2022 Formulary

Employer-sponsored small group (optimized) plans

List of covered drugs

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

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

T1a - $

T1b - $

T2 - $$

T3 - $$$

T4 - $$$$

T5 - $$$$$

T6 - Vaccine Coverage

T9 - $$$$$$$$$

Coverage Levels
BE: Benefit Exclusion

AL: Age Limits

PA: Prior Authorization

PV: Preventative Drugs

QL: Quantity Limits

QL: Quantity Limits

SO: SaveOn

SP: Limited to a 1 month supply per fill

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

List of Patterns

lowercase italics: Generic drugs

UPPERCASE: Brand name drugs

Medication	Coverage Level	Restrictions
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants		
****Adhd Agent - Selective Alpha Adrenergic Agonists******		
clonidine hcl er oral tablet extended release 12 hour	T2	
guanfacine hcl er	T1b	QL (60 tablets per 30 days)
INTUNIV	T3	QL (30 tablets per 30 days)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	T3	
****Adhd Agent - Selective Norepinephrine Reuptake Inhibitor******		
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	T1b	QL (60 capsules per 30 days); AL
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	T1b	QL (30 capsules per 30 days); AL
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	T3	ST; QL (30 capsules per 30 days); AL
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	T3	ST; QL (60 capsules per 30 days); AL
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	T3	QL (62 capsules per 31 days); AL
STRATTERA ORAL CAPSULE 100 MG, 80 MG	T3	QL (30 capsules per 30 days); AL
STRATTERA ORAL CAPSULE 60 MG	T3	QL (31 capsules per 31 days); AL
****Amphetamine Mixtures******		
ADDERALL	T3	AL
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG	T3	QL (30 capsules per 30 days); AL
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG	T3	QL (60 capsules per 30 days); AL
amphetamine-dextroamphet er	T1b	QL (60 capsules per 30 days); AL
amphetamine-dextroamphetamine	T1b	AL
MYDAYIS	T9	
****Amphetamines******		
ADZENYS ER	T9	
ADZENYS XR-ODT	T9	
amphetamine er	T9	
amphetamine sulfate	T3	ST; QL (180 tablets per 30 days); AL
DESOXYN	T9	

Medication	Coverage Level	Restrictions
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG	T3	QL (120 capsules per 30 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	T3	QL (60 capsules per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	T2	QL (120 capsules per 30 days); AL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	T2	QL (60 capsules per 30 days); AL
dextroamphetamine sulfate oral solution	T1b	
dextroamphetamine sulfate oral tablet 10 mg	T1b	QL (180 tablets per 30 days); AL
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg	T9	
dextroamphetamine sulfate oral tablet 5 mg	T1b	QL (30 tablets per 30 days); AL
DYANAVEL XR	T9	
EVEKEO	T3	ST; QL (180 tablets per 30 days); AL
EVEKEO ODT	T9	
methamphetamine hcl	T3	QL (150 tablets per 30 days)
PROCENTRA	T1b	
VYVANSE ORAL CAPSULE	T2	QL (30 capsules per 30 days); AL
VYVANSE ORAL TABLET CHEWABLE	T2	QL (30 tablets per 30 days); AL
XELSTRYM	T3	ST; QL (30 patches per 30 Days); AL
ZENZEDI	T9	
Analeptics*		
caffeine citrate oral solution 60 mg/3ml	T1b	AL
Anorexiant Combinations*		
PLENITY	T9	
QSYMIA	T3	ST
Anorexiants Non-Amphetamine*		
benzphetamine hcl oral tablet 50 mg	T1b	
diethylpropion hcl oral	T1b	
LOMAIRA	T9	
phendimetrazine tartrate	T1b	
phentermine hcl oral capsule 15 mg, 30 mg	T1b	
phentermine hcl oral tablet	T1b	
Anti-Obesity - Glp-1 Receptor Agonists*		
SAXENDA	T9	
WEGOVY	T9	
Anti-Obesity Agent Combinations		
CONTRAVE	T3	ST

Medication	Coverage Level	Restrictions
Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)*		
SUNOSI	T3	ST; QL (30 tablets per 30 days)
Histamine H3-Receptor Antagonist/Inverse Agonists*		
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)
Lipase Inhibitors*		
ALLI	T3	ST
orlistat oral	T3	PA
XENICAL	T9	
Melanocortin 4 (Mc4) Receptor Agonists*		
IMCIVREE	T9	
Stimulant Combinations*		
AZSTARYS	T9	
Stimulants - Misc.*		
ADHANSIA XR	T9	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	T3	QL (30 capsules per 30 days)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 50 MG	T3	QL (30 tablets per 30 days)
armodafinil	T1b	QL (30 tablets per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG	T3	QL (31 tablets per 31 days); AL
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG, 54 MG	T3	QL (62 tablets per 31 days); AL
COTEMPLA XR-ODT	T9	
DAYTRANA	T3	ST; QL (30 patches per 30 days); AL
dexmethylphenidate hcl	T1b	AL
dexmethylphenidate hcl er	T1b	QL (30 capsules per 30 days); AL
FOCALIN	T3	AL
FOCALIN XR	T3	QL (30 capsules per 30 days); AL
JORNAY PM	T9	
METADATE CD	T3	QL (31 capsules per 31 days); AL
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	T1b	AL
METHYLIN ORAL SOLUTION	T3	AL
METHYLIN ORAL TABLET CHEWABLE	T3	AL

Medication	Coverage Level	Restrictions
methylphenidate	T3	ST; QL (30 patches per 30 Days); AL
methylphenidate hcl er (cd)	T1b	QL (30 capsules per 30 days); AL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	T1b	QL (30 capsules per 30 days); AL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg	T1b	QL (30 tablets per 30 days); AL
methylphenidate hcl er (osm) oral tablet extended release 36 mg, 54 mg	T1b	QL (60 tablets per 30 days); AL
methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg	T9	
methylphenidate hcl er (osm) oral tablet extended release 72 mg	T3	QL (30 tablets per 30 days)
methylphenidate hcl er (xr)	T3	QL (30 capsules per 30 days)
methylphenidate hcl er oral tablet extended release 20 mg	T1b	AL
methylphenidate hcl oral solution	T1b	AL
methylphenidate hcl oral tablet	T1b	AL
methylphenidate hcl oral tablet chewable	T1b	AL
modafinil	T1b	QL (60 tablets per 30 days)
NUVIGIL ORAL TABLET 150 MG, 250 MG	T3	QL (30 tablets per 30 days)
NUVIGIL ORAL TABLET 200 MG, 50 MG	T9	
PROVIGIL ORAL TABLET 100 MG	T3	QL (31 tablets per 31 days)
PROVIGIL ORAL TABLET 200 MG	T3	QL (62 tablets per 31 days)
QUILLICHEW ER	T9	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	T9	
RELEXXII	T9	
RITALIN	T3	AL
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	T3	QL (31 capsules per 31 days); AL
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG	T3	QL (30 capsules per 30 days); AL
RITALIN SR	T3	AL
Allergenic Extracts/Biologicals Misc		
****Allergenic Extracts******		
GRASTEK	T3	AL
PALFORZIA (12 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
PALFORZIA (120 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (160 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (20 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (200 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (240 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (3 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (300 MG MAINTENANCE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (300 MG TITRATION)	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (40 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (6 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (80 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA INITIAL ESCALATION	T4	PA; SP (Limited to a 1 month supply per fill)
RAGWITEK	T3	AL
Mixed Allergenic Extracts*		
ODACTRA	T3	AL
ORALAIR	T3	AL
Alternative Medicines		
Alternative Medicine - Ci's*		
citrus bergamot	T9	
Alternative Medicine - Co's*		
coenzyme q-10 oral capsule 100 mg	T9	
Alternative Medicine - Ma's*		
maca	T9	

Medication	Coverage Level	Restrictions
Amebicides		
****Amebicides******		
SOLOSEC	T9	
Aminoglycosides		
****Aminoglycosides******		
ARIKAYCE	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 vials per 28 days)
BETHKIS	T5	PA; SP (Limited to 56 day supply per fill); QL (280 ML per 56 days)
KITABIS PAK	T4	PA; SP (Limited to 56 day supply per fill); QL (280 ML per 56 days)
paromomycin sulfate oral	T1b	
TOBI	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to 56 day supply per fill); QL (280 ML per 56 days)
TOBI PODHALER	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (224 capsules per 28 days)
tobramycin inhalation	T4	PA; SP (Limited to 56 day supply per fill); QL (280 ML per 56 days)
tobramycin sulfate injection solution 80 mg/2ml	T1b	
ZEMDRI	T9	
Analgesics - Anti-Inflammatory		
****Antirheumatic - Janus Kinase (Jak) Inhibitors******		
OLUMIANT ORAL TABLET 1 MG, 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	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to 1 fill per 2 years); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
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	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)
Antirheumatic Antimetabolites*		
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	
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	T9	
REDITREX	T3	ST
RHEUMATREX ORAL TABLET 2.5 MG	T2	
Anti-Tnf-Alpha - Monoclonal Antibodies*		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)

Medication	Coverage Level	Restrictions
HUMIRA PEN-PEDIATRIC UC START	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a one month supply per fill); QL (1 fill per 2 years)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
HUMIRA PEN-PSOR/UVEIT STARTER	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (0.5 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (0.5 ML per 28 days)
Cyclooxygenase 2 (Cox-2) Inhibitors*		
CELEBREX	T3	QL (60 capsules per 30 days)
celecoxib oral	T1b	QL (60 capsules per 30 days)
Gold Compounds*		
RIDAURA	T2	
Interleukin-1 Blockers*		
ARCALYST	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
Interleukin-1 Receptor Antagonist (Il-1Ra)*		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 syringes per 28 days)

Medication	Coverage Level	Restrictions
Interleukin-6 Receptor Inhibitors*		
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)
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)
Nonsteroidal Anti-Inflammatory Agent Combinations*		
ARTHROTEC ORAL TABLET DELAYED RELEASE	T9	
diclofenac-misoprostol oral tablet delayed release	T9	
DUEXIS	T9	
ibuprofen-famotidine	T9	
naproxen-esomeprazole	T9	
naproxen-esomeprazole mg	T9	
VIMOVO	BE	
Nonsteroidal Anti-Inflammatory Agents (Nsaids)*		
ANAPROX DS	T3	
CATAFLAM	T3	
CHILDRENS MOTRIN ORAL SUSPENSION 100 MG/5ML	T1b	
cvs ibuprofen oral capsule	T1a	
cvs naproxen sodium oral tablet	T1a	
DAYPRO	T3	
diclofenac	T9	
diclofenac potassium oral capsule	T9	
diclofenac potassium oral tablet 25 mg	T9	
diclofenac potassium oral tablet 50 mg	T1b	
diclofenac sodium er	T1b	

Medication	Coverage Level	Restrictions
diclofenac sodium oral	T1b	
EC-NAPROSYN	T3	
etodolac er	T2	
etodolac oral	T1b	
FELDENE	T3	
fenoprofen calcium oral	T9	
FENORTHO ORAL CAPSULE 200 MG	T9	
flurbiprofen oral	T1b	
ibuprofen oral suspension	T1a	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1a	
INDOCIN ORAL	T9	
INDOCIN RECTAL	T9	
indomethacin er	T1b	
indomethacin oral capsule 20 mg	T9	
indomethacin oral capsule 25 mg, 50 mg	T1b	
indomethacin rectal suppository 100 mg	T9	
ketoprofen er	T2	QL (30 capsules per 30 days)
ketoprofen oral capsule 50 mg, 75 mg	T1b	
ketorolac tromethamine nasal	T9	
ketorolac tromethamine oral	T1b	QL (20 tablets per 30 days)
LOFENA	T9	
meclofenamate sodium oral	T9	
mefenamic acid oral	T9	
meloxicam oral capsule	T9	
meloxicam oral suspension	T9	
meloxicam oral tablet	T1a	
MOBIC ORAL TABLET	T3	
nabumetone oral	T1b	
NALFON ORAL CAPSULE	T9	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	T9	
NAPROSYN ORAL TABLET	T3	
naproxen oral suspension	T1b	QL (473 ML per 30 days); AL
naproxen oral tablet	T1a	
naproxen oral tablet delayed release	T9	
naproxen sodium er	T9	
naproxen sodium oral tablet 220 mg	T9	
naproxen sodium oral tablet 275 mg, 550 mg	T1a	
oxaprozin	T2	
piroxicam oral	T1b	

Medication	Coverage Level	Restrictions
PROFENO	T9	
QMIIZ ODT	T9	
RELAFEN DS	T9	
SPRIX	T9	
sulindac oral	T1b	
TIVORBEX	T9	
tolmetin sodium	T2	
VIVLODEX	T9	
VOLTAREN-XR	T3	
ZIPSOR	T9	
ZORVOLEX	T9	
Phosphodiesterase 4 (Pde4) Inhibitors*		
OTEZLA 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
OTEZLA 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 (1 pack per 1 year); AL
Pyrimidine Synthesis Inhibitors*		
ARAVA	T5	SP (Max of 31 days per dispensing.)
leflunomide oral	T1b	
Selective Costimulation Modulators*		
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)
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)

Medication	Coverage Level	Restrictions
Soluble Tumor Necrosis Factor Receptor Agents*		
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 SUBCUTANEOUS SOLUTION RECONSTITUTED	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 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)
Analgesics - Nonnarcotic		
Analgesics-Sedatives*		
ALLZITAL	T9	
BUPAP ORAL TABLET 50-300 MG	T9	
butalbital-acetaminophen oral tablet 50-300 mg	T9	
butalbital-acetaminophen oral tablet 50-325 mg	T1b	QL (180 tablets per 30 days)
butalbital-apap-caffeine oral capsule 50-300-40 mg	T9	
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1b	QL (180 tablets per 30 days)
butalbital-aspirin-caffeine oral capsule	T1b	QL (180 tablets per 30 days)
CAPACET	T1b	
ESGIC ORAL TABLET	T3	
FIORICET ORAL CAPSULE	T9	
FIORINAL	T3	QL (180 capsules per 30 days)

Medication	Coverage Level	Restrictions
PHRENILIN FORTE ORAL CAPSULE 50-650 MG	T2	
VANATOL LQ	T9	
VTOL LQ	T9	
Salicylate Combinations*		
ASCRIPTIN ORAL TABLET 325 MG	T1b	
buffered aspirin	T3	
BUFFERIN	T3	
choline & mag trisalicylate oral tablet 1000 mg	T1b	
choline-mag trisalicylate	T1b	
tri-buffered aspirin oral tablet 325 mg	T1b	
Salicylates*		
aspirin 81 oral tablet chewable	T1b	
aspirin adult	T1b	
aspirin ec low dose	T1b	
aspirin ec oral tablet delayed release 325 mg	T1b	
childrens aspirin	T3	
cvs aspirin adult low dose	T1b	
cvs aspirin ec	T1b	
cvs aspirin oral tablet 325 mg	T1b	
diflunisal oral	T1b	
DOANS PILLS	T1b	
ECOTRIN	T3	
ECOTRIN LOW STRENGTH	T3	
eql aspirin	T1b	
eql aspirin ec	T1b	
eql aspirin low dose oral tablet chewable	T1b	
goodsense aspirin oral tablet	T1b	
goodsense aspirin oral tablet chewable	T1b	
ra aspirin adult low dose	T1b	
ra aspirin ec	T1b	
ra aspirin oral tablet 325 mg	T1b	
salsalate oral	T1b	
sm aspirin ec low strength	T1b	
ST JOSEPH ASPIRIN ORAL TABLET CHEWABLE	T3	
Analgesics - Opioid		
Codeine Combinations*		
acetaminophen-codeine #2	T1b	
acetaminophen-codeine #3	T1b	

Medication	Coverage Level	Restrictions
acetaminophen-codeine #4	T1b	
acetaminophen-codeine oral solution	T1b	
ASCOMP-CODEINE	T2	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	T9	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1b	QL (180 capsules per 30 days)
butalbital-asa-caff-codeine	T2	QL (180 capsules per 30 days)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	
Dihydrocodeine Combinations*		
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	T9	
TREZIX ORAL CAPSULE 320.5-30-16 MG	T1b	QL (10 capsules per 1 day)
TREZIX ORAL CAPSULE 356.4-30-16 MG	T1b	QL (6 capsules per 1 day)
Hydrocodone Combinations*		
HYCET	T3	
hydrocodone/acetaminophen	T1b	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	T1b	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	T9	
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	T1b	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	T1b	
IBUDONE	T9	
LORTAB ORAL ELIXIR 10-300 MG/15ML	T9	
NORCO	T3	
VICOPROFEN	T3	
Opioid Agonists*		
ACTIQ	T9	
codeine sulfate oral tablet	T1b	
CONZIP	T9	
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)
DOLOPHINE	T3	
DSUVIA	T9	
fentanyl citrate buccal lozenge on a handle	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	T1b	QL (20 patches per 30 days)
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	T9	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T9	
hydrocodone bitartrate er oral capsule extended release 12 hour	T3	ST; QL (60 capsules per 30 days); AL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	T3	ST; QL (30 tablets per 30 days); AL
hydromorphone hcl er oral tablet er 24 hour abuse-deterrent	T3	ST; QL (30 tablets per 30 days)
hydromorphone hcl oral liquid	T1b	
hydromorphone hcl oral tablet 2 mg	T1b	QL (32 tablets per 1 day)
hydromorphone hcl oral tablet 4 mg	T1b	QL (16 tablets per 1 day)
hydromorphone hcl oral tablet 8 mg	T1b	QL (8 tablets per 1 day)
hydromorphone hcl rectal	T1b	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 60 MG, 80 MG	T3	ST; QL (30 tablets per 30 days); AL
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 40 MG	T3	ST; QL (30 tblets per 30 days); AL
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 150 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG, 80 MG	T9	
LAZANDA	T9	
levorphanol tartrate oral	T9	
meperidine hcl oral solution	T1b	
meperidine hcl oral tablet 50 mg	T1b	
METHADONE HCL INTENSOL	T1b	
methadone hcl oral concentrate	T1b	
methadone hcl oral solution	T1b	
methadone hcl oral tablet	T1b	
METHADOSE ORAL CONCENTRATE 10 MG/ML	T1b	
MORPHABOND ER	T9	
morphine sulfate (concentrate) oral solution 100 mg/5ml	T1b	
morphine sulfate er beads	T9	
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	T9	
morphine sulfate er oral tablet extended release	T1b	

Medication	Coverage Level	Restrictions
morphine sulfate oral	T1b	
morphine sulfate rectal	T1b	
MS CONTIN ORAL TABLET EXTENDED RELEASE	T3	
NUCYNTA	T3	ST
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	T5	ST; QL (62 EA per 31 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG, 50 MG	T5	ST; QL (62 tablets per 31 days)
OXAYDO ORAL TABLET ABUSE-DETERRENT	T3	ST
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	T2	QL (60 tablets per 30 days)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 15 mg	T2	QL (62 tablets per 30 days)
oxycodone hcl oral capsule	T9	
oxycodone hcl oral solution	T1b	
oxycodone hcl oral tablet	T1b	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	T2	QL (60 tablets per 30 days)
oxymorphone hcl	T2	ST
oxymorphone hcl er	T2	ST; QL (60 EA per 30 days)
QDOLO	T9	
SUBSYS SUBLINGUAL LIQUID 100 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days)
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days)
SUBSYS SUBLINGUAL LIQUID 400 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days)
SUBSYS SUBLINGUAL LIQUID 600 MCG, 800 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 untis per 30 days)
tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	T9	
tramadol hcl er oral tablet extended release 24 hour	T1b	QL (30 tablets per 30 days)
tramadol hcl oral solution	T9	
tramadol hcl oral tablet 100 mg	T9	
tramadol hcl oral tablet 50 mg	T1a	QL (240 tablets per 30 days)
ULTRAM	T3	QL (240 tablets per 30 days)

Medication	Coverage Level	Restrictions
ULTRAM ER	T3	QL (30 tablets per 30 days)
XTAMPZA ER	T3	ST; QL (60 capsules per 30 days)
ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR	T3	ST; QL (60 capsules per 30 days); AL
Opioid Combinations*		
APADAZ	T9	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T9	
oxycodone-acetaminophen oral solution	T9	
oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg	T9	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	T1b	
PERCOCET	T3	
PRIMLEV	T9	
PROLATE	T9	
ROXICET ORAL TABLET 5-325 MG	T1b	
Opioid Partial Agonists*		
BELBUCA	T3	ST; QL (60 films per 30 days)
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 6.3-1 MG	T3	ST; QL (30 films per 30 days)
buprenorphine hcl sublingual	T1b	QL (90 tablets per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	T1b	QL (60 films per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg	T1b	QL (90 films per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	T1b	QL (30 films per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	T1b	QL (90 tablets per 30 days)
buprenorphine transdermal	T3	ST; QL (4 patches per 28 days)
butorphanol tartrate nasal	T2	
BUTRANS	T9	
pentazocine-naloxone hcl	T2	ST
PROBUPHINE IMPLANT KIT	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)
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)

Medication	Coverage Level	Restrictions
Tramadol Combinations*		
SEGLENTIS	T9	
tramadol-acetaminophen	T1b	
ULTRACET	T3	
Androgens-Anabolic		
Anabolic Steroids*		
ANADROL-50	T9	
OXANDRIN	T3	
oxandrolone oral	T3	
Androgens*		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	T9	
ANDROGEL	T9	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	T9	
ANDROID	T9	
danazol oral capsule 100 mg, 50 mg	T3	QL (60 capsules per 30 days)
danazol oral capsule 200 mg	T3	QL (120 capsules per 30 days)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	T9	
FORTESTA	T9	
JATENZO	T9	
methitest	T9	
methyltestosterone oral	T4	PA; SP (Limited to a 1 month supply per fill)
NATESTO	T9	
STRIANT	T9	
TESTIM	T9	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	T1b	
testosterone enanthate intramuscular solution	T1b	
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)	T9	
testosterone transdermal gel 12.5 mg/act (1%)	T2	PA; QL (300 GM per 30 days)
testosterone transdermal gel 20.25 mg/act (1.62%)	T2	PA; QL (150 GM per 30 days)
testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)	T2	PA
testosterone transdermal solution	T9	
TESTRED	T9	
TLANDO	T9	

Medication	Coverage Level	Restrictions
VOGELXO PUMP	T9	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	T9	
XYOSTED	T9	
Anorectal And Related Products		
****Intrarectal Steroids******		
CORTENEMA	T3	
CORTIFOAM EXTERNAL	T3	ST
hydrocortisone rectal enema	T1b	
UCERIS RECTAL	T3	QL (2 packages per 180 days)
****Nitrate Vasodilating Agents******		
RECTIV	T9	
****Rectal Anesthetic/Steroids******		
ANALPRAM-HC EXTERNAL LOTION	T9	
hydrocortisone ace-pramoxine rectal cream 2.5-1 %	T2	
hydrocortisone ace-pramoxine rectal suppository	T9	
lidocaine-hydrocortisone ace rectal gel	T9	
lidocaine-hydrocortisone ace rectal kit	T9	
****Rectal Steroids******		
ANUSOL-HC RECTAL SUPPOSITORY	T9	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	T1b	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	T9	
hydrocortisone acetate rectal suppository 25 mg	T1b	
hydrocortisone acetate rectal suppository 30 mg	T9	
PROCTOCORT RECTAL SUPPOSITORY	T9	
Anthelmintics		
****Anthelmintics******		
albendazole oral	T4	SP (Max day supply up to 31 days.); QL (6 tablets per 30 Days)
ALBENZA	T9	
benznidazole oral tablet 100 mg	T3	QL (60 tablets per 1 lifetime); AL
benznidazole oral tablet 12.5 mg	T9	
BILTRICIDE	T5	SP (Limited to a 1 month supply per fill)
EMVERM	T9	
ivermectin oral	T1b	QL (10 tablets per 1 claim)
STROMECTOL	T3	QL (5 tablets per 1 day)

Medication	Coverage Level	Restrictions
Antianginal Agents		
****Antianginals-Other******		
ASPRUZYO SPRINKLE	T9	
RANEXA	T3	
ranolazine er	T1b	
****Nitrates******		
GONITRO	T9	
ISORDIL TITRADOSE	T9	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	T1a	
isosorbide dinitrate oral tablet 40 mg	T9	
isosorbide mononitrate	T1b	
isosorbide mononitrate er	T1b	
MINITRAN	T1b	
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	
nitroglycerin er	T1b	
nitroglycerin sublingual	T1b	
nitroglycerin transdermal patch 24 hour	T1b	
nitroglycerin translingual solution	T2	
NITROLINGUAL	T3	
NITROMIST	T3	
NITROSTAT	T1b	
NITRO-TIME	T1b	
Antianxiety Agents		
****Antianxiety Agents - Misc.******		
buspirone hcl oral	T1a	
hydroxyzine hcl oral syrup	T1b	
hydroxyzine hcl oral tablet	T1b	
hydroxyzine pamoate oral capsule 100 mg, 50 mg	T1b	
meprobamate	T3	
VISTARIL	T3	
****Benzodiazepines******		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg	T1b	QL (30 tablets per 30 days)
alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg	T1b	QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
ALPRAZOLAM INTENSOL	T1b	QL (120 ML per 30 days)
alprazolam oral tablet	T1a	
alprazolam oral tablet dispersible	T2	
ATIVAN ORAL	T3	
chlordiazepoxide hcl	T1a	
clorazepate dipotassium	T1b	
DIAZEPAM INTENSOL	T2	
diazepam oral solution 5 mg/5ml	T1a	
diazepam oral tablet	T1a	
LORAZEPAM INTENSOL	T1b	
lorazepam oral tablet	T1a	
LOREEV XR	T9	
NIRAVAM	T3	
oxazepam	T1b	
TRANXENE-T	T3	
VALIUM	T3	
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)
Antiarrhythmics		
****Antiarrhythmics Type I-A******		
disopyramide phosphate oral	T1b	
NORPACE	T3	
NORPACE CR	T2	
quinidine gluconate er	T4	SP (Max day supply up to 31 days.)
quinidine sulfate er	T1b	
quinidine sulfate oral	T1a	
****Antiarrhythmics Type I-B******		
mexiletine hcl oral	T1b	
****Antiarrhythmics Type I-C******		
flecainide acetate	T1b	
propafenone hcl	T1b	
propafenone hcl er	T3	
RYTHMOL ORAL TABLET 225 MG	T3	
RYTHMOL SR	T3	QL (60 capsules per 30 days)
****Antiarrhythmics Type Iii******		
amiodarone hcl oral tablet 100 mg	T1b	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
amiodarone hcl oral tablet 200 mg	T1b	
amiodarone hcl oral tablet 400 mg	T9	
CORDARONE	T3	
dofetilide	T2	
MULTAQ	T3	
PACERONE ORAL TABLET 100 MG	T2	QL (30 tablets per 30 days)
PACERONE ORAL TABLET 200 MG	T1b	
PACERONE ORAL TABLET 400 MG	T2	
TIKOSYN	T3	
Antiasthmatic And Bronchodilator Agents		
****5-Lipoxygenase Inhibitors******		
zileuton er	T5	ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); AL
ZYFLO	T9	
ZYFLO CR	T9	
****Adrenergic Combinations******		
ADVAIR DISKUS	T9	
ADVAIR HFA	T9	
AIRDUO DIGIHALER	T9	
AIRDUO RESPICLICK 113/14	T9	
AIRDUO RESPICLICK 232/14	T9	
AIRDUO RESPICLICK 55/14	T9	
ANORO ELLIPTA	T2	QL (1 inhaler per 30 days)
BEVESPI AEROSPHERE	T3	ST; QL (1 inhaler per 30 days)
BREO ELLIPTA	T9	
BREZTRI AEROSPHERE	T9	
budesonide-formoterol fumarate	T9	
COMBIVENT RESPIMAT	T2	QL (2 GM per 40 days)
DUAKLIR PRESSAIR	T9	
DULERA	T2	QL (1 inhaler per 31 days)
fluticasone furoate-vilanterol	T9	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 100-50 mcg/dose, 250-50 mcg/act, 250-50 mcg/dose, 500-50 mcg/act, 500-50 mcg/dose	T3	
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	T1b	QL (1 inhaler per 30 days)
ipratropium-albuterol	T1b	QL (540 ML per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	QL (1 inhaler per 30 days)

Medication	Coverage Level	Restrictions
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	T2	QL (1 Inhalers per 30 days)
TRELEGY ELLIPTA	T2	
UTIBRON NEOHALER	T3	QL (1 inhaler per 30 days)
WIXELA INHUB	T3	
Anti-Ige Monoclonal Antibodies*		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 30 days)
Anti-Inflammatory Agents*		
cromolyn sodium inhalation	T9	
Beta Adrenergics*		
albuterol sulfate er	T1b	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	T1b	QL (2 inhalers per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml	T1b	
albuterol sulfate oral	T1b	
ARCAPTA NEOHALER	T3	
arformoterol tartrate	T3	AL
BROVANA	T5	SP (Limited to a 1 month supply per fill); AL
formoterol fumarate inhalation	T4	ST; SP (Limited to a 1 month supply per fill); AL
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	T1b	
levalbuterol tartrate hfa	T2	
metaproterenol sulfate oral syrup	T1b	
PERFOROMIST	T9	
PROAIR DIGIHALER	T9	
PROAIR HFA	T9	
PROAIR RESPICLICK	T9	
PROVENTIL HFA	T9	
SEREVENT DISKUS	T2	
STRIVERDI RESPIMAT	T2	QL (1 inhaler per 30 days); AL
terbutaline sulfate oral	T1b	
VENTOLIN HFA	T2	QL (2 Inhalers per 30 days)
VOSPIRE ER	T3	

Medication	Coverage Level	Restrictions
XOPENEX	T3	
XOPENEX CONCENTRATE	T3	
XOPENEX HFA	T9	
Bronchodilators - Anticholinergics*		
ATROVENT HFA	T2	
INCRUSE ELLIPTA	T2	QL (30 Blisters per 30 Day(s)s)
ipratropium bromide inhalation	T1b	
LONHALA MAGNAIR REFILL KIT	T9	
LONHALA MAGNAIR STARTER KIT	T9	
SEEBRI NEOHALER	T3	QL (1 inhaler per 30 days)
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)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T9	
YUPELRI	T9	
Interleukin-5 Antagonists (Igg1 Kappa)*		
FASENRA PEN	T4	PA; SP (Limited to 1 pen per 28 day fill for induction/starting dose only); QL (1 ML per 56 days)
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)
Leukotriene Receptor Antagonists*		
ACCOLATE	T3	
montelukast sodium oral	T1b	
SINGULAIR	T3	
zafirlukast	T1b	
Selective Phosphodiesterase 4 (Pde4) Inhibitors*		
DALIRESP ORAL TABLET 250 MCG	T3	PA; QL (1 Fill per 1 Lifetime)
DALIRESP ORAL TABLET 500 MCG	T3	PA
roflumilast oral tablet 250 mcg	T3	PA; QL (1 fill per 1 lifetime)
roflumilast oral tablet 500 mcg	T3	PA
Steroid Inhalants*		
ALVESCO	T9	
ARMONAIR DIGIHALER	T9	

Medication	Coverage Level	Restrictions
ARNUITY ELLIPTA	T2	QL (1 Inhaler per 30 days); AL
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	
budesonide inhalation suspension 0.25 mg/2ml, 1 mg/2ml	T2	QL (120 ML per 30 days)
budesonide inhalation suspension 0.5 mg/2ml	T2	QL (240 ML per 30 days)
FLOVENT DISKUS	T2	QL (1 Inhaler per 30 Day(s)s)
FLOVENT HFA	T2	QL (1 Inhaler per 30 Day(s)s)
fluticasone propionate hfa	T9	
PULMICORT FLEXHALER	T9	
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML	T3	
PULMICORT INHALATION SUSPENSION 1 MG/2ML	T3	QL (120 ML per 30 days)
QVAR REDIHALER	T2	
Xanthines*		
ELIXOPHYLLIN	T3	
THEO-24	T2	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1b	
theophylline er oral tablet extended release 24 hour	T1b	
Anticoagulants		
Coumarin Anticoagulants*		
COUMADIN ORAL	T2	
JANTOVEN	T1b	
warfarin sodium oral	T1a	
Direct Factor Xa Inhibitors*		
BEVYXXA	T9	
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)
SAVAYSA	T3	ST; QL (30 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)

Medication	Coverage Level	Restrictions
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)
Heparins And Heparinoid-Like Agents*		
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 2500 unit/ml, 5000 unit/ml	T9	
heparin sodium (porcine) intravenous solution	T9	
Low Molecular Weight Heparins*		
enoxaparin sodium injection solution	T3	SP (Limited to a 1 month supply per fill)
enoxaparin sodium injection solution prefilled syringe	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	SP (Limited to a 1 month supply per fill)
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)
Synthetic Heparinoid-Like Agents*		
ARIXTRA	T9	
fondaparinux sodium	T9	
Thrombin Inhibitors - Selective Direct & Reversible*		
dabigatran etexilate mesylate	T3	ST; QL (60 capsules per 30 days)
PRADAXA	T3	ST; QL (62 capsules per 31 days)
Anticonvulsants		
Ampa Glutamate Receptor Antagonists*		
FYCOMPA ORAL SUSPENSION	T3	QL (680 ML per 30 days); AL
FYCOMPA ORAL TABLET	T3	ST; QL (31 tablets per 31 days); AL
Anticonvulsants - Benzodiazepines*		
clobazam oral suspension	T3	ST; QL (240 ML per 30 days)
clobazam oral tablet	T2	ST
clonazepam oral tablet	T1a	
clonazepam oral tablet dispersible	T1b	
DIASTAT ACUDIAL	T2	
DIASTAT PEDIATRIC	T2	
diazepam rectal	T3	
KLONOPIN	T3	
NAYZILAM	T3	QL (4 doses per 30 Days)
ONFI ORAL SUSPENSION	T3	ST
ONFI ORAL TABLET 10 MG, 20 MG	T3	ST

Medication	Coverage Level	Restrictions
SYMPAZAN	T9	
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)
Anticonvulsants - Misc.*		
APTIOM	T3	PA; QL (60 tablets per 30 days)
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 (60 tablets per 30 days)
BRIVIACT ORAL SOLUTION	T3	QL (300 ML per 30 days)
BRIVIACT ORAL TABLET	T3	QL (60 tablets per 30 days)
carbamazepine er oral capsule extended release 12 hour	T1b	ST
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg	T1b	ST; QL (60 tablets per 30 days)
carbamazepine er oral tablet extended release 12 hour 400 mg	T2	ST; QL (120 tablets per 30 days)
carbamazepine oral	T1b	
CARBATROL	T3	ST
DIACOMIT ORAL CAPSULE 250 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
DIACOMIT ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
ELEPSIA XR	T9	
EPIDIOLEX	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 bottles per 30 days)
EPITOL	T1b	
EPRONTIA	T9	
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)

Medication	Coverage Level	Restrictions
gabapentin oral capsule	T1a	
gabapentin oral solution 250 mg/5ml	T1b	
gabapentin oral tablet 600 mg, 800 mg	T1b	
KEPPRA ORAL	T3	
KEPPRA XR	T3	
lacosamide oral solution	T2	
lacosamide oral tablet	T2	QL (60 tablets per 30 days)
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)
lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	T3	ST; QL (30 tablets per 30 days)
lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg	T3	ST; QL (60 tablets per 30 days)
lamotrigine oral tablet	T1a	
lamotrigine oral tablet chewable	T1b	
lamotrigine oral tablet dispersible	T9	
lamotrigine starter kit-blue	T1b	QL (1 kit per 365 days)
lamotrigine starter kit-green	T1b	QL (1 kit per 365 days)
lamotrigine starter kit-orange	T1b	QL (1 kit per 365 days)
lamotrigine titration	T9	
levetiracetam er	T1b	
levetiracetam oral solution	T1b	
levetiracetam oral tablet	T1a	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 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)
MYSOLINE ORAL TABLET 50 MG	T3	
NEURONTIN	T3	
oxcarbazepine	T1b	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	T3	PA; QL (30 tablets per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	T3	PA; QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
POTIGA	T3	ST; QL (90 tablets per 30 days)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	T1b	QL (90 CAPSULES per 30 Days)
pregabalin oral capsule 225 mg	T1b	QL (60 capsules per 30 days)
pregabalin oral capsule 300 mg	T1b	QL (60 CAPSULES per 30 days)
pregabalin oral solution	T1b	QL (473 ML per 30 days)
primidone oral	T1a	
QUDEXY XR	T9	
rufinamide oral suspension	T4	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
rufinamide oral tablet	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
SPRITAM	T3	ST; QL (60 tablets 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)
TEGRETOL ORAL SUSPENSION	T3	
TEGRETOL ORAL TABLET	T3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	T3	ST; QL (60 tablets per 30 days)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG	T3	ST; QL (60 tablets per 2 days)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 400 MG	T3	ST; QL (120 tablets per 30 days)
TOPAMAX	T3	
TOPAMAX SPRINKLE	T3	ST
topiramate er	T3	ST; QL (30 capsules per 30 days)
topiramate oral capsule sprinkle	T1a	ST
topiramate oral tablet	T1a	
TRILEPTAL	T3	
TROKENDI XR	T9	
VIMPAT ORAL SOLUTION	T3	
VIMPAT ORAL TABLET	T3	QL (60 tablets per 30 days)
ZONEGRAN	T3	
ZONISADE	T3	QL (150 ML per 30 days); AL
zonisamide oral	T1a	
ZTALMY	T4	PA; SP (Limited to a 1 month supply per fill); QL (1100 ML per 30 days)

Medication	Coverage Level	Restrictions
Carbamates*		
felbamate oral suspension	T2	QL (900 ml per 30 days)
felbamate oral tablet 400 mg	T2	QL (210 tablets per 30 days)
felbamate oral tablet 600 mg	T2	QL (180 tablets per 30 days)
FELBATOL ORAL SUSPENSION	T3	QL (900 ml per 30 days)
FELBATOL ORAL TABLET 400 MG	T3	QL (210 tablets per 30 days)
FELBATOL ORAL TABLET 600 MG	T3	QL (180 tablets per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T3	PA; QL (60 tablets per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 MG	T3	PA; QL (60 Tablets per 30 days)
XCOPRI (350 MG DAILY DOSE)	T3	PA; QL (60 Tablets per 30 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	T3	PA; QL (30 Tablets per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	T3	PA; QL (60 Tablets per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG	T3	PA; QL (1 Pack per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG	T3	PA; QL (1 pack per 30 days)
Gaba Modulators*		
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)
SABRIL	T9	SP ( )
tiagabine hcl oral tablet 12 mg, 4 mg	T3	QL (120 tablets per 30 days)
tiagabine hcl oral tablet 16 mg	T3	QL (30 tablets per 30 days)
tiagabine hcl oral tablet 2 mg	T3	QL (60 tablets per 30 days)
vigabatrin oral packet	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL
vigabatrin oral tablet	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days); AL
VIGADRONE	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL
Hydantoins*		
DILANTIN INFATABS	T2	
DILANTIN ORAL CAPSULE 100 MG	T3	
DILANTIN ORAL CAPSULE 30 MG	T2	
DILANTIN ORAL SUSPENSION	T3	

Medication	Coverage Level	Restrictions
PEGANONE	T3	
PHENYTEK	T2	
phenytoin oral suspension 125 mg/5ml	T1b	
phenytoin oral tablet chewable	T1b	
phenytoin sodium extended	T1a	
Succinimides*		
CELONTIN	T2	
ethosuximide oral	T1b	
ZARONTIN	T3	
Valproic Acid*		
DEPAKOTE	T3	
DEPAKOTE ER	T3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	
divalproex sodium er oral tablet extended release 24 hour	T1b	
divalproex sodium oral capsule delayed release sprinkle	T1b	
divalproex sodium oral tablet delayed release	T1a	
STAVZOR	T3	ST
valproate sodium oral solution	T1b	
valproic acid oral capsule	T1b	
Antidepressants		
Alpha-2 Receptor Antagonists (Tetracyclics)*		
mirtazapine oral tablet	T1a	
mirtazapine oral tablet dispersible	T1b	
REMERON	T3	
REMERON SOLTAB	T3	
Antidepressants - Misc.*		
APLENZIN	T9	
BUDEPRION SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	T1b	QL (90 tablets per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg	T1b	QL (90 tablets per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg	T1b	QL (60 tablets per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	T1b	QL (90 tablets per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	T1b	

Medication	Coverage Level	Restrictions
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	T9	
bupropion hcl oral	T1b	
FORFIVO XL	T9	
maprotiline hcl	T1b	
WELLBUTRIN	T3	
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	
Monoamine Oxidase Inhibitors (Maois)*		
EMSAM	T3	ST
MARPLAN	T2	QL (180 tablets per 30 days)
NARDIL	T3	
PARNATE	T3	
phenelzine sulfate oral	T1b	
tranylcypromine sulfate	T2	
Selective Serotonin Reuptake Inhibitors (Ssris)*		
CELEXA ORAL TABLET 10 MG	T3	QL (90 tablets per 30 days); AL
CELEXA ORAL TABLET 20 MG	T3	QL (60 tablets per 30 days); AL
CELEXA ORAL TABLET 40 MG	T3	QL (30 tablets per 30 days); AL
citalopram hydrobromide oral capsule	T9	
citalopram hydrobromide oral solution	T1a	
citalopram hydrobromide oral tablet 10 mg	T1a	QL (90 tablets per 30 days)
citalopram hydrobromide oral tablet 20 mg	T1a	QL (60 tablets per 30 days)
citalopram hydrobromide oral tablet 40 mg	T1a	
escitalopram oxalate oral	T1b	
fluoxetine hcl oral capsule	T1a	
fluoxetine hcl oral capsule delayed release	T2	ST
fluoxetine hcl oral solution	T1b	
fluoxetine hcl oral tablet 10 mg, 20 mg	T1b	
fluoxetine hcl oral tablet 60 mg	T9	
fluvoxamine maleate	T1b	
fluvoxamine maleate er	T3	QL (60 capsules per 30 days)
LEXAPRO	T3	
LUVOX CR	T3	QL (60 capsules per 30 days)

Medication	Coverage Level	Restrictions
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	T2	ST; QL (30 tablets per 30 days)
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	T2	ST; QL (60 tablets per 30 days)
paroxetine hcl oral suspension	T2	
paroxetine hcl oral tablet	T1a	
PAXIL	T3	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 37.5 MG	T3	ST; QL (30 tablets per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	T3	ST; QL (60 tablets per 30 days)
PEXEVA	T9	
PROZAC ORAL CAPSULE	T3	
PROZAC WEEKLY	T3	ST
sertraline hcl oral capsule	T9	
sertraline hcl oral concentrate	T1a	
sertraline hcl oral tablet	T1a	
ZOLOFT ORAL CONCENTRATE	T3	
ZOLOFT ORAL TABLET 100 MG	T3	QL (60 tablets per 30 days)
ZOLOFT ORAL TABLET 25 MG	T3	QL (90 tablets per 30 days)
ZOLOFT ORAL TABLET 50 MG	T3	QL (120 tablets per 30 days)
Serotonin Modulators*		
nefazodone hcl	T1b	
OLEPTRO	T3	ST
trazodone hcl oral	T1a	
TRINTELLIX	T3	ST; QL (30 tablets per 30 days); AL
VIIBRYD ORAL TABLET	T3	ST; QL (30 tablets per 30 days)
VIIBRYD STARTER PACK	T3	ST; QL (30 tablets per 30 days)
vilazodone hcl	T1b	QL (30 tablets per 30 Days)
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)*		
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)
desvenlafaxine er	T2	QL (30 tablets per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg	T1b	QL (60 tablets per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg	T1b	QL (30 tablets per 30 days)
DRIZALMA SPRINKLE	T9	

Medication	Coverage Level	Restrictions
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	T1b	QL (60 capsules per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg	T1b	QL (90 capsules per 30 days)
duloxetine hcl oral capsule delayed release particles 40 mg	T1b	ST; QL (30 capsules per 30 days)
EFFEXOR XR	T3	
FETZIMA	T3	ST; QL (30 capsules per 30 days); AL
FETZIMA TITRATION	T3	ST; QL (30 capsules per 30 days); AL
PRISTIQ	T3	QL (30 tablets per 30 days)
venlafaxine besylate er	T9	
venlafaxine hcl	T1b	
venlafaxine hcl er oral capsule extended release 24 hour	T1a	
venlafaxine hcl er oral tablet extended release 24 hour	T9	
Tricyclic Agents*		
amitriptyline hcl oral	T1b	
amoxapine	T1b	
ANAFRANIL ORAL CAPSULE 25 MG	T3	QL (30 capsules per 30 Days)
ANAFRANIL ORAL CAPSULE 50 MG	T3	QL (60 capsules per 30 Days)
ANAFRANIL ORAL CAPSULE 75 MG	T3	QL (90 capsules per 30 Days)
clomipramine hcl oral capsule 25 mg	T2	QL (30 capsules per 30 days)
clomipramine hcl oral capsule 50 mg	T2	QL (60 capsules per 30 days)
clomipramine hcl oral capsule 75 mg	T2	QL (90 capsules per 30 days)
desipramine hcl oral	T2	QL (60 tablets per 30 days)
doxepin hcl oral capsule	T1b	
doxepin hcl oral concentrate	T1b	
imipramine hcl oral	T1b	
imipramine pamoate oral capsule 100 mg, 150 mg	T2	ST; QL (60 capsules per 30 days)
imipramine pamoate oral capsule 125 mg	T3	ST; QL (60 capsules per 30 days)
imipramine pamoate oral capsule 75 mg	T2	ST; QL (30 capsules per 30 days)
NORPRAMIN ORAL TABLET 10 MG, 25 MG	T3	QL (60 tablets per 30 days)
NORPRAMIN ORAL TABLET 100 MG, 150 MG, 50 MG, 75 MG	T3	
nortriptyline hcl oral capsule	T1b	
PAMELOR ORAL CAPSULE	T3	SP (Generic substitution mandatory.)
protriptyline hcl	T2	

Medication	Coverage Level	Restrictions
TOFRANIL	T3	
TOFRANIL-PM ORAL CAPSULE 100 MG	T3	ST; QL (60 capsules per 30 days)
TOFRANIL-PM ORAL CAPSULE 125 MG, 150 MG	T3	
TOFRANIL-PM ORAL CAPSULE 75 MG	T3	ST; QL (30 capsules per 30 days)
trimipramine maleate oral	T2	
VIVACTIL	T3	
Antidiabetics		
****Alpha-Glucosidase Inhibitors******		
acarbose oral	T1b	
GLYSET	T3	
PRECOSE	T3	
****Antidiabetic - Amylin Analogs******		
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)
****Biguanides******		
FORTAMET	T9	
GLUCOPHAGE	T3	
GLUCOPHAGE XR	T3	
GLUMETZA	T9	
metformin hcl er	T1a	
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg	T9	
metformin hcl oral solution	T9	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	T1a	
metformin hcl oral tablet 625 mg	T9	
RIOMET	T9	
****Diabetic Other******		
BAQSIMI ONE PACK	T2	QL (2 devices per 30 Days)
BAQSIMI TWO PACK	T2	QL (2 devices per 30 Days)
diazoxide oral	T4	SP (Limited to a 1 month supply per fill)
GLUCAGEN HYPOKIT	T2	QL (2 Kits per 30 days)
glucagon emergency injection kit	T2	QL (2 Kits per 30 days)
GVOKE HYPOPEN 1-PACK	T2	
GVOKE HYPOPEN 2-PACK	T2	
GVOKE KIT	T2	QL (2 vials per 30 days)
GVOKE PFS	T2	QL (2 syringes per 30 days)

Medication	Coverage Level	Restrictions
PROGLYCEM	T9	
ZEGALOGUE	T3	QL (2 kits per 30 days)
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors*		
alogliptin benzoate	T3	ST; QL (30 tablets per 30 days)
JANUVIA	T2	QL (30 tablets per 30 days)
NESINA	T9	
ONGLYZA	T3	ST; QL (30 tablets per 30 days)
TRADJENTA	T3	ST; QL (30 tablets per 30 days)
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations*		
alogliptin-metformin hcl	T3	ST; QL (60 tablets per 30 days)
JANUMET	T2	QL (60 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	QL (30 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	QL (60 tablets per 30 days)
JENTADUETO	T3	ST; QL (60 tablets per 30 days)
JENTADUETO XR	T3	ST; QL (30 tablets per 30 days)
KAZANO	T9	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T3	ST; QL (60 tablets per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T3	ST; QL (30 tablets per 30 days)
Dopamine Receptor Agonists - Ergot Derivatives*		
CYCLOSET	T3	
Dpp-4 Inhibitor-Thiazolidinedione Combinations*		
alogliptin-pioglitazone	T3	ST; QL (30 tablets per 30 days)
OSENI	T9	
Human Insulin*		
ADMELOG	T3	ST
ADMELOG SOLOSTAR	T3	ST; AL
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 60 X 4 UNIT & 30X8 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	T3	ST
APIDRA	T3	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST; AL
BASAGLAR KWIKPEN	T9	
BASAGLAR TEMPO PEN	T9	

Medication	Coverage Level	Restrictions
FIASP	T3	ST
FIASP FLEXTOUCH	T3	ST; AL
FIASP PENFILL	T3	ST; AL
HUMALOG INJECTION	T1b	
HUMALOG JUNIOR KWIKPEN	T1b	AL
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T1b	AL
HUMALOG MIX 50/50	T1b	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1b	AL
HUMALOG MIX 75/25	T1b	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1b	AL
HUMALOG SUBCUTANEOUS SOLUTION	T1b	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T1b	AL
HUMALOG TEMPO PEN	T9	
HUMULIN 70/30	T1b	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1b	AL
HUMULIN N	T1b	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1b	AL
HUMULIN R	T1b	
HUMULIN R U-500 (CONCENTRATED)	T1b	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1b	AL
insulin asp prot & asp flexpen	T3	ST; AL
insulin aspart	T3	ST
insulin aspart flexpen	T3	ST; AL
insulin aspart penfill	T3	ST; AL
insulin aspart prot & aspart	T3	ST
insulin degludec	T9	
insulin degludec flextouch	T9	
insulin glargine-yfgn	T9	
insulin lispro	T9	
insulin lispro (1 unit dial)	T9	
insulin lispro junior kwikpen	T9	
insulin lispro prot & lispro	T9	

Medication	Coverage Level	Restrictions
LANTUS	T1b	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1b	
LEVEMIR	T3	ST
LEVEMIR FLEXTOUCH	T3	ST
LYUMJEV	T2	
LYUMJEV KWIKPEN	T2	AL
LYUMJEV TEMPO PEN	T9	
NOVOLIN 70/30	T3	ST
NOVOLIN 70/30 FLEXPEN	T3	ST; AL
NOVOLIN N	T3	ST
NOVOLIN N FLEXPEN	T3	ST; AL
NOVOLIN R	T3	ST
NOVOLIN R FLEXPEN	T3	ST; AL
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	
SEMGLEE	T9	
SEMGLEE (YFGN)	T9	
TOUJEO MAX SOLOSTAR	T1b	
TOUJEO SOLOSTAR	T1b	
TRESIBA	T9	
TRESIBA FLEXTOUCH	T9	
****Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)******		
MOUNJARO	T2	PA; QL (4 pen-injectors per 28 days)
****Incretin Mimetic Agents (Glp-1 Receptor Agonists)******		
ADLYXIN	T5	PA
ADLYXIN STARTER PACK	T5	PA
BYDUREON BCISE	T5	PA
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T5	PA
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T5	PA

Medication	Coverage Level	Restrictions
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	T5	PA; QL (1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T5	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE)	T5	PA; QL (3 ML per 28 days)
RYBELSUS	T9	
TRULICITY	T2	PA; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T5	PA
****Insulin-Incretin Mimetic Combinations******		
SOLIQUA	T3	PA; QL (15 ML per 25 days)
XULTOPHY	T3	PA; QL (15 ML per 30 days)
****Meglitinide Analogues******		
nateglinide	T1b	
PRANDIN	T3	
repaglinide	T1b	
STARLIX	T3	
****Meglitinide-Biguanide Combinations******		
PRANDIMET	T3	
****Progesterone Receptor Antagonists******		
KORLYM	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
****Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb******		
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)
****Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations******		
GLYXAMBI	T2	QL (30 tablets per 30 days)
QTERN	T3	ST; QL (30 tablets per 30 days)
STEGLUJAN	T3	ST; QL (30 tablets per 30 days)
****Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors******		
FARXIGA	T2	QL (30 tablets per 30 days)
INVOKANA	T3	ST; QL (30 tablets per 30 days)
JARDIANCE	T2	QL (30 tablets per 30 days)
STEGLATRO	T3	ST; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb*		
INVOKAMET	T3	ST; QL (60 tablets per 30 days)
INVOKAMET XR	T3	ST; QL (60 tablets per 30 days)
SEGLUROMET	T3	ST; QL (60 tablets per 30 days)
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)
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)
Sulfonylurea-Biguanide Combinations*		
glipizide-metformin hcl	T1b	
GLUCOVANCE	T3	
glyburide-metformin	T1b	
Sulfonylureas*		
AMARYL	T3	
DIABETA	T3	
glimepiride	T1a	
glipizide er	T1b	
glipizide oral	T1a	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg	T1b	
GLUCOTROL	T3	
GLUCOTROL XL	T3	
glyburide micronized	T1b	
glyburide oral	T1b	
GLYNASE	T3	
Sulfonylurea-Thiazolidinedione Combinations*		
DUETACT	T9	
pioglitazone hcl-glimepiride	T9	
Thiazolidinedione-Biguanide Combinations*		
ACTOPLUS MET	T3	
ACTOPLUS MET XR	T2	QL (60 tablets per 30 days)
pioglitazone hcl-metformin hcl	T1b	

Medication	Coverage Level	Restrictions
Thiazolidinediones*		
ACTOS	T3	
pioglitazone hcl	T1b	
Antidiarrheal/Probiotic Agents		
Antidiarrheal - Chloride Channel Antagonists*		
MYTESI	T9	
Antidiarrheal/Probiotic Combinations*		
RESTORA RX	T9	
RESTORA SPRINKLES	T9	
Antiperistaltic Agents*		
diphenoxylate-atropine oral liquid	T1b	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	T1b	
LOMOTIL ORAL TABLET	T3	
loperamide hcl oral capsule	T9	
opium	T9	
paregoric	T9	
Antidotes And Specific Antagonists		
Antidotes - Chelating Agents*		
CHEMET	T4	SP (Limited to a 1 month supply per fill)
deferasirox granules	T4	SP (Limited to a 1 month supply per fill)
deferasirox oral tablet	T4	SP (Limited to a 1 month supply per fill)
deferasirox oral tablet soluble	T4	SP (Limited to a 1 month supply per fill)
deferiprone	T4	SP (Limited to a 1 month supply per fill)
EXJADE	T5	SO (Eligible members must be enrolled in SaveOn for coverage)
FERRIPROX ORAL SOLUTION	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
FERRIPROX ORAL TABLET 1000 MG	T9	
FERRIPROX ORAL TABLET 500 MG	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
FERRIPROX TWICE-A-DAY	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
JADENU	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
JADENU SPRINKLE	T9	
Antidotes And Specific Antagonists*		
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)
Opioid Antagonists*		
EVZIO INJECTION SOLUTION AUTO-INJECTOR 0.4 MG/0.4ML	T9	
KLOXXADO	T3	QL (2 doses per 365 days)
naloxone hcl injection solution 0.4 mg/ml	T1b	QL (2 Vials per 1 year)
naloxone hcl injection solution cartridge	T1b	QL (2 cartridges per 1 year)
naloxone hcl injection solution prefilled syringe	T1b	QL (2 Syringes per 1 year)
naloxone hcl nasal	T1b	QL (1 box per 1 year)
naltrexone hcl oral	T1b	
NARCAN	T1b	QL (2 units per 365 days)
ZIMHI	T2	QL (1 box per 1 year)
Antiemetics		
5-Ht3 Receptor Antagonists*		
ANZEMET ORAL TABLET 100 MG	T3	ST; QL (3 tablets per 30 days)
ANZEMET ORAL TABLET 50 MG	T9	ST; QL (3 tablets per 30 days)
granisetron hcl oral	T2	QL (20 tablets per 30 days)
ondansetron	T1b	
ondansetron hcl oral	T1b	
SANCUSO	T4	ST; SP (Max day supply up to 31 days.); QL (1 patch per 28 days)
SUSTOL	T9	
ZUPLENZ	T9	
Antiemetic Combinations*		
AKYNZEO ORAL	T9	
BONJESTA	T9	
DICLEGIS	T9	
doxylamine-pyridoxine	T9	
Antiemetics - Anticholinergic*		
ANTIVERT ORAL TABLET 50 MG	T9	
meclizine hcl oral tablet 12.5 mg, 25 mg	T9	
scopolamine	T1b	

Medication	Coverage Level	Restrictions
TIGAN ORAL	T3	
TRANSDERM-SCOP (1.5 MG)	T9	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	T9	
trimethobenzamide hcl intramuscular	T1b	
trimethobenzamide hcl oral	T1b	
Antiemetics - Miscellaneous*		
dronabinol oral capsule 10 mg	T4	SP (Limited to a 1 month supply per fill); QL (60 Capsules per 30 days)
dronabinol oral capsule 2.5 mg, 5 mg	T3	QL (60 Capsules per 30 days)
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)
SYNDROS	T9	
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists*		
aprepitant oral	T1b	QL (6 capsules per 30 days)
aprepitant oral capsule	T1b	QL (7 capsules per 30 days)
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	T9	
EMEND TRI-PACK	T9	
VARUBI ORAL	T3	ST; QL (4 tablets per 30 days)
Antifungals		
Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)*		
BREXAFEMME	T9	
Antifungals*		
GRIFULVIN V ORAL TABLET	T2	
griseofulvin microsize oral	T1b	
griseofulvin ultramicrosize	T2	
GRIS-PEG	T2	
LAMISIL ORAL TABLET	T3	
nystatin oral tablet	T1b	
terbinafine hcl oral	T1b	
Imidazoles*		
ketoconazole oral	T1b	
Tetrazoles*		
VIVJOA	T9	

Medication	Coverage Level	Restrictions
Triazoles*		
CRESEMBA ORAL	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
DIFLUCAN	T3	
fluconazole oral	T1b	
itraconazole oral capsule	T2	QL (120 capsules per 30 days)
itraconazole oral solution	T4	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
NOXAFIL ORAL SUSPENSION	T4	PA; SP (Limited to a 1 month supply per fill); QL (450 ML per 30 days)
NOXAFIL ORAL TABLET DELAYED RELEASE	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
ONMEL	T9	
posaconazole	T4	PA; SP (Max of 31 days per dispensing.); QL (180 tablets per 30 days)
SPORANOX ORAL CAPSULE	T9	
SPORANOX ORAL SOLUTION	T5	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
SPORANOX PULSEPAK	T9	
tolsura	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)
VFEND ORAL TABLET 50 MG	T5	SP (Limited to a 1 month supply per fill); QL (480 tablets per 30 days)
voriconazole oral suspension reconstituted	T4	SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
voriconazole oral tablet 200 mg	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
voriconazole oral tablet 50 mg	T4	SP (Limited to a 1 month supply per fill); QL (480 tablets per 30 days)
Antihistamines		
Antihistamines - Alkylamines*		
chlorpheniramine maleate er	T9	

Medication	Coverage Level	Restrictions
RYCLORA ORAL SYRUP	T9	
Antihistamines - Ethanolamines*		
carbinoxamine maleate oral solution	T1b	
carbinoxamine maleate oral tablet 4 mg	T1b	
carbinoxamine maleate oral tablet 6 mg	T9	
clemastine fumarate oral syrup	T9	
clemastine fumarate oral tablet 1.34 mg	T9	
clemastine fumarate oral tablet 2.68 mg	T1b	
DICOPANOL FUSEPAQ	T9	
diphenhydramine hcl oral capsule	T9	
diphenhydramine hcl oral elixir	T9	
diphenhydramine hcl oral liquid 12.5 mg/5ml	T9	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T9	
RYVENT	T9	
Antihistamines - Non-Sedating*		
ALAVERT	T9	
ALLEGRA ALLERGY	T9	
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION	T9	
cetirizine hcl childrens alrgy oral solution	T9	
cetirizine hcl oral tablet	T9	
cetirizine hcl oral tablet chewable	T9	
childrens loratadine oral syrup	T9	
CLARINEX ORAL TABLET	T9	
CLARITIN ORAL SYRUP	T9	
CLARITIN ORAL TABLET	T9	
CLARITIN REDITABS	T9	
desloratadine oral tablet	T9	
fexofenadine hcl oral tablet 180 mg, 60 mg	T9	
levocetirizine dihydrochloride oral	T9	
loratadine oral tablet	T9	
QUZYTTIR	T9	
Antihistamines - Phenothiazines*		
promethazine hcl oral syrup	T1b	
promethazine hcl oral tablet	T1b	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1b	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T3	

Medication	Coverage Level	Restrictions
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
Antihistamines - Piperidines*		
cyproheptadine hcl oral	T1b	
Antihyperlipidemics		
Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb*		
NEXLIZET	T3	PA; QL (30 tablets per 30 days)
Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors*		
NEXLETOL	T3	PA; QL (30 Tablets per 30 days)
Antihyperlipidemics - Misc.*		
icosapent ethyl	T2	PA
LOVAZA	T3	
omega-3-acid ethyl esters	T1b	
VASCEPA	T9	PA
Bile Acid Sequestrants*		
cholestyramine light	T1b	
cholestyramine oral	T1b	
colesevelam hcl oral packet	T3	QL (1 packet per 1 day)
colesevelam hcl oral tablet	T1b	QL (180 tablets per 30 days)
COLESTID	T3	
colestipol hcl	T1b	
PREVALITE	T1b	
QUESTRAN LIGHT ORAL POWDER	T3	
QUESTRAN ORAL POWDER	T3	
WELCHOL ORAL PACKET	T3	QL (30 packets per 30 days)
WELCHOL ORAL TABLET	T3	QL (180 tablets per 30 days)
Fibric Acid Derivatives*		
ANTARA ORAL CAPSULE 130 MG, 43 MG	T3	
ANTARA ORAL CAPSULE 30 MG, 90 MG	T9	
fenofibrate micronized oral capsule 130 mg, 30 mg, 90 mg	T9	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	T1b	
fenofibrate oral capsule 150 mg, 50 mg	T9	
fenofibrate oral tablet 120 mg, 40 mg	T9	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	T1b	
fenofibric acid oral capsule delayed release	T1b	
fenofibric acid oral tablet	T9	

Medication	Coverage Level	Restrictions
FENOGLIDE	T9	
FIBRICOR	T9	
gemfibrozil oral	T1a	
LIPOFEN	T9	
LOFIBRA ORAL CAPSULE	T3	
LOFIBRA ORAL TABLET 160 MG	T3	
LOPID	T3	
TRICOR	T3	
TRIGLIDE ORAL TABLET 160 MG	T9	
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)
Hmg Coa Reductase Inhibitor Combinations*		
ADVICOR	T2	
SIMCOR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000-20 MG, 500-20 MG, 500-40 MG, 750-20 MG	T2	QL (62 tablets per 31 days)
SIMCOR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000-40 MG	T2	QL (60 tablets per 30 days)
Hmg Coa Reductase Inhibitors*		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 60 MG	T9	
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 40 MG	T9	SO (.)
atorvastatin calcium oral tablet 10 mg, 20 mg	T8	PV
atorvastatin calcium oral tablet 40 mg, 80 mg	T1a	
CRESTOR	T3	
EZALLOR SPRINKLE	T9	
flolipid	T9	
fluvastatin sodium	T9	
fluvastatin sodium er	T9	
LESCOL XL	T9	
LIPITOR	T3	
LIVALO	T9	
lovastatin oral	T8	PV
MEVACOR ORAL TABLET 20 MG, 40 MG	T3	
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	T3	
pravastatin sodium	T8	PV
rosuvastatin calcium oral tablet 10 mg, 5 mg	T8	PV

Medication	Coverage Level	Restrictions
rosuvastatin calcium oral tablet 20 mg, 40 mg	T1b	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T8	PV
simvastatin oral tablet 80 mg	T1a	
ZOCOR	T3	QL (31 tablets per 31 days)
ZYPITAMAG	T9	
Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb*		
ezetimibe-rosuvastatin	T9	
ezetimibe-simvastatin	T1b	
LIPTRUZET	T3	ST; QL (31 tablets per 31 days)
ROSZET	T9	
VYTORIN	T3	
Intestinal Cholesterol Absorption Inhibitors*		
ezetimibe	T1b	
ZETIA	T3	
Microsomal Triglyceride Transfer Protein Inhibitors*		
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG	T9	SP ( )
JUXTAPID ORAL CAPSULE 20 MG, 5 MG	T9	
Nicotinic Acid Derivatives*		
niacin er (antihyperlipidemic)	T1a	
NIACOR	T1b	
NIASPAN	T3	
Pcsk9 Inhibitors*		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; QL (2 pens per 28 days)
REPATHA	T2	PA; QL (2 pens per 28 days)
REPATHA PUSHTRONEX SYSTEM	T2	PA; QL (1 cartridge per 30 days)
REPATHA SURECLICK	T2	PA; QL (2 pens per 28 days)
Antihypertensives		
Ace Inhibitor & Calcium Channel Blocker Combinations*		
amlodipine besy-benazepril hcl	T1b	
LOTREL ORAL CAPSULE 10-20 MG, 2.5-10 MG, 5-10 MG, 5-20 MG	T3	SP (Generic substitution mandatory.)
LOTREL ORAL CAPSULE 10-40 MG, 5-40 MG	T3	
PRESTALIA	T3	ST
TARKA	T3	
trandolapril-verapamil hcl er	T1b	

Medication	Coverage Level	Restrictions
Ace Inhibitors & Thiazide/Thiazide-Like*		
ACCURETIC	T3	
benazepril-hydrochlorothiazide	T1b	
captopril-hydrochlorothiazide	T1b	
enalapril-hydrochlorothiazide	T1b	
fosinopril sodium-hctz	T1b	
lisinopril-hydrochlorothiazide	T1a	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	T3	
quinapril-hydrochlorothiazide	T1b	
UNIRETIC ORAL TABLET 15-12.5 MG	T3	
VASERETIC	T3	
ZESTORETIC	T3	
Ace Inhibitors*		
ACCUPRIL	T3	
ALTACE ORAL CAPSULE	T3	
benazepril hcl oral	T1a	
captopril oral	T1a	
enalapril maleate oral solution	T2	AL
enalapril maleate oral tablet	T1a	
EPANED ORAL SOLUTION	T2	AL
fosinopril sodium	T1b	
lisinopril oral	T1a	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	T3	
MAVIK	T3	
moexipril hcl	T1b	
perindopril erbumine	T1b	
PRINIVIL	T3	
QBRELIS	T3	AL
quinapril hcl	T1b	
ramipril	T1a	
trandolapril	T1b	
UNIVASC	T3	
VASOTEC	T3	
ZESTRIL	T3	
Adrenolytics-Central & Thiazide/Thiazide-Like Comb*		
CLORPRES	T1b	
methyldopa-hydrochlorothiazide	T1b	

Medication	Coverage Level	Restrictions
Agents For Pheochromocytoma*		
DEMSER	T9	
DIBENZYLINE	T9	
metyrosine	T9	
phenoxybenzamine hcl oral	T5	ST; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb*		
amlodipine besylate-valsartan	T1b	
amlodipine-olmesartan	T1b	
AZOR	T3	ST
EXFORGE	T3	
telmisartan-amlodipine	T1b	
TWYNSTA	T3	
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like*		
ATACAND HCT	T3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	
BENICAR HCT	T3	
candesartan cilexetil-hctz	T1b	
DIOVAN HCT	T3	
EDARBYCLOR	T3	ST
HYZAAR	T3	
irbesartan-hydrochlorothiazide	T1b	
losartan potassium-hctz	T1a	
MICARDIS HCT	T3	
olmesartan medoxomil-hctz	T1b	
telmisartan-hctz	T1b	
TEVETEN HCT	T3	ST
valsartan-hydrochlorothiazide	T1b	
Angiotensin Ii Receptor Antagonists*		
ATACAND	T3	
AVAPRO	T3	
BENICAR	T3	
candesartan cilexetil	T1b	
COZAAR	T3	
DIOVAN	T2	QL (60 tablets per 30 days)
EDARBI	T3	ST
irbesartan	T1b	

Medication	Coverage Level	Restrictions
losartan potassium oral	T1a	
MICARDIS	T3	
olmesartan medoxomil oral	T1b	
telmisartan	T1b	
TEVETEN	T3	ST
valsartan oral solution	T9	
valsartan oral tablet	T1b	
Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides		
amlodipine-valsartan-hctz	T1b	
EXFORGE HCT	T3	
olmesartan-amlodipine-hctz	T1b	
TRIBENZOR	T3	
Antiadrenergics - Centrally Acting		
CATAPRES	T3	
CATAPRES-TTS-1	T3	
CATAPRES-TTS-2	T3	
CATAPRES-TTS-3	T3	
clonidine	T1b	
clonidine hcl oral	T1a	
guanfacine hcl oral	T1b	
methyldopa oral	T1b	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	T9	
TENEX	T3	
Antiadrenergics - Peripherally Acting		
CARDURA	T3	
doxazosin mesylate oral	T1b	
MINIPRESS	T3	
prazosin hcl oral	T1b	
terazosin hcl oral	T1a	
Antihypertensives - Misc.		
VECAMYL	T4	SP (Limited to a 1 month supply per fill)
Beta Blocker & Angiotensin Ii Receptor Antagonist Comb		
BYVALSON	T3	ST
Beta Blocker & Diuretic Combinations		
atenolol-chlorthalidone	T1a	
bisoprolol-hydrochlorothiazide	T1a	
CORZIDE	T3	

Medication	Coverage Level	Restrictions
DUTOPROL	T9	
LOPRESSOR HCT ORAL TABLET 100-25 MG, 50-25 MG	T3	
metoprolol-hctz er	T9	
metoprolol-hydrochlorothiazide	T1b	
nadolol-bendroflumethiazide oral tablet 80-5 mg	T1b	
propranolol-hctz	T1b	
TENORETIC 100	T3	
TENORETIC 50	T3	
ZIAC	T3	
Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb*		
TEKTURNA HCT	T2	ST
Direct Renin Inhibitors*		
aliskiren fumarate	T2	ST
TEKTURNA	T3	
Direct Renin Inhibitors-Ca Channel Blocker-Thiazide Comb*		
AMTURNIDE ORAL TABLET 150-5-12.5 MG	T2	QL (31 tablets per 31 days)
Reserpine*		
reserpine oral	T1b	
Selective Aldosterone Receptor Antagonists (Saras)*		
eplerenone	T1b	
INSPRA	T3	QL (30 tablets per 30 days)
Vasodilators*		
hydralazine hcl oral	T1a	
minoxidil oral	T1b	
Anti-Infective Agents - Misc.		
Anti-Infective Agents - Misc.*		
AEMCOLO	T2	QL (12 tablets per 30 days); AL
FLAGYL ORAL CAPSULE	T3	
FLAGYL ORAL TABLET 500 MG	T3	
IMPAVIDO	T4	PA; SP (Limited to a 1 month supply per fill)
metronidazole oral	T1b	
NEBUPENT	T3	
pentamidine isethionate inhalation	T1b	
PRIMSOL	T9	
TINDAMAX	T3	
tinidazole oral	T1b	

Medication	Coverage Level	Restrictions
trimethoprim oral	T1b	
trimpex	T9	
XIFAXAN ORAL TABLET 200 MG	T4	SP (Max of 31 days per dispensing.); QL (9 tablets per 30 days)
XIFAXAN ORAL TABLET 550 MG	T4	PA; SP (Limited to a 14 or 30 day supply per fill, depending on diagnosis.)
Anti-Infective Misc. - Combinations*		
BACTRIM	T3	
BACTRIM DS	T3	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	T1b	
sulfamethoxazole-trimethoprim oral tablet	T1a	
Antiprotozoal Agents*		
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)
atovaquone oral	T4	SP (Limited to a 1 month supply per fill)
LAMPIT	T3	QL (90 tablets per 30 days); AL
MEPRON	T3	
nitazoxanide oral	T5	SP (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
Glycopeptides*		
FIRVANQ	T2	
VANCOCIN HCL	T9	
VANCOCIN ORAL CAPSULE 125 MG	T9	
vancomycin hcl intravenous solution reconstituted 1000 mg, 500 mg	T1b	
vancomycin hcl oral	T9	
Ketolides*		
KETEK	T3	
Leprostatics*		
dapsone oral	T1b	
Lincosamides*		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	T3	
CLEOCIN ORAL CAPSULE 75 MG	T2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	T2	

Medication	Coverage Level	Restrictions
clindamycin hcl oral	T1a	
clindamycin palmitate hcl	T1b	
Monobactams*		
CAYSTON	T4	PA; SP (Limited to a 1 month supply per fill)
Oxazolidinones*		
linezolid oral suspension reconstituted	T4	SP (Limited to one 14 day supply per 6 months (180 days)); AL
linezolid oral tablet	T2	QL (28 tablets per 14 days)
SIVEXTRO	T9	
ZYVOX ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to one 14 day supply per 6 months (180 days)); AL
ZYVOX ORAL TABLET	T5	SP (Limited to one 14 day supply per 6 months (180 days)); QL (28 tablets per 1 day)
Pleuromutilins*		
XENLETA ORAL	T9	
Polymyxins*		
colistimethate sodium (cba)	T9	
Urinary Anti-Infectives*		
fosfomycin tromethamine	T1b	QL (1 packet per 30 days)
FURADANTIN	T5	SP (Limited to a 1 month supply per fill)
MACROBID	T3	
MACRODANTIN	T9	
methenamine hippurate	T1b	
MONUROL	T3	QL (1 packet per 30 days)
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	T1b	
nitrofurantoin monohyd macro	T1b	
nitrofurantoin oral suspension	T4	SP (Limited to a 1 month supply per fill)
Urinary Antiseptic-Antispasmodic &/Or Analgesics*		
HYOPHEN	T9	
URIBEL	T9	
UROPHEN MB	T9	
Antimalarials		
Antimalarial Combinations*		
atovaquone-proguanil hcl	T1b	
COARTEM	T2	

Medication	Coverage Level	Restrictions
MALARONE	T3	
Antimalarials*		
ARAKODA	T3	
chloroquine phosphate oral	T1b	
DARAPRIM	T9	
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	T9	
hydroxychloroquine sulfate oral tablet 200 mg	T1b	
KRINTAFEL	T1b	QL (2 tablets per 365 Days)
mefloquine hcl	T1b	
PLAQUENIL	T3	
primaquine phosphate oral	T1b	
pyrimethamine oral	T4	SP (Limited to a 1 month supply per fill)
QUALAQUIN	T3	
quinine sulfate oral	T1b	
Antimyasthenic/Cholinergic Agents		
Antimyasthenic/Cholinergic Agents*		
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)
MESTINON ORAL SYRUP	T2	
MESTINON ORAL TABLET	T3	
MESTINON ORAL TABLET EXTENDED RELEASE	T9	
pyridostigmine bromide er	T9	
pyridostigmine bromide oral tablet 60 mg	T1b	
RUZURGI	T4	PA; SP (Limited to a 1 month supply per fill)
Antimycobacterial Agents*		
Antimycobacterial Agents*		
cycloserine oral	T1b	
ethambutol hcl oral	T1b	
isoniazid oral	T1a	
MYCOBUTIN	T2	
pretomanid	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PRIFTIN	T2	
pyrazinamide oral	T1b	

Medication	Coverage Level	Restrictions
rifabutin	T4	SP (Max of 31 days per dispensing)
RIFADIN ORAL	T3	
rifampin oral	T1b	
SEROMYCIN	T3	
SIRTURO	T4	SP (Limited to a 1 month supply per fill)
Antineoplastics And Adjunctive Therapies		
****Alkylating Agents******		
MYLERAN	T3	
****Androgen Biosynthesis Inhibitors******		
abiraterone acetate oral tablet 250 mg	T4	PA; SP (Max of 14 day supply per fill)
abiraterone acetate oral tablet 500 mg	T9	
YONSA	T9	
ZYTIGA	T9	
****Antiadrenals******		
LYSODREN	T4	PA; SP (Limited to a 14 day supply per dispensing)
****Antiandrogens******		
bicalutamide	T1b	
CASODEX	T3	
ERLEADA	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
flutamide	T1b	
nilutamide	T1a	
NUBEQA	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
XTANDI ORAL CAPSULE	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
XTANDI ORAL TABLET 40 MG	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)

Medication	Coverage Level	Restrictions
XTANDI ORAL TABLET 80 MG	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)
Antiestrogens*		
FARESTON	T9	
SOLTAMOX	T9	
tamoxifen citrate oral	T1b	
toremifene citrate	T4	ST; SP (Max day supply up to 31 days.); QL (30 tablets per 30 days)
Antimetabolites*		
capecitabine	T4	SP (Limited to a 1 month supply per fill)
mercaptopurine oral	T1b	
methotrexate oral	T1b	
methotrexate sodium (pf) injection solution 200 mg/8ml	T1b	
methotrexate sodium injection solution reconstituted	T1b	
ONUREG ORAL TABLET 200 MG	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)
ONUREG ORAL TABLET 300 MG	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)
PURIXAN	T5	SP (Limited to a 1 month supply per fill)
TABLOID	T5	SP (Max of 31 days per dispensing.)
TREXALL	T3	ST
XATMEP	T3	AL
XELODA	T5	SP (Limited to a 1 month supply per fill)
Antineoplastic - Alk Inhibitors*		
ALECENSA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (112 capsules per 14 days)

Medication	Coverage Level	Restrictions
ALUNBRIG ORAL TABLET 180 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
ALUNBRIG ORAL TABLET 30 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
ALUNBRIG ORAL TABLET 90 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
ALUNBRIG ORAL TABLET THERAPY PACK	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
LORBRENA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
XALKORI	T4	PA; SP (Max of 14 days per dispensing.); QL (28 capsules per 14 days)
ZYKADIA ORAL TABLET	T5	PA; SP (Max of 14 day supply per fill)
Antineoplastic - Anti-Her2 Agents*		
HERZUMA	T9	
OGIVRI	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)
Antineoplastic - Bcl-2 Inhibitors*		
VENCLEXTA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 days per dispensing.)
VENCLEXTA STARTING PACK	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 days per dispensing.)

Medication	Coverage Level	Restrictions
Antineoplastic - Bcr-Abl Kinase Inhibitors*		
BOSULIF ORAL TABLET 100 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max for 14 day supply per fill)
BOSULIF ORAL TABLET 400 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
BOSULIF ORAL TABLET 500 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
GLEEVEC	T9	
ICLUSIG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
imatinib mesylate oral tablet 100 mg	T4	PA; SP (Max of 14 day supply per fill); QL (90 tablets per 30 days)
imatinib mesylate oral tablet 400 mg	T4	PA; SP (Max of 14 day supply per fill); QL (60 tablets per 30 days)
SCEMBLIX	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
SPRYCEL	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 days per dispensing.)
TASIGNA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 days per dispensing.); QL (56 capsules per 14 days)
Antineoplastic - Braf Kinase Inhibitors*		
BRAFTOVI	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill)
TAFINLAR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
ZELBORAF	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 days per dispensing.)

Medication	Coverage Level	Restrictions
Antineoplastic - Btk Inhibitors*		
BRUKINSA	T5	PA; SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
CALQUENCE ORAL CAPSULE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (28 capsules per 14 days)
CALQUENCE ORAL TABLET	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)
IMBRUVICA ORAL CAPSULE 140 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
IMBRUVICA ORAL SUSPENSION	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (108 ML per 30 days); AL
IMBRUVICA ORAL TABLET 140 MG, 420 MG, 560 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
IMBRUVICA ORAL TABLET 280 MG	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)
Antineoplastic - Egfr Inhibitors*		
erlotinib hcl	T4	PA; SP (Max of 14 day supply per fill)
EXKIVITY	T4	PA; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
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)
IRESSA	T4	PA; SP (Max of 14 day supply per fill)

Medication	Coverage Level	Restrictions
TAGRISSO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill); QL (15 tablets per 15 days)
TARCEVA	T5	PA; SP (Max of 14 day supply per fill)
VIZIMPRO ORAL TABLET 15 MG, 45 MG	T5	PA; SP (Max of 14 day supply per fill)
VIZIMPRO ORAL TABLET 30 MG	T5	PA; SP (Max of 14 day supply per fill)
Antineoplastic - Fgfr Kinase Inhibitors*		
BALVERSA ORAL TABLET 3 MG, 4 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)
BALVERSA ORAL TABLET 5 MG	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
PEMAZYRE	T4	PA; SP (Limited to a 1 month supply per fill); QL (14 tablets per 21 days)
TRUSELTIQ (100MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
TRUSELTIQ (125MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
TRUSELTIQ (50MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
TRUSELTIQ (75MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
Antineoplastic - Hedgehog Pathway Inhibitors*		
DAURISMO	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
ERIVEDGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
ODOMZO	T5	PA; SP (Max of 14 days per dispensing.); QL (1 capsule per 1 day)

Medication	Coverage Level	Restrictions
Antineoplastic - Hif-2-Alpha Inhibitors*		
WELIREG	T4	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
Antineoplastic - Histone Deacetylase Inhibitors*		
FARYDAK	T5	PA; SP (Max of 14 day supply per fill); QL (6 Capsules per 1 Fill)
ZOLINZA	T4	PA; SP (Max of 14 days per dispensing.)
Antineoplastic - Immunomodulators*		
POMALYST	T5	PA; SP (Max of 31 days per dispensing.)
Antineoplastic - Kras Inhibitors*		
LUMAKRAS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (112 tablets per 14 days)
Antineoplastic - Mek Inhibitors*		
COTELLIC	T4	PA; SP (Limited to a 1 month supply per fill)
KOSELUGO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
MEKINIST	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 31 days per dispensing.)
MEKTOVI	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage)
Antineoplastic - Met Inhibitors*		
TABRECTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
TEPMETKO	T5	PA; SP (Max of 15 day supply per fill); QL (30 tablets per 15 days)
Antineoplastic - Methyltransferase Inhibitors*		
TAZVERIK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 14 day supply per fill); QL (8 tablets per 1 day)

Medication	Coverage Level	Restrictions
Antineoplastic - Mtor Kinase Inhibitors*		
AFINITOR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
everolimus oral tablet soluble	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
Antineoplastic - Multikinase Inhibitors*		
CABOMETYX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
CAPRELSA	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T4	PA; SP (Max of 14 day supply per fill)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T4	PA; SP (Max of 14 day supply per fill)
COMETRIQ (60 MG DAILY DOSE)	T4	PA; SP (Max of 14 day supply per fill)
FOTIVDA	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 capsules per 28 days)
lapatinib ditosylate	T4	PA; SP (Max of 14 day supply per fill. Limited distribution medication)
NERLYNX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 31 days per dispensing.)
NEXAVAR	T9	SP ( )
QINLOCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)

Medication	Coverage Level	Restrictions
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)
sorafenib tosylate	T4	PA; SP (Max of 14 day supply per fill)
STIVARGA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to 21 day supply per 28 day dispensing.); QL (84 tablets per 28 days)
sunitinib malate	T4	PA; SP (Limited to a 1 month supply per fill)
SUTENT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 days per dispensing.)
TURALIO	T5	PA; SP (Max of 14 day supply per fill); QL (120 capsules per 30 days); AL
TYKERB	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 days per dispensing. Limited Distribution medication.)
UKONIQ	T5	PA; SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
VOTRIENT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 days per dispensing.)
XOSPATA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
Antineoplastic - Pdgfr-Alpha Inhibitors*		
AYVAKIT	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
Antineoplastic - Proteasome Inhibitors*		
NINLARO	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)

Medication	Coverage Level	Restrictions
Antineoplastic - Ret Inhibitors*		
GAVRETO	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
RETEVMO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
Antineoplastic - Tropomyosin Receptor Kinase Inhibitors*		
ROZLYTREK ORAL CAPSULE 100 MG	T4	PA; SP (Max of 14 day supply per fill); QL (42 capsules per 14 days); AL
ROZLYTREK ORAL CAPSULE 200 MG	T4	PA; SP (Max of 14 day supply per fill); QL (42 capsules per 14 days); AL
VITRAKVI ORAL CAPSULE	T4	PA; SP (Max of 14 days per dispensing.); QL (60 capsules per 30 days)
VITRAKVI ORAL SOLUTION	T4	PA; SP (Max of 14 days per dispensing.); QL (1 bottle per 30 days)
Antineoplastic - Xpo1 Inhibitors*		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T5	PA; SP (Max of 31 days per dispensing.); QL (20 tablets per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T5	PA; SP (Max of 31 days per dispensing.); QL (8 tablets per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T5	PA; SP (Max of 31 days per dispensing.); QL (16 tablets per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T5	PA; SP (Max of 31 days per dispensing.); QL (12 tablets per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	T5	PA; SP (Max of 31 days per dispensing.); QL (28 tablets per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T5	PA; SP (Max of 31 days per dispensing.); QL (16 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	T5	PA; SP (Max of 31 days per dispensing.); QL (32 tablets per 28 days)

Medication	Coverage Level	Restrictions
Antineoplastic Combinations*		
INQOVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (5 tablets per 28 days)
KISQALI FEMARA (400 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KISQALI FEMARA (600 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KISQALI FEMARA(200 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
LONSURF	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 31 days per dispensing.)
Antineoplastics Misc.*		
ACTIMMUNE	T4	SP (Limited to a 1 month supply per fill)
BESREMI	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HYDREA	T3	
hydroxyurea oral	T1b	
INTRON A INJECTION SOLUTION	T4	SP (Limited to a 1 month supply per fill)
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	T4	SP (Limited to a 1 month supply per fill)
INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT, 50000000 UNIT	T4	SP (Limited to a 1 month supply per fill)
MATULANE	T4	PA; SP (Limited to a 14 day supply per dispensing.)
TICE BCG	T6 - $0 Copay	PV
Aromatase Inhibitors*		
anastrozole oral	T1b	
ARIMIDEX	T3	
AROMASIN	T3	
exemestane	T2	
FEMARA	T3	
letrozole oral	T1b	

Medication	Coverage Level	Restrictions
Cyclin-Dependent Kinases (Cdk) Inhibitors*		
IBRANCE ORAL CAPSULE	T4	PA; 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)
IBRANCE ORAL TABLET 100 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (21 Capsules per 28 days)
IBRANCE ORAL TABLET 125 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 (21 capsules per 28 days)
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)
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)
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)
Estrogens-Antineoplastic*		
EMCYT	T2	
Folic Acid Antagonists Rescue Agents*		
leucovorin calcium oral	T1b	
Gonadotropin Releasing Hormone (Gnrh) Antagonists*		
ORGOVYX	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
Imidazotetrazines*		
TEMODAR ORAL	T5	PA; SP (Max of 31 days per dispensing.)
temozolomide	T4	PA; SP (Max of 31 days per dispensing.)
Isocitrate Dehydrogenase-1 (Idh1) Inhibitors*		
TIBSOVO	T4	PA; SP (Max of 14 day supply per fill)
Isocitrate Dehydrogenase-2 (Idh2) Inhibitors*		
IDHIFA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
Janus Associated Kinase (Jak) Inhibitors*		
INREBIC	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 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 5 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
VONJO	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
Lhrh Analogs*		
leuprolide acetate injection	T4	SP (Max of 31 days per dispensing.)
Mitotic Inhibitors*		
etoposide oral	T4	SP (Limited to a 1 month supply per fill)
Nitrogen Mustards And Related Analogues*		
ALKERAN ORAL	T3	
cyclophosphamide oral	T3	
LEUKERAN	T4	SP (Max of 31 days per dispensing.)
melphalan	T2	

Medication	Coverage Level	Restrictions
Nitrosoureas*		
GLEOSTINE	T3	
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors*		
COPIKTRA	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
PIQRAY (200 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 31 days per dispensing.); QL (28 tablets per 28 days)
PIQRAY (250 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 31 days per dispensing.); QL (56 tablets per 28 days)
PIQRAY (300 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 31 days per dispensing.); QL (56 tablets per 28 days)
ZYDELIG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
Poly (Adp-Ribose) Polymerase (Parp) Inhibitors*		
LYNPARZA ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 days per dispensing.); QL (56 capsules per 14 days)
RUBRACA	T4	PA; SP (Max of 14 day supply per fill)
TALZENNA	T5	PA; SP (Max for 14 day supply per fill); QL (30 capsules per 30 days)
ZEJULA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (42 capsules per 14 days)
Progestins-Antineoplastic*		
MEGACE ORAL	T3	
megestrol acetate oral suspension 40 mg/ml	T1b	
megestrol acetate oral tablet	T1b	

Medication	Coverage Level	Restrictions
Retinoids*		
tretinoin oral	T4	PA; SP (Limited to a 14 day supply per fill.)
Selective Retinoid X Receptor Agonists*		
bexarotene oral	T4	PA; SP (Max of 14 day supply per fill)
TARGRETIN ORAL	T5	PA; SP (Max of 14 days per dispensing.)
Topoisomerase I Inhibitors*		
HYCAMTIN ORAL CAPSULE 0.25 MG	T4	SP (Limited to a 1 month supply per fill)
HYCAMTIN ORAL CAPSULE 1 MG	T4	SP (Limited to a 1 month supply per fill)
Urinary Tract Protective Agents*		
MESNEX ORAL	T4	SP (Max of 31 days per dispensing.)
Vascular Endothelial Growth Factor (Vegf) Inhibitors*		
INLYTA ORAL TABLET 1 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
INLYTA ORAL TABLET 5 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
LENVIMA (10 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill)
LENVIMA (12 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 days per dispensing.)
LENVIMA (14 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 days per dispensing.)
LENVIMA (18 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 days per dispensing.)

Medication	Coverage Level	Restrictions
LENVIMA (20 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 days per dispensing.)
LENVIMA (24 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 days per dispensing.)
LENVIMA (4 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 days per dispensing.)
LENVIMA (8 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 days per dispensing.)
ZIRABEV	T9	
Antiparkinson And Related Therapy Agents		
****Adenosine Receptor Antagonist******		
NOURIANZ	T9	
****Antiparkinson Anticholinergics******		
benztropine mesylate oral	T1b	
trihexyphenidyl hcl oral elixir	T1a	
trihexyphenidyl hcl oral tablet	T1b	
****Antiparkinson Dopaminergics******		
amantadine hcl oral	T1b	
bromocriptine mesylate oral	T1b	
GOCOVRI	T9	
INBRIJA	T9	
OSMOLEX ER	T9	
PARLODEL	T3	
****Antiparkinson Monoamine Oxidase Inhibitors******		
AZILECT	T3	ST; QL (30 tablets per 30 days)
ELDEPRYL	T3	
rasagiline mesylate oral	T1b	QL (30 tablets per 30 days)
selegiline hcl oral tablet	T2	
XADAGO	T9	
****Central/Peripheral Comt Inhibitors******		
TASMAR ORAL TABLET 100 MG	T3	
tolcapone	T5	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
Decarboxylase Inhibitors*		
carbidopa oral	T9	
LODOSYN	T9	
Levodopa Combinations*		
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	T1b	
carbidopa-levodopa oral tablet	T1a	
carbidopa-levodopa oral tablet dispersible	T1b	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	T1b	
DHIVY	T3	
RYTARY	T9	
SINEMET CR	T3	
STALEVO 100	T3	
STALEVO 125	T3	
STALEVO 150	T3	
STALEVO 200	T3	
STALEVO 50	T3	
STALEVO 75	T3	
Nonergoline Dopamine Receptor Agonists*		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
apomorphine hcl subcutaneous	T9	
KYNMOBI	T4	PA; SP (Limited to a 1 month supply per fill); QL (150 films per 30 days)
MIRAPEX	T3	
MIRAPEX ER	T3	ST; QL (30 tablets per 30 days)
NEUPRO	T3	ST; QL (30 patches per 30 days)
pramipexole dihydrochloride	T1a	
pramipexole dihydrochloride er	T3	ST; QL (30 tablets per 30 days)
REQUIP ORAL TABLET 0.25 MG, 3 MG, 5 MG	T3	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 2 MG, 6 MG	T3	ST
ropinirole hcl	T1a	
ropinirole hcl er	T1b	ST
Peripheral Comt Inhibitors*		
COMTAN	T3	
entacapone	T1b	
ONGENTYS	T3	ST

Medication	Coverage Level	Restrictions
Antipsychotics/Antimanic Agents		
****Antimanic Agents******		
lithium	T1b	
lithium carbonate er	T1b	
lithium carbonate oral	T1a	
LITHOBID	T3	
****Antipsychotics - Misc.******		
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)
EQUETRO	T3	ST
GEODON ORAL	T3	
LATUDA	T2	QL (30 tablets per 30 days)
NUPLAZID	T9	
VRAYLAR	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
ziprasidone hcl	T1b	
****Benzisoxazoles******		
FANAPT ORAL TABLET 1 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
FANAPT ORAL TABLET 10 MG	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)
INVEGA	T9	
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	T3	ST; QL (30 tablets per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	T3	ST; QL (60 tablets per 30 days)
RISPERDAL ORAL SOLUTION	T3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3	
risperidone oral solution	T1b	
risperidone oral tablet	T1a	
risperidone oral tablet dispersible	T2	

Medication	Coverage Level	Restrictions
Butyrophenones*		
haloperidol lactate injection solution 5 mg/ml	T1b	
haloperidol oral	T1a	
Dibenzodiazepines*		
clozapine oral tablet	T1b	
clozapine oral tablet dispersible	T3	
CLOZARIL ORAL TABLET 100 MG, 25 MG	T3	
CLOZARIL ORAL TABLET 200 MG, 50 MG	T9	
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 25 MG	T3	
VERSACLOZ	T5	ST; SP (Limited to a 1 month supply per fill)
Dibenzo-Oxepino Pyrroles*		
asenapine maleate sublingual tablet sublingual 10 mg, 5 mg	T3	ST; QL (60 tablets per 30 days)
asenapine maleate sublingual tablet sublingual 2.5 mg	T3	ST; QL (30 tablets per 30 days)
SAPHRIS	T9	
SECUADO	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 patches per 30 days); AL
Dibenzothiazepines*		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg	T1b	QL (30 tablets per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg	T1b	QL (60 tablets per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	T1a	
quetiapine fumarate oral tablet 150 mg	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)
Dibenzoxazepines*		
ADASUVE	T9	
loxapine succinate oral	T1b	
LOXITANE ORAL CAPSULE 5 MG	T3	
Phenothiazines*		
chlorpromazine hcl oral concentrate 100 mg/ml	T3	QL (180 ML per 30 days)
chlorpromazine hcl oral tablet	T2	QL (180 tablets per 30 days)
COMPRO	T1b	

Medication	Coverage Level	Restrictions
fluphenazine hcl oral concentrate	T1b	
fluphenazine hcl oral elixir	T1b	
fluphenazine hcl oral tablet	T2	QL (60 tablets per 30 days)
perphenazine oral tablet 2 mg, 4 mg, 8 mg	T1b	
prochlorperazine	T1b	
prochlorperazine maleate oral	T1a	
thioridazine hcl oral	T1b	
trifluoperazine hcl oral	T1b	
Quinolinone Derivatives*		
ABILIFY MYCITE	T9	
ABILIFY MYCITE MAINTENANCE KIT	T9	
ABILIFY MYCITE STARTER KIT	T9	
ABILIFY ORAL SOLUTION	T3	ST
ABILIFY ORAL TABLET	T3	QL (30 tablets per 30 days)
aripiprazole oral solution	T1b	
aripiprazole oral tablet	T1b	QL (30 tablets per 30 days)
aripiprazole oral tablet dispersible	T9	
REXULTI	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
Thienbenzodiazepines*		
olanzapine oral tablet	T1a	
olanzapine oral tablet dispersible	T2	
ZYPREXA ORAL	T3	
ZYPREXA ZYDIS	T3	
Thioxanthenes*		
thiothixene oral	T1b	
Antivirals		
Antiretroviral Combinations*		
abacavir-lamivudine-zidovudine	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
ATRIPLA	T5	SP (Limited to a 1 month supply per fill)
BIKTARVY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
CIMDUO	T9	
COMBIVIR	T5	SP (Limited to a 1 month supply per fill)
COMPLERA	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
DELSTRIGO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
DESCOVY	T9	
DOVATO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
efavirenz-emtricitab-tenofo df	T4	SP (Limited to a 1 month supply per fill)
efavirenz-emtricitab-tenofovir	T4	SP (Limited to a 1 month supply per fill)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	T4	SP (Limited to a 1 month supply per fill)
emtricitabine-tenofovir df oral tablet 200-300 mg	T2	
EPZICOM	T4	SP (Limited to a 1 month supply per fill)
EVOTAZ	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
GENVOYA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
JULUCA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
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)
lamivudine-zidovudine	T2	
lopinavir-ritonavir	T4	SP (Limited to a 1 month supply per fill)
ODEFSEY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PREZCOBIX	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
STRIBILD	T4	SP (Limited to a 1 month supply per fill)

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)
SYMTUZA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
TEMIXYS	T9	
TRIUMEQ	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
TRIUMEQ PD	T4	SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
TRIZIVIR	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TRUVADA	T5	SP (Limited to a 1 month supply per fill)
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)		
maraviroc	T4	SP (Limited to a 1 month supply per fill)
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)
Antiretrovirals - Fusion Inhibitors		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	T3	
Antiretrovirals - Gp120-Directed Attachment Inhibitor		
RUKOBIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
Antiretrovirals - Integrase Inhibitors		
ISENTRESS	T4	SP (Limited to a 1 month supply per fill)
ISENTRESS HD	T4	SP (Limited to a 1 month supply per fill)
TIVICAY ORAL TABLET 10 MG, 25 MG	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
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)
vocabria	T9	
Antiretrovirals - Protease Inhibitors*		
APTIVUS	T4	ST; SP (Limited to a 1 month supply per fill)
atazanavir sulfate	T4	SP (Limited to a 1 month supply per fill)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T2	
fosamprenavir calcium	T4	SP (Limited to a 1 month supply per fill)
INVIRASE ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
LEXIVA ORAL SUSPENSION	T4	SP (Limited to a 1 month supply per fill)
LEXIVA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
NORVIR ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)
NORVIR ORAL TABLET	T9	
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)
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)
ritonavir	T1b	
VIRACEPT ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
Antiretrovirals - Rti-Non-Nucleoside Analogues*		
EDURANT	T2	
efavirenz	T2	
etravirine oral tablet 100 mg	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 Days)
etravirine oral tablet 200 mg	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 Days)

Medication	Coverage Level	Restrictions
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 (Max of 31 days per dispensing.); QL (120 tablets per 30 days)
nevirapine er	T3	QL (30 tablets per 30 days)
nevirapine oral suspension	T1b	QL (1200 ML per 30 days)
nevirapine oral tablet	T1b	QL (60 tablets per 30 days)
PIFELTRO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SUSTIVA	T5	SP (Limited to a 1 month supply per fill)
VIRAMUNE ORAL SUSPENSION	T3	QL (1200 ML per 30 days)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	T3	QL (30 tablets per 30 days)
Antiretrovirals - Rti-Nucleoside Analogues-Purines*		
abacavir sulfate oral solution	T1b	AL
abacavir sulfate oral tablet	T2	
didanosine	T1b	
VIDEX EC	T3	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	T2	
ZIAGEN ORAL SOLUTION	T2	
ZIAGEN ORAL TABLET	T3	
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines*		
emtricitabine	T3	
EMTRIVA ORAL CAPSULE	T5	SP (Limited to a 1 month supply per fill)
EMTRIVA ORAL SOLUTION	T2	
EPIVIR	T3	
lamivudine oral solution	T1b	
lamivudine oral tablet 150 mg, 300 mg	T2	
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines*		
RETROVIR ORAL CAPSULE	T3	
RETROVIR ORAL SYRUP	T3	

Medication	Coverage Level	Restrictions
stavudine oral capsule	T1b	
zidovudine oral capsule	T2	
zidovudine oral syrup	T1b	
zidovudine oral tablet	T2	
Antiretrovirals - Rti-Nucleotide Analogues*		
tenofovir disoproxil fumarate	T1b	
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)
Antiretrovirals Adjuvants*		
TYBOST	T2	QL (30 tablets per 30 days)
Antiviral Combinations*		
PAXLOVID (300/100)	T2	
PAXLOVID ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	T2	
Cmv Agents*		
LIVTENCITY	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
PREVYMIS ORAL	T4	PA; SP (Limited to a 1 month supply per fill)
VALCYTE ORAL SOLUTION RECONSTITUTED	T5	SP (Max of 31 days per dispensing.); QL (540 ML per 30 days); AL
VALCYTE ORAL TABLET	T9	
valganciclovir hcl oral solution reconstituted	T4	SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days); AL
valganciclovir hcl oral tablet	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
Hepatitis B Agents*		
adefovir dipivoxil	T4	SP (Limited to a 1 month supply per fill)
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)

Medication	Coverage Level	Restrictions
entecavir	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
EPIVIR HBV ORAL SOLUTION	T2	
EPIVIR HBV ORAL TABLET	T3	
HEPSERA	T5	SP (Limited to a 1 month supply per fill)
lamivudine oral tablet 100 mg	T2	
VEMLIDY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
Hepatitis C Agent - Combinations*		
EPCLUSA ORAL PACKET	T9	
EPCLUSA ORAL TABLET 200-50 MG	T9	
EPCLUSA ORAL TABLET 400-100 MG	T9	SP ( )
HARVONI	T9	
ledipasvir-sofosbuvir	T5	PA; SP (Limited to a 1 month supply per fill)
MAVYRET ORAL PACKET	T4	SP (Limited to a 1 month supply per fill); QL (140 packets per 28 days)
MAVYRET ORAL TABLET	T4	SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)
sofosbuvir-velpatasvir	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
VIEKIRA PAK	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
VOSEVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ZEPATIER	T4	SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
Hepatitis C Agents*		
INCIVEK	T9	
OLYSIO	T9	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	SP (Limited to a 1 month supply per fill); QL (48 Treatments per 1 Lifetime)

Medication	Coverage Level	Restrictions
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	SP (Limited to a 1 month supply per fill); QL (48 treatments per 1 lifetime)
ribavirin oral capsule	T4	SP (Limited to a 1 month supply per fill)
ribavirin oral tablet 200 mg	T4	SP (Limited to a 1 month supply per fill)
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)
VICTRELIS	T9	
Herpes Agents - Purine Analogues*		
acyclovir oral	T1b	
SITAVIG	T9	
valacyclovir hcl oral	T1b	
VALTREX ORAL TABLET 1 GM	T2	
VALTREX ORAL TABLET 500 MG	T3	
ZOVIRAX ORAL	T3	
Herpes Agents - Thymidine Analogues*		
famciclovir oral	T1b	QL (120 tablets per 30 days)
FAMVIR	T3	QL (120 tablets per 30 days)
Influenza Agents*		
rimantadine hcl	T1b	
Misc. Antivirals*		
LAGEVRIO	T2	
molnupiravir	T2	
Neuraminidase Inhibitors*		
oseltamivir phosphate oral capsule	T1b	QL (10 capsules per 1 fill)
oseltamivir phosphate oral suspension reconstituted	T1b	QL (120 ML per 1 fill)
RELENZA DISKHALER	T3	
TAMIFLU ORAL CAPSULE	T3	QL (10 capsules per 1 fill)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	T3	QL (120 ML per 1 fill)
Pa Endonuclease Inhibitors*		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	T2	QL (1 tablet per 1 fill)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	T2	QL (2 tablets per 1 fill); AL

Medication	Coverage Level	Restrictions
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	T2	QL (1 tablet per 1 fill); AL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	T2	QL (2 tablets per 1 fill); AL
Beta Blockers		
****Alpha-Beta Blockers******		
carvedilol	T1a	
carvedilol phosphate er	T2	ST
COREG	T3	
COREG CR	T3	ST
labetalol hcl oral	T1b	
TRANDATE ORAL	T3	
****Beta Blockers Cardio-Selective******		
acebutolol hcl oral	T1b	
atenolol oral	T1a	
betaxolol hcl oral	T1b	
bisoprolol fumarate oral	T1b	
BYSTOLIC	T3	
KAPSPARGO SPRINKLE	T3	
KERLONE	T3	
LOPRESSOR ORAL	T3	
metoprolol succinate er	T1b	
metoprolol tartrate intravenous solution 5 mg/5ml	T1b	
metoprolol tartrate oral	T1a	
nebivolol hcl	T1b	
SECTRAL	T3	
TENORMIN	T3	
TOPROL XL	T3	
ZEBETA	T3	
****Beta Blockers Non-Selective******		
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
CORGARD	T3	
HEMANGEOL	T3	AL
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	
LEVATOL	T2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1b	
pindolol	T1b	

Medication	Coverage Level	Restrictions
propranolol hcl er	T1b	
propranolol hcl intravenous	T1b	
propranolol hcl oral	T1a	
SORINE	T1b	
sotalol hcl oral	T1b	
SOTYLIZE	T3	
timolol maleate oral	T1b	
Calcium Channel Blockers		
****Calcium Channel Blocker-Nsaid Combinations******		
CONSENSI	T9	
****Calcium Channel Blockers******		
ADALAT CC	T3	
AFEDITAB CR	T1b	
amlodipine besylate oral	T1a	
CALAN ORAL TABLET 120 MG, 80 MG	T3	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG	T3	
CARDENE SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 30 MG, 60 MG	T3	ST
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	
CARTIA XT	T1b	
CONJUPRI	T9	
dilt-cd	T1b	
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	T1b	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	T1b	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	T9	

Medication	Coverage Level	Restrictions
diltiazem hcl er coated beads oral tablet extended release 24 hour	T9	
diltiazem hcl er oral capsule extended release 12 hour	T9	
diltiazem hcl oral	T1a	
dilt-xr	T1b	
diltzac	T1b	
felodipine er	T1b	
isradipine	T1b	
KATERZIA	T3	QL (150 ML per 30 days); AL
levamlodipine maleate oral tablet 5 mg	T9	
MATZIM LA	T9	
nicardipine hcl oral	T2	
NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG, 90 MG	T1b	
NIFEDICAL XL	T1b	
nifedipine er osmotic release	T1b	
nifedipine oral	T1b	
nimodipine oral	T2	QL (21 day supply per 365 days)
nisoldipine er	T2	
NORLIQVA	T3	QL (150 ML per 30 Days); AL
NORVASC	T3	SP (Generic substitution mandatory.)
NYMALIZE ORAL SOLUTION 6 MG/ML	T5	ST; SP (Limited to a 1 month supply per fill); QL (1 fill per 21 Days)
PROCARDIA XL	T3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T3	
TAZTIA XT	T1b	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1b	
TIAZAC	T3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg	T1b	
verapamil hcl er oral capsule extended release 24 hour 120 mg	T3	
verapamil hcl er oral tablet extended release 180 mg, 240 mg	T1b	
verapamil hcl oral	T1a	

Medication	Coverage Level	Restrictions
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 360 MG	T3	
VERELAN PM	T3	
Cardiotonics		
****Cardiac Glycosides******		
DIGITEK	T1b	
DIGOX	T1b	
digoxin oral solution	T1b	AL
digoxin oral tablet 125 mcg, 250 mcg	T1b	
digoxin oral tablet 62.5 mcg	T9	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	T3	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	T9	
Cardiovascular Agents - Misc.		
****Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb******		
amlodipine-atorvastatin	T9	
CADUET ORAL TABLET 10-10 MG, 2.5-10 MG, 5-10 MG	T3	
****Cardiac Myosin Inhibitors******		
CAMZYOS	T9	
****Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb******		
ENTRESTO	T2	QL (60 tablets per 30 days)
****Nitrate & Vasodilator Combinations******		
BIDIL	T9	
isosorb dinitrate-hydralazine	T2	
****Prostaglandin - Impotence Agents******		
CAVERJECT	T9	
CAVERJECT IMPULSE	T9	
EDEX	T9	
MUSE	T9	
****Prostaglandin Vasodilators******		
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)

Medication	Coverage Level	Restrictions
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)
TYVASO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
TYVASO DPI MAINTENANCE KIT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
TYVASO DPI TITRATION KIT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
TYVASO REFILL	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
TYVASO STARTER	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
VENTAVIS INHALATION SOLUTION 10 MCG/ML	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
VENTAVIS INHALATION SOLUTION 20 MCG/ML	T4	PA; SP (Limited to a 1 month supply per fill)
Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)*		
ADEMPAS ORAL TABLET 0.5 MG, 2.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
ADEMPAS ORAL TABLET 1 MG, 2 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
ADEMPAS ORAL TABLET 1.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
Pulmonary Hypertension - Endothelin Receptor Antagonists*		
ambrisentan	T4	PA; SP (Limited to a 1 month supply per fill)
bosentan oral tablet 125 mg	T4	PA; SP (Limited to a 1 month supply per fill)
bosentan oral tablet 62.5 mg	T4	PA; SP (Limited to a 1 month supply per fill)
LETAIRIS ORAL TABLET 10 MG	T9	SP ( )
LETAIRIS ORAL TABLET 5 MG	T9	
OPSUMIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
TRACLEER ORAL TABLET	T9	SP ( )
TRACLEER ORAL TABLET SOLUBLE	T9	
Pulmonary Hypertension - Phosphodiesterase Inhibitors*		
ADCIRCA	T9	
REVATIO ORAL SUSPENSION RECONSTITUTED	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL
REVATIO ORAL TABLET	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
sildenafil citrate oral suspension reconstituted	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL

Medication	Coverage Level	Restrictions
sildenafil citrate oral tablet 20 mg	T3	PA
tadalafil (pah)	T9	SP ( )
TADLIQ	T9	
Pulmonary Hypertension - Prostacyclin Receptor Agonist*		
UPTRAVI ORAL TABLET 1000 MCG, 1400 MCG, 200 MCG, 400 MCG, 800 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET 1200 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET 1600 MCG, 600 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 2 years)
Selective Cgmp Phosphodiesterase Type 5 Inhibitors*		
CIALIS	T9	
LEVITRA	T9	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	T1b	QL (6 tablets per 30 days)
STAXYN	T9	
STENDRA	T9	
tadalafil oral tablet 10 mg, 20 mg	T1b	QL (6 tablets per 30 days)
tadalafil oral tablet 2.5 mg, 5 mg	T1b	QL (30 tablets per 30 days)
vardenafil hcl oral	T9	
VIAGRA	T9	
Sinus Node Inhibitors		
CORLANOR	T3	ST
Transthyretin Stabilizers*		
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)
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)
Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)*		
VERQUVO	T3	PA; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
Cephalosporins		
****Cephalosporins - 1St Generation******		
cefadroxil	T1b	
cephalexin oral capsule	T1a	
cephalexin oral suspension reconstituted	T1b	
cephalexin oral tablet	T2	
DAXBIA	T9	
KEFLEX	T3	
****Cephalosporins - 2Nd Generation******		
cefaclor er	T1b	
cefaclor oral capsule 250 mg	T1b	
cefprozil	T1b	
CEFTIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML	T3	
CEFTIN ORAL TABLET	T3	
cefuroxime axetil oral tablet	T1b	
****Cephalosporins - 3Rd Generation******		
CEDAX ORAL CAPSULE	T3	ST
CEDAX ORAL SUSPENSION RECONSTITUTED 90 MG/5ML	T3	ST
cefdinir	T1b	
cefditoren pivoxil oral tablet 400 mg	T1b	
cefixime oral suspension reconstituted	T1b	
cefpodoxime proxetil	T1b	
SPECTRACEF	T3	
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	
Chemicals		
****Additional Solids******		
coenzyme q10	T9	
****Bulk Chemicals - La's******		
acidophilus lactobacillus powder	T9	
****Bulk Chemicals - Me's******		
metronidazole benzoate	T9	
Contraceptives		
****Biphasic Contraceptives - Oral******		
AZURETTE	T8	PV

Medication	Coverage Level	Restrictions
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	T8	PV
KARIVA	T8	PV
LO LOESTRIN FE	T3	ST
MIRCETTE	T9	
PIMTREA	T8	PV
SIMLIYA	T8	PV
viorele	T8	PV
VOLNEA	T8	PV
Combination Contraceptives - Oral*		
AFIRMELLE	T8	PV
ALTAVERA	T8	PV
alyacen 1/35	T8	PV
APRI	T8	PV
AUBRA	T8	PV
AUBRA EQ	T8	PV
AUROVELA 1.5/30	T8	PV
AUROVELA 1/20	T8	PV
AUROVELA 24 FE	T8	PV
AUROVELA FE 1.5/30	T8	PV
AUROVELA FE 1/20	T8	PV
AVIANE	T8	PV
AYUNA	T8	PV
BALCOLTRA	T9	
BALZIVA	T8	SP (Contraceptive Management rider is required.); PV
BEYAZ	T9	
BLISOVI 24 FE	T8	PV
BLISOVI FE 1.5/30	T8	PV
BLISOVI FE 1/20	T8	PV
briellyn	T8	PV
CHARLOTTE 24 FE	T8	PV
CHATEAL	T8	PV
CHATEAL EQ	T8	PV
CRYSELLE-28	T8	PV
CYCLAFEM 1/35	T8	PV
CYRED	T8	PV
CYRED EQ	T8	PV
DASETTA 1/35	T8	PV

Medication	Coverage Level	Restrictions
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	T8	PV
drospiren-eth estrad-levomefol	T8	PV
drospirenone-ethinyl estradiol	T8	PV
ELINEST	T8	PV
ENSKYCE ORAL TABLET 0.15-0.03 MG	T8	PV
ESTARYLLA	T8	PV
ethynodiol diac-eth estradiol	T8	PV
FALMINA	T8	PV
FEMYNOR	T8	PV
GEMMILY	T9	
GENERESS FE	T9	
HAILEY 1.5/30	T8	PV
HAILEY 24 FE	T8	PV
HAILEY FE 1.5/30	T8	PV
HAILEY FE 1/20	T8	PV
ISIBLOOM	T8	PV
JASMIEL	T8	PV
JULEBER	T8	PV
JUNEL 1.5/30	T8	PV
JUNEL 1/20	T8	PV
JUNEL FE 1.5/30	T8	PV
JUNEL FE 1/20	T8	PV
JUNEL FE 24	T8	PV
KAITLIB FE	T9	
KALLIGA	T8	PV
KELNOR 1/35	T8	PV
KELNOR 1/50	T8	PV
KURVELO	T8	PV
LARIN 1.5/30	T8	PV
LARIN 1/20	T8	PV
LARIN 24 FE	T8	PV
LARIN FE 1.5/30	T8	PV
LARIN FE 1/20	T8	PV
LARISSIA	T8	PV
LAYOLIS FE	T9	
LESSINA	T8	PV
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	T8	PV
LEVORA 0.15/30 (28)	T8	PV

Medication	Coverage Level	Restrictions
LILLOW	T8	PV
LOESTRIN 1.5/30 (21)	T9	
LOESTRIN FE 1.5/30	T3	PV
LOESTRIN FE 1/20	T3	PV
LORYNA	T8	PV
LOW-OGESTREL	T8	PV
LO-ZUMANDIMINE	T8	PV
LUTERA	T8	PV
marlissa	T8	PV
MELODETTA 24 FE	T9	
MERZEE	T9	
MIBELAS 24 FE	T9	
MICROGESTIN 1.5/30	T8	PV
MICROGESTIN 1/20	T8	PV
MICROGESTIN 24 FE	T8	PV
MICROGESTIN FE 1.5/30	T8	PV
MICROGESTIN FE 1/20	T8	PV
MILI	T8	PV
MINASTRIN 24 FE	T9	
MONO-LINYAH	T8	PV
NECON 0.5/35 (28)	T8	PV
NEXTSTELLIS	T9	
NIKKI	T8	PV
norethin ace-eth estrad-fe oral capsule	T9	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	T8	PV
norethin ace-eth estrad-fe oral tablet chewable	T8	PV
norethindrone acet-ethinyl est	T8	PV
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	T8	PV
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	T9	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	T8	PV
NORINYL 1+50 (28)	T3	
NORTREL 0.5/35 (28)	T8	PV
NORTREL 1/35 (21)	T8	PV
NORTREL 1/35 (28)	T8	PV
NYLIA 1/35	T1b	PV
NYMYO	T8	PV
OCELLA	T8	PV

Medication	Coverage Level	Restrictions
ORSYTHIA	T8	PV
OVCON-35 (28)	T3	
PHILITH	T1b	PV
PIRMELLA 1/35	T8	PV
PORTIA-28	T8	PV
PREVIFEM	T8	PV
RECLIPSEN	T8	PV
SAFYRAL	T9	
SPRINTEC 28	T8	PV
SRONYX	T8	PV
SYEDA	T8	PV
TARINA 24 FE	T8	PV
TARINA FE 1/20	T8	PV
TARINA FE 1/20 EQ	T8	PV
TAYSOFY	T9	
TAYTULLA	T9	
TYBLUME ORAL TABLET CHEWABLE	T3	
TYDEMY	T9	
VESTURA	T8	PV
VIENVA	T8	PV
VYFEMLA	T8	PV
VYLIBRA	T8	PV
WERA	T8	PV
WYMZYA FE	T8	PV
YASMIN 28	T9	
YAZ	T9	
ZARAH	T8	PV
ZOVIA 1/35 (28)	T8	PV
ZOVIA 1/35E (28)	T8	PV
ZUMANDIMINE	T8	PV
****Combination Contraceptives - Transdermal******		
TWIRLA	T9	
XULANE	T8	PV; QL (4 patches per 28 days)
ZAFEMY	T8	PV; QL (4 patches per 28 days)
****Combination Contraceptives - Vaginal******		
ANNOVERA	T9	
ELURYNG	T2	PV; QL (1 ring per 28 days)
etonogestrel-ethinyl estradiol	T8	PV; QL (1 ring per 28 days)
NUVARING	T9	

Medication	Coverage Level	Restrictions
Continuous Contraceptives - Oral*		
AMETHYST	T8	PV
DOLISHALE	T8	PV
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	T8	PV
Emergency Contraceptives*		
AFTERA	T8	PV
AFTERPILL	T3	PV
ECONTRA EZ	T8	PV
ECONTRA ONE-STEP	T8	PV
ELLA	T1b	
levonorgestrel oral tablet 1.5 mg	T8	PV
MY CHOICE	T8	PV
MY WAY	T8	PV
NEW DAY	T8	PV
OPCICON ONE-STEP	T8	PV
OPTION 2	T8	PV
PLAN B ONE-STEP	T8	PV
TAKE ACTION	T8	PV
Extended-Cycle Contraceptives - Oral*		
AMETHIA	T8	PV
ASHLYNA	T8	PV
CAMRESE	T8	PV
CAMRESE LO	T8	PV
DAYSEE	T8	PV
ICLEVIA	T8	PV
JAIMIESS	T8	PV
JOLESSA	T8	PV
levonorgest-eth est & eth est	T8	PV
levonorgest-eth estrad 91-day	T8	PV
LOJAIMIESS	T8	PV
LOSEASONIQUE	T9	
QUARTETTE	T9	
RIVELSA	T9	
SEASONIQUE	T9	
SETLAKIN	T8	PV
SIMPESSE	T8	PV
Four Phase Contraceptives - Oral*		
NATAZIA	T9	

Medication	Coverage Level	Restrictions
Progestin Contraceptives - Injectable*		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T8	PV; QL (1 vial per 90 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T8	PV; QL (1 syringe per 90 days)
medroxyprogesterone acetate intramuscular	T8	PV
Progestin Contraceptives - Oral*		
CAMILA	T8	PV
DEBLITANE	T8	PV
ERRIN	T8	PV
HEATHER	T8	PV
INCASSIA	T8	PV
JENCYCLA	T8	PV
LYLEQ	T8	PV
LYZA	T8	PV
NORA-BE	T8	PV
norethindrone oral	T8	PV
NORLYDA	T8	PV
SHAROBEL	T8	PV
SLYND	T9	
TULANA	T8	PV
Triphasic Contraceptives - Oral*		
alyacen 7/7/7	T8	PV
ARANELLE	T8	PV
CAZIANT	T8	PV
CYCLAFEM 7/7/7	T8	PV
DASETTA 7/7/7	T8	PV
ENPRESSE-28	T8	PV
ESTROSTEP FE	T3	PV
LEENA	T8	PV
LEVONEST	T8	PV
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	T8	PV
norethindron-ethinyl estrad-fe	T8	PV
norgestim-eth estrad triphasic	T8	PV
NORTREL 7/7/7	T8	PV
NYLIA 7/7/7	T8	PV
PIRMELLA 7/7/7	T8	PV
TILIA FE	T8	PV
TRI FEMYNOR	T8	PV

Medication	Coverage Level	Restrictions
TRI-ESTARYLLA	T8	PV
TRI-LEGEST FE	T8	PV
TRI-LINYAH	T8	PV
TRI-LO-ESTARYLLA	T8	PV
TRI-LO-MARZIA	T8	PV
TRI-LO-MILI	T8	PV
TRI-LO-SPRINTEC	T8	PV
TRI-MILI	T8	PV
TRI-NORINYL (28)	T3	PV
TRI-NYMYO	T8	PV
TRI-PREVIFEM	T8	PV
TRI-SPRINTEC	T8	PV
TRIVORA (28)	T8	PV
TRI-VYLIBRA	T8	PV
TRI-VYLIBRA LO	T8	PV
VELIVET	T8	PV
Corticosteroids		
****Glucocorticosteroids******		
ALKINDI SPRINKLE	T9	
budesonide er oral tablet extended release 24 hour	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
budesonide oral	T3	QL (90 capsules per 30 days)
CORTEF	T3	
cortisone acetate oral	T1b	
dexabliss	T9	
DEXAMETHASONE INTENSOL	T2	
dexamethasone oral elixir	T1b	
dexamethasone oral solution	T1b	
dexamethasone oral tablet	T1b	
dexamethasone oral tablet therapy pack 1.5 mg (21)	T9	
DEXONTO 0.4%	T3	
DEXPAK 6 DAY ORAL TABLET THERAPY PACK	T9	
EMFLAZA	T9	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	T3	QL (90 capsule per 30 days)
HEMADY	T9	
HIDEX 6-DAY	T9	
hydrocortisone oral	T1b	

Medication	Coverage Level	Restrictions
LOCORT 11-DAY	T9	
LOCORT 7-DAY	T9	
MEDROL	T3	
methylprednisolone oral	T1b	
MILLIPRED	T9	
ORAPRED ODT	T9	
ORTIKOS	T9	
prednisolone oral solution	T1b	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	T1b	
prednisolone sodium phosphate oral solution 20 mg/5ml	T9	
PREDNISONE INTENSOL	T2	
prednisone oral solution	T2	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg	T1a	
prednisone oral tablet 50 mg	T2	
prednisone oral tablet therapy pack 5 mg (21)	T1b	
RAYOS	T9	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG	T2	QL (2 vials per 1 year)
TAPERDEX 12-DAY	T9	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	T9	
TARPEYO	T9	
UCERIS ORAL	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
zcort 7-day	T9	
ZILRETTA	T9	
ZODEX 12-DAY	T9	
ZODEX 6-DAY	T9	
ZONACORT 11 DAY	T9	
ZONACORT 7 DAY	T9	
Mineralocorticoids*		
fludrocortisone acetate oral	T1b	
Cough/Cold/Allergy		
Antitussive - Nonnarcotic*		
benzonatate oral capsule 100 mg, 200 mg	T1b	
benzonatate oral capsule 150 mg	T9	
TESSALON PERLES	T3	

Medication	Coverage Level	Restrictions
Antitussive - Opioid*		
HYCODAN	T9	
hydrocodone bit-homatrop mbr oral solution	T1b	
hydrocodone-homatropine oral syrup	T1b	
hydromet	T1b	
TUSSIGON	T2	
Antitussive-Expectorant*		
cheratussin ac oral syrup	T1b	
FLOWTUSS	T9	
guaifenesin-codeine oral solution	T1b	
guaifenesin-dm oral syrup	T9	
OBREDON	T9	
Antitussive-Expectorants-Decongestant*		
cheratussin dac	T1b	
HYCOFENIX	T9	
Decongestant & Antihistamine*		
ALAVERT ALLERGY/SINUS	T9	
ALLEGRA-D ALLERGY & CONGESTION	T9	
cetirizine-pseudoephedrine er	T9	
CLARINEX-D 12 HOUR	T9	
CLARITIN-D 12 HOUR	T9	
CLARITIN-D 24 HOUR	T9	
fexofenadine-pseudoephed er oral tablet extended release 24 hour	T9	
loratadine-d 24hr	T9	
promethazine vc plain oral solution	T1b	
pyril d	T3	
pyrilamine-phenylephrine oral suspension	T1b	
SEMPREX-D	T9	
Expectorants*		
guaifenesin oral liquid 100 mg/5ml	T9	
guaifenesin oral solution 100 mg/5ml	T9	
guaifenesin oral tablet 400 mg	T9	
Iodine Expectorants*		
potassium iodide oral solution	T2	
SSKI	T3	
Misc. Respiratory Inhalants*		
HYPERSAL	T2	QL (240 ML per 30 days)
sodium chloride inhalation nebulization solution 7 %	T1b	

Medication	Coverage Level	Restrictions
Mucolytics*		
acetylcysteine inhalation	T1b	
Non-Narc Antitussive-Antihistamine*		
promethazine-dm oral syrup	T1b	
Non-Narc Antitussive-Decongestant-Antihistamine*		
BROMFED DM	T9	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	T1b	
Opioid Antitussive-Antihistamine*		
hydrocod polst-cpm polst er oral suspension extended release	T1b	
promethazine-codeine oral syrup	T1b	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	T9	
Opioid Antitussive-Decongestant-Antihistamine*		
HISTEX-AC	T9	
maxi-tuss cd	T9	
promethazine vc/codeine	T1b	
Dermatologicals		
Acne Antibiotics*		
ACZONE	T9	
AMZEEQ	T9	
CLEOCIN-T	T9	
CLINDAGEL	T9	
clindamycin phosphate external gel	T1b	ST
clindamycin phosphate external lotion	T1b	ST
clindamycin phosphate external solution	T1b	QL (180 ML per 30 days)
clindamycin phosphate external swab	T1b	
dapsone external	T9	
ery	T1b	
ERYGEL	T1b	
erythromycin external gel	T1b	
erythromycin external solution	T1b	
KLARON	T3	
sulfacetamide sodium (acne)	T2	
Acne Combinations*		
ACANYA	T9	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	T1b	

Medication	Coverage Level	Restrictions
adapalene-benzoyl peroxide external gel 0.3-2.5 %	T9	
AKTIPAK	T9	
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	
BENZACLIN	T9	
BENZACLIN WITH PUMP	T9	
benzoyl peroxide-erythromycin	T2	
bp 10-1	T9	
bp cleansing wash	T1b	
CLARIFOAM EF	T3	
CLENIA PLUS	T9	
clindamycin phos-benzoyl perox external gel 1.2-2.5 %	T9	
clindamycin phos-benzoyl perox external gel 1.2-5 %	T1b	QL (45 gm per 30 days)
clindamycin phos-benzoyl perox external gel 1-5 %	T2	QL (50 GM per 30 days)
clindamycin-tretinoin	T3	
DUAC	T9	
EPIDUO	T3	
EPIDUO FORTE	T9	
NEUAC EXTERNAL GEL	T1b	QL (45 GM per 30 days)
NEUAC EXTERNAL KIT	T9	
ONEXTON	T9	
PLEXION CLEANSER EXTERNAL LIQUID	T9	
PLEXION CLEANSING CLOTH EXTERNAL PAD	T9	
PLEXION EXTERNAL CREAM	T9	
PRASCION FC	T1b	
PRASCION RA	T1b	
ROSULA WASH	T9	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	T9	
sulfacetamide sodium-sulfur external emulsion	T1b	
sulfacetamide sodium-sulfur external liquid 10-5 %	T1b	

Medication	Coverage Level	Restrictions
sulfacetamide sodium-sulfur external liquid 9-4 %, 9.8-4.8 %	T9	
sulfacetamide sodium-sulfur external lotion 10-5 %	T9	
sulfacetamide sodium-sulfur external pad 9.8-4.8 %	T9	
sulfacetamide sodium-sulfur external suspension 10-5 %, 9-4.25 %	T9	
SUMADAN	T3	
SUMADAN WASH	T3	
SUMAXIN	T9	
SUMAXIN CP	T9	
SUMAXIN TS	T9	
SUMAXIN WASH	T9	
TWYNEO	T9	
VANOXIDE-HC	T9	
VELTIN	T9	
ZENCIA	T9	
ZIANA	T9	
Acne Products*		
ABSORICA	T9	
ABSORICA LD	T9	
ACCUTANE	T2	QL (6 fills per 2 years)
acne medication 10 external gel	T1b	
acne medication 5 external gel	T1b	
adapalene external cream	T9	
adapalene external gel 0.1 %	T9	
adapalene external gel 0.3 %	T2	
adapalene external lotion	T9	
adapalene external solution	T9	
AKLIEF	T9	
ALTRENO	T1b	QL (45 grams per 30 days); AL
AMNESTEEM	T2	QL (6 fills per 2 years)
ARAZLO	T9	
ATRALIN	T3	ST; AL
AVITA	T9	
AZELEX	T3	ST; QL (50 GM per 30 days)
BENZAC AC WASH EXTERNAL LIQUID	T9	
BENZEFOAM	T9	
BENZEFOAMULTRA	T9	
BENZEPRO CREAMY WASH	T9	

Medication	Coverage Level	Restrictions
BENZEPRO EXTERNAL FOAM 5.3 %	T9	
BENZEPRO FOAMING CLOTHS	T9	
BENZEPRO SHORT CONTACT	T9	
benzoyl peroxide cleanser external liquid	T9	
benzoyl peroxide external foam 9.8 %	T9	
benzoyl peroxide external gel 10 %, 2.5 %, 5 %	T9	
benzoyl peroxide external pad 9.5 %	T9	
benzoyl peroxide wash external liquid	T9	
bp foam external foam 9.8 %	T9	
bp gel	T9	
bp wash external liquid 10 %, 2.5 %, 5 %, 7 %	T9	
bpo	T9	
bpo creamy wash	T9	
bpo foaming cloths external 6 %	T9	
bpo-10 wash	T9	
bpo-5 wash	T9	
CLARAVIS	T2	QL (6 fills per 2 years)
DIFFERIN EXTERNAL CREAM	T9	
DIFFERIN EXTERNAL GEL 0.1 %	T1b	
DIFFERIN EXTERNAL GEL 0.3 %	T9	
DIFFERIN EXTERNAL LOTION	T9	
EPSOLAY	T9	
FABIOR	T9	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	T2	QL (6 fills per 2 years)
isotretinoin oral capsule 25 mg, 35 mg	T9	
MYORISAN	T2	QL (6 fills per 2 years)
OSCION CLEANSER EXTERNAL LOTION 6 %	T1b	
PANOXYL EXTERNAL BAR 10 %	T9	
PANOXYL WASH	T9	
PR BENZOYL PEROXIDE WASH	T9	
RETIN-A	T3	AL
RETIN-A MICRO	T9	
RETIN-A MICRO PUMP	T9	
RIAX EXTERNAL FOAM	T3	QL (1 GM per 30 days)
tazarotene external foam	T9	
tretinoin external cream 0.025 %	T1b	AL
tretinoin external cream 0.05 %, 0.1 %	T2	AL
tretinoin external gel 0.01 %, 0.025 %	T1b	AL
tretinoin external gel 0.05 %	T2	AL

Medication	Coverage Level	Restrictions
tretinoin microsphere	T9	
tretinoin microsphere pump	T9	
WINLEVI	T9	
ZENATANE	T2	QL (6 fills per 2 years)
Agents For External Genital And Perianal Warts*		
VEREGEN	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 GM per 30 days)
Agents For Facial Wrinkles - Retinoids*		
REFISSA	T9	
RENOVA	T9	
RENOVA PUMP	T9	
tretinoin (emollient)	T9	
Antibiotic Steroid Combinations - Topical*		
CORTISPORIN EXTERNAL	T2	
NEO-SYNALAR EXTERNAL CREAM	T9	
Antibiotics - Topical*		
ALTABAX	T9	
CENTANY	T3	
gentamicin sulfate external	T1b	
mupirocin calcium	T9	
mupirocin external	T1b	QL (22 gm per 30 days)
XEPI	T9	
Antifungals - Topical Combinations*		
ALA-QUIN	T9	
ALCORTIN A	T9	
ALOQUIN	T9	
clotrimazole-betamethasone external cream	T1b	
clotrimazole-betamethasone external lotion	T1b	QL (30 gm per 30 days)
DERMASORB AF	T9	
DERMAZENE	T9	
hydrocortisone-iodoquinol external cream 1-1 %	T9	
iodoquimez-hc	T9	
LOTRISONE EXTERNAL CREAM	T3	
nystatin-triamcinolone	T1b	
pedipak	T9	
VUSION	T9	
VYTONE	T9	

Medication	Coverage Level	Restrictions
Antifungals - Topical*		
CICLODAN EXTERNAL SOLUTION	T1b	
ciclopirox external	T1b	
ciclopirox olamine external	T1b	
ciclopirox treatment	T9	
CNL8 NAIL	T9	
LAMISIL SPRAY	T3	
LOPROX EXTERNAL GEL	T3	
LOPROX EXTERNAL SHAMPOO	T3	
MENTAX	T9	
naftifine hcl external cream 1 %	T3	ST; QL (90 GM per 30 days)
naftifine hcl external cream 2 %	T9	
NAFTIN	T9	
NYAMYC	T1b	QL (60 GM per 30 Days)
nystatin external cream	T1b	SP (Generic substitution mandatory.)
nystatin external ointment	T1b	
nystatin external powder	T1b	QL (60 GM per 30 Days)
NYSTOP	T1b	QL (60 GM per 30 days)
Anti-Inflammatory Agents - Topical*		
diclofenac epolamine external	T9	
diclofenac sodium external gel 1 %	T1b	
diclofenac sodium external solution	T9	
FLECTOR TRANSDERMAL	T9	
LICART TRANSDERMAL	T9	
PENNSAID TRANSDERMAL	T9	
VOLTAREN TRANSDERMAL	T9	
vopac mds transdermal	T9	
Anti-Inflammatory Combinations - Topical*		
PROFINAC	T9	
ziclocin	T9	
Antineoplastic Alkylating Agents - Topical*		
VALCHLOR	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 15 day supply per fill); QL (60 GM per 15 days)
Antineoplastic Antimetabolites - Topical*		
CARAC	T9	
EFUDEX EXTERNAL CREAM	T3	

Medication	Coverage Level	Restrictions
FLUOROPLEX	T4	ST; SP (Limited to a 1 month supply per fill)
fluorouracil external cream 0.5 %	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 grams per 30 days)
fluorouracil external cream 5 %	T1b	QL (40 GM per 30 days)
fluorouracil external solution	T1b	
TOLAK	T2	QL (1 tube per 30 days)
Antineoplastic Or Premalignant Lesion Agent - Comb		
FLUORAC	T9	
Antineoplastic Or Premalignant Lesions - Topical Nsaid's		
diclofenac sodium external gel 3 %	T2	ST; QL (100 GM per 30 days)
Antipruritics - Topical		
doxepin hcl external	T9	
PRUDOXIN	T9	
ZONALON	T9	
Antipsoriatics - Systemic		
acitretin	T4	SP (Limited to a 1 month supply per fill)
COSENTYX (300 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 dose packs for induction/starting dose only.); QL (1 dose pack per 28 days)
COSENTYX SENSOREADY (300 MG)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 dose packs for induction/starting dose only.); QL (1 dose pack per 28 days)
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 SOLUTION PREFILLED SYRINGE 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 syringes for induction/starting dose only.); QL (1 syringe per 28 days)

Medication	Coverage Level	Restrictions
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 syringes for induction/starting dose only.); QL (1 syringe per 30 days)
methoxsalen rapid	T4	SP (Limited to a 1 month supply per fill)
SILIQ	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
SKYRIZI (150 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to 4 syringes for first fill.); QL (2 syringes per 12 weeks)
SKYRIZI PEN	T4	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 PREFILLED SYRINGE	T4	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)
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 45 MG/0.5ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed 2 syringes for first month starting dose)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed 2 syringes for first month starting dose)
TALTZ	T9	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limit of 2 pens the first fill.); QL (1 pen per 8 weeks)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limit of 2 syringes the first fill.); QL (1 syringe per 8 weeks)

Medication	Coverage Level	Restrictions
Antipsoriatics*		
calcipotriene external cream	T1b	QL (120 GM per 30 days)
calcipotriene external foam	T9	
calcipotriene external ointment	T2	QL (120 GM per 30 days)
calcipotriene external solution	T1b	
calcitriol external	T1b	ST; QL (100 GM per 30 days)
DOVONEX EXTERNAL CREAM	T3	QL (120 GM per 30 days)
DRITHO-CREME HP	T9	
SORILUX	T9	
tazarotene external cream	T2	ST
tazarotene external gel	T9	
TAZORAC EXTERNAL CREAM 0.05 %	T3	ST
TAZORAC EXTERNAL CREAM 0.1 %	T2	ST
TAZORAC EXTERNAL GEL	T9	
VECTICAL	T3	ST; QL (100 GM per 30 days)
VTAMA	T9	
ZITHRANOL	T3	ST
ZITHRANOL-RR	T9	
Antiseborrheic Combinations*		
PROMISEB	T9	
PROMISEB COMPLETE	T9	
Antiseborrheic Products*		
MEXAR WASH	T1b	
OVACE PLUS	T9	
OVACE PLUS WASH	T9	
OVACE WASH	T9	
PLEXION NS	T9	
selenium sulfide external lotion	T1b	
selenium sulfide external shampoo 2.25 %	T1b	
selenium sulfide external shampoo 2.3 %	T9	
SELRX	T9	
sodium sulfacetamide external shampoo	T9	
sodium sulfacetamide wash	T9	
sulfacetamide sodium (cleans)	T1b	
sulfacetamide sodium external liquid	T1b	
Antiviral Topical Combinations*		
XERESE	T9	
Antivirals - Topical*		
acyclovir external	T9	
DENAVIR	T9	

Medication	Coverage Level	Restrictions
penciclovir	T5	ST; SP (Limited to a 1 month supply per fill); QL (5 GM per 6 monthss)
ZOVIRAX EXTERNAL	T9	
Astringents*		
DOMEBORO EXTERNAL PACKET	T9	
XERAC AC	T1b	
Atopic Dermatitis - Janus Kinase (Jak) Inhibitors*		
CIBINQO	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OPZELURA	T9	
Atopic Dermatitis - Monoclonal Antibodies*		
ADBRY	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-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 100 MG/0.67ML	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)
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)
Burn Products*		
mafenide acetate external	T1b	
SILVADENE	T3	
silver sulfadiazine external	T1b	
SSD	T1b	
SSD (SILVER SULFADIAZINE)	T1b	
SULFAMYLON	T9	
Corticosteroids - Topical*		
ALA SCALP	T9	
ala-cort external cream 1 %	T9	
alclometasone dipropionate	T1b	
amcinonide external cream	T1b	

Medication	Coverage Level	Restrictions
amcinonide external lotion	T9	
amcinonide external ointment	T9	
APEXICON E	T9	
AQUANIL HC	T1b	
betamethasone dipropionate aug external cream	T1b	
betamethasone dipropionate aug external gel	T1b	QL (50 GM per 30 days)
betamethasone dipropionate aug external lotion	T1b	QL (60 ML per 30 days)
betamethasone dipropionate aug external ointment	T1b	QL (50 GM per 30 days)
betamethasone dipropionate external cream	T1b	
betamethasone dipropionate external lotion	T1b	
betamethasone dipropionate external ointment	T2	
betamethasone valerate external cream	T1b	
betamethasone valerate external foam	T9	
betamethasone valerate external lotion	T1b	QL (60 ML per 30 days)
betamethasone valerate external ointment	T1b	
BRYHALI	T3	ST
CAPEX	T9	
clobetasol prop emollient base	T1b	
clobetasol propionate emulsion	T3	QL (100 GM per 30 days)
clobetasol propionate external cream	T1b	
clobetasol propionate external foam	T9	
clobetasol propionate external gel	T1b	
clobetasol propionate external liquid	T3	
clobetasol propionate external lotion	T3	QL (118 ML per 30 days)
clobetasol propionate external ointment	T1b	QL (60 GM per 30 days)
clobetasol propionate external shampoo	T2	QL (118 ML per 30 days)
clobetasol propionate external solution	T1b	
CLOBEX	T3	ST; QL (118 ML per 30 days)
CLOBEX SPRAY	T9	
clocortolone pivalate	T9	
clocortolone pivalate pump	T9	
CLODAN EXTERNAL SHAMPOO	T2	ST; QL (118 ML per 30 days)
CLODERM	T9	
CLODERM PUMP	T9	
CORDRAN	T9	
CUTIVATE EXTERNAL CREAM	T3	
CUTIVATE EXTERNAL OINTMENT	T3	
DERMA-SMOOTHE/FS BODY	T3	
DERMA-SMOOTHE/FS SCALP	T3	

Medication	Coverage Level	Restrictions
DERMASORB HC	T9	
DERMASORB TA	T9	
DERMATOP	T3	
DESONATE	T9	
desonide external cream	T1b	
desonide external gel	T9	
desonide external lotion	T9	
desonide external ointment	T1b	
DESOWEN EXTERNAL CREAM	T9	
DESOWEN EXTERNAL LOTION	T9	
desoximetasone external cream 0.05 %	T9	
desoximetasone external cream 0.25 %	T1b	
desoximetasone external gel	T9	
desoximetasone external liquid	T9	
desoximetasone external ointment 0.05 %	T9	
desoximetasone external ointment 0.25 %	T2	
diflorasone diacetate external cream	T9	
diflorasone diacetate external ointment	T2	QL (15 GM per 30 days)
DIPROLENE	T3	
DIPROLENE AF	T3	
ELOCON	T3	
fluocinolone acetonide body	T1b	
fluocinolone acetonide external cream	T1b	
fluocinolone acetonide external ointment	T1b	
fluocinolone acetonide external solution	T1b	QL (180 ML per 30 days)
fluocinolone acetonide scalp	T1b	
fluocinonide emulsified base	T1b	
fluocinonide external cream 0.05 %	T1b	
fluocinonide external cream 0.1 %	T9	
fluocinonide external gel	T1b	
fluocinonide external ointment	T1b	
fluocinonide external solution	T1b	QL (60 ML per 30 days)
flurandrenolide	T9	
fluticasone propionate external cream	T1b	
fluticasone propionate external lotion	T9	
fluticasone propionate external ointment	T1b	
halobetasol propionate external cream	T2	ST; QL (50 GM per 30 days)
halobetasol propionate external foam	T9	
halobetasol propionate external ointment	T2	QL (50 GM per 30 days)
HALOG	T9	

Medication	Coverage Level	Restrictions
hydrocortisone butyr lipo base	T9	
hydrocortisone butyrate external cream	T9	
hydrocortisone butyrate external lotion	T9	
hydrocortisone butyrate external ointment	T9	
hydrocortisone butyrate external solution	T1b	
hydrocortisone external cream 1 %	T9	
hydrocortisone external cream 2.5 %	T1b	
hydrocortisone external lotion 1 %	T9	
hydrocortisone external lotion 2.5 %	T1b	
hydrocortisone external ointment 0.5 %, 1 %	T9	
hydrocortisone external ointment 2.5 %	T1b	
hydrocortisone valerate external cream	T1b	QL (120 GM per 30 days)
hydrocortisone valerate external ointment	T2	ST
IMPEKLO	T9	
IMPOYZ	T9	
KENALOG EXTERNAL	T9	
LOCOID EXTERNAL CREAM	T9	
LOCOID EXTERNAL LOTION	T9	
LOCOID EXTERNAL OINTMENT	T9	
LOCOID EXTERNAL SOLUTION	T3	
LOCOID LIPOCREAM	T9	
LUXIQ	T9	
mometasone furoate external	T1b	
NOBLE FORMULA HC EXTERNAL SOLUTION	T9	
NUCORT	T3	
OLUX	T9	
OLUX-E	T9	
PANDEL	T9	
prednicarbate	T1b	
scalacort	T9	
SCALPICIN MAXIMUM STRENGTH	T9	
SERNIVO	T9	
SYNALAR	T9	
TEMOVATE EXTERNAL GEL	T3	ST
TEMOVATE EXTERNAL OINTMENT	T3	ST
TEMOVATE EXTERNAL SOLUTION	T3	ST
TEXACORT	T9	
TOPICORT EXTERNAL CREAM 0.05 %	T9	
TOPICORT EXTERNAL CREAM 0.25 %	T3	
TOPICORT EXTERNAL GEL	T9	

Medication	Coverage Level	Restrictions
TOPICORT EXTERNAL OINTMENT 0.25 %	T3	
TOPICORT SPRAY	T9	
triamcinolone acetonide external aerosol solution	T9	
triamcinolone acetonide external cream	T1b	
triamcinolone acetonide external lotion 0.1 %	T1b	
triamcinolone acetonide external ointment 0.025 %, 0.1 %	T1b	
triamcinolone acetonide external ointment 0.05 %	T9	
TRIANEX	T9	
TRIDERM EXTERNAL CREAM	T1b	
ULTRAVATE EXTERNAL CREAM	T9	
ULTRAVATE EXTERNAL LOTION	T9	
VANOS	T9	
VERDESO	T9	
WESTCORT	T3	
****Depigmenting Agents******		
ACLARO	T9	
ALPHAQUIN HP	T9	
ESOTERICA DAYTIME	T9	
ESOTERICA FACIAL	T9	
ESOTERICA FADE NIGHTTIME	T9	
hydroquinone	T9	
hydroquinone external cream	T9	
LUSTRA	T9	
LUSTRA-AF	T9	
LUSTRA-ULTRA	T9	
MELQUIN 3	T9	
melquin hp	T9	
nuquin hp	T9	
****Depigmenting Combinations******		
TRI-LUMA	T9	
****Emollient Combinations******		
lactic acid e	T9	
****Emollient/Keratolytic Agents******		
DERMASORB XM	T9	
KERALAC EXTERNAL CREAM 47 %	T9	
rynoderm	T9	
urea external cream 40 %, 45 %	T9	
urea external gel	T1b	
urea external lotion 40 %	T9	

Medication	Coverage Level	Restrictions
urea nail external gel 45 %	T9	
urevaz	T9	
UTOPIC	T9	
xurea	T9	
Emollient/Keratolytic Combinations*		
urea hydrating	T9	
Emollients*		
ammonium lactate external	T9	
GERI-HYDROLAC 12	T9	
GERI-HYDROLAC 5	T9	
LAC-HYDRIN	T9	
lactic acid external lotion	T9	
Enzymes - Topical*		
SANTYL	T3	QL (60 GM per 30 days)
VASOLEX	T3	
Eyelid Cleansers & Lubricants*		
ACUICYN EXTERNAL LIQUID	T9	
Imidazole-Related Antifungals - Topical*		
clotrimazole external cream	T9	
clotrimazole external solution	T9	
econazole nitrate external	T1b	QL (90 GM per 30 days)
ECOZA	T9	
ERTACZO	T3	ST
EXELDERM	T9	
EXTINA	T9	
JUBLIA	T9	
ketoconazole external cream	T1b	QL (60 gm per 30 days)
ketoconazole external foam	T9	
ketoconazole external shampoo 2 %	T1b	QL (120 ml per 30 days)
KETODAN EXTERNAL FOAM	T1b	QL (100 GM per 30 days)
LOTRIMIN AF EXTERNAL CREAM	T9	
luliconazole	T9	
LUZU	T9	
NIZORAL	T3	
oxiconazole nitrate	T9	
OXISTAT EXTERNAL CREAM	T3	ST
OXISTAT EXTERNAL LOTION	T9	
sulconazole nitrate	T9	
XOLEGEL	T9	

Medication	Coverage Level	Restrictions
Immunomodulators Imidazoquinolinamines - Topical*		
ALDARA	T3	
imiquimod external cream 3.75 %	T9	
imiquimod external cream 5 %	T1b	
imiquimod pump	T9	
ZYCLARA	T9	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	T3	ST
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	T9	
Keratolytic And/Or Antimitotic Combinations*		
bensal hp external ointment 3-6 %	T9	
Keratolytic/Antimitotic Agents*		
bensal hp external ointment 3 %	T9	
CONDYLOX EXTERNAL GEL	T3	ST
CONDYLOX EXTERNAL SOLUTION	T3	
KERALYT EXTERNAL SHAMPOO	T9	
podocon	T9	
PODOCON-25	T9	
podofilox external	T1b	
SALACYN	T9	
SALEX EXTERNAL KIT 6 % (CREAM), 6 % (LOTION)	T9	
SALEX EXTERNAL SHAMPOO	T9	
salicylic acid er	T9	
salicylic acid external cream	T9	
salicylic acid external foam	T9	
salicylic acid external liquid 27.5 %	T9	
salicylic acid external lotion	T9	
salicylic acid external ointment	T9	
salicylic acid external shampoo	T9	
salicylic acid wart remover	T9	
salicylic acid-cleanser	T9	
SALVAX	T9	
ULTRASAL-ER	T9	
XALIX	T9	
Local Anesthetics - Topical*		
lidocaine external cream 4 %	T9	
lidocaine external ointment 5 %	T1b	
lidocaine external patch 5 %	T9	

Medication	Coverage Level	Restrictions
lidocaine hcl external cream 3 %, 4 %	T9	
lidocaine hcl external gel 2 %	T1b	
lidocaine hcl external solution	T1b	
LIDODERM	T9	
lidopin external cream 3 %	T1b	
lidorx	T9	
ZTLIDO	T9	
Macrolide Immunosuppressants - Topical*		
ELIDEL	T3	ST; QL (30 GM per 30 days)
pimecrolimus	T1b	ST; QL (30 GM per 30 days)
PROTOPIC	T3	ST; QL (30 GM per 30 days)
tacrolimus external ointment 0.03 %	T1b	QL (30 GM per 30 days)
tacrolimus external ointment 0.1 %	T3	QL (30 GM per 30 days)
Microtubule Inhibitors - Topical*		
KLISYRI	T9	
Misc. Dermatological Products*		
CERACADE	T9	
CERTAIN DRI AM EXTERNAL SOLUTION	T9	
ELETONE	T9	
EMULSION SB	T9	
ENTTY SPRAY EMULSION	T9	
EPICERAM	T9	
HYLATOPIC	T9	
HYLATOPIC PLUS EXTERNAL FOAM	T9	
KAMDOY	T9	
LOYON	T9	
NEOSALUS EXTERNAL FOAM	T9	
NIVATOPIC PLUS	T9	
NUVAIL	T9	
PHLAG SPRAY	T9	
PRESERA	T9	
PRUCLAIR	T9	
PRUMYX	T9	
suvicort	T9	
SYNERDERM	T9	
TETRIX EXTERNAL CREAM	T9	
TETRIX EXTERNAL KIT	T3	QL (226.8 GM per 30 days)
Misc. Topical*		
DRYSOL	T1b	
QBREXZA	T9	

Medication	Coverage Level	Restrictions
Ornithine Decarboxylase (Odc) Inhibitors - Topical*		
VANIQA	T9	
Oxaborole-Related Antifungals - Topical*		
KERYDIN	T9	
tavaborole	T9	
Phosphodiesterase 4 (Pde4) Inhibitors - Topical*		
EUCRISA	T3	ST; QL (60 GM per 30 days)
Prostaglandins - Topical*		
bimatoprost external	T9	
LATISSE	T9	
Rosacea Agents*		
azelaic acid external	T2	ST
doxycycline	T9	
FINACEA	T9	
ivermectin external cream	T2	ST; QL (45 GM per 30 days)
METROCREAM	T3	
METROGEL EXTERNAL GEL	T3	
METROLOTION	T3	
metronidazole external	T1b	
MIRVASO	T9	
NORITATE	T9	
ORACEA	T9	
RHOFADE	T3	QL (60 GM per 30 days); AL
SOOLANTRA	T3	ST; QL (45 GM per 30 days)
ZILXI	T9	
Scabicides & Pediculicides*		
ACTICIN	T3	
EURAX EXTERNAL CREAM	T3	ST; QL (60 GM per 30 days)
EURAX EXTERNAL LOTION	T9	
ivermectin external lotion	T1b	
lindane external	T1b	
malathion external	T1b	
NATROBA	T9	
OVIDE	T3	
permethrin external cream	T1b	
permethrin external lotion	T9	
SKLICE	T3	
spinosad	T1b	

Medication	Coverage Level	Restrictions
ULESFIA	T3	
Scar Treatment Products*		
CELACYN	T9	
KELO-COTE EXTERNAL GEL	T9	
RECEDO	T9	
Steroid-Local Anesthetic Combinations*		
CORTANE-B EXTERNAL	T3	
EPIFOAM	T9	
hydrocortisone ace-pramoxine external cream 2.5-1 %	T2	
NOVACORT EXTERNAL GEL 1-2 %	T9	
PRAMOSONE	T9	
pramoxine-hc external cream	T9	
Tar Products*		
coal tar external solution	T2	
Topical Anesthetic Combinations*		
adazin	T9	
captracin	T9	
CETACAINE EXTERNAL AEROSOL	T9	
DERMACINRX PRIZOPAK	T9	
lidocaine-prilocaine external cream	T1b	
lidopril external kit	T9	
LIDOTRANS 5 PAK	T9	
LIVIXIL PAK	T9	
lorenza	T9	
mac patch	T9	
PLIAGLIS EXTERNAL CREAM	T9	
prilovix	T9	
provenza	T9	
RELADOR PAK EXTERNAL KIT	T9	
RELADOR PAK PLUS	T9	
RELYYKS	T9	
SINELEE	T9	
SYNERA	T9	
synvexia	T9	
XRYLIDERM	T9	
Topical Anesthetic Gases*		
ethyl chloride	T9	

Medication	Coverage Level	Restrictions
Topical Selective Retinoid X Receptor Agonists*		
bexarotene external	T9	
TARGRETIN EXTERNAL	T9	
Topical Steroid Combinations*		
calcipotriene-betameth diprop	T9	
CLODAN EXTERNAL KIT	T3	
DERMA SILKRX SDS PAK	T9	
DUOBRII	T9	
ENSTILAR	T9	
hydrocortisone-aloe external cream 0.5 %	T9	
SYNALAR TS	T9	
TACLONEX	T9	
ULTRAVATE X (OINTMENT)	T9	
WYNZORA	T9	
Type Ii 5-Alpha Reductase Inhibitors*		
finasteride oral tablet 1 mg	T9	
PROPECIA	T9	
Vascular Agents*		
hair regrowth treatment men external solution	T9	
minoxidil external solution 5 %	T9	
minoxidil for men external solution 2 %	T9	
ROGAINE	T9	
ROGAINE MENS	T9	
ROGAINE MENS EXTRA STRENGTH	T9	
ROGAINE WOMENS EXTERNAL SOLUTION	T9	
Wound Care - Growth Factor Agents*		
REGRANEX	T4	ST; SP (Limited to a 1 month supply per fill)
Wound Care Combinations*		
DERMULCERA	T9	
VENELEX	T9	
Wound Dressings*		
ATRAPRO HYDROGEL	T9	
AVO CREAM	T9	
BIAFINE	T9	
BIONECT	T9	
CELACYN POST-PROCEDURE PACK	T9	
HYDROFERA BLUE FOAM DRESSING	T9	

Medication	Coverage Level	Restrictions
KERAMATRIX REPLICINE 10CMX10CM EXTERNAL PAD	T9	
KERAMATRIX REPLICINE 5CMX5CM EXTERNAL PAD	T9	
LUXAMEND	T9	
PRUTECT	T9	
SONAFINE	T9	
Diagnostic Products		
****Diagnostic Biologicals******		
APLISOL	T9	
CANDIN	T9	
****Diagnostic Tests******		
ACCU-CHEK AVIVA PLUS IN VITRO	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK COMPACT TEST DRUM	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK SMARTVIEW	T3	ST; QL (200 strips per 30 days)
AGAMATRIX AMP TEST	T3	ST; QL (200 strips per 30 days)
ASCENSIA AUTODISC TEST	T3	ST
ASSURE 4 TEST	T3	ST; QL (200 strips per 30 days)
ASSURE PLATINUM	T3	ST; QL (200 strips per 30 days)
ASSURE PRISM MULTI TEST	T3	ST; QL (200 strips per 30 days)
BAYER BREEZE 2 TEST	T3	ST
BAYER CONTOUR TEST	T3	ST; QL (200 strips per 30 days)
CONTOUR NEXT TEST	T3	ST; QL (200 strips per 30 days)
easy talk plus ii test strips	T3	ST; QL (200 strips per 30 Days)
easy trak ii glucose test	T3	ST; QL (200 strips per 30 days)
ECLIPSE TEST	T3	ST; QL (200 strips per 30 days)
EVENCARE PROVIEW GLUCOSE TEST	T3	ST
FASTTAKE TEST	T1b	
FORA 6 CONNECT	T3	ST
FORTISCARE G1 TEST STRIP	T3	ST; QL (200 strips per 30 days)
FREESTYLE INSULINX TEST	T3	ST; QL (200 strips per 30 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)
GLUCOCARD 01 SENSOR PLUS	T3	ST; QL (200 strips per 30 days)
GLUCOCARD EXPRESSION TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCARD VITAL TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCARD X-SENSOR	T3	ST; QL (200 strips per 30 days)
GOJJI BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 Days)
HARMONY BLOOD GLUCOSE TEST	T3	ST

Medication	Coverage Level	Restrictions
KETOSTIX	T3	
MICRODOT TEST	T3	ST
ONETOUCH ULTRA BLUE	T1b	QL (200 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP	T1b	QL (200 strips per 30 days)
PIP BLOOD GLUCOSE TEST STRIP	T3	ST; QL (200 test strips per 30 dayss)
PRECISION PCX PLUS TEST	T3	ST; QL (200 strips per 30 days)
PRECISION POINT OF CARE TEST	T3	ST; QL (200 strips per 30 days)
PRECISION QID TEST	T3	ST; QL (200 strips per 30 days)
PRECISION XTRA BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
RELION BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	T3	ST
SURESTEP PRO TEST	T1b	
SURESTEP TEST	T1b	
toxicology saliva collection	T9	
TRUETRACK TEST	T3	ST; QL (200 strips per 30 days)
UNISTRIP1 GENERIC	T3	ST; QL (200 strips per 30 days)
Dietary Products/Dietary Management Products		
****Dietary Management Product Combinations******		
av-vite fb forte	T9	
ENLYTE	T9	
FOLBEE AR	T9	
FOLBIC	T9	
FOLTANX	T9	
FOLTX ORAL TABLET 1.13-25-2 MG	T3	
l-methylfolate-b6-b12 oral tablet 1.13-25-2 mg	T1b	
l-methylfolate-b6-b12 oral tablet 3-35-2 mg	T9	
macuvex	T9	
macuzin	T9	
METAFOLBIC PLUS	T9	
methaver	T9	
methazel	T9	
NIVA-FOL	T9	
PURALOR CI	T9	
virt-vite forte	T9	
VITA-RESPA	T9	
zyvit	T9	

Medication	Coverage Level	Restrictions
Digestive Aids		
****Digestive Enzymes******		
CREON	T4	SP (Max day supply up to 31 days.)
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)
PERTZYE	T5	ST; SP (Limited to a 1 month supply per fill)
SUCRAID	T4	SP (Limited to a 1 month supply per fill)
VIOKACE ORAL TABLET 10440-39150 UNIT	T5	ST; SP (Max of 31 days per dispensing)
VIOKACE ORAL TABLET 20880-78300 UNIT	T5	ST; SP (Max of 31 days per dispensing.)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	T4	SP (Limited to a 1 month supply per fill)
Diuretics		
****Carbonic Anhydrase Inhibitors******		
acetazolamide er	T1b	
acetazolamide oral	T1b	
DIAMOX SEQUELS	T3	
KEVEYIS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
methazolamide oral	T2	
****Diuretic Combinations******		
ALDACTAZIDE ORAL TABLET 25-25 MG	T3	
ALDACTAZIDE ORAL TABLET 50-50 MG	T2	
amiloride-hydrochlorothiazide	T1b	
MAXZIDE	T3	
MAXZIDE-25	T3	
spironolactone-hctz	T1b	
triamterene-hctz oral capsule 37.5-25 mg	T1b	
triamterene-hctz oral tablet	T1b	

Medication	Coverage Level	Restrictions
Loop Diuretics*		
bumetanide oral	T1a	
DEMADEX ORAL TABLET 10 MG, 20 MG, 5 MG	T3	
EDECRIN	T9	
ethacrynic acid oral	T3	ST; QL (60 tablets per 30 days)
furosemide injection solution 10 mg/ml	T1b	
furosemide oral solution 10 mg/ml	T1a	
furosemide oral solution 8 mg/ml	T1b	
furosemide oral tablet	T1a	
LASIX	T3	
SOAANZ	T9	
torsemide oral	T1a	
Potassium Sparing Diuretics*		
ALDACTONE	T3	
amiloride hcl oral	T1b	
CAROSPIR	T9	
DYRENIUM	T9	
spironolactone oral	T1a	
Thiazides And Thiazide-Like Diuretics*		
chlorthalidone oral tablet 25 mg, 50 mg	T1b	
DIURIL	T2	
hydrochlorothiazide oral	T1a	
indapamide oral	T1a	
methyclothiazide oral	T1b	
metolazone	T1b	
MICROZIDE	T3	
THALITONE	T9	
ZAROXOLYN ORAL TABLET 2.5 MG, 5 MG	T3	
Endocrine And Metabolic Agents - Misc.		
Adenosine Deaminase Scid Treatment - Agents*		
REVCOVI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill.)
Bisphosphonates*		
ACTONEL ORAL TABLET 150 MG	T3	QL (1 tablet per 30 days)
ACTONEL ORAL TABLET 30 MG, 35 MG, 5 MG	T3	
alendronate sodium oral solution	T1a	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	T1a	

Medication	Coverage Level	Restrictions
ATELVIA	T3	
BINOSTO	T3	ST
BONIVA ORAL TABLET 150 MG	T3	
etidronate disodium oral tablet 200 mg	T3	ST
FOSAMAX ORAL TABLET 70 MG	T3	
FOSAMAX PLUS D	T3	ST; QL (4 tablets per 28 days)
ibandronate sodium oral	T1b	
risedronate sodium oral tablet 150 mg	T1b	ST; QL (1 tablets per 30 days)
risedronate sodium oral tablet 30 mg	T4	ST; SP (Limited to a 1 month supply per fill)
risedronate sodium oral tablet 35 mg, 5 mg	T1b	ST
risedronate sodium oral tablet delayed release	T2	ST
Calcimimetic Agents*		
cinacalcet hcl	T4	SP (Limited to a 1 month supply per fill)
SENSIPAR	T5	SP (Limited to a 1 month supply per fill)
Calcitonins*		
calcitonin (salmon) injection	T9	
calcitonin (salmon) nasal	T1b	
FORTICAL	T1b	
MIACALCIN NASAL	T3	
Carnitine Replenisher - Agents*		
CARNITOR ORAL	T3	
CARNITOR SF	T3	
levocarnitine oral solution	T1b	
levocarnitine oral tablet	T1b	
levocarnitine sf	T1b	
Corticotropin*		
ACTHAR	T4	PA; SP (Limited to a 1 month supply per fill)
CORTROPHIN	T9	
Cortisol Synthesis Inhibitors*		
ISTURISA ORAL TABLET 1 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
ISTURISA ORAL TABLET 10 MG, 5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
RECORLEV	T9	
Dopamine Receptor Agonists*		
cabergoline	T1b	

Medication	Coverage Level	Restrictions
Fabry Disease - Agents*		
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)
Gnrh/Lhrh Antagonists*		
cetrorelix acetate	T2	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T2	
ganirelix acetate subcutaneous solution prefilled syringe	T4	ST; SP (Limited to a 1 month supply per fill)
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)
Growth Hormone Receptor Antagonists*		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	T4	PA; SP (Limited to a 1 month supply per fill)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 30 MG	T4	PA; SP (Limited to a 1 month supply per fill)
Growth Hormones*		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	T9	
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T9	
HUMATROPE INJECTION CARTRIDGE 12 MG, 6 MG	T9	SP ( )
HUMATROPE INJECTION CARTRIDGE 24 MG	T9	
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 5 MG, 6 MG	T9	SP ( )
HUMATROPE INJECTION SOLUTION RECONSTITUTED 24 MG	T9	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	T9	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	T9	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	T9	SP ( )
NUTROPIN AQ PEN SUBCUTANEOUS SOLUTION 10 MG/2ML	T9	

Medication	Coverage Level	Restrictions
NUTROPIN AQ PEN SUBCUTANEOUS SOLUTION 20 MG/2ML	T9	SP ( )
OMNITROPE SUBCUTANEOUS SOLUTION	T9	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T9	
SAIZEN	T9	SP ( )
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG, 6 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SKYTROFA	T9	
ZOMACTON	T9	
Hereditary Orotic Aciduria Treatment - Agents*		
XURIDEN	T9	
Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents**		
nitisinone	T9	
NITYR	T9	
ORFADIN	T9	
Homocystinuria Treatment - Agents**		
betaine	T3	
CYSTADANE	T9	
Hyperammonemia Treatment - Agents**		
CARBAGLU ORAL TABLET SOLUBLE	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)
carglumic acid	T3	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
Hyperparathyroid Treatment - Vitamin D Analogs**		
calcitriol oral capsule	T1b	
calcitriol oral solution	T1b	AL
doxercalciferol oral capsule 0.5 mcg, 2.5 mcg	T9	
doxercalciferol oral capsule 1 mcg	T4	SP (Limited to a 1 month supply per fill)
HECTOROL ORAL	T3	
paricalcitol oral	T2	
RAYALDEE	T9	

Medication	Coverage Level	Restrictions
ROCALTROL	T3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	T3	
Hypophosphatasia (Hpp) Agents*		
STRENSIQ	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
Insulin-Like Growth Factors (Somatomedins)*		
INCRELEX	T4	PA; SP (Limited to a 1 month supply per fill)
Leptin Analogues*		
MYALEPT	T5	PA; SP (Limited to a 1 month supply per fill)
Lhrh/Gnrh Agonist Analog Pituitary Suppressants*		
SYNAREL	T9	
Mucopolysaccharidosis Vii (Mps Vii) - Agents*		
MEPSEVII	T9	
Natriuretic Peptides*		
VOXZOGO	T5	PA; SP (Limited to a 1 month supply per fill); QL (3 boxes per 30 days)
Non-Steroidal Mineralocorticoid Receptor Antagonists*		
KERENDIA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
Ovulation Stimulants-Gonadotropins*		
chorionic gonadotropin intramuscular	T3	
FOLLISTIM AQ INJECTION SOLUTION 75 UNT/0.5ML	T3	ST
FOLLISTIM AQ SUBCUTANEOUS	T3	ST
GONAL-F	T2	QL (13500 units per 30 days)
GONAL-F RFF	T2	QL (13500 units per 30 days)
GONAL-F RFF REDIJECT	T2	QL (13500 units per 30 days)
MENOPUR	T2	
NOVAREL	T3	ST
OVIDREL	T2	
PREGNYL	T1b	
REPRONEX	T2	

Medication	Coverage Level	Restrictions
Ovulation Stimulants-Synthetic*		
CLOMID	T3	
clomiphene citrate oral	T1b	
SEROPHENE	T1b	
Parathyroid Hormone And Derivatives*		
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	T9	SP ( )
NATPARA	T5	PA; SP (Limited to a 1 month supply per fill)
teriparatide (recombinant)	T4	PA; SP (Limited to a 1 month supply per fill)
TYMLOS	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pen per 30 days)
Phenylketonuria Treatment - Agents*		
JAVYGTOR ORAL PACKET 500 MG	T9	
JAVYGTOR ORAL TABLET	T9	
KUVAN ORAL PACKET 100 MG	T9	SP ( )
KUVAN ORAL PACKET 500 MG	T9	
KUVAN ORAL TABLET	T9	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)
sapropterin dihydrochloride oral packet	T4	PA; SP (Limited to a 1 month supply per fill)
sapropterin dihydrochloride oral tablet	T4	PA; SP (Limited to a 1 month supply per fill)
Selective Estrogen Receptor Modulators (Serms)*		
EVISTA	T3	
OSPHENA	T2	PA
raloxifene hcl	T1b	

Medication	Coverage Level	Restrictions
Selective Vasopressin V2-Receptor Antagonists*		
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)
SAMSCA ORAL TABLET 15 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SAMSCA ORAL TABLET 30 MG	T5	PA; SP (Limited to a 1 month supply per fill)
tolvaptan	T4	PA; SP (Limited to a 1 month supply per fill)
Somatostatic Agents*		
BYNFEZIA PEN	T9	
lanreotide acetate	T4	SP (Limited to a 1 month supply per fill)
MYCAPSSA	T9	
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	T4	SP (Limited to a 1 month supply per fill)
octreotide acetate subcutaneous	T4	SP (Limited to a 1 month supply per fill)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.9 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill)
SOMATULINE DEPOT	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
Urea Cycle Disorder - Agents*		
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)
PHEBURANE	T9	
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)
sodium phenylbutyrate oral powder 3 gm/tsp	T4	PA; SP (Limited to a 1 month supply per fill)
sodium phenylbutyrate oral tablet	T4	PA; SP (Limited to a 1 month supply per fill)
Vasopressin*		
DDAVP ORAL	T3	
DDAVP RHINAL TUBE	T3	
desmopressin ace spray refrig	T2	ST; QL (10 ML per 30 days)
desmopressin acetate oral tablet 0.1 mg	T1b	QL (180 tablets per 30 days)
desmopressin acetate oral tablet 0.2 mg	T1b	
desmopressin acetate spray	T2	ST; QL (10 ML per 30 days)
NOCDURNA	T9	
NOCTIVA	T9	
STIMATE	T4	SP (Limited to a 1 month supply per fill)
Estrogens		
Estrogen & Androgen*		
COVARYX	T9	
COVARYX HS	T9	
est estrogens-methyltest ds	T9	
est estrogens-methyltest hs	T9	
est estrogens-methyltest oral tablet 1.25-2.5 mg	T9	
Estrogen & Progestin*		
ACTIVELLA	T3	
ANGELIQ	T3	ST
BIJUVA	T9	
CLIMARA PRO	T9	
COMBIPATCH	T2	
estradiol-norethindrone acet oral tablet 1-0.5 mg	T1b	

Medication	Coverage Level	Restrictions
FEMHRT	T3	
JINTELI	T1b	
MIMVEY	T1b	
MIMVEY LO	T1b	
norethindrone-eth estradiol	T1b	
PREFEST	T3	
PREMPHASE	T2	
PREMPRO	T2	
Estrogen-Progestin-Gnrh Antagonist*		
MYFEMBREE	T5	PA; 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)
Estrogens*		
ALORA	T2	
CENESTIN ORAL TABLET 0.3 MG, 1.25 MG	T2	
CLIMARA	T9	
DELESTROGEN	T3	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM	T2	QL (30 packets per 30 days)
DIVIGEL TRANSDERMAL GEL 1 MG/GM	T2	QL (30 GM per 30 days)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM	T2	QL (30 packets per 30 Days)
DOTTI	T1b	
ELESTRIN	T3	
ENJUVIA	T3	QL (30 tablets per 30 days)
ESTRACE ORAL	T3	
estradiol implant pellet 6 mg	T9	
estradiol oral	T1b	
estradiol transdermal patch twice weekly	T1b	
estradiol transdermal patch weekly	T1b	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	T2	
ESTROGEL	T2	QL (50 GM per 31 days)
estropipate oral	T1b	
EVAMIST	T2	
LYLLANA	T1b	
MENEST	T2	
MENOSTAR	T3	QL (4 patches per 28 days)

Medication	Coverage Level	Restrictions
MINIVELLE	T3	
PREMARIN ORAL	T2	QL (30 tablets per 30 days)
VIVELLE-DOT	T3	
Estrogen-Selective Estrogen Receptor Modulator Comb*		
DUAVEE	T3	QL (30 tablets per 30 days)
Fluoroquinolones		
Fluoroquinolones*		
AVELOX ABC PACK	T3	
AVELOX ORAL	T3	
BAXDELA INTRAVENOUS	T9	
BAXDELA ORAL	T3	ST; QL (10 tablets per 30 days)
CIPRO ORAL SUSPENSION RECONSTITUTED	T3	
CIPRO ORAL TABLET 250 MG, 500 MG	T3	
ciprofloxacin hcl oral	T1a	
ciprofloxacin oral	T1b	
ciprofloxacin-ciproflox hcl er	T1b	
FACTIVE	T3	
LEVAQUIN ORAL	T3	
levofloxacin oral	T1b	
moxifloxacin hcl oral	T1b	
ofloxacin oral tablet 300 mg, 400 mg	T1b	
Gastrointestinal Agents - Misc.		
5-Ht4 Receptor Agonists*		
MOTEGRITY	T3	ST; QL (30 tablets per 30 days)
Bile Acid Synthesis Disorder Agents*		
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)
Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists*		
TRULANCE	T2	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
Farnesoid X Receptor (Fxr) Agonists*		
OCALIVA ORAL TABLET 10 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OCALIVA ORAL TABLET 5 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
Gallstone Solubilizing Agents*		
ACTIGALL	T3	
RELTONE	T9	
URSO 250	T3	
URSO FORTE	T3	
ursodiol oral capsule 200 mg, 400 mg	T9	
ursodiol oral capsule 300 mg	T2	
ursodiol oral tablet	T2	
Gastrointestinal Antiallergy Agents*		
cromolyn sodium oral	T3	
GASTROCROM	T3	
Gastrointestinal Chloride Channel Activators*		
AMITIZA	T3	ST; QL (60 capsules per 30 days)
lubiprostone	T3	ST; QL (60 capsules per 30 Days)
Gastrointestinal Stimulants*		
GIMOTI	T9	
metoclopramide hcl injection	T1b	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	T1a	
metoclopramide hcl oral tablet	T1a	
metoclopramide hcl oral tablet dispersible	T3	ST
METOZOLV ODT	T3	
REGLAN ORAL	T3	
Glucagon-Like Peptide-2 (Glp-2) Analogs*		
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
Ibs Agent - 5-Ht4 Receptor Partial Agonists*		
ZELNORM	T3	ST; QL (60 tablets per 30 Days)
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists*		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	T2	QL (30 EA per 30 days)
LINZESS ORAL CAPSULE 72 MCG	T2	QL (30 capsules per 30 days)
Ibs Agent - Mu-Opioid Receptor Agonists*		
VIBERZI	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
Ibs Agent - Selective 5-Ht3 Receptor Antagonists*		
alosetron hcl	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
LOTRONEX	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor*		
IBSRELA	T9	
Ileal Bile Acid Transporter (Ibat) Inhibitors*		
BYLVAY	T9	
BYLVAY (PELLETS)	T9	
LIVMARLI	T9	
Inflammatory Bowel Agents*		
APRISO	T3	QL (120 capsules per 30 days)
ASACOL HD	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
balsalazide disodium	T1b	
CANASA	T5	SP (Max day supply up to 31 days.)
COLAZAL	T5	SP (Max day supply up to 31 days.)
DELZICOL	T3	QL (180 capsules per 30 days)
DIPENTUM	T5	SP (Limited to a 1 month supply per fill)
LIALDA	T3	QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
mesalamine er oral capsule extended release	T5	ST; SP (Limited to a 1 month supply per fill); QL (240 capsules per 30 days)
mesalamine er oral capsule extended release 24 hour	T3	QL (120 capsules per 30 days)
mesalamine oral capsule delayed release	T3	SP ( ); QL (180 capsules per 30 days)
mesalamine oral tablet delayed release 1.2 gm	T3	SP ( ); QL (120 tablets per 30 days)
mesalamine oral tablet delayed release 800 mg	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
mesalamine rectal enema	T1b	
mesalamine rectal suppository	T5	SP (Limited to a 1 month supply per fill)
PENTASA	T5	ST; SP (Limited to a 1 month supply per fill); QL (240 capsules per 30 days)
ROWASA RECTAL	T3	
SFROWASA	T3	QL (30 bottles per 30 days)
sulfasalazine oral	T1b	
Interleukin Antagonists*		
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	T4	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)
Intestinal Acidifiers*		
enulose	T1b	
generlac	T1b	
Peripheral Opioid Receptor Antagonists*		
MOVANTIK	T3	ST; QL (30 tablets per 30 days)
RELISTOR ORAL	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)
SYMPROIC	T3	ST; QL (30 tablets per 30 days)
Phosphate Binder Agents*		
AURYXIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days)
calcium acetate (phos binder) oral capsule	T1b	
FOSRENOL ORAL PACKET	T5	SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days)

Medication	Coverage Level	Restrictions
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)
lanthanum carbonate oral tablet chewable 1000 mg	T4	SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
lanthanum carbonate oral tablet chewable 500 mg	T4	SP (Limited to a 1 month supply per fill); QL (210 tablets per 30 days)
lanthanum carbonate oral tablet chewable 750 mg	T4	SP (Limited to a 1 month supply per fill); QL (150 tablets per 30 days)
PHOSLO	T3	
PHOSLYRA	T3	ST
RENAGEL ORAL TABLET 800 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
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	
sevelamer carbonate oral packet	T5	SP (Limited to a 1 month supply per fill)
sevelamer carbonate oral tablet	T2	QL (510 tablets per 30 days)
sevelamer hcl	T4	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
VELPHORO	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
****Tryptophan Hydroxylase Inhibitors******		
XERMELO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
****Tumor Necrosis Factor Alpha Blockers******		
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)

Medication	Coverage Level	Restrictions
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
REMICADE	T9	
General Anesthetics		
****Anesthetics - Misc.******		
ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml	T9	
Genitourinary Agents - Miscellaneous		
****5-Alpha Reductase Inhibitors******		
AVODART	T3	
dutasteride oral	T1b	QL (30 capsules per 30 days)
finasteride oral tablet 5 mg	T1b	
PROSCAR	T3	
****Alpha 1-Adrenoceptor Antagonists******		
alfuzosin hcl er	T1b	
CARDURA XL	T3	ST
FLOMAX	T3	
RAPAFLO	T9	
silodosin	T9	
tamsulosin hcl	T1a	
UROXATRAL	T3	
****Citrates******		
cytra k crystals	T1b	
cytra-2	T9	
CYTRA-3	T9	
cytra-k	T9	
ORACIT	T3	
pot & sod cit-cit ac	T1b	
potassium citrate er	T1b	
potassium citrate-citric acid oral solution	T1b	
sod citrate-citric acid	T1b	
sodium citrate oral	T1b	
tricitrates	T9	
UROCIT-K 10	T3	
UROCIT-K 15	T3	
UROCIT-K 5	T3	
virtrate-2	T9	
virtrate-3	T9	
virtrate-k	T9	

Medication	Coverage Level	Restrictions
Cystinosis Agents*		
PROCYSBI ORAL CAPSULE DELAYED RELEASE	T9	
Genitourinary Irrigants*		
sodium chloride irrigation solution 0.9 %	T1b	
Interstitial Cystitis Agents*		
ELMIRON	T5	SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
Prostatic Hypertrophy Agent Combinations*		
dutasteride-tamsulosin hcl	T2	ST
ENTADFI	T9	
JALYN	T3	ST
Urinary Analgesics*		
phenazopyridine hcl oral tablet 100 mg, 200 mg	T1b	
PYRIDIUM	T3	
Urinary Stone Agents*		
LITHOSTAT	T9	
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)
tiopronin oral	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
Gout Agents		
Gout Agent Combinations*		
colchicine-probenecid	T1b	
DUZALLO	T3	ST
Gout Agents*		
allopurinol oral tablet 100 mg, 300 mg	T1a	
allopurinol oral tablet 200 mg	T9	
allopurinol sodium	T1b	
colchicine oral	T1b	QL (120 capsules per 30 days)
COLCRYS	T9	
febuxostat	T1b	QL (30 tablets per 30 days)
GLOPERBA	T9	
MITIGARE	T9	

Medication	Coverage Level	Restrictions
ULORIC	T3	QL (30 tablets per 30 days)
ZYLOPRIM	T3	
Uricosurics*		
probenecid oral	T1b	
Hematological Agents - Misc.		
Antihemophilic Products - Monoclonal Antibodies*		
HEMLIBRA	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
Antihemophilic Products*		
ADVATE	T4	SP (Limited to a 1 month supply per fill)
adynovate	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
AFSTYLA	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
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	SP (Limited to a 1 month supply per fill)
ALPROLIX	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
BENEFIX INTRAVENOUS KIT	T4	SP (Limited to a 1 month supply per fill)
COAGADEX	T4	SP (Limited to a 1 month supply per fill)
ELOCTATE	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
ESPEROCT	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
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)

Medication	Coverage Level	Restrictions
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	T4	SP (Limited to a 1 month supply per fill)
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)
IDELVION	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
IXINITY	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
JIVI	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
KOATE	T3	SP (Limited to a 1 month supply per fill)
KOGENATE FS	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
KOVALTRY	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	T4	SP (Limited to a 1 month supply per fill)
NOVOEIGHT	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NOVOSEVEN RT	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
PROFILNINE	T5	SP (Limited to a 1 month supply per fill)
REBINYN	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
RECOMBINATE	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
rixubis	T5	SP (Limited to a 1 month supply per fill); AL
SEVENFACT	T4	SP (Limited to a 1 month supply per fill)
TRETTEN	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
VONVENDI	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
WILATE INTRAVENOUS KIT	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
XYNTHA SOLOFUSE	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
Anti-Von Willebrand Factor Agents*		
CABLIVI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Limited to 2 fills per 720 days); QL (30 kits per 30 days)
Bradykinin B2 Receptor Antagonists*		
FIRAZYR	T9	
icatibant acetate	T5	PA; SP (Limits apply, see quantity limitations); QL (3 syringes per 1 fill); AL
SAJAZIR	T5	PA; SP (Limited to a 1 month supply per fill); QL (3 syringes per 1 fill); AL
C1 Esterase Inhibitors*		
BERINERT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
HAEGARDA SUBCUTANEOUS 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)
RUCONEST	T9	
Complement C3 Inhibitors*		
EMPAVELI	T4	PA; SP (Limited to a 1 month supply per fill)
Complement C5a Receptor Inhibitors*		
TAVNEOS	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
Direct-Acting P2y12 Inhibitors*		
BRILINTA	T2	
Hematorheologic Agents*		
pentoxifylline er	T1b	
Phosphodiesterase Iii Inhibitors*		
cilostazol	T1b	
Plasma Kallikrein Inhibitors - Monoclonal Antibodies*		
TAKHZYRO SUBCUTANEOUS SOLUTION	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
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)
Plasma Kallikrein Inhibitors*		
KALBITOR	T5	PA; SP (Limited to a 1 month supply per fill); AL
ORLADEYO	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); AL

Medication	Coverage Level	Restrictions
Platelet Aggregation Inhibitor Combinations*		
aspirin-dipyridamole er	T1b	
YOSPRALA ORAL TABLET DELAYED RELEASE 81-40 MG	BE	
Platelet Aggregation Inhibitors*		
dipyridamole oral	T1b	
DURLAZA	T9	
Protease-Activated Receptor-1 (Par-1) Antagonists*		
ZONTIVITY	T3	ST; QL (30 tablets per 30 days)
Pyruvate Kinase Activators*		
PYRUKYND	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
PYRUKYND TAPER PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
Quinazoline Agents*		
AGRYLIN	T3	
anagrelide hcl	T1b	
Spleen Tyrosine Kinase (Syk) Inhibitors*		
TAVALISSE	T9	
Thienopyridine Derivatives*		
clopidogrel bisulfate oral	T1a	
EFFIENT	T3	QL (31 tablets per 31 days)
PLAVIX ORAL TABLET 75 MG	T3	
prasugrel hcl	T1b	QL (31 tablets per 31 days)
ticlopidine hcl	T1b	
Hematopoietic Agents		
Agents For Gaucher Disease*		
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)
miglustat	T5	PA; SP (Limited to a 1 month supply per fill)
ZAVESCA	T9	
Amino Acids*		
ENDARI	T9	

Medication	Coverage Level	Restrictions
Cobalamin Combinations*		
FOLTRATE	T9	
neurin-sl	T9	
Cobalamins*		
cyanocobalamin injection solution 1000 mcg/ml	T1b	
hydroxocobalamin intramuscular	T9	
NASCOBAL	T9	
Cytotoxic Agents*		
DROXIA	T3	
SIKLOS	T9	
Erythropoiesis-Stimulating Agents (Esas)*		
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)
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)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 30 MCG/0.3ML	T4	SP (Limited to a 1 month supply per fill)
PROCRIT	T4	SP (Limited to a 1 month supply per fill)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
Folic Acid/Folate Combinations*		
ANIMI-3	T9	
bp vit 3	T9	
CIFEREX	T9	
DERMACINRX PUREFOLIX	T9	
fabb	T9	
folbee	T9	
folic acid-vit b6-vit b12	T9	
FOLIXAPURE	T9	
folplex 2.2	T9	
FOLTABS 800	T8	PV; AL
noxifol-d	T9	
ortho df	T9	

Medication	Coverage Level	Restrictions
revesta	T9	
roxifol-d	T9	
VIRT-GARD	T9	
virt-vite	T9	
zavara	T9	
Folic Acid/Folates*		
cvs folic acid oral tablet 800 mcg	T8	PV; AL
folic acid oral capsule	T9	
folic acid oral tablet 1 mg	T1b	
folic acid oral tablet 400 mcg, 800 mcg	T8	PV; AL
gnp folic acid	T8	PV; AL
ra folic acid	T8	PV; AL
sm folic acid	T8	PV; AL
Granulocyte Colony-Stimulating Factors (G-Csf)*		
FULPHILA	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
GRANIX	T5	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
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 (Max of 31 days per dispensing.); 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)
NIVESTYM INJECTION SOLUTION	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 31 days per dispensing.)

Medication	Coverage Level	Restrictions
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 31 days per dispensing.)
NYVEPRIA	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
RELEUKO INJECTION SOLUTION 300 MCG/ML	T5	
releuko injection solution 480 mcg/1.6ml	T5	
releuko subcutaneous	T5	
ZARXIO	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
Hemoglobin S (Hbs) Polymerization Inhibitors*		
OXBRYTA	T9	
Iron Combinations*		
active fe	T9	
CENTRATEX	T9	
CORVITA 150	T9	
CORVITE 150	T9	
corvite fe	T9	
FE C PLUS	T9	
fe c tab plus	T9	
FERIVAFA	T9	
ferocon	T9	
FERREX 150 FORTE PLUS	T9	
FERROCITE PLUS ORAL TABLET	T9	
FOLIVANE-PLUS	T9	
FUSION PLUS	T9	
hematinic plus vit/minerals	T9	
HEMATOGEN	T9	
HEMATOGEN FA	T9	
HEMATOGEN FORTE	T9	
HEMATRON	T9	
HEMATRON-AF	T9	
HEMAX EZY-DOSE	T9	
HEMAX ORAL TABLET	T9	
HEMOCYTE PLUS	T9	
ICAR-C PLUS	T9	
IFEREX 150 FORTE	T9	

Medication	Coverage Level	Restrictions
INTEGRA PLUS	T9	
IROSPAN 24/6	T9	
MAXARON FORTE ORAL TABLET	T9	
MAXFE ORAL TABLET	T9	
MULTIGEN FOLIC	T9	
MULTIGEN PLUS	T9	
myferon 150 forte	T9	
NEPHRON FA	T9	
NOVAFERRUM ORAL SOLUTION RECONSTITUTED	T9	
NUFERA	T9	
purefe plus	T9	
purevit dualfe plus	T9	
se-tan plus	T9	
TANDEM PLUS	T9	
taron forte	T9	
tl-hem 150	T9	
TRICON	T9	
trigels-f forte	T9	
Iron W/ Folic Acid*		
FOLIVANE-F	T9	
FUSION SPRINKLES	T9	
hematinic/folic acid	T9	
HEMOCYTE-F ORAL TABLET	T9	
INTEGRA F	T9	
PROFERRIN-FORTE	T9	
Iron*		
ACCRUFER	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
BPROTECTED PEDIA IRON	T8	PV; AL
ferrous sulfate oral solution 75 (15 fe) mg/ml	T8	PV; AL
HEMOCYTE	T9	
iron supplement childrens	T8	PV; AL
pc pediatric iron drops	T8	PV; AL
POLY-IRON 150	T9	
wee care	T8	PV; AL
Iron-B12-Folate*		
fe 90 plus	T9	
FERIVA 21/7	T9	

Medication	Coverage Level	Restrictions
FERRALET 90	T9	
ferraplus 90	T9	
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG	T9	
FERREX 28	T9	
hemetab	T9	
NATALVIRT FLT	T9	
Thrombopoietin (Tpo) Receptor Agonists*		
DOPTELET ORAL TABLET 20 MG	T9	
MULPLETA	T9	
PROMACTA ORAL PACKET	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, 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 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 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)
Hemostatics		
Hemostatic Combinations - Topical*		
GELFOAM-JMI SPONGE	T9	
Hemostatics - Systemic*		
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)
aminocaproic acid oral solution	T4	SP (Limited to a 1 month supply per fill)
aminocaproic acid oral tablet	T4	SP (Limited to a 1 month supply per fill)
LYSTEDA	T3	
tranexamic acid oral	T1b	

Medication	Coverage Level	Restrictions
Hemostatics - Topical*		
GELFOAM COMPRESSED SIZE 100	T9	
Hypnotics/Sedatives/Sleep Disorder Agents		
Barbiturate Hypnotics*		
phenobarbital oral elixir	T1b	
phenobarbital oral tablet	T1b	
SECONAL	T3	QL (28 capsules per 14 days); AL
Benzodiazepine Hypnotics*		
estazolam	T1b	QL (30 tablets per 30 days); AL
flurazepam hcl	T1a	QL (30 capsules per 30 days); AL
HALCION	T3	QL (60 tablets per 30 days); AL
midazolam hcl oral	T1b	
quazepam	T9	
RESTORIL	T3	QL (30 capsules per 30 days); AL
temazepam oral capsule 15 mg, 30 mg	T1a	QL (30 capsules per 30 days); AL
temazepam oral capsule 22.5 mg, 7.5 mg	T9	
triazolam oral tablet 0.125 mg	T1b	QL (30 tablets per 30 days); AL
triazolam oral tablet 0.25 mg	T1b	QL (60 tablets per 30 days); AL
Hypnotics - Tricyclic Agents*		
doxepin hcl oral tablet	T2	ST; QL (30 tablets per 30 days)
SILENOR	T3	ST; QL (31 tablets per 31 days)
Non-Benzodiazepine - Gaba-Receptor Modulators*		
AMBIEN	T3	QL (30 tablets per 30 days); AL
AMBIEN CR	T3	QL (30 tablets per 30 days); AL
EDLUAR	T9	
eszopiclone	T1b	QL (30 tablets per 30 days); AL
INTERMEZZO	T9	
LUNESTA	T3	QL (30 tablets per 30 days); AL
SONATA	T3	QL (31 capsules per 31 days); AL
zaleplon oral capsule 10 mg	T1b	QL (30 capsules per 30 days); AL
zaleplon oral capsule 5 mg	T1b	QL (31 capsules per 31 days); AL
zolpidem tartrate er	T1b	QL (30 tablets per 30 days); AL
zolpidem tartrate oral	T1b	QL (30 tablets per 30 days); AL
zolpidem tartrate sublingual	T9	
ZOLPIMIST	T9	
Orexin Receptor Antagonists*		
BELSOMRA	T3	ST; QL (30 tablets per 30 days); AL

Medication	Coverage Level	Restrictions
DAYVIGO	T3	ST; QL (30 tablets per 30 days); AL
QUVIVIQ	T9	
Selective Melatonin Receptor Agonists*		
HETLIOZ	T5	PA; SP (Limited to a 1 month supply per fill)
HETLIOZ LQ	T9	
ramelteon	T1b	QL (30 tablets per 30 days); AL
ROZEREM	T3	QL (30 tablets per 30 days); AL
Laxatives		
Bowel Evacuant Combinations*		
CLENPIQ	T3	
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM	T3	
GAVILYTE-C	T8	PV
GAVILYTE-G	T8	PV
GOLYTELY	T3	
HALFLYTELY WITH FLAVOR PACKS	T2	
MOVIPREP	T3	
na sulfate-k sulfate-mg sulf	T2	
NULYTELY LEMON-LIME	T3	
peg 3350-kcl-na bicarb-nacl	T8	PV
peg-3350/electrolytes	T8	PV
peg-3350/electrolytes/ascorbat	T8	PV
PEG-PREP	T8	PV
PLENVU	T3	
SUCLEAR	T3	
SUPREP BOWEL PREP KIT	T3	
SUTAB	T9	
Laxatives - Miscellaneous*		
CLEARLAX ORAL PACKET	T9	
CLEARLAX ORAL POWDER	T8	PV
CVS PURELAX ORAL POWDER	T8	PV
EQL CLEARLAX	T8	PV
gavilax	T9	
gentlelax oral powder	T9	
GLYCOLAX	T9	
GNP CLEARLAX ORAL PACKET	T9	
GNP CLEARLAX ORAL POWDER	T8	PV
GOODSENSE CLEARLAX	T8	PV

Medication	Coverage Level	Restrictions
HM CLEARLAX ORAL POWDER	T8	PV
KRISTALOSE	T9	
lactulose oral packet	T9	
lactulose oral solution 10 gm/15ml	T1b	
laxative polyethylene glycol	T8	PV
MIRALAX ORAL POWDER	T9	
peg 3350 oral powder	T9	
polyethylene glycol 3350 oral packet	T9	
qc natura-lax	T8	PV
SM CLEARLAX	T8	PV
SMOOTH LAX ORAL PACKET	T9	
SW CLEARLAX	T9	
TGT POWDERLAX ORAL PACKET 17 GM	T9	
TGT POWDERLAX ORAL POWDER	T8	PV
Saline Laxative Mixtures*		
oral saline laxative kit	T8	PV
OSMOPREP	T3	
phosphate laxative oral solution 2.7-7.2 gm/15ml	T8	PV
Saline Laxatives*		
citrate of magnesia oral solution	T8	PV
CITROMA	T8	PV
cvs magnesium citrate oral solution	T8	PV
cvs milk of magnesia oral suspension 400 mg/5ml	T8	PV
DULCOLAX ORAL SUSPENSION	T8	PV
eq magnesium citrate	T8	PV
eql magnesium citrate	T8	PV
eql milk of magnesia oral suspension 400 mg/5ml	T8	PV
gnp milk of magnesia	T8	PV
goodsense milk of magnesia	T8	PV
hm magnesium citrate	T8	PV
hm milk of magnesia	T8	PV
magnesium citrate oral solution	T8	PV
milk of magnesia oral suspension 400 mg/5ml	T8	PV
qc magnesium citrate	T8	PV
qc milk of magnesia	T8	PV
ra milk of magnesia oral suspension	T8	PV
sm magnesium citrate	T8	PV
sm milk of magnesia oral suspension 400 mg/5ml	T8	PV

Medication	Coverage Level	Restrictions
Stimulant Laxatives*		
bisacodyl ec	T8	PV
bisacodyl rectal	T9	
gnp laxative oral	T8	PV
hm laxative oral	T8	PV
laxative oral tablet delayed release	T9	
ra laxative oral tablet delayed release	T8	PV
sm laxative oral	T8	PV
Surfactant Laxatives*		
ENEMEEZ MINI	T3	QL (90 tubes per 30 days)
ENEMEEZ PLUS	T3	QL (90 tubes per 30 days)
Macrolides		
Azithromycin*		
azithromycin oral suspension reconstituted	T1b	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	T1b	
ZITHROMAX ORAL PACKET	T2	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	T3	
ZITHROMAX ORAL TABLET 600 MG	T3	
ZITHROMAX TRI-PAK	T3	
ZITHROMAX Z-PAK	T3	
ZMAX	T3	
Clarithromycin*		
BIAXIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML	T3	
BIAXIN ORAL TABLET	T3	
BIAXIN XL	T3	
clarithromycin er	T1b	
clarithromycin oral	T1b	
Erythromycins*		
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)
ERYPED 200	T4	SP (Limited to a 1 month supply per fill)
ERYPED 400	T4	SP (Limited to a 1 month supply per fill)
ERY-TAB	T4	SP (Limited to a 1 month supply per fill)
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
erythromycin base oral	T4	SP (Limited to a 1 month supply per fill)
erythromycin ethylsuccinate oral	T4	SP (Limited to a 1 month supply per fill)
PCE	T2	
Fidaxomicin*		
DIFICID ORAL TABLET	T5	ST; SP (Limited to a 1 month supply per fill); QL (20 tablets per 30 days)
Medical Devices And Supplies		
Blood Pressure Devices*		
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)
adult blood pressure cuff lg	T2	QL (1 monitor per 2 years)
blood pressure monitor	T2	QL (1 Monitor per 2 years)
BLOOD PRESSURE MONITOR 3	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 7	T2	QL (1 monitor per 2 years)
blood pressure monitor kit	T2	QL (1 monitor per 2 years)
self-taking blood pressure	T2	QL (2 EA per 730 days)
Cervical Caps*		
FEMCAP	T8	PV
Condoms - Female*		
FC2 FEMALE CONDOM	T8	PV
Condoms - Male*		
aimsco lubricated	T8	PV
condoms	T8	PV
DUREX REALFEEL	T8	PV
FANTASY LUBRICATED	T8	PV
kimono	T8	PV
kimono micro thin	T8	PV
TRUSTEX LUBRICATED	T8	PV
TRUSTEX NON-LUBRICATED	T8	PV
TRUSTEX RIA LUBRICATED	T8	PV
TRUSTEX RIA NON-LUBRICATED	T8	PV

Medication	Coverage Level	Restrictions
Diaphragms*		
CAYA	T8	PV
WIDE-SEAL DIAPHRAGM 60	T8	PV
WIDE-SEAL DIAPHRAGM 65	T8	PV
WIDE-SEAL DIAPHRAGM 70	T8	PV
WIDE-SEAL DIAPHRAGM 75	T8	PV
WIDE-SEAL DIAPHRAGM 80	T8	PV
WIDE-SEAL DIAPHRAGM 85	T8	PV
WIDE-SEAL DIAPHRAGM 90	T8	PV
WIDE-SEAL DIAPHRAGM 95	T8	PV
Glucose Monitoring Test Supplies*		
ACCU-CHEK FASTCLIX LANCET	T2	
ACCU-CHEK MULTICLIX LANCET DEV	T2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	T2	
CARETOUCH CONTROL SOL LEVEL 2	T3	
DEXCOM G6 RECEIVER	T2	QL (1 receiver per 365 Days)
DEXCOM G6 SENSOR	T2	QL (1 box per 30 Days)
DEXCOM G6 TRANSMITTER	T2	QL (1 transmitter per 90 Days)
easy talk control in vitro solution high , low	T3	
FREESTYLE CONTROL SOLUTION	T3	
FREESTYLE LIBRE 14 DAY READER	T2	QL (2 kits per 28 days)
FREESTYLE LIBRE 14 DAY SENSOR	T2	QL (3 sensors per 30 days)
FREESTYLE LIBRE 2 READER	T2	QL (2 kits per 28 days)
FREESTYLE LIBRE 2 SENSOR	T2	QL (2 sensors per 28 days)
freestyle libre 3 sensor	T2	QL (2 sensors per 28 days)
HYPOLANCE AST LANCING	T2	
PIP GLUCOSE CONTROL SOLUTION	T3	
VIVAGUARD INO CONTROL SOLUTION	T3	
Insulin Administration Supplies*		
OMNIPOD 5 G6 POD (GEN 5)	T5	SP (Limited to a 1 month supply per fill); QL (2 packs per 30 days)
OMNIPOD DASH PODS (GEN 4)	T5	SP (Limited to a 1 month supply per fill); QL (2 packs per 30 days)
V-GO 20	T2	
V-GO 30	T2	
V-GO 40	T2	
Needles & Syringes*		
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.3 ML, 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	

Medication	Coverage Level	Restrictions
BD PEN NEEDLE MINI U/F	T2	
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	
INPEN 100-PINK-NOVOLOG-FIASP	T9	
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT PISTON SYRINGE	T2	
MONOJECT SAFETY SYRINGE/SHIELD 21G X 1-1/2" 6 ML	T2	
MONOJECT SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT SYRINGE LUER-LOCK TIP 140 ML	T2	
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	
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	
Spacer/Aerosol-Holding Chambers & Supplies*		
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)
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)

Medication	Coverage Level	Restrictions
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)
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)
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)
valved holding chamber	T1b	QL (4 EA per 365 days)
Migraine Products		
****Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)******		
NURTEC	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 tablets per 30 days)
QULIPTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
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)
****Cgrp Receptor Antagonists - Monocolonal Antibodies******		
AIMOVIG	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days); AL
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 autoinjector per 30 days); AL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); AL

Medication	Coverage Level	Restrictions
EMGALITY (300 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (3 syringes per 30 days); AL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days); AL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); AL
Ergot Combinations*		
CAFERGOT	T9	
ergotamine-caffeine	T3	QL (40 tablets per 30 days)
MIGERGOT	T9	
Migraine Combinations*		
isometheptene-caffeine-apap oral tablet 65-20-325 mg	T9	
isometheptene-dichloral-apap	T2	
Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors*		
ELYXYB	T9	
Migraine Products - Nsaids*		
CAMBIA	T9	
Migraine Products*		
dihydroergotamine mesylate injection	T3	ST; QL (4 ML per 30 days)
dihydroergotamine mesylate nasal	T9	
ERGOMAR	T3	
MIGRANAL	T9	
TRUDHESA	T9	
Selective Serotonin Agonist-Nsaid Combinations*		
sumatriptan-naproxen sodium	T9	
TREXIMET	T9	
Selective Serotonin Agonists 5-Ht(1)*		
almotriptan malate	T3	ST; QL (12 tablets per 30 days)
AMERGE	T9	
eletriptan hydrobromide	T3	ST; QL (12 tablets per 30 days)
FROVA	T9	
frovatriptan succinate	T3	ST; QL (12 tablets per 30 days)
IMITREX	T9	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	T9	

Medication	Coverage Level	Restrictions
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T9	
MAXALT ORAL TABLET 10 MG	T9	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	T9	
naratriptan hcl	T1b	QL (12 tablets per 30 days)
ONZETRA XSAIL	T9	
RELPAX	T9	
rizatriptan benzoate	T1b	QL (12 tablets per 30 days)
sumatriptan nasal	T3	QL (8 units per 30 days)
sumatriptan succinate oral	T1b	QL (12 tablets per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml	T9	
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	T1b	QL (8 cartridges per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	T1b	
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml	T9	
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	T3	QL (8 pens per 30 days)
sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml	T1b	
SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR	T9	
TOSYMRA	T9	
ZECUITY	T9	
ZEMBRACE SYMTOUCH	T9	
zolmitriptan nasal	T3	ST; QL (12 units per 30 days)
zolmitriptan oral	T2	QL (12 tablets per 30 days)
ZOMIG NASAL SOLUTION 2.5 MG	T3	ST; QL (12 units per 30 days)
ZOMIG NASAL SOLUTION 5 MG	T9	
ZOMIG ORAL	T9	
Selective Serotonin Agonists 5-Ht(1F)*		
REYVOW	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 tablets per 30 days)
Minerals & Electrolytes		
Calcium Combinations*		
calcium-folic acid plus d	T9	
MAGNEBIND 400 ORAL TABLET 80-115 MG	T9	

Medication	Coverage Level	Restrictions
Fluoride Combinations*		
FLORIVA ORAL LIQUID	T9	
Fluoride*		
FLUOR-A-DAY ORAL SOLUTION	T2	AL
LURIDE	T3	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	T1b	
sodium fluoride oral tablet chewable	T1b	
Magnesium Combinations*		
MAGNEBIND 400 ORAL TABLET 400-200-1 MG	T9	
Phosphate*		
av-phos 250 neutral	T9	
K-PHOS-NEUTRAL	T9	
phos-nak	T9	
PHOSPHA 250 NEUTRAL	T9	
virt-phos 250 neutral	T9	
Potassium Combinations*		
effervescent pot chloride	T1b	
Potassium*		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	T1b	
k-effervescent	T1b	
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	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	T3	
potassium chloride crys er oral tablet extended release 15 meq, 20 meq	T1b	
potassium chloride er oral capsule extended release	T1b	
potassium chloride er oral tablet extended release 10 meq, 8 meq	T1b	
potassium chloride oral packet	T9	
potassium chloride oral solution 20 meq/15ml (10%)	T3	
potassium chloride oral solution 40 meq/15ml (20%)	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
Zinc*		
GALZIN	T9	
zinc sulfate oral capsule 220 (50 zn) mg	T9	
Miscellaneous Therapeutic Classes		
Antileprotics*		
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)
B-Lymphocyte Stimulator (Blys)-Specific Inhibitors*		
BENLYSTA 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 ML per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
Chelating Agents*		
CUPRIMINE ORAL CAPSULE 250 MG	T9	
DEPEN TITRATABS	T9	
d-penamine	T9	
penicillamine oral capsule	T9	
penicillamine oral tablet	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
SYPRINE	T9	
trientine hcl	T5	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)
Cyclosporine Analogs*		
cyclosporine modified oral capsule 100 mg, 25 mg	T4	SP (Limited to a 1 month supply per fill)
cyclosporine modified oral capsule 50 mg	T1b	
cyclosporine modified oral solution	T1b	
cyclosporine oral capsule	T1b	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1b	
GENGRAF ORAL SOLUTION	T1b	

Medication	Coverage Level	Restrictions
LUPKYNIS	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
NEORAL	T3	
SANDIMMUNE ORAL CAPSULE	T4	SP (Limited to a 1 month supply per fill)
SANDIMMUNE ORAL SOLUTION	T3	
Farnesyltransferase Inhibitors*		
ZOKINVY	T9	
Immunomodulators For Myelodysplastic Syndromes*		
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	T3	QL (30 capsules per 30 days)
lenalidomide oral capsule 2.5 mg, 20 mg	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
REVLIMID	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
Inosine Monophosphate Dehydrogenase Inhibitors*		
CELLCEPT ORAL CAPSULE	T3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED	T3	AL
CELLCEPT ORAL TABLET	T3	
mycophenolate mofetil oral capsule	T1b	
mycophenolate mofetil oral suspension reconstituted	T1b	AL
mycophenolate mofetil oral tablet	T1b	
mycophenolate sodium oral tablet delayed release 180 mg	T3	QL (240 tablets per 30 days)
mycophenolate sodium oral tablet delayed release 360 mg	T3	QL (120 tablets per 30 days)
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)
Macrolide Immunosuppressants*		
ASTAGRAF XL	T3	ST
ENVARSUS XR	T3	ST
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
everolimus oral tablet 1 mg	T4	SP (Limited to a 1 month supply per fill)
PROGRAF ORAL CAPSULE	T3	
PROGRAF ORAL PACKET	T3	AL
RAPAMUNE	T5	SP (Limited to a 1 month supply per fill)
sirolimus oral	T4	SP (Limited to a 1 month supply per fill)
tacrolimus oral	T1b	
ZORTRESS	T5	SP (Limited to a 1 month supply per fill)
****Monoclonal Antibodies******		
ENSPRYNG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days)
****Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib******		
VIJOICE	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
****Potassium Removing Agents******		
KIONEX ORAL SUSPENSION	T1b	
LOKELMA	T4	SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
sodium polystyrene sulfonate oral powder	T1b	
SPS	T1b	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
VELTASSA ORAL PACKET 8.4 GM	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 Packets per 30 Fills)
****Purine Analogs******		
AZASAN	T9	
azathioprine oral tablet 100 mg, 75 mg	T9	
azathioprine oral tablet 50 mg	T1b	
IMURAN	T3	
****Rock Inhibitors******		
REZUROCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
Mouth/Throat/Dental Agents		
****Anesthetics Topical Oral - Combinations******		
FIRST-MOUTHWASH BLM	T2	
****Anesthetics Topical Oral******		
lidocaine viscous	T1b	
****Anti-Infectives - Throat******		
clotrimazole mouth/throat troche	T1b	
nystatin mouth/throat	T1b	
ORAVIG	T4	ST; SP (Limited to a 1 month supply per fill)
****Antiseptics - Mouth/Throat******		
chlorhexidine gluconate mouth/throat	T1b	
PERIDEX	T3	
****Dental Products - Combinations******		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	T3	
sodium fluoride 5000 sensitive	T1b	
****Dry Mouth Agents And Artificial Saliva******		
AQUORAL MOUTH/THROAT AEROSOL SOLUTION	T9	
MUCOSITISRX	T9	
****Fluoride Dental Products******		
CAVIRINSE	T1b	
CONTROLRX DENTAL CREAM	T1b	
DENTA 5000 PLUS	T1b	
DENTAGEL	T1b	
FLUORIDEX DAILY DEFENSE	T1b	
JUST RIGHT 5000 DENTAL PASTE	T3	
NEUTRAGARD ADVANCED	T1b	
PHOS-FLUR	T1b	
PREVIDENT	T3	
PREVIDENT 5000 BOOSTER	T3	
PREVIDENT 5000 ORTHO DEFENSE	T3	
PREVIDENT 5000 PLUS	T3	
sf	T1b	
sf 5000 plus	T1b	
sodium fluoride 5000 plus	T1b	
sodium fluoride 5000 ppm dental gel	T1b	
sodium fluoride 5000 ppm dental paste	T1b	
sodium fluoride dental gel 1.1 %	T1b	

Medication	Coverage Level	Restrictions
sodium fluoride mouth/throat	T1b	
Protectants - Mouth/Throat*		
GELCLAIR	T9	
MUGARD	T9	
ORAMAGICRX	T9	
Saliva Stimulants*		
cevimeline hcl	T1b	QL (90 capsules per 30 days)
EVOXAC	T2	QL (90 capsules per 30 days)
pilocarpine hcl oral	T1b	QL (120 tablets per 30 days)
SALAGEN	T3	
Steroids - Mouth/Throat/Dental*		
ORALONE	T3	
triamcinolone acetonide mouth/throat	T1b	
Multivitamins		
B-Complex W/ C & Folic Acid*		
DIALYVITE	T9	
DIALYVITE 800 ORAL TABLET	T8	PV
folbee plus	T9	
full spectrum b/vitamin c	T8	PV; AL
mynephrocaps	T9	
MYNEPHRON	T9	
NEPHRO-VITE RX	T9	
RENAL ORAL CAPSULE	T9	
rena-vite	T8	PV; AL
rena-vite rx	T9	
reno caps	T9	
triphrocaps	T9	
virt-caps	T9	
virt-vite plus	T9	
vp-vite rx	T9	
B-Complex W/ C-Biotin-D & Folic Acid*		
NEPHROCAPS QT	T9	
B-Complex W/ C-Biotin-D-Zinc & Folic Acid*		
VITAL-D RX	T9	
B-Complex W/ C-Biotin-E-Minerals & Folic Acid*		
DIALYVITE 3000	T9	
DIALYVITE 5000	T9	

Medication	Coverage Level	Restrictions
B-Complex W/ C-Biotin-Fe & Folic Acid*		
DIALYVITE 800/IRON	T9	
B-Complex W/ C-Biotin-Minerals & Folic Acid*		
FOLBEE PLUS CZ	T9	
B-Complex W/ C-Zn & Folic Acid*		
DIALYVITE/ZINC	T9	
NEPHPLEX RX	T9	
B-Complex W/ Folic Acid*		
b complex formula 1 (w/ fa)	T8	PV; AL
kobee	T8	PV; AL
B-Complex W/ Lysine-Zn & Folic Acid*		
SUPERVITE	T9	
B-Complex W/ Minerals*		
SIDEROL ORAL LIQUID†	T9	
B-Complex W/Biotin & Folic Acid*		
ra balanced b-100	T8	PV; AL
SUPER QUINTS B-50	T8	PV; AL
Iron W/ Vitamins*		
VITAFOL ORAL SYRUP	T2	AL
VITAFOL ORAL TABLET	T9	
Multiple Vitamins W/ Iron*		
stress formula/iron	T8	PV
Multiple Vitamins W/ Minerals & Fluoride-Iron-Folic Acid*		
QUFLORA FE	T9	
Multiple Vitamins W/ Minerals & Folic Acid*		
CORVITA ORAL TABLET 1.25 MG	T9	
CORVITE ORAL TABLET 1.25 MG	T9	
DIALYVITE SUPREME D ORAL TABLET 3 MG	T9	
OCUVEL ORAL CAPSULE 0.5 MG	T9	
UDAMIN SP ORAL TABLET 1 MG	T9	
Multiple Vitamins W/ Minerals*		
BACMIN	T9	
choice-tabs	T9	
CORVITE FREE	T9	
FORTAVIT ORAL CAPSULE	T9	
LYSIPLEX PLUS ORAL TABLET	T9	
NICADAN	T9	
NICAZEL	T9	

Medication	Coverage Level	Restrictions
NICAZEL FORTE	T9	
REQ 49+	T9	
STROVITE FORTE ORAL TABLET	T9	
STROVITE ONE	T9	
tri-zel	T9	
v-c forte	T9	
VIC-FORTE	T9	
VITACEL	T1b	
Niacinamide W/ Zinc-Copper & Folic Acid*		
NICOMIDE ORAL TABLET 750-27-2-0.5 MG	T9	
Ped Multi Vitamins W/Fl & Fe*		
multi-vit/fluoride/iron	T1b	AL
Ped Mv W/ Fluoride*		
FLORIVA PLUS	T9	
multi vitamin/fluoride oral tablet chewable 0.25 mg	T1b	AL
multi-vit/fluoride oral solution	T1b	AL
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	T3	AL
multi-vitamin/fluoride oral tablet chewable 0.5 mg	T1b	AL
multivitamins/fluoride oral tablet chewable 0.5 mg	T1b	AL
POLY-VI-FLOR ORAL TABLET CHEWABLE	T9	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML	T9	
Ped Vitamins Acd & Fa W/ Fluoride*		
TRI-VI-FLOR	T9	
Ped Vitamins Acd Fluoride & Iron*		
tri-vit/fluoride/iron	T1b	
Ped Vitamins Acd W/ Fluoride*		
tri-vitamin/fluoride oral solution 0.25 mg/ml	T1b	
Pediatric Multiple Vitamins & Minerals W/ Fluoride*		
FLORIVA ORAL TABLET CHEWABLE 0.5 MG	T9	
Prenatal Mv & Min W/Fe-Fa*		
CITRANATAL B-CALM	T3	
CITRANATAL BLOOM	T3	
CITRANATAL RX	T3	
classic prenatal	T8	PV
completenate	T1b	
cvs prenatal oral tablet 27-0.8 mg	T8	PV
DUET DHA BALANCED ORAL 26-1 & 278 MG	T2	

Medication	Coverage Level	Restrictions
gnp prenatal vitamins	T8	PV
INATAL ADVANCE	T1b	
INATAL GT	T1b	
INATAL ULTRA ORAL TABLET	T1b	
kpn prenatal	T8	PV
LACTOCAL-F	T1b	
M-VIT	T9	
MYNATAL ORAL TABLET	T1b	
mynatal plus	T1b	
mynatal-z	T1b	
mynate 90 plus	T1b	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	T3	QL (30 tablets per 30 days)
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
neonatal complete oral tablet 29-1 mg	T9	
NEONATAL PLUS	T9	
NESTABS	T3	
NESTABS DHA	T3	
NIVA-PLUS	T9	
O-CAL FA	T9	
PERRY PRENATAL	T8	PV
pnv tabs 29-1	T1b	
pnv-omega	T1b	
pnv-select	T1b	
PREFERA OB ORAL TABLET 28-6-1 MG	T3	
prena1 pearl	T1b	
prenafirst	T1b	
prenaplus	T1b	
PRENATA	T3	
prenatabs fa oral tablet 29-1 mg	T1b	
PRENATABS RX	T1b	
prenatal (w/iron & fa)	T8	PV
prenatal 19 oral tablet 29-1 mg	T3	QL (30 tablets per 30 days)
prenatal 19 oral tablet chewable 29-1 mg	T1b	QL (30 tablets per 30 days)
prenatal complete	T8	PV
prenatal one daily	T8	PV
prenatal oral tablet 27-0.8 mg, 28-0.8 mg	T8	PV
prenatal plus	T1b	
prenatal plus iron	T1b	
prenatal plus vitamin/mineral	T3	

Medication	Coverage Level	Restrictions
PRENATAL-U	T1b	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG, 26-0.6-0.4 MG	T3	
PRENATE STAR	T3	
PROVIDA OB	T3	
ra one daily	T8	PV
ra prenatal	T8	PV
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T1b	
se-natal 19 oral tablet chewable	T1b	QL (30 tablets per 30 days)
thrivite 19 oral tablet 29-1 mg	T9	
tl-care dha	T1b	
triadvance	T1b	
TRICARE	T1b	
TRICARE PRENATAL COMPLEAT	T1b	
trinatal rx 1	T1a	
TRINATE	T2	
ultra tabs	T1b	
VINATE AZ	T1b	
VINATE DHA	T3	
VINATE DHA RF	T3	QL (30 tablets per 30 days)
VINATE GT	T1b	
VINATE IC	T1b	
VINATE M	T1a	
VINATE ONE	T1b	
VINATE PN CARE	T1b	
vinate ultra	T1b	
VITAFOL-NANO	T3	QL (30 tablets per 30 days)
VITAFOL-OB	T3	
VITAPEARL	T3	
vol-plus	T9	
vol-tab rx	T9	
Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil*		
complete natal dha	T1b	
NESTABS ABC	T3	
PR NATAL 400	T1b	
PR NATAL 400 EC	T1b	
PR NATAL 430	T1b	
PR NATAL 430 EC	T1b	

Medication	Coverage Level	Restrictions
TRIVEEN-DUO DHA	T1b	
Prenatal Mv & Min W/Fe-Fa-Dha*		
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	QL (60 tablets per 30 days)
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL DHA	T3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	T3	
cvs prenatal multi+dha	T8	PV
GESTICARE DHA ORAL 27-1 & 250 MG	T2	
infanate balance	T3	
neonatal + dha	T9	
NEXA PLUS	T3	
pnv-dha	T1b	
pnv-dha+docusate	T1b	
PREFERAOB ONE	T3	
prena 1 true	T1b	
prenaissance	T1b	
prenaissance plus	T1b	
prenatal multi +dha oral capsule 27-0.8-250 mg	T8	PV
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG, 28-0.6-0.4-300 MG	T3	
PRENATE ENHANCE	T3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T3	
PRENATE PIXIE	T3	
PRENATE RESTORE	T3	
TARON-PREX	T2	
tristart dha	T9	
virtprex	T3	
VITAFOL-ONE	T3	
VITATRUE	T3	
Prenatal Vitamins*		
prena1	T1b	
PRENATE AM	T3	
Musculoskeletal Therapy Agents		
Central Muscle Relaxants*		
AMRIX	T9	
baclofen oral solution	T9	
baclofen oral tablet	T1b	
carisoprodol oral tablet 350 mg	T9	

Medication	Coverage Level	Restrictions
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	T9	
chlorzoxazone oral tablet 500 mg	T2	ST
cyclobenzaprine hcl er	T9	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	T1b	
cyclobenzaprine hcl oral tablet 7.5 mg	T9	
FEXMID	T9	
FLEQSUVY	T9	
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	T9	
LORZONE	T9	
LYVISPAH	T9	
metaxalone oral tablet 400 mg	T9	
metaxalone oral tablet 800 mg	T1b	ST
methocarbamol oral tablet 1000 mg	T9	
methocarbamol oral tablet 500 mg, 750 mg	T1b	
orphenadrine citrate er	T1b	ST
OZOBAX	T9	
PARAFON FORTE DSC	T9	
ROBAXIN ORAL	T9	
ROBAXIN-750	T9	
SKELAXIN	T9	
SOMA ORAL TABLET 350 MG	T9	
tizanidine hcl oral	T1b	
ZANAFLEX	T3	
****Direct Muscle Relaxants******		
DANTRIUM ORAL	T3	
dantrolene sodium oral	T1b	
****Muscle Relaxant Combinations******		
carisoprodol-aspirin	T9	
carisoprodol-aspirin-codeine	T9	
norgesic forte	T9	
orphenadrine-asa-caffeine	T9	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	T9	
ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG	T9	
****Viscosupplements******		
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	

Medication	Coverage Level	Restrictions
HYALGAN INTRA-ARTICULAR SOLUTION	T9	
MONOVISC	T9	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
SUPARTZ INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
Nasal Agents - Systemic And Topical		
****Antihistamine-Steroid******		
azelastine-fluticasone	T9	
DYMISTA	T9	
RYALTRIS	T9	
TICALAST	T9	
****Nasal Agents - Misc.******		
ALZAIR ALLERGY NASAL SPRAY	T9	
****Nasal Anticholinergics******		
ATROVENT	T3	
ipratropium bromide nasal	T1b	
****Nasal Antihistamines******		
ASTEPRO NASAL SOLUTION 0.15 %	T3	
azelastine hcl nasal solution 0.1 %, 0.15 %	T1b	
olopatadine hcl nasal	T2	
PATANASE	T3	
****Nasal Steroids******		
BECONASE AQ	T9	
budesonide nasal	T9	
FLONASE	T9	
flunisolide nasal solution 25 mcg/act (0.025%)	T9	
fluticasone propionate nasal	T9	
mometasone furoate nasal	T9	
NASACORT ALLERGY 24HR	T9	
NASONEX	T9	
OMNARIS	T9	
QNASL	T9	
QNASL CHILDRENS	T9	
RHINOCORT AQUA	T9	
SINUVA	T9	
triamcinolone acetonide nasal aerosol	T9	

Medication	Coverage Level	Restrictions
VERAMYST	T9	
XHANCE	T9	
ZETONNA	T9	
Systemic Decongestants*		
pseudoephedrine hcl oral tablet 60 mg	T9	
SUDOGEST ORAL TABLET 60 MG	T9	
Topical Decongestants*		
ADRENALIN NASAL	T9	
epinephrine hcl (nasal)	T9	
Neuromuscular Agents		
Als Agents - Miscellaneous*		
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)
Benzathiazoles*		
EXSERVAN	T9	
RILUTEK	T9	
riluzole	T1b	QL (60 tablets per 30 days)
TIGLUTIK	T9	
Muscular Dystrophy Agents*		
EXONDYS 51	T9	
VILTEPSO	T9	
Spinal Muscular Atrophy-Smn2 Splicing Modifiers*		
EVRYSDI	T5	PA; SP (Limited to a 1 month supply per fill); QL (240 ML per 30 days)
Nutrients		
Amino Acids-Single*		
l-leucine	T9	
Lipids*		
DOJOLVI	T9	
Misc. Nutritional Substances Combinations*		
CARDIOVID PLUS	T9	
Ophthalmic Agents		
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb*		
brimonidine-dorzolamide	T9	
SIMBRINZA	T2	

Medication	Coverage Level	Restrictions
Artificial Tear Inserts*		
LACRISERT	T4	SP (Limited to a 1 month supply per fill)
Beta-Blockers - Ophthalmic Combinations*		
brimonidine tartrate-timolol	T1b	
COMBIGAN	T9	
COSOPT	T3	
dorzolamide hcl-timolol mal	T1b	
Beta-Blockers - Ophthalmic*		
BETAGAN	T3	
betaxolol hcl ophthalmic	T2	
BETIMOL	T9	
BETOPTIC-S	T9	
carteolol hcl	T1b	
ISTALOL	T9	
levobunolol hcl	T1b	
metipranolol	T1b	
timolol maleate (once-daily)	T9	
timolol maleate ophthalmic gel forming solution	T2	
timolol maleate ophthalmic solution	T1a	
timolol maleate pf	T9	
TIMOPTIC	T3	
TIMOPTIC OCUDOSE	T9	
TIMOPTIC-XE	T3	
Cholinergic Agonists*		
TYRVAYA	T9	
Cycloplegic Mydriatic Combinations*		
CYCLOMYDRIL	T3	
tropicamide-cyclopentolate-pe	T9	
Cycloplegic Mydriatics*		
atropine sulfate ophthalmic solution 1 %	T1b	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	T2	
CYCLOGYL OPHTHALMIC SOLUTION 1 %, 2 %	T3	
cyclopentolate hcl ophthalmic	T1b	
HOMATROPAIRE	T1b	
ISOPTO ATROPINE	T3	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	T1b	

Medication	Coverage Level	Restrictions
Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag*		
XIIDRA	T2	QL (60 vials per 30 days)
Miotics - Cholinesterase Inhibitors*		
PHOSPHOLINE IODIDE	T2	
Miotics - Direct Acting*		
ISOPTO CARPINE	T3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	T1b	
PILOPINE HS	T2	
VUITY	T9	
Ophthalmic Antiallergic*		
ALAWAY	T1b	
ALOCRIL	T3	ST
ALOMIDE	T2	
azelastine hcl ophthalmic	T1b	
bepotastine besilate	T3	ST; QL (5 ML per 30 days)
BEPREVE	T9	
cromolyn sodium ophthalmic	T1b	
ELESTAT	T3	
epinastine hcl	T1b	
ketotifen fumarate ophthalmic	T1b	
LASTACAFT	T9	
olopatadine hcl ophthalmic solution 0.1 %	T1b	QL (5 ML per 30 days)
olopatadine hcl ophthalmic solution 0.2 %	T1b	QL (2.5 ML per 30 days)
PATADAY OPHTHALMIC SOLUTION 0.2 %	T3	ST; QL (2.5 ML per 30 days)
PATANOL	T3	
PAZEO	T9	
ZADITOR	T1b	
ZERVIATE	T3	ST; QL (30 ml per 30 days)
Ophthalmic Antibiotics*		
AZASITE	T3	ST
BESIVANCE	T3	QL (5 ML per 30 days)
CILOXAN	T3	
ciprofloxacin hcl ophthalmic	T1b	
erythromycin ophthalmic	T1b	
gatifloxacin ophthalmic	T1b	
GENTAK OPHTHALMIC OINTMENT	T1b	
gentamicin sulfate ophthalmic solution	T1b	
levofloxacin ophthalmic	T1b	
MOXEZA	T3	

Medication	Coverage Level	Restrictions
moxifloxacin hcl (2x day)	T1b	
moxifloxacin hcl ophthalmic solution	T1b	
OCUFLOX	T3	
ofloxacin ophthalmic	T1b	
tobramycin ophthalmic	T1b	
TOBREX OPHTHALMIC OINTMENT	T2	
TOBREX OPHTHALMIC SOLUTION	T3	
VIGAMOX	T3	
ZYMAXID	T3	ST
Ophthalmic Antifungal*		
NATACYN	T3	
Ophthalmic Anti-Infective Combinations*		
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	T1b	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	T1b	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	T1b	
NEOSPORIN OPHTHALMIC	T3	
polymyxin b-trimethoprim	T1b	
POLYTRIM	T3	
Ophthalmic Antivirals*		
trifluridine ophthalmic	T1b	
VIROPTIC	T3	
ZIRGAN	T3	
Ophthalmic Carbonic Anhydrase Inhibitors*		
AZOPT	T3	
brinzolamide	T2	
dorzolamide hcl ophthalmic	T1b	
TRUSOPT	T3	
Ophthalmic Decongestant Combinations*		
NAPHCON-A	T9	
Ophthalmic Decongestants*		
naphazoline hcl ophthalmic	T1b	
Ophthalmic Immunomodulators*		
CEQUA	T9	
cyclosporine ophthalmic	T3	QL (64 vials per 30 days)
RESTASIS	T2	QL (64 vials per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	T2	QL (1 bottle per 30 days)
VERKAZIA	T9	

Medication	Coverage Level	Restrictions
Ophthalmic Irrigation Solutions*		
BSS	T1b	
BSS PLUS	T3	
Ophthalmic Kinase Inhibitors - Combinations*		
ROCKLATAN	T9	
Ophthalmic Nerve Growth Factors*		
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)
Ophthalmic Nonsteroidal Anti-Inflammatory Agents*		
ACULAR	T3	
ACULAR LS	T3	
ACUVAIL	T9	
bromfenac sodium (once-daily)	T2	ST; QL (1.7 ML per 30 days)
BROMSITE	T9	
diclofenac sodium ophthalmic	T1b	
flurbiprofen sodium	T1b	
ILEVRO	T3	ST; QL (3 ML per 30 days)
ketorolac tromethamine ophthalmic	T1b	
NEVANAC	T9	
PROLENSA	T9	
Ophthalmic Rho Kinase Inhibitors*		
RHOPRESSA	T9	
Ophthalmic Selective Alpha Adrenergic Agonists*		
ALPHAGAN P	T9	
apraclonidine hcl	T1b	
brimonidine tartrate ophthalmic solution 0.15 %	T2	
brimonidine tartrate ophthalmic solution 0.2 %	T1b	
IOPIDINE OPHTHALMIC SOLUTION 1 %	T9	
Ophthalmic Steroid Combinations*		
bacitra-neomycin-polymyxin-hc	T1b	
BLEPHAMIDE	T3	ST
BLEPHAMIDE S.O.P.	T3	
MAXITROL	T3	
neomycin-polymyxin-dexameth ophthalmic ointment	T1b	

Medication	Coverage Level	Restrictions
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	T1b	
PRED-G	T2	
PRED-G S.O.P.	T3	
prednisolone-bromfenac ophthalmic solution	T9	
prednisolone-gatifloxacin ophthalmic solution	T9	
prednisolon-gatiflox-bromfenac ophthalmic solution	T9	
sulfacetamide-prednisolone ophthalmic solution	T1b	
TOBRADEX OPHTHALMIC OINTMENT	T3	ST
TOBRADEX OPHTHALMIC SUSPENSION	T3	
TOBRADEX ST	T3	ST
tobramycin-dexamethasone	T1b	
ZYLET	T3	ST
Ophthalmic Steroids*		
ALREX	T9	
dexamethasone sodium phosphate ophthalmic	T1b	
DEXYCU	T9	
difluprednate	T1b	ST
DUREZOL	T3	ST
EYSUVIS	T3	ST; QL (4 bottles per 1 year)
FLAREX	T2	
fluorometholone ophthalmic	T1b	
FML	T2	
FML FORTE	T3	
FML LIQUIFILM	T3	
INVELTYS	T3	ST
LOTEMAX	T9	
LOTEMAX SM	T3	ST
loteprednol etabonate	T2	ST
MAXIDEX	T3	
PRED FORTE	T3	
PRED MILD	T3	
prednisolone acetate ophthalmic	T1b	
prednisolone sodium phosphate ophthalmic	T1b	
VEXOL	T2	
Ophthalmic Sulfonamides*		
BLEPH-10	T3	
sulfacetamide sodium ophthalmic	T1b	

Medication	Coverage Level	Restrictions
Ophthalmics - Blepharoptosis Agents*		
UPNEEQ	T9	
Ophthalmics - Cystinosis Agents*		
CYSTADROPS	T4	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	SP (Limited to a 1 month supply per fill); QL (60 ML per 28 days)
Prostaglandins - Ophthalmic**		
bimatoprost ophthalmic	T1b	
latanoprost ophthalmic	T1b	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T2	ST
tafluprost (pf)	T2	
TRAVATAN Z	T3	ST
travoprost (bak free)	T2	ST
VYZULTA	T9	
XALATAN	T3	
XELPROS	T2	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	T3	
Otic Agents		
Otic Agents - Miscellaneous**		
acetic acid otic	T1b	
acetic acid-aluminum acetate	T1b	
Otic Analgesic Combinations**		
CORTANE-B OTIC	T3	
oto-end 10	T1b	
treagan	T2	
Otic Anti-Infectives**		
CETRAXAL	T3	
ciprofloxacin hcl otic	T1b	
ofloxacin otic	T1b	
Otic Steroid-Anti-Infective Combinations**		
CIPRO HC	T2	
CIPRODEX	T3	
ciprofloxacin-dexamethasone	T1b	
ciprofloxacin-fluocinolone pf	T2	AL
COLY-MYCIN S	T3	
CORTISPORIN-TC	T3	
neomycin-polymyxin-hc otic solution 3.5-10000-1	T1b	
OTOVEL	T2	AL

Medication	Coverage Level	Restrictions
Oxytocics		
****Abortifacients/Cervical Ripening - Prostaglandins******		
PREPIDIL	T3	
****Oxytocics******		
METHERGINE ORAL	T3	QL (28 tablets per 365 days)
methylergonovine maleate oral	T3	QL (28 tablets per 365 days)
Passive Immunizing And Treatment Agents		
****Bacterial Monoclonal Antibodies******		
ZINPLAVA	T9	
Penicillins		
****Aminopenicillins******		
amoxicillin er	T1b	
amoxicillin oral capsule	T1b	
amoxicillin oral suspension reconstituted	T1b	
amoxicillin oral tablet	T1b	
amoxicillin oral tablet chewable 125 mg, 250 mg	T1b	
ampicillin oral capsule	T1a	
MOXATAG	T3	
****Natural Penicillins******		
penicillin v potassium	T1b	
****Penicillin Combinations******		
amoxicillin-pot clavulanate er	T1b	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	T1b	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	T1b	
amoxicillin-pot clavulanate oral tablet chewable	T1b	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML	T3	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG	T3	
AUGMENTIN XR	T3	
****Penicillinase-Resistant Penicillins******		
dicloxacillin sodium	T1b	
Pharmaceutical Adjuvants		
****Semi Solid Vehicles******		
ALPAWASH	T9	
FREEDOM DERMA-D	T9	

Medication	Coverage Level	Restrictions
Progestins		
****Progestins******		
AYGESTIN	T3	
medroxyprogesterone acetate oral	T1a	
MEGACE ES	T3	ST
megestrol acetate oral suspension 625 mg/5ml	T9	
norethindrone acetate oral	T1b	
progesterone intramuscular	T1b	
progesterone micronized oral	T1b	
progesterone oral	T1b	
PROMETRIUM	T3	
PROVERA	T3	
Psychotherapeutic And Neurological Agents - Misc.		
****Agents For Opioid Withdrawal******		
LUCEMYRA	T9	
****Alcohol Deterrents******		
acamprosate calcium	T1b	
ANTABUSE	T3	
CAMPRAL	T3	
disulfiram oral	T1b	
****Anti-Cataplectic Agents******		
XYREM	T4	PA; SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days)
****Anti-Cataplectic Combinations******		
XYWAV	T9	
****Antidementia Agent Combinations******		
NAMZARIC	T9	
****Antisense Oligonucleotide (Aso) Inhibitor Agents******		
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)
****Benzodiazepines & Tricyclic Agents******		
chlordiazepoxide-amitriptyline	T1b	
****Cholinomimetics - Ache Inhibitors******		
ADLARITY	T9	
ARICEPT	T3	
ARICEPT ODT	T3	

Medication	Coverage Level	Restrictions
donepezil hcl oral tablet	T1a	
donepezil hcl oral tablet dispersible	T1b	
EXELON ORAL CAPSULE	T3	
EXELON TRANSDERMAL	T3	QL (30 patches per 30 days)
galantamine hydrobromide	T1b	
galantamine hydrobromide er	T1b	
RAZADYNE	T3	
RAZADYNE ER	T3	SP (Drug name has been changed from Reminyl*)
rivastigmine	T3	QL (30 patches per 30 days)
rivastigmine tartrate	T1b	QL (60 capsules per 30 days)
Fibromyalgia Agent - Snris*		
SAVELLA	T2	ST; QL (60 tablets per 30 days)
SAVELLA TITRATION PACK	T2	ST; QL (60 tablets per 30 days)
Melanocortin Receptor Agonists*		
VYLEESI	T9	
Movement Disorder Drug Therapy*		
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 (240 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 (150 tablets per 30 days)
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)

Medication	Coverage Level	Restrictions
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)
tetrabenazine oral tablet 12.5 mg	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
tetrabenazine oral tablet 25 mg	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XENAZINE	T9	
Ms Agents - Pyrimidine Synthesis Inhibitors*		
AUBAGIO	T5	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
Multiple Sclerosis Agents - Antimetabolites*		
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	
Multiple Sclerosis Agents - Interferons*		
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)
BETASERON SUBCUTANEOUS KIT	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill.)
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)

Medication	Coverage Level	Restrictions
PLEGRIDY INTRAMUSCULAR	T4	ST; SP (Limited to a one month supply per fill); QL (2 syringes per 28 days)
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)
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)
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)
Multiple Sclerosis Agents - Monoclonal Antibodies*		
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)
LEMTRADA	T9	
Multiple Sclerosis Agents - Nrf2 Pathway Activators*		
BAFIERTAM	T9	
dimethyl fumarate oral	T1b	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
dimethyl fumarate starter pack	T1b	SP (Limited to a 1 month supply per fill)
TECFIDERA	T5	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
VUMERITY	T9	
VUMERITY (STARTER)	T9	
Multiple Sclerosis Agents - Potassium Channel Blockers*		
AMPYRA	T9	
dalfampridine er	T5	PA; SP (Limited to a 1 month supply per fill)
Multiple Sclerosis Agents*		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (30 ML per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (12 ML per 28 days)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonists*		
memantine hcl er	T2	QL (30 capsules per 30 days); AL
memantine hcl oral solution 2 mg/ml	T3	QL (300 ML per 30 days); AL

Medication	Coverage Level	Restrictions
memantine hcl oral tablet 10 mg	T1b	QL (60 tablets per 30 days); AL
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	T1b	QL (1 pack per 365 days); AL
memantine hcl oral tablet 5 mg	T1b	QL (60 EA per 30 days); AL
NAMENDA ORAL SOLUTION	T3	QL (300 ML per 30 days); AL
NAMENDA ORAL TABLET	T3	QL (60 tablets per 30 days); AL
NAMENDA TITRATION PAK	T3	QL (1 tablpack per 365 days); AL
NAMENDA XR	T3	QL (30 capsules per 30 days); AL
NAMENDA XR TITRATION PACK	T3	AL
Phenothiazines & Tricyclic Agents*		
perphenazine-amitriptyline	T1b	
Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents*		
GRALISE ORAL TABLET	T9	
LYRICA CR	T9	
pregabalin er	T9	
Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris*		
fluoxetine hcl (pmdd) capsule 10 mg oral	T9	
fluoxetine hcl (pmdd) capsule 20 mg oral	T9	
fluoxetine hcl (pmdd) oral tablet	T9	
SARAFEM ORAL TABLET 10 MG, 20 MG	T9	
Pseudobulbar Affect Agent Combinations*		
NUEDEXTA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
Psychotherapeutic And Neurological Agents - Misc.*		
ergoloid mesylates oral	T1b	
ORAP ORAL TABLET 1 MG	T3	QL (300 tablets per 30 days)
ORAP ORAL TABLET 2 MG	T3	QL (150 tablets per 30 days)
pimozide oral tablet 1 mg	T1b	QL (300 tablets per 30 days)
pimozide oral tablet 2 mg	T1b	QL (150 tablets per 30 days)
Restless Leg Syndrome (Rls) Agents*		
HORIZANT ORAL TABLET EXTENDED RELEASE	T9	
Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag*		
ADDYI	T9	
Smoking Deterrents*		
apo-varenicline	T2	PV; QL (60 tablets per 30 days)
BUPROBAN	T1b	PV

Medication	Coverage Level	Restrictions
bupropion hcl er (smoking det)	T8	PV
cvs nicotine polacrilex	T8	PV
cvs nicotine transdermal	T8	PV
eq nicotine polacrilex mouth/throat gum	T8	PV
gnp nicotine mini	T8	PV
gnp nicotine mouth/throat	T8	PV
goodsense nicotine	T8	PV
hm nicotine	T8	PV
hm nicotine polacrilex	T8	PV
KLS QUIT2	T8	PV
KLS QUIT4	T8	PV
NICODERM CQ	T9	
NICORETTE	T9	
nicotine	T8	PV
nicotine mini	T8	PV
nicotine polacrilex mouth/throat	T8	PV
NICOTROL	T8	PV; QL (1 box per 30 days)
NICOTROL NS	T8	PV; QL (40 mls per 30 days)
px stop smoking aid mouth/throat lozenge	T8	PV
ra mini nicotine	T8	PV
ra nicotine mouth/throat	T8	PV
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	T8	PV
sm nicotine polacrilex	T8	PV
sm nicotine transdermal	T8	PV
varenicline tartrate oral	T2	PV
varenicline tartrate oral tablet	T2	PV; QL (60 tablets per 30 Days)
varenicline tartrate oral tablet therapy pack	T2	PV
Sphingosine 1-Phosphate (S1p) Receptor Modulators*		
GILENYA ORAL CAPSULE 0.5 MG	T5	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (30 capsules per 30 days)
MAYZENT ORAL TABLET 0.25 MG	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
MAYZENT ORAL TABLET 1 MG	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
MAYZENT ORAL TABLET 2 MG	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
MAYZENT STARTER PACK	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to 1 fill per 2 years); QL (1 pack per 30 days)
PONVORY	T4	ST; SP (Limited to a 1 month supply per fill)
PONVORY STARTER PACK	T4	ST; SP (Limited to a 1 month supply per fill)
TASCENSO ODT	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	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
Thienbenzodiazepines & Opioid Antagonists*		
LYBALVI	T9	
Thienbenzodiazepines & Ssris*		
olanzapine-fluoxetine hcl	T9	
SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 6-25 MG, 6-50 MG	T9	
Vasomotor Symptom Agents - Ssris*		
BRISDELLE	T9	
paroxetine mesylate	T9	

Medication	Coverage Level	Restrictions
Respiratory Agents - Misc.		
****Cftr Potentiators******		
KALYDECO ORAL PACKET 25 MG, 50 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL
KALYDECO ORAL PACKET 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); AL
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
****Cystic Fibrosis Agent - Combinations******		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days); AL
ORKAMBI ORAL PACKET 75-94 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days)
ORKAMBI ORAL TABLET 100-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days); AL
ORKAMBI ORAL TABLET 200-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days); AL
SYMDEKO	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TRIKAFTA	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)
****Cystic Fibrosis Agents - Miscellaneous******		
BRONCHITOL	T9	
****Hydrolytic Enzymes******		
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)

Medication	Coverage Level	Restrictions
Pulmonary Fibrosis Agents - Kinase Inhibitors*		
OFEV	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days); AL
Pulmonary Fibrosis Agents*		
ESBRIET ORAL CAPSULE	T4	PA; SP (Limited to a 1 month supply per fill); QL (270 capsules per 30 days)
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 capsules per 30 days)
pirfenidone oral tablet 267 mg	T4	PA; SP (Limited to a 1 month supply per fill); QL (270 tablets per 30 days)
pirfenidone oral tablet 534 mg	T9	
pirfenidone oral tablet 801 mg	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
Sulfonamides		
Sulfonamides*		
sulfadiazine oral	T2	
Tetracyclines		
Aminomethylcyclines*		
NUZYRA INTRAVENOUS	T9	
NUZYRA ORAL TABLET 150 MG	T9	
Fluorocyclines*		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	T9	
Tetracyclines*		
ACTICLATE	T9	
ADOXA	T3	
demeclocycline hcl oral	T3	
DORYX MPC	T9	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	T9	
doxycycline hyclate oral capsule	T1b	
doxycycline hyclate oral tablet 100 mg, 20 mg	T1b	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	T9	

Medication	Coverage Level	Restrictions
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	T9	
doxycycline monohydrate oral capsule 100 mg	T1b	
doxycycline monohydrate oral capsule 150 mg, 75 mg	T9	
doxycycline monohydrate oral suspension reconstituted	T1b	
doxycycline monohydrate oral tablet 100 mg, 150 mg	T9	
doxycycline monohydrate oral tablet 50 mg, 75 mg	T1b	
LYMEPAK	T9	
MINOCIN ORAL CAPSULE 100 MG, 50 MG	T3	
minocycline hcl er oral tablet extended release 24 hour 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 90 mg	T9	
minocycline hcl oral capsule	T1b	
minocycline hcl oral tablet 100 mg	T9	
minocycline hcl oral tablet 50 mg, 75 mg	T1b	
MINOLIRA	T9	
MONDOXYNE NL	T9	
MONODOX ORAL CAPSULE 100 MG, 75 MG	T3	
MORGIDOX COMBINATION	T9	
SEYSARA	T9	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	T9	
TARGADOX	T9	
tetracycline hcl oral	T3	
VIBRAMYCIN ORAL CAPSULE	T3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	T3	
VIBRAMYCIN ORAL SYRUP	T2	
XIMINO	T9	
Thyroid Agents		
****Antithyroid Agents******		
methimazole oral	T1b	
propylthiouracil oral	T1b	
TAPAZOLE	T3	
****Thyroid Hormones******		
ARMOUR THYROID	T2	
CYTOMEL	T2	

Medication	Coverage Level	Restrictions
ERMEZA	T9	
EUTHYROX	T3	
LEVO-T	T3	
levothyroxine sodium intravenous solution reconstituted 100 mcg	T3	SP (Limited to a 1 month supply per fill)
levothyroxine sodium intravenous solution reconstituted 500 mcg	T5	SP (Limited to a 1 month supply per fill)
levothyroxine sodium oral capsule	T9	
levothyroxine sodium oral tablet	T1a	
LEVOXYL	T1b	
liothyronine sodium oral	T1b	
NP THYROID	T1b	
SYNTHROID	T3	
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	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	T9	
TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML	T9	
UNITHROID	T1b	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	T1b	
Toxoids		
****Toxoid Combinations******		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T6 - $0 Copay	PV; QL (1 Dose per 1 Lifetime)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	T6 - $0 Copay	PV; QL (1 dose per 1 lifetime)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - $0 Copay	PV; QL (1 dose per 1 lifetime)
diphtheria-tetanus toxoids dt	T9	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - $0 Copay	PV

Medication	Coverage Level	Restrictions
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	T6 - $0 Copay	PV
QUADRACEL INTRAMUSCULAR SUSPENSION	T6 - $0 Copay	PV
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - $0 Copay	PV
TDVAX	T6 - $0 Copay	PV; QL (1 Injection per 10 years)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	T6 - $0 Copay	PV; QL (1 dose per 10 years)
tetanus-diphtheria toxoids td	T6 - $0 Copay	QL (1 dose per 10 years)
VAXELIS	T6 - $0 Copay	PV
Ulcer Drugs/Antispasmodics/Anticholinergics		
****Anticholinergic Combinations******		
belladonna alkaloids-opium rectal suppository 16.2-60 mg	T9	
chlordiazepoxide-clidinium	T2	
DONNATAL	T9	
LIBRAX	T9	
pb-hyoscy-atropine-scopolamine oral tablet	T9	
****Antispasmodics******		
dicyclomine hcl oral capsule	T1a	
dicyclomine hcl oral solution	T1b	
dicyclomine hcl oral tablet	T1a	
****Belladonna Alkaloids******		
ANASPAZ	T3	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml	T1b	
hyoscyamine sulfate er oral tablet extended release 12 hour	T1b	
hyoscyamine sulfate oral	T1b	
hyoscyamine sulfate sublingual	T1b	
LEVSIN ORAL TABLET	T3	
LEVSIN/SL	T3	
NULEV	T1b	
oscimin sr	T1b	
SYMAX DUOTAB	T3	
****H-2 Antagonists******		
cimetidine hcl oral solution 300 mg/5ml	T3	
cimetidine oral tablet 200 mg	T9	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	T3	
famotidine oral suspension reconstituted	T3	

Medication	Coverage Level	Restrictions
famotidine oral tablet 10 mg	T9	
famotidine oral tablet 20 mg, 40 mg	T3	
nizatidine oral capsule	T3	
nizatidine oral solution	T9	
PEPCID ORAL TABLET	T9	
ranitidine hcl oral capsule	T9	
ranitidine hcl oral syrup 75 mg/5ml	T9	
ranitidine hcl oral tablet	T9	
ZANTAC 150 MAXIMUM STRENGTH	T9	
ZANTAC ORAL TABLET 300 MG	T9	
Misc. Anti-Ulcer*		
CARAFATE	T3	ST
sucralfate oral suspension	T2	
sucralfate oral tablet	T1b	
Proton Pump Inhibitor-Antacid Combinations*		
omeprazole-sodium bicarbonate oral capsule	BE	
ZEGERID	BE	
ZEGERID OTC	BE	
Proton Pump Inhibitors*		
ACIPHEX	BE	
ACIPHEX SPRINKLE	BE	
DEXILANT	BE	
dexlansoprazole	T9	
esomeprazole magnesium oral capsule delayed release	BE	
esomeprazole magnesium oral packet	Non-Formulary	
esomeprazole strontium oral capsule delayed release 49.3 mg	BE	
FIRST-LANSOPRAZOLE	T9	
FIRST-OMEPRAZOLE	BE	
lansoprazole oral capsule delayed release	T3	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE	Non-Formulary	
NEXIUM 24HR ORAL TABLET DELAYED RELEASE	T3	
NEXIUM ORAL CAPSULE DELAYED RELEASE	Non-Formulary	
NEXIUM ORAL PACKET	BE	
omeprazole oral capsule delayed release	T3	
omeprazole oral tablet delayed release	T3	
pantoprazole sodium oral packet	T9	

Medication	Coverage Level	Restrictions
pantoprazole sodium oral tablet delayed release	T3	
PREVACID	BE	
PREVACID 24HR	BE	
PRILOSEC OTC	BE	
PROTONIX ORAL PACKET	BE	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG	BE	
rabeprazole sodium oral tablet delayed release	T3	
Quaternary Anticholinergics*		
CUVPOSA	T9	
DARTISLA ODT	T9	
GLYCATE	T9	
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml	T9	
glycopyrrolate oral solution	T9	
glycopyrrolate oral tablet 1 mg, 2 mg	T1b	
methscopolamine bromide oral	T2	
propantheline bromide oral	T1b	
ROBINUL INJECTION SOLUTION 0.4 MG/2ML	T3	
ROBINUL ORAL	T3	
ROBINUL-FORTE	T3	
Ulcer Anti-Infective W/ Bismuth Combinations*		
PYLERA	T3	ST
Ulcer Anti-Infective W/ Proton Pump Inhibitors*		
amoxicill-clarithro-lansopraz	T3	
OMECLAMOX-PAK	T9	
PREVPAC	BE	
TALICIA	T9	
Ulcer Anti-Infective-Pcab Combinations*		
VOQUEZNA DUAL PAK	T9	
VOQUEZNA TRIPLE PAK	T9	
Ulcer Drugs - Prostaglandins*		
CYTOTEC	T3	
misoprostol oral	T1b	
Urinary Antispasmodics*		
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)*		
darifenacin hydrobromide er	T2	QL (30 tablets per 30 days)
DETROL	T3	

Medication	Coverage Level	Restrictions
DETROL LA	T3	QL (30 capsules per 30 days)
DITROPAN XL	T3	
ENABLEX	T3	QL (30 tablets per 30 days)
fesoterodine fumarate er	T1b	QL (30 tablets per 30 days)
GELNIQUE	T9	
oxybutynin chloride er	T1b	
oxybutynin chloride oral	T1b	
OXYTROL	T9	
SANCTURA	T3	
solifenacin succinate	T2	ST; QL (30 tablets per 30 days)
tolterodine tartrate	T1b	
tolterodine tartrate er	T2	
TOVIAZ	T3	QL (30 tablets per 30 days)
trospium chloride	T1b	QL (60 capsules per 30 days)
trospium chloride er	T3	QL (30 capsules per 30 days)
VESICARE	T3	ST; QL (30 tablets per 30 days)
VESICARE LS	T3	ST; QL (150 ML per 30 days); AL
Urinary Antispasmodic Combinations*		
URELIEF PLUS	T1b	SP (Generic substitution mandatory.)
Urinary Antispasmodics - Beta-3 Adrenergic Agonists*		
GEMTESA	T9	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T3	ST; QL (240 ML per 30 days); AL
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T3	ST; QL (30 tablets per 30 days)
Urinary Antispasmodics - Cholinergic Agonists*		
bethanechol chloride oral	T1a	
Urinary Antispasmodics - Direct Muscle Relaxants*		
flavoxate hcl	T1b	
Vaccines		
Bacterial Vaccines*		
bcg vaccine injection solution reconstituted	T6 - $0 Copay	PV
BEXSERO	T6 - $0 Copay	PV; QL (2 ML per 1 Lifetime)
BIOTHRAX	T9	
HIBERIX INJECTION	T9	
MENACTRA INTRAMUSCULAR SOLUTION	T6 - $0 Copay	PV; QL (1 Dose per 1 Lifetime)
MENQUADFI INTRAMUSCULAR SOLUTION	T6 - $0 Copay	PV; QL (1 dose per 1 lifetime)

Medication	Coverage Level	Restrictions
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	T6 - $0 Copay	PV; QL (1 dose per 1 lifetime)
PNEUMOVAX 23	T6 - $0 Copay	PV; QL (3 doses per 1 lifetime)
PREVNAR 13	T6 - $0 Copay	PV; QL (2 doses per 1 lifetime)
PREVNAR 20	T6 - $0 Copay	PV
TRUMENBA	T6 - $0 Copay	PV; QL (3 ML per 1 Lifetime)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	T9	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T9	
VAXNEUVANCE	T6 - $0 Copay	
VIVOTIF	T9	
Viral Vaccine Combinations*		
M-M-R II INJECTION	T6 - $0 Copay	PV; QL (2 doses per 1 lifetime)
PRIORIX	T6 - $0 Copay	PV; QL (2 doses per 1 lifetime)
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - $0 Copay	PV; QL (4 doses per 1 lifetime)
Viral Vaccines*		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - $0 Copay	PV; QL (1 injection per 180 days)
COMIRNATY	T6 - $0 Copay	
DENGVAXIA	T9	
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML	T6 - $0 Copay	PV
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	T6 - $0 Copay	PV; AL
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML	T6 - $0 Copay	PV
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 20 MCG/ML	T6 - $0 Copay	PV; AL
FLUAD QUADRIVALENT	T6 - $0 Copay	PV; QL (1 Injection per 180 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - $0 Copay	PV; QL (1 Injection per 180 days)
FLUBLOK QUADRIVALENT	T6 - $0 Copay	PV; QL (1 injection per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	T6 - $0 Copay	PV; QL (1 injection per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - $0 Copay	PV; QL (1 Injection per 180 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - $0 Copay	PV; QL (1 Injection per 180 days)
FLUMIST QUADRIVALENT	T6 - $0 Copay	PV; QL (1 inhalation per 180 days)
FLUZONE HIGH-DOSE QUADRIVALENT	T6 - $0 Copay	PV; QL (1 injection per 180 days)

Medication	Coverage Level	Restrictions
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML	T6 - $0 Copay	PV; QL (1 Injection per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	T6 - $0 Copay	PV; QL (1 Injection per 180 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION	T6 - $0 Copay	PV; QL (3 doses per 1 Lifetime); AL
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - $0 Copay	PV; QL (3 doses per 1 lifetime); AL
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	T6 - $0 Copay	PV; QL (2 Doses per 1 Lifetime)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T6 - $0 Copay	PV; QL (2 doses per 1 lifetime); AL
IMOVAX RABIES	T6 - $0 Copay	PV
IPOL INJECTION INJECTABLE	T6 - $0 Copay	PV; QL (3 doses per 1 lifetime)
IXIARO	T9	
janssen covid-19 vaccine	T6 - $0 Copay	PV
JYNNEOS	T6 - $0 Copay	PV
moderna covid-19 bival booster	T6 - $0 Copay	PV
moderna covid-19 vac (booster) intramuscular suspension 50 mcg/0.5ml	T6 - $0 Copay	PV
moderna covid-19 vacc 6-11y	T6 - $0 Copay	PV
moderna covid-19 vacc 6m-5y	T6 - $0 Copay	PV
moderna covid-19 vaccine	T6 - $0 Copay	PV
novavax covid-19 vaccine	T6 - $0 Copay	PV
pfizer covid-19 vac bival 5-11	T6 - $0 Copay	
pfizer covid-19 vac bivalent	T6 - $0 Copay	PV
pfizer covid-19 vac-tris 5-11y	T6 - $0 Copay	PV
pfizer covid-19 vac-tris 6m-4y	T6 - $0 Copay	PV
pfizer-biontech covid-19 vacc	T6 - $0 Copay	PV
prehevbrio	T6 - $0 Copay	QL (3 doses per 1 lifetime); AL
RABAVERT	T6 - $0 Copay	PV
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	T6 - $0 Copay	PV; QL (3 doses per 1 Lifetime)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	T6 - $0 Copay	PV; QL (3 doses per 1 Lifetime)
ROTARIX	T6 - $0 Copay	PV
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	T6 - $0 Copay	PV; QL (2 doses per 1 lifetime); AL
SPIKEVAX COVID-19 VACCINE	T6 - $0 Copay	
stamaril	T9	
TICOVAC	T9	

Medication	Coverage Level	Restrictions
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	T6 - $0 Copay	PV; QL (2 Doses per 1 Lifetime)
YF-VAX SUBCUTANEOUS INJECTABLE	T9	
Vaginal And Related Products		
****Imidazole-Related Antifungals******		
GYNAZOLE-1	T3	
TERAZOL 7	T3	
terconazole vaginal cream 0.4 %	T1b	
terconazole vaginal suppository	T1b	
****Miscellaneous Vaginal Products******		
INTRAROSA	T3	PA
****Spermicides******		
OPTIONS GYNOL II CONTRACEPTIVE	T8	PV
TODAY SPONGE	T8	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	T8	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	T8	PV
****Vaginal Anti-Infectives******		
CLEOCIN VAGINAL	T9	
clindamycin phosphate vaginal	T1b	
CLINDESSE	T3	ST
METROGEL-VAGINAL	T3	
metronidazole vaginal	T1b	
NUVESSA	T9	
VANDAZOLE	T1b	
****Vaginal Contraceptive Ph Modulator - Combinations******		
PHEXXI	T3	QL (12 tubes per 30 days)
****Vaginal Estrogens******		
ESTRACE VAGINAL	T9	
estradiol vaginal cream	T1b	QL (42.5 GM per 30 days)
estradiol vaginal tablet	T1b	
ESTRING	T3	
FEMRING	T3	
IMVEXXY MAINTENANCE PACK	T3	PA; QL (8 inserts per 28 days)
IMVEXXY STARTER PACK	T3	PA; QL (18 inserts per 360 days)
PREMARIN VAGINAL	T3	ST
VAGIFEM VAGINAL TABLET 10 MCG	T3	
YUVAFEM	T1b	

Medication	Coverage Level	Restrictions
Vaginal Progestins*		
CRINONE VAGINAL GEL 4 %	T9	
CRINONE VAGINAL GEL 8 %	T9	SP ( )
ENDOMETRIN	T4	SP (Limited to a 1 month supply per fill)
Vasopressors*		
Anaphylaxis Therapy Agents*		
ADRENACLICK INJECTION SOLUTION AUTO-INJECTOR	T9	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	T9	
epinephrine injection solution auto-injector	T2	QL (4 pens per 30 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
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)
Neurogenic Orthostatic Hypotension (Noh) - Agents*		
droxidopa	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
NORTHERA ORAL CAPSULE 100 MG	T9	SP ( )
NORTHERA ORAL CAPSULE 200 MG, 300 MG	T9	
Vasopressors*		
midodrine hcl	T1b	
Vitamins*		
Paba*		
POTABA ORAL CAPSULE	T9	
Vitamin B-3*		
niacin oral tablet 500 mg	T9	
Vitamin D*		
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	T1b	
DRISDOL ORAL CAPSULE	T3	
REPLESTA	T9	
REPLESTA CHILDRENS	T9	
REPLESTA NX	T9	

Medication	Coverage Level	Restrictions
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	T1b	
vitamin d3 oral capsule 25 mcg (1000 ut)	T1b	PV; AL
vitamin d3 oral tablet 25 mcg (1000 ut)	T1b	PV; AL
Vitamin K*		
MEPHYTON	T3	QL (3 tablets per 30 days)
phytonadione injection solution 1 mg/0.5ml	T3	
phytonadione oral	T1b	QL (3 tablets per 30 Days)

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PriorityHealth

Notice of Nondiscrimination and Language Assistance Services

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

Free aids and services

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

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

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

- Qualified interpreters
- Information written in other languages

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

To file a civil rights grievance

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

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

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

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

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

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

800.368.1019, 800.537.7697 (TDD)

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

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

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

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

ܬܘܕܥܬܐ: ܐܢ ܐܢܬܘܢ ܡܫܬܡܫܝܢ ܒܠܫܢܐ ܣܘܪܝܝܐ (ܟܘܪܝܐ) ، ܡܛܠ ܕܝܠܟܘܢ ܐܝܬܘܬܐ ܕܫܘܬܦܘܬܐ ܕܠܫܢܐ ܕܝܠܟܘܢ . ܐܢ ܬܨܛܠܚܘܢ ܥܠ ܡܠܦܢ ܒܪܩܡ ܕܫܘܬܦܘܬܐ ܕܠܩܘܚܐ ܕܝܠܟܘܢ ܒܛܪܦܐ ܕܐܝܕܝ ܕܫܘܬܦܘܬܐ. (TTY: 711)

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

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

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

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

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

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

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

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

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

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

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

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