2024 Formulary

My**Priority**® Individual 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*.

T1a - $

T1b - $

T2 - $$

T3 - $$$

T4 - $$$$

T5 - $$$$$

T6 - Vaccine Coverage

T9 - $$$$$$$$$

Coverage Level

AL: Age Limit

PA: Prior Authorization

PV: Preventive Drug

QL : Quantity Limit

SO: SaveOn

SP: Limited to a 1 month supply per fill

ST: Step Therapy

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

List of Patterns

lowercase italics: Generic T1a drugs,Generic T1b drugs,Generic T2 drugs,Generic T3 drugs,Generic T4 drugs,Generic T5 drugs,Generic T6 drugs,Generic T7 drugs,Generic T9 drugs,Generic drugs,Generic drugs,Generic drugs,Generic drugs

UPPERCASE BOLD: Brand name T1a drugs,Brand name T1b drugs,Brand name T2 drugs,Brand name T3 drugs,Brand name T4 drugs,Brand name T5 drugs,Brand name T6 drugs,Brand name T7 drugs,Brand name T9 drugs,Brand name drugs,Brand name drugs,Brand name drugs,Brand name drugs

Medication	Coverage Level	Restrictions
10 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
10 SERIES+ BP MONITR/UPPER ARM	T2	QL (2 EA per 730 days)
3 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
3 SERIES BP MONITOR/WRIST	T2	QL (2 EA per 730 days)
5 SERIES BP MONITOR	T2	QL (1 monitor per 2 years)
5 SERIES BP MONITOR/UPPER ARM	T2	QL (1 monitor per 2 years)
7 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
7 SERIES BP MONITOR/WRIST	T2	QL (2 EA per 730 days)
abacavir sulfate oral solution	T1b	AL (Max 9 Years)
abacavir sulfate oral tablet	T2	
abacavir sulfate-lamivudine	T4	SP (Limited to a 1 month supply per fill)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	T9	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	T9	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG	T3	QL (60 tablets per 30 days)
ABILIFY ORAL TABLET 30 MG, 5 MG	T3	ST; QL (60 tablets per 30 days)
abiraterone acetate oral tablet 250 mg	T1b	
abiraterone acetate oral tablet 500 mg	T9	
ABRILADA	T9	
ABRILADA (1 PEN)	T9	
ABRILADA (2 PEN)	T9	
ABRILADA (2 SYRINGE)	T9	
ABRYSVO	T6	PV; QL (1 dose per 1 year)
ABSORICA	T9	
ABSORICA LD	T9	
acamprosate calcium	T1b	
ACANYA	T9	
acarbose oral	T1b	
ACCOLATE	T3	
ACCRUFER	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
ACCU-CHEK AVIVA PLUS IN VITRO	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK COMPACT PLUS	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK FASTCLIX LANCET	T3	
ACCU-CHEK FASTCLIX LANCETS	T2	

Medication	Coverage Level	Restrictions
ACCU-CHEK GUIDE IN VITRO	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK GUIDE TEST	T3	ST; 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	
ACCUTANE	T2	QL (6 fills per 2 years)
ACCUTREND GLUCOSE	T3	ST; QL (200 strips per 30 days)
ACE AEROSOL CLOUD ENHANCER	T3	QL (4 devices per 1 year)
acebutolol hcl oral	T1b	
acetaminophen intravenous solution prefilled syringe	T9	
acetaminophen-codeine	T1b	
acetaminophen-codeine #2	T1b	
acetaminophen-codeine #3	T1b	
acetaminophen-codeine #4	T1b	
acetazolamide er	T1b	
acetazolamide oral	T1b	
acetic acid otic	T1b	
acetylcysteine inhalation	T1b	
acidophilus lactobacillus powder	T9	
acioxia	T9	
ACIPHEX	T9	
ACIPHEX SPRINKLE	T9	
acitretin	T4	SP (Limited to a 1 month supply per fill)
acne medication 10 external gel	T1b	
acne medication 5 external gel	T1b	
ACTEMRA ACTPEN	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 pens per 28 days)
ACTEMRA SUBCUTANEOUS	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)
ACTHAR	T4	PA; SP (Limited to a 1 month supply per fill)
ACTHAR GEL	T9	

Medication	Coverage Level	Restrictions
ACTHIB	T9	
ACTICLATE	T9	
ACTIGALL	T3	
ACTIMMUNE	T4	SP (Limited to a 1 month supply per fill)
ACTIQ	T9	
active fe	T9	
ACTIVELLA ORAL TABLET 1-0.5 MG	T3	
ACTONEL ORAL TABLET 150 MG	T3	QL (1 tablets per 30 days)
ACTONEL ORAL TABLET 35 MG	T3	
ACTOPLUS MET ORAL TABLET 15-850 MG	T3	
ACTOS	T3	
ACUICYN EXTERNAL LIQUID	T9	
ACULAR	T3	
ACULAR LS	T3	
ACUVAIL	T9	
acyclovir external cream	T9	
acyclovir external ointment	T3	ST; QL (15 GM per 6 months)
acyclovir oral	T1b	
ACZONE	T9	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T6	PV; QL (1 Dose per 1 Lifetime)
ADALAT CC	T3	
adalimumab-aacf (2 pen)	T9	
adalimumab-aacf (2 syringe)	T9	
adalimumab-aaty (1 pen)	T9	
adalimumab-aaty (2 pen)	T9	
adalimumab-aaty (2 syringe)	T9	
adalimumab-adaz 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 auto-injectors per 28 days)
adalimumab-adaz 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)
adalimumab-adbm (2 pen)	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)

Medication	Coverage Level	Restrictions
adalimumab-adbm (2 syringe)	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
adalimumab-adbm(cd/uc/hs strt)	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
adalimumab-adbm(ps/uv starter)	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
adalimumab-fkjp (2 pen)	T9	
adalimumab-fkjp (2 syringe)	T9	
adalimumab-ryvk (2 pen)	T9	
adalimumab-ryvk (2 syringe)	T9	
adapalene external cream	T9	
adapalene external gel 0.1 %	T9	
adapalene external gel 0.3 %	T2	QL (45 GM per 30 days)
adapalene external lotion	T9	
adapalene external solution	T9	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	T1b	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	T9	
ADASUVE	T9	
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1-month supply per fill); QL (2 pens per 28 days)
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
ADCIRCA	T9	
ADDERALL	T3	AL (Min 6 Years)
ADDERALL XR	T3	QL (60 capsules per 30 days); AL (Min 6 Years)
ADDYI	T9	
adefovir dipivoxil	T4	SP (Limited to a 1 month supply per fill)
adeinzde	T9	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
ADEMPAS ORAL TABLET 1.5 MG, 2 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)

Medication	Coverage Level	Restrictions
ADEMPAS ORAL TABLET 2.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
ADHANSIA XR	T9	
ADLARITY	T9	
ADMELOG INJECTION	T3	ST
ADMELOG SOLOSTAR	T3	ST; AL (Max 21 Years)
ADRENALIN NASAL	T9	
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	T1b	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	T9	
adult blood pressure cuff lg	T2	QL (1 monitor per 2 years)
ADVAIR DISKUS	T9	
ADVAIR HFA	T9	
ADVATE	T4	PA; SP (Limited to a 1 month supply per fill); QL (73600 billable units per 28 days)
ADVOCATE CONTROL SOLUTION IN VITRO LIQUID LOW	T3	
ADVOCATE LANCETS 30G	T2	
ADVOCATE LANCING DEVICE	T3	
ADVOCATE RAPID-SAFE LANCING	T3	
ADVOCATE REDI-CODE IN VITRO	T3	ST; QL (200 strips per 30 days)
ADVOCATE REDI-CODE+ TEST	T3	ST; QL (200 strips per 30 days)
ADVOCATE TEST	T3	ST; QL (200 strips per 30 days)
adynovate	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (36800 billable units per 28 days)
ADZENYS ER	T9	
ADZENYS XR-ODT	T9	
AEMCOLO	T2	QL (12 tablets per 30 Days); AL (Min 18 Years)
AEROCHAMBER MINI CHAMBER	T2	QL (4 chambers per 1 year)
AEROCHAMBER MV	T2	QL (4 chambers per 1 year)
AEROCHAMBER PLUS FLO-VU	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK	T2	QL (4 EA per 365 days)
AEROCHAMBER Z-STAT PLUS	T3	QL (4 chambers per 1 year)

Medication	Coverage Level	Restrictions
AEROCHAMBER Z-STAT PLUS CHAMBR	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/LARGE	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/MEDIUM	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/SMALL	T3	QL (4 chambers per 1 year)
AEROTRACH PLUS	T3	QL (4 chambers per 1 year)
AEROVENT PLUS	T3	QL (4 chambers per 1 year)
AFEDITAB CR	T1b	
AFINITOR	T9	
AFINITOR DISPERZ	T9	
AFIRMELLE	T7	PV
AFLURIA	T6	PV; QL (1 dose per 180 days)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV; QL (1 dose per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV; QL (1 injection per 180 days)
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	T3	ST
AFSTYLA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (69000 billable units per 28 days)
AFTERA	T7	PV
AFTERPILL	T3	
AGAMATRIX AMP TEST	T3	ST; QL (200 strips per 30 days)
AGAMREE	T9	
AGRYLIN	T3	
AIMOVIG	T2	PA; QL (1 Auto-injector per 30 days); AL (Min 18 Years)
aimsco lubricated	T7	PV
AIRDUO DIGIHALER	T9	
AIRDUO RESPICLICK 113/14	T9	
AIRDUO RESPICLICK 232/14	T9	
AIRDUO RESPICLICK 55/14	T9	
AIRSUPRA	T9	
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (1 autoinjector per 30 days); AL (Min 18 Years)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; QL (1 syringe per 30 days); AL (Min 18 Years)

Medication	Coverage Level	Restrictions
AKEEGA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
AKLIEF	T9	
AKTIPAK	T9	
AKYNZEO ORAL	T9	
ALA SCALP	T9	
ala-cort external cream 1 %	T9	
ALA-QUIN	T9	
ALAVERT ALLERGY/SINUS	T9	
ALAVERT ORAL TABLET DISPERSIBLE	T9	
ALAWAY	T1b	
albendazole oral	T2	QL (6 tablets per 30 days)
ALBENZA	T9	
albuterol sulfate er	T1b	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	T1b	QL (2 inhalers per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml	T1b	
albuterol sulfate oral	T1b	
alclometasone dipropionate	T1b	
ALCORTIN A	T9	
ALDACTONE	T3	
ALDARA	T3	
ALECENSA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 capsules per 30 days)
alendronate sodium oral solution	T2	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	T1a	
alfuzosin hcl er	T1b	
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)
aliskiren fumarate	T2	ST
ALKERAN ORAL	T3	
ALKINDI SPRINKLE	T9	

Medication	Coverage Level	Restrictions
ALLEGRA ALLERGY	T9	
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION	T9	
ALLEGRA-D ALLERGY & CONGESTION	T9	
ALLI	T9	
allopurinol oral tablet 100 mg, 300 mg	T1a	
allopurinol oral tablet 200 mg	T9	
ALLZITAL	T9	
almotriptan malate	T3	ST; QL (12 tablets per 30 days)
ALOCRIL	T3	ST
alogliptin benzoate	T3	ST; QL (30 tablets per 30 days)
alogliptin-metformin hcl	T3	ST; QL (60 tablets per 30 days)
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	T3	ST; QL (30 tablets per 30 days)
ALOMIDE	T2	
ALORA	T2	
alosetron hcl	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
ALPAWASH	T9	
ALPHAGAN P	T9	
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	SP (Limited to a 1 month supply per fill)
ALPHANINE SD	T5	PA; SP (Limited to a 1 month supply per fill); QL (36800 billable units per 28 days)
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg	T1b	QL (30 tablets per 30 days)
alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg	T1b	QL (60 tablets per 30 days)
ALPRAZOLAM INTENSOL	T1b	QL (120 ML per 30 days)
alprazolam oral tablet	T1a	
alprazolam oral tablet dispersible	T2	
alprazolam xr	T1b	QL (30 tablets per 30 Days)
ALPROLIX	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)
ALREX	T9	
ALTABAX	T3	ST; QL (15 GM per 30 days)

Medication	Coverage Level	Restrictions
ALTACE ORAL CAPSULE	T3	
ALTAVERA	T7	PV
ALTOPREV	T9	
ALTRENO	T1b	QL (45 grams per 30 days); AL (Max 50 Years)
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)
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)
ALVAIZ	T9	
ALVESCO	T9	
alyacen 1/35	T7	PV
alyacen 7/7/7	T7	PV
ALZAIR ALLERGY NASAL SPRAY	T9	
amantadine hcl oral	T1b	
AMARYL	T3	
AMBIEN	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
AMBIEN CR	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
ambrisentan oral tablet 10 mg	T4	PA; SP (Limited to a 1 month supply per fill)
ambrisentan oral tablet 5 mg	T4	PA; SP (Limited to a 1 month supply per fill)
amcinonide external cream	T1b	
amcinonide external ointment	T9	
AMETHIA	T7	PV

Medication	Coverage Level	Restrictions
AMETHYST	T7	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)
amiloride hcl oral	T1b	
amiloride-hydrochlorothiazide	T1b	
aminocaproic acid oral solution	T4	SP (Limited to a 1 month supply per fill)
aminocaproic acid oral tablet	T4	SP (Limited to a 1 month supply per fill)
amiodarone hcl oral tablet 100 mg	T1b	QL (30 tablets per 30 days)
amiodarone hcl oral tablet 200 mg	T1b	
amiodarone hcl oral tablet 400 mg	T9	
AMITIZA	T3	QL (60 capsules per 30 days)
amitriptyline hcl oral	T1b	
AMJEVITA	T9	
AMJEVITA-PED 10KG TO <15KG	T9	
AMJEVITA-PED 15KG TO <30KG	T9	
amlodipine besy-benazepril hcl	T1b	
amlodipine besylate oral	T1a	
amlodipine besylate-valsartan	T1b	
amlodipine-atorvastatin	T9	
amlodipine-olmesartan	T1b	
amlodipine-valsartan-hctz	T1b	
ammonium lactate external	T9	
AMNESTEEM	T2	QL (6 fills per 2 years)
amoxapine	T1b	
amoxicill-clarithro-lansopraz	T3	
amoxicillin oral capsule	T1b	
amoxicillin oral suspension reconstituted	T1b	
amoxicillin oral tablet	T1b	
amoxicillin oral tablet chewable 125 mg, 250 mg	T1b	
amoxicillin-pot clavulanate er	T1b	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	T1b	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	T1b	
amoxicillin-pot clavulanate oral tablet chewable	T1b	
amphetamine er	T9	

Medication	Coverage Level	Restrictions
amphetamine sulfate	T3	ST; QL (180 tablets per 30 days); AL (Min 6 Years)
amphetamine-dextroamphet er	T1b	QL (60 capsules per 30 days); AL (Min 6 Years)
amphetamine-dextroamphetamine	T1b	AL (Min 6 Years)
amphet-dextroamphet 3-bead er	T9	
ampicillin oral capsule 250 mg	T1a	
ampicillin oral capsule 500 mg	T1b	
AMPYRA	T9	
AMRIX	T9	
AMZEEQ	T9	
ANADROL-50	T9	
ANAFRANIL	T3	
anagrelide hcl	T1b	
ANALPRAM-HC EXTERNAL LOTION	T9	
ANAPROX DS	T3	
ANASPAZ	T3	
anastrozole oral	T1b	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	T9	
ANDROGEL	T9	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	T9	
ANGELIQ	T3	ST
ANIMI-3	T9	
ANNOVERA	T9	
ANORO ELLIPTA	T2	QL (1 inhaler per 30 days)
ANTIVERT ORAL TABLET 50 MG	T9	
ANUSOL-HC RECTAL SUPPOSITORY	T9	
ANZEMET ORAL TABLET 50 MG	T9	
APADAZ	T9	
APEXICON E	T9	
APIDRA	T3	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST; AL (Max 21 Years)
APLENZIN	T9	
APLISOL	T9	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
apomorphine hcl subcutaneous	T9	
apraclonidine hcl	T1b	

Medication	Coverage Level	Restrictions
aprepitant oral	T1b	QL (6 capsules per 30 days)
aprepitant oral capsule 125 mg, 40 mg, 80 mg	T1b	QL (7 capsules per 30 days)
APRI	T7	PV
APRISO	T3	QL (120 capsules per 30 days)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 30 MG, 40 MG, 50 MG, 60 MG	T3	QL (30 capsules per 30 days)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG	T3	QL (30 capsule per 30 days)
APTIOM	T3	PA; QL (60 tablets per 30 days)
APTIVUS	T4	ST; SP (Limited to a 1 month supply per fill)
AQUANIL HC	T1b	
AQUORAL MOUTH/THROAT SOLUTION	T9	
ARAKODA	T2	
ARANELLE	T7	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)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	T4	SP (Limited to a 1 month supply per fill)
ARAVA	T5	SP (Limited to a 1 month supply per fill)
ARAZLO	T9	
ARCALYST	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
ARCAPTA NEOHALER	T3	
AREXVY	T6	PV; QL (1 dose per 1 year); AL (Min 60 Years)
arformoterol tartrate	T3	AL (Min 40 Years)
ARICEPT	T3	
ARIKAYCE	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 vials per 28 days)
ARIMIDEX	T3	
aripiprazole oral solution	T3	AL (Max 9 Years)
aripiprazole oral tablet	T1b	QL (60 tablets per 30 days)
aripiprazole oral tablet dispersible	T9	
ARIXTRA	T9	
armodafinil	T1b	QL (30 tablets per 30 days)
ARMONAIR DIGIHALER	T9	

Medication	Coverage Level	Restrictions
ARMOUR THYROID	T2	
ARNUITY ELLIPTA	T2	QL (1 Inhaler per 30 days)
AROMASIN	T3	
ARTHROTEC ORAL TABLET DELAYED RELEASE	T9	
ASCOMP-CODEINE	T1b	QL (180 capsules per 30 days)
ASCRIPTIN ORAL TABLET 325 MG	T1b	
asenapine maleate sublingual tablet sublingual 10 mg, 5 mg	T3	ST; QL (60 tablets per 30 days)
asenapine maleate sublingual tablet sublingual 2.5 mg	T3	ST; QL (30 tablets per 30 days)
ASHLYNA	T7	PV
ASMANEX (120 METERED DOSES)	T9	
ASMANEX (14 METERED DOSES)	T9	
ASMANEX (30 METERED DOSES)	T9	
ASMANEX (60 METERED DOSES)	T9	
ASMANEX (7 METERED DOSES)	T9	
ASMANEX HFA	T9	
ASPERFLEX LIDOCAINE EXTERNAL CREAM	T9	
aspirin 81 oral tablet chewable	T1b	
aspirin adult	T1b	
aspirin ec low dose	T1b	
aspirin ec oral tablet delayed release 325 mg	T1b	
aspirin oral tablet delayed release 325 mg	T1b	
aspirin-dipyridamole er	T1b	
ASPRUZYO SPRINKLE	T9	
ASSURE 4 TEST	T3	ST; QL (200 strips per 30 days)
ASSURE DOSE CONTROL	T3	
ASSURE LANCE PLUS SAFETY 30G	T2	
ASSURE PLATINUM	T3	ST; QL (200 strips per 30 days)
ASSURE PRISM MULTI TEST	T3	ST; QL (200 strips per 30 days)
ASTAGRAF XL	T3	ST; SP ( )
ATACAND	T3	
ATACAND HCT	T3	
atazanavir sulfate	T4	SP (Limited to a 1 month supply per fill)
ATELVIA	T3	
atenolol oral	T1a	
atenolol-chlorthalidone	T1b	
ATIVAN ORAL	T3	

Medication	Coverage Level	Restrictions
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	T2	QL (60 capsules per 30 days); AL (Min 6 Years)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	T2	QL (30 capsules per 30 days); AL (Min 6 Years)
ATORVALIQ	T9	
atorvastatin calcium oral tablet 10 mg, 20 mg	T1a	PV
atorvastatin calcium oral tablet 40 mg, 80 mg	T1a	
atovaquone oral	T4	SP (Limited to a 1 month supply per fill)
atovaquone-proguanil hcl	T1b	
ATRALIN	T3	AL (Max 50 Years)
ATRAPRO HYDROGEL	T9	
ATRIPLA	T5	SP (Limited to a 1 month supply per fill)
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml	T1b	
atropine sulfate ophthalmic solution 0.01 %, 0.025 %, 0.05 %	T9	
atropine sulfate ophthalmic solution 1 %	T1b	
ATROVENT HFA	T2	
AUBAGIO ORAL TABLET 14 MG	T9	SP ( )
AUBAGIO ORAL TABLET 7 MG	T9	
AUBRA	T7	PV
AUBRA EQ	T7	PV
AUDENZ	T6	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)
AUROVELA 1.5/30	T7	PV
AUROVELA 1/20	T7	PV
AUROVELA 24 FE	T7	PV

Medication	Coverage Level	Restrictions
AUROVELA FE 1.5/30	T7	PV
AUROVELA FE 1/20	T7	PV
AURYXIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days)
AUSTEDO ORAL TABLET 12 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
AUSTEDO ORAL TABLET 6 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)
AUSTEDO 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 (120 tablets per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	T5	PA; SP (Limited to a 1-month supply per fill); QL (30 Tablets per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	T5	PA; SP (Limited to a 1-month supply per fill); QL (28 Tablets per 28 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	T5	PA; SP (Limited to 1 fill per lifetime); QL (1 kit per 1 lifetime)
AUVELITY	T9	QL (60 Tablets per 30 days)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	T9	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	
avanafil	T9	
AVAPRO	T3	
AVAR CLEANSER	T9	
AVAR EXTERNAL PAD	T9	
AVAR LS CLEANSER	T9	
AVAR LS EXTERNAL PAD	T9	
AVAR-E EMOLLIENT	T9	
AVAR-E GREEN	T9	
AVAR-E LS	T9	

Medication	Coverage Level	Restrictions
aveida	T9	
AVIANE	T7	PV
AVITA EXTERNAL CREAM	T3	AL (Max 50 Years)
AVITA EXTERNAL GEL	T9	
AVO CREAM	T9	
AVODART	T3	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 pens per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
av-phos 250 neutral	T9	
AYGESTIN	T3	
AYUNA	T7	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)
AZASAN	T9	
AZASITE	T3	ST
azathioprine oral tablet 100 mg, 75 mg	T9	
azathioprine oral tablet 50 mg	T1b	
azelaic acid external	T2	ST
azelastine hcl nasal solution 0.1 %, 0.15 %	T9	
azelastine hcl ophthalmic	T1b	
azelastine-fluticasone	T9	
AZELEX	T3	ST; QL (50 GM per 30 days)
AZILECT	T3	ST; QL (30 tablets per 30 days)
azithromycin oral suspension reconstituted	T1b	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	T1b	
AZMIRO	T9	
AZOPT	T3	
AZOR	T3	ST
AZSTARYS	T9	
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
AZURETTE	T7	PV

Medication	Coverage Level	Restrictions
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	T1b	
bacitra-neomycin-polymyxin-hc	T1b	
baclofen oral solution	T9	
baclofen oral suspension	T9	
baclofen oral tablet 10 mg, 20 mg, 5 mg	T1b	
baclofen oral tablet 15 mg	T9	
BACMIN	T9	
BACTRIM	T3	
BACTRIM DS	T3	
BAFIERTAM	T9	
BALCOLTRA	T9	
balsalazide disodium	T1b	
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	T7	SP (Contraceptive Management rider is required.); 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	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
BASAGLAR KWIKPEN	T9	
BASAGLAR TEMPO PEN	T9	
BAXDELA INTRAVENOUS	T9	

Medication	Coverage Level	Restrictions
BAXDELA ORAL	T3	ST; QL (10 tablets per 30 days)
bcg vaccine injection solution reconstituted	T6	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 PEN NEEDLE MINI U/F	T2	
BECONASE AQ	T9	
BELBUCA	T3	ST; QL (60 films per 30 days)
belladonna alkaloids-opium rectal suppository 16.2-60 mg	T9	
BELSOMRA	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
benazepril hcl oral	T1a	
benazepril-hydrochlorothiazide	T1b	
BENEFIX INTRAVENOUS KIT	T4	PA; SP (Limited to a 1 month supply per fill); QL (46000 billable units per 28 days)
BENICAR	T3	
BENICAR HCT	T3	
BENLYSTA SUBCUTANEOUS	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)
bensal hp	T9	
BENZAC AC WASH EXTERNAL LIQUID	T9	
BENZACLIN	T9	
BENZACLIN WITH PUMP	T9	
BENZEFOAM	T9	
BENZEPRO CREAMY WASH	T9	
BENZEPRO EXTERNAL FOAM 5.3 %	T9	
BENZEPRO FOAMING CLOTHS	T9	
BENZEPRO SHORT CONTACT	T9	
benznidazole oral tablet 100 mg	T3	QL (60 tablets per 1 lifetime); AL (Max 12 Years)
benznidazole oral tablet 12.5 mg	T9	
benzonatate oral capsule 100 mg, 200 mg	T1b	
benzonatate oral capsule 150 mg	T9	
benzoyl peroxide cleanser external liquid	T9	
benzoyl peroxide external foam 9.8 %	T9	
benzoyl peroxide external gel 10 %, 2.5 %, 5 %	T9	
benzoyl peroxide external liquid 10 %	T9	

Medication	Coverage Level	Restrictions
benzoyl peroxide external pad 9.5 %	T9	
benzoyl peroxide wash external liquid	T9	
benzoyl peroxide-erythromycin	T2	
Benzphetamine HCl Oral Tablet 50 MG	Benefit Exclusion	
benztropine mesylate oral	T1b	
bepotastine besilate	T3	ST; QL (5 ML per 30 days)
BEPREVE	T9	
BERINERT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
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)
betaine	T3	
betamethasone dipropionate aug external cream	T1b	
betamethasone dipropionate aug external gel	T1b	QL (50 GM per 30 days)
betamethasone dipropionate aug external lotion	T1b	QL (60 ML per 30 days)
betamethasone dipropionate aug external ointment	T1b	QL (50 GM per 30 days)
betamethasone dipropionate external cream	T1b	
betamethasone dipropionate external lotion	T1b	QL (60 ML per 30 days)
betamethasone dipropionate external ointment	T2	
betamethasone sod phos & acet injection suspension 7 (4-3) mg/ml	T9	
betamethasone valerate external cream	T1b	
betamethasone valerate external foam	T9	
betamethasone valerate external lotion	T1b	QL (60 ML per 30 days)
betamethasone valerate external ointment	T1b	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
BETASERON SUBCUTANEOUS KIT	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (14 vials per 30 days)
betaxolol hcl ophthalmic	T2	
betaxolol hcl oral	T1b	
bethanechol chloride oral	T1b	
BETHKIS	T5	PA; SP (Limited to a 56 day supply per fill); QL (280 ML per 56 days)
BETIMOL	T9	

Medication	Coverage Level	Restrictions
BETOPTIC-S	T9	
bevacizumab intraocular solution prefilled syringe 2.75 mg/0.11ml	T9	
bevacizumab intravitreal solution prefilled syringe 2 mg/0.08ml, 2.75 mg/0.11ml	T9	
BEVESPI AEROSPHERE	T3	ST; QL (1 inhaler per 30 days)
BEVYXXA	T9	
bexarotene external	T9	
bexarotene oral	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
BEXSERO	T6	PV; QL (2 ML per 1 Lifetime)
BEYAZ	T9	
BIAFINE	T9	
bicalutamide	T1b	
BIDIL	T9	
BIGFOOT UNITY PROGRAM	T9	
BIJUVA	T9	
BIKTARVY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
BILTRICIDE	T5	SP (Limited to a 1 month supply per fill)
bimatoprost external	T9	
bimatoprost ophthalmic	T1b	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Allowed 2 auto-injectors per 28 day for first 4 fills only); QL (2 auto-injectors per 56 Days)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Allowed 2 syringes per 28 day for first 4 fills only); QL (2 syringes per 56 Days)
BINOSTO	T3	ST
BIOTHRAX	T9	
bisacodyl ec	T7	PV
bisacodyl rectal	T9	
bismuth/metronidaz/tetracyclin	T3	ST
bisoprolol fumarate oral	T1b	
bisoprolol-hydrochlorothiazide	T1b	
BLEPH-10	T3	
BLEPHAMIDE S.O.P.	T3	
BLISOVI 24 FE	T7	PV
BLISOVI FE 1.5/30	T7	PV

Medication	Coverage Level	Restrictions
BLISOVI FE 1/20	T7	PV
blood glucose test	T3	ST; QL (200 strips per 30 days)
blood pressure monitor	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)
blood pressure monitor kit	T2	QL (1 monitor per 2 years)
BLULINK GLUCOSE MONITORING SYS	T9	
BLULINK GLUCOSE TEST	T3	ST; QL (200 Strips per 30 Days)
BONIVA ORAL TABLET 150 MG	T3	
BONJESTA	T9	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	T6	PV; QL (1 dose per 1 Lifetime)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV; QL (1 dose per 1 Lifetime)
bosentan	T4	PA; SP (Limited to a 1 month supply per fill)
BOSULIF	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
bp gel external gel 10 %, 5 %	T9	
bp vit 3	T9	
bp wash external liquid 10 %, 2.5 %, 5 %, 7 %	T9	
bpo foaming cloths external 6 %	T9	
BPROTECTED PEDIA IRON	T7	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)
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)
BRENZAVVY	T9	

Medication	Coverage Level	Restrictions
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	T2	QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	T2	QL (1 inhaler per 30 Days)
BREXAFEMME	T9	
BREYNA	T1b	QL (2 inhalers per 30 days)
BREZTRI AEROSPHERE	T9	
briellyn	T7	PV
BRILINTA	T2	
brimonidine tartrate external	T9	
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %	T2	
brimonidine tartrate ophthalmic solution 0.2 %	T1b	
brimonidine tartrate-timolol	T1b	
brimonidine-dorzolamide	T9	
brinzolamide	T2	
BRISDELLE	T9	
BRIVIACT ORAL SOLUTION	T3	QL (300 ML per 30 days)
BRIVIACT ORAL TABLET	T3	QL (60 tablets per 30 days)
BROMFED DM ORAL SYRUP 30-2-10 MG/5ML	T9	
bromfenac sodium (once-daily)	T2	ST; QL (1.7 ML per 30 days)
bromfenac sodium ophthalmic solution 0.07 %	T9	
bromfenac sodium ophthalmic solution 0.075 %	T1b	ST; QL (5 ML per 30 days)
bromocriptine mesylate oral	T2	
BROMSITE	T9	
BRONCHITOL	T9	
BROVANA	T5	SP (Limited to a 1 month supply per fill); AL (Min 40 Years)
BRUKINSA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days)
BRYHALI	T9	
BSS	T1b	
BSS PLUS	T3	
budesonide er oral tablet extended release 24 hour	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
budesonide inhalation suspension 0.25 mg/2ml, 1 mg/2ml	T2	QL (120 ML per 30 days)
budesonide inhalation suspension 0.5 mg/2ml	T2	QL (240 ML per 30 days)
budesonide nasal	T9	
budesonide oral	T3	QL (90 capsules per 30 days)
budesonide rectal foam 2 mg	T3	QL (2 packages per 180 days)
budesonide-formoterol fumarate	T1b	QL (2 inhalers per 30 days)
buffered aspirin	T3	
BUFFERIN	T3	
bumetanide oral	T1a	
BUPAP ORAL TABLET 50-300 MG	T9	
BUPHENYL ORAL POWDER 3 GM/TSP	T5	PA; SP (Limited to a 1 month supply per fill)
BUPHENYL ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill)
bupivacaine hcl injection solution prefilled syringe 0.25 % (10 ml)	T9	
buprenorphine hcl sublingual	T1b	QL (90 tablets per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	T1b	QL (60 films per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg	T1b	QL (90 films per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	T1b	QL (30 films per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	T1b	QL (90 tablets per 30 days)
buprenorphine transdermal	T2	ST; QL (4 patches per 28 days); AL (Min 18 Years)
bupropion hcl er (smoking det)	T7	PV
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg	T1b	QL (90 tablets per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg	T1b	QL (60 tablets per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	T1b	QL (90 tablets per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	T1b	
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	T9	
bupropion hcl oral	T1b	
buspirone hcl oral	T1a	
butalbital-acetaminophen oral tablet 50-300 mg	T9	

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

Medication	Coverage Level	Restrictions
calcitonin (salmon) injection	T9	
calcitonin (salmon) nasal	T1b	
calcitriol external	T3	ST; QL (100 GM per 30 days)
calcitriol oral capsule	T1b	
calcitriol oral solution	T1b	AL (Max 9 Years)
calcium acetate (phos binder) oral capsule	T1b	
calcium-folic acid plus d	T9	
CALQUENCE ORAL TABLET	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
calsodore external kit	T9	
CAMBIA	T9	
CAMILA	T7	PV
CAMRESE	T7	PV
CAMRESE LO	T7	PV
CAMZYOS	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); AL (Min 18 Years)
CANASA	T5	SP (Limited to a 1 month supply per fill)
candesartan cilexetil	T1b	
candesartan cilexetil-hctz	T1b	
CANDIN	T9	
capecitabine	T4	SP (Limited to a 1 month supply per fill)
CAPEX	T9	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
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)
captopril oral	T1b	
captopril-hydrochlorothiazide	T1b	
CAPVAXIVE	T6	PV; QL (1 dose per 1 Lifetime)
CARAC	T9	

Medication	Coverage Level	Restrictions
CARAFATE	T3	ST
CARBAGLU ORAL TABLET SOLUBLE	T9	SP ( )
carbamazepine er oral capsule extended release 12 hour	T1b	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg	T1b	ST; QL (60 tablets per 30 days)
carbamazepine er oral tablet extended release 12 hour 400 mg	T2	ST; QL (120 tablets per 30 days)
carbamazepine oral suspension 100 mg/5ml	T1b	
carbamazepine oral tablet	T1b	
carbamazepine oral tablet chewable 100 mg	T1b	
carbamazepine oral tablet chewable 200 mg	T9	
CARBATROL	T3	
carbidopa oral	T3	ST; QL (5 tablets per 1 day)
carbidopa-levodopa	T1b	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	T1b	
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	T1b	
carbinoxamine maleate er	T9	
carbinoxamine maleate oral solution	T1b	
carbinoxamine maleate oral tablet 4 mg	T1b	
carbinoxamine maleate oral tablet 6 mg	T9	
CARDIOVID PLUS	T9	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	T9	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T9	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARDURA	T3	
CARDURA XL	T3	ST
CARESENS CONTROL A	T3	
CARESENS N GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
CARETOUCH CONTROL SOL LEVEL 2	T3	
CARETOUCH LANCING/EJECTOR	T3	
CARETOUCH TEST	T3	ST; QL (200 strips per 30 days)
CARETOUCH TWIST LANCETS 28G	T2	
CARETOUCH TWIST LANCETS 30G	T2	
CARETOUCH TWIST LANCETS 33G	T2	
carglumic acid oral tablet soluble	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
carisoprodol oral tablet 350 mg	T2	QL (90 tablets per 30 days)
carisoprodol-aspirin	T9	
carisoprodol-aspirin-codeine	T9	
CARNITOR ORAL	T3	
CARNITOR SF	T3	
CAROSPIR	T3	QL (120 ML per 30 days); AL (Max 9 Years)
carteolol hcl	T1b	
CARTIA XT	T1b	
carvedilol	T1a	
carvedilol phosphate er	T2	ST
CASODEX	T3	
CATAPRES	T3	
CATAPRES-TTS-1	T3	
CATAPRES-TTS-2	T3	
CATAPRES-TTS-3	T3	
CAVERJECT	T9	
CAVERJECT IMPULSE	T9	
CAYA	T7	PV
CAYSTON	T4	PA; SP (Limited to a 1 month supply per fill)
CAZIANT	T7	PV
cefaclor er	T1b	
cefaclor oral capsule 250 mg	T1b	
cefadroxil	T1b	
cefdinir	T1b	
cefditoren pivoxil oral tablet 400 mg	T1b	
cefixime oral suspension reconstituted	T1b	
cefpodoxime proxetil	T1b	
cefprozil	T1b	
cefuroxime axetil oral tablet	T1b	

Medication	Coverage Level	Restrictions
CELACYN	T9	
CELEBREX	T3	QL (60 capsules per 30 days)
celecoxib oral	T1b	QL (60 capsules per 30 days)
CELEXA ORAL TABLET 10 MG	T3	QL (90 tablets per 30 days); AL (Min 18 Years)
CELEXA ORAL TABLET 20 MG	T3	QL (60 tablets per 30 days); AL (Min 18 Years)
CELEXA ORAL TABLET 40 MG	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
CELLCEPT ORAL CAPSULE	T3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED	T3	AL (Max 9 Years)
CELLCEPT ORAL TABLET	T3	
CELONTIN	T3	
CENTANY	T3	QL (22 GM per 30 days)
CENTRATEX	T9	
cephalexin oral capsule	T1a	
cephalexin oral suspension reconstituted	T1b	
cephalexin oral tablet	T2	
CEPROTIN	T3	
CEQUA	T9	
CERACADE	T9	
CERDELGA	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
CETACAINE EXTERNAL AEROSOL	T9	
cetirizine hcl childrens alrgy oral solution	T9	
cetirizine hcl oral tablet	T9	
cetirizine hcl oral tablet chewable	T9	
cetirizine-pseudoephedrine er	T9	
CETRAXAL	T3	
cetrorelix acetate	T2	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T2	
cevimeline hcl	T1b	QL (90 capsules per 30 days)
CHARLOTTE 24 FE	T7	PV
CHATEAL	T7	PV
CHATEAL EQ	T7	PV
CHEMET	T4	SP (Limited to a 1 month supply per fill)
childrens aspirin	T3	

Medication	Coverage Level	Restrictions
childrens loratadine oral solution	T9	
chlohux	T9	
chlordiazepoxide hcl	T1a	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg	T1b	
chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg	T3	
chlordiazepoxide-clidinium	T3	
chlorhexidine gluconate mouth/throat	T1b	
chloroquine phosphate oral	T1b	
chlorpheniramine maleate er	T9	
chlorpromazine hcl oral concentrate	T3	QL (180 ML per 30 days)
chlorpromazine hcl oral tablet	T3	QL (180 tablets per 30 days)
chlorthalidone oral tablet 25 mg, 50 mg	T1b	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	T9	
chlorzoxazone oral tablet 500 mg	T2	ST
CHOLBAM ORAL CAPSULE 250 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
CHOLBAM ORAL CAPSULE 50 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
cholestyramine light	T1b	
cholestyramine oral	T1b	
chorionic gonadotropin intramuscular	T3	
CHOSEN LANCING DEVICE	T3	
CIALIS	T9	
CIBINQO	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
CICLODAN EXTERNAL SOLUTION	T1b	
ciclopirox external	T1b	
ciclopirox olamine external	T1b	
ciclopirox treatment	T9	
CIFEREX	T9	
cilostazol	T1b	
CILOXAN	T3	
CIMDUO	T9	
cimetidine hcl oral solution 300 mg/5ml	T3	

Medication	Coverage Level	Restrictions
cimetidine oral tablet 200 mg	T9	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	T3	
CIMZIA (2 SYRINGE)	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 fill per 1 lifetime)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T5	PA; SP (Limited to a 1 month supply per fill)
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
CIMZIA-STARTER	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 fill per 1 lifetime)
cinacalcet hcl	T4	SP (Limited to a 1 month supply per fill)
CIPRO HC	T2	
CIPRO ORAL SUSPENSION RECONSTITUTED	T3	
CIPRO ORAL TABLET 250 MG, 500 MG	T3	
CIPRODEX	T3	
ciprofloxacin hcl ophthalmic	T1b	
ciprofloxacin hcl oral	T1a	
ciprofloxacin hcl otic	T1b	
ciprofloxacin oral	T1b	
ciprofloxacin-dexamethasone	T1b	
ciprofloxacin-fluocinolone pf	T2	AL (Min 6 Months and Max 17 Years)
citalopram hydrobromide oral capsule	T9	
citalopram hydrobromide oral solution	T1a	
citalopram hydrobromide oral tablet 10 mg	T1a	QL (90 tablets per 30 days)
citalopram hydrobromide oral tablet 20 mg	T1a	QL (60 tablets per 30 days)
citalopram hydrobromide oral tablet 40 mg	T1a	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	QL (60 tablets per 30 days)
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL B-CALM	T3	
CITRANATAL BLOOM	T3	
CITRANATAL DHA	T3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	T3	
CITRANATAL MEDLEY	T3	
CITRANATAL RX	T3	

Medication	Coverage Level	Restrictions
citrate of magnesia oral solution	T7	PV
CITROMA	T7	PV
CLARAVIS	T2	QL (6 fills per 2 years)
CLARINEX ORAL TABLET	T9	
CLARINEX-D 12 HOUR	T9	
clarithromycin er	T1b	
clarithromycin oral	T1b	
CLARITIN ORAL SOLUTION	T9	
CLARITIN ORAL SYRUP	T9	
CLARITIN ORAL TABLET	T9	
CLARITIN REDITABS	T9	
CLARITIN-D 12 HOUR	T9	
CLARITIN-D 24 HOUR	T9	
classic prenatal	T7	PV
CLEARLAX ORAL PACKET	T9	
CLEARLAX ORAL POWDER	T7	PV
clemastine fumarate oral syrup	T9	
clemastine fumarate oral tablet 1.34 mg	T9	
clemastine fumarate oral tablet 2.68 mg	T1b	
CLENIA PLUS	T9	
CLENPIQ	T3	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	T3	
CLEOCIN ORAL CAPSULE 75 MG	T2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	T2	
CLEOCIN VAGINAL	T9	
CLEOCIN-T EXTERNAL LOTION	T9	
CLEVER CHOICE MICRO TEST	T3	ST; QL (200 strips per 30 days)
CLEVER CHOICE TALK SYSTEM IN VITRO	T3	ST; QL (200 strips per 30 days)
CLIMARA	T9	
CLIMARA PRO	T9	
CLINDAGEL	T9	
clindamycin hcl oral	T1a	
clindamycin palmitate hcl	T1b	
clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %	T9	
clindamycin phos-benzoyl perox external gel 1.2-5 %	T1b	QL (45 GM per 30 days)
clindamycin phos-benzoyl perox external gel 1-5 %	T2	QL (50 GM per 30 days)
clindamycin phosphate external gel 1 %	T1b	ST

Medication	Coverage Level	Restrictions
clindamycin phosphate external lotion	T1b	ST
clindamycin phosphate external solution	T1b	QL (180 ML per 30 days)
clindamycin phosphate external swab	T1b	
clindamycin phosphate vaginal	T1b	
clindamycin-tretinoin	T3	
CLINDESSE	T3	ST
clobazam oral suspension	T2	QL (240 ML per 30 days)
clobazam oral tablet	T1b	
clobetasol prop emollient base	T1b	QL (60 GM per 30 days)
clobetasol propionate emulsion	T3	QL (100 GM per 30 days)
clobetasol propionate external cream	T1b	ST; QL (60 GM per 30 days)
clobetasol propionate external foam	T9	
clobetasol propionate external gel	T1b	
clobetasol propionate external liquid	T3	
clobetasol propionate external lotion	T3	QL (118 ML per 30 days)
clobetasol propionate external ointment	T1b	QL (60 GM per 30 days)
clobetasol propionate external shampoo	T2	QL (118 ML per 30 days)
clobetasol propionate external solution	T1b	
clobetasol propionate ophthalmic	T9	
CLOBEX	T3	ST; QL (118 ML per 30 days)
CLOBEX SPRAY	T9	
clocortolone pivalate	T3	PA
CLODAN EXTERNAL KIT	T3	
CLODAN EXTERNAL SHAMPOO	T2	QL (118 ML per 30 days)
CLOMID	T3	
clomiphene citrate oral	T1b	
clomipramine hcl oral	T1b	QL (90 capsules per 30 days)
clonazepam oral tablet	T1a	
clonazepam oral tablet dispersible	T1b	
clonidine	T1b	
clonidine er	T9	
clonidine hcl er oral tablet extended release 12 hour	T2	
clonidine hcl er oral tablet extended release 24 hour	T9	
clonidine hcl oral	T1a	
clopidogrel bisulfate oral	T1a	
clorazepate dipotassium	T1b	
clotrimazole external cream	T9	
clotrimazole external solution	T9	

Medication	Coverage Level	Restrictions
clotrimazole mouth/throat troche	T1b	
clotrimazole-betamethasone external cream	T1b	
clotrimazole-betamethasone external lotion	T1b	QL (30 gm per 30 days)
clozapine oral tablet	T1b	
clozapine oral tablet dispersible	T3	
CLOZARIL ORAL TABLET 100 MG, 25 MG	T3	
CLOZARIL ORAL TABLET 200 MG, 50 MG	T9	
COAGADEX	T4	SP (Limited to a 1 month supply per fill)
coal tar external solution	T2	
COARTEM	T2	
codeine sulfate oral tablet	T1b	
coenzyme q10	T9	
coenzyme q-10 oral capsule 100 mg	T9	
COLAZAL	T5	SP (Limited to a 1 month supply per fill)
colchicine oral capsule	T3	QL (120 capsules per 30 days)
colchicine oral tablet	T1b	QL (120 tablets per 30 days)
colchicine-probenecid	T1b	
COLCRYS	T9	
colesevelam hcl oral packet	T3	QL (1 packet per 1 day)
colesevelam hcl oral tablet	T1b	QL (180 tablets per 30 days)
COLESTID	T3	
colestipol hcl	T1b	
colistimethate sodium (cba)	T9	
COLY-MYCIN S	T3	
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM	T3	
COMBIGAN	T9	
COMBIPATCH	T2	
COMBIVENT RESPIMAT	T2	QL (2 inhalers per 30 days)
COMBIVIR	T5	SP (Limited to a 1 month supply per fill)
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.)
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.)

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.)
COMIRNATY	T6	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)
complete natal dha	T1b	
completenate	T1b	
COMPRO	T1b	
COMTAN	T3	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG	T3	QL (31 tablets per 31 days); AL (Min 4 Years)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG, 54 MG	T3	QL (62 tablets per 31 days); AL (Min 4 Years)
CONDYLOX EXTERNAL GEL	T3	ST
CONJUPRI	T9	
CONSENSI	T9	
CONTOUR CONTROL IN VITRO LIQUID NORMAL	T3	
CONTOUR NEXT TEST	T3	ST; QL (200 strips per 30 days)
CONTOUR PLUS BLUE	T9	
CONTOUR PLUS TEST	T3	ST; QL (200 strips per 30 days)
CONTOUR TEST	T3	ST; QL (200 strips per 30 days)
Contrave	Benefit Exclusion	
CONZIP	T9	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
COPIKTRA	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
CORDRAN	T9	
COREG	T3	
COREG CR	T3	ST
CORGARD	T3	
CORLANOR ORAL SOLUTION	T3	ST; AL (Max 9 Years)
CORLANOR ORAL TABLET	T9	
CORTANE-B EXTERNAL	T3	

Medication	Coverage Level	Restrictions
CORTEF	T3	
CORTENEMA	T3	
CORTIFOAM EXTERNAL	T3	ST
cortisone acetate oral	T1b	
CORTISPORIN-TC	T3	
CORTROPHIN	T9	
CORVITA 150	T9	
CORVITA ORAL TABLET 1.25 MG	T9	
CORVITE 150 ORAL TABLET	T9	
corvite fe	T9	
CORVITE FREE	T9	
CORVITE ORAL TABLET 1.25 MG	T9	
COSENTYX (300 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 dose packs (10 units) for induction/starting dose only.); QL (1 dose pack per 28 days)
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 (10 units) for induction/starting dose only.); QL (1 dose pack per 28 days)
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)
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)
COSENTYX UNOREADY	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 pens for induction/starting dose only.); QL (1 pen per 28 days)
COSOPT	T3	
COTELLIC	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
COTEMPLA XR-ODT	T9	
COUMADIN ORAL	T2	
COVARYX	T9	
COVARYX HS	T9	
COXANTO	T9	
COZAAR	T3	
CREON	T4	SP (Limited to a 1 month supply per fill)
CRESEMBA ORAL CAPSULE 186 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
CRESEMBA ORAL CAPSULE 74.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)
CRESTOR	T3	
CREXONT	T9	
CRINONE	T9	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T2	
cromolyn sodium inhalation	T9	
cromolyn sodium ophthalmic	T1b	
cromolyn sodium oral	T3	
CRYODOSE TA	T9	
CRYSELLE-28	T7	PV
CUPRIMINE ORAL CAPSULE 250 MG	T9	
CURAE	T7	PV
CUVPOSA	T9	
CUVRIOR	T9	
CVS ADVANCED GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
cvs aspirin adult low dose	T1b	
cvs aspirin ec	T1b	
cvs aspirin oral tablet 325 mg	T1b	
cvs folic acid oral tablet 800 mcg	T7	PV; AL (Max 50 Years)
cvs ibuprofen oral tablet	T1a	
cvs magnesium citrate oral solution	T7	PV
cvs milk of magnesia oral suspension 400 mg/5ml	T7	PV
cvs nicotine polacrilex	T7	PV
cvs nicotine transdermal	T7	PV
cvs prenatal multi+dha	T7	PV
cvs prenatal oral tablet 27-0.8 mg	T7	PV
CVS PURELAX ORAL POWDER	T7	PV

Medication	Coverage Level	Restrictions
cyanocobalamin injection solution 1000 mcg/ml	T1b	
cyanocobalamin nasal	T9	
cyclobenzaprine hcl er	T9	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	T1a	
cyclobenzaprine hcl oral tablet 7.5 mg	T9	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	T2	
CYCLOGYL OPHTHALMIC SOLUTION 1 %, 2 %	T3	
CYCLOMYDRIL	T3	
cyclopentolate hcl ophthalmic solution 1 %, 2 %	T1b	
cyclophosphamide oral	T3	
cycloserine oral	T4	QL (90 casules per 30 days)
CYCLOSET	T3	
cyclosporine modified	T1b	
cyclosporine ophthalmic	T2	QL (60 vials per 30 days)
cyclosporine oral capsule	T4	SP (Limited to a 1 month supply per fill)
CYLTEZO (2 PEN)	T9	
CYLTEZO (2 SYRINGE)	T9	
CYLTEZO-CD/UC/HS STARTER	T9	
CYLTEZO-PSORIASIS/UV STARTER	T9	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG	T3	QL (60 capsules per 30 days)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	T3	QL (90 capsules per 30 days)
cyproheptadine hcl oral	T1b	
CYRED	T7	PV
CYRED EQ	T7	PV
CYSTADANE	T9	
CYSTADROPS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (20 ML per 30 days)
CYSTARAN	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 ML per 30 days)
CYTOMEL	T2	
CYTOTEC	T3	
cytra k crystals	T1b	
cytra-2	T9	
CYTRA-3	T9	
cytra-k	T9	

Medication	Coverage Level	Restrictions
dabigatran etexilate mesylate	T2	QL (60 capsules per 30 days)
dalfampridine er	T5	PA; SP (Limited to a 1 month supply per fill)
DALIRESP	T3	QL (30 tablets per 30 days)
danazol oral capsule 100 mg, 50 mg	T3	QL (60 capsules per 30 days)
danazol oral capsule 200 mg	T3	QL (120 capsules per 30 days)
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	T3	
dantrolene sodium oral	T1b	
dapagliflozin pro-metformin er	T9	
dapagliflozin propanediol	T9	
dapsone external	T9	
dapsone oral	T1b	
DARAPRIM	T9	
darifenacin hydrobromide er	T2	QL (30 EA per 30 days)
DARTISLA ODT	T9	
darunavir	T4	SP (Limited to a 1 month supply per fill)
dasatinib	T4	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.)
DASETTA 1/35	T7	PV
DASETTA 7/7/7	T7	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)
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)
DAYPRO	T3	
DAYSEE	T7	PV
DAYTRANA	T3	ST; QL (30 patches per 30 days); AL (Min 4 Years)
DAYVIGO	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
dazaveidaoxia	T9	
dazomon	T9	
DDAVP ORAL	T3	
DDAVP PF	T3	

Medication	Coverage Level	Restrictions
DEBLITANE	T7	PV
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	T1b	
deferasirox granules	T4	SP (Limited to a 1 month supply per fill)
deferasirox oral tablet	T4	SP (Limited to a 1 month supply per fill)
deferasirox oral tablet soluble	T4	SP (Limited to a 1 month supply per fill)
deferiprone	T4	SP (Limited to a 1 month supply per fill)
deflazacort	T9	
DELESTROGEN	T3	
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)
demeclocycline hcl oral	T3	
DEMSER	T9	
DENAVIR	T5	ST; SP (Limited to one 6 month supply per fill); QL (5 GM per 6 months)
DENGVAXIA	T9	
DENTA 5000 PLUS	T1b	
DENTAGEL	T1b	
deoxiademtar	T9	
deoxiatar	T9	
deoxiavar	T9	
DEPAKOTE	T3	
DEPAKOTE ER	T3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	
DEPEN TITRATABS	T9	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T7	PV; QL (1 vial per 90 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T7	PV; QL (1 syringe per 90 days)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	T9	
DERMACINRX PRIZOPAK	T9	
DERMACINRX PUREFOLIX	T9	
derma-r	T9	
DERMA-SMOOTHE/FS BODY	T3	
DERMA-SMOOTHE/FS SCALP	T3	

Medication	Coverage Level	Restrictions
DERMASO PLUS	T9	
DERMAZENE	T9	
DERMULCERA	T9	
DESCOVY	T9	
desipramine hcl oral	T2	QL (60 tablets per 30 days)
desloratadine oral tablet	T9	
desmopressin ace spray refrig	T2	ST; QL (10 ML per 30 days)
desmopressin acetate oral tablet 0.1 mg	T1b	QL (180 tablets per 30 days)
desmopressin acetate oral tablet 0.2 mg	T1b	
desmopressin acetate pf	T2	
desmopressin acetate spray	T2	ST; QL (10 ML per 30 days)
desogestrel-ethinyl estradiol	T7	PV
DESONATE	T9	
desonide external cream	T1b	
desonide external gel	T9	
desonide external lotion	T9	
desonide external ointment	T1b	
DESOWEN EXTERNAL CREAM	T9	
desoximetasone external cream 0.05 %	T9	
desoximetasone external cream 0.25 %	T1b	
desoximetasone external gel	T9	
desoximetasone external liquid	T9	
desoximetasone external ointment 0.05 %	T9	
desoximetasone external ointment 0.25 %	T2	
DESOXYN	T9	
desvenlafaxine er	T2	QL (30 tablets per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg	T1b	QL (60 tablets per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg	T1b	QL (30 tablets per 30 days)
DETROL	T3	
DETROL LA	T3	QL (30 capsules per 30 days)
dexabliss	T9	
DEXAMETHASONE INTENSOL	T2	
dexamethasone oral elixir	T1b	
dexamethasone oral solution	T1b	
dexamethasone oral tablet	T1b	
dexamethasone oral tablet therapy pack 1.5 mg (21)	T9	
dexamethasone sodium phosphate ophthalmic	T1b	

Medication	Coverage Level	Restrictions
DEXCOM G6 RECEIVER	T2	ST; QL (1 receiver per 365 days)
DEXCOM G6 SENSOR	T2	ST; QL (1 box per 30 days)
DEXCOM G6 TRANSMITTER	T2	ST; QL (1 transmitter per 90 days)
DEXCOM G7 RECEIVER	T2	ST; QL (1 receiver per 1 year)
DEXCOM G7 SENSOR	T2	ST; QL (3 sensors per 30 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	T3	AL (Min 6 Years)
DEXILANT	T9	
dexlansoprazole	T3	ST; QL (30 capsules per 30 days)
dexmedetomidine hcl in nacl intravenous solution prefilled syringe 20-0.9 mcg/5ml-%	T9	
dexmethylphenidate hcl	T1b	AL (Min 4 Years)
dexmethylphenidate hcl er	T1b	QL (30 capsules per 30 days); AL (Min 4 Years)
DEXONTO 0.4%	T3	
DEXPAK 6 DAY ORAL TABLET THERAPY PACK	T9	
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	T2	QL (60 capsules per 30 days); AL (Min 6 Years)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	T2	QL (30 capsules per 30 days); AL (Min 6 Years)
dextroamphetamine sulfate oral solution	T1b	
dextroamphetamine sulfate oral tablet 10 mg	T1b	QL (180 tablets per 30 days); AL (Min 6 Years)
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg	T9	
dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg	T1b	QL (30 tablets per 30 days); AL (Min 6 Years)
dextroamphetamine sulfate oral tablet 7.5 mg	T1b	QL (90 tablets per 30 dayss); AL (Min 6 Years)
DEXYCU	T9	
DHIVY	T3	
DIACOMIT ORAL CAPSULE	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)
diadimaxia external cream	T9	
DIALYVITE	T9	
DIALYVITE 3000	T9	
DIALYVITE 5000	T9	
DIALYVITE 800 ORAL TABLET	T7	PV; AL (Max 50 Years)

Medication	Coverage Level	Restrictions
DIALYVITE 800/ZINC	T9	
DIALYVITE SUPREME D ORAL TABLET 3 MG	T9	
DIALYVITE/ZINC	T9	
diasaxiatar	T9	
diasdimaxia external cream	T9	
diasoxia external cream	T9	
DIASTAT ACUDIAL	T2	
DIASTAT PEDIATRIC	T2	
diatrue plus test	T3	ST; QL (200 strips per 30 days)
DIAZEPAM INTENSOL	T2	
diazepam oral solution 5 mg/5ml	T1a	
diazepam oral tablet	T1a	
diazepam rectal	T3	
diazoxide oral	T4	SP (Limited to a 1 month supply per fill)
DIBENZYLINE	T9	
dichlorphenamide	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
diclareal	T9	
DICLEGIS	T9	
diclofenac epolamine external	T9	
diclofenac potassium oral capsule	T9	
diclofenac potassium oral packet	T9	
diclofenac potassium oral tablet 25 mg	T9	
diclofenac potassium oral tablet 50 mg	T1b	
diclofenac potassium(migraine)	T9	
diclofenac sodium er	T1b	
diclofenac sodium external gel 1 %	T1b	
diclofenac sodium external gel 3 %	T2	ST; QL (100 GM per 30 days)
diclofenac sodium external solution	T9	
diclofenac sodium ophthalmic	T1b	
diclofenac sodium oral	T1b	
diclofenac-misoprostol oral tablet delayed release	T9	
dicloxacillin sodium	T1b	
DICOPANOL FUSEPAQ	T9	
dicyclomine hcl oral	T1b	
didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg	T1b	
Diethylpropion HCl Oral	Benefit Exclusion	
DIFFERIN EXTERNAL CREAM	T9	

Medication	Coverage Level	Restrictions
DIFFERIN EXTERNAL GEL 0.1 %	T1b	
DIFFERIN EXTERNAL GEL 0.3 %	T9	
DIFFERIN EXTERNAL LOTION	T9	
DIFICID ORAL TABLET	T5	ST; SP (Limited to 2 fills per 6 months); QL (20 tablets per 10 days)
diflorasone diacetate external cream	T9	
diflorasone diacetate external ointment	T2	QL (15 GM per 30 days)
DIFLUCAN	T3	
diflunisal oral	T1b	
difluprednate	T1b	ST
DIGITEK	T1b	
DIGOX	T1b	
digoxin oral solution	T1b	AL (Max 9 Years)
digoxin oral tablet 125 mcg, 250 mcg	T1b	
digoxin oral tablet 62.5 mcg	T9	
dihydroergotamine mesylate injection	T3	ST; QL (4 ML per 30 days)
dihydroergotamine mesylate nasal	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 ML per 30 days)
DILANTIN INFATABS	T2	
DILANTIN ORAL CAPSULE 100 MG	T3	
DILANTIN ORAL CAPSULE 30 MG	T2	
DILANTIN ORAL SUSPENSION	T3	
DILAUDID ORAL LIQUID	T3	
DILAUDID ORAL TABLET 2 MG	T3	QL (32 tablets per 1 day)
DILAUDID ORAL TABLET 4 MG	T3	QL (16 tablets per 1 day)
DILAUDID ORAL TABLET 8 MG	T3	QL (8 tablets per 1 day)
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	T1b	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	T1b	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	T9	
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	T9	
diltiazem hcl er oral capsule extended release 12 hour	T9	
diltiazem hcl er oral tablet extended release 24 hour	T9	
diltiazem hcl oral	T1a	

Medication	Coverage Level	Restrictions
dilt-xr	T1b	
dimethyl fumarate oral	T1b	SP (Limited to a 1 month supply per fill.); QL (60 capsules per 30 days)
dimethyl fumarate starter pack oral capsule delayed release therapy pack	T1b	SP (Limited to a 1 month supply per fill.); QL (60 capsules per 30 days)
diooxia	T9	
DIOVAN	T2	QL (60 tablets per 30 days)
DIOVAN HCT	T3	
DIPENTUM	T5	SP (Limited to a 1 month supply per fill)
diphenhydramine hcl oral capsule	T9	
diphenhydramine hcl oral elixir	T9	
diphenhydramine hcl oral liquid 12.5 mg/5ml	T9	
diphenoxylate-atropine oral liquid	T1b	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	T1b	
DIPROLENE AF	T3	
DIPROLENE EXTERNAL OINTMENT	T3	QL (50 GM per 30 days)
dipyridamole oral	T1b	
disopyramide phosphate oral	T1b	
disulfiram oral	T1b	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	T3	
DIURIL	T2	
divalproex sodium er oral tablet extended release 24 hour	T1b	
divalproex sodium oral capsule delayed release sprinkle	T1b	
divalproex sodium oral tablet delayed release	T1b	
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)
DOANS PILLS	T1b	
dofetilide	T2	
DOJOLVI	T9	
DOLISHALE	T7	PV
DOLOBID	T9	
DOMEBORO EXTERNAL PACKET	T9	
donepezil hcl oral tablet	T1a	

Medication	Coverage Level	Restrictions
donepezil hcl oral tablet dispersible	T1b	
DONNATAL	T9	
DOPTELET ORAL TABLET 20 MG	T9	
DORYX MPC	T9	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	T9	
dorzolamide hcl ophthalmic	T1b	
dorzolamide hcl-timolol mal	T1b	
DOTTI	T1b	
DOVATO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
doxazosin mesylate oral	T1b	
doxepin hcl external	T3	ST; QL (45 GM per 1 year)
doxepin hcl oral capsule	T1b	
doxepin hcl oral concentrate	T1b	
doxepin hcl oral tablet	T2	ST; QL (30 tablets per 30 days)
doxercalciferol oral capsule 0.5 mcg, 2.5 mcg	T9	
doxercalciferol oral capsule 1 mcg	T4	SP (Limited to a 1 month supply per fill)
doxycycline	T9	
doxycycline hyclate oral capsule	T1b	
doxycycline hyclate oral tablet 100 mg, 20 mg	T1b	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	T9	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	T9	
doxycycline monohydrate oral capsule 100 mg	T1b	
doxycycline monohydrate oral capsule 150 mg, 75 mg	T9	
doxycycline monohydrate oral suspension reconstituted	T1b	
doxycycline monohydrate oral tablet 100 mg, 150 mg	T9	
doxycycline monohydrate oral tablet 50 mg, 75 mg	T1b	
doxylamine-pyridoxine	T9	
d-penamine	T9	
draxacey	T9	
DRISDOL ORAL CAPSULE	T3	
DRITHO-CREME HP	T9	
DRIZALMA SPRINKLE	T9	

Medication	Coverage Level	Restrictions
dronabinol oral capsule 10 mg	T4	SP (Limited to a 1 month supply per fill); QL (60 Capsules per 30 days)
dronabinol oral capsule 2.5 mg, 5 mg	T3	QL (60 Capsules per 30 days)
drospiren-eth estrad-levomefol	T7	PV
drospirenone-ethinyl estradiol	T7	PV
DROXIA	T3	
droxidopa	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
DRYSOL	T1b	
DSUVIA	T9	
DUAC	T9	
DUAKLIR PRESSAIR	T9	
DUAVEE	T3	QL (30 tablets per 30 days)
DUETACT	T9	
DUEXIS	T9	
DULCOLAX ORAL SUSPENSION	T7	PV
DULERA	T2	QL (1 inhaler per 31 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	T1b	QL (60 capsules per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg	T1b	QL (90 capsules per 30 days)
duloxetine hcl oral capsule delayed release particles 40 mg	T2	ST; QL (30 capsules per 30 days)
DULOXICAINE	T9	
DUOBRII	T9	
DUOVISC INTRAOCULAR KIT 0.85-0.5 ML	T9	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 3 pens for induction/starting dose only.); QL (2 pens per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 3 syringes for induction/starting dose only.); QL (2 syringes per 28 days)
durachol	T9	
DUREX EXTRA SENSITIVE THIN	T7	PV
DUREX REALFEEL	T7	PV
DUREX TROPICAL	T7	PV
DUREZOL	T3	ST

Medication	Coverage Level	Restrictions
DURLAZA	T9	
DURYSTA	T9	
dutasteride oral	T1b	QL (30 capsules per 30 days)
dutasteride-tamsulosin hcl	T2	ST
DUTOPROL	T9	
DUVYZAT	T9	
DYANAVEL XR	T9	
DYMISTA	T9	
DYRENIUM	T9	
E.E.S. 400 ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
E.E.S. GRANULES	T4	SP (Limited to a 1 month supply per fill)
EASIVENT	T2	QL (4 EA per 365 days)
EASIVENT MASK LARGE	T2	QL (4 EA per 365 days)
EASIVENT MASK MEDIUM	T2	QL (4 EA per 365 days)
EASIVENT MASK SMALL	T2	QL (4 EA per 365 days)
easy comfort lancets	T2	
EASY MAX T1 GLUCOSE SYSTEM	T9	
easy mini eject lancing device	T3	
easy plus ii glucose test	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)
easy talk blood glucose test	T3	ST; QL (200 strips per 30 days)
easy talk plus ii test strips	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)
easy trak blood glucose test	T3	ST; QL (200 strips per 30 days)
easy trak ii control	T3	
easy trak ii glucose test	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)
EC-NAPROSYN	T3	
econazole nitrate external	T1b	QL (90 GM per 30 days)
ECONTRA EZ	T7	PV
ECONTRA ONE-STEP	T7	PV

Medication	Coverage Level	Restrictions
ECOTRIN	T3	
ECOTRIN ARTHRTIS PAIN	T3	
ECOTRIN LOW STRENGTH	T3	
ECOZA	T9	
EDARBI	T3	ST
EDARBYCLOR	T3	ST
EDECRIN	T9	
EDEX	T9	
EDLUAR	T9	
EDURANT	T2	
efavirenz	T2	
efavirenz-emtricitab-tenofo df	T3	
efavirenz-lamivudine-tenofovir	T1b	QL (30 tablets per 30 days)
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	T1b	
EFFEXOR XR	T3	
EFFIENT	T3	QL (31 tablets per 31 days)
EFUDEX EXTERNAL CREAM	T3	QL (40 GM per 30 days)
element compact test	T3	ST; QL (200 stips per 30 days)
ELEMENT TEST	T3	ST; QL (200 strips per 30 days)
ELEPSIA XR	T9	
ELESTRIN	T3	
ELETONE	T9	
eletriptan hydrobromide	T3	ST; QL (12 tablets per 30 days)
ELIDEL	T3	QL (30 GM per 30 days)
ELINEST	T7	PV
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T2	QL (74 tablets per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	T2	QL (60 tablets per 30 days)
ELIQUIS ORAL TABLET 5 MG	T2	QL (74 tablets per 30 days)
ELIXOPHYLLIN	T3	
ELLA	T1b	
ELMIRON	T5	SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
ELOCON EXTERNAL CREAM	T3	
ELOCTATE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (40250 billable units per 28 days)
ELURYNG	T2	PV; QL (1 ring per 28 days)

Medication	Coverage Level	Restrictions
ELYXYB	T9	
EMBRACE BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE EVO BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE GLUCOSE CONTROL	T3	
embrace lancing device/ejector	T3	
EMBRACE PRO GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE TALK GLUCOSE CONTROL IN VITRO SOLUTION LOW	T3	
EMBRACE TALK GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE WAVE GLUCOSE METER	T9	
EMCYT	T2	
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	T9	
EMEND ORAL SUSPENSION RECONSTITUTED	T9	
EMEND TRI-PACK	T9	
EMFLAZA	T9	
EMGALITY (300 MG DOSE)	T2	PA; SP ( ); QL (3 syringes per 30 days); AL (Min 18 Years)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (1 Auto-injector per 30 days); AL (Min 18 Years)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; QL (1 syringe per 30 days); AL (Min 18 Years)
EMPAVELI	T4	PA; SP (Limited to a 1 month supply per fill)
emreal	T9	
EMROSI	T9	
EMSAM	T4	ST; SP (Limited to a 1 month supply per fill)
emtricitabine	T3	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	T4	SP (Limited to a 1 month supply per fill)
emtricitabine-tenofovir df oral tablet 200-300 mg	T2	
EMTRIVA ORAL CAPSULE	T5	SP (Limited to a 1 month supply per fill)
EMTRIVA ORAL SOLUTION	T2	
EMULSION SB	T9	
EMVERM	T9	
EMZAHH	T1b	
enalapril maleate oral solution	T2	AL (Max 9 Years)
enalapril maleate oral tablet	T1a	

Medication	Coverage Level	Restrictions
enalapril-hydrochlorothiazide	T1b	
ENBREL MINI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
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)
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)
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)
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)
ENDARI	T9	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T9	
ENDOMETRIN	T4	SP (Limited to a 1 month supply per fill)
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	T6	PV
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	T6	PV
ENILLORING	T1b	PV; QL (1 ring per 28 days)
ENLYTE	T9	
enoxaparin sodium injection solution 300 mg/3ml	T3	
enoxaparin sodium injection solution prefilled syringe	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
ENOXILUV KIT	T9	
ENPRESSE-28	T7	PV
ENSKYCE ORAL TABLET 0.15-0.03 MG	T7	PV

Medication	Coverage Level	Restrictions
ENSPRYNG	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days)
ENSTILAR	T9	
entacapone	T1b	
ENTADFI	T9	
entecavir	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG	T2	QL (60 capsules per 30 days); AL (Max 9 Years)
ENTRESTO ORAL CAPSULE SPRINKLE 6-6 MG	T2	QL (60 Capsules per 30 days); AL (Max 9 Years)
ENTRESTO ORAL TABLET	T2	QL (60 tablets per 30 days)
ENTTY SPRAY EMULSION	T9	
ENTYVIO PEN	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
ENTYVIO SUBCUTANEOUS	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
enulose	T1b	
ENVARSUS XR	T3	ST
EOHILIA	T3	PA; QL (60 packs per 30 days)
EPANED ORAL SOLUTION	T2	AL (Max 9 Years)
EPCLUSA ORAL PACKET	T9	
EPCLUSA ORAL TABLET 200-50 MG	T9	
EPCLUSA ORAL TABLET 400-100 MG	T9	SP ( )
EPICERAM	T9	
EPIDIOLEX	T5	PA; SP (Limited to a 1 month supply per fill); QL (200 ML per 30 days)
EPIDUO	T3	
EPIDUO FORTE	T9	
EPIFOAM	T9	
epinastine hcl	T1b	
epinephrine hcl (nasal)	T9	
epinephrine injection solution auto-injector	T2	QL (4 pens per 30 days)
epinephrine injection solution prefilled syringe 1 mg/ml	T9	
EPINEPHRINESNAP-V	T9	

Medication	Coverage Level	Restrictions
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPITOL	T1b	
EPIVIR	T3	
EPIVIR HBV ORAL SOLUTION	T2	
EPIVIR HBV ORAL TABLET	T3	
eplerenone	T1b	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
EPRONTIA	T9	
EPSOLAY	T9	
EPZICOM	T4	SP (Limited to a 1 month supply per fill)
eq magnesium citrate	T7	PV
eq nicotine polacrilex mouth/throat gum	T7	PV
eql aspirin	T1b	
eql aspirin ec	T1b	
eql aspirin low dose oral tablet chewable	T1b	
EQL CLEARLAX	T7	PV
eql magnesium citrate	T7	PV
eql milk of magnesia oral suspension 400 mg/5ml	T7	PV
EQUETRO	T3	ST
ergoloid mesylates oral	T1b	
ERGOMAR	T3	
ergotamine-caffeine	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)
ERLEADA 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 (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
ERLEADA ORAL TABLET 60 MG	T4	PA; ST; 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)
erlotinib hcl	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
ERMEZA	T9	
ERRIN	T7	PV
ERTACZO	T3	ST
ERVEBO	T9	
ery	T1b	
ERYGEL	T1b	
ERYPED 200	T4	SP (Limited to a 1 month supply per fill)
ERYPED 400	T4	SP (Limited to a 1 month supply per fill)
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG	T2	
ERY-TAB ORAL TABLET DELAYED RELEASE 500 MG	T3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T4	SP (Limited to a 1 month supply per fill)
erythromycin base oral	T4	SP (Limited to a 1 month supply per fill)
erythromycin ethylsuccinate oral suspension reconstituted	T4	SP (Limited to a 1 month supply per fill)
erythromycin ethylsuccinate oral tablet	T4	SP (Limited to a 1 month supply per fill)
erythromycin external gel	T1b	
erythromycin external solution	T1b	
erythromycin ophthalmic	T1b	
ERZOFRI	T9	
ESBRIET ORAL CAPSULE	T9	
ESBRIET ORAL TABLET 267 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (270 tablets per 30 days)
ESBRIET ORAL TABLET 801 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
escitalopram oxalate oral	T1b	

Medication	Coverage Level	Restrictions
ESGIC ORAL CAPSULE	T3	QL (180 capsules per 30 days)
ESGIC ORAL TABLET	T3	QL (180 tablets per 30 days)
esomeprazole magnesium oral capsule delayed release	T9	
esomeprazole magnesium oral packet	T9	
ESOTERICA DAYTIME	T9	
ESOTERICA FACIAL	T9	
ESOTERICA FADE NIGHTTIME	T9	
ESPEROCT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (40250 billable units per 28 days)
est estrogens-methyltest ds	T9	
est estrogens-methyltest hs	T9	
est estrogens-methyltest oral tablet 1.25-2.5 mg	T9	
ESTARYLLA	T7	PV
estazolam	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)
ESTRACE ORAL	T3	
ESTRACE VAGINAL	T9	
estradiol implant pellet 6 mg	T9	
estradiol oral	T1b	
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	T2	QL (30 packets per 30 days)
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	T2	QL (37.5 GM per 30 Days)
estradiol transdermal patch twice weekly	T1b	
estradiol transdermal patch weekly	T1b	
estradiol vaginal cream	T1b	QL (42.5 GM per 30 days)
estradiol vaginal tablet	T1b	
estradiol valerate intramuscular	T2	
estradiol-norethindrone acet oral tablet 1-0.5 mg	T1b	
ESTRATEST F.S.	T9	
ESTRATEST H.S.	T9	
ESTRING VAGINAL RING 2 MG	T3	
ESTROGEL	T3	QL (50 GM per 31 days)
ESTROSTEP FE	T3	PV
eszopiclone	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)
ethacrynic acid oral	T3	ST; QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
ethambutol hcl oral	T1b	
ethosuximide oral	T1b	
ethyl chloride	T9	
ethynodiol diac-eth estradiol	T7	PV
etodolac er	T2	
etodolac oral	T1b	
etonogestrel-ethinyl estradiol	T7	PV; QL (1 ring per 28 days)
etoposide oral	T4	SP (Limited to a 1 month supply per fill)
etravirine oral tablet 100 mg	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 Days)
etravirine oral tablet 200 mg	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 Days)
EUCRISA	T3	ST; QL (60 GM per 30 days)
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
EURAX EXTERNAL CREAM	T3	ST; QL (60 GM per 30 days)
EURAX EXTERNAL LOTION	T9	
EUTHYROX	T3	
EVAMIST	T2	
EVEKEO	T3	ST; QL (180 tablets per 30 days); AL (Min 6 Years)
EVEKEO ODT	T9	
EVENCARE G2 TEST	T3	ST; QL (200 strips per 30 days)
EVENCARE G3 TEST	T3	ST; QL (200 strips per 30 days)
EVENCARE MINI GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EVENCARE PROVIEW GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	T4	SP (Limited to a 1 month supply per fill)
everolimus oral tablet 1 mg	T4	SP (Limited to a 1 month supply per fill)
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 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)
everolimus oral tablet soluble	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)
EVERSENSE 365 SENSOR/HOLDER	T9	

Medication	Coverage Level	Restrictions
EVERSENSE 365 SMART TRANSMIT	T9	
EVISTA	T3	
EVOLUTION AUTOCODE IN VITRO	T3	ST; QL (200 strips per 30 Days)
EVOLUTION CONTROL	T3	
EVOTAZ	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
EVOXAC	T2	
EVRYSDI	T5	PA; SP (Limited to a 1 month supply per fill); QL (240 ML per 30 days)
EXELDERM	T9	
EXELON TRANSDERMAL	T3	ST; QL (30 patches per 30 days)
exemestane	T2	
EXFORGE	T3	
EXFORGE HCT	T3	
EXJADE	T5	SP (Limited to a 1 month supply per fill)
EXKIVITY	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days)
EXSERVAN	T9	
EXTAVIA SUBCUTANEOUS KIT	T5	ST; SP (Limited to a 1 month supply per fill); QL (1 kit per 30 days)
EXTAVIA SUBCUTANEOUS SOLUTION RECONSTITUTED	T5	ST; SP (Limited to a 1 month supply per fill)
EXTINA	T9	
eye allergy itch relief	T1b	QL (2.5 ML per 30 days)
eye allergy itch/redness rel	T1b	QL (5 ML per 30 days)
EYSUVIS	T3	ST; QL (4 bottles per 1 year)
EZ SMART BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EZ SMART PLUS GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EZALLOR SPRINKLE	T9	
ezetimibe	T1b	
ezetimibe-rosuvastatin	T9	
ezetimibe-simvastatin	T1b	
fabb	T9	
FABHALTA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)

Medication	Coverage Level	Restrictions
FABIOR	T9	
FALMINA	T7	PV
famciclovir oral	T1b	QL (120 tablets per 30 days)
famotidine oral suspension reconstituted	T3	
famotidine oral tablet 10 mg, 20 mg	T9	
famotidine oral tablet 40 mg	T3	
FANAPT	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
FANAPT TITRATION PACK	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
FANTASY LUBRICATED	T7	PV
FARESTON	T9	
FARXIGA	T2	QL (30 tablets per 30 days)
FARYDAK ORAL CAPSULE 10 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 (6 Capsules per 1 fill)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (6 Capsules per 1 Fill)
FASENRA	T4	PA; SP (Limited to 1 syringe per 28 days for induction/starting dose only); QL (1 syringe per 56 days)
FASENRA PEN	T4	PA; SP (Limited to 1 pen per 28 day fill for induction/starting dose only); QL (1 pen per 56 days)
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 25 MG	T3	
FC2 FEMALE CONDOM	T7	PV
fe c tab plus	T9	
febuxostat	T1b	QL (30 tablets per 30 days)
FEIBA NF INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
felbamate oral suspension	T2	QL (900 ML per 30 days)
felbamate oral tablet 400 mg	T2	QL (120 tablets per 30 days)
felbamate oral tablet 600 mg	T2	QL (180 tablets per 30 days)
FELBATOL ORAL SUSPENSION	T3	QL (900 ML per 30 days)
FELBATOL ORAL TABLET 400 MG	T3	QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
FELBATOL ORAL TABLET 600 MG	T3	QL (180 tablets per 30 days)
FELDENE	T3	
felodipine er	T1b	
FEMARA	T3	
FEMCAP	T7	PV
FEMHRT	T3	
FEMRING	T3	
fenofibrate micronized oral capsule 130 mg, 30 mg, 90 mg	T9	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	T1b	
fenofibrate oral capsule 150 mg, 50 mg	T9	
fenofibrate oral tablet 120 mg, 40 mg	T9	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	T1b	
fenofibric acid oral capsule delayed release	T1b	
fenofibric acid oral tablet	T9	
FENOGLIDE	T9	
fenoprofen calcium oral	T9	
FENORTHO ORAL CAPSULE 200 MG	T9	
fentanyl citrate buccal lozenge on a handle	T4	PA; SP (Limited to a 1 month supply per fill)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	T1b	QL (20 patches per 30 days)
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	T9	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T9	
FERIVA 21/7	T9	
FERIVAFA	T9	
ferocon	T9	
FERRALET 90	T9	
ferraplus 90	T9	
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 28 ORAL	T9	
FERRIPROX ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)
FERRIPROX ORAL TABLET 1000 MG	T9	
FERRIPROX ORAL TABLET 500 MG	T5	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
FERRIPROX TWICE-A-DAY	T5	SP (Limited to a 1 month supply per fill)
FERROCITE	T9	
FERROCITE PLUS ORAL TABLET	T9	
ferrous sulfate oral solution 75 (15 fe) mg/ml	T7	PV; AL (Min 6 Months and Max 12 Months)
fesoterodine fumarate er	T1b	QL (30 tabelts per 30 days)
FETZIMA	T3	ST; QL (30 capsules per 30 days); AL (Min 18 Years)
FETZIMA TITRATION	T3	ST; QL (30 capsules per 30 days); AL (Min 18 Years)
FEXMID	T9	
fexofenadine hcl oral tablet 180 mg, 60 mg	T9	
fexofenadine-pseudoephed er oral tablet extended release 24 hour	T9	
FIASP FLEXTOUCH	T3	ST; AL (Max 21 Years)
FIASP INJECTION	T3	ST
FIASP PENFILL	T3	ST; AL (Max 21 Years)
FIBRICOR	T9	
FIFTY50 SAFETY SEAL LANCETS	T2	
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)
FILSUVEZ	T5	PA; SP (Limited to a 1 month supply per fill); QL (15 tubes per 30 days)
FINACEA	T9	
finapid	T9	
finapodtar	T9	
finasteride oral tablet 1 mg	T9	
finasteride oral tablet 5 mg	T1b	
fingolimod hcl	T1b	QL (30 capsules per 30 days)
FINTEPLA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (360 ML per 30 days)
FIORICET ORAL CAPSULE	T9	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	
FIORINAL	T3	QL (180 capsules per 30 days)

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

Medication	Coverage Level	Restrictions
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV; QL (1 dose per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	T6	PV; QL (1 injection per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV; QL (1 Injection per 180 days)
fluconazole oral	T1b	
fludrocortisone acetate oral	T1b	
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV; QL (1 injection per 180 days)
FLUMIST	T6	PV; QL (1 dose per 180 days)
FLUMIST QUADRIVALENT	T6	PV; QL (1 inhalation per 180 days)
flunisolide nasal solution 25 mcg/act (0.025%)	T9	
fluocinolone acetonide body	T1b	
fluocinolone acetonide external cream	T1b	
fluocinolone acetonide external ointment	T1b	
fluocinolone acetonide external solution	T1b	QL (180 ML per 30 days)
fluocinolone acetonide scalp	T1b	
fluocinonide emulsified base	T1b	
fluocinonide external cream 0.05 %	T1b	
fluocinonide external cream 0.1 %	T9	
fluocinonide external gel	T1b	
fluocinonide external ointment	T1b	
fluocinonide external solution	T1b	QL (60 ML per 30 days)
FLUORIMAX 5000	T3	
FLUORIMAX 5000 SENSITIVE	T3	
fluorometholone ophthalmic	T1b	
FLUOROPLEX	T4	ST; SP (Limited to a 1 month supply per fill)
fluorouracil external cream 0.5 %	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 grams per 30 days)
fluorouracil external cream 5 %	T1b	QL (40 GM per 30 days)
fluorouracil external solution	T1b	
fluoxetine hcl (pmdd) capsule 10 mg oral	T9	
fluoxetine hcl (pmdd) capsule 20 mg oral	T9	
fluoxetine hcl (pmdd) oral tablet	T9	
fluoxetine hcl oral capsule	T1a	
fluoxetine hcl oral capsule delayed release	T2	ST

Medication	Coverage Level	Restrictions
fluoxetine hcl oral solution	T1b	
fluoxetine hcl oral tablet 10 mg, 20 mg	T1b	
fluoxetine hcl oral tablet 60 mg	T9	
fluoxia	T9	
fluphenazine hcl oral concentrate	T1b	
fluphenazine hcl oral elixir	T1b	
fluphenazine hcl oral tablet	T2	QL (60 tablets per 30 days)
flurandrenolide	T9	
flurazepam hcl	T1b	QL (30 capsules per 30 days)
flurbiprofen oral	T1b	
flurbiprofen sodium	T1b	
flutamide	T1b	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	T9	
fluticasone propionate diskus	T1b	QL (1 inhaler per 30 days)
fluticasone propionate external cream	T1b	
fluticasone propionate external lotion	T9	
fluticasone propionate external ointment	T1b	
fluticasone propionate hfa	T1b	QL (1 inhaler per 30 days)
fluticasone propionate nasal	T9	
fluticasone-salmeterol inhalation aerosol	T9	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	T3	
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	T1b	QL (1 inhaler per 30 days)
fluvastatin sodium	T9	
fluvastatin sodium er	T9	
fluvoxamine maleate	T1b	
fluvoxamine maleate er	T3	QL (60 capsules per 30 days)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV; QL (1 dose per 180 days)
FLUZONE HIGH-DOSE QUADRIVALENT	T6	PV; QL (1 Injection per 180 days)
FLUZONE INTRAMUSCULAR SUSPENSION	T6	PV; QL (1 dose per 180 days)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV; QL (1 dose per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML	T6	PV; QL (1 injection per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	T6	PV; QL (1 injection per 180 days)

Medication	Coverage Level	Restrictions
flyprogpidtar	T9	
FML	T2	
FML FORTE	T3	
FML LIQUIFILM	T3	
FOCALIN	T3	AL (Min 4 Years)
FOCALIN XR	T3	QL (30 capsules per 30 days); AL (Min 4 Years)
folbee	T9	
folbee plus	T9	
FOLBEE PLUS CZ	T9	
FOLBIC	T9	
FOLGARD OS	T9	
FOLGARD RX	T9	
folic acid oral capsule	T9	
folic acid oral tablet 1 mg	T1b	
folic acid oral tablet 400 mcg, 800 mcg	T7	PV; AL (Max 50 Years)
folic acid-vit b6-vit b12	T9	
FOLIVANE-F	T9	
FOLIVANE-PLUS	T9	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML	T3	ST; SP ( )
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 600 UNT/0.72ML, 900 UNT/1.08ML	T3	ST
folplex 2.2	T9	
FOLTABS 800	T7	PV; AL (Max 50 Years)
FOLTANX	T9	
FOLTRATE	T9	
FOLTX ORAL TABLET 1.13-25-2 MG	T3	
fondaparinux sodium	T9	
FORA 6 CONNECT IN VITRO	T3	ST; QL (200 strips per 30 days)
FORA 6 CONNECT/GTEL TEST	T3	ST; QL (200 strips per 30 days)
FORA BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA CONTROL IN VITRO SOLUTION NORMAL	T3	
FORA D15G BLOOD GLUCOSE TEST	T3	QL (200 strips per 30 days)
FORA D20 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA D40/G31 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
FORA G30/PREM V10 GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA GD20 TEST	T3	ST; QL (200 strips per 30 days)
FORA GD50 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA GTEL BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
FORA GTEL BLOOD KETONE TEST	T3	
FORA LANCETS	T2	
FORA LANCING DEVICE	T3	
FORA TN'G ADVANCE PRO IN VITRO	T3	ST; QL (200 strips per 30 days)
FORA TN'G/TN'G VOICE	T3	ST; QL (200 strips per 30 days)
FORA V10 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA V12 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA V20 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA V30A BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORACARE GD40 TEST	T3	ST; QL (200 strips per 30 days)
FORFIVO XL	T9	
formoterol fumarate inhalation	T4	ST; SP (Limited to a 1 month supply per fill); AL (Min 40 Years)
FORTAMET	T9	
FORTAVIT ORAL CAPSULE	T9	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	T9	
FORTESTA	T9	
FORTISCARE G1 TEST STRIP	T3	ST; QL (200 strips per 30 days)
FORTISCARE TEST	T3	ST; QL (200 strips per 30 days)
FOSAMAX ORAL TABLET 70 MG	T3	
FOSAMAX PLUS D	T3	ST; QL (4 tablets per 28 days)
fosamprenavir calcium	T4	SP (Limited to a 1 month supply per fill)
fosfomycin tromethamine	T1b	QL (3 packets per 30 days)
fosinopril sodium	T1b	
fosinopril sodium-hctz	T1b	
FOSRENOL ORAL PACKET	T5	SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 1000 MG	T5	SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 500 MG	T5	SP (Limited to a 1 month supply per fill); QL (210 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 750 MG	T5	SP (Limited to a 1 month supply per fill); QL (150 tablets per 30 days)
FOTIVDA	T5	PA; SP (Limited to a 1 month supply per fill.); QL (28 capsules per 28 days)

Medication	Coverage Level	Restrictions
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 25000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	SP (Limited to a 1 month supply per fill)
fraiche 5000 previ	T3	
fraiche 5000 sensitive	T3	
FREEDOM DERMA-D	T9	
FREESTYLE CONTROL SOLUTION	T3	
FREESTYLE INSULINX TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE LANCETS	T2	
FREESTYLE LIBRE 14 DAY READER	T2	ST; QL (2 kits per 28 days)
FREESTYLE LIBRE 14 DAY SENSOR	T2	ST; QL (2 sensors per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	T2	ST; QL (2 Sensors per 28 days)
FREESTYLE LIBRE 2 READER	T2	ST; QL (1 reader per 365 days)
FREESTYLE LIBRE 2 SENSOR	T2	ST; QL (2 sensors per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	T2	ST; QL (2 sensors per 28 days)
FREESTYLE LIBRE 3 READER	T2	ST; QL (1 reader per 1 year)
FREESTYLE LIBRE 3 SENSOR	T2	ST; QL (2 sensors per 28 days)
FREESTYLE LITE TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE PRECISION NEO TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE TEST	T3	ST; QL (200 strips per 30 days)
FROVA	T9	
frovatriptan succinate	T3	ST; QL (12 tablets per 30 days)
FRUZAQLA ORAL CAPSULE 1 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (84 capsules per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
full spectrum b/vitamin c	T7	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)
FURADANTIN	T5	SP (Limited to a 1 month supply per fill); QL (120 ML per 30 days)
FUROSCIX	T9	
furosemide injection solution 10 mg/ml	T1b	
furosemide oral solution 10 mg/ml	T1a	
furosemide oral solution 8 mg/ml	T1b	
furosemide oral tablet	T1a	

Medication	Coverage Level	Restrictions
FUSION PLUS	T9	
FUSION SPRINKLES	T9	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	T3	
FYCOMPA ORAL SUSPENSION	T4	ST; SP (Limited to a 1 month supply per fill); QL (680 ML per 30 days); AL (Max 24 Months)
FYCOMPA ORAL TABLET	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 12 Years)
FYLNETRA	T9	
FYREMADEL	T3	ST
gabapentin (once-daily)	T9	
gabapentin oral capsule	T1a	
gabapentin oral solution 250 mg/5ml	T1b	
gabapentin oral tablet 600 mg, 800 mg	T1b	
GABITRIL ORAL TABLET 12 MG, 4 MG	T3	QL (120 tablets per 30 days)
GABITRIL ORAL TABLET 16 MG	T3	QL (90 tablets per 30 days)
GABITRIL ORAL TABLET 2 MG	T3	QL (60 tablets per 30 days)
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	T9	
GALAFOLD	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (14 capsules per 28 days)
galantamine hydrobromide	T1b	
galantamine hydrobromide er	T1b	
GALLIFREY	T1b	
GALZIN	T9	
ganirelix acetate subcutaneous solution prefilled syringe	T4	ST; SP (Limited to a 1 month supply per fill)
GARDASIL 9	T6	PV; QL (3 doses per 1 Lifetime); AL (Min 9 Years and Max 45 Years)
GASTROCROM	T3	
gatifloxacin ophthalmic	T1b	
GATTEX	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
gavilax	T9	
GAVILYTE-G	T7	PV
GAVILYTE-N WITH FLAVOR PACK	T7	PV
GAVRETO	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
ge100 blood glucose test	T3	ST; QL (200 strips per 30 days)
ge100 control	T3	
gefitinib	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)
GELCLAIR	T9	
GELFOAM COMPRESSED SIZE 100	T9	
GELFOAM-JMI SPONGE	T9	
GELNIQUE TRANSDERMAL GEL 10 %	T9	
gemfibrozil oral	T1a	
GEMMILY	T9	
GEMTESA	T2	ST
GENERESS FE	T9	
generlac	T1b	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1b	
GENGRAF ORAL SOLUTION	T1b	
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG	T4	PA; SP (Limited to a 1 month supply per fill)
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	T4	PA; SP (Limited to a 1 month supply per fill)
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T4	PA; SP (Limited to a 1 month supply per fill)
GENTAK OPHTHALMIC OINTMENT	T1b	
gentamicin sulfate external	T1b	
gentamicin sulfate ophthalmic solution	T1b	
gentlelax oral powder	T9	
GENVOYA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
GEODON ORAL	T3	
GERI-HYDROLAC 12	T9	
GERI-HYDROLAC 5	T9	
GIANVI	T1b	PV
GILENYA	T9	

Medication	Coverage Level	Restrictions
GILOTRIF	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
GIMOTI	T9	
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	T1b	QL (30 ML per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	T1b	QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T1b	QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	T1b	QL (12 ML per 28 days)
GLEEVEC	T9	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T5	PA; SP (Limited to a 1 month supply per fill)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	T1a	
glimepiride oral tablet 3 mg	T9	
glipizide er	T1b	
glipizide oral tablet 10 mg, 5 mg	T1a	
glipizide oral tablet 2.5 mg	T9	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg	T1b	
glipizide-metformin hcl	T1b	
GLOPERBA	T9	
GLUCAGEN HYPOKIT	T2	QL (2 Kits per 30 days)
glucagon emergency injection kit	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)
GLUCOPHAGE	T3	
GLUCOPHAGE XR	T3	
GLUCOTROL XL	T3	
GLUMETZA	T9	
glyburide micronized	T1b	
glyburide oral	T1b	
glyburide-metformin	T1b	

Medication	Coverage Level	Restrictions
GLYCATE	T9	
GLYCOLAX	T9	
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml	T9	
glycopyrrolate injection solution prefilled syringe	T9	
glycopyrrolate intravenous solution prefilled syringe 0.6 mg/3ml, 1 mg/5ml	T9	
glycopyrrolate oral solution	T9	
glycopyrrolate oral tablet 1 mg, 2 mg	T1b	
glycopyrrolate pf injection solution prefilled syringe 0.6 mg/3ml	T9	
GLYNASE	T3	
GLYSET	T3	
GLYXAMBI	T2	QL (30 tablets per 30 days)
GNP CLEARLAX ORAL PACKET	T9	
GNP CLEARLAX ORAL POWDER	T7	PV
gnp folic acid	T7	PV; AL (Max 50 Years)
gnp laxative oral	T7	PV
gnp milk of magnesia	T7	PV
gnp nicotine mini	T7	PV
gnp nicotine mouth/throat	T7	PV
GOCOVRI	T9	
GOJJI BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 Days)
GOJJI BLOOD KETONE TEST	T3	
GOJJI LANCING DEVICE/CLEAR CAP	T3	
GOJJI STERILE LANCETS	T2	
GOLYTELY	T3	
GONAL-F	T2	QL (13500 units per 30 days)
GONAL-F RFF	T2	QL (13500 units per 30 days)
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	QL (13500 units per 30 days)
GONITRO	T9	
goodsense aspirin oral tablet	T1b	
goodsense aspirin oral tablet chewable	T1b	
GOODSENSE CLEARLAX	T7	PV
goodsense nicotine	T7	PV
GRALISE ORAL TABLET	T9	
granisetron hcl oral	T1b	QL (20 EA per 30 days)

Medication	Coverage Level	Restrictions
GRANIX	T5	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
GRASTEK	T3	AL (Min 5 Years and Max 65 Years)
griseofulvin microsize oral suspension	T1b	
griseofulvin microsize oral tablet	T2	
griseofulvin ultramicrosize	T2	
guaifenesin oral liquid 100 mg/5ml	T9	
guaifenesin oral solution 100 mg/5ml	T9	
guaifenesin oral tablet 400 mg	T9	
guaifenesin-codeine oral solution	T1b	
guaifenesin-dm oral syrup	T9	
guanfacine hcl er	T1b	QL (60 tablets per 30 days)
guanfacine hcl oral	T1b	
GVOKE HYPOPEN 1-PACK	T2	QL (2 packs per 30 days)
GVOKE HYPOPEN 2-PACK	T2	QL (1 pack per 30 days)
GVOKE KIT	T2	QL (2 vials per 30 days)
GVOKE PFS	T2	QL (2 syringes per 30 days)
GYNAZOLE-1	T3	
HADLIMA	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HADLIMA PUSHTOUCH	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
HAEGARDA	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
HAILEY 1.5/30	T7	PV
HAILEY 24 FE	T7	PV
HAILEY FE 1.5/30	T7	PV
HAILEY FE 1/20	T7	PV
hair regrowth treatment men external solution	T9	
HALCION	T3	QL (60 tablets per 30 days); AL (Min 18 Years)
halobetasol propionate external cream	T2	ST; QL (50 GM per 30 days)
halobetasol propionate external foam	T9	
halobetasol propionate external ointment	T2	QL (50 GM per 30 days)
HALOETTE	T1b	QL (1 ring per 28 days)

Medication	Coverage Level	Restrictions
HALOG	T9	
haloperidol lactate injection solution 5 mg/ml	T1b	
haloperidol oral	T1b	
HARMONY BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
HARVONI	T9	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	T6	PV; QL (2 Doses per 1 Lifetime)
haxchlodrex	T9	
haxdrax	T9	
HEALON PRO INTRAOCULAR SOLUTION	T9	
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	T9	
HEATHER	T7	PV
HEMADY	T9	
HEMANGEOL	T3	AL (Max 2 Years)
hematinic plus vit/minerals	T9	
hematinic/folic acid	T9	
HEMATOGEN	T9	
HEMATOGEN FA	T9	
HEMATOGEN FORTE	T9	
HEMATRON-AF	T9	
HEMATRON-AF (WITH DOCUSATE)	T9	
HEMAX EZY-DOSE	T9	
HEMAX ORAL TABLET	T9	
hemetab	T9	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1-month supply per fill)
HEMLIBRA SUBCUTANEOUS SOLUTION 300 MG/2ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	T1b	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	T9	
HEMOCYTE	T9	
HEMOCYTE PLUS	T9	

Medication	Coverage Level	Restrictions
HEMOCYTE-F ORAL TABLET	T9	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (55200 billable units per 28 days)
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml	T9	
heparin sodium (porcine) pf injection solution 1000 unit/ml	T9	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T6	PV; QL (2 doses per 1 lifetime); AL (Min 18 Years)
HEPSERA	T5	SP (Limited to a 1 month supply per fill)
HERZUMA	T9	
HETLIOZ	T9	
HETLIOZ LQ	T9	
hexiounyl	T9	
HIDEX 6-DAY	T9	
HISTEX-AC	T9	
HM CLEARLAX ORAL POWDER	T7	PV
hm laxative oral	T7	PV
hm magnesium citrate	T7	PV
hm milk of magnesia	T7	PV
hm nicotine	T7	PV
hm nicotine polacrilex	T7	PV
HOMATROPAIRE	T1b	
HORIZANT ORAL TABLET EXTENDED RELEASE	T9	
HULIO	T9	
HULIO (2 PEN)	T9	
HULIO (2 SYRINGE)	T9	
HUMALOG INJECTION	T2	
HUMALOG JUNIOR KWIKPEN	T2	AL (Max 21 Years)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T2	AL (Max 21 Years)
HUMALOG MIX 50/50	T2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	AL (Max 21 Years)
HUMALOG MIX 75/25	T2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	AL (Max 21 Years)

Medication	Coverage Level	Restrictions
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T2	AL (Max 21 Years)
HUMALOG TEMPO PEN	T9	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
HUMATIN	T3	
HUMATROPE INJECTION CARTRIDGE 12 MG, 6 MG	T9	
HUMATROPE INJECTION CARTRIDGE 24 MG	T9	SP ( )
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	T9	SP ( )
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	T9	
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	T9	SP ( )
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	T9	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 40 MG/0.4ML, 40 MG/0.8ML	T9	SP ( )
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	T9	
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	T9	
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	T9	SP ( )
HUMIRA-CD/UC/HS STARTER	T9	
HUMIRA-PED<40KG CROHNS STARTER	T9	
HUMIRA-PED>/=40KG CROHNS START	T9	SP ( )
HUMIRA-PED>/=40KG UC STARTER	T9	
HUMIRA-PS/UV/ADOL HS STARTER	T9	
HUMIRA-PSORIASIS/UVEIT STARTER	T9	
HUMULIN 70/30	T2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	AL (Max 21 Years)
HUMULIN N	T2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	AL (Max 21 Years)
HUMULIN R	T2	
HUMULIN R U-500 (CONCENTRATED)	T2	

Medication	Coverage Level	Restrictions
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	AL (Max 21 Years)
HYALGAN INTRA-ARTICULAR SOLUTION	T9	
HYCAMTIN ORAL	T4	SP (Limited to a 1 month supply per fill)
HYCODAN	T9	
hydralazine hcl oral	T1a	
HYDREA	T3	
hydrochlorothiazide oral	T1a	
hydrocod poli-chlorphe poli er	T1b	
hydrocod polst-cpm polst er oral suspension extended release	T1b	
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg	T3	ST; QL (60 Capsules per 30 days); AL (Min 18 Years)
hydrocodone bitartrate er oral capsule extended release 12 hour 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	T3	ST; QL (60 capsules per 30 days); AL (Min 18 Years)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
hydrocodone bit-homatrop mbr oral solution	T1b	
hydrocodone/acetaminophen	T1b	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	T1b	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	T9	
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	T1b	
hydrocodone-homatropine oral syrup	T1b	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	T1b	
hydrocort lotion complete kit	T9	
hydrocortisone ace-pramoxine external cream 2.5-1 %	T2	
hydrocortisone ace-pramoxine rectal cream 2.5-1 %	T2	
hydrocortisone ace-pramoxine rectal suppository	T9	
hydrocortisone acetate rectal suppository 25 mg	T1b	
hydrocortisone acetate rectal suppository 30 mg	T9	
hydrocortisone butyr lipo base	T9	
hydrocortisone butyrate external cream	T9	
hydrocortisone butyrate external lotion	T9	

Medication	Coverage Level	Restrictions
hydrocortisone butyrate external ointment	T9	
hydrocortisone butyrate external solution	T1b	
hydrocortisone complete kit	T9	
hydrocortisone external cream 1 %	T9	
hydrocortisone external cream 2.5 %	T1b	
hydrocortisone external lotion 1 %, 2 %	T9	
hydrocortisone external lotion 2.5 %	T1b	
hydrocortisone external ointment 0.5 %, 1 %	T9	
hydrocortisone external ointment 2.5 %	T1b	
hydrocortisone max st external cream	T9	
hydrocortisone oral	T1b	
hydrocortisone rectal enema	T2	
hydrocortisone sod suc (pf)	T1b	QL (2 vials per 365 days)
hydrocortisone valerate external cream	T1b	QL (120 GM per 30 days)
hydrocortisone valerate external ointment	T2	ST
hydrocortisone-aloe external cream 0.5 %	T9	
hydrocortisone-iodoquinol external cream 1-1 %	T9	
HYDROFERA BLUE FOAM DRESSING	T9	
hydromet	T1b	
hydromorphone hcl er oral tablet er 24 hour abuse-deterrent	T3	ST; QL (30 tablets per 30 days)
hydromorphone hcl oral liquid	T1b	
hydromorphone hcl oral tablet 2 mg	T1b	QL (32 tablets per 1 day)
hydromorphone hcl oral tablet 4 mg	T1b	QL (16 tablets per 1 day)
hydromorphone hcl oral tablet 8 mg	T1b	QL (8 tablets per 1 day)
hydromorphone hcl rectal	T1b	
hydroquinone	T9	
hydroquinone external cream	T9	
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	T9	
hydroxychloroquine sulfate oral tablet 200 mg	T1b	
HYDROXYM EXTERNAL GEL	T9	
hydroxyurea oral	T1b	
hydroxyzine hcl oral syrup	T1b	
hydroxyzine hcl oral tablet	T1b	
hydroxyzine pamoate oral capsule 100 mg, 50 mg	T1b	
HYFTOR	T9	
HYLATOPIC PLUS EXTERNAL FOAM	T9	
HYOPHEN	T9	

Medication	Coverage Level	Restrictions
hyoscyamine sulfate er oral tablet extended release 12 hour	T1b	
hyoscyamine sulfate oral	T1b	
hyoscyamine sulfate sublingual	T1b	
HYPERSAL	T2	QL (240 ML per 30 days)
HYPOCYN ANTIPRURITIC	T9	
HYPOLANCE AST LANCING	T2	
HYRIMOZ	T9	
HYRIMOZ-CROHNS/UC STARTER	T9	
HYRIMOZ-PED<40KG CROHN STARTER	T9	
HYRIMOZ-PED>/=40KG CROHN START	T9	
HYRIMOZ-PLAQ PSOR/UVEIT START	T9	
HYRIMOZ-PLAQUE PSORIASIS START	T9	
HYSINGLA ER	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
HYZAAR	T3	
ibandronate sodium oral	T1b	
IBRANCE ORAL CAPSULE 100 MG	T5	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
IBRANCE ORAL CAPSULE 125 MG, 75 MG	T5	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
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)
IBSRELA	T9	
ibuprofen oral suspension	T1a	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1a	
ibuprofen-famotidine	T9	
ICAR-C PLUS	T9	
icatibant acetate subcutaneous solution prefilled syringe	T4	PA; SP (Limits apply, see quantity limitations); QL (3 syringes per 1 fill); AL (Min 18 Years)
ICLEVIA	T7	PV

Medication	Coverage Level	Restrictions
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.)
icosapent ethyl	T2	ST
IDACIO (2 PEN)	T9	
IDACIO (2 SYRINGE)	T9	
IDACIO-CROHNS/UC STARTER	T9	
IDACIO-PSORIASIS STARTER	T9	
idaoxia	T9	
idaran	T9	
IDELVION	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (25300 billable units per 28 days)
IDHIFA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
idyyxiatar	T9	
IFEREX 150 FORTE	T9	
IHEALTH BLOOD GLUCOSE TEST STR	T3	ST
IHEALTH CONTROL SOLUTION	T3	
IHEEZO	T9	
ILEVRO	T3	ST; QL (3 ML per 30 days)
imatinib mesylate oral tablet 100 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)
imatinib mesylate oral tablet 400 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)
IMBRUVICA ORAL CAPSULE 140 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
IMBRUVICA ORAL SUSPENSION	T5	PA; SP (Limited to a 1 month supply per fill); QL (108 ML per 30 days); AL (Max 9 Years)

Medication	Coverage Level	Restrictions
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
IMCIVREE	T9	
imipramine hcl oral	T1b	
imipramine pamoate oral capsule 100 mg, 150 mg	T2	ST; QL (60 EA per 30 days)
imipramine pamoate oral capsule 125 mg	T3	ST; QL (60 EA per 30 days)
imipramine pamoate oral capsule 75 mg	T2	ST; QL (30 EA per 30 days)
imiquimod external cream 3.75 %	T9	
imiquimod external cream 5 %	T1b	
imiquimod pump	T9	
IMITREX	T9	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	T9	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T9	
IMOVAX RABIES	T6	PV
IMPAVIDO	T4	PA; SP (Limited to a 1 month supply per fill)
IMPEKLO	T9	
IMPOYZ	T9	
IMURAN	T3	
IMVEXXY	T9	
IMVEXXY MAINTENANCE PACK	T9	
IMVEXXY STARTER PACK	T9	
INATAL GT	T1b	
INBRIJA	T9	
INCASSIA	T7	PV
INCRELEX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
INCRUSE ELLIPTA	T2	QL (30 Blisters per 30 Day(s)s)
indapamide oral	T1a	
INDERAL LA	T9	
INDERAL XL	T9	
INDOCIN ORAL	T9	
INDOCIN RECTAL	T9	
indomethacin er	T1b	

Medication	Coverage Level	Restrictions
indomethacin oral capsule 20 mg	T9	
indomethacin oral capsule 25 mg, 50 mg	T1b	
indomethacin oral suspension	T9	
indomethacin rectal	T9	
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	T5	PA; SP (Limited to a 1-month supply per fill); QL (30 Capsules per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 dose pack per 28 days)
INLYTA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
INNOPRAN XL	T9	
INPEFA	T9	
INPEN 100-BLUE-LILLY	T9	
INPEN 100-BLUE-LILLY-HUMALOG	T9	
INPEN 100-BLUE-NOVO	T9	
INPEN 100-BLUE-NOVOLOG-FIASP	T9	
INPEN 100-GRAY-LILLY	T9	
INPEN 100-GREY-LILLY-HUMALOG	T9	
INPEN 100-GREY-NOVO	T9	
INPEN 100-GREY-NOVOLOG-FIASP	T9	
INPEN 100-PINK-LILLY	T9	
INPEN 100-PINK-LILLY-HUMALOG	T9	
INPEN 100-PINK-NOVO	T9	

Medication	Coverage Level	Restrictions
INPEN 100-PINK-NOVOLOG-FIASP	T9	
INQOVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (5 tablets per 28 days)
INREBIC	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
INSPRA	T3	QL (30 tablets per 30 days)
insulin asp prot & asp flexpen	T3	ST; AL (Max 21 Years)
insulin aspart flexpen	T3	ST; AL (Max 21 Years)
insulin aspart injection	T3	ST
insulin aspart penfill	T3	ST; AL (Max 21 Years)
insulin aspart prot & aspart	T3	ST
insulin degludec	T9	
insulin degludec flextouch	T9	
insulin glargine max solostar	T9	
insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml	T9	
insulin glargine-yfgn	T9	
insulin lispro (1 unit dial)	T9	
insulin lispro injection	T9	
insulin lispro junior kwikpen	T9	
insulin lispro prot & lispro	T9	
INTEGRA F	T9	
INTEGRA PLUS	T9	
INTELENCE ORAL TABLET 100 MG	T5	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
INTELENCE ORAL TABLET 200 MG	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
INTELENCE ORAL TABLET 25 MG	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
INTERMEZZO	T9	
INTRAROSA	T2	PA
INTUNIV	T3	QL (60 tablets per 30 days)
INVEGA	T9	
INVELTYS	T3	ST
INVIRASE ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
INVOKAMET	T3	ST; QL (60 tablets per 30 days)
INVOKAMET XR	T3	ST; QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
INVOKANA	T3	ST; QL (30 tablets per 30 days)
inzdeaxiatar	T9	
inzdeaxiavar	T9	
inzdeoxia	T9	
iodoquimez-hc	T9	
IOPIDINE OPHTHALMIC SOLUTION 1 %	T9	
IPOL INJECTION INJECTABLE	T6	PV; QL (3 doses per 1 Lifetime)
ipratropium bromide inhalation	T1b	
ipratropium bromide nasal	T1b	
ipratropium-albuterol	T1b	QL (540 ML per 30 days)
irbesartan	T1b	
irbesartan-hydrochlorothiazide	T1b	
IRESSA	T9	
iron supplement childrens	T7	PV; AL (Min 6 Months and Max 12 Months)
IROSPAN 24/6	T9	
ISENTRESS	T4	SP (Limited to a 1 month supply per fill)
ISENTRESS HD	T4	SP (Limited to a 1 month supply per fill)
ISIBLOOM	T7	PV
isoniazid oral	T1a	
ISOPTO ATROPINE	T3	
ISOPTO CARPINE	T3	
ISORDIL TITRADOSE	T9	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	T2	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	T1b	
isosorbide dinitrate oral tablet 40 mg	T9	
isosorbide mononitrate	T1b	
isosorbide mononitrate er	T1b	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	T2	QL (6 fills per 2 years)
isotretinoin oral capsule 25 mg, 35 mg	T9	
isradipine	T1b	
ISTALOL	T9	
ISTURISA ORAL TABLET 1 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
ISTURISA ORAL TABLET 5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
itraconazole oral capsule	T2	QL (120 capsules per 30 days)
itraconazole oral solution	T4	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
ivabradine hcl	T2	ST
ivermectin external cream	T2	ST; QL (45 GM per 30 days)
ivermectin external lotion	T1b	
ivermectin oral	T1b	QL (10 tablets per 1 claim)
IWILFIN	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 tablets per 30 days)
IXIARO	T9	
IXINITY	T4	PA; SP (Limited to a 1 month supply per fill); QL (36800 billable units per 28 days)
IYUZEH	T9	
JADENU	T5	SP (Limited to a 1 month supply per fill)
JADENU SPRINKLE ORAL PACKET 180 MG	T9	
JADENU SPRINKLE ORAL PACKET 360 MG, 90 MG	T9	SP ( )
JAIMIESS	T7	PV
JAKAFI ORAL TABLET 10 MG, 25 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
JAKAFI ORAL TABLET 15 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
JAKAFI ORAL TABLET 20 MG, 5 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
JALYN	T3	ST
JANTOVEN	T1b	
JANUMET	T2	QL (60 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	QL (60 tablets per 30 days)
JANUVIA	T2	QL (30 tablets per 30 days)
JARDIANCE	T2	QL (30 tablets per 30 days)
JASMIEL	T7	PV
JATENZO	T9	
JAVYGTOR	T9	
JAYPIRCA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
JENCYCLA	T7	PV
JENTADUETO	T3	ST; QL (60 tablets per 30 days)
JENTADUETO XR	T3	ST; QL (30 tablets per 30 days)
JESDUVROQ	T9	
JINTELI	T1b	
JIVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
JOENJA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); QL (60 tablets per 30 days); AL (Min 12 Years)
JOLESSA	T7	PV
JORNAY PM	T9	
JOYEAUX	T9	
JUBLIA	T9	
JULEBER	T7	PV
JULUCA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
JUNEL 1.5/30	T7	PV
JUNEL 1/20	T7	PV
JUNEL FE 1.5/30	T7	PV
JUNEL FE 1/20	T7	PV
JUNEL FE 24	T7	PV
JUST RIGHT 5000 DENTAL PASTE	T3	
JUXTAPID ORAL CAPSULE 10 MG	T9	SP ( )
JUXTAPID ORAL CAPSULE 20 MG, 30 MG, 5 MG	T9	

Medication	Coverage Level	Restrictions
JYLAMVO	T3	AL (Max 9 Years)
JYNARQUE 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)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 90 & 30 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK 60 & 30 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
JYNNEOS	T6	PV
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	T9	
KAITLIB FE	T9	
KALBITOR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); AL (Min 16 Years)
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	T7	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 (Min 1 Years)
KALYDECO ORAL PACKET 25 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)
KALYDECO ORAL PACKET 5.8 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days)

Medication	Coverage Level	Restrictions
KALYDECO ORAL PACKET 50 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days)
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)
KAMDOY	T9	
KAPSPARGO SPRINKLE	T3	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	T3	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T9	
KARIVA	T7	PV
kataraxap	T9	
KATARVIA	T9	
KATERZIA	T3	QL (150 ML per 30 days); AL (Max 6 Years)
KAZANO	T9	
KEFLEX	T3	
KELNOR 1/35	T7	PV
KELNOR 1/50	T7	PV
KELO-COTE EXTERNAL GEL	T9	
KENALOG EXTERNAL	T9	
KEPPRA ORAL	T3	
KEPPRA XR	T3	
KERALAC EXTERNAL CREAM 47 %	T9	
KERALYT EXTERNAL SHAMPOO	T9	
KERENDIA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
KERYDIN	T9	
KESIMPTA	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed 3 pens for first month of therapy only.); QL (1 pen per 28 days)
ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml	T9	
ketoconazole external cream	T1b	QL (60 GM per 30 days)

Medication	Coverage Level	Restrictions
ketoconazole external foam	T9	
ketoconazole external shampoo 2 %	T1b	QL (120 ML per 30 days)
ketoconazole oral	T1b	
ketoprofen er	T2	QL (30 capsules per 30 days)
ketorolac tromethamine nasal	T9	
ketorolac tromethamine ophthalmic	T1b	
ketorolac tromethamine oral	T1b	QL (20 tablets per 30 days)
KETOSTIX	T3	
ketotifen fumarate ophthalmic	T1b	
kevaraxap	T9	
kevartia	T9	
KEVEYIS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days)
kimono	T7	PV
kimono micro thin	T7	PV
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 syringes per 28 days)
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV
KIONEX COMBINATION	T2	
KIONEX ORAL SUSPENSION	T2	
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)
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)

Medication	Coverage Level	Restrictions
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)
KISQALI FEMARA (200 MG DOSE)	T5	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KISQALI FEMARA (400 MG DOSE)	T5	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KISQALI FEMARA (600 MG DOSE)	T5	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KITABIS PAK	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)
KLARON	T3	
KLAYESTA	T9	
KLISYRI	T9	
KLISYRI (250 MG)	T9	
KLISYRI (350 MG)	T9	
KLONOPIN	T3	
KLOR-CON 10	T1b	
KLOR-CON M10	T1b	
KLOR-CON M15	T1b	
KLOR-CON M20	T1b	
KLOR-CON ORAL PACKET 20 MEQ	T9	
KLOR-CON ORAL TABLET EXTENDED RELEASE	T3	
KLOR-CON/EF	T1b	
KLOXXADO	T2	QL (2 doses per 365 days)
KLS QUIT2	T7	PV
KLS QUIT4	T7	PV
KOATE	T4	PA; SP (Limited to a 1 month supply per fill); QL (55200 billable units per 28 days)
kobee	T7	PV; AL (Max 50 Years)
KOGENATE FS	T4	PA; SP (Limited to a 1 month supply per fill); QL (43125 billable units per 28 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T3	ST; QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T3	ST; QL (30 tablets per 30 days)
KONVOMEP	T3	AL (Max 9 Years)
KORLYM	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
KOSELUGO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
kotaraxap	T9	
KOVALTRY	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
K-PHOS-NEUTRAL	T9	
kpn prenatal	T7	PV
KRAZATI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (180 tablets per 30 days)
KRINTAFEL	T1b	QL (2 tablets per 365 Days)
KRISTALOSE	T9	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	T3	
KURVELO	T7	PV
kutar	T9	
kutarvia	T9	
KUVAN ORAL PACKET 100 MG	T9	SP ( )
KUVAN ORAL PACKET 500 MG	T9	
KUVAN ORAL TABLET	T9	
KYZATREX ORAL CAPSULE 100 MG, 150 MG	T3	PA; QL (60 capsules per 30 days)
KYZATREX ORAL CAPSULE 200 MG	T3	PA; QL (120 tablets per 30 days)
l.e.t. (racepinephrine) external solution	T9	
l.e.t. external solution	T9	
labetalol hcl oral	T1b	
LAC-HYDRIN EXTERNAL CREAM	T9	
lacosamide oral solution 10 mg/ml	T1b	
lacosamide oral tablet	T1b	QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
LACRISERT	T4	SP (Limited to a 1 month supply per fill)
lactic acid e	T9	
lactic acid external lotion	T9	
lactulose oral packet	T9	
lactulose oral solution 10 gm/15ml	T1b	
LAGEVRIO	T4	SP (Limited to a 1 fill per year); QL (1 pack per 1 fill)
LAMICTAL ODT	T9	
LAMICTAL ORAL TABLET	T3	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	T3	
LAMICTAL STARTER	T3	QL (1 kit per 365 days)
LAMICTAL XR ORAL KIT	T3	ST; QL (1 kit per 365 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	T3	ST; QL (30 tablets per 30 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG, 250 MG, 300 MG	T3	ST; QL (60 tablets per 30 days)
LAMISIL ORAL TABLET	T3	
lamivudine oral solution	T1b	
lamivudine oral tablet	T2	
lamivudine-zidovudine	T2	
lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	T3	ST; QL (30 tablets per 30 days)
lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg	T3	ST; QL (60 tablets per 30 days)
lamotrigine oral tablet	T1a	
lamotrigine oral tablet chewable	T1b	
lamotrigine oral tablet dispersible	T9	
lamotrigine starter kit-blue	T1b	QL (1 kit per 365 days)
lamotrigine starter kit-green	T1b	QL (1 kit per 365 days)
lamotrigine starter kit-orange	T1b	QL (1 kit per 365 days)
lamotrigine titration	T9	
LAMPIT	T3	QL (90 tablets per 30 days); AL (Max 17 Years)
LANOXIN ORAL TABLET 125 MCG, 250 MCG	T3	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	T9	
lanreotide acetate	T4	SP (Limited to a 1 month supply per fill)
lansoprazole oral capsule delayed release	T3	

Medication	Coverage Level	Restrictions
lansoprazole oral tablet delayed release dispersible	T3	ST; QL (30 tablets per 30 days)
lanthanum carbonate oral tablet chewable 1000 mg	T4	SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
lanthanum carbonate oral tablet chewable 500 mg	T4	SP (Limited to a 1 month supply per fill); QL (210 tablets per 30 days)
lanthanum carbonate oral tablet chewable 750 mg	T4	SP (Limited to a 1 month supply per fill); QL (150 tablets per 30 days)
LANTUS	T2	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	
lapatinib ditosylate	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
LARIN 1.5/30	T7	PV
LARIN 1/20	T7	PV
LARIN 24 FE	T7	PV
LARIN FE 1.5/30	T7	PV
LARIN FE 1/20	T7	PV
LASIX	T3	
LASTACAFT	T9	
latanoprost ophthalmic	T1b	
LATISSE	T9	
LATUDA	T3	QL (30 tablets per 30 days)
laxative oral tablet delayed release	T9	
laxative polyethylene glycol	T7	PV
LAYOLIS FE	T9	
LAZANDA	T9	
ledipasvir-sofosbuvir	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
LEENA	T7	PV
LEFLUNICLO	T9	
leflunomide oral	T1b	
LEMTRADA	T9	
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	T3	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)

Medication	Coverage Level	Restrictions
lenalidomide oral capsule 2.5 mg, 20 mg	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
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.)
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.)
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.)
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.)
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.)
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.)
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.)
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.)
LESCOL XL	T9	
LESSINA	T7	PV
LETAIRIS ORAL TABLET 10 MG	T9	
LETAIRIS ORAL TABLET 5 MG	T9	SP ( )
letrozole oral	T1b	

Medication	Coverage Level	Restrictions
leucovorin calcium oral	T1b	
LEUKERAN	T4	SP (Limited to a 1 month supply per fill)
leuprolide acetate injection	T4	SP (Limited to a 1 month supply per fill); QL (2 kits per 28 days)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	T1b	
levamlodipine maleate oral tablet 5 mg	T9	
LEVAQUIN ORAL TABLET	T3	
LEVEMIR	T3	ST
levetiracetam er	T1b	
levetiracetam oral solution	T1b	
levetiracetam oral tablet	T1a	
Levitra Oral Tablet 10 MG, 20 MG	Benefit Exclusion	
levobunolol hcl ophthalmic solution 0.5 %	T1b	
levocarnitine oral solution	T1b	
levocarnitine oral tablet	T1b	
levocarnitine sf	T2	
levocetirizine dihydrochloride oral	T9	
levofloxacin ophthalmic	T1b	
levofloxacin oral	T1b	
LEVONEST	T7	PV
levonorgest-eth est & eth est	T7	PV
levonorgest-eth estrad 91-day	T7	PV
levonorgest-eth estradiol-iron	T9	
levonorgestrel oral tablet 1.5 mg	T7	PV
levonorgestrel-ethinyl estrad	T7	PV
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	T7	PV
LEVORA 0.15/30 (28)	T7	PV
levorphanol tartrate oral	T9	
LEVO-T	T3	
levothyroxine sodium oral capsule	T9	
levothyroxine sodium oral tablet	T1a	
LEVOXYL	T1b	
LEVSIN ORAL TABLET	T3	
LEVSIN/SL	T3	
LEXAPRO ORAL TABLET	T3	
LEXIVA ORAL SUSPENSION	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
LEXIVA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
LEXTOL	T9	
l-glutamine oral packet	T9	
LIALDA	T3	QL (120 tablets per 30 days)
LIBERVANT	T3	AL (Min 2 Years and Max 5 Years)
LIBRAX	T9	
LICART TRANSDERMAL	T9	
lidocaine external cream 4 %	T9	
lidocaine external ointment 5 %	T1b	
lidocaine external patch 5 %	T9	
lidocaine hcl external cream 3 %, 4 %	T9	
lidocaine hcl external gel 2 %	T1b	
lidocaine hcl external solution	T1b	
lidocaine viscous	T1b	
lidocaine(bufferd)-epinephrine injection solution prefilled syringe 1 %-1:100000	T9	
lidocaine-hydrocortisone ace rectal gel	T9	
lidocaine-hydrocortisone ace rectal kit	T9	
lidocaine-prilocaine external cream	T1b	
LIDOCAN	T9	
LIDOCAN II	T9	
LIDOCAN III	T9	
LIDODERM	T9	
lido-epinephrine-tetracaine	T9	
lidolite	T9	
lidopin external cream 3 %	T1b	
lidopril external kit	T9	
lido-racepinephrine-tetracaine external solution	T9	
lidorx	T9	
lidosol	T9	
lidosol-50	T9	
LIDTOPIC	T9	
LIKMEZ	T9	
lindane external shampoo	T1b	
linezolid oral suspension reconstituted	T4	SP (Limited to one 14 day supply per 6 months (180 days)); QL (840 ML per 14 days); AL (Max 9 Years)
linezolid oral tablet	T1b	QL (28 tablets per 14 days)
LINZESS	T3	QL (30 capsules per 30 days)

Medication	Coverage Level	Restrictions
liothyronine sodium oral	T1b	
LIPITOR	T3	
LIPOFEN	T9	
LIQREV	T9	
liraglutide	T9	
lisdexamfetamine dimesylate oral capsule	T1b	QL (30 capsules per 30 Days); AL (Min 6 Years)
lisdexamfetamine dimesylate oral tablet chewable	T1b	QL (30 tablets per 30 Days); AL (Min 6 Years)
lisinopril oral	T1a	
lisinopril-hydrochlorothiazide	T1a	
LITFULO	T9	
lithium	T1b	
lithium carbonate er	T1b	
lithium carbonate oral	T1a	
LITHOBID	T3	
LITHOSTAT	T9	
LIVALO	T9	
LIVIXIL PAK	T9	
LIVMARLI	T9	
LIVTENCITY	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
l-leucine	T9	
L-MESITRAN SOFT WOUND	T9	
l-methylfolate-b6-b12 oral tablet 3-35-2 mg	T9	
LO LOESTRIN FE	T3	ST
LOCOID EXTERNAL CREAM	T9	
LOCOID EXTERNAL LOTION	T9	
LOCOID EXTERNAL SOLUTION	T3	
LOCOID LIPOCREAM	T9	
LODOCO	T9	
LODOSYN	T9	
LOESTRIN 1.5/30 (21)	T9	
LOESTRIN FE 1.5/30	T3	PV
LOESTRIN FE 1/20	T3	PV
LOFENA	T9	
lofexidine hcl	T9	
LOJAIMIESS	T7	PV

Medication	Coverage Level	Restrictions
LOKELMA	T4	SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
LOMAIRA	T9	
LOMOTIL ORAL TABLET	T3	
LONSURF ORAL TABLET 15-6.14 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
LONSURF ORAL TABLET 20-8.19 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
loperamide hcl oral capsule	T9	
LOPID	T3	
lopinavir-ritonavir	T4	SP (Limited to a 1 month supply per fill)
LOPRESSOR HCT ORAL TABLET 50-25 MG	T3	
LOPRESSOR ORAL	T3	
LOPROX EXTERNAL SHAMPOO	T3	
loratadine oral tablet	T9	
loratadine-d 24hr	T9	
LORAZEPAM INTENSOL	T1b	
lorazepam oral tablet	T1a	
LORBRENA ORAL TABLET 100 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
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)
LOREEV XR	T9	
LORTAB ORAL ELIXIR 10-300 MG/15ML	T9	
LORYNA	T7	PV
LORZONE	T9	
losartan potassium oral	T1a	
losartan potassium-hctz	T1b	
LOSEASONIQUE	T9	
LOTEMAX	T9	

Medication	Coverage Level	Restrictions
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	
loteprednol etabonate ophthalmic gel	T2	ST
loteprednol etabonate ophthalmic suspension 0.2 %	T3	ST
loteprednol etabonate ophthalmic suspension 0.5 %	T2	ST
LOTREL ORAL CAPSULE 10-20 MG, 5-10 MG, 5-20 MG	T3	SP (Generic substitution mandatory.)
LOTREL ORAL CAPSULE 10-40 MG	T3	
LOTREXONE	T9	
LOTRIMIN AF EXTERNAL CREAM	T9	
LOTRISONE EXTERNAL CREAM	T3	
LOTRONEX	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
lounzdomdioxatar	T9	
lovastatin oral	T1a	PV
LOVAZA	T3	
LOVENOX INJECTION SOLUTION	T3	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	T5	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
LOW-OGESTREL	T7	PV
loxapine succinate oral	T1b	
LOYON	T9	
LO-ZUMANDIMINE	T7	PV
lubiprostone	T1b	QL (60 capsules per 30 Days)
LUCEMYRA	T9	
LUDENT	T3	PV
luliconazole	T9	
LUMAKRAS ORAL TABLET 120 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 tablets per 30 days)

Medication	Coverage Level	Restrictions
LUMAKRAS ORAL TABLET 240 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (120 Tablets per 30 days)
LUMAKRAS ORAL TABLET 320 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T2	ST
LUMRYZ	T9	
LUMRYZ STARTER PACK	T9	
LUNESTA	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
LUPKYNIS	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
lurasidone hcl	T2	QL (30 tablets per 30 Days)
LUTERA	T7	PV
LUXAMEND	T9	
LUXIQ	T9	
LUZU	T9	
LYBALVI	T9	
LYLEQ	T7	PV
LYLLANA	T1b	
LYMEPAK	T9	
LYNPARZA ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 tablets per 30 days)
LYRICA CR	T9	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	T3	QL (120 capsules per 30 days)
LYRICA ORAL CAPSULE 200 MG	T3	QL (90 capsules per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T3	QL (60 capsules per 30 days)
LYRICA ORAL SOLUTION	T3	QL (473 ML per 30 days)
LYSIPLEX PLUS ORAL TABLET	T9	

Medication	Coverage Level	Restrictions
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; 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; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (112 tablets per 28 days)
LYTGOBI (20 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (140 tablets per 28 days)
LYUMJEV	T2	
LYUMJEV KWIKPEN	T2	AL (Max 21 Years)
LYUMJEV TEMPO PEN	T9	
LYVISPAH	T9	
LYZA	T7	PV
maca	T9	
MACROBID	T3	
MACRODANTIN	T9	
mafenide acetate external	T1b	
MAGNEBIND 400	T9	
magnesium citrate oral solution	T7	PV
MALARONE	T3	
malathion external	T1b	
maprotiline hcl	T1b	
maraviroc	T4	SP (Limited to a 1 month supply per fill)
MARINOL ORAL CAPSULE 10 MG	T4	SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
MARINOL ORAL CAPSULE 2.5 MG, 5 MG	T3	QL (60 capsules per 30 days)
marlissa	T7	PV
MARPLAN	T2	QL (180 tablets per 30 days)
MASK VORTEX	T3	QL (4 masks per 1 year)
MASK VORTEX/CHILD/FROG	T3	QL (4 masks per 1 year)

Medication	Coverage Level	Restrictions
MASK VORTEX/TODDLER/LADYBUG	T3	QL (4 masks per 1 year)
MATULANE	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
MATZIM LA	T9	
MAVENCLAD (10 TABS)	T9	
MAVENCLAD (4 TABS)	T9	
MAVENCLAD (5 TABS)	T9	
MAVENCLAD (6 TABS)	T9	
MAVENCLAD (7 TABS)	T9	
MAVENCLAD (8 TABS)	T9	
MAVENCLAD (9 TABS)	T9	
MAVIK ORAL TABLET 4 MG	T3	
MAVYRET ORAL PACKET	T3	QL (140 packets per 28 days)
MAVYRET ORAL TABLET	T3	SP ( ); QL (84 tablets per 28 days)
MAXALT ORAL TABLET 10 MG	T9	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	T9	
MAXFE ORAL TABLET	T9	
MAXIDEX	T3	
MAXITROL OPHTHALMIC OINTMENT	T3	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1	T3	
maxi-tuss cd	T9	
MAXZIDE	T3	
MAXZIDE-25	T3	
MAYZENT ORAL TABLET 0.25 MG	T4	ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
MAYZENT ORAL TABLET 1 MG	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
MAYZENT ORAL TABLET 2 MG	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
MAYZENT STARTER PACK	T4	ST; SP (Limited to 1 fill per 2 years); QL (1 pack per 30 days)
meclizine hcl oral tablet	T9	
meclofenamate sodium oral	T9	
MEDROL	T3	

Medication	Coverage Level	Restrictions
medroxyprogesterone acetate intramuscular suspension	T7	PV; QL (1 vial per 90 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe	T7	PV; QL (1 syring per 90 days)
medroxyprogesterone acetate oral	T1a	
mefenamic acid oral	T3	ST; QL (30 capsules per 30 days)
mefloquine hcl	T1b	
MEGACE ES	T3	ST
megestrol acetate oral suspension 40 mg/ml	T1b	
megestrol acetate oral suspension 625 mg/5ml	T9	
megestrol acetate oral tablet	T1b	
MEKINIST ORAL SOLUTION RECONSTITUTED	T5	PA; SP (Limited to a 1 month supply per fill)
MEKINIST ORAL TABLET 0.5 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
MEKINIST ORAL TABLET 2 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
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.)
MELODETTA 24 FE	T9	
meloxicam oral capsule	T9	
meloxicam oral suspension	T9	
meloxicam oral tablet	T1a	
melphalan	T2	
memantine hcl er	T2	QL (30 capsules per 30 days); AL (Min 40 Years)
memantine hcl oral solution 2 mg/ml	T3	QL (300 ML per 30 days); AL (Min 40 Years)
memantine hcl oral tablet 10 mg, 5 mg	T1b	QL (60 tablets per 30 days); AL (Min 40 Years)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	T1b	QL (1 pack per 365 days); AL (Min 40 Years)
MENACTRA INTRAMUSCULAR SOLUTION	T6	PV; QL (1 Dose per 1 Lifetime)

Medication	Coverage Level	Restrictions
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T2	
MENOPUR	T3	
MENOSTAR	T3	QL (4 patches per 28 days)
MENQUADFI INTRAMUSCULAR SOLUTION	T6	PV; QL (1 dose per 1 lifetime)
MENTAX	T9	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	T6	PV; QL (1 dose per 1 lifetime)
meperidine hcl oral solution	T1b	
meperidine hcl oral tablet 50 mg	T1b	
MEPHYTON	T3	QL (3 tablets per 30 days)
meprobamate	T3	
MEPRON	T3	
MEPSEVII	T9	
mercaptopurine oral	T1b	
MERZEE	T9	
mesalamine er oral capsule extended release	T5	ST; SP (Limited to a 1 month supply per fill); QL (240 capsules per 30 days)
mesalamine er oral capsule extended release 24 hour	T3	QL (120 capsules per 30 days)
mesalamine oral capsule delayed release	T3	QL (180 capsules per 30 days)
mesalamine oral tablet delayed release 1.2 gm	T3	QL (120 tablets per 30 days)
mesalamine oral tablet delayed release 800 mg	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
mesalamine rectal enema	T1b	
mesalamine rectal suppository	T5	SP (Limited to a 1 month supply per fill)
MESNEX ORAL	T4	SP (Limited to a 1 month supply per fill)
MESTINON ORAL SYRUP	T2	
MESTINON ORAL TABLET	T3	
MESTINON ORAL TABLET EXTENDED RELEASE	T9	
METADATE CD	T9	
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	T1b	AL (Min 4 Years)
METAFOLBIC PLUS	T9	
metaproterenol sulfate oral syrup	T1b	
metaxalone oral tablet 400 mg	T9	
metaxalone oral tablet 800 mg	T1b	ST

Medication	Coverage Level	Restrictions
metdray	T9	
metformin hcl er	T1a	
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg	T9	
metformin hcl oral solution	T9	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	T1a	
metformin hcl oral tablet 625 mg	T9	
METHADONE HCL DISKETS	T1b	
METHADONE HCL INTENSOL	T1b	
methadone hcl oral	T1b	
METHADOSE ORAL CONCENTRATE 10 MG/ML	T1b	
METHADOSE ORAL TABLET SOLUBLE	T1b	
methamphetamine hcl	T3	QL (150 tablets per 30 days)
methaver	T9	
methazel	T9	
methazolamide oral	T2	
methenamine hippurate	T1b	
METHERGINE ORAL	T9	
methimazole oral	T1b	
methitest	T9	
methocarbamol oral tablet 1000 mg	T9	
methocarbamol oral tablet 500 mg, 750 mg	T1b	
methotrexate oral	T1b	
methotrexate sodium injection solution reconstituted	T1b	
methotrexate sodium oral	T1b	
methoxsalen rapid	T4	SP (Limited to a 1 month supply per fill)
methscopolamine bromide oral	T2	
methsuximide	T2	
methyldopa oral	T1b	
methyldopa-hydrochlorothiazide	T1b	
methylergonovine maleate oral	T3	QL (28 tablets per 365 days)
METHYLIN ORAL SOLUTION	T3	AL (Min 4 Years and Max 10 Years)
methylphenidate	T3	ST; QL (30 patches per 30 Days); AL (Min 3 Years)
methylphenidate hcl er (cd)	T1b	QL (30 capsules per 30 days); AL (Min 4 Years)

Medication	Coverage Level	Restrictions
methylphenidate hcl er (la)	T1b	QL (30 capsules per 30 days); AL (Min 4 Years)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg	T1b	QL (30 tablets per 30 days); AL (Min 4 Years)
methylphenidate hcl er (osm) oral tablet extended release 36 mg, 54 mg	T1b	QL (60 tablets per 30 days); AL (Min 4 Years)
methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg	T9	
methylphenidate hcl er (osm) oral tablet extended release 72 mg	T1b	QL (30 tablets per 30 days)
methylphenidate hcl er (xr)	T3	QL (30 capsules per 30 days)
methylphenidate hcl er oral tablet extended release 20 mg	T1b	AL (Min 4 Years)
methylphenidate hcl oral solution	T1b	AL (Min 4 Years and Max 10 Years)
methylphenidate hcl oral tablet	T1b	AL (Min 4 Years)
methylphenidate hcl oral tablet chewable	T1b	AL (Min 4 Years and Max 10 Years)
methylprednisolone oral	T1b	
methyltestosterone oral	T4	PA; SP (Limited to a 1 month supply per fill)
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	T1a	
metoclopramide hcl oral tablet	T1a	
metoclopramide hcl oral tablet dispersible	T3	ST
metolazone	T1b	
metoprolol succinate er	T1b	
metoprolol tartrate intravenous solution 5 mg/5ml	T1b	
metoprolol tartrate oral	T1a	
metoprolol-hctz er	T9	
metoprolol-hydrochlorothiazide	T1b	
METROCREAM	T3	
METROGEL EXTERNAL GEL	T3	
METROGEL-VAGINAL	T3	
METROLOTION	T3	
metronidazole benzoate	T9	
metronidazole external cream	T1b	
metronidazole external gel	T1b	
metronidazole external lotion	T2	
metronidazole oral	T1b	
metronidazole vaginal	T1b	
metyrosine	T9	

Medication	Coverage Level	Restrictions
mexiletine hcl oral	T1b	
MIACALCIN NASAL	T3	
MIBELAS 24 FE	T9	
MICARDIS	T3	
MICARDIS HCT	T3	
MICROCHAMBER	T3	QL (4 chambers per 1 year)
MICRODOT TEST	T3	ST; QL (200 strips per 30 days)
MICROGESTIN 1.5/30	T7	PV
MICROGESTIN 1/20	T7	PV
MICROGESTIN 24 FE	T7	PV
MICROGESTIN FE 1.5/30	T7	PV
MICROGESTIN FE 1/20	T7	PV
MICROSPACER	T3	QL (4 chambers per 1 year)
micuraderm	T9	
midazolam hcl oral	T1b	
midazolam intravenous solution prefilled syringe 25 mg/25ml, 50 mg/50ml	T9	
midodrine hcl	T1b	
MIEBO	T9	
mifepristone oral tablet 300 mg	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
MIGERGOT	T9	
miglustat	T5	PA; SP (Limited to a 1 month supply per fill)
MIGRANAL	T9	
MILI	T7	PV
milk of magnesia oral suspension 400 mg/5ml	T7	PV
MILLIPRED ORAL TABLET	T9	
MIMVEY	T1b	
MIMVEY LO	T1b	
MINASTRIN 24 FE	T9	
MINIPRESS	T3	
MINITRAN	T1b	
MINIVELLE	T3	
MINOCIN ORAL CAPSULE 100 MG, 50 MG	T3	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 90 mg	T9	
minocycline hcl oral capsule	T1b	
minocycline hcl oral tablet 100 mg	T9	

Medication	Coverage Level	Restrictions
minocycline hcl oral tablet 50 mg, 75 mg	T1b	
MINOLIRA	T9	
minoxidil for men external solution 2 %	T9	
minoxidil oral	T1b	
mirabegron er	T9	
MIRALAX ORAL POWDER	T9	
MIRAPEX	T3	
MIRAPEX ER	T3	ST; QL (30 tablets per 30 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	T9	
MIRCETTE	T9	
mirtazapine oral tablet	T1a	
mirtazapine oral tablet dispersible	T1b	
MIRVASO	T9	
misoprostol oral	T1b	
MITIGARE	T9	
M-M-R II INJECTION	T6	PV; QL (2 doses per 1 Lifetime)
MOBIC ORAL TABLET	T3	
modafinil oral	T1b	QL (60 tablets per 30 days)
MODERNA COVID-19 VAC 6M-11Y	T6	PV
moexipril hcl	T1b	
mometasone furoate external	T1b	
mometasone furoate nasal	T9	
MONDOXYNE NL ORAL CAPSULE 100 MG, 75 MG	T9	
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT PISTON SYRINGE	T2	
MONOJECT SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT SYRINGE LUER-LOCK TIP 140 ML	T2	
MONO-LINYAH	T7	PV
MONOVISC	T9	
montelukast sodium oral	T1b	
MONUROL	T3	QL (3 packets per 30 days)
MORGIDOX COMBINATION	T9	
MORPHABOND ER	T9	
morphine sulfate (concentrate) oral solution 100 mg/5ml	T1b	
morphine sulfate er beads	T9	

Medication	Coverage Level	Restrictions
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	T9	
morphine sulfate er oral tablet extended release	T1b	
morphine sulfate oral	T1b	
morphine sulfate rectal	T1b	
MOTEGRITY	T3	ST; QL (30 tablets per 30 days)
MOTPOLY XR	T9	
MOUNJARO	T2	PA; QL (2 ML per 28 days)
MOVANTIK	T3	ST; QL (30 EA per 30 days)
MOVIPREP	T3	
MOXEZA	T3	
moxifloxacin hcl (2x day)	T1b	
moxifloxacin hcl ophthalmic solution	T1b	
moxifloxacin hcl oral	T1b	
MRESVIA	T6	PV; QL (1 dose per 1 year); AL (Min 60 Years)
MS CONTIN ORAL TABLET EXTENDED RELEASE	T3	
MUCOSITISRX	T9	
MUGARD	T9	
MULPLETA	T9	
MULTAQ	T3	
MULTIGEN FOLIC	T9	
MULTIGEN PLUS	T9	
multivitamin w/fluoride	T3	PV
multivitamin/fluoride oral solution	T3	PV
multivitamins oral capsule	T9	
mupirocin calcium	T9	
mupirocin external	T1b	QL (22 GM per 30 days)
MUSCUSOLICE	T9	
MUSE	T9	
MVC-FLUORIDE	T3	PV
M-VIT	T9	
MY CHOICE	T7	PV
MY WAY	T7	PV
MYALEPT	T5	PA; SP (Limited to a 1 month supply per fill)
MYCAPSSA	T9	
MYCOBUTIN	T2	

Medication	Coverage Level	Restrictions
mycophenolate mofetil oral capsule	T1b	
mycophenolate mofetil oral suspension reconstituted	T1b	AL (Max 9 Years)
mycophenolate mofetil oral tablet	T1b	
mycophenolate sodium oral tablet delayed release 180 mg	T3	QL (240 tablets per 30 days)
mycophenolate sodium oral tablet delayed release 360 mg	T3	QL (120 tablets per 30 days)
mycophenolic acid oral tablet delayed release 180 mg	T2	QL (240 tablets per 30 days)
mycophenolic acid oral tablet delayed release 360 mg	T2	QL (120 tablets per 30 days)
MYDAYIS	T9	
MYFEMBREE	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
myferon 150	T9	
myferon 150 forte	T9	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	T3	QL (240 tablets per 30 days)
MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG	T3	QL (120 tablets per 30 days)
MYHIBBIN	T9	
MYLERAN	T2	
MYNATAL ORAL TABLET	T1b	
mynatal plus	T1b	
mynatal-z	T1b	
mynate 90 plus	T1b	
mynephrocaps	T9	
MYNEPHRON	T9	
MYORISAN	T2	QL (6 fills per 2 years)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T2	ST; QL (240 ML per 30 days); AL (Max 10 Years)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T2	ST; QL (30 tablets per 30 days)
MYSOLINE ORAL TABLET 50 MG	T3	
MYTESI	T9	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	T3	
nabumetone oral	T1b	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1b	
nadolol-bendroflumethiazide oral tablet 80-5 mg	T1b	
naftifine hcl external cream 1 %	T3	ST; QL (90 GM per 30 days)

Medication	Coverage Level	Restrictions
naftifine hcl external cream 2 %	T9	
naftifine hcl external gel 2 %	T9	
NAFTIN EXTERNAL CREAM 2 %	T9	
NAFTIN EXTERNAL GEL	T9	
NALFON ORAL CAPSULE 400 MG	T9	
naloxone hcl injection solution 0.4 mg/ml	T1b	QL (2 Vials per 1 year)
naloxone hcl injection solution cartridge	T1b	QL (2 cartridges per 1 year)
naloxone hcl injection solution prefilled syringe 2 mg/2ml	T1b	QL (2 syringes per 1 year)
naloxone hcl nasal	T1b	QL (1 box per 1 year)
NALTREX	T9	
naltrexone hcl oral	T1b	
NAMENDA ORAL TABLET	T3	QL (60 tablets per 30 days); AL (Min 40 Years)
NAMENDA TITRATION PAK	T3	QL (1 pack per 365 days); AL (Min 40 Years)
NAMENDA XR	T3	QL (30 capsules per 30 days); AL (Min 40 Years)
NAMENDA XR TITRATION PACK	T3	AL (Min 40 Years)
NAMZARIC	T9	
nanran	T9	
NAPHCON-A	T9	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	T9	
NAPROSYN ORAL SUSPENSION	T3	QL (4723 ML per 30 days); AL (Max 12 Years)
NAPROSYN ORAL TABLET 500 MG	T3	QL (473 ml per 30 days)
NAPROTIN	T9	
naproxen oral suspension	T1a	QL (473 ML per 30 days); AL (Max 12 Years)
naproxen oral tablet 250 mg, 375 mg	T1a	
naproxen oral tablet 500 mg	T1b	
naproxen oral tablet delayed release	T9	
naproxen sodium er	T9	
naproxen sodium oral tablet	T1b	
naproxen-esomeprazole mg	T9	
naratriptan hcl	T1b	QL (12 tablets per 30 days)
NARCAN	T3	QL (1 box per 1 year)
NARDIL	T3	
NASACORT ALLERGY 24HR	T9	
NASCOBAL	T9	

Medication	Coverage Level	Restrictions
NASONEX	T9	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	T3	QL (30 tablets per 30 days)
NATACYN	T3	
natal pnv	T9	
NATAZIA	T9	
nateglinide	T1b	
NATESTO	T9	
NATROBA	T9	
NAYZILAM	T3	QL (5 kits per 30 days)
nebivolol hcl	T1b	
NEBUPENT	T3	
NECON 0.5/35 (28)	T7	PV
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
nefazodone hcl	T1b	
NEFFY	T9	
nendrux	T9	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	T1b	
neomycin-polymyxin-dexameth ophthalmic ointment	T1b	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	T1b	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	T1b	
neomycin-polymyxin-hc otic solution 3.5-10000-1	T1b	
neonatal + dha	T9	
neonatal complete oral tablet 29-1 mg	T9	
NEONATAL PLUS	T9	
NEORAL	T3	
NEOSALUS EXTERNAL FOAM	T9	
NEO-SYNALAR EXTERNAL CREAM	T9	
neo-vital rx	T3	
NEPHPLEX RX	T9	
NEPHRON FA	T9	
NEPHRO-VITE RX	T9	
NERLYNX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NESINA	T9	

Medication	Coverage Level	Restrictions
NESTABS	T3	
NESTABS ABC	T3	
NESTABS DHA	T3	
NEUAC EXTERNAL GEL	T1b	QL (45 GM per 30 days)
NEUAC EXTERNAL KIT	T9	
NEULASTA ONPRO	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)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	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)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NEUPRO	T3	ST; QL (30 patches per 30 days)
neurin-sl	T9	
NEURONTIN	T3	
NEUTEK 2TEK TEST	T3	ST; QL (200 strips per 30 days)
NEVANAC	T9	
nevirapine er	T3	QL (30 tablets per 30 days)
nevirapine oral suspension	T1b	QL (1200 ML per 30 days)
nevirapine oral tablet	T1b	QL (60 tablets per 30 days)
NEW DAY	T7	PV
NEXA PLUS	T3	
NEXAVAR	T9	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	T9	
NEXIUM	T9	
NEXIUM 24HR	T3	
NEXLETOL	T3	PA; QL (30 Tablets per 30 days)
NEXLIZET	T3	PA; QL (30 tablets per 30 days)
NEXTSTELLIS	T9	
NGENLA	T9	
niacin er (antihyperlipidemic)	T1b	

Medication	Coverage Level	Restrictions
niacin oral tablet 500 mg	T9	
NIACOR	T1b	
NICADAN	T9	
nicardipine hcl oral capsule 20 mg	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
nicardipine hcl oral capsule 30 mg	T5	ST; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
NICAZEL	T9	
NICAZEL FORTE	T9	
NICODERM CQ	T9	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG	T9	
NICORETTE	T9	
NICORETTE MINI	T9	
nicotine	T7	PV
nicotine mini	T7	PV
nicotine polacrilex mouth/throat	T7	PV
NICOTROL	T7	PV; QL (1 box per 30 days)
NICOTROL NS	T7	PV; QL (40 mls per 30 days)
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	T1b	
nifedipine er osmotic release	T1b	
nifedipine oral	T1b	
NIKKI	T7	PV
nilutamide	T1a	
nimodipine oral	T2	SP ( ); QL (21 day supply per 365 days)
NINLARO ORAL CAPSULE 2.3 MG, 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)
NINLARO ORAL CAPSULE 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)
nisoldipine er	T2	
nitazoxanide oral	T5	SP (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
nitisinone	T9	

Medication	Coverage Level	Restrictions
NITRO-BID	T1b	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	T3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T2	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	T1b	
nitrofurantoin monohyd macro	T1b	
nitrofurantoin oral suspension 25 mg/5ml	T4	SP (Limited to a 1 month supply per fill); QL (120 ML per 30 days); AL (Max 9 Years)
nitrofurantoin oral suspension 50 mg/5ml	T4	SP (Limited to a 1 month supply per fill); QL (60 ML per 30 Days)
nitroglycerin er	T1b	
nitroglycerin rectal	T9	
nitroglycerin sublingual	T1b	
nitroglycerin transdermal patch 24 hour	T1b	
nitroglycerin translingual solution	T2	
NITROLINGUAL	T3	
NITROMIST	T3	
NITROSTAT	T1b	
NITRO-TIME	T1b	
NITYR	T9	
NIVA-FOL	T9	
NIVA-PLUS	T9	
NIVATOPIC PLUS	T9	
NIVESTYM	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
nizatidine oral capsule	T3	
nizatidine oral solution	T9	
NIZORAL EXTERNAL SHAMPOO 2 %	T3	
NOBLE FORMULA HC EXTERNAL SOLUTION	T9	
NOCDURNA	T9	
NOCTIVA NASAL EMULSION 1.66 MCG/0.1ML	T9	
NORA-BE	T7	PV
NORCO	T3	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
norelgestromin-eth estradiol	T7	PV; QL (3 patches per 28 days)
norethin ace-eth estrad-fe oral capsule	T9	

Medication	Coverage Level	Restrictions
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	T7	PV
norethin ace-eth estrad-fe oral tablet chewable	T7	PV
norethindrone acetate oral	T1b	
norethindrone acet-ethinyl est	T7	PV
norethindrone oral	T7	PV
norethindrone-eth estradiol	T1b	
norethindron-ethinyl estrad-fe	T7	PV
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	T7	PV
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	T9	
norgesic forte	T9	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	T7	PV
norgestim-eth estrad triphasic	T7	PV
NORITATE	T9	
NORLIQVA	T3	QL (150 ML per 30 Days); AL (Max 6 Years)
NORPACE	T3	
NORPACE CR	T2	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	T3	QL (60 tablets per 30 days)
NORTHERA	T9	
NORTREL 0.5/35 (28)	T7	PV
NORTREL 1/35 (21)	T7	PV
NORTREL 1/35 (28)	T7	PV
NORTREL 7/7/7	T7	PV
nortriptyline hcl oral capsule	T1b	
NORVASC	T3	SP (Generic substitution mandatory.)
NORVIR ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)
NORVIR ORAL TABLET	T3	
NOURIANZ	T9	
NOVA MAX GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
NOVACORT EXTERNAL GEL 1-2 %	T9	
NOVAREL	T3	ST
novavax covid-19 vaccine	T6	PV

Medication	Coverage Level	Restrictions
NOVOEIGHT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
NOVOFINE 32G X 6 MM	T2	
NOVOFINE AUTOCOVER	T2	
NOVOFINE AUTOCOVER PEN NEEDLE	T2	
NOVOFINE PEN NEEDLE	T2	
NOVOFINE PLUS	T2	
NOVOFINE PLUS PEN NEEDLE	T2	
NOVOLIN 70/30	T3	ST
NOVOLIN 70/30 FLEXPEN	T3	ST; AL (Max 21 Years)
NOVOLIN N	T3	ST
NOVOLIN N FLEXPEN	T3	ST; AL (Max 21 Years)
NOVOLIN R	T3	ST
NOVOLIN R FLEXPEN	T3	ST; AL (Max 21 Years)
NOVOLOG	T9	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NOVOLOG MIX 70/30	T9	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T9	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
NOVOSEVEN RT	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NOXAFIL ORAL PACKET	T5	SP (Limited to a 1 month supply per fill); QL (32 packets per 30 days); AL (Min 2 Years and Max 9 Years)
NOXAFIL ORAL SUSPENSION	T4	SP (Limited to a 1 month supply per fill); QL (450 ML per 30 days)
NOXAFIL ORAL TABLET DELAYED RELEASE	T4	SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
NP THYROID	T1b	
NUBEQA	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days)
NUCORT	T3	
NUCYNTA	T3	ST
NUCYNTA ER	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
NUEDEXTA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 Capsules per 30 days)
NUFERA	T9	
nujo	T9	
nuju	T9	
NULEV	T1b	
NULYTELY LEMON-LIME	T3	
NUPLAZID ORAL CAPSULE	T9	
NUPLAZID ORAL TABLET 10 MG	T9	
NURTEC	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 tablets per 30 days)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NUVAIL	T9	
NUVARING	T9	
NUVESSA	T9	
NUVIGIL ORAL TABLET 150 MG, 250 MG	T3	QL (30 tablets per 30 days)
NUVIGIL ORAL TABLET 200 MG, 50 MG	T9	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
NUZYRA INTRAVENOUS	T9	
NUZYRA ORAL TABLET 150 MG	T9	
NYAMYC	T1b	QL (60 GM per 30 days)
NYLIA 1/35	T1a	PV

Medication	Coverage Level	Restrictions
NYLIA 7/7/7	T7	PV
NYMALIZE ORAL SOLUTION 6 MG/ML	T5	ST; SP (Limited to a 1 month supply per fill); QL (1 fill per 21 days)
NYMYO	T7	PV
nynutey	T9	
nystatin external cream	T1b	SP (Generic substitution mandatory.)
nystatin external ointment	T1b	
nystatin external powder	T1b	QL (60 GM per 30 days)
nystatin mouth/throat	T1b	
nystatin oral tablet	T1b	
nystatin-triamcinolone	T1b	
NYSTOP	T1b	QL (60 GM per 30 days)
NYVEPRIA	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 Days)
O-CAL FA	T9	
OCALIVA	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)
OCELLA	T7	PV
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	T4	SP (Limited to a 1 month supply per fill)
octreotide acetate subcutaneous	T4	SP (Limited to a 1 month supply per fill)
OCUFLOX	T3	
OCUVEL ORAL CAPSULE 0.5 MG	T9	
ODACTRA	T3	AL (Min 12 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)
OFEV	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days); AL (Min 18 Years)
ofloxacin ophthalmic	T1b	

Medication	Coverage Level	Restrictions
ofloxacin oral tablet 300 mg, 400 mg	T1b	
ofloxacin otic	T1b	
OGIVRI	T9	
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)
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 Months and Max 25 Years)
OJJAARA	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
olanzapine oral tablet	T1a	
olanzapine oral tablet dispersible	T2	
olanzapine-fluoxetine hcl	T9	
olmesartan medoxomil oral	T1b	
olmesartan medoxomil-hctz	T1b	
olmesartan-amlodipine-hctz	T1b	
olopatadine hcl nasal	T2	
olopatadine hcl ophthalmic solution 0.1 %	T1b	QL (5 ml per 30 days)
olopatadine hcl ophthalmic solution 0.2 %	T1b	QL (2.5 ML per 30 days)
OLPRUVA (2 GM DOSE)	T9	
OLPRUVA (3 GM DOSE)	T9	
OLPRUVA (4 GM DOSE)	T9	
OLPRUVA (5 GM DOSE)	T9	
OLPRUVA (6 GM DOSE)	T9	
OLPRUVA (6.67 GM DOSE)	T9	

Medication	Coverage Level	Restrictions
OLUMIANT ORAL TABLET 1 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)
OLUMIANT ORAL TABLET 2 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OLUMIANT ORAL TABLET 4 MG	T9	
OLUX	T9	
OLUX-E	T9	
OMECLAMOX-PAK	T9	
omega-3-acid ethyl esters	T1b	
omeprazole magnesium oral capsule delayed release	T3	
omeprazole oral capsule delayed release	T3	
omeprazole oral tablet delayed release	T3	
Omeprazole-Sodium Bicarbonate Oral Capsule	Benefit Exclusion	
OMEZA COLLAGEN MATRIX	T9	
OMNARIS	T9	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	T5	SP (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
OMNIPOD 5 DEXG7G6 PODS GEN 5	T5	SP (Limited to a 1 month supply per fill); QL (2 Packs per 30 days)
OMNIPOD 5 G7 INTRO (GEN 5)	T5	SP (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
OMNIPOD 5 G7 PODS (GEN 5)	T5	SP (Limited to a 1-month supply per fill); QL (2 Packs per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6	T5	SP (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	T5	SP (Limited to a 1 month supply per fill); QL (2 Packs per 30 days)
OMNIPOD DASH INTRO (GEN 4)	T5	SP (Limited to 1 kit per 30 days); QL (1 kit per 2 yearss)
OMNIPOD DASH PODS (GEN 4)	T5	SP (Limited to a 1 month supply per fill); QL (2 packs per 30 days)
OMNIPOD GO	T9	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA; SP (Limited to a 1 month supply per fill)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1-month supply per fill); QL (2 Syringes per 28 days)
ON CALL EXPRESS BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
ON CALL EXPRESS GLUCOSE CONTR	T3	
ON CALL LANCETS	T2	
ON CALL LANCING DEVICE	T3	
ON CALL PLUS BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
ON CALL PLUS GLUCOSE CONTROL	T3	
ON CALL PLUS LANCETS	T2	
ON CALL PLUS LANCING DEVICE	T3	
ON CALL VIVID BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
ON CALL VIVID GLUCOSE CONTROL	T3	
ondansetron hcl oral	T1b	
ondansetron oral tablet dispersible 16 mg	T9	
ondansetron oral tablet dispersible 4 mg, 8 mg	T1b	
ONETOUCH ULTRA BLUE	T1b	QL (200 EA per 30 days)
ONETOUCH VERIO IN VITRO STRIP	T1b	QL (200 EA per 30 days)
ONEXTON	T9	
ONFI ORAL SUSPENSION	T3	ST
ONFI ORAL TABLET 10 MG, 20 MG	T3	ST
ONGENTYS	T3	ST
ONGLYZA	T3	ST; QL (30 tablets per 30 days)
ONTRUZANT	T9	
ONUREG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (14 tablets per 28 days)
onzdeaxiademtar	T9	
onzdeaxiatar	T9	
ONZETRA XSAIL	T9	
OPCICON ONE-STEP	T7	PV
OPFOLDA	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 capsules per 30 days)
OPILL	T9	
OPIPZA	T9	
opium	T9	

Medication	Coverage Level	Restrictions
OPSUMIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OPSYNVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OPTICHAMBER ADVANTAGE-LG MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER ADVANTAGE-MED MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER ADVANTAGE-SM MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER DIAMOND	T2	
OPTICHAMBER FACE MASK-LARGE	T2	QL (4 EA per 365 days)
OPTICHAMBER FACE MASK-MEDIUM	T2	QL (4 EA per 365 days)
OPTICHAMBER FACE MASK-SMALL	T2	QL (4 EA per 365 days)
OPTION 2	T7	PV
OPTIONS GYNOL II CONTRACEPTIVE	T7	PV
OPTIUM TEST	T3	ST; QL (200 strips per 30 days)
OPTIUMEZ TEST	T3	ST; QL (200 strips per 30 days)
OPTUMRX BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
OPVEE	T2	QL (1 box per 1 year)
OPZELURA	T9	
ORACEA	T9	
ORACIT	T3	
oral citrate	T1b	
oral saline laxative kit	T7	PV
ORALAIR	T3	AL (Min 10 Years and Max 65 Years)
ORALONE	T3	
ORAMAGICRX	T9	
ORAPRED ODT	T9	
ORAVIG	T4	ST; SP (Limited to a 1 month supply per fill)
ORENCIA CLICKJECT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
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)

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)
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)
ORENITRAM MONTH 1	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 28 days)
ORENITRAM MONTH 2	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 28 days)
ORENITRAM MONTH 3	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 28 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2880 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1440 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 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)
ORFADIN	T9	

Medication	Coverage Level	Restrictions
ORGOVYX	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ORIAHNN	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
ORILISSA ORAL TABLET 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
ORILISSA ORAL TABLET 200 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
ORKAMBI ORAL PACKET 100-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days); AL (Min 1 Years and Max 5 Years)
ORKAMBI ORAL PACKET 150-188 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days); AL (Min 1 Years and Max 5 Years)
ORKAMBI ORAL PACKET 75-94 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL (Min 1 Years)
ORKAMBI ORAL TABLET 100-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days); AL (Min 6 Years)
ORKAMBI ORAL TABLET 200-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days); AL (Min 6 Years)
ORLADEYO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); AL (Min 12 Years)
orlistat oral	Non-Formulary	
orphenadrine citrate er	T1b	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG	T9	

Medication	Coverage Level	Restrictions
ORSERDU	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)
ortho df	T9	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
ORTIKOS	T9	
oscimin sr	T1b	
oseltamivir phosphate oral capsule	T1b	QL (10 capsules per 1 fill)
oseltamivir phosphate oral suspension reconstituted	T1b	QL (120 ML per 1 fill)
OSENI	T9	
OSMOLEX ER	T9	
OSMOPREP	T3	
OSPHENA	T1b	PA
OTEZLA ORAL TABLET 20 MG	T4	PA; SO (Eligible member must be enrolled in SaveOn for coberage); SP (Limited to a 1-month supply per fill); QL (60 Tablets per 30 days)
OTEZLA ORAL TABLET 30 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 18 Years)
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); AL (Min 18 Years)
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG	T4	PA; SO (Eligible member must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); QL (1 Pack per 1 Year)
OTOVEL	T2	AL (Min 6 Months and Max 17 Years)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	T9	
OVACE PLUS	T9	
OVACE PLUS WASH	T9	
OVACE WASH	T9	

Medication	Coverage Level	Restrictions
OVIDE	T3	
OVIDREL	T2	
oxaprozin oral capsule	T9	
oxaprozin oral tablet	T2	
OXAYDO ORAL TABLET ABUSE-DETERRENT	T3	ST
oxazepam	T1b	
OXBRYTA	T9	
oxcarbazepine	T1b	
oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg	T4	PA; QL (30 tabs per 30 days)
oxcarbazepine er oral tablet extended release 24 hour 600 mg	T4	PA; QL (120 tabs per 30 days)
OXERVATE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (8 weeks per 1 lifetime)
oxiachlo	T9	
oxiaice	T9	
oxianuji	T9	
oxiavar	T9	
oxiavary	T9	
oxiconazole nitrate	T3	ST; QL (30 GM per 30 days)
OXISTAT EXTERNAL CREAM	T3	ST
OXISTAT EXTERNAL LOTION	T9	
oxopid	T9	
oxopidaxiaqup	T9	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	T9	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	T9	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
oxybutynin chloride er	T1b	
oxybutynin chloride oral solution	T1b	
oxybutynin chloride oral syrup	T1b	
oxybutynin chloride oral tablet 2.5 mg	T9	
oxybutynin chloride oral tablet 5 mg	T1b	
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg	T2	QL (60 EA per 30 days)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 15 mg, 80 mg	T2	QL (60 tablets per 30 days)
oxycodone hcl oral capsule	T9	

Medication	Coverage Level	Restrictions
oxycodone hcl oral concentrate 20 mg/ml	T1b	
oxycodone hcl oral solution	T1b	
oxycodone hcl oral tablet	T1b	
oxycodone hcl oral tablet abuse-deterrent 15 mg	T1b	
oxycodone-acetaminophen oral solution	T9	
oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg	T9	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	T1b	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	T2	QL (60 tablets per 30 days)
oxymorphone hcl	T2	ST
oxymorphone hcl er	T2	ST; QL (60 EA per 30 days)
OXYTROL	T9	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	T9	SP ( )
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	T9	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T9	SP ( )
OZEMPIC (2 MG/DOSE)	T9	SP ( )
OZOBAX	T9	
OZOBAX DS	T9	
OZURDEX INTRAVITREAL	T9	
PACERONE ORAL TABLET 100 MG	T2	QL (30 tablets per 30 days)
PACERONE ORAL TABLET 200 MG	T1b	
PACERONE ORAL TABLET 400 MG	T9	
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)

Medication	Coverage Level	Restrictions
PALFORZIA (300 MG MAINTENANCE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (300 MG TITRATION)	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (40 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (6 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (80 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA INITIAL ESCALATION	T4	PA; SP (Limited to a 1 month supply per fill)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	T2	QL (30 tablets per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	T2	QL (60 tablets per 30 days)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 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 syringe per 30 days)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML, 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)
PAMELOR ORAL CAPSULE	T3	SP (Generic substitution mandatory.)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	T5	ST; SP (Limited to a 1 month supply per fill)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT	T5	ST; SP (Limited to a 1 month supply per fill)
PANDA MASK LARGE	T3	QL (4 masks per 1 year)
PANDA MASK MEDIUM	T3	QL (4 masks per 1 year)
PANDA MASK SMALL	T3	QL (4 masks per 1 year)
PANDEL	T9	
pantoprazole sodium oral packet	T9	
pantoprazole sodium oral tablet delayed release	T3	
paregoric	T9	
paricalcitol oral	T2	
PARLODEL	T3	
PARNATE	T3	

Medication	Coverage Level	Restrictions
paromomycin sulfate oral	T1b	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	T2	QL (30 tablets per 30 days)
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	T2	QL (60 tablets per 30 days)
paroxetine hcl oral suspension	T2	
paroxetine hcl oral tablet	T1a	
paroxetine mesylate	T9	
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	
PATANOL	T3	
PAXIL	T3	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 37.5 MG	T3	ST; QL (30 EA per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	T3	ST; QL (60 EA per 30 days)
PAXLOVID (150/100)	T4	SP (Limited to 1 fill per year); QL (1 pack per 1 year)
PAXLOVID (300/100)	T4	SP (Limited to 1 fill per year); QL (1 pack per 1 year)
PAZEO	T9	
pazopanib hcl	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
pc pediatric iron drops	T7	PV; AL (Min 6 Months and Max 12 Months)
pediatric medium mask	T3	QL (4 masks per 1 year)
PEDIATRIC PANDA MASK	T3	QL (4 masks per 1 year)
pediatric small mask	T3	QL (4 masks per 1 year)
peg 3350 oral powder	T9	
peg 3350-kcl-na bicarb-nacl	T7	PV
peg-3350/electrolytes	T7	PV
peg-3350/electrolytes/ascorbat	T7	PV
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	SP (Limited to a 1 month supply per fill); QL (48 Treatments per 1 Lifetime)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	SP (Limited to a 1 month supply per fill); QL (48 treatments per 1 lifetime)
PEG-PREP	T7	PV

Medication	Coverage Level	Restrictions
PEMAZYRE	T4	PA; SP (Limited to a 1 month supply per fill); QL (14 tablets per 21 days)
PEMGARDA	T9	
PEMRYDI RTU INTRAVENOUS SOLUTION 500 MG/50ML	T9	
PENBRAYA	T6	PV; QL (2 doses per 1 lifetime)
penciclovir	T5	ST; SP (Limited to a 1 month supply per fill); QL (5 GM per 6 monthss)
penicillamine oral capsule	T9	
penicillamine oral tablet	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
penicillin v potassium	T1b	
PENNSAID TRANSDERMAL SOLUTION 2 %	T9	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	T6	PV
pentamidine isethionate inhalation	T1b	
PENTASA	T5	ST; SP (Limited to a 1 month supply per fill); QL (240 capsules per 30 dayss)
pentazocine-naloxone hcl	T2	ST
pentoxifylline er	T1b	
PEPCID ORAL TABLET	T9	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T3	
PERFOROMIST	T9	
PERIDEX	T3	
perindopril erbumine	T1b	
permethrin external cream	T1b	
perphenazine oral tablet 2 mg, 4 mg, 8 mg	T1b	
perphenazine-amitriptyline	T1b	
PERTZYE	T5	ST; SP (Limited to a 1 month supply per fill)
PEXEVA	T9	
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	T6	PV
pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml	T6	PV
pfizer-biontech covid-19 vacc	T6	PV
PHEBURANE	T9	

Medication	Coverage Level	Restrictions
phedrax	T9	
phenazopyridine hcl oral tablet 100 mg, 200 mg	T1b	
Phendimetrazine Tartrate	Benefit Exclusion	
phenelzine sulfate oral	T1b	
phenobarbital oral elixir	T1b	
phenobarbital oral tablet	T1b	
phenoxybenzamine hcl oral	T5	ST; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
Phentermine HCl Oral Capsule 15 MG, 30 MG	Benefit Exclusion	
Phentermine HCl Oral Tablet	Benefit Exclusion	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	T1b	
PHENYTEK	T2	
phenytoin oral suspension 125 mg/5ml	T1b	
phenytoin oral tablet chewable	T1b	
phenytoin sodium extended	T1b	
pheoxia	T9	
PHEXXI	T3	QL (12 tubes per 30 days)
PHILITH	T7	PV
PHLAG SPRAY	T9	
PHOSLO	T3	
PHOSLYRA	T3	ST
phos-nak	T9	
PHOSPHA 250 NEUTRAL	T9	
phosphate laxative oral solution 2.7-7.2 gm/15ml	T7	PV
PHOSPHOLINE IODIDE	T2	
phytonadione injection solution 1 mg/0.5ml	T3	
phytonadione oral	T1b	QL (3 tablets per 30 Days)
pidprogtar	T9	
PIFELTRO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	T1b	
pilocarpine hcl oral	T1b	QL (120 tablets per 30 days)
pimecrolimus	T1b	QL (30 GM per 30 days)
pimozide oral tablet 1 mg	T1b	QL (300 tablets per 30 days)
pimozide oral tablet 2 mg	T1b	QL (150 tablets per 30 days)
PIMTREA	T7	PV
pindolol	T1b	
pioglitazone hcl	T1b	

Medication	Coverage Level	Restrictions
pioglitazone hcl-glimepiride	T9	
pioglitazone hcl-metformin hcl	T1b	
PIP BLOOD GLUCOSE TEST STRIP	T3	ST; QL (200 strips per 30 days)
PIP GLUCOSE CONTROL SOLUTION	T3	
pip lancets 28g	T2	
pip lancets 30g	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)
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)
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)
pirfenidone oral capsule	T9	
pirfenidone oral tablet 267 mg	T4	PA; SP (Limited to a 1 month supply per fill); QL (270 tablets per 30 days)
pirfenidone oral tablet 534 mg	T9	
pirfenidone oral tablet 801 mg	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
piroxicam oral	T1b	
pitavastatin calcium	T3	ST; QL (30 tablets per 30 Days)
PLAN B ONE-STEP	T7	PV
PLAQUENIL	T3	
PLAVIX ORAL TABLET 75 MG	T3	
PLEGRIDY INTRAMUSCULAR	T4	ST; SP (Limited to a one month supply per fill); QL (2 syringes per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
PLENITY	T9	
PLENVU	T3	
PLEXION CLEANSER EXTERNAL LIQUID	T9	
PLEXION CLEANSING CLOTH EXTERNAL PAD	T9	
PLEXION EXTERNAL CREAM	T9	
PLEXION NS	T9	
PLIAGLIS EXTERNAL CREAM	T9	
PNEUMOVAX 23	T6	PV; QL (3 doses per 1 Lifetime)
pnv tabs 29-1	T1b	
pnv-dha	T1b	
pnv-dha+docusate	T1b	
pnv-omega	T1b	
pnv-select	T1b	
podocon	T9	
PODOCON-25	T9	
podofilox external gel	T3	ST
podofilox external solution	T1b	
podoxia	T9	
podprogtar	T9	
podtar	T9	
POGO AUTOMATIC TEST CARTRIDGES	T3	
POKONZA	T9	
polyethylene glycol 3350 oral packet	T9	
polyethylene glycol 3350 oral powder	T7	PV
poly-iron 150 forte	T9	
polymyxin b-trimethoprim	T1b	
POLYTRIM	T3	
POLY-VI-FLOR ORAL TABLET CHEWABLE	T9	
POLY-VI-FLOR/IRON	T9	
POMALYST ORAL CAPSULE 1 MG, 3 MG, 4 MG	T5	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
POMALYST ORAL CAPSULE 2 MG	T5	PA; SP (Limited to a 1 month supply per fill)
PONSTEL	T3	
PONVORY	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PONVORY STARTER PACK	T4	ST; SP (Limited to a 1 month supply per fill); QL (1 pack per 2 years)
PORTIA-28	T7	PV
posaconazole oral suspension	T4	SP (Limited to a 1 month supply per fill); QL (450 ML per 30 days)
posaconazole oral tablet delayed release	T4	SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
POSFREA	T9	
pot & sod cit-cit ac	T1b	
POTABA ORAL CAPSULE	T9	
potassium chloride crys er oral tablet extended release 15 meq, 20 meq	T1b	
potassium chloride er oral capsule extended release	T1b	
potassium chloride er oral tablet extended release 10 meq, 15 meq, 8 meq	T1b	
potassium chloride oral packet	T9	
potassium chloride oral solution 20 meq/15ml (10%)	T3	
potassium chloride oral solution 40 meq/15ml (20%)	T4	SP (Max of 31 days per dispensing.)
potassium citrate er	T1b	
potassium citrate-citric acid oral solution	T1b	
potassium iodide (expectorant)	T2	
potassium iodide oral solution	T2	
povidone-iodine ophthalmic	T9	
PR BENZOYL PEROXIDE WASH	T9	
PR NATAL 400	T1b	
PR NATAL 400 EC	T1b	
PR NATAL 430	T1b	
PR NATAL 430 EC	T1b	
PRADAXA ORAL CAPSULE	T3	QL (62 capsules per 31 days)
PRADAXA ORAL PACKET	T9	

Medication	Coverage Level	Restrictions
PRAKETAMIDE	T9	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; QL (2 pens per 28 days)
pramipexole dihydrochloride	T1b	
pramipexole dihydrochloride er	T3	ST; QL (30 tablets per 30 days)
PRAMOSONE	T9	
pramoxine-hc external cream	T9	
prasugrel hcl	T1b	QL (31 tablets per 31 days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	T3	
pravastatin sodium	T1b	PV
prazosin hcl oral	T1b	
PRECISION PCX	T3	ST; QL (200 strips per 30 days)
PRECISION PCX PLUS TEST	T3	ST; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST	T3	ST; QL (200 EA per 30 days)
PRECISION QID TEST	T3	ST; QL (200 EA 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	
prednicarbate	T1b	
prednisolone acetate ophthalmic	T1b	
prednisolone oral solution	T1b	
prednisolone oral tablet	T9	
prednisolone sodium phosphate ophthalmic	T1b	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	T1b	
prednisolone sodium phosphate oral solution 20 mg/5ml	T9	
prednisolone-bromfenac ophthalmic solution	T9	
prednisolone-gatifloxacin ophthalmic solution	T9	
prednisolon-gatiflox-bromfenac ophthalmic solution	T9	
PREDNISONE INTENSOL	T2	
prednisone oral solution	T2	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg	T1a	
prednisone oral tablet 50 mg	T2	
prednisone oral tablet therapy pack 5 mg (21)	T1b	

Medication	Coverage Level	Restrictions
PREFEST	T3	
pregabalin er	T9	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	T1b	QL (120 capsules per 30 days)
pregabalin oral capsule 200 mg	T1b	QL (90 CAPSULES per 30 days)
pregabalin oral capsule 225 mg	T1b	QL (60 capsules per 30 days)
pregabalin oral capsule 300 mg	T1b	QL (60 CAPSULES per 30 days)
pregabalin oral solution	T1b	QL (473 ML per 30 days)
PREGNYL	T3	
PREHEVBRIO	T6	QL (3 doses per 1 lifetime); AL (Min 18 Years)
PREMARIN ORAL	T2	QL (30 tablets per 30 days)
PREMARIN VAGINAL	T3	ST
premium blood glucose test	T3	ST; QL (200 strips per 30 days)
PREMPHASE	T2	
PREMPRO	T2	
prena 1 true	T1b	
prena1	T1b	
prena1 pearl	T1b	
prenaissance	T1b	
prenaissance plus	T1b	
PRENATABS RX	T1b	
prenatal (w/iron & fa)	T7	PV
prenatal 19 oral tablet 29-1 mg	T3	
prenatal 19 oral tablet chewable 29-1 mg	T1b	
prenatal complete oral tablet	T7	PV
prenatal multi +dha oral capsule 27-0.8-250 mg	T7	PV
prenatal multivitamin plus dha	T7	PV
prenatal one daily	T7	PV
prenatal oral tablet 27-0.8 mg, 28-0.8 mg	T7	PV
prenatal plus	T1b	
prenatal plus iron	T1b	
prenatal plus vitamin/mineral	T3	
PRENATAL-U	T1b	
PRENATE AM	T3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG, 28-0.6-0.4-300 MG	T3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG, 26-0.6-0.4 MG	T3	
PRENATE ENHANCE	T3	

Medication	Coverage Level	Restrictions
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T3	QL (30 capsules per 30 days)
PRENATE PIXIE	T3	QL (30 capsules per 30 days)
PRENATE RESTORE	T3	
PRENATE STAR	T3	
PREPIDIL	T3	
PREPOPIK	T3	
PRESERA	T9	
PRESTALIA	T3	ST; QL (30 tablets per 30 days)
pretomanid	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PREVACID 24HR	T9	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	T9	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG	T9	
PREVALITE	T1b	
PREVIDENT	T3	
PREVIDENT 5000 KIDS	T3	
PREVIDENT 5000 ORTHO DEFENSE	T3	
PREVIDENT 5000 PLUS	T3	
PREVNAR 13	T6	PV; QL (2 doses per 1 lifetime)
PREVNAR 20	T6	PV
PREVYMIS ORAL	T4	PA; SP (Limited to a 1 month supply per fill)
PREZCOBIX	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PREZISTA ORAL SUSPENSION	T4	SP (Limited to a 1 month supply per fill)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T4	SP (Limited to a 1 month supply per fill)
PRIFTIN	T2	
PRILOSEC OTC	T9	
primaquine phosphate oral	T1b	
primidone oral tablet 125 mg	T9	
primidone oral tablet 250 mg, 50 mg	T1a	
PRIMLEV	T9	
PRIMSOL	T9	
PRINIVIL	T3	
PRIORIX	T6	PV; QL (2 doses per 1 lifetime)

Medication	Coverage Level	Restrictions
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	T3	QL (60 tablets per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	T3	QL (30 tablets per 30 days)
PROAIR DIGIHALER	T9	
PROAIR HFA	T9	
PROAIR RESPICLICK	T9	
probenecid oral	T1b	
PROBUPHINE IMPLANT KIT	T9	
PROCARDIA XL	T3	
PROCENTRA	T1b	
prochamber vhc	T1b	QL (4 EA per 365 days)
prochlorperazine	T1b	
prochlorperazine maleate oral	T1a	
PROCRIT	T4	SP (Limited to a 1 month supply per fill)
PROCTOCORT RECTAL SUPPOSITORY	T9	
PROCTOFOAM HC EXTERNAL	T1b	QL (2 cans per 30 days)
PROCYSBI ORAL CAPSULE DELAYED RELEASE	T9	
PRODIGY CONTROL SOLUTION IN VITRO SOLUTION LOW	T3	
PRODIGY LANCETS 26G	T2	
PRODIGY LANCETS 28G	T2	
PRODIGY LANCING DEVICE	T3	
PRODIGY NO CODING BLOOD GLUC IN VITRO	T3	ST; QL (200 strips per 30 days)
PRODIGY TWIST TOP LANCETS 28G	T2	
PROFERRIN-FORTE	T9	
PROFILNINE	T5	SP (Limited to a 1 month supply per fill)
PROFINAC	T9	
progesterone intramuscular	T1b	
progesterone micronized oral	T1b	
progesterone oral	T1b	
PROGLYCEM	T9	
PROGRAF ORAL CAPSULE	T3	
PROGRAF ORAL PACKET	T3	AL (Max 9 Years)
PROLATE	T9	
PROLENSA	T9	

Medication	Coverage Level	Restrictions
PROMACTA ORAL PACKET 12.5 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PROMACTA 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 (30 packets per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 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 (30 tablets per 30 days)
PROMACTA ORAL TABLET 50 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
promethazine hcl oral	T1b	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1b	
promethazine vc/codeine	T1b	
promethazine-codeine oral syrup	T1b	
promethazine-dm oral syrup	T1b	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T1b	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
PROMETRIUM	T3	
PROMISEB	T9	
PRONAL	T9	
prooxia	T9	
propafenone hcl	T1b	
propafenone hcl er	T1b	
propantheline bromide oral	T1b	
PROPECIA	T9	
propranolol hcl er	T1b	
propranolol hcl intravenous	T1b	
propranolol hcl oral	T1a	
propranolol-hctz	T1b	
propylthiouracil oral	T1b	
PROSCAR	T3	

Medication	Coverage Level	Restrictions
PROTONIX ORAL TABLET DELAYED RELEASE	T9	
protriptyline hcl	T2	
PROVENTIL HFA	T9	
PROVERA	T3	
PROVIDA OB	T3	
PROVIGIL ORAL TABLET 100 MG	T3	QL (31 EA per 31 days)
PROVIGIL ORAL TABLET 200 MG	T3	QL (62 EA per 31 days)
PROZAC ORAL CAPSULE	T3	
PRUCLAIR	T9	
PRUDOXIN	T9	
PRUMYX	T9	
PRUTECT	T9	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	T1b	
pseudoephedrine hcl oral tablet 60 mg	T9	
PULMICORT FLEXHALER	T1b	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	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)
purevit dualfe plus	T9	
PURIXAN	T5	SP (Limited to a 1 month supply per fill)
px stop smoking aid mouth/throat lozenge	T7	PV
PYLERA	T3	ST
pyrazinamide oral	T1b	
PYRIDIUM	T3	
pyridostigmine bromide er	T9	
pyridostigmine bromide oral tablet 60 mg	T1b	
pyrimethamine oral	T4	PA; SP (Limited to a 1 month supply per fill)
PYRUKYND	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
PYRUKYND TAPER PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)

Medication	Coverage Level	Restrictions
QBRELIS	T3	AL (Max 9 Years)
QBREXZA	T9	
qc magnesium citrate	T7	PV
qc milk of magnesia	T7	PV
qc natura-lax	T7	PV
QDOLO	T9	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	T3	ST; QL (30 capsules per 30 days); AL (Min 6 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	T3	ST; QL (60 capsules per 30 days); AL (Min 6 Years)
QINLOCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
QMIIZ ODT	T9	
QNASL	T9	
QNASL CHILDRENS	T9	
Qsymia	Benefit Exclusion	
QTERN	T3	ST; QL (30 tablets per 30 days)
QUADRACEL INTRAMUSCULAR SUSPENSION	T6	PV
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV
QUALAQUIN	T3	
QUARTETTE	T9	
quazepam	T9	
QUDEXY XR	T9	
QUESTRAN LIGHT ORAL POWDER	T3	
QUESTRAN ORAL POWDER	T3	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	T1b	QL (30 tablets per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	T1b	QL (60 tablets per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	T1a	
quetiapine fumarate oral tablet 150 mg	T1b	
QUFLORA FE	T9	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML	T9	
quidroxzar	T9	
quihoxaxia	T9	
QUILLICHEW ER	T3	ST; QL (30 tablets per 30 days); AL (Min 4 Years and Max 9 Years)

Medication	Coverage Level	Restrictions
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	T3	ST; QL (360 ML per 30 days); AL (Min 4 Years and Max 9 Years)
quinapril hcl	T1b	
quinapril-hydrochlorothiazide	T1b	
quinidine gluconate er	T4	SP (Limited to a 1 month supply per fill)
quinidine sulfate oral	T1a	
quinine sulfate oral	T1b	
QUINTET AC BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
QUINTET BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
quitar	T9	
QULIPTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
QUVIVIQ	T9	
QUZYTTIR	T9	
QVAR REDIHALER	T2	
ra aspirin adult low dose	T1b	
ra aspirin ec	T1b	
ra aspirin oral tablet 325 mg	T1b	
ra balanced b-100	T7	PV; AL (Max 50 Years)
ra folic acid	T7	PV; AL (Max 50 Years)
ra laxative oral tablet delayed release	T7	PV
ra milk of magnesia oral suspension	T7	PV
ra mini nicotine	T7	PV
ra nicotine mouth/throat	T7	PV
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	T7	PV
ra one daily	T7	PV
ra prenatal	T7	PV
RABAVERT	T6	PV
rabeprazole sodium oral tablet delayed release	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)
RAGWITEK	T3	AL (Min 18 Years and Max 65 Years)
raloxifene hcl	T1b	
ramelteon	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)
ramipril	T1a	

Medication	Coverage Level	Restrictions
RANEXA	T3	
ranitidine hcl oral capsule	T9	
ranitidine hcl oral syrup 75 mg/5ml	T9	
ranitidine hcl oral tablet	T9	
ranolazine er	T1b	
RAPAFLO	T9	
RAPAMUNE	T5	SP (Limited to a 1 month supply per fill)
rasagiline mesylate oral	T1b	QL (30 tablets per 30 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	T3	ST; QL (4 syringes per 28 days)
RAVICTI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (525 ML per 30 days)
RAYALDEE	T9	
rayasal	T9	
RAYOS	T9	
RAZADYNE ER	T3	SP (Drug name has been changed from Reminyl*)
RAZADYNE ORAL TABLET	T3	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
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); QL (6 ML per 28 days)
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); QL (6 ML per 28 days)

Medication	Coverage Level	Restrictions
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)
RECEDO	T9	
RECLIPSEN	T7	PV
RECOMBINATE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (55200 billable units per 28 days)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	T6	PV
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	T6	PV
RECORLEV	T9	
RECTIV	T9	
REDITREX	T3	ST
REFISSA	T9	
REFUAH PLUS BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
REFUAH PLUS GLUCOSE CONTROL	T3	
REGLAN ORAL	T3	
REGRANEX	T4	ST; SP (Limited to a 1 month supply per fill)
RELADOR PAK EXTERNAL KIT	T9	
RELADOR PAK PLUS	T9	
RELAFEN DS	T9	
RELENZA DISKHALER	T3	
RELEUKO INJECTION SOLUTION 300 MCG/ML	T5	SP (Limited to a 1 month supply per fill)
releuko injection solution 480 mcg/1.6ml	T5	SP (Limited to a 1 month supply per fill)
releuko subcutaneous	T5	SP (Limited to a 1 month supply per fill)
RELEXXII	T9	
RELION BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
RELION CONFIRM/MICRO TEST	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
RELION PRIME TEST	T3	ST; QL (200 strips per 30 days)
RELISTOR ORAL	T5	PA; SP (Limited to a 1 month supply per fill)
RELISTOR SUBCUTANEOUS KIT	T5	PA; SP (Limited to a 1 month supply per fill)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	T5	PA; SP (Limited to a 1 month supply per fill)
RELPAX	T9	
RELTONE	T9	
RELYVRIO	T9	
REMERON ORAL TABLET 15 MG, 30 MG	T3	
REMERON SOLTAB	T3	
REMICADE	T9	
RENAL ORAL CAPSULE	T9	
rena-vite	T7	PV; AL (Max 50 Years)
rena-vite rx	T9	
reno caps	T9	
RENOVA	T9	
RENOVA PUMP	T9	
RENVELA ORAL PACKET 0.8 GM	T9	
RENVELA ORAL PACKET 2.4 GM	T5	SP (Limited to a 1 month supply per fill)
RENVELA ORAL TABLET	T9	
repaglinide	T1b	
REPATHA	T2	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
REPATHA PUSHTRONEX SYSTEM	T2	PA; SP (Limited to a 1 month supply per fill); QL (1 cartridge per 30 days)
REPATHA SURECLICK	T2	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
REPLESTA	T9	
REPLESTA CHILDRENS	T9	
REPLESTA NX	T9	
REQ 49+	T9	
RESTASIS	T9	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	T9	
RESTORA RX	T9	

Medication	Coverage Level	Restrictions
RESTORIL	T3	QL (30 capsules per 30 days); AL (Min 18 Years)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
RETACRIT INJECTION SOLUTION 20000 UNIT/2ML	T5	SP (Limited to a 1 month supply per fill.)
RETEVMO ORAL CAPSULE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (60 Tablets per 30 days)
RETEVMO ORAL TABLET 40 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (90 Tablets per 30 days)
RETIN-A	T3	AL (Max 50 Years)
RETIN-A MICRO	T9	
RETIN-A MICRO PUMP	T9	
RETROVIR ORAL CAPSULE	T3	
RETROVIR ORAL SYRUP	T3	
REUSABLE COMFORTSEAL MASK-LRG	T3	QL (4 masks per 1 year)
REUSABLE COMFORTSEAL MASK-MED	T3	QL (4 masks per 1 year)
REUSABLE COMFORTSEAL MASK-SML	T3	QL (4 masks per 1 year)
REVATIO ORAL SUSPENSION RECONSTITUTED	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL (Max 5 Years)
REVATIO ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill)
REVCOVI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
REVEAL BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
revesta	T9	

Medication	Coverage Level	Restrictions
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG	T9	
REVLIMID ORAL CAPSULE 25 MG	T9	SP ( )
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)
REZLIDHIA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 capsules per 30 days); AL (Min 18 Years)
REZUROCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
REZVOGLAR KWIKPEN	T9	
RHOFADE	T3	ST; QL (60 GM per 30 days); AL (Min 18 Years)
RHOPRESSA	T9	
ribavirin oral capsule	T4	SP (Limited to a 1 month supply per fill)
ribavirin oral tablet 200 mg	T4	SP (Limited to a 1 month supply per fill)
RIDAURA	T2	
rifabutin	T4	SP (Limited to a 1 month supply per fill)
RIFADIN ORAL	T3	
rifampin oral	T1b	
RIGHTEST GL300 LANCETS	T3	
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)

Medication	Coverage Level	Restrictions
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	T3	ST
RILUTEK	T9	
riluzole	T1b	QL (60 tablets per 30 days)
rimantadine hcl	T1b	
rimi	T9	
RINVOQ LQ	T5	PA; SP (Limited to a 1-month supply per fill); QL (360 ML per 30 days); AL (Min 2 Years and Max 9 Years)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	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)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 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)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to 2 fills per 2 years); QL (30 tablets per 30 days)
RIOMET	T9	
risedronate sodium oral tablet 150 mg	T1b	ST; QL (1 tablets per 30 days)
risedronate sodium oral tablet 30 mg	T4	ST; SP (Limited to a 1 month supply per fill)
risedronate sodium oral tablet 35 mg, 5 mg	T1b	ST
risedronate sodium oral tablet delayed release	T2	ST
RISPERDAL ORAL SOLUTION	T3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3	
risperidone oral solution	T1b	
risperidone oral tablet	T1a	
risperidone oral tablet dispersible 0.25 mg	T1b	
risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	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)
RITEFLO	T3	QL (4 chambers per 1 year)
ritonavir	T1b	
rivastigmine	T3	QL (30 patches per 30 days)

Medication	Coverage Level	Restrictions
rivastigmine tartrate	T1b	QL (60 capsules per 30 days)
RIVELSA	T9	
rixubis	T5	PA; SP (Limited to a 1 month supply per fill); QL (73600 billable units per 28 days); AL (Min 21 Years)
rizatriptan benzoate	T1b	QL (12 tablets per 30 days)
ROBAXIN-750	T9	
ROCALTROL ORAL CAPSULE	T3	
ROCALTROL ORAL SOLUTION	T3	AL (Max 9 Years)
ROCKLATAN	T9	
roflumilast	T1b	QL (30 tablets per 30 days)
ROGAINE	T9	
ROGAINE MENS	T9	
ROGAINE MENS EXTRA STRENGTH	T9	
ROGAINE WOMENS EXTERNAL SOLUTION	T9	
ropinirole hcl	T1a	
ropinirole hcl er	T1b	ST
rosuvastatin calcium oral tablet 10 mg	T1b	PV
rosuvastatin calcium oral tablet 20 mg, 40 mg	T1b	
rosuvastatin calcium oral tablet 5 mg	T1a	PV
ROSZET	T9	
ROTARIX ORAL SUSPENSION RECONSTITUTED	T6	PV
ROWASA RECTAL	T3	
ROXICODONE ORAL TABLET 15 MG, 30 MG	T3	
ROXYBOND	T3	
ROZEREM	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
ROZLYTREK ORAL CAPSULE	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 capsules per 30 days)
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)
RUBRACA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
RUCONEST	T9	

Medication	Coverage Level	Restrictions
rufinamide oral suspension	T4	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
rufinamide oral tablet	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
RUKOBIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
RYALTRIS	T9	
RYBELSUS	T9	
RYDAPT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 21 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG	T9	SP ( )
RYTARY ORAL CAPSULE EXTENDED RELEASE 61.25-245 MG	T9	SP ( )
RYTHMOL SR	T3	QL (60 capsules per 30 days)
RYVENT	T9	
SABRIL	T9	SP ( )
SAFYRAL	T9	
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG	T9	SP ( )
SAIZEN INJECTION SOLUTION RECONSTITUTED 8.8 MG	T9	
SAJAZIR	T9	
SALAGEN	T3	QL (120 tablets per 30 days)
SALEX EXTERNAL SHAMPOO	T9	
SALICATE	T9	
salicylic acid er	T9	
salicylic acid external cream	T9	
salicylic acid external foam	T9	
salicylic acid external liquid 27.5 %	T9	
salicylic acid external lotion	T9	
salicylic acid external ointment	T9	
salicylic acid external shampoo	T9	
salicylic acid wart remover	T9	
salicylic acid-cleanser	T9	
salsalate oral	T1b	

Medication	Coverage Level	Restrictions
SALVAX	T9	
SALYCIM	T9	
salyntra	T9	
SAMSCA ORAL TABLET 15 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
SAMSCA ORAL TABLET 30 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
SANCUSO	T4	ST; SP (Limited to a 1 month supply per fill); QL (1 patch per 28 days)
SANDIMMUNE ORAL CAPSULE	T4	SP (Limited to a 1 month supply per fill)
SANDIMMUNE ORAL SOLUTION	T3	
SANTYL	T3	QL (60 GM per 30 days)
SAPHRIS	T9	
sapropterin dihydrochloride oral packet	T4	PA; SP (Limited to a 1 month supply per fill)
sapropterin dihydrochloride oral tablet	T4	PA; SP (Limited to a 1 month supply per fill)
SARAFEM ORAL TABLET 10 MG, 20 MG	T9	
saroxia	T9	
SAVAYSA	T3	ST; QL (30 tablets per 30 days)
SAVELLA	T2	ST; QL (60 tablets per 30 days)
SAVELLA TITRATION PACK	T2	ST; QL (60 tablets per 30 days)
saxagliptin hcl	T3	ST; QL (30 tablets per 30 days)
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg	T3	ST; QL (60 tablets per 30 days)
saxagliptin-metformin er oral tablet extended release 24 hour 5-500 mg	T3	ST; QL (30 tablets per 30 days)
Saxenda	Benefit Exclusion	
SCALPICIN MAXIMUM STRENGTH EXTERNAL SOLUTION	T9	
SCARTRATE	T9	
SCEMBLIX ORAL TABLET 100 MG	T5	PA; SP (Limited to a 1-month supply per fill); QL (120 tablets per 30 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
scopolamine	T1b	
SEASONIQUE	T9	

Medication	Coverage Level	Restrictions
SECUADO	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 patches per 30 days); AL (Min 18 Years)
SEGLENTIS	T9	
SEGLUROMET	T3	ST; QL (60 tablets per 30 days)
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T1b	
selegiline hcl oral tablet	T2	
selenium sulfide external lotion	T1b	
selenium sulfide external shampoo 2.25 %	T1b	
selenium sulfide external shampoo 2.3 %	T9	
self-taking blood pressure	T2	QL (2 EA per 730 days)
SELRX	T9	
SELZENTRY ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)
SELZENTRY ORAL TABLET 150 MG, 300 MG	T5	SP (Limited to a 1 month supply per fill)
SELZENTRY ORAL TABLET 25 MG, 75 MG	T4	SP (Limited to a 1 month supply per fill)
SEMGLEE	T9	
SEMGLEE (YFGN)	T9	
SEMPREX-D	T9	
se-natal 19 oral tablet chewable	T1b	QL (30 tablets per 30 days)
SENSIPAR	T5	SP (Limited to a 1 month supply per fill)
SEREVENT DISKUS	T2	
SERNIVO	T9	
SEROQUEL	T3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 50 MG	T3	QL (30 tablets per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG	T3	QL (60 tablets per 30 days)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 6 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
sertraline hcl oral capsule	T9	
sertraline hcl oral concentrate	T1a	
sertraline hcl oral tablet	T1a	
se-tan plus	T9	
SETLAKIN	T7	PV
sevelamer carbonate oral packet	T5	SP (Limited to a 1 month supply per fill)
sevelamer carbonate oral tablet	T2	QL (510 tablets per 30 days)
sevelamer hcl	T4	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
SEVENFACT	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
SEYSARA	T9	
sf	T1b	
sf 5000 plus	T1b	
SFROWASA	T3	QL (30 ML per 30 days)
SHAROBEL	T7	PV
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	T6	PV; QL (2 doses per 1 lifetime); AL (Min 18 Years)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.9 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.6 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill)
SIKLOS	T9	
sildenafil citrate oral suspension reconstituted	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL (Max 5 Years)
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	T1b	QL (15 tablets per 30 days)
sildenafil citrate oral tablet 20 mg	T3	PA
SILENOR	T9	
silicone mask/infant	T3	QL (4 masks per 1 year)
silicone mask/pediatric	T3	QL (4 masks per 1 year)

Medication	Coverage Level	Restrictions
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)
silodosin	T1b	QL (30 capsules per 30 days)
SILVADENE	T3	
silver sulfadiazine external	T1b	
SIMBRINZA	T2	
SIMLANDI (1 PEN)	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
SIMLANDI (2 PEN)	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
SIMLIYA	T7	PV
SIMPESSE	T7	PV
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 auto-injector per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T5	PA; SP (Max of 31 days per dispensing.); QL (1 syringe per 28 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1a	PV
simvastatin oral tablet 80 mg	T1a	
SINEMET CR	T3	
SINGULAIR	T3	
SINUVA	T9	
sirolimus oral	T4	SP (Limited to a 1 month supply per fill)
SIRTURO	T4	SP (Limited to a 1 month supply per fill)
sitagliptin	T9	
sitagliptin base-metformin hcl	T9	
SITAVIG	T9	
SIVEXTRO	T9	
SKLICE	T3	

Medication	Coverage Level	Restrictions
SKYCLARYS	T3	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)
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)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 12 week supply per fill); QL (1 syringe per 12 weeks)
SKYTROFA	T9	
SLYND	T3	ST; QL (28 tablets per 28 days)
sm aspirin ec low strength	T1b	
SM CLEARLAX	T7	PV
sm folic acid	T7	PV; AL (Max 50 Years)
sm laxative oral	T7	PV
sm magnesium citrate	T7	PV
sm milk of magnesia oral suspension 400 mg/5ml	T7	PV
sm nicotine polacrilex	T7	PV
sm nicotine transdermal	T7	PV
SMARTEST BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
SMARTEST LANCETS 28G	T1b	
SMOOTH LAX ORAL PACKET	T9	
SMOOTH LAX ORAL POWDER	T7	PV
SOAANZ	T9	
sod citrate-citric acid oral solution 500-334 mg/5ml	T1b	
sodium chloride inhalation nebulization solution 7 %	T1b	
sodium chloride irrigation solution 0.9 %	T1b	
sodium fluoride 5000 enamel dental paste	T1b	
sodium fluoride 5000 plus	T1b	
sodium fluoride 5000 ppm dental paste	T1b	
sodium fluoride dental gel 1.1 %	T1b	

Medication	Coverage Level	Restrictions
sodium fluoride mouth/throat	T1b	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	T3	PV
sodium fluoride oral tablet chewable	T1a	PV
sodium oxybate	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)
sodium phenylbutyrate oral powder 3 gm/tsp	T4	PA; SP (Limited to a 1 month supply per fill)
sodium phenylbutyrate oral tablet	T4	PA; SP (Limited to a 1 month supply per fill)
sodium polystyrene sulfonate oral powder	T1b	
sodium sulfacetamide external shampoo	T9	
sodium sulfacetamide wash	T9	
sofosbuvir-velpatasvir	T5	PA; SP (Limited to a 1 month supply per fill)
SOGROYA	T9	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (112 capsules per 28 days)
SOHONOS ORAL CAPSULE 10 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
SOHONOS ORAL CAPSULE 2.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (140 capsules per 28 days)
SOHONOS ORAL CAPSULE 5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (84 capsules per 28 days)
SOLESTA	T3	
solifenacin succinate	T1b	QL (30 tablets per 30 days)
SOLIQUA	T3	QL (15 ML per 25 days)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	T9	
SOLOSEC	T9	
SOLTAMOX	T9	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG	T2	QL (2 vials per 1 year)
SOMA ORAL TABLET 350 MG	T9	
SOMATULINE DEPOT	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 20 MG, 25 MG, 30 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
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)
SONAFINE	T9	
SOOLANTRA	T3	ST; QL (45 GM per 30 days)
sorafenib tosylate	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
SORILUX	T9	
SORINE	T1b	
sotalol hcl oral	T1b	
SOTYKTU	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SOTYLIZE	T3	
SOVALDI ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill)
SOVALDI ORAL TABLET 200 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SOVALDI ORAL TABLET 400 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SOVUNA	T9	
SPECTRACEF ORAL TABLET 400 MG	T3	
SPIKEVAX	T6	PV
SPIKEVAX COVID-19 VACCINE	T6	
spinosad	T1b	
SPIRIVA HANDIHALER	T2	
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)
spironolactone oral suspension	T3	QL (120 ML per 30 Days); AL (Max 9 Years)
spironolactone oral tablet	T1a	
spironolactone-hctz	T1b	
SPORANOX ORAL CAPSULE	T9	

Medication	Coverage Level	Restrictions
SPORANOX ORAL SOLUTION	T5	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
SPORANOX PULSEPAK	T9	
SPRINTEC 28	T7	PV
SPRITAM	T3	ST; QL (60 tablets per 30 Days)
SPRIX	T9	
SPRYCEL	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.)
SPS	T1b	
SPS (SODIUM POLYSTYRENE SULF)	T1b	
SRONYX	T7	PV
SSD	T1b	
SSD (SILVER SULFADIAZINE)	T1b	
SSKI	T3	
ST JOSEPH ASPIRIN ORAL TABLET CHEWABLE	T3	
STALEVO 100	T3	
STALEVO 125	T3	
STALEVO 150	T3	
STALEVO 200	T3	
STALEVO 50	T3	
STALEVO 75	T3	
STARLIX	T3	
stavudine oral capsule	T1b	
STAXYN	T9	
STEGLATRO	T3	ST; QL (30 tablets per 30 days)
STEGLUJAN	T3	ST; QL (30 tablets per 30 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed 2 vials for first month starting dose)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed 2 syringes for first month starting dose)
Stendra	Benefit Exclusion	
STIMATE	T4	SP (Limited to a 1 month supply per fill)
STIMUFEND	T9	

Medication	Coverage Level	Restrictions
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); QL (84 tablets per 28 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	T3	QL (62 capsules per 31 days); AL (Min 6 Years)
STRATTERA ORAL CAPSULE 100 MG, 80 MG	T3	QL (30 capsules per 30 days); AL (Min 6 Years)
STRATTERA ORAL CAPSULE 60 MG	T3	QL (31 capsules per 31 days); AL (Min 6 Years)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
STRENSIQ SUBCUTANEOUS SOLUTION 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)
stress formula/iron	T7	PV
STRIANT	T9	
STRIBILD	T4	SP (Limited to a 1 month supply per fill)
STRIVERDI RESPIMAT	T2	QL (1 inhaler per 30 days); AL (Min 40 Years)
STROMECTOL	T3	QL (5 tablets per 1 day)
STROVITE FORTE ORAL TABLET	T9	
STROVITE ONE	T9	
SUBOXONE SUBLINGUAL FILM 12-3 MG	T3	QL (60 films per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG	T3	QL (90 films per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	T3	QL (30 films per 30 days)
SUBVENITE STARTER KIT-BLUE	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-GREEN	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-ORANGE	T3	QL (1 kit per 365 Days)
SUCRAID	T4	SP (Limited to a 1 month supply per fill)
sucralfate oral suspension	T2	
sucralfate oral tablet	T1b	
SUDOGEST ORAL TABLET 60 MG	T9	
SUFLAVE	T3	

Medication	Coverage Level	Restrictions
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T3	
sulconazole nitrate external cream	T3	ST
sulconazole nitrate external solution	T9	
sulfacetamide sodium (acne)	T2	
sulfacetamide sodium (cleans)	T1b	
sulfacetamide sodium external liquid	T1b	
sulfacetamide sodium ophthalmic	T1b	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	T9	
sulfacetamide sodium-sulfur external emulsion	T1b	
sulfacetamide sodium-sulfur external liquid 10-5 %	T1b	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9.8-4.8 %	T9	
sulfacetamide sodium-sulfur external lotion 10-5 %	T9	
sulfacetamide sodium-sulfur external pad 9.8-4.8 %	T9	
sulfacetamide sodium-sulfur external suspension	T9	
sulfacetamide sod-sulfur wash external liquid 9-4 %	T9	
sulfacetamide-prednisolone ophthalmic solution	T1b	
sulfadiazine oral	T2	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	T1b	
sulfamethoxazole-trimethoprim oral tablet	T1a	
SULFAMYLON	T9	
sulfasalazine oral	T1b	
SULFATRIM PEDIATRIC	T1b	
sulindac oral	T1b	
SUMADAN	T3	
SUMADAN WASH	T3	
sumatriptan nasal	T3	QL (8 units per 30 days)
sumatriptan succinate oral	T1b	QL (12 tablets per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml	T9	
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	T1b	QL (8 cartridges per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	T1b	
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml	T9	

Medication	Coverage Level	Restrictions
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	T3	QL (8 Pens per 30 days)
sumatriptan-naproxen sodium	T9	
SUMAXIN	T9	
SUMAXIN CP	T9	
SUMAXIN WASH	T9	
sunitinib malate	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
SUNLENCA ORAL	T5	PA; SP (Limited to 1 fill per year); QL (1 pouch per 1 year)
SUNOSI	T3	ST; QL (30 tablets per 30 days)
SUPER QUINTS B-50	T7	PV; AL (Max 50 Years)
SUPERVITE	T9	
SUPRAX ORAL CAPSULE	T2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML	T3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T2	
SUPRAX ORAL TABLET CHEWABLE	T3	
SUPREP BOWEL PREP KIT	T3	
SUSTIVA	T5	SP (Limited to a 1 month supply per fill)
SUSTOL	T9	
SUTAB	T9	
SUTENT	T9	
suvicort	T9	
SW CLEARLAX	T9	
SYEDA	T7	PV
SYMAX DUOTAB	T3	
SYMBICORT	T9	
SYMBYAX ORAL CAPSULE 12-50 MG, 6-25 MG, 6-50 MG	T9	
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 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)
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 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 tablets per 30 days)

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 31 Days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	SP (Limited to a 1 month supply per fill)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	SP (Limited to a 1 month supply per fill); QL (6 ML per 30 days)
SYMPAZAN	T9	
SYMPROIC	T3	ST; QL (30 EA per 30 days)
SYMTUZA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYNALAR	T9	
SYNALAR TS	T9	
SYNAREL	T9	
SYNDROS	T9	
SYNERA	T9	
SYNERDERM	T9	
SYNJARDY	T2	QL (60 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	QL (30 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	QL (60 tablets per 30 days)
SYNTHROID	T3	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
SYPRINE	T9	
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)
TACLONEX	T9	
tacrolimus external ointment 0.03 %	T1b	QL (30 GM per 30 days)
tacrolimus external ointment 0.1 %	T3	QL (30 GM per 30 days)

Medication	Coverage Level	Restrictions
tacrolimus oral	T1b	
tadalafil (pah)	T9	
tadalafil oral tablet 10 mg, 2.5 mg, 20 mg	T1b	QL (15 tablets per 30 days)
tadalafil oral tablet 5 mg	T1b	QL (30 tablets per 30 days)
TADLIQ	T9	
TAFINLAR ORAL CAPSULE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
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)
tafluprost (pf)	T3	
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)
TAKE ACTION	T7	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)
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)
TALICIA	T9	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 auto-injector per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 syringe per 28 days)

Medication	Coverage Level	Restrictions
TALZENNA	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 capsules per 30 days)
TAMIFLU ORAL CAPSULE	T3	QL (10 capsules per 1 fill)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	T3	QL (120 ML per 1 fill)
tamoxifen citrate oral	T1b	
tamsulosin hcl	T1b	
TANDEM MOBI CARTRIDGE 2ML	T9	
TANDEM MOBI SYSTEM STARTER	T9	
TANLOR	T9	
TAPAZOLE	T3	
TAPERDEX 12-DAY	T9	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	T9	
TARCEVA	T9	
TARGADOX	T9	
TARGRETIN	T9	
TARINA 24 FE	T7	PV
TARINA FE 1/20	T7	PV
TARINA FE 1/20 EQ	T7	PV
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	T3	
taron forte	T9	
TARON-PREX	T2	
taroxia external cream	T9	
TARPEYO	T9	
TASCENSO ODT	T9	
TASIGNA ORAL CAPSULE 150 MG, 200 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 (112 capsules per 28 days)
TASIGNA ORAL CAPSULE 50 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days)
tasimelteon	T5	PA; SP (Limited to a 1 month supply per fill)

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

Medication	Coverage Level	Restrictions
temazepam oral capsule 15 mg, 30 mg	T1a	QL (30 capsules per 30 days); AL (Min 18 Years)
temazepam oral capsule 22.5 mg, 7.5 mg	T9	
TEMIXYS	T9	
TEMOVATE EXTERNAL OINTMENT	T3	ST; QL (60 GM per 30 days)
temozolomide oral capsule 100 mg, 20 mg, 250 mg, 5 mg	T4	PA; SP (Limited to a 1 month supply per fill)
temozolomide oral capsule 140 mg, 180 mg	T4	PA; SP (Limited to a 1 month supply per fill)
TEMPO REFILL	T9	
TEMPO SMART BUTTON	T9	
TEMPO WELCOME	T9	
TENCON ORAL TABLET 50-325 MG	T1b	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	T6	PV; QL (1 dose per 10 years)
tenofovir disoproxil fumarate	T1b	
TENORETIC 100	T3	
TENORETIC 50	T3	
TENORMIN	T3	
TEPMETKO	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
TERAZOL 7	T3	
terazosin hcl oral	T1a	
terbinafine hcl oral	T1b	
terbutaline sulfate oral	T1b	
terconazole vaginal cream 0.4 %	T1b	
terconazole vaginal suppository	T1b	
teriflunomide	T1b	QL (30 tablets per 30 days)
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	T4	PA; SP (Limited to a 1 month supply per fill)
teriparatide subcutaneous solution pen-injector 620 mcg/2.48ml	T4	PA; SP (Limited to a 1 month supply per fill)
TESSALON PERLES	T3	
TESTIM	T9	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	T1b	
testosterone enanthate intramuscular solution	T1b	
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	T2	PA; QL (150 GM per 30 days)

Medication	Coverage Level	Restrictions
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)	T9	
testosterone transdermal gel 12.5 mg/act (1%)	T2	PA; QL (300 GM per 30 days)
testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)	T2	PA
testosterone transdermal solution	T9	
tetanus-diphtheria toxoids td	T6	QL (1 dose per 10 years)
tetoxia	T9	
tetpidtar	T9	
tetrabenazine oral tablet 12.5 mg	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
tetrabenazine oral tablet 25 mg	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
tetracycline hcl oral capsule	T3	
tetracycline hcl oral tablet	T9	
TETRIX EXTERNAL CREAM	T9	
TEXACORT	T9	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pen per 28 days)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
TGT POWDERLAX ORAL PACKET 17 GM	T9	
TGT POWDERLAX ORAL POWDER	T7	PV
THALITONE	T9	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG	T4	SP (Limited to a 1 month supply per fill)
THALOMID ORAL CAPSULE 50 MG	T4	SP (Limited to a 1 month supply per fill)
THEO-24	T2	
theophylline er	T1b	
THIOLA	T9	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
THIOLA EC ORAL TABLET DELAYED RELEASE 300 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
thioridazine hcl oral	T1b	
thiothixene oral	T1b	

Medication	Coverage Level	Restrictions
thrivite 19 oral tablet 29-1 mg	T9	
THYQUIDITY	T9	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	T2	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	T2	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	T2	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	T2	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	T2	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1b	
tiagabine hcl oral tablet 12 mg, 4 mg	T3	QL (120 tablets per 30 days)
tiagabine hcl oral tablet 16 mg	T3	QL (90 tablets per 30 days)
tiagabine hcl oral tablet 2 mg	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.)
ticlopidine hcl	T1b	
TICOVAC	T9	
TIGAN ORAL	T3	
TIGLUTIK	T9	
TIKOSYN	T3	
TILIA FE	T7	PV
timolol maleate (once-daily)	T9	
timolol maleate ophthalmic gel forming solution	T2	ST
timolol maleate ophthalmic solution 0.25 %	T1a	
timolol maleate ophthalmic solution 0.5 %	T2	
timolol maleate oral	T1b	
timolol maleate pf	T9	
timolol-dorzolamid-bimatoprost	T9	
TIMOPTIC	T3	
TIMOPTIC OCUDOSE	T9	
TIMOPTIC-XE	T3	
tinidazole oral	T1b	
tiopronin oral tablet	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)

Medication	Coverage Level	Restrictions
tiopronin oral tablet delayed release 100 mg	T5	PA; SP (Limited to a 1-month supply per fill); QL (240 Tablets per 30 days)
tiopronin oral tablet delayed release 300 mg	T5	PA; SP (Limited to a 1-month supply per fill); QL (90 Tablets per 30 days)
tiotropium bromide monohydrate	T9	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	T9	
TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML	T9	
TIVICAY ORAL TABLET 10 MG, 25 MG	T4	SP (Limited to a 1 month supply per fill)
TIVICAY ORAL TABLET 50 MG	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TIVICAY PD	T4	SP (Limited to a 1 month supply per fill)
TIVORBEX	T9	
tizanidine hcl oral	T1b	
tl gard rx	T9	
tl icon	T9	
TLANDO	T9	
tl-care dha	T1b	
tl-fluorivite	T9	
tl-hem 150	T9	
TOBI	T5	PA; SP (Limited to a 56 day supply per fill); QL (280 ML per 56 days)
TOBI PODHALER	T5	PA; SP (Limited to a 1 month supply per fill); QL (224 capsules per 28 days)
TOBRADEX OPHTHALMIC OINTMENT	T3	ST
TOBRADEX OPHTHALMIC SUSPENSION	T3	
TOBRADEX ST	T3	ST
tobramycin inhalation	T4	PA; SP (Limited to a 56 day supply per fill); QL (280 ML per 56 days)
tobramycin ophthalmic	T1b	
tobramycin sulfate injection solution 80 mg/2ml	T1b	
tobramycin-dexamethasone	T1b	
tobramycin-vancomycin hcl	T9	
TOBREX OPHTHALMIC OINTMENT	T2	
TOBREX OPHTHALMIC SOLUTION	T3	

Medication	Coverage Level	Restrictions
TODAY SPONGE	T7	PV
TOFIDENCE	T9	
TOFRANIL	T3	
TOLAK	T2	QL (1 tube per 30 days)
tolcapone	T5	SP (Limited to a 1 month supply per fill)
TOLECTIN 600	T9	
tolmetin sodium	T2	
tolsura	T9	
tolterodine tartrate	T1b	
tolterodine tartrate er	T2	
tolvaptan	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TOPAMAX	T3	
TOPAMAX SPRINKLE	T3	ST
TOPICORT EXTERNAL CREAM 0.05 %	T9	
TOPICORT EXTERNAL CREAM 0.25 %	T3	
TOPICORT EXTERNAL GEL	T9	
TOPICORT EXTERNAL OINTMENT 0.25 %	T3	
TOPICORT SPRAY	T9	
topiramate er oral capsule er 24 hour sprinkle	T3	ST; QL (30 capsules per 30 days)
topiramate er oral capsule extended release 24 hour	T9	
topiramate oral capsule sprinkle	T1a	ST
topiramate oral tablet	T1a	
TOPROL XL	T3	
toremifene citrate	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
TORPENZ	T9	
torsemide oral	T1a	
TOSYMRA	T9	
TOUJEO MAX SOLOSTAR	T2	
TOUJEO SOLOSTAR	T2	
TOVET EXTERNAL FOAM	T3	QL (100 GM per 30 days)
TOVIAZ	T3	QL (30 tablets per 30 days)
toxicology saliva collection	T9	
TRACLEER ORAL TABLET 125 MG	T9	SP ( )
TRACLEER ORAL TABLET 62.5 MG	T9	

Medication	Coverage Level	Restrictions
TRACLEER ORAL TABLET SOLUBLE	T4	PA; SP (Limited to a 1 month supply per fill)
TRADJENTA	T3	ST; QL (30 tablets per 30 days)
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	T9	
tramadol hcl er	T1b	QL (30 tablets per 30 days)
tramadol hcl oral solution	T9	
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg	T9	
tramadol hcl oral tablet 50 mg	T1a	QL (240 tablets per 30 days)
tramadol-acetaminophen	T1b	
trandolapril	T1b	
trandolapril-verapamil hcl er	T1b	
tranexamic acid oral	T1b	
TRANSDERM-SCOP (1.5 MG)	T9	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	T9	
TRANXENE-T ORAL TABLET 7.5 MG	T3	
tranylcypromine sulfate	T2	
TRAVATAN Z	T3	ST
travoprost (bak free)	T2	ST
trazodone hcl oral	T1b	
TRELEGY ELLIPTA	T2	
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limit of 2 pens the first fill.); QL (1 ML per 8 weeks)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limit of 2 syringes the first fill.); QL (1 ML per 8 weeks)
TRESIBA	T2	
TRESIBA FLEXTOUCH	T2	
tretinoin external cream 0.025 %	T1b	AL (Max 50 Years)
tretinoin external cream 0.05 %, 0.1 %	T2	AL (Max 50 Years)
tretinoin external gel 0.01 %, 0.025 %	T1b	AL (Max 50 Years)
tretinoin external gel 0.05 %	T2	AL (Max 50 Years)
tretinoin microsphere external gel 0.04 %, 0.1 %	T9	
tretinoin microsphere pump	T9	
tretinoin oral	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
TRETTEN	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
TREXALL	T3	ST
TREXIMET ORAL TABLET 85-500 MG	T9	
TREZIX ORAL CAPSULE 320.5-30-16 MG	T1b	QL (10 capsules per 1 day)
triadime	T9	
triamcinolone acetonide external aerosol solution	T9	
triamcinolone acetonide external cream	T1b	
triamcinolone acetonide external lotion 0.1 %	T1b	
triamcinolone acetonide external ointment 0.025 %, 0.1 %	T1b	
triamcinolone acetonide external ointment 0.05 %	T9	
triamcinolone acetonide injection suspension 50 mg/ml	T9	
triamcinolone acetonide mouth/throat	T1b	
triamcinolone acetonide nasal aerosol	T9	
triamterene-hctz oral capsule 37.5-25 mg	T1b	
triamterene-hctz oral tablet	T1b	
TRIANEX	T9	
TRIASIL	T9	
triazolam oral tablet 0.125 mg	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)
triazolam oral tablet 0.25 mg	T1b	QL (60 tablets per 30 days); AL (Min 18 Years)
TRIBENZOR	T3	
tri-buffered aspirin oral tablet 324 mg	T1b	
TRICARE	T1b	
TRICARE PRENATAL COMPLEAT	T1a	
tricitrates	T9	
TRICON	T9	
TRICOR	T3	
TRIDACAINE II	T9	
TRIDACAINE XL	T9	
TRIDERM EXTERNAL CREAM	T1b	
trientine hcl oral capsule 250 mg	T5	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)
trientine hcl oral capsule 500 mg	T5	PA; SP (Limited to a 1 month supply per fill); QL (75 capsules per 30 days)

Medication	Coverage Level	Restrictions
TRI-ESTARYLLA	T7	PV
trifluoperazine hcl oral	T1b	
trifluridine ophthalmic	T1b	
trigels-f forte	T9	
TRIGLIDE ORAL TABLET 160 MG	T9	
trihexyphenidyl hcl oral elixir	T1a	
trihexyphenidyl hcl oral tablet	T1b	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	QL (60 tablets per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)
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)
TRI-LEGEST FE	T7	PV
TRILEPTAL	T3	
TRI-LINYAH	T7	PV
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG	T3	QL (30 capsules per 30 days)
TRILIPIX ORAL CAPSULE DELAYED RELEASE 45 MG	T3	QL (60 capsules per 30 days)
TRI-LO-ESTARYLLA	T7	PV
TRI-LO-MARZIA	T7	PV
TRI-LO-MILI	T7	PV
TRI-LO-SPRINTEC	T7	PV
TRI-LUMA	T9	
trimethobenzamide hcl oral	T1b	
trimethoprim oral	T1b	
TRI-MILI	T7	PV
trimipramine maleate oral	T2	
trinatal rx 1	T1a	
TRINATE	T2	
TRINTELLIX	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)

Medication	Coverage Level	Restrictions
TRI-NYMYO	T7	PV
TRIONEX	T9	
triphrocaps	T9	
TRI-SPRINTEC	T7	PV
tristart dha	T9	
TRIUMEQ	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
triumeq pd	T4	SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
TRIVEEN-DUO DHA	T1b	
tri-vite/fluoride	T3	PV
TRIVORA (28)	T7	PV
TRI-VYLIBRA	T7	PV
TRI-VYLIBRA LO	T7	PV
TRIZIVIR	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TROJAN	T7	PV
TROKENDI XR	T9	
tropicamide-cyclopentolate-pe	T9	
tropicamide-phenylephrine	T9	
trospium chloride	T1b	QL (60 tablets per 30 days)
trospium chloride er	T3	QL (30 capsules per 30 days)
TRUDHESA	T9	
true cover	T7	PV
TRUE METRIX BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
TRUETEST TEST	T3	ST; QL (200 strips per 30 days)
TRUETRACK TEST	T3	ST; QL (200 EA per 30 days)
TRULANCE	T2	QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML	T2	PA; QL (2 ML per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4.5 MG/0.5ML	T2	PA; QL (2 ML per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML	T2	PA; QL (2 ML per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 4.5 MG/0.5ML	T2	PA; QL (2 ML per 30 days)
TRUMENBA	T6	PV; QL (3 ML per 1 Lifetime)

Medication	Coverage Level	Restrictions
TRUQAP ORAL TABLET	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (64 tablets per 28 days)
TRUSOPT	T3	
TRUSTEX LUBRICATED	T7	PV
TRUSTEX RIA LUBRICATED	T7	PV
TRUVADA	T5	SP (Limited to a 1 month supply per fill)
TRYVIO	T9	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T9	
TUKYSA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
TULANA	T7	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)
TURALIO ORAL CAPSULE 200 MG	T5	PA; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days); AL (Min 18 Years)
TURQOZ	T7	PV
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	T9	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV; QL (4 doses per 1 Lifetime)
TWIRLA	T9	
TWYNEO	T9	
TWYNSTA	T3	
TYBLUME ORAL TABLET CHEWABLE	T3	
TYBOST	T2	QL (30 tablets per 30 days)
TYDEMY	T9	
TYENNE	T9	
TYKERB	T9	
TYMLOS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 pen per 30 days)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	T9	

Medication	Coverage Level	Restrictions
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T9	
TYRVAYA	T9	
TYVASO	T4	PA; SP (Limited to a 1 month supply per fill)
TYVASO DPI MAINTENANCE KIT	T5	PA; SP (Limited to a 1 month supply per fill)
TYVASO DPI TITRATION KIT	T5	PA; SP (Limited to a 1 month supply per fill)
TYVASO REFILL KIT	T4	PA; SP (Limited to a 1 month supply per fill)
TYVASO STARTER KIT	T4	PA; SP (Limited to a 1 month supply per fill)
UBRELVY ORAL TABLET 100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (10 tablet per 30 days)
UBRELVY ORAL TABLET 50 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (10 tablets per 30 days)
UCERIS ORAL	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
UCERIS RECTAL	T3	QL (2 packages per 180 days)
UDAMIN SP ORAL TABLET 1 MG	T9	
UDENYCA ONBODY	T9	
ULESFIA	T3	
ULORIC	T3	QL (30 tablets per 30 days)
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	T1b	
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	T2	
ULTRACET	T3	
ULTRASAL-ER	T9	
ULTRATRAK ULTIMATE TEST	T3	ST; QL (200 strips per 30 days)
ULTRAVATE EXTERNAL LOTION	T9	
UNISTRIP1 GENERIC	T3	ST; QL (200 EA per 30 days)
UNITHROID	T1b	
UPNEEQ	T9	
UPTRAVI ORAL TABLET 1000 MCG, 400 MCG, 800 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
UPTRAVI ORAL TABLET 1200 MCG, 1400 MCG, 1600 MCG, 600 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET 200 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI TITRATION	T5	PA; SP (Limited to a 1 month supply per fill)
urea external cream 20 %, 40 %, 45 %	T9	
urea external foam	T9	
urea external lotion 40 %	T9	
urea hydrating	T9	
urea nail external gel 45 %	T9	
URIBEL	T9	
URIMAR-T ORAL CAPSULE	T9	
urneva	T9	
UROCIT-K 10	T3	
UROCIT-K 15	T3	
UROCIT-K 5	T3	
UROXATRAL	T3	
URSO 250	T3	
URSO FORTE	T3	
ursodiol oral capsule 200 mg, 400 mg	T9	
ursodiol oral capsule 300 mg	T2	
ursodiol oral tablet	T2	
UTOPIC	T9	
VAGIFEM VAGINAL TABLET 10 MCG	T3	
valacyclovir hcl oral	T1b	
VALCHLOR	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 GM per 15 days)
VALCYTE ORAL SOLUTION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days); AL (Max 9 Years)
VALCYTE ORAL TABLET	T9	
valganciclovir hcl oral solution reconstituted	T4	SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days); AL (Max 9 Years)
valganciclovir hcl oral tablet	T3	QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
VALIUM	T3	
valproic acid oral capsule	T1b	
valsartan oral solution	T9	
valsartan oral tablet	T1b	
valsartan-hydrochlorothiazide	T1b	
VALTOCO 10 MG DOSE	T3	QL (4 units per 30 days)
VALTOCO 15 MG DOSE	T3	QL (8 units per 30 days)
VALTOCO 20 MG DOSE	T3	QL (8 units per 30 days)
VALTOCO 5 MG DOSE	T3	QL (4 units per 30 days)
VALTREX	T3	
VANATOL LQ	T9	
VANCOCIN HCL ORAL CAPSULE 125 MG	T9	
VANCOCIN ORAL CAPSULE 125 MG	T9	
vancomycin hcl intravenous solution reconstituted 1.25 gm, 1000 mg, 500 mg	T1b	
vancomycin hcl oral capsule 125 mg	T3	ST; QL (56 capsules per 14 days)
vancomycin hcl oral capsule 250 mg	T9	
vancomycin hcl oral solution reconstituted 25 mg/ml	T1b	
vancomycin hcl oral solution reconstituted 250 mg/5ml	T9	
vancomycin hcl oral solution reconstituted 50 mg/ml	T2	
VANDAZOLE	T1b	
VANFLYTA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (28 tablets per 28 days)
VANIQA	T9	
VANOS	T9	
VANOXIDE-HC	T9	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	T6	PV; QL (2 Doses per 1 Lifetime)
Vardenafil HCl Oral Tablet	Benefit Exclusion	
vardenafil hcl oral tablet dispersible	T9	
varenicline tartrate (starter)	T2	PV
varenicline tartrate oral tablet 0.5 mg, 1 mg	T2	PV; QL (60 tablets per 30 Days)
varoxia external cream	T9	
VARUBI ORAL	T3	ST; QL (4 tablets per 30 days)
VASCEPA	T9	
VASERETIC	T3	

Medication	Coverage Level	Restrictions
VASHE CLEANSING	T9	
VASOTEC	T3	
VAXELIS	T6	PV
VAXNEUVANCE	T6	
v-c forte	T9	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	T7	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	T7	PV
VECAMYL	T4	SP (Limited to a 1 month supply per fill)
VECTICAL	T3	ST; QL (100 GM per 30 days)
VELIVET	T7	PV
VELPHORO	T5	ST; 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)
VELTASSA ORAL PACKET 16.8 GM	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
VELTASSA ORAL PACKET 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	T9	
VEMLIDY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
VENCLEXTA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
VENCLEXTA STARTING PACK	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
VENELEX	T9	
venlafaxine besylate er	T9	
venlafaxine hcl	T1b	

Medication	Coverage Level	Restrictions
venlafaxine hcl er oral capsule extended release 24 hour	T1a	
venlafaxine hcl er oral tablet extended release 24 hour	T9	
VENTAVIS	T4	PA; SP (Limited to a 1 month supply per fill)
VENTOLIN HFA	T2	
VEOZAH	T9	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg	T1b	
verapamil hcl er oral capsule extended release 24 hour 120 mg	T3	
verapamil hcl er oral capsule extended release 24 hour 360 mg	T1a	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1b	
verapamil hcl oral	T1a	
VERDESO	T9	
VEREGEN	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 GM per 30 days)
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 360 MG	T3	
VERELAN PM	T3	
VERKAZIA	T9	
VERQUVO	T3	PA; QL (30 tablets per 30 days)
VERSACLOZ	T5	ST; SP (Limited to a 1 month supply per fill)
VERZENIO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
VESICARE	T3	QL (30 tablets per 30 days)
VESICARE LS	T3	ST; QL (150 ML per 30 days); AL (Max 9 Years)
VESTURA	T7	PV
VEVYE	T9	
VFEND ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (300 ML per 30 days)
VFEND ORAL TABLET 200 MG	T5	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
VFEND ORAL TABLET 50 MG	T5	SP (Limited to a 1 month supply per fill); QL (480 tablets per 30 days)
V-GO 20	T2	
V-GO 30	T2	
V-GO 40	T2	
VIAGRA	T9	
VIBERZI	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
VIBRAMYCIN ORAL CAPSULE	T3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	T3	
VIBRAMYCIN ORAL SYRUP	T2	
VIBRANT	T9	
VIC-FORTE	T9	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
VIDEX EC	T3	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	T2	
VIENVA	T7	PV
vigabatrin oral packet	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL (Max 2 Years)
vigabatrin oral tablet	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days); AL (Min 2 Years)
VIGADRONE ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL (Min 2 Years)
VIGADRONE ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days); AL (Min 2 Years)
VIGAFYDE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); QL (150 ML per 30 days); AL (Max 2 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)

Medication	Coverage Level	Restrictions
VIJOICE ORAL PACKET	T4	PA; SP (Limited to a 1-month supply per fill); QL (56 packets 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)
vilazodone hcl	T1b	QL (30 tablets per 30 Days)
Vimovo	Benefit Exclusion	
VIMPAT ORAL SOLUTION	T3	
VIMPAT ORAL TABLET	T3	QL (60 tablets per 30 days)
VINATE DHA RF	T3	QL (30 capsules per 30 days)
VIOKACE	T5	ST; SP (Limited to a 1 month supply per fill)
viorele	T7	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)
virt-caps	T9	
VIRT-GARD	T9	
virt-phos 250 neutral	T9	
VISTARIL	T3	
VISTOGARD	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (20 packets per 5 days)
VITACEL	T1b	
VITAFOL ORAL TABLET	T9	
VITAFOL-OB	T3	
VITAFOL-ONE	T3	
VITAL-D RX	T9	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	T1a	
vitamin d3 oral capsule 25 mcg (1000 ut)	T1a	PV; AL (Min 65 Years)

Medication	Coverage Level	Restrictions
vitamin d3 oral liquid 400 unit/ml	T1b	PV; AL (Min 65 Years)
vitamin d3 oral tablet 25 mcg (1000 ut)	T1b	PV; AL (Min 65 Years)
VITAPEARL	T3	
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)
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)
VIVAGUARD INO CONTROL SOLUTION	T3	
VIVAGUARD INO TEST STRIPS	T3	ST; QL (200 strips per 30 days)
VIVELLE-DOT	T3	
VIVJOA	T9	
VIVLODEX	T9	
VIVOTIF	T9	
VIZIMPRO	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
VOCABRIA	T9	
VOGELXO PUMP	T9	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	T9	
vol-care rx	T9	
vol-nate	T9	
VOLNEA	T7	PV
vol-plus	T9	
vol-tab rx	T9	
VOLTAREN TRANSDERMAL	T9	
VONJO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
VONVENDI	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
VOQUEZNA	T9	

Medication	Coverage Level	Restrictions
VOQUEZNA DUAL PAK	T9	
VOQUEZNA TRIPLE PAK	T9	
VORANIGO ORAL TABLET 10 MG	T5	PA; 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; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 12 Years)
voriconazole oral tablet 200 mg	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
voriconazole oral tablet 50 mg	T4	SP (Limited to a 1 month supply per fill); 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)
VOTRIENT	T9	
VOWST	T9	
VOXZOGO	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (3 boxes per 30 days)
VOYDEYA	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
vp-vite rx	T9	
VRAYLAR	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
VTAMA	T9	
VTOL LQ	T9	
VUITY	T9	
VUMERITY	T9	
VUSION	T9	
VYFEMLA	T7	PV
VYLIBRA	T7	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)

Medication	Coverage Level	Restrictions
VYNDAQEL	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
VYTONE	T9	
VYTORIN	T3	
VYVANSE ORAL CAPSULE	T3	QL (30 capsules per 30 days); AL (Min 6 Years)
VYVANSE ORAL TABLET CHEWABLE	T9	
VYZULTA	T9	
WAINUA	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 auto-injector per 30 days)
WAKIX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
warfarin sodium oral	T1a	
wee care	T7	PV; AL (Min 6 Years and Max 12 Years)
WEGOVY	Non-Formulary	
WELCHOL ORAL PACKET	T3	ST; QL (30 packets per 30 days)
WELCHOL ORAL TABLET	T3	ST; QL (180 tablets per 30 days)
WELIREG	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)
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	
WERA	T7	PV
WESTHROID ORAL TABLET 130 MG, 32.5 MG, 65 MG	T1b	
WIDE-SEAL DIAPHRAGM 60	T7	PV
WIDE-SEAL DIAPHRAGM 65	T7	PV
WIDE-SEAL DIAPHRAGM 70	T7	PV
WIDE-SEAL DIAPHRAGM 75	T7	PV

Medication	Coverage Level	Restrictions
WIDE-SEAL DIAPHRAGM 80	T7	PV
WIDE-SEAL DIAPHRAGM 85	T7	PV
WIDE-SEAL DIAPHRAGM 90	T7	PV
WIDE-SEAL DIAPHRAGM 95	T7	PV
WILATE INTRAVENOUS KIT	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
WINLEVI	T9	
WINREVAIR	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 3 weeks)
WIXELA INHUB	T3	
WYMZYA FE	T7	PV
WYNZORA	T9	
XACIATO	T3	ST
XADAGO	T9	
XALATAN	T3	
XALIX	T9	
XALKORI	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 capsules per 30 days)
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)
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	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XCOPRI (350 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
XCOPRI ORAL TABLET 100 MG, 50 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XCOPRI ORAL TABLET 25 MG	T4	PA; SP (Limited to 1-month supply per fill); QL (30 Tablets per 30 days)
XCOPRI ORAL TABLET THERAPY PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 30 days)
XDEMVY	T3	PA; QL (10 ML per 1 year); AL (Min 18 Years)
XELJANZ ORAL SOLUTION	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (240 ML per 30 days)
XELJANZ ORAL TABLET 10 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)
XELJANZ ORAL TABLET 5 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
XELODA	T9	
XELPROS	T2	
XELSTRYM	T3	ST; QL (30 patches per 30 days); AL (Min 6 Years)
XENAZINE	T9	
XENICAL	T9	
XEPI	T3	ST; QL (30 GM per 30 days)
XERAC AC	T1b	

Medication	Coverage Level	Restrictions
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	T9	
XERESE	T9	
XERMELO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
XHANCE	T9	
XIFAXAN ORAL TABLET 200 MG	T4	SP (Limited to a 1 month supply per fill); QL (9 tablets per 30 days)
XIFAXAN ORAL TABLET 550 MG	T4	PA; SP (Limited to a 14 day or 30 day supply per fill depending on diagnosis)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	T2	QL (30 tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T2	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T2	QL (60 tablets per 30 days)
XIIDRA	T2	QL (60 vials per 30 days)
XIMINO	T9	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	T2	QL (1 tablet per 1 fill); AL (Min 5 Years)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	T2	QL (1 tablet per 1 fill); AL (Min 5 Years)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/0.5ML	T4	PA; SP (Limited to a 1-month supply per fill); QL (2 Auto-injectors per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days)
XOLEGEL	T9	
XOLREMDI	T9	
XOPENEX	T3	
XOPENEX CONCENTRATE	T3	
XOPENEX HFA	T9	

Medication	Coverage Level	Restrictions
XOSPATA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days)
XPHOZAH	T9	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (20 tablets per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 tablets per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (16 tablets per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (12 tablets per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	T5	PA; SP (Limited to a 1 month supply per fill); QL (24 tablets per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (16 tablets per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	T5	PA; SP (Limited to a 1 month supply per fill); QL (32 tablets per 28 days)
XTAMPZA ER	T3	ST; QL (60 capsules per 30 days)
XTANDI ORAL CAPSULE	T4	PA; ST; 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)
XTANDI ORAL TABLET 40 MG	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
XTANDI ORAL TABLET 80 MG	T4	PA; ST; 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)
XULANE	T7	PV; QL (3 patches per 28 days)
XULTOPHY	T3	QL (15 ML per 30 days)
xurea	T9	
XURIDEN	T9	
XYLIDERM	T9	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
XYNTHA SOLOFUSE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
XYOSTED	T9	
XYREM	T9	
XYWAV	T9	
YARGESA	T5	PA; SP (Limited to a 1 month supply per fill)
YASMIN 28	T9	
yaxatarxyn	T9	
YAZ	T9	PV
YF-VAX SUBCUTANEOUS INJECTABLE	T9	
yokatar	T9	
YONSA	T9	
Yosprala	Benefit Exclusion	
YUFLYMA	T9	
YUFLYMA (1 PEN)	T9	
YUFLYMA (2 PEN)	T9	
YUFLYMA (2 SYRINGE)	T9	
YUFLYMA-CD/UC/HS STARTER	T9	
YUPELRI	T9	
YUSIMRY	T9	
YUVAFEM	T1b	

Medication	Coverage Level	Restrictions
ZADITOR	T1b	
ZAFEMY	T7	PV; QL (3 patches per 28 days)
zafirlukast	T1b	
zaleplon oral capsule 10 mg	T1b	AL (Min 18 Years)
zaleplon oral capsule 5 mg	T1b	QL (30 capsules per 30 days); AL (Min 18 Years)
ZANAFLEX	T3	
ZANTAC 150 MAXIMUM STRENGTH	T9	
ZARAH	T7	PV
ZARONTIN	T3	
ZARXIO	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
ZAVESCA	T9	
ZAVZPRET	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 30 days); AL (Min 18 Years)
zcort 7-day	T9	
ZEGALOGUE	T3	QL (2 kits per 30 days)
Zegerid	Benefit Exclusion	
Zegerid OTC	Benefit Exclusion	
ZEJULA ORAL TABLET	T3	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)
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.)
ZELNORM	T3	ST; QL (60 tablets per 30 days)
ZEMBRACE SYMTOUCH	T9	
ZEMDRI	T9	
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, 60000-189600 UNIT	T4	SP (Limited to a 1 month supply per fill)
ZENZEDI	T9	

Medication	Coverage Level	Restrictions
ZEPATIER	T4	SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
ZEPBOUND	T9	
ZEPOSIA	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ZEPOSIA 7-DAY STARTER PACK	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
ZERVIATE	T3	ST; QL (30 ml per 30 days)
ZESTORETIC	T3	
ZESTRIL	T3	
ZETIA	T3	
ZETONNA	T9	
ZIAC	T3	
ZIAGEN ORAL SOLUTION	T2	
ZIAGEN ORAL TABLET	T3	
ZIANA	T9	
ziclocin	T9	
zidovudine oral capsule	T2	
zidovudine oral syrup	T1b	
zidovudine oral tablet	T2	
ZILBRYSQ	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 syringes per 28 days)
zileuton er	T5	ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); AL (Min 12 Years)
ZILRETTA	T9	
ZILXI	T9	
ZIMHI	T2	QL (1 box per 1 year)
zinc sulfate oral capsule 220 (50 zn) mg	T9	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	T3	
ziprasidone hcl	T1b	
ZIPSOR	T9	
ZIRABEV	T9	
ZIRGAN	T3	
ZITHRANOL	T3	ST
ZITHROMAX ORAL PACKET	T2	

Medication	Coverage Level	Restrictions
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	T3	
ZITHROMAX ORAL TABLET 600 MG	T3	
ZITHROMAX TRI-PAK	T3	
ZITHROMAX Z-PAK	T3	
ZITUVIMET	T9	
ZITUVIMET XR	T9	
ZITUVIO	T9	
ZMA CLEAR	T9	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	T3	QL (30 tablets per 30 days)
ZOKINVY	T9	
ZOLINZA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
zolmitriptan nasal solution 5 mg	T3	ST; QL (12 units per 30 days)
zolmitriptan oral	T2	QL (12 tablets per 30 days)
ZOLOFT ORAL TABLET 100 MG	T3	QL (60 EA per 30 days)
ZOLOFT ORAL TABLET 25 MG	T3	QL (90 EA per 30 days)
ZOLOFT ORAL TABLET 50 MG	T3	QL (120 EA per 30 days)
zolpidem tartrate er	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)
zolpidem tartrate oral capsule	T9	
zolpidem tartrate oral tablet	T1a	QL (31 tablets per 31 days); AL (Min 18 Years)
zolpidem tartrate sublingual	T9	
ZOLPIMIST	T9	
ZOMIG NASAL SOLUTION 2.5 MG	T3	ST; QL (12 units per 30 days)
ZOMIG NASAL SOLUTION 5 MG	T9	
ZOMIG ORAL	T9	
ZONALON	T9	
ZONEGRAN	T3	
ZONISADE	T3	QL (150 ML per 30 days); AL (Max 9 Years)
zonisamide oral	T1a	
ZONTIVITY	T3	ST; QL (30 tablets per 30 days)
ZORTRESS	T5	SP (Limited to a 1 month supply per fill)
ZORVOLEX	T9	
ZORYVE EXTERNAL CREAM 0.3 %	T9	
ZORYVE EXTERNAL FOAM	T9	
ZOVIA 1/35 (28)	T7	PV

Medication	Coverage Level	Restrictions
ZOVIA 1/35E (28)	T7	PV
ZOVIRAX EXTERNAL	T9	
ZOVIRAX ORAL	T3	
ZTALMY	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1100 ML per 30 days)
ZTLIDO	T9	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	T2	QL (30 tablets per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T2	QL (60 tablets per 30 days)
ZUMANDIMINE	T7	PV
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	T4	SP (Limited to a 1 month supply per fill); QL (28 capsules per 1 year)
ZURZUVAE ORAL CAPSULE 30 MG	T4	SP (Limited to a 1 month supply per fill); QL (14 capsules per 1 year)
ZYCLARA	T9	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	T3	ST
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	T9	
ZYDELIG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
ZYFLO	T9	
ZYKADIA ORAL TABLET	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
ZYLET	T3	ST
ZYLOPRIM	T3	
ZYMAXID	T3	ST
ZYMFENTRA (1 PEN)	T9	
ZYMFENTRA (2 PEN)	T9	
ZYMFENTRA (2 SYRINGE)	T9	
ZYPITAMAG	T9	
ZYPREXA ORAL	T3	
ZYPREXA ZYDIS	T3	
ZYTIGA	T9	
zyvit	T9	

Medication	Coverage Level	Restrictions
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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PriorityHealth

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）。

ܙܘܗܪܐ: ܐܢ ܐܢܬܘܢ ܟܐ ܗܡܙܡܝܬܘܢ ܠܫܢܐ ܣܘܪܝܝܐ (ܐܬܘܪܝܐ) ، ܚܕܡܬܘܢ
ܦܠܚܬܘܢ ܝܠܚܝܐ ܕܡܗܝܪܬܐ ܕܠܫܢܐ ܡܓܢܐܝܬ. ܐܢ ܒܫܩܠܬܘܢ ܗܘ ܠܒܪ ܡܢ
ܩܪܝܬܐ ܡܬܒܝܢܐ ܕܚܠܝܬܐ ܥܠ ܡܢܝܢܐ ܕܐܝܠܗ ܥܠܒܐ ܠܒܪܐ ܕܟܪܛܐ ܕܗܕܡܘܬܐ
ܕܗܕܡܘܬܐ . (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. 멤버쉽 ID카드의 뒷면에 있는 고객 서비스 번호로 전화해 주십시오. (TTY: 711)

লক্ষ্য করুনঃ 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).