

# 2025 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 Limit  
**PA:** Prior Authorization  
**PV:** Preventative Drugs  
**QL:** Quantity Limit  
**SO:** SaveOn Drugs  
**SP:** Must be filled at Specialty Pharmacy  
**SP Drugs:** 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 T1 drugs,Generic T2 drugs,Generic T3 drugs,Generic T4 drugs,Generic T5 drugs,Generic T6 - \$0 copay drugs,Generic drugs,Generic drugs,Generic T9 drugs

**UPPERCASE BOLD:** Brand name T1 drugs,Brand name T2 drugs,Brand name T3 drugs,Brand name T4 drugs,Brand name T5 drugs,Brand name T6 - \$0 copay drugs,Brand name drugs,Brand name drugs,Brand name T9 drugs



CURRENT AS OF 1/1/2025

Medication	Coverage Level	Restrictions
<b>10 SERIES BP MONITOR/UPPER ARM</b>	T2	QL (1 monitor per 2 years)
<b>10 SERIES+ BP MONITR/UPPER ARM</b>	T2	QL (2 EA per 730 days)
<b>3 SERIES BP MONITOR/UPPER ARM</b>	T2	QL (1 monitor per 2 years)
<b>3 SERIES BP MONITOR/WRIST</b>	T2	QL (1 monitor per 2 years)
<b>5 SERIES BP MONITOR</b>	T2	QL (1 monitor per 2 years)
<b>5 SERIES BP MONITOR/UPPER ARM</b>	T2	QL (1 monitor per 2 years)
<b>7 SERIES BP MONITOR/UPPER ARM</b>	T2	QL (1 monitor per 2 years)
<b>7 SERIES BP MONITOR/WRIST</b>	T2	QL (1 monitor per 2 years)
<i>abacavir sulfate oral solution</i>	T1	AL (Max 9 Years)
<i>abacavir sulfate oral tablet</i>	T2	
<i>abacavir sulfate-lamivudine</i>	T4	SP Drugs (Limited to a 1 month supply per fill )
<i>abenor hp</i>	T9	
<b>ABILIFY MYCITE</b>	T9	
<b>ABILIFY MYCITE MAINTENANCE KIT</b>	T9	
<b>ABILIFY MYCITE STARTER KIT</b>	T9	
<b>ABILIFY ORAL TABLET</b>	T3	QL (60 tablets per 30 days)
<i>abiraterone acetate oral tablet 250 mg</i>	T1	SP
<i>abiraterone acetate oral tablet 500 mg</i>	T9	
<b>ABRILADA</b>	T9	
<b>ABRILADA (1 PEN)</b>	T9	
<b>ABRILADA (2 PEN)</b>	T9	
<b>ABRILADA (2 SYRINGE)</b>	T9	
<b>ABRYSVO</b>	T6 - \$0 copay	PV; QL (1 dose per 1 year)
<b>ABSORICA</b>	T9	
<b>ABSORICA LD</b>	T9	
<i>acamprosate calcium</i>	T1	
<b>ACANYA</b>	T9	
<i>acarbose oral</i>	T1	
<b>ACCOLATE</b>	T3	
<b>ACCRUFER</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (60 capsules per 30 days)
<b>ACCU-CHEK AVIVA PLUS IN VITRO</b>	T3	ST; QL (200 strips per 30 days)
<b>ACCU-CHEK COMPACT PLUS</b>	T3	ST; QL (200 strips per 30 days)
<b>ACCU-CHEK FASTCLIX LANCET</b>	T3	
<b>ACCU-CHEK FASTCLIX LANCETS</b>	T2	
<b>ACCU-CHEK GUIDE IN VITRO</b>	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
<b>ACCU-CHEK GUIDE TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>ACCU-CHEK SMARTVIEW</b>	T3	ST; QL (200 strips per 30 days)
<b>ACCU-CHEK SOFTCLIX LANCET DEV KIT</b>	T3	
<b>ACCU-CHEK SOFTCLIX LANCETS</b>	T2	
<b>ACCUPRIL</b>	T3	
<b>ACCURETIC</b>	T3	
<b>ACCUTANE</b>	T2	QL (6 fills per 2 years)
<b>ACCUTREND GLUCOSE</b>	T3	ST; QL (200 strips per 30 days)
<b>ACE AEROSOL CLOUD ENHANCER</b>	T3	QL (4 devices per 1 year)
<i>acebutolol hcl oral</i>	T1	
<i>acetaminophen intravenous solution prefilled syringe</i>	T9	
<i>acetaminophen-codeine</i>	T1	
<i>acetaminophen-codeine #2</i>	T1	
<i>acetaminophen-codeine #3</i>	T1	
<i>acetaminophen-codeine #4</i>	T1	
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
<i>acetic acid otic</i>	T1	
<i>acetylcysteine inhalation</i>	T1	
<i>acidophilus lactobacillus powder</i>	T9	
<i>acioxia</i>	T9	
<b>ACIPHEX</b>	T9	
<b>ACIPHEX SPRINKLE</b>	T9	
<i>acitretin</i>	T4	SP Drugs (Limited to a 1 month supply per fill)
<i>acne medication 10 external gel</i>	T1	
<i>acne medication 5 external gel</i>	T1	
<b>ACTEMRA ACTPEN</b>	T9	
<b>ACTEMRA SUBCUTANEOUS</b>	T9	
<b>ACTHAR</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); SP
<b>ACTHAR GEL</b>	T9	SO (Not Covered)
<b>ACTHIB</b>	T9	
<b>ACTICLATE</b>	T9	
<b>ACTIGALL</b>	T3	

Medication	Coverage Level	Restrictions
<b>ACTIMMUNE</b>	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); SP
<b>ACTIQ</b>	T9	
<i>active fe</i>	T9	
<b>ACTIVELLA ORAL TABLET 1-0.5 MG</b>	T3	
<b>ACTONEL ORAL TABLET 150 MG</b>	T3	QL (1 tablet per 30 days)
<b>ACTONEL ORAL TABLET 35 MG</b>	T3	
<b>ACTOPLUS MET ORAL TABLET 15-850 MG</b>	T3	
<b>ACTOS</b>	T3	
<b>ACUICYN EXTERNAL LIQUID</b>	T9	
<b>ACULAR</b>	T3	
<b>ACULAR LS</b>	T3	
<b>ACUVAIL</b>	T3	ST
<i>acyclovir external cream</i>	T9	
<i>acyclovir external ointment</i>	T1	QL (15 GM per 6 months)
<i>acyclovir oral</i>	T1	
<b>ACZONE</b>	T9	
<b>ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5</b>	T6 - \$0 copay	PV; QL (1 Dose per 1 Lifetime)
<b>ADALAT CC</b>	T3	
<i>adalimumab-aacf (2 pen)</i>	T9	
<i>adalimumab-aacf (2 syringe)</i>	T9	
<i>adalimumab-aaty (1 pen)</i>	T9	
<i>adalimumab-aaty (2 pen)</i>	T9	
<i>adalimumab-aaty (2 syringe)</i>	T9	
<i>adalimumab-adaz subcutaneous solution auto-injector</i>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days); SP
<i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
<i>adalimumab-adbm (2 pen)</i>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days); SP

Medication	Coverage Level	Restrictions
<i>adalimumab-adbm (2 syringe)</i>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
<i>adalimumab-adbm(cdluclhs strt) subcutaneous auto-injector kit 40 mg/0.4ml</i>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days); SP
<i>adalimumab-adbm(cdluclhs strt) subcutaneous auto-injector kit 40 mg/0.8ml</i>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days); SP
<i>adalimumab-adbm(psluv starter)</i>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days); SP
<i>adalimumab-fkjp (2 pen)</i>	T9	
<i>adalimumab-fkjp (2 syringe)</i>	T9	
<i>adalimumab-ryvk (2 pen)</i>	T9	
<i>adalimumab-ryvk (2 syringe)</i>	T9	
<i>adapalene external cream</i>	T9	
<i>adapalene external gel 0.1 %</i>	T9	
<i>adapalene external gel 0.3 %</i>	T2	QL (45 GM per 30 days)
<i>adapalene external lotion</i>	T9	
<i>adapalene external solution</i>	T9	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1	
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	T9	
<b>ADASUVE</b>	T9	
<b>ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (2 Pens per 28 days)
<b>ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (4 syringes per 28 days); SP
<b>ADCIRCA</b>	T9	

Medication	Coverage Level	Restrictions
<b>ADDERALL</b>	T3	AL (Min 6 Years)
<b>ADDERALL XR</b>	T3	QL (60 capsules per 30 days); AL (Min 6 Years)
<b>ADDYI</b>	T3	QL (30 tablets per 30 days)
<i>adefovir dipivoxil</i>	T4	SP Drugs (Limited to a 1 month supply per fill)
<i>adeinзде</i>	T9	
<b>ADEMPAS ORAL TABLET 0.5 MG, 1.5 MG, 2 MG, 2.5 MG</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (90 tablets per 30 days); SP
<b>ADEMPAS ORAL TABLET 1 MG</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (90 tablets per 30 days); SP
<i>adermica hp</i>	T9	
<b>ADHANSIA XR</b>	T9	
<b>ADLARITY</b>	T9	
<b>ADMELOG INJECTION</b>	T3	ST
<b>ADMELOG SOLOSTAR</b>	T3	ST
<b>ADRENALIN NASAL</b>	T9	
<b>ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG</b>	T1	
<b>ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG</b>	T9	
<i>adult blood pressure cuff lg</i>	T2	QL (1 monitor per 2 years)
<b>ADVAIR DISKUS</b>	T9	
<b>ADVAIR HFA</b>	T9	
<b>ADVATE</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (73600 billable units per 28 days)
<b>ADVOCATE CONTROL SOLUTION IN VITRO LIQUID LOW</b>	T3	
<b>ADVOCATE LANCETS 30G</b>	T2	
<b>ADVOCATE LANCING DEVICE</b>	T3	
<b>ADVOCATE RAPID-SAFE LANCING</b>	T3	
<b>ADVOCATE REDI-CODE IN VITRO</b>	T3	ST; QL (200 strips per 30 days)
<b>ADVOCATE REDI-CODE+ TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>ADVOCATE TEST</b>	T3	ST; QL (200 strips per 30 days)
<i>adynovate</i>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (36800 billable units per 28 days)



Medication	Coverage Level	Restrictions
ADZENYS ER	T9	
ADZENYS XR-ODT	T9	
AEMCOLO	T2	QL (12 tablets per 30 Days); AL (Min 18 Years)
AEROCHAMBER MINI CHAMBER	T2	QL (4 chambers per 1 year)
AEROCHAMBER MV	T2	QL (4 chambers per 1 year)
AEROCHAMBER PLUS FLO-VU	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK	T2	QL (4 EA per 365 days)
AEROCHAMBER Z-STAT PLUS	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS CHAMBR	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/LARGE	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/MEDIUM	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/SMALL	T3	QL (4 chambers per 1 year)
AEROTRACH PLUS	T3	QL (4 chambers per 1 year)
AEROVENT PLUS	T3	QL (4 chambers per 1 year)
AFEDITAB CR	T1	
AFINITOR	T9	
AFINITOR DISPERZ	T9	
AFIRMELLE	T1	PV
AFLURIA	T6 - \$0 copay	PV; QL (1 dose per 180 days)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 copay	PV; QL (1 dose per 180 days)
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)
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	T3	ST
AFSTYLA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (69000 billable units per 28 days)
AFTERA	T1	PV
AFTERPILL	T3	
AGAMATRIX AMP TEST	T3	ST; QL (200 strips per 30 days)
AGAMREE	T9	

Medication	Coverage Level	Restrictions
<b>AGRYLIN</b>	T3	
<b>AIMOVIG</b>	T2	PA; QL (1 Auto-injector per 30 days); AL (Min 18 Years)
<i>aimsco lubricated</i>	T3	PV
<b>AIRDUO DIGIHALER</b>	T9	
<b>AIRDUO RESPICLICK 113/14</b>	T9	
<b>AIRDUO RESPICLICK 232/14</b>	T9	
<b>AIRDUO RESPICLICK 55/14</b>	T9	
<b>AIRSUPRA</b>	T9	
<b>AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T2	PA; QL (1 autoinjector per 30 days); AL (Min 18 Years)
<b>AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T2	PA; QL (1 syringe per 30 days); AL (Min 18 Years)
<b>AKEEGA</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>AKLIEF</b>	T9	
<b>AKTIPAK</b>	T9	
<b>AKYNZEO ORAL</b>	T9	
<b>ALA SCALP</b>	T9	
<i>ala-cort external cream 1 %</i>	T9	
<b>ALA-QUIN</b>	T9	
<b>ALAVERT ALLERGY/SINUS</b>	T9	
<b>ALAVERT ORAL TABLET DISPERSIBLE</b>	T9	
<b>ALAWAY</b>	T1	
<i>albendazole oral</i>	T2	QL (6 tablets per 30 days)
<b>ALBENZA</b>	T9	
<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	
<i>alclometasone dipropionate</i>	T1	
<b>ALCORTIN A</b>	T9	
<b>ALDACTONE</b>	T3	
<b>ALDARA</b>	T3	

Medication	Coverage Level	Restrictions
<b>ALECENSA</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 capsules per 30 days); SP
<i>alendronate sodium oral solution</i>	T2	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	T1	
<i>alfuzosin hcl er</i>	T1	
<b>ALINIA ORAL SUSPENSION RECONSTITUTED</b>	T5	SP Drugs (Limited to a 1 month supply per fill); QL (60 ML per 6 months)
<b>ALINIA ORAL TABLET</b>	T5	SP Drugs (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
<i>aliskiren fumarate</i>	T2	ST
<b>ALKERAN ORAL</b>	T3	
<b>ALKINDI SPRINKLE</b>	T9	
<b>ALLEGRA ALLERGY</b>	T9	
<b>ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION</b>	T9	
<b>ALLEGRA-D ALLERGY &amp; CONGESTION</b>	T9	
<b>ALLI</b>	T9	
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	
<i>allopurinol oral tablet 200 mg</i>	T9	
<b>ALLZITAL</b>	T9	
<i>almotriptan malate</i>	T3	ST; QL (12 tablets per 30 days)
<b>ALOCRIL</b>	T3	ST
<i>alogliptin benzoate</i>	T3	ST; QL (30 tablets per 30 days)
<i>alogliptin-metformin hcl</i>	T3	ST; QL (60 tablets per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	T3	QL (30 tablets per 30 days)
<b>ALOMIDE</b>	T2	
<i>alomira</i>	T9	
<i>alomira hp</i>	T9	
<i>alomira lp</i>	T9	
<b>ALORA</b>	T2	
<i>alosetron hcl</i>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>ALPAWASH</b>	T9	

Medication	Coverage Level	Restrictions
<b>ALPHAGAN P</b>	T3	
<b>ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</b>	T4	SP Drugs (Limited to a 1 month supply per fill )
<b>ALPHANINE SD</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (36800 billable units per 28 days)
<i>alprazolam er</i>	T1	QL (60 tablets per 30 days)
<b>ALPRAZOLAM INTENSOL</b>	T1	QL (120 ML per 30 days)
<i>alprazolam oral tablet</i>	T1	
<i>alprazolam oral tablet dispersible</i>	T2	
<i>alprazolam xr</i>	T1	QL (60 tablets per 30 days)
<b>ALPROLIX</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (23000 billable units per 28 days)
<b>ALREX</b>	T3	ST
<b>ALTABAX</b>	T3	ST
<b>ALTACE ORAL CAPSULE</b>	T3	
<b>ALTAVERA</b>	T1	PV
<b>ALTOPREV</b>	T9	
<b>ALTRENO</b>	T1	QL (45 grams per 30 days); AL (Max 50 Years)
<b>ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (23000 billable units per 28 days)
<b>ALUNBRIG ORAL TABLET 180 MG, 90 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
<b>ALUNBRIG ORAL TABLET 30 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days); SP

Medication	Coverage Level	Restrictions
<b>ALUNBRIG ORAL TABLET THERAPY PACK</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
<i>aluris hp</i>	T9	
<i>aluris hp plus</i>	T9	
<i>aluris lp</i>	T9	
<i>aluris lp plus</i>	T9	
<i>aluris plus</i>	T9	
<b>ALVAIZ</b>	T9	
<b>ALVESCO</b>	T9	
<i>alyacen 1/35</i>	T1	PV
<i>alyacen 7/7/7</i>	T1	PV
<b>ALZAIR ALLERGY NASAL SPRAY</b>	T9	
<i>amantadine hcl oral</i>	T1	
<b>AMARYL</b>	T3	
<b>AMBIEN</b>	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
<b>AMBIEN CR</b>	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>ambrisentan</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); SP
<i>amcinonide external cream</i>	T9	
<i>amcinonide external ointment</i>	T9	
<b>AMETHIA</b>	T1	PV
<b>AMETHYST</b>	T1	PV
<b>AMICAR ORAL SOLUTION</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<b>AMICAR ORAL TABLET</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<i>amiloride hcl oral</i>	T1	
<i>amiloride-hydrochlorothiazide</i>	T1	
<i>aminocaproic acid oral solution</i>	T4	SP Drugs (Limited to a 1 month supply per fill)
<i>aminocaproic acid oral tablet</i>	T4	SP Drugs (Limited to a 1 month supply per fill)
<i>amiodarone hcl oral tablet 100 mg</i>	T1	QL (30 tablets per 30 days)
<i>amiodarone hcl oral tablet 200 mg</i>	T1	
<i>amiodarone hcl oral tablet 400 mg</i>	T9	
<b>AMITIZA</b>	T3	QL (60 capsules per 30 days)

Medication	Coverage Level	Restrictions
<i>amitriptyline hcl oral</i>	T1	
<b>AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T9	
<b>AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML</b>	T9	
<b>AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML</b>	T9	SP Drugs ( )
<b>AMJEVITA-PED 10KG TO &lt;15KG</b>	T9	
<b>AMJEVITA-PED 15KG TO &lt;30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML</b>	T9	
<b>AMJEVITA-PED 15KG TO &lt;30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML</b>	T9	SP Drugs ( )
<i>amlodipine besy-benazepril hcl</i>	T1	
<i>amlodipine besylate oral</i>	T1	
<i>amlodipine besylate-valsartan</i>	T1	
<i>amlodipine-atorvastatin</i>	T9	
<i>amlodipine-olmesartan</i>	T1	
<i>amlodipine-valsartan-hctz</i>	T1	
<i>ammonium lactate external</i>	T9	
<b>AMNESTEEM</b>	T2	QL (6 fills per 2 years)
<i>amoxapine</i>	T1	
<i>amoxicill-clarithro-lansopraz</i>	T3	
<i>amoxicillin oral capsule</i>	T1	
<i>amoxicillin oral suspension reconstituted</i>	T1	
<i>amoxicillin oral tablet</i>	T1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	T1	
<i>amoxicillin-pot clavulanate er</i>	T1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	T1	
<i>amphetamine er</i>	T9	
<i>amphetamine sulfate</i>	T3	ST; QL (180 tablets per 30 days); AL (Min 6 Years)
<i>amphetamine-dextroamphet er</i>	T1	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>amphetamine-dextroamphetamine</i>	T1	AL (Min 6 Years)
<i>amphet-dextroamphet 3-bead er</i>	T9	
<i>ampicillin oral capsule</i>	T1	

Medication	Coverage Level	Restrictions
AMPYRA	T9	
AMRIX	T9	
AMZEEQ	T9	
ANADROL-50	T9	
ANAFRANIL ORAL CAPSULE 25 MG	T3	QL (30 capsules per 30 Days)
ANAFRANIL ORAL CAPSULE 50 MG	T3	QL (60 capsules per 30 Days)
ANAFRANIL ORAL CAPSULE 75 MG	T3	QL (90 capsules per 30 Days)
<i>anagrelide hcl</i>	T1	
ANALPRAM-HC EXTERNAL LOTION	T9	
ANAPROX DS	T3	
ANASPAZ	T3	
<i>anastrozole oral</i>	T1	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	T9	
ANDROGEL	T9	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	T9	
ANGELIQ	T3	ST
ANIMI-3	T9	
ANNOVERA	T9	
ANORO ELLIPTA	T2	QL (1 inhaler per 30 days)
ANTIVERT ORAL TABLET 50 MG	T9	
ANUSOL-HC RECTAL SUPPOSITORY	T9	
ANZEMET ORAL TABLET 50 MG	T9	
APADAZ	T9	
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	T9	
APEXICON E	T9	
<i>aphoria</i>	T9	
APIDRA	T3	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST
APLENZIN	T9	
APLISOL	T9	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
<i>apomorphine hcl subcutaneous</i>	T9	
<i>apraclonidine hcl</i>	T1	
<i>aprepitant oral</i>	T1	QL (6 capsules per 30 days)
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	T1	QL (7 capsules per 30 days)
APRI	T1	PV

Medication	Coverage Level	Restrictions
<b>APRISO</b>	T3	QL (120 capsules per 30 days)
<b>APTENSIO XR</b>	T3	QL (30 capsules per 30 days)
<b>APTIOM</b>	T3	PA; QL (60 tablets per 30 days)
<b>APTIVUS</b>	T4	ST; SP Drugs (Limited to a 1 month supply per fill)
<b>AQUANIL HC</b>	T1	
<b>AQUORAL MOUTH/THROAT SOLUTION</b>	T9	
<b>ARAKODA</b>	T2	
<b>ARANELLE</b>	T1	PV
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML</b>	T4	SP Drugs (Limited to a 1 month supply per fill); SP
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML</b>	T4	SP Drugs (Limited to a 1 month supply per fill ); SP
<b>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</b>	T4	SP Drugs (Limited to a 1 month supply per fill); SP
<b>ARAVA</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<b>ARAZLO</b>	T9	
<b>ARCALYST</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); SP
<b>ARCAPTA NEOHALER</b>	T3	
<b>AREXVY</b>	T6 - \$0 copay	PV; QL (1 dose per 1 year); AL (Min 60 Years)
<i>arformoterol tartrate</i>	T3	AL (Min 40 Years)
<b>ARICEPT</b>	T3	
<b>ARIKAYCE</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill )
<b>ARIMIDEX</b>	T3	
<i>aripiprazole oral solution</i>	T3	AL (Max 9 Years)
<i>aripiprazole oral tablet</i>	T1	QL (60 tablets per 30 days)
<i>aripiprazole oral tablet dispersible</i>	T9	
<b>ARIXTRA</b>	T5	ST; SP Drugs (Limited to a 1 month supply per fill ); QL (30 syringes per 30 days)
<i>armodafinil</i>	T1	QL (30 tablets per 30 days)
<b>ARMONAIR DIGIHALER</b>	T9	



Medication	Coverage Level	Restrictions
<b>ARMOUR THYROID</b>	T2	
<b>ARNUIITY ELLIPTA</b>	T1	QL (1 Inhaler per 30 days)
<b>AROMASIN</b>	T3	
<b>ARTHROTEC ORAL TABLET DELAYED RELEASE</b>	T9	
<i>artilis hp</i>	T9	
<b>ASCOMP-CODEINE</b>	T1	QL (180 capsules per 30 days)
<b>ASCRIPITIN ORAL TABLET 325 MG</b>	T1	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	T2	QL (60 tablets per 30 days)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	T2	QL (30 tablets per 30 days)
<b>ASHLYNA</b>	T1	PV
<b>ASMANEX (120 METERED DOSES)</b>	T9	
<b>ASMANEX (14 METERED DOSES)</b>	T9	
<b>ASMANEX (30 METERED DOSES)</b>	T9	
<b>ASMANEX (60 METERED DOSES)</b>	T9	
<b>ASMANEX (7 METERED DOSES)</b>	T9	
<b>ASMANEX HFA</b>	T9	
<b>ASPERFLEX LIDOCAINE EXTERNAL CREAM</b>	T9	
<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>aspirin-dipyridamole er</i>	T1	
<b>ASPRUZYO SPRINKLE</b>	T9	
<b>ASSURE 4 TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>ASSURE DOSE CONTROL</b>	T3	
<b>ASSURE LANCE PLUS SAFETY 30G</b>	T2	
<b>ASSURE PLATINUM</b>	T3	ST; QL (200 strips per 30 days)
<b>ASSURE PRISM MULTI TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>ASTAGRAF XL</b>	T3	ST
<b>ATACAND</b>	T3	
<b>ATACAND HCT</b>	T3	
<i>atazanavir sulfate</i>	T4	SP Drugs (Limited to a 1 month supply per fill)
<b>ATELVIA</b>	T3	
<i>atenolol oral</i>	T1	
<i>atenolol-chlorthalidone</i>	T1	
<b>ATIVAN ORAL</b>	T3	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<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)
<b>ATORVALIQ</b>	T9	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	T1	PV
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	T1	
<i>atovaquone oral</i>	T4	SP Drugs (Limited to a 1 month supply per fill)
<i>atovaquone-proguanil hcl</i>	T1	
<b>ATRALIN</b>	T3	AL (Max 50 Years)
<b>ATRAPRO HYDROGEL</b>	T9	
<b>ATRIPLA</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1	
<i>atropine sulfate ophthalmic solution 0.01 %, 0.025 %, 0.05 %</i>	T9	
<i>atropine sulfate ophthalmic solution 1 %</i>	T1	
<b>ATROVENT HFA</b>	T2	
<b>AUBAGIO ORAL TABLET 14 MG</b>	T9	
<b>AUBAGIO ORAL TABLET 7 MG</b>	T9	SP Drugs ( )
<b>AUBRA</b>	T1	PV
<b>AUBRA EQ</b>	T1	PV
<b>AUDENZ</b>	T6 - \$0 copay	PV
<b>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML</b>	T3	
<b>AUGMENTIN ORAL TABLET 500-125 MG</b>	T3	
<b>AUGMENTIN XR</b>	T3	
<b>AUGTYRO ORAL CAPSULE 160 MG</b>	T5	PA; SP Drugs (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (60 Capsules per 30 days)
<b>AUGTYRO ORAL CAPSULE 40 MG</b>	T5	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 capsules per 30 days); SP
<i>augustil</i>	T9	
<b>AUROVELA 1.5/30</b>	T1	PV
<b>AUROVELA 1/20</b>	T1	PV

Medication	Coverage Level	Restrictions
AUROVELA 24 FE	T1	PV
AUROVELA FE 1.5/30	T1	PV
AUROVELA FE 1/20	T1	PV
AURYXIA	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (360 tablets per 30 days)
AUSTEDO	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	T5	PA; SP Drugs (Limited to a 1-month supply per fill); QL (30 Tablets per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	T5	PA; SP Drugs (Limited to 1 pack per fill); QL (28 Tablets per 28 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	T5	PA; SP Drugs (Limited to 1 fill per lifetime); QL (1 kit per 1 lifetime); SP
AUVELITY	T9	QL (60 Tablets per 30 days)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	T9	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	
<i>avanafil</i>	T9	
AVAPRO	T3	
AVAR CLEANSER	T9	
AVAR EXTERNAL PAD	T9	
AVAR LS CLEANSER	T9	
AVAR LS EXTERNAL PAD	T9	
AVAR-E EMOLLIENT	T9	
AVAR-E GREEN	T9	
AVAR-E LS	T9	
<i>aveida</i>	T9	
AVIANE	T1	PV
<i>avidora external cream</i>	T9	
<i>avidora hp</i>	T9	
AVITA EXTERNAL CREAM	T3	AL (Max 50 Years)
AVITA EXTERNAL GEL	T9	
AVO CREAM	T9	

Medication	Coverage Level	Restrictions
<b>AVODART</b>	T3	
<b>AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT</b>	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (4 pens per 28 days); SP
<b>AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT</b>	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (4 syringes per 28 days); SP
<i>av-phos 250 neutral</i>	T9	
<i>awanis</i>	T9	
<b>AYGESTIN</b>	T3	
<b>AYUNA</b>	T1	PV
<b>AYVAKIT</b>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
<i>azalta</i>	T9	
<i>azalta hp</i>	T9	
<b>AZASAN</b>	T9	
<b>AZASITE</b>	T3	ST
<i>azathioprine oral tablet 100 mg, 75 mg</i>	T9	
<i>azathioprine oral tablet 50 mg</i>	T1	
<i>azelaic acid external</i>	T2	ST
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	T9	
<i>azelastine hcl ophthalmic</i>	T1	
<i>azelastine-fluticasone</i>	T9	
<b>AZELEX</b>	T3	ST; QL (50 GM per 30 days)
<b>AZILECT</b>	T3	ST; QL (30 tablets per 30 days)
<i>azithromycin oral suspension reconstituted</i>	T1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1	
<b>AZMIRO</b>	T9	
<b>AZOPT</b>	T3	
<b>AZOR</b>	T3	ST
<b>AZSTARYS</b>	T9	
<b>AZULFIDINE</b>	T3	
<b>AZULFIDINE EN-TABS</b>	T3	
<b>AZURETTE</b>	T1	PV
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1	

Medication	Coverage Level	Restrictions
<i>bacitra-neomycin-polymyxin-hc</i>	T1	
<i>baclofen oral solution</i>	T9	
<i>baclofen oral suspension</i>	T9	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	T1	
<i>baclofen oral tablet 15 mg</i>	T9	
<b>BACMIN</b>	T9	
<b>BACTRIM</b>	T3	
<b>BACTRIM DS</b>	T3	
<b>BAFIERTAM</b>	T9	
<b>BALCOLTRA</b>	T9	
<i>balsalazide disodium</i>	T1	
<b>BALVERSA ORAL TABLET 3 MG, 4 MG</b>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
<b>BALVERSA ORAL TABLET 5 MG</b>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
<b>BALZIVA</b>	T1	PV
<b>BANZEL ORAL SUSPENSION</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (2300 ML per 28 days)
<b>BANZEL ORAL TABLET 200 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days)
<b>BANZEL ORAL TABLET 400 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (240 tablets per 30 days)
<b>BAQSIMI ONE PACK</b>	T2	QL (2 devices per 30 Days)
<b>BAQSIMI TWO PACK</b>	T2	QL (2 devices per 30 Days)
<b>BARACLUDE ORAL SOLUTION</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<b>BARACLUDE ORAL TABLET</b>	T5	SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>BASAGLAR KWIKPEN</b>	T9	
<b>BASAGLAR TEMPO PEN</b>	T9	
<b>BAXDELA</b>	T9	
<i>bcg vaccine injection solution reconstituted</i>	T6 - \$0 copay	PV
<b>BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML</b>	T2	

Medication	Coverage Level	Restrictions
<b>BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 1 ML</b>	T2	
<b>BD PEN NEEDLE MINI U/F</b>	T2	
<b>BECONASE AQ</b>	T9	
<b>BELBUCA</b>	T3	ST; QL (60 films per 30 days)
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	T9	
<b>BELSOMRA</b>	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
<i>benazepril hcl oral</i>	T1	
<i>benazepril-hydrochlorothiazide</i>	T1	
<b>BENEFIX INTRAVENOUS KIT</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (46000 billable units per 28 days)
<b>BENICAR</b>	T3	
<b>BENICAR HCT</b>	T3	
<b>BENLYSTA SUBCUTANEOUS</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP
<i>bensal hp</i>	T9	
<b>BENZAC AC WASH EXTERNAL LIQUID</b>	T9	
<b>BENZACLIN</b>	T9	
<b>BENZACLIN WITH PUMP</b>	T9	
<b>BENZEFOAM</b>	T9	
<b>BENZEFOAMULTRA</b>	T9	
<b>BENZEPRO CREAMY WASH</b>	T9	
<b>BENZEPRO EXTERNAL FOAM 5.3 %</b>	T9	
<b>BENZEPRO FOAMING CLOTHS</b>	T9	
<b>BENZEPRO SHORT CONTACT</b>	T9	
<i>benznidazole oral tablet 100 mg</i>	T3	QL (60 tablets per 1 lifetime); AL (Max 12 Years)
<i>benznidazole oral tablet 12.5 mg</i>	T9	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1	
<i>benzonatate oral capsule 150 mg</i>	T9	
<i>benzoyl peroxide cleanser external liquid</i>	T9	
<i>benzoyl peroxide external foam 9.8 %</i>	T9	
<i>benzoyl peroxide external gel 10 %, 2.5 %, 5 %</i>	T9	
<i>benzoyl peroxide external liquid 10 %</i>	T9	
<i>benzoyl peroxide external pad 9.5 %</i>	T9	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>benzoyl peroxide wash external liquid</i>	T9	
<i>benzoyl peroxide-erythromycin</i>	T2	
<i>benzphetamine hcl oral tablet 50 mg</i>	T1	
<i>benztropine mesylate oral</i>	T1	
<i>bepotastine besilate</i>	T2	ST; QL (5 ML per 30 Days)
<b>BEPREVE</b>	T9	
<b>BERINERT</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); SP
<b>BESIVANCE</b>	T3	QL (5 ML per 30 days)
<b>BESREMI</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
<i>betaine</i>	T3	SP
<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 sod phos &amp; acet injection suspension 7 (4-3) mg/ml</i>	T9	
<i>betamethasone valerate external cream</i>	T1	
<i>betamethasone valerate external foam</i>	T9	
<i>betamethasone valerate external lotion</i>	T1	QL (60 ML per 30 days)
<i>betamethasone valerate external ointment</i>	T1	
<b>BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG</b>	T3	
<b>BETASERON SUBCUTANEOUS KIT</b>	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (14 vials per 30 days); SP
<i>betaxolol hcl ophthalmic</i>	T2	
<i>betaxolol hcl oral</i>	T1	
<i>bethanechol chloride oral</i>	T1	
<b>BETHKIS</b>	T5	PA; SP Drugs (Limited to a 56 day supply per fill); QL (280 ML per 56 days); SP
<b>BETIMOL</b>	T3	

Medication	Coverage Level	Restrictions
<b>BETOPTIC-S</b>	T3	ST
<i>bevacizumab intraocular solution prefilled syringe 2.75 mg/0.11ml</i>	T9	
<i>bevacizumab intravitreal solution prefilled syringe 2 mg/0.08ml, 2.75 mg/0.11ml</i>	T9	
<b>BEVESPI AEROSPHERE</b>	T3	ST; QL (1 inhaler per 30 days)
<b>BEVYXXA</b>	T9	
<i>bexarotene external</i>	T9	
<i>bexarotene oral</i>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>BEXSERO</b>	T6 - \$0 copay	PV; QL (2 ML per 1 Lifetime)
<b>BEYAZ</b>	T9	
<b>BIAFINE</b>	T9	
<i>bicalutamide</i>	T1	
<b>BIDIL</b>	T9	
<b>BIGFOOT UNITY PROGRAM</b>	T9	
<b>BIJUVA</b>	T9	
<b>BIKTARVY ORAL TABLET 30-120-15 MG</b>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 Days)
<b>BIKTARVY ORAL TABLET 50-200-25 MG</b>	T4	SP Drugs (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days)
<b>BILTRICIDE</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<i>bimatoprost external</i>	T9	
<i>bimatoprost ophthalmic</i>	T1	
<b>BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Allowed 2 auto-injectors per 28 days for the first 4 fills only. ); QL (2 auto-injectors per 56 days); SP
<b>BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Allowed 2 syringes per 28 days for the first 4 fills only. ); QL (2 syringes per 56 days); SP
<b>BINOSTO</b>	T3	ST
<b>BIOTHRAX</b>	T9	
<i>bisacodyl ec</i>	T3	PV
<i>bisacodyl rectal</i>	T9	



Medication	Coverage Level	Restrictions
<i>bismuth/metronidazol/tetracyclin</i>	T3	ST
<i>bisoprolol fumarate oral</i>	T1	
<i>bisoprolol-hydrochlorothiazide</i>	T1	
<b>BLEPH-10</b>	T3	
<b>BLEPHAMIDE S.O.P.</b>	T3	
<b>BLISOVI 24 FE</b>	T1	PV
<b>BLISOVI FE 1.5/30</b>	T1	PV
<b>BLISOVI FE 1/20</b>	T1	PV
<i>blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>blood pressure monitor</i>	T2	QL (1 monitor per 2 years)
<b>BLOOD PRESSURE MONITOR 3</b>	T2	QL (1 monitor per 2 years)
<b>BLOOD PRESSURE MONITOR 7</b>	T2	QL (1 monitor per 2 years)
<i>blood pressure monitor kit</i>	T2	QL (1 monitor per 2 years)
<b>BLULINK GLUCOSE MONITORING SYS</b>	T9	
<b>BLULINK GLUCOSE TEST</b>	T3	ST; QL (200 Strips per 30 days)
<b>BONIVA ORAL TABLET 150 MG</b>	T3	
<b>BONJESTA</b>	T9	
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5</b>	T6 - \$0 copay	PV; QL (1 dose per 1 lifetime)
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6 - \$0 copay	PV; QL (1 dose per 1 lifetime)
<i>bosentan</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); SP
<b>BOSULIF</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); SP
<i>bp gel external gel 10 %, 5 %</i>	T9	
<i>bp vit 3</i>	T9	
<i>bp wash external liquid 10 %, 2.5 %, 5 %, 7 %</i>	T9	
<i>bpo foaming cloths external 6 %</i>	T9	
<b>BPROTECTED PEDIA IRON</b>	T1	AL (Min 6 Months and Max 12 Months)
<b>BRAFTOVI ORAL CAPSULE 75 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); SP
<b>BREATHERITE</b>	T2	QL (4 EA per 365 days)
<b>BREATHERITE COLL SPACER ADULT</b>	T2	QL (4 EA per 365 days)
<b>BREATHERITE COLL SPACER CHILD</b>	T2	QL (4 EA per 365 days)
<b>BREATHERITE COLL SPACER INFANT</b>	T2	QL (4 EA per 365 days)
<b>BREATHERITE RIGID SPACER/MASK</b>	T2	QL (4 EA per 365 days)

Medication	Coverage Level	Restrictions
<b>BREATHERITE SPACER NEONATE</b>	T2	QL (4 EA per 365 days)
<b>BREATHERITE SPACER SMALL CHILD</b>	T2	QL (4 EA per 365 days)
<b>BREATHERITE/LARGE MASK</b>	T2	QL (4 EA per 365 days)
<b>BREATHERITE/MEDIUM MASK</b>	T2	QL (4 EA per 365 days)
<b>BREATHERITE/SMALL MASK</b>	T2	QL (4 EA per 365 days)
<b>BRENZAVVY</b>	T9	
<b>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT</b>	T2	QL (1 inhaler per 30 days)
<b>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH</b>	T2	QL (1 inhaler per 30 Days)
<b>BREXAFEMME</b>	T9	
<b>BREYNA</b>	T1	QL (2 inhalers per 30 days)
<b>BREZTRI AEROSPHERE</b>	T9	
<i>briellyn</i>	T1	PV
<b>BRILINTA</b>	T2	
<i>brimonidine tartrate external</i>	T9	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %</i>	T2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T1	
<i>brimonidine tartrate-timolol</i>	T1	
<i>brimonidine-dorzolamide</i>	T9	
<i>brinzolamide</i>	T2	
<b>BRISDELLE</b>	T9	
<b>BRIVIACT ORAL SOLUTION</b>	T3	QL (300 ML per 30 days)
<b>BRIVIACT ORAL TABLET</b>	T3	QL (60 tablets per 30 days)
<b>BROMFED DM ORAL SYRUP 30-2-10 MG/5ML</b>	T9	
<i>bromfenac sodium (once-daily)</i>	T2	ST; QL (1.7 ML per 30 days)
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	T9	
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	T1	ST; QL (5 ML per 30 days)
<i>bromocriptine mesylate oral</i>	T2	
<b>BROMSITE</b>	T3	ST; QL (5 ML per 30 days)
<b>BRONCHITOL</b>	T9	
<b>BROVANA</b>	T5	SP Drugs (Limited to a 1 month supply per fill); AL (Min 40 Years)
<b>BRUKINSA</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days)

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

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>bupropion hcl oral</i>	T1	
<i>buspirone hcl oral</i>	T1	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	T9	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	QL (180 tablets per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	T9	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	QL (180 capsules per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T9	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1	QL (180 tablets per 30 days)
<i>butalbital-asa-caff-codeine</i>	T2	QL (180 capsules per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T1	QL (180 tablets per 30 days)
<i>butorphanol tartrate injection</i>	T3	
<i>butorphanol tartrate nasal</i>	T2	
<b>BUTRANS</b>	T9	
<b>BYDUREON BCISE</b>	T9	
<b>BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T9	
<b>BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T9	
<b>BYLVAY</b>	T9	
<b>BYLVAY (PELLETS)</b>	T9	
<b>BYNFEZIA PEN</b>	T9	
<b>BYSTOLIC</b>	T3	
<i>cabergoline</i>	T1	
<b>CABLIVI</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill. Limited to 2 fills per 720 days); QL (30 kits per 30 days)
<b>CABOMETYX</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
<b>CABTREO</b>	T9	
<b>CADUET ORAL TABLET 10-10 MG, 5-10 MG</b>	T3	
<b>CAFERGOT</b>	T9	
<i>caffeine citrate oral solution 60 mg/3ml</i>	T3	AL (Max 1 Years)
<i>calcipotriene external cream</i>	T1	QL (120 GM per 30 days)
<i>calcipotriene external foam</i>	T9	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>calcipotriene external ointment</i>	T2	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	T1	
<i>calcipotriene-betameth diprop external ointment</i>	T5	SP Drugs (Limited to a 1 month supply per fill); QL (100 GM per 30 days)
<i>calcipotriene-betameth diprop external suspension</i>	T5	SP Drugs (Limited to a 1 month supply per fill)
<i>calcitonin (salmon) injection</i>	T9	
<i>calcitonin (salmon) nasal</i>	T1	
<i>calcitriol external</i>	T3	ST; QL (100 GM per 30 days)
<i>calcitriol oral capsule</i>	T1	
<i>calcitriol oral solution</i>	T1	AL (Max 9 Years)
<i>calcium acetate (phos binder) oral capsule</i>	T1	
<i>calcium-folic acid plus d</i>	T9	
<b>CALQUENCE ORAL TABLET</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
<i>calsodore external kit</i>	T9	
<b>CAMBIA</b>	T9	
<b>CAMILA</b>	T1	PV
<b>CAMRESE</b>	T1	PV
<b>CAMRESE LO</b>	T1	PV
<b>CAMZYOS</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); AL (Min 18 Years); SP
<b>CANASA</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<i>candesartan cilexetil</i>	T1	
<i>candesartan cilexetil-hctz</i>	T1	
<b>CANDIN</b>	T9	
<i>capecitabine oral tablet 150 mg</i>	T4	SP Drugs (Limited to a 1 month supply per fill); SP
<i>capecitabine oral tablet 500 mg</i>	T4	SP Drugs (Limited to a 1 month supply per fill ); SP
<b>CAPEX</b>	T9	

Medication	Coverage Level	Restrictions
<b>CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG</b>	T5	ST; SP Drugs (Limited to a 1 month supply per fill ); QL (30 capsules per 30 days)
<b>CAPLYTA ORAL CAPSULE 42 MG</b>	T5	ST; SP Drugs (Limited to a 1 month supply per fill); QL (30 Capsules per 30 days)
<b>CAPRELSA</b>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
<i>captopril oral</i>	T1	
<i>captopril-hydrochlorothiazide</i>	T1	
<b>CAPVAXIVE</b>	T6 - \$0 copay	QL (1 Dose Max Qty Per Fill Retail)
<b>CARAC</b>	T9	
<b>CARAFATE</b>	T3	ST
<b>CARBAGLU ORAL TABLET SOLUBLE</b>	T9	
<i>carbamazepine er oral capsule extended release 12 hour</i>	T1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	T1	ST; QL (60 tablets per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	T2	ST; QL (120 tablets per 30 days)
<i>carbamazepine oral suspension 100 mg/5ml</i>	T1	
<i>carbamazepine oral tablet</i>	T1	
<i>carbamazepine oral tablet chewable 100 mg</i>	T1	
<i>carbamazepine oral tablet chewable 200 mg</i>	T9	
<b>CARBATROL</b>	T3	
<i>carbidopa oral</i>	T3	ST; QL (5 tablets per 1 day)
<i>carbidopa-levodopa</i>	T1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	T1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	T1	
<i>carbinoxamine maleate er</i>	T9	
<i>carbinoxamine maleate oral solution</i>	T1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	T9	
<b>CARDIOVID PLUS</b>	T9	

Medication	Coverage Level	Restrictions
<b>CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG</b>	T3	
<b>CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG</b>	T9	
<b>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG</b>	T2	
<b>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</b>	T9	
<b>CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG</b>	T3	
<b>CARDURA</b>	T3	
<b>CARDURA XL</b>	T3	ST
<b>CARESENS CONTROL A</b>	T3	
<b>CARESENS N GLUCOSE TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>CARETOUCH CONTROL SOL LEVEL 2</b>	T3	
<b>CARETOUCH LANCING/EJECTOR</b>	T3	
<b>CARETOUCH TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>CARETOUCH TWIST LANCETS 28G</b>	T2	
<b>CARETOUCH TWIST LANCETS 30G</b>	T2	
<b>CARETOUCH TWIST LANCETS 33G</b>	T2	
<i>carglumic acid oral tablet soluble</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>carisoprodol oral tablet 350 mg</i>	T9	
<i>carisoprodol-aspirin</i>	T9	
<i>carisoprodol-aspirin-codeine</i>	T1	QL (120 tablets per 30 days)
<b>CARNITOR ORAL</b>	T3	
<b>CARNITOR SF</b>	T3	
<b>CAROSPIR</b>	T3	QL (120 ML per 30 days); AL (Max 9 Years)
<i>carteolol hcl</i>	T1	
<b>CARTIA XT</b>	T1	
<i>carvedilol</i>	T1	
<i>carvedilol phosphate er</i>	T2	ST
<b>CASODEX</b>	T3	
<b>CATAPRES</b>	T3	
<b>CATAPRES-TTS-1</b>	T3	
<b>CATAPRES-TTS-2</b>	T3	
<b>CATAPRES-TTS-3</b>	T3	
<b>CAVERJECT</b>	T3	QL (6 injections per 30 days)

Medication	Coverage Level	Restrictions
<b>CAVERJECT IMPULSE</b>	T3	QL (6 injections per 30 days)
<b>CAYA</b>	T3	PV
<b>CAYSTON</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill ); SP
<b>CAZANT</b>	T1	PV
<i>cefaclor er</i>	T9	
<i>cefaclor oral capsule 250 mg</i>	T1	
<i>cefadroxil</i>	T1	
<i>cefdinir</i>	T1	
<i>cefditoren pivoxil oral tablet 400 mg</i>	T1	
<i>cefixime oral suspension reconstituted</i>	T1	
<i>cefepodoxime proxetil</i>	T1	
<i>cefprozil</i>	T1	
<i>cefuroxime axetil oral tablet</i>	T1	
<b>CELACYN</b>	T9	
<b>CELEBREX</b>	T3	QL (60 capsules per 30 days)
<i>celecoxib oral</i>	T1	QL (60 capsules per 30 days)
<b>CELEXA ORAL TABLET 10 MG</b>	T3	QL (90 tablet per 30 days); AL (Min 18 Years)
<b>CELEXA ORAL TABLET 20 MG</b>	T3	QL (60 tablets per 30 days); AL (Min 18 Years)
<b>CELEXA ORAL TABLET 40 MG</b>	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
<b>CELLCEPT ORAL CAPSULE</b>	T3	
<b>CELLCEPT ORAL SUSPENSION RECONSTITUTED</b>	T3	AL (Max 9 Years)
<b>CELLCEPT ORAL TABLET</b>	T3	
<b>CELONTIN</b>	T3	
<b>CENTANY</b>	T3	QL (22 GM per 30 days)
<b>CENTRATEX</b>	T9	
<i>cephalexin oral capsule</i>	T1	
<i>cephalexin oral suspension reconstituted</i>	T1	
<i>cephalexin oral tablet</i>	T2	
<b>CEPROTIN</b>	T3	SP
<b>CEQUA</b>	T9	
<b>CERACADE</b>	T9	
<b>CERDELGA</b>	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (60 capsules per 30 days); SP



Medication	Coverage Level	Restrictions
<b>CETACAINE EXTERNAL AEROSOL</b>	T9	
<i>cetirizine hcl childrens alrgy oral solution</i>	T9	
<i>cetirizine hcl oral tablet</i>	T9	
<i>cetirizine hcl oral tablet chewable</i>	T9	
<i>cetirizine-pseudoephedrine er</i>	T9	
<b>CETRAXAL</b>	T3	
<i>cetorelix acetate</i>	T2	
<b>CETROTIDE SUBCUTANEOUS KIT 0.25 MG</b>	T2	SP
<i>cevimeline hcl</i>	T1	QL (90 Capsules per 30 days)
<b>CHARLOTTE 24 FE</b>	T1	PV
<b>CHATEAL</b>	T1	PV
<b>CHATEAL EQ</b>	T1	PV
<b>CHEMET</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<i>childrens aspirin</i>	T3	
<i>childrens loratadine oral solution</i>	T9	
<i>chlohux</i>	T9	
<i>chlordiazepoxide hcl</i>	T1	
<i>chlordiazepoxide-amitriptyline</i>	T1	
<i>chlordiazepoxide-clidinium</i>	T3	
<i>chlorhexidine gluconate mouth/throat</i>	T1	
<i>chloroquine phosphate oral</i>	T1	
<i>chlorpheniramine maleate er</i>	T9	
<i>chlorpromazine hcl oral concentrate</i>	T3	QL (180 ML per 30 days)
<i>chlorpromazine hcl oral tablet</i>	T3	QL (180 tablets per 30 days)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	T9	
<i>chlorzoxazone oral tablet 500 mg</i>	T2	
<b>CHOLBAM</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill )
<i>cholestyramine light</i>	T1	
<i>cholestyramine oral</i>	T1	
<i>chorionic gonadotropin intramuscular</i>	T3	SP
<b>CHOSEN LANCING DEVICE</b>	T3	
<b>CIALIS</b>	T9	
<b>CIBINQO</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP

Medication	Coverage Level	Restrictions
<b>CICLODAN EXTERNAL SOLUTION</b>	T1	
<i>ciclopirox external</i>	T1	
<i>ciclopirox olamine external</i>	T1	
<i>ciclopirox treatment</i>	T9	
<b>CIFEREX</b>	T9	
<i>cilostazol</i>	T1	
<b>CILOXAN</b>	T3	
<b>CIMDUO</b>	T9	
<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	
<b>CIMZIA (2 SYRINGE)</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
<b>CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (2 syringes per 28 days); SP
<b>CIMZIA SUBCUTANEOUS KIT 2 X 200 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); SP
<b>CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
<b>CIMZIA-STARTER</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (2 syringes per 28 days); SP
<i>cinacalcet hcl</i>	T4	SP Drugs (Limited to a 1 month supply per fill)
<b>CIPRO HC</b>	T2	
<b>CIPRO ORAL SUSPENSION RECONSTITUTED</b>	T3	
<b>CIPRO ORAL TABLET 250 MG, 500 MG</b>	T3	
<b>CIPRODEX</b>	T3	
<i>ciprofloxacin hcl ophthalmic</i>	T1	
<i>ciprofloxacin hcl oral</i>	T1	
<i>ciprofloxacin hcl otic</i>	T1	
<i>ciprofloxacin oral</i>	T1	

Medication	Coverage Level	Restrictions
<i>ciprofloxacin-dexamethasone</i>	T1	
<i>ciprofloxacin-fluocinolone pf</i>	T2	AL (Min 6 Months and Max 17 Years)
<i>citalopram hydrobromide oral capsule</i>	T9	
<i>citalopram hydrobromide oral solution</i>	T1	
<i>citalopram hydrobromide oral tablet 10 mg</i>	T1	QL (90 tablets per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	T1	QL (60 tablets per 30 days)
<i>citalopram hydrobromide oral tablet 40 mg</i>	T1	
<b>CITRANATAL 90 DHA ORAL 90-1 &amp; 300 MG</b>	T3	QL (60 tablets per 30 days)
<b>CITRANATAL ASSURE ORAL 35-1 &amp; 300 MG</b>	T3	
<b>CITRANATAL B-CALM</b>	T3	
<b>CITRANATAL BLOOM</b>	T3	
<b>CITRANATAL DHA</b>	T3	
<b>CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG</b>	T3	
<b>CITRANATAL MEDLEY</b>	T3	
<b>CITRANATAL RX</b>	T3	
<i>citrate of magnesium oral solution</i>	T3	PV
<b>CITROMA</b>	T3	PV
<b>CLARAVIS</b>	T2	QL (6 fills per 2 years)
<b>CLARINEX ORAL TABLET</b>	T9	
<b>CLARINEX-D 12 HOUR</b>	T9	
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
<b>CLARITIN ORAL SOLUTION</b>	T9	
<b>CLARITIN ORAL SYRUP</b>	T9	
<b>CLARITIN ORAL TABLET</b>	T9	
<b>CLARITIN REDITABS</b>	T9	
<b>CLARITIN-D 12 HOUR</b>	T9	
<b>CLARITIN-D 24 HOUR</b>	T9	
<i>classic prenatal</i>	T3	PV
<b>CLEARLAX ORAL PACKET</b>	T9	
<b>CLEARLAX ORAL POWDER</b>	T3	PV
<i>clemastine fumarate oral syrup</i>	T9	
<i>clemastine fumarate oral tablet 1.34 mg</i>	T9	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1	
<b>CLENIA PLUS</b>	T9	
<b>CLENPIQ</b>	T3	
<b>CLEOCIN ORAL CAPSULE 150 MG, 300 MG</b>	T3	
<b>CLEOCIN ORAL CAPSULE 75 MG</b>	T2	

Medication	Coverage Level	Restrictions
<b>CLEOCIN ORAL SOLUTION RECONSTITUTED</b>	T2	
<b>CLEOCIN VAGINAL CREAM</b>	T3	
<b>CLEOCIN VAGINAL SUPPOSITORY</b>	T9	
<b>CLEOCIN-T EXTERNAL LOTION</b>	T3	
<b>CLEVER CHOICE MICRO TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>CLEVER CHOICE TALK SYSTEM IN VITRO</b>	T3	ST; QL (200 strips per 30 days)
<b>CLIMARA</b>	T9	
<b>CLIMARA PRO</b>	T9	
<b>CLINDAGEL</b>	T9	
<i>clindamycin hcl oral</i>	T1	
<i>clindamycin palmitate hcl</i>	T1	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %</i>	T9	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T1	QL (45 gm per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	T2	QL (50 GM per 30 days)
<i>clindamycin phosphate external gel 1 %</i>	T1	
<i>clindamycin phosphate external lotion</i>	T1	
<i>clindamycin phosphate external solution</i>	T1	QL (180 ML per 30 days)
<i>clindamycin phosphate external swab</i>	T1	
<i>clindamycin phosphate vaginal</i>	T1	
<i>clindamycin-tretinoin</i>	T3	
<b>CLINDESSE</b>	T3	ST
<i>clobazam oral suspension</i>	T2	QL (240 ML per 30 days)
<i>clobazam oral tablet</i>	T1	
<i>clobetasol prop emollient base</i>	T1	QL (60 GM per 30 days)
<i>clobetasol propionate emulsion</i>	T3	QL (100 GM per 30 days)
<i>clobetasol propionate external cream</i>	T1	QL (60 GM per 30 days)
<i>clobetasol propionate external foam</i>	T9	
<i>clobetasol propionate external gel</i>	T1	
<i>clobetasol propionate external liquid</i>	T3	
<i>clobetasol propionate external lotion</i>	T3	QL (118 ML per 30 days)
<i>clobetasol propionate external ointment</i>	T1	QL (60 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	T2	QL (118 ML per 30 days)
<i>clobetasol propionate external solution</i>	T1	
<i>clobetasol propionate ophthalmic</i>	T9	
<b>CLOBEX</b>	T3	ST; QL (118 ML per 30 days)
<b>CLOBEX SPRAY</b>	T9	
<i>clocortolone pivalate</i>	T3	ST

Medication	Coverage Level	Restrictions
<b>CLODAN EXTERNAL KIT</b>	T3	
<b>CLODAN EXTERNAL SHAMPOO</b>	T2	QL (118 ML per 30 days)
<b>CLOMID</b>	T3	
<i>clomiphene citrate oral</i>	T1	
<i>clomipramine hcl oral</i>	T1	QL (90 capsules per 30 days)
<i>clonazepam oral</i>	T1	
<i>clonidine</i>	T1	
<i>clonidine er</i>	T9	
<i>clonidine hcl er oral tablet extended release 12 hour</i>	T2	
<i>clonidine hcl er oral tablet extended release 24 hour</i>	T9	
<i>clonidine hcl oral</i>	T1	
<i>clopidogrel bisulfate oral</i>	T1	
<i>clorazepate dipotassium</i>	T1	
<i>clotrimazole external cream</i>	T9	
<i>clotrimazole external solution</i>	T9	
<i>clotrimazole mouth/throat troche</i>	T1	
<i>clotrimazole-betamethasone external cream</i>	T1	
<i>clotrimazole-betamethasone external lotion</i>	T1	QL (30 gm per 30 days)
<i>clozapine oral tablet</i>	T1	
<i>clozapine oral tablet dispersible</i>	T3	
<b>CLOZARIL ORAL TABLET 100 MG, 25 MG</b>	T3	
<b>CLOZARIL ORAL TABLET 200 MG, 50 MG</b>	T9	
<b>COAGADEX</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<i>coal tar external solution</i>	T2	
<b>COARTEM</b>	T2	
<b>COBENFY</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (60 capsules per 30 days)
<b>COBENFY STARTER PACK</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (56 capsules per 28 days)
<i>codeine sulfate oral tablet</i>	T1	
<i>coenzyme q10</i>	T9	
<i>coenzyme q-10 oral capsule 100 mg</i>	T9	
<b>COLAZAL</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<i>colchicine oral capsule</i>	T3	QL (120 capsules per 30 days)
<i>colchicine oral tablet</i>	T1	QL (120 tablets per 30 days)
<i>colchicine-probenecid</i>	T1	

Medication	Coverage Level	Restrictions
<b>COLCRYS</b>	T9	
<i>colesevelam hcl oral packet</i>	T3	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	T1	QL (180 tablets per 30 days)
<b>COLESTID</b>	T3	
<i>colestipol hcl</i>	T1	
<i>colistimethate sodium (cba)</i>	T9	
<b>COLY-MYCIN S</b>	T3	
<b>COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM</b>	T3	
<b>COMBIGAN</b>	T9	
<b>COMBIPATCH</b>	T2	
<b>COMBIVENT RESPIMAT</b>	T2	QL (2 inhalers per 30 days)
<b>COMBIVIR</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<b>COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 &amp; 20 MG</b>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG &amp; 80 MG</b>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>COMETRIQ (60 MG DAILY DOSE)</b>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>COMIRNATY</b>	T6 - \$0 copay	PV
<b>COMPACT SPACE CHAMBER</b>	T3	QL (4 chambers per 1 year)
<b>COMPACT SPACE CHAMBER/LG MASK</b>	T3	QL (4 chambers per 1 year)
<b>COMPACT SPACE CHAMBER/MED MASK</b>	T3	QL (4 chambers per 1 year)
<b>COMPACT SPACE CHAMBER/SM MASK</b>	T3	QL (4 chambers per 1 year)
<b>COMPLERA</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<i>complete natal dha</i>	T1	
<i>completenate</i>	T1	
<b>COMPRO</b>	T1	
<b>COMTAN</b>	T3	
<b>CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG</b>	T3	QL (31 tablets per 31 days); AL (Min 4 Years)
<b>CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG, 54 MG</b>	T3	QL (62 tablets per 31 days); AL (Min 4 Years)
<b>CONDYLOX EXTERNAL GEL</b>	T3	ST
<b>CONJUPRI</b>	T9	

Medication	Coverage Level	Restrictions
CONSENSI	T9	
CONTOUR CONTROL IN VITRO LIQUID NORMAL	T3	
CONTOUR NEXT TEST	T3	ST; QL (200 strips per 30 days)
CONTOUR PLUS BLUE	T9	SO (Not Covered)
CONTOUR PLUS TEST	T3	ST; QL (200 Strips per 30 days)
CONTOUR TEST	T3	ST; QL (200 strips per 30 days)
CONTRAVE	T3	ST
CONZIP	T9	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
COPIKTRA ORAL CAPSULE 15 MG	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (60 capsules per 30 days)
CORDRAN	T9	
COREG	T3	
COREG CR	T3	ST
CORGARD	T3	
CORLANOR ORAL SOLUTION	T3	ST; AL (Max 9 Years)
CORLANOR ORAL TABLET	T9	
CORTANE-B EXTERNAL	T3	
CORTEF	T3	
CORTENEMA	T3	
CORTIFOAM EXTERNAL	T3	ST
<i>cortisone acetate oral</i>	T1	
CORTISPORIN-TC	T3	
CORTROPHIN	T9	
CORVITA 150	T9	
CORVITA ORAL TABLET 1.25 MG	T9	
CORVITE 150 ORAL TABLET	T9	
<i>corvite fe</i>	T9	
CORVITE FREE	T9	
CORVITE ORAL TABLET 1.25 MG	T9	
COSENTYX (300 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (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); SP

Medication	Coverage Level	Restrictions
<b>COSENTYX SENSOREADY (300 MG)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (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); SP
<b>COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (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); SP
<b>COSENTYX SUBCUTANEOUS</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (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); SP
<b>COSENTYX UNOREADY</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (1 pen per 28 days); SP
<b>COSOPT</b>	T3	
<b>COTELLIC</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill ); SP
<b>COTEMPLA XR-ODT</b>	T9	
<b>COUMADIN ORAL</b>	T2	
<b>COVARYX</b>	T9	
<b>COVARYX HS</b>	T9	
<b>COXANTO</b>	T9	
<b>COZAAR</b>	T3	
<b>CREON</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<b>CRESEMBA ORAL CAPSULE 186 MG</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (60 Capsules per 30 days)
<b>CRESEMBA ORAL CAPSULE 74.5 MG</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)
<b>CRESTOR</b>	T3	
<b>CREXONT</b>	T9	
<b>CRINONE</b>	T9	



Medication	Coverage Level	Restrictions
<b>CRIXIVAN ORAL CAPSULE 200 MG, 400 MG</b>	T2	
<i>cromolyn sodium inhalation</i>	T9	
<i>cromolyn sodium ophthalmic</i>	T1	
<i>cromolyn sodium oral</i>	T3	
<b>CRYDOSE TA</b>	T9	
<b>CRYSELLE-28</b>	T1	PV
<b>CUPRIMINE ORAL CAPSULE 250 MG</b>	T9	
<b>CURAE</b>	T3	PV
<b>CUVPOSA</b>	T3	AL (Min 3 Years)
<b>CUVRIOR</b>	T9	
<i>cvs aspirin adult low dose</i>	T1	
<i>cvs aspirin ec</i>	T1	
<i>cvs aspirin oral tablet 325 mg</i>	T1	
<i>cvs folic acid oral tablet 800 mcg</i>	T1	PV
<i>cvs magnesium citrate oral solution</i>	T3	PV
<i>cvs milk of magnesia oral suspension 400 mg/5ml</i>	T3	PV
<i>cvs nicotine polacrilex</i>	T1	PV
<i>cvs nicotine transdermal</i>	T1	PV
<i>cvs prenatal multi+dha</i>	T3	PV
<i>cvs prenatal oral tablet 27-0.8 mg</i>	T3	PV
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1	
<i>cyanocobalamin nasal</i>	T9	
<i>cyclobenzaprine hcl er</i>	T9	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	T9	
<b>CYCLOGYL OPHTHALMIC SOLUTION 0.5 %</b>	T2	
<b>CYCLOGYL OPHTHALMIC SOLUTION 1 %, 2 %</b>	T3	
<b>CYCLOMYDRIL</b>	T3	
<i>cyclopentolate hcl ophthalmic</i>	T1	
<i>cyclophosphamide oral</i>	T3	
<i>cycloserine oral</i>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
<b>CYCLOSET</b>	T3	
<i>cyclosporine modified</i>	T1	
<i>cyclosporine ophthalmic</i>	T2	QL (60 vials per 30 days)
<i>cyclosporine oral capsule</i>	T4	SP Drugs (Limited to a 1 month supply per fill)
<b>CYLTEZO (2 PEN)</b>	T9	

Medication	Coverage Level	Restrictions
<b>CYLTEZO (2 SYRINGE)</b>	T9	
<b>CYLTEZO-CD/UC/HS STARTER</b>	T9	
<b>CYLTEZO-PSORIASIS/UV STARTER</b>	T9	
<b>CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG</b>	T3	QL (60 capsules per 30 days)
<b>CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG</b>	T3	QL (90 capsules per 30 days)
<i>cyproheptadine hcl oral</i>	T1	
<b>CYRED</b>	T1	PV
<b>CYRED EQ</b>	T1	PV
<b>CYSTADANE</b>	T9	
<b>CYSTADROPS</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per dispensing); QL (20 ML per 30 days)
<b>CYSTARAN</b>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (60 ML per 30 days)
<b>CYTOMEL</b>	T2	
<b>CYTOTEC</b>	T3	
<i>cytra k crystals</i>	T1	
<i>cytra-2</i>	T9	
<b>CYTRA-3</b>	T9	
<i>cytra-k</i>	T9	
<i>dabigatran etexilate mesylate</i>	T2	QL (60 capsules per 30 days)
<i>dalfampridine er</i>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); SP
<b>DALIRESP</b>	T3	QL (30 tablets per 30 days)
<i>danazol oral capsule 100 mg, 50 mg</i>	T3	QL (60 capsules per 30 days)
<i>danazol oral capsule 200 mg</i>	T3	QL (120 capsules per 30 days)
<b>DANTRIUM ORAL CAPSULE 25 MG, 50 MG</b>	T3	
<i>dantrolene sodium oral</i>	T1	
<b>DANZITEN</b>	T4	PA; SP Drugs (Limited to a 1-month supply per fill); QL (112 Tablets per 28 days)
<i>dapagliflozin pro-metformin er</i>	T9	
<i>dapagliflozin propanediol</i>	T9	
<i>dapsone external</i>	T9	
<i>dapsone oral</i>	T1	
<b>DARAPRIM</b>	T9	
<i>darifenacin hydrobromide er</i>	T2	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<b>DARTISLA ODT</b>	T9	
<i>darunavir</i>	T4	SP Drugs (Limited to a 1 month supply per fill)
<i>dasatinib</i>	T1	PA; SP Drugs (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); SP
<b>DASETTA 1/35</b>	T1	PV
<b>DASETTA 7/7/7</b>	T1	PV
<b>DAURISMO</b>	T5	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
<b>DAYBUE</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); AL (Min 2 Years)
<b>DAYPRO</b>	T3	
<b>DAYSEE</b>	T1	PV
<b>DAYTRANA</b>	T3	ST; QL (30 patches per 30 days); AL (Min 4 Years)
<b>DAYVIGO</b>	T3	ST; QL (30 Tablets per 30 days); AL (Min 18 Years)
<i>dazaveidaoxia</i>	T9	
<i>dazinia</i>	T9	
<i>dazomon</i>	T9	
<b>DDAVP ORAL</b>	T3	
<b>DDAVP PF</b>	T3	SP
<b>DEBLITANE</b>	T1	PV
<b>DECARA ORAL CAPSULE 1.25 MG (50000 UT)</b>	T1	
<i>deferasirox granules</i>	T4	SP Drugs (Limited to a 1 month supply per fill ); SP
<i>deferasirox oral tablet</i>	T4	SP Drugs (Limited to a 1 month supply per fill ); SP
<i>deferasirox oral tablet soluble</i>	T4	SP Drugs (Limited to a 1 month supply per fill ); SP
<i>deferiprone</i>	T4	SP Drugs (Limited to a 1 month supply per fill ); SP
<i>deflazacort</i>	T9	
<b>DELESTROGEN</b>	T3	

Medication	Coverage Level	Restrictions
<i>delibon</i>	T9	
<b>DELSTRIGO</b>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>DELZICOL</b>	T3	QL (180 capsules per 30 days)
<b>DEMADEX ORAL TABLET 10 MG</b>	T3	
<i>demeclocycline hcl oral</i>	T3	
<b>DEMSEER</b>	T9	
<b>DENAVIR</b>	T9	
<b>DENGVAXIA</b>	T9	
<b>DENTA 5000 PLUS</b>	T1	
<b>DENTAGEL</b>	T1	
<i>denvita</i>	T9	
<i>deoxiademtar</i>	T9	
<i>deoxiatar</i>	T9	
<i>deoxiavar</i>	T9	
<b>DEPAKOTE</b>	T3	
<b>DEPAKOTE ER</b>	T3	
<b>DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE</b>	T3	
<b>DEPEN TITRATABS</b>	T9	
<b>DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML</b>	T3	PV; QL (1 vial per 90 days)
<b>DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T3	PV; QL (1 syringe per 90 days)
<b>DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION</b>	T9	
<b>DERMACINRX PRIZOPAK</b>	T9	
<b>DERMACINRX PUREFOLIX</b>	T9	
<i>derma-r</i>	T9	
<b>DERMA-SMOOTHIE/FS BODY</b>	T3	
<b>DERMA-SMOOTHIE/FS SCALP</b>	T3	
<b>DERMASO PLUS</b>	T9	SO (Not Covered)
<b>DERMASORB HC</b>	T9	
<b>DERMASORB TA</b>	T9	
<b>DERMASORB XM</b>	T9	
<b>DERMAZENE</b>	T9	
<b>DERMULCERA</b>	T9	
<b>DESCOVY</b>	T9	
<i>desipramine hcl oral</i>	T2	QL (60 tablets per 30 days)
<i>desloratadine oral tablet</i>	T9	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>desmopressin ace spray refrig</i>	T2	ST; QL (10 ML per 30 days)
<i>desmopressin acetate oral tablet 0.1 mg</i>	T1	QL (180 tablets per 30 days)
<i>desmopressin acetate oral tablet 0.2 mg</i>	T1	
<i>desmopressin acetate pf</i>	T3	SP
<i>desmopressin acetate spray</i>	T2	ST; QL (10 ML per 30 days)
<i>desogestrel-ethinyl estradiol</i>	T1	PV
<b>DESONATE</b>	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	
<b>DESOWEN EXTERNAL CREAM</b>	T3	ST
<b>DESOWEN EXTERNAL LOTION</b>	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	
<b>DESOXYN</b>	T9	
<i>desvenlafaxine er</i>	T2	QL (30 tablets per 30 days)
<i>desvenlafaxine succinate er</i>	T1	QL (60 tablets per 30 days)
<b>DETROL</b>	T3	
<b>DETROL LA</b>	T3	QL (30 capsules per 30 days)
<i>dexabliss</i>	T9	
<b>DEXAMETHASONE INTENSOL</b>	T2	
<i>dexamethasone oral elixir</i>	T1	
<i>dexamethasone oral solution</i>	T1	
<i>dexamethasone oral tablet</i>	T1	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21)</i>	T9	
<i>dexamethasone sodium phosphate ophthalmic</i>	T1	
<b>DEXCOM G6 RECEIVER</b>	T2	ST; QL (1 receiver per 365 days)
<b>DEXCOM G6 SENSOR</b>	T2	ST; QL (1 box per 30 days)
<b>DEXCOM G6 TRANSMITTER</b>	T2	ST; QL (1 transmitter per 90 days)
<b>DEXCOM G7 RECEIVER</b>	T2	ST; QL (1 receiver per 1 year)
<b>DEXCOM G7 SENSOR</b>	T2	ST; QL (3 sensors per 30 days)
<b>DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG</b>	T3	QL (120 capsules per 30 days)
<b>DEXILANT</b>	T9	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>dexlansoprazole</i>	T3	ST; QL (30 capsules per 30 days)
<i>dexmedetomidine hcl in nacl intravenous solution prefilled syringe 20-0.9 mcg/5ml-%</i>	T9	
<i>dexmethylphenidate hcl</i>	T1	AL (Min 4 Years)
<i>dexmethylphenidate hcl er</i>	T1	QL (30 capsules per 30 days); AL (Min 4 Years)
<b>DEXONTO 0.4%</b>	T3	
<b>DEXPAK 6 DAY ORAL TABLET THERAPY PACK</b>	T9	
<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 2.5 mg, 5 mg</i>	T1	QL (30 tablets per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 7.5 mg</i>	T1	QL (90 tablets per 30 days); AL (Min 6 Years)
<b>DEXYCU</b>	T9	
<b>DHIVY</b>	T3	
<b>DIACOMIT ORAL CAPSULE 250 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (180 capsules per 30 days)
<b>DIACOMIT ORAL CAPSULE 500 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (180 capsules per 30 days)
<b>DIACOMIT ORAL PACKET</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
<i>diadimaxia external cream</i>	T9	
<b>DIALYVITE</b>	T9	
<b>DIALYVITE 3000</b>	T9	
<b>DIALYVITE 5000</b>	T9	
<b>DIALYVITE 800 ORAL TABLET</b>	T3	PV; AL (Max 50 Years)
<b>DIALYVITE 800/IRON ORAL TABLET 29-0.8 MG</b>	T9	
<b>DIALYVITE SUPREME D ORAL TABLET 3 MG</b>	T9	
<b>DIALYVITE/ZINC</b>	T9	
<i>diasaxiatar</i>	T9	
<i>diasdimaxia external cream</i>	T9	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>diasoxia external cream</i>	T9	
<b>DIASTAT ACUDIAL</b>	T2	
<b>DIASTAT PEDIATRIC</b>	T2	
<i>diatrue plus test</i>	T3	ST; QL (200 strips per 30 days)
<b>DIAZEPAM INTENSOL</b>	T2	
<i>diazepam oral solution 5 mg/5ml</i>	T1	
<i>diazepam oral tablet</i>	T1	
<i>diazepam rectal</i>	T3	
<i>diazoxide oral</i>	T4	SP Drugs (Limited to a 1 month supply per fill)
<b>DIBENZYLINE</b>	T9	
<i>dichlorphenamide</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
<i>diclareal</i>	T9	
<b>DICLEGIS</b>	T9	
<i>diclofenac</i>	T9	
<i>diclofenac epolamine external</i>	T3	ST; QL (60 patches per 30 days)
<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 potassium(migraine)</i>	T9	
<i>diclofenac sodium er</i>	T1	
<i>diclofenac sodium external gel 1 %</i>	T1	
<i>diclofenac sodium external gel 3 %</i>	T2	ST; QL (100 GM per 30 days)
<i>diclofenac sodium external solution</i>	T9	
<i>diclofenac sodium ophthalmic</i>	T1	
<i>diclofenac sodium oral</i>	T1	
<i>diclofenac-misoprostol oral tablet delayed release</i>	T9	
<i>dicloxacillin sodium</i>	T1	
<b>DICOPANOL FUSEPAQ</b>	T9	
<i>dicyclomine hcl oral</i>	T1	
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	T1	
<i>diethylpropion hcl er</i>	T1	
<i>diethylpropion hcl oral</i>	T1	
<b>DIFFERIN EXTERNAL CREAM</b>	T9	
<b>DIFFERIN EXTERNAL GEL 0.1 %</b>	T1	
<b>DIFFERIN EXTERNAL GEL 0.3 %</b>	T9	
<b>DIFFERIN EXTERNAL LOTION</b>	T9	

Medication	Coverage Level	Restrictions
<b>DIFICID ORAL TABLET</b>	T5	ST; SP Drugs (Limited to 2 fills per 6 months); QL (20 tablets per 10 days)
<i>diflorasone diacetate external</i>	T9	
<b>DIFLUCAN</b>	T3	
<i>diflunisal oral</i>	T1	
<i>difluprednate</i>	T1	ST
<b>DIGITEK</b>	T1	
<b>DIGOX</b>	T1	
<i>digoxin oral solution</i>	T1	AL (Max 9 Years)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1	
<i>digoxin oral tablet 62.5 mcg</i>	T9	
<i>dihydroergotamine mesylate injection</i>	T9	
<i>dihydroergotamine mesylate nasal</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (8 ML per 30 days)
<b>DILANTIN INFATABS</b>	T2	
<b>DILANTIN ORAL CAPSULE 100 MG</b>	T3	
<b>DILANTIN ORAL CAPSULE 30 MG</b>	T2	
<b>DILANTIN ORAL SUSPENSION</b>	T3	
<b>DILAUDID ORAL LIQUID</b>	T3	
<b>DILAUDID ORAL TABLET 2 MG</b>	T3	QL (32 tablets per 1 day)
<b>DILAUDID ORAL TABLET 4 MG</b>	T3	QL (16 tablets per 1 day)
<b>DILAUDID ORAL TABLET 8 MG</b>	T3	QL (8 tablets per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	T9	
<i>diltiazem hcl er 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>dimethyl fumarate oral</i>	T1	SP Drugs (Limited to a 1 month supply per fill. ); QL (60 capsules per 30 days); SP



Medication	Coverage Level	Restrictions
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	T1	SP Drugs (Limited to a 1 month supply per fill. ); QL (60 capsules per 30 days); SP
<i>diooxia</i>	T9	
<b>DIOVAN</b>	T3	QL (60 tablets per 30 days)
<b>DIOVAN HCT</b>	T3	
<b>DIPENTUM</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
<i>diphenoxylate-atropine oral liquid</i>	T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1	
<i>diphtheria-tetanus toxoids dt</i>	T9	
<b>DIPROLENE EXTERNAL OINTMENT</b>	T3	QL (50 GM per 30 days)
<i>dipyridamole oral</i>	T1	
<i>disopyramide phosphate oral</i>	T1	
<i>disulfiram oral</i>	T1	
<b>DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG</b>	T3	
<b>DIURIL</b>	T2	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1	
<i>divalproex sodium oral tablet delayed release</i>	T1	
<b>DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM</b>	T2	QL (30 packets per 30 days)
<b>DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM</b>	T2	QL (30 packets per 30 Days)
<b>DOANS PILLS</b>	T1	
<i>dofetilide</i>	T2	
<b>DOJOLVI</b>	T9	
<b>DOLISHALE</b>	T1	PV
<b>DOLOBID</b>	T9	
<b>DOMEBORO EXTERNAL PACKET</b>	T9	
<i>domela</i>	T9	
<i>donepezil hcl</i>	T1	
<b>DONNATAL</b>	T9	
<b>DOPTELET ORAL TABLET 20 MG</b>	T9	
<b>DORYX MPC</b>	T9	

Medication	Coverage Level	Restrictions
<b>DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG</b>	T9	
<i>dorzolamide hcl ophthalmic</i>	T1	
<i>dorzolamide hcl-timolol mal</i>	T1	
<b>DOTTI</b>	T1	
<b>DOVATO</b>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
<i>doxazosin mesylate oral</i>	T1	
<i>doxepin hcl external</i>	T3	ST; QL (45 GM per 1 year)
<i>doxepin hcl oral capsule</i>	T1	
<i>doxepin hcl oral concentrate</i>	T1	
<i>doxepin hcl oral tablet</i>	T2	ST; QL (30 tablets per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 2.5 mcg</i>	T9	
<i>doxercalciferol oral capsule 1 mcg</i>	T4	SP Drugs (Limited to a 1 month supply per fill)
<i>doxycycline</i>	T9	
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1	
<i>doxycycline hyclate oral tablet 50 mg, 75 mg</i>	T9	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	T9	
<i>doxycycline monohydrate oral capsule 100 mg</i>	T1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	T9	
<i>doxycycline monohydrate oral suspension reconstituted</i>	T1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg</i>	T9	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	T1	
<i>doxylamine-pyridoxine</i>	T9	
<i>d-penammine</i>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>draxacey</i>	T9	
<b>DRISDOL ORAL CAPSULE</b>	T3	
<b>DRITHO-CREME HP</b>	T9	
<b>DRIZALMA SPRINKLE</b>	T9	
<i>dronabinol oral capsule 10 mg</i>	T4	SP Drugs (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)

Medication	Coverage Level	Restrictions
<i>drospiren-eth estrad-levomefol</i>	T1	PV
<i>drospirenone-ethinyl estradiol</i>	T1	PV
<b>DROXIA</b>	T3	
<i>droxidopa oral capsule 100 mg</i>	T5	PA; SP Drugs (Limited to a 1 month supply per fill. ); QL (180 capsules per 30 days); SP
<i>droxidopa oral capsule 200 mg, 300 mg</i>	T5	PA; SP Drugs (Limited to a 1 month supply per fill. ); QL (180 capsules per 30 days); SP
<b>DRYSOL</b>	T1	
<b>DSUVIA</b>	T9	
<b>DUAC</b>	T9	
<b>DUAKLIR PRESSAIR</b>	T9	
<b>DUAVEE</b>	T3	QL (30 tablets per 30 days)
<b>DUETACT</b>	T9	
<b>DUEXIS</b>	T9	
<b>DULCOLAX ORAL SUSPENSION</b>	T3	PV
<b>DULERA</b>	T2	QL (1 inhaler per 31 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	T1	QL (60 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	T1	QL (90 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	T2	ST; QL (30 capsules per 30 days)
<b>DULOXICAINE</b>	T9	
<b>DUOBRII</b>	T9	
<b>DUOVISC INTRAOCULAR KIT 0.85-0.5 ML</b>	T9	
<b>DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (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); SP
<b>DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (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); SP

Medication	Coverage Level	Restrictions
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (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); SP
<i>durachol</i>	T9	
<b>DUREX EXTRA SENSITIVE THIN</b>	T3	PV
<b>DUREX REALFEEL</b>	T3	PV
<b>DUREX TROPICAL</b>	T3	PV
<b>DUREZOL</b>	T3	ST
<b>DURLAZA</b>	T9	
<i>dutasteride oral</i>	T1	QL (30 tablets per 30 days)
<i>dutasteride-tamsulosin hcl</i>	T2	ST
<b>DUTOPROL</b>	T9	
<b>DUVYZAT</b>	T9	
<b>DYANAVAL XR</b>	T9	
<b>DYMISTA</b>	T9	
<b>DYRENIUM</b>	T9	
<b>E.E.S. 400 ORAL TABLET</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<b>E.E.S. GRANULES</b>	T4	SP Drugs (Limited to a 1 month supply per fill )
<b>EASIVENT</b>	T2	QL (4 EA per 365 days)
<b>EASIVENT MASK LARGE</b>	T2	QL (4 EA per 365 days)
<b>EASIVENT MASK MEDIUM</b>	T2	QL (4 EA per 365 days)
<b>EASIVENT MASK SMALL</b>	T2	QL (4 EA per 365 days)
<i>easy comfort lancets</i>	T2	
<b>EASY MAX T1 GLUCOSE SYSTEM</b>	T9	
<i>easy mini lancing device</i>	T3	
<i>easy plus ii glucose test</i>	T3	ST; QL (200 strips per 30 days)
<b>EASY STEP CONTROL IN VITRO SOLUTION NORMAL</b>	T3	
<b>EASY STEP TEST</b>	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)
<b>EASY TOUCH CONTROL HIGH &amp; LOW</b>	T3	
<b>EASY TOUCH LANCING DEVICE</b>	T3	
<b>EASY TOUCH TEST</b>	T3	ST; QL (200 strips per 30 days)
<i>easy trak blood glucose test</i>	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
<i>easy trak ii control</i>	T3	
<i>easy trak ii glucose test</i>	T3	ST; QL (200 strips per 30 Days)
<b>EASYGLUCO CONTROL IN VITRO SOLUTION NORMAL</b>	T3	
<b>EASYGLUCO IN VITRO</b>	T3	ST; QL (200 strips per 30 days)
<b>EASYMAX 15 TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>EASYMAX TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (2 auto-injectors per 28 days); SP
<b>EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	ST; SP Drugs (Limited to a 1 month supply per fill ); QL (2 pens per 28 days); SP
<b>EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG</b>	T3	
<i>econazole nitrate external</i>	T1	QL (90 GM per 30 days)
<b>ECONTRA EZ</b>	T1	PV
<b>ECONTRA ONE-STEP</b>	T1	PV
<b>ECOTRIN</b>	T3	PV
<b>ECOTRIN ARTHRTIS PAIN</b>	T3	PV
<b>ECOTRIN LOW STRENGTH</b>	T3	PV
<b>ECOZA</b>	T9	
<b>EDARBI</b>	T3	ST
<b>EDARBYCLOR</b>	T3	ST
<b>EDECRIIN</b>	T9	
<b>EDEX</b>	T3	QL (6 units per 30 days)
<b>EDLUAR</b>	T9	
<b>EDURANT</b>	T2	
<i>efavirenz</i>	T2	
<i>efavirenz-emtricitab-tenofo df</i>	T4	SP Drugs (Limited to a 1 month supply per fill)
<i>efavirenz-lamivudine-tenofovir</i>	T1	QL (30 tablets per 30 days)
<b>EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ</b>	T1	
<b>EFFEXOR XR</b>	T3	
<b>EFFIENT</b>	T3	QL (31 tablets per 31 days)
<b>EFUDEX EXTERNAL CREAM</b>	T3	QL (40 GM per 30 days)
<i>element compact test</i>	T3	ST; QL (200 strips per 30 days)
<b>ELEMENT TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>ELEPSIA XR</b>	T9	
<b>ELESTAT</b>	T3	

Medication	Coverage Level	Restrictions
ELESTRIN	T3	
ELETONE	T9	
<i>eletriptan hydrobromide</i>	T3	ST; QL (12 tablets per 30 days)
ELIDEL	T3	QL (30 GM per 30 days)
ELINEST	T1	PV
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T2	QL (74 tablets per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	T2	QL (60 tablets per 30 days)
ELIQUIS ORAL TABLET 5 MG	T2	QL (74 tablets per 30 days)
ELIXOPHYLLIN	T3	
ELLA	T1	
ELMIRON	T5	SP Drugs (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
ELOCON EXTERNAL CREAM	T3	
ELOCON EXTERNAL OINTMENT	T3	
ELOCTATE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (40250 billable units per 28 days)
ELURYNG	T2	PV; QL (1 ring per 28 days)
ELYXYB	T9	
<i>elyzia external cream</i>	T9	
EMBRACE BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE EVO BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE GLUCOSE CONTROL	T3	
<i>embrace lancing device/ejector</i>	T3	
EMBRACE PRO GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE TALK GLUCOSE CONTROL IN VITRO SOLUTION LOW	T3	
EMBRACE TALK GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	T3	ST; QL (200 strips per 30 days)
EMBRACE WAVE GLUCOSE METER	T9	
EMCYT	T2	
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	T9	
EMEND TRI-PACK	T9	
EMFLAZA	T9	
EMGALITY (300 MG DOSE)	T2	PA; QL (3 syringes per 30 days); AL (Min 18 Years)

Medication	Coverage Level	Restrictions
<b>EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T2	PA; QL (1 Auto-injector per 30 days); AL (Min 18 Years)
<b>EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T2	PA; QL (1 syringe per 30 days); AL (Min 18 Years)
<b>EMPAVELI</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill)
<i>emreal</i>	T9	
<b>EMROSI</b>	T9	
<b>EMSAM</b>	T4	ST; SP Drugs (Limited to a 1 month supply per fill )
<i>emtricitabine</i>	T3	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	T4	SP Drugs (Limited to a 1 month supply per fill)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	T2	PV
<b>EMTRIVA ORAL CAPSULE</b>	T5	SP Drugs (Limited to a 1 month supply per fill )
<b>EMTRIVA ORAL SOLUTION</b>	T2	SP Drugs ( )
<b>EMULSION SB</b>	T9	
<b>EMVERM</b>	T9	
<b>EMZAHH</b>	T1	
<i>enalapril maleate oral solution</i>	T2	AL (Max 9 Years)
<i>enalapril maleate oral tablet</i>	T1	
<i>enalapril-hydrochlorothiazide</i>	T1	
<b>ENBREL MINI</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP
<b>ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (8 vials per 28 days); SP
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (8 syringes per 28 days); SP

Medication	Coverage Level	Restrictions
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (4 syringes per 28 days); SP
<b>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (4 Auto-Injectors per 28 days); SP
<b>ENDARI</b>	T9	
<b>ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG</b>	T1	
<b>ENDOMETRIN</b>	T4	SP Drugs (Limited to a 1 month supply per fill); SP
<b>ENEMEEZ MINI</b>	T3	QL (90 tubes per 30 days)
<b>ENEMEEZ PLUS</b>	T3	QL (90 tubes per 30 days)
<b>ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML</b>	T6 - \$0 copay	PV; QL (3 Doses per 1 Lifetime)
<b>ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE</b>	T6 - \$0 copay	PV; QL (3 Doses per 1 Lifetime)
<b>ENILLORING</b>	T1	PV; QL (1 ring per 28 days)
<b>ENLYTE</b>	T9	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	T3	SP Drugs (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 Drugs (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 Drugs (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
<b>ENOXILUV KIT</b>	T9	
<b>ENPRESSE-28</b>	T1	PV
<b>ENSKYCE ORAL TABLET 0.15-0.03 MG</b>	T1	PV
<b>ENSPRYNG</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); SP
<b>ENSTILAR</b>	T9	
<i>entacapone</i>	T1	
<b>ENTADFI</b>	T9	



Medication	Coverage Level	Restrictions
<i>entecavir</i>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>ENTRESTO ORAL CAPSULE SPRINKLE</b>	T2	QL (60 Capsules per 30 days); AL (Max 9 Years)
<b>ENTRESTO ORAL TABLET</b>	T2	QL (60 tablets per 30 days)
<b>ENTTY SPRAY EMULSION</b>	T9	
<b>ENTYVIO PEN</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (2 pens per 28 days); SP
<b>ENTYVIO SUBCUTANEOUS</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (2 pens per 28 days); SP
<i>enulose</i>	T1	
<b>ENVARUS XR</b>	T3	ST
<b>EOHILIA</b>	T3	PA; QL (60 packs per 30 days)
<b>EPANED ORAL SOLUTION</b>	T2	AL (Max 9 Years)
<b>EPCLUSA</b>	T9	
<b>EPICERAM</b>	T9	
<b>EPIDIOLEX</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (200 ML per 30 days); SP
<b>EPIDUO</b>	T3	
<b>EPIDUO FORTE</b>	T9	
<b>EPIFOAM</b>	T9	
<i>epinastine hcl</i>	T1	
<i>epinephrine hcl (nasal)</i>	T9	
<i>epinephrine injection solution auto-injector</i>	T2	QL (4 pens per 30 days)
<b>EPINEPHRINESNAP-V</b>	T9	
<b>EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR</b>	T9	
<b>EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR</b>	T9	
<b>EPITOL</b>	T1	
<b>EPIVIR</b>	T3	
<b>EPIVIR HBV ORAL SOLUTION</b>	T2	
<b>EPIVIR HBV ORAL TABLET</b>	T3	
<i>eplerenone</i>	T1	
<b>EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</b>	T5	SP Drugs (Limited to a 1 month supply per fill ); SP
<b>EPRONTIA</b>	T9	
<b>EPSOLAY</b>	T9	

Medication	Coverage Level	Restrictions
<b>EPZICOM</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<i>eq magnesium citrate</i>	T3	PV
<i>eq nicotine polacrilex mouth/throat gum</i>	T1	PV
<i>eq aspirin</i>	T1	
<i>eq aspirin ec</i>	T1	
<i>eq aspirin low dose oral tablet chewable</i>	T1	
<b>EQL CLEARLAX</b>	T3	PV
<i>eq magnesium citrate</i>	T3	PV
<i>eq milk of magnesia oral suspension 400 mg/5ml</i>	T3	PV
<b>EQUETRO</b>	T3	ST
<i>ergoloid mesylates oral</i>	T1	
<b>ERGOMAR</b>	T3	
<i>ergotamine-caffeine</i>	T3	QL (40 tablets per 30 days)
<b>ERIVEDGE</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); SP
<b>ERLEADA ORAL TABLET 240 MG</b>	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<b>ERLEADA ORAL TABLET 60 MG</b>	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
<i>erlotinib hcl</i>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>ERMEZA</b>	T9	
<b>ERRIN</b>	T1	PV
<b>ERTACZO</b>	T3	ST
<b>ERVEBO</b>	T9	
<i>ery</i>	T1	
<b>ERYGEL</b>	T1	
<b>ERYPED 200</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<b>ERYPED 400</b>	T4	SP Drugs (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<b>ERY-TAB</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<b>ERYTHROCIN STEARATE ORAL TABLET 250 MG</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<i>erythromycin base oral</i>	T4	SP Drugs (Limited to a 1 month supply per fill)
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	T4	SP Drugs (Limited to a 1 month supply per fill)
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	T4	SP Drugs (Limited to a 1 month supply per fill )
<i>erythromycin ethylsuccinate oral tablet</i>	T4	SP Drugs (Limited to a 1 month supply per fill)
<i>erythromycin external gel</i>	T1	
<i>erythromycin external solution</i>	T1	
<i>erythromycin ophthalmic</i>	T1	
<b>ERZOFRI</b>	T9	
<b>ESBRIET ORAL CAPSULE</b>	T9	SP Drugs ( )
<b>ESBRIET ORAL TABLET 267 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (270 tablets per 30 days); SP
<b>ESBRIET ORAL TABLET 801 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (90 capsules per 30 days); SP
<i>escitalopram oxalate oral</i>	T1	
<b>ESGIC ORAL CAPSULE</b>	T3	QL (180 capsules per 30 days)
<b>ESGIC ORAL TABLET</b>	T3	QL (180 tablets per 30 days)
<i>esomeprazole magnesium oral packet</i>	T9	
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	T9	
<b>ESOTERICA DAYTIME</b>	T9	
<b>ESOTERICA FACIAL</b>	T9	
<b>ESOTERICA FADE NIGHTTIME</b>	T9	
<b>ESPEROCT</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (40250 billable units per 28 days)
<i>est estrogens-methyltest ds</i>	T9	
<i>est estrogens-methyltest hs</i>	T9	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	T9	

Medication	Coverage Level	Restrictions
<b>ESTARYLLA</b>	T1	PV
<i>estazolam</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
<b>ESTRACE ORAL</b>	T3	
<b>ESTRACE VAGINAL</b>	T9	
<i>estradiol implant pellet 6 mg</i>	T9	
<i>estradiol oral</i>	T1	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	T2	QL (30 packets per 30 days)
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	T2	QL (37.5 GM per 30 days)
<i>estradiol transdermal patch twice weekly</i>	T1	
<i>estradiol transdermal patch weekly</i>	T1	
<i>estradiol vaginal cream</i>	T1	QL (42.5 GM per 30 days)
<i>estradiol vaginal tablet</i>	T1	
<i>estradiol valerate intramuscular</i>	T2	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	T1	
<b>ESTRATEST F.S.</b>	T9	
<b>ESTRATEST H.S.</b>	T9	
<b>ESTRING VAGINAL RING 2 MG</b>	T3	
<b>ESTROGEL</b>	T3	QL (50 GM per 31 days)
<b>ESTROSTEP FE</b>	T3	
<i>eszopiclone</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>ethacrynic acid oral</i>	T9	
<i>ethambutol hcl oral</i>	T1	
<i>ethosuximide oral</i>	T1	
<i>ethyl chloride</i>	T9	
<i>ethynodiol diac-eth estradiol</i>	T1	PV
<i>etodolac er</i>	T2	
<i>etodolac oral</i>	T1	
<i>etonogestrel-ethinyl estradiol</i>	T1	PV; QL (1 ring per 28 days)
<i>etoposide oral</i>	T4	SP Drugs (Limited to a 1 month supply per fill)
<i>etravirine oral tablet 100 mg</i>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (120 tablets per 30 Days)
<i>etravirine oral tablet 200 mg</i>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 Days)
<b>EUCRISA</b>	T3	ST; QL (60 GM per 30 days)

Medication	Coverage Level	Restrictions
<b>EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	T9	
<b>EURAX</b>	T9	
<b>EUTHYROX</b>	T3	
<b>EVAMIST</b>	T2	
<b>EVEKEO</b>	T3	ST; QL (180 tablets per 30 days); AL (Min 6 Years)
<b>EVEKEO ODT</b>	T9	
<b>EVENCARE G2 TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>EVENCARE G3 TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>EVENCARE MINI GLUCOSE TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>EVENCARE PROVIEW GLUCOSE TEST</b>	T3	ST; QL (200 strips per 30 days)
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	T4	SP Drugs (Limited to a 1 month supply per fill )
<i>everolimus oral tablet 1 mg</i>	T4	SP Drugs (Limited to a 1 month supply per fill)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
<i>everolimus oral tablet soluble</i>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
<b>EVERSENSE 365 SENSOR/HOLDER</b>	T9	
<b>EVERSENSE 365 SMART TRANSMIT</b>	T9	
<b>EVISTA</b>	T3	
<b>EVOLUTION AUTOCODE IN VITRO</b>	T3	ST; QL (200 strips per 30 Days)
<b>EVOLUTION CONTROL</b>	T3	
<b>EVOTAZ</b>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>EVOXAC</b>	T2	QL (90 capsulues per 30 days)
<b>EVRYSDI</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (240 ML per 30 days); SP
<b>EXELDERM</b>	T9	
<b>EXELON TRANSDERMAL</b>	T3	QL (30 patches per 30 days)
<i>exemestane</i>	T2	
<b>EXFORGE</b>	T3	
<b>EXFORGE HCT</b>	T3	

Medication	Coverage Level	Restrictions
<b>EXJADE</b>	T5	SP Drugs (Limited to a 1 month supply per fill. Only available through the EPASS program. Please call 888 90-EPASS for more information. )
<b>EXKIVITY</b>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days)
<b>EXSERVAN</b>	T9	
<b>EXTAVIA SUBCUTANEOUS KIT</b>	T5	ST; SP Drugs (Limited to a 1 month supply per fill); QL (1 kit per 30 days); SP
<b>EXTAVIA SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	T5	ST; SP Drugs (Limited to a 1 month supply per fill); SP
<b>EXTINA</b>	T9	
<i>eye allergy itch relief</i>	T1	QL (2.5 ML per 30 days)
<i>eye allergy itch/redness rel</i>	T1	QL (5 ML per 30 days)
<b>EYSUVIS</b>	T3	ST; QL (4 bottles per 1 year)
<b>EZ SMART BLOOD GLUCOSE TEST</b>	T3	ST; QL (200 strips per 30 Days)
<b>EZ SMART PLUS GLUCOSE TEST</b>	T3	ST; QL (200 strips per 30 Days)
<b>EZALLOR SPRINKLE</b>	T9	
<i>ezetimibe</i>	T1	
<i>ezetimibe-rosuvastatin</i>	T9	
<i>ezetimibe-simvastatin</i>	T1	
<i>fabb</i>	T9	
<b>FABHALTA</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
<b>FABIOR</b>	T9	
<b>FALMINA</b>	T1	PV
<i>famciclovir oral</i>	T1	QL (120 tablets per 30 days)
<i>famotidine oral suspension reconstituted</i>	T3	
<i>famotidine oral tablet 10 mg, 20 mg</i>	T9	
<i>famotidine oral tablet 40 mg</i>	T3	
<b>FANAPT</b>	T5	ST; SP Drugs (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days)
<b>FANAPT TITRATION PACK</b>	T5	ST; SP Drugs (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days)
<b>FANTASY LUBRICATED</b>	T3	PV
<b>FARESTON</b>	T9	

Medication	Coverage Level	Restrictions
<b>FARXIGA</b>	T2	QL (31 tablets per 31 days)
<b>FARYDAK</b>	T5	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (6 capsules per 1 fill); SP
<b>FASENRA</b>	T4	PA; SP Drugs (Limited to 1 syringe per 28 days for induction/starting doses only); QL (1 syringe per 56 days); SP
<b>FASENRA PEN</b>	T4	PA; SP Drugs (Limited to 1 pen per 28 days for induction/starting dose only ); QL (1 pen per 56 days); SP
<b>FAYOSIM</b>	T9	
<b>FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 25 MG</b>	T3	
<b>FC2 FEMALE CONDOM</b>	T3	PV
<i>fe 90 plus</i>	T9	
<b>FE C PLUS</b>	T9	
<i>febuxostat</i>	T1	QL (30 tablets per 30 days)
<b>FEIBA NF INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT</b>	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill)
<i>felbamate oral suspension</i>	T2	QL (900 ml per 30 days)
<i>felbamate oral tablet 400 mg</i>	T2	QL (210 tablets per 30 days)
<i>felbamate oral tablet 600 mg</i>	T2	QL (180 tablets per 30 days)
<b>FELBATOL ORAL SUSPENSION</b>	T3	QL (900 ml per 30 days)
<b>FELBATOL ORAL TABLET 400 MG</b>	T3	QL (210 tablets per 30 days)
<b>FELBATOL ORAL TABLET 600 MG</b>	T3	QL (180 tablets per 30 days)
<b>FELDENE</b>	T3	
<i>felodipine er</i>	T1	
<b>FEMARA</b>	T3	
<b>FEMCAP</b>	T3	PV
<b>FEMHRT</b>	T3	
<b>FEMRING</b>	T3	
<i>fenofibrate micronized oral capsule 130 mg, 30 mg, 90 mg</i>	T9	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	T1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	T9	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	T9	

Medication	Coverage Level	Restrictions
<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	
<b>FENOGLIDE</b>	T9	
<i>fenoprofen calcium oral</i>	T9	
<b>FENORTHO ORAL CAPSULE 200 MG</b>	T9	
<i>fentanyl citrate buccal lozenge on a handle</i>	T4	PA; SP Drugs (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	
<b>FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>	T9	
<b>FERIVA 21/7</b>	T9	
<b>FERIVAF</b>	T9	
<i>ferocon</i>	T9	
<b>FERRALET 90</b>	T9	
<i>ferraplus 90</i>	T9	
<b>FERREX 150</b>	T9	
<b>FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG</b>	T9	
<b>FERREX 150 FORTE PLUS</b>	T9	
<b>FERREX 150 PLUS</b>	T9	
<b>FERREX 28</b>	T9	
<b>FERRIPROX ORAL SOLUTION</b>	T4	SP Drugs (Limited to a 1 month supply per fill )
<b>FERRIPROX ORAL TABLET 1000 MG</b>	T9	
<b>FERRIPROX ORAL TABLET 500 MG</b>	T5	SP Drugs (Limited to a 1 month supply per fill )
<b>FERRIPROX TWICE-A-DAY</b>	T5	SP Drugs (Limited to a 1 month supply per fill )
<b>FERROCITE PLUS ORAL TABLET</b>	T9	
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	T1	PV; AL (Min 6 Months and Max 12 Months)
<i>fesoterodine fumarate er</i>	T1	QL (30 tablets per 30 days)
<b>FETZIMA</b>	T3	ST; QL (30 capsules per 30 days); AL (Min 18 Years)



Medication	Coverage Level	Restrictions
<b>FETZIMA TITRATION</b>	T3	ST; QL (30 capsules per 30 days); AL (Min 18 Years)
<b>FEXMID</b>	T9	
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	T9	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	T9	
<b>FIASP FLEXTOUCH</b>	T3	ST
<b>FIASP INJECTION</b>	T3	ST
<b>FIASP PENFILL</b>	T3	ST
<b>FIBRICOR</b>	T9	
<b>FIFTY50 SAFETY SEAL LANCETS</b>	T2	
<b>FILSPARI</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days); AL (Min 18 Years); SP
<b>FILSUVEZ</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (15 tubes per 30 days)
<b>FINACEA EXTERNAL FOAM</b>	T3	ST
<b>FINACEA EXTERNAL GEL</b>	T9	
<i>finapid</i>	T9	
<i>finapodtar</i>	T9	
<i>finasteride oral tablet 1 mg</i>	T9	
<i>finasteride oral tablet 5 mg</i>	T1	
<i>fingolimod hcl</i>	T1	QL (30 capsules per 30 days); SP
<b>FINTEPLA</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (360 ML per 30 days)
<b>FIORICET ORAL CAPSULE</b>	T9	
<b>FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG</b>	T9	
<b>FIORINAL</b>	T3	QL (180 capsules per 30 days)
<b>FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T9	
<b>FIRDAPSE</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
<b>FIRST-LANSOPRAZOLE</b>	T3	
<b>FIRST-MOUTHWASH BLM</b>	T2	

Medication	Coverage Level	Restrictions
FIRST-OMEPRAZOLE	T3	
FIRVANQ	T2	
FLAGYL	T3	
FLAREX	T2	
<i>flavoxate hcl</i>	T1	
<i>flecainide acetate</i>	T1	
FLECTOR EXTERNAL	T9	
FLEQSUVY	T9	
FLEXICHAMBER	T3	QL (4 devices per 1 year)
FLEXICHAMBER ADULT MASK/SMALL	T3	QL (4 masks per 1 year)
FLEXICHAMBER CHILD MASK/LARGE	T3	QL (4 masks per 1 year)
FLEXICHAMBER CHILD MASK/SMALL	T3	QL (4 masks per 1 year)
<i>flolipid</i>	T9	
FLOMAX	T3	
FLORIVA ORAL LIQUID	T9	
FLORIVA ORAL TABLET CHEWABLE 0.5 MG	T9	
FLORIVA PLUS	T9	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	T9	
FLOVENT HFA	T9	
FLUAD	T6 - \$0 copay	PV; QL (1 dose per 180 days)
FLUAD QUADRIVALENT	T6 - \$0 copay	PV; QL (1 injection per 180 days)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 copay	PV; QL (1 does per 180 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 copay	PV; QL (1 injection per 180 days)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T6 - \$0 copay	PV; QL (1 dose per 180 days)
FLUBLOK QUADRIVALENT	T6 - \$0 copay	PV; QL (1 injection per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION	T6 - \$0 copay	PV; QL (1 dose per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 copay	PV; QL (1 dose per 180 days)
FLUCELVAX QUADRIVALENT	T6 - \$0 copay	PV; QL (1 injection per 180 days)
<i>fluconazole oral</i>	T1	
<i>fludrocortisone acetate oral</i>	T1	
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 copay	PV; QL (1 injection per 180 days)
FLUMIST	T6 - \$0 copay	PV; QL (1 dose per 180 days)
FLUMIST QUADRIVALENT	T6 - \$0 copay	PV; QL (1 inhalation per 180 days)

Medication	Coverage Level	Restrictions
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	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	
<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)
<b>FLUORIMAX 5000</b>	T3	
<b>FLUORIMAX 5000 SENSITIVE</b>	T3	
<i>fluorometholone ophthalmic</i>	T1	
<b>FLUROPLEX</b>	T4	ST; SP Drugs (Limited to a 1 month supply per fill)
<i>fluorouracil external cream 0.5 %</i>	T5	ST; SP Drugs (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	
<i>fluoxetine hcl (pmdd) capsule 10 mg oral</i>	T9	
<i>fluoxetine hcl (pmdd) capsule 20 mg oral</i>	T9	
<i>fluoxetine hcl (pmdd) oral tablet</i>	T9	
<i>fluoxetine hcl oral capsule</i>	T1	
<i>fluoxetine hcl oral capsule delayed release</i>	T2	ST
<i>fluoxetine hcl oral solution</i>	T1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	T1	
<i>fluoxetine hcl oral tablet 60 mg</i>	T9	
<i>fluoxia</i>	T9	
<i>fluphenazine hcl oral concentrate</i>	T1	
<i>fluphenazine hcl oral elixir</i>	T1	
<i>fluphenazine hcl oral tablet</i>	T2	QL (60 tablets per 30 days)
<i>flurandrenolide</i>	T9	
<i>flurazepam hcl</i>	T1	QL (30 capsules per 30 days)
<i>flurbiprofen oral</i>	T1	
<i>flurbiprofen sodium</i>	T1	
<i>flutamide</i>	T1	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	T9	
<i>fluticasone propionate diskus</i>	T1	QL (1 inhaler per 30 days)
<i>fluticasone propionate external cream</i>	T1	
<i>fluticasone propionate external lotion</i>	T9	
<i>fluticasone propionate external ointment</i>	T1	
<i>fluticasone propionate hfa</i>	T1	QL (1 inhaler per 30 days)
<i>fluticasone propionate nasal</i>	T3	
<i>fluticasone-salmeterol inhalation aerosol</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T3	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1	QL (1 inhaler per 30 days)
<i>fluvastatin sodium</i>	T9	
<i>fluvastatin sodium er</i>	T9	
<i>fluvoxamine maleate</i>	T1	
<i>fluvoxamine maleate er</i>	T3	QL (60 capsules per 30 days)
<b>FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6 - \$0 copay	PV; QL (1 dose per 180 days)
<b>FLUZONE HIGH-DOSE QUADRIVALENT</b>	T6 - \$0 copay	PV; QL (1 injection per 180 days)
<b>FLUZONE INTRAMUSCULAR SUSPENSION</b>	T6 - \$0 copay	PV; QL (1 dose per 180 days)
<b>FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6 - \$0 copay	PV; QL (1 dose per 180 days)
<b>FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML</b>	T6 - \$0 copay	PV; QL (1 injection per 180 days)
<b>FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>	T6 - \$0 copay	PV; QL (1 injection per 180 days)
<i>flyprogpitdar</i>	T9	
<b>FML</b>	T2	
<b>FML FORTE</b>	T3	
<b>FML LIQUIFILM</b>	T3	
<b>FOCALIN</b>	T3	AL (Min 4 Years)
<b>FOCALIN XR</b>	T3	QL (30 capsules per 30 days); AL (Min 4 Years)
<i>folbee</i>	T9	
<b>FOLBEE AR</b>	T9	
<i>folbee plus</i>	T9	
<b>FOLBEE PLUS CZ</b>	T9	
<b>FOLBIC</b>	T9	

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

Medication	Coverage Level	Restrictions
<i>formoterol fumarate inhalation</i>	T4	ST; SP Drugs (Limited to a 1 month supply per fill); AL (Min 40 Years)
<b>FORTAMET</b>	T9	
<b>FORTAVIT ORAL CAPSULE</b>	T9	
<b>FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML</b>	T9	
<b>FORTESTA</b>	T9	
<b>FORTISCARE G1 TEST STRIP</b>	T3	ST; QL (200 strips per 30 days)
<b>FORTISCARE TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>FOSAMAX ORAL TABLET 70 MG</b>	T3	
<b>FOSAMAX PLUS D</b>	T3	ST; QL (4 tablets per 28 days)
<i>fosamprenavir calcium</i>	T4	SP Drugs (Limited to a 1 month supply per fill)
<i>fosfomycin tromethamine</i>	T1	QL (3 packets per 30 days)
<i>fosinopril sodium</i>	T1	
<i>fosinopril sodium-hctz</i>	T1	
<b>FOSRENOL ORAL PACKET</b>	T5	SP Drugs (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
<b>FOSRENOL ORAL TABLET CHEWABLE 1000 MG</b>	T5	SP Drugs (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<b>FOSRENOL ORAL TABLET CHEWABLE 500 MG</b>	T5	SP Drugs (Limited to a 1 month supply per fill); QL (210 tablets per 30 days)
<b>FOSRENOL ORAL TABLET CHEWABLE 750 MG</b>	T5	SP Drugs (Limited to a 1 month supply per fill); QL (150 tablets per 30 days)
<b>FOTIVDA</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (28 capsules per 28 days)
<b>FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 25000 UNIT/ML</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<b>FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<b>FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<b>FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<i>fraiche 5000 previ</i>	T3	

Medication	Coverage Level	Restrictions
<i>fraiche 5000 sensitive</i>	T3	
<b>FREEDOM DERMA-D</b>	T9	
<b>FREESTYLE CONTROL SOLUTION</b>	T3	
<b>FREESTYLE INSULINX TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>FREESTYLE LIBRE 14 DAY READER</b>	T2	ST; QL (2 kits per 28 days)
<b>FREESTYLE LIBRE 14 DAY SENSOR</b>	T2	ST; QL (2 sensors per 28 days)
<b>FREESTYLE LIBRE 2 PLUS SENSOR</b>	T2	ST; QL (2 Sensors per 28 days)
<b>FREESTYLE LIBRE 2 READER</b>	T2	ST; QL (1 reader per 365 days)
<b>FREESTYLE LIBRE 2 SENSOR</b>	T2	ST; QL (2 sensors per 28 days)
<b>FREESTYLE LIBRE 3 PLUS SENSOR</b>	T2	ST; QL (2 sensors per 28 days)
<b>FREESTYLE LIBRE 3 READER</b>	T2	ST; QL (1 reader per 1 year)
<b>FREESTYLE LIBRE 3 SENSOR</b>	T2	ST; QL (2 sensors per 28 days)
<b>FREESTYLE LITE TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>FREESTYLE PRECISION NEO TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>FREESTYLE TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>FROVA</b>	T9	
<i>frovatriptan succinate</i>	T9	
<b>FRUZAQLA ORAL CAPSULE 1 MG</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (84 capsules per 28 days)
<b>FRUZAQLA ORAL CAPSULE 5 MG</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
<i>full spectrum b/vitamin c</i>	T3	PV; AL (Max 50 Years)
<b>FULPHILA</b>	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
<b>FURADANTIN</b>	T5	SP Drugs (Limited to a 1 month supply per fill); QL (120 ML per 30 days)
<b>FUROSCIX</b>	T9	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T1	
<i>furosemide oral tablet</i>	T1	
<b>FUSION PLUS</b>	T9	
<b>FUSION SPRINKLES</b>	T9	
<b>FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	T3	

Medication	Coverage Level	Restrictions
<b>FYCOMPA ORAL SUSPENSION</b>	T4	ST; SP Drugs (Limited to a 1 month supply per fill ); QL (680 ML per 30 days); AL (Max 24 Months)
<b>FYCOMPA ORAL TABLET</b>	T4	ST; SP Drugs (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days); AL (Min 12 Years)
<b>FYLNETRA</b>	T9	
<b>FYREMADEL</b>	T3	ST
<i>gabapentin (once-daily)</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>gabapentin oral capsule</i>	T1	
<i>gabapentin oral solution 250 mg/5ml</i>	T1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1	
<b>GABITRIL ORAL TABLET 12 MG, 4 MG</b>	T3	QL (120 tablets per 30 days)
<b>GABITRIL ORAL TABLET 16 MG</b>	T3	QL (90 tablets per 30 days)
<b>GABITRIL ORAL TABLET 2 MG</b>	T3	QL (60 tablets per 30 days)
<b>GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML</b>	T9	
<b>GALAFOLD</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (14 capsules per 28 days); SP
<i>galantamine hydrobromide</i>	T1	
<i>galantamine hydrobromide er</i>	T1	
<b>GALLIFREY</b>	T1	
<b>GALZIN</b>	T9	
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	T4	ST; SP Drugs (Limited to a 1 month supply per fill ); SP
<b>GARDASIL 9 INTRAMUSCULAR SUSPENSION</b>	T6 - \$0 copay	PV; QL (3 Doses per 1 Lifetime); AL (Min 9 Years and Max 45 Years)
<b>GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6 - \$0 copay	PV; QL (3 doses per 1 lifetime); AL (Min 9 Years and Max 45 Years)
<b>GASTROCROM</b>	T3	
<i>gatifloxacin ophthalmic</i>	T1	
<b>GATTEX</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); SP



Medication	Coverage Level	Restrictions
<i>gavilax</i>	T9	
<b>GAVILYTE-G</b>	T1	PV
<b>GAVILYTE-N WITH FLAVOR PACK</b>	T1	PV
<b>GAVRETO</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (120 capsules per 30 days); SP
<i>ge100 blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>ge100 control</i>	T3	
<b>GEBAUERS PAIN EASE</b>	T3	
<b>GEBAUERS SPRAY AND STRETCH</b>	T3	
<i>gefitinib</i>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
<b>GELCLAIR</b>	T9	
<b>GELFOAM COMPRESSED SIZE 100</b>	T9	
<b>GELFOAM-JMI SPONGE</b>	T9	
<b>GELNIQUE TRANSDERMAL GEL 10 %</b>	T9	
<i>gemfibrozil oral</i>	T1	
<b>GEMMILY</b>	T9	
<b>GEMTESA</b>	T2	ST
<b>GENERESS FE</b>	T9	
<i>generlac</i>	T1	
<b>GENGRAF ORAL CAPSULE 100 MG, 25 MG</b>	T1	
<b>GENGRAF ORAL SOLUTION</b>	T1	
<b>GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); SP
<b>GENOTROPIN SUBCUTANEOUS CARTRIDGE</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); SP
<b>GENTAK OPHTHALMIC OINTMENT</b>	T1	
<i>gentamicin sulfate external</i>	T1	
<i>gentamicin sulfate ophthalmic solution</i>	T1	
<i>gentlelax oral powder</i>	T9	
<b>GENVOYA</b>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>GEODON ORAL</b>	T3	
<b>GERI-HYDROLAC 12</b>	T9	
<b>GERI-HYDROLAC 5</b>	T9	
<b>GILENYA</b>	T9	

Medication	Coverage Level	Restrictions
<b>GILOTRIF ORAL TABLET 20 MG</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 tablet per 30 days); SP
<b>GILOTRIF ORAL TABLET 30 MG</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 tablet per 30 days); SP
<b>GILOTRIF ORAL TABLET 40 MG</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 tablet per 30 days); SP
<b>GIMOTI</b>	T9	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	T1	QL (30 ML per 30 days); SP
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	T1	SP Drugs ( ); QL (12 ML per 28 days); SP
<b>GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML</b>	T1	SO (Eligible Members must be enrolled in SaveOn for coverage); QL (30 ML per 30 days); SP
<b>GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML</b>	T1	SO (Eligible Members must be enrolled in SaveOn for coverage); QL (12 ML per 30 days); SP
<b>GLEEVEC</b>	T9	
<b>GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill )
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	T1	
<i>glimepiride oral tablet 3 mg</i>	T9	
<i>glipizide er</i>	T1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	T1	
<i>glipizide oral tablet 2.5 mg</i>	T9	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg</i>	T1	
<i>glipizide-metformin hcl</i>	T1	
<b>GLOPERBA</b>	T9	
<b>GLUCAGEN HYPOKIT</b>	T2	QL (2 Kits per 30 days)
<i>glucagon emergency injection kit</i>	T2	QL (2 Kits per 30 days)
<b>GLUCOCARD 01 SENSOR PLUS</b>	T3	ST; QL (200 strips per 30 days)
<b>GLUCOCARD EXPRESSION TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>GLUCOCARD SHINE TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>GLUCOCARD VITAL TEST</b>	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
<b>GLUCOCOM TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>GLUCONAVII BLOOD GLUCOSE TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>GLUCOPHAGE</b>	T3	
<b>GLUCOPHAGE XR</b>	T3	
<b>GLUCOTROL XL</b>	T3	
<b>GLUMETZA</b>	T9	
<i>glyburide micronized</i>	T1	
<i>glyburide oral</i>	T1	
<i>glyburide-metformin</i>	T1	
<b>GLYCATE</b>	T9	
<b>GLYCOLAX</b>	T9	
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml</i>	T9	
<i>glycopyrrolate injection solution prefilled syringe</i>	T9	
<i>glycopyrrolate intravenous solution prefilled syringe 0.6 mg/3ml, 1 mg/5ml</i>	T9	
<i>glycopyrrolate oral solution</i>	T3	AL (Min 3 Years)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	
<i>glycopyrrolate pf injection solution prefilled syringe 0.6 mg/3ml</i>	T9	
<b>GLYDO EXTERNAL GEL</b>	T3	
<b>GLYNASE</b>	T3	
<b>GLYSET</b>	T3	
<b>GLYXAMBI</b>	T2	QL (30 tablets per 30 days)
<b>GNP CLEARLAX ORAL POWDER</b>	T3	PV
<i>gnp folic acid</i>	T1	PV; AL (Max 50 Years)
<i>gnp laxative oral</i>	T3	PV
<i>gnp milk of magnesia</i>	T3	PV
<i>gnp nicotine mini</i>	T1	PV
<i>gnp nicotine mouth/throat</i>	T1	PV
<b>GOCOVRI</b>	T9	
<b>GOJJI BLOOD GLUCOSE TEST</b>	T3	ST; QL (200 strips per 30 Days)
<b>GOJJI BLOOD KETONE TEST</b>	T3	
<b>GOJJI LANCING DEVICE/CLEAR CAP</b>	T3	
<b>GOJJI STERILE LANCETS</b>	T2	
<b>GOLYTELY</b>	T3	
<b>GONAL-F</b>	T2	QL (13500 units per 30 days); SP
<b>GONAL-F RFF</b>	T2	QL (13500 units per 30 days); SP
<b>GONAL-F RFF REDIJECT</b>	T2	QL (13500 units per 30 days); SP
<b>GONITRO</b>	T9	

Medication	Coverage Level	Restrictions
<i>goodsense aspirin oral tablet</i>	T1	
<i>goodsense aspirin oral tablet chewable</i>	T1	
<b>GOODSENSE CLEARLAX</b>	T3	PV
<i>goodsense nicotine</i>	T1	PV
<b>GRALISE ORAL TABLET</b>	T9	
<i>granisetron hcl oral</i>	T1	QL (20 tablets per 30 days)
<b>GRANIX</b>	T5	SP Drugs (Limited to a 1 month supply per fill); SP
<b>GRASTEK</b>	T3	AL (Min 5 Years and Max 65 Years)
<i>griseofulvin microsize oral suspension</i>	T1	
<i>griseofulvin microsize oral tablet</i>	T2	
<i>griseofulvin ultramicrosize</i>	T2	
<i>guaifenesin oral liquid 100 mg/5ml</i>	T9	
<i>guaifenesin oral solution 100 mg/5ml</i>	T9	
<i>guaifenesin oral tablet 400 mg</i>	T9	
<i>guaifenesin-codeine oral solution</i>	T1	
<i>guaifenesin-dm oral syrup</i>	T9	
<i>guanfacine hcl er</i>	T1	QL (60 tablets per 30 days)
<i>guanfacine hcl oral</i>	T1	
<b>GVOKE HYPOPEN 1-PACK</b>	T2	QL (2 packs per 30 days)
<b>GVOKE HYPOPEN 2-PACK</b>	T2	QL (1 pack per 30 days)
<b>GVOKE KIT</b>	T2	QL (2 vials per 30 days)
<b>GVOKE PFS</b>	T2	QL (2 syringes per 30 days)
<b>GYNAZOLE-1</b>	T3	
<b>HADLIMA</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
<b>HADLIMA PUSHTOUCH</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days); SP
<b>HAEGARDA</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); SP
<b>HAILEY 1.5/30</b>	T1	PV
<b>HAILEY 24 FE</b>	T1	PV
<b>HAILEY FE 1.5/30</b>	T1	PV
<b>HAILEY FE 1/20</b>	T1	PV
<i>hair regrowth treatment men external solution</i>	T9	

Medication	Coverage Level	Restrictions
<b>HALCION</b>	T3	QL (60 tablets per 30 days); AL (Min 18 Years)
<i>halobetasol propionate external cream</i>	T2	ST; QL (50 GM per 30 days)
<i>halobetasol propionate external foam</i>	T9	
<i>halobetasol propionate external ointment</i>	T2	QL (50 GM per 30 days)
<b>HALOETTE</b>	T1	QL (1 ring per 28 days)
<b>HALOG</b>	T9	
<i>haloperidol lactate injection solution 5 mg/ml</i>	T1	
<i>haloperidol oral</i>	T1	
<i>harisis</i>	T9	
<b>HARMONY BLOOD GLUCOSE TEST</b>	T3	ST; QL (200 strips per 30 days)
<i>harviva</i>	T9	
<i>harviva hp</i>	T9	
<b>HARVONI ORAL PACKET</b>	T9	
<b>HARVONI ORAL TABLET 45-200 MG</b>	T9	
<b>HARVONI ORAL TABLET 90-400 MG</b>	T9	SP Drugs ( )
<b>HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML</b>	T6 - \$0 copay	PV; QL (2 Doses per 1 Lifetime)
<i>haxchlodrex</i>	T9	
<i>haxdrax</i>	T9	
<b>HEALON PRO INTRAOCULAR SOLUTION</b>	T9	
<b>HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE</b>	T9	
<b>HEATHER</b>	T1	PV
<b>HEMADY</b>	T9	
<b>HEMANGEOL</b>	T3	AL (Max 2 Years)
<i>hematinic plus vitl/minerals</i>	T9	
<i>hematinic/folic acid</i>	T9	
<b>HEMATOGEN</b>	T9	
<b>HEMATOGEN FA</b>	T9	
<b>HEMATOGEN FORTE</b>	T9	
<b>HEMATRON</b>	T9	
<b>HEMATRON-AF</b>	T9	
<b>HEMATRON-AF (WITH DOCUSATE)</b>	T9	
<b>HEMAX EZY-DOSE</b>	T9	
<b>HEMAX ORAL TABLET</b>	T9	
<i>hemetab</i>	T9	

Medication	Coverage Level	Restrictions
<b>HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill)
<b>HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP Drugs (Limited to a 1 month supply per fill)
<b>HEMMOREX-HC RECTAL SUPPOSITORY 25 MG</b>	T1	
<b>HEMMOREX-HC RECTAL SUPPOSITORY 30 MG</b>	T9	
<b>HEMOCYTE</b>	T9	
<b>HEMOCYTE PLUS</b>	T9	
<b>HEMOCYTE-F ORAL TABLET</b>	T9	
<i>hemocyte-plus oral tablet 106-1 mg</i>	T9	
<b>HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (55200 billable units per 28 days)
<i>hemtara</i>	T9	
<i>hemtara hp</i>	T9	
<i>hentis</i>	T9	
<i>hentis hp</i>	T9	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	T1	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	T1	
<b>HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</b>	T6 - \$0 copay	PV; QL (2 doses per 1 lifetime); AL (Min 18 Years)
<b>HEPSERA</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<i>hesmilla</i>	T9	
<b>HETLIOZ</b>	T9	SP Drugs ( )
<b>HETLIOZ LQ</b>	T9	
<i>hevona</i>	T9	
<i>hexiounyl</i>	T9	
<b>HIBERIX INJECTION</b>	T9	
<b>HIDEX 6-DAY</b>	T9	
<b>HISTEX-AC</b>	T9	
<b>HM CLEARLAX ORAL POWDER</b>	T3	PV
<i>hm laxative oral</i>	T3	PV
<i>hm magnesium citrate</i>	T3	PV

Medication	Coverage Level	Restrictions
<i>hm milk of magnesia</i>	T3	PV
<i>hm nicotine</i>	T1	PV
<i>hm nicotine polacrilex</i>	T1	PV
<i>holixia</i>	T9	
<i>holizar</i>	T9	
<b>HOMATROPAIRE</b>	T1	
<i>honista</i>	T9	
<b>HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG</b>	T3	ST; QL (30 tablets per 30 days)
<b>HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG</b>	T3	ST; QL (60 tablets per 30 days)
<i>hovitra</i>	T9	
<i>hovyn</i>	T9	
<b>HULIO</b>	T9	
<b>HULIO (2 PEN)</b>	T9	
<b>HULIO (2 SYRINGE)</b>	T9	
<b>HUMALOG</b>	T1	
<b>HUMALOG JUNIOR KWIKPEN</b>	T1	
<b>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML</b>	T1	
<b>HUMALOG MIX 50/50</b>	T1	
<b>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	T1	
<b>HUMALOG MIX 75/25</b>	T1	
<b>HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	T1	
<b>HUMALOG TEMPO PEN</b>	T9	
<b>HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT</b>	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill)
<b>HUMATIN</b>	T3	SP
<b>HUMATROPE INJECTION CARTRIDGE</b>	T9	
<b>HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG</b>	T9	
<b>HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML</b>	T9	
<b>HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML</b>	T9	SP Drugs ( )

Medication	Coverage Level	Restrictions
<b>HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML</b>	T9	
<b>HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>	T9	SP Drugs ( )
<b>HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.8ML</b>	T9	SP Drugs ( )
<b>HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML</b>	T9	
<b>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT</b>	T9	SP Drugs ( )
<b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML</b>	T9	SP Drugs ( )
<b>HUMIRA-CD/UC/HS STARTER</b>	T9	
<b>HUMIRA-PED&lt;40KG CROHNS STARTER</b>	T9	SP Drugs ( )
<b>HUMIRA-PED&gt;=40KG CROHNS START</b>	T9	
<b>HUMIRA-PED&gt;=40KG UC STARTER</b>	T9	
<b>HUMIRA-PS/UV/ADOL HS STARTER</b>	T9	SP Drugs ( )
<b>HUMIRA-PSORIASIS/UEVEIT STARTER</b>	T9	
<b>HUMULIN 70/30</b>	T1	
<b>HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	T1	
<b>HUMULIN N</b>	T1	
<b>HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	T1	
<b>HUMULIN R</b>	T1	
<b>HUMULIN R U-500 (CONCENTRATED)</b>	T1	
<b>HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T1	
<b>HYCAMTIN ORAL</b>	T4	SP Drugs (Limited to a 1 month supply per fill); SP
<b>HYCODAN</b>	T9	
<i>hydralazine hcl oral</i>	T1	
<b>HYDREA</b>	T3	
<i>hydrochlorothiazide oral</i>	T1	
<i>hydrocod poli-chlorphe poli er</i>	T1	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	T1	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	T3	ST; QL (60 capsules per 30 days); AL (Min 18 Years)



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

Medication	Coverage Level	Restrictions
<b>HYDROFERA BLUE FOAM DRESSING</b>	T9	
<i>hydromet</i>	T1	
<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)
<i>hydromorphone hcl rectal</i>	T1	
<i>hydroquinone</i>	T9	
<i>hydroquinone external cream</i>	T9	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	T9	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	
<b>HYDROXYM EXTERNAL GEL</b>	T9	
<i>hydroxyurea oral</i>	T1	
<i>hydroxyzine hcl oral syrup</i>	T1	
<i>hydroxyzine hcl oral tablet</i>	T1	
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	T1	
<b>HYFTOR</b>	T9	
<b>HYLATOPIC PLUS EXTERNAL FOAM</b>	T9	
<b>HYOPHEN</b>	T9	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	T1	
<i>hyoscyamine sulfate oral</i>	T1	
<i>hyoscyamine sulfate sublingual</i>	T1	
<b>HYPERSAL</b>	T2	QL (240 ML per 30 days)
<b>HYPOCYN ANTIPRURITIC</b>	T9	
<b>HYPOLANCE AST LANCING</b>	T2	
<b>HYRIMOZ</b>	T9	
<b>HYRIMOZ-CROHNS/UC STARTER</b>	T9	
<b>HYRIMOZ-PED&lt;40KG CROHN STARTER</b>	T9	
<b>HYRIMOZ-PED&gt;=40KG CROHN START</b>	T9	
<b>HYRIMOZ-PLAQ PSOR/UEVIT START</b>	T9	
<b>HYRIMOZ-PLAQUE PSORIASIS START</b>	T9	
<b>HYSINGLA ER</b>	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
<b>HYZAAR</b>	T3	
<i>ibandronate sodium oral</i>	T1	

Medication	Coverage Level	Restrictions
<b>IBRANCE ORAL CAPSULE 100 MG, 125 MG</b>	T5	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (21 tablets per 28 days); SP
<b>IBRANCE ORAL CAPSULE 75 MG</b>	T5	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (21 tablets per 28 days); SP
<b>IBRANCE ORAL TABLET</b>	T5	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (21 tablets per 28 days); SP
<b>IBSRELA</b>	T9	
<b>IBUDONE ORAL TABLET 10-200 MG</b>	T9	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
<i>ibuprofen-famotidine</i>	T9	
<b>ICAR-C PLUS</b>	T9	
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP Drugs (Limited apply, see quantity limitations); QL (3 syinges per 1 fill); AL (Min 18 Years)
<b>ICLEVIA</b>	T1	PV
<b>ICLUSIG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
<i>icosapent ethyl</i>	T2	ST
<b>IDACIO (2 PEN)</b>	T9	
<b>IDACIO (2 SYRINGE)</b>	T9	
<b>IDACIO-CROHNS/UC STARTER</b>	T9	
<b>IDACIO-PSORIASIS STARTER</b>	T9	
<i>idaoxia</i>	T9	
<i>idaran</i>	T9	
<b>IDELVION</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (25300 billable units per 28 days)
<b>IDHIFA</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP

Medication	Coverage Level	Restrictions
<i>idyyxiatar</i>	T9	
<b>IFEREX 150 FORTE</b>	T9	
<b>IHEALTH BLOOD GLUCOSE TEST STR</b>	T3	ST
<b>IHEALTH CONTROL SOLUTION</b>	T3	
<b>IHEEZO</b>	T9	
<b>ILEVRO</b>	T3	ST; QL (3 ML per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	T1	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days); SP
<i>imatinib mesylate oral tablet 400 mg</i>	T1	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days); SP
<b>IMBRUVICA ORAL CAPSULE 140 MG</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
<b>IMBRUVICA ORAL CAPSULE 70 MG</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
<b>IMBRUVICA ORAL SUSPENSION</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (108 ML per 30 days); AL (Max 9 Years)
<b>IMBRUVICA ORAL TABLET 140 MG</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>IMBRUVICA ORAL TABLET 280 MG, 420 MG</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>IMCIVREE</b>	T9	
<i>imipramine hcl oral</i>	T1	
<i>imipramine pamoate oral capsule 100 mg, 150 mg</i>	T2	ST; QL (60 capsules per 30 days)
<i>imipramine pamoate oral capsule 125 mg</i>	T3	ST; QL (60 capsules per 30 days)
<i>imipramine pamoate oral capsule 75 mg</i>	T2	ST; QL (30 capsules per 30 days)

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>imiquimod external cream 3.75 %</i>	T9	
<i>imiquimod external cream 5 %</i>	T1	
<i>imiquimod pump</i>	T9	
<b>IMITREX NASAL SOLUTION 20 MG/ACT</b>	T3	SP Drugs (Quantity Limit: 1 box per 15 days); QL (8 units per 30 days)
<b>IMITREX NASAL SOLUTION 5 MG/ACT</b>	T3	SP Drugs (Quantity Limit: 2 boxes per 15 days); QL (8 units per 30 days)
<b>IMITREX ORAL</b>	T3	QL (12 tablets per 30 days)
<b>IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML</b>	T9	
<b>IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML</b>	T3	QL (4 ML per 30 days)
<b>IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML</b>	T9	
<b>IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML</b>	T3	QL (8 pens per 30 days)
<b>IMITREX SUBCUTANEOUS</b>	T3	
<b>IMOVAX RABIES</b>	T6 - \$0 copay	PV
<b>IMPAVIDO</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill )
<b>IMPEKLO</b>	T9	
<b>IMPOYZ</b>	T9	
<b>IMURAN</b>	T3	
<b>IMVEXXY</b>	T3	PA; QL (8 inserts per 28 days)
<b>IMVEXXY MAINTENANCE PACK</b>	T3	PA; QL (8 inserts per 28 days)
<b>IMVEXXY STARTER PACK</b>	T3	PA; QL (18 inserts per 360 days)
<b>INATAL GT</b>	T1	
<b>INBRIJA</b>	T9	
<b>INCASSIA</b>	T1	PV
<b>INCRELEX</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); SP
<b>INCRUSE ELLIPTA</b>	T2	QL (30 Blisters per 30 Day(s)s)
<i>indapamide oral</i>	T1	
<b>INDERAL LA</b>	T9	
<b>INDERAL XL</b>	T9	

Medication	Coverage Level	Restrictions
<b>INDOCIN ORAL</b>	T9	
<b>INDOCIN RECTAL</b>	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 oral suspension</i>	T9	
<i>indomethacin rectal</i>	T9	
<b>INFINITY BLOOD GLUCOSE TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>INFINITY CONTROL IN VITRO SOLUTION NORMAL</b>	T3	
<b>INFINITY VOICE IN VITRO LIQUID</b>	T3	
<b>INGREZZA ORAL CAPSULE 40 MG, 80 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
<b>INGREZZA ORAL CAPSULE 60 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
<b>INGREZZA ORAL CAPSULE SPRINKLE 40 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP Drugs (Limited to 1-month Supply per fill); QL (30 Capsules per 30 days); SP
<b>INGREZZA ORAL CAPSULE SPRINKLE 60 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP Drugs (Limited to a 1-month supply per fill); QL (30 Capsules per 30 days); SP
<b>INGREZZA ORAL CAPSULE SPRINKLE 80 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to 1-month supply per fill); QL (30 Capsules per 30 days); SP
<b>INGREZZA ORAL CAPSULE THERAPY PACK</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (1 dose pack per 28 days)
<b>INLYTA</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP

Medication	Coverage Level	Restrictions
<b>INNOPRAN XL</b>	T9	
<b>INPEFA</b>	T9	
<b>INPEN 100-BLUE-LILLY</b>	T9	
<b>INPEN 100-BLUE-LILLY-HUMALOG</b>	T9	
<b>INPEN 100-BLUE-NOVO</b>	T9	
<b>INPEN 100-BLUE-NOVOLOG-FIASP</b>	T9	
<b>INPEN 100-GRAY-LILLY</b>	T9	
<b>INPEN 100-GREY-LILLY-HUMALOG</b>	T9	
<b>INPEN 100-GREY-NOVO</b>	T9	
<b>INPEN 100-GREY-NOVOLOG-FIASP</b>	T9	
<b>INPEN 100-PINK-LILLY</b>	T9	
<b>INPEN 100-PINK-LILLY-HUMALOG</b>	T9	
<b>INPEN 100-PINK-NOVO</b>	T9	
<b>INPEN 100-PINK-NOVOLOG-FIASP</b>	T9	
<b>INQOVI</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (5 tablets per 28 days); SP
<b>INREBIC</b>	T5	PA; ST; SP Drugs (Limited to a 1 month supply per fill ); QL (120 capsules per 30 days); SP
<b>INSPRA</b>	T3	
<i>insulin asp prot &amp; asp flexpen</i>	T3	ST
<i>insulin aspart flexpen</i>	T3	ST
<i>insulin aspart injection</i>	T3	ST
<i>insulin aspart penfill</i>	T3	ST
<i>insulin aspart prot &amp; aspart</i>	T3	ST
<i>insulin degludec</i>	T2	ST
<i>insulin degludec flextouch</i>	T2	ST
<i>insulin glargine max solostar</i>	T9	
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	T9	
<i>insulin glargine-yfgn</i>	T9	
<i>insulin lispro (1 unit dial)</i>	T9	
<i>insulin lispro injection</i>	T9	
<i>insulin lispro junior kwikpen</i>	T9	
<i>insulin lispro prot &amp; lispro</i>	T9	
<b>INTEGRA F</b>	T9	
<b>INTEGRA PLUS</b>	T9	
<b>INTELENCE ORAL TABLET 100 MG</b>	T5	SP Drugs (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
<b>INTELENCE ORAL TABLET 200 MG</b>	T5	SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>INTELENCE ORAL TABLET 25 MG</b>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<b>INTERMEZZO</b>	T9	
<b>INTRAROSA</b>	T3	PA
<b>INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT</b>	T4	SP Drugs (Limited to a 1 month supply per fill); SP
<b>INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT</b>	T4	SP Drugs (Limited to a 1 month supply per fill ); SP
<b>INTUNIV</b>	T3	QL (60 tablets per 30 days)
<b>INVEGA</b>	T9	
<b>INVELTYS</b>	T3	ST
<b>INVIRASE ORAL TABLET</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<b>INVOKAMET</b>	T3	ST; QL (60 tablets per 30 days)
<b>INVOKAMET XR</b>	T3	ST; QL (60 tablets per 30 days)
<b>INVOKANA</b>	T3	ST; QL (31 tablets per 31 days)
<i>inzdeaxiatar</i>	T9	
<i>inzdeaxiavar</i>	T9	
<i>inzdeoxia</i>	T9	
<i>iodoquimez-hc</i>	T9	
<b>IOPIDINE OPHTHALMIC SOLUTION 1 %</b>	T4	ST; SP Drugs (Limited to a 1 month supply per fill )
<b>IPOL INJECTION INJECTABLE</b>	T6 - \$0 copay	PV; QL (3 Doses per 1 Lifetime)
<i>ipratropium bromide inhalation</i>	T1	
<i>ipratropium bromide nasal</i>	T1	
<i>ipratropium-albuterol</i>	T1	QL (540 ML per 30 days)
<b>IQIRVO</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days); SP
<i>irbesartan</i>	T1	
<i>irbesartan-hydrochlorothiazide</i>	T1	
<b>IRESSA</b>	T9	
<i>iron supplement childrens</i>	T3	AL (Min 6 Months and Max 12 Months)
<b>IROSPAN 24/6</b>	T9	
<b>ISENTRESS</b>	T4	SP Drugs (Limited to a 1 month supply per fill)



Medication	Coverage Level	Restrictions
<b>ISENTRESS HD</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<b>ISIBLOOM</b>	T1	PV
<i>isoniazid oral</i>	T1	
<b>ISOPTO ATROPINE</b>	T3	
<b>ISOPTO CARPINE</b>	T3	
<b>ISORDIL TITRADOSE</b>	T9	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	T2	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	T9	
<i>isosorbide mononitrate</i>	T1	
<i>isosorbide mononitrate er</i>	T1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T2	QL (6 fills per 2 years)
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	T9	
<i>isradipine</i>	T1	
<b>ISTALOL</b>	T9	
<b>ISTURISA ORAL TABLET 1 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (120 Tablets per 30 days)
<b>ISTURISA ORAL TABLET 5 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (60 Tablets per 30 days)
<i>itraconazole oral capsule</i>	T2	QL (120 capsules per 30 days)
<i>itraconazole oral solution</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
<i>ivabradine hcl</i>	T2	ST
<i>ivermectin external cream</i>	T2	ST; QL (45 GM per 30 days)
<i>ivermectin external lotion</i>	T1	
<i>ivermectin oral</i>	T1	QL (10 tablets per 1 claim)
<b>IWILFIN</b>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 tablets per 30 days)
<b>IXIARO</b>	T9	

Medication	Coverage Level	Restrictions
IXINITY	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (36800 billable units per 28 days)
IYUZEH	T9	
JADENU	T5	SP Drugs (Limited to a 1 month supply per fill ); SP
JADENU SPRINKLE ORAL PACKET 180 MG	T9	
JADENU SPRINKLE ORAL PACKET 360 MG, 90 MG	T9	SP Drugs ( )
JAIMIESS	T1	PV
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); SP
JAKAFI ORAL TABLET 25 MG, 5 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); SP
JALYN	T3	ST
JANTOVEN	T1	
JANUMET	T2	QL (60 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	QL (30 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	QL (60 tablets per 30 days)
JANUVIA	T2	QL (30 tablets per 30 days)
JARDIANCE	T2	QL (30 tablets per 30 days)
JASMIEL	T1	PV
JATENZO	T9	
JAVYGTOR ORAL PACKET 500 MG	T9	
JAVYGTOR ORAL TABLET	T9	
JAYPIRCA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days); SP
JENCYCLA	T1	PV
JENTADUETO	T3	ST; QL (60 tablets per 30 days)
JENTADUETO XR	T3	ST; QL (30 tablets per 30 days)

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<b>JESDUVROQ</b>	T9	
<b>JINTELI</b>	T1	
<b>JIVI</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (41400 billable units per 28 days)
<b>JOENJA</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 12 Years)
<b>JOLESSA</b>	T1	PV
<b>JORNAY PM</b>	T9	
<b>JOYEAUX</b>	T9	
<b>JUBLIA</b>	T9	
<b>JULEBER</b>	T1	PV
<b>JULUCA</b>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>JUNEL 1.5/30</b>	T1	PV
<b>JUNEL 1/20</b>	T1	PV
<b>JUNEL FE 1.5/30</b>	T1	PV
<b>JUNEL FE 1/20</b>	T1	PV
<b>JUNEL FE 24</b>	T1	PV
<b>JUST RIGHT 5000 DENTAL PASTE</b>	T3	
<b>JUXTAPID ORAL CAPSULE 10 MG</b>	T9	SP Drugs ( )
<b>JUXTAPID ORAL CAPSULE 20 MG, 40 MG, 5 MG, 60 MG</b>	T9	SP Drugs ( )
<b>JUXTAPID ORAL CAPSULE 30 MG</b>	T9	
<b>JYLAMVO</b>	T3	AL (Max 9 Years)
<b>JYNARQUE ORAL TABLET 15 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days)
<b>JYNARQUE ORAL TABLET 30 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days)
<b>JYNARQUE ORAL TABLET THERAPY PACK</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days)

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<b>JYNNEOS</b>	T6 - \$0 copay	PV
<b>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</b>	T9	
<b>KAITLIB FE</b>	T9	
<b>KALBITOR</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); AL (Min 16 Years); SP
<b>KALETRA ORAL SOLUTION</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<b>KALETRA ORAL TABLET</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<b>KALLIGA</b>	T1	PV
<b>KALYDECO ORAL PACKET 13.4 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL (Max 1 Years); SP
<b>KALYDECO ORAL PACKET 25 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (60 packets per 30 days); SP
<b>KALYDECO ORAL PACKET 5.8 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (60 packets per 30 days); SP
<b>KALYDECO ORAL PACKET 50 MG, 75 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (60 packets per 30 days); SP
<b>KALYDECO ORAL TABLET</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days); AL (Min 6 Years); SP
<b>KAMDOY</b>	T9	
<b>KAPSPARGO SPRINKLE</b>	T3	
<b>KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	T3	
<b>KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE</b>	T9	
<b>KARIVA</b>	T1	PV

Medication	Coverage Level	Restrictions
<i>kataraxap</i>	T9	
<b>KATARVIA</b>	T9	
<b>KATERZIA</b>	T3	QL (150 ML per 30 days); AL (Max 6 Years)
<b>KAZANO</b>	T9	
<i>kazuri</i>	T9	
<b>KEFLEX</b>	T3	
<b>KELNOR 1/35</b>	T1	PV
<b>KELNOR 1/50</b>	T1	PV
<b>KELO-COTE EXTERNAL GEL</b>	T9	
<b>KENALOG EXTERNAL</b>	T9	
<b>KEPPRA ORAL</b>	T3	
<b>KEPPRA XR</b>	T3	
<b>KERALAC EXTERNAL CREAM 47 %</b>	T9	
<b>KERALYT EXTERNAL SHAMPOO</b>	T9	
<i>keraxa</i>	T9	
<b>KERENDIA</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>kerida</i>	T9	
<b>KERYDIN</b>	T9	
<b>KESIMPTA</b>	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill. Allowed 3 pens for first month of therapy only. ); QL (1 pen per 28 days); SP
<i>ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml</i>	T9	
<i>ketoconazole external cream</i>	T1	QL (60 gm per 30 days)
<i>ketoconazole external foam</i>	T9	
<i>ketoconazole external shampoo 2 %</i>	T1	QL (120 ml per 30 days)
<i>ketoconazole oral</i>	T1	
<i>ketoprofen er</i>	T2	QL (30 capsules per 30 days)
<i>ketorolac tromethamine nasal</i>	T9	
<i>ketorolac tromethamine ophthalmic</i>	T1	
<i>ketorolac tromethamine oral</i>	T1	QL (20 tablets per 30 days)
<b>KETOSTIX</b>	T3	
<i>ketotifen fumarate ophthalmic</i>	T1	
<i>kevaraxap</i>	T9	
<i>kevartia</i>	T9	

Medication	Coverage Level	Restrictions
<b>KEVEYIS</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<b>KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days); SP
<b>KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days); SP
<b>KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days); SP
<i>kimono</i>	T3	PV
<i>kimono micro thin</i>	T3	PV
<b>KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (28 syringes per 28 days); SP
<b>KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6 - \$0 copay	PV
<b>KIONEX COMBINATION</b>	T2	
<b>KIONEX ORAL SUSPENSION</b>	T2	
<b>KISQALI (200 MG DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (63 tablets per 28 days); SP
<b>KISQALI (400 MG DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (63 tablets per 28 days); SP
<b>KISQALI (600 MG DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (63 tablets per 28 days); SP
<b>KISQALI FEMARA (200 MG DOSE)</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (91 tablets per 28 days); SP

Medication	Coverage Level	Restrictions
<b>KISQALI FEMARA (400 MG DOSE)</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (91 tablets per 28 days); SP
<b>KISQALI FEMARA (600 MG DOSE)</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (91 tablets per 28 days); SP
<b>KITABIS PAK</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 56 day supply per fill); QL (280 ml per 56 days); SP
<b>KLARON</b>	T3	
<b>KLAYESTA</b>	T9	
<b>KLISYRI</b>	T5	ST; SP Drugs (Limited to a 1 month supply per fill); QL (5 packets per 1 year)
<b>KLISYRI (250 MG)</b>	T5	ST; SP Drugs (Limited to a 1 month supply per fill); QL (5 packets per 1 year)
<b>KLISYRI (350 MG)</b>	T5	ST; SP Drugs (Limited to a 1 month supply per fill); QL (5 packets per 1 year)
<b>KLONOPIN</b>	T3	
<b>KLOR-CON 10</b>	T1	
<b>KLOR-CON M10</b>	T1	
<b>KLOR-CON M15</b>	T1	
<b>KLOR-CON M20</b>	T1	
<b>KLOR-CON ORAL PACKET 20 MEQ</b>	T9	
<b>KLOR-CON ORAL TABLET EXTENDED RELEASE</b>	T3	
<b>KLOR-CON/EF</b>	T1	
<b>KLOXXADO</b>	T2	QL (2 doses per 365 days)
<b>KLS QUIT2</b>	T3	PV
<b>KLS QUIT4</b>	T3	PV
<b>KOATE</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (55200 billable units per 28 days)
<i>kobee</i>	T3	PV; AL (Max 50 Years)
<b>KOGENATE FS</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (43125 billable units per 28 days)
<b>KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG</b>	T3	ST; QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
<b>KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG</b>	T3	ST; QL (30 tablets per 30 days)
<b>KONVOMEK</b>	T3	AL (Max 9 Years)
<b>KORLYM</b>	T9	
<b>KOSELUGO</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill )
<i>kotaraxap</i>	T9	
<b>KOVALTRY</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (86250 billable units per 28 days)
<b>K-PHOS-NEUTRAL</b>	T9	
<i>kpn prenatal</i>	T3	PV
<b>KRAZATI</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (180 tablets per 30 days)
<b>KRINTAFEL</b>	T1	QL (2 tablets per 365 Days)
<b>KRISTALOSE</b>	T9	
<b>K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ</b>	T3	
<b>KURVELO</b>	T1	PV
<i>kutar</i>	T9	
<i>kutarvia</i>	T9	
<b>KUVAN ORAL PACKET</b>	T9	
<b>KUVAN ORAL TABLET</b>	T9	
<i>kynara</i>	T9	
<b>KYZATREX ORAL CAPSULE 100 MG, 150 MG</b>	T3	PA; QL (60 capsules per 30 days)
<b>KYZATREX ORAL CAPSULE 200 MG</b>	T3	PA; QL (120 capsules per 30 days)
<i>l.e.t. (racepinephrine) external solution</i>	T9	
<i>l.e.t. external solution</i>	T9	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1	
<b>LAC-HYDRIN EXTERNAL CREAM</b>	T9	
<i>lacosamide oral solution 10 mg/ml</i>	T1	
<i>lacosamide oral tablet</i>	T1	QL (60 tablets per 30 days)



Medication	Coverage Level	Restrictions
<b>LACRISERT</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<i>lactic acid e</i>	T9	
<i>lactic acid external lotion</i>	T9	
<i>lactulose oral packet</i>	T9	
<i>lactulose oral solution 10 gm/15ml</i>	T1	
<b>LAGEVRIO</b>	T4	SP Drugs (Limited to 1 fill per year); QL (1 pack per 1 fill)
<b>LAMICTAL ODT</b>	T9	
<b>LAMICTAL ORAL TABLET</b>	T3	
<b>LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG</b>	T3	
<b>LAMICTAL STARTER</b>	T3	QL (1 kit per 365 days)
<b>LAMICTAL XR ORAL KIT</b>	T3	ST; QL (1 kit per 365 days)
<b>LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG</b>	T3	ST; QL (30 tablets per 30 days)
<b>LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG, 250 MG, 300 MG</b>	T3	ST; QL (60 tablets per 30 days)
<b>LAMISIL ORAL TABLET</b>	T3	
<i>lamivudine oral solution</i>	T1	
<i>lamivudine oral tablet</i>	T2	
<i>lamivudine-zidovudine</i>	T2	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	T3	ST; QL (30 tablets per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine oral kit 25 &amp; 50 &amp; 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	
<b>LAMPIT</b>	T3	QL (90 tablets per 30 years); AL (Max 17 Years)
<b>LANOXIN ORAL TABLET 125 MCG, 250 MCG</b>	T3	
<b>LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG</b>	T9	
<i>lanreotide acetate</i>	T4	SP Drugs (Limited to a 1 month supply per fill); SP

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>lansoprazole oral capsule delayed release</i>	T3	
<i>lansoprazole oral tablet delayed release dispersible</i>	T3	ST; QL (30 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 1000 mg</i>	T4	SP Drugs (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 Drugs (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 Drugs (Limited to a 1 month supply per fill); QL (150 tablets per 30 days)
<b>LANTUS</b>	T1	
<b>LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T1	
<i>lapatinib ditosylate</i>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>LARIN 1.5/30</b>	T1	PV
<b>LARIN 1/20</b>	T1	PV
<b>LARIN 24 FE</b>	T1	PV
<b>LARIN FE 1.5/30</b>	T1	PV
<b>LARIN FE 1/20</b>	T1	PV
<b>LASIX</b>	T3	
<b>LASTACFT</b>	T3	ST; QL (1 bottle per 30 days); AL (Min 2 Years)
<i>latanoprost ophthalmic</i>	T1	
<b>LATISSE</b>	T9	
<b>LATUDA</b>	T3	QL (30 tablets per 30 days)
<i>laxative oral tablet delayed release</i>	T9	
<i>laxative polyethylene glycol</i>	T3	PV
<b>LAYOLIS FE</b>	T9	
<b>LAZANDA</b>	T9	
<b>LAZCLUZE</b>	T5	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
<i>ledipasvir-sofosbuvir</i>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (28 tablets per 28 days); SP
<b>LEENA</b>	T1	PV
<b>LEFLUNICLO</b>	T9	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>leflunomide oral</i>	T1	
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); SP
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); SP
<b>LENVIMA (10 MG DAILY DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>LENVIMA (12 MG DAILY DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>LENVIMA (14 MG DAILY DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>LENVIMA (18 MG DAILY DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>LENVIMA (20 MG DAILY DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>LENVIMA (24 MG DAILY DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>LENVIMA (4 MG DAILY DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP

Medication	Coverage Level	Restrictions
<b>LENVIMA (8 MG DAILY DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>LESCOL XL</b>	T9	
<b>LESSINA</b>	T2	PV
<b>LETAIRIS ORAL TABLET 10 MG</b>	T9	SP Drugs ( )
<b>LETAIRIS ORAL TABLET 5 MG</b>	T9	
<i>letrozole oral</i>	T1	
<i>leucovorin calcium oral</i>	T1	
<b>LEUKERAN</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<i>leuprolide acetate injection</i>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (2 kits per 28 days); SP
<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>levamlodipine maleate oral tablet 5 mg</i>	T9	
<b>LEVAQUIN ORAL TABLET</b>	T3	
<b>LEVEMIR</b>	T9	
<i>levetiracetam er</i>	T1	
<i>levetiracetam oral</i>	T1	
<b>LEVITRA ORAL TABLET 10 MG, 20 MG, 5 MG</b>	T9	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	T1	
<i>levocarnitine oral solution</i>	T1	
<i>levocarnitine oral tablet</i>	T1	
<i>levocarnitine sf</i>	T1	
<i>levocetirizine dihydrochloride oral</i>	T9	
<i>levofloxacin ophthalmic</i>	T1	
<i>levofloxacin oral</i>	T1	
<b>LEVONEST</b>	T1	PV
<i>levonorgest-eth est &amp; eth est</i>	T1	PV
<i>levonorgest-eth estrad 91-day</i>	T1	PV
<i>levonorgest-eth estradiol-iron</i>	T9	
<i>levonorgestrel oral tablet 1.5 mg</i>	T1	PV
<i>levonorgestrel-ethinyl estrad</i>	T1	PV
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	T1	PV

Medication	Coverage Level	Restrictions
<b>LEVORA 0.15/30 (28)</b>	T1	PV
<i>levorphanol tartrate oral</i>	T9	
<b>LEVO-T</b>	T3	
<i>levothyroxine sodium oral capsule</i>	T9	
<i>levothyroxine sodium oral tablet</i>	T1	
<b>LEVOXYL</b>	T1	
<b>LEVSIN ORAL TABLET</b>	T3	
<b>LEVSIN/SL</b>	T3	
<b>LEXAPRO ORAL TABLET</b>	T3	
<b>LEXIVA ORAL SUSPENSION</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<b>LEXIVA ORAL TABLET</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<b>LEXTOL</b>	T9	
<i>l-glutamine oral packet</i>	T9	
<b>LIALDA</b>	T3	QL (120 tablets per 30 days)
<b>LIBERVANT</b>	T3	AL (Min 2 Years and Max 5 Years)
<b>LIBRAX</b>	T9	
<b>LICART TRANSDERMAL</b>	T9	
<i>lidocaine external cream 4 %</i>	T9	
<i>lidocaine external ointment 5 %</i>	T1	
<i>lidocaine external patch 5 %</i>	T9	
<i>lidocaine hcl external cream 3 %, 4 %</i>	T9	
<i>lidocaine hcl external gel 2 %</i>	T1	
<i>lidocaine hcl external solution</i>	T1	
<i>lidocaine viscous hcl</i>	T1	
<i>lidocaine(bufferd)-epinephrine injection solution prefilled syringe 1 %-1:100000</i>	T9	
<i>lidocaine-hydrocortisone ace rectal gel</i>	T9	
<i>lidocaine-hydrocortisone ace rectal kit</i>	T9	
<i>lidocaine-prilocaine external cream</i>	T1	
<b>LIDOCAN</b>	T9	
<b>LIDOCAN II</b>	T9	
<b>LIDOCAN III</b>	T9	
<b>LIDODERM</b>	T9	
<i>lido-epinephrine-tetracaine</i>	T9	
<i>lidolite</i>	T9	
<i>lidopin external cream 3 %</i>	T1	
<i>lidopril external kit</i>	T9	
<i>lido-racepinephrine-tetracaine external solution</i>	T9	

Medication	Coverage Level	Restrictions
<i>lidorx</i>	T9	
<i>lidosol</i>	T9	
<i>lidosol-50</i>	T9	
<b>LIDOTRANS 5 PAK</b>	T9	
<b>LIDTOPIC</b>	T9	
<b>LIKMEZ</b>	T9	
<i>lindane external shampoo</i>	T1	
<i>linezolid oral suspension reconstituted</i>	T4	SP Drugs (Limited to one 14 day supply per 6 months (180 days)); QL (840 ML per 14 days); AL (Max 9 Years)
<i>linezolid oral tablet</i>	T1	QL (28 tablets per 14 days)
<b>LINZESS</b>	T2	QL (30 capsules per 30 days)
<i>liothyronine sodium oral</i>	T1	
<b>LIPITOR</b>	T3	
<b>LIPOFEN</b>	T9	
<b>LIQREV</b>	T9	
<i>liraglutide</i>	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>lisinopril oral</i>	T1	
<i>lisinopril-hydrochlorothiazide</i>	T1	
<b>LITFULO</b>	T9	
<i>lithium</i>	T1	
<i>lithium carbonate er</i>	T1	
<i>lithium carbonate oral</i>	T1	
<b>LITHOBID</b>	T3	
<b>LITHOSTAT</b>	T9	
<b>LIVALO</b>	T9	
<b>LIVDELZI</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (30 capsules per 30 days)
<b>LIVIXIL PAK</b>	T9	
<b>LIVMARLI</b>	T9	
<b>LIVTENCITY</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
<i>l-leucine</i>	T9	
<b>L-MESITRAN SOFT WOUND</b>	T9	
<i>l-methylfolate-b6-b12 oral tablet 3-35-2 mg</i>	T9	

Medication	Coverage Level	Restrictions
<b>LO LOESTRIN FE</b>	T3	ST
<b>LOCOID EXTERNAL CREAM</b>	T9	
<b>LOCOID EXTERNAL LOTION</b>	T9	
<b>LOCOID EXTERNAL SOLUTION</b>	T3	
<b>LOCOID LIPOCREAM</b>	T9	
<b>LODOCO</b>	T9	
<b>LODOSYN</b>	T9	
<b>LOESTRIN 1.5/30 (21)</b>	T9	
<b>LOESTRIN FE 1.5/30</b>	T3	
<b>LOESTRIN FE 1/20</b>	T3	
<b>LOFENA</b>	T9	
<i>lofexidine hcl</i>	T9	
<b>LOJAIMIESS</b>	T1	PV
<b>LOKELMA</b>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
<b>LOMAIRA</b>	T3	ST
<b>LOMOTIL ORAL TABLET</b>	T3	
<b>LONSURF</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); SP
<i>loperamide hcl oral capsule</i>	T9	
<b>LOPID</b>	T3	
<i>lopinavir-ritonavir</i>	T4	SP Drugs (Limited to a 1 month supply per fill)
<b>LOPRESSOR HCT ORAL TABLET 50-25 MG</b>	T3	
<b>LOPRESSOR ORAL</b>	T3	
<b>LOPROX EXTERNAL SHAMPOO</b>	T3	
<i>loratadine oral tablet</i>	T9	
<i>loratadine-d 24hr</i>	T9	
<b>LORAZEPAM INTENSOL</b>	T1	
<i>lorazepam oral concentrate 2 mg/ml</i>	T1	
<i>lorazepam oral tablet</i>	T1	
<b>LORBRENA ORAL TABLET 100 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP

Medication	Coverage Level	Restrictions
<b>LORBRENA ORAL TABLET 25 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days); SP
<b>LOREEV XR</b>	T9	
<b>LORTAB ORAL ELIXIR 10-300 MG/15ML</b>	T9	
<b>LORYNA</b>	T1	PV
<b>LORZONE</b>	T9	
<i>losartan potassium oral</i>	T1	
<i>losartan potassium-hctz</i>	T1	
<b>LOSEASONIQUE</b>	T9	
<b>LOTEMAX</b>	T9	
<b>LOTEMAX SM</b>	T3	ST
<b>LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG</b>	T3	
<b>LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG</b>	T3	
<i>loteprednol etabonate ophthalmic gel</i>	T2	ST
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	T3	ST
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	T2	ST
<b>LOTREL ORAL CAPSULE 10-20 MG, 5-10 MG, 5-20 MG</b>	T3	SP Drugs (Generic substitution mandatory.)
<b>LOTREL ORAL CAPSULE 10-40 MG</b>	T3	
<b>LOTREXONE</b>	T9	
<b>LOTRIMIN AF EXTERNAL CREAM</b>	T9	
<b>LOTRISONE EXTERNAL CREAM</b>	T3	
<b>LOTRONEX</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>lounzdomdioxatar</i>	T9	
<i>lovastatin oral</i>	T1	PV
<b>LOVAZA</b>	T3	
<b>LOVENOX INJECTION SOLUTION</b>	T3	
<b>LOVENOX INJECTION SOLUTION PREFILLED SYRINGE</b>	T5	SP Drugs (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
<b>LOW-OGESTREL</b>	T1	PV
<i>loxapine succinate oral</i>	T1	



Medication	Coverage Level	Restrictions
<b>LOYON</b>	T9	
<b>LO-ZUMANDIMINE</b>	T1	PV
<i>lubiprostone</i>	T1	QL (60 capsules per 30 Days)
<b>LUCEMYRA</b>	T9	
<b>LUDENT</b>	T1	PV
<i>luliconazole</i>	T9	
<b>LUMAKRAS ORAL TABLET 120 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 tablets per 30 days); SP
<b>LUMAKRAS ORAL TABLET 240 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP Drugs (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (12 Tablets per 30 days)
<b>LUMAKRAS ORAL TABLET 320 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days); SP
<b>LUMIGAN OPHTHALMIC SOLUTION 0.01 %</b>	T2	ST
<b>LUMRYZ</b>	T9	
<b>LUMRYZ STARTER PACK</b>	T9	
<b>LUNESTA</b>	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
<b>LUPKYNIS</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
<i>lurasidone hcl</i>	T2	QL (30 tablets per 30 Days)
<b>LUTERA</b>	T1	PV
<b>LUXAMEND</b>	T9	
<b>LUXIQ</b>	T9	
<b>LUZU</b>	T9	
<b>LYBALVI</b>	T9	
<b>LYLEQ</b>	T1	PV
<b>LYLLANA</b>	T1	
<b>LYMEPAK</b>	T9	

Medication	Coverage Level	Restrictions
LYNPARZA ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 tablets per 30 days); SP
LYRICA CR	T9	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	T3	QL (120 capsules per 30 days)
LYRICA ORAL CAPSULE 200 MG	T3	QL (90 capsules per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T3	QL (60 capsules per 30 days)
LYRICA ORAL SOLUTION	T3	QL (473 ML per 30 days)
LYSIPLEX PLUS ORAL TABLET	T9	
LYSODREN	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
LYSTEDA	T3	
LYTGOBI (12 MG DAILY DOSE)	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (84 tablets per 28 days)
LYTGOBI (16 MG DAILY DOSE)	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (112 tablets per 28 days)
LYTGOBI (20 MG DAILY DOSE)	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (140 tablets per 28 days)
LYUMJEV	T1	
LYUMJEV KWIKPEN	T1	
LYUMJEV TEMPO PEN	T9	
LYVISPAH	T9	
LYZA	T1	PV
<i>maca</i>	T9	
MACROBID	T3	

Medication	Coverage Level	Restrictions
<b>MACRODANTIN ORAL CAPSULE 100 MG, 50 MG</b>	T3	
<b>MACRODANTIN ORAL CAPSULE 25 MG</b>	T2	
<i>macuvex</i>	T9	
<i>macuzin</i>	T9	
<i>mafenide acetate external</i>	T1	
<b>MAGNEBIND 400</b>	T9	
<i>magnesium citrate oral solution</i>	T3	PV
<i>mahova</i>	T9	
<b>MALARONE</b>	T3	
<i>malathion external</i>	T1	
<i>maprotiline hcl</i>	T1	
<i>maraviroc</i>	T4	SP Drugs (Limited to a 1 month supply per fill )
<b>MARINOL ORAL CAPSULE 10 MG</b>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
<b>MARINOL ORAL CAPSULE 2.5 MG, 5 MG</b>	T3	QL (60 capsules per 30 days)
<i>marlissa</i>	T1	PV
<b>MARPLAN</b>	T2	QL (180 tablets per 30 days)
<b>MASK VORTEX</b>	T3	QL (4 masks per 1 year)
<b>MASK VORTEX/CHILD/FROG</b>	T3	QL (4 masks per 1 year)
<b>MASK VORTEX/TODDLER/LADYBUG</b>	T3	QL (4 masks per 1 year)
<b>MATULANE</b>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
<b>MATZIM LA</b>	T9	
<b>MAVENCLAD (10 TABS)</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year); SP
<b>MAVENCLAD (4 TABS)</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year); SP
<b>MAVENCLAD (5 TABS)</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year); SP
<b>MAVENCLAD (6 TABS)</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year); SP

Medication	Coverage Level	Restrictions
MAVENCLAD (7 TABS)	T5	PA; SP Drugs (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year); SP
MAVENCLAD (8 TABS)	T5	PA; SP Drugs (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year); SP
MAVENCLAD (9 TABS)	T5	PA; SP Drugs (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year); SP
MAVIK ORAL TABLET 4 MG	T3	
MAVYRET ORAL PACKET	T1	QL (140 packets per 28 days); SP
MAVYRET ORAL TABLET	T1	SP Drugs ( ); QL (84 tablets per 28 days); SP
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)
MAXARON FORTE ORAL TABLET	T9	
MAXFE ORAL TABLET	T9	
MAXIDEX	T3	
MAXITROL OPHTHALMIC OINTMENT	T3	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1	T3	
<i>maxi-tuss cd</i>	T9	
MAXZIDE	T3	
MAXZIDE-25	T3	
MAYZENT ORAL TABLET 0.25 MG	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (120 tablets per 30 days); SP
MAYZENT ORAL TABLET 1 MG	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days); SP
MAYZENT ORAL TABLET 2 MG	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days); SP

Medication	Coverage Level	Restrictions
<b>MAYZENT STARTER PACK</b>	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to one fill per 2 years); QL (1 pack per 30 days); SP
<i>meclizine hcl oral tablet</i>	T9	
<i>meclofenamate sodium oral</i>	T9	
<i>mecorix hp</i>	T9	
<i>medorfa</i>	T9	
<i>medorfa hp</i>	T9	
<i>medorfa lp</i>	T9	
<b>MEDROL</b>	T3	
<i>medroxyprogesterone acetate intramuscular suspension</i>	T1	PV; QL (1 vial per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	T1	PV; QL (1 syringe per 90 days)
<i>medroxyprogesterone acetate oral</i>	T1	
<i>mefenamic acid oral</i>	T9	
<i>mefloquine hcl</i>	T1	
<b>MEGACE ES</b>	T3	ST
<i>megestrol acetate oral suspension 40 mg/ml</i>	T1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	T9	
<i>megestrol acetate oral tablet</i>	T1	
<i>mekam hp</i>	T9	
<b>MEKINIST ORAL SOLUTION RECONSTITUTED</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (900 ML per 30 days); AL (Min 1 Years and Max 9 Years); SP
<b>MEKINIST ORAL TABLET</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); SP
<b>MEKTOVI</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>MELODETTA 24 FE</b>	T9	
<i>meloxicam oral capsule</i>	T9	
<i>meloxicam oral suspension</i>	T9	
<i>meloxicam oral tablet</i>	T1	
<i>melphalan</i>	T2	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<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 &amp; 21 x 10 mg</i>	T1	QL (1 pak per 365 days); AL (Min 40 Years)
<b>MENACTRA INTRAMUSCULAR SOLUTION</b>	T6 - \$0 copay	PV; QL (1 Dose per 1 Lifetime)
<b>MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG</b>	T2	
<b>MENOPUR</b>	T3	SP
<b>MENOSTAR</b>	T3	QL (4 patches per 28 days)
<b>MENQUADFI INTRAMUSCULAR SOLUTION</b>	T6 - \$0 copay	PV; QL (1 dose per 1 lifetime)
<b>MENTAX</b>	T9	
<b>MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	T6 - \$0 copay	PV; QL (1 Dose per 1 Lifetime)
<i>mepiridine hcl oral solution</i>	T1	
<i>mepiridine hcl oral tablet 50 mg</i>	T1	
<b>MEPHYTON</b>	T3	QL (3 tablets per 30 days)
<i>meprobamate</i>	T9	
<b>MEPRON</b>	T3	
<i>mercaptopurine oral</i>	T1	
<i>mesalamine er oral capsule extended release</i>	T5	ST; SP Drugs (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 Drugs ( ); QL (180 capsules per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	T3	SP Drugs ( ); QL (120 tablets per 30 days)
<i>mesalamine oral tablet delayed release 800 mg</i>	T5	ST; SP Drugs (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 Drugs (Limited to a 1 month supply per fill )
<b>MESNEX ORAL</b>	T4	SP Drugs (Limited to a 1 month supply per fill )
<b>MESTINON ORAL SYRUP</b>	T2	
<b>MESTINON ORAL TABLET</b>	T3	

Medication	Coverage Level	Restrictions
<b>MESTINON ORAL TABLET EXTENDED RELEASE</b>	T9	
<b>METADATE CD</b>	T9	
<b>METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG</b>	T1	AL (Min 4 Years)
<b>METAFOLBIC PLUS</b>	T9	
<i>metaproterenol sulfate oral syrup</i>	T1	
<i>metaxalone oral tablet 400 mg</i>	T9	
<i>metaxalone oral tablet 800 mg</i>	T1	ST
<i>metdray</i>	T9	
<i>metformin hcl er</i>	T1	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	T9	
<i>metformin hcl oral solution</i>	T9	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	T1	
<i>metformin hcl oral tablet 625 mg</i>	T9	
<b>METHADONE HCL DISKETTS</b>	T1	
<b>METHADONE HCL INTENSOL</b>	T1	
<i>methadone hcl oral</i>	T1	
<b>METHADOSE ORAL CONCENTRATE 10 MG/ML</b>	T1	
<b>METHADOSE ORAL TABLET SOLUBLE</b>	T1	
<i>methamphetamine hcl</i>	T9	
<i>methaver</i>	T9	
<i>methazel</i>	T9	
<i>methazolamide oral</i>	T2	
<i>methenamine hippurate</i>	T1	
<b>METHERGINE ORAL</b>	T3	QL (28 tablets per 365 days)
<i>methimazole oral</i>	T1	
<i>methitest</i>	T9	
<i>methocarbamol oral tablet 1000 mg</i>	T9	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T1	
<i>methotrexate oral</i>	T1	
<i>methotrexate sodium injection solution reconstituted</i>	T1	
<i>methotrexate sodium oral</i>	T1	
<i>methoxsalen rapid</i>	T4	SP Drugs (Limited to a 1 month supply per fill )
<i>methscopolamine bromide oral</i>	T2	
<i>methsuximide</i>	T2	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>methyl dopa oral</i>	T1	
<i>methyl dopa-hydrochlorothiazide</i>	T1	
<i>methyl ergonovine maleate oral</i>	T3	QL (28 tablets per 365 days)
<b>METHYLIN ORAL SOLUTION</b>	T3	AL (Min 4 Years and Max 10 Years)
<i>methylphenidate</i>	T3	ST; QL (30 patches per 30 Days); AL (Min 3 Years)
<i>methylphenidate hcl er (cd)</i>	T1	QL (30 capsules per 30 days); AL (Min 4 Years)
<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>methylprednisolone oral</i>	T1	
<i>methyltestosterone oral</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill)
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	T1	
<i>metoclopramide hcl oral tablet</i>	T1	
<i>metoclopramide hcl oral tablet dispersible</i>	T3	ST
<i>metolazone</i>	T1	
<i>metoprolol succinate er</i>	T1	
<i>metoprolol tartrate oral</i>	T1	
<i>metoprolol-hctz er</i>	T9	
<i>metoprolol-hydrochlorothiazide</i>	T1	
<b>METROCREAM</b>	T3	



Medication	Coverage Level	Restrictions
<b>METROGEL EXTERNAL GEL</b>	T3	
<b>METROGEL-VAGINAL</b>	T3	
<b>METROLOTION</b>	T3	
<i>metronidazole benzoate</i>	T9	
<i>metronidazole external cream</i>	T1	
<i>metronidazole external gel</i>	T1	
<i>metronidazole external lotion</i>	T2	
<i>metronidazole oral</i>	T1	
<i>metronidazole vaginal</i>	T1	
<i>metyrosine</i>	T9	
<i>mexiletine hcl oral</i>	T1	
<b>MIACALCIN NASAL</b>	T3	
<b>MIBELAS 24 FE</b>	T9	
<b>MICARDIS</b>	T3	
<b>MICARDIS HCT</b>	T3	
<b>MICROCHAMBER</b>	T3	QL (4 chambers per 1 year)
<b>MICRODOT TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>MICROGESTIN 1.5/30</b>	T1	PV
<b>MICROGESTIN 1/20</b>	T1	PV
<b>MICROGESTIN 24 FE</b>	T3	PV
<b>MICROGESTIN FE 1.5/30</b>	T1	PV
<b>MICROGESTIN FE 1/20</b>	T1	PV
<b>MICROSPACER</b>	T3	QL (4 chambers per 1 year)
<i>micuraderm</i>	T9	SO (Not Covered)
<i>midazolam hcl oral</i>	T1	
<i>midazolam intravenous solution prefilled syringe 25 mg/25ml, 50 mg/50ml</i>	T9	
<i>midodrine hcl</i>	T1	
<b>MIEBO</b>	T2	QL (3 ML per 30 days)
<i>mifepristone oral tablet 300 mg</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<b>MIGERGOT</b>	T9	
<i>miglustat</i>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); SP
<b>MIGRANAL</b>	T9	
<b>MILI</b>	T1	PV
<i>milk of magnesia oral suspension 400 mg/5ml</i>	T3	PV
<b>MILLIPRED</b>	T9	
<b>MIMVEY</b>	T1	

Medication	Coverage Level	Restrictions
<b>MIMVEY LO</b>	T1	
<b>MINASTRIN 24 FE</b>	T9	
<b>MINIPRESS</b>	T3	
<b>MINITRAN</b>	T1	
<b>MINIVELLE</b>	T3	
<b>MINOCIN ORAL CAPSULE 100 MG, 50 MG</b>	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	
<b>MINOLIRA</b>	T9	
<i>minoxidil for men external solution 2 %</i>	T9	
<i>minoxidil oral</i>	T1	
<i>mirabegron er</i>	T9	
<b>MIRALAX ORAL POWDER</b>	T9	
<b>MIRAPEX</b>	T3	
<b>MIRAPEX ER</b>	T3	ST; QL (30 tablets per 30 days)
<b>MIRCERA INJECTION SOLUTION PREFILLED SYRINGE</b>	T9	
<b>MIRCETTE</b>	T9	
<i>mirtazapine oral</i>	T1	
<b>MIRVASO</b>	T9	
<i>misoprostol oral</i>	T1	
<b>MITIGARE</b>	T9	
<b>M-M-R II INJECTION</b>	T6 - \$0 copay	PV; QL (2 doses per 1 Lifetime)
<b>MOBIC ORAL TABLET</b>	T3	
<i>modafinil oral</i>	T1	QL (60 tablets per 30 days)
<b>MODERNA COVID-19 VAC 6M-11Y</b>	T6 - \$0 copay	PV
<i>moexipril hcl</i>	T1	
<i>mokura lp</i>	T9	
<i>mometasone furoate external</i>	T1	
<i>mometasone furoate nasal</i>	T3	ST
<b>MONDOXYNE NL</b>	T9	
<b>MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML</b>	T2	
<b>MONOJECT PISTON SYRINGE</b>	T2	
<b>MONOJECT SYRINGE 21G X 1-1/2" 6 ML</b>	T2	
<b>MONOJECT SYRINGE LUER-LOCK TIP 140 ML</b>	T2	

Medication	Coverage Level	Restrictions
<b>MONO-LINYAH</b>	T1	PV
<i>montelukast sodium oral</i>	T1	
<b>MONUROL</b>	T3	QL (3 packets per 30 days)
<b>MORGIDOX COMBINATION</b>	T9	
<b>MORPHABOND ER</b>	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	
<b>MOTTEGRITY</b>	T3	ST; QL (30 tablets per 30 days)
<b>MOTPOLY XR</b>	T9	
<b>MOUNJARO</b>	T2	QL (2 ML per 28 days)
<b>MOVANTI</b>	T3	ST; QL (30 tablets per 30 days)
<b>MOVIPREP</b>	T3	
<b>MOXEZA</b>	T3	
<i>moxifloxacin hcl (2x day)</i>	T1	
<i>moxifloxacin hcl ophthalmic solution</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
<b>MRESVIA</b>	T6 - \$0 copay	PV; QL (1 dose per 1 year); AL (Min 60 Years)
<b>MS CONTIN ORAL TABLET EXTENDED RELEASE</b>	T3	
<b>MUCOSITISRX</b>	T9	
<b>MUGARD</b>	T9	
<b>MULPLETA</b>	T9	
<b>MULTAQ</b>	T3	
<b>MULTIGEN FOLIC</b>	T9	
<b>MULTIGEN PLUS</b>	T9	
<i>multivitamin w/fluoride</i>	T3	PV
<i>multivitamin/fluoride oral solution</i>	T3	PV
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	T3	PV
<i>multivitamins oral capsule</i>	T9	
<i>multivitamins oral tablet chewable</i>	T9	
<i>multivitamins pediatric</i>	T9	
<i>mupirocin calcium</i>	T9	
<i>mupirocin external</i>	T1	QL (22 gm per 30 days)

Medication	Coverage Level	Restrictions
<b>MUSCUSOLICE</b>	T9	
<b>MUSE</b>	T2	QL (6 pellets per 30 days)
<b>MVC-FLUORIDE</b>	T3	PV
<b>M-VIT</b>	T9	
<b>MY CHOICE</b>	T1	PV
<b>MY WAY</b>	T1	PV
<b>MYALEPT</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); SP
<b>MYCAPSSA</b>	T9	
<b>MYCOBUTIN</b>	T2	
<i>mycophenolate mofetil oral capsule</i>	T1	
<i>mycophenolate mofetil oral suspension reconstituted</i>	T1	AL (Max 9 Years)
<i>mycophenolate mofetil oral tablet</i>	T1	
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>	T3	QL (240 tablets per 30 days)
<i>mycophenolate sodium oral tablet delayed release 360 mg</i>	T3	QL (120 tablets per 30 days)
<i>mycophenolic acid oral tablet delayed release 180 mg</i>	T2	QL (240 tablets per 30 days)
<i>mycophenolic acid oral tablet delayed release 360 mg</i>	T2	QL (120 tablets per 30 days)
<b>MYDAYIS</b>	T9	
<b>MYFEMBREE</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>myferon 150 forte</i>	T9	
<b>MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG</b>	T3	QL (240 tablets per 30 days)
<b>MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG</b>	T3	QL (120 tablets per 30 days)
<b>MYHIBBIN</b>	T9	
<b>MYLERAN</b>	T3	
<b>MYNATAL ORAL TABLET</b>	T1	
<i>mynatal plus</i>	T1	
<i>mynatal-z</i>	T1	
<i>mynate 90 plus</i>	T1	
<i>mynephrocaps</i>	T9	
<b>MYNEPHRON</b>	T9	

Medication	Coverage Level	Restrictions
<b>MYORISAN</b>	T2	QL (6 fills per 2 years)
<b>MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER</b>	T2	ST; QL (240 ML per 30 days); AL (Max 10 Years)
<b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	T2	ST; QL (30 tablets per 30 days)
<b>MYSOLINE ORAL TABLET 50 MG</b>	T3	
<b>MYTESI</b>	T9	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gml/177ml</i>	T3	
<i>nabumetone oral</i>	T1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	T1	
<i>naftifine hcl external cream 1 %</i>	T3	ST; QL (90 GM per 30 days)
<i>naftifine hcl external cream 2 %</i>	T9	
<i>naftifine hcl external gel 2 %</i>	T9	
<b>NAFTIN EXTERNAL CREAM 2 %</b>	T9	
<b>NAFTIN EXTERNAL GEL</b>	T9	
<b>NALFON ORAL CAPSULE 400 MG</b>	T9	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1	QL (2 Vials per 1 year)
<i>naloxone hcl injection solution cartridge</i>	T1	QL (2 cartridges per 1 year)
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	T1	QL (2 Syringes per 1 year)
<i>naloxone hcl nasal</i>	T1	QL (1 box per 1 year)
<b>NALTREX</b>	T9	
<i>naltrexone hcl oral</i>	T1	
<b>NAMENDA ORAL TABLET</b>	T3	QL (60 tablets per 30 days); AL (Min 40 Years)
<b>NAMENDA TITRATION PAK</b>	T3	QL (1 pak per 365 days); AL (Min 40 Years)
<b>NAMENDA XR</b>	T3	QL (30 capsules per 30 days); AL (Min 40 Years)
<b>NAMENDA XR TITRATION PACK</b>	T3	AL (Min 40 Years)
<b>NAMZARIC</b>	T3	ST; QL (30 capsules per 30 days); AL (Min 40 Years)
<i>nanran</i>	T9	
<b>NAPHCON-A</b>	T9	
<b>NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG</b>	T9	
<b>NAPROSYN ORAL SUSPENSION</b>	T3	QL (473 ML per 30 days); AL (Max 12 Years)
<b>NAPROSYN ORAL TABLET 500 MG</b>	T3	
<b>NAPROTIN</b>	T9	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>naproxen oral suspension</i>	T1	QL (473 ML per 30 days); AL (Max 12 Years)
<i>naproxen oral tablet</i>	T1	
<i>naproxen oral tablet delayed release</i>	T9	
<i>naproxen sodium er</i>	T9	
<i>naproxen sodium oral tablet 220 mg</i>	T9	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	
<i>naproxen-esomeprazole mg</i>	T9	
<i>naratriptan hcl</i>	T1	QL (12 tablets per 30 days)
<b>NARCAN</b>	T3	QL (1 box per 1 year)
<b>NARDIL</b>	T3	
<b>NASACORT ALLERGY 24HR</b>	T3	
<b>NASCOBAL</b>	T9	
<b>NASONEX</b>	T9	
<b>NATACHEW ORAL TABLET CHEWABLE 28-1 MG</b>	T3	QL (30 tablets per 30 days)
<b>NATACYN</b>	T3	
<i>natal prv</i>	T9	
<b>NATALVIRT FLT</b>	T9	
<b>NATAZIA</b>	T9	
<i>nateglinide</i>	T1	
<b>NATESTO</b>	T9	
<b>NATROBA</b>	T9	
<b>NAYZILAM</b>	T3	QL (5 kits per 30 days)
<i>nebivolol hcl</i>	T1	
<b>NEBUPENT</b>	T3	
<b>NECON 0.5/35 (28)</b>	T1	PV
<b>NEEVO DHA ORAL CAPSULE 27-1.13 MG</b>	T3	
<i>nefazodone hcl</i>	T1	
<b>NEFFY</b>	T9	
<b>NEMLUVIO</b>	T9	
<i>nendrux</i>	T9	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	T1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	T1	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	T1	

Medication	Coverage Level	Restrictions
<i>neonatal + dha</i>	T9	
<i>neonatal complete oral tablet 29-1 mg</i>	T9	
<b>NEONATAL PLUS</b>	T9	
<b>NEORAL</b>	T3	
<b>NEOSALUS EXTERNAL FOAM</b>	T9	
<b>NEO-SYNALAR EXTERNAL CREAM</b>	T9	
<i>neo-vital rx</i>	T3	
<b>NEPHPLEX RX</b>	T9	
<b>NEPHRON FA</b>	T9	
<b>NEPHRO-VITE RX</b>	T9	
<b>NERLYNX</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); SP
<b>NESINA</b>	T9	
<b>NESTABS</b>	T3	
<b>NESTABS ABC</b>	T3	
<b>NESTABS DHA</b>	T3	
<b>NEUAC EXTERNAL GEL</b>	T1	QL (45 GM per 30 days)
<b>NEUAC EXTERNAL KIT</b>	T9	
<b>NEULASTA ONPRO</b>	T9	
<b>NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T9	
<b>NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML</b>	T5	SP Drugs (Limited to a 1 month supply per fill); SP
<b>NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE</b>	T5	SP Drugs (Limited to a 1 month supply per fill); SP
<b>NEUPRO</b>	T3	ST; QL (30 patches per 30 days)
<i>neurin-sl</i>	T9	
<b>NEURONTIN</b>	T3	
<b>NEUTEK 2TEK TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>NEVANAC</b>	T3	ST
<i>nevirapine er</i>	T3	QL (30 tablets per 30 days)
<i>nevirapine oral suspension</i>	T1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	T1	QL (60 tablets per 30 days)
<b>NEW DAY</b>	T1	PV
<b>NEXA PLUS</b>	T3	
<b>NEXAVAR</b>	T9	SP Drugs ( )

Medication	Coverage Level	Restrictions
<b>NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	T9	
<b>NEXIUM</b>	T9	
<b>NEXIUM 24HR</b>	T3	
<b>NEXLETOL</b>	T3	PA; QL (30 tablets per 30 days)
<b>NEXLIZET</b>	T3	PA; QL (30 tablets per 30 days)
<b>NEXTSTELLIS</b>	T9	
<b>NGENLA</b>	T9	
<i>niacin er (antihyperlipidemic)</i>	T1	
<i>niacin oral tablet 500 mg</i>	T9	
<b>NIACOR</b>	T1	
<b>NICADAN</b>	T9	
<i>nicardipine hcl oral capsule 20 mg</i>	T5	ST; SP Drugs (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 Drugs (Limited to a 1 month supply per fill ); QL (120 capsules per 30 days)
<b>NICAZEL</b>	T9	
<b>NICAZEL FORTE</b>	T9	
<b>NICODERM CQ</b>	T9	
<b>NICOMIDE</b>	T9	
<b>NICORETTE</b>	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
<b>NICOTROL NS</b>	T3	PV; QL (40 mls per 30 days)
<b>NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG</b>	T1	
<i>nifedipine er osmotic release</i>	T1	
<i>nifedipine oral</i>	T1	
<b>NIKKI</b>	T1	PV
<i>nilutamide</i>	T1	
<i>nimodipine oral</i>	T2	QL (21 day supply per 365 days)
<b>NINLARO ORAL CAPSULE 2.3 MG, 4 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (3 capsules per 28 days); SP



Medication	Coverage Level	Restrictions
<b>NINLARO ORAL CAPSULE 3 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (3 capsules per 28 days); SP
<i>nisoldipine er</i>	T2	
<i>nitazoxanide oral</i>	T5	SP Drugs (Limited to a 1 month supply per fill); QL (6 TABLETS per 6 Months)
<i>nitisinone</i>	T9	
<b>NITRO-BID</b>	T1	
<b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR</b>	T3	
<b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR</b>	T2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	T1	
<i>nitrofurantoin monohyd macro</i>	T1	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (120 ML per 30 days); AL (Max 9 Years)
<i>nitrofurantoin oral suspension 50 mg/5ml</i>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (60 ML per 30 Days)
<i>nitroglycerin er</i>	T1	
<i>nitroglycerin rectal</i>	T9	
<i>nitroglycerin sublingual</i>	T1	
<i>nitroglycerin transdermal patch 24 hour</i>	T1	
<i>nitroglycerin translingual solution</i>	T2	
<b>NITROLINGUAL</b>	T3	
<b>NITROMIST</b>	T3	
<b>NITROSTAT</b>	T1	
<b>NITRO-TIME</b>	T1	
<b>NITYR</b>	T9	
<b>NIVA-FOL</b>	T9	
<b>NIVA-PLUS</b>	T9	
<b>NIVATOPIC PLUS</b>	T9	
<b>NIVESTYM</b>	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); SP
<i>nizatidine</i>	T3	
<b>NIZORAL EXTERNAL SHAMPOO 2 %</b>	T3	

Medication	Coverage Level	Restrictions
<b>NOBLE FORMULA HC EXTERNAL SOLUTION</b>	T9	
<b>NOCDURNA</b>	T9	
<b>NOCTIVA</b>	T9	
<b>NORA-BE</b>	T1	PV
<b>NORCO</b>	T3	
<b>NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T9	
<i>norelgestromin-eth estradiol</i>	T1	PV; QL (3 patches per 28 days)
<i>norethin ace-eth estrad-fe oral capsule</i>	T9	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	T1	PV
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	T1	PV
<i>norethindrone acetate oral</i>	T1	
<i>norethindrone acet-ethinyl est</i>	T1	PV
<i>norethindrone oral</i>	T1	PV
<i>norethindrone-eth estradiol</i>	T1	
<i>norethindron-ethinyl estrad-fe</i>	T1	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	T1	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	T9	
<i>norgesic forte</i>	T9	
<i>norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	T1	PV
<i>norgestim-eth estrad triphasic</i>	T1	PV
<b>NORITATE</b>	T9	
<b>NORLIQVA</b>	T3	QL (150 ML per 30 Days); AL (Max 6 Years)
<b>NORPACE</b>	T3	
<b>NORPACE CR</b>	T2	
<b>NORPRAMIN ORAL TABLET 10 MG, 25 MG</b>	T3	QL (60 tablets per 30 days)
<b>NORTHERA ORAL CAPSULE 100 MG</b>	T9	SP Drugs ( )
<b>NORTHERA ORAL CAPSULE 200 MG, 300 MG</b>	T9	
<b>NORTREL 0.5/35 (28)</b>	T1	PV
<b>NORTREL 1/35 (21)</b>	T1	PV
<b>NORTREL 1/35 (28)</b>	T1	PV
<b>NORTREL 7/7/7</b>	T1	PV
<i>nortriptyline hcl oral capsule</i>	T1	
<b>NORVASC</b>	T3	SP Drugs (Generic substitution mandatory.)

Medication	Coverage Level	Restrictions
NORVIR ORAL SOLUTION	T4	SP Drugs (Limited to a 1 month supply per fill)
NORVIR ORAL TABLET	T9	
NOURIANZ	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
NOVA MAX GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
NOVACORT EXTERNAL GEL 1-2 %	T9	
NOVAREL	T3	ST; SP
<i>novavax covid-19 vaccine</i>	T6 - \$0 copay	PV
NOVOEIGHT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
NOVOFINE 32G X 6 MM	T2	
NOVOFINE AUTOCOVER	T2	
NOVOFINE AUTOCOVER PEN NEEDLE	T2	
NOVOFINE PEN NEEDLE	T2	
NOVOFINE PLUS	T2	
NOVOFINE PLUS PEN NEEDLE	T2	
NOVOLIN 70/30	T3	ST
NOVOLIN 70/30 FLEXPEN	T3	ST
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	
NOVOSEVEN RT	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<b>NOXAFIL ORAL PACKET</b>	T5	SP Drugs (Limited to a 1 month supply per fill); QL (32 packets per 30 days); AL (Min 2 Years and Max 9 Years)
<b>NOXAFIL ORAL TABLET DELAYED RELEASE</b>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (180 Tablets per 30 days)
<i>noxifol-d</i>	T9	
<b>NP THYROID</b>	T1	
<b>NUBEQA</b>	T4	PA; ST; SP Drugs (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
<b>NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days); SP
<b>NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); SP
<b>NUCORT</b>	T3	
<b>NUCYNTA</b>	T3	ST
<b>NUCYNTA ER</b>	T3	ST; QL (60 tablets per 30 days)
<b>NUEDEXTA</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
<b>NUFERA</b>	T9	
<i>nujo</i>	T9	
<i>nuju</i>	T9	
<b>NULEV</b>	T1	
<b>NULYTELY LEMON-LIME</b>	T3	
<b>NUPLAZID ORAL CAPSULE</b>	T9	
<b>NUPLAZID ORAL TABLET 10 MG</b>	T9	
<b>NURTEC</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (8 tablets per 30 days)
<b>NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T9	
<b>NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T9	
<b>NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T9	
<b>NUVAIL</b>	T9	
<b>NUVARING</b>	T9	
<b>NUVESSA</b>	T9	
<b>NUVIGIL ORAL TABLET 150 MG, 250 MG</b>	T3	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<b>NUVIGIL ORAL TABLET 200 MG, 50 MG</b>	T9	
<b>NUVIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
<b>NUVIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
<b>NUZYRA INTRAVENOUS</b>	T9	
<b>NUZYRA ORAL TABLET 150 MG</b>	T9	
<b>NYAMYC</b>	T1	QL (60 GM per 30 Days)
<b>NYLIA 1/35</b>	T1	PV
<b>NYLIA 7/7/7</b>	T1	PV
<b>NYMALIZE ORAL SOLUTION 6 MG/ML</b>	T5	ST; SP Drugs (Limited to a 1 month supply per fill); QL (1 fill per 21 days)
<b>NYMYO</b>	T1	PV
<i>nynutey</i>	T9	
<b>NYPOZI</b>	T9	
<i>nystatin external cream</i>	T1	SP Drugs (Generic substitution mandatory.)
<i>nystatin external ointment</i>	T1	
<i>nystatin external powder</i>	T1	QL (60 GM per 30 Days)
<i>nystatin mouth/throat</i>	T1	
<i>nystatin oral tablet</i>	T1	
<i>nystatin-triamcinolone</i>	T1	
<b>NYSTOP</b>	T1	QL (60 GM per 30 days)
<b>NYVEPRIA</b>	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
<b>O-CAL FA</b>	T9	
<b>OCALIVA ORAL TABLET 10 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP

Medication	Coverage Level	Restrictions
<b>OCALIVA ORAL TABLET 5 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<b>OCELLA</b>	T1	PV
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	SP Drugs (Limited to a 1 month supply per fill); SP
<i>octreotide acetate subcutaneous</i>	T4	SP Drugs (Limited to a 1 month supply per fill); SP
<b>OCUFLOX</b>	T3	
<b>OCUVEL ORAL CAPSULE 0.5 MG</b>	T9	
<b>ODACTRA</b>	T3	AL (Min 12 Years and Max 65 Years)
<b>ODEFSEY</b>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>ODOMZO</b>	T5	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 capsules per 30 days); SP
<b>OFEV ORAL CAPSULE 100 MG</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 capsules per 30 days); AL (Min 18 Years); SP
<b>OFEV ORAL CAPSULE 150 MG</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 capsules per 30 days); AL (Min 18 Years); SP
<i>ofloxacin ophthalmic</i>	T1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T1	
<i>ofloxacin otic</i>	T1	
<b>OGIVRI</b>	T9	
<b>OGSIVEO ORAL TABLET 100 MG, 150 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (56 tablets per 28 days)

Medication	Coverage Level	Restrictions
<b>OGSIVEO ORAL TABLET 50 MG</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (180 tablets per 30 days)
<b>OHTUVAYRE</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 vials per 30 days)
<b>OJEMDA ORAL SUSPENSION RECONSTITUTED</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (96 ML per 28 days); AL (Max 6 Years)
<b>OJEMDA ORAL TABLET 100 MG</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (1 box per 28 days); AL (Min 6 Years and Max 25 Years)
<b>OJJAARA</b>	T5	PA; ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>olanzapine oral tablet</i>	T1	
<i>olanzapine oral tablet dispersible</i>	T2	
<i>olanzapine-fluoxetine hcl</i>	T9	
<i>olmesartan medoxomil oral</i>	T1	
<i>olmesartan medoxomil-hctz</i>	T1	
<i>olmesartan-amlodipine-hctz</i>	T1	
<i>olopatadine hcl nasal</i>	T2	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	T1	QL (5 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	T1	QL (2.5 ML per 30 days)
<b>OLPRUVA (2 GM DOSE)</b>	T9	
<b>OLPRUVA (3 GM DOSE)</b>	T9	
<b>OLPRUVA (4 GM DOSE)</b>	T9	
<b>OLPRUVA (5 GM DOSE)</b>	T9	
<b>OLPRUVA (6 GM DOSE)</b>	T9	
<b>OLPRUVA (6.67 GM DOSE)</b>	T9	
<b>OLUMIANT ORAL TABLET 1 MG, 2 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP

Medication	Coverage Level	Restrictions
<b>OLUMIANT ORAL TABLET 4 MG</b>	T9	
<b>OLUX</b>	T9	
<b>OLUX-E</b>	T3	
<b>OMECLAMOX-PAK</b>	T9	
<i>omega-3-acid ethyl esters</i>	T1	
<i>omeprazole magnesium oral capsule delayed release</i>	T3	
<i>omeprazole oral capsule delayed release</i>	T3	
<i>omeprazole oral tablet delayed release</i>	T3	
<i>omeprazole-sodium bicarbonate oral capsule</i>	T9	
<b>OMEZA COLLAGEN MATRIX</b>	T9	
<b>OMNARIS</b>	T9	
<b>OMNIPOD 5 DEXG7G6 INTRO GEN 5</b>	T5	SP Drugs (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
<b>OMNIPOD 5 DEXG7G6 PODS GEN 5</b>	T5	SP Drugs (Limited to a 1 month supply per fill ); QL (2 Packs per 30 days)
<b>OMNIPOD 5 G7 INTRO (GEN 5)</b>	T5	SP Drugs (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
<b>OMNIPOD 5 G7 PODS (GEN 5)</b>	T5	SP Drugs (Limited to a 1 month supply per fill); QL (2 Packs per 30 days)
<b>OMNIPOD 5 LIBRE2 PLUS G6</b>	T5	SP Drugs (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
<b>OMNIPOD 5 LIBRE2 PLUS G6 PODS</b>	T5	SP Drugs (Limited to a 1 month supply per fill ); QL (2 Packs per 30 days)
<b>OMNIPOD DASH INTRO (GEN 4)</b>	T5	SP Drugs (Limited to 1 kit per 30 day supply); QL (1 kit per 2 years)
<b>OMNIPOD DASH PODS (GEN 4)</b>	T5	SP Drugs (Limited to a 1 month supply per fill); QL (2 packs per 30 days)
<b>OMNIPOD GO</b>	T9	
<b>OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); SP
<b>OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); SP
<b>OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T5	PA; SP Drugs (Limited to a one month supply per fill); QL (2 pens per 28 days); SP



Medication	Coverage Level	Restrictions
<b>OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	PA; SP Drugs (Limited to a 1-month supply per fill); QL (2 Syringes per 28 days); SP
<b>ON CALL EXPRESS BLOOD GLUCOSE</b>	T3	ST; QL (200 strips per 30 days)
<b>ON CALL EXPRESS GLUCOSE CONTR</b>	T3	
<b>ON CALL LANCETS</b>	T2	
<b>ON CALL LANCING DEVICE</b>	T3	
<b>ON CALL PLUS BLOOD GLUCOSE</b>	T3	ST; QL (200 strips per 30 days)
<b>ON CALL PLUS GLUCOSE CONTROL</b>	T3	
<b>ON CALL PLUS LANCETS</b>	T2	
<b>ON CALL PLUS LANCING DEVICE</b>	T3	
<b>ON CALL VIVID BLOOD GLUCOSE</b>	T3	ST; QL (200 strips per 30 days)
<b>ON CALL VIVID GLUCOSE CONTROL</b>	T3	
<i>ondansetron hcl oral</i>	T1	
<i>ondansetron oral tablet dispersible 16 mg</i>	T9	SO (Not Covered)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	T1	
<b>ONETOUCH ULTRA BLUE</b>	T1	QL (200 strips per 30 days)
<b>ONETOUCH VERIO IN VITRO STRIP</b>	T1	QL (200 strips per 30 days)
<b>ONEXTON</b>	T9	
<b>ONFI ORAL SUSPENSION</b>	T3	ST; QL (240 ML per 30 days)
<b>ONFI ORAL TABLET 10 MG, 20 MG</b>	T3	ST
<b>ONGENTYS</b>	T3	ST
<b>ONGLYZA</b>	T3	ST; QL (30 tablets per 30 days)
<b>ONUREG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (14 tablets per 28 days); SP
<i>onzdeaxiademtar</i>	T9	
<i>onzdeaxiatar</i>	T9	
<b>ONZETRA XSAIL</b>	T9	
<b>OPCICON ONE-STEP</b>	T1	PV
<b>OPFOLDA</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (8 capsules per 30 days); SP
<b>OPILL</b>	T9	
<b>OPIPZA</b>	T9	
<i>opium</i>	T9	
<b>OPSUMIT</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP

Medication	Coverage Level	Restrictions
OPSYNVI	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
OPTICHAMBER DIAMOND	T2	QL (4 masks per 1 year)
OPTICHAMBER DIAMOND-LG MASK	T2	QL (4 masks per 1 year)
OPTICHAMBER DIAMOND-MD MASK	T2	QL (4 masks per 1 year)
OPTICHAMBER DIAMOND-SM MASK	T2	QL (4 masks per 1 year)
OPTION 2	T1	PV
OPTIONS GYNOL II CONTRACEPTIVE	T3	PV
OPTIUM TEST	T3	ST; QL (200 strips per 30 days)
OPTIUMEZ TEST	T3	ST; QL (200 strips per 30 days)
OPTUMRX BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
OPVEE	T2	QL (1 box per 1 year)
OPZELURA	T9	
ORACEA	T9	
ORACIT	T3	
<i>oral citrate</i>	T1	
<i>oral saline laxative kit</i>	T3	PV
ORALAIR	T3	AL (Min 10 Years and Max 65 Years)
ORALONE	T3	
ORAMAGICRX	T9	
ORAPRED ODT	T9	
ORAVIG	T4	ST; SP Drugs (Limited to a 1 month supply per fill)
ORENCIA CLICKJECT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (1.6 ML per 28 days); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (2.8 ML per 28 days); SP

Medication	Coverage Level	Restrictions
<b>ORENITRAM MONTH 1</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (1 kit per 28 days); SP
<b>ORENITRAM MONTH 2</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (1 kit per 28 days); SP
<b>ORENITRAM MONTH 3</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (1 kit per 28 days); SP
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (2880 tablets per 30 days); SP
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (1440 tablets per 30 days); SP
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (360 tablets per 30 days); SP
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<b>ORFADIN</b>	T9	
<b>ORGOVYX</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>ORIAHNN</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
<b>ORLISSA ORAL TABLET 150 MG</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
<b>ORLISSA ORAL TABLET 200 MG</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
<b>ORKAMBI ORAL PACKET 100-125 MG</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (56 packets per 28 days); AL (Min 1 Years and Max 5 Years); SP

Medication	Coverage Level	Restrictions
<b>ORKAMBI ORAL PACKET 150-188 MG</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (56 packets per 28 days); AL (Min 1 Years and Max 5 Years); SP
<b>ORKAMBI ORAL PACKET 75-94 MG</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL (Min 1 Years); SP
<b>ORKAMBI ORAL TABLET 100-125 MG</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (112 tablets per 28 days); AL (Min 6 Years); SP
<b>ORKAMBI ORAL TABLET 200-125 MG</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (112 tablets per 28 days); AL (Min 6 Years); SP
<b>ORLADEYO</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); AL (Min 12 Years)
<i>orlistat oral</i>	T9	
<i>orphenadrine citrate er</i>	T1	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T9	
<b>ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG</b>	T9	
<b>ORSERDU</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
<i>ortho df</i>	T9	
<b>ORTIKOS</b>	T9	
<i>oscimin sr</i>	T1	
<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)
<b>OSENI</b>	T9	
<b>OSMOLEX ER</b>	T9	
<b>OSMOPREP</b>	T3	
<b>OSPHENA</b>	T2	ST

Medication	Coverage Level	Restrictions
<b>OTEZLA ORAL TABLET 20 MG</b>	T4	PA; SP Drugs (Limited to a 1-month supply per fill); QL (60 Tablets per 30 days)
<b>OTEZLA ORAL TABLET 30 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days); AL (Min 18 Years); SP
<b>OTEZLA ORAL TABLET THERAPY PACK 10 &amp; 20 &amp; 30 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (1 pack per 1 year); AL (Min 18 Years); SP
<b>OTEZLA ORAL TABLET THERAPY PACK 4 X 10 &amp; 51 X20 MG</b>	T4	PA; SP Drugs (Limited to a 1-month supply per fill); QL (1 Pack per 1 Year)
<b>OTOVEL</b>	T2	AL (Min 6 Months and Max 17 Years)
<b>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</b>	T9	
<b>OVACE PLUS</b>	T9	
<b>OVACE PLUS WASH</b>	T9	
<b>OVACE WASH</b>	T9	
<b>OVIDE</b>	T3	
<b>OVIDREL</b>	T2	SP
<b>OXANDRIN</b>	T3	
<i>oxaprozin oral capsule</i>	T9	
<i>oxaprozin oral tablet</i>	T2	
<b>OXAYDO ORAL TABLET ABUSE-DETERRENT</b>	T3	ST
<i>oxazepam</i>	T1	
<b>OXBRYTA</b>	T9	
<i>oxcarbazepine</i>	T1	
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg</i>	T4	ST; QL (30 tablets per 30 days)
<i>oxcarbazepine er oral tablet extended release 24 hour 600 mg</i>	T4	ST; QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
<b>OXERVATE</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill. Limited to 8 weeks of treatment. ); QL (28 mls per 30 days); SP
<i>oxiachlo</i>	T9	
<i>oxiaice</i>	T9	
<i>oxianuji</i>	T9	
<i>oxiavar</i>	T9	
<i>oxiavary</i>	T9	
<i>oxiconazole nitrate</i>	T9	
<b>OXISTAT EXTERNAL CREAM</b>	T3	ST
<b>OXISTAT EXTERNAL LOTION</b>	T9	
<i>oxopid</i>	T9	
<i>oxopidaxiaqup</i>	T9	
<b>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG</b>	T9	SP Drugs ( )
<b>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 600 MG</b>	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	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 40 mg, 80 mg</i>	T2	QL (60 tablets per 30 days)
<i>oxycodone hcl oral capsule</i>	T9	
<i>oxycodone hcl oral concentrate 20 mg/ml</i>	T1	
<i>oxycodone hcl oral solution</i>	T1	
<i>oxycodone hcl oral tablet</i>	T1	
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	T1	
<i>oxycodone-acetaminophen oral solution</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT</b>	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)
<b>OXYTROL</b>	T9	

Medication	Coverage Level	Restrictions
OZEMPIC (0.25 OR 0.5 MG/DOSE)	T9	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T9	
OZEMPIC (2 MG/DOSE)	T9	
OZOBAX	T9	
OZOBAX DS	T9	
PACERONE ORAL TABLET 100 MG	T2	QL (30 tablets per 30 days)
PACERONE ORAL TABLET 200 MG	T1	
PACERONE ORAL TABLET 400 MG	T9	
PALFORZIA (12 MG DAILY DOSE)	T4	PA; SP Drugs (Limited to a 1 month supply per fill )
PALFORZIA (120 MG DAILY DOSE)	T4	PA; SP Drugs (Limited to a 1 month supply per fill )
PALFORZIA (160 MG DAILY DOSE)	T4	PA; SP Drugs (Limited to a 1 month supply per fill )
PALFORZIA (20 MG DAILY DOSE)	T4	PA; SP Drugs (Limited to a 1 month supply per fill )
PALFORZIA (200 MG DAILY DOSE)	T4	PA; SP Drugs (Limited to a 1 month supply per fill )
PALFORZIA (240 MG DAILY DOSE)	T4	PA; SP Drugs (Limited to a 1 month supply per fill )
PALFORZIA (3 MG DAILY DOSE)	T4	PA; SP Drugs (Limited to a 1 month supply per fill )
PALFORZIA (300 MG MAINTENANCE)	T4	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (30 packets per 30 days)
PALFORZIA (300 MG TITRATION)	T4	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (30 packets per 30 days)
PALFORZIA (40 MG DAILY DOSE)	T4	PA; SP Drugs (Limited to a 1 month supply per fill )
PALFORZIA (6 MG DAILY DOSE)	T4	PA; SP Drugs (Limited to a 1 month supply per fill )
PALFORZIA (80 MG DAILY DOSE)	T4	PA; SP Drugs (Limited to a 1 month supply per fill )

Medication	Coverage Level	Restrictions
<b>PALFORZIA INITIAL ESCALATION</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill )
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	T2	QL (30 tablets per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	T2	QL (60 tablets per 30 days)
<b>PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (30 syringes per 30 days); SP
<b>PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (30 syringes per 30 days); SP
<b>PAMELOR ORAL CAPSULE</b>	T3	SP Drugs (Generic substitution mandatory.)
<b>PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 UNIT</b>	T5	ST; SP Drugs (Limited to a 1 month supply per fill )
<b>PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT</b>	T5	ST; SP Drugs (Limited to a 1 month supply per fill)
<b>PANDA MASK LARGE</b>	T3	QL (4 masks per 1 year)
<b>PANDA MASK MEDIUM</b>	T3	QL (4 masks per 1 year)
<b>PANDA MASK SMALL</b>	T3	QL (4 masks per 1 year)
<b>PANDEL</b>	T9	
<i> pantoprazole sodium oral packet</i>	T9	
<i> pantoprazole sodium oral tablet delayed release</i>	T3	
<i> paregoric</i>	T9	
<i> paricalcitol oral</i>	T2	
<b>PARLODEL</b>	T3	
<b>PARNATE</b>	T3	
<i> paromomycin sulfate oral</i>	T1	
<i> paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	T2	QL (30 tablets per 30 days)
<i> paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	T2	QL (60 tablets per 30 days)
<i> paroxetine hcl oral suspension</i>	T2	
<i> paroxetine hcl oral tablet</i>	T1	
<i> paroxetine mesylate</i>	T9	
<b>PATADAY OPHTHALMIC SOLUTION 0.1 %</b>	T3	QL (5 ML per 30 days)



Medication	Coverage Level	Restrictions
<b>PATADAY OPHTHALMIC SOLUTION 0.2 %</b>	T3	ST; QL (2.5 ML per 30 days)
<b>PATANASE</b>	T3	
<b>PATANOL</b>	T3	
<b>PAXIL</b>	T3	
<b>PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 37.5 MG</b>	T3	ST; QL (30 tablets per 30 days)
<b>PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG</b>	T3	ST; QL (60 tablets per 30 days)
<b>PAXLOVID (150/100)</b>	T4	SP Drugs (Limited to 1 fill per year); QL (1 pack per 1 year)
<b>PAXLOVID (300/100)</b>	T4	SP Drugs (Limited to 1 fill per year); QL (1 pack per 1 year)
<b>PAZEO</b>	T3	ST
<i>pazopanib hcl</i>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<i>pb-hyoscy-atropine-scopolamine oral tablet</i>	T9	
<i>pc pediatric iron drops</i>	T1	AL (Min 6 Months and Max 12 Days)
<i>pediatric medium mask</i>	T3	QL (4 masks per 1 year)
<b>PEDIATRIC PANDA MASK</b>	T3	QL (4 masks per 1 year)
<i>pediatric small mask</i>	T3	QL (4 masks per 1 year)
<b>PEDVAX HIB INTRAMUSCULAR SUSPENSION</b>	T9	
<i>peg 3350 oral powder</i>	T9	
<i>peg 3350-kcl-na bicarb-nacl</i>	T1	PV
<i>peg-3350/electrolytes</i>	T1	PV
<i>peg-3350/electrolytes/ascorbat</i>	T1	PV
<b>PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML</b>	T4	SP Drugs (Limited to a 1 month supply per fill ); QL (48 Weeks per 1 Lifetime); SP
<b>PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T4	SP Drugs (Limited to a 1 month supply per fill ); QL (48 weeks per 1 lifetime); SP
<b>PEG-PREP</b>	T1	PV
<b>PEMAZYRE</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (14 Tablets per 21 days)
<b>PEMGARDA</b>	T9	
<b>PEMRYDI RTU INTRAVENOUS SOLUTION 500 MG/50ML</b>	T9	
<b>PENBRAYA</b>	T6 - \$0 copay	PV; QL (2 doses per 1 lifetime)

Medication	Coverage Level	Restrictions
<i>penciclovir</i>	T9	
<i>penicillamine oral capsule</i>	T9	
<i>penicillamine oral tablet</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>penicillin v potassium</i>	T1	
<b>PENNSAID TRANSDERMAL SOLUTION 2 %</b>	T9	
<b>PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	T6 - \$0 copay	PV
<i>pentamidine isethionate inhalation</i>	T1	
<b>PENTASA</b>	T5	ST; SP Drugs (Limited to a 1 month supply per fill); QL (240 capsules per 30 days)
<i>pentazocine-naloxone hcl</i>	T2	ST
<i>pentoxifylline er</i>	T1	
<b>PEPCID ORAL TABLET 20 MG</b>	T9	
<b>PEPCID ORAL TABLET 40 MG</b>	T3	
<b>PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG</b>	T3	
<b>PERFOROMIST</b>	T9	
<b>PERIDEX</b>	T3	
<i>perindopril erbumine</i>	T1	
<i>permethrin external cream</i>	T1	
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	T1	
<i>perphenazine-amitriptyline</i>	T1	
<b>PERTZYE</b>	T5	ST; SP Drugs (Limited to a 1 month supply per fill)
<b>PEXEVA</b>	T9	
<b>PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML</b>	T6 - \$0 copay	PV
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</i>	T6 - \$0 copay	PV
<i>pfizer-biontech covid-19 vacc</i>	T6 - \$0 copay	PV
<b>PHEBURANE</b>	T9	
<i>phedrax</i>	T9	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	T1	
<i>phendimetrazine tartrate</i>	T1	
<i>phenelzine sulfate oral</i>	T1	
<i>phenobarbital oral elixir</i>	T1	
<i>phenobarbital oral tablet</i>	T1	
<i>phenoxybenzamine hcl oral</i>	T9	

Medication	Coverage Level	Restrictions
<i>phentermine hcl oral</i>	T1	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	T1	
<b>PHENYTEK</b>	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	
<i>pheoxia</i>	T9	
<b>PHEXXI</b>	T3	QL (12 tubes per 30 days)
<b>PHILITH</b>	T1	PV
<b>PHLAG SPRAY</b>	T9	
<b>PHOSLO</b>	T3	
<b>PHOSLYRA</b>	T3	ST
<i>phos-nak</i>	T9	
<b>PHOSPHA 250 NEUTRAL</b>	T9	
<i>phosphate laxative oral solution 2.7-7.2 gml/15ml</i>	T3	PV
<b>PHOSPHOLINE IODIDE</b>	T2	
<i>phytonadione oral</i>	T1	QL (3 tablets per 30 Days)
<i>pidprogtar</i>	T9	
<b>PIFELTRO</b>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1	
<i>pilocarpine hcl oral</i>	T1	QL (120 tablets per 30 days)
<i>pimecrolimus</i>	T1	QL (30 GM per 30 days)
<i>pimozide oral tablet 1 mg</i>	T1	QL (300 tablets per 30 days)
<i>pimozide oral tablet 2 mg</i>	T1	QL (150 tablets per 30 days)
<b>PIMTREA</b>	T1	PV
<i>pindolol</i>	T1	
<i>pioglitazone hcl</i>	T1	
<i>pioglitazone hcl-glimepiride</i>	T9	
<i>pioglitazone hcl-metformin hcl</i>	T1	
<b>PIP BLOOD GLUCOSE TEST STRIP</b>	T3	ST; QL (200 test strips per 30 Days)
<b>PIP GLUCOSE CONTROL SOLUTION</b>	T3	
<i>pip lancets 28g</i>	T2	
<i>pip lancets 30g</i>	T2	

Medication	Coverage Level	Restrictions
<b>PIQRAY (200 MG DAILY DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (28 tablets per 28 days); SP
<b>PIQRAY (250 MG DAILY DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (56 tablets per 28 days); SP
<b>PIQRAY (300 MG DAILY DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (56 tablets per 28 days); SP
<i>pirfenidone oral capsule</i>	T9	
<i>pirfenidone oral tablet 267 mg</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (270 tablets per 30 days); SP
<i>pirfenidone oral tablet 534 mg</i>	T9	
<i>pirfenidone oral tablet 801 mg</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (90 tablets per 30 days); SP
<i>piroxicam oral</i>	T1	
<i>pitavastatin calcium</i>	T3	ST; QL (30 tablets per 30 Days)
<b>PLAN B ONE-STEP</b>	T1	PV
<b>PLAQUENIL</b>	T3	
<b>PLAVIX ORAL TABLET 75 MG</b>	T3	
<b>PLEGRIDY INTRAMUSCULAR</b>	T4	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
<b>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T4	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); SP
<b>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T4	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); SP
<b>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T4	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); SP

Medication	Coverage Level	Restrictions
<b>PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T4	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (2 pens per 28 days); SP
<b>PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T4	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (2 pens per 28 days); SP
<b>PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T4	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (2 syringes per 28 days); SP
<b>PLENITY</b>	T9	
<b>PLENVU</b>	T3	
<b>PLEXION CLEANSER EXTERNAL LIQUID</b>	T9	
<b>PLEXION CLEANSING CLOTH EXTERNAL PAD</b>	T9	
<b>PLEXION EXTERNAL CREAM</b>	T9	
<b>PLEXION NS</b>	T9	
<b>PLIAGLIS EXTERNAL CREAM</b>	T9	
<b>PNEUMOVAX 23</b>	T6 - \$0 copay	PV; QL (3 Doses per 1 Lifetime)
<i>pnv tabs 29-1</i>	T1	
<i>pnv-dha</i>	T1	
<i>pnv-dha+docusate</i>	T1	
<i>pnv-omega</i>	T1	
<i>pnv-select</i>	T1	
<b>POCKET CHAMBER</b>	T3	QL (4 chambers per 1 year)
<i>podocon</i>	T9	
<b>PODOCON-25</b>	T9	
<i>podofilox external gel</i>	T3	ST
<i>podofilox external solution</i>	T1	
<i>podoxia</i>	T9	
<i>podprogtar</i>	T9	
<i>podtar</i>	T9	
<b>POGO AUTOMATIC TEST CARTRIDGES</b>	T3	
<b>POKONZA</b>	T9	
<i>polyethylene glycol 3350 oral packet</i>	T9	
<i>poly-iron 150 forte</i>	T9	
<i>polymyxin b-trimethoprim</i>	T1	
<b>POLYTRIM</b>	T3	

Medication	Coverage Level	Restrictions
<b>POLY-VI-FLOR</b>	T9	
<b>POLY-VI-FLOR/IRON</b>	T9	
<b>POMALYST ORAL CAPSULE 1 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); SP
<b>POMALYST ORAL CAPSULE 2 MG, 3 MG, 4 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); SP
<b>PONVORY</b>	T4	ST; SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<b>PONVORY STARTER PACK</b>	T4	ST; SP Drugs (Limited to a 1 month supply per fill); QL (1 pack per 2 years); SP
<b>PORTIA-28</b>	T1	PV
<i>posaconazole oral suspension</i>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (450 ML per 30 days)
<i>posaconazole oral tablet delayed release</i>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
<b>POSFREA</b>	T9	
<i>pot &amp; sod cit-cit ac</i>	T1	
<b>POTABA ORAL CAPSULE</b>	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, 15 meq, 8 meq</i>	T1	
<i>potassium chloride oral packet</i>	T9	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	T3	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	T4	SP Drugs (Limited to a 1 month supply per fill )
<i>potassium citrate er</i>	T1	
<i>potassium citrate-citric acid oral solution</i>	T1	
<i>potassium iodide (expectorant)</i>	T2	
<i>potassium iodide oral solution</i>	T2	
<i>povidone-iodine ophthalmic</i>	T9	
<b>PR BENZOYL PEROXIDE WASH</b>	T9	
<b>PR NATAL 400</b>	T1	
<b>PR NATAL 400 EC</b>	T1	
<b>PR NATAL 430</b>	T1	

Medication	Coverage Level	Restrictions
<b>PR NATAL 430 EC</b>	T1	
<b>PRADAXA ORAL CAPSULE</b>	T3	QL (60 capsules per 30 days)
<b>PRADAXA ORAL PACKET</b>	T9	
<b>PRAKETAMIDE</b>	T9	
<b>PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T3	PA; QL (2 pens per 28 days)
<i>pramipexole dihydrochloride</i>	T1	
<i>pramipexole dihydrochloride er</i>	T3	ST; QL (30 tablets per 30 days)
<b>PRAMOSONE</b>	T9	
<i>pramoxine-hc external cream</i>	T9	
<b>PRANDIN ORAL TABLET 1 MG, 2 MG</b>	T3	
<i>prasugrel hcl</i>	T1	QL (31 tablets per 31 days)
<b>PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG</b>	T3	
<i>pravastatin sodium</i>	T1	PV
<i>prazosin hcl oral</i>	T1	
<b>PRECISION PCX</b>	T3	ST; QL (200 strips per 30 days)
<b>PRECISION PCX PLUS TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>PRECISION POINT OF CARE TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>PRECISION QID TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>PRECISION XTRA BLOOD GLUCOSE</b>	T3	ST; QL (200 strips per 30 days)
<b>PRECOSE</b>	T3	
<b>PRED FORTE</b>	T3	
<b>PRED MILD</b>	T3	
<b>PRED-G</b>	T2	
<b>PRED-G S.O.P.</b>	T3	
<i>prednicarbate</i>	T1	
<i>prednisolone acetate ophthalmic</i>	T1	
<i>prednisolone oral solution</i>	T1	
<i>prednisolone oral tablet</i>	T9	
<i>prednisolone sodium phosphate ophthalmic</i>	T1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	T1	
<i>prednisolone sodium phosphate oral solution 20 mg/5ml</i>	T9	
<i>prednisolone-bromfenac ophthalmic solution</i>	T9	
<i>prednisolone-gatifloxacin ophthalmic solution</i>	T9	
<i>prednisolon-gatiflox-bromfenac ophthalmic solution</i>	T9	
<b>PREDNISON INTENSOL</b>	T2	
<i>prednisone oral solution</i>	T2	

Medication	Coverage Level	Restrictions
<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	
<b>PREFEST</b>	T3	
<i>pregabalin er</i>	T9	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T1	QL (120 capsules per 30 days)
<i>pregabalin oral capsule 200 mg</i>	T1	QL (90 CAPSULES per 30 days)
<i>pregabalin oral capsule 225 mg</i>	T1	QL (60 capsules per 30 days)
<i>pregabalin oral capsule 300 mg</i>	T1	QL (60 CAPSULES per 30 days)
<i>pregabalin oral solution</i>	T1	QL (473 ML per 30 days)
<b>PREGNYL</b>	T1	SP
<b>PREHEVBRIO</b>	T6 - \$0 copay	QL (3 doses per 1 lifetime); AL (Min 18 Years)
<b>PREMARIN ORAL</b>	T2	QL (30 tablets per 30 days)
<b>PREMARIN VAGINAL</b>	T3	ST
<i>premium blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<b>PREMPHASE</b>	T2	
<b>PREMPRO</b>	T2	
<i>prena 1 true</i>	T1	
<i>prena1</i>	T1	
<i>prena1 pearl</i>	T1	
<i>prenaissance</i>	T1	
<i>prenaissance 90 dha</i>	T1	
<b>PRENATABS RX</b>	T1	
<i>prenatal (w/iron &amp; 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 multi +dha oral capsule 27-0.8-250 mg</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	
<b>PRENATAL-U</b>	T1	
<b>PRENATE AM</b>	T3	
<b>PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG, 28-0.6-0.4-300 MG</b>	T3	
<b>PRENATE ENHANCE</b>	T3	



Medication	Coverage Level	Restrictions
<b>PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG</b>	T3	QL (30 capsules per 30 days)
<b>PRENATE PIXIE</b>	T3	QL (30 capsules per 30 days)
<b>PRENATE RESTORE</b>	T3	
<b>PRENATE STAR</b>	T3	
<b>PREPIDIL</b>	T3	
<b>PRESERA</b>	T9	
<b>PRESTALIA</b>	T3	ST; QL (30 tablets per 30 days)
<i>pretomanid</i>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>PREVACID</b>	T9	
<b>PREVACID 24HR</b>	T3	
<b>PREVALITE</b>	T1	
<b>PREVIDENT</b>	T3	
<b>PREVIDENT 5000 ORTHO DEFENSE</b>	T3	
<b>PREVIDENT 5000 PLUS</b>	T3	
<b>PREVNAR 13</b>	T6 - \$0 copay	PV; QL (2 Doses per 1 Lifetime)
<b>PREVNAR 20</b>	T6 - \$0 copay	PV
<b>PREVYMIS ORAL</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill)
<b>PREZCOBIX</b>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>PREZISTA ORAL SUSPENSION</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<b>PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<b>PRIFTIN</b>	T2	
<b>PRILOSEC OTC</b>	T3	
<i>prilovixil</i>	T9	
<i>primaquine phosphate oral</i>	T1	
<i>primidone oral tablet 125 mg</i>	T9	
<i>primidone oral tablet 250 mg, 50 mg</i>	T1	
<b>PRIMLEV</b>	T9	
<b>PRIMSOL</b>	T9	
<b>PRINIVIL</b>	T3	
<b>PRIORIX</b>	T6 - \$0 copay	PV; QL (2 doses per 1 lifetime)
<b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG</b>	T3	QL (60 tablets per 30 days)
<b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG</b>	T3	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<b>PROAIR DIGIHALER</b>	T9	
<b>PROAIR HFA</b>	T9	
<b>PROAIR RESPICLICK</b>	T9	
<i>probenecid oral</i>	T1	
<b>PROBUPHINE IMPLANT KIT</b>	T9	
<b>PROCARDIA XL</b>	T3	
<b>PROCENTRA</b>	T1	
<i>prochamber vhc</i>	T1	QL (4 EA per 365 days)
<i>prochlorperazine</i>	T1	
<i>prochlorperazine maleate oral</i>	T1	
<b>PROCRIT</b>	T4	SP Drugs (Limited to a 1 month supply per fill); SP
<b>PROCTOCORT RECTAL SUPPOSITORY</b>	T9	
<b>PROCTOFOAM HC EXTERNAL</b>	T2	QL (2 cans per 30 days)
<b>PROCYSBI ORAL CAPSULE DELAYED RELEASE</b>	T9	
<b>PRODIGY CONTROL SOLUTION IN VITRO SOLUTION LOW</b>	T3	
<b>PRODIGY LANCETS 26G</b>	T2	
<b>PRODIGY LANCETS 28G</b>	T2	
<b>PRODIGY LANCING DEVICE</b>	T3	
<b>PRODIGY NO CODING BLOOD GLUC IN VITRO</b>	T3	ST; QL (200 strips per 30 days)
<b>PRODIGY TWIST TOP LANCETS 28G</b>	T2	
<b>PROFERRIN-FORTE</b>	T9	
<b>PROFILNINE</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<b>PROFINAC</b>	T9	
<i>progesterone intramuscular</i>	T1	SP
<i>progesterone oral</i>	T1	
<b>PROGLYCEM</b>	T9	
<b>PROGRAF ORAL CAPSULE</b>	T3	
<b>PROGRAF ORAL PACKET</b>	T3	AL (Max 9 Years)
<b>PROLATE</b>	T9	
<b>PROLENSA</b>	T9	
<b>PROMACTA ORAL PACKET 12.5 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 packets per 30 days); SP

Medication	Coverage Level	Restrictions
<b>PROMACTA ORAL PACKET 25 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 packets per 30 days); SP
<b>PROMACTA ORAL TABLET</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<i>promethazine hcl oral</i>	T1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1	
<i>promethazine vc/codeine</i>	T1	
<i>promethazine-codeine oral syrup</i>	T1	
<i>promethazine-dm oral syrup</i>	T1	
<b>PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG</b>	T3	
<b>PROMETHEGAN RECTAL SUPPOSITORY 50 MG</b>	T9	
<b>PROMETRIUM</b>	T3	
<b>PROMISEB</b>	T9	
<b>PROMISEB COMPLETE</b>	T9	
<b>PRONAL</b>	T9	
<i>prooxia</i>	T9	
<i>propafenone hcl</i>	T1	
<i>propafenone hcl er</i>	T1	
<i>propantheline bromide oral</i>	T1	
<b>PROPECIA</b>	T9	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl oral</i>	T1	
<i>propranolol-hctz</i>	T1	
<i>propylthiouracil oral</i>	T1	
<b>PROSCAR</b>	T3	
<b>PROTONIX ORAL</b>	T9	
<i>protriptyline hcl</i>	T2	
<b>PROVENTIL HFA</b>	T9	
<b>PROVERA</b>	T3	
<b>PROVIDA OB</b>	T3	
<b>PROVIGIL</b>	T3	QL (60 tablets per 30 days)
<b>PROZAC ORAL CAPSULE</b>	T3	
<b>PRUCLAIR</b>	T9	

Medication	Coverage Level	Restrictions
<b>PRUDOXIN</b>	T9	
<b>PRUMYX</b>	T9	
<b>PRUTECT</b>	T9	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	T1	
<i>pseudoephedrine hcl oral tablet 60 mg</i>	T9	
<b>PULMICORT FLEXHALER</b>	T1	QL (1 inhaler per 30 days)
<b>PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 1 MG/2ML</b>	T3	QL (120 ML per 30 days)
<b>PULMICORT INHALATION SUSPENSION 0.5 MG/2ML</b>	T3	QL (240 ML per 30 days)
<b>PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML</b>	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (60 ampules per 30 days); SP
<b>PURALOR CI</b>	T9	
<i>purefe plus</i>	T9	
<i>purevit dualfe plus</i>	T9	
<b>PURIXAN</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<i>px stop smoking aid mouth/throat lozenge</i>	T3	PV
<b>PYLERA</b>	T9	
<i>pyrazinamide oral</i>	T1	
<b>PYRIDIUM</b>	T3	
<i>pyridostigmine bromide er</i>	T9	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1	
<i>pyrimethamine oral</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); SP
<b>PYRUKYND</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
<b>PYRUKYND TAPER PACK</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
<b>QBRELIS</b>	T3	AL (Max 9 Years)
<b>QBREXZA</b>	T9	
<i>qc magnesium citrate</i>	T3	PV
<i>qc milk of magnesia</i>	T3	PV

Medication	Coverage Level	Restrictions
<i>qc natura-lax</i>	T3	PV
<b>QDOLO</b>	T9	
<b>QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG</b>	T3	ST; QL (30 capsules per 30 days); AL (Min 6 Years)
<b>QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG</b>	T3	ST; QL (60 capsules per 30 days); AL (Min 6 Years)
<b>QINLOCK</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (90 Tablets per 30 days)
<b>QMIIZ ODT</b>	T9	
<b>QNASL</b>	T9	
<b>QNASL CHILDRENS</b>	T9	
<b>QSYMIA</b>	T3	ST
<b>QTERN</b>	T3	ST; QL (30 tablets per 30 days)
<b>QUADRACEL INTRAMUSCULAR SUSPENSION</b>	T6 - \$0 copay	PV
<b>QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6 - \$0 copay	PV
<b>QUALAQUIN</b>	T3	
<b>QUARTETTE</b>	T9	
<i>quazepam</i>	T9	
<b>QUDEXY XR</b>	T9	
<b>QUESTRAN LIGHT ORAL POWDER</b>	T3	
<b>QUESTRAN ORAL POWDER</b>	T3	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	T1	QL (30 tablets per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	T1	QL (60 tablets per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 50 mg</i>	T1	
<i>quetiapine fumarate oral tablet 400 mg</i>	T1	QL (60 tablets per 30 days)
<b>QUFLORA FE</b>	T9	
<b>QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML</b>	T9	
<i>quidroxzar</i>	T9	
<i>quihoxaxia</i>	T9	
<b>QUILLICHEW ER</b>	T3	ST; QL (30 tablets per 30 days); AL (Min 4 Years and Max 9 Years)
<b>QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER</b>	T3	ST; QL (360 ML per 30 days); AL (Min 4 Years and Max 9 Years)
<i>quinapril hcl</i>	T1	
<i>quinapril-hydrochlorothiazide</i>	T1	

Medication	Coverage Level	Restrictions
<i>quinidine gluconate er</i>	T4	SP Drugs (Limited to a 1 month supply per fill)
<i>quinidine sulfate oral</i>	T1	
<i>quinine sulfate oral</i>	T1	
<b>QUINTET AC BLOOD GLUCOSE TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>QUINTET BLOOD GLUCOSE TEST</b>	T3	ST; QL (200 strips per 30 days)
<i>quitar</i>	T9	
<b>QULIPTA</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>QUVIVIQ</b>	T9	
<b>QUZYTIR</b>	T9	
<b>QVAR REDHALER</b>	T1	
<i>ra aspirin adult low dose</i>	T1	
<i>ra aspirin ec</i>	T1	
<i>ra aspirin oral tablet 325 mg</i>	T1	
<i>ra balanced b-100</i>	T3	PV; AL (Max 50 Years)
<i>ra folic acid</i>	T1	PV; AL (Max 50 Years)
<i>ra laxative oral tablet delayed release</i>	T3	PV
<i>ra milk of magnesia oral suspension</i>	T3	PV
<i>ra mini nicotine</i>	T1	PV
<i>ra nicotine mouth/throat</i>	T1	PV
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	T1	PV
<i>ra one daily</i>	T3	PV
<i>ra prenatal</i>	T1	PV
<b>RABAVERT</b>	T6 - \$0 copay	PV
<i>rabeprazole sodium oral tablet delayed release</i>	T3	
<b>RADICAVA ORS</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (50 ML per 28 days); SP
<b>RAGWITEK</b>	T3	AL (Min 18 Years and Max 65 Years)
<i>raloxifene hcl</i>	T1	
<i>ramelteon</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>ramipril</i>	T1	
<b>RANEXA</b>	T3	
<i>ranitidine hcl oral capsule</i>	T3	
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	T3	

Medication	Coverage Level	Restrictions
<i>ranitidine hcl oral tablet 150 mg, 75 mg</i>	T9	
<i>ranitidine hcl oral tablet 300 mg</i>	T3	
<i>ranolazine er</i>	T1	
<b>RAPAFLO</b>	T3	QL (30 capsules per 30 days)
<b>RAPAMUNE</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<i>rasagiline mesylate oral</i>	T2	QL (30 tablets per 30 days)
<b>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</b>	T3	ST; QL (4 Auto-injectors per 28 days)
<b>RAVICTI</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (525 ML per 30 days); SP
<b>RAYALDEE</b>	T9	
<i>rayasal</i>	T9	
<b>RAYOS</b>	T9	
<b>RAZADYNE ER</b>	T3	
<b>REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML</b>	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (6 ML per 28 days); SP
<b>REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 44 MCG/0.5ML</b>	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (6 ML per 28 days); SP
<b>REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (6 ML per 28 days); SP
<b>REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (6 ML per 28 days); SP
<b>REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (6 ML per 28 days); SP

Medication	Coverage Level	Restrictions
<b>REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (23000 billable units per 28 days)
<b>REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (23000 billable units per 28 days)
<b>RECEDO</b>	T9	
<b>RECLIPSEN</b>	T1	PV
<b>RECOMBINATE</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (55200 billable units per 28 days)
<b>RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML</b>	T6 - \$0 copay	PV; QL (3 Doses per 1 Lifetime)
<b>RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE</b>	T6 - \$0 copay	PV; QL (3 Doses per 1 Lifetime)
<b>RECORLEV</b>	T9	
<b>RECTIV</b>	T9	
<b>REFISSA</b>	T9	
<b>REFUAH PLUS BLOOD GLUCOSE TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>REFUAH PLUS GLUCOSE CONTROL</b>	T3	
<b>REGLAN ORAL</b>	T3	
<b>REGRANEX</b>	T4	ST; SP Drugs (Limited to a 1 month supply per fill)
<b>RELADOR PAK EXTERNAL KIT</b>	T9	
<b>RELADOR PAK PLUS</b>	T9	
<b>RELAFEN DS</b>	T9	
<b>RELENZA DISKHALER</b>	T3	
<b>RELEUKO INJECTION SOLUTION 300 MCG/ML</b>	T5	SP Drugs (Limited to a 1 month supply per fill); SP
<i>releuko injection solution 480 mcg/1.6ml</i>	T5	SP Drugs (Limited to a 1 month supply per fill); SP
<i>releuko subcutaneous</i>	T5	SP Drugs (Limited to a 1 month supply per fill); SP
<b>RELEXXII</b>	T9	
<b>RELION CONFIRM/MICRO TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>RELION PRIME TEST</b>	T3	ST; QL (200 strips per 30 days)



Medication	Coverage Level	Restrictions
RELISTOR ORAL	T5	PA; SP Drugs (Limited to a 1 month supply per fill)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	T5	PA; SP Drugs (Limited to a 1 month supply per fill)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	T5	PA; SP Drugs (Limited to a 1 month supply per fill )
RELPAX	T9	
RELTONE	T9	
RELYVRIO	T9	
REMERON ORAL TABLET 15 MG, 30 MG	T3	
REMERON SOLTAB	T3	
REMICADE	T9	
RENAL ORAL CAPSULE	T9	
<i>rena-vite</i>	T3	PV; AL (Max 50 Years)
<i>rena-vite rx</i>	T9	
<i>reno caps</i>	T9	
RENOVA	T9	
RENOVA PUMP	T9	
REVELA ORAL PACKET 0.8 GM	T9	
REVELA ORAL PACKET 2.4 GM	T5	SP Drugs (Limited to a 1 month supply per fill)
REVELA ORAL TABLET	T9	
<i>repaglinide</i>	T1	
REPATHA	T2	PA; QL (2 pens per 28 days)
REPATHA PUSHTRONEX SYSTEM	T2	PA; QL (1 cartridge per 30 days)
REPATHA SURECLICK	T2	PA; QL (2 pens per 28 days)
REPLESTA	T9	
REPLESTA CHILDRENS	T9	
REPLESTA NX	T9	
REQ 49+	T9	
RESTASIS	T9	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	T9	
RESTORA RX	T9	
RESTORA SPRINKLES	T9	
RESTORIL	T3	QL (30 capsules per 30 days); AL (Min 18 Years)
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 Drugs (Limited to a 1 month supply per fill ); SP

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

Medication	Coverage Level	Restrictions
REVLIMID ORAL CAPSULE 10 MG	T4	SO ( ); SP Drugs (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); SP
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	T4	SP Drugs (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); SP
REXTOVY	T2	QL (1 Box per 1 Year)
REXULTI	T5	ST; SP Drugs (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days)
REYATAZ ORAL CAPSULE 200 MG, 300 MG	T5	SP Drugs (Limited to a 1 month supply per fill)
REYATAZ ORAL PACKET	T4	SP Drugs (Limited to a 1 month supply per fill)
REYVOW	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (4 tablets per 30 days)
REZDIFFRA	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 18 Years); SP
REZLIDHIA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 capsules per 30 days); AL (Min 18 Years)
REZUROCK	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
REZVOGLAR KWIKPEN	T9	
RHOFADE	T3	ST; QL (60 GM per 30 days); AL (Min 18 Years)
RHOPRESSA	T3	ST
<i>ribavirin oral capsule</i>	T1	SP
<i>ribavirin oral tablet 200 mg</i>	T1	SP Drugs ( ); SP
RIDAURA	T9	
<i>rifabutin</i>	T4	SP Drugs (Limited to a 1 month supply per fill)
RIFADIN ORAL	T3	
<i>rifampin oral</i>	T1	
RIGHTEST GL300 LANCETS	T2	
RIGHTEST GS100 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
<b>RIGHTEST GS300 BLOOD GLUCOSE</b>	T3	ST; QL (200 strips per 30 days)
<b>RIGHTEST GS550 BLOOD GLUCOSE</b>	T3	ST; QL (200 strips per 30 days)
<b>RIGHTEST GT333 BLOOD GLUCOSE IN VITRO</b>	T3	ST; QL (200 strips per 30 days)
<b>RILUTEK</b>	T9	
<i>riluzole</i>	T1	QL (60 tablets per 30 days)
<i>rimantadine hcl</i>	T1	
<i>rimi</i>	T9	
<b>RINVOQ LQ</b>	T5	PA; SP Drugs (Limited to a 1-month supply per fill); QL (360 ML per 30 days); AL (Min 2 Years and Max 9 Years)
<b>RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<b>RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to 2 fills per 2 years); QL (30 tablets per 30 days); SP
<b>RIOMET</b>	T9	
<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 Drugs (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
<b>RISPERDAL ORAL SOLUTION</b>	T3	
<b>RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</b>	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	
<b>RITALIN</b>	T3	AL (Min 4 Years)
<b>RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG</b>	T3	QL (31 capsules per 31 days); AL (Min 4 Years)
<b>RITEFLO</b>	T3	QL (4 chambers per 1 year)
<i>ritonavir</i>	T1	
<i>rivastigmine</i>	T3	QL (30 patches per 30 days)
<i>rivastigmine tartrate</i>	T1	QL (60 capsules per 30 days)

Medication	Coverage Level	Restrictions
<b>RIVELSA</b>	T9	
<i>rixubis</i>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (73600 billable units per 28 days); AL (Min 21 Years)
<i>rizatriptan benzoate</i>	T1	QL (12 tablets per 30 days)
<b>ROBAXIN ORAL</b>	T3	
<b>ROBAXIN-750</b>	T3	
<b>ROCALTROL ORAL CAPSULE</b>	T3	
<b>ROCALTROL ORAL SOLUTION</b>	T3	AL (Max 9 Years)
<b>ROCKLATAN</b>	T3	ST
<i>roflumilast</i>	T1	QL (30 tablets per 30 days)
<b>ROGAINE</b>	T9	
<b>ROGAINE MENS</b>	T9	
<b>ROGAINE MENS EXTRA STRENGTH</b>	T9	
<b>ROGAINE WOMENS EXTERNAL SOLUTION</b>	T9	
<i>ropinirole hcl</i>	T1	
<i>ropinirole hcl er</i>	T1	ST
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	T1	PV
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	T1	
<b>ROSZET</b>	T9	
<b>ROTARIX ORAL SUSPENSION RECONSTITUTED</b>	T6 - \$0 copay	PV
<b>ROWASA RECTAL</b>	T3	
<b>ROXICODONE ORAL TABLET 15 MG, 30 MG</b>	T3	
<i>roxifol-d</i>	T9	
<b>ROXYBOND</b>	T3	
<b>ROZEREM</b>	T3	AL (Min 18 Years)
<b>ROZLYTREK ORAL CAPSULE</b>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 capsules per 30 days); SP
<b>ROZLYTREK ORAL PACKET</b>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 packets per 30 days); SP
<b>RUBRACA</b>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>RUCONEST</b>	T9	

Medication	Coverage Level	Restrictions
<i>rufinamide oral suspension</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (2300 ML per 28 days)
<i>rufinamide oral tablet</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>RUKOBIA</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>RUZURGI</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill)
<b>RYALTRIS</b>	T9	
<b>RYBELSUS</b>	T9	
<b>RYCLORA ORAL SYRUP</b>	T9	
<b>RYDAPT</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (56 tablets per 21 days); SP
<i>rynoderma</i>	T9	
<b>RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 48.75-195 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (360 capsules per 30 days)
<b>RYTARY ORAL CAPSULE EXTENDED RELEASE 36.25-145 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (270 capsules per 30 days)
<b>RYTARY ORAL CAPSULE EXTENDED RELEASE 61.25-245 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (300 capsules per 30 days)
<b>RYTHMOL SR</b>	T3	QL (60 capsules per 30 days)
<b>RYVENT</b>	T9	
<b>SABRIL</b>	T9	
<b>SAFYRAL</b>	T9	
<b>SAIZEN</b>	T9	SP Drugs ( )
<b>SAJAZIR</b>	T9	
<b>SALAGEN</b>	T3	QL (120 tablets per 30 days)
<b>SALEX EXTERNAL SHAMPOO</b>	T9	
<b>SALICATE</b>	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	

Medication	Coverage Level	Restrictions
<i>salicylic acid external ointment</i>	T9	
<i>salicylic acid external shampoo</i>	T9	
<i>salicylic acid wart remover</i>	T9	
<i>salicylic acid-cleanser</i>	T9	
<i>salsalate oral</i>	T1	
<b>SALVAX</b>	T9	
<b>SALYCIM</b>	T9	
<i>salynta</i>	T9	
<b>SAMSCA ORAL TABLET 15 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<b>SAMSCA ORAL TABLET 30 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<b>SANCUSO</b>	T4	ST; SP Drugs (Limited to a 1 month supply per fill); QL (1 patch per 28 days)
<b>SANDIMMUNE ORAL CAPSULE</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<b>SANDIMMUNE ORAL SOLUTION</b>	T3	
<b>SANTYL</b>	T3	QL (60 GM per 30 days)
<b>SAPHRIS</b>	T9	
<i>sapropterin dihydrochloride oral packet</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); SP
<i>sapropterin dihydrochloride oral tablet</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); SP
<b>SARAFEM ORAL TABLET 10 MG, 20 MG</b>	T9	
<i>saroxia</i>	T9	
<b>SAVAYSA</b>	T3	ST; QL (30 tablets per 30 days)
<b>SAVELLA</b>	T2	ST; QL (60 tablets per 30 days)
<b>SAVELLA TITRATION PACK</b>	T2	ST; QL (60 pack per 30 days)
<i>saxagliptin hcl</i>	T3	ST; QL (30 tablets per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg</i>	T3	ST; QL (60 tabelts 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)
<b>SAXENDA</b>	T9	
<b>SCALPICIN MAXIMUM STRENGTH EXTERNAL SOLUTION</b>	T9	
<b>SCARTRATE</b>	T9	
<b>SCEMBLIX ORAL TABLET 100 MG</b>	T5	PA; SP Drugs (Limited to a 1-month supply per fill); QL (120 Tablets per 30 days)

Medication	Coverage Level	Restrictions
<b>SCSEMBLIX ORAL TABLET 20 MG, 40 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<i>scopolamine</i>	T1	
<b>SEASONIQUE</b>	T9	
<b>SECUADO</b>	T4	ST; SP Drugs (Limited to a 1 month supply per fill); QL (30 Patches per 30 days); AL (Min 18 Years)
<b>SEGLENTIS</b>	T9	
<b>SEGLUROMET</b>	T3	ST; QL (60 tablets per 30 days)
<b>SELECT-OB ORAL TABLET CHEWABLE 29-1 MG</b>	T1	
<i>selegiline hcl oral tablet</i>	T2	
<i>selenium sulfide external lotion</i>	T1	
<i>selenium sulfide external shampoo 2.25 %</i>	T1	
<i>selenium sulfide external shampoo 2.3 %</i>	T9	
<i>self-taking blood pressure</i>	T2	QL (2 EA per 730 days)
<b>SELRX</b>	T9	
<b>SELZENTRY ORAL SOLUTION</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<b>SELZENTRY ORAL TABLET 150 MG, 300 MG</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<b>SELZENTRY ORAL TABLET 25 MG, 75 MG</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<b>SEMGLEE</b>	T9	
<b>SEMGLEE (YFGN)</b>	T9	
<b>SEMPREX-D</b>	T9	
<i>se-natal 19 oral tablet chewable</i>	T1	QL (30 tablets per 30 days)
<b>SENSIPAR</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<b>SEREVENT DISKUS</b>	T2	
<b>SERNIVO</b>	T9	
<b>SEROQUEL</b>	T3	
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 50 MG</b>	T3	QL (30 tablets per 30 days)
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG</b>	T3	QL (60 tablets per 30 days)
<b>SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); SP
<i>sertraline hcl oral capsule</i>	T9	



Medication	Coverage Level	Restrictions
<i>sertraline hcl oral concentrate</i>	T1	
<i>sertraline hcl oral tablet</i>	T1	
<i>se-tan plus</i>	T9	
<b>SETLAKIN</b>	T1	PV
<i>sevelamer carbonate oral packet</i>	T5	SP Drugs (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 Drugs (Limited to a 1 month supply per fill ); QL (180 tablets per 30 days)
<b>SEVENFACT</b>	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill)
<b>SEYSARA</b>	T9	
<i>sf</i>	T1	
<i>sf 5000 plus</i>	T1	
<b>SFROWASA</b>	T3	QL (30 bottles per 30 days)
<b>SHAROBEL</b>	T1	PV
<b>SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML</b>	T6 - \$0 copay	PV; QL (2 doses per 1 lifetime); AL (Min 18 Years)
<b>SIDEROL ORAL LIQUID†</b>	T9	
<b>SIGNIFOR</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill )
<b>SIKLOS</b>	T9	
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL (Max 5 Years); SP
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	QL (15 tablets per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	T3	PA; SP
<b>SILENOR</b>	T9	
<i>silicone mask/infant</i>	T3	QL (4 masks per 1 year)
<i>silicone mask/pediatric</i>	T3	QL (4 masks per 1 year)
<b>SILIQ</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill. Limited to 4 syringes for the first fill.); QL (2 syringes per 28 days); SP
<i>silodosin</i>	T1	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<b>SILVADENE</b>	T3	
<i>silver sulfadiazine external</i>	T1	
<b>SIMBRINZA</b>	T2	
<b>SIMLANDI (1 PEN)</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a one month supply per fill); QL (2 syringes per 28 days); SP
<b>SIMLANDI (2 PEN)</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a one month supply per fill); QL (2 syringes per 28 days); SP
<b>SIMLANDI (2 SYRINGE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1-month supply per fill); QL (2 Syringes per 28 days)
<b>SIMLIYA</b>	T1	PV
<b>SIMPESSE</b>	T1	PV
<b>SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (1 ML per 28 days); SP
<b>SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (0.5 ML per 28 days); SP
<b>SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (1 ML per 28 days); SP
<b>SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (0.5 ML per 28 days); SP
<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	
<b>SINEMET CR</b>	T3	
<b>SINGULAIR</b>	T3	
<b>SINUVA</b>	T9	
<i>sirolimus oral</i>	T4	SP Drugs (Limited to a 1 month supply per fill)
<b>SIRTURO</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<i>sitagliptin</i>	T9	
<i>sitagliptin base-metformin hcl</i>	T9	
<b>SITAVIG</b>	T9	

Medication	Coverage Level	Restrictions
<b>SIVEXTRO ORAL</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill )
<b>SKLICE</b>	T3	
<b>SKYCLARYS</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (90 capsules per 30 days); AL (Min 16 Years and Max 40 Years)
<b>SKYRIZI PEN</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 12 week supply per fill); QL (1 pen per 12 weeks); SP
<b>SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to an 8 week supply per fill); QL (1 kit per 8 weeks); SP
<b>SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 12 week supply per fill); QL (1 syringe per 12 weeks); SP
<b>SKYTROFA</b>	T9	
<b>SLYND</b>	T3	ST; QL (28 tablets per 28 days)
<i>sm aspirin ec low strength</i>	T1	
<b>SM CLEARLAX</b>	T3	PV
<i>sm folic acid</i>	T1	PV; AL (Max 50 Years)
<i>sm laxative oral</i>	T3	PV
<i>sm magnesium citrate</i>	T3	PV
<i>sm milk of magnesia oral suspension 400 mg/5ml</i>	T3	PV
<i>sm nicotine polacrilex</i>	T1	PV
<i>sm nicotine transdermal</i>	T1	PV
<b>SMARTEST BLOOD GLUCOSE TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>SMARTEST LANCETS 28G</b>	T2	
<b>SMOOTH LAX ORAL PACKET</b>	T9	
<b>SOANZ</b>	T9	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	T1	
<i>sodium chloride inhalation nebulization solution 7 %</i>	T1	
<i>sodium chloride irrigation solution 0.9 %</i>	T1	
<i>sodium fluoride 5000 enamel dental paste</i>	T1	
<i>sodium fluoride 5000 plus</i>	T1	

Medication	Coverage Level	Restrictions
<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	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	T3	PV
<i>sodium fluoride oral tablet chewable</i>	T1	PV
<i>sodium oxybate</i>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (540 ML per 30 days)
<i>sodium phenylbutyrate oral powder 3 gml/tsp</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill )
<i>sodium phenylbutyrate oral tablet</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill )
<i>sodium polystyrene sulfonate oral powder</i>	T1	
<i>sodium sulfacetamide external shampoo</i>	T9	
<i>sodium sulfacetamide wash</i>	T9	
<i>sofosbuvir-velpatasvir</i>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); SP
<b>SOGROYA</b>	T9	
<b>SOHONOS ORAL CAPSULE 1 MG, 1.5 MG</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (112 capsules per 28 days)
<b>SOHONOS ORAL CAPSULE 10 MG</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
<b>SOHONOS ORAL CAPSULE 2.5 MG</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (140 capsules per 28 days)
<b>SOHONOS ORAL CAPSULE 5 MG</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (84 capsules per 28 days)
<b>SOLESTA</b>	T3	SP
<i>solifenacin succinate</i>	T1	QL (30 tablets per 30 days)
<b>SOLIQUA</b>	T2	QL (15 ML per 25 days)
<b>SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG</b>	T9	

Medication	Coverage Level	Restrictions
<b>SOLOSEC</b>	T9	
<b>SOLTAMOX</b>	T9	
<b>SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG</b>	T2	QL (2 vials per 1 year)
<b>SOMA ORAL TABLET 350 MG</b>	T9	
<b>SOMATULINE DEPOT</b>	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); SP
<b>SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); SP
<b>SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); SP
<b>SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 20 MG, 30 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); SP
<b>SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); SP
<b>SONAFINE</b>	T9	
<b>SOOLANTRA</b>	T3	ST; QL (45 GM per 30 days)
<i>sorafenib tosylate</i>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>SORILUX</b>	T9	
<b>SORINE</b>	T1	
<i>sotalol hcl oral</i>	T1	
<b>SOTYKTU</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<b>SOTYLIZE</b>	T3	
<b>SOVALDI ORAL PACKET</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); SP
<b>SOVALDI ORAL TABLET 200 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); SP

Medication	Coverage Level	Restrictions
SOVALDI ORAL TABLET 400 MG	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); SP
SOVUNA	T9	
SPECTRACEF ORAL TABLET 400 MG	T3	
SPIKEVAX	T6 - \$0 copay	PV
SPIKEVAX COVID-19 VACCINE	T6 - \$0 copay	
<i>spinosad</i>	T1	
SPIRIVA HANDIHALER	T2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T2	QL (1 Inhaler per 30 Days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
<i>spironolactone oral suspension</i>	T3	QL (120 ML per 30 Days); AL (Max 9 Years)
<i>spironolactone oral tablet</i>	T1	
<i>spironolactone-hctz</i>	T1	
SPORANOX ORAL CAPSULE	T9	
SPORANOX ORAL SOLUTION	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
SPORANOX PULSEPAK	T9	
SPRINTEC 28	T1	PV
SPRITAM	T3	ST; QL (60 tablets per 30 Days)
SPRIX	T9	
SPRYCEL	T9	
SPS	T1	
SPS (SODIUM POLYSTYRENE SULF)	T1	
SRONYX	T1	PV
SSD	T1	
SSD (SILVER SULFADIAZINE)	T1	
SSKI	T3	
ST JOSEPH ASPIRIN ORAL TABLET CHEWABLE	T3	
STALEVO 100	T3	
STALEVO 125	T3	
STALEVO 150	T3	
STALEVO 200	T3	
STALEVO 50	T3	
STALEVO 75	T3	
<i>stamaril</i>	T9	
STARLIX	T3	

Medication	Coverage Level	Restrictions
<i>stavudine oral capsule</i>	T1	
<b>STAXYN</b>	T9	
<b>STEGLATRO</b>	T3	ST; QL (30 tablets per 30 days)
<b>STEGLUJAN</b>	T3	ST; QL (30 tablets per 30 days)
<b>STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed 2 vials for first month starting dose); SP
<b>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed 2 syringes for first month starting dose. ); SP
<b>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed 2 syringes for first month starting dose); SP
<b>STENDRA</b>	T9	
<b>STIMATE</b>	T4	SP Drugs (Limited to a 1 month supply per fill ); SP
<b>STIMUFEND</b>	T9	
<b>STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT</b>	T2	QL (1 inhaler per 30 days)
<b>STIVARGA</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); SP
<b>STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG</b>	T3	QL (60 capsules per 30 days); AL (Min 6 Years)
<b>STRATTERA ORAL CAPSULE 100 MG, 80 MG</b>	T3	QL (30 capsules per 30 days); AL (Min 6 Years)
<b>STRATTERA ORAL CAPSULE 60 MG</b>	T3	QL (30 capsule per 30 days); AL (Min 6 Years)
<b>STRENSIQ</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill)
<i>stress formulaliron</i>	T3	PV
<b>STRIANT</b>	T9	
<b>STRIBILD</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<b>STRIVERDI RESPIMAT</b>	T2	QL (1 inhaler per 30 days); AL (Min 40 Years)
<b>STROMECTOL</b>	T3	QL (5 Tablets per 1 day)
<b>STROVITE FORTE ORAL TABLET</b>	T9	
<b>STROVITE ONE</b>	T9	

Medication	Coverage Level	Restrictions
<b>SUBOXONE SUBLINGUAL FILM 12-3 MG</b>	T3	QL (60 films per 30 days)
<b>SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG</b>	T3	QL (90 films per 30 days)
<b>SUBOXONE SUBLINGUAL FILM 4-1 MG</b>	T3	QL (30 films per 30 days)
<b>SUBVENITE STARTER KIT-BLUE</b>	T3	QL (1 kit per 365 Days)
<b>SUBVENITE STARTER KIT-GREEN</b>	T3	QL (1 kit per 365 Days)
<b>SUBVENITE STARTER KIT-ORANGE</b>	T3	QL (1 kit per 365 Days)
<b>SUCRAID</b>	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill)
<i>sucralfate oral suspension</i>	T2	
<i>sucralfate oral tablet</i>	T1	
<b>SUDOGEST ORAL TABLET 60 MG</b>	T9	
<b>SUFLAVE</b>	T3	
<b>SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG</b>	T3	
<i>sulconazole nitrate external cream</i>	T3	ST
<i>sulconazole nitrate external solution</i>	T9	
<i>sulfacetamide sodium (acne)</i>	T2	
<i>sulfacetamide sodium (cleans)</i>	T1	
<i>sulfacetamide sodium external liquid</i>	T1	
<i>sulfacetamide sodium ophthalmic</i>	T1	
<i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external emulsion</i>	T1	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>	T1	
<i>sulfacetamide sodium-sulfur external liquid 9-4 %, 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	T9	
<i>sulfacetamide sodium-sulfur external pad 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external suspension</i>	T9	
<i>sulfacetamide sod-sulfur wash external liquid 9-4 %</i>	T9	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	T1	
<i>sulfadiazine oral</i>	T2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1	
<b>SULFAMYLON</b>	T3	



Medication	Coverage Level	Restrictions
<i>sulfasalazine oral</i>	T1	
<b>SULFATRIM PEDIATRIC</b>	T1	
<i>sulindac oral</i>	T1	
<b>SUMADAN</b>	T3	
<b>SUMADAN WASH</b>	T3	
<i>sumatriptan nasal</i>	T3	QL (8 units per 30 days)
<i>sumatriptan succinate oral</i>	T1	QL (12 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	T9	
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	T1	QL (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)
<i>sumatriptan-naproxen sodium</i>	T9	
<b>SUMAXIN</b>	T9	
<b>SUMAXIN CP</b>	T9	
<b>SUMAXIN WASH</b>	T9	
<i>sunitinib malate</i>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>SUNLENCA ORAL</b>	T5	PA; SP Drugs (Limited to 1 fill per year); QL (1 pouch per 1 year)
<b>SUNOSI</b>	T3	ST; QL (30 tablets per 30 days)
<b>SUPER QUINTS B-50</b>	T3	PV; AL (Max 50 Years)
<b>SUPERVITE</b>	T9	
<b>SUPRAX ORAL CAPSULE</b>	T2	
<b>SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML</b>	T3	
<b>SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML</b>	T2	
<b>SUPRAX ORAL TABLET CHEWABLE</b>	T3	
<b>SUPREP BOWEL PREP KIT</b>	T3	
<b>SURE-TEST EASYPLUS MINI TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>SURMONTIL</b>	T3	
<b>SUSTIVA</b>	T5	SP Drugs (Limited to a 1 month supply per fill )
<b>SUSTOL</b>	T9	

Medication	Coverage Level	Restrictions
SUTAB	T9	
SUTENT	T9	
<i>suvicort</i>	T9	
SW CLEARLAX	T9	
SYEDA	T1	PV
SYMAX DUOTAB	T3	
SYMBICORT	T9	
SYMBYAX ORAL CAPSULE 12-50 MG, 6-25 MG, 6-50 MG	T9	
SYMDEKO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
SYMFI	T5	SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYMFI LO	T5	SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML	T2	QL (4 syringes per 31 Days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	T2	QL (4 syringes per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	SP Drugs (Limited to a 1 month supply per fill)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	SP Drugs (Limited to a 1 month supply per fill); QL (6 ML per 30 days)
SYMPAZAN	T9	
SYMPROIC	T3	ST; QL (30 tablets per 30 days)
SYMTUZA	T4	SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYNALAR	T9	
SYNALAR TS	T9	
SYNAREL	T9	
SYNDROS	T9	
SYNERA	T9	
SYNERDERM	T9	
SYNJARDY	T2	QL (60 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<b>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG</b>	T2	QL (60 tablets per 30 days)
<b>SYNTHROID</b>	T3	
<b>SYPRINE</b>	T9	
<b>TABLOID</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<b>TABRECTA</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
<b>TACLONEX EXTERNAL OINTMENT</b>	T5	SP Drugs (Limited to a 1 month supply per fill); QL (100 GM per 30 days)
<b>TACLONEX EXTERNAL SUSPENSION</b>	T9	
<i>tacrolimus external ointment</i>	T1	QL (30 GM per 30 days)
<i>tacrolimus oral</i>	T1	
<i>tadalafil (pah)</i>	T9	SP Drugs ( )
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg</i>	T1	QL (15 tablets per 30 days)
<i>tadalafil oral tablet 5 mg</i>	T1	QL (30 tablets per 30 days)
<b>TADLIQ</b>	T9	
<b>TAFINLAR ORAL CAPSULE</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); SP
<b>TAFINLAR ORAL TABLET SOLUBLE</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (2 bottles per 30 days); AL (Min 1 Years and Max 9 Years)
<i>tafluprost (pf)</i>	T3	
<b>TAGRISSO</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
<b>TAKE ACTION</b>	T1	PV
<b>TAKHZYRO SUBCUTANEOUS SOLUTION</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (2 vials per 28 days); SP
<b>TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP

Medication	Coverage Level	Restrictions
TALICIA	T9	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (1 autoinjector per 28 days); SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (1 syringe per 28 days); SP
TALZENNA	T5	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 capsules per 30 days); SP
TAMIFLU ORAL CAPSULE	T3	QL (10 capsules per 1 fill)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	T3	QL (120 ML per 1 fill)
<i>tamoxifen citrate oral</i>	T1	
<i>tamsulosin hcl</i>	T1	
TANDEM MOBI CARTRIDGE 2ML	T9	
TANDEM MOBI SYSTEM STARTER	T9	
TANDEM PLUS	T9	
TANLOR	T9	
TAPAZOLE	T3	
TAPERDEX 12-DAY	T9	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	T9	
TARCEVA	T9	
TARGADOX	T9	
TARGRETIN	T9	
TARINA 24 FE	T1	PV
TARINA FE 1/20	T1	PV
TARINA FE 1/20 EQ	T1	PV
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	T3	
<i>taron forte</i>	T9	
TARON-PREX	T2	
<i>taroxia external cream</i>	T9	
TARPEYO	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (120 capsules per 30 days)
TASCENSO ODT	T9	

Medication	Coverage Level	Restrictions
<b>TASIGNA ORAL CAPSULE 150 MG, 200 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (112 capsules per 28 days); SP
<b>TASIGNA ORAL CAPSULE 50 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days); SP
<i>tasimelteon</i>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); SP
<b>TASMAR ORAL TABLET 100 MG</b>	T3	
<i>tavaborole</i>	T9	
<b>TAVALISSE</b>	T9	
<b>TAVNEOS</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
<b>TAYTULLA</b>	T9	
<i>tazarotene external cream 0.05 %</i>	T3	ST; QL (30 GM per 30 days)
<i>tazarotene external cream 0.1 %</i>	T2	ST
<i>tazarotene external foam</i>	T3	ST; QL (50 GM per 30 days)
<i>tazarotene external gel</i>	T9	
<b>TAZORAC EXTERNAL CREAM</b>	T3	ST
<b>TAZORAC EXTERNAL GEL</b>	T9	
<b>TAZTIA XT</b>	T1	
<b>TAZVERIK</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 tablets per 30 days); SP
<b>TDVAX</b>	T6 - \$0 copay	PV; QL (1 injection per 10 years)
<b>TECFIDERA ORAL CAPSULE DELAYED RELEASE</b>	T9	
<b>TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK</b>	T9	
<b>TEGRETOL ORAL SUSPENSION</b>	T3	
<b>TEGRETOL ORAL TABLET</b>	T3	

Medication	Coverage Level	Restrictions
<b>TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG</b>	T3	ST; QL (60 tablets per 30 days)
<b>TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 400 MG</b>	T3	ST; QL (120 tablets per 30 days)
<b>TEGSEDI</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (4 syringes per 30 days); SP
<b>TEKTURNA</b>	T3	
<b>TEKTURNA HCT</b>	T2	ST
<b>TELCARE BLOOD GLUCOSE TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>TELCARE GLUCOSE CONTROL</b>	T3	
<i>telmisartan</i>	T1	
<i>telmisartan-amlodipine</i>	T1	
<i>telmisartan-hctz</i>	T1	
<i>temazepam oral capsule 15 mg, 30 mg</i>	T1	QL (30 capsules per 30 days); AL (Min 18 Years)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	T9	
<b>TEMIXYS</b>	T9	
<b>TEMOVATE EXTERNAL OINTMENT</b>	T3	QL (60 GM per 30 days)
<i>temozolomide</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill ); SP
<b>TEMPO REFILL</b>	T9	
<b>TEMPO SMART BUTTON</b>	T9	
<b>TEMPO WELCOME</b>	T9	
<b>TENCON ORAL TABLET 50-325 MG</b>	T1	
<b>TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU</b>	T6 - \$0 copay	PV; QL (1 dose per 10 years)
<i>tenofovir disoproxil fumarate</i>	T1	
<b>TENORETIC 100</b>	T3	
<b>TENORETIC 50</b>	T3	
<b>TENORMIN</b>	T3	
<b>TEPMETKO</b>	T5	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
<b>TERAZOL 7</b>	T3	
<i>terazosin hcl oral</i>	T1	
<i>terbinafine hcl oral</i>	T1	
<i>terbutaline sulfate oral</i>	T1	
<i>terconazole vaginal cream 0.4 %</i>	T1	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>terconazole vaginal suppository</i>	T1	
<i>teriflunomide oral tablet 14 mg</i>	T1	QL (30 tablet per 30 days); SP
<i>teriflunomide oral tablet 7 mg</i>	T1	QL (30 tablets per 30 days); SP
<i>teriparatide</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); SP
<b>TESSALON PERLES</b>	T3	
<b>TESTIM</b>	T9	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	T1	
<i>testosterone enanthate intramuscular solution</i>	T1	
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>	T2	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)</i>	T9	
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	T2	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	T2	PA
<i>testosterone transdermal solution</i>	T9	
<i>tetanus-diphtheria toxoids td</i>	T6 - \$0 copay	QL (1 dose per 10 years)
<i>tetoxia</i>	T9	
<i>tetpidtar</i>	T9	
<i>tetrabenazine oral tablet 12.5 mg</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (90 tablets per 30 days); SP
<i>tetrabenazine oral tablet 25 mg</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<i>tetracycline hcl oral capsule</i>	T3	
<i>tetracycline hcl oral tablet</i>	T9	
<b>TETRIX EXTERNAL CREAM</b>	T9	
<b>TEXACORT</b>	T9	
<b>TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (1 pen per 28 days); SP
<b>TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T9	
<b>TGT POWDERLAX ORAL PACKET 17 GM</b>	T9	
<b>TGT POWDERLAX ORAL POWDER</b>	T3	PV
<b>THALITONE</b>	T9	
<b>THALOMID</b>	T4	SP Drugs (Limited to a 1 month supply per fill); SP
<b>THEO-24</b>	T2	

Medication	Coverage Level	Restrictions
<i>theophylline er</i>	T1	
<b>THIOLA</b>	T9	
<b>THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
<b>THIOLA EC ORAL TABLET DELAYED RELEASE 300 MG</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>thioridazine hcl oral</i>	T1	
<i>thiothixene oral</i>	T1	
<i>thrivite 19 oral tablet 29-1 mg</i>	T9	
<b>THYQUIDITY</b>	T9	
<b>THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)</b>	T2	
<b>THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)</b>	T2	
<b>THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)</b>	T2	
<b>THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)</b>	T2	
<b>THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)</b>	T2	
<b>TIADYL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG</b>	T1	
<i>tiagabine hcl oral tablet 12 mg, 4 mg</i>	T3	QL (120 tablets per 30 days)
<i>tiagabine hcl oral tablet 16 mg</i>	T3	QL (90 tablets per 30 days)
<i>tiagabine hcl oral tablet 2 mg</i>	T3	QL (60 tablets per 30 days)
<b>TIAZAC</b>	T3	
<b>TIBSOVO</b>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
<b>TICALAST</b>	T9	
<b>TICOVAC</b>	T9	
<b>TIGAN ORAL</b>	T3	
<b>TIGLUTIK</b>	T9	
<b>TIKOSYN</b>	T3	
<b>TILIA FE</b>	T1	PV
<i>timolol maleate (once-daily)</i>	T9	
<i>timolol maleate ophthalmic gel forming solution</i>	T2	
<i>timolol maleate ophthalmic solution</i>	T1	
<i>timolol maleate oral</i>	T1	



Medication	Coverage Level	Restrictions
<i>timolol maleate pf</i>	T3	
<i>timolol-dorzolamid-bimatoprost</i>	T9	
<b>TIMOPTIC</b>	T3	
<b>TIMOPTIC OCUDOSE</b>	T3	
<b>TIMOPTIC-XE</b>	T3	
<i>tinidazole oral</i>	T1	
<i>tiopronin oral tablet</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (240 tablets per 30 days); SP
<i>tiopronin oral tablet delayed release 100 mg</i>	T5	PA; SP Drugs (Limited to a 1-month supply per fill); QL (240 Tablets per 30 days)
<i>tiopronin oral tablet delayed release 300 mg</i>	T5	PA; SP Drugs (Limited to a 1-month supply per fill); QL (90 Tablets per 30 days)
<i>tiotropium bromide monohydrate</i>	T9	
<b>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</b>	T9	
<b>TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML</b>	T9	
<b>TIVICAY ORAL TABLET 10 MG, 25 MG</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<b>TIVICAY ORAL TABLET 50 MG</b>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>TIVICAY PD</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<b>TIVORBEX</b>	T9	
<i>tizanidine hcl oral</i>	T1	
<i>tl gard rx</i>	T9	
<i>tl icon</i>	T9	
<b>TLANDO</b>	T9	
<i>tl-hem 150</i>	T9	
<b>TOBI</b>	T5	PA; SP Drugs (Limited to a 56 day supply per fill); QL (280 ML per 56 days); SP
<b>TOBI PODHALER</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (224 Capsules per 28 days); SP
<b>TOBRADEX OPHTHALMIC OINTMENT</b>	T3	ST
<b>TOBRADEX OPHTHALMIC SUSPENSION</b>	T3	

Medication	Coverage Level	Restrictions
<b>TOBRADEX ST</b>	T3	ST
<i>tobramycin inhalation</i>	T4	PA; SP Drugs (Limited to a 56 day supply per fill); QL (280 ml per 56 days); SP
<i>tobramycin ophthalmic</i>	T1	
<i>tobramycin sulfate injection solution 80 mg/2ml</i>	T1	
<i>tobramycin-dexamethasone</i>	T1	
<i>tobramycin-vancomycin hcl</i>	T9	
<b>TOBEX OPHTHALMIC OINTMENT</b>	T2	
<b>TOBEX OPHTHALMIC SOLUTION</b>	T3	
<b>TODAY SPONGE</b>	T3	PV
<b>TOFIDENCE</b>	T9	
<b>TOFRANIL</b>	T3	
<b>TOLAK</b>	T2	QL (1 tube per 30 days)
<i>tolcapone</i>	T5	SP Drugs (Limited to a 1 month supply per fill)
<b>TOLECTIN 600</b>	T9	
<i>tolmetin sodium</i>	T2	
<i>tolsura</i>	T9	
<i>tolterodine tartrate</i>	T1	
<i>tolterodine tartrate er</i>	T2	
<i>tolvaptan</i>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<b>TOPAMAX</b>	T3	
<b>TOPAMAX SPRINKLE</b>	T3	ST
<b>TOPICORT EXTERNAL CREAM 0.05 %</b>	T9	
<b>TOPICORT EXTERNAL CREAM 0.25 %</b>	T3	
<b>TOPICORT EXTERNAL GEL</b>	T9	
<b>TOPICORT EXTERNAL OINTMENT 0.25 %</b>	T3	
<b>TOPICORT SPRAY</b>	T9	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	T3	ST; QL (30 capsules per 30 days)
<i>topiramate er oral capsule extended release 24 hour</i>	T9	
<i>topiramate oral capsule sprinkle</i>	T1	ST
<i>topiramate oral tablet</i>	T1	
<b>TOPROL XL</b>	T3	
<i>toremifene citrate</i>	T4	ST; SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>TORPENZ</b>	T9	
<i>torseamide oral</i>	T1	

Medication	Coverage Level	Restrictions
<b>TOSYMRA</b>	T9	
<b>TOUJEO MAX SOLOSTAR</b>	T1	
<b>TOUJEO SOLOSTAR</b>	T1	
<b>TOVET EXTERNAL FOAM</b>	T3	QL (100 GM per 30 days)
<b>TOVIAZ</b>	T3	QL (30 tablets per 30 days)
<i>toxicology saliva collection</i>	T9	
<b>TRACLEER ORAL TABLET</b>	T9	SP Drugs ( )
<b>TRACLEER ORAL TABLET SOLUBLE</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); SP
<b>TRADJENTA</b>	T3	ST; QL (30 tablets per 30 days)
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	T9	
<i>tramadol hcl er</i>	T1	QL (30 tablets per 30 days)
<i>tramadol hcl oral solution</i>	T9	
<i>tramadol hcl oral tablet 100 mg, 25 mg, 75 mg</i>	T9	
<i>tramadol hcl oral tablet 50 mg</i>	T1	QL (240 tablets per 30 days)
<i>tramadol-acetaminophen</i>	T1	
<i>trandolapril</i>	T1	
<i>trandolapril-verapamil hcl er</i>	T1	
<i>tranexamic acid oral</i>	T1	
<b>TRANSDERM-SCOP (1.5 MG)</b>	T3	
<b>TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR</b>	T3	
<b>TRANXENE-T ORAL TABLET 7.5 MG</b>	T3	
<i>tranylcypromine sulfate</i>	T2	
<b>TRAVATAN Z</b>	T3	
<i>travoprost (bak free)</i>	T2	ST
<i>trazodone hcl oral</i>	T1	
<b>TRELEGY ELLIPTA</b>	T2	
<b>TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to 2 pens on first fill.); QL (1 pen per 8 weeks); SP
<b>TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limit of 2 syringes on first fill.); QL (1 syringe per 8 weeks); SP
<b>TRESIBA</b>	T9	

Medication	Coverage Level	Restrictions
<b>TRESIBA FLEXTOUCH</b>	T9	
<i>tretinoin external cream 0.025 %</i>	T1	AL (Max 50 Years)
<i>tretinoin external cream 0.05 %, 0.1 %</i>	T2	AL (Max 50 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	T1	AL (Max 50 Years)
<i>tretinoin external gel 0.05 %</i>	T2	AL (Max 50 Years)
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	T9	
<i>tretinoin microsphere pump</i>	T9	
<i>tretinoin oral</i>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
<b>TRETEN</b>	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); SP
<b>TREXALL</b>	T3	ST
<b>TREXIMET ORAL TABLET 85-500 MG</b>	T9	
<b>TREZIX ORAL CAPSULE 320.5-30-16 MG</b>	T1	QL (10 capsules per 1 day)
<i>triadime</i>	T9	
<i>triamcinolone acetonide external aerosol solution</i>	T9	
<i>triamcinolone acetonide external cream</i>	T1	
<i>triamcinolone acetonide external lotion 0.1 %</i>	T1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	T1	
<i>triamcinolone acetonide external ointment 0.05 %</i>	T9	
<i>triamcinolone acetonide injection suspension 50 mg/ml</i>	T9	
<i>triamcinolone acetonide mouth/throat</i>	T1	
<i>triamcinolone acetonide nasal aerosol</i>	T3	
<i>triamterene oral</i>	T9	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hctz oral tablet</i>	T1	
<b>TRIANEX</b>	T9	
<b>TRIASIL</b>	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)
<b>TRIBENZOR</b>	T3	
<i>tri-buffered aspirin oral tablet 325 mg</i>	T1	
<b>TRICARE</b>	T1	

Medication	Coverage Level	Restrictions
<b>TRICARE PRENATAL COMPLEAT</b>	T1	
<i>tricitrates</i>	T9	
<b>TRICON</b>	T9	
<b>TRICOR</b>	T3	
<b>TRIDACAINE II</b>	T9	
<b>TRIDACAINE XL</b>	T9	
<b>TRIDERM EXTERNAL CREAM</b>	T1	
<i>trientine hcl oral capsule 250 mg</i>	T5	PA; SP Drugs (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 Drugs (Limited to a 1 month supply per fill); QL (75 capsules per 30 days)
<b>TRI-ESTARYLLA</b>	T1	PV
<i>trifluoperazine hcl oral</i>	T1	
<i>trifluridine ophthalmic</i>	T1	
<i>trigels-f forte</i>	T9	
<b>TRIGLIDE ORAL TABLET 160 MG</b>	T9	
<i>trihexyphenidyl hcl</i>	T1	
<b>TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG</b>	T2	QL (30 Tablets per 30 days)
<b>TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG</b>	T2	QL (60 Tablets per 30 days)
<b>TRIKAFTA ORAL TABLET THERAPY PACK</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (84 tablets per 28 days); SP
<b>TRIKAFTA ORAL THERAPY PACK</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (56 packets per 28 days); SP
<b>TRI-LEGEST FE</b>	T1	PV
<b>TRILEPTAL</b>	T3	
<b>TRI-LINYAH</b>	T1	PV
<b>TRILIPIX</b>	T3	
<b>TRI-LO-ESTARYLLA</b>	T1	PV
<b>TRI-LO-MARZIA</b>	T1	PV
<b>TRI-LO-MILI</b>	T1	PV
<b>TRI-LO-SPRINTEC</b>	T1	PV
<b>TRI-LUMA</b>	T9	

Medication	Coverage Level	Restrictions
<i>trimethobenzamide hcl oral</i>	T1	
<i>trimethoprim oral</i>	T1	
<b>TRI-MILI</b>	T1	PV
<i>trimipramine maleate oral</i>	T2	
<i>trinatal rx 1</i>	T1	
<b>TRINATE</b>	T2	
<b>TRI-NORINYL (28)</b>	T3	
<b>TRINTELLIX</b>	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
<b>TRI-NYMYO</b>	T1	PV
<b>TRIONEX</b>	T9	
<i>triphrocaps</i>	T9	
<b>TRI-SPRINTEC</b>	T1	PV
<i>tristart dha</i>	T9	
<b>TRIUMEQ</b>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>triumeq pd</i>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
<b>TRIVEEN-DUO DHA</b>	T1	
<b>TRI-VI-FLOR</b>	T9	
<i>tri-vitelfluoride</i>	T3	PV
<b>TRIVORA (28)</b>	T1	PV
<b>TRI-VYLIBRA</b>	T1	PV
<b>TRI-VYLIBRA LO</b>	T1	PV
<i>tri-zel</i>	T9	
<b>TRIZIVIR</b>	T5	SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>TROJAN</b>	T3	PV
<b>TROKENDI XR</b>	T9	
<i>tropicamide-cyclopentolate-pe</i>	T9	
<i>tropicamide-phenylephrine</i>	T9	
<i>trospium chloride</i>	T1	QL (60 capsules per 30 days)
<i>trospium chloride er</i>	T3	QL (30 capsules per 30 days)
<b>TRUDHESA</b>	T9	
<i>true cover</i>	T3	PV
<b>TRUE METRIX BLOOD GLUCOSE TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>TRUETEST TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>TRUETRACK TEST</b>	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
TRULANCE	T2	QL (30 tablets per 30 days)
TRULICITY	T2	QL (2 ML per 28 days)
TRUMENBA	T6 - \$0 copay	PV; QL (3 ML per 1 Lifetime)
TRUQAP ORAL TABLET	T5	PA; ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (64 tablets per 28 days)
TRUSOPT	T3	
TRUSTEX LUBRICATED	T3	PV
TRUSTEX RIA LUBRICATED	T3	PV
TRUVADA	T5	SP Drugs (Limited to a 1 month supply per fill )
TRYVIO	T9	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T9	
TUKYSA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
TULANA	T1	PV
TURALIO ORAL CAPSULE 125 MG	T5	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days)
TURQOZ	T1	PV
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	T9	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 copay	PV; QL (4 doses per 1 lifetime); AL (Min 18 Years)
TWIRLA	T9	
TWYNEO	T9	
TWYNSTA	T3	
TYBLUME ORAL TABLET CHEWABLE	T3	
TYBOST	T2	QL (30 tablets per 30 days)
TYDEMY	T9	
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (4 auto-injectors per 28 days)

Medication	Coverage Level	Restrictions
<b>TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
<b>TYKERB</b>	T9	
<b>TYMLOS</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (1 pen per 30 days); SP
<b>TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML</b>	T9	
<b>TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</b>	T9	
<b>TYRVAYA</b>	T9	
<b>TYVASO</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); SP
<b>TYVASO DPI MAINTENANCE KIT</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); SP
<b>TYVASO DPI TITRATION KIT</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); SP
<b>TYVASO REFILL KIT</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); SP
<b>TYVASO STARTER KIT</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); SP
<b>UBRELVY</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (10 tablets per 30 days)
<b>UCERIS ORAL</b>	T5	ST; SP Drugs (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days)
<b>UCERIS RECTAL</b>	T3	QL (2 packages per 180 days)
<b>UDAMIN SP ORAL TABLET 1 MG</b>	T9	
<b>UDENYCA ONBODY</b>	T9	



Medication	Coverage Level	Restrictions
<b>UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T9	
<b>ULESFIA</b>	T3	
<b>ULORIC</b>	T3	QL (30 tablets per 30 days)
<b>ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML</b>	T1	
<b>ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML</b>	T2	
<b>ULTRACET</b>	T3	
<b>ULTRASAL-ER</b>	T9	
<b>ULTRATRAK ULTIMATE TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>ULTRAVATE EXTERNAL CREAM</b>	T9	
<b>ULTRAVATE EXTERNAL LOTION</b>	T9	
<b>ULTRAVATE X (OINTMENT)</b>	T9	
<b>UNISTRIP1 GENERIC</b>	T3	ST; QL (200 strips per 30 days)
<b>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</b>	T1	
<b>UPNEEQ</b>	T9	
<b>UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days); SP
<b>UPTRAVI ORAL TABLET 1400 MCG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<b>UPTRAVI ORAL TABLET 200 MCG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days); SP
<b>UPTRAVI TITRATION</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (200 tablets per 30 days); SP
<i>urea external cream 20 %, 40 %, 45 %</i>	T9	
<i>urea external lotion 40 %</i>	T9	
<i>urea hydrating</i>	T9	
<i>urea nail external gel 45 %</i>	T9	
<b>URIBEL</b>	T9	
<b>URIMAR-T ORAL CAPSULE</b>	T9	
<i>urneva</i>	T9	
<b>UROCIT-K 10</b>	T3	
<b>UROCIT-K 15</b>	T3	
<b>UROCIT-K 5</b>	T3	
<b>UROXATRAL</b>	T3	
<b>URSO 250</b>	T3	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<b>URSO FORTE</b>	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	
<b>UTOPIC</b>	T9	
<b>VAFSEO</b>	T9	
<b>VAGIFEM VAGINAL TABLET 10 MCG</b>	T3	
<i>valacyclovir hcl oral</i>	T1	
<b>VALCHLOR</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 GM per 15 days); SP
<b>VALCYTE ORAL SOLUTION RECONSTITUTED</b>	T5	SP Drugs (Limited to a 1 month supply per fill); QL (540 ML per 30 days); AL (Max 9 Years)
<b>VALCYTE ORAL TABLET</b>	T9	
<i>valganciclovir hcl oral solution reconstituted</i>	T4	SP Drugs (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)
<b>VALIUM</b>	T3	
<i>valproate sodium oral solution</i>	T1	
<i>valproic acid oral capsule</i>	T1	
<i>valsartan oral solution</i>	T9	
<i>valsartan oral tablet</i>	T1	
<i>valsartan-hydrochlorothiazide</i>	T1	
<b>VALTOCO 10 MG DOSE</b>	T3	QL (4 units per 30 days)
<b>VALTOCO 15 MG DOSE</b>	T3	QL (8 units per 30 days)
<b>VALTOCO 20 MG DOSE</b>	T3	QL (8 units per 30 days)
<b>VALTOCO 5 MG DOSE</b>	T3	QL (4 units per 30 days)
<b>VALTREX</b>	T3	
<b>VANATOL LQ</b>	T9	
<b>VANCOCIN HCL</b>	T9	
<b>VANCOCIN ORAL CAPSULE 125 MG</b>	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 days)
<i>vancomycin hcl oral capsule 250 mg</i>	T9	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	T1	

Medication	Coverage Level	Restrictions
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	T9	
<i>vancomycin hcl oral solution reconstituted 50 mg/ml</i>	T2	
<b>VANDAZOLE</b>	T1	
<b>VANFLYTA</b>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (28 tablets per 28 days)
<b>VANIQA</b>	T9	
<b>VANOS</b>	T9	
<b>VANOXIDE-HC</b>	T9	
<b>VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML</b>	T6 - \$0 copay	PV; QL (2 Doses per 1 Lifetime)
<i>vardenafil hcl oral</i>	T9	
<i>varenicline tartrate (starter)</i>	T2	PV
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	T2	PV; QL (60 tablets per 30 Days)
<i>varoxia external cream</i>	T9	
<b>VARUBI ORAL</b>	T9	
<b>VASCEPA</b>	T9	
<b>VASERETIC</b>	T3	
<b>VASHE CLEANSING</b>	T9	
<b>VASOTEC</b>	T3	
<b>VAXELIS</b>	T6 - \$0 copay	PV
<b>VAXNEUVANCE</b>	T6 - \$0 copay	
<i>v-c forte</i>	T9	
<b>VCF VAGINAL CONTRACEPTIVE VAGINAL FILM</b>	T3	PV
<b>VCF VAGINAL CONTRACEPTIVE VAGINAL GEL</b>	T3	PV
<b>VECAMYL</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<b>VECTICAL</b>	T3	ST; QL (100 GM per 30 days)
<b>VELIVET</b>	T1	PV
<b>VELPHORO</b>	T5	ST; SP Drugs (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
<b>VELSIPITY</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<b>VELTASSA ORAL PACKET 16.8 GM, 25.2 GM</b>	T5	ST; SP Drugs (Limited to a 1 month supply per fill); QL (30 packets per 30 days)

Medication	Coverage Level	Restrictions
<b>VELTASSA ORAL PACKET 8.4 GM</b>	T5	ST; SP Drugs (Limited to a 1 month supply per fill ); QL (30 packets per 30 days)
<b>VELTIN</b>	T9	
<b>VEMLIDY</b>	T4	SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>VENCLEXTA</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
<b>VENCLEXTA STARTING PACK</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
<b>VENELEX</b>	T9	
<i>venlafaxine besylate er</i>	T9	
<i>venlafaxine hcl</i>	T1	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	T1	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	T9	
<b>VENTAVIS</b>	T4	PA; SP
<b>VENTOLIN HFA</b>	T2	QL (2 inhalers per 25 days)
<b>VEOZAH</b>	T9	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	
<i>verapamil hcl oral</i>	T1	
<b>VERDESO</b>	T9	
<b>VEREGEN</b>	T4	ST; SP Drugs (Limited to a 1 month supply per fill); QL (30 grams per 30 days)
<b>VERELAN</b>	T3	
<b>VERELAN PM</b>	T3	
<b>VERKAZIA</b>	T9	
<b>VERQUVO</b>	T3	PA; QL (30 tablets per 30 days)
<b>VERSACLOZ</b>	T5	ST; SP Drugs (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<b>VERZENIO ORAL TABLET 100 MG, 200 MG, 50 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<b>VERZENIO ORAL TABLET 150 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<b>VESICARE</b>	T3	QL (30 tablets per 30 days)
<b>VESICARE LS</b>	T3	ST; QL (150 ML per 30 days); AL (Max 9 Years)
<b>VESTURA</b>	T1	PV
<b>VEVYE</b>	T9	
<b>VFEND ORAL SUSPENSION RECONSTITUTED</b>	T5	SP Drugs (Limited to a 1 month supply per fill); QL (300 ML per 30 days)
<b>VFEND ORAL TABLET 200 MG</b>	T5	SP Drugs (Limited to a 1 month supply per fill); QL (120 Tablets per 30 days)
<b>VFEND ORAL TABLET 50 MG</b>	T5	SP Drugs (Limited to a 1 month supply per fill); QL (480 tablets per 30 days)
<b>V-GO 20</b>	T2	
<b>V-GO 30</b>	T2	
<b>V-GO 40</b>	T2	
<b>VIAGRA</b>	T9	
<b>VIBERZI</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>VIBRAMYCIN ORAL CAPSULE</b>	T3	
<b>VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED</b>	T3	
<b>VIBRAMYCIN ORAL SYRUP</b>	T2	
<b>VIBRANT</b>	T9	
<b>VIC-FORTE</b>	T9	
<b>VICODIN ES ORAL TABLET 7.5-300 MG</b>	T9	
<b>VICODIN HP ORAL TABLET 10-300 MG</b>	T9	
<b>VICODIN ORAL TABLET 5-300 MG</b>	T9	
<b>VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T9	
<b>VIDEX EC</b>	T3	
<b>VIDEX ORAL SOLUTION RECONSTITUTED 2 GM</b>	T2	

Medication	Coverage Level	Restrictions
<b>VIENVA</b>	T1	PV
<i>vigabatrin oral packet</i>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL (Max 2 Years); SP
<i>vigabatrin oral tablet</i>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (180 tablets per 30 days); AL (Min 2 Years); SP
<b>VIGADRONE ORAL PACKET</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL (Min 2 Years)
<b>VIGADRONE ORAL TABLET</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (180 tablets per 30 days); AL (Min 2 Years)
<b>VIGAFYDE</b>	T5	PA; SP Drugs (Limited to a 1-month supply per fill); QL (150 ML per 30 days); AL (Max 2 Years)
<b>VIGAMOX</b>	T3	
<b>VIGPODER</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL (Max 2 Years)
<b>VIIBRYD ORAL TABLET</b>	T3	QL (30 tablets per 30 days)
<b>VIJOICE ORAL PACKET</b>	T4	PA; SO (Limited to a 1-month supply per fill); QL (56 Packs per 28 days)
<b>VIJOICE ORAL TABLET THERAPY PACK</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (56 tablets per 28 days)
<i>vilazodone hcl</i>	T1	QL (30 tablets per 30 Days)
<b>VIMOVO</b>	T9	
<b>VIMPAT ORAL SOLUTION</b>	T3	
<b>VIMPAT ORAL TABLET</b>	T3	QL (60 tablets per 30 days)
<b>VIOKACE</b>	T5	ST; SP Drugs (Limited to a 1 month supply per fill)
<i>viorele</i>	T1	PV
<b>VIRACEPT ORAL TABLET</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<b>VIREAD ORAL POWDER</b>	T4	SP Drugs (Limited to a 1 month supply per fill)
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	T4	SP Drugs (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<b>VIREAD ORAL TABLET 300 MG</b>	T5	SP Drugs (Limited to a 1 month supply per fill)
<b>VIROPTIC</b>	T3	
<i>virt-caps</i>	T9	
<b>VIRT-GARD</b>	T9	
<i>virt-phos 250 neutral</i>	T9	
<i>virtrate-2</i>	T9	
<i>virtrate-3</i>	T9	
<i>virtrate-k</i>	T9	
<i>virt-vite</i>	T9	
<i>virt-vite forte</i>	T9	
<i>virt-vite plus</i>	T9	
<b>VISTARIL</b>	T3	
<b>VISTOGARD</b>	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (20 packets per 5 days)
<b>VITACEL</b>	T1	
<b>VITAFOL ORAL TABLET</b>	T9	
<b>VITAFOL-OB</b>	T3	
<b>VITAFOL-ONE</b>	T3	
<b>VITAL-D RX</b>	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)
<b>VITAPEARL</b>	T3	
<b>VITA-RESPA</b>	T9	
<b>VITATRUE</b>	T3	
<b>VITRAKVI ORAL CAPSULE</b>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 capsules per 30 days); SP
<b>VITRAKVI ORAL SOLUTION</b>	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (100 ML per 30 days); SP
<b>VIVAGUARD INO CONTROL SOLUTION</b>	T3	
<b>VIVAGUARD INO TEST STRIPS</b>	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
VIVELLE-DOT	T3	
VIVJOA	T9	
VIVLODEX	T9	
VIVOTIF	T9	
VIZIMPRO	T5	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
VOCABRIA	T9	
VOGELXO PUMP	T9	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	T9	
VOLNEA	T1	PV
VOLTAREN TRANSDERMAL	T3	
VONJO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
VONVENDI	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); SP
VOQUEZNA	T9	
VOQUEZNA DUAL PAK	T9	
VOQUEZNA TRIPLE PAK	T9	
VORANIGO ORAL TABLET 10 MG	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 12 Years)
VORANIGO ORAL TABLET 40 MG	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 12 Years)
<i>voriconazole oral tablet 200 mg</i>	T4	SP Drugs (Limited to a 1 month supply per fill ); QL (120 tablets per 30 days)
<i>voriconazole oral tablet 50 mg</i>	T4	SP Drugs (Limited to a 1 month supply per fill ); QL (480 Tablets per 30 days)
VORTEX HOLDING CHAMBER/MASK	T3	QL (4 chambers per 1 year)



Medication	Coverage Level	Restrictions
<b>VOSEVI</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (28 tablets per 28 days); SP
<b>VOTRIENT</b>	T9	
<b>VOWST</b>	T9	
<b>VOXZOGO</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (3 boxes per 30 days); SP
<b>VOYDEYA</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a one month supply per fill); QL (180 tablets per 30 days)
<i>vp-vite rx</i>	T9	
<b>VRAYLAR</b>	T5	ST; SP Drugs (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
<b>VTAMA</b>	T9	
<b>VTOL LQ</b>	T9	
<b>VUITY</b>	T9	
<b>VUMERITY</b>	T9	
<b>VUSION</b>	T9	
<b>VYFEMLA</b>	T1	PV
<b>VYLEESI</b>	T9	
<b>VYLIBRA</b>	T1	PV
<b>VYNDAMAX</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); SP
<b>VYNDAQEL</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (120 capsules per 30 days); SP
<b>VYTONE</b>	T9	
<b>VYTORIN</b>	T3	
<b>VYVANSE ORAL CAPSULE</b>	T3	QL (30 capsules per 30 days); AL (Min 6 Years)
<b>VYVANSE ORAL TABLET CHEWABLE</b>	T9	
<b>VYZULTA</b>	T9	

Medication	Coverage Level	Restrictions
<b>WAINUA</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (1 auto-injector per 30 days)
<b>WAKIX</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<i>warfarin sodium oral</i>	T1	
<i>wee care</i>	T1	PV; AL (Min 6 Years and Max 12 Years)
<b>WEGOVY</b>	T9	
<b>WELCHOL ORAL PACKET</b>	T3	QL (30 packets per 30 days)
<b>WELCHOL ORAL TABLET</b>	T3	QL (180 tablets per 30 days)
<b>WELIREG</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days)
<b>WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG</b>	T3	QL (90 tablets per 30 days)
<b>WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG</b>	T3	QL (60 tablets per 30 days)
<b>WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG</b>	T3	QL (90 tablets per 30 days)
<b>WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG</b>	T3	
<b>WERA</b>	T1	PV
<b>WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG</b>	T1	
<b>WIDE-SEAL DIAPHRAGM 60</b>	T3	PV
<b>WIDE-SEAL DIAPHRAGM 65</b>	T3	PV
<b>WIDE-SEAL DIAPHRAGM 70</b>	T3	PV
<b>WIDE-SEAL DIAPHRAGM 75</b>	T3	PV
<b>WIDE-SEAL DIAPHRAGM 80</b>	T3	PV
<b>WIDE-SEAL DIAPHRAGM 85</b>	T3	PV
<b>WIDE-SEAL DIAPHRAGM 90</b>	T3	PV
<b>WIDE-SEAL DIAPHRAGM 95</b>	T3	PV
<b>WILATE INTRAVENOUS KIT</b>	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill )
<b>WINLEVI</b>	T9	

Medication	Coverage Level	Restrictions
WINREVAIR	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (1 kit per 3 weeks); SP
WIXELA INHUB	T3	
WYMZYA FE	T1	PV
WYNZORA	T9	
XACIATO	T3	ST
XADAGO	T3	ST; QL (30 tablets per 30 days)
XALATAN	T3	
XALIX	T9	
XALKORI	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 capsules per 30 days); SP
XANAX	T3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	T3	QL (30 tablets per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG, 3 MG	T3	QL (60 tablets per 30 days)
XARELTO ORAL SUSPENSION RECONSTITUTED	T2	QL (310 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	T2	QL (30 tablets per 30 days)
XARELTO ORAL TABLET 15 MG	T2	QL (42 tablets per 21 days)
XARELTO ORAL TABLET 2.5 MG	T2	QL (60 tablets per 30 days)
XARELTO STARTER PACK	T2	QL (1 pack per 180 days)
XATMEP	T3	AL (Max 9 Years)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XCOPRI (350 MG DAILY DOSE)	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 Tablets per 30 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (30 Tablets per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 Tablets per 30 days)
XCOPRI ORAL TABLET 25 MG	T4	PA; SP Drugs (Limited to a 1-month supply per fill); QL (30 Tablets per 30 days)
XCOPRI ORAL TABLET THERAPY PACK	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (1 Pack per 30 days)

Medication	Coverage Level	Restrictions
XDEMVIY	T3	PA; QL (10 ML per 1 year); AL (Min 18 Years)
XELJANZ ORAL SOLUTION	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (240 ML per 30 days); SP
XELJANZ ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
XELJANZ XR	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
XELODA ORAL TABLET 150 MG	T9	SP Drugs ( )
XELODA ORAL TABLET 500 MG	T9	
XELPROS	T2	
XELSTRYM	T3	ST; QL (30 patches per 30 days); AL (Min 6 Years)
XENAZINE	T9	
XENICAL	T9	
XENLETA ORAL	T9	
XEPI	T9	
XERAC AC	T1	
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	T9	
XERESE	T9	
XERMELO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill)
XHANCE	T9	
XIFAXAN ORAL TABLET 200 MG	T4	SP Drugs (Limited to a 1 month supply per fill); QL (9 tablets per 30 days)
XIFAXAN ORAL TABLET 550 MG	T4	PA; SP Drugs (Limited to a 14 or 30 day supply per fill, depending on diagnosis.)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	T2	QL (30 tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T2	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG</b>	T2	QL (60 tablets per 30 days)
<b>XIIDRA</b>	T2	QL (60 vials per 30 days)
<b>XIMINO</b>	T9	
<b>XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG</b>	T2	QL (1 tablet per 1 fill); AL (Min 5 Years)
<b>XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG</b>	T2	QL (1 tablet per 1 fill); AL (Min 5 Years)
<b>XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/0.5ML</b>	T4	PA; SP Drugs (Limited to a 1-month supply per fill); QL (2 Auto-injectors per 30 days); SP
<b>XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML</b>	T4	PA; QL (1 auto-injector per 30 days); SP
<b>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (2 syringes per 30 days); SP
<b>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); SP
<b>XOLEGEL</b>	T9	
<b>XOLREMDI</b>	T9	
<b>XOPENEX</b>	T3	
<b>XOPENEX CONCENTRATE</b>	T3	
<b>XOPENEX HFA</b>	T9	
<b>XOSPATA</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days)
<b>XPHOZAH</b>	T9	
<b>XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (20 tablets per 28 days)
<b>XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (8 tablets per 28 days)
<b>XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (16 tablets per 28 days)
<b>XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (12 tablets per 28 days)

Medication	Coverage Level	Restrictions
<b>XPOVIO (60 MG TWICE WEEKLY)</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (24 tablets per 28 days)
<b>XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (16 tablets per 28 days)
<b>XPOVIO (80 MG TWICE WEEKLY)</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (32 tablets per 28 days)
<b>XRYLIDERM</b>	T9	
<b>XTAMPZA ER</b>	T3	ST; QL (60 capsules per 30 days)
<b>XTANDI ORAL CAPSULE</b>	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days); SP
<b>XTANDI ORAL TABLET 40 MG</b>	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 tablets per 30 days); SP
<b>XTANDI ORAL TABLET 80 MG</b>	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days); SP
<b>XULANE</b>	T1	PV; QL (3 patches per 28 days)
<b>XULTOPHY</b>	T3	ST; QL (15 ML per 30 days)
<i>xurea</i>	T9	
<b>XURIDEN</b>	T9	
<b>XYLIDERM</b>	T9	
<b>XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
<b>XYNTHA SOLOFUSE</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
<b>XYOSTED</b>	T9	

Medication	Coverage Level	Restrictions
<b>XYREM</b>	T9	
<b>XYWAV</b>	T9	
<b>YARGESA</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); SP
<b>YASMIN 28</b>	T9	
<i>yaxatarxyn</i>	T9	
<b>YAZ</b>	T9	
<b>YF-VAX SUBCUTANEOUS INJECTABLE</b>	T9	
<i>yokatar</i>	T9	
<b>YONSA</b>	T9	
<b>YORVIPATH</b>	T4	PA; SP Drugs (Limited to a 1 month supply per fill ); QL (2 pens per 30 days)
<b>YOSPRALA</b>	T9	
<b>YUFLYMA</b>	T9	
<b>YUFLYMA (1 PEN)</b>	T9	
<b>YUFLYMA (2 PEN)</b>	T9	
<b>YUFLYMA (2 SYRINGE)</b>	T9	
<b>YUFLYMA-CD/UC/HS STARTER</b>	T9	
<b>YUPELRI</b>	T9	
<b>YUSIMRY</b>	T9	
<b>YUVAFEM</b>	T1	
<b>ZADITOR</b>	T1	
<b>ZAFEMY</b>	T1	PV; QL (3 patches per 28 days)
<i>zafirlukast</i>	T1	
<i>zaleplon oral capsule 10 mg</i>	T1	AL (Min 18 Years)
<i>zaleplon oral capsule 5 mg</i>	T1	QL (30 capsules per 30 days); AL (Min 18 Years)
<b>ZANAFLEX</b>	T3	
<b>ZANTAC 150 MAXIMUM STRENGTH</b>	T9	
<b>ZANTAC ORAL TABLET 300 MG</b>	T3	
<b>ZARAH</b>	T1	PV
<b>ZARONTIN</b>	T3	
<b>ZARXIO</b>	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); SP
<i>zavara</i>	T9	
<b>ZAVESCA</b>	T9	
<b>ZAVZPRET</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (1 pack per 30 days); AL (Min 18 Years)

Medication	Coverage Level	Restrictions
<i>zcort 7-day</i>	T9	
<b>ZEGALOGUE</b>	T3	QL (2 kits per 30 days)
<b>ZEGERID</b>	T9	
<b>ZEGERID OTC</b>	T3	
<b>ZEJULA ORAL TABLET</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<b>ZELBORAF</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>ZELNORM</b>	T3	ST; QL (60 tablets per 30 days)
<b>ZEMBRACE SYMTOUCH</b>	T9	
<b>ZEMDRI</b>	T9	
<b>ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG</b>	T3	
<b>ZENATANE</b>	T2	QL (6 fills per 2 years)
<b>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</b>	T4	SP Drugs (Limited to a 1 month supply per fill )
<b>ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT</b>	T4	SP Drugs (Limited to a 1 month supply per fill )
<b>ZENZEDI ORAL TABLET 10 MG</b>	T3	QL (180 tablets per 30 days); AL (Min 6 Years)
<b>ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG</b>	T9	
<b>ZENZEDI ORAL TABLET 5 MG</b>	T3	QL (30 tablets per 30 days); AL (Min 6 Years)
<b>ZEPATIER</b>	T4	SP Drugs (Limited to a 1 month supply per fill ); QL (28 tablets per 28 days); SP
<b>ZEPBOUND</b>	T9	
<b>ZEPOSIA</b>	T4	PA; ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days); SP
<b>ZEPOSIA 7-DAY STARTER PACK</b>	T4	PA; ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP



Medication	Coverage Level	Restrictions
<b>ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &amp;0.46MG 0.92MG(21)</b>	T4	PA; ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill ); QL (30 capsules per 30 days); SP
<b>ZERVIATE</b>	T9	
<b>ZESTORETIC</b>	T3	
<b>ZESTRIL</b>	T3	
<b>ZETIA</b>	T3	
<b>ZETONNA</b>	T9	
<b>ZIAC</b>	T3	
<b>ZIAGEN ORAL SOLUTION</b>	T2	
<b>ZIAGEN ORAL TABLET</b>	T3	
<b>ZIANA</b>	T9	
<i>ziclocin</i>	T9	
<i>zidovudine oral capsule</i>	T2	
<i>zidovudine oral syrup</i>	T1	
<i>zidovudine oral tablet</i>	T2	
<b>ZIEXTENZO</b>	T9	
<b>ZILBRYSQ</b>	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (28 syringes per 28 days)
<i>zileuton er</i>	T5	ST; SP Drugs (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); AL (Min 12 Years)
<b>ZILRETTA</b>	T9	
<b>ZILXI</b>	T9	
<b>ZIMHI</b>	T2	QL (1 box per 1 year)
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	T9	
<b>ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %</b>	T3	
<i>ziprasidone hcl</i>	T1	
<b>ZIPSOR</b>	T9	
<b>ZIRGAN</b>	T3	
<b>ZITHRANOL</b>	T3	ST
<b>ZITHROMAX ORAL PACKET</b>	T2	
<b>ZITHROMAX ORAL SUSPENSION RECONSTITUTED</b>	T3	
<b>ZITHROMAX ORAL TABLET 600 MG</b>	T3	
<b>ZITHROMAX TRI-PAK</b>	T3	
<b>ZITHROMAX Z-PAK</b>	T3	
<b>ZITUVIMET</b>	T9	

Medication	Coverage Level	Restrictions
ZITUVIMET XR	T9	
ZITUVIO	T9	
ZMA CLEAR	T9	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	T3	QL (30 tablets per 30 days)
ZOKINVY	T9	
ZOLINZA	T4	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<i>zolmitriptan nasal solution 5 mg</i>	T3	ST; QL (12 units per 30 days)
<i>zolmitriptan oral</i>	T2	QL (12 tablets per 30 days)
ZOLOFT ORAL TABLET 100 MG	T3	QL (60 tablets per 30 days)
ZOLOFT ORAL TABLET 25 MG	T3	QL (90 tablets per 30 days)
ZOLOFT ORAL TABLET 50 MG	T3	QL (120 tablets per 30 days)
<i>zolpidem tartrate er</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>zolpidem tartrate oral capsule</i>	T9	
<i>zolpidem tartrate oral tablet</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>zolpidem tartrate sublingual</i>	T9	
ZOLPIMIST	T9	
ZOMACTON	T9	
ZOMIG NASAL SOLUTION 2.5 MG	T3	ST; QL (12 units per 30 days)
ZOMIG NASAL SOLUTION 5 MG	T9	
ZOMIG ORAL	T3	QL (12 tablets per 30 days)
ZONALON	T9	
ZONEGRAN	T3	
ZONISADE	T3	QL (150 ML per 30 days); AL (Max 9 Years)
<i>zonisamide oral</i>	T1	
ZONTIVITY	T3	ST; QL (30 tablets per 30 days)
ZORTRESS	T5	SP Drugs (Limited to a 1 month supply per fill)
ZORVOLEX	T9	
ZORYVE EXTERNAL CREAM 0.3 %	T9	
ZORYVE EXTERNAL FOAM	T9	
ZOVIA 1/35 (28)	T1	PV
ZOVIA 1/35E (28)	T1	PV
ZOVIRAX EXTERNAL	T9	
ZOVIRAX ORAL	T3	

Medication	Coverage Level	Restrictions
ZTALMY	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drugs (Limited to a 1 month supply per fill); QL (1100 ML per 30 days)
ZTLIDO	T9	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	T2	QL (30 tablets per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T2	QL (60 tablets per 30 days)
ZUMANDIMINE	T1	PV
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	T4	SP Drugs (Limited to a 1 month supply per fill); QL (28 capsules per 1 year)
ZURZUVAE ORAL CAPSULE 30 MG	T4	SP Drugs (Limited to a 1 month supply per fill); QL (14 capsules per 1 year)
ZYCLARA	T9	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	T3	ST
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	T9	
ZYDELIG	T5	PA; SP Drugs (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
ZYFLO	T9	
ZYFLO CR	T9	
ZYKADIA ORAL TABLET	T5	PA; SP Drugs (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
ZYLET	T3	ST
ZYLOPRIM	T3	
ZYMAXID	T3	ST
ZYMFENTRA (1 PEN)	T9	
ZYMFENTRA (2 PEN)	T9	
ZYMFENTRA (2 SYRINGE)	T9	
ZYPITAMAG	T9	
ZYPREXA ORAL	T3	
ZYPREXA ZYDIS	T3	
ZYRTEC ALLERGY ORAL TABLET	T9	
ZYRTEC-D ALLERGY & CONGESTION	T9	
ZYTIGA	T9	
zyvit	T9	

Medication	Coverage Level	Restrictions
ZYVOX ORAL SUSPENSION RECONSTITUTED	T5	SP Drugs (Limited to one 14 day supply per 6 months (180 days)); QL (840 ML per 14 days); AL (Max 9 Years)
ZYVOX ORAL TABLET	T5	SP Drugs (Limited to one 14 day supply per 6 months (180 days)); QL (28 tablets per 14 days)



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<i>albuterol sulfate hfa</i> .....	10	<b>ALVAIZ</b> .....	13	<i>anastrozole</i> .....	15
<i>alclometasone dipropionate</i> .....	10	<b>ALVESCO</b> .....	13	<b>ANDRODERM</b> .....	15
<b>ALCORTIN A</b> .....	10	<i>alyacen 1/35</i> .....	13	<b>ANDROGEL</b> .....	15
<b>ALDACTONE</b> .....	10	<i>alyacen 7/7/7</i> .....	13	<b>ANDROGEL PUMP</b> .....	15
<b>ALDARA</b> .....	10	<b>ALZAIR ALLERGY NASAL SPRAY</b> .....	13	<b>ANGELIQ</b> .....	15
<b>ALECENSA</b> .....	11	<i>amantadine hcl</i> .....	13	<b>ANIMI-3</b> .....	15
<i>alendronate sodium</i> .....	11	<b>AMARYL</b> .....	13	<b>ANNOVERA</b> .....	15
<i>alfuzosin hcl er</i> .....	11	<b>AMBIEN</b> .....	13	<b>ANORO ELLIPTA</b> .....	15
		<b>AMBIEN CR</b> .....	13	<b>ANTIVERT</b> .....	15

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



<b>BAQSIMI TWO PACK</b> .....	21	<i>bethanechol chloride</i> .....	23	<b>BREATHERITE COLL</b>	
<b>BARACLUDE</b> .....	21	<b>BETHKIS</b> .....	23	<b>SPACER CHILD</b> .....	25
<b>BASAGLAR KWIKPEN</b> .....	21	<b>BETIMOL</b> .....	23	<b>BREATHERITE COLL</b>	
<b>BASAGLAR TEMPO PEN</b> .....	21	<b>BETOPTIC-S</b> .....	24	<b>SPACER INFANT</b> .....	25
<b>BAXDELA</b> .....	21	<i>bevacizumab</i> .....	24	<b>BREATHERITE RIGID</b>	
<i>bcg vaccine</i> .....	21	<b>BEVESPI AEROSPHERE</b> .....	24	<b>SPACER/MASK</b> .....	25
<b>BD INSULIN SYRINGE</b>		<b>BEVYXXA</b> .....	24	<b>BREATHERITE SPACER</b>	
<b>MICROFINE</b> .....	21	<i>bexarotene</i> .....	24	<b>NEONATE</b> .....	26
<b>BD INSULIN SYRINGE U/F</b> .....	22	<b>BEXSERO</b> .....	24	<b>BREATHERITE SPACER</b>	
<b>BD PEN NEEDLE MINI U/F</b> .....	22	<b>BEYAZ</b> .....	24	<b>SMALL CHILD</b> .....	26
<b>BECONASE AQ</b> .....	22	<b>BIAFINE</b> .....	24	<b>BREATHERITE/LARGE MASK</b> .....	26
<b>BELBUCA</b> .....	22	<i>bicalutamide</i> .....	24	<b>BREATHERITE/MEDIUM</b>	
<i>belladonna alkaloids-opium</i> .....	22	<b>BIDIL</b> .....	24	<b>MASK</b> .....	26
<b>BELSOMRA</b> .....	22	<b>BIGFOOT UNITY PROGRAM</b> ...	24	<b>BREATHERITE/SMALL MASK</b> .....	26
<i>benazepril hcl</i> .....	22	<b>BIJUVA</b> .....	24	<b>BRENZAVVY</b> .....	26
<i>benazepril-hydrochlorothiazide</i> ..	22	<b>BIKTARVY</b> .....	24	<b>BREO ELLIPTA</b> .....	26
<b>BENEFIX</b> .....	22	<b>BILTRICIDE</b> .....	24	<b>BREXAFEMME</b> .....	26
<b>BENICAR</b> .....	22	<i>bimatoprost</i> .....	24	<b>BREYNA</b> .....	26
<b>BENICAR HCT</b> .....	22	<b>BIMZELX</b> .....	24	<b>BREZTRI AEROSPHERE</b> .....	26
<b>BENLYSTA</b> .....	22	<b>BINOSTO</b> .....	24	<i>briellyn</i> .....	26
<i>bensal hp</i> .....	22	<b>BIOTHRAX</b> .....	24	<b>BRILINTA</b> .....	26
<b>BENZAC AC WASH</b> .....	22	<i>bisacodyl</i> .....	24	<i>brimonidine tartrate</i> .....	26
<b>BENZACLIN</b> .....	22	<i>bisacodyl ec</i> .....	24	<i>brimonidine tartrate-timolol</i> .....	26
<b>BENZACLIN WITH PUMP</b> .....	22	<i>bismuth/metronidaz/tetracyclin</i> ...	25	<i>brimonidine-dorzolamide</i> .....	26
<b>BENZEFOAM</b> .....	22	<i>bisoprolol fumarate</i> .....	25	<i>brinzolamide</i> .....	26
<b>BENZEFOAMULTRA</b> .....	22	<i>bisoprolol-hydrochlorothiazide</i> ...	25	<b>BRISDELLE</b> .....	26
<b>BENZEPRO</b> .....	22	<b>BLEPH-10</b> .....	25	<b>BRIVIACT</b> .....	26
<b>BENZEPRO CREAMY WASH</b> .....	22	<b>BLEPHAMIDE S.O.P.</b> .....	25	<b>BROMFED DM</b> .....	26
<b>BENZEPRO FOAMING</b>		<b>BLISOVI 24 FE</b> .....	25	<i>bromfenac sodium</i> .....	26
<b>CLOTHS</b> .....	22	<b>BLISOVI FE 1.5/30</b> .....	25	<i>bromfenac sodium (once-daily)</i> ..	26
<b>BENZEPRO SHORT</b>		<b>BLISOVI FE 1/20</b> .....	25	<i>bromocriptine mesylate</i> .....	26
<b>CONTACT</b> .....	22	<i>blood glucose test</i> .....	25	<b>BROMSITE</b> .....	26
<i>benznidazole</i> .....	22	<i>blood pressure monitor</i> .....	25	<b>BRONCHITOL</b> .....	26
<i>benzonatate</i> .....	22	<b>BLOOD PRESSURE</b>		<b>BROVANA</b> .....	26
<i>benzoyl peroxide</i> .....	22	<b>MONITOR 3</b> .....	25	<b>BRUKINSA</b> .....	26
<i>benzoyl peroxide cleanser</i> .....	22	<b>BLOOD PRESSURE</b>		<b>BRYHALI</b> .....	27
<i>benzoyl peroxide wash</i> .....	23	<b>MONITOR 7</b> .....	25	<b>BSS</b> .....	27
<i>benzoyl peroxide-erythromycin</i> ..	23	<b>BLULINK GLUCOSE</b>		<b>BSS PLUS</b> .....	27
<i>benzphetamine hcl</i> .....	23	<b>MONITORING SYS</b> .....	25	<i>budesonide</i> .....	27
<i>benztropine mesylate</i> .....	23	<b>BLULINK GLUCOSE TEST</b> .....	25	<i>budesonide er</i> .....	27
<i>bepotastine besilate</i> .....	23	<b>BONIVA</b> .....	25	<i>budesonide-formoterol</i>	
<b>BEPREVE</b> .....	23	<b>BONJESTA</b> .....	25	<i>fumarate</i> .....	27
<b>BERINERT</b> .....	23	<b>BOOSTRIX</b> .....	25	<i>buffered aspirin</i> .....	27
<b>BESIVANCE</b> .....	23	<i>bosentan</i> .....	25	<b>BUFFERIN</b> .....	27
<b>BESREMI</b> .....	23	<b>BOSULIF</b> .....	25	<i>bumetanide</i> .....	27
<i>betaine</i> .....	23	<i>bp gel</i> .....	25	<b>BUPAP</b> .....	27
<i>betamethasone dipropionate</i> .....	23	<i>bp vit 3</i> .....	25	<b>BUPHENYL</b> .....	27
<i>betamethasone dipropionate</i>		<i>bp wash</i> .....	25	<i>bupivacaine hcl</i> .....	27
<i>aug</i> .....	23	<i>bpo foaming cloths</i> .....	25	<i>buprenorphine</i> .....	27
<i>betamethasone sod phos &amp;</i>		<b>BPROTECTED PEDIA IRON</b> .....	25	<i>buprenorphine hcl</i> .....	27
<i>acet</i> .....	23	<b>BRAFTOVI</b> .....	25	<i>buprenorphine hcl-naloxone hcl</i> ..	27
<i>betamethasone valerate</i> .....	23	<b>BREATHERITE</b> .....	25	<i>bupropion hcl</i> .....	28
<b>BETAPACE</b> .....	23	<b>BREATHERITE COLL</b>		<i>bupropion hcl er (smoking det)</i> ...27	
<b>BETASERON</b> .....	23	<b>SPACER ADULT</b> .....	25	<i>bupropion hcl er (sr)</i> .....	27
<i>betaxolol hcl</i> .....	23			<i>bupropion hcl er (xl)</i> .....	27

<i>buspirone hcl</i> .....	28	<i>carbidopa-levodopa-</i>		<b>CELEBREX</b> .....	32
<i>butalbital-acetaminophen</i> .....	28	<i>entacapone</i> .....	30	<i>celecoxib</i> .....	32
<i>butalbital-apap-caff-cod</i> .....	28	<i>carbinoxamine maleate</i> .....	30	<b>CELEXA</b> .....	32
<i>butalbital-apap-caffeine</i> .....	28	<i>carbinoxamine maleate er</i> .....	30	<b>CELLCEPT</b> .....	32
<i>butalbital-asa-caff-codeine</i> .....	28	<b>CARDIOVID PLUS</b> .....	30	<b>CELONTIN</b> .....	32
<i>butalbital-aspirin-caffeine</i> .....	28	<b>CARDIZEM</b> .....	31	<b>CENTANY</b> .....	32
<i>butorphanol tartrate</i> .....	28	<b>CARDIZEM CD</b> .....	31	<b>CENTRATEX</b> .....	32
<b>BUTRANS</b> .....	28	<b>CARDIZEM LA</b> .....	31	<i>cephalexin</i> .....	32
<b>BYDUREON BCISE</b> .....	28	<b>CARDURA</b> .....	31	<b>CEPROTIN</b> .....	32
<b>BYETTA 10 MCG PEN</b> .....	28	<b>CARDURA XL</b> .....	31	<b>CEQUA</b> .....	32
<b>BYETTA 5 MCG PEN</b> .....	28	<b>CARESENS CONTROL A</b> .....	31	<b>CERACADE</b> .....	32
<b>BYLVAY</b> .....	28	<b>CARESENS N GLUCOSE</b>		<b>CERDELGA</b> .....	32
<b>BYLVAY (PELLETS)</b> .....	28	<b>TEST</b> .....	31	<b>CETACAINE</b> .....	33
<b>BYNFEZIA PEN</b> .....	28	<b>CARETOUCH CONTROL SOL</b>		<i>cetirizine hcl</i> .....	33
<b>BYSTOLIC</b> .....	28	<b>LEVEL 2</b> .....	31	<i>cetirizine hcl childrens alrgy</i> .....	33
<i>cabergoline</i> .....	28	<b>CARETOUCH</b>		<i>cetirizine-pseudoephedrine er</i> ....	33
<b>CABLIVI</b> .....	28	<b>LANCING/EJECTOR</b> .....	31	<b>CETRAXAL</b> .....	33
<b>CABOMETYX</b> .....	28	<b>CARETOUCH TEST</b> .....	31	<i>cetorelix acetate</i> .....	33
<b>CABTREO</b> .....	28	<b>CARETOUCH TWIST</b>		<b>CETROTIDE</b> .....	33
<b>CADUET</b> .....	28	<b>LANCETS 28G</b> .....	31	<i>cevimeline hcl</i> .....	33
<b>CAFERGOT</b> .....	28	<b>CARETOUCH TWIST</b>		<b>CHARLOTTE 24 FE</b> .....	33
<i>caffeine citrate</i> .....	28	<b>LANCETS 30G</b> .....	31	<b>CHATEAL</b> .....	33
<i>calcipotriene</i> .....	28, 29	<b>CARETOUCH TWIST</b>		<b>CHATEAL EQ</b> .....	33
<i>calcipotriene-betameth diprop</i> ....	29	<b>LANCETS 33G</b> .....	31	<b>CHEMET</b> .....	33
<i>calcitonin (salmon)</i> .....	29	<i>carglumic acid</i> .....	31	<i>childrens aspirin</i> .....	33
<i>calcitriol</i> .....	29	<i>carisoprodol</i> .....	31	<i>childrens loratadine</i> .....	33
<i>calcium acetate (phos binder)</i> ....	29	<i>carisoprodol-aspirin</i> .....	31	<i>chlohux</i> .....	33
<i>calcium-folic acid plus d</i> .....	29	<i>carisoprodol-aspirin-codeine</i> ....	31	<i>chlordiazepoxide hcl</i> .....	33
<b>CALQUENCE</b> .....	29	<b>CARNITOR</b> .....	31	<i>chlordiazepoxide-amitriptyline</i> ....	33
<i>calsodore</i> .....	29	<b>CARNITOR SF</b> .....	31	<i>chlordiazepoxide-clidinium</i> .....	33
<b>CAMBIA</b> .....	29	<b>CAROSPIR</b> .....	31	<i>chlorhexidine gluconate</i> .....	33
<b>CAMILA</b> .....	29	<i>carteolol hcl</i> .....	31	<i>chloroquine phosphate</i> .....	33
<b>CAMRESE</b> .....	29	<b>CARTIA XT</b> .....	31	<i>chlorpheniramine maleate er</i> ....	33
<b>CAMRESE LO</b> .....	29	<i>carvedilol</i> .....	31	<i>chlorpromazine hcl</i> .....	33
<b>CAMZYOS</b> .....	29	<i>carvedilol phosphate er</i> .....	31	<i>chlorthalidone</i> .....	33
<b>CANASA</b> .....	29	<b>CASODEX</b> .....	31	<i>chlorzoxazone</i> .....	33
<i>candesartan cilxetil</i> .....	29	<b>CATAPRES</b> .....	31	<b>CHOLBAM</b> .....	33
<i>candesartan cilxetil-hctz</i> .....	29	<b>CATAPRES-TTS-1</b> .....	31	<i>cholestyramine</i> .....	33
<b>CANDIN</b> .....	29	<b>CATAPRES-TTS-2</b> .....	31	<i>cholestyramine light</i> .....	33
<i>capecitabine</i> .....	29	<b>CATAPRES-TTS-3</b> .....	31	<i>chorionic gonadotropin</i> .....	33
<b>CAPEX</b> .....	29	<b>CAVERJECT</b> .....	31	<b>CHOSEN LANCING DEVICE</b> ....	33
<b>CAPLYTA</b> .....	30	<b>CAVERJECT IMPULSE</b> .....	32	<b>CIALIS</b> .....	33
<b>CAPRELSA</b> .....	30	<b>CAYA</b> .....	32	<b>CIBINQO</b> .....	33
<i>captopril</i> .....	30	<b>CAYSTON</b> .....	32	<b>CICLODAN</b> .....	34
<i>captopril-hydrochlorothiazide</i> ....	30	<b>CAZIANT</b> .....	32	<i>ciclopirox</i> .....	34
<b>CAPVAXIVE</b> .....	30	<i>cefaclor</i> .....	32	<i>ciclopirox olamine</i> .....	34
<b>CARAC</b> .....	30	<i>cefaclor er</i> .....	32	<i>ciclopirox treatment</i> .....	34
<b>CARAFATE</b> .....	30	<i>cefadroxil</i> .....	32	<b>CIFEREX</b> .....	34
<b>CARBAGLU</b> .....	30	<i>cefdinir</i> .....	32	<i>cilostazol</i> .....	34
<i>carbamazepine</i> .....	30	<i>cefditoren pivoxil</i> .....	32	<b>CILOXAN</b> .....	34
<i>carbamazepine er</i> .....	30	<i>cefixime</i> .....	32	<b>CIMDUO</b> .....	34
<b>CARBATROL</b> .....	30	<i>cefipodoxime proxetil</i> .....	32	<i>cimetidine</i> .....	34
<i>carbidopa</i> .....	30	<i>cefprozil</i> .....	32	<i>cimetidine hcl</i> .....	34
<i>carbidopa-levodopa</i> .....	30	<i>cefuroxime axetil</i> .....	32	<b>CIMZIA</b> .....	34
<i>carbidopa-levodopa er</i> .....	30	<b>CELACYN</b> .....	32	<b>CIMZIA (2 SYRINGE)</b> .....	34

<b>CIMZIA STARTER KIT</b> .....	34	<b>CLOBEX</b> .....	36	<b>COMPLERA</b> .....	38
<b>CIMZIA-STARTER</b> .....	34	<b>CLOBEX SPRAY</b> .....	36	<i>complete natal dha</i> .....	38
<i>cinacalcet hcl</i> .....	34	<i>clocortolone pivalate</i> .....	36	<i>completenate</i> .....	38
<b>CIPRO</b> .....	34	<b>CLODAN</b> .....	37	<b>COMPRO</b> .....	38
<b>CIPRO HC</b> .....	34	<b>CLOMID</b> .....	37	<b>COMTAN</b> .....	38
<b>CIPRODEX</b> .....	34	<i>clomiphene citrate</i> .....	37	<b>CONCERTA</b> .....	38
<i>ciprofloxacin</i> .....	34	<i>clomipramine hcl</i> .....	37	<b>CONDYLOX</b> .....	38
<i>ciprofloxacin hcl</i> .....	34	<i>clonazepam</i> .....	37	<b>CONJUPRI</b> .....	38
<i>ciprofloxacin-dexamethasone</i> .....	35	<i>clonidine</i> .....	37	<b>CONSENSI</b> .....	39
<i>ciprofloxacin-fluocinolone pf</i> .....	35	<i>clonidine er</i> .....	37	<b>CONTOUR CONTROL</b> .....	39
<i>citalopram hydrobromide</i> .....	35	<i>clonidine hcl</i> .....	37	<b>CONTOUR NEXT TEST</b> .....	39
<b>CITRANATAL 90 DHA</b> .....	35	<i>clonidine hcl er</i> .....	37	<b>CONTOUR PLUS BLUE</b> .....	39
<b>CITRANATAL ASSURE</b> .....	35	<i>clopidogrel bisulfate</i> .....	37	<b>CONTOUR PLUS TEST</b> .....	39
<b>CITRANATAL B-CALM</b> .....	35	<i>clorazepate dipotassium</i> .....	37	<b>CONTOUR TEST</b> .....	39
<b>CITRANATAL BLOOM</b> .....	35	<i>clotrimazole</i> .....	37	<b>CONTRAVE</b> .....	39
<b>CITRANATAL DHA</b> .....	35	<i>clotrimazole-betamethasone</i> .....	37	<b>CONZIP</b> .....	39
<b>CITRANATAL HARMONY</b> .....	35	<i>clozapine</i> .....	37	<b>COPAXONE</b> .....	39
<b>CITRANATAL MEDLEY</b> .....	35	<b>CLOZARIL</b> .....	37	<b>COPIKTRA</b> .....	39
<b>CITRANATAL RX</b> .....	35	<b>COAGADEx</b> .....	37	<b>CORDRAN</b> .....	39
<i>citrate of magnesia</i> .....	35	<i>coal tar</i> .....	37	<b>COREG</b> .....	39
<b>CITROMA</b> .....	35	<b>COARTEM</b> .....	37	<b>COREG CR</b> .....	39
<b>CLARAVIS</b> .....	35	<b>COBENFY</b> .....	37	<b>CORGARD</b> .....	39
<b>CLARINEX</b> .....	35	<b>COBENFY STARTER PACK</b> .....	37	<b>CORLANOR</b> .....	39
<b>CLARINEX-D 12 HOUR</b> .....	35	<i>codeine sulfate</i> .....	37	<b>CORTANE-B</b> .....	39
<i>clarithromycin</i> .....	35	<i>coenzyme q10</i> .....	37	<b>CORTEF</b> .....	39
<i>clarithromycin er</i> .....	35	<i>coenzyme q-10</i> .....	37	<b>CORTENEMA</b> .....	39
<b>CLARITIN</b> .....	35	<b>COLAZAL</b> .....	37	<b>CORTIFOAM</b> .....	39
<b>CLARITIN REDITABS</b> .....	35	<i>colchicine</i> .....	37	<i>cortisone acetate</i> .....	39
<b>CLARITIN-D 12 HOUR</b> .....	35	<i>colchicine-probenecid</i> .....	37	<b>CORTISPORIN-TC</b> .....	39
<b>CLARITIN-D 24 HOUR</b> .....	35	<b>COLCRYS</b> .....	38	<b>CORTROPHIN</b> .....	39
<i>classic prenatal</i> .....	35	<i>colesevelam hcl</i> .....	38	<b>CORVITA</b> .....	39
<b>CLEARLAX</b> .....	35	<b>COLESTID</b> .....	38	<b>CORVITA 150</b> .....	39
<i>clemastine fumarate</i> .....	35	<i>colestipol hcl</i> .....	38	<b>CORVITE</b> .....	39
<b>CLENIA PLUS</b> .....	35	<i>colistimethate sodium (cba)</i> .....	38	<b>CORVITE 150</b> .....	39
<b>CLENPIQ</b> .....	35	<b>COLY-MYCIN S</b> .....	38	<i>corvite fe</i> .....	39
<b>CLEOCIN</b> .....	35, 36	<b>COLYTE WITH FLAVOR</b>		<b>CORVITE FREE</b> .....	39
<b>CLEOCIN-T</b> .....	36	<b>PACKS</b> .....	38	<b>COSENTYX</b> .....	40
<b>CLEVER CHOICE MICRO</b>		<b>COMBIGAN</b> .....	38	<b>COSENTYX (300 MG DOSE)</b> .....	39
<b>TEST</b> .....	36	<b>COMBIPATCH</b> .....	38	<b>COSENTYX SENSOREADY</b>	
<b>CLEVER CHOICE TALK</b>		<b>COMBIVENT RESPIMAT</b> .....	38	<b>(300 MG)</b> .....	40
<b>SYSTEM</b> .....	36	<b>COMBIVIR</b> .....	38	<b>COSENTYX SENSOREADY</b>	
<b>CLIMARA</b> .....	36	<b>COMETRIQ (100 MG DAILY</b>		<b>PEN</b> .....	40
<b>CLIMARA PRO</b> .....	36	<b>DOSE)</b> .....	38	<b>COSENTYX UNOREADY</b> .....	40
<b>CLINDAGEL</b> .....	36	<b>COMETRIQ (140 MG DAILY</b>		<b>COSOPT</b> .....	40
<i>clindamycin hcl</i> .....	36	<b>DOSE)</b> .....	38	<b>COTELLIC</b> .....	40
<i>clindamycin palmitate hcl</i> .....	36	<b>COMETRIQ (60 MG DAILY</b>		<b>COTEMPLA XR-ODT</b> .....	40
<i>clindamycin phos-benzoyl</i>		<b>DOSE)</b> .....	38	<b>COUMADIN</b> .....	40
<i>perox</i> .....	36	<b>COMIRNATY</b> .....	38	<b>COVARYX</b> .....	40
<i>clindamycin phosphate</i> .....	36	<b>COMPACT SPACE CHAMBER</b>	38	<b>COVARYX HS</b> .....	40
<i>clindamycin-tretinoin</i> .....	36	<b>COMPACT SPACE</b>		<b>COXANTO</b> .....	40
<b>CLINDESSE</b> .....	36	<b>CHAMBER/LG MASK</b> .....	38	<b>COZAAR</b> .....	40
<i>clobazam</i> .....	36	<b>COMPACT SPACE</b>		<b>CREON</b> .....	40
<i>clobetasol prop emollient base</i> ...	36	<b>CHAMBER/MED MASK</b> .....	38	<b>CRESEMBA</b> .....	40
<i>clobetasol propionate</i> .....	36	<b>COMPACT SPACE</b>		<b>CRESTOR</b> .....	40
<i>clobetasol propionate emulsion</i> ...	36	<b>CHAMBER/SM MASK</b> .....	38	<b>CREXONT</b> .....	40

<b>CRINONE</b> .....	40	<b>DANZITEN</b> .....	42	<b>DERMASO PLUS</b> .....	44
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<i>cromolyn sodium</i> .....	41	<i>dapagliflozin propanediol</i> .....	42	<b>DERMASORB TA</b> .....	44
<b>CRYODOSE TA</b> .....	41	<i>dapsone</i> .....	42	<b>DERMASORB XM</b> .....	44
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<b>CUPRIMINE</b> .....	41	<i>darifenacin hydrobromide er</i> .....	42	<b>DERMULCERA</b> .....	44
<b>CURAE</b> .....	41	<b>DARTISLA ODT</b> .....	43	<b>DESCOVY</b> .....	44
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<i>cvs aspirin adult low dose</i> .....	41	<b>DASETTA 7/7/7</b> .....	43	<i>desmopressin acetate</i> .....	45
<i>cvs aspirin ec</i> .....	41	<b>DAURISMO</b> .....	43	<i>desmopressin acetate pf</i> .....	45
<i>cvs folic acid</i> .....	41	<b>DAYBUE</b> .....	43	<i>desmopressin acetate spray</i> .....	45
<i>cvs magnesium citrate</i> .....	41	<b>DAYPRO</b> .....	43	<i>desogestrel-ethinyl estradiol</i> .....	45
<i>cvs milk of magnesia</i> .....	41	<b>DAYSEE</b> .....	43	<b>DESONATE</b> .....	45
<i>cvs nicotine</i> .....	41	<b>DAYTRANA</b> .....	43	<i>desonide</i> .....	45
<i>cvs nicotine polacrilex</i> .....	41	<b>DAYVIGO</b> .....	43	<b>DESOWEN</b> .....	45
<i>cvs prenatal</i> .....	41	<i>dazaveidaoxia</i> .....	43	<i>desoximetasone</i> .....	45
<i>cvs prenatal multi+dha</i> .....	41	<i>dazinia</i> .....	43	<b>DESOXYN</b> .....	45
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<i>cyclobenzaprine hcl er</i> .....	41	<b>DDAVP PF</b> .....	43	<b>DETROL</b> .....	45
<b>CYCLOGYL</b> .....	41	<b>DEBLITANE</b> .....	43	<b>DETROL LA</b> .....	45
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<i>cyclopentolate hcl</i> .....	41	<i>deferasirox</i> .....	43	<i>dexamethasone</i> .....	45
<i>cyclophosphamide</i> .....	41	<i>deferasirox granules</i> .....	43	<b>DEXAMETHASONE</b>	
<i>cycloserine</i> .....	41	<i>deferiprone</i> .....	43	<b>INTENSOL</b> .....	45
<b>CYCLOSET</b> .....	41	<i>deflazacort</i> .....	43	<i>dexamethasone sodium</i>	
<i>cyclosporine</i> .....	41	<b>DELESTROGEN</b> .....	43	<i>phosphate</i> .....	45
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<b>STARTER</b> .....	42	<i>demeclocycline hcl</i> .....	44	<b>DEXCOM G7 SENSOR</b> .....	45
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<b>STARTER</b> .....	42	<b>DENAVIR</b> .....	44	<b>DEXILANT</b> .....	45
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<b>DALIRESP</b> .....	42	<i>derma-r</i> .....	44	<b>DIALYVITE 800</b> .....	46
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## 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](mailto: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](http://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](http://hhs.gov/ocr/office/file/index.html)*.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

