2027 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.***

T1 - $

T2 - $$

T3 - $$$

T4 - $$$$

T5 - $$$$$

Vaccine Coverage

Non-Formulary - $$$$$$$$$ Non-formulary

List of Abbreviations
BE : Benefit Exclusion

Non-Formulary: $$$$$$$$$ Non-Formulary

T1: $

T2: $$

T3: $$$

T4: $$$$

T5: $$$$$

Vaccine - $0 Copay: Vaccine Coverage

AL: Age Limit

DX: Diagnosis Coding

PA: Prior Authorization

PV: Preventive Drugs

QL: Quantity Limit

SO: SaveOn Drugs

SP: Limited to a one month supply per fill

SP: Specialty Pharmacy

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 T1 drugs,Generic T2 drugs,Generic T3 drugs,Generic T4 drugs,Generic T5 drugs,Generic Vaccine - $0 Copay drugs,Generic drugs,Generic drugs,Generic Non-Formulary drugs,Generic drugs,Generic BE drugs

UPPERCASE BOLD: Brand name T1 drugs,Brand name T2 drugs,Brand name T3 drugs,Brand name T4 drugs,Brand name T5 drugs,Brand name Vaccine - $0 Copay drugs,Brand name drugs,Brand name

drugs,Brand name Non-Formulary drugs,Brand name drugs,Brand name BE drugs

Medication	Coverage Level	Restrictions
10 SERIES BP MONITOR/UPPER ARM	T3	QL (2 EA per 730 days)
10 SERIES+ BP MONITR/UPPER ARM	T3	QL (2 EA per 730 days)
3 SERIES BP MONITOR/UPPER ARM	T3	QL (2 EA per 730 days)
3 SERIES BP MONITOR/WRIST	T3	QL (2 EA per 730 days)
5 SERIES BP MONITOR	T3	QL (1 monitor per 2 years)
5 SERIES BP MONITOR/UPPER ARM	T3	QL (1 monitor per 2 years)
7 SERIES BP MONITOR/UPPER ARM	T3	QL (2 EA per 730 days)
7 SERIES BP MONITOR/WRIST	T3	QL (2 EA per 730 days)
abacavir sulfate oral solution	T2	AL (Max 9 Years)
abacavir sulfate oral tablet	T3	
abacavir sulfate-lamivudine	T5	SP (Limited to a 1 month supply per fill)
abenor	Non-Formulary	
abenor hp	Non-Formulary	
ABIGALE	Tier 8	PV
ABIGALE LO	Tier 8	PV
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG	Non-Formulary	
ABILIFY ORAL TABLET	T4	QL (60 tablets per 30 days)
abiraterone acetate	T2	DX (Prior Authorization not required when billed with Malignant Neoplasm of Prostate diagnosis code C61)
abiraterone acetate micronized	Non-Formulary	
ABIRTEGA	T2	SP
ABRILADA	Non-Formulary	
ABRILADA (1 PEN)	Non-Formulary	
ABRILADA (2 PEN)	Non-Formulary	
ABRILADA (2 SYRINGE)	Non-Formulary	
ABRYSVO	Tier 7	PV; QL (1 dose per 1 year); AL (Min 50 Years)
ABSORICA	Non-Formulary	
ABSORICA LD	Non-Formulary	
acamprosate calcium	T2	
ACANYA	Non-Formulary	
acarbose oral	T2	
ACCOLATE	T4	
ACCRUFER	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)

Medication	Coverage Level	Restrictions
ACCU-CHEK AVIVA PLUS IN VITRO	T4	ST; QL (200 strips per 30 days)
ACCU-CHEK COMPACT PLUS	T4	ST; QL (200 strips per 30 days)
ACCU-CHEK FASTCLIX LANCET	T4	
ACCU-CHEK FASTCLIX LANCETS	T3	
ACCU-CHEK GUIDE TEST	T2	QL (200 strips per 30 days)
ACCU-CHEK SMARTVIEW	T4	ST; QL (200 strips per 30 days)
ACCU-CHEK SOFTCLIX LANCET DEV KIT	T4	
ACCU-CHEK SOFTCLIX LANCETS	T3	
ACCUPRIL	T4	
ACCURETIC	T4	
ACCUTANE	T3	QL (6 fills per 2 years)
ACCUTREND GLUCOSE	T4	ST; QL (200 strips per 30 days)
ACE AEROSOL CLOUD ENHANCER	T4	QL (4 devices per 1 year)
acebutolol hcl oral	T2	
acetaminophen intravenous solution prefilled syringe	Non-Formulary	
acetaminophen-codeine	T2	
acetaminophen-codeine #2	T2	
acetaminophen-codeine #3	T2	
acetaminophen-codeine #4	T2	
acetazolamide er	T2	
acetazolamide oral	T2	
acetic acid otic	T2	
acetylcysteine inhalation	T2	
acidophilus lactobacillus powder	Non-Formulary	
acioxia	Non-Formulary	
ACIPHEX	Non-Formulary	
ACIPHEX SPRINKLE	Non-Formulary	
acitretin	T2	QL (30 capsules per 30 days)
acne medication 10 external gel	T2	
acne medication 5 external gel	T2	
ACTEMRA ACTPEN	Non-Formulary	
ACTEMRA SUBCUTANEOUS	Non-Formulary	
ACTHAR	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR	Non-Formulary	
ACTHIB	Non-Formulary	
ACTICLATE	Non-Formulary	

Medication	Coverage Level	Restrictions
ACTIGALL	T4	
ACTIMMUNE	T5	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
active fe	Non-Formulary	
ACTIVELLA ORAL TABLET 1-0.5 MG	T4	
ACTONEL ORAL TABLET 150 MG	T4	QL (1 tablet per 30 days)
ACTONEL ORAL TABLET 35 MG	T4	
ACTOPLUS MET ORAL TABLET 15-850 MG	T4	
ACTOS	T4	
ACUICYN EXTERNAL LIQUID	Non-Formulary	
ACULAR	T4	
ACULAR LS	T4	
ACUVAIL	Non-Formulary	
acyclovir external cream	Non-Formulary	
acyclovir external ointment	T4	QL (15 GM per 6 months)
acyclovir oral capsule	T2	
acyclovir oral suspension 200 mg/5ml	T2	
acyclovir oral tablet	T2	
ACZONE	Non-Formulary	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	Tier 7	PV; QL (1 Dose per 1 Lifetime)
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 7	PV; QL (1 Dose per 1 Lifetime)
ADALAT CC	T4	
adalimumab-aacf (2 pen)	Non-Formulary	
adalimumab-aacf (2 syringe)	Non-Formulary	
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 auto-injectors (1.6ml) per 28 days); SP
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors (1.6ml) per 28 days); SP
adalimumab-aaty (2 pen)	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 auto-injectors (1.6ml) per 28 days); SP
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes (0.4ml) per 28 days); SP
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes (1.6ml) per 28 days); SP

Medication	Coverage Level	Restrictions
adalimumab-aaty cd/uc/hs start	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors (1.6ml) per 28 days); SP
adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 auto-injectors (1.6 ml) per 28 days)
adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); QL (2 auto-injectors (1.6ml) per 28 days)
adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes (0.2 ml) per 28 days)
adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes (0.4ml) per 28 days)
adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes (1.6 ml) per 28 days)
adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 auto-injectors (1.6 ml) per 28 days); SP
adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 auto-injectors (3.2 ml) per 28 days); SP
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes (0.4 ml) per 28 days); SP
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes (0.8ml) per 28 days); SP
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes (1.6 ml) per 28 days); SP
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes (3.2 ml) per 28 days); SP
adalimumab-bwwd	Non-Formulary	
adalimumab-fkjp (2 pen)	Non-Formulary	

Medication	Coverage Level	Restrictions
adalimumab-fkjp (2 syringe)	Non-Formulary	
adalimumab-ryvk (1 pen)	Non-Formulary	
adalimumab-ryvk (2 pen)	Non-Formulary	
adalimumab-ryvk (2 syringe)	Non-Formulary	
adalina	Non-Formulary	
adapalene external cream	Non-Formulary	
adapalene external gel 0.1 %	Non-Formulary	
adapalene external gel 0.3 %	T3	QL (45 GM per 30 days)
adapalene external lotion	Non-Formulary	
adapalene external solution	Non-Formulary	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	T2	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	Non-Formulary	
ADASUVE	Non-Formulary	
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); QL (2 Pens per 28 days); SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days); SP
ADCIRCA	Non-Formulary	
ADDERALL	T4	AL (Min 6 Years)
ADDERALL XR	Non-Formulary	
ADDYI	T5	
adefovir dipivoxil	T5	SP (Limited to a 1 month supply per fill)
adeinzde	Non-Formulary	
ADEMPAS ORAL TABLET 0.5 MG, 2.5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days); SP
ADEMPAS ORAL TABLET 1 MG, 2 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days); SP
ADEMPAS ORAL TABLET 1.5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days); SP
adermica	Non-Formulary	
adermica hp	Non-Formulary	
ADHANSIA XR	Non-Formulary	

Medication	Coverage Level	Restrictions
ADLARITY	Non-Formulary	
ADMELOG INJECTION	T4	ST
ADMELOG SOLOSTAR	T4	ST
admirazol	Non-Formulary	
admirazol hp	Non-Formulary	
ADRENALIN NASAL	Non-Formulary	
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	T2	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	Non-Formulary	
adult blood pressure cuff lg	T3	QL (1 monitor per 2 years)
ADVAIR DISKUS	Non-Formulary	
ADVAIR HFA	Non-Formulary	
ADVATE	T5	PA; SP (Limited to a 1 month supply per fill); QL (73600 billable units per 28 days)
ADVOCATE CONTROL SOLUTION IN VITRO LIQUID LOW	T4	
ADVOCATE LANCETS 30G	T3	
ADVOCATE LANCING DEVICE	T4	
ADVOCATE RAPID-SAFE LANCING	T4	
ADVOCATE REDI-CODE IN VITRO	T4	ST; QL (200 strips per 30 days)
ADVOCATE REDI-CODE+ TEST	T4	ST; QL (200 strips per 30 days)
ADVOCATE TEST	T4	ST; QL (200 strips per 30 days)
adynovate	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (36800 billable units per 28 days)
ADZENYS ER	Non-Formulary	
ADZENYS XR-ODT	Non-Formulary	
AEMCOLO	T3	QL (12 tablets per 30 days); AL (Min 18 Years)
AEROCHAMBER MINI CHAMBER	T3	QL (4 chambers per 1 year)
AEROCHAMBER MV	T3	QL (4 chambers per 1 year)
AEROCHAMBER PLUS FLO-VU	T3	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE	T3	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL	T3	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK	T3	QL (4 EA per 365 days)
AEROCHAMBER Z-STAT PLUS	T4	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS CHAMBR	T4	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/LARGE	T4	QL (4 chambers per 1 year)

Medication	Coverage Level	Restrictions
AEROCHAMBER Z-STAT PLUS/MEDIUM	T4	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/SMALL	T4	QL (4 chambers per 1 year)
AEROTRACH PLUS	T4	QL (4 chambers per 1 year)
AEROVENT PLUS	T4	QL (4 chambers per 1 year)
AFEDITAB CR	T2	
AFINITOR DISPERZ	Non-Formulary	
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG	Non-Formulary	
AFINITOR ORAL TABLET 7.5 MG	Non-Formulary	SP ( )
AFIRMELLE	Tier 8	PV
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	Non-Formulary	
AFSTYLA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (69000 billable units per 28 days)
AFTERA	Tier 8	PV
AFTERPILL	T4	PV
AGAMATRIX AMP TEST	T4	ST; QL (200 strips per 30 days)
AGAMREE	Non-Formulary	
AGRYLIN	T4	
AIMOVIG	T3	PA; QL (1 Auto-injector per 30 days); AL (Min 18 Years)
aimsco lubricated	Tier 8	PV
AIRDUO DIGIHALER	Non-Formulary	
AIRDUO RESPICLICK 113/14	Non-Formulary	
AIRDUO RESPICLICK 232/14	Non-Formulary	
AIRDUO RESPICLICK 55/14	Non-Formulary	
AIRSUPRA	Non-Formulary	
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; QL (1 autoinjector (1.5ml) per 30 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3	PA; QL (1 syringe (1.5ml) per 30 days)
AKEEGA	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
AKLIEF	Non-Formulary	
AKTIPAK	Non-Formulary	

Medication	Coverage Level	Restrictions
AKYNZEO ORAL	Non-Formulary	
ALA SCALP	Non-Formulary	
ala-cort external cream 1 %	Non-Formulary	
ALA-QUIN	Non-Formulary	
ALAVERT ALLERGY/SINUS	Non-Formulary	
ALAVERT ORAL TABLET DISPERSIBLE	Non-Formulary	
ALAWAY	T2	
albendazole oral	T3	QL (6 tablets per 30 days)
ALBENZA	Non-Formulary	
albuterol sulfate er	T2	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	T2	QL (2 inhalers per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml	T2	
albuterol sulfate oral syrup 2 mg/5ml	T2	
albuterol sulfate oral tablet	T2	
alclometasone dipropionate	T2	
ALCORTIN A	Non-Formulary	
ALDACTONE	T4	
ALDARA	T4	
ALECENSA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 capsules per 30 days); SP
alendronate sodium oral solution	T3	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	T1	
alfuzosin hcl er	T2	
ALHEMO	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 pen per 30 days)
ALINIA ORAL SUSPENSION RECONSTITUTED	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); QL (60 ML per 6 months)
ALINIA ORAL TABLET	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
aliskiren fumarate	T3	ST
alixi	Non-Formulary	
alixi hp	Non-Formulary	

Medication	Coverage Level	Restrictions
ALKERAN ORAL	T4	
ALKINDI SPRINKLE	Non-Formulary	
ALLEGRA ALLERGY	Non-Formulary	
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION	Non-Formulary	
ALLEGRA-D ALLERGY & CONGESTION	Non-Formulary	
ALLI	Non-Formulary	
allopurinol oral tablet 100 mg, 300 mg	T1	
allopurinol oral tablet 200 mg	Non-Formulary	
ALLZITAL	Non-Formulary	
almotriptan malate	T3	QL (12 tablets per 30 days)
ALOCRIL	T4	ST
alogliptin benzoate	T4	ST; QL (30 tablets per 30 days)
alogliptin-metformin hcl	T4	ST; QL (60 tablets per 30 days)
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	T4	ST; QL (30 tablets per 30 days)
ALOMIDE	T3	
alomira	Non-Formulary	
alomira hp	Non-Formulary	
alomira lp	Non-Formulary	
ALORA	T3	
alosetron hcl	T2	PA; QL (60 tablets per 30 days)
ALPAWASH	Non-Formulary	
ALPHAGAN P	Non-Formulary	
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T5	SP (Limited to a 1 month supply per fill)
ALPHANINE SD	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (36800 billable units per 28 days)
alprazolam er	T2	QL (60 tablets per 30 days)
ALPRAZOLAM INTENSOL	T2	QL (120 ML per 30 days)
alprazolam oral tablet	T1	
alprazolam oral tablet dispersible	T3	
alprazolam xr	T2	QL (60 tablets per 30 days)
ALPROLIX	T5	PA; SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)
ALREX	Non-Formulary	
ALTABAX	T4	ST; QL (15 GM per 30 months)
ALTACE ORAL CAPSULE	T4	
ALTAVERA	Tier 8	PV

Medication	Coverage Level	Restrictions
ALTOPREV	Non-Formulary	
ALTRENO	T2	QL (45 grams per 30 days); AL (Max 50 Years)
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
ALUNBRIG ORAL TABLET 30 MG	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
aluris	Non-Formulary	
aluris hp	Non-Formulary	
aluris hp plus	Non-Formulary	
aluris lp	Non-Formulary	
aluris lp plus	Non-Formulary	
aluris plus	Non-Formulary	
aluxof	Non-Formulary	
aluxof dual	BE	
aluxof hp	Non-Formulary	
ALVAIZ	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
ALVESCO	Non-Formulary	
alvox	Non-Formulary	
alvox hp	Non-Formulary	
alyacen 1/35	Tier 8	PV
alyacen 7/7/7	Tier 8	PV

Medication	Coverage Level	Restrictions
ALYFTREK ORAL TABLET 10-50-125 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days); SP
ALYFTREK ORAL TABLET 4-20-50 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days); SP
ALYQ	Non-Formulary	
ALZAIR ALLERGY NASAL SPRAY	Non-Formulary	
amantadine hcl oral capsule	T2	
amantadine hcl oral solution 50 mg/5ml	T2	
amantadine hcl oral syrup	T2	
amantadine hcl oral tablet	T2	
AMARYL	T4	
AMBIEN	T4	QL (30 tablets per 30 days); AL (Min 18 Years)
AMBIEN CR	T4	QL (30 tablets per 30 days); AL (Min 18 Years)
ambrisentan	T2	PA; QL (30 tablets per 30 days); SP
amcinonide external cream	T2	
amcinonide external ointment	Non-Formulary	
AMERITHROID	T3	
AMETHIA	Tier 8	PV
AMETHYST	Tier 8	PV
AMICAR ORAL SOLUTION	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
AMICAR ORAL TABLET	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
amiloride hcl oral	T2	
amiloride-hydrochlorothiazide	T2	
aminocaproic acid oral solution	T5	SP (Limited to a 1 month supply per fill)
aminocaproic acid oral tablet	T5	SP (Limited to a 1 month supply per fill)
amiodarone hcl oral tablet 100 mg	T2	QL (30 tablets per 30 days)
amiodarone hcl oral tablet 200 mg	T2	
amiodarone hcl oral tablet 400 mg	Non-Formulary	
AMITIZA	T4	QL (60 capsules per 30 days)
amitriptyline hcl oral	T2	

Medication	Coverage Level	Restrictions
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Formulary	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	Non-Formulary	
AMJEVITA-PED 10KG TO <15KG	Non-Formulary	
AMJEVITA-PED 15KG TO <30KG	Non-Formulary	
amlodipine besy-benazepril hcl	T2	
amlodipine besylate oral	T1	
amlodipine besylate-valsartan	T2	
amlodipine-atorvastatin	Non-Formulary	
amlodipine-olmesartan	T2	
amlodipine-valsartan-hctz	T2	
ammonium lactate external	Non-Formulary	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	T3	QL (6 fills per 2 years)
AMNESTEEM ORAL CAPSULE 30 MG	T3	QL (6 Fills per 2 years)
amoxapine	T2	
amoxicill-clarithro-lansopraz	T4	
amoxicillin oral capsule	T2	
amoxicillin oral suspension reconstituted	T2	
amoxicillin oral tablet	T2	
amoxicillin oral tablet chewable 125 mg, 250 mg	T2	
amoxicillin-pot clavulanate er	T2	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	T2	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	T2	
amoxicillin-pot clavulanate oral tablet chewable	T2	
amphetamine er	Non-Formulary	
amphetamine sulfate	T4	ST; QL (180 tablets per 30 days); AL (Min 6 Years)
amphetamine-dextroamphet er	T2	QL (60 capsules per 30 days); AL (Min 6 Years)
amphetamine-dextroamphetamine	T2	AL (Min 6 Years)
amphet-dextroamphet 3-bead er	Non-Formulary	
ampicillin oral capsule 250 mg	T1	
ampicillin oral capsule 500 mg	T2	
AMPYRA	Non-Formulary	
AMRIX	Non-Formulary	
AMZEEQ	Non-Formulary	

Medication	Coverage Level	Restrictions
ANADROL-50	Non-Formulary	
ANAFRANIL ORAL CAPSULE 25 MG	T4	QL (30 capsules per 30 Days)
ANAFRANIL ORAL CAPSULE 50 MG	T4	QL (60 capsules per 30 Days)
ANAFRANIL ORAL CAPSULE 75 MG	T4	QL (90 capsules per 30 Days)
anagrelide hcl	T2	
ANALPRAM-HC EXTERNAL LOTION	Non-Formulary	
ANAPROX DS	T4	
ANASPAZ	T4	
anastrozole oral	T2	
ANDEMBRY	Non-Formulary	
ANDRELA	Non-Formulary	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	Non-Formulary	
ANGELIQ	T4	ST
ANIMI-3	Non-Formulary	
ANNOVERA	Non-Formulary	
ANORO ELLIPTA	T3	QL (1 inhaler per 30 days)
ANTIVERT ORAL TABLET 50 MG	Non-Formulary	
ANUSOL-HC RECTAL SUPPOSITORY	Non-Formulary	
ANZEMET ORAL TABLET 50 MG	Non-Formulary	
ANZUPGO	Non-Formulary	
APADAZ	Non-Formulary	
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	Non-Formulary	
APEXICON E	Non-Formulary	
apexol cleanser	Non-Formulary	
apexol hp cleanser	Non-Formulary	
aphoria	Non-Formulary	
APIDRA	Non-Formulary	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Formulary	
APLENZIN	Non-Formulary	
APLISOL	Non-Formulary	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	Non-Formulary	
apomorphine hcl subcutaneous	Non-Formulary	
aporix	Non-Formulary	
apraclonidine hcl	T2	
aprepitant oral	T2	QL (6 capsules per 30 days)
aprepitant oral capsule 125 mg, 40 mg, 80 mg	T2	QL (7 capsules per 30 days)
aprepitant oral capsule 80 & 125 mg	T2	QL (6 capsules per 30 days)

Medication	Coverage Level	Restrictions
aprepitant oral capsule therapy pack	T2	QL (6 capsules per 30 days)
APRI	Tier 8	PV
APRISO	T4	QL (120 capsules per 30 days)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	T4	QL (30 capsules per 30 days)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 50 MG	T4	QL (30 tablets per 30 days)
APTIOM	T4	QL (60 tablets per 30 days)
APTIVUS ORAL CAPSULE	T5	ST; SP (Limited to a 1 month supply per fill)
APTIVUS ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
AQNEURSA	Non-Formulary	
AQUANIL HC	T2	
AQUORAL MOUTH/THROAT AEROSOL SOLUTION	Non-Formulary	
ARAKODA	T3	
ARANELLE	Tier 8	PV
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T5	SP (Limited to a 1 month supply per fill); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	T5	SP (Limited to a 1 month supply per fill); SP
ARAVA	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
ARAZLO	Non-Formulary	
ARBLI	T4	QL (165 ML per 30 days); AL (Max 9 Years)
ARCALYST	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
ARCAPTA NEOHALER	T4	
AREXVY	Tier 7	PV; QL (1 dose per 1 year); AL (Min 50 Years)
arformoterol tartrate	T4	DX (Prior Authorization not required when billed with COPD diagnosis code J44.0, J44.1, J44.89 or J44.9)
ARICEPT	T4	
ARIKAYCE	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (28 vials per 28 days)
ARIMIDEX	T4	

Medication	Coverage Level	Restrictions
aripiprazole oral solution	T4	AL (Max 9 Years)
aripiprazole oral tablet	T2	QL (60 tablets per 30 days)
aripiprazole oral tablet dispersible	Non-Formulary	
ARIXTRA	Non-Formulary	
ARMLUPEG	Non-Formulary	
armodafinil	T2	QL (30 tablets per 30 days)
ARMONAIR DIGIHALER	Non-Formulary	
ARMOUR THYROID	T3	
ARNUITY ELLIPTA	T3	QL (1 Inhaler per 30 days)
AROMASIN	T4	
ARTHROTEC ORAL TABLET DELAYED RELEASE	Non-Formulary	
artilis	Non-Formulary	
artilis hp	Non-Formulary	
ARYNTA	Non-Formulary	
ASCOMP-CODEINE	T2	QL (180 capsules per 30 days)
ASCRIPTIN ORAL TABLET 325 MG	T2	
asenapine maleate	T3	QL (60 tablets per 30 days)
ASHLYNA	Tier 8	PV
ASMANEX (120 METERED DOSES)	Non-Formulary	
ASMANEX (14 METERED DOSES)	Non-Formulary	
ASMANEX (30 METERED DOSES)	Non-Formulary	
ASMANEX (60 METERED DOSES)	Non-Formulary	
ASMANEX (7 METERED DOSES)	Non-Formulary	
ASMANEX HFA	Non-Formulary	
ASPERFLEX LIDOCAINE EXTERNAL CREAM	Non-Formulary	
aspirin 81 oral tablet chewable	T2	PV
aspirin adult low dose	T2	PV
aspirin childrens	T2	PV
aspirin ec low dose	T2	PV
aspirin oral tablet delayed release 325 mg	Non-Formulary	
aspirin-dipyridamole er	T2	
ASPRUZYO SPRINKLE	Non-Formulary	
ASSURE 4 TEST	T4	ST; QL (200 strips per 30 days)
ASSURE DOSE CONTROL	T4	
ASSURE DOSE NORM/HIGH CONTROL	T4	
ASSURE LANCE PLUS SAFETY 30G	T3	
ASSURE PLATINUM	T4	ST; QL (200 strips per 30 days)
ASSURE PRISM MULTI TEST	T4	ST; QL (200 strips per 30 days)
ASSURE TITANIUM	T4	ST; QL (200 Strips per 30 days)

Medication	Coverage Level	Restrictions
ASTAGRAF XL	T4	ST
ATACAND	T4	
ATACAND HCT	T4	
atazanavir sulfate	T5	SP (Limited to a 1 month supply per fill)
ATELVIA	T4	
atenolol oral	T1	
atenolol-chlorthalidone	T2	
ATIVAN ORAL	T4	
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	T3	QL (60 capsules per 30 days); AL (Min 6 Years)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	T3	QL (30 capsules per 30 days); AL (Min 6 Years)
atomoxetine hcl oral solution	Non-Formulary	
ATONCY	Non-Formulary	
ATORVALIQ	Non-Formulary	
atorvastatin calcium oral tablet 10 mg, 20 mg	T1	PV
atorvastatin calcium oral tablet 40 mg, 80 mg	T1	
atovaquone oral	T5	SP (Limited to a 1 month supply per fill)
atovaquone-proguanil hcl	T2	
ATRALIN	T4	AL (Max 50 Years)
ATRAPRO HYDROGEL	Non-Formulary	
ATRIPLA	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
atropine sulfate +rfid intravenous solution prefilled syringe 0.4 mg/ml	Non-Formulary	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml	T2	
atropine sulfate intravenous solution prefilled syringe 0.4 mg/ml	Non-Formulary	
atropine sulfate ophthalmic solution 0.01 %, 0.025 %, 0.05 %	Non-Formulary	
atropine sulfate ophthalmic solution 1 %	T2	
ATROVENT	T4	
ATROVENT HFA	T3	
ATTERO	Non-Formulary	
ATTRUBY	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
AUBAGIO	Non-Formulary	
AUBRA	Tier 8	PV

Medication	Coverage Level	Restrictions
AUBRA EQ	Tier 8	PV
AUDENZ	Tier 7	PV
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML	T4	
AUGMENTIN ORAL TABLET 500-125 MG	T4	
AUGMENTIN XR	T4	
AUGTYRO ORAL CAPSULE 160 MG	Vaccine - $0 Copay	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (60 Capsules per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	Vaccine - $0 Copay	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (20 capsules per 30 days)
augustil	Non-Formulary	
AUKELSO	Non-Formulary	
auranofin	Non-Formulary	
AUROVELA 1.5/30	Tier 8	PV
AUROVELA 1/20	Tier 8	PV
AUROVELA 24 FE	Tier 8	PV
AUROVELA FE 1.5/30	Tier 8	PV
AUROVELA FE 1/20	Tier 8	PV
AURYXIA	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days)
AUSTEDO	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1-month supply per fill); QL (30 Tablets per 30 days); SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1-month supply per fill); QL (28 Tablets per 30 days); SP
AUTOLET LITE LANCING DEVICE	T4	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	Non-Formulary	
AUVELITY TITRATION PACK	Non-Formulary	

Medication	Coverage Level	Restrictions
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	Non-Formulary	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T4	
avanafil	Non-Formulary	
AVAPRO	T4	
AVAR CLEANSER	Non-Formulary	
AVAR EXTERNAL PAD	Non-Formulary	
AVAR LS CLEANSER	Non-Formulary	
AVAR LS EXTERNAL PAD	Non-Formulary	
AVAR-E EMOLLIENT	Non-Formulary	
AVAR-E GREEN	Non-Formulary	
AVAR-E LS	Non-Formulary	
aveida	Non-Formulary	
AVERI	Non-Formulary	
AVGEMSI	Non-Formulary	
AVIANE	Tier 8	PV
avidora	Non-Formulary	
avidora hp	Non-Formulary	
AVITA EXTERNAL CREAM	T4	AL (Max 50 Years)
AVITA EXTERNAL GEL	Non-Formulary	
AVMAPKI FAKZYNJA CO-PACK	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); QL (66 tablets per 28 days)
AVO CREAM	Non-Formulary	
AVODART	T4	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T5	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); DX (Prior Authorization not required when billed with Multiple Sclerosis diagnosis code G35 or G35.A - G35.D); QL (4 pens per 28 days); SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T5	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); DX (Prior Authorization not required when billed with Multiple Sclerosis diagnosis code G35 or G35.A - G35.D); QL (4 syringes per 28 days); SP
av-phos 250 neutral	Non-Formulary	

Medication	Coverage Level	Restrictions
AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 auto-injectors (3.6ml) per 28 days); SP
AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes (3.6ml) per 28 days); SP
awanis	Non-Formulary	
AWIQLI FLEXTOUCH	Non-Formulary	
AYGESTIN	T4	
AYUNA	Tier 8	PV
AYVAKIT	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
azalta	Non-Formulary	
azalta hp	Non-Formulary	
AZASAN	Non-Formulary	
AZASITE	T4	ST
azathioprine oral tablet 100 mg, 75 mg	Non-Formulary	
azathioprine oral tablet 50 mg	T2	
azelaic acid external	T3	
azelastine hcl nasal solution 0.1 %, 0.15 %	Non-Formulary	
azelastine hcl ophthalmic	T2	
azelastine-fluticasone	Non-Formulary	
AZELEX	T4	ST; QL (50 GM per 30 days)
azentra	Non-Formulary	
AZILECT	T4	ST; QL (30 tablets per 30 days)
azilsartan medoxomil	T4	ST
azithromycin oral suspension reconstituted	T2	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	T2	
AZMIRO	Non-Formulary	
AZOPT	T4	
AZOR	T4	ST
AZSTARYS	Non-Formulary	
AZULFIDINE	T4	
AZULFIDINE EN-TABS	T4	
AZURETTE	Tier 8	PV
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	T2	
bacitra-neomycin-polymyxin-hc	T2	
baclofen oral solution 10 mg/5ml, 5 mg/5ml	Non-Formulary	

Medication	Coverage Level	Restrictions
baclofen oral suspension	T4	QL (473 ML per 30 days); AL (Max 9 Years)
baclofen oral tablet 10 mg, 20 mg, 5 mg	T2	
baclofen oral tablet 15 mg	Non-Formulary	
BACMIN	Non-Formulary	
BACTRIM	T4	
BACTRIM DS	T4	
BAFIERTAM	Non-Formulary	
BALCOLTRA	Non-Formulary	
balsalazide disodium	T2	
balsam peru-castor oil	Non-Formulary	
BALVERSA ORAL TABLET 3 MG, 4 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
BALVERSA ORAL TABLET 5 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
BALZIVA	Tier 8	PV
BANZEL ORAL SUSPENSION	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
BANZEL ORAL TABLET 200 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
BANZEL ORAL TABLET 400 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
BAQSIMI ONE PACK	T3	QL (2 devices per 30 Days)
BAQSIMI TWO PACK	T3	QL (2 devices per 30 Days)
BARACLUDE ORAL SOLUTION	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
BARACLUDE ORAL TABLET	Non-Formulary	
BASAGLAR KWIKPEN	Non-Formulary	
BASAGLAR TEMPO PEN	Non-Formulary	
batizia	Non-Formulary	
BAXDELA INTRAVENOUS	Non-Formulary	
BAXDELA ORAL	T4	ST; QL (10 tablets per 30 days)
BAXFENDY	Non-Formulary	
baxonil	Non-Formulary	
BAYER ASPIRIN EC LOW DOSE	Non-Formulary	

Medication	Coverage Level	Restrictions
BAYER ASPIRIN ORAL TABLET	Non-Formulary	
bcg vaccine injection solution reconstituted	Tier 7	PV
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	T3	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 1 ML	T3	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 1 ML, 31G X 5/16" 1 ML	T3	
BD PEN NEEDLE MINI U/F	T3	
BD PEN NEEDLE MINI ULTRAFINE	T3	
BECONASE AQ	Non-Formulary	
BELBUCA	T4	ST; QL (60 films per 30 days)
belladonna alkaloids-opium rectal suppository 16.2-60 mg	Non-Formulary	
BELSOMRA	T4	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
benazepril hcl oral	T1	
benazepril-hydrochlorothiazide	T2	
BENEFIX INTRAVENOUS KIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (46000 billable units per 28 days)
BENICAR	T4	
BENICAR HCT	T4	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP
bensal hp	Non-Formulary	
BENZAC AC WASH EXTERNAL LIQUID	Non-Formulary	
BENZACLIN	Non-Formulary	
BENZACLIN WITH PUMP	Non-Formulary	
BENZEPRO CREAMY WASH	Non-Formulary	
BENZEPRO EXTERNAL	Non-Formulary	
BENZEPRO EXTERNAL FOAM 5.2 %, 5.3 %	Non-Formulary	
BENZEPRO FOAMING CLOTHS	Non-Formulary	
benznidazole oral tablet 100 mg	T4	QL (60 tablets per 1 lifetime); AL (Max 12 Years)
benznidazole oral tablet 12.5 mg	Non-Formulary	

Medication	Coverage Level	Restrictions
benzonatate oral capsule 100 mg, 200 mg	T2	
benzonatate oral capsule 150 mg	Non-Formulary	
benzoyl peroxide cleanser external liquid	Non-Formulary	
benzoyl peroxide external foam 9.8 %	Non-Formulary	
benzoyl peroxide external gel 10 %, 2.5 %, 5 %	Non-Formulary	
benzoyl peroxide external liquid 10 %	Non-Formulary	
benzoyl peroxide external pad 9.5 %	Non-Formulary	
benzoyl peroxide wash external liquid	Non-Formulary	
benzoyl peroxide-erythromycin	T3	
benzphetamine hcl oral tablet 50 mg	T2	
benztropine mesylate oral	T2	
bepotastine besilate	T4	ST; QL (5 ML per 30 days)
BEPREVE	Non-Formulary	
BERINERT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
besifloxacin hcl	T3	QL (56 ML per 30 Days)
BESIVANCE	T4	QL (5 ML per 30 days)
BESREMI	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
BESREMI PEN	Vaccine - $0 Copay	PA; SP (Limited to a 1-month supply per fill.); QL (2 Pens per 28 days); SP
betaine	T4	SP
betamethasone dipropionate aug external cream	T2	
betamethasone dipropionate aug external gel	T2	QL (50 GM per 30 days)
betamethasone dipropionate aug external lotion	T2	QL (60 ML per 30 days)
betamethasone dipropionate aug external ointment	T2	QL (50 GM per 30 days)
betamethasone dipropionate external cream	T2	
betamethasone dipropionate external lotion	T2	QL (60 ML per 30 days)
betamethasone dipropionate external ointment	T3	
betamethasone sod phos & acet injection suspension 7 (4-3) mg/ml	Non-Formulary	
betamethasone valerate external cream	T2	
betamethasone valerate external foam	Non-Formulary	
betamethasone valerate external lotion	T2	QL (60 ML per 30 days)
betamethasone valerate external ointment	T2	

Medication	Coverage Level	Restrictions
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T4	
BETASERON SUBCUTANEOUS KIT	T5	ST; SP (Limited to a 1 month supply per fill.); DX (Prior Authorization not required when billed with Multiple Sclerosis diagnosis code G35 or G35.A - G35.D); SP
betaxolol hcl	T2	
bethanechol chloride oral	T2	
BETHKIS	Vaccine - $0 Copay	PA; SP (Limited to 56 day supply per fill); QL (280 ML per 56 days); SP
BETIMOL	T3	
BETOPTIC-S	Non-Formulary	
bevacizumab intraocular solution prefilled syringe 2.75 mg/0.11ml	Non-Formulary	
bevacizumab intravitreal solution prefilled syringe 1.25 mg/0.05ml, 2 mg/0.08ml, 2.25 mg/0.09ml, 2.75 mg/0.11ml	Non-Formulary	
BEVESPI AEROSPHERE	T4	ST; QL (1 inhaler per 30 days)
BEVYXXA	Non-Formulary	
bexarotene external	Non-Formulary	
bexarotene oral	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
BEXSERO	Tier 7	PV; QL (2 ML per 1 Lifetime)
BEYAZ	Non-Formulary	
BIAFINE	Non-Formulary	
bicalutamide	T2	
BIDIL	Non-Formulary	
BIGFOOT UNITY PROGRAM	Non-Formulary	
BIJUVA	Non-Formulary	
BIKTARVY	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
BILPREVDA	Non-Formulary	
BILTRICIDE	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
bimatoprost external	Non-Formulary	
bimatoprost ophthalmic solution 0.01 %	Non-Formulary	
bimatoprost ophthalmic solution 0.03 %	T2	
bimatoprost-brimonidine-dorzol	Non-Formulary	

Medication	Coverage Level	Restrictions
bimatoprost-timolol maleate	Non-Formulary	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 56 days); SP
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed 2 auto-injectors per 28 day for first 4 fills only); QL (2 auto-injectors per 56 days); SP
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 56 days); SP
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed 2 syringes per 28 day for first 4 fills only); QL (2 syringes per 56 days); SP
BINOSTO	T4	ST
BIOTHRAX	Non-Formulary	
bisacodyl ec	Tier 8	PV
bisacodyl rectal	Non-Formulary	
bismuth/metronidaz/tetracyclin	T4	ST
bisoprolol fumarate oral tablet 10 mg, 5 mg	T2	
bisoprolol fumarate oral tablet 2.5 mg	Non-Formulary	
bisoprolol-hydrochlorothiazide	T2	
BKEMV	Non-Formulary	
BLEPH-10	T4	
BLEPHAMIDE S.O.P.	T4	
BLISOVI 24 FE	Tier 8	PV
BLISOVI FE 1.5/30	Tier 8	PV
BLISOVI FE 1/20	Tier 8	PV
blood glucose test	T4	ST; QL (200 strips per 30 days)
blood pressure monitor	T3	QL (1 Monitor per 2 years)
BLOOD PRESSURE MONITOR 3	T3	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 7	T3	QL (1 monitor per 2 years)
blood pressure monitor device	T3	QL (1 Monitor per 2 years)
blood pressure monitor kit	T3	QL (1 monitor per 2 years)
BLUJEPA	Non-Formulary	
BLULINK GLUCOSE MONITORING SYS	Non-Formulary	
BLULINK GLUCOSE TEST	T4	ST; QL (200 Strips per 30 Days)

Medication	Coverage Level	Restrictions
BONIVA ORAL TABLET 150 MG	T4	
BONJESTA	Non-Formulary	
BONSITY	T5	PA; SP (Limited to a 1-month supply per fill); QL (2 Years per 1 Lifetime)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	Tier 7	PV; QL (1 dose per 1 lifetime)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 7	PV; QL (1 dose per 1 lifetime)
BOSAYA	Non-Formulary	
bosentan oral tablet 125 mg	T2	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
bosentan oral tablet 62.5 mg	T2	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
bosentan oral tablet soluble	T2	PA; SP (Limited to a 1-month supply per fill); QL (56 Tablets per 28 days); SP
BOSULIF	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
bosutinib oral tablet 100 mg, 500 mg	T5	PA; SP (Limited to a 1-month supply per fill.); SP
bosutinib oral tablet 400 mg	T5	PA; SP (Limited to a 1-month supply per fill); SP
bp gel external gel 10 %, 5 %	Non-Formulary	
bp vit 3	Non-Formulary	
bp wash external liquid 10 %, 2.5 %, 5 %, 7 %	Non-Formulary	
bpo foaming cloths external 6 %	Non-Formulary	
BPROTECTED PEDIA IRON	T2	AL (Min 6 Months and Max 12 Months)
BRAFTOVI ORAL CAPSULE 75 MG	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
BREATHERITE	T3	QL (4 EA per 365 days)
BREATHERITE COLL SPACER ADULT	T3	QL (4 EA per 365 days)
BREATHERITE COLL SPACER CHILD	T3	QL (4 EA per 365 days)
BREATHERITE COLL SPACER INFANT	T3	QL (4 EA per 365 days)
BREATHERITE RIGID SPACER/MASK	T3	QL (4 EA per 365 days)
BREATHERITE SPACER NEONATE	T3	QL (4 EA per 365 days)
BREATHERITE SPACER SMALL CHILD	T3	QL (4 EA per 365 days)

Medication	Coverage Level	Restrictions
BREATHERITE/LARGE MASK	T3	QL (4 EA per 365 days)
BREATHERITE/MEDIUM MASK	T3	QL (4 EA per 365 days)
BREATHERITE/SMALL MASK	T3	QL (4 EA per 365 days)
BREKIYA	Non-Formulary	
BRENZAVVY	Non-Formulary	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	T3	QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	T3	QL (1 inhaler per 30 Days)
BREXAFEMME	Non-Formulary	
BREYNA	T2	QL (2 inhalers per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT	T3	QL (1 Inhaler per 30 Days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	T3	QL (1 inhaler per 30 days)
briellyn	Tier 8	PV
BRILINTA	Non-Formulary	
brimonidine tartrate external	T4	ST; QL (30 GM per 30 days)
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %	T3	
brimonidine tartrate ophthalmic solution 0.2 %	T2	
brimonidine tartrate-timolol	T2	
brimonidine-dorzolamide	Non-Formulary	
BRINSUPRI	Non-Formulary	
brinzolamide	T3	
BRISDELLE	Non-Formulary	
brivaracetam oral solution	T3	QL (300 ML per 30 days)
brivaracetam oral tablet	T3	QL (60 Tablets per 30 Days)
BRIVIACT ORAL SOLUTION	T4	QL (300 ML per 30 days)
BRIVIACT ORAL TABLET	T4	QL (60 tablets per 30 days)
BROMFED DM ORAL SYRUP 30-2-10 MG/5ML	Non-Formulary	
bromfenac sodium (once-daily)	T3	ST; QL (1.7 ML per 30 days)
bromfenac sodium ophthalmic solution 0.07 %	Non-Formulary	
bromfenac sodium ophthalmic solution 0.075 %	T2	ST; QL (5 ML per 30 days)
bromocriptine mesylate oral	T3	
BROMSITE	Non-Formulary	
BRONCHITOL	Non-Formulary	

Medication	Coverage Level	Restrictions
BROVANA	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); DX (Prior Authorization not required when billed with COPD diagnosis code J44.0, J44.1, J44.89 or J44.9)
BRUKINSA ORAL CAPSULE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days)
BRUKINSA ORAL TABLET	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (60 Capsules per 30 days)
BRYHALI	Non-Formulary	
BRYNOVIN	Non-Formulary	
BSS	T2	
BSS PLUS	T4	
BUCAPSOL	Non-Formulary	
budesonide er oral tablet extended release 24 hour	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 1 mg/2ml	T3	QL (120 ML per 30 days)
budesonide inhalation suspension 0.5 mg/2ml	T3	QL (240 ML per 30 days)
budesonide nasal	Non-Formulary	
budesonide oral	T4	QL (90 capsules per 30 days)
budesonide rectal foam 2 mg	T4	QL (2 packages per 180 days)
budesonide-formoterol fumarate	T2	QL (2 inhalers per 30 days)
buffered aspirin	T4	
BUFFERIN	T4	
bumetanide oral	T1	
BUPAP ORAL TABLET 50-300 MG	Non-Formulary	
BUPHENYL ORAL POWDER 3 GM/TSP	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill)
BUPHENYL ORAL TABLET	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill)
bupivacaine hcl injection solution prefilled syringe 0.25 % (10 ml)	Non-Formulary	
buprenorphine hcl sublingual	T2	QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	T2	QL (60 films per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	T2	QL (90 films per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	T2	QL (90 tablets per 30 days)
buprenorphine transdermal	T3	ST; QL (4 patches per 28 days)
bupropion hcl er (smoking det)	Tier 8	PV
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg	T2	QL (90 tablets per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg	T2	QL (60 tablets per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	T2	QL (90 tablets per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	T2	
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	Non-Formulary	
bupropion hcl oral	T2	
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	T1	
buspirone hcl oral tablet 12.5 mg, 2.5 mg	Non-Formulary	
butalbital-acetaminophen oral tablet 50-300 mg	Non-Formulary	
butalbital-acetaminophen oral tablet 50-325 mg	T2	QL (180 tablets per 30 days)
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	Non-Formulary	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T2	QL (180 capsules per 30 days)
butalbital-apap-caffeine oral capsule 50-300-40 mg	Non-Formulary	
butalbital-apap-caffeine oral solution	Non-Formulary	
butalbital-apap-caffeine oral tablet 50-325-40 mg	T2	QL (180 tablets per 30 days)
butalbital-asa-caff-codeine	T3	QL (180 capsules per 30 days)
butalbital-aspirin-caffeine oral capsule	T2	QL (180 tablets per 30 days)
butenafine hcl	T2	
butorphanol tartrate injection	T4	
butorphanol tartrate nasal	T3	
BUTRANS	Non-Formulary	
BYLVAY	Non-Formulary	
BYLVAY (PELLETS)	Non-Formulary	
BYNFEZIA PEN	Non-Formulary	
BYSANTI	Non-Formulary	
BYSANTI TITRATION PACK A	Non-Formulary	

Medication	Coverage Level	Restrictions
BYSANTI TITRATION PACK B	Non-Formulary	
BYSANTI TITRATION PACK C	Non-Formulary	
BYSTOLIC	T4	
cabergoline	T2	
CABLIVI	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 fills per 720 days); QL (30 kits per 30 days)
CABOMETYX	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
CABTREO	Non-Formulary	
CADUET ORAL TABLET 10-10 MG, 5-10 MG	T4	
CAFERGOT	Non-Formulary	
caffeine citrate oral solution 60 mg/3ml	T4	AL (Max 1 Years)
calcipotriene external cream	T2	QL (120 GM per 30 days)
calcipotriene external foam	Non-Formulary	
calcipotriene external ointment	T3	QL (120 GM per 30 days)
calcipotriene external solution	T2	
calcipotriene-betameth diprop	Non-Formulary	
calcitonin (salmon) injection	Non-Formulary	
calcitonin (salmon) nasal	T2	
calcitriol external	T4	ST; QL (100 GM per 30 days)
calcitriol oral capsule	T2	
calcitriol oral solution	T2	AL (Max 9 Years)
calcium acetate (phos binder) oral capsule	T2	
calcium-folic acid plus d	Non-Formulary	
CALQUENCE ORAL TABLET	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
calsodore external kit	Non-Formulary	
CAMBIA	Non-Formulary	
CAMILA	Tier 8	PV
CAMRESE	Tier 8	PV
CAMRESE LO	Tier 8	PV

Medication	Coverage Level	Restrictions
CAMZYOS	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); AL (Min 18 Years); SP
CANASA	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
candesartan cilexetil	T2	
candesartan cilexetil-hctz	T2	
CANDIN	Non-Formulary	
capecitabine	T5	SP (Limited to a 1 month supply per fill); SP
CAPEX	Non-Formulary	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
CAPRELSA	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
captopril oral	T2	
captopril-hydrochlorothiazide	T2	
CAPVAXIVE	Tier 7	PV; QL (1 dose per 1 Lifetime)
CARAC	Non-Formulary	
CARAFATE	T4	ST
CARBAGLU ORAL TABLET SOLUBLE	Non-Formulary	SP ( )
carbamazepine er oral capsule extended release 12 hour	T2	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg	T2	ST; QL (60 tablets per 30 days)
carbamazepine er oral tablet extended release 12 hour 400 mg	T3	ST; QL (120 tablets per 30 days)
carbamazepine oral suspension 100 mg/5ml	T2	
carbamazepine oral tablet	T2	
carbamazepine oral tablet chewable 100 mg	T2	
carbamazepine oral tablet chewable 200 mg	Non-Formulary	
CARBATROL	T4	
carbidopa oral	T4	ST; QL (5 tablets per 1 day)

Medication	Coverage Level	Restrictions
carbidopa-levodopa	T2	
carbidopa-levodopa er oral capsule extended release 23.75-95 mg, 48.75-195 mg	T5	PA; SP (Limited to a 1-month supply per fill.); QL (360 Capsules per 30 days)
carbidopa-levodopa er oral capsule extended release 36.25-145 mg, 61.25-245 mg	T5	PA; SP (Limited to a 1-month supply per fill); QL (360 Capsules per 30 days)
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	T2	
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	T2	
carbinoxamine maleate er	Non-Formulary	
carbinoxamine maleate oral solution	T2	
carbinoxamine maleate oral tablet 4 mg	T2	
carbinoxamine maleate oral tablet 6 mg	Non-Formulary	
carbzah	Non-Formulary	
cardioplegia del nido formula	Non-Formulary	
CARDIOVID PLUS	Non-Formulary	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T4	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	Non-Formulary	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non-Formulary	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T4	
CARDURA	T4	
CARDURA XL	T4	ST
CARESENS CONTROL A	T4	
CARESENS CONTROL SOLUTION A/B	T4	
CARESENS N GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
CARESENS S CONTROL SOLN A/B	T4	
CARESENS S GLUCOSE TEST	T4	ST
CARETOUCH CONTROL SOL LEVEL 2	T4	
CARETOUCH LANCING/EJECTOR	T4	
CARETOUCH TEST	T4	ST; QL (200 strips per 30 days)
CARETOUCH TWIST LANCETS 28G	T3	

Medication	Coverage Level	Restrictions
CARETOUCH TWIST LANCETS 30G	T3	
CARETOUCH TWIST LANCETS 33G	T3	
carglumic acid oral tablet soluble	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
carisoprodol oral tablet 350 mg	T3	QL (90 tablets per 30 days)
carisoprodol-aspirin	Non-Formulary	
carisoprodol-aspirin-codeine	T2	QL (120 tablets per 30 days)
CARNITOR ORAL	T4	
CARNITOR SF	T4	
CAROSPIR	T4	QL (120 ML per 30 days); AL (Max 9 Years)
carteolol hcl	T2	
CARTIA XT	T2	
carvedilol	T1	
carvedilol phosphate er	T3	ST
CASODEX	T4	
CATAPRES	T4	
CATAPRES-TTS-1	T4	
CATAPRES-TTS-2	T4	
CATAPRES-TTS-3	T4	
CAVERJECT	Non-Formulary	
CAVERJECT IMPULSE	Non-Formulary	
CAVERJECT IMPULSE(2 CARTRIDGE)	Non-Formulary	
CAVHANZA	Non-Formulary	
CAYA	Tier 8	PV
CAYSTON	T5	PA; SP (Limited to a 1 month supply per fill); SP
CAZIANT	Tier 8	PV
cefaclor er	Non-Formulary	
cefaclor oral capsule 250 mg	T2	
cefadroxil	T2	
cefdinir	T2	
cefditoren pivoxil oral tablet 400 mg	T2	
cefixime oral capsule	Non-Formulary	
cefixime oral suspension reconstituted	T2	
cefpodoxime proxetil	T2	
cefprozil	T2	
ceftaroline fosamil	Non-Formulary	
cefuroxime axetil oral tablet	T2	

Medication	Coverage Level	Restrictions
CELACYN	Non-Formulary	
CELEBREX	T4	QL (60 capsules per 30 days)
celecoxib oral	T2	QL (60 capsules per 30 days)
CELEXA ORAL TABLET 10 MG	T4	QL (90 tablets per 30 days); AL (Min 18 Years)
CELEXA ORAL TABLET 20 MG	T4	QL (60 tablets per 30 days); AL (Min 18 Years)
CELEXA ORAL TABLET 40 MG	T4	QL (30 tablets per 30 days); AL (Min 18 Years)
CELLCEPT ORAL CAPSULE	T4	
CELLCEPT ORAL SUSPENSION RECONSTITUTED	T4	AL (Max 9 Years)
CELLCEPT ORAL TABLET	T4	
CELONTIN	T4	
CENTANY	T4	QL (22 GM per 30 days)
CENTRATEX	Non-Formulary	
cephalexin oral capsule	T1	
cephalexin oral suspension reconstituted	T2	
cephalexin oral tablet	T3	
CEPROTIN	T4	SP
CEQUA	Non-Formulary	
CERACADE	Non-Formulary	
CERDELGA	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days); SP
CETACAINE EXTERNAL AEROSOL	Non-Formulary	
cetirizine hcl childrens alrgy oral solution	Non-Formulary	
cetirizine hcl oral tablet	Non-Formulary	
cetirizine hcl oral tablet chewable	Non-Formulary	
cetirizine-pseudoephedrine er	Non-Formulary	
CETRAXAL	T4	
cetrorelix acetate	T3	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T3	SP
cevimeline hcl	T2	QL (90 capsules per 30 days)
CHARLOTTE 24 FE	Tier 8	PV
CHATEAL EQ	Tier 8	PV
CHEMET	T5	SP (Limited to a 1 month supply per fill)
childrens aspirin	T4	PV
childrens loratadine oral solution	Non-Formulary	

Medication	Coverage Level	Restrictions
chlohux	Non-Formulary	
chlordiazepoxide hcl	T1	
chlordiazepoxide-amitriptyline	T2	
chlordiazepoxide-clidinium	T4	
chlorhexidine gluconate mouth/throat	T2	
chloroquine phosphate oral	T2	
chlorpheniramine maleate er	Non-Formulary	
chlorpromazine hcl oral concentrate	T4	QL (180 ML per 30 days)
chlorpromazine hcl oral tablet	T4	QL (180 tablets per 30 days)
chlorthalidone oral tablet 25 mg, 50 mg	T2	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	Non-Formulary	
chlorzoxazone oral tablet 500 mg	T2	
CHOLBAM ORAL CAPSULE 250 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
CHOLBAM ORAL CAPSULE 50 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
cholestyramine light	T2	
cholestyramine oral	T2	
chorionic gonadotropin intramuscular	T4	SP
CHOSEN LANCING DEVICE	T4	
CIALIS	Non-Formulary	
CIBINQO	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
CICLODAN EXTERNAL SOLUTION	T2	
ciclopirox external	T2	
ciclopirox olamine external	T2	
ciclopirox treatment	Non-Formulary	
CIFEREX	Non-Formulary	
cilostazol	T2	
CILOXAN	T4	
CIMDUO	Non-Formulary	
cimetidine hcl oral solution 300 mg/5ml	T4	
cimetidine oral tablet 200 mg	Non-Formulary	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	T4	

Medication	Coverage Level	Restrictions
CIMZIA (1 SYRINGE)	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
CIMZIA (2 SYRINGE)	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
CIMZIA-STARTER	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 fill per 1 lifetime); SP
cinacalcet hcl	T5	SP (Limited to a 1 month supply per fill)
CIPRO HC	T3	
CIPRO ORAL SUSPENSION RECONSTITUTED	T4	
CIPRO ORAL TABLET 250 MG, 500 MG	T4	
CIPRODEX	T4	
ciprofloxacin hcl ophthalmic	T2	
ciprofloxacin hcl oral	T1	
ciprofloxacin hcl otic	T2	
ciprofloxacin oral	T2	
ciprofloxacin-dexamethasone	T2	
ciprofloxacin-fluocinolone pf	T3	AL (Min 6 Months and Max 17 Years)
ciprofloxacin-hydrocortisone	Non-Formulary	
citalopram hydrobromide oral capsule	Non-Formulary	
citalopram hydrobromide oral solution	T1	
citalopram hydrobromide oral tablet 10 mg	T1	QL (90 tablets per 30 days)
citalopram hydrobromide oral tablet 20 mg	T1	QL (60 tablets per 30 days)
citalopram hydrobromide oral tablet 40 mg	T1	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T4	QL (60 tablets per 30 days)
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T4	
CITRANATAL B-CALM	T4	
CITRANATAL BLOOM	T4	
CITRANATAL DHA	T4	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	T4	
CITRANATAL MEDLEY	T4	
CITRANATAL RX	T4	

Medication	Coverage Level	Restrictions
citrate of magnesia oral solution	Tier 8	PV
CITROMA	Tier 8	PV
cladribine (10 tabs)	T5	PA; SP (Limited to a 1-month supply per fill); QL (120 Tablets per 365 days); SP
cladribine (4 tabs)	T5	PA; SP (Limited to a 1-month supply per fill); QL (120 Tablets per 365 days); SP
cladribine (5 tabs)	T5	PA; SP (Limited to a 1-month supply per fill); QL (120 Tablets per 365 days); SP
cladribine (6 tabs)	T5	PA; SP (Limited to a 1-month supply per fill); QL (120 Tablets per 365 days); SP
cladribine (7 tabs)	T5	PA; SP (Limited to a 1-month supply per fill); QL (120 Tablets per 365 days); SP
cladribine (8 tabs)	T5	PA; SP (Limited to a 1-month supply per fill); QL (120 Tablets per 365 days); SP
cladribine (9 tabs)	T5	PA; SP (Limited to a 1-month supply per fill); QL (120 Tablets per 365 days); SP
CLARAVIS	T3	QL (6 fills per 2 years)
CLARINEX ORAL TABLET	Non-Formulary	
CLARINEX-D 12 HOUR	Non-Formulary	
clarithromycin er	T2	
clarithromycin oral	T2	
CLARITIN ORAL SOLUTION	Non-Formulary	
CLARITIN ORAL SYRUP	Non-Formulary	
CLARITIN ORAL TABLET	Non-Formulary	
CLARITIN REDITABS	Non-Formulary	
CLARITIN-D 12 HOUR	Non-Formulary	
CLARITIN-D 24 HOUR	Non-Formulary	
classic prenatal	Tier 8	PV
CLEARLAX ORAL PACKET	Non-Formulary	
CLEARLAX ORAL POWDER	Tier 8	PV
clemastine fumarate oral syrup	Non-Formulary	
clemastine fumarate oral tablet 1.34 mg	Non-Formulary	
clemastine fumarate oral tablet 2.68 mg	T2	
CLEMASZ	Non-Formulary	
CLEMSZA	Non-Formulary	
CLENIA PLUS	Non-Formulary	

Medication	Coverage Level	Restrictions
CLENPIQ	T4	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	T4	
CLEOCIN ORAL CAPSULE 75 MG	T3	
CLEOCIN ORAL SOLUTION RECONSTITUTED	T3	
CLEOCIN VAGINAL CREAM	T4	
CLEOCIN VAGINAL SUPPOSITORY	Non-Formulary	
CLEOCIN-T EXTERNAL LOTION	Non-Formulary	
CLEVER CHOICE MICRO TEST	T4	ST; QL (200 strips per 30 days)
CLEVER CHOICE TALK SYSTEM IN VITRO	T4	ST; QL (200 strips per 30 days)
CLIMARA	Non-Formulary	
CLIMARA PRO	Non-Formulary	
CLINDAGEL	Non-Formulary	
clindamycin hcl oral	T1	
clindamycin palmitate hcl	T2	
clindamycin phos (once-daily)	BE	
clindamycin phos (twice-daily)	T2	
clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %	Non-Formulary	
clindamycin phos-benzoyl perox external gel 1.2-5 %	T2	QL (45 gm per 30 days)
clindamycin phos-benzoyl perox external gel 1-5 %	T3	QL (50 GM per 30 days)
clindamycin phosphate external gel 1 %	T2	
clindamycin phosphate external lotion	T2	
clindamycin phosphate external solution	T2	QL (180 ML per 30 days)
clindamycin phosphate external swab	T2	
clindamycin phosphate vaginal	T2	
clindamycin-tretinoin	T4	
CLINDESSE	T4	ST
clobazam oral suspension 2.5 mg/ml	T3	QL (480 ML per 30 days)
clobazam oral tablet	T2	
clobetasol prop emollient base	T2	QL (60 GM per 30 days)
clobetasol propionate emulsion	T4	QL (100 GM per 30 days)
clobetasol propionate external cream 0.025 %	Non-Formulary	
clobetasol propionate external cream 0.05 %	T2	QL (60 GM per 30 days)
clobetasol propionate external foam	Non-Formulary	
clobetasol propionate external gel	T2	
clobetasol propionate external liquid	T4	
clobetasol propionate external lotion	T4	QL (118 ML per 30 days)
clobetasol propionate external ointment	T2	QL (60 GM per 30 days)

Medication	Coverage Level	Restrictions
clobetasol propionate external shampoo	T3	QL (118 ML per 30 days)
clobetasol propionate external solution	T2	
clobetasol propionate ophthalmic	Non-Formulary	
CLOBEX	T4	ST; QL (118 ML per 30 days)
CLOBEX SPRAY	Non-Formulary	
CLOBEZIN	Non-Formulary	
clocortolone pivalate	T4	ST
CLODAN EXTERNAL KIT	T4	
CLODAN EXTERNAL SHAMPOO	T3	QL (118 ML per 30 days)
CLOMID	T4	
clomiphene citrate oral	T2	
clomipramine hcl oral	T2	QL (90 capsules per 30 days)
clonazepam oral tablet 0.25 mg	Non-Formulary	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	T1	
clonazepam oral tablet dispersible	T2	
clonidine	T2	
clonidine er	Non-Formulary	
clonidine hcl er oral tablet extended release 12 hour	T3	
clonidine hcl er oral tablet extended release 24 hour	Non-Formulary	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	T1	
clopidogrel bisulfate oral	T1	
clorazepate dipotassium	T2	
CLOTIC	Non-Formulary	
clotrimazole external cream	Non-Formulary	
clotrimazole external solution	Non-Formulary	
clotrimazole mouth/throat troche	T2	
clotrimazole-betamethasone external cream	T2	
clotrimazole-betamethasone external lotion	T2	QL (30 gm per 30 days)
clozapine oral tablet	T2	
clozapine oral tablet dispersible	T4	
CLOZARIL ORAL TABLET 100 MG, 25 MG	T4	
CLOZARIL ORAL TABLET 200 MG, 50 MG	Non-Formulary	
COAGADEX	T5	SP (Limited to a 1 month supply per fill); SP
coal tar external solution	T3	
COARTEM	T3	
COBENFY	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)

Medication	Coverage Level	Restrictions
COBENFY STARTER PACK	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
codeine sulfate oral tablet	T2	
coenzyme q10	Non-Formulary	
coenzyme q-10 oral capsule 100 mg	Non-Formulary	
COLAZAL	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
colchicine oral capsule	T4	QL (120 capsules per 30 days)
colchicine oral tablet	T2	QL (120 capsules per 30 days)
colchicine-probenecid	T2	
COLCRYS	Non-Formulary	
colesevelam hcl oral packet	T4	QL (1 packet per 1 day)
colesevelam hcl oral tablet	T2	QL (180 tablets per 30 days)
COLESTID	T4	
colestipol hcl	T2	
colistimethate sodium (cba)	Non-Formulary	
COLY-MYCIN S	T4	
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM	T4	
COMBIGAN	Non-Formulary	
COMBIPATCH	T3	
COMBIVENT RESPIMAT	T3	QL (2 inhalers per 30 days)
COMBIVIR	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
COMBOGESIC ORAL	Non-Formulary	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
COMETRIQ (60 MG DAILY DOSE)	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
COMIRNATY 5-11 YEARS	Tier 7	PV
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 7	PV
COMPACT SPACE CHAMBER	T4	QL (4 chambers per 1 year)
COMPACT SPACE CHAMBER/LG MASK	T4	QL (4 chambers per 1 year)

Medication	Coverage Level	Restrictions
COMPACT SPACE CHAMBER/MED MASK	T4	QL (4 chambers per 1 year)
COMPACT SPACE CHAMBER/SM MASK	T4	QL (4 chambers per 1 year)
COMPLERA	T5	SP (Limited to a 1 month supply per fill)
complete natal dha	T2	
completenate	T2	
COMPRO	T2	
COMTAN	T4	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG	T4	QL (31 tablets per 31 days); AL (Min 4 Years)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG, 54 MG	T4	QL (62 tablets per 31 days); AL (Min 4 Years)
CONDYLOX EXTERNAL GEL	T4	ST
CONJUPRI	Non-Formulary	
CONSENSI	Non-Formulary	
CONTOUR CONTROL IN VITRO LIQUID NORMAL	T4	
CONTOUR NEXT TEST	T4	ST; QL (200 strips per 30 days)
CONTOUR PLUS BLUE	Non-Formulary	
CONTOUR PLUS CONTROL SOLUTION	T4	
CONTOUR PLUS TEST	T4	ST; QL (200 Strips per 30 days)
CONTOUR TEST	T4	ST; QL (200 strips per 30 days)
CONTRAVE	T4	ST
CONZIP	Non-Formulary	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Formulary	
COPIKTRA	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
CORDRAN	Non-Formulary	
COREG	T4	
COREG CR	T4	ST
CORGARD	T4	
CORLANOR ORAL SOLUTION	T4	ST; AL (Max 9 Years)
CORLANOR ORAL TABLET	Non-Formulary	
corphena	Non-Formulary	
CORTANE-B EXTERNAL	T4	
CORTEF	T4	
CORTENEMA	T4	
CORTIFOAM EXTERNAL	T4	ST
cortisone acetate oral	T2	

Medication	Coverage Level	Restrictions
CORTISPORIN-TC	T4	
CORTROPHIN	Non-Formulary	
CORTROPHIN GEL	Non-Formulary	
CORVITA 150	Non-Formulary	
CORVITA ORAL TABLET 1.25 MG	Non-Formulary	
CORVITE 150 ORAL TABLET	Non-Formulary	
corvite fe	Non-Formulary	
CORVITE FREE	Non-Formulary	
CORVITE ORAL TABLET 1.25 MG	Non-Formulary	
COSENTYX (300 MG DOSE)	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 dose packs for induction/starting dose only.); QL (1 dose pack per 28 days); SP
COSENTYX SENSOREADY (300 MG)	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 dose packs for induction/starting dose only.); QL (1 dose pack per 28 days); SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 pens for induction/starting dose only.); QL (1 pen per 28 days); SP
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 syringes for induction/starting dose only.); QL (1 syringe per 28 days); SP
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 syringes for induction/starting dose only.); QL (1 syringe per 30 days); SP

Medication	Coverage Level	Restrictions
COSENTYX UNOREADY	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 syringes for induction/starting dose only.); QL (1 pen per 28 days); SP
COSOPT	T4	
COTELLIC	T5	PA; SP (Limited to a 1 month supply per fill); SP
COTEMPLA XR-ODT	Non-Formulary	
COUMADIN ORAL	T3	
COVARYX	Non-Formulary	
COVARYX HS	Non-Formulary	
COXANTO	Non-Formulary	
COZAAR	T4	
CRENESSITY ORAL CAPSULE 100 MG, 50 MG	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
CRENESSITY ORAL CAPSULE 25 MG	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill.); QL (30 Capsules per 30 days)
CRENESSITY ORAL SOLUTION	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 ML per 30 days)
CREON	T5	SP (Limited to a 1 month supply per fill)
CRESEMBA ORAL CAPSULE 186 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
CRESEMBA ORAL CAPSULE 74.5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)
CRESTOR	T4	
CREXONT	T3	ST; QL (180 capsules per 30 days)
CRINONE VAGINAL GEL 4 %	Non-Formulary	
CRINONE VAGINAL GEL 8 %	Non-Formulary	SP ( )
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T3	
cromolyn sodium inhalation	Non-Formulary	

Medication	Coverage Level	Restrictions
cromolyn sodium ophthalmic	T2	
cromolyn sodium oral	T4	
CRYODOSE TA	Non-Formulary	
CRYSELLE-28	Tier 8	PV
CUPRIMINE ORAL CAPSULE 250 MG	Non-Formulary	
CURAE	Tier 8	PV
CUVPOSA	Non-Formulary	
CUVRIOR	Non-Formulary	
CVS ADVANCED GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
cvs aspirin adult low dose	T2	PV
cvs aspirin ec oral tablet delayed release 81 mg	T2	PV
cvs aspirin oral tablet 325 mg	Non-Formulary	
cvs folic acid oral tablet 800 mcg	Tier 8	PV; AL (Max 50 Years)
cvs ibuprofen oral capsule	T1	
cvs magnesium citrate oral solution	Tier 8	PV
cvs milk of magnesia oral suspension 400 mg/5ml	Tier 8	PV
cvs nicotine polacrilex	Tier 8	PV
cvs nicotine transdermal	Tier 8	PV
cvs prenatal multi+dha	Tier 8	PV
cvs prenatal oral tablet 27-0.8 mg	Tier 8	PV
cyanocobalamin injection solution 1000 mcg/ml	T2	
cyanocobalamin nasal	Non-Formulary	
cyclobenzaprine hcl er	Non-Formulary	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	T1	
cyclobenzaprine hcl oral tablet 7.5 mg	Non-Formulary	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	T3	
CYCLOGYL OPHTHALMIC SOLUTION 1 %, 2 %	T4	
CYCLOMYDRIL	T4	
cyclopentolate hcl ophthalmic	T2	
cyclophosphamide oral	T3	
cycloserine oral	T5	QL (90 capsules per 30 days)
CYCLOSET	T4	
cyclosporine (pf)	T3	QL (60 vials per 30 days)
cyclosporine modified	T2	
cyclosporine ophthalmic	T3	QL (60 vials per 30 days)
cyclosporine oral capsule	T5	SP (Limited to a 1 month supply per fill)
CYLTEZO (2 PEN)	Non-Formulary	

Medication	Coverage Level	Restrictions
CYLTEZO (2 SYRINGE)	Non-Formulary	
CYLTEZO-CD/UC/HS STARTER	Non-Formulary	
CYLTEZO-PSORIASIS/UV STARTER	Non-Formulary	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG	T4	QL (60 capsules per 30 days)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	T4	QL (90 capsules per 30 days)
cyproheptadine hcl oral syrup 2 mg/5ml	T2	
cyproheptadine hcl oral tablet	T2	
CYRED	Tier 8	PV
CYRED EQ	Tier 8	PV
CYSTADANE	Non-Formulary	
CYSTADROPS	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (20 ML per 30 days)
CYSTARAN	T5	SP (Limited to a 1 month supply per fill); QL (60 ML per 28 days)
CYTOMEL	T3	
CYTOTEC	T4	
cytra k crystals	T2	
cytra-2	Non-Formulary	
CYTRA-3	Non-Formulary	
cytra-k	Non-Formulary	
dabigatran etexilate mesylate	T2	QL (60 capsules per 30 days)
dafilor	Non-Formulary	
dalfampridine er	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); SP
DALIRESP	T4	QL (30 tablets per 30 days)
danazol oral capsule 100 mg, 50 mg	T4	QL (60 capsules per 30 days)
danazol oral capsule 200 mg	T4	QL (120 capsules per 30 days)
DANTRIUM ORAL	T4	
dantrolene sodium oral	T2	
DANZITEN	T5	PA; SP (Limited to a 1-month supply per fill); QL (112 Tablets per 28 days)
dapagliflozin	T2	QL (30 tablets per 30 days)
dapagliflozin-metformin hcl er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg	T2	QL (30 tablets per 30 days)
dapagliflozin-metformin hcl er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg	T2	QL (60 tablets per 30 days)
dapsone external	Non-Formulary	

Medication	Coverage Level	Restrictions
dapsone oral	T2	
DARAPRIM	Non-Formulary	
darifenacin hydrobromide er	T3	QL (30 tablets per 30 days)
DARTISLA ODT	Non-Formulary	
darunavir	T5	SP (Limited to a 1 month supply per fill)
dasatinib	T2	PA; QL (30 tablets per 30 days); SP
DASETTA 1/35 (28)	Tier 8	PV
DASETTA 7/7/7	Tier 8	PV
DAURISMO	Vaccine - $0 Copay	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
DAWNZERA	Non-Formulary	
DAXBIA	Non-Formulary	
DAYBUE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); AL (Min 2 Years)
DAYBUE STIX	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 60-day supply per fill); QL (60 packets per 30 days); AL (Min 2 Years)
DAYPRO	T4	
DAYSEE	Tier 8	PV
DAYTRANA	T3	ST; QL (30 patches per 30 days); AL (Min 4 Years)
DAYVIGO	T4	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
dazaveidaoxia	Non-Formulary	
dazinia	Non-Formulary	
dazomon	Non-Formulary	
DDAVP ORAL	T4	
DDAVP PF	T4	SP
DEBLITANE	Tier 8	PV
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	T2	
deferasirox granules	T5	SP (Limited to a 1 month supply per fill); SP
deferasirox oral tablet	T5	SP (Limited to a 1 month supply per fill); SP

Medication	Coverage Level	Restrictions
deferasirox oral tablet soluble	T5	SP (Limited to a 1 month supply per fill); SP
deferiprone	T5	SP (Limited to a 1 month supply per fill); SP
deflazacort	Non-Formulary	
del nido cardioplegia	Non-Formulary	
DELESTROGEN	T4	
delibon	Non-Formulary	
DELSTRIGO	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
DELZICOL	T4	QL (180 capsules per 30 days)
demeclocycline hcl oral	T4	
DEMSER	Non-Formulary	
DENAVIR	Vaccine - $0 Copay	ST; SP (Limited to one 6 month supply at a time); QL (5 GM per 6 months)
DENGVAXIA	Non-Formulary	
DENTA 5000 PLUS	T2	
dentagel	T2	
denvita	Non-Formulary	
deoxiademtar	Non-Formulary	
deoxiatar	Non-Formulary	
deoxiavar	Non-Formulary	
DEPAKOTE	T4	
DEPAKOTE ER	T4	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T4	
DEPEN TITRATABS	Non-Formulary	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	Tier 8	PV; QL (1 vial per 90 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 8	PV; QL (1 syringe per 90 days)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	Non-Formulary	
DERMA SILKRX SDS PAK	Non-Formulary	
DERMACINRX DERMAZENE SPOT	Non-Formulary	
DERMACINRX DIGENYX	Non-Formulary	
DERMACINRX PRIZOPAK	Non-Formulary	
DERMACINRX PUREFOLIX	Non-Formulary	
DERMACINRX URACIN	Non-Formulary	
DERMACURE	Non-Formulary	

Medication	Coverage Level	Restrictions
derma-r	Non-Formulary	
DERMA-SMOOTHE/FS BODY	T4	
DERMA-SMOOTHE/FS SCALP	T4	
DERMASO PLUS	Non-Formulary	
DERMASORB AF	Non-Formulary	
DERMASORB HC	Non-Formulary	
DERMASORB TA	Non-Formulary	
DERMASORB XM	Non-Formulary	
DERMATOP	T4	
dermavyx	Non-Formulary	
DERMAZENE	Non-Formulary	
DERMULCERA	Non-Formulary	
DESCOVY ORAL TABLET 120-15 MG	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
DESCOVY ORAL TABLET 200-25 MG	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); PV; QL (30 tablets per 30 days)
desipramine hcl oral	T3	QL (60 tablets per 30 days)
desloratadine oral solution	Non-Formulary	
desloratadine oral tablet	Non-Formulary	
DESMODA	Non-Formulary	
desmopressin ace spray refrig	T3	ST; QL (10 ML per 30 days)
desmopressin acetate oral tablet 0.1 mg	T2	QL (180 tablets per 30 days)
desmopressin acetate oral tablet 0.2 mg	T2	
desmopressin acetate pf	T4	SP
desmopressin acetate spray	T3	ST; QL (10 ML per 30 days)
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	Tier 8	PV
DESONATE	Non-Formulary	
desonide external cream	T2	
desonide external gel	Non-Formulary	
desonide external lotion	Non-Formulary	
desonide external ointment	T2	
DESOWEN EXTERNAL CREAM	Non-Formulary	
DESOWEN EXTERNAL LOTION	Non-Formulary	
desoximetasone external cream 0.05 %	Non-Formulary	
desoximetasone external cream 0.25 %	T2	
desoximetasone external gel	Non-Formulary	
desoximetasone external liquid	Non-Formulary	
desoximetasone external ointment 0.05 %	Non-Formulary	

Medication	Coverage Level	Restrictions
desoximetasone external ointment 0.25 %	T3	
DESOXYN	Non-Formulary	
desvenlafaxine er	T3	QL (30 tablets per 30 days)
desvenlafaxine succinate er	T2	QL (60 tablets per 30 days)
DETROL	T4	
DETROL LA	T4	QL (30 capsules per 30 days)
dexabliss	Non-Formulary	
DEXAMETHASONE INTENSOL	T3	
dexamethasone oral elixir	T2	
dexamethasone oral solution	T2	
dexamethasone oral tablet	T2	
dexamethasone oral tablet therapy pack 1.5 mg (21)	Non-Formulary	
dexamethasone sodium phosphate ophthalmic	T2	
DEXCOM G7 15 DAY SENSOR	T3	ST; QL (2 sensors per 28 days)
DEXCOM G7 RECEIVER	T3	ST; QL (1 receiver per 1 year)
DEXCOM G7 SENSOR	T3	ST; QL (3 sensors per 30 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	T4	QL (120 capsules per 30 days)
DEXILANT	Non-Formulary	
dexlansoprazole	T4	ST; QL (30 capsules per 30 days)
DEXLYT	Non-Formulary	
dexmedetomidine hcl in nacl intravenous solution prefilled syringe 20-0.9 mcg/5ml-%	Non-Formulary	
dexmethylphenidate hcl	T2	AL (Min 4 Years)
dexmethylphenidate hcl er	T2	QL (30 capsules per 30 days); AL (Min 4 Years)
DEXONTO 0.4%	T4	
DEXPAK 6 DAY ORAL TABLET THERAPY PACK	Non-Formulary	
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	T3	QL (120 capsules per 30 days); AL (Min 6 Years)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	T3	QL (60 capsules per 30 days); AL (Min 6 Years)
dextroamphetamine sulfate oral solution	T2	
dextroamphetamine sulfate oral tablet 10 mg	T2	QL (180 tablets per 30 days); AL (Min 6 Years)
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg	Non-Formulary	
dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg	T2	QL (30 tablets per 30 days); AL (Min 6 Years)

Medication	Coverage Level	Restrictions
dextroamphetamine sulfate oral tablet 7.5 mg	T2	QL (90 tablets per 30 dayss); AL (Min 6 Years)
dextromethorphan-quinidine	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
DEXYCU	Non-Formulary	
DHIVY ORAL TABLET 25-100 MG	Non-Formulary	
DIABETA	T4	
DIACOMIT ORAL CAPSULE 250 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
DIACOMIT ORAL PACKET	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
diadimaxia external cream	Non-Formulary	
DIALYVITE	Non-Formulary	
DIALYVITE 3000	Non-Formulary	
DIALYVITE 5000	Non-Formulary	
DIALYVITE 800 ORAL TABLET	Tier 8	PV
DIALYVITE 800/IRON ORAL TABLET 29-0.8 MG	Non-Formulary	
DIALYVITE SUPREME D ORAL TABLET 3 MG	Non-Formulary	
DIALYVITE/ZINC	Non-Formulary	
DIAMOX SEQUELS	T4	
diasaxiatar	Non-Formulary	
diasdimaxia external cream	Non-Formulary	
diasoxia external cream	Non-Formulary	
diatrue plus test	T4	ST; QL (200 strips per 30 days)
DIAZEPAM INTENSOL	T3	
diazepam oral solution 5 mg/5ml	T1	
diazepam oral tablet	T1	
diazepam rectal	T4	
diazoxide oral	T5	SP (Limited to a 1 month supply per fill)
DIBENZYLINE	Non-Formulary	
dichlorphenamide	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
diclareal	Non-Formulary	
DICLEGIS	Non-Formulary	

Medication	Coverage Level	Restrictions
diclofenac epolamine external	T4	ST; QL (60 patches per 30 days)
diclofenac potassium oral capsule	Non-Formulary	
diclofenac potassium oral tablet 25 mg	Non-Formulary	
diclofenac potassium oral tablet 50 mg	T2	
diclofenac potassium(migraine)	Non-Formulary	
diclofenac sodium er	T2	
diclofenac sodium external gel 1 %	T2	
diclofenac sodium external gel 3 %	T3	ST; QL (100 GM per 30 days)
diclofenac sodium external solution	Non-Formulary	
diclofenac sodium ophthalmic	T2	
diclofenac sodium oral	T2	
diclofenac-misoprostol oral tablet delayed release	Non-Formulary	
dicloxacillin sodium	T2	
DICOPANOL FUSEPAQ	Non-Formulary	
dicyclomine hcl oral capsule	T2	
dicyclomine hcl oral solution 10 mg/5ml	T2	
dicyclomine hcl oral tablet 20 mg	T2	
dicyclomine hcl oral tablet 40 mg	Non-Formulary	
didanosine	T2	
diethylpropion hcl oral	T2	
DIFFERIN EXTERNAL CREAM	Non-Formulary	
DIFFERIN EXTERNAL GEL 0.1 %	T2	
DIFFERIN EXTERNAL GEL 0.3 %	Non-Formulary	
DIFFERIN EXTERNAL LOTION	Non-Formulary	
DIFICID ORAL TABLET	Non-Formulary	
diflorasone diacetate external cream	Non-Formulary	
diflorasone diacetate external ointment	T3	QL (15 GM per 30 days)
DIFLUCAN	T4	
diflunisal oral	T2	
difluprednate	T2	ST
DIGITEK	T2	
DIGOX	T2	
digoxin oral solution	T2	AL (Max 9 Years)
digoxin oral tablet 125 mcg, 250 mcg	T2	
digoxin oral tablet 62.5 mcg	Non-Formulary	
dihydroergotamine mesylate injection	T4	ST; QL (4 ML per 30 days)
dihydroergotamine mesylate nasal	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 ML per 30 days)
DILANTIN INFATABS	T3	

Medication	Coverage Level	Restrictions
DILANTIN ORAL CAPSULE 100 MG	T4	
DILANTIN ORAL CAPSULE 30 MG	T3	
DILANTIN ORAL SUSPENSION	T4	
DILAUDID ORAL LIQUID	T4	
DILAUDID ORAL TABLET 2 MG	T4	QL (32 tablets per 1 day)
DILAUDID ORAL TABLET 4 MG	T4	QL (16 tablets per 1 day)
DILAUDID ORAL TABLET 8 MG	T4	QL (8 tablets per 1 day)
dilt-cd	T2	
diltiazem hcl er beads	T2	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	T2	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	Non-Formulary	
diltiazem hcl er oral capsule extended release 12 hour	Non-Formulary	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T2	
diltiazem hcl er oral tablet extended release 24 hour	Non-Formulary	
diltiazem hcl oral	T1	
dilt-xr	T2	
diltzac	T2	
dimethyl fumarate oral	T2	QL (60 capsules per 30 days); SP
dimethyl fumarate starter pack oral capsule delayed release therapy pack	T2	QL (60 capsules per 30 days); SP
dionaris	Non-Formulary	
diooxia	Non-Formulary	
DIOVAN	T3	QL (60 tablets per 30 days)
DIOVAN HCT	T4	
DIPENTUM	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
diphenhydramine hcl oral capsule	Non-Formulary	
diphenhydramine hcl oral elixir	Non-Formulary	
diphenhydramine hcl oral liquid 12.5 mg/5ml	Non-Formulary	
diphenoxylate-atropine oral liquid	T2	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	T2	
diphtheria-tetanus toxoids dt	Non-Formulary	
DIPROLENE AF	T4	
DIPROLENE EXTERNAL LOTION	T4	
DIPROLENE EXTERNAL OINTMENT	T4	QL (50 GM per 30 days)
dipyridamole oral	T2	

Medication	Coverage Level	Restrictions
DISKETS	T2	
disopyramide phosphate oral	T2	
disulfiram oral	T2	
DIURIL	T3	
divalproex sodium er oral tablet extended release 24 hour	T2	
divalproex sodium oral capsule delayed release sprinkle	T2	
divalproex sodium oral tablet delayed release	T2	
divendo	Non-Formulary	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	T3	QL (30 packets per 30 days)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM	T3	QL (30 packets per 30 Days)
divinix	Non-Formulary	
diyra	Non-Formulary	
DOANS PILLS	T2	
dofetilide	T3	
DOJOLVI	Non-Formulary	
DOLISHALE	Tier 8	PV
DOLOBID	Non-Formulary	
DOMEBORO EXTERNAL PACKET	Non-Formulary	
domela	Non-Formulary	
donepezil hcl oral tablet	T1	
donepezil hcl oral tablet dispersible	T2	
DONNATAL	Non-Formulary	
DOPTELET ORAL TABLET 20 MG	Non-Formulary	
DOPTELET SPRINKLE	Non-Formulary	
dorevi	Non-Formulary	
DORYX MPC	Non-Formulary	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	Non-Formulary	
dorzolamide hcl ophthalmic	T2	
dorzolamide hcl-timolol mal	T2	
DOTTI	T2	
DOVATO	T5	SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
doxazosin mesylate oral	T2	
doxepin hcl external	T4	ST; QL (45 GM per 1 year)
doxepin hcl oral capsule	T2	

Medication	Coverage Level	Restrictions
doxepin hcl oral concentrate	T2	
doxepin hcl oral tablet	T3	ST; QL (30 tablets per 30 days)
doxercalciferol oral capsule 0.5 mcg, 2.5 mcg	Non-Formulary	
doxercalciferol oral capsule 1 mcg	T5	SP (Limited to a 1 month supply per fill)
doxycycline	Non-Formulary	
doxycycline hyclate oral capsule 100 mg, 50 mg	T2	
doxycycline hyclate oral capsule 75 mg	Non-Formulary	
doxycycline hyclate oral tablet 100 mg, 20 mg	T2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	Non-Formulary	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	Non-Formulary	
doxycycline monohydrate oral capsule 100 mg	T2	
doxycycline monohydrate oral capsule 150 mg, 75 mg	Non-Formulary	
doxycycline monohydrate oral suspension reconstituted	T2	
doxycycline monohydrate oral tablet 100 mg, 150 mg	Non-Formulary	
doxycycline monohydrate oral tablet 50 mg, 75 mg	T2	
doxylamine-pyridoxine	Non-Formulary	
d-penamine	Non-Formulary	
draxacey	Non-Formulary	
DRISDOL ORAL CAPSULE	T4	
DRITHO-CREME HP	Non-Formulary	
DRIZALMA SPRINKLE	Non-Formulary	
dronabinol oral capsule 10 mg	T3	SP (Limited to a 1 month supply per fill); QL (60 Capsules per 30 days)
dronabinol oral capsule 2.5 mg, 5 mg	T3	QL (60 Capsules per 30 days)
dronabinol oral solution	Non-Formulary	
drospiren-eth estrad-levomefol	Tier 8	PV
drospirenone-ethinyl estradiol	Tier 8	PV
DROXIA	T4	
droxidopa	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days); SP
DRYSOL	T2	
DSUVIA	Non-Formulary	
DUAC	Non-Formulary	

Medication	Coverage Level	Restrictions
DUAKLIR PRESSAIR	Non-Formulary	
DUAVEE	T4	QL (30 tablets per 30 days)
DUET DHA BALANCED ORAL 26-1 & 278 MG	T3	
DUETACT	Non-Formulary	
DUEXIS	Non-Formulary	
DULCOLAX ORAL SUSPENSION	Tier 8	PV
DULERA	T3	QL (1 inhaler per 31 days)
duloxetine hcl oral capsule delayed release particles 120 mg, 80 mg, 90 mg	T3	ST; QL (30 Capsules per 30 Days)
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	T2	QL (60 capsules per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg	T2	QL (90 capsules per 30 days)
duloxetine hcl oral capsule delayed release particles 40 mg	T3	ST; QL (30 capsules per 30 days)
DULOXICAINE	Non-Formulary	
DUOBRII	Non-Formulary	
DUOVISC INTRAOCULAR KIT 0.85-0.5 ML	Non-Formulary	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 3 pens for induction/starting dose only.); QL (2 pens per 28 days); SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 3 syringes for induction/starting dose only.); QL (2 syringes per 28 days); SP
duratuss ac	Non-Formulary	
DUREX EXTRA SENSITIVE THIN	Tier 8	PV
DUREX REALFEEL	Tier 8	PV
DUREX TROPICAL	Tier 8	PV
DUREZOL	T4	ST
DURLAZA	Non-Formulary	
dutasteride oral	T2	QL (30 capsules per 30 days)
dutasteride-tamsulosin hcl	T3	ST
DUTOPROL	Non-Formulary	
DUVYZAT	Non-Formulary	
DUZALLO	T4	ST
DYANAVEL XR	Non-Formulary	

Medication	Coverage Level	Restrictions
DYMISTA	Non-Formulary	
dynoma	Non-Formulary	
DYRENIUM	Non-Formulary	
E.E.S. 400 ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
E.E.S. GRANULES	T5	SP (Limited to a 1 month supply per fill)
EASIVENT	T3	QL (4 EA per 365 days)
EASIVENT MASK LARGE	T3	QL (4 EA per 365 days)
EASIVENT MASK MEDIUM	T3	QL (4 EA per 365 days)
EASIVENT MASK SMALL	T3	QL (4 EA per 365 days)
easy comfort lancets	T3	
EASY MAX T1 GLUCOSE SYSTEM	Non-Formulary	
easy mini lancing device	T4	
easy plus ii glucose test	T4	ST; QL (200 strips per 30 days)
EASY STEP CONTROL IN VITRO SOLUTION NORMAL	T4	
EASY STEP TEST	T4	ST; QL (200 strips per 30 days)
easy talk blood glucose test	T4	ST; QL (200 strips per 30 days)
easy talk plus ii test strips	T4	ST; QL (200 strips per 30 Days)
EASY TOUCH CONTROL HIGH & LOW	T4	
EASY TOUCH LANCING DEVICE	T4	
EASY TOUCH TEST	T4	ST; QL (200 strips per 30 days)
easy trak blood glucose test	T4	ST; QL (200 strips per 30 days)
easy trak ii control	T4	
easy trak ii glucose test	T4	ST; QL (200 strips per 30 days)
EASYGLUCO CONTROL IN VITRO SOLUTION NORMAL	T4	
EASYGLUCO IN VITRO	T4	ST; QL (200 strips per 30 days)
EASYMAX 15 TEST	T4	ST; QL (200 strips per 30 days)
EASYMAX TEST	T4	ST; QL (200 strips per 30 days)
EBGLYSS	Non-Formulary	
ECLIPSE TEST	T4	ST; QL (200 strips per 30 days)
EC-NAPROSYN	T4	
econazole nitrate external cream	T2	QL (90 GM per 30 days)
econazole nitrate external foam	Non-Formulary	
ECONTRA EZ	Tier 8	PV
ECONTRA ONE-STEP	Tier 8	PV
ECOTRIN	T4	
ECOTRIN ARTHRTIS PAIN	T4	
ECOTRIN LOW STRENGTH	T4	

Medication	Coverage Level	Restrictions
ECOZA	Non-Formulary	
EDARBI	T4	ST
EDARBYCLOR	T4	ST
EDECRIN	Non-Formulary	
EDEX	Non-Formulary	
EDEX (2 CARTRIDGE)	Non-Formulary	
EDEX (6 CARTRIDGE)	Non-Formulary	
EDLUAR	Non-Formulary	
EDURANT	T5	SP (Limited to a 1 month supply per fill)
EDURANT PED	T5	SP (Limited to a 1 month supply per fill); AL (Max 9 Years)
efavirenz	T3	
efavirenz-emtricitab-tenofo df	T4	
efavirenz-lamivudine-tenofovir	T2	QL (30 tablets per 30 days)
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	T2	
effervescent pot chloride	T2	
EFFEXOR XR	T4	
EFFIENT	T4	QL (31 tablets per 31 days)
EFUDEX EXTERNAL CREAM	T4	QL (40 GM per 30 days)
EGRIFTA SV	Non-Formulary	
EGRIFTA WR	Non-Formulary	
EKTERLY	Non-Formulary	
ELDEPRYL	T4	
element compact test	T4	ST; QL (200 strips per 30 days)
ELEMENT TEST	T4	ST; QL (200 strips per 30 days)
ELEPSIA XR	Non-Formulary	
ELESTAT	T4	
ELESTRIN	T4	
ELETONE	Non-Formulary	
eletriptan hydrobromide	T3	QL (12 tablets per 30 days)
ELIDEL	T4	QL (30 GM per 30 days)
ELINEST	Tier 8	PV
ELIQUIS (1.5 MG PACK)	T3	QL (84 tablets per 28 days)
ELIQUIS (2 MG PACK)	T3	QL (112 tablets per 28 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T3	QL (74 tablets per 30 days)
ELIQUIS ORAL CAPSULE SPRINKLE	T3	QL (56 Capsules per 28 Days)
ELIQUIS ORAL TABLET 2.5 MG	T3	QL (60 tablets per 30 days)
ELIQUIS ORAL TABLET 5 MG	T3	QL (74 tablets per 30 days)

Medication	Coverage Level	Restrictions
ELIQUIS ORAL TABLET SOLUBLE	T3	QL (56 tablets per 28 days)
ELIXOPHYLLIN	T4	
ELLA	Tier 8	PV
ELMIRON	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
ELOCON	T4	
ELOCTATE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (40250 billable units per 28 days)
eltrombopag olamine oral packet	T5	PA; SP (Limited to a 1-month supply per fill.); QL (30 Packets per 30 days); SP
eltrombopag olamine oral tablet	T5	PA; SP (Limited to a 1-month supply per fill.); QL (30 Tablets per 30 days); SP
ELURYNG	T3	PV; QL (1 ring per 28 days)
ELYXYB	Non-Formulary	
elyzia	Non-Formulary	
EMBRACE BLOOD GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
EMBRACE EVO BLOOD GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
EMBRACE GLUCOSE CONTROL	T4	
embrace lancing device/ejector	T4	
EMBRACE PRO GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
EMBRACE TALK GLUCOSE CONTROL IN VITRO SOLUTION LOW	T4	
EMBRACE TALK GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
EMBRACE WAVE GLUCOSE METER	Non-Formulary	
EMBRIVA	Non-Formulary	
EMCYT	T3	
EMEND BIPACK	Non-Formulary	
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	Non-Formulary	
EMEND TRIPACK	Non-Formulary	
EMFLAZA	Non-Formulary	
EMGALITY (300 MG DOSE)	T3	PA; QL (3 syringes per 30 days); AL (Min 18 Years)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; QL (1 Auto-injector per 30 days); AL (Min 18 Years)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3	PA; QL (1 syringe per 30 days); AL (Min 18 Years)

Medication	Coverage Level	Restrictions
EMPAVELI	T5	SP (Limited to a 1 month supply per fill)
emreal	Non-Formulary	
EMROSI	Non-Formulary	
EMSAM	T5	ST; SP (Limited to a 1 month supply per fill)
emtricitabine	T4	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	T2	QL (30 tablets per 30 days)
emtricitabine-tenofovir df oral tablet 200-300 mg	T2	PV; QL (30 tablets per 30 days)
emtricitab-rilpivir-tenofov df	T2	QL (30 Tablets per 30 days)
EMTRIVA ORAL CAPSULE	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
EMTRIVA ORAL SOLUTION	T3	
EMULSION SB	Non-Formulary	
EMVERM	Non-Formulary	
EMZAHH	T2	
enalapril maleate oral solution	T3	AL (Max 9 Years)
enalapril maleate oral tablet	T1	
enalapril-hydrochlorothiazide	T2	
ENBREL MINI	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (8 vials per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (8 syringes per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days); SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 Auto-Injectors per 28 days); SP

Medication	Coverage Level	Restrictions
ENBUMYST	Non-Formulary	
ENDARI	Non-Formulary	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Non-Formulary	
ENDOMETRIN	T5	SP (Limited to a 1 month supply per fill); SP
ENEMEEZ MINI	T4	QL (90 tubes per 30 days)
ENEMEEZ PLUS	T4	QL (90 tubes per 30 days)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 7	PV; AL (Min 20 Years)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML	Tier 7	PV
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 20 MCG/ML	Tier 7	PV; AL (Min 20 Years)
ENILLORING	T2	PV; QL (1 ring per 28 days)
ENJUVIA	T4	QL (30 tablets per 30 days)
ENLYTE	Non-Formulary	
enoxaparin sodium injection solution 300 mg/3ml	T4	SP (Limited to a 1 month supply per fill)
enoxaparin sodium injection solution prefilled syringe	T5	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
ENOXILUV KIT	Non-Formulary	
ENPRESSE-28	Tier 8	PV
ENSACOVE ORAL CAPSULE 100 MG	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
ENSACOVE ORAL CAPSULE 25 MG	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
ENSKYCE ORAL TABLET 0.15-0.03 MG	Tier 8	PV
ENSPRYNG	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); SP
ENSTILAR	Non-Formulary	
entacapone	T2	
ENTADFI	Non-Formulary	
entecavir	T3	QL (30 tablets per 30 days)
ENTRESTO ORAL CAPSULE SPRINKLE	T4	QL (60 Capsules per 30 days); AL (Max 9 Years)
ENTRESTO ORAL TABLET	T4	QL (60 tablets per 30 days)
ENTTY SPRAY EMULSION	Non-Formulary	
ENTYVIO PEN	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days); SP

Medication	Coverage Level	Restrictions
ENTYVIO SUBCUTANEOUS	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days); SP
enulose	T2	
ENVARSUS XR	T4	ST
EOHILIA	T4	PA; QL (60 packs per 30 days)
EPANED ORAL SOLUTION	T3	AL (Max 9 Years)
EPCLUSA ORAL PACKET	Non-Formulary	
EPCLUSA ORAL TABLET 200-50 MG	Non-Formulary	
EPCLUSA ORAL TABLET 400-100 MG	Non-Formulary	SP ( )
EPICERAM	Non-Formulary	
EPIDIOLEX	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (200 ML per 30 days); SP
EPIDUO	T4	
EPIDUO FORTE	Non-Formulary	
EPIFOAM	Non-Formulary	
epinastine hcl	T2	
epinephrine hcl (nasal)	Non-Formulary	
epinephrine injection solution auto-injector	T3	QL (4 pens per 30 days)
epinephrine injection solution prefilled syringe 0.3 mg/0.3ml, 1 mg/ml	Non-Formulary	
EPINEPHRINESNAP-V	Non-Formulary	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	Non-Formulary	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	Non-Formulary	
EPITOL	T2	
EPIVIR	Non-Formulary	
eplerenone	T2	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); SP
EPRONTIA	Non-Formulary	
EPSOLAY	Non-Formulary	
EPYSQLI	Non-Formulary	
EPZICOM	T5	SP (Limited to a 1 month supply per fill)
eq aspirin adult low dose	T2	PV
eq aspirin low dose oral tablet chewable	T2	PV
eq aspirin oral tablet	Non-Formulary	

Medication	Coverage Level	Restrictions
eq magnesium citrate	Tier 8	PV
eq nicotine polacrilex mouth/throat gum	Tier 8	PV
eql aspirin low dose	T2	PV
EQL CLEARLAX	Tier 8	PV
eql magnesium citrate	Tier 8	PV
eql milk of magnesia oral suspension 400 mg/5ml	Tier 8	PV
EQUETRO	T4	ST
ergocalciferol oral capsule	Non-Formulary	
ergoloid mesylates oral	T2	
ERGOMAR	T4	
ergotamine-caffeine	T4	QL (40 tablets per 30 days)
ERIVEDGE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
ERLEADA ORAL TABLET 240 MG	T5	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
ERLEADA ORAL TABLET 60 MG	T5	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
erlotinib hcl oral tablet 100 mg, 150 mg	T2	PA; QL (30 tablets per 30 days); SP
erlotinib hcl oral tablet 25 mg	T2	PA; QL (60 tablets per 30 days); SP
ERMEZA	Non-Formulary	
ERRIN	Tier 8	PV
ERTACZO	T4	ST
ERVEBO	Non-Formulary	
ery	T2	
ERYGEL	T2	
ERYPED 200	T5	SP (Limited to a 1 month supply per fill)
ERYPED 400	T5	SP (Limited to a 1 month supply per fill)
ERY-TAB	T5	SP (Limited to a 1 month supply per fill)
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T5	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
erythromycin base oral	T5	SP (Limited to a 1 month supply per fill)
erythromycin ethylsuccinate oral	T5	SP (Limited to a 1 month supply per fill)
erythromycin external gel	T2	
erythromycin external solution	T2	
erythromycin ophthalmic	T2	
ERZOFRI	Non-Formulary	
ESBRIET	Non-Formulary	SP ( )
escitalopram oxalate oral capsule	Non-Formulary	
escitalopram oxalate oral solution 5 mg/5ml	T2	
escitalopram oxalate oral tablet	T2	
ESGIC ORAL CAPSULE	T4	QL (180 capsules per 30 days)
ESGIC ORAL TABLET	T4	QL (180 tablets per 30 days)
eslicarbazepine acetate	T3	QL (60 Tablets per 30 days)
esmolol hcl intravenous solution prefilled syringe	Non-Formulary	
esomeprazole magnesium oral capsule delayed release	T4	QL (30 capsules per 30 days)
esomeprazole magnesium oral packet 10 mg, 2.5 mg, 5 mg	T4	QL (30 packets per 30 days); AL (Max 9 Years)
esomeprazole magnesium oral packet 20 mg, 40 mg	Non-Formulary	
ESOTERICA DAYTIME	Non-Formulary	
ESOTERICA FACIAL	Non-Formulary	
ESOTERICA FADE NIGHTTIME	Non-Formulary	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (40250 billable units per 28 days)
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1-month supply per fill); QL (41400 Billable units per 28 days)
est estrogens-methyltest ds	Non-Formulary	
est estrogens-methyltest hs	Non-Formulary	
est estrogens-methyltest oral tablet 1.25-2.5 mg	Non-Formulary	
ESTARYLLA	Tier 8	PV
estazolam	T2	QL (30 tablets per 30 days); AL (Min 18 Years)
ESTRACE ORAL	T4	

Medication	Coverage Level	Restrictions
ESTRACE VAGINAL	Non-Formulary	
estradiol implant pellet 6 mg	Non-Formulary	
estradiol oral	T2	
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	T3	QL (30 packets per 30 days)
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	T3	QL (37.5 GM per 30 Days)
estradiol transdermal patch twice weekly	T2	
estradiol transdermal patch weekly	T2	
estradiol vaginal cream	T2	QL (42.5 GM per 30 days)
estradiol vaginal tablet	T2	
estradiol valerate intramuscular	T3	
estradiol-norethindrone acet oral tablet 1-0.5 mg	T2	
ESTRATEST F.S.	Non-Formulary	
ESTRATEST H.S.	Non-Formulary	
ESTRING VAGINAL RING 2 MG	T4	
ESTROGEL	Non-Formulary	
estrogens conjugated	T3	QL (30 tablets per 30 days)
eszopiclone	T2	QL (30 tablets per 30 days); AL (Min 18 Years)
ethacrynic acid oral	T4	ST; QL (60 tablets per 30 days)
ethambutol hcl oral	T2	
ethosuximide oral	T2	
ethyl chloride	Non-Formulary	
ethynodiol diac-eth estradiol	Tier 8	PV
etodolac er	T3	
etodolac oral	T2	
etonogestrel-ethinyl estradiol	Tier 8	PV; QL (1 ring per 28 days)
etoposide oral	T5	SP (Limited to a 1 month supply per fill)
etravirine oral tablet 100 mg	T5	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 Days)
etravirine oral tablet 200 mg	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 Days)
EUCRISA	T4	ST; QL (60 GM per 30 days)
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	Non-Formulary	
EURAX EXTERNAL CREAM	T4	ST; QL (60 GM per 30 days)
EURAX EXTERNAL LOTION	Non-Formulary	

Medication	Coverage Level	Restrictions
EUTHYROX	T4	
EVAMIST	T3	
EVARA	Non-Formulary	
EVEKEO	T4	ST; QL (180 tablets per 30 days); AL (Min 6 Years)
EVEKEO ODT	Non-Formulary	
EVENCARE G2 TEST	T4	ST; QL (200 strips per 30 days)
EVENCARE G3 TEST	T4	ST; QL (200 strips per 30 days)
EVENCARE MINI GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
EVENCARE PROVIEW GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	T5	SP (Limited to a 1 month supply per fill)
everolimus oral tablet 1 mg	T5	SP (Limited to a 1 month supply per fill)
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
everolimus oral tablet soluble	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
EVERSENSE 365 SENSOR/HOLDER	Non-Formulary	
EVERSENSE 365 SMART TRANSMIT	Non-Formulary	
EVESSE	Non-Formulary	
EVEXITHROID	Non-Formulary	
EVISTA	T4	
EVOLUTION AUTOCODE IN VITRO	T4	ST; QL (200 strips per 30 Days)
EVOLUTION CONTROL	T4	
EVOTAZ	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
EVOXAC	T3	QL (90 capsules per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED	Vaccine - $0 Copay	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (240 ML per 30 Days); SP
EVRYSDI ORAL TABLET	Vaccine - $0 Copay	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill.); QL (30 Tablets per 30 days); SP

Medication	Coverage Level	Restrictions
EVZIO INJECTION SOLUTION AUTO-INJECTOR 0.4 MG/0.4ML	Non-Formulary	
EXELDERM	Non-Formulary	
EXELON ORAL CAPSULE	T4	
EXELON TRANSDERMAL	T4	QL (30 patches per 30 days)
exemestane	T3	
exenatide	Non-Formulary	
EXFORGE	T4	
EXFORGE HCT	T4	
EXJADE	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); SP
EXSERVAN	Non-Formulary	
EXTINA	Non-Formulary	
EXXUA	Non-Formulary	
EXXUA TITRATION PACK	Non-Formulary	
eye allergy itch relief ophthalmic solution 0.2 %	T2	QL (5 ML per 30 days)
eye allergy itch/redness rel	T2	
EYSUVIS	Non-Formulary	
EZ SMART BLOOD GLUCOSE TEST	T4	ST; QL (200 strips per 30 Days)
EZ SMART PLUS GLUCOSE TEST	T4	ST; QL (200 strips per 30 Days)
EZALLOR SPRINKLE	Non-Formulary	
ezetimibe oral	T2	
ezetimibe-rosuvastatin	Non-Formulary	
ezetimibe-simvastatin	T2	
fabb	Non-Formulary	
FABHALTA	Non-Formulary	
FABIOR	Non-Formulary	
FACTIVE	T4	
FALMINA	Tier 8	PV
famciclovir oral	T2	QL (120 tablets per 30 days)
famotidine oral suspension reconstituted	T4	
famotidine oral tablet 10 mg, 20 mg	Non-Formulary	
famotidine oral tablet 40 mg	T4	
FANAPT ORAL TABLET 1 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
FANAPT ORAL TABLET 10 MG	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
FANAPT TITRATION PACK A	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (8 tablets per 30 days)

Medication	Coverage Level	Restrictions
FANAPT TITRATION PACK B ORAL TABLET	Vaccine - $0 Copay	ST; QL (12 Tablets per 30 days)
FANAPT TITRATION PACK C ORAL TABLET	Vaccine - $0 Copay	ST; QL (8 Tablets per 30 days)
FANTASY LUBRICATED	Tier 8	PV
FARESTON	Non-Formulary	
FARXIGA	Non-Formulary	
FARYDAK	Vaccine - $0 Copay	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (6 Capsules per 1 Fill)
FASENRA PEN	T5	PA; SP (Limited to 1 pen per 28 day fill for induction/starting dose only); QL (1 pen per 56 days); SP
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 25 MG	T4	
FC2 FEMALE CONDOM	Tier 8	PV
fe 90 plus	Non-Formulary	
FE C PLUS	Non-Formulary	
fe c tab plus	Non-Formulary	
febuxostat	T2	QL (30 tablets per 30 days)
FEIBA NF INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	T5	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
FEIRZA 1.5/30	Tier 8	PV
FEIRZA 1/20	Tier 8	PV
felbamate oral suspension	T3	QL (900 ml per 30 days)
felbamate oral tablet 400 mg	T3	QL (210 tablets per 30 days)
felbamate oral tablet 600 mg	T3	QL (180 tablets per 30 days)
FELBATOL ORAL SUSPENSION	T4	QL (900 ml per 30 days)
FELBATOL ORAL TABLET 400 MG	T4	QL (210 tablets per 30 days)
FELBATOL ORAL TABLET 600 MG	T4	QL (180 tablets per 30 days)
FELDENE	T4	
felodipine er	T2	
FEMARA	T4	
FEMCAP	Tier 8	PV
FEMHRT	T4	
FEMLYV	Non-Formulary	
FEMRING	T4	
fenofibrate micronized oral capsule 130 mg	Non-Formulary	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	T2	

Medication	Coverage Level	Restrictions
fenofibrate oral capsule 150 mg, 50 mg	Non-Formulary	
fenofibrate oral tablet 120 mg, 40 mg	Non-Formulary	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	T2	
fenofibric acid oral capsule delayed release	T2	
fenofibric acid oral tablet	Non-Formulary	
FENOGLIDE	Non-Formulary	
fenoprofen calcium oral	Non-Formulary	
FENOPRON	Non-Formulary	
FENORTHO ORAL CAPSULE 200 MG	Non-Formulary	
fenovia	Non-Formulary	
fentanyl citrate buccal lozenge on a handle 1200 mcg, 200 mcg	T5	PA; SP (Limited to a 1 month supply per fill)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	T2	QL (20 patches per 30 days)
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	Non-Formulary	
FERIVA 21/7	Non-Formulary	
FERIVA 21/7 (WITH DOCUSATE)	Non-Formulary	
FERIVAFA	Non-Formulary	
ferocon	Non-Formulary	
FERRALET 90	Non-Formulary	
ferraplus 90	Non-Formulary	
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG	Non-Formulary	
FERREX 150 FORTE PLUS	Non-Formulary	
FERREX 28	Non-Formulary	
ferric citrate oral	Vaccine - $0 Copay	PA; SP (Limited to a 1-month supply per fill.); QL (360 Tablets per 30 days)
FERRIPROX ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
FERRIPROX ORAL TABLET 1000 MG	Non-Formulary	
FERRIPROX ORAL TABLET 500 MG	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
FERRIPROX TWICE-A-DAY	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
FERROCITE PLUS ORAL TABLET	Non-Formulary	
ferrous sulfate oral solution 75 (15 fe) mg/ml	Tier 8	PV; AL (Min 6 Months and Max 12 Months)
fervina	Non-Formulary	
fesoterodine fumarate er	T2	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
FETZIMA	T4	ST; QL (30 capsules per 30 days); AL (Min 18 Years)
FETZIMA TITRATION	T4	ST; QL (30 capsules per 30 days); AL (Min 18 Years)
FEXMID	Non-Formulary	
fexofenadine hcl oral tablet 180 mg, 60 mg	Non-Formulary	
fexofenadine-pseudoephed er oral tablet extended release 24 hour	Non-Formulary	
FIASP FLEXTOUCH	Non-Formulary	
FIASP INJECTION	Non-Formulary	
FIASP PENFILL	Non-Formulary	
FIBRICOR	Non-Formulary	
fidaxomicin	Vaccine - $0 Copay	ST; SP (Limited to 2 fills per 6 months); QL (20 Tablets per 10 days)
fidila	Non-Formulary	
FIFTY50 SAFETY SEAL LANCETS	T3	
FILKRI	Non-Formulary	
filoma	Non-Formulary	
FILSPARI	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days); AL (Max 18 Years)
FILSUVEZ	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (15 tubes per 30 days)
FINACEA	Non-Formulary	
finapid	Non-Formulary	
finapodtar	Non-Formulary	
finasteride oral tablet 1 mg	Non-Formulary	
finasteride oral tablet 5 mg	T2	
fingolimod hcl	T2	QL (30 capsules per 30 days); SP
FINTEPLA	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (360 ML per 30 days)
FIORICET ORAL CAPSULE	Non-Formulary	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	Non-Formulary	
FIORINAL	T4	QL (180 capsules per 30 days)
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Formulary	

Medication	Coverage Level	Restrictions
FIRDAPSE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
FIRST-LANSOPRAZOLE	Non-Formulary	
FIRST-MOUTHWASH BLM	T3	
FIRST-OMEPRAZOLE	Non-Formulary	
FIRVANQ	T3	
FLAGYL ORAL CAPSULE	T4	
FLAGYL ORAL TABLET 500 MG	T4	
FLAREX	T3	
flavoxate hcl	T2	
flecainide acetate	T2	
FLECTOR TRANSDERMAL	Non-Formulary	
FLEQSUVY	Non-Formulary	
FLEXICHAMBER	T4	QL (4 devices per 1 year)
FLEXICHAMBER ADULT MASK/SMALL	T4	QL (4 masks per 1 year)
FLEXICHAMBER CHILD MASK/LARGE	T4	QL (4 masks per 1 year)
FLEXICHAMBER CHILD MASK/SMALL	T4	QL (4 masks per 1 year)
flolipid	Non-Formulary	
FLOMAX	T4	
FLONASE	Non-Formulary	
FLORIVA ORAL LIQUID	Non-Formulary	
FLORIVA ORAL TABLET CHEWABLE 0.5 MG	Non-Formulary	
FLORIVA PLUS	Non-Formulary	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	Non-Formulary	
FLOVENT HFA	Non-Formulary	
FLOWTUSS	Non-Formulary	
FLUAD	Tier 7	PV; QL (1 dose per 180 days)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 7	PV; QL (1 dose per 180 days)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Tier 7	PV; QL (1 dose per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 7	PV; QL (1 dose per 180 days)
fluconazole oral	T2	
fludrocortisone acetate oral	T2	
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 7	PV

Medication	Coverage Level	Restrictions
FLUMIST	Tier 7	PV; QL (1 dose per 180 days)
flunisolide nasal solution 25 mcg/act (0.025%)	Non-Formulary	
fluocinolone acetonide body	T2	
fluocinolone acetonide external cream	T2	
fluocinolone acetonide external ointment	T2	
fluocinolone acetonide external solution	T2	QL (180 ML per 30 days)
fluocinolone acetonide scalp	T2	
fluocinonide emulsified base	T2	
fluocinonide external cream 0.05 %	T2	
fluocinonide external cream 0.1 %	Non-Formulary	
fluocinonide external gel	T2	
fluocinonide external ointment	T2	
fluocinonide external solution	T2	QL (60 ML per 30 days)
FLUORAC	Non-Formulary	
FLUOR-A-DAY ORAL SOLUTION	T3	AL (Min 6 Months and Max 6 Years)
FLUORIMAX 5000	T4	
FLUORIMAX 5000 SENSITIVE	T4	
fluorometholone ophthalmic	T2	
FLUOROPLEX	T5	ST; SP (Limited to a 1 month supply per fill)
fluorouracil external cream 0.5 %	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (30 grams per 30 days)
fluorouracil external cream 5 %	T2	QL (40 GM per 30 days)
fluorouracil external solution	T2	
fluoxetine hcl (pmdd) capsule 10 mg oral	Non-Formulary	
fluoxetine hcl (pmdd) capsule 20 mg oral	Non-Formulary	
fluoxetine hcl (pmdd) oral tablet	Non-Formulary	
fluoxetine hcl oral capsule	T1	
fluoxetine hcl oral capsule delayed release	T3	ST
fluoxetine hcl oral solution	T2	
fluoxetine hcl oral tablet 10 mg, 20 mg	T2	
fluoxetine hcl oral tablet 60 mg	Non-Formulary	
fluoxia	Non-Formulary	
fluphenazine hcl oral concentrate	T2	
fluphenazine hcl oral elixir	T2	
fluphenazine hcl oral tablet	T3	QL (60 tablets per 30 days)
flurandrenolide	Non-Formulary	
flurazepam hcl	T2	QL (30 capsules per 30 days)
flurbiprofen oral tablet 100 mg	Non-Formulary	

Medication	Coverage Level	Restrictions
flurbiprofen oral tablet 50 mg	T2	
flurbiprofen sodium	T2	
flutamide	T2	
fluticasone furoate ellipta	Non-Formulary	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	Non-Formulary	
fluticasone propionate diskus	T2	QL (1 inhaler per 30 days)
fluticasone propionate external cream	T2	
fluticasone propionate external lotion	Non-Formulary	
fluticasone propionate external ointment	T2	
fluticasone propionate hfa	T2	QL (1 inhaler per 30 days)
fluticasone propionate nasal	Non-Formulary	
fluticasone-salmeterol inhalation aerosol	Non-Formulary	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	T4	
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	T2	QL (1 inhaler per 30 days)
fluvastatin sodium	Non-Formulary	
fluvastatin sodium er	Non-Formulary	
fluvoxamine maleate	T2	
fluvoxamine maleate er	T4	QL (60 capsules per 30 days)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 7	PV; QL (1 dose per 180 days)
FLUZONE INTRAMUSCULAR SUSPENSION	Tier 7	PV; QL (1 dose per 180 days)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 7	PV; QL (1 dose per 180 days)
flyprogpidtar	Non-Formulary	
FML	T3	
FML FORTE	T4	
FML LIQUIFILM	T4	
FOCALIN	T4	AL (Min 4 Years)
FOCALIN XR	T4	QL (30 capsules per 30 days); AL (Min 4 Years)
folatexcel oral tablet 1 mg	Non-Formulary	
folbee	Non-Formulary	
FOLBEE AR	Non-Formulary	
folbee plus	Non-Formulary	
FOLBEE PLUS CZ	Non-Formulary	
FOLBIC	Non-Formulary	

Medication	Coverage Level	Restrictions
folic acid oral capsule	Non-Formulary	
folic acid oral solution	Non-Formulary	
folic acid oral tablet 1 mg	T2	
folic acid oral tablet 400 mcg, 800 mcg	Tier 8	PV; AL (Max 50 Years)
folic acid-vit b6-vit b12	Non-Formulary	
FOLIVANE-F	Non-Formulary	
FOLIVANE-PLUS	Non-Formulary	
FOLIXAPURE	Non-Formulary	
FOLLISTIM AQ SUBCUTANEOUS	T4	ST; SP
folplex 2.2	Non-Formulary	
FOLTABS 800	Tier 8	PV; AL (Max 50 Years)
FOLTANX	Non-Formulary	
FOLTRATE	Non-Formulary	
FOLTX ORAL TABLET 1.13-25-2 MG	T4	
fondaparinux sodium	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)
fondcircle control solution	T4	
fondcircle lancing device	T4	
FORA 6 CONNECT IN VITRO	T4	ST; QL (200 strips per 30 days)
FORA 6 CONNECT/GTEL TEST	T4	ST; QL (200 strips per 30 days)
FORA BLOOD GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
FORA CONTROL IN VITRO SOLUTION NORMAL	T4	
FORA D40/G31 BLOOD GLUCOSE	T4	ST; QL (200 strips per 30 days)
FORA G20 BLOOD GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
FORA GD50 BLOOD GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
FORA GTEL BLOOD GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
FORA GTEL BLOOD KETONE TEST	T4	
FORA LANCETS	T3	
FORA LANCING DEVICE	T4	
FORA TN'G ADVANCE PRO IN VITRO	T4	ST; QL (200 strips per 30 days)
FORA TN'G/TN'G VOICE	T4	ST; QL (200 strips per 30 days)
FORA V10 BLOOD GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
FORACARE GD40 TEST	T4	ST; QL (200 strips per 30 days)
FORFIVO XL	Non-Formulary	
formoterol fumarate inhalation	T5	ST; SP (Limited to a 1 month supply per fill); AL (Min 40 Years)
FORTAMET	Non-Formulary	
FORTAVIT ORAL CAPSULE	Non-Formulary	

Medication	Coverage Level	Restrictions
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	Non-Formulary	
FORTICAL	T2	
FORZINITY	Non-Formulary	
FOSAMAX ORAL TABLET 70 MG	T4	
FOSAMAX PLUS D	T4	ST; QL (4 tablets per 28 days)
fosamprenavir calcium	T5	SP (Limited to a 1 month supply per fill)
fosfomycin tromethamine	T2	QL (3 packets per 30 days)
fosinopril sodium	T2	
fosinopril sodium-hctz	T2	
FOSRENOL ORAL PACKET	Non-Formulary	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	Non-Formulary	
FOTIVDA	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (28 capsules per 28 days)
FOUNDAYO	BE	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 25000 UNIT/ML	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
fraiche 5000 previ	T4	
fraiche 5000 sensitive	T4	
FREEDOM DERMA-D	Non-Formulary	
FREESTYLE CONTROL SOLUTION	T4	
FREESTYLE INSULINX TEST	T4	ST; QL (200 strips per 30 days)
FREESTYLE LANCETS	T3	
FREESTYLE LIBRE 14 DAY READER	T3	ST; QL (2 kits per 28 days)
FREESTYLE LIBRE 14 DAY SENSOR	T3	ST; QL (2 sensors per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	T3	ST; QL (2 Sensors per 28 days)
FREESTYLE LIBRE 2 READER	T3	ST; QL (1 reader per 365 days)
FREESTYLE LIBRE 2 SENSOR	T3	ST; QL (2 sensors per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	T3	ST; QL (2 sensors per 28 days)
FREESTYLE LIBRE 3 READER	T3	ST; QL (1 reader per 1 year)
FREESTYLE LIBRE 3 SENSOR	T3	ST; QL (2 sensors per 28 days)
FREESTYLE LITE TEST	T4	ST; QL (200 strips per 30 days)
FREESTYLE PRECISION NEO TEST	T4	ST; QL (200 Strips per 30 days)
FREESTYLE TEST	T4	ST; QL (200 strips per 30 days)
FRINDOVYX	Non-Formulary	
frivo	Non-Formulary	

Medication	Coverage Level	Restrictions
FROVA	Non-Formulary	
frovatriptan succinate	T3	QL (12 tablets per 30 days)
FRUZAQLA ORAL CAPSULE 1 MG	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (84 capsules per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
ft aspirin low dose	T2	PV
ft aspirin oral tablet	Non-Formulary	
ft aspirin oral tablet chewable	T2	PV
ft enteric coated aspirin	Non-Formulary	
full spectrum b/vitamin c	Tier 8	PV; AL (Max 50 Years)
FULPHILA	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
fulvicin p/g 165	Non-Formulary	
FURADANTIN	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); QL (120 ML per 30 days)
FUROSCIX	Non-Formulary	
FUROSCIX READYFLOW	Non-Formulary	
furosemide injection solution 10 mg/ml	T2	
furosemide oral solution 10 mg/ml	T1	
furosemide oral solution 8 mg/ml	T2	
furosemide oral tablet	T1	
FUSION PLUS	Non-Formulary	
FUSION SPRINKLES	Non-Formulary	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	
FYAVOLV	T2	
FYCOMPA ORAL SUSPENSION	T5	SP (Limited to a 1 month supply per fill); QL (680 ML per 30 days); AL (Min 4 Years and Max 12 Years)
FYCOMPA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 12 Years)
FYLNETRA	Non-Formulary	

Medication	Coverage Level	Restrictions
FYREMADEL	T4	ST; SP
gabapentin (once-daily) oral tablet 300 mg, 600 mg	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
gabapentin (once-daily) oral tablet 450 mg, 750 mg, 900 mg	T5	PA; SP (Limited to a 1-month supply per fill.); QL (90 Tablets per 30 days)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	T1	
gabapentin oral capsule 200 mg	Non-Formulary	
gabapentin oral solution 250 mg/5ml	T2	
gabapentin oral tablet 600 mg, 800 mg	T2	
GABARONE	Non-Formulary	
GABITRIL ORAL TABLET 12 MG, 4 MG	T4	QL (120 tablets per 30 days)
GABITRIL ORAL TABLET 16 MG	T4	QL (90 tablets per 30 days)
GABITRIL ORAL TABLET 2 MG	T4	QL (60 tablets per 30 days)
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	Non-Formulary	
GALAFOLD	T5	PA; SP (Limited to a 1 month supply per fill); QL (14 capsules per 28 days); SP
galantamine hydrobromide	T2	
galantamine hydrobromide er	T2	
GALBRIELA	Non-Formulary	
GALLIFREY	T2	
GALZIN	Non-Formulary	
ganirelix acetate subcutaneous solution prefilled syringe	T5	ST; SP (Limited to a 1 month supply per fill); SP
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier 7	PV; QL (3 doses per 1 Lifetime); AL (Min 9 Years and Max 45 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 7	PV; QL (3 doses per 1 lifetime); AL (Min 9 Years and Max 45 Years)
GASTROCROM	T4	
gatifloxacin ophthalmic	T2	
GATTEX	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
gavilax oral packet 17 gm, 8.5 gm	Non-Formulary	
gavilax oral powder	Non-Formulary	

Medication	Coverage Level	Restrictions
GAVILYTE-C	Tier 8	PV
GAVILYTE-G	Tier 8	PV
GAVRETO	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
ge100 blood glucose test	T4	ST; QL (200 strips per 30 days)
ge100 control	T4	
gefitinib	T2	PA; QL (30 tablets per 30 days); SP
GELCLAIR	Non-Formulary	
GELFOAM COMPRESSED SIZE 100	Non-Formulary	
GELFOAM-JMI SPONGE	Non-Formulary	
GELNIQUE	Non-Formulary	
gemfibrozil oral	T1	
GEMMILY	Non-Formulary	
GEMTESA	T3	ST
generlac	T2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	
GENGRAF ORAL SOLUTION	T2	
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T5	PA; SP (Limited to a 1 month supply per fill); SP
GENTAK OPHTHALMIC OINTMENT	T2	
gentamicin sulfate external	T2	
gentamicin sulfate ophthalmic solution	T2	
gentlelax oral powder	Non-Formulary	
GENVOYA	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
GEODON ORAL	T4	
GERI-HYDROLAC 12	Non-Formulary	
GERI-HYDROLAC 5	Non-Formulary	
GESTICARE DHA ORAL 27-1 & 250 MG	T3	
GESTYRA	Non-Formulary	
GILENYA	Non-Formulary	
GILOTRIF	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
GIMOTI	Non-Formulary	

Medication	Coverage Level	Restrictions
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	T2	QL (30 ML per 30 days); SP
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	T2	QL (12 ML per 28 days); SP
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T2	SO (Eligible Members must be enrolled in SaveOn for coverage); QL (30 ML per 30 days); SP
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	T2	SO (Eligible Members must be enrolled in SaveOn for coverage); QL (12 ML per 28 days); SP
GLEEVEC	Non-Formulary	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	T1	
glimepiride oral tablet 3 mg	Non-Formulary	
glipizide er	T2	
glipizide oral tablet 10 mg, 5 mg	T1	
glipizide oral tablet 15 mg, 2.5 mg	Non-Formulary	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg	T2	
glipizide-metformin hcl	T2	
GLOPERBA	Non-Formulary	
GLUCAGEN HYPOKIT	T3	QL (2 Kits per 30 days)
glucagon emergency injection kit	T3	QL (2 Kits per 30 days)
glucagon emergency injection solution reconstituted 1 mg	T3	QL (2 Kits per 30 days)
GLUCOCARD 01 SENSOR PLUS	T4	ST; QL (200 strips per 30 days)
GLUCOCARD EXPRESSION TEST	T4	ST; QL (200 strips per 30 days)
GLUCOCARD SHINE TEST	T4	ST; QL (200 strips per 30 days)
GLUCOCARD VITAL TEST	T4	ST; QL (200 strips per 30 days)
GLUCOCOM TEST	T4	ST; QL (200 strips per 30 days)
GLUCONAVII BLOOD GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
GLUCOTROL XL	T4	
GLUCOVANCE	T4	
GLUMETZA	Non-Formulary	
glyburide micronized	T2	
glyburide oral	T2	
glyburide-metformin	T2	
GLYCATE	Non-Formulary	
glycerol phenylbutyrate	T5	PA; SP (Limited to a 1-month supply per fill.); QL (525 ML per 30 days); SP

Medication	Coverage Level	Restrictions
GLYCOLAX	Non-Formulary	
glycopyrrolate +rfid	Non-Formulary	
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml	Non-Formulary	
glycopyrrolate injection solution prefilled syringe	Non-Formulary	
glycopyrrolate intravenous solution prefilled syringe 0.6 mg/3ml, 1 mg/5ml	Non-Formulary	
glycopyrrolate oral solution 1 mg/5ml	T4	AL (Max 9 Years)
glycopyrrolate oral tablet 1 mg, 2 mg	T2	
glycopyrrolate pf +rfid injection solution prefilled syringe 0.6 mg/3ml	Non-Formulary	
glycopyrrolate pf injection solution prefilled syringe 0.6 mg/3ml	Non-Formulary	
GLYNASE	T4	
GLYSET	T4	
GLYXAMBI	T3	QL (30 tablets per 30 days)
gnp adult aspirin low strength oral tablet chewable	T2	PV
gnp aspirin low dose	T2	PV
gnp aspirin oral tablet 325 mg	Non-Formulary	
GNP CLEARLAX ORAL PACKET	Non-Formulary	
GNP CLEARLAX ORAL POWDER	Tier 8	PV
gnp folic acid	Tier 8	PV; AL (Max 50 Years)
gnp laxative oral	Tier 8	PV
gnp milk of magnesia	Tier 8	PV
gnp nicotine mini	Tier 8	PV
gnp nicotine mouth/throat	Tier 8	PV
GOCOVRI	Non-Formulary	
GOJJI BLOOD GLUCOSE TEST	T4	ST; QL (200 strips per 30 Days)
GOJJI BLOOD KETONE TEST	T4	
GOJJI LANCING DEVICE/CLEAR CAP	T4	
GOJJI STERILE LANCETS	T3	
GOLYTELY	T4	
GOMEKLI ORAL CAPSULE	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (84 capsules per 28 days)

Medication	Coverage Level	Restrictions
GOMEKLI ORAL TABLET SOLUBLE	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (84 tablets per 28 days)
GONAL-F	T3	QL (13500 units per 30 days); SP
GONAL-F RFF	T3	QL (13500 units per 30 days); SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML	T3	QL (13500 units per 30 days); SP
GONITRO	Non-Formulary	
goodsense aspirin oral tablet chewable	T2	PV
GOODSENSE CLEARLAX	Tier 8	PV
goodsense nicotine	Tier 8	PV
GRALISE ORAL TABLET	Non-Formulary	
granisetron hcl oral	T2	QL (20 tablets per 30 days)
GRANISOL	Non-Formulary	
GRANIX	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); SP
GRASTEK	T4	AL (Min 5 Years and Max 65 Years)
GRIFULVIN V ORAL TABLET	T3	
griseofulvin microsize oral suspension	T2	
griseofulvin microsize oral tablet	T3	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	T3	
griseofulvin ultramicrosize oral tablet 165 mg	Non-Formulary	
GRIS-PEG	T3	
guaifenesin oral liquid 100 mg/5ml	Non-Formulary	
guaifenesin oral solution 100 mg/5ml	Non-Formulary	
guaifenesin oral tablet 400 mg	Non-Formulary	
guaifenesin-codeine oral solution	T2	
guaifenesin-dm oral syrup	Non-Formulary	
guanfacine hcl er	T2	QL (60 tablets per 30 days)
guanfacine hcl oral	T2	
GVOKE HYPOPEN 1-PACK	T3	QL (2 packs per 30 days)
GVOKE HYPOPEN 2-PACK	T3	QL (1 pack per 30 days)
GVOKE KIT	T3	QL (2 vials per 30 days)
GVOKE PFS	T3	QL (2 syringes per 30 days)
GYNAZOLE-1	T4	

Medication	Coverage Level	Restrictions
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 auto-injectors (1.6 ml) per 28 days); SP
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 auto-injectors (3.2 ml) per 28 days); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes (1.6 ml) per 28 days); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes (3.2 ml) per 28 days); SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
HAILEY 1.5/30	Tier 8	PV
HAILEY 24 FE	Tier 8	PV
HAILEY FE 1.5/30	Tier 8	PV
HAILEY FE 1/20	Tier 8	PV
hair regrowth treatment men external solution	Non-Formulary	
halcinonide external solution	Non-Formulary	
HALCION	T4	QL (60 tablets per 30 days); AL (Min 18 Years)
HALFLYTELY WITH FLAVOR PACKS	T3	
halobetasol propionate external cream	T3	ST; QL (50 GM per 30 days)
halobetasol propionate external foam	Non-Formulary	
halobetasol propionate external lotion	Non-Formulary	
halobetasol propionate external ointment	T3	QL (50 GM per 30 days)
HALOETTE	T2	QL (1 ring per 28 days)
HALOG	Non-Formulary	
haloperidol lactate injection solution 5 mg/ml	T2	
haloperidol oral	T2	
harisis	Non-Formulary	
HARMONY BLOOD GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
harviva	Non-Formulary	
harviva hp	Non-Formulary	

Medication	Coverage Level	Restrictions
HARVONI	Non-Formulary	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 7	PV; QL (2 Doses per 1 Lifetime)
haxchlodrex	Non-Formulary	
haxdrax	Non-Formulary	
HEALON PRO INTRAOCULAR SOLUTION	Non-Formulary	
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	Non-Formulary	
HEATHER	Tier 8	PV
HECTOROL ORAL	T4	
HEMADY	Non-Formulary	
HEMANGEOL	T4	AL (Max 2 Years)
hematinic plus vit/minerals	Non-Formulary	
hematinic/folic acid	Non-Formulary	
HEMATOGEN	Non-Formulary	
HEMATOGEN FA	Non-Formulary	
HEMATOGEN FORTE	Non-Formulary	
HEMATRON	Non-Formulary	
HEMATRON-AF	Non-Formulary	
HEMATRON-AF (WITH DOCUSATE)	Non-Formulary	
HEMAX EZY-DOSE	Non-Formulary	
HEMAX ORAL TABLET	Non-Formulary	
hemetab	Non-Formulary	
HEMICLOR	T2	QL (30 Tablets per 30 days)
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML	T5	PA; SP (Limited to a 1 month supply per fill)
HEMLIBRA SUBCUTANEOUS SOLUTION 300 MG/2ML	T5	PA; SP (Limited to a 1 month supply per fill)
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	T2	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	Non-Formulary	
HEMOCYTE PLUS	Non-Formulary	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (55200 billable units per 28 days)
hemtara	Non-Formulary	
hemtara hp	Non-Formulary	
hentis	Non-Formulary	
hentis hp	Non-Formulary	

Medication	Coverage Level	Restrictions
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml	T2	
HEPCLUDEX	Vaccine - $0 Copay	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 vials per 30 days); AL (Min 18 Years)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Tier 7	PV; QL (2 doses per 1 lifetime); AL (Min 18 Years)
HEPSERA	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
HER STYLE	Tier 8	PV
HERCESSI	Non-Formulary	
HERNEXEOS	Vaccine - $0 Copay	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to 1 1 month supply per fill); QL (60 tablets per 30 days)
HERZUMA	Non-Formulary	
hesmilla	Non-Formulary	
HETLIOZ	Non-Formulary	SP ( )
HETLIOZ LQ	Non-Formulary	
hevona	Non-Formulary	
hexiounyl	Non-Formulary	
HIBERIX INJECTION	Non-Formulary	
HIDEX 6-DAY	Non-Formulary	
HISTEX-AC	Non-Formulary	
HM CLEARLAX ORAL POWDER	Tier 8	PV
hm laxative oral	Tier 8	PV
hm magnesium citrate	Tier 8	PV
hm milk of magnesia	Tier 8	PV
hm nicotine	Tier 8	PV
hm nicotine polacrilex	Tier 8	PV
holixia	Non-Formulary	
holizar	Non-Formulary	
HOMATROPAIRE	T2	
honista	Non-Formulary	
HORIZANT ORAL TABLET EXTENDED RELEASE	Non-Formulary	
hovitra	Non-Formulary	
hovyn	Non-Formulary	
HULIO	Non-Formulary	

Medication	Coverage Level	Restrictions
HULIO (2 PEN)	Non-Formulary	
HULIO (2 SYRINGE)	Non-Formulary	
HUMALOG INJECTION	Non-Formulary	
HUMALOG JUNIOR KWIKPEN	T2	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	
HUMALOG MIX 75/25	T2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T2	
HUMALOG TEMPO PEN	Non-Formulary	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	T5	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
HUMATIN	T4	SP
HUMATROPE INJECTION CARTRIDGE 12 MG, 6 MG	Non-Formulary	SP ( )
HUMATROPE INJECTION CARTRIDGE 24 MG	Non-Formulary	
HUMIRA (1 PEN)	Non-Formulary	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Formulary	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Non-Formulary	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Non-Formulary	
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Formulary	
HUMULIN 70/30	T2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	
HUMULIN N	T2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	
HUMULIN R	T2	
HUMULIN R U-500 (CONCENTRATED)	T2	

Medication	Coverage Level	Restrictions
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	
HYALGAN INTRA-ARTICULAR SOLUTION	Non-Formulary	
HYCAMTIN ORAL CAPSULE 0.25 MG	T5	SP (Limited to a 1 month supply per fill); SP
HYCAMTIN ORAL CAPSULE 1 MG	T5	SP (Limited to a 1 month supply per fill); SP
HYCET	T4	
HYCODAN	Non-Formulary	
HYCOFENIX	Non-Formulary	
hydralazine hcl oral	T1	
HYDRAVEX	Non-Formulary	
HYDREA	T4	
hydrochlorothiazide oral	T1	
hydrocod poli-chlorphe poli er	T2	
hydrocod polst-cpm polst er oral suspension extended release	T2	
hydrocodone bitartrate er oral capsule extended release 12 hour	T4	ST; QL (60 capsules per 30 days); AL (Min 18 Years)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	T4	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
hydrocodone bit-homatrop mbr oral solution	T2	
hydrocodone/acetaminophen	T2	
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	Non-Formulary	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	T2	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	Non-Formulary	
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	T2	
hydrocodone-homatropine oral syrup	T2	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	T2	
hydrocort lotion complete kit	Non-Formulary	
hydrocortisone ace-pramoxine external cream 2.5-1 %	T3	
hydrocortisone ace-pramoxine rectal cream 2.5-1 %	T3	
hydrocortisone ace-pramoxine rectal suppository	Non-Formulary	
hydrocortisone acetate external cream 2.5 %	Non-Formulary	

Medication	Coverage Level	Restrictions
hydrocortisone acetate rectal suppository 25 mg	T2	
hydrocortisone acetate rectal suppository 30 mg	Non-Formulary	
hydrocortisone butyr lipo base	Non-Formulary	
hydrocortisone butyrate external cream	Non-Formulary	
hydrocortisone butyrate external lotion	Non-Formulary	
hydrocortisone butyrate external ointment	Non-Formulary	
hydrocortisone butyrate external solution	T2	
hydrocortisone complete kit	Non-Formulary	
hydrocortisone external cream 1 %	Non-Formulary	
hydrocortisone external cream 2.5 %	T2	
hydrocortisone external gel	Non-Formulary	
hydrocortisone external lotion 1 %, 2 %	Non-Formulary	
hydrocortisone external lotion 2.5 %	T2	
hydrocortisone external ointment 0.5 %, 1 %	Non-Formulary	
hydrocortisone external ointment 2.5 %	T2	
hydrocortisone external solution 2.5 %	Non-Formulary	
hydrocortisone max st external cream	Non-Formulary	
hydrocortisone oral	T2	
hydrocortisone rectal enema	T3	
hydrocortisone sod suc (pf)	T2	QL (2 vials per 365 days)
hydrocortisone valerate external cream	T2	QL (120 GM per 30 days)
hydrocortisone valerate external ointment	T3	ST
hydrocortisone-aloe external cream 0.5 %	Non-Formulary	
hydrocortisone-iodoquinol external cream 1-1 %	Non-Formulary	
HYDROFERA BLUE FOAM DRESSING	Non-Formulary	
hydromet	T2	
hydromorphone hcl er oral tablet extended release 24 hour	T4	ST; QL (30 tablets per 30 days)
hydromorphone hcl oral liquid	T2	
hydromorphone hcl oral tablet 2 mg	T2	QL (32 tablets per 1 day)
hydromorphone hcl oral tablet 4 mg	T2	QL (16 tablets per 1 day)
hydromorphone hcl oral tablet 8 mg	T2	QL (8 tablets per 1 day)
hydromorphone hcl rectal	T2	
hydroquinone	Non-Formulary	
hydroquinone external cream	Non-Formulary	
hydroxocobalamin intramuscular	Non-Formulary	
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	Non-Formulary	
hydroxychloroquine sulfate oral tablet 200 mg	T2	
HYDROXYM EXTERNAL GEL	Non-Formulary	

Medication	Coverage Level	Restrictions
hydroxyurea oral	T2	
hydroxyzine hcl oral syrup 10 mg/5ml	T2	
hydroxyzine hcl oral tablet	T2	
hydroxyzine pamoate oral	T2	
HYFTOR	T5	SP (Limited to a 1 month supply per fill); QL (10 gm per 30 days)
HYLATOPIC	Non-Formulary	
HYLATOPIC PLUS EXTERNAL FOAM	Non-Formulary	
HYMOVIS ONE	Non-Formulary	
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Vaccine - $0 Copay	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 auto-injectors per 28 days); SP
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	Vaccine - $0 Copay	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); QL (8 Pens per 28 days); SP
HYOPHEN	Non-Formulary	
hyoscyamine sulfate er oral tablet extended release 12 hour	T2	
hyoscyamine sulfate oral	T2	
hyoscyamine sulfate sublingual	T2	
HYPERSAL	T3	QL (240 ML per 30 days)
HYPOCYN ANTIPRURITIC	Non-Formulary	
HYPOLANCE AST LANCING	T3	
HYRIMOZ	Non-Formulary	
HYRIMOZ-CROHNS/UC STARTER	Non-Formulary	
HYRIMOZ-PED<40KG CROHN STARTER	Non-Formulary	
HYRIMOZ-PED>/=40KG CROHN START	Non-Formulary	
HYRIMOZ-PLAQ PSOR/UVEIT START	Non-Formulary	
HYRIMOZ-PLAQUE PSORIASIS START	Non-Formulary	
HYRNUO	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 tablets per 30 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Non-Formulary	

Medication	Coverage Level	Restrictions
HYZAAR	T4	
ibandronate sodium oral	T2	
IBRANCE ORAL CAPSULE	Vaccine - $0 Copay	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (21 tablets per 28 days); SP
IBRANCE ORAL TABLET 100 MG	Vaccine - $0 Copay	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (21 Capsules per 28 days); SP
IBRANCE ORAL TABLET 125 MG, 75 MG	Vaccine - $0 Copay	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days); SP
IBSRELA	Non-Formulary	
IBTROZI	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
IBUDONE	Non-Formulary	
ibuprofen oral suspension 100 mg/5ml	T1	
ibuprofen oral tablet 300 mg	Non-Formulary	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	
ibuprofen-famotidine	Non-Formulary	
ICAR-C PLUS	Non-Formulary	
icatibant acetate subcutaneous solution prefilled syringe	T5	PA; SP (Limits apply, see quantity limitations); QL (3 syringes per 1 fill); AL (Min 18 Years)
ICLEVIA	Tier 8	PV
ICLUSIG	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
icosapent ethyl	T3	ST
ICOTYDE	Non-Formulary	
IDACIO (2 PEN)	Non-Formulary	
IDACIO (2 SYRINGE)	Non-Formulary	
IDACIO-CROHNS/UC STARTER	Non-Formulary	
IDACIO-PSORIASIS STARTER	Non-Formulary	
idaoxia	Non-Formulary	
idaran	Non-Formulary	

Medication	Coverage Level	Restrictions
IDELVION	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (25300 billable units per 28 days)
IDHIFA	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
IDVYNSO	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
idyyxiatar	Non-Formulary	
IFEREX 150 FORTE	Non-Formulary	
IHEALTH BLOOD GLUCOSE TEST STR	T4	ST
IHEALTH CONTROL SOLUTION	T4	
IHEEZO	Non-Formulary	
ILEVRO	T4	ST; QL (3 ML per 30 days)
ilexor	Non-Formulary	
imatinib mesylate oral tablet 100 mg	T2	PA; QL (90 tablets per 30 days); SP
imatinib mesylate oral tablet 400 mg	T2	PA; QL (60 tablets per 30 days); SP
IMBRUVICA ORAL CAPSULE 140 MG	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
IMBRUVICA ORAL SUSPENSION	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (108 ML per 30 days); AL (Max 9 Years)
IMBRUVICA ORAL TABLET 140 MG, 420 MG	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
IMBRUVICA ORAL TABLET 280 MG	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
IMCIVREE	BE	
imipramine hcl oral	T2	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg	T3	ST; QL (60 capsules per 30 days)
imipramine pamoate oral capsule 75 mg	T3	ST; QL (30 capsules per 30 days)
imiquimod external cream 3.75 %	Non-Formulary	
imiquimod external cream 5 %	T2	
imiquimod pump	Non-Formulary	
IMITREX	Non-Formulary	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	Non-Formulary	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Formulary	
imkeldi	Non-Formulary	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 7	PV
IMPAVIDO	T5	PA; SP (Limited to a 1 month supply per fill)
IMPEKLO	Non-Formulary	
IMPOYZ	Non-Formulary	
IMULDOSA SUBCUTANEOUS	T5	PA; SP (Limited to 56 day supply per fill); QL (1 syringe per 56 days)
IMURAN	T4	
IMVEXXY MAINTENANCE PACK	T4	PA; QL (8 inserts per 28 days)
IMVEXXY STARTER PACK	T4	PA; QL (18 inserts per 360 days)
INATAL ADVANCE	T2	
INATAL GT	T2	
INATAL ULTRA ORAL TABLET	T2	
INBRIJA	Non-Formulary	
INCASSIA	Tier 8	PV
INCIVEK	Non-Formulary	
INCRELEX	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
INCRUSE ELLIPTA	T3	QL (30 Blisters per 30 Day(s)s)
indapamide oral	T1	
INDERAL LA	Non-Formulary	
INDERAL XL	Non-Formulary	
INDOCIN ORAL	Non-Formulary	

Medication	Coverage Level	Restrictions
INDOCIN RECTAL	Non-Formulary	
indomethacin er	T2	
indomethacin oral capsule 20 mg	Non-Formulary	
indomethacin oral capsule 25 mg, 50 mg	T2	
indomethacin oral suspension	Non-Formulary	
indomethacin rectal	Non-Formulary	
infanate balance	T4	
INFINITY BLOOD GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
INFINITY CONTROL IN VITRO SOLUTION NORMAL	T4	
INFINITY VOICE IN VITRO LIQUID	T4	
INGREZZA ORAL CAPSULE 40 MG, 80 MG	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
INGREZZA ORAL CAPSULE 60 MG	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1-month supply per fill); QL (30 Capsules per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 dose pack per 28 days)
INLURIYO	Vaccine - $0 Copay	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (56 tablets per 28 days)
INLYTA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
INNOPRAN XL	Non-Formulary	
INPEFA	Non-Formulary	
INPEN 100-BLUE-LILLY	Non-Formulary	
INPEN 100-BLUE-LILLY-HUMALOG	Non-Formulary	

Medication	Coverage Level	Restrictions
INPEN 100-BLUE-NOVO	Non-Formulary	
INPEN 100-BLUE-NOVOLOG-FIASP	Non-Formulary	
INPEN 100-GRAY-LILLY	Non-Formulary	
INPEN 100-GREY-LILLY-HUMALOG	Non-Formulary	
INPEN 100-GREY-NOVO	Non-Formulary	
INPEN 100-GREY-NOVOLOG-FIASP	Non-Formulary	
INPEN 100-PINK-LILLY	Non-Formulary	
INPEN 100-PINK-LILLY-HUMALOG	Non-Formulary	
INPEN 100-PINK-NOVO	Non-Formulary	
INPEN 100-PINK-NOVOLOG-FIASP	Non-Formulary	
INQOVI	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (5 tablets per 28 days); SP
INREBIC	Vaccine - $0 Copay	PA; ST; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days); SP
INSPRA	T4	QL (30 tablets per 30 days)
INSTANUMB MEDIUM STREAM	Non-Formulary	
INSTANUMB MIST	Non-Formulary	
insulin asp prot & asp flexpen	T4	
insulin aspart flexpen	T4	
insulin aspart injection	T4	
insulin aspart penfill	T4	
insulin aspart prot & aspart	T4	
insulin degludec	Non-Formulary	
insulin degludec flextouch	Non-Formulary	
insulin glargine max solostar	Non-Formulary	
insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml	Non-Formulary	
insulin glargine-yfgn	T2	
insulin lispro (1 unit dial)	Non-Formulary	
insulin lispro injection	T2	
insulin lispro junior kwikpen	Non-Formulary	
insulin lispro prot & lispro	Non-Formulary	
INTEGRA F	Non-Formulary	
INTEGRA PLUS	Non-Formulary	
INTELENCE ORAL TABLET 100 MG	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
INTELENCE ORAL TABLET 200 MG	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
INTELENCE ORAL TABLET 25 MG	T5	SP (Max of 31 days per dispensing.); QL (120 tablets per 30 days)
INTERMEZZO	Non-Formulary	
INTRAROSA	T4	PA
INTROVALE	Tier 8	PV
INTUNIV	T4	QL (60 tablets per 30 days)
INVEGA	Non-Formulary	
INVELTYS	T4	ST
INVIRASE ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
INVOKAMET	T4	ST; QL (60 tablets per 30 days)
INVOKAMET XR	T4	ST; QL (60 tablets per 30 days)
INVOKANA	T4	ST; QL (30 tablets per 30 days)
inzdeaxiatar	Non-Formulary	
inzdeaxiavar	Non-Formulary	
inzdeoxia	Non-Formulary	
INZIRQO	T4	QL (80 ML per 30 days); AL (Max 9 Years)
iodoquimez-hc	Non-Formulary	
iohexol epidural	Non-Formulary	
IOPIDINE OPHTHALMIC SOLUTION 1 %	Non-Formulary	
IPOL INJECTION SUSPENSION	Tier 7	PV; QL (3 doses per 1 lifetime)
ipratropium bromide hfa	T3	
ipratropium bromide inhalation	T2	
ipratropium bromide nasal	T2	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	T2	QL (540 ML per 30 days)
IQIRVO	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
irbesartan	T2	
irbesartan-hydrochlorothiazide	T2	
IRESSA	Non-Formulary	
iron supplement childrens	T2	AL (Min 6 Months and Max 12 Months)
IROSPAN 24/6	Non-Formulary	
ISENTRESS	T5	SP (Limited to a 1 month supply per fill)
ISENTRESS HD	T5	SP (Limited to a 1 month supply per fill)
ISIBLOOM	Tier 8	PV

Medication	Coverage Level	Restrictions
isometheptene-caffeine-apap oral tablet 65-20-325 mg	Non-Formulary	
isometheptene-dichloral-apap	T3	
isoniazid oral	T1	
ISOPTO ATROPINE	T4	
ISOPTO CARPINE	T4	
ISORDIL TITRADOSE	Non-Formulary	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	T3	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	T2	
isosorbide dinitrate oral tablet 40 mg	Non-Formulary	
isosorbide mononitrate	T2	
isosorbide mononitrate er	T2	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	T3	QL (6 fills per 2 years)
isotretinoin oral capsule 25 mg, 35 mg	Non-Formulary	
isradipine	T2	
ISTALOL	Non-Formulary	
ISTURISA ORAL TABLET 1 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
ISTURISA ORAL TABLET 5 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
ITOVEBI ORAL TABLET 3 MG	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days); SP
ITOVEBI ORAL TABLET 9 MG	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days); SP
itraconazole oral capsule	T3	QL (120 capsules per 30 days)
itraconazole oral solution	T5	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
ivabradine hcl	T3	ST
ivermectin external cream	T3	ST; QL (45 GM per 30 days)
ivermectin external lotion	T2	
ivermectin oral tablet 3 mg	T2	QL (10 tablets per 1 claim)
ivermectin oral tablet 6 mg	Non-Formulary	

Medication	Coverage Level	Restrictions
ivra	Non-Formulary	
IWILFIN	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 tablets per 30 days)
IXIARO	Non-Formulary	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 3000 UNIT, 500 UNIT	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (36800 billable units per 28 days)
IYUZEH	Non-Formulary	
JADENU	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); SP
JADENU SPRINKLE	Non-Formulary	
JAIMIESS	Tier 8	PV
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
JAKAFI ORAL TABLET 5 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
JAKAFI XR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill.); QL (30 Tablets per 30 days)
JALYN	T4	ST
JANTOVEN	T2	
JANUMET	Non-Formulary	
JANUMET XR	Non-Formulary	
JANUVIA	Non-Formulary	
JARDIANCE	T3	QL (30 tablets per 30 days)
JASCAYD	Non-Formulary	
JASMIEL	Tier 8	PV
JATENZO	Non-Formulary	
JAVADIN	Non-Formulary	
JAVYGTOR	Non-Formulary	

Medication	Coverage Level	Restrictions
JAYPIRCA	Vaccine - $0 Copay	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days); SP
jaythari	Non-Formulary	
JENCYCLA	Tier 8	PV
JENTADUETO	T4	ST; QL (60 tablets per 30 days)
JENTADUETO XR	T4	ST; QL (30 tablets per 30 days)
JESDUVROQ	Non-Formulary	
JIDEYTRO ORAL TABLET 100 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
JIDEYTRO ORAL TABLET 25 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
JINTELI	T2	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT	T5	PA; SP (Limited to a 1-month supply per fill); QL (41400 Billable units per 28 days)
JOBEVNE	Non-Formulary	
JOENJA ORAL TABLET 40 MG, 50 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 4 Years)
JOENJA ORAL TABLET 70 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 12 Years)
JOLESSA	Tier 8	PV
JORNAY PM	Non-Formulary	
JOURNAVX	Non-Formulary	
JOYEAUX	Non-Formulary	
JUBLIA	Non-Formulary	
JULEBER	Tier 8	PV
JULUCA	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
JUNEL 1.5/30	Tier 8	PV
JUNEL 1/20	Tier 8	PV

Medication	Coverage Level	Restrictions
JUNEL FE 1.5/30	Tier 8	PV
JUNEL FE 1/20	Tier 8	PV
JUNEL FE 24	Tier 8	PV
JUST RIGHT 5000 DENTAL PASTE	T4	
JUXTAPID ORAL CAPSULE 10 MG, 30 MG	Non-Formulary	SP ( )
JUXTAPID ORAL CAPSULE 20 MG, 5 MG	Non-Formulary	
JYLAMVO	T4	AL (Max 9 Years)
JYNARQUE	Non-Formulary	
JYNNEOS	Tier 7	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	Non-Formulary	
KAITLIB FE	Non-Formulary	
KALBITOR	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); AL (Min 16 Years); SP
KALETRA ORAL SOLUTION	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
KALETRA ORAL TABLET	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
KALLIGA	Tier 8	PV
KALYDECO ORAL PACKET 13.4 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL (Max 1 Years); SP
KALYDECO ORAL PACKET 25 MG, 50 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); SP
KALYDECO ORAL PACKET 5.8 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); SP
KALYDECO ORAL PACKET 75 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); SP

Medication	Coverage Level	Restrictions
KALYDECO ORAL TABLET	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 6 Years); SP
KAMDOY	Non-Formulary	
KAPSPARGO SPRINKLE	T4	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	T4	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	Non-Formulary	
KARIVA	Tier 8	PV
kataraxap	Non-Formulary	
KATARVIA	Non-Formulary	
KATERZIA	T4	QL (150 ML per 30 days); AL (Max 6 Years)
KAZANO	Non-Formulary	
kazuri	Non-Formulary	
k-effervescent	T2	
KEFLEX	T4	
KEFUNOVA	Non-Formulary	
KELNOR 1/35	Tier 8	PV
KELNOR 1/50	Tier 8	PV
KELO-COTE EXTERNAL GEL	Non-Formulary	
KENALOG EXTERNAL	Non-Formulary	
KEPPRA ORAL	T4	
KEPPRA XR	T4	
KERALAC EXTERNAL CREAM 47 %	Non-Formulary	
KERALYT EXTERNAL SHAMPOO	Non-Formulary	
KERAMATRIX REPLICINE 10CMX10CM EXTERNAL PAD	Non-Formulary	
KERAMATRIX REPLICINE 5CMX5CM EXTERNAL PAD	Non-Formulary	
keraxa	Non-Formulary	
KERENDIA ORAL TABLET 10 MG, 20 MG	T3	ST; DX (Prior Authorization not required when billed with Heart Failure (HF) or Chronic Kidney Disease (CKD) diagnosis + Type 2 diabetes codes I50.1-I50.9 (HF) or N18.1- N18.4(CKD) + E11.0-E11.9 (Type 2 diabetes)); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
KERENDIA ORAL TABLET 40 MG	T3	ST; DX (Prior Authorization not required when billed with Heart Failure (HF) or Chronic Kidney Disease (CKD) diagnosis + Type 2 diabetes codes I50.1-I50.9 (HF) or N18.1- N18.4(CKD) + E11.0-E11.9 (Type 2 diabetes)); QL (30 Tablets per 30 days)
kerida	Non-Formulary	
KERYDIN	Non-Formulary	
KESIMPTA	T5	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed 3 pens for first month of therapy only.); DX (Prior Authorization not required when billed with Multiple Sclerosis diagnosis code G35 or G35.A - G35.D); QL (1 pen per 28 days); SP
ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml	Non-Formulary	
ketoconazole external cream	T2	QL (60 gm per 30 days)
ketoconazole external foam	Non-Formulary	
ketoconazole external shampoo 2 %	T2	QL (120 ml per 30 days)
ketoconazole oral	T2	
KETODAN EXTERNAL FOAM	T2	QL (100 GM per 30 days)
ketoprofen er	T3	QL (30 capsules per 30 days)
ketoprofen oral capsule 50 mg, 75 mg	T2	
ketorolac tromethamine nasal	Non-Formulary	
ketorolac tromethamine ophthalmic	T2	
ketorolac tromethamine oral	T2	QL (20 tablets per 30 days)
KETOSTIX	T4	
ketotifen fumarate ophthalmic	T2	
kevaraxap	Non-Formulary	
kevartia	Non-Formulary	
KEVEYIS	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days); SP

Medication	Coverage Level	Restrictions
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days); SP
KHINDIVI	Non-Formulary	
kimono	Tier 8	PV
kimono micro thin	Tier 8	PV
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (28 syringes per 28 days)
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 7	PV
KIONEX COMBINATION	T3	
KIONEX ORAL SUSPENSION	T3	
KIRSTY	T4	ST
KISQALI (200 MG DOSE)	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days); SP
KISQALI (400 MG DOSE)	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days); SP
KISQALI (600 MG DOSE)	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days); SP
KITABIS PAK (W/ NEBULIZER)	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to 56 day supply per fill); QL (280 ML per 56 days); SP
KLARON	T4	
KLAYESTA	Non-Formulary	
KLISYRI (250 MG)	Vaccine - $0 Copay	ST; QL (5 packets per 1 year)
KLISYRI (350 MG)	Vaccine - $0 Copay	ST; QL (5 packets per 1 year)
KLONOPIN	T4	
KLOR-CON 10	T2	
KLOR-CON M10	T2	
KLOR-CON M15	T2	
KLOR-CON M20	T2	

Medication	Coverage Level	Restrictions
KLOR-CON ORAL PACKET 20 MEQ	T2	
KLOR-CON ORAL TABLET EXTENDED RELEASE	T2	
KLOR-CON/EF	T2	
KLOXXADO	T3	QL (2 doses per 365 days)
KLS QUIT2	Tier 8	PV
KLS QUIT4	Tier 8	PV
KOATE	T4	PA; SP (Limited to a 1 month supply per fill); QL (55200 billable units per 28 days)
kobee	Tier 8	PV; AL (Max 50 Years)
KOGENATE FS	T5	PA; SP (Limited to a 1 month supply per fill); QL (43125 billable units per 28 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T4	ST; QL (60 tablets per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T4	ST; QL (30 tablets per 30 days)
KOMZIFTI	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
KONVOMEP	T4	AL (Max 9 Years)
KORLYM	Non-Formulary	
KOSELUGO ORAL CAPSULE	T5	PA; SP (Limited to a 1 month supply per fill)
KOSELUGO ORAL CAPSULE SPRINKLE	T5	PA; SP (Limited to a 1-month supply per fill.)
kotaraxap	Non-Formulary	
KOVALTRY	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
K-PHOS-NEUTRAL	Non-Formulary	
kpn prenatal	Tier 8	PV
KRAZATI	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (180 tablets per 30 days)
KRINTAFEL	T2	QL (2 tablets per 365 Days)
KRISTALOSE	Non-Formulary	

Medication	Coverage Level	Restrictions
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	T4	
KURVELO	Tier 8	PV
kutar	Non-Formulary	
kutarvia	Non-Formulary	
KUVAN ORAL PACKET 100 MG	Non-Formulary	SP ( )
KUVAN ORAL PACKET 500 MG	Non-Formulary	
KUVAN ORAL TABLET	Non-Formulary	
KYGEVVI	Non-Formulary	
KYMBEE	Non-Formulary	
kynara	Non-Formulary	
KYXATA	Non-Formulary	
KYZATREX ORAL CAPSULE 100 MG, 150 MG	T4	PA; QL (60 capsules per 30 days)
KYZATREX ORAL CAPSULE 200 MG	T4	PA; QL (120 tablets per 30 days)
l.e.t. (racepinephrine) external solution	Non-Formulary	
l.e.t. external solution	Non-Formulary	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T2	
labetalol hcl oral tablet 400 mg	Non-Formulary	
LAC-HYDRIN	Non-Formulary	
lacosamide oral solution 10 mg/ml	T2	
lacosamide oral tablet	T2	QL (60 tablets per 30 days)
LACRISERT	T5	SP (Limited to a 1 month supply per fill)
lactic acid e	Non-Formulary	
lactic acid external lotion	Non-Formulary	
LACTOCAL-F	T2	
lactulose oral packet	Non-Formulary	
lactulose oral solution	T2	
LAGEVRIO	Non-Formulary	
LAMICTAL ODT	Non-Formulary	
LAMICTAL ORAL TABLET	T4	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	T4	
LAMICTAL STARTER	T4	QL (1 kit per 365 days)
LAMICTAL XR ORAL KIT	T4	ST; QL (1 kit per 365 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	T4	ST; QL (30 tablets per 30 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG, 250 MG, 300 MG	T4	ST; QL (60 tablets per 30 days)
LAMISIL ORAL TABLET	T4	

Medication	Coverage Level	Restrictions
LAMISIL SPRAY	T4	
lamivudine oral solution 10 mg/ml	T2	
lamivudine oral tablet	T3	
lamivudine-zidovudine	T3	
lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	T4	ST; QL (30 tablets per 30 days)
lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg	T4	ST; QL (60 tablets per 30 days)
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	T4	ST; QL (60 tablets per 30 days)
lamotrigine oral tablet	T1	
lamotrigine oral tablet chewable	T2	
lamotrigine oral tablet dispersible	T4	ST; QL (60 tablets per 30 days)
lamotrigine starter kit-blue	T2	QL (1 kit per 365 days)
lamotrigine starter kit-green	T2	QL (1 kit per 365 days)
lamotrigine starter kit-orange	T2	QL (1 kit per 365 days)
LAMPIT	T4	QL (90 tablets per 30 days); AL (Max 17 Years)
LANGLARA	Non-Formulary	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	T4	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	Non-Formulary	
lanreotide acetate	T5	SP (Limited to a 1 month supply per fill); SP
lansoprazole oral capsule delayed release	T4	
lansoprazole oral tablet delayed release dispersible	T4	ST; QL (30 tablets per 30 days)
lanthanum carbonate	T2	QL (90 tablets per 30 days)
LANTUS	T2	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	
lapatinib ditosylate	T2	PA; QL (150 tablets per 30 days); SP
LARIN 1.5/30	Tier 8	PV
LARIN 1/20	Tier 8	PV
LARIN 24 FE	Tier 8	PV
LARIN FE 1.5/30	Tier 8	PV
LARIN FE 1/20	Tier 8	PV
LASIX	T4	
LASIX ONYU	Non-Formulary	
LASTACAFT	Non-Formulary	

Medication	Coverage Level	Restrictions
latanoprost ophthalmic	T2	
LATISSE	Non-Formulary	
LATUDA	T4	QL (30 tablets per 30 days)
laxative oral tablet delayed release	Non-Formulary	
laxative polyethylene glycol	Tier 8	PV
LAZCLUZE	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
LEDERLE LEUCOVORIN	T3	QL (60 tablets per 30 days)
ledipasvir-sofosbuvir	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days); SP
LEENA	Tier 8	PV
LEFLUNICLO	Non-Formulary	
leflunomide oral	T2	
LEMTRADA	Non-Formulary	
lenalidomide	T2	SP (Limited to a 1 month supply per fill); DX (Prior Authorization not required when billed with the one of the following diagnosis codes: C81 (Hodgkin Lymphoma), C82 (Follicular Lymphoma), C83 (Non-follicular Lymphoma), C84 (Mycosis Fungoides), C85 (Other specified and unspecified types of non-Hodgkin lymphoma), C86 (Other specified types of T/NK-cell lymphoma), C88.4 (Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue), C90.00 (Multiple Myeloma not having achieved remission), C90.01 (Multiple Myeloma in remission), C90.02 (Multiple Myeloma in relapse), C94.6 (Myelodysplastic disease, not classified), or D46 (Myelodysplastic syndrome)); QL (30 capsules per 30 days); SP
LENVIMA (10 MG DAILY DOSE)	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP

Medication	Coverage Level	Restrictions
LENVIMA (12 MG DAILY DOSE)	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (14 MG DAILY DOSE)	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (18 MG DAILY DOSE)	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (20 MG DAILY DOSE)	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (24 MG DAILY DOSE)	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (4 MG DAILY DOSE)	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (8 MG DAILY DOSE)	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LEQEMBI IQLIK	Non-Formulary	
LEQSELVI	Non-Formulary	
LEROCHOL	T4	PA; QL (1 syringe (1.2ml) per 28 days)
LESCOL XL	Non-Formulary	
LESSINA	Tier 8	PV

Medication	Coverage Level	Restrictions
LETAIRIS ORAL TABLET 10 MG	Non-Formulary	SP ( )
LETAIRIS ORAL TABLET 5 MG	Non-Formulary	
letrozole oral	T2	
leucovorin calcium oral	T3	QL (60 tablets per 30 days)
LEUKERAN	T5	SP (Max of 31 days per dispensing.)
leuprolide acetate injection	T5	SP (Max of 31 days per dispensing.); QL (2 kits per 28 days); SP
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	T2	
levalbuterol tartrate	T3	
levamlodipine maleate oral tablet 5 mg	Non-Formulary	
LEVATOL	T3	
LEVEMIR	Non-Formulary	
levetiracetam er	T2	
levetiracetam oral solution	T2	
levetiracetam oral tablet	T1	
levetiracetam oral tablet disintegrating soluble	T4	ST; QL (60 Tablets per 30 Days)
LEVITRA	Non-Formulary	
levobunolol hcl	T2	
levocarnitine oral solution	T2	
levocarnitine oral tablet	T2	
levocarnitine sf	T2	
levocetirizine dihydrochloride oral	Non-Formulary	
levofloxacin ophthalmic	T2	
levofloxacin oral	T2	
LEVONEST	Tier 8	PV
levonorgest-eth est & eth est	Tier 8	PV
levonorgest-eth estrad 91-day	Tier 8	PV
levonorgest-eth estradiol-iron	Non-Formulary	
levonorgestrel oral tablet 1.5 mg	Tier 8	PV
levonorgestrel-ethinyl estrad	Tier 8	PV
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	Tier 8	PV
LEVORA 0.15/30 (28)	Tier 8	PV
levorphanol tartrate oral	Non-Formulary	
LEVO-T	T4	
levothyroxine sodium oral capsule	Non-Formulary	

Medication	Coverage Level	Restrictions
levothyroxine sodium oral tablet	T1	
LEVOXYL	T2	
LEVSIN ORAL TABLET	T4	
LEVSIN/SL	T4	
LEXAPRO	T4	
LEXETTE	Non-Formulary	
LEXIVA ORAL SUSPENSION	T5	SP (Limited to a 1 month supply per fill)
LEXIVA ORAL TABLET	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
LEXTOL	Non-Formulary	
l-glutamine oral packet	Non-Formulary	
LIALDA	T4	QL (120 tablets per 30 days)
LIBERVANT	T4	AL (Min 2 Years and Max 5 Years)
LIBRAX	Non-Formulary	
LICART TRANSDERMAL	Non-Formulary	
lidocaine external cream 4 %	Non-Formulary	
lidocaine external ointment 5 %	T2	
lidocaine external patch 5 %	Non-Formulary	
lidocaine hcl external cream 3 %, 4 %	Non-Formulary	
lidocaine hcl external gel 2 %	T2	
lidocaine hcl external solution	T2	
lidocaine viscous hcl	T2	
lidocaine(bufferd)-epinephrine injection solution prefilled syringe 1 %-1:100000	Non-Formulary	
lidocaine-hydrocortisone ace rectal gel	Non-Formulary	
lidocaine-hydrocortisone ace rectal kit 2-2 %, 3-0.5 %, 3-1 %, 3-2.5 %	Non-Formulary	
lidocaine-phenylephrine	Non-Formulary	
lidocaine-prilocaine external cream	T2	
LIDOCAN	Non-Formulary	
LIDOCAN II	Non-Formulary	
LIDOCAN III	Non-Formulary	
LIDODERM	Non-Formulary	
lido-epinephrine-tetracaine	Non-Formulary	
lidolite	Non-Formulary	
lidopin external cream 3 %	T2	
lidopril external kit	Non-Formulary	
lido-racepinephrine-tetracaine	Non-Formulary	
lidorx	Non-Formulary	
lidosol	Non-Formulary	

Medication	Coverage Level	Restrictions
lidosol-50	Non-Formulary	
LIDOTHOL ES	Non-Formulary	
LIDOTRANS 5 PAK	Non-Formulary	
LIDTOPIC	Non-Formulary	
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (9 capsules per 28 days)
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (9 capsules per 28 days)
LIKMEZ	Non-Formulary	
linagliptin-metformin hcl	Non-Formulary	
lindane external	T2	
linezolid oral suspension reconstituted	T5	SP (Limited to one 14 day supply per 6 months (180 days)); QL (840 ML per 14 days); AL (Max 9 Years)
linezolid oral tablet	T3	QL (28 tablets per 14 days)
LINZESS	T3	QL (30 capsules per 30 days)
LIOMNY	T3	
liothyronine sodium oral	T2	
LIPITOR	Non-Formulary	
LIPOFEN	Non-Formulary	
LIPTRUZET	T4	ST; QL (31 tablets per 31 days)
liraglutide	BE	
liraglutide -weight management	Non-Formulary	
lisdexamfetamine dimesylate oral capsule	T2	QL (30 capsules per 30 Days); AL (Min 6 Years)
lisdexamfetamine dimesylate oral tablet chewable	T2	QL (30 tablets per 30 Days); AL (Min 6 Years)
lisinopril oral	T1	
lisinopril-hydrochlorothiazide	T1	
LITFULO	Non-Formulary	
lithium	T2	
lithium carbonate er	T2	
lithium carbonate oral	T1	
LITHOBID	T4	
LITHOSTAT	Non-Formulary	
LIVALO	Non-Formulary	

Medication	Coverage Level	Restrictions
LIVDELZI	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
LIVIXIL PAK	Non-Formulary	
LIVMARLI	Non-Formulary	
LIVTENCITY	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
l-leucine	Non-Formulary	
L-MESITRAN SOFT WOUND	Non-Formulary	
l-methylfolate-b6-b12 oral tablet 1.13-25-2 mg	T2	
l-methylfolate-b6-b12 oral tablet 3-35-2 mg	Non-Formulary	
LO LOESTRIN FE	T4	ST
LOCOID EXTERNAL CREAM	Non-Formulary	
LOCOID EXTERNAL LOTION	Non-Formulary	
LOCOID EXTERNAL OINTMENT	Non-Formulary	
LOCOID EXTERNAL SOLUTION	T4	
LOCOID LIPOCREAM	Non-Formulary	
LOCORT 11-DAY	Non-Formulary	
LOCORT 7-DAY	Non-Formulary	
LODOCO	Non-Formulary	
LODOSYN	Non-Formulary	
LOESTRIN 1.5/30 (21)	Non-Formulary	
LOESTRIN FE 1.5/30	T4	PV
LOESTRIN FE 1/20	T4	PV
LOFENA	Non-Formulary	
lofexidine hcl	Non-Formulary	
LOFIBRA ORAL CAPSULE	T4	
LOFIBRA ORAL TABLET 160 MG	T4	
LOJAIMIESS	Tier 8	PV
LOKELMA	T5	SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
LOMAIRA	Non-Formulary	
LOMOTIL ORAL TABLET	T4	
lomustine	Vaccine - $0 Copay	PA; SP (Limited to a 1-month supply per fill.); SP
LONSURF	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); SP

Medication	Coverage Level	Restrictions
loperamide hcl oral capsule	Non-Formulary	
LOPID	T4	
lopinavir-ritonavir	T5	SP (Limited to a 1 month supply per fill)
LOPRESSOR HCT ORAL TABLET 100-25 MG, 50-25 MG	T4	
LOPRESSOR ORAL SOLUTION	Non-Formulary	
LOPRESSOR ORAL TABLET 100 MG, 50 MG	T4	
LOPRESSOR ORAL TABLET 12.5 MG	Non-Formulary	
LOPROX EXTERNAL GEL	T4	
LOPROX EXTERNAL SHAMPOO	T4	
loratadine oral solution	Non-Formulary	
loratadine oral tablet	Non-Formulary	
loratadine oral tablet dispersible 10 mg	Non-Formulary	
loratadine-d 12hr	Non-Formulary	
loratadine-d 24hr	Non-Formulary	
LORAZEPAM INTENSOL	T2	
lorazepam oral tablet	T1	
LORBRENA ORAL TABLET 100 MG	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
LORBRENA ORAL TABLET 25 MG	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days); SP
LOREEV XR	Non-Formulary	
lorenza	Non-Formulary	
LORYNA	Tier 8	PV
LORZONE	Non-Formulary	
losartan potassium oral	T1	
losartan potassium-hctz	T2	
LOTEMAX	Non-Formulary	
LOTEMAX SM	T4	ST
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	T4	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	T4	
loteprednol etabonate ophthalmic gel	T3	ST

Medication	Coverage Level	Restrictions
loteprednol etabonate ophthalmic suspension 0.2 %	T4	ST
loteprednol etabonate ophthalmic suspension 0.5 %	T3	ST
loteprednol-tobramycin	T3	ST; QL (5 ML per 30 days)
LOTREL ORAL CAPSULE 10-20 MG, 2.5-10 MG, 5-10 MG, 5-20 MG	T4	SP (Generic substitution mandatory.)
LOTREL ORAL CAPSULE 10-40 MG, 5-40 MG	T4	
LOTREXONE	Non-Formulary	
LOTRIMIN AF EXTERNAL CREAM	Non-Formulary	
LOTRISONE EXTERNAL CREAM	T4	
LOTRONEX	Non-Formulary	
lounzdomdioxatar	Non-Formulary	
lovastatin oral	T1	PV
LOVAZA	T4	
LOVENOX INJECTION SOLUTION	T4	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
LOW-OGESTREL	Tier 8	PV
loxapine succinate oral	T2	
LOXITANE ORAL CAPSULE 5 MG	T4	
LOYON	Non-Formulary	
LO-ZUMANDIMINE	Tier 8	PV
lubiprostone	T2	QL (60 capsules per 30 Days)
LUCEMYRA	Non-Formulary	
LUDENT	T4	PV
LUIZZA 1.5/30	Tier 8	PV
LUIZZA 1/20	Tier 8	PV
luliconazole	Non-Formulary	
LUMAKRAS ORAL TABLET 120 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 tablets per 30 days); SP
LUMAKRAS ORAL TABLET 240 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (120 Tablets per 30 days)

Medication	Coverage Level	Restrictions
LUMAKRAS ORAL TABLET 320 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days); SP
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Non-Formulary	
LUMRYZ	Non-Formulary	
LUMRYZ STARTER PACK	Non-Formulary	
LUNESTA	T4	QL (30 tablets per 30 days); AL (Min 18 Years)
LUPKYNIS	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
lurasidone hcl	T2	QL (30 tablets per 30 Days)
LURBIRO	Non-Formulary	
LURIDE	T4	
LUSTRA	Non-Formulary	
LUSTRA-AF	Non-Formulary	
LUSTRA-ULTRA	Non-Formulary	
LUTERA	Tier 8	PV
LUTRATE DEPOT	Non-Formulary	
LUVOX CR	T4	QL (60 capsules per 30 days)
LUXAMEND	Non-Formulary	
LUXIQ	Non-Formulary	
LUZU	Non-Formulary	
LYBALVI	Non-Formulary	
LYLEQ	Tier 8	PV
LYLLANA	T2	
LYMEPAK	Non-Formulary	
LYNKUET	Non-Formulary	
LYNPARZA ORAL TABLET	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 tablets per 30 days); SP
LYRICA CR	Non-Formulary	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	T4	QL (120 capsules per 30 days)
LYRICA ORAL CAPSULE 200 MG	T4	QL (90 capsules per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T4	QL (60 capsules per 30 days)
LYRICA ORAL SOLUTION	T4	QL (473 ML per 30 days)
LYSIPLEX PLUS ORAL TABLET	Non-Formulary	

Medication	Coverage Level	Restrictions
LYSODREN	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
LYSTEDA	T4	
LYTGOBI (12 MG DAILY DOSE)	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (84 tablets per 28 days)
LYTGOBI (16 MG DAILY DOSE)	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (112 tablets per 28 days)
LYTGOBI (20 MG DAILY DOSE)	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (140 tablets per 28 days)
LYUMJEV	Non-Formulary	
LYUMJEV KWIKPEN	Non-Formulary	
LYUMJEV TEMPO PEN	Non-Formulary	
LYVISPAH	Non-Formulary	
LYZA	Tier 8	PV
mac patch	Non-Formulary	
maca	Non-Formulary	
macitentan	T2	PA; QL (30 Tablets per 30 days); SP
MACROBID	T4	
MACRODANTIN	Non-Formulary	
macuvex	Non-Formulary	
macuzin	Non-Formulary	
mafenide acetate external	T2	
MAGNEBIND 400	Non-Formulary	
magnesium citrate oral solution	Tier 8	PV
mahova	Non-Formulary	
MALARONE	T4	
malathion external	T2	
maprotiline hcl	T2	
maraviroc	T5	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
MARINOL	Non-Formulary	
marlissa	Tier 8	PV
MARPLAN	T3	QL (180 tablets per 30 days)
MARVONA-25 SUIK	Non-Formulary	
MASK VORTEX	T4	QL (4 masks per 1 year)
MASK VORTEX/CHILD/FROG	T4	QL (4 masks per 1 year)
MASK VORTEX/TODDLER/LADYBUG	T4	QL (4 masks per 1 year)
matervia	Non-Formulary	
MATULANE	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
MATZIM LA	Non-Formulary	
MAVENCLAD (10 TABS)	Vaccine - $0 Copay	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
MAVENCLAD (4 TABS)	Vaccine - $0 Copay	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
MAVENCLAD (5 TABS)	Vaccine - $0 Copay	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
MAVENCLAD (6 TABS)	Vaccine - $0 Copay	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
MAVENCLAD (7 TABS)	Vaccine - $0 Copay	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
MAVENCLAD (8 TABS)	Vaccine - $0 Copay	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
MAVENCLAD (9 TABS)	Vaccine - $0 Copay	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
mavilo hp	Non-Formulary	
MAVYRET ORAL PACKET	T2	DX (Prior Authorization not required when billed with Hep C diagnosis code B17.10, B17.11, B18.2, B19.2, or B19.21.); QL (140 packets per 28 days); SP
MAVYRET ORAL TABLET	T2	SP ( ); DX (Prior Authorization not required when billed with Hep C diagnosis code B17.10, B17.11, B18.2, B19.2, or B19.21.); QL (84 tablets per 28 days); SP

Medication	Coverage Level	Restrictions
MAXALT ORAL TABLET 10 MG	Non-Formulary	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	Non-Formulary	
MAXARON FORTE ORAL TABLET	Non-Formulary	
MAXFE ORAL TABLET	Non-Formulary	
MAXIDEX	T4	
MAXITROL OPHTHALMIC OINTMENT	T4	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1	T4	
maxi-tuss cd	Non-Formulary	
MAXZIDE	T4	
MAXZIDE-25	T4	
MAYZENT ORAL TABLET 0.25 MG	T5	ST; SP (Limited to a 1 month supply per fill); DX (Prior Authorization not required when billed with Multiple Sclerosis diagnosis code G35 or G35.A - G35.D); QL (120 tablets per 30 days); SP
MAYZENT ORAL TABLET 1 MG	T5	ST; SP (Limited to a 1 month supply per fill); DX (Prior Authorization not required when billed with Multiple Sclerosis diagnosis code G35 or G35.A - G35.D); QL (30 tablets per 30 days); SP
MAYZENT ORAL TABLET 2 MG	T5	ST; SP (Limited to a 1 month supply per fill); DX (Prior Authorization not required when billed with Multiple Sclerosis diagnosis code G35 or G35.A - G35.D); QL (30 tablets per 30 days); SP
MAYZENT STARTER PACK	T5	ST; SP (Limited to 1 fill per 2 years); DX (Prior Authorization not required when billed with Multiple Sclerosis diagnosis code G35 or G35.A - G35.D); QL (1 pack per 30 days); SP
mb caps	Non-Formulary	
meclizine hcl oral tablet	Non-Formulary	
meclofenamate sodium oral	Non-Formulary	
mecorix	Non-Formulary	
mecorix hp	Non-Formulary	
mecorix plus	Non-Formulary	
medorfa	Non-Formulary	

Medication	Coverage Level	Restrictions
medorfa hp	Non-Formulary	
medorfa hp plus	Non-Formulary	
medorfa lp	Non-Formulary	
medorfa plus	Non-Formulary	
MEDPURA HYDROCORTISONE	Non-Formulary	
MEDROL	T4	
medroxyprogesterone acetate intramuscular	Tier 8	PV
medroxyprogesterone acetate oral	T1	
mefenamic acid oral	T4	ST; QL (30 capsules per 30 days)
mefloquine hcl	T2	
MEGACE ES	T4	ST
MEGACE ORAL	T4	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	T2	
megestrol acetate oral suspension 625 mg/5ml	Non-Formulary	
megestrol acetate oral tablet	T2	
mekam	Non-Formulary	
mekam hp	Non-Formulary	
MEKINIST ORAL SOLUTION RECONSTITUTED	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (900 ML per 30 days); AL (Min 1 Years and Max 9 Years); SP
MEKINIST ORAL TABLET	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
MEKTOVI	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
MELEYA	T2	PV
melidu	Non-Formulary	
melondis plus	Non-Formulary	
meloxicam oral capsule	Non-Formulary	
meloxicam oral suspension	Non-Formulary	
meloxicam oral tablet	T1	
melphalan	T3	
MELQUIN 3	Non-Formulary	
melquin hp	Non-Formulary	

Medication	Coverage Level	Restrictions
melzara	Non-Formulary	
memantine hcl er	T3	QL (30 capsules per 30 days); AL (Min 40 Years)
memantine hcl oral solution 2 mg/ml	T4	QL (300 ML per 30 days); AL (Min 40 Years)
memantine hcl oral tablet 10 mg	T2	QL (60 tablets per 30 days); AL (Min 40 Years)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	T2	QL (1 pack per 365 days); AL (Min 40 Years)
memantine hcl oral tablet 5 mg	T2	QL (60 EA per 30 days); AL (Min 40 Years)
memantine hcl-donepezil hcl er	Non-Formulary	
MENACTRA INTRAMUSCULAR SOLUTION	Tier 7	PV; QL (1 Dose per 1 Lifetime)
MENEST	T3	
MENOPUR	T4	SP
MENOSTAR	T4	QL (4 patches per 28 days)
MENQUADFI INTRAMUSCULAR SOLUTION	Tier 7	PV; QL (1 dose per 1 lifetime)
MENTAX	Non-Formulary	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 7	PV; QL (1 dose per 1 lifetime)
meperidine hcl oral solution	T2	
meperidine hcl oral tablet 50 mg	T2	
meprobamate	T4	
MEPRON	T4	
MEPSEVII	Non-Formulary	
mercaptopurine oral suspension	T5	SP
mercaptopurine oral tablet	T2	
MERILOG	T4	ST
MERILOG SOLOSTAR	T4	ST
mesalamine er oral capsule extended release 24 hour	T4	QL (120 capsules per 30 days)
mesalamine er oral capsule extended release 250 mg	Vaccine - $0 Copay	ST; SP (Limited to a 1-month supply per fill.); QL (240 Capsules per 30 days); SP
mesalamine er oral capsule extended release 500 mg	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (240 capsules per 30 days)
mesalamine oral capsule delayed release	T4	SP ( ); QL (180 capsules per 30 days)
mesalamine oral tablet delayed release 1.2 gm	T4	SP ( ); QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
mesalamine oral tablet delayed release 800 mg	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
mesalamine rectal enema	T2	
mesalamine rectal suppository	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
mesna oral	T5	SP (Limited to a 1-month supply per fill)
MESNEX ORAL	T5	SP (Limited to a 1-month supply per fill)
MESTINON ORAL SYRUP	T3	
MESTINON ORAL TABLET	T4	
MESTINON ORAL TABLET EXTENDED RELEASE	Non-Formulary	
METADATE CD	Non-Formulary	QL (31 capsules per 31 days); AL (Min 4 Years)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	T2	AL (Min 4 Years)
METAFOLBIC PLUS	Non-Formulary	
metaproterenol sulfate oral syrup	T2	
metaxalone oral tablet 400 mg, 640 mg	Non-Formulary	
metaxalone oral tablet 800 mg	T2	ST
metdray	Non-Formulary	
metformin hcl er	T1	
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg	Non-Formulary	
metformin hcl oral solution	Non-Formulary	
metformin hcl oral tablet 1000 mg, 500 mg	T1	
metformin hcl oral tablet 625 mg, 750 mg	Non-Formulary	
metformin hcl oral tablet 850 mg	Tier 8	PV
METHADONE HCL DISKETS	T2	
METHADONE HCL INTENSOL	T2	
methadone hcl oral	T2	
METHADOSE ORAL CONCENTRATE 10 MG/ML	T2	
METHADOSE ORAL TABLET SOLUBLE	T2	
methamphetamine hcl	T4	QL (150 tablets per 30 days)
methaver	Non-Formulary	
methazel	Non-Formulary	
methazolamide oral	T3	
methenamine hippurate	T2	

Medication	Coverage Level	Restrictions
methimazole oral	T2	
methitest	Non-Formulary	
methocarbamol oral tablet 1000 mg	Non-Formulary	
methocarbamol oral tablet 500 mg, 750 mg	T2	
methotrexate sodium injection solution 250 mg/10ml	T2	
methotrexate sodium injection solution reconstituted	T2	
methotrexate sodium oral	T2	
methoxsalen rapid	T5	SP (Limited to a 1 month supply per fill)
methscopolamine bromide oral	T3	
methsuximide	T3	
methyclothiazide oral	T2	
methyldopa oral	T2	
methyldopa-hydrochlorothiazide	T2	
methylergonovine maleate oral	T4	QL (28 tablets per 365 days)
METHYLIN ORAL SOLUTION	T4	AL (Min 4 Years and Max 10 Years)
METHYLIN ORAL TABLET CHEWABLE	T4	AL (Min 4 Years)
methylphenidate	T4	ST; QL (30 patches per 30 days); AL (Min 4 Years)
methylphenidate er	Non-Formulary	
methylphenidate hcl er (cd)	T2	QL (30 capsules per 30 days); AL (Min 4 Years)
methylphenidate hcl er (la)	T2	QL (30 capsules per 30 days); AL (Min 4 Years)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	T2	QL (60 tablets per 30 days); AL (Min 4 Years)
methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg, 72 mg	Non-Formulary	
methylphenidate hcl er (xr)	T4	QL (30 capsules per 30 days)
methylphenidate hcl er oral tablet extended release 20 mg	T2	AL (Min 4 Years)
methylphenidate hcl er(diffus)	T2	QL (60 tablets per 30 days); AL (Min 4 Years)
methylphenidate hcl oral solution	T2	AL (Min 4 Years and Max 10 Years)
methylphenidate hcl oral tablet	T2	AL (Min 4 Years)
methylphenidate hcl oral tablet chewable	T2	AL (Min 4 Years and Max 10 Years)
methylprednisolone oral	T2	

Medication	Coverage Level	Restrictions
methyltestosterone oral	T5	PA; SP (Limited to a 1 month supply per fill)
metipranolol	T2	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	T1	
metoclopramide hcl oral tablet	T1	
metoclopramide hcl oral tablet dispersible	T4	ST
metolazone	T2	
metoprolol succinate er	T2	
metoprolol tartrate intravenous solution 5 mg/5ml	T2	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	T1	
metoprolol tartrate oral tablet 12.5 mg	Non-Formulary	
metoprolol-hctz er	Non-Formulary	
metoprolol-hydrochlorothiazide	T2	
METOZOLV ODT	T4	
METROCREAM	T4	
METROGEL EXTERNAL GEL	T4	
METROGEL-VAGINAL	T4	
METROLOTION	T4	
metronidazole benzoate	Non-Formulary	
metronidazole external cream	T2	
metronidazole external gel	T2	
metronidazole external lotion	T3	
metronidazole oral capsule	T2	
metronidazole oral tablet 125 mg	Non-Formulary	
metronidazole oral tablet 250 mg, 500 mg	T2	
metronidazole vaginal	T2	
metyrosine	Non-Formulary	
MEVACOR ORAL TABLET 20 MG, 40 MG	T4	
MEXAR WASH	T2	
mexiletine hcl oral	T2	
MFLUSIVA	Tier 7	QL (1 dose per 180 Days); AL (Min 50 Years)
MIACALCIN NASAL	T4	
MIBELAS 24 FE	Non-Formulary	
MICARDIS	T4	
MICARDIS HCT	T4	
MICORT HC	Non-Formulary	
MICORT-HC	Non-Formulary	
MICROCHAMBER	T4	QL (4 chambers per 1 year)

Medication	Coverage Level	Restrictions
MICRODOT TEST	T4	ST; QL (200 strips per 30 days)
MICROGESTIN 1.5/30	Tier 8	PV
MICROGESTIN 1/20	Tier 8	PV
MICROGESTIN FE 1.5/30	Tier 8	PV
MICROGESTIN FE 1/20	Tier 8	PV
MICROSPACER	T4	QL (4 chambers per 1 year)
MICROZIDE	T4	
micuraderm	Non-Formulary	
midazolam hcl oral	T2	
midazolam intramuscular	Non-Formulary	
midazolam intravenous solution prefilled syringe 25 mg/25ml, 50 mg/50ml	Non-Formulary	
midodrine hcl	T2	
MIEBO	Non-Formulary	
mifepristone oral tablet 300 mg	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
MIGERGOT	Non-Formulary	
miglustat	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); SP
MIGRANAL	Non-Formulary	
MILI	Tier 8	PV
milk of magnesia oral suspension 400 mg/5ml	Tier 8	PV
MILLIPRED	Non-Formulary	
MILOPHENE	Non-Formulary	
mimora	Non-Formulary	
MIMVEY	T2	
MIMVEY LO	T2	
MINASTRIN 24 FE	Non-Formulary	
MINIMED INSTINCT GLUC SENSOR	Non-Formulary	
MINIPRESS	T4	
MINITRAN	T2	
MINIVELLE	T4	
MINOCIN ORAL CAPSULE 100 MG, 50 MG	T4	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 90 mg	Non-Formulary	
minocycline hcl oral capsule	T2	
minocycline hcl oral tablet 100 mg	Non-Formulary	
minocycline hcl oral tablet 50 mg, 75 mg	T2	

Medication	Coverage Level	Restrictions
MINOLIRA	Non-Formulary	
minoxidil external solution 5 %	Non-Formulary	
minoxidil for men external solution 2 %	Non-Formulary	
minoxidil oral	T2	
MINZOYA	Non-Formulary	
MIPLYFFA	Non-Formulary	
mirabegron er oral suspension reconstituted er	Non-Formulary	ST
mirabegron er oral tablet extended release 24 hour	T3	ST; QL (30 tablets per 30 days)
MIRALAX ORAL POWDER	Non-Formulary	
MIRAPEX	T4	
MIRAPEX ER	T4	ST; QL (30 tablets per 30 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	Non-Formulary	
MIRCETTE	Non-Formulary	
mirtazapine oral tablet	T1	
mirtazapine oral tablet dispersible	T2	
MIRVASO	Non-Formulary	
misoprostol oral	T2	
MITIGARE	Non-Formulary	
M-M-R II INJECTION	Tier 7	PV; QL (2 doses per 1 lifetime)
MNEXSPIKE	Tier 7	PV
modafinil oral	T2	QL (60 tablets per 30 days)
MODEYSO	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (20 capsules per 28 days)
moexipril hcl	T2	
mokura	Non-Formulary	
mokura lp	Non-Formulary	
mokura mod	Non-Formulary	
mokura plus	Non-Formulary	
molexi	Non-Formulary	
mometasone furoate external	T2	
mometasone furoate nasal	Non-Formulary	
MONDOXYNE NL	Non-Formulary	
MONODOX ORAL CAPSULE 100 MG, 75 MG	T4	
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML	T3	
MONOJECT PISTON SYRINGE	T3	
MONOJECT SAFETY SYRINGE/SHIELD 21G X 1-1/2" 6 ML	T3	

Medication	Coverage Level	Restrictions
MONOJECT SYRINGE 21G X 1-1/2" 6 ML	T3	
MONOJECT SYRINGE LUER-LOCK TIP 140 ML	T3	
MONO-LINYAH	Tier 8	PV
MONOVISC	Non-Formulary	
montelukast sodium oral	T2	
MONUROL	T4	QL (3 packets per 30 days)
MORGIDOX COMBINATION	Non-Formulary	
MORPHABOND ER	Non-Formulary	
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml	T2	
morphine sulfate er beads	Non-Formulary	
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	Non-Formulary	
morphine sulfate er oral tablet extended release	T2	
morphine sulfate oral	T2	
morphine sulfate rectal	T2	
MOTEGRITY	T4	QL (30 tablets per 30 days)
MOTPOLY XR	Non-Formulary	
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	PA; QL (2 ML per 28 days)
MOVANTIK	T3	PA; QL (30 tablets per 30 days)
MOVIPREP	T4	
MOXATAG	T4	
MOXEZA	T4	
moxifloxacin hcl (2x day)	T2	
moxifloxacin hcl ophthalmic solution	T2	
moxifloxacin hcl oral	T2	
moxifloxacin-bromfenac	Non-Formulary	
MRESVIA	Tier 7	PV; QL (1 dose per 1 year); AL (Min 50 Years)
MS CONTIN ORAL TABLET EXTENDED RELEASE	T4	
MUCOSITISRX	Non-Formulary	
MUGARD	Non-Formulary	
MULPLETA	Non-Formulary	
MULTAQ	T4	
MULTIGEN FOLIC	Non-Formulary	
MULTIGEN PLUS	Non-Formulary	
multivitamin w/fluoride	T4	PV

Medication	Coverage Level	Restrictions
multivitamin/fluoride oral solution	T4	PV
multi-vitamin/fluoride oral solution 0.25 mg/ml	T4	PV
multivitamin/fluoride oral suspension	T4	PV
multi-vitamin/fluoride oral suspension 0.25 mg/ml	T4	PV
mupirocin calcium	Non-Formulary	
mupirocin external	T2	QL (22 gm per 30 days)
MUSCUSOLICE	Non-Formulary	
MUSE	Non-Formulary	
MVC-FLUORIDE	T4	PV
M-VIT	Non-Formulary	
MY CHOICE	Tier 8	PV
MY WAY	Tier 8	PV
MYALEPT	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
MYCAPSSA	Non-Formulary	
MYCOBUTIN	T3	
mycophenolate mofetil oral capsule	T2	
mycophenolate mofetil oral suspension reconstituted	T2	AL (Max 9 Years)
mycophenolate mofetil oral tablet	T2	
mycophenolate sodium oral tablet delayed release 180 mg	T4	QL (240 tablets per 30 days)
mycophenolate sodium oral tablet delayed release 360 mg	T4	QL (120 tablets per 30 days)
mycophenolic acid oral tablet delayed release 180 mg	T3	QL (240 tablets per 30 days)
mycophenolic acid oral tablet delayed release 360 mg	T3	QL (120 tablets per 30 days)
MYDAYIS	Non-Formulary	
MYFEMBREE	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
myferon 150 forte	Non-Formulary	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	T4	QL (240 tablets per 30 days)
MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG	T4	QL (120 tablets per 30 days)
MYHIBBIN	Non-Formulary	
MYLERAN	T4	
MYNATAL ORAL TABLET	T2	
mynatal plus	T2	

Medication	Coverage Level	Restrictions
mynatal-z	T2	
mynate 90 plus	T2	
mynephrocaps	Non-Formulary	
MYNEPHRON	Non-Formulary	
MYORISAN	T3	QL (6 fills per 2 years)
MYQORZO	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 18 Years)
MYRBETRIQ	Non-Formulary	
MYSOLINE ORAL TABLET 50 MG	T4	
MYTESI	Non-Formulary	
mythius	Non-Formulary	
myvori	Non-Formulary	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	T3	
nabumetone oral	T2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T2	
naftifine hcl external cream 1 %	T4	ST; QL (90 GM per 30 days)
naftifine hcl external cream 2 %	Non-Formulary	
naftifine hcl external gel 2 %	Non-Formulary	
NAFTIN	Non-Formulary	
NALFON ORAL CAPSULE	Non-Formulary	
naloxone hcl injection solution 0.4 mg/ml	T2	QL (2 Vials per 1 year)
naloxone hcl injection solution cartridge	T2	QL (2 cartridges per 1 year)
naloxone hcl injection solution prefilled syringe 2 mg/2ml	T2	QL (2 Syringes per 1 year)
naloxone hcl nasal	T2	QL (1 box per 1 year)
NALTREX	Non-Formulary	
naltrexone hcl oral	T2	
NAMENDA ORAL SOLUTION	T4	QL (300 ML per 30 days); AL (Min 40 Years)
NAMENDA ORAL TABLET	T4	QL (60 tablets per 30 days); AL (Min 40 Years)
NAMENDA TITRATION PAK	T4	QL (1 tablpack per 365 days); AL (Min 40 Years)
NAMENDA XR	T4	QL (30 capsules per 30 days); AL (Min 40 Years)
NAMENDA XR TITRATION PACK	T4	AL (Min 40 Years)
NAMZARIC	Non-Formulary	
nanran	Non-Formulary	
naphazoline hcl ophthalmic	T2	

Medication	Coverage Level	Restrictions
NAPHCON-A	Non-Formulary	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	Non-Formulary	
NAPROSYN ORAL SUSPENSION	T4	QL (473 ML per 30 days); AL (Max 12 Years)
NAPROSYN ORAL TABLET 500 MG	T4	
NAPROTIN	Non-Formulary	
naproxen oral suspension	T2	QL (473 ML per 30 days); AL (Max 12 Years)
naproxen oral tablet	T1	
naproxen oral tablet delayed release	Non-Formulary	
naproxen sodium er	Non-Formulary	
naproxen sodium oral tablet	T2	
naproxen-esomeprazole mg	Non-Formulary	
naratriptan hcl	T2	QL (12 tablets per 30 days)
NARCAN	T4	QL (1 box per 1 year)
NARDIL	T4	
NASACORT ALLERGY 24HR	Non-Formulary	
NASCOBAL	Non-Formulary	
NASONEX	Non-Formulary	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	T4	QL (30 tablets per 30 days)
NATACYN	T4	
natal pnv	Non-Formulary	
NATALVIRT FLT	Non-Formulary	
NATAZIA	Non-Formulary	
nateglinide	T2	
NATESTO	Non-Formulary	
NATROBA	Non-Formulary	
NAYZILAM	T4	QL (5 kits per 30 days)
nebivolol hcl	T2	
NEBUPENT	T4	
NECON 0.5/35 (28)	Tier 8	PV
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T4	
nefazodone hcl	T2	
NEFFY	Non-Formulary	
NEMLUVIO	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 auto-injector per 28 days); SP
nendrux	Non-Formulary	

Medication	Coverage Level	Restrictions
neomycin sulfate oral	T2	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	T2	
neomycin-polymyxin-dexameth ophthalmic ointment	T2	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	T2	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	T2	
neomycin-polymyxin-hc otic solution 3.5-10000-1	T2	
neonatal + dha	Non-Formulary	
neonatal complete oral tablet 29-1 mg	Non-Formulary	
NEONATAL PLUS	Non-Formulary	
NEORAL	T4	
NEOSALUS EXTERNAL FOAM	Non-Formulary	
NEOSPORIN OPHTHALMIC	T4	
NEO-SYNALAR EXTERNAL CREAM	Non-Formulary	
neo-vital rx	T4	
NEPHPLEX RX	Non-Formulary	
NEPHROCAPS QT	Non-Formulary	
NEPHRON FA	Non-Formulary	
NEPHRO-VITE RX	Non-Formulary	
NEREUS	Non-Formulary	
NERLYNX	T5	PA; SP (Limited to a 1 month supply per fill); SP
NESINA	Non-Formulary	
NESTABS	T4	
NESTABS ABC	T4	
NESTABS DHA	T4	
NEUAC EXTERNAL GEL	T2	QL (45 GM per 30 days)
NEUAC EXTERNAL KIT	Non-Formulary	
NEULASTA ONPRO	Non-Formulary	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Formulary	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); SP
NEUPRO	T4	ST; QL (30 patches per 30 days)
neurin-sl	Non-Formulary	
NEURONTIN	T4	

Medication	Coverage Level	Restrictions
NEUTEK 2TEK TEST	T4	ST; QL (200 strips per 30 days)
NEUTRAGARD ADVANCED	T2	
NEVANAC	Non-Formulary	
nevirapine er	T4	QL (30 tablets per 30 days)
nevirapine oral suspension	T2	QL (1200 ML per 30 days)
nevirapine oral tablet	T2	QL (60 tablets per 30 days)
NEW DAY	Tier 8	PV
NEW DAY SKIN SPRAY	Non-Formulary	
NEXA PLUS	T4	
NEXAVAR	Non-Formulary	SP ( )
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Formulary	
NEXIUM	Non-Formulary	
NEXIUM 24HR	T4	
NEXLETOL	T4	PA; QL (30 Tablets per 30 days)
NEXLIZET	T4	PA; QL (30 tablets per 30 days)
NEXTSTELLIS	Non-Formulary	
NGENLA	Non-Formulary	
niacin er (antihyperlipidemic)	T2	
niacin oral tablet 500 mg	Non-Formulary	
NIACOR	T2	
NICADAN	Non-Formulary	
nicardipine hcl oral	T3	
NICAZEL	Non-Formulary	
NICAZEL FORTE	Non-Formulary	
NICODERM CQ	Non-Formulary	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG	Non-Formulary	
NICORETTE	Non-Formulary	
nicotine	Tier 8	PV
nicotine mini	Tier 8	PV
nicotine polacrilex mouth/throat	Tier 8	PV
NICOTROL	Tier 8	PV; QL (1 box per 30 days)
NICOTROL NS	Tier 8	PV; QL (40 mls per 30 days)
nifedipine er osmotic release	T2	
nifedipine oral	T2	
NIKKI	Tier 8	PV

Medication	Coverage Level	Restrictions
nilotinib d-tartrate oral capsule 150 mg, 200 mg	T2	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (112 Capsules per 28 days); SP
nilotinib d-tartrate oral capsule 50 mg	T2	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (120 Capsules per 30 days); SP
nilotinib hcl oral capsule 150 mg, 200 mg	T2	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (112 capsules per 28 days)
nilotinib hcl oral capsule 50 mg	T2	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (120 Capsules per 30 days); SP
nilutamide	T1	
nimodipine oral capsule	T3	QL (21 day supply per 365 days)
nimodipine oral solution	Vaccine - $0 Copay	ST
NINLARO	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (3 capsules per 28 days); SP
nintedanib esylate	T2	PA; SP (Limited to a 1-month supply per fill.); QL (60 Capsules per 30 days); SP
NIRAVAM	T4	
nisoldipine er	T3	
nitazoxanide oral	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
nitisinone	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); SP
NITRO-BID	T2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	T4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T3	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	T2	
nitrofurantoin monohyd macro	T2	

Medication	Coverage Level	Restrictions
nitrofurantoin oral suspension 25 mg/5ml	T5	SP (Limited to a 1 month supply per fill); QL (120 ML per 30 days); AL (Max 9 Years)
nitrofurantoin oral suspension 50 mg/5ml	T5	SP (Limited to a 1 month supply per fill); QL (60 ML per 30 Days)
nitroglycerin er	T2	
nitroglycerin rectal	Non-Formulary	
nitroglycerin sublingual	T2	
nitroglycerin transdermal patch 24 hour	T2	
nitroglycerin translingual solution	T3	
NITROLINGUAL	T4	
NITROMIST	T4	
NITROSTAT	T2	
NITRO-TIME	T2	
NITYR	Non-Formulary	
NIVA-FOL	Non-Formulary	
NIVA-PLUS	Non-Formulary	
NIVATOPIC PLUS	Non-Formulary	
NIVESTYM	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
nizatidine oral capsule	T4	
NIZORAL EXTERNAL SHAMPOO 2 %	T4	
nobela	Non-Formulary	
NOBLE FORMULA HC EXTERNAL SOLUTION	Non-Formulary	
NOCDURNA	Non-Formulary	
NOCTIVA	Non-Formulary	
nolira	Non-Formulary	
NORA-BE	Tier 8	PV
NORCO	T4	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Formulary	
norelgestromin-eth estradiol	Tier 8	PV; QL (3 patches per 28 days)
norethin ace-eth estrad-fe oral capsule	Non-Formulary	
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	Tier 8	PV
norethin ace-eth estrad-fe oral tablet chewable	Tier 8	PV
norethindrone acetate oral	T2	
norethindrone acet-ethinyl est	Tier 8	PV
norethindrone oral	Tier 8	PV
norethindrone-eth estradiol	T2	

Medication	Coverage Level	Restrictions
norethindron-ethinyl estrad-fe	Tier 8	PV
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	Tier 8	PV
norgesic forte	Non-Formulary	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Tier 8	PV
norgestim-eth estrad triphasic	Tier 8	PV
NORINYL 1+50 (28)	T4	
NORITATE	Non-Formulary	
NORLIQVA	T4	QL (150 ML per 30 Days); AL (Max 6 Years)
NORPACE	T4	
NORPACE CR	T3	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	T4	QL (60 tablets per 30 days)
NORPRAMIN ORAL TABLET 100 MG, 150 MG, 50 MG, 75 MG	T4	
NORTHERA ORAL CAPSULE 100 MG	Non-Formulary	SP ( )
NORTHERA ORAL CAPSULE 200 MG, 300 MG	Non-Formulary	
NORTREL 0.5/35 (28)	Tier 8	PV
NORTREL 1/35 (21)	Tier 8	PV
NORTREL 1/35 (28)	Tier 8	PV
NORTREL 7/7/7	Tier 8	PV
nortriptyline hcl oral capsule	T2	
NORVASC	T4	SP (Generic substitution mandatory.)
NORVIR ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
NORVIR ORAL TABLET	Non-Formulary	
NOURIANZ	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
NOVA MAX GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
NOVACORT EXTERNAL GEL 1-2 %	Non-Formulary	
NOVAFERRUM ORAL SOLUTION RECONSTITUTED	Non-Formulary	
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	T4	ST; SP

Medication	Coverage Level	Restrictions
NOVOEIGHT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
NOVOFINE 32G X 6 MM	T3	
NOVOFINE AUTOCOVER	T3	
NOVOFINE AUTOCOVER PEN NEEDLE	T3	
NOVOFINE PEN NEEDLE	T3	
NOVOFINE PLUS	T3	
NOVOFINE PLUS PEN NEEDLE	T3	
NOVOLIN 70/30	T4	ST
NOVOLIN 70/30 FLEXPEN	T4	ST; AL (Max 21 Years)
NOVOLIN N	T4	ST
NOVOLIN N FLEXPEN	T4	ST; AL (Max 21 Years)
NOVOLIN R	T4	ST
NOVOLIN R FLEXPEN	T4	ST; AL (Max 21 Years)
NOVOLOG	Non-Formulary	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Formulary	
NOVOLOG MIX 70/30	Non-Formulary	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Non-Formulary	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	Non-Formulary	
NOVOSEVEN RT	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NOXAFIL ORAL PACKET	Non-Formulary	
NOXAFIL ORAL SUSPENSION	Non-Formulary	
NOXAFIL ORAL TABLET DELAYED RELEASE	Non-Formulary	SP ( )
noxifol-d	Non-Formulary	
NP THYROID	T2	
NUBEQA	T5	ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Formulary	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Formulary	
NUCORT	T4	

Medication	Coverage Level	Restrictions
NUCYNTA	T4	ST
NUCYNTA ER	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
NUEDEXTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
NUFERA	Non-Formulary	
nujo	Non-Formulary	
nuju	Non-Formulary	
NULEV	T2	
NULYTELY LEMON-LIME	T4	
NUPLAZID ORAL CAPSULE	Non-Formulary	
NUPLAZID ORAL TABLET 10 MG	Non-Formulary	
nuquin hp	Non-Formulary	
NURTEC	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (8 tablets per 30 days)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Formulary	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Formulary	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Formulary	
NUVAIL	Non-Formulary	
NUVARING	Non-Formulary	
NUVAXOVID COVID-19 VACCINE	Tier 7	PV
NUVESSA	Non-Formulary	
NUVIGIL ORAL TABLET 150 MG, 250 MG	T4	QL (30 tablets per 30 days)
NUVIGIL ORAL TABLET 200 MG, 50 MG	Non-Formulary	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
NUZYRA INTRAVENOUS	Non-Formulary	
NUZYRA ORAL TABLET 150 MG	Non-Formulary	
NYAMYC	T2	QL (60 GM per 30 Days)
NYLIA 1/35	T2	PV
NYLIA 7/7/7	Tier 8	PV
NYMALIZE ORAL SOLUTION 6 MG/ML	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (1 fill per 21 days)

Medication	Coverage Level	Restrictions
nynutey	Non-Formulary	
NYPOZI	Non-Formulary	
nystatin external cream	T2	SP (Generic substitution mandatory.)
nystatin external ointment	T2	
nystatin external powder	T2	QL (60 GM per 30 Days)
nystatin mouth/throat suspension 100000 unit/ml	T2	
nystatin oral tablet	T2	
nystatin-triamcinolone	T2	
NYSTOP	T2	QL (60 GM per 30 days)
NYVEPRIA	T5	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
OBREDON	Non-Formulary	
O-CAL FA	Non-Formulary	
OCALIVA ORAL TABLET 10 MG	Non-Formulary	SP ( )
OCALIVA ORAL TABLET 5 MG	Non-Formulary	SP ( )
OCELLA	Tier 8	PV
OCM WOUND CARE MATRIX	Non-Formulary	
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	T5	SP (Limited to a 1 month supply per fill); SP
octreotide acetate subcutaneous	T5	SP (Limited to a 1 month supply per fill); SP
OCUFLOX	T4	
OCUVEL ORAL CAPSULE 0.5 MG	Non-Formulary	
ODACTRA	T4	AL (Min 5 Years and Max 65 Years)
ODEFSEY	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ODOMZO	Vaccine - $0 Copay	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 capsules per 30 days); SP
OFEV	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days); AL (Min 18 Years); SP

Medication	Coverage Level	Restrictions
ofloxacin ophthalmic	T2	
ofloxacin oral tablet 300 mg, 400 mg	T2	
ofloxacin otic	T2	
OGIVRI	Non-Formulary	
OGSIVEO ORAL TABLET 100 MG, 150 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (56 tablets per 28 days)
OGSIVEO ORAL TABLET 50 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (180 tablets per 30 days)
OHTUVAYRE	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (60 vials per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (96 ML per 28 days); AL (Max 6 Years)
OJEMDA ORAL TABLET 100 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (1 box per 28 days); AL (Min 6 Years and Max 25 Years)
OJJAARA	Vaccine - $0 Copay	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
olanzapine oral tablet	T1	
olanzapine oral tablet dispersible	T3	
olanzapine-fluoxetine hcl	Non-Formulary	
olmesartan medoxomil oral	T2	
olmesartan medoxomil-hctz	T2	
olmesartan-amlodipine-hctz	T2	
olopatadine hcl nasal	T3	
olopatadine hcl ophthalmic solution 0.1 %	T2	QL (5 ML per 30 days)
olopatadine hcl ophthalmic solution 0.2 %	T2	QL (2.5 ML per 30 days)
OLPRUVA (2 GM DOSE)	Non-Formulary	
OLPRUVA (3 GM DOSE)	Non-Formulary	
OLPRUVA (4 GM DOSE)	Non-Formulary	
OLPRUVA (5 GM DOSE)	Non-Formulary	
OLPRUVA (6 GM DOSE)	Non-Formulary	
OLPRUVA (6.67 GM DOSE)	Non-Formulary	

Medication	Coverage Level	Restrictions
OLUMIANT ORAL TABLET 1 MG, 2 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
OLUMIANT ORAL TABLET 4 MG	Non-Formulary	
OLUX	Non-Formulary	
OLUX-E	Non-Formulary	
OLYSIO	Non-Formulary	
OMECLAMOX-PAK	Non-Formulary	
omega-3-acid ethyl esters	T2	
omeprazole magnesium oral capsule delayed release	T4	
omeprazole oral capsule delayed release	T4	
omeprazole oral tablet delayed release	T4	
omeprazole-sodium bicarbonate oral capsule	Non-Formulary	
OMEZA COLLAGEN MATRIX	Non-Formulary	
OMLYCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes (2ml) per 28 days)
OMLYCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe (2ml) per 28 days)
OMLYCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes (1ml) per 28 days)
OMNARIS	Non-Formulary	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	Vaccine - $0 Copay	SP (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
OMNIPOD 5 DEXG7G6 PODS GEN 5	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); QL (2 Packs per 30 days)
OMNIPOD 5 G7 INTRO (GEN 5)	Vaccine - $0 Copay	SP (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
OMNIPOD 5 G7 PODS (GEN 5)	Vaccine - $0 Copay	SP (Limited to a 1-month supply per fill); QL (2 Packs per 30 days)
OMNIPOD 5 LIBRE INTRO	Vaccine - $0 Copay	SP (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
OMNIPOD 5 LIBRE PODS	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); QL (2 Packs per 30 days)
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	Vaccine - $0 Copay	SP (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
OMNIPOD 5 LIBRE2 PLUS G6	Vaccine - $0 Copay	SP (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); QL (2 Packs per 30 days)

Medication	Coverage Level	Restrictions
OMNIPOD DASH INTRO (GEN 4)	Vaccine - $0 Copay	SP (Limited to 1 kit per 30 days); QL (1 kit per 2 yearss)
OMNIPOD DASH PODS (GEN 4)	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); QL (2 packs per 30 days)
OMNIPOD GO	Non-Formulary	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T5	PA; SP (Limited to a 1 month supply per fill); SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	Non-Formulary	SP ( )
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Vaccine - $0 Copay	PA; SP (Limited to a 1-month supply per fill.); QL (2 Pens per 28 days)
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Vaccine - $0 Copay	PA; SP (Limited to a 1-month supply per fill.); QL (2 Syringes per 28 days)
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days); SP
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Vaccine - $0 Copay	PA; SP (Limited to a 1-month supply per fill); QL (1 Pen per 28 days); SP
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Vaccine - $0 Copay	PA; SP (Limited to a 1-month supply per fill); QL (2 Syringes per 28 days); SP
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	Vaccine - $0 Copay	PA; SP (Limited to a 1-month supply per fill); QL (1 Syringe per 28 days)
ON CALL EXPRESS BLOOD GLUCOSE	T4	ST; QL (200 strips per 30 days)
ON CALL EXPRESS GLUCOSE CONTR	T4	
ON CALL LANCETS	T3	
ON CALL LANCING DEVICE	T4	
ON CALL PLUS GLUCOSE CONTROL	T4	
ON CALL PLUS LANCETS	T3	
ON CALL PLUS LANCING DEVICE	T4	
ON CALL VIVID GLUCOSE CONTROL	T4	
ondansetron hcl oral solution 4 mg/5ml	T2	
ondansetron hcl oral tablet	T2	
ondansetron oral tablet dispersible 16 mg	Non-Formulary	
ondansetron oral tablet dispersible 4 mg, 8 mg	T2	
ONENATAL RX	Non-Formulary	
ONETOUCH DELICA PLUS LANCET30G	T3	
ONETOUCH DELICA PLUS LANCET33G	T3	
ONETOUCH DELICA SAFETY LANCING	T3	

Medication	Coverage Level	Restrictions
ONETOUCH ULTRA TEST	Non-Formulary	
ONETOUCH VERIO IN VITRO STRIP	Non-Formulary	
ONEXTON	Non-Formulary	
ONFI ORAL SUSPENSION	T4	ST
ONFI ORAL TABLET 10 MG, 20 MG	T4	ST
ONGENTYS	T4	ST
ONGLYZA	T4	ST; QL (30 tablets per 30 days)
ONMEL	Non-Formulary	
ONTRALFY	Non-Formulary	
ONUREG ORAL TABLET 200 MG	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (14 tablets per 28 days); SP
ONUREG ORAL TABLET 300 MG	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (14 tablets per 28 days); SP
ONYDA XR	Non-Formulary	
onzdeaxiademtar	Non-Formulary	
onzdeaxiatar	Non-Formulary	
ONZETRA XSAIL	Non-Formulary	
OPCICON ONE-STEP	Tier 8	PV
OPFOLDA	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 capsules per 30 days); SP
OPILL	Non-Formulary	
OPIPZA	Non-Formulary	
opium	Non-Formulary	
OPSUMIT	Non-Formulary	
OPSYNVI	Non-Formulary	
OPTICHAMBER ADVANTAGE-LG MASK	T3	QL (4 EA per 365 days)
OPTICHAMBER ADVANTAGE-MED MASK	T3	QL (4 EA per 365 days)
OPTICHAMBER ADVANTAGE-SM MASK	T3	QL (4 EA per 365 days)
OPTICHAMBER DIAMOND	T3	
OPTICHAMBER FACE MASK-LARGE	T3	QL (4 EA per 365 days)
OPTICHAMBER FACE MASK-MEDIUM	T3	QL (4 EA per 365 days)
OPTICHAMBER FACE MASK-SMALL	T3	QL (4 EA per 365 days)
OPTION 2	Tier 8	PV
OPTIONS GYNOL II CONTRACEPTIVE	Tier 8	PV
OPTIUM TEST	T4	ST; QL (200 strips per 30 days)
OPTIUMEZ TEST	T4	ST; QL (200 strips per 30 days)
OPVEE	T3	QL (1 box per 1 year)
OPZELURA	Non-Formulary	

Medication	Coverage Level	Restrictions
ORACEA	Non-Formulary	
ORACIT	T4	
oral citrate	T2	
oral saline laxative kit	Tier 8	PV
ORALAIR	T4	AL (Min 10 Years and Max 65 Years)
ORALONE	T4	
ORAMAGICRX	Non-Formulary	
ORAPRED ODT	Non-Formulary	
ORAVIG	T5	ST; SP (Limited to a 1 month supply per fill)
ORENCIA CLICKJECT	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1.6 ML per 28 days); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2.8 ML per 28 days); SP
ORENITRAM MONTH 1	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 28 days); SP
ORENITRAM MONTH 2	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 28 days); SP
ORENITRAM MONTH 3	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 28 days); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (2880 tablets per 30 days); SP

Medication	Coverage Level	Restrictions
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (1440 tablets per 30 days); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
ORFADIN ORAL CAPSULE	Non-Formulary	
ORFADIN ORAL SUSPENSION	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 ML per 30 days); AL (Min 5 Years and Max 9 Years)
ORGOVYX	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ORIAHNN	T5	PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
ORILISSA ORAL TABLET 150 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
ORILISSA ORAL TABLET 200 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days); AL (Min 1 Years and Max 5 Years); SP
ORKAMBI ORAL PACKET 75-94 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL (Min 1 Years); SP

Medication	Coverage Level	Restrictions
ORKAMBI ORAL TABLET 100-125 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days); AL (Min 6 Years); SP
ORKAMBI ORAL TABLET 200-125 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days); AL (Min 6 Years); SP
ORLADEYO ORAL CAPSULE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); AL (Min 12 Years)
ORLADEYO ORAL PACKET 108 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 28 day supply per fill); QL (28 Packs per 28 days); SP
ORLADEYO ORAL PACKET 132 MG	T5	PA; SO (Eligible members must be enrolled SaveOn for coverage); SP (Limited to a 28-day supply per fill); QL (28 Packs per 28 days); SP
ORLADEYO ORAL PACKET 72 MG, 96 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 28-day supply per fill); QL (28 Packs per 28 days); SP
orlistat oral	Non-Formulary	
ORLYNVAH	Non-Formulary	
ORMALVI	T5	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
orphenadrine citrate er	T2	
orphenadrine-asa-caffeine	Non-Formulary	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG	Non-Formulary	
ORQUIDEA	Tier 8	PV
ORSERDU	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
ORTHAPHEN	Non-Formulary	
ortho df	Non-Formulary	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	Non-Formulary	
ORTIKOS	Non-Formulary	
orudis	Non-Formulary	
oscimin sr	T2	
oseltamivir phosphate oral capsule	T2	QL (10 capsules per 1 fill)
oseltamivir phosphate oral suspension reconstituted	T2	QL (120 ML per 1 fill)
OSENI	Non-Formulary	
OSMOLEX ER	Non-Formulary	
OSMOPREP	T4	
OSPHENA	T3	ST
OSPOMYV	Non-Formulary	
OTEZLA ORAL TABLET 20 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); QL (60 Tablets per 30 days); SP
OTEZLA ORAL TABLET 30 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 pack per 1 year); SP
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); QL (1 Pack per 1 Year); SP
OTEZLA XR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); QL (30 Tablets per 30 days); SP
OTEZLA/OTEZLA XR INITIATION PK	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); QL (1 Pack per 1 Lifetime); SP
oto-end 10	T2	
OTOVEL	T3	AL (Min 6 Months and Max 17 Years)

Medication	Coverage Level	Restrictions
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	Non-Formulary	
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Formulary	
OVACE PLUS	Non-Formulary	
OVACE PLUS WASH	Non-Formulary	
OVACE WASH	Non-Formulary	
OVCON-35 (28)	T4	
OVIDE	T4	
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3	SP
OXANDRIN	T4	
oxaprozin oral capsule	Non-Formulary	
oxaprozin oral tablet	T3	
oxazepam	T2	
oxcarbazepine	T2	
oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg	T5	ST; QL (30 tablets per 30 days)
oxcarbazepine er oral tablet extended release 24 hour 600 mg	T5	ST; QL (120 tablets per 30 days)
OXERVATE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (8 weeks per 1 lifetime); SP
oxiachlo	Non-Formulary	
oxiaice	Non-Formulary	
oxianuji	Non-Formulary	
oxiavar	Non-Formulary	
oxiavary	Non-Formulary	
oxiconazole nitrate	T4	ST; QL (60 GM per 30 days)
OXISTAT EXTERNAL LOTION	Non-Formulary	
oxopid	Non-Formulary	
oxopidaxiaqup	Non-Formulary	
OXTELLAR XR	Non-Formulary	
oxybutynin chloride er	T2	
oxybutynin chloride oral solution	T2	
oxybutynin chloride oral syrup	T2	
oxybutynin chloride oral tablet 2.5 mg	Non-Formulary	
oxybutynin chloride oral tablet 5 mg	T2	

Medication	Coverage Level	Restrictions
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg	T3	QL (60 tablets per 30 days)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 15 mg	T3	QL (62 tablets per 30 days)
oxycodone hcl oral capsule	Non-Formulary	
oxycodone hcl oral concentrate 20 mg/ml	T2	
oxycodone hcl oral solution	T2	
oxycodone hcl oral tablet	T2	
oxycodone hcl oral tablet abuse-deterrent 15 mg	T2	
oxycodone-acetaminophen oral solution	Non-Formulary	
oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg	Non-Formulary	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	T2	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	Non-Formulary	
oxymetazoline hcl external	T4	ST; QL (30 GM per 30 days); AL (Min 18 Years)
oxymorphone hcl	T3	ST
oxymorphone hcl er	T3	ST; QL (60 tablets per 30 days)
OXYTROL	Non-Formulary	
OZEMPIC	Non-Formulary	
OZEMPIC (0.25 OR 0.5 MG/DOSE)	Non-Formulary	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Non-Formulary	
OZEMPIC (2 MG/DOSE)	Non-Formulary	
OZOBAX	Non-Formulary	
OZOBAX DS	Non-Formulary	
PACERONE ORAL TABLET 100 MG	T3	QL (30 tablets per 30 days)
PACERONE ORAL TABLET 200 MG	T2	
PACERONE ORAL TABLET 400 MG	T3	
PALFORZIA (1 MG DAILY DOSE)	T5	PA; SP (Limited to a 1-month supply per fill.)
PALFORZIA (12 MG DAILY DOSE)	T5	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (120 MG DAILY DOSE)	T5	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (160 MG DAILY DOSE)	T5	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
PALFORZIA (20 MG DAILY DOSE)	T5	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (200 MG DAILY DOSE)	T5	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (240 MG DAILY DOSE)	T5	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (3 MG DAILY DOSE)	T5	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (300 MG MAINTENANCE)	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (300 MG TITRATION)	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (40 MG DAILY DOSE)	T5	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (6 MG DAILY DOSE)	T5	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (80 MG DAILY DOSE)	T5	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA INITIAL DOSE 1-3YRS	T5	PA; SP (Limited to a 1-month supply per fill.)
PALFORZIA INITIAL ESCALATION	T5	PA; SP (Limited to a 1 month supply per fill)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	T3	QL (30 tablets per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	T3	QL (60 tablets per 30 days)
PALSONIFY	Non-Formulary	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days); SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days); SP
PAMELOR ORAL CAPSULE	T4	SP (Generic substitution mandatory.)

Medication	Coverage Level	Restrictions
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill)
PANDA MASK LARGE	T4	QL (4 masks per 1 year)
PANDA MASK MEDIUM	T4	QL (4 masks per 1 year)
PANDA MASK SMALL	T4	QL (4 masks per 1 year)
PANDEL	Non-Formulary	
PANOXYL EXTERNAL BAR 10 %	Non-Formulary	
PANOXYL WASH	Non-Formulary	
pantoprazole sodium oral packet	Non-Formulary	
pantoprazole sodium oral tablet delayed release	T4	
PARAFON FORTE DSC	Non-Formulary	
paregoric	Non-Formulary	
paricalcitol oral	T3	
PARLODEL	T4	
PARNATE	T4	
paromomycin sulfate oral	T2	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	T3	QL (30 tablets per 30 days)
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	T3	QL (60 tablets per 30 days)
paroxetine hcl oral suspension	T3	
paroxetine hcl oral tablet	T1	
paroxetine mesylate	Non-Formulary	
PATADAY OPHTHALMIC SOLUTION 0.1 %	T4	QL (5 ML per 30 years)
PATADAY OPHTHALMIC SOLUTION 0.2 %	T4	ST; QL (2.5 ML per 30 days)
PATANASE	T4	
PATANOL	T4	
PAXIL	T4	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 37.5 MG	T4	ST; QL (30 tablets per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	T4	ST; QL (60 tablets per 30 days)
PAXLOVID (150/100)	T5	SP (Limited to 1 fill per year); QL (1 pack per 1 year)
PAXLOVID (300/100)	T5	SP (Limited to 1 fill per year); QL (1 pack per 1 year)
PAZEO	Non-Formulary	

Medication	Coverage Level	Restrictions
pazopanib hcl oral tablet 200 mg	T2	PA; QL (120 tablets per 30 days); SP
pazopanib hcl oral tablet 400 mg	T2	PA; QL (60 Tablets per 30 days)
pb-hyoscy-atropine-scopolamine oral tablet	Non-Formulary	
pc pediatric iron drops	T2	AL (Min 6 Months and Max 12 Months)
PCE	T3	
pediatric medium mask	T4	QL (4 masks per 1 year)
PEDIATRIC PANDA MASK	T4	QL (4 masks per 1 year)
pediatric small mask	T4	QL (4 masks per 1 year)
pedipak	Non-Formulary	
peg 3350 oral powder	Non-Formulary	
peg 3350-kcl-na bicarb-nacl	Tier 8	PV
peg-3350/electrolytes	Tier 8	PV
peg-3350/electrolytes/ascorbat	Tier 8	PV
PEGANONE	T4	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T5	SP (Limited to a 1 month supply per fill); QL (48 Treatments per 1 Lifetime); SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	SP (Limited to a 1 month supply per fill); QL (48 treatments per 1 lifetime); SP
PEG-PREP	Tier 8	PV
PELLIX	Non-Formulary	
PEMAZYRE	T5	PA; SP (Limited to a 1 month supply per fill); QL (14 tablets per 21 days)
PEMGARDA	Non-Formulary	
PEMRYDI RTU INTRAVENOUS SOLUTION 500 MG/50ML	Non-Formulary	
PENBRAYA	Tier 7	PV; QL (2 doses per 1 lifetime)
penciclovir	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (5 GM per 6 monthss)
penicillamine oral capsule	Non-Formulary	
penicillamine oral tablet	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
penicillin v potassium	T2	
penmenvy	Tier 7	PV; QL (2 doeses per 1 lifetime)
PENNSAID TRANSDERMAL	Non-Formulary	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 7	PV

Medication	Coverage Level	Restrictions
pentamidine isethionate inhalation	T2	
PENTASA	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (240 capsules per 30 days)
pentazocine-naloxone hcl	T3	ST
pentoxifylline er	T2	
PEPCID ORAL TABLET	Non-Formulary	
perampanel oral suspension	T5	QL (680 ML per 30 days); AL (Min 4 Years and Max 12 Years)
perampanel oral tablet	T5	QL (30 Tablets per 30 Days); AL (Min 12 Years)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T4	
PERFOROMIST	Non-Formulary	
PERIDEX	T4	
perindopril erbumine	T2	
permethrin external cream	T2	
permethrin external lotion	Non-Formulary	
perphenazine oral tablet 2 mg, 4 mg, 8 mg	T2	
perphenazine-amitriptyline	T2	
PERTZYE	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill)
PEXEVA	Non-Formulary	
PHEBURANE	Non-Formulary	
phedrax	Non-Formulary	
phenazopyridine hcl oral tablet 100 mg, 200 mg	T2	
phendimetrazine tartrate	T2	
phendimetrazine tartrate er	T2	
phenelzine sulfate oral	T2	
phenobarbital oral elixir	T2	
phenobarbital oral tablet	T2	
phenoxybenzamine hcl oral	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
phentermine hcl oral capsule	T2	
phentermine hcl oral tablet 37.5 mg	T2	
phentermine hcl oral tablet 8 mg	Non-Formulary	
phentermine-topiramate er	T3	ST
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	T2	
PHENYTEK	T3	
phenytoin oral	T2	

Medication	Coverage Level	Restrictions
phenytoin sodium extended	T2	
pheoxia	Non-Formulary	
PHEXX	T4	QL (1 Tube per 30 days)
PHEXXI	T4	QL (12 tubes per 30 days)
PHILITH	T2	PV
PHLAG SPRAY	Non-Formulary	
PHOS-FLUR	T2	
PHOSLO	T4	
PHOSLYRA	T4	ST
phos-nak	Non-Formulary	
PHOSPHA 250 NEUTRAL	Non-Formulary	
phosphate laxative oral solution 2.7-7.2 gm/15ml	Tier 8	PV
PHOSPHOLINE IODIDE	T3	
PHRENILIN FORTE ORAL CAPSULE 50-650 MG	T3	
PHYRAGO	Non-Formulary	
phytonadione injection solution 1 mg/0.5ml	T4	
phytonadione oral	T2	QL (3 tablets per 30 Days)
pidprogtar	Non-Formulary	
PIFELTRO	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	T2	
pilocarpine hcl ophthalmic solution 1.25 %	Non-Formulary	
pilocarpine hcl oral	T2	QL (120 tablets per 30 days)
PILOPINE HS	T3	
pimecrolimus	T2	QL (30 GM per 30 days)
pimozide oral tablet 1 mg	T2	QL (300 tablets per 30 days)
pimozide oral tablet 2 mg	T2	QL (150 tablets per 30 days)
PIMTREA	Tier 8	PV
pindolol	T2	
pioglitazone hcl	T2	
pioglitazone hcl-glimepiride	Non-Formulary	
pioglitazone hcl-metformin hcl	T2	
PIP BLOOD GLUCOSE TEST STRIP	T4	ST; QL (200 test strips per 30 days)
PIP GLUCOSE CONTROL SOLUTION	T4	
pip lancets 28g	T3	
pip lancets 30g	T3	

Medication	Coverage Level	Restrictions
PIQRAY (200 MG DAILY DOSE)	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days); SP
PIQRAY (250 MG DAILY DOSE)	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days); SP
PIQRAY (300 MG DAILY DOSE)	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days); SP
pirfenidone oral capsule	T2	PA; QL (270 capsules per 30 days); SP
pirfenidone oral tablet 267 mg, 534 mg	Non-Formulary	
pirfenidone oral tablet 801 mg	T2	PA; QL (90 tablets per 30 days); SP
piroxicam oral	T2	
pitavastatin calcium	T2	ST; QL (30 tablets per 30 days)
PIVYA	Non-Formulary	
PLAN B ONE-STEP	Tier 8	PV
PLAQUENIL	T4	
PLAVIX ORAL TABLET 75 MG	T4	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	ST; SP (Limited to a 1 month supply per fill); DX (Prior Authorization not required when billed with Multiple Sclerosis diagnosis code G35 or G35.A - G35.D); SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	ST; SP (Limited to a 1 month supply per fill); DX (Prior Authorization not required when billed with Multiple Sclerosis diagnosis code G35 or G35.A - G35.D); SP
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	ST; SP (Limited to a 1 month supply per fill); DX (Prior Authorization not required when billed with Multiple Sclerosis diagnosis code G35 or G35.A - G35.D); QL (2 pens per 28 days); SP

Medication	Coverage Level	Restrictions
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	ST; SP (Limited to a 1 month supply per fill); DX (Prior Authorization not required when billed with Multiple Sclerosis diagnosis code G35 or G35.A - G35.D); QL (2 syringes per 28 days); SP
PLENITY	Non-Formulary	
plenura	Non-Formulary	
PLENVU	T4	
PLEXION CLEANSER EXTERNAL LIQUID	Non-Formulary	
PLEXION CLEANSING CLOTH EXTERNAL PAD	Non-Formulary	
PLEXION EXTERNAL CREAM	Non-Formulary	
PLEXION NS	Non-Formulary	
PLIAGLIS EXTERNAL CREAM	Non-Formulary	
PNEUMOVAX 23	Tier 7	PV; QL (3 doses per 1 lifetime)
pnv tabs 29-1	T2	
pnv-dha	T2	
pnv-dha+docusate	T2	
pnv-omega	T2	
pnv-select	T2	
podocon	Non-Formulary	
PODOCON-25	Non-Formulary	
podofilox external gel	T4	ST
podofilox external solution	T2	
podoxia	Non-Formulary	
podprogtar	Non-Formulary	
podtar	Non-Formulary	
POGO AUTOMATIC TEST CARTRIDGES	T4	
POKONZA	Non-Formulary	
polyethylene glycol 3350 oral packet	Non-Formulary	
POLY-IRON 150	Non-Formulary	
polymyxin b-trimethoprim	T2	
POLYTRIM	T4	
POLY-VI-FLOR ORAL TABLET CHEWABLE	Non-Formulary	
POLY-VI-FLOR/IRON	Non-Formulary	
pomalidomide	T2	PA; SP
POMALYST ORAL CAPSULE 1 MG, 3 MG	Non-Formulary	SP ( )
POMALYST ORAL CAPSULE 2 MG, 4 MG	Non-Formulary	

Medication	Coverage Level	Restrictions
PONVORY	T5	ST; SP (Limited to a 1 month supply per fill); DX (Prior Authorization not required when billed with Multiple Sclerosis diagnosis code G35 or G35.A - G35.D); QL (30 tablets per 30 days); SP
PONVORY STARTER PACK	T5	ST; SP (Limited to a 1 month supply per fill); DX (Prior Authorization not required when billed with Multiple Sclerosis diagnosis code G35 or G35.A - G35.D); QL (1 pack per 2 years); SP
PORTIA-28	Tier 8	PV
posaconazole oral suspension	T2	QL (450 ML per 30 days)
posaconazole oral tablet delayed release	T2	QL (180 tablets per 30 days)
POSFREA	Non-Formulary	
pot & sod cit-cit ac	T2	
POTABA ORAL CAPSULE	Non-Formulary	
potassium chloride crys er oral tablet extended release 15 meq, 20 meq	T2	
potassium chloride er oral capsule extended release	T2	
potassium chloride er oral tablet extended release 10 meq, 15 meq, 8 meq	T2	
potassium chloride oral packet 20 meq	T2	
potassium chloride oral packet 40 meq	Non-Formulary	
potassium chloride oral solution 10 %	T4	AL (Max 9 Years)
potassium chloride oral solution 40 meq/15ml (20%)	Non-Formulary	
potassium citrate er	T2	
potassium citrate-citric acid oral solution	T2	
potassium iodide (expectorant)	T3	
potassium iodide oral solution	T3	
POTIGA	T4	ST; QL (90 tablets per 30 days)
povidone-iodine ophthalmic	Non-Formulary	
PR BENZOYL PEROXIDE WASH	Non-Formulary	
PR NATAL 400	T2	
PR NATAL 400 EC	T2	
PR NATAL 430	T2	
PR NATAL 430 EC	T2	

Medication	Coverage Level	Restrictions
PRADAXA ORAL CAPSULE	T4	QL (62 capsules per 31 days)
PRADAXA ORAL PACKET	Non-Formulary	
PRAKETAMIDE	Non-Formulary	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; QL (2 pens per 28 days)
pramipexole dihydrochloride	T2	
pramipexole dihydrochloride er	T4	ST; QL (30 tablets per 30 days)
PRAMOSONE	Non-Formulary	
pramoxine-hc external cream	Non-Formulary	
PRANDIMET	T4	
PRANDIN	T4	
PRASCION FC	T2	
PRASCION RA	T2	
prasugrel hcl	T2	QL (31 tablets per 31 days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	T4	
pravastatin sodium	T2	PV
prazosin hcl oral	T2	
PRECISION PCX	T4	ST; QL (200 strips per 30 days)
PRECISION PCX PLUS TEST	T4	ST; QL (200 strips per 30 days)
PRECISION POINT OF CARE TEST	T4	ST; QL (200 strips per 30 days)
PRECISION QID TEST	T4	ST; QL (200 strips per 30 days)
PRECISION XTRA BLOOD GLUCOSE	T4	ST; QL (200 strips per 30 days)
PRECOSE	T4	
PRED FORTE	T4	
PRED MILD	T4	
PRED-G	T3	
PRED-G S.O.P.	T4	
prednicarbate	T2	
prednisolone acetate ophthalmic	T2	
prednisolone oral solution	T2	
prednisolone oral tablet	Non-Formulary	
prednisolone sodium phosphate ophthalmic	T2	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	T2	
prednisolone sodium phosphate oral solution 20 mg/5ml	Non-Formulary	
prednisolone-bromfenac ophthalmic solution	Non-Formulary	
prednisolone-gatifloxacin ophthalmic solution	Non-Formulary	
prednisolon-gatiflox-bromfenac ophthalmic solution	Non-Formulary	

Medication	Coverage Level	Restrictions
PREDNISONE INTENSOL	T3	
prednisone oral solution	T3	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg	T1	
prednisone oral tablet 50 mg	T3	
prednisone oral tablet delayed release	Non-Formulary	
prednisone oral tablet therapy pack 5 mg (21)	T2	
PREFERA OB ORAL TABLET 28-6-1 MG	T4	
PREFERAOB ONE	T4	
PREFEST	T4	
pregabalin er	Non-Formulary	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	T2	QL (120 capsules per 30 days)
pregabalin oral capsule 200 mg	T2	QL (90 CAPSULES per 30 Days)
pregabalin oral capsule 225 mg	T2	QL (60 capsules per 30 days)
pregabalin oral capsule 300 mg	T2	QL (60 CAPSULES per 30 days)
pregabalin oral solution	T2	QL (473 ML per 30 days)
PREGNYL	T4	SP
PREMARIN ORAL	Non-Formulary	
PREMARIN VAGINAL	T4	ST
premium blood glucose test	T4	ST; QL (200 strips per 30 days)
PREMPHASE	T3	
PREMPRO	T3	
prena 1 true	T2	
prena1	T2	
prena1 pearl	T2	
prenafirst	T2	
prenaissance	T2	
prenaissance plus	T2	
prenaplus	T2	
PRENATA	T4	
prenatabs fa oral tablet 29-1 mg	T2	
PRENATABS RX	T2	
prenatal (w/iron & fa)	Tier 8	PV
prenatal 19 oral tablet 29-1 mg	T4	QL (30 tablets per 30 days)
prenatal 19 oral tablet chewable 29-1 mg	T2	QL (30 tablets per 30 days)
prenatal complete oral tablet	Tier 8	PV
prenatal multi +dha oral capsule 27-0.8-250 mg	Tier 8	PV
prenatal one daily	Tier 8	PV
prenatal oral tablet 27-0.8 mg, 28-0.8 mg	Tier 8	PV

Medication	Coverage Level	Restrictions
prenatal plus	T2	
prenatal plus iron	Tier 8	PV
prenatal plus vitamin/mineral	T4	
prenatal/iron oral tablet 28-0.8 mg	Tier 8	PV
PRENATAL-U	T2	
PRENATE AM	T4	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG, 28-0.6-0.4-300 MG	T4	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG, 26-0.6-0.4 MG	T4	
PRENATE ENHANCE	T4	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T4	QL (30 capsules per 30 days)
PRENATE PIXIE	T4	QL (30 capsules per 30 days)
PRENATE RESTORE	T4	
PRENATE STAR	T4	
prenova	Non-Formulary	
PREPIDIL	T4	
PRESERA	Non-Formulary	
PRESTALIA	T4	ST; QL (30 tablets per 30 days)
pretomanid	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PREVACID 24HR	Non-Formulary	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	Non-Formulary	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG	Non-Formulary	
PREVALITE	T2	
PREVIDENT	T4	
PREVIDENT 5000 BOOSTER	T4	
PREVIDENT 5000 KIDS	T4	
PREVIDENT 5000 ORTHO DEFENSE	T4	
PREVIDENT 5000 PLUS	T4	
PREVNAR 13	Tier 7	PV; QL (2 doses per 1 lifetime)
PREVNAR 20	Tier 7	PV
PREVYMIS ORAL PACKET 120 MG	T5	PA; SP (Limited to a 1-month supply per fill); QL (30 Packs per 30 days)
PREVYMIS ORAL PACKET 20 MG	T5	PA; SP (Limited to a 1-month supply per fill); QL (120 Packs per 30 days)

Medication	Coverage Level	Restrictions
PREVYMIS ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
PREZCOBIX ORAL TABLET 675-150 MG	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 Days)
PREZCOBIX ORAL TABLET 800-150 MG	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PREZISTA ORAL SUSPENSION	T5	SP (Limited to a 1 month supply per fill)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T5	SP (Limited to a 1 month supply per fill)
PRIFTIN	T3	
prilovix	Non-Formulary	
primaquine phosphate oral	T2	
primidone oral tablet 125 mg	Non-Formulary	
primidone oral tablet 250 mg, 50 mg	T1	
PRIMLEV	Non-Formulary	
PRIMSOL	Non-Formulary	
PRINIVIL	T4	
PRIORIX	Tier 7	PV; QL (2 doses per 1 lifetime)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	T4	QL (60 tablets per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	T4	QL (30 tablets per 30 days)
PROAIR RESPICLICK	Non-Formulary	
probenecid oral	T2	
PROBUPHINE IMPLANT KIT	Non-Formulary	
PROCARDIA XL	T4	
PROCENTRA	T2	
prochamber vhc	T2	QL (4 EA per 365 days)
prochlorperazine	T2	
prochlorperazine maleate oral	T1	
PROCRIT	T5	SP (Limited to a 1 month supply per fill); SP
PROCTOCORT RECTAL SUPPOSITORY	Non-Formulary	
PROCTOFOAM HC EXTERNAL	T3	QL (2 cans per 30 days)
PROCYSBI ORAL CAPSULE DELAYED RELEASE	Non-Formulary	
PRODIGY CONTROL SOLUTION IN VITRO SOLUTION LOW	T4	
PRODIGY LANCETS 26G	T3	

Medication	Coverage Level	Restrictions
PRODIGY LANCETS 28G	T3	
PRODIGY LANCING DEVICE	T4	
PRODIGY NO CODING BLOOD GLUC IN VITRO	T4	ST; QL (200 strips per 30 days)
PRODIGY TWIST TOP LANCETS 28G	T3	
PROFENO	Non-Formulary	
PROFERRIN-FORTE	Non-Formulary	
PROFILNINE	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
PROFINAC	Non-Formulary	
progesterone intramuscular	T2	SP
progesterone micronized oral	T2	
progesterone oral	T2	
progesterone vaginal	T5	SP (Employer's plan rider determines infertility treatment coverage); QL (84 Inserts per 28 days)
PROGLYCEM	Non-Formulary	
PROGRAF ORAL CAPSULE	T4	
PROGRAF ORAL PACKET	T4	AL (Max 9 Years)
PROLATE	Non-Formulary	
PROLENSA	Non-Formulary	
PROMACTA ORAL PACKET	Non-Formulary	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	Non-Formulary	
PROMACTA ORAL TABLET 50 MG	Non-Formulary	SP ( )
promethazine hcl oral solution 6.25 mg/5ml	T2	
promethazine hcl oral syrup	T2	
promethazine hcl oral tablet	T2	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T2	
promethazine vc plain oral solution	T2	
promethazine vc/codeine	T2	
promethazine-codeine oral syrup	T2	
promethazine-dm oral syrup 6.25-15 mg/5ml	T2	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T4	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	Non-Formulary	
PROMETRIUM	T4	
PROMISEB	Non-Formulary	

Medication	Coverage Level	Restrictions
PROMISEB COMPLETE	Non-Formulary	
PRONAL	Non-Formulary	
prooxia	Non-Formulary	
propafenone hcl	T2	
propafenone hcl er	T2	
propantheline bromide oral	T2	
PROPECIA	Non-Formulary	
propranolol hcl er	T2	
propranolol hcl intravenous	T2	
propranolol hcl oral	T1	
propranolol-hctz	T2	
propylthiouracil oral	T2	
PROSCAR	T4	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG	Non-Formulary	
protriptyline hcl	T3	
PROVENTIL HFA	Non-Formulary	
provenza	Non-Formulary	
PROVERA	T4	
PROVIDA OB	T4	
PROVIGIL ORAL TABLET 100 MG	T4	QL (31 tablets per 31 days)
PROVIGIL ORAL TABLET 200 MG	T4	QL (62 tablets per 31 days)
PROZAC ORAL CAPSULE	T4	
PROZAC WEEKLY	T4	ST
prucalopride succinate	T2	QL (30 Tablets per 30 days)
PRUCLAIR	Non-Formulary	
PRUDOXIN	Non-Formulary	
PRUMYX	Non-Formulary	
PRURADIK	Non-Formulary	
PRUTECT	Non-Formulary	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	T2	
pseudoephedrine hcl oral tablet 60 mg	Non-Formulary	
PULMICORT FLEXHALER	T2	QL (1 inhaler per 28 days)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 1 MG/2ML	T4	QL (120 ML per 30 days)
PULMICORT INHALATION SUSPENSION 0.5 MG/2ML	T4	QL (240 ML per 30 days)

Medication	Coverage Level	Restrictions
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
PURALOR CI	Non-Formulary	
purazil	Non-Formulary	
purefe plus	Non-Formulary	
purevit dualfe plus	Non-Formulary	
PURIXAN	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
px stop smoking aid mouth/throat lozenge	Tier 8	PV
PYLERA	T4	ST
PYQUVI	Non-Formulary	
pyrazinamide oral	T2	
PYRIDIUM	T4	
pyridostigmine bromide er oral tablet extended release	T3	QL (60 tablets per 30 days)
pyridostigmine bromide oral solution	T3	QL (946 ML per 30 days)
pyridostigmine bromide oral tablet 60 mg	T2	
pyril d	T4	
pyrilamine-phenylephrine oral suspension	T2	
pyrimethamine oral	T5	PA; SP (Limited to a 1 month supply per fill); SP
PYRUKYND	T5	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
PYZCHIVA	Non-Formulary	
QBRELIS	T4	QL (150 ml per 30 days); AL (Max 9 Years)
QBREXZA	Non-Formulary	
qc aspirin low dose	T2	PV
qc aspirin oral tablet	Non-Formulary	
qc magnesium citrate	Tier 8	PV
qc milk of magnesia	Tier 8	PV
qc natura-lax	Tier 8	PV
QDOLO	Non-Formulary	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	T4	ST; QL (30 capsules per 30 days); AL (Min 6 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG	T4	ST; QL (60 capsules per 30 days); AL (Min 6 Years)

Medication	Coverage Level	Restrictions
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	T4	ST; QL (90 capsules per 30 days); AL (Min 6 Years)
QFITLIA SUBCUTANEOUS SOLUTION	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (1 vial (0.2ml) per 28 Days)
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (1 auto-injector (0.5ml) per 28 days)
QINLOCK	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
QLOSI	Non-Formulary	
QMIIZ ODT	Non-Formulary	
QNASL	Non-Formulary	
QNASL CHILDRENS	Non-Formulary	
QSYMIA	T4	ST
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier 7	PV
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 7	PV
QUALAQUIN	T4	
quazepam	Non-Formulary	
QUDEXY XR	Non-Formulary	
QUESTRAN LIGHT ORAL POWDER	T4	
QUESTRAN ORAL POWDER	T4	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	T2	QL (30 tablets per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	T2	QL (60 tablets per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	T1	
quetiapine fumarate oral tablet 150 mg	T2	
QUFLORA FE	Non-Formulary	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML	Non-Formulary	
QUFLORA PEDIATRIC ORAL SUSPENSION 0.25 MG/ML	Non-Formulary	
quidroxzar	Non-Formulary	
quihoxaxia	Non-Formulary	
QUILLICHEW ER	T4	ST; QL (30 tablets per 30 days); AL (Min 4 Years and Max 9 Years)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	T4	ST; QL (360 ML per 30 days); AL (Min 4 Years and Max 9 Years)
quinapril hcl	T2	

Medication	Coverage Level	Restrictions
quinapril-hydrochlorothiazide	T2	
quinidine gluconate er	T5	SP (Limited to a 1 month supply per fill)
quinidine sulfate er	T2	
quinidine sulfate oral	T1	
quinine sulfate oral	T2	
QUINTET AC BLOOD GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
QUINTET BLOOD GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
QUIOFIC	Non-Formulary	
quitar	Non-Formulary	
QULIPTA	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
QUVIVIQ	Non-Formulary	
QUZYTTIR	Non-Formulary	
QVAR REDIHALER	T3	
ra aspirin adult low dose	T2	PV
ra aspirin ec oral tablet delayed release 325 mg	Non-Formulary	
ra aspirin ec oral tablet delayed release 81 mg	T2	PV
ra aspirin oral tablet 325 mg	Non-Formulary	
ra balanced b-100	Tier 8	PV; AL (Max 50 Years)
ra folic acid	Tier 8	PV; AL (Max 50 Years)
ra laxative oral tablet delayed release	Tier 8	PV
ra milk of magnesia oral suspension	Tier 8	PV
ra mini nicotine	Tier 8	PV
ra nicotine mouth/throat	Tier 8	PV
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	Tier 8	PV
ra one daily	Tier 8	PV
ra prenatal	Tier 8	PV
RABAVERT	Tier 7	PV
rabeprazole sodium oral tablet delayed release	T4	
RADICAVA ORS	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (50 ML per 28 days); SP
RAGWITEK	T4	AL (Min 18 Years and Max 65 Years)
RALDESY	T4	QL (150 ML per 30 days); AL (Max 9 Years)
raloxifene hcl	T2	PV

Medication	Coverage Level	Restrictions
ramelteon	T2	QL (30 tablets per 30 days)
ramipril	T1	
RANEXA	T4	
ranitidine hcl oral tablet 150 mg, 300 mg	T4	
ranolazine er	T2	
RAPAFLO	Non-Formulary	
RAPAMUNE	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
rasagiline mesylate oral	T2	QL (30 tablets per 30 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	T4	ST; QL (4 syringes per 28 days)
RAVICTI	Non-Formulary	SP ( )
RAYALDEE	Non-Formulary	
rayasal	Non-Formulary	
RAZADYNE ER	T4	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); DX (Prior Authorization not required when billed with Multiple Sclerosis diagnosis code G35 or G35.A - G35.D); QL (6 ML per 28 days); SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); DX (Prior Authorization not required when billed with Multiple Sclerosis diagnosis code G35 or G35.A - G35.D); QL (6 ML per 28 days); SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); DX (Prior Authorization not required when billed with Multiple Sclerosis diagnosis code G35 or G35.A - G35.D); QL (6 ML per 28 days); SP

Medication	Coverage Level	Restrictions
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); DX (Prior Authorization not required when billed with Multiple Sclerosis diagnosis code G35 or G35.A - G35.D); QL (6 ML per 28 days); SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)
RECEDO	Non-Formulary	
RECLIPSEN	Tier 8	PV
RECOMBINATE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (55200 billable units per 28 days)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	Tier 7	PV; QL (3 doses per 1 Lifetime)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	Tier 7	PV; QL (3 doses per 1 Lifetime)
RECORLEV	Non-Formulary	
RECTIV	Non-Formulary	
REDEMPLO	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to 1 fill per 84 days); QL (1 syringe per 84 days)
REFISSA	Non-Formulary	
REFUAH PLUS BLOOD GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
REFUAH PLUS GLUCOSE CONTROL	T4	
REGLAN ORAL	T4	
REGRANEX	T5	ST; SP (Limited to a 1 month supply per fill)
RELADOR PAK EXTERNAL KIT	Non-Formulary	
RELADOR PAK PLUS	Non-Formulary	
RELAFEN DS	Non-Formulary	

Medication	Coverage Level	Restrictions
RELAGARD	T4	
RELENZA DISKHALER	T4	
RELEUKO INJECTION SOLUTION 300 MCG/ML	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); SP
releuko injection solution 480 mcg/1.6ml	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); SP
releuko subcutaneous	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); SP
RELEXXII	Non-Formulary	
RELION BLOOD GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
RELION CONFIRM/MICRO TEST	T4	ST; QL (200 strips per 30 days)
RELION PRIME TEST	T4	ST; QL (200 strips per 30 days)
RELISTOR ORAL	Non-Formulary	
RELISTOR SUBCUTANEOUS KIT	Non-Formulary	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	Non-Formulary	
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Formulary	
relivyx plus	BE	
RELPAX	Non-Formulary	
RELTONE	Non-Formulary	
RELYVRIO	Non-Formulary	
RELYYKS	Non-Formulary	
REMERON	T4	
REMERON SOLTAB	T4	
REMICADE	Non-Formulary	
remyda	Non-Formulary	
RENAL ORAL CAPSULE	Non-Formulary	
rena-vite	Tier 8	PV; AL (Max 50 Years)
rena-vite rx	Non-Formulary	
reno caps	Non-Formulary	
RENOVA	Non-Formulary	
RENOVA PUMP	Non-Formulary	
RENOVAR ADV SKIN/WOUND CLEANSE	Non-Formulary	
RENOVAR ADV WOUND IRRIGATION	Non-Formulary	
rensoti	Non-Formulary	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	T2	
RENTHYROID ORAL TABLET 45 MG, 75 MG	Non-Formulary	
RENVELA	Non-Formulary	
repaglinide	T2	

Medication	Coverage Level	Restrictions
REPATHA	T3	ST; DX (Prior Authorization not required when billed with Hypercholesterolemia diagnosis code E78.0-E78.5); QL (2 pens per 28 days)
REPATHA PUSHTRONEX SYSTEM	T3	ST; DX (Prior Authorization not required when billed with Hypercholesterolemia diagnosis code E78.0-E78.5); QL (1 cartridge per 30 days)
REPATHA SURECLICK	T3	ST; DX (Prior Authorization not required when billed with Hypercholesterolemia diagnosis code E78.0-E78.5); QL (2 pens per 28 days)
REPLESTA	Non-Formulary	
REPLESTA CHILDRENS	Non-Formulary	
REPLESTA NX	Non-Formulary	
REQ 49+	Non-Formulary	
reserpine oral	T2	
RESTASIS	Non-Formulary	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Non-Formulary	
restimo	Non-Formulary	
RESTORA RX	Non-Formulary	
RESTORA SPRINKLES	Non-Formulary	
RESTORIL	T4	QL (30 capsules per 30 days); AL (Min 18 Years)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); SP
RETEVMO ORAL TABLET 120 MG, 160 MG	T5	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (60 Tablets per 30 days); SP
RETEVMO ORAL TABLET 40 MG	T5	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (90 Tablets per 30 days); SP
RETEVMO ORAL TABLET 80 MG	T5	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (60 Tablet per 30 days); SP

Medication	Coverage Level	Restrictions
RETIN-A	T4	AL (Max 50 Years)
RETIN-A MICRO	Non-Formulary	
RETIN-A MICRO PUMP	Non-Formulary	
RETROVIR ORAL CAPSULE	T4	
RETROVIR ORAL SYRUP	T4	
REUSABLE COMFORTSEAL MASK-LRG	T4	QL (4 masks per 1 year)
REUSABLE COMFORTSEAL MASK-MED	T4	QL (4 masks per 1 year)
REUSABLE COMFORTSEAL MASK-SML	T4	QL (4 masks per 1 year)
REVATIO ORAL TABLET	Non-Formulary	SP ( )
REVCOVI	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill.)
REVEAL BLOOD GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
revesta	Non-Formulary	
REVLIMID	Non-Formulary	
REVUFORJ ORAL TABLET 110 MG, 160 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
REVUFORJ ORAL TABLET 25 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1-month supply per fill.); QL (120 Tablets per 30 days)
REXTOVY	T3	QL (1 Box per 1 Year)
REXULTI	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
REYATAZ ORAL CAPSULE 200 MG, 300 MG	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
REYATAZ ORAL PACKET	T5	SP (Limited to a 1 month supply per fill)
REYVOW	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (4 tablets per 30 days)
REZDIFFRA	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 18 Years); SP
REZLIDHIA	T5	SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 capsules per 30 days); AL (Min 18 Years)
REZUROCK	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
REZVOGLAR KWIKPEN	Non-Formulary	
RHAPSIDO	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
RHEUMATREX ORAL TABLET 2.5 MG	T3	
RHINOCORT AQUA	Non-Formulary	
RHOFADE	T4	ST; QL (30 GM per 30 days); AL (Min 18 Years)
RHOPRESSA	Non-Formulary	
ribavirin oral capsule	T2	SP
ribavirin oral tablet 200 mg	T2	SP
RIDAURA	T3	
rifabutin	T5	SP (Limited to a 1 month supply per fill)
RIFADIN ORAL	T4	
rifampin oral	T2	
rifapentine	T3	
RIGHTEST GL300 LANCETS	T3	
RIGHTEST GS100 BLOOD GLUCOSE	T4	ST; QL (200 strips per 30 days)
RIGHTEST GS300 BLOOD GLUCOSE	T4	ST; QL (200 strips per 30 days)
RIGHTEST GS550 BLOOD GLUCOSE	T4	ST; QL (200 strips per 30 days)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	T4	ST; QL (200 strips per 30 days)
rilpivirine hcl	T5	SP (Limited to a 1-month supply per fill)
RILUTEK	Non-Formulary	
riluzole	T2	QL (60 tablets per 30 days)
rimantadine hcl	T2	
rimi	Non-Formulary	
RINVOQ	Non-Formulary	
RINVOQ LQ	Non-Formulary	
RIOMET	Non-Formulary	
risedronate sodium oral tablet 150 mg	T2	QL (1 tablets per 30 days)
risedronate sodium oral tablet 30 mg	Non-Formulary	
risedronate sodium oral tablet 35 mg, 5 mg	T2	
risedronate sodium oral tablet delayed release	T3	
RISPERDAL ORAL SOLUTION	T4	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T4	
risperidone oral solution 1 mg/ml	T2	
risperidone oral tablet	T1	

Medication	Coverage Level	Restrictions
risperidone oral tablet dispersible	T3	
RITALIN	T4	AL (Min 4 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	T4	QL (31 capsules per 31 days); AL (Min 4 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG	T4	QL (30 capsules per 30 days); AL (Min 4 Years)
RITALIN SR	T4	AL (Min 4 Years)
RITEFLO	T4	QL (4 chambers per 1 year)
ritonavir	T2	
rivaroxaban oral suspension reconstituted	T2	QL (310 ML per 30 days)
rivaroxaban oral tablet	T2	QL (60 tablets per 30 days)
rivastigmine	T4	QL (30 patches per 30 days)
rivastigmine tartrate	T2	QL (60 capsules per 30 days)
RIVELSA	Non-Formulary	
rixubis	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (73600 billable units per 28 days); AL (Min 21 Years)
RIZAFILM	T2	QL (18 films per 30 days)
rizatriptan benzoate	T2	QL (12 tablets per 30 days)
ROBAXIN ORAL	Non-Formulary	
ROBAXIN-750	Non-Formulary	
ROBINUL INJECTION SOLUTION 0.4 MG/2ML	T4	
ROBINUL ORAL	T4	
ROBINUL-FORTE	T4	
ROCALTROL ORAL CAPSULE	T4	
ROCALTROL ORAL SOLUTION	T4	AL (Max 9 Years)
rocelix	Non-Formulary	
ROCKLATAN	T4	ST
roflumilast	T2	QL (30 tablets per 30 days)
ROGAINE	Non-Formulary	
ROGAINE MENS	Non-Formulary	
ROGAINE MENS EXTRA STRENGTH	Non-Formulary	
ROGAINE WOMENS EXTERNAL SOLUTION	Non-Formulary	
ROMVIMZA	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (8 capsules per 28 days)
ropinirole hcl	T1	
ropinirole hcl er	T2	

Medication	Coverage Level	Restrictions
rositara	Non-Formulary	
ROSULA WASH	Non-Formulary	
rosuvastatin calcium oral tablet 10 mg, 5 mg	T2	PV
rosuvastatin calcium oral tablet 20 mg, 40 mg	T2	
ROSYRAH	Non-Formulary	
ROSZET	Non-Formulary	
rovis	Non-Formulary	
ROWASA RECTAL	T4	
ROXICET ORAL TABLET 5-325 MG	T2	
ROXICODONE ORAL TABLET 15 MG, 30 MG	T4	
roxifol-d	Non-Formulary	
ROXYBOND	T4	
ROZEREM	T4	QL (30 tablets per 30 days); AL (Min 18 Years)
ROZLYTREK ORAL CAPSULE	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 capsules per 30 days); SP
ROZLYTREK ORAL PACKET	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 packets per 30 days); SP
RUBRACA	T5	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
RUCONEST	Non-Formulary	
rufinamide oral suspension 40 mg/ml	T5	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
rufinamide oral tablet	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
RUKOBIA	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
rumilo	Non-Formulary	
RYALTRIS	Non-Formulary	
RYBELSUS	Non-Formulary	
RYCLORA ORAL SYRUP	Non-Formulary	

Medication	Coverage Level	Restrictions
RYDAPT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 21 days); SP
rynoderm	Non-Formulary	
RYTARY	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (360 capsules per 30 days)
RYTHMOL ORAL TABLET 225 MG	T4	
RYTHMOL SR	T4	QL (60 capsules per 30 days)
RYVENT	Non-Formulary	
SABRIL	Non-Formulary	SP ( )
sacubitril-valsartan	T2	QL (60 Tablets per 30 days)
safrycyn	Non-Formulary	
SAFYRAL	Non-Formulary	
SAIZEN	Non-Formulary	SP ( )
SAJAZIR	Non-Formulary	
SALACYN	Non-Formulary	
SALAGEN	T4	QL (120 tablets per 30 days)
SALEX EXTERNAL KIT 6 % (CREAM), 6 % LOTION	Non-Formulary	
SALEX EXTERNAL SHAMPOO	Non-Formulary	
SALICATE	Non-Formulary	
salicylic acid er	Non-Formulary	
salicylic acid external cream	Non-Formulary	
salicylic acid external foam	Non-Formulary	
salicylic acid external liquid 27.5 %	Non-Formulary	
salicylic acid external lotion	Non-Formulary	
salicylic acid external ointment	Non-Formulary	
salicylic acid external shampoo	Non-Formulary	
salicylic acid wart remover	Non-Formulary	
salicylic acid-cleanser	Non-Formulary	
salsalate oral	T2	
SALVAX	Non-Formulary	
SALYCIM	Non-Formulary	
salyntra	Non-Formulary	
SAMSCA	Non-Formulary	SP ( )
SANCTURA	T4	

Medication	Coverage Level	Restrictions
SANCUSO	T5	ST; SP (Limited to a 1 month supply per fill); QL (1 patch per 28 days)
SANDIMMUNE ORAL CAPSULE	T5	SP (Limited to a 1 month supply per fill)
SANDIMMUNE ORAL SOLUTION	T4	
SANTYL	T4	QL (60 GM per 30 days)
SAPHNELO PEN	Non-Formulary	
SAPHNELO SUBCUTANEOUS	Non-Formulary	
SAPHRIS	Non-Formulary	
sapropterin dihydrochloride oral packet	T2	PA; SP
sapropterin dihydrochloride oral tablet	T2	PA; SP
SARAFEM ORAL TABLET 10 MG, 20 MG	Non-Formulary	
saroxia	Non-Formulary	
SAVAYSA	T4	ST; QL (30 tablets per 30 days)
SAVELLA	T4	ST; QL (60 tablets per 30 days)
SAVELLA TITRATION PACK	T4	ST; QL (60 tablets per 30 days)
saxagliptin hcl	T4	ST; QL (30 tablets per 30 days)
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg	T4	ST; QL (60 tablets per 30 days)
saxagliptin-metformin er oral tablet extended release 24 hour 5-500 mg	T4	ST; QL (30 tablets per 30 days)
SAXENDA	BE	
scalacort	Non-Formulary	
SCALPICIN MAXIMUM STRENGTH EXTERNAL SOLUTION	Non-Formulary	
SCARTRATE	Non-Formulary	
SCEMBLIX ORAL TABLET 100 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1-month supply per fill); QL (120 Tablets per 30 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
scopolamine	T2	
SDAMLO	Non-Formulary	
SECTRAL	T4	
SECUADO	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 patches per 30 days); AL (Min 18 Years)
SEGLENTIS	Non-Formulary	
SEGLUROMET	T4	ST; QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 56 day supply per fill); QL (1 syringe per 56 days); SP
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T2	
selegiline hcl oral tablet	T3	
selenium sulfide external lotion	T2	
selenium sulfide external shampoo 2.25 %	T2	
selenium sulfide external shampoo 2.3 %	Non-Formulary	
SELRX	Non-Formulary	
SELZENTRY ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
SELZENTRY ORAL TABLET 150 MG, 300 MG	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
SELZENTRY ORAL TABLET 25 MG, 75 MG	T5	SP (Limited to a 1 month supply per fill)
SEMGLEE	Non-Formulary	
SEMGLEE (YFGN)	Non-Formulary	
se-natal 19 oral tablet chewable	T2	QL (30 tablets per 30 days)
SENSIPAR	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
SEPHIENCE	Non-Formulary	
SEREVENT DISKUS	T3	
SERNIVO	Non-Formulary	
SEROMYCIN	T4	
SEROQUEL	T4	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 50 MG	T4	QL (30 tablets per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG	T4	QL (60 tablets per 30 days)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG, 6 MG	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
sertraline hcl oral capsule	Non-Formulary	
sertraline hcl oral concentrate	T1	
sertraline hcl oral tablet	T1	

Medication	Coverage Level	Restrictions
se-tan plus	Non-Formulary	
SETLAKIN	Tier 8	PV
sevelamer carbonate oral packet	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (90 packets per 30 days)
sevelamer carbonate oral tablet	T2	QL (180 tablets per 30 days)
sevelamer hcl	T2	QL (180 tablets per 30 days)
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 2 MG	T5	SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1-month supply per fill.)
SEYSARA	Non-Formulary	
sf	T2	
sf 5000 plus	T2	
SFROWASA	T4	QL (30 bottles per 30 days)
SHAROBEL	Tier 8	PV
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 7	QL (2 Doses per 1 Lifetime); AL (Min 18 Years)
SIDEROL ORAL LIQUID†	Non-Formulary	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.9 MG/ML	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
SIKLOS	Non-Formulary	
sildenafil citrate oral suspension reconstituted	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL (Max 5 Years); SP
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	T2	QL (15 tablets per 30 days)
sildenafil citrate oral tablet 20 mg	T4	PA; SP
SILENOR	Non-Formulary	
silicone mask/infant	T4	QL (4 masks per 1 year)
silicone mask/pediatric	T4	QL (4 masks per 1 year)

Medication	Coverage Level	Restrictions
SILIQ	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
silodosin	T2	QL (30 capsules per 30 days)
SILVADENE	T4	
silver sulfadiazine external	T2	
SIMBRINZA	T3	
SIMCOR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000-20 MG, 500-20 MG, 500-40 MG, 750-20 MG	T3	QL (62 tablets per 31 days)
SIMCOR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000-40 MG	T3	QL (60 tablets per 30 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 auto-injectors (1.6 ml) per 28 days); SP
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1-month supply per fill.); QL (2 auto-injectors (1.6ml) per 28 days); SP
SIMLANDI (2 PEN)	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 auto-injectors (1.6 ml) per 28 days); SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1-month supply per fill.); QL (2 syringes (0.4ml) per 28 days); SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); QL (4 syringes (1.6 ml) per 28 days); SP
SIMLIYA	Tier 8	PV
SIMPESSE	Tier 8	PV
SIMPLERA SENSOR	Non-Formulary	
SIMPLERA SYNC SENSOR	Non-Formulary	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 auto-syringe per 28 days); SP

Medication	Coverage Level	Restrictions
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 auto-syringe per 28 days); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 syringe per 28 days); SP
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	PV
simvastatin oral tablet 80 mg	T1	
SINELEE	Non-Formulary	
SINEMET CR	T4	
SINGULAIR	T4	
SINUVA	Non-Formulary	
SIOXC	Non-Formulary	
sirolimus oral	T5	SP (Limited to a 1 month supply per fill)
SIRTURO	T5	SP (Limited to a 1 month supply per fill)
sirvana	Non-Formulary	
sitaglipt base-metform hcl er	Non-Formulary	
sitagliptin	Non-Formulary	
sitagliptin base-metformin hcl	Non-Formulary	
sitagliptin phos-metformin hcl	T3	QL (60 tablets per 30 days)
sitagliptin phosphate	T3	QL (30 tablets per 30 days)
SITAVIG	Non-Formulary	
SIVEXTRO	Non-Formulary	
sivora	Non-Formulary	
SKLICE	T4	
SKYCLARYS	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days); AL (Min 16 Years and Max 40 Years)
SKYRIZI PEN	Non-Formulary	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to an 8 week supply per fill); QL (1 kit per 8 weekss); SP

Medication	Coverage Level	Restrictions
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to an 8 week supply per fill); QL (1 kit per 8 weeks); SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Formulary	
SKYTROFA	Non-Formulary	
SLYND	T4	ST; PV; QL (28 tablets per 28 days)
sm aspirin ec	Non-Formulary	
sm aspirin ec low strength	T2	PV
sm aspirin low dose oral tablet chewable	T2	PV
SM CLEARLAX	Tier 8	PV
sm folic acid	Tier 8	PV; AL (Max 50 Years)
sm laxative oral	Tier 8	PV
sm magnesium citrate	Tier 8	PV
sm milk of magnesia oral suspension 400 mg/5ml	Tier 8	PV
sm nicotine polacrilex	Tier 8	PV
sm nicotine transdermal	Tier 8	PV
SMARTEST BLOOD GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
SMARTEST LANCETS 28G	T3	
SMOOTH LAX ORAL PACKET	Non-Formulary	
SOAANZ	Non-Formulary	
sod citrate-citric acid oral solution 500-334 mg/5ml	T2	
sodium chloride inhalation nebulization solution 7 %	T2	
sodium chloride irrigation solution 0.9 %	T2	
sodium citrate oral	T2	
sodium fluoride 5000 enamel dental paste	T2	
sodium fluoride 5000 plus	T2	
sodium fluoride 5000 ppm dental paste	T2	
sodium fluoride dental gel 1.1 %	T2	
sodium fluoride mouth/throat	T2	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	T4	PV
sodium fluoride oral tablet chewable	T1	PV
sodium oxybate	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days)
sodium phenylbutyrate oral powder 3 gm/tsp	T5	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
sodium phenylbutyrate oral tablet	T5	PA; SP (Limited to a 1 month supply per fill)
sodium polystyrene sulfonate oral powder	T2	
sodium sulfacetamide external shampoo	Non-Formulary	
sodium sulfacetamide wash	Non-Formulary	
SOFDRA	Non-Formulary	
sofosbuvir-velpatasvir	T2	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days); SP
SOGROYA	Non-Formulary	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (112 capsules per 28 days)
SOHONOS ORAL CAPSULE 10 MG	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
SOHONOS ORAL CAPSULE 2.5 MG	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (140 capsules per 28 days)
SOHONOS ORAL CAPSULE 5 MG	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (84 capsules per 28 days)
SOLESTA	T4	SP
solifenacin succinate	T2	QL (30 tablets per 30 days)
SOLIQUA	T3	QL (15 ML per 25 days)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	Non-Formulary	
SOLOSEC	Non-Formulary	
SOLTAMOX	Non-Formulary	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG	T3	QL (2 vials per 1 year)
SOMA ORAL TABLET 350 MG	Non-Formulary	
SOMATULINE DEPOT	T5	SP (Limited to a 1 month supply per fill); SP

Medication	Coverage Level	Restrictions
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 30 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
SONAFINE	Non-Formulary	
SONATA	T4	QL (31 capsules per 31 days); AL (Min 18 Years)
SOOLANTRA	T4	ST; QL (45 GM per 30 days)
sorafenib tosylate	T2	PA; QL (120 tablets per 30 days); SP
SORILUX	Non-Formulary	
SORINE	T2	
sorixia	Non-Formulary	
sotalol hcl oral	T2	
SOTYKTU	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
SOTYLIZE	T4	
SOVALDI ORAL PACKET	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); SP
SOVALDI ORAL TABLET 200 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); SP
SOVALDI ORAL TABLET 400 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); SP
SOVUNA	Non-Formulary	
SPECTRACEF	T4	
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Non-Formulary	
SPIKEVAX 6M-11Y	Tier 7	PV
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 7	PV
spinosad	T2	
SPIRIVA HANDIHALER	Non-Formulary	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T3	QL (1 Inhaler per 30 Days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T3	QL (1 Inhaler per 30 days)

Medication	Coverage Level	Restrictions
spironolactone oral suspension 25 mg/5ml	T4	QL (120 ML per 30 Days); AL (Max 9 Years)
spironolactone oral tablet	T1	
spironolactone-hctz	T2	
SPORANOX ORAL CAPSULE	Non-Formulary	
SPORANOX PULSEPAK	Non-Formulary	
SPRINTEC 28	Tier 8	PV
SPRITAM	T4	ST; QL (60 tablets per 30 days)
SPRIX	Non-Formulary	
SPRYCEL	Non-Formulary	
SPS	T2	
SPS (SODIUM POLYSTYRENE SULF)	T2	
SRONYX	Tier 8	PV
SSD	T2	
SSD (SILVER SULFADIAZINE)	T2	
SSKI	T4	
STALEVO 100	T4	
STALEVO 125	T4	
STALEVO 150	T4	
STALEVO 200	T4	
STALEVO 50	T4	
STALEVO 75	T4	
STARJEMZA SUBCUTANEOUS SOLUTION	T5	PA; SP (Limited to a 1-month supply per fill); QL (1 vial per 56 days)
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T5	PA; SP (Limited to a 1-month supply per fill); QL (1 syringe per 56 days)
STARLIX	T4	
stavudine oral capsule	T2	
STAVZOR	T4	ST
STEGLATRO	T4	ST; QL (30 tablets per 30 days)
STEGLUJAN	T4	ST; QL (30 tablets per 30 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Non-Formulary	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Formulary	
STENDRA	Non-Formulary	
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 56 day supply per fill); QL (1 syringe per 56 days); SP

Medication	Coverage Level	Restrictions
STIMATE	T5	SP (Limited to a 1 month supply per fill); SP
STIMUFEND	Non-Formulary	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T3	QL (1 inhaler per 30 days)
STIVARGA	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to 21 day supply per 28 day dispensing.); QL (84 tablets per 28 days); SP
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	T4	QL (62 capsules per 31 days); AL (Min 6 Years)
STRATTERA ORAL CAPSULE 100 MG, 80 MG	T4	QL (30 capsules per 30 days); AL (Min 6 Years)
STRATTERA ORAL CAPSULE 60 MG	T4	QL (31 capsules per 31 days); AL (Min 6 Years)
STRENSIQ	T5	PA; SP (Limited to a 1 month supply per fill)
stress formula/iron	T4	PV
STRIANT	Non-Formulary	
STRIBILD	T5	SP (Limited to a 1 month supply per fill)
STRIVERDI RESPIMAT	T3	DX (Prior Authorization not required when billed with COPD diagnosis code J44.0, J44.1, J44.89 or J44.9); QL (1 inhaler per 30 days)
STROMECTOL	T4	QL (5 tablets per 1 day)
STROVITE FORTE ORAL TABLET	Non-Formulary	
STROVITE ONE	Non-Formulary	
SUBOXONE SUBLINGUAL FILM 12-3 MG	T4	QL (60 films per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG	T4	QL (90 films per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	T4	QL (30 films per 30 days)
SUBVENITE ORAL SUSPENSION	Non-Formulary	
SUBVENITE ORAL TABLET	T2	
SUBVENITE STARTER KIT-BLUE	T2	QL (1 kit per 1 year)
SUBVENITE STARTER KIT-GREEN	T2	QL (1 kit per 1 year)
SUBVENITE STARTER KIT-ORANGE	T2	QL (1 kit per 1 year)
SUCLEAR	T4	
SUCRAID	T5	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
sucralfate oral suspension	T3	
sucralfate oral tablet	T2	
SUDOGEST ORAL TABLET 60 MG	Non-Formulary	
SUFLAVE	T4	
sugammadex sodium intravenous solution prefilled syringe 100 mg/ml	Non-Formulary	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T4	
sulconazole nitrate external cream	T4	ST
sulconazole nitrate external solution	Non-Formulary	
sulfacetamide sodium (acne)	T3	
sulfacetamide sodium (cleans)	T2	
sulfacetamide sodium external liquid	T2	
sulfacetamide sodium ophthalmic	T2	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	Non-Formulary	
sulfacetamide sodium-sulfur external emulsion 10-5 %	T2	
sulfacetamide sodium-sulfur external liquid 10-5 %	T2	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9.8-4.8 %	Non-Formulary	
sulfacetamide sodium-sulfur external lotion 10-5 %	Non-Formulary	
sulfacetamide sodium-sulfur external pad 9.8-4.8 %	Non-Formulary	
sulfacetamide sodium-sulfur external suspension	Non-Formulary	
sulfacetamide sod-sulfur wash external emulsion 10-1 %	Non-Formulary	
sulfacetamide sod-sulfur wash external liquid 9-4 %	Non-Formulary	
sulfacetamide-prednisolone ophthalmic solution	T2	
sulfadiazine oral	T3	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	T2	
sulfamethoxazole-trimethoprim oral tablet	T1	
SULFAMYLON	Non-Formulary	
sulfasalazine oral	T2	
SULFATRIM PEDIATRIC	T2	
sulindac oral	T2	
SUMADAN	T4	
SUMADAN WASH	T4	

Medication	Coverage Level	Restrictions
sumatriptan nasal	T4	QL (8 units per 30 days)
sumatriptan succinate oral	T2	QL (12 tablets per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml	Non-Formulary	
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	T2	QL (8 cartridges per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	T2	
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml	Non-Formulary	
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	T4	QL (8 pens per 30 days)
sumatriptan-naproxen sodium	Non-Formulary	
SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR	Non-Formulary	
SUMAXIN	Non-Formulary	
SUMAXIN CP	Non-Formulary	
SUMAXIN TS	Non-Formulary	
SUMAXIN WASH	Non-Formulary	
sunitinib malate	T2	PA; QL (28 capsules per 28 days); SP
SUNLENCA ORAL TABLET THERAPY PACK	Vaccine - $0 Copay	PA; SP (Limited to 1 fill per year); QL (1 pouch per 1 year)
SUNOSI ORAL TABLET 150 MG	T4	ST; DX (Prior Authorization not required when billed with Narcolepsy or Obstructive Sleep apnea diagnosis code G47.33, G47.411-G47.419 or G47.421-G47.42); QL (30 tablets per 30 days)
SUNOSI ORAL TABLET 75 MG	T4	ST; DX (Prior Authorization not required when billed with Narcolepsy or Obstructive Sleep apnea diagnosis code G47.33, G47.411-G47.419 or G47.421-G47.429); QL (30 tablets per 30 days)
SUPARTZ INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	Non-Formulary	
SUPER QUINTS B-50	Tier 8	PV; AL (Max 50 Years)
SUPERVITE	Non-Formulary	
SUPRAX ORAL CAPSULE	T3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML	T4	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T3	

Medication	Coverage Level	Restrictions
SUPRAX ORAL TABLET CHEWABLE	T4	
SUPREP BOWEL PREP KIT	T4	
SUSTIVA	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
SUSTOL	Non-Formulary	
SUTAB	Non-Formulary	
SUTENT	Non-Formulary	
suvicort	Non-Formulary	
SW CLEARLAX	Non-Formulary	
SYEDA	Tier 8	PV
SYMAX DUOTAB	T4	
SYMBICORT	Non-Formulary	
SYMBRAVO	Non-Formulary	
SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 6-25 MG, 6-50 MG	Non-Formulary	
SYMDEKO	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
SYMFI	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYMFI LO	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML	T3	QL (4 syringes per 31 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	T3	QL (4 syringes per 31 Days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T5	SP (Limited to a 1 month supply per fill)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T5	SP (Limited to a 1 month supply per fill); QL (6 ML per 30 days)
SYMPAZAN	Non-Formulary	
SYMPROIC	T4	PA; QL (30 tablets per 30 days)
SYMTUZA	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYNALAR	Non-Formulary	
SYNALAR TS	Non-Formulary	
SYNAREL	Non-Formulary	
SYNDROS	Non-Formulary	
SYNERA	Non-Formulary	

Medication	Coverage Level	Restrictions
SYNERDERM	Non-Formulary	
SYNJARDY	T3	QL (60 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T3	QL (30 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T3	QL (60 tablets per 30 days)
SYNTHERMA PLUS	Non-Formulary	
SYNTHROID	T4	
synvexia	Non-Formulary	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	Non-Formulary	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	Non-Formulary	
SYPRINE	Non-Formulary	
TABLOID	Vaccine - $0 Copay	SP (Max of 31 days per dispensing.)
TABRECTA	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
TACLONEX	Non-Formulary	
tacrolimus er	T4	ST
tacrolimus external ointment 0.03 %	T2	QL (30 GM per 30 days)
tacrolimus external ointment 0.1 %	T4	QL (30 GM per 30 days)
tacrolimus oral	T2	
tadalafil (pah)	Non-Formulary	SP ( )
tadalafil oral tablet 10 mg, 2.5 mg	T2	QL (15 tablets per 30 days)
tadalafil oral tablet 20 mg	T2	PA; QL (15 tablets per 30 days)
tadalafil oral tablet 5 mg	T2	QL (30 tablets per 30 days)
TADLIQ	Non-Formulary	
TAFINLAR ORAL CAPSULE	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
TAFINLAR ORAL TABLET SOLUBLE	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 bottles per 30 days); AL (Min 1 Years and Max 9 Years); SP
tafluprost (pf)	T3	

Medication	Coverage Level	Restrictions
TAGRISSO	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
TAKE ACTION	Tier 8	PV
TAKHZYRO SUBCUTANEOUS SOLUTION	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 vials per 28 days); SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
TALICIA	Non-Formulary	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (1 auto-injector per 28 days); SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 28 days); SP
TALZENNA	Vaccine - $0 Copay	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 capsules per 30 days); SP
TAMIFLU ORAL CAPSULE	T4	QL (10 capsules per 1 fill)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	T4	QL (120 ML per 1 fill)
tamoxifen citrate oral tablet 10 mg	T2	
tamoxifen citrate oral tablet 20 mg	T2	PV
tamsulosin hcl	T2	
TANDEM MOBI SYSTEM STARTER	Non-Formulary	
TANDEM PLUS	Non-Formulary	
TANLOR	Non-Formulary	
TAPAZOLE	T4	
tapentadol hcl	T4	ST
tapentadol hcl er	T4	ST; QL (60 Tablets per 30 Days)
TAPERDEX 12-DAY	Non-Formulary	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	Non-Formulary	
TARCEVA	Non-Formulary	
TARGADOX	Non-Formulary	

Medication	Coverage Level	Restrictions
TARGRETIN	Non-Formulary	
TARINA 24 FE	Tier 8	PV
TARINA FE 1/20	Tier 8	PV
TARINA FE 1/20 EQ	Tier 8	PV
TARKA	T4	
taron forte	Non-Formulary	
TARON-PREX	T3	
taroxia external cream	Non-Formulary	
TARPEYO	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
TASCENSO ODT	Non-Formulary	
TASIGNA	Non-Formulary	
tasimelteon	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); SP
TASMAR ORAL TABLET 100 MG	T4	
tavaborole	Non-Formulary	
TAVALISSE	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TAVNEOS	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
TAYSOFY	Non-Formulary	
TAYTULLA	Non-Formulary	
tazarotene external cream 0.05 %	T4	ST; QL (30 GM per 30 days)
tazarotene external cream 0.1 %	T3	ST
tazarotene external foam	Non-Formulary	
tazarotene external gel	Non-Formulary	
TAZORAC EXTERNAL CREAM 0.05 %	T4	ST
TAZORAC EXTERNAL CREAM 0.1 %	T3	ST
TAZORAC EXTERNAL GEL	Non-Formulary	
TAZTIA XT	T2	
TAZVERIK	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 tablets per 30 days)
TDVAX	Tier 7	PV; QL (1 Injection per 10 years)
TECFIDERA ORAL CAPSULE DELAYED RELEASE	Non-Formulary	

Medication	Coverage Level	Restrictions
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	Non-Formulary	
TEGRETOL ORAL SUSPENSION	T4	
TEGRETOL ORAL TABLET	T4	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	T4	ST; QL (60 tablets per 30 days)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG	T4	ST; QL (60 tablets per 2 days)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 400 MG	T4	ST; QL (120 tablets per 30 days)
TEKTURNA	T4	
TEKTURNA HCT	T3	ST
TELCARE BLOOD GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
TELCARE GLUCOSE CONTROL	T4	
teliora	Non-Formulary	
telmisartan	T2	
telmisartan-amlodipine	T2	
telmisartan-hctz	T2	
temazepam oral capsule 15 mg, 30 mg	T1	QL (30 capsules per 30 days); AL (Min 18 Years)
temazepam oral capsule 22.5 mg, 7.5 mg	Non-Formulary	
TEMIXYS	Non-Formulary	
temozolomide	T5	PA; SP (Max of 31 days per dispensing.); SP
TEMPO REFILL	Non-Formulary	
TEMPO SMART BUTTON	Non-Formulary	
TEMPO WELCOME	Non-Formulary	
TENCON ORAL TABLET 50-325 MG	T2	
TENEX	T4	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	Tier 7	PV; QL (1 dose per 10 years)
TENIVAC INTRAMUSCULAR SUSPENSION	Tier 7	PV; QL (1 dose per 10 years)
tenofovir disoproxil fumarate	T2	
TENORETIC 100	T4	
TENORETIC 50	T4	
TENORMIN	T4	
TEPMETKO	Vaccine - $0 Copay	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
TERAZOL 7	T4	

Medication	Coverage Level	Restrictions
terazosin hcl oral	T1	
terbinafine hcl oral	T2	
terbutaline sulfate oral	T2	
terconazole vaginal cream 0.4 %	T2	
terconazole vaginal suppository	T2	
teriflunomide	T2	QL (30 tablets per 30 days); SP
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	T5	PA; SP (Limited to a 1 month supply per fill); SP
TESSALON PERLES	T4	
TESTIM	Non-Formulary	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	T2	
testosterone enanthate intramuscular solution	T2	
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	T3	PA; QL (150 GM per 30 days)
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)	Non-Formulary	
testosterone transdermal gel 12.5 mg/act (1%)	T3	PA; QL (300 GM per 30 days)
testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)	T3	PA
testosterone transdermal solution	Non-Formulary	
TESTRED	Non-Formulary	
tetanus-diphtheria toxoids td	Tier 7	QL (1 dose per 10 years)
tetoxia	Non-Formulary	
tetpidtar	Non-Formulary	
tetrabenazine oral tablet 12.5 mg	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days); SP
tetrabenazine oral tablet 25 mg	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
tetracycline hcl oral capsule	T4	
tetracycline hcl oral tablet	Non-Formulary	
TETRIX EXTERNAL CREAM	Non-Formulary	
TETRIX EXTERNAL KIT	T4	QL (226.8 GM per 30 days)
TEVETEN	T4	ST
TEVETEN HCT	T4	ST
TEXACORT	Non-Formulary	
TEZRULY	Non-Formulary	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 pen per 28 days); SP

Medication	Coverage Level	Restrictions
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Formulary	
TGT POWDERLAX ORAL PACKET 17 GM	Non-Formulary	
TGT POWDERLAX ORAL POWDER	Tier 8	PV
THALITONE	Non-Formulary	
THALOMID ORAL CAPSULE 100 MG	T5	SP (Limited to a 1 month supply per fill); DX (Prior Authorization not required when billed with the one of the following diagnosis codes:C90.00 (Multiple Myeloma not having achieved remission), C90.01 (Multiple Myeloma in remission) C90.02 (Multiple Myeloma in relapse); L52 (Erythema nodosum), or L93 (Lupus Erythematosus)); SP
THALOMID ORAL CAPSULE 50 MG	T5	SP (Limited to a 1 month supply per fill); DX (Prior Authorization not required when billed with the one of the following diagnosis codes:C90.00 (Multiple Myeloma not having achieved remission), C90.01 (Multiple Myeloma in remission) C90.02 (Multiple Myeloma in relapse); L52 (Erythema nodosum), or L93 (Lupus Erythematosus)); SP
THEO-24	T3	
theophylline er	T2	
THIOLA	Non-Formulary	
THIOLA EC	Non-Formulary	
thioridazine hcl oral	T2	
thiothixene oral	T2	
thrivite 19 oral tablet 29-1 mg	Non-Formulary	
THYQUIDITY	Non-Formulary	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	T3	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	T3	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	T3	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	T3	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	T3	

Medication	Coverage Level	Restrictions
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T2	
tiagabine hcl oral tablet 12 mg, 4 mg	T4	QL (120 tablets per 30 days)
tiagabine hcl oral tablet 16 mg	T4	QL (30 tablets per 30 days)
tiagabine hcl oral tablet 2 mg	T4	QL (60 tablets per 30 days)
TIAZAC	T4	
TIBSOVO	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
ticagrelor oral tablet 60 mg	T2	QL (60 Tablets per 30 days)
ticagrelor oral tablet 90 mg	T2	QL (60 Tablets per 30 Days)
TICALAST	Non-Formulary	
ticlopidine hcl	T2	
TICOVAC	Non-Formulary	
TIGAN ORAL	T4	
TIGLUTIK	Non-Formulary	
TIKOSYN	T4	
TILIA FE	Tier 8	PV
timolol maleate (once-daily)	Non-Formulary	
timolol maleate ophthalmic gel forming solution	T3	
timolol maleate ophthalmic solution 0.25 %	T1	
timolol maleate ophthalmic solution 0.5 %	T2	
timolol maleate oral	T2	
timolol maleate pf	T4	
timolol-dorzolamid-bimatoprost	Non-Formulary	
TIMOPTIC OCUDOSE	Non-Formulary	
TINDAMAX	T4	
tinidazole oral	T2	
tiopronin oral tablet	T5	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days); SP
tiopronin oral tablet delayed release 100 mg	T5	PA; SP (Limited to a 1-month supply per fill); QL (240 Tablets per 30 days); SP
tiopronin oral tablet delayed release 300 mg	T5	PA; SP (Limited to a 1-month supply per fill); QL (90 Tablets per 30 days); SP
tiotropium bromide	Non-Formulary	
tiotropium bromide monohydrate	Non-Formulary	

Medication	Coverage Level	Restrictions
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	Non-Formulary	
TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML	Non-Formulary	
TIVICAY ORAL TABLET 10 MG, 25 MG	T5	SP (Limited to a 1 month supply per fill)
TIVICAY ORAL TABLET 50 MG	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TIVICAY PD	T5	SP (Limited to a 1 month supply per fill)
TIVORBEX	Non-Formulary	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	T2	
tizanidine hcl oral tablet	T2	
TLANDO	Non-Formulary	
tl-care dha	T2	
tl-hem 150	Non-Formulary	
TOBI	Vaccine - $0 Copay	PA; SP (Limited to 56 day supply per fill); QL (280 ML per 56 days); SP
TOBI PODHALER	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (224 capsules per 28 days); SP
TOBRADEX OPHTHALMIC OINTMENT	T4	ST
TOBRADEX OPHTHALMIC SUSPENSION	T4	
TOBRADEX ST	T4	ST
tobramycin inhalation	T5	PA; SP (Limited to 56 day supply per fill); QL (280 ML per 56 days); SP
tobramycin ophthalmic	T2	
tobramycin sulfate injection solution 80 mg/2ml	T2	
tobramycin-dexamethasone	T2	
tobramycin-vancomycin hcl	Non-Formulary	
TOBREX OPHTHALMIC OINTMENT	T3	
TOBREX OPHTHALMIC SOLUTION	T4	
TODAY SPONGE	Tier 8	PV
tofacitinib citrate er	T2	PA; QL (30 tablets per 30 days); SP
tofacitinib citrate oral solution	T2	PA; QL (240 ML per 30 days); SP
tofacitinib citrate oral tablet	T2	PA; QL (60 tablets per 30 days); SP
TOFIDENCE	Non-Formulary	

Medication	Coverage Level	Restrictions
TOFRANIL	T4	
TOFRANIL-PM ORAL CAPSULE 100 MG	T4	ST; QL (60 capsules per 30 days)
TOFRANIL-PM ORAL CAPSULE 125 MG, 150 MG	T4	
TOFRANIL-PM ORAL CAPSULE 75 MG	T4	ST; QL (30 capsules per 30 days)
TOLAK	T3	QL (1 tube per 30 days)
tolcapone	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
TOLECTIN 600	Non-Formulary	
tolmetin sodium oral capsule	T3	
tolmetin sodium oral tablet 200 mg	Non-Formulary	
tolmetin sodium oral tablet 600 mg	T3	
tolsura	Non-Formulary	
tolterodine tartrate	T2	
tolterodine tartrate er	T3	
tolvaptan (hyponatremia) oral tablet 15 mg, 30 mg	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
tolvaptan oral tablet	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
tolvaptan oral tablet therapy pack 15 mg	T5	PA; SP (Limited to a 1-month supply per fill); QL (56 Tablets per 28 days); SP
tolvaptan oral tablet therapy pack 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	T5	PA; SP (Limited to a 1-month supply per fill.); QL (56 Tablets per 28 days); SP
TONMYA	Non-Formulary	
TOPAMAX	T4	
TOPAMAX SPRINKLE	T4	ST
TOPICORT EXTERNAL CREAM 0.05 %	Non-Formulary	
TOPICORT EXTERNAL CREAM 0.25 %	T4	
TOPICORT EXTERNAL GEL	Non-Formulary	
TOPICORT EXTERNAL OINTMENT 0.25 %	T4	
TOPICORT SPRAY	Non-Formulary	
topiramate er oral capsule er 24 hour sprinkle	T4	ST; QL (30 capsules per 30 days)
topiramate er oral capsule extended release 24 hour	Non-Formulary	
topiramate oral capsule sprinkle 15 mg, 25 mg	T1	
topiramate oral capsule sprinkle 50 mg	Non-Formulary	
topiramate oral solution 25 mg/ml	Non-Formulary	
topiramate oral tablet	T1	

Medication	Coverage Level	Restrictions
TOPROL XL	T4	
toremifene citrate	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
TORPENZ	Non-Formulary	
torsemide oral	T1	
TOSYMRA	Non-Formulary	
TOUJEO MAX SOLOSTAR	T2	
TOUJEO SOLOSTAR	T2	
TOVET EXTERNAL FOAM	T4	QL (100 GM per 30 days)
TOVIAZ	T4	QL (30 tablets per 30 days)
toxicology saliva collection	Non-Formulary	
TRACLEER ORAL TABLET	Non-Formulary	SP ( )
TRACLEER ORAL TABLET SOLUBLE	Non-Formulary	
TRADJENTA	T4	ST; QL (30 tablets per 30 days)
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	Non-Formulary	
tramadol hcl er	T2	QL (30 tablets per 30 days)
tramadol hcl oral solution	Non-Formulary	
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg	Non-Formulary	
tramadol hcl oral tablet 50 mg	T1	QL (240 tablets per 30 days)
tramadol-acetaminophen	T2	
TRANDATE ORAL	T4	
trandolapril	T2	
trandolapril-verapamil hcl er	T2	
tranexamic acid oral	T2	
TRANSDERM-SCOP (1.5 MG)	Non-Formulary	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	Non-Formulary	
TRANXENE-T	T4	
tranylcypromine sulfate	T3	
TRAVATAN Z	Non-Formulary	
travoprost (bak free)	T3	ST
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	T2	
trazodone hcl oral tablet 25 mg, 75 mg	Non-Formulary	
treagan	T3	
TRELEGY ELLIPTA	T3	
TREMFYA CROHNS INDUCTION	Non-Formulary	
TREMFYA PEN	Non-Formulary	

Medication	Coverage Level	Restrictions
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Formulary	SP ( )
TREMFYA-CD/UC INDUCTION	Non-Formulary	
TRESIBA	T3	ST
TRESIBA FLEXTOUCH	T3	ST
TRESNI	Non-Formulary	
tretinoin external cream 0.025 %	T2	AL (Max 50 Years)
tretinoin external cream 0.05 %, 0.1 %	T3	AL (Max 50 Years)
tretinoin external gel 0.01 %, 0.025 %	T2	AL (Max 50 Years)
tretinoin external gel 0.05 %	T3	AL (Max 50 Years)
tretinoin microsphere external gel 0.04 %, 0.1 %	Non-Formulary	
tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %	Non-Formulary	
tretinoin oral	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
TREXALL	T4	ST
TREXIMET	Non-Formulary	
TREZIX ORAL CAPSULE 320.5-30-16 MG	T2	QL (10 capsules per 1 day)
TREZIX ORAL CAPSULE 356.4-30-16 MG	T2	QL (6 capsules per 1 day)
TRIADERMEX	Non-Formulary	
triadime	Non-Formulary	
triadvance	T2	
triamcinolone acetonide external aerosol solution	Non-Formulary	
triamcinolone acetonide external cream	T2	
triamcinolone acetonide external lotion 0.1 %	T2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %	T2	
triamcinolone acetonide external ointment 0.05 %	Non-Formulary	
triamcinolone acetonide injection suspension 50 mg/ml	Non-Formulary	
triamcinolone acetonide mouth/throat	T2	
triamcinolone acetonide nasal aerosol	Non-Formulary	
triamterene oral	Non-Formulary	
triamterene-hctz oral capsule 37.5-25 mg	T2	
triamterene-hctz oral tablet	T2	
TRIAMVEX	Non-Formulary	

Medication	Coverage Level	Restrictions
TRIAMVEX (CREAM)	Non-Formulary	
TRIANEX	Non-Formulary	
TRIASIL	Non-Formulary	
triazolam oral tablet 0.125 mg	T2	QL (30 tablets per 30 days); AL (Min 18 Years)
triazolam oral tablet 0.25 mg	T2	QL (60 tablets per 30 days); AL (Min 18 Years)
TRIBENZOR	T4	
tri-buffered aspirin oral tablet 325 mg	T2	
TRICARE	T2	
TRICARE PRENATAL COMPLEAT	T2	
tricitrates	Non-Formulary	
TRICON	Non-Formulary	
TRICOR	T4	
TRIDACAINE II	Non-Formulary	
TRIDACAINE XL	Non-Formulary	
TRIDERM EXTERNAL CREAM	T2	
trientine hcl oral capsule 250 mg	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)
trientine hcl oral capsule 500 mg	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (75 capsules per 30 days)
TRI-ESTARYLLA	Tier 8	PV
trifluoperazine hcl oral	T2	
trifluridine ophthalmic	T2	
trigels-f forte	Non-Formulary	
TRIGLIDE ORAL TABLET 160 MG	Non-Formulary	
trihexyphenidyl hcl oral elixir	T1	
trihexyphenidyl hcl oral tablet	T2	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T3	QL (30 Tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T3	QL (60 Tablets per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days); SP

Medication	Coverage Level	Restrictions
TRIKAFTA ORAL THERAPY PACK	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days); SP
TRI-LEGEST FE	Tier 8	PV
TRILEPTAL	T4	
TRI-LINYAH	Tier 8	PV
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG	T4	QL (30 capsules per 30 days)
TRILIPIX ORAL CAPSULE DELAYED RELEASE 45 MG	T4	QL (60 capsules per 30 days)
TRILITAS	Non-Formulary	
TRI-LO-ESTARYLLA	Tier 8	PV
TRI-LO-MARZIA	Tier 8	PV
TRI-LO-MILI	Tier 8	PV
TRILONA	BE	
TRI-LO-SPRINTEC	Tier 8	PV
TRI-LUMA	Non-Formulary	
trimethobenzamide hcl intramuscular	T2	
trimethobenzamide hcl oral	T2	
trimethoprim oral	T2	
TRI-MILI	Tier 8	PV
trimipramine maleate oral	T3	
trimpex	Non-Formulary	
trinatal rx 1	T1	
TRINATE	T3	
TRI-NORINYL (28)	T4	PV
TRINTELLIX	T4	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
TRIONEX	Non-Formulary	
triphrocaps	Non-Formulary	
triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml	Non-Formulary	
TRI-SPRINTEC	Tier 8	PV
tristart dha	Non-Formulary	
TRIUMEQ	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
triumeq pd	T5	SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
TRIVEEN-DUO DHA	T2	

Medication	Coverage Level	Restrictions
TRI-VI-FLOR	Non-Formulary	
tri-vite/fluoride	T4	PV
TRIVORA (28)	Tier 8	PV
TRI-VYLIBRA	Tier 8	PV
TRI-VYLIBRA LO	Tier 8	PV
tri-zel	Non-Formulary	
TRIZIVIR	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TROJAN	Tier 8	PV
TROKENDI XR	Non-Formulary	
tropicamide-cyclopentolate-pe	Non-Formulary	
tropicamide-phenylephrine	Non-Formulary	
trospium chloride	T2	QL (60 capsules per 30 days)
trospium chloride er	T4	QL (30 capsules per 30 days)
TRUDHESA	Non-Formulary	
true cover	Tier 8	PV
TRUE METRIX BLOOD GLUCOSE TEST	T4	ST; QL (200 strips per 30 days)
TRUE METRIX PRO BLOOD GLUCOSE	T4	ST; QL (200 Strips per 30 Days)
TRUENESS BLOOD GLUCOSE STRIPS	T4	ST
TRUETEST TEST	T4	ST; QL (200 strips per 30 days)
TRUETRACK TEST	T4	ST; QL (200 strips per 30 days)
TRULANCE	T3	QL (30 tablets per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	PA; QL (2 ML per 28 days)
TRUMENBA	Tier 7	PV; QL (3 ML per 1 Lifetime)
TRUQAP ORAL TABLET	T5	PA; ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (64 tablets per 28 days)
TRUSOPT	T4	
TRUSTEX LUBRICATED	Tier 8	PV
TRUSTEX RIA LUBRICATED	Tier 8	PV
TRUTAKNA	Non-Formulary	
TRUVADA	Non-Formulary	
TRYNGOLZA	Non-Formulary	
TRYPTYR	Non-Formulary	
TRYVIO	Non-Formulary	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	Non-Formulary	

Medication	Coverage Level	Restrictions
TUKYSA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
TULANA	Tier 8	PV
TURALIO ORAL CAPSULE 125 MG	Vaccine - $0 Copay	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days)
TURQOZ	Tier 8	PV
TUSSIGON	T3	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	Non-Formulary	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 7	PV; QL (4 doses per 1 lifetime)
TWIRLA	Non-Formulary	
TWYNEO	Non-Formulary	
TWYNSTA	T4	
TYBLUME ORAL TABLET CHEWABLE	T4	
TYBOST	T3	QL (30 tablets per 30 days)
TYDEMY	Non-Formulary	
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 auto-injectors per 28 days)
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
TYKERB	Non-Formulary	
TYMLOS	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 pen per 30 days); SP
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	Non-Formulary	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Non-Formulary	
TYRVAYA	Non-Formulary	

Medication	Coverage Level	Restrictions
TYVASO	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 64 MCG	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 32 MCG	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 48 MCG	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1-month supply per fill.); SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 80 MCG	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1-month supply per fill.); SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 48MCG & 112 X80MCG	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
TYVASO REFILL KIT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
TYVASO STARTER KIT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
UBRELVY ORAL TABLET 100 MG	T5	ST; SP (Limited to a 1 month supply per fill); DX (Prior Authorization not required when billed with Migraine diagnosis code G43.0 to G43.E19); QL (10 tablets per 30 days)

Medication	Coverage Level	Restrictions
UBRELVY ORAL TABLET 50 MG	T5	ST; SP (Limited to a 1 month supply per fill); DX (Prior Authorization not required when billed with Migraine diagnosis code G43.0 to G43.E19); QL (10 tablets per 30 days)
UCERIS ORAL	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
UCERIS RECTAL	T4	QL (2 packages per 180 days)
UDAMIN SP ORAL TABLET 1 MG	Non-Formulary	
UDENYCA ONBODY	Non-Formulary	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Formulary	
ULESFIA	T4	
ULORIC	T4	QL (30 tablets per 30 days)
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	T2	
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	T3	
ultra tabs	T2	
ULTRACET	T4	
ULTRASAL-ER	Non-Formulary	
ULTRATRAK ULTIMATE TEST	T4	ST; QL (200 strips per 30 days)
ULTRAVATE EXTERNAL CREAM	Non-Formulary	
ULTRAVATE EXTERNAL LOTION	Non-Formulary	
ULTRAVATE X (OINTMENT)	Non-Formulary	
umeclidinium-vilanterol	Non-Formulary	
UNIRETIC ORAL TABLET 15-12.5 MG	T4	
UNISTRIP1 GENERIC	T4	ST; QL (200 strips per 30 days)
UNITHROID	T2	
UNIVASC	T4	
UPNEEQ	Non-Formulary	
UPTRAVI ORAL TABLET 100 MCG, 150 MCG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 Days); SP
UPTRAVI ORAL TABLET 1000 MCG, 1400 MCG, 200 MCG, 400 MCG, 800 MCG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
UPTRAVI ORAL TABLET 1200 MCG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP

Medication	Coverage Level	Restrictions
UPTRAVI ORAL TABLET 1600 MCG, 600 MCG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
UPTRAVI TITRATION	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 2 years); SP
uranovia	Non-Formulary	
urea external cream 20 %, 40 %, 45 %	Non-Formulary	
urea external gel	T2	
urea external lotion 40 %	Non-Formulary	
urea hydrating	Non-Formulary	
urea nail external gel 45 %	Non-Formulary	
URELIEF PLUS	T2	SP (Generic substitution mandatory.)
urevaz	Non-Formulary	
urevex	Non-Formulary	
URIBEL	Non-Formulary	
URIMAR-T ORAL CAPSULE	Non-Formulary	
urneva	Non-Formulary	
UROCIT-K 10	T4	
UROCIT-K 15	T4	
UROCIT-K 5	T4	
UROPHEN MB	Non-Formulary	
UROXATRAL	T4	
URSO 250	T4	
URSO FORTE	T4	
ursodiol oral capsule 200 mg, 400 mg	Non-Formulary	
ursodiol oral capsule 300 mg	T3	
ursodiol oral tablet	T3	
URSOLIGN	Non-Formulary	
ustekinumab-aauz	Non-Formulary	
ustekinumab-ttwe subcutaneous	Non-Formulary	
UTOPIC	Non-Formulary	
VAFSEO	Non-Formulary	
VAGIFEM VAGINAL TABLET 10 MCG	T4	
valacyclovir hcl oral	T2	
VALCHLOR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 GM per 15 days); SP

Medication	Coverage Level	Restrictions
VALCYTE ORAL SOLUTION RECONSTITUTED	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days); AL (Max 9 Years)
VALCYTE ORAL TABLET	Non-Formulary	
valganciclovir hcl oral solution reconstituted	T5	SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days); AL (Max 9 Years)
valganciclovir hcl oral tablet	T4	QL (120 tablets per 30 days)
VALIUM	T4	
valproate sodium oral solution	T2	
valproic acid oral capsule	T2	
valsartan oral solution	Non-Formulary	
valsartan oral tablet	T2	
valsartan-hydrochlorothiazide	T2	
VALTOCO 10 MG DOSE	T4	QL (10 sprays per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	T4	QL (10 sprays per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	T4	QL (10 sprays per 30 days)
VALTOCO 5 MG DOSE	T4	QL (10 sprays per 30 days)
VALTREX	T4	
VALTYA 1/35	Tier 8	
VALTYA 1/50	Tier 8	PV
VANATOL LQ	Non-Formulary	
VANCOCIN HCL	Non-Formulary	
VANCOCIN ORAL CAPSULE 125 MG	Non-Formulary	
vancomycin hcl intravenous solution reconstituted 1.25 gm, 1000 mg, 500 mg	T2	
vancomycin hcl oral capsule 125 mg	T4	QL (56 capsules per 14 days)
vancomycin hcl oral capsule 250 mg	Non-Formulary	
vancomycin hcl oral solution reconstituted 25 mg/ml	T2	
vancomycin hcl oral solution reconstituted 250 mg/5ml	Non-Formulary	
vancomycin hcl oral solution reconstituted 50 mg/ml	T3	
VANDAZOLE	T2	
VANFLYTA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (28 tablets per 28 days)

Medication	Coverage Level	Restrictions
VANIQA	Non-Formulary	
VANOS	Non-Formulary	
VANOXIDE-HC	Non-Formulary	
VANRAFIA	Vaccine - $0 Copay	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 18 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	Tier 7	PV; QL (2 Doses per 1 Lifetime)
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 7	PV; QL (2 Doses per 1 Lifetime)
vardenafil hcl oral	Non-Formulary	
varenicline tartrate (starter)	T3	PV
varenicline tartrate oral tablet 0.5 mg, 1 mg	T3	PV; QL (60 tablets per 30 Days)
varoxia external cream	Non-Formulary	
VARUBI ORAL	T4	ST; QL (4 tablets per 30 days)
VASCEPA	Non-Formulary	
VASERETIC	T4	
VASHE CLEANSING	Non-Formulary	
VASOLEX	T4	
VASOTEC	T4	
VAXELIS	Tier 7	PV
VAXNEUVANCE	Tier 7	
v-c forte	Non-Formulary	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	Tier 8	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	Tier 8	PV
VECAMYL	T5	SP (Limited to a 1 month supply per fill)
VECTICAL	T4	ST; QL (100 GM per 30 days)
VELIVET	Tier 8	PV
VELPHORO	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
VELSIPITY	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
VELTASSA ORAL PACKET 1 GM	Vaccine - $0 Copay	ST; SP (Limited to a 1-month supply per fill); QL (120 Packets per 30 days)

Medication	Coverage Level	Restrictions
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
VELTASSA ORAL PACKET 8.4 GM	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (30 Packets per 30 Fills)
VEMLIDY	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
VENCLEXTA	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
VENCLEXTA STARTING PACK	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
VENELEX	Non-Formulary	
venlafaxine besylate er	Non-Formulary	
venlafaxine hcl	T2	
venlafaxine hcl er oral capsule extended release 24 hour	T1	
venlafaxine hcl er oral tablet extended release 24 hour	Non-Formulary	
VENNGEL TWO	Non-Formulary	
VENTAVIS INHALATION SOLUTION 10 MCG/ML	T5	PA; SP (Limited to a 1 month supply per fill); SP
VENTAVIS INHALATION SOLUTION 20 MCG/ML	T5	PA; SP (Limited to a 1 month supply per fill); SP
VENTOLIN HFA	T3	QL (2 Inhalers per 30 days)
VENXXIVA	Non-Formulary	
VEOZAH	Non-Formulary	
VEPPANU	Vaccine - $0 Copay	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
VERAMYST	Non-Formulary	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg	T2	
verapamil hcl er oral capsule extended release 24 hour 120 mg	T4	

Medication	Coverage Level	Restrictions
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T2	
verapamil hcl oral	T1	
VERDESO	Non-Formulary	
VEREGEN	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 GM per 30 days)
VERKAZIA	Non-Formulary	
VERQUVO	T4	PA; QL (30 tablets per 30 days)
VERSACLOZ	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill)
VERZENIO	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
VESICARE	T4	QL (30 tablets per 30 days)
VESICARE LS	T4	ST; QL (150 ML per 30 days); AL (Max 9 Years)
VESTURA	Tier 8	PV
veven	Non-Formulary	
VEVYE	Non-Formulary	
VEXOL	T3	
VFEND ORAL SUSPENSION RECONSTITUTED	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill); QL (300 ML per 30 days)
VFEND ORAL TABLET 50 MG	Non-Formulary	
V-GO 20	T3	
V-GO 30	T3	
V-GO 40	T3	
VIAGRA	Non-Formulary	
VIBERZI	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
VIBRAMYCIN ORAL CAPSULE	T4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	T4	
VIBRAMYCIN ORAL SYRUP	T3	
VIBRANT	Non-Formulary	
VIC-FORTE	Non-Formulary	
VICOPROFEN	T4	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Formulary	
VICTRELIS	Non-Formulary	
VIDEX EC	T4	

Medication	Coverage Level	Restrictions
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	T3	
VIENVA	Tier 8	PV
vigabatrin oral packet	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); SP
vigabatrin oral tablet	Non-Formulary	
VIGADRONE ORAL PACKET	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
VIGADRONE ORAL TABLET	Non-Formulary	
VIGAFYDE	Vaccine - $0 Copay	PA; SP (Limited to a 1-month supply per fill); QL (150 ML per 30 days); AL (Max 9 Years)
VIGAMOX	T4	
VIGPODER	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL (Max 2 Years)
VIIBRYD ORAL TABLET	T4	QL (30 tablets per 30 days)
VIJOICE ORAL PACKET	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); QL (56 Tablets per 28 days)
VIJOICE ORAL TABLET THERAPY PACK	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
vilazodone hcl oral tablet 10 mg	T2	QL (30 tablets per 30 days)
vilazodone hcl oral tablet 20 mg, 40 mg	T2	QL (30 tablets per 30 Days)
VIMKUNYA	Non-Formulary	
Vimovo Oral Tablet Delayed Release 500-20 MG	Benefit Exclusion	
VIMPAT ORAL SOLUTION	T4	
VIMPAT ORAL TABLET	T4	QL (60 tablets per 30 days)
VIOKACE	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill)
viorele	Tier 8	PV
VIRACEPT ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
VIREAD ORAL POWDER	T5	SP (Limited to a 1 month supply per fill)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T5	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
VIREAD ORAL TABLET 300 MG	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
VIROPTIC	T4	
virt-caps	Non-Formulary	
VIRT-GARD	Non-Formulary	
virt-phos 250 neutral	Non-Formulary	
virtprex	T4	
virtrate-2	Non-Formulary	
virtrate-3	Non-Formulary	
virtrate-k	Non-Formulary	
virt-vite	Non-Formulary	
virt-vite forte	Non-Formulary	
virt-vite plus	Non-Formulary	
VISTARIL	T4	
VISTOGARD	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (20 packets per 5 days)
VITACEL	T2	
VITAFOL ORAL SYRUP	T3	AL (Min 6 Months and Max 12 Months)
VITAFOL ORAL TABLET	Non-Formulary	
VITAFOL-OB	T4	
VITAFOL-ONE	T4	
VITAL-D RX	Non-Formulary	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	T1	
vitamin d3 oral capsule 25 mcg (1000 ut)	T1	PV; AL (Min 65 Years)
vitamin d3 oral tablet 25 mcg (1000 ut)	T2	PV; AL (Min 65 Years)
VITAPEARL	T4	
VITA-RESPA	Non-Formulary	
VITATRUE	T4	
VITRAKVI ORAL CAPSULE	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 capsules per 30 days); SP
VITRAKVI ORAL SOLUTION	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (100 ML per 30 days); SP

Medication	Coverage Level	Restrictions
VIVACTIL	T4	
VIVAGUARD INO CONTROL SOLUTION	T4	
VIVAGUARD INO TEST STRIPS	T4	ST; QL (200 strips per 30 days)
VIVELLE-DOT	T4	
VIVJOA	Non-Formulary	
VIVLODEX	Non-Formulary	
VIVOTIF	Non-Formulary	
VIZIMPRO	Vaccine - $0 Copay	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
VIZZ	Non-Formulary	
VOCABRIA	Non-Formulary	
VOGELXO PUMP	Non-Formulary	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	Non-Formulary	
VOLNEA	Tier 8	PV
vol-plus	Non-Formulary	
vol-tab rx	Non-Formulary	
VOLTAREN TRANSDERMAL	Non-Formulary	
VOLTAREN-XR	T4	
VONJO	Vaccine - $0 Copay	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
VONVENDI	Vaccine - $0 Copay	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
vopac mds transdermal	Non-Formulary	
VOQUEZNA	Non-Formulary	
VOQUEZNA DUAL PAK	Non-Formulary	
VOQUEZNA TRIPLE PAK	Non-Formulary	
VORANIGO ORAL TABLET 10 MG	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 12 Years)
VORANIGO ORAL TABLET 40 MG	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 12 Years)

Medication	Coverage Level	Restrictions
voriconazole oral suspension reconstituted	T2	
voriconazole oral tablet 200 mg	T2	QL (120 tablets per 30 days)
voriconazole oral tablet 50 mg	T2	QL (480 tablets per 30 days)
VORTEX HOLDING CHAMBER/MASK	T4	QL (4 chambers per 1 year)
VOSEVI	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days); SP
VOSPIRE ER	T4	
VOTRIENT	Non-Formulary	
VOWST	Non-Formulary	
VOXZOGO	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (3 boxes per 30 days); SP
VOYDEYA	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
vp-vite rx	Non-Formulary	
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG	Vaccine - $0 Copay	ST; SP (Limited to a 1-month supply per fill); QL (30 Capsules per 30 days); SP
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
VTAMA	Non-Formulary	
VTOL LQ	Non-Formulary	
VUITY	Non-Formulary	
VUMERITY	Non-Formulary	
VUSION	Non-Formulary	
VYBRIQUE	Non-Formulary	
VYFEMLA	Tier 8	PV
VYKAT XR	BE	
VYLEESI	Non-Formulary	
VYLIBRA	Tier 8	PV
VYNDAMAX	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); SP

Medication	Coverage Level	Restrictions
VYNDAQEL	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days); SP
VYSCOXA	Non-Formulary	
VYTONE	Non-Formulary	
VYTORIN	T4	
VYVANSE	Non-Formulary	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days); SP
VYZULTA	Non-Formulary	
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 auto-injector per 30 days)
WAKIX	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
warfarin sodium oral	T1	
WAYRILZ	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 18 Years)
wayzen	Non-Formulary	
wee care	Tier 8	PV; AL (Min 6 Months and Max 12 Months)
WEGOVY	BE	
WELCHOL ORAL PACKET	T4	QL (30 packets per 30 days)
WELCHOL ORAL TABLET	T4	QL (180 tablets per 30 days)
weleris	Non-Formulary	
WELIREG	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days)
WELLBUTRIN	T4	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	T4	QL (90 tablets per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG	T4	QL (60 tablets per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	T4	QL (90 tablets per 30 days)

Medication	Coverage Level	Restrictions
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	T4	
wenixra	Non-Formulary	
WERA	Tier 8	PV
WESTCORT	T4	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	T2	
WEZLANA	Non-Formulary	
WIDAPLIK	Non-Formulary	
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	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
WINLEVI	Non-Formulary	
WINREVAIR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1 month supply per fill); QL (1 kit per 3 weeks); SP
WIXELA INHUB	T4	
WYMZYA FE	Tier 8	PV
WYNZORA	Non-Formulary	
XACIATO	T4	ST
XADAGO	Non-Formulary	
XALATAN	Non-Formulary	
XALIX	Non-Formulary	
XALKORI	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 capsules per 30 days); SP
XANAX	T4	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	T4	QL (30 tablets per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG, 3 MG	T4	QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
XARAH FE	Tier 8	PV
XARELTO ORAL SUSPENSION RECONSTITUTED	T3	QL (310 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	T3	QL (30 tablets per 30 days)
XARELTO ORAL TABLET 15 MG	T3	QL (42 tablets per 21 days)
XARELTO ORAL TABLET 2.5 MG	T3	QL (60 tablets per 30 days)
XARELTO STARTER PACK	T3	QL (1 pack per 180 days)
XATMEP	T4	AL (Max 9 Years)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T4	QL (60 tablets per 30 days)
XCOPRI (350 MG DAILY DOSE)	T4	QL (60 Tablets per 30 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	T4	QL (30 Tablets per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	T4	QL (60 Tablets per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG	T4	QL (1 Pack per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG	T4	QL (1 pack per 30 days)
XDEMVY	T4	PA; QL (10 ML per 1 year); AL (Min 18 Years)
XELJANZ ORAL SOLUTION	Non-Formulary	
XELJANZ ORAL TABLET 10 MG	Non-Formulary	SP ( )
XELJANZ ORAL TABLET 5 MG	Non-Formulary	
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	Non-Formulary	SP ( )
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	Non-Formulary	
XELODA	Non-Formulary	
XELPROS	T3	
XELRIA FE	Tier 8	PV
XELSTRYM	T4	ST; QL (30 patches per 30 days); AL (Min 6 Years)
XENAZINE	Non-Formulary	
XENICAL	Non-Formulary	
XENLETA ORAL	Non-Formulary	
XEPI	T4	ST; QL (30 GM per 30 days)
XERAC AC	T2	
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Non-Formulary	
XERESE	Non-Formulary	

Medication	Coverage Level	Restrictions
XERMELO	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
XHANCE	Non-Formulary	
XIFAXAN ORAL TABLET 200 MG	T5	SP (Limited to a 1 month supply per fill); QL (9 tablets per 30 days)
XIFAXAN ORAL TABLET 550 MG	T5	PA; SP (Limited to a 14 or 30 day supply per fill, depending on diagnosis.)
XIGDUO XR	Non-Formulary	
XIIDRA	Non-Formulary	
XIMINO	Non-Formulary	
xirun	Non-Formulary	
XOCOVA	Non-Formulary	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	T3	QL (1 tablet per 1 fill); AL (Min 5 Years)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	T3	QL (1 tablet per 1 fill); AL (Min 5 Years)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Formulary	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Formulary	
XOLEGEL	Non-Formulary	
XOLREMDI	Non-Formulary	
XOPENEX	T4	
XOPENEX CONCENTRATE	T4	
XOPENEX HFA	Non-Formulary	
XOSPATA	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days)
XPHOZAH	Non-Formulary	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (20 tablets per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (8 tablets per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (16 tablets per 28 days)

Medication	Coverage Level	Restrictions
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (12 tablets per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (24 tablets per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (16 tablets per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG	Vaccine - $0 Copay	PA; SP (Limited to a 1-month supply per fill); QL (4 Tablets per 28 days); SP
XPOVIO (80 MG TWICE WEEKLY)	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (32 tablets per 28 days)
XROMI	T4	QL (148 ML per 30 days); AL (Max 9 Years)
XRYLIDERM	Non-Formulary	
XTAMPZA ER	T4	ST; QL (60 capsules per 30 days)
XTANDI ORAL CAPSULE	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days); SP
XTANDI ORAL TABLET 40 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 tablets per 30 days); SP
XTANDI ORAL TABLET 80 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days); SP
XTORO	Non-Formulary	
XULANE	Tier 8	PV; QL (3 patches per 28 days)
XULTOPHY	T4	ST; QL (15 ML per 30 days)
xurea	Non-Formulary	
XURIDEN	Non-Formulary	
XYLIDERM	Non-Formulary	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)

Medication	Coverage Level	Restrictions
XYNTHA SOLOFUSE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
XYOSTED	Non-Formulary	
XYREM	Non-Formulary	
XYVONA	Non-Formulary	
XYWAV	Non-Formulary	
YARGESA	Vaccine - $0 Copay	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
YASMIN 28	Non-Formulary	
yaxatarxyn	Non-Formulary	
YAZ	Non-Formulary	
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 56 day supply per fill); QL (1 syringe per 56 days); SP
YEZTUGO ORAL	T3	PV; QL (4 tablets per 1 year)
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Non-Formulary	
yokatar	Non-Formulary	
YONSA	Non-Formulary	
YORVIPATH	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 pens per 30 days)
Yosprala Oral Tablet Delayed Release 81-40 MG	Benefit Exclusion	
YUFLYMA	Non-Formulary	
YUFLYMA (1 PEN)	Non-Formulary	
YUFLYMA (2 PEN)	Non-Formulary	
YUFLYMA (2 SYRINGE)	Non-Formulary	
YUFLYMA-CD/UC/HS STARTER	Non-Formulary	
YULITHIRA	Non-Formulary	
YUPELRI	Non-Formulary	
YUSIMRY	Non-Formulary	
YUTREPIA	Non-Formulary	
YUVAFEM	T2	
YUVEZZI	Non-Formulary	
YUVIWEL	Non-Formulary	

Medication	Coverage Level	Restrictions
ZADITOR	T2	
ZAFEMY	Tier 8	PV; QL (3 patches per 28 days)
zafirlukast	T2	
zaleplon oral capsule 10 mg	T2	AL (Min 18 Years)
zaleplon oral capsule 5 mg	T2	QL (31 capsules per 31 days); AL (Min 18 Years)
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	T4	
ZANAFLEX ORAL CAPSULE 8 MG	Non-Formulary	
ZANAFLEX ORAL TABLET	T4	
ZANTAC 150 MAXIMUM STRENGTH	Non-Formulary	
ZANTAC ORAL TABLET 300 MG	Non-Formulary	
ZARAH	Tier 8	PV
ZARONTIN	T4	
ZAROXOLYN ORAL TABLET 2.5 MG, 5 MG	T4	
ZARXIO	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
zavara	Non-Formulary	
ZAVESCA	Non-Formulary	
ZAVZPRET	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 30 days); AL (Min 18 Years)
zcort 7-day	Non-Formulary	
ZEBETA	T4	
ZECUITY	Non-Formulary	
ZEGALOGUE	T4	QL (2 kits per 30 days)
Zegerid	Benefit Exclusion	
Zegerid OTC	Benefit Exclusion	
ZEJULA ORAL TABLET	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
ZELBORAF	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
ZELNORM	T4	ST; QL (60 tablets per 30 Days)
ZELSUVMI	Non-Formulary	
ZELVYSIA	Non-Formulary	

Medication	Coverage Level	Restrictions
ZEMBRACE SYMTOUCH	Non-Formulary	
ZEMDRI	Non-Formulary	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	T4	
ZENATANE	T3	QL (6 fills per 2 years)
ZENCIA	Non-Formulary	
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	T5	SP (Limited to a 1 month supply per fill)
ZENZEDI	Non-Formulary	
ZEPATIER	Non-Formulary	SP ( )
ZEPBOUND	BE	
ZEPBOUND KWIKPEN	BE	
ZEPOSIA	T5	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); DX (Prior Authorization not required when billed with Multiple Sclerosis diagnosis code G35 or G35.A - G35.D); QL (30 tablets per 30 days); SP
ZEPOSIA 7-DAY STARTER PACK	T5	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); DX (Prior Authorization not required when billed with Multiple Sclerosis diagnosis code G35 or G35.A - G35.D); QL (30 tablets per 30 days); SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	T5	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); DX (Prior Authorization not required when billed with Multiple Sclerosis diagnosis code G35 or G35.A - G35.D); QL (30 capsules per 30 days); SP
ZERVIATE	T4	ST; QL (30 ml per 30 days)
ZESTORETIC	T4	
ZESTRIL	T4	
ZETIA	T4	
ZETONNA	Non-Formulary	
ZIAC	T4	
ZIAGEN ORAL SOLUTION	T3	

Medication	Coverage Level	Restrictions
ZIAGEN ORAL TABLET	T4	
ZIANA	Non-Formulary	
ziclocin	Non-Formulary	
zidovudine oral capsule	T3	
zidovudine oral syrup	T2	
zidovudine oral tablet	T3	
ZIEXTENZO	Non-Formulary	
ZILBRYSQ	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (28 syringes per 28 days)
zileuton er	Vaccine - $0 Copay	ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); AL (Min 12 Years)
ZILRETTA	Non-Formulary	
ZILXI	Non-Formulary	
ZIMHI	T3	QL (1 box per 1 year)
zinc sulfate oral capsule 220 (50 zn) mg	Non-Formulary	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	Non-Formulary	
ziprasidone hcl	T2	
ZIPSOR	Non-Formulary	
ZIRABEV	Non-Formulary	
ZIRGAN	T4	
ZITHRANOL	T4	ST
ZITHRANOL-RR	Non-Formulary	
ZITHROMAX ORAL PACKET	T3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	T4	
ZITHROMAX ORAL TABLET 600 MG	T4	
ZITHROMAX TRI-PAK	T4	
ZITHROMAX Z-PAK	T4	
ZITUVIMET	Non-Formulary	
ZITUVIMET XR	Non-Formulary	
ZITUVIO	Non-Formulary	
ZMA CLEAR	Non-Formulary	
ZMAX	T4	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	T4	QL (30 tablets per 30 days)
ZODEX 12-DAY	Non-Formulary	
ZODEX 6-DAY	Non-Formulary	
ZOKINVY	Non-Formulary	

Medication	Coverage Level	Restrictions
ZOLINZA	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
zolmitriptan nasal solution 5 mg	T4	ST; QL (12 units per 30 days)
zolmitriptan oral	T3	QL (12 tablets per 30 days)
ZOLOFT ORAL CONCENTRATE	T4	
ZOLOFT ORAL TABLET 100 MG	T4	QL (60 tablets per 30 days)
ZOLOFT ORAL TABLET 25 MG	T4	QL (90 tablets per 30 days)
ZOLOFT ORAL TABLET 50 MG	T4	QL (120 tablets per 30 days)
zolpidem tartrate er	T2	QL (30 tablets per 30 days); AL (Min 18 Years)
zolpidem tartrate oral capsule	Non-Formulary	
zolpidem tartrate oral tablet	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
zolpidem tartrate sublingual	Non-Formulary	
ZOLPIMIST	Non-Formulary	
ZOLYMBUS	Non-Formulary	
ZOMACTON	Non-Formulary	
ZOMIG NASAL SOLUTION 2.5 MG	T4	ST; QL (12 units per 30 days)
ZOMIG NASAL SOLUTION 5 MG	Non-Formulary	
ZOMIG ORAL	Non-Formulary	
ZONACORT 11 DAY	Non-Formulary	
ZONACORT 7 DAY	Non-Formulary	
ZONALON	Non-Formulary	
ZONEGRAN	T4	
ZONISADE	T4	QL (150 ML per 30 days); AL (Max 9 Years)
zonisamide oral	T1	
ZONTIVITY	T4	ST; QL (30 tablets per 30 days)
ZORTRESS	Vaccine - $0 Copay	SP (Limited to a 1 month supply per fill)
ZORVOLEX	Non-Formulary	
ZORYVE EXTERNAL CREAM 0.05 %, 0.3 %	Non-Formulary	
ZORYVE EXTERNAL FOAM	Non-Formulary	
ZOVIA 1/35 (28)	Tier 8	PV
ZOVIRAX EXTERNAL	Non-Formulary	
ZOVIRAX ORAL	T4	
ZTALMY	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1100 ML per 30 days)

Medication	Coverage Level	Restrictions
ZTLIDO	Non-Formulary	
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	T3	QL (30 tablets per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T3	QL (60 tablets per 30 days)
ZUMANDIMINE	Tier 8	PV
ZUNVEYL	Non-Formulary	
ZURNAI	T2	QL (2 auto-injectors per 1 year)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	T5	SP (Limited to a 1 month supply per fill); QL (28 capsules per 1 year)
ZURZUVAE ORAL CAPSULE 30 MG	T5	SP (Limited to a 1 month supply per fill); QL (14 capsules per 1 year)
ZYBIC	Non-Formulary	
ZYCLARA	Non-Formulary	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	T4	ST
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	Non-Formulary	
ZYCUBO	Vaccine - $0 Copay	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 vials per 30 days)
ZYDELIG	Vaccine - $0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
ZYFLO	Non-Formulary	
ZYFLO CR	Non-Formulary	
ZYKADIA ORAL TABLET	Vaccine - $0 Copay	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
ZYLET	T4	ST
ZYLOPRIM	T4	
ZYMAXID	T4	ST
ZYMFENTRA (1 PEN)	Non-Formulary	
ZYMFENTRA (2 PEN)	Non-Formulary	
ZYMFENTRA (2 SYRINGE)	Non-Formulary	
ZYPITAMAG	Non-Formulary	
ZYPREXA ORAL	T4	
ZYPREXA ZYDIS	T4	
ZYTIGA	Non-Formulary	
zyvit	Non-Formulary	

Medication	Coverage Level	Restrictions
ZYVOX ORAL SUSPENSION RECONSTITUTED	Vaccine - $0 Copay	SP (Limited to one 14 day supply per 6 months (180 days)); QL (840 ML per 14 days); AL (Max 9 Years)
ZYVOX ORAL TABLET	Vaccine - $0 Copay	SP (Limited to one 14 day supply per 6 months (180 days)); QL (28 tablets per 1 day)

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Notice of Nondiscrimination and Language Assistance Services

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

Free aids and services

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

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

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

- Qualified interpreters
- Information written in other languages

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

To file a civil rights grievance

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

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

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

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

U.S. Department of Health and Human Services 200 Independence Avenue, SW

Room 509F, HHH Building Washington, D.C. 20201

800.368.1019, 800.537.7697 (TDD)

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

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

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

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

ⵜⵉⵙⵏⴰⵙ : ⵎⴰⵙ ⵜⵙⵏⵙⵉⵡⵉⵜ ⵜⵉⵎⵣⵡⵔⵜ ⵏⵜⵜⴰⵡⵉⵔⵉⵜ ⵉⵙ ⵜⵣⵎⵔⵜ (ⵜⴰⵡⴰⵙⵜ) ⵜⵉⵎⵣⵡⵔⵜ ⵏⵜⵜⴰⵡⵉⵔⵉⵜ ⵉⵙ ⵜⵣⵎ

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