

2027 Formulary

Employer-sponsored large group (traditional) plans

List of covered drugs

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

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

T1 - \$

T2 - \$\$

T3 - \$\$\$

T4 - \$\$\$\$

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

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

CURRENT AS OF 1/1/2027

Medication	Coverage Level	Restrictions
10 SERIES BP MONITOR/UPPER ARM	T2	QL (1 monitor per 2 years)
10 SERIES+ BP MONITR/UPPER ARM	T2	QL (2 EA per 730 days)
3 SERIES BP MONITOR/UPPER ARM	T2	QL (1 monitor per 2 years)
3 SERIES BP MONITOR/WRIST	T2	QL (1 monitor per 2 years)
5 SERIES BP MONITOR	T2	QL (1 monitor per 2 years)
5 SERIES BP MONITOR/UPPER ARM	T2	QL (1 monitor per 2 years)
7 SERIES BP MONITOR/UPPER ARM	T2	QL (1 monitor per 2 years)
7 SERIES BP MONITOR/WRIST	T2	QL (1 monitor per 2 years)
<i>abacavir sulfate oral solution</i>	T1	AL (Max 9 Years)
<i>abacavir sulfate oral tablet</i>	T2	
<i>abacavir sulfate-lamivudine</i>	T4	SP (Limited to a 1 month supply per fill)
<i>abenor</i>	Non-Formulary	
<i>abenor hp</i>	Non-Formulary	
ABIGALE	T1	PV
ABIGALE LO	T1	PV
ABILIFY ORAL TABLET	T3	QL (60 tablets per 30 days)
<i>abiraterone acetate</i>	T1	DX (Prior Authorization not required when billed with Malignant Neoplasm of Prostate diagnosis code C61)
<i>abiraterone acetate micronized</i>	Non-Formulary	
ABIRTEGA	T1	SP
ABRILADA	Non-Formulary	
ABRILADA (1 PEN)	Non-Formulary	
ABRILADA (2 PEN)	Non-Formulary	
ABRILADA (2 SYRINGE)	Non-Formulary	
ABRYSVO	Vaccine - \$0 Copay	PV; QL (1 dose per 1 year); AL (Min 50 Years)
ABSORICA	Non-Formulary	
ABSORICA LD	Non-Formulary	
<i>acamprosate calcium</i>	T1	
ACANYA	Non-Formulary	
<i>acarbose oral</i>	T1	
ACCOLATE	T3	
ACCRUFER	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
ACCU-CHEK AVIVA PLUS IN VITRO	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
ACCU-CHEK COMPACT PLUS	T3	QL (200 strips per 30 days)
ACCU-CHEK FASTCLIX LANCET	T3	
ACCU-CHEK FASTCLIX LANCETS	T2	
ACCU-CHEK GUIDE TEST	T1	QL (200 strips per 30 days)
ACCU-CHEK SMARTVIEW	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK SOFTCLIX LANCET DEV KIT	T3	
ACCU-CHEK SOFTCLIX LANCETS	T2	
ACCUPRIL	T3	
ACCURETIC	T3	
AC CUTANE	T2	QL (6 fills per 2 years)
AC CUTREND GLUCOSE	T3	ST; QL (200 strips per 30 days)
ACE AEROSOL CLOUD ENHANCER	T3	QL (4 devices per 1 year)
<i>acebutolol hcl oral</i>	T1	
<i>acetaminophen intravenous solution prefilled syringe</i>	Non-Formulary	
<i>acetaminophen-codeine</i>	T1	
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
<i>acetic acid otic</i>	T1	
<i>acetylcysteine inhalation</i>	T1	
<i>acidophilus lactobacillus powder</i>	Non-Formulary	
<i>acioxia</i>	Non-Formulary	
ACIPHEX	Non-Formulary	
ACIPHEX SPRINKLE	Non-Formulary	
<i>acitretin</i>	T1	QL (30 capsules per 30 days)
<i>acne medication 10 external gel</i>	T1	
<i>acne medication 5 external gel</i>	T1	
ACTEMRA ACTPEN	Non-Formulary	
ACTEMRA SUBCUTANEOUS	Non-Formulary	
ACTHAR	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR	Non-Formulary	
ACTHIB	Non-Formulary	
ACTIGALL	T3	
ACTIMMUNE	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP

Medication	Coverage Level	Restrictions
<i>active fe</i>	Non-Formulary	
ACTIVELLA ORAL TABLET 1-0.5 MG	T3	
ACTONEL ORAL TABLET 150 MG	T3	QL (1 tablet per 30 days)
ACTONEL ORAL TABLET 35 MG	T3	
ACTOPLUS MET ORAL TABLET 15-850 MG	T3	
ACTOS	T3	
ACUICYN EXTERNAL LIQUID	Non-Formulary	
ACULAR	T3	
ACULAR LS	T3	
ACUVAIL	T3	ST
<i>acyclovir external cream</i>	Non-Formulary	
<i>acyclovir external ointment</i>	T3	QL (15 GM per 6 months)
<i>acyclovir oral capsule</i>	T1	
<i>acyclovir oral suspension 200 mg/5ml</i>	T1	
<i>acyclovir oral tablet</i>	T1	
ACZONE	Non-Formulary	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	Vaccine - \$0 Copay	PV; QL (1 Dose per 1 Lifetime)
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Vaccine - \$0 Copay	PV; QL (1 Dose per 1 Lifetime)
ADALAT CC	T3	
<i>adalimumab-aacf (2 pen)</i>	Non-Formulary	
<i>adalimumab-aacf (2 syringe)</i>	Non-Formulary	
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 autoinjectors (1.6ml) per 28 days); SP
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors (1.6ml) per 28 days); SP
<i>adalimumab-aaty (2 pen)</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 autoinjectors (1.6ml) per 28 days); SP
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes (0.4ml) per 28 days); SP
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes (1.6ml) per 28 days); SP
<i>adalimumab-aaty cd/uc/hs start</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors (1.6ml) per 28 days); SP

Medication	Coverage Level	Restrictions
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 auto-injectors (1.6 ml) per 28 days)
<i>adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml</i>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 auto-injectors (1.6 ml) per 28 days)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml</i>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes (0.2 ml) per 28 days)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml</i>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes (0.4ml) per 28 days)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes (1.6 ml) per 28 days)
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 auto-injectors (1.6 ml) per 28 days); SP
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 auto-injectors (3.2 ml) per 28 days); SP
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml</i>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes (0.4 ml) per 28 days); SP
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml</i>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes (0.8ml) per 28 days); SP

Medication	Coverage Level	Restrictions
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml</i>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes (1.6 ml) per 28 days); SP
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml</i>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes (3.2 ml) per 28 days); SP
<i>adalimumab-bwwd</i>	Non-Formulary	
<i>adalimumab-fkjp (2 pen)</i>	Non-Formulary	
<i>adalimumab-fkjp (2 syringe)</i>	Non-Formulary	
<i>adalimumab-ryvk (1 pen)</i>	Non-Formulary	
<i>adalimumab-ryvk (2 pen)</i>	Non-Formulary	
<i>adalimumab-ryvk (2 syringe)</i>	Non-Formulary	
<i>adalina</i>	Non-Formulary	
<i>adapalene external cream</i>	BE	
<i>adapalene external gel 0.1 %</i>	BE	
<i>adapalene external gel 0.3 %</i>	T2	QL (45 GM per 30 days)
<i>adapalene external lotion</i>	BE	
<i>adapalene external solution</i>	BE	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1	
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	Non-Formulary	
ADASUVE	Non-Formulary	
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 Pens per 28 days); SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days); SP
ADCIRCA	Non-Formulary	
ADDERALL	T3	AL (Min 6 Years)
ADDERALL XR	Non-Formulary	
ADDYI	T3	QL (30 tablets per 30 days)
<i>adefovir dipivoxil</i>	T4	SP (Limited to a 1 month supply per fill)
<i>adeinzde</i>	Non-Formulary	

Medication	Coverage Level	Restrictions
ADEMPAS ORAL TABLET 0.5 MG, 1.5 MG, 2 MG, 2.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days); SP
ADEMPAS ORAL TABLET 1 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days); SP
<i>adermica</i>	Non-Formulary	
<i>adermica hp</i>	Non-Formulary	
ADHANSIA XR	Non-Formulary	
ADLARITY	Non-Formulary	
ADMELOG INJECTION	T3	ST
ADMELOG SOLOSTAR	T3	ST
<i>admirazol</i>	Non-Formulary	
Admirazol Dual	Benefit Exclusion	
<i>admirazol hp</i>	Non-Formulary	
Admirazol HP Dual	Benefit Exclusion	
ADRENALIN NASAL	Non-Formulary	
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	T1	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	Non-Formulary	
<i>adult blood pressure cuff lg</i>	T2	QL (1 monitor per 2 years)
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Non-Formulary	
ADVAIR HFA	Non-Formulary	
ADVATE	T4	PA; SP (Limited to a 1 month supply per fill); QL (73600 billable units per 28 days)
ADVOCATE CONTROL SOLUTION IN VITRO LIQUID LOW	T3	
ADVOCATE LANCETS 30G	T2	
ADVOCATE LANCING DEVICE	T3	
ADVOCATE RAPID-SAFE LANCING	T3	
ADVOCATE REDI-CODE IN VITRO	T3	ST; QL (200 strips per 30 days)
ADVOCATE REDI-CODE+ TEST	T3	ST; QL (200 strips per 30 days)
ADVOCATE TEST	T3	ST; QL (200 strips per 30 days)
<i>adynovate</i>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (36800 billable units per 28 days)

Medication	Coverage Level	Restrictions
ADZENYS ER	Non-Formulary	
ADZENYS XR-ODT	Non-Formulary	
AEMCOLO	T2	QL (12 tablets per 30 Days); AL (Min 18 Years)
AEROCHAMBER MINI CHAMBER	T2	QL (4 chambers per 1 year)
AEROCHAMBER MV	T2	QL (4 chambers per 1 year)
AEROCHAMBER PLUS FLO-VU	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK	T2	QL (4 EA per 365 days)
AEROCHAMBER Z-STAT PLUS	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS CHAMBR	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/LARGE	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/MEDIUM	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/SMALL	T3	QL (4 chambers per 1 year)
AEROTRACH PLUS	T3	QL (4 chambers per 1 year)
AEROVENT PLUS	T3	QL (4 chambers per 1 year)
AFEDITAB CR	T1	
AFINITOR	Non-Formulary	
AFINITOR DISPERZ	Non-Formulary	
AFIRMELLE	T1	PV
AFLURIA	Vaccine - \$0 Copay	PV; QL (1 dose per 180 days)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION	Vaccine - \$0 Copay	PV
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Vaccine - \$0 Copay	PV; QL (1 dose per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML	Vaccine - \$0 Copay	PV; QL (1 injection per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Vaccine - \$0 Copay	PV; QL (1 Injection per 180 days)
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	Non-Formulary	
AFSTYLA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (69000 billable units per 28 days)
AFTERA	T1	PV
AFTERPILL	T3	

Medication	Coverage Level	Restrictions
AGAMATRIX AMP TEST	T3	ST; QL (200 strips per 30 days)
AGAMREE	Non-Formulary	
AGRYLIN	T3	
AIMOVIG	T2	PA; QL (1 Auto-injector per 30 days); AL (Min 18 Years)
<i>aimSCO lubricated</i>	T3	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	T2	PA; QL (1 autoinjector (1.5ml) per 30 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; QL (1 syringe (1.5ml) per 30 days)
AKEEGA	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
AKLIEF	Non-Formulary	
AKTIPAK	Non-Formulary	
AKYNZEO ORAL	Non-Formulary	
ALA SCALP	Non-Formulary	
<i>ala-cort external cream 1 %</i>	Non-Formulary	
ALA-QUIN	Non-Formulary	
ALAVERT D-12 HOUR ALLERGY/CONG	BE	
ALAVERT ORAL TABLET DISPERSIBLE	BE	
ALAWAY	T1	
<i>albendazole oral</i>	T2	QL (6 tablets per 30 days)
ALBENZA	Non-Formulary	
<i>albuterol sulfate er</i>	T1	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	T1	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	T1	
<i>albuterol sulfate oral tablet</i>	T1	
<i>alclometasone dipropionate</i>	T1	
ALCORTIN A	Non-Formulary	
ALDACTONE	T3	

Medication	Coverage Level	Restrictions
ALDARA	T3	
ALECENSA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 capsules per 30 days); SP
<i>alendronate sodium oral solution</i>	T2	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	T1	
<i>alfuzosin hcl er</i>	T1	
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 60 MG/1.5ML	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)
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/3ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 Pen per 30 days)
ALINIA ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (60 ML per 6 months)
ALINIA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
<i>aliskiren fumarate</i>	T2	ST
<i>alixi</i>	Non-Formulary	
<i>alixi hp</i>	Non-Formulary	
ALKERAN ORAL	T3	
ALKINDI SPRINKLE	Non-Formulary	
ALLEGRA ALLERGY	BE	
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION	BE	
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE	BE	
ALLEGRA HIVES 24HR	BE	
ALLEGRA-D ALLERGY & CONGESTION	BE	
ALLI	Non-Formulary	
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	
<i>allopurinol oral tablet 200 mg</i>	Non-Formulary	
ALLZITAL	Non-Formulary	

Medication	Coverage Level	Restrictions
<i>almotriptan malate</i>	T2	QL (12 tablets per 30 days)
ALOCRIL	T3	
<i>alogliptin benzoate</i>	T3	ST; QL (30 tablets per 30 days)
<i>alogliptin-metformin hcl</i>	T3	ST; QL (60 tablets per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	T3	ST; QL (30 tablets per 30 days)
ALOMIDE	T2	
<i>alomira</i>	Non-Formulary	
<i>alomira hp</i>	Non-Formulary	
<i>alomira lp</i>	Non-Formulary	
ALORA	T2	
<i>alosetron hcl</i>	T1	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	T4	SP (Limited to a 1 month supply per fill)
ALPHANINE SD	T5	PA; SP (Limited to a 1 month supply per fill); QL (36800 billable units per 28 days)
<i>alprazolam er</i>	T1	QL (60 tablets per 30 days)
ALPRAZOLAM INTENSOL	T1	QL (120 ML per 30 days)
<i>alprazolam oral tablet</i>	T1	
<i>alprazolam oral tablet dispersible</i>	T2	
<i>alprazolam xr</i>	T1	QL (60 tablets per 30 days)
ALPROLIX	T4	PA; SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)
ALREX	Non-Formulary	
ALTABAX	T3	
ALTACE ORAL CAPSULE	T3	
ALTAVERA	T1	PV
ALTOPREV	Non-Formulary	
ALTRENO	T1	QL (45 grams per 30 days); AL (Max 50 Years)
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)

Medication	Coverage Level	Restrictions
ALUNBRIG ORAL TABLET 180 MG, 90 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
ALUNBRIG ORAL TABLET 30 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
<i>aluris</i>	Non-Formulary	
<i>aluris hp</i>	Non-Formulary	
<i>aluris hp plus</i>	Non-Formulary	
<i>aluris lp</i>	Non-Formulary	
<i>aluris lp plus</i>	Non-Formulary	
<i>aluris plus</i>	Non-Formulary	
<i>aluxof</i>	Non-Formulary	
Aluxof Dual	Benefit Exclusion	
<i>aluxof hp</i>	Non-Formulary	
ALVAIZ	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
ALVESCO	Non-Formulary	
<i>alvox</i>	Non-Formulary	
<i>alvox hp</i>	Non-Formulary	
<i>alyacen 1/35</i>	T1	PV
<i>alyacen 7/7/7</i>	T1	PV
ALYFTREK ORAL TABLET 10-50-125 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days); SP
ALYFTREK ORAL TABLET 4-20-50 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days); SP

Medication	Coverage Level	Restrictions
ALYQ	Non-Formulary	
ALZAIR ALLERGY NASAL SPRAY	Non-Formulary	
<i>amantadine hcl oral capsule</i>	T1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	T1	
<i>amantadine hcl oral syrup</i>	T1	
<i>amantadine hcl oral tablet</i>	T1	
AMARYL	T3	
AMBIEN	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
AMBIEN CR	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>ambrisentan</i>	T1	PA; QL (30 tablets per 30 days); SP
<i>amcinonide external cream</i>	Non-Formulary	
<i>amcinonide external ointment</i>	Non-Formulary	
AMERITHROID	T2	
AMETHIA	T1	PV
AMETHYST	T1	PV
AMICAR ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
AMICAR ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
<i>amiloride hcl oral</i>	T1	
<i>amiloride-hydrochlorothiazide</i>	T1	
<i>aminocaproic acid oral solution</i>	T4	SP (Limited to a 1 month supply per fill)
<i>aminocaproic acid oral tablet</i>	T4	SP (Limited to a 1 month supply per fill)
<i>amiodarone hcl oral tablet 100 mg</i>	T1	QL (30 tablets per 30 days)
<i>amiodarone hcl oral tablet 200 mg</i>	T1	
<i>amiodarone hcl oral tablet 400 mg</i>	Non-Formulary	
AMITIZA	T3	QL (60 capsules per 30 days)
<i>amitriptyline hcl oral</i>	T1	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Formulary	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	Non-Formulary	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	Non-Formulary	SP ()
AMJEVITA-PED 10KG TO <15KG	Non-Formulary	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	Non-Formulary	

Medication	Coverage Level	Restrictions
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	Non-Formulary	SP ()
<i>amlodipine besy-benazepril hcl</i>	T1	
<i>amlodipine besylate oral</i>	T1	
<i>amlodipine besylate-valsartan</i>	T1	
<i>amlodipine-atorvastatin</i>	Non-Formulary	
<i>amlodipine-olmesartan</i>	T1	
<i>amlodipine-valsartan-hctz</i>	T1	
<i>ammonium lactate external</i>	BE	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	T2	QL (6 fills per 2 years)
AMNESTEEM ORAL CAPSULE 30 MG	T2	QL (6 Fills per 2 years)
<i>amoxapine</i>	T1	
<i>amoxicill-clarithro-lansopraz</i>	T3	
<i>amoxicillin oral capsule</i>	T1	
<i>amoxicillin oral suspension reconstituted</i>	T1	
<i>amoxicillin oral tablet</i>	T1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	T1	
<i>amoxicillin-pot clavulanate er</i>	T1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	T1	
<i>amphetamine er</i>	Non-Formulary	
<i>amphetamine sulfate</i>	T3	ST; QL (180 tablets per 30 days); AL (Min 6 Years)
<i>amphetamine-dextroamphet er</i>	T1	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>amphetamine-dextroamphetamine</i>	T1	AL (Min 6 Years)
<i>amphet-dextroamphet 3-bead er</i>	Non-Formulary	
<i>ampicillin oral capsule</i>	T1	
AMPYRA	Non-Formulary	
AMRIX	Non-Formulary	
AMZEEQ	Non-Formulary	
ANADROL-50	Non-Formulary	
ANAFRANIL ORAL CAPSULE 25 MG	T3	QL (30 capsules per 30 Days)
ANAFRANIL ORAL CAPSULE 50 MG	T3	QL (60 capsules per 30 Days)
ANAFRANIL ORAL CAPSULE 75 MG	T3	QL (90 capsules per 30 Days)
<i>anagrelide hcl</i>	T1	

Medication	Coverage Level	Restrictions
ANALPRAM-HC EXTERNAL LOTION	Non-Formulary	
ANAPROX DS	T3	
ANASPAZ	T3	
<i>anastrozole oral</i>	T1	
ANDEMBRY	Non-Formulary	
ANDRELA	Non-Formulary	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	Non-Formulary	
ANGELIQ	T3	ST
ANIMI-3	Non-Formulary	
ANNOVERA	Non-Formulary	
ANORO ELLIPTA	T2	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	
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	Non-Formulary	
APEXICON E	Non-Formulary	
<i>apexol cleanser</i>	Non-Formulary	
<i>apexol hp cleanser</i>	Non-Formulary	
<i>aphoria</i>	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	
<i>apomorphine hcl subcutaneous</i>	Non-Formulary	
<i>aporix</i>	Non-Formulary	
<i>apraclonidine hcl</i>	T1	
<i>aprepitant oral</i>	T1	QL (6 capsules per 30 days)
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	T1	QL (7 capsules per 30 days)
APRI	T1	PV
APRISO	T3	QL (120 capsules per 30 days)
APTENSIO XR	T3	QL (30 capsules per 30 days)
APTIOM	T3	QL (60 tablets per 30 days)
APTIVUS ORAL CAPSULE	T4	ST; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
APTIVUS ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)
AQNEURSA	Non-Formulary	
AQUANIL HC	T1	
AQUORAL MOUTH/THROAT SOLUTION	Non-Formulary	
AQVESME	T4	SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
ARAKODA	T2	
ARANELLE	T1	PV
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	SP (Limited to a 1 month supply per fill); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML	T4	SP (Limited to a 1 month supply per fill); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	T4	SP (Limited to a 1 month supply per fill); SP
ARAVA	T5	SP (Limited to a 1 month supply per fill)
ARAZLO	Non-Formulary	
ARBLI	T3	QL (165 ML per 30 days); AL (Max 9 Years)
ARCALYST	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
ARCAPTA NEOHALER	T3	
AREXVY	Vaccine - \$0 Copay	PV; QL (1 dose per 1 year); AL (Min 50 Years)
<i>arformoterol tartrate</i>	T3	DX (Prior Authorization not required when billed with COPD diagnosis code J44.0, J44.1, J44.89 or J44.9)
ARICEPT	T3	
ARIKAYCE	T5	PA; SP (Limited to a 1 month supply per fill)
ARIMIDEX	T3	
<i>aripiprazole oral solution</i>	T3	AL (Max 9 Years)
<i>aripiprazole oral tablet</i>	T1	QL (60 tablets per 30 days)
<i>aripiprazole oral tablet dispersible</i>	Non-Formulary	

Medication	Coverage Level	Restrictions
ARIXTRA	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)
ARMLUPEG	Non-Formulary	
<i>armodafinil</i>	T1	QL (30 tablets per 30 days)
ARMONAIR DIGIHALER	Non-Formulary	
ARMOUR THYROID	T2	
ARNUITY ELLIPTA	T1	QL (1 Inhaler per 30 days)
AROMASIN	T3	
ARTHROTEC ORAL TABLET DELAYED RELEASE	Non-Formulary	
<i>artilis</i>	Non-Formulary	
<i>artilis hp</i>	Non-Formulary	
ARYNTA	Non-Formulary	
ASCOMP-CODEINE	T1	QL (180 capsules per 30 days)
ASCRIPITIN ORAL TABLET 325 MG	T1	
<i>asenapine maleate</i>	T2	QL (60 tablets per 30 days)
ASHLYNA	T1	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	BE	
<i>aspirin 81 oral tablet chewable</i>	T1	PV
<i>aspirin adult low dose</i>	T1	PV
<i>aspirin childrens</i>	T1	PV
<i>aspirin ec low dose</i>	T1	PV
<i>aspirin oral tablet 325 mg</i>	Non-Formulary	
<i>aspirin-dipyridamole er</i>	T1	
ASPRUZYO SPRINKLE	Non-Formulary	
ASSURE 4 TEST	T3	ST; QL (200 strips per 30 days)
ASSURE DOSE CONTROL	T3	
ASSURE DOSE NORM/HIGH CONTROL	T3	
ASSURE LANCE PLUS SAFETY 30G	T2	
ASSURE PLATINUM	T3	ST; QL (200 strips per 30 days)
ASSURE PRISM MULTI TEST	T3	ST; QL (200 strips per 30 days)
ASSURE TITANIUM	T3	ST; QL (200 Strips per 30 days)
ASTAGRAF XL	T3	ST

Medication	Coverage Level	Restrictions
ATACAND	T3	
ATACAND HCT	T3	
<i>atazanavir sulfate</i>	T4	SP (Limited to a 1 month supply per fill)
ATELVIA	T3	
<i>atenolol oral</i>	T1	
<i>atenolol-chlorthalidone</i>	T1	
ATIVAN ORAL	T3	
ATMEKSI	Non-Formulary	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	T2	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	T2	QL (30 capsules per 30 days); AL (Min 6 Years)
<i>atomoxetine hcl oral solution</i>	Non-Formulary	
ATONCY	Non-Formulary	
ATORVALIQ	Non-Formulary	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	T1	PV
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	T1	
<i>atovaquone oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>atovaquone-proguanil hcl</i>	T1	
ATRALIN	T3	AL (Max 50 Years)
ATRAPRO HYDROGEL	Non-Formulary	
ATRIPLA	T5	SP (Limited to a 1 month supply per fill)
<i>atropine sulfate +rfd intravenous solution prefilled syringe 0.4 mg/ml</i>	Non-Formulary	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1	
<i>atropine sulfate intravenous solution prefilled syringe 0.4 mg/ml</i>	Non-Formulary	
<i>atropine sulfate ophthalmic solution 0.01 %, 0.025 %, 0.05 %</i>	Non-Formulary	
<i>atropine sulfate ophthalmic solution 1 %</i>	T1	
ATROVENT HFA	T2	
ATTERO	Non-Formulary	
ATTRUBY	T4	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
AUBAGIO ORAL TABLET 14 MG	Non-Formulary	
AUBAGIO ORAL TABLET 7 MG	Non-Formulary	SP ()
AUBRA	T1	PV

Medication	Coverage Level	Restrictions
AUBRA EQ	T1	PV
AUDENZ	Vaccine - \$0 Copay	PV
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML	T3	
AUGMENTIN ORAL TABLET 500-125 MG	T3	
AUGMENTIN XR	T3	
AUGTYRO ORAL CAPSULE 160 MG	T5	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (60 Capsules per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 capsules per 30 days)
<i>augustil</i>	Non-Formulary	
AUKELSO	Non-Formulary	
<i>auranofin</i>	Non-Formulary	
AUROVELA 1.5/30	T1	PV
AUROVELA 1/20	T1	PV
AUROVELA 24 FE	T1	PV
AUROVELA FE 1.5/30	T1	PV
AUROVELA FE 1/20	T1	PV
AURYXIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days)
AUSTEDO	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG	T5	PA; 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
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1-month supply per fill); QL (30 Tablets per 30 days); SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to 1 pack per fill); QL (28 Tablets per 28 days); SP

Medication	Coverage Level	Restrictions
AUTOLET LITE LANCING DEVICE	T3	
AUVELITY	Non-Formulary	QL (60 Tablets per 30 days)
AUVELITY TITRATION PACK	Non-Formulary	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	Non-Formulary	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	
<i>avanafil</i>	Non-Formulary	
AVAPRO	T3	
AVAR CLEANSER EXTERNAL LIQUID	Non-Formulary	
AVAR LS CLEANSER	Non-Formulary	
AVAR-E EMOLLIENT	Non-Formulary	
<i>aveida</i>	Non-Formulary	
AVERI	Non-Formulary	
AVGEMSI	Non-Formulary	
AVIANE	T1	PV
<i>avidora</i>	Non-Formulary	
<i>avidora hp</i>	Non-Formulary	
AVITA EXTERNAL CREAM	T3	AL (Max 50 Years)
AVITA EXTERNAL GEL	Non-Formulary	
AVMAPKI FAKZYNJA CO-PACK	T5	SP (Limited to a 1 month supply per fill); QL (66 tablets per 28 days)
AVO CREAM	Non-Formulary	
AVODART	T3	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); 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	T4	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
<i>av-phos 250 neutral</i>	Non-Formulary	

Medication	Coverage Level	Restrictions
AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	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	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes (3.6ml) per 28 days); SP
<i>awanis</i>	Non-Formulary	
AWIQLI FLEXTOUCH	Non-Formulary	
AYGESTIN	T3	
AYUNA	T1	PV
AYVAKIT	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
<i>azalta</i>	Non-Formulary	
<i>azalta hp</i>	Non-Formulary	
AZASAN	Non-Formulary	
AZASITE	T3	ST
<i>azathioprine oral tablet 100 mg, 75 mg</i>	Non-Formulary	
<i>azathioprine oral tablet 50 mg</i>	T1	
<i>azelaic acid external</i>	T2	
<i>azelastine hcl nasal solution 0.15 %, 137 mcg/spray</i>	BE	
<i>azelastine hcl ophthalmic</i>	T1	
<i>azelastine-fluticasone</i>	BE	
AZELEX	T3	ST; QL (50 GM per 30 days)
<i>azentra</i>	Non-Formulary	
AZILECT	T3	ST; QL (30 tablets per 30 days)
<i>azilsartan medoxomil</i>	T3	ST
<i>azithromycin oral suspension reconstituted</i>	T1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1	
AZMIRO	Non-Formulary	
AZOPT	T3	
AZOR	T3	ST
AZSTARYS	Non-Formulary	
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
AZURETTE	T1	PV
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1	

Medication	Coverage Level	Restrictions
<i>bacitra-neomycin-polymyxin-hc</i>	T1	
<i>baclofen oral solution 10 mg/5ml, 5 mg/5ml</i>	Non-Formulary	
<i>baclofen oral suspension</i>	T3	QL (473 ML per 30 days); AL (Max 9 Years)
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	T1	
<i>baclofen oral tablet 15 mg</i>	Non-Formulary	
BACMIN	Non-Formulary	
BACTRIM	T3	
BACTRIM DS	T3	
BAFIERTAM	Non-Formulary	
BALCOLTRA	Non-Formulary	
<i>balsalazide disodium</i>	T1	
<i>balsam peru-castor oil</i>	Non-Formulary	
BALVERSA ORAL TABLET 3 MG, 4 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
BALVERSA ORAL TABLET 5 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
BALZIVA	T1	PV
BANZEL ORAL SUSPENSION	T5	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
BANZEL ORAL TABLET 200 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
BANZEL ORAL TABLET 400 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
BAQSIMI ONE PACK	T2	QL (2 devices per 30 Days)
BAQSIMI TWO PACK	T2	QL (2 devices per 30 Days)
BARACLUDE ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
BARACLUDE ORAL TABLET	Non-Formulary	
BASAGLAR KWIKPEN	Non-Formulary	
BASAGLAR TEMPO PEN	Non-Formulary	
<i>batizia</i>	Non-Formulary	
BAXDELA	Non-Formulary	
BAXFENDY	Non-Formulary	
<i>baxonil</i>	Non-Formulary	

Medication	Coverage Level	Restrictions
BAYER ASPIRIN EC LOW DOSE	Non-Formulary	
BAYER ASPIRIN ORAL TABLET	Non-Formulary	
<i>bcg vaccine injection solution reconstituted</i>	Vaccine - \$0 Copay	PV
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	T2	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 1 ML	T2	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 1 ML, 31G X 5/16" 1 ML	T2	
BD PEN NEEDLE MINI U/F	T2	
BD PEN NEEDLE MINI ULTRAFINE	T2	
<i>beclomethasone diprop hfa</i>	BE	
BECONASE AQ	Non-Formulary	
BELBUCA	T3	ST; QL (60 films per 30 days)
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	Non-Formulary	
BELSOMRA	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
<i>benazepril hcl oral</i>	T1	
<i>benazepril-hydrochlorothiazide</i>	T1	
BENEFIX INTRAVENOUS KIT	T4	PA; SP (Limited to a 1 month supply per fill); QL (46000 billable units per 28 days)
BENICAR	T3	
BENICAR HCT	T3	
BENLYSTA SUBCUTANEOUS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP
<i>bensal hp</i>	Non-Formulary	
BENZAC AC WASH EXTERNAL LIQUID	Non-Formulary	
BENZEFOAM	Non-Formulary	
BENZEFOAMULTRA	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	
BENZEPRO SHORT CONTACT	Non-Formulary	
<i>benznidazole oral tablet 100 mg</i>	T3	QL (60 tablets per 1 lifetime); AL (Max 12 Years)
<i>benznidazole oral tablet 12.5 mg</i>	Non-Formulary	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1	

Medication	Coverage Level	Restrictions
<i>benzonatate oral capsule 150 mg</i>	Non-Formulary	
<i>benzoyl peroxide cleanser external liquid</i>	Non-Formulary	
<i>benzoyl peroxide external foam 9.8 %</i>	Non-Formulary	
<i>benzoyl peroxide external gel 10 %, 2.5 %, 5 %</i>	Non-Formulary	
<i>benzoyl peroxide external liquid 10 %</i>	Non-Formulary	
<i>benzoyl peroxide external pad 9.5 %</i>	Non-Formulary	
<i>benzoyl peroxide wash external liquid</i>	Non-Formulary	
<i>benzoyl peroxide-erythromycin</i>	T2	
<i>benzphetamine hcl oral tablet 50 mg</i>	T1	
<i>benztropine mesylate oral</i>	T1	
<i>bepotastine besilate</i>	T2	ST; QL (5 ML per 30 Days)
BEPREVE	Non-Formulary	
BERINERT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
<i>besifloxacin hcl</i>	T2	QL (5 ML per 30 days)
BESIVANCE	T3	QL (5 ML per 30 days)
BESREMI	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
BESREMI PEN	T5	PA; SP (Limited to a 1-month supply per fill.); QL (2 Pens per 28 days); SP
<i>betaine</i>	T3	SP
<i>betamethasone dipropionate aug external cream</i>	T1	
<i>betamethasone dipropionate aug external gel</i>	T1	QL (50 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	T1	QL (60 ML per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	T1	QL (50 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	T1	
<i>betamethasone dipropionate external lotion</i>	T1	QL (60 ML per 30 days)
<i>betamethasone dipropionate external ointment</i>	T2	
<i>betamethasone sod phos & acet injection suspension 7 (4-3) mg/ml</i>	Non-Formulary	
<i>betamethasone valerate external cream</i>	T1	
<i>betamethasone valerate external foam</i>	Non-Formulary	
<i>betamethasone valerate external lotion</i>	T1	QL (60 ML per 30 days)
<i>betamethasone valerate external ointment</i>	T1	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	

Medication	Coverage Level	Restrictions
BETASERON SUBCUTANEOUS KIT	T4	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 (14 vials per 30 days); SP
<i>betaxolol hcl</i>	T1	
<i>bethanechol chloride oral</i>	T1	
BETHKIS	T5	PA; SP (Limited to a 56 day supply per fill); QL (280 ML per 56 days); SP
BETIMOL	T2	
BETOPTIC-S	Non-Formulary	
<i>bevacizumab intraocular solution prefilled syringe 2.75 mg/0.11ml</i>	Non-Formulary	
<i>bevacizumab intravitreal solution prefilled syringe 1.25 mg/0.05ml, 2 mg/0.08ml, 2.25 mg/0.09ml, 2.75 mg/0.11ml</i>	Non-Formulary	
BEVESPI AEROSPHERE	T3	ST; QL (1 inhaler per 30 days)
BEVYXXA	Non-Formulary	
<i>bexarotene external</i>	Non-Formulary	
<i>bexarotene oral</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
BEXSERO	Vaccine - \$0 Copay	PV; QL (2 ML per 1 Lifetime)
BEYAZ	Non-Formulary	
<i>bicalutamide</i>	T1	
BIDIL	Non-Formulary	
BIGFOOT UNITY PROGRAM	Non-Formulary	
BIJUVA	Non-Formulary	
BIKTARVY ORAL TABLET 30-120-15 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 Days)
BIKTARVY ORAL TABLET 50-200-25 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
BILPREVDA	Non-Formulary	
BILTRICIDE	T5	SP (Limited to a 1 month supply per fill)
<i>bimatoprost external</i>	BE	
<i>bimatoprost ophthalmic solution 0.01 %</i>	T1	QL (2.5 ML per 30 days)
<i>bimatoprost ophthalmic solution 0.03 %</i>	T1	

Medication	Coverage Level	Restrictions
<i>bimatoprost-brimonidine-dorzol</i>	Non-Formulary	
<i>bimatoprost-timolol maleate</i>	Non-Formulary	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 56 days); SP
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed 2 auto-injectors per 28 days for the first 4 fills only.); QL (2 auto-injectors per 56 days); SP
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 56 days); SP
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed 2 syringes per 28 days for the first 4 fills only.); QL (2 syringes per 56 days); SP
BINOSTO	T3	ST
BIOTHRAX	Non-Formulary	
<i>bisacodyl ec</i>	T3	PV
<i>bisacodyl rectal</i>	Non-Formulary	
<i>bismuth/metronidazole/tetracycline</i>	T3	ST
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	
<i>bisoprolol fumarate oral tablet 2.5 mg</i>	Non-Formulary	
<i>bisoprolol-hydrochlorothiazide</i>	T1	
BKEMV	Non-Formulary	
BLEPH-10	T3	
BLEPHAMIDE S.O.P.	T3	
BLISOVI 24 FE	T1	PV
BLISOVI FE 1.5/30	T1	PV
BLISOVI FE 1/20	T1	PV
<i>blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>blood pressure monitor</i>	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 3	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 7	T2	QL (1 monitor per 2 years)
BLUJEP	Non-Formulary	
BLULINK GLUCOSE MONITORING SYS	Non-Formulary	
BLULINK GLUCOSE TEST	T3	ST; QL (200 Strips per 30 days)

Medication	Coverage Level	Restrictions
BONIVA ORAL TABLET 150 MG	T3	
BONJESTA	BE	
BONSITY	T4	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	Vaccine - \$0 Copay	PV; QL (1 dose per 1 lifetime)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Vaccine - \$0 Copay	PV; QL (1 dose per 1 lifetime)
BOSAYA	Non-Formulary	
<i>bosentan oral tablet</i>	T1	PA; QL (60 tablets per 30 days); SP
<i>bosentan oral tablet soluble</i>	T1	PA; QL (56 Tablets per 28 days); SP
BOSULIF	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
<i>bosutinib</i>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); SP
<i>bp vit 3</i>	Non-Formulary	
<i>bp wash external liquid 10 %, 2.5 %, 5 %, 7 %</i>	Non-Formulary	
<i>bpo foaming cloths external 6 %</i>	Non-Formulary	
BPROTECTED PEDIA IRON	T1	PV; AL (Min 6 Months and Max 12 Months)
BRAFTOVI ORAL CAPSULE 75 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
BREATHERITE	T2	QL (4 EA per 365 days)
BREATHERITE COLL SPACER ADULT	T2	QL (4 EA per 365 days)
BREATHERITE COLL SPACER CHILD	T2	QL (4 EA per 365 days)
BREATHERITE COLL SPACER INFANT	T2	QL (4 EA per 365 days)
BREATHERITE RIGID SPACER/MASK	T2	QL (4 EA per 365 days)
BREATHERITE SPACER NEONATE	T2	QL (4 EA per 365 days)
BREATHERITE SPACER SMALL CHILD	T2	QL (4 EA per 365 days)
BREATHERITE/LARGE MASK	T2	QL (4 EA per 365 days)
BREATHERITE/MEDIUM MASK	T2	QL (4 EA per 365 days)
BREATHERITE/SMALL MASK	T2	QL (4 EA per 365 days)
BREKIYA	Non-Formulary	
BRENZAVVY	Non-Formulary	

Medication	Coverage Level	Restrictions
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	T2	QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	T2	QL (1 inhaler per 30 Days)
BREXAFEMME	Non-Formulary	
BREYNA	T1	QL (2 inhalers per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT	T2	QL (1 Inhaler per 30 Days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	T2	QL (1 inhaler per 30 days)
<i>briellyn</i>	T1	PV
BRILINTA	Non-Formulary	
<i>brimonidine tartrate external</i>	T3	ST; QL (30 GM per 30 days)
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %</i>	T2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T1	
<i>brimonidine tartrate-timolol</i>	T1	
<i>brimonidine-dorzolamide</i>	Non-Formulary	
BRINSUPRI	Non-Formulary	
<i>brinzolamide</i>	T2	
BRISDELLE	Non-Formulary	
<i>brivaracetam oral solution</i>	T2	QL (300 ML per 30 days)
<i>brivaracetam oral tablet</i>	T2	QL (60 Tablets per 30 Days)
BRIVIACT ORAL SOLUTION	T3	QL (300 ML per 30 days)
BRIVIACT ORAL TABLET	T3	QL (60 tablets per 30 days)
BROMFED DM ORAL SYRUP 30-2-10 MG/5ML	Non-Formulary	
<i>bromfenac sodium (once-daily)</i>	T2	ST; QL (1.7 ML per 30 days)
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	Non-Formulary	
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	T1	ST; QL (5 ML per 30 days)
<i>bromocriptine mesylate oral</i>	T2	
BROMSITE	Non-Formulary	
BRONCHITOL	Non-Formulary	
BROVANA	T5	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)

Medication	Coverage Level	Restrictions
BRUKINSA ORAL CAPSULE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days)
BRUKINSA ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (60 Capsules per 30 days)
BRYHALI	Non-Formulary	
BRYNOVIN	Non-Formulary	
BSS	T1	
BSS PLUS	T3	
BUCAPSOL	Non-Formulary	
<i>budesonide er oral tablet extended release 24 hour</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 1 mg/2ml</i>	T2	QL (120 ML per 30 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	T2	QL (240 ML per 30 days)
<i>budesonide nasal</i>	Non-Formulary	
<i>budesonide oral</i>	T1	QL (90 capsules per 30 days)
<i>budesonide rectal foam 2 mg</i>	T3	QL (2 packages per 180 days)
<i>budesonide-formoterol fumarate</i>	T1	QL (2 inhalers per 30 days)
<i>buffered aspirin</i>	T3	
BUFFERIN	T3	
<i>bumetanide oral</i>	T1	
BUPHENYL ORAL POWDER 3 GM/TSP	T5	PA; SP (Limited to a 1 month supply per fill)
BUPHENYL ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill)
<i>bupivacaine hcl injection solution prefilled syringe 0.25 % (10 ml)</i>	Non-Formulary	
<i>buprenorphine hcl sublingual</i>	T1	QL (120 tablets per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	T1	QL (60 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	T1	QL (90 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	T1	QL (90 tablets per 30 days)
<i>buprenorphine transdermal</i>	T2	ST; QL (4 patches per 28 days)

Medication	Coverage Level	Restrictions
<i>bupropion hcl er (smoking det)</i>	T1	PV
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg</i>	T1	QL (90 tablets per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	T1	QL (60 tablets per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	T1	QL (90 tablets per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	T1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	Non-Formulary	
<i>bupropion hcl oral</i>	T1	
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	T1	
<i>buspirone hcl oral tablet 12.5 mg, 2.5 mg</i>	Non-Formulary	
<i>butalbital-acetaminophen oral capsule</i>	Non-Formulary	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Non-Formulary	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	QL (180 tablets per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	Non-Formulary	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	QL (180 capsules per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	Non-Formulary	
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	T1	QL (180 capsules per 30 days)
<i>butalbital-apap-caffeine oral solution</i>	Non-Formulary	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1	QL (180 tablets per 30 days)
<i>butalbital-asa-caff-codeine</i>	T2	QL (180 capsules per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T1	QL (180 capsule per 30 days)
<i>butorphanol tartrate injection</i>	T3	
<i>butorphanol tartrate nasal</i>	T2	
BUTRANS	Non-Formulary	
BYLVAY	Non-Formulary	
BYLVAY (PELLETS)	Non-Formulary	
BYNFEZIA PEN	Non-Formulary	
BYQLOVI	Non-Formulary	
BYSANTI	Non-Formulary	
BYSANTI TITRATION PACK A	Non-Formulary	
BYSANTI TITRATION PACK B	Non-Formulary	
BYSANTI TITRATION PACK C	Non-Formulary	
BYSTOLIC	T3	

Medication	Coverage Level	Restrictions
<i>cabergoline</i>	T1	
CABLIVI	T4	PA; SP (Limited to a 1 month supply per fill. Limited to 2 fills per 720 days); QL (30 kits per 30 days)
CABOMETYX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
CABTREO	Non-Formulary	
CADUET ORAL TABLET 10-10 MG, 5-10 MG	T3	
CAFERGOT	Non-Formulary	
<i>caffeine citrate oral solution 60 mg/3ml</i>	T3	AL (Max 1 Years)
<i>calcipotriene external cream</i>	T1	QL (120 GM per 30 days)
<i>calcipotriene external foam</i>	Non-Formulary	
<i>calcipotriene external ointment</i>	T2	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	T1	
<i>calcipotriene-betameth diprop external ointment</i>	T5	SP (Limited to a 1 month supply per fill); QL (100 GM per 30 days)
<i>calcipotriene-betameth diprop external suspension</i>	T5	SP (Limited to a 1 month supply per fill)
<i>calcitonin (salmon) injection</i>	Non-Formulary	
<i>calcitonin (salmon) nasal</i>	T1	
<i>calcitriol external</i>	T3	ST; QL (100 GM per 30 days)
<i>calcitriol oral capsule</i>	T1	
<i>calcitriol oral solution</i>	T1	AL (Max 9 Years)
<i>calcium acetate (phos binder) oral capsule</i>	T1	
<i>calcium-folic acid plus d</i>	Non-Formulary	
CALQUENCE ORAL TABLET	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
<i>calsodore external kit</i>	Non-Formulary	
CAMBIA	Non-Formulary	
CAMILA	T1	PV
CAMRESE	T1	PV
CAMRESE LO	T1	PV

Medication	Coverage Level	Restrictions
CAMZYOS	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); AL (Min 18 Years); SP
CANASA	T5	SP (Limited to a 1 month supply per fill)
<i>candesartan cilexetil</i>	T1	
<i>candesartan cilexetil-hctz</i>	T1	
CANDIN	Non-Formulary	
<i>capecitabine oral tablet 150 mg</i>	T4	SP (Limited to a 1 month supply per fill); SP
<i>capecitabine oral tablet 500 mg</i>	T4	SP (Limited to a 1 month supply per fill); SP
CAPEX	Non-Formulary	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 Capsules per 30 days)
CAPRELSA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
<i>captopril oral</i>	T1	
<i>captopril-hydrochlorothiazide</i>	T1	
CAPVAXIVE	Vaccine - \$0 Copay	QL (1 dose per 1 Lifetime)
CARAC	Non-Formulary	
CARAFATE ORAL SUSPENSION	T3	
CARAFATE ORAL TABLET	T3	ST
CARBAGLU ORAL TABLET SOLUBLE	Non-Formulary	
<i>carbamazepine er oral capsule extended release 12 hour</i>	T1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	T1	ST; QL (60 tablets per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	T2	ST; QL (120 tablets per 30 days)
<i>carbamazepine oral suspension 100 mg/5ml</i>	T1	
<i>carbamazepine oral tablet</i>	T1	
<i>carbamazepine oral tablet chewable 100 mg</i>	T1	
<i>carbamazepine oral tablet chewable 200 mg</i>	Non-Formulary	
CARBATROL	T3	

Medication	Coverage Level	Restrictions
<i>carbidopa oral</i>	T3	ST; QL (5 tablets per 1 day)
<i>carbidopa-levodopa</i>	T1	
<i>carbidopa-levodopa er oral capsule extended release 23.75-95 mg, 36.25-145 mg</i>	T4	PA; SP (Limited to a 1-month supply per fill); QL (360 Capsules per 30 days)
<i>carbidopa-levodopa er oral capsule extended release 48.75-195 mg, 61.25-245 mg</i>	T4	PA; SP (Limited to a 1-month supply per fill.); QL (360 Capsules per 30 days)
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	T1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	T1	
<i>carbinoxamine maleate er</i>	Non-Formulary	
<i>carbinoxamine maleate oral solution</i>	T1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	Non-Formulary	
<i>carbzah</i>	Non-Formulary	
CARDAMYST	Non-Formulary	
<i>cardioplegia del nido formula</i>	Non-Formulary	
CARDIOVID PLUS	Non-Formulary	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	Non-Formulary	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non-Formulary	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARDURA	T3	
CARDURA XL	T3	ST
CARESENS CONTROL A	T3	
CARESENS CONTROL SOLUTION A/B	T3	
CARESENS N GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
CARESENS S CONTROL SOLN A/B	T3	
CARESENS S GLUCOSE TEST	T3	ST
CARETOUCH CONTROL SOL LEVEL 2	T3	
CARETOUCH LANCING/EJECTOR	T3	

Medication	Coverage Level	Restrictions
CARETOUCH TEST	T3	ST; QL (200 strips per 30 days)
CARETOUCH TWIST LANCETS 28G	T2	
CARETOUCH TWIST LANCETS 30G	T2	
CARETOUCH TWIST LANCETS 33G	T2	
<i>carglumic acid oral tablet soluble</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<i>carisoprodol oral tablet 350 mg</i>	Non-Formulary	
<i>carisoprodol-aspirin</i>	Non-Formulary	
<i>carisoprodol-aspirin-codeine</i>	T1	QL (120 tablets per 30 days)
CARNITOR ORAL	T3	
CARNITOR SF	T3	
CAROSPIR	T3	QL (120 ML per 30 days); AL (Max 9 Years)
<i>carteolol hcl</i>	T1	
CARTIA XT	T1	
<i>carvedilol</i>	T1	
<i>carvedilol phosphate er</i>	T2	ST
CASODEX	T3	
CATAPRES	T3	
CATAPRES-TTS-1	T3	
CATAPRES-TTS-2	T3	
CATAPRES-TTS-3	T3	
CAVERJECT	T3	QL (6 injections per 30 days)
CAVERJECT IMPULSE	T3	QL (6 injections per 30 days)
CAVHANZA	Non-Formulary	
CAYA	T3	PV
CAYSTON	T4	PA; SP (Limited to a 1 month supply per fill); SP
CAZIAN	T1	PV
<i>cefaclor er</i>	Non-Formulary	
<i>cefaclor oral capsule 250 mg</i>	T1	
<i>cefadroxil</i>	T1	
<i>cefdinir</i>	T1	
<i>cefditoren pivoxil oral tablet 400 mg</i>	T1	
<i>cefixime oral capsule</i>	Non-Formulary	
<i>cefixime oral suspension reconstituted</i>	T1	
<i>cefpodoxime proxetil</i>	T1	
<i>cefprozil</i>	T1	
<i>ceftaroline fosamil</i>	Non-Formulary	

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

Medication	Coverage Level	Restrictions
<i>childrens loratadine oral solution</i>	BE	
<i>chlohex</i>	Non-Formulary	
<i>chlordiazepoxide hcl</i>	T1	
<i>chlordiazepoxide-amitriptyline</i>	T1	
<i>chlordiazepoxide-clidinium</i>	T3	
<i>chlorhexidine gluconate mouth/throat</i>	T1	
<i>chloroquine phosphate oral</i>	T1	
<i>chlorpheniramine maleate er</i>	Non-Formulary	
<i>chlorpromazine hcl oral concentrate</i>	T3	QL (180 ML per 30 days)
<i>chlorpromazine hcl oral tablet</i>	T3	QL (180 tablets per 30 days)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	Non-Formulary	
<i>chlorzoxazone oral tablet 500 mg</i>	T1	
CHOLBAM	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
<i>cholestyramine light</i>	T1	
<i>cholestyramine oral</i>	T1	
<i>chorionic gonadotropin intramuscular</i>	T3	SP
CHOSEN LANCING DEVICE	T3	
CIALIS	Non-Formulary	
CIBINQO	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
CICLODAN EXTERNAL SOLUTION	T1	
<i>ciclopirox external</i>	T1	
<i>ciclopirox olamine external</i>	T1	
<i>ciclopirox treatment</i>	Non-Formulary	
CIFEREX	Non-Formulary	
<i>cilostazol</i>	T1	
CILOXAN	T3	
CIMDUO	Non-Formulary	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	T3	
<i>cimetidine oral tablet 200 mg</i>	Non-Formulary	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T1	

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

Medication	Coverage Level	Restrictions
CITRANATAL RX	T3	
<i>citrate of magnesia oral solution</i>	T3	PV
CITROMA	T3	PV
<i>cladribine (10 tabs)</i>	T4	PA; SP (Limited to a 1-month supply per fill); QL (120 Tablets per 365 days)
<i>cladribine (4 tabs)</i>	T4	PA; SP (Limited to a 1-month supply per fill); QL (120 Tablets per 365 days)
<i>cladribine (5 tabs)</i>	T4	PA; SP (Limited to a 1-month supply per fill); QL (120 Tablets per 365 days)
<i>cladribine (6 tabs)</i>	T4	PA; SP (Limited to a 1-month supply per fill); QL (120 Tablets per 365 days)
<i>cladribine (7 tabs)</i>	T4	PA; SP (Limited to a 1-month supply per fill); QL (120 Tablets per 365 days)
<i>cladribine (8 tabs)</i>	T4	PA; SP (Limited to a 1-month supply per fill); QL (120 Tablets per 365 days)
<i>cladribine (9 tabs)</i>	T4	PA; SP (Limited to a 1-month supply per fill); QL (120 Tablets per 365 days)
CLARAVIS	T2	QL (6 fills per 2 years)
CLARINEX ORAL TABLET	Non-Formulary	
CLARINEX-D 12 HOUR	Non-Formulary	
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
CLARITIN ALLERGY CHILDRENS ORAL SOLUTION	BE	
CLARITIN CHILDRENS	BE	
CLARITIN ORAL TABLET	BE	
CLARITIN ORAL TABLET CHEWABLE	BE	
CLARITIN REDITABS	BE	
CLARITIN REDITABS JUNIORS	BE	
CLARITIN-D 12 HOUR	BE	
CLARITIN-D 24 HOUR	BE	
<i>classic prenatal</i>	T3	PV
CLEARLAX ORAL PACKET	Non-Formulary	
CLEARLAX ORAL POWDER	T3	PV
<i>clemastine fumarate oral syrup</i>	Non-Formulary	
<i>clemastine fumarate oral tablet 1.34 mg</i>	Non-Formulary	

Medication	Coverage Level	Restrictions
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1	
CLEMASZ	Non-Formulary	
CLEMSZA	Non-Formulary	
CLENIA PLUS	Non-Formulary	
CLENPIQ	T3	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	T3	
CLEOCIN ORAL CAPSULE 75 MG	T2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	T2	
CLEOCIN VAGINAL CREAM	T3	
CLEOCIN VAGINAL SUPPOSITORY	Non-Formulary	
CLEOCIN-T EXTERNAL LOTION	T3	
CLEVER CHOICE MICRO TEST	T3	ST; QL (200 strips per 30 days)
CLEVER CHOICE TALK SYSTEM IN VITRO	T3	ST; QL (200 strips per 30 days)
CLIMARA	Non-Formulary	
CLIMARA PRO	Non-Formulary	
CLINDAGEL	Non-Formulary	
<i>clindamycin hcl oral</i>	T1	
<i>clindamycin palmitate hcl</i>	T1	
<i>clindamycin phos (once-daily)</i>	BE	
<i>clindamycin phos (twice-daily)</i>	T1	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %</i>	Non-Formulary	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T1	QL (45 gm per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	T2	QL (50 GM per 30 days)
<i>clindamycin phosphate external gel 1 %</i>	T1	
<i>clindamycin phosphate external lotion</i>	T1	
<i>clindamycin phosphate external solution</i>	T1	QL (180 ML per 30 days)
<i>clindamycin phosphate external swab</i>	T1	
<i>clindamycin phosphate vaginal</i>	T1	
<i>clindamycin-tretinoin</i>	T3	
CLINDESSE	T3	ST
<i>clobazam oral suspension 2.5 mg/ml</i>	T2	QL (480 ML per 30 days)
<i>clobazam oral tablet</i>	T1	
<i>clobetasol prop emollient base</i>	T1	QL (60 GM per 30 days)
<i>clobetasol propionate emulsion</i>	T3	QL (100 GM per 30 days)
<i>clobetasol propionate external cream 0.025 %</i>	Non-Formulary	
<i>clobetasol propionate external cream 0.05 %</i>	T1	QL (60 GM per 30 days)
<i>clobetasol propionate external foam</i>	Non-Formulary	

Medication	Coverage Level	Restrictions
<i>clobetasol propionate external gel</i>	T1	
<i>clobetasol propionate external liquid</i>	T3	
<i>clobetasol propionate external lotion</i>	T3	QL (118 ML per 30 days)
<i>clobetasol propionate external ointment</i>	T1	QL (60 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	T2	QL (118 ML per 30 days)
<i>clobetasol propionate external solution</i>	T1	
<i>clobetasol propionate ophthalmic</i>	Non-Formulary	
CLOBEX	T3	ST; QL (118 ML per 30 days)
CLOBEX SPRAY	Non-Formulary	
CLOBEZIN	Non-Formulary	
<i>clocortolone pivalate</i>	T3	ST
CLODAN EXTERNAL KIT	T3	
CLODAN EXTERNAL SHAMPOO	T2	QL (118 ML per 30 days)
CLOMID	T3	
<i>clomiphene citrate oral</i>	T1	
<i>clomipramine hcl oral</i>	T1	QL (90 capsules per 30 days)
<i>clonazepam oral tablet 0.25 mg</i>	Non-Formulary	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	
<i>clonazepam oral tablet dispersible</i>	T1	
<i>clonidine</i>	T1	
<i>clonidine er</i>	Non-Formulary	
<i>clonidine hcl er oral tablet extended release 12 hour</i>	T2	
<i>clonidine hcl er oral tablet extended release 24 hour</i>	Non-Formulary	
<i>clonidine hcl oral tablet 0.05 mg</i>	Non-Formulary	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	T1	
<i>clopidogrel bisulfate oral</i>	T1	
<i>clorazepate dipotassium</i>	T1	
CLOTIC	Non-Formulary	
<i>clotrimazole external cream</i>	Non-Formulary	
<i>clotrimazole external solution</i>	Non-Formulary	
<i>clotrimazole mouth/throat troche</i>	T1	
<i>clotrimazole-betamethasone external cream</i>	T1	
<i>clotrimazole-betamethasone external lotion</i>	T1	QL (30 gm per 30 days)
<i>clozapine oral tablet</i>	T1	
<i>clozapine oral tablet dispersible</i>	T3	
CLOZARIL ORAL TABLET 100 MG, 25 MG	T3	
CLOZARIL ORAL TABLET 200 MG, 50 MG	Non-Formulary	

Medication	Coverage Level	Restrictions
COAGADEX	T4	SP (Limited to a 1 month supply per fill); SP
<i>coal tar external solution</i>	T2	
COARTEM	T2	
COBENFY	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
COBENFY STARTER PACK	T5	PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
<i>codeine sulfate oral tablet</i>	T1	
<i>coenzyme q10</i>	Non-Formulary	
<i>coenzyme q-10 oral capsule 100 mg</i>	Non-Formulary	
COLAZAL	T5	SP (Limited to a 1 month supply per fill)
<i>colchicine oral capsule</i>	T3	QL (120 capsules per 30 days)
<i>colchicine oral tablet</i>	T1	QL (120 tablets per 30 days)
<i>colchicine-probenecid</i>	T1	
COLCRYS	Non-Formulary	
<i>colesevelam hcl oral packet</i>	T3	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	T1	QL (180 tablets per 30 days)
COLESTID	T3	
<i>colestipol hcl</i>	T1	
<i>colistimethate sodium (cba)</i>	Non-Formulary	
COLY-MYCIN S	T3	
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM	T3	
COMBIGAN	Non-Formulary	
COMBIPATCH	T2	
COMBIVENT RESPIMAT	T2	QL (2 inhalers per 30 days)
COMBIVIR	T5	SP (Limited to a 1 month supply per fill)
COMBOGESIC ORAL	Non-Formulary	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP

Medication	Coverage Level	Restrictions
COMETRIQ (60 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
COMIRNATY	Vaccine - \$0 Copay	PV
COMIRNATY 5-11 YEARS	Vaccine - \$0 Copay	PV
COMPACT SPACE CHAMBER	T3	QL (4 chambers per 1 year)
COMPACT SPACE CHAMBER/LG MASK	T3	QL (4 chambers per 1 year)
COMPACT SPACE CHAMBER/MED MASK	T3	QL (4 chambers per 1 year)
COMPACT SPACE CHAMBER/SM MASK	T3	QL (4 chambers per 1 year)
COMPLERA	T4	SP (Limited to a 1 month supply per fill)
<i>complete natal dha</i>	T1	
<i>completenate</i>	T1	
COMPRO	T1	
COMTAN	T3	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG	T3	QL (31 tablets per 31 days); AL (Min 4 Years)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG, 54 MG	T3	QL (62 tablets per 31 days); AL (Min 4 Years)
CONDYLOX EXTERNAL GEL	T3	ST
CONJUPRI	Non-Formulary	
CONSENSI	Non-Formulary	
CONTOUR CONTROL IN VITRO LIQUID NORMAL	T3	
CONTOUR NEXT TEST	T3	ST; QL (200 strips per 30 days)
CONTOUR PLUS BLUE	Non-Formulary	
CONTOUR PLUS CONTROL SOLUTION	T3	
CONTOUR PLUS TEST	T3	ST; QL (200 Strips per 30 days)
CONTOUR TEST	T3	ST; QL (200 strips per 30 days)
CONTRACE	T3	ST
CONZIP	Non-Formulary	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Formulary	
COPIKTRA ORAL CAPSULE 15 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
CORDRAN EXTERNAL TAPE	Non-Formulary	
COREG	T3	
COREG CR	T3	ST

Medication	Coverage Level	Restrictions
CORGARD	T3	
CORLANOR ORAL SOLUTION	T3	ST; AL (Max 9 Years)
CORLANOR ORAL TABLET	Non-Formulary	
<i>corphena</i>	Non-Formulary	
CORTANE-B EXTERNAL	T3	
CORTEF	T3	
CORTENEMA	T3	
CORTIFOAM EXTERNAL	T3	ST
<i>cortisone acetate oral</i>	T1	
CORTISPORIN-TC	T3	
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	
<i>corvite fe</i>	Non-Formulary	
CORVITE FREE	Non-Formulary	
CORVITE ORAL TABLET 1.25 MG	Non-Formulary	
COSENTYX (300 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 dose packs for induction/starting dose only.); QL (1 dose pack per 28 days); SP
COSENTYX SENSOREADY (300 MG)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 dose packs for induction/starting dose only.); QL (1 dose pack per 28 days); SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 pens for induction/starting dose only.); QL (1 pen per 28 days); SP
COSENTYX SUBCUTANEOUS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 syringes for induction/starting dose only.); QL (1 syringe per 28 days); SP

Medication	Coverage Level	Restrictions
COSENTYX UNOREADY	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 pen per 28 days); SP
COSOPT	T3	
COTELLIC	T4	PA; SP (Limited to a 1 month supply per fill); SP
COTEMPLA XR-ODT	Non-Formulary	
COUMADIN ORAL	T2	
COVARYX	Non-Formulary	
COVARYX HS	Non-Formulary	
COXANTO	Non-Formulary	
COZAAR	T3	
CRENESSITY ORAL CAPSULE 100 MG, 50 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
CRENESSITY ORAL CAPSULE 25 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill.); QL (30 Capsules per 30 days)
CRENESSITY ORAL SOLUTION	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 ML per 30 days)
CREON	T4	SP (Limited to a 1 month supply per fill)
CRESEMBA ORAL CAPSULE 186 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 Capsules per 30 days)
CRESEMBA ORAL CAPSULE 74.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)
CRESTOR	T3	
CREXONT	T2	ST; QL (180 capsules per 30 days)
CRINONE	Non-Formulary	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T2	
<i>cromolyn sodium inhalation</i>	Non-Formulary	
<i>cromolyn sodium ophthalmic</i>	T1	
<i>cromolyn sodium oral</i>	T3	
CRYODOSE TA	Non-Formulary	

Medication	Coverage Level	Restrictions
CRYSSELLE-28	T1	PV
CUPRIMINE ORAL CAPSULE 250 MG	Non-Formulary	
CURAE	T3	PV
CUVPOSA	T3	AL (Min 3 Years)
CUVRIOR	Non-Formulary	
<i>cvs aspirin adult low dose</i>	T1	PV
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	T1	PV
<i>cvs aspirin oral tablet 325 mg</i>	Non-Formulary	
<i>cvs folic acid oral tablet 800 mcg</i>	T1	PV; AL (Max 50 Years)
<i>cvs magnesium citrate oral solution</i>	T3	PV
<i>cvs milk of magnesia oral suspension 400 mg/5ml</i>	T3	PV
<i>cvs nicotine polacrilex</i>	T1	PV
<i>cvs nicotine transdermal</i>	T1	PV
<i>cvs prenatal multi+dha</i>	T3	PV
<i>cvs prenatal oral tablet 27-0.8 mg</i>	T3	PV
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1	
<i>cyanocobalamin nasal</i>	Non-Formulary	
<i>cyclobenzaprine hcl er</i>	Non-Formulary	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	Non-Formulary	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	T2	
CYCLOGYL OPHTHALMIC SOLUTION 1 %, 2 %	T3	
CYCLOMYDRIL	T3	
<i>cyclopentolate hcl ophthalmic</i>	T1	
<i>cyclophosphamide oral</i>	T2	
<i>cycloserine oral</i>	T4	SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
CYCLOSET	T3	
<i>cyclosporine (pf)</i>	T2	QL (60 vials per 30 days)
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral capsule</i>	T4	SP (Limited to a 1 month supply per fill)
CYLTEZO (2 PEN)	Non-Formulary	
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	T3	QL (60 capsules per 30 days)

Medication	Coverage Level	Restrictions
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	T3	QL (90 capsules per 30 days)
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	T1	
<i>cyproheptadine hcl oral tablet</i>	T1	
CYRED	T1	PV
CYRED EQ	T1	PV
CYSTADANE	Non-Formulary	
CYSTADROPS	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per dispensing); QL (20 ML per 30 days)
CYSTARAN	T4	SP (Limited to a 1 month supply per fill); QL (60 ML per 30 days)
CYTOMEL	T2	
CYTOTEC	T3	
<i>cytra k crystals</i>	T1	
<i>cytra-2</i>	Non-Formulary	
CYTRA-3	Non-Formulary	
<i>cytra-k</i>	Non-Formulary	
<i>dabigatran etexilate mesylate</i>	T1	QL (60 capsules per 30 days)
<i>dafilor</i>	Non-Formulary	
<i>dalfampridine er</i>	T5	PA; SP (Limited to a 1 month supply per fill); SP
DALIRESP	T3	QL (30 tablets per 30 days)
<i>danazol oral capsule 100 mg, 50 mg</i>	T3	QL (60 capsules per 30 days)
<i>danazol oral capsule 200 mg</i>	T3	QL (120 capsules per 30 days)
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	T3	
<i>dantrolene sodium oral</i>	T1	
DANZITEN	T4	PA; SP (Limited to a 1-month supply per fill); QL (112 Tablets per 28 days)
<i>dapaglifloz base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg</i>	T1	QL (30 tablets per 30 days)
<i>dapaglifloz base-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i>	T1	QL (60 tablets per 30 days)
<i>dapagliflozin</i>	T1	QL (30 tablets per 30 days)
<i>dapagliflozin-saxagliptin</i>	Non-Formulary	
<i>dapsone external</i>	Non-Formulary	
<i>dapsone oral</i>	T1	
DARAPRIM	Non-Formulary	

Medication	Coverage Level	Restrictions
<i>darifenacin hydrobromide er</i>	T2	QL (30 tablets per 30 days)
DARTISLA ODT	Non-Formulary	
<i>darunavir</i>	T4	SP (Limited to a 1 month supply per fill)
<i>dasatinib</i>	T1	PA; QL (30 tablets per 30 days); SP
DASETTA 1/35 (28)	T1	PV
DASETTA 7/7/7	T1	PV
DAURISMO	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
DAWNZERA	Non-Formulary	
DAYBUE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); AL (Min 2 Years)
DAYBUE STIX ORAL PACKET 5000 MG, 6000 MG	T4	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); SP
DAYBUE STIX ORAL PACKET 8000 MG	T4	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); SP
DAYPRO	T3	
DAYSEE	T1	PV
DAYTRANA	T2	ST; QL (30 patches per 30 days); AL (Min 4 Years)
DAYVIGO	T3	ST; QL (30 Tablets per 30 days); AL (Min 18 Years)
<i>dazaveidaoxia</i>	Non-Formulary	
<i>dazinia</i>	Non-Formulary	
<i>dazomon</i>	Non-Formulary	
DDAVP ORAL	T3	
DDAVP PF	T3	SP
DEBLITANE	T1	PV
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	T1	
<i>deferasirox granules</i>	T4	SP (Limited to a 1 month supply per fill); SP

Medication	Coverage Level	Restrictions
<i>deferasirox oral tablet</i>	T4	SP (Limited to a 1 month supply per fill); SP
<i>deferasirox oral tablet soluble</i>	T4	SP (Limited to a 1 month supply per fill); SP
<i>deferiprone</i>	T4	SP (Limited to a 1 month supply per fill); SP
<i>deflazacort</i>	Non-Formulary	
<i>del nido cardioplegia</i>	Non-Formulary	
DELESTROGEN	T3	
<i>delibon</i>	Non-Formulary	
DELSTRIGO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
DELZICOL	T3	QL (180 capsules per 30 days)
DEMADEX ORAL TABLET 10 MG	T3	
<i>demeclocycline hcl oral</i>	T3	
DEMSEER	Non-Formulary	
DENAVIR	Non-Formulary	
DENGVAIXIA	Non-Formulary	
DENTA 5000 PLUS	T1	
<i>dentagel</i>	T1	
<i>denvita</i>	Non-Formulary	
<i>deoxiademtar</i>	Non-Formulary	
<i>deoxiatar</i>	Non-Formulary	
<i>deoxiavar</i>	Non-Formulary	
DEPAKOTE	T3	
DEPAKOTE ER	T3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	
DEPEN TITRATABS	Non-Formulary	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T3	PV; QL (1 vial per 90 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T3	PV; QL (1 syringe per 90 days)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	Non-Formulary	
DERMACINRX DERMAZENE SPOT	Non-Formulary	
DERMACINRX DIGENYX	Non-Formulary	
DERMACINRX PRIZOPAK	Non-Formulary	
DERMACINRX PUREFOLIX	Non-Formulary	

Medication	Coverage Level	Restrictions
DERMACINRX URACIN	Non-Formulary	
DERMACURE	Non-Formulary	
<i>derma-r</i>	Non-Formulary	
DERMA-SMOOTH/FS BODY	T3	
DERMA-SMOOTH/FS SCALP	T3	
DERMASO PLUS	Non-Formulary	
DERMASORB HC	Non-Formulary	
DERMASORB TA	Non-Formulary	
DERMASORB XM	Non-Formulary	
<i>dermavyx</i>	Non-Formulary	
DERMAZENE	Non-Formulary	
DERMULCERA	Non-Formulary	
DESCOVY ORAL TABLET 120-15 MG	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
DESCOVY ORAL TABLET 200-25 MG	T5	SP (Limited to a 1 month supply per fill); PV; QL (30 tablets per 30 days)
<i>desipramine hcl oral</i>	T2	QL (60 tablets per 30 days)
<i>desloratadine</i>	BE	
DESMODA	Non-Formulary	
<i>desmopressin ace spray refrig</i>	T2	ST; QL (10 ML per 30 days)
<i>desmopressin acetate oral tablet 0.1 mg</i>	T1	QL (180 tablets per 30 days)
<i>desmopressin acetate oral tablet 0.2 mg</i>	T1	
<i>desmopressin acetate pf</i>	T3	SP
<i>desmopressin acetate spray</i>	T2	ST; QL (10 ML per 30 days)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	T1	PV
DESONATE	Non-Formulary	
<i>desonide external cream</i>	T1	
<i>desonide external gel</i>	Non-Formulary	
<i>desonide external lotion</i>	T2	ST
<i>desonide external ointment</i>	T1	
DESOWEN EXTERNAL CREAM	T3	
DESOWEN EXTERNAL LOTION	T3	
<i>desoximetasone external cream 0.05 %</i>	Non-Formulary	
<i>desoximetasone external cream 0.25 %</i>	T1	
<i>desoximetasone external gel</i>	Non-Formulary	
<i>desoximetasone external liquid</i>	Non-Formulary	
<i>desoximetasone external ointment 0.05 %</i>	Non-Formulary	
<i>desoximetasone external ointment 0.25 %</i>	T2	

Medication	Coverage Level	Restrictions
DESOXYN	Non-Formulary	
<i>desvenlafaxine er</i>	T2	QL (30 tablets per 30 days)
<i>desvenlafaxine succinate er</i>	T1	QL (60 tablets per 30 days)
DETROL	T3	
DETROL LA	T3	QL (30 capsules per 30 days)
<i>dexabliss</i>	Non-Formulary	
DEXAMETHASONE INTENSOL	T2	
<i>dexamethasone oral elixir</i>	T1	
<i>dexamethasone oral solution</i>	T1	
<i>dexamethasone oral tablet</i>	T1	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21)</i>	Non-Formulary	
<i>dexamethasone sodium phosphate ophthalmic</i>	T1	
DEXCOM G7 15 DAY SENSOR	T2	ST; QL (2 sensors per 28 days)
DEXCOM G7 RECEIVER	T2	ST; QL (1 receiver per 1 year)
DEXCOM G7 SENSOR	T2	ST; QL (3 sensors per 30 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	T3	QL (120 capsules per 30 days)
DEXILANT	Non-Formulary	
<i>dexlansoprazole</i>	T3	ST; QL (30 capsules per 30 days)
DEXLYT	Non-Formulary	
<i>dexmedetomidine hcl in nacl intravenous solution prefilled syringe 20-0.9 mcg/5ml-%</i>	Non-Formulary	
<i>dexmethylphenidate hcl</i>	T1	AL (Min 4 Years)
<i>dexmethylphenidate hcl er</i>	T1	QL (30 capsules per 30 days); AL (Min 4 Years)
DEXONTO 0.4%	T3	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	T2	QL (120 capsules per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	T2	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral solution</i>	T1	
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	T1	QL (180 tablets per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	T1	QL (60 tablets per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg</i>	T1	QL (30 tablets per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 7.5 mg</i>	T1	QL (90 tablets per 30 days); AL (Min 6 Years)
<i>dextromethorphan-quinidine</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)

Medication	Coverage Level	Restrictions
DEXYCU	Non-Formulary	
DHIVY ORAL TABLET 25-100 MG	Non-Formulary	
DIACOMIT ORAL CAPSULE 250 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
DIACOMIT ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
<i>diadimaxia external cream</i>	Non-Formulary	
DIALYVITE	Non-Formulary	
DIALYVITE 3000	Non-Formulary	
DIALYVITE 5000	Non-Formulary	
DIALYVITE 800 ORAL TABLET	T3	PV; AL (Max 50 Years)
DIALYVITE 800/IRON ORAL TABLET 29-0.8 MG	Non-Formulary	
DIALYVITE SUPREME D ORAL TABLET 3 MG	Non-Formulary	
DIALYVITE/ZINC	Non-Formulary	
<i>diasaxiatar</i>	Non-Formulary	
<i>diasdimaxia external cream</i>	Non-Formulary	
<i>diasoxia external cream</i>	Non-Formulary	
<i>diatrue plus test</i>	T3	QL (200 strips per 30 days)
DIAZEPAM INTENSOL	T2	
<i>diazepam oral solution 5 mg/5ml</i>	T1	
<i>diazepam oral tablet</i>	T1	
<i>diazepam rectal</i>	T3	
<i>diazoxide oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>dichlorphenamide</i>	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
<i>diclareal</i>	Non-Formulary	
DICLEGIS	BE	
<i>diclofenac epolamine external</i>	T3	ST; QL (60 patches per 30 days)
<i>diclofenac potassium oral capsule</i>	Non-Formulary	
<i>diclofenac potassium oral tablet 25 mg</i>	Non-Formulary	
<i>diclofenac potassium oral tablet 50 mg</i>	T1	
<i>diclofenac potassium(migraine)</i>	Non-Formulary	
<i>diclofenac sodium er</i>	T1	
<i>diclofenac sodium external gel 1 %</i>	T1	

Medication	Coverage Level	Restrictions
<i>diclofenac sodium external gel 3 %</i>	T2	ST; QL (100 GM per 30 days)
<i>diclofenac sodium external solution</i>	Non-Formulary	
<i>diclofenac sodium ophthalmic</i>	T1	
<i>diclofenac sodium oral</i>	T1	
<i>diclofenac-misoprostol oral tablet delayed release</i>	Non-Formulary	
<i>dicloxacillin sodium</i>	T1	
DICOPANOL FUSEPAQ	Non-Formulary	
<i>dicyclomine hcl oral capsule</i>	T1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	T1	
<i>dicyclomine hcl oral tablet 20 mg</i>	T1	
<i>dicyclomine hcl oral tablet 40 mg</i>	Non-Formulary	
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	T1	
<i>diethylpropion hcl er</i>	T1	
<i>diethylpropion hcl oral</i>	T1	
DIFFERIN EXTERNAL CREAM	Non-Formulary	
DIFFERIN EXTERNAL GEL 0.1 %	T1	
DIFFERIN EXTERNAL GEL 0.3 %	Non-Formulary	
DIFFERIN EXTERNAL LOTION	Non-Formulary	
DIFICID ORAL TABLET	Non-Formulary	
<i>diflorasone diacetate external</i>	Non-Formulary	
DIFLUCAN	T3	
<i>diflunisal oral</i>	T1	
<i>difluprednate</i>	T1	ST
DIGITEK	T1	
DIGOX	T1	
<i>digoxin oral solution</i>	T1	AL (Max 9 Years)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1	
<i>digoxin oral tablet 62.5 mcg</i>	Non-Formulary	
<i>dihydroergotamine mesylate injection</i>	Non-Formulary	
<i>dihydroergotamine mesylate nasal</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 ML per 30 days)
DILANTIN INFATABS	T2	
DILANTIN ORAL CAPSULE 100 MG	T3	
DILANTIN ORAL CAPSULE 30 MG	T2	
DILANTIN ORAL SUSPENSION	T3	
DILAUDID ORAL LIQUID	T3	
DILAUDID ORAL TABLET 2 MG	T3	QL (32 tablets per 1 day)
DILAUDID ORAL TABLET 4 MG	T3	QL (16 tablets per 1 day)

Medication	Coverage Level	Restrictions
DILAUDID ORAL TABLET 8 MG	T3	QL (8 tablets per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	Non-Formulary	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Non-Formulary	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	Non-Formulary	
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	Non-Formulary	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
<i>dimethyl fumarate oral</i>	T1	QL (60 capsules per 30 days); SP
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	T1	QL (60 capsules per 30 days); SP
<i>dionaris</i>	Non-Formulary	
<i>diooxia</i>	Non-Formulary	
DIOVAN	T3	QL (60 tablets per 30 days)
DIOVAN HCT	T3	
DIPENTUM	T5	SP (Limited to a 1 month supply per fill)
<i>diphenhydramine hcl oral capsule</i>	Non-Formulary	
<i>diphenhydramine hcl oral elixir</i>	Non-Formulary	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Non-Formulary	
<i>diphenoxylate-atropine oral liquid</i>	T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1	
<i>diphtheria-tetanus toxoids dt</i>	Non-Formulary	
DIPROLENE EXTERNAL OINTMENT	T3	QL (50 GM per 30 days)
<i>dipyridamole oral</i>	T1	
DISKETTS	T1	
<i>disopyramide phosphate oral</i>	T1	
<i>disulfiram oral</i>	T1	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	T3	
DIURIL	T2	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1	

Medication	Coverage Level	Restrictions
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1	
<i>divalproex sodium oral tablet delayed release</i>	T1	
<i>divendo</i>	Non-Formulary	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	T2	QL (30 packets per 30 days)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM	T2	QL (30 packets per 30 Days)
<i>divinix</i>	Non-Formulary	
<i>diyra</i>	Non-Formulary	
DOANS PILLS	T1	
<i>dofetilide</i>	T2	
DOJOLVI	Non-Formulary	
DOLISHALE	T1	PV
DOLOBID	Non-Formulary	
DOMEBORO EXTERNAL PACKET	Non-Formulary	
<i>domela</i>	Non-Formulary	
<i>donepezil hcl</i>	T1	
DONNATAL	Non-Formulary	
DOPTelet ORAL TABLET 20 MG	Non-Formulary	
DOPTelet SPRINKLE	Non-Formulary	
<i>dorevi</i>	Non-Formulary	
DORYX MPC	Non-Formulary	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	Non-Formulary	
<i>dorzolamide hcl ophthalmic</i>	T1	
<i>dorzolamide hcl-timolol mal</i>	T1	
DOTTI	T1	
DOVATO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
<i>doxazosin mesylate oral</i>	T1	
<i>doxepin hcl external</i>	T3	ST; QL (45 GM per 1 year)
<i>doxepin hcl oral capsule</i>	T1	
<i>doxepin hcl oral concentrate</i>	T1	
<i>doxepin hcl oral tablet</i>	T2	ST; QL (30 tablets per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 2.5 mcg</i>	Non-Formulary	
<i>doxercalciferol oral capsule 1 mcg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>doxycycline</i>	Non-Formulary	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	T1	

Medication	Coverage Level	Restrictions
<i>doxycycline hyclate oral capsule 75 mg</i>	Non-Formulary	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	Non-Formulary	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	Non-Formulary	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	Non-Formulary	
<i>doxycycline monohydrate oral suspension reconstituted</i>	T1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg</i>	Non-Formulary	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	T1	
<i>doxylamine-pyridoxine</i>	BE	
<i>d-penamine</i>	T5	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>draxacey</i>	Non-Formulary	
DRISDOL ORAL CAPSULE	T3	
DRITHO-CREME HP	Non-Formulary	
DRIZALMA SPRINKLE	Non-Formulary	
<i>dronabinol oral capsule 10 mg</i>	T2	SP (Limited to a 1 month supply per fill); QL (60 Capsules per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	T2	QL (60 Capsules per 30 days)
<i>dronabinol oral solution</i>	Non-Formulary	
<i>drospiren-eth estrad-levomefol</i>	T1	PV
<i>drospirenone-ethinyl estradiol</i>	T1	PV
DROXIA	T3	
<i>droxidopa oral capsule 100 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill.); QL (180 capsules per 30 days); SP
<i>droxidopa oral capsule 200 mg, 300 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill.); QL (180 capsules per 30 days); SP
DRYSOL	T1	
DSUVIA	Non-Formulary	
DUAC	Non-Formulary	
DUAKLIR PRESSAIR	Non-Formulary	
DUAVEE	T3	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
DUETACT	Non-Formulary	
DUEXIS	Non-Formulary	
DULCOLAX ORAL SUSPENSION	T3	PV
DULERA	T2	QL (1 inhaler per 31 days)
<i>duloxetine hcl oral capsule delayed release particles 120 mg, 80 mg, 90 mg</i>	T2	ST; QL (30 Capsules per 30 Days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	T1	QL (60 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	T1	QL (90 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	T2	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 200 MG/1.14ML	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 3 pens for induction/starting dose only.); QL (2 pens per 28 days); SP
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 3 pens for induction/starting dose only.); QL (2 pens per 28 days); SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 3 syringes for induction/starting dose only.); QL (2 syringes per 28 days); SP
<i>durachol</i>	Non-Formulary	
<i>duratuss ac</i>	Non-Formulary	
DUREX EXTRA SENSITIVE THIN	T3	PV
DUREX REALFEEL	T3	PV
DUREX TROPICAL	T3	PV
DUREZOL	T3	ST
DURLAZA	Non-Formulary	
<i>dutasteride oral</i>	T1	QL (30 tablets per 30 days)
<i>dutasteride-tamsulosin hcl</i>	T2	ST

Medication	Coverage Level	Restrictions
DUTOPROL	Non-Formulary	
DUVYZAT	Non-Formulary	
DYANAVAL XR	Non-Formulary	
DYMISTA	BE	
<i>dynoma</i>	Non-Formulary	
DYRENIUM	Non-Formulary	
E.E.S. 400 ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
E.E.S. GRANULES	T4	SP (Limited to a 1 month supply per fill)
EASIVENT	T2	QL (4 EA per 365 days)
EASIVENT MASK LARGE	T2	QL (4 EA per 365 days)
EASIVENT MASK MEDIUM	T2	QL (4 EA per 365 days)
EASIVENT MASK SMALL	T2	QL (4 EA per 365 days)
<i>easy comfort lancets</i>	T2	
EASY MAX T1 GLUCOSE SYSTEM	Non-Formulary	
<i>easy mini lancing device</i>	T3	
<i>easy plus ii glucose test</i>	T3	ST; QL (200 strips per 30 days)
EASY STEP CONTROL IN VITRO SOLUTION NORMAL	T3	
EASY STEP TEST	T3	ST; QL (200 strips per 30 days)
<i>easy talk blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>easy talk plus ii test strips</i>	T3	ST; QL (200 strips per 30 Days)
EASY TOUCH CONTROL HIGH & LOW	T3	
EASY TOUCH LANCING DEVICE	T3	
EASY TOUCH TEST	T3	ST; QL (200 strips per 30 days)
<i>easy trak blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>easy trak ii control</i>	T3	
<i>easy trak ii glucose test</i>	T3	ST; QL (200 strips per 30 Days)
EASYGLUCO CONTROL IN VITRO SOLUTION NORMAL	T3	
EASYGLUCO IN VITRO	T3	ST; QL (200 strips per 30 days)
EASYMAX 15 TEST	T3	ST; QL (200 strips per 30 days)
EASYMAX TEST	T3	ST; QL (200 strips per 30 days)
EBGLYSS	Non-Formulary	SO (); SP ()
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	T3	
<i>econazole nitrate external cream</i>	T1	QL (90 GM per 30 days)
<i>econazole nitrate external foam</i>	Non-Formulary	

Medication	Coverage Level	Restrictions
ECONTRA EZ	T1	PV
ECONTRA ONE-STEP	T1	PV
ECOTRIN	T3	PV
ECOTRIN ARTHRTIS PAIN	T3	PV
ECOTRIN LOW STRENGTH	T3	PV
ECOZA	Non-Formulary	
EDARBI	T3	ST
EDARBYCLOR	T3	ST
EDECRIN	Non-Formulary	
EDEX (2 CARTRIDGE)	T3	QL (6 units per 30 days)
EDEX (6 CARTRIDGE)	T3	QL (6 units per 30 days)
EDLUAR	Non-Formulary	
EDURANT	T4	SP (Limited to a 1 month supply per fill)
EDURANT PED	T4	SP (Limited to a 1 month supply per fill); AL (Max 9 Years)
<i>efavirenz</i>	T2	
<i>efavirenz-emtricitab-tenofo df</i>	T1	
<i>efavirenz-lamivudine-tenofovir</i>	T1	QL (30 tablets per 30 days)
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	T1	
EFFEXOR XR	T3	
EFFIENT	T3	QL (31 tablets per 31 days)
EFUDEX EXTERNAL CREAM	T3	QL (40 GM per 30 days)
EGRIFTA SV	Non-Formulary	
EGRIFTA WR	Non-Formulary	
EKTERLY	Non-Formulary	
<i>element compact test</i>	T3	ST; QL (200 strips per 30 days)
ELEMENT TEST	T3	ST; QL (200 strips per 30 days)
ELEPSIA XR	Non-Formulary	
ELESTAT	T3	
ELESTRIN	T3	
<i>eletriptan hydrobromide</i>	T2	QL (12 tablets per 30 days)
ELIDEL	T3	QL (30 GM per 30 days)
ELINEST	T1	PV
ELIQUIS (1.5 MG PACK)	T2	QL (84 tablets per 28 days)
ELIQUIS (2 MG PACK)	T2	QL (112 tablets per 28 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T2	QL (74 tablets per 30 days)
ELIQUIS ORAL CAPSULE SPRINKLE	T2	QL (56 Capsules per 28 Days)
ELIQUIS ORAL TABLET 2.5 MG	T2	QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
ELIQUIS ORAL TABLET 5 MG	T2	QL (74 tablets per 30 days)
ELIQUIS ORAL TABLET SOLUBLE	T2	QL (56 tablets per 28 days)
ELIXOPHYLLIN	T3	
ELLA	T1	PV
ELMIRON	T5	SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
ELOCON EXTERNAL CREAM	T3	
ELOCON EXTERNAL OINTMENT	T3	
ELOCTATE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (40250 billable units per 28 days)
<i>eltrombopag olamine oral packet</i>	T4	PA; SP (Limited to a 1-month supply per fill.); QL (30 Packets per 30 days); SP
<i>eltrombopag olamine oral tablet</i>	T4	PA; SP (Limited to a 1-month supply per fill.); QL (30 Tablets per 30 days); SP
ELURYNG	T2	PV; QL (1 ring per 28 days)
ELYXYB	Non-Formulary	
<i>elyzia</i>	Non-Formulary	
EMBRACE BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE EVO BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE GLUCOSE CONTROL	T3	
<i>embrace lancing device/ejector</i>	T3	
EMBRACE PRO GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE TALK GLUCOSE CONTROL IN VITRO SOLUTION LOW	T3	
EMBRACE TALK GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	T3	ST; QL (200 strips per 30 days)
EMBRACE WAVE GLUCOSE CONTROL	T3	
EMBRACE WAVE GLUCOSE METER	Non-Formulary	
EMBRIVA	Non-Formulary	
EMCYT	T2	
EMEND BIPACK	Non-Formulary	
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	Non-Formulary	
EMEND TRIPACK	Non-Formulary	
EMFLAZA	Non-Formulary	

Medication	Coverage Level	Restrictions
EMGALITY (300 MG DOSE)	T2	PA; QL (3 syringes per 30 days); AL (Min 18 Years)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (1 Auto-injector per 30 days); AL (Min 18 Years)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; QL (1 syringe per 30 days); AL (Min 18 Years)
EMPAVELI	T4	SP (Limited to a 1 month supply per fill)
<i>emreal</i>	Non-Formulary	
EMROSI	Non-Formulary	
EMSAM	T4	ST; SP (Limited to a 1 month supply per fill)
<i>emtricitabine</i>	T3	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	T1	QL (30 tablets per 30 days)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	T1	PV; QL (30 tablets per 30 days)
<i>emtricitab-rilpivir-tenofovir df</i>	T1	QL (30 Tablets per 30 days)
EMTRIVA ORAL CAPSULE	T5	SP (Limited to a 1 month supply per fill)
EMTRIVA ORAL SOLUTION	T2	SP ()
EMULSION SB	Non-Formulary	
EMVERM	Non-Formulary	
EMZAHH	T1	
<i>enalapril maleate oral solution</i>	T2	AL (Max 9 Years)
<i>enalapril maleate oral tablet</i>	T1	
<i>enalapril-hydrochlorothiazide</i>	T1	
ENBREL MINI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (8 vials per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (8 syringes per 28 days); SP

Medication	Coverage Level	Restrictions
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days); SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 Auto-Injectors per 28 days); SP
ENBUMYST	Non-Formulary	
ENDARI	Non-Formulary	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T1	
ENDOMETRIN	T4	SP (Limited to a 1 month supply per fill); SP
ENEMEEZ MINI	T3	QL (90 tubes per 30 days)
ENEMEEZ PLUS	T3	QL (90 tubes per 30 days)
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	Vaccine - \$0 Copay	PV; QL (3 Doses per 1 Lifetime)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	Vaccine - \$0 Copay	PV; QL (3 Doses per 1 Lifetime)
ENILLORING	T1	PV; QL (1 ring per 28 days)
ENLYTE	Non-Formulary	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	T3	SP (Limited to a 1 month supply per fill)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
ENOXILUV KIT	Non-Formulary	
ENPRESSE-28	T1	PV
ENSACOVE ORAL CAPSULE 100 MG	T5	SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
ENSACOVE ORAL CAPSULE 25 MG	T5	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
ENSKYCE ORAL TABLET 0.15-0.03 MG	T1	PV
ENSPRYNG	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); SP
ENSTILAR	Non-Formulary	

Medication	Coverage Level	Restrictions
<i>entacapone</i>	T1	
ENTADFI	Non-Formulary	
<i>entecavir</i>	T2	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ENTRESTO ORAL CAPSULE SPRINKLE	T3	QL (60 Capsules per 30 days); AL (Max 9 Years)
ENTRESTO ORAL TABLET	T3	QL (60 tablets per 30 days)
ENTTY SPRAY EMULSION	Non-Formulary	
ENTYVIO PEN	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days); SP
ENTYVIO SUBCUTANEOUS	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days); SP
<i>enulose</i>	T1	
ENVARUS XR	T3	ST
EOHILIA	T3	PA; QL (60 packs per 30 days)
EPANED ORAL SOLUTION	T2	AL (Max 9 Years)
EPCLUSA	Non-Formulary	
EPICERAM	BE	
EPIDIOLEX	T5	PA; SP (Limited to a 1 month supply per fill); QL (200 ML per 30 days); SP
EPIDUO	T3	
EPIDUO FORTE	Non-Formulary	
EPIFOAM	Non-Formulary	
<i>epinastine hcl</i>	T1	
<i>epinephrine hcl (nasal)</i>	Non-Formulary	
<i>epinephrine injection solution auto-injector</i>	T2	QL (4 pens per 30 days)
<i>epinephrine injection solution prefilled syringe 0.3 mg/0.3ml</i>	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	T1	
EPIVIR	Non-Formulary	
<i>eplerenone</i>	T1	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill); SP

Medication	Coverage Level	Restrictions
EPRONTIA	Non-Formulary	
EPSOLAY	Non-Formulary	
EPYSQLI	Non-Formulary	
EPZICOM	T4	SP (Limited to a 1 month supply per fill)
<i>eq aspirin adult low dose</i>	T1	PV
<i>eq aspirin low dose oral tablet chewable</i>	T1	PV
<i>eq aspirin oral tablet</i>	Non-Formulary	
<i>eq magnesium citrate</i>	T3	PV
<i>eq nicotine polacrilex mouth/throat gum</i>	T1	PV
<i>eq aspirin low dose</i>	T1	PV
EQL CLEARLAX	T3	PV
<i>eq magnesium citrate</i>	T3	PV
<i>eq milk of magnesia oral suspension 400 mg/5ml</i>	T3	PV
EQUETRO	T3	ST
<i>ergocalciferol oral capsule</i>	Non-Formulary	
<i>ergoloid mesylates oral</i>	T1	
ERGOMAR	T3	
<i>ergotamine-caffeine</i>	T3	QL (40 tablets per 30 days)
ERIVEDGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
ERLEADA ORAL TABLET 240 MG	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
ERLEADA ORAL TABLET 60 MG	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	T1	PA; QL (30 tablets per 30 days); SP
<i>erlotinib hcl oral tablet 25 mg</i>	T1	PA; QL (60 tablets per 30 days); SP
ERMEZA	Non-Formulary	
ERRIN	T1	PV
ERTACZO	T3	ST
ERVEBO	Non-Formulary	
<i>ery</i>	T1	

Medication	Coverage Level	Restrictions
ERYGEL	T1	
ERYPED 200	T4	SP (Limited to a 1 month supply per fill)
ERYPED 400	T4	SP (Limited to a 1 month supply per fill)
ERY-TAB	T4	SP (Limited to a 1 month supply per fill)
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin base oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin ethylsuccinate oral tablet</i>	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin external gel</i>	T1	
<i>erythromycin external solution</i>	T1	
<i>erythromycin ophthalmic</i>	T1	
ERZOFRI	Non-Formulary	
ESBRIET ORAL TABLET	Non-Formulary	
<i>escitalopram oxalate oral capsule</i>	Non-Formulary	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	T1	
<i>escitalopram oxalate oral tablet</i>	T1	
ESGIC ORAL CAPSULE	T3	QL (180 capsules per 30 days)
ESGIC ORAL TABLET	T3	QL (180 tablets per 30 days)
<i>eslicarbazepine acetate</i>	T2	QL (60 Tablets per 30 days)
<i>esmolol hcl intravenous solution prefilled syringe</i>	Non-Formulary	
<i>esomeprazole magnesium oral capsule delayed release</i>	T3	QL (30 capsules per 30 days)
<i>esomeprazole magnesium oral packet 10 mg, 2.5 mg, 5 mg</i>	T3	QL (30 packets per 30 days); AL (Max 9 Years)
<i>esomeprazole magnesium oral packet 20 mg, 40 mg</i>	Non-Formulary	
ESOTERICA DAYTIME	Non-Formulary	
ESOTERICA FACIAL	Non-Formulary	
ESOTERICA FADE NIGHTTIME	Non-Formulary	

Medication	Coverage Level	Restrictions
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (40250 billable units per 28 days)
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1-month supply per fill.); QL (41400 Billable units per 28 days)
<i>est estrogens-methyltest ds</i>	BE	
<i>est estrogens-methyltest hs</i>	BE	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	BE	
ESTARYLLA	T1	PV
<i>estazolam</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
ESTRACE ORAL	T3	
ESTRACE VAGINAL	Non-Formulary	
<i>estradiol implant pellet 6 mg</i>	Non-Formulary	
<i>estradiol oral</i>	T1	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	T2	QL (30 packets per 30 days)
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	T2	QL (37.5 GM per 30 days)
<i>estradiol transdermal patch twice weekly</i>	T1	
<i>estradiol transdermal patch weekly</i>	T1	
<i>estradiol vaginal cream</i>	T1	QL (42.5 GM per 30 days)
<i>estradiol vaginal tablet</i>	T1	
<i>estradiol valerate intramuscular</i>	T2	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	T1	
ESTRATEST F.S.	Non-Formulary	
ESTRATEST H.S.	Non-Formulary	
ESTRING VAGINAL RING 2 MG	T3	
ESTROGEL	Non-Formulary	
<i>estrogens conjugated</i>	T2	QL (30 tablets per 30 days)
<i>eszopiclone</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>ethacrynic acid oral</i>	Non-Formulary	
<i>ethambutol hcl oral</i>	T1	
<i>ethosuximide oral</i>	T1	
<i>ethyl chloride</i>	Non-Formulary	

Medication	Coverage Level	Restrictions
<i>ethynodiol diac-eth estradiol</i>	T1	PV
<i>etodolac er</i>	T2	
<i>etodolac oral</i>	T1	
<i>etonogestrel-ethinyl estradiol</i>	T1	PV; QL (1 ring per 28 days)
<i>etoposide oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>etravirine oral tablet 100 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 Days)
<i>etravirine oral tablet 200 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 Days)
EUCRISA	T3	ST; QL (60 GM per 30 days)
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	Non-Formulary	
EURAX	Non-Formulary	
EUTHYROX	T3	
EVAMIST	T2	
EVARA	Non-Formulary	
EVEKEO	T3	ST; QL (180 tablets per 30 days); AL (Min 6 Years)
EVEKEO ODT	Non-Formulary	
EVENCARE G2 TEST	T3	QL (200 strips per 30 days)
EVENCARE G3 TEST	T3	QL (200 strips per 30 days)
EVENCARE MINI GLUCOSE TEST	T3	QL (200 strips per 30 days)
EVENCARE PROVIEW GLUCOSE TEST	T3	QL (200 strips per 30 days)
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>everolimus oral tablet 1 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
<i>everolimus oral tablet soluble</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
EVERSENSE 365 SENSOR/HOLDER	Non-Formulary	
EVERSENSE 365 SMART TRANSMIT	Non-Formulary	
EVESSE	Non-Formulary	

Medication	Coverage Level	Restrictions
EVEXITHROID	Non-Formulary	
EVISTA	T3	
EVOLUTION AUTOCODE IN VITRO	T3	ST; QL (200 strips per 30 Days)
EVOLUTION CONTROL	T3	
EVOTAZ	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
EVOXAC	T2	QL (90 capsules per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED	T5	PA; SP (Limited to a 1 month supply per fill); QL (240 ML per 30 days); SP
EVRYSDI ORAL TABLET	T5	PA; SP (Limited to a 1-month supply per fill.); QL (30 Tablets per 30 days); SP
EXELDERM	Non-Formulary	
EXELON TRANSDERMAL	T3	QL (30 patches per 30 days)
<i>exemestane</i>	T2	
<i>exenatide</i>	Non-Formulary	
EXFORGE	T3	
EXFORGE HCT	T3	
EXJADE	T5	SP (Limited to a 1 month supply per fill. Only available through the EPASS program. Please call 888 90-EPASS for more information.); SP
EXKIVITY	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days)
EXSERVAN	Non-Formulary	
EXTINA	Non-Formulary	
EXXUA	Non-Formulary	
EXXUA TITRATION PACK	Non-Formulary	
<i>eye allergy itch relief ophthalmic solution 0.2 %</i>	T1	QL (2.5 ML per 30 days)
<i>eye allergy itch/redness rel</i>	T1	QL (5 ML per 30 days)
EYSUVIS	T3	ST; QL (4 bottles per 1 year)
EZ SMART BLOOD GLUCOSE TEST	T3	QL (200 strips per 30 Days)
EZ SMART PLUS GLUCOSE TEST	T3	QL (200 strips per 30 Days)
EZALLOR SPRINKLE	Non-Formulary	
<i>ezetimibe oral</i>	T1	
<i>ezetimibe-rosuvastatin</i>	Non-Formulary	
<i>ezetimibe-simvastatin</i>	T1	

Medication	Coverage Level	Restrictions
<i>fabb</i>	Non-Formulary	
FABHALTA	Non-Formulary	
FABIOR	Non-Formulary	
FALMINA	T1	PV
<i>famciclovir oral</i>	T1	QL (120 tablets per 30 days)
<i>famotidine oral suspension reconstituted</i>	T3	
<i>famotidine oral tablet 10 mg, 20 mg</i>	Non-Formulary	
<i>famotidine oral tablet 40 mg</i>	T3	
FANAPT	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
FANAPT TITRATION PACK A	T5	ST; SP (Limited to a 1 month supply per fill); QL (8 tablets per 30 days)
FANAPT TITRATION PACK B ORAL TABLET	T5	ST; QL (12 tablets per 30 days)
FANAPT TITRATION PACK C ORAL TABLET	T5	ST; QL (8 tablets per 30 days)
FANTASY LUBRICATED	T3	PV
FARESTON	Non-Formulary	
FARXIGA	Non-Formulary	
FARYDAK	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (6 capsules per 1 fill)
FASENRA PEN	T4	PA; SP (Limited to 1 pen per 28 days for induction/starting dose only); QL (1 pen per 56 days); SP
FAYOSIM	Non-Formulary	
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 25 MG	T3	
FC2 FEMALE CONDOM	T3	PV
<i>fe 90 plus</i>	Non-Formulary	
FE C PLUS	Non-Formulary	
<i>febuxostat</i>	T1	QL (30 tablets per 30 days)
FEIBA NF INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
FEIRZA 1.5/30	T1	PV
FEIRZA 1/20	T1	PV
<i>felbamate oral suspension</i>	T2	QL (900 ml per 30 days)
<i>felbamate oral tablet 400 mg</i>	T2	QL (210 tablets per 30 days)
<i>felbamate oral tablet 600 mg</i>	T2	QL (180 tablets per 30 days)

Medication	Coverage Level	Restrictions
FELBATOL ORAL SUSPENSION	T3	QL (900 ml per 30 days)
FELBATOL ORAL TABLET 400 MG	T3	QL (210 tablets per 30 days)
FELBATOL ORAL TABLET 600 MG	T3	QL (180 tablets per 30 days)
FELDENE	T3	
<i>felodipine er</i>	T1	
FEMARA	T3	
FEMCAP	T3	PV
FEMHRT	T3	
FEMLYV	Non-Formulary	
FEMRING	T3	
<i>fenofibrate micronized oral capsule 130 mg, 30 mg, 90 mg</i>	Non-Formulary	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	T1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Non-Formulary	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	Non-Formulary	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1	
<i>fenofibric acid oral capsule delayed release</i>	T1	
<i>fenofibric acid oral tablet</i>	Non-Formulary	
FENOGLIDE	Non-Formulary	
<i>fenopropfen calcium oral</i>	Non-Formulary	
FENOPRON	Non-Formulary	
FENORTHO ORAL CAPSULE 200 MG	Non-Formulary	
<i>fenovia</i>	Non-Formulary	
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 200 mcg</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	T1	QL (20 patches per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	Non-Formulary	
FERIVA 21/7	Non-Formulary	
FERIVA 21/7 (WITH DOCUSATE)	Non-Formulary	
FERIVAFA	Non-Formulary	
<i>ferocon</i>	Non-Formulary	
FERRALET 90	Non-Formulary	
<i>ferraplus 90</i>	Non-Formulary	
FERREX 150	Non-Formulary	
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG	Non-Formulary	
FERREX 150 FORTE PLUS	Non-Formulary	

Medication	Coverage Level	Restrictions
FERREX 150 PLUS	Non-Formulary	
FERREX 28	Non-Formulary	
<i>ferric citrate oral</i>	T5	PA; SP (Limited to a 1-month supply per fill.); QL (360 Tablets per 30 days)
FERRIPROX ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)
FERRIPROX ORAL TABLET 1000 MG	Non-Formulary	
FERRIPROX ORAL TABLET 500 MG	T5	SP (Limited to a 1 month supply per fill)
FERRIPROX TWICE-A-DAY	T5	SP (Limited to a 1 month supply per fill)
FERROCITE PLUS ORAL TABLET	Non-Formulary	
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	T1	PV; AL (Min 6 Months and Max 12 Months)
<i>fervina</i>	Non-Formulary	
<i>fesoterodine fumarate er</i>	T1	QL (30 tablets per 30 days)
FETZIMA	T3	ST; QL (30 capsules per 30 days); AL (Min 18 Years)
FETZIMA TITRATION	T3	ST; QL (30 capsules per 30 days); AL (Min 18 Years)
FEXMID	Non-Formulary	
<i>fexofenadine hcl childrens</i>	BE	
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	BE	
<i>fexofenadine-pseudoephed er</i>	BE	
FIASP FLEXTOUCH	Non-Formulary	
FIASP INJECTION	Non-Formulary	
FIASP PENFILL	Non-Formulary	
FIBRICOR	Non-Formulary	
<i>fidaxomicin</i>	T5	ST; SP (Limited to 2 fills per 6 months); QL (20 Tablets per 10 days)
<i>fidila</i>	Non-Formulary	
FIFTY50 SAFETY SEAL LANCETS	T2	
FILKRI	Non-Formulary	
<i>filoma</i>	Non-Formulary	
FILSPARI	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 18 Years)

Medication	Coverage Level	Restrictions
FILSUVEZ	T5	PA; SP (Limited to a 1 month supply per fill); QL (15 tubes per 30 days)
FINACEA EXTERNAL FOAM	T3	ST
FINACEA EXTERNAL GEL	Non-Formulary	
<i>finapid</i>	Non-Formulary	
<i>finapodtar</i>	Non-Formulary	
<i>finasteride oral tablet 1 mg</i>	BE	
<i>finasteride oral tablet 5 mg</i>	T1	
<i>fingolimod hcl</i>	T1	QL (30 capsules per 30 days); SP
FINTEPLA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (360 ML per 30 days)
FIORICET ORAL CAPSULE	Non-Formulary	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	Non-Formulary	
FIORINAL	T3	QL (180 capsules per 30 days)
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Formulary	
FIRDAPSE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
FIRST-LANSOPRAZOLE	Non-Formulary	
FIRST-MOUTHWASH BLM	T2	
FIRST-OMEPRAZOLE	Non-Formulary	
FIRVANQ	T2	
FLAGYL	T3	
FLAREX	T2	
<i>flavoxate hcl</i>	T1	
<i>flecainide acetate</i>	T1	
FLECTOR EXTERNAL	Non-Formulary	
FLEQSUVY	Non-Formulary	
FLEXICHAMBER	T3	QL (4 devices per 1 year)
FLEXICHAMBER ADULT MASK/SMALL	T3	QL (4 masks per 1 year)
FLEXICHAMBER CHILD MASK/LARGE	T3	QL (4 masks per 1 year)
FLEXICHAMBER CHILD MASK/SMALL	T3	QL (4 masks per 1 year)
<i>flolipid</i>	Non-Formulary	
FLONASE ALLERGY REL CHILDRENS	BE	
FLONASE ALLERGY RELIEF	BE	

Medication	Coverage Level	Restrictions
FLONASE SENSIMIST	BE	
FLONASE SENSIMIST CHILDRENS	BE	
FLORIVA ORAL LIQUID	Non-Formulary	
FLORIVA ORAL TABLET CHEWABLE 0.5 MG	Non-Formulary	
FLORIVA PLUS	Non-Formulary	
FLUAD	Vaccine - \$0 Copay	PV; QL (1 dose per 180 days)
FLUAD QUADRIVALENT	Vaccine - \$0 Copay	PV; QL (1 injection per 180 days)
FLUARIX INTRAMUSCULAR SUSPENSION	Vaccine - \$0 Copay	PV
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Vaccine - \$0 Copay	PV; QL (1 does per 180 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Vaccine - \$0 Copay	PV; QL (1 injection per 180 days)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Vaccine - \$0 Copay	PV; QL (1 dose per 180 days)
FLUBLOK QUADRIVALENT	Vaccine - \$0 Copay	PV; QL (1 injection per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION	Vaccine - \$0 Copay	PV
FLUCELVAX INTRAMUSCULAR SUSPENSION	Vaccine - \$0 Copay	PV; QL (1 dose per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Vaccine - \$0 Copay	PV; QL (1 dose per 180 days)
FLUCELVAX QUADRIVALENT	Vaccine - \$0 Copay	PV; QL (1 injection per 180 days)
<i>fluconazole oral</i>	T1	
<i>fludrocortisone acetate oral</i>	T1	
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Vaccine - \$0 Copay	PV
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Vaccine - \$0 Copay	PV; QL (1 injection per 180 days)
FLUMIST	Vaccine - \$0 Copay	PV; QL (1 dose per 180 days)
FLUMIST QUADRIVALENT	Vaccine - \$0 Copay	PV; QL (1 inhalation per 180 days)
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	T3	
<i>fluocinolone acetonide body</i>	T1	
<i>fluocinolone acetonide external cream</i>	T1	
<i>fluocinolone acetonide external ointment</i>	T1	
<i>fluocinolone acetonide external solution</i>	T1	QL (180 ML per 30 days)
<i>fluocinolone acetonide scalp</i>	T1	
<i>fluocinonide emulsified base</i>	T1	
<i>fluocinonide external cream 0.05 %</i>	T1	
<i>fluocinonide external cream 0.1 %</i>	Non-Formulary	
<i>fluocinonide external gel</i>	T1	
<i>fluocinonide external ointment</i>	T1	

Medication	Coverage Level	Restrictions
<i>fluocinonide external solution</i>	T1	QL (60 ML per 30 days)
FLUORIMAX 5000	T3	
FLUORIMAX 5000 SENSITIVE	T3	
<i>fluorometholone ophthalmic</i>	T1	
FLUOROPLEX	T4	SP (Limited to a 1 month supply per fill)
<i>fluorouracil external cream 0.5 %</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 grams per 30 days)
<i>fluorouracil external cream 5 %</i>	T1	QL (40 GM per 30 days)
<i>fluorouracil external solution</i>	T1	
<i>fluoxetine hcl (pmd) oral tablet</i>	Non-Formulary	
<i>fluoxetine hcl oral capsule</i>	T1	
<i>fluoxetine hcl oral capsule delayed release</i>	T2	ST
<i>fluoxetine hcl oral solution</i>	T1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	T1	
<i>fluoxetine hcl oral tablet 60 mg</i>	Non-Formulary	
<i>fluoxia</i>	Non-Formulary	
<i>fluphenazine hcl oral concentrate</i>	T1	
<i>fluphenazine hcl oral elixir</i>	T1	
<i>fluphenazine hcl oral tablet</i>	T2	QL (60 tablets per 30 days)
<i>flurandrenolide</i>	Non-Formulary	
<i>flurazepam hcl</i>	T1	QL (30 capsules per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	Non-Formulary	
<i>flurbiprofen oral tablet 50 mg</i>	T1	
<i>flurbiprofen sodium</i>	T1	
<i>flutamide</i>	T1	
<i>fluticasone furoate ellipta</i>	Non-Formulary	
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	Non-Formulary	
<i>fluticasone propionate diskus</i>	T1	QL (1 inhaler per 30 days)
<i>fluticasone propionate external cream</i>	T1	
<i>fluticasone propionate external lotion</i>	Non-Formulary	
<i>fluticasone propionate external ointment</i>	T1	
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act</i>	T1	QL (1 inhaler per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	T1	QL (1 Inhaler per 30 days)
<i>fluticasone propionate nasal</i>	T3	
<i>fluticasone-salmeterol inhalation aerosol</i>	Non-Formulary	

Medication	Coverage Level	Restrictions
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T3	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1	QL (1 inhaler per 30 days)
<i>fluvastatin sodium</i>	Non-Formulary	
<i>fluvastatin sodium er</i>	Non-Formulary	
<i>fluvoxamine maleate</i>	T1	
<i>fluvoxamine maleate er</i>	T3	QL (60 capsules per 30 days)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION	Vaccine - \$0 Copay	PV
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Vaccine - \$0 Copay	PV; QL (1 dose per 180 days)
FLUZONE HIGH-DOSE QUADRIVALENT	Vaccine - \$0 Copay	PV; QL (1 injection per 180 days)
FLUZONE INTRAMUSCULAR INJECTABLE	Vaccine - \$0 Copay	PV
FLUZONE INTRAMUSCULAR SUSPENSION	Vaccine - \$0 Copay	PV; QL (1 dose per 180 days)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Vaccine - \$0 Copay	PV; QL (1 dose per 180 days)
FLUZONE PEDIATRIC PF INTRAMUSCULAR SUSPENSION	Vaccine - \$0 Copay	PV
FLUZONE PRESERVATIVE FREE	Vaccine - \$0 Copay	PV
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML	Vaccine - \$0 Copay	PV; QL (1 injection per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Vaccine - \$0 Copay	PV; QL (1 injection per 180 days)
<i>flyprogidtar</i>	Non-Formulary	
FML	T2	
FML FORTE	T3	
FML LIQUIFILM	T3	
FOCALIN	T3	AL (Min 4 Years)
FOCALIN XR	T3	QL (30 capsules per 30 days); AL (Min 4 Years)
<i>folatexcel oral tablet 1 mg</i>	Non-Formulary	
<i>folbee</i>	Non-Formulary	
FOLBEE AR	Non-Formulary	
<i>folbee plus</i>	Non-Formulary	
FOLBEE PLUS CZ	Non-Formulary	
FOLBIC	Non-Formulary	
<i>folic acid oral capsule</i>	Non-Formulary	
<i>folic acid oral solution</i>	Non-Formulary	
<i>folic acid oral tablet 1 mg</i>	T1	

Medication	Coverage Level	Restrictions
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	T1	PV; AL (Max 50 Years)
<i>folic acid-vit b6-vit b12</i>	Non-Formulary	
FOLIVANE-F	Non-Formulary	
FOLIVANE-PLUS	Non-Formulary	
FOLIXAPURE	Non-Formulary	
FOLLISTIM AQ SUBCUTANEOUS	T3	ST; SP
<i>folplex 2.2</i>	Non-Formulary	
FOLTABS PRENATAL	T3	PV; AL (Max 50 Years)
FOLTANX	Non-Formulary	
FOLTRATE	Non-Formulary	
FOLTX ORAL TABLET 1.13-25-2 MG	T3	
<i>fondaparinux sodium</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)
<i>fondcircle control solution</i>	T3	
<i>fondcircle lancing device</i>	T3	
FORA 6 CONNECT IN VITRO	T3	ST; QL (200 strips per 30 days)
FORA 6 CONNECT/GTEL TEST	T3	ST; QL (200 strips per 30 days)
FORA BLOOD GLUCOSE TEST	T3	QL (200 strips per 30 days)
FORA CONTROL IN VITRO SOLUTION NORMAL	T3	
FORA D40/G31 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
FORA G20 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA GD50 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA GTEL BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA GTEL BLOOD KETONE TEST	T3	
FORA LANCETS	T2	
FORA LANCING DEVICE	T3	
FORA TN'G ADVANCE PRO IN VITRO	T3	ST; QL (200 strips per 30 days)
FORA TN'G/TN'G VOICE	T3	ST; QL (200 strips per 30 days)
FORA V10 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORACARE GD40 TEST	T3	ST; QL (200 strips per 30 days)
FORFIVO XL	Non-Formulary	
<i>formoterol fumarate inhalation</i>	T4	ST; SP (Limited to a 1 month supply per fill); AL (Min 40 Years)
FORTAMET	Non-Formulary	
FORTAVIT ORAL CAPSULE	Non-Formulary	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	Non-Formulary	
FORTISCARE G1 TEST STRIP	T3	QL (200 strips per 30 days)
FORTISCARE TEST	T3	QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
FORZINITY	Non-Formulary	
FOSAMAX ORAL TABLET 70 MG	T3	
FOSAMAX PLUS D	T3	ST; QL (4 tablets per 28 days)
<i>fosamprenavir calcium</i>	T4	SP (Limited to a 1 month supply per fill)
<i>fosfomycin tromethamine</i>	T1	QL (3 packets per 30 days)
<i>fosinopril sodium</i>	T1	
<i>fosinopril sodium-hctz</i>	T1	
FOSRENOL ORAL PACKET	Non-Formulary	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	Non-Formulary	
FOTIVDA	T5	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	T5	SP (Limited to a 1 month supply per fill)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	T5	SP (Limited to a 1 month supply per fill)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	T5	SP (Limited to a 1 month supply per fill)
<i>fraiche 5000 previ</i>	T3	
<i>fraiche 5000 sensitive</i>	T3	
FREEDOM DERMA-D	Non-Formulary	
FREESTYLE CONTROL SOLUTION	T3	
FREESTYLE INSULINX TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE LIBRE 14 DAY READER	T2	ST; QL (2 kits per 28 days)
FREESTYLE LIBRE 14 DAY SENSOR	T2	ST; QL (2 sensors per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	T2	ST; QL (2 Sensors per 28 days)
FREESTYLE LIBRE 2 READER	T2	ST; QL (1 reader per 365 days)
FREESTYLE LIBRE 2 SENSOR	T2	ST; QL (2 sensors per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	T2	ST; QL (2 sensors per 28 days)
FREESTYLE LIBRE 3 READER	T2	ST; QL (1 reader per 1 year)
FREESTYLE LIBRE 3 SENSOR	T2	ST; QL (2 sensors per 28 days)
FREESTYLE LITE TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE PRECISION NEO TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE TEST	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
FRINDOVYX	Non-Formulary	
<i>frivo</i>	Non-Formulary	
FROVA	Non-Formulary	
<i>frovatriptan succinate</i>	T2	QL (12 tablets per 30 days)
FRUZAQLA ORAL CAPSULE 1 MG	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (84 capsules per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
<i>ft aspirin low dose</i>	T1	PV
<i>ft aspirin oral tablet</i>	Non-Formulary	
<i>ft aspirin oral tablet chewable</i>	T1	PV
<i>ft enteric coated aspirin</i>	Non-Formulary	
<i>full spectrum b/vitamin c</i>	T3	PV; AL (Max 50 Years)
FULPHILA	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
<i>fulvicin p/g 165</i>	Non-Formulary	
FURADANTIN	T5	SP (Limited to a 1 month supply per fill); QL (120 ML per 30 days)
FUROSCIX	Non-Formulary	
FUROSCIX READYFLOW	Non-Formulary	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T1	
<i>furosemide oral tablet</i>	T1	
FUSION PLUS	Non-Formulary	
FUSION SPRINKLES	Non-Formulary	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	T3	
FYAVOLV	T1	
FYCOMPA ORAL SUSPENSION	Non-Formulary	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	Non-Formulary	SP ()
FYCOMPA ORAL TABLET 2 MG	Non-Formulary	
FYLNETRA	Non-Formulary	
FYREMADEL	T3	ST; SP

Medication	Coverage Level	Restrictions
<i>gabapentin (once-daily) oral tablet 300 mg, 600 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>gabapentin (once-daily) oral tablet 450 mg, 750 mg, 900 mg</i>	T4	PA; SP (Limited to a 1-month supply per fill); QL (90 Tablets per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	T1	
<i>gabapentin oral capsule 200 mg</i>	Non-Formulary	
<i>gabapentin oral solution 250 mg/5ml</i>	T1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1	
GABARONE	Non-Formulary	
GABITRIL ORAL TABLET 12 MG, 4 MG	T3	QL (120 tablets per 30 days)
GABITRIL ORAL TABLET 16 MG	T3	QL (90 tablets per 30 days)
GABITRIL ORAL TABLET 2 MG	T3	QL (60 tablets per 30 days)
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	Non-Formulary	
GALAFOLD	T4	PA; SP (Limited to a 1 month supply per fill); QL (14 capsules per 28 days); SP
<i>galantamine hydrobromide</i>	T1	
<i>galantamine hydrobromide er</i>	T1	
GALBRIELA	Non-Formulary	
GALLIFREY	T1	
GALZIN	Non-Formulary	
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	T4	ST; SP (Limited to a 1 month supply per fill); SP
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Vaccine - \$0 Copay	PV; QL (3 Doses per 1 Lifetime); AL (Min 9 Years and Max 45 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Vaccine - \$0 Copay	PV; QL (3 doses per 1 lifetime); AL (Min 9 Years and Max 45 Years)
GASTROCROM	T3	
<i>gatifloxacin ophthalmic</i>	T1	
GATTEX	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
<i>gavilax oral packet 17 gm, 8.5 gm</i>	Non-Formulary	
<i>gavilax oral powder</i>	Non-Formulary	
GAVILYTE-G	T1	PV

Medication	Coverage Level	Restrictions
GAVILYTE-N WITH FLAVOR PACK	T1	PV
GAVRETO	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
<i>ge100 blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>ge100 control</i>	T3	
GEBAUERS PAIN EASE	T3	
GEBAUERS SPRAY AND STRETCH	T3	
<i>gefitinib</i>	T1	PA; QL (30 tablets per 30 days); SP
GELCLAIR	Non-Formulary	
GELFOAM COMPRESSED SIZE 100	Non-Formulary	
GELFOAM-JMI SPONGE	Non-Formulary	
<i>gemfibrozil oral</i>	T1	
GEMMILY	Non-Formulary	
GEMTESA	T2	ST
<i>generlac</i>	T1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1	
GENGRAF ORAL SOLUTION	T1	
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T4	PA; SP (Limited to a 1 month supply per fill); SP
GENTAK OPHTHALMIC OINTMENT	T1	
<i>gentamicin sulfate external</i>	T1	
<i>gentamicin sulfate ophthalmic solution</i>	T1	
<i>gentlelax oral powder</i>	Non-Formulary	
GENVOYA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
GEODON ORAL	T3	
GERI-HYDROLAC 12	Non-Formulary	
GERI-HYDROLAC 5	Non-Formulary	
GESTYRA	Non-Formulary	
GILENYA	Non-Formulary	
GILOTRIF ORAL TABLET 20 MG	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days); SP

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

Medication	Coverage Level	Restrictions
GLUCOTROL XL	T3	
GLUMETZA	Non-Formulary	
<i>glyburide micronized</i>	T1	
<i>glyburide oral</i>	T1	
<i>glyburide-metformin</i>	T1	
GLYCATE	Non-Formulary	
<i>glycerol phenylbutyrate</i>	T4	PA; SP (Limited to a 1-month supply per fill.); QL (525 ML per 30 days); SP
GLYCOLAX	Non-Formulary	
<i>glycopyrrolate +rfid</i>	Non-Formulary	
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml</i>	Non-Formulary	
<i>glycopyrrolate injection solution prefilled syringe</i>	Non-Formulary	
<i>glycopyrrolate intravenous solution prefilled syringe 0.6 mg/3ml, 1 mg/5ml</i>	Non-Formulary	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	T3	AL (Max 9 Years)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	
<i>glycopyrrolate pf +rfid injection solution prefilled syringe 0.6 mg/3ml</i>	Non-Formulary	
<i>glycopyrrolate pf injection solution prefilled syringe 0.6 mg/3ml</i>	Non-Formulary	
GLYDO EXTERNAL GEL	T3	
GLYNASE	T3	
GLYXAMBI	T2	QL (30 tablets per 30 days)
<i>gnp adult aspirin low strength oral tablet chewable</i>	T1	PV
<i>gnp aspirin low dose</i>	T1	PV
<i>gnp aspirin oral tablet 325 mg</i>	Non-Formulary	
GNP CLEARLAX ORAL POWDER	T3	PV
<i>gnp folic acid</i>	T1	PV; AL (Max 50 Years)
<i>gnp laxative oral</i>	T3	PV
<i>gnp milk of magnesia</i>	T3	PV
<i>gnp nicotine mini</i>	T1	PV
<i>gnp nicotine mouth/throat</i>	T1	PV
<i>gnp nicotine transdermal patch 24 hour 21 mg/24hr</i>	T1	PV
GOCOVRI	Non-Formulary	
GOJJI BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 Days)
GOJJI BLOOD KETONE TEST	T3	
GOJJI LANCING DEVICE/CLEAR CAP	T3	
GOJJI STERILE LANCETS	T2	

Medication	Coverage Level	Restrictions
GOLYTELY	T3	
GOMEKLI	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 capsules per 28 days)
GONAL-F	T2	QL (13500 units per 30 days); SP
GONAL-F RFF	T2	QL (13500 units per 30 days); SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML	T2	QL (13500 units per 30 days); SP
GONITRO	Non-Formulary	
<i>goodsense aspirin oral tablet chewable</i>	T1	PV
GOODSENSE CLEARLAX	T3	PV
<i>goodsense nicotine</i>	T1	PV
GRALISE ORAL TABLET	Non-Formulary	
<i>granisetron hcl oral</i>	T1	QL (20 tablets per 30 days)
GRANISOL	Non-Formulary	
GRANIX	T5	SP (Limited to a 1 month supply per fill); SP
GRASTEK	T3	AL (Min 5 Years and Max 65 Years)
<i>griseofulvin microsize oral suspension</i>	T1	
<i>griseofulvin microsize oral tablet</i>	T2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	T2	
<i>griseofulvin ultramicrosize oral tablet 165 mg</i>	Non-Formulary	
<i>guaifenesin oral liquid 100 mg/5ml</i>	Non-Formulary	
<i>guaifenesin oral solution 100 mg/5ml</i>	Non-Formulary	
<i>guaifenesin oral tablet 400 mg</i>	Non-Formulary	
<i>guaifenesin-codeine oral solution</i>	T1	
<i>guaifenesin-dm oral syrup</i>	Non-Formulary	
<i>guanfacine hcl er</i>	T1	QL (60 tablets per 30 days)
<i>guanfacine hcl oral</i>	T1	
GVOKE HYPOPEN 1-PACK	T2	QL (2 packs per 30 days)
GVOKE HYPOPEN 2-PACK	T2	QL (1 pack per 30 days)
GVOKE KIT	T2	QL (2 vials per 30 days)
GVOKE PFS	T2	QL (2 syringes per 30 days)
GYNAZOLE-1	T3	

Medication	Coverage Level	Restrictions
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	T4	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	T4	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	T4	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	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes (3.2 ml) per 28 days); SP
HAEGARDA	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
HAILEY 1.5/30	T1	PV
HAILEY 24 FE	T1	PV
HAILEY FE 1.5/30	T1	PV
HAILEY FE 1/20	T1	PV
<i>hair regrowth treatment men external solution</i>	Non-Formulary	
<i>halcinonide external solution</i>	Non-Formulary	
HALCION	T3	QL (60 tablets per 30 days); AL (Min 18 Years)
<i>halobetasol propionate external cream</i>	T2	ST; QL (50 GM per 30 days)
<i>halobetasol propionate external foam</i>	Non-Formulary	
<i>halobetasol propionate external lotion</i>	Non-Formulary	
<i>halobetasol propionate external ointment</i>	T2	QL (50 GM per 30 days)
HALOETTE	T1	QL (1 ring per 28 days)
HALOG EXTERNAL CREAM	Non-Formulary	
HALOG EXTERNAL SOLUTION	Non-Formulary	
<i>haloperidol lactate injection solution 5 mg/ml</i>	T1	
<i>haloperidol oral</i>	T1	
<i>harisis</i>	Non-Formulary	
HARMONY BLOOD GLUCOSE TEST	T3	QL (200 strips per 30 days)
<i>harviva</i>	Non-Formulary	
<i>harviva hp</i>	Non-Formulary	
HARVONI ORAL PACKET	Non-Formulary	
HARVONI ORAL TABLET 45-200 MG	Non-Formulary	
HARVONI ORAL TABLET 90-400 MG	Non-Formulary	SP ()

Medication	Coverage Level	Restrictions
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	Vaccine - \$0 Copay	PV; QL (2 Doses per 1 Lifetime)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Vaccine - \$0 Copay	PV; QL (2 Doses per 1 Lifetime)
<i>haxchlodrex</i>	Non-Formulary	
<i>haxdrax</i>	Non-Formulary	
HEALON PRO INTRAOCULAR SOLUTION	Non-Formulary	
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	Non-Formulary	
HEATHER	T1	PV
HEMADY	Non-Formulary	
HEMANGEOL	T3	AL (Max 2 Years)
<i>hematinic plus vit/minerals</i>	Non-Formulary	
<i>hematinic/folic acid</i>	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	
<i>hemetab</i>	Non-Formulary	
HEMICLOR	T1	QL (30 Tablets per 30 days)
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 300 MG/2ML, 60 MG/0.4ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1 month supply per fill)
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	T1	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	Non-Formulary	
HEMOCYTE	Non-Formulary	
HEMOCYTE PLUS	Non-Formulary	
HEMOCYTE-F ORAL TABLET	Non-Formulary	
<i>hemocyte-plus oral tablet 106-1 mg</i>	Non-Formulary	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	T4	PA; SP (Limited to a 1 month supply per fill); QL (55200 billable units per 28 days)

Medication	Coverage Level	Restrictions
<i>hemtara</i>	Non-Formulary	
<i>hemtara hp</i>	Non-Formulary	
<i>hentis</i>	Non-Formulary	
<i>hentis hp</i>	Non-Formulary	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	T1	
HEPCLUDEX	T5	PA; 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	Vaccine - \$0 Copay	PV; QL (2 doses per 1 lifetime); AL (Min 18 Years)
HEPSERA	T5	SP (Limited to a 1 month supply per fill)
HER STYLE	T3	PV
HERCESSI	Non-Formulary	
HERNEXEOS	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>hesmilla</i>	Non-Formulary	
HETLIOZ	Non-Formulary	SP ()
HETLIOZ LQ	Non-Formulary	
<i>hevona</i>	Non-Formulary	
<i>hexiounyl</i>	Non-Formulary	
HIBERIX INJECTION	Non-Formulary	
HIDEX 6-DAY	Non-Formulary	
HISTEX-AC	Non-Formulary	
HM CLEARLAX ORAL POWDER	T3	PV
<i>hm laxative oral</i>	T3	PV
<i>hm magnesium citrate</i>	T3	PV
<i>hm milk of magnesia</i>	T3	PV
<i>hm nicotine</i>	T1	PV
<i>hm nicotine polacrilex</i>	T1	PV
<i>holixia</i>	Non-Formulary	
<i>holizar</i>	Non-Formulary	
HOMATROPAIRE	T1	
<i>honista</i>	Non-Formulary	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	T3	ST; QL (30 tablets per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	T3	ST; QL (60 tablets per 30 days)
<i>hovitra</i>	Non-Formulary	

Medication	Coverage Level	Restrictions
<i>hovyn</i>	Non-Formulary	
HULIO	Non-Formulary	
HULIO (2 PEN)	Non-Formulary	
HULIO (2 SYRINGE)	Non-Formulary	
HUMALOG INJECTION	Non-Formulary	
HUMALOG JUNIOR KWIKPEN	T1	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T1	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	
HUMALOG MIX 75/25	T1	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T1	
HUMALOG TEMPO PEN	Non-Formulary	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
HUMATIN	T3	SP
HUMATROPE INJECTION CARTRIDGE	Non-Formulary	
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG	Non-Formulary	
HUMIRA (1 PEN)	Non-Formulary	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	Non-Formulary	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non-Formulary	SP ()
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.8ML	Non-Formulary	SP ()
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Non-Formulary	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Non-Formulary	
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Formulary	
HUMULIN 70/30	T1	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	

Medication	Coverage Level	Restrictions
HUMULIN N	T1	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	
HUMULIN R	T1	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1	
HYCANTIN ORAL	T4	SP (Limited to a 1 month supply per fill); SP
HYCODAN	Non-Formulary	
<i>hydralazine hcl oral</i>	T1	
HYDRAVEX	Non-Formulary	
HYDREA	T3	
<i>hydrochlorothiazide oral</i>	T1	
<i>hydrocod poli-chlorphe poli er</i>	T1	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	T1	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	T3	ST; QL (60 capsules per 30 days); AL (Min 18 Years)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
<i>hydrocodone bit-homatrop mbr</i>	T1	
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml</i>	Non-Formulary	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	T1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Non-Formulary	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T1	
<i>hydrocort lotion complete kit</i>	Non-Formulary	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	Non-Formulary	
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	T2	
<i>hydrocortisone ace-pramoxine rectal cream 2.5-1 %</i>	T2	
<i>hydrocortisone ace-pramoxine rectal suppository</i>	Non-Formulary	
<i>hydrocortisone acetate external cream 2.5 %</i>	Non-Formulary	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	T1	
<i>hydrocortisone acetate rectal suppository 30 mg</i>	Non-Formulary	

Medication	Coverage Level	Restrictions
<i>hydrocortisone butyr lipo base</i>	Non-Formulary	
<i>hydrocortisone butyrate external cream</i>	Non-Formulary	
<i>hydrocortisone butyrate external lotion</i>	Non-Formulary	
<i>hydrocortisone butyrate external ointment</i>	Non-Formulary	
<i>hydrocortisone butyrate external solution</i>	T1	
<i>hydrocortisone complete kit</i>	Non-Formulary	
<i>hydrocortisone external cream 1 %</i>	Non-Formulary	
<i>hydrocortisone external cream 2.5 %</i>	T1	
<i>hydrocortisone external gel</i>	Non-Formulary	
<i>hydrocortisone external lotion 1 %, 2 %</i>	Non-Formulary	
<i>hydrocortisone external lotion 2.5 %</i>	T1	
<i>hydrocortisone external ointment 0.5 %, 1 %</i>	Non-Formulary	
<i>hydrocortisone external ointment 2.5 %</i>	T1	
<i>hydrocortisone external solution 2.5 %</i>	Non-Formulary	
<i>hydrocortisone max st external cream</i>	Non-Formulary	
<i>hydrocortisone oral</i>	T1	
<i>hydrocortisone rectal enema</i>	T2	
<i>hydrocortisone valerate external cream</i>	T1	QL (120 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	T2	ST
<i>hydrocortisone-acetic acid</i>	T1	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	Non-Formulary	
HYDROFERA BLUE FOAM DRESSING	Non-Formulary	
<i>hydromet</i>	T1	
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	T3	ST; QL (30 tablets per 30 days)
<i>hydromorphone hcl oral liquid</i>	T1	
<i>hydromorphone hcl oral tablet 2 mg</i>	T1	QL (32 tablets per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	T1	QL (16 tablets per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	T1	QL (8 tablets per 1 day)
<i>hydromorphone hcl rectal</i>	T1	
<i>hydroquinone</i>	Non-Formulary	
<i>hydroquinone external cream</i>	BE	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	Non-Formulary	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	
HYDROXYM EXTERNAL GEL	Non-Formulary	
<i>hydroxyurea oral</i>	T1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	T1	
<i>hydroxyzine hcl oral tablet</i>	T1	
<i>hydroxyzine pamoate oral</i>	T1	

Medication	Coverage Level	Restrictions
HYFTOR	T4	SP (Limited to a 1 month supply per fill); QL (10 gm per 30 days)
HYLATOPIC PLUS EXTERNAL FOAM	Non-Formulary	
HYMOVIS ONE	Non-Formulary	
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T5	PA; 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	T5	PA; SP (Limited to a 1-month supply per fill); QL (8 pens per 28 days); SP
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	T1	
<i>hyoscyamine sulfate oral</i>	T1	
<i>hyoscyamine sulfate sublingual</i>	T1	
HYPERSAL	T2	QL (240 ML per 30 days)
HYPOCYN ANTIPRURITIC	Non-Formulary	
HYPOLANCE AST LANCING	T2	
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/UEIT START	Non-Formulary	
HYRIMOZ-PLAQUE PSORIASIS START	Non-Formulary	
HYRNUO	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)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Non-Formulary	
HYZAAR	T3	
<i>ibandronate sodium oral</i>	T1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG	T5	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (21 tablets per 28 days); SP
IBRANCE ORAL CAPSULE 75 MG	T5	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (21 tablets per 28 days); SP

Medication	Coverage Level	Restrictions
IBRANCE 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 (21 tablets per 28 days); SP
IBSRELA	Non-Formulary	
IBTROZI	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
IBUDONE ORAL TABLET 10-200 MG	Non-Formulary	
<i>ibuprofen oral tablet 300 mg</i>	Non-Formulary	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
<i>ibuprofen-famotidine</i>	Non-Formulary	
ICAR-C PLUS	Non-Formulary	
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP (Limited to 3 syringes on-hand); QL (3 syringes (9ml) per 1 fill); AL (Min 18 Years)
ICLEVIA	T1	PV
ICLUSIG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
<i>icosapent ethyl</i>	T2	ST
ICOTYDE	Non-Formulary	
IDACIO (2 PEN)	Non-Formulary	
IDACIO (2 SYRINGE)	Non-Formulary	
IDACIO-CROHNS/UC STARTER	Non-Formulary	
IDACIO-PSORIASIS STARTER	Non-Formulary	
<i>idaoxia</i>	Non-Formulary	
<i>idaran</i>	Non-Formulary	
IDELVION	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (25300 billable units per 28 days)
IDHIFA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
IDVYNZO	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>idyyxiatar</i>	Non-Formulary	
IFEREX 150 FORTE	Non-Formulary	

Medication	Coverage Level	Restrictions
IHEALTH BLOOD GLUCOSE TEST STR	T3	ST
IHEALTH CONTROL SOLUTION	T3	
IHEEZO	Non-Formulary	
ILEVRO	T3	ST; QL (3 ML per 30 days)
<i>ilexor</i>	Non-Formulary	
<i>imatinib mesylate oral tablet 100 mg</i>	T1	PA; QL (90 tablets per 30 days); SP
<i>imatinib mesylate oral tablet 400 mg</i>	T1	PA; QL (60 tablets per 30 days); SP
IMBRUVICA ORAL CAPSULE 140 MG	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
IMBRUVICA ORAL SUSPENSION	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (108 ML per 30 days); AL (Max 9 Years)
IMBRUVICA ORAL TABLET 140 MG	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
IMCIVREE	BE	
<i>imipramine hcl oral</i>	T1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg</i>	T2	ST; QL (60 capsules per 30 days)
<i>imipramine pamoate oral capsule 75 mg</i>	T2	ST; QL (30 capsules per 30 days)
<i>imiquimod external cream 3.75 %</i>	Non-Formulary	
<i>imiquimod external cream 5 %</i>	T1	
<i>imiquimod pump</i>	Non-Formulary	
IMITREX NASAL SOLUTION 20 MG/ACT	T3	SP (Quantity Limit: 1 box per 15 days); QL (8 units per 30 days)
IMITREX NASAL SOLUTION 5 MG/ACT	T3	SP (Quantity Limit: 2 boxes per 15 days); QL (8 units per 30 days)

Medication	Coverage Level	Restrictions
IMITREX ORAL	T3	QL (12 tablets per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	Non-Formulary	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML	T3	QL (4 ML per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO- INJECTOR 4 MG/0.5ML	Non-Formulary	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO- INJECTOR 6 MG/0.5ML	T3	QL (8 pens per 30 days)
IMITREX SUBCUTANEOUS	T3	
<i>imkeldi</i>	Non-Formulary	
IMOVAX RABIES	Vaccine - \$0 Copay	PV
IMPAVIDO	T4	PA; SP (Limited to a 1 month supply per fill)
IMPEKLO	Non-Formulary	
IMPOYZ	Non-Formulary	
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T4	PA; SP (Limited to a 56 day supply per fill); QL (1 syringe (0.5ml) per 56 days)
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T4	PA; SP (Limited to a 56 day supply per fill); QL (1 syringe (1ml) per 56 days)
IMURAN	T3	
IMVEXXY MAINTENANCE PACK	T3	PA; QL (8 inserts per 28 days)
IMVEXXY STARTER PACK	T3	PA; QL (18 inserts per 360 days)
INATAL GT	T1	
INBRIJA	Non-Formulary	
INCASSIA	T1	PV
INCRELEX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
INCRUSE ELLIPTA	T2	QL (30 Blisters per 30 Day(s)s)
<i>indapamide oral</i>	T1	
INDERAL LA	Non-Formulary	
INDERAL XL	Non-Formulary	
INDOCIN ORAL	Non-Formulary	
INDOCIN RECTAL	Non-Formulary	
<i>indomethacin er</i>	T1	

Medication	Coverage Level	Restrictions
<i>indomethacin oral capsule 20 mg</i>	Non-Formulary	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	
<i>indomethacin oral suspension</i>	Non-Formulary	
<i>indomethacin rectal</i>	Non-Formulary	
INFINITY BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
INFINITY CONTROL IN VITRO SOLUTION NORMAL	T3	
INFINITY VOICE IN VITRO LIQUID	T3	
INGREZZA ORAL CAPSULE 40 MG, 80 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
INGREZZA ORAL CAPSULE 60 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to 1-month Supply per fill); QL (30 Capsules per 30 days); SP
INGREZZA ORAL CAPSULE SPRINKLE 60 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1-month supply per fill); QL (30 Capsules per 30 days); SP
INGREZZA ORAL CAPSULE SPRINKLE 80 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to 1-month supply per fill); QL (30 Capsules per 30 days); SP
INGREZZA ORAL CAPSULE THERAPY PACK	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 dose pack per 28 days)
INLURIYO	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 (56 tablets per 28 days)

Medication	Coverage Level	Restrictions
INLYTA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
INNOPRAN XL	Non-Formulary	
INPEFA	Non-Formulary	
INPEN 100-BLUE-LILLY	Non-Formulary	
INPEN 100-BLUE-LILLY-HUMALOG	Non-Formulary	
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	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (5 tablets per 28 days); SP
INREBIC	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days); SP
INSpra	T3	
INSTANUMB MEDIUM STREAM	Non-Formulary	
INSTANUMB MIST	Non-Formulary	
<i>insulin asp prot & asp flexpen</i>	Non-Formulary	
<i>insulin aspart flexpen</i>	Non-Formulary	
<i>insulin aspart injection</i>	Non-Formulary	
<i>insulin aspart penfill</i>	Non-Formulary	
<i>insulin aspart prot & aspart</i>	Non-Formulary	
<i>insulin degludec</i>	Non-Formulary	
<i>insulin degludec flextouch</i>	Non-Formulary	
<i>insulin glargine max solostar</i>	Non-Formulary	
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	Non-Formulary	
<i>insulin glargine-yfgn</i>	T1	
<i>insulin lispro (1 unit dial)</i>	Non-Formulary	
<i>insulin lispro injection</i>	T1	

Medication	Coverage Level	Restrictions
<i>insulin lispro junior kwikpen</i>	Non-Formulary	
<i>insulin lispro prot & lispro</i>	Non-Formulary	
INTEGRA F	Non-Formulary	
INTEGRA PLUS	Non-Formulary	
INTELENCE ORAL TABLET 100 MG	T5	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
INTELENCE ORAL TABLET 200 MG	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
INTELENCE ORAL TABLET 25 MG	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
INTERMEZZO	Non-Formulary	
INTRAROSA	T3	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT	T4	SP (Limited to a 1 month supply per fill); SP
INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	T4	SP (Limited to a 1 month supply per fill); SP
INTROVALE	T1	PV
INTUNIV	T3	QL (60 tablets per 30 days)
INVEGA	Non-Formulary	
INVELTYS	T3	ST
INVIRASE ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
INVOKAMET	T3	ST; QL (60 tablets per 30 days)
INVOKAMET XR	T3	ST; QL (60 tablets per 30 days)
INVOKANA	T3	ST; QL (31 tablets per 31 days)
<i>inzdeaxiatar</i>	Non-Formulary	
<i>inzdeaxiavar</i>	Non-Formulary	
<i>inzdeoxia</i>	Non-Formulary	
INZIRQO	T3	QL (80 ML per 30 days); AL (Max 9 Years)
<i>iodoquimez-hc</i>	Non-Formulary	
<i>iohexol epidural</i>	Non-Formulary	
IOPIDINE OPHTHALMIC SOLUTION 1 %	Non-Formulary	SP ()
IPOL INJECTION INJECTABLE	Vaccine - \$0 Copay	PV; QL (3 Doses per 1 Lifetime)
IPOL INJECTION SUSPENSION	Vaccine - \$0 Copay	PV; QL (3 Doses per 1 Lifetime)
<i>ipratropium bromide hfa</i>	T2	
<i>ipratropium bromide inhalation</i>	T1	
<i>ipratropium bromide nasal</i>	T1	

Medication	Coverage Level	Restrictions
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	T1	QL (540 ML per 30 days)
IQIRVO	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<i>irbesartan</i>	T1	
<i>irbesartan-hydrochlorothiazide</i>	T1	
IRESSA	Non-Formulary	
<i>iron supplement childrens</i>	T3	PV; AL (Min 6 Months and Max 12 Months)
IROSPAN 24/6	Non-Formulary	
ISENTRESS	T4	SP (Limited to a 1 month supply per fill)
ISENTRESS HD	T4	SP (Limited to a 1 month supply per fill)
ISIBLOOM	T1	PV
<i>isoniazid oral</i>	T1	
ISOPTO ATROPINE	T3	
ISOPTO CARPINE	T3	
ISORDIL TITRADOSE	Non-Formulary	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	T2	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	Non-Formulary	
<i>isosorbide mononitrate</i>	T1	
<i>isosorbide mononitrate er</i>	T1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T2	QL (6 fills per 2 years)
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	Non-Formulary	
<i>isradipine</i>	T1	
ISTALOL	Non-Formulary	
ISTURISA ORAL TABLET 1 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 Tablets per 30 days)
ISTURISA ORAL TABLET 5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 Tablets per 30 days)
ITOVEBI ORAL TABLET 3 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days); SP

Medication	Coverage Level	Restrictions
ITOVEBI ORAL TABLET 9 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days); SP
<i>itraconazole oral capsule</i>	T2	QL (120 capsules per 30 days)
<i>itraconazole oral solution</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
<i>ivabradine hcl</i>	T2	ST
<i>ivermectin external cream</i>	T2	ST; QL (45 GM per 30 days)
<i>ivermectin external lotion</i>	T1	
<i>ivermectin oral tablet 3 mg</i>	T1	QL (10 tablets per 1 claim)
<i>ivermectin oral tablet 6 mg</i>	Non-Formulary	
<i>ivra</i>	Non-Formulary	
IWILFIN	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 tablets per 30 days)
IXIARO	Non-Formulary	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 3000 UNIT, 500 UNIT	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (36800 billable units per 28 days)
IYUZEH	Non-Formulary	
JADENU	T5	SP (Limited to a 1 month supply per fill); SP
JADENU SPRINKLE ORAL PACKET 180 MG	Non-Formulary	
JADENU SPRINKLE ORAL PACKET 360 MG, 90 MG	Non-Formulary	SP ()
JAIMIESS	T1	PV
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
JAKAFI ORAL TABLET 25 MG, 5 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP

Medication	Coverage Level	Restrictions
JAKAFI XR	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1-month supply per fill); QL (30 Tablets per 30 days); SP
JALYN	T3	ST
JANTOVEN	T1	
JANUMET	Non-Formulary	
JANUMET XR	Non-Formulary	
JANUVIA	Non-Formulary	
JARDIANCE	T2	QL (30 tablets per 30 days)
JASCAYD	Non-Formulary	
JASMIEL	T1	PV
JATENZO	Non-Formulary	
JAVADIN	Non-Formulary	
JAVYGTOR	Non-Formulary	
JAYPIRCA	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
<i>jaythari</i>	Non-Formulary	
JENCYCLA	T1	PV
JENTADUETO	T3	ST; QL (60 tablets per 30 days)
JENTADUETO XR	T3	ST; QL (30 tablets per 30 days)
JESDUVROQ	Non-Formulary	
JINTELI	T1	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	T4	PA; SP (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT	T4	PA; SP (Limited to 1-month supply per fill); QL (41400 billable units per 28 days)
JOBEVNE	Non-Formulary	
JOENJA ORAL TABLET 40 MG, 50 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 Days); AL (Min 4 Years)
JOENJA ORAL TABLET 70 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 12 Years)

Medication	Coverage Level	Restrictions
JOLESSA	T1	PV
JORNAY PM	Non-Formulary	
JOURNAVX	Non-Formulary	
JOYEAUX	Non-Formulary	
JUBLIA	BE	
JULEBER	T1	PV
JULUCA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
JUNEL 1.5/30	T1	PV
JUNEL 1/20	T1	PV
JUNEL FE 1.5/30	T1	PV
JUNEL FE 1/20	T1	PV
JUNEL FE 24	T1	PV
JUST RIGHT 5000 DENTAL PASTE	T3	
JUXTAPID ORAL CAPSULE 10 MG	Non-Formulary	SP ()
JUXTAPID ORAL CAPSULE 2 MG, 30 MG	Non-Formulary	
JUXTAPID ORAL CAPSULE 20 MG, 5 MG	Non-Formulary	SP ()
JYLAMVO	T3	AL (Max 9 Years)
JYNARQUE	Non-Formulary	
JYNNEOS	Vaccine - \$0 Copay	PV
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	Non-Formulary	
KAITLIB FE	Non-Formulary	
KALBITOR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); AL (Min 16 Years); SP
KALETRA ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
KALETRA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
KALLIGA	T1	PV
KALYDECO ORAL PACKET 13.4 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL (Max 1 Years); SP

Medication	Coverage Level	Restrictions
KALYDECO ORAL PACKET 25 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); SP
KALYDECO ORAL PACKET 5.8 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); SP
KALYDECO ORAL PACKET 50 MG, 75 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); SP
KALYDECO ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 6 Years); SP
KAMDOY	Non-Formulary	
KAPSPARGO SPRINKLE	T3	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	T3	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	Non-Formulary	
KARIVA	T1	PV
<i>kataraxap</i>	Non-Formulary	
KATARVIA	Non-Formulary	
KATERZIA	T3	QL (150 ML per 30 days); AL (Max 6 Years)
KAZANO	Non-Formulary	
<i>kazuri</i>	Non-Formulary	
KEFLEX	T3	
KEFUNOVA	Non-Formulary	
KELNOR 1/35	T1	PV
KELNOR 1/50	T1	PV
KELO-COTE EXTERNAL GEL	Non-Formulary	
KENALOG EXTERNAL	Non-Formulary	
KEPPRA ORAL	T3	
KEPPRA XR	T3	
KERALAC EXTERNAL CREAM 47 %	Non-Formulary	
KERALYT EXTERNAL SHAMPOO	Non-Formulary	
<i>keraxa</i>	Non-Formulary	

Medication	Coverage Level	Restrictions
KERENDIA ORAL TABLET 10 MG, 20 MG	T2	PA; 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)
KERENDIA ORAL TABLET 40 MG	T2	PA; 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)
<i>kerida</i>	Non-Formulary	
KESIMPTA	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed 3 pens for first month of therapy only.); 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
<i>ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml</i>	Non-Formulary	
<i>ketoconazole external cream</i>	T1	QL (60 gm per 30 days)
<i>ketoconazole external foam</i>	Non-Formulary	
<i>ketoconazole external shampoo 2 %</i>	T1	QL (120 ml per 30 days)
<i>ketoconazole oral</i>	T1	
<i>ketoprofen er</i>	T2	QL (30 capsules per 30 days)
<i>ketorolac tromethamine nasal</i>	Non-Formulary	
<i>ketorolac tromethamine ophthalmic</i>	T1	
<i>ketorolac tromethamine oral</i>	T1	QL (20 tablets per 30 days)
KETOSTIX	T3	
<i>ketotifen fumarate ophthalmic</i>	T1	
<i>kevaraxap</i>	Non-Formulary	
<i>kevartia</i>	Non-Formulary	
KEVEYIS	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days); SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days); SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days); SP
KHINDIVI	Non-Formulary	
<i>kimono</i>	T3	PV
<i>kimono micro thin</i>	T3	PV
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (28 syringes per 28 days); SP
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Vaccine - \$0 Copay	PV
KIONEX COMBINATION	T2	
KIONEX ORAL SUSPENSION	T2	
KIRSTY	T3	ST
KISQALI (200 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days); SP
KISQALI (400 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days); SP
KISQALI (600 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days); SP
KITABIS PAK (W/ NEBULIZER)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 56 day supply per fill); QL (280 ml per 56 days); SP
KLARON	T3	

Medication	Coverage Level	Restrictions
KLAYESTA	Non-Formulary	
KLISYRI (250 MG)	T5	ST; QL (5 packets per 1 year)
KLISYRI (350 MG)	T5	ST; QL (5 packets per 1 year)
KLONOPIN	T3	
KLOR-CON 10	T1	
KLOR-CON M10	T1	
KLOR-CON M15	T1	
KLOR-CON M20	T1	
KLOR-CON ORAL PACKET 20 MEQ	Non-Formulary	
KLOR-CON ORAL TABLET EXTENDED RELEASE	T3	
KLOR-CON/EF	T1	
KLOXXADO	T2	QL (2 doses per 365 days)
KLS QUIT2	T3	PV
KLS QUIT4	T3	PV
KOATE	T4	PA; SP (Limited to a 1 month supply per fill); QL (55200 billable units per 28 days)
<i>kobee</i>	T3	PV; AL (Max 50 Years)
KOGENATE FS	T4	PA; SP (Limited to a 1 month supply per fill); QL (43125 billable units per 28 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T3	QL (60 tablets per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T3	QL (30 tablets per 30 days)
KOMZIFTI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
KONVOMEF	T3	AL (Max 9 Years)
KORLYM	Non-Formulary	
KOSELUGO ORAL CAPSULE	T4	PA; SP (Limited to a 1 month supply per fill)
KOSELUGO ORAL CAPSULE SPRINKLE	T4	PA; SP (Limited to a 1-month supply per fill); SP
<i>kotaraxap</i>	Non-Formulary	

Medication	Coverage Level	Restrictions
KOVALTRY	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
K-PHOS-NEUTRAL	Non-Formulary	
<i>kpn prenatal</i>	T3	PV
KRAZATI	T4	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	T1	QL (2 tablets per 365 Days)
KRISTALOSE	Non-Formulary	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	T3	
KURVELO	T1	PV
<i>kutar</i>	Non-Formulary	
<i>kutarvia</i>	Non-Formulary	
KUVAN ORAL PACKET	Non-Formulary	
KUVAN ORAL TABLET	Non-Formulary	
KYGEVVI	Non-Formulary	
KYMBEE	Non-Formulary	
<i>kynara</i>	Non-Formulary	
KYXATA	Non-Formulary	
KYZATREX ORAL CAPSULE 100 MG, 150 MG	T3	PA; QL (60 capsules per 30 days)
KYZATREX ORAL CAPSULE 200 MG	T3	PA; QL (120 capsules per 30 days)
<i>l.e.t. (racepinephrine) external solution</i>	Non-Formulary	
<i>l.e.t. external solution</i>	Non-Formulary	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1	
<i>labetalol hcl oral tablet 400 mg</i>	Non-Formulary	
LAC-HYDRIN EXTERNAL CREAM	Non-Formulary	
<i>lacosamide oral solution 10 mg/ml</i>	T1	
<i>lacosamide oral tablet</i>	T1	QL (60 tablets per 30 days)
LACRISERT	T4	SP (Limited to a 1 month supply per fill)
<i>lactic acid e</i>	Non-Formulary	
<i>lactic acid external lotion</i>	Non-Formulary	
<i>lactulose oral packet</i>	Non-Formulary	
<i>lactulose oral solution</i>	T1	
LAGEVRIO	Non-Formulary	

Medication	Coverage Level	Restrictions
LAMICTAL ODT	Non-Formulary	
LAMICTAL ORAL TABLET	T3	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	T3	
LAMICTAL STARTER	T3	QL (1 kit per 365 days)
LAMICTAL XR ORAL KIT	T3	ST; QL (1 kit per 365 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	T3	ST; QL (30 tablets per 30 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG, 250 MG, 300 MG	T3	ST; QL (60 tablets per 30 days)
LAMISIL ORAL TABLET	T3	
<i>lamivudine oral solution 10 mg/ml</i>	T1	
<i>lamivudine oral tablet</i>	T2	
<i>lamivudine-zidovudine</i>	T2	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	T3	ST; QL (30 tablets per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine oral tablet</i>	T1	
<i>lamotrigine oral tablet chewable</i>	T1	
<i>lamotrigine oral tablet dispersible</i>	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine starter kit-blue</i>	T1	QL (1 kit per 365 days)
<i>lamotrigine starter kit-green</i>	T1	QL (1 kit per 365 days)
<i>lamotrigine starter kit-orange</i>	T1	QL (1 kit per 365 days)
LAMPIT	T3	QL (90 tablets per 30 years); AL (Max 17 Years)
LANGLARA	Non-Formulary	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	T3	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	Non-Formulary	
<i>lanreotide acetate</i>	T4	SP (Limited to a 1 month supply per fill); SP
<i>lansoprazole oral capsule delayed release</i>	T3	
<i>lansoprazole oral tablet delayed release dispersible</i>	T3	ST; QL (30 tablets per 30 days)
<i>lanthanum carbonate</i>	T1	QL (90 tablets per 30 days)
LANTUS	T1	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1	

Medication	Coverage Level	Restrictions
<i>lapatinib ditosylate</i>	T1	PA; QL (150 tablets per 30 days); SP
LARIN 1.5/30	T1	PV
LARIN 1/20	T1	PV
LARIN 24 FE	T1	PV
LARIN FE 1.5/30	T1	PV
LARIN FE 1/20	T1	PV
LASIX	T3	
LASIX ONYU	Non-Formulary	
LASTACRAFT	T3	ST; QL (1 bottle per 30 days); AL (Min 2 Years)
<i>latanoprost ophthalmic</i>	T1	
LATISSE	Non-Formulary	
LATUDA	T3	QL (30 tablets per 30 days)
<i>laxative oral tablet delayed release</i>	Non-Formulary	
<i>laxative polyethylene glycol</i>	T3	PV
LAZANDA	Non-Formulary	
LAZCLUZE	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
LEDERLE LEUCOVORIN	T2	QL (60 tablets per 30 days)
<i>ledipasvir-sofosbuvir</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days); SP
LEENA	T1	PV
LEFLUNICLO	Non-Formulary	
<i>leflunomide oral</i>	T1	

Medication	Coverage Level	Restrictions
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	T1	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
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	T1	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

Medication	Coverage Level	Restrictions
LENVIMA (10 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (12 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (14 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (18 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (20 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (24 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (4 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (8 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LEQEMBI IQLIK	Non-Formulary	
LEQSELVI	Non-Formulary	

Medication	Coverage Level	Restrictions
LEROCHOL	T3	PA; QL (1 syringe (1.2ml) per 28 days)
LESCOL XL	Non-Formulary	
LESSINA	T2	PV
LETAIRIS ORAL TABLET 10 MG	Non-Formulary	SP ()
LETAIRIS ORAL TABLET 5 MG	Non-Formulary	
<i>letrozole oral</i>	T1	
<i>leucovorin calcium oral</i>	T2	QL (60 tablets per 30 days)
LEUKERAN	T4	SP (Limited to a 1 month supply per fill)
<i>leuprolide acetate injection</i>	T4	SP (Limited to a 1 month supply per fill); QL (2 kits per 28 days); SP
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	T1	
<i>levalbuterol tartrate</i>	T2	
<i>levamlodipine maleate oral tablet 5 mg</i>	Non-Formulary	
LEVAQUIN ORAL TABLET	T3	
LEVEMIR	Non-Formulary	
<i>levetiracetam er</i>	T1	
<i>levetiracetam oral solution</i>	T1	
<i>levetiracetam oral tablet</i>	T1	
<i>levetiracetam oral tablet disintegrating soluble</i>	T3	ST; QL (60 Tablets per 30 Days)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	T1	
<i>levocarnitine oral solution</i>	T1	
<i>levocarnitine oral tablet</i>	T1	
<i>levocarnitine sf</i>	T1	
<i>levocetirizine dihydrochloride oral</i>	BE	
<i>levofloxacin ophthalmic</i>	T1	
<i>levofloxacin oral</i>	T1	
LEVONEST	T1	PV
<i>levonorgest-eth est & eth est</i>	T1	PV
<i>levonorgest-eth estrad 91-day</i>	T1	PV
<i>levonorgest-eth estradiol-iron</i>	Non-Formulary	
<i>levonorgestrel oral tablet 1.5 mg</i>	T1	PV
<i>levonorgestrel-ethinyl estrad</i>	T1	PV
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	T1	PV
LEVORA 0.15/30 (28)	T1	PV
<i>levorphanol tartrate oral</i>	Non-Formulary	

Medication	Coverage Level	Restrictions
LEVO-T	T3	
<i>levothyroxine sodium oral capsule</i>	Non-Formulary	
<i>levothyroxine sodium oral tablet</i>	T1	
LEVOXYL	T1	
LEVSIN ORAL TABLET	T3	
LEVSIN/SL	T3	
LEXAPRO ORAL TABLET	T3	
LEXETTE	Non-Formulary	
LEXIVA ORAL SUSPENSION	T4	SP (Limited to a 1 month supply per fill)
LEXIVA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
LEXTOL	Non-Formulary	
<i>l-glutamine oral packet</i>	Non-Formulary	
LIALDA	T3	QL (120 tablets per 30 days)
LIBERVANT	T3	AL (Min 2 Years and Max 5 Years)
LIBRAX	Non-Formulary	
LICART TRANSDERMAL	Non-Formulary	
<i>lidocaine external cream 3 %, 4 %</i>	BE	
<i>lidocaine external ointment 5 %</i>	T1	
<i>lidocaine external patch 4 %, 5 %</i>	BE	
<i>lidocaine hcl external gel 2 %</i>	T1	
<i>lidocaine hcl external solution</i>	T1	
<i>lidocaine pain relief</i>	BE	
<i>lidocaine viscous hcl</i>	T1	
<i>lidocaine(bufferd)-epinephrine injection solution prefilled syringe 1 %-1:100000</i>	Non-Formulary	
<i>lidocaine-hydrocortisone ace rectal gel</i>	Non-Formulary	
<i>lidocaine-hydrocortisone ace rectal kit 2-2 %, 3-0.5 %, 3-1 %, 3-2.5 %</i>	Non-Formulary	
<i>lidocaine-phenylephrine</i>	Non-Formulary	
<i>lidocaine-prilocaine external cream</i>	T1	
LIDOCAN	Non-Formulary	
LIDOCAN II	Non-Formulary	
LIDOCAN III	Non-Formulary	
LIDODERM	Non-Formulary	
<i>lido-epinephrine-tetracaine</i>	Non-Formulary	
<i>lidolite</i>	Non-Formulary	
<i>lidopin external cream 3 %</i>	T1	
<i>lidopril external kit</i>	Non-Formulary	
<i>lido-racepinephrine-tetracaine</i>	Non-Formulary	

Medication	Coverage Level	Restrictions
<i>lidorx</i>	Non-Formulary	
<i>lidosol</i>	Non-Formulary	
<i>lidosol-50</i>	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	T5	PA; 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	T5	PA; SP (Limited to a 1 month supply per fill); QL (9 capsules per 28 days)
LIKMEZ	Non-Formulary	
<i>linagliptin-metformin hcl</i>	Non-Formulary	
<i>lindane external shampoo</i>	T1	
<i>linezolid oral suspension reconstituted</i>	T4	SP (Limited to one 14 day supply per 6 months (180 days)); QL (840 ML per 14 days); AL (Max 9 Years)
<i>linezolid oral tablet</i>	T1	
LINZESS	T2	QL (30 capsules per 30 days)
LIOMNY	T2	
<i>liothyronine sodium oral</i>	T1	
LIPITOR	Non-Formulary	
LIPOFEN	Non-Formulary	
<i>liraglutide</i>	Non-Formulary	
<i>liraglutide -weight management</i>	BE	
<i>lisdexamfetamine dimesylate oral capsule</i>	T1	QL (30 capsules per 30 Days); AL (Min 6 Years)
<i>lisdexamfetamine dimesylate oral tablet chewable</i>	T1	QL (30 tablets per 30 Days); AL (Min 6 Years)
<i>lisinopril oral</i>	T1	
<i>lisinopril-hydrochlorothiazide</i>	T1	
LITFULO	BE	
<i>lithium</i>	T1	
<i>lithium carbonate er</i>	T1	
<i>lithium carbonate oral</i>	T1	
LITHOBID	T3	
LITHOSTAT	Non-Formulary	
LIVALO	Non-Formulary	

Medication	Coverage Level	Restrictions
LIVDELZI	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
LIVIXIL PAK	Non-Formulary	
LIVMARLI	Non-Formulary	
LIVTENCITY	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
<i>l-leucine</i>	Non-Formulary	
L-MESITRAN SOFT WOUND	Non-Formulary	
<i>l-methylfolate-b6-b12 oral tablet 3-35-2 mg</i>	Non-Formulary	
LO LOESTRIN FE	T3	ST
LODOCO	Non-Formulary	
LODOSYN	Non-Formulary	
LOESTRIN 1.5/30 (21)	Non-Formulary	
LOESTRIN 1/20 (21)	T3	
LOESTRIN FE 1.5/30	T3	
LOESTRIN FE 1/20	T3	
LOFENA	Non-Formulary	
<i>lofexidine hcl</i>	Non-Formulary	
LOJAIMIESS	T1	PV
LOKELMA	T4	SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
LOMAIRA	T3	ST
LOMOTIL ORAL TABLET	T3	
<i>lomustine</i>	T5	PA; SP (Limited to a 1-month supply per fill.); SP
LONSURF	T5	PA; SP (Limited to a 1 month supply per fill); SP
<i>loperamide hcl oral capsule</i>	Non-Formulary	
LOPID	T3	
<i>lopinavir-ritonavir</i>	T4	SP (Limited to a 1 month supply per fill)
LOPRESSOR HCT ORAL TABLET 50-25 MG	T3	
LOPRESSOR ORAL SOLUTION	Non-Formulary	
LOPRESSOR ORAL TABLET 100 MG, 50 MG	T3	
LOPRESSOR ORAL TABLET 12.5 MG	Non-Formulary	
LOPROX EXTERNAL SHAMPOO	T3	
<i>loratadine childrens oral solution</i>	BE	

Medication	Coverage Level	Restrictions
<i>loratadine childrens oral tablet chewable</i>	BE	
<i>loratadine oral tablet</i>	BE	
<i>loratadine oral tablet chewable 10 mg</i>	BE	
<i>loratadine oral tablet dispersible</i>	BE	
<i>loratadine-d 12hr</i>	BE	
<i>loratadine-d 24hr</i>	BE	
LORAZEPAM INTENSOL	T1	
<i>lorazepam oral concentrate 2 mg/ml</i>	T1	
<i>lorazepam oral tablet</i>	T1	
LORBRENA ORAL TABLET 100 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
LORBRENA ORAL TABLET 25 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days); SP
LOREEV XR	Non-Formulary	
LORYNA	T1	PV
LORZONE	Non-Formulary	
<i>losartan potassium oral</i>	T1	
<i>losartan potassium-hctz</i>	T1	
LOTEMAX	Non-Formulary	
LOTEMAX SM	T3	ST
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	T3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	T3	
<i>loteprednol etabonate ophthalmic gel</i>	T2	ST
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	T3	ST
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	T2	ST
<i>loteprednol-tobramycin</i>	T2	ST; QL (5 ML per 30 days)
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	T3	
LOTREXONE	Non-Formulary	
LOTRIMIN AF EXTERNAL CREAM	Non-Formulary	
LOTRISONE EXTERNAL CREAM	T3	

Medication	Coverage Level	Restrictions
LOTRONEX	Non-Formulary	
<i>lounzdomdioxatar</i>	Non-Formulary	
<i>lovastatin oral</i>	T1	PV
LOVAZA	T3	
LOVENOX INJECTION SOLUTION	T3	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	T5	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
LOW-OGESTREL	T1	PV
<i>loxapine succinate oral</i>	T1	
LOYON	Non-Formulary	
LO-ZUMANDIMINE	T1	PV
<i>lubiprostone</i>	T1	QL (60 capsules per 30 Days)
LUCEMYRA	Non-Formulary	
LUDENT	T1	PV
LUIZZA 1.5/30	T1	PV
LUIZZA 1/20	T1	PV
<i>luliconazole</i>	Non-Formulary	
LUMAKRAS ORAL TABLET 120 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 tablets per 30 days); SP
LUMAKRAS ORAL TABLET 240 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (12 Tablets per 30 days)
LUMAKRAS ORAL TABLET 320 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days); SP
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Non-Formulary	
LUMRYZ	Non-Formulary	
LUMRYZ STARTER PACK	Non-Formulary	
LUNESTA	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
LUPKYNIS	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)

Medication	Coverage Level	Restrictions
<i>lurasidone hcl</i>	T1	QL (30 tablets per 30 Days)
LURBIRO	Non-Formulary	
LUTERA	T1	PV
LUTRATE DEPOT	Non-Formulary	
LUXAMEND	Non-Formulary	
LUZU	Non-Formulary	
LYBALVI	Non-Formulary	
LYLEQ	T1	PV
LYLLANA	T1	
LYMEPAK	Non-Formulary	
LYNKUET	Non-Formulary	
LYNPARZA ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 tablets per 30 days); SP
LYRICA CR	Non-Formulary	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	T3	QL (120 capsules per 30 days)
LYRICA ORAL CAPSULE 200 MG	T3	QL (90 capsules per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T3	QL (60 capsules per 30 days)
LYRICA ORAL SOLUTION	T3	QL (473 ML per 30 days)
LYSIPLEX PLUS ORAL TABLET	Non-Formulary	
LYSODREN	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
LYSTEDA	T3	
LYTGOBI (12 MG DAILY DOSE)	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (84 tablets per 28 days)
LYTGOBI (16 MG DAILY DOSE)	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (112 tablets per 28 days)

Medication	Coverage Level	Restrictions
LYTGOBI (20 MG DAILY DOSE)	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (140 tablets per 28 days)
LYUMJEV	Non-Formulary	
LYUMJEV KWIKPEN	Non-Formulary	
LYUMJEV TEMPO PEN	Non-Formulary	
LYVISPAH	Non-Formulary	
LYZA	T1	PV
<i>maca</i>	Non-Formulary	
<i>macitentan</i>	T1	PA; QL (30 Tablets per 30 days); SP
MACROBID	T3	
MACRODANTIN ORAL CAPSULE 100 MG, 50 MG	T3	
MACRODANTIN ORAL CAPSULE 25 MG	T2	
<i>macuvex</i>	Non-Formulary	
<i>macuzin</i>	Non-Formulary	
<i>mafenide acetate external</i>	T1	
MAGNEBIND 400	Non-Formulary	
<i>magnesium citrate oral solution</i>	T3	PV
<i>mahova</i>	Non-Formulary	
MALARONE	T3	
<i>malathion external</i>	T1	
<i>maprotiline hcl</i>	T1	
<i>maraviroc</i>	T4	SP (Limited to a 1 month supply per fill)
MARINOL	Non-Formulary	
<i>marlissa</i>	T1	PV
MARPLAN	T2	QL (180 tablets per 30 days)
MARVONA-25 SUIK	Non-Formulary	
MASK VORTEX	T3	QL (4 masks per 1 year)
MASK VORTEX/CHILD/FROG	T3	QL (4 masks per 1 year)
MASK VORTEX/TODDLER/LADYBUG	T3	QL (4 masks per 1 year)
<i>matervia</i>	Non-Formulary	
<i>matronex</i>	Non-Formulary	
MATULANE	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)

Medication	Coverage Level	Restrictions
MATZIM LA	Non-Formulary	
MAVENCLAD (10 TABS)	T5	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
MAVENCLAD (4 TABS)	T5	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
MAVENCLAD (5 TABS)	T5	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
MAVENCLAD (6 TABS)	T5	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
MAVENCLAD (7 TABS)	T5	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
MAVENCLAD (8 TABS)	T5	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
MAVENCLAD (9 TABS)	T5	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
<i>mavilo hp</i>	Non-Formulary	
MAVYRET ORAL PACKET	T1	PA; 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	T1	PA; 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
MAXALT ORAL TABLET 10 MG	T3	QL (12 tablet per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	T3	QL (12 tablet per 30 days)
MAXARON FORTE ORAL TABLET	Non-Formulary	
MAXFE ORAL TABLET	Non-Formulary	
MAXIDEX	T3	
MAXITROL OPHTHALMIC OINTMENT	T3	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1	T3	
<i>maxi-tuss cd</i>	Non-Formulary	
MAXZIDE	T3	
MAXZIDE-25	T3	

Medication	Coverage Level	Restrictions
MAYZENT ORAL TABLET 0.25 MG	T4	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	T4	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	T4	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	T4	ST; SP (Limited to one 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
<i>mb caps</i>	Non-Formulary	
<i>meclizine hcl oral tablet</i>	Non-Formulary	
Meclizine HCl Oral Tablet Chewable	Benefit Exclusion	
<i>meclofenamate sodium oral</i>	Non-Formulary	
<i>mecorix</i>	Non-Formulary	
<i>mecorix hp</i>	Non-Formulary	
<i>mecorix plus</i>	Non-Formulary	
<i>medorfa</i>	Non-Formulary	
<i>medorfa hp</i>	Non-Formulary	
<i>medorfa hp plus</i>	Non-Formulary	
<i>medorfa lp</i>	Non-Formulary	
<i>medorfa plus</i>	Non-Formulary	
MEDPURA HYDROCORTISONE	Non-Formulary	
MEDROL	T3	
<i>medroxyprogesterone acetate intramuscular suspension</i>	T1	PV; QL (1 vial per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	T1	PV; QL (1 syringe per 90 days)
<i>medroxyprogesterone acetate oral</i>	T1	

Medication	Coverage Level	Restrictions
<i>mefenamic acid oral</i>	Non-Formulary	
<i>mefloquine hcl</i>	T1	
MEGACE ES	T3	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	T1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Non-Formulary	
<i>megestrol acetate oral tablet</i>	T1	
<i>mekam hp</i>	Non-Formulary	
MEKINIST ORAL SOLUTION RECONSTITUTED	T5	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	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
MEKTOVI	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
MELEYA	T1	PV
<i>melidu</i>	Non-Formulary	
<i>melondis plus</i>	Non-Formulary	
<i>meloxicam oral capsule</i>	Non-Formulary	
<i>meloxicam oral suspension</i>	Non-Formulary	
<i>meloxicam oral tablet</i>	T1	
<i>melphalan</i>	T2	
<i>melzara</i>	Non-Formulary	
<i>memantine hcl er</i>	T2	QL (30 capsules per 30 days); AL (Min 40 Years)
<i>memantine hcl oral solution 2 mg/ml</i>	T3	QL (300 ML per 30 days); AL (Min 40 Years)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	T1	QL (60 tablets per 30 days); AL (Min 40 Years)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	T1	QL (1 pak per 365 days); AL (Min 40 Years)
<i>memantine hcl-donepezil hcl er</i>	Non-Formulary	
MENACTRA INTRAMUSCULAR SOLUTION	Vaccine - \$0 Copay	PV; QL (1 Dose per 1 Lifetime)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T2	

Medication	Coverage Level	Restrictions
MENOPUR	T3	SP
MENOSTAR	T3	QL (4 patches per 28 days)
MENQUADFI INTRAMUSCULAR SOLUTION	Vaccine - \$0 Copay	PV; QL (1 dose per 1 lifetime)
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Vaccine - \$0 Copay	PV; QL (1 Dose per 1 Lifetime)
<i>meperidine hcl oral solution</i>	T1	
<i>meperidine hcl oral tablet 50 mg</i>	T1	
<i>meprobamate</i>	Non-Formulary	
MEPRON	T3	
<i>mercaptopurine oral suspension</i>	T4	SP
<i>mercaptopurine oral tablet</i>	T1	
MERILOG	T3	ST
MERILOG SOLOSTAR	T3	ST
<i>mesalamine er oral capsule extended release 24 hour</i>	T3	QL (120 capsules per 30 days)
<i>mesalamine er oral capsule extended release 250 mg</i>	T5	ST; SP (Limited to a 1-month supply per fill); QL (240 Capsules per 30 days); SP
<i>mesalamine er oral capsule extended release 500 mg</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (240 capsules per 30 days)
<i>mesalamine oral capsule delayed release</i>	T3	SP (); QL (180 capsules per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	T3	SP (); QL (120 tablets per 30 days)
<i>mesalamine oral tablet delayed release 800 mg</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
<i>mesalamine rectal enema</i>	T1	
<i>mesalamine rectal suppository</i>	T5	SP (Limited to a 1 month supply per fill)
<i>mesna oral</i>	T4	SP (Limited to a 1-month supply per fill)
MESNEX ORAL	T4	SP (Limited to a 1 month supply per fill)
MESTINON ORAL SOLUTION	Non-Formulary	
MESTINON ORAL TABLET	Non-Formulary	
MESTINON ORAL TABLET EXTENDED RELEASE	Non-Formulary	
METADATE CD	Non-Formulary	
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	T1	AL (Min 4 Years)
METAFOLBIC PLUS	Non-Formulary	

Medication	Coverage Level	Restrictions
<i>metaproterenol sulfate oral syrup</i>	T1	
<i>metaxalone oral tablet 400 mg, 640 mg</i>	Non-Formulary	
<i>metaxalone oral tablet 800 mg</i>	T1	ST
<i>metdray</i>	Non-Formulary	
<i>metformin hcl er</i>	T1	
<i>metformin hcl er (mod)</i>	Non-Formulary	
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	Non-Formulary	
<i>metformin hcl oral solution</i>	Non-Formulary	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	T1	
<i>metformin hcl oral tablet 625 mg, 750 mg</i>	Non-Formulary	
METHADONE HCL DISKETS	T1	
METHADONE HCL INTENSOL	T1	
<i>methadone hcl oral</i>	T1	
METHADOSE ORAL CONCENTRATE 10 MG/ML	T1	
METHADOSE ORAL TABLET SOLUBLE	T1	
<i>methamphetamine hcl</i>	Non-Formulary	
<i>methaver</i>	Non-Formulary	
<i>methazel</i>	Non-Formulary	
<i>methazolamide oral</i>	T2	
<i>methenamine hippurate</i>	T1	
<i>methimazole oral</i>	T1	
<i>methitest</i>	Non-Formulary	
<i>methocarbamol oral tablet 1000 mg</i>	Non-Formulary	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T1	
<i>methotrexate sodium injection solution 250 mg/10ml</i>	T1	
<i>methotrexate sodium injection solution reconstituted</i>	T1	
<i>methotrexate sodium oral</i>	T1	
<i>methoxsalen rapid</i>	T4	SP (Limited to a 1 month supply per fill)
<i>methscopolamine bromide oral</i>	T2	
<i>methsuximide</i>	T2	
<i>methyl dopa oral</i>	T1	
<i>methyl dopa-hydrochlorothiazide</i>	T1	
<i>methylergonovine maleate oral</i>	T3	QL (28 tablets per 365 days)
METHYLIN ORAL SOLUTION	T3	AL (Min 4 Years and Max 10 Years)

Medication	Coverage Level	Restrictions
<i>methylphenidate</i>	T3	ST; QL (30 patches per 30 days); AL (Min 4 Years)
<i>methylphenidate er</i>	Non-Formulary	
<i>methylphenidate hcl er (cd)</i>	T1	QL (30 capsules per 30 days); AL (Min 4 Years)
<i>methylphenidate hcl er (la)</i>	T1	QL (30 capsules per 30 days); AL (Min 4 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	T1	QL (60 tablets per 30 days); AL (Min 4 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg, 72 mg</i>	Non-Formulary	
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg</i>	T3	QL (30 capsules per 30 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	T3	QL (30 capsules per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	T1	AL (Min 4 Years)
<i>methylphenidate hcl er(diffus)</i>	T1	QL (60 tablets per 30 days); AL (Min 4 Years)
<i>methylphenidate hcl oral solution</i>	T1	AL (Min 4 Years and Max 10 Years)
<i>methylphenidate hcl oral tablet</i>	T1	AL (Min 4 Years)
<i>methylphenidate hcl oral tablet chewable</i>	T1	AL (Min 4 Years and Max 10 Years)
<i>methylprednisolone oral</i>	T1	
<i>methyltestosterone oral</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	T1	
<i>metoclopramide hcl oral tablet</i>	T1	
<i>metoclopramide hcl oral tablet dispersible</i>	T3	
<i>metolazone</i>	T1	
<i>metoprolol succinate er</i>	T1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	T1	
<i>metoprolol tartrate oral tablet 12.5 mg</i>	Non-Formulary	
<i>metoprolol-hctz er</i>	Non-Formulary	
<i>metoprolol-hydrochlorothiazide</i>	T1	
METROCREAM	T3	
METROGEL EXTERNAL GEL	T3	
METROGEL-VAGINAL	T3	
METROLOTION	T3	

Medication	Coverage Level	Restrictions
<i>metronidazole benzoate</i>	Non-Formulary	
<i>metronidazole external cream</i>	T1	
<i>metronidazole external gel</i>	T1	
<i>metronidazole external lotion</i>	T2	
<i>metronidazole oral capsule</i>	T1	
<i>metronidazole oral tablet 125 mg</i>	Non-Formulary	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T1	
<i>metronidazole vaginal</i>	T1	
<i>metyrosine</i>	Non-Formulary	
<i>mexiletine hcl oral</i>	T1	
MFLUSIVA	Vaccine - \$0 Copay	QL (1 dose per 180 Days); AL (Min 50 Years)
MIACALCIN NASAL	T3	
MIBELAS 24 FE	Non-Formulary	
MICARDIS	T3	
MICARDIS HCT	T3	
MICORT HC	Non-Formulary	
MICORT-HC	Non-Formulary	
MICROCHAMBER	T3	QL (4 chambers per 1 year)
MICRODOT TEST	T3	ST; QL (200 strips per 30 days)
MICROGESTIN 1.5/30	T1	PV
MICROGESTIN 1/20	T1	PV
MICROGESTIN FE 1.5/30	T1	PV
MICROGESTIN FE 1/20	T1	PV
MICROSPACER	T3	QL (4 chambers per 1 year)
<i>micuraderm</i>	Non-Formulary	
<i>midazolam hcl oral</i>	T1	
<i>midazolam intramuscular</i>	Non-Formulary	
<i>midazolam intravenous solution prefilled syringe 25 mg/25ml, 50 mg/50ml</i>	Non-Formulary	
<i>midodrine hcl</i>	T1	
MIEBO	T2	QL (3 ML per 30 days)
<i>mifepristone oral tablet 300 mg</i>	T4	PA; SP (Limited to a 1-month supply per fill.); QL (120 tablets per 30 days)
MIGERGOT	Non-Formulary	
<i>miglustat</i>	T5	PA; SP (Limited to a 1 month supply per fill); SP
MIGRANAL	Non-Formulary	
MILI	T1	PV

Medication	Coverage Level	Restrictions
<i>milk of magnesia oral suspension 400 mg/5ml</i>	T3	PV
MILLIPRED	Non-Formulary	
<i>milnacipran hcl</i>	T1	QL (60 tablets per 30 days)
MILOPHENE	Non-Formulary	
<i>mimora</i>	Non-Formulary	
MIMVEY	T1	
MIMVEY LO	T1	
MINASTRIN 24 FE	Non-Formulary	
MINIMED INSTINCT GLUC SENSOR	Non-Formulary	
MINIPRESS	T3	
MINITRAN	T1	
MINIVELLE	T3	
MINOCIN ORAL CAPSULE 100 MG, 50 MG	T3	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 90 mg</i>	Non-Formulary	
<i>minocycline hcl oral capsule</i>	T1	
<i>minocycline hcl oral tablet 100 mg</i>	Non-Formulary	
<i>minocycline hcl oral tablet 50 mg, 75 mg</i>	T1	
MINOLIRA	Non-Formulary	
<i>minoxidil for men external solution 2 %</i>	Non-Formulary	
<i>minoxidil oral</i>	T1	
MINZOYA	Non-Formulary	
MIPLYFFA	Non-Formulary	
<i>mirabegron er oral suspension reconstituted er</i>	Non-Formulary	ST
<i>mirabegron er oral tablet extended release 24 hour</i>	T2	ST; QL (30 tablets per 30 days)
MIRALAX ORAL POWDER	Non-Formulary	
MIRAPEX	T3	
MIRAPEX ER	T3	QL (30 tablets per 30 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	Non-Formulary	
<i>mirtazapine oral</i>	T1	
MIRVASO	Non-Formulary	
<i>misoprostol oral</i>	T1	
MITIGARE	Non-Formulary	
M-M-R II INJECTION	Vaccine - \$0 Copay	PV; QL (2 doses per 1 Lifetime)
MNEXSPIKE	Vaccine - \$0 Copay	PV
<i>modafinil oral</i>	T1	QL (60 tablets per 30 days)
MODERNA COVID-19 VAC 6M-11Y	Vaccine - \$0 Copay	PV

Medication	Coverage Level	Restrictions
MODEYSO	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1 month supply per fill); QL (20 capsules per 28 days)
<i>moexipril hcl</i>	T1	
<i>mokura</i>	Non-Formulary	
<i>mokura lp</i>	Non-Formulary	
<i>mokura mod</i>	Non-Formulary	
<i>mokura plus</i>	Non-Formulary	
<i>molexi</i>	Non-Formulary	
<i>mometasone furoate external</i>	T1	
<i>mometasone furoate nasal</i>	T3	ST
MONDOXYNE NL	Non-Formulary	
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT PISTON SYRINGE	T2	
MONOJECT SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT SYRINGE LUER-LOCK TIP 140 ML	T2	
MONO-LINYAH	T1	PV
<i>montelukast sodium oral</i>	T1	
MONUROL	T3	QL (3 packets per 30 days)
MORGIDOX COMBINATION	Non-Formulary	
MORPHABOND ER	Non-Formulary	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	T1	
<i>morphine sulfate er beads</i>	Non-Formulary	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Non-Formulary	
<i>morphine sulfate er oral tablet extended release</i>	T1	
<i>morphine sulfate oral</i>	T1	
<i>morphine sulfate rectal</i>	T1	
MOTTEGRITY	T3	QL (30 tablets per 30 days)
MOTPOLY XR	Non-Formulary	
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	PA; DX (Prior Authorization not required when billed with Type 2 diabetes diagnosis code E11.0 - E11.9); QL (2 ML per 28 days)
MOVANTIK	T2	PA; QL (30 tablets per 30 days)
MOVIPREP	T3	
MOXEZA	T3	

Medication	Coverage Level	Restrictions
<i>moxifloxacin hcl (2x day)</i>	T1	
<i>moxifloxacin hcl ophthalmic solution</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
<i>moxifloxacin-bromfenac</i>	Non-Formulary	
MRESVIA	Vaccine - \$0 Copay	PV; QL (1 dose per 1 year); AL (Min 50 Years)
MS CONTIN ORAL TABLET EXTENDED RELEASE	T3	
MUCOSITISRX	Non-Formulary	
MUGARD	Non-Formulary	
MULPLETA	Non-Formulary	
MULTAQ	T3	
MULTIGEN FOLIC	Non-Formulary	
MULTIGEN PLUS	Non-Formulary	
<i>multivitamin w/fluoride</i>	T3	PV
<i>multivitamin/fluoride oral solution</i>	T3	PV
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	T3	PV
<i>multivitamin/fluoride oral suspension</i>	T3	PV
<i>multi-vitamin/fluoride oral suspension 0.25 mg/ml</i>	T3	PV
<i>multivitamins oral capsule</i>	Non-Formulary	
<i>multivitamins oral tablet chewable</i>	Non-Formulary	
<i>multivitamins pediatric</i>	Non-Formulary	
<i>mupirocin calcium</i>	Non-Formulary	
<i>mupirocin external</i>	T1	QL (22 gm per 30 days)
MUSCUSOLICE	Non-Formulary	
MVC-FLUORIDE	T3	PV
M-VIT	Non-Formulary	
MY CHOICE	T1	PV
MY WAY	T1	PV
MYALEPT	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
MYCAPSSA	Non-Formulary	
MYCOBUTIN	T2	
<i>mycophenolate mofetil oral capsule</i>	T1	
<i>mycophenolate mofetil oral suspension reconstituted</i>	T1	AL (Max 9 Years)
<i>mycophenolate mofetil oral tablet</i>	T1	

Medication	Coverage Level	Restrictions
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>	T3	QL (240 tablets per 30 days)
<i>mycophenolate sodium oral tablet delayed release 360 mg</i>	T3	QL (120 tablets per 30 days)
<i>mycophenolic acid oral tablet delayed release 180 mg</i>	T2	QL (240 tablets per 30 days)
<i>mycophenolic acid oral tablet delayed release 360 mg</i>	T2	QL (120 tablets per 30 days)
MYDAYIS	Non-Formulary	
MYFEMBREE	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>myferon 150 forte</i>	Non-Formulary	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	T3	QL (240 tablets per 30 days)
MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG	T3	QL (120 tablets per 30 days)
MYHIBBIN	Non-Formulary	
MYLERAN	T3	
MYNATAL ORAL TABLET	T1	
<i>mynatal plus</i>	T1	
<i>mynatal-z</i>	T1	
<i>mynate 90 plus</i>	T1	
<i>mynephrocaps</i>	Non-Formulary	
MYNEPHRON	Non-Formulary	
MYORISAN	T2	QL (6 fills per 2 years)
MYQORZO	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 18 Years)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T2	ST; QL (240 ML per 30 days); AL (Max 10 Years)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T2	ST; QL (30 tablets per 30 days)
MYSOLINE ORAL TABLET 50 MG	T3	
MYTESI	Non-Formulary	
<i>mythius</i>	Non-Formulary	
<i>myvori</i>	Non-Formulary	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	T3	
<i>nabumetone oral</i>	T1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>naftifine hcl external cream 1 %</i>	T3	ST; QL (90 GM per 30 days)
<i>naftifine hcl external cream 2 %</i>	Non-Formulary	

Medication	Coverage Level	Restrictions
<i>naftifine hcl external gel 2 %</i>	Non-Formulary	
NAFTIN EXTERNAL CREAM 2 %	Non-Formulary	
NAFTIN EXTERNAL GEL	Non-Formulary	
NALFON ORAL CAPSULE 400 MG	Non-Formulary	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1	QL (2 Vials per 1 year)
<i>naloxone hcl injection solution cartridge</i>	T1	QL (2 cartridges per 1 year)
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	T1	QL (2 Syringes per 1 year)
<i>naloxone hcl nasal</i>	T1	QL (1 box per 1 year)
NALTREX	Non-Formulary	
<i>naltrexone hcl oral</i>	T1	
NAMENDA ORAL TABLET	T3	QL (60 tablets per 30 days); AL (Min 40 Years)
NAMENDA TITRATION PAK	T3	QL (1 pak per 365 days); AL (Min 40 Years)
NAMENDA XR	T3	QL (30 capsules per 30 days); AL (Min 40 Years)
NAMENDA XR TITRATION PACK	T3	AL (Min 40 Years)
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	T3	QL (30 capsules per 30 days); AL (Min 40 Years)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	T3	ST; QL (30 capsules per 30 days); AL (Min 40 Years)
<i>nanran</i>	Non-Formulary	
NAPHCON-A	Non-Formulary	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	Non-Formulary	
NAPROSYN ORAL SUSPENSION	T3	QL (473 ML per 30 days); AL (Max 12 Years)
NAPROSYN ORAL TABLET 500 MG	T3	
NAPROTIN	Non-Formulary	
<i>naproxen oral suspension</i>	T1	QL (473 ML per 30 days); AL (Max 12 Years)
<i>naproxen oral tablet</i>	T1	
<i>naproxen oral tablet delayed release</i>	Non-Formulary	
<i>naproxen sodium er</i>	Non-Formulary	
<i>naproxen sodium oral tablet 220 mg</i>	Non-Formulary	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	
<i>naproxen-esomeprazole mg</i>	Non-Formulary	
<i>naratriptan hcl</i>	T1	QL (12 tablets per 30 days)
NARCAN	T3	QL (1 box per 1 year)
NARDIL	T3	
NASACORT ALLERGY 24HR	T3	

Medication	Coverage Level	Restrictions
NASCOBAL	Non-Formulary	
NASONEX	Non-Formulary	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	T3	QL (30 tablets per 30 days)
NATACYN	T3	
<i>natal prn</i>	Non-Formulary	
NATALVIRT FLT	Non-Formulary	
NATAZIA	Non-Formulary	
<i>nateglinide</i>	T1	
NATESTO	Non-Formulary	
NATROBA	Non-Formulary	
NAYZILAM	T3	QL (5 kits per 30 days)
<i>nebivolol hcl</i>	T1	
NEBUPENT	T3	
NECON 0.5/35 (28)	T1	PV
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
<i>nefazodone hcl</i>	T1	
NEFFY	Non-Formulary	
NEMLUVIO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 auto-injector per 28 days)
<i>nendrux</i>	Non-Formulary	
<i>neomycin sulfate oral</i>	T1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	T1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	T1	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	T1	
<i>neonatal + dha</i>	Non-Formulary	
<i>neonatal complete oral tablet 29-1 mg</i>	Non-Formulary	
NEONATAL PLUS	Non-Formulary	
NEORAL	T3	
NEOSALUS EXTERNAL FOAM	Non-Formulary	
NEO-SYNALAR EXTERNAL CREAM	Non-Formulary	
<i>neo-vital rx</i>	T3	
NEPHPLEX RX	Non-Formulary	

Medication	Coverage Level	Restrictions
NEPHRON FA	Non-Formulary	
NEPHRO-VITE RX	Non-Formulary	
NEREUS	Non-Formulary	
NERLYNX	T4	PA; SP (Limited to a 1 month supply per fill); SP
NESINA	Non-Formulary	
NESTABS	T3	
NESTABS ABC	T3	
NESTABS DHA	T3	
NEUAC EXTERNAL GEL	T1	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	T5	SP (Limited to a 1 month supply per fill); SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	T5	SP (Limited to a 1 month supply per fill); SP
NEUPRO	T3	ST; QL (30 patches per 30 days)
<i>neurin-sl</i>	Non-Formulary	
NEURONTIN	T3	
NEUTEK 2TEK TEST	T3	ST; QL (200 strips per 30 days)
NEVANAC	T3	ST
<i>nevirapine er</i>	T3	QL (30 tablets per 30 days)
<i>nevirapine oral suspension</i>	T1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	T1	QL (60 tablets per 30 days)
NEW DAY	T1	PV
NEW DAY SKIN SPRAY	Non-Formulary	
NEXA PLUS	T3	
NEXAVAR	Non-Formulary	SP ()
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Formulary	
NEXIUM	Non-Formulary	
NEXIUM 24HR	T3	
NEXLETOL	T3	PA; QL (30 tablets per 30 days)
NEXLIZET	T3	PA; QL (30 tablets per 30 days)
NEXTSTELLIS	Non-Formulary	
NGENLA	Non-Formulary	

Medication	Coverage Level	Restrictions
<i>niacin er (antihyperlipidemic)</i>	T1	
<i>niacin oral tablet 500 mg</i>	Non-Formulary	
NIACOR	T1	
NICADAN	Non-Formulary	
<i>nicardipine hcl oral capsule 20 mg</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
<i>nicardipine hcl oral capsule 30 mg</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
NICAZEL	Non-Formulary	
NICAZEL FORTE	Non-Formulary	
NICODERM CQ	Non-Formulary	
NICOMIDE	Non-Formulary	
NICORETTE	Non-Formulary	
<i>nicotine mini</i>	T1	PV
<i>nicotine polacrilex mouth/throat</i>	T1	PV
<i>nicotine transdermal kit</i>	T3	PV
<i>nicotine transdermal patch 24 hour</i>	T1	PV
NICOTROL NS	T3	PV; QL (40 mls per 30 days)
<i>nifedipine er osmotic release</i>	T1	
<i>nifedipine oral</i>	T1	
NIKKI	T1	PV
<i>nilotinib d-tartrate oral capsule 150 mg, 200 mg</i>	T1	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (112 Capsules per 28 days); SP
<i>nilotinib d-tartrate oral capsule 50 mg</i>	T1	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (120 Capsules per 30 days); SP
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	T1	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (112 Capsules per 28 days); SP
<i>nilotinib hcl oral capsule 50 mg</i>	T1	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (120 Capsules per 30 days); SP
<i>nilutamide</i>	T1	
<i>nimodipine oral capsule</i>	T2	QL (21 day supply per 365 days)

Medication	Coverage Level	Restrictions
<i>nimodipine oral solution</i>	T5	ST; SP (Limited to 1-month supply per fill)
NINLARO ORAL CAPSULE 2.3 MG, 4 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (3 capsules per 28 days); SP
NINLARO ORAL CAPSULE 3 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (3 capsules per 28 days); SP
<i>nintedanib esylate oral capsule 100 mg</i>	T1	PA; SP (Limited to a 1-months supply per fill.); QL (60 Capsules per 30 days); AL (Min 1 Years); SP
<i>nintedanib esylate oral capsule 150 mg</i>	T1	PA; SP (Limited to a 1-months supply per fill.); QL (60 Capsules per 30 days); AL (Min 18 Years); SP
<i>nisoldipine er</i>	T2	
<i>nitazoxanide oral</i>	T5	SP (Limited to a 1 month supply per fill); QL (6 TABLETS per 6 Months)
<i>nitisinone</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); SP
NITRO-BID	T1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	T3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	T1	
<i>nitrofurantoin monohyd macro</i>	T1	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (120 ML per 30 days); AL (Max 9 Years)
<i>nitrofurantoin oral suspension 50 mg/5ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 ML per 30 Days)
<i>nitroglycerin er</i>	T1	
<i>nitroglycerin rectal</i>	Non-Formulary	
<i>nitroglycerin sublingual</i>	T1	
<i>nitroglycerin transdermal</i>	T1	
<i>nitroglycerin translingual solution</i>	T2	
NITROLINGUAL	T3	

Medication	Coverage Level	Restrictions
NITROMIST	T3	
NITROSTAT	T1	
NITRO-TIME	T1	
NITYR	Non-Formulary	
NIVA-FOL	Non-Formulary	
NIVA-PLUS	Non-Formulary	
NIVESTYM	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
<i>nizatidine</i>	T3	
NIZORAL EXTERNAL SHAMPOO 2 %	T3	
<i>nobela</i>	Non-Formulary	
NOBLE FORMULA HC EXTERNAL SOLUTION	Non-Formulary	
NOCDURNA	Non-Formulary	
<i>nolira</i>	Non-Formulary	
NORA-BE	T1	PV
NORCO	T3	
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Formulary	
<i>norelgestromin-eth estradiol</i>	T1	PV; QL (3 patches per 28 days)
<i>norethin ace-eth estrad-fe oral capsule</i>	Non-Formulary	
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	T1	PV
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	T1	PV
<i>norethindrone acetate oral</i>	T1	
<i>norethindrone acet-ethinyl est</i>	T1	PV
<i>norethindrone oral</i>	T1	PV
<i>norethindrone-eth estradiol</i>	T1	
<i>norethindron-ethinyl estrad-fe</i>	T1	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	T1	PV
<i>norgesic forte</i>	Non-Formulary	
<i>norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	T1	PV
<i>norgestim-eth estrad triphasic</i>	T1	PV
NORITATE	Non-Formulary	
NORLIQVA	T3	QL (150 ML per 30 Days); AL (Max 6 Years)
NORPACE	T3	
NORPACE CR	T2	

Medication	Coverage Level	Restrictions
NORPRAMIN ORAL TABLET 10 MG, 25 MG	T3	QL (60 tablets per 30 days)
NORTHERA ORAL CAPSULE 100 MG	Non-Formulary	SP ()
NORTHERA ORAL CAPSULE 200 MG, 300 MG	Non-Formulary	
NORTREL 0.5/35 (28)	T1	PV
NORTREL 1/35 (21)	T1	PV
NORTREL 1/35 (28)	T1	PV
NORTREL 7/7/7	T1	PV
<i>nortriptyline hcl oral capsule</i>	T1	
NORVASC	T3	
NORVIR ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)
NORVIR ORAL TABLET	Non-Formulary	
NOURIANZ	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
NOVA MAX GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
NOVACORT EXTERNAL GEL 1-2 %	Non-Formulary	
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	T3	ST; SP
<i>novavax covid-19 vaccine</i>	Vaccine - \$0 Copay	PV
NOVOEIGHT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
NOVOFINE 32G X 6 MM	T2	
NOVOFINE AUTOCOVER	T2	
NOVOFINE AUTOCOVER PEN NEEDLE	T2	
NOVOFINE PEN NEEDLE	T2	
NOVOFINE PLUS	T2	
NOVOFINE PLUS PEN NEEDLE	T2	
NOVOLIN 70/30	T3	ST
NOVOLIN 70/30 FLEXPEN	T3	ST
NOVOLIN N	T3	ST
NOVOLIN N FLEXPEN	T3	ST
NOVOLIN R	T3	ST
NOVOLIN R FLEXPEN	T3	ST
NOVOLOG	Non-Formulary	

Medication	Coverage Level	Restrictions
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	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NOXAFIL ORAL	Non-Formulary	
<i>noxifol-d</i>	Non-Formulary	
NP THYROID	T1	
NUBEQA	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days); SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); SP
NUCORT	T3	
NUCYNTA	T3	ST
NUCYNTA ER	T3	ST; QL (60 tablets per 30 days)
NUEDEXTA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
NUFERA	Non-Formulary	
<i>nujo</i>	Non-Formulary	
<i>nuju</i>	Non-Formulary	
NULEV	T1	
NULYTELY LEMON-LIME	T3	
NUPLAZID ORAL CAPSULE	Non-Formulary	
NUPLAZID ORAL TABLET 10 MG	Non-Formulary	
NURTEC	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 tablets per 30 days)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Formulary	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Formulary	

Medication	Coverage Level	Restrictions
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Formulary	
NUVAIL	Non-Formulary	
NUVARING	Non-Formulary	
NUVAXOVID COVID-19 VACCINE	Vaccine - \$0 Copay	PV
NUVESSA	Non-Formulary	
NUVIGIL ORAL TABLET 150 MG, 250 MG	T3	QL (30 tablets per 30 days)
NUVIGIL ORAL TABLET 200 MG, 50 MG	Non-Formulary	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1-month supply per fill.); QL (86250 billable units per 28 days)
NUZYRA INTRAVENOUS	Non-Formulary	
NUZYRA ORAL TABLET 150 MG	Non-Formulary	
NYAMYC	T1	QL (60 GM per 30 Days)
NYLIA 1/35	T1	PV
NYLIA 7/7/7	T1	PV
NYMALIZE ORAL SOLUTION 6 MG/ML	T5	ST; SP (Limited to a 1 month supply per fill); QL (1 fill per 21 days)
<i>nynutey</i>	Non-Formulary	
NYPOZI	Non-Formulary	
<i>nystatin external cream</i>	T1	
<i>nystatin external ointment</i>	T1	
<i>nystatin external powder</i>	T1	QL (60 GM per 30 Days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	T1	
<i>nystatin oral tablet</i>	T1	
<i>nystatin-triamcinolone</i>	T1	
NYSTOP	T1	QL (60 GM per 30 days)
NYVEPRIA	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
O-CAL FA	Non-Formulary	
OCELLA	T1	PV
OCM WOUND CARE MATRIX	Non-Formulary	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	SP (Limited to a 1 month supply per fill); SP

Medication	Coverage Level	Restrictions
<i>octreotide acetate subcutaneous</i>	T4	SP (Limited to a 1 month supply per fill); SP
OCUFLOX	T3	
OCUVEL ORAL CAPSULE 0.5 MG	Non-Formulary	
ODACTRA	T3	AL (Min 5 Years and Max 65 Years)
ODEFSEY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ODOMZO	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 capsules per 30 days); SP
OFEV ORAL CAPSULE 100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days); AL (Min 18 Years); SP
OFEV ORAL CAPSULE 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days); AL (Min 18 Years); SP
<i>ofloxacin ophthalmic</i>	T1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T1	
<i>ofloxacin otic</i>	T1	
OGIVRI	Non-Formulary	
OGSIVEO ORAL TABLET 100 MG, 150 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (56 tablets per 28 days)
OGSIVEO ORAL TABLET 50 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (180 tablets per 30 days)
OHTUVAYRE	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 vials per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED	T5	PA; SP (Limited to a 1 month supply per fill); QL (96 ML per 28 days); AL (Max 6 Years)

Medication	Coverage Level	Restrictions
OJEMDA ORAL TABLET 100 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 box per 28 days); AL (Min 6 Years and Max 25 Years)
OJJAARA	T5	PA; ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>olanzapine oral tablet</i>	T1	
<i>olanzapine oral tablet dispersible</i>	T2	
<i>olanzapine-fluoxetine hcl</i>	Non-Formulary	
<i>olmesartan medoxomil oral</i>	T1	
<i>olmesartan medoxomil-hctz</i>	T1	
<i>olmesartan-amlodipine-hctz</i>	T1	
<i>olopatadine hcl nasal</i>	T2	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	T1	QL (5 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	T1	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	
OLUMIANT ORAL TABLET 1 MG, 2 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
OLUMIANT ORAL TABLET 4 MG	BE	
OLUX	Non-Formulary	
OLUX-E	Non-Formulary	
OMECLAMOX-PAK	Non-Formulary	
<i>omega-3-acid ethyl esters</i>	T1	
<i>omeprazole magnesium oral capsule delayed release</i>	T3	
<i>omeprazole oral capsule delayed release</i>	T3	
<i>omeprazole oral tablet delayed release</i>	T3	
<i>omeprazole-sodium bicarbonate oral capsule</i>	Non-Formulary	
OMEZA COLLAGEN MATRIX	Non-Formulary	
OMLONTI	Non-Formulary	
OMLYCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes (2ml) per 28 days)

Medication	Coverage Level	Restrictions
OMLYCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4	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	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes (1ml) per 28 days)
OMNARIS	BE	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	T5	SP (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
OMNIPOD 5 DEXG7G6 PODS GEN 5	T5	SP (Limited to a 1 month supply per fill); QL (2 Packs per 30 days)
OMNIPOD 5 G7 INTRO (GEN 5)	T5	SP (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
OMNIPOD 5 G7 PODS (GEN 5)	T5	SP (Limited to a 1 month supply per fill); QL (2 Packs per 30 days)
OMNIPOD 5 LIBRE INTRO	T5	SP (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
OMNIPOD 5 LIBRE PODS	T5	SP (Limited to a 1 month supply per fill); QL (2 Packs per 30 days)
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	T5	SP (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
OMNIPOD 5 LIBRE2 PLUS G6	T5	SP (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	T5	SP (Limited to a 1 month supply per fill); QL (2 Packs per 30 days)
OMNIPOD DASH INTRO (GEN 4)	T5	SP (Limited to 1 kit per 30 day supply); QL (1 kit per 2 years)
OMNIPOD DASH PODS (GEN 4)	T5	SP (Limited to a 1 month supply per fill); QL (2 packs per 30 days)
OMNIPOD GO	Non-Formulary	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA; SP (Limited to a 1 month supply per fill); SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	Non-Formulary	PA
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1-month supply per fill.); QL (2 Pens per 28 days)
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1-month supply per fill.); QL (2 Syringes per 28 days)
OMVOH SUBCUTANEOUS SOLUTION AUTO- INJECTOR 100 MG/ML	T5	PA; SP (Limited to a one month supply per fill); QL (2 pens per 28 days); SP

Medication	Coverage Level	Restrictions
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	T5	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	T5	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	T5	PA; SP (Limited to a 1-month supply per fill); QL (1 Syringe per 28 days); SP
ON CALL EXPRESS BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
ON CALL EXPRESS GLUCOSE CONTR	T3	
ON CALL LANCETS	T2	
ON CALL LANCING DEVICE	T3	
ON CALL PLUS GLUCOSE CONTROL	T3	
ON CALL PLUS LANCETS	T2	
ON CALL PLUS LANCING DEVICE	T3	
ON CALL VIVID GLUCOSE CONTROL	T3	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	T1	
<i>ondansetron hcl oral tablet</i>	T1	
<i>ondansetron oral tablet dispersible 16 mg</i>	Non-Formulary	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	T1	
ONENATAL RX	Non-Formulary	
ONETOUCH DELICA PLUS LANCET30G	T2	
ONETOUCH DELICA PLUS LANCET33G	T2	
ONETOUCH DELICA SAFETY LANCING	T2	
ONETOUCH ULTRA TEST	Non-Formulary	
ONETOUCH VERIO IN VITRO STRIP	Non-Formulary	
ONEXTON	Non-Formulary	
ONFI ORAL SUSPENSION	T3	ST; QL (240 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	T3	ST
ONGENTYS	T3	ST
ONGLYZA	T3	QL (30 tablets per 30 days)
ONTRALFY	Non-Formulary	
ONUREG	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (14 tablets per 28 days); SP
ONYDA XR	Non-Formulary	
<i>onzdeaxiademtar</i>	Non-Formulary	
<i>onzdeaxiatar</i>	Non-Formulary	
ONZETRA XSAIL	Non-Formulary	
OPCICON ONE-STEP	T1	PV

Medication	Coverage Level	Restrictions
OPFOLDA	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 capsules per 30 days); SP
OPILL	Non-Formulary	
OPIPZA	Non-Formulary	
<i>opium</i>	BE	
OPSUMIT	Non-Formulary	
OPSYNVI	Non-Formulary	
OPTICHAMBER DIAMOND	T2	QL (4 masks per 1 year)
OPTICHAMBER DIAMOND-LG MASK	T2	QL (4 masks per 1 year)
OPTICHAMBER DIAMOND-MD MASK	T2	QL (4 masks per 1 year)
OPTICHAMBER DIAMOND-SM MASK	T2	QL (4 masks per 1 year)
OPTION 2	T1	PV
OPTIONS GYNOL II CONTRACEPTIVE	T3	PV
OPTIUM TEST	T3	QL (200 strips per 30 days)
OPTIUMEZ TEST	T3	ST; QL (200 strips per 30 days)
OPTUMRX BLOOD GLUCOSE TEST	T3	QL (200 strips per 30 days)
OPVEE	T2	QL (1 box per 1 year)
OPZELURA	Non-Formulary	
ORACEA	Non-Formulary	
ORACIT	T3	
<i>oral citrate</i>	T1	
<i>oral saline laxative kit</i>	T3	PV
ORALAIR	T3	AL (Min 10 Years and Max 65 Years)
ORALONE	T3	
ORAMAGICRX	Non-Formulary	
ORAPRED ODT	Non-Formulary	
ORAVIG	T4	ST; SP (Limited to a 1 month supply per fill)
ORENCIA CLICKJECT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP

Medication	Coverage Level	Restrictions
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1.6 ML per 28 days); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2.8 ML per 28 days); SP
ORENITRAM MONTH 1	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 28 days); SP
ORENITRAM MONTH 2	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 28 days); SP
ORENITRAM MONTH 3	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 28 days); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (2880 tablets per 30 days); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (1440 tablets per 30 days); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
ORFADIN ORAL CAPSULE	Non-Formulary	
ORFADIN ORAL SUSPENSION	T4	SP (Limited to a 1 month supply per fill); QL (90 ML per 30 days); AL (Min 5 Years and Max 9 Years)
ORGOVYX	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
ORIAHNN	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
ORILISSA ORAL TABLET 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
ORILISSA ORAL TABLET 200 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
ORKAMBI ORAL PACKET 100-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days); AL (Min 1 Years and Max 5 Years); SP
ORKAMBI ORAL PACKET 150-188 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days); AL (Min 1 Years and Max 5 Years); SP
ORKAMBI ORAL PACKET 75-94 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL (Min 1 Years); SP
ORKAMBI ORAL TABLET 100-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days); AL (Min 6 Years); SP
ORKAMBI ORAL TABLET 200-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days); AL (Min 6 Years); SP
ORLADEYO ORAL CAPSULE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); AL (Min 12 Years)
ORLADEYO ORAL PACKET 108 MG	T4	PA; SO (Eligible members must be enrolled im SaveOn for coverage); SP (Limited to a 28-day supply per fill); QL (28 Packs per 28 days); SP
ORLADEYO ORAL PACKET 132 MG, 72 MG, 96 MG	T4	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
<i>orlistat oral</i>	Non-Formulary	
ORLYNVAH	Non-Formulary	

Medication	Coverage Level	Restrictions
ORMALVI	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>orphenadrine citrate er</i>	T1	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	Non-Formulary	
ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG	Non-Formulary	
ORQUIDEA	T1	PV
ORSERDU	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
ORTHAPHEN	Non-Formulary	
<i>ortho df</i>	Non-Formulary	
Orthrexo	Benefit Exclusion	
ORTIKOS	Non-Formulary	
<i>orudis</i>	Non-Formulary	
ORVEX	Non-Formulary	
<i>oscimin sr</i>	T1	
<i>oseltamivir phosphate oral capsule</i>	T1	QL (10 capsules per 1 fill)
<i>oseltamivir phosphate oral suspension reconstituted</i>	T1	QL (120 ML per 1 fill)
OSENI	Non-Formulary	
OSMOLEX ER	Non-Formulary	
OSMOPREP	T3	
OSPHENA	T2	ST
OSPOMYV	Non-Formulary	
OTEZLA ORAL TABLET 20 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); QL (60 Tablets per 30 days); SP
OTEZLA ORAL TABLET 30 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 pack per 1 year); SP

Medication	Coverage Level	Restrictions
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); QL (1 Pack per 1 Year); SP
OTEZLA XR	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
OTEZLA/OTEZLA XR INITIATION PK	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 pack per 1 lifetime); SP
OTOVEL	T2	AL (Min 6 Months and Max 17 Years)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	Non-Formulary	
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Formulary	
OVACE PLUS EXTERNAL SHAMPOO	Non-Formulary	
OVACE PLUS WASH	Non-Formulary	
OVACE WASH	Non-Formulary	
OVIDE	T3	
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	SP
OXANDRIN	T3	
<i>oxaprozin oral capsule</i>	Non-Formulary	
<i>oxaprozin oral tablet</i>	T2	
<i>oxazepam</i>	T1	
<i>oxcarbazepine</i>	T1	
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg</i>	T4	ST; QL (30 tablets per 30 days)
<i>oxcarbazepine er oral tablet extended release 24 hour 600 mg</i>	T4	ST; QL (120 tablets per 30 days)
OXERVATE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Limited to 8 weeks of treatment.); QL (28 mls per 30 days); SP
<i>oxiachlo</i>	Non-Formulary	

Medication	Coverage Level	Restrictions
<i>oxiaice</i>	Non-Formulary	
<i>oxianuji</i>	Non-Formulary	
<i>oxiavar</i>	Non-Formulary	
<i>oxiavary</i>	Non-Formulary	
<i>oxiconazole nitrate</i>	T3	ST; QL (60 GM per 30 days)
OXISTAT EXTERNAL LOTION	Non-Formulary	
<i>oxopid</i>	Non-Formulary	
<i>oxopidaxiaqup</i>	Non-Formulary	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	Non-Formulary	SP ()
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 600 MG	Non-Formulary	
<i>oxybutynin chloride er</i>	T1	
<i>oxybutynin chloride oral solution</i>	T1	
<i>oxybutynin chloride oral syrup</i>	T1	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	Non-Formulary	
<i>oxybutynin chloride oral tablet 5 mg</i>	T1	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 20 mg, 40 mg, 80 mg</i>	T2	QL (60 tablets per 30 days)
<i>oxycodone hcl oral capsule</i>	Non-Formulary	
<i>oxycodone hcl oral concentrate 20 mg/ml</i>	T1	
<i>oxycodone hcl oral solution</i>	T1	
<i>oxycodone hcl oral tablet</i>	T1	
<i>oxycodone-acetaminophen oral solution 10-300 mg/5ml</i>	Non-Formulary	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	Non-Formulary	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	Non-Formulary	
<i>oxymetazoline hcl external</i>	T3	ST; QL (30 GM per 30 days); AL (Min 18 Years)
<i>oxymorphone hcl</i>	T2	ST
<i>oxymorphone hcl er</i>	T2	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	

Medication	Coverage Level	Restrictions
OZOBAX DS	Non-Formulary	
PACERONE ORAL TABLET 100 MG	T2	QL (30 tablets per 30 days)
PACERONE ORAL TABLET 200 MG	T1	
PACERONE ORAL TABLET 400 MG	Non-Formulary	
PALFORZIA (1 MG DAILY DOSE)	T4	PA; SP (Limited to a 1-month supply per fill.)
PALFORZIA (12 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (120 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (160 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (20 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (200 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (240 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (3 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (300 MG MAINTENANCE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (300 MG TITRATION)	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (40 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (6 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (80 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA INITIAL DOSE 1-3YRS	T4	PA; SP (Limited to a 1-month supply per fill.)
PALFORZIA INITIAL ESCALATION	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	T2	QL (30 tablets per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	T2	QL (60 tablets per 30 days)
PALSONIFY	Non-Formulary	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days); SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days); SP
PAMELOR ORAL CAPSULE	T3	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600- 8800 UNIT, 4200-14200 UNIT	T5	ST; SP (Limited to a 1 month supply per fill)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT	T5	ST; SP (Limited to a 1 month supply per fill)
PANDA MASK LARGE	T3	QL (4 masks per 1 year)
PANDA MASK MEDIUM	T3	QL (4 masks per 1 year)
PANDA MASK SMALL	T3	QL (4 masks per 1 year)
PANDEL	Non-Formulary	
<i>pantoprazole sodium oral packet</i>	Non-Formulary	
<i>pantoprazole sodium oral tablet delayed release</i>	T3	
<i>paregoric</i>	Non-Formulary	
<i>paricalcitol oral</i>	T2	
PARLODEL	T3	
PARNATE	T3	
<i>paromomycin sulfate oral</i>	T1	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	T2	QL (30 tablets per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	T2	QL (60 tablets per 30 days)
<i>paroxetine hcl oral suspension</i>	T2	
<i>paroxetine hcl oral tablet</i>	T1	
<i>paroxetine mesylate</i>	Non-Formulary	
PATADAY OPHTHALMIC SOLUTION 0.1 %	T3	QL (5 ML per 30 days)
PATADAY OPHTHALMIC SOLUTION 0.2 %	T3	ST; QL (2.5 ML per 30 days)
PATANASE	T3	

Medication	Coverage Level	Restrictions
PATANOL	T3	
PAXIL	T3	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 37.5 MG	T3	ST; QL (30 tablets per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	T3	ST; QL (60 tablets per 30 days)
PAXLOVID (150/100)	T4	SP (Limited to 1 fill per year); QL (1 pack per 1 year)
PAXLOVID (300/100)	T4	SP (Limited to 1 fill per year); QL (1 pack per 1 year)
PAZEO	T3	
<i>pazopanib hcl oral tablet 200 mg</i>	T1	PA; QL (120 tablets per 30 days); SP
<i>pazopanib hcl oral tablet 400 mg</i>	T1	PA; SP (Limited to a 1-month supply per fill.); QL (60 Tablets per 30 days)
<i>pb-hyoscy-atropine-scopolamine oral tablet</i>	Non-Formulary	
<i>pc pediatric iron drops</i>	T1	PV; AL (Min 6 Months and Max 12 Months)
<i>pediatric medium mask</i>	T3	QL (4 masks per 1 year)
PEDIATRIC PANDA MASK	T3	QL (4 masks per 1 year)
<i>pediatric small mask</i>	T3	QL (4 masks per 1 year)
PEDVAX HIB INTRAMUSCULAR SUSPENSION	Non-Formulary	
PEDVAXHIB	Non-Formulary	
<i>peg 3350 oral powder</i>	Non-Formulary	
<i>peg 3350-kcl-na bicarb-nacl</i>	T1	PV
<i>peg-3350/electrolytes</i>	T1	PV
<i>peg-3350/electrolytes/ascorbat</i>	T1	PV
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	SP (Limited to a 1 month supply per fill); QL (48 Weeks per 1 Lifetime); SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	SP (Limited to a 1 month supply per fill); QL (48 weeks per 1 lifetime); SP
PEG-PREP	T1	PV
PELLIX	Non-Formulary	
PEMAZYRE	T4	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	

Medication	Coverage Level	Restrictions
PENBRAYA	Vaccine - \$0 Copay	PV; QL (2 doses per 1 lifetime)
<i>penciclovir</i>	Non-Formulary	
<i>penicillamine oral capsule</i>	Non-Formulary	
<i>penicillamine oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>penicillin v potassium</i>	T1	
<i>penmenv</i>	Vaccine - \$0 Copay	PV; QL (2 doses per 1 lifetime)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Vaccine - \$0 Copay	PV
<i>pentamidine isethionate inhalation</i>	T1	
PENTASA	T5	ST; SP (Limited to a 1 month supply per fill); QL (240 capsules per 30 days)
<i>pentazocine-naloxone hcl</i>	T2	ST
<i>pentoxifylline er</i>	T1	
PEPCID ORAL TABLET 20 MG	Non-Formulary	
PEPCID ORAL TABLET 40 MG	T3	
<i>perampanel oral suspension</i>	T1	QL (680 ML per 30 days); AL (Min 4 Years and Max 12 Years)
<i>perampanel oral tablet</i>	T1	QL (30 Tablets per 30 Days); AL (Min 12 Years)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T3	
PERFOROMIST	Non-Formulary	
PERIDEX	T3	
<i>perindopril erbumine</i>	T1	
<i>permethrin external cream</i>	T1	
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	T1	
<i>perphenazine-amitriptyline</i>	T1	
PERTZYE	T5	ST; SP (Limited to a 1 month supply per fill)
PEXEVA	Non-Formulary	
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	Vaccine - \$0 Copay	PV
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</i>	Vaccine - \$0 Copay	PV
<i>pfizer-biontech covid-19 vacc</i>	Vaccine - \$0 Copay	PV
PHEBURANE	Non-Formulary	
<i>phedrax</i>	Non-Formulary	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	T1	
<i>phendimetrazine tartrate</i>	T1	

Medication	Coverage Level	Restrictions
<i>phendimetrazine tartrate er</i>	T1	
<i>phenelzine sulfate oral</i>	T1	
<i>phenobarbital oral elixir</i>	T1	
<i>phenobarbital oral tablet</i>	T1	
<i>phenoxybenzamine hcl oral</i>	Non-Formulary	
<i>phentermine hcl oral capsule</i>	T1	
<i>phentermine hcl oral tablet 37.5 mg</i>	T1	
<i>phentermine hcl oral tablet 8 mg</i>	Non-Formulary	
<i>phentermine-topiramate er</i>	T2	ST
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	T1	
PHENYTEK	T2	
<i>phenytoin oral</i>	T1	
<i>phenytoin sodium extended oral capsule 100 mg</i>	T1	
<i>phenytoin sodium extended oral capsule 200 mg</i>	T2	
<i>phenytoin sodium extended oral capsule 300 mg</i>	T3	
<i>pheoxia</i>	Non-Formulary	
PHEXX	T3	QL (1 Tube per 30 Days)
PHEXXI	T3	QL (1 Tube per 30 days)
PHILITH	T1	PV
PHLAG SPRAY	Non-Formulary	
PHOSLO	T3	
PHOSLYRA	T3	
<i>phos-nak</i>	Non-Formulary	
PHOSPHA 250 NEUTRAL	Non-Formulary	
<i>phosphate laxative oral solution 2.7-7.2 gm/15ml</i>	T3	PV
PHOSPHOLINE IODIDE	T2	
PHYRAGO	Non-Formulary	
<i>phytonadione injection solution 1 mg/0.5ml</i>	T3	
<i>phytonadione oral</i>	T1	QL (3 tablets per 30 Days)
<i>pidprogtar</i>	Non-Formulary	
PIFELTRO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1	
<i>pilocarpine hcl ophthalmic solution 1.25 %</i>	Non-Formulary	
<i>pilocarpine hcl oral</i>	T1	QL (120 tablets per 30 days)
<i>pimecrolimus</i>	T1	QL (30 GM per 30 days)
<i>pimozide oral tablet 1 mg</i>	T1	QL (300 tablets per 30 days)
<i>pimozide oral tablet 2 mg</i>	T1	QL (150 tablets per 30 days)

Medication	Coverage Level	Restrictions
PIMTREA	T1	PV
<i>pindolol</i>	T1	
<i>pioglitazone hcl</i>	T1	
<i>pioglitazone hcl-glimepiride</i>	Non-Formulary	
<i>pioglitazone hcl-metformin hcl</i>	T1	
PIP BLOOD GLUCOSE TEST STRIP	T3	ST; QL (200 test strips per 30 Days)
PIP GLUCOSE CONTROL SOLUTION	T3	
<i>pip lancets 28g</i>	T2	
<i>pip lancets 30g</i>	T2	
PIQRAY (200 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days); SP
PIQRAY (250 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days); SP
PIQRAY (300 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days); SP
<i>pirfenidone oral capsule</i>	T1	PA; QL (270 capsules per 30 days); SP
<i>pirfenidone oral tablet 267 mg, 534 mg</i>	Non-Formulary	
<i>pirfenidone oral tablet 801 mg</i>	T1	PA; QL (90 tablets per 30 days); SP
<i>piroxicam oral</i>	T1	
<i>pitavastatin calcium</i>	T1	ST; PV; QL (30 tablets per 30 days)
PIVYA	Non-Formulary	
PLAN B ONE-STEP	T1	PV
PLAQUENIL	T3	
PLASMA-LYTE 148	T4	SP (Limited to a 1-month supply per fill.)
PLAVIX ORAL TABLET 75 MG	T3	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	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

Medication	Coverage Level	Restrictions
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	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	T4	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
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	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	
<i>plenura</i>	Non-Formulary	
PLENVU	T3	
PLEXION	Non-Formulary	
PLEXION CLEANSER EXTERNAL LIQUID	Non-Formulary	
PLEXION CLEANSING CLOTH EXTERNAL PAD	Non-Formulary	
PLEXION NS	Non-Formulary	
PLIAGLIS EXTERNAL CREAM	Non-Formulary	
PNEUMOVAX 23	Vaccine - \$0 Copay	PV; QL (3 Doses per 1 Lifetime)
<i>pnv tabs 29-1</i>	T1	
<i>pnv-dha</i>	T1	
<i>pnv-dha+docusate</i>	T1	
<i>pnv-omega</i>	T1	
<i>pnv-select</i>	T1	
POCKET CHAMBER	T3	QL (4 chambers per 1 year)
PODOCON-25	Non-Formulary	
<i>podofilox external gel</i>	T3	ST
<i>podofilox external solution</i>	T1	
<i>podoxia</i>	Non-Formulary	
<i>podprogtar</i>	Non-Formulary	
<i>podtar</i>	Non-Formulary	
POGO AUTOMATIC TEST CARTRIDGES	T3	
POKONZA	Non-Formulary	

Medication	Coverage Level	Restrictions
<i>polyethylene glycol 3350 oral packet</i>	Non-Formulary	
<i>poly-iron 150 forte</i>	Non-Formulary	
<i>polymyxin b-trimethoprim</i>	T1	
POLYTRIM	T3	
POLY-VI-FLOR	Non-Formulary	
POLY-VI-FLOR/IRON	Non-Formulary	
<i>pomalidomide</i>	T1	PA; SP (Limited to a 1 month supply per fill); SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 4 MG	Non-Formulary	
POMALYST ORAL CAPSULE 3 MG	Non-Formulary	SP ()
PONVORY	T4	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	T4	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	T1	PV
<i>posaconazole oral suspension</i>	T1	QL (450 ML per 30 days)
<i>posaconazole oral tablet delayed release</i>	T1	QL (180 tablets per 30 days)
POSFREA	Non-Formulary	
<i>pot & sod cit-cit ac</i>	T1	
POTABA ORAL CAPSULE	Non-Formulary	
<i>potassium chloride crys er oral tablet extended release 15 meq, 20 meq</i>	T1	
<i>potassium chloride er oral capsule extended release</i>	T1	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 8 meq</i>	T1	
<i>potassium chloride oral packet</i>	Non-Formulary	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	T3	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	T4	SP (Limited to a 1 month supply per fill)
<i>potassium citrate er</i>	T1	

Medication	Coverage Level	Restrictions
<i>potassium citrate-citric acid oral solution</i>	T1	
<i>potassium iodide (expectorant)</i>	T2	
<i>potassium iodide oral solution</i>	T2	
<i>povidone-iodine ophthalmic</i>	Non-Formulary	
PR BENZOYL PEROXIDE WASH	Non-Formulary	
PR NATAL 400	T1	
PR NATAL 400 EC	T1	
PR NATAL 430	T1	
PR NATAL 430 EC	T1	
PRADAXA ORAL CAPSULE	T3	QL (60 capsules per 30 days)
PRADAXA ORAL PACKET	Non-Formulary	
PRAKETAMIDE	Non-Formulary	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; QL (2 pens per 28 days)
<i>pramipexole dihydrochloride</i>	T1	
<i>pramipexole dihydrochloride er</i>	T3	ST; QL (30 tablets per 30 days)
PRAMOSONE	Non-Formulary	
<i>pramoxine-hc external cream</i>	Non-Formulary	
PRANDIN ORAL TABLET 1 MG, 2 MG	T3	
<i>prasugrel hcl</i>	T1	QL (31 tablets per 31 days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	T3	
<i>pravastatin sodium</i>	T1	PV
<i>prazosin hcl oral</i>	T1	
PRECISION PCX	T3	QL (200 strips per 30 days)
PRECISION PCX PLUS TEST	T3	QL (200 strips per 30 days)
PRECISION POINT OF CARE TEST	T3	QL (200 strips per 30 days)
PRECISION QID TEST	T3	QL (200 strips per 30 days)
PRECISION XTRA BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
PRECOSE	T3	
PRED FORTE	T3	
PRED MILD	T3	
PRED-G	T2	
PRED-G S.O.P.	T3	
<i>prednicarbate</i>	T1	
<i>prednisolone acetate ophthalmic</i>	T1	
<i>prednisolone oral solution</i>	T1	
<i>prednisolone oral tablet</i>	Non-Formulary	
<i>prednisolone sodium phosphate ophthalmic</i>	T1	

Medication	Coverage Level	Restrictions
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	T1	
<i>prednisolone sodium phosphate oral solution 20 mg/5ml</i>	Non-Formulary	
<i>prednisolone-bromfenac ophthalmic solution</i>	Non-Formulary	
<i>prednisolone-gatifloxacin ophthalmic solution</i>	Non-Formulary	
<i>prednisolon-gatiflox-bromfenac ophthalmic solution</i>	Non-Formulary	
PREDNISONE INTENSOL	T2	
<i>prednisone oral solution</i>	T2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T1	
<i>prednisone oral tablet 50 mg</i>	T2	
<i>prednisone oral tablet delayed release</i>	Non-Formulary	
PREFEST	T3	
<i>pregabalin er</i>	Non-Formulary	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T1	QL (120 capsules per 30 days)
<i>pregabalin oral capsule 200 mg</i>	T1	QL (90 CAPSULES per 30 days)
<i>pregabalin oral capsule 225 mg</i>	T1	QL (60 capsules per 30 days)
<i>pregabalin oral capsule 300 mg</i>	T1	QL (60 CAPSULES per 30 days)
<i>pregabalin oral solution</i>	T1	QL (473 ML per 30 days)
PREGNYL	T1	SP
PREHEVBRIO	Vaccine - \$0 Copay	QL (3 doses per 1 lifetime); AL (Min 18 Years)
PREMARIN ORAL	Non-Formulary	
PREMARIN VAGINAL	T3	ST
<i>premium blood glucose test</i>	T3	QL (200 strips per 30 days)
PREMPHASE	T2	
PREMPRO	T2	
<i>prena 1 true</i>	T1	
<i>prena1</i>	T1	
<i>prena1 pearl</i>	T1	
<i>prenaissance</i>	T1	
<i>prenaissance 90 dha</i>	T1	
PRENATABS RX	T1	
<i>prenatal (wliron & fa)</i>	T1	PV
<i>prenatal 19 oral tablet chewable</i>	T1	
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	T3	
<i>prenatal complete oral tablet</i>	T3	PV
<i>prenatal multi +dha oral capsule 27-0.8-250 mg</i>	T3	PV

Medication	Coverage Level	Restrictions
<i>prenatal one daily</i>	T1	PV
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	T1	PV
<i>prenatal plus</i>	T1	
<i>prenatal plus iron</i>	T1	
<i>prenatal plus vitamin/mineral</i>	T3	
PRENATAL-U	T1	
PRENATE AM	T3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG, 28-0.6-0.4-300 MG	T3	
PRENATE ENHANCE	T3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T3	QL (30 capsules per 30 days)
PRENATE PIXIE	T3	QL (30 capsules per 30 days)
PRENATE RESTORE	T3	
PRENATE STAR	T3	
<i>prenova</i>	Non-Formulary	
PREPIDIL	T3	
PRESERA	Non-Formulary	
PRESTALIA	T3	ST; QL (30 tablets per 30 days)
<i>pretomanid</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PREVACID	Non-Formulary	
PREVACID 24HR	T3	
PREVALITE	T1	
PREVIDENT	T3	
PREVIDENT 5000 ORTHO DEFENSE	T3	
PREVIDENT 5000 PLUS	T3	
PREVNAR 13	Vaccine - \$0 Copay	PV; QL (2 Doses per 1 Lifetime)
PREVNAR 20	Vaccine - \$0 Copay	PV
PREVYMIS ORAL PACKET 120 MG	T4	PA; SP (Limited to a 1-month supply per fill); QL (30 Packs per 30 days)
PREVYMIS ORAL PACKET 20 MG	T4	PA; SP (Limited to a 1-month supply per fill); QL (120 Packs per 30 days)
PREVYMIS ORAL TABLET	T4	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
PREZCOBIX ORAL TABLET 800-150 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
PREZISTA ORAL SUSPENSION	T4	SP (Limited to a 1 month supply per fill)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T4	SP (Limited to a 1 month supply per fill)
PRIFTIN	T2	
PRILOSEC OTC	T3	
<i>prilovixil</i>	Non-Formulary	
<i>primaquine phosphate oral</i>	T1	
<i>primidone oral tablet 125 mg</i>	Non-Formulary	
<i>primidone oral tablet 250 mg, 50 mg</i>	T1	
PRIMLEV	Non-Formulary	
PRIMSOL	Non-Formulary	
PRINIVIL	T3	
PRIORIX	Vaccine - \$0 Copay	PV; QL (2 doses per 1 lifetime)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	T3	QL (60 tablets per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	T3	QL (30 tablets per 30 days)
PROAIR DIGIHALER	Non-Formulary	
PROAIR HFA	Non-Formulary	
PROAIR RESPICLICK	Non-Formulary	
<i>probenecid oral</i>	T1	
PROBUPHINE IMPLANT KIT	Non-Formulary	
PROCARDIA XL	T3	
PROCENTRA	T1	
<i>prochamber vhc</i>	T1	QL (4 EA per 365 days)
<i>prochlorperazine</i>	T1	
<i>prochlorperazine maleate oral</i>	T1	
PROCRIT	T4	SP (Limited to a 1 month supply per fill); SP
PROCTOCORT RECTAL SUPPOSITORY	Non-Formulary	
PROCTOFOAM HC EXTERNAL	T2	QL (2 cans per 30 days)
PROCYSBI ORAL CAPSULE DELAYED RELEASE	Non-Formulary	
PRODIGY CONTROL SOLUTION IN VITRO SOLUTION LOW	T3	
PRODIGY LANCETS 26G	T2	
PRODIGY LANCETS 28G	T2	
PRODIGY LANCING DEVICE	T3	
PRODIGY NO CODING BLOOD GLUC IN VITRO	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
PRODIGY TWIST TOP LANCETS 28G	T2	
PROFERRIN-FORTE	Non-Formulary	
PROFILNINE	T5	SP (Limited to a 1 month supply per fill)
PROFINAC	Non-Formulary	
<i>progesterone intramuscular</i>	T1	SP
<i>progesterone oral</i>	T1	
<i>progesterone vaginal</i>	T4	QL (84 Inserts per 28 days)
PROGLYCEM	Non-Formulary	
PROGRAF ORAL CAPSULE	T3	
PROGRAF ORAL PACKET	T3	AL (Max 9 Years)
PROLATE	Non-Formulary	
PROLENSA	Non-Formulary	
PROMACTA ORAL PACKET	Non-Formulary	
PROMACTA ORAL TABLET 12.5 MG, 50 MG	Non-Formulary	
PROMACTA ORAL TABLET 25 MG, 75 MG	Non-Formulary	SP ()
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	T1	
<i>promethazine hcl oral syrup</i>	T1	
<i>promethazine hcl oral tablet</i>	T1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1	
<i>promethazine vc/codeine</i>	T1	
<i>promethazine-codeine oral syrup</i>	T1	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	T1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T3	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	Non-Formulary	
PROMETRIUM	T3	
PROMISEB	Non-Formulary	
PROMISEB COMPLETE	Non-Formulary	
PRONAL	Non-Formulary	
<i>prooxia</i>	Non-Formulary	
<i>propafenone hcl</i>	T1	
<i>propafenone hcl er</i>	T1	
<i>propantheline bromide oral</i>	T1	
PROPECIA	Non-Formulary	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl oral</i>	T1	
<i>propranolol-hctz</i>	T1	

Medication	Coverage Level	Restrictions
<i>propylthiouracil oral</i>	T1	
PROSCAR	T3	
PROTONIX ORAL	Non-Formulary	
<i>protriptyline hcl</i>	T2	
PROVENTIL HFA	Non-Formulary	
PROVERA	T3	
PROVIDA OB	T3	
PROVIGIL	T3	QL (60 tablets per 30 days)
PROZAC ORAL CAPSULE	T3	
<i>prucalopride succinate</i>	T1	QL (30 Tablets per 30 days)
PRUCLAIR	Non-Formulary	
PRUDOXIN	Non-Formulary	
PRUMYX	Non-Formulary	
PRURADIK	Non-Formulary	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	T1	
<i>pseudoephedrine hcl oral tablet 60 mg</i>	Non-Formulary	
PULMICORT FLEXHALER	T1	QL (1 inhaler per 30 days)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 1 MG/2ML	T3	QL (120 ML per 30 days)
PULMICORT INHALATION SUSPENSION 0.5 MG/2ML	T3	QL (240 ML per 30 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 ampules per 30 days); SP
PURALOR CI	Non-Formulary	
<i>purazil</i>	Non-Formulary	
<i>purefe plus</i>	Non-Formulary	
<i>purevit dualfe plus</i>	Non-Formulary	
PURIXAN	T5	SP (Limited to a 1 month supply per fill)
<i>px stop smoking aid mouth/throat lozenge</i>	T3	PV
PYLERA	Non-Formulary	
PYQUVI	Non-Formulary	
<i>pyrazinamide oral</i>	T1	
PYRIDIUM	T3	
<i>pyridostigmine bromide er oral tablet extended release</i>	T2	QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>pyridostigmine bromide er oral tablet extended release 24 hour</i>	Non-Formulary	
<i>pyridostigmine bromide oral solution</i>	T2	QL (946 ML per 30 days)
<i>pyridostigmine bromide oral tablet 30 mg</i>	Non-Formulary	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1	
<i>pyrimethamine oral</i>	T4	PA; SP (Limited to a 1 month supply per fill); SP
PYRUKYND	T4	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	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
PYZCHIVA	Non-Formulary	
QBRELIS	T3	QL (150 ml per 30 days); AL (Max 9 Years)
QBREXZA	Non-Formulary	
<i>qc aspirin low dose</i>	T1	PV
<i>qc aspirin oral tablet</i>	Non-Formulary	
<i>qc magnesium citrate</i>	T3	PV
<i>qc milk of magnesia</i>	T3	PV
<i>qc natura-lax</i>	T3	PV
QDOLO	Non-Formulary	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	T3	ST; QL (30 capsules per 30 days); AL (Min 6 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG	T3	ST; QL (60 capsules per 30 days); AL (Min 6 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	T3	ST; QL (90 capsules per 30 days); AL (Min 6 Years)
QFITLIA SUBCUTANEOUS SOLUTION	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 vial (0.2ml) per 28 Days)
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	SP (Limited to a 1 month supply per fill); QL (1 auto-injector (0.5ml) per 28 days)
QINLOCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 Tablets per 30 days)
QLOSI	Non-Formulary	
QMIIZ ODT	Non-Formulary	
QNASL	BE	
QNASL CHILDRENS	BE	
QSYMIA	T3	ST

Medication	Coverage Level	Restrictions
QUADRACEL INTRAMUSCULAR SUSPENSION	Vaccine - \$0 Copay	PV
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Vaccine - \$0 Copay	PV
QUALAQUIN	T3	
<i>quazepam</i>	Non-Formulary	
QUESTRAN LIGHT ORAL POWDER	T3	
QUESTRAN ORAL POWDER	T3	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	T1	QL (30 tablets per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	T1	QL (60 tablets per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 50 mg</i>	T1	
<i>quetiapine fumarate oral tablet 400 mg</i>	T1	QL (60 tablets per 30 days)
QUFLORA FE	Non-Formulary	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML	Non-Formulary	
QUFLORA PEDIATRIC ORAL SUSPENSION 0.25 MG/ML	Non-Formulary	
<i>quidroxzar</i>	Non-Formulary	
<i>quihoxaxia</i>	Non-Formulary	
QUILLICHEW ER	T3	ST; QL (30 tablets per 30 days); AL (Min 4 Years and Max 9 Years)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	T3	ST; QL (360 ML per 30 days); AL (Min 4 Years and Max 9 Years)
<i>quinapril hcl</i>	T1	
<i>quinapril-hydrochlorothiazide</i>	T1	
<i>quinidine gluconate er</i>	T4	SP (Limited to a 1 month supply per fill)
<i>quinidine sulfate oral</i>	T1	
<i>quinine sulfate oral</i>	T1	
QUINTET AC BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
QUINTET BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
QUIOFIC	Non-Formulary	
<i>quitar</i>	Non-Formulary	
QULIPTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
QUVIVIQ	Non-Formulary	
QUZYTIR	Non-Formulary	
QVAR REDHALER	T1	
<i>ra aspirin adult low dose</i>	T1	

Medication	Coverage Level	Restrictions
<i>ra aspirin ec oral tablet delayed release 325 mg</i>	Non-Formulary	
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	T1	PV
<i>ra aspirin oral tablet 325 mg</i>	Non-Formulary	
<i>ra balanced b-100</i>	T3	PV; AL (Max 50 Years)
<i>ra folic acid</i>	T1	PV; AL (Max 50 Years)
<i>ra laxative oral tablet delayed release</i>	T3	PV
<i>ra milk of magnesia oral suspension</i>	T3	PV
<i>ra mini nicotine</i>	T1	PV
<i>ra nicotine mouth/throat</i>	T1	PV
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	T1	PV
<i>ra one daily</i>	T3	PV
<i>ra prenatal</i>	T1	PV
RABAVERT	Vaccine - \$0 Copay	PV
<i>rabeprazole sodium oral tablet delayed release</i>	T3	
RADICAVA ORS	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (50 ML per 28 days); SP
RAGWITEK	T3	AL (Min 18 Years and Max 65 Years)
RALDESY	T3	QL (150 ML per 30 days); AL (Max 9 Years)
<i>raloxifene hcl</i>	T1	PV
<i>ramelteon</i>	T1	QL (30 tablets per 30 days)
<i>ramipril</i>	T1	
RANEXA	T3	
<i>ranitidine hcl oral capsule</i>	T3	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	T3	
<i>ranolazine er</i>	T1	
RAPAFLO	T3	QL (30 capsules per 30 days)
RAPAMUNE	T5	SP (Limited to a 1 month supply per fill)
<i>rasagiline mesylate oral</i>	T1	QL (30 tablets per 30 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	T3	ST; QL (4 Auto-injectors per 28 days)
RAVICTI	Non-Formulary	SP ()
RAYALDEE	Non-Formulary	

Medication	Coverage Level	Restrictions
<i>rayasal</i>	Non-Formulary	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML	T4	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 SUBCUTANEOUS SOLUTION AUTO-INJECTOR 44 MCG/0.5ML	T4	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	T4	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	T4	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 TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); 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	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)

Medication	Coverage Level	Restrictions
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)
RECEDO	Non-Formulary	
RECLIPSEN	T1	PV
RECOMBINATE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (55200 billable units per 28 days)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	Vaccine - \$0 Copay	PV; QL (3 Doses per 1 Lifetime)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	Vaccine - \$0 Copay	PV; QL (3 Doses per 1 Lifetime)
RECORLEV	Non-Formulary	
RECTIV	Non-Formulary	
REDEMPLO	T4	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	T3	ST; QL (200 strips per 30 days)
REFUAH PLUS GLUCOSE CONTROL	T3	
REGLAN ORAL	T3	
REGRANEX	T4	SP (Limited to a 1 month supply per fill)
RELADOR PAK EXTERNAL KIT	Non-Formulary	
RELADOR PAK PLUS	Non-Formulary	
RELAFEN DS	Non-Formulary	
RELAGARD	T3	
RELENZA DISKHALER	T3	
RELEUKO INJECTION SOLUTION 300 MCG/ML	T5	SP (Limited to a 1 month supply per fill); SP
<i>releuko injection solution 480 mcg/1.6ml</i>	T5	SP (Limited to a 1 month supply per fill); SP
<i>releuko subcutaneous</i>	T5	SP (Limited to a 1 month supply per fill); SP
RELEXII	Non-Formulary	
RELGAABI	Non-Formulary	
RELION CONFIRM/MICRO TEST	T3	ST; QL (200 strips per 30 days)
RELION PRIME TEST	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
RELISTOR ORAL	Non-Formulary	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	Non-Formulary	
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Formulary	
Relivyx Plus	Benefit Exclusion	
RELPAK	Non-Formulary	
RELTONE	Non-Formulary	
RELYVRIO	Non-Formulary	
REMERON ORAL TABLET 15 MG, 30 MG	T3	
REMERON SOLTAB	T3	
REMICADE	Non-Formulary	
<i>remyda</i>	Non-Formulary	
RENAL ORAL CAPSULE	Non-Formulary	
<i>rena-vite</i>	T3	PV; AL (Max 50 Years)
<i>rena-vite rx</i>	Non-Formulary	
<i>reno caps</i>	Non-Formulary	
RENOVA	Non-Formulary	
RENOVA PUMP	Non-Formulary	
RENOVAR ADV SKIN/WOUND CLEANSE	Non-Formulary	
RENOVAR ADV WOUND IRRIGATION	Non-Formulary	
<i>rensoti</i>	Non-Formulary	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	T1	
RENTHYROID ORAL TABLET 45 MG, 75 MG	Non-Formulary	
REVELA	Non-Formulary	
<i>repaglinide</i>	T1	
REPATHA	T2	PA; 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	T2	PA; DX (Prior Authorization not required when billed with Hypercholesterolemia diagnosis code E78.0-E78.5); QL (1 cartridge per 30 days)
REPATHA SURECLICK	T2	PA; 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	

Medication	Coverage Level	Restrictions
REPLESTA NX	Non-Formulary	
REQ 49+	Non-Formulary	
RESTASIS	Non-Formulary	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Non-Formulary	
<i>restimo</i>	Non-Formulary	
RESTORA RX	Non-Formulary	
RESTORA SPRINKLES	Non-Formulary	
RESTORIL	T3	QL (30 capsules per 30 days); AL (Min 18 Years)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill); SP
RETEVMO ORAL TABLET 120 MG	T4	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (60 Tablets per 30 days); SP
RETEVMO ORAL TABLET 160 MG, 80 MG	T4	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (60 Tablets per 30 days); SP
RETEVMO ORAL TABLET 40 MG	T4	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (90 Tablets per 30 days); SP
RETIN-A	T3	AL (Max 50 Years)
RETIN-A MICRO	Non-Formulary	
RETIN-A MICRO PUMP	Non-Formulary	
RETROVIR ORAL CAPSULE	T3	
RETROVIR ORAL SYRUP	T3	
REUSABLE COMFORTSEAL MASK-LRG	T3	QL (4 masks per 1 year)
REUSABLE COMFORTSEAL MASK-MED	T3	QL (4 masks per 1 year)
REUSABLE COMFORTSEAL MASK-SML	T3	QL (4 masks per 1 year)
REVATIO ORAL TABLET	Non-Formulary	
REVCovi	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
REVEAL BLOOD GLUCOSE TEST	T3	QL (200 strips per 30 days)
<i>revesta</i>	Non-Formulary	
REVLIMID	Non-Formulary	

Medication	Coverage Level	Restrictions
REVUFORJ ORAL TABLET 110 MG, 160 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
REVUFORJ ORAL TABLET 25 MG	T5	PA; SP (Limited to a 1-month supply per fill.); QL (120 Tablets per 30 days)
REXTOVY	T2	QL (1 Box per 1 Year)
REXULTI	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
REYATAZ ORAL CAPSULE 200 MG, 300 MG	T5	SP (Limited to a 1 month supply per fill)
REYATAZ ORAL PACKET	T4	SP (Limited to a 1 month supply per fill)
REYVOW	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 tablets per 30 days)
REZDIFFRA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 18 Years); SP
REZLIDHIA	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 capsules per 30 days); AL (Min 18 Years)
REZUROCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
REZVOGLAR KWIKPEN	Non-Formulary	
RHAPSIDO	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
RHOFADE	T3	ST; QL (30 GM per 30 days); AL (Min 18 Years)
RHOPRESSA	T3	ST
<i>ribavirin oral capsule</i>	T1	SP
<i>ribavirin oral tablet 200 mg</i>	T1	SP (); SP
RIDAURA	Non-Formulary	
<i>rifabutin</i>	T4	SP (Limited to a 1 month supply per fill)
RIFADIN ORAL	T3	
<i>rifampin oral</i>	T1	
<i>rifapentine</i>	T2	

Medication	Coverage Level	Restrictions
RIGHTEST GL300 LANCETS	T2	
RIGHTEST GS100 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
RIGHTEST GS300 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
RIGHTEST GS550 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	T3	ST; QL (200 strips per 30 days)
<i>rilpivirine hcl</i>	T4	SP (Limited to a 1-month supply per fill)
RILUTEK	Non-Formulary	
<i>riluzole</i>	T1	QL (60 tablets per 30 days)
<i>rimantadine hcl</i>	T1	
<i>rimi</i>	Non-Formulary	
RINVOQ LQ	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); QL (360 ML per 30 days); AL (Min 2 Years and Max 9 Years); SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to 2 fills per lifetime); QL (30 tablets per 30 days); SP
RIOMET	Non-Formulary	
<i>risedronate sodium oral tablet 150 mg</i>	T1	QL (1 tablet per 30 days)
<i>risedronate sodium oral tablet 30 mg</i>	Non-Formulary	
<i>risedronate sodium oral tablet 35 mg, 5 mg</i>	T1	
<i>risedronate sodium oral tablet delayed release</i>	T2	
RISPERDAL ORAL SOLUTION	T3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3	
<i>risperidone oral solution 1 mg/ml</i>	T1	
<i>risperidone oral tablet</i>	T1	
<i>risperidone oral tablet dispersible 0.25 mg</i>	T1	
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T2	
RITALIN	T3	AL (Min 4 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	T3	QL (31 capsules per 31 days); AL (Min 4 Years)

Medication	Coverage Level	Restrictions
RITEFLO	T3	QL (4 chambers per 1 year)
<i>ritonavir</i>	T1	
<i>rivaroxaban oral suspension reconstituted</i>	T1	QL (310 ML per 30 days)
<i>rivaroxaban oral tablet</i>	T1	QL (60 tablets per 30 days)
<i>rivastigmine</i>	T3	QL (30 patches per 30 days)
<i>rivastigmine tartrate</i>	T1	QL (60 capsules per 30 days)
RIVELSA	Non-Formulary	
<i>rixubis</i>	T5	PA; SP (Limited to a 1-month supply per fill.); QL (73600 billable units per 28 dayss); AL (Min 21 Years)
RIZAFILM	T1	QL (18 films per 28 days)
<i>rizatriptan benzoate</i>	T1	QL (12 tablets per 30 days)
ROBAXIN ORAL	T3	
ROBAXIN-750	T3	
ROCALTROL ORAL CAPSULE	T3	
ROCALTROL ORAL SOLUTION	T3	AL (Max 9 Years)
<i>rocelix</i>	Non-Formulary	
ROCKLATAN	T3	ST
<i>roflumilast</i>	T1	QL (30 tablets per 30 days)
ROGAINE	BE	
ROGAINE EXTRA STRENGTH FOR MEN	BE	
ROGAINE MENS	BE	
ROGAINE MENS EXTRA STRENGTH	BE	
ROGAINE WOMENS EXTERNAL FOAM	BE	
ROMVIMZA	T5	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)
<i>ropinirole hcl</i>	T1	
<i>ropinirole hcl er</i>	T1	
<i>rositara</i>	Non-Formulary	
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	T1	PV
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	T1	
ROSYRAH	Non-Formulary	
ROSZET	Non-Formulary	
ROTARIX ORAL SUSPENSION RECONSTITUTED	Vaccine - \$0 Copay	PV
<i>rovis</i>	Non-Formulary	
ROWASA RECTAL	T3	
ROXICODONE ORAL TABLET 15 MG, 30 MG	T3	

Medication	Coverage Level	Restrictions
<i>roxifol-d</i>	Non-Formulary	
ROXYBOND	T3	
ROZEREM	T3	AL (Min 18 Years)
ROZLYTREK ORAL CAPSULE	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 capsules per 30 days); SP
ROZLYTREK ORAL PACKET	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 packets per 30 days); SP
RUBRACA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
RUCONEST	Non-Formulary	
<i>rufinamide oral suspension 40 mg/ml</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
<i>rufinamide oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
RUKOBIA	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>rumilo</i>	Non-Formulary	
RYALTRIS	Non-Formulary	
RYBELSUS	Non-Formulary	
RYBELSUS (FORMULATION R2)	Non-Formulary	
RYCLORA ORAL SYRUP	Non-Formulary	
RYDAPT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 21 days); SP
<i>rynoderma</i>	Non-Formulary	
RYTARY	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 capsules per 30 days)
RYTHMOL SR	T3	QL (60 capsules per 30 days)
RYVENT	Non-Formulary	
SABRIL	Non-Formulary	
<i>sacubitril-valsartan</i>	T1	QL (60 Tablets per 30 days)
<i>safrycyn</i>	Non-Formulary	

Medication	Coverage Level	Restrictions
SAFYRAL	Non-Formulary	
SAJAZIR	Non-Formulary	
SALAGEN	T3	QL (120 tablets per 30 days)
SALEX EXTERNAL SHAMPOO	Non-Formulary	
SALICATE	Non-Formulary	
<i>salicylic acid er</i>	Non-Formulary	
<i>salicylic acid external cream</i>	Non-Formulary	
<i>salicylic acid external foam</i>	Non-Formulary	
<i>salicylic acid external liquid 27.5 %</i>	Non-Formulary	
<i>salicylic acid external lotion</i>	Non-Formulary	
<i>salicylic acid external ointment</i>	Non-Formulary	
<i>salicylic acid external shampoo</i>	Non-Formulary	
<i>salicylic acid wart remover</i>	Non-Formulary	
<i>salicylic acid-cleanser external kit 6 % cream</i>	Non-Formulary	
<i>salsalate oral</i>	T1	
SALVAX	Non-Formulary	
SALYCIM	Non-Formulary	
<i>salynta</i>	Non-Formulary	
SAMSCA ORAL TABLET 15 MG	Non-Formulary	SP ()
SAMSCA ORAL TABLET 30 MG	Non-Formulary	
SANCUSO	T4	ST; SP (Limited to a 1 month supply per fill); QL (1 patch per 28 days)
SANDIMMUNE ORAL CAPSULE	T4	SP (Limited to a 1 month supply per fill)
SANDIMMUNE ORAL SOLUTION	T3	
SANTYL	T3	QL (60 GM per 30 days)
SAPHNELO PEN	Non-Formulary	
SAPHNELO SUBCUTANEOUS	Non-Formulary	
SAPHRIS	Non-Formulary	
<i>sapropterin dihydrochloride oral packet</i>	T1	PA; SP
<i>sapropterin dihydrochloride oral tablet</i>	T1	PA; SP
<i>saroxia</i>	Non-Formulary	
SAVAYSA	T3	ST; QL (30 tablets per 30 days)
SAVELLA	T3	ST; QL (60 tablets per 30 days)
SAVELLA TITRATION PACK	T3	ST; QL (60 pack per 30 days)
<i>saxagliptin hcl</i>	T3	ST; QL (30 tablets per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg</i>	T3	ST; QL (60 tabelts per 30 days)

Medication	Coverage Level	Restrictions
<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-500 mg</i>	T3	ST; QL (30 tablets per 30 days)
SAXENDA	BE	
SCALPICIN MAXIMUM STRENGTH EXTERNAL SOLUTION	Non-Formulary	
SCARTRATE	Non-Formulary	
SCEMBLIX ORAL TABLET 100 MG	T5	PA; SP (Limited to a 1-month supply per fill); QL (120 Tablets per 30 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<i>scopolamine</i>	T1	
SDAMLO	Non-Formulary	
SECUADO	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 Patches per 30 days); AL (Min 18 Years)
SEGLENTIS	Non-Formulary	
SEGLUROMET	T3	ST; QL (60 tablets per 30 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 56 day supply per fill); QL (1 syringe per 56 days); SP
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T1	
<i>selegiline hcl oral tablet</i>	T2	
<i>selenium sulfide external lotion</i>	T1	
<i>selenium sulfide external shampoo 2.25 %</i>	T1	
<i>selenium sulfide external shampoo 2.3 %</i>	Non-Formulary	
<i>self-taking blood pressure</i>	T2	QL (2 EA per 730 days)
SELRX	Non-Formulary	
SELZENTRY ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)
SELZENTRY ORAL TABLET 150 MG, 300 MG	T5	SP (Limited to a 1 month supply per fill)
SELZENTRY ORAL TABLET 25 MG, 75 MG	T4	SP (Limited to a 1 month supply per fill)
SEMGLEE	Non-Formulary	
SEMGLEE (YFGN)	Non-Formulary	
SEMPREX-D	Non-Formulary	
<i>se-natal 19 oral tablet chewable</i>	T1	QL (30 tablets per 30 days)
SENSIPAR	T5	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
SEPHIENCE	Non-Formulary	
SEREVENT DISKUS	T2	
SERNIVO	Non-Formulary	
SEROQUEL	T3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 50 MG	T3	QL (30 tablets per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG	T3	QL (60 tablets per 30 days)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
<i>sertraline hcl oral capsule</i>	Non-Formulary	
<i>sertraline hcl oral concentrate</i>	T1	
<i>sertraline hcl oral tablet</i>	T1	
<i>se-tan plus</i>	Non-Formulary	
SETLAKIN	T1	PV
<i>sevelamer carbonate oral packet</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (90 packets per 30 days)
<i>sevelamer carbonate oral tablet</i>	T1	QL (180 tablets per 30 days)
<i>sevelamer hcl</i>	T1	QL (180 tablets per 30 days)
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 2 MG	T4	SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1-month supply per fill.)
SEYSARA	Non-Formulary	
<i>sf</i>	T1	
<i>sf 5000 plus</i>	T1	
SFROWASA	T3	QL (30 bottles per 30 days)
SHAROBEL	T1	PV
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Vaccine - \$0 Copay	QL (2 Doses per 1 Lifetime); AL (Min 18 Years)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Vaccine - \$0 Copay	PV; QL (2 doses per 1 lifetime); AL (Min 18 Years)
SIDEROL ORAL LIQUID†	Non-Formulary	

Medication	Coverage Level	Restrictions
SIGNIFOR	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
SIKLOS	Non-Formulary	
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL (Max 5 Years); SP
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	QL (15 tablets per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	T3	PA; SP
SILENOR	Non-Formulary	
<i>silicone mask/infant</i>	T3	QL (4 masks per 1 year)
<i>silicone mask/pediatric</i>	T3	QL (4 masks per 1 year)
SILIQ	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Limited to 4 syringes for the first fill.); QL (2 syringes per 28 days); SP
<i>silodosin</i>	T1	QL (30 tablets per 30 days)
SILVADENE	T3	
<i>silver sulfadiazine external</i>	T1	
SIMBRINZA	T2	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a one 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	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1-month supply per fill.); QL (2 auto-injectors (1.6 ml) per 28 days); SP
SIMLANDI (2 PEN)	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a one 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	T4	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

Medication	Coverage Level	Restrictions
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); QL (4 syringes (1.6 ml) per 28 days); SP
SIMLIYA	T1	PV
SIMPESSE	T1	PV
SIMPLERA SENSOR	Non-Formulary	
SIMPLERA SYNC SENSOR	Non-Formulary	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	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 (1ml) per 28 days); SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 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 (1 auto-injector (0.5 ml) per 28 days); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 syringe (1 ml) per 28 days); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 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 (1 syringe (0.5 ml) per 28 days); SP
<i>simvastatin oral suspension</i>	Non-Formulary	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	PV
<i>simvastatin oral tablet 80 mg</i>	T1	
SINEMET CR	T3	
SINGULAIR	T3	
SINUVA	Non-Formulary	
SIOXC	Non-Formulary	
<i>sirolimus oral</i>	T4	SP (Limited to a 1 month supply per fill)
SIRTURO	T4	SP (Limited to a 1 month supply per fill)
<i>sirvana</i>	Non-Formulary	
<i>sitaglipt base-metform hcl er</i>	Non-Formulary	
<i>sitagliptin</i>	Non-Formulary	
<i>sitagliptin base-metformin hcl</i>	Non-Formulary	

Medication	Coverage Level	Restrictions
<i>sitagliptin phos-metformin hcl</i>	T2	QL (60 tablets per 30 days)
<i>sitagliptin phosphate</i>	T2	QL (30 tablets per 30 days)
SITAVIG	Non-Formulary	
SIVEXTRO ORAL	T4	SP (Limited to a 1 month supply per fill)
<i>sivora</i>	Non-Formulary	
SKLICE	T3	
SKYCLARYS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days); AL (Min 16 Years and Max 40 Years)
SKYRIZI PEN	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 12 week supply per fill); QL (1 pen per 12 weeks); SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to an 8 week supply per fill); QL (1 kit per 8 weeks); SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 12 week supply per fill); QL (1 syringe per 12 weeks); SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 12-week supply per fill); QL (1 Syringe per 12 Weekss); SP
SKYTROFA	Non-Formulary	
SLYND	T3	ST; PV; QL (28 tablets per 28 days)
<i>sm aspirin ec</i>	Non-Formulary	
<i>sm aspirin ec low strength</i>	T1	PV
<i>sm aspirin low dose oral tablet chewable</i>	T1	PV
SM CLEARLAX	T3	PV
<i>sm folic acid</i>	T1	PV; AL (Max 50 Years)
<i>sm laxative oral</i>	T3	PV
<i>sm magnesium citrate</i>	T3	PV
<i>sm milk of magnesia oral suspension 400 mg/5ml</i>	T3	PV
<i>sm nicotine polacrilex</i>	T1	PV
<i>sm nicotine transdermal</i>	T1	PV

Medication	Coverage Level	Restrictions
SMARTEST BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
SMARTEST LANCETS 28G	T2	
SMOOTH LAX ORAL PACKET	Non-Formulary	
SOAANZ	Non-Formulary	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	T1	
<i>sodium chloride inhalation nebulization solution 7 %</i>	T1	
<i>sodium chloride irrigation solution 0.9 %</i>	T1	
<i>sodium fluoride 5000 enamel dental paste</i>	T1	
<i>sodium fluoride 5000 plus</i>	T1	
<i>sodium fluoride 5000 ppm dental paste</i>	T1	
<i>sodium fluoride dental gel 1.1 %</i>	T1	
<i>sodium fluoride mouth/throat</i>	T1	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	T3	PV
<i>sodium fluoride oral tablet chewable</i>	T1	PV
<i>sodium oxybate</i>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days)
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>sodium phenylbutyrate oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>sodium polystyrene sulfonate oral powder</i>	T1	
<i>sodium sulfacetamide external shampoo</i>	Non-Formulary	
<i>sodium sulfacetamide wash</i>	Non-Formulary	
SOFDRA	Non-Formulary	
<i>sofosbuvir-velpatasvir</i>	T1	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	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (112 capsules per 28 days)
SOHONOS ORAL CAPSULE 10 MG	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)

Medication	Coverage Level	Restrictions
SOHONOS ORAL CAPSULE 2.5 MG	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (140 capsules per 28 days)
SOHONOS ORAL CAPSULE 5 MG	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (84 capsules per 28 days)
SOLESTA	T3	SP
<i>solifenacin succinate</i>	T1	QL (30 tablets per 30 days)
SOLQUA	T2	QL (15 ML per 25 days)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	Non-Formulary	
SOLOSEC	Non-Formulary	
SOLTAMOX	Non-Formulary	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG	T2	QL (2 vials per 1 year)
SOMA	Non-Formulary	
SOMATULINE DEPOT	T4	SP (Limited to a 1 month supply per fill); SP
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	T4	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 15 MG	T4	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 20 MG, 30 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
SONAFINE	Non-Formulary	
SOOLANTRA	T3	ST; QL (45 GM per 30 days)
<i>sorafenib tosylate</i>	T1	PA; QL (120 tablets per 30 days); SP
SORILUX	Non-Formulary	

Medication	Coverage Level	Restrictions
SORINE	T1	
<i>sorixia</i>	Non-Formulary	
<i>sotalol hcl oral</i>	T1	
SOTYKTU	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
SOTYLIZE	T3	
SOVALDI ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); SP
SOVALDI ORAL TABLET 200 MG	T5	PA; SP (Limited to a 1 month supply per fill); SP
SOVALDI ORAL TABLET 400 MG	T5	PA; SP (Limited to a 1 month supply per fill); SP
SOVUNA	Non-Formulary	
SPECTRACEF ORAL TABLET 400 MG	T3	
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Non-Formulary	
SPIKEVAX	Vaccine - \$0 Copay	PV
SPIKEVAX 6M-11Y	Vaccine - \$0 Copay	PV
SPIKEVAX COVID-19 VACCINE	Vaccine - \$0 Copay	
<i>spinosad</i>	T1	
SPIRIVA HANDIHALER	Non-Formulary	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T2	QL (1 Inhaler per 30 Days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
<i>spironolactone oral suspension 25 mg/5ml</i>	T3	QL (120 ML per 30 Days); AL (Max 9 Years)
<i>spironolactone oral tablet</i>	T1	
<i>spironolactone-hctz</i>	T1	
SPORANOX ORAL CAPSULE	Non-Formulary	
SPORANOX ORAL SOLUTION	T5	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
SPORANOX PULSEPAK	Non-Formulary	
SPRINTEC 28	T1	PV
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 750 MG	T3	QL (60 tablets per 30 Days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG	T3	ST; QL (60 tablets per 30 Days)
SPRIX	Non-Formulary	

Medication	Coverage Level	Restrictions
SPRYCEL	Non-Formulary	
SPS	T1	
SPS (SODIUM POLYSTYRENE SULF)	T1	
SRONYX	T1	PV
SSD	T1	
SSD (SILVER SULFADIAZINE)	T1	
SSKI	T3	
STALEVO 100	T3	
STALEVO 125	T3	
STALEVO 150	T3	
STALEVO 200	T3	
STALEVO 50	T3	
STALEVO 75	T3	
<i>stamaril</i>	Non-Formulary	
STARJEMZA SUBCUTANEOUS SOLUTION	T4	PA; SP (Limited to 1 vial per 56 days); QL (1 Vial per 56 days); SP
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T4	PA; SP (Limited to 1 syringe per 56 days); QL (1 ML per 56 days)
STARLIX	T3	
<i>stavudine oral capsule</i>	T1	
STAXYN	Non-Formulary	
STEGLATRO	T3	ST; QL (30 tablets per 30 days)
STEGLUJAN	T3	ST; QL (30 tablets per 30 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Non-Formulary	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Formulary	
STENDRA	Non-Formulary	
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 56 day supply per fill); QL (1 syringe per 56 days); SP
STIMATE	T4	SP (Limited to a 1 month supply per fill); SP
STIMUFEND	Non-Formulary	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	QL (1 inhaler per 30 days)
STIVARGA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	T3	QL (60 capsules per 30 days); AL (Min 6 Years)

Medication	Coverage Level	Restrictions
STRATTERA ORAL CAPSULE 100 MG, 80 MG	T3	QL (30 capsules per 30 days); AL (Min 6 Years)
STRATTERA ORAL CAPSULE 60 MG	T3	QL (30 capsule per 30 days); AL (Min 6 Years)
STRENSIQ	T4	PA; SP (Limited to a 1 month supply per fill)
<i>stress formula/iron</i>	T3	PV
STRIANT	Non-Formulary	
STRIBILD	T4	SP (Limited to a 1 month supply per fill)
STRIVERDI RESPIMAT	T2	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	T3	QL (5 Tablets per 1 day)
STROVITE FORTE ORAL TABLET	Non-Formulary	
STROVITE ONE	Non-Formulary	
SUBOXONE SUBLINGUAL FILM 12-3 MG	T3	QL (60 films per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG	T3	QL (90 films per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	T3	QL (30 films per 30 days)
SUBVENITE ORAL SUSPENSION	Non-Formulary	
SUBVENITE ORAL TABLET	T1	
SUBVENITE STARTER KIT-BLUE	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-GREEN	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-ORANGE	T3	QL (1 kit per 365 Days)
SUCRAID	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
<i>sucralfate oral suspension</i>	T2	
<i>sucralfate oral tablet</i>	T1	
SUDOGEST ORAL TABLET 60 MG	Non-Formulary	
SUFLAVE	T3	
<i>sugammadex sodium intravenous solution prefilled syringe 100 mg/ml</i>	Non-Formulary	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T3	
<i>sulconazole nitrate external cream</i>	T3	ST
<i>sulconazole nitrate external solution</i>	Non-Formulary	
<i>sulfacetamide sodium (acne)</i>	T2	
<i>sulfacetamide sodium (cleans)</i>	T1	

Medication	Coverage Level	Restrictions
<i>sulfacetamide sodium external liquid</i>	T1	
<i>sulfacetamide sodium ophthalmic</i>	T1	
<i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i>	Non-Formulary	
<i>sulfacetamide sodium-sulfur external emulsion 10-5 %</i>	T1	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>	T1	
<i>sulfacetamide sodium-sulfur external liquid 9-4 %, 9.8-4.8 %</i>	Non-Formulary	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	Non-Formulary	
<i>sulfacetamide sodium-sulfur external pad 9.8-4.8 %</i>	Non-Formulary	
<i>sulfacetamide sodium-sulfur external suspension</i>	Non-Formulary	
<i>sulfacetamide sod-sulfur wash external emulsion 10-1 %</i>	Non-Formulary	
<i>sulfacetamide sod-sulfur wash external liquid 9-4 %</i>	Non-Formulary	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	T1	
<i>sulfadiazine oral</i>	T2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1	
SULFAMYLON	T3	
<i>sulfasalazine oral</i>	T1	
SULFATRIM PEDIATRIC	T1	
<i>sulindac oral</i>	T1	
SUMADAN	T3	
SUMADAN WASH	T3	
<i>sumatriptan nasal</i>	T3	QL (8 units per 30 days)
<i>sumatriptan succinate oral</i>	T1	QL (12 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	Non-Formulary	
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	T1	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	T1	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	Non-Formulary	
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	T3	QL (8 pens per 30 days)
<i>sumatriptan-naproxen sodium</i>	Non-Formulary	

Medication	Coverage Level	Restrictions
SUMAXIN	Non-Formulary	
SUMAXIN CP	Non-Formulary	
SUMAXIN TS	Non-Formulary	
SUMAXIN WASH	Non-Formulary	
<i>sunitinib malate</i>	T1	PA; QL (28 capsules per 28 days); SP
SUNLENCA ORAL TABLET THERAPY PACK	T5	SP (Limited to 1 fill per year); QL (1 pouch per 1 year)
SUNOSI	T3	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)
SUPER QUINTS B-50	T3	PV; AL (Max 50 Years)
SUPERVITE	Non-Formulary	
SUPRAX ORAL CAPSULE	T2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML	T3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T2	
SUPRAX ORAL TABLET CHEWABLE	T3	
SUPREP BOWEL PREP KIT	T3	
SURE-TEST EASYPLUS MINI TEST	T3	QL (200 strips per 30 days)
SURMONTIL	T3	
SUSTIVA	T5	SP (Limited to a 1 month supply per fill)
SUSTOL	Non-Formulary	
SUTAB	Non-Formulary	
SUTENT	Non-Formulary	
SW CLEARLAX	Non-Formulary	
SYEDA	T1	PV
SYMAX DUOTAB	T3	
SYMBICORT	Non-Formulary	
SYMBRAVO	Non-Formulary	
SYMDEKO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP

Medication	Coverage Level	Restrictions
SYMFI	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYMFI LO	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML	T2	QL (4 syringes per 31 Days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	T2	QL (4 syringes per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	SP (Limited to a 1 month supply per fill)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	SP (Limited to a 1 month supply per fill); QL (6 ML per 30 days)
SYMPAZAN	Non-Formulary	
SYMPROIC	T3	PA; QL (30 tablets per 30 days)
SYMTUZA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYNALAR	Non-Formulary	
SYNALAR TS	Non-Formulary	
SYNAREL	Non-Formulary	
SYNDROS	Non-Formulary	
SYNERA	Non-Formulary	
SYNERDERM	Non-Formulary	
SYNJARDY	T2	QL (60 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	QL (30 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	QL (60 tablets per 30 days)
SYNTERMA PLUS	Non-Formulary	
SYNTHROID	T3	
SYPRINE	Non-Formulary	
TABLOID	T5	SP (Limited to a 1 month supply per fill)
TABRECTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
TACLONEX EXTERNAL OINTMENT	T5	SP (Limited to a 1 month supply per fill); QL (100 GM per 30 days)
TACLONEX EXTERNAL SUSPENSION	Non-Formulary	
<i>tacrolimus er</i>	T3	ST

Medication	Coverage Level	Restrictions
<i>tacrolimus external ointment</i>	T1	QL (30 GM per 30 days)
<i>tacrolimus oral</i>	T1	
<i>tadalafil (pah)</i>	Non-Formulary	SP ()
<i>tadalafil oral tablet 10 mg, 2.5 mg</i>	T1	QL (15 tablets per 30 days)
<i>tadalafil oral tablet 20 mg</i>	T1	PA; QL (15 tablets per 30 days)
<i>tadalafil oral tablet 5 mg</i>	T1	QL (30 tablets per 30 days)
TADLIQ	Non-Formulary	
TAFINLAR ORAL CAPSULE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
TAFINLAR ORAL TABLET SOLUBLE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 bottles per 30 days); AL (Min 1 Years and Max 9 Years)
<i>tafluprost (pf)</i>	T2	
TAGRISSO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
TAKE ACTION	T1	PV
TAKHZYRO SUBCUTANEOUS SOLUTION	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 vials per 28 days); SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
TALICIA	Non-Formulary	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 autoinjector per 28 days); SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 28 days); SP
TALZENNA	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 capsules per 30 days); SP

Medication	Coverage Level	Restrictions
TAMIFLU ORAL CAPSULE	T3	QL (10 capsules per 1 fill)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	T3	QL (120 ML per 1 fill)
<i>tamoxifen citrate oral tablet 10 mg</i>	T1	
<i>tamoxifen citrate oral tablet 20 mg</i>	T1	PV
<i>tamsulosin hcl</i>	T1	
TANDEM MOBI CARTRIDGE 2ML	Non-Formulary	
TANDEM MOBI SYSTEM STARTER	Non-Formulary	
TANDEM PLUS	Non-Formulary	
TANLOR	Non-Formulary	
TAPAZOLE	T3	
<i>tapentadol hcl</i>	T3	ST
<i>tapentadol hcl er</i>	T3	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	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	Non-Formulary	
TARCEVA	Non-Formulary	
TARGADOX	Non-Formulary	
TARGRETIN	Non-Formulary	
TARINA 24 FE	T1	PV
TARINA FE 1/20	T1	PV
TARINA FE 1/20 EQ	T1	PV
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	T3	
<i>taron forte</i>	Non-Formulary	
TARON-PREX	T2	
<i>taroxia external cream</i>	Non-Formulary	
TARPEYO	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
TASCENSO ODT	Non-Formulary	
TASIGNA	Non-Formulary	
<i>tasimelteon</i>	T5	PA; SP (Limited to a 1 month supply per fill); SP
TASMAR ORAL TABLET 100 MG	T3	
<i>tavaborole</i>	Non-Formulary	
TAVALISSE	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
TAVNEOS	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
TAYTULLA	Non-Formulary	
<i>tazarotene external cream 0.05 %</i>	T3	ST; QL (30 GM per 30 days)
<i>tazarotene external cream 0.1 %</i>	T2	ST
<i>tazarotene external foam</i>	T3	ST; QL (50 GM per 30 days)
<i>tazarotene external gel</i>	Non-Formulary	
TAZORAC EXTERNAL CREAM	T3	ST
TAZORAC EXTERNAL GEL	Non-Formulary	
TAZTIA XT	T1	
TAZVERIK	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 tablets per 30 days); SP
TDVAX	Vaccine - \$0 Copay	PV; QL (1 injection per 10 years)
TECFIDERA ORAL CAPSULE DELAYED RELEASE	Non-Formulary	
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	Non-Formulary	
TEGRETOL ORAL SUSPENSION	T3	
TEGRETOL ORAL TABLET	T3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG	T3	ST; QL (60 tablets per 30 days)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 400 MG	T3	ST; QL (120 tablets per 30 days)
TEKTURNA	T3	
TEKTURNA HCT	T2	
TELCARE BLOOD GLUCOSE TEST	T3	QL (200 strips per 30 days)
TELCARE GLUCOSE CONTROL	T3	
<i>teliora</i>	Non-Formulary	
<i>telmisartan</i>	T1	
<i>telmisartan-amlodipine</i>	T1	
<i>telmisartan-hctz</i>	T1	
<i>temazepam oral capsule 15 mg, 30 mg</i>	T1	QL (30 capsules per 30 days); AL (Min 18 Years)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	Non-Formulary	
TEMIXYS	Non-Formulary	
<i>temozolomide</i>	T4	PA; SP (Limited to a 1 month supply per fill); SP

Medication	Coverage Level	Restrictions
TEMPO REFILL	Non-Formulary	
TEMPO SMART BUTTON	Non-Formulary	
TEMPO WELCOME	Non-Formulary	
TENCON ORAL TABLET 50-325 MG	T1	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	Vaccine - \$0 Copay	PV; QL (1 dose per 10 years)
TENIVAC INTRAMUSCULAR SUSPENSION	Vaccine - \$0 Copay	PV; QL (1 dose per 10 years)
<i>tenofovir disoproxil fumarate</i>	T1	
TENORETIC 100	T3	
TENORETIC 50	T3	
TENORMIN	T3	
TEPMETKO	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
TERAZOL 7	T3	
<i>terazosin hcl oral</i>	T1	
<i>terbinafine hcl oral</i>	T1	
<i>terbutaline sulfate oral</i>	T1	
<i>terconazole vaginal cream 0.4 %</i>	T1	
<i>terconazole vaginal suppository</i>	T1	
<i>teriflunomide oral tablet 14 mg</i>	T1	QL (30 tablet per 30 days); SP
<i>teriflunomide oral tablet 7 mg</i>	T1	QL (30 tablets per 30 days); SP
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	T4	PA; SP (Limited to a 1 month supply per fill); SP
TESSALON PERLES	T3	
TESTIM	Non-Formulary	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	T1	
<i>testosterone enanthate intramuscular solution</i>	T1	
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>	T2	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)</i>	Non-Formulary	
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	T2	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	T2	PA
<i>testosterone transdermal solution</i>	Non-Formulary	
<i>tetanus-diphtheria toxoids td</i>	Vaccine - \$0 Copay	QL (1 dose per 10 years)
<i>tetoxia</i>	Non-Formulary	

Medication	Coverage Level	Restrictions
<i>tetpidtar</i>	Non-Formulary	
<i>tetrabenazine oral tablet 12.5 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days); SP
<i>tetrabenazine oral tablet 25 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<i>tetracycline hcl oral capsule</i>	T3	
<i>tetracycline hcl oral tablet</i>	Non-Formulary	
TEXACORT	Non-Formulary	
TEZRULY	Non-Formulary	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pen per 28 days); SP
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Formulary	
TGT POWDERLAX ORAL PACKET 17 GM	Non-Formulary	
TGT POWDERLAX ORAL POWDER	T3	PV
THALITONE	Non-Formulary	
THALOMID ORAL CAPSULE 100 MG, 50 MG	T4	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	T2	
<i>theophylline er</i>	T1	
THIOLA	Non-Formulary	
THIOLA EC	Non-Formulary	
<i>thioridazine hcl oral</i>	T1	
<i>thiothixene oral</i>	T1	
<i>thrivite 19 oral tablet 29-1 mg</i>	Non-Formulary	
THYQUIDITY	Non-Formulary	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	T2	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	T2	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	T2	

Medication	Coverage Level	Restrictions
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	T2	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	T2	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1	
<i>tiagabine hcl oral tablet 12 mg, 4 mg</i>	T3	QL (120 tablets per 30 days)
<i>tiagabine hcl oral tablet 16 mg</i>	T3	QL (90 tablets per 30 days)
<i>tiagabine hcl oral tablet 2 mg</i>	T3	QL (60 tablets per 30 days)
TIAZAC	T3	
TIBSOVO	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
<i>ticagrelor</i>	T1	QL (60 Tablets per 30 days)
TICALAST	Non-Formulary	
TICOVAC	Non-Formulary	
TIGAN ORAL	T3	
TIGLUTIK	Non-Formulary	
TIKOSYN	T3	
TILIA FE	T1	PV
<i>timolol maleate (once-daily)</i>	Non-Formulary	
<i>timolol maleate ophthalmic gel forming solution</i>	T2	
<i>timolol maleate ophthalmic solution</i>	T1	
<i>timolol maleate oral</i>	T1	
<i>timolol maleate pf</i>	T3	
<i>timolol-dorzolamid-bimatoprost</i>	Non-Formulary	
TIMOPTIC OCUDOSE	Non-Formulary	
<i>tinidazole oral</i>	T1	
<i>tiopronin oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days); SP
<i>tiopronin oral tablet delayed release 100 mg</i>	T4	PA; SP (Limited to a 1-month supply per fill); QL (240 Tablets per 30 days); SP
<i>tiopronin oral tablet delayed release 300 mg</i>	T4	PA; SP (Limited to a 1-month supply per fill); QL (90 Tablets per 30 days); SP
<i>tiotropium bromide</i>	Non-Formulary	
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	

Medication	Coverage Level	Restrictions
TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML	Non-Formulary	
TIVICAY ORAL TABLET 10 MG, 25 MG	T4	SP (Limited to a 1 month supply per fill)
TIVICAY ORAL TABLET 50 MG	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TIVICAY PD	T4	SP (Limited to a 1 month supply per fill)
TIVORBEX	Non-Formulary	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	T1	
<i>tizanidine hcl oral tablet</i>	T1	
<i>tl gard rx</i>	Non-Formulary	
<i>tl icon</i>	Non-Formulary	
TLANDO	Non-Formulary	
<i>tl-hem 150</i>	Non-Formulary	
TOBI	T5	PA; SP (Limited to a 56 day supply per fill); QL (280 ML per 56 days); SP
TOBI PODHALER	T5	PA; SP (Limited to a 1 month supply per fill); QL (224 Capsules per 28 days); SP
TOBRADEX OPHTHALMIC OINTMENT	T3	ST
TOBRADEX OPHTHALMIC SUSPENSION	T3	
TOBRADEX ST	T3	ST
<i>tobramycin inhalation</i>	T4	PA; SP (Limited to a 56 day supply per fill); QL (280 ml per 56 days); SP
<i>tobramycin ophthalmic</i>	T1	
<i>tobramycin sulfate injection solution 80 mg/2ml</i>	T1	
<i>tobramycin-dexamethasone</i>	T1	
<i>tobramycin-vancomycin hcl</i>	Non-Formulary	
TOBREX OPHTHALMIC OINTMENT	T2	
TOBREX OPHTHALMIC SOLUTION	T3	
TODAY SPONGE	T3	PV
<i>tofacitinib citrate er</i>	T1	PA; QL (30 tablets per 30 days); SP
<i>tofacitinib citrate oral solution</i>	T1	PA; QL (240 ML per 30 days); SP
<i>tofacitinib citrate oral tablet</i>	T1	PA; QL (60 tablets per 30 days); SP
TOFIDENCE	Non-Formulary	
TOFRANIL	T3	

Medication	Coverage Level	Restrictions
TOLAK	T2	QL (1 tube per 30 days)
<i>tolcapone</i>	T5	SP (Limited to a 1 month supply per fill)
TOLECTIN 600	Non-Formulary	
TOLECTIN DS	Non-Formulary	
<i>tolmetin sodium oral capsule</i>	T2	
<i>tolmetin sodium oral tablet 200 mg</i>	Non-Formulary	
<i>tolmetin sodium oral tablet 600 mg</i>	T2	
<i>tolsura</i>	Non-Formulary	
<i>tolterodine tartrate</i>	T1	
<i>tolterodine tartrate er</i>	T2	
<i>tolvaptan (hyponatremia) oral tablet 15 mg, 30 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<i>tolvaptan oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days); SP
<i>tolvaptan oral tablet therapy pack</i>	T4	PA; SP (Limited to a 1-month supply per fill.); QL (56 Tablets per 28 days); SP
TONMYA	Non-Formulary	
TOPAMAX	T3	
TOPAMAX SPRINKLE	T3	ST
TOPICORT EXTERNAL CREAM 0.05 %	Non-Formulary	
TOPICORT EXTERNAL CREAM 0.25 %	T3	
TOPICORT EXTERNAL GEL	Non-Formulary	
TOPICORT EXTERNAL OINTMENT 0.25 %	T3	
TOPICORT SPRAY	Non-Formulary	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	T3	ST; QL (30 capsules per 30 days)
<i>topiramate er oral capsule extended release 24 hour</i>	Non-Formulary	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	T1	
<i>topiramate oral capsule sprinkle 50 mg</i>	Non-Formulary	
<i>topiramate oral solution 25 mg/ml</i>	Non-Formulary	
<i>topiramate oral tablet</i>	T1	
TOPROL XL	T3	
<i>toremifene citrate</i>	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
TORPENZ	Non-Formulary	
<i>torsemide oral</i>	T1	
TORVEX	Non-Formulary	

Medication	Coverage Level	Restrictions
TOSYMRA	Non-Formulary	
TOUJEO MAX SOLOSTAR	T1	
TOUJEO SOLOSTAR	T1	
TOVET EXTERNAL FOAM	T3	QL (100 GM per 30 days)
TOVIAZ	T3	QL (30 tablets per 30 days)
<i>toxicology saliva collection</i>	Non-Formulary	
TRACLEER ORAL TABLET	Non-Formulary	SP ()
TRACLEER ORAL TABLET SOLUBLE	Non-Formulary	
TRADJENTA	T3	ST; QL (30 tablets per 30 days)
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	Non-Formulary	
<i>tramadol hcl er</i>	T1	QL (30 tablets per 30 days)
<i>tramadol hcl oral solution</i>	Non-Formulary	
<i>tramadol hcl oral tablet 100 mg, 25 mg, 75 mg</i>	Non-Formulary	
<i>tramadol hcl oral tablet 50 mg</i>	T1	QL (240 tablets per 30 days)
<i>tramadol-acetaminophen</i>	T1	
<i>trandolapril</i>	T1	
<i>trandolapril-verapamil hcl er</i>	T1	
<i>tranexamic acid oral</i>	T1	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	T3	
TRANXENE-T ORAL TABLET 7.5 MG	T3	
<i>tranylcypromine sulfate</i>	T2	
TRAVATAN Z	Non-Formulary	
<i>travoprost (bak free)</i>	T2	ST
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	T1	
<i>trazodone hcl oral tablet 25 mg, 75 mg</i>	Non-Formulary	
TRELEGY ELLIPTA	T2	
TREMFYA CROHNS INDUCTION	Non-Formulary	
TREMFYA PEN	Non-Formulary	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Formulary	
TREMFYA-CD/UC INDUCTION	Non-Formulary	
TRESIBA	T2	ST
TRESIBA FLEXTOUCH	T2	ST
TRESNI	Non-Formulary	
<i>tretinoin external cream 0.025 %</i>	T1	AL (Max 50 Years)
<i>tretinoin external cream 0.05 %, 0.1 %</i>	T2	AL (Max 50 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	T1	AL (Max 50 Years)

Medication	Coverage Level	Restrictions
<i>tretinoin external gel 0.05 %</i>	T2	AL (Max 50 Years)
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	Non-Formulary	
<i>tretinoin microsphere pump</i>	Non-Formulary	
<i>tretinoin oral</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
TREXALL	T3	ST
TREXIMET ORAL TABLET 85-500 MG	Non-Formulary	
TREZIX ORAL CAPSULE 320.5-30-16 MG	T1	QL (10 capsules per 1 day)
TRIADERMEX	Non-Formulary	
<i>triadime</i>	Non-Formulary	
<i>triamcinolone acetonide external aerosol solution</i>	Non-Formulary	
<i>triamcinolone acetonide external cream</i>	T1	
<i>triamcinolone acetonide external lotion</i>	T1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	T1	
<i>triamcinolone acetonide external ointment 0.05 %</i>	Non-Formulary	
<i>triamcinolone acetonide mouth/throat</i>	T1	
<i>triamcinolone acetonide nasal aerosol</i>	T3	
<i>triamterene oral</i>	Non-Formulary	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hctz oral tablet</i>	T1	
TRIAMVEX	Non-Formulary	
TRIAMVEX (CREAM)	Non-Formulary	
TRIANEX	Non-Formulary	
TRIASIL	Non-Formulary	
<i>triazolam oral tablet 0.125 mg</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>	T1	QL (60 tablets per 30 days); AL (Min 18 Years)
TRIBENZOR	T3	
<i>tri-buffered aspirin oral tablet 325 mg</i>	T1	
TRICARE	T1	
TRICARE PRENATAL COMPLEAT	T1	
<i>tricitrates</i>	Non-Formulary	
TRICON	Non-Formulary	

Medication	Coverage Level	Restrictions
TRICOR	T3	
TRIDACAINE II	Non-Formulary	
TRIDACAINE XL	Non-Formulary	
TRIDERM EXTERNAL CREAM	T1	
<i>trientine hcl oral capsule 250 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)
<i>trientine hcl oral capsule 500 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (75 capsules per 30 days)
TRI-ESTARYLLA	T1	PV
<i>trifluoperazine hcl oral</i>	T1	
<i>trifluridine ophthalmic</i>	T1	
<i>trigels-f forte</i>	Non-Formulary	
TRIGLIDE ORAL TABLET 160 MG	Non-Formulary	
<i>trihexyphenidyl hcl</i>	T1	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 Tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	QL (60 Tablets per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days); SP
TRIKAFTA ORAL THERAPY PACK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days); SP
TRI-LEGEST FE	T1	PV
TRILEPTAL	T3	
TRI-LINYAH	T1	PV
TRILIPIX	T3	
TRILITAS	Non-Formulary	
TRI-LO-ESTARYLLA	T1	PV
TRI-LO-MARZIA	T1	PV
TRI-LO-MILI	T1	PV
Trilona	Benefit Exclusion	
TRI-LO-SPRINTEC	T1	PV
TRI-LUMA	Non-Formulary	
<i>trimethobenzamide hcl oral</i>	T1	

Medication	Coverage Level	Restrictions
<i>trimethoprim oral</i>	T1	
TRI-MILI	T1	PV
<i>trimipramine maleate oral</i>	T2	
<i>trinatal rx 1</i>	T1	
TRINATE	T2	
TRI-NORINYL (28)	T3	
TRINTELLIX	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
TRIONEX	Non-Formulary	
<i>triphrocaps</i>	Non-Formulary	
<i>triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml</i>	Non-Formulary	
TRI-SPRINTEC	T1	PV
<i>tristart dha</i>	Non-Formulary	
TRIUMEQ	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>triumeq pd</i>	T4	SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
TRIVEEN-DUO DHA	T1	
TRI-VI-FLOR	Non-Formulary	
<i>tri-vitelfluoride</i>	T3	PV
TRIVORA (28)	T1	PV
TRI-VYLIBRA	T1	PV
TRI-VYLIBRA LO	T1	PV
<i>tri-zel</i>	Non-Formulary	
TRIZIVIR	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TROJAN	T3	PV
TROKENDI XR	Non-Formulary	
<i>tropicamide-cyclopentolate-pe</i>	Non-Formulary	
<i>tropicamide-phenylephrine</i>	Non-Formulary	
<i>trospium chloride</i>	T1	QL (60 capsules per 30 days)
<i>trospium chloride er</i>	T3	QL (30 capsules per 30 days)
TRUDHESA	Non-Formulary	
<i>true cover</i>	T3	PV
TRUE METRIX BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
TRUE METRIX PRO BLOOD GLUCOSE	T3	ST; QL (200 Strips per 30 Days)
TRUENESS BLOOD GLUCOSE STRIPS	T3	ST; QL (200 Strips per 30 Days)
TRUETEST TEST	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
TRUETRACK TEST	T3	ST; QL (200 strips per 30 days)
TRULANCE	T2	QL (30 tablets per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	PA; DX (Prior Authorization not required when billed with Type 2 diabetes diagnosis code E11.0 - E11.9); QL (2 ML (4 pens) per 28 days)
TRUMENBA	Vaccine - \$0 Copay	PV; QL (3 ML per 1 Lifetime)
TRUQAP ORAL TABLET	T5	PA; ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (64 tablets per 28 days)
TRUSOPT	T3	
TRUSTEX LUBRICATED	T3	PV
TRUSTEX RIA LUBRICATED	T3	PV
TRUTAKNA	Non-Formulary	
TRUVADA ORAL TABLET 100-150 MG, 200-300 MG	Non-Formulary	SP ()
TRUVADA ORAL TABLET 133-200 MG, 167-250 MG	Non-Formulary	
TRYNGOLZA	Non-Formulary	
TRYPTYR	Non-Formulary	
TRYVIO	Non-Formulary	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	Non-Formulary	
TUKYSA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
TULANA	T1	PV
TURALIO ORAL CAPSULE 125 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days)
TURQOZ	T1	PV
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	Non-Formulary	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Vaccine - \$0 Copay	PV; QL (4 doses per 1 lifetime); AL (Min 18 Years)
TWIRLA	Non-Formulary	
TWYNEO	Non-Formulary	
TWYNSTA	T3	

Medication	Coverage Level	Restrictions
TYBLUME ORAL TABLET CHEWABLE	T3	
TYBOST	T2	QL (30 tablets per 30 days)
TYDEMY	Non-Formulary	
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 auto-injectors per 28 days)
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
TYKERB	Non-Formulary	
TYMLOS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 pen per 30 days); SP
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	Non-Formulary	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Non-Formulary	
TYRVAYA	Non-Formulary	
TYVASO	T4	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	T5	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	T5	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	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
TYVASO REFILL KIT	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP

Medication	Coverage Level	Restrictions
TYVASO STARTER KIT	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
UBRELVY	T4	PA; 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	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
UCERIS RECTAL	T3	QL (2 packages per 180 days)
UDAMIN SP ORAL TABLET 1 MG	Non-Formulary	
UDENYCA ONBODY	Non-Formulary	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Formulary	
ULESFIA	T3	
ULORIC	T3	QL (30 tablets per 30 days)
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	T1	
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	T2	
ULTRACET	T3	
ULTRASAL-ER	Non-Formulary	
ULTRATRAK ULTIMATE TEST	T3	QL (200 strips per 30 days)
ULTRAVATE EXTERNAL CREAM	Non-Formulary	
ULTRAVATE EXTERNAL LOTION	Non-Formulary	
ULTRAVATE X (OINTMENT)	Non-Formulary	
<i>umeclidinium ellipta</i>	Non-Formulary	
<i>umeclidinium-vilanterol</i>	Non-Formulary	
UNISTRIPI1 GENERIC	T3	ST; QL (200 strips per 30 days)
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T1	
UPNEEQ	Non-Formulary	
UPTRAVI ORAL TABLET 100 MCG, 1400 MCG, 150 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP

Medication	Coverage Level	Restrictions
UPTRAVI ORAL TABLET 200 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
UPTRAVI TITRATION	T5	PA; SP (Limited to a 1 month supply per fill); QL (200 tablets per 30 days); SP
<i>uranovia</i>	Non-Formulary	
<i>urea external cream 10 %, 20 %, 39 %, 39.5 %, 40 %, 41 %, 45 %, 50 %</i>	BE	
<i>urea external foam</i>	BE	
<i>urea external lotion 10 %, 40 %</i>	BE	
<i>urea nail external gel 45 %</i>	BE	
<i>ureacin-10</i>	BE	
<i>ureacin-20</i>	BE	
<i>urevex</i>	Non-Formulary	
URIBEL	Non-Formulary	
URIMAR-T ORAL CAPSULE	Non-Formulary	
<i>urneva</i>	Non-Formulary	
UROCIT-K 10	T3	
UROCIT-K 15	T3	
UROCIT-K 5	T3	
UROXATRAL	T3	
URSO 250	T3	
URSO FORTE	T3	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	Non-Formulary	
<i>ursodiol oral capsule 300 mg</i>	T2	
<i>ursodiol oral tablet</i>	T2	
URSOLIGN	Non-Formulary	
<i>ustekinumab-aaaz</i>	Non-Formulary	
<i>ustekinumab-ttwe subcutaneous</i>	Non-Formulary	
UTOPIC	Non-Formulary	
VAFSEO	Non-Formulary	
VAGIFEM VAGINAL TABLET 10 MCG	T3	
<i>valacyclovir hcl oral</i>	T1	
VALCHLOR	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (60 GM per 15 days); SP

Medication	Coverage Level	Restrictions
VALCYTE ORAL SOLUTION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days); AL (Max 9 Years)
VALCYTE ORAL TABLET	Non-Formulary	
<i>valganciclovir hcl oral solution reconstituted</i>	T4	SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days); AL (Max 9 Years)
<i>valganciclovir hcl oral tablet</i>	T3	QL (120 tablets per 30 days)
VALIUM	T3	
<i>valproate sodium oral solution</i>	T1	
<i>valproic acid oral capsule</i>	T1	
<i>valsartan oral solution</i>	Non-Formulary	
<i>valsartan oral tablet</i>	T1	
<i>valsartan-hydrochlorothiazide</i>	T1	
VALTOCO 10 MG DOSE	T3	QL (10 sprays per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	T3	QL (10 sprays per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	T3	QL (10 sprays per 30 days)
VALTOCO 5 MG DOSE	T3	QL (10 sprays per 30 days)
VALTREX	T3	
VALTYA 1/35	T1	
VALTYA 1/50	T1	PV
VANATOL LQ	Non-Formulary	
VANCOCIN HCL	Non-Formulary	
VANCOCIN ORAL CAPSULE 125 MG	Non-Formulary	
<i>vancomycin hcl intravenous solution reconstituted 1.25 gm, 1000 mg, 500 mg</i>	T1	
<i>vancomycin hcl ophthalmic solution</i>	Non-Formulary	
<i>vancomycin hcl oral capsule 125 mg</i>	T3	QL (56 capsules per 14 days)
<i>vancomycin hcl oral capsule 250 mg</i>	Non-Formulary	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	T1	
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	Non-Formulary	
<i>vancomycin hcl oral solution reconstituted 50 mg/ml</i>	T2	
VANDAZOLE	T1	

Medication	Coverage Level	Restrictions
VANFLYTA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (28 tablets per 28 days)
VANIQA	Non-Formulary	
VANOS	Non-Formulary	
VANOXIDE-HC	Non-Formulary	
VANRAFIA	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 18 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	Vaccine - \$0 Copay	PV; QL (2 Doses per 1 Lifetime)
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Vaccine - \$0 Copay	PV; QL (2 Doses per 1 Lifetime)
<i>ildenafil hcl oral</i>	Non-Formulary	
<i>varenicline tartrate (starter)</i>	T2	PV
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	T2	PV; QL (60 tablets per 30 Days)
<i>varoxia external cream</i>	Non-Formulary	
VARUBI ORAL	Non-Formulary	
VASCEPA	Non-Formulary	
VASERETIC	T3	
VASHE CLEANSING	Non-Formulary	
VASOTEC	T3	
VAXELIS	Vaccine - \$0 Copay	PV
VAXNEUVANCE	Vaccine - \$0 Copay	
<i>v-c forte</i>	Non-Formulary	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	T3	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	T3	PV
VECAMYL	T4	SP (Limited to a 1 month supply per fill)
VECTICAL	T3	ST; QL (100 GM per 30 days)
VELIVET	T1	PV
VELPHORO	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
VELSIPITY	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP

Medication	Coverage Level	Restrictions
VELTASSA ORAL PACKET 1 GM	T5	SP (Limited to a 1-month supply per fill); QL (120 Packets per 30 days)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
VELTASSA ORAL PACKET 8.4 GM	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
VELTIN	Non-Formulary	
VEMLIDY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
VENCLEXTA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
VENCLEXTA STARTING PACK	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
VENELEX	Non-Formulary	
<i>venlafaxine besylate er</i>	Non-Formulary	
<i>venlafaxine hcl</i>	T1	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	T1	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	Non-Formulary	
VENNGEL TWO	Non-Formulary	
VENTAVIS	T4	PA; SP
VENTOLIN HFA	T2	QL (2 inhalers per 25 days)
VENXXIVA	Non-Formulary	
VEOZAH	Non-Formulary	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	
<i>verapamil hcl oral</i>	T1	
VERDESO	Non-Formulary	
VEREGEN	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 grams per 30 days)
VERKAZIA	Non-Formulary	

Medication	Coverage Level	Restrictions
VERQUVO	T3	PA; QL (30 tablets per 30 days)
VERSACLOZ	T5	ST; SP (Limited to a 1 month supply per fill)
VERZENIO ORAL TABLET 100 MG, 200 MG, 50 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
VERZENIO ORAL TABLET 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
VESICARE	T3	QL (30 tablets per 30 days)
VESICARE LS	T3	QL (150 ML per 30 days); AL (Max 9 Years)
VESTURA	T1	PV
<i>veven</i>	Non-Formulary	
VEVYE	Non-Formulary	
VFEND ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (300 ML per 30 days)
VFEND ORAL TABLET 50 MG	Non-Formulary	
V-GO 20	T2	
V-GO 30	T2	
V-GO 40	T2	
VIAGRA	Non-Formulary	
VIBERZI	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
VIBRAMYCIN ORAL CAPSULE	T3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	T3	
VIBRAMYCIN ORAL SYRUP	T2	
VIBRANT	Non-Formulary	
VIC-FORTE	Non-Formulary	
VICODIN ES ORAL TABLET 7.5-300 MG	Non-Formulary	
VICODIN HP ORAL TABLET 10-300 MG	Non-Formulary	
VICODIN ORAL TABLET 5-300 MG	Non-Formulary	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Formulary	
VIDEX EC	T3	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	T2	
VIENVA	T1	PV
<i>vigabatrin oral packet</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); SP

Medication	Coverage Level	Restrictions
<i>vigabatrin oral tablet</i>	Non-Formulary	SP ()
VIGADRONE ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
VIGADRONE ORAL TABLET	Non-Formulary	
VIGAFYDE	T5	PA; SP (Limited to a 1-month supply per fill); QL (150 ML per 30 days); AL (Max 9 Years)
VIGAMOX	T3	
VIGPODER	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL (Max 2 Years)
VIIBRYD ORAL TABLET	T3	QL (30 tablets per 30 days)
VIJOICE ORAL PACKET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 Packs per 28 days)
VIJOICE ORAL TABLET THERAPY PACK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
<i>vilazodone hcl oral tablet 10 mg</i>	T1	QL (30 tablets per 30 days)
<i>vilazodone hcl oral tablet 20 mg, 40 mg</i>	T1	QL (30 tablets per 30 Days)
VIMKUNYA	Non-Formulary	
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG	Non-Formulary	
VIMPAT ORAL SOLUTION	T3	
VIMPAT ORAL TABLET	T3	QL (60 tablets per 30 days)
VIOKACE	T5	ST; SP (Limited to a 1 month supply per fill)
<i>viorele</i>	T1	PV
VIRACEPT ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
VIREAD ORAL POWDER	T4	SP (Limited to a 1 month supply per fill)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T4	SP (Limited to a 1 month supply per fill)
VIREAD ORAL TABLET 300 MG	T5	SP (Limited to a 1 month supply per fill)
VIROPTIC	T3	
<i>virt-caps</i>	Non-Formulary	
VIRT-GARD	Non-Formulary	

Medication	Coverage Level	Restrictions
<i>virt-phos 250 neutral</i>	Non-Formulary	
<i>virtrate-2</i>	Non-Formulary	
<i>virtrate-3</i>	Non-Formulary	
<i>virtrate-k</i>	Non-Formulary	
<i>virt-vite</i>	Non-Formulary	
<i>virt-vite forte</i>	Non-Formulary	
<i>virt-vite plus</i>	Non-Formulary	
VISTARIL	T3	
VISTOGARD	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (20 packets per 5 days)
VITACEL	T1	
VITAFOL ORAL TABLET	Non-Formulary	
VITAFOL-OB	T3	
VITAFOL-ONE	T3	
VITAL-D RX	Non-Formulary	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	T1	
<i>vitamin d3 oral capsule 25 mcg (1000 ut)</i>	T1	PV; AL (Min 65 Years)
<i>vitamin d3 oral liquid 400 unit/ml</i>	T1	PV; AL (Min 65 Years)
<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i>	T1	PV; AL (Min 65 Years)
VITAPEARL	T3	
VITA-RESPA	Non-Formulary	
VITATRUE	T3	
VITRAKVI ORAL CAPSULE	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 capsules per 30 days); SP
VITRAKVI ORAL SOLUTION	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (100 ML per 30 days); SP
VIVAGUARD INO CONTROL SOLUTION	T3	
VIVAGUARD INO TEST STRIPS	T3	ST; QL (200 strips per 30 days)
VIVELLE-DOT	T3	
VIVJOA	Non-Formulary	
VIVLODEX	Non-Formulary	
VIVOTIF	Non-Formulary	

Medication	Coverage Level	Restrictions
VIZIMPRO	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
VIZZ	Non-Formulary	
VOCABRIA	Non-Formulary	
VOGELXO PUMP	Non-Formulary	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	Non-Formulary	
VOLNEA	T1	PV
VOLTAREN TRANSDERMAL	T3	
VONJO	T5	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	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
VOQUEZNA	Non-Formulary	
VOQUEZNA DUAL PAK	Non-Formulary	
VOQUEZNA TRIPLE PAK	Non-Formulary	
VORANIGO ORAL TABLET 10 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 12 Years)
VORANIGO ORAL TABLET 40 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 12 Years)
<i>voriconazole oral suspension reconstituted</i>	T1	
<i>voriconazole oral tablet 200 mg</i>	T1	QL (120 tablets per 30 days)
<i>voriconazole oral tablet 50 mg</i>	T1	QL (480 Tablets per 30 days)
VORTEX HOLDING CHAMBER/MASK	T3	QL (4 chambers per 1 year)
VOSEVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days); SP
VOTRIENT	Non-Formulary	
VOWST	Non-Formulary	

Medication	Coverage Level	Restrictions
VOXZOGO	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (3 boxes per 30 days); SP
VOYDEYA	T5	PA; SP (Limited to a one month supply per fill); QL (180 tablets per 30 days)
VOYXACT	Non-Formulary	
<i>vp-vite rx</i>	Non-Formulary	
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG	T5	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	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	T5	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	T1	PV
VYKAT XR	BE	
VYLEESI	Non-Formulary	
VYLIBRA	T1	PV
VYNDAMAX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); SP
VYNDAQEL	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days); SP
VYSCOXIA	Non-Formulary	
VYTONE	Non-Formulary	
VYTORIN	T3	
VYVANSE	Non-Formulary	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days); SP
VYZULTA	Non-Formulary	

Medication	Coverage Level	Restrictions
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 auto-injector per 30 days)
WAKIX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<i>warfarin sodium oral</i>	T1	
WAYRILZ	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 18 Years)
<i>wayzen</i>	Non-Formulary	
<i>wee care</i>	T1	PV; AL (Min 6 Months and Max 12 Months)
WEGOVY	BE	
Wegovy HD	Benefit Exclusion	
WELCHOL ORAL PACKET	T3	QL (30 packets per 30 days)
WELCHOL ORAL TABLET	T3	QL (180 tablets per 30 days)
<i>weleris</i>	Non-Formulary	
WELIREG	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	T3	QL (90 tablets per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG	T3	QL (60 tablets per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	T3	QL (90 tablets per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	T3	
<i>wenixra</i>	Non-Formulary	
WERA	T1	PV
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	T1	
WEZLANA	Non-Formulary	
WIDAPLIK	Non-Formulary	
WIDE-SEAL DIAPHRAGM 60	T3	PV
WIDE-SEAL DIAPHRAGM 65	T3	PV
WIDE-SEAL DIAPHRAGM 70	T3	PV

Medication	Coverage Level	Restrictions
WIDE-SEAL DIAPHRAGM 75	T3	PV
WIDE-SEAL DIAPHRAGM 80	T3	PV
WIDE-SEAL DIAPHRAGM 85	T3	PV
WIDE-SEAL DIAPHRAGM 90	T3	PV
WIDE-SEAL DIAPHRAGM 95	T3	PV
WILATE INTRAVENOUS KIT	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
WINLEVI	Non-Formulary	
WINREVAIR	T4	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	T3	
WYMZYA FE	T1	PV
WYNZORA	Non-Formulary	
XACIATO	T3	ST
XADAGO	T3	ST; QL (30 tablets per 30 days)
XALATAN	Non-Formulary	
XALIX	Non-Formulary	
XALKORI	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 capsules per 30 days); SP
XANAX	T3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	T3	QL (30 tablets per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG, 3 MG	T3	QL (60 tablets per 30 days)
XARAH FE	T1	PV
XARELTO ORAL SUSPENSION RECONSTITUTED	T2	QL (310 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	T2	QL (30 tablets per 30 days)
XARELTO ORAL TABLET 15 MG	T2	QL (42 tablets per 21 days)
XARELTO ORAL TABLET 2.5 MG	T2	QL (60 tablets per 30 days)
XARELTO STARTER PACK	T2	QL (1 pack per 180 days)
XATMEP	T3	AL (Max 9 Years)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T3	QL (60 tablets per 30 days)
XCOPRI (350 MG DAILY DOSE)	T3	QL (60 Tablets per 30 days)

Medication	Coverage Level	Restrictions
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	T3	QL (30 Tablets per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	T3	QL (60 Tablets per 30 days)
XCOPRI ORAL TABLET THERAPY PACK	T3	QL (1 Pack per 30 days)
XDEMVIY	T3	PA; QL (10 ML per 1 year); AL (Min 18 Years)
XELJANZ	Non-Formulary	
XELJANZ XR	Non-Formulary	
XELODA ORAL TABLET 150 MG	Non-Formulary	SP ()
XELODA ORAL TABLET 500 MG	Non-Formulary	
XELPROS	T2	
XELRIA FE	T1	PV
XELSTRYM	T3	ST; QL (30 patches per 30 days); AL (Min 6 Years)
XENAZINE	Non-Formulary	
XENICAL	Non-Formulary	
XENLETA ORAL	Non-Formulary	
XEPI	Non-Formulary	
XERAC AC	T1	
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Non-Formulary	
XERESE	Non-Formulary	
XERMELO	T4	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	T4	SP (Limited to a 1 month supply per fill); QL (9 tablets per 30 days)
XIFAXAN ORAL TABLET 550 MG	T4	PA; SP (Limited to a 14 or 30 day supply per fill, depending on diagnosis.)
XIGDUO XR	Non-Formulary	
XIIDRA	T2	QL (60 vials per 30 days)
XIMINO	Non-Formulary	
<i>xirun</i>	Non-Formulary	
XOCOVA	Non-Formulary	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	T2	QL (1 tablet per 1 fill); AL (Min 5 Years)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	T2	QL (1 tablet per 1 fill); AL (Min 5 Years)

Medication	Coverage Level	Restrictions
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/0.5ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); QL (2 Auto-injectors per 30 days); SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 auto-injector per 30 days); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 30 days); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); SP
XOLEGEL	Non-Formulary	
XOLREMDI	Non-Formulary	
XOPENEX HFA	Non-Formulary	
XOSPATA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days)
XPHOZAH	Non-Formulary	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (20 tablets per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 tablets per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (16 tablets per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (12 tablets per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	T5	PA; SP (Limited to a 1 month supply per fill); QL (24 tablets per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (16 tablets per 28 days)

Medication	Coverage Level	Restrictions
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG	T5	PA; SP (Limited to a 1-month supply per fill); QL (4 Tablets per 28 days); SP
XPOVIO (80 MG TWICE WEEKLY)	T5	PA; SP (Limited to a 1 month supply per fill); QL (32 tablets per 28 days)
XROMI	T3	QL (148 ML per 30 days); AL (Max 9 Years)
XRYLIDERM	Non-Formulary	
XTAMPZA ER	T3	ST; QL (60 capsules per 30 days)
XTANDI ORAL CAPSULE	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days); SP
XTANDI ORAL TABLET 40 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 tablets per 30 days); SP
XTANDI ORAL TABLET 80 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days); SP
XTORO	Non-Formulary	
XULANE	T1	PV; QL (3 patches per 28 days)
XULTOPHY	T3	ST; QL (15 ML per 30 days)
<i>xurea</i>	BE	
XURIDEN	Non-Formulary	
XYLIDERM	Non-Formulary	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
XYNTHA SOLOFUSE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
XYOSTED	Non-Formulary	
XYREM	Non-Formulary	
XYVONA	Non-Formulary	
XYWAV	Non-Formulary	

Medication	Coverage Level	Restrictions
YARGESA	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
YASMIN 28	Non-Formulary	
<i>yaxatarxyn</i>	Non-Formulary	
YAZ	Non-Formulary	
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 56 day supply per fill); QL (1 syringe per 56 days); SP
YEZTUGO ORAL	T2	PV; QL (4 tablets per 1 year)
YF-VAX SUBCUTANEOUS INJECTABLE	Non-Formulary	
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Non-Formulary	
<i>yokatar</i>	Non-Formulary	
YONSA	Non-Formulary	
YORVIPATH	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 pens per 30 days)
YOSPRALA	Non-Formulary	
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 INHALATION NEBULIZATION SOLUTION	Non-Formulary	
YUSIMRY	Non-Formulary	
YUTREPIA	Non-Formulary	
YUVAFEM	T1	
YUVEZZI	Non-Formulary	
YUVIWEL	Non-Formulary	
ZADITOR	T1	
ZAFEMY	T1	PV; QL (3 patches per 28 days)
<i>zafirlukast</i>	T1	
<i>zaleplon oral capsule 10 mg</i>	T1	AL (Min 18 Years)
<i>zaleplon oral capsule 5 mg</i>	T1	QL (30 capsules per 30 days); AL (Min 18 Years)

Medication	Coverage Level	Restrictions
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	T3	
ZANAFLEX ORAL CAPSULE 8 MG	Non-Formulary	
ZANAFLEX ORAL TABLET	T3	
ZANTAC 150 MAXIMUM STRENGTH	Non-Formulary	
ZANTAC ORAL TABLET 300 MG	T3	
ZARAH	T1	PV
ZARONTIN	T3	
ZARXIO	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
ZAVESCA	Non-Formulary	
ZAVZPRET	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 30 days); AL (Min 18 Years)
<i>zcort 7-day</i>	Non-Formulary	
ZEGALOGUE	T3	QL (2 kits per 30 days)
ZEGERID	Non-Formulary	
ZEGERID OTC	T3	
ZEJULA ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
ZELBORAF	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
ZELNORM	T3	QL (60 tablets per 30 days)
ZELSUVMI	Non-Formulary	
ZELVYSIA	Non-Formulary	
ZEMBRACE SYMTOUCH	Non-Formulary	
ZEMDRI	Non-Formulary	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	T3	
ZENATANE	T2	QL (6 fills per 2 years)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	T4	SP (Limited to a 1 month supply per fill)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
ZENZEDI ORAL TABLET 10 MG	T3	QL (180 tablets per 30 days); AL (Min 6 Years)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	Non-Formulary	
ZENZEDI ORAL TABLET 5 MG	T3	QL (30 tablets per 30 days); AL (Min 6 Years)
ZEPATIER	Non-Formulary	
ZEPBOUND	BE	
ZEPBOUND KWIKPEN	BE	
ZEPOSIA	T4	PA; 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	T4	PA; 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)	T4	PA; 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
ZERVIAE	Non-Formulary	
ZESTORETIC	T3	
ZESTRIL	T3	
ZETIA	T3	
ZETONNA	Non-Formulary	
ZIAC	T3	
ZIAGEN ORAL SOLUTION	T2	
ZIAGEN ORAL TABLET	T3	
ZIANA	Non-Formulary	
<i>ziclocin</i>	Non-Formulary	
<i>zidovudine oral capsule</i>	T2	

Medication	Coverage Level	Restrictions
<i>zidovudine oral syrup</i>	T1	
<i>zidovudine oral tablet</i>	T2	
ZIEXTENZO	Non-Formulary	
ZILBRYSQ	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 syringes per 28 days)
<i>zileuton er</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); AL (Min 12 Years)
ZILRETTA	Non-Formulary	
ZILXI	Non-Formulary	
ZIMHI	T2	QL (1 box per 1 year)
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	Non-Formulary	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	Non-Formulary	
<i>ziprasidone hcl</i>	T1	
ZIPSOR	Non-Formulary	
ZIRGAN	T3	
ZITHRANOL	T3	ST
ZITHROMAX ORAL PACKET	T2	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	T3	
ZITHROMAX ORAL TABLET 600 MG	T3	
ZITHROMAX TRI-PAK	T3	
ZITHROMAX Z-PAK	T3	
ZITUVIMET	Non-Formulary	
ZITUVIMET XR	Non-Formulary	
ZITUVIO	Non-Formulary	
ZMA CLEAR	Non-Formulary	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	T3	QL (30 tablets per 30 days)
ZOKINVY	Non-Formulary	
ZOLINZA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<i>zolmitriptan nasal solution 5 mg</i>	T3	ST; QL (12 units per 30 days)
<i>zolmitriptan oral</i>	T2	QL (12 tablets per 30 days)
ZOLOFT ORAL TABLET 100 MG	T3	QL (60 tablets per 30 days)
ZOLOFT ORAL TABLET 25 MG	T3	QL (90 tablets per 30 days)
ZOLOFT ORAL TABLET 50 MG	T3	QL (120 tablets per 30 days)
<i>zolpidem tartrate er</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>zolpidem tartrate oral capsule</i>	Non-Formulary	

Medication	Coverage Level	Restrictions
<i>zolpidem tartrate oral tablet</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>zolpidem tartrate sublingual</i>	Non-Formulary	
ZOLPIMIST	Non-Formulary	
ZOLYMBUS	Non-Formulary	
ZOMACTON	Non-Formulary	
ZOMIG NASAL SOLUTION 2.5 MG	T3	ST; QL (12 units per 30 days)
ZOMIG NASAL SOLUTION 5 MG	Non-Formulary	
ZOMIG ORAL	T3	QL (12 tablets per 30 days)
ZONALON	Non-Formulary	
ZONEGRAN	T3	
ZONISADE	T3	QL (150 ML per 30 days); AL (Max 9 Years)
<i>zonisamide oral</i>	T1	
ZONTIVITY	T3	ST; QL (30 tablets per 30 days)
ZORTRESS	T5	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)	T1	PV
ZOVIRAX EXTERNAL	Non-Formulary	
ZTALMY	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1100 ML per 30 days)
ZTLIDO	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	T2	QL (30 tablets per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T2	QL (60 tablets per 30 days)
ZUMANDIMINE	T1	PV
ZUNVEYL	Non-Formulary	
ZURNAI	T1	QL (2 auto-injectors per 1 year)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	T4	SP (Limited to a 1 month supply per fill); QL (28 capsules per 1 year)
ZURZUVAE ORAL CAPSULE 30 MG	T4	SP (Limited to a 1 month supply per fill); QL (14 capsules per 1 year)
ZYBIC	Non-Formulary	
ZYCLARA	Non-Formulary	

Medication	Coverage Level	Restrictions
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	T3	
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	Non-Formulary	
ZYCUBO	T5	SP (Limited to a 1 month supply per fill); QL (60 vials per 30 days)
ZYDELIG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
ZYKADIA ORAL TABLET	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
ZYLET	T3	ST
ZYLOPRIM	T3	
ZYMAXID	T3	
ZYMFENTRA (1 PEN)	Non-Formulary	
ZYMFENTRA (2 PEN)	Non-Formulary	
ZYMFENTRA (2 SYRINGE)	Non-Formulary	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	Non-Formulary	
ZYPREXA ORAL	T3	
ZYPREXA ZYDIS	T3	
ZYRTEC ALLERGY ORAL TABLET	Non-Formulary	
ZYRTEC-D ALLERGY & CONGESTION	Non-Formulary	
ZYTIGA	Non-Formulary	
<i>zyvit</i>	Non-Formulary	
ZYVOX ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to one 14 day supply per 6 months (180 days)); QL (840 ML per 14 days); AL (Max 9 Years)
ZYVOX ORAL TABLET	T5	SP (Limited to one 14 day supply per 6 months (180 days)); QL (28 tablets per 14 days)

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APIDRA SOLOSTAR	16	<i>aspirin adult low dose</i>	18	AUROVELA FE 1.5/30	20
APLENZIN	16	<i>aspirin childrens</i>	18	AUROVELA FE 1/20	20
APLISOL	16	<i>aspirin ec low dose</i>	18	AURYXIA	20
APOKYN	16	<i>aspirin-dipyridamole er</i>	18	AUSTEDO	20
<i>apomorphine hcl</i>	16	ASPRUZYO SPRINKLE	18	AUSTEDO XR	20
<i>aporix</i>	16	ASSURE 4 TEST	18	AUSTEDO XR PATIENT TITRATION	20
<i>apraclonidine hcl</i>	16	ASSURE DOSE CONTROL	18	AUTOLET LITE LANCING DEVICE	21
<i>aprepitant</i>	16	ASSURE DOSE NORM/HIGH CONTROL	18	AUVELITY	21
APRI	16	ASSURE LANCE PLUS SAFETY 30G	18	AUVELITY TITRATION PACK ..	21
APRISO	16	ASSURE PLATINUM	18	AUVI-Q	21
APTENSIO XR	16	ASSURE PRISM MULTI TEST ..	18	AVALIDE	21
APTIOM	16	ASSURE TITANIUM	18	<i>avanafil</i>	21
APTIVUS	16, 17	ASTAGRAF XL	18	AVAPRO	21
AQNEURSA	17	ATACAND	19	AVAR CLEANSER	21
AQUANIL HC	17	ATACAND HCT	19	AVAR LS CLEANSER	21
AQUORAL	17	<i>atazanavir sulfate</i>	19	AVAR-E EMOLLIENT	21
AQVESME	17	ATELVIA	19	<i>aveida</i>	21
ARAKODA	17	<i>atenolol</i>	19	AVERI	21
ARANELLE	17	<i>atenolol-chlorthalidone</i>	19	AVGEMSI	21
ARANESP (ALBUMIN FREE) ...	17	ATIVAN	19	AVIANE	21
ARAVA	17	ATMEKSI	19	<i>avidora</i>	21
ARAZLO	17	<i>atomoxetine hcl</i>	19	<i>avidora hp</i>	21
ARBLI	17	ATONCY	19	AVITA	21
ARCALYST	17	ATORVALIQ	19	AVMAPKI FAKZYNJA CO- PACK	21
ARCAPTA NEOHALER	17			AVO CREAM	21
AREXVY	17			AVODART	21
<i>arformoterol tartrate</i>	17			AVONEX PEN	21
ARICEPT	17			AVONEX PREFILLED	21
ARIKAYCE	17				
ARIMIDEX	17				
<i>aripiprazole</i>	17				

<i>av-phos 250 neutral</i>	21	BD INSULIN SYRINGE U/F	24	BETOPTIC-S	26
AVTOZMA	22	BD INSULIN SYRINGE		<i>bevacizumab</i>	26
<i>awanis</i>	22	ULTRAFINE	24	BEVESPI AEROSPHERE	26
AWIQLI FLEXTOUCH	22	BD PEN NEEDLE MINI U/F	24	BEVYXXA	26
AYGESTIN	22	BD PEN NEEDLE MINI		<i>bexarotene</i>	26
AYUNA	22	ULTRAFINE	24	BEXSERO	26
AYVAKIT	22	<i>beclomethasone diprop hfa</i>	24	BEYAZ	26
<i>azalta</i>	22	BECONASE AQ	24	<i>bicalutamide</i>	26
<i>azalta hp</i>	22	BELBUCA	24	BIDIL	26
AZASAN	22	<i>belladonna alkaloids-opium</i>	24	BIGFOOT UNITY PROGRAM ..	26
AZASITE	22	BELSOMRA	24	BIJUVA	26
<i>azathioprine</i>	22	<i>benazepril hcl</i>	24	BIKTARVY	26
<i>azelaic acid</i>	22	<i>benazepril-hydrochlorothiazide</i> ..	24	BILPREVDA	26
<i>azelastine hcl</i>	22	BENEFIX	24	BILTRICIDE	26
<i>azelastine-fluticasone</i>	22	BENICAR	24	<i>bimatoprost</i>	26
AZELEX	22	BENICAR HCT	24	<i>bimatoprost-brimonidine-dorzol</i> ..	27
<i>azentra</i>	22	BENLYSTA	24	<i>bimatoprost-timolol maleate</i>	27
AZILECT	22	<i>bensal hp</i>	24	BIMZELX	27
<i>azilsartan medoxomil</i>	22	BENZAC AC WASH	24	BINOSTO	27
<i>azithromycin</i>	22	BENZEFOAM	24	BIOTHRAX	27
AZMIRO	22	BENZEFOAMULTRA	24	<i>bisacodyl</i>	27
AZOPT	22	BENZEPRO	24	<i>bisacodyl ec</i>	27
AZOR	22	BENZEPRO CREAMY WASH ..	24	<i>bismuth/metronidaz/tetracyclin</i> ..	27
AZSTARYS	22	BENZEPRO FOAMING		<i>bisoprolol fumarate</i>	27
AZULFIDINE	22	CLOTHS	24	<i>bisoprolol-hydrochlorothiazide</i> ..	27
AZULFIDINE EN-TABS	22	BENZEPRO SHORT		BKEMV	27
AZURETTE	22	CONTACT	24	BLEPH-10	27
<i>bacitracin-polymyxin b</i>	22	<i>benznidazole</i>	24	BLEPHAMIDE S.O.P.	27
<i>bacitra-neomycin-polymyxin-hc</i> ..	23	<i>benzonatate</i>	24, 25	BLISOVI 24 FE	27
<i>baclofen</i>	23	<i>benzoyl peroxide</i>	25	BLISOVI FE 1.5/30	27
BACMIN	23	<i>benzoyl peroxide cleanser</i>	25	BLISOVI FE 1/20	27
BACTRIM	23	<i>benzoyl peroxide wash</i>	25	<i>blood glucose test</i>	27
BACTRIM DS	23	<i>benzoyl peroxide-erythromycin</i> ..	25	<i>blood pressure monitor</i>	27
BAFIERTAM	23	<i>benzphetamine hcl</i>	25	BLOOD PRESSURE	
BALCOLTRA	23	<i>benztropine mesylate</i>	25	MONITOR 3	27
<i>balsalazide disodium</i>	23	<i>bepotastine besilate</i>	25	BLOOD PRESSURE	
<i>balsam peru-castor oil</i>	23	BEPREVE	25	MONITOR 7	27
BALVERSA	23	BERINERT	25	BLUJEPa	27
BALZIVA	23	<i>besifloxacin hcl</i>	25	BLULINK GLUCOSE	
BANZEL	23	BESIVANCE	25	MONITORING SYS	27
BAQSIMI ONE PACK	23	BESREMI	25	BLULINK GLUCOSE TEST	27
BAQSIMI TWO PACK	23	BESREMI PEN	25	BONIVA	28
BARACLUDE	23	<i>betaine</i>	25	BONJESTA	28
BASAGLAR KWIKPEN	23	<i>betamethasone dipropionate</i>	25	BONSITY	28
BASAGLAR TEMPO PEN	23	<i>betamethasone dipropionate</i>		BOOSTRIX	28
<i>batizia</i>	23	<i>aug</i>	25	BOSAYA	28
BAXDELA	23	<i>betamethasone sod phos &</i>		<i>bosentan</i>	28
BAXFENDY	23	<i>acet</i>	25	BOSULIF	28
<i>baxonil</i>	23	<i>betamethasone valerate</i>	25	<i>bosutinib</i>	28
BAYER ASPIRIN	24	BETAPACE	25	<i>bp vit 3</i>	28
BAYER ASPIRIN EC LOW		BETASERON	26	<i>bp wash</i>	28
DOSE	24	<i>betaxolol hcl</i>	26	<i>bpo foaming cloths</i>	28
<i>bcg vaccine</i>	24	<i>bethanechol chloride</i>	26	BPROTECTED PEDIA IRON	28
BD INSULIN SYRINGE		BETHKIS	26	BRAFTOVI	28
MICROFINE	24	BETIMOL	26	BREATHERITE	28

BREATHERITE COLL		<i>buprenorphine hcl</i>	30	CARAFATE	33
SPACER ADULT	28	<i>buprenorphine hcl-naloxone hcl</i>	30	CARBAGLU	33
BREATHERITE COLL		<i>bupropion hcl</i>	31	<i>carbamazepine</i>	33
SPACER CHILD	28	<i>bupropion hcl er (smoking det)</i> ...	31	<i>carbamazepine er</i>	33
BREATHERITE COLL		<i>bupropion hcl er (sr)</i>	31	CARBATROL	33
SPACER INFANT	28	<i>bupropion hcl er (xl)</i>	31	<i>carbidopa</i>	34
BREATHERITE RIGID		<i>buspirone hcl</i>	31	<i>carbidopa-levodopa</i>	34
SPACER/MASK	28	<i>butalbital-acetaminophen</i>	31	<i>carbidopa-levodopa er</i>	34
BREATHERITE SPACER		<i>butalbital-apap-caff-cod</i>	31	<i>carbidopa-levodopa-</i>	
NEONATE	28	<i>butalbital-apap-cafeine</i>	31	<i>entacapone</i>	34
BREATHERITE SPACER		<i>butalbital-asa-caff-codeine</i>	31	<i>carbinoxamine maleate</i>	34
SMALL CHILD	28	<i>butalbital-aspirin-cafeine</i>	31	<i>carbinoxamine maleate er</i>	34
BREATHERITE/LARGE MASK	28	<i>butorphanol tartrate</i>	31	<i>carbzah</i>	34
BREATHERITE/MEDIUM		BUTRANS	31	CARDAMYST	34
MASK	28	BYLVAY	31	<i>cardioplegia del nido formula</i>	34
BREATHERITE/SMALL MASK	28	BYLVAY (PELLETS)	31	CARDIOVID PLUS	34
BREKIYA	28	BYNFEZIA PEN	31	CARDIZEM	34
BRENZAVVY	28	BYQLOVI	31	CARDIZEM CD	34
BREO ELLIPTA	29	BYSANTI	31	CARDIZEM LA	34
BREXAFEMME	29	BYSANTI TITRATION PACK A	31	CARDURA	34
BREYNA	29	BYSANTI TITRATION PACK B	31	CARDURA XL	34
BREZTRI AEROSPHERE	29	BYSANTI TITRATION PACK C	31	CARESENS CONTROL A	34
<i>briellyn</i>	29	BYSTOLIC	31	CARESENS CONTROL	
BRILINTA	29	<i>cabergoline</i>	32	SOLUTION A/B	34
<i>brimonidine tartrate</i>	29	CABLIVI	32	CARESENS N GLUCOSE	
<i>brimonidine tartrate-timolol</i>	29	CABOMETYX	32	TEST	34
<i>brimonidine-dorzolamide</i>	29	CABTREO	32	CARESENS S CONTROL	
BRINSUPRI	29	CADUET	32	SOLN A/B	34
<i>brinzolamide</i>	29	CAFERGOT	32	CARESENS S GLUCOSE	
BRISDELLE	29	<i>caffeine citrate</i>	32	TEST	34
<i>brivaracetam</i>	29	<i>calcipotriene</i>	32	CARETOUCH CONTROL SOL	
BRIVIACT	29	<i>calcipotriene-betameth diprop</i>	32	LEVEL 2	34
BROMFED DM	29	<i>calcitonin (salmon)</i>	32	CARETOUCH	
<i>bromfenac sodium</i>	29	<i>calcitriol</i>	32	LANCING/EJECTOR	34
<i>bromfenac sodium (once-daily)</i> ..	29	<i>calcium acetate (phos binder)</i>	32	CARETOUCH TEST	35
<i>bromocriptine mesylate</i>	29	<i>calcium-folic acid plus d</i>	32	CARETOUCH TWIST	
BROMSITE	29	CALQUENCE	32	LANCETS 28G	35
BRONCHITOL	29	<i>calsodore</i>	32	CARETOUCH TWIST	
BROVANA	29	CAMBIA	32	LANCETS 30G	35
BRUKINSA	30	CAMILA	32	CARETOUCH TWIST	
BRYHALI	30	CAMRESE	32	LANCETS 33G	35
BRYNOVIN	30	CAMRESE LO	32	<i>carglumic acid</i>	35
BSS	30	CAMZYOS	33	<i>carisoprodol</i>	35
BSS PLUS	30	CANASA	33	<i>carisoprodol-aspirin</i>	35
BUCAPSOL	30	<i>candesartan cilexetil</i>	33	<i>carisoprodol-aspirin-codeine</i>	35
<i>budesonide</i>	30	<i>candesartan cilexetil-hctz</i>	33	CARNITOR	35
<i>budesonide er</i>	30	CANDIN	33	CARNITOR SF	35
<i>budesonide-formoterol</i>		<i>capecitabine</i>	33	CAROSPIR	35
<i>fumarate</i>	30	CAPEX	33	<i>carteolol hcl</i>	35
<i>buffered aspirin</i>	30	CAPLYTA	33	CARTIA XT	35
BUFFERIN	30	CAPRELSA	33	<i>carvedilol</i>	35
<i>bumetanide</i>	30	<i>captopril</i>	33	<i>carvedilol phosphate er</i>	35
BUPHENYL	30	<i>captopril-hydrochlorothiazide</i>	33	CASODEX	35
<i>bupivacaine hcl</i>	30	CAPVAXIVE	33	CATAPRES	35
<i>buprenorphine</i>	30	CARAC	33	CATAPRES-TTS-1	35

CATAPRES-TTS-2	35	<i>cholestyramine</i>	37	CLARITIN CHILDRENS	39
CATAPRES-TTS-3	35	<i>cholestyramine light</i>	37	CLARITIN REDITABS	39
CAVERJECT	35	<i>chorionic gonadotropin</i>	37	CLARITIN REDITABS	
CAVERJECT IMPULSE	35	CHOSEN LANCING DEVICE	37	JUNIORS	39
CAVHANZA	35	CIALIS	37	CLARITIN-D 12 HOUR	39
CAYA	35	CIBINQO	37	CLARITIN-D 24 HOUR	39
CAYSTON	35	CICLODAN	37	<i>classic prenatal</i>	39
CAZIENT	35	<i>ciclopirox</i>	37	CLEARLAX	39
<i>cefactor</i>	35	<i>ciclopirox olamine</i>	37	<i>clemastine fumarate</i>	39, 40
<i>cefactor er</i>	35	<i>ciclopirox treatment</i>	37	CLEMASZ	40
<i>cefadroxil</i>	35	CIFEREX	37	CLEMSZA	40
<i>cefdinir</i>	35	<i>cilostazol</i>	37	CLENIA PLUS	40
<i>cefditoren pivoxil</i>	35	CILOXAN	37	CLENPIQ	40
<i>cefixime</i>	35	CIMDUO	37	CLEOCIN	40
<i>cefpodoxime proxetil</i>	35	<i>cimetidine</i>	37	CLEOCIN-T	40
<i>cefprozil</i>	35	<i>cimetidine hcl</i>	37	CLEVER CHOICE MICRO	
<i>ceftaroline fosamil</i>	35	CIMZIA (1 SYRINGE)	38	TEST	40
<i>cefuroxime axetil</i>	36	CIMZIA (2 SYRINGE)	38	CLEVER CHOICE TALK	
CELACYN	36	CIMZIA-STARTER	38	SYSTEM	40
CELEBREX	36	<i>cinacalcet hcl</i>	38	CLIMARA	40
<i>celecoxib</i>	36	<i>Cipotrex</i>	38	CLIMARA PRO	40
CELEXA	36	CIPRO	38	CLINDAGEL	40
CELLCEPT	36	CIPRO HC	38	<i>clindamycin hcl</i>	40
CELONTIN	36	CIPRODEX	38	<i>clindamycin palmitate hcl</i>	40
CENTANY	36	<i>ciprofloxacin</i>	38	<i>clindamycin phos (once-daily)</i>	40
CENTRATEX	36	<i>ciprofloxacin hcl</i>	38	<i>clindamycin phos (twice-daily)</i>	40
<i>cephalexin</i>	36	<i>ciprofloxacin-dexamethasone</i>	38	<i>clindamycin phos-benzoyl</i>	
CEPROTIN	36	<i>ciprofloxacin-fluocinolone pf</i>	38	<i>perox</i>	40
CEQUA	36	<i>ciprofloxacin-hydrocortisone</i>	38	<i>clindamycin phosphate</i>	40
CERACADE	36	<i>citalopram hydrobromide</i>	38	<i>clindamycin-tretinoin</i>	40
CERDELGA	36	CITRANATAL 90 DHA	38	CLINDESSE	40
CETACAINÉ	36	CITRANATAL ASSURE	38	<i>clobazam</i>	40
<i>cetirizine hcl</i>	36	CITRANATAL B-CALM	38	<i>clobetasol prop emollient base</i> ...	40
<i>cetirizine hcl childrens alrgy</i>	36	CITRANATAL BLOOM	38	<i>clobetasol propionate</i>	40, 41
<i>cetirizine-pseudoephedrine er</i>	36	CITRANATAL DHA	38	<i>clobetasol propionate emulsion</i> ..	40
CETRAXAL	36	CITRANATAL HARMONY	38	CLOBEX	41
<i>cetorelix acetate</i>	36	CITRANATAL MEDLEY	38	CLOBEX SPRAY	41
CETROTIDE	36	CITRANATAL RX	39	CLOBEZIN	41
<i>cevimeline hcl</i>	36	<i>citrate of magnesia</i>	39	<i>clocortolone pivalate</i>	41
CHARLOTTE 24 FE	36	CITROMA	39	CLODAN	41
CHATEAL EQ	36	<i>cladribine (10 tabs)</i>	39	CLOMID	41
CHEMET	36	<i>cladribine (4 tabs)</i>	39	<i>clomiphene citrate</i>	41
<i>childrens aspirin</i>	36	<i>cladribine (5 tabs)</i>	39	<i>clomipramine hcl</i>	41
<i>childrens loratadine</i>	37	<i>cladribine (6 tabs)</i>	39	<i>clonazepam</i>	41
<i>chlohux</i>	37	<i>cladribine (7 tabs)</i>	39	<i>clonidine</i>	41
<i>chlordiazepoxide hcl</i>	37	<i>cladribine (8 tabs)</i>	39	<i>clonidine er</i>	41
<i>chlordiazepoxide-amitriptyline</i>	37	<i>cladribine (9 tabs)</i>	39	<i>clonidine hcl</i>	41
<i>chlordiazepoxide-clidinium</i>	37	CLARAVIS	39	<i>clonidine hcl er</i>	41
<i>chlorhexidine gluconate</i>	37	CLARINEX	39	<i>clopidogrel bisulfate</i>	41
<i>chloroquine phosphate</i>	37	CLARINEX-D 12 HOUR	39	<i>clorazepate dipotassium</i>	41
<i>chlorpheniramine maleate er</i>	37	<i>clarithromycin</i>	39	CLOTIC	41
<i>chlorpromazine hcl</i>	37	<i>clarithromycin er</i>	39	<i>clotrimazole</i>	41
<i>chlorthalidone</i>	37	CLARITIN	39	<i>clotrimazole-betamethasone</i>	41
<i>chlorzoxazone</i>	37	CLARITIN ALLERGY		<i>clozapine</i>	41
CHOLBAM	37	CHILDRENS	39	CLOZARIL	41

COAGADEX	42	CONTRAVE	43	<i>cvs aspirin ec</i>	46
<i>coal tar</i>	42	CONZIP	43	<i>cvs folic acid</i>	46
COARTEM	42	COPAXONE	43	<i>cvs magnesium citrate</i>	46
COBENFY	42	COPIKTRA	43	<i>cvs milk of magnesia</i>	46
COBENFY STARTER PACK	42	CORDRAN	43	<i>cvs nicotine</i>	46
<i>codeine sulfate</i>	42	COREG	43	<i>cvs nicotine polacrilex</i>	46
<i>coenzyme q10</i>	42	COREG CR	43	<i>cvs prenatal</i>	46
<i>coenzyme q-10</i>	42	CORGARD	44	<i>cvs prenatal multi+dha</i>	46
COLAZAL	42	CORLANOR	44	<i>cyanocobalamin</i>	46
<i>colchicine</i>	42	<i>corphena</i>	44	<i>cyclobenzaprine hcl</i>	46
<i>colchicine-probenecid</i>	42	CORTANE-B	44	<i>cyclobenzaprine hcl er</i>	46
COLCRYS	42	CORTEF	44	CYCLOGYL	46
<i>colesevelam hcl</i>	42	CORTENEMA	44	CYCLOMYDRIL	46
COLESTID	42	CORTIFOAM	44	<i>cyclopentolate hcl</i>	46
<i>colestipol hcl</i>	42	<i>cortisone acetate</i>	44	<i>cyclophosphamide</i>	46
<i>colistimethate sodium (cba)</i>	42	CORTISPORIN-TC	44	<i>cycloserine</i>	46
COLY-MYCIN S	42	CORTROPHIN	44	CYCLOSET	46
COLYTE WITH FLAVOR		CORTROPHIN GEL	44	<i>cyclosporine</i>	46
PACKS	42	CORVITA	44	<i>cyclosporine (pf)</i>	46
COMBIGAN	42	CORVITA 150	44	<i>cyclosporine modified</i>	46
COMBIPATCH	42	CORVITE	44	CYLTEZO (2 PEN)	46
COMBIVENT RESPIMAT	42	CORVITE 150	44	CYLTEZO (2 SYRINGE)	46
COMBIVIR	42	<i>corvite fe</i>	44	CYLTEZO-CD/UC/HS	
COMBOGESIC	42	CORVITE FREE	44	STARTER	46
COMETRIQ (100 MG DAILY		COSENTYX	44	CYLTEZO-PSORIASIS/UV	
DOSE)	42	COSENTYX (300 MG DOSE)	44	STARTER	46
COMETRIQ (140 MG DAILY		COSENTYX SENSOREADY		CYMBALTA	46, 47
DOSE)	42	(300 MG)	44	<i>cyproheptadine hcl</i>	47
COMETRIQ (60 MG DAILY		COSENTYX SENSOREADY		CYRED	47
DOSE)	43	PEN	44	CYRED EQ	47
COMIRNATY	43	COSENTYX UNOREADY	45	CYSTADANE	47
COMIRNATY 5-11 YEARS	43	COSOPT	45	CYSTADROPS	47
COMPACT SPACE CHAMBER	43	COTELIC	45	CYSTARAN	47
COMPACT SPACE		COTEMPLA XR-ODT	45	CYTOMEL	47
CHAMBER/LG MASK	43	COUMADIN	45	CYTOTEC	47
COMPACT SPACE		COVARYX	45	<i>cytra k crystals</i>	47
CHAMBER/MED MASK	43	COVARYX HS	45	<i>cytra-2</i>	47
COMPACT SPACE		COXANTO	45	CYTRA-3	47
CHAMBER/SM MASK	43	COZAAR	45	<i>cytra-k</i>	47
COMPLERA	43	CRENESSITY	45	<i>dabigatran etexilate mesylate</i>	47
<i>complete natal dha</i>	43	CREON	45	<i>dafilor</i>	47
<i>completenate</i>	43	CRESEMBA	45	<i>dalfampridine er</i>	47
COMPRO	43	CRESTOR	45	DALIRESP	47
COMTAN	43	CREXONT	45	<i>danazol</i>	47
CONCERTA	43	CRINONE	45	DANTRIUM	47
CONDYLOX	43	CRIXIVAN	45	<i>dantrolene sodium</i>	47
CONJUPRI	43	<i>cromolyn sodium</i>	45	DANZITEN	47
CONSENSI	43	CRYODOSE TA	45	<i>dapaglifloz base-metformin er</i> ...	47
CONTOUR CONTROL	43	CRYSELLE-28	46	<i>dapagliflozin</i>	47
CONTOUR NEXT TEST	43	CUPRIMINE	46	<i>dapagliflozin-saxagliptin</i>	47
CONTOUR PLUS BLUE	43	CURAE	46	<i>dapsone</i>	47
CONTOUR PLUS CONTROL		CUVPOSA	46	DARAPRIM	47
SOLUTION	43	CUVRIOR	46	<i>darifenacin hydrobromide er</i>	48
CONTOUR PLUS TEST	43	<i>cvs aspirin</i>	46	DARTISLA ODT	48
CONTOUR TEST	43	<i>cvs aspirin adult low dose</i>	46	<i>darunavir</i>	48

<i>dasatinib</i>	48	DERMASO PLUS	50	DIALYVITE SUPREME D	52
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DASETTA 7/7/7	48	DERMASORB TA	50	<i>diasaxiatar</i>	52
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<i>folbee</i>	75	<i>fosinopril sodium-hctz</i>	77	<i>gabapentin (once-daily)</i>	79
FOLBEE AR	75	FOSRENOL	77	GABARONE	79
<i>folbee plus</i>	75	FOTIVDA	77	GABITRIL	79
FOLBEE PLUS CZ	75	FOUNDAYO	77	GABLOFEN	79
FOLBIC	75	FRAGMIN	77	GALAFOLD	79
<i>folic acid</i>	75, 76	<i>fraiche 5000 previ</i>	77	<i>galantamine hydrobromide</i>	79
<i>folic acid-vit b6-vit b12</i>	76	<i>fraiche 5000 sensitive</i>	77	<i>galantamine hydrobromide er</i>	79
FOLIVANE-F	76	FREEDOM DERMA-D	77	GALBRIELA	79
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<i>gavilax</i>	79	GLUMETZA	82	GYNAZOLE-1	83
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GAVILYTE-N WITH FLAVOR		<i>glyburide micronized</i>	82	HADLIMA PUSHTOUCH	84
PACK	80	<i>glyburide-metformin</i>	82	HAEGARDA	84
GAVRETO	80	GLYCATE	82	HAILEY 1.5/30	84
<i>ge100 blood glucose test</i>	80	<i>glycerol phenylbutyrate</i>	82	HAILEY 24 FE	84
<i>ge100 control</i>	80	GLYCOLAX	82	HAILEY FE 1.5/30	84
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GEBAUERS SPRAY AND		<i>glycopyrrolate +rfid</i>	82	<i>hair regrowth treatment men</i>	84
STRETCH	80	<i>glycopyrrolate pf</i>	82	<i>halcinonide</i>	84
<i>gefitinib</i>	80	<i>glycopyrrolate pf +rfid</i>	82	HALCION	84
GELCLAIR	80	GLYDO	82	<i>halobetasol propionate</i>	84
GELFOAM COMPRESSED		GLYNASE	82	HALOETTE	84
SIZE 100	80	GLYXAMBI	82	HALOG	84
GELFOAM-JMI SPONGE	80	<i>gnp adult aspirin low strength</i>	82	<i>haloperidol</i>	84
<i>gemfibrozil</i>	80	<i>gnp aspirin</i>	82	<i>haloperidol lactate</i>	84
GEMMILY	80	<i>gnp aspirin low dose</i>	82	<i>harisis</i>	84
GEMTESA	80	GNP CLEARLAX	82	HARMONY BLOOD	
<i>generlac</i>	80	<i>gnp folic acid</i>	82	GLUCOSE TEST	84
GENGRAF	80	<i>gnp laxative</i>	82	<i>harviva</i>	84
GENOTROPIN	80	<i>gnp milk of magnesia</i>	82	<i>harviva hp</i>	84
GENOTROPIN MINIQUEICK	80	<i>gnp nicotine</i>	82	HARVONI	84
GENTAK	80	<i>gnp nicotine mini</i>	82	HAVRIX	85
<i>gentamicin sulfate</i>	80	GOCOVRI	82	<i>haxchlodrex</i>	85
<i>gentlelax</i>	80	GOJJI BLOOD GLUCOSE		<i>haxdrax</i>	85
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GEODON	80	GOJJI BLOOD KETONE TEST	82	HEALON5 PRO	85
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GLEEVEC	81	GONITRO	83	HEMATRON	85
GLEOSTINE	81	<i>goodsense aspirin</i>	83	HEMATRON-AF	85
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<i>glipizide xl</i>	81	<i>granisetron hcl</i>	83	HEMAX EZY-DOSE	85
<i>glipizide-metformin hcl</i>	81	GRANISOL	83	<i>hemetab</i>	85
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<i>glucagon emergency</i>	81	<i>griseofulvin microsize</i>	83	HEMMOREX-HC	85
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PLUS	81	<i>guaifenesin</i>	83	HEMOCYTE PLUS	85
GLUCOCARD EXPRESSION		<i>guaifenesin-codeine</i>	83	HEMOCYTE-F	85
TEST	81	<i>guaifenesin-dm</i>	83	<i>hemocyte-plus</i>	85
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GLUCOCARD VITAL TEST	81	<i>guanfacine hcl er</i>	83	<i>hemtara</i>	86
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HETLIOZ	86	<i>hydrocod polst-cpm polst er</i>	88	<i>ibuprofen</i>	91
HETLIOZ LQ	86	<i>hydrocodone bitartrate er</i>	88	<i>ibuprofen-famotidine</i>	91
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STREAM.....	95	<i>isosorbide dinitrate</i>	97	JUXTAPID.....	100
INSTANUMB MIST.....	95	<i>isosorbide mononitrate</i>	97	JYLAMVO.....	100
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<i>insulin aspart</i>	95	<i>isotretinoin</i>	97	JYNNEOS.....	100
<i>insulin aspart flexpen</i>	95	<i>isradipine</i>	97	KADIAN.....	100
<i>insulin aspart penfill</i>	95	ISTALOL.....	97	KAITLIB FE.....	100
<i>insulin aspart prot & aspart</i>	95	ISTURISA.....	97	KALBITOR.....	100
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Notice of Nondiscrimination and Language Assistance Services

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

Free aids and services

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

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

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

- Qualified interpreters
- Information written in other languages

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

To file a civil rights grievance

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

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

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

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

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

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

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

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

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

பெயர்: நீங்கள் பேசும் மொழியைப் பொறுத்து (தமிழ்), உங்கள்
பெயரைப் பின்புற அங்கீகரிக்கப்பட்ட உறுப்பினர் அட்டை மீது
உங்கள் பெயரைப் பின்புற அங்கீகரிக்கப்பட்ட உறுப்பினர் அட்டை மீது
பெயர் (TTY: 711).

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

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

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

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

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

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

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

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

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

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

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

