

2024 Formulary

MyPriority® plans originally purchased in 2013 or earlier

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.

CURRENT AS OF 11/1/2024

italics = Generic T2 drugs
lowercase italics = Generic T1 drugs, Generic T3 drugs, Generic T4 drugs, Generic T5 drugs, Generic T6 drugs, Generic T7 drugs, Generic T8 drugs, Generic T9 drugs, Generic drugs, Generic drugs, Generic drugs, Generic drugs
UPPERCASE BOLD = Brand name T1 drugs, Brand name T2 drugs, Brand name T3 drugs, Brand name T4 drugs, Brand name T5 drugs, Brand name T6 drugs, Brand name T7 drugs, Brand name T8 drugs, Brand name T9 drugs, Brand name drugs, Brand name drugs, Brand name drugs, Brand name drugs

Restrictions

AL = Age Limit
PA = Prior Authorization
PV = Preventive Drug
QL = Quantity Limit
SO = SaveOn
SP = Limited to a 1 month supply per fill
ST = Step Therapy

Coverage Level

Medication	Coverage Level	Restrictions
3 SERIES BP MONITOR/WRIST	T2	QL (2 EA per 730 days)
<i>abacavir sulfate oral solution</i>	T1	AL (Max 9 Years)
<i>Abacavir Sulfate Oral Tablet</i>	T2	
<i>abacavir sulfate-lamivudine</i>	T4	SP (Limited to a 1 month supply per fill)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	T9	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	T9	
ABILIFY ORAL TABLET	T3	QL (60 tablets per 30 days)
<i>abiraterone acetate oral tablet 250 mg</i>	T1	
<i>abiraterone acetate oral tablet 500 mg</i>	T9	
ABRILADA	T9	
ABRILADA (1 PEN)	T9	
ABRILADA (2 PEN)	T9	
ABRILADA (2 SYRINGE)	T9	
ABRYSVO	T6	PV; QL (1 dose per 1 year)
ABSORICA	T9	
ABSORICA LD	T9	
<i>acamprosate calcium</i>	T1	
ACANYA	T9	
<i>acarbose oral</i>	T1	
ACCOLATE	T3	
ACCRUFER	T4	PA; SP (Limited to a one month supply per fill); QL (60 capsules per 30 days)

Medication	Coverage Level	Restrictions
ACCU-CHEK AVIVA PLUS IN VITRO	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK FASTCLIX LANCET	T3	
ACCU-CHEK FASTCLIX LANCETS	T2	
ACCU-CHEK GUIDE IN VITRO	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK GUIDE TEST	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK SMARTVIEW	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK SOFTCLIX LANCET DEV KIT	T3	
ACCU-CHEK SOFTCLIX LANCETS	T2	
ACCUPRIL	T3	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	T3	
ACCUTANE	T2	QL (6 fills per 2 years)
ACCUTREND GLUCOSE	T3	ST; QL (200 strips per 30 days)
ACE AEROSOL CLOUD ENHANCER	T3	QL (4 devices per 1 year)
<i>acebutolol hcl oral</i>	T1	
<i>acetaminophen intravenous solution prefilled syringe</i>	T9	
<i>acetaminophen-codeine</i>	T1	
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
<i>acetic acid otic</i>	T1	
<i>acetylcysteine inhalation</i>	T1	
<i>acidophilus lactobacillus powder</i>	T9	
<i>acioxia</i>	T9	
Aciphex	Benefit Exclusion	
<i>acitretin</i>	T4	SP (Limited to a 1 month supply per fill)
<i>acne medication 10 external gel</i>	T1	
<i>acne medication 5 external gel</i>	T1	
ACTEMRA ACTPEN	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 pens per 28 days)
ACTEMRA SUBCUTANEOUS	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
ACTHAR	T4	PA; SP (Limited to a 1 month supply per fill)
ACTHAR GEL	T9	
ACTIMMUNE	T5	SP (Limited to a 1 month supply per fill)
<i>active fe</i>	T9	

Medication	Coverage Level	Restrictions
ACTIVELLA ORAL TABLET 1-0.5 MG	T3	
ACTONEL ORAL TABLET 150 MG	T3	QL (1 tablets per 30 days)
ACTONEL ORAL TABLET 35 MG	T3	
ACTOPLUS MET ORAL TABLET 15-850 MG	T3	
ACTOS	T3	
ACULAR	T3	
ACULAR LS	T3	
ACUVAIL	T3	ST
<i>acyclovir external cream</i>	T9	
<i>acyclovir external ointment</i>	T1	QL (15 GM per 6 months)
<i>acyclovir oral</i>	T1	
ACZONE	T9	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T6	PV; QL (1 Dose per 1 Lifetime)
<i>adalimumab-aacf (2 pen)</i>	T9	
<i>adalimumab-aacf (2 syringe)</i>	T9	
<i>adalimumab-aaty (1 pen)</i>	T9	
<i>adalimumab-aaty (2 pen)</i>	T9	
<i>adalimumab-aaty (2 syringe)</i>	T9	
<i>adalimumab-adaz subcutaneous solution auto-injector</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
<i>adalimumab-adaz subcutaneous solution prefilled syringe</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
<i>adalimumab-adbm (2 pen)</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
<i>adalimumab-adbm (2 syringe)</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
<i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.4ml</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
<i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.8ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
<i>adalimumab-adbm(ps/uv starter)</i>	T4	SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
<i>adalimumab-fkjp (2 pen)</i>	T9	
<i>adalimumab-fkjp (2 syringe)</i>	T9	
<i>adalimumab-ryvk (2 pen)</i>	T9	

Medication	Coverage Level	Restrictions
<i>adalimumab-ryvk (2 syringe)</i>	T9	
<i>adapalene external cream</i>	T9	
<i>adapalene external gel 0.1 %</i>	T9	
<i>Adapalene External Gel 0.3 %</i>	T2	QL (45 GM per 30 days)
<i>adapalene external solution</i>	T9	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1	
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	T9	
ADASUVE	T9	
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1-month supply per fill); QL (2 pens per 28 days)
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
ADCIRCA	T9	SP ()
ADDERALL	T3	AL (Min 6 Years)
ADDERALL XR	T3	QL (60 capsules per 30 days); AL (Min 6 Years)
ADDYI	T9	
<i>adefovir dipivoxil</i>	T4	SP (Limited to a 1 month supply per fill)
<i>adeinzde</i>	T9	
ADEMPAS ORAL TABLET 0.5 MG, 1.5 MG, 2 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
ADEMPAS ORAL TABLET 1 MG, 2.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
ADLARITY	T9	
ADMELOG INJECTION	T3	ST
ADMELOG SOLOSTAR	T3	ST
ADRENALIN NASAL	T9	
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	T1	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	T9	
<i>Adult Blood Pressure Cuff Lg</i>	T2	QL (1 monitor per 2 years)
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	T9	
ADVAIR HFA	T9	

Medication	Coverage Level	Restrictions
ADVATE	T4	PA; SP (Limited to a 1 month supply per fill); QL (73600 billable units per 28 days)
ADVOCATE CONTROL SOLUTION IN VITRO LIQUID LOW	T3	
ADVOCATE LANCETS 30G	T2	
ADVOCATE LANCING DEVICE	T3	
ADVOCATE RAPID-SAFE LANCING	T3	
ADVOCATE REDI-CODE IN VITRO	T3	ST; QL (200 strips per 30 days)
ADVOCATE REDI-CODE+ TEST	T3	ST; QL (200 strips per 30 days)
ADVOCATE TEST	T3	ST; QL (200 strips per 30 days)
<i>adynovate</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (36800 billable units per 28 days)
ADZENYS XR-ODT	T9	
AEMCOLO	T2	QL (12 tablets per 30 days); AL (Min 18 Years)
AEROCHAMBER MINI CHAMBER	T2	QL (4 chambers per 1 year)
AEROCHAMBER MV	T2	QL (4 chambers per 1 year)
AEROCHAMBER PLUS FLO-VU	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK	T2	QL (4 EA per 365 days)
AEROCHAMBER Z-STAT PLUS	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS CHAMBR	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/LARGE	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/MEDIUM	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/SMALL	T3	QL (4 chambers per 1 year)
AEROTRACH PLUS	T3	QL (4 chambers per 1 year)
AEROVENT PLUS	T3	QL (4 chambers per 1 year)
AFINITOR	T9	
AFINITOR DISPERZ	T9	
AFIRMELLE	T1	PV
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV; QL (1 dose per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	T6	PV; QL (1 Injection per 180 days); AL (Min 5 Years)
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	T3	ST

Medication	Coverage Level	Restrictions
AFSTYLA	T4	PA; SP (Limited to a 1 month supply per fill); QL (69000 billable units per 28 days)
AFTERA	T1	PV
AFTERPILL	T3	
AGAMATRIX AMP TEST	T3	ST; QL (200 strips per 30 days)
AGAMREE	T9	
AGRYLIN	T3	
AIMOVIG	T2	PA; QL (1 Auto-injector per 30 days); AL (Min 18 Years)
<i>aimsco lubricated</i>	T3	PV
AIRDUO DIGIHALER	T9	
AIRDUO RESPICLICK 113/14	T9	
AIRDUO RESPICLICK 232/14	T9	
AIRDUO RESPICLICK 55/14	T9	
AIRSUPRA	T9	
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (1 autoinjector per 30 days); AL (Min 18 Years)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; QL (1 syringe per 30 days); AL (Min 18 Years)
AKEEGA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
AKLIEF	T9	
AKYNZEO ORAL	T9	
ALA SCALP	T9	
<i>ala-cort external cream 1 %</i>	T9	
ALAVERT ALLERGY/SINUS	T9	
ALAVERT ORAL TABLET DISPERSIBLE	T9	
ALAWAY	T1	
<i>Albendazole Oral</i>	T2	QL (6 tablets per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	T1	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1	
<i>albuterol sulfate oral</i>	T1	
<i>alclometasone dipropionate</i>	T1	
ALDACTONE	T3	

Medication	Coverage Level	Restrictions
ALECENSA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 capsules per 30 days)
<i>Alendronate Sodium Oral Solution</i>	T2	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	T1	
<i>alfuzosin hcl er</i>	T1	
ALINIA ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (60 ML per 6 months)
ALINIA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
<i>Aliskiren Fumarate</i>	T2	ST
ALKINDI SPRINKLE	T9	
ALLEGRA ALLERGY	T9	
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION	T9	
ALLEGRA-D ALLERGY & CONGESTION	T9	
<i>Alli</i>	Benefit Exclusion	
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	
<i>allopurinol oral tablet 200 mg</i>	T9	
ALLZITAL	T9	
<i>almotriptan malate</i>	T3	ST; QL (12 tablets per 30 days)
ALOCRIL	T3	ST
<i>alogliptin benzoate</i>	T3	ST; QL (30 tablets per 30 days)
<i>alogliptin-metformin hcl</i>	T3	ST; QL (60 tablets per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	T3	QL (30 tablets per 30 days)
ALOMIDE	T2	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	T2	
<i>alosetron hcl</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
ALPAWASH	T9	
ALPHAGAN P	T3	
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
ALPHANINE SD	T5	PA; SP (Limited to a 1 month supply per fill); QL (36800 billable units per 28 days)
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	T1	QL (30 tablets per 30 days)
<i>alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg</i>	T1	QL (60 tablets per 30 days)
ALPRAZOLAM INTENSOL	T1	QL (120 ML per 30 days)
<i>alprazolam oral tablet</i>	T1	
<i>ALPRAZolam Oral Tablet Dispersible</i>	T2	
<i>alprazolam xr</i>	T1	QL (30 tablets per 30 Days)
ALPROLIX	T5	PA; SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)
ALREX	T3	ST
ALTABAX	T3	ST
ALTACE ORAL CAPSULE	T3	
ALTAVERA	T1	PV
ALTOPREV	T9	
ALTRENO	T1	QL (45 grams per 30 days); AL (Max 50 Years)
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
ALUNBRIG ORAL TABLET 30 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
ALVAIZ	T9	
ALVESCO	T9	
<i>alyacen 1/35</i>	T1	PV
<i>alyacen 7/7/7</i>	T1	PV
<i>amantadine hcl oral capsule</i>	T1	

Medication	Coverage Level	Restrictions
<i>amantadine hcl oral solution</i>	T1	
<i>amantadine hcl oral tablet</i>	T1	
AMBIEN	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
AMBIEN CR	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>ambrisentan</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>amcinonide external lotion</i>	T9	
<i>amcinonide external ointment</i>	T9	
AMETHIA	T1	PV
AMETHYST	T1	PV
<i>amiloride hcl oral</i>	T1	
<i>amiloride-hydrochlorothiazide</i>	T1	
<i>aminocaproic acid oral solution</i>	T4	SP (Limited to a 1 month supply per fill)
<i>aminocaproic acid oral tablet</i>	T4	SP (Limited to a 1 month supply per fill)
<i>amiodarone hcl oral tablet 100 mg</i>	T1	QL (30 tablets per 30 days)
<i>amiodarone hcl oral tablet 200 mg</i>	T1	
<i>amiodarone hcl oral tablet 400 mg</i>	T9	
AMITIZA	T3	QL (60 capsules per 30 days)
<i>amitriptyline hcl oral</i>	T1	
AMJEVITA	T9	
AMJEVITA-PED 10KG TO <15KG	T9	
AMJEVITA-PED 15KG TO <30KG	T9	
<i>amlodipine besy-benazepril hcl</i>	T1	
<i>amlodipine besylate oral</i>	T1	
<i>amlodipine besylate-valsartan</i>	T1	
<i>amlodipine-atorvastatin</i>	T9	
<i>amlodipine-olmesartan</i>	T1	
<i>ammonium lactate external</i>	T9	
AMNESTEEM	T2	QL (6 fills per 2 years)
<i>amoxapine</i>	T1	
<i>amoxicill-clarithro-lansopraz oral therapy pack</i>	T3	
<i>amoxicillin oral capsule</i>	T1	
<i>amoxicillin oral suspension reconstituted</i>	T1	
<i>amoxicillin oral tablet</i>	T1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	T1	
<i>amoxicillin-pot clavulanate er</i>	T1	

Medication	Coverage Level	Restrictions
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	T1	
<i>amphetamine sulfate</i>	T3	ST; QL (180 tablets per 30 days); AL (Min 6 Years)
<i>amphetamine-dextroamphet er</i>	T1	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>amphetamine-dextroamphetamine</i>	T1	AL (Min 6 Years)
<i>amphet-dextroamphet 3-bead er</i>	T9	
<i>ampicillin oral capsule 500 mg</i>	T1	
AMPYRA	T9	
AMRIX	T9	
AMZEEQ	T9	
ANAFRANIL ORAL CAPSULE 25 MG	T3	QL (30 capsules per 30 Days)
ANAFRANIL ORAL CAPSULE 50 MG	T3	QL (60 capsules per 30 Days)
ANAFRANIL ORAL CAPSULE 75 MG	T3	QL (90 capsules per 30 Days)
<i>anagrelide hcl</i>	T1	
ANALPRAM-HC EXTERNAL LOTION	T9	
ANAPROX DS	T3	
ANASPAZ	T3	
<i>anastrozole oral</i>	T1	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	T9	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	T9	
ANGELIQ	T3	ST
ANNOVERA	T9	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	T2	QL (1 inhaler per 30 days)
ANTARA ORAL CAPSULE 90 MG	T9	
ANTIVERT ORAL TABLET 50 MG	T9	
ANUSOL-HC RECTAL SUPPOSITORY	T9	
ANZEMET ORAL TABLET 50 MG	T9	
APADAZ	T9	
APEXICON E	T9	
APIDRA	T3	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST

Medication	Coverage Level	Restrictions
APLENZIN	T9	
APLISOL	T9	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
<i>apomorphine hcl subcutaneous</i>	T9	
<i>APO-Varenicline</i>	T2	QL (60 tablets per 30 Days)
<i>apraclonidine hcl</i>	T1	
<i>aprepitant oral</i>	T1	QL (6 capsules per 30 days)
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	T1	QL (7 capsules per 30 days)
APRI	T1	PV
APRISO	T3	QL (120 capsules per 30 days)
APTENSIO XR	T3	QL (30 capsules per 30 days)
APTIOM	T3	PA; QL (60 tablets per 30 days)
APTIVUS ORAL CAPSULE	T4	ST; SP (Limited to a 1 month supply per fill)
AQUANIL HC	T1	
AQUORAL MOUTH/THROAT SOLUTION	T9	
ARAKODA	T2	
ARANELLE	T1	PV
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	SP (Limited to a 1 month supply per fill)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	T4	SP (Limited to a 1 month supply per fill)
ARAVA	T5	SP (Limited to a 1 month supply per fill)
ARAZLO	T9	
ARCALYST	T4	PA; SP (Limited to a 1 month supply per fill)
AREXVY	T6	PV; QL (1 dose per 1 year); AL (Min 60 Years)
<i>arformoterol tartrate</i>	T3	AL (Min 40 Years)
ARICEPT	T3	
ARIKAYCE	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 vials per 28 days)
ARIMIDEX	T3	
<i>aripiprazole oral solution</i>	T3	AL (Max 9 Years)
<i>aripiprazole oral tablet</i>	T1	QL (60 tablets per 30 days)
<i>aripiprazole oral tablet dispersible</i>	T9	
ARIXTRA	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)

Medication	Coverage Level	Restrictions
<i>armodafinil</i>	T1	QL (30 tablets per 30 days)
ARMONAIR DIGIHALER	T9	
ARMOUR THYROID	T2	
ARNUITY ELLIPTA	T1	QL (1 Inhaler per 30 days)
AROMASIN	T3	
ARTHROTEC ORAL TABLET DELAYED RELEASE	T9	
ASCOMP-CODEINE	T1	QL (180 capsules per 30 days)
ASCRIPITIN ORAL TABLET 325 MG	T1	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	T3	ST; QL (30 tablets per 30 days)
ASHLYNA	T1	PV
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T9	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T9	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	T9	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T9	
ASMANEX HFA	T9	
ASPERFLEX LIDOCAINE EXTERNAL CREAM	T9	
<i>aspirin 81 oral tablet chewable</i>	T1	AL (Max 58 Years)
<i>aspirin ec low dose</i>	T1	
<i>aspirin oral tablet delayed release 325 mg</i>	T1	
<i>aspirin-dipyridamole er</i>	T1	
ASPRUZYO SPRINKLE	T9	
ASSURE 4 TEST	T3	ST; QL (200 strips per 30 days)
ASSURE DOSE CONTROL	T3	
ASSURE LANCE PLUS SAFETY 30G	T2	
ASSURE PLATINUM	T3	ST; QL (200 strips per 30 days)
ASSURE PRISM MULTI TEST	T3	ST; QL (200 strips per 30 days)
ASTAGRAF XL	T3	ST
ATACAND	T3	
ATACAND HCT	T3	
<i>atazanavir sulfate</i>	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
ATELVIA	T3	
<i>atenolol oral</i>	T1	
<i>atenolol-chlorthalidone</i>	T1	
ATIVAN ORAL	T3	
<i>Atomoxetine HCl Oral Capsule 10 MG, 18 MG, 25 MG, 40 MG</i>	T2	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>Atomoxetine HCl Oral Capsule 100 MG, 60 MG</i>	T2	QL (30 capsules per 30 days); AL (Min 6 Years)
<i>Atomoxetine HCl Oral Capsule 80 MG</i>	T2	QL (30 capsulesA per 30 days); AL (Min 6 Years)
ATORVALIQ	T9	
<i>atorvastatin calcium oral</i>	T1	
<i>atovaquone oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>atovaquone-proguanil hcl</i>	T1	
ATRALIN	T3	AL (Max 50 Years)
ATRAPRO HYDROGEL	T9	
ATRIPLA	T5	SP (Limited to a 1 month supply per fill)
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1	
<i>atropine sulfate ophthalmic solution 0.01 %, 0.025 %, 0.05 %</i>	T9	
<i>atropine sulfate ophthalmic solution 1 %</i>	T1	
ATROVENT HFA	T2	
AUBAGIO ORAL TABLET 14 MG	T9	SP ()
AUBAGIO ORAL TABLET 7 MG	T9	
AUBRA EQ	T1	PV
AUDENZ	T6	PV
AUGMENTIN ORAL TABLET 500-125 MG	T3	
AUGTYRO ORAL CAPSULE 160 MG	T5	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (60 Capsules per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 capsules per 30 days)
AUROVELA 1.5/30	T1	PV
AUROVELA 1/20	T1	PV
AUROVELA 24 FE	T1	PV

Medication	Coverage Level	Restrictions
AUROVELA FE 1.5/30	T1	PV
AUROVELA FE 1/20	T1	PV
AURYXIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days)
AUSTEDO ORAL TABLET 12 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
AUSTEDO ORAL TABLET 6 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
AUSTEDO ORAL TABLET 9 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	T5	PA; SP (Limited to a 1-month supply per fill); QL (30 Tablets per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	T5	PA; SP (Limited to 1 fill per lifetime); QL (1 kit per 1 lifetime)
AUVELITY	T9	QL (60 Tablets per 30 days)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	T9	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	
<i>avanafil</i>	T9	
AVAPRO	T3	
AVAR CLEANSER EXTERNAL LIQUID	T9	
AVAR LS CLEANSER	T9	
AVAR-E EMOLLIENT	T9	
AVAR-E GREEN	T9	
AVAR-E LS	T9	
<i>aveida</i>	T9	
AVIANE	T1	PV
AVITA EXTERNAL CREAM	T3	AL (Max 50 Years)
AVO CREAM	T9	
AVODART	T3	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	ST; SP (Limited to a 1 month supply per fill); QL (4 pens per 28 days)

Medication	Coverage Level	Restrictions
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T4	ST; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
AVSOLA	T9	
AYUNA	T1	PV
AYVAKIT	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
AZASAN	T9	
AZASITE	T3	ST
<i>azathioprine oral tablet 100 mg, 75 mg</i>	T9	
<i>azathioprine oral tablet 50 mg</i>	T1	
<i>Azelaic Acid External</i>	T2	ST
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	T9	
<i>azelastine hcl ophthalmic</i>	T1	
<i>azelastine-fluticasone</i>	T9	
AZELEX	T3	ST; QL (50 GM per 30 days)
AZILECT	T3	ST; QL (30 tablets per 30 days)
<i>azithromycin oral suspension reconstituted</i>	T1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1	
AZMIRO	T9	
AZOPT	T3	
AZOR	T3	ST
AZSTARYS	T9	
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
AZURETTE	T1	PV
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1	
<i>bacitra-neomycin-polymyxin-hc</i>	T1	
<i>baclofen oral solution</i>	T9	
<i>baclofen oral suspension</i>	T9	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	T1	
<i>baclofen oral tablet 15 mg</i>	T9	
BACMIN	T9	
BACTRIM	T3	
BACTRIM DS	T3	
BAFIERTAM	T9	
BALCOLTRA	T9	

Medication	Coverage Level	Restrictions
<i>balsalazide disodium</i>	T1	
BALVERSA ORAL TABLET 3 MG, 4 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
BALVERSA ORAL TABLET 5 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
BALZIVA	T1	PV
BANZEL ORAL SUSPENSION	T5	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
BANZEL ORAL TABLET 200 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
BANZEL ORAL TABLET 400 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
BAQSIMI ONE PACK	T2	QL (2 devices per 30 Days)
BAQSIMI TWO PACK	T2	QL (2 devices per 30 Days)
BARACLUDE ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
BARACLUDE ORAL TABLET	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
BASAGLAR KWIKPEN	T9	
BASAGLAR TEMPO PEN	T9	
BAXDELA	T9	
<i>bcg vaccine injection solution reconstituted</i>	T6	PV
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	T2	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 1 ML	T2	
BD PEN NEEDLE MINI U/F	T2	
BECONASE AQ	T9	
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 900 MCG	T3	ST; QL (60 films per 30 days)
BELBUCA BUCCAL FILM 750 MCG	T3	ST; QL (60 tablets per 30 days)
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	T9	
BELSOMRA	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)

Medication	Coverage Level	Restrictions
<i>benazepril hcl oral</i>	T1	
<i>benazepril-hydrochlorothiazide</i>	T1	
BENEFIX INTRAVENOUS KIT	T4	PA; SP (Limited to a 1 month supply per fill); QL (46000 billable units per 28 days)
BENICAR	T3	
BENICAR HCT	T3	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
<i>bensal hp external ointment 3 %</i>	T9	
BENZAC AC WASH EXTERNAL LIQUID	T9	
BENZEPRO CREAMY WASH	T9	
BENZEPRO EXTERNAL FOAM 5.3 %	T9	
BENZEPRO FOAMING CLOTHS	T9	
<i>benznidazole oral tablet 100 mg</i>	T3	QL (60 tablets per 1 lifetime); AL (Max 12 Years)
<i>benznidazole oral tablet 12.5 mg</i>	T9	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1	
<i>benzonatate oral capsule 150 mg</i>	T9	
<i>benzoyl peroxide external foam 9.8 %</i>	T9	
<i>benzoyl peroxide external gel 10 %, 2.5 %, 5 %</i>	T9	
<i>benzoyl peroxide external liquid 10 %</i>	T9	
<i>benzoyl peroxide wash external liquid</i>	T9	
<i>Benzoyl Peroxide-Erythromycin</i>	T2	
Benzphetamine HCl Oral Tablet 50 MG	Benefit Exclusion	
<i>benztropine mesylate oral</i>	T1	
<i>Bepotastine Besilate</i>	T2	ST; QL (5 ML per 30 Days)
BEPREVE	T9	
BERINERT	T4	PA; SP (Limited to a 1 month supply per fill)
BESIVANCE	T3	QL (1 bottle per 30 days)
BESREMI	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
<i>betaine</i>	T3	
<i>betamethasone dipropionate aug external cream</i>	T1	
<i>betamethasone dipropionate aug external gel</i>	T1	QL (50 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	T1	QL (60 GM per 30 days)

Medication	Coverage Level	Restrictions
<i>betamethasone dipropionate aug external ointment</i>	T1	QL (50 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	T1	
<i>betamethasone dipropionate external lotion</i>	T1	QL (60 ML per 30 days)
<i>Betamethasone Dipropionate External Ointment</i>	T2	
<i>betamethasone sod phos & acet injection suspension 7 (4-3) mg/ml</i>	T9	
<i>betamethasone valerate external cream</i>	T1	
<i>betamethasone valerate external foam</i>	T9	
<i>betamethasone valerate external lotion</i>	T1	QL (60 ML per 30 days)
<i>betamethasone valerate external ointment</i>	T1	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
BETASERON SUBCUTANEOUS KIT	T4	ST; SP (Limited to a 1 month supply per fill); QL (14 vials per 30 days)
<i>Betaxolol HCl Ophthalmic</i>	T2	
<i>betaxolol hcl oral</i>	T1	
<i>bethanechol chloride oral</i>	T1	
BETHKIS	T4	PA; SP (Limited to a 56 day supply per fill); QL (280 ML per 56 days)
BETIMOL	T3	
BETOPTIC-S	T3	ST
<i>bevacizumab intraocular solution prefilled syringe 2.75 mg/0.11ml</i>	T9	
<i>bevacizumab intravitreal solution prefilled syringe 2 mg/0.08ml, 2.75 mg/0.11ml</i>	T9	
BEVESPI AEROSPHERE	T3	ST; QL (1 inhaler per 30 days)
<i>bexarotene external</i>	T9	
<i>bexarotene oral</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
BEXSERO	T6	PV; QL (2 ML per 1 lifetime)
BEYAZ	T9	
BIAFINE	T9	
<i>bicalutamide</i>	T1	
BIDIL	T9	
BIGFOOT UNITY PROGRAM	T9	
BIJUVA	T9	
BIKTARVY ORAL TABLET 30-120-15 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 Days)

Medication	Coverage Level	Restrictions
BIKTARVY ORAL TABLET 50-200-25 MG	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
BILTRICIDE	T5	SP (Limited to a 1 month supply per fill)
<i>bimatoprost external</i>	T9	
<i>bimatoprost ophthalmic</i>	T1	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	SP (Allowed 2 auto-injectors per 28 days for first 4 fills only); QL (2 auto-injector per 56 days)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	SP (Allowed 2 syringes per 28 days for first 4 fills only); QL (2 syringes per 56 days)
BINOSTO	T3	ST
BIOTHRAX	T9	
<i>bisacodyl ec</i>	T3	PV
<i>bisacodyl rectal</i>	T9	
<i>bismuth/metronidaz/tetracyclin</i>	T3	ST
<i>bisoprolol fumarate oral</i>	T1	
<i>bisoprolol-hydrochlorothiazide</i>	T1	
BLISOVI 24 FE	T1	PV
BLISOVI FE 1.5/30	T1	PV
BLISOVI FE 1/20	T1	PV
<i>blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>Blood Pressure Monitor</i>	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 3	T2	QL (1 monitor per 2 years)
BLULINK GLUCOSE MONITORING SYS	T9	
BLULINK GLUCOSE TEST	T3	ST; QL (200 Strips per 30 days)
BONJESTA	T9	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	T6	PV; QL (1 dose per 1 lifetime)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV; QL (1 dose per 1 lifetime)
<i>bosentan</i>	T4	PA; SP (Limited to a 1 month supply per fill)
BOSULIF	T5	PA; SP (Limited to a 1 month supply per fill)
<i>bp vit 3</i>	T9	
<i>bp wash external liquid 10 %, 2.5 %, 5 %</i>	T9	
<i>bpo</i>	T9	
<i>bpo foaming cloths external 6 %</i>	T9	
BPROTECTED PEDIA IRON	T1	PV; AL (Min 6 Months and Max 12 Months)

Medication	Coverage Level	Restrictions
BRAFTOVI ORAL CAPSULE 75 MG	T5	PA; SP (Limited to a 1 month supply per fill)
BRENZAVVY	T9	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	T2	QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	T2	QL (1 inhaler per 30 Days)
BREXAFEMME	T9	
BREYNA	T1	QL (2 inhalers per 30 days)
BREZTRI AEROSPHERE	T9	
<i>briellyn</i>	T1	PV
BRILINTA	T2	
<i>brimonidine tartrate external</i>	T9	
<i>Brimonidine Tartrate Ophthalmic Solution 0.1 %, 0.15 %</i>	T2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T1	
<i>brimonidine tartrate-timolol</i>	T1	
<i>brimonidine-dorzolamide</i>	T9	
<i>Brinzolamide</i>	T2	
BRIVIACT ORAL SOLUTION	T3	QL (300 ML per 30 days)
BRIVIACT ORAL TABLET	T3	QL (60 tablets per 30 days)
<i>Bromfenac Sodium (Once-Daily)</i>	T2	ST; QL (1.7 ML per 30 days)
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	T9	
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	T1	ST; QL (5 ML per 30 days)
<i>Bromocriptine Mesylate Oral</i>	T2	
BROMSITE	T3	ST; QL (5 ML per 30 days)
BRONCHITOL	T9	
BROVANA	T5	SP (Limited to a 1 month supply per fill); AL (Min 40 Years)
BRUKINSA	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days)
BRYHALI	T9	
BSS	T1	
BSS PLUS	T3	
<i>budesonide er oral tablet extended release 24 hour</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>Budesonide Inhalation Suspension 0.25 MG/2ML, 1 MG/2ML</i>	T2	QL (120 ML per 30 days)
<i>Budesonide Inhalation Suspension 0.5 MG/2ML</i>	T2	QL (240 ML per 30 days)
<i>budesonide nasal</i>	T9	
<i>budesonide oral</i>	T3	QL (90 capsules per 30 days)
<i>budesonide rectal foam 2 mg</i>	T3	QL (2 packages per 180 days)
<i>budesonide-formoterol fumarate</i>	T1	QL (2 inhalers per 30 days)
BUFFERIN	T3	PV
<i>bumetanide oral</i>	T1	
BUPAP ORAL TABLET 50-300 MG	T9	
BUPHENYL ORAL POWDER 3 GM/TSP	T5	PA; SP (Limited to a 1 month supply per fill)
BUPHENYL ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill)
<i>bupivacaine hcl injection solution prefilled syringe 0.25 % (10 ml)</i>	T9	
<i>buprenorphine hcl sublingual</i>	T1	QL (90 tablets per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	T1	QL (60 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg</i>	T1	QL (90 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	T1	QL (30 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	T1	QL (90 tablets per 30 days)
<i>Buprenorphine Transdermal</i>	T2	ST; QL (4 patches per 28 days)
<i>bupropion hcl er (smoking det)</i>	T1	PV
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg</i>	T1	QL (90 tablets per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	T1	QL (60 tablets per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	T1	QL (90 tablets per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	T1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	T9	
<i>bupropion hcl oral</i>	T1	
<i>bupirone hcl oral</i>	T1	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	T9	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	QL (180 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	T9	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	QL (180 capsules per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T9	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1	QL (180 tablets per 30 days)
<i>Butalbital-ASA-Caff-Codeine</i>	T2	QL (180 capsules per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T1	QL (180 capsules per 30 days)
<i>Butorphanol Tartrate Injection</i>	T2	
<i>Butorphanol Tartrate Nasal</i>	T2	
BUTRANS	T9	
BYDUREON BCISE	T9	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
BYLVAY	T9	
BYLVAY (PELLETS)	T9	
BYSTOLIC	T3	
<i>cabergoline</i>	T1	
CABLIVI	T4	PA; SP (Limited to a 1 month supply per fill. Limited to 2 fills per 720 days); QL (30 kits per 30 days)
CABOMETYX	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
CABTREO	T9	
CADUET ORAL TABLET 10-10 MG, 5-10 MG	T3	
<i>caffeine citrate oral solution 60 mg/3ml</i>	T3	AL (Max 1 Years)
<i>calcipotriene external cream</i>	T1	QL (120 GM per 30 days)
<i>calcipotriene external foam</i>	T9	
<i>Calcipotriene External Ointment</i>	T2	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	T1	
<i>calcipotriene-betameth diprop external ointment</i>	T5	SP (Limited to a 1 month supply per fill); QL (100 GM per 30 days)
<i>calcipotriene-betameth diprop external suspension</i>	T5	SP (Limited to a 1 month supply per fill)
<i>calcitonin (salmon) injection</i>	T9	
<i>calcitonin (salmon) nasal</i>	T1	

Medication	Coverage Level	Restrictions
<i>calcitriol external</i>	T3	ST; QL (100 GM per 30 days)
<i>calcitriol oral capsule</i>	T1	
<i>calcitriol oral solution</i>	T1	AL (Max 9 Years)
<i>calcium acetate (phos binder) oral capsule</i>	T1	
CALQUENCE ORAL TABLET	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
<i>calsodore external kit</i>	T9	
CAMBIA	T9	
CAMILA	T1	PV
CAMRESE	T1	PV
CAMRESE LO	T1	PV
CAMZYOS	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); AL (Min 18 Years)
CANASA	T5	SP (Limited to a 1 month supply per fill)
<i>candesartan cilexetil</i>	T1	
<i>candesartan cilexetil-hctz</i>	T1	
CANDIN	T9	
<i>capecitabine</i>	T4	SP (Limited to a 1 month supply per fill)
CAPEX	T9	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 Capsules per 30 days)
CAPRELSA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
<i>captopril oral</i>	T1	
CAPVAXIVE	T6	QL (1 dose Max Qty Per Fill Retail)
CARAC	T9	
CARAFATE	T3	ST
CARBAGLU ORAL TABLET SOLUBLE	T9	

Medication	Coverage Level	Restrictions
<i>carbamazepine er oral capsule extended release 12 hour</i>	T1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	T1	ST; QL (60 tablets per 30 days)
<i>carBAMazepine ER Oral Tablet Extended Release 12 Hour 400 MG</i>	T2	ST; QL (120 tablets per 30 days)
<i>carbamazepine oral suspension 100 mg/5ml</i>	T1	
<i>carbamazepine oral tablet</i>	T1	
<i>carbamazepine oral tablet chewable 100 mg</i>	T1	
<i>carbamazepine oral tablet chewable 200 mg</i>	T9	
CARBATROL	T3	
<i>carbidopa oral</i>	T3	ST; QL (5 tablets per 1 day)
<i>carbidopa-levodopa</i>	T1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	T1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	T1	
<i>carbinoxamine maleate er</i>	T9	
<i>carbinoxamine maleate oral tablet 6 mg</i>	T9	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	T9	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T9	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARDURA	T3	
CARDURA XL	T3	ST
CARESENS CONTROL A	T3	
CARETOUCH CONTROL SOL LEVEL 2	T3	
CARETOUCH LANCING/EJECTOR	T3	
CARETOUCH TEST	T3	ST; QL (200 strips per 30 days)
CARETOUCH TWIST LANCETS 28G	T2	
CARETOUCH TWIST LANCETS 30G	T2	
CARETOUCH TWIST LANCETS 33G	T2	

Medication	Coverage Level	Restrictions
<i>carglumic acid oral tablet soluble</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>carisoprodol oral tablet 350 mg</i>	T1	
CARNITOR ORAL	T3	
CARNITOR SF	T3	
CAROSPIR	T3	QL (120 ML per 30 days); AL (Max 9 Years)
<i>carteolol hcl</i>	T1	
CARTIA XT	T1	
<i>carvedilol</i>	T1	
<i>Carvedilol Phosphate ER</i>	T2	ST
CASODEX	T3	
CATAPRES-TTS-1	T3	
CATAPRES-TTS-2	T3	
CATAPRES-TTS-3	T3	
CAVERJECT	T9	
CAVERJECT IMPULSE	T9	
CAYA	T3	PV
CAYSTON	T4	PA; SP (Limited to a 1 month supply per fill)
<i>cefaclor er</i>	T1	
<i>cefaclor oral capsule 250 mg</i>	T1	
<i>cefadroxil</i>	T1	
<i>cefdinir</i>	T1	
<i>cefixime oral suspension reconstituted</i>	T1	
<i>cefpodoxime proxetil</i>	T1	
<i>cefprozil</i>	T1	
<i>cefuroxime axetil oral tablet</i>	T1	
CELACYN	T9	
CELEBREX	T3	QL (60 capsules per 30 days)
<i>celecoxib oral</i>	T1	QL (60 capsules per 30 days)
CELEXA ORAL TABLET 10 MG	T3	QL (90 tablets per 30 days); AL (Min 18 Years)
CELEXA ORAL TABLET 20 MG	T3	QL (60 tablets per 30 days); AL (Min 18 Years)
CELEXA ORAL TABLET 40 MG	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
CELLCEPT ORAL CAPSULE	T3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED	T3	AL (Max 9 Years)

Medication	Coverage Level	Restrictions
CELLCEPT ORAL TABLET	T3	
CELONTIN	T3	
CENTRATEX	T9	
<i>cephalexin oral capsule</i>	T1	
<i>cephalexin oral suspension reconstituted</i>	T1	
<i>Cephalexin Oral Tablet</i>	T2	
CEPROTIN	T3	
CEQUA	T9	
CERACADE	T9	
CERDELGA	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
CETACAIN EXTERNAL AEROSOL	T9	
<i>cetirizine hcl childrens alrgy oral solution</i>	T9	
<i>cetirizine hcl oral tablet</i>	T9	
<i>cetirizine hcl oral tablet chewable</i>	T9	
<i>cetirizine-pseudoephedrine er</i>	T9	
CETRAXAL	T3	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T2	
<i>cevimeline hcl</i>	T1	QL (90 capsules per 30 days)
CHARLOTTE 24 FE	T1	PV
CHATEAL EQ	T1	PV
CHEMET	T4	SP (Limited to a 1 month supply per fill)
<i>childrens aspirin</i>	T3	
<i>childrens loratadine oral solution</i>	T9	
<i>chlohux</i>	T9	
<i>chlordiazepoxide hcl</i>	T1	
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg</i>	T1	
<i>chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg</i>	T3	
<i>chlordiazePOXIDE-Clidinium</i>	T2	
<i>chlorhexidine gluconate mouth/throat</i>	T1	
<i>chloroquine phosphate oral</i>	T1	
<i>chlorpheniramine maleate er</i>	T9	
<i>chlorpromazine hcl oral concentrate</i>	T3	QL (180 ML per 30 days)
<i>chlorpromazine hcl oral tablet</i>	T3	QL (180 tablets per 30 days)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	

Medication	Coverage Level	Restrictions
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	T9	
<i>Chlorzoxazone Oral Tablet 500 MG</i>	T2	
CHOLBAM	T4	PA; SP (Limited to a 1 month supply per fill)
<i>cholestyramine light</i>	T1	
<i>cholestyramine oral</i>	T1	
<i>chorionic gonadotropin intramuscular</i>	T3	
CHOSEN LANCING DEVICE	T3	
CIALIS	T9	
CIBINQO	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>ciclopirox external</i>	T1	
<i>ciclopirox olamine external</i>	T1	
<i>ciclopirox treatment</i>	T9	
CIFEREX	T9	
<i>cilostazol</i>	T1	
CILOXAN OPHTHALMIC OINTMENT	T3	
CIMDUO	T9	
<i>cimetidine oral tablet 200 mg</i>	T9	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T1	
CIMZIA (2 SYRINGE)	T6	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	T6	PA; SP (Limited to a 1 month supply per fill); QL (1 fill per 1 lifetime)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T6	PA; SP (Limited to a 1 month supply per fill)
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	T6	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
CIMZIA-STARTER	T6	PA; SP (Limited to a 1 month supply per fill); QL (1 fill per 1 lifetime)
<i>cinacalcet hcl</i>	T4	SP (Limited to a 1 month supply per fill)
CIPRO HC	T2	
CIPRO ORAL SUSPENSION RECONSTITUTED	T3	
CIPRO ORAL TABLET 250 MG, 500 MG	T3	
CIPRODEX	T3	

Medication	Coverage Level	Restrictions
<i>ciprofloxacin hcl ophthalmic</i>	T1	
<i>ciprofloxacin hcl oral</i>	T1	
<i>ciprofloxacin hcl otic</i>	T1	
<i>ciprofloxacin-dexamethasone</i>	T1	
<i>Ciprofloxacin-Fluocinolone PF</i>	T2	AL (Min 6 Months and Max 17 Years)
<i>citalopram hydrobromide oral capsule</i>	T9	
<i>citalopram hydrobromide oral solution</i>	T1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	T1	QL (30 tablets per 30 days)
<i>citalopram hydrobromide oral tablet 40 mg</i>	T1	AL (Min 17 Years)
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	QL (60 tablets per 30 days)
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL B-CALM	T3	
CITRANATAL BLOOM	T3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	T3	
CITRANATAL MEDLEY	T3	
<i>citrate of magnesia oral solution</i>	T3	PV
CITROMA	T3	PV
CLARAVIS	T2	QL (6 fills per 2 years)
CLARINEX ORAL TABLET	T9	
CLARINEX-D 12 HOUR	T9	
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
CLARITIN ORAL SOLUTION	T9	
CLARITIN ORAL TABLET	T9	
CLARITIN REDITABS	T9	
CLARITIN-D 12 HOUR	T9	
CLARITIN-D 24 HOUR	T9	
<i>classic prenatal</i>	T3	
CLEARLAX ORAL POWDER	T3	PV
<i>clemastine fumarate oral</i>	T9	
CLENIA PLUS	T9	
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	T3	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	T3	
CLEOCIN ORAL CAPSULE 75 MG	T2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	T2	
CLEOCIN VAGINAL CREAM	T3	
CLEOCIN VAGINAL SUPPOSITORY	T9	

Medication	Coverage Level	Restrictions
CLEOCIN-T EXTERNAL LOTION	T3	
CLEVER CHOICE MICRO TEST	T3	QL (200 strips per 30 days)
CLEVER CHOICE TALK SYSTEM IN VITRO	T3	ST; QL (200 strips per 30 days)
CLIMARA	T9	
CLIMARA PRO	T9	
CLINDAGEL	T9	
<i>clindamycin hcl oral</i>	T1	
<i>clindamycin palmitate hcl</i>	T1	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %</i>	T9	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T1	QL (45 gm per 30 days)
<i>Clindamycin Phos-Benzoyl Perox External Gel 1-5 %</i>	T2	QL (50 GM per 30 days)
<i>clindamycin phosphate external gel 1 %</i>	T1	
<i>clindamycin phosphate external lotion</i>	T1	
<i>clindamycin phosphate external solution</i>	T1	QL (180 ML per 30 days)
<i>clindamycin phosphate external swab</i>	T1	
<i>clindamycin phosphate vaginal</i>	T1	
<i>clindamycin-tretinoin</i>	T3	
CLINDESSE	T3	ST
<i>cloBAZam Oral Suspension</i>	T2	QL (240 ML per 30 days)
<i>clobazam oral tablet</i>	T1	
<i>clobetasol prop emollient base</i>	T1	QL (60 GM per 30 days)
<i>clobetasol propionate emulsion</i>	T3	QL (100 GM per 30 days)
<i>clobetasol propionate external cream</i>	T1	QL (60 GM per 30 days)
<i>clobetasol propionate external foam</i>	T9	
<i>clobetasol propionate external gel</i>	T1	
<i>clobetasol propionate external liquid</i>	T3	
<i>clobetasol propionate external lotion</i>	T3	QL (118 ML per 30 days)
<i>clobetasol propionate external ointment</i>	T1	QL (60 GM per 30 days)
<i>Clobetasol Propionate External Shampoo</i>	T2	QL (118 ML per 30 days)
<i>clobetasol propionate external solution</i>	T1	QL (118 ML per 30 days)
<i>clobetasol propionate ophthalmic</i>	T9	
CLOBEX	T3	ST; QL (118 ML per 30 days)
CLOBEX SPRAY	T9	
<i>clocortolone pivalate</i>	T3	ST
CLODAN EXTERNAL KIT	T3	
CLODAN EXTERNAL SHAMPOO	T2	QL (118 ML per 30 days)
CLODERM	T9	

Medication	Coverage Level	Restrictions
CLOMID	T3	
<i>clomipramine hcl oral</i>	T1	QL (90 capsules per 30 days)
<i>clonazepam oral</i>	T1	
<i>clonidine</i>	T1	
<i>clonidine er</i>	T9	
<i>cloNIDine HCl ER Oral Tablet Extended Release 12 Hour</i>	T2	
<i>clonidine hcl er oral tablet extended release 24 hour</i>	T9	
<i>clonidine hcl oral</i>	T1	
<i>clopidogrel bisulfate oral</i>	T1	
<i>clorazepate dipotassium</i>	T1	
<i>clotrimazole external cream</i>	T9	
<i>clotrimazole external solution</i>	T9	
<i>clotrimazole mouth/throat troche</i>	T1	
<i>clotrimazole-betamethasone external cream</i>	T1	
<i>clotrimazole-betamethasone external lotion</i>	T1	QL (30 gm per 30 days)
<i>clozapine oral tablet</i>	T1	
<i>clozapine oral tablet dispersible</i>	T3	
CLOZARIL ORAL TABLET 100 MG, 25 MG	T3	
CLOZARIL ORAL TABLET 200 MG, 50 MG	T9	
COAGADEX	T4	SP (Limited to a 1 month supply per fill)
<i>Coal Tar External Solution</i>	T2	
COARTEM	T2	
<i>codeine sulfate oral tablet</i>	T1	
<i>coenzyme q10</i>	T9	
<i>coenzyme q-10 oral capsule 100 mg</i>	T9	
COLAZAL	T5	SP (Limited to a 1 month supply per fill)
<i>colchicine oral capsule</i>	T3	QL (120 capsules per 30 days)
<i>colchicine oral tablet</i>	T1	QL (120 capsules per 30 days)
<i>colchicine-probenecid</i>	T1	
COLCRYS	T9	
<i>colesevelam hcl oral packet</i>	T3	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	T1	QL (180 tablets per 30 days)
COLESTID	T3	
<i>colestipol hcl</i>	T1	
<i>colistimethate sodium (cba)</i>	T9	
COMBIGAN	T9	
COMBIPATCH	T2	

Medication	Coverage Level	Restrictions
COMBIVENT RESPIMAT	T2	QL (2 inhalers per 30 days)
COMBIVIR	T5	SP (Limited to a 1 month supply per fill)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
COMETRIQ (60 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
COMIRNATY	T6	PV
COMPACT SPACE CHAMBER	T3	QL (4 chambers per 1 year)
COMPACT SPACE CHAMBER/LG MASK	T3	QL (4 chambers per 1 year)
COMPACT SPACE CHAMBER/MED MASK	T3	QL (4 chambers per 1 year)
COMPACT SPACE CHAMBER/SM MASK	T3	QL (4 chambers per 1 year)
COMPLERA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>completenate</i>	T9	
COMPRO	T1	
COMTAN	T3	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG	T3	QL (30 tablets per 30 days); AL (Min 4 Years)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG, 54 MG	T3	QL (60 tablets per 30 days); AL (Min 4 Years)
CONDYLOX EXTERNAL GEL	T3	ST
CONJUPRI	T9	
CONTOUR CONTROL IN VITRO LIQUID NORMAL	T3	
CONTOUR NEXT TEST	T3	ST; QL (200 strips per 30 days)
CONTOUR PLUS BLUE	T9	
CONTOUR PLUS TEST	T3	ST; QL (200 Strips per 30 days)
CONTOUR TEST	T3	ST; QL (200 strips per 30 days)
Contrave	Benefit Exclusion	
CONZIP	T9	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	

Medication	Coverage Level	Restrictions
COPIKTRA	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
CORDRAN EXTERNAL CREAM 0.05 %	T9	
CORDRAN EXTERNAL LOTION	T9	
CORDRAN EXTERNAL TAPE	T9	
COREG	T3	
COREG CR	T3	ST
CORGARD ORAL TABLET 20 MG, 40 MG	T3	
CORLANOR ORAL SOLUTION	T3	ST; AL (Max 9 Years)
CORLANOR ORAL TABLET	T9	
CORTANE-B EXTERNAL	T3	
CORTEF	T3	
CORTENEMA	T3	
CORTIFOAM EXTERNAL	T3	ST
CORTROPHIN	T9	
CORVITA 150	T9	
CORVITE 150	T9	
<i>corvite fe</i>	T9	
COSENTYX (300 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 packs (10 units) for induction/starting dose only.); QL (1 dose pack per 28 days)
COSENTYX SENSOREADY (300 MG)	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 packs (10 units) for induction/starting dose only.); QL (1 dose pack per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; 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; SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 syringes for induction/starting dose only.); QL (1 syringe per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	T4	PA; 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)

Medication	Coverage Level	Restrictions
COSENTYX UNOREADY	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 pens for induction/starting dose only.); QL (1 pen per 28 days)
COSOPT	T3	
COTELLIC	T4	PA; SP (Limited to a 1 month supply per fill)
COTEMPLA XR-ODT	T9	
COVARYX	T9	
COVARYX HS	T9	
COXANTO	T9	
COZAAR	T3	
CREON	T4	SP (Limited to a 1 month supply per fill)
CRESEMBA ORAL CAPSULE 186 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 Day(s)s)
CRESEMBA ORAL CAPSULE 74.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)
CRESTOR	T3	
CREXONT	T9	
CRINONE VAGINAL GEL 4 %	T9	SP ()
CRINONE VAGINAL GEL 8 %	T9	SP ()
<i>cromolyn sodium inhalation</i>	T9	
<i>cromolyn sodium ophthalmic</i>	T1	
<i>cromolyn sodium oral</i>	T3	
CRYODOSE TA	T9	
CRYSSELLE-28	T1	PV
CUPRIMINE ORAL CAPSULE 250 MG	T9	
CURAE	T3	PV
CUVPOSA	T3	QL (31 Day Supply per 1 Dispensing); AL (Min 3 Years)
CUVRIOR	T9	
<i>cvs aspirin adult low dose</i>	T1	
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	T1	
<i>cvs aspirin oral tablet 325 mg</i>	T1	
<i>cvs folic acid oral tablet 800 mcg</i>	T1	PV; AL (Max 50 Years)
<i>cvs magnesium citrate oral solution</i>	T3	PV
<i>cvs nicotine polacrilex</i>	T1	

Medication	Coverage Level	Restrictions
<i>cvs nicotine transdermal</i>	T1	
<i>cvs prenatal multi+dha</i>	T3	
<i>cvs prenatal oral tablet 27-0.8 mg</i>	T3	
CVS PURELAX ORAL POWDER	T3	PV
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1	
<i>cyanocobalamin nasal</i>	T9	
<i>cyclobenzaprine hcl er</i>	T9	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	T9	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	T2	
CYCLOGYL OPHTHALMIC SOLUTION 1 %, 2 %	T3	
CYCLOMYDRIL	T3	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	T1	
<i>cyclophosphamide oral</i>	T3	
<i>cycloserine oral</i>	T4	SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
CYCLOSET	T3	
<i>cyclosporine modified</i>	T1	
<i>cycloSPORINE Ophthalmic</i>	T2	QL (60 vials per 30 days)
<i>cyclosporine oral capsule</i>	T4	SP (Limited to a 1 month supply per fill)
CYLTEZO (2 PEN)	T9	
CYLTEZO (2 SYRINGE)	T9	
CYLTEZO-CD/UC/HS STARTER	T9	
CYLTEZO-PSORIASIS/UV STARTER	T9	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG	T3	QL (60 capsules per 30 days)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	T3	QL (90 capsules per 30 days)
<i>cyproheptadine hcl oral</i>	T9	
CYRED EQ	T1	PV
CYSTADANE	T9	
CYSTADROPS	T4	PA; SP (Limited to a 1 month supply per fill); QL (20 ML per 30 days)
CYSTARAN	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 ML per 30 days)
CYTOMEL	T2	
CYTOTEC	T3	

Medication	Coverage Level	Restrictions
<i>cytra k crystals</i>	T1	
<i>cytra-2</i>	T9	
CYTRA-3	T9	
<i>cytra-k</i>	T9	
<i>Dabigatran Etexilate Mesylate</i>	T2	QL (60 capsules per 30 days)
<i>dalfampridine er</i>	T5	PA; SP (Limited to a 1 month supply per fill)
DALIRESP	T3	QL (30 tablets per 30 days)
<i>danazol oral capsule 100 mg, 50 mg</i>	T3	QL (60 capsules per 30 days)
<i>danazol oral capsule 200 mg</i>	T3	QL (120 capsules per 30 days)
DANTRIUM ORAL CAPSULE 25 MG	T3	
<i>dantrolene sodium oral</i>	T1	
<i>dapagliflozin pro-metformin er</i>	T9	
<i>dapagliflozin propanediol</i>	T9	
<i>dapsone external</i>	T9	
<i>dapsone oral</i>	T1	
DARAPRIM	T9	
<i>Darifenacin Hydrobromide ER</i>	T2	QL (30 tablets per 30 days)
DARTISLA ODT	T9	
<i>darunavir</i>	T4	SP (Limited to a 1 month supply per fill)
<i>dasatinib oral tablet 100 mg, 140 mg, 70 mg, 80 mg</i>	T4	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.)
<i>dasatinib oral tablet 20 mg, 50 mg</i>	T4	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter)
DASETTA 1/35	T1	PV
DASETTA 7/7/7	T1	PV
DAURISMO	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
DAYBUE	T4	PA; SP (Limited to a 1 month supply per fill); AL (Min 2 Years)
DAYPRO	T3	
DAYSEE	T1	PV
DAYTRANA	T3	ST; QL (30 patches per 30 days); AL (Min 4 Years)

Medication	Coverage Level	Restrictions
DAYVIGO	T3	ST; QL (30 Tablets per 30 days); AL (Min 18 Years)
<i>dazaveidaoxia</i>	T9	
<i>dazomon</i>	T9	
DDAVP ORAL	T3	
DDAVP PF	T3	
DEBLITANE	T1	PV
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	T1	
<i>deferasirox granules</i>	T4	SP (Limited to a 1 month supply per fill)
<i>deferasirox oral tablet</i>	T4	SP (Limited to a 1 month supply per fill)
<i>deferasirox oral tablet soluble</i>	T4	SP (Limited to a 1 month supply per fill)
<i>deferiprone</i>	T4	SP (Limited to a 1 month supply per fill)
<i>deflazacort</i>	T9	
DELESTROGEN	T3	
DELSTRIGO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
DELZICOL	T3	QL (180 capsules per 30 days)
<i>demeclocycline hcl oral</i>	T3	
DEMSEER	T9	
DENAVIR	T9	
DENG VAXIA	T9	
DENTA 5000 PLUS	T1	
DENTAGEL	T1	
<i>deoxiademtar</i>	T9	
<i>deoxiatar</i>	T9	
<i>deoxiavar</i>	T9	
DEPAKOTE	T3	
DEPAKOTE ER	T3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	
DEPEN TITRATABS	T9	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T3	PV; QL (1 vial per 90 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T3	PV; QL (1 syringe per 90 days)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	T9	

Medication	Coverage Level	Restrictions
<i>derma-r</i>	T9	
DERMA-SMOOTH/FS BODY	T3	
DERMA-SMOOTH/FS SCALP	T3	
DERMASO PLUS	T9	
DESCOVY	T9	
<i>Desipramine HCl Oral</i>	T2	QL (60 tablets per 30 days)
<i>desloratadine oral tablet</i>	T9	
<i>Desmopressin Ace Spray Refrig</i>	T2	ST; QL (10 ML per 30 days)
<i>desmopressin acetate oral tablet 0.1 mg</i>	T1	QL (180 tablets per 30 days)
<i>desmopressin acetate oral tablet 0.2 mg</i>	T1	
<i>desmopressin acetate pf</i>	T3	
<i>Desmopressin Acetate Spray</i>	T2	ST; QL (10 ML per 30 days)
<i>desogestrel-ethinyl estradiol</i>	T1	PV
<i>desonide external cream</i>	T1	
<i>desonide external gel</i>	T9	
<i>Desonide External Lotion</i>	T2	ST
<i>desonide external ointment</i>	T1	
DESOWEN EXTERNAL CREAM	T3	ST
<i>desoximetasone external cream 0.05 %</i>	T9	
<i>desoximetasone external cream 0.25 %</i>	T1	
<i>desoximetasone external gel</i>	T9	
<i>desoximetasone external liquid</i>	T9	
<i>desoximetasone external ointment 0.05 %</i>	T9	
<i>Desoximetasone External Ointment 0.25 %</i>	T2	
DESOXYN	T9	
<i>Desvenlafaxine ER</i>	T2	QL (30 tablets per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	T1	QL (60 tablets per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg</i>	T1	QL (30 tablets per 30 days)
DETROL	T3	
DETROL LA	T3	QL (30 capsules per 30 days)
<i>dexabliss</i>	T9	
DEXAMETHASONE INTENSOL	T2	
<i>dexamethasone oral elixir</i>	T1	
<i>dexamethasone oral solution</i>	T1	
<i>dexamethasone oral tablet</i>	T1	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21)</i>	T9	
<i>dexamethasone sodium phosphate ophthalmic</i>	T1	

Medication	Coverage Level	Restrictions
DEXCOM G6 RECEIVER	T2	ST; QL (1 receiver per 365 days)
DEXCOM G6 SENSOR	T2	ST; QL (1 box per 30 days)
DEXCOM G6 TRANSMITTER	T2	ST; QL (1 transmitter per 90 days)
DEXCOM G7 RECEIVER	T2	ST; QL (1 receiver per 1 year)
DEXCOM G7 SENSOR	T2	ST; QL (3 sensors per 30 years)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	T3	QL (120 capsules per 30 days)
Dexilant	Benefit Exclusion	
<i>dexlansoprazole</i>	T3	ST; QL (30 capsules per 30 days)
<i>dexmedetomidine hcl in nacl intravenous solution prefilled syringe 20-0.9 mcg/5ml-%</i>	T9	
<i>dexmethylphenidate hcl</i>	T1	AL (Min 4 Years)
<i>dexmethylphenidate hcl er</i>	T1	QL (30 capsules per 30 days); AL (Min 4 Years)
DEXONTO 0.4%	T3	
<i>Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG</i>	T2	QL (120 capsules per 30 days); AL (Min 6 Years)
<i>Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 5 MG</i>	T2	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral solution</i>	T1	AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	T1	QL (180 tablets per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	T1	QL (60 tablets per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg</i>	T1	QL (30 tablets per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 7.5 mg</i>	T1	QL (90 tablets per 30 days); AL (Min 6 Years)
DEXYCU	T9	
DHIVY ORAL TABLET 25-100 MG	T3	
DIACOMIT ORAL CAPSULE	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
DIACOMIT ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
<i>diadimoxia external cream</i>	T9	
DIALYVITE	T9	
DIALYVITE 3000	T9	
DIALYVITE 5000	T9	
DIALYVITE 800 ORAL TABLET	T3	PV; AL (Max 50 Years)
DIALYVITE 800/IRON ORAL TABLET 29-0.8 MG	T9	

Medication	Coverage Level	Restrictions
DIALYVITE/ZINC	T9	
<i>diasaxiatar</i>	T9	
<i>diasdimaxia external cream</i>	T9	
<i>diasoxia external cream</i>	T9	
DIASTAT ACUDIAL	T2	
DIASTAT PEDIATRIC	T2	
<i>diatruue plus test</i>	T3	ST; QL (200 strips per 30 days)
DIAZEPAM INTENSOL	T2	
<i>diazepam oral solution 5 mg/5ml</i>	T1	
<i>diazepam oral tablet</i>	T1	
<i>diazepam rectal</i>	T3	
<i>diazoxide oral</i>	T4	SP (Limited to a 1 month supply per fill)
DIBENZYLINE	T9	
<i>dichlorphenamide</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>diclareal</i>	T9	
DICLEGIS	T9	
<i>diclofenac potassium oral capsule</i>	T9	
<i>diclofenac potassium oral tablet 25 mg</i>	T9	
<i>diclofenac potassium oral tablet 50 mg</i>	T1	
<i>diclofenac potassium(migraine)</i>	T9	
<i>diclofenac sodium er</i>	T1	
<i>diclofenac sodium external solution 2 %</i>	T9	
<i>diclofenac sodium ophthalmic</i>	T1	
<i>diclofenac sodium oral</i>	T1	
<i>diclofenac-misoprostol oral tablet delayed release</i>	T9	
<i>dicloxacillin sodium</i>	T1	
DICOPANOL FUSEPAQ	T9	
<i>dicyclomine hcl oral</i>	T1	
Diethylpropion HCl Oral	Benefit Exclusion	
DIFFERIN EXTERNAL CREAM	T9	
DIFFERIN EXTERNAL GEL 0.1 %	T1	
DIFFERIN EXTERNAL GEL 0.3 %	T9	
DIFFERIN EXTERNAL LOTION	T9	
DIFICID ORAL TABLET	T5	ST; SP (Limited to 2 fills per 6 months); QL (20 tablets per 10 days)
<i>diflorasone diacetate external</i>	T9	

Medication	Coverage Level	Restrictions
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	T3	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	T3	
<i>diflunisal oral</i>	T1	
<i>difluprednate</i>	T1	ST
DIGOX	T1	
<i>digoxin oral solution</i>	T1	AL (Max 9 Years)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1	
<i>digoxin oral tablet 62.5 mcg</i>	T9	
<i>dihydroergotamine mesylate injection</i>	T9	
<i>dihydroergotamine mesylate nasal</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 ML per 30 days)
DILANTIN INFATABS	T2	
DILANTIN ORAL CAPSULE 100 MG	T3	
DILANTIN ORAL CAPSULE 30 MG	T2	
DILANTIN ORAL SUSPENSION	T3	
DILAUDID ORAL LIQUID	T3	
DILAUDID ORAL TABLET 2 MG	T3	QL (32 tablets per 1 day)
DILAUDID ORAL TABLET 4 MG	T3	QL (16 tablets per 1 day)
DILAUDID ORAL TABLET 8 MG	T3	QL (8 tablets per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	T9	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T9	
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	T9	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	T1	SP (Limited to a 1 month supply per fill.); QL (60 capsules per 30 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	T1	SP (Limited to a 1 month supply per fill.); QL (60 capsules per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	T1	SP (Limited to a 1 month supply per fill.); QL (60 capsules per 30 days)

Medication	Coverage Level	Restrictions
<i>diooxia</i>	T9	
DIOVAN	T3	QL (60 tablets per 30 days)
DIOVAN HCT	T3	
DIPENTUM	T5	SP (Limited to a 1 month supply per fill)
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
<i>diphenoxylate-atropine oral liquid</i>	T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1	
DIPROLENE EXTERNAL OINTMENT	T3	QL (50 GM per 30 days)
<i>dipyridamole oral</i>	T1	
<i>disopyramide phosphate oral</i>	T1	
<i>disulfiram oral</i>	T1	
DIURIL	T2	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1	
<i>divalproex sodium oral tablet delayed release</i>	T1	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	T2	QL (30 packets per 30 days)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM	T2	QL (30 packets per 30 Days)
DOANS PILLS	T1	
<i>Dofetilide</i>	T2	
DOJOLVI	T9	
DOLISHALE	T1	PV
DOLOBID	T9	
DOMEBORO EXTERNAL PACKET	T9	
<i>donepezil hcl</i>	T1	
DONNATAL	T9	
DOPTELET ORAL TABLET 20 MG	T9	
DORYX MPC	T9	
DORYX ORAL TABLET DELAYED RELEASE 50 MG	T9	
<i>dorzolamide hcl ophthalmic</i>	T1	
<i>dorzolamide hcl-timolol mal</i>	T1	
DOTTI	T1	
DOVATO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)

Medication	Coverage Level	Restrictions
<i>doxazosin mesylate oral</i>	T1	
<i>doxepin hcl external</i>	T3	ST; QL (45 GM per 1 year)
<i>doxepin hcl oral capsule</i>	T1	
<i>doxepin hcl oral concentrate</i>	T1	
<i>Doxepin HCl Oral Tablet</i>	T2	ST; QL (30 tablets per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 2.5 mcg</i>	T9	
<i>doxercalciferol oral capsule 1 mcg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>doxycycline</i>	T9	
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	T9	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	T9	
<i>doxycycline monohydrate oral capsule 100 mg</i>	T1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	T9	
<i>doxycycline monohydrate oral suspension reconstituted</i>	T1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg</i>	T9	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	T1	
<i>doxylamine-pyridoxine</i>	T9	
<i>draxacey</i>	T9	
DRISDOL ORAL CAPSULE	T3	
<i>dronabinol oral capsule 10 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 Capsules per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	T3	QL (60 Capsules per 30 days)
<i>drospiren-eth estrad-levomefol</i>	T1	PV
<i>drospirenone-ethinyl estradiol</i>	T1	PV
DROXIA	T3	
<i>droxidopa</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
DRYSOL	T1	
DSUVIA	T9	
DUAKLIR PRESSAIR	T9	
DUAVEE	T3	QL (30 tablets per 30 days)
DUETACT	T9	

Medication	Coverage Level	Restrictions
DUEXIS	T9	
DULCOLAX ORAL SUSPENSION	T3	PV
DULERA	T2	QL (1 inhaler per 31 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	T1	QL (60 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	T1	QL (90 capsules per 30 days)
<i>DULoxetine HCl Oral Capsule Delayed Release Particles 40 MG</i>	T2	ST; QL (30 capsules per 30 days)
DULOXICAINE	T9	
DUOBRII	T9	
DUOVISC INTRAOCULAR KIT 0.85-0.5 ML	T9	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	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 AUTO-INJECTOR 300 MG/2ML	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 3 pens for induction/starting dose only.); QL (2 pens per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 3 syringes for induction/starting dose only.); QL (2 syringes per 28 days)
DUREX REALFEEL	T3	PV
DUREZOL	T3	ST
<i>dutasteride oral</i>	T1	QL (30 capsules per 30 days)
<i>Dutasteride-Tamsulosin HCl</i>	T2	ST
DUVYZAT	T9	
DYANAVAL XR	T9	
DYMISTA	T9	
DYRENIUM	T9	
E.E.S. 400 ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
E.E.S. GRANULES	T4	SP (Limited to a 1 month supply per fill)
EASIVENT	T2	QL (4 EA per 365 days)
EASIVENT MASK LARGE	T2	QL (4 EA per 365 days)
EASIVENT MASK MEDIUM	T2	QL (4 EA per 365 days)
EASIVENT MASK SMALL	T2	QL (4 EA per 365 days)
<i>Easy Comfort Lancets</i>	T2	

Medication	Coverage Level	Restrictions
EASY MAX T1 GLUCOSE SYSTEM	T9	
<i>easy mini lancing device</i>	T3	
<i>easy plus ii glucose test</i>	T3	ST; QL (200 strips per 30 days)
EASY STEP CONTROL IN VITRO SOLUTION NORMAL	T3	
EASY STEP TEST	T3	ST; QL (200 strips per 30 days)
<i>easy talk blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>easy talk plus ii test strips</i>	T3	ST; QL (200 strips per 30 Days)
EASY TOUCH CONTROL HIGH & LOW	T4	
EASY TOUCH LANCING DEVICE	T4	
EASY TOUCH TEST	T3	ST; QL (200 strips per 30 days)
<i>easy trak blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>easy trak ii control</i>	T4	
<i>easy trak ii glucose test</i>	T3	ST; QL (200 strips per 30 Days)
EASYGLUCO IN VITRO	T3	ST; QL (200 strips per 30 days)
EASYMAX 15 TEST	T3	ST; QL (200 strips per 30 days)
EASYMAX TEST	T3	ST; QL (200 strips per 30 days)
EC-NAPROSYN	T3	
<i>econazole nitrate external</i>	T1	QL (90 GM per 30 days)
ECONTRA ONE-STEP	T1	PV
ECOTRIN	T3	
ECOTRIN ARTHRTIS PAIN	T3	
ECOTRIN LOW STRENGTH	T3	
ECOZA	T9	
EDARBI	T3	ST
EDARBYCLOR	T3	ST
EDECIN	T9	
EDEX	T9	
EDLUAR	T9	
EDURANT	T2	
<i>Efavirenz</i>	T2	
<i>efavirenz-emtricitab-tenofo df</i>	T4	SP (Limited to a 1 month supply per fill)
<i>efavirenz-lamivudine-tenofovir</i>	T1	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 Days)
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	T1	
EFFEXOR XR	T3	
EFFIENT	T3	QL (31 tablets per 31 days)
EFUDEX EXTERNAL CREAM	T3	QL (40 GM per 30 days)

Medication	Coverage Level	Restrictions
<i>element compact test</i>	T3	ST; QL (200 strips per 30 days)
ELEMENT TEST	T3	ST; QL (200 strips per 30 days)
ELEPSIA XR	T9	
ELESTRIN	T3	
ELESTONE	T9	
<i>eletriptan hydrobromide</i>	T9	
ELIDEL	T3	QL (30 GM per 30 days)
ELINEST	T1	PV
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T2	QL (74 tablets per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	T2	QL (60 tablets per 30 days)
ELIQUIS ORAL TABLET 5 MG	T2	QL (74 tablets per 30 days)
ELIXOPHYLLIN	T3	
ELLA	T1	
ELMIRON	T5	SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
ELOCTATE	T5	PA; SP (Limited to a 1 month supply per fill); QL (40250 billable units per 28 days)
ELURYNG	T2	PV; QL (1 ring per 28 days)
ELYXYB	T9	
EMBRACE BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE EVO BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE GLUCOSE CONTROL	T3	
<i>embrace lancing device/ejector</i>	T3	
EMBRACE PRO GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE TALK GLUCOSE CONTROL IN VITRO SOLUTION LOW	T3	
EMBRACE TALK GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE WAVE GLUCOSE METER	T9	
EMCYT	T2	
EMEND ORAL CAPSULE 80 MG	T9	
EMEND TRI-PACK	T9	
EMFLAZA	T9	
EMGALITY (300 MG DOSE)	T2	PA; QL (3 syringes per 30 days); AL (Min 18 Years)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (1 Auto-injector per 30 days); AL (Min 18 Years)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; QL (1 syringe per 30 days); AL (Min 18 Years)

Medication	Coverage Level	Restrictions
EMPAVELI	T4	PA; SP (Limited to a 1 month supply per fill)
<i>emreal</i>	T9	
EMROSI	T9	
EMSAM	T4	ST; SP (Limited to a 1 month supply per fill)
<i>emtricitabine</i>	T3	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>Emtricitabine-Tenofovir DF Oral Tablet 200-300 MG</i>	T2	
EMTRIVA ORAL CAPSULE	T5	SP (Limited to a 1 month supply per fill)
EMTRIVA ORAL SOLUTION	T2	
EMULSION SB	T9	
EMVERM	T9	
EMZAHH	T1	
<i>Enalapril Maleate Oral Solution</i>	T2	AL (Max 9 Years)
<i>enalapril maleate oral tablet</i>	T1	
<i>enalapril-hydrochlorothiazide</i>	T1	
ENBREL MINI	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; 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; 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; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 Auto-injectors per 28 days)
ENDARI	T9	
ENDOMETRIN	T4	SP (Limited to a 1 month supply per fill)
ENEMEEZ MINI	T3	QL (90 tubes per 30 days)
ENEMEEZ PLUS	T3	QL (90 tubes per 30 days)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	T6	PV; QL (3 Doses per 1 Lifetime)

Medication	Coverage Level	Restrictions
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	T6	PV; QL (3 Doses per 1 Lifetime)
ENILLORING	T1	QL (1 ring per 28 days)
ENLYTE	T9	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	T3	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 60 mg/0.6ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml, 80 mg/0.8ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
ENOXILUV KIT	T9	
ENPRESSE-28	T1	PV
ENSPRYNG	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days)
ENSTILAR	T9	
<i>entacapone</i>	T1	
ENTADFI	T9	
<i>entecavir</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ENTRESTO ORAL CAPSULE SPRINKLE	T2	QL (60 Capsules per 30 days); AL (Max 9 Years)
ENTRESTO ORAL TABLET	T2	QL (60 tablets per 30 days)
ENTYVIO PEN	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
ENTYVIO SUBCUTANEOUS	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
<i>enulose</i>	T1	
ENVARUSUS XR	T3	ST
EOHILIA	T3	PA; QL (60 packs per 30 days)
EPANED ORAL SOLUTION	T2	AL (Max 9 Years)
EPCLUSA	T9	
EPICERAM	T9	
EPIDIOLEX	T5	PA; SP (Limited to a 1 month supply per fill); QL (200 ML per 30 days)
EPIDUO	T3	
EPIDUO FORTE	T9	
EPIFOAM	T9	
<i>epinastine hcl</i>	T1	

Medication	Coverage Level	Restrictions
<i>EPINEPHrine Injection Solution Auto-Injector</i>	T2	QL (4 pens per 30 days)
<i>epinephrine injection solution prefilled syringe 1 mg/ml</i>	T9	
EPINEPHRINESNAP-V	T9	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPITOL	T1	
EPIVIR	T3	
<i>eplerenone</i>	T1	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
EPRONTIA	T9	
EPSOLAY	T9	
EPZICOM	T4	SP (Limited to a 1 month supply per fill)
<i>eq magnesium citrate</i>	T3	PV
<i>eq nicotine polacrilex mouth/throat gum</i>	T1	PV
<i>eql aspirin ec oral tablet delayed release 325 mg</i>	T1	
<i>eql aspirin low dose oral tablet chewable</i>	T1	
EQL CLEARLAX	T3	PV
EQUETRO	T3	ST
<i>ergoloid mesylates oral</i>	T1	
ERGOMAR	T3	
<i>ergotamine-caffeine</i>	T3	QL (40 tablets per 30 days)
ERIVEDGE	T4	PA; SP (Limited to a 1 month supply per fill)
ERLEADA ORAL TABLET 240 MG	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ERLEADA ORAL TABLET 60 MG	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>erlotinib hcl</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
ERMEZA	T9	
ERRIN	T1	PV
ERTACZO	T3	ST
ERVEBO	T9	

Medication	Coverage Level	Restrictions
<i>ery</i>	T1	
ERYGEL	T1	
ERYPED 200	T4	SP (Limited to a 1 month supply per fill)
ERYPED 400	T4	SP (Limited to a 1 month supply per fill)
ERY-TAB	T4	SP (Limited to a 1 month supply per fill)
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin base oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin ethylsuccinate oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin external gel</i>	T1	
<i>erythromycin external solution</i>	T1	
<i>erythromycin ophthalmic</i>	T1	
ERZOFRI	T9	
ESBRIET ORAL CAPSULE	T9	SP ()
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)
<i>escitalopram oxalate oral</i>	T1	
ESGIC ORAL CAPSULE	T3	QL (180 capsules per 30 days)
ESGIC ORAL TABLET	T3	QL (180 tablets per 30 days)
Esomeprazole Magnesium Oral Capsule Delayed Release 40 MG	Benefit Exclusion	
<i>esomeprazole magnesium oral packet</i>	Non-Formulary	
ESPEROCT	T5	PA; SP (Limited to a 1 month supply per fill); QL (40250 billable units per 28 days)
<i>est estrogens-methyltest ds</i>	T9	
<i>est estrogens-methyltest hs</i>	T9	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	T9	
ESTARYLLA	T1	PV
<i>estazolam</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
ESTRACE ORAL	T3	
ESTRACE VAGINAL	T9	

Medication	Coverage Level	Restrictions
<i>estradiol implant pellet 6 mg</i>	T9	
<i>estradiol oral</i>	T1	
<i>Estradiol Transdermal Gel 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM</i>	T2	QL (30 packets per 30 days)
<i>Estradiol Transdermal Gel 0.75 MG/1.25 GM (0.06%)</i>	T2	QL (37.5 GM per 30 days)
<i>estradiol transdermal patch twice weekly</i>	T1	
<i>estradiol transdermal patch weekly</i>	T1	
<i>estradiol vaginal cream</i>	T1	QL (42.5 GM per 30 days)
<i>estradiol vaginal tablet</i>	T1	
<i>Estradiol Valerate Intramuscular</i>	T2	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	T1	
ESTRATEST F.S.	T9	
ESTRATEST H.S.	T9	
ESTROGEL	T3	QL (50 GM per 31 days)
<i>eszopiclone</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>ethacrynic acid oral</i>	T9	
<i>ethambutol hcl oral</i>	T1	
<i>ethosuximide oral</i>	T1	
<i>ethyl chloride</i>	T9	
<i>ethynodiol diac-eth estradiol</i>	T1	PV
<i>Etodolac ER</i>	T2	
<i>etodolac oral</i>	T1	
<i>etonogestrel-ethinyl estradiol</i>	T1	PV; QL (1 ring per 28 days)
<i>etoposide oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>etravirine oral tablet 100 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 Days)
<i>etravirine oral tablet 200 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 Days)
EUCRISA	T3	ST; QL (60 GM per 30 days)
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
EUTHYROX	T3	
EVAMIST	T2	
EVEKEO	T3	ST; QL (180 tablets per 30 days); AL (Min 6 Years)
EVEKEO ODT	T9	

Medication	Coverage Level	Restrictions
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
<i>everolimus oral tablet soluble</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
EVERSENSE 365 SENSOR/HOLDER	T9	
EVERSENSE 365 SMART TRANSMIT	T9	
EVISTA	T3	
EVOLUTION AUTOCODE IN VITRO	T3	ST; QL (200 strips per 30 Days)
EVOLUTION CONTROL	T3	
EVOTAZ	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
EVOXAC	T2	QL (90 capsules per 30 days)
EVRYSDI	T5	PA; SP (Limited to a 1 month supply per fill); QL (240 ML per 30 days)
EXELDERM	T9	
EXELON TRANSDERMAL	T3	QL (30 patches per 30 days)
<i>Exemestane</i>	T2	
EXFORGE HCT	T3	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG	T3	
EXFORGE ORAL TABLET 5-320 MG	T3	SP (Requires documentation that the patient has tried and failed one generic ACE inhibitor in the last 13 months.)
EXJADE	T5	SP (Limited to a 1 month supply per fill)
EXKIVITY	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days)
EXSERVAN	T9	
EXTAVIA SUBCUTANEOUS KIT	T5	ST; SP (Limited to a 1 month supply per fill); QL (1 kit per 30 days)
<i>eye allergy itch relief</i>	T1	QL (2.5 ML per 30 days)

Medication	Coverage Level	Restrictions
<i>eye allergy itch/redness rel</i>	T1	QL (5 ML per 30 days)
EYSUVIS	T3	ST; QL (4 bottles per 1 year)
EZ SMART BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 Days)
EZ SMART PLUS GLUCOSE TEST	T3	ST; QL (200 strips per 30 Days)
EZALLOR SPRINKLE	T9	
<i>ezetimibe</i>	T1	
<i>ezetimibe-rosuvastatin</i>	T9	
<i>ezetimibe-simvastatin</i>	T1	
<i>fabb</i>	T9	
FABHALTA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
FABIOR	T9	
FALMINA	T1	PV
<i>famciclovir oral</i>	T1	QL (120 tablets per 30 days)
<i>famotidine oral suspension reconstituted</i>	T3	
<i>famotidine oral tablet 10 mg, 20 mg</i>	T9	
<i>famotidine oral tablet 40 mg</i>	T3	
FANAPT	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
FANAPT TITRATION PACK	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
FANTASY LUBRICATED	T3	PV
FARESTON	T9	
FARXIGA	T2	QL (31 tablets per 31 days)
FARYDAK	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (6 capsules per 1 fill)
FASENRA PEN	T4	PA; SP (Limited to 1 pen per 28 day fill for induction/starting dose only); QL (1 pen per 56 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	T4	PA; SP (Limited to 1 pen per 28 day fill for induction/starting dose only); QL (1 Syringe per 56 days)
FC2 FEMALE CONDOM	T3	PV
<i>fe c tab plus</i>	T9	
<i>febuxostat</i>	T1	QL (30 tablets per 30 days)
<i>Felbamate Oral Suspension</i>	T2	QL (900 ml per 30 days)
<i>Felbamate Oral Tablet 400 MG</i>	T2	QL (210 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>Felbamate Oral Tablet 600 MG</i>	T2	QL (180 tablets per 30 days)
FELBATOL ORAL SUSPENSION	T3	QL (900 ml per 30 days)
FELBATOL ORAL TABLET 400 MG	T3	QL (210 tablets per 30 days)
FELBATOL ORAL TABLET 600 MG	T3	QL (180 tablets per 30 days)
FELDENE	T3	
<i>felodipine er</i>	T1	
FEMARA	T3	
FEMCAP	T3	PV
FEMRING	T3	
<i>fenofibrate micronized oral capsule 130 mg, 90 mg</i>	T9	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	T1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	T9	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	T9	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1	
<i>fenofibric acid oral capsule delayed release</i>	T1	
<i>fenofibric acid oral tablet</i>	T9	
FENOGLIDE	T9	
<i>fenoprofen calcium oral</i>	T9	
<i>fentanyl citrate buccal lozenge on a handle</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	T1	QL (20 patches per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	T9	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T9	
FERIVA 21/7	T9	
FERIVAFA	T9	
<i>ferocon</i>	T9	
FERRALET 90	T9	
FERREX 150	T9	
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 150 PLUS	T9	
FERREX 28 ORAL	T9	
FERRIPROX ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
FERRIPROX ORAL TABLET 1000 MG	T9	
FERRIPROX ORAL TABLET 500 MG	T5	SP (Limited to a 1 month supply per fill)
FERRIPROX TWICE-A-DAY	T5	SP (Limited to a 1 month supply per fill)
FERROCITE PLUS ORAL TABLET	T9	
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	T1	PV; AL (Min 6 Months and Max 12 Months)
<i>fesoterodine fumarate er</i>	T1	QL (30 tablets per 30 days)
FETZIMA	T3	ST; QL (30 capsules per 30 days); AL (Min 18 Years)
FETZIMA TITRATION	T3	ST; QL (30 capsules per 30 days); AL (Min 18 Years)
FEXMID	T9	
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	T9	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	T9	
FIASP FLEXTOUCH	T3	ST
FIASP INJECTION	T3	ST
FIASP PENFILL	T3	ST
FIBRICOR	T9	
FIFTY50 SAFETY SEAL LANCETS	T2	
FILSPARI	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 18 Years)
FILSUVEZ	T5	PA; SP (Limited to a 1 month supply per fill); QL (15 tubes per 30 days)
FINACEA EXTERNAL FOAM	T3	
FINACEA EXTERNAL GEL	T9	
<i>finapid</i>	T9	
<i>finapodtar</i>	T9	
<i>finasteride oral tablet 1 mg</i>	T9	
<i>finasteride oral tablet 5 mg</i>	T1	
<i>fingolimod hcl</i>	T1	QL (30 capsules per 30 days)
FINTEPLA	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 ML per 30 days)
FIORICET ORAL CAPSULE	T9	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	

Medication	Coverage Level	Restrictions
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	SP ()
FIRDAPSE	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
FIRST-LANSOPRAZOLE	T3	
FIRST-MOUTHWASH BLM	T2	
FIRVANQ	T2	
FLAGYL ORAL CAPSULE	T3	
FLAREX	T2	
<i>flavoxate hcl</i>	T1	
<i>flecainide acetate</i>	T1	
FLEQSUVY	T9	
FLEXICHAMBER	T3	QL (4 devices per 1 year)
FLEXICHAMBER ADULT MASK/SMALL	T3	QL (4 masks per 1 year)
FLEXICHAMBER CHILD MASK/LARGE	T3	QL (4 masks per 1 year)
FLEXICHAMBER CHILD MASK/SMALL	T3	QL (4 masks per 1 year)
<i>flolipid</i>	T9	
FLOMAX	T3	
FLORIVA ORAL LIQUID	T9	
FLORIVA ORAL TABLET CHEWABLE 0.5 MG	T9	
FLORIVA PLUS	T9	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT	T9	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	T9	AL (Max 10 Years)
FLOVENT HFA	T9	
FLUAD	T6	PV; QL (1 dose per 180 days)
FLUAD QUADRIVALENT	T6	PV; QL (1 Injection per 180 days)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV; QL (1 dose per 180 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV; QL (1 Injection per 180 days)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T6	PV; QL (1 dose per 180 days)
FLUBLOK QUADRIVALENT	T6	PV; QL (1 injection per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION	T6	PV; QL (1 dose per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV; QL (1 dose per 180 days)
FLUCELVAX QUADRIVALENT	T6	PV; QL (1 injection per 180 days)

Medication	Coverage Level	Restrictions
<i>fluconazole oral</i>	T1	
<i>fludrocortisone acetate oral</i>	T1	
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV; QL (1 injection per 180 days)
FLUMIST	T6	PV; QL (1 dose per 180 days)
FLUMIST QUADRIVALENT	T6	PV
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T9	
<i>fluocinolone acetonide body</i>	T1	
<i>fluocinolone acetonide external cream</i>	T1	
<i>fluocinolone acetonide external ointment</i>	T1	
<i>fluocinolone acetonide external solution</i>	T1	QL (180 ML per 30 days)
<i>fluocinolone acetonide scalp</i>	T1	
<i>fluocinonide emulsified base</i>	T1	
<i>fluocinonide external cream 0.05 %</i>	T1	
<i>fluocinonide external cream 0.1 %</i>	T9	
<i>fluocinonide external gel</i>	T1	
<i>fluocinonide external ointment</i>	T1	
<i>fluocinonide external solution</i>	T1	QL (60 ML per 30 days)
FLUORIMAX 5000	T3	
FLUORIMAX 5000 SENSITIVE	T3	
<i>fluorometholone ophthalmic</i>	T1	
<i>fluorouracil external cream 0.5 %</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 GM per 30 days)
<i>fluorouracil external cream 5 %</i>	T1	QL (40 GM per 30 days)
<i>fluorouracil external solution</i>	T1	
<i>fluoxetine hcl (pmdd) oral tablet</i>	T9	
<i>fluoxetine hcl oral capsule</i>	T1	
<i>FLUoxetine HCl Oral Capsule Delayed Release</i>	T2	ST
<i>fluoxetine hcl oral solution</i>	T1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	T1	
<i>fluoxetine hcl oral tablet 60 mg</i>	T9	
<i>fluoxia</i>	T9	
<i>fluphenazine hcl oral concentrate</i>	T1	
<i>fluphenazine hcl oral elixir</i>	T1	
<i>fluPHENAZine HCl Oral Tablet</i>	T2	QL (60 tablets per 30 days)
<i>flurandrenolide external cream</i>	T9	
<i>flurandrenolide external lotion</i>	T9	
<i>flurazepam hcl</i>	T1	QL (30 capsules per 30 days)
<i>flurbiprofen oral</i>	T1	

Medication	Coverage Level	Restrictions
<i>flurbiprofen sodium</i>	T1	
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	T9	
<i>fluticasone propionate diskus</i>	T1	QL (1 inhaler per 30 days)
<i>fluticasone propionate external cream</i>	T1	
<i>fluticasone propionate external lotion</i>	T9	
<i>fluticasone propionate external ointment</i>	T1	
<i>fluticasone propionate hfa</i>	T1	QL (1 inhaler per 30 days)
<i>fluticasone propionate nasal</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T3	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1	QL (1 inhaler per 30 days)
<i>fluvastatin sodium</i>	T9	
<i>fluvastatin sodium er</i>	T9	
<i>fluvoxamine maleate</i>	T1	
<i>fluvoxamine maleate er</i>	T3	QL (60 capsules per 30 days)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV; QL (1 dose per 180 days)
FLUZONE HIGH-DOSE QUADRIVALENT	T6	PV; QL (1 Injection per 180 days)
FLUZONE INTRAMUSCULAR SUSPENSION	T6	PV; QL (1 dose per 180 days)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV; QL (1 dose per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	T6	PV; QL (1 Injection per 180 days)
<i>flyprogpitdar</i>	T9	
FML FORTE	T3	
FML LIQUIFILM	T3	
FOCALIN	T3	AL (Min 4 Years)
FOCALIN XR	T3	QL (30 capsules per 30 days); AL (Min 4 Years)
<i>folbee</i>	T9	
<i>folbee plus</i>	T9	
FOLBEE PLUS CZ	T9	
FOLBIC	T9	
<i>folic acid oral capsule</i>	T9	
<i>folic acid oral tablet 1 mg</i>	T1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	T1	PV; AL (Max 50 Years)

Medication	Coverage Level	Restrictions
<i>folic acid-vit b6-vit b12</i>	T9	
FOLIVANE-F	T9	
FOLIVANE-PLUS	T9	
FOLIXAPURE	T9	
FOLLISTIM AQ SUBCUTANEOUS	T3	ST
<i>folplex 2.2</i>	T9	
FOLTABS 800	T3	PV; AL (Max 50 Years)
FOLTANX	T9	
FOLTRATE	T9	
FOLTX ORAL TABLET 1.13-25-2 MG	T3	
<i>fondaparinux sodium</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
FORA 6 CONNECT IN VITRO	T3	ST; QL (200 strips per 30 days)
FORA 6 CONNECT/GTEL TEST	T3	ST; QL (200 strips per 30 days)
FORA BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA CONTROL IN VITRO SOLUTION NORMAL	T3	
FORA D15G BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA D20 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA D40/G31 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
FORA G30/PREM V10 GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA GD20 TEST	T3	ST; QL (200 strips per 30 days)
FORA GD50 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA GTEL BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA GTEL BLOOD KETONE TEST	T3	
FORA LANCETS	T2	
FORA LANCING DEVICE	T3	
FORA TN'G ADVANCE PRO IN VITRO	T3	ST; QL (200 strips per 30 days)
FORA TN'G/TN'G VOICE	T3	ST; QL (200 strips per 30 days)
FORA V10 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA V12 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA V20 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA V30A BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORACARE GD40 TEST	T3	ST; QL (200 strips per 30 days)
FORFIVO XL	T9	
<i>formoterol fumarate inhalation</i>	T4	ST; SP (Limited to a 1 month supply per fill); AL (Min 40 Years)
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	T9	
FORTESTA	T9	

Medication	Coverage Level	Restrictions
FORTISCARE G1 TEST STRIP	T3	ST; QL (200 strips per 30 days)
FORTISCARE TEST	T3	ST; QL (200 strips per 30 days)
FOSAMAX ORAL TABLET 70 MG	T3	
FOSAMAX PLUS D	T3	ST; QL (4 tablets per 28 days)
<i>fosamprenavir calcium</i>	T4	SP (Limited to a 1 month supply per fill)
<i>fosfomycin tromethamine</i>	T1	QL (3 packets per 30 days)
<i>fosinopril sodium</i>	T1	
<i>fosinopril sodium-hctz</i>	T1	
FOSRENOL ORAL PACKET	T5	SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 1000 MG	T5	SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 500 MG	T5	SP (Limited to a 1 month supply per fill); QL (210 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 750 MG	T5	SP (Limited to a 1 month supply per fill); QL (150 tablets per 30 days)
FOTIVDA	T5	PA; SP (Limited to a one month supply per fill); QL (28 capsules per 28 days)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	T5	SP (Limited to a 1 month supply per fill)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	T5	SP (Limited to a 1 month supply per fill)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	T5	SP (Limited to a 1 month supply per fill)
<i>fraiche 5000 previ</i>	T3	
<i>fraiche 5000 sensitive</i>	T3	
FREEDOM DERMA-D	T9	
FREESTYLE CONTROL SOLUTION	T3	
FREESTYLE INSULINX TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE LANCETS	T2	
FREESTYLE LIBRE 14 DAY READER	T2	ST; QL (2 kits per 28 days)
FREESTYLE LIBRE 14 DAY SENSOR	T2	ST; QL (2 sensors per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	T2	ST; QL (2 Sensors per 28 days)
FREESTYLE LIBRE 2 READER	T2	ST; QL (1 reader per 365 days)
FREESTYLE LIBRE 2 SENSOR	T2	ST; QL (2 sensors per 28 days)

Medication	Coverage Level	Restrictions
FREESTYLE LIBRE 3 PLUS SENSOR	T2	ST; QL (2 sensors per 28 days)
FREESTYLE LIBRE 3 READER	T2	ST; QL (1 reader per 1 year)
FREESTYLE LIBRE 3 SENSOR	T2	ST; QL (2 sensors per 28 days)
FREESTYLE LITE TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE PRECISION NEO TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE TEST	T3	ST; QL (200 strips per 30 days)
FROVA	T9	
<i>frovatriptan succinate</i>	T9	
FRUZAQLA ORAL CAPSULE 1 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (84 capsules per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
<i>full spectrum b/vitamin c</i>	T3	PV; AL (Max 50 Years)
FULPHILA	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
FURADANTIN	T5	QL (120 ML per 30 days)
FUROSCIX	T9	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T1	
<i>furosemide oral tablet</i>	T1	
FUSION PLUS	T9	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	T3	
FYCOMPA ORAL SUSPENSION	T4	ST; SP (Limited to a 1 month supply per fill); QL (680 ML per 30 days); AL (Max 24 Months)
FYCOMPA ORAL TABLET	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 12 Years)
FYLNETRA	T9	
<i>gabapentin (once-daily)</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>gabapentin oral capsule</i>	T1	
<i>gabapentin oral solution 250 mg/5ml</i>	T1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1	
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	T9	
GALAFOLD	T4	PA; SP (Limited to a 1 month supply per fill); QL (14 capsules per 28 days)

Medication	Coverage Level	Restrictions
<i>galantamine hydrobromide</i>	T1	
<i>galantamine hydrobromide er</i>	T1	
GALLIFREY	T1	
GALZIN	T9	
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	T4	ST; SP (Limited to a 1 month supply per fill)
GARDASIL 9 INTRAMUSCULAR SUSPENSION	T6	PV; QL (3 doses per 1 lifetime); AL (Min 9 Years and Max 45 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV; QL (3 doses per 1 lifetime); AL (Min 9 Years and Max 45 Years)
GASTROCROM	T3	
<i>gatifloxacin ophthalmic</i>	T1	
GATTEX	T5	PA; SP (Limited to a 1 month supply per fill)
<i>gavilax</i>	T9	
GAVILYTE-G	T1	PV
GAVRETO	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
<i>ge100 blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>ge100 control</i>	T3	
<i>gefitinib</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
GELFOAM COMPRESSED SIZE 100	T9	
GELFOAM-JMI SPONGE	T9	
GELNIQUE TRANSDERMAL GEL 10 %	T9	
<i>gemfibrozil oral</i>	T1	
GEMMILY	T9	
GEMTESA	T2	ST
GENERESS FE	T9	
<i>generlac</i>	T1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1	
GENGRAF ORAL SOLUTION	T1	
GENOTROPIN MINISQUICK SUBCUTANEOUS PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill)
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T4	PA; SP (Limited to a 1 month supply per fill)
<i>gentamicin sulfate external</i>	T1	

Medication	Coverage Level	Restrictions
<i>gentamicin sulfate ophthalmic solution</i>	T1	
<i>gentlelax oral powder</i>	T9	
GENVOYA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
GEODON ORAL	T3	
GILENYA	T9	
GILOTRIF	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
GIMOTI	T9	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	T1	QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	T1	QL (12 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T1	QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	T1	SP (); QL (12 ML per 28 days)
GLEEVEC	T9	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T5	PA
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	T1	
<i>glimepiride oral tablet 3 mg</i>	T9	
<i>glipizide er</i>	T1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	T1	
<i>glipizide oral tablet 2.5 mg</i>	T9	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg</i>	T1	
<i>glipizide-metformin hcl</i>	T1	
GLUCAGEN HYPOKIT	T2	QL (2 Kits per 30 days)
<i>Glucagon Emergency Injection Kit</i>	T2	QL (2 Kits per 30 days)
GLUCOCARD 01 SENSOR PLUS	T3	ST; QL (200 strips per 30 days)
GLUCOCARD EXPRESSION TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCARD SHINE TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCARD VITAL TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCOM TEST	T3	ST; QL (200 strips per 30 days)
GLUCONAVII BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
GLUCOTROL XL	T3	
GLUMETZA	T9	
<i>glyburide micronized</i>	T1	
<i>glyburide oral</i>	T1	

Medication	Coverage Level	Restrictions
<i>glyburide-metformin</i>	T1	
GLYCATE	T9	
GLYCOLAX	T9	
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml</i>	T9	
<i>glycopyrrolate injection solution prefilled syringe</i>	T9	
<i>glycopyrrolate intravenous solution prefilled syringe 0.6 mg/3ml, 1 mg/5ml</i>	T9	
<i>glycopyrrolate oral solution</i>	T3	AL (Min 3 Years)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	
<i>glycopyrrolate pf injection solution prefilled syringe 0.6 mg/3ml</i>	T9	
GLYNASE	T3	
GLYXAMBI	T2	PA; QL (30 tablets per 30 days)
GNP CLEARLAX ORAL PACKET	T9	
GNP CLEARLAX ORAL POWDER	T3	PV
<i>gnp folic acid</i>	T1	PV; AL (Max 50 Years)
<i>gnp milk of magnesia</i>	T3	PV
<i>gnp nicotine mini</i>	T1	PV
<i>gnp nicotine mouth/throat gum 4 mg</i>	T1	PV
GOCOVRI	T9	
GOJJI BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 Days)
GOJJI BLOOD KETONE TEST	T3	
GOJJI LANCING DEVICE/CLEAR CAP	T3	
GOJJI STERILE LANCETS	T2	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	T3	
GONAL-F	T2	QL (13500 units per 30 days)
GONAL-F RFF	T2	QL (13500 units per 30 days)
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	QL (13500 units per 30 days)
<i>goodsense aspirin oral tablet</i>	T1	
<i>goodsense aspirin oral tablet chewable</i>	T1	
GOODSENSE CLEARLAX	T3	PV
<i>goodsense nicotine</i>	T1	PV
GRALISE ORAL TABLET 300 MG, 600 MG	T9	SP (Limited to a 1 month supply per fill)
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG	T9	
<i>granisetron hcl oral</i>	T1	QL (20 tablets per 30 days)
GRANIX	T5	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
GRASTEK	T3	AL (Min 5 Years and Max 65 Years)
<i>griseofulvin microsize oral suspension</i>	T1	
<i>Griseofulvin Microsize Oral Tablet</i>	T2	
<i>Griseofulvin Ultramicrosize</i>	T2	
<i>guaifenesin-codeine oral solution</i>	T1	
<i>guanfacine hcl er</i>	T1	QL (60 tablets per 30 days)
<i>guanfacine hcl oral</i>	T1	
GVOKE HYPOPEN 1-PACK	T2	QL (2 packs per 30 days)
GVOKE HYPOPEN 2-PACK	T2	QL (1 pack per 30 days)
GVOKE KIT	T2	QL (2 vials per 30 days)
GVOKE PFS	T2	QL (2 syringes per 30 days)
GYNAZOLE-1	T3	
HADLIMA	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HADLIMA PUSHTOUCH	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	T5	PA; SP (Limited to a 1 month supply per fill)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	T5	PA; SP (Limited to a 1 month supply per fill)
HAILEY 1.5/30	T1	PV
HAILEY 24 FE	T1	PV
HAILEY FE 1.5/30	T1	PV
HAILEY FE 1/20	T1	PV
<i>hair regrowth treatment men external solution</i>	T9	
HALCION	T3	QL (60 tablets per 30 days); AL (Min 18 Years)
<i>Halobetasol Propionate External Cream</i>	T2	ST; QL (50 GM per 30 days)
<i>halobetasol propionate external foam</i>	T9	
<i>Halobetasol Propionate External Ointment</i>	T2	QL (50 GM per 30 days)
HALOETTE	T1	QL (1 ring per 28 days)
HALOG	T9	
<i>haloperidol lactate injection solution 5 mg/ml</i>	T1	
<i>haloperidol oral</i>	T1	
HARVONI	T9	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	T6	PV; QL (2 Doses per 1 Lifetime)

Medication	Coverage Level	Restrictions
<i>haxchlodrex</i>	T9	
<i>haxdrax</i>	T9	
HEALON PRO INTRAOCULAR SOLUTION	T9	
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	T9	
HEATHER	T1	PV
HEMADY	T9	
HEMANGEOL	T3	AL (Max 2 Years)
<i>hematinic plus vit/minerals</i>	T9	
<i>hematinic/folic acid</i>	T9	
HEMATOGEN	T9	
HEMATOGEN FA	T9	
HEMATOGEN FORTE	T9	
HEMATRON-AF	T9	
HEMAX EZY-DOSE	T9	
HEMAX ORAL TABLET	T9	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML	T4	PA; SP (Limited to a 1 month supply per fill)
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1-month supply per fill)
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	T1	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	T9	
HEMOCYTE PLUS	T9	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	T4	PA; SP (Limited to a 1 month supply per fill); QL (55200 billable units per 28 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	T1	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	T1	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T6	PV; QL (2 doses per 1 lifetime); AL (Min 18 Years)
HERZUMA	T9	
HETLIOZ	T9	
HETLIOZ LQ	T9	
<i>hexiounyl</i>	T9	
HIDEX 6-DAY	T9	
HM CLEARLAX ORAL POWDER	T3	PV

Medication	Coverage Level	Restrictions
<i>hm laxative oral</i>	T3	PV
<i>hm magnesium citrate</i>	T3	PV
<i>hm milk of magnesia</i>	T3	PV
<i>hm nicotine polacrilex mouth/throat gum</i>	T1	PV
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg</i>	T1	PV
<i>hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr</i>	T1	PV
HOMATROPAIRE	T1	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	T3	ST; QL (30 tablets per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	T3	ST; QL (60 tablets per 30 days)
HULIO	T9	
HULIO (2 PEN)	T9	
HULIO (2 SYRINGE)	T9	
HUMALOG INJECTION	T1	
HUMALOG JUNIOR KWIKPEN	T1	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T1	
HUMALOG MIX 50/50	T1	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	
HUMALOG MIX 75/25	T1	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T1	
HUMALOG TEMPO PEN	T9	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	T4	SP (Limited to a 1 month supply per fill)
HUMATIN	T3	
HUMATROPE INJECTION CARTRIDGE	T9	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	T9	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	T9	SP ()
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	T9	
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T9	SP ()

Medication	Coverage Level	Restrictions
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	T9	SP ()
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	T9	
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	T9	SP ()
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	T9	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	T9	SP ()
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	T9	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T9	SP ()
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T9	
HUMIRA-PED<40KG CROHNS STARTER	T9	
HUMIRA-PED>=40KG CROHNS START	T9	SP ()
HUMIRA-PED>=40KG UC STARTER	T9	
HUMIRA-PS/UV/ADOL HS STARTER	T9	
HUMIRA-PSORIASIS/UEIT STARTER	T9	
HUMULIN 70/30	T1	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	
HUMULIN N	T1	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	
HUMULIN R	T1	
HUMULIN R U-500 (CONCENTRATED)	T1	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1	
HYALGAN INTRA-ARTICULAR SOLUTION	T9	
HYCAMPIN ORAL CAPSULE 0.25 MG	T4	SP (Limited to a 1 month supply per fill)
HYCAMPIN ORAL CAPSULE 1 MG	T4	SP (Limited to a 1 month supply per fill)
HYCODAN ORAL SOLUTION	T9	

Medication	Coverage Level	Restrictions
HYCODAN ORAL TABLET	T9	
<i>hydralazine hcl oral</i>	T1	
HYDREA	T3	
<i>hydrochlorothiazide oral</i>	T1	
<i>hydrocod poli-chlorphe poli er</i>	T1	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	T3	ST; QL (60 capsules per 30 days); AL (Min 18 Years)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
<i>hydrocodone bit-homatrop mbr oral solution</i>	T1	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	T1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	T9	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<i>hydrocodone-homatropine oral syrup</i>	T1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T1	
<i>hydrocort lotion complete kit</i>	T9	
<i>hydrocortisone ace-pramoxine rectal suppository</i>	T9	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	T1	
<i>hydrocortisone acetate rectal suppository 30 mg</i>	T9	
<i>hydrocortisone butyr lipo base</i>	T9	
<i>hydrocortisone butyrate external cream</i>	T9	
<i>hydrocortisone butyrate external lotion</i>	T9	
<i>hydrocortisone butyrate external ointment</i>	T9	
<i>hydrocortisone butyrate external solution</i>	T1	
<i>hydrocortisone complete kit</i>	T9	
<i>hydrocortisone external cream 1 %</i>	T9	
<i>hydrocortisone external cream 2.5 %</i>	T1	
<i>hydrocortisone external lotion 1 %, 2 %</i>	T9	
<i>hydrocortisone external lotion 2.5 %</i>	T1	
<i>hydrocortisone external ointment 0.5 %, 1 %</i>	T9	
<i>hydrocortisone external ointment 2.5 %</i>	T1	
<i>hydrocortisone max st external cream</i>	T9	
<i>hydrocortisone oral</i>	T1	
<i>Hydrocortisone Rectal Enema</i>	T2	
<i>hydrocortisone sod suc (pf)</i>	T1	QL (2 vials per 365 days)
<i>hydrocortisone valerate external cream</i>	T1	QL (120 GM per 30 days)

Medication	Coverage Level	Restrictions
<i>Hydrocortisone Valerate External Ointment</i>	T2	ST
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	T9	
HYDROFERA BLUE FOAM DRESSING	T9	
<i>hydromet oral solution</i>	T1	
<i>hydromorphone hcl oral liquid</i>	T1	
<i>hydromorphone hcl oral tablet 2 mg</i>	T1	QL (32 tablets per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	T1	QL (16 tablets per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	T1	QL (8 tablets per 1 day)
<i>hydromorphone hcl rectal</i>	T1	
<i>hydroquinone</i>	T9	
<i>hydroquinone external cream</i>	T9	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	T9	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	
HYDROXYM EXTERNAL GEL	T9	
<i>hydroxyurea oral</i>	T1	
<i>hydroxyzine hcl oral syrup</i>	T1	
<i>hydroxyzine hcl oral tablet</i>	T1	
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	T1	
HYFTOR	T9	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	T1	
<i>hyoscyamine sulfate oral</i>	T1	
<i>hyoscyamine sulfate sublingual</i>	T1	
HYPERSAL	T2	QL (240 ML per 30 days)
HYPOCYN ANTIPRURITIC	T9	
HYPOLANCE AST LANCING	T2	
HYRIMOZ	T9	
HYRIMOZ-CROHNS/UC STARTER	T9	
HYRIMOZ-PED<40KG CROHN STARTER	T9	
HYRIMOZ-PED>=40KG CROHN START	T9	
HYRIMOZ-PLAQ PSOR/UEIT START	T9	
HYRIMOZ-PLAQUE PSORIASIS START	T9	
HYSINGLA ER	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
HYZAAR	T3	
<i>ibandronate sodium oral</i>	T1	
IBRANCE ORAL CAPSULE 100 MG, 75 MG	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)

Medication	Coverage Level	Restrictions
IBRANCE ORAL CAPSULE 125 MG	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
IBRANCE ORAL TABLET	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (21 tablets per 28 days)
IBSRELA	T9	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
<i>ibuprofen-famotidine</i>	T9	
ICAR-C PLUS	T9	
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP (Limits apply, see quantity limitations); QL (3 syringes per 1 fill); AL (Min 18 Years)
ICLEVIA	T1	PV
ICLUSIG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
<i>Icosapent Ethyl</i>	T2	ST
IDACIO (2 PEN)	T9	
IDACIO (2 SYRINGE)	T9	
IDACIO-CROHNS/UC STARTER	T9	
IDACIO-PSORIASIS STARTER	T9	
<i>idaoxia</i>	T9	
<i>idaran</i>	T9	
IDELVION	T5	PA; SP (Limited to a 1 month supply per fill); QL (25300 billable units per 28 days)
IDHIFA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>idyyxiatar</i>	T9	
IFEREX 150 FORTE	T9	
IHEALTH BLOOD GLUCOSE TEST STR	T3	ST
IHEALTH CONTROL SOLUTION	T3	
IHEEZO	T9	
ILEVRO	T3	ST; QL (3 ML per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>imatinib mesylate oral tablet 400 mg</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
IMBRUVICA ORAL SUSPENSION	T5	PA; SP (Limited to a 1 month supply per fill); QL (108 ML per 30 days); AL (Max 9 Years)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
IMCIVREE	T9	
<i>imipramine hcl oral</i>	T1	
<i>Imipramine Pamoate Oral Capsule 100 MG, 150 MG</i>	T2	ST; QL (60 capsules per 30 days)
<i>imipramine pamoate oral capsule 125 mg</i>	T3	ST; QL (60 capsules per 30 days)
<i>Imipramine Pamoate Oral Capsule 75 MG</i>	T2	ST; QL (30 capsules per 30 days)
<i>imiquimod external cream 3.75 %</i>	T9	
<i>imiquimod external cream 5 %</i>	T1	
<i>imiquimod pump</i>	T9	
IMITREX NASAL	T3	QL (8 units per 30 days)
IMITREX ORAL	T3	QL (12 tablets per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	T9	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML	T3	QL (4 ML per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	T9	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML	T3	QL (8 pens per 30 days)
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	T6	PV
IMPAVIDO	T4	PA; SP (Limited to a 1 month supply per fill)
IMPOYZ	T9	
IMURAN	T3	

Medication	Coverage Level	Restrictions
IMVEXXY STARTER PACK	T9	
INATAL GT	T9	
INBRIJA	T9	
INCASSIA	T1	PV
INCRELEX	T4	PA; SP (Limited to a 1 month supply per fill)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	T2	QL (30 Blisters per 30 Day(s)s)
<i>indapamide oral</i>	T1	
INDERAL LA	T9	
INDERAL XL	T9	
INDOCIN ORAL	T9	
INDOCIN RECTAL	T9	
<i>indomethacin er</i>	T1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	
<i>indomethacin oral suspension</i>	T9	
<i>indomethacin rectal</i>	T9	
INFINITY BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
INFINITY CONTROL IN VITRO SOLUTION NORMAL	T3	
INFINITY VOICE IN VITRO LIQUID	T3	
INGREZZA ORAL CAPSULE 40 MG, 80 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
INGREZZA ORAL CAPSULE 60 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); QL (30 Capsules per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to 1-month supply per fill); QL (30 Capsules per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 dose pack per 28 days)
INLYTA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)

Medication	Coverage Level	Restrictions
INNOPRAN XL	T9	
INPEFA	T9	
INPEN 100-BLUE-LILLY	T9	
INPEN 100-BLUE-LILLY-HUMALOG	T9	
INPEN 100-BLUE-NOVO	T9	
INPEN 100-BLUE-NOVOLOG-FIASP	T9	
INPEN 100-GRAY-LILLY	T9	
INPEN 100-GREY-LILLY-HUMALOG	T9	
INPEN 100-GREY-NOVO	T9	
INPEN 100-GREY-NOVOLOG-FIASP	T9	
INPEN 100-PINK-LILLY	T9	
INPEN 100-PINK-LILLY-HUMALOG	T9	
INPEN 100-PINK-NOVO	T9	
INPEN 100-PINK-NOVOLOG-FIASP	T9	
INQOVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (5 tablets per 28 days)
INREBIC	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
INSPRA	T3	QL (30 tablets per 30 days)
<i>insulin asp prot & asp flexpen</i>	T3	ST
<i>insulin aspart flexpen</i>	T3	ST
<i>insulin aspart injection</i>	T3	ST
<i>insulin aspart penfill</i>	T3	ST
<i>insulin aspart prot & aspart</i>	T3	ST
<i>insulin degludec</i>	T9	
<i>insulin degludec flextouch</i>	T9	
<i>insulin glargine max solostar</i>	T9	
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	T9	
<i>insulin glargine-yfgn</i>	T9	
<i>insulin lispro (1 unit dial)</i>	T9	
<i>insulin lispro injection</i>	T9	
<i>insulin lispro junior kwikpen</i>	T9	
<i>insulin lispro prot & lispro</i>	T9	
INTEGRA F	T9	
INTEGRA PLUS	T9	
INTELENCE ORAL TABLET 100 MG	T5	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
INTELENCE ORAL TABLET 200 MG	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
INTELENCE ORAL TABLET 25 MG	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
INTRAROSA	Not Covered	
INTUNIV	T3	QL (60 tablets per 30 days)
INVEGA	T9	
INVELTYS	T3	ST
INVOKAMET	T3	ST; QL (60 tablets per 30 days)
INVOKAMET XR	T3	ST; QL (60 tablets per 30 days)
INVOKANA	T3	ST; QL (31 EA per 31 days)
<i>inzdeaxiatar</i>	T9	
<i>inzdeaxiavar</i>	T9	
<i>inzdeoxia</i>	T9	
<i>iodoquimez-hc</i>	T9	
IOPIDINE OPHTHALMIC SOLUTION 1 %	T4	ST; SP (Limited to a 1 month supply per fill)
IPOL INJECTION INJECTABLE	T6	PV; QL (3 Doses per 1 Lifetime)
<i>ipratropium bromide inhalation</i>	T1	
<i>ipratropium bromide nasal</i>	T1	
<i>ipratropium-albuterol</i>	T1	QL (540 ML per 30 days)
<i>irbesartan</i>	T1	
<i>irbesartan-hydrochlorothiazide</i>	T1	
IRESSA	T9	
<i>iron supplement childrens</i>	T1	PV; AL (Min 6 Months and Max 12 Months)
IROSPAN 24/6	T9	
ISENTRESS	T4	SP (Limited to a 1 month supply per fill)
ISENTRESS HD	T4	SP (Limited to a 1 month supply per fill)
ISIBLOOM	T1	PV
<i>isoniazid oral</i>	T1	
ISOPTO ATROPINE	T3	
ISORDIL TITRADOSE	T9	
<i>Isosorb Dinitrate-hydrALAZINE Oral Tablet 20-37.5 MG</i>	T2	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	T9	

Medication	Coverage Level	Restrictions
<i>isosorbide mononitrate</i>	T1	
<i>isosorbide mononitrate er</i>	T1	
<i>ISOTretinoin Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG</i>	T2	QL (6 fills per 2 years)
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	T9	
<i>isradipine</i>	T1	
ISTALOL	T9	
ISTURISA ORAL TABLET 1 MG	T5	PA; SP (Max of 31 days per dispensing.); QL (120 Tablets per 30 days)
ISTURISA ORAL TABLET 5 MG	T5	PA; SP (Max of 31 days per dispensing.); QL (60 Tablets per 30 days)
<i>Itraconazole Oral Capsule</i>	T2	QL (120 capsules per 30 days)
<i>itraconazole oral solution</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
<i>Ivabradine HCl</i>	T2	ST
<i>Ivermectin External Cream</i>	T2	ST; QL (45 GM per 30 days)
<i>ivermectin external lotion</i>	T1	
<i>ivermectin oral</i>	T1	QL (10 tablets per 1 claim)
IWILFIN	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 tablets per 30 days)
IXIARO	T9	
IXINITY	T4	PA; SP (Limited to a 1 month supply per fill); QL (36800 billable units per 28 days)
IYUZEH	T9	
JADENU	T5	SP (Limited to a 1 month supply per fill)
JADENU SPRINKLE	T9	
JAIMESS	T1	PV
JAKAFI ORAL TABLET 10 MG, 5 MG	T4	PA; SP (Limited to a 1 month supply per fill)
JAKAFI ORAL TABLET 15 MG, 25 MG	T4	PA; SP (Limited to a 1 month supply per fill)
JAKAFI ORAL TABLET 20 MG	T4	PA; SP (Limited to a 1 month supply per fill)
JALYN	T3	ST

Medication	Coverage Level	Restrictions
JANTOVEN	T1	
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)
JANUVIA	T2	QL (30 tablets per 30 days)
JARDIANCE	T2	QL (30 EA per 30 days)
JASMIEL	T1	PV
JATENZO	T9	
JAVYGTOR	T9	
JAYPIRCA	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
JENCYCLA	T1	PV
JENTADUETO	T3	ST; QL (60 tablets per 30 days)
JENTADUETO XR	T3	ST; QL (30 tablets per 30 days)
JESDUVROQ	T9	
JINTELI	T1	
JIVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
JOENJA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
JOLESSA	T1	PV
JORNAY PM	T9	
JOYEAUX	T9	
JUBLIA	T9	
JULEBER	T1	PV
JULUCA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
JUNEL 1.5/30	T1	PV
JUNEL 1/20	T1	PV
JUNEL FE 1.5/30	T1	PV
JUNEL FE 1/20	T1	PV
JUNEL FE 24	T1	PV
JUST RIGHT 5000 DENTAL PASTE	T3	
JUXTAPID ORAL CAPSULE 10 MG	T9	

Medication	Coverage Level	Restrictions
JUXTAPID ORAL CAPSULE 20 MG, 5 MG	T9	SP ()
JUXTAPID ORAL CAPSULE 30 MG	T9	SP ()
JYLAMVO	T3	AL (Max 9 Years)
JYNARQUE	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
JYNNEOS	T6	PV
KAITLIB FE	T9	
KALBITOR	T5	PA; SP (Limited to a 1 month supply per fill); AL (Min 16 Years)
KALETRA ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
KALETRA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
KALLIGA	T1	PV
KALYDECO ORAL PACKET 13.4 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL (Min 1 Years)
KALYDECO ORAL PACKET 25 MG, 75 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days)
KALYDECO ORAL PACKET 5.8 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days)
KALYDECO ORAL PACKET 50 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days)
KALYDECO ORAL TABLET	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
KAMDOY	T9	
KAPSPARGO SPRINKLE	T3	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	T3	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T9	
KARIVA	T1	PV
<i>kataraxap</i>	T9	
KATARVIA	T9	
KATERZIA	T3	QL (150 ML per 30 days); AL (Max 5 Years)
KAZANO	T9	

Medication	Coverage Level	Restrictions
KELNOR 1/35	T1	PV
KELNOR 1/50	T1	PV
KENALOG EXTERNAL	T9	
KEPPRA ORAL	T3	
KEPPRA XR	T3	
KERALYT EXTERNAL SHAMPOO	T9	
KERENDIA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
KERYDIN	T9	
KESIMPTA	T4	ST; SP (Limited to a 1 month supply per fill. Allowed 3 pens for first fill only.); QL (1 pen per 28 days)
<i>ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml</i>	T9	
<i>ketoconazole external cream</i>	T1	QL (60 gm per 30 days)
<i>ketoconazole external foam</i>	T9	
<i>ketoconazole external shampoo 2 %</i>	T1	QL (120 ml per 30 days)
<i>ketoconazole oral</i>	T1	
<i>Ketoprofen ER</i>	T2	QL (30 capsules per 30 days)
<i>ketorolac tromethamine ophthalmic</i>	T1	
<i>ketorolac tromethamine oral</i>	T1	QL (20 tablets per 30 days)
KETOSTIX	T3	
<i>ketotifen fumarate ophthalmic</i>	T1	
<i>kevaraxap</i>	T9	
<i>kevartia</i>	T9	
KEVEYIS	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days)
<i>kimono</i>	T3	PV
<i>kimono micro thin</i>	T3	PV
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 syringes per 28 days)
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV

Medication	Coverage Level	Restrictions
KIONEX COMBINATION	T2	
KIONEX ORAL SUSPENSION	T2	
KISQALI (200 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days)
KISQALI (400 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days)
KISQALI (600 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days)
KISQALI FEMARA (200 MG DOSE)	T5	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KISQALI FEMARA (400 MG DOSE)	T5	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KISQALI FEMARA (600 MG DOSE)	T5	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KITABIS PAK	T4	PA; SP (Limited to a 56 day supply per fill); QL (280 ML per 56 days)
KLARON	T3	
KLAYESTA	T9	
KLISYRI	T5	ST; SP (Limited to a 1 month supply per fill); QL (5 packets per 1 year)
KLISYRI (250 MG)	T5	ST; SP (Limited to a 1 month supply per fill); QL (5 packets per 1 year)
KLISYRI (350 MG)	T5	ST; SP (Limited to a 1 month supply per fill); QL (5 packets per 1 year)
KLONOPIN	T3	
KLOR-CON 10	T1	
KLOR-CON M10	T1	
KLOR-CON M15	T1	
KLOR-CON M20	T1	
KLOR-CON ORAL PACKET 20 MEQ	T9	

Medication	Coverage Level	Restrictions
KLOR-CON ORAL TABLET EXTENDED RELEASE	T3	
KLOR-CON/EF	T1	
KLOXXADO	T2	QL (2 doses per 365 days)
KLS QUIT2	T3	PV
KLS QUIT4	T3	PV
KOATE	T4	PA; SP (Limited to a 1 month supply per fill); QL (55200 billable units per 28 days)
<i>kobee</i>	T3	PV; AL (Max 50 Years)
KOGENATE FS	T4	PA; SP (Limited to a 1 month supply per fill); QL (43125 billable units per 28 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T3	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)
KONVOMEF	T3	AL (Max 9 Years)
KORLYM	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
KOSELUGO ORAL CAPSULE 10 MG	T4	PA; SP (Limited to a 1 month supply per fill)
KOSELUGO ORAL CAPSULE 25 MG	T4	PA; SP (Limited to a 1 month supply per fill)
<i>kotaraxap</i>	T9	
KOVALTRY	T4	PA; SP (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
K-PHOS-NEUTRAL	T9	
<i>kpn prenatal</i>	T3	
KRAZATI	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (180 tablets per 30 days)
KRINTAFEL	T1	QL (2 tablets per 365 Days)
KRISTALOSE	T9	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	T3	
KURVELO	T1	PV
<i>kutar</i>	T9	
<i>kutarvia</i>	T9	

Medication	Coverage Level	Restrictions
KUVAN ORAL PACKET	T9	
KUVAN ORAL TABLET	T9	
KYZATREX ORAL CAPSULE 100 MG, 150 MG	T3	PA; QL (60 capsules per 30 days)
KYZATREX ORAL CAPSULE 200 MG	T3	PA; QL (120 capsules per 30 days)
<i>l.e.t. (racepinephrine) external solution</i>	T9	
<i>l.e.t. external solution</i>	T9	
<i>labetalol hcl oral</i>	T1	
<i>lacosamide oral solution 10 mg/ml</i>	T1	
<i>lacosamide oral tablet</i>	T1	QL (60 tablets per 30 days)
LACRISERT	T4	SP (Limited to a 1 month supply per fill)
<i>lactic acid e</i>	T9	
<i>lactic acid external lotion</i>	T9	
<i>lactulose oral packet</i>	T9	
<i>lactulose oral solution 10 gm/15ml</i>	T1	
LAGEVRIO	T4	SP (Limited to 1 fill per year); QL (1 pack per 1 fill)
LAMICTAL ODT	T9	
LAMICTAL ORAL TABLET	T3	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	T3	
LAMICTAL STARTER	T3	QL (1 kit per 365 days)
LAMICTAL XR ORAL KIT	T3	ST; QL (1 kit per 365 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	T3	ST; QL (30 tablets per 30 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG, 250 MG, 300 MG	T3	ST; QL (60 tablets per 30 days)
<i>lamivudine oral solution</i>	T1	
<i>lamiVUDine Oral Tablet</i>	T2	
<i>lamiVUDine-Zidovudine</i>	T2	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	T3	ST; QL (30 tablets per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine oral tablet</i>	T1	
<i>lamotrigine oral tablet chewable</i>	T1	
<i>lamotrigine oral tablet dispersible</i>	T9	
<i>lamotrigine starter kit-blue</i>	T1	QL (1 kit per 365 days)
<i>lamotrigine starter kit-green</i>	T1	QL (1 kit per 365 days)
<i>lamotrigine starter kit-orange</i>	T1	QL (1 kit per 365 days)

Medication	Coverage Level	Restrictions
LAMPIT	T3	QL (90 tablets per 30 years); AL (Max 17 Years)
LANOXIN ORAL TABLET 125 MCG, 250 MCG	T3	
LANOXIN ORAL TABLET 62.5 MCG	T9	
<i>lanreotide acetate</i>	T4	SP (Limited to a 1 month supply per fill)
<i>lansoprazole oral capsule delayed release</i>	T3	
<i>lansoprazole oral tablet delayed release dispersible</i>	T3	ST; QL (30 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 1000 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 500 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (210 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 750 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (150 tablets per 30 days)
LANTUS	T1	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1	
<i>lapatinib ditosylate</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
LARIN 1.5/30	T1	PV
LARIN 1/20	T1	PV
LARIN 24 FE	T1	PV
LARIN FE 1.5/30	T1	PV
LARIN FE 1/20	T1	PV
LASIX	T3	
LASTACFT	T3	ST; QL (1 bottle per 30 days); AL (Min 2 Years)
<i>latanoprost ophthalmic</i>	T1	
LATISSE	T9	
LATUDA	T3	QL (30 tablets per 30 days)
<i>laxative oral tablet delayed release</i>	T9	
LAYOLIS FE	T9	
<i>ledipasvir-sofosbuvir</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
LEENA	T1	PV
LEFLUNICLO	T9	

Medication	Coverage Level	Restrictions
<i>leflunomide oral</i>	T1	
LEMTRADA	T9	
<i>lenalidomide</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
LENVIMA (10 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
LENVIMA (12 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
LENVIMA (14 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
LENVIMA (18 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
LENVIMA (20 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
LENVIMA (24 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
LENVIMA (4 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
LENVIMA (8 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
LESCOL XL	T9	
LESSINA	T1	PV
LETAIRIS	T9	SP ()
<i>letrozole oral</i>	T1	
<i>leucovorin calcium oral</i>	T1	
LEUKERAN	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<i>leuprolide acetate injection</i>	T4	SP (Limited to a 1 month supply per fill); QL (2 kits per 28 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	T1	
<i>levamlodipine maleate oral tablet 5 mg</i>	T9	
LEVAQUIN ORAL TABLET 250 MG, 750 MG	T3	
LEVEMIR	T3	ST
<i>levetiracetam er</i>	T1	
<i>levetiracetam oral</i>	T1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	T1	
<i>levocarnitine oral solution</i>	T1	
<i>levocarnitine oral tablet</i>	T1	
<i>levocarnitine sf</i>	T1	
<i>levocetirizine dihydrochloride oral</i>	T9	
<i>levofloxacin ophthalmic solution 1.5 %</i>	T1	
<i>levofloxacin oral</i>	T1	
LEVONEST	T1	PV
<i>levonorgest-eth est & eth est</i>	T1	PV
<i>levonorgest-eth estrad 91-day</i>	T1	PV
<i>levonorgest-eth estradiol-iron</i>	T9	
<i>levonorgestrel oral tablet 1.5 mg</i>	T1	PV
<i>levonorgestrel-ethinyl estrad</i>	T1	PV
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	T1	PV
LEVORA 0.15/30 (28)	T1	PV
<i>levorphanol tartrate oral</i>	T9	
LEVO-T	T3	
<i>levothyroxine sodium oral capsule</i>	T9	
<i>levothyroxine sodium oral tablet</i>	T1	
LEVOXYL	T1	
LEVSIN ORAL TABLET	T3	
LEVSIN/SL	T3	
LEXAPRO ORAL TABLET	T3	
LEXIVA ORAL SUSPENSION	T4	SP (Limited to a 1 month supply per fill)
LEXIVA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
LEXTOL	T9	
<i>L-glutamine oral packet</i>	T9	

Medication	Coverage Level	Restrictions
LIALDA	T3	QL (120 tablets per 30 days)
LIBERVANT	T3	AL (Min 2 Years and Max 5 Years)
LIBRAX	T9	
<i>lidocaine external cream 4 %</i>	T9	
<i>lidocaine external ointment 5 %</i>	T1	
<i>lidocaine external patch 5 %</i>	T9	
<i>lidocaine hcl external cream 3 %, 4 %</i>	T9	
<i>lidocaine hcl external solution</i>	T1	
<i>lidocaine viscous hcl</i>	T1	
<i>lidocaine(bufferd)-epinephrine injection solution prefilled syringe 1 %-1:100000</i>	T9	
<i>lidocaine-hydrocortisone ace rectal gel</i>	T9	
<i>lidocaine-hydrocortisone ace rectal kit</i>	T9	
<i>lidocaine-prilocaine external cream</i>	T1	
LIDOCAN	T9	
LIDOCAN II	T9	
LIDOCAN III	T9	
LIDODERM	T9	
<i>lido-epinephrine-tetracaine</i>	T9	
<i>lidolite</i>	T9	
<i>lidopin external cream 3 %</i>	T1	
<i>lido-racepinephrine-tetracaine external solution</i>	T9	
<i>lidorx</i>	T9	
<i>lidosol</i>	T9	
<i>lidosol-50</i>	T9	
LIDTOPIC	T9	
LIKMEZ	T9	
<i>linezolid oral suspension reconstituted</i>	T4	SP (Limited to one 14 day supply per 6 months (180 days)); QL (840 ML per 14 days); AL (Max 9 Years)
<i>linezolid oral tablet</i>	T1	QL (28 tablets per 14 days)
LINZESS	T2	QL (30 capsules per 30 days)
<i>liothyronine sodium oral</i>	T1	
LIPITOR	T3	
LIPOFEN	T9	
LIQREV	T9	
<i>liraglutide</i>	T9	
<i>lisdexamfetamine dimesylate oral capsule</i>	T1	QL (30 capsules per 30 Days); AL (Min 6 Years)

Medication	Coverage Level	Restrictions
<i>lisdexamfetamine dimesylate oral tablet chewable</i>	T1	QL (30 tablets per 30 Days); AL (Min 6 Years)
<i>lisinopril oral</i>	T1	
<i>lisinopril-hydrochlorothiazide</i>	T1	
LITFULO	T9	
<i>lithium carbonate er</i>	T1	
<i>lithium carbonate oral</i>	T1	
LITHOBID	T3	
LITHOSTAT	T9	
LIVALO	T9	
LIVIXIL PAK	T9	
LIVMARLI	T9	
LIVTENCITY	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
<i>l-leucine</i>	T9	
L-MESITRAN SOFT WOUND	T9	
<i>l-methylfolate-b6-b12 oral tablet 3-35-2 mg</i>	T9	
LO LOESTRIN FE	T3	ST
LOCOID EXTERNAL LOTION	T9	
LOCOID LIPOCREAM	T9	
LODOCO	T9	
LODOSYN	T9	
LOESTRIN 1.5/30 (21)	T9	
LOESTRIN FE 1.5/30	T3	PV
LOESTRIN FE 1/20	T2	PV
LOFENA	T9	
<i>lofexidine hcl</i>	T9	
LOJAIMIESS	T1	PV
LOKELMA	T4	SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
LOMOTIL ORAL TABLET	T3	
LONSURF ORAL TABLET 15-6.14 MG	T5	PA; SP (Limited to a 1 month supply per fill)
LONSURF ORAL TABLET 20-8.19 MG	T5	PA; SP (Limited to a 1 month supply per fill)
<i>loperamide hcl oral capsule</i>	T9	
LOPID	T3	
<i>lopinavir-ritonavir</i>	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
LOPRESSOR ORAL	T3	
<i>loratadine oral tablet</i>	T9	
<i>loratadine-d 24hr</i>	T9	
LORAZEPAM INTENSOL	T1	
<i>lorazepam oral concentrate 1 mg/0.5ml</i>	T1	
<i>lorazepam oral tablet</i>	T1	
LORBRENA ORAL TABLET 100 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
LORBRENA ORAL TABLET 25 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days)
LOREEV XR	T9	
LORYNA	T1	PV
LORZONE	T3	ST; QL (120 tablets per 30 days)
<i>losartan potassium oral</i>	T1	
<i>losartan potassium-hctz</i>	T1	
LOTEMAX OPHTHALMIC GEL	T9	
LOTEMAX OPHTHALMIC OINTMENT	T9	
LOTEMAX OPHTHALMIC SUSPENSION	T3	ST
LOTEMAX SM	T3	ST
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	T3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	T3	
<i>Loteprednol Etabonate Ophthalmic Gel</i>	T2	ST
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	T3	ST
<i>Loteprednol Etabonate Ophthalmic Suspension 0.5 %</i>	T2	ST
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	T3	
LOTREXONE	T9	
LOTRIMIN AF EXTERNAL CREAM	T9	
LOTRONEX	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>lounzdomdioxatar</i>	T9	
<i>lovastatin oral</i>	T1	

Medication	Coverage Level	Restrictions
LOVAZA	T3	
LOVENOX INJECTION SOLUTION	T3	SP (Limited to a 1 month supply per fill)
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	T5	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
LOW-OGESTREL	T1	PV
<i>loxapine succinate oral</i>	T1	
LOYON	T9	
LO-ZUMANDIMINE	T1	PV
<i>lubiprostone</i>	T1	QL (60 capsules per 30 Days)
LUCEMYRA	T9	
<i>luliconazole</i>	T9	
LUMAKRAS ORAL TABLET 120 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 tablets per 30 days)
LUMAKRAS ORAL TABLET 240 MG	T4	PA; SP (Please select link for Oncology PA criteria: Click;HERE); QL (120 Tablets per 30 days)
LUMAKRAS ORAL TABLET 320 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days)
LUMIGAN OPTHALMIC SOLUTION 0.01 %	T2	ST
LUMRYZ	T9	
LUMRYZ STARTER PACK	T9	
LUNESTA	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
LUPKYNIS	T5	PA; SP (Limited to a one month supply per fill); QL (180 capsules per 30 days)
<i>Lurasidone HCl</i>	T2	QL (30 tablets per 30 Days)
LUTERA	T1	PV
LUXAMEND	T9	
LUZU	T9	
LYBALVI	T9	
LYLEQ	T1	PV
LYLLANA	T1	

Medication	Coverage Level	Restrictions
LYNPARZA ORAL TABLET	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 tablets per 30 days)
LYRICA CR	T9	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	T3	QL (120 capsules per 30 days)
LYRICA ORAL CAPSULE 200 MG	T3	QL (90 capsules per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T3	QL (60 capsules per 30 days)
LYRICA ORAL SOLUTION	T3	QL (473 ML per 30 days)
LYSIPLEX PLUS ORAL TABLET	T9	
LYSODREN	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
LYTGOBI (12 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (84 tablets per 28 days)
LYTGOBI (16 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (112 tablets per 28 days)
LYTGOBI (20 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (140 tablets per 28 days)
LYUMJEV	T1	
LYUMJEV KWIKPEN	T1	
LYUMJEV TEMPO PEN	T9	
LYVISPAH	T9	
LYZA	T1	PV
<i>maca</i>	T9	
MACROBID	T3	
MACRODANTIN ORAL CAPSULE 100 MG, 50 MG	T3	
MACRODANTIN ORAL CAPSULE 25 MG	T2	
<i>mafenide acetate external</i>	T1	
MAGNEBIND 400 ORAL TABLET 80-115 MG	T9	
MALARONE	T3	
<i>malathion external</i>	T1	

Medication	Coverage Level	Restrictions
<i>maraviroc</i>	T4	SP (Limited to a 1 month supply per fill)
MARINOL ORAL CAPSULE 2.5 MG	T3	QL (60 capsules per 30 days)
<i>marlissa</i>	T1	PV
MARPLAN	T2	QL (180 tablets per 30 days)
MASK VORTEX	T3	QL (4 masks per 1 year)
MASK VORTEX/CHILD/FROG	T3	QL (4 masks per 1 year)
MASK VORTEX/TODDLER/LADYBUG	T3	QL (4 masks per 1 year)
MATULANE	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
MATZIM LA	T9	
MAVENCLAD (10 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (4 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (5 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (6 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (7 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (8 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (9 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
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)

Medication	Coverage Level	Restrictions
MAXALT ORAL TABLET 10 MG	T3	QL (12 tablets per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	T3	QL (12 tablets per 30 days)
MAXIDEX	T3	
MAXITROL OPHTHALMIC OINTMENT	T3	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1	T3	
<i>maxi-tuss cd</i>	T9	
MAXZIDE	T3	
MAXZIDE-25	T3	
MAYZENT ORAL TABLET 0.25 MG	T4	ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
MAYZENT STARTER PACK	T4	ST; SP (Limited to 1 fill per 2 years); QL (1 pack per 30 days)
<i>meclizine hcl oral tablet</i>	T9	
<i>meclofenamate sodium oral</i>	T9	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	T3	
MEDROL ORAL TABLET THERAPY PACK	T3	
<i>medroxyprogesterone acetate intramuscular</i>	T1	PV
<i>medroxyprogesterone acetate oral</i>	T1	
<i>mefenamic acid oral</i>	T9	
<i>mefloquine hcl</i>	T1	
<i>megestrol acetate oral suspension 40 mg/ml</i>	T1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	T9	
<i>megestrol acetate oral tablet</i>	T1	
MEKINIST ORAL SOLUTION RECONSTITUTED	T5	PA; SP (Limited to a 1 month supply per fill); QL (900 ML per 30 days); AL (Min 1 Years and Max 9 Years)
MEKINIST ORAL TABLET 0.5 MG	T5	PA; SP (Limited to a 1 month supply per fill)
MEKINIST ORAL TABLET 2 MG	T5	PA; SP (Limited to a 1 month supply per fill)
MEKTOVI	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
<i>meloxicam oral capsule</i>	T9	

Medication	Coverage Level	Restrictions
<i>meloxicam oral suspension</i>	T9	
<i>meloxicam oral tablet</i>	T1	
<i>Melphalan</i>	T2	
<i>Memantine HCl ER</i>	T2	QL (30 capsules per 30 days); AL (Min 40 Years)
<i>memantine hcl oral solution 2 mg/ml</i>	T3	QL (300 ML per 30 days); AL (Min 40 Years)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	T1	QL (60 tablets per 30 days); AL (Min 40 Years)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	T1	QL (1 tablets per 365 days); AL (Min 40 Years)
MENACTRA INTRAMUSCULAR SOLUTION	T6	PV; QL (1 Dose per 1 Lifetime)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T2	
MENOPUR	T3	
MENOSTAR	T3	QL (4 patches per 28 days)
MENQUADFI INTRAMUSCULAR SOLUTION	T6	PV; QL (1 dose per 1 lifetime)
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	T6	PV; QL (1 Dose per 1 Lifetime)
<i>meperidine hcl oral solution</i>	T1	
<i>meperidine hcl oral tablet 50 mg</i>	T1	
<i>meprobamate</i>	T9	
MEPRON	T3	
MEPSEVII	T9	
<i>mercaptopurine oral</i>	T1	
<i>mesalamine er oral capsule extended release</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (240 capsules per 30 days)
<i>mesalamine er oral capsule extended release 24 hour</i>	T3	QL (120 capsules per 30 days)
<i>mesalamine oral capsule delayed release</i>	T3	SP (); QL (180 capsules per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	T3	QL (120 tablets per 30 days)
<i>mesalamine oral tablet delayed release 800 mg</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
<i>mesalamine rectal enema</i>	T1	
<i>mesalamine rectal suppository</i>	T5	SP (Limited to a 1 month supply per fill)
MESNEX ORAL	T4	SP (Max of 31 days per dispensing.)
MESTINON ORAL TABLET	T3	

Medication	Coverage Level	Restrictions
MESTINON ORAL TABLET EXTENDED RELEASE	T9	
METADATE CD	T9	
METAFOLBIC PLUS	T9	
<i>metaxalone oral tablet 400 mg</i>	T9	
<i>metaxalone oral tablet 800 mg</i>	T1	ST
<i>metdray</i>	T9	
<i>metformin hcl er</i>	T1	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	T9	
<i>metformin hcl oral solution</i>	T9	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	T1	
<i>metformin hcl oral tablet 625 mg</i>	T9	
METHADONE HCL DISKETTS	T1	
METHADONE HCL INTENSOL	T1	
<i>methadone hcl oral</i>	T1	
METHADOSE ORAL CONCENTRATE 10 MG/ML	T1	
METHADOSE ORAL TABLET SOLUBLE	T1	
<i>methamphetamine hcl</i>	T9	
<i>methazolAMIDE Oral</i>	T2	
<i>methenamine hippurate</i>	T1	
METHERGINE ORAL	T3	QL (28 tablets per 365 days)
<i>methimazole oral</i>	T1	
<i>methitest</i>	T9	
<i>methocarbamol oral tablet 1000 mg</i>	T9	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T1	
<i>methotrexate sodium injection solution reconstituted</i>	T1	
<i>methoxsalen rapid</i>	T4	SP (Limited to a 1 month supply per fill)
<i>Methscopolamine Bromide Oral</i>	T2	
<i>Methsuximide</i>	T2	
<i>methyl dopa oral</i>	T1	
<i>methylergonovine maleate oral</i>	T3	QL (28 tablets per 365 days)
METHYLIN ORAL SOLUTION	T3	AL (Min 4 Years and Max 10 Years)
<i>methylphenidate</i>	T3	ST; QL (30 patches per 30 Days); AL (Min 3 Years)
<i>methylphenidate hcl er (cd)</i>	T1	QL (30 capsules per 30 days); AL (Min 4 Years)

Medication	Coverage Level	Restrictions
<i>methylphenidate hcl er (la)</i>	T1	QL (30 capsules per 30 days); AL (Min 4 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg</i>	T1	QL (30 tablets per 30 days); AL (Min 4 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg, 54 mg</i>	T1	QL (60 tablets per 30 days); AL (Min 4 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg</i>	T9	
<i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>	T1	QL (30 tablets per 30 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg</i>	T3	QL (30 capsule per 30 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	T3	QL (30 capsules per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	T1	AL (Min 4 Years)
<i>methylphenidate hcl oral solution</i>	T1	AL (Min 4 Years and Max 10 Years)
<i>methylphenidate hcl oral tablet</i>	T1	AL (Min 4 Years)
<i>methylphenidate hcl oral tablet chewable</i>	T1	AL (Min 4 Years and Max 10 Years)
<i>methylprednisolone oral</i>	T1	
<i>methyltestosterone oral</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	T1	
<i>metoclopramide hcl oral tablet</i>	T1	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	T3	ST
<i>metolazone</i>	T1	
<i>metoprolol succinate er</i>	T1	
<i>metoprolol tartrate oral</i>	T1	
<i>metoprolol-hydrochlorothiazide</i>	T1	
METROCREAM	T3	
METROGEL EXTERNAL GEL	T3	
METROLOTION	T3	
<i>metronidazole benzoate</i>	T9	
<i>metronidazole external cream</i>	T1	
<i>metronidazole external gel</i>	T1	
<i>MetroNIDAZOLE External Lotion</i>	T2	
<i>metronidazole oral</i>	T1	
<i>metronidazole vaginal</i>	T1	

Medication	Coverage Level	Restrictions
<i>metyrosine</i>	T9	
<i>mexiletine hcl oral</i>	T1	
MICARDIS	T3	
MICARDIS HCT	T3	
MICROCHAMBER	T3	QL (4 chambers per 1 year)
MICRODOT TEST	T3	ST; QL (200 strips per 30 days)
MICROGESTIN 1.5/30	T1	PV
MICROGESTIN 1/20	T1	PV
MICROGESTIN 24 FE	T3	PV
MICROGESTIN FE 1.5/30	T1	PV
MICROGESTIN FE 1/20	T1	PV
MICROSPACER	T3	QL (4 chambers per 1 year)
<i>micuraderm</i>	T9	
<i>midazolam hcl oral</i>	T1	
<i>midazolam intravenous solution prefilled syringe 25 mg/25ml, 50 mg/50ml</i>	T9	
<i>midodrine hcl</i>	T1	
MIEBO	T9	
<i>mifepristone oral tablet 300 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
MIGERGOT	T9	
<i>miglustat</i>	T5	PA; SP (Limited to a 1 month supply per fill)
MIGRANAL	T9	
MILI	T1	PV
<i>milk of magnesia oral suspension 400 mg/5ml</i>	T3	PV
MIMVEY	T1	
MINASTRIN 24 FE	T9	
MINIPRESS	T3	
MINIVELLE	T3	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 90 mg</i>	T9	
<i>minocycline hcl oral capsule</i>	T1	
<i>minocycline hcl oral tablet 100 mg</i>	T9	
<i>minocycline hcl oral tablet 50 mg, 75 mg</i>	T1	
MINOLIRA	T9	
<i>minoxidil for men external solution 2 %</i>	T9	
<i>minoxidil oral</i>	T1	

Medication	Coverage Level	Restrictions
<i>mirabegron er</i>	T9	
MIRALAX ORAL POWDER	T9	
MIRAPEX ER	T3	ST; QL (30 tablets per 30 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML	T9	SP (Limited to a 1 month supply per fill)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	T9	
<i>mirtazapine oral</i>	T1	
MIRVASO	T9	
<i>misoprostol oral</i>	T1	
MITIGARE	T9	
M-M-R II INJECTION	T6	PV; QL (2 doses per 1 lifetime)
<i>modafinil oral</i>	T1	QL (60 tablets per 30 days)
MODERNA COVID-19 VAC 6M-11Y	T6	PV
<i>moexipril hcl</i>	T1	
<i>mometasone furoate external</i>	T1	
<i>mometasone furoate nasal</i>	T9	
MONDOXYNE NL ORAL CAPSULE 100 MG	T9	
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT PISTON SYRINGE	T2	
MONOJECT SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT SYRINGE LUER-LOCK TIP 140 ML	T2	
MONO-LINYAH	T1	PV
MONOVISC	T9	
<i>montelukast sodium oral</i>	T1	
MONUROL	T3	QL (3 packets per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	T1	
<i>morphine sulfate er beads</i>	T9	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	T9	
<i>morphine sulfate er oral tablet extended release</i>	T1	
<i>morphine sulfate oral</i>	T1	
<i>morphine sulfate rectal</i>	T1	
MOTEGRITY	T3	ST; QL (30 tablets per 30 days)
MOTPOLY XR	T9	
MOUNJARO	T2	QL (2 ML per 28 days)

Medication	Coverage Level	Restrictions
MOVANTIK	T3	ST; QL (30 tablets per 30 days)
MOVIPREP	T3	
<i>moxifloxacin hcl (2x day)</i>	T1	
<i>moxifloxacin hcl ophthalmic solution</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
MRESVIA	T6	PV; QL (1 dose per 1 year); AL (Min 60 Years)
MS CONTIN ORAL TABLET EXTENDED RELEASE	T3	
MUCOSITISRX	T9	
MUGARD	T9	
MULPLETA	T9	
MULTAQ	T3	
MULTIGEN FOLIC	T9	
MULTIGEN PLUS	T9	
<i>multivitamin w/fluoride</i>	T3	
<i>multivitamin/fluoride oral solution</i>	T3	
<i>mupirocin calcium</i>	T9	
<i>mupirocin external</i>	T1	QL (22 gm per 30 days)
MUSCUSOLICE	T9	
MUSE URETHRAL PELLETT 1000 MCG, 250 MCG, 500 MCG	T9	
MY CHOICE	T1	PV
MY WAY	T1	PV
MYALEPT	T5	PA; SP (Limited to a 1 month supply per fill)
MYCAPSSA	T9	
MYCOBUTIN	T2	
<i>mycophenolate mofetil oral capsule</i>	T1	
<i>mycophenolate mofetil oral suspension reconstituted</i>	T1	AL (Max 9 Years)
<i>mycophenolate mofetil oral tablet</i>	T1	
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>	T3	QL (240 tablets per 30 days)
<i>mycophenolate sodium oral tablet delayed release 360 mg</i>	T3	QL (120 tablets per 30 days)
<i>Mycophenolic Acid Oral Tablet Delayed Release 180 MG</i>	T2	QL (240 tablets per 30 days)
<i>Mycophenolic Acid Oral Tablet Delayed Release 360 MG</i>	T2	QL (120 tablets per 30 days)
MYDAYIS	T9	

Medication	Coverage Level	Restrictions
MYFEMBREE	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 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)
MYHIBBIN	T9	
MYLERAN	T3	
MYNEPHRON	T9	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T2	ST; QL (240 ML per 30 days); AL (Max 10 Years)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T2	ST; QL (30 tablets per 30 days)
MYSOLINE ORAL TABLET 50 MG	T3	
MYTESI	T9	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gml/177ml</i>	T3	
<i>nabumetone oral</i>	T1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>naftifine hcl external cream 1 %</i>	T3	ST; QL (90 GM per 30 days)
<i>naftifine hcl external cream 2 %</i>	T9	
<i>naftifine hcl external gel 2 %</i>	T9	
NAFTIN EXTERNAL GEL	T9	
NALFON ORAL CAPSULE 400 MG	T9	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1	QL (2 Vials per 1 year)
<i>naloxone hcl injection solution cartridge</i>	T1	QL (2 cartridges per 1 year)
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	T1	QL (2 syringes per 1 year)
<i>naloxone hcl nasal</i>	T1	QL (1 box per 1 year)
NALTREX	T9	
<i>naltrexone hcl oral</i>	T1	
NAMENDA ORAL TABLET	T3	QL (60 tablets per 30 days); AL (Min 40 Years)
NAMENDA TITRATION PAK	T3	QL (1 pack per 365 days); AL (Min 40 Years)
NAMENDA XR	T3	QL (30 capsules per 30 days); AL (Min 40 Years)
NAMZARIC	T3	ST; QL (30 capsules per 30 days); AL (Min 40 Years)
<i>nanran</i>	T9	
NAPHCON-A	T9	

Medication	Coverage Level	Restrictions
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	T9	
NAPROSYN ORAL SUSPENSION	T3	QL (473 ML per 30 days); AL (Max 12 Years)
NAPROSYN ORAL TABLET 500 MG	T3	
NAPROTIN	T9	
<i>naproxen oral suspension</i>	T1	QL (473 ML per 30 days); AL (Max 12 Years)
<i>naproxen oral tablet</i>	T1	
<i>naproxen oral tablet delayed release</i>	T9	
<i>naproxen sodium er</i>	T9	
<i>naproxen sodium oral tablet 220 mg</i>	T9	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	
<i>naproxen-esomeprazole mg</i>	T9	
<i>naratriptan hcl</i>	T1	QL (12 EA per 30 days)
NARCAN	T3	QL (1 box per 1 year)
NARDIL	T3	
NASACORT ALLERGY 24HR	T3	
NASCOBAL	T9	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	T3	QL (30 tablets per 30 days)
NATACYN	T3	
<i>natal prv</i>	T9	
NATAZIA	T9	
<i>nateglinide</i>	T1	
NATESTO	T9	
NATROBA	T9	
NAYZILAM	T3	QL (5 kits per 30 days)
<i>nebivolol hcl</i>	T1	
NEBUPENT	T3	
NECON 0.5/35 (28)	T1	PV
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
<i>nefazodone hcl</i>	T1	
NEFFY	T9	
<i>nendru</i>	T9	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	T1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1	

Medication	Coverage Level	Restrictions
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	T1	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	T1	
<i>neonatal + dha</i>	T9	
<i>neonatal complete oral tablet 29-1 mg</i>	T9	
NEONATAL PLUS	T9	
NEORAL	T3	
NEOSALUS EXTERNAL FOAM	T9	
NEO-SYNALAR EXTERNAL CREAM	T9	
<i>neo-vital rx</i>	T3	
NEPHPLEX RX	T9	
NEPHRON FA	T9	
NERLYNX	T4	PA; SP (Limited to a 1 month supply per fill)
NESINA	T9	
NESTABS	T3	
NESTABS DHA	T3	
NEUAC EXTERNAL GEL	T1	QL (45 GM per 30 days)
NEULASTA ONPRO	T4	SP (Limited to a 1 month supply per fill); QL (2 ML per 30 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	SP (Limited to a 1 month supply per fill); QL (2 ML per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	T5	SP (Limited to a 1 month supply per fill)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	T5	SP (Limited to a 1 month supply per fill)
NEUPRO	T3	ST; QL (30 patches per 30 days)
<i>neurin-sl</i>	T9	
NEURONTIN	T3	
NEUTEK 2TEK TEST	T3	QL (200 strips per 30 days)
NEVANAC	T3	ST
<i>nevirapine er</i>	T3	QL (30 tablets per 30 days)
<i>nevirapine oral suspension</i>	T1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	T1	QL (60 tablets per 30 days)
NEW DAY	T1	PV
NEXAVAR	T9	SP ()
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	T9	
NEXIUM	T9	
NEXIUM 24HR	T3	
NEXLETOL	T3	PA; QL (30 Tablets per 30 days)

Medication	Coverage Level	Restrictions
NEXLIZET	T3	PA; QL (30 tablets per 30 days)
NEXTSTELLIS	T9	
NGENLA	T9	
<i>niacin er (antihyperlipidemic)</i>	T1	
<i>niacin oral tablet 500 mg</i>	T9	
NIACOR	T1	
NICADAN	T9	
<i>nicardipine hcl oral capsule 20 mg</i>	T5	QL (180 capsules per 30 days)
<i>nicardipine hcl oral capsule 30 mg</i>	T5	ST; QL (120 capsules per 30 days)
NICAZEL	T9	
NICAZEL FORTE	T9	
NICODERM CQ	T9	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG	T9	
NICORETTE	T9	
<i>nicotine mini</i>	T1	PV
<i>nicotine polacrilex mouth/throat</i>	T1	PV
<i>nicotine transdermal kit</i>	T3	PV
<i>nicotine transdermal patch 24 hour</i>	T1	PV
NICOTROL	T3	PV; QL (1 box per 30 days)
NICOTROL NS	T3	PV; QL (40 mls per 30 days)
<i>nifedipine er osmotic release</i>	T1	
<i>nifedipine oral capsule 10 mg</i>	T1	
<i>NIFEdipine Oral Capsule 20 MG</i>	T2	
NIKKI	T1	PV
<i>nilutamide</i>	T1	
<i>niMODipine Oral</i>	T2	QL (21 day supply per 365 days)
NINLARO ORAL CAPSULE 2.3 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (3 capsules per 28 days)
NINLARO ORAL CAPSULE 3 MG, 4 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (3 capsules per 28 days)
<i>Nisoldipine ER</i>	T2	
<i>nitazoxanide oral</i>	T5	SP (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
<i>nitisinone</i>	T9	
NITRO-BID	T1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	T3	

Medication	Coverage Level	Restrictions
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	T1	
<i>nitrofurantoin monohyd macro</i>	T1	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (120 ML per 30 days); AL (Max 9 Years)
<i>nitrofurantoin oral suspension 50 mg/5ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 ML per 30 Days)
<i>nitroglycerin rectal</i>	T9	
<i>nitroglycerin sublingual</i>	T1	
<i>nitroglycerin transdermal patch 24 hour</i>	T1	
<i>Nitroglycerin Translingual Solution</i>	T2	
NITROLINGUAL	T3	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG	T3	
NITRO-TIME	T1	
NITYR	T9	
NIVA-FOL	T9	
NIVA-PLUS	T9	
NIVESTYM	T4	SP (Limited to a 1 month supply per fill)
<i>nizatidine oral capsule</i>	T9	
NOCDURNA	T9	
NORA-BE	T1	PV
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
<i>norelgestromin-eth estradiol</i>	T1	PV; QL (3 patches per 28 days)
<i>norethin ace-eth estrad-fe oral capsule</i>	T9	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg- mcg, 1.5-30 mg-mcg</i>	T1	PV
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	T1	PV
<i>norethindrone acetate oral</i>	T1	
<i>norethindrone acet-ethinyl est oral tablet</i>	T1	PV
<i>norethindrone oral</i>	T1	PV
<i>norethindrone-eth estradiol</i>	T1	
<i>norethindron-ethinyl estrad-fe</i>	T1	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.4- 35 mg-mcg</i>	T1	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.8- 25 mg-mcg</i>	T9	

Medication	Coverage Level	Restrictions
<i>norgesic forte</i>	T9	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	T1	PV
<i>norgestim-eth estrad triphasic</i>	T1	PV
NORITATE	T9	
NORLIQVA	T3	QL (150 ML per 30 Days); AL (Max 6 Years)
NORPACE	T3	
NORPACE CR	T2	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	T3	QL (60 tablets per 30 days)
NORTHERA	T9	SP ()
NORTREL 0.5/35 (28)	T1	PV
NORTREL 1/35 (21)	T1	PV
NORTREL 1/35 (28)	T1	PV
NORTREL 7/7/7	T1	PV
<i>nortriptyline hcl oral capsule</i>	T1	
NORVASC	T3	
NORVIR ORAL TABLET	T9	
NOURIANZ	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
NOVA MAX GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
NOVAREL	T3	ST
<i>novavax covid-19 vaccine</i>	T6	PV
NOVOEIGHT	T4	PA; SP (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
NOVOFINE AUTOCOVER PEN NEEDLE	T2	
NOVOFINE PEN NEEDLE	T2	
NOVOFINE PLUS PEN NEEDLE	T2	
NOVOLIN 70/30	T3	ST
NOVOLIN 70/30 FLEXPEN	T3	ST
NOVOLIN N	T3	ST
NOVOLIN N FLEXPEN	T3	ST
NOVOLIN R	T3	ST
NOVOLIN R FLEXPEN	T3	ST
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NOVOLOG INJECTION	T9	
NOVOLOG MIX 70/30	T9	

Medication	Coverage Level	Restrictions
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T9	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
NOVOSEVEN RT	T4	SP (Limited to a 1 month supply per fill)
NOXAFIL ORAL PACKET	T5	SP (Limited to a 1 month supply per fill); QL (32 packets per 30 days); AL (Min 2 Years and Max 9 Years)
NOXAFIL ORAL SUSPENSION	T4	SP (Limited to a 1 month supply per fill); QL (450 ML per 30 days)
NOXAFIL ORAL TABLET DELAYED RELEASE	T4	SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
NP THYROID	T1	
NUBEQA	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 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)
NUCORT	T3	
NUCYNTA	T3	ST
NUCYNTA ER	T3	ST; QL (60 tablets per 30 days)
NUEDEXTA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
<i>nujo</i>	T9	
<i>nuju</i>	T9	
NULEV	T1	
NUPLAZID ORAL CAPSULE	T9	
NUPLAZID ORAL TABLET 10 MG	T9	
NURTEC	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 tablets per 30 days)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	

Medication	Coverage Level	Restrictions
NUVAIL	T9	
NUVARING	T9	
NUVESSA	T9	
NUVIGIL ORAL TABLET 150 MG, 250 MG	T3	QL (30 tablets per 30 days)
NUVIGIL ORAL TABLET 200 MG, 50 MG	T9	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	T4	PA; SP (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT	T4	PA; SP (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
NUZYRA INTRAVENOUS	T9	
NUZYRA ORAL TABLET 150 MG	T9	
NYAMYC	T1	QL (60 GM per 30 Days)
NYLIA 1/35	T1	PV
NYLIA 7/7/7	T1	PV
NYMALIZE ORAL SOLUTION 6 MG/ML	T5	ST; SP (Limited to a 1 month supply per fill); QL (1 fill per 21 days)
NYMYO	T1	PV
<i>nynutey</i>	T9	
<i>nystatin external cream</i>	T1	
<i>nystatin external ointment</i>	T1	
<i>nystatin external powder</i>	T1	QL (60 GM per 30 Days)
<i>nystatin mouth/throat</i>	T1	
<i>nystatin oral tablet</i>	T1	
<i>nystatin-triamcinolone</i>	T1	
NYSTOP	T1	QL (60 GM per 30 days)
NYVEPRIA	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
OCALIVA ORAL TABLET 10 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OCALIVA ORAL TABLET 5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OCELLA	T1	PV
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	SP (Limited to a 1 month supply per fill)
<i>octreotide acetate subcutaneous</i>	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
OCUFLOX	T3	
ODACTRA	T3	AL (Min 12 Years and Max 65 Years)
ODEFSEY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ODOMZO	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 capsules per 30 days)
OFEV ORAL CAPSULE 100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days); AL (Min 18 Years)
OFEV ORAL CAPSULE 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days); AL (Min 18 Years)
<i>ofloxacin ophthalmic</i>	T1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T1	
OGIVRI	T9	
OGSIVEO ORAL TABLET 100 MG, 150 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (56 tablets per 30 days)
OGSIVEO ORAL TABLET 50 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (180 tablets per 30 days)
OHTUVAYRE	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 vials per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED	T5	PA; SP (Limited to a 1 month supply per fill); QL (96 ML per 28 days); AL (Max 6 Years)
OJEMDA ORAL TABLET 100 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 box per 28 days); AL (Min 6 Months and Max 25 Years)
OJJAARA	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>olanzapine oral tablet</i>	T1	
<i>OLANZapine Oral Tablet Dispersible</i>	T2	
<i>olanzapine-fluoxetine hcl</i>	T9	

Medication	Coverage Level	Restrictions
<i>olmesartan medoxomil oral</i>	T1	
<i>olmesartan medoxomil-hctz</i>	T1	
<i>olmesartan-amlodipine-hctz</i>	T1	
<i>Olopatadine HCl Nasal</i>	T2	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	T1	QL (5 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	T1	QL (2.5 ML per 30 days)
OLPRUVA (2 GM DOSE)	T9	
OLPRUVA (3 GM DOSE)	T9	
OLPRUVA (4 GM DOSE)	T9	
OLPRUVA (5 GM DOSE)	T9	
OLPRUVA (6 GM DOSE)	T9	
OLPRUVA (6.67 GM DOSE)	T9	
OLUMIANT ORAL TABLET 1 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OLUMIANT ORAL TABLET 2 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OLUMIANT ORAL TABLET 4 MG	T9	
OLUX-E	T9	
OMECLAMOX-PAK	T9	
<i>omega-3-acid ethyl esters</i>	T1	
<i>omeprazole magnesium oral capsule delayed release</i>	T3	
<i>omeprazole oral capsule delayed release</i>	T3	
<i>omeprazole oral tablet delayed release</i>	T3	
<i>omeprazole-sodium bicarbonate oral capsule</i>	Non-Formulary	
OMEZA COLLAGEN MATRIX	T9	
OMNARIS	T3	ST
OMNIPOD 5 DEXG7G6 INTRO GEN 5	T5	SP (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
OMNIPOD 5 DEXG7G6 PODS GEN 5	T5	SP (Limited to a 1 month supply per fill); QL (2 Packs per 30 days)
OMNIPOD 5 G7 INTRO (GEN 5)	T5	SP (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
OMNIPOD 5 G7 PODS (GEN 5)	T5	SP (Limited to a 1-month supply per fill); QL (2 Packs per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6	T5	SP (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	T5	SP (Limited to a 1 month supply per fill); QL (2 Packs per 30 days)
OMNIPOD DASH INTRO (GEN 4)	T5	SP (Limited to 1 kit per 30 day supply); QL (1 kit per 2 years)

Medication	Coverage Level	Restrictions
OMNIPOD DASH PODS (GEN 4)	T5	SP (Limited to a 1 month supply per fill); QL (2 packs per 30 days)
OMNIPOD GO	T9	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA; SP (Limited to a 1 month supply per fill)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA; SP (Limited to a 1 month supply per fill)
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a one month supply per fill); QL (2 pens per 28 days)
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1-month supply per fill); QL (2 Syringes per 28 days)
ON CALL EXPRESS BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
<i>ondansetron hcl oral</i>	T1	
<i>ondansetron oral tablet dispersible 16 mg</i>	T9	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	T1	
ONETOUCH VERIO IN VITRO STRIP	T1	QL (200 strips per 30 days)
ONEXTON	T9	
ONFI ORAL SUSPENSION	T3	ST
ONFI ORAL TABLET 10 MG, 20 MG	T3	ST
ONGENTYS	T3	ST
ONGLYZA	T3	ST; QL (30 tablets per 30 days)
ONUREG	T5	PA; SP (Limited to a 1 month supply per fill); QL (14 tablets per 28 days)
<i>onzdeaxiademtar</i>	T9	
<i>onzdeaxiatar</i>	T9	
ONZETRA XSAIL	T9	
OPCICON ONE-STEP	T1	PV
OPFOLDA	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 capsules per 30 days)
OPILL	T9	
OPIPZA	T9	
<i>opium</i>	T9	
OPSUMIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OPSYNVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OPTICHAMBER DIAMOND	T2	

Medication	Coverage Level	Restrictions
OPTION 2	T1	PV
OPTIONS GYNOL II CONTRACEPTIVE	T3	PV
OPTIUM TEST	T3	ST; QL (200 strips per 30 days)
OPTIUMEZ TEST	T3	ST; QL (200 strips per 30 days)
OPTUMRX BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
OPVEE	T2	QL (1 box per 1 year)
OPZELURA	T9	
ORACEA	T9	
ORACIT	T3	
<i>oral citrate</i>	T1	
ORALAIR	T3	AL (Min 10 Years and Max 65 Years)
ORALONE	T3	
ORAMAGICRX	T9	
ORAPRED ODT	T9	
ORAVIG	T4	ST; SP (Limited to a 1 month supply per fill)
ORENCIA CLICKJECT	T5	PA; 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; 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; 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; SP (Limited to a 1 month supply per fill); QL (2.8 ML per 28 days)
ORENITRAM MONTH 1	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 28 days)
ORENITRAM MONTH 2	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 28 days)
ORENITRAM MONTH 3	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 28 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (2880 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (1440 tablets per 30 days)

Medication	Coverage Level	Restrictions
ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG	T5	PA; 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; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
ORFADIN	T9	
ORGOVYX	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)
ORILISSA ORAL TABLET 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
ORILISSA ORAL TABLET 200 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days); AL (Min 1 Years and Max 5 Years)
ORKAMBI ORAL PACKET 75-94 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL (Min 1 Years)
ORKAMBI ORAL TABLET 100-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); AL (Min 6 Years)
ORKAMBI ORAL TABLET 200-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); AL (Max 6 Years)
ORLADEYO	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); AL (Min 12 Years)
<i>orlistat oral</i>	Non-Formulary	
<i>orphenadrine citrate er</i>	T1	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T9	
ORSERDU	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>ortho df</i>	T9	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
ORTIKOS	T9	
<i>oseltamivir phosphate oral capsule</i>	T1	QL (10 capsules per 1 fill)
<i>oseltamivir phosphate oral suspension reconstituted</i>	T1	QL (120 ML per 1 fill)
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	T9	
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	T9	
OSPHENA	T3	PA
OTEZLA ORAL TABLET 20 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); QL (60 Tablets per 30 days)
OTEZLA ORAL TABLET 30 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 18 Years)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 1 year)
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); QL (1 Pack per 1 Year)
OTOVEL	T2	AL (Min 6 Months and Max 17 Years)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	T9	
OVACE PLUS	T9	
OVACE PLUS WASH	T9	
OVACE WASH	T9	
OVIDE	T3	
OVIDREL	T2	
<i>oxaprozin oral capsule</i>	T9	
<i>Oxaprozin Oral Tablet</i>	T2	
<i>oxazepam</i>	T1	
OXBRYTA	T9	
<i>oxcarbazepine</i>	T1	

Medication	Coverage Level	Restrictions
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg</i>	T4	PA; QL (30 Tabs per 30 days)
<i>oxcarbazepine er oral tablet extended release 24 hour 600 mg</i>	T4	PA; QL (120 Tabs per 30 days)
OXERVATE	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 weeks per 1 lifetime)
<i>oxiachlo</i>	T9	
<i>oxiaice</i>	T9	
<i>oxianuji</i>	T9	
<i>oxiavar</i>	T9	
<i>oxiavary</i>	T9	
<i>oxiconazole nitrate</i>	T9	
OXISTAT EXTERNAL CREAM	T3	ST
OXISTAT EXTERNAL LOTION	T9	
<i>oxopid</i>	T9	
<i>oxopidaxiaqup</i>	T9	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	T9	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	T9	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>oxybutynin chloride er</i>	T1	
<i>oxybutynin chloride oral solution</i>	T1	
<i>oxybutynin chloride oral syrup</i>	T1	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	T9	
<i>oxybutynin chloride oral tablet 5 mg</i>	T1	
<i>oxyCODONE HCl ER Oral Tablet ER 12 Hour Abuse-Deterrent 10 MG, 20 MG, 40 MG, 80 MG</i>	T2	QL (60 tablets per 30 days)
<i>oxycodone hcl oral capsule</i>	T9	
<i>oxycodone hcl oral concentrate 20 mg/ml</i>	T1	
<i>oxycodone hcl oral solution</i>	T1	
<i>oxycodone hcl oral tablet</i>	T1	
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	T1	
<i>oxycodone-acetaminophen oral solution</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	T2	QL (60 tablets per 30 days)
<i>Oxymorphone HCl</i>	T2	ST

Medication	Coverage Level	Restrictions
<i>oxyMORphone HCl ER</i>	T2	ST; QL (60 EA per 30 days)
OXYTROL	T9	
OZEMPIC (0.25 OR 0.5 MG/DOSE)	T9	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T9	
OZEMPIC (2 MG/DOSE)	T9	
OZOBAX	T9	
OZOBAX DS	T9	
PACERONE ORAL TABLET 100 MG	T2	QL (30 tablets per 30 days)
PACERONE ORAL TABLET 200 MG	T1	
PACERONE ORAL TABLET 400 MG	T9	
PALFORZIA (12 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (120 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (160 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (20 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (200 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (240 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (3 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (300 MG MAINTENANCE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (300 MG TITRATION)	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (40 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (6 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (80 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA INITIAL ESCALATION	T4	PA; SP (Limited to a 1 month supply per fill)
<i>Paliperidone ER Oral Tablet Extended Release 24 Hour 1.5 MG, 3 MG, 9 MG</i>	T2	QL (30 tablets per 30 days)
<i>Paliperidone ER Oral Tablet Extended Release 24 Hour 6 MG</i>	T2	QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 20 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)
PAMELOR ORAL CAPSULE	T3	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600- 8800 UNIT, 4200-14200 UNIT	T5	ST; SP (Limited to a 1 month supply per fill)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT	T5	ST; SP (Limited to a 1 month supply per fill)
PANDA MASK LARGE	T3	QL (4 masks per 1 year)
PANDA MASK MEDIUM	T3	QL (4 masks per 1 year)
PANDA MASK SMALL	T3	QL (4 masks per 1 year)
PANDEL	T9	
<i>pantoprazole sodium oral packet</i>	T9	
<i>pantoprazole sodium oral tablet delayed release</i>	T3	
<i>Paricalcitol Oral</i>	T2	
PARLODEL	T3	
PARNATE	T3	
<i>PARoxetine HCl ER Oral Tablet Extended Release 24 Hour 12.5 MG</i>	T2	QL (30 tablets per 30 days)
<i>PARoxetine HCl ER Oral Tablet Extended Release 24 Hour 25 MG, 37.5 MG</i>	T2	QL (60 tablets per 30 days)
<i>PARoxetine HCl Oral Suspension</i>	T2	
<i>paroxetine hcl oral tablet</i>	T1	
<i>paroxetine mesylate</i>	T9	
PATADAY OPHTHALMIC SOLUTION 0.1 %	T3	QL (5 ML per 30 days)
PATADAY OPHTHALMIC SOLUTION 0.2 %	T3	ST; QL (2.5 ML per 30 days)
PATANASE	T3	
PAXIL	T3	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 37.5 MG	T3	ST; QL (30 tablets per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	T3	ST; QL (60 tablets per 30 days)
PAXLOVID (150/100)	T4	SP (Limited to 1 fill per year); QL (1 pack per 1 year)
PAXLOVID (300/100)	T4	SP (Limited to 1 fill per year); QL (1 pack per 1 year)

Medication	Coverage Level	Restrictions
<i>pazopanib hcl</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
<i>pb-hyoscy-atropine-scopolamine oral tablet</i>	T9	
<i>pc pediatric iron drops</i>	T1	PV; AL (Min 6 Months and Max 12 Months)
<i>pediatric medium mask</i>	T3	QL (4 masks per 1 year)
PEDIATRIC PANDA MASK	T3	QL (4 masks per 1 year)
<i>pediatric small mask</i>	T3	QL (4 masks per 1 year)
<i>peg 3350 oral powder</i>	T9	
<i>peg 3350-kcl-na bicarb-nacl</i>	T1	PV
<i>peg-3350/electrolytes</i>	T1	PV
<i>peg-3350/electrolytes/ascorbat</i>	T1	PV
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	SP (Limited to a 1 month supply per fill); QL (48 Weeks per 1 Lifetime)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	SP (Limited to a 1 month supply per fill); QL (48 weeks per 1 lifetime)
PEG-PREP	T1	PV
PEMAZYRE ORAL TABLET 13.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (14 Tablets per 21 days)
PEMAZYRE ORAL TABLET 4.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (14 Tablets per 21 days)
PEMAZYRE ORAL TABLET 9 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (14 Tablets per 21 days)
PEMGARDA	T9	
PEMRYDI RTU INTRAVENOUS SOLUTION 500 MG/50ML	T9	
PENBRAYA	T6	PV; QL (2 doses per 1 lifetime)
<i>penciclovir</i>	T9	
<i>penicillamine oral capsule</i>	T9	
<i>penicillamine oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>penicillin v potassium</i>	T1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	T6	PV
<i>pentamidine isethionate inhalation</i>	T1	

Medication	Coverage Level	Restrictions
PENTASA	T5	ST; SP (Limited to a 1 month supply per fill); QL (240 capsules per 30 days)
<i>Pentazocine-Naloxone HCl</i>	T2	ST
<i>pentoxifylline er</i>	T1	
PEPCID ORAL TABLET	T9	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T3	
PERFOROMIST	T9	
PERIDEX	T3	
<i>perindopril erbumine</i>	T1	
<i>permethrin external cream</i>	T1	
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	T1	
<i>perphenazine-amitriptyline</i>	T1	
PERTZYE	T5	ST; SP (Limited to a 1 month supply per fill)
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	T6	PV
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</i>	T6	PV
PHEBURANE	T9	
<i>phedrax</i>	T9	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	T1	
Phendimetrazine Tartrate	Benefit Exclusion	
<i>phenelzine sulfate oral</i>	T1	
PHENERGAN INJECTION SOLUTION 50 MG/ML	T9	
<i>phenobarbital oral elixir</i>	T1	
<i>phenobarbital oral tablet</i>	T1	
<i>phenoxybenzamine hcl</i>	T9	
Phentermine HCl Oral Capsule 15 MG, 30 MG	Benefit Exclusion	
Phentermine HCl Oral Tablet	Benefit Exclusion	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	T1	
PHENYTEK	T2	
<i>phenytoin oral suspension 125 mg/5ml</i>	T1	
<i>phenytoin oral tablet chewable</i>	T1	
<i>phenytoin sodium extended</i>	T1	
<i>pheoxia</i>	T9	
PHEXXI	T3	QL (12 tubes per 30 days)
PHILITH	T1	PV

Medication	Coverage Level	Restrictions
PHLAG SPRAY	T9	
<i>phos-nak</i>	T9	
PHOSPHA 250 NEUTRAL	T9	
<i>phytonadione oral</i>	T1	QL (3 tablets per 30 Days)
<i>pidprogtar</i>	T9	
PIFELTRO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1	
<i>pilocarpine hcl oral</i>	T1	QL (120 tablets per 30 days)
<i>pimecrolimus</i>	T1	QL (30 GM per 30 days)
<i>pimozide oral tablet 1 mg</i>	T1	QL (300 tablets per 30 days)
<i>pimozide oral tablet 2 mg</i>	T1	QL (150 tablets per 30 days)
PIMTREA	T1	PV
<i>pindolol</i>	T1	
<i>pioglitazone hcl</i>	T1	
<i>pioglitazone hcl-glimepiride</i>	T9	
<i>pioglitazone hcl-metformin hcl</i>	T1	
PIP BLOOD GLUCOSE TEST STRIP	T3	ST; QL (200 strips per 30 days)
PIP GLUCOSE CONTROL SOLUTION	T3	
<i>Pip Lancets 28G</i>	T2	
<i>Pip Lancets 30G</i>	T2	
PIQRAY (200 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
PIQRAY (250 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
PIQRAY (300 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
<i>pirfenidone oral capsule</i>	T9	
<i>pirfenidone oral tablet 267 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (270 tablets per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	T9	
<i>pirfenidone oral tablet 801 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>piroxicam oral</i>	T1	
<i>pitavastatin calcium</i>	T3	ST; QL (30 tablets per 30 Days)
PLAN B ONE-STEP	T1	PV
PLAQUENIL	T3	

Medication	Coverage Level	Restrictions
PLAVIX ORAL TABLET 75 MG	T3	
PLEGRIDY	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
PLEGRIDY STARTER PACK	T4	ST; SP (Limited to a 1 month supply per fill)
PLENITY	T9	
PLENVU	T3	PA; QL (60 granules per 30 days)
PLEXION CLEANSER EXTERNAL LIQUID	T9	
PLEXION CLEANSING CLOTH EXTERNAL PAD	T9	
PLEXION EXTERNAL CREAM	T9	
PLEXION NS	T9	
PLIAGLIS EXTERNAL CREAM	T9	
PNEUMOVAX 23	T6	PV; QL (3 Doses per 1 Lifetime)
<i>pnv-dha</i>	T1	
<i>pnv-dha+docusate</i>	T1	
<i>pnv-omega</i>	T1	
<i>pnv-select</i>	T1	
PODOCON-25	T9	
<i>podofilox external gel</i>	T3	ST
<i>podofilox external solution</i>	T1	
<i>podoxia</i>	T9	
<i>podprogtar</i>	T9	
<i>podtar</i>	T9	
POGO AUTOMATIC TEST CARTRIDGES	T3	
POKONZA	T9	
<i>polyethylene glycol 3350 oral packet</i>	T9	
<i>polyethylene glycol 3350 oral powder</i>	T3	PV
POLY-IRON 150	T9	
<i>poly-iron 150 forte</i>	T9	
<i>polymyxin b-trimethoprim</i>	T1	
POLYTRIM	T3	
POLY-VI-FLOR ORAL TABLET CHEWABLE	T9	
POMALYST ORAL CAPSULE 1 MG, 3 MG	T5	PA; SP (Limited to a 1 month supply per fill)
POMALYST ORAL CAPSULE 2 MG, 4 MG	T5	PA; SP (Limited to a 1 month supply per fill)
PONVORY	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
PONVORY STARTER PACK	T4	ST; SP (Limited to a 1 month supply per fill); QL (1 pack per 2 years)
PORTIA-28	T1	PV
<i>posaconazole oral suspension</i>	T4	SP (Limited to a 1 month supply per fill); QL (450 ML per 30 days)
<i>posaconazole oral tablet delayed release</i>	T4	SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
POSFREA	T9	
<i>pot & sod cit-cit ac</i>	T1	
<i>potassium chloride crys er oral tablet extended release 15 meq, 20 meq</i>	T1	
<i>potassium chloride er oral capsule extended release</i>	T1	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 8 meq</i>	T1	
<i>potassium chloride oral packet</i>	T9	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	T3	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	T4	SP (Limited to a 1 month supply per fill)
<i>potassium citrate er</i>	T1	
<i>potassium citrate-citric acid oral solution</i>	T1	
<i>Potassium Iodide (Expectorant)</i>	T2	
<i>Potassium Iodide Oral Solution</i>	T2	
<i>povidone-iodine ophthalmic</i>	T9	
PR BENZOYL PEROXIDE WASH	T9	
PRADAXA ORAL CAPSULE	T3	QL (62 capsules per 31 days)
PRADAXA ORAL PACKET	T9	
PRAKETAMIDE	T9	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; QL (2 pens per 28 days)
<i>pramipexole dihydrochloride</i>	T1	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg</i>	T3	ST; QL (30 tablets per 30 days)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 4.5 mg</i>	T3	QL (30 tablets per 30 days)
PRAMOSONE	T9	
<i>prasugrel hcl</i>	T1	QL (31 tablets per 31 days)
<i>pravastatin sodium</i>	T1	

Medication	Coverage Level	Restrictions
<i>prazosin hcl oral</i>	T1	
PRECISION XTRA BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
PRED FORTE	T3	
PRED MILD	T3	
<i>prednisolone acetate ophthalmic</i>	T1	
<i>prednisolone oral solution</i>	T1	
<i>prednisolone oral tablet</i>	T9	
<i>prednisolone sodium phosphate ophthalmic</i>	T1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	T1	
<i>prednisolone sodium phosphate oral solution 20 mg/5ml</i>	T9	
<i>prednisolone-bromfenac ophthalmic solution</i>	T9	
<i>prednisolon-gatiflox-bromfenac ophthalmic solution</i>	T9	
PREDNISONE INTENSOL	T2	
<i>PredniSONE Oral Solution</i>	T2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T1	
<i>predniSONE Oral Tablet 50 MG</i>	T2	
<i>pregabalin er</i>	T9	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T1	QL (120 capsules per 30 days)
<i>pregabalin oral capsule 200 mg</i>	T1	QL (90 CAPSULES per 30 days)
<i>pregabalin oral capsule 225 mg</i>	T1	QL (60 capsules per 30 days)
<i>pregabalin oral capsule 300 mg</i>	T1	QL (60 CAPSULES per 30 days)
<i>pregabalin oral solution</i>	T1	QL (473 ML per 30 days)
PREGNYL	T1	
PREHEVBRIO	T6	QL (3 doses per 1 lifetime); AL (Min 18 Years)
PREMARIN ORAL	T2	QL (30 tablets per 30 days)
PREMARIN VAGINAL	T3	ST
<i>premium blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
PREMPHASE	T2	
PREMPRO	T2	
<i>prena 1 true</i>	T1	
<i>prena1</i>	T1	
<i>prena1 pearl</i>	T1	
<i>prenaissance</i>	T1	
<i>prenaissance plus</i>	T1	
PRENATABS RX	T9	

Medication	Coverage Level	Restrictions
<i>prenatal (w/iron & fa)</i>	T1	
<i>prenatal 19 oral tablet 29-1 mg</i>	T3	
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	T1	
<i>prenatal complete oral tablet</i>	T3	
<i>prenatal multi +dha oral capsule 27-0.8-250 mg</i>	T3	
<i>prenatal one daily</i>	T3	
<i>prenatal oral tablet 27-0.8 mg</i>	T1	PV
<i>prenatal oral tablet 28-0.8 mg</i>	T1	
<i>prenatal plus</i>	T1	
<i>prenatal plus vitamin/mineral</i>	T3	
PRENATAL-U	T1	
PRENATE AM	T3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG	T3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	T3	
PRENATE ENHANCE	T3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T3	QL (30 capsules per 30 days)
PRENATE PIXIE	T3	QL (30 capsules per 30 days)
PRENATE RESTORE	T3	
PREPIDIL	T3	
PRESERA	T9	
PRESTALIA	T3	ST; QL (30 tablets per 30 days)
<i>pretomanid</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
Prevacid 24HR	Benefit Exclusion	
Prevacid Oral Capsule Delayed Release 30 MG	Benefit Exclusion	
PREVALITE	T1	
PREVIDENT	T3	
PREVIDENT 5000 KIDS	T3	
PREVIDENT 5000 ORTHO DEFENSE	T3	
PREVIDENT 5000 PLUS	T3	
PREVNAR 13	T6	PV; QL (2 Doses per 1 Lifetime)
PREVNAR 20	T6	PV
PREVYMIS ORAL	T4	PA; SP (Limited to a 1 month supply per fill)
PREZCOBIX	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PREZISTA ORAL SUSPENSION	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T4	SP (Limited to a 1 month supply per fill)
PRIFTIN	T2	
PRILOSEC OTC	T9	
<i>prilovix</i>	T9	
<i>prilovixil</i>	T9	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	T1	
<i>primidone oral tablet 125 mg</i>	T9	
<i>primidone oral tablet 250 mg, 50 mg</i>	T1	
PRIORIX	T6	PV; QL (2 doses per 1 lifetime)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	T3	QL (60 tablets per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	T3	QL (30 tablets per 30 days)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	T9	
PROAIR RESPICLICK	T9	
<i>probenecid oral</i>	T1	
PROCARDIA XL	T3	
PROCENTRA	T1	
<i>prochlorperazine</i>	T1	
<i>prochlorperazine maleate oral</i>	T1	
PROCRIT	T4	SP (Limited to a 1 month supply per fill)
PROCTOCORT RECTAL SUPPOSITORY	T9	
PROCTOFOAM HC EXTERNAL	T2	QL (2 cans per 30 days)
PROCYSBI ORAL CAPSULE DELAYED RELEASE	T9	
PRODIGY CONTROL SOLUTION IN VITRO SOLUTION LOW	T3	
PRODIGY LANCETS 28G	T2	
PRODIGY LANCING DEVICE	T3	
PRODIGY NO CODING BLOOD GLUC IN VITRO	T3	ST; QL (200 strips per 30 days)
PRODIGY TWIST TOP LANCETS 28G	T2	
PROFERRIN-FORTE	T9	
PROFILNINE	T5	SP (Limited to a 1 month supply per fill)
PROFINAC	T9	
<i>progesterone intramuscular</i>	T1	

Medication	Coverage Level	Restrictions
<i>progesterone oral</i>	T1	
PROGLYCEM	T9	
PROGRAF ORAL CAPSULE	T3	
PROGRAF ORAL PACKET	T3	AL (Max 9 Years)
PROLATE	T9	
PROLENSA	T9	
PROMACTA ORAL PACKET 12.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PROMACTA ORAL PACKET 25 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 50 MG, 75 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PROMACTA ORAL TABLET 25 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>promethazine hcl oral solution</i>	T9	
<i>promethazine hcl oral syrup</i>	T9	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg</i>	T1	
<i>promethazine hcl oral tablet 50 mg</i>	T9	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T9	
<i>promethazine vc/codeine</i>	T1	
<i>promethazine-codeine oral syrup</i>	T1	
<i>promethazine-dm oral syrup</i>	T1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
PROMETRIUM	T3	
PROMISEB	T9	
PRONAL	T9	
<i>prooxia</i>	T9	
<i>propafenone hcl</i>	T1	
<i>propafenone hcl er</i>	T1	
PROPECIA	T9	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl oral</i>	T1	
<i>propylthiouracil oral</i>	T1	
PROSCAR	T3	

Medication	Coverage Level	Restrictions
Protonix Oral Tablet Delayed Release	Benefit Exclusion	
<i>Protriptyline HCl</i>	T2	
PROVENTIL HFA	T9	
PROVERA	T3	
PROVIDA OB	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)
PROZAC ORAL CAPSULE	T3	
PRUCLAIR	T9	
PRUDOXIN	T9	
PRUMYX	T9	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	T1	
<i>pseudoephedrine hcl oral tablet 60 mg</i>	T9	
PULMICORT FLEXHALER	T1	QL (1 inhaler per 30 days)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 1 MG/2ML	T3	QL (120 ML per 30 days)
PULMICORT INHALATION SUSPENSION 0.5 MG/2ML	T3	QL (240 ML per 30 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	SP (Limited to a 1 month supply per fill); QL (60 ampules per 30 days)
<i>purevit dualfe plus</i>	T9	
PURIXAN	T5	SP (Limited to a 1 month supply per fill)
<i>px stop smoking aid mouth/throat lozenge</i>	T3	PV
PYLERA	T9	
<i>pyrazinamide oral</i>	T1	
PYRIDIUM	T3	
<i>pyridostigmine bromide er</i>	T9	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1	
<i>pyrimethamine oral</i>	T4	PA; SP (Limited to a 1 month supply per fill)
PYRUKYND	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
PYRUKYND TAPER PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
QBRELIS	T3	AL (Max 9 Years)
QBREXZA	T9	
<i>qc magnesium citrate</i>	T3	PV

Medication	Coverage Level	Restrictions
<i>qc milk of magnesia</i>	T3	PV
<i>qc natura-lax</i>	T3	PV
QDOLO	T9	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	T3	ST; QL (30 capsules per 30 days); AL (Min 6 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	T3	ST; QL (60 capsules per 30 days); AL (Min 6 Years)
QINLOCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
QNASL	T3	ST
QNASL CHILDRENS	T3	ST
<i>Qsymia</i>	Benefit Exclusion	
QTERN	T3	ST; QL (30 tablets per 30 days)
QUADRACEL INTRAMUSCULAR SUSPENSION	T6	PV
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV
QUALAQUIN	T3	
<i>quazepam</i>	T9	
QUDEXY XR	T9	
QUESTRAN LIGHT ORAL POWDER	T3	
QUESTRAN ORAL POWDER	T3	
<i>quetiapine fumarate</i>	T1	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	T1	QL (30 tablets per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	T1	QL (60 tablets per 30 days)
QUFLORA FE	T9	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML	T9	
<i>quidroxzar</i>	T9	
<i>quihoxaxia</i>	T9	
QUILLICHEW ER	T3	ST; QL (30 tablets per 30 days); AL (Min 4 Years and Max 9 Years)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	T3	ST; QL (360 ML per 30 days); AL (Min 4 Years and Max 9 Years)
<i>quinapril hcl</i>	T1	
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	T1	
<i>quinidine gluconate er</i>	T4	SP (Limited to a 1 month supply per fill)
<i>quinidine sulfate oral</i>	T1	

Medication	Coverage Level	Restrictions
<i>quinine sulfate oral</i>	T1	
QUINTET AC BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
QUINTET BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
<i>quitar</i>	T9	
QULIPTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
QUVIVIQ	T9	
QUZYTIR	T9	
QVAR REDIHALER	T1	
<i>ra aspirin adult low dose</i>	T1	
<i>ra aspirin ec</i>	T1	
<i>ra aspirin oral tablet 325 mg</i>	T1	
<i>ra balanced b-100</i>	T3	PV; AL (Max 50 Years)
<i>ra folic acid</i>	T1	PV; AL (Max 50 Years)
<i>ra laxative oral tablet delayed release</i>	T3	PV
<i>ra milk of magnesia oral suspension</i>	T3	PV
<i>ra mini nicotine</i>	T1	PV
<i>ra nicotine mouth/throat</i>	T1	PV
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	T1	PV
<i>ra prenatal</i>	T1	
RABAVERT	T6	PV
<i>rabeprazole sodium oral tablet delayed release</i>	T3	
RADICAVA ORS	T5	PA; SP (Limited to a 1 month supply per fill); QL (50 ML per 28 days)
RAGWITEK	T3	AL (Min 18 Years and Max 65 Years)
<i>raloxifene hcl</i>	T1	
<i>ramelteon</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>ramipril</i>	T1	
<i>ranolazine er</i>	T1	
RAPAFLO	T3	QL (30 tablets per 30 days)
RAPAMUNE	T5	SP (Limited to a 1 month supply per fill)
<i>rasagiline mesylate oral</i>	T1	QL (30 tablets per 30 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	T3	ST; QL (4 syringes per 28 days)

Medication	Coverage Level	Restrictions
RAVICTI	T4	PA; SP (Limited to a 1 month supply per fill); QL (525 ML per 30 days)
RAYALDEE	T9	
<i>rayasal</i>	T9	
RAYOS	T9	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML	T4	ST; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 44 MCG/0.5ML	T4	ST; 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; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBINYN	T5	PA; SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)
RECEDO	T9	
RECLIPSEN	T1	PV
RECOMBINATE	T4	PA; SP (Limited to a 1 month supply per fill); QL (55200 billable units per 28 days)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	T6	PV; QL (3 Doses per 1 Lifetime)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	T6	PV; QL (3 Doses per 1 Lifetime)
RECORLEV	T9	
RECTIV	T9	
REFUAH PLUS BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
REGLAN ORAL	T3	
REGRANEX	T4	ST; SP (Limited to a 1 month supply per fill)
RELADOR PAK EXTERNAL KIT	T9	
RELADOR PAK PLUS	T9	
RELAFEN DS	T9	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	T3	

Medication	Coverage Level	Restrictions
RELEUKO INJECTION SOLUTION 300 MCG/ML	T5	SP (Limited to a 1 month supply per fill)
<i>releuko injection solution 480 mcg/1.6ml</i>	T5	SP (Limited to a 1 month supply per fill)
<i>releuko subcutaneous</i>	T5	SP (Limited to a 1 month supply per fill)
RELEXXII	T9	
RELION BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
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)
RELPAX	T9	
RELTONE	T9	
RELYVRIO	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL (Min 18 Years and Max 80 Years)
REMERON ORAL TABLET 15 MG, 30 MG	T3	
REMERON SOLTAB	T3	
REMICADE	T9	
RENAL ORAL CAPSULE	T9	
<i>rena-vite</i>	T3	PV; AL (Max 50 Years)
<i>rena-vite rx</i>	T9	
<i>reno caps</i>	T9	
RENOVA	T9	
RENOVA PUMP	T9	
REVELA ORAL PACKET 0.8 GM	T9	
REVELA ORAL PACKET 2.4 GM	T5	SP (Limited to a 1 month supply per fill)
REVELA ORAL TABLET	T9	
<i>repaglinide</i>	T1	
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)
REPLESTA	T9	
REPLESTA NX	T9	
RESTASIS	T9	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	T9	
RESTORA RX	T9	

Medication	Coverage Level	Restrictions
RESTORIL	T3	QL (30 capsules per 30 days); AL (Min 18 Days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
RETEVMO ORAL CAPSULE	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (60 Tablets per 30 days)
RETEVMO ORAL TABLET 40 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (90 Tablets per 30 days)
RETIN-A	T3	AL (Max 50 Years)
RETIN-A MICRO	T9	
RETIN-A MICRO PUMP	T9	
RETROVIR ORAL CAPSULE	T3	
RETROVIR ORAL SYRUP	T3	
REUSABLE COMFORTSEAL MASK-LRG	T3	QL (4 masks per 1 year)
REUSABLE COMFORTSEAL MASK-MED	T3	QL (4 masks per 1 year)
REUSABLE COMFORTSEAL MASK-SML	T3	QL (4 masks per 1 year)
REVATIO ORAL SUSPENSION RECONSTITUTED	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL (Max 5 Years)
REVATIO ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill)
REVCovi	T4	PA; SP (Limited to a 1 month supply per fill)
REVLIMID ORAL CAPSULE 10 MG, 2.5 MG, 20 MG, 25 MG	T9	
REVLIMID ORAL CAPSULE 15 MG, 5 MG	T9	SP ()
REXTOVY	T2	QL (1 Box per 1 Year)

Medication	Coverage Level	Restrictions
REXULTI	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
REYATAZ ORAL CAPSULE 200 MG, 300 MG	T5	SP (Limited to a 1 month supply per fill)
REYATAZ ORAL PACKET	T4	SP (Limited to a 1 month supply per fill)
REYVOW	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 tablets per 30 days)
REZDIFFRA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 18 Years)
REZLIDHIA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 capsules per 30 days); AL (Min 18 Years)
REZUROCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
REZVOGLAR KWIKPEN	T9	
RHOFADE	T3	ST; QL (60 GM per 30 days); AL (Min 18 Years)
RHOPRESSA	T3	ST
<i>ribavirin oral capsule</i>	T4	SP (Limited to a 1 month supply per fill)
<i>ribavirin oral tablet 200 mg</i>	T4	SP (Limited to a 1 month supply per fill)
RIDAURA	T2	
<i>rifabutin</i>	T4	SP (Limited to a 1 month supply per fill)
<i>rifampin oral</i>	T1	
RIGHTEST GL300 LANCETS	T2	
RIGHTEST GS100 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
RIGHTEST GS300 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
RIGHTEST GS550 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	T3	ST; QL (200 strips per 30 days)
RILUTEK	T9	
<i>riluzole</i>	T1	QL (60 tablets per 30 days)
<i>rimantadine hcl</i>	T1	
<i>rimi</i>	T9	

Medication	Coverage Level	Restrictions
RINVOQ LQ	T5	PA; SP (Limited to a 1-month supply per fill); QL (360 ML per 30 days); AL (Min 2 Years and Max 9 Years)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	T5	PA; SP (Limited to 2 fills per 2 years); QL (30 tablets per 30 days)
RIOMET	T9	
<i>risedronate sodium oral tablet 150 mg</i>	T1	ST; QL (1 tablets per 30 days)
<i>risedronate sodium oral tablet 30 mg</i>	T4	ST
<i>risedronate sodium oral tablet 35 mg, 5 mg</i>	T1	ST
<i>Risedronate Sodium Oral Tablet Delayed Release</i>	T2	ST
RISPERDAL ORAL SOLUTION	T3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3	
<i>risperidone oral solution</i>	T1	
<i>risperidone oral tablet</i>	T1	
<i>risperidone oral tablet dispersible 0.25 mg</i>	T1	
<i>RisperiDONE Oral Tablet Dispersible 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	T2	
RITALIN	T3	AL (Min 4 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	T3	QL (30 capsules per 30 days); AL (Min 4 Years)
RITEFLO	T3	QL (4 chambers per 1 year)
<i>ritonavir</i>	T1	
<i>rivastigmine</i>	T3	QL (30 patches per 30 days)
<i>rivastigmine tartrate</i>	T1	QL (60 capsules per 30 days)
RIVELSA	T9	
<i>rixubis</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (73600 billable units per 28 days); AL (Min 21 Years)
<i>rizatriptan benzoate</i>	T1	QL (12 tablets per 30 days)
ROCALTROL ORAL CAPSULE	T3	
ROCALTROL ORAL SOLUTION	T3	AL (Max 9 Years)
ROCKLATAN	T3	ST
<i>roflumilast</i>	T1	QL (30 capsules per 30 days)

Medication	Coverage Level	Restrictions
ROGAINE	T9	
ROGAINE MENS	T9	
ROGAINE MENS EXTRA STRENGTH	T9	
ROGAINE WOMENS EXTERNAL SOLUTION	T9	
<i>ropinirole hcl</i>	T1	
<i>ropinirole hcl er</i>	T1	ST
<i>rosuvastatin calcium oral</i>	T1	
ROSZET	T9	
ROTARIX ORAL SUSPENSION RECONSTITUTED	T6	PV
ROWASA RECTAL	T3	
ROXICODONE ORAL TABLET 15 MG, 30 MG	T3	
ROXYBOND	T3	
ROZEREM	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
ROZLYTREK ORAL CAPSULE	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 capsules per 30 days)
ROZLYTREK ORAL PACKET	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 packets per 30 days)
RUBRACA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
RUCONEST	T9	
<i>rufinamide oral suspension</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
<i>rufinamide oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
RUKOBIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
RYALTRIS	T9	
RYBELSUS	T9	
RYDAPT	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 21 days)

Medication	Coverage Level	Restrictions
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 48.75-195 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 capsules per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 36.25-145 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (270 capsules per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 61.25-245 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (300 capsules per 30 days)
RYTHMOL SR	T3	QL (60 capsules per 30 days)
RYVENT	T9	
SABRIL ORAL PACKET	T9	SP ()
SABRIL ORAL TABLET	T9	
SAFYRAL	T9	
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG	T9	SP ()
SAIZEN INJECTION SOLUTION RECONSTITUTED 8.8 MG	T9	SP ()
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
SALAGEN	T3	QL (120 tablets per 30 days)
SALICATE	T9	
<i>salicylic acid er</i>	T9	
<i>salicylic acid external foam</i>	T9	
<i>salicylic acid external ointment</i>	T9	
<i>salicylic acid external shampoo</i>	T9	
<i>salicylic acid wart remover</i>	T9	
<i>salicylic acid-cleanser external kit 6 % cream</i>	T9	
<i>salsalate oral</i>	T1	
SALVAX	T9	
SALYCIM	T9	
<i>salynta</i>	T9	
SAMSCA ORAL TABLET 15 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
SAMSCA ORAL TABLET 30 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
SANCUSO	T4	ST; SP (Limited to a 1 month supply per fill); QL (1 patch per 28 days)

Medication	Coverage Level	Restrictions
SANDIMMUNE ORAL CAPSULE	T4	SP (Limited to a 1 month supply per fill)
SANDIMMUNE ORAL SOLUTION	T3	
SANTYL	T3	QL (60 GM per 30 days)
SAPHRIS	T9	
<i>sapropterin dihydrochloride oral packet</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>sapropterin dihydrochloride oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>saroxia</i>	T9	
SAVAYSA	T3	ST; QL (30 tablets per 30 days)
SAVELLA	T2	ST; QL (60 tablets per 30 days)
SAVELLA TITRATION PACK	T2	ST; QL (60 tablets per 30 days)
<i>saxagliptin hcl</i>	T3	ST; QL (30 tablets per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-500 mg</i>	T3	ST; QL (30 tablets per 30 days)
Saxenda	Benefit Exclusion	
SCALPICIN MAXIMUM STRENGTH EXTERNAL SOLUTION	T9	
SCARTRATE	T9	
SCEMBLIX ORAL TABLET 100 MG	T5	PA; SP (Limited to a 1-month supply per fill); QL (120 Tablets per 30 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	T5	PA; SP (Limited to a 1 month supply per fill); PV; QL (60 tablets per 30 days)
<i>scopolamine</i>	T1	
SECUADO	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 Patches per 30 days); AL (Min 18 Years)
SEGLENTIS	T9	
SEGLUROMET	T3	ST; QL (60 tablets per 30 days)
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T9	
<i>Selegiline HCl Oral Tablet</i>	T2	
<i>selenium sulfide external lotion</i>	T1	
<i>selenium sulfide external shampoo 2.25 %</i>	T1	
<i>selenium sulfide external shampoo 2.3 %</i>	T9	
<i>Self-Taking Blood Pressure Kit</i>	T2	QL (2 EA per 730 days)
SELZENTRY ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
SELZENTRY ORAL TABLET 150 MG, 300 MG	T5	SP (Limited to a 1 month supply per fill)
SELZENTRY ORAL TABLET 25 MG, 75 MG	T4	SP (Limited to a 1 month supply per fill)
SEMGLEE (YFGN)	T9	
SEMGLEE SUBCUTANEOUS SOLUTION	T9	
<i>se-natal 19 oral tablet chewable</i>	T1	QL (30 tablets per 30 days)
SENSIPAR	T5	SP (Limited to a 1 month supply per fill)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	T2	
SERNIVO	T9	
SEROQUEL	T3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 50 MG	T3	QL (30 tablets per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG	T3	QL (60 tablets per 30 days)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 6 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	T5	PA; SP (Limited to a 1 month supply per fill)
<i>sertraline hcl oral capsule</i>	T9	
<i>sertraline hcl oral concentrate</i>	T1	
<i>sertraline hcl oral tablet</i>	T1	
<i>se-tan plus</i>	T9	
SETLAKIN	T1	PV
<i>sevelamer carbonate oral packet</i>	T5	SP (Limited to a 1 month supply per fill)
<i>Sevelamer Carbonate Oral Tablet</i>	T2	QL (510 tablets per 30 days)
<i>sevelamer hcl</i>	T4	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
SEVENFACT	T4	SP (Limited to a 1 month supply per fill)
SEYSARA	T9	
<i>sf</i>	T1	
<i>sf 5000 plus</i>	T1	
SFROWASA	T3	QL (30 bottles per 30 days)
SHAROBEL	T1	PV
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	T6	PV; QL (2 doses per 1 lifetime); AL (Min 18 Years)

Medication	Coverage Level	Restrictions
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.6 MG/ML, 0.9 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill)
SIKLOS	T9	
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL (Max 5 Years)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	QL (15 tablets per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	T3	PA
SILENOR	T9	
<i>silicone mask/infant</i>	T3	QL (4 masks per 1 year)
<i>silicone mask/pediatric</i>	T3	QL (4 masks per 1 year)
SILIQ	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 4 syringes for the first fill.); QL (2 syringes per 28 days)
<i>silodosin</i>	T1	QL (30 tablets per 30 days)
SILVADENE	T3	
<i>silver sulfadiazine external</i>	T1	
SIMBRINZA	T2	
SIMLANDI (1 PEN)	T4	PA; SP (Limited to a one month supply per fill); QL (2 syringes per 28 days)
SIMLANDI (2 PEN)	T4	PA; SP (Limited to a one month supply per fill); QL (2 syringes per 28 days)
SIMLIYA	T1	PV
SIMPESSE	T1	PV
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 auto-injector per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 28 days)
<i>simvastatin oral tablet</i>	T1	
SINGULAIR	T3	
SINUVA	T9	
<i>sirolimus oral</i>	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
SIRTURO	T4	SP (Limited to a 1 month supply per fill)
<i>sitagliptin</i>	T9	
<i>sitagliptin base-metformin hcl</i>	T9	
SITAVIG	T9	
SIVEXTRO ORAL	T4	PA; SP (Limited to a 1 month supply per fill)
SKYCLARYS	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days); AL (Min 16 Years and Max 40 Years)
SKYRIZI PEN	T5	PA; SP (Limited to a 12 week supply per fill); QL (1 pen per 12 weeks)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to an 8 week supply per fill); QL (1 kit per 8 weeks)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 12 week supply per fill); QL (1 syringe per 12 weeks)
SKYTROFA	T9	
SLYND	T3	ST; QL (28 tablets per 28 days)
<i>sm aspirin ec low strength</i>	T1	
SM CLEARLAX	T3	PV
<i>sm folic acid</i>	T1	PV; AL (Max 50 Years)
<i>sm magnesium citrate</i>	T3	PV
<i>sm nicotine polacrilex</i>	T1	PV
<i>sm nicotine transdermal</i>	T1	PV
SMARTEST BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
SMARTEST LANCETS 28G	T2	
SMOOTH LAX ORAL PACKET	T9	
SMOOTH LAX ORAL POWDER	T3	PV
SOAANZ	T9	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	T1	
<i>sodium chloride inhalation nebulization solution 7 %</i>	T1	
<i>sodium chloride irrigation solution 0.9 %</i>	T1	
<i>sodium fluoride 5000 enamel dental paste</i>	T1	
<i>sodium fluoride 5000 plus</i>	T1	
<i>sodium fluoride 5000 ppm dental paste</i>	T1	
<i>sodium fluoride dental gel 1.1 %</i>	T1	

Medication	Coverage Level	Restrictions
<i>sodium fluoride mouth/throat</i>	T1	
<i>sodium fluoride oral tablet chewable</i>	T1	PV
<i>sodium oxybate</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days)
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>sodium phenylbutyrate oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>sodium polystyrene sulfonate oral powder</i>	T1	
<i>sodium sulfacetamide external shampoo</i>	T9	
<i>sodium sulfacetamide wash</i>	T9	
<i>sofosbuvir-velpatasvir</i>	T5	PA; SP (Limited to a 1 month supply per fill)
SOGROYA	T9	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (112 capsules per 28 days)
SOHONOS ORAL CAPSULE 10 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
SOHONOS ORAL CAPSULE 2.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (140 capsules per 28 days)
SOHONOS ORAL CAPSULE 5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (84 capsules per 28 days)
SOLESTA	T3	
<i>solifenacin succinate</i>	T1	QL (30 tablets per 30 days)
SOLQUA	T2	QL (15 ML per 25 days)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	T9	
SOLOSEC	T9	
SOLTAMOX	T9	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG	T2	QL (2 vials per 1 year)
SOMA ORAL TABLET 350 MG	T9	
SOMATULINE DEPOT	T4	SP (Limited to a 1 month supply per fill)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG, 25 MG, 30 MG	T4	PA; SP (Limited to a 1 month supply per fill)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 20 MG	T4	PA; SP (Limited to a 1 month supply per fill)
SONAFINE	T9	
SOOLANTRA	T3	ST; QL (45 GM per 30 days)
<i>sorafenib tosylate</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
SORILUX	T9	
<i>sotalol hcl oral</i>	T1	
SOTYKTU	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SOTYLIZE	T3	
SOVALDI ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill)
SOVALDI ORAL TABLET 200 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SOVALDI ORAL TABLET 400 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SOVUNA	T9	
SPIKEVAX	T6	PV
<i>spinosad</i>	T1	
SPIRIVA HANDIHALER	T2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T2	QL (1 Inhaler per 30 Days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
<i>spironolactone oral suspension</i>	T3	QL (120 ML per 30 Days); AL (Max 9 Years)
<i>spironolactone oral tablet</i>	T1	
<i>spironolactone-hctz</i>	T1	
SPORANOX ORAL CAPSULE	T9	
SPORANOX ORAL SOLUTION	T5	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
SPRINTEC 28	T1	PV
SPRITAM	T3	ST; QL (60 tablets per 30 Days)
SPRIX	T9	

Medication	Coverage Level	Restrictions
SPRYCEL	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
SPS	T1	
SPS (SODIUM POLYSTYRENE SULF)	T1	
SRONYX	T1	PV
SSD	T1	
SSD (SILVER SULFADIAZINE)	T1	
SSKI	T3	
STALEVO 100	T3	
STALEVO 125	T3	
STALEVO 150	T3	
STALEVO 200	T3	
STALEVO 50	T3	
STALEVO 75	T3	
STEGLATRO	T3	ST; QL (30 EA per 30 days)
STEGLUJAN	T3	ST; QL (30 tablets per 30 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	T4	PA; SP (Allowed 2 vials for first month starting dose)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Allowed 2 syringes for first month starting dose)
Stendra	Benefit Exclusion	
STIMUFEND	T9	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	QL (1 inhaler per 30 days)
STIVARGA	T5	PA; SP (Limited to a 1 month supply per fill)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	T3	QL (60 capsules per 30 days); AL (Min 6 Years)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	T3	QL (30 capsules per 30 days); AL (Min 6 Years)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML	T4	PA; SP (Limited to a 1 month supply per fill)
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill)
<i>stress formula/iron</i>	T3	PV
STRIBILD	T4	SP (Limited to a 1 month supply per fill)
STRIVERDI RESPIMAT	T2	QL (1 inhaler per 30 days); AL (Min 40 Years)
STROMECTOL	T3	QL (5 tablets per 1 day)

Medication	Coverage Level	Restrictions
STROVITE ONE	T9	
SUBOXONE SUBLINGUAL FILM 12-3 MG	T3	QL (60 films per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG	T3	QL (90 films per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	T3	QL (30 films per 30 days)
SUBSYS SUBLINGUAL LIQUID 800 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days)
SUBVENITE STARTER KIT-BLUE	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-GREEN	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-ORANGE	T3	QL (1 kit per 365 Days)
SUCRAID	T4	SP (Limited to a 1 month supply per fill)
<i>Sucralfate Oral Suspension</i>	T2	
<i>sucralfate oral tablet</i>	T1	
SUDOGEST ORAL TABLET 60 MG	T9	
SUFLAVE	T3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T3	
<i>sulconazole nitrate external cream</i>	T3	ST
<i>sulconazole nitrate external solution</i>	T9	
<i>Sulfacetamide Sodium (Acne)</i>	T2	
<i>sulfacetamide sodium (cleans)</i>	T1	
<i>sulfacetamide sodium external liquid</i>	T1	
<i>sulfacetamide sodium ophthalmic</i>	T1	
<i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>	T1	
<i>sulfacetamide sodium-sulfur external liquid 9-4 %, 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	T9	
<i>sulfacetamide sodium-sulfur external pad 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external suspension</i>	T9	
<i>sulfacetamide sod-sulfur wash external liquid 9-4 %</i>	T9	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	T1	
<i>sulfADIAZINE Oral</i>	T2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1	

Medication	Coverage Level	Restrictions
SULFAMYLON	T3	
<i>sulfasalazine oral</i>	T1	
SULFATRIM PEDIATRIC	T1	
<i>sulindac oral</i>	T1	
SUMADAN	T3	
SUMADAN WASH	T3	
<i>sumatriptan nasal</i>	T3	QL (8 units per 30 days)
<i>sumatriptan succinate oral</i>	T1	QL (12 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	T9	
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	T1	QL (8 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	T1	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	T9	
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	T3	QL (8 pens per 30 days)
<i>sumatriptan-naproxen sodium</i>	T9	
SUMAXIN	T9	
SUMAXIN CP	T9	
<i>sunitinib malate</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
SUNLENCA ORAL	T5	PA; SP (Limited to 1 fill per year); QL (1 pouch per 1 year)
SUNOSI	T3	ST; QL (30 tablets per 30 days)
SUPER QUINTS B-50	T3	PV; AL (Max 50 Years)
SUPERVITE	T9	
SUPRAX ORAL CAPSULE	T2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	T3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T2	
SUPRAX ORAL TABLET CHEWABLE	T3	
SUPREP BOWEL PREP KIT	T3	
SUSTIVA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
SUSTOL	T9	
SUTAB	T9	
SUTENT	T9	

Medication	Coverage Level	Restrictions
SYEDA	T1	PV
SYMBICORT	T9	
SYMBYAX ORAL CAPSULE 6-25 MG	T9	
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
SYMFI	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYMFI LO	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML	T2	QL (4 syringes per 31 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	T2	QL (4 syringes per 31 Days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	SP (Limited to a 1 month supply per fill)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	SP (Limited to a 1 month supply per fill); QL (6 ML per 30 days)
SYMPAZAN	T9	
SYMPROIC	T3	ST; QL (30 tablets per 30 days)
SYMTUZA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYNALAR	T9	
SYNALAR TS	T9	
SYNAREL	T9	
SYNDROS	T9	
SYNERA	T9	
SYNERDERM	T9	
SYNJARDY	T2	QL (60 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	QL (30 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	QL (60 tablets per 30 days)
SYNTHROID	T3	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	

Medication	Coverage Level	Restrictions
SYPRINE	T9	
TABLOID	T5	SP (Limited to a 1 month supply per fill)
TABRECTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
TACLONEX EXTERNAL OINTMENT	T5	SP (Limited to a 1 month supply per fill); QL (100 GM per 30 days)
TACLONEX EXTERNAL SUSPENSION	T9	
<i>tacrolimus external ointment</i>	T1	QL (30 GM per 30 days)
<i>tacrolimus oral</i>	T1	
<i>tadalafil (pah)</i>	T9	
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg</i>	T1	QL (15 tablets per 30 days)
<i>tadalafil oral tablet 5 mg</i>	T1	QL (30 tablets per 30 days)
TADLIQ	T9	
TAFINLAR ORAL CAPSULE	T5	PA; SP (Limited to a 1 month supply per fill)
TAFINLAR ORAL TABLET SOLUBLE	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 bottles per 30 days)
<i>tafluprost (pf)</i>	T3	
TAGRISSO	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
TAKE ACTION	T1	PV
TAKHZYRO SUBCUTANEOUS SOLUTION	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 vials per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
TALICIA	T9	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 autoinjector per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 28 days)
TALZENNA	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 capsules per 30 days)
TAMIFLU ORAL CAPSULE	T3	QL (10 capsules per 1 fill)

Medication	Coverage Level	Restrictions
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	T3	QL (120 ML per 1 fill)
<i>tamoxifen citrate oral</i>	T1	
<i>tamsulosin hcl</i>	T1	
TANDEM MOBI CARTRIDGE 2ML	T9	
TANDEM MOBI SYSTEM STARTER	T9	
TANLOR	T9	
TAPERDEX 12-DAY	T9	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	T9	
TARCEVA	T9	
TARGADOX	T9	
TARGRETIN	T9	
TARINA 24 FE	T1	PV
TARINA FE 1/20 EQ	T1	PV
<i>taron forte</i>	T9	
<i>taroxia external cream</i>	T9	
TARPEYO	T9	
TASCENSO ODT	T9	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (112 capsules per 28 days)
TASIGNA ORAL CAPSULE 50 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days)
<i>tasimelteon</i>	T5	PA; SP (Limited to a 1 month supply per fill)
TASMAR ORAL TABLET 100 MG	T3	
<i>tavaborole</i>	T9	
TAVALISSE	T9	
TAVNEOS	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
TAYTULLA	T9	
<i>tazarotene external cream 0.05 %</i>	T3	ST; QL (30 GM per 30 days)
<i>Tazarotene External Cream 0.1 %</i>	T2	ST
<i>tazarotene external foam</i>	T3	ST; QL (50 GM per 30 days)
<i>tazarotene external gel</i>	T9	
TAZORAC EXTERNAL CREAM	T3	ST

Medication	Coverage Level	Restrictions
TAZORAC EXTERNAL GEL	T9	
TAZTIA XT	T1	
TAZVERIK	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 tablets per 30 days)
TDVAX	T6	PV
TECFIDERA ORAL CAPSULE DELAYED RELEASE	T9	
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	T9	
TEGRETOL ORAL SUSPENSION	T3	
TEGRETOL ORAL TABLET	T3	
TEGRETOL-XR	T3	ST
TEGSEDI	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 30 days)
TEKTURNA	T3	
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	T2	ST
<i>telmisartan</i>	T1	
<i>telmisartan-amlodipine</i>	T1	
<i>telmisartan-hctz</i>	T1	
<i>temazepam oral capsule 15 mg, 30 mg</i>	T1	QL (30 capsules per 30 days); AL (Min 18 Years)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	T9	
TEMOVATE EXTERNAL OINTMENT	T3	QL (60 GM per 30 days)
<i>temozolomide oral capsule 100 mg, 250 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>temozolomide oral capsule 140 mg, 180 mg, 20 mg, 5 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill)
TEMPO REFILL	T9	
TEMPO SMART BUTTON	T9	
TEMPO WELCOME	T9	
TENCON ORAL TABLET 50-325 MG	T1	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	T6	PV; QL (1 dose per 10 yearss)
<i>tenofovir disoproxil fumarate</i>	T1	
TENORETIC 100	T3	
TENORETIC 50	T3	

Medication	Coverage Level	Restrictions
TENORMIN	T3	
TEPMETKO	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
<i>terazosin hcl oral</i>	T1	
<i>terbinafine hcl oral</i>	T1	
<i>terbutaline sulfate oral</i>	T1	
<i>terconazole vaginal cream 0.4 %</i>	T1	
<i>terconazole vaginal suppository</i>	T1	
<i>teriflunomide</i>	T1	QL (30 tablets per 30 days)
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>teriparatide subcutaneous solution pen-injector 620 mcg/2.48ml</i>	T4	PA; SP (Limited to a 1 month supply per fill)
TESTIM	T9	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	T1	
<i>testosterone enanthate intramuscular solution</i>	T1	
<i>Testosterone Transdermal Gel 1.62 %, 20.25 MG/ACT (1.62%)</i>	T2	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)</i>	T9	
<i>Testosterone Transdermal Gel 12.5 MG/ACT (1%)</i>	T2	PA; QL (300 GM per 30 days)
<i>Testosterone Transdermal Gel 25 MG/2.5GM (1%), 50 MG/5GM (1%)</i>	T2	PA
<i>testosterone transdermal solution</i>	T9	
<i>tetanus-diphtheria toxoids td</i>	T6	QL (1 dose per 10 years)
<i>tetoxia</i>	T9	
<i>tetpidtar</i>	T9	
<i>tetrabenazine oral tablet 12.5 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>tetracycline hcl oral capsule</i>	T3	
<i>tetracycline hcl oral tablet</i>	T9	
TEXACORT	T9	

Medication	Coverage Level	Restrictions
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pen per 28 days)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
THALITONE	T9	
THALOMID	T4	SP (Max of 31 days per dispensing.)
THEO-24	T2	
<i>theophylline er</i>	T1	
THIOLA	T9	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
THIOLA EC ORAL TABLET DELAYED RELEASE 300 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>thioridazine hcl oral</i>	T1	
<i>thiothixene oral</i>	T1	
THYQUIDITY	T9	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1	
<i>tiagabine hcl oral tablet 12 mg, 4 mg</i>	T3	QL (120 tablets per 30 days)
<i>tiagabine hcl oral tablet 16 mg</i>	T3	QL (90 tablets per 30 days)
<i>tiagabine hcl oral tablet 2 mg</i>	T3	QL (60 tablets per 30 days)
TIAZAC	T3	
TIBSOVO	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
TICOVAC	T9	
TIGLUTIK	T9	
TIKOSYN	T3	
TILIA FE	T1	PV
<i>timolol maleate (once-daily)</i>	T9	
<i>Timolol Maleate Ophthalmic Gel Forming Solution</i>	T2	
<i>timolol maleate ophthalmic solution</i>	T1	
<i>timolol maleate oral</i>	T1	
<i>timolol maleate pf</i>	T3	
<i>timolol-dorzolamid-bimatoprost</i>	T9	

Medication	Coverage Level	Restrictions
TIMOPTIC OCUDOSE	T3	
<i>tinidazole oral</i>	T1	
<i>tiopronin oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
<i>tiopronin oral tablet delayed release 100 mg</i>	T5	PA; SP (Limited to a 1-month supply per fill); QL (240 Tablets per 30 days)
<i>tiopronin oral tablet delayed release 300 mg</i>	T5	PA; SP (Limited to a 1-month supply per fill); QL (90 tablets per 30 days)
<i>tiotropium bromide monohydrate</i>	T9	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	T9	
TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML	T9	
TIVICAY ORAL TABLET 10 MG, 25 MG	T4	SP (Limited to a 1 month supply per fill)
TIVICAY ORAL TABLET 50 MG	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TIVICAY PD	T4	SP (Limited to a 1 month supply per fill)
<i>tizanidine hcl oral</i>	T1	
TLANDO	T9	
TOBI	T4	PA; SP (Limited to a 56 day supply per fill); QL (280 ML per 56 days)
TOBI PODHALER	T4	PA; SP (Limited to a 1 month supply per fill); QL (224 capsules per 28 days)
TOBRADEX OPHTHALMIC OINTMENT	T3	ST
TOBRADEX OPHTHALMIC SUSPENSION	T3	
TOBRADEX ST	T3	ST
<i>tobramycin inhalation</i>	T4	PA; SP (Limited to a 56 day supply per fill); QL (280 ML per 56 days)
<i>tobramycin ophthalmic</i>	T1	
<i>tobramycin sulfate injection solution 80 mg/2ml</i>	T1	
<i>tobramycin-dexamethasone</i>	T1	
<i>tobramycin-vancomycin hcl</i>	T9	
TOBREX OPHTHALMIC OINTMENT	T2	
TODAY SPONGE	T3	PV
TOFIDENCE	T9	

Medication	Coverage Level	Restrictions
<i>tolcapone</i>	T5	SP (Limited to a 1 month supply per fill)
TOLECTIN 600	T9	
<i>tolsura</i>	T9	
<i>tolterodine tartrate</i>	T1	
<i>Tolterodine Tartrate ER</i>	T2	
<i>tolvaptan</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TOPAMAX	T3	
TOPAMAX SPRINKLE	T3	ST
TOPICORT EXTERNAL CREAM 0.05 %	T9	
TOPICORT EXTERNAL CREAM 0.25 %	T3	
TOPICORT EXTERNAL GEL	T9	
TOPICORT EXTERNAL OINTMENT 0.25 %	T3	
TOPICORT SPRAY	T9	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	T3	ST; QL (30 capsules per 30 days)
<i>topiramate er oral capsule extended release 24 hour</i>	T9	
<i>topiramate oral capsule sprinkle</i>	T1	ST
<i>topiramate oral tablet</i>	T1	
TOPROL XL	T3	
<i>toremifene citrate</i>	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
TORPENZ	T9	
<i>torsemide oral</i>	T1	
TOSYMRA	T9	
TOUJEO MAX SOLOSTAR	T2	
TOUJEO SOLOSTAR	T2	
TOVET EXTERNAL FOAM	T3	QL (100 GM per 30 days)
TOVIAZ	T3	QL (30 tablets per 30 days)
TRACLEER ORAL TABLET	T9	SP ()
TRACLEER ORAL TABLET SOLUBLE	T4	PA; SP (Limited to a 1 month supply per fill)
TRADJENTA	T3	ST; QL (30 tablets per 30 days)
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	T9	
<i>tramadol hcl er</i>	T1	QL (30 tablets per 30 days)
<i>tramadol hcl oral solution</i>	T9	
<i>tramadol hcl oral tablet 100 mg, 25 mg, 75 mg</i>	T9	

Medication	Coverage Level	Restrictions
<i>tramadol hcl oral tablet 50 mg</i>	T1	QL (240 tablets per 30 days)
<i>tramadol-acetaminophen</i>	T1	
<i>trandolapril</i>	T1	
<i>trandolapril-verapamil hcl er</i>	T1	
<i>tranexamic acid oral</i>	T1	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	T3	
<i>Tranylcypromine Sulfate</i>	T2	
TRAVATAN Z	T3	
<i>Travoprost (BAK Free)</i>	T2	ST
<i>trazodone hcl oral</i>	T1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	T2	
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T4	PA; SP (Limited to 2 pens on first fill.); QL (1 pen per 8 weeks)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T4	PA; SP (Limited to 2 syringes on first fill.); QL (1 syringe per 8 weeks)
TRESIBA	T9	
TRESIBA FLEXTOUCH	T9	
<i>tretinoin external cream 0.025 %</i>	T1	AL (Max 50 Years)
<i>Tretinoin External Cream 0.05 %, 0.1 %</i>	T2	AL (Max 50 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	T1	AL (Max 50 Years)
<i>Tretinoin External Gel 0.05 %</i>	T2	AL (Max 50 Years)
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	T9	
<i>tretinoin microsphere pump</i>	T9	
<i>tretinoin oral</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
TRETEN	T5	SP (Limited to a 1 month supply per fill)
TREXALL	T3	ST
TREXIMET ORAL TABLET 85-500 MG	T9	
TREZIX ORAL CAPSULE 320.5-30-16 MG	T1	QL (10 capsules per 1 day)
<i>triadime</i>	T9	
<i>triamcinolone acetonide external aerosol solution</i>	T9	
<i>triamcinolone acetonide external cream</i>	T1	
<i>triamcinolone acetonide external lotion 0.1 %</i>	T1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	T1	

Medication	Coverage Level	Restrictions
<i>triamcinolone acetonide external ointment 0.05 %</i>	T9	
<i>triamcinolone acetonide injection suspension 50 mg/ml</i>	T9	
<i>triamcinolone acetonide mouth/throat</i>	T1	
<i>triamcinolone acetonide nasal aerosol</i>	T9	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hctz oral tablet</i>	T1	
TRIANEX	T9	
TRIASIL	T9	
<i>triazolam oral tablet 0.125 mg</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>	T1	QL (60 tablets per 30 days); AL (Min 18 Years)
TRIBENZOR	T3	
<i>tri-buffered aspirin oral tablet 325 mg</i>	T1	
TRICARE	T9	
<i>tricitrates</i>	T9	
TRICON	T9	
TRICOR	T3	
TRIDACAINE II	T9	
TRIDACAINE XL	T9	
TRIDERM EXTERNAL CREAM 0.5 %	T1	
<i>trientine hcl oral capsule 250 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)
<i>trientine hcl oral capsule 500 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (75 capsules per 30 days)
TRI-ESTARYLLA	T1	PV
<i>trifluoperazine hcl oral</i>	T1	
<i>trifluridine ophthalmic</i>	T1	
<i>trigels-f forte</i>	T9	
<i>trihexyphenidyl hcl oral tablet</i>	T1	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 Tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	QL (60 Tablets per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)

Medication	Coverage Level	Restrictions
TRIKAFTA ORAL THERAPY PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days)
TRI-LEGEST FE	T1	PV
TRILEPTAL	T3	
TRI-LINYAH	T1	PV
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG	T3	QL (30 capsules per 30 days)
TRILIPIX ORAL CAPSULE DELAYED RELEASE 45 MG	T3	QL (60 capsules per 30 days)
TRI-LO-ESTARYLLA	T1	PV
TRI-LO-MARZIA	T1	PV
TRI-LO-MILI	T1	PV
TRI-LO-SPRINTEC	T1	PV
TRI-LUMA	T9	
<i>trimethobenzamide hcl oral</i>	T1	
<i>trimethoprim oral</i>	T1	
TRI-MILI	T1	PV
<i>Trimipramine Maleate Oral</i>	T2	
<i>trinatal rx 1</i>	T1	
TRINATE	T9	
TRINTELLIX	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
TRI-NYMYO	T1	PV
TRIONEX	T9	
<i>triphrocaps</i>	T9	
TRI-SPRINTEC	T1	PV
<i>tristart dha</i>	T9	
TRIUMEQ	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>triumeq pd</i>	T4	SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
TRI-VI-FLOR	T9	
<i>tri-vitel fluoride</i>	T3	
TRIVORA (28)	T1	PV
TRI-VYLIBRA	T1	PV
TRI-VYLIBRA LO	T1	PV
TRIZIVIR	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
TROJAN	T3	PV
TROKENDI XR	T9	
<i>tropicamide-cyclopentolate-pe</i>	T9	
<i>tropicamide-phenylephrine</i>	T9	
<i>tropium chloride</i>	T1	QL (60 tablets per 30 days)
<i>tropium chloride er</i>	T3	QL (30 capsules per 30 days)
TRUDHESA	T9	
<i>true cover</i>	T3	PV
TRUE METRIX BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
TRUETEST TEST	T3	ST; QL (200 strips per 30 days)
TRUETRACK TEST	T3	ST; QL (200 strips per 30 days)
TRULANCE	T2	QL (30 tablets per 30 days)
TRULICITY	T2	QL (2 ML per 28 days)
TRUMENBA	T6	PV; QL (3 Doses per 1 Lifetime)
TRUSTEX LUBRICATED	T3	PV
TRUSTEX RIA LUBRICATED	T3	PV
TRUVADA	T5	SP (Limited to a 1 month supply per fill)
TRYVIO	T9	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T9	
TUKYSA	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
TURALIO ORAL CAPSULE 125 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days)
TURQOZ	T1	PV
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	QL (4 does per 1 lifetime)
TWIRLA	T9	
TWYNEO	T9	
TYBLUME ORAL TABLET CHEWABLE	T3	PV
TYBOST	T2	QL (30 tablets per 30 days)
TYDEMY	T9	
TYENNE	T9	
TYKERB	T9	
TYMLOS	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pen per 30 days)

Medication	Coverage Level	Restrictions
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	T9	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T9	
TYRVAYA	T9	
TYVASO	T4	PA; SP (Limited to a 1 month supply per fill)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	T5	PA; SP (Limited to a 1 month supply per fill)
TYVASO DPI TITRATION KIT	T5	PA; SP (Limited to a 1 month supply per fill)
TYVASO REFILL KIT	T4	PA; SP (Limited to a 1 month supply per fill)
TYVASO STARTER KIT	T4	PA; SP (Limited to a 1 month supply per fill)
UBRELVY	T4	PA; SP (Limited to a 1 month supply per fill); QL (10 tablets per 30 days)
UCERIS ORAL	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
UCERIS RECTAL	T3	QL (2 packages per 180 days)
UDENYCA ONBODY	T9	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
ULORIC	T3	QL (30 tablets per 30 days)
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	T1	
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	T2	
ULTRASAL-ER	T9	
ULTRATRAK ULTIMATE TEST	T3	ST; QL (200 strips per 30 days)
ULTRAVATE EXTERNAL LOTION	T9	
UNISTrip1 GENERIC	T3	ST; QL (200 strips per 30 days)
UNITHROID	T1	
UPNEEQ	T9	
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1600 MCG, 400 MCG, 600 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
UPTRAVI ORAL TABLET 1400 MCG, 200 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET 800 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI TITRATION	T5	PA; SP (Limited to a 1 month supply per fill); QL (200 tablets per 30 days)
<i>urea external cream 20 %, 40 %, 45 %</i>	T9	
<i>urea external lotion 40 %</i>	T9	
<i>urea hydrating</i>	T9	
<i>urea nail external gel 45 %</i>	T9	
URIBEL	T9	
URIMAR-T ORAL CAPSULE	T9	
<i>urneva</i>	T9	
UROCIT-K 10	T3	
UROCIT-K 15	T3	
UROCIT-K 5	T3	
UROXATRAL	T3	
URSO 250	T3	
URSO FORTE	T3	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	T9	
<i>Ursodiol Oral Capsule 300 MG</i>	T2	
<i>Ursodiol Oral Tablet</i>	T2	
VAGIFEM VAGINAL TABLET 10 MCG	T3	
<i>valacyclovir hcl oral</i>	T1	
VALCHLOR	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 GM per 15 days)
VALCYTE ORAL SOLUTION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days); AL (Max 9 Years)
VALCYTE ORAL TABLET	T9	
<i>valganciclovir hcl oral solution reconstituted</i>	T4	SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days); AL (Max 9 Years)
<i>valganciclovir hcl oral tablet</i>	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
VALIUM	T3	
<i>valproic acid oral capsule</i>	T1	

Medication	Coverage Level	Restrictions
<i>valsartan oral solution</i>	T9	
<i>valsartan oral tablet</i>	T1	
<i>valsartan-hydrochlorothiazide</i>	T1	
VALTOCO 10 MG DOSE	T3	QL (4 Units per 30 days)
VALTOCO 15 MG DOSE	T3	QL (8 Units per 30 days)
VALTOCO 20 MG DOSE	T3	QL (8 Units per 30 days)
VALTOCO 5 MG DOSE	T3	QL (4 Units per 30 days)
VALTREX	T3	
VANCOCIN ORAL CAPSULE 125 MG	T9	
<i>vancomycin hcl intravenous solution reconstituted 1.25 gm, 500 mg</i>	T1	
<i>vancomycin hcl oral capsule 125 mg</i>	T3	ST; QL (56 capsules per 14 days)
<i>vancomycin hcl oral capsule 250 mg</i>	T9	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	T1	
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	T9	
<i>Vancomycin HCl Oral Solution Reconstituted 50 MG/ML</i>	T2	
VANDAZOLE	T1	
VANFLYTA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (28 tablets per 28 days)
VANIQA	T9	
VANOS	T9	
VANOXIDE-HC	T9	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	T6	PV; QL (2 Doses per 1 Lifetime)
Vardenafil HCl Oral Tablet	Benefit Exclusion	
<i>varidenafil hcl oral tablet dispersible</i>	T9	
<i>Varenicline Tartrate (Starter)</i>	T2	
<i>Varenicline Tartrate Oral Tablet 0.5 MG, 1 MG</i>	T2	QL (60 tablets per 30 Days)
<i>varoxia external cream</i>	T9	
VASCEPA	T9	
VASERETIC	T3	
VASHE CLEANSING	T9	
VASOTEC	T3	
VAXELIS	T6	PV
VAXNEUVANCE	T6	
<i>v-c forte</i>	T9	

Medication	Coverage Level	Restrictions
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	T3	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	T3	PV
VECAMYL	T4	SP (Limited to a 1 month supply per fill)
VECTICAL	T3	ST; QL (100 GM per 30 days)
VELIVET	T1	PV
VELPHORO	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
VELSIPITY	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
VELTASSA ORAL PACKET 16.8 GM	T5	ST; SP (Limited to a one month supply per fill); QL (30 packets per 30 days)
VELTASSA ORAL PACKET 25.2 GM	T5	ST; SP (Limited to a one month supply per fill); QL (30 packets per 30 days)
VELTASSA ORAL PACKET 8.4 GM	T5	ST; SP (Limited to a one month supply per fill); QL (30 Packets per 30 days)
VELTIN	T9	
VEMLIDY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
VENCLEXTA	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
VENCLEXTA STARTING PACK	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
VENELEX	T9	
<i>venlafaxine besylate er</i>	T9	
<i>venlafaxine hcl</i>	T1	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	T1	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	T9	
VENTAVIS	T4	PA; SP (Limited to a 1 month supply per fill)
VENTOLIN HFA	T2	QL (2 Inhalers per 25 days)
VEOZAH	T9	

Medication	Coverage Level	Restrictions
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	
<i>verapamil hcl oral</i>	T1	
VERDESO	T9	
VEREGEN	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 GM per 30 days)
VERELAN	T3	
VERELAN PM	T3	
VERKAZIA	T9	
VERQUVO	T3	PA; QL (30 tablets per 30 days)
VERSACLOZ	T5	ST; SP (Limited to a 1 month supply per fill)
VERZENIO ORAL TABLET 100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
VERZENIO ORAL TABLET 150 MG, 50 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
VERZENIO ORAL TABLET 200 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
VESICARE	T3	QL (30 tablets per 30 days)
VESICARE LS	T3	ST; QL (150 ML per 30 days); AL (Max 9 Years)
VESTURA	T1	PV
VEVYE	T9	
VFEND ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (300 ML per 30 days)
VFEND ORAL TABLET 200 MG	T5	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
VFEND ORAL TABLET 50 MG	T5	SP (Limited to a 1 month supply per fill); QL (480 tablets per 30 days)
V-GO 20 KIT 20 UNIT/24HR	T2	
V-GO 30 KIT 30 UNIT/24HR	T2	
V-GO 40 KIT 40 UNIT/24HR	T2	
VIAGRA	T9	
VIBERZI	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
VIBRAMYCIN ORAL CAPSULE	T3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	T3	
VIBRANT	T9	
VIC-FORTE	T9	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
VIENVA	T1	PV
<i>vigabatrin oral packet</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL (Max 2 Years)
<i>vigabatrin oral tablet</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days); AL (Min 2 Years)
VIGADRONE ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL (Min 2 Years)
VIGADRONE ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days); AL (Min 2 Years)
VIGAFYDE	T5	PA; SP (Limited to a 1-month supply per fill); QL (150 ML per 30 days); AL (Max 2 Years)
VIGAMOX	T2	
VIGPODER	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL (Max 2 Years)
VIIBRYD ORAL TABLET	T3	QL (30 tablets per 30 days)
VIIBRYD STARTER PACK	T3	QL (30 tablets per 30 days)
VIJOICE ORAL PACKET	T4	PA; SP (Limited to a 1-month supply per fill); QL (56 Packets per 28 days)
VIJOICE ORAL TABLET THERAPY PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tabelts per 28 days)
<i>vilazodone hcl</i>	T1	QL (30 tablets per 30 Days)
Vimovo	Benefit Exclusion	
VIMPAT ORAL SOLUTION	T3	
VIMPAT ORAL TABLET	T3	QL (60 tablets per 30 days)
VINATE DHA RF	T3	QL (30 capsules per 30 days)
VIOKACE	T5	ST; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<i>viorele</i>	T1	PV
VIRACEPT ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
VIREAD ORAL POWDER	T4	SP (Limited to a 1 month supply per fill)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T4	SP (Limited to a 1 month supply per fill)
VIREAD ORAL TABLET 300 MG	T5	SP (Limited to a 1 month supply per fill)
<i>virt-caps</i>	T9	
VISTARIL	T3	
VISTOGARD	T4	SP (Limited to a 1 month supply per fill); QL (20 packets per 5 days)
VITAFOL-OB	T3	
VITAFOL-ONE	T3	
VITAL-D RX	T9	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	T1	
<i>vitamin d3 oral capsule 25 mcg (1000 ut)</i>	T1	PV; AL (Min 65 Years)
<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i>	T1	PV; AL (Min 65 Years)
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	T3	
VITAPEARL	T3	
VITATRUE	T3	
VITRAKVI ORAL CAPSULE	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 capsules per 30 days)
VITRAKVI ORAL SOLUTION	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (100 ML per 30 days)
VIVAGUARD INO CONTROL SOLUTION	T3	
VIVAGUARD INO TEST STRIPS	T3	ST; QL (200 strips per 30 days)
VIVELLE-DOT	T3	
VIVJOA	T9	
VIZIMPRO	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
VOCABRIA	T9	

Medication	Coverage Level	Restrictions
VOGELXO PUMP	T9	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	T9	
VOLNEA	T1	PV
VONJO	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
VONVENDI	T5	SP (Limited to a 1 month supply per fill)
VOQUEZNA	T9	
VORANIGO ORAL TABLET 10 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 12 Years)
VORANIGO ORAL TABLET 40 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 12 Years)
<i>voriconazole oral tablet 200 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>voriconazole oral tablet 50 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (480 tablets per 30 days)
VORTEX HOLDING CHAMBER/MASK	T3	QL (4 chambers per 1 year)
VOSEVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
VOTRIENT	T9	
VOWST	T9	
VOXZOGO	T5	PA; SP (Limited to a 1 month supply per fill); QL (3 boxes per 30 days)
VOYDEYA	T5	PA; SP (Limited to a one month supply per fill); QL (180 tablets per 30 Days)
<i>vp-vite rx</i>	T9	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 6 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
VRAYLAR ORAL CAPSULE 4.5 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
VTAMA	T9	
VUITY	T9	

Medication	Coverage Level	Restrictions
VUMERITY	T9	
VUSION	T9	
VYFEMLA	T1	PV
VYLIBRA	T1	PV
VYNDAMAX	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
VYNDAQEL	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
VYTONE	T9	
VYTORIN	T3	
VYVANSE ORAL CAPSULE	T3	QL (30 capsules per 30 days); AL (Min 6 Years)
VYVANSE ORAL TABLET CHEWABLE	T9	
VYZULTA	T9	
WAINUA	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 auto-injector per 30 days)
WAKIX	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>warfarin sodium oral</i>	T1	
<i>wee care</i>	T1	PV; AL (Min 6 Years and Max 12 Years)
WEGOVY	Non-Formulary	
WELCHOL ORAL PACKET	T3	QL (30 packets per 30 days)
WELCHOL ORAL TABLET	T3	QL (180 tablets per 30 days)
WELIREG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	T3	QL (90 tablets per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG	T3	QL (60 tablets per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	T3	QL (90 tablets per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	T3	
WERA	T1	PV
WIDE-SEAL DIAPHRAGM 60	T3	PV
WIDE-SEAL DIAPHRAGM 65	T3	PV

Medication	Coverage Level	Restrictions
WIDE-SEAL DIAPHRAGM 70	T3	PV
WIDE-SEAL DIAPHRAGM 75	T3	PV
WIDE-SEAL DIAPHRAGM 80	T3	PV
WIDE-SEAL DIAPHRAGM 85	T3	PV
WIDE-SEAL DIAPHRAGM 90	T3	PV
WIDE-SEAL DIAPHRAGM 95	T3	PV
WILATE INTRAVENOUS KIT	T4	SP (Limited to a 1 month supply per fill)
WINLEVI	T9	
WINREVAIR	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 3 weekss)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	T3	
WYMZYA FE	T1	PV
WYNZORA	T9	
XACIATO	T3	ST
XADAGO	T3	ST; QL (30 tablets per 30 days)
XALATAN	T3	
XALIX	T9	
XALKORI	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 capsules per 30 days)
XANAX	T3	
XANAX XR	T3	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)
XARELTO ORAL TABLET 15 MG	T2	QL (42 tablets per 21 days)
XARELTO ORAL TABLET 2.5 MG	T2	QL (60 tablets per 30 days)
XARELTO STARTER PACK	T2	QL (1 pack per 180 days)
XATMEP	T3	AL (Max 9 Years)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XCOPRI (350 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 Tablets per 30 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 Tablets per 30 days)

Medication	Coverage Level	Restrictions
XCOPRI ORAL TABLET 150 MG, 200 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 Tablets per 30 days)
XCOPRI ORAL TABLET 25 MG	T4	PA; SP (Limited to 1-month supply per fill); QL (30 Tablets per 30 days)
XCOPRI ORAL TABLET THERAPY PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Pack per 30 days)
XDEMVIY	T3	PA; QL (10 ML per 1 year); AL (Min 18 Years)
XELJANZ ORAL SOLUTION	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 ML per 30 days)
XELJANZ ORAL TABLET	T4	PA; 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; 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; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
XELODA	T9	
XELPROS	T2	
XELSTRYM	T3	ST; QL (30 patches per 30 days); AL (Min 6 Years)
XENAZINE	T9	
XENICAL	T9	
XENLETA ORAL	T9	
XEPI	T9	
XERAC AC	T1	
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	T9	
XERESE	T9	
XERMELO	T4	PA; SP (Limited to a 1 month supply per fill)
XHANCE	T9	
XIFAXAN ORAL TABLET 200 MG	T4	SP (Limited to a 1 month supply per fill); QL (9 tablets per 30 days)
XIFAXAN ORAL TABLET 550 MG	T4	PA; SP (Limited to a 14 or 30 day supply per fill, depending on diagnosis.)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	T2	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T2	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T2	QL (60 tablets per 30 days)
XIIDRA	T2	QL (60 vials per 30 days)
XIMINO	T9	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	T2	QL (1 tablet per 1 fill); AL (Min 5 Years)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	T2	QL (1 tablet per 1 fill); AL (Min 5 Years)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/0.5ML	T4	PA; SP (Limited to a 1-month supply per fill); QL (2 Auto-injectors per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days)
XOLREMDI	T9	
XOPENEX HFA	T9	
XOSPATA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days)
XPHOZAH	T9	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (20 tablets per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 tablets per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (16 tablets per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (12 tablets per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	T5	PA; SP (Limited to a 1 month supply per fill); QL (24 tablets per 28 days)

Medication	Coverage Level	Restrictions
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (16 tablets per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	T5	PA; SP (Limited to a 1 month supply per fill); QL (32 tablets per 28 days)
XTAMPZA ER	T3	ST; QL (60 capsules per 30 days)
XTANDI ORAL CAPSULE	T4	PA; ST; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days)
XTANDI ORAL TABLET 40 MG	T4	PA; ST; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 tablets per 30 days)
XTANDI ORAL TABLET 80 MG	T4	PA; ST; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
XULANE	T2	PV; QL (4 patches per 28 days)
XULTOPHY	T2	QL (15 ML per 30 days)
<i>xurea</i>	T9	
XURIDEN	T9	
XYLIDERM	T9	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	PA; SP (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
XYNTHA SOLOFUSE	T4	PA; SP (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
XYOSTED	T9	
XYREM	T9	
XYWAV	T9	
YARGESA	T5	PA; SP (Limited to a 1 month supply per fill)
YASMIN 28	T9	
<i>yaxatarxyn</i>	T9	
YAZ	T9	
YF-VAX SUBCUTANEOUS INJECTABLE	T9	
<i>yokatar</i>	T9	
YONSA	T9	SP ()

Medication	Coverage Level	Restrictions
Yosprala	Benefit Exclusion	
YUFLYMA (1 PEN)	T9	
YUFLYMA (2 PEN)	T9	
YUFLYMA (2 SYRINGE)	T9	
YUFLYMA SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	T9	
YUFLYMA-CD/UC/HS STARTER	T9	
YUPELRI	T9	
YUSIMRY	T9	
YUVAFEM	T1	
ZADITOR	T1	
ZAFEMY	T1	PV; QL (3 patches per 28 days)
<i>zafirlukast</i>	T1	
<i>zaleplon oral capsule 10 mg</i>	T1	AL (Min 18 Years)
<i>zaleplon oral capsule 5 mg</i>	T1	QL (30 capsules per 30 days); AL (Min 18 Years)
ZANAFLEX	T3	
ZARONTIN	T3	
ZARXIO	T4	SP (Limited to a 1 month supply per fill)
ZAVESCA	T9	
ZAVZPRET	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 30 days); AL (Min 18 Years)
ZEGALOGUE	T3	QL (2 kits per 30 days)
Zegerid	Benefit Exclusion	
ZEJULA ORAL TABLET	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ZELBORAF	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
ZEMBRACE SYMTOUCH	T9	
ZEMDRI	T9	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	T3	
ZENATANE	T2	QL (6 fills per 2 years)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT	T4	SP (Limited to a 1 month supply per fill)
ZENZEDI ORAL TABLET 10 MG	T3	QL (180 tablets per 30 days); AL (Min 6 Years)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	T9	
ZENZEDI ORAL TABLET 5 MG	T3	QL (30 tablet per 30 days); AL (Min 6 Years)
ZEPATIER	T4	SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
ZEPBOUND	T9	
ZEPOSIA	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ZEPOSIA 7-DAY STARTER PACK	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
ZERVIAE	T9	
ZESTORETIC	T3	
ZESTRIL	T3	
ZETIA	T3	
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ZIAGEN ORAL SOLUTION	T2	
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<i>Zidovudine Oral Capsule</i>	T2	
<i>zidovudine oral syrup</i>	T1	
<i>Zidovudine Oral Tablet</i>	T2	
ZIEXTENZO	T9	
ZILBRYSQ	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 syringes per 28 days)
<i>zileuton er</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); AL (Min 12 Years)
ZILRETTA	T9	
ZILXI	T9	
ZIMHI	T2	QL (1 box per 1 year)
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	T9	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	T3	

Medication	Coverage Level	Restrictions
<i>ziprasidone hcl</i>	T1	
ZIPSOR	T9	
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML	T9	
ZIRGAN	T3	
ZITHRANOL	T3	ST
ZITHROMAX ORAL PACKET	T2	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	T3	
ZITHROMAX TRI-PAK	T3	
ZITHROMAX Z-PAK	T3	
ZITUVIMET	T9	
ZITUVIMET XR	T9	
ZITUVIO	T9	
ZMA CLEAR	T9	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	T3	QL (31 EA per 31 days)
ZOKINVY	T9	
ZOLINZA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
<i>zolmitriptan nasal solution 5 mg</i>	T3	ST; QL (12 units per 30 days)
<i>ZOLMitriptan Oral</i>	T2	QL (12 tablets per 30 days)
ZOLOFT ORAL TABLET 100 MG	T3	QL (60 tablets per 30 days)
ZOLOFT ORAL TABLET 25 MG	T3	QL (90 tablets per 30 days)
ZOLOFT ORAL TABLET 50 MG	T3	QL (120 tablets per 30 days)
<i>zolpidem tartrate er</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>zolpidem tartrate oral capsule</i>	T9	
<i>zolpidem tartrate oral tablet</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>zolpidem tartrate sublingual</i>	T9	
ZOMACTON	T9	
ZOMIG NASAL SOLUTION 2.5 MG	T3	ST; QL (12 units per 30 days)
ZOMIG NASAL SOLUTION 5 MG	T9	
ZOMIG ORAL	T3	QL (12 tablets per 30 days)
ZONALON	T9	
ZONEGRAN	T3	
ZONISADE	T3	QL (150 ML per 30 days); AL (Max 9 Years)
<i>zonisamide oral</i>	T1	
ZONTIVITY	T3	ST; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
ZORTRESS	T5	SP (Limited to a 1 month supply per fill)
ZORVOLEX	T9	
ZORYVE EXTERNAL CREAM 0.3 %	T9	
ZORYVE EXTERNAL FOAM	T9	
ZOVIA 1/35 (28)	T1	PV
ZOVIRAX EXTERNAL	T9	
ZTALMY	T4	PA; SP (Limited to a 1 month supply per fill); QL (1100 ML per 30 days)
ZTLIDO	T9	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	T2	QL (30 tablets per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T2	QL (60 tablets per 30 days)
ZUMANDIMINE	T1	PV
ZYCLARA	T9	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	T3	ST
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	T9	
ZYDELIG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
ZYFLO	T9	
ZYKADIA ORAL TABLET	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
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ZYLOPRIM	T3	
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ZYMFENTRA (2 PEN)	T9	
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Medication	Coverage Level	Restrictions
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ZYVOX ORAL TABLET	T5	SP (Limited to one 14 day supply per 6 months (180 days)); QL (28 tablets per 14 days)

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<i>brimonidine tartrate-timolol</i>	21	<i>calcipotriene-betameth diprop</i>	23	CARNITOR SF	26
<i>brimonidine-dorzolamide</i>	21	<i>calcitonin (salmon)</i>	23	CAROSPIR	26
<i>Brinzolamide</i>	21	<i>calcitriol</i>	24	<i>carteolol hcl</i>	26
BRIVIACT	21	<i>calcium acetate (phos binder)</i>	24	CARTIA XT	26
<i>bromfenac sodium</i>	21	CALQUENCE	24	<i>carvedilol</i>	26
<i>Bromfenac Sodium (Once-</i>		<i>calsodore</i>	24	<i>Carvedilol Phosphate ER</i>	26
<i>Daily)</i>	21	CAMBIA	24	CASODEX	26
<i>Bromocriptine Mesylate</i>	21	CAMILA	24	CATAPRES-TTS-1	26
BROMSITE	21	CAMRESE	24	CATAPRES-TTS-2	26
BRONCHITOL	21	CAMRESE LO	24	CATAPRES-TTS-3	26
BROVANA	21	CAMZYOS	24	CAVERJECT	26
BRUKINSA	21	CANASA	24	CAVERJECT IMPULSE	26
BRYHALI	21	<i>candesartan cilexetil</i>	24	CAYA	26
BSS	21	<i>candesartan cilexetil-hctz</i>	24	CAYSTON	26
BSS PLUS	21	CANDIN	24	<i>cefaclor</i>	26
<i>Budesonide</i>	22	<i>capecitabine</i>	24	<i>cefaclor er</i>	26
<i>budesonide</i>	22	CAPEX	24	<i>cefadroxil</i>	26
<i>budesonide er</i>	21	CAPLYTA	24	<i>cefdinir</i>	26
		CAPRELSA	24	<i>cefixime</i>	26

<i>cefpodoxime proxetil</i>	26	CIMZIA (2 SYRINGE)	28	<i>Clobetasol Propionate</i>	30
<i>cefprozil</i>	26	CIMZIA STARTER KIT	28	<i>clobetasol propionate emulsion</i> ..	30
<i>cefuroxime axetil</i>	26	CIMZIA-STARTER	28	CLOBEX	30
CELACYN	26	<i>cinacalcet hcl</i>	28	CLOBEX SPRAY	30
CELEBREX	26	CIPRO	28	<i>clocortolone pivalate</i>	30
<i>celecoxib</i>	26	CIPRO HC	28	CLODAN	30
CELEXA	26	CIPRODEX	28	CLODERM	30
CELLCEPT	26, 27	<i>ciprofloxacin hcl</i>	29	CLOMID	31
CELONTIN	27	<i>ciprofloxacin-dexamethasone</i>	29	<i>clomipramine hcl</i>	31
CENTRATEX	27	<i>Ciprofloxacin-Fluocinolone PF</i> ...	29	<i>clonazepam</i>	31
<i>cephalexin</i>	27	<i>citalopram hydrobromide</i>	29	<i>clonidine</i>	31
<i>Cephalexin</i>	27	CITRANATAL 90 DHA	29	<i>clonidine er</i>	31
CEPROTIN	27	CITRANATAL ASSURE	29	<i>clonidine hcl</i>	31
CEQUA	27	CITRANATAL B-CALM	29	<i>cloNIDine HCl ER</i>	31
CERACADE	27	CITRANATAL BLOOM	29	<i>clonidine hcl er</i>	31
CERDELGA	27	CITRANATAL HARMONY	29	<i>clopidogrel bisulfate</i>	31
CETACAINE	27	CITRANATAL MEDLEY	29	<i>clorazepate dipotassium</i>	31
<i>cetirizine hcl</i>	27	<i>citrate of magnesia</i>	29	<i>clotrimazole</i>	31
<i>cetirizine hcl childrens alrgy</i>	27	CITROMA	29	<i>clotrimazole-betamethasone</i>	31
<i>cetirizine-pseudoephedrine er</i>	27	CLARAVIS	29	<i>clozapine</i>	31
CETRAXAL	27	CLARINEX	29	CLOZARIL	31
CETROTIDE	27	CLARINEX-D 12 HOUR	29	COAGADEX	31
<i>cevimeline hcl</i>	27	<i>clarithromycin</i>	29	<i>Coal Tar</i>	31
CHARLOTTE 24 FE	27	<i>clarithromycin er</i>	29	COARTEM	31
CHATEAL EQ	27	CLARITIN	29	<i>codeine sulfate</i>	31
CHEMET	27	CLARITIN REDITABS	29	<i>coenzyme q10</i>	31
<i>childrens aspirin</i>	27	CLARITIN-D 12 HOUR	29	<i>coenzyme q-10</i>	31
<i>childrens loratadine</i>	27	CLARITIN-D 24 HOUR	29	COLAZAL	31
<i>chlohex</i>	27	<i>classic prenatal</i>	29	<i>colchicine</i>	31
<i>chlordiazepoxide hcl</i>	27	CLEARLAX	29	<i>colchicine-probenecid</i>	31
<i>chlordiazepoxide-amitriptyline</i>	27	<i>clemastine fumarate</i>	29	COLCRYS	31
<i>chlordiazePOXIDE-Clidinium</i>	27	CLENIA PLUS	29	<i>colesevelam hcl</i>	31
<i>chlorhexidine gluconate</i>	27	CLENPIQ	29	COLESTID	31
<i>chloroquine phosphate</i>	27	CLEOCIN	29	<i>colestipol hcl</i>	31
<i>chlorpheniramine maleate er</i>	27	CLEOCIN-T	30	<i>colistimethate sodium (cba)</i>	31
<i>chlorpromazine hcl</i>	27	CLEVER CHOICE MICRO		COMBIGAN	31
<i>chlorthalidone</i>	27	TEST	30	COMBIPATCH	31
<i>chlorzoxazone</i>	28	CLEVER CHOICE TALK		COMBIVENT RESPIMAT	32
<i>Chlorzoxazone</i>	28	SYSTEM	30	COMBIVIR	32
CHOLBAM	28	CLIMARA	30	COMETRIQ (100 MG DAILY	
<i>cholestyramine</i>	28	CLIMARA PRO	30	DOSE)	32
<i>cholestyramine light</i>	28	CLINDAGEL	30	COMETRIQ (140 MG DAILY	
<i>chorionic gonadotropin</i>	28	<i>clindamycin hcl</i>	30	DOSE)	32
CHOSEN LANCING DEVICE	28	<i>clindamycin palmitate hcl</i>	30	COMETRIQ (60 MG DAILY	
CIALIS	28	<i>clindamycin phos-benzoyl</i>		DOSE)	32
CIBINQO	28	<i>perox</i>	30	COMIRNATY	32
<i>ciclopirox</i>	28	<i>Clindamycin Phos-Benzoyl</i>		COMPACT SPACE CHAMBER	32
<i>ciclopirox olamine</i>	28	<i>Perox</i>	30	COMPACT SPACE	
<i>ciclopirox treatment</i>	28	<i>clindamycin phosphate</i>	30	CHAMBER/LG MASK	32
CIFEREX	28	<i>clindamycin-tretinoin</i>	30	COMPACT SPACE	
<i>cilostazol</i>	28	CLINDESSE	30	CHAMBER/MED MASK	32
CILOXAN	28	<i>cloBAZam</i>	30	COMPACT SPACE	
CIMDUO	28	<i>clobazam</i>	30	CHAMBER/SM MASK	32
<i>cimetidine</i>	28	<i>clobetasol prop emollient base</i> ..	30	COMPLERA	32
CIMZIA	28	<i>clobetasol propionate</i>	30	<i>completenate</i>	32

COMPRO.....	32	cvs aspirin ec.....	34	DAYBUE.....	36
COMTAN.....	32	cvs folic acid.....	34	DAYPRO.....	36
CONCERTA.....	32	cvs magnesium citrate.....	34	DAYSEE.....	36
CONDYLOX.....	32	cvs nicotine.....	35	DAYTRANA.....	36
CONJUPRI.....	32	cvs nicotine polacrilex.....	34	DAYVIGO.....	37
CONTOUR CONTROL.....	32	cvs prenatal.....	35	dazaveidaoxia.....	37
CONTOUR NEXT TEST.....	32	cvs prenatal multi+dha.....	35	dazomon.....	37
CONTOUR PLUS BLUE.....	32	CVS PURELAX.....	35	DDAVP.....	37
CONTOUR PLUS TEST.....	32	cyanocobalamin.....	35	DDAVP PF.....	37
CONTOUR TEST.....	32	cyclobenzaprine hcl.....	35	DEBLITANE.....	37
Contrave.....	32	cyclobenzaprine hcl er.....	35	DECARA.....	37
CONZIP.....	32	CYCLOGYL.....	35	deferasirox.....	37
COPAXONE.....	32	CYCLOMYDRIL.....	35	deferasirox granules.....	37
COPIKTRA.....	33	cyclopentolate hcl.....	35	deferiprone.....	37
CORDRAN.....	33	cyclophosphamide.....	35	deflazacort.....	37
COREG.....	33	cycloserine.....	35	DELESTROGEN.....	37
COREG CR.....	33	CYCLOSET.....	35	DELSTRIGO.....	37
CORGARD.....	33	cycloSPORINE.....	35	DELZICOL.....	37
CORLANOR.....	33	cyclosporine.....	35	demeclocycline hcl.....	37
CORTANE-B.....	33	cyclosporine modified.....	35	DEMSEER.....	37
CORTEF.....	33	CYLTEZO (2 PEN).....	35	DENAVIR.....	37
CORTENEMA.....	33	CYLTEZO (2 SYRINGE).....	35	DENG VAXIA.....	37
CORTIFOAM.....	33	CYLTEZO-CD/UC/HS		DENTA 5000 PLUS.....	37
CORTROPHIN.....	33	STARTER.....	35	DENTAGEL.....	37
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corvite fe.....	33	CYMBALTA.....	35	deoxiavar.....	37
COSENTYX.....	33	cyproheptadine hcl.....	35	DEPAKOTE.....	37
COSENTYX (300 MG DOSE).....	33	CYRED EQ.....	35	DEPAKOTE ER.....	37
COSENTYX SENSOREADY		CYSTADANE.....	35	DEPAKOTE SPRINKLES.....	37
(300 MG).....	33	CYSTADROPS.....	35	DEPEN TITRATABS.....	37
COSENTYX SENSOREADY		CYSTARAN.....	35	DEPO-PROVERA.....	37
PEN.....	33	CYTOMEL.....	35	DEPO-TESTOSTERONE.....	37
COSENTYX UNOREADY.....	34	CYTOTEC.....	35	derma-r.....	38
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COTELLIC.....	34	cytra-2.....	36	DERMA-SMOOTH/FS	
COTEMPLA XR-ODT.....	34	CYTRA-3.....	36	SCALP.....	38
COVARYX.....	34	cytra-k.....	36	DERMASO PLUS.....	38
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COXANTO.....	34	dalfampridine er.....	36	Desipramine HCl.....	38
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CRESEMBA.....	34	DANTRIUM.....	36	Refrig.....	38
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CREXONT.....	34	dapagliflozin pro-metformin er.....	36	desmopressin acetate pf.....	38
CRINONE.....	34	dapagliflozin propanediol.....	36	Desmopressin Acetate Spray.....	38
cromolyn sodium.....	34	dapsone.....	36	desogestrel-ethinyl estradiol.....	38
CRYODOSE TA.....	34	DARAPRIM.....	36	desonide.....	38
CRYSELLE-28.....	34	Darifenacin Hydrobromide ER.....	36	Desonide.....	38
CUPRIMINE.....	34	DARTISLA ODT.....	36	DESOWEN.....	38
CURAE.....	34	darunavir.....	36	desoximetasone.....	38
CUVPOSA.....	34	dasatinib.....	36	Desoximetasone.....	38
CUVRIOR.....	34	DASETTA 1/35.....	36	DESODYN.....	38
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cvs aspirin adult low dose.....	34	DAURISMO.....	36	desvenlafaxine succinate er.....	38

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DETROL LA	38	<i>diflorasone diacetate</i>	40	DRISDOL	43
<i>dexabliss</i>	38	DIFLUCAN	41	<i>dronabinol</i>	43
<i>dexamethasone</i>	38	<i>diflunisal</i>	41	<i>drospiren-eth estrad-levomefol</i> ...43	
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<i>dexamethasone sodium</i>		<i>digoxin</i>	41	<i>droxidopa</i>	43
<i>phosphate</i>	38	<i>dihydroergotamine mesylate</i>41		DRYSOL	43
DEXCOM G6 RECEIVER	39	DILANTIN	41	DSUVIA	43
DEXCOM G6 SENSOR	39	DILANTIN INFATABS	41	DUAKLIR PRESSAIR	43
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DEXCOM G7 RECEIVER	39	<i>diltiazem hcl</i>	41	DUETACT	43
DEXCOM G7 SENSOR	39	<i>diltiazem hcl er</i>	41	DUEXIS	44
DEXEDRINE	39	<i>diltiazem hcl er beads</i>	41	DULCOLAX	44
<i>Dexilant</i>	39	<i>diltiazem hcl er coated beads</i>41		DULERA	44
<i>dexlansoprazole</i>	39	<i>dilt-xr</i>	41	<i>duloxetine hcl</i>	44
<i>dexmedetomidine hcl in nacl</i>39		<i>dimethyl fumarate</i>	41	<i>DULoxetine HCl</i>	44
<i>dexmethylphenidate hcl</i>	39	<i>dimethyl fumarate starter pack</i> ...41		DULOXICAINE	44
<i>dexmethylphenidate hcl er</i>	39	<i>diooxia</i>	42	DUOBRII	44
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<i>dextroamphetamine sulfate</i>39		DIOVAN HCT	42	DUPIXENT	44
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DEXYCU	39	<i>diphenhydramine hcl</i>	42	DUREZOL	44
DHIVY	39	<i>diphenoxylate-atropine</i>	42	<i>dutasteride</i>	44
DIACOMIT	39	DIPROLENE	42	<i>Dutasteride-Tamsulosin HCl</i>44	
<i>diadimaxia</i>	39	<i>dipyridamole</i>	42	DUVYZAT	44
DIALYVITE	39	<i>disopyramide phosphate</i>	42	DYANAVEL XR	44
DIALYVITE 3000	39	<i>disulfiram</i>	42	DYMISTA	44
DIALYVITE 5000	39	DIURIL	42	DYRENIUM	44
DIALYVITE 800	39	<i>divalproex sodium</i>	42	E.E.S. 400	44
DIALYVITE 800/IRON	39	<i>divalproex sodium er</i>	42	E.E.S. GRANULES	44
DIALYVITE/ZINC	40	DIVIGEL	42	EASIVENT	44
<i>diasaxiatar</i>	40	DOANS PILLS	42	EASIVENT MASK LARGE	44
<i>diasdimaxia</i>	40	<i>Dofetilide</i>	42	EASIVENT MASK MEDIUM	44
<i>diasoxia</i>	40	DOJOLVI	42	EASIVENT MASK SMALL	44
DIASTAT ACUDIAL	40	DOLISHALE	42	<i>Easy Comfort Lancets</i>	44
DIASTAT PEDIATRIC	40	DOLOBID	42	EASY MAX T1 GLUCOSE	
<i>diatruue plus test</i>	40	DOMEBORO	42	SYSTEM	45
<i>diazepam</i>	40	<i>donepezil hcl</i>	42	<i>easy mini lancing device</i>	45
DIAZEPAM INTENSOL	40	DONNATAL	42	<i>easy plus ii glucose test</i>	45
<i>diazoxide</i>	40	DOPTelet	42	EASY STEP CONTROL	45
DIBENZYLINE	40	DORYX	42	EASY STEP TEST	45
<i>dichlorphenamide</i>	40	DORYX MPC	42	<i>easy talk blood glucose test</i>	45
<i>diclareal</i>	40	<i>dorzolamide hcl</i>	42	<i>easy talk plus ii test strips</i>	45
DICLEGIS	40	<i>dorzolamide hcl-timolol mal</i>42		EASY TOUCH CONTROL	
<i>diclofenac potassium</i>	40	DOTTI	42	HIGH & LOW	45
<i>diclofenac potassium(migraine)</i> ..40		DOVATO	42	EASY TOUCH LANCING	
<i>diclofenac sodium</i>	40	<i>doxazosin mesylate</i>	43	DEVICE	45
<i>diclofenac sodium er</i>	40	<i>doxepin hcl</i>	43	EASY TOUCH TEST	45
<i>diclofenac-misoprostol</i>	40	<i>Doxepin HCl</i>	43	<i>easy trak blood glucose test</i>	45
<i>dicloxacillin sodium</i>	40	<i>doxercalciferol</i>	43	<i>easy trak ii control</i>	45
DICOPANOL FUSEPAQ	40	<i>doxycycline</i>	43	<i>easy trak ii glucose test</i>	45
<i>dicyclomine hcl</i>	40	<i>doxycycline hyclate</i>	43	EASYGLUCO	45
<i>Diethylpropion HCl</i>	40	<i>doxycycline monohydrate</i>	43	EASYMAX 15 TEST	45
DIFFERIN	40	<i>doxylamine-pyridoxine</i>	43	EASYMAX TEST	45

EC-NAPROSYN	45	EMFLAZA	46	EPIVIR	49
<i>econazole nitrate</i>	45	EMGALITY	46	<i>eplerenone</i>	49
ECONTRA ONE-STEP	45	EMGALITY (300 MG DOSE)	46	EPOGEN	49
ECOTRIN	45	EMPAVELI	47	EPRONTIA	49
ECOTRIN ARTHRTIS PAIN	45	<i>emreal</i>	47	EPSOLAY	49
ECOTRIN LOW STRENGTH	45	EMROSI	47	EPZICOM	49
ECOZA	45	EMSAM	47	<i>eq magnesium citrate</i>	49
EDARBI	45	<i>emtricitabine</i>	47	<i>eq nicotine polacrilex</i>	49
EDARBYCLOR	45	<i>emtricitabine-tenofovir df</i>	47	<i>eq aspirin ec</i>	49
EDECRI	45	<i>Emtricitabine-Tenofovir DF</i>	47	<i>eq aspirin low dose</i>	49
EDEX	45	EMTRIVA	47	EQL CLEARLAX	49
EDLUAR	45	EMULSION SB	47	EQUETRO	49
EDURANT	45	EMVERM	47	<i>ergoloid mesylates</i>	49
<i>Efavirenz</i>	45	EMZAHH	47	ERGOMAR	49
<i>efavirenz-emtricitab-tenofo df</i>	45	<i>Enalapril Maleate</i>	47	<i>ergotamine-caffeine</i>	49
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EFFEXOR XR	45	ENBREL	47	<i>erlotinib hcl</i>	49
EFFIENT	45	ENBREL MINI	47	ERMEZA	49
EFUDEX	45	ENBREL SURECLICK	47	ERRIN	49
<i>element compact test</i>	46	ENDARI	47	ERTACZO	49
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ELEPSIA XR	46	ENEMEEZ MINI	47	<i>ery</i>	50
ELESTRIN	46	ENEMEEZ PLUS	47	ERYGEL	50
ELETONE	46	ENGERIX-B	47, 48	ERYPED 200	50
<i>eletriptan hydrobromide</i>	46	ENILLORING	48	ERYPED 400	50
ELIDEL	46	ENLYTE	48	ERY-TAB	50
ELINEST	46	<i>enoxaparin sodium</i>	48	ERYTHROCIN STEARATE	50
ELIQUIS	46	ENOXILUV KIT	48	<i>erythromycin</i>	50
ELIQUIS DVT/PE STARTER		ENPRESSE-28	48	<i>erythromycin base</i>	50
PACK	46	ENSPRYNG	48	<i>erythromycin ethylsuccinate</i>	50
ELIXOPHYLLIN	46	ENSTILAR	48	ERZOFRI	50
ELLA	46	<i>entacapone</i>	48	ESBRIET	50
ELMIRON	46	ENTADFI	48	<i>escitalopram oxalate</i>	50
ELOCTATE	46	<i>entecavir</i>	48	ESGIC	50
ELURYNG	46	ENTRESTO	48	<i>Esomeprazole Magnesium</i>	50
ELYXYB	46	ENTYVIO	48	<i>esomeprazole magnesium</i>	50
EMBRACE BLOOD GLUCOSE		ENTYVIO PEN	48	ESPEROCT	50
TEST	46	<i>enulose</i>	48	<i>est estrogens-methyltest</i>	50
EMBRACE EVO BLOOD		ENVARUSUS XR	48	<i>est estrogens-methyltest ds</i>	50
GLUCOSE TEST	46	EOHILIA	48	<i>est estrogens-methyltest hs</i>	50
EMBRACE GLUCOSE		EPANED	48	ESTARYLLA	50
CONTROL	46	EPCLUSA	48	<i>estazolam</i>	50
<i>embrace lancing device/ejector</i> ..	46	EPICERAM	48	ESTRACE	50
EMBRACE PRO GLUCOSE		EPIDIOLEX	48	<i>estradiol</i>	51
TEST	46	EPIDUO	48	<i>Estradiol</i>	51
EMBRACE TALK GLUCOSE		EPIDUO FORTE	48	<i>Estradiol Valerate</i>	51
CONTROL	46	EPIFOAM	48	<i>estradiol-norethindrone acet</i>	51
EMBRACE TALK GLUCOSE		<i>epinastine hcl</i>	48	ESTRATEST F.S.	51
TEST	46	<i>EPINEPHrine</i>	49	ESTRATEST H.S.	51
EMBRACE WAVE GLUCOSE		<i>epinephrine</i>	49	ESTROGEL	51
METER	46	EPINEPHRINESNAP-V	49	<i>eszopiclone</i>	51
EMCYT	46	EPIPEN 2-PAK	49	<i>ethacrynic acid</i>	51
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<i>Etodolac ER</i>	51	FC2 FEMALE CONDOM	53	FIRST-LANSOPRAZOLE	56
<i>etonogestrel-ethinyl estradiol</i>	51	<i>fe c tab plus</i>	53	FIRST-MOUTHWASH BLM	56
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EVEKEO	51	FEMCAP	54	FLEXICHAMBER	56
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<i>everolimus</i>	52	<i>fenofibrate</i>	54	MASK/SMALL	56
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SENSOR/HOLDER	52	<i>fenofibric acid</i>	54	MASK/LARGE	56
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GLEOSTINE	63	<i>guanfacine hcl</i>	65	<i>hm nicotine</i>	67
<i>glimepiride</i>	63	<i>guanfacine hcl er</i>	65	<i>hm nicotine polacrilex</i>	67
<i>glipizide</i>	63	GVOKE HYPOPEN 1-PACK	65	HOMATROPAIRE	67
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<i>Glucagon Emergency</i>	63	HADLIMA	65	HUMALOG	67
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GLUCOCARD EXPRESSION TEST	63	HAEGARDA	65	KWIKPEN	67
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<i>glyburide</i>	63	<i>halobetasol propionate</i>	65	HUMALOG TEMPO PEN	67
<i>glyburide micronized</i>	63	HALOETTE	65	HUMATE-P	67
<i>glyburide-metformin</i>	64	HALOG	65	HUMATIN	67
GLYCATÉ	64	<i>haloperidol</i>	65	HUMATROPE	67
GLYCOLAX	64	<i>haloperidol lactate</i>	65	HUMIRA	68
<i>glycopyrrolate</i>	64	HARVONI	65	HUMIRA (2 PEN)	67
<i>glycopyrrolate pf</i>	64	HAVRIX	65	HUMIRA (2 SYRINGE)	68
GLYNASE	64	<i>haxchlodrex</i>	66	HUMIRA PEN	68
GLYXAMBI	64	<i>haxdrax</i>	66	HUMIRA-CD/UC/HS STARTER	68
GNP CLEARLAX	64	HEALON PRO	66	HUMIRA-PED<40KG CROHNS STARTER	68
<i>gnp folic acid</i>	64	HEALON5 PRO	66	HUMIRA-PED>=40KG CROHNS START	68
<i>gnp milk of magnesia</i>	64	HEATHER	66	HUMIRA-PED>=40KG UC STARTER	68
<i>gnp nicotine</i>	64	HEMADY	66	HUMIRA-PS/UV/ADOL HS STARTER	68
<i>gnp nicotine mini</i>	64	HEMANGEOL	66	HUMIRA-PSORIASIS/UVEIT STARTER	68
GOCOVRI	64	<i>hematinic plus vit/minerals</i>	66	HUMULIN 70/30	68
GOJJI BLOOD GLUCOSE TEST	64	<i>hematinic/folic acid</i>	66	HUMULIN 70/30 KWIKPEN	68
GOJJI BLOOD KETONE TEST	64	HEMATOGEN	66	HUMULIN N	68
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GOJJI STERILE LANCETS	64	HEMATOGEN FORTE	66	HUMULIN R	68
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GOODSENSE CLEARLAX	64	HEMOCYTE PLUS	66	<i>hydralazine hcl</i>	69
<i>goodsense nicotine</i>	64	HEMOFIL M	66	HYDREA	69
GRALISE	64	<i>heparin sodium (porcine)</i>	66	<i>hydrochlorothiazide</i>	69
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<i>Griseofulvin Microsize</i>	65	HETLIOZ LQ	66		
		<i>hexiounyl</i>	66		
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		HM CLEARLAX	66		
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<i>hydrocodone-acetaminophen</i>	69	IDACIO (2 PEN)	71	INPEN 100-BLUE-LILLY-HUMALOG	74
<i>hydrocodone-homatropine</i>	69	IDACIO (2 SYRINGE)	71	INPEN 100-BLUE-NOVO	74
<i>hydrocodone-ibuprofen</i>	69	IDACIO-CROHNS/UC STARTER	71	INPEN 100-BLUE-NOVOLOG-FIASP	74
<i>hydrocort lotion complete kit</i>	69	IDACIO-PSORIASIS STARTER	71	INPEN 100-GRAY-LILLY	74
<i>hydrocortisone</i>	69	<i>idaoxia</i>	71	INPEN 100-GREY-LILLY-HUMALOG	74
<i>Hydrocortisone</i>	69	<i>idaran</i>	71	INPEN 100-GREY-NOVO	74
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<i>hydrocortisone butyrate</i>	69	IFEREX 150 FORTE	71	INPEN 100-PINK-NOVO	74
<i>hydrocortisone complete kit</i>	69	IHEALTH BLOOD GLUCOSE TEST STR	71	INPEN 100-PINK-NOVOLOG-FIASP	74
<i>hydrocortisone max st</i>	69	IHEALTH CONTROL SOLUTION	71	INQOVI	74
<i>hydrocortisone sod suc (pf)</i>	69	IHEEZO	71	INREBIC	74
<i>hydrocortisone valerate</i>	69	ILEVRO	71	INSPRA	74
<i>Hydrocortisone Valerate</i>	70	<i>imatinib mesylate</i>	71, 72	<i>insulin asp prot & asp flexpen</i>	74
<i>hydrocortisone-iodoquinol</i>	70	IMBRUVICA	72	<i>insulin aspart</i>	74
HYDROFERA BLUE FOAM DRESSING	70	IMCIVREE	72	<i>insulin aspart flexpen</i>	74
<i>hydromet</i>	70	<i>imipramine hcl</i>	72	<i>insulin aspart penfill</i>	74
<i>hydromorphone hcl</i>	70	<i>Imipramine Pamoate</i>	72	<i>insulin aspart prot & aspart</i>	74
<i>hydroquinone</i>	70	<i>imipramine pamoate</i>	72	<i>insulin degludec</i>	74
<i>hydroxychloroquine sulfate</i>	70	<i>imiquimod</i>	72	<i>insulin degludec flextouch</i>	74
HYDROXYM	70	<i>imiquimod pump</i>	72	<i>insulin glargine max solostar</i>	74
<i>hydroxyurea</i>	70	IMITREX	72	<i>insulin glargine solostar</i>	74
<i>hydroxyzine hcl</i>	70	IMITREX STATDOSE REFILL ...	72	<i>insulin glargine-yfgn</i>	74
<i>hydroxyzine pamoate</i>	70	IMITREX STATDOSE SYSTEM ...	72	<i>insulin lispro</i>	74
HYFTOR	70	IMOVAX RABIES	72	<i>insulin lispro (1 unit dial)</i>	74
<i>hyoscyamine sulfate</i>	70	IMPAVIDO	72	<i>insulin lispro junior kwikpen</i>	74
<i>hyoscyamine sulfate er</i>	70	IMPOYZ	72	<i>insulin lispro prot & lispro</i>	74
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HYRIMOZ-CROHNS/UC STARTER	70	INCASSIA	73	INTUNIV	75
HYRIMOZ-PED<40KG CROHN STARTER	70	INCRELEX	73	INVEGA	75
HYRIMOZ-PED>=40KG CROHN START	70	INCRUSE ELLIPTA	73	INVELTYS	75
HYRIMOZ-PLAQ PSOR/UEIT START	70	<i>indapamide</i>	73	INVOKAMET	75
HYRIMOZ-PLAQUE PSORIASIS START	70	INDERAL LA	73	INVOKAMET XR	75
HYSINGLA ER	70	INDERAL XL	73	INVOKANA	75
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<i>ibuprofen</i>	71	INFINITY CONTROL	73	IOPIDINE	75
<i>ibuprofen-famotidine</i>	71	INFINITY VOICE	73	IPOL	75
ICAR-C PLUS	71	INGREZZA	73	<i>ipratropium bromide</i>	75
<i>icatibant acetate</i>	71	INLYTA	73	<i>ipratropium-albuterol</i>	75
ICLEVIA	71	INNOPRAN XL	74	<i>irbesartan</i>	75
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<i>Icosapent Ethyl</i>	71	INPEN 100-BLUE-LILLY	74	IRESSA	75

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IROSPAN 24/6	75	JUNEL FE 1/20	77	KLARON	80
ISENTRESS	75	JUNEL FE 24	77	KLAYESTA	80
ISENTRESS HD	75	JUST RIGHT 5000	77	KLISYRI	80
ISIBLOOM	75	JUXTAPID	77, 78	KLISYRI (250 MG)	80
<i>isoniazid</i>	75	JYLAMVO	78	KLISYRI (350 MG)	80
ISOPTO ATROPINE	75	JYNARQUE	78	KLONOPIN	80
ISORDIL TITRADOSE	75	JYNNEOS	78	KLOR-CON	80, 81
<i>Isosorb Dinitrate-hydrALAZINE</i> ..	75	KAITLIB FE	78	KLOR-CON 10	80
<i>isosorbide dinitrate</i>	75	KALBITOR	78	KLOR-CON M10	80
<i>isosorbide mononitrate</i>	76	KALETRA	78	KLOR-CON M15	80
<i>isosorbide mononitrate er</i>	76	KALLIGA	78	KLOR-CON M20	80
<i>ISOtretinoin</i>	76	KALYDECO	78	KLOR-CON/EF	81
<i>isotretinoin</i>	76	KAMDOY	78	KLOXXADO	81
<i>isradipine</i>	76	KAPSPARGO SPRINKLE	78	KLS QUIT2	81
ISTALOL	76	KAPVAY	78	KLS QUIT4	81
ISTURISA	76	KARBINAL ER	78	KOATE	81
<i>itraconazole</i>	76	KARIVA	78	<i>kobee</i>	81
<i>itraconazole</i>	76	<i>kataraxap</i>	78	KOGENATE FS	81
<i>Ivabradine HCl</i>	76	KATARVIA	78	KOMBIGLYZE XR	81
<i>Ivermectin</i>	76	KATERZIA	78	KONVOMEP	81
<i>ivermectin</i>	76	KAZANO	78	KORLYM	81
IWILFIN	76	KELNOR 1/35	79	KOSELUGO	81
IXIARO	76	KELNOR 1/50	79	<i>kotaraxap</i>	81
IXINITY	76	KENALOG	79	KOVALTRY	81
IYUZEH	76	KEPPRA	79	K-PHOS-NEUTRAL	81
JADENU	76	KEPPRA XR	79	<i>kpn prenatal</i>	81
JADENU SPRINKLE	76	KERALYT	79	KRAZATI	81
JAIMIESS	76	KERENDIA	79	KRINTAFEL	81
JAKAFI	76	KERYDIN	79	KRISTALOSE	81
JALYN	76	KESIMPTA	79	K-TAB	81
JANTOVEN	77	<i>ketamine hcl</i>	79	KURVELO	81
JANUMET	77	<i>ketoconazole</i>	79	<i>kutar</i>	81
JANUMET XR	77	<i>Ketoprofen ER</i>	79	<i>kutarvia</i>	81
JANUVIA	77	<i>ketorolac tromethamine</i>	79	KUVAN	82
JARDIANCE	77	KETOSTIX	79	KYZATREX	82
JASMIEL	77	<i>ketotifen fumarate</i>	79	<i>l.e.t.</i>	82
JATENZO	77	<i>kevaraxap</i>	79	<i>l.e.t. (racepinephrine)</i>	82
JAVYGTOR	77	<i>kevirtia</i>	79	<i>labetalol hcl</i>	82
JAYPIRCA	77	KEVEYIS	79	<i>lacosamide</i>	82
JENCYCLA	77	KEVZARA	79	LACRISERT	82
JENTADUETO	77	<i>kimono</i>	79	<i>lactic acid</i>	82
JENTADUETO XR	77	<i>kimono micro thin</i>	79	<i>lactic acid e</i>	82
JESDUVROQ	77	KINERET	79	<i>lactulose</i>	82
JINTELI	77	KINRIX	79	LAGEVRIO	82
JIVI	77	KIONEX	80	LAMICTAL	82
JOENJA	77	KISQALI (200 MG DOSE)	80	LAMICTAL ODT	82
JOLESSA	77	KISQALI (400 MG DOSE)	80	LAMICTAL STARTER	82
JORNAY PM	77	KISQALI (600 MG DOSE)	80	LAMICTAL XR	82
JOYEAUX	77	KISQALI FEMARA (200 MG DOSE)	80	<i>lamivudine</i>	82
JUBLIA	77	KISQALI FEMARA (400 MG DOSE)	80	<i>lamiVUDine</i>	82
JULEBER	77	KISQALI FEMARA (600 MG DOSE)	80	<i>lamiVUDine-Zidovudine</i>	82
JULUCA	77	KISQALI FEMARA (600 MG DOSE)	80	<i>lamotrigine</i>	82
JUNEL 1.5/30	77			<i>lamotrigine er</i>	82
JUNEL 1/20	77			<i>lamotrigine starter kit-blue</i>	82

<i>lamotrigine starter kit-green</i>	82	<i>levetiracetam</i>	85	<i>lisdexamfetamine dimesylate</i>	86, 87
<i>lamotrigine starter kit-orange</i>	82	<i>levetiracetam er</i>	85	<i>lisinopril</i>	87
LAMPIT	83	<i>levobunolol hcl</i>	85	<i>lisinopril-hydrochlorothiazide</i>	87
LANOXIN	83	<i>levocarnitine</i>	85	LITFULO	87
<i>lanreotide acetate</i>	83	<i>levocarnitine sf</i>	85	<i>lithium carbonate</i>	87
<i>lansoprazole</i>	83	<i>levocetirizine dihydrochloride</i>	85	<i>lithium carbonate er</i>	87
<i>lanthanum carbonate</i>	83	<i>levofloxacin</i>	85	LITHOBID	87
LANTUS	83	LEVONEST	85	LITHOSTAT	87
LANTUS SOLOSTAR	83	<i>levonorgest-eth est & eth est</i>	85	LIVALO	87
<i>lapatinib ditosylate</i>	83	<i>levonorgest-eth estrad 91-day</i>	85	LIVIXIL PAK	87
LARIN 1.5/30	83	<i>levonorgest-eth estradiol-iron</i>	85	LIVMARLI	87
LARIN 1/20	83	<i>levonorgestrel</i>	85	LIVTENCITY	87
LARIN 24 FE	83	<i>levonorgestrel-ethinyl estrad</i>	85	<i>l-leucine</i>	87
LARIN FE 1.5/30	83	<i>levonorg-eth estrad triphasic</i>	85	L-MESITRAN SOFT WOUND	87
LARIN FE 1/20	83	LEVORA 0.15/30 (28)	85	<i>l-methylfolate-b6-b12</i>	87
LASIX	83	<i>levorphanol tartrate</i>	85	LO LOESTRIN FE	87
LASTACAPT	83	LEVO-T	85	LOCID	87
<i>latanoprost</i>	83	<i>levothyroxine sodium</i>	85	LOCID LIPOCREAM	87
LATISSE	83	LEVOXYL	85	LODOCO	87
LATUDA	83	LEVSIN	85	LODOSYN	87
<i>laxative</i>	83	LEVSIN/SL	85	LOESTRIN 1.5/30 (21)	87
LAYOLIS FE	83	LEXAPRO	85	LOESTRIN FE 1.5/30	87
<i>ledipasvir-sofosbuvir</i>	83	LEXIVA	85	LOESTRIN FE 1/20	87
LEENA	83	LEXTOL	85	LOFENA	87
LEFLUNICLO	83	<i>l-glutamine</i>	85	<i>lofexidine hcl</i>	87
<i>leflunomide</i>	84	LIALDA	86	LOJAIMIESS	87
LEMTRADA	84	LIBERVANT	86	LOKELMA	87
<i>lenalidomide</i>	84	LIBRAX	86	LOMOTIL	87
LENVIMA (10 MG DAILY DOSE)	84	<i>lidocaine</i>	86	LONSURF	87
LENVIMA (12 MG DAILY DOSE)	84	<i>lidocaine hcl</i>	86	<i>loperamide hcl</i>	87
LENVIMA (14 MG DAILY DOSE)	84	<i>lidocaine viscous hcl</i>	86	LOPID	87
LENVIMA (18 MG DAILY DOSE)	84	<i>lidocaine(bufferd)-epinephrine</i>	86	<i>lopinavir-ritonavir</i>	87
LENVIMA (20 MG DAILY DOSE)	84	<i>lidocaine-hydrocortisone ace</i>	86	LOPRESSOR	88
LENVIMA (24 MG DAILY DOSE)	84	<i>lidocaine-prilocaine</i>	86	<i>loratadine</i>	88
LENVIMA (4 MG DAILY DOSE)	84	LIDOCAN	86	<i>loratadine-d 24hr</i>	88
LENVIMA (8 MG DAILY DOSE)	84	LIDOCAN II	86	<i>lorazepam</i>	88
LESCOL XL	84	LIDOCAN III	86	LORAZEPAM INTENSOL	88
LESSINA	84	LIDODERM	86	LORBRENA	88
LETAIRIS	84	<i>lido-epinephrine-tetracaine</i>	86	LOREEV XR	88
<i>letrozole</i>	84	<i>lidolite</i>	86	LORYNA	88
<i>leucovorin calcium</i>	84	<i>lidopin</i>	86	LORZONE	88
LEUKERAN	84	<i>lido-racepinephrine-tetracaine</i>	86	<i>losartan potassium</i>	88
<i>leuprolide acetate</i>	85	<i>lidorx</i>	86	<i>losartan potassium-hctz</i>	88
<i>levalbuterol hcl</i>	85	<i>lidosol</i>	86	LOTEMAX	88
<i>levamlodipine maleate</i>	85	<i>lidosol-50</i>	86	LOTEMAX SM	88
LEVAQUIN	85	LIDTOPIC	86	LOTENSIN	88
LEVEMIR	85	LIKMEZ	86	LOTENSIN HCT	88
		<i>linezolid</i>	86	<i>Loteprednol Etabonate</i>	88
		LINZEES	86	<i>loteprednol etabonate</i>	88
		<i>liothyronine sodium</i>	86	LOTREL	88
		LIPITOR	86	LOTREXONE	88
		LIPOFEN	86	LOTRIMIN AF	88
		LIQREV	86	LOTRONEX	88
		<i>liraglutide</i>	86	<i>lounzdomdioxatar</i>	88

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LOVAZA	89	MATZIM LA	91	METHADONE HCL INTENSOL ..	94
LOVENOX	89	MAVENCLAD (10 TABS)	91	METHADOSE	94
LOW-OGESTREL	89	MAVENCLAD (4 TABS)	91	<i>methamphetamine hcl</i>	94
<i>loxapine succinate</i>	89	MAVENCLAD (5 TABS)	91	<i>methazolAMIDE</i>	94
LOYON	89	MAVENCLAD (6 TABS)	91	<i>methenamine hippurate</i>	94
LO-ZUMANDIMINE	89	MAVENCLAD (7 TABS)	91	METHERGINE	94
<i>lubiprostone</i>	89	MAVENCLAD (8 TABS)	91	<i>methimazole</i>	94
LUCEMYRA	89	MAVENCLAD (9 TABS)	91	<i>methitest</i>	94
<i>luliconazole</i>	89	MAVYRET	91	<i>methocarbamol</i>	94
LUMAKRAS	89	MAXALT	92	<i>methotrexate sodium</i>	94
LUMIGAN	89	MAXALT-MLT	92	<i>methoxsalen rapid</i>	94
LUMRYZ	89	MAXIDEX	92	<i>Methscopolamine Bromide</i>	94
LUMRYZ STARTER PACK	89	MAXITROL	92	<i>Methsuximide</i>	94
LUNESTA	89	<i>maxi-tuss cd</i>	92	<i>methyldopa</i>	94
LUPKYNIS	89	MAXZIDE	92	<i>methylergonovine maleate</i>	94
<i>Lurasidone HCl</i>	89	MAXZIDE-25	92	METHYLIN	94
LUTERA	89	MAYZENT	92	<i>methylphenidate</i>	94
LUXAMEND	89	MAYZENT STARTER PACK	92	<i>methylphenidate hcl</i>	95
LUZU	89	<i>meclizine hcl</i>	92	<i>methylphenidate hcl er</i>	95
LYBALVI	89	<i>meclofenamate sodium</i>	92	<i>methylphenidate hcl er (cd)</i>	94
LYLEQ	89	MEDROL	92	<i>methylphenidate hcl er (la)</i>	95
LYLLANA	89	<i>medroxyprogesterone acetate</i>	92	<i>methylphenidate hcl er (osm)</i>	95
LYNPARZA	90	<i>mefenamic acid</i>	92	<i>methylphenidate hcl er (xr)</i>	95
LYRICA	90	<i>mefloquine hcl</i>	92	<i>methylprednisolone</i>	95
LYRICA CR	90	<i>megestrol acetate</i>	92	<i>methyltestosterone</i>	95
LYSIPLEX PLUS	90	MEKINIST	92	<i>metoclopramide hcl</i>	95
LYSODREN	90	MEKTOVI	92	<i>metolazone</i>	95
LYTGOBI (12 MG DAILY DOSE)	90	<i>meloxicam</i>	92, 93	<i>metoprolol succinate er</i>	95
LYTGOBI (16 MG DAILY DOSE)	90	<i>Melphalan</i>	93	<i>metoprolol tartrate</i>	95
LYTGOBI (20 MG DAILY DOSE)	90	<i>memantine hcl</i>	93	<i>metoprolol-hydrochlorothiazide</i> ..	95
LYUMJEV	90	<i>Memantine HCl ER</i>	93	METROCREAM	95
LYUMJEV KWIKPEN	90	MENACTRA	93	METROGEL	95
LYUMJEV TEMPO PEN	90	MENEST	93	METROLOTION	95
LYVISPAH	90	MENOPUR	93	<i>metronidazole</i>	95
LYZA	90	MENOSTAR	93	<i>MetroNIDAZOLE</i>	95
<i>maca</i>	90	MENQUADFI	93	<i>metronidazole benzoate</i>	95
MACROBID	90	MENVEO	93	<i>metyrosine</i>	96
MACRODANTIN	90	<i>meperidine hcl</i>	93	<i>mexiletine hcl</i>	96
<i>mafenide acetate</i>	90	<i>meprobamate</i>	93	MICARDIS	96
MAGNEBIND 400	90	MEPRON	93	MICARDIS HCT	96
MALARONE	90	MEPSEVII	93	MICROCHAMBER	96
<i>malathion</i>	90	<i>mercaptapurine</i>	93	MICRODOT TEST	96
<i>maraviroc</i>	91	<i>mesalamine</i>	93	MICROGESTIN 1.5/30	96
MARINOL	91	<i>mesalamine er</i>	93	MICROGESTIN 1/20	96
<i>marlissa</i>	91	MESNEX	93	MICROGESTIN 24 FE	96
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MASK		<i>metaxalone</i>	94	<i>micuraderm</i>	96
VORTEX/TODDLER/LADYBU G	91	<i>metdray</i>	94	<i>midazolam</i>	96
		<i>metformin hcl</i>	94	<i>midazolam hcl</i>	96
		<i>metformin hcl er</i>	94	<i>midodrine hcl</i>	96
		<i>metformin hcl er (mod)</i>	94	MIEBO	96
		<i>methadone hcl</i>	94	<i>mifepristone</i>	96

MIGERGOT	96	MULPLETA	98	NATACYN	100
<i>miglustat</i>	96	MULTAQ	98	<i>natal prn</i>	100
MIGRANAL	96	MULTIGEN FOLIC	98	NATAZIA	100
MILI	96	MULTIGEN PLUS	98	<i>nateglinide</i>	100
<i>milk of magnesia</i>	96	<i>multivitamin w/fluoride</i>	98	NATESTO	100
MIMVEY	96	<i>multivitamin/fluoride</i>	98	NATROBA	100
MINASTRIN 24 FE	96	<i>mupirocin</i>	98	NAYZILAM	100
MINIPRESS	96	<i>mupirocin calcium</i>	98	<i>nebivolol hcl</i>	100
MINIVELLE	96	MUSCUSOLICE	98	NEBUPENT	100
<i>minocycline hcl</i>	96	MUSE	98	NECON 0.5/35 (28)	100
<i>minocycline hcl er</i>	96	MY CHOICE	98	NEEVO DHA	100
MINOLIRA	96	MY WAY	98	<i>nefazodone hcl</i>	100
<i>minoxidil</i>	96	MYALEPT	98	NEFFY	100
<i>minoxidil for men</i>	96	MYCAPSSA	98	<i>nendru</i>	100
<i>mirabegron er</i>	97	MYCOBUTIN	98	<i>neomycin-bacitracin zn-</i>	
MIRALAX	97	<i>mycophenolate mofetil</i>	98	<i>polymyx</i>	100
MIRAPEX ER	97	<i>mycophenolate sodium</i>	98	<i>neomycin-polymyxin-dexameth</i>	100
MIRCERA	97	<i>Mycophenolic Acid</i>	98	<i>neomycin-polymyxin-gramicidin</i>	
<i>mirtazapine</i>	97	MYDAYIS	98		101
MIRVASO	97	MYFEMBREE	99	<i>neomycin-polymyxin-hc</i>	101
<i>misoprostol</i>	97	MYFORTIC	99	<i>neonatal + dha</i>	101
MITIGARE	97	MYHIBBIN	99	<i>neonatal complete</i>	101
M-M-R II	97	MYLERAN	99	NEONATAL PLUS	101
<i>modafinil</i>	97	MYNEPHRON	99	NEORAL	101
MODERNA COVID-19 VAC		MYRBETRIQ	99	NEOSALUS	101
6M-11Y	97	MYSOLINE	99	NEO-SYNALAR	101
<i>moexipril hcl</i>	97	MYTESI	99	<i>neo-vital rx</i>	101
<i>mometasone furoate</i>	97	<i>na sulfate-k sulfate-mg sulf</i>	99	NEPHPLEX RX	101
MONDOXYNE NL	97	<i>nabumetone</i>	99	NEPHRON FA	101
MONOJECT MAGELLAN		<i>nadolol</i>	99	NERLYNX	101
SYRINGE	97	<i>naftifine hcl</i>	99	NESINA	101
MONOJECT PISTON		NAFTIN	99	NESTABS	101
SYRINGE	97	NALFON	99	NESTABS DHA	101
MONOJECT SYRINGE	97	<i>naloxone hcl</i>	99	NEUAC	101
MONOJECT SYRINGE LUER-		NALTREX	99	NEULASTA	101
LOCK TIP	97	<i>naltrexone hcl</i>	99	NEULASTA ONPRO	101
MONO-LINYAH	97	NAMENDA	99	NEUPOGEN	101
MONOVISC	97	NAMENDA TITRATION PAK	99	NEUPRO	101
<i>montelukast sodium</i>	97	NAMENDA XR	99	<i>neurin-sl</i>	101
MONUROL	97	NAMZARIC	99	NEURONTIN	101
<i>morphine sulfate</i>	97	<i>nanran</i>	99	NEUTEK 2TEK TEST	101
<i>morphine sulfate (concentrate)</i>	97	NAPHCN-A	99	NEVANAC	101
<i>morphine sulfate er</i>	97	NAPRELAN	100	<i>nevirapine</i>	101
<i>morphine sulfate er beads</i>	97	NAPROSYN	100	<i>nevirapine er</i>	101
MOTEGRITY	97	NAPROTIN	100	NEW DAY	101
MOTPOLY XR	97	<i>naproxen</i>	100	NEXAVAR	101
MOUNJARO	97	<i>naproxen sodium</i>	100	NEXICLON XR	101
MOVANTIK	98	<i>naproxen sodium er</i>	100	NEXIUM	101
MOVIPREP	98	<i>naproxen-esomeprazole mg</i>	100	NEXIUM 24HR	101
<i>moxifloxacin hcl</i>	98	<i>naratriptan hcl</i>	100	NEXLETOL	101
<i>moxifloxacin hcl (2x day)</i>	98	NARCAN	100	NEXLIZET	102
MRESVIA	98	NARDIL	100	NEXTSTELLIS	102
MS CONTIN	98	NASACORT ALLERGY 24HR	100	NGENLA	102
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<i>nicardipine hcl</i>	102	NORTHERA	104	NYLIA 7/7/7	106
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<i>nilutamide</i>	102	NOVOFINE PEN NEEDLE	104	OFEV	107
<i>niMODipine</i>	102	NOVOFINE PLUS PEN		<i>ofloxacin</i>	107
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<i>nitroglycerin</i>	103	NOVOLOG MIX 70/30	104	<i>olmesartan medoxomil-hctz</i>	108
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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).

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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).

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பெயர்: நீங்கள் பேசும் மொழியைக் கற்றுக்கொடுக்க உதவிக்கிற (தமிழ்), உதவிக்கிற பதில்கள் இலவசமாகக் கிடைக்கின்றன. உங்கள் மொழியைக் கற்றுக்கொடுக்க உதவிக்கிற பதில்கள் இலவசமாகக் கிடைக்கின்றன. (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).

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

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

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

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

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

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

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

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

