

2023 Formulary

Employer-sponsored large group (traditional) plans

List of covered drugs

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

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

T1 - \$

T2 - \$\$

T3 - \$\$\$

T4 - \$\$\$\$

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

T6 - Vaccine Coverage

T9 - \$\$\$\$\$\$\$\$\$

Coverage Levels

AL: Age Limits

PA: Prior Authorization

PV: Preventive Drug

QL: Quantity Limit

SO: SaveOn

SP: Limited to a 1 month supply per fill

ST: Step Therapy

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

List of Patterns

lowercase italics: Generic drugs

UPPERCASE BOLD: Brand name drugs

CURRENT AS OF 11/1/2023

Medication	Coverage Level	Restrictions
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>clonidine hcl er oral tablet extended release 12 hour</i>	T2	
<i>guanfacine hcl er</i>	T1	QL (60 tablets per 30 days)
INTUNIV	T3	QL (60 tablets per 30 days)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	T3	
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	T2	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	T2	QL (30 capsules per 30 days); AL (Min 6 Years)
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)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	T3	QL (62 capsules per 31 days); AL (Min 6 Years)
STRATTERA ORAL CAPSULE 100 MG, 80 MG	T3	QL (30 capsules per 30 days); AL (Min 6 Years)
STRATTERA ORAL CAPSULE 60 MG	T3	QL (31 capsules per 31 days); AL (Min 6 Years)
*Amphetamine Mixtures***		
ADDERALL	T3	AL (Min 6 Years)
ADDERALL XR	T3	QL (60 capsules 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	
MYDAYIS	T9	
*Amphetamines***		
ADZENYS ER	T9	
ADZENYS XR-ODT	T9	
<i>amphetamine er</i>	T9	
<i>amphetamine sulfate</i>	T3	ST; QL (180 tablets per 30 days); AL (Min 6 Years)
DESOXYN	T9	

Medication	Coverage Level	Restrictions
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG	T3	QL (120 capsules per 30 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	T3	QL (60 capsules per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	T2	QL (120 capsules per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	T2	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral solution</i>	T1	
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	T1	QL (180 tablets per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	T1	QL (60 tablets per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	T1	QL (30 tablets per 30 days); AL (Min 6 Years)
DYANAVEL XR	T9	
EVEKEO	T3	ST; QL (180 tablets per 30 days); AL (Min 6 Years)
EVEKEO ODT	T9	
<i>lisdexamfetamine dimesylate oral capsule</i>	T1	QL (30 capsules per 30 Days); AL (Min 6 Years)
<i>lisdexamfetamine dimesylate oral tablet chewable</i>	T1	QL (30 tablets per 30 Days); AL (Min 6 Years)
<i>methamphetamine hcl</i>	T9	
PROCENTRA	T1	
VYVANSE ORAL CAPSULE	T3	QL (30 capsules per 30 days); AL (Min 6 Years)
VYVANSE ORAL TABLET CHEWABLE	T9	QL (30 tablets per 30 days); AL (Min 6 Years)
XELSTRYM	T3	ST; QL (30 patches per 30 Days); AL (Min 6 Years)
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 tablets per 30 days); AL (Min 6 Years)
*Analeptics***		
<i>caffeine citrate oral solution 60 mg/3ml</i>	T3	AL (Min 1 Years)
*Anorexiant Combinations***		
PLENITY	T9	
QSYMIA	T3	ST
*Anorexiants Non-Amphetamine***		
<i>benzphetamine hcl oral tablet 50 mg</i>	T1	

Medication	Coverage Level	Restrictions
<i>diethylpropion hcl er</i>	T1	
<i>diethylpropion hcl oral</i>	T1	
LOMAIRA	T3	ST
<i>phendimetrazine tartrate</i>	T1	
<i>phentermine hcl oral capsule 15 mg, 30 mg</i>	T1	
<i>phentermine hcl oral tablet</i>	T1	
*Anti-Obesity - Glp-1 Receptor Agonists***		
SAXENDA	T9	
WEGOVY	T9	
*Anti-Obesity Agent Combinations**		
CONTRAVE	T3	ST
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***		
SUNOSI	T3	ST; QL (30 tablets per 30 days)
*Histamine H3-Receptor Antagonist/Inverse Agonists***		
WAKIX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
*Lipase Inhibitors***		
ALLI	T9	
<i>orlistat oral</i>	T9	
XENICAL	T9	
*Melanocortin 4 (Mc4) Receptor Agonists***		
IMCIVREE	T9	
*Stimulant Combinations***		
AZSTARYS	T9	
*Stimulants - Misc.***		
ADHANSIA XR	T9	
APTENSIO XR	T3	QL (30 capsules per 30 days)
<i>armodafinil</i>	T1	QL (30 tablets per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG	T3	QL (31 tablets per 31 days); AL (Min 4 Years)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG, 54 MG	T3	QL (62 tablets per 31 days); AL (Min 4 Years)
COTEMPLA XR-ODT	T9	
DAYTRANA	T3	ST; QL (30 patches per 30 days); AL (Min 4 Years)
<i>dexmethylphenidate hcl</i>	T1	AL (Min 4 Years)

Medication	Coverage Level	Restrictions
<i>dexmethylphenidate hcl er</i>	T1	QL (30 capsules per 30 days); AL (Min 4 Years)
FOCALIN	T3	AL (Min 4 Years)
FOCALIN XR	T3	QL (30 capsules per 30 days); AL (Min 4 Years)
JORNAY PM	T9	
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	T1	AL (Min 4 Years)
METHYLIN ORAL SOLUTION	T3	AL (Min 4 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)
<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 capsules per 30 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	T3	QL (30 capsules per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	T1	AL (Min 4 Years)
<i>methylphenidate hcl 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>modafinil</i>	T1	QL (60 tablets per 30 days)
NUVIGIL ORAL TABLET 150 MG, 250 MG	T3	QL (30 tablets per 30 days)
NUVIGIL ORAL TABLET 200 MG, 50 MG	T9	
PROVIGIL	T3	QL (60 tablets per 30 days)
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)

Medication	Coverage Level	Restrictions
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG	T9	
RITALIN	T3	AL (Min 4 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	T3	QL (31 capsules per 31 days); AL (Min 4 Years)
Allergenic Extracts/Biologicals Misc		
*Allergenic Extracts***		
GRASTEK	T3	AL (Min 5 Years and Max 65 Years)
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)

Medication	Coverage Level	Restrictions
PALFORZIA INITIAL ESCALATION	T4	PA; SP (Limited to a 1 month supply per fill)
RAGWITEK	T3	AL (Min 18 Years and Max 65 Years)
*Mixed Allergenic Extracts***		
ODACTRA	T3	AL (Min 12 Years and Max 65 Years)
ORALAIR	T3	AL (Min 10 Years and Max 65 Years)
Alternative Medicines		
*Alternative Medicine - Co's***		
<i>coenzyme q-10 oral capsule 100 mg</i>	T9	
*Alternative Medicine - Ma's***		
<i>maca</i>	T9	
Amebicides		
*Amebicides***		
SOLOSEC	T9	
Aminoglycosides		
*Aminoglycosides***		
ARIKAYCE	T5	PA; SP (Limited to a 1 month supply per fill)
BETHKIS	T5	PA; SP (Limited to a 56 day supply per fill); QL (280 ML per 56 days)
HUMATIN	T3	
KITABIS PAK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 56 day supply per fill); QL (280 ml per 56 days)
<i>paromomycin sulfate oral</i>	T1	
TOBI	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 56 day supply per fill); QL (280 ML per 56 days)
TOBI PODHALER	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (224 Capsules per 28 days)
<i>tobramycin inhalation</i>	T4	PA; SP (Limited to a 56 day supply per fill); QL (280 ml per 56 days)
<i>tobramycin sulfate injection solution 80 mg/2ml</i>	T1	
ZEMDRI	T9	

Medication	Coverage Level	Restrictions
Analgesics - Anti-Inflammatory		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
OLUMIANT ORAL TABLET 1 MG, 2 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OLUMIANT ORAL TABLET 4 MG	T9	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to one fill per 2 years); QL (30 tablets per 30 days)
XELJANZ ORAL SOLUTION	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (240 ML per 30 days)
XELJANZ ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XELJANZ XR	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
*Antirheumatic Antimetabolites***		
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	T9	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	T9	
REDITREX	T3	ST
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
ABRILADA	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)

Medication	Coverage Level	Restrictions
<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</i>	T9	
<i>adalimumab-fkjp</i>	T9	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); AL (Min 2 Years)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML, 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
CYLTEZO	T9	
CYLTEZO-CD/UC/HS STARTER	T9	
CYLTEZO-PSORIASIS STARTER	T9	
HADLIMA	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HADLIMA PUSH TOUCH	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
HULIO	T9	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)

Medication	Coverage Level	Restrictions
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA PEN-PEDIATRIC UC START	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
HUMIRA PEN-PSOR/UEVIT STARTER	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 40 MG/0.8ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HYRIMOZ	T9	
HYRIMOZ-CROHNS/UC STARTER PACK	T9	
HYRIMOZ-PED CROHNS STARTER	T9	
HYRIMOZ-PLAQUE PSORIASIS START	T9	
IDACIO	T9	
IDACIO FOR CROHNS DISEASE/UC	T9	
IDACIO FOR PLAQUE PSORIASIS	T9	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (0.5 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 ML per 28 days)

Medication	Coverage Level	Restrictions
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (0.5 ML per 28 days)
YUFLYMA 1-PEN KIT	T9	
YUFLYMA 2-PEN KIT	T9	
YUFLYMA 2-SYRINGE KIT	T9	
YUFLYMA SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	T9	
YUSIMRY	T9	
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
CELEBREX	T3	QL (60 capsules per 30 days)
<i>celecoxib oral</i>	T1	QL (60 capsules per 30 days)
*Gold Compounds***		
RIDAURA	T9	
*Interleukin-1 Blockers***		
ARCALYST	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
*Interleukin-1 Receptor Antagonist (Il-1Ra)***		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 syringes per 28 days)
*Interleukin-6 Receptor Inhibitors***		
ACTEMRA ACTPEN	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 pens per 28 days)
ACTEMRA SUBCUTANEOUS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days)

Medication	Coverage Level	Restrictions
*Nonsteroidal Anti-Inflammatory Agent Combinations***		
ARTHROTEC ORAL TABLET DELAYED RELEASE	T9	
<i>diclofenac-misoprostol oral tablet delayed release</i>	T9	
DUEXIS	T9	
<i>ibuprofen-famotidine</i>	T9	
NAPROTIN	T9	
<i>naproxen-esomeprazole mg</i>	T9	
VIMOVO	T9	
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
ANAPROX DS	T3	
DAYPRO	T3	
<i>diclofenac</i>	T9	
<i>diclofenac potassium oral capsule</i>	T9	
<i>diclofenac potassium oral packet</i>	T9	
<i>diclofenac potassium oral tablet 25 mg</i>	T9	
<i>diclofenac potassium oral tablet 50 mg</i>	T1	
<i>diclofenac sodium er</i>	T1	
<i>diclofenac sodium oral</i>	T1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	T3	
<i>etodolac er</i>	T2	
<i>etodolac oral</i>	T1	
FELDENE	T3	
<i>fenoprofen calcium oral</i>	T9	
FENORTHO ORAL CAPSULE 200 MG	T9	
<i>flurbiprofen oral</i>	T1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
INDOCIN ORAL	T9	
INDOCIN RECTAL	T9	
<i>indomethacin er</i>	T1	
<i>indomethacin oral capsule 20 mg</i>	T9	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	
<i>indomethacin rectal</i>	T9	
<i>ketoprofen er</i>	T2	QL (30 capsules per 30 days)
<i>ketorolac tromethamine nasal</i>	T9	
<i>ketorolac tromethamine oral</i>	T1	QL (20 tablets per 30 days)
LOFENA	T9	
<i>meclofenamate sodium oral</i>	T9	

Medication	Coverage Level	Restrictions
<i>mefenamic acid oral</i>	T9	
<i>meloxicam oral capsule</i>	T9	
<i>meloxicam oral suspension</i>	T9	
<i>meloxicam oral tablet</i>	T1	
MOBIC ORAL TABLET	T3	
<i>nabumetone oral</i>	T1	
NALFON ORAL CAPSULE 400 MG	T9	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	T9	
NAPROSYN ORAL TABLET 250 MG, 500 MG	T3	
<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>oxaprozin</i>	T2	
<i>piroxicam oral</i>	T1	
QMIIZ ODT	T9	
RELAFEN DS	T9	
SPRIX	T9	
<i>sulindac oral</i>	T1	
TIVORBEX	T9	
<i>tolmetin sodium</i>	T2	
VIVLODEX	T9	
ZIPSOR	T9	
ZORVOLEX	T9	
*Nsaid-Pyrimidine Synthesis Inhibitors Combinations***		
LEFLUNICLO	T9	
*Phosphodiesterase 4 (Pde4) Inhibitors***		
OTEZLA ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 18 Years)

Medication	Coverage Level	Restrictions
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 pack per 1 year); AL (Min 18 Years)
*Pyrimidine Synthesis Inhibitors***		
ARAVA	T5	SP (Limited to a 1 month supply per fill)
<i>leflunomide oral</i>	T1	
*Selective Costimulation Modulators***		
ORENCIA CLICKJECT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2.8 ML per 28 days)
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL MINI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (8 vials per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)

Medication	Coverage Level	Restrictions
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (8 vials per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 Auto-Injectors per 28 days)
Analgesics - Nonnarcotic		
*Analgesics Other***		
LOTREXONE	T9	
NALTREX	T9	
*Analgesics-Sedatives***		
ALLZITAL	T9	
BUPAP ORAL TABLET 50-300 MG	T9	
<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)
<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-aspirin-caffeine oral capsule</i>	T1	QL (180 tablets per 30 days)
ESGIC ORAL TABLET	T3	
FIORICET ORAL CAPSULE	T9	
FIORINAL	T3	QL (180 capsules per 30 days)
VANATOL LQ	T9	
VTOL LQ	T9	
*Salicylate Combinations***		
ASCRIPITIN ORAL TABLET 325 MG	T1	
<i>buffered aspirin</i>	T3	
BUFFERIN	T3	
<i>choline-mag trisalicylate</i>	T1	
<i>tri-buffered aspirin oral tablet 325 mg</i>	T1	
*Salicylates***		
<i>aspirin 81 oral tablet chewable</i>	T1	
<i>aspirin adult</i>	T1	
<i>aspirin ec low dose</i>	T1	
<i>aspirin ec oral tablet delayed release 325 mg</i>	T1	
<i>aspirin oral tablet delayed release 325 mg</i>	T1	
<i>childrens aspirin</i>	T3	
<i>cvs aspirin adult low dose</i>	T1	

Medication	Coverage Level	Restrictions
<i>cvs aspirin ec</i>	T1	
<i>cvs aspirin oral tablet 325 mg</i>	T1	
<i>diflunisal oral</i>	T1	
DOANS PILLS	T1	
ECOTRIN	T3	PV
ECOTRIN ARTHRTIS PAIN	T3	PV
ECOTRIN LOW STRENGTH	T3	PV
<i>eql aspirin</i>	T1	
<i>eql aspirin ec</i>	T1	
<i>eql aspirin low dose oral tablet chewable</i>	T1	
<i>goodsense aspirin oral tablet</i>	T1	
<i>goodsense aspirin oral tablet chewable</i>	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>salsalate oral</i>	T1	
<i>sm aspirin ec low strength</i>	T1	
ST JOSEPH ASPIRIN ORAL TABLET CHEWABLE	T3	
Analgesics - Opioid		
*Codeine Combinations***		
<i>acetaminophen-codeine</i>	T1	
<i>acetaminophen-codeine #2</i>	T1	
<i>acetaminophen-codeine #3</i>	T1	
<i>acetaminophen-codeine #4</i>	T1	
ASCOMP-CODEINE	T2	
<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-asa-caff-codeine</i>	T2	QL (180 capsules per 30 days)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	
*Dihydrocodeine Combinations***		
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	T9	
TREZIX ORAL CAPSULE 320.5-30-16 MG	T1	QL (10 capsules per 1 day)
*Hydrocodone Combinations***		
<i>hydrocodone/acetaminophen</i>	T1	

Medication	Coverage Level	Restrictions
<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-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T1	
IBUDONE ORAL TABLET 10-200 MG	T9	
LORTAB ORAL ELIXIR 10-300 MG/15ML	T9	
NORCO	T3	
VICODIN ES ORAL TABLET 7.5-300 MG	T9	
VICODIN HP ORAL TABLET 10-300 MG	T9	
VICODIN ORAL TABLET 5-300 MG	T9	
*Opioid Agonists***		
ACTIQ	T9	
<i>codeine sulfate oral tablet</i>	T1	
CONZIP	T9	
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)
DSUVIA	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	
<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>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</i>	T3	ST; QL (30 tablets per 30 days)
<i>hydromorphone hcl oral liquid</i>	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)

Medication	Coverage Level	Restrictions
<i>hydromorphone hcl rectal</i>	T1	
HYSINGLA ER	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	T9	
LAZANDA	T9	
<i>levorphanol tartrate oral</i>	T9	
<i>meperidine hcl oral solution</i>	T1	
<i>meperidine hcl oral tablet 50 mg</i>	T1	
METHADONE HCL DISKETTS	T1	
METHADONE HCL INTENSOL	T1	
<i>methadone hcl oral concentrate</i>	T1	
<i>methadone hcl oral solution</i>	T1	
<i>methadone hcl oral tablet</i>	T1	
METHADOSE ORAL CONCENTRATE 10 MG/ML	T1	
MORPHABOND ER	T9	
<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, 20 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	
MS CONTIN ORAL TABLET EXTENDED RELEASE	T3	
NUCYNTA	T3	ST
NUCYNTA ER	T3	ST; QL (60 tablets per 30 days)
OXAYDO ORAL TABLET ABUSE-DETERRENT	T3	ST
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	T2	QL (60 tablets per 30 days)
<i>oxycodone hcl oral capsule</i>	T9	
<i>oxycodone hcl oral solution</i>	T1	
<i>oxycodone hcl oral tablet</i>	T1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	T2	QL (60 tablets per 30 days)
<i>oxymorphone hcl</i>	T2	ST
<i>oxymorphone hcl er</i>	T2	ST; QL (60 tablets per 30 days)
QDOLO	T9	

Medication	Coverage Level	Restrictions
SUBSYS SUBLINGUAL LIQUID 100 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days)
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 units 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)
<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</i>	T9	
<i>tramadol hcl oral tablet 50 mg</i>	T1	QL (240 tablets per 30 days)
ULTRAM	T3	QL (240 tablets per 30 days)
XTAMPZA ER	T3	ST; QL (60 capsules per 30 days)
*Opioid Combinations***		
APADAZ	T9	
<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	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T3	
PRIMLEV	T9	
PROLATE	T9	
*Opioid Partial Agonists***		
BELBUCA	T3	ST; QL (60 films per 30 days)
<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>butorphanol tartrate nasal</i>	T2	
BUTRANS	T9	
<i>pentazocine-naloxone hcl</i>	T2	ST

Medication	Coverage Level	Restrictions
PROBUPHINE IMPLANT KIT	T9	
SUBOXONE SUBLINGUAL FILM 12-3 MG	T3	QL (60 films per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG	T3	QL (90 films per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	T3	QL (30 films per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	T2	QL (30 tablets per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T2	QL (60 tablets per 30 days)
*Tramadol Combinations***		
SEGLENTIS	T9	
<i>tramadol-acetaminophen</i>	T1	
ULTRACET	T3	
Androgens-Anabolic		
*Anabolic Steroids***		
ANADROL-50	T9	
OXANDRIN	T3	
<i>oxandrolone oral</i>	T3	
*Androgens***		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	T9	
ANDROGEL	T9	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	T9	
<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)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	T9	
FORTESTA	T9	
JATENZO	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>methitest</i>	T9	
<i>methyltestosterone oral</i>	T4	PA; SP (Limited to a 1 month supply per fill)
NATESTO	T9	
STRIANT	T9	
TESTIM	T9	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	T1	

Medication	Coverage Level	Restrictions
<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	
TLANDO	T9	
VOGELXO PUMP	T9	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	T9	
XYOSTED	T9	
Anorectal And Related Products		
*Intrarectal Steroids***		
<i>budesonide rectal</i>	T3	QL (2 packages per 180 days)
CORTENEMA	T3	
CORTIFOAM EXTERNAL	T3	ST
<i>hydrocortisone rectal enema</i>	T2	
UCERIS RECTAL	T3	QL (2 packages per 180 days)
*Nitrate Vasodilating Agents***		
RECTIV	T9	
*Rectal Anesthetic/Steroids***		
ANALPRAM-HC EXTERNAL LOTION	T9	
<i>hydrocortisone ace-pramoxine rectal cream 2.5-1 %</i>	T2	
<i>hydrocortisone ace-pramoxine rectal suppository</i>	T9	
<i>lidocaine-hydrocortisone ace rectal gel</i>	T9	
<i>lidocaine-hydrocortisone ace rectal kit</i>	T9	
PROCTOFOAM HC EXTERNAL	T2	QL (2 cans per 30 days)
*Rectal Steroids***		
ANUSOL-HC RECTAL SUPPOSITORY	T9	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	T1	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	T9	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	T1	
<i>hydrocortisone acetate rectal suppository 30 mg</i>	T9	
PROCTOCORT RECTAL SUPPOSITORY	T9	

Medication	Coverage Level	Restrictions
Anthelmintics		
*Anthelmintics***		
<i>albendazole oral</i>	T4	SP (Limited to a 1 month supply per fill); QL (6 tablets per 30 Days)
ALBENZA	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	
BILTRICIDE	T5	SP (Limited to a 1 month supply per fill)
EMVERM	T9	
<i>ivermectin oral</i>	T1	QL (10 tablets per 1 claim)
STROMECTOL	T3	QL (5 Tablets per 1 day)
Antianginal Agents		
*Antianginals-Other***		
ASPRUZYO SPRINKLE	T9	
RANEXA	T3	
<i>ranolazine er</i>	T1	
*Nitrates***		
GONITRO	T9	
ISORDIL TITRADOSE	T9	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	T9	
<i>isosorbide mononitrate</i>	T1	
<i>isosorbide mononitrate er</i>	T1	
MINITRAN	T1	
NITRO-BID	T1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	T3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T2	
<i>nitroglycerin er</i>	T1	
<i>nitroglycerin sublingual</i>	T1	
<i>nitroglycerin transdermal patch 24 hour</i>	T1	
<i>nitroglycerin translingual solution</i>	T2	
NITROLINGUAL	T3	
NITROMIST	T3	
NITROSTAT	T1	
NITRO-TIME	T1	

Medication	Coverage Level	Restrictions
Antianxiety Agents		
*Antianxiety Agents - Misc.***		
<i>buspirone hcl 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	
<i>meprobamate</i>	T9	
VISTARIL	T3	
*Benzodiazepines***		
<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	
ATIVAN ORAL	T3	
<i>chlordiazepoxide hcl</i>	T1	
<i>clorazepate dipotassium</i>	T1	
DIAZEPAM INTENSOL	T2	
<i>diazepam oral solution 5 mg/5ml</i>	T1	
<i>diazepam oral tablet</i>	T1	
LORAZEPAM INTENSOL	T1	
<i>lorazepam oral concentrate 2 mg/ml</i>	T1	
<i>lorazepam oral tablet</i>	T1	
LOREEV XR	T9	
<i>oxazepam</i>	T1	
TRANXENE-T ORAL TABLET 7.5 MG	T3	
VALIUM	T3	
XANAX	T3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	T3	QL (30 tablets per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG, 3 MG	T3	QL (60 tablets per 30 days)
Antiarrhythmics		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate oral</i>	T1	
NORPACE	T3	
NORPACE CR	T2	

Medication	Coverage Level	Restrictions
<i>quinidine gluconate er</i>	T4	SP (Limited to a 1 month supply per fill)
<i>quinidine sulfate oral</i>	T1	
*Antiarrhythmics Type I-B***		
<i>mexiletine hcl oral</i>	T1	
*Antiarrhythmics Type I-C***		
<i>flecainide acetate</i>	T1	
<i>propafenone hcl</i>	T1	
<i>propafenone hcl er</i>	T1	
RYTHMOL SR	T3	QL (60 capsules per 30 days)
*Antiarrhythmics Type Iii***		
<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	
<i>dofetilide</i>	T2	
MULTAQ	T3	
PACERONE ORAL TABLET 100 MG	T2	QL (30 tablets per 30 days)
PACERONE ORAL TABLET 200 MG	T1	
PACERONE ORAL TABLET 400 MG	T9	
TIKOSYN	T3	
Antiasthmatic And Bronchodilator Agents		
*5-Lipoxygenase Inhibitors***		
<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)
ZYFLO	T9	
ZYFLO CR	T9	
*Adrenergic Combinations***		
ADVAIR DISKUS	T9	
ADVAIR HFA	T9	
AIRDUO DIGIHALER	T9	
AIRDUO RESPICLICK 113/14	T9	
AIRDUO RESPICLICK 232/14	T9	
AIRDUO RESPICLICK 55/14	T9	
ANORO ELLIPTA	T2	QL (1 inhaler per 30 days)
BEVESPI AEROSPHERE	T3	ST; QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	T2	QL (1 inhaler per 30 days)

Medication	Coverage Level	Restrictions
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	T2	QL (1 inhaler per 30 Days)
BREYNA	T9	
BREZTRI AEROSPHERE	T9	
<i>budesonide-formoterol fumarate</i>	T9	
COMBIVENT RESPIMAT	T2	QL (2 inhaler per 40 days)
DUAKLIR PRESSAIR	T9	
DULERA	T2	QL (1 inhaler per 31 days)
<i>fluticasone furoate-vilanterol</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 100-50 mcg/dose, 250-50 mcg/act, 250-50 mcg/dose, 500-50 mcg/act, 500-50 mcg/dose</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>ipratropium-albuterol</i>	T1	QL (540 ML per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	QL (1 inhaler per 30 days)
SYMBICORT	T2	QL (2 inhalers per 30 days)
TRELEGY ELLIPTA	T2	
UTIBRON NEOHALER	T3	QL (1 inhaler per 30 days)
WIXELA INHUB	T3	
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 30 days)
*Anti-Inflammatory Agents***		
<i>cromolyn sodium inhalation</i>	T9	
*Beta Adrenergics***		
<i>albuterol sulfate er</i>	T1	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	T1	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1	
<i>albuterol sulfate oral</i>	T1	
ARCAPTA NEOHALER	T3	
<i>arformoterol tartrate</i>	T3	AL (Min 40 Years)

Medication	Coverage Level	Restrictions
BROVANA	T5	SP (Limited to a 1 month supply per fill); AL (Min 40 Years)
<i>formoterol fumarate inhalation</i>	T4	ST; SP (Limited to a 1 month supply per fill); AL (Min 40 Years)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	T1	
<i>levalbuterol tartrate hfa</i>	T2	
<i>metaproterenol sulfate oral syrup</i>	T1	
PERFORMIST	T9	
PROAIR DIGIHALER	T9	
PROAIR HFA	T9	
PROAIR RESPICLICK	T9	
PROVENTIL HFA	T9	
SEREVENT DISKUS	T2	
STRIVERDI RESPIMAT	T2	QL (1 inhaler per 30 days); AL (Min 40 Years)
<i>terbutaline sulfate oral</i>	T1	
VENTOLIN HFA	T2	QL (2 inhalers per 25 days)
XOPENEX	T3	
XOPENEX CONCENTRATE	T3	
XOPENEX HFA	T9	
*Bronchodilators - Anticholinergics***		
ATROVENT HFA	T2	
INCRUSE ELLIPTA	T2	QL (30 Blisters per 30 Day(s)s)
<i>ipratropium bromide inhalation</i>	T1	
LONHALA MAGNAIR REFILL KIT	T9	
LONHALA MAGNAIR STARTER KIT	T9	
SEEBRI NEOHALER	T3	QL (1 inhaler per 30 days)
SPIRIVA HANDIHALER	T2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T2	QL (1 Inhaler per 30 Days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
<i>tiotropium bromide monohydrate</i>	T9	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T9	
YUPELRI	T9	
*Interleukin-5 Antagonists (Igg1 Kappa)***		
FASENRA PEN	T4	PA; SP (Limited to 1 pen per 28 days for induction/starting dose only); QL (1 ML per 56 days)

Medication	Coverage Level	Restrictions
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days)
*Leukotriene Receptor Antagonists***		
ACCOLATE	T3	
<i>montelukast sodium oral</i>	T1	
SINGULAIR	T3	
<i>zafirlukast</i>	T1	
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***		
DALIRESP	T3	QL (30 tablets per 30 days)
<i>roflumilast</i>	T1	QL (30 tablets per 30 days)
*Steroid Inhalants***		
ALVESCO	T9	
ARMONAIR DIGIHALER	T9	
ARNUITY ELLIPTA	T1	QL (1 Inhaler per 30 days); AL (Min 12 Years)
ASMANEX (120 METERED DOSES)	T9	
ASMANEX (14 METERED DOSES)	T9	
ASMANEX (30 METERED DOSES)	T9	
ASMANEX (60 METERED DOSES)	T9	
ASMANEX (7 METERED DOSES)	T9	
ASMANEX HFA	T9	
<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)
FLOVENT DISKUS	T1	QL (1 Inhaler per 30 Day(s)s)
FLOVENT HFA	T1	QL (1 Inhaler per 30 Day(s)s)
<i>fluticasone propionate hfa</i>	T9	
PULMICORT FLEXHALER	T9	
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML	T3	
PULMICORT INHALATION SUSPENSION 1 MG/2ML	T3	QL (120 ML per 30 days)
QVAR REDHALER	T1	
*Thymic Stromal Lymphopoietin (Tslp) Antagonists***		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pen per 28 days)

Medication	Coverage Level	Restrictions
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
*Xanthines***		
ELIXOPHYLLIN	T3	
THEO-24	T2	
<i>theophylline er</i>	T1	
Anticoagulants		
*Coumarin Anticoagulants***		
COUMADIN ORAL	T2	
JANTOVEN	T1	
<i>warfarin sodium oral</i>	T1	
*Direct Factor Xa Inhibitors***		
BEVYXXA	T9	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T2	QL (74 tablets per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	T2	QL (60 tablets per 30 days)
ELIQUIS ORAL TABLET 5 MG	T2	QL (74 tablets per 30 days)
SAVAYSA	T3	ST; QL (30 tablets per 30 days)
XARELTO ORAL SUSPENSION RECONSTITUTED	T2	QL (310 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	T2	QL (30 tablets per 30 days)
XARELTO ORAL TABLET 15 MG	T2	QL (42 tablets per 21 days)
XARELTO ORAL TABLET 2.5 MG	T2	QL (60 tablets per 30 days)
XARELTO STARTER PACK	T2	QL (1 pack per 180 days)
*Heparins And Heparinoid-Like Agents***		
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	T1	
*Low Molecular Weight Heparins***		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	T3	SP (Limited to a 1 month supply per fill)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
ENOXILUV KIT	T9	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 25000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	T5	SP (Limited to a 1 month supply per fill)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	T5	SP (Limited to a 1 month supply per fill)
LOVENOX INJECTION SOLUTION	T3	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	T5	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
*Synthetic Heparinoid-Like Agents***		
ARIXTRA	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)
<i>fondaparinux sodium</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)
*Thrombin Inhibitors - Selective Direct & Reversible***		
<i>dabigatran etexilate mesylate</i>	T3	ST; QL (60 capsules per 30 days)
PRADAXA ORAL CAPSULE	T3	ST; QL (60 capsules per 30 days)
PRADAXA ORAL PACKET	T9	
Anticonvulsants		
*Ampa Glutamate Receptor Antagonists***		
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)
*Anticonvulsants - Benzodiazepines***		
<i>clobazam oral suspension</i>	T3	ST
<i>clobazam oral tablet</i>	T2	ST
<i>clonazepam oral</i>	T1	
DIASTAT ACUDIAL	T2	
DIASTAT PEDIATRIC	T2	
<i>diazepam rectal</i>	T3	
KLONOPIN	T3	
NAYZILAM	T3	QL (5 kits per 30 days)
ONFI ORAL SUSPENSION	T3	ST; QL (240 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	T3	ST
SYMPAZAN	T9	

Medication	Coverage Level	Restrictions
VALTOCO 10 MG DOSE	T3	QL (4 units per 30 days)
VALTOCO 15 MG DOSE	T3	QL (8 units per 30 days)
VALTOCO 20 MG DOSE	T3	QL (8 units per 30 days)
VALTOCO 5 MG DOSE	T3	QL (4 units per 30 days)
*Anticonvulsants - Misc.***		
APTIOM	T3	PA; QL (60 tablets per 30 days)
BANZEL ORAL SUSPENSION	T5	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
BANZEL ORAL TABLET 200 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
BANZEL ORAL TABLET 400 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
BRIVIACT ORAL SOLUTION	T3	QL (300 ML per 30 days)
BRIVIACT ORAL TABLET	T3	QL (60 tablets per 30 days)
<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</i>	T1	
CARBATROL	T3	
DIACOMIT ORAL CAPSULE 250 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
DIACOMIT ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
ELEPSIA XR	T9	
EPIDIOLEX	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 bottles per 30 days)
EPITOL	T1	
EPRONTIA	T9	
FINTEPLA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (360 ML per 30 days)
<i>gabapentin oral capsule</i>	T1	

Medication	Coverage Level	Restrictions
<i>gabapentin oral solution 250 mg/5ml</i>	T1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1	
KEPPRA ORAL	T3	
KEPPRA XR	T3	
<i>lacosamide oral solution</i>	T2	
<i>lacosamide oral tablet</i>	T2	QL (60 tablets per 30 days)
LAMICTAL ODT	T9	
LAMICTAL ORAL TABLET	T3	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	T3	
LAMICTAL STARTER	T3	QL (1 kit per 365 days)
LAMICTAL XR ORAL KIT	T3	ST; QL (1 kit per 365 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	T3	ST; QL (30 tablets per 30 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG, 250 MG, 300 MG	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	T3	ST; QL (30 tablets per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	T9	
<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)
<i>lamotrigine titration</i>	T9	
<i>levetiracetam er</i>	T1	
<i>levetiracetam oral</i>	T1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T3	QL (90 capsules per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T3	QL (60 capsules per 30 days)
LYRICA ORAL SOLUTION	T3	QL (473 ML per 30 days)
MOTPOLY XR	T9	
MYSOLINE ORAL TABLET 50 MG	T3	
NEURONTIN	T3	
<i>oxcarbazepine</i>	T1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<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)
<i>primidone oral tablet 125 mg</i>	T9	
<i>primidone oral tablet 250 mg, 50 mg</i>	T1	
QUDEXY XR	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)
SPRITAM	T3	ST; QL (60 tablets per 30 Days)
SUBVENITE STARTER KIT-BLUE	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-GREEN	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-ORANGE	T3	QL (1 kit per 365 Days)
TEGRETOL ORAL SUSPENSION	T3	
TEGRETOL ORAL TABLET	T3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG	T3	ST; QL (60 tablets per 30 days)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 400 MG	T3	ST; QL (120 tablets per 30 days)
TOPAMAX	T3	
TOPAMAX SPRINKLE	T3	ST
<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	
TRILEPTAL	T3	
TROKENDI XR	T9	
VIMPAT ORAL SOLUTION	T3	
VIMPAT ORAL TABLET	T3	QL (60 tablets per 30 days)
ZONEGRAN	T3	
ZONISADE	T3	QL (150 ML per 30 days); AL (Max 9 Years)

Medication	Coverage Level	Restrictions
<i>zonisamide oral</i>	T1	
ZTALMY	T4	PA; SP (Limited to a 1 month supply per fill); QL (1100 ML per 30 days)
*Carbamates***		
<i>felbamate oral suspension</i>	T2	QL (900 ml per 30 days)
<i>felbamate oral tablet 400 mg</i>	T2	QL (210 tablets per 30 days)
<i>felbamate oral tablet 600 mg</i>	T2	QL (180 tablets per 30 days)
FELBATOL ORAL SUSPENSION	T3	QL (900 ml per 30 days)
FELBATOL ORAL TABLET 400 MG	T3	QL (210 tablets per 30 days)
FELBATOL ORAL TABLET 600 MG	T3	QL (180 tablets per 30 days)
XCOPRI (250 MG DAILY DOSE)	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)
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 THERAPY PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Pack per 30 days)
*Gaba Modulators***		
GABITRIL ORAL TABLET 12 MG, 4 MG	T3	QL (120 tablets per 30 days)
GABITRIL ORAL TABLET 16 MG	T3	QL (90 tablets per 30 days)
GABITRIL ORAL TABLET 2 MG	T3	QL (60 tablets per 30 days)
SABRIL	T9	
<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)
<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)

Medication	Coverage Level	Restrictions
VIGADRONE ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days); AL (Min 2 Years)
*Hydantoins***		
DILANTIN INFATABS	T2	
DILANTIN ORAL CAPSULE 100 MG	T3	
DILANTIN ORAL CAPSULE 30 MG	T2	
DILANTIN ORAL SUSPENSION	T3	
PHENYTEK	T2	
<i>phenytoin oral suspension 125 mg/5ml</i>	T1	
<i>phenytoin oral tablet chewable</i>	T1	
<i>phenytoin sodium extended oral capsule 100 mg</i>	T1	
<i>phenytoin sodium extended oral capsule 200 mg</i>	T2	
<i>phenytoin sodium extended oral capsule 300 mg</i>	T3	
*Succinimides***		
CELONTIN	T3	
<i>ethosuximide oral</i>	T1	
<i>methsuximide</i>	T2	
ZARONTIN	T3	
*Valproic Acid***		
DEPAKOTE	T3	
DEPAKOTE ER	T3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	
<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	
<i>valproate sodium oral solution</i>	T1	
<i>valproic acid oral capsule</i>	T1	
Antidepressants		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral</i>	T1	
REMERON ORAL TABLET 15 MG, 30 MG	T3	
REMERON SOLTAB	T3	
*Antidepressant - Miscellaneous Combinations***		
AUVELITY	T9	

Medication	Coverage Level	Restrictions
*Antidepressants - Misc.**		
APLENZIN	T9	
<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	
FORFIVO XL	T9	
<i>maprotiline hcl</i>	T1	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	T3	QL (90 tablets per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG	T3	QL (60 tablets per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	T3	QL (90 tablets per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	T3	
*Monoamine Oxidase Inhibitors (Maois)**		
EMSAM	T4	ST; SP (Limited to a 1 month supply per fill)
MARPLAN	T2	QL (180 tablets per 30 days)
NARDIL	T3	
PARNATE	T3	
<i>phenelzine sulfate oral</i>	T1	
<i>tranylcypromine sulfate</i>	T2	
*Selective Serotonin Reuptake Inhibitors (Ssrís)**		
CELEXA ORAL TABLET 10 MG	T3	QL (90 tablet per 30 days); AL (Min 18 Years)
CELEXA ORAL TABLET 20 MG	T3	QL (60 tablets per 30 days); AL (Min 18 Years)
CELEXA ORAL TABLET 40 MG	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>citalopram hydrobromide oral capsule</i>	T9	
<i>citalopram hydrobromide oral solution</i>	T1	
<i>citalopram hydrobromide oral tablet 10 mg</i>	T1	QL (90 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>citalopram hydrobromide oral tablet 20 mg</i>	T1	QL (60 tablets per 30 days)
<i>citalopram hydrobromide oral tablet 40 mg</i>	T1	
<i>escitalopram oxalate oral</i>	T1	
<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>fluvoxamine maleate</i>	T1	
<i>fluvoxamine maleate er</i>	T3	QL (60 capsules per 30 days)
LEXAPRO ORAL TABLET	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	
PAXIL	T3	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 37.5 MG	T3	ST; QL (30 tablets per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	T3	ST; QL (60 tablets per 30 days)
PEXEVA	T9	
PROZAC ORAL CAPSULE	T3	
<i>sertraline hcl oral capsule</i>	T9	
<i>sertraline hcl oral concentrate</i>	T1	
<i>sertraline hcl oral tablet</i>	T1	
ZOLOFT ORAL TABLET 100 MG	T3	QL (60 tablets per 30 days)
ZOLOFT ORAL TABLET 25 MG	T3	QL (90 tablets per 30 days)
ZOLOFT ORAL TABLET 50 MG	T3	QL (120 tablets per 30 days)
*Serotonin Modulators***		
<i>nefazodone hcl</i>	T1	
<i>trazodone hcl oral</i>	T1	
TRINTELLIX	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
VIIBRYD ORAL TABLET	T3	QL (30 tablets per 30 days)
VIIBRYD STARTER PACK	T3	QL (30 tablets per 30 days)
<i>vilazodone hcl</i>	T1	QL (30 tablets per 30 Days)

Medication	Coverage Level	Restrictions
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG	T3	QL (60 capsules per 30 days)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	T3	QL (90 capsules per 30 days)
<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)
DRIZALMA SPRINKLE	T9	
<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)
EFFEXOR XR	T3	
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)
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)
<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	
*Tricyclic Agents***		
<i>amitriptyline hcl oral</i>	T1	
<i>amoxapine</i>	T1	
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>clomipramine hcl oral capsule 25 mg</i>	T2	QL (30 capsules per 30 days)
<i>clomipramine hcl oral capsule 50 mg</i>	T2	QL (60 capsules per 30 days)
<i>clomipramine hcl oral capsule 75 mg</i>	T2	QL (90 capsules per 30 days)
<i>desipramine hcl oral</i>	T2	QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>doxepin hcl oral capsule</i>	T1	
<i>doxepin hcl oral concentrate</i>	T1	
<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)
NORPRAMIN ORAL TABLET 10 MG, 25 MG	T3	QL (60 tablets per 30 days)
<i>nortriptyline hcl oral capsule</i>	T1	
PAMELOR ORAL CAPSULE	T3	SP (Generic substitution mandatory.)
<i>protriptyline hcl</i>	T2	
SURMONTIL	T3	
TOFRANIL	T3	
<i>trimipramine maleate oral</i>	T2	
Antidiabetics		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose oral</i>	T1	
GLYSET	T3	
PRECOSE	T3	
*Antidiabetic - Amylin Analogs***		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	SP (Limited to a 1 month supply per fill)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	SP (Limited to a 1 month supply per fill); QL (6 ML per 30 days)
*Biguanides***		
FORTAMET	T9	
GLUCOPHAGE	T3	
GLUCOPHAGE XR	T3	
GLUMETZA	T9	
<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	
RIOMET	T9	
*Diabetic Other***		
BAQSIMI ONE PACK	T2	QL (2 devices per 30 Days)

Medication	Coverage Level	Restrictions
BAQSIMI TWO PACK	T2	QL (2 devices per 30 Days)
<i>diazoxide oral</i>	T4	SP (Limited to a 1 month supply per fill)
GLUCAGEN HYPOKIT	T2	QL (2 Kits per 30 days)
<i>glucagon emergency injection kit</i>	T2	QL (2 Kits per 30 days)
GVOKE HYPOPEN 1-PACK	T2	
GVOKE HYPOPEN 2-PACK	T2	
GVOKE KIT	T2	QL (2 vials per 30 days)
GVOKE PFS	T2	QL (2 syringes per 30 days)
PROGLYCEM	T9	
ZEGALOGUE	T3	QL (2 kits per 30 days)
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
<i>alogliptin benzoate</i>	T3	ST; QL (30 tablets per 30 days)
JANUVIA	T2	QL (30 tablets per 30 days)
NESINA	T9	
ONGLYZA	T3	ST; QL (30 tablets per 30 days)
<i>saxagliptin hcl</i>	T3	ST; QL (30 tablets per 30 days)
TRADJENTA	T3	ST; QL (30 tablets per 30 days)
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
<i>alogliptin-metformin hcl</i>	T3	ST; QL (60 tablets per 30 days)
JANUMET	T2	QL (60 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	QL (30 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	QL (60 tablets per 30 days)
JENTADUETO	T3	ST; QL (60 tablets per 30 days)
JENTADUETO XR	T3	ST; QL (30 tablets per 30 days)
KAZANO	T9	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T3	ST; QL (60 tablets per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T3	ST; QL (30 tablets per 30 days)
<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)
*Dopamine Receptor Agonists - Ergot Derivatives***		
CYCLOSET	T3	

Medication	Coverage Level	Restrictions
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***		
<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)
OSENI	T9	
*Human Insulin***		
ADMELOG INJECTION	T3	ST
ADMELOG SOLOSTAR	T3	ST
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
APIDRA	T3	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST
BASAGLAR KWIKPEN	T9	
BASAGLAR TEMPO PEN	T9	
FIASP FLEXTOUCH	T3	ST
FIASP INJECTION	T3	ST
FIASP PENFILL	T3	ST
HUMALOG	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 TEMPO PEN	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	

Medication	Coverage Level	Restrictions
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1	
<i>insulin asp prot & asp flexpen</i>	T3	ST
<i>insulin aspart</i>	T3	ST
<i>insulin aspart flexpen</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-yfgn</i>	T9	
<i>insulin lispro</i>	T9	
<i>insulin lispro (1 unit dial)</i>	T9	
<i>insulin lispro junior kwikpen</i>	T9	
<i>insulin lispro prot & lispro</i>	T9	
LANTUS	T1	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1	
LEVEMIR	T3	ST
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST
LEVEMIR FLEXTOUCH	T3	ST
LYUMJEV	T1	
LYUMJEV KWIKPEN	T1	
LYUMJEV TEMPO PEN	T9	
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	T9	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NOVOLOG MIX 70/30	T9	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	T9	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
REZVOGLAR KWIKPEN	T9	
SEMGLEE	T9	

Medication	Coverage Level	Restrictions
SEMGLEE (YFGN)	T9	
TOUJEO MAX SOLOSTAR	T1	
TOUJEO SOLOSTAR	T1	
TRESIBA	T9	
TRESIBA FLEXTOUCH	T9	
<i>*Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)***</i>		
MOUNJARO	T2	QL (4 pen-injectors per 28 days)
<i>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***</i>		
BYDUREON BCISE	T3	ST
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	T2	QL (1.5 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	T2	QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T2	QL (3 ML per 28 Days)
OZEMPIC (2 MG/DOSE)	T2	QL (3 ML per 28 days)
RYBELSUS	T9	
TRULICITY	T2	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	
<i>*Insulin-Incretin Mimetic Combinations***</i>		
SOLIQUA	T2	QL (15 ML per 25 days)
XULTOPHY	T2	QL (15 ML per 30 days)
<i>*Meglitinide Analogues***</i>		
<i>nateglinide</i>	T1	
PRANDIN ORAL TABLET 1 MG, 2 MG	T3	
<i>repaglinide</i>	T1	
STARLIX	T3	
<i>*Progesterone Receptor Antagonists***</i>		
KORLYM	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
*SglT2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 Tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	QL (60 Tablets per 30 days)
*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***		
GLYXAMBI	T2	QL (30 tablets per 30 days)
QTERN	T3	ST; QL (30 tablets per 30 days)
STEGLUJAN	T3	ST; QL (30 tablets per 30 days)
*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***		
FARXIGA	T2	QL (31 tablets per 31 days)
INVOKANA	T3	ST; QL (31 tablets per 31 days)
JARDIANCE	T2	QL (30 tablets per 30 days)
STEGLATRO	T3	ST; QL (30 tablets per 30 days)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
INVOKAMET	T3	ST; QL (60 tablets per 30 days)
INVOKAMET XR	T3	ST; QL (60 tablets per 30 days)
SEGLUROMET	T3	ST; QL (60 tablets per 30 days)
SYNJARDY	T2	QL (60 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	QL (30 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	QL (60 tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	T2	QL (30 tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T2	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T2	QL (60 tablets per 30 days)
*Sulfonylurea-Biguanide Combinations***		
glipizide-metformin hcl	T1	
glyburide-metformin	T1	
*Sulfonylureas***		
AMARYL	T3	
glimepiride	T1	
glipizide er	T1	
glipizide oral tablet 10 mg, 5 mg	T1	

Medication	Coverage Level	Restrictions
<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	
GLUCOTROL	T3	
GLUCOTROL XL	T3	
<i>glyburide micronized</i>	T1	
<i>glyburide oral</i>	T1	
GLYNASE	T3	
*Sulfonylurea-Thiazolidinedione Combinations***		
DUETACT	T9	
<i>pioglitazone hcl-glimepiride</i>	T9	
*Thiazolidinedione-Biguanide Combinations***		
ACTOPLUS MET ORAL TABLET 15-850 MG	T3	
<i>pioglitazone hcl-metformin hcl</i>	T1	
*Thiazolidinediones***		
ACTOS	T3	
<i>pioglitazone hcl</i>	T1	
Antidiarrheal/Probiotic Agents		
*Antidiarrheal - Chloride Channel Antagonists***		
MYTESI	T9	
*Antidiarrheal/Probiotic Combinations***		
RESTORA RX	T9	
RESTORA SPRINKLES	T9	
*Antiperistaltic Agents***		
<i>diphenoxylate-atropine oral liquid</i>	T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1	
LOMOTIL ORAL TABLET	T3	
<i>loperamide hcl oral capsule</i>	T9	
<i>opium</i>	T9	
<i>paregoric</i>	T9	
Antidotes And Specific Antagonists		
*Antidotes - Chelating Agents***		
CHEMET	T4	SP (Limited to a 1 month supply per fill)
<i>deferasirox granules</i>	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<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)
EXJADE	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Only available through the EPASS program. Please call 888 90-EPASS for more information.)
FERRIPROX ORAL SOLUTION	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
FERRIPROX ORAL TABLET 1000 MG	T9	
FERRIPROX ORAL TABLET 500 MG	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
FERRIPROX TWICE-A-DAY	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
JADENU	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
JADENU SPRINKLE ORAL PACKET 180 MG	T9	
JADENU SPRINKLE ORAL PACKET 360 MG, 90 MG	T9	SP ()
*Antidotes And Specific Antagonists***		
VISTOGARD	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (20 packets per 5 days)
*Opioid Antagonists***		
KLOXXADO	T3	QL (2 doses per 365 days)
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1	QL (2 Vials per 1 year)

Medication	Coverage Level	Restrictions
<i>naloxone hcl injection solution cartridge</i>	T1	QL (2 cartridges per 1 year)
<i>naloxone hcl injection solution prefilled syringe</i>	T1	QL (2 Syringes per 1 year)
<i>naloxone hcl nasal</i>	T1	QL (1 box per 1 year)
<i>naltrexone hcl oral</i>	T1	
NARCAN	T1	QL (1 box per 1 year)
OPVEE	T2	QL (1 box per 1 year)
ZIMHI	T2	QL (1 box per 1 year)
Antiemetics		
*5-Ht3 Receptor Antagonists***		
ANZEMET ORAL TABLET 50 MG	T9	
<i>granisetron hcl oral</i>	T2	QL (20 tablets per 30 days)
<i>ondansetron</i>	T1	
<i>ondansetron hcl oral</i>	T1	
SANCUSO	T4	ST; SP (Limited to a 1 month supply per fill); QL (1 patch per 28 days)
SUSTOL	T9	
ZUPLENZ	T2	ST; QL (20 films per 30 days)
*Antiemetic Combinations***		
AKYNZEO ORAL	T9	
BONJESTA	T9	
DICLEGIS	T9	
<i>doxylamine-pyridoxine</i>	T9	
*Antiemetics - Anticholinergic***		
ANTIVERT ORAL TABLET 50 MG	T9	
<i>meclizine hcl oral tablet</i>	T9	
<i>scopolamine</i>	T1	
TIGAN ORAL	T3	
TRANSDERM-SCOP (1.5 MG)	T3	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	T3	
<i>trimethobenzamide hcl oral</i>	T1	
*Antiemetics - Miscellaneous***		
<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)
MARINOL ORAL CAPSULE 10 MG	T4	SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
MARINOL ORAL CAPSULE 2.5 MG, 5 MG	T3	QL (60 capsules per 30 days)

Medication	Coverage Level	Restrictions
SYNDROS	T9	
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
<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)
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	T9	
EMEND TRI-PACK	T9	
VARUBI ORAL	T9	
Antifungals		
*Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)***		
BREXAFEMME	T9	
*Antifungals***		
<i>griseofulvin microsize oral</i>	T1	
<i>griseofulvin ultramicrosize</i>	T2	
LAMISIL ORAL TABLET	T3	
<i>nystatin oral tablet</i>	T1	
<i>terbinafine hcl oral</i>	T1	
*Imidazoles***		
<i>ketoconazole oral</i>	T1	
*Tetrazoles***		
VIVJOA	T9	
*Triazoles***		
CRESEMBA ORAL CAPSULE 186 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 Capsules per 30 days)
CRESEMBA ORAL CAPSULE 74.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)
DIFLUCAN	T3	
<i>fluconazole oral</i>	T1	
<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)
NOXAFIL ORAL PACKET	T5	PA; 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 TABLET DELAYED RELEASE	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 Tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>posaconazole oral suspension</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (450 ML per 30 days)
<i>posaconazole oral tablet delayed release</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
SPORANOX ORAL CAPSULE	T9	
SPORANOX ORAL SOLUTION	T5	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
SPORANOX PULSEPAK	T9	
<i>tolsura</i>	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)
<i>voriconazole oral suspension reconstituted</i>	T4	SP (Limited to a 1 month supply per fill); QL (300 ML per 30 days)
<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)
Antihistamines		
*Antihistamines - Alkylamines***		
<i>chlorpheniramine maleate er</i>	T9	
RYCLORA ORAL SYRUP	T9	
*Antihistamines - Ethanolamines***		
<i>carbinoxamine maleate oral solution</i>	T1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	T9	
<i>clemastine fumarate oral syrup</i>	T9	
<i>clemastine fumarate oral tablet 1.34 mg</i>	T9	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1	
DICOPANOL FUSEPAQ	T9	
<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	

Medication	Coverage Level	Restrictions
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T9	
RYVENT	T9	
*Antihistamines - Non-Sedating***		
ALAVERT ORAL TABLET DISPERSIBLE	T9	
ALLEGRA ALLERGY	T9	
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION	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>childrens loratadine oral solution</i>	T9	
CLARINEX ORAL TABLET	T9	
CLARITIN ORAL SOLUTION	T9	
CLARITIN ORAL SYRUP	T9	
CLARITIN ORAL TABLET	T9	
CLARITIN REDITABS	T9	
<i>desloratadine oral tablet</i>	T9	
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	T9	
<i>levocetirizine dihydrochloride oral</i>	T9	
<i>loratadine oral tablet</i>	T9	
QUZYTIR	T9	
ZYRTEC ALLERGY ORAL TABLET	T9	
*Antihistamines - Phenothiazines***		
<i>promethazine hcl oral syrup</i>	T1	
<i>promethazine hcl oral tablet</i>	T1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T3	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral</i>	T1	
Antihyperlipidemics		
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***		
NEXLIZET	T3	PA; QL (30 tablets per 30 days)
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***		
NEXLETOL	T3	PA; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
*Antihyperlipidemics - Misc.**		
<i>icosapent ethyl</i>	T2	PA
LOVAZA	T3	
<i>omega-3-acid ethyl esters</i>	T1	
VASCEPA	T9	PA
*Bile Acid Sequestrants**		
<i>cholestyramine light</i>	T1	
<i>cholestyramine oral</i>	T1	
<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	
PREVALITE	T1	
QUESTRAN LIGHT ORAL POWDER	T3	
QUESTRAN ORAL POWDER	T3	
WELCHOL ORAL PACKET	T3	QL (30 packets per 30 days)
WELCHOL ORAL TABLET	T3	QL (180 tablets per 30 days)
*Fibric Acid Derivatives**		
ANTARA ORAL CAPSULE 30 MG, 90 MG	T9	
<i>fenofibrate micronized oral capsule 130 mg, 30 mg, 90 mg</i>	T9	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	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	
FIBRICOR	T9	
<i>gemfibrozil oral</i>	T1	
LIPOFEN	T9	
LOPID	T3	
TRICOR	T3	
TRIGLIDE ORAL TABLET 160 MG	T9	
TRILIPIX	T3	
*Hmg Coa Reductase Inhibitors**		
ALTOPREV	T9	
ATORVALIQ	T9	

Medication	Coverage Level	Restrictions
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	T1	PV
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	T1	
CRESTOR	T3	
EZALLOR SPRINKLE	T9	
<i>flolipid</i>	T9	
<i>fluvastatin sodium</i>	T9	
<i>fluvastatin sodium er</i>	T9	
LESCOL XL	T9	
LIPITOR	T3	
LIVALO	T9	
<i>lovastatin oral</i>	T1	PV
<i>pitavastatin calcium</i>	T3	ST; QL (30 tablets per 30 Days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	T3	
<i>pravastatin sodium</i>	T1	PV
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	T1	PV
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	T1	
<i>simvastatin oral suspension</i>	T9	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	PV
<i>simvastatin oral tablet 80 mg</i>	T1	
ZOCOR	T3	QL (31 tablets per 31 days)
ZYPITAMAG	T9	
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***		
<i>ezetimibe-atorvastatin</i>	T9	
<i>ezetimibe-rosuvastatin</i>	T9	
<i>ezetimibe-simvastatin</i>	T1	
ROSZET	T9	
VYTORIN	T3	
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe</i>	T1	
ZETIA	T3	
*Microsomal Triglyceride Transfer Protein Inhibitors***		
JUXTAPID ORAL CAPSULE 10 MG	T9	SP ()
JUXTAPID ORAL CAPSULE 20 MG, 40 MG, 5 MG, 60 MG	T9	SP ()
JUXTAPID ORAL CAPSULE 30 MG	T9	

Medication	Coverage Level	Restrictions
*Nicotinic Acid Derivatives***		
<i>niacin er (antihyperlipidemic)</i>	T1	
NIACOR	T1	
*Pcsk9 Inhibitors***		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; QL (2 pens per 28 days)
REPATHA	T2	PA; QL (2 pens per 28 days)
REPATHA PUSHTRONEX SYSTEM	T2	PA; QL (1 cartridge per 30 days)
REPATHA SURECLICK	T2	PA; QL (2 pens per 28 days)
Antihypertensives		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
<i>amlodipine besy-benazepril hcl</i>	T1	
LOTREL ORAL CAPSULE 10-20 MG, 5-10 MG, 5-20 MG	T3	SP (Generic substitution mandatory.)
LOTREL ORAL CAPSULE 10-40 MG	T3	
PRESTALIA	T3	ST
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	T3	
<i>trandolapril-verapamil hcl er</i>	T1	
*Ace Inhibitors & Thiazide/Thiazide-Like***		
ACCURETIC	T3	
<i>benazepril-hydrochlorothiazide</i>	T1	
<i>captopril-hydrochlorothiazide</i>	T1	
<i>enalapril-hydrochlorothiazide</i>	T1	
<i>fosinopril sodium-hctz</i>	T1	
<i>lisinopril-hydrochlorothiazide</i>	T1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	T3	
<i>quinapril-hydrochlorothiazide</i>	T1	
VASERETIC	T3	
ZESTORETIC	T3	
*Ace Inhibitors***		
ACCUPRIL	T3	
ALTACE ORAL CAPSULE	T3	
<i>benazepril hcl oral</i>	T1	
<i>captopril oral</i>	T1	
<i>enalapril maleate oral solution</i>	T2	AL (Max 9 Years)
<i>enalapril maleate oral tablet</i>	T1	
EPANED ORAL SOLUTION	T2	AL (Max 9 Years)
<i>fosinopril sodium</i>	T1	

Medication	Coverage Level	Restrictions
<i>lisinopril oral</i>	T1	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	T3	
MAVIK ORAL TABLET 4 MG	T3	
<i>moexipril hcl</i>	T1	
<i>perindopril erbumine</i>	T1	
PRINIVIL	T3	
QBRELIS	T3	AL (Max 9 Years)
<i>quinapril hcl</i>	T1	
<i>ramipril</i>	T1	
<i>trandolapril</i>	T1	
VASOTEC	T3	
ZESTRIL	T3	
*Adrenolytics-Central & Thiazide/Thiazide-Like Comb***		
<i>methyl dopa-hydrochlorothiazide</i>	T1	
*Agents For Pheochromocytoma***		
DEM SER	T9	
DIBENZYLINE	T9	
<i>metyrosine</i>	T9	
<i>phenoxybenzamine hcl oral</i>	T9	
*Angiotensin li Receptor Antag & Ca Channel Blocker Comb***		
<i>amlodipine besylate-valsartan</i>	T1	
<i>amlodipine-olmesartan</i>	T1	
AZOR	T3	ST
EXFORGE	T3	
<i>telmisartan-amlodipine</i>	T1	
TWYNSTA	T3	
*Angiotensin li Receptor Antag & Thiazide/Thiazide-Like***		
ATACAND HCT	T3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	
BENICAR HCT	T3	
<i>candesartan cilexetil-hctz</i>	T1	
DIOVAN HCT	T3	
EDARBYCLOR	T3	ST
HYZAAR	T3	
<i>irbesartan-hydrochlorothiazide</i>	T1	
<i>losartan potassium-hctz</i>	T1	

Medication	Coverage Level	Restrictions
MICARDIS HCT	T3	
<i>olmesartan medoxomil-hctz</i>	T1	
<i>telmisartan-hctz</i>	T1	
<i>valsartan-hydrochlorothiazide</i>	T1	
*Angiotensin II Receptor Antagonists***		
ATACAND	T3	
AVAPRO	T3	
BENICAR	T3	
<i>candesartan cilexetil</i>	T1	
COZAAR	T3	
DIOVAN	T3	QL (60 tablets per 30 days)
EDARBI	T3	ST
<i>irbesartan</i>	T1	
<i>losartan potassium oral</i>	T1	
MICARDIS	T3	
<i>olmesartan medoxomil oral</i>	T1	
<i>telmisartan</i>	T1	
<i>valsartan oral solution</i>	T9	
<i>valsartan oral tablet</i>	T1	
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***		
<i>amlodipine-valsartan-hctz</i>	T1	
EXFORGE HCT	T3	
<i>olmesartan-amlodipine-hctz</i>	T1	
TRIBENZOR	T3	
*Antiadrenergics - Centrally Acting***		
CATAPRES	T3	
CATAPRES-TTS-1	T3	
CATAPRES-TTS-2	T3	
CATAPRES-TTS-3	T3	
<i>clonidine</i>	T1	
<i>clonidine hcl er oral tablet extended release 24 hour</i>	T9	
<i>clonidine hcl oral</i>	T1	
<i>guanfacine hcl oral</i>	T1	
<i>methyldopa oral</i>	T1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	T9	
*Antiadrenergics - Peripherally Acting***		
CARDURA	T3	

Medication	Coverage Level	Restrictions
<i>doxazosin mesylate oral</i>	T1	
MINIPRESS	T3	
<i>prazosin hcl oral</i>	T1	
<i>terazosin hcl oral</i>	T1	
*Antihypertensives - Misc.***		
VECAMYL	T4	SP (Limited to a 1 month supply per fill)
*Beta Blocker & Angiotensin II Receptor Antagonist Comb***		
BYVALSON	T3	ST
*Beta Blocker & Diuretic Combinations***		
<i>atenolol-chlorthalidone</i>	T1	
<i>bisoprolol-hydrochlorothiazide</i>	T1	
CORZIDE	T3	
DUTOPROL	T9	
LOPRESSOR HCT ORAL TABLET 50-25 MG	T3	
<i>metoprolol-hctz er</i>	T9	
<i>metoprolol-hydrochlorothiazide</i>	T1	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	T1	
<i>propranolol-hctz</i>	T1	
TENORETIC 100	T3	
TENORETIC 50	T3	
ZIAC	T3	
*Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb***		
TEKTURNA HCT	T2	ST
*Direct Renin Inhibitors***		
<i>aliskiren fumarate</i>	T2	ST
TEKTURNA	T3	
*Selective Aldosterone Receptor Antagonists (Saras)***		
<i>eplerenone</i>	T1	
INSPRA	T3	
*Vasodilators***		
<i>hydralazine hcl oral</i>	T1	
<i>minoxidil oral</i>	T1	
Anti-Infective Agents - Misc.		
*Anti-Infective Agents - Misc.***		
AEMCOLO	T2	QL (12 tablets per 30 Days); AL (Min 18 Years)
FLAGYL	T3	

Medication	Coverage Level	Restrictions
IMPAVIDO	T4	PA; SP (Limited to a 1 month supply per fill)
LIKMEZ	T9	
<i>metronidazole oral</i>	T1	
NEBUPENT	T3	
<i>pentamidine isethionate inhalation</i>	T1	
PRIMSOL	T9	
<i>tinidazole oral</i>	T1	
<i>trimethoprim oral</i>	T1	
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.)
*Anti-Infective Misc. - Combinations***		
BACTRIM	T3	
BACTRIM DS	T3	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1	
SULFATRIM PEDIATRIC	T1	
*Antiprotozoal Agents***		
ALINIA ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (60 ML per 6 months)
ALINIA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
<i>atovaquone oral</i>	T4	SP (Limited to a 1 month supply per fill)
LAMPIT	T3	QL (90 tablets per 30 years); AL (Max 17 Years)
MEPRON	T3	
<i>nitazoxanide oral</i>	T5	SP (Limited to a 1 month supply per fill); QL (6 TABLETS per 6 Months)
*Glycopeptides***		
FIRVANQ	T2	
VANCOCIN HCL	T9	
VANCOCIN ORAL CAPSULE 125 MG	T9	
<i>vancomycin hcl intravenous solution reconstituted 1.25 gm, 1000 mg, 500 mg</i>	T1	
<i>vancomycin hcl oral capsule 125 mg</i>	T3	ST; QL (56 capsules per 14 years)
<i>vancomycin hcl oral capsule 250 mg</i>	T9	

Medication	Coverage Level	Restrictions
<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	
*Leprostatics***		
<i>dapsone oral</i>	T1	
*Lincosamides***		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	T3	
CLEOCIN ORAL CAPSULE 75 MG	T2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	T2	
<i>clindamycin hcl oral</i>	T1	
<i>clindamycin palmitate hcl</i>	T1	
*Monobactams***		
CAYSTON	T4	PA; SP (Limited to a 1 month supply per fill)
*Oxazolidinones***		
<i>linezolid oral suspension reconstituted</i>	T4	SP (Limited to one 14 day supply per 6 months (180 days)); AL (Max 9 Years)
<i>linezolid oral tablet</i>	T1	QL (28 tablets per 14 days)
SIVEXTRO ORAL	T4	PA; SP (Limited to a 1 month supply per fill)
ZYVOX ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to one 14 day supply per 6 months (180 days)); AL (Max 9 Years)
ZYVOX ORAL TABLET	T5	SP (Limited to one 14 day supply per 6 months (180 days)); QL (28 tablets per 14 days)
*Pleuromutilins***		
XENLETA ORAL	T9	
*Polymyxins***		
<i>colistimethate sodium (cba)</i>	T9	
*Urinary Anti-Infectives***		
<i>fosfomycin tromethamine</i>	T1	QL (1 packet per 30 days)
FURADANTIN	T5	SP (Limited to a 1 month supply per fill)
MACROBID	T3	
MACRODANTIN ORAL CAPSULE 100 MG, 50 MG	T3	
MACRODANTIN ORAL CAPSULE 25 MG	T2	

Medication	Coverage Level	Restrictions
<i>methenamine hippurate</i>	T1	
MONUROL	T3	QL (1 packet per 30 days)
<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)
<i>nitrofurantoin oral suspension 50 mg/5ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 ML per 30 Days)
*Urinary Antiseptic-Antispasmodic &/Or Analgesics***		
HYOPHEN	T9	
URIBEL ORAL CAPSULE	T9	
URIMAR-T ORAL CAPSULE	T9	
<i>urneva</i>	T9	
Antimalarials		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl</i>	T1	
COARTEM	T2	
MALARONE	T3	
*Antimalarials***		
ARAKODA	T3	
<i>chloroquine phosphate oral</i>	T1	
DARAPRIM	T9	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	T9	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	
KRINTAFEL	T1	QL (2 tablets per 365 Days)
<i>mefloquine hcl</i>	T1	
PLAQUENIL	T3	
<i>primaquine phosphate oral</i>	T1	
<i>pyrimethamine oral</i>	T4	PA; SP (Limited to a 1 month supply per fill)
QUALAQUIN	T3	
<i>quinine sulfate oral</i>	T1	
Antimyasthenic/Cholinergic Agents		
*Antimyasthenic/Cholinergic Agents***		
FIRDAPSE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)

Medication	Coverage Level	Restrictions
MESTINON ORAL SYRUP	T2	
MESTINON ORAL TABLET	T3	
MESTINON ORAL TABLET EXTENDED RELEASE	T9	
<i>pyridostigmine bromide er</i>	T9	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1	
RUZURGI	T4	PA; SP (Limited to a 1 month supply per fill)
Antimycobacterial Agents		
*Antimycobacterial Agents***		
<i>cycloserine oral</i>	T4	SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
<i>ethambutol hcl oral</i>	T1	
<i>isoniazid oral</i>	T1	
MYCOBUTIN	T2	
<i>pretomanid</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PRIFTIN	T2	
<i>pyrazinamide oral</i>	T1	
<i>rifabutin</i>	T4	SP (Limited to a 1 month supply per fill)
RIFADIN ORAL	T3	
<i>rifampin oral</i>	T1	
SIRTURO	T4	SP (Limited to a 1 month supply per fill)
Antineoplastics And Adjunctive Therapies		
*Alkylating Agents***		
MYLERAN	T3	
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate oral tablet 250 mg</i>	T1	
<i>abiraterone acetate oral tablet 500 mg</i>	T9	
YONSA	T9	
ZYTIGA	T9	
*Antiadrenals***		
LYSODREN	T4	PA; SP (Max of 14 day supply per fill)
*Antiandrogens***		
<i>bicalutamide</i>	T1	
CASODEX	T3	

Medication	Coverage Level	Restrictions
ERLEADA ORAL TABLET 240 MG	T4	PA; ST; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
ERLEADA ORAL TABLET 60 MG	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
<i>flutamide</i>	T1	
<i>nilutamide</i>	T1	
NUBEQA	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
XTANDI ORAL CAPSULE	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
XTANDI ORAL TABLET 40 MG	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
XTANDI ORAL TABLET 80 MG	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)
*Antiestrogens***		
FARESTON	T9	
SOLTAMOX	T9	
<i>tamoxifen citrate oral</i>	T1	
<i>toremifene citrate</i>	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
*Antimetabolites***		
<i>capecitabine oral tablet 150 mg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>capecitabine oral tablet 500 mg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>mercaptopurine oral</i>	T1	
<i>methotrexate oral</i>	T1	
<i>methotrexate sodium injection solution reconstituted</i>	T1	
<i>methotrexate sodium oral</i>	T1	

Medication	Coverage Level	Restrictions
ONUREG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (14 tablets per 28 days)
PURIXAN	T5	SP (Limited to a 1 month supply per fill)
TABLOID	T5	SP (Limited to a 1 month supply per fill)
TREXALL	T3	ST
XATMEP	T3	AL (Max 9 Years)
XELODA	T5	SP (Limited to a 1 month supply per fill)
*Antineoplastic - Alk Inhibitors***		
ALECENSA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (112 capsules per 14 days)
ALUNBRIG ORAL TABLET 180 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
ALUNBRIG ORAL TABLET 30 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
ALUNBRIG ORAL TABLET 90 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
ALUNBRIG ORAL TABLET THERAPY PACK	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
LORBRENA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
XALKORI ORAL CAPSULE 200 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 capsules per 14 days)
XALKORI ORAL CAPSULE 250 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 capsules per 14 days)
ZYKADIA ORAL TABLET	T5	PA; SP (Max of 14 day supply per fill)

Medication	Coverage Level	Restrictions
*Antineoplastic - Anti-Her2 Agents***		
OGIVRI	T9	
TUKYSA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
*Antineoplastic - Bcl-2 Inhibitors***		
VENCLEXTA ORAL TABLET 10 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
VENCLEXTA ORAL TABLET 100 MG, 50 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
VENCLEXTA STARTING PACK	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
BOSULIF ORAL TABLET 100 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
BOSULIF ORAL TABLET 400 MG, 500 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
GLEEVEC	T9	
ICLUSIG ORAL TABLET 10 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
ICLUSIG ORAL TABLET 15 MG, 45 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
ICLUSIG ORAL TABLET 30 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
<i>imatinib mesylate oral tablet 100 mg</i>	T4	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
<i>imatinib mesylate oral tablet 400 mg</i>	T4	PA; SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)
SCSEMBLIX	T5	PA; SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)

Medication	Coverage Level	Restrictions
SPRYCEL	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
TASIGNA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (56 capsule per 14 days)
*Antineoplastic - Braf Kinase Inhibitors***		
BRAFTOVI ORAL CAPSULE 75 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill)
TAFINLAR ORAL CAPSULE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
TAFINLAR ORAL TABLET SOLUBLE	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 bottles per 30 days); AL (Min 1 Years and Max 9 Years)
ZELBORAF	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
*Antineoplastic - Btk Inhibitors***		
BRUKINSA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
CALQUENCE ORAL TABLET	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (28 capsules per 14 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, 560 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
IMBRUVICA ORAL TABLET 280 MG, 420 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
JAYPIRCA	T5	PA; SP (Max of 15 day supply per fill); QL (30 tablets per 15 days)
*Antineoplastic - Egfr Inhibitors***		
<i>erlotinib hcl</i>	T4	PA; SP (Max of 14 day supply per fill)
EXKIVITY	T4	PA; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
<i>gefitinib</i>	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
GILOTRIF ORAL TABLET 20 MG	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
GILOTRIF ORAL TABLET 30 MG	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
GILOTRIF ORAL TABLET 40 MG	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
IRESSA	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
TAGRISSE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill); QL (15 tablets per 15 days)
TARCEVA ORAL TABLET 100 MG	T5	PA; SP (Max of 14 day supply per fill)
TARCEVA ORAL TABLET 150 MG, 25 MG	T5	PA; SP (Max of 14 day supply per fill)
VIZIMPRO ORAL TABLET 15 MG	T5	PA; SP (Max of 14 day supply per fill)
VIZIMPRO ORAL TABLET 30 MG, 45 MG	T5	PA; SP (Max of 14 day supply per fill)
*Antineoplastic - Fgfr Kinase Inhibitors***		
BALVERSA ORAL TABLET 3 MG, 4 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)

Medication	Coverage Level	Restrictions
BALVERSA ORAL TABLET 5 MG	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
LYTGOBI (12 MG DAILY DOSE)	T4	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
LYTGOBI (16 MG DAILY DOSE)	T4	PA; SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
LYTGOBI (20 MG DAILY DOSE)	T4	PA; SP (Max of 14 day supply per fill); QL (70 tablets per 14 days)
PEMAZYRE	T4	PA; SP (Limited to a 1 month supply per fill); QL (14 Tablets per 21 days)
TRUSELTIQ (100MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
TRUSELTIQ (125MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
TRUSELTIQ (50MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
TRUSELTIQ (75MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
<i>*Antineoplastic - Hedgehog Pathway Inhibitors***</i>		
DAURISMO ORAL TABLET 100 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
DAURISMO ORAL TABLET 25 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
ERIVEDGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
ODOMZO	T5	PA; SP (Max of 14 day supply per fill); QL (14 capsules per 14 days)
<i>*Antineoplastic - Hif-2-Alpha Inhibitors***</i>		
WELIREG	T4	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
<i>*Antineoplastic - Histone Deacetylase Inhibitors***</i>		
FARYDAK ORAL CAPSULE 10 MG, 20 MG	T5	PA; SP (Max of 14 day supply per fill); QL (6 capsules per 1 fill)

Medication	Coverage Level	Restrictions
FARYDAK ORAL CAPSULE 15 MG	T5	PA; SP (Max of 14 day supply per fill)); QL (6 capsules per 1 fill)
ZOLINZA	T4	PA; SP (Max of 14 day supply per fill)
*Antineoplastic - Immunomodulators***		
POMALYST ORAL CAPSULE 1 MG	T5	PA; SP (Limited to a 1 month supply per fill)
POMALYST ORAL CAPSULE 2 MG, 3 MG, 4 MG	T5	PA; SP (Limited to a 1 month supply per fill)
*Antineoplastic - Kras Inhibitors***		
KRAZATI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (84 tablets per 14 days)
LUMAKRAS ORAL TABLET 120 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (112 tablets per 14 days)
LUMAKRAS ORAL TABLET 320 MG	T4	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
*Antineoplastic - Mek Inhibitors***		
COTELLIC	T4	PA; SP (Limited to a 1 month supply per fill)
KOSELUGO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
MEKINIST 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	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
MEKTOVI	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill)

Medication	Coverage Level	Restrictions
*Antineoplastic - Met Inhibitors***		
TABRECTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
TEPMETKO	T5	PA; SP (Max of 15 day supply per fill); QL (30 tablets per 15 days)
*Antineoplastic - Methyltransferase Inhibitors***		
TAZVERIK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (112 Tablets per 14 days)
*Antineoplastic - Mtor Kinase Inhibitors***		
AFINITOR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
AFINITOR DISPERZ	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<i>everolimus oral tablet soluble</i>	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
*Antineoplastic - Multikinase Inhibitors***		
CABOMETYX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
CAPRELSA	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablet per 14 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T4	PA; SP (Max of 14 day supply per fill)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T4	PA; SP (Max of 14 day supply per fill)
COMETRIQ (60 MG DAILY DOSE)	T4	PA; SP (Max of 14 day supply per fill)
FOTIVDA	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 capsules per 28 days)
<i>lapatinib ditosylate</i>	T4	PA; SP (Max of 14 day supply per fill. Limited Distribution medication.)

Medication	Coverage Level	Restrictions
NERLYNX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NEXAVAR	T9	SP ()
<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.)
QINLOCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 Tablets per 30 days)
RYDAPT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 21 days)
<i>sorafenib tosylate</i>	T4	PA; SP (Max of 14 day supply per fill)
STIVARGA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
<i>sunitinib malate</i>	T4	PA; SP (Limited to a 1 month supply per fill)
SUTENT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
TURALIO ORAL CAPSULE 125 MG	T5	PA; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
TYKERB	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill. Limited Distribution Medication.)
VOTRIENT	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.)
XOSPATA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)

Medication	Coverage Level	Restrictions
*Antineoplastic - Pdgfr-Alpha Inhibitors***		
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	T4	PA; SP (Max of 14 day supply per fill); QL (14 Tablets per 14 days)
AYVAKIT ORAL TABLET 25 MG, 50 MG	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
*Antineoplastic - Proteasome Inhibitors***		
NINLARO ORAL CAPSULE 2.3 MG, 4 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (3 capsules per 28 days)
NINLARO ORAL CAPSULE 3 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (3 capsules per 28 days)
*Antineoplastic - Ret Inhibitors***		
GAVRETO	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
RETEVMO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***		
ROZLYTREK ORAL CAPSULE	T4	PA; SP (Max of 14 day supply per fill); QL (42 capsules per 14 days); AL (Min 12 Years)
VITRAKVI ORAL CAPSULE 100 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 capsules per 14 days)
VITRAKVI ORAL CAPSULE 25 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 capsules per 14 days)
VITRAKVI ORAL SOLUTION	T4	PA; SP (Max of 14 day supply per fill); QL (48 ML per 14 days)
*Antineoplastic - Xpo1 Inhibitors***		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 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)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T5	PA; SP (Limited to a 1 month supply per fill)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	T5	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
XPOVIO (60 MG TWICE WEEKLY)	T5	PA; SP (Limited to a 1 month supply per fill); QL (24 tablets per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T5	PA; SP (Limited to a 1 month supply per fill)
XPOVIO (80 MG TWICE WEEKLY)	T5	PA; SP (Limited to a 1 month supply per fill); QL (32 tablets per 28 days)
*Antineoplastic Combinations***		
INQOVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (5 tablets per 28 days)
KISQALI FEMARA (200 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KISQALI FEMARA (400 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KISQALI FEMARA (600 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
LONSURF	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
*Antineoplastics Misc.***		
ACTIMMUNE	T4	SP (Limited to a 1 month supply per fill)
BESREMI	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HYDREA	T3	
<i>hydroxyurea oral</i>	T1	
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT	T4	SP (Limited to a 1 month supply per fill)
INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	T4	SP (Limited to a 1 month supply per fill)
MATULANE	T4	PA; SP (Max of 14 day supply per fill)
*Aromatase Inhibitors***		
<i>anastrozole oral</i>	T1	
ARIMIDEX	T3	
AROMASIN	T3	
<i>exemestane</i>	T2	

Medication	Coverage Level	Restrictions
FEMARA	T3	
<i>letrozole oral</i>	T1	
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
IBRANCE ORAL CAPSULE 100 MG, 125 MG	T5	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (21 tablets per 28 days)
IBRANCE ORAL CAPSULE 75 MG	T5	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (21 tablets per 28 days)
IBRANCE ORAL TABLET	T5	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (21 tablets per 28 days)
KISQALI (200 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days)
KISQALI (400 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days)
KISQALI (600 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days)
VERZENIO ORAL TABLET 100 MG, 200 MG, 50 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
VERZENIO ORAL TABLET 150 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
*Estrogens-Antineoplastic***		
EMCYT	T2	
*Folic Acid Antagonists Rescue Agents***		
<i>leucovorin calcium oral</i>	T1	

Medication	Coverage Level	Restrictions
*Gonadotropin Releasing Hormone (Gnrh) Antagonists***		
ORGOVYX	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
*Imidazotetrazines***		
TEMODAR ORAL CAPSULE 250 MG	T5	PA; SP (Limited to a 1 month supply per fill)
temozolomide	T4	PA; SP (Limited to a 1 month supply per fill)
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***		
REZLIDHIA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (28 capsules per 14 days); AL (Min 18 Years)
TIBSOVO	T4	PA; SP (Max of 14 day supply per fill)
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***		
IDHIFA	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
*Janus Associated Kinase (Jak) Inhibitors***		
INREBIC	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
JAKAFI ORAL TABLET 25 MG, 5 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
VONJO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
*Lhrh Analogs***		
leuprolide acetate injection	T4	SP (Limited to a 1 month supply per fill)
*Mitotic Inhibitors***		
etoposide oral	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
*Nitrogen Mustards And Related Analogues***		
ALKERAN ORAL	T3	
<i>cyclophosphamide oral</i>	T3	
LEUKERAN	T4	SP (Limited to a 1 month supply per fill)
<i>melphalan</i>	T2	
*Nitrosoureas***		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T5	PA; SP (Limited to a 1 month supply per fill)
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***		
COPIKTRA ORAL CAPSULE 15 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
PIQRAY (200 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
PIQRAY (250 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
PIQRAY (300 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
ZYDELIG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
LYNPARZA ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
RUBRACA ORAL TABLET 200 MG, 250 MG	T4	PA; SP (Max of 14 day supply per fill)
RUBRACA ORAL TABLET 300 MG	T4	PA; SP (Max of 14 day supply per fill)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 capsules per 14 days)

Medication	Coverage Level	Restrictions
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 capsules per 14 days)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 capsules per 14 days)
ZEJULA ORAL CAPSULE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (42 capsules per 14 days)
ZEJULA ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
*Progestins-Antineoplastic***		
<i>megestrol acetate oral suspension 40 mg/ml</i>	T1	
<i>megestrol acetate oral tablet</i>	T1	
*Retinoids***		
<i>tretinoin oral</i>	T4	PA; SP (Max of 14 day supply per fill)
*Selective Estrogen Receptor Degraders***		
ORSERDU	T5	PA; SP (Max of 15 day supply per fill); QL (15 tablets per 15 days)
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene oral</i>	T4	PA; SP (Max of 14 day supply per fill)
TARGRETIN ORAL	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
*Topoisomerase I Inhibitors***		
HYCAMTIN ORAL	T4	SP (Limited to a 1 month supply per fill)
*Urinary Tract Protective Agents***		
MESNEX ORAL	T4	SP (Limited to a 1 month supply per fill)
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***		
INLYTA ORAL TABLET 1 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)

Medication	Coverage Level	Restrictions
INLYTA ORAL TABLET 5 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
LENVIMA (10 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill)
LENVIMA (12 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill)
LENVIMA (14 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill)
LENVIMA (18 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill)
LENVIMA (20 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill)
LENVIMA (24 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill)
LENVIMA (4 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill)
LENVIMA (8 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill)
Antiparkinson And Related Therapy Agents		
*Adenosine Receptor Antagonist***		
NOURIANZ	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
*Antiparkinson Anticholinergics***		
<i>benztropine mesylate oral</i>	T1	
<i>trihexyphenidyl hcl</i>	T1	
*Antiparkinson Dopaminergics***		
<i>amantadine hcl oral</i>	T1	
<i>bromocriptine mesylate oral</i>	T2	
GOCOVRI	T9	
INBRIJA	T9	

Medication	Coverage Level	Restrictions
OSMOLEX ER	T9	
PARLODEL	T3	
*Antiparkinson Monoamine Oxidase Inhibitors***		
AZILECT	T3	ST; QL (30 tablets per 30 days)
<i>rasagiline mesylate oral</i>	T2	QL (30 tablets per 30 days)
<i>selegiline hcl oral tablet</i>	T2	
XADAGO	T3	ST; QL (30 tablets per 30 days)
*Central/Peripheral Comt Inhibitors***		
TASMAR ORAL TABLET 100 MG	T3	
<i>tolcapone</i>	T5	SP (Limited to a 1 month supply per fill)
*Decarboxylase Inhibitors***		
<i>carbidopa oral</i>	T3	ST; QL (5 tablets per 1 day)
LODOSYN	T9	
*Levodopa Combinations***		
<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	
DHIVY	T3	
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)
SINEMET CR	T3	
STALEVO 100	T3	
STALEVO 125	T3	
STALEVO 150	T3	
STALEVO 200	T3	
STALEVO 50	T3	
STALEVO 75	T3	
*Nonergoline Dopamine Receptor Agonists***		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	T9	

Medication	Coverage Level	Restrictions
<i>apomorphine hcl subcutaneous</i>	T9	
KYNMOBI	T4	PA; SP (Limited to a 1 month supply per fill); QL (150 films per 30 days)
MIRAPEX	T3	
MIRAPEX ER	T3	ST; QL (30 tablets per 30 days)
NEUPRO	T3	ST; QL (30 patches per 30 days)
<i>pramipexole dihydrochloride</i>	T1	
<i>pramipexole dihydrochloride er</i>	T3	ST; QL (30 tablets per 30 days)
<i>ropinirole hcl</i>	T1	
<i>ropinirole hcl er</i>	T1	ST
*Peripheral Comt Inhibitors***		
COMTAN	T3	
<i>entacapone</i>	T1	
ONGENTYS	T3	ST
Antipsychotics/Antimanic Agents		
*Antimanic Agents***		
<i>lithium</i>	T1	
<i>lithium carbonate er</i>	T1	
<i>lithium carbonate oral</i>	T1	
LITHOBID	T3	
*Antipsychotics - Misc.***		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 Capsules per 30 days)
EQUETRO	T3	ST
GEODON ORAL	T3	
LATUDA	T3	QL (30 tablets per 30 days)
<i>lurasidone hcl</i>	T2	QL (30 tablets per 30 Days)
NUPLAZID ORAL CAPSULE	T9	
NUPLAZID ORAL TABLET 10 MG	T9	
VRAYLAR	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
<i>ziprasidone hcl</i>	T1	
*Benzisoxazoles***		
FANAPT	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
FANAPT TITRATION PACK	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
INVEGA	T9	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	T3	ST; QL (30 tablets per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	T3	ST; QL (60 tablets per 30 days)
RISPERDAL ORAL SOLUTION	T3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3	
<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	
*Butyrophenones***		
<i>haloperidol lactate injection solution 5 mg/ml</i>	T1	
<i>haloperidol oral</i>	T1	
*Dibenzodiazepines***		
<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	
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 25 MG	T3	
VERSACLOZ	T5	ST; SP (Limited to a 1 month supply per fill)
*Dibenzo-Oxepino Pyrroles***		
<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)
SAPHRIS	T9	
SECUADO	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 Patches per 30 days); AL (Min 18 Years)
*Dibenzothiazepines***		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>	T1	QL (30 tablets per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	T1	QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 50 mg</i>	T1	
<i>quetiapine fumarate oral tablet 150 mg</i>	T9	
<i>quetiapine fumarate oral tablet 400 mg</i>	T1	QL (60 tablets per 30 days)
SEROQUEL	T3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 50 MG	T3	QL (30 tablets per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG	T3	QL (60 tablets per 30 days)
*Dibenzoxazepines***		
ADASUVE	T9	
<i>loxapine succinate oral</i>	T1	
*Phenothiazines***		
<i>chlorpromazine hcl oral concentrate 100 mg/ml</i>	T3	QL (180 ML per 30 days)
<i>chlorpromazine hcl oral tablet</i>	T3	QL (180 tablets per 30 days)
COMPRO	T1	
<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>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	T1	
<i>prochlorperazine</i>	T1	
<i>prochlorperazine maleate oral</i>	T1	
<i>thioridazine hcl oral</i>	T1	
<i>trifluoperazine hcl oral</i>	T1	
*Quinolinone Derivatives***		
ABILIFY MYCITE	T9	
ABILIFY MYCITE MAINTENANCE KIT	T9	
ABILIFY MYCITE STARTER KIT	T9	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG	T3	QL (30 tablets per 30 days)
ABILIFY ORAL TABLET 30 MG, 5 MG	T3	QL (30 EA per 30 days)
<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	
REXULTI	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
*Thienbenzodiazepines***		
<i>olanzapine oral tablet</i>	T1	
<i>olanzapine oral tablet dispersible</i>	T2	
ZYPREXA ORAL	T3	

Medication	Coverage Level	Restrictions
ZYPREXA ZYDIS	T3	
*Thioxanthenes***		
<i>thiothixene oral</i>	T1	
Antivirals		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine</i>	T4	SP (Limited to a 1 month supply per fill)
ATRIPLA	T5	SP (Limited to a 1 month supply per fill)
BIKTARVY ORAL TABLET 30-120-15 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 Days)
BIKTARVY ORAL TABLET 50-200-25 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
CIMDUO	T9	
COMBIVIR	T5	SP (Limited to a 1 month supply per fill)
COMPLERA	T4	SP (Limited to a 1 month supply per fill)
DELSTRIGO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
DESCOVY	T9	
DOVATO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
<i>efavirenz-emtricitab-tenofo df</i>	T4	SP (Limited to a 1 month supply per fill)
<i>efavirenz-lamivudine-tenofovir</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 Days)
<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	
EPZICOM	T4	SP (Limited to a 1 month supply per fill)
EVOTAZ	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
GENVOYA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
JULUCA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
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)
<i>lamivudine-zidovudine</i>	T2	
<i>lopinavir-ritonavir</i>	T4	SP (Limited to a 1 month supply per fill)
ODEFSEY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PREZCOBIX	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
STRIBILD	T4	SP (Limited to a 1 month supply per fill)
SYMFI	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYMFI LO	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYMTUZA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
TEMIXYS	T9	
TRIUMEQ	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
TRIUMEQ PD	T4	SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
TRIZIVIR	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TRUVADA	T5	SP (Limited to a 1 month supply per fill)
*Antiretrovirals - Capsid Inhibitors***		
SUNLENCA ORAL	T5	PA; SP (Limited to 1 fill per year); QL (1 pouch per 1 year)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
<i>maraviroc</i>	T4	SP (Limited to a 1 month supply per fill)
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)
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	T3	
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***		
RUKOBIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
*Antiretrovirals - Integrase Inhibitors***		
ISENTRESS	T4	SP (Limited to a 1 month supply per fill)
ISENTRESS HD	T4	SP (Limited to a 1 month supply per fill)
TIVICAY ORAL TABLET 10 MG, 25 MG	T4	SP (Limited to a 1 month supply per fill)
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>vocabria</i>	T9	
*Antiretrovirals - Protease Inhibitors***		
APTIVUS	T4	ST; SP (Limited to a 1 month supply per fill)
<i>atazanavir sulfate</i>	T4	SP (Limited to a 1 month supply per fill)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T2	
<i>darunavir</i>	T4	SP (Limited to a 1 month supply per fill)
<i>fosamprenavir calcium</i>	T4	SP (Limited to a 1 month supply per fill)
INVIRASE ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
LEXIVA ORAL SUSPENSION	T4	SP (Limited to a 1 month supply per fill)
LEXIVA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
NORVIR ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)
NORVIR ORAL TABLET	T9	

Medication	Coverage Level	Restrictions
PREZISTA ORAL SUSPENSION	T4	SP (Limited to a 1 month supply per fill)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T4	SP (Limited to a 1 month supply per fill)
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)
<i>ritonavir</i>	T1	
VIRACEPT ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT	T2	
<i>efavirenz</i>	T2	
<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)
INTELENCE ORAL TABLET 100 MG	T5	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
INTELENCE ORAL TABLET 200 MG	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
INTELENCE ORAL TABLET 25 MG	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<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)
PIFELTRO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SUSTIVA	T5	SP (Limited to a 1 month supply per fill)
VIRAMUNE ORAL SUSPENSION	T3	QL (1200 ML per 30 days)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	T3	QL (30 tablets per 30 days)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate oral solution</i>	T1	AL (Max 9 Years)

Medication	Coverage Level	Restrictions
<i>abacavir sulfate oral tablet</i>	T2	
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	T1	
VIDEX EC	T3	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	T2	
ZIAGEN ORAL SOLUTION	T2	
ZIAGEN ORAL TABLET	T3	
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
<i>emtricitabine</i>	T3	
EMTRIVA ORAL CAPSULE	T5	SP (Limited to a 1 month supply per fill)
EMTRIVA ORAL SOLUTION	T2	SP ()
EPIVIR	T3	
<i>lamivudine oral solution</i>	T1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	T2	
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
RETROVIR ORAL CAPSULE	T3	
RETROVIR ORAL SYRUP	T3	
<i>stavudine oral capsule</i>	T1	
<i>zidovudine oral capsule</i>	T2	
<i>zidovudine oral syrup</i>	T1	
<i>zidovudine oral tablet</i>	T2	
*Antiretrovirals - Rti-Nucleotide Analogues***		
<i>tenofovir disoproxil fumarate</i>	T1	
VIREAD ORAL POWDER	T4	SP (Limited to a 1 month supply per fill)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T4	SP (Limited to a 1 month supply per fill)
VIREAD ORAL TABLET 300 MG	T5	SP (Limited to a 1 month supply per fill)
*Antiretrovirals Adjuvants***		
TYBOST	T2	QL (30 tablets per 30 days)
*Antiviral Combinations***		
PAXLOVID (150/100)	T2	
PAXLOVID (300/100)	T2	

Medication	Coverage Level	Restrictions
*Cmv Agents***		
LIVTENCITY	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
PREVYMIS ORAL	T4	PA; SP (Limited to a 1 month supply per fill)
VALCYTE ORAL SOLUTION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days); AL (Max 9 Years)
VALCYTE ORAL TABLET	T9	
<i>valganciclovir hcl oral solution reconstituted</i>	T4	SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days); AL (Max 9 Years)
<i>valganciclovir hcl oral tablet</i>	T3	QL (120 tablets per 30 days)
*Hepatitis B Agents***		
<i>adefovir dipivoxil</i>	T4	SP (Limited to a 1 month supply per fill)
BARACLUDE ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
BARACLUDE ORAL TABLET	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>entecavir</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
EPIVIR HBV ORAL SOLUTION	T2	
EPIVIR HBV ORAL TABLET	T3	
HEPSERA	T5	SP (Limited to a 1 month supply per fill)
<i>lamivudine oral tablet 100 mg</i>	T2	
VEMLIDY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
*Hepatitis C Agent - Combinations***		
EPCLUSA	T9	
HARVONI ORAL PACKET	T9	
HARVONI ORAL TABLET 45-200 MG	T9	
HARVONI ORAL TABLET 90-400 MG	T9	SP ()
<i>ledipasvir-sofosbuvir</i>	T5	PA; SP (Limited to a 1 month supply per fill)
MAVYRET ORAL PACKET	T4	SP (Limited to a 1 month supply per fill); QL (140 packets per 28 days)

Medication	Coverage Level	Restrictions
MAVYRET ORAL TABLET	T4	SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)
<i>sofosbuvir-velpatasvir</i>	T5	PA; SP (Limited to a 1 month supply per fill)
VIEKIRA PAK	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
VOSEVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ZEPATIER	T4	SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
*Hepatitis C Agents***		
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)
<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)
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)
*Herpes Agents - Purine Analogues***		
<i>acyclovir oral</i>	T1	
SITAVIG	T9	
<i>valacyclovir hcl oral</i>	T1	
VALTREX ORAL TABLET 1 GM	T2	
VALTREX ORAL TABLET 500 MG	T3	
ZOVIRAX ORAL	T3	
*Herpes Agents - Thymidine Analogues***		
<i>famciclovir oral</i>	T1	QL (120 tablets per 30 days)
*Influenza Agents***		
<i>rimantadine hcl</i>	T1	

Medication	Coverage Level	Restrictions
*Misc. Antivirals***		
LAGEVRIO	T2	
<i>molnupiravir</i>	T2	
*Neuraminidase Inhibitors***		
<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)
RELENZA DISKHALER	T3	
TAMIFLU ORAL CAPSULE	T3	QL (10 capsules per 1 fill)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	T3	QL (120 ML per 1 fill)
*Pa Endonuclease Inhibitors***		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	T2	QL (1 tablet per 1 fill); AL (Min 5 Years)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	T2	QL (2 tablets 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)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	T2	QL (2 tablets per 1 fill); AL (Min 5 Years)
Beta Blockers		
*Alpha-Beta Blockers***		
<i>carvedilol</i>	T1	
<i>carvedilol phosphate er</i>	T2	ST
COREG	T3	
COREG CR	T3	ST
<i>labetalol hcl oral</i>	T1	
*Beta Blockers Cardio-Selective***		
<i>acebutolol hcl oral</i>	T1	
<i>atenolol oral</i>	T1	
<i>betaxolol hcl oral</i>	T1	
<i>bisoprolol fumarate oral</i>	T1	
BYSTOLIC	T3	
KAPSPARGO SPRINKLE	T3	
LOPRESSOR ORAL	T3	
<i>metoprolol succinate er</i>	T1	
<i>metoprolol tartrate oral</i>	T1	
<i>nebivolol hcl</i>	T1	
TENORMIN	T3	
TOPROL XL	T3	

Medication	Coverage Level	Restrictions
*Beta Blockers Non-Selective***		
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
CORGARD	T3	
HEMANGEOL	T3	AL (Max 2 Years)
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>pindolol</i>	T1	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl oral</i>	T1	
SORINE	T1	
<i>sotalol hcl oral</i>	T1	
SOTYLIZE	T3	
<i>timolol maleate oral</i>	T1	
Calcium Channel Blockers		
*Calcium Channel Blocker-Nsaid Combinations***		
CONSENSI	T9	
*Calcium Channel Blockers***		
ADALAT CC	T3	
AFEDITAB CR	T1	
<i>amlodipine besylate oral</i>	T1	
CALAN ORAL TABLET 120 MG	T3	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	T9	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T9	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARTIA XT	T1	
CONJUPRI	T9	

Medication	Coverage Level	Restrictions
<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 coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	T9	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T9	
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	T9	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
<i>felodipine er</i>	T1	
<i>isradipine</i>	T1	
KATERZIA	T3	QL (150 ML per 30 days); AL (Max 6 Years)
<i>levamlodipine maleate oral tablet 5 mg</i>	T9	
MATZIM LA	T9	
<i>nicardipine hcl oral capsule 20 mg</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
<i>nicardipine hcl oral capsule 30 mg</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	T1	
<i>nifedipine er osmotic release</i>	T1	
<i>nifedipine oral</i>	T1	
<i>nimodipine oral</i>	T2	QL (21 day supply per 365 days)
<i>nisoldipine er</i>	T2	
NORLIQVA	T3	QL (150 ML per 30 Days); AL (Max 6 Years)
NORVASC	T3	SP (Generic substitution mandatory.)
NYMALIZE ORAL SOLUTION 6 MG/ML	T5	ST; SP (Limited to a 1 month supply per fill)
PROCARDIA XL	T3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T3	
TAZTIA XT	T1	

Medication	Coverage Level	Restrictions
TIADYL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1	
TIAZAC	T3	
<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 180 mg, 240 mg</i>	T1	
<i>verapamil hcl oral</i>	T1	
VERELAN	T3	
VERELAN PM	T3	
Cardiotonics		
*Cardiac Glycosides***		
DIGITEK	T1	
DIGOX	T1	
<i>digoxin oral solution</i>	T1	AL (Max 9 Years)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1	
<i>digoxin oral tablet 62.5 mcg</i>	T9	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	T3	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	T9	
Cardiovascular Agents - Misc.		
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb***		
<i>amlodipine-atorvastatin</i>	T9	
CADUET ORAL TABLET 10-10 MG, 5-10 MG	T3	
*Cardiac Myosin Inhibitors***		
CAMZYOS	T9	
*Cardiovascular Sglt2 Inhibitors**		
INPEFA ORAL TABLET 200 MG	T9	
*Nepriylsin Inhib (Arni)-Angiotensin li Recept Antag Comb***		
ENTRESTO	T2	QL (60 tablets per 30 days)
*Nitrate & Vasodilator Combinations***		
BIDIL	T9	
<i>isosorb dinitrate-hydralazine</i>	T2	
*Prostaglandin - Impotence Agents***		
CAVERJECT	T3	QL (6 injections per 30 days)
CAVERJECT IMPULSE	T3	QL (6 injections per 30 days)
EDEX	T3	QL (6 units per 30 days)
MUSE	T2	QL (6 pellets per 30 days)

Medication	Coverage Level	Restrictions
*Prostaglandin Vasodilators***		
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; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2880 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1440 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TYVASO	T4	PA; SP (Limited to a 1 month supply per fill)
TYVASO DPI MAINTENANCE KIT	T5	PA; SP (Limited to a 1 month supply per fill)
TYVASO DPI TITRATION KIT	T5	PA; SP (Limited to a 1 month supply per fill)
TYVASO REFILL	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
TYVASO STARTER	T4	PA; SP (Limited to a 1 month supply per fill)
VENTAVIS	T4	PA
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***		
ADEMPAS ORAL TABLET 0.5 MG, 1.5 MG, 2 MG, 2.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
ADEMPAS ORAL TABLET 1 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>bosentan</i>	T4	PA; SP (Limited to a 1 month supply per fill)
LETAIRIS ORAL TABLET 10 MG	T9	SP ()
LETAIRIS ORAL TABLET 5 MG	T9	
OPSUMIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
TRACLEER ORAL TABLET	T9	SP ()
TRACLEER ORAL TABLET SOLUBLE	T4	PA; SP (Limited to a 1 month supply per fill)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
ADCIRCA	T9	
LIQREV	T9	
REVATIO ORAL SUSPENSION RECONSTITUTED	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL (Max 5 Years)
REVATIO ORAL TABLET	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
<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 20 mg</i>	T3	PA

Medication	Coverage Level	Restrictions
<i>tadalafil (pah)</i>	T9	SP ()
TADLIQ	T9	
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET 1400 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET 200 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK	T5	PA; SP (Limited to a 1 month supply per fill); QL (200 tablets per 30 days)
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***		
CIALIS	T9	
LEVITRA ORAL TABLET 10 MG, 20 MG, 5 MG	T9	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	QL (15 tablets per 30 days)
STAXYN	T9	
STENDRA	T9	
<i>tadalafil oral tablet 10 mg, 20 mg</i>	T1	QL (15 tablets per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	T1	QL (30 tablets per 30 days)
<i>ildenafil hcl oral</i>	T9	
VIAGRA	T9	
*Sinus Node Inhibitors**		
CORLANOR	T3	ST
*Transthyretin Stabilizers***		
VYNDAMAX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
VYNDAQEL	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)***		
VERQUVO	T3	PA; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
Cephalosporins		
*Cephalosporins - 1St Generation***		
<i>cefadroxil</i>	T1	
<i>cephalexin oral capsule</i>	T1	
<i>cephalexin oral suspension reconstituted</i>	T1	
<i>cephalexin oral tablet</i>	T2	
KEFLEX	T3	
*Cephalosporins - 2Nd Generation***		
<i>cefaclor er</i>	T1	
<i>cefaclor oral capsule 250 mg</i>	T1	
<i>cefprozil</i>	T1	
<i>cefuroxime axetil oral tablet</i>	T1	
*Cephalosporins - 3Rd Generation***		
<i>cefdinir</i>	T1	
<i>cefditoren pivoxil oral tablet 400 mg</i>	T1	
<i>cefixime oral suspension reconstituted</i>	T1	
<i>cefpodoxime proxetil</i>	T1	
SPECTRACEF ORAL TABLET 400 MG	T3	
SUPRAX ORAL CAPSULE	T2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML	T3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T2	
SUPRAX ORAL TABLET CHEWABLE	T3	
Chemicals		
*Additional Solids***		
<i>coenzyme q10</i>	T2	
*Bulk Chemicals - La's***		
<i>acidophilus lactobacillus powder</i>	T9	
*Bulk Chemicals - Me's***		
<i>metronidazole benzoate</i>	T9	
Contraceptives		
*Biphasic Contraceptives - Oral***		
AZURETTE	T1	PV
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	T1	PV
KARIVA	T1	PV
LO LOESTRIN FE	T3	ST
MIRCETTE	T9	
PIMTREA	T1	PV

Medication	Coverage Level	Restrictions
SIMLIYA	T1	PV
<i>viorele</i>	T1	PV
VOLNEA	T1	PV
*Combination Contraceptives - Oral***		
AFIRMELLE	T1	PV
ALTAVERA	T1	PV
<i>alyacen 1/35</i>	T1	PV
APRI	T1	PV
AUBRA	T1	PV
AUBRA EQ	T1	PV
AUROVELA 1.5/30	T1	PV
AUROVELA 1/20	T1	PV
AUROVELA 24 FE	T1	PV
AUROVELA FE 1.5/30	T1	PV
AUROVELA FE 1/20	T1	PV
AVIANE	T1	PV
AYUNA	T1	PV
BALCOLTRA	T9	
BALZIVA	T1	PV
BEYAZ	T9	
BLISOVI 24 FE	T1	PV
BLISOVI FE 1.5/30	T1	PV
BLISOVI FE 1/20	T1	PV
<i>briellyn</i>	T1	PV
CHARLOTTE 24 FE	T1	PV
CHATEAL	T1	PV
CHATEAL EQ	T1	PV
CRYSSELLE-28	T1	PV
CYCLAFEM 1/35	T1	PV
CYRED	T1	PV
CYRED EQ	T1	PV
DASETTA 1/35	T1	PV
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	T1	PV
<i>drospiren-eth estrad-levomefol</i>	T1	PV
<i>drospirenone-ethinyl estradiol</i>	T1	PV
ELINEST	T1	PV
ENSKYCE ORAL TABLET 0.15-0.03 MG	T1	PV
ESTARYLLA	T1	PV
<i>ethynodiol diac-eth estradiol</i>	T1	PV

Medication	Coverage Level	Restrictions
FALMINA	T1	PV
FEMYNOR	T1	PV
GEMMILY	T9	
GENERESS FE	T9	
GILDESS FE 1.5/30	T1	PV
GILDESS FE 1/20	T1	PV
HAILEY 1.5/30	T1	PV
HAILEY 24 FE	T1	PV
HAILEY FE 1.5/30	T1	PV
HAILEY FE 1/20	T1	PV
ISIBLOOM	T1	PV
JASMIEL	T1	PV
JOYEAUX	T9	
JULEBER	T1	PV
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
KAITLIB FE	T9	
KALLIGA	T1	PV
KELNOR 1/35	T1	PV
KELNOR 1/50	T1	PV
KURVELO	T1	PV
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
LARISSIA	T1	PV
LAYOLIS FE	T9	
LESSINA	T2	PV
<i>levonorgest-eth estradiol-iron</i>	T9	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	T1	PV
LEVORA 0.15/30 (28)	T1	PV
LILLOW	T1	PV
LOESTRIN 1.5/30 (21)	T9	
LOESTRIN FE 1.5/30	T3	
LOESTRIN FE 1/20	T3	

Medication	Coverage Level	Restrictions
LORYNA	T1	PV
LOW-OGESTREL	T1	PV
LO-ZUMANDIMINE	T1	PV
LUTERA	T1	PV
<i>marlissa</i>	T1	PV
MELODETTA 24 FE	T9	
MIBELAS 24 FE	T9	
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
MILI	T1	PV
MINASTRIN 24 FE	T9	
MONO-LINYAH	T1	PV
NECON 0.5/35 (28)	T1	PV
NEXTSTELLIS	T9	
NIKKI	T1	PV
<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 acet-ethinyl est</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	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	T1	PV
NORTREL 0.5/35 (28)	T1	PV
NORTREL 1/35 (21)	T1	PV
NORTREL 1/35 (28)	T1	PV
NYLIA 1/35	T1	PV
NYMYO	T1	PV
OCELLA	T1	PV
ORSYTHIA	T1	PV
PHILITH	T1	PV
PIRMELLA 1/35	T1	PV
PORTIA-28	T1	PV
PREVIFEM	T1	PV
RECLIPSEN	T1	PV

Medication	Coverage Level	Restrictions
SAFYRAL	T9	
SPRINTEC 28	T1	PV
SRONYX	T1	PV
SYEDA	T1	PV
TARINA 24 FE	T1	PV
TARINA FE 1/20	T1	PV
TARINA FE 1/20 EQ	T1	PV
TAYTULLA	T9	
TYBLUME ORAL TABLET CHEWABLE	T3	
TYDEMY	T9	
VESTURA	T1	PV
VIENVA	T1	PV
VYFEMLA	T1	PV
VYLIBRA	T1	PV
WERA	T1	PV
WYMZYA FE	T1	PV
YASMIN 28	T9	
YAZ	T9	
ZARAH	T1	PV
ZOVIA 1/35 (28)	T1	PV
ZOVIA 1/35E (28)	T1	PV
ZUMANDIMINE	T1	PV
*Combination Contraceptives - Transdermal***		
TWIRLA	T9	
XULANE	T2	PV; QL (4 patches per 28 days)
ZAFEMY	T1	PV; QL (4 patches per 28 days)
*Combination Contraceptives - Vaginal***		
ANNOVERA	T9	
ELURYNG	T2	PV; QL (1 ring per 28 days)
<i>etonogestrel-ethinyl estradiol</i>	T1	PV; QL (1 ring per 28 days)
NUVARING	T9	
*Continuous Contraceptives - Oral***		
AMETHYST	T1	PV
DOLISHALE	T1	PV
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	T1	PV
*Emergency Contraceptives***		
AFTERA	T1	PV
AFTERPILL	T3	

Medication	Coverage Level	Restrictions
ECONTRA EZ	T1	PV
ECONTRA ONE-STEP	T1	PV
ELLA	T1	
<i>levonorgestrel oral tablet 1.5 mg</i>	T1	PV
MY CHOICE	T1	PV
MY WAY	T1	PV
NEW DAY	T1	PV
OPCICON ONE-STEP	T1	PV
OPTION 2	T1	PV
PLAN B ONE-STEP	T1	PV
TAKE ACTION	T1	PV
*Extended-Cycle Contraceptives - Oral***		
AMETHIA	T1	PV
AMETHIA LO	T1	PV
ASHLYNA	T1	PV
CAMRESE	T1	PV
CAMRESE LO	T1	PV
DAYSEE	T1	PV
FAYOSIM	T9	
ICLEVIA	T1	PV
JAIMIESS	T1	PV
JOLESSA	T1	PV
<i>levonorgest-eth est & eth est</i>	T1	PV
<i>levonorgest-eth estrad 91-day</i>	T1	PV
LOJAIMIESS	T1	PV
LOSEASONIQUE	T9	
QUARTETTE	T9	
RIVELSA	T9	
SEASONIQUE	T9	
SETLAKIN	T1	PV
SIMPESSE	T1	PV
*Four Phase Contraceptives - Oral***		
NATAZIA	T9	
*Progestin Contraceptives - Injectable***		
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)
<i>medroxyprogesterone acetate intramuscular suspension</i>	T1	PV; QL (1 vial per 90 days)

Medication	Coverage Level	Restrictions
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	T1	PV; QL (1 syringe per 90 days)
*Progestin Contraceptives - Oral***		
CAMILA	T1	PV
DEBLITANE	T1	PV
ERRIN	T1	PV
HEATHER	T1	PV
INCASSIA	T1	PV
JENCYCLA	T1	PV
LYLEQ	T1	PV
LYZA	T1	PV
NORA-BE	T1	PV
<i>norethindrone oral</i>	T1	PV
NORLYDA	T1	PV
SHAROBEL	T1	PV
SLYND	T3	ST; QL (28 tablets per 28 days)
TULANA	T1	PV
*Triphasic Contraceptives - Oral***		
<i>alyacen 7/7/7</i>	T1	PV
ARANELLE	T1	PV
CAZIAN	T1	PV
CYCLAFEM 7/7/7	T1	PV
DASETTA 7/7/7	T1	PV
ENPRESSE-28	T1	PV
ESTROSTEP FE	T3	
LEENA	T1	PV
LEVONEST	T1	PV
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	T1	PV
<i>norethindron-ethinyl estrad-fe</i>	T1	PV
<i>norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	T1	PV
<i>norgestim-eth estrad triphasic</i>	T1	PV
NORTREL 7/7/7	T1	PV
NYLIA 7/7/7	T1	PV
PIRMELLA 7/7/7	T1	PV
TILIA FE	T1	PV
TRI FEMYNOR	T1	PV
TRI-ESTARYLLA	T1	PV
TRI-LEGEST FE	T1	PV

Medication	Coverage Level	Restrictions
TRI-LINYAH	T1	PV
TRI-LO-ESTARYLLA	T1	PV
TRI-LO-MARZIA	T1	PV
TRI-LO-MILI	T1	PV
TRI-LO-SPRINTEC	T1	PV
TRI-MILI	T1	PV
TRI-NORINYL (28)	T3	
TRI-NYMYO	T1	PV
TRI-PREVIFEM	T1	PV
TRI-SPRINTEC	T1	PV
TRIVORA (28)	T1	PV
TRI-VYLIBRA	T1	PV
TRI-VYLIBRA LO	T1	PV
VELIVET	T1	PV
Corticosteroids		
*Glucocorticosteroids***		
ALKINDI SPRINKLE	T9	
<i>budesonide er oral tablet extended release 24 hour</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>budesonide oral</i>	T3	QL (90 capsules per 30 days)
CORTEF	T3	
<i>cortisone acetate oral</i>	T1	
<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	
DEXONTO 0.4%	T3	
DEXTAK 6 DAY ORAL TABLET THERAPY PACK	T9	
EMFLAZA	T9	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	T3	QL (90 capsules per 30 days)
HEMADY	T9	
HIDEX 6-DAY	T9	
<i>hydrocortisone oral</i>	T1	
MEDROL	T3	
<i>methylprednisolone oral</i>	T1	

Medication	Coverage Level	Restrictions
MILLIPRED	T9	
ORAPRED ODT	T9	
ORTIKOS	T9	
<i>prednisolone oral solution</i>	T1	
<i>prednisolone oral tablet</i>	T9	
<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	
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	
RAYOS	T9	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG	T2	QL (2 vials per 1 year)
TAPERDEX 12-DAY	T9	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	T9	
TARPEYO	T9	
UCERIS ORAL	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>zcort 7-day</i>	T9	
ZILRETTA	T9	
*Mineralocorticoids***		
<i>fludrocortisone acetate oral</i>	T1	
Cough/Cold/Allergy		
*Antitussive - Nonnarcotic***		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1	
<i>benzonatate oral capsule 150 mg</i>	T9	
TESSALON PERLES	T3	
*Antitussive - Opioid***		
HYCODAN	T9	
<i>hydrocodone bit-homatrop mbr oral solution</i>	T1	
<i>hydrocodone-homatropine oral syrup</i>	T1	
<i>hydromet</i>	T1	
*Antitussive-Expectorant***		
<i>cheratussin ac oral syrup</i>	T1	
<i>guaifenesin-codeine oral solution</i>	T1	

Medication	Coverage Level	Restrictions
<i>guaifenesin-dm oral syrup</i>	T9	
*Decongestant & Antihistamine***		
ALAVERT ALLERGY/SINUS	T9	
ALLEGRA-D ALLERGY & CONGESTION	T9	
<i>cetirizine-pseudoephedrine er</i>	T9	
CLARINEX-D 12 HOUR	T9	
CLARITIN-D 12 HOUR	T9	
CLARITIN-D 24 HOUR	T9	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	T9	
<i>loratadine-d 24hr</i>	T9	
SEMPREX-D	T9	
ZYRTEC-D ALLERGY & CONGESTION	T9	
*Expectorants***		
<i>guaifenesin oral liquid 100 mg/5ml</i>	T9	
<i>guaifenesin oral solution 100 mg/5ml</i>	T9	
<i>guaifenesin oral tablet 400 mg</i>	T9	
*Iodine Expectorants***		
<i>potassium iodide oral solution</i>	T2	
SSKI	T3	
*Misc. Respiratory Inhalants***		
HYPERSAL	T2	QL (240 ML per 30 days)
<i>sodium chloride inhalation nebulization solution 7 %</i>	T1	
*Mucolytics***		
<i>acetylcysteine inhalation</i>	T1	
*Non-Narc Antitussive-Antihistamine***		
<i>promethazine-dm oral syrup</i>	T1	
*Non-Narc Antitussive-Decongestant-Antihistamine***		
BROMFED DM ORAL SYRUP 30-2-10 MG/5ML	T9	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	T1	
*Opioid Antitussive-Antihistamine***		
<i>hydrocod poli-chlorphe poli er</i>	T1	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	T1	
<i>promethazine-codeine oral syrup</i>	T1	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	T9	

Medication	Coverage Level	Restrictions
*Opioid Antitussive-Decongestant-Antihistamine***		
HISTEX-AC	T9	
<i>maxi-tuss cd</i>	T9	
<i>promethazine vcl/codeine</i>	T1	
Dermatologicals		
*Acne Antibiotics***		
ACZONE	T9	
AMZEEQ	T9	
CLEOCIN-T EXTERNAL GEL	T3	
CLEOCIN-T EXTERNAL LOTION	T3	
CLEOCIN-T EXTERNAL SOLUTION	T9	
CLEOCIN-T EXTERNAL SWAB	T3	
CLINDAGEL	T9	
<i>clindamycin phosphate external gel</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>dapsone external</i>	T9	
<i>ery</i>	T1	
ERYGEL	T1	
<i>erythromycin external gel</i>	T1	
<i>erythromycin external solution</i>	T1	
KLARON	T3	
<i>sulfacetamide sodium (acne)</i>	T2	
*Acne Combinations***		
ACANYA	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	
<i>adeinzde</i>	T9	
AKTIPAK	T9	
AVAR CLEANSER	T9	
AVAR EXTERNAL PAD	T9	
AVAR LS CLEANSER	T9	
AVAR LS EXTERNAL PAD	T9	
AVAR-E EMOLLIENT	T9	
AVAR-E GREEN	T9	
AVAR-E LS	T9	

Medication	Coverage Level	Restrictions
BENZACLIN	T9	
BENZACLIN WITH PUMP	T9	
<i>benzoyl peroxide-erythromycin</i>	T2	
<i>bp 10-1</i>	T9	
<i>bp cleansing wash</i>	T1	
CLENIA PLUS	T9	
<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-tretinoin</i>	T3	
<i>deoxiademtar</i>	T9	
<i>deoxiatar</i>	T9	
<i>deoxiavar</i>	T9	
<i>diasaxiatar external gel</i>	T9	
<i>draxacey</i>	T9	
DUAC	T9	
EPIDUO	T3	
EPIDUO FORTE	T9	
<i>fluoxia</i>	T9	
<i>idyxyiatar</i>	T9	
<i>inzdeaxiatar</i>	T9	
<i>inzdeaxiavar</i>	T9	
<i>inzdeoxia</i>	T9	
NEUAC EXTERNAL GEL	T1	QL (45 GM per 30 days)
NEUAC EXTERNAL KIT	T9	
ONEXTON	T9	
<i>onzdeaxiademtar</i>	T9	
<i>onzdeaxiatar</i>	T9	
<i>oxiaice</i>	T9	
<i>oxiavar</i>	T9	
<i>oxiavary</i>	T9	
PLEXION CLEANSER EXTERNAL LIQUID	T9	
PLEXION CLEANSING CLOTH EXTERNAL PAD	T9	
PLEXION EXTERNAL CREAM	T9	
<i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external emulsion</i>	T1	

Medication	Coverage Level	Restrictions
<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	
SUMADAN	T3	
SUMADAN WASH	T3	
SUMAXIN	T9	
SUMAXIN CP	T9	
SUMAXIN WASH	T9	
TWYNEO	T9	
VANOXIDE-HC	T9	
VELTIN	T9	
ZIANA	T9	
ZMA CLEAR	T9	
*Acne Products***		
ABSORICA	T9	
ABSORICA LD	T9	
ACUTANE	T2	QL (6 fills per 2 years)
<i>acne medication 10 external gel</i>	T1	
<i>acne medication 5 external gel</i>	T1	
<i>adapalene external cream</i>	T9	
<i>adapalene external gel 0.1 %</i>	T9	
<i>adapalene external gel 0.3 %</i>	T2	
<i>adapalene external lotion</i>	T9	
<i>adapalene external solution</i>	T9	
AKLIEF	T9	
ALTRENO	T1	QL (45 grams per 30 days); AL (Max 50 Years)
AMNESTEEM	T2	QL (6 fills per 2 years)
ARAZLO	T9	
ATRALIN	T3	AL (Max 50 Years)
AVITA EXTERNAL CREAM	T3	AL (Max 50 Years)
AVITA EXTERNAL GEL	T9	
AZELEX	T3	ST; QL (50 GM per 30 days)
BENZAC AC WASH EXTERNAL LIQUID	T9	
BENZEFOAM	T9	

Medication	Coverage Level	Restrictions
BENZEFOAMULTRA	T9	
BENZEPRO CREAMY WASH	T9	
BENZEPRO EXTERNAL FOAM 5.3 %	T9	
BENZEPRO FOAMING CLOTHS	T9	
BENZEPRO SHORT CONTACT	T9	
<i>benzoyl peroxide cleanser external liquid</i>	T9	
<i>benzoyl peroxide external foam 9.8 %</i>	T9	
<i>benzoyl peroxide external gel 10 %, 2.5 %, 5 %</i>	T9	
<i>benzoyl peroxide external pad 9.5 %</i>	T9	
<i>benzoyl peroxide wash external liquid</i>	T9	
<i>bp foam external foam 9.8 %</i>	T9	
<i>bp gel external gel 10 %, 5 %</i>	T9	
<i>bp wash external liquid 10 %, 2.5 %, 5 %, 7 %</i>	T9	
<i>bpo</i>	T9	
<i>bpo foaming cloths external 6 %</i>	T9	
CLARAVIS	T2	QL (6 fills per 2 years)
DIFFERIN EXTERNAL CREAM	T9	
DIFFERIN EXTERNAL GEL 0.1 %	T1	
DIFFERIN EXTERNAL GEL 0.3 %	T9	
DIFFERIN EXTERNAL LOTION	T9	
EPSOLAY	T9	
FABIOR	T9	
<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	
MYORISAN	T2	QL (6 fills per 2 years)
PR BENZOYL PEROXIDE WASH	T9	
RETIN-A	T3	AL (Max 50 Years)
RETIN-A MICRO	T9	
RETIN-A MICRO PUMP	T9	
RIAX EXTERNAL FOAM	T3	QL (1 GM per 30 days)
<i>tazarotene external foam</i>	T3	ST; QL (50 GM per 30 days)
<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</i>	T9	
<i>tretinoin microsphere pump</i>	T9	
WINLEVI	T9	
ZENATANE	T2	QL (6 fills per 2 years)

Medication	Coverage Level	Restrictions
*Agents For External Genital And Perianal Warts***		
VEREGEN	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 grams per 30 days)
*Agents For Facial Wrinkles - Retinoids***		
REFISSA	T9	
RENOVA	T9	
RENOVA PUMP	T9	
*Alopecia Agents - Janus Kinus (Jak) Inhibitors***		
LITFULO	T9	
*Analgesics - Topical***		
MUSCUSOLICE	T9	
PRAKETAMIDE	T9	
*Antibiotic Mixtures Topical***		
<i>idaran</i>	T9	
<i>nanran</i>	T9	
*Antibiotic Steroid Combinations - Topical***		
CORTISPORIN EXTERNAL	T2	
NEO-SYNALAR EXTERNAL CREAM	T9	
*Antibiotics - Topical***		
ALTABAX	T3	ST
CENTANY	T3	
<i>gentamicin sulfate external</i>	T1	
<i>mupirocin calcium</i>	T9	
<i>mupirocin external</i>	T1	QL (22 gm per 30 days)
XEPI	T9	
*Antifungals - Topical Combinations***		
ALA-QUIN	T9	
ALCORTIN A	T9	
<i>clotrimazole-betamethasone external cream</i>	T1	
<i>clotrimazole-betamethasone external lotion</i>	T1	QL (30 gm per 30 days)
DERMAZENE	T9	
<i>hexiounyl</i>	T9	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	T9	
<i>iodoquimez-hc</i>	T9	
LOTRISONE EXTERNAL CREAM	T3	
<i>nystatin-triamcinolone</i>	T1	
<i>phedrax</i>	T9	
<i>pheoxia</i>	T9	

Medication	Coverage Level	Restrictions
VUSION	T9	
VYTONE	T9	
*Antifungals - Topical***		
<i>ciclopirox external</i>	T1	
<i>ciclopirox olamine external</i>	T1	
<i>ciclopirox treatment</i>	T9	
LOPROX EXTERNAL SHAMPOO	T3	
MENTAX	T9	
<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 CREAM 2 %	T9	
NAFTIN EXTERNAL GEL	T9	
NYAMYC	T1	QL (60 GM per 30 Days)
<i>nystatin external cream</i>	T1	SP (Generic substitution mandatory.)
<i>nystatin external ointment</i>	T1	
<i>nystatin external powder</i>	T1	QL (60 GM per 30 Days)
NYSTOP	T1	QL (60 GM per 30 days)
<i>rimi</i>	T9	
*Anti-Inflammatory Agents - Topical***		
<i>diclofenac epolamine external</i>	T3	ST; QL (60 patches per 30 days)
<i>diclofenac sodium external gel 1 %</i>	T1	
<i>diclofenac sodium external solution</i>	T9	
FLECTOR EXTERNAL	T9	
LICART TRANSDERMAL	T9	
PENNSAID TRANSDERMAL SOLUTION 2 %	T9	
VOLTAREN TRANSDERMAL	T3	
*Anti-Inflammatory Combinations - Topical***		
LEXTOL	T9	
PROFINAC	T9	
<i>ziclocin</i>	T9	
*Antineoplastic Alkylating Agents - Topical***		
VALCHLOR	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill); QL (60 GM per 15 days)
*Antineoplastic Antimetabolites - Topical***		
CARAC	T9	
EFUDEX EXTERNAL CREAM	T3	

Medication	Coverage Level	Restrictions
FLUOROPLEX	T4	ST; SP (Limited to a 1 month supply per fill)
<i>fluorouracil external cream 0.5 %</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 grams per 30 days)
<i>fluorouracil external cream 5 %</i>	T1	QL (40 GM per 30 days)
<i>fluorouracil external solution</i>	T1	
TOLAK	T2	QL (1 tube per 30 days)
*Antineoplastic Or Premalignant Lesion Agent - Comb***		
<i>quidroxzar</i>	T9	
<i>quihoxaxia</i>	T9	
<i>quitar</i>	T9	
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***		
<i>diclofenac sodium external gel 3 %</i>	T2	ST; QL (100 GM per 30 days)
*Antipruritics - Topical***		
<i>doxepin hcl external</i>	T3	ST; QL (45 GM per 1 year)
PRUDOXIN	T9	
ZONALON	T9	
*Antipsoriatic Combinations***		
<i>calsodore external kit</i>	T9	
<i>diooxia</i>	T9	
TRIONEX	T9	
*Antipsoriatics - Systemic***		
<i>acitretin</i>	T4	SP (Limited to a 1 month supply per fill)
COSENTYX (300 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 dose packs for induction/starting dose only.); QL (1 dose pack per 28 days)
COSENTYX SENSOREADY (300 MG)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 dose packs for induction/starting dose only.); QL (1 dose pack per 28 days)

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

Medication	Coverage Level	Restrictions
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed 2 syringes for first month starting dose)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 autoinjector per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 syringe per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to 2 pens on first fill.); QL (1 pen per 8 weeks)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limit of 2 syringes on first fill.); QL (1 syringe per 8 weeks)
*Antipsoriatics***		
<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>calcitriol external</i>	T3	ST; QL (100 GM per 30 days)
DOVONEX EXTERNAL CREAM	T3	QL (120 GM per 30 days)
DRITHO-CREME HP	T9	
SORILUX	T9	
<i>tazarotene external cream</i>	T2	ST
<i>tazarotene external gel</i>	T9	
TAZORAC EXTERNAL CREAM	T3	ST
TAZORAC EXTERNAL GEL	T9	
VECTICAL	T3	ST; QL (100 GM per 30 days)
VTAMA	T9	
ZITHRANOL	T3	ST
ZORYVE	T9	
*Antiseborrheic Combinations***		
<i>haxchlodrex</i>	T9	
<i>haxdrax</i>	T9	
PROMISEB	T9	
PROMISEB COMPLETE	T9	

Medication	Coverage Level	Restrictions
*Antiseborrheic Products***		
OVACE PLUS	T9	
OVACE PLUS WASH	T9	
OVACE WASH	T9	
PLEXION NS	T9	
<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	
SELRX	T9	
<i>sodium sulfacetamide external shampoo</i>	T9	
<i>sodium sulfacetamide wash</i>	T9	
<i>sulfacetamide sodium (cleans)</i>	T1	
<i>sulfacetamide sodium external liquid</i>	T1	
*Antiviral Topical Combinations***		
XERESE	T9	
*Antivirals - Topical***		
<i>acyclovir external cream</i>	T9	
<i>acyclovir external ointment</i>	T1	QL (15 GM per 6 months)
DENAVIR	T9	
<i>penciclovir</i>	T9	
ZOVIRAX EXTERNAL	T9	
*Astringents***		
DOMEBORO EXTERNAL PACKET	T9	
XERAC AC	T1	
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***		
CIBINQO	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OPZELURA	T9	
*Atopic Dermatitis - Monoclonal Antibodies***		
ADBRY	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 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)

Medication	Coverage Level	Restrictions
DUPIXENT SUBCUTANEOUS SOLUTION PEN-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	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 3 syringes for induction/starting dose only.); QL (2 syringes per 28 days)
*Burn Products***		
<i>mafenide acetate external</i>	T1	
SILVADENE	T3	
<i>silver sulfadiazine external</i>	T1	
SSD	T1	
SSD (SILVER SULFADIAZINE)	T1	
SULFAMYLON	T3	
*Corticosteroids - Topical***		
ALA SCALP	T9	
<i>ala-cort external cream 1 %</i>	T9	
<i>alclometasone dipropionate</i>	T1	
<i>amcinonide</i>	T9	
APEXICON E	T9	
AQUANIL HC	T1	
<i>betamethasone dipropionate aug external cream</i>	T1	
<i>betamethasone dipropionate aug external gel</i>	T1	QL (50 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	T1	QL (60 ML per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	T1	QL (50 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	T1	
<i>betamethasone dipropionate external lotion</i>	T1	QL (60 ML per 30 days)
<i>betamethasone dipropionate external ointment</i>	T2	
<i>betamethasone 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	
BRYHALI	T9	
CAPEX	T9	
<i>clobetasol prop emollient base</i>	T1	
<i>clobetasol propionate emulsion</i>	T3	QL (100 GM per 30 days)
<i>clobetasol propionate external cream</i>	T1	
<i>clobetasol propionate external foam</i>	T9	

Medication	Coverage Level	Restrictions
<i>clobetasol propionate external gel</i>	T1	
<i>clobetasol propionate external liquid</i>	T3	
<i>clobetasol propionate external lotion</i>	T3	QL (118 ML per 30 days)
<i>clobetasol propionate external ointment</i>	T1	QL (60 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	T2	QL (118 ML per 30 days)
<i>clobetasol propionate external solution</i>	T1	
CLOBEX	T3	ST; QL (118 ML per 30 days)
CLOBEX SPRAY	T9	
<i>clocortolone pivalate</i>	T3	ST
CLODERM	T9	
CLODERM PUMP	T9	
CORDRAN	T9	
DERMA-SMOOTH/FS BODY	T3	
DERMA-SMOOTH/FS SCALP	T3	
DERMASORB HC	T9	
DERMASORB TA	T9	
DESONATE	T9	
<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
DESOWEN EXTERNAL LOTION	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	
<i>diflorasone diacetate external</i>	T9	
DIPROLENE AF	T3	
DIPROLENE EXTERNAL OINTMENT	T3	
ELOCON EXTERNAL CREAM	T3	
ELOCON EXTERNAL OINTMENT	T3	
<i>fluocinolone acetonide body</i>	T1	
<i>fluocinolone acetonide external cream</i>	T1	
<i>fluocinolone acetonide external ointment</i>	T1	
<i>fluocinolone acetonide external solution</i>	T1	QL (180 ML per 30 days)
<i>fluocinolone acetonide scalp</i>	T1	
<i>fluocinonide emulsified base</i>	T1	

Medication	Coverage Level	Restrictions
<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)
<i>flurandrenolide</i>	T9	
<i>fluticasone propionate external cream</i>	T1	
<i>fluticasone propionate external lotion</i>	T9	
<i>fluticasone propionate external ointment</i>	T1	
<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)
HALOG	T9	
<i>hydrocort lotion complete kit</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 external cream 1 %</i>	T9	
<i>hydrocortisone external cream 2.5 %</i>	T1	
<i>hydrocortisone external lotion 1 %</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 valerate external cream</i>	T1	QL (120 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	T2	ST
HYDROXYM	T9	
IMPEKLO	T9	
IMPOYZ	T9	
KENALOG EXTERNAL	T9	
LOCOID EXTERNAL CREAM	T9	
LOCOID EXTERNAL LOTION	T9	
LOCOID EXTERNAL SOLUTION	T3	
LOCOID LIPOCREAM	T9	
LUXIQ	T9	
<i>mometasone furoate external</i>	T1	
NOBLE FORMULA HC EXTERNAL SOLUTION	T9	
NUCORT	T3	

Medication	Coverage Level	Restrictions
OLUX	T9	
OLUX-E	T3	
PANDEL	T9	
<i>prednicarbate</i>	T1	
SCALPICIN MAXIMUM STRENGTH	T9	
SERNIVO	T9	
SYNALAR	T9	
TEMOVATE EXTERNAL OINTMENT	T3	
TEXACORT	T9	
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>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	
<i>triamcinolone acetonide external ointment 0.05 %</i>	T9	
TRIANEX	T9	
TRIDERM EXTERNAL CREAM	T1	
ULTRAVATE EXTERNAL CREAM	T9	
ULTRAVATE EXTERNAL LOTION	T9	
VANOS	T9	
VERDESO	T9	
*Depigmenting Agents***		
ESOTERICA DAYTIME	T9	
ESOTERICA FACIAL	T9	
ESOTERICA FADE NIGHTTIME	T9	
<i>hydroquinone</i>	T9	
<i>hydroquinone external cream</i>	T9	
*Depigmenting Combinations***		
<i>kataraxap</i>	T9	
KATARVIA	T9	
<i>kevaraxap</i>	T9	
<i>kevartia</i>	T9	
<i>kotaraxap</i>	T9	
<i>kutar</i>	T9	
<i>kutarvia</i>	T9	

Medication	Coverage Level	Restrictions
<i>prooxia</i>	T9	
TRI-LUMA	T9	
<i>yaxatarxyn</i>	T9	
<i>yokatar</i>	T9	
*Emollient Combinations***		
<i>lactic acid e</i>	T9	
*Emollient/Keratolytic Agents***		
DERMASORB XM	T9	
KERALAC EXTERNAL CREAM 47 %	T9	
<i>rynoderma</i>	T9	
<i>urea external cream 40 %, 45 %</i>	T9	
<i>urea external lotion 40 %</i>	T9	
<i>urea nail external gel 45 %</i>	T9	
UTOPIC	T9	
<i>xurea</i>	T9	
*Emollient/Keratolytic Combinations***		
PRONAL	T9	
<i>urea hydrating</i>	T9	
*Emollients***		
<i>ammonium lactate external</i>	T9	
GERI-HYDROLAC 12	T9	
GERI-HYDROLAC 5	T9	
LAC-HYDRIN EXTERNAL CREAM	T9	
<i>lactic acid external lotion</i>	T9	
*Enzymes - Topical***		
SANTYL	T3	QL (60 GM per 30 days)
*Eyelid Cleansers & Lubricants***		
ACUICYN EXTERNAL LIQUID	T9	
*Hair Growth Agent - Combinations***		
<i>finapid</i>	T9	
<i>finapodtar</i>	T9	
<i>flyprogpitar</i>	T9	
<i>oxopid</i>	T9	
<i>oxopidaxiaqup</i>	T9	
<i>pidprogtar</i>	T9	
<i>podoxia</i>	T9	
<i>podprogtar</i>	T9	
<i>podtar</i>	T9	
<i>tetpidtar</i>	T9	

Medication	Coverage Level	Restrictions
*Imidazole-Related Antifungals - Topical***		
<i>clotrimazole external cream</i>	T9	
<i>clotrimazole external solution</i>	T9	
<i>econazole nitrate external</i>	T1	QL (90 GM per 30 days)
ECOZA	T9	
ERTACZO	T3	ST
EXELDERM	T9	
EXTINA	T9	
JUBLIA	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)
LOTRIMIN AF EXTERNAL CREAM	T9	
<i>luliconazole</i>	T9	
LUZU	T9	
NIZORAL EXTERNAL SHAMPOO 2 %	T3	
<i>oxiconazole nitrate</i>	T9	
OXISTAT EXTERNAL CREAM	T3	ST
OXISTAT EXTERNAL LOTION	T9	
<i>sulconazole nitrate external cream</i>	T3	ST
<i>sulconazole nitrate external solution</i>	T9	
XOLEGEL	T9	
*Immunomodulators Imidazoquinolinamines - Topical***		
ALDARA	T3	
<i>imiquimod external cream 3.75 %</i>	T9	
<i>imiquimod external cream 5 %</i>	T1	
<i>imiquimod pump</i>	T9	
ZYCLARA	T9	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	T3	ST
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	T9	
*Immunosuppressive Agents - Topical Combinations***		
<i>oxianuji</i>	T9	
*Keratolytic And/Or Antimitotic Combinations***		
<i>bensal hp external ointment 3-6 %</i>	T9	
<i>metdray</i>	T9	
*Keratolytic/Antimitotic Agents***		
<i>bensal hp external ointment 3 %</i>	T9	

Medication	Coverage Level	Restrictions
CONDYLOX EXTERNAL GEL	T3	ST
KERALYT EXTERNAL SHAMPOO	T9	
<i>podocon</i>	T9	
PODOCON-25	T9	
<i>podofilox external</i>	T1	
<i>rayasal</i>	T9	
SALEX EXTERNAL SHAMPOO	T9	
SALICATE	T9	
<i>salicylic acid er</i>	T9	
<i>salicylic acid external cream</i>	T9	
<i>salicylic acid external foam</i>	T9	
<i>salicylic acid external liquid 27.5 %</i>	T9	
<i>salicylic acid external lotion</i>	T9	
<i>salicylic acid external ointment</i>	T9	
<i>salicylic acid external shampoo</i>	T9	
<i>salicylic acid wart remover</i>	T9	
<i>salicylic acid-cleanser</i>	T9	
SALVAX	T9	
ULTRASAL-ER	T9	
XALIX	T9	
*Local Anesthetics - Topical***		
ASPERFLEX LIDOCAINE EXTERNAL CREAM	T9	
GLYDO EXTERNAL GEL	T3	
<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 gel 2 %</i>	T1	
<i>lidocaine hcl external solution</i>	T1	
LIDODERM	T9	
<i>lidopin external cream 3 %</i>	T1	
<i>lidorx</i>	T9	
ZTLIDO	T9	
*Macrolide Immunosuppressants - Topical***		
ELIDEL	T3	QL (30 GM per 30 days)
HYFTOR	T9	
<i>nujo</i>	T9	
<i>nuju</i>	T9	
<i>pimecrolimus</i>	T1	QL (30 GM per 30 days)
PROTOPIC	T3	QL (30 GM per 30 days)

Medication	Coverage Level	Restrictions
<i>tacrolimus external ointment</i>	T1	QL (30 GM per 30 days)
*Microtubule Inhibitors - Topical***		
KLISYRI	T5	ST; SP (Limited to a 1 month supply per fill); QL (5 packets per 1 year)
*Misc. Dermatological Products***		
CERACADE	T9	
ELETONE	T9	
EMULSION SB	T9	
ENTTY SPRAY EMULSION	T9	
EPICERAM	T9	
HYLATOPIC PLUS EXTERNAL FOAM	T9	
KAMDOY	T9	
LOYON	T9	
NEOSALUS EXTERNAL FOAM	T9	
NIVATOPIC PLUS	T9	
NUVAIL	T9	
PHLAG SPRAY	T9	
PRESERA	T9	
PRUCLAIR	T9	
PRUMYX	T9	
<i>suvicort</i>	T9	
SYNERDERM	T9	
TETRIX EXTERNAL CREAM	T9	
*Misc. Topical***		
DRYSOL	T1	
QBREXZA	T9	
*Ornithine Decarboxylase (Odc) Inhibitors - Topical***		
VANIQA	T9	
*Oxaborole-Related Antifungals - Topical***		
KERYDIN	T9	
<i>tavaborole</i>	T9	
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***		
EUCRISA	T3	ST; QL (60 GM per 30 days)
*Prostaglandins - Topical***		
<i>bimatoprost external</i>	T9	
LATISSE	T9	
*Rosacea Agents***		
<i>azelaic acid external</i>	T2	ST

Medication	Coverage Level	Restrictions
<i>brimonidine tartrate external</i>	T9	
<i>dazomon</i>	T9	
<i>doxycycline</i>	T9	
FINACEA EXTERNAL FOAM	T3	ST
FINACEA EXTERNAL GEL	T9	
<i>ivermectin external cream</i>	T2	ST; QL (45 GM per 30 days)
METROCREAM	T3	
METROGEL EXTERNAL GEL	T3	
METROLOTION	T3	
<i>metronidazole external cream</i>	T1	
<i>metronidazole external gel</i>	T1	
<i>metronidazole external lotion</i>	T2	
MIRVASO	T9	
NORITATE	T9	
ORACEA	T9	
RHOFADE	T3	ST; QL (60 GM per 30 days); AL (Min 18 Years)
SOOLANTRA	T3	ST; QL (45 GM per 30 days)
ZILXI	T9	
*Rosacea Combinations***		
<i>aveida</i>	T9	
<i>dazaveidaoxia</i>	T9	
<i>idaoxia</i>	T9	
*Scabicides & Pediculicides***		
EURAX	T9	
<i>ivermectin external lotion</i>	T1	
<i>lindane external shampoo</i>	T1	
<i>malathion external</i>	T1	
NATROBA	T9	
OVIDE	T3	
<i>permethrin external cream</i>	T1	
SKLICE	T3	
<i>spinosad</i>	T1	
ULESFIA	T3	
*Scar Treatment Products***		
CELACYN	T9	
KELO-COTE EXTERNAL GEL	T9	
RECEDO	T9	
*Steroid-Local Anesthetic Combinations***		
CORTANE-B EXTERNAL	T3	

Medication	Coverage Level	Restrictions
EPIFOAM	T9	
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	T2	
NOVACORT EXTERNAL GEL 1-2 %	T9	
PRAMOSONE	T9	
<i>pramoxine-hc external cream</i>	T9	
*Tar Products***		
<i>coal tar external solution</i>	T2	
*Topical Anesthetic Combinations***		
CETACAINE EXTERNAL AEROSOL	T9	
DERMACINRX PRIZOPAK	T9	
<i>lidocaine-prilocaine external cream</i>	T1	
<i>lido-epinephrine-tetracaine</i>	T9	
<i>lidopril external kit</i>	T9	
<i>lidosol</i>	T9	
<i>lidosol-50</i>	T9	
LIDOTRANS 5 PAK	T9	
LIVIXIL PAK	T9	
<i>nendrux</i>	T9	
<i>nynutey</i>	T9	
PLIAGLIS EXTERNAL CREAM	T9	
<i>prilovixil</i>	T9	
RELADOR PAK EXTERNAL KIT	T9	
RELADOR PAK PLUS	T9	
SYNERA	T9	
XRYLIDERM	T9	
XYLIDERM	T9	
*Topical Anesthetic Gases***		
CRYODOSE TA	T9	
<i>ethyl chloride</i>	T9	
GEBAUERS PAIN EASE	T3	
GEBAUERS SPRAY AND STRETCH	T3	
*Topical Selective Retinoid X Receptor Agonists***		
<i>bexarotene external</i>	T9	
TARGRETIN EXTERNAL	T9	
*Topical Steroid Combinations***		
<i>acioxia</i>	T9	
<i>calcipotriene-betameth diprop external ointment</i>	T5	SP (Limited to a 1 month supply per fill); QL (100 GM per 30 days)

Medication	Coverage Level	Restrictions
<i>calcipotriene-betameth diprop external suspension</i>	T5	SP (Limited to a 1 month supply per fill)
<i>chlohux</i>	T9	
CLODAN EXTERNAL KIT	T3	
DUOBRII	T9	
ENSTILAR	T9	
<i>oxiachlo</i>	T9	
SYNALAR TS	T9	
TACLONEX EXTERNAL OINTMENT	T5	SP (Limited to a 1 month supply per fill); QL (100 GM per 30 days)
TACLONEX EXTERNAL SUSPENSION	T9	
<i>tetoxia</i>	T9	
<i>triadime</i>	T9	
TRIASIL	T9	
ULTRAVATE X (OINTMENT)	T9	
WYNZORA	T9	
*Type II 5-Alpha Reductase Inhibitors***		
<i>finasteride oral tablet 1 mg</i>	T9	
PROPECIA	T9	
*Vascular Agents***		
<i>hair regrowth treatment men external solution</i>	T9	
<i>minoxidil for men external solution 2 %</i>	T9	
ROGAINE	T9	
ROGAINE MENS	T9	
ROGAINE MENS EXTRA STRENGTH	T9	
ROGAINE WOMENS EXTERNAL SOLUTION	T9	
*Wound Care - Growth Factor Agents***		
REGRANEX	T4	ST; SP (Limited to a 1 month supply per fill)
*Wound Care Combinations***		
DERMULCERA	T9	
VENELEX	T9	
*Wound Dressings***		
ATRAPRO HYDROGEL	T9	
AVO CREAM	T9	
BIAFINE	T9	
BIONECT EXTERNAL CREAM	T9	
BIONECT EXTERNAL FOAM	T9	
BIONECT EXTERNAL GEL	T9	
CELACYN POST-PROCEDURE PACK	T9	

Medication	Coverage Level	Restrictions
HYDROFERA BLUE FOAM DRESSING	T9	
LUXAMEND	T9	
PRUTECT	T9	
SONAFINE	T9	
Diagnostic Products		
*Diagnostic Biologicals***		
APLISOL	T9	
CANDIN	T9	
*Diagnostic Tests***		
ACCU-CHEK AVIVA PLUS IN VITRO	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK COMPACT PLUS	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK GUIDE IN VITRO	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK SMARTVIEW	T3	ST; QL (200 strips per 30 days)
ACCU-TREND GLUCOSE	T3	ST; QL (200 strips per 30 days)
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)
AGAMATRIX AMP TEST	T3	ST; QL (200 strips per 30 days)
ASSURE 4 TEST	T3	ST; QL (200 strips per 30 days)
ASSURE PLATINUM	T3	ST; QL (200 strips per 30 days)
ASSURE PRISM MULTI TEST	T3	ST; QL (200 strips per 30 days)
BAYER BREEZE 2 TEST	T3	ST
<i>blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
CARETOUCH TEST	T3	ST; QL (200 strips per 30 days)
CLEVER CHOICE MICRO TEST	T3	ST; QL (200 strips per 30 days)
CLEVER CHOICE TALK SYSTEM IN VITRO	T3	ST; QL (200 strips per 30 days)
CONTOUR NEXT TEST	T3	ST; QL (200 strips per 30 days)
CONTOUR TEST	T3	ST; QL (200 strips per 30 days)
<i>diatrue plus test</i>	T3	ST; QL (200 strips per 30 days)
<i>easy plus ii glucose test</i>	T3	ST; QL (200 strips per 30 days)
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 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 glucose test</i>	T3	ST; QL (200 strips per 30 Days)
EASYGLUCO IN VITRO	T3	ST; QL (200 strips per 30 days)
EASYGLUCO PLUS 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)

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)
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 PRO GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE TALK GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EVENCARE G2 TEST	T3	ST; QL (200 strips per 30 days)
EVENCARE G3 TEST	T3	ST; QL (200 strips per 30 days)
EVENCARE MINI GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EVENCARE PROVIEW GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FIFTY50 GLUCOSE TEST 2.0	T3	ST; QL (200 strips 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 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 G20 BLOOD GLUCOSE TEST	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 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)
FORTISCARE G1 TEST STRIP	T3	ST; QL (200 strips per 30 days)
FORTISCARE TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE INSULINX TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE LITE TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE PRECISION NEO TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE TEST	T3	ST; QL (200 strips per 30 days)
<i>ge100 blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
GLUCOCARD 01 SENSOR PLUS	T3	ST; QL (200 strips per 30 days)
GLUCOCARD EXPRESSION TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCARD VITAL TEST	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
GLUCOCARD X-SENSOR	T3	ST; QL (200 strips per 30 days)
GOJJI BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 Days)
GOJJI BLOOD KETONE TEST	T3	
HARMONY BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
INFINITY BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
INFINITY VOICE IN VITRO STRIP	T3	ST; QL (200 strips per 30 days)
KETOSTIX	T3	
MICRODOT TEST	T3	ST
ON CALL EXPRESS BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
ON CALL PLUS BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
ON CALL VIVID BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
ONETOUCH ULTRA BLUE	T1	QL (200 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP	T1	QL (200 strips per 30 days)
PIP BLOOD GLUCOSE TEST STRIP	T3	ST; QL (200 test strips per 30 Days)
PRECISION PCX	T3	ST; QL (200 strips per 30 days)
PRECISION PCX PLUS TEST	T3	ST; QL (200 strips per 30 days)
PRECISION POINT OF CARE TEST	T3	ST; QL (200 strips per 30 days)
PRECISION QID TEST	T3	ST; QL (200 strips per 30 days)
PRECISION XTRA BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
<i>premium blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
PRODIGY NO CODING BLOOD GLUC IN VITRO	T3	ST; QL (200 strips per 30 days)
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)
REFUAH PLUS BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
RELION BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
RELION CONFIRM/MICRO TEST	T3	ST; QL (200 strips per 30 days)
RELION PRIME TEST	T3	ST; QL (200 strips per 30 days)
REVEAL BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
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)
SMARTEST BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
TELCARE BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
<i>toxicology saliva collection</i>	T9	
TRUE METRIX BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
TRUETRACK TEST	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
UNISTRIP1 GENERIC	T3	ST; QL (200 strips per 30 days)
Dietary Products/Dietary Management Products		
*Dietary Management Product Combinations***		
ENLYTE	T9	
FOLBEE AR	T9	
FOLBIC	T9	
FOLTANX	T9	
FOLTX ORAL TABLET 1.13-25-2 MG	T3	
<i>l-methylfolate-b6-b12 oral tablet 3-35-2 mg</i>	T9	
<i>macuvex</i>	T9	
<i>macuzin</i>	T9	
METAFOLBIC PLUS	T9	
<i>methaver</i>	T9	
<i>methazel</i>	T9	
NIVA-FOL	T9	
PURALOR CI	T9	
<i>virt-vite forte</i>	T9	
VITA-RESPA	T9	
<i>zyvit</i>	T9	
Digestive Aids		
*Digestive Enzymes***		
CREON	T4	SP (Limited to a 1 month supply per fill)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	T5	ST; SP (Limited to a 1 month supply per fill)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT	T5	ST; SP (Limited to a 1 month supply per fill)
PERTZYE	T5	ST; SP (Limited to a 1 month supply per fill)
SUCRAID	T4	SP (Limited to a 1 month supply per fill)
VIOKACE	T5	ST; SP (Limited to a 1 month supply per fill)
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
Diuretics		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
<i>dichlorphenamide</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
KEVEYIS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>methazolamide oral</i>	T2	
*Diuretic Combinations***		
ALDACTAZIDE ORAL TABLET 25-25 MG	T3	
ALDACTAZIDE ORAL TABLET 50-50 MG	T2	
<i>amiloride-hydrochlorothiazide</i>	T1	
MAXZIDE	T3	
MAXZIDE-25	T3	
<i>spironolactone-hctz</i>	T1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hctz oral tablet</i>	T1	
*Loop Diuretics***		
<i>bumetanide oral</i>	T1	
DEMADEX ORAL TABLET 10 MG	T3	
EDECIN	T9	
<i>ethacrynic acid oral</i>	T9	
FUROSCIX	T9	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T1	
<i>furosemide oral tablet</i>	T1	
LASIX	T3	
SOANZ	T9	
<i>toremide oral</i>	T1	
*Potassium Sparing Diuretics***		
ALDACTONE	T3	
<i>amiloride hcl oral</i>	T1	
CAROSPIR	T3	QL (120 ML per 30 days); AL (Max 9 Years)
DYRENIUM	T9	
<i>spironolactone oral suspension</i>	T3	QL (120 ML per 30 Days); AL (Max 9 Years)
<i>spironolactone oral tablet</i>	T1	

Medication	Coverage Level	Restrictions
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	
DIURIL	T2	
<i>hydrochlorothiazide oral</i>	T1	
<i>indapamide oral</i>	T1	
<i>metolazone</i>	T1	
THALITONE	T9	
Endocrine And Metabolic Agents - Misc.		
*Adenosine Deaminase Scid Treatment - Agents***		
REVCOVI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
*Bisphosphonates***		
ACTONEL ORAL TABLET 150 MG	T3	QL (1 tablet per 30 days)
ACTONEL ORAL TABLET 35 MG, 5 MG	T3	
<i>alendronate sodium oral solution</i>	T2	
<i>alendronate sodium oral tablet</i>	T1	
ATELVIA	T3	
BINOSTO	T3	ST
BONIVA ORAL TABLET 150 MG	T3	
FOSAMAX ORAL TABLET 70 MG	T3	
FOSAMAX PLUS D	T3	ST; QL (4 tablets per 28 days)
<i>ibandronate sodium oral</i>	T1	
<i>risedronate sodium oral tablet 150 mg</i>	T1	ST; QL (1 tablet per 30 days)
<i>risedronate sodium oral tablet 30 mg</i>	T4	ST; SP (Limited to a 1 month supply per fill)
<i>risedronate sodium oral tablet 35 mg, 5 mg</i>	T1	ST
<i>risedronate sodium oral tablet delayed release</i>	T2	ST
*Calcimimetic Agents***		
<i>cinacalcet hcl</i>	T4	SP (Limited to a 1 month supply per fill)
SENSIPAR	T5	SP (Limited to a 1 month supply per fill)
*Calcitonins***		
<i>calcitonin (salmon) injection</i>	T9	
<i>calcitonin (salmon) nasal</i>	T1	
MIACALCIN NASAL	T3	
*Carnitine Replenisher - Agents***		
CARNITOR ORAL	T3	

Medication	Coverage Level	Restrictions
CARNITOR SF	T3	
<i>levocarnitine oral solution</i>	T1	
<i>levocarnitine oral tablet</i>	T1	
<i>levocarnitine sf</i>	T1	
*Corticotropin***		
ACTHAR	T4	PA; SP (Limited to a 1 month supply per fill)
CORTROPHIN	T9	
*Cortisol Synthesis Inhibitors***		
ISTURISA ORAL TABLET 1 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 Tablets per 30 days)
ISTURISA ORAL TABLET 10 MG, 5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 Tablets per 30 days)
RECORLEV	T9	
*Dopamine Receptor Agonists***		
<i>cabergoline</i>	T1	
*Fabry Disease - Agents***		
GALAFOLD	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (14 capsules per 28 days)
*GnrhLhrh Antagonists***		
<i>cetrotide acetate</i>	T2	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T2	
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	T4	ST; SP (Limited to a 1 month supply per fill)
ORLISSA ORAL TABLET 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
ORLISSA ORAL TABLET 200 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
*Growth Hormone Receptor Antagonists***		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 20 MG, 30 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
*Growth Hormones***		
GENOTROPIN MINIQUICK 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)
HUMATROPE INJECTION CARTRIDGE	T9	
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG	T9	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T9	SP ()
SAIZEN	T9	SP ()
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
SKYTROFA	T9	
SOGROYA	T9	
ZOMACTON	T9	
*Hereditary Orotic Aciduria Treatment - Agents**		
XURIDEN	T9	

Medication	Coverage Level	Restrictions
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***		
<i>nitisinone</i>	T9	
NITYR	T9	
ORFADIN	T9	
*Homocystinuria Treatment - Agents***		
<i>betaine</i>	T3	
CYSTADANE	T9	
*Hyperammonemia Treatment - Agents***		
CARBAGLU ORAL TABLET SOLUBLE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>carglumic acid oral tablet soluble</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>calcitriol oral capsule</i>	T1	
<i>calcitriol oral solution</i>	T1	AL (Max 9 Years)
<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>paricalcitol oral</i>	T2	
RAYALDEE	T9	
ROCALTROL ORAL CAPSULE	T3	
ROCALTROL ORAL SOLUTION	T3	AL (Max 9 Years)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	T3	
*Hypophosphatasia (Hpp) Agents***		
STRENSIQ	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
*Insulin-Like Growth Factors (Somatomedins)***		
INCRELEX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
*Leptin Analogues***		
MYALEPT	T5	PA; SP (Limited to a 1 month supply per fill)
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***		
SYNAREL	T9	
*Natriuretic Peptides***		
VOXZOGO	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (3 boxes per 30 days)
*Neurokinin 3 (Nk3) Receptor Antagonists***		
VEOZAH	T9	
*Non-Steroidal Mineralocorticoid Receptor Antagonists***		
KERENDIA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
*Ovulation Stimulants-Gonadotropins***		
<i>chorionic gonadotropin intramuscular</i>	T3	
FOLLISTIM AQ SUBCUTANEOUS	T3	ST
GONAL-F	T2	QL (13500 units per 30 days)
GONAL-F RFF	T2	QL (13500 units per 30 days)
GONAL-F RFF REDIJECT	T2	QL (13500 units per 30 days)
MENOPUR	T3	
NOVAREL	T3	ST
OVIDREL	T2	
PREGNYL	T1	
*Ovulation Stimulants-Synthetic***		
<i>clomiphene citrate oral</i>	T1	
*Parathyroid Hormone And Derivatives***		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	T9	
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	T4	PA; SP (Limited to a 1 month supply per fill)
TYMLOS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 pen per 30 days)
*Phenylketonuria Treatment - Agents***		
JAVYGTOR ORAL PACKET 500 MG	T9	

Medication	Coverage Level	Restrictions
JAVYGTOR ORAL TABLET	T9	
KUVAN ORAL PACKET	T9	
KUVAN ORAL TABLET	T9	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)
<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)
*Selective Estrogen Receptor Modulators (Serms)***		
EVISTA	T3	
OSPHENA	T2	PA
<i>raloxifene hcl</i>	T1	
*Selective Vasopressin V2-Receptor Antagonists***		
JYNARQUE ORAL TABLET 15 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
JYNARQUE ORAL TABLET 30 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
SAMSCA ORAL TABLET 15 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SAMSCA ORAL TABLET 30 MG	T5	PA; SP (Limited to a 1 month supply per fill)
<i>tolvaptan</i>	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
*Somatostatic Agents***		
BYNFEZIA PEN	T9	
<i>lanreotide acetate</i>	T4	SP (Limited to a 1 month supply per fill)
MYCAPSSA	T9	
<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)
SIGNIFOR	T5	PA; SP (Limited to a 1 month supply per fill)
SOMATULINE DEPOT	T4	SP (Limited to a 1 month supply per fill)
*Urea Cycle Disorder - Agents***		
BUPHENYL ORAL POWDER 3 GM/TSP	T5	PA; SP (Limited to a 1 month supply per fill)
BUPHENYL ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill)
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	
PHEBURANE	T9	
RAVICTI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (525 ML per 30 days)
<i>sodium phenylbutyrate oral powder 3 gmltsp</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)
*Vasopressin***		
DDAVP ORAL	T3	
DDAVP PF	T3	
<i>desmopressin ace spray refrig</i>	T2	ST; QL (10 ML per 30 days)

Medication	Coverage Level	Restrictions
<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)
NOCDURNA	T9	
NOCTIVA	T9	
STIMATE	T4	SP (Limited to a 1 month supply per fill)
Estrogens		
*Estrogen & Androgen***		
COVARYX	T9	
COVARYX HS	T9	
<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	
*Estrogen & Progestin***		
ACTIVELLA	T3	
ANGELIQ	T3	ST
BIJUVA	T9	
CLIMARA PRO	T9	
COMBIPATCH	T2	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	T1	
FEMHRT	T3	
JINTELI	T1	
MIMVEY	T1	
MIMVEY LO	T1	
<i>norethindrone-eth estradiol</i>	T1	
PREFEST	T3	
PREMPHASE	T2	
PREMPRO	T2	
*Estrogen-Progestin-Gnrh Antagonist***		
MYFEMBREE	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ORIAHNN	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
*Estrogens***		
ALORA	T2	
CLIMARA	T9	

Medication	Coverage Level	Restrictions
DELESTROGEN	T3	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 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)
DOTTI	T1	
ELESTRIN	T3	
ESTRACE ORAL	T3	
<i>estradiol implant pellet 6 mg</i>	T9	
<i>estradiol oral</i>	T1	
<i>estradiol transdermal gel</i>	T2	QL (30 packets per 30 days)
<i>estradiol transdermal patch twice weekly</i>	T1	
<i>estradiol transdermal patch weekly</i>	T1	
<i>estradiol valerate intramuscular</i>	T2	
ESTROGEL	T2	QL (50 GM per 31 days)
EVAMIST	T2	
LYLLANA	T1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T2	
MENOSTAR	T3	QL (4 patches per 28 days)
MINIVELLE	T3	
PREMARIN ORAL	T2	QL (30 tablets per 30 days)
VIVELLE-DOT	T3	
*Estrogen-Selective Estrogen Receptor Modulator Comb***		
DUAVEE	T3	QL (30 tablets per 30 days)
Fluoroquinolones		
*Fluoroquinolones***		
AVELOX ORAL	T3	
BAXDELA	T9	
CIPRO ORAL SUSPENSION RECONSTITUTED	T3	
CIPRO ORAL TABLET 250 MG, 500 MG	T3	
<i>ciprofloxacin hcl oral</i>	T1	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	T1	
<i>ciprofloxacin-ciproflox hcl er</i>	T1	
LEVAQUIN ORAL TABLET	T3	
<i>levofloxacin oral</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T1	

Medication	Coverage Level	Restrictions
Gastrointestinal Agents - Misc.		
*5-Ht4 Receptor Agonists***		
MOTEGRITY	T3	ST; QL (30 tablets per 30 days)
*Bile Acid Synthesis Disorder Agents***		
CHOLBAM	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***		
TRULANCE	T2	QL (30 tablets per 30 days)
*Farnesoid X Receptor (Fxr) Agonists***		
OCALIVA ORAL TABLET 10 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OCALIVA ORAL TABLET 5 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
*Gallstone Solubilizing Agents***		
ACTIGALL	T3	
RELTONE	T9	
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	
*Gastrointestinal Antiallergy Agents***		
<i>cromolyn sodium oral</i>	T3	
GASTROCROM	T3	
*Gastrointestinal Chloride Channel Activators***		
AMITIZA	T3	QL (60 capsules per 30 days)
<i>lubiprostone</i>	T1	QL (60 capsules per 30 Days)
*Gastrointestinal Stimulants***		
GIMOTI	T9	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	T1	
<i>metoclopramide hcl oral tablet</i>	T1	

Medication	Coverage Level	Restrictions
<i>metoclopramide hcl oral tablet dispersible</i>	T3	ST
REGLAN ORAL	T3	
*Glucagon-Like Peptide-2 (Glp-2) Analogs***		
GATTEX	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
*Ibs Agent - 5-Ht4 Receptor Partial Agonists***		
ZELNORM	T3	ST; QL (60 tablets per 30 days)
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***		
LINZESS	T2	QL (30 capsules per 30 days)
*Ibs Agent - Mu-Opioid Receptor Agonists***		
VIBERZI	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***		
<i>alose tron hcl</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
LOTRONEX	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
*Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***		
IBSRELA	T9	
*Ileal Bile Acid Transporter (Ibat) Inhibitors***		
BYLVAY	T9	
BYLVAY (PELLETS)	T9	
LIVMARLI	T9	
*Inflammatory Bowel Agents***		
APRISO	T3	QL (120 capsules per 30 days)
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
<i>balsalazide disodium</i>	T1	
CANASA	T5	SP (Limited to a 1 month supply per fill)
COLAZAL	T5	SP (Limited to a 1 month supply per fill)
DELZICOL	T3	QL (180 capsules per 30 days)

Medication	Coverage Level	Restrictions
DIPENTUM	T5	SP (Limited to a 1 month supply per fill)
LIALDA	T3	QL (120 tablets per 30 days)
<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	SP (); QL (120 tablets per 30 days)
<i>mesalamine oral tablet delayed release 800 mg</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
<i>mesalamine rectal enema</i>	T1	
<i>mesalamine rectal suppository</i>	T5	SP (Limited to a 1 month supply per fill)
PENTASA	T5	ST; SP (Limited to a 1 month supply per fill); QL (240 capsules per 30 days)
ROWASA RECTAL	T3	
SFROWASA	T3	QL (30 bottles per 30 days)
<i>sulfasalazine oral</i>	T1	
*Interleukin Antagonists***		
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to an 8 week supply per fill); QL (1 kit per 8 weeks)
*Intestinal Acidifiers***		
<i>enulose</i>	T1	
<i>generlac</i>	T1	
*Live Fecal Microbiota (Human)**		
VOWST	T9	
*Peripheral Opioid Receptor Antagonists***		
MOVANTIK	T3	ST; QL (30 tablets per 30 days)
RELISTOR ORAL	T5	PA; SP (Limited to a 1 month supply per fill)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	T5	PA; SP (Limited to a 1 month supply per fill)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	T5	PA; SP (Limited to a 1 month supply per fill)
SYMPROIC	T3	ST; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
*Phosphate Binder Agents***		
AURYXIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days)
<i>calcium acetate (phos binder) oral capsule</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)
<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)
PHOSLO	T3	
PHOSLYRA	T3	ST
RENAGEL ORAL TABLET 800 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
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>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)
VELPHORO	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)

Medication	Coverage Level	Restrictions
*Tryptophan Hydroxylase Inhibitors***		
XERMELO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
*Tumor Necrosis Factor Alpha Blockers***		
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T5	PA; SP (Limited to a 1 month supply per fill)
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
REMICADE	T9	
General Anesthetics		
*Anesthetics - Misc.***		
<i>ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml</i>	T9	
Genitourinary Agents - Miscellaneous		
*5-Alpha Reductase Inhibitors***		
AVODART	T3	
<i>dutasteride oral</i>	T1	QL (30 tablets per 30 days)
<i>finasteride oral tablet 5 mg</i>	T1	
PROSCAR	T3	
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er</i>	T1	
CARDURA XL	T3	ST
FLOMAX	T3	
RAPAFLO	T3	QL (30 capsules per 30 days)
<i>silodosin</i>	T1	QL (30 tablets per 30 days)
<i>tamsulosin hcl</i>	T1	
UROXATRAL	T3	
*Citrates***		
<i>cytra k crystals</i>	T1	
<i>cytra-2</i>	T9	
CYTRA-3	T9	
<i>cytra-k</i>	T9	
ORACIT	T3	
<i>pot & sod cit-cit ac</i>	T1	
<i>potassium citrate er</i>	T1	
<i>potassium citrate-citric acid oral solution</i>	T1	

Medication	Coverage Level	Restrictions
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	T1	
<i>tricitrates</i>	T9	
UROCIT-K 10	T3	
UROCIT-K 15	T3	
UROCIT-K 5	T3	
<i>virtrate-2</i>	T9	
<i>virtrate-3</i>	T9	
<i>virtrate-k</i>	T9	
*Cystinosis Agents***		
PROCYSBI ORAL CAPSULE DELAYED RELEASE	T9	
*Genitourinary Irrigants***		
<i>sodium chloride irrigation solution 0.9 %</i>	T1	
*Igan Agents - Endothelin & Angiotensin II Receptor Antag***		
FILSPARI	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 18 Years)
*Interstitial Cystitis Agents***		
ELMIRON	T5	SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
*Prostatic Hypertrophy Agent Combinations***		
<i>dutasteride-tamsulosin hcl</i>	T2	ST
ENTADFI	T9	
JALYN	T3	ST
*Urinary Analgesics***		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	T1	
PYRIDIUM	T3	
*Urinary Stone Agents***		
LITHOSTAT	T9	
THIOLA	T9	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
THIOLA EC ORAL TABLET DELAYED RELEASE 300 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>tiopronin oral</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)

Medication	Coverage Level	Restrictions
Gout Agents		
*Gout Agent Combinations***		
<i>colchicine-probenecid</i>	T1	
*Gout Agents***		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	
<i>allopurinol oral tablet 200 mg</i>	T9	
<i>colchicine oral capsule</i>	T3	QL (120 capsules per 30 days)
<i>colchicine oral tablet</i>	T1	QL (120 tablets per 30 days)
COLCRYS	T9	
<i>febuxostat</i>	T1	QL (30 tablets per 30 days)
GLOPERBA	T9	
MITIGARE	T9	
ULORIC	T3	QL (30 tablets per 30 days)
ZYLOPRIM	T3	
*Uricosurics***		
<i>probenecid oral</i>	T1	
Hematological Agents - Misc.		
*Antihemophilic Products - Monoclonal Antibodies***		
HEMLIBRA	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
*Antihemophilic Products***		
ADVATE	T4	SP (Limited to a 1 month supply per fill)
<i>adynovate</i>	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
AFSTYLA	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	SP (Limited to a 1 month supply per fill)
ALPHANINE SD	T5	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
ALPROLIX	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
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 (20000 units per 28 days)
BENEFIX INTRAVENOUS KIT	T4	SP (Limited to a 1 month supply per fill)
COAGADEX	T4	SP (Limited to a 1 month supply per fill)
ELOCTATE	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
ESPEROCT	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
FEIBA NF INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	T4	SP (Limited to a 1 month supply per fill)
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
IDELVION	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
IXINITY	T4	SP (Limited to a 1 month supply per fill)
JIVI	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
KOATE	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
KOGENATE FS	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
KOVALTRY	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NOVOEIGHT	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NOVOSEVEN RT	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
PROFILNINE	T5	SP (Limited to a 1 month supply per fill)
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (23000 units per 28 days)
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (23000 units per 28 days)
RECOMBINATE	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
<i>rixubis</i>	T5	SP (Limited to a 1 month supply per fill); AL (Min 21 Years)

Medication	Coverage Level	Restrictions
SEVENFACT	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
TRETTEN	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
VONVENDI	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
WILATE INTRAVENOUS KIT	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
XYNTHA SOLOFUSE	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
*Anti-Von Willebrand Factor Agents***		
CABLIVI	T4	PA; SP (Limited to a 1 month supply per fill. Limited to 2 fills per 720 days); QL (30 kits per 30 days)
*Bradykinin B2 Receptor Antagonists***		
FIRAZYR	T9	
<i>icatibant acetate</i>	T4	PA; SP (Limited apply, see quantity limitations); QL (3 syinges per 1 fill); AL (Min 18 Years)
SAJAZIR	T9	
*C1 Esterase Inhibitors***		
BERINERT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
HAEGARDA	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
RUCONEST	T9	

Medication	Coverage Level	Restrictions
*Complement C3 Inhibitors***		
EMPAVELI	T4	PA; SP (Limited to a 1 month supply per fill)
*Complement C5a Receptor Inhibitors***		
TAVNEOS	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
*Direct-Acting P2y12 Inhibitors***		
BRILINTA	T2	
*Hematorheologic Agents***		
pentoxifylline er	T1	
*Human Protein C***		
CEPROTIN	T3	
*Phosphodiesterase Iii Inhibitors***		
cilostazol	T1	
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***		
TAKHZYRO SUBCUTANEOUS SOLUTION	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
*Plasma Kallikrein Inhibitors***		
KALBITOR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); AL (Min 16 Years)
ORLADEYO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); AL (Min 12 Years)
*Platelet Aggregation Inhibitor Combinations***		
aspirin-dipyridamole er	T1	
YOSPRALA	T9	
*Platelet Aggregation Inhibitors***		
dipyridamole oral	T1	
DURLAZA	T9	

Medication	Coverage Level	Restrictions
*Protease-Activated Receptor-1 (Par-1) Antagonists***		
ZONTIVITY	T3	ST; QL (30 tablets per 30 days)
*Pyruvate Kinase Activators***		
PYRUKYND	T4	PA; SP (Limited to a 1 month supply per fill); QL (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)
*Quinazoline Agents***		
AGRYLIN	T3	
<i>anagrelide hcl</i>	T1	
*Spleen Tyrosine Kinase (Syk) Inhibitors***		
TAVALISSE	T9	
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate oral</i>	T1	
EFFIENT	T3	QL (31 tablets per 31 days)
PLAVIX ORAL TABLET 75 MG	T3	
<i>prasugrel hcl</i>	T1	QL (31 tablets per 31 days)
Hematopoietic Agents		
*Agents For Gaucher Disease***		
CERDELGA	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
<i>miglustat</i>	T5	PA; SP (Limited to a 1 month supply per fill)
YARGESA	T5	PA; SP (Limited to a 1 month supply per fill)
ZAVESCA	T9	
*Amino Acids***		
ENDARI	T9	
*Cobalamin Combinations***		
FOLTRATE	T9	
<i>neurin-sl</i>	T9	
*Cobalamins***		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1	
NASCOBAL	T9	
*Cytotoxic Agents***		
DROXIA	T3	

Medication	Coverage Level	Restrictions
SIKLOS	T9	
*Erythropoiesis-Stimulating Agents (Esas)***		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	SP (Limited to a 1 month supply per fill)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML	T4	SP (Limited to a 1 month supply per fill)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	T4	SP (Limited to a 1 month supply per fill)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
PROCRIT	T4	SP (Limited to a 1 month supply per fill)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
*Folic Acid/Folate Combinations***		
ANIMI-3	T9	
ANIMI-3/VITAMIN D	T9	
<i>bp vit 3</i>	T9	
CIFEREX	T9	
DERMACINRX PUREFOLIX	T9	
<i>durachol</i>	T9	
<i>fabb</i>	T9	
<i>folbee</i>	T9	
<i>folic acid-vit b6-vit b12</i>	T9	
FOLIXAPURE	T9	
<i>folplex 2.2</i>	T9	
<i>noxifol-d</i>	T9	
<i>ortho df</i>	T9	
<i>revesta</i>	T9	
<i>roxifol-d</i>	T9	
<i>tl gard rx</i>	T9	
VIRT-GARD	T9	

Medication	Coverage Level	Restrictions
<i>virt-vite</i>	T9	
<i>zavara</i>	T9	
*Folic Acid/Folates***		
<i>cvs folic acid oral tablet 800 mcg</i>	T1	PV
<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)
<i>gnp folic acid</i>	T1	PV; AL (Max 50 Years)
<i>ra folic acid</i>	T1	PV; AL (Max 50 Years)
<i>sm folic acid</i>	T1	PV; AL (Max 50 Years)
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
FULPHILA	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
FYLNETRA	T9	
GRANIX	T5	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NEULASTA ONPRO	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
NIVESTYM	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NYVEPRIA	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
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)
STIMUFEND	T9	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
ZARXIO	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
ZIEXTENZO	T9	
*Hemoglobin S (Hbs) Polymerization Inhibitors***		
OXBRYTA	T9	
*Iron Combinations***		
<i>active fe</i>	T9	
CENTRATEX	T9	
CORVITA 150	T9	
CORVITE 150	T9	
<i>corvite fe</i>	T9	
FE C PLUS	T9	
FERIVAFA	T9	
<i>ferocon</i>	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 150 PLUS	T9	
FERROCITE PLUS ORAL TABLET	T9	
FOLIVANE-PLUS	T9	
FUSION PLUS	T9	
<i>hematinic plus vit/minerals</i>	T9	
HEMATOGEN	T9	
HEMATOGEN FA	T9	
HEMATOGEN FORTE	T9	

Medication	Coverage Level	Restrictions
HEMATRON	T9	
HEMATRON-AF	T9	
HEMATRON-AF (WITH DOCUSATE)	T9	
HEMAX EZY-DOSE	T9	
HEMAX ORAL TABLET	T9	
HEMOCYTE PLUS	T9	
<i>hemocyte-plus oral tablet 106-1 mg</i>	T9	
ICAR-C PLUS	T9	
IFEREX 150 FORTE	T9	
INTEGRA PLUS	T9	
IROSPAN 24/6	T9	
MAXARON FORTE ORAL TABLET	T9	
MAXFE ORAL TABLET	T9	
MULTIGEN FOLIC	T9	
MULTIGEN PLUS	T9	
<i>myferon 150 forte</i>	T9	
NEPHRON FA	T9	
NUFERA	T9	
<i>poly-iron 150 forte</i>	T9	
<i>purefe plus</i>	T9	
<i>purevit dualfe plus</i>	T9	
<i>se-tan plus</i>	T9	
TANDEM PLUS	T9	
<i>taron forte</i>	T9	
<i>tl icon</i>	T9	
<i>tl-hem 150</i>	T9	
TRICON	T9	
<i>trigels-f forte</i>	T9	
*Iron W/ Folic Acid***		
FOLIVANE-F	T9	
FUSION SPRINKLES	T9	
<i>hematinic/folic acid</i>	T9	
HEMOCYTE-F ORAL TABLET	T9	
INTEGRA F	T9	
PROFERRIN-FORTE	T9	
*Iron***		
ACCRUFER	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)

Medication	Coverage Level	Restrictions
BPROTECTED PEDIA IRON	T1	PV; AL (Min 6 Months and Max 12 Months)
FERREX 150	T9	
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	T1	PV; AL (Min 6 Months and Max 12 Months)
HEMOCYTE	T9	
<i>iron supplement childrens</i>	T3	PV; AL (Min 6 Months and Max 12 Months)
<i>pc pediatric iron drops</i>	T1	PV
<i>wee care</i>	T1	PV; AL (Min 6 Years and Max 12 Years)
*Iron-B12-Folate***		
<i>fe 90 plus</i>	T9	
FERIVA 21/7	T9	
FERRALET 90	T9	
<i>ferraplus 90</i>	T9	
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG	T9	
FERREX 28	T9	
<i>hemetab</i>	T9	
NATALVIRT FLT	T9	
*Thrombopoietin (Tpo) Receptor Agonists***		
DOPTELET ORAL TABLET 20 MG	T9	
MULPLETA	T9	
PROMACTA ORAL PACKET 12.5 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PROMACTA ORAL PACKET 25 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PROMACTA ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
Hemostatics		
*Hemostatic Combinations - Topical***		
GELFOAM-JMI SPONGE	T9	

Medication	Coverage Level	Restrictions
*Hemostatics - Systemic***		
AMICAR ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
AMICAR ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
<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)
LYSTEDA	T3	
<i>tranexamic acid oral</i>	T1	
*Hemostatics - Topical***		
GELFOAM COMPRESSED SIZE 100	T9	
Hypnotics/Sedatives/Sleep Disorder Agents		
*Barbiturate Hypnotics***		
<i>phenobarbital oral elixir</i>	T1	
<i>phenobarbital oral tablet</i>	T1	
SECONAL	T3	QL (28 capsules per 14 days); AL (Min 18 Years)
*Benzodiazepine Hypnotics***		
<i>estazolam</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>flurazepam hcl</i>	T1	QL (30 capsules per 30 days)
HALCION	T3	QL (60 tablets per 30 days); AL (Min 18 Years)
<i>midazolam hcl oral</i>	T1	
<i>midazolam intravenous solution prefilled syringe 25 mg/25ml, 50 mg/50ml</i>	T9	
<i>quazepam</i>	T9	
RESTORIL	T3	QL (30 capsules per 30 days); AL (Min 18 Years)
<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	
<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)
*Hypnotics - Tricyclic Agents***		
<i>doxepin hcl oral tablet</i>	T2	ST; QL (30 tablets per 30 days)
SILENOR	T9	

Medication	Coverage Level	Restrictions
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
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)
EDLUAR	T9	
<i>eszopiclone</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
INTERMEZZO	T9	
LUNESTA	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
<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)
<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	
ZOLPIMIST	T9	
*Orexin Receptor Antagonists***		
BELSOMRA	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
DAYVIGO	T3	ST; QL (30 Tablets per 30 days); AL (Min 18 Years)
QUVIVIQ	T9	
*Selective Alpha2-Adrenoreceptor Agonist Sedatives***		
<i>dexmedetomidine hcl in nacl intravenous solution prefilled syringe 20-0.9 mcg/5ml-%</i>	T9	
*Selective Melatonin Receptor Agonists***		
HETLIOZ	T5	PA; SP (Limited to a 1 month supply per fill)
HETLIOZ LQ	T9	
<i>ramelteon</i>	T1	AL (Min 18 Years)
ROZEREM	T3	AL (Min 18 Years)
<i>tasimelteon</i>	T5	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
Laxatives		
*Bowel Evacuant Combinations***		
CLENPIQ	T3	
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM	T3	
GAVILYTE-G	T1	PV
GAVILYTE-N WITH FLAVOR PACK	T1	PV
GOLYTELY	T3	
MOVIPREP	T3	
<i>na sulfate-k sulfate-mg sulf</i>	T3	
NULYTELY LEMON-LIME	T3	
<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
PEG-PREP	T1	PV
PLENVU	T3	
SUFLAVE	T3	
SUPREP BOWEL PREP KIT	T3	
SUTAB	T9	
*Laxatives - Miscellaneous***		
CLEARLAX ORAL PACKET	T9	
CLEARLAX ORAL POWDER	T3	PV
EQL CLEARLAX	T3	PV
<i>gavilax</i>	T9	
<i>gentlelax oral powder</i>	T9	
GLYCOLAX	T9	
GNP CLEARLAX ORAL POWDER	T3	PV
GOODSENSE CLEARLAX	T3	PV
HM CLEARLAX ORAL POWDER	T3	PV
KRISTALOSE	T9	
<i>lactulose oral packet</i>	T9	
<i>lactulose oral solution 10 gm/15ml</i>	T1	
<i>laxative polyethylene glycol</i>	T3	PV
MIRALAX ORAL POWDER	T9	
<i>peg 3350 oral powder</i>	T9	
<i>polyethylene glycol 3350 oral packet</i>	T9	
<i>qc natura-lax</i>	T3	PV
SM CLEARLAX	T3	PV
SMOOTH LAX ORAL PACKET	T9	
SW CLEARLAX	T9	

Medication	Coverage Level	Restrictions
TGT POWDERLAX ORAL PACKET 17 GM	T9	
TGT POWDERLAX ORAL POWDER	T3	PV
VIBRANT	T9	
*Saline Laxative Mixtures***		
<i>oral saline laxative kit</i>	T3	PV
OSMOPREP	T3	
<i>phosphate laxative oral solution 2.7-7.2 gm/15ml</i>	T3	PV
*Saline Laxatives***		
<i>citrate of magnesia oral solution</i>	T3	PV
CITROMA	T3	PV
<i>cvs magnesium citrate oral solution</i>	T3	PV
<i>cvs milk of magnesia oral suspension 400 mg/5ml</i>	T3	PV
DULCOLAX ORAL SUSPENSION	T3	PV
<i>eq magnesium citrate</i>	T3	PV
<i>eql magnesium citrate</i>	T3	PV
<i>eql milk of magnesia oral suspension 400 mg/5ml</i>	T3	PV
<i>gnp milk of magnesia</i>	T3	PV
<i>goodsense milk of magnesia</i>	T3	PV
<i>hm magnesium citrate</i>	T3	PV
<i>hm milk of magnesia</i>	T3	PV
<i>magnesium citrate oral solution</i>	T3	PV
<i>milk of magnesia oral suspension 400 mg/5ml</i>	T3	PV
<i>qc magnesium citrate</i>	T3	PV
<i>qc milk of magnesia</i>	T3	PV
<i>ra milk of magnesia oral suspension</i>	T3	PV
<i>sm magnesium citrate</i>	T3	PV
<i>sm milk of magnesia oral suspension 400 mg/5ml</i>	T3	PV
*Stimulant Laxatives***		
<i>bisacodyl ec</i>	T3	PV
<i>bisacodyl rectal</i>	T9	
<i>gnp laxative oral</i>	T3	PV
<i>hm laxative oral</i>	T3	PV
<i>laxative oral tablet delayed release</i>	T9	
<i>ra laxative oral tablet delayed release</i>	T3	PV
<i>sm laxative oral</i>	T3	PV
*Surfactant Laxatives***		
ENEMEEZ MINI	T3	QL (90 tubes per 30 days)
ENEMEEZ PLUS	T3	QL (90 tubes per 30 days)

Medication	Coverage Level	Restrictions
Local Anesthetics-Parenteral		
*Local Anesthetic & Sympathomimetic***		
<i>lidocaine(bufferd)-epinephrine injection solution prefilled syringe 1 %-1:100000</i>	T9	
*Local Anesthetics - Amides***		
<i>bupivacaine hcl injection solution prefilled syringe 0.25 % (10 ml)</i>	T9	
Macrolides		
*Azithromycin***		
<i>azithromycin oral suspension reconstituted</i>	T1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1	
ZITHROMAX ORAL PACKET	T2	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	T3	
ZITHROMAX ORAL TABLET 600 MG	T3	
ZITHROMAX TRI-PAK	T3	
ZITHROMAX Z-PAK	T3	
*Clarithromycin***		
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
*Erythromycins***		
E.E.S. 400 ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
E.E.S. GRANULES	T4	SP (Limited to a 1 month supply per fill)
ERYPED 200	T4	SP (Limited to a 1 month supply per fill)
ERYPED 400	T4	SP (Limited to a 1 month supply per fill)
ERY-TAB	T4	SP (Limited to a 1 month supply per fill)
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin base oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<i>erythromycin ethylsuccinate oral tablet</i>	T4	SP (Limited to a 1 month supply per fill)
*Fidaxomicin***		
DIFICID ORAL TABLET	T5	ST; SP (Limited to 2 fills per 6 months); QL (20 tablets per 10 days)
Medical Devices And Supplies		
*Blood Pressure Devices***		
10 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
10 SERIES+ BP MONITR/UPPER ARM	T2	QL (2 EA per 730 days)
3 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
3 SERIES BP MONITOR/WRIST	T2	QL (2 EA per 730 days)
5 SERIES BP MONITOR	T2	QL (1 monitor per 2 years)
5 SERIES BP MONITOR/UPPER ARM	T2	QL (1 monitor per 2 years)
7 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
7 SERIES BP MONITOR/WRIST	T2	QL (2 EA per 730 days)
<i>adult blood pressure cuff lg</i>	T2	QL (1 monitor per 2 years)
<i>blood pressure monitor</i>	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 3	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 7	T2	QL (1 monitor per 2 years)
<i>blood pressure monitor kit</i>	T2	QL (1 monitor per 2 years)
<i>self-taking blood pressure</i>	T2	QL (2 EA per 730 days)
*Cervical Caps***		
FEMCAP	T3	PV
*Condoms - Female***		
FC2 FEMALE CONDOM	T3	PV
*Condoms - Male***		
<i>aimsco lubricated</i>	T3	PV
<i>condoms</i>	T3	PV
DUREX REALFEEL	T3	PV
FANTASY LUBRICATED	T3	PV
<i>kimono</i>	T3	PV
<i>kimono micro thin</i>	T3	PV
TRUSTEX LUBRICATED	T3	PV
TRUSTEX NON-LUBRICATED	T3	PV
TRUSTEX RIA LUBRICATED	T3	PV
TRUSTEX RIA NON-LUBRICATED	T3	PV
*Diaphragms***		
CAYA	T3	PV
WIDE-SEAL DIAPHRAGM 60	T3	PV

Medication	Coverage Level	Restrictions
WIDE-SEAL DIAPHRAGM 65	T3	PV
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
<i>*Glucose Monitoring Test Supplies***</i>		
ACCU-CHEK FASTCLIX LANCET	T3	
ACCU-CHEK FASTCLIX LANCETS	T2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	T3	
ACCU-CHEK SOFTCLIX LANCETS	T2	
ADVOCATE CONTROL SOLUTION IN VITRO LIQUID LOW	T3	
ADVOCATE LANCETS 30G	T2	
ADVOCATE LANCING DEVICE	T3	
ADVOCATE RAPID-SAFE LANCING	T3	
ASSURE DOSE CONTROL	T3	
ASSURE LANCE PLUS SAFETY 30G	T2	
BIGFOOT UNITY PROGRAM	T9	
CARESENS CONTROL A	T3	
CARETOUCH CONTROL SOL LEVEL 2	T3	
CARETOUCH LANCING/EJECTOR	T3	
CARETOUCH TWIST LANCETS 28G	T2	
CARETOUCH TWIST LANCETS 30G	T2	
CARETOUCH TWIST LANCETS 33G	T2	
CONTOUR CONTROL IN VITRO LIQUID NORMAL	T3	
DEXCOM G6 RECEIVER	T2	ST; QL (1 receiver per 365 days)
DEXCOM G6 SENSOR	T2	ST; QL (1 box per 30 days)
DEXCOM G6 TRANSMITTER	T2	ST; QL (1 transmitter per 90 days)
DEXCOM G7 RECEIVER	T2	ST; QL (1 receiver per 1 year)
DEXCOM G7 SENSOR	T2	ST; QL (3 sensors per 30 days)
<i>easy comfort lancets</i>	T2	
<i>easy mini lancing device</i>	T3	
EASY STEP CONTROL IN VITRO SOLUTION NORMAL	T3	
EASY TOUCH CONTROL HIGH & LOW	T3	
EASY TOUCH LANCING DEVICE	T3	
<i>easy trak ii control</i>	T3	

Medication	Coverage Level	Restrictions
EASYGLUCO CONTROL IN VITRO SOLUTION NORMAL	T3	
EMBRACE GLUCOSE CONTROL	T3	
<i>embrace lancing device/ejector</i>	T3	
EMBRACE TALK GLUCOSE CONTROL IN VITRO SOLUTION LOW	T3	
EMBRACE WAVE GLUCOSE METER	T9	
FIFTY50 SAFETY SEAL LANCETS	T2	
FORA CONTROL IN VITRO SOLUTION NORMAL	T3	
FORA LANCETS	T2	
FORA LANCING DEVICE	T3	
FREESTYLE CONTROL SOLUTION	T3	
FREESTYLE LIBRE 14 DAY READER	T2	ST; QL (2 kits per 28 days)
FREESTYLE LIBRE 14 DAY SENSOR	T2	ST; QL (3 sensors per 30 days)
FREESTYLE LIBRE 2 READER	T2	ST; QL (1 reader per 365 days)
FREESTYLE LIBRE 2 SENSOR	T2	ST; QL (3 sensors per 30 days)
FREESTYLE LIBRE 3 SENSOR	T2	ST; QL (3 sensors per 30 days)
<i>ge100 control</i>	T3	
GOJJI LANCING DEVICE/CLEAR CAP	T3	
GOJJI STERILE LANCETS	T2	
HYPOLANCE AST LANCING	T2	
INFINITY CONTROL IN VITRO SOLUTION NORMAL	T3	
INFINITY VOICE IN VITRO LIQUID	T3	
ON CALL EXPRESS GLUCOSE CONTR	T3	
ON CALL LANCETS	T2	
ON CALL LANCING DEVICE	T3	
ON CALL PLUS GLUCOSE CONTROL	T3	
ON CALL PLUS LANCETS	T2	
ON CALL PLUS LANCING DEVICE	T3	
ON CALL VIVID GLUCOSE CONTROL	T3	
PIP GLUCOSE CONTROL SOLUTION	T3	
<i>pip lancets 28g</i>	T2	
<i>pip lancets 30g</i>	T2	
PRODIGY CONTROL SOLUTION IN VITRO SOLUTION LOW	T3	
PRODIGY LANCETS 26G	T2	
PRODIGY LANCETS 28G	T2	
PRODIGY LANCING DEVICE	T3	
PRODIGY TWIST TOP LANCETS 28G	T2	

Medication	Coverage Level	Restrictions
REFUAH PLUS GLUCOSE CONTROL	T3	
RIGHTEST GL300 LANCETS	T2	
SMARTEST LANCETS 28G	T2	
TELCARE GLUCOSE CONTROL	T3	
TEMPO REFILL	T9	
TEMPO SMART BUTTON	T9	
TEMPO WELCOME	T9	
VIVAGUARD INO CONTROL SOLUTION	T3	
<i>*Insulin Administration Supplies***</i>		
OMNIPOD 5 G6 INTRO (GEN 5)	T5	SP (Limited to 1 kit per 30 day supply); QL (1 kit per 2 years)
OMNIPOD 5 G6 POD (GEN 5)	T5	SP (Limited to a 1 month supply per fill); QL (2 packs per 30 days)
OMNIPOD DASH INTRO (GEN 4)	T5	SP (Limited to 1 kit per 30 day supply); QL (1 kit per 2 years)
OMNIPOD DASH PODS (GEN 4)	T5	SP (Limited to a 1 month supply per fill); QL (2 packs per 30 days)
OMNIPOD GO	T9	
V-GO 20	T2	
V-GO 30	T2	
V-GO 40	T2	
<i>*Needles & Syringes***</i>		
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	
INPEN 100-BLUE-LILLY	T9	
INPEN 100-BLUE-LILLY-HUMALOG	T9	
INPEN 100-BLUE-NOVO	T9	
INPEN 100-BLUE-NOVOLOG-FIASP	T9	
INPEN 100-GRAY-LILLY	T9	
INPEN 100-GREY-LILLY-HUMALOG	T9	
INPEN 100-GREY-NOVO	T9	
INPEN 100-GREY-NOVOLOG-FIASP	T9	
INPEN 100-PINK-LILLY	T9	
INPEN 100-PINK-LILLY-HUMALOG	T9	
INPEN 100-PINK-NOVO	T9	
INPEN 100-PINK-NOVOLOG-FIASP	T9	
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML	T2	

Medication	Coverage Level	Restrictions
MONOJECT PISTON SYRINGE	T2	
MONOJECT SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT SYRINGE LUER-LOCK TIP 140 ML	T2	
NOVOFINE 32G X 6 MM	T2	
NOVOFINE AUTOCOVER	T2	
NOVOFINE AUTOCOVER PEN NEEDLE	T2	
NOVOFINE PEN NEEDLE	T2	
NOVOFINE PLUS	T2	
NOVOFINE PLUS PEN NEEDLE	T2	
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	T1	
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	T2	
<i>*Respiratory Therapy Supplies***</i>		
ACE AEROSOL CLOUD ENHANCER	T3	QL (4 devices per 1 year)
AEROTRACH PLUS	T3	QL (4 chambers per 1 year)
<i>*Spacer/Aerosol-Holding Chambers & Supplies***</i>		
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)
AEROVENT PLUS	T3	QL (4 chambers per 1 year)
BREATHERITE	T2	QL (4 EA per 365 days)
BREATHERITE COLL SPACER ADULT	T2	QL (4 EA per 365 days)
BREATHERITE COLL SPACER CHILD	T2	QL (4 EA per 365 days)
BREATHERITE COLL SPACER INFANT	T2	QL (4 EA per 365 days)
BREATHERITE RIGID SPACER/MASK	T2	QL (4 EA per 365 days)
BREATHERITE SPACER NEONATE	T2	QL (4 EA per 365 days)
BREATHERITE SPACER SMALL CHILD	T2	QL (4 EA per 365 days)
BREATHERITE/LARGE MASK	T2	QL (4 EA per 365 days)
BREATHERITE/MEDIUM MASK	T2	QL (4 EA per 365 days)
BREATHERITE/SMALL MASK	T2	QL (4 EA per 365 days)

Medication	Coverage Level	Restrictions
EASIVENT	T2	QL (4 EA per 365 days)
EASIVENT MASK LARGE	T2	QL (4 EA per 365 days)
EASIVENT MASK MEDIUM	T2	QL (4 EA per 365 days)
EASIVENT MASK SMALL	T2	QL (4 EA per 365 days)
OPTICHAMBER ADVANTAGE-LG MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER ADVANTAGE-MED MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER ADVANTAGE-SM MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER DIAMOND	T2	
OPTICHAMBER FACE MASK-LARGE	T2	QL (4 EA per 365 days)
OPTICHAMBER FACE MASK-MEDIUM	T2	QL (4 EA per 365 days)
OPTICHAMBER FACE MASK-SMALL	T2	QL (4 EA per 365 days)
<i>prochamber vhc</i>	T1	QL (4 EA per 365 days)
<i>valved holding chamber</i>	T1	QL (4 EA per 365 days)
Migraine Products		
<i>*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***</i>		
NURTEC	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 tablets per 30 days)
QULIPTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
UBRELVY	T4	PA; SP (Limited to a 1 month supply per fill); QL (10 tablets per 30 days)
ZAVZPRET	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 3 days); AL (Min 18 Years)
<i>*Cgrp Receptor Antagonists - Monoclonal Antibodies***</i>		
AIMOVIG	T2	PA; QL (1 Auto-injector per 30 days); AL (Min 18 Years)
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)
EMGALITY (300 MG DOSE)	T2	PA; SP (Limited to a 1 month supply per fill); QL (3 syringes per 30 days); AL (Min 18 Years)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days); AL (Min 18 Years)

Medication	Coverage Level	Restrictions
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); AL (Min 18 Years)
*Ergot Combinations***		
CAFERGOT	T9	
<i>ergotamine-caffeine</i>	T3	QL (40 tablets per 30 days)
MIGERGOT	T9	
*Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors***		
ELYXYB	T9	
*Migraine Products - Nsaids***		
CAMBIA	T9	
<i>diclofenac potassium(migraine)</i>	T9	
*Migraine Products***		
<i>dihydroergotamine mesylate injection</i>	T9	
<i>dihydroergotamine mesylate nasal</i>	T9	
ERGOMAR	T3	
MIGRANAL	T9	
TRUDHESA	T9	
*Selective Serotonin Agonist-Nsaid Combinations***		
<i>sumatriptan-naproxen sodium</i>	T9	
TREXIMET ORAL TABLET 85-500 MG	T9	
*Selective Serotonin Agonists 5-Ht(1)***		
<i>almotriptan malate</i>	T3	ST; QL (12 tablets per 30 days)
<i>eletriptan hydrobromide</i>	T3	ST; QL (12 tablets per 30 days)
FROVA	T9	
<i>frovatriptan succinate</i>	T9	
IMITREX NASAL SOLUTION 20 MG/ACT	T3	SP (Quantity Limit: 1 box per 15 days); QL (8 units per 30 days)
IMITREX NASAL SOLUTION 5 MG/ACT	T3	SP (Quantity Limit: 2 boxes per 15 days); QL (8 units per 30 days)
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	

Medication	Coverage Level	Restrictions
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO- INJECTOR 6 MG/0.5ML	T3	QL (8 pens per 30 days)
IMITREX SUBCUTANEOUS	T3	
MAXALT ORAL TABLET 10 MG	T3	QL (12 tablet per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	T3	QL (12 tablet per 30 days)
<i>naratriptan hcl</i>	T1	QL (12 tablets per 30 days)
ONZETRA XSAIL	T9	
RELPAX	T9	
<i>rizatriptan benzoate</i>	T1	QL (12 tablets per 30 days)
<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 (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	T1	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	T9	
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	T3	QL (8 pens per 30 days)
TOSYMRA	T9	
ZEMBRACE SYMTOUCH	T9	
<i>zolmitriptan nasal</i>	T3	ST; QL (12 units per 30 days)
<i>zolmitriptan oral</i>	T2	QL (12 tablets per 30 days)
ZOMIG NASAL SOLUTION 2.5 MG	T3	ST; QL (12 units per 30 days)
ZOMIG NASAL SOLUTION 5 MG	T9	
ZOMIG ORAL	T3	QL (12 tablets per 30 days)
*Selective Serotonin Agonists 5-Ht(1F)***		
REYVOW	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 tablets per 30 days)
Minerals & Electrolytes		
*Calcium Combinations***		
<i>calcium-folic acid plus d</i>	T9	
MAGNEBIND 400 ORAL TABLET 80-115 MG	T9	
*Fluoride Combinations***		
FLORIVA ORAL LIQUID	T9	
*Fluoride***		
LUDENT	T1	

Medication	Coverage Level	Restrictions
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	T1	
<i>sodium fluoride oral tablet</i>	T1	
<i>sodium fluoride oral tablet chewable</i>	T1	
*Magnesium Combinations***		
MAGNEBIND 400 ORAL TABLET 400-200-1 MG	T9	
*Phosphate***		
<i>av-phos 250 neutral</i>	T9	
K-PHOS-NEUTRAL	T9	
<i>phos-nak</i>	T9	
PHOSPHA 250 NEUTRAL	T9	
<i>virt-phos 250 neutral</i>	T9	
*Potassium***		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	T1	
KLOR-CON 10	T1	
KLOR-CON M10	T1	
KLOR-CON M15	T1	
KLOR-CON M20	T1	
KLOR-CON ORAL PACKET 20 MEQ	T9	
KLOR-CON ORAL TABLET EXTENDED RELEASE	T3	
KLOR-CON/EF	T1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	T3	
POKONZA	T9	
<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, 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)
*Zinc***		
GALZIN	T9	
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	T9	

Medication	Coverage Level	Restrictions
Miscellaneous Therapeutic Classes		
*Activated Phosphoinositide 3-Kinase Delta Syndrome Agent***		
JOENJA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 12 Years)
*Antileptics***		
THALOMID	T4	SP (Limited to a 1 month supply per fill)
*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***		
BENLYSTA SUBCUTANEOUS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
*Chelating Agents***		
CUPRIMINE ORAL CAPSULE 250 MG	T9	
CUVROR	T9	
DEPEN TITRATABS	T9	
<i>d-penaminate</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<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)
SYPRINE	T9	
<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)
*Cyclosporine Analogs***		
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral capsule</i>	T4	SP (Limited to a 1 month supply per fill)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1	
GENGRAF ORAL SOLUTION	T1	
LUPKYNIS	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
NEORAL	T3	
SANDIMMUNE ORAL CAPSULE	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
SANDIMMUNE ORAL SOLUTION	T3	
*Farnesyltransferase Inhibitors***		
ZOKINVY	T9	
*Fecal Incontinence Bulking Agent - Combinations***		
SOLESTA	T3	
*Immunomodulators For Myelodysplastic Syndromes***		
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 25 MG	T4	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)
REVLIMID ORAL CAPSULE 15 MG, 20 MG, 5 MG	T4	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)
REVLIMID ORAL CAPSULE 2.5 MG	T4	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)
*Inosine Monophosphate Dehydrogenase Inhibitors***		
CELLCEPT ORAL CAPSULE	T3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED	T3	AL (Max 9 Years)
CELLCEPT ORAL TABLET	T3	
<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>	T3	QL (240 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>mycophenolic acid oral tablet delayed release 360 mg</i>	T3	QL (120 tablets per 30 days)
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	T3	QL (240 tablets per 30 days)
MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG	T3	QL (120 tablets per 30 days)
*Macrolide Immunosuppressants***		
ASTAGRAF XL	T3	ST
ENVARBUS XR	T3	ST
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>everolimus oral tablet 1 mg</i>	T4	SP (Limited to a 1 month supply per fill)
PROGRAF ORAL CAPSULE	T3	
PROGRAF ORAL PACKET	T3	AL (Max 9 Years)
RAPAMUNE	T5	SP (Limited to a 1 month supply per fill)
<i>sirolimus oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>tacrolimus oral</i>	T1	
ZORTRESS	T5	SP (Limited to a 1 month supply per fill)
*Monoclonal Antibodies***		
ENSPRYNG	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days)
*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib***		
VIJOICE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
*Potassium Removing Agents***		
KIONEX ORAL SUSPENSION	T1	
LOKELMA	T4	SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	T1	
SPS	T1	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)

Medication	Coverage Level	Restrictions
VELTASSA ORAL PACKET 8.4 GM	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
*Purine Analogs***		
AZASAN	T9	
<i>azathioprine oral tablet 100 mg, 75 mg</i>	T9	
<i>azathioprine oral tablet 50 mg</i>	T1	
IMURAN	T3	
*Rock Inhibitors***		
REZUROCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
Mouth/Throat/Dental Agents		
*Anesthetics Topical Oral - Combinations***		
FIRST-MOUTHWASH BLM	T2	
*Anesthetics Topical Oral***		
<i>lidocaine viscous</i>	T1	
*Anti-Infectives - Throat***		
<i>clotrimazole mouth/throat troche</i>	T1	
<i>nystatin mouth/throat</i>	T1	
ORAVIG	T4	ST; SP (Limited to a 1 month supply per fill)
*Antiseptics - Mouth/Throat***		
<i>chlorhexidine gluconate mouth/throat</i>	T1	
PERIDEX	T3	
*Dental Products - Combinations***		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	T3	
FLUORIMAX 5000 SENSITIVE	T3	
<i>sodium fluoride 5000 sensitive</i>	T1	
*Dry Mouth Agents And Artificial Saliva***		
MUCOSITISRX	T9	
*Fluoride Dental Products***		
DENTA 5000 PLUS	T1	
DENTAGEL	T1	
FLUORIMAX 5000	T3	
JUST RIGHT 5000 DENTAL PASTE	T3	
PREVIDENT	T3	
PREVIDENT 5000 ORTHO DEFENSE	T3	
PREVIDENT 5000 PLUS	T3	
<i>sf</i>	T1	

Medication	Coverage Level	Restrictions
<i>sf 5000 plus</i>	T1	
<i>sodium fluoride 5000 plus</i>	T1	
<i>sodium fluoride 5000 ppm dental gel</i>	T1	
<i>sodium fluoride 5000 ppm dental paste</i>	T1	
<i>sodium fluoride dental gel 1.1 %</i>	T1	
<i>sodium fluoride mouth/throat</i>	T1	
*Protectants - Mouth/Throat***		
GELCLAIR	T9	
MUGARD	T9	
ORAMAGICRX	T9	
*Saliva Stimulants***		
<i>cevimeline hcl</i>	T1	QL (90 Capsules per 30 days)
EVOXAC	T2	QL (90 capsulues per 30 days)
<i>pilocarpine hcl oral</i>	T1	QL (120 tablets per 30 days)
SALAGEN	T3	
*Steroids - Mouth/Throat/Dental***		
ORALONE	T3	
<i>triamcinolone acetonide mouth/throat</i>	T1	
Multivitamins		
*B-Complex W/ C & Folic Acid***		
DIALYVITE	T9	
DIALYVITE 800 ORAL TABLET	T3	PV; AL (Max 50 Years)
<i>folbee plus</i>	T9	
<i>full spectrum b/vitamin c</i>	T3	PV; AL (Max 50 Years)
<i>mynephrocaps</i>	T9	
MYNEPHRON	T9	
NEPHRO-VITE RX	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	
<i>triphrocaps</i>	T9	
<i>virt-caps</i>	T9	
<i>virt-vite plus</i>	T9	
<i>vp-vite rx</i>	T9	
*B-Complex W/ C-Biotin-D-Zinc & Folic Acid***		
VITAL-D RX	T9	

Medication	Coverage Level	Restrictions
*B-Complex W/ C-Biotin-E-Minerals & Folic Acid***		
DIALYVITE 3000	T9	
DIALYVITE 5000	T9	
*B-Complex W/ C-Biotin-Fe & Folic Acid***		
DIALYVITE 800/IRON	T9	
*B-Complex W/ C-Biotin-Minerals & Folic Acid***		
FOLBEE PLUS CZ	T9	
*B-Complex W/ C-Zn & Folic Acid***		
DIALYVITE/ZINC	T9	
NEPHPLEX RX	T9	
*B-Complex W/ Folic Acid***		
<i>b complex formula 1 (w/ fa)</i>	T3	PV; AL (Max 50 Years)
<i>kobee</i>	T3	PV; AL (Max 50 Years)
*B-Complex W/ Lysine-Zn & Folic Acid***		
SUPERVITE	T9	
*B-Complex W/ Minerals***		
SIDEROL ORAL LIQUID†	T9	
*B-Complex W/Biotin & Folic Acid***		
<i>ra balanced b-100</i>	T3	PV; AL (Max 50 Years)
SUPER QUINTS B-50	T3	PV; AL (Max 50 Years)
*Iron W/ Vitamins***		
VITAFOL ORAL TABLET	T9	
*Multiple Vitamins W/ Iron***		
<i>stress formula/iron</i>	T3	PV
*Multiple Vitamins W/ Minerals & Fluoride-Iron-Folic Acid***		
QUFLORA FE	T9	
*Multiple Vitamins W/ Minerals & Folic Acid***		
CORVITA ORAL TABLET 1.25 MG	T9	
CORVITE ORAL TABLET 1.25 MG	T9	
DIALYVITE SUPREME D ORAL TABLET 3 MG	T9	
OCUVEL ORAL CAPSULE 0.5 MG	T9	
UDAMIN SP ORAL TABLET 1 MG	T9	
*Multiple Vitamins W/ Minerals***		
BACMIN	T9	
<i>choice-tabs</i>	T9	
CORVITE FREE	T9	
FORTAVIT ORAL CAPSULE	T9	

Medication	Coverage Level	Restrictions
LYSIPLEX PLUS ORAL TABLET	T9	
<i>multivitamins oral tablet chewable</i>	T9	
NICADAN	T9	
NICAZEL	T9	
NICAZEL FORTE	T9	
REQ 49+	T9	
STROVITE FORTE ORAL TABLET	T9	
STROVITE ONE	T9	
<i>tri-zel</i>	T9	
<i>v-c forte</i>	T9	
VIC-FORTE	T9	
VITACEL	T1	
*Multivitamins***		
<i>multivitamins oral capsule</i>	T9	
*Niacinamide W/ Zinc-Copper & Folic Acid***		
NICOMIDE	T9	
*Ped Multiple Vitamins W/ Minerals & C***		
<i>multivitamins pediatric</i>	T9	
*Ped Mv W/ Fluoride***		
FLORIVA PLUS	T9	
<i>multi-vit/fluoride oral solution 0.25 mg/ml</i>	T1	AL (Max 10 Years)
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	T1	AL (Max 10 Years)
<i>multivitamins/fluoride oral tablet chewable 0.5 mg</i>	T1	AL (Max 10 Years)
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML	T9	
*Ped Vitamins Acd & Fa W/ Fluoride***		
TRI-VI-FLOR	T9	
*Ped Vitamins Acd W/ Fluoride***		
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	T1	
*Pediatric Multiple Vitamins & Minerals W/ Fluoride***		
FLORIVA ORAL TABLET CHEWABLE 0.5 MG	T9	
*Prenatal Mv & Min W/Fe-Fa***		
CITRANATAL B-CALM	T3	
CITRANATAL BLOOM	T3	
CITRANATAL RX	T3	
<i>classic prenatal</i>	T3	PV
<i>completenate</i>	T1	
<i>cvs prenatal oral tablet 27-0.8 mg</i>	T3	PV

Medication	Coverage Level	Restrictions
FOLTABS PRENATAL	T3	PV; AL (Max 50 Years)
<i>gnp prenatal vitamins</i>	T3	PV
INATAL GT	T1	
<i>kpn prenatal</i>	T3	PV
M-VIT	T9	
MYNATAL ORAL TABLET	T1	
<i>mynatal plus</i>	T1	
<i>mynatal-z</i>	T1	
<i>mynate 90 plus</i>	T1	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	T3	QL (30 tablets per 30 days)
<i>natal pnv</i>	T9	
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
<i>neonatal complete oral tablet 29-1 mg</i>	T9	
NEONATAL PLUS	T9	
NESTABS	T3	
NESTABS DHA	T3	
NIVA-PLUS	T9	
O-CAL FA	T9	
PERRY PRENATAL	T3	PV
<i>pnv tabs 29-1</i>	T1	
<i>pnv-omega</i>	T1	
<i>pnv-select</i>	T1	
<i>prena1 pearl</i>	T1	
PRENATABS RX	T1	
<i>prenatal (wliron & fa)</i>	T1	PV
<i>prenatal 19 oral tablet chewable</i>	T1	
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	T3	
<i>prenatal complete oral tablet</i>	T3	PV
<i>prenatal one daily</i>	T1	PV
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	T1	PV
<i>prenatal plus</i>	T1	
<i>prenatal plus iron</i>	T1	
<i>prenatal plus vitamin/mineral</i>	T3	
PRENATAL-U	T1	
PRENATE STAR	T3	
PROVIDA OB	T3	
<i>ra one daily</i>	T3	PV
<i>ra prenatal</i>	T1	PV

Medication	Coverage Level	Restrictions
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T1	
<i>se-natal 19 oral tablet chewable</i>	T1	QL (30 tablets per 30 days)
<i>thrivite 19 oral tablet 29-1 mg</i>	T9	
TRICARE	T1	
TRICARE PRENATAL COMPLEAT	T1	
<i>trinatal rx 1</i>	T1	
TRINATE	T2	
VINATE DHA RF	T3	QL (30 tablets per 30 days)
VINATE M	T1	
VINATE ONE	T1	
VITAFOL-NANO	T3	QL (30 tablets per 30 days)
VITAFOL-OB	T3	
VITAPEARL	T3	
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***		
<i>complete natal dha</i>	T1	
NESTABS ABC	T3	
PR NATAL 400	T1	
PR NATAL 400 EC	T1	
PR NATAL 430	T1	
PR NATAL 430 EC	T1	
TRIVEEN-DUO DHA	T1	
*Prenatal Mv & Min W/Fe-Fa-Dha***		
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	QL (60 tablets per 30 days)
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL DHA	T3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	T3	
CITRANATAL MEDLEY	T3	
<i>cvs prenatal multi+dha</i>	T3	PV
<i>neonatal + dha</i>	T9	
NEXA PLUS	T3	
<i>pnv-dha</i>	T1	
<i>pnv-dha+docusate</i>	T1	
<i>prena 1 true</i>	T1	
<i>prenaissance</i>	T1	
<i>prenaissance 90 dha</i>	T1	
<i>prenatal multi +dha oral capsule 27-0.8-250 mg</i>	T3	PV
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG, 28-0.6-0.4-300 MG	T3	

Medication	Coverage Level	Restrictions
PRENATE ENHANCE	T3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T3	
PRENATE PIXIE	T3	
PRENATE RESTORE	T3	
TARON-PREX	T2	
<i>tristart dha</i>	T9	
VITAFOL-ONE	T3	
VITATRUE	T3	
*Prenatal Vitamins***		
<i>prena1</i>	T1	
PRENATE AM	T3	
Musculoskeletal Therapy Agents		
*Central Muscle Relaxants***		
AMRIX	T9	
<i>baclofen oral solution</i>	T9	
<i>baclofen oral suspension</i>	T9	
<i>baclofen oral tablet</i>	T1	
<i>carisoprodol oral tablet 350 mg</i>	T9	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	T9	
<i>chlorzoxazone oral tablet 500 mg</i>	T2	
<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	
FEXMID	T9	
FLEQSUVY	T9	
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	T9	
LORZONE	T9	
LYVISPAH	T9	
<i>metaxalone oral tablet 400 mg</i>	T9	
<i>metaxalone oral tablet 800 mg</i>	T1	ST
<i>methocarbamol oral tablet 1000 mg</i>	T9	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T1	
<i>orphenadrine citrate er</i>	T1	
OZOBAX	T9	
OZOBAX DS	T9	
ROBAXIN ORAL	T3	
ROBAXIN-750	T3	

Medication	Coverage Level	Restrictions
SOMA ORAL TABLET 350 MG	T9	
<i>tizanidine hcl oral</i>	T1	
ZANAFLEX	T3	
*Direct Muscle Relaxants***		
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	T3	
<i>dantrolene sodium oral</i>	T1	
*Muscle Relaxant Combinations***		
<i>carisoprodol-aspirin</i>	T9	
<i>carisoprodol-aspirin-codeine</i>	T9	
<i>norgesic forte</i>	T9	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T9	
ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG	T9	
*Viscosupplements***		
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
Nasal Agents - Systemic And Topical		
*Antihistamine-Steroid***		
<i>azelastine-fluticasone</i>	T1	ST
DYMISTA	T3	ST
RYALTRIS	T9	
TICALAST	T9	
*Nasal Agents - Misc.***		
ALZAIR ALLERGY NASAL SPRAY	T9	
*Nasal Anticholinergics***		
<i>ipratropium bromide nasal</i>	T1	
*Nasal Antihistamines***		
ASTEPRO NASAL SOLUTION 0.15 %	T3	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	T1	
<i>olopatadine hcl nasal</i>	T2	
PATANASE	T3	
*Nasal Steroids***		
BECONASE AQ	T9	
<i>budesonide nasal</i>	T9	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T3	
<i>fluticasone propionate nasal</i>	T3	
<i>mometasone furoate nasal</i>	T3	ST
NASACORT ALLERGY 24HR	T3	
NASONEX	T9	

Medication	Coverage Level	Restrictions
OMNARIS	T9	
QNASL	T9	
QNASL CHILDRENS	T9	
SINUVA	T9	
<i>triamcinolone acetonide nasal aerosol</i>	T3	
XHANCE	T9	
ZETONNA	T9	
*Systemic Decongestants***		
<i>pseudoephedrine hcl oral tablet 60 mg</i>	T9	
SUDOGEST ORAL TABLET 60 MG	T9	
*Topical Decongestants***		
ADRENALIN NASAL	T9	
<i>epinephrine hcl (nasal)</i>	T9	
Neuromuscular Agents		
*Als Agent Combinations***		
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)
*Als Agents - Miscellaneous***		
RADICAVA ORS	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (50 ML per 28 days)
*Benzathiazoles***		
EXSERVAN	T9	
RILUTEK	T9	
<i>riluzole</i>	T1	QL (60 tablets per 30 days)
TIGLUTIK	T9	
*Friedrich's Ataxia Agents - Nrf2 Pathway Activators***		
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)
*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs***		
DAYBUE	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 bottles per 28 days); AL (Min 2 Years)

Medication	Coverage Level	Restrictions
*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***		
EVRYSDI	T5	PA; SP (Limited to a 1 month supply per fill); QL (240 ML per 30 days)
Nutrients		
*Amino Acids-Single***		
<i>l-leucine</i>	T9	
*Lipids***		
DOJOLVI	T9	
*Misc. Nutritional Substances Combinations***		
CARDIOVID PLUS	T9	
Ophthalmic Agents		
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***		
<i>brimonidine-dorzolamide</i>	T9	
SIMBRINZA	T2	
*Artificial Tear Inserts***		
LACRISERT	T4	SP (Limited to a 1 month supply per fill)
*Beta-Blockers - Ophthalmic Combinations***		
<i>brimonidine tartrate-timolol</i>	T1	
COMBIGAN	T9	
COSOPT	T3	
<i>dorzolamide hcl-timolol mal</i>	T1	
*Beta-Blockers - Ophthalmic***		
<i>betaxolol hcl ophthalmic</i>	T2	
BETIMOL	T3	
BETOPTIC-S	T3	ST
<i>carteolol hcl</i>	T1	
ISTALOL	T9	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	T1	
<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 pf</i>	T3	
TIMOPTIC	T3	
TIMOPTIC OCUDOSE	T3	
TIMOPTIC-XE	T3	

Medication	Coverage Level	Restrictions
*Cholinergic Agonists***		
TYRVAYA	T9	
*Cycloplegic Mydriatic Combinations***		
CYCLOMYDRIL	T3	
<i>tropicamide-cyclopentolate-pe</i>	T9	
*Cycloplegic Mydriatics***		
<i>atropine sulfate ophthalmic solution 1 %</i>	T1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	T2	
CYCLOGYL OPHTHALMIC SOLUTION 1 %, 2 %	T3	
<i>cyclopentolate hcl ophthalmic</i>	T1	
HOMATROPAIRE	T1	
ISOPTO ATROPINE	T3	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	T1	
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***		
XIIDRA	T2	QL (60 vials per 30 days)
*Miotics - Cholinesterase Inhibitors***		
PHOSPHOLINE IODIDE	T2	
*Miotics - Direct Acting***		
ISOPTO CARPINE	T3	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1	
VUITY	T9	
*Ophthalmic Antiallergic***		
ALAWAY	T1	
ALOCRIL	T3	ST
ALOMIDE	T2	
<i>azelastine hcl ophthalmic</i>	T1	
<i>bepotastine besilate</i>	T2	ST; QL (5 ML per 30 Days)
BEPREVE	T9	
<i>cromolyn sodium ophthalmic</i>	T1	
ELESTAT	T3	
<i>epinastine hcl</i>	T1	
<i>ketotifen fumarate ophthalmic</i>	T1	
LASTACFT	T3	ST; QL (1 bottle per 30 days); AL (Min 2 Years)
<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)
PATADAY OPHTHALMIC SOLUTION 0.2 %	T3	ST; QL (2.5 ML per 30 days)
PATANOL	T3	

Medication	Coverage Level	Restrictions
PAZEO	T3	ST
ZADITOR	T1	
ZERVIATE	T9	
*Ophthalmic Antibiotics***		
AZASITE	T3	ST
BESIVANCE	T3	QL (5 ML per 30 days)
CILOXAN	T3	
<i>ciprofloxacin hcl ophthalmic</i>	T1	
<i>erythromycin ophthalmic</i>	T1	
<i>gatifloxacin ophthalmic</i>	T1	
GENTAK OPHTHALMIC OINTMENT	T1	
<i>gentamicin sulfate ophthalmic solution</i>	T1	
<i>levofloxacin ophthalmic</i>	T1	
MOXEZA	T3	
<i>moxifloxacin hcl (2x day)</i>	T1	
<i>moxifloxacin hcl ophthalmic solution</i>	T1	
OCUFLOX	T3	
<i>ofloxacin ophthalmic</i>	T1	
<i>tobramycin ophthalmic</i>	T1	
TOBEX OPHTHALMIC OINTMENT	T2	
TOBEX OPHTHALMIC SOLUTION	T3	
VIGAMOX	T3	
ZYMAXID	T3	ST
*Ophthalmic Antifungal***		
NATACYN	T3	
*Ophthalmic Anti-Infective Combinations***		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	T1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	T1	
<i>polymyxin b-trimethoprim</i>	T1	
POLYTRIM	T3	
<i>tobramycin-vancomycin hcl</i>	T9	
*Ophthalmic Antivirals***		
<i>trifluridine ophthalmic</i>	T1	
VIROPTIC	T3	
ZIRGAN	T3	

Medication	Coverage Level	Restrictions
*Ophthalmic Carbonic Anhydrase Inhibitors***		
AZOPT	T3	
<i>brinzolamide</i>	T2	
<i>dorzolamide hcl ophthalmic</i>	T1	
TRUSOPT	T3	
*Ophthalmic Decongestant Combinations***		
NAPHCON-A	T9	
*Ophthalmic Immunomodulators***		
CEQUA	T9	
<i>cyclosporine ophthalmic</i>	T3	QL (64 vials per 30 days)
RESTASIS	T2	QL (64 vials per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	T2	QL (1 bottle per 30 days)
VERKAZIA	T9	
*Ophthalmic Irrigation Solutions***		
BSS	T1	
BSS PLUS	T3	
*Ophthalmic Kinase Inhibitors - Combinations***		
ROCKLATAN	T3	ST
*Ophthalmic Local Anesthetics***		
IHEEZO	T9	
*Ophthalmic Nerve Growth Factors***		
OXERVATE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Limited to 8 weeks of treatment.); QL (28 mls per 30 days)
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
ACULAR	T3	
ACULAR LS	T3	
ACUVAIL	T3	ST
<i>bromfenac sodium (once-daily)</i>	T2	ST; QL (1.7 ML per 30 days)
BROMSITE	T3	ST; QL (5 ML per 30 days)
<i>diclofenac sodium ophthalmic</i>	T1	
<i>flurbiprofen sodium</i>	T1	
ILEVRO	T3	ST; QL (3 ML per 30 days)
<i>ketorolac tromethamine ophthalmic</i>	T1	
NEVANAC	T3	ST

Medication	Coverage Level	Restrictions
PROLENSA	T9	
*Ophthalmic Rho Kinase Inhibitors***		
RHOPRESSA	T3	ST
*Ophthalmic Selective Alpha Adrenergic Agonists***		
ALPHAGAN P	T3	
<i>apraclonidine hcl</i>	T1	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %</i>	T2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	T4	ST; SP (Limited to a 1 month supply per fill)
*Ophthalmic Steroid Combinations***		
<i>bacitra-neomycin-polymyxin-hc</i>	T1	
BLEPHAMIDE S.O.P.	T3	
MAXITROL OPHTHALMIC OINTMENT	T3	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1	T3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1	
PRED-G	T2	
PRED-G S.O.P.	T3	
<i>prednisolone-bromfenac ophthalmic solution</i>	T9	
<i>prednisolone-gatifloxacin ophthalmic solution</i>	T9	
<i>prednisolon-gatiflox-bromfenac ophthalmic solution</i>	T9	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	T1	
TOBRADEX OPHTHALMIC OINTMENT	T3	ST
TOBRADEX OPHTHALMIC SUSPENSION	T3	
TOBRADEX ST	T3	ST
<i>tobramycin-dexamethasone</i>	T1	
ZYLET	T3	ST
*Ophthalmic Steroids***		
ALREX	T3	ST
<i>dexamethasone sodium phosphate ophthalmic</i>	T1	
DEXYCU	T9	
<i>difluprednate</i>	T1	ST
DUREZOL	T3	ST
EYSUVIS	T3	ST; QL (4 bottles per 1 year)

Medication	Coverage Level	Restrictions
FLAREX	T2	
<i>fluorometholone ophthalmic</i>	T1	
FML	T2	
FML FORTE	T3	
FML LIQUIFILM	T3	
INVELTYS	T3	ST
LOTEMAX	T9	
LOTEMAX SM	T3	ST
<i>loteprednol etabonate</i>	T2	ST
MAXIDEX	T3	
PRED FORTE	T3	
PRED MILD	T3	
<i>prednisolone acetate ophthalmic</i>	T1	
<i>prednisolone sodium phosphate ophthalmic</i>	T1	
*Ophthalmic Sulfonamides***		
BLEPH-10	T3	
<i>sulfacetamide sodium ophthalmic</i>	T1	
*Ophthalmic Surgical Aids - Combinations***		
DUOVISC INTRAOCULAR KIT 0.85-0.5 ML	T9	
*Ophthalmics - Blepharoptosis Agents**		
UPNEEQ	T9	
*Ophthalmics - Cystinosis Agents**		
CYSTADROPS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per dispensing); QL (20 ML per 30 days)
CYSTARAN	T4	SP (Limited to a 1 month supply per fill); QL (60 ML per 30 days)
*Ophthalmics Misc. - Other***		
MIEBO	T9	
*Prostaglandins - Ophthalmic***		
<i>bimatoprost ophthalmic</i>	T1	
IYUZEH	T9	
<i>latanoprost ophthalmic</i>	T1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T2	ST
<i>tafluprost (pf)</i>	T3	
TRAVATAN Z	T3	
<i>travoprost (bak free)</i>	T2	ST
VYZULTA	T9	
XALATAN	T3	

Medication	Coverage Level	Restrictions
XELPROS	T2	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	T3	
*Vascular Endothelial Growth Factor (Vegf) Antagonists***		
<i>bevacizumab intravitreal solution prefilled syringe 2 mg/0.08ml</i>	T9	
Otic Agents		
*Otic Agents - Miscellaneous***		
<i>acetic acid otic</i>	T1	
*Otic Analgesic Combinations***		
CORTANE-B OTIC	T3	
*Otic Anti-Infectives***		
CETRAXAL	T3	
<i>ciprofloxacin hcl otic</i>	T1	
<i>ofloxacin otic</i>	T1	
*Otic Steroid-Anti-Infective Combinations***		
CIPRO HC	T2	
CIPRODEX	T3	
<i>ciprofloxacin-dexamethasone</i>	T1	
<i>ciprofloxacin-fluocinolone pf</i>	T2	AL (Min 6 Months and Max 17 Years)
COLY-MYCIN S	T3	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	T1	
OTOVEL	T2	AL (Min 6 Months and Max 17 Years)
Oxytocics		
*Abortifacients/Cervical Ripening - Prostaglandins***		
PREPIDIL	T3	
*Oxytocics***		
METHERGINE ORAL	T3	QL (28 tablets per 365 days)
<i>methylergonovine maleate oral</i>	T3	QL (28 tablets per 365 days)
Penicillins		
*Aminopenicillins***		
<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>ampicillin oral capsule</i>	T1	
*Natural Penicillins***		
<i>penicillin v potassium</i>	T1	

Medication	Coverage Level	Restrictions
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate er</i>	T1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	T1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML	T3	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG	T3	
AUGMENTIN XR	T3	
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium</i>	T1	
Pharmaceutical Adjuvants		
*Semi Solid Vehicles***		
ALPAWASH	T9	
FREEDOM DERMA-D	T9	
Progestins		
*Progestins***		
AYGESTIN	T3	
<i>medroxyprogesterone acetate oral</i>	T1	
MEGACE ES	T3	ST
<i>megestrol acetate oral suspension 625 mg/5ml</i>	T9	
<i>norethindrone acetate oral</i>	T1	
<i>progesterone intramuscular</i>	T1	
<i>progesterone oral</i>	T1	
PROMETRIUM	T3	
PROVERA	T3	
Psychotherapeutic And Neurological Agents - Misc.		
*Agents For Opioid Withdrawal***		
LUCEMYRA	T9	
*Alcohol Deterrents***		
<i>acamprosate calcium</i>	T1	
ANTABUSE	T3	
<i>disulfiram oral</i>	T1	
*Anti-Cataplectic Agents***		
LUMRYZ	T9	

Medication	Coverage Level	Restrictions
<i>sodium oxybate</i>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days)
XYREM	T9	
*Anti-Cataplectic Combinations***		
XYWAV	T9	
*Antidementia Agent Combinations***		
NAMZARIC	T3	ST; QL (30 capsules per 30 days); AL (Min 40 Years)
*Antisense Oligonucleotide (Aso) Inhibitor Agents***		
TEGSEDI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes per 30 days)
*Benzodiazepines & Tricyclic Agents***		
<i>chlordiazepoxide-amitriptyline</i>	T1	
*Cholinomimetics - Ache Inhibitors***		
ADLARITY	T9	
ARICEPT	T3	
<i>donepezil hcl</i>	T1	
EXELON TRANSDERMAL	T3	QL (30 patches per 30 days)
<i>galantamine hydrobromide</i>	T1	
<i>galantamine hydrobromide er</i>	T1	
RAZADYNE ER	T3	
<i>rivastigmine</i>	T3	QL (30 patches per 30 days)
<i>rivastigmine tartrate</i>	T1	QL (60 capsules per 30 days)
*Fibromyalgia Agent - Snris***		
SAVELLA	T2	ST; QL (60 tablets per 30 days)
SAVELLA TITRATION PACK	T2	ST; QL (60 pack per 30 days)
*Melanocortin Receptor Agonists***		
VYLEESI	T9	
*Movement Disorder Drug Therapy***		
AUSTEDO ORAL TABLET 12 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
AUSTEDO ORAL TABLET 6 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
AUSTEDO ORAL TABLET 9 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (150 tablets per 30 days)
AUSTEDO XR	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
AUSTEDO XR PATIENT TITRATION	T5	PA; SP (Limited to 1 fill per lifetime); QL (1 kit per 1 lifetime)
INGREZZA ORAL CAPSULE 40 MG, 80 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
INGREZZA ORAL CAPSULE 60 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 dose pack per 28 days)
<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)
XENAZINE	T9	
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
AUBAGIO ORAL TABLET 14 MG	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
AUBAGIO ORAL TABLET 7 MG	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>teriflunomide oral tablet 14 mg</i>	T1	QL (30 tablet per 30 days)
<i>teriflunomide oral tablet 7 mg</i>	T1	QL (30 tablets per 30 days)
*Multiple Sclerosis Agents - Antimetabolites***		
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)
*Multiple Sclerosis Agents - Interferons***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 pens per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
BETASERON SUBCUTANEOUS KIT	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (14 vials per 30 days)

Medication	Coverage Level	Restrictions
EXTAVIA SUBCUTANEOUS KIT	T5	ST; SP (Limited to a 1 month supply per fill); QL (1 kit per 30 days)
EXTAVIA SUBCUTANEOUS SOLUTION RECONSTITUTED	T5	ST; SP (Limited to a 1 month supply per fill)
PLEGRIDY INTRAMUSCULAR	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 44 MCG/0.5ML	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)

Medication	Coverage Level	Restrictions
*Multiple Sclerosis Agents - Monoclonal Antibodies***		
KESIMPTA	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed 3 pens for first month of therapy only.); QL (1 pen per 28 days)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
BAFIERTAM	T9	
<i>dimethyl fumarate oral</i>	T1	SP (Limited to a 1 month supply per fill.)
<i>dimethyl fumarate starter pack</i>	T1	SP (Limited to a 1 month supply per fill.)
TECFIDERA	T5	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
VUMERITY	T9	
*Multiple Sclerosis Agents - Potassium Channel Blockers***		
AMPYRA	T9	
<i>dalfampridine er</i>	T5	PA; SP (Limited to a 1 month supply per fill)
*Multiple Sclerosis Agents***		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (12 ML per 28 days)

Medication	Coverage Level	Restrictions
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (12 ML per 30 days)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<i>memantine hcl er</i>	T2	QL (30 capsules per 30 days); AL (Min 40 Years)
<i>memantine hcl oral solution 2 mg/ml</i>	T3	QL (300 ML per 30 days); AL (Min 40 Years)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	T1	QL (60 tablets per 30 days); AL (Min 40 Years)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	T1	QL (1 pak per 365 days); AL (Min 40 Years)
NAMENDA ORAL TABLET	T3	QL (60 tablets per 30 days); AL (Min 40 Years)
NAMENDA TITRATION PAK	T3	QL (1 pak per 365 days); AL (Min 40 Years)
NAMENDA XR	T3	QL (30 capsules per 30 days); AL (Min 40 Years)
NAMENDA XR TITRATION PACK	T3	AL (Min 40 Years)
*Phenothiazines & Tricyclic Agents***		
<i>perphenazine-amitriptyline</i>	T1	
*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents***		
GRALISE ORAL TABLET 300 MG, 600 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG	T9	
LYRICA CR	T9	
<i>pregabalin er</i>	T9	
*Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris***		
<i>fluoxetine hcl (pmdd) capsule 10 mg oral</i>	T9	

Medication	Coverage Level	Restrictions
<i>fluoxetine hcl (p added) capsule 20 mg oral</i>	T9	
<i>fluoxetine hcl (p added) oral tablet</i>	T9	
SARAFEM ORAL TABLET 10 MG, 20 MG	T9	
*Pseudobulbar Affect Agent Combinations***		
NUEDEXTA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
*Psychotherapeutic And Neurological Agents - Misc.***		
<i>ergoloid mesylates oral</i>	T1	
<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)
*Restless Leg Syndrome (RLS) Agents***		
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)
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***		
ADDYI	T3	QL (30 tablets per 30 days)
*Smoking Deterrents***		
<i>apo-varenicline</i>	T2	PV; QL (60 tablets per 30 Days)
<i>bupropion hcl er (smoking det)</i>	T1	PV
<i>cvs nicotine polacrilex</i>	T1	PV
<i>cvs nicotine transdermal</i>	T1	PV
<i>eq nicotine polacrilex mouth/throat gum</i>	T1	PV
<i>gnp nicotine mini</i>	T1	PV
<i>gnp nicotine mouth/throat</i>	T1	PV
<i>goodsense nicotine</i>	T1	PV
<i>hm nicotine</i>	T1	PV
<i>hm nicotine polacrilex</i>	T1	PV
KLS QUIT2	T3	PV
KLS QUIT4	T3	PV
NICODERM CQ	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	T2	PV; QL (1 box per 30 days)
NICOTROL NS	T3	PV; QL (40 mls per 30 days)

Medication	Coverage Level	Restrictions
<i>px stop smoking aid mouth/throat lozenge</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>sm nicotine polacrilex</i>	T1	PV
<i>sm nicotine transdermal</i>	T1	PV
<i>varenicline tartrate (starter)</i>	T2	PV
<i>varenicline tartrate oral</i>	T2	PV
<i>varenicline tartrate oral tablet</i>	T2	PV; QL (60 tablets per 30 Days)
<i>varenicline tartrate oral tablet therapy pack</i>	T2	PV
*Snris & Anesthetics/Analgesics***		
DULOXICAINE	T9	
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
<i>fingolimod hcl</i>	T1	QL (30 capsules per 30 days)
GILENYA ORAL CAPSULE 0.25 MG	T5	ST; SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (30 capsules per 30 days); AL (Min 10 Years and Max 17 Years)
GILENYA ORAL CAPSULE 0.5 MG	T5	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (30 capsules per 30 days)
MAYZENT ORAL TABLET 0.25 MG	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
MAYZENT ORAL TABLET 1 MG	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
MAYZENT ORAL TABLET 2 MG	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
MAYZENT STARTER PACK	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to one fill per 2 years); QL (1 pack per 30 days)
PONVORY	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PONVORY STARTER PACK	T4	ST; SP (Limited to a 1 month supply per fill); QL (1 pack per 2 years)
TASCENSO ODT	T9	
ZEPOSIA	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ZEPOSIA 7-DAY STARTER PACK	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ZEPOSIA STARTER KIT 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)
*Thienbenzodiazepines & Opioid Antagonists***		
LYBALVI	T9	
*Thienbenzodiazepines & Ssrís***		
<i>olanzapine-fluoxetine hcl</i>	T9	
SYMBYAX ORAL CAPSULE 12-50 MG, 6-25 MG, 6-50 MG	T9	
*Vasomotor Symptom Agents - Ssrís***		
BRISDELLE	T9	
<i>paroxetine mesylate</i>	T9	
Respiratory Agents - Misc.		
*Cftr Potentiators***		
KALYDECO ORAL PACKET 13.4 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL (Max 1 Years)
KALYDECO ORAL PACKET 25 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days)
KALYDECO ORAL PACKET 5.8 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days)

Medication	Coverage Level	Restrictions
KALYDECO ORAL PACKET 50 MG, 75 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days)
KALYDECO ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 6 Years)
*Cystic Fibrosis Agent - Combinations***		
ORKAMBI ORAL PACKET 100-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days); AL (Min 1 Years and Max 5 Years)
ORKAMBI ORAL PACKET 150-188 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days); AL (Min 1 Years and Max 5 Years)
ORKAMBI ORAL PACKET 75-94 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL (Min 1 Years)
ORKAMBI ORAL TABLET 100-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days); AL (Min 6 Years)
ORKAMBI ORAL TABLET 200-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days); AL (Min 6 Years)
SYMDEKO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)
TRIKAFTA ORAL THERAPY PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days)
*Cystic Fibrosis Agents - Miscellaneous***		
BRONCHITOL	T9	

Medication	Coverage Level	Restrictions
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 ampules per 30 days)
*Pulmonary Fibrosis Agents - Kinase Inhibitors***		
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)
*Pulmonary Fibrosis Agents***		
ESBRIET ORAL CAPSULE	T9	SP ()
ESBRIET ORAL TABLET 267 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (270 tablets per 30 days)
ESBRIET ORAL TABLET 801 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
<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)
Sulfonamides		
*Sulfonamides***		
<i>sulfadiazine oral</i>	T2	
Tetracyclines		
*Aminomethylcyclines***		
NUZYRA INTRAVENOUS	T9	
NUZYRA ORAL TABLET 150 MG	T9	

Medication	Coverage Level	Restrictions
*Fluorocyclines***		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	T9	
*Tetracyclines***		
ACTICLATE	T9	
<i>demeclocycline hcl oral</i>	T3	
DORYX MPC	T9	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	T9	
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1	
<i>doxycycline hyclate oral tablet 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	
LYMEPAK	T9	
MINOCIN ORAL CAPSULE 100 MG, 50 MG	T3	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 90 mg</i>	T9	
<i>minocycline hcl oral capsule</i>	T1	
<i>minocycline hcl oral tablet 100 mg</i>	T9	
<i>minocycline hcl oral tablet 50 mg, 75 mg</i>	T1	
MINOLIRA	T9	
MONDOXYNE NL	T9	
MORGIDOX COMBINATION	T9	
SEYSARA	T9	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	T9	
TARGADOX	T9	
<i>tetracycline hcl oral</i>	T3	
VIBRAMYCIN ORAL CAPSULE	T3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	T3	

Medication	Coverage Level	Restrictions
VIBRAMYCIN ORAL SYRUP	T2	
XIMINO	T9	
Thyroid Agents		
*Antithyroid Agents***		
<i>methimazole oral</i>	T1	
<i>propylthiouracil oral</i>	T1	
TAPAZOLE	T3	
*Thyroid Hormones***		
ADTHYZA ORAL TABLET 130 MG, 32.5 MG, 65 MG	T9	
ARMOUR THYROID	T2	
CYTOMEL	T2	
ERMEZA	T9	
EUTHYROX	T3	
LEVO-T	T3	
<i>levothyroxine sodium oral capsule</i>	T9	
<i>levothyroxine sodium oral tablet</i>	T1	
LEVOXYL	T1	
<i>liothyronine sodium oral</i>	T1	
NP THYROID	T1	
SYNTHROID	T3	
THYQUIDITY	T9	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	T2	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	T2	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	T2	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	T2	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	T2	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 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	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T1	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	T1	

Medication	Coverage Level	Restrictions
Toxoids		
*Toxoid Combinations***		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T6 - \$0 Copay	PV; QL (1 Dose per 1 Lifetime)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	T6 - \$0 Copay	PV; QL (1 dose per 1 lifetime)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (1 dose per 1 lifetime)
<i>diphtheria-tetanus toxoids dt</i>	T9	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	T6 - \$0 Copay	PV
QUADRACEL INTRAMUSCULAR SUSPENSION	T6 - \$0 Copay	PV
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV
TDVAX	T6 - \$0 Copay	PV; QL (1 injection per 10 years)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	T6 - \$0 Copay	PV; QL (1 dose per 10 years)
<i>tetanus-diphtheria toxoids td</i>	T6 - \$0 Copay	QL (1 dose per 10 years)
VAXELIS	T6 - \$0 Copay	PV
Ulcer Drugs/Antispasmodics/Anticholinergics		
*Anticholinergic Combinations***		
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	T9	
<i>chlordiazepoxide-clidinium</i>	T3	
DONNATAL	T9	
LIBRAX	T9	
<i>pb-hyoscy-atropine-scopolamine oral tablet</i>	T9	
*Antispasmodics***		
<i>dicyclomine hcl oral</i>	T1	
*Belladonna Alkaloids***		
ANASPAZ	T3	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	T1	
<i>hyoscyamine sulfate oral</i>	T1	
<i>hyoscyamine sulfate sublingual</i>	T1	
LEVSIN ORAL TABLET	T3	
LEVSIN/SL	T3	

Medication	Coverage Level	Restrictions
NULEV	T1	
<i>oscimin sr</i>	T1	
SYMAX DUOTAB	T3	
*H-2 Antagonists***		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	T3	
<i>cimetidine oral tablet 200 mg</i>	T9	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T1	
<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	
<i>nizatidine</i>	T3	
PEPCID ORAL TABLET 20 MG	T9	
PEPCID ORAL TABLET 40 MG	T3	
<i>ranitidine hcl oral capsule</i>	T3	
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	T3	
<i>ranitidine hcl oral tablet 150 mg, 75 mg</i>	T9	
<i>ranitidine hcl oral tablet 300 mg</i>	T3	
ZANTAC 150 MAXIMUM STRENGTH	T9	
ZANTAC ORAL TABLET 300 MG	T3	
*Misc. Anti-Ulcer***		
CARAFATE	T3	ST
<i>sucralfate oral suspension</i>	T2	
<i>sucralfate oral tablet</i>	T1	
*Proton Pump Inhibitor-Antacid Combinations***		
KONVOMEP	T3	
<i>omeprazole-sodium bicarbonate oral capsule</i>	T9	
ZEGERID	T9	
ZEGERID OTC	T3	
*Proton Pump Inhibitors***		
ACIPHEX	T9	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 5 MG	T9	
DEXILANT	T9	
<i>dexlansoprazole</i>	T3	ST; QL (30 capsules per 30 days)
<i>esomeprazole magnesium oral packet</i>	T9	
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	T9	
FIRST-LANSOPRAZOLE	T3	
FIRST-OMEPRAZOLE	T3	

Medication	Coverage Level	Restrictions
<i>lansoprazole oral capsule delayed release</i>	T3	
<i>lansoprazole oral tablet delayed release dispersible</i>	T3	ST; QL (30 tablets per 30 days)
NEXIUM	T9	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE	T9	
NEXIUM 24HR ORAL TABLET DELAYED RELEASE	T3	
<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>pantoprazole sodium oral packet</i>	T9	
<i>pantoprazole sodium oral tablet delayed release</i>	T3	
PREVACID	T9	
PREVACID 24HR	T3	
PRILOSEC OTC	T3	
PROTONIX ORAL	T9	
<i>rabeprazole sodium oral tablet delayed release</i>	T3	
*Quaternary Anticholinergics***		
CUVPOSA	T3	AL (Min 3 Years)
DARTISLA ODT	T9	
GLYCATE	T9	
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml</i>	T9	
<i>glycopyrrolate oral solution</i>	T3	AL (Min 3 Years)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	
<i>methscopolamine bromide oral</i>	T2	
<i>propantheline bromide oral</i>	T1	
*Ulcer Anti-Infective W/ Bismuth Combinations***		
<i>bismuth/metronidazole/tetracyclin</i>	T3	ST
PYLERA	T9	
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***		
<i>amoxicillin-clarithromycin-lansoprazole</i>	T3	
OMECLAMOX-PAK	T9	
TALICIA	T9	
*Ulcer Anti-Infective-Pcab Combinations***		
VOQUEZNA DUAL PAK	T9	
VOQUEZNA TRIPLE PAK	T9	

Medication	Coverage Level	Restrictions
*Ulcer Drugs - Prostaglandins***		
CYTOTEC	T3	
<i>misoprostol oral</i>	T1	
Urinary Antispasmodics		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>darifenacin hydrobromide er</i>	T2	QL (30 tablets per 30 days)
DETROL	T3	
DETROL LA	T3	QL (30 capsules per 30 days)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	T3	
ENABLEX	T3	QL (30 tablets per 30 days)
<i>fesoterodine fumarate er</i>	T1	QL (30 tablets per 30 days)
GELNIQUE TRANSDERMAL GEL 10 %	T9	
<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	
OXYTROL	T9	
<i>solifenacin succinate</i>	T1	QL (30 tablets per 30 days)
<i>tolterodine tartrate</i>	T1	
<i>tolterodine tartrate er</i>	T2	
TOVIAZ	T3	QL (30 tablets per 30 days)
<i>tropium chloride</i>	T1	QL (60 capsules per 30 days)
<i>tropium chloride er</i>	T3	QL (30 capsules 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)
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***		
GEMTESA	T2	ST
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)
*Urinary Antispasmodics - Cholinergic Agonists***		
<i>bethanechol chloride oral</i>	T1	
*Urinary Antispasmodics - Direct Muscle Relaxants***		
<i>flavoxate hcl</i>	T1	

Medication	Coverage Level	Restrictions
Vaccines		
*Bacterial Vaccines***		
ACTHIB	T9	
<i>bcg vaccine injection solution reconstituted</i>	T6 - \$0 Copay	PV
BEXSERO	T6 - \$0 Copay	PV; QL (2 ML per 1 Lifetime)
BIOTHRAX	T9	
HIBERIX INJECTION	T9	
MENACTRA INTRAMUSCULAR SOLUTION	T6 - \$0 Copay	PV; QL (1 Dose per 1 Lifetime)
MENQUADFI INTRAMUSCULAR SOLUTION	T6 - \$0 Copay	PV; QL (1 dose per 1 lifetime)
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	T6 - \$0 Copay	PV; QL (1 Dose per 1 Lifetime)
PEDVAX HIB INTRAMUSCULAR SUSPENSION	T9	
PNEUMOVAX 23	T6 - \$0 Copay	PV; QL (3 Doses per 1 Lifetime)
PREVNAR 13	T6 - \$0 Copay	PV; QL (2 Doses per 1 Lifetime)
PREVNAR 20	T6 - \$0 Copay	PV
TRUMENBA	T6 - \$0 Copay	PV; QL (3 ML per 1 Lifetime)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	T9	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T9	
VAXNEUVANCE	T6 - \$0 Copay	
VIVOTIF	T9	
*Viral Vaccine Combinations***		
M-M-R II INJECTION	T6 - \$0 Copay	PV; QL (2 doses per 1 Lifetime)
PRIORIX	T6 - \$0 Copay	PV; QL (2 doses per 1 lifetime)
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (4 doses per 1 lifetime); AL (Min 18 Years)
*Viral Vaccines***		
ABRYSVO	T6 - \$0 Copay	PV; QL (1 dose per 1 year)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	T6 - \$0 Copay	PV; QL (1 Injection per 180 days)
AREXVY	T6 - \$0 Copay	PV; QL (1 dose per 1 year); AL (Min 60 Years)
COMIRNATY	T6 - \$0 Copay	PV
DENGVAXIA	T9	
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	T6 - \$0 Copay	PV; QL (3 Doses per 1 Lifetime)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (3 Doses per 1 Lifetime)

Medication	Coverage Level	Restrictions
FLUAD QUADRIVALENT	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
FLUBLOK QUADRIVALENT	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
FLUCELVAX QUADRIVALENT	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
FLUMIST QUADRIVALENT	T6 - \$0 Copay	PV; QL (1 inhalation per 180 days)
FLUZONE HIGH-DOSE QUADRIVALENT	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION	T6 - \$0 Copay	PV; QL (3 Doses per 1 Lifetime); AL (Min 9 Years and Max 45 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (3 doses per 1 lifetime); AL (Min 9 Years and Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	T6 - \$0 Copay	PV; QL (2 Doses per 1 Lifetime)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (2 doses per 1 lifetime); AL (Min 18 Years)
IMOVAX RABIES	T6 - \$0 Copay	PV
IPOL INJECTION INJECTABLE	T6 - \$0 Copay	PV; QL (3 Doses per 1 Lifetime)
IXIARO	T9	
<i>janssen covid-19 vaccine</i>	T6 - \$0 Copay	PV
JYNNEOS	T6 - \$0 Copay	PV
<i>moderna covid-19 bival 6m-5y</i>	T6 - \$0 Copay	PV
<i>moderna covid-19 bival booster</i>	T6 - \$0 Copay	PV
<i>moderna covid-19 bivalent</i>	T6 - \$0 Copay	PV
<i>moderna covid-19 vac (booster) intramuscular suspension 50 mcg/0.5ml</i>	T6 - \$0 Copay	PV
MODERNA COVID-19 VAC 6M-11Y	T6 - \$0 Copay	PV
<i>moderna covid-19 vacc 6-11y</i>	T6 - \$0 Copay	PV
<i>moderna covid-19 vacc 6m-5y</i>	T6 - \$0 Copay	PV
<i>moderna covid-19 vaccine</i>	T6 - \$0 Copay	PV
<i>novavax covid-19 vaccine</i>	T6 - \$0 Copay	PV
<i>pfizer covid-19 bival 6mo-4yr</i>	T6 - \$0 Copay	PV
<i>pfizer covid-19 vac bival 5-11</i>	T6 - \$0 Copay	PV
<i>pfizer covid-19 vac bivalent</i>	T6 - \$0 Copay	PV
<i>pfizer covid-19 vac-tris 5-11y intramuscular suspension 10 mcg/0.2ml</i>	T6 - \$0 Copay	PV

Medication	Coverage Level	Restrictions
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	T6 - \$0 Copay	PV
<i>pfizer covid-19 vac-tris 6m-4y</i>	T6 - \$0 Copay	PV
<i>pfizer-biontech covid-19 vacc</i>	T6 - \$0 Copay	PV
<i>prehevbrio</i>	T6 - \$0 Copay	QL (3 doses per 1 lifetime); AL (Min 18 Years)
RABAVERT	T6 - \$0 Copay	PV
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	T6 - \$0 Copay	PV; QL (3 Doses per 1 Lifetime)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (3 Doses per 1 Lifetime)
ROTARIX ORAL SUSPENSION RECONSTITUTED	T6 - \$0 Copay	PV
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	T6 - \$0 Copay	PV; QL (2 doses per 1 lifetime); AL (Min 50 Years)
SPIKEVAX	T6 - \$0 Copay	PV
SPIKEVAX COVID-19 VACCINE	T6 - \$0 Copay	
<i>stamaril</i>	T9	
TICOVAC	T9	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	T6 - \$0 Copay	PV; QL (2 Doses per 1 Lifetime)
YF-VAX SUBCUTANEOUS INJECTABLE	T9	
Vaginal And Related Products		
<i>*Imidazole-Related Antifungals***</i>		
GYNAZOLE-1	T3	
TERAZOL 7	T3	
<i>terconazole vaginal cream 0.4 %</i>	T1	
<i>terconazole vaginal suppository</i>	T1	
<i>*Miscellaneous Vaginal Products***</i>		
INTRAROSA	T3	PA
<i>*Spermicides***</i>		
OPTIONS GYNOL II CONTRACEPTIVE	T3	PV
TODAY SPONGE	T3	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	T3	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	T3	PV
<i>*Vaginal Anti-Infectives***</i>		
CLEOCIN VAGINAL CREAM	T3	
CLEOCIN VAGINAL SUPPOSITORY	T9	
<i>clindamycin phosphate vaginal</i>	T1	

Medication	Coverage Level	Restrictions
CLINDESSE	T3	ST
METROGEL-VAGINAL	T3	
<i>metronidazole vaginal</i>	T1	
NUVESSA	T9	
VANDAZOLE	T1	
XACIATO	T3	ST
*Vaginal Contraceptive Ph Modulator - Combinations***		
PHEXXI	T3	QL (12 tubes per 30 days)
*Vaginal Estrogens***		
ESTRACE VAGINAL	T9	
<i>estradiol vaginal cream</i>	T1	QL (42.5 GM per 30 days)
<i>estradiol vaginal tablet</i>	T1	
ESTRING VAGINAL RING 2 MG	T3	
FEMRING	T3	
IMVEXXY MAINTENANCE PACK	T3	PA; QL (8 inserts per 28 days)
IMVEXXY STARTER PACK	T3	PA; QL (18 inserts per 360 days)
PREMARIN VAGINAL	T3	ST
VAGIFEM VAGINAL TABLET 10 MCG	T3	
YUVAFEM	T1	
*Vaginal Progestins***		
CRINONE	T9	
ENDOMETRIN	T4	SP (Limited to a 1 month supply per fill)
Vasopressors		
*Anaphylaxis Therapy Agents***		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	T9	
<i>epinephrine injection solution auto-injector</i>	T2	QL (4 pens per 30 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML	T2	QL (4 syringes per 31 Days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	T2	QL (4 syringes per 30 days)

Medication	Coverage Level	Restrictions
*Neurogenic Orthostatic Hypotension (Noh) - Agents***		
<i>droxidopa oral capsule 100 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill.); QL (180 capsules per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill.); QL (180 capsules per 30 days)
NORTHERA ORAL CAPSULE 100 MG	T9	SP ()
NORTHERA ORAL CAPSULE 200 MG, 300 MG	T9	
*Vasopressors***		
<i>midodrine hcl</i>	T1	
Vitamins		
*Paba***		
POTABA ORAL CAPSULE	T9	
*Vitamin B-3***		
<i>niacin oral tablet 500 mg</i>	T9	
*Vitamin D***		
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	T1	
DRISDOL ORAL CAPSULE	T3	
REPLESTA	T9	
REPLESTA CHILDRENS	T9	
REPLESTA NX	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 liquid 400 unit/ml</i>	T1	PV; AL (Min 65 Years)
<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i>	T1	PV; AL (Min 65 Years)
*Vitamin K***		
MEPHYTON	T3	QL (3 tablets per 30 days)
<i>phytonadione oral</i>	T1	QL (3 tablets per 30 Days)

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INPEN 100-PINK-LILLY-	<i>isosorbide mononitrate</i>	23	KAPVAY	3
HUMALOG	<i>isosorbide mononitrate er</i>	23	KARBINAL ER	50
INPEN 100-PINK-NOVO	<i>isotretinoin</i>	108	KARIVA	95
INPEN 100-PINK-NOVOLOG-	<i>isradipine</i>	90	<i>kataraxap</i>	118
FIASP	ISTALOL	183	KATARVIA	118
INQOVI	ISTURISA	132	KATERZIA	90
INREBIC	<i>itraconazole</i>	48	KAZANO	40
INSPRA	<i>ivermectin</i>	23, 123	KEFLEX	95
<i>insulin asp prot & asp flexpen</i>	IXIARO	209	KELNOR 1/35	97
<i>insulin aspart</i>	IXINITY	147	KELNOR 1/50	97
<i>insulin aspart flexpen</i>	IYUZEH	188	KELO-COTE	123
<i>insulin aspart penfill</i>	JADENU	46	KENALOG	117
<i>insulin aspart prot & aspart</i>	JADENU SPRINKLE	46	KEPPRA	32

KEPPRA XR	32	KRINTAFEL	59	LEFLUNICLO	14
KERALAC	119	KRISTALOSE	159	<i>leflunomide</i>	15
KERALYT	121	K-TAB	170	<i>lenalidomide</i>	172
KERENDIA	135	KURVELO	97	LENVIMA (10 MG DAILY DOSE)	76
KERYDIN	122	<i>kutar</i>	118	LENVIMA (12 MG DAILY DOSE)	76
KESIMPTA	195	<i>kutarvia</i>	118	LENVIMA (14 MG DAILY DOSE)	76
<i>ketamine hcl</i>	144	KUVAN	136	LENVIMA (18 MG DAILY DOSE)	76
<i>ketoconazole</i>	48, 120	KYNMOBI	78	LENVIMA (20 MG DAILY DOSE)	76
<i>ketoprofen er</i>	13	KYZATREX	21	LENVIMA (24 MG DAILY DOSE)	76
<i>ketorolac tromethamine</i>	13, 186	<i>labetalol hcl</i>	88	LENVIMA (4 MG DAILY DOSE)	76
KETOSTIX	128	LAC-HYDRIN	119	LENVIMA (8 MG DAILY DOSE)	76
<i>ketotifen fumarate</i>	184	<i>lacosamide</i>	32	LESCOL XL	52
<i>kevaraxap</i>	118	LACRISERT	183	LESSINA	97
<i>kevirtia</i>	118	<i>lactic acid</i>	119	LETAIRIS	93
KEVEYIS	130	<i>lactic acid e</i>	119	<i>letrozole</i>	72
KEVZARA	12	<i>lactulose</i>	159	<i>leucovorin calcium</i>	72
<i>kimono</i>	162	LAGEVRIO	88	LEUKERAN	74
<i>kimono micro thin</i>	162	LAMICTAL	32	<i>leuprolide acetate</i>	73
KINERET	12	LAMICTAL ODT	32	<i>levabuterol hcl</i>	27
KINRIX	204	LAMICTAL STARTER	32	<i>levabuterol tartrate hfa</i>	27
KIONEX	173	LAMICTAL XR	32	<i>levamlodipine maleate</i>	90
KISQALI (200 MG DOSE)	72	LAMISIL	48	LEVAQUIN	139
KISQALI (400 MG DOSE)	72	<i>lamivudine</i>	85, 86	LEVEMIR	42
KISQALI (600 MG DOSE)	72	<i>lamivudine-zidovudine</i>	82	LEVEMIR FLEXPEN	42
KISQALI FEMARA (200 MG DOSE)	71	<i>lamotrigine</i>	32	LEVEMIR FLEXTOUCH	42
KISQALI FEMARA (400 MG DOSE)	71	<i>lamotrigine er</i>	32	<i>levetiracetam</i>	32
KISQALI FEMARA (600 MG DOSE)	71	<i>lamotrigine starter kit-blue</i>	32	<i>levetiracetam er</i>	32
KITABIS PAK	8	<i>lamotrigine starter kit-green</i>	32	LEVITRA	94
KLARON	105	<i>lamotrigine starter kit-orange</i>	32	<i>levobunolol hcl</i>	183
KLISYRI	122	<i>lamotrigine titration</i>	32	<i>levocarnitine</i>	132
KLONOPIN	30	LAMPIT	57	<i>levocarnitine sf</i>	132
KLOR-CON	170	LANOXIN	91	<i>levocetirizine dihydrochloride</i>	50
KLOR-CON 10	170	<i>lanreotide acetate</i>	137	<i>levofloxacin</i>	139, 185
KLOR-CON M10	170	<i>lansoprazole</i>	206	LEVONEST	101
KLOR-CON M15	170	<i>lanthanum carbonate</i>	143	<i>levonorgest-eth est & eth est</i>	100
KLOR-CON M20	170	LANTUS	42	<i>levonorgest-eth estrad 91-day</i>	100
KLOR-CON/EF	170	LANTUS SOLOSTAR	42	<i>levonorgest-eth estradiol-iron</i>	97
KLOXXADO	46	<i>lapatinib ditosylate</i>	68	<i>levonorgestrel</i>	100
KLS QUIT2	197	LARIN 1.5/30	97	<i>levonorgestrel-ethinyl estrad 97, 99</i>	100
KLS QUIT4	197	LARIN 1/20	97	<i>levonorg-eth estrad triphasic</i>	101
KOATE	147	LARIN 24 FE	97	LEVORA 0.15/30 (28)	97
<i>kobee</i>	176	LARIN FE 1.5/30	97	<i>levorphanol tartrate</i>	19
KOGENATE FS	148	LARIN FE 1/20	97	LEVO-T	203
KOMBIGLYZE XR	40	LARISSIA	97	<i>levothyroxine sodium</i>	203
KONVOMEF	205	LASIX	130	LEVOXYL	203
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<i>kotaraxap</i>	118	LATISSE	122		
KOVALTRY	148	LATUDA	78		
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<i>kpn prenatal</i>	178	<i>laxative polyethylene glycol</i>	159		
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		<i>ledipasvir-sofosbuvir</i>	86		
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<i>lido-epinephrine-tetracaine</i>	124	<i>loratadine-d 24hr</i>	104	DOSE)	66
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<i>lidopril</i>	124	LORAZEPAM INTENSOL	24	DOSE)	66
<i>lidorx</i>	121	LORBRENA	62	LYUMJEV	42
<i>lidosol</i>	124	LOREEV XR	24	LYUMJEV KWIKPEN	42
<i>lidosol-50</i>	124	LORTAB	18	LYUMJEV TEMPO PEN	42
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<i>lindane</i>	123	<i>losartan potassium-hctz</i>	54	MACROBID	58
<i>linezolid</i>	58	LOSEASONIQUE	100	MACRODANTIN	58
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<i>lisdexamfetamine dimesylate</i>	4	LOTREL	53	MALARONE	59
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<i>lithium carbonate</i>	78	<i>lovastatin</i>	52	<i>marlissa</i>	98
<i>lithium carbonate er</i>	78	LOVAZA	51	MARPLAN	36
LITHOBID	78	LOVENOX	30	MATULANE	71
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<i>mefloquine hcl</i>	59	METHYLIN	6	<i>minoxidil for men</i>	125
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MEKTOVI	67	<i>methylphenidate hcl er (cd)</i>	6	MIRCERA	152
MELODETTA 24 FE	98	<i>methylphenidate hcl er (la)</i>	6	MIRCETTE	95
<i>meloxicam</i>	14	<i>methylphenidate hcl er (osm)</i>	6	<i>mirtazapine</i>	35
<i>melphalan</i>	74	<i>methylphenidate hcl er (xr)</i>	6	MIRVASO	123
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ROWASA	142	<i>selenium sulfide</i>	114	SM CLEARLAX	159
<i>roxifol-d</i>	152	<i>self-taking blood pressure</i>	162	<i>sm folic acid</i>	153
ROZEREM	158	SELRX	114	<i>sm laxative</i>	160
ROZLYTREK	70	SELZENTRY	82, 83	<i>sm magnesium citrate</i>	160
RUBRACA	74	SEMGLEE	42	<i>sm milk of magnesia</i>	160
RUCONEST	149	SEMGLEE (YFGN)	43	<i>sm nicotine</i>	198
<i>rufinamide</i>	33	SEMPREX-D	104	<i>sm nicotine polacrilex</i>	198
RUKOBIA	83	<i>se-natal 19</i>	179	SMARTEST BLOOD	
RUZURGI	60	SENSIPAR	131	GLUCOSE TEST	128
RYALTRIS	181	SEREVENT DISKUS	27	SMARTEST LANCETS 28G	165
RYBELSUS	43	SERNIVO	118	SMOOTH LAX	159
RYCLORA	49	SEROQUEL	80	SOANZ	130
RYDAPT	69	SEROQUEL XR	80	<i>sod citrate-citric acid</i>	145
<i>rynoderm</i>	119	SEROSTIM	133	<i>sodium chloride</i>	104, 145
RYTARY	77	<i>sertraline hcl</i>	37	<i>sodium fluoride</i>	170, 175
RYTHMOL SR	25	<i>se-tan plus</i>	155	<i>sodium fluoride 5000 plus</i>	175
RYVENT	50	SETLAKIN	100	<i>sodium fluoride 5000 ppm</i>	175
SABRIL	34	<i>sevelamer carbonate</i>	143	<i>sodium fluoride 5000 sensitive</i> ..	174
SAFYRAL	99	<i>sevelamer hcl</i>	143	<i>sodium oxybate</i>	191
SAIZEN	133	SEVENFACT	149	<i>sodium phenylbutyrate</i>	137
SAJAZIR	149	SEYSARA	202	<i>sodium polystyrene sulfonate</i> ...	173
SALAGEN	175	<i>sf</i>	174	<i>sodium sulfacetamide</i>	114
SALEX	121	<i>sf 5000 plus</i>	175	<i>sodium sulfacetamide wash</i>	114
SALICATE	121	SFROWASA	142	<i>sofosbuvir-velpatasvir</i>	87
<i>salicylic acid</i>	121	SHAROBEL	101	SOGROYA	133
<i>salicylic acid er</i>	121	SHINGRIX	210	SOLESTA	172
<i>salicylic acid wart remover</i>	121	SIDEROL	176	<i>solifenacin succinate</i>	207
<i>salicylic acid-cleanser</i>	121	SIGNIFOR	137	SOLIQUA	43
<i>salsalate</i>	17	SIKLOS	152	SOLODYN	202
SALVAX	121	<i>sildenafil citrate</i>	93, 94	SOLOSEC	8
SAMSCA	136	SILENOR	157	SOLTAMOX	61
SANCUSO	47	SILIQ	112	SOLU-CORTEF	103
SANDIMMUNE	171, 172	<i>silodosin</i>	144	SOMA	181
SANTYL	119	SILVADENE	115	SOMATULINE DEPOT	137
SAPHRIS	79	<i>silver sulfadiazine</i>	115	SOMAVERT	132, 133
<i>sapropterin dihydrochloride</i>	136	SIMBRINZA	183	SONAFINE	126
SARAFEM	197	SIMLIYA	96	SOOLANTRA	123
SAVAYSA	29	SIMPESSE	100	<i>sorafenib tosylate</i>	69
SAVELLA	191	SIMPONI	11, 12	SORILUX	113
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<i>saxagliptin hcl</i>	40	SINEMET CR	77	<i>sotalol hcl</i>	89
<i>saxagliptin-metformin er</i>	40	SINGULAIR	28	SOTYKTU	112
SAXENDA	5	SINUVA	182	SOTYLIZE	89
SCALPICIN MAXIMUM		<i>sirolimus</i>	173	SOVALDI	87
STRENGTH	118	SIRTURO	60	SPECTRACEF	95
SCEMBLIX	63	SITAVIG	87	SPIKEVAX	210
<i>scopolamine</i>	47	SIVEXTRO	58	SPIKEVAX COVID-19	
SEASONIQUE	100	SKLICE	123	VACCINE	210
SECONAL	157	SKYCLARYS	182	<i>spinosad</i>	123
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<i>spironolactone</i>	130	<i>sulconazole nitrate</i>	120	SYNJARDY	44
<i>spironolactone-hctz</i>	130	<i>sulfacetamide sodium</i>	114, 188	SYNJARDY XR	44
SPORANOX	49	<i>sulfacetamide sodium (acne)</i> ...	105	SYNTHROID	203
SPORANOX PULSEPAK	49	<i>sulfacetamide sodium (cleans)</i> ..	114	SYPRINE	171
SPRINTEC 28	99	<i>sulfacetamide sodium-sulfur</i>		TABLOID	62
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SPRIX	14	<i>sulfacetamide-prednisolone</i>	187	TACLONEX	125
SPRYCEL	64	<i>sulfadiazine</i>	201	<i>tacrolimus</i>	122, 173
SPS	173	<i>sulfamethoxazole-trimethoprim</i> ..	57	<i>tadalafil</i>	94
SRONYX	99	SULFAMYLON	115	<i>tadalafil (pah)</i>	94
SSD	115	<i>sulfasalazine</i>	142	TADLIQ	94
SSD (SILVER		SULFATRIM PEDIATRIC	57	TAFINLAR	64
SULFADIAZINE)	115	<i>sulindac</i>	14	<i>tafluprost (pf)</i>	188
SSKI	104	SUMADAN	107	TAGRISSE	65
ST JOSEPH ASPIRIN	17	SUMADAN WASH	107	TAKE ACTION	100
STALEVO 100	77	<i>sumatriptan</i>	169	TAKHZYRO	150
STALEVO 125	77	<i>sumatriptan succinate</i>	169	TALICIA	206
STALEVO 150	77	<i>sumatriptan succinate refill</i>	169	TALTZ	113
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STALEVO 75	77	SUMAXIN CP	107	<i>tamoxifen citrate</i>	61
<i>stamaryl</i>	210	SUMAXIN WASH	107	<i>tamsulosin hcl</i>	144
STARLIX	43	<i>sunitinib malate</i>	69	TANDEM PLUS	155
<i>stavudine</i>	85	SUNLENCA	82	TAPAZOLE	203
STAXYN	94	SUNOSI	5	TAPERDEX 12-DAY	103
STEGLATRO	44	SUPER QUINTS B-50	176	TAPERDEX 6-DAY	103
STEGLUJAN	44	SUPERVITE	176	TARCEVA	65
STELARA	112, 113	SUPRAX	95	TARGADOX	202
STENDRA	94	SUPREP BOWEL PREP KIT ...	159	TARGRETIN	75, 124
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STIMUFEND	154	SUSTIVA	84	TARINA FE 1/20	99
STIOLTO RESPIMAT	26	SUSTOL	47	TARINA FE 1/20 EQ	99
STIVARGA	69	SUTAB	159	TARKA	53
STRATTERA	3	SUTENT	69	<i>taron forte</i>	155
STRENSIQ	134	<i>suvicort</i>	122	TARON-PREX	180
<i>stress formulaliron</i>	176	SW CLEARLAX	159	TARPEYO	103
STRIANT	21	SYEDA	99	TASCENSO ODT	199
STRIBILD	82	SYMAX DUOTAB	205	TASIGNA	64
STRIVERDI RESPIMAT	27	SYMBICORT	26	<i>tasimelteon</i>	158
STROMECTOL	23	SYMBYAX	199	TASMAR	77
STROVITE FORTE	177	SYMDEKO	200	<i>tavaborole</i>	122
STROVITE ONE	177	SYMFI	82	TAVALISSE	151
SUBOXONE	21	SYMFI LO	82	TAVNEOS	150
SUBSYS	20	SYMJEPI	211	TAYTULLA	99
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BLUE	33	SYMLINPEN 60	39	TAZORAC	113
SUBVENITE STARTER KIT-		SYMPAZAN	30	TAZTIA XT	90
GREEN	33	SYMPROIC	142	TAZVERIK	68
SUBVENITE STARTER KIT-		SYMTUZA	82	TDVAX	204
ORANGE	33	SYNLAR	118	TECFIDERA	195
SUCRAID	129	SYNLAR TS	125	TEGRETOL	33
<i>sucralfate</i>	205	SYNAREL	135	TEGRETOL-XR	33
SUDOGEST	182	SYNDROS	48	TEGSEDI	191
SUFLAVE	159	SYNERA	124	TEKTURNA	56

TEKTURNA HCT	56	THYROLAR-1/4	203	<i>topiramate</i>	33
TELCARE BLOOD GLUCOSE TEST	128	THYROLAR-2	203	<i>topiramate er</i>	33
TELCARE GLUCOSE CONTROL	165	THYROLAR-3	203	TOPROL XL	88
<i>telmisartan</i>	55	TIADYLT ER	91	<i>toremifene citrate</i>	61
<i>telmisartan-amlodipine</i>	54	<i>tiagabine hcl</i>	34	<i>torsemide</i>	130
<i>telmisartan-hctz</i>	55	TIAZAC	91	TOSYMRA	169
<i>temazepam</i>	157	TIBSOVO	73	TOUJEO MAX SOLOSTAR	43
TEMIXYS	82	TICALAST	181	TOUJEO SOLOSTAR	43
TEMODAR	73	TICOVAC	210	TOVIAZ	207
TEMOVATE	118	TIGAN	47	<i>toxicology saliva collection</i>	128
<i>temozolomide</i>	73	TIGLUTIK	182	TRACLEER	93
TEMPO REFILL	165	TIKOSYN	25	TRADJENTA	40
TEMPO SMART BUTTON	165	TILIA FE	101	<i>tramadol hcl</i>	20
TEMPO WELCOME	165	<i>timolol maleate</i>	89, 183	<i>tramadol hcl (er biphasic)</i>	20
TENIVAC	204	<i>timolol maleate (once-daily)</i>	183	<i>tramadol hcl er</i>	20
<i>tenofovir disoproxil fumarate</i>	85	<i>timolol maleate pf</i>	183	<i>tramadol-acetaminophen</i>	21
TENORETIC 100	56	TIMOPTIC	183	<i>trandolapril</i>	54
TENORETIC 50	56	TIMOPTIC OCUDOSE	183	<i>trandolapril-verapamil hcl er</i>	53
TENORMIN	88	TIMOPTIC-XE	183	<i>tranexamic acid</i>	157
TEPMETKO	68	<i>tinidazole</i>	57	TRANSDERM-SCOP	47
TERAZOL 7	210	<i>tiopronin</i>	145	TRANSDERM-SCOP (1.5 MG) ..	47
<i>terazosin hcl</i>	56	<i>tiotropium bromide monohydrate</i>	27	TRANXENE-T	24
<i>terbinafine hcl</i>	48	TIROSINT	203	<i>tranylcypromine sulfate</i>	36
<i>terbutaline sulfate</i>	27	TIROSINT-SOL	203	TRAVATAN Z	188
<i>terconazole</i>	210	TIVICAY	83	<i>travoprost (bak free)</i>	188
<i>teriflunomide</i>	193	TIVICAY PD	83	<i>trazodone hcl</i>	37
<i>teriparatide (recombinant)</i>	135	TIVORBEX	14	TRELEGY ELLIPTA	26
TESSALON PERLES	103	<i>tizanidine hcl</i>	181	TREMFYA	113
TESTIM	21	<i>tl gard rx</i>	152	TRESIBA	43
<i>testosterone</i>	22	<i>tl icon</i>	155	TRESIBA FLEXTOUCH	43
<i>testosterone cypionate</i>	21	TLANDO	22	<i>tretinoin</i>	75, 108
<i>testosterone enanthate</i>	22	<i>tl-hem 150</i>	155	<i>tretinoin microsphere</i>	108
<i>tetanus-diphtheria toxoids td</i>	204	TOBI	8	<i>tretinoin microsphere pump</i>	108
<i>tetoxia</i>	125	TOBI PODHALER	8	TRETEN	149
<i>tetpidtar</i>	119	TOBRADEX	187	TREXALL	62
<i>tetrabenazine</i>	192	TOBRADEX ST	187	TREXIMET	168
<i>tetracycline hcl</i>	202	<i>tobramycin</i>	8, 185	TREZIX	17
TETRIX	122	<i>tobramycin sulfate</i>	8	TRI FEMYNOR	101
TEXACORT	118	<i>tobramycin-dexamethasone</i>	187	<i>triadime</i>	125
TEZSPIRE	28, 29	<i>tobramycin-vancomycin hcl</i>	185	<i>triamcinolone acetonide</i>	118, 175, 182
TGT POWDERLAX	160	TOBREX	185	<i>triamterene-hctz</i>	130
THALITONE	131	TODAY SPONGE	210	TRIANEX	118
THALOMID	171	TOFRANIL	39	TRIASIL	125
THEO-24	29	TOLAK	111	<i>triazolam</i>	157
<i>theophylline er</i>	29	<i>tolcapone</i>	77	TRIBENZOR	55
THIOLA	145	<i>tolmetin sodium</i>	14	<i>tri-buffered aspirin</i>	16
THIOLA EC	145	<i>tolsura</i>	49	TRICARE	179
<i>thioridazine hcl</i>	80	<i>tolterodine tartrate</i>	207	TRICARE PRENATAL COMPLEAT	179
<i>thiothixene</i>	81	<i>tolterodine tartrate er</i>	207	<i>tricitrates</i>	145
<i>thrivite 19</i>	179	<i>tolvaptan</i>	136	TRICON	155
THYQUIDITY	203	TOPAMAX	33	TRICOR	51
THYROLAR-1	203	TOPAMAX SPRINKLE	33	TRIDERM	118
THYROLAR-1/2	203	TOPICORT	118	<i>trientine hcl</i>	171
		TOPICORT SPRAY	118		

TRI-ESTARYLLA	101	TRUSELTIQ (125MG DAILY DOSE)	66	<i>urea nail</i>	119
<i>trifluoperazine hcl</i>	80	TRUSELTIQ (50MG DAILY DOSE)	66	URIBEL	59
<i>trifluridine</i>	185	TRUSELTIQ (75MG DAILY DOSE)	66	URIMAR-T	59
<i>trigels-f forte</i>	155	TRUSOPT	186	<i>urneva</i>	59
TRIGLIDE	51	TRUSTEX LUBRICATED	162	UROCIT-K 10	145
<i>trihexyphenidyl hcl</i>	76	TRUSTEX NON-LUBRICATED	162	UROCIT-K 15	145
TRIJARDY XR	44	TRUSTEX RIA LUBRICATED	162	UROCIT-K 5	145
TRIKAFTA	200	TRUSTEX RIA NON-LUBRICATED	162	UROXATRAL	144
TRI-LEGEST FE	101	TRUSTEX RIA LUBRICATED	162	URSO 250	140
TRILEPTAL	33	TRUSTEX RIA NON-LUBRICATED	162	URSO FORTE	140
TRI-LINYAH	102	LUBRICATED	162	<i>ursodiol</i>	140
TRILIPIX	51	TRUVADA	82	UTIBRON NEOHALER	26
TRI-LO-ESTARYLLA	102	TUDORZA PRESSAIR	27	UTOPIC	119
TRI-LO-MARZIA	102	TUKYSA	63	VAGIFEM	211
TRI-LO-MILI	102	TULANA	101	<i>valacyclovir hcl</i>	87
TRI-LO-SPRINTEC	102	TURALIO	69	VALCHLOR	110
TRI-LUMA	119	TUZISTRA XR	104	VALCYTE	86
<i>trimethobenzamide hcl</i>	47	TWINRIX	208	<i>valganciclovir hcl</i>	86
<i>trimethoprim</i>	57	TWIRLA	99	VALIUM	24
TRI-MILI	102	TWYNEO	107	<i>valproate sodium</i>	35
<i>trimipramine maleate</i>	39	TWYNSTA	54	<i>valproic acid</i>	35
<i>trinatal rx 1</i>	179	TYBLUME	99	<i>valsartan</i>	55
TRINATE	179	TYBOST	85	<i>valsartan-hydrochlorothiazide</i>	55
TRI-NORINYL (28)	102	TYDEMY	99	VALTOCO 10 MG DOSE	31
TRINTELLIX	37	TYKERB	69	VALTOCO 15 MG DOSE	31
TRI-NYMYO	102	TYMLOS	135	VALTOCO 20 MG DOSE	31
TRIONEX	111	TYPHIM VI	208	VALTOCO 5 MG DOSE	31
<i>triphrocaps</i>	175	TYRVAYA	184	VALTRESX	87
TRI-PREVIFEM	102	TYVASO	92	<i>valved holding chamber</i>	167
TRI-SPRINTEC	102	TYVASO DPI MAINTENANCE KIT	92	VANATOL LQ	16
<i>tristart dha</i>	180	TYVASO DPI TITRATION KIT	92	VANCOCIN	57
TRIUMEQ	82	TYVASO REFILL	92	VANCOCIN HCL	57
TRIUMEQ PD	82	TYVASO STARTER	93	<i>vancomycin hcl</i>	57, 58
TRIVEEN-DUO DHA	179	UBRELVY	167	VANDAZOLE	211
TRI-VI-FLOR	177	UCERIS	22, 103	VANIQA	122
<i>tri-vitamin/fluoride</i>	177	UDAMIN SP	176	VANOS	118
TRIVORA (28)	102	UDENYCA	154	VANOXIDE-HC	107
TRI-VYLIBRA	102	ULESFIA	123	VAQTA	210
TRI-VYLIBRA LO	102	ULORIC	146	<i>ildenafil hcl</i>	94
<i>tri-zel</i>	177	ULTICARE INSULIN SYRINGE	166	<i>varenicline tartrate</i>	198
TRIZIVIR	82	ULTRACET	21	<i>varenicline tartrate (starter)</i>	198
TROKENDI XR	33	ULTRAM	20	VARUBI	48
<i>tropicamide-cyclopentolate-pe</i>	184	ULTRASAL-ER	121	VASCEPA	51
<i>tropium chloride</i>	207	ULTRAVATE	118	VASERETIC	53
<i>tropium chloride er</i>	207	ULTRAVATE X (OINTMENT)	125	VASOTEC	54
TRUDHESA	168	UNISTRIP1 GENERIC	129	VAXELIS	204
TRUE METRIX BLOOD GLUCOSE TEST	128	UNITHROID	203	VAXNEUVANCE	208
TRUETRACK TEST	128	UPNEEQ	188	<i>v-c forte</i>	177
TRULANCE	140	UPTRAVI	94	VCF VAGINAL CONTRACEPTIVE	210
TRULICITY	43	<i>urea</i>	119	VECAMYL	56
TRUMENBA	208	<i>urea hydrating</i>	119	VECTICAL	113
TRUSELTIQ (100MG DAILY DOSE)	66			VELIVET	102

VELTIN	107	<i>viorele</i>	96	VUMERITY	195
VEMLIDY	86	VIRACEPT	84	VUSION	110
VENCLEXTA	63	VIRAMUNE	84	VYFEMLA	99
VENCLEXTA STARTING		VIRAMUNE XR	84	VYLEESI	191
PACK	63	VIREAD	85	VYLIBRA	99
VENELEX	125	VIROPTIC	185	VYNDAMAX	94
<i>venlafaxine besylate er</i>	38	<i>virt-caps</i>	175	VYNDAQEL	94
<i>venlafaxine hcl</i>	38	VIRT-GARD	152	VYTONE	110
<i>venlafaxine hcl er</i>	38	<i>virt-phos 250 neutral</i>	170	VYTORIN	52
VENTAVIS	93	<i>virtrate-2</i>	145	VYVANSE	4
VENTOLIN HFA	27	<i>virtrate-3</i>	145	VYZULTA	188
VEOZAH	135	<i>virtrate-k</i>	145	WAKIX	5
<i>verapamil hcl</i>	91	<i>virt-vite</i>	153	<i>warfarin sodium</i>	29
<i>verapamil hcl er</i>	91	<i>virt-vite forte</i>	129	<i>wee care</i>	156
VERDESO	118	<i>virt-vite plus</i>	175	WEGOVY	5
VEREGEN	109	VISTARIL	24	WELCHOL	51
VERELAN	91	VISTOGARD	46	WELIREG	66
VERELAN PM	91	VITACEL	177	WELLBUTRIN SR	36
VERKAZIA	186	VITAFOL	176	WELLBUTRIN XL	36
VERQUVO	94	VITAFOL-NANO	179	WERA	99
VERSACLOZ	79	VITAFOL-OB	179	WESTHROID	203
VERZENIO	72	VITAFOL-ONE	180	WIDE-SEAL DIAPHRAGM 60	162
VESICARE	207	VITAL-D RX	175	WIDE-SEAL DIAPHRAGM 65	163
VESICARE LS	207	<i>vitamin d (ergocalciferol)</i>	212	WIDE-SEAL DIAPHRAGM 70	163
VESTURA	99	<i>vitamin d3</i>	212	WIDE-SEAL DIAPHRAGM 75	163
VFEND	49	VITAPEARL	179	WIDE-SEAL DIAPHRAGM 80	163
V-GO 20	165	VITA-RESPA	129	WIDE-SEAL DIAPHRAGM 85	163
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V-GO 40	165	VITRAKVI	70	WIDE-SEAL DIAPHRAGM 95	163
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VIBRANT	160	VIVJOA	48	WYMZYA FE	99
VIC-FORTE	177	VIVLODEX	14	WYNZORA	125
VICODIN	18	VIVOTIF	208	XACIATO	211
VICODIN ES	18	VIZIMPRO	65	XADAGO	77
VICODIN HP	18	<i>vocabria</i>	83	XALATAN	188
VICTOZA	43	VOGELXO	22	XALIX	121
VIDEX	85	VOGELXO PUMP	22	XALKORI	62
VIDEX EC	85	VOLNEA	96	XANAX	24
VIEKIRA PAK	87	VOLTAREN	110	XANAX XR	24
VIENVA	99	VONJO	73	XARELTO	29
<i>vigabatrin</i>	34	VONVENDI	149	XARELTO STARTER PACK	29
VIGADRONE	34, 35	VOQUEZNA DUAL PAK	206	XATMEP	62
VIGAMOX	185	VOQUEZNA TRIPLE PAK	206	XCOPRI	34
VIIBRYD	37	<i>voriconazole</i>	49	XCOPRI (250 MG DAILY	
VIIBRYD STARTER PACK	37	VOSEVI	87	DOSE)	34
VIJOICE	173	VOTRIENT	69	XCOPRI (350 MG DAILY	
<i>vilazodone hcl</i>	37	VOWST	142	DOSE)	34
VIMOVO	13	VOXZOGO	135	XELJANZ	9
VIMPAT	33	<i>vp-vite rx</i>	175	XELJANZ XR	9
VINATE DHA RF	179	VRAYLAR	78	XELODA	62
VINATE M	179	VTAMA	113	XELPROS	189
VINATE ONE	179	VTOL LQ	16	XELSTRYM	4
VIOKACE	129	VUITY	184	XENAZINE	192

XENICAL	5	YUFLYMA	12	ZIOPTAN	189
XENLETA	58	YUFLYMA 1-PEN KIT	12	<i>ziprasidone hcl</i>	78
XEPI	109	YUFLYMA 2-PEN KIT	12	ZIPSOR	14
XERAC AC	114	YUFLYMA 2-SYRINGE KIT	12	ZIRGAN	185
XERAVA	202	YUPELRI	27	ZITHRANOL	113
XERESE	114	YUSIMRY	12	ZITHROMAX	161
XERMELO	144	YUVAFEM	211	ZITHROMAX TRI-PAK	161
XHANCE	182	ZADITOR	185	ZITHROMAX Z-PAK	161
XIFAXAN	57	ZAFEMY	99	ZMA CLEAR	107
XIGDUO XR	44	<i>zafirlukast</i>	28	ZOCOR	52
XIIDRA	184	<i>zaleplon</i>	158	ZOKINVY	172
XIMINO	203	ZANAFLEX	181	ZOLINZA	67
XOFLUZA (40 MG DOSE)	88	ZANTAC	205	<i>zolmitriptan</i>	169
XOFLUZA (80 MG DOSE)	88	ZANTAC 150 MAXIMUM		ZOLOFT	37
XOLAIR	26	STRENGTH	205	<i>zolpidem tartrate</i>	158
XOLEGEL	120	ZARAH	99	<i>zolpidem tartrate er</i>	158
XOPENEX	27	ZARONTIN	35	ZOLPIMIST	158
XOPENEX CONCENTRATE	27	ZARXIO	154	ZOMACTON	133
XOPENEX HFA	27	<i>zavara</i>	153	ZOMIG	169
XOSPATA	69	ZAVESCA	151	ZONALON	111
XPOVIO (100 MG ONCE		ZAVZPRET	167	ZONEGRAN	33
WEEKLY)	70	<i>zcort 7-day</i>	103	ZONISADE	33
XPOVIO (40 MG ONCE		ZEGALOGUE	40	<i>zonisamide</i>	34
WEEKLY)	70	ZEGERID	205	ZONTIVITY	151
XPOVIO (40 MG TWICE		ZEGERID OTC	205	ZORTRESS	173
WEEKLY)	70	ZEJULA	75	ZORVOLEX	14
XPOVIO (60 MG ONCE		ZELBORAF	64	ZORYVE	113
WEEKLY)	70	ZELNORM	141	ZOVIA 1/35 (28)	99
XPOVIO (60 MG TWICE		ZEMBRACE SYMTOUCH	169	ZOVIA 1/35E (28)	99
WEEKLY)	71	ZEMDRI	8	ZOVIRAX	87, 114
XPOVIO (80 MG ONCE		ZEMPLAR	134	ZTALMY	34
WEEKLY)	71	ZENATANE	108	ZTLIDO	121
XPOVIO (80 MG TWICE		ZENPEP	129	ZUBSOLV	21
WEEKLY)	71	ZENZEDI	4	ZUMANDIMINE	99
XRYLIDERM	124	ZEPATIER	87	ZUPLENZ	47
XTAMPZA ER	20	ZEPOSIA	199	ZYCLARA	120
XTANDI	61	ZEPOSIA 7-DAY STARTER		ZYCLARA PUMP	120
XULANE	99	PACK	199	ZYDELIG	74
XULTOPHY	43	ZEPOSIA STARTER KIT	199	ZYFLO	25
<i>xurea</i>	119	ZERVIAE	185	ZYFLO CR	25
XURIDEN	133	ZESTORETIC	53	ZYKADIA	62
XYLIDERM	124	ZESTRIL	54	ZYLET	187
XYNTHA	149	ZETIA	52	ZYLOPRIM	146
XYNTHA SOLOFUSE	149	ZETONNA	182	ZYMAXID	185
XYOSTED	22	ZIAC	56	ZYPITAMAG	52
XYREM	191	ZIAGEN	85	ZYPREXA	80
XYWAV	191	ZIANA	107	ZYPREXA ZYDIS	81
YARGESA	151	<i>ziclocin</i>	110	ZYRTEC ALLERGY	50
YASMIN 28	99	<i>zidovudine</i>	85	ZYRTEC-D ALLERGY &	
<i>yaxatarxyn</i>	119	ZIEXTENZO	154	CONGESTION	104
YAZ	99	<i>zileuton er</i>	25	ZYTIGA	60
YF-VAX	210	ZILRETTA	103	<i>zyvit</i>	129
<i>yokatar</i>	119	ZILXI	123	ZYVOX	58
YONSA	60	ZIMHI	47		
YOSPRALA	150	<i>zinc sulfata</i>	170		

Notice of Nondiscrimination and Language Assistance Services

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

Free aids and services

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

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

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

- Qualified interpreters
- Information written in other languages

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

To file a civil rights grievance

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

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

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

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

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

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

