

2024 Formulary

MyPriority® 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

CURRENT AS OF 11/1/2024

Medication	Coverage Level	Restrictions
10 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
10 SERIES+ BP MONITR/UPPER ARM	T2	QL (2 EA per 730 days)
3 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
3 SERIES BP MONITOR/WRIST	T2	QL (2 EA per 730 days)
5 SERIES BP MONITOR	T2	QL (1 monitor per 2 years)
5 SERIES BP MONITOR/UPPER ARM	T2	QL (1 monitor per 2 years)
7 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
7 SERIES BP MONITOR/WRIST	T2	QL (2 EA per 730 days)
<i>abacavir sulfate oral solution</i>	T1b	AL (Max 9 Years)
<i>abacavir sulfate oral tablet</i>	T2	
<i>abacavir sulfate-lamivudine</i>	T4	SP (Limited to a 1 month supply per fill)
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)
<i>abiraterone acetate oral tablet 250 mg</i>	T1b	
<i>abiraterone acetate oral tablet 500 mg</i>	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	
<i>acamprosate calcium</i>	T1b	
ACANYA	T9	
<i>acarbose oral</i>	T1b	
ACCOLATE	T3	
ACCRUFER	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
ACCU-CHEK AVIVA PLUS IN VITRO	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK COMPACT PLUS	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK FASTCLIX LANCET	T3	
ACCU-CHEK FASTCLIX LANCETS	T2	

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	
AC CUTANE	T2	QL (6 fills per 2 years)
AC CUTREND GLUCOSE	T3	ST; QL (200 strips per 30 days)
ACE AEROSOL CLOUD ENHANCER	T3	QL (4 devices per 1 year)
<i>acebutolol hcl oral</i>	T1b	
<i>acetaminophen intravenous solution prefilled syringe</i>	T9	
<i>acetaminophen-codeine</i>	T1b	
<i>acetaminophen-codeine #2</i>	T1b	
<i>acetaminophen-codeine #3</i>	T1b	
<i>acetaminophen-codeine #4</i>	T1b	
<i>acetazolamide er</i>	T1b	
<i>acetazolamide oral</i>	T1b	
<i>acetic acid otic</i>	T1b	
<i>acetylcysteine inhalation</i>	T1b	
<i>acidophilus lactobacillus powder</i>	T9	
<i>acioxia</i>	T9	
ACIPHEX	T9	
ACIPHEX SPRINKLE	T9	
<i>acitretin</i>	T4	SP (Limited to a 1 month supply per fill)
<i>acne medication 10 external gel</i>	T1b	
<i>acne medication 5 external gel</i>	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	
<i>active fe</i>	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	
<i>acyclovir external cream</i>	T9	
<i>acyclovir external ointment</i>	T3	ST; QL (15 GM per 6 months)
<i>acyclovir oral</i>	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	
<i>adalimumab-aacf (2 pen)</i>	T9	
<i>adalimumab-aacf (2 syringe)</i>	T9	
<i>adalimumab-aaty (1 pen)</i>	T9	
<i>adalimumab-aaty (2 pen)</i>	T9	
<i>adalimumab-aaty (2 syringe)</i>	T9	
<i>adalimumab-adaz subcutaneous solution auto-injector</i>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
<i>adalimumab-adaz subcutaneous solution prefilled syringe</i>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
<i>adalimumab-adbm (2 pen)</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)

Medication	Coverage Level	Restrictions
<i>adalimumab-adbm (2 syringe)</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
<i>adalimumab-adbm(cd/uc/hs strt)</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
<i>adalimumab-adbm(psluv starter)</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
<i>adalimumab-fkjp (2 pen)</i>	T9	
<i>adalimumab-fkjp (2 syringe)</i>	T9	
<i>adalimumab-ryvk (2 pen)</i>	T9	
<i>adalimumab-ryvk (2 syringe)</i>	T9	
<i>adapalene external cream</i>	T9	
<i>adapalene external gel 0.1 %</i>	T9	
<i>adapalene external gel 0.3 %</i>	T2	QL (45 GM per 30 days)
<i>adapalene external lotion</i>	T9	
<i>adapalene external solution</i>	T9	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1b	
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	T9	
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	
<i>adefovir dipivoxil</i>	T4	SP (Limited to a 1 month supply per fill)
<i>adeinzde</i>	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	
<i>adult blood pressure cuff lg</i>	T2	QL (1 monitor per 2 years)
ADVAIR DISKUS	T9	
ADVAIR HFA	T9	
ADVATE	T4	PA; SP (Limited to a 1 month supply per fill); QL (73600 billable units per 28 days)
ADVOCATE CONTROL SOLUTION IN VITRO LIQUID LOW	T3	
ADVOCATE LANCETS 30G	T2	
ADVOCATE LANCING DEVICE	T3	
ADVOCATE RAPID-SAFE LANCING	T3	
ADVOCATE REDI-CODE IN VITRO	T3	ST; QL (200 strips per 30 days)
ADVOCATE REDI-CODE+ TEST	T3	ST; QL (200 strips per 30 days)
ADVOCATE TEST	T3	ST; QL (200 strips per 30 days)
<i>adynovate</i>	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)
<i>aimsco lubricated</i>	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	
<i>ala-cort external cream 1 %</i>	T9	
ALA-QUIN	T9	
ALAVERT ALLERGY/SINUS	T9	
ALAVERT ORAL TABLET DISPERSIBLE	T9	
ALAWAY	T1b	
<i>albendazole oral</i>	T2	QL (6 tablets per 30 days)
ALBENZA	T9	
<i>albuterol sulfate er</i>	T1b	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	T1b	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1b	
<i>albuterol sulfate oral</i>	T1b	
<i>alclometasone dipropionate</i>	T1b	
ALCORTIN A	T9	
ALDACTONE	T3	
ALDARA	T3	
ALECENSA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 capsules per 30 days)
<i>alendronate sodium oral solution</i>	T2	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	T1a	
<i>alfuzosin hcl er</i>	T1b	
ALINIA ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (60 ML per 6 months)
ALINIA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
<i>aliskiren fumarate</i>	T2	ST
ALKERAN ORAL	T3	
ALKINDI SPRINKLE	T9	

Medication	Coverage Level	Restrictions
ALLEGRA ALLERGY	T9	
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION	T9	
ALLEGRA-D ALLERGY & CONGESTION	T9	
ALLI	T9	
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1a	
<i>allopurinol oral tablet 200 mg</i>	T9	
ALLZITAL	T9	
<i>almotriptan malate</i>	T3	ST; QL (12 tablets per 30 days)
ALOCRIL	T3	ST
<i>alogliptin benzoate</i>	T3	ST; QL (30 tablets per 30 days)
<i>alogliptin-metformin hcl</i>	T3	ST; QL (60 tablets per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	T3	ST; QL (30 tablets per 30 days)
ALOMIDE	T2	
ALORA	T2	
<i>alosetron hcl</i>	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)
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	T1b	QL (30 tablets per 30 days)
<i>alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg</i>	T1b	QL (60 tablets per 30 days)
ALPRAZOLAM INTENSOL	T1b	QL (120 ML per 30 days)
<i>alprazolam oral tablet</i>	T1a	
<i>alprazolam oral tablet dispersible</i>	T2	
<i>alprazolam xr</i>	T1b	QL (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)
ALTUVIIIIO 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	
<i>alyacen 1/35</i>	T7	PV
<i>alyacen 7/7/7</i>	T7	PV
ALZAIR ALLERGY NASAL SPRAY	T9	
<i>amantadine hcl oral</i>	T1b	
AMARYL	T3	
AMBIEN	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
AMBIEN CR	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>ambrisentan oral tablet 10 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>ambrisentan oral tablet 5 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>amcinonide external cream</i>	T1b	
<i>amcinonide external ointment</i>	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)
<i>amiloride hcl oral</i>	T1b	
<i>amiloride-hydrochlorothiazide</i>	T1b	
<i>aminocaproic acid oral solution</i>	T4	SP (Limited to a 1 month supply per fill)
<i>aminocaproic acid oral tablet</i>	T4	SP (Limited to a 1 month supply per fill)
<i>amiodarone hcl oral tablet 100 mg</i>	T1b	QL (30 tablets per 30 days)
<i>amiodarone hcl oral tablet 200 mg</i>	T1b	
<i>amiodarone hcl oral tablet 400 mg</i>	T9	
AMITIZA	T3	QL (60 capsules per 30 days)
<i>amitriptyline hcl oral</i>	T1b	
AMJEVITA	T9	
AMJEVITA-PED 10KG TO <15KG	T9	
AMJEVITA-PED 15KG TO <30KG	T9	
<i>amlodipine besy-benazepril hcl</i>	T1b	
<i>amlodipine besylate oral</i>	T1a	
<i>amlodipine besylate-valsartan</i>	T1b	
<i>amlodipine-atorvastatin</i>	T9	
<i>amlodipine-olmesartan</i>	T1b	
<i>amlodipine-valsartan-hctz</i>	T1b	
<i>ammonium lactate external</i>	T9	
AMNESTEEM	T2	QL (6 fills per 2 years)
<i>amoxapine</i>	T1b	
<i>amoxicill-clarithro-lansopraz</i>	T3	
<i>amoxicillin oral capsule</i>	T1b	
<i>amoxicillin oral suspension reconstituted</i>	T1b	
<i>amoxicillin oral tablet</i>	T1b	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	T1b	
<i>amoxicillin-pot clavulanate er</i>	T1b	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	T1b	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	T1b	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	T1b	
<i>amphetamine er</i>	T9	

Medication	Coverage Level	Restrictions
<i>amphetamine sulfate</i>	T3	ST; QL (180 tablets per 30 days); AL (Min 6 Years)
<i>amphetamine-dextroamphetamine er</i>	T1b	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>amphetamine-dextroamphetamine</i>	T1b	AL (Min 6 Years)
<i>amphet-dextroamphetamine 3-bead er</i>	T9	
<i>ampicillin oral capsule 250 mg</i>	T1a	
<i>ampicillin oral capsule 500 mg</i>	T1b	
AMPYRA	T9	
AMRIX	T9	
AMZEEQ	T9	
ANADROL-50	T9	
ANAFRANIL	T3	
<i>anagrelide hcl</i>	T1b	
ANALPRAM-HC EXTERNAL LOTION	T9	
ANAPROX DS	T3	
ANASPAZ	T3	
<i>anastrozole oral</i>	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	
<i>apomorphine hcl subcutaneous</i>	T9	
<i>apraclonidine hcl</i>	T1b	

Medication	Coverage Level	Restrictions
<i>aprepitant oral</i>	T1b	QL (6 capsules per 30 days)
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	T1b	QL (7 capsules per 30 days)
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)
<i>arformoterol tartrate</i>	T3	AL (Min 40 Years)
ARICEPT	T3	
ARIKAYCE	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 vials per 28 days)
ARIMIDEX	T3	
<i>aripiprazole oral solution</i>	T3	AL (Max 9 Years)
<i>aripiprazole oral tablet</i>	T1b	QL (60 tablets per 30 days)
<i>aripiprazole oral tablet dispersible</i>	T9	
ARIXTRA	T9	
<i>armodafinil</i>	T1b	QL (30 tablets per 30 days)
ARMONAIR DIGIHALER	T9	

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)
ASCRIPITIN ORAL TABLET 325 MG	T1b	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	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	
<i>aspirin 81 oral tablet chewable</i>	T1b	
<i>aspirin adult</i>	T1b	
<i>aspirin ec low dose</i>	T1b	
<i>aspirin ec oral tablet delayed release 325 mg</i>	T1b	
<i>aspirin oral tablet delayed release 325 mg</i>	T1b	
<i>aspirin-dipyridamole er</i>	T1b	
ASPRUZYO SPRINKLE	T9	
ASSURE 4 TEST	T3	ST; QL (200 strips per 30 days)
ASSURE DOSE CONTROL	T3	
ASSURE LANCE PLUS SAFETY 30G	T2	
ASSURE PLATINUM	T3	ST; QL (200 strips per 30 days)
ASSURE PRISM MULTI TEST	T3	ST; QL (200 strips per 30 days)
ASTAGRAF XL	T3	ST; SP ()
ATACAND	T3	
ATACAND HCT	T3	
<i>atazanavir sulfate</i>	T4	SP (Limited to a 1 month supply per fill)
ATELVIA	T3	
<i>atenolol oral</i>	T1a	
<i>atenolol-chlorthalidone</i>	T1b	
ATIVAN ORAL	T3	

Medication	Coverage Level	Restrictions
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	T2	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	T2	QL (30 capsules per 30 days); AL (Min 6 Years)
ATORVALIQ	T9	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	T1a	PV
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	T1a	
<i>atovaquone oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>atovaquone-proguanil hcl</i>	T1b	
ATRALIN	T3	AL (Max 50 Years)
ATRAPRO HYDROGEL	T9	
ATRIPLA	T5	SP (Limited to a 1 month supply per fill)
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1b	
<i>atropine sulfate ophthalmic solution 0.01 %, 0.025 %, 0.05 %</i>	T9	
<i>atropine sulfate ophthalmic solution 1 %</i>	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	
<i>avanafil</i>	T9	
AVAPRO	T3	
AVAR CLEANSER	T9	
AVAR EXTERNAL PAD	T9	
AVAR LS CLEANSER	T9	
AVAR LS EXTERNAL PAD	T9	
AVAR-E EMOLLIENT	T9	
AVAR-E GREEN	T9	
AVAR-E LS	T9	

Medication	Coverage Level	Restrictions
<i>aveida</i>	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)
<i>av-phos 250 neutral</i>	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
<i>azathioprine oral tablet 100 mg, 75 mg</i>	T9	
<i>azathioprine oral tablet 50 mg</i>	T1b	
<i>azelaic acid external</i>	T2	ST
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	T9	
<i>azelastine hcl ophthalmic</i>	T1b	
<i>azelastine-fluticasone</i>	T9	
AZELEX	T3	ST; QL (50 GM per 30 days)
AZILECT	T3	ST; QL (30 tablets per 30 days)
<i>azithromycin oral suspension reconstituted</i>	T1b	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1b	
AZMIRO	T9	
AZOPT	T3	
AZOR	T3	ST
AZSTARYS	T9	
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
AZURETTE	T7	PV

Medication	Coverage Level	Restrictions
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1b	
<i>bacitra-neomycin-polymyxin-hc</i>	T1b	
<i>baclofen oral solution</i>	T9	
<i>baclofen oral suspension</i>	T9	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	T1b	
<i>baclofen oral tablet 15 mg</i>	T9	
BACMIN	T9	
BACTRIM	T3	
BACTRIM DS	T3	
BAFIERTAM	T9	
BALCOLTRA	T9	
<i>balsalazide disodium</i>	T1b	
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)
<i>bcg vaccine injection solution reconstituted</i>	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)
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	T9	
BELSOMRA	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
<i>benazepril hcl oral</i>	T1a	
<i>benazepril-hydrochlorothiazide</i>	T1b	
BENEFIX INTRAVENOUS KIT	T4	PA; SP (Limited to a 1 month supply per fill); QL (46000 billable units per 28 days)
BENICAR	T3	
BENICAR HCT	T3	
BENLYSTA SUBCUTANEOUS	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)
<i>bensal hp</i>	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	
<i>benznidazole oral tablet 100 mg</i>	T3	QL (60 tablets per 1 lifetime); AL (Max 12 Years)
<i>benznidazole oral tablet 12.5 mg</i>	T9	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1b	
<i>benzonatate oral capsule 150 mg</i>	T9	
<i>benzoyl peroxide cleanser external liquid</i>	T9	
<i>benzoyl peroxide external foam 9.8 %</i>	T9	
<i>benzoyl peroxide external gel 10 %, 2.5 %, 5 %</i>	T9	
<i>benzoyl peroxide external liquid 10 %</i>	T9	

Medication	Coverage Level	Restrictions
<i>benzoyl peroxide external pad 9.5 %</i>	T9	
<i>benzoyl peroxide wash external liquid</i>	T9	
<i>benzoyl peroxide-erythromycin</i>	T2	
Benzphetamine HCl Oral Tablet 50 MG	Benefit Exclusion	
<i>benztropine mesylate oral</i>	T1b	
<i>bepotastine besilate</i>	T3	ST; QL (5 ML per 30 days)
BEPREVE	T9	
BERINERT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
BESIVANCE	T3	QL (5 ML per 30 days)
BESREMI	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
<i>betaine</i>	T3	
<i>betamethasone dipropionate aug external cream</i>	T1b	
<i>betamethasone dipropionate aug external gel</i>	T1b	QL (50 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	T1b	QL (60 ML per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	T1b	QL (50 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	T1b	
<i>betamethasone dipropionate external lotion</i>	T1b	QL (60 ML per 30 days)
<i>betamethasone dipropionate external ointment</i>	T2	
<i>betamethasone sod phos & acet injection suspension 7 (4-3) mg/ml</i>	T9	
<i>betamethasone valerate external cream</i>	T1b	
<i>betamethasone valerate external foam</i>	T9	
<i>betamethasone valerate external lotion</i>	T1b	QL (60 ML per 30 days)
<i>betamethasone valerate external ointment</i>	T1b	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
BETASERON SUBCUTANEOUS KIT	T4	ST; 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)
<i>betaxolol hcl ophthalmic</i>	T2	
<i>betaxolol hcl oral</i>	T1b	
<i>bethanechol chloride oral</i>	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	
<i>bevacizumab intraocular solution prefilled syringe 2.75 mg/0.11ml</i>	T9	
<i>bevacizumab intravitreal solution prefilled syringe 2 mg/0.08ml, 2.75 mg/0.11ml</i>	T9	
BEVESPI AEROSPHERE	T3	ST; QL (1 inhaler per 30 days)
BEVYXXA	T9	
<i>bexarotene external</i>	T9	
<i>bexarotene oral</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
BEXSERO	T6	PV; QL (2 ML per 1 Lifetime)
BEYAZ	T9	
BIAFINE	T9	
<i>bicalutamide</i>	T1b	
BIDIL	T9	
BIGFOOT UNITY PROGRAM	T9	
BIJUVA	T9	
BIKTARVY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
BILTRICIDE	T5	SP (Limited to a 1 month supply per fill)
<i>bimatoprost external</i>	T9	
<i>bimatoprost ophthalmic</i>	T1b	
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	
<i>bisacodyl ec</i>	T7	PV
<i>bisacodyl rectal</i>	T9	
<i>bismuth/metronidazole/tetracycline</i>	T3	ST
<i>bisoprolol fumarate oral</i>	T1b	
<i>bisoprolol-hydrochlorothiazide</i>	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
<i>blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>blood pressure monitor</i>	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 3	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 7	T2	QL (1 monitor per 2 years)
<i>blood pressure monitor kit</i>	T2	QL (1 monitor per 2 years)
BLULINK GLUCOSE MONITORING SYS	T9	
BLULINK GLUCOSE TEST	T3	ST; QL (200 Strips per 30 Days)
BONIVA ORAL TABLET 150 MG	T3	
BONJESTA	T9	
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)
<i>bosentan</i>	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)
<i>bp gel external gel 10 %, 5 %</i>	T9	
<i>bp vit 3</i>	T9	
<i>bp wash external liquid 10 %, 2.5 %, 5 %, 7 %</i>	T9	
<i>bpo foaming cloths external 6 %</i>	T9	
BPROTECTED PEDIA IRON	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	
<i>briellyn</i>	T7	PV
BRILINTA	T2	
<i>brimonidine tartrate external</i>	T9	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %</i>	T2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T1b	
<i>brimonidine tartrate-timolol</i>	T1b	
<i>brimonidine-dorzolamide</i>	T9	
<i>brinzolamide</i>	T2	
BRISDELLE	T9	
BRIVIACT ORAL SOLUTION	T3	QL (300 ML per 30 days)
BRIVIACT ORAL TABLET	T3	QL (60 tablets per 30 days)
BROMFED DM ORAL SYRUP 30-2-10 MG/5ML	T9	
<i>bromfenac sodium (once-daily)</i>	T2	ST; QL (1.7 ML per 30 days)
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	T9	
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	T1b	ST; QL (5 ML per 30 days)
<i>bromocriptine mesylate oral</i>	T2	
BROMSITE	T9	
BRONCHITOL	T9	
BROVANA	T5	SP (Limited to a 1 month supply per fill); AL (Min 40 Years)
BRUKINSA	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	
<i>budesonide er oral tablet extended release 24 hour</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

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

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

Medication	Coverage Level	Restrictions
<i>calcitonin (salmon) injection</i>	T9	
<i>calcitonin (salmon) nasal</i>	T1b	
<i>calcitriol external</i>	T3	ST; QL (100 GM per 30 days)
<i>calcitriol oral capsule</i>	T1b	
<i>calcitriol oral solution</i>	T1b	AL (Max 9 Years)
<i>calcium acetate (phos binder) oral capsule</i>	T1b	
<i>calcium-folic acid plus d</i>	T9	
CALQUENCE ORAL TABLET	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
<i>calsodore external kit</i>	T9	
CAMBIA	T9	
CAMILA	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)
<i>candesartan cilexetil</i>	T1b	
<i>candesartan cilexetil-hctz</i>	T1b	
CANDIN	T9	
<i>capecitabine</i>	T4	SP (Limited to a 1 month supply per fill)
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)
<i>captopril oral</i>	T1b	
<i>captopril-hydrochlorothiazide</i>	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 ()
<i>carbamazepine er oral capsule extended release 12 hour</i>	T1b	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	T1b	ST; QL (60 tablets per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	T2	ST; QL (120 tablets per 30 days)
<i>carbamazepine oral suspension 100 mg/5ml</i>	T1b	
<i>carbamazepine oral tablet</i>	T1b	
<i>carbamazepine oral tablet chewable 100 mg</i>	T1b	
<i>carbamazepine oral tablet chewable 200 mg</i>	T9	
CARBATROL	T3	
<i>carbidopa oral</i>	T3	ST; QL (5 tablets per 1 day)
<i>carbidopa-levodopa</i>	T1b	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	T1b	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	T1b	
<i>carbinoxamine maleate er</i>	T9	
<i>carbinoxamine maleate oral solution</i>	T1b	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1b	
<i>carbinoxamine maleate oral tablet 6 mg</i>	T9	
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	
<i>carglumic acid oral tablet soluble</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>carisoprodol oral tablet 350 mg</i>	T2	QL (90 tablets per 30 days)
<i>carisoprodol-aspirin</i>	T9	
<i>carisoprodol-aspirin-codeine</i>	T9	
CARNITOR ORAL	T3	
CARNITOR SF	T3	
CAROSPIR	T3	QL (120 ML per 30 days); AL (Max 9 Years)
<i>carteolol hcl</i>	T1b	
CARTIA XT	T1b	
<i>carvedilol</i>	T1a	
<i>carvedilol phosphate er</i>	T2	ST
CASODEX	T3	
CATAPRES	T3	
CATAPRES-TTS-1	T3	
CATAPRES-TTS-2	T3	
CATAPRES-TTS-3	T3	
CAVERJECT	T9	
CAVERJECT IMPULSE	T9	
CAYA	T7	PV
CAYSTON	T4	PA; SP (Limited to a 1 month supply per fill)
CAZIAN	T7	PV
<i>cefaclor er</i>	T1b	
<i>cefaclor oral capsule 250 mg</i>	T1b	
<i>cefadroxil</i>	T1b	
<i>cefdinir</i>	T1b	
<i>cefditoren pivoxil oral tablet 400 mg</i>	T1b	
<i>cefixime oral suspension reconstituted</i>	T1b	
<i>cefpodoxime proxetil</i>	T1b	
<i>cefprozil</i>	T1b	
<i>cefuroxime axetil oral tablet</i>	T1b	

Medication	Coverage Level	Restrictions
CELACYN	T9	
CELEBREX	T3	QL (60 capsules per 30 days)
<i>celecoxib oral</i>	T1b	QL (60 capsules per 30 days)
CELEXA ORAL TABLET 10 MG	T3	QL (90 tablets per 30 days); AL (Min 18 Years)
CELEXA ORAL TABLET 20 MG	T3	QL (60 tablets per 30 days); AL (Min 18 Years)
CELEXA ORAL TABLET 40 MG	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
CELLCEPT ORAL CAPSULE	T3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED	T3	AL (Max 9 Years)
CELLCEPT ORAL TABLET	T3	
CELONTIN	T3	
CENTANY	T3	QL (22 GM per 30 days)
CENTRATEX	T9	
<i>cephalexin oral capsule</i>	T1a	
<i>cephalexin oral suspension reconstituted</i>	T1b	
<i>cephalexin oral tablet</i>	T2	
CEPROTIN	T3	
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)
CETACAIN EXTERNAL AEROSOL	T9	
<i>cetirizine hcl childrens alrgy oral solution</i>	T9	
<i>cetirizine hcl oral tablet</i>	T9	
<i>cetirizine hcl oral tablet chewable</i>	T9	
<i>cetirizine-pseudoephedrine er</i>	T9	
CETRAXAL	T3	
<i>cetorelix acetate</i>	T2	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T2	
<i>cevimeline hcl</i>	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)
<i>childrens aspirin</i>	T3	

Medication	Coverage Level	Restrictions
<i>childrens loratadine oral solution</i>	T9	
<i>chlohux</i>	T9	
<i>chlordiazepoxide hcl</i>	T1a	
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg</i>	T1b	
<i>chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg</i>	T3	
<i>chlordiazepoxide-clidinium</i>	T3	
<i>chlorhexidine gluconate mouth/throat</i>	T1b	
<i>chloroquine phosphate oral</i>	T1b	
<i>chlorpheniramine maleate er</i>	T9	
<i>chlorpromazine hcl oral concentrate</i>	T3	QL (180 ML per 30 days)
<i>chlorpromazine hcl oral tablet</i>	T3	QL (180 tablets per 30 days)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1b	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	T9	
<i>chlorzoxazone oral tablet 500 mg</i>	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)
<i>cholestyramine light</i>	T1b	
<i>cholestyramine oral</i>	T1b	
<i>chorionic gonadotropin intramuscular</i>	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	
<i>ciclopirox external</i>	T1b	
<i>ciclopirox olamine external</i>	T1b	
<i>ciclopirox treatment</i>	T9	
CIFEREX	T9	
<i>cilostazol</i>	T1b	
CILOXAN	T3	
CIMDUO	T9	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	T3	

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

Medication	Coverage Level	Restrictions
<i>citrate of magnesia oral solution</i>	T7	PV
CITROMA	T7	PV
CLARAVIS	T2	QL (6 fills per 2 years)
CLARINEX ORAL TABLET	T9	
CLARINEX-D 12 HOUR	T9	
<i>clarithromycin er</i>	T1b	
<i>clarithromycin oral</i>	T1b	
CLARITIN ORAL SOLUTION	T9	
CLARITIN ORAL SYRUP	T9	
CLARITIN ORAL TABLET	T9	
CLARITIN REDITABS	T9	
CLARITIN-D 12 HOUR	T9	
CLARITIN-D 24 HOUR	T9	
<i>classic prenatal</i>	T7	PV
CLEARLAX ORAL PACKET	T9	
CLEARLAX ORAL POWDER	T7	PV
<i>clemastine fumarate oral syrup</i>	T9	
<i>clemastine fumarate oral tablet 1.34 mg</i>	T9	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1b	
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	
<i>clindamycin hcl oral</i>	T1a	
<i>clindamycin palmitate hcl</i>	T1b	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %</i>	T9	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T1b	QL (45 GM per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	T2	QL (50 GM per 30 days)
<i>clindamycin phosphate external gel 1 %</i>	T1b	ST

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

Medication	Coverage Level	Restrictions
<i>clotrimazole mouth/throat troche</i>	T1b	
<i>clotrimazole-betamethasone external cream</i>	T1b	
<i>clotrimazole-betamethasone external lotion</i>	T1b	QL (30 gm per 30 days)
<i>clozapine oral tablet</i>	T1b	
<i>clozapine oral tablet dispersible</i>	T3	
CLOZARIL ORAL TABLET 100 MG, 25 MG	T3	
CLOZARIL ORAL TABLET 200 MG, 50 MG	T9	
COAGADEX	T4	SP (Limited to a 1 month supply per fill)
<i>coal tar external solution</i>	T2	
COARTEM	T2	
<i>codeine sulfate oral tablet</i>	T1b	
<i>coenzyme q10</i>	T9	
<i>coenzyme q-10 oral capsule 100 mg</i>	T9	
COLAZAL	T5	SP (Limited to a 1 month supply per fill)
<i>colchicine oral capsule</i>	T3	QL (120 capsules per 30 days)
<i>colchicine oral tablet</i>	T1b	QL (120 tablets per 30 days)
<i>colchicine-probenecid</i>	T1b	
COLCRYS	T9	
<i>colesevelam hcl oral packet</i>	T3	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	T1b	QL (180 tablets per 30 days)
COLESTID	T3	
<i>colestipol hcl</i>	T1b	
<i>colistimethate sodium (cba)</i>	T9	
COLY-MYCIN S	T3	
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM	T3	
COMBIGAN	T9	
COMBIPATCH	T2	
COMBIVENT RESPIMAT	T2	QL (2 inhalers per 30 days)
COMBIVIR	T5	SP (Limited to a 1 month supply per fill)
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)
<i>complete natal dha</i>	T1b	
<i>completenate</i>	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
<i>cortisone acetate oral</i>	T1b	
CORTISPORIN-TC	T3	
CORTROPHIN	T9	
CORVITA 150	T9	
CORVITA ORAL TABLET 1.25 MG	T9	
CORVITE 150 ORAL TABLET	T9	
<i>corvite fe</i>	T9	
CORVITE FREE	T9	
CORVITE ORAL TABLET 1.25 MG	T9	
COSENTYX (300 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (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	
<i>cromolyn sodium inhalation</i>	T9	
<i>cromolyn sodium ophthalmic</i>	T1b	
<i>cromolyn sodium oral</i>	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)
<i>cvx aspirin adult low dose</i>	T1b	
<i>cvx aspirin ec</i>	T1b	
<i>cvx aspirin oral tablet 325 mg</i>	T1b	
<i>cvx folic acid oral tablet 800 mcg</i>	T7	PV; AL (Max 50 Years)
<i>cvx ibuprofen oral tablet</i>	T1a	
<i>cvx magnesium citrate oral solution</i>	T7	PV
<i>cvx milk of magnesia oral suspension 400 mg/5ml</i>	T7	PV
<i>cvx nicotine polacrilex</i>	T7	PV
<i>cvx nicotine transdermal</i>	T7	PV
<i>cvx prenatal multi+dha</i>	T7	PV
<i>cvx prenatal oral tablet 27-0.8 mg</i>	T7	PV
CVS PURELAX ORAL POWDER	T7	PV

Medication	Coverage Level	Restrictions
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1b	
<i>cyanocobalamin nasal</i>	T9	
<i>cyclobenzaprine hcl er</i>	T9	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1a	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	T9	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	T2	
CYCLOGYL OPHTHALMIC SOLUTION 1 %, 2 %	T3	
CYCLOMYDRIL	T3	
<i>cyclopentolate hcl ophthalmic solution 1 %, 2 %</i>	T1b	
<i>cyclophosphamide oral</i>	T3	
<i>cycloserine oral</i>	T4	QL (90 casules per 30 days)
CYCLOSET	T3	
<i>cyclosporine modified</i>	T1b	
<i>cyclosporine ophthalmic</i>	T2	QL (60 vials per 30 days)
<i>cyclosporine oral capsule</i>	T4	SP (Limited to a 1 month supply per fill)
CYLTEZO (2 PEN)	T9	
CYLTEZO (2 SYRINGE)	T9	
CYLTEZO-CD/UC/HS STARTER	T9	
CYLTEZO-PSORIASIS/UV STARTER	T9	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG	T3	QL (60 capsules per 30 days)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	T3	QL (90 capsules per 30 days)
<i>cyproheptadine hcl oral</i>	T1b	
CYRED	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	
<i>cytra k crystals</i>	T1b	
<i>cytra-2</i>	T9	
CYTRA-3	T9	
<i>cytra-k</i>	T9	

Medication	Coverage Level	Restrictions
<i>dabigatran etexilate mesylate</i>	T2	QL (60 capsules per 30 days)
<i>dalfampridine er</i>	T5	PA; SP (Limited to a 1 month supply per fill)
DALIRESP	T3	QL (30 tablets per 30 days)
<i>danazol oral capsule 100 mg, 50 mg</i>	T3	QL (60 capsules per 30 days)
<i>danazol oral capsule 200 mg</i>	T3	QL (120 capsules per 30 days)
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	T3	
<i>dantrolene sodium oral</i>	T1b	
<i>dapagliflozin pro-metformin er</i>	T9	
<i>dapagliflozin propanediol</i>	T9	
<i>dapsone external</i>	T9	
<i>dapsone oral</i>	T1b	
DARAPRIM	T9	
<i>darifenacin hydrobromide er</i>	T2	QL (30 EA per 30 days)
DARTISLA ODT	T9	
<i>darunavir</i>	T4	SP (Limited to a 1 month supply per fill)
<i>dasatinib</i>	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)
<i>dazaveidaoxia</i>	T9	
<i>dazomon</i>	T9	
DDAVP ORAL	T3	
DDAVP PF	T3	

Medication	Coverage Level	Restrictions
DEBLITANE	T7	PV
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	T1b	
<i>deferasirox granules</i>	T4	SP (Limited to a 1 month supply per fill)
<i>deferasirox oral tablet</i>	T4	SP (Limited to a 1 month supply per fill)
<i>deferasirox oral tablet soluble</i>	T4	SP (Limited to a 1 month supply per fill)
<i>deferiprone</i>	T4	SP (Limited to a 1 month supply per fill)
<i>deflazacort</i>	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)
<i>demeclocycline hcl oral</i>	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	
<i>deoxiademtar</i>	T9	
<i>deoxiatar</i>	T9	
<i>deoxiavar</i>	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	
<i>derma-r</i>	T9	
DERMA-SMOOTH/FS BODY	T3	
DERMA-SMOOTH/FS SCALP	T3	

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

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	
<i>dexlansoprazole</i>	T3	ST; QL (30 capsules per 30 days)
<i>dexmedetomidine hcl in nacl intravenous solution prefilled syringe 20-0.9 mcg/5ml-%</i>	T9	
<i>dexmethylphenidate hcl</i>	T1b	AL (Min 4 Years)
<i>dexmethylphenidate hcl er</i>	T1b	QL (30 capsules per 30 days); AL (Min 4 Years)
DEXONTO 0.4%	T3	
DEXTAK 6 DAY ORAL TABLET THERAPY PACK	T9	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	T2	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	T2	QL (30 capsules per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral solution</i>	T1b	
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	T1b	QL (180 tablets per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	T9	
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg</i>	T1b	QL (30 tablets per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 7.5 mg</i>	T1b	QL (90 tablets per 30 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)
<i>diadimaxia external cream</i>	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	
<i>diasaxiatar</i>	T9	
<i>diasdimaxia external cream</i>	T9	
<i>diasoxia external cream</i>	T9	
DIASTAT ACUDIAL	T2	
DIASTAT PEDIATRIC	T2	
<i>diatrue plus test</i>	T3	ST; QL (200 strips per 30 days)
DIAZEPAM INTENSOL	T2	
<i>diazepam oral solution 5 mg/5ml</i>	T1a	
<i>diazepam oral tablet</i>	T1a	
<i>diazepam rectal</i>	T3	
<i>diazoxide oral</i>	T4	SP (Limited to a 1 month supply per fill)
DIBENZYLINE	T9	
<i>dichlorphenamide</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>diclareal</i>	T9	
DICLEGIS	T9	
<i>diclofenac epolamine external</i>	T9	
<i>diclofenac potassium oral capsule</i>	T9	
<i>diclofenac potassium oral packet</i>	T9	
<i>diclofenac potassium oral tablet 25 mg</i>	T9	
<i>diclofenac potassium oral tablet 50 mg</i>	T1b	
<i>diclofenac potassium(migraine)</i>	T9	
<i>diclofenac sodium er</i>	T1b	
<i>diclofenac sodium external gel 1 %</i>	T1b	
<i>diclofenac sodium external gel 3 %</i>	T2	ST; QL (100 GM per 30 days)
<i>diclofenac sodium external solution</i>	T9	
<i>diclofenac sodium ophthalmic</i>	T1b	
<i>diclofenac sodium oral</i>	T1b	
<i>diclofenac-misoprostol oral tablet delayed release</i>	T9	
<i>dicloxacillin sodium</i>	T1b	
DICOPANOL FUSEPAQ	T9	
<i>dicyclomine hcl oral</i>	T1b	
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	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)
<i>diflorasone diacetate external cream</i>	T9	
<i>diflorasone diacetate external ointment</i>	T2	QL (15 GM per 30 days)
DIFLUCAN	T3	
<i>diflunisal oral</i>	T1b	
<i>difluprednate</i>	T1b	ST
DIGITEK	T1b	
DIGOX	T1b	
<i>digoxin oral solution</i>	T1b	AL (Max 9 Years)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1b	
<i>digoxin oral tablet 62.5 mcg</i>	T9	
<i>dihydroergotamine mesylate injection</i>	T3	ST; QL (4 ML per 30 days)
<i>dihydroergotamine mesylate nasal</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 ML per 30 days)
DILANTIN INFATABS	T2	
DILANTIN ORAL CAPSULE 100 MG	T3	
DILANTIN ORAL CAPSULE 30 MG	T2	
DILANTIN ORAL SUSPENSION	T3	
DILAUDID ORAL LIQUID	T3	
DILAUDID ORAL TABLET 2 MG	T3	QL (32 tablets per 1 day)
DILAUDID ORAL TABLET 4 MG	T3	QL (16 tablets per 1 day)
DILAUDID ORAL TABLET 8 MG	T3	QL (8 tablets per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	T1b	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1b	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	T9	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	T9	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T9	
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	T9	
<i>diltiazem hcl oral</i>	T1a	

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

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

Medication	Coverage Level	Restrictions
<i>dronabinol oral capsule 10 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 Capsules per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	T3	QL (60 Capsules per 30 days)
<i>drospiren-eth estrad-levomefol</i>	T7	PV
<i>drospirenone-ethinyl estradiol</i>	T7	PV
DROXIA	T3	
<i>droxidopa</i>	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)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	T1b	QL (60 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	T1b	QL (90 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	T2	ST; QL (30 capsules per 30 days)
DULOXICAINE	T9	
DUOBRII	T9	
DUOVISC INTRAOCULAR KIT 0.85-0.5 ML	T9	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; 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)
<i>durachol</i>	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	
<i>dutasteride oral</i>	T1b	QL (30 capsules per 30 days)
<i>dutasteride-tamsulosin hcl</i>	T2	ST
DUTOPROL	T9	
DUVYZAT	T9	
DYANAVAL 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)
<i>easy comfort lancets</i>	T2	
EASY MAX T1 GLUCOSE SYSTEM	T9	
<i>easy mini eject lancing device</i>	T3	
<i>easy plus ii glucose test</i>	T3	ST; QL (200 strips per 30 days)
EASY STEP CONTROL IN VITRO SOLUTION NORMAL	T3	
EASY STEP TEST	T3	ST; QL (200 strips per 30 days)
<i>easy talk blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>easy talk plus ii test strips</i>	T3	ST; QL (200 strips per 30 Days)
EASY TOUCH CONTROL HIGH & LOW	T3	
EASY TOUCH LANCING DEVICE	T3	
EASY TOUCH TEST	T3	ST; QL (200 strips per 30 days)
<i>easy trak blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>easy trak ii control</i>	T3	
<i>easy trak ii glucose test</i>	T3	ST; QL (200 strips per 30 days)
EASYGLUCO CONTROL IN VITRO SOLUTION NORMAL	T3	
EASYGLUCO IN VITRO	T3	ST; QL (200 strips per 30 days)
EASYMAX 15 TEST	T3	ST; QL (200 strips per 30 days)
EASYMAX TEST	T3	ST; QL (200 strips per 30 days)
EC-NAPROSYN	T3	
<i>econazole nitrate external</i>	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	
<i>efavirenz</i>	T2	
<i>efavirenz-emtricitab-tenofo df</i>	T3	
<i>efavirenz-lamivudine-tenofovir</i>	T1b	QL (30 tablets per 30 days)
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	T1b	
EFFEXOR XR	T3	
EFFIENT	T3	QL (31 tablets per 31 days)
EFUDEX EXTERNAL CREAM	T3	QL (40 GM per 30 days)
<i>element compact test</i>	T3	ST; QL (200 strips per 30 days)
ELEMENT TEST	T3	ST; QL (200 strips per 30 days)
ELEPSIA XR	T9	
ELESTRIN	T3	
ELETONE	T9	
<i>eletriptan hydrobromide</i>	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	
<i>embrace lancing device/ejector</i>	T3	
EMBRACE PRO GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE TALK GLUCOSE CONTROL IN VITRO SOLUTION LOW	T3	
EMBRACE TALK GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE WAVE GLUCOSE METER	T9	
EMCYT	T2	
EMEND 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)
<i>emreal</i>	T9	
EMROSI	T9	
EMSAM	T4	ST; SP (Limited to a 1 month supply per fill)
<i>emtricitabine</i>	T3	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	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	
<i>enalapril maleate oral solution</i>	T2	AL (Max 9 Years)
<i>enalapril maleate oral tablet</i>	T1a	

Medication	Coverage Level	Restrictions
<i>enalapril-hydrochlorothiazide</i>	T1b	
ENBREL MINI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
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	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	T3	
<i>enoxaparin sodium injection solution prefilled syringe</i>	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
ENOXILUV KIT	T9	
ENPRESSE-28	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	
<i>entacapone</i>	T1b	
ENTADFI	T9	
<i>entecavir</i>	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)
<i>enulose</i>	T1b	
ENVARUSUS XR	T3	ST
EOHILIA	T3	PA; QL (60 packs per 30 days)
EPANED ORAL SOLUTION	T2	AL (Max 9 Years)
EPCLUSA ORAL PACKET	T9	
EPCLUSA ORAL TABLET 200-50 MG	T9	
EPCLUSA ORAL TABLET 400-100 MG	T9	SP ()
EPICERAM	T9	
EPIDIOLEX	T5	PA; SP (Limited to a 1 month supply per fill); QL (200 ML per 30 days)
EPIDUO	T3	
EPIDUO FORTE	T9	
EPIFOAM	T9	
<i>epinastine hcl</i>	T1b	
<i>epinephrine hcl (nasal)</i>	T9	
<i>epinephrine injection solution auto-injector</i>	T2	QL (4 pens per 30 days)
<i>epinephrine injection solution prefilled syringe 1 mg/ml</i>	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	
<i>eplerenone</i>	T1b	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
EPRONTIA	T9	
EPSOLAY	T9	
EPZICOM	T4	SP (Limited to a 1 month supply per fill)
<i>eq magnesium citrate</i>	T7	PV
<i>eq nicotine polacrilex mouth/throat gum</i>	T7	PV
<i>eq aspirin</i>	T1b	
<i>eq aspirin ec</i>	T1b	
<i>eq aspirin low dose oral tablet chewable</i>	T1b	
EQL CLEARLAX	T7	PV
<i>eq magnesium citrate</i>	T7	PV
<i>eq milk of magnesia oral suspension 400 mg/5ml</i>	T7	PV
EQUETRO	T3	ST
<i>ergoloid mesylates oral</i>	T1b	
ERGOMAR	T3	
<i>ergotamine-caffeine</i>	T3	QL (40 tablets per 30 days)
ERIVEDGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
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)
<i>erlotinib hcl</i>	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	
<i>ery</i>	T1b	
ERYGEL	T1b	
ERYPED 200	T4	SP (Limited to a 1 month supply per fill)
ERYPED 400	T4	SP (Limited to a 1 month supply per fill)
ERY-TAB 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)
<i>erythromycin base oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin ethylsuccinate oral tablet</i>	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin external gel</i>	T1b	
<i>erythromycin external solution</i>	T1b	
<i>erythromycin ophthalmic</i>	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)
<i>escitalopram oxalate oral</i>	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)
<i>esomeprazole magnesium oral capsule delayed release</i>	T9	
<i>esomeprazole magnesium oral packet</i>	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)
<i>est estrogens-methyltest ds</i>	T9	
<i>est estrogens-methyltest hs</i>	T9	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	T9	
ESTARYLLA	T7	PV
<i>estazolam</i>	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)
ESTRACE ORAL	T3	
ESTRACE VAGINAL	T9	
<i>estradiol implant pellet 6 mg</i>	T9	
<i>estradiol oral</i>	T1b	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	T2	QL (30 packets per 30 days)
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	T2	QL (37.5 GM per 30 Days)
<i>estradiol transdermal patch twice weekly</i>	T1b	
<i>estradiol transdermal patch weekly</i>	T1b	
<i>estradiol vaginal cream</i>	T1b	QL (42.5 GM per 30 days)
<i>estradiol vaginal tablet</i>	T1b	
<i>estradiol valerate intramuscular</i>	T2	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	T1b	
ESTRATEST F.S.	T9	
ESTRATEST H.S.	T9	
ESTRING VAGINAL RING 2 MG	T3	
ESTROGEL	T3	QL (50 GM per 31 days)
ESTROSTEP FE	T3	PV
<i>eszopiclone</i>	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>ethacrynic acid oral</i>	T3	ST; QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>ethambutol hcl oral</i>	T1b	
<i>ethosuximide oral</i>	T1b	
<i>ethyl chloride</i>	T9	
<i>ethynodiol diac-eth estradiol</i>	T7	PV
<i>etodolac er</i>	T2	
<i>etodolac oral</i>	T1b	
<i>etonogestrel-ethinyl estradiol</i>	T7	PV; QL (1 ring per 28 days)
<i>etoposide oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>etravirine oral tablet 100 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 Days)
<i>etravirine oral tablet 200 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 Days)
EUCRISA	T3	ST; QL (60 GM per 30 days)
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
EURAX EXTERNAL CREAM	T3	ST; QL (60 GM per 30 days)
EURAX EXTERNAL LOTION	T9	
EUTHYROX	T3	
EVAMIST	T2	
EVEKEO	T3	ST; QL (180 tablets per 30 days); AL (Min 6 Years)
EVEKEO ODT	T9	
EVENCARE G2 TEST	T3	ST; QL (200 strips per 30 days)
EVENCARE G3 TEST	T3	ST; QL (200 strips per 30 days)
EVENCARE MINI GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EVENCARE PROVIEW GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>everolimus oral tablet 1 mg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
<i>everolimus oral tablet soluble</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
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)
<i>exemestane</i>	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	
<i>eye allergy itch relief</i>	T1b	QL (2.5 ML per 30 days)
<i>eye allergy itch/redness rel</i>	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	
<i>ezetimibe</i>	T1b	
<i>ezetimibe-rosuvastatin</i>	T9	
<i>ezetimibe-simvastatin</i>	T1b	
<i>fabb</i>	T9	
FABHALTA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)

Medication	Coverage Level	Restrictions
FABIOR	T9	
FALMINA	T7	PV
<i>famciclovir oral</i>	T1b	QL (120 tablets per 30 days)
<i>famotidine oral suspension reconstituted</i>	T3	
<i>famotidine oral tablet 10 mg, 20 mg</i>	T9	
<i>famotidine oral tablet 40 mg</i>	T3	
FANAPT	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
<i>fe c tab plus</i>	T9	
<i>febuxostat</i>	T1b	QL (30 tablets per 30 days)
FEIBA NF INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
<i>felbamate oral suspension</i>	T2	QL (900 ML per 30 days)
<i>felbamate oral tablet 400 mg</i>	T2	QL (120 tablets per 30 days)
<i>felbamate oral tablet 600 mg</i>	T2	QL (180 tablets per 30 days)
FELBATOL ORAL SUSPENSION	T3	QL (900 ML per 30 days)
FELBATOL ORAL TABLET 400 MG	T3	QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
FELBATOL ORAL TABLET 600 MG	T3	QL (180 tablets per 30 days)
FELDENE	T3	
<i>felodipine er</i>	T1b	
FEMARA	T3	
FEMCAP	T7	PV
FEMHRT	T3	
FEMRING	T3	
<i>fenofibrate micronized oral capsule 130 mg, 30 mg, 90 mg</i>	T9	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	T1b	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	T9	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	T9	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1b	
<i>fenofibric acid oral capsule delayed release</i>	T1b	
<i>fenofibric acid oral tablet</i>	T9	
FENOGLIDE	T9	
<i>fenoprofen calcium oral</i>	T9	
FENORTHO ORAL CAPSULE 200 MG	T9	
<i>fentanyl citrate buccal lozenge on a handle</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	T1b	QL (20 patches per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	T9	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T9	
FERIVA 21/7	T9	
FERIVAFA	T9	
<i>ferocon</i>	T9	
FERRALET 90	T9	
<i>ferraplus 90</i>	T9	
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 28 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	
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	T7	PV; AL (Min 6 Months and Max 12 Months)
<i>fesoterodine fumarate er</i>	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	
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	T9	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	T9	
FIASP FLEXTOUCH	T3	ST; 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	
<i>finapid</i>	T9	
<i>finapodtar</i>	T9	
<i>finasteride oral tablet 1 mg</i>	T9	
<i>finasteride oral tablet 5 mg</i>	T1b	
<i>fingolimod hcl</i>	T1b	QL (30 capsules per 30 days)
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	
<i>flavoxate hcl</i>	T1b	
<i>flecainide acetate</i>	T1b	
FLECTOR TRANSDERMAL	T9	
FLEQSUVY	T9	
FLEXICHAMBER	T3	QL (4 devices per 1 year)
FLEXICHAMBER ADULT MASK/SMALL	T3	QL (4 masks per 1 year)
FLEXICHAMBER CHILD MASK/LARGE	T3	QL (4 masks per 1 year)
FLEXICHAMBER CHILD MASK/SMALL	T3	QL (4 masks per 1 year)
<i>flolipid</i>	T9	
FLOMAX	T3	
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)
<i>fluconazole oral</i>	T1b	
<i>fludrocortisone acetate oral</i>	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)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T9	
<i>fluocinolone acetonide body</i>	T1b	
<i>fluocinolone acetonide external cream</i>	T1b	
<i>fluocinolone acetonide external ointment</i>	T1b	
<i>fluocinolone acetonide external solution</i>	T1b	QL (180 ML per 30 days)
<i>fluocinolone acetonide scalp</i>	T1b	
<i>fluocinonide emulsified base</i>	T1b	
<i>fluocinonide external cream 0.05 %</i>	T1b	
<i>fluocinonide external cream 0.1 %</i>	T9	
<i>fluocinonide external gel</i>	T1b	
<i>fluocinonide external ointment</i>	T1b	
<i>fluocinonide external solution</i>	T1b	QL (60 ML per 30 days)
FLUORIMAX 5000	T3	
FLUORIMAX 5000 SENSITIVE	T3	
<i>fluorometholone ophthalmic</i>	T1b	
FLUOROPLEX	T4	ST; SP (Limited to a 1 month supply per fill)
<i>fluorouracil external cream 0.5 %</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 grams per 30 days)
<i>fluorouracil external cream 5 %</i>	T1b	QL (40 GM per 30 days)
<i>fluorouracil external solution</i>	T1b	
<i>fluoxetine hcl (pmdd) capsule 10 mg oral</i>	T9	
<i>fluoxetine hcl (pmdd) capsule 20 mg oral</i>	T9	
<i>fluoxetine hcl (pmdd) oral tablet</i>	T9	
<i>fluoxetine hcl oral capsule</i>	T1a	
<i>fluoxetine hcl oral capsule delayed release</i>	T2	ST

Medication	Coverage Level	Restrictions
<i>fluoxetine hcl oral solution</i>	T1b	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	T1b	
<i>fluoxetine hcl oral tablet 60 mg</i>	T9	
<i>fluoxia</i>	T9	
<i>fluphenazine hcl oral concentrate</i>	T1b	
<i>fluphenazine hcl oral elixir</i>	T1b	
<i>fluphenazine hcl oral tablet</i>	T2	QL (60 tablets per 30 days)
<i>flurandrenolide</i>	T9	
<i>flurazepam hcl</i>	T1b	QL (30 capsules per 30 days)
<i>flurbiprofen oral</i>	T1b	
<i>flurbiprofen sodium</i>	T1b	
<i>flutamide</i>	T1b	
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	T9	
<i>fluticasone propionate diskus</i>	T1b	QL (1 inhaler per 30 days)
<i>fluticasone propionate external cream</i>	T1b	
<i>fluticasone propionate external lotion</i>	T9	
<i>fluticasone propionate external ointment</i>	T1b	
<i>fluticasone propionate hfa</i>	T1b	QL (1 inhaler per 30 days)
<i>fluticasone propionate nasal</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T3	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1b	QL (1 inhaler per 30 days)
<i>fluvastatin sodium</i>	T9	
<i>fluvastatin sodium er</i>	T9	
<i>fluvoxamine maleate</i>	T1b	
<i>fluvoxamine maleate er</i>	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
<i>flyprogpitdar</i>	T9	
FML	T2	
FML FORTE	T3	
FML LIQUIFILM	T3	
FOCALIN	T3	AL (Min 4 Years)
FOCALIN XR	T3	QL (30 capsules per 30 days); AL (Min 4 Years)
<i>folbee</i>	T9	
<i>folbee plus</i>	T9	
FOLBEE PLUS CZ	T9	
FOLBIC	T9	
FOLGARD OS	T9	
FOLGARD RX	T9	
<i>folic acid oral capsule</i>	T9	
<i>folic acid oral tablet 1 mg</i>	T1b	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	T7	PV; AL (Max 50 Years)
<i>folic acid-vit b6-vit b12</i>	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
<i>folplex 2.2</i>	T9	
FOLTABS 800	T7	PV; AL (Max 50 Years)
FOLTANX	T9	
FOLTRATE	T9	
FOLTX ORAL TABLET 1.13-25-2 MG	T3	
<i>fondaparinux sodium</i>	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	
<i>formoterol fumarate inhalation</i>	T4	ST; SP (Limited to a 1 month supply per fill); AL (Min 40 Years)
FORTAMET	T9	
FORTAVIT ORAL CAPSULE	T9	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 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)
<i>fosamprenavir calcium</i>	T4	SP (Limited to a 1 month supply per fill)
<i>fosfomycin tromethamine</i>	T1b	QL (3 packets per 30 days)
<i>fosinopril sodium</i>	T1b	
<i>fosinopril sodium-hctz</i>	T1b	
FOSRENOL ORAL PACKET	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)
<i>fraiche 5000 previ</i>	T3	
<i>fraiche 5000 sensitive</i>	T3	
FREEDOM DERMA-D	T9	
FREESTYLE CONTROL SOLUTION	T3	
FREESTYLE INSULINX TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE LANCETS	T2	
FREESTYLE LIBRE 14 DAY READER	T2	ST; QL (2 kits per 28 days)
FREESTYLE LIBRE 14 DAY SENSOR	T2	ST; QL (2 sensors per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	T2	ST; QL (2 Sensors per 28 days)
FREESTYLE LIBRE 2 READER	T2	ST; QL (1 reader per 365 days)
FREESTYLE LIBRE 2 SENSOR	T2	ST; QL (2 sensors per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	T2	ST; QL (2 sensors per 28 days)
FREESTYLE LIBRE 3 READER	T2	ST; QL (1 reader per 1 year)
FREESTYLE LIBRE 3 SENSOR	T2	ST; QL (2 sensors per 28 days)
FREESTYLE LITE TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE PRECISION NEO TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE TEST	T3	ST; QL (200 strips per 30 days)
FROVA	T9	
<i>frovatriptan succinate</i>	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)
<i>full spectrum b/vitamin c</i>	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	
<i>furosemide injection solution 10 mg/ml</i>	T1b	
<i>furosemide oral solution 10 mg/ml</i>	T1a	
<i>furosemide oral solution 8 mg/ml</i>	T1b	
<i>furosemide oral tablet</i>	T1a	

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
<i>gabapentin (once-daily)</i>	T9	
<i>gabapentin oral capsule</i>	T1a	
<i>gabapentin oral solution 250 mg/5ml</i>	T1b	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1b	
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)
<i>galantamine hydrobromide</i>	T1b	
<i>galantamine hydrobromide er</i>	T1b	
GALLIFREY	T1b	
GALZIN	T9	
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	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	
<i>gatifloxacin ophthalmic</i>	T1b	
GATTEX	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<i>gavilax</i>	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)
<i>ge100 blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>ge100 control</i>	T3	
<i>gefitinib</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
GELCLAIR	T9	
GELFOAM COMPRESSED SIZE 100	T9	
GELFOAM-JMI SPONGE	T9	
GELNIQUE TRANSDERMAL GEL 10 %	T9	
<i>gemfibrozil oral</i>	T1a	
GEMMILY	T9	
GEMTESA	T2	ST
GENERESS FE	T9	
<i>generlac</i>	T1b	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1b	
GENGRAF ORAL SOLUTION	T1b	
GENOTROPIN MINIQUEL SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG	T4	PA; SP (Limited to a 1 month supply per fill)
GENOTROPIN MINIQUEL 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	
<i>gentamicin sulfate external</i>	T1b	
<i>gentamicin sulfate ophthalmic solution</i>	T1b	
<i>gentlelax oral powder</i>	T9	
GENVOYA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
GEODON ORAL	T3	
GERI-HYDROLAC 12	T9	
GERI-HYDROLAC 5	T9	
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	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	T1b	QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	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)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	T1a	
<i>glimepiride oral tablet 3 mg</i>	T9	
<i>glipizide er</i>	T1b	
<i>glipizide oral tablet 10 mg, 5 mg</i>	T1a	
<i>glipizide oral tablet 2.5 mg</i>	T9	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg</i>	T1b	
<i>glipizide-metformin hcl</i>	T1b	
GLOPERBA	T9	
GLUCAGEN HYPOKIT	T2	QL (2 Kits per 30 days)
<i>glucagon emergency injection kit</i>	T2	QL (2 Kits per 30 days)
GLUCOCARD 01 SENSOR PLUS	T3	ST; QL (200 strips per 30 days)
GLUCOCARD EXPRESSION TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCARD SHINE TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCARD VITAL TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCOM TEST	T3	ST; QL (200 strips per 30 days)
GLUCONAVII BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
GLUCOPHAGE	T3	
GLUCOPHAGE XR	T3	
GLUCOTROL XL	T3	
GLUMETZA	T9	
<i>glyburide micronized</i>	T1b	
<i>glyburide oral</i>	T1b	
<i>glyburide-metformin</i>	T1b	

Medication	Coverage Level	Restrictions
GLYCATE	T9	
GLYCOLAX	T9	
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml</i>	T9	
<i>glycopyrrolate injection solution prefilled syringe</i>	T9	
<i>glycopyrrolate intravenous solution prefilled syringe 0.6 mg/3ml, 1 mg/5ml</i>	T9	
<i>glycopyrrolate oral solution</i>	T9	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1b	
<i>glycopyrrolate pf injection solution prefilled syringe 0.6 mg/3ml</i>	T9	
GLYNASE	T3	
GLYSET	T3	
GLYXAMBI	T2	QL (30 tablets per 30 days)
GNP CLEARLAX ORAL PACKET	T9	
GNP CLEARLAX ORAL POWDER	T7	PV
<i>gnp folic acid</i>	T7	PV; AL (Max 50 Years)
<i>gnp laxative oral</i>	T7	PV
<i>gnp milk of magnesia</i>	T7	PV
<i>gnp nicotine mini</i>	T7	PV
<i>gnp nicotine mouth/throat</i>	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	
<i>goodsense aspirin oral tablet</i>	T1b	
<i>goodsense aspirin oral tablet chewable</i>	T1b	
GOODSENSE CLEARLAX	T7	PV
<i>goodsense nicotine</i>	T7	PV
GRALISE ORAL TABLET	T9	
<i>granisetron hcl oral</i>	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)
<i>griseofulvin microsize oral suspension</i>	T1b	
<i>griseofulvin microsize oral tablet</i>	T2	
<i>griseofulvin ultramicrosize</i>	T2	
<i>guaifenesin oral liquid 100 mg/5ml</i>	T9	
<i>guaifenesin oral solution 100 mg/5ml</i>	T9	
<i>guaifenesin oral tablet 400 mg</i>	T9	
<i>guaifenesin-codeine oral solution</i>	T1b	
<i>guaifenesin-dm oral syrup</i>	T9	
<i>guanfacine hcl er</i>	T1b	QL (60 tablets per 30 days)
<i>guanfacine hcl oral</i>	T1b	
GVOKE HYPOPEN 1-PACK	T2	QL (2 packs per 30 days)
GVOKE HYPOPEN 2-PACK	T2	QL (1 pack per 30 days)
GVOKE KIT	T2	QL (2 vials per 30 days)
GVOKE PFS	T2	QL (2 syringes per 30 days)
GYNAZOLE-1	T3	
HADLIMA	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
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
<i>hair regrowth treatment men external solution</i>	T9	
HALCION	T3	QL (60 tablets per 30 days); AL (Min 18 Years)
<i>halobetasol propionate external cream</i>	T2	ST; QL (50 GM per 30 days)
<i>halobetasol propionate external foam</i>	T9	
<i>halobetasol propionate external ointment</i>	T2	QL (50 GM per 30 days)
HALOETTE	T1b	QL (1 ring per 28 days)

Medication	Coverage Level	Restrictions
HALOG	T9	
<i>haloperidol lactate injection solution 5 mg/ml</i>	T1b	
<i>haloperidol oral</i>	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)
<i>haxchlodrex</i>	T9	
<i>haxdrax</i>	T9	
HEALON PRO INTRAOCULAR SOLUTION	T9	
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	T9	
HEATHER	T7	PV
HEMADY	T9	
HEMANGEOL	T3	AL (Max 2 Years)
<i>hematinic plus vit/minerals</i>	T9	
<i>hematinic/folic acid</i>	T9	
HEMATOGEN	T9	
HEMATOGEN FA	T9	
HEMATOGEN FORTE	T9	
HEMATRON-AF	T9	
HEMATRON-AF (WITH DOCUSATE)	T9	
HEMAX EZY-DOSE	T9	
HEMAX ORAL TABLET	T9	
<i>hemetab</i>	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)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	T9	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	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	
<i>hexiounyl</i>	T9	
HIDEX 6-DAY	T9	
HISTEX-AC	T9	
HM CLEARLAX ORAL POWDER	T7	PV
<i>hm laxative oral</i>	T7	PV
<i>hm magnesium citrate</i>	T7	PV
<i>hm milk of magnesia</i>	T7	PV
<i>hm nicotine</i>	T7	PV
<i>hm nicotine polacrilex</i>	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/UEIT 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	
HYCANTIN ORAL	T4	SP (Limited to a 1 month supply per fill)
HYCODAN	T9	
<i>hydralazine hcl oral</i>	T1a	
HYDREA	T3	
<i>hydrochlorothiazide oral</i>	T1a	
<i>hydrocod poli-chlorphe poli er</i>	T1b	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	T1b	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg</i>	T3	ST; QL (60 Capsules per 30 days); AL (Min 18 Years)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	T3	ST; QL (60 capsules per 30 days); AL (Min 18 Years)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
<i>hydrocodone bit-homatrop mbr oral solution</i>	T1b	
<i>hydrocodone/acetaminophen</i>	T1b	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	T1b	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	T9	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1b	
<i>hydrocodone-homatropine oral syrup</i>	T1b	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T1b	
<i>hydrocort lotion complete kit</i>	T9	
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	T2	
<i>hydrocortisone ace-pramoxine rectal cream 2.5-1 %</i>	T2	
<i>hydrocortisone ace-pramoxine rectal suppository</i>	T9	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	T1b	
<i>hydrocortisone acetate rectal suppository 30 mg</i>	T9	
<i>hydrocortisone butyr lipo base</i>	T9	
<i>hydrocortisone butyrate external cream</i>	T9	
<i>hydrocortisone butyrate external lotion</i>	T9	

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

Medication	Coverage Level	Restrictions
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	T1b	
<i>hyoscyamine sulfate oral</i>	T1b	
<i>hyoscyamine sulfate sublingual</i>	T1b	
HYPERSAL	T2	QL (240 ML per 30 days)
HYPOCYN ANTIPRURITIC	T9	
HYPOLANCE AST LANCING	T2	
HYRIMOZ	T9	
HYRIMOZ-CROHNS/UC STARTER	T9	
HYRIMOZ-PED<40KG CROHN STARTER	T9	
HYRIMOZ-PED>=40KG CROHN START	T9	
HYRIMOZ-PLAQ PSOR/UEIT START	T9	
HYRIMOZ-PLAQUE PSORIASIS START	T9	
HYSINGLA ER	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
HYZAAR	T3	
<i>ibandronate sodium oral</i>	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	
<i>ibuprofen oral suspension</i>	T1a	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1a	
<i>ibuprofen-famotidine</i>	T9	
ICAR-C PLUS	T9	
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP (Limits apply, see quantity limitations); QL (3 syringes per 1 fill); AL (Min 18 Years)
ICLEVIA	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.)
<i>icosapent ethyl</i>	T2	ST
IDACIO (2 PEN)	T9	
IDACIO (2 SYRINGE)	T9	
IDACIO-CROHNS/UC STARTER	T9	
IDACIO-PSORIASIS STARTER	T9	
<i>idaoxia</i>	T9	
<i>idaran</i>	T9	
IDELVION	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (25300 billable units per 28 days)
IDHIFA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>idyyxiatar</i>	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)
<i>imatinib mesylate oral tablet 100 mg</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (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	
<i>imipramine hcl oral</i>	T1b	
<i>imipramine pamoate oral capsule 100 mg, 150 mg</i>	T2	ST; QL (60 EA per 30 days)
<i>imipramine pamoate oral capsule 125 mg</i>	T3	ST; QL (60 EA per 30 days)
<i>imipramine pamoate oral capsule 75 mg</i>	T2	ST; QL (30 EA per 30 days)
<i>imiquimod external cream 3.75 %</i>	T9	
<i>imiquimod external cream 5 %</i>	T1b	
<i>imiquimod pump</i>	T9	
IMITREX	T9	
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)
<i>indapamide oral</i>	T1a	
INDERAL LA	T9	
INDERAL XL	T9	
INDOCIN ORAL	T9	
INDOCIN RECTAL	T9	
<i>indomethacin er</i>	T1b	

Medication	Coverage Level	Restrictions
<i>indomethacin oral capsule 20 mg</i>	T9	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1b	
<i>indomethacin oral suspension</i>	T9	
<i>indomethacin rectal</i>	T9	
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)
<i>insulin asp prot & asp flexpen</i>	T3	ST; AL (Max 21 Years)
<i>insulin aspart flexpen</i>	T3	ST; AL (Max 21 Years)
<i>insulin aspart injection</i>	T3	ST
<i>insulin aspart penfill</i>	T3	ST; AL (Max 21 Years)
<i>insulin aspart prot & aspart</i>	T3	ST
<i>insulin degludec</i>	T9	
<i>insulin degludec flextouch</i>	T9	
<i>insulin glargine max solostar</i>	T9	
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	T9	
<i>insulin glargine-yfgn</i>	T9	
<i>insulin lispro (1 unit dial)</i>	T9	
<i>insulin lispro injection</i>	T9	
<i>insulin lispro junior kwikpen</i>	T9	
<i>insulin lispro prot & lispro</i>	T9	
INTEGRA F	T9	
INTEGRA PLUS	T9	
INTELENCE ORAL TABLET 100 MG	T5	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
INTELENCE ORAL TABLET 200 MG	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
INTELENCE ORAL TABLET 25 MG	T4	SP (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)
<i>inzdeaxiatar</i>	T9	
<i>inzdeaxiavar</i>	T9	
<i>inzdeoxia</i>	T9	
<i>iodoquimez-hc</i>	T9	
IOPIDINE OPHTHALMIC SOLUTION 1 %	T9	
IPOL INJECTION INJECTABLE	T6	PV; QL (3 doses per 1 Lifetime)
<i>ipratropium bromide inhalation</i>	T1b	
<i>ipratropium bromide nasal</i>	T1b	
<i>ipratropium-albuterol</i>	T1b	QL (540 ML per 30 days)
<i>irbesartan</i>	T1b	
<i>irbesartan-hydrochlorothiazide</i>	T1b	
IRESSA	T9	
<i>iron supplement childrens</i>	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
<i>isoniazid oral</i>	T1a	
ISOPTO ATROPINE	T3	
ISOPTO CARPINE	T3	
ISORDIL TITRADOSE	T9	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	T2	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1b	
<i>isosorbide dinitrate oral tablet 40 mg</i>	T9	
<i>isosorbide mononitrate</i>	T1b	
<i>isosorbide mononitrate er</i>	T1b	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T2	QL (6 fills per 2 years)
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	T9	
<i>isradipine</i>	T1b	
ISTALOL	T9	
ISTURISA ORAL TABLET 1 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)

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)
<i>itraconazole oral capsule</i>	T2	QL (120 capsules per 30 days)
<i>itraconazole oral solution</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
<i>ivabradine hcl</i>	T2	ST
<i>ivermectin external cream</i>	T2	ST; QL (45 GM per 30 days)
<i>ivermectin external lotion</i>	T1b	
<i>ivermectin oral</i>	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 ()
JAIMESS	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
<i>kataraxap</i>	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)
<i>ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml</i>	T9	
<i>ketoconazole external cream</i>	T1b	QL (60 GM per 30 days)

Medication	Coverage Level	Restrictions
<i>ketoconazole external foam</i>	T9	
<i>ketoconazole external shampoo 2 %</i>	T1b	QL (120 ML per 30 days)
<i>ketoconazole oral</i>	T1b	
<i>ketoprofen er</i>	T2	QL (30 capsules per 30 days)
<i>ketorolac tromethamine nasal</i>	T9	
<i>ketorolac tromethamine ophthalmic</i>	T1b	
<i>ketorolac tromethamine oral</i>	T1b	QL (20 tablets per 30 days)
KETOSTIX	T3	
<i>ketotifen fumarate ophthalmic</i>	T1b	
<i>kevaraxap</i>	T9	
<i>kevartia</i>	T9	
KEYEYIS	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)
<i>kimono</i>	T7	PV
<i>kimono micro thin</i>	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)
<i>kobee</i>	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)
KONVOMEK	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)
<i>kotaxap</i>	T9	
KOVALTRY	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
K-PHOS-NEUTRAL	T9	
<i>kpn prenatal</i>	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
<i>kutar</i>	T9	
<i>kutarvia</i>	T9	
KUVAN ORAL PACKET 100 MG	T9	SP ()
KUVAN ORAL PACKET 500 MG	T9	
KUVAN ORAL TABLET	T9	
KYZATREX ORAL CAPSULE 100 MG, 150 MG	T3	PA; QL (60 capsules per 30 days)
KYZATREX ORAL CAPSULE 200 MG	T3	PA; QL (120 tablets per 30 days)
<i>l.e.t. (racepinephrine) external solution</i>	T9	
<i>l.e.t. external solution</i>	T9	
<i>labetalol hcl oral</i>	T1b	
LAC-HYDRIN EXTERNAL CREAM	T9	
<i>lacosamide oral solution 10 mg/ml</i>	T1b	
<i>lacosamide oral tablet</i>	T1b	QL (60 tablets per 30 days)

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

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

Medication	Coverage Level	Restrictions
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
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 ()
<i>letrozole oral</i>	T1b	

Medication	Coverage Level	Restrictions
<i>leucovorin calcium oral</i>	T1b	
LEUKERAN	T4	SP (Limited to a 1 month supply per fill)
<i>leuprolide acetate injection</i>	T4	SP (Limited to a 1 month supply per fill); QL (2 kits per 28 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	T1b	
<i>levamlodipine maleate oral tablet 5 mg</i>	T9	
LEVAQUIN ORAL TABLET	T3	
LEVEMIR	T3	ST
<i>levetiracetam er</i>	T1b	
<i>levetiracetam oral solution</i>	T1b	
<i>levetiracetam oral tablet</i>	T1a	
Levitra Oral Tablet 10 MG, 20 MG	Benefit Exclusion	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	T1b	
<i>levocarnitine oral solution</i>	T1b	
<i>levocarnitine oral tablet</i>	T1b	
<i>levocarnitine sf</i>	T2	
<i>levocetirizine dihydrochloride oral</i>	T9	
<i>levofloxacin ophthalmic</i>	T1b	
<i>levofloxacin oral</i>	T1b	
LEVONEST	T7	PV
<i>levonorgest-eth est & eth est</i>	T7	PV
<i>levonorgest-eth estrad 91-day</i>	T7	PV
<i>levonorgest-eth estradiol-iron</i>	T9	
<i>levonorgestrel oral tablet 1.5 mg</i>	T7	PV
<i>levonorgestrel-ethinyl estrad</i>	T7	PV
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	T7	PV
LEVORA 0.15/30 (28)	T7	PV
<i>levorphanol tartrate oral</i>	T9	
LEVO-T	T3	
<i>levothyroxine sodium oral capsule</i>	T9	
<i>levothyroxine sodium oral tablet</i>	T1a	
LEVOXYL	T1b	
LEVSIN ORAL TABLET	T3	
LEVSIN/SL	T3	
LEXAPRO 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	
<i>l-glutamine oral packet</i>	T9	
LIALDA	T3	QL (120 tablets per 30 days)
LIBERVANT	T3	AL (Min 2 Years and Max 5 Years)
LIBRAX	T9	
LICART TRANSDERMAL	T9	
<i>lidocaine external cream 4 %</i>	T9	
<i>lidocaine external ointment 5 %</i>	T1b	
<i>lidocaine external patch 5 %</i>	T9	
<i>lidocaine hcl external cream 3 %, 4 %</i>	T9	
<i>lidocaine hcl external gel 2 %</i>	T1b	
<i>lidocaine hcl external solution</i>	T1b	
<i>lidocaine viscous</i>	T1b	
<i>lidocaine(bufferd)-epinephrine injection solution prefilled syringe 1 %-1:100000</i>	T9	
<i>lidocaine-hydrocortisone ace rectal gel</i>	T9	
<i>lidocaine-hydrocortisone ace rectal kit</i>	T9	
<i>lidocaine-prilocaine external cream</i>	T1b	
LIDOCAN	T9	
LIDOCAN II	T9	
LIDOCAN III	T9	
LIDODERM	T9	
<i>lido-epinephrine-tetracaine</i>	T9	
<i>lidolite</i>	T9	
<i>lidopin external cream 3 %</i>	T1b	
<i>lidopril external kit</i>	T9	
<i>lido-racepinephrine-tetracaine external solution</i>	T9	
<i>lidorx</i>	T9	
<i>lidosol</i>	T9	
<i>lidosol-50</i>	T9	
LIDTOPIC	T9	
LIKMEZ	T9	
<i>lindane external shampoo</i>	T1b	
<i>linezolid oral suspension reconstituted</i>	T4	SP (Limited to one 14 day supply per 6 months (180 days)); QL (840 ML per 14 days); AL (Max 9 Years)
<i>linezolid oral tablet</i>	T1b	QL (28 tablets per 14 days)
LINZEES	T3	QL (30 capsules per 30 days)

Medication	Coverage Level	Restrictions
<i>lithyronine sodium oral</i>	T1b	
LIPITOR	T3	
LIPOFEN	T9	
LIQREV	T9	
<i>liraglutide</i>	T9	
<i>lisdexamfetamine dimesylate oral capsule</i>	T1b	QL (30 capsules per 30 Days); AL (Min 6 Years)
<i>lisdexamfetamine dimesylate oral tablet chewable</i>	T1b	QL (30 tablets per 30 Days); AL (Min 6 Years)
<i>lisinopril oral</i>	T1a	
<i>lisinopril-hydrochlorothiazide</i>	T1a	
LITFULO	T9	
<i>lithium</i>	T1b	
<i>lithium carbonate er</i>	T1b	
<i>lithium carbonate oral</i>	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)
<i>l-leucine</i>	T9	
L-MESITRAN SOFT WOUND	T9	
<i>l-methylfolate-b6-b12 oral tablet 3-35-2 mg</i>	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	
<i>lofexidine hcl</i>	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)
<i>loperamide hcl oral capsule</i>	T9	
LOPID	T3	
<i>lopinavir-ritonavir</i>	T4	SP (Limited to a 1 month supply per fill)
LOPRESSOR HCT ORAL TABLET 50-25 MG	T3	
LOPRESSOR ORAL	T3	
LOPROX EXTERNAL SHAMPOO	T3	
<i>loratadine oral tablet</i>	T9	
<i>loratadine-d 24hr</i>	T9	
LORAZEPAM INTENSOL	T1b	
<i>lorazepam oral tablet</i>	T1a	
LORBRENA ORAL TABLET 100 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
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	
<i>losartan potassium oral</i>	T1a	
<i>losartan potassium-hctz</i>	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	
<i>Ioteprednol etabonate ophthalmic gel</i>	T2	ST
<i>Ioteprednol etabonate ophthalmic suspension 0.2 %</i>	T3	ST
<i>Ioteprednol etabonate ophthalmic suspension 0.5 %</i>	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)
<i>lounzdomdioxatar</i>	T9	
<i>lovastatin oral</i>	T1a	PV
LOVAZA	T3	
LOVENOX INJECTION SOLUTION	T3	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	T5	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
LOW-OGESTREL	T7	PV
<i>loxapine succinate oral</i>	T1b	
LOYON	T9	
LO-ZUMANDIMINE	T7	PV
<i>lubiprostone</i>	T1b	QL (60 capsules per 30 Days)
LUCEMYRA	T9	
LUDENT	T3	PV
<i>luliconazole</i>	T9	
LUMAKRAS ORAL TABLET 120 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 tablets per 30 days)

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)
<i>lurasidone hcl</i>	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
<i>maca</i>	T9	
MACROBID	T3	
MACRODANTIN	T9	
<i>mafenide acetate external</i>	T1b	
MAGNEBIND 400	T9	
<i>magnesium citrate oral solution</i>	T7	PV
MALARONE	T3	
<i>malathion external</i>	T1b	
<i>maprotiline hcl</i>	T1b	
<i>maraviroc</i>	T4	SP (Limited to a 1 month supply per fill)
MARINOL 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)
<i>marlissa</i>	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	
<i>maxi-tuss cd</i>	T9	
MAXZIDE	T3	
MAXZIDE-25	T3	
MAYZENT ORAL TABLET 0.25 MG	T4	ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
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)
<i>meclizine hcl oral tablet</i>	T9	
<i>meclofenamate sodium oral</i>	T9	
MEDROL	T3	

Medication	Coverage Level	Restrictions
<i>medroxyprogesterone acetate intramuscular suspension</i>	T7	PV; QL (1 vial per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	T7	PV; QL (1 syringe per 90 days)
<i>medroxyprogesterone acetate oral</i>	T1a	
<i>mefenamic acid oral</i>	T3	ST; QL (30 capsules per 30 days)
<i>mefloquine hcl</i>	T1b	
MEGACE ES	T3	ST
<i>megestrol acetate oral suspension 40 mg/ml</i>	T1b	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	T9	
<i>megestrol acetate oral tablet</i>	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	
<i>meloxicam oral capsule</i>	T9	
<i>meloxicam oral suspension</i>	T9	
<i>meloxicam oral tablet</i>	T1a	
<i>melphalan</i>	T2	
<i>memantine hcl er</i>	T2	QL (30 capsules per 30 days); AL (Min 40 Years)
<i>memantine hcl oral solution 2 mg/ml</i>	T3	QL (300 ML per 30 days); AL (Min 40 Years)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	T1b	QL (60 tablets per 30 days); AL (Min 40 Years)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	T1b	QL (1 pack per 365 days); AL (Min 40 Years)
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)
<i>meperidine hcl oral solution</i>	T1b	
<i>meperidine hcl oral tablet 50 mg</i>	T1b	
MEPHYTON	T3	QL (3 tablets per 30 days)
<i>meprobamate</i>	T3	
MEPRON	T3	
MEPSEVII	T9	
<i>mercaptopurine oral</i>	T1b	
MERZEE	T9	
<i>mesalamine er oral capsule extended release</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (240 capsules per 30 days)
<i>mesalamine er oral capsule extended release 24 hour</i>	T3	QL (120 capsules per 30 days)
<i>mesalamine oral capsule delayed release</i>	T3	QL (180 capsules per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	T3	QL (120 tablets per 30 days)
<i>mesalamine oral tablet delayed release 800 mg</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
<i>mesalamine rectal enema</i>	T1b	
<i>mesalamine rectal suppository</i>	T5	SP (Limited to a 1 month supply per fill)
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	
<i>metaproterenol sulfate oral syrup</i>	T1b	
<i>metaxalone oral tablet 400 mg</i>	T9	
<i>metaxalone oral tablet 800 mg</i>	T1b	ST

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

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

Medication	Coverage Level	Restrictions
<i>mexiletine hcl oral</i>	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)
<i>micuraderm</i>	T9	
<i>midazolam hcl oral</i>	T1b	
<i>midazolam intravenous solution prefilled syringe 25 mg/25ml, 50 mg/50ml</i>	T9	
<i>midodrine hcl</i>	T1b	
MIEBO	T9	
<i>mifepristone oral tablet 300 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
MIGERGOT	T9	
<i>miglustat</i>	T5	PA; SP (Limited to a 1 month supply per fill)
MIGRANAL	T9	
MILI	T7	PV
<i>milk of magnesia oral suspension 400 mg/5ml</i>	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	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 90 mg</i>	T9	
<i>minocycline hcl oral capsule</i>	T1b	
<i>minocycline hcl oral tablet 100 mg</i>	T9	

Medication	Coverage Level	Restrictions
<i>minocycline hcl oral tablet 50 mg, 75 mg</i>	T1b	
MINOLIRA	T9	
<i>minoxidil for men external solution 2 %</i>	T9	
<i>minoxidil oral</i>	T1b	
<i>mirabegron er</i>	T9	
MIRALAX ORAL POWDER	T9	
MIRAPEX	T3	
MIRAPEX ER	T3	ST; QL (30 tablets per 30 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	T9	
MIRCETTE	T9	
<i>mirtazapine oral tablet</i>	T1a	
<i>mirtazapine oral tablet dispersible</i>	T1b	
MIRVASO	T9	
<i>misoprostol oral</i>	T1b	
MITIGARE	T9	
M-M-R II INJECTION	T6	PV; QL (2 doses per 1 Lifetime)
MOBIC ORAL TABLET	T3	
<i>modafinil oral</i>	T1b	QL (60 tablets per 30 days)
MODERNA COVID-19 VAC 6M-11Y	T6	PV
<i>moexipril hcl</i>	T1b	
<i>mometasone furoate external</i>	T1b	
<i>mometasone furoate nasal</i>	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	
<i>montelukast sodium oral</i>	T1b	
MONUROL	T3	QL (3 packets per 30 days)
MORGIDOX COMBINATION	T9	
MORPHABOND ER	T9	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	T1b	
<i>morphine sulfate er beads</i>	T9	

Medication	Coverage Level	Restrictions
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	T9	
<i>morphine sulfate er oral tablet extended release</i>	T1b	
<i>morphine sulfate oral</i>	T1b	
<i>morphine sulfate rectal</i>	T1b	
MOTEGRITY	T3	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	
<i>moxifloxacin hcl (2x day)</i>	T1b	
<i>moxifloxacin hcl ophthalmic solution</i>	T1b	
<i>moxifloxacin hcl oral</i>	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	
<i>multivitamin w/fluoride</i>	T3	PV
<i>multivitamin/fluoride oral solution</i>	T3	PV
<i>multivitamins oral capsule</i>	T9	
<i>mupirocin calcium</i>	T9	
<i>mupirocin external</i>	T1b	QL (22 GM per 30 days)
MUSCUSOLICE	T9	
MUSE	T9	
MVC-FLUORIDE	T3	PV
M-VIT	T9	
MY CHOICE	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
<i>mycophenolate mofetil oral capsule</i>	T1b	
<i>mycophenolate mofetil oral suspension reconstituted</i>	T1b	AL (Max 9 Years)
<i>mycophenolate mofetil oral tablet</i>	T1b	
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>	T3	QL (240 tablets per 30 days)
<i>mycophenolate sodium oral tablet delayed release 360 mg</i>	T3	QL (120 tablets per 30 days)
<i>mycophenolic acid oral tablet delayed release 180 mg</i>	T2	QL (240 tablets per 30 days)
<i>mycophenolic acid oral tablet delayed release 360 mg</i>	T2	QL (120 tablets per 30 days)
MYDAYIS	T9	
MYFEMBREE	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>myferon 150</i>	T9	
<i>myferon 150 forte</i>	T9	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	T3	QL (240 tablets per 30 days)
MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG	T3	QL (120 tablets per 30 days)
MYHIBBIN	T9	
MYLERAN	T2	
MYNATAL ORAL TABLET	T1b	
<i>mynatal plus</i>	T1b	
<i>mynatal-z</i>	T1b	
<i>mynate 90 plus</i>	T1b	
<i>mynephrocaps</i>	T9	
MYNEPHRON	T9	
MYORISAN	T2	QL (6 fills per 2 years)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T2	ST; QL (240 ML per 30 days); AL (Max 10 Years)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T2	ST; QL (30 tablets per 30 days)
MYSOLINE ORAL TABLET 50 MG	T3	
MYTESI	T9	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	T3	
<i>nabumetone oral</i>	T1b	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1b	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	T1b	
<i>naftifine hcl external cream 1 %</i>	T3	ST; QL (90 GM per 30 days)

Medication	Coverage Level	Restrictions
<i>naftifine hcl external cream 2 %</i>	T9	
<i>naftifine hcl external gel 2 %</i>	T9	
NAFTIN EXTERNAL CREAM 2 %	T9	
NAFTIN EXTERNAL GEL	T9	
NALFON ORAL CAPSULE 400 MG	T9	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1b	QL (2 Vials per 1 year)
<i>naloxone hcl injection solution cartridge</i>	T1b	QL (2 cartridges per 1 year)
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	T1b	QL (2 syringes per 1 year)
<i>naloxone hcl nasal</i>	T1b	QL (1 box per 1 year)
NALTREX	T9	
<i>naltrexone hcl oral</i>	T1b	
NAMENDA ORAL 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	
<i>nanran</i>	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	
<i>naproxen oral suspension</i>	T1a	QL (473 ML per 30 days); AL (Max 12 Years)
<i>naproxen oral tablet 250 mg, 375 mg</i>	T1a	
<i>naproxen oral tablet 500 mg</i>	T1b	
<i>naproxen oral tablet delayed release</i>	T9	
<i>naproxen sodium er</i>	T9	
<i>naproxen sodium oral tablet</i>	T1b	
<i>naproxen-esomeprazole mg</i>	T9	
<i>naratriptan hcl</i>	T1b	QL (12 tablets per 30 days)
NARCAN	T3	QL (1 box per 1 year)
NARDIL	T3	
NASACORT ALLERGY 24HR	T9	
NASCOBAL	T9	

Medication	Coverage Level	Restrictions
NASONEX	T9	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	T3	QL (30 tablets per 30 days)
NATACYN	T3	
<i>natal prn</i>	T9	
NATAZIA	T9	
<i>nateglinide</i>	T1b	
NATESTO	T9	
NATROBA	T9	
NAYZILAM	T3	QL (5 kits per 30 days)
<i>nebivolol hcl</i>	T1b	
NEBUPENT	T3	
NECON 0.5/35 (28)	T7	PV
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
<i>nefazodone hcl</i>	T1b	
NEFFY	T9	
<i>nendru</i>	T9	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	T1b	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1b	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1b	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	T1b	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	T1b	
<i>neonatal + dha</i>	T9	
<i>neonatal complete oral tablet 29-1 mg</i>	T9	
NEONATAL PLUS	T9	
NEORAL	T3	
NEOSALUS EXTERNAL FOAM	T9	
NEO-SYNALAR EXTERNAL CREAM	T9	
<i>neo-vital rx</i>	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)
<i>neurin-sl</i>	T9	
NEURONTIN	T3	
NEUTEK 2TEK TEST	T3	ST; QL (200 strips per 30 days)
NEVANAC	T9	
<i>nevirapine er</i>	T3	QL (30 tablets per 30 days)
<i>nevirapine oral suspension</i>	T1b	QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	T1b	QL (60 tablets per 30 days)
NEW DAY	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	
<i>niacin er (antihyperlipidemic)</i>	T1b	

Medication	Coverage Level	Restrictions
<i>niacin oral tablet 500 mg</i>	T9	
NIACOR	T1b	
NICADAN	T9	
<i>nicardipine hcl oral capsule 20 mg</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
<i>nicardipine hcl oral capsule 30 mg</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
NICAZEL	T9	
NICAZEL FORTE	T9	
NICODERM CQ	T9	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG	T9	
NICORETTE	T9	
NICORETTE MINI	T9	
<i>nicotine</i>	T7	PV
<i>nicotine mini</i>	T7	PV
<i>nicotine polacrilex mouth/throat</i>	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	
<i>nifedipine er osmotic release</i>	T1b	
<i>nifedipine oral</i>	T1b	
NIKKI	T7	PV
<i>nilutamide</i>	T1a	
<i>nimodipine oral</i>	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)
<i>nisoldipine er</i>	T2	
<i>nitazoxanide oral</i>	T5	SP (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
<i>nitisinone</i>	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	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	T1b	
<i>nitrofurantoin monohyd macro</i>	T1b	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (120 ML per 30 days); AL (Max 9 Years)
<i>nitrofurantoin oral suspension 50 mg/5ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 ML per 30 Days)
<i>nitroglycerin er</i>	T1b	
<i>nitroglycerin rectal</i>	T9	
<i>nitroglycerin sublingual</i>	T1b	
<i>nitroglycerin transdermal patch 24 hour</i>	T1b	
<i>nitroglycerin translingual solution</i>	T2	
NITROLINGUAL	T3	
NITROMIST	T3	
NITROSTAT	T1b	
NITRO-TIME	T1b	
NITYR	T9	
NIVA-FOL	T9	
NIVA-PLUS	T9	
NIVATOPIC PLUS	T9	
NIVESTYM	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
<i>nizatidine oral capsule</i>	T3	
<i>nizatidine oral solution</i>	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 FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
<i>norelgestromin-eth estradiol</i>	T7	PV; QL (3 patches per 28 days)
<i>norethin ace-eth estrad-fe oral capsule</i>	T9	

Medication	Coverage Level	Restrictions
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	T7	PV
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	T7	PV
<i>norethindrone acetate oral</i>	T1b	
<i>norethindrone acet-ethinyl est</i>	T7	PV
<i>norethindrone oral</i>	T7	PV
<i>norethindrone-eth estradiol</i>	T1b	
<i>norethindron-ethinyl estrad-fe</i>	T7	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	T7	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	T9	
<i>norgesic forte</i>	T9	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	T7	PV
<i>norgestim-eth estrad triphasic</i>	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
<i>nortriptyline hcl oral capsule</i>	T1b	
NORVASC	T3	SP (Generic substitution mandatory.)
NORVIR ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)
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
<i>novavax covid-19 vaccine</i>	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	
<i>nujo</i>	T9	
<i>nuju</i>	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
<i>nynutey</i>	T9	
<i>nystatin external cream</i>	T1b	SP (Generic substitution mandatory.)
<i>nystatin external ointment</i>	T1b	
<i>nystatin external powder</i>	T1b	QL (60 GM per 30 days)
<i>nystatin mouth/throat</i>	T1b	
<i>nystatin oral tablet</i>	T1b	
<i>nystatin-triamcinolone</i>	T1b	
NYSTOP	T1b	QL (60 GM per 30 days)
NYVEPRIA	T4	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
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	SP (Limited to a 1 month supply per fill)
<i>octreotide acetate subcutaneous</i>	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)
<i>ofloxacin ophthalmic</i>	T1b	

Medication	Coverage Level	Restrictions
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T1b	
<i>ofloxacin otic</i>	T1b	
OGIVRI	T9	
OGSIVEO ORAL TABLET 100 MG, 150 MG	T4	PA; 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)
<i>olanzapine oral tablet</i>	T1a	
<i>olanzapine oral tablet dispersible</i>	T2	
<i>olanzapine-fluoxetine hcl</i>	T9	
<i>olmesartan medoxomil oral</i>	T1b	
<i>olmesartan medoxomil-hctz</i>	T1b	
<i>olmesartan-amlodipine-hctz</i>	T1b	
<i>olopatadine hcl nasal</i>	T2	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	T1b	QL (5 ml per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	T1b	QL (2.5 ML per 30 days)
OLPRUVA (2 GM DOSE)	T9	
OLPRUVA (3 GM DOSE)	T9	
OLPRUVA (4 GM DOSE)	T9	
OLPRUVA (5 GM DOSE)	T9	
OLPRUVA (6 GM DOSE)	T9	
OLPRUVA (6.67 GM DOSE)	T9	

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	
<i>omega-3-acid ethyl esters</i>	T1b	
<i>omeprazole magnesium oral capsule delayed release</i>	T3	
<i>omeprazole oral capsule delayed release</i>	T3	
<i>omeprazole oral tablet delayed release</i>	T3	
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	
<i>ondansetron hcl oral</i>	T1b	
<i>ondansetron oral tablet dispersible 16 mg</i>	T9	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	T1b	
ONETOUCH ULTRA 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)
<i>onzdeaxiademtar</i>	T9	
<i>onzdeaxiatar</i>	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	
<i>opium</i>	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	
<i>oral citrate</i>	T1b	
<i>oral saline laxative kit</i>	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)
<i>orlistat oral</i>	Non-Formulary	
<i>orphenadrine citrate er</i>	T1b	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG	T9	

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)
<i>ortho df</i>	T9	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
ORTIKOS	T9	
<i>oscimin sr</i>	T1b	
<i>oseltamivir phosphate oral capsule</i>	T1b	QL (10 capsules per 1 fill)
<i>oseltamivir phosphate oral suspension reconstituted</i>	T1b	QL (120 ML per 1 fill)
OSENI	T9	
OSMOLEX ER	T9	
OSMOPREP	T3	
OSPHENA	T1b	PA
OTEZLA ORAL TABLET 20 MG	T4	PA; SO (Eligible member must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); QL (60 Tablets per 30 days)
OTEZLA ORAL TABLET 30 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); 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	
<i>oxaprozin oral capsule</i>	T9	
<i>oxaprozin oral tablet</i>	T2	
OXAYDO ORAL TABLET ABUSE-DETERRENT	T3	ST
<i>oxazepam</i>	T1b	
OXBRYTA	T9	
<i>oxcarbazepine</i>	T1b	
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg</i>	T4	PA; QL (30 tabs per 30 days)
<i>oxcarbazepine er oral tablet extended release 24 hour 600 mg</i>	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)
<i>oxiachlo</i>	T9	
<i>oxiaice</i>	T9	
<i>oxianuji</i>	T9	
<i>oxiavar</i>	T9	
<i>oxiavary</i>	T9	
<i>oxiconazole nitrate</i>	T3	ST; QL (30 GM per 30 days)
OXISTAT EXTERNAL CREAM	T3	ST
OXISTAT EXTERNAL LOTION	T9	
<i>oxopid</i>	T9	
<i>oxopidaxiaqup</i>	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)
<i>oxybutynin chloride er</i>	T1b	
<i>oxybutynin chloride oral solution</i>	T1b	
<i>oxybutynin chloride oral syrup</i>	T1b	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	T9	
<i>oxybutynin chloride oral tablet 5 mg</i>	T1b	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg</i>	T2	QL (60 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 15 mg, 80 mg</i>	T2	QL (60 tablets per 30 days)
<i>oxycodone hcl oral capsule</i>	T9	

Medication	Coverage Level	Restrictions
<i>oxycodone hcl oral concentrate 20 mg/ml</i>	T1b	
<i>oxycodone hcl oral solution</i>	T1b	
<i>oxycodone hcl oral tablet</i>	T1b	
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	T1b	
<i>oxycodone-acetaminophen oral solution</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1b	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	T2	QL (60 tablets per 30 days)
<i>oxymorphone hcl</i>	T2	ST
<i>oxymorphone hcl er</i>	T2	ST; QL (60 EA per 30 days)
OXYTROL	T9	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 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)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	T2	QL (30 tablets per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	T2	QL (60 tablets per 30 days)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	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	
<i>pantoprazole sodium oral packet</i>	T9	
<i>pantoprazole sodium oral tablet delayed release</i>	T3	
<i>paregoric</i>	T9	
<i>paricalcitol oral</i>	T2	
PARLODEL	T3	
PARNATE	T3	

Medication	Coverage Level	Restrictions
<i>paromomycin sulfate oral</i>	T1b	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	T2	QL (30 tablets per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	T2	QL (60 tablets per 30 days)
<i>paroxetine hcl oral suspension</i>	T2	
<i>paroxetine hcl oral tablet</i>	T1a	
<i>paroxetine mesylate</i>	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	
<i>pazopanib hcl</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
<i>pc pediatric iron drops</i>	T7	PV; AL (Min 6 Months and Max 12 Months)
<i>pediatric medium mask</i>	T3	QL (4 masks per 1 year)
PEDIATRIC PANDA MASK	T3	QL (4 masks per 1 year)
<i>pediatric small mask</i>	T3	QL (4 masks per 1 year)
<i>peg 3350 oral powder</i>	T9	
<i>peg 3350-kcl-na bicarb-nacl</i>	T7	PV
<i>peg-3350/electrolytes</i>	T7	PV
<i>peg-3350/electrolytes/ascorbat</i>	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)
<i>penciclovir</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (5 GM per 6 monthss)
<i>penicillamine oral capsule</i>	T9	
<i>penicillamine oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>penicillin v potassium</i>	T1b	
PENNSAID TRANSDERMAL SOLUTION 2 %	T9	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	T6	PV
<i>pentamidine isethionate inhalation</i>	T1b	
PENTASA	T5	ST; SP (Limited to a 1 month supply per fill); QL (240 capsules per 30 dayss)
<i>pentazocine-naloxone hcl</i>	T2	ST
<i>pentoxifylline er</i>	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	
<i>perindopril erbumine</i>	T1b	
<i>permethrin external cream</i>	T1b	
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	T1b	
<i>perphenazine-amitriptyline</i>	T1b	
PERTZYE	T5	ST; SP (Limited to a 1 month supply per fill)
PEXEVA	T9	
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	T6	PV
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</i>	T6	PV
<i>pfizer-biontech covid-19 vacc</i>	T6	PV
PHEBURANE	T9	

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

Medication	Coverage Level	Restrictions
<i>pioglitazone hcl-glimepiride</i>	T9	
<i>pioglitazone hcl-metformin hcl</i>	T1b	
PIP BLOOD GLUCOSE TEST STRIP	T3	ST; QL (200 strips per 30 days)
PIP GLUCOSE CONTROL SOLUTION	T3	
<i>pip lancets 28g</i>	T2	
<i>pip lancets 30g</i>	T2	
PIQRAY (200 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
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)
<i>pirfenidone oral capsule</i>	T9	
<i>pirfenidone oral tablet 267 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (270 tablets per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	T9	
<i>pirfenidone oral tablet 801 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>piroxicam oral</i>	T1b	
<i>pitavastatin calcium</i>	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)
<i>pnv tabs 29-1</i>	T1b	
<i>pnv-dha</i>	T1b	
<i>pnv-dha+docusate</i>	T1b	
<i>pnv-omega</i>	T1b	
<i>pnv-select</i>	T1b	
<i>podocon</i>	T9	
PODOCON-25	T9	
<i>podofilox external gel</i>	T3	ST
<i>podofilox external solution</i>	T1b	
<i>podoxia</i>	T9	
<i>podprogtar</i>	T9	
<i>podtar</i>	T9	
POGO AUTOMATIC TEST CARTRIDGES	T3	
POKONZA	T9	
<i>polyethylene glycol 3350 oral packet</i>	T9	
<i>polyethylene glycol 3350 oral powder</i>	T7	PV
<i>poly-iron 150 forte</i>	T9	
<i>polymyxin b-trimethoprim</i>	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
<i>posaconazole oral suspension</i>	T4	SP (Limited to a 1 month supply per fill); QL (450 ML per 30 days)
<i>posaconazole oral tablet delayed release</i>	T4	SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
POSFREA	T9	
<i>pot & sod cit-cit ac</i>	T1b	
POTABA ORAL CAPSULE	T9	
<i>potassium chloride crys er oral tablet extended release 15 meq, 20 meq</i>	T1b	
<i>potassium chloride er oral capsule extended release</i>	T1b	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 8 meq</i>	T1b	
<i>potassium chloride oral packet</i>	T9	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	T3	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	T4	SP (Max of 31 days per dispensing.)
<i>potassium citrate er</i>	T1b	
<i>potassium citrate-citric acid oral solution</i>	T1b	
<i>potassium iodide (expectorant)</i>	T2	
<i>potassium iodide oral solution</i>	T2	
<i>povidone-iodine ophthalmic</i>	T9	
PR BENZOYL PEROXIDE WASH	T9	
PR NATAL 400	T1b	
PR NATAL 400 EC	T1b	
PR NATAL 430	T1b	
PR NATAL 430 EC	T1b	
PRADAXA ORAL CAPSULE	T3	QL (62 capsules per 31 days)
PRADAXA ORAL PACKET	T9	

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

Medication	Coverage Level	Restrictions
PREFEST	T3	
<i>pregabalin er</i>	T9	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T1b	QL (120 capsules per 30 days)
<i>pregabalin oral capsule 200 mg</i>	T1b	QL (90 CAPSULES per 30 days)
<i>pregabalin oral capsule 225 mg</i>	T1b	QL (60 capsules per 30 days)
<i>pregabalin oral capsule 300 mg</i>	T1b	QL (60 CAPSULES per 30 days)
<i>pregabalin oral solution</i>	T1b	QL (473 ML per 30 days)
PREGNYL	T3	
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
<i>premium blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
PREMPHASE	T2	
PREMPRO	T2	
<i>prena 1 true</i>	T1b	
<i>prena1</i>	T1b	
<i>prena1 pearl</i>	T1b	
<i>prenaissance</i>	T1b	
<i>prenaissance plus</i>	T1b	
PRENATABS RX	T1b	
<i>prenatal (w/iron & fa)</i>	T7	PV
<i>prenatal 19 oral tablet 29-1 mg</i>	T3	
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	T1b	
<i>prenatal complete oral tablet</i>	T7	PV
<i>prenatal multi +dha oral capsule 27-0.8-250 mg</i>	T7	PV
<i>prenatal multivitamin plus dha</i>	T7	PV
<i>prenatal one daily</i>	T7	PV
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	T7	PV
<i>prenatal plus</i>	T1b	
<i>prenatal plus iron</i>	T1b	
<i>prenatal plus vitamin/mineral</i>	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)
<i>pretomanid</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PREVACID 24HR	T9	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	T9	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG	T9	
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	
<i>primaquine phosphate oral</i>	T1b	
<i>primidone oral tablet 125 mg</i>	T9	
<i>primidone oral tablet 250 mg, 50 mg</i>	T1a	
PRIMLEV	T9	
PRIMSOL	T9	
PRINIVIL	T3	
PRIORIX	T6	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	
<i>probenecid oral</i>	T1b	
PROBUPHINE IMPLANT KIT	T9	
PROCARDIA XL	T3	
PROCENTRA	T1b	
<i>prochamber vhc</i>	T1b	QL (4 EA per 365 days)
<i>prochlorperazine</i>	T1b	
<i>prochlorperazine maleate oral</i>	T1a	
PROCRIT	T4	SP (Limited to a 1 month supply per fill)
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	
<i>progesterone intramuscular</i>	T1b	
<i>progesterone micronized oral</i>	T1b	
<i>progesterone oral</i>	T1b	
PROGLYCEM	T9	
PROGRAF ORAL CAPSULE	T3	
PROGRAF ORAL PACKET	T3	AL (Max 9 Years)
PROLATE	T9	
PROLENSA	T9	

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)
<i>promethazine hcl oral</i>	T1b	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1b	
<i>promethazine vc/codeine</i>	T1b	
<i>promethazine-codeine oral syrup</i>	T1b	
<i>promethazine-dm oral syrup</i>	T1b	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T1b	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
PROMETRIUM	T3	
PROMISEB	T9	
PRONAL	T9	
<i>prooxia</i>	T9	
<i>propafenone hcl</i>	T1b	
<i>propafenone hcl er</i>	T1b	
<i>propantheline bromide oral</i>	T1b	
PROPECIA	T9	
<i>propranolol hcl er</i>	T1b	
<i>propranolol hcl intravenous</i>	T1b	
<i>propranolol hcl oral</i>	T1a	
<i>propranolol-hctz</i>	T1b	
<i>propylthiouracil oral</i>	T1b	
PROSCAR	T3	

Medication	Coverage Level	Restrictions
PROTONIX ORAL TABLET DELAYED RELEASE	T9	
<i>protriptyline hcl</i>	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	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	T1b	
<i>pseudoephedrine hcl oral tablet 60 mg</i>	T9	
PULMICORT FLEXHALER	T1b	QL (1 inhaler per 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)
<i>purevit dualfe plus</i>	T9	
PURIXAN	T5	SP (Limited to a 1 month supply per fill)
<i>px stop smoking aid mouth/throat lozenge</i>	T7	PV
PYLERA	T3	ST
<i>pyrazinamide oral</i>	T1b	
PYRIDIUM	T3	
<i>pyridostigmine bromide er</i>	T9	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1b	
<i>pyrimethamine oral</i>	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	
<i>qc magnesium citrate</i>	T7	PV
<i>qc milk of magnesia</i>	T7	PV
<i>qc natura-lax</i>	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	
<i>quazepam</i>	T9	
QUDEXY XR	T9	
QUESTRAN LIGHT ORAL POWDER	T3	
QUESTRAN ORAL POWDER	T3	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	T1b	QL (30 tablets per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	T1b	QL (60 tablets per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	T1a	
<i>quetiapine fumarate oral tablet 150 mg</i>	T1b	
QUFLORA FE	T9	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML	T9	
<i>quidroxzar</i>	T9	
<i>quihoxaxia</i>	T9	
QUILLICHEW ER	T3	ST; QL (30 tablets per 30 days); AL (Min 4 Years and Max 9 Years)

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)
<i>quinapril hcl</i>	T1b	
<i>quinapril-hydrochlorothiazide</i>	T1b	
<i>quinidine gluconate er</i>	T4	SP (Limited to a 1 month supply per fill)
<i>quinidine sulfate oral</i>	T1a	
<i>quinine sulfate oral</i>	T1b	
QUINTET AC BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
QUINTET BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
<i>quitar</i>	T9	
QULIPTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
QUVIVIQ	T9	
QUZYTIR	T9	
QVAR REDHALER	T2	
<i>ra aspirin adult low dose</i>	T1b	
<i>ra aspirin ec</i>	T1b	
<i>ra aspirin oral tablet 325 mg</i>	T1b	
<i>ra balanced b-100</i>	T7	PV; AL (Max 50 Years)
<i>ra folic acid</i>	T7	PV; AL (Max 50 Years)
<i>ra laxative oral tablet delayed release</i>	T7	PV
<i>ra milk of magnesia oral suspension</i>	T7	PV
<i>ra mini nicotine</i>	T7	PV
<i>ra nicotine mouth/throat</i>	T7	PV
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	T7	PV
<i>ra one daily</i>	T7	PV
<i>ra prenatal</i>	T7	PV
RABAVERT	T6	PV
<i>rabeprazole sodium oral tablet delayed release</i>	T3	
RADICAVA ORS	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (50 ML per 28 days)
RAGWITEK	T3	AL (Min 18 Years and Max 65 Years)
<i>raloxifene hcl</i>	T1b	
<i>ramelteon</i>	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>ramipril</i>	T1a	

Medication	Coverage Level	Restrictions
RANEXA	T3	
<i>ranitidine hcl oral capsule</i>	T9	
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	T9	
<i>ranitidine hcl oral tablet</i>	T9	
<i>ranolazine er</i>	T1b	
RAPAFLO	T9	
RAPAMUNE	T5	SP (Limited to a 1 month supply per fill)
<i>rasagiline mesylate oral</i>	T1b	QL (30 tablets per 30 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	T3	ST; QL (4 syringes per 28 days)
RAVICTI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (525 ML per 30 days)
RAYALDEE	T9	
<i>rayasal</i>	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)
<i>releuko injection solution 480 mcg/1.6ml</i>	T5	SP (Limited to a 1 month supply per fill)
<i>releuko subcutaneous</i>	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	
<i>rena-vite</i>	T7	PV; AL (Max 50 Years)
<i>rena-vite rx</i>	T9	
<i>reno caps</i>	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	
<i>repaglinide</i>	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	
<i>ribavirin oral capsule</i>	T4	SP (Limited to a 1 month supply per fill)
<i>ribavirin oral tablet 200 mg</i>	T4	SP (Limited to a 1 month supply per fill)
RIDAURA	T2	
<i>rifabutin</i>	T4	SP (Limited to a 1 month supply per fill)
RIFADIN ORAL	T3	
<i>rifampin oral</i>	T1b	
RIGHTEST GL300 LANCETS	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	
<i>riluzole</i>	T1b	QL (60 tablets per 30 days)
<i>rimantadine hcl</i>	T1b	
<i>rimi</i>	T9	
RINVOQ LQ	T5	PA; SP (Limited to a 1-month supply per fill); QL (360 ML per 30 days); AL (Min 2 Years and Max 9 Years)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	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	
<i>risedronate sodium oral tablet 150 mg</i>	T1b	ST; QL (1 tablets per 30 days)
<i>risedronate sodium oral tablet 30 mg</i>	T4	ST; SP (Limited to a 1 month supply per fill)
<i>risedronate sodium oral tablet 35 mg, 5 mg</i>	T1b	ST
<i>risedronate sodium oral tablet delayed release</i>	T2	ST
RISPERDAL ORAL SOLUTION	T3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3	
<i>risperidone oral solution</i>	T1b	
<i>risperidone oral tablet</i>	T1a	
<i>risperidone oral tablet dispersible 0.25 mg</i>	T1b	
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T2	
RITALIN	T3	AL (Min 4 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	T3	QL (31 capsules per 31 days); AL (Min 4 Years)
RITEFLO	T3	QL (4 chambers per 1 year)
<i>ritonavir</i>	T1b	
<i>rivastigmine</i>	T3	QL (30 patches per 30 days)

Medication	Coverage Level	Restrictions
<i>rivastigmine tartrate</i>	T1b	QL (60 capsules per 30 days)
RIVELSA	T9	
<i>rixubis</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (73600 billable units per 28 days); AL (Min 21 Years)
<i>rizatriptan benzoate</i>	T1b	QL (12 tablets per 30 days)
ROBAXIN-750	T9	
ROCALTROL ORAL CAPSULE	T3	
ROCALTROL ORAL SOLUTION	T3	AL (Max 9 Years)
ROCKLATAN	T9	
<i>roflumilast</i>	T1b	QL (30 tablets per 30 days)
ROGAINE	T9	
ROGAINE MENS	T9	
ROGAINE MENS EXTRA STRENGTH	T9	
ROGAINE WOMENS EXTERNAL SOLUTION	T9	
<i>ropinirole hcl</i>	T1a	
<i>ropinirole hcl er</i>	T1b	ST
<i>rosuvastatin calcium oral tablet 10 mg</i>	T1b	PV
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	T1b	
<i>rosuvastatin calcium oral tablet 5 mg</i>	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
<i>rufinamide oral suspension</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
<i>rufinamide oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
RUKOBIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
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	
<i>salicylic acid er</i>	T9	
<i>salicylic acid external cream</i>	T9	
<i>salicylic acid external foam</i>	T9	
<i>salicylic acid external liquid 27.5 %</i>	T9	
<i>salicylic acid external lotion</i>	T9	
<i>salicylic acid external ointment</i>	T9	
<i>salicylic acid external shampoo</i>	T9	
<i>salicylic acid wart remover</i>	T9	
<i>salicylic acid-cleanser</i>	T9	
<i>salsalate oral</i>	T1b	

Medication	Coverage Level	Restrictions
SALVAX	T9	
SALYCIM	T9	
<i>salynta</i>	T9	
SAMSCA ORAL TABLET 15 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
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	
<i>sapropterin dihydrochloride oral packet</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>sapropterin dihydrochloride oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill)
SARAFEM ORAL TABLET 10 MG, 20 MG	T9	
<i>saroxia</i>	T9	
SAVAYSA	T3	ST; QL (30 tablets per 30 days)
SAVELLA	T2	ST; QL (60 tablets per 30 days)
SAVELLA TITRATION PACK	T2	ST; QL (60 tablets per 30 days)
<i>saxagliptin hcl</i>	T3	ST; QL (30 tablets per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-500 mg</i>	T3	ST; QL (30 tablets per 30 days)
Saxenda	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)
<i>scopolamine</i>	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	
<i>selegiline hcl oral tablet</i>	T2	
<i>selenium sulfide external lotion</i>	T1b	
<i>selenium sulfide external shampoo 2.25 %</i>	T1b	
<i>selenium sulfide external shampoo 2.3 %</i>	T9	
<i>self-taking blood pressure</i>	T2	QL (2 EA per 730 days)
SELRX	T9	
SELZENTRY ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)
SELZENTRY ORAL TABLET 150 MG, 300 MG	T5	SP (Limited to a 1 month supply per fill)
SELZENTRY ORAL TABLET 25 MG, 75 MG	T4	SP (Limited to a 1 month supply per fill)
SEMGLEE	T9	
SEMGLEE (YFGN)	T9	
SEMPREX-D	T9	
<i>se-natal 19 oral tablet chewable</i>	T1b	QL (30 tablets per 30 days)
SENSIPAR	T5	SP (Limited to a 1 month supply per fill)
SEREVENT DISKUS	T2	
SERNIVO	T9	
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)
<i>sertraline hcl oral capsule</i>	T9	
<i>sertraline hcl oral concentrate</i>	T1a	
<i>sertraline hcl oral tablet</i>	T1a	
<i>se-tan plus</i>	T9	
SETLAKIN	T7	PV
<i>sevelamer carbonate oral packet</i>	T5	SP (Limited to a 1 month supply per fill)
<i>sevelamer carbonate oral tablet</i>	T2	QL (510 tablets per 30 days)
<i>sevelamer hcl</i>	T4	ST; SP (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	
<i>sf</i>	T1b	
<i>sf 5000 plus</i>	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	
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL (Max 5 Years)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1b	QL (15 tablets per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	T3	PA
SILENOR	T9	
<i>silicone mask/infant</i>	T3	QL (4 masks per 1 year)
<i>silicone mask/pediatric</i>	T3	QL (4 masks per 1 year)

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)
<i>silodosin</i>	T1b	QL (30 capsules per 30 days)
SILVADENE	T3	
<i>silver sulfadiazine external</i>	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)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1a	PV
<i>simvastatin oral tablet 80 mg</i>	T1a	
SINEMET CR	T3	
SINGULAIR	T3	
SINUVA	T9	
<i>sirolimus oral</i>	T4	SP (Limited to a 1 month supply per fill)
SIRTURO	T4	SP (Limited to a 1 month supply per fill)
<i>sitagliptin</i>	T9	
<i>sitagliptin base-metformin hcl</i>	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)
<i>sm aspirin ec low strength</i>	T1b	
SM CLEARLAX	T7	PV
<i>sm folic acid</i>	T7	PV; AL (Max 50 Years)
<i>sm laxative oral</i>	T7	PV
<i>sm magnesium citrate</i>	T7	PV
<i>sm milk of magnesia oral suspension 400 mg/5ml</i>	T7	PV
<i>sm nicotine polacrilex</i>	T7	PV
<i>sm nicotine transdermal</i>	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	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	T1b	
<i>sodium chloride inhalation nebulization solution 7 %</i>	T1b	
<i>sodium chloride irrigation solution 0.9 %</i>	T1b	
<i>sodium fluoride 5000 enamel dental paste</i>	T1b	
<i>sodium fluoride 5000 plus</i>	T1b	
<i>sodium fluoride 5000 ppm dental paste</i>	T1b	
<i>sodium fluoride dental gel 1.1 %</i>	T1b	

Medication	Coverage Level	Restrictions
<i>sodium fluoride mouth/throat</i>	T1b	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	T3	PV
<i>sodium fluoride oral tablet chewable</i>	T1a	PV
<i>sodium oxybate</i>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days)
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>sodium phenylbutyrate oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>sodium polystyrene sulfonate oral powder</i>	T1b	
<i>sodium sulfacetamide external shampoo</i>	T9	
<i>sodium sulfacetamide wash</i>	T9	
<i>sofosbuvir-velpatasvir</i>	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	
<i>solifenacin succinate</i>	T1b	QL (30 tablets per 30 days)
SOLQUA	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)
<i>sorafenib tosylate</i>	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	
<i>sotalol hcl oral</i>	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	
<i>spinosad</i>	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)
<i>spironolactone oral suspension</i>	T3	QL (120 ML per 30 Days); AL (Max 9 Years)
<i>spironolactone oral tablet</i>	T1a	
<i>spironolactone-hctz</i>	T1b	
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	
<i>stavudine oral capsule</i>	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)
<i>stress formula/iron</i>	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)
STROMEKTOL	T3	QL (5 tablets per 1 day)
STROVITE FORTE ORAL TABLET	T9	
STROVITE ONE	T9	
SUBOXONE SUBLINGUAL FILM 12-3 MG	T3	QL (60 films per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG	T3	QL (90 films per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	T3	QL (30 films per 30 days)
SUBVENITE STARTER KIT-BLUE	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-GREEN	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-ORANGE	T3	QL (1 kit per 365 Days)
SUCRAID	T4	SP (Limited to a 1 month supply per fill)
<i>sucralfate oral suspension</i>	T2	
<i>sucralfate oral tablet</i>	T1b	
SUDOGEST ORAL TABLET 60 MG	T9	
SUFLAVE	T3	

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

Medication	Coverage Level	Restrictions
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	T3	QL (8 Pens per 30 days)
<i>sumatriptan-naproxen sodium</i>	T9	
SUMAXIN	T9	
SUMAXIN CP	T9	
SUMAXIN WASH	T9	
<i>sunitinib malate</i>	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	
<i>suvicort</i>	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	
<i>tacrolimus external ointment 0.03 %</i>	T1b	QL (30 GM per 30 days)
<i>tacrolimus external ointment 0.1 %</i>	T3	QL (30 GM per 30 days)

Medication	Coverage Level	Restrictions
<i>tacrolimus oral</i>	T1b	
<i>tadalafil (pah)</i>	T9	
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg</i>	T1b	QL (15 tablets per 30 days)
<i>tadalafil oral tablet 5 mg</i>	T1b	QL (30 tablets per 30 days)
TADLIQ	T9	
TAFINLAR ORAL CAPSULE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
TAFINLAR ORAL TABLET SOLUBLE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 bottles per 30 days); AL (Min 1 Years and Max 9 Years)
<i>tafluprost (pf)</i>	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)
<i>tamoxifen citrate oral</i>	T1b	
<i>tamsulosin hcl</i>	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	
<i>taron forte</i>	T9	
TARON-PREX	T2	
<i>taroxia external cream</i>	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)
<i>tasimelteon</i>	T5	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
TASMAR ORAL TABLET 100 MG	T3	
<i>tavaborole</i>	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	
<i>tazarotene external cream 0.05 %</i>	T3	ST; QL (30 GM per 30 days)
<i>tazarotene external cream 0.1 %</i>	T2	ST
<i>tazarotene external foam</i>	T9	
<i>tazarotene external gel</i>	T9	
TAZORAC EXTERNAL CREAM	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	
<i>telmisartan</i>	T1b	
<i>telmisartan-amlodipine</i>	T1b	
<i>telmisartan-hctz</i>	T1b	

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

Medication	Coverage Level	Restrictions
<i>testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)</i>	T9	
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	T2	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	T2	PA
<i>testosterone transdermal solution</i>	T9	
<i>tetanus-diphtheria toxoids td</i>	T6	QL (1 dose per 10 years)
<i>tetoxia</i>	T9	
<i>tetpidtar</i>	T9	
<i>tetrabenazine oral tablet 12.5 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>tetracycline hcl oral capsule</i>	T3	
<i>tetracycline hcl oral tablet</i>	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	
<i>theophylline er</i>	T1b	
THIOLA	T9	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
THIOLA EC ORAL TABLET DELAYED RELEASE 300 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>thioridazine hcl oral</i>	T1b	
<i>thiothixene oral</i>	T1b	

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

Medication	Coverage Level	Restrictions
<i>tiopronin oral tablet delayed release 100 mg</i>	T5	PA; SP (Limited to a 1-month supply per fill); QL (240 Tablets per 30 days)
<i>tiopronin oral tablet delayed release 300 mg</i>	T5	PA; SP (Limited to a 1-month supply per fill); QL (90 Tablets per 30 days)
<i>tiotropium bromide monohydrate</i>	T9	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	T9	
TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML	T9	
TIVICAY ORAL TABLET 10 MG, 25 MG	T4	SP (Limited to a 1 month supply per fill)
TIVICAY ORAL TABLET 50 MG	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TIVICAY PD	T4	SP (Limited to a 1 month supply per fill)
TIVORBEX	T9	
<i>tizanidine hcl oral</i>	T1b	
<i>tl gard rx</i>	T9	
<i>tl icon</i>	T9	
TLANDO	T9	
<i>tl-care dha</i>	T1b	
<i>tl-fluorivite</i>	T9	
<i>tl-hem 150</i>	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
<i>tobramycin inhalation</i>	T4	PA; SP (Limited to a 56 day supply per fill); QL (280 ML per 56 days)
<i>tobramycin ophthalmic</i>	T1b	
<i>tobramycin sulfate injection solution 80 mg/2ml</i>	T1b	
<i>tobramycin-dexamethasone</i>	T1b	
<i>tobramycin-vancomycin hcl</i>	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)
<i>tolcapone</i>	T5	SP (Limited to a 1 month supply per fill)
TOLECTIN 600	T9	
<i>tolmetin sodium</i>	T2	
<i>tolsura</i>	T9	
<i>tolterodine tartrate</i>	T1b	
<i>tolterodine tartrate er</i>	T2	
<i>tolvaptan</i>	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	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	T3	ST; QL (30 capsules per 30 days)
<i>topiramate er oral capsule extended release 24 hour</i>	T9	
<i>topiramate oral capsule sprinkle</i>	T1a	ST
<i>topiramate oral tablet</i>	T1a	
TOPROL XL	T3	
<i>toremifene citrate</i>	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
TORPENZ	T9	
<i>torsemide oral</i>	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)
<i>toxicology saliva collection</i>	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)
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	T9	
<i>tramadol hcl er</i>	T1b	QL (30 tablets per 30 days)
<i>tramadol hcl oral solution</i>	T9	
<i>tramadol hcl oral tablet 100 mg, 25 mg, 75 mg</i>	T9	
<i>tramadol hcl oral tablet 50 mg</i>	T1a	QL (240 tablets per 30 days)
<i>tramadol-acetaminophen</i>	T1b	
<i>trandolapril</i>	T1b	
<i>trandolapril-verapamil hcl er</i>	T1b	
<i>tranexamic acid oral</i>	T1b	
TRANSDERM-SCOP (1.5 MG)	T9	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	T9	
TRANXENE-T ORAL TABLET 7.5 MG	T3	
<i>tranylcypromine sulfate</i>	T2	
TRAVATAN Z	T3	ST
<i>travoprost (bak free)</i>	T2	ST
<i>trazodone hcl oral</i>	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	
<i>tretinoin external cream 0.025 %</i>	T1b	AL (Max 50 Years)
<i>tretinoin external cream 0.05 %, 0.1 %</i>	T2	AL (Max 50 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	T1b	AL (Max 50 Years)
<i>tretinoin external gel 0.05 %</i>	T2	AL (Max 50 Years)
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	T9	
<i>tretinoin microsphere pump</i>	T9	
<i>tretinoin oral</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)

Medication	Coverage Level	Restrictions
TRETEN	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)
<i>triadime</i>	T9	
<i>triamcinolone acetonide external aerosol solution</i>	T9	
<i>triamcinolone acetonide external cream</i>	T1b	
<i>triamcinolone acetonide external lotion 0.1 %</i>	T1b	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	T1b	
<i>triamcinolone acetonide external ointment 0.05 %</i>	T9	
<i>triamcinolone acetonide injection suspension 50 mg/ml</i>	T9	
<i>triamcinolone acetonide mouth/throat</i>	T1b	
<i>triamcinolone acetonide nasal aerosol</i>	T9	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1b	
<i>triamterene-hctz oral tablet</i>	T1b	
TRIANEX	T9	
TRIASIL	T9	
<i>triazolam oral tablet 0.125 mg</i>	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>	T1b	QL (60 tablets per 30 days); AL (Min 18 Years)
TRIBENZOR	T3	
<i>tri-buffered aspirin oral tablet 324 mg</i>	T1b	
TRICARE	T1b	
TRICARE PRENATAL COMPLEAT	T1a	
<i>tricitrates</i>	T9	
TRICON	T9	
TRICOR	T3	
TRIDACAINE II	T9	
TRIDACAINE XL	T9	
TRIDERM EXTERNAL CREAM	T1b	
<i>trientine hcl oral capsule 250 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)
<i>trientine hcl oral capsule 500 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (75 capsules per 30 days)

Medication	Coverage Level	Restrictions
TRI-ESTARYLLA	T7	PV
<i>trifluoperazine hcl oral</i>	T1b	
<i>trifluridine ophthalmic</i>	T1b	
<i>trigels-f forte</i>	T9	
TRIGLIDE ORAL TABLET 160 MG	T9	
<i>trihexyphenidyl hcl oral elixir</i>	T1a	
<i>trihexyphenidyl hcl oral tablet</i>	T1b	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	QL (60 tablets per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)
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	
<i>trimethobenzamide hcl oral</i>	T1b	
<i>trimethoprim oral</i>	T1b	
TRI-MILI	T7	PV
<i>trimipramine maleate oral</i>	T2	
<i>trinatal rx 1</i>	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	
<i>triphrocaps</i>	T9	
TRI-SPRINTEC	T7	PV
<i>tristart dha</i>	T9	
TRIUMEQ	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>triumeq pd</i>	T4	SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
TRIVEEN-DUO DHA	T1b	
<i>tri-vitel/fluoride</i>	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	
<i>tropicamide-cyclopentolate-pe</i>	T9	
<i>tropicamide-phenylephrine</i>	T9	
<i>tropium chloride</i>	T1b	QL (60 tablets per 30 days)
<i>tropium chloride er</i>	T3	QL (30 capsules per 30 days)
TRUDHESA	T9	
<i>true cover</i>	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	
UNISTRIPI1 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)
<i>urea external cream 20 %, 40 %, 45 %</i>	T9	
<i>urea external foam</i>	T9	
<i>urea external lotion 40 %</i>	T9	
<i>urea hydrating</i>	T9	
<i>urea nail external gel 45 %</i>	T9	
URIBEL	T9	
URIMAR-T ORAL CAPSULE	T9	
<i>urneva</i>	T9	
UROCIT-K 10	T3	
UROCIT-K 15	T3	
UROCIT-K 5	T3	
UROXATRAL	T3	
URSO 250	T3	
URSO FORTE	T3	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	T9	
<i>ursodiol oral capsule 300 mg</i>	T2	
<i>ursodiol oral tablet</i>	T2	
UTOPIC	T9	
VAGIFEM VAGINAL TABLET 10 MCG	T3	
<i>valacyclovir hcl oral</i>	T1b	
VALCHLOR	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 GM per 15 days)
VALCYTE ORAL SOLUTION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days); AL (Max 9 Years)
VALCYTE ORAL TABLET	T9	
<i>valganciclovir hcl oral solution reconstituted</i>	T4	SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days); AL (Max 9 Years)
<i>valganciclovir hcl oral tablet</i>	T3	QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
VALIUM	T3	
<i>valproic acid oral capsule</i>	T1b	
<i>valsartan oral solution</i>	T9	
<i>valsartan oral tablet</i>	T1b	
<i>valsartan-hydrochlorothiazide</i>	T1b	
VALTOCO 10 MG DOSE	T3	QL (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	
<i>vancomycin hcl intravenous solution reconstituted 1.25 gm, 1000 mg, 500 mg</i>	T1b	
<i>vancomycin hcl oral capsule 125 mg</i>	T3	ST; QL (56 capsules per 14 days)
<i>vancomycin hcl oral capsule 250 mg</i>	T9	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	T1b	
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	T9	
<i>vancomycin hcl oral solution reconstituted 50 mg/ml</i>	T2	
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	
<i>vardenafil hcl oral tablet dispersible</i>	T9	
<i>varenicline tartrate (starter)</i>	T2	PV
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	T2	PV; QL (60 tablets per 30 Days)
<i>varoxia external cream</i>	T9	
VARUBI ORAL	T3	ST; QL (4 tablets per 30 days)
VASCEPA	T9	
VASERETIC	T3	

Medication	Coverage Level	Restrictions
VASHE CLEANSING	T9	
VASOTEC	T3	
VAXELIS	T6	PV
VAXNEUVANCE	T6	
<i>v-c forte</i>	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	
<i>venlafaxine besylate er</i>	T9	
<i>venlafaxine hcl</i>	T1b	

Medication	Coverage Level	Restrictions
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	T1a	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	T9	
VENTAVIS	T4	PA; SP (Limited to a 1 month supply per fill)
VENTOLIN HFA	T2	
VEOZAH	T9	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg</i>	T1b	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg</i>	T3	
<i>verapamil hcl er oral capsule extended release 24 hour 360 mg</i>	T1a	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1b	
<i>verapamil hcl oral</i>	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
<i>vigabatrin oral packet</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL (Max 2 Years)
<i>vigabatrin oral tablet</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days); AL (Min 2 Years)
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)
<i>vilazodone hcl</i>	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)
<i>viorele</i>	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)
<i>virt-caps</i>	T9	
VIRT-GARD	T9	
<i>virt-phos 250 neutral</i>	T9	
VISTARIL	T3	
VISTOGARD	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (20 packets per 5 days)
VITACEL	T1b	
VITAFOL ORAL TABLET	T9	
VITAFOL-OB	T3	
VITAFOL-ONE	T3	
VITAL-D RX	T9	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	T1a	
<i>vitamin d3 oral capsule 25 mcg (1000 ut)</i>	T1a	PV; AL (Min 65 Years)

Medication	Coverage Level	Restrictions
<i>vitamin d3 oral liquid 400 unit/ml</i>	T1b	PV; AL (Min 65 Years)
<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i>	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	
<i>vol-care rx</i>	T9	
<i>vol-nate</i>	T9	
VOLNEA	T7	PV
<i>vol-plus</i>	T9	
<i>vol-tab rx</i>	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)
<i>voriconazole oral tablet 200 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>voriconazole oral tablet 50 mg</i>	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)
<i>vp-vite rx</i>	T9	
VRAYLAR	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
VTAMA	T9	
VTOL LQ	T9	
VUITY	T9	
VUMERITY	T9	
VUSION	T9	
VYFEMLA	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)
<i>warfarin sodium oral</i>	T1a	
<i>wee care</i>	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)
XDEMZY	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)
<i>xurea</i>	T9	
XURIDEN	T9	
XYLIDERM	T9	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
XYNTHA SOLOFUSE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
XYOSTED	T9	
XYREM	T9	
XYWAV	T9	
YARGESA	T5	PA; SP (Limited to a 1 month supply per fill)
YASMIN 28	T9	
<i>yaxatarxyn</i>	T9	
YAZ	T9	PV
YF-VAX SUBCUTANEOUS INJECTABLE	T9	
<i>yokatar</i>	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)
<i>zafirlukast</i>	T1b	
<i>zaleplon oral capsule 10 mg</i>	T1b	AL (Min 18 Years)
<i>zaleplon oral capsule 5 mg</i>	T1b	QL (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)
<i>zcort 7-day</i>	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)
ZERVIAE	T3	ST; QL (30 ml per 30 days)
ZESTORETIC	T3	
ZESTRIL	T3	
ZETIA	T3	
ZETONNA	T9	
ZIAC	T3	
ZIAGEN ORAL SOLUTION	T2	
ZIAGEN ORAL TABLET	T3	
ZIANA	T9	
<i>ziclocin</i>	T9	
<i>zidovudine oral capsule</i>	T2	
<i>zidovudine oral syrup</i>	T1b	
<i>zidovudine oral tablet</i>	T2	
ZILBRYSQ	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 syringes per 28 days)
<i>zileuton er</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); AL (Min 12 Years)
ZILRETTA	T9	
ZILXI	T9	
ZIMHI	T2	QL (1 box per 1 year)
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	T9	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	T3	
<i>ziprasidone hcl</i>	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.)
<i>zolmitriptan nasal solution 5 mg</i>	T3	ST; QL (12 units per 30 days)
<i>zolmitriptan oral</i>	T2	QL (12 tablets per 30 days)
ZOLOFT ORAL TABLET 100 MG	T3	QL (60 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)
<i>zolpidem tartrate er</i>	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>zolpidem tartrate oral capsule</i>	T9	
<i>zolpidem tartrate oral tablet</i>	T1a	QL (31 tablets per 31 days); AL (Min 18 Years)
<i>zolpidem tartrate sublingual</i>	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)
<i>zonisamide oral</i>	T1a	
ZONTIVITY	T3	ST; QL (30 tablets per 30 days)
ZORTRESS	T5	SP (Limited to a 1 month supply per fill)
ZORVOLEX	T9	
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)

Index

10 SERIES BP		ACE AEROSOL CLOUD		<i>adalimumab-fkjp (2 syringe)</i>7
MONITOR/UPPER ARM4		ENHANCER5		<i>adalimumab-ryvk (2 pen)</i>7
10 SERIES+ BP		<i>acebutolol hcl</i>5		<i>adalimumab-ryvk (2 syringe)</i>7
MONITR/UPPER ARM4		<i>acetaminophen</i>5		<i>adapalene</i>7
3 SERIES BP		<i>acetaminophen-codeine</i>5		<i>adapalene-benzoyl peroxide</i>7
MONITOR/UPPER ARM4		<i>acetaminophen-codeine #2</i>5		ADASUVE7
3 SERIES BP		<i>acetaminophen-codeine #3</i>5		ADBRY7
MONITOR/WRIST4		<i>acetaminophen-codeine #4</i>5		ADCIRCA7
5 SERIES BP MONITOR4		<i>acetazolamide</i>5		ADDERALL7
5 SERIES BP		<i>acetazolamide er</i>5		ADDERALL XR7
MONITOR/UPPER ARM4		<i>acetic acid</i>5		ADDYI7
7 SERIES BP		<i>acetylcysteine</i>5		<i>adefovir dipivoxil</i>7
MONITOR/UPPER ARM4		<i>acidophilus lactobacillus</i>5		<i>adeinзде</i>7
7 SERIES BP		<i>acioxia</i>5		ADEMPAS7, 8
MONITOR/WRIST4		ACIPHEX5		ADHANSIA XR8
<i>abacavir sulfate</i>4		ACIPHEX SPRINKLE5		ADLARITY8
<i>abacavir sulfate-lamivudine</i>4		<i>acitretin</i>5		ADMELOG8
ABILIFY4		<i>acne medication 10</i>5		ADMELOG SOLOSTAR8
ABILIFY MYCITE		<i>acne medication 5</i>5		ADRENALIN8
MAINTENANCE KIT4		ACTEMRA5		ADTHYZA8
ABILIFY MYCITE STARTER		ACTEMRA ACTPEN5		<i>adult blood pressure cuff lg</i>8
KIT4		ACTHAR5		ADVAIR DISKUS8
<i>abiraterone acetate</i>4		ACTHAR GEL5		ADVAIR HFA8
ABRILADA4		ACTHIB6		ADVATE8
ABRILADA (1 PEN)4		ACTICLATE6		ADVOCATE CONTROL
ABRILADA (2 PEN)4		ACTIGALL6		SOLUTION8
ABRILADA (2 SYRINGE)4		ACTIMMUNE6		ADVOCATE LANCETS 30G8
ABRYSVO4		ACTIQ6		ADVOCATE LANCING
ABSORICA4		<i>active fe</i>6		DEVICE8
ABSORICA LD4		ACTIVELLA6		ADVOCATE RAPID-SAFE
<i>acamprosate calcium</i>4		ACTONEL6		LANCING8
ACANYA4		ACTOPLUS MET6		ADVOCATE REDI-CODE8
<i>acarbose</i>4		ACTOS6		ADVOCATE REDI-CODE+
ACCOLATE4		ACUICYN6		TEST8
ACCRUFER4		ACULAR6		ADVOCATE TEST8
ACCU-CHEK AVIVA PLUS4		ACULAR LS6		<i>adynovate</i>8
ACCU-CHEK COMPACT		ACUVAIL6		ADZENYS ER8
PLUS4		<i>acyclovir</i>6		ADZENYS XR-ODT8
ACCU-CHEK FASTCLIX		ACZONE6		AEMCOLO8
LANCET4		ADACEL6		AEROCHAMBER MINI
ACCU-CHEK FASTCLIX		ADALAT CC6		CHAMBER8
LANCETS4		<i>adalimumab-aacf (2 pen)</i>6		AEROCHAMBER MV8
ACCU-CHEK GUIDE5		<i>adalimumab-aacf (2 syringe)</i>6		AEROCHAMBER PLUS FLO-
ACCU-CHEK GUIDE TEST5		<i>adalimumab-aaty (1 pen)</i>6		VU8
ACCU-CHEK SMARTVIEW5		<i>adalimumab-aaty (2 pen)</i>6		AEROCHAMBER PLUS FLO-
ACCU-CHEK SOFTCLIX		<i>adalimumab-aaty (2 syringe)</i>6		VU LARGE8
LANCET DEV5		<i>adalimumab-adaz</i>6		AEROCHAMBER PLUS FLO-
ACCU-CHEK SOFTCLIX		<i>adalimumab-adbm (2 pen)</i>6		VU SMALL8
LANCETS5		<i>adalimumab-adbm (2 syringe)</i>7		AEROCHAMBER PLUS FLO-
ACCUPRIL5		<i>adalimumab-adbm(cd/uc/hs</i>		VU W/MASK8
ACCURETIC5		<i>strt)</i>7		AEROCHAMBER Z-STAT
ACCUTANE5		<i>adalimumab-adbm(ps/uv</i>		PLUS8
ACCUTREND GLUCOSE5		<i>starter)</i>7		AEROCHAMBER Z-STAT
		<i>adalimumab-fkjp (2 pen)</i>7		PLUS CHAMBR9

AEROCHAMBER Z-STAT PLUS/LARGE	9	ALKERAN	10	<i>amitriptyline hcl</i>	13
AEROCHAMBER Z-STAT PLUS/MEDIUM	9	ALKINDI SPRINKLE	10	AMJEVITA	13
AEROCHAMBER Z-STAT PLUS/SMALL	9	ALLEGRA ALLERGY CHILDRENS	11	AMJEVITA-PED 10KG TO <15KG	13
AEROTRACH PLUS	9	ALLEGRA ALLERGY CONGESTION	11	AMJEVITA-PED 15KG TO <30KG	13
AEROVENT PLUS	9	ALLI	11	<i>amlodipine besy-benazepril hcl</i> ..	13
AFEDITAB CR	9	<i>allopurinol</i>	11	<i>amlodipine besylate</i>	13
AFINITOR	9	ALLZITAL	11	<i>amlodipine besylate-valsartan</i>	13
AFINITOR DISPERZ	9	<i>almotriptan malate</i>	11	<i>amlodipine-atorvastatin</i>	13
AFIRMELLE	9	ALOCRI	11	<i>amlodipine-olmesartan</i>	13
AFLURIA	9	<i>alogliptin benzoate</i>	11	<i>amlodipine-valsartan-hctz</i>	13
AFLURIA PRESERVATIVE FREE	9	<i>alogliptin-metformin hcl</i>	11	<i>ammonium lactate</i>	13
AFLURIA QUADRIVALENT	9	<i>alogliptin-pioglitazone</i>	11	AMNESTEEM	13
AFREZZA	9	ALOMIDE	11	<i>amoxapine</i>	13
AFSTYLA	9	ALORA	11	<i>amoxicill-clarithro-lansopraz</i>	13
AFTERA	9	<i>alosetron hcl</i>	11	<i>amoxicillin</i>	13
AFTERPILL	9	ALPAWASH	11	<i>amoxicillin-pot clavulanate</i>	13
AGAMATRIX AMP TEST	9	ALPHAGAN P	11	<i>amoxicillin-pot clavulanate er</i>	13
AGAMREE	9	ALPHANATE	11	<i>amphetamine er</i>	13
AGRYLIN	9	ALPHANINE SD	11	<i>amphetamine sulfate</i>	14
AIMOVIG	9	<i>alprazolam</i>	11	<i>amphetamine-dextroamphet er</i> ..	14
<i>aimSCO lubricated</i>	9	<i>alprazolam er</i>	11	<i>amphetamine-dextroamphetamine</i>	14
AIRDUO DIGIHALER	9	ALPRAZOLAM INTENSOL	11	<i>amphet-dextroamphet 3-bead er</i>	14
AIRDUO RESPICLICK 113/14	9	<i>alprazolam xr</i>	11	<i>ampicillin</i>	14
AIRDUO RESPICLICK 232/14	9	ALPROLIX	11	AMPYRA	14
AIRDUO RESPICLICK 55/14	9	ALREX	11	AMRIX	14
AIRSUPRA	9	ALTABAX	11	AMZEEQ	14
AJOVY	9	ALTACE	12	ANADROL-50	14
AKEEGA	10	ALTAVERA	12	ANAFRANIL	14
AKLIEF	10	ALTOPREV	12	<i>anagrelide hcl</i>	14
AKTIPAK	10	ALTRENO	12	ANALPRAM-HC	14
AKYNZEO	10	ALTUVIII	12	ANAPROX DS	14
ALA SCALP	10	ALUNBRIG	12	ANASPAZ	14
<i>ala-cort</i>	10	ALVAIZ	12	<i>anastrozole</i>	14
ALA-QUIN	10	ALVESCO	12	ANDRODERM	14
ALAVERT	10	<i>alyacen 1/35</i>	12	ANDROGEL	14
ALAVERT ALLERGY/SINUS	10	<i>alyacen 7/7/7</i>	12	ANDROGEL PUMP	14
ALAWAY	10	ALZAIR ALLERGY NASAL SPRAY	12	ANGELIQ	14
<i>albendazole</i>	10	<i>amantadine hcl</i>	12	ANIMI-3	14
ALBENZA	10	AMARYL	12	ANNOVERA	14
<i>albuterol sulfate</i>	10	AMBIEN	12	ANORO ELLIPTA	14
<i>albuterol sulfate er</i>	10	AMBIEN CR	12	ANTIVERT	14
<i>albuterol sulfate hfa</i>	10	<i>ambrisentan</i>	12	ANUSOL-HC	14
<i>alclometasone dipropionate</i>	10	<i>amcinonide</i>	12	ANZEMET	14
ALCORTIN A	10	AMETHIA	12	APADAZ	14
ALDACTONE	10	AMETHYST	13	APEXICON E	14
ALDARA	10	AMICAR	13	APIDRA	14
ALECENSA	10	<i>amiloride hcl</i>	13	APIDRA SOLOSTAR	14
<i>alendronate sodium</i>	10	<i>amiloride-hydrochlorothiazide</i>	13	APLENZIN	14
<i>alfuzosin hcl er</i>	10	<i>aminocaproic acid</i>	13	APLISOL	14
ALINIA	10	<i>amiodarone hcl</i>	13	APOKYN	14
<i>aliskiren fumarate</i>	10	AMITIZA	13	<i>apomorphine hcl</i>	14

<i>apraclonidine hcl</i>	14	ASSURE LANCE PLUS		AVODART	19
<i>aprepitant</i>	15	SAFETY 30G	16	AVONEX PEN	19
APRI	15	ASSURE PLATINUM	16	AVONEX PREFILLED	19
APRISO	15	ASSURE PRISM MULTI TEST ..	16	<i>av-phos 250 neutral</i>	19
APTENSIO XR	15	ASTAGRAF XL	16	AYGESTIN	19
APTIOM	15	ATACAND	16	AYUNA	19
APTIVUS	15	ATACAND HCT	16	AYVAKIT	19
AQUANIL HC	15	<i>atazanavir sulfate</i>	16	AZASAN	19
AQUORAL	15	ATELVIA	16	AZASITE	19
ARAKODA	15	<i>atenolol</i>	16	<i>azathioprine</i>	19
ARANELLE	15	<i>atenolol-chlorthalidone</i>	16	<i>azelaic acid</i>	19
ARANESP (ALBUMIN FREE) ...	15	ATIVAN	16	<i>azelastine hcl</i>	19
ARAVA	15	<i>atomoxetine hcl</i>	17	<i>azelastine-fluticasone</i> ..	19
ARAZLO	15	ATORVALIQ	17	AZELEX	19
ARCALYST	15	<i>atorvastatin calcium</i>	17	AZILECT	19
ARCAPTA NEOHALER	15	<i>atovaquone</i>	17	<i>azithromycin</i>	19
AREXVY	15	<i>atovaquone-proguanil hcl</i>	17	AZMIRO	19
<i>arformoterol tartrate</i>	15	ATRALIN	17	AZOPT	19
ARICEPT	15	ATRAPRO HYDROGEL	17	AZOR	19
ARIKAYCE	15	ATRIPLA	17	AZSTARYS	19
ARIMIDEX	15	<i>atropine sulfate</i>	17	AZULFIDINE	19
<i>aripiprazole</i>	15	ATROVENT HFA	17	AZULFIDINE EN-TABS	19
ARIXTRA	15	AUBAGIO	17	AZURETTE	19
<i>armodafinil</i>	15	AUBRA	17	<i>bacitracin-polymyxin b</i>	20
ARMONAIR DIGIHALER	15	AUBRA EQ	17	<i>bacitra-neomycin-polymyxin-hc</i> ..	20
ARMOUR THYROID	16	AUDENZ	17	<i>baclofen</i>	20
ARNUITY ELLIPTA	16	AUGMENTIN	17	BACMIN	20
AROMASIN	16	AUGMENTIN XR	17	BACTRIM	20
ARTHROTEC	16	AUGTYRO	17	BACTRIM DS	20
ASCOMP-CODEINE	16	AUROVELA 1.5/30	17	BAFIERTAM	20
ASCRIPITIN	16	AUROVELA 1/20	17	BALCOLTRA	20
<i>asenapine maleate</i>	16	AUROVELA 24 FE	17	<i>balsalazide disodium</i>	20
ASHLYNA	16	AUROVELA FE 1.5/30	18	BALVERSA	20
ASMANEX (120 METERED		AUROVELA FE 1/20	18	BALZIVA	20
DOSES)	16	AURYXIA	18	BANZEL	20
ASMANEX (14 METERED		AUSTEDO	18	BAQSIMI ONE PACK	20
DOSES)	16	AUSTEDO XR	18	BAQSIMI TWO PACK	20
ASMANEX (30 METERED		AUSTEDO XR PATIENT		BARACLUDE	20
DOSES)	16	TITRATION	18	BASAGLAR KWIKPEN	20
ASMANEX (60 METERED		AUVELITY	18	BASAGLAR TEMPO PEN	20
DOSES)	16	AUVI-Q	18	BAXDELA	20, 21
ASMANEX (7 METERED		AVALIDE	18	<i>bcg vaccine</i>	21
DOSES)	16	<i>avanafil</i>	18	BD INSULIN SYRINGE	
ASMANEX HFA	16	AVAPRO	18	MICROFINE	21
ASPERFLEX LIDOCAINE	16	AVAR	18	BD INSULIN SYRINGE U/F	21
<i>aspirin</i>	16	AVAR CLEANSER	18	BD PEN NEEDLE MINI U/F	21
<i>aspirin 81</i>	16	AVAR LS	18	BECONASE AQ	21
<i>aspirin adult</i>	16	AVAR LS CLEANSER	18	BELBUCA	21
<i>aspirin ec</i>	16	AVAR-E EMOLLIENT	18	<i>belladonna alkaloids-opium</i>	21
<i>aspirin ec low dose</i>	16	AVAR-E GREEN	18	BELSOMRA	21
<i>aspirin-dipyridamole er</i>	16	AVAR-E LS	18	<i>benazepril hcl</i>	21
ASPRUZYO SPRINKLE	16	<i>aveida</i>	19	<i>benazepril-hydrochlorothiazide</i> ..	21
ASSURE 4 TEST	16	AVIANE	19	BENEFIX	21
ASSURE DOSE CONTROL	16	AVITA	19	BENICAR	21
		AVO CREAM	19	BENICAR HCT	21

BENLYSTA	21	BIOTHRAX	23	<i>brimonidine tartrate</i>	25
<i>bensal hp</i>	21	<i>bisacodyl</i>	23	<i>brimonidine tartrate-timolol</i>	25
BENZAC AC WASH	21	<i>bisacodyl ec</i>	23	<i>brimonidine-dorzolamide</i>	25
BENZACLIN	21	<i>bismuth/metronidaz/tetracyclin</i> ...	23	<i>brinzolamide</i>	25
BENZACLIN WITH PUMP	21	<i>bisoprolol fumarate</i>	23	BRISDELLE	25
BENZEFOAM	21	<i>bisoprolol-hydrochlorothiazide</i> ...	23	BRIVIACT	25
BENZEPRO	21	BLEPH-10	23	BROMFED DM	25
BENZEPRO CREAMY WASH ...	21	BLEPHAMIDE S.O.P.	23	<i>bromfenac sodium</i>	25
BENZEPRO FOAMING		BLISOVI 24 FE	23	<i>bromfenac sodium (once-daily)</i> ..	25
CLOTHS	21	BLISOVI FE 1.5/30	23	<i>bromocriptine mesylate</i>	25
BENZEPRO SHORT		BLISOVI FE 1/20	24	BROMSITE	25
CONTACT	21	<i>blood glucose test</i>	24	BRONCHITOL	25
<i>benznidazole</i>	21	<i>blood pressure monitor</i>	24	BROVANA	25
<i>benzonatate</i>	21	BLOOD PRESSURE		BRUKINSA	25
<i>benzoyl peroxide</i>	21, 22	MONITOR 3	24	BRYHALI	25
<i>benzoyl peroxide cleanser</i>	21	BLOOD PRESSURE		BSS	25
<i>benzoyl peroxide wash</i>	22	MONITOR 7	24	BSS PLUS	25
<i>benzoyl peroxide-erythromycin</i> ..	22	BLULINK GLUCOSE		<i>budesonide</i>	26
<i>Benzphetamine HCl</i>	22	MONITORING SYS	24	<i>budesonide er</i>	25
<i>benztropine mesylate</i>	22	BLULINK GLUCOSE TEST	24	<i>budesonide-formoterol</i>	
<i>bepotastine besilate</i>	22	BONIVA	24	<i>fumarate</i>	26
BEPREVE	22	BONJESTA	24	<i>buffered aspirin</i>	26
BERINERT	22	BOOSTRIX	24	BUFFERIN	26
BESIVANCE	22	<i>bosentan</i>	24	<i>bumetanide</i>	26
BESREMI	22	BOSULIF	24	BUPAP	26
<i>betaine</i>	22	<i>bp gel</i>	24	BUPHENYL	26
<i>betamethasone dipropionate</i>	22	<i>bp vit 3</i>	24	<i>bupivacaine hcl</i>	26
<i>betamethasone dipropionate</i>		<i>bp wash</i>	24	<i>buprenorphine</i>	26
<i>aug</i>	22	<i>bpo foaming cloths</i>	24	<i>buprenorphine hcl</i>	26
<i>betamethasone sod phos &</i>		BPROTECTED PEDIA IRON	24	<i>buprenorphine hcl-naloxone hcl</i> ..	26
<i>acet</i>	22	BRAFTOVI	24	<i>bupropion hcl</i>	26
<i>betamethasone valerate</i>	22	BREATHERITE	24	<i>bupropion hcl er (smoking det)</i> ...26	
BETAPACE	22	BREATHERITE COLL		<i>bupropion hcl er (sr)</i>	26
BETASERON	22	SPACER ADULT	24	<i>bupropion hcl er (xl)</i>	26
<i>betaxolol hcl</i>	22	BREATHERITE COLL		<i>buspirone hcl</i>	26
<i>bethanechol chloride</i>	22	SPACER CHILD	24	<i>butalbital-acetaminophen</i>	26, 27
BETHKIS	22	BREATHERITE COLL		<i>butalbital-apap-caff-cod</i>	27
BETIMOL	22	SPACER INFANT	24	<i>butalbital-apap-caffeine</i>	27
BETOPTIC-S	23	BREATHERITE RIGID		<i>butalbital-asa-caff-codeine</i>	27
<i>bevacizumab</i>	23	SPACER/MASK	24	<i>butalbital-aspirin-caffeine</i>	27
BEVESPI AEROSPHERE	23	BREATHERITE SPACER		<i>butenafine hcl</i>	27
BEVYXXA	23	NEONATE	24	<i>butorphanol tartrate</i>	27
<i>bexarotene</i>	23	BREATHERITE SPACER		BUTRANS	27
BEXSERO	23	SMALL CHILD	24	BYDUREON BCISE	27
BEYAZ	23	BREATHERITE/LARGE MASK ..	24	BYETTA 10 MCG PEN	27
BIAFINE	23	BREATHERITE/MEDIUM		BYETTA 5 MCG PEN	27
<i>bicalutamide</i>	23	MASK	24	BYLVAY	27
BIDIL	23	BREATHERITE/SMALL MASK ..	24	BYLVAY (PELLETS)	27
BIGFOOT UNITY PROGRAM ...	23	BRENZAVVY	24	BYNFEZIA PEN	27
BIJUVA	23	BREO ELLIPTA	25	BYSTOLIC	27
BIKTARVY	23	BREXAFEMME	25	<i>cabergoline</i>	27
BILTRICIDE	23	BREYNA	25	CABLIVI	27
<i>bimatoprost</i>	23	BREZTRI AEROSPHERE	25	CABOMETYX	27
BIMZELX	23	<i>briellyn</i>	25	CABTREO	27
BINOSTO	23	BRILINTA	25	CADUET	27

CAFERGOT	27	CARETOUCH TWIST		CHARLOTTE 24 FE	31
<i>caffeine citrate</i>	27	LANCETS 30G	30	CHATEAL	31
<i>calcipotriene</i>	27	CARETOUCH TWIST		CHATEAL EQ	31
<i>calcipotriene-betameth diprop</i>	27	LANCETS 33G	30	CHEMET	31
<i>calcitonin (salmon)</i>	28	<i>carglumic acid</i>	30	<i>childrens aspirin</i>	31
<i>calcitriol</i>	28	<i>carisoprodol</i>	30	<i>childrens loratadine</i>	32
<i>calcium acetate (phos binder)</i>	28	<i>carisoprodol-aspirin</i>	30	<i>chlohux</i>	32
<i>calcium-folic acid plus d</i>	28	<i>carisoprodol-aspirin-codeine</i>	30	<i>chlordiazepoxide hcl</i>	32
CALQUENCE	28	CARNITOR	30	<i>chlordiazepoxide-amitriptyline</i>	32
<i>calsodore</i>	28	CARNITOR SF	30	<i>chlordiazepoxide-clidinium</i>	32
CAMBIA	28	CAROSPIR	30	<i>chlorhexidine gluconate</i>	32
CAMILA	28	<i>carteolol hcl</i>	30	<i>chloroquine phosphate</i>	32
CAMRESE	28	CARTIA XT	30	<i>chlorpheniramine maleate er</i>	32
CAMRESE LO	28	<i>carvedilol</i>	30	<i>chlorpromazine hcl</i>	32
CAMZYOS	28	<i>carvedilol phosphate er</i>	30	<i>chlorthalidone</i>	32
CANASA	28	CASODEX	30	<i>chlorzoxazone</i>	32
<i>candesartan cilexetil</i>	28	CATAPRES	30	CHOLBAM	32
<i>candesartan cilexetil-hctz</i>	28	CATAPRES-TTS-1	30	<i>cholestyramine</i>	32
CANDIN	28	CATAPRES-TTS-2	30	<i>cholestyramine light</i>	32
<i>capecitabine</i>	28	CATAPRES-TTS-3	30	<i>chorionic gonadotropin</i>	32
CAPEX	28	CAVERJECT	30	CHOSEN LANCING DEVICE	32
CAPLYTA	28	CAVERJECT IMPULSE	30	CIALIS	32
CAPRELSA	28	CAYA	30	CIBINQO	32
<i>captopril</i>	28	CAYSTON	30	CICLODAN	32
<i>captopril-hydrochlorothiazide</i>	28	CAZANT	30	<i>ciclopirox</i>	32
CAPVAXIVE	28	<i>cefaclor</i>	30	<i>ciclopirox olamine</i>	32
CARAC	28	<i>cefaclor er</i>	30	<i>ciclopirox treatment</i>	32
CARAFATE	29	<i>cefadroxil</i>	30	CIFEREX	32
CARBAGLU	29	<i>cefdinir</i>	30	<i>cilostazol</i>	32
<i>carbamazepine</i>	29	<i>cefditoren pivoxil</i>	30	CILOXAN	32
<i>carbamazepine er</i>	29	<i>cefixime</i>	30	CIMDUO	32
CARBATROL	29	<i>cefpodoxime proxetil</i>	30	<i>cimetidine</i>	33
<i>carbidopa</i>	29	<i>cefprozil</i>	30	<i>cimetidine hcl</i>	32
<i>carbidopa-levodopa</i>	29	<i>cefuroxime axetil</i>	30	CIMZIA	33
<i>carbidopa-levodopa er</i>	29	CELACYN	31	CIMZIA (2 SYRINGE)	33
<i>carbidopa-levodopa-</i>		CELEBREX	31	CIMZIA STARTER KIT	33
<i>entacapone</i>	29	<i>celecoxib</i>	31	CIMZIA-STARTER	33
<i>carbinoxamine maleate</i>	29	CELEXA	31	<i>cinacalcet hcl</i>	33
<i>carbinoxamine maleate er</i>	29	CELLCEPT	31	CIPRO	33
CARDIOVID PLUS	29	CELONTIN	31	CIPRO HC	33
CARDIZEM	29	CENTANY	31	CIPRODEX	33
CARDIZEM CD	29	CENTRATEX	31	<i>ciprofloxacin</i>	33
CARDIZEM LA	29	<i>cephalexin</i>	31	<i>ciprofloxacin hcl</i>	33
CARDURA	29	CEPROTIN	31	<i>ciprofloxacin-dexamethasone</i>	33
CARDURA XL	29	CEQUA	31	<i>ciprofloxacin-fluocinolone pf</i>	33
CARESENS CONTROL A	29	CERACADE	31	<i>citalopram hydrobromide</i>	33
CARESENS N GLUCOSE		CERDELGA	31	CITRANATAL 90 DHA	33
TEST	29	CETACAINE	31	CITRANATAL ASSURE	33
CARETOUCH CONTROL SOL		<i>cetirizine hcl</i>	31	CITRANATAL B-CALM	33
LEVEL 2	30	<i>cetirizine hcl childrens alrgy</i>	31	CITRANATAL BLOOM	33
CARETOUCH		<i>cetirizine-pseudoephedrine er</i>	31	CITRANATAL DHA	33
LANCING/EJECTOR	30	CETRAXAL	31	CITRANATAL HARMONY	33
CARETOUCH TEST	30	<i>cetrorelix acetate</i>	31	CITRANATAL MEDLEY	33
CARETOUCH TWIST		CETROTIDE	31	CITRANATAL RX	33
LANCETS 28G	30	<i>cevimeline hcl</i>	31	<i>citrate of magnesia</i>	34

CITROMA	34	COARTEM	36	CORLANOR	37
CLARAVIS	34	<i>codeine sulfate</i>	36	CORTANE-B	37
CLARINEX	34	<i>coenzyme q10</i>	36	CORTEF	38
CLARINEX-D 12 HOUR	34	<i>coenzyme q-10</i>	36	CORTENEMA	38
<i>clarithromycin</i>	34	COLAZAL	36	CORTIFOAM	38
<i>clarithromycin er</i>	34	<i>colchicine</i>	36	<i>cortisone acetate</i>	38
CLARITIN	34	<i>colchicine-probenecid</i>	36	CORTISPORIN-TC	38
CLARITIN REDITABS	34	COLCRYS	36	CORTROPHIN	38
CLARITIN-D 12 HOUR	34	<i>colesevelam hcl</i>	36	CORVITA	38
CLARITIN-D 24 HOUR	34	COLESTID	36	CORVITA 150	38
<i>classic prenatal</i>	34	<i>colestipol hcl</i>	36	CORVITE	38
CLEARLAX	34	<i>colistimethate sodium (cba)</i>	36	CORVITE 150	38
<i>clemastine fumarate</i>	34	COLY-MYCIN S	36	<i>corvite fe</i>	38
CLENIA PLUS	34	COLYTE WITH FLAVOR		CORVITE FREE	38
CLENPIQ	34	PACKS	36	COSENTYX	38
CLEOCIN	34	COMBIGAN	36	COSENTYX (300 MG DOSE)	38
CLEOCIN-T	34	COMBIPATCH	36	COSENTYX SENSOREADY	
CLEVER CHOICE MICRO		COMBIVENT RESPIMAT	36	(300 MG)	38
TEST	34	COMBIVIR	36	COSENTYX SENSOREADY	
CLEVER CHOICE TALK		COMETRIQ (100 MG DAILY		PEN	38
SYSTEM	34	DOSE)	36	COSENTYX UNOREADY	38
CLIMARA	34	COMETRIQ (140 MG DAILY		COSOPT	38
CLIMARA PRO	34	DOSE)	36	COTELLIC	38
CLINDAGEL	34	COMETRIQ (60 MG DAILY		COTEMPLA XR-ODT	39
<i>clindamycin hcl</i>	34	DOSE)	37	COUMADIN	39
<i>clindamycin palmitate hcl</i>	34	COMIRNATY	37	COVARYX	39
<i>clindamycin phos-benzoyl</i>		COMPACT SPACE CHAMBER	37	COVARYX HS	39
<i>perox</i>	34	COMPACT SPACE		COXANTO	39
<i>clindamycin phosphate</i>	34, 35	CHAMBER/LG MASK	37	COZAAR	39
<i>clindamycin-tretinoin</i>	35	COMPACT SPACE		CREON	39
CLINDESSE	35	CHAMBER/MED MASK	37	CRESEMBA	39
<i>clobazam</i>	35	COMPACT SPACE		CRESTOR	39
<i>clobetasol prop emollient base</i> ...	35	CHAMBER/SM MASK	37	CREXONT	39
<i>clobetasol propionate</i>	35	COMPLERA	37	CRINONE	39
<i>clobetasol propionate emulsion</i> ...	35	<i>complete natal dha</i>	37	CRIVAN	39
CLOBEX	35	<i>completenate</i>	37	<i>cromolyn sodium</i>	39
CLOBEX SPRAY	35	COMPRO	37	CRYODOSE TA	39
<i>clocortolone pivalate</i>	35	COMTAN	37	CRYSELLE-28	39
CLODAN	35	CONCERTA	37	CUPRIMINE	39
CLOMID	35	CONDYLOX	37	CURAE	39
<i>clomiphene citrate</i>	35	CONJUPRI	37	CUVPOSA	39
<i>clomipramine hcl</i>	35	CONSENSI	37	CUVRIOR	39
<i>clonazepam</i>	35	CONTOUR CONTROL	37	CVS ADVANCED GLUCOSE	
<i>clonidine</i>	35	CONTOUR NEXT TEST	37	TEST	39
<i>clonidine er</i>	35	CONTOUR PLUS BLUE	37	<i>cvs aspirin</i>	39
<i>clonidine hcl</i>	35	CONTOUR PLUS TEST	37	<i>cvs aspirin adult low dose</i>	39
<i>clonidine hcl er</i>	35	CONTOUR TEST	37	<i>cvs aspirin ec</i>	39
<i>clopidogrel bisulfate</i>	35	<i>Contrave</i>	37	<i>cvs folic acid</i>	39
<i>clorazepate dipotassium</i>	35	CONZIP	37	<i>cvs ibuprofen</i>	39
<i>clotrimazole</i>	35, 36	COPAXONE	37	<i>cvs magnesium citrate</i>	39
<i>clotrimazole-betamethasone</i>	36	COPIKTRA	37	<i>cvs milk of magnesia</i>	39
<i>clozapine</i>	36	CORDRAN	37	<i>cvs nicotine</i>	39
CLOZARIL	36	COREG	37	<i>cvs nicotine polacrilex</i>	39
COAGADEX	36	COREG CR	37	<i>cvs prenatal</i>	39
<i>coal tar</i>	36	CORGARD	37	<i>cvs prenatal multi+dha</i>	39

CVS PURELAX	39	DDAVP	41	DEXAMETHASONE	
<i>cyanocobalamin</i>	40	DDAVP PF	41	INTENSOL	43
<i>cyclobenzaprine hcl</i>	40	DEBLITANE	42	<i>dexamethasone sodium</i>	
<i>cyclobenzaprine hcl er</i>	40	DECARA	42	<i>phosphate</i>	43
CYCLOGYL	40	<i>deferasirox</i>	42	DEXCOM G6 RECEIVER	44
CYCLOMYDRIL	40	<i>deferasirox granules</i>	42	DEXCOM G6 SENSOR	44
<i>cyclopentolate hcl</i>	40	<i>deferiprone</i>	42	DEXCOM G6 TRANSMITTER ..	44
<i>cyclophosphamide</i>	40	<i>deflazacort</i>	42	DEXCOM G7 RECEIVER	44
<i>cycloserine</i>	40	DELESTROGEN	42	DEXCOM G7 SENSOR	44
CYCLOSET	40	DELSTRIGO	42	DEXEDRINE	44
<i>cyclosporine</i>	40	DELZICOL	42	DEXILANT	44
<i>cyclosporine modified</i>	40	<i>demeclocycline hcl</i>	42	<i>dexlansoprazole</i>	44
CYLTEZO (2 PEN)	40	DEMSE	42	<i>dexmedetomidine hcl in nacl</i>	44
CYLTEZO (2 SYRINGE)	40	DENAVIR	42	<i>dexmethylphenidate hcl</i>	44
CYLTEZO-CD/UC/HS		DENGVA	42	<i>dexmethylphenidate hcl er</i>	44
STARTER	40	DENTA 5000 PLUS	42	DEXONTO 0.4%	44
CYLTEZO-PSORIASIS/UV		DENTAGEL	42	DEPAK 6 DAY	44
STARTER	40	<i>deoxiademtar</i>	42	<i>dextroamphetamine sulfate</i>	44
CYMBALTA	40	<i>deoxiatar</i>	42	<i>dextroamphetamine sulfate er</i>	44
<i>cyproheptadine hcl</i>	40	<i>deoxiavar</i>	42	DEXYCU	44
CYRED	40	DEPAKOTE	42	DHIVY	44
CYRED EQ	40	DEPAKOTE ER	42	DIACOMIT	44
CYSTADANE	40	DEPAKOTE SPRINKLES	42	<i>diadimaxia</i>	44
CYSTADROPS	40	DEPEN TITRATABS	42	DIALYVITE	44
CYSTARAN	40	DEPO-PROVERA	42	DIALYVITE 3000	44
CYTOMEL	40	DEPO-TESTOSTERONE	42	DIALYVITE 5000	44
CYTOTEC	40	DERMACINRX PRIZOPAK	42	DIALYVITE 800	44
<i>cytra k crystals</i>	40	DERMACINRX PUREFOLIX	42	DIALYVITE 800/ZINC	45
<i>cytra-2</i>	40	<i>derma-r</i>	42	DIALYVITE SUPREME D	45
CYTRA-3	40	DERMA-SMOOTH/FS BODY ..	42	DIALYVITE/ZINC	45
<i>cytra-k</i>	40	DERMA-SMOOTH/FS		<i>diasaxiatar</i>	45
<i>dabigatran etexilate mesylate</i>	41	SCALP	42	<i>diasdimaxia</i>	45
<i>dalfampridine er</i>	41	DERMASO PLUS	43	<i>diasoxia</i>	45
DALIRESP	41	DERMAZENE	43	DIASTAT ACUDIAL	45
<i>danazol</i>	41	DERMULCERA	43	DIASTAT PEDIATRIC	45
DANTRIUM	41	DESCOVY	43	<i>diatrupe plus test</i>	45
<i>dantrolene sodium</i>	41	<i>desipramine hcl</i>	43	<i>diazepam</i>	45
<i>dapagliflozin pro-metformin er</i>	41	<i>desloratadine</i>	43	DIAZEPAM INTENSOL	45
<i>dapagliflozin propanediol</i>	41	<i>desmopressin ace spray refrig</i> ...	43	<i>diazoxide</i>	45
<i>dapsone</i>	41	<i>desmopressin acetate</i>	43	DIBENZYLINE	45
DARAPRIM	41	<i>desmopressin acetate pf</i>	43	<i>dichlorphenamide</i>	45
<i>darifenacin hydrobromide er</i>	41	<i>desmopressin acetate spray</i>	43	<i>diclarel</i>	45
DARTISLA ODT	41	<i>desogestrel-ethinyl estradiol</i>	43	DICLEGIS	45
<i>darunavir</i>	41	DESONATE	43	<i>diclofenac epolamine</i>	45
<i>dasatinib</i>	41	<i>desonide</i>	43	<i>diclofenac potassium</i>	45
DASETTA 1/35	41	DESOWEN	43	<i>diclofenac potassium(migraine)</i> ..	45
DASETTA 7/7/7	41	<i>desoximetasone</i>	43	<i>diclofenac sodium</i>	45
DAURISMO	41	DESOXYN	43	<i>diclofenac sodium er</i>	45
DAYBUE	41	<i>desvenlafaxine er</i>	43	<i>diclofenac-misoprostol</i>	45
DAYPRO	41	<i>desvenlafaxine succinate er</i>	43	<i>dicloxacillin sodium</i>	45
DAYSEE	41	DETROL	43	DICOPANOL FUSEPAQ	45
DAYTRANA	41	DETROL LA	43	<i>dicyclomine hcl</i>	45
DAYVIGO	41	<i>dexabliss</i>	43	<i>didanosine</i>	45
<i>dazaveidaoxia</i>	41	<i>dexamethasone</i>	43	<i>Diethylpropion HCl</i>	45
<i>dazomon</i>	41			DIFFERIN	45, 46

DIFICID	46	<i>doxycycline monohydrate</i>	48	<i>easy talk plus ii test strips</i>	50
<i>diflorasone diacetate</i>	46	<i>doxylamine-pyridoxine</i>	48	EASY TOUCH CONTROL	
DIFLUCAN	46	<i>d-penamine</i>	48	HIGH & LOW	50
<i>diflunisal</i>	46	<i>draxacey</i>	48	EASY TOUCH LANCING	
<i>difluprednate</i>	46	DRISDOL	48	DEVICE	50
DIGITEK	46	DRITHO-CREME HP	48	EASY TOUCH TEST	50
DIGOX	46	DRIZALMA SPRINKLE	48	<i>easy trak blood glucose test</i>	50
<i>digoxin</i>	46	<i>dronabinol</i>	49	<i>easy trak ii control</i>	50
<i>dihydroergotamine mesylate</i>	46	<i>drospiren-eth estrad-levomefol</i> ...49		<i>easy trak ii glucose test</i>	50
DILANTIN	46	<i>drospirenone-ethinyl estradiol</i>49		EASYGLUCO	50
DILANTIN INFATABS	46	DROXIA	49	EASYGLUCO CONTROL	50
DILAUDID	46	<i>droxidopa</i>	49	EASYMAX 15 TEST	50
<i>diltiazem hcl</i>	46	DRYSOL	49	EASYMAX TEST	50
<i>diltiazem hcl er</i>	46	DSUVIA	49	EC-NAPROSYN	50
<i>diltiazem hcl er beads</i>	46	DUAC	49	<i>econazole nitrate</i>	50
<i>diltiazem hcl er coated beads</i>46		DUAKLIR PRESSAIR	49	ECONTRA EZ	50
<i>dilt-xr</i>	47	DUAVEE	49	ECONTRA ONE-STEP	50
<i>dimethyl fumarate</i>	47	DUETACT	49	ECOTRIN	51
<i>dimethyl fumarate starter pack</i> ...47		DUEXIS	49	ECOTRIN ARTHRTIS PAIN	51
<i>diooxia</i>	47	DULCOLAX	49	ECOTRIN LOW STRENGTH	51
DIOVAN	47	DULERA	49	ECOZA	51
DIOVAN HCT	47	<i>duloxetine hcl</i>	49	EDARBI	51
DIPENTUM	47	DULOXICAINE	49	EDARBYCLOR	51
<i>diphenhydramine hcl</i>	47	DUOBRII	49	EDECIN	51
<i>diphenoxylate-atropine</i>	47	DUOVISC	49	EDEX	51
DIPROLENE	47	DUPIXENT	49	EDLUAR	51
DIPROLENE AF	47	<i>durachol</i>	49	EDURANT	51
<i>dipyridamole</i>	47	DUREX EXTRA SENSITIVE		<i>efavirenz</i>	51
<i>disopyramide phosphate</i>	47	THIN	49	<i>efavirenz-emtricitab-tenofo df</i>51	
<i>disulfiram</i>	47	DUREX REALFEEL	49	<i>efavirenz-lamivudine-tenofovir</i> ...51	
DITROPAN XL	47	DUREX TROPICAL	49	EFFER-K	51
DIURIL	47	DUREZOL	49	EFFEXOR XR	51
<i>divalproex sodium</i>	47	DURLAZA	50	EFFIENT	51
<i>divalproex sodium er</i>	47	DURYSTA	50	EFUDEX	51
DIVIGEL	47	<i>dutasteride</i>	50	<i>element compact test</i>	51
DOANS PILLS	47	<i>dutasteride-tamsulosin hcl</i>50		ELEMENT TEST	51
<i>dofetilide</i>	47	DUTOPROL	50	ELEPSIA XR	51
DOJOLVI	47	DUVYZAT	50	ELESTRIN	51
DOLISHALE	47	DYANAVEL XR	50	ELETONE	51
DOLOBID	47	DYMISTA	50	<i>eletriptan hydrobromide</i>	51
DOMEBORO	47	DYRENIUM	50	ELIDEL	51
<i>donepezil hcl</i>	47, 48	E.E.S. 400	50	ELINEST	51
DONNATAL	48	E.E.S. GRANULES	50	ELIQUIS	51
DOPTELET	48	EASIVENT	50	ELIQUIS DVT/PE STARTER	
DORYX	48	EASIVENT MASK LARGE	50	PACK	51
DORYX MPC	48	EASIVENT MASK MEDIUM	50	ELIXOPHYLLIN	51
<i>dorzolamide hcl</i>	48	EASIVENT MASK SMALL	50	ELLA	51
<i>dorzolamide hcl-timolol mal</i>48		<i>easy comfort lancets</i>	50	ELMIRON	51
DOTTI	48	EASY MAX T1 GLUCOSE		ELOCON	51
DOVATO	48	SYSTEM	50	ELOCTATE	51
<i>doxazosin mesylate</i>	48	<i>easy mini eject lancing device</i> ...50		ELURYNG	51
<i>doxepin hcl</i>	48	<i>easy plus ii glucose test</i>	50	ELYXYB	52
<i>doxercalciferol</i>	48	EASY STEP CONTROL	50	EMBRACE BLOOD GLUCOSE	
<i>doxycycline</i>	48	EASY STEP TEST	50	TEST	52
<i>doxycycline hyclate</i>	48	<i>easy talk blood glucose test</i>	50		

EMBRACE EVO BLOOD		<i>enulose</i>	54	ESGIC	57
GLUCOSE TEST	52	ENVARBUS XR	54	<i>esomeprazole magnesium</i>	57
EMBRACE GLUCOSE		EOHILIA	54	ESOTERICA DAYTIME	57
CONTROL	52	EPANED	54	ESOTERICA FACIAL	57
<i>embrace lancing device/ejector</i> ..	52	EPCLUSA	54	ESOTERICA FADE	
EMBRACE PRO GLUCOSE		EPICERAM	54	NIGHTTIME	57
TEST	52	EPIDIOLEX	54	ESPEROCT	57
EMBRACE TALK GLUCOSE		EPIDUO	54	<i>est estrogens-methyltest</i>	57
CONTROL	52	EPIDUO FORTE	54	<i>est estrogens-methyltest ds</i>	57
EMBRACE TALK GLUCOSE		EPIFOAM	54	<i>est estrogens-methyltest hs</i>	57
TEST	52	<i>epinastine hcl</i>	54	ESTARYLLA	57
EMBRACE WAVE GLUCOSE		<i>epinephrine</i>	54	<i>estazolam</i>	57
METER	52	<i>epinephrine hcl (nasal)</i>	54	ESTRACE	57
EMCYT	52	EPINEPHRINESNAP-V	54	<i>estradiol</i>	57
EMEND	52	EPIPEN 2-PAK	55	<i>estradiol valerate</i>	57
EMEND TRI-PACK	52	EPIPEN JR 2-PAK	55	<i>estradiol-norethindrone acet</i>	57
EMFLAZA	52	EPITOL	55	ESTRATEST F.S.	57
EMGALITY	52	EPIVIR	55	ESTRATEST H.S.	57
EMGALITY (300 MG DOSE)	52	EPIVIR HBV	55	ESTRING	57
EMPAVELI	52	<i>eplerenone</i>	55	ESTROGEL	57
<i>emreal</i>	52	EPOGEN	55	ESTROSTEP FE	57
EMROSI	52	EPRONTIA	55	<i>eszopiclone</i>	57
EMSAM	52	EPSOLAY	55	<i>ethacrynic acid</i>	57
<i>emtricitabine</i>	52	EPZICOM	55	<i>ethambutol hcl</i>	58
<i>emtricitabine-tenofovir df</i>	52	<i>eq magnesium citrate</i>	55	<i>ethosuximide</i>	58
EMTRIVA	52	<i>eq nicotine polacrilex</i>	55	<i>ethyl chloride</i>	58
EMULSION SB	52	<i>eq aspirin</i>	55	<i>ethynodiol diac-eth estradiol</i>	58
EMVERM	52	<i>eq aspirin ec</i>	55	<i>etodolac</i>	58
EMZAHH	52	<i>eq aspirin low dose</i>	55	<i>etodolac er</i>	58
<i>enalapril maleate</i>	52	EQL CLEARLAX	55	<i>etonogestrel-ethinyl estradiol</i>	58
<i>enalapril-hydrochlorothiazide</i>	53	<i>eq magnesium citrate</i>	55	<i>etoposide</i>	58
ENBREL	53	<i>eq milk of magnesia</i>	55	<i>etravirine</i>	58
ENBREL MINI	53	EQUETRO	55	EUCRISA	58
ENBREL SURECLICK	53	<i>ergoloid mesylates</i>	55	EUFLEXXA	58
ENDARI	53	ERGOMAR	55	EURAX	58
ENDOCET	53	<i>ergotamine-caffeine</i>	55	EUTHYROX	58
ENDOMETRIN	53	ERIVEDGE	55	EVAMIST	58
ENEMEEZ MINI	53	ERLEADA	55, 56	EVEKEO	58
ENEMEEZ PLUS	53	<i>erlotinib hcl</i>	56	EVEKEO ODT	58
ENERGIX-B	53	ERMEZA	56	EVENCARE G2 TEST	58
ENILLORING	53	ERRIN	56	EVENCARE G3 TEST	58
ENLYTE	53	ERTACZO	56	EVENCARE MINI GLUCOSE	
<i>enoxaparin sodium</i>	53	ERVEBO	56	TEST	58
ENOXILUV KIT	53	<i>ery</i>	56	EVENCARE PROVIEW	
ENPRESSE-28	53	ERYGEL	56	GLUCOSE TEST	58
ENSKYCE	53	ERYPED 200	56	<i>everolimus</i>	58
ENSPRYNG	54	ERYPED 400	56	EVERSENSE 365	
ENSTILAR	54	ERY-TAB	56	SENSOR/HOLDER	58
<i>entacapone</i>	54	ERYTHROCIN STEARATE	56	EVERSENSE 365 SMART	
ENTADFI	54	<i>erythromycin</i>	56	TRANSMIT	59
<i>entecavir</i>	54	<i>erythromycin base</i>	56	EVISTA	59
ENTRESTO	54	<i>erythromycin ethylsuccinate</i>	56	EVOLUTION AUTOCODE	59
ENTTY SPRAY EMULSION	54	ERZOFRI	56	EVOLUTION CONTROL	59
ENTYVIO	54	ESBRIET	56	EVOTAZ	59
ENTYVIO PEN	54	<i>escitalopram oxalate</i>	56	EVOXAC	59

EVRYSDI	59	<i>fentanyl</i>	61	FLEXICHAMBER CHILD	
EXELDERM	59	<i>fentanyl citrate</i>	61	MASK/LARGE	63
EXELON	59	FENTORA	61	FLEXICHAMBER CHILD	
<i>exemestane</i>	59	FERIVA 21/7	61	MASK/SMALL	63
EXFORGE	59	FERIVAF	61	<i>flolipid</i>	63
EXFORGE HCT	59	<i>ferocon</i>	61	FLOMAX	63
EXJADE	59	FERRALET 90	61	FLORIVA	63
EXKIVITY	59	<i>ferraplus 90</i>	61	FLORIVA PLUS	63
EXSERVAN	59	FERREX 150 FORTE	61	FLOVENT DISKUS	63
EXTAVIA	59	FERREX 150 FORTE PLUS	61	FLOVENT HFA	63
EXTINA	59	FERREX 28	61	FLUAD	63
<i>eye allergy itch relief</i>	59	FERRIPROX	61	FLUAD QUADRIVALENT	63
<i>eye allergy itch/redness rel</i>	59	FERRIPROX TWICE-A-DAY	62	FLUARIX	63
EYSUVIS	59	FERROCITE	62	FLUARIX QUADRIVALENT	63
EZ SMART BLOOD		FERROCITE PLUS	62	FLUBLOK	63
GLUCOSE TEST	59	<i>ferrous sulfate</i>	62	FLUBLOK QUADRIVALENT	63
EZ SMART PLUS GLUCOSE		<i>fesoterodine fumarate er</i>	62	FLUCELVAX	63, 64
TEST	59	FETZIMA	62	FLUCELVAX	
EZALLOR SPRINKLE	59	FETZIMA TITRATION	62	QUADRIVALENT	64
<i>ezetimibe</i>	59	FEXMID	62	<i>fluconazole</i>	64
<i>ezetimibe-rosuvastatin</i>	59	<i>fexofenadine hcl</i>	62	<i>fludrocortisone acetate</i>	64
<i>ezetimibe-simvastatin</i>	59	<i>fexofenadine-pseudoephed er</i> ...	62	FLULAVAL QUADRIVALENT ...	64
<i>fabb</i>	59	FIASP	62	FLUMIST	64
FABHALTA	59	FIASP FLEXTOUCH	62	FLUMIST QUADRIVALENT	64
FABIOR	60	FIASP PENFILL	62	<i>flunisolide</i>	64
FALMINA	60	FIBRICOR	62	<i>fluocinolone acetonide</i>	64
<i>famciclovir</i>	60	FIFTY50 SAFETY SEAL		<i>fluocinolone acetonide body</i>	64
<i>famotidine</i>	60	LANCETS	62	<i>fluocinolone acetonide scalp</i>	64
FANAPT	60	FILSPARI	62	<i>fluocinonide</i>	64
FANAPT TITRATION PACK	60	FILSUEZ	62	<i>fluocinonide emulsified base</i>	64
FANTASY LUBRICATED	60	FINACEA	62	FLUORIMAX 5000	64
FARESTON	60	<i>finapid</i>	62	FLUORIMAX 5000 SENSITIVE	64
FARXIGA	60	<i>finapodtar</i>	62	<i>fluorometholone</i>	64
FARYDAK	60	<i>finasteride</i>	62	FLUOROPLEX	64
FASENRA	60	<i>ingolimod hcl</i>	62	<i>fluorouracil</i>	64
FASENRA PEN	60	FINTEPLA	62	<i>fluoxetine hcl</i>	64, 65
FAZACLO	60	FIORICET	62	<i>fluoxetine hcl (pmdd)</i>	64
FC2 FEMALE CONDOM	60	FIORICET/CODEINE	62	<i>fluoxia</i>	65
<i>fe c tab plus</i>	60	FIORINAL	62	<i>fluphenazine hcl</i>	65
<i>febuxostat</i>	60	FIRAZYR	63	<i>flurandrenolide</i>	65
FEIBA NF	60	FIRDAPSE	63	<i>flurazepam hcl</i>	65
<i>felbamate</i>	60	FIRST-LANSOPRAZOLE	63	<i>flurbiprofen</i>	65
FELBATOL	60, 61	FIRST-MOUTHWASH BLM	63	<i>flurbiprofen sodium</i>	65
FELDENE	61	FIRST-OMEPRAZOLE	63	<i>flutamide</i>	65
<i>felodipine er</i>	61	FIRVANQ	63	<i>fluticasone furoate-vilanterol</i>	65
FEMARA	61	FLAGYL	63	<i>fluticasone propionate</i>	65
FEMCAP	61	FLAREX	63	<i>fluticasone propionate diskus</i>	65
FEMHRT	61	<i>flavoxate hcl</i>	63	<i>fluticasone propionate hfa</i>	65
FEMRING	61	<i>flecainide acetate</i>	63	<i>fluticasone-salmeterol</i>	65
<i>fenofibrate</i>	61	FLECTOR	63	<i>fluvastatin sodium</i>	65
<i>fenofibrate micronized</i>	61	FLEQSUVY	63	<i>fluvastatin sodium er</i>	65
<i>fenofibric acid</i>	61	FLEXICHAMBER	63	<i>fluvoxamine maleate</i>	65
FENOGLIDE	61	FLEXICHAMBER ADULT		<i>fluvoxamine maleate er</i>	65
<i>fenoprofen calcium</i>	61	MASK/SMALL	63	FLUZONE	65
FENORTHO	61			FLUZONE HIGH-DOSE	65

FLUZONE HIGH-DOSE		FORA V20 BLOOD GLUCOSE		FUROSCIX	68
QUADRIVALENT	65	TEST	67	<i>furosemide</i>	68
FLUZONE QUADRIVALENT	65	FORA V30A BLOOD		FUSION PLUS	69
<i>flyprogpiddtar</i>	66	GLUCOSE TEST	67	FUSION SPRINKLES	69
FML	66	FORACARE GD40 TEST	67	FUZEON	69
FML FORTE	66	FORFIVO XL	67	FYCOMPA	69
FML LIQUIFILM	66	<i>formoterol fumarate</i>	67	FYLNETRA	69
FOCALIN	66	FORTAMET	67	FYREMADEL	69
FOCALIN XR	66	FORTAVIT	67	<i>gabapentin</i>	69
<i>folbee</i>	66	FORTEO	67	<i>gabapentin (once-daily)</i>	69
<i>folbee plus</i>	66	FORTESTA	67	GABITRIL	69
FOLBEE PLUS CZ	66	FORTISCARE G1 TEST STRIP	67	GABLOFEN	69
FOLBIC	66	FORTISCARE TEST	67	GALAFOLD	69
FOLGARD OS	66	FOSAMAX	67	<i>galantamine hydrobromide</i>	69
FOLGARD RX	66	FOSAMAX PLUS D	67	<i>galantamine hydrobromide er</i>	69
<i>folic acid</i>	66	<i>fosamprenavir calcium</i>	67	GALLIFREY	69
<i>folic acid-vit b6-vit b12</i>	66	<i>fosfomycin tromethamine</i>	67	GALZIN	69
FOLIVANE-F	66	<i>fosinopril sodium</i>	67	<i>ganirelix acetate</i>	69
FOLIVANE-PLUS	66	<i>fosinopril sodium-hctz</i>	67	GARDASIL 9	69
FOLLISTIM AQ	66	FOSRENOL	67	GASTROCROM	69
<i>folplex 2.2</i>	66	FOTIVDA	67	<i>gatifloxacin</i>	69
FOLTABS 800	66	FRAGMIN	68	GATTEX	69
FOLTANX	66	<i>fraiche 5000 previ</i>	68	<i>gavilax</i>	70
FOLTRATE	66	<i>fraiche 5000 sensitive</i>	68	GAVILYTE-G	70
FOLTX	66	FREEDOM DERMA-D	68	GAVILYTE-N WITH FLAVOR	
<i>fondaparinux sodium</i>	66	FREESTYLE CONTROL		PACK	70
FORA 6 CONNECT	66	SOLUTION	68	GAVRETO	70
FORA 6 CONNECT/GTEL		FREESTYLE INSULINX TEST ..	68	<i>ge100 blood glucose test</i>	70
TEST	66	FREESTYLE LANCETS	68	<i>ge100 control</i>	70
FORA BLOOD GLUCOSE		FREESTYLE LIBRE 14 DAY		<i>gefitinib</i>	70
TEST	66	READER	68	GELCLAIR	70
FORA CONTROL	66	FREESTYLE LIBRE 14 DAY		GELFOAM COMPRESSED	
FORA D15G BLOOD		SENSOR	68	SIZE 100	70
GLUCOSE TEST	66	FREESTYLE LIBRE 2 PLUS		GELFOAM-JMI SPONGE	70
FORA D20 BLOOD GLUCOSE		SENSOR	68	GELNIQUE	70
TEST	66	FREESTYLE LIBRE 2		<i>gemfibrozil</i>	70
FORA D40/G31 BLOOD		READER	68	GEMMILY	70
GLUCOSE	66	FREESTYLE LIBRE 2		GEMTESA	70
FORA G30/PREM V10		SENSOR	68	GENERESS FE	70
GLUCOSE TEST	66	FREESTYLE LIBRE 3 PLUS		<i>generlac</i>	70
FORA GD20 TEST	66	SENSOR	68	GENGRAF	70
FORA GD50 BLOOD		FREESTYLE LIBRE 3		GENOTROPIN	70
GLUCOSE TEST	66	READER	68	GENOTROPIN MINIQUEL	70
FORA GTEL BLOOD		FREESTYLE LIBRE 3		GENTAK	70
GLUCOSE TEST	66	SENSOR	68	<i>gentamicin sulfate</i>	70
FORA GTEL BLOOD KETONE		FREESTYLE LITE TEST	68	<i>gentlelax</i>	70
TEST	67	FREESTYLE PRECISION NEO		GENVOYA	70
FORA LANCETS	67	TEST	68	GEODON	70
FORA LANCING DEVICE	67	FREESTYLE TEST	68	GERI-HYDROLAC 12	70
FORA TN'G ADVANCE PRO ..	67	FROVA	68	GERI-HYDROLAC 5	70
FORA TN'G/TN'G VOICE	67	<i>frovatriptan succinate</i>	68	GIANVI	70
FORA V10 BLOOD GLUCOSE		FRUZAQLA	68	GILENYA	70
TEST	67	<i>full spectrum b/vitamin c</i>	68	GILOTRIF	71
FORA V12 BLOOD GLUCOSE		FULPHILA	68	GIMOTI	71
TEST	67	FURADANTIN	68	<i>glatiramer acetate</i>	71

GLATOPA	71	GRALISE	72	HEMOCYTE PLUS	74
GLEEVEC	71	<i>granisetron hcl</i>	72	HEMOCYTE-F	75
GLEOSTINE	71	GRANIX	73	HEMOFIL M	75
<i>glimepiride</i>	71	GRASTEK	73	<i>heparin sodium (porcine)</i>	75
<i>glipizide</i>	71	<i>griseofulvin microsize</i>	73	<i>heparin sodium (porcine) pf</i>	75
<i>glipizide er</i>	71	<i>griseofulvin ultramicrosize</i>	73	HEPLISAV-B	75
<i>glipizide xl</i>	71	<i>guaifenesin</i>	73	HEPSERA	75
<i>glipizide-metformin hcl</i>	71	<i>guaifenesin-codeine</i>	73	HERZUMA	75
GLOPERBA	71	<i>guaifenesin-dm</i>	73	HETLIOZ	75
GLUCAGEN HYPOKIT	71	<i>guanfacine hcl</i>	73	HETLIOZ LQ	75
<i>glucagon emergency</i>	71	<i>guanfacine hcl er</i>	73	<i>hexiounyl</i>	75
GLUCOCARD 01 SENSOR		GVOKE HYPOPEN 1-PACK	73	HIDEX 6-DAY	75
PLUS	71	GVOKE HYPOPEN 2-PACK	73	HISTEX-AC	75
GLUCOCARD EXPRESSION		GVOKE KIT	73	HM CLEARLAX	75
TEST	71	GVOKE PFS	73	<i>hm laxative</i>	75
GLUCOCARD SHINE TEST	71	GYNAZOLE-1	73	<i>hm magnesium citrate</i>	75
GLUCOCARD VITAL TEST	71	HADLIMA	73	<i>hm milk of magnesia</i>	75
GLUCOCOM TEST	71	HADLIMA PUSHTOUCH	73	<i>hm nicotine</i>	75
GLUCONAVII BLOOD		HAEGARDA	73	<i>hm nicotine polacrilex</i>	75
GLUCOSE TEST	71	HAILEY 1.5/30	73	HOMATROPAIRE	75
GLUCOPHAGE	71	HAILEY 24 FE	73	HORIZANT	75
GLUCOPHAGE XR	71	HAILEY FE 1.5/30	73	HULIO	75
GLUCOTROL XL	71	HAILEY FE 1/20	73	HULIO (2 PEN)	75
GLUMETZA	71	<i>hair regrowth treatment men</i>	73	HULIO (2 SYRINGE)	75
<i>glyburide</i>	71	HALCION	73	HUMALOG	75, 76
<i>glyburide micronized</i>	71	<i>halobetasol propionate</i>	73	HUMALOG JUNIOR	
<i>glyburide-metformin</i>	71	HALOETTE	73	KWIKPEN	75
GLYCATÉ	72	HALOG	74	HUMALOG KWIKPEN	75
GLYCOLAX	72	<i>haloperidol</i>	74	HUMALOG MIX 50/50	75
<i>glycopyrrolate</i>	72	<i>haloperidol lactate</i>	74	HUMALOG MIX 50/50	
<i>glycopyrrolate pf</i>	72	HARMONY BLOOD		KWIKPEN	75
GLYNASE	72	GLUCOSE TEST	74	HUMALOG MIX 75/25	75
GLYSET	72	HARVONI	74	HUMALOG MIX 75/25	
GLYXAMBI	72	HAVRIX	74	KWIKPEN	75
GNP CLEARLAX	72	<i>haxchlodrex</i>	74	HUMALOG TEMPO PEN	76
<i>gnp folic acid</i>	72	<i>haxdrax</i>	74	HUMATE-P	76
<i>gnp laxative</i>	72	HEALON PRO	74	HUMATIN	76
<i>gnp milk of magnesia</i>	72	HEALON5 PRO	74	HUMATROPE	76
<i>gnp nicotine</i>	72	HEATHER	74	HUMIRA	76
<i>gnp nicotine mini</i>	72	HEMADY	74	HUMIRA (2 PEN)	76
GOCOVRI	72	HEMANGEOL	74	HUMIRA (2 SYRINGE)	76
GOJJI BLOOD GLUCOSE		<i>hematinic plus vit/minerals</i>	74	HUMIRA PEN	76
TEST	72	<i>hematinic/folic acid</i>	74	HUMIRA-CD/UC/HS STARTER	76
GOJJI BLOOD KETONE TEST	72	HEMATOGEN	74	HUMIRA-PED<40KG CROHNS	
GOJJI LANCING		HEMATOGEN FA	74	STARTER	76
DEVICE/CLEAR CAP	72	HEMATOGEN FORTE	74	HUMIRA-PED>=40KG	
GOJJI STERILE LANCETS	72	HEMATRON-AF	74	CROHNS START	76
GOLYTELY	72	HEMATRON-AF (WITH		HUMIRA-PED>=40KG UC	
GONAL-F	72	DOCUSATE)	74	STARTER	76
GONAL-F RFF	72	HEMAX	74	HUMIRA-PS/UV/ADOL HS	
GONAL-F RFF REDIRECT	72	HEMAX EZY-DOSE	74	STARTER	76
GONITRO	72	<i>hemetab</i>	74	HUMIRA-PSORIASIS/UVEIT	
<i>goodsense aspirin</i>	72	HEMLIBRA	74	STARTER	76
GOODSENSE CLEARLAX	72	HEMMOREX-HC	74	HUMULIN 70/30	76
<i>goodsense nicotine</i>	72	HEMOCYTE	74	HUMULIN 70/30 KWIKPEN	76

HUMULIN N	76	HYRIMOZ-PED<40KG CROHN		IMVEXXY MAINTENANCE	
HUMULIN N KWIKPEN	76	STARTER	79	PACK	81
HUMULIN R	76	HYRIMOZ-PED>/=40KG		IMVEXXY STARTER PACK	81
HUMULIN R U-500		CROHN START	79	INATAL GT	81
(CONCENTRATED)	76	HYRIMOZ-PLAQ PSOR/UEIT		INBRIJA	81
HUMULIN R U-500 KWIKPEN ..	77	START	79	INCASSIA	81
HYALGAN	77	HYRIMOZ-PLAQUE		INCRELEX	81
HYCAMTIN	77	PSORIASIS START	79	INCRUSE ELLIPTA	81
HYCODAN	77	HYSINGLA ER	79	<i>indapamide</i>	81
<i>hydralazine hcl</i>	77	HYZAAR	79	INDERAL LA	81
HYDREA	77	<i>ibandronate sodium</i>	79	INDERAL XL	81
<i>hydrochlorothiazide</i>	77	IBRANCE	79	INDOCIN	81
<i>hydrocod poli-chlorphe poli er</i>	77	IBSRELA	79	<i>indomethacin</i>	82
<i>hydrocod polst-cpm polst er</i>	77	<i>ibuprofen</i>	79	<i>indomethacin er</i>	81
<i>hydrocodone bitartrate er</i>	77	<i>ibuprofen-famotidine</i>	79	INFINITY BLOOD GLUCOSE	
<i>hydrocodone bit-homatrop mbr</i> ..	77	ICAR-C PLUS	79	TEST	82
<i>hydrocodone/acetaminophen</i>	77	<i>icatibant acetate</i>	79	INFINITY CONTROL	82
<i>hydrocodone-acetaminophen</i>	77	ICLEVIA	79	INFINITY VOICE	82
<i>hydrocodone-homatropine</i>	77	ICLUSIG	80	INGREZZA	82
<i>hydrocodone-ibuprofen</i>	77	<i>icosapent ethyl</i>	80	INLYTA	82
<i>hydrocort lotion complete kit</i>	77	IDACIO (2 PEN)	80	INNOPRAN XL	82
<i>hydrocortisone</i>	78	IDACIO (2 SYRINGE)	80	INPEFA	82
<i>hydrocortisone ace-pramoxine</i> ...77		IDACIO-CROHNS/UC		INPEN 100-BLUE-LILLY	82
<i>hydrocortisone acetate</i>	77	STARTER	80	INPEN 100-BLUE-LILLY-	
<i>hydrocortisone butyr lipo base</i> ...77		IDACIO-PSORIASIS		HUMALOG	82
<i>hydrocortisone butyrate</i>	77, 78	STARTER	80	INPEN 100-BLUE-NOVO	82
<i>hydrocortisone complete kit</i>	78	<i>idaoxia</i>	80	INPEN 100-BLUE-NOVOLOG-	
<i>hydrocortisone max st</i>	78	<i>idaran</i>	80	FIASP	82
<i>hydrocortisone sod suc (pf)</i>	78	IDELVION	80	INPEN 100-GRAY-LILLY	82
<i>hydrocortisone valerate</i>	78	IDHIFA	80	INPEN 100-GREY-LILLY-	
<i>hydrocortisone-aloe</i>	78	<i>idyyxiatar</i>	80	HUMALOG	82
<i>hydrocortisone-iodoquinol</i>	78	IFEREX 150 FORTE	80	INPEN 100-GREY-NOVO	82
HYDROFERA BLUE FOAM		IHEALTH BLOOD GLUCOSE		INPEN 100-GREY-NOVOLOG-	
DRESSING	78	TEST STR	80	FIASP	82
<i>hydromet</i>	78	IHEALTH CONTROL		INPEN 100-PINK-LILLY	82
<i>hydromorphone hcl</i>	78	SOLUTION	80	INPEN 100-PINK-LILLY-	
<i>hydromorphone hcl er</i>	78	IHEEZO	80	HUMALOG	82
<i>hydroquinone</i>	78	ILEVRO	80	INPEN 100-PINK-NOVO	82
<i>hydroxychloroquine sulfate</i>	78	<i>imatinib mesylate</i>	80	INPEN 100-PINK-NOVOLOG-	
HYDROXYM	78	IMBRUVICA	80, 81	FIASP	83
<i>hydroxyurea</i>	78	IMCIVREE	81	INQOVI	83
<i>hydroxyzine hcl</i>	78	<i>imipramine hcl</i>	81	INREBIC	83
<i>hydroxyzine pamoate</i>	78	<i>imipramine pamoate</i>	81	INSpra	83
HYFTOR	78	<i>imiquimod</i>	81	<i>insulin asp prot & asp flexpen</i>	83
HYLATOPIC PLUS	78	<i>imiquimod pump</i>	81	<i>insulin aspart</i>	83
HYOPHEN	78	IMITREX	81	<i>insulin aspart flexpen</i>	83
<i>hyoscyamine sulfate</i>	79	IMITREX STATDOSE REFILL ..	81	<i>insulin aspart penfill</i>	83
<i>hyoscyamine sulfate er</i>	79	IMITREX STATDOSE SYSTEM	81	<i>insulin aspart prot & aspart</i>	83
HYPERSAL	79	IMOVAX RABIES	81	<i>insulin degludec</i>	83
HYPOCYN ANTIPRURITIC	79	IMPAVIDO	81	<i>insulin degludec flextouch</i>	83
HYPOLANCE AST LANCING ...79		IMPEKLO	81	<i>insulin glargine max solostar</i>	83
HYRIMOZ	79	IMPOYZ	81	<i>insulin glargine solostar</i>	83
HYRIMOZ-CROHNS/UC		IMURAN	81	<i>insulin glargine-yfgn</i>	83
STARTER	79	IMVEXXY	81	<i>insulin lispro</i>	83
				<i>insulin lispro (1 unit dial)</i>	83

<i>insulin lispro junior kwikpen</i>	83	JANUMET	85	KERENDIA	88
<i>insulin lispro prot & lispro</i>	83	JANUMET XR	85, 86	KERYDIN	88
INTEGRA F	83	JANUVIA	86	KESIMPTA	88
INTEGRA PLUS	83	JARDIANCE	86	<i>ketamine hcl</i>	88
INTELENCE	83	JASMIEL	86	<i>ketoconazole</i>	88, 89
INTERMEZZO	83	JATENZO	86	<i>ketoprofen er</i>	89
INTRAROSA	83	JAVYGTOR	86	<i>ketorolac tromethamine</i>	89
INTUNIV	83	JAYPIRCA	86	KETOSTIX	89
INVEGA	83	JENCYCLA	86	<i>ketotifen fumarate</i>	89
INVELTYS	83	JENTADUETO	86	<i>kevaraxap</i>	89
INVIRASE	83	JENTADUETO XR	86	<i>kevirtia</i>	89
INVOKAMET	83	JESDUVROQ	86	KEVEYIS	89
INVOKAMET XR	83	JINTELI	86	KEVZARA	89
INVOKANA	84	JIVI	86	<i>kimono</i>	89
<i>inzdeaxiatar</i>	84	JOENJA	86	<i>kimono micro thin</i>	89
<i>inzdeaxiavar</i>	84	JOLESSA	86	KINERET	89
<i>inzdeoxia</i>	84	JORNAY PM	86	KINRIX	89
<i>iodoquimez-hc</i>	84	JOYEAX	86	KIONEX	89
IOPIDINE	84	JUBLIA	86	KISQALI (200 MG DOSE)	89
IPOL	84	JULEBER	86	KISQALI (400 MG DOSE)	89
<i>ipratropium bromide</i>	84	JULUCA	86	KISQALI (600 MG DOSE)	90
<i>ipratropium-albuterol</i>	84	JUNEL 1.5/30	86	KISQALI FEMARA (200 MG DOSE)	90
<i>irbesartan</i>	84	JUNEL 1/20	86	KISQALI FEMARA (400 MG DOSE)	90
<i>irbesartan-hydrochlorothiazide</i> ...	84	JUNEL FE 1.5/30	86	KISQALI FEMARA (600 MG DOSE)	90
IRESSA	84	JUNEL FE 1/20	86	KISQALI FEMARA (200 MG DOSE)	90
<i>iron supplement childrens</i>	84	JUNEL FE 24	86	KITABIS PAK	90
IROSPAN 24/6	84	JUST RIGHT 5000	86	KLARON	90
ISENTRESS	84	JUXTAPID	86	KLAYESTA	90
ISENTRESS HD	84	JYLAMVO	87	KLISYRI	90
ISIBLOOM	84	JYNARQUE	87	KLISYRI (250 MG)	90
<i>isoniazid</i>	84	JYNNEOS	87	KLISYRI (350 MG)	90
ISOPTO ATROPINE	84	KADIAN	87	KLONOPIN	90
ISOPTO CARPINE	84	KAITLIB FE	87	KLOR-CON	90
ISORDIL TITRADOSE	84	KALBITOR	87	KLOR-CON 10	90
<i>isosorb dinitrate-hydralazine</i>	84	KALETRA	87	KLOR-CON M10	90
<i>isosorbide dinitrate</i>	84	KALLIGA	87	KLOR-CON M15	90
<i>isosorbide mononitrate</i>	84	KALYDECO	87, 88	KLOR-CON M20	90
<i>isosorbide mononitrate er</i>	84	KAMDOY	88	KLOR-CON/EF	90
<i>isotretinoin</i>	84	KAPSPARGO SPRINKLE	88	KLOXXADO	90
<i>isradipine</i>	84	KAPVAY	88	KLS QUIT2	90
ISTALOL	84	KARBINAL ER	88	KLS QUIT4	90
ISTURISA	84, 85	KARIVA	88	KOATE	90
<i>itraconazole</i>	85	<i>kataraxap</i>	88	<i>kobee</i>	90
<i>ivabradine hcl</i>	85	KATARVIA	88	KOGENATE FS	90
<i>ivermectin</i>	85	KATERZIA	88	KOMBIGLYZE XR	90, 91
IWILFIN	85	KAZANO	88	KONVOMEP	91
IXIARO	85	KEFLEX	88	KORLYM	91
IXINITY	85	KELNOR 1/35	88	KOSELUGO	91
IYUZEH	85	KELNOR 1/50	88	<i>kotaraxap</i>	91
JADENU	85	KELO-COTE	88	KOVALTRY	91
JADENU SPRINKLE	85	KENALOG	88	K-PHOS-NEUTRAL	91
JAIMIESS	85	KEPPRA	88	<i>kpn prenatal</i>	91
JAKAFI	85	KEPPRA XR	88	KRAZATI	91
JALYN	85	KERALAC	88		
JANTOVEN	85	KERALYT	88		

KRINTAFEL	91	LEFLUNICLO	93	LEXTOL	96
KRISTALOSE	91	<i>leflunomide</i>	93	<i>l-glutamine</i>	96
K-TAB	91	LEMTRADA	93	LIALDA	96
KURVELO	91	<i>lenalidomide</i>	93, 94	LIBERVANT	96
<i>kutar</i>	91	LENVIMA (10 MG DAILY DOSE)	94	LIBRAX	96
<i>kutarvia</i>	91	LENVIMA (12 MG DAILY DOSE)	94	LICART	96
KUVAN	91	LENVIMA (14 MG DAILY DOSE)	94	<i>lidocaine</i>	96
KYZATREX	91	LENVIMA (18 MG DAILY DOSE)	94	<i>lidocaine hcl</i>	96
<i>l.e.t.</i>	91	LENVIMA (20 MG DAILY DOSE)	94	<i>lidocaine viscous</i>	96
<i>l.e.t. (racepinephrine)</i>	91	LENVIMA (24 MG DAILY DOSE)	94	<i>lidocaine(bufferd)-epinephrine</i>	96
<i>labetalol hcl</i>	91	LENVIMA (4 MG DAILY DOSE)	94	<i>lidocaine-hydrocortisone ace</i>	96
LAC-HYDRIN	91	LENVIMA (8 MG DAILY DOSE)	94	<i>lidocaine-prilocaine</i>	96
<i>lacosamide</i>	91	LESCOL XL	94	LIDOCAN	96
LACRISERT	92	LESSINA	94	LIDOCAN II	96
<i>lactic acid</i>	92	LETAIRIS	94	LIDOCAN III	96
<i>lactic acid e</i>	92	<i>letrozole</i>	94	LIDODERM	96
<i>lactulose</i>	92	<i>leucovorin calcium</i>	95	<i>lido-epinephrine-tetracaine</i>	96
LAGEVRIO	92	LEUKERAN	95	<i>lidolite</i>	96
LAMICTAL	92	<i>leuprolide acetate</i>	95	<i>lidopin</i>	96
LAMICTAL ODT	92	<i>levalbuterol hcl</i>	95	<i>lidopril</i>	96
LAMICTAL STARTER	92	<i>levamlodipine maleate</i>	95	<i>lido-racepinephrine-tetracaine</i>	96
LAMICTAL XR	92	LEVAQUIN	95	<i>lidorx</i>	96
LAMISIL	92	LEVEMIR	95	<i>lidosol</i>	96
<i>lamivudine</i>	92	<i>levetiracetam</i>	95	<i>lidosol-50</i>	96
<i>lamivudine-zidovudine</i>	92	<i>levetiracetam er</i>	95	LIDTOPIC	96
<i>lamotrigine</i>	92	<i>Levitra</i>	95	LIKMEZ	96
<i>lamotrigine er</i>	92	<i>levobunolol hcl</i>	95	<i>lindane</i>	96
<i>lamotrigine starter kit-blue</i>	92	<i>levocarnitine</i>	95	<i>linezolid</i>	96
<i>lamotrigine starter kit-green</i>	92	<i>levocarnitine sf</i>	95	LINZESS	96
<i>lamotrigine starter kit-orange</i>	92	<i>levocetirizine dihydrochloride</i>	95	<i>liothyronine sodium</i>	97
<i>lamotrigine titration</i>	92	<i>levofloxacin</i>	95	LIPITOR	97
LAMPIT	92	LEVONEST	95	LIPOFEN	97
LANOXIN	92	<i>levonorgest-eth est & eth est</i>	95	LIQREV	97
<i>lanreotide acetate</i>	92	<i>levonorgest-eth estrad 91-day</i>	95	<i>liraglutide</i>	97
<i>lansoprazole</i>	92, 93	<i>levonorgest-eth estradiol-iron</i>	95	<i>lisdexamfetamine dimesylate</i>	97
<i>lanthanum carbonate</i>	93	<i>levonorgestrel</i>	95	<i>lisinopril</i>	97
LANTUS	93	<i>levonorgestrel-ethinyl estrad</i>	95	<i>lisinopril-hydrochlorothiazide</i>	97
LANTUS SOLOSTAR	93	<i>levonorg-eth estrad triphasic</i>	95	LITFULO	97
<i>lapatinib ditosylate</i>	93	LEVORA 0.15/30 (28)	95	<i>lithium</i>	97
LARIN 1.5/30	93	<i>levorphanol tartrate</i>	95	<i>lithium carbonate</i>	97
LARIN 1/20	93	LEVO-T	95	<i>lithium carbonate er</i>	97
LARIN 24 FE	93	<i>levothyroxine sodium</i>	95	LITHOBID	97
LARIN FE 1.5/30	93	LEVOXYL	95	LITHOSTAT	97
LARIN FE 1/20	93	LEVSIN	95	LIVALO	97
LASIX	93	LEVSIN/SL	95	LIVIXIL PAK	97
LASTACAPT	93	LEXAPRO	95	LIVMARLI	97
<i>latanoprost</i>	93	LEXIVA	95, 96	LIVTENCITY	97
LATISSE	93			<i>l-leucine</i>	97
LATUDA	93			L-MESITRAN SOFT WOUND	97
<i>laxative</i>	93			<i>l-methylfolate-b6-b12</i>	97
<i>laxative polyethylene glycol</i>	93			LO LOESTRIN FE	97
LAYOLIS FE	93			LOCOID	97
LAZANDA	93			LOCOID LIPOCREAM	97
<i>ledipasvir-sofosbuvir</i>	93			LODOCO	97
LEENA	93			LODOSYN	97

LOESTRIN 1.5/30 (21)	97	LUPKYNIS	100	MAVYRET	102
LOESTRIN FE 1.5/30	97	<i>lurasidone hcl</i>	100	MAXALT	102
LOESTRIN FE 1/20	97	LUTERA	100	MAXALT-MLT	102
LOFENA	97	LUXAMEND	100	MAXFE	102
<i>lofexidine hcl</i>	97	LUXIQ	100	MAXIDEX	102
LOJAIMIESS	97	LUZU	100	MAXITROL	102
LOKELMA	98	LYBALVI	100	<i>maxi-tuss cd</i>	102
LOMAIRA	98	LYLEQ	100	MAXZIDE	102
LOMOTIL	98	LYLLANA	100	MAXZIDE-25	102
LONSURF	98	LYMEPAK	100	MAYZENT	102
<i>loperamide hcl</i>	98	LYNPARZA	100	MAYZENT STARTER PACK	102
LOPID	98	LYRICA	100	<i>meclizine hcl</i>	102
<i>lopinavir-ritonavir</i>	98	LYRICA CR	100	<i>meclofenamate sodium</i>	102
LOPRESSOR	98	LYSIPLEX PLUS	100	MEDROL	102
LOPRESSOR HCT	98	LYSODREN	101	<i>medroxyprogesterone acetate</i>	103
LOPROX	98	LYSTEDA	101	<i>mefenamic acid</i>	103
<i>loratadine</i>	98	LYTGOBI (12 MG DAILY DOSE)	101	<i>mefloquine hcl</i>	103
<i>loratadine-d 24hr</i>	98	LYTGOBI (16 MG DAILY DOSE)	101	MEGACE ES	103
<i>lorazepam</i>	98	LYTGOBI (20 MG DAILY DOSE)	101	<i>megestrol acetate</i>	103
LORAZEPAM INTENSOL	98	LYUMJEV	101	MEKINIST	103
LORBRENA	98	LYUMJEV KWIKPEN	101	MEKTOVI	103
LOREEV XR	98	LYUMJEV TEMPO PEN	101	MELODETTA 24 FE	103
LORTAB	98	LYVISPAH	101	<i>meloxicam</i>	103
LORYNA	98	LYZA	101	<i>melphalan</i>	103
LORZONE	98	<i>maca</i>	101	<i>memantine hcl</i>	103
<i>losartan potassium</i>	98	MACROBID	101	<i>memantine hcl er</i>	103
<i>losartan potassium-hctz</i>	98	MACRODANTIN	101	MENACTRA	103
LOSEASONIQUE	98	<i>mafenide acetate</i>	101	MENEST	104
LOTEMAX	98	MAGNEBIND 400	101	MENOPUR	104
LOTEMAX SM	99	<i>magnesium citrate</i>	101	MENOSTAR	104
LOTENSIN	99	MALARONE	101	MENQUADFI	104
LOTENSIN HCT	99	<i>malathion</i>	101	MENTAX	104
<i>loteprednol etabonate</i>	99	<i>maprotiline hcl</i>	101	MENVEO	104
LOTREL	99	<i>maraviroc</i>	101	<i>meperidine hcl</i>	104
LOTREXONE	99	MARINOL	101	MEPHYTON	104
LOTRIMIN AF	99	<i>marlissa</i>	101	<i>meprobamate</i>	104
LOTRISONE	99	MARPLAN	101	MEPRON	104
LOTRONEX	99	MASK VORTEX	101	MEPSEVII	104
<i>lounzdomdioxatar</i>	99	MASK VORTEX/CHILD/FROG	101	<i>mercaptopurine</i>	104
<i>lovastatin</i>	99	MASK		MERZEE	104
LOVAZA	99	VORTEX/TODDLER/LADYBU		<i>mesalamine</i>	104
LOVENOX	99	G	102	<i>mesalamine er</i>	104
LOW-OGESTREL	99	MATULANE	102	MESNEX	104
<i>loxapine succinate</i>	99	MATZIM LA	102	MESTINON	104
LOYON	99	MAVENCLAD (10 TABS)	102	METADATE CD	104
LO-ZUMANDIMINE	99	MAVENCLAD (4 TABS)	102	METADATE ER	104
<i>lubiprostone</i>	99	MAVENCLAD (5 TABS)	102	METAFOLBIC PLUS	104
LUCEMYRA	99	MAVENCLAD (6 TABS)	102	<i>metaproterenol sulfate</i>	104
LUDENT	99	MAVENCLAD (7 TABS)	102	<i>metaxalone</i>	104
<i>luliconazole</i>	99	MAVENCLAD (8 TABS)	102	<i>metdry</i>	105
LUMAKRAS	99, 100	MAVENCLAD (9 TABS)	102	<i>metformin hcl</i>	105
LUMIGAN	100	MAVIK	102	<i>metformin hcl er</i>	105
LUMRYZ	100			<i>metformin hcl er (mod)</i>	105
LUMRYZ STARTER PACK	100			<i>methadone hcl</i>	105
LUNESTA	100			METHADONE HCL DISKETTS	105

METHADONE HCL INTENSOL	105	MICROGESTIN FE 1/20	107	MORGIDOX	108
METHADOSE	105	MICROSPACER	107	MORPHABOND ER	108
<i>methamphetamine hcl</i>	105	<i>micuraderm</i>	107	<i>morphine sulfate</i>	109
<i>methaver</i>	105	<i>midazolam</i>	107	<i>morphine sulfate (concentrate)</i>	108
<i>methazel</i>	105	<i>midazolam hcl</i>	107	<i>morphine sulfate er</i>	109
<i>methazolamide</i>	105	<i>midodrine hcl</i>	107	<i>morphine sulfate er beads</i>	108
<i>methenamine hippurate</i>	105	MIEBO	107	MOTEGRITY	109
METHERGINE	105	<i>mifepristone</i>	107	MOTPOLY XR	109
<i>methimazole</i>	105	MIGERGOT	107	MOUNJARO	109
<i>methitest</i>	105	<i>miglustat</i>	107	MOVANTIK	109
<i>methocarbamol</i>	105	MIGRANAL	107	MOVIPREP	109
<i>methotrexate</i>	105	MILI	107	MOXEZA	109
<i>methotrexate sodium</i>	105	<i>milk of magnesia</i>	107	<i>moxifloxacin hcl</i>	109
<i>methoxsalen rapid</i>	105	MILLIPRED	107	<i>moxifloxacin hcl (2x day)</i>	109
<i>methscopolamine bromide</i>	105	MIMVEY	107	MRESVIA	109
<i>methsuximide</i>	105	MIMVEY LO	107	MS CONTIN	109
<i>methyl dopa</i>	105	MINASTRIN 24 FE	107	MUCOSITISRX	109
<i>methyl dopa-hydrochlorothiazide</i>	105	MINIPRESS	107	MUGARD	109
<i>methylergonovine maleate</i>	105	MINITRAN	107	MULPLETA	109
METHYLIN	105	MINIVELLE	107	MULTAQ	109
<i>methylphenidate</i>	105	MINOCIN	107	MULTIGEN FOLIC	109
<i>methylphenidate hcl</i>	106	<i>minocycline hcl</i>	107, 108	MULTIGEN PLUS	109
<i>methylphenidate hcl er</i>	106	<i>minocycline hcl er</i>	107	<i>multivitamin w/fluoride</i>	109
<i>methylphenidate hcl er (cd)</i>	105	MINOLIRA	108	<i>multivitamin/fluoride</i>	109
<i>methylphenidate hcl er (la)</i>	106	<i>minoxidil</i>	108	<i>multivitamins</i>	109
<i>methylphenidate hcl er (osm)</i>	106	<i>minoxidil for men</i>	108	<i>mupirocin</i>	109
<i>methylphenidate hcl er (xr)</i>	106	<i>mirabegron er</i>	108	<i>mupirocin calcium</i>	109
<i>methylprednisolone</i>	106	MIRALAX	108	MUSCUSOLICE	109
<i>methyltestosterone</i>	106	MIRAPEX	108	MUSE	109
<i>metoclopramide hcl</i>	106	MIRAPEX ER	108	MVC-FLUORIDE	109
<i>metolazone</i>	106	MIRCERA	108	M-VIT	109
<i>metoprolol succinate er</i>	106	MIRCETTE	108	MY CHOICE	109
<i>metoprolol tartrate</i>	106	<i>mirtazapine</i>	108	MY WAY	109
<i>metoprolol-hctz er</i>	106	MIRVASO	108	MYALEPT	109
<i>metoprolol-hydrochlorothiazide</i>	106	<i>misoprostol</i>	108	MYCAPSSA	109
METROCREAM	106	MITIGARE	108	MYCOBUTIN	109
METROGEL	106	M-M-R II	108	<i>mycophenolate mofetil</i>	110
METROGEL-VAGINAL	106	MOBIC	108	<i>mycophenolate sodium</i>	110
METROLOTION	106	<i>modafinil</i>	108	<i>mycophenolic acid</i>	110
<i>metronidazole</i>	106	MODERNA COVID-19 VAC		MYDAYIS	110
<i>metronidazole benzoate</i>	106	6M-11Y	108	MYFEMBREE	110
<i>metryrosine</i>	106	<i>moexipril hcl</i>	108	<i>myferon 150</i>	110
<i>mexiletine hcl</i>	107	<i>mometasone furoate</i>	108	<i>myferon 150 forte</i>	110
MIACALCIN	107	MONDOXYNE NL	108	MYFORTIC	110
MIBELAS 24 FE	107	MONOJECT MAGELLAN		MYHIBBIN	110
MICARDIS	107	SYRINGE	108	MYLERAN	110
MICARDIS HCT	107	MONOJECT PISTON		MYNATAL	110
MICROCHAMBER	107	SYRINGE	108	<i>mynatal plus</i>	110
MICRODOT TEST	107	MONOJECT SYRINGE	108	<i>mynatal-z</i>	110
MICROGESTIN 1.5/30	107	MONOJECT SYRINGE LUER-LOCK TIP	108	<i>mynate 90 plus</i>	110
MICROGESTIN 1/20	107	MONO-LINYAH	108	<i>mynephrocaps</i>	110
MICROGESTIN 24 FE	107	MONOVISC	108	MYNEPHRON	110
MICROGESTIN FE 1.5/30	107	<i>montelukast sodium</i>	108	MYORISAN	110
		MONUROL	108	MYRBETRIQ	110
				MYSOLINE	110

MYTESI	110	NEONATAL PLUS	112	<i>nimodipine</i>	114
<i>na sulfate-k sulfate-mg sulf</i>	110	NEORAL	112	NINLARO	114
<i>nabumetone</i>	110	NEOSALUS	112	<i>nisoldipine er</i>	114
<i>nadolol</i>	110	NEO-SYNALAR	112	<i>nitazoxanide</i>	114
<i>nadolol-bendroflumethiazide</i>	110	<i>neo-vital rx</i>	112	<i>nitisinone</i>	114
<i>naftifine hcl</i>	110, 111	NEPHPLEX RX	112	NITRO-BID	115
NAFTIN	111	NEPHRON FA	112	NITRO-DUR	115
NALFON	111	NEPHRO-VITE RX	112	<i>nitrofurantoin</i>	115
<i>naloxone hcl</i>	111	NERLYNX	112	<i>nitrofurantoin macrocrystal</i>	115
NALTREX	111	NESINA	112	<i>nitrofurantoin monohyd macro</i> ..	115
<i>naltrexone hcl</i>	111	NESTABS	113	<i>nitroglycerin</i>	115
NAMENDA	111	NESTABS ABC	113	<i>nitroglycerin er</i>	115
NAMENDA TITRATION PAK ..	111	NESTABS DHA	113	NITROLINGUAL	115
NAMENDA XR	111	NEUAC	113	NITROMIST	115
NAMENDA XR TITRATION		NEULASTA	113	NITROSTAT	115
PACK	111	NEULASTA ONPRO	113	NITRO-TIME	115
NAMZARIC	111	NEUPOGEN	113	NITYR	115
<i>nanran</i>	111	NEUPRO	113	NIVA-FOL	115
NAPHCN-A	111	<i>neurin-sl</i>	113	NIVA-PLUS	115
NAPRELAN	111	NEURONTIN	113	NIVATOPIC PLUS	115
NAPROSYN	111	NEUTEK 2TEK TEST	113	NIVESTYM	115
NAPROTIN	111	NEVANAC	113	<i>nizatidine</i>	115
<i>naproxen</i>	111	<i>nevirapine</i>	113	NIZORAL	115
<i>naproxen sodium</i>	111	<i>nevirapine er</i>	113	NOBLE FORMULA HC	115
<i>naproxen sodium er</i>	111	NEW DAY	113	NOCDURNA	115
<i>naproxen-esomeprazole mg</i>	111	NEXA PLUS	113	NOCTIVA	115
<i>naratriptan hcl</i>	111	NEXAVAR	113	NORA-BE	115
NARCAN	111	NEXICLON XR	113	NORCO	115
NARDIL	111	NEXIUM	113	NORDITROPIN FLEXPOR	115
NASACORT ALLERGY 24HR ..	111	NEXIUM 24HR	113	<i>norelgestromin-eth estradiol</i>	115
NASCOBAL	111	NEXLETOL	113	<i>norethin ace-eth estrad-fe</i> 115, 116	
NASONEX	112	NEXLIZET	113	<i>norethindrone</i>	116
NATACHEW	112	NEXTSTELLIS	113	<i>norethindrone acetate</i>	116
NATACYN	112	NGENLA	113	<i>norethindrone acet-ethinyl est</i> ..	116
<i>natal prn</i>	112	<i>niacin</i>	114	<i>norethindrone-eth estradiol</i>	116
NATAZIA	112	<i>niacin er (antihyperlipidemic)</i> ...	113	<i>norethindron-ethinyl estrad-fe</i> ..	116
<i>nateglinide</i>	112	NIACOR	114	<i>norethin-eth estradiol-fe</i>	116
NATESTO	112	NICADAN	114	<i>norgesic forte</i>	116
NATROBA	112	<i>nicardipine hcl</i>	114	<i>norgestimate-eth estradiol</i>	116
NAYZILAM	112	NICAZEL	114	<i>norgestim-eth estrad triphasic</i> ..	116
<i>nebivolol hcl</i>	112	NICAZEL FORTE	114	NORITATE	116
NEBUPENT	112	NICODERM CQ	114	NORLIQVA	116
NECON 0.5/35 (28)	112	NICOMIDE	114	NORPACE	116
NEEVO DHA	112	NICORETTE	114	NORPACE CR	116
<i>nefazodone hcl</i>	112	NICORETTE MINI	114	NORPRAMIN	116
NEFFY	112	<i>nicotine</i>	114	NORTHERA	116
<i>nendrux</i>	112	<i>nicotine mini</i>	114	NORTREL 0.5/35 (28)	116
<i>neomycin-bacitracin zn-</i>		<i>nicotine polacrilex</i>	114	NORTREL 1/35 (21)	116
<i>polymyx</i>	112	NICOTROL	114	NORTREL 1/35 (28)	116
<i>neomycin-polymyxin-dexameth</i>	112	NICOTROL NS	114	NORTREL 7/7/7	116
<i>neomycin-polymyxin-gramicidin</i>		NIFEDICAL XL	114	<i>nortriptyline hcl</i>	116
.....	112	<i>nifedipine</i>	114	NORVASC	116
<i>neomycin-polymyxin-hc</i>	112	<i>nifedipine er osmotic release</i>	114	NORVIR	116
<i>neonatal + dha</i>	112	NIKKI	114	NOURIANZ	116
<i>neonatal complete</i>	112	<i>nilutamide</i>	114	NOVA MAX GLUCOSE TEST ..	116

NOVACORT.....	116	<i>nystatin</i>	119	OMNIPOD DASH INTRO (GEN	
NOVAREL.....	116	<i>nystatin-triamcinolone</i>	119	4).....	121
<i>novavax covid-19 vaccine</i>	116	NYSTOP	119	OMNIPOD DASH PODS (GEN	
NOVOEIGHT.....	117	NYVEPRIA	119	4).....	121
NOVOFINE.....	117	O-CAL FA	119	OMNIPOD GO.....	121
NOVOFINE AUTOCOVER.....	117	OCALIVA	119	OMNITROPE.....	121
NOVOFINE AUTOCOVER		OCELLA	119	OMVOH.....	122
PEN NEEDLE.....	117	<i>octreotide acetate</i>	119	ON CALL EXPRESS BLOOD	
NOVOFINE PEN NEEDLE.....	117	OCUFLOX	119	GLUCOSE.....	122
NOVOFINE PLUS.....	117	OCUVEL	119	ON CALL EXPRESS	
NOVOFINE PLUS PEN		ODACTRA	119	GLUCOSE CONTR.....	122
NEEDLE.....	117	ODEFSEY	119	ON CALL LANCETS.....	122
NOVOLIN 70/30.....	117	ODOMZO	119	ON CALL LANCING DEVICE..	122
NOVOLIN 70/30 FLEXPEN.....	117	OFEV	119	ON CALL PLUS BLOOD	
NOVOLIN N.....	117	<i>ofloxacin</i>	119, 120	GLUCOSE.....	122
NOVOLIN N FLEXPEN.....	117	OGIVRI	120	ON CALL PLUS GLUCOSE	
NOVOLIN R.....	117	OGSIVEO	120	CONTROL.....	122
NOVOLIN R FLEXPEN.....	117	OHTUVAYRE	120	ON CALL PLUS LANCETS.....	122
NOVOLOG.....	117	OJEMDA	120	ON CALL PLUS LANCING	
NOVOLOG FLEXPEN.....	117	OJJAARA	120	DEVICE.....	122
NOVOLOG MIX 70/30.....	117	<i>olanzapine</i>	120	ON CALL VIVID BLOOD	
NOVOLOG MIX 70/30		<i>olanzapine-fluoxetine hcl</i>	120	GLUCOSE.....	122
FLEXPEN.....	117	<i>olmesartan medoxomil</i>	120	ON CALL VIVID GLUCOSE	
NOVOLOG PENFILL.....	117	<i>olmesartan medoxomil-hctz</i>	120	CONTROL.....	122
NOVOSEVEN RT.....	117	<i>olmesartan-amlodipine-hctz</i>	120	<i>ondansetron</i>	122
NOXAFIL.....	117	<i>olopatadine hcl</i>	120	<i>ondansetron hcl</i>	122
NP THYROID.....	117	OLPRUVA (2 GM DOSE)	120	ONETOUCH ULTRA BLUE.....	122
NUBEQA.....	117	OLPRUVA (3 GM DOSE)	120	ONETOUCH VERIO.....	122
NUCALA.....	118	OLPRUVA (4 GM DOSE)	120	ONEXTON.....	122
NUCORT.....	118	OLPRUVA (5 GM DOSE)	120	ONFI.....	122
NUCYNTA.....	118	OLPRUVA (6 GM DOSE)	120	ONGENTYS.....	122
NUCYNTA ER.....	118	OLPRUVA (6.67 GM DOSE) ...	120	ONGLYZA.....	122
NUEDEXTA.....	118	OLUMIANT	121	ONTRUZANT.....	122
NUFERA.....	118	OLUX	121	ONUREG.....	122
<i>nujo</i>	118	OLUX-E	121	<i>onzdeaxiademtar</i>	122
<i>nuju</i>	118	OMECLAMOX-PAK	121	<i>onzdeaxiatar</i>	122
NULEV.....	118	<i>omega-3-acid ethyl esters</i>	121	ONZETRA XSAIL.....	122
NULYTELY LEMON-LIME.....	118	<i>omeprazole</i>	121	OPCICON ONE-STEP.....	122
NUPLAZID.....	118	<i>omeprazole magnesium</i>	121	OPFOLDA.....	122
NURTEC.....	118	Omeprazole-Sodium		OPILL.....	122
NUTROPIN AQ NUSPIN 10.....	118	Bicarbonate.....	121	OPIPZA.....	122
NUTROPIN AQ NUSPIN 20.....	118	OMEZA COLLAGEN MATRIX	121	<i>opium</i>	122
NUTROPIN AQ NUSPIN 5.....	118	OMNARIS	121	OPSUMIT.....	123
NUVAIL.....	118	OMNIPOD 5 DEXG7G6 INTRO		OPSYNVI.....	123
NUVARING.....	118	GEN 5.....	121	OPTICHAMBER	
NUVESSA.....	118	OMNIPOD 5 DEXG7G6 PODS		ADVANTAGE-LG MASK.....	123
NUVIGIL.....	118	GEN 5.....	121	OPTICHAMBER	
NUWIQ.....	118	OMNIPOD 5 G7 INTRO (GEN		ADVANTAGE-MED MASK.....	123
NUZYRA.....	118	5).....	121	OPTICHAMBER	
NYAMYC.....	118	OMNIPOD 5 G7 PODS (GEN		ADVANTAGE-SM MASK.....	123
NYLIA 1/35.....	118	5).....	121	OPTICHAMBER DIAMOND....	123
NYLIA 7/7/7.....	119	OMNIPOD 5 LIBRE2 PLUS G6		OPTICHAMBER FACE MASK-	
NYMALIZE.....	119		121	LARGE.....	123
NYMYO.....	119	OMNIPOD 5 LIBRE2 PLUS G6		OPTICHAMBER FACE MASK-	
<i>nynutey</i>	119	PODS.....	121	MEDIUM.....	123

OPTICHAMBER FACE MASK- SMALL	123	OXAYDO	127	PALFORZIA (80 MG DAILY DOSE)	129
OPTION 2	123	<i>oxazepam</i>	127	PALFORZIA INITIAL ESCALATION	129
OPTIONS GYNOL II CONTRACEPTIVE	123	OXBRYTA	127	<i>paliperidone er</i>	129
OPTIUM TEST	123	<i>oxcarbazepine</i>	127	PALYNZIQ	129
OPTIUMEZ TEST	123	<i>oxcarbazepine er</i>	127	PAMELOR	129
OPTUMRX BLOOD GLUCOSE TEST	123	OXERVATE	127	PANCREAZE	129
OPVEE	123	<i>oxiachlo</i>	127	PANDA MASK LARGE	129
OPZELURA	123	<i>oxiaice</i>	127	PANDA MASK MEDIUM	129
ORACEA	123	<i>oxianuji</i>	127	PANDA MASK SMALL	129
ORACIT	123	<i>oxiavar</i>	127	PANDEL	129
<i>oral citrate</i>	123	<i>oxiavary</i>	127	<i>pantoprazole sodium</i>	129
<i>oral saline laxative kit</i>	123	<i>oxiconazole nitrate</i>	127	<i>paregoric</i>	129
ORALAIR	123	OXISTAT	127	<i>paricalcitol</i>	129
ORALONE	123	<i>oxopid</i>	127	PARLODEL	129
ORAMAGICRX	123	<i>oxopidaxiaqup</i>	127	PARNATE	129
ORAPRED ODT	123	OXTELLAR XR	127	<i>paromomycin sulfate</i>	130
ORAVIG	123	<i>oxybutynin chloride</i>	127	<i>paroxetine hcl</i>	130
ORENCIA	123, 124	<i>oxybutynin chloride er</i>	127	<i>paroxetine hcl er</i>	130
ORENCIA CLICKJECT	123	<i>oxycodone hcl</i>	127, 128	<i>paroxetine mesylate</i>	130
ORENITRAM	124	<i>oxycodone hcl er</i>	127	PATADAY	130
ORENITRAM MONTH 1	124	<i>oxycodone-acetaminophen</i>	128	PATANASE	130
ORENITRAM MONTH 2	124	OXYCONTIN	128	PATANOL	130
ORENITRAM MONTH 3	124	<i>oxymorphone hcl</i>	128	PAXIL	130
ORFADIN	124	<i>oxymorphone hcl er</i>	128	PAXIL CR	130
ORGOVYX	125	OXYTROL	128	PAXLOVID (150/100)	130
ORIAHNN	125	OZEMPIC (0.25 OR 0.5 MG/DOSE)	128	PAXLOVID (300/100)	130
ORILISSA	125	OZEMPIC (1 MG/DOSE)	128	PAZEO	130
ORKAMBI	125	OZEMPIC (2 MG/DOSE)	128	<i>pazopanib hcl</i>	130
ORLADEYO	125	OZOBAX	128	<i>pc pediatric iron drops</i>	130
<i>orlistat</i>	125	OZOBAX DS	128	<i>pediatric medium mask</i>	130
<i>orphenadrine citrate er</i>	125	OZURDEX	128	PEDIATRIC PANDA MASK	130
<i>orphenadrine-aspirin-cafeine</i> ...	125	PACERONE	128	<i>pediatric small mask</i>	130
ORPHENGESIC FORTE	125	PALFORZIA (12 MG DAILY DOSE)	128	<i>peg 3350</i>	130
ORSERDU	126	PALFORZIA (120 MG DAILY DOSE)	128	<i>peg 3350-kcl-na bicarb-nacl</i>	130
<i>ortho df</i>	126	PALFORZIA (160 MG DAILY DOSE)	128	<i>peg-3350/electrolytes</i>	130
ORTHOVISC	126	PALFORZIA (20 MG DAILY DOSE)	128	<i>peg-3350/electrolytes/ascorbat</i> 130	
ORTIKOS	126	PALFORZIA (200 MG DAILY DOSE)	128	PEGASYS	130
<i>oscimin sr</i>	126	PALFORZIA (240 MG DAILY DOSE)	128	PEG-PREP	130
<i>oseltamivir phosphate</i>	126	PALFORZIA (3 MG DAILY DOSE)	128	PEMAZYRE	131
OSENI	126	PALFORZIA (300 MG MAINTENANCE)	129	PEMGARDA	131
OSMOLEX ER	126	PALFORZIA (300 MG TITRATION)	129	PEMRYDI RTU	131
OSMOPREP	126	PALFORZIA (40 MG DAILY DOSE)	129	PENBRAYA	131
OSPHENA	126	PALFORZIA (6 MG DAILY DOSE)	129	<i>penciclovir</i>	131
OTEZLA	126			<i>penicillamine</i>	131
OTOVEL	126			<i>penicillin v potassium</i>	131
OTREXUP	126			PENNSAID	131
OVACE PLUS	126			PENTACEL	131
OVACE PLUS WASH	126			<i>pentamidine isethionate</i>	131
OVACE WASH	126			PENTASA	131
OVIDE	127			<i>pentazocine-naloxone hcl</i>	131
OVIDREL	127			<i>pentoxifylline er</i>	131
<i>oxaprozin</i>	127			PEPCID	131
				PERCOCET	131

PERFOROMIST	131	PIQRAY (300 MG DAILY DOSE)	133	<i>povidone-iodine</i>	135
PERIDEX	131	<i>pirfenidone</i>	133	PR BENZOYL PEROXIDE WASH	135
<i>perindopril erbumine</i>	131	<i>piroxicam</i>	133	PR NATAL 400	135
<i>permethrin</i>	131	<i>pitavastatin calcium</i>	133	PR NATAL 400 EC	135
<i>perphenazine</i>	131	PLAN B ONE-STEP	133	PR NATAL 430	135
<i>perphenazine-amitriptyline</i>	131	PLAQUENIL	133	PR NATAL 430 EC	135
PERTZYE	131	PLAVIX	133	PRADAXA	135
PEXEVA	131	PLEGRIDY	133, 134	PRAKETAMIDE	136
PFIZER COVID-19 VAC-TRIS 5-11Y	131	PLEGRIDY STARTER PACK	133	PRALUENT	136
<i>pfizer covid-19 vac-tris 6m-4y</i> ..	131	PLENITY	134	<i>pramipexole dihydrochloride</i>	136
<i>pfizer-biontech covid-19 vacc</i> ...	131	PLENVU	134	<i>pramipexole dihydrochloride er</i>	136
PHEBURANE	131	PLEXION	134	PRAMOSONE	136
<i>phedrax</i>	132	PLEXION CLEANSER	134	<i>pramoxine-hc</i>	136
<i>phenazopyridine hcl</i>	132	PLEXION CLEANSING CLOTH	134	<i>prasugrel hcl</i>	136
<i>Phendimetrazine Tartrate</i>	132	PLEXION NS	134	PRAVACHOL	136
<i>phenelzine sulfate</i>	132	PLIAGLIS	134	<i>pravastatin sodium</i>	136
<i>phenobarbital</i>	132	PNEUMOVAX 23	134	<i>prazosin hcl</i>	136
<i>phenoxybenzamine hcl</i>	132	<i>pnv tabs 29-1</i>	134	PRECISION PCX	136
<i>Phentermine HCl</i>	132	<i>pnv-dha</i>	134	PRECISION PCX PLUS TEST	136
<i>phenylephrine hcl</i>	132	<i>pnv-dha+docusate</i>	134	PRECISION POINT OF CARE TEST	136
PHENYTEK	132	<i>pnv-omega</i>	134	PRECISION QID TEST	136
<i>phenytoin</i>	132	<i>pnv-select</i>	134	PRECISION XTRA BLOOD GLUCOSE	136
<i>phenytoin sodium extended</i>	132	<i>podocon</i>	134	PRECOSE	136
<i>pheoxia</i>	132	PODOCON-25	134	PRED FORTE	136
PHEXXI	132	<i>podofilox</i>	134	PRED MILD	136
PHILITH	132	<i>podoxia</i>	134	PRED-G	136
PHLAG SPRAY	132	<i>podprogtar</i>	134	PRED-G S.O.P.	136
PHOSLO	132	<i>podtar</i>	134	<i>prednicarbate</i>	136
PHOSLYRA	132	POGO AUTOMATIC TEST CARTRIDGES	134	<i>prednisolone</i>	136
<i>phos-nak</i>	132	POKONZA	134	<i>prednisolone acetate</i>	136
PHOSPHA 250 NEUTRAL	132	<i>polyethylene glycol 3350</i>	134	<i>prednisolone sodium phosphate</i>	136
<i>phosphate laxative</i>	132	<i>poly-iron 150 forte</i>	134		136
PHOSPHOLINE IODIDE	132	<i>polymyxin b-trimethoprim</i>	134	<i>prednisolone-bromfenac</i>	136
<i>phytonadione</i>	132	POLYTRIM	134	<i>prednisolone-gatifloxacin</i>	136
<i>pidprogtar</i>	132	POLY-VI-FLOR	134	<i>prednisolon-gatiflox-bromfenac</i>	136
PIFELTRO	132	POLY-VI-FLOR/IRON	134	<i>prednisone</i>	136
<i>pilocarpine hcl</i>	132	POMALYST	134, 135	PREDNISONE INTENSOL	136
<i>pimecrolimus</i>	132	PONSTEL	135	PREFEST	137
<i>pimozide</i>	132	PONVORY	135	<i>pregabalin</i>	137
PIMTREA	132	PONVORY STARTER PACK ..	135	<i>pregabalin er</i>	137
<i>pindolol</i>	132	PORTIA-28	135	PREGNYL	137
<i>pioglitazone hcl</i>	132	<i>posaconazole</i>	135	PREHEVBRIO	137
<i>pioglitazone hcl-glimepiride</i>	133	POSFREA	135	PREMARIN	137
<i>pioglitazone hcl-metformin hcl</i> ..	133	<i>pot & sod cit-cit ac</i>	135	<i>premium blood glucose test</i>	137
PIP BLOOD GLUCOSE TEST STRIP	133	POTABA	135	PREMPHASE	137
PIP GLUCOSE CONTROL SOLUTION	133	<i>potassium chloride</i>	135	PREMPRO	137
<i>pip lancets 28g</i>	133	<i>potassium chloride crys er</i>	135	<i>prena 1 true</i>	137
<i>pip lancets 30g</i>	133	<i>potassium chloride er</i>	135	<i>prena1</i>	137
PIQRAY (200 MG DAILY DOSE)	133	<i>potassium citrate er</i>	135	<i>prena1 pearl</i>	137
PIQRAY (250 MG DAILY DOSE)	133	<i>potassium citrate-citric acid</i>	135	<i>prenaissance</i>	137
		<i>potassium iodide</i>	135	<i>prenaissance plus</i>	137
		<i>potassium iodide (expectorant)</i>	135	PRENATABS RX	137

<i>prenatal</i>	137	<i>prochlorperazine</i>	139	<i>pseudoephedrine hcl</i>	141
<i>prenatal (w/iron & fa)</i>	137	<i>prochlorperazine maleate</i>	139	PULMICORT	141
<i>prenatal 19</i>	137	PROCRT	139	PULMICORT FLEXHALER	141
<i>prenatal complete</i>	137	PROCTOCORT	139	PULMOZYME	141
<i>prenatal multi +dha</i>	137	PROCTOFOAM HC	139	<i>purevit dualfe plus</i>	141
<i>prenatal multivitamin plus dha</i> ..	137	PROCYSBI	139	PURIXAN	141
<i>prenatal one daily</i>	137	PRODIGY CONTROL		<i>px stop smoking aid</i>	141
<i>prenatal plus</i>	137	SOLUTION	139	PYLERA	141
<i>prenatal plus iron</i>	137	PRODIGY LANCETS 26G	139	<i>pyrazinamide</i>	141
<i>prenatal plus vitamin/mineral</i>	137	PRODIGY LANCETS 28G	139	PYRIDIUM	141
PRENATAL-U	137	PRODIGY LANCING DEVICE ..	139	<i>pyridostigmine bromide</i>	141
PRENATE AM	137	PRODIGY NO CODING		<i>pyridostigmine bromide er</i>	141
PRENATE DHA	137	BLOOD GLUC	139	<i>pyrimethamine</i>	141
PRENATE ELITE	137	PRODIGY TWIST TOP		PYRUKYND	141
PRENATE ENHANCE	137	LANCETS 28G	139	PYRUKYND TAPER PACK	141
PRENATE ESSENTIAL	138	PROFERRIN-FORTE	139	QBRELIS	142
PRENATE PIXIE	138	PROFILNINE	139	QBREXZA	142
PRENATE RESTORE	138	PROFINAC	139	<i>qc magnesium citrate</i>	142
PRENATE STAR	138	<i>progesterone</i>	139	<i>qc milk of magnesia</i>	142
PREPIDIL	138	<i>progesterone micronized</i>	139	<i>qc natura-lax</i>	142
PREPOPIK	138	PROGLYCEM	139	QDOLO	142
PRESERA	138	PROGRAF	139	QELBREE	142
PRESTALIA	138	PROLATE	139	QINLOCK	142
<i>pretomanid</i>	138	PROLENSA	139	QMIIZ ODT	142
PREVACID	138	PROMACTA	140	QNASL	142
PREVACID 24HR	138	<i>promethazine hcl</i>	140	QNASL CHILDRENS	142
PREVACID SOLUTAB	138	<i>promethazine vcl/codeine</i>	140	<i>Qsymia</i>	142
PREVALITE	138	<i>promethazine-codeine</i>	140	QTERN	142
PREVIDENT	138	<i>promethazine-dm</i>	140	QUADRACEL	142
PREVIDENT 5000 KIDS	138	PROMETHEGAN	140	QUALAQUIN	142
PREVIDENT 5000 ORTHO		PROMETRIUM	140	QUARTETTE	142
DEFENSE	138	PROMISEB	140	<i>quazepam</i>	142
PREVIDENT 5000 PLUS	138	PRONAL	140	QUDEXY XR	142
PREVNAR 13	138	<i>prooxia</i>	140	QUESTRAN	142
PREVNAR 20	138	<i>propafenone hcl</i>	140	QUESTRAN LIGHT	142
PREVYMIS	138	<i>propafenone hcl er</i>	140	<i>quetiapine fumarate</i>	142
PREZCOBIX	138	<i>propantheline bromide</i>	140	<i>quetiapine fumarate er</i>	142
PREZISTA	138	PROPECIA	140	QUFLORA FE	142
PRIFTIN	138	<i>propranolol hcl</i>	140	QUFLORA PEDIATRIC	142
PRIOSEC OTC	138	<i>propranolol hcl er</i>	140	<i>quidroxzar</i>	142
<i>primaquine phosphate</i>	138	<i>propranolol-hctz</i>	140	<i>quihoxaxia</i>	142
<i>primidone</i>	138	<i>propylthiouracil</i>	140	QUILLICHEW ER	142
PRIMLEV	138	PROSCAR	140	QUILLIVANT XR	143
PRIMSOL	138	PROTONIX	141	<i>quinapril hcl</i>	143
PRINIVIL	138	<i>protriptyline hcl</i>	141	<i>quinapril-hydrochlorothiazide</i> ...	143
PRIORIX	138	PROVENTIL HFA	141	<i>quinidine gluconate er</i>	143
PRISTIQ	139	PROVERA	141	<i>quinidine sulfate</i>	143
PROAIR DIGIHALER	139	PROVIDA OB	141	<i>quinine sulfate</i>	143
PROAIR HFA	139	PROVIGIL	141	QUINTET AC BLOOD	
PROAIR RESPICLICK	139	PROZAC	141	GLUCOSE TEST	143
<i>probenecid</i>	139	PRUCLAIR	141	QUINTET BLOOD GLUCOSE	
PROBUPHINE IMPLANT KIT ..	139	PRUDOXIN	141	TEST	143
PROCARDIA XL	139	PRUMYX	141	<i>quitar</i>	143
PROCENTRA	139	PRUTECT	141	QULIPTA	143
<i>prochamber vhc</i>	139	<i>pseudoeph-bromphen-dm</i>	141	QUVIVIQ	143

QUZYTIR	143	RELAFEN DS	145	REXTOVY	148
QVAR REDIHALER	143	RELENZA DISKHALER	145	REXULTI	148
<i>ra aspirin</i>	143	RELEUKO	145	REYATAZ	148
<i>ra aspirin adult low dose</i>	143	<i>releuko</i>	145	REYVOW	148
<i>ra aspirin ec</i>	143	RELEXII	145	REZDIFFRA	148
<i>ra balanced b-100</i>	143	RELION BLOOD GLUCOSE		REZLIDHIA	148
<i>ra folic acid</i>	143	TEST	145	REZUROCK	148
<i>ra laxative</i>	143	RELION CONFIRM/MICRO		REZVOGLAR KWIKPEN	148
<i>ra milk of magnesia</i>	143	TEST	145	RHOFADE	148
<i>ra mini nicotine</i>	143	RELION PRIME TEST	146	RHOPRESSA	148
<i>ra nicotine</i>	143	RELISTOR	146	<i>ribavirin</i>	148
<i>ra one daily</i>	143	RELPAK	146	RIDAURA	148
<i>ra prenatal</i>	143	RELTONE	146	<i>rifabutin</i>	148
RABAVER	143	RELYVRIO	146	RIFADIN	148
<i>rabeprazole sodium</i>	143	REMERON	146	<i>rifampin</i>	148
RADICAVA ORS	143	REMERON SOLTAB	146	RIGHTEST GL300 LANCETS	148
RAGWITEK	143	REMICADE	146	RIGHTEST GS100 BLOOD	
<i>raloxifene hcl</i>	143	RENAL	146	GLUCOSE	148
<i>ramelteon</i>	143	<i>rena-vite</i>	146	RIGHTEST GS300 BLOOD	
<i>ramipril</i>	143	<i>rena-vite rx</i>	146	GLUCOSE	148
RANEXA	144	<i>reno caps</i>	146	RIGHTEST GS550 BLOOD	
<i>ranitidine hcl</i>	144	RENOVA	146	GLUCOSE	148
<i>ranolazine er</i>	144	RENOVA PUMP	146	RIGHTEST GT333 BLOOD	
RAPAFLO	144	REVELA	146	GLUCOSE	149
RAPAMUNE	144	<i>repaglinide</i>	146	RILUTEK	149
<i>rasagiline mesylate</i>	144	REPATHA	146	<i>riluzole</i>	149
RASUVO	144	REPATHA PUSHTRONEX		<i>rimantadine hcl</i>	149
RAVICTI	144	SYSTEM	146	<i>rimi</i>	149
RAYALDEE	144	REPATHA SURECLICK	146	RINVOQ	149
<i>rayasal</i>	144	REPLESTA	146	RINVOQ LQ	149
RAYOS	144	REPLESTA CHILDRENS	146	RIOMET	149
RAZADYNE	144	REPLESTA NX	146	<i>risedronate sodium</i>	149
RAZADYNE ER	144	REQ 49+	146	RISPERDAL	149
REBIF	144	RESTASIS	146	<i>risperidone</i>	149
REBIF REBIDOSE	144	RESTASIS MULTIDOSE	146	RITALIN	149
REBIF REBIDOSE TITRATION		RESTORA RX	146	RITALIN LA	149
PACK	144	RESTORIL	147	RITEFLO	149
REBIF TITRATION PACK	144	RETACRIT	147	<i>ritonavir</i>	149
REBINYN	145	RETEVMO	147	<i>rivastigmine</i>	149
RECEDO	145	RETIN-A	147	<i>rivastigmine tartrate</i>	150
RECLIPSEN	145	RETIN-A MICRO	147	RIVELSA	150
RECOMBIMATE	145	RETIN-A MICRO PUMP	147	<i>rixubis</i>	150
RECOMBIVAX HB	145	RETROVIR	147	<i>rizatriptan benzoate</i>	150
RECORLEV	145	REUSABLE COMFORTSEAL		ROBAXIN-750	150
RECTIV	145	MASK-LRG	147	ROCALTROL	150
REDITREX	145	REUSABLE COMFORTSEAL		ROCKLATAN	150
REFISSA	145	MASK-MED	147	<i>roflumilast</i>	150
REFUAH PLUS BLOOD		REUSABLE COMFORTSEAL		ROGAINE	150
GLUCOSE TEST	145	MASK-SML	147	ROGAINE MENS	150
REFUAH PLUS GLUCOSE		REVATIO	147	ROGAINE MENS EXTRA	
CONTROL	145	REVCovi	147	STRENGTH	150
REGLAN	145	REVEAL BLOOD GLUCOSE		ROGAINE WOMENS	150
REGRANEX	145	TEST	147	<i>ropinirole hcl</i>	150
RELADOR PAK	145	<i>revesta</i>	147	<i>ropinirole hcl er</i>	150
RELADOR PAK PLUS	145	REVLIMID	148	<i>rosuvastatin calcium</i>	150

ROSZET	150	SELECT-OB	153	SKYCLARYS	156
ROTARIX	150	<i>selegiline hcl</i>	153	SKYRIZI	156
ROWASA	150	<i>selenium sulfide</i>	153	SKYRIZI PEN	156
ROXICODONE	150	<i>self-taking blood pressure</i>	153	SKYTROFA	156
ROXYBOND	150	SELRX	153	SLYND	156
ROZEREM	150	SELZENTRY	153	<i>sm aspirin ec low strength</i>	156
ROZLYTREK	150	SEMGLEE	153	SM CLEARLAX	156
RUBRACA	150	SEMGLEE (YFGN)	153	<i>sm folic acid</i>	156
RUCONEST	150	SEMPREX-D	153	<i>sm laxative</i>	156
<i>rufinamide</i>	151	<i>se-natal 19</i>	153	<i>sm magnesium citrate</i>	156
RUKOBIA	151	SENSIPAR	153	<i>sm milk of magnesia</i>	156
RYALTRIS	151	SEREVENT DISKUS	153	<i>sm nicotine</i>	156
RYBELSUS	151	SERNIVO	153	<i>sm nicotine polacrilex</i>	156
RYDAPT	151	SEROQUEL	153	SMARTEST BLOOD	
RYTARY	151	SEROQUEL XR	153	GLUCOSE TEST	156
RYTHMOL SR	151	SEROSTIM	153, 154	SMARTEST LANCETS 28G	156
RYVENT	151	<i>sertraline hcl</i>	154	SMOOTH LAX	156
SABRIL	151	<i>se-tan plus</i>	154	SOAANZ	156
SAFYRAL	151	SETLAKIN	154	<i>sod citrate-citric acid</i>	156
SAIZEN	151	<i>sevelamer carbonate</i>	154	<i>sodium chloride</i>	156
SAJAZIR	151	<i>sevelamer hcl</i>	154	<i>sodium fluoride</i>	156, 157
SALAGEN	151	SEVENFACT	154	<i>sodium fluoride 5000 enamel</i>	156
SALEX	151	SEYSARA	154	<i>sodium fluoride 5000 plus</i>	156
SALICATE	151	<i>sf</i>	154	<i>sodium fluoride 5000 ppm</i>	156
<i>salicylic acid</i>	151	<i>sf 5000 plus</i>	154	<i>sodium oxybate</i>	157
<i>salicylic acid er</i>	151	SFROWASA	154	<i>sodium phenylbutyrate</i>	157
<i>salicylic acid wart remover</i>	151	SHAROBEL	154	<i>sodium polystyrene sulfonate</i>	157
<i>salicylic acid-cleanser</i>	151	SHINGRIX	154	<i>sodium sulfacetamide</i>	157
<i>salsalate</i>	151	SIGNIFOR	154	<i>sodium sulfacetamide wash</i>	157
SALVAX	152	SIKLOS	154	<i>sofosbuvir-velpatasvir</i>	157
SALYCIM	152	<i>sildenafil citrate</i>	154	SOGROYA	157
<i>salynta</i>	152	SILENOR	154	SOHONOS	157
SAMSCA	152	<i>silicone mask/infant</i>	154	SOLESTA	157
SANCUSO	152	<i>silicone mask/pediatric</i>	154	<i>solifenacin succinate</i>	157
SANDIMMUNE	152	SILIQ	155	SOLIQUEA	157
SANTYL	152	<i>silodosin</i>	155	SOLODYN	157
SAPHRIS	152	SILVADENE	155	SOLOSEC	157
<i>sapropterin dihydrochloride</i>	152	<i>silver sulfadiazine</i>	155	SOLTAMOX	157
SARAFEM	152	SIMBRINZA	155	SOLU-CORTEF	157
<i>saroxia</i>	152	SIMLANDI (1 PEN)	155	SOMA	157
SAVAYSA	152	SIMLANDI (2 PEN)	155	SOMATULINE DEPOT	157
SAVELLA	152	SIMLIYA	155	SOMAVERT	158
SAVELLA TITRATION PACK	152	SIMPESSE	155	SONAFINE	158
<i>saxagliptin hcl</i>	152	SIMPONI	155	SOOLANTRA	158
<i>saxagliptin-metformin er</i>	152	<i>simvastatin</i>	155	<i>sorafenib tosylate</i>	158
<i>Saxenda</i>	152	SINEMET CR	155	SORILUX	158
SCALPICIN MAXIMUM		SINGULAIR	155	SORINE	158
STRENGTH	152	SINUVA	155	<i>sotalol hcl</i>	158
SCARTRATE	152	<i>sirolimus</i>	155	SOTYKTU	158
SCEMBLIX	152	SIRTURO	155	SOTYLIZE	158
<i>scopolamine</i>	152	<i>sitagliptin</i>	155	SOVALDI	158
SEASONIQUE	152	<i>sitagliptin base-metformin hcl</i>	155	SOVUNA	158
SECUADO	153	SITAVIG	155	SPECTRACEF	158
SEGLENTIS	153	SIVEXTRO	155	SPIKEVAX	158
SEGLUROMET	153	SKLICE	155		

SPIKEVAX COVID-19		SUCRAID	160	SYNAREL	163
VACCINE	158	<i>sucralfate</i>	160	SYNDROS	163
<i>spinosad</i>	158	SUDOGEST	160	SYNERA	163
SPIRIVA HANDIHALER	158	SUFLAVE	160	SYNERDERM	163
SPIRIVA RESPIMAT	158	SULAR	161	SYNJARDY	163
<i>spironolactone</i>	158	<i>sulconazole nitrate</i>	161	SYNJARDY XR	163
<i>spironolactone-hctz</i>	158	<i>sulfacetamide sodium</i>	161	SYNTHROID	163
SPORANOX	158, 159	<i>sulfacetamide sodium (acne)</i> ...	161	SYNVISC	163
SPORANOX PULSEPAK	159	<i>sulfacetamide sodium (cleans)</i> ..	161	SYNVISC ONE	163
SPRINTEC 28	159	<i>sulfacetamide sodium-sulfur</i>	161	SYPRINE	163
SPRITAM	159	<i>sulfacetamide sod-sulfur wash</i> ..	161	TABLOID	163
SPRIX	159	<i>sulfacetamide-prednisolone</i>	161	TABRECTA	163
SPRYCEL	159	<i>sulfadiazine</i>	161	TACLONEX	163
SPS	159	<i>sulfamethoxazole-trimethoprim</i>	161	<i>tacrolimus</i>	163, 164
SPS (SODIUM		SULFAMYLON	161	<i>tadalafil</i>	164
POLYSTYRENE SULF)	159	<i>sulfasalazine</i>	161	<i>tadalafil (pah)</i>	164
SRONYX	159	SULFATRIM PEDIATRIC	161	TADLIQ	164
SSD	159	<i>sulindac</i>	161	TAFINLAR	164
SSD (SILVER		SUMADAN	161	<i>tafluprost (pf)</i>	164
SULFADIAZINE)	159	SUMADAN WASH	161	TAGRISSO	164
SSKI	159	<i>sumatriptan</i>	161	TAKE ACTION	164
ST JOSEPH ASPIRIN	159	<i>sumatriptan succinate</i>	161, 162	TAKHZYRO	164
STALEVO 100	159	<i>sumatriptan succinate refill</i>	161	TALICIA	164
STALEVO 125	159	<i>sumatriptan-naproxen sodium</i> ..	162	TALTZ	164
STALEVO 150	159	SUMAXIN	162	TALZENNA	165
STALEVO 200	159	SUMAXIN CP	162	TAMIFLU	165
STALEVO 50	159	SUMAXIN WASH	162	<i>tamoxifen citrate</i>	165
STALEVO 75	159	<i>sunitinib malate</i>	162	<i>tamsulosin hcl</i>	165
STARLIX	159	SUNLENCA	162	TANDEM MOBI CARTRIDGE	
<i>stavudine</i>	159	SUNOSI	162	2ML	165
STAXYN	159	SUPER QUINTS B-50	162	TANDEM MOBI SYSTEM	
STEGLATRO	159	SUPERVITE	162	STARTER	165
STEGLUJAN	159	SUPRAX	162	TANLOR	165
STELARA	159	SUPREP BOWEL PREP KIT ...	162	TAPAZOLE	165
<i>Stendra</i>	159	SUSTIVA	162	TAPERDEX 12-DAY	165
STIMATE	159	SUSTOL	162	TAPERDEX 6-DAY	165
STIMUFEND	159	SUTAB	162	TARCEVA	165
STIOLTO RESPIMAT	160	SUTENT	162	TARGADOX	165
STIVARGA	160	<i>suvicort</i>	162	TARGRETIN	165
STRATTERA	160	SW CLEARLAX	162	TARINA 24 FE	165
STRENSIQ	160	SYEDA	162	TARINA FE 1/20	165
<i>stress formulaliron</i>	160	SYMAX DUOTAB	162	TARINA FE 1/20 EQ	165
STRIANT	160	SYMBICORT	162	TARKA	165
STRIBILD	160	SYMBYAX	162	<i>taron forte</i>	165
STRIVERDI RESPIMAT	160	SYMDEKO	162	TARON-PREX	165
STROMECTOL	160	SYMFI	163	<i>taroxia</i>	165
STROVITE FORTE	160	SYMFI LO	163	TARPEYO	165
STROVITE ONE	160	SYMJEPI	163	TASCENSO ODT	165
SUBOXONE	160	SYMLINPEN 120	163	TASIGNA	165
SUBVENITE STARTER KIT-		SYMLINPEN 60	163	<i>tasimelteon</i>	165
BLUE	160	SYMPAZAN	163	TASMAR	166
SUBVENITE STARTER KIT-		SYMPROIC	163	<i>tavaborole</i>	166
GREEN	160	SYMPTUZA	163	TAVALISSE	166
SUBVENITE STARTER KIT-		SYNLAR	163	TAVNEOS	166
ORANGE	160	SYNLAR TS	163	TAYSOFY	166

TAYTULLA	166	THALOMID	168	TOBREX	170
<i>tazarotene</i>	166	THEO-24	168	TODAY SPONGE	171
TAZORAC	166	<i>theophylline er</i>	168	TOFIDENCE	171
TAZTIA XT	166	THIOLA	168	TOFRANIL	171
TAZVERIK	166	THIOLA EC	168	TOLAK	171
TDVAX	166	<i>thioridazine hcl</i>	168	<i>tolcapone</i>	171
TECFIDERA	166	<i>thiothixene</i>	168	TOLECTIN 600	171
TEGRETOL	166	<i>thrivite 19</i>	169	<i>tolmetin sodium</i>	171
TEGRETOL-XR	166	THYQUIDITY	169	<i>tolsura</i>	171
TEGSEDI	166	THYROLAR-1	169	<i>tolterodine tartrate</i>	171
TEKTRUNA	166	THYROLAR-1/2	169	<i>tolterodine tartrate er</i>	171
TEKTRUNA HCT	166	THYROLAR-1/4	169	<i>tolvaptan</i>	171
TELCARE BLOOD GLUCOSE		THYROLAR-2	169	TOPAMAX	171
TEST	166	THYROLAR-3	169	TOPAMAX SPRINKLE	171
TELCARE GLUCOSE		TIADYLT ER	169	TOPICORT	171
CONTROL	166	<i>tiagabine hcl</i>	169	TOPICORT SPRAY	171
<i>telmisartan</i>	166	TIAZAC	169	<i>topiramate</i>	171
<i>telmisartan-amlodipine</i>	166	TIBSOVO	169	<i>topiramate er</i>	171
<i>telmisartan-hctz</i>	166	<i>ticlopidine hcl</i>	169	TOPROL XL	171
<i>temazepam</i>	167	TICOVAC	169	<i>toremifene citrate</i>	171
TEMIXYS	167	TIGAN	169	TORPENZ	171
TEMOVATE	167	TIGLUTIK	169	<i>torsemide</i>	171
<i>temozolomide</i>	167	TIKOSYN	169	TOSYMRA	171
TEMPO REFILL	167	TILIA FE	169	TOUJEO MAX SOLOSTAR	171
TEMPO SMART BUTTON	167	<i>timolol maleate</i>	169	TOUJEO SOLOSTAR	171
TEMPO WELCOME	167	<i>timolol maleate (once-daily)</i>	169	TOVET	171
TENCON	167	<i>timolol maleate pf</i>	169	TOVIAZ	171
TENIVAC	167	<i>timolol-dorzolamid-bimatoprost</i>	169	<i>toxicology saliva collection</i>	171
<i>tenofovir disoproxil fumarate</i>	167	TIMOPTIC	169	TRACLEER	171, 172
TENORETIC 100	167	TIMOPTIC OCUDOSE	169	TRADJENTA	172
TENORETIC 50	167	TIMOPTIC-XE	169	<i>tramadol hcl</i>	172
TENORMIN	167	<i>tinidazole</i>	169	<i>tramadol hcl (er biphasic)</i>	172
TEPMETKO	167	<i>tiopronin</i>	169, 170	<i>tramadol hcl er</i>	172
TERAZOL 7	167	<i>tiotropium bromide</i>		<i>tramadol-acetaminophen</i>	172
<i>terazosin hcl</i>	167	<i>monohydrate</i>	170	<i>trandolapril</i>	172
<i>terbinafine hcl</i>	167	TIROSINT	170	<i>trandolapril-verapamil hcl er</i>	172
<i>terbutaline sulfate</i>	167	TIROSINT-SOL	170	<i>tranexamic acid</i>	172
<i>terconazole</i>	167	TIVICAY	170	TRANSDERM-SCOP	172
<i>teriflunomide</i>	167	TIVICAY PD	170	TRANSDERM-SCOP (1.5 MG)	172
<i>teriparatide</i>	167	TIVORBEX	170	TRANXENE-T	172
TESSALON PERLES	167	<i>tizanidine hcl</i>	170	<i>tranylcypromine sulfate</i>	172
TESTIM	167	<i>tl gard rx</i>	170	TRAVATAN Z	172
<i>testosterone</i>	167, 168	<i>tl icon</i>	170	<i>travoprost (bak free)</i>	172
<i>testosterone cypionate</i>	167	TLANDO	170	<i>trazodone hcl</i>	172
<i>testosterone enanthate</i>	167	<i>tl-care dha</i>	170	TRELEGY ELLIPTA	172
<i>tetanus-diphtheria toxoids td</i>	168	<i>tl-fluorivite</i>	170	TREMFYA	172
<i>tetoxia</i>	168	<i>tl-hem 150</i>	170	TRESIBA	172
<i>tetpidtar</i>	168	TOBI	170	TRESIBA FLEXTOUCH	172
<i>tetrabenazine</i>	168	TOBI PODHALER	170	<i>tretinoin</i>	172
<i>tetracycline hcl</i>	168	TOBRADEX	170	<i>tretinoin microsphere</i>	172
TETRIX	168	TOBRADEX ST	170	<i>tretinoin microsphere pump</i>	172
TEXACORT	168	<i>tobramycin</i>	170	TRETEN	173
TEZSPIRE	168	<i>tobramycin sulfate</i>	170	TREXALL	173
TGT POWDERLAX	168	<i>tobramycin-dexamethasone</i>	170	TREXIMET	173
THALITONE	168	<i>tobramycin-vancomycin hcl</i>	170	TREZIX	173

<i>triadime</i>	173	TROJAN	175	ULTRATRAK ULTIMATE	
<i>triamcinolone acetonide</i>	173	TROKENDI XR	175	TEST	177
<i>triamterene-hctz</i>	173	<i>tropicamide-cyclopentolate-pe</i>	175	ULTRAVATE	177
TRIANEX	173	<i>tropicamide-phenylephrine</i>	175	UNISTRIPI1 GENERIC	177
TRIASIL	173	<i>trospium chloride</i>	175	UNITHROID	177
<i>triazolam</i>	173	<i>trospium chloride er</i>	175	UPNEEQ	177
TRIBENZOR	173	TRUDHESA	175	UPTRAVI	177, 178
<i>tri-buffered aspirin</i>	173	<i>true cover</i>	175	UPTRAVI TITRATION	178
TRICARE	173	TRUE METRIX BLOOD		<i>urea</i>	178
TRICARE PRENATAL		GLUCOSE TEST	175	<i>urea hydrating</i>	178
COMPLEAT	173	TRUETEST TEST	175	<i>urea nail</i>	178
<i>tricitrates</i>	173	TRUETRACK TEST	175	URIBEL	178
TRICON	173	TRULANCE	175	URIMAR-T	178
TRICOR	173	TRULICITY	175	<i>urneva</i>	178
TRIDACAINE II	173	TRUMENBA	175	UROCIT-K 10	178
TRIDACAINE XL	173	TRUQAP	176	UROCIT-K 15	178
TRIDERM	173	TRUSOPT	176	UROCIT-K 5	178
<i>trientine hcl</i>	173	TRUSTEX LUBRICATED	176	UROXATRAL	178
TRI-ESTARYLLA	174	TRUSTEX RIA LUBRICATED	176	URSO 250	178
<i>trifluoperazine hcl</i>	174	TRUVADA	176	URSO FORTE	178
<i>trifluridine</i>	174	TRYVIO	176	<i>ursodiol</i>	178
<i>trigels-f forte</i>	174	TUDORZA PRESSAIR	176	UTOPIC	178
TRIGLIDE	174	TUKYSA	176	VAGIFEM	178
<i>trihexyphenidyl hcl</i>	174	TULANA	176	<i>valacyclovir hcl</i>	178
TRIJARDY XR	174	TURALIO	176	VALCHLOR	178
TRIKAFTA	174	TURQOZ	176	VALCYTE	178
TRI-LEGEST FE	174	TUZISTRA XR	176	<i>valganciclovir hcl</i>	178
TRILEPTAL	174	TWINRIX	176	VALIUM	179
TRI-LINYAH	174	TWIRLA	176	<i>valproic acid</i>	179
TRILIPIX	174	TWYNEO	176	<i>valsartan</i>	179
TRI-LO-ESTARYLLA	174	TWYNSTA	176	<i>valsartan-hydrochlorothiazide</i> ..	179
TRI-LO-MARZIA	174	TYBLUME	176	VALTOCO 10 MG DOSE	179
TRI-LO-MILI	174	TYBOST	176	VALTOCO 15 MG DOSE	179
TRI-LO-SPRINTEC	174	TYDEMY	176	VALTOCO 20 MG DOSE	179
TRI-LUMA	174	TYENNE	176	VALTOCO 5 MG DOSE	179
<i>trimethobenzamide hcl</i>	174	TYKERB	176	VALTREX	179
<i>trimethoprim</i>	174	TYMLOS	176	VANATOL LQ	179
TRI-MILI	174	TYPHIM VI	176, 177	VANCOCIN	179
<i>trimipramine maleate</i>	174	TYRVAYA	177	VANCOCIN HCL	179
<i>trinatal rx 1</i>	174	TYVASO	177	<i>vancomycin hcl</i>	179
TRINATE	174	TYVASO DPI MAINTENANCE		VANDAZOLE	179
TRINTELLIX	174	KIT	177	VANFLYTA	179
TRI-NYMYO	175	TYVASO DPI TITRATION KIT	177	VANIQA	179
TRIONEX	175	TYVASO REFILL KIT	177	VANOS	179
<i>triphrocaps</i>	175	TYVASO STARTER KIT	177	VANOXIDE-HC	179
TRI-SPRINTEC	175	UBRELVY	177	VAQTA	179
<i>tristart dha</i>	175	UCERIS	177	<i>Vardenafil HCl</i>	179
TRIUMEQ	175	UDAMIN SP	177	<i>vardenafil hcl</i>	179
<i>triumeq pd</i>	175	UDENYCA ONBODY	177	<i>varenicline tartrate</i>	179
TRIVEEN-DUO DHA	175	ULESFIA	177	<i>varenicline tartrate (starter)</i>	179
<i>tri-vite/fluoride</i>	175	ULORIC	177	<i>varoxia</i>	179
TRIVORA (28)	175	ULTICARE INSULIN SYRINGE		VARUBI	179
TRI-VYLIBRA	175		177	VASCEPA	179
TRI-VYLIBRA LO	175	ULTRACET	177	VASERETIC	179
TRIZIVIR	175	ULTRASAL-ER	177	VASHE CLEANSING	180

VASOTEC	180	VIGPODER	182	VOWST	185
VAXELIS	180	VIIBRYD	182	VOXZOGO	185
VAXNEUVANCE	180	VIJOICE	183	VOYDEYA	185
<i>v-c forte</i>	180	<i>vilazodone hcl</i>	183	<i>vp-vite rx</i>	185
VCF VAGINAL		<i>Vimovo</i>	183	VRAYLAR	185
CONTRACEPTIVE	180	VIMPAT	183	VTAMA	185
VECAMYL	180	VINATE DHA RF	183	VTOL LQ	185
VECTICAL	180	VIOKACE	183	VUITY	185
VELIVET	180	<i>viorele</i>	183	VUMERITY	185
VELPHORO	180	VIRACEPT	183	VUSION	185
VELSIPITY	180	VIREAD	183	VYFEMLA	185
VELTASSA	180	<i>virt-caps</i>	183	VYLIBRA	185
VELTIN	180	VIRT-GARD	183	VYNDAMAX	185
VEMLIDY	180	<i>virt-phos 250 neutral</i>	183	VYNDAQEL	186
VENCLEXTA	180	VISTARIL	183	VYTONER	186
VENCLEXTA STARTING		VISTOGARD	183	VYTORIN	186
PACK	180	VITACEL	183	VYVANSE	186
VENELEX	180	VITAFOL	183	VYZULTA	186
<i>venlafaxine besylate er</i>	180	VITAFOL-OB	183	WAINUA	186
<i>venlafaxine hcl</i>	180	VITAFOL-ONE	183	WAKIX	186
<i>venlafaxine hcl er</i>	181	VITAL-D RX	183	<i>warfarin sodium</i>	186
VENTAVIS	181	<i>vitamin d (ergocalciferol)</i>	183	<i>wee care</i>	186
VENTOLIN HFA	181	<i>vitamin d3</i>	183, 184	WEGOVY	186
VEOZAH	181	VITAPEARL	184	WELCHOL	186
<i>verapamil hcl</i>	181	VITATRUE	184	WELIREG	186
<i>verapamil hcl er</i>	181	VITRAKVI	184	WELLBUTRIN SR	186
VERDESO	181	VIVAGUARD INO CONTROL		WELLBUTRIN XL	186
VEREGEN	181	SOLUTION	184	WERA	186
VERELAN	181	VIVAGUARD INO TEST		WESTHROID	186
VERELAN PM	181	STRIPS	184	WIDE-SEAL DIAPHRAGM 60	186
VERKAZIA	181	VIVELLE-DOT	184	WIDE-SEAL DIAPHRAGM 65	186
VERQUVO	181	VIVJOA	184	WIDE-SEAL DIAPHRAGM 70	186
VERSACLOZ	181	VIVLODEX	184	WIDE-SEAL DIAPHRAGM 75	186
VERZENIO	181	VIVOTIF	184	WIDE-SEAL DIAPHRAGM 80	187
VESICARE	181	VIZIMPRO	184	WIDE-SEAL DIAPHRAGM 85	187
VESICARE LS	181	VOCABRIA	184	WIDE-SEAL DIAPHRAGM 90	187
VESTURA	181	VOGELXO	184	WIDE-SEAL DIAPHRAGM 95	187
VEVYE	181	VOGELXO PUMP	184	WILATE	187
VFEND	181, 182	<i>vol-care rx</i>	184	WINLEVI	187
V-GO 20	182	<i>vol-nate</i>	184	WINREVAIR	187
V-GO 30	182	VOLNEA	184	WIXELA INHUB	187
V-GO 40	182	<i>vol-plus</i>	184	WYMZYA FE	187
VIAGRA	182	<i>vol-tab rx</i>	184	WYNZORA	187
VIBERZI	182	VOLTAREN	184	XACIATO	187
VIBRAMYCIN	182	VONJO	184	XADAGO	187
VIBRANT	182	VONVENDI	184	XALATAN	187
VIC-FORTE	182	VOQUEZNA	184	XALIX	187
VICTOZA	182	VOQUEZNA DUAL PAK	185	XALKORI	187
VIDEX	182	VOQUEZNA TRIPLE PAK	185	XANAX	187
VIDEX EC	182	VORANIGO	185	XANAX XR	187
VIENVA	182	<i>voriconazole</i>	185	XARELTO	187
<i>vigabatrin</i>	182	VORTEX HOLDING		XARELTO STARTER PACK	187
VIGADRONE	182	CHAMBER/MASK	185	XATMEP	187
VIGAFYDE	182	VOSEVI	185	XCOPRI	188
VIGAMOX	182	VOTRIENT	185		

XCOPRI (250 MG DAILY DOSE)	187	XYOSTED	191	ZETONNA	193
XCOPRI (350 MG DAILY DOSE)	187	XYREM	191	ZIAC	193
XDEMVI	188	XYWAV	191	ZIAGEN	193
XELJANZ	188	YARGESA	191	ZIANA	193
XELJANZ XR	188	YASMIN 28	191	<i>ziclocin</i>	193
XELODA	188	<i>yaxatarxyn</i>	191	<i>zidovudine</i>	193
XELPROS	188	YAZ	191	ZILBRYSQ	193
XELSTRYM	188	YF-VAX	191	<i>zileuton er</i>	193
XENAZINE	188	<i>yokatar</i>	191	ZILRETTA	193
XENICAL	188	YONSA	191	ZILXI	193
XEPI	188	<i>Yosprala</i>	191	ZIMHI	193
XERAC AC	188	YUFLYMA	191	<i>zinc sulfate</i>	193
XERAVA	189	YUFLYMA (1 PEN)	191	ZIOPTAN	193
XERESE	189	YUFLYMA (2 PEN)	191	<i>ziprasidone hcl</i>	193
XERMELO	189	YUFLYMA (2 SYRINGE)	191	ZIPSOR	193
XHANCE	189	YUFLYMA-CD/UC/HS STARTER	191	ZIRABEV	193
XIFAXAN	189	YUPELRI	191	ZIRGAN	193
XIGDUO XR	189	YUSIMRY	191	ZITHRANOL	193
XIIDRA	189	YUVAFEM	191	ZITHROMAX	193, 194
XIMINO	189	ZADITOR	192	ZITHROMAX TRI-PAK	194
XOFLUZA (40 MG DOSE)	189	ZAFEMY	192	ZITHROMAX Z-PAK	194
XOFLUZA (80 MG DOSE)	189	<i>zafirlukast</i>	192	ZITUVIMET	194
XOLAIR	189	<i>zaleplon</i>	192	ZITUVIMET XR	194
XOLEGEL	189	ZANAFLEX	192	ZITUVIO	194
XOLREMDI	189	ZANTAC 150 MAXIMUM STRENGTH	192	ZMA CLEAR	194
XOPENEX	189	ZARAH	192	ZOCOR	194
XOPENEX CONCENTRATE	189	ZARONTIN	192	ZOKINVY	194
XOPENEX HFA	189	ZARXIO	192	ZOLINZA	194
XOSPATA	190	ZAVESCA	192	<i>zolmitriptan</i>	194
XPHOZAH	190	ZAVZPRET	192	ZOLOFT	194
XPOVIO (100 MG ONCE WEEKLY)	190	<i>zcort 7-day</i>	192	<i>zolpidem tartrate</i>	194
XPOVIO (40 MG ONCE WEEKLY)	190	ZEGALOGUE	192	<i>zolpidem tartrate er</i>	194
XPOVIO (40 MG TWICE WEEKLY)	190	<i>Zegerid</i>	192	ZOLPIMIST	194
XPOVIO (60 MG ONCE WEEKLY)	190	<i>Zegerid OTC</i>	192	ZOMIG	194
XPOVIO (60 MG TWICE WEEKLY)	190	ZEJULA	192	ZONALON	194
XPOVIO (80 MG ONCE WEEKLY)	190	ZELBORAF	192	ZONEGRAN	194
XPOVIO (80 MG TWICE WEEKLY)	190	ZELNORM	192	ZONISADE	194
XTAMPZA ER	190	ZEMBRACE SYMTOUCH	192	<i>zonisamide</i>	194
XTANDI	190, 191	ZEMDRI	192	ZONTIVITY	194
XULANE	191	ZEMPLAR	192	ZORTRESS	194
XULTOPHY	191	ZENATANE	192	ZORVOLEX	194
<i>xurea</i>	191	ZENPEP	192	ZORYVE	194
XURIDEN	191	ZENZEDI	192	ZOVIA 1/35 (28)	194
XYLIDERM	191	ZEPATIER	193	ZOVIA 1/35E (28)	195
XYNTHA	191	ZEPBOUND	193	ZOVIRAX	195
XYNTHA SOLOFUSE	191	ZEPOSIA	193	ZTALMY	195
		ZEPOSIA 7-DAY STARTER PACK	193	ZTLIDO	195
		ZEPOSIA STARTER KIT	193	ZUBSOLV	195
		ZERVIAE	193	ZUMANDIMINE	195
		ZESTORETIC	193	ZURZUVAE	195
		ZESTRIL	193	ZYCLARA	195
		ZETIA	193	ZYCLARA PUMP	195
				ZYDELIG	195
				ZYFLO	195
				ZYKADIA	195

ZYLET	195
ZYLOPRIM	195
ZYMAXID	195
ZYMFENTRA (1 PEN)	195
ZYMFENTRA (2 PEN)	195
ZYMFENTRA (2 SYRINGE)	195
ZYPITAMAG	195
ZYPREXA	195
ZYPREXA ZYDIS	195
ZYTIGA	195
<i>zyvit</i>	195
ZYVOX	196

Notice of Nondiscrimination and Language Assistance Services

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

Free aids and services

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

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

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

- Qualified interpreters
- Information written in other languages

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

To file a civil rights grievance

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

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

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

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

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

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

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

