

2023 Formulary

Employer-sponsored small group (optimized) plans

List of covered drugs

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

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

T1a - \$

T1b - \$

T2 - \$\$

T3 - \$\$\$

T4 - \$\$\$\$

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

T6 - Vaccine Coverage

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

Coverage Levels

AL: Age Limits

PA: Prior Authorization

PV: Preventative Drugs

QL: Quantity Limits

SO: SaveOn

SP: Limited to a 1 month supply per fill

ST: Step Therapy

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

List of Patterns

lowercase italics: Generic drugs

UPPERCASE BOLD: Brand name drugs

CURRENT AS OF 11/1/2023

Medication	Coverage Level	Restrictions
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>clonidine hcl er oral tablet extended release 12 hour</i>	T2	
<i>guanfacine hcl er</i>	T1b	QL (60 tablets per 30 days)
INTUNIV	T3	QL (60 tablets per 30 days)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	T3	
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	T2	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	T2	QL (30 capsules per 30 days); AL (Min 6 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	T3	ST; QL (30 capsules per 30 days); AL (Min 6 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	T3	ST; QL (60 capsules per 30 days); AL (Min 6 Years)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	T3	QL (62 capsules per 31 days); AL (Min 6 Years)
STRATTERA ORAL CAPSULE 100 MG, 80 MG	T3	QL (30 capsules per 30 days); AL (Min 6 Years)
STRATTERA ORAL CAPSULE 60 MG	T3	QL (31 capsules per 31 days); AL (Min 6 Years)
*Amphetamine Mixtures***		
ADDERALL	T3	AL (Min 6 Years)
ADDERALL XR	T3	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>amphetamine-dextroamphet er</i>	T1b	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>amphetamine-dextroamphetamine</i>	T1b	AL (Min 6 Years)
<i>amphet-dextroamphet 3-bead er</i>	T9	
MYDAYIS	T9	
*Amphetamines***		
ADZENYS ER	T9	
ADZENYS XR-ODT	T9	
<i>amphetamine er</i>	T9	
<i>amphetamine sulfate</i>	T3	ST; QL (180 tablets per 30 days); AL (Min 6 Years)
DESOXYN	T9	

Medication	Coverage Level	Restrictions
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG	T3	QL (120 capsules per 30 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	T3	QL (60 capsules per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	T2	QL (120 capsules per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	T2	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral solution</i>	T1b	
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	T1b	QL (180 tablets per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	T9	
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	T1b	QL (30 tablets per 30 days); AL (Min 6 Years)
DYANAVAL XR	T9	
EVEKEO	T3	ST; QL (180 tablets per 30 days); AL (Min 6 Years)
EVEKEO ODT	T9	
<i>lisdexamfetamine dimesylate oral capsule</i>	T1b	QL (30 capsules per 30 Days); AL (Min 6 Years)
<i>lisdexamfetamine dimesylate oral tablet chewable</i>	T1b	QL (30 tablets per 30 Days); AL (Min 6 Years)
<i>methamphetamine hcl</i>	T3	QL (150 tablets per 30 days)
PROCENTRA	T1b	
VYVANSE ORAL CAPSULE	T3	QL (30 capsules per 30 days); AL (Min 6 Years)
VYVANSE ORAL TABLET CHEWABLE	T9	QL (30 tablets per 30 days); AL (Min 6 Years)
XELSTRYM	T3	ST; QL (30 patches per 30 Days); AL (Min 6 Years)
ZENZEDI	T9	
*Analeptics***		
<i>caffeine citrate oral solution 60 mg/3ml</i>	T3	AL (Min 1 Years)
*Anorexiant Combinations***		
PLENITY	T9	
QSYMIA	T3	ST
*Anorexiants Non-Amphetamine***		
<i>benzphetamine hcl oral tablet 50 mg</i>	T1b	
<i>diethylpropion hcl oral</i>	T1b	
LOMAIRA	T9	
<i>phendimetrazine tartrate</i>	T1b	
<i>phentermine hcl oral capsule 15 mg, 30 mg</i>	T1b	

Medication	Coverage Level	Restrictions
<i>phentermine hcl oral tablet</i>	T1b	
*Anti-Obesity - Glp-1 Receptor Agonists***		
SAXENDA	T9	
WEGOVY	T9	
*Anti-Obesity Agent Combinations**		
CONTRAVE	T3	ST
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***		
SUNOSI	T3	ST; QL (30 tablets per 30 days)
*Histamine H3-Receptor Antagonist/Inverse Agonists***		
WAKIX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
*Lipase Inhibitors***		
ALLI	T9	
<i>orlistat oral</i>	T9	
XENICAL	T9	
*Melanocortin 4 (Mc4) Receptor Agonists***		
IMCIVREE	T9	
*Stimulant Combinations***		
AZSTARYS	T9	
*Stimulants - Misc.***		
ADHANSIA XR	T9	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	T3	QL (30 capsules per 30 days)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 50 MG	T3	QL (30 tablets per 30 days)
<i>armodafinil</i>	T1b	QL (30 tablets per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG	T3	QL (31 tablets per 31 days); AL (Min 4 Years)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG, 54 MG	T3	QL (62 tablets per 31 days); AL (Min 4 Years)
COTEMPLA XR-ODT	T9	
DAYTRANA	T3	ST; QL (30 patches per 30 days); AL (Min 4 Years)
<i>dexamethylphenidate hcl</i>	T1b	AL (Min 4 Years)
<i>dexamethylphenidate hcl er</i>	T1b	QL (30 capsules per 30 days); AL (Min 4 Years)
FOCALIN	T3	AL (Min 4 Years)

Medication	Coverage Level	Restrictions
FOCALIN XR	T3	QL (30 capsules per 30 days); AL (Min 4 Years)
JORNAY PM	T9	
METADATE CD	T3	QL (31 capsules per 31 days); AL (Min 4 Years)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	T1b	AL (Min 4 Years)
METHYLIN ORAL SOLUTION	T3	AL (Min 4 Years)
METHYLIN ORAL TABLET CHEWABLE	T3	AL (Min 4 Years)
<i>methylphenidate</i>	T3	ST; QL (30 patches per 30 Days); AL (Min 3 Years)
<i>methylphenidate hcl er (cd)</i>	T1b	QL (30 capsules per 30 days); AL (Min 4 Years)
<i>methylphenidate hcl er (la)</i>	T1b	QL (30 capsules per 30 days); AL (Min 4 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg</i>	T1b	QL (30 tablets per 30 days); AL (Min 4 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg, 54 mg</i>	T1b	QL (60 tablets per 30 days); AL (Min 4 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg</i>	T9	
<i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>	T1b	QL (30 tablets per 30 days)
<i>methylphenidate hcl er (xr)</i>	T3	QL (30 capsules per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	T1b	AL (Min 4 Years)
<i>methylphenidate hcl oral solution</i>	T1b	AL (Min 4 Years and Max 10 Years)
<i>methylphenidate hcl oral tablet</i>	T1b	AL (Min 4 Years)
<i>methylphenidate hcl oral tablet chewable</i>	T1b	AL (Min 4 Years and Max 10 Years)
<i>modafinil</i>	T1b	QL (60 tablets per 30 days)
NUVIGIL ORAL TABLET 150 MG, 250 MG	T3	QL (30 tablets per 30 days)
NUVIGIL ORAL TABLET 200 MG, 50 MG	T9	
PROVIGIL ORAL TABLET 100 MG	T3	QL (31 tablets per 31 days)
PROVIGIL ORAL TABLET 200 MG	T3	QL (62 tablets per 31 days)
QUILLICHEW ER	T3	ST; QL (30 tablets per 30 days); AL (Min 4 Years and Max 9 Years)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	T3	ST; QL (360 ML per 30 days); AL (Min 4 Years and Max 9 Years)
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG	T9	
RITALIN	T3	AL (Min 4 Years)

Medication	Coverage Level	Restrictions
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	T3	QL (31 capsules per 31 days); AL (Min 4 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG	T3	QL (30 capsules per 30 days); AL (Min 4 Years)
RITALIN SR	T3	AL (Min 4 Years)
Allergenic Extracts/Biologicals Misc		
*Allergenic Extracts***		
GRASTEK	T3	AL (Min 5 Years and Max 65 Years)
PALFORZIA (12 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (120 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (160 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (20 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (200 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (240 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (3 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (300 MG MAINTENANCE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (300 MG TITRATION)	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (40 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (6 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (80 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA INITIAL ESCALATION	T4	PA; SP (Limited to a 1 month supply per fill)
RAGWITEK	T3	AL (Min 18 Years and Max 65 Years)

Medication	Coverage Level	Restrictions
*Mixed Allergenic Extracts***		
ODACTRA	T3	AL (Min 12 Years and Max 65 Years)
ORALAIR	T3	AL (Min 10 Years and Max 65 Years)
Alternative Medicines		
*Alternative Medicine - Ci's***		
<i>citrus bergamot</i>	T9	
*Alternative Medicine - Co's***		
<i>coenzyme q-10 oral capsule 100 mg</i>	T9	
*Alternative Medicine - Ma's***		
<i>maca</i>	T9	
Amebicides		
*Amebicides***		
SOLOSEC	T9	
Aminoglycosides		
*Aminoglycosides***		
ARIKAYCE	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 vials per 28 days)
BETHKIS	T5	PA; SP (Limited to 56 day supply per fill); QL (280 ML per 56 days)
HUMATIN	T3	
KITABIS PAK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to 56 day supply per fill); QL (280 ML per 56 days)
<i>paromomycin sulfate oral</i>	T1b	
TOBI	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to 56 day supply per fill); QL (280 ML per 56 days)
TOBI PODHALER	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (224 capsules per 28 days)
<i>tobramycin inhalation</i>	T4	PA; SP (Limited to 56 day supply per fill); QL (280 ML per 56 days)
<i>tobramycin sulfate injection solution 80 mg/2ml</i>	T1b	
ZEMDRI	T9	

Medication	Coverage Level	Restrictions
Analgesics - Anti-Inflammatory		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
OLUMIANT ORAL TABLET 1 MG, 2 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OLUMIANT ORAL TABLET 4 MG	T9	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to 1 fill per 2 years); QL (30 tablets per 30 days)
XELJANZ ORAL SOLUTION	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (240 ML per 30 days)
XELJANZ ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
*Antirheumatic Antimetabolites***		
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	T9	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	T9	
REDITREX	T3	ST

Medication	Coverage Level	Restrictions
RHEUMATREX ORAL TABLET 2.5 MG	T2	
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
ABRILADA	T9	
<i>adalimumab-adaz subcutaneous solution auto-injector</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
<i>adalimumab-adaz subcutaneous solution prefilled syringe</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
<i>adalimumab-adbm</i>	T9	
<i>adalimumab-fkjp</i>	T9	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); AL (Min 2 Years)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML, 40 MG/0.8ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
CYLTEZO	T9	
CYLTEZO-CD/UC/HS STARTER	T9	
CYLTEZO-PSORIASIS STARTER	T9	
HADLIMA	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HADLIMA PUSHTOUCH	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
HULIO	T9	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)

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

Medication	Coverage Level	Restrictions
YUSIMRY	T9	
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
CELEBREX	T3	QL (60 capsules per 30 days)
<i>celecoxib oral</i>	T1b	QL (60 capsules per 30 days)
*Gold Compounds***		
RIDAURA	T2	
*Interleukin-1 Blockers***		
ARCALYST	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
*Interleukin-1 Receptor Antagonist (Il-1Ra)***		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 syringes per 28 days)
*Interleukin-6 Receptor Inhibitors***		
ACTEMRA ACTPEN	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 pens per 28 days)
ACTEMRA SUBCUTANEOUS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days)
*Nonsteroidal Anti-Inflammatory Agent Combinations***		
ARTHROTEC ORAL TABLET DELAYED RELEASE	T9	
<i>diclofenac-misoprostol oral tablet delayed release</i>	T9	
DUEXIS	T9	
<i>ibuprofen-famotidine</i>	T9	
NAPROTIN	T9	
<i>naproxen-esomeprazole mg</i>	T9	
VIMOVO	BE	

Medication	Coverage Level	Restrictions
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
ANAPROX DS	T3	
CATAFLAM	T3	
CHILDRENS MOTRIN ORAL SUSPENSION 100 MG/5ML	T1b	
<i>cvs ibuprofen oral capsule</i>	T1a	
DAYPRO	T3	
<i>diclofenac</i>	T9	
<i>diclofenac potassium oral capsule</i>	T9	
<i>diclofenac potassium oral packet</i>	T9	
<i>diclofenac potassium oral tablet 25 mg</i>	T9	
<i>diclofenac potassium oral tablet 50 mg</i>	T1b	
<i>diclofenac sodium er</i>	T1b	
<i>diclofenac sodium oral</i>	T1b	
EC-NAPROSYN	T3	
<i>etodolac er</i>	T2	
<i>etodolac oral</i>	T1b	
FELDENE	T3	
<i>fenoprofen calcium oral</i>	T9	
FENORTHO ORAL CAPSULE 200 MG	T9	
<i>flurbiprofen oral</i>	T1b	
<i>ibuprofen oral suspension</i>	T1a	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1a	
INDOCIN ORAL	T9	
INDOCIN RECTAL	T9	
<i>indomethacin er</i>	T1b	
<i>indomethacin oral capsule 20 mg</i>	T9	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1b	
<i>indomethacin rectal</i>	T9	
<i>ketoprofen er</i>	T2	QL (30 capsules per 30 days)
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	T1b	
<i>ketorolac tromethamine nasal</i>	T9	
<i>ketorolac tromethamine oral</i>	T1b	QL (20 tablets per 30 days)
LOFENA	T9	
<i>meclofenamate sodium oral</i>	T9	
<i>mefenamic acid oral</i>	T3	ST; QL (30 capsules per 30 days)
<i>meloxicam oral capsule</i>	T9	
<i>meloxicam oral suspension</i>	T9	
<i>meloxicam oral tablet</i>	T1a	

Medication	Coverage Level	Restrictions
MOBIC ORAL TABLET	T3	
<i>nabumetone oral</i>	T1b	
NALFON ORAL CAPSULE	T9	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	T9	
NAPROSYN ORAL TABLET	T3	
<i>naproxen oral suspension</i>	T1b	QL (473 ML per 30 days); AL (Max 12 Years)
<i>naproxen oral tablet</i>	T1a	
<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>	T1a	
<i>oxaprozin</i>	T2	
<i>piroxicam oral</i>	T1b	
PROFENO	T9	
QMIIZ ODT	T9	
RELAFEN DS	T9	
SPRIX	T9	
<i>sulindac oral</i>	T1b	
TIVORBEX	T9	
<i>tolmetin sodium</i>	T2	
VIVLODEX	T9	
VOLTAREN-XR	T3	
ZIPSOR	T9	
ZORVOLEX	T9	
*Nsaid-Pyrimidine Synthesis Inhibitors Combinations***		
LEFLUNICLO	T9	
*Phosphodiesterase 4 (Pde4) Inhibitors***		
OTEZLA ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 18 Years)
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 pack per 1 year); AL (Min 18 Years)

Medication	Coverage Level	Restrictions
*Pyrimidine Synthesis Inhibitors***		
ARAVA	T5	SP (Limited to a 1 month supply per fill)
<i>leflunomide oral</i>	T1b	
*Selective Costimulation Modulators***		
ORENCIA CLICKJECT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2.8 ML per 28 days)
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL MINI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (8 vials per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 Auto-Injectors per 28 days)

Medication	Coverage Level	Restrictions
Analgesics - Nonnarcotic		
*Analgesics Other***		
LOTREXONE	T9	
NALTREX	T9	
*Analgesics-Sedatives***		
ALLZITAL	T9	
BUPAP ORAL TABLET 50-300 MG	T9	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	T9	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1b	QL (180 tablets per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T9	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1b	QL (180 tablets per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T1b	QL (180 tablets per 30 days)
CAPACET	T1b	
ESGIC ORAL TABLET	T3	
FIORICET ORAL CAPSULE	T9	
FIORINAL	T3	QL (180 capsules per 30 days)
PHRENILIN FORTE ORAL CAPSULE 50-650 MG	T2	
VANATOL LQ	T9	
VTOL LQ	T9	
*Salicylate Combinations***		
ASCRIPTIN ORAL TABLET 325 MG	T1b	
<i>buffered aspirin</i>	T3	
BUFFERIN	T3	
<i>choline & mag trisalicylate oral tablet 1000 mg</i>	T1b	
<i>choline-mag trisalicylate</i>	T1b	
<i>tri-buffered aspirin oral tablet 325 mg</i>	T1b	
*Salicylates***		
<i>aspirin 81 oral tablet chewable</i>	T1b	
<i>aspirin adult</i>	T1b	
<i>aspirin ec low dose</i>	T1b	
<i>aspirin ec oral tablet delayed release 325 mg</i>	T1b	
<i>aspirin oral tablet delayed release 325 mg</i>	T1b	
<i>childrens aspirin</i>	T3	
<i>cvs aspirin adult low dose</i>	T1b	
<i>cvs aspirin ec</i>	T1b	
<i>cvs aspirin oral tablet 325 mg</i>	T1b	
<i>diflunisal oral</i>	T1b	
DOANS PILLS	T1b	

Medication	Coverage Level	Restrictions
ECOTRIN	T3	
ECOTRIN ARTHRTIS PAIN	T3	
ECOTRIN LOW STRENGTH	T3	
<i>eql aspirin</i>	T1b	
<i>eql aspirin ec</i>	T1b	
<i>eql aspirin low dose oral tablet chewable</i>	T1b	
<i>goodsense aspirin oral tablet</i>	T1b	
<i>goodsense aspirin oral tablet chewable</i>	T1b	
<i>qc aspirin low dose oral tablet delayed release</i>	T1b	
<i>ra aspirin adult low dose</i>	T1b	
<i>ra aspirin ec</i>	T1b	
<i>ra aspirin oral tablet 325 mg</i>	T1b	
<i>salsalate oral</i>	T1b	
<i>sm aspirin ec low strength</i>	T1b	
ST JOSEPH ASPIRIN ORAL TABLET CHEWABLE	T3	
Analgesics - Opioid		
*Codeine Combinations***		
<i>acetaminophen-codeine</i>	T1b	
<i>acetaminophen-codeine #2</i>	T1b	
<i>acetaminophen-codeine #3</i>	T1b	
<i>acetaminophen-codeine #4</i>	T1b	
ASCOMP-CODEINE	T2	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	T9	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1b	QL (180 capsules per 30 days)
<i>butalbital-asa-caff-codeine</i>	T2	QL (180 capsules per 30 days)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	
*Dihydrocodeine Combinations***		
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	T9	
TREZIX ORAL CAPSULE 320.5-30-16 MG	T1b	QL (10 capsules per 1 day)
TREZIX ORAL CAPSULE 356.4-30-16 MG	T1b	QL (6 capsules per 1 day)
*Hydrocodone Combinations***		
HYCET	T3	
<i>hydrocodone/acetaminophen</i>	T1b	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	T1b	

Medication	Coverage Level	Restrictions
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	T9	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1b	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T1b	
IBUDONE	T9	
LORTAB ORAL ELIXIR 10-300 MG/15ML	T9	
NORCO	T3	
VICOPROFEN	T3	
*Opioid Agonists***		
ACTIQ	T9	
<i>codeine sulfate oral tablet</i>	T1b	
CONZIP	T9	
DILAUDID ORAL LIQUID	T3	
DILAUDID ORAL TABLET 2 MG	T3	QL (32 tablets per 1 day)
DILAUDID ORAL TABLET 4 MG	T3	QL (16 tablets per 1 day)
DILAUDID ORAL TABLET 8 MG	T3	QL (8 tablets per 1 day)
DSUVIA	T9	
<i>fentanyl citrate buccal lozenge on a handle</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	T1b	QL (20 patches per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	T9	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T9	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	T3	ST; QL (60 capsules per 30 days); AL (Min 18 Years)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</i>	T3	ST; QL (30 tablets per 30 days)
<i>hydromorphone hcl oral liquid</i>	T1b	
<i>hydromorphone hcl oral tablet 2 mg</i>	T1b	QL (32 tablets per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	T1b	QL (16 tablets per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	T1b	QL (8 tablets per 1 day)
<i>hydromorphone hcl rectal</i>	T1b	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 60 MG, 80 MG	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 40 MG	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)

Medication	Coverage Level	Restrictions
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 150 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG, 80 MG	T9	
LAZANDA	T9	
<i>levorphanol tartrate oral</i>	T9	
<i>meperidine hcl oral solution</i>	T1b	
<i>meperidine hcl oral tablet 50 mg</i>	T1b	
METHADONE HCL DISKETS	T1b	
METHADONE HCL INTENSOL	T1b	
<i>methadone hcl oral concentrate</i>	T1b	
<i>methadone hcl oral solution</i>	T1b	
<i>methadone hcl oral tablet</i>	T1b	
METHADOSE ORAL CONCENTRATE 10 MG/ML	T1b	
MORPHABOND ER	T9	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	T1b	
<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>	T1b	
<i>morphine sulfate oral</i>	T1b	
<i>morphine sulfate rectal</i>	T1b	
MS CONTIN ORAL TABLET EXTENDED RELEASE	T3	
NUCYNTA	T3	ST
NUCYNTA ER	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
OXAYDO ORAL TABLET ABUSE-DETERRENT	T3	ST
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	T2	QL (60 tablets per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 15 mg</i>	T2	QL (62 tablets per 30 days)
<i>oxycodone hcl oral capsule</i>	T9	
<i>oxycodone hcl oral solution</i>	T1b	
<i>oxycodone hcl oral tablet</i>	T1b	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	T2	QL (60 tablets per 30 days)
<i>oxymorphone hcl</i>	T2	ST

Medication	Coverage Level	Restrictions
<i>oxymorphone hcl er</i>	T2	ST; QL (60 EA per 30 days)
QDOLO	T9	
SUBSYS SUBLINGUAL LIQUID 100 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days)
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days)
SUBSYS SUBLINGUAL LIQUID 400 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days)
SUBSYS SUBLINGUAL LIQUID 600 MCG, 800 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days)
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	T9	
<i>tramadol hcl er</i>	T1b	QL (30 tablets per 30 days)
<i>tramadol hcl oral solution</i>	T9	
<i>tramadol hcl oral tablet 100 mg</i>	T9	
<i>tramadol hcl oral tablet 50 mg</i>	T1a	QL (240 tablets per 30 days)
ULTRAM	T3	QL (240 tablets per 30 days)
ULTRAM ER	T3	QL (30 tablets per 30 days)
XTAMPZA ER	T3	ST; QL (60 capsules per 30 days)
*Opioid Combinations***		
APADAZ	T9	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T9	
<i>oxycodone-acetaminophen oral solution</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1b	
PERCOCET	T3	
PRIMLEV	T9	
PROLATE	T9	
ROXICET ORAL TABLET 5-325 MG	T1b	
*Opioid Partial Agonists***		
BELBUCA	T3	ST; QL (60 films per 30 days)
<i>buprenorphine hcl sublingual</i>	T1b	QL (90 tablets per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	T1b	QL (60 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg</i>	T1b	QL (90 films per 30 days)

Medication	Coverage Level	Restrictions
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	T1b	QL (30 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	T1b	QL (90 tablets per 30 days)
<i>buprenorphine transdermal</i>	T2	ST; QL (4 patches per 28 days)
<i>butorphanol tartrate nasal</i>	T2	
BUTRANS	T9	
<i>pentazocine-naloxone hcl</i>	T2	ST
PROBUPHINE IMPLANT KIT	T9	
SUBOXONE SUBLINGUAL FILM 12-3 MG	T3	QL (60 films per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG	T3	QL (90 films per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	T3	QL (30 films per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	T2	QL (30 tablets per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T2	QL (60 tablets per 30 days)
*Tramadol Combinations***		
SEGLENTIS	T9	
<i>tramadol-acetaminophen</i>	T1b	
ULTRACET	T3	
Androgens-Anabolic		
*Anabolic Steroids***		
ANADROL-50	T9	
OXANDRIN	T3	
<i>oxandrolone oral</i>	T3	
*Androgens***		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	T9	
ANDROGEL	T9	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	T9	
ANDROID	T9	
<i>danazol oral capsule 100 mg, 50 mg</i>	T3	QL (60 capsules per 30 days)
<i>danazol oral capsule 200 mg</i>	T3	QL (120 capsules per 30 days)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	T9	
FORTESTA	T9	
JATENZO	T9	
KYZATREX ORAL CAPSULE 100 MG, 150 MG	T3	PA; QL (60 capsules per 30 days)
KYZATREX ORAL CAPSULE 200 MG	T3	PA; QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>methitest</i>	T9	
<i>methyltestosterone oral</i>	T4	PA; SP (Limited to a 1 month supply per fill)
NATESTO	T9	
STRIANT	T9	
TESTIM	T9	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	T1b	
<i>testosterone enanthate intramuscular solution</i>	T1b	
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>	T2	PA; QL (150 GM per 30 days)
<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	
TESTRED	T9	
TLANDO	T9	
VOGELXO PUMP	T9	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	T9	
XYOSTED	T9	
Anorectal And Related Products		
*Intrarectal Steroids***		
<i>budesonide rectal</i>	T3	QL (2 packages per 180 days)
CORTENEMA	T3	
CORTIFOAM EXTERNAL	T3	ST
<i>hydrocortisone rectal enema</i>	T2	
UCERIS RECTAL	T3	QL (2 packages per 180 days)
*Nitrate Vasodilating Agents***		
RECTIV	T9	
*Rectal Anesthetic/Steroids***		
ANALPRAM-HC EXTERNAL LOTION	T9	
<i>hydrocortisone ace-pramoxine rectal cream 2.5-1 %</i>	T2	
<i>hydrocortisone ace-pramoxine rectal suppository</i>	T9	
<i>lidocaine-hydrocortisone ace rectal gel</i>	T9	
<i>lidocaine-hydrocortisone ace rectal kit</i>	T9	
PROCTOFOAM HC EXTERNAL	T2	QL (2 cans per 30 days)

Medication	Coverage Level	Restrictions
*Rectal Steroids***		
ANUSOL-HC RECTAL SUPPOSITORY	T9	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	T1b	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	T9	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	T1b	
<i>hydrocortisone acetate rectal suppository 30 mg</i>	T9	
PROCTOCORT RECTAL SUPPOSITORY	T9	
Anthelmintics		
*Anthelmintics***		
<i>albendazole oral</i>	T4	SP (Limited to a 1 month supply per fill); QL (6 tablets per 30 Days)
ALBENZA	T9	
<i>benznidazole oral tablet 100 mg</i>	T3	QL (60 tablets per 1 lifetime); AL (Max 12 Years)
<i>benznidazole oral tablet 12.5 mg</i>	T9	
BILTRICIDE	T5	SP (Limited to a 1 month supply per fill)
EMVERM	T9	
<i>ivermectin oral</i>	T1b	QL (10 tablets per 1 claim)
STROMEKTOL	T3	QL (5 tablets per 1 day)
Antianginal Agents		
*Antianginals-Other***		
ASPRUZYO SPRINKLE	T9	
RANEXA	T3	
<i>ranolazine er</i>	T1b	
*Nitrates***		
GONITRO	T9	
ISORDIL TITRADOSE	T9	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1a	
<i>isosorbide dinitrate oral tablet 40 mg</i>	T9	
<i>isosorbide mononitrate</i>	T1b	
<i>isosorbide mononitrate er</i>	T1b	
MINITRAN	T1b	
NITRO-BID	T1b	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	T3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T2	

Medication	Coverage Level	Restrictions
<i>nitroglycerin er</i>	T1b	
<i>nitroglycerin sublingual</i>	T1b	
<i>nitroglycerin transdermal patch 24 hour</i>	T1b	
<i>nitroglycerin translingual solution</i>	T2	
NITROLINGUAL	T3	
NITROMIST	T3	
NITROSTAT	T1b	
NITRO-TIME	T1b	
Antianxiety Agents		
*Antianxiety Agents - Misc.***		
<i>bupirone hcl oral</i>	T1a	
<i>hydroxyzine hcl oral syrup</i>	T1b	
<i>hydroxyzine hcl oral tablet</i>	T1b	
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	T1b	
<i>meprobamate</i>	T3	
VISTARIL	T3	
*Benzodiazepines***		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	T1b	QL (30 tablets per 30 days)
<i>alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg</i>	T1b	QL (60 tablets per 30 days)
ALPRAZOLAM INTENSOL	T1b	QL (120 ML per 30 days)
<i>alprazolam oral tablet</i>	T1a	
<i>alprazolam oral tablet dispersible</i>	T2	
ATIVAN ORAL	T3	
<i>chlordiazepoxide hcl</i>	T1a	
<i>clorazepate dipotassium</i>	T1b	
DIAZEPAM INTENSOL	T2	
<i>diazepam oral solution 5 mg/5ml</i>	T1a	
<i>diazepam oral tablet</i>	T1a	
LORAZEPAM INTENSOL	T1b	
<i>lorazepam oral tablet</i>	T1a	
LOREEV XR	T9	
NIRAVAM	T3	
<i>oxazepam</i>	T1b	
TRANXENE-T	T3	
VALIUM	T3	
XANAX	T3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	T3	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG, 3 MG	T3	QL (60 tablets per 30 days)
Antiarrhythmics		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate oral</i>	T1b	
NORPACE	T3	
NORPACE CR	T2	
<i>quinidine gluconate er</i>	T4	SP (Limited to a 1 month supply per fill)
<i>quinidine sulfate er</i>	T1b	
<i>quinidine sulfate oral</i>	T1a	
*Antiarrhythmics Type I-B***		
<i>mexiletine hcl oral</i>	T1b	
*Antiarrhythmics Type I-C***		
<i>flecainide acetate</i>	T1b	
<i>propafenone hcl</i>	T1b	
<i>propafenone hcl er</i>	T1b	
RYTHMOL ORAL TABLET 225 MG	T3	
RYTHMOL SR	T3	QL (60 capsules per 30 days)
*Antiarrhythmics Type Iii***		
<i>amiodarone hcl oral tablet 100 mg</i>	T1b	QL (30 tablets per 30 days)
<i>amiodarone hcl oral tablet 200 mg</i>	T1b	
<i>amiodarone hcl oral tablet 400 mg</i>	T9	
CORDARONE	T3	
<i>dofetilide</i>	T2	
MULTAQ	T3	
PACERONE ORAL TABLET 100 MG	T2	QL (30 tablets per 30 days)
PACERONE ORAL TABLET 200 MG	T1b	
PACERONE ORAL TABLET 400 MG	T2	
TIKOSYN	T3	
Antiasthmatic And Bronchodilator Agents		
*5-Lipoxygenase Inhibitors***		
<i>zileuton er</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); AL (Min 12 Years)
ZYFLO	T9	
ZYFLO CR	T9	
*Adrenergic Combinations***		
ADVAIR DISKUS	T9	
ADVAIR HFA	T9	
AIRDUO DIGIHALER	T9	

Medication	Coverage Level	Restrictions
AIRDUO RESPICLICK 113/14	T9	
AIRDUO RESPICLICK 232/14	T9	
AIRDUO RESPICLICK 55/14	T9	
ANORO ELLIPTA	T2	QL (1 inhaler per 30 days)
BEVESPI AEROSPHERE	T3	ST; QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	T2	QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	T2	QL (1 inhaler per 30 Days)
BREYNA	T9	
BREZTRI AEROSPHERE	T9	
<i>budesonide-formoterol fumarate</i>	T9	
COMBIVENT RESPIMAT	T2	QL (2 inhalers per 40 days)
DUAKLIR PRESSAIR	T9	
DULERA	T2	QL (1 inhaler per 31 days)
<i>fluticasone furoate-vilanterol</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 100-50 mcg/dose, 250-50 mcg/act, 250-50 mcg/dose, 500-50 mcg/act, 500-50 mcg/dose</i>	T3	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1b	QL (1 inhaler per 30 days)
<i>ipratropium-albuterol</i>	T1b	QL (540 ML per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	QL (1 inhaler per 30 days)
SYMBICORT	T2	QL (2 inhalers per 30 days)
TRELEGY ELLIPTA	T2	
UTIBRON NEOHALER	T3	QL (1 inhaler per 30 days)
WIXELA INHUB	T3	
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 30 days)
*Anti-Inflammatory Agents***		
<i>cromolyn sodium inhalation</i>	T9	
*Beta Adrenergics***		
<i>albuterol sulfate er</i>	T1b	

Medication	Coverage Level	Restrictions
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	T1b	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1b	
<i>albuterol sulfate oral</i>	T1b	
ARCAPTA NEOHALER	T3	
<i>arformoterol tartrate</i>	T3	AL (Min 40 Years)
BROVANA	T5	SP (Limited to a 1 month supply per fill); AL (Min 40 Years)
<i>formoterol fumarate inhalation</i>	T4	ST; SP (Limited to a 1 month supply per fill); AL (Min 40 Years)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	T1b	
<i>levalbuterol tartrate hfa</i>	T2	
<i>metaproterenol sulfate oral syrup</i>	T1b	
PERFOROMIST	T9	
PROAIR DIGIHALER	T9	
PROAIR HFA	T9	
PROAIR RESPICLICK	T9	
PROVENTIL HFA	T9	
SEREVENT DISKUS	T2	
STRIVERDI RESPIMAT	T2	QL (1 inhaler per 30 days); AL (Min 40 Years)
<i>terbutaline sulfate oral</i>	T1b	
VENTOLIN HFA	T2	QL (2 Inhalers per 30 days)
VOSPIRE ER	T3	
XOPENEX	T3	
XOPENEX CONCENTRATE	T3	
XOPENEX HFA	T9	
*Bronchodilators - Anticholinergics***		
ATROVENT HFA	T2	
INCRUSE ELLIPTA	T2	QL (30 Blisters per 30 Day(s)s)
<i>ipratropium bromide inhalation</i>	T1b	
LONHALA MAGNAIR REFILL KIT	T9	
LONHALA MAGNAIR STARTER KIT	T9	
SEEBRI NEOHALER	T3	QL (1 inhaler per 30 days)
SPIRIVA HANDIHALER	T2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T2	QL (1 Inhaler per 30 Days)

Medication	Coverage Level	Restrictions
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
<i>tiotropium bromide monohydrate</i>	T9	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T9	
YUPELRI	T9	
*Interleukin-5 Antagonists (Igg1 Kappa)***		
FASENRA PEN	T4	PA; SP (Limited to 1 pen per 28 day fill for induction/starting dose only); QL (1 ML per 56 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days)
*Leukotriene Receptor Antagonists***		
ACCOLATE	T3	
<i>montelukast sodium oral</i>	T1b	
SINGULAIR	T3	
<i>zafirlukast</i>	T1b	
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***		
DALIRESP	T3	QL (30 tablets per 30 days)
<i>roflumilast</i>	T1b	QL (30 tablets per 30 days)
*Steroid Inhalants***		
ALVESCO	T9	
ARMONAIR DIGIHALER	T9	
ARNUITY ELLIPTA	T2	QL (1 Inhaler per 30 days); AL (Min 12 Years)
ASMANEX (120 METERED DOSES)	T9	
ASMANEX (14 METERED DOSES)	T9	
ASMANEX (30 METERED DOSES)	T9	
ASMANEX (60 METERED DOSES)	T9	
ASMANEX (7 METERED DOSES)	T9	
ASMANEX HFA	T9	
<i>budesonide inhalation suspension 0.25 mg/2ml, 1 mg/2ml</i>	T2	QL (120 ML per 30 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	T2	QL (240 ML per 30 days)
FLOVENT DISKUS	T2	QL (1 Inhaler per 30 Day(s)s)
FLOVENT HFA	T2	QL (1 Inhaler per 30 Day(s)s)
<i>fluticasone propionate hfa</i>	T9	

Medication	Coverage Level	Restrictions
PULMICORT FLEXHALER	T9	
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML	T3	
PULMICORT INHALATION SUSPENSION 1 MG/2ML	T3	QL (120 ML per 30 days)
QVAR REDHALER	T2	
*Thymic Stromal Lymphopoietin (Tslp) Antagonists***		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pen per 28 days)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
*Xanthines***		
ELIXOPHYLLIN	T3	
THEO-24	T2	
<i>theophylline er</i>	T1b	
Anticoagulants		
*Coumarin Anticoagulants***		
COUMADIN ORAL	T2	
JANTOVEN	T1b	
<i>warfarin sodium oral</i>	T1a	
*Direct Factor Xa Inhibitors***		
BEVYXXA	T9	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T2	QL (74 tablets per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	T2	QL (60 tablets per 30 days)
ELIQUIS ORAL TABLET 5 MG	T2	QL (74 tablets per 30 days)
SAVAYSA	T3	ST; QL (30 tablets per 30 days)
XARELTO ORAL SUSPENSION RECONSTITUTED	T2	QL (310 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	T2	QL (30 tablets per 30 days)
XARELTO ORAL TABLET 15 MG	T2	QL (42 tablets per 21 days)
XARELTO ORAL TABLET 2.5 MG	T2	QL (60 tablets per 30 days)
XARELTO STARTER PACK	T2	QL (1 pack per 180 days)
*Heparins And Heparinoid-Like Agents***		
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 2500 unit/ml, 5000 unit/ml</i>	T9	
<i>heparin sodium (porcine) intravenous solution</i>	T9	
*Low Molecular Weight Heparins***		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	T3	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<i>enoxaparin sodium injection solution prefilled syringe</i>	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
ENOXILUV KIT	T9	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 25000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	SP (Limited to a 1 month supply per fill)
LOVENOX INJECTION SOLUTION	T3	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	T5	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
*Synthetic Heparinoid-Like Agents***		
ARIXTRA	T9	
<i>fondaparinux sodium</i>	T9	
*Thrombin Inhibitors - Selective Direct & Reversible***		
<i>dabigatran etexilate mesylate</i>	T3	ST; QL (60 capsules per 30 days)
PRADAXA ORAL CAPSULE	T3	ST; QL (62 capsules per 31 days)
PRADAXA ORAL PACKET	T9	
Anticonvulsants		
*Ampa Glutamate Receptor Antagonists***		
FYCOMPA ORAL SUSPENSION	T4	ST; SP (Limited to a 1 month supply per fill); QL (680 ML per 30 days); AL (Max 24 Years)
FYCOMPA ORAL TABLET	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 12 Years)
*Anticonvulsants - Benzodiazepines***		
<i>clobazam oral suspension</i>	T3	ST; QL (240 ML per 30 days)
<i>clobazam oral tablet</i>	T2	ST
<i>clonazepam oral tablet</i>	T1a	
<i>clonazepam oral tablet dispersible</i>	T1b	
DIASTAT ACUDIAL	T2	
DIASTAT PEDIATRIC	T2	
<i>diazepam rectal</i>	T3	
KLONOPIN	T3	
NAYZILAM	T3	QL (5 kits per 30 days)
ONFI ORAL SUSPENSION	T3	ST
ONFI ORAL TABLET 10 MG, 20 MG	T3	ST
SYMPAZAN	T9	
VALTOCO 10 MG DOSE	T3	QL (4 units per 30 days)
VALTOCO 15 MG DOSE	T3	QL (8 units per 30 days)
VALTOCO 20 MG DOSE	T3	QL (8 units per 30 days)

Medication	Coverage Level	Restrictions
VALTOCO 5 MG DOSE	T3	QL (4 units per 30 days)
<i>*Anticonvulsants - Misc.***</i>		
APTIOM	T3	PA; QL (60 tablets per 30 days)
BANZEL ORAL SUSPENSION	T5	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
BANZEL ORAL TABLET 200 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
BANZEL ORAL TABLET 400 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
BRIVIACT ORAL SOLUTION	T3	QL (300 ML per 30 days)
BRIVIACT ORAL TABLET	T3	QL (60 tablets per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour</i>	T1b	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	T1b	ST; QL (60 tablets per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	T2	ST; QL (120 tablets per 30 days)
<i>carbamazepine oral</i>	T1b	
CARBATROL	T3	
DIACOMIT ORAL CAPSULE 250 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
DIACOMIT ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
ELEPSIA XR	T9	
EPIDIOLEX	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 bottles per 30 days)
EPITOL	T1b	
EPRONTIA	T9	
FINTEPLA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (360 ML per 30 days)
<i>gabapentin oral capsule</i>	T1a	
<i>gabapentin oral solution 250 mg/5ml</i>	T1b	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1b	
KEPPRA ORAL	T3	

Medication	Coverage Level	Restrictions
KEPPRA XR	T3	
<i>lacosamide oral solution</i>	T2	
<i>lacosamide oral tablet</i>	T2	QL (60 tablets per 30 days)
LAMICTAL ODT	T9	
LAMICTAL ORAL TABLET	T3	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	T3	
LAMICTAL STARTER	T3	QL (1 kit per 365 days)
LAMICTAL XR ORAL KIT	T3	ST; QL (1 kit per 365 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	T3	ST; QL (30 tablets per 30 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG, 250 MG, 300 MG	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	T3	ST; QL (30 tablets per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine oral tablet</i>	T1a	
<i>lamotrigine oral tablet chewable</i>	T1b	
<i>lamotrigine oral tablet dispersible</i>	T9	
<i>lamotrigine starter kit-blue</i>	T1b	QL (1 kit per 365 days)
<i>lamotrigine starter kit-green</i>	T1b	QL (1 kit per 365 days)
<i>lamotrigine starter kit-orange</i>	T1b	QL (1 kit per 365 days)
<i>lamotrigine titration</i>	T9	
<i>levetiracetam er</i>	T1b	
<i>levetiracetam oral solution</i>	T1b	
<i>levetiracetam oral tablet</i>	T1a	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T3	QL (90 capsules per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T3	QL (60 capsules per 30 days)
LYRICA ORAL SOLUTION	T3	QL (473 ML per 30 days)
MOTPOLY XR	T9	
MYSOLINE ORAL TABLET 50 MG	T3	
NEURONTIN	T3	
<i>oxcarbazepine</i>	T1b	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
POTIGA	T3	ST; QL (90 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T1b	QL (120 capsules per 30 days)
<i>pregabalin oral capsule 200 mg</i>	T1b	QL (90 CAPSULES per 30 Days)
<i>pregabalin oral capsule 225 mg</i>	T1b	QL (60 capsules per 30 days)
<i>pregabalin oral capsule 300 mg</i>	T1b	QL (60 CAPSULES per 30 days)
<i>pregabalin oral solution</i>	T1b	QL (473 ML per 30 days)
<i>primidone oral tablet 125 mg</i>	T9	
<i>primidone oral tablet 250 mg, 50 mg</i>	T1a	
QUDEXY XR	T9	
<i>rufinamide oral suspension</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
<i>rufinamide oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
SPRITAM	T3	ST; QL (60 tablets per 30 days)
SUBVENITE STARTER KIT-BLUE	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-GREEN	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-ORANGE	T3	QL (1 kit per 365 Days)
TEGRETOL ORAL SUSPENSION	T3	
TEGRETOL ORAL TABLET	T3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	T3	ST; QL (60 tablets per 30 days)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG	T3	ST; QL (60 tablets per 2 days)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 400 MG	T3	ST; QL (120 tablets per 30 days)
TOPAMAX	T3	
TOPAMAX SPRINKLE	T3	ST
<i>topiramate er oral capsule er 24 hour sprinkle</i>	T3	ST; QL (30 capsules per 30 days)
<i>topiramate er oral capsule extended release 24 hour</i>	T9	
<i>topiramate oral capsule sprinkle</i>	T1a	ST
<i>topiramate oral tablet</i>	T1a	
TRILEPTAL	T3	
TROKENDI XR	T9	
VIMPAT ORAL SOLUTION	T3	
VIMPAT ORAL TABLET	T3	QL (60 tablets per 30 days)
ZONEGRAN	T3	
ZONISADE	T3	QL (150 ML per 30 days); AL (Max 9 Years)
<i>zonisamide oral</i>	T1a	

Medication	Coverage Level	Restrictions
ZTALMY	T4	PA; SP (Limited to a 1 month supply per fill); QL (1100 ML per 30 days)
*Carbamates***		
<i>felbamate oral suspension</i>	T2	QL (900 ml per 30 days)
<i>felbamate oral tablet 400 mg</i>	T2	QL (210 tablets per 30 days)
<i>felbamate oral tablet 600 mg</i>	T2	QL (180 tablets per 30 days)
FELBATOL ORAL SUSPENSION	T3	QL (900 ml per 30 days)
FELBATOL ORAL TABLET 400 MG	T3	QL (210 tablets per 30 days)
FELBATOL ORAL TABLET 600 MG	T3	QL (180 tablets per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 Tablets per 30 days)
XCOPRI (350 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 Tablets per 30 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 Tablets per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 Tablets per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Pack per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 30 days)
*Gaba Modulators***		
GABITRIL ORAL TABLET 12 MG, 4 MG	T3	QL (120 tablets per 30 days)
GABITRIL ORAL TABLET 16 MG	T3	QL (90 tablets per 30 days)
GABITRIL ORAL TABLET 2 MG	T3	QL (60 tablets per 30 days)
SABRIL	T9	SP ()
<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 (30 tablets per 30 days)
<i>tiagabine hcl oral tablet 2 mg</i>	T3	QL (60 tablets per 30 days)
<i>vigabatrin oral packet</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL (Max 2 Years)

Medication	Coverage Level	Restrictions
<i>vigabatrin oral tablet</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days); AL (Min 2 Years)
VIGADRONE ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL (Min 2 Years)
VIGADRONE ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days); AL (Min 2 Years)
*Hydantoins***		
DILANTIN INFATABS	T2	
DILANTIN ORAL CAPSULE 100 MG	T3	
DILANTIN ORAL CAPSULE 30 MG	T2	
DILANTIN ORAL SUSPENSION	T3	
PEGANONE	T3	
PHENYTEK	T2	
<i>phenytoin oral suspension 125 mg/5ml</i>	T1b	
<i>phenytoin oral tablet chewable</i>	T1b	
<i>phenytoin sodium extended</i>	T1a	
*Succinimides***		
CELONTIN	T3	
<i>ethosuximide oral</i>	T1b	
<i>methsuximide</i>	T2	
ZARONTIN	T3	
*Valproic Acid***		
DEPAKOTE	T3	
DEPAKOTE ER	T3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1b	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1b	
<i>divalproex sodium oral tablet delayed release</i>	T1b	
STAVZOR	T3	ST
<i>valproate sodium oral solution</i>	T1b	
<i>valproic acid oral capsule</i>	T1b	
Antidepressants		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral tablet</i>	T1a	
<i>mirtazapine oral tablet dispersible</i>	T1b	

Medication	Coverage Level	Restrictions
REMERON	T3	
REMERON SOLTAB	T3	
*Antidepressant - Miscellaneous Combinations***		
AUVELITY	T9	
*Antidepressants - Misc.***		
APLENZIN	T9	
BUDEPRION SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	T1b	QL (90 tablets per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg</i>	T1b	QL (90 tablets per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	T1b	QL (60 tablets per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	T1b	QL (90 tablets per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	T1b	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	T9	
<i>bupropion hcl oral</i>	T1b	
FORFIVO XL	T9	
<i>maprotiline hcl</i>	T1b	
WELLBUTRIN	T3	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	T3	QL (90 tablets per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG	T3	QL (60 tablets per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	T3	QL (90 tablets per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	T3	
*Monoamine Oxidase Inhibitors (Maois)***		
EMSAM	T4	ST; SP (Limited to a 1 month supply per fill)
MARPLAN	T2	QL (180 tablets per 30 days)
NARDIL	T3	
PARNATE	T3	
<i>phenelzine sulfate oral</i>	T1b	
<i>tranylcypromine sulfate</i>	T2	
*Selective Serotonin Reuptake Inhibitors (Ssris)***		
CELEXA ORAL TABLET 10 MG	T3	QL (90 tablets per 30 days); AL (Min 18 Years)

Medication	Coverage Level	Restrictions
CELEXA ORAL TABLET 20 MG	T3	QL (60 tablets per 30 days); AL (Min 18 Years)
CELEXA ORAL TABLET 40 MG	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>citalopram hydrobromide oral capsule</i>	T9	
<i>citalopram hydrobromide oral solution</i>	T1a	
<i>citalopram hydrobromide oral tablet 10 mg</i>	T1a	QL (90 tablets per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	T1a	QL (60 tablets per 30 days)
<i>citalopram hydrobromide oral tablet 40 mg</i>	T1a	
<i>escitalopram oxalate oral</i>	T1b	
<i>fluoxetine hcl oral capsule</i>	T1a	
<i>fluoxetine hcl oral capsule delayed release</i>	T2	ST
<i>fluoxetine hcl oral solution</i>	T1b	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	T1b	
<i>fluoxetine hcl oral tablet 60 mg</i>	T9	
<i>fluvoxamine maleate</i>	T1b	
<i>fluvoxamine maleate er</i>	T3	QL (60 capsules per 30 days)
LEXAPRO	T3	
LUVOX CR	T3	QL (60 capsules per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	T2	QL (30 tablets per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	T2	QL (60 tablets per 30 days)
<i>paroxetine hcl oral suspension</i>	T2	
<i>paroxetine hcl oral tablet</i>	T1a	
PAXIL	T3	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 37.5 MG	T3	ST; QL (30 tablets per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	T3	ST; QL (60 tablets per 30 days)
PEXEVA	T9	
PROZAC ORAL CAPSULE	T3	
PROZAC WEEKLY	T3	ST
<i>sertraline hcl oral capsule</i>	T9	
<i>sertraline hcl oral concentrate</i>	T1a	
<i>sertraline hcl oral tablet</i>	T1a	
ZOLOFT ORAL CONCENTRATE	T3	
ZOLOFT ORAL TABLET 100 MG	T3	QL (60 tablets per 30 days)
ZOLOFT ORAL TABLET 25 MG	T3	QL (90 tablets per 30 days)
ZOLOFT ORAL TABLET 50 MG	T3	QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
*Serotonin Modulators***		
<i>nefazodone hcl</i>	T1b	
OLEPTRO	T3	ST
<i>trazodone hcl oral</i>	T1b	
TRINTELLIX	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
VIIBRYD ORAL TABLET	T3	QL (30 tablets per 30 days)
VIIBRYD STARTER PACK	T3	QL (30 tablets per 30 days)
<i>vilazodone hcl</i>	T1b	QL (30 tablets per 30 Days)
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG	T3	QL (60 capsules per 30 days)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	T3	QL (90 capsules per 30 days)
<i>desvenlafaxine er</i>	T2	QL (30 tablets per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	T1b	QL (60 tablets per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg</i>	T1b	QL (30 tablets per 30 days)
DRIZALMA SPRINKLE	T9	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	T1b	QL (60 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	T1b	QL (90 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	T2	ST; QL (30 capsules per 30 days)
EFFEXOR XR	T3	
FETZIMA	T3	ST; QL (30 capsules per 30 days); AL (Min 18 Years)
FETZIMA TITRATION	T3	ST; QL (30 capsules per 30 days); AL (Min 18 Years)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	T3	QL (60 tablets per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	T3	QL (30 tablets per 30 days)
<i>venlafaxine besylate er</i>	T9	
<i>venlafaxine hcl</i>	T1b	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	T1a	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	T9	

Medication	Coverage Level	Restrictions
*Tricyclic Agents***		
<i>amitriptyline hcl oral</i>	T1b	
<i>amoxapine</i>	T1b	
ANAFRANIL ORAL CAPSULE 25 MG	T3	QL (30 capsules per 30 Days)
ANAFRANIL ORAL CAPSULE 50 MG	T3	QL (60 capsules per 30 Days)
ANAFRANIL ORAL CAPSULE 75 MG	T3	QL (90 capsules per 30 Days)
<i>clomipramine hcl oral capsule 25 mg</i>	T2	QL (30 capsules per 30 days)
<i>clomipramine hcl oral capsule 50 mg</i>	T2	QL (60 capsules per 30 days)
<i>clomipramine hcl oral capsule 75 mg</i>	T2	QL (90 capsules per 30 days)
<i>desipramine hcl oral</i>	T2	QL (60 tablets per 30 days)
<i>doxepin hcl oral capsule</i>	T1b	
<i>doxepin hcl oral concentrate</i>	T1b	
<i>imipramine hcl oral</i>	T1b	
<i>imipramine pamoate oral capsule 100 mg, 150 mg</i>	T2	ST; QL (60 capsules per 30 days)
<i>imipramine pamoate oral capsule 125 mg</i>	T3	ST; QL (60 capsules per 30 days)
<i>imipramine pamoate oral capsule 75 mg</i>	T2	ST; QL (30 capsules per 30 days)
NORPRAMIN ORAL TABLET 10 MG, 25 MG	T3	QL (60 tablets per 30 days)
NORPRAMIN ORAL TABLET 100 MG, 150 MG, 50 MG, 75 MG	T3	
<i>nortriptyline hcl oral capsule</i>	T1b	
PAMELOR ORAL CAPSULE	T3	SP (Generic substitution mandatory.)
<i>protriptyline hcl</i>	T2	
TOFRANIL	T3	
TOFRANIL-PM ORAL CAPSULE 100 MG	T3	ST; QL (60 capsules per 30 days)
TOFRANIL-PM ORAL CAPSULE 125 MG, 150 MG	T3	
TOFRANIL-PM ORAL CAPSULE 75 MG	T3	ST; QL (30 capsules per 30 days)
<i>trimipramine maleate oral</i>	T2	
VIVACTIL	T3	
Antidiabetics		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose oral</i>	T1b	
GLYSET	T3	
PRECOSE	T3	
*Antidiabetic - Amylin Analogs***		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	SP (Limited to a 1 month supply per fill)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	SP (Limited to a 1 month supply per fill); QL (6 ML per 30 days)

Medication	Coverage Level	Restrictions
*Biguanides***		
FORTAMET	T9	
GLUCOPHAGE	T3	
GLUCOPHAGE XR	T3	
GLUMETZA	T9	
<i>metformin hcl er</i>	T1a	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	T9	
<i>metformin hcl oral solution</i>	T9	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	T1a	
<i>metformin hcl oral tablet 625 mg</i>	T9	
RIOMET	T9	
*Diabetic Other***		
BAQSIMI ONE PACK	T2	QL (2 devices per 30 Days)
BAQSIMI TWO PACK	T2	QL (2 devices per 30 Days)
<i>diazoxide oral</i>	T4	SP (Limited to a 1 month supply per fill)
GLUCAGEN HYPOKIT	T2	QL (2 Kits per 30 days)
<i>glucagon emergency injection kit</i>	T2	QL (2 Kits per 30 days)
GVOKE HYPOPEN 1-PACK	T2	
GVOKE HYPOPEN 2-PACK	T2	
GVOKE KIT	T2	QL (2 vials per 30 days)
GVOKE PFS	T2	QL (2 syringes per 30 days)
PROGLYCEM	T9	
ZEGALOGUE	T3	QL (2 kits per 30 days)
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
<i>alogliptin benzoate</i>	T3	ST; QL (30 tablets per 30 days)
JANUVIA	T2	QL (30 tablets per 30 days)
NESINA	T9	
ONGLYZA	T3	ST; QL (30 tablets per 30 days)
<i>saxagliptin hcl</i>	T3	ST; QL (30 tablets per 30 days)
TRADJENTA	T3	ST; QL (30 tablets per 30 days)
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
<i>alogliptin-metformin hcl</i>	T3	ST; QL (60 tablets per 30 days)
JANUMET	T2	QL (60 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	QL (30 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
JENTADUETO	T3	ST; QL (60 tablets per 30 days)
JENTADUETO XR	T3	ST; QL (30 tablets per 30 days)
KAZANO	T9	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T3	ST; QL (60 tablets per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T3	ST; QL (30 tablets per 30 days)
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg	T3	ST; QL (60 tablets per 30 days)
saxagliptin-metformin er oral tablet extended release 24 hour 5-500 mg	T3	ST; QL (30 tablets per 30 days)
*Dopamine Receptor Agonists - Ergot Derivatives***		
CYCLOSET	T3	
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***		
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	T3	ST; QL (30 tablets per 30 days)
OSENI	T9	
*Human Insulin***		
ADMELOG INJECTION	T3	ST
ADMELOG SOLOSTAR	T3	ST; AL (Max 21 Years)
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	T3	ST
APIDRA	T3	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST; AL (Max 21 Years)
BASAGLAR KWIKPEN	T9	
BASAGLAR TEMPO PEN	T9	
FIASP FLEXTOUCH	T3	ST; AL (Max 21 Years)
FIASP INJECTION	T3	ST
FIASP PENFILL	T3	ST; AL (Max 21 Years)
HUMALOG INJECTION	T1b	
HUMALOG JUNIOR KWIKPEN	T1b	AL (Max 21 Years)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T1b	AL (Max 21 Years)
HUMALOG MIX 50/50	T1b	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1b	AL (Max 21 Years)

Medication	Coverage Level	Restrictions
HUMALOG MIX 75/25	T1b	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1b	AL (Max 21 Years)
HUMALOG SUBCUTANEOUS SOLUTION	T1b	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T1b	AL (Max 21 Years)
HUMALOG TEMPO PEN	T9	
HUMULIN 70/30	T1b	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1b	AL (Max 21 Years)
HUMULIN N	T1b	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1b	AL (Max 21 Years)
HUMULIN R	T1b	
HUMULIN R U-500 (CONCENTRATED)	T1b	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1b	AL (Max 21 Years)
<i>insulin asp prot & asp flexpen</i>	T3	ST; AL (Max 21 Years)
<i>insulin aspart</i>	T3	ST
<i>insulin aspart flexpen</i>	T3	ST; AL (Max 21 Years)
<i>insulin aspart penfill</i>	T3	ST; AL (Max 21 Years)
<i>insulin aspart prot & aspart</i>	T3	ST
<i>insulin degludec</i>	T9	
<i>insulin degludec flextouch</i>	T9	
<i>insulin glargine-yfgn</i>	T9	
<i>insulin lispro</i>	T9	
<i>insulin lispro (1 unit dial)</i>	T9	
<i>insulin lispro junior kwikpen</i>	T9	
<i>insulin lispro prot & lispro</i>	T9	
LANTUS	T1b	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1b	
LEVEMIR	T3	ST
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST
LEVEMIR FLEXTOUCH	T3	ST
LYUMJEV	T2	
LYUMJEV KWIKPEN	T2	AL (Max 21 Years)
LYUMJEV TEMPO PEN	T9	
NOVOLIN 70/30	T3	ST
NOVOLIN 70/30 FLEXPEN	T3	ST; AL (Max 21 Years)

Medication	Coverage Level	Restrictions
NOVOLIN N	T3	ST
NOVOLIN N FLEXPEN	T3	ST; AL (Max 21 Years)
NOVOLIN R	T3	ST
NOVOLIN R FLEXPEN	T3	ST; AL (Max 21 Years)
NOVOLOG	T9	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NOVOLOG MIX 70/30	T9	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T9	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
REZVOGLAR KWIKPEN	T9	
SEMGLEE	T9	
SEMGLEE (YFGN)	T9	
TOUJEO MAX SOLOSTAR	T1b	
TOUJEO SOLOSTAR	T1b	
TRESIBA	T9	
TRESIBA FLEXTOUCH	T9	
<i>*Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)***</i>		
MOUNJARO	T2	PA; QL (4 pen-injectors per 28 days)
<i>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***</i>		
BYDUREON BCISE	T5	PA; SP (Limited to a 1 month supply per fill)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1.5 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE)	T5	PA; SP (Limited to a 1 month supply per fill); QL (3 ML per 28 days)

Medication	Coverage Level	Restrictions
RYBELSUS	T9	
TRULICITY	T2	PA; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T5	PA; SP (Victoza 2-pack limited to 1 pack (6ml) per 30 days. Victoza 3-pack limited to 1 pack (9ml) per 30 days.)
*Insulin-Incretin Mimetic Combinations***		
SOLIQUA	T3	QL (15 ML per 25 days)
XULTOPHY	T3	PA; QL (15 ML per 30 days)
*Meglitinide Analogues***		
nateglinide	T1b	
PRANDIN	T3	
repaglinide	T1b	
STARLIX	T3	
*Meglitinide-Biguanide Combinations***		
PRANDIMET	T3	
*Progesterone Receptor Antagonists***		
KORLYM	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
*SglT2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 Tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	QL (60 Tablets per 30 days)
*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***		
GLYXAMBI	T2	QL (30 tablets per 30 days)
QTERN	T3	ST; QL (30 tablets per 30 days)
STEGLUJAN	T3	ST; QL (30 tablets per 30 days)
*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***		
FARXIGA	T2	QL (30 tablets per 30 days)
INVOKANA	T3	ST; QL (30 tablets per 30 days)
JARDIANCE	T2	QL (30 tablets per 30 days)
STEGLATRO	T3	ST; QL (30 tablets per 30 days)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
INVOKAMET	T3	ST; QL (60 tablets per 30 days)
INVOKAMET XR	T3	ST; QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
SEGLUOMET	T3	ST; QL (60 tablets per 30 days)
SYNJARDY	T2	QL (60 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	QL (30 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	QL (60 tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	T2	QL (30 tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T2	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T2	QL (60 tablets per 30 days)
*Sulfonylurea-Biguanide Combinations***		
<i>glipizide-metformin hcl</i>	T1b	
GLUCOVANCE	T3	
<i>glyburide-metformin</i>	T1b	
*Sulfonylureas***		
AMARYL	T3	
DIABETA	T3	
<i>glimepiride</i>	T1a	
<i>glipizide er</i>	T1b	
<i>glipizide oral tablet 10 mg, 5 mg</i>	T1a	
<i>glipizide oral tablet 2.5 mg</i>	T9	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg</i>	T1b	
GLUCOTROL	T3	
GLUCOTROL XL	T3	
<i>glyburide micronized</i>	T1b	
<i>glyburide oral</i>	T1b	
GLYNASE	T3	
*Sulfonylurea-Thiazolidinedione Combinations***		
DUETACT	T9	
<i>pioglitazone hcl-glimepiride</i>	T9	
*Thiazolidinedione-Biguanide Combinations***		
ACTOPLUS MET ORAL TABLET 15-850 MG	T3	
<i>pioglitazone hcl-metformin hcl</i>	T1b	
*Thiazolidinediones***		
ACTOS	T3	
<i>pioglitazone hcl</i>	T1b	

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

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

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

Medication	Coverage Level	Restrictions
*Triazoles***		
CRESEMBA ORAL CAPSULE 186 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
CRESEMBA ORAL CAPSULE 74.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)
DIFLUCAN	T3	
<i>fluconazole oral</i>	T1b	
<i>itraconazole oral capsule</i>	T2	QL (120 capsules per 30 days)
<i>itraconazole oral solution</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
NOXAFIL ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); QL (32 packets per 30 days); AL (Min 2 Years and Max 9 Years)
NOXAFIL ORAL SUSPENSION	T4	PA; SP (Limited to a 1 month supply per fill); QL (450 ML per 30 days)
NOXAFIL ORAL TABLET DELAYED RELEASE	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
ONMEL	T9	
<i>posaconazole oral suspension</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (450 ML per 30 days)
<i>posaconazole oral tablet delayed release</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
SPORANOX ORAL CAPSULE	T9	
SPORANOX ORAL SOLUTION	T5	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
SPORANOX PULSEPAK	T9	
<i>tolsura</i>	T9	
VFEND ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (300 ML per 30 days)
VFEND ORAL TABLET 200 MG	T5	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
VFEND ORAL TABLET 50 MG	T5	SP (Limited to a 1 month supply per fill); QL (480 tablets per 30 days)
<i>voriconazole oral suspension reconstituted</i>	T4	SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)

Medication	Coverage Level	Restrictions
<i>voriconazole oral tablet 200 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>voriconazole oral tablet 50 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (480 tablets per 30 days)
Antihistamines		
*Antihistamines - Alkylamines***		
<i>chlorpheniramine maleate er</i>	T9	
RYCLORA ORAL SYRUP	T9	
*Antihistamines - Ethanolamines***		
<i>carbinoxamine maleate oral solution</i>	T1b	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1b	
<i>carbinoxamine maleate oral tablet 6 mg</i>	T9	
<i>clemastine fumarate oral syrup</i>	T9	
<i>clemastine fumarate oral tablet 1.34 mg</i>	T9	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1b	
DICOPANOL FUSEPAQ	T9	
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T9	
RYVENT	T9	
*Antihistamines - Non-Sedating***		
ALAVERT	T9	
ALLEGRA ALLERGY	T9	
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION	T9	
<i>cetirizine hcl childrens alrgy oral solution</i>	T9	
<i>cetirizine hcl oral tablet</i>	T9	
<i>cetirizine hcl oral tablet chewable</i>	T9	
<i>childrens loratadine oral solution</i>	T9	
CLARINEX ORAL TABLET	T9	
CLARITIN ORAL SOLUTION	T9	
CLARITIN ORAL SYRUP	T9	
CLARITIN ORAL TABLET	T9	
CLARITIN REDITABS	T9	
<i>desloratadine oral tablet</i>	T9	
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	T9	
<i>levocetirizine dihydrochloride oral</i>	T9	

Medication	Coverage Level	Restrictions
<i>loratadine oral tablet</i>	T9	
QUZYTIR	T9	
*Antihistamines - Phenothiazines***		
<i>promethazine hcl oral syrup</i>	T1b	
<i>promethazine hcl oral tablet</i>	T1b	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1b	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T3	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral</i>	T1b	
Antihyperlipidemics		
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***		
NEXLIZET	T3	PA; QL (30 tablets per 30 days)
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***		
NEXLETOL	T3	PA; QL (30 Tablets per 30 days)
*Antihyperlipidemics - Misc.***		
<i>icosapent ethyl</i>	T2	PA
LOVAZA	T3	
<i>omega-3-acid ethyl esters</i>	T1b	
VASCEPA	T9	PA
*Bile Acid Sequestrants***		
<i>cholestyramine light</i>	T1b	
<i>cholestyramine oral</i>	T1b	
<i>colesevelam hcl oral packet</i>	T3	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	T1b	QL (180 tablets per 30 days)
COLESTID	T3	
<i>colestipol hcl</i>	T1b	
PREVALITE	T1b	
QUESTRAN LIGHT ORAL POWDER	T3	
QUESTRAN ORAL POWDER	T3	
WELCHOL ORAL PACKET	T3	QL (30 packets per 30 days)
WELCHOL ORAL TABLET	T3	QL (180 tablets per 30 days)
*Fibric Acid Derivatives***		
ANTARA ORAL CAPSULE 130 MG, 43 MG	T3	
ANTARA ORAL CAPSULE 30 MG, 90 MG	T9	

Medication	Coverage Level	Restrictions
<i>fenofibrate micronized oral capsule 130 mg, 30 mg, 90 mg</i>	T9	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	T1b	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	T9	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	T9	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1b	
<i>fenofibric acid oral capsule delayed release</i>	T1b	
<i>fenofibric acid oral tablet</i>	T9	
FENOGLIDE	T9	
FIBRICOR	T9	
<i>gemfibrozil oral</i>	T1a	
LIPOFEN	T9	
LOFIBRA ORAL CAPSULE	T3	
LOFIBRA ORAL TABLET 160 MG	T3	
LOPID	T3	
TRICOR	T3	
TRIGLIDE ORAL TABLET 160 MG	T9	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG	T3	QL (30 capsules per 30 days)
TRILIPIX ORAL CAPSULE DELAYED RELEASE 45 MG	T3	QL (60 capsules per 30 days)
*Hmg Coa Reductase Inhibitor Combinations***		
ADVICOR	T2	
SIMCOR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000-20 MG, 500-20 MG, 500-40 MG, 750-20 MG	T2	QL (62 tablets per 31 days)
SIMCOR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000-40 MG	T2	QL (60 tablets per 30 days)
*Hmg Coa Reductase Inhibitors***		
ALTOPREV	T9	
ATORVALIQ	T9	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	T8	PV
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	T1a	
CRESTOR	T3	
EZALLOR SPRINKLE	T9	
<i>flolipid</i>	T9	
<i>fluvastatin sodium</i>	T9	
<i>fluvastatin sodium er</i>	T9	
LESCOL XL	T9	

Medication	Coverage Level	Restrictions
LIPITOR	T3	
LIVALO	T9	
<i>lovastatin oral</i>	T8	PV
MEVACOR ORAL TABLET 20 MG, 40 MG	T3	
<i>pitavastatin calcium</i>	T3	ST; QL (30 tablets per 30 Days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	T3	
<i>pravastatin sodium</i>	T8	PV
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	T8	PV
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	T1b	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T8	PV
<i>simvastatin oral tablet 80 mg</i>	T1a	
ZOCOR	T3	QL (31 tablets per 31 days)
ZYPITAMAG	T9	
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***		
<i>ezetimibe-atorvastatin</i>	T9	
<i>ezetimibe-rosuvastatin</i>	T9	
<i>ezetimibe-simvastatin</i>	T1b	
LIPTRUZET	T3	ST; QL (31 tablets per 31 days)
ROSZET	T9	
VYTORIN	T3	
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe</i>	T1b	
ZETIA	T3	
*Microsomal Triglyceride Transfer Protein Inhibitors***		
JUXTAPID ORAL CAPSULE 10 MG, 30 MG	T9	SP ()
JUXTAPID ORAL CAPSULE 20 MG, 5 MG	T9	
*Nicotinic Acid Derivatives***		
<i>niacin er (antihyperlipidemic)</i>	T1a	
NIACOR	T1b	
*Pcsk9 Inhibitors***		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; QL (2 pens per 28 days)
REPATHA	T2	PA; QL (2 pens per 28 days)
REPATHA PUSHTRONEX SYSTEM	T2	PA; QL (1 cartridge per 30 days)
REPATHA SURECLICK	T2	PA; QL (2 pens per 28 days)

Medication	Coverage Level	Restrictions
Antihypertensives		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
<i>amlodipine besy-benazepril hcl</i>	T1b	
LOTREL ORAL CAPSULE 10-20 MG, 2.5-10 MG, 5-10 MG, 5-20 MG	T3	SP (Generic substitution mandatory.)
LOTREL ORAL CAPSULE 10-40 MG, 5-40 MG	T3	
PRESTALIA	T3	ST
TARKA	T3	
<i>trandolapril-verapamil hcl er</i>	T1b	
*Ace Inhibitors & Thiazide/Thiazide-Like***		
ACCURETIC	T3	
<i>benazepril-hydrochlorothiazide</i>	T1b	
<i>captopril-hydrochlorothiazide</i>	T1b	
<i>enalapril-hydrochlorothiazide</i>	T1b	
<i>fosinopril sodium-hctz</i>	T1b	
<i>lisinopril-hydrochlorothiazide</i>	T1a	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	T3	
<i>quinapril-hydrochlorothiazide</i>	T1b	
UNIRETIC ORAL TABLET 15-12.5 MG	T3	
VASERETIC	T3	
ZESTORETIC	T3	
*Ace Inhibitors***		
ACCUPRIL	T3	
ALTACE ORAL CAPSULE	T3	
<i>benazepril hcl oral</i>	T1a	
<i>captopril oral</i>	T1a	
<i>enalapril maleate oral solution</i>	T2	AL (Max 9 Years)
<i>enalapril maleate oral tablet</i>	T1a	
EPANED ORAL SOLUTION	T2	AL (Max 9 Years)
<i>fosinopril sodium</i>	T1b	
<i>lisinopril oral</i>	T1a	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	T3	
MAVIK	T3	
<i>moexipril hcl</i>	T1b	
<i>perindopril erbumine</i>	T1b	
PRINIVIL	T3	
QBRELIS	T3	AL (Max 9 Years)
<i>quinapril hcl</i>	T1b	

Medication	Coverage Level	Restrictions
<i>ramipril</i>	T1a	
<i>trandolapril</i>	T1b	
UNIVASC	T3	
VASOTEC	T3	
ZESTRIL	T3	
*Adrenolytics-Central & Thiazide/Thiazide-Like Comb***		
CLOPRES	T1b	
<i>methyldopa-hydrochlorothiazide</i>	T1b	
*Agents For Pheochromocytoma***		
DEMSE	T9	
DIBENZYLINE	T9	
<i>metyrosine</i>	T9	
<i>phenoxybenzamine hcl oral</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
*Angiotensin II Receptor Antag & Ca Channel Blocker Comb***		
<i>amlodipine besylate-valsartan</i>	T1b	
<i>amlodipine-olmesartan</i>	T1b	
AZOR	T3	ST
EXFORGE	T3	
<i>telmisartan-amlodipine</i>	T1b	
TWYNSTA	T3	
*Angiotensin II Receptor Antag & Thiazide/Thiazide-Like***		
ATACAND HCT	T3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	
BENICAR HCT	T3	
<i>candesartan cilexetil-hctz</i>	T1b	
DIOVAN HCT	T3	
EDARBYCLOR	T3	ST
HYZAAR	T3	
<i>irbesartan-hydrochlorothiazide</i>	T1b	
<i>losartan potassium-hctz</i>	T1b	
MICARDIS HCT	T3	
<i>olmesartan medoxomil-hctz</i>	T1b	
<i>telmisartan-hctz</i>	T1b	
TEVETEN HCT	T3	ST
<i>valsartan-hydrochlorothiazide</i>	T1b	

Medication	Coverage Level	Restrictions
*Angiotensin II Receptor Antagonists***		
ATACAND	T3	
AVAPRO	T3	
BENICAR	T3	
<i>candesartan cilexetil</i>	T1b	
COZAAR	T3	
DIOVAN	T2	QL (60 tablets per 30 days)
EDARBI	T3	ST
<i>irbesartan</i>	T1b	
<i>losartan potassium oral</i>	T1a	
MICARDIS	T3	
<i>olmesartan medoxomil oral</i>	T1b	
<i>telmisartan</i>	T1b	
TEVETEN	T3	ST
<i>valsartan oral solution</i>	T9	
<i>valsartan oral tablet</i>	T1b	
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***		
<i>amlodipine-valsartan-hctz</i>	T1b	
EXFORGE HCT	T3	
<i>olmesartan-amlodipine-hctz</i>	T1b	
TRIBENZOR	T3	
*Antiadrenergics - Centrally Acting***		
CATAPRES	T3	
CATAPRES-TTS-1	T3	
CATAPRES-TTS-2	T3	
CATAPRES-TTS-3	T3	
<i>clonidine</i>	T1b	
<i>clonidine hcl er oral tablet extended release 24 hour</i>	T9	
<i>clonidine hcl oral</i>	T1a	
<i>guanfacine hcl oral</i>	T1b	
<i>methyl dopa oral</i>	T1b	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	T9	
TENEX	T3	
*Antiadrenergics - Peripherally Acting***		
CARDURA	T3	
<i>doxazosin mesylate oral</i>	T1b	
MINIPRESS	T3	

Medication	Coverage Level	Restrictions
<i>prazosin hcl oral</i>	T1b	
<i>terazosin hcl oral</i>	T1a	
*Antihypertensives - Misc.***		
VECAMYL	T4	SP (Limited to a 1 month supply per fill)
*Beta Blocker & Angiotensin li Receptor Antagonist Comb***		
BYVALSON	T3	ST
*Beta Blocker & Diuretic Combinations***		
<i>atenolol-chlorthalidone</i>	T1b	
<i>bisoprolol-hydrochlorothiazide</i>	T1b	
CORZIDE	T3	
DUTOPROL	T9	
LOPRESSOR HCT ORAL TABLET 100-25 MG, 50-25 MG	T3	
<i>metoprolol-hctz er</i>	T9	
<i>metoprolol-hydrochlorothiazide</i>	T1b	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	T1b	
<i>propranolol-hctz</i>	T1b	
TENORETIC 100	T3	
TENORETIC 50	T3	
ZIAC	T3	
*Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb***		
TEKTURNA HCT	T2	ST
*Direct Renin Inhibitors***		
<i>aliskiren fumarate</i>	T2	ST
TEKTURNA	T3	
*Direct Renin Inhibitors-Ca Channel Blocker-Thiazide Comb***		
AMTURNIDE ORAL TABLET 150-5-12.5 MG	T2	QL (31 tablets per 31 days)
*Reserpine***		
<i>reserpine oral</i>	T1b	
*Selective Aldosterone Receptor Antagonists (Saras)***		
<i>eplerenone</i>	T1b	
INSPRA	T3	QL (30 tablets per 30 days)
*Vasodilators***		
<i>hydralazine hcl oral</i>	T1a	
<i>minoxidil oral</i>	T1b	

Medication	Coverage Level	Restrictions
Anti-Infective Agents - Misc.		
*Anti-Infective Agents - Misc.***		
AEMCOLO	T2	QL (12 tablets per 30 days); AL (Min 18 Years)
FLAGYL ORAL CAPSULE	T3	
FLAGYL ORAL TABLET 500 MG	T3	
IMPAVIDO	T4	PA; SP (Limited to a 1 month supply per fill)
LIKMEZ	T9	
<i>metronidazole oral</i>	T1b	
NEBUPENT	T3	
<i>pentamidine isethionate inhalation</i>	T1b	
PRIMSOL	T9	
TINDAMAX	T3	
<i>tinidazole oral</i>	T1b	
<i>trimethoprim oral</i>	T1b	
<i>trimpex</i>	T9	
XIFAXAN ORAL TABLET 200 MG	T4	SP (Limited to a 1 month supply per fill); QL (9 tablets per 30 days)
XIFAXAN ORAL TABLET 550 MG	T4	PA; SP (Limited to a 14 or 30 day supply per fill, depending on diagnosis.)
*Anti-Infective Misc. - Combinations***		
BACTRIM	T3	
BACTRIM DS	T3	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T1b	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1a	
SULFATRIM PEDIATRIC	T1b	
*Antiprotozoal Agents***		
ALINIA ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (60 ML per 6 months)
ALINIA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
<i>atovaquone oral</i>	T4	SP (Limited to a 1 month supply per fill)
LAMPIT	T3	QL (90 tablets per 30 days); AL (Max 17 Years)
MEPRON	T3	

Medication	Coverage Level	Restrictions
<i>nitazoxanide oral</i>	T5	SP (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
*Glycopeptides***		
FIRVANQ	T2	
VANCOCIN HCL	T9	
VANCOCIN ORAL CAPSULE 125 MG	T9	
<i>vancomycin hcl intravenous solution reconstituted 1.25 gm, 1000 mg, 500 mg</i>	T1b	
<i>vancomycin hcl oral capsule 125 mg</i>	T3	ST; QL (56 capsules per 14 days)
<i>vancomycin hcl oral capsule 250 mg</i>	T9	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	T1b	
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	T9	
<i>vancomycin hcl oral solution reconstituted 50 mg/ml</i>	T2	
*Ketolides***		
KETEK	T3	
*Leprostatics***		
<i>dapsone oral</i>	T1b	
*Lincosamides***		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	T3	
CLEOCIN ORAL CAPSULE 75 MG	T2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	T2	
<i>clindamycin hcl oral</i>	T1a	
<i>clindamycin palmitate hcl</i>	T1b	
*Monobactams***		
CAYSTON	T4	PA; SP (Limited to a 1 month supply per fill)
*Oxazolidinones***		
<i>linezolid oral suspension reconstituted</i>	T4	SP (Limited to one 14 day supply per 6 months (180 days)); AL (Max 9 Years)
<i>linezolid oral tablet</i>	T2	QL (28 tablets per 14 days)
SIVEXTRO	T9	
ZYVOX ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to one 14 day supply per 6 months (180 days)); AL (Max 9 Years)
ZYVOX ORAL TABLET	T5	SP (Limited to one 14 day supply per 6 months (180 days)); QL (28 tablets per 1 day)

Medication	Coverage Level	Restrictions
*Pleuromutilins***		
XENLETA ORAL	T9	
*Polymyxins***		
<i>colistimethate sodium (cba)</i>	T9	
*Urinary Anti-Infectives***		
<i>fosfomycin tromethamine</i>	T1b	QL (1 packet per 30 days)
FURADANTIN	T5	SP (Limited to a 1 month supply per fill)
MACROBID	T3	
MACRODANTIN	T9	
<i>methenamine hippurate</i>	T1b	
MONUROL	T3	QL (1 packet per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	T1b	
<i>nitrofurantoin monohyd macro</i>	T1b	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	T4	SP (Limited to a 1 month supply per fill)
<i>nitrofurantoin oral suspension 50 mg/5ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 ML per 30 Days)
*Urinary Antiseptic-Antispasmodic &/Or Analgesics***		
HYOPHEN	T9	
URIBEL ORAL CAPSULE	T9	
URIMAR-T ORAL CAPSULE	T9	
<i>urneva</i>	T9	
UROPHEN MB	T9	
Antimalarials		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl</i>	T1b	
COARTEM	T2	
MALARONE	T3	
*Antimalarials***		
ARAKODA	T3	
<i>chloroquine phosphate oral</i>	T1b	
DARAPRIM	T9	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	T9	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1b	
KRINTAFEL	T1b	QL (2 tablets per 365 Days)
<i>mefloquine hcl</i>	T1b	
PLAQUENIL	T3	

Medication	Coverage Level	Restrictions
<i>primaquine phosphate oral</i>	T1b	
<i>pyrimethamine oral</i>	T4	PA; SP (Limited to a 1 month supply per fill)
QUALAQUIN	T3	
<i>quinine sulfate oral</i>	T1b	
Antimyasthenic/Cholinergic Agents		
*Antimyasthenic/Cholinergic Agents***		
FIRDAPSE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
MESTINON ORAL SYRUP	T2	
MESTINON ORAL TABLET	T3	
MESTINON ORAL TABLET EXTENDED RELEASE	T9	
<i>pyridostigmine bromide er</i>	T9	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1b	
Antimycobacterial Agents		
*Antimycobacterial Agents***		
<i>cycloserine oral</i>	T4	SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
<i>ethambutol hcl oral</i>	T1b	
<i>isoniazid oral</i>	T1a	
MYCOBUTIN	T2	
<i>pretomanid</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PRIFTIN	T2	
<i>pyrazinamide oral</i>	T1b	
<i>rifabutin</i>	T4	SP (Limited to a 1 month supply per fill)
RIFADIN ORAL	T3	
<i>rifampin oral</i>	T1b	
SEROMYCIN	T3	
SIRTURO	T4	SP (Limited to a 1 month supply per fill)
Antineoplastics And Adjunctive Therapies		
*Alkylating Agents***		
MYLERAN	T3	
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate oral tablet 250 mg</i>	T1b	

Medication	Coverage Level	Restrictions
<i>abiraterone acetate oral tablet 500 mg</i>	T9	
YONSA	T9	
ZYTIGA	T9	
*Antiadrenals***		
LYSODREN	T4	PA; SP (Limited to a 14 day supply per dispensing)
*Antiandrogens***		
<i>bicalutamide</i>	T1b	
CASODEX	T3	
ERLEADA ORAL TABLET 240 MG	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
ERLEADA ORAL TABLET 60 MG	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
<i>flutamide</i>	T1b	
<i>nilutamide</i>	T1a	
NUBEQA	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
XTANDI ORAL CAPSULE	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
XTANDI ORAL TABLET 40 MG	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
XTANDI ORAL TABLET 80 MG	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)
*Antiestrogens***		
FARESTON	T9	
SOLTAMOX	T9	
<i>tamoxifen citrate oral</i>	T1b	
<i>toremifene citrate</i>	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
*Antimetabolites***		
<i>capecitabine</i>	T4	SP (Limited to a 1 month supply per fill)
<i>mercaptopurine oral</i>	T1b	
<i>methotrexate oral</i>	T1b	
<i>methotrexate sodium (pf) injection solution 200 mg/8ml</i>	T1b	
<i>methotrexate sodium injection solution reconstituted</i>	T1b	
<i>methotrexate sodium oral</i>	T1b	
ONUREG ORAL TABLET 200 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (14 tablets per 28 days)
ONUREG ORAL TABLET 300 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (14 tablets per 28 days)
PURIXAN	T5	SP (Limited to a 1 month supply per fill)
TABLOID	T5	SP (Max of 31 days per dispensing.)
TREXALL	T3	ST
XATMEP	T3	AL (Max 9 Years)
XELODA	T5	SP (Limited to a 1 month supply per fill)
*Antineoplastic - Alk Inhibitors***		
ALECENSA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (112 capsules per 14 days)
ALUNBRIG ORAL TABLET 180 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
ALUNBRIG ORAL TABLET 30 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
ALUNBRIG ORAL TABLET 90 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)

Medication	Coverage Level	Restrictions
ALUNBRIG ORAL TABLET THERAPY PACK	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
LORBRENA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
XALKORI ORAL CAPSULE	T4	PA; SP (Max of 14 days per dispensing.); QL (28 capsules per 14 days)
ZYKADIA ORAL TABLET	T5	PA; SP (Max of 14 day supply per fill)
*Antineoplastic - Anti-Her2 Agents***		
HERZUMA	T9	
OGIVRI	T9	
TUKYSA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
*Antineoplastic - Bcl-2 Inhibitors***		
VENCLEXTA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 days per dispensing.))
VENCLEXTA STARTING PACK	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 days per dispensing.))
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
BOSULIF ORAL TABLET 100 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max for 14 day supply per fill)
BOSULIF ORAL TABLET 400 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
BOSULIF ORAL TABLET 500 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
GLEEVEC	T9	
ICLUSIG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)

Medication	Coverage Level	Restrictions
<i>imatinib mesylate oral tablet 100 mg</i>	T4	PA; SP (Max of 14 day supply per fill); QL (42 tablers per 14 days)
<i>imatinib mesylate oral tablet 400 mg</i>	T4	PA; SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)
SCSEMBLIX	T5	PA; SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)
SPRYCEL	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 days per dispensing.)
TASIGNA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 days per dispensing.); QL (56 capsules per 14 days)
*Antineoplastic - Braf Kinase Inhibitors***		
BRAFTOVI ORAL CAPSULE 75 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill)
TAFINLAR ORAL CAPSULE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
TAFINLAR ORAL TABLET SOLUBLE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 bottles per 30 days); AL (Min 1 Years and Max 9 Years)
ZELBORAF	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 days per dispensing.)
*Antineoplastic - Btk Inhibitors***		
BRUKINSA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
CALQUENCE ORAL TABLET	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)
IMBRUVICA ORAL CAPSULE 140 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)

Medication	Coverage Level	Restrictions
IMBRUVICA ORAL CAPSULE 70 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
IMBRUVICA ORAL SUSPENSION	T5	PA; SP (Limited to a 1 month supply per fill); QL (108 ML per 30 days); AL (Max 9 Years)
IMBRUVICA ORAL TABLET 140 MG, 420 MG, 560 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
IMBRUVICA ORAL TABLET 280 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
JAYPIRCA	T5	PA; SP (Max of 15 day supply per fill); QL (30 tablets per 15 days)
*Antineoplastic - Egfr Inhibitors***		
<i>erlotinib hcl</i>	T4	PA; SP (Max of 14 day supply per fill)
EXKIVITY	T4	PA; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
<i>gefitinib</i>	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
GILOTRIF	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
IRESSA	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
TAGRISO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill); QL (15 tablets per 15 days)
TARCEVA	T5	PA; SP (Max of 14 day supply per fill)
VIZIMPRO ORAL TABLET 15 MG, 45 MG	T5	PA; SP (Max of 14 day supply per fill)
VIZIMPRO ORAL TABLET 30 MG	T5	PA; SP (Max of 14 day supply per fill)
*Antineoplastic - Fgfr Kinase Inhibitors***		
BALVERSA ORAL TABLET 3 MG, 4 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)

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

Medication	Coverage Level	Restrictions
ZOLINZA	T4	PA; SP (Max of 14 days per dispensing.))
*Antineoplastic - Immunomodulators***		
POMALYST	T5	PA; SP (Max of 31 days per dispensing.))
*Antineoplastic - Kras Inhibitors***		
KRAZATI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)); QL (84 tablets per 14 days)
LUMAKRAS ORAL TABLET 120 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)); QL (112 tablets per 14 days)
LUMAKRAS ORAL TABLET 320 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)); QL (42 tablets per 14 days)
*Antineoplastic - Mek Inhibitors***		
COTELLIC	T4	PA; SP (Limited to a 1 month supply per fill))
KOSELUGO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
MEKINIST ORAL SOLUTION RECONSTITUTED	T5	PA; SP (Limited to a 1 month supply per fill); QL (900 ML per 30 days); AL (Min 1 Years and Max 9 Years)
MEKINIST ORAL TABLET	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
MEKTOVI	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage)
*Antineoplastic - Met Inhibitors***		
TABRECTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
TEPMETKO	T5	PA; SP (Max of 15 day supply per fill)); QL (30 tablets per 15 days)

Medication	Coverage Level	Restrictions
*Antineoplastic - Methyltransferase Inhibitors***		
TAZVERIK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (8 tablets per 1 day)
*Antineoplastic - Mtor Kinase Inhibitors***		
AFINITOR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<i>everolimus oral tablet soluble</i>	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
*Antineoplastic - Multikinase Inhibitors***		
CABOMETYX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
CAPRELSA	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T4	PA; SP (Max of 14 day supply per fill)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T4	PA; SP (Max of 14 day supply per fill)
COMETRIQ (60 MG DAILY DOSE)	T4	PA; SP (Max of 14 day supply per fill)
FOTIVDA	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 capsules per 28 days)
<i>lapatinib ditosylate</i>	T4	PA; SP (Max of 14 day supply per fill. Limited distribution medication)
NERLYNX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 31 days per dispensing.)

Medication	Coverage Level	Restrictions
NEXAVAR	T9	SP ()
<i>pazopanib hcl</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
QINLOCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
RYDAPT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 21 days)
<i>sorafenib tosylate</i>	T4	PA; SP (Max of 14 day supply per fill)
STIVARGA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to 21 day supply per 28 day dispensing.); QL (84 tablets per 28 days)
<i>sunitinib malate</i>	T4	PA; SP (Limited to a 1 month supply per fill)
SUTENT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
TURALIO ORAL CAPSULE 125 MG	T5	PA; SP (Max of 14 day day supply per fill); QL (56 capsules per 14 days)
TURALIO ORAL CAPSULE 200 MG	T5	PA; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days); AL (Min 18 Years)
TYKERB	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 days per dispensing. Limited Distribution medication.)
VOTRIENT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
XOSPATA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)

Medication	Coverage Level	Restrictions
*Antineoplastic - Pdgfr-Alpha Inhibitors***		
AYVAKIT	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
*Antineoplastic - Proteasome Inhibitors***		
NINLARO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (3 capsules per 28 days)
*Antineoplastic - Ret Inhibitors***		
GAVRETO	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
RETEVMO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***		
ROZLYTREK ORAL CAPSULE 100 MG	T4	PA; SP (Max of 14 day supply per fill); QL (42 capsules per 14 days); AL (Min 12 Years)
ROZLYTREK ORAL CAPSULE 200 MG	T4	PA; SP (Max of 14 day supply per fill); QL (42 capsules per 14 days); AL (Min 12 Years)
VITRAKVI ORAL CAPSULE	T4	PA; SP (Max of 14 days per dispensing.); QL (60 capsules per 30 days)
VITRAKVI ORAL SOLUTION	T4	PA; SP (Max of 14 days per dispensing.); QL (1 bottle per 30 days)
*Antineoplastic - Xpo1 Inhibitors***		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 tablets per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T5	PA; SP (Limited to a 1 month supply per fill)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T5	PA; SP (Limited to a 1 month supply per fill)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	T5	PA; SP (Limited to a 1 month supply per fill)
XPOVIO (60 MG TWICE WEEKLY)	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T5	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
XPOVIO (80 MG TWICE WEEKLY)	T5	PA; SP (Limited to a 1 month supply per fill); QL (32 tablets per 28 days)
*Antineoplastic Combinations***		
INQOVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (5 tablets per 28 days)
KISQALI FEMARA (200 MG DOSE)	T5	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KISQALI FEMARA (400 MG DOSE)	T5	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KISQALI FEMARA (600 MG DOSE)	T5	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
LONSURF	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 31 days per dispensing.)
*Antineoplastics Misc.***		
ACTIMMUNE	T4	SP (Limited to a 1 month supply per fill)
BESREMI	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HYDREA	T3	
<i>hydroxyurea oral</i>	T1b	
MATULANE	T4	PA; SP (Max of 14 day supply per fill)
*Aromatase Inhibitors***		
<i>anastrozole oral</i>	T1b	
ARIMIDEX	T3	
AROMASIN	T3	
<i>exemestane</i>	T2	
FEMARA	T3	
<i>letrozole oral</i>	T1b	
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
IBRANCE ORAL CAPSULE	T5	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (21 tablets per 28 days)

Medication	Coverage Level	Restrictions
IBRANCE ORAL TABLET 100 MG	T5	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (21 Capsules per 28 days)
IBRANCE ORAL TABLET 125 MG, 75 MG	T5	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
KISQALI (200 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days)
KISQALI (400 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days)
KISQALI (600 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days)
VERZENIO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
*Estrogens-Antineoplastic***		
EMCYT	T2	
*Folic Acid Antagonists Rescue Agents***		
<i>leucovorin calcium oral</i>	T1b	
*Gonadotropin Releasing Hormone (Gnrh) Antagonists***		
ORGOVYX	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
*Imidazotetrazines***		
<i>temozolomide</i>	T4	PA; SP (Max of 31 days per dispensing.)

Medication	Coverage Level	Restrictions
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***		
REZLIDHIA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (28 capsules per 14 days); AL (Min 18 Years)
TIBSOVO	T4	PA; SP (Max of 14 day supply per fill)
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***		
IDHIFA	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
*Janus Associated Kinase (Jak) Inhibitors***		
INREBIC	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
JAKAFI ORAL TABLET 5 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
VONJO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
*Lhrh Analogs***		
<i>leuprolide acetate injection</i>	T4	SP (Max of 31 days per dispensing.)
*Mitotic Inhibitors***		
<i>etoposide oral</i>	T4	SP (Limited to a 1 month supply per fill)
*Nitrogen Mustards And Related Analogues***		
ALKERAN ORAL	T3	
<i>cyclophosphamide oral</i>	T3	
LEUKERAN	T4	SP (Max of 31 days per dispensing.)
<i>melphalan</i>	T2	

Medication	Coverage Level	Restrictions
*Nitrosoureas***		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T5	PA; SP (Limited to a 1 month supply per fill)
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***		
COPIKTRA	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
PIQRAY (200 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 31 days per dispensing.); QL (28 tablets per 28 days)
PIQRAY (250 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 31 days per dispensing.); QL (56 tablets per 28 days)
PIQRAY (300 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 31 days per dispensing.); QL (56 tablets per 28 days)
ZYDELIG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
LYNPARZA ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
RUBRACA	T4	PA; SP (Max of 14 day supply per fill)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 capsules per 14 days)
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	T5	PA; SP (Max for 14 day supply per fill); QL (14 capsules per 14 days)
ZEJULA ORAL CAPSULE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (42 capsules per 14 days)
ZEJULA ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)

Medication	Coverage Level	Restrictions
*Progestins-Antineoplastic***		
MEGACE ORAL	T3	
<i>megestrol acetate oral suspension 40 mg/ml</i>	T1b	
<i>megestrol acetate oral tablet</i>	T1b	
*Retinoids***		
<i>tretinoin oral</i>	T4	PA; SP (Max of 14 day supply per fill)
*Selective Estrogen Receptor Degraders***		
ORSERDU	T5	PA; SP (Max of 15 day supply per fill); QL (15 tablets per 15 days)
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene oral</i>	T4	PA; SP (Max of 14 day supply per fill)
TARGRETIN ORAL	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 days per dispensing.)
*Topoisomerase I Inhibitors***		
HYCANTIN ORAL CAPSULE 0.25 MG	T4	SP (Limited to a 1 month supply per fill)
HYCANTIN ORAL CAPSULE 1 MG	T4	SP (Limited to a 1 month supply per fill)
*Urinary Tract Protective Agents***		
MESNEX ORAL	T4	SP (Max of 31 days per dispensing.)
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***		
INLYTA ORAL TABLET 1 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
INLYTA ORAL TABLET 5 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
LENVIMA (10 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill)

Medication	Coverage Level	Restrictions
LENVIMA (12 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 days per dispensing.)
LENVIMA (14 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 days per dispensing.)
LENVIMA (18 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 days per dispensing.)
LENVIMA (20 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 days per dispensing.)
LENVIMA (24 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 days per dispensing.)
LENVIMA (4 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 days per dispensing.)
LENVIMA (8 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 days per dispensing.)
ZIRABEV	T9	
Antiparkinson And Related Therapy Agents		
*Adenosine Receptor Antagonist***		
NOURIANZ	T9	
*Antiparkinson Anticholinergics***		
<i>benztropine mesylate oral</i>	T1b	
<i>trihexyphenidyl hcl oral elixir</i>	T1a	
<i>trihexyphenidyl hcl oral tablet</i>	T1b	
*Antiparkinson Dopaminergics***		
<i>amantadine hcl oral</i>	T1b	
<i>bromocriptine mesylate oral</i>	T2	
GOCOVRI	T9	
INBRIJA	T9	
OSMOLEX ER	T9	
PARLODEL	T3	

Medication	Coverage Level	Restrictions
*Antiparkinson Monoamine Oxidase Inhibitors***		
AZILECT	T3	ST; QL (30 tablets per 30 days)
ELDEPRYL	T3	
<i>rasagiline mesylate oral</i>	T1b	ST; QL (30 tablets per 30 days)
<i>selegiline hcl oral tablet</i>	T2	
XADAGO	T9	
*Central/Peripheral Comt Inhibitors***		
TASMAR ORAL TABLET 100 MG	T3	
<i>tolcapone</i>	T5	SP (Limited to a 1 month supply per fill)
*Decarboxylase Inhibitors***		
<i>carbidopa oral</i>	T3	ST; QL (5 tablets per 1 day)
LODOSYN	T9	
*Levodopa Combinations***		
<i>carbidopa-levodopa</i>	T1b	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	T1b	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	T1b	
DHIVY	T3	
RYTARY	T9	
SINEMET CR	T3	
STALEVO 100	T3	
STALEVO 125	T3	
STALEVO 150	T3	
STALEVO 200	T3	
STALEVO 50	T3	
STALEVO 75	T3	
*Nonergoline Dopamine Receptor Agonists***		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
<i>apomorphine hcl subcutaneous</i>	T9	
KYNMOBI	T4	PA; SP (Limited to a 1 month supply per fill); QL (150 films per 30 days)
MIRAPEX	T3	
MIRAPEX ER	T3	ST; QL (30 tablets per 30 days)
NEUPRO	T3	ST; QL (30 patches per 30 days)
<i>pramipexole dihydrochloride</i>	T1b	

Medication	Coverage Level	Restrictions
<i>pramipexole dihydrochloride er</i>	T3	ST; QL (30 tablets per 30 days)
<i>ropinirole hcl</i>	T1a	
<i>ropinirole hcl er</i>	T1b	ST
*Peripheral Comt Inhibitors***		
COMTAN	T3	
<i>entacapone</i>	T1b	
ONGENTYS	T3	ST
Antipsychotics/Antimanic Agents		
*Antimanic Agents***		
<i>lithium</i>	T1b	
<i>lithium carbonate er</i>	T1b	
<i>lithium carbonate oral</i>	T1a	
LITHOBID	T3	
*Antipsychotics - Misc.***		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
EQUETRO	T3	ST
GEODON ORAL	T3	
LATUDA	T3	QL (30 tablets per 30 days)
<i>lurasidone hcl</i>	T2	QL (30 tablets per 30 Days)
NUPLAZID	T9	
VRAYLAR	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
<i>ziprasidone hcl</i>	T1b	
*Benzisoxazoles***		
FANAPT ORAL TABLET 1 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
FANAPT ORAL TABLET 10 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
FANAPT TITRATION PACK	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
INVEGA	T9	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	T3	ST; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	T3	ST; QL (60 tablets per 30 days)
RISPERDAL ORAL SOLUTION	T3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3	
<i>risperidone oral solution</i>	T1b	
<i>risperidone oral tablet</i>	T1a	
<i>risperidone oral tablet dispersible</i>	T2	
*Butyrophenones***		
<i>haloperidol lactate injection solution 5 mg/ml</i>	T1b	
<i>haloperidol oral</i>	T1a	
*Dibenzodiazepines***		
<i>clozapine oral tablet</i>	T1b	
<i>clozapine oral tablet dispersible</i>	T3	
CLOZARIL ORAL TABLET 100 MG, 25 MG	T3	
CLOZARIL ORAL TABLET 200 MG, 50 MG	T9	
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 25 MG	T3	
VERSACLOZ	T5	ST; SP (Limited to a 1 month supply per fill)
*Dibenzo-Oxepino Pyrroles***		
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	T3	ST; QL (30 tablets per 30 days)
SAPHRIS	T9	
SECUADO	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 patches per 30 days); AL (Min 18 Years)
*Dibenzothiazepines***		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>	T1b	QL (30 tablets per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	T1b	QL (60 tablets per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	T1a	
<i>quetiapine fumarate oral tablet 150 mg</i>	T9	
SEROQUEL	T3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 50 MG	T3	QL (30 tablets per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG	T3	QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
*Dibenzoxazepines***		
ADASUVE	T9	
<i>loxapine succinate oral</i>	T1b	
LOXITANE ORAL CAPSULE 5 MG	T3	
*Phenothiazines***		
<i>chlorpromazine hcl oral concentrate 100 mg/ml</i>	T3	QL (180 ML per 30 days)
<i>chlorpromazine hcl oral tablet</i>	T3	QL (180 tablets per 30 days)
COMPRO	T1b	
<i>fluphenazine hcl oral concentrate</i>	T1b	
<i>fluphenazine hcl oral elixir</i>	T1b	
<i>fluphenazine hcl oral tablet</i>	T2	QL (60 tablets per 30 days)
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	T1b	
<i>prochlorperazine</i>	T1b	
<i>prochlorperazine maleate oral</i>	T1a	
<i>thioridazine hcl oral</i>	T1b	
<i>trifluoperazine hcl oral</i>	T1b	
*Quinolinone Derivatives***		
ABILIFY MYCITE	T9	
ABILIFY MYCITE MAINTENANCE KIT	T9	
ABILIFY MYCITE STARTER KIT	T9	
ABILIFY ORAL SOLUTION	T3	ST
ABILIFY ORAL TABLET	T3	QL (30 tablets per 30 days)
<i>aripiprazole oral solution</i>	T3	AL (Max 9 Years)
<i>aripiprazole oral tablet</i>	T1b	QL (60 tablets per 30 days)
<i>aripiprazole oral tablet dispersible</i>	T9	
REXULTI	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
*Thienbenzodiazepines***		
<i>olanzapine oral tablet</i>	T1a	
<i>olanzapine oral tablet dispersible</i>	T2	
ZYPREXA ORAL	T3	
ZYPREXA ZYDIS	T3	
*Thioxanthenes***		
<i>thiothixene oral</i>	T1b	
Antivirals		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine</i>	T4	SP (Limited to a 1 month supply per fill)
ATRIPLA	T5	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
BIKTARVY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
CIMDUO	T9	
COMBIVIR	T5	SP (Limited to a 1 month supply per fill)
COMPLERA	T4	SP (Limited to a 1 month supply per fill)
DELSTRIGO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
DESCOVY	T9	
DOVATO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
<i>efavirenz-emtricitab-tenofo df</i>	T4	SP (Limited to a 1 month supply per fill)
<i>efavirenz-lamivudine-tenofovir</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	T2	
EPZICOM	T4	SP (Limited to a 1 month supply per fill)
EVOTAZ	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
GENVOYA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
JULUCA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
KALETRA ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
KALETRA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
<i>lamivudine-zidovudine</i>	T2	
<i>lopinavir-ritonavir</i>	T4	SP (Limited to a 1 month supply per fill)
ODEFSEY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PREZCOBIX	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
STRIBILD	T4	SP (Limited to a 1 month supply per fill)
SYMFI	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYMFI LO	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYMTUZA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
TEMIXYS	T9	
TRIUMEQ	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
TRIUMEQ PD	T4	SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
TRIZIVIR	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TRUVADA	T5	SP (Limited to a 1 month supply per fill)
*Antiretrovirals - Capsid Inhibitors***		
SUNLENCA ORAL	T5	PA; SP (Limited to 1 fill per year); QL (1 pouch per 1 year)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
<i>maraviroc</i>	T4	SP (Limited to a 1 month supply per fill)
SELZENTRY ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)
SELZENTRY ORAL TABLET 150 MG, 300 MG	T5	SP (Limited to a 1 month supply per fill)
SELZENTRY ORAL TABLET 25 MG, 75 MG	T4	SP (Limited to a 1 month supply per fill)
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	T3	
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***		
RUKOBIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
*Antiretrovirals - Integrase Inhibitors***		
ISENTRESS	T4	SP (Limited to a 1 month supply per fill)
ISENTRESS HD	T4	SP (Limited to a 1 month supply per fill)
TIVICAY ORAL TABLET 10 MG, 25 MG	T4	SP (Limited to a 1 month supply per fill)
TIVICAY ORAL TABLET 50 MG	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TIVICAY PD	T4	SP (Limited to a 1 month supply per fill)
<i>vocabria</i>	T9	
*Antiretrovirals - Protease Inhibitors***		
APTIVUS	T4	ST; SP (Limited to a 1 month supply per fill)
<i>atazanavir sulfate</i>	T4	SP (Limited to a 1 month supply per fill)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T2	
<i>darunavir</i>	T4	SP (Limited to a 1 month supply per fill)
<i>fosamprenavir calcium</i>	T4	SP (Limited to a 1 month supply per fill)
INVIRASE ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
LEXIVA ORAL SUSPENSION	T4	SP (Limited to a 1 month supply per fill)
LEXIVA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
NORVIR ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)
NORVIR ORAL TABLET	T9	
PREZISTA ORAL SUSPENSION	T4	SP (Limited to a 1 month supply per fill)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T4	SP (Limited to a 1 month supply per fill)
REYATAZ ORAL CAPSULE 200 MG, 300 MG	T5	SP (Limited to a 1 month supply per fill)
REYATAZ ORAL PACKET	T4	SP (Limited to a 1 month supply per fill)
<i>ritonavir</i>	T1b	
VIRACEPT ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT	T2	
<i>efavirenz</i>	T2	
<i>etravirine oral tablet 100 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 Days)
<i>etravirine oral tablet 200 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 Days)
INTELENCE ORAL TABLET 100 MG	T5	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
INTELENCE ORAL TABLET 200 MG	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
INTELENCE ORAL TABLET 25 MG	T4	SP (Max of 31 days per dispensing.); QL (120 tablets per 30 days)
<i>nevirapine er</i>	T3	QL (30 tablets per 30 days)
<i>nevirapine oral suspension</i>	T1b	QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	T1b	QL (60 tablets per 30 days)
PIFELTRO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SUSTIVA	T5	SP (Limited to a 1 month supply per fill)
VIRAMUNE ORAL SUSPENSION	T3	QL (1200 ML per 30 days)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	T3	QL (30 tablets per 30 days)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate oral solution</i>	T1b	AL (Max 9 Years)
<i>abacavir sulfate oral tablet</i>	T2	
<i>didanosine</i>	T1b	
VIDEX EC	T3	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	T2	
ZIAGEN ORAL SOLUTION	T2	
ZIAGEN ORAL TABLET	T3	
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
<i>emtricitabine</i>	T3	

Medication	Coverage Level	Restrictions
EMTRIVA ORAL CAPSULE	T5	SP (Limited to a 1 month supply per fill)
EMTRIVA ORAL SOLUTION	T2	
EPIVIR	T3	
<i>lamivudine oral solution</i>	T1b	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	T2	
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
RETROVIR ORAL CAPSULE	T3	
RETROVIR ORAL SYRUP	T3	
<i>stavudine oral capsule</i>	T1b	
<i>zidovudine oral capsule</i>	T2	
<i>zidovudine oral syrup</i>	T1b	
<i>zidovudine oral tablet</i>	T2	
*Antiretrovirals - Rti-Nucleotide Analogues***		
<i>tenofovir disoproxil fumarate</i>	T1b	
VIREAD ORAL POWDER	T4	SP (Limited to a 1 month supply per fill)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T4	SP (Limited to a 1 month supply per fill)
VIREAD ORAL TABLET 300 MG	T5	SP (Limited to a 1 month supply per fill)
*Antiretrovirals Adjuvants***		
TYBOST	T2	QL (30 tablets per 30 days)
*Antiviral Combinations***		
PAXLOVID (300/100)	T2	
PAXLOVID ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	T2	
*Cmv Agents***		
LIVTENCITY	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
PREVYMIS ORAL	T4	PA; SP (Limited to a 1 month supply per fill)
VALCYTE ORAL SOLUTION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days); AL (Max 9 Years)
VALCYTE ORAL TABLET	T9	
<i>valganciclovir hcl oral solution reconstituted</i>	T4	SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days); AL (Max 9 Years)
<i>valganciclovir hcl oral tablet</i>	T3	QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
*Hepatitis B Agents***		
<i>adefovir dipivoxil</i>	T4	SP (Limited to a 1 month supply per fill)
BARACLUDE ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
BARACLUDE ORAL TABLET	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>entecavir</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
EPIVIR HBV ORAL SOLUTION	T2	
EPIVIR HBV ORAL TABLET	T3	
HEPSERA	T5	SP (Limited to a 1 month supply per fill)
<i>lamivudine oral tablet 100 mg</i>	T2	
VEMLIDY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
*Hepatitis C Agent - Combinations***		
EPCLUSA ORAL PACKET	T9	
EPCLUSA ORAL TABLET 200-50 MG	T9	
EPCLUSA ORAL TABLET 400-100 MG	T9	SP ()
HARVONI	T9	
<i>ledipasvir-sofosbuvir</i>	T5	PA; SP (Limited to a 1 month supply per fill)
MAVYRET ORAL PACKET	T4	SP (Limited to a 1 month supply per fill); QL (140 packets per 28 days)
MAVYRET ORAL TABLET	T4	SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)
<i>sofosbuvir-velpatasvir</i>	T5	PA; SP (Limited to a 1 month supply per fill)
VIEKIRA PAK	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
VOSEVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ZEPATIER	T4	SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)

Medication	Coverage Level	Restrictions
*Hepatitis C Agents***		
INCIVEK	T9	
OLYSIO	T9	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	SP (Limited to a 1 month supply per fill); QL (48 Treatments per 1 Lifetime)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	SP (Limited to a 1 month supply per fill); QL (48 treatments per 1 lifetime)
<i>ribavirin oral capsule</i>	T4	SP (Limited to a 1 month supply per fill)
<i>ribavirin oral tablet 200 mg</i>	T4	SP (Limited to a 1 month supply per fill)
SOVALDI ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill)
SOVALDI ORAL TABLET 200 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SOVALDI ORAL TABLET 400 MG	T5	PA; SP (Limited to a 1 month supply per fill)
VICTRELIS	T9	
*Herpes Agents - Purine Analogues***		
<i>acyclovir oral</i>	T1b	
SITAVIG	T9	
<i>valacyclovir hcl oral</i>	T1b	
VALTREX ORAL TABLET 1 GM	T2	
VALTREX ORAL TABLET 500 MG	T3	
ZOVIRAX ORAL	T3	
*Herpes Agents - Thymidine Analogues***		
<i>famciclovir oral</i>	T1b	QL (120 tablets per 30 days)
FAMVIR	T3	QL (120 tablets per 30 days)
*Influenza Agents***		
<i>rimantadine hcl</i>	T1b	
*Misc. Antivirals***		
LAGEVRIO	T2	
<i>molnupiravir</i>	T2	
*Neuraminidase Inhibitors***		
<i>oseltamivir phosphate oral capsule</i>	T1b	QL (10 capsules per 1 fill)
<i>oseltamivir phosphate oral suspension reconstituted</i>	T1b	QL (120 ML per 1 fill)
RELENZA DISKHALER	T3	
TAMIFLU ORAL CAPSULE	T3	QL (10 capsules per 1 fill)

Medication	Coverage Level	Restrictions
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	T3	QL (120 ML per 1 fill)
*Pa Endonuclease Inhibitors***		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	T2	QL (1 tablet per 1 fill); AL (Min 5 Years)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	T2	QL (2 tablets per 1 fill); AL (Min 5 Years)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	T2	QL (1 tablet per 1 fill); AL (Min 5 Years)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	T2	QL (2 tablets per 1 fill); AL (Min 5 Years)
Beta Blockers		
*Alpha-Beta Blockers***		
<i>carvedilol</i>	T1a	
<i>carvedilol phosphate er</i>	T2	ST
COREG	T3	
COREG CR	T3	ST
<i>labetalol hcl oral</i>	T1b	
TRANDATE ORAL	T3	
*Beta Blockers Cardio-Selective***		
<i>acebutolol hcl oral</i>	T1b	
<i>atenolol oral</i>	T1a	
<i>betaxolol hcl oral</i>	T1b	
<i>bisoprolol fumarate oral</i>	T1b	
BYSTOLIC	T3	
KAPSPARGO SPRINKLE	T3	
KERLONE	T3	
LOPRESSOR ORAL	T3	
<i>metoprolol succinate er</i>	T1b	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	T1b	
<i>metoprolol tartrate oral</i>	T1a	
<i>nebivolol hcl</i>	T1b	
SECTRAL	T3	
TENORMIN	T3	
TOPROL XL	T3	
ZEBETA	T3	
*Beta Blockers Non-Selective***		
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
CORGARD	T3	
HEMANGEOL	T3	AL (Max 2 Years)

Medication	Coverage Level	Restrictions
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	
LEVATOL	T2	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1b	
<i>pindolol</i>	T1b	
<i>propranolol hcl er</i>	T1b	
<i>propranolol hcl intravenous</i>	T1b	
<i>propranolol hcl oral</i>	T1a	
SORINE	T1b	
<i>sotalol hcl oral</i>	T1b	
SOTYLIZE	T3	
<i>timolol maleate oral</i>	T1b	
Calcium Channel Blockers		
*Calcium Channel Blocker-Nsaid Combinations***		
CONSENSI	T9	
*Calcium Channel Blockers***		
ADALAT CC	T3	
AFEDITAB CR	T1b	
<i>amlodipine besylate oral</i>	T1a	
CALAN ORAL TABLET 120 MG, 80 MG	T3	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG	T3	
CARDENE SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 30 MG, 60 MG	T3	ST
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	T9	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T9	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARTIA XT	T1b	
CONJUPRI	T9	
<i>dilt-cd</i>	T1b	

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

Medication	Coverage Level	Restrictions
TIADYL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1b	
TIAZAC	T3	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	T1b	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg</i>	T3	
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	T1b	
<i>verapamil hcl oral</i>	T1a	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 360 MG	T3	
VERELAN PM	T3	
Cardiotonics		
*Cardiac Glycosides***		
DIGITEK	T1b	
DIGOX	T1b	
<i>digoxin oral solution</i>	T1b	AL (Max 9 Years)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1b	
<i>digoxin oral tablet 62.5 mcg</i>	T9	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	T3	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	T9	
Cardiovascular Agents - Misc.		
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb***		
<i>amlodipine-atorvastatin</i>	T9	
CADUET ORAL TABLET 10-10 MG, 2.5-10 MG, 5-10 MG	T3	
*Cardiac Myosin Inhibitors***		
CAMZYOS	T9	
*Cardiovascular SglT2 Inhibitors**		
INPEFA ORAL TABLET 200 MG	T9	
*Neprilysin Inhib (Arni)-Angiotensin li Recept Antag Comb***		
ENTRESTO	T2	QL (60 tablets per 30 days)
*Nitrate & Vasodilator Combinations***		
BIDIL	T9	
<i>isosorb dinitrate-hydralazine</i>	T2	

Medication	Coverage Level	Restrictions
<i>*Prostaglandin - Impotence Agents***</i>		
CAVERJECT	T9	
CAVERJECT IMPULSE	T9	
EDEX	T9	
MUSE	T9	
<i>*Prostaglandin Vasodilators***</i>		
ORENITRAM MONTH 1	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 kit per 28 days)
ORENITRAM MONTH 2	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 kit per 28 days)
ORENITRAM MONTH 3	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 kit per 28 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2880 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1440 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
TYVASO	T4	PA; SP (Limited to a 1 month supply per fill)
TYVASO DPI MAINTENANCE KIT	T5	PA; SP (Limited to a 1 month supply per fill)
TYVASO DPI TITRATION KIT	T5	PA; SP (Limited to a 1 month supply per fill)
TYVASO REFILL	T4	PA; SP (Limited to a 1 month supply per fill)
TYVASO STARTER	T4	PA; SP (Limited to a 1 month supply per fill)
VENTAVIS INHALATION SOLUTION 10 MCG/ML	T4	PA; SP (Limited to a 1 month supply per fill)
VENTAVIS INHALATION SOLUTION 20 MCG/ML	T4	PA; SP (Limited to a 1 month supply per fill)
<i>*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***</i>		
ADEMPAS ORAL TABLET 0.5 MG, 2.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
ADEMPAS ORAL TABLET 1 MG, 2 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
ADEMPAS ORAL TABLET 1.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>*Pulmonary Hypertension - Endothelin Receptor Antagonists***</i>		
<i>ambrisentan</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>bosentan oral tablet 125 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>bosentan oral tablet 62.5 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill)
LETAIRIS ORAL TABLET 10 MG	T9	SP ()
LETAIRIS ORAL TABLET 5 MG	T9	
OPSUMIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
TRACLEER ORAL TABLET	T9	SP ()
TRACLEER ORAL TABLET SOLUBLE	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
ADCIRCA	T9	
LIQREV	T9	
REVATIO ORAL SUSPENSION RECONSTITUTED	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL (Max 5 Years)
REVATIO ORAL TABLET	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL (Max 5 Years)
<i>sildenafil citrate oral tablet 20 mg</i>	T3	PA
<i>tadalafil (pah)</i>	T9	SP ()
TADLIQ	T9	
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***		
UPTRAVI ORAL TABLET 1000 MCG, 1400 MCG, 200 MCG, 400 MCG, 800 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET 1200 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET 1600 MCG, 600 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 2 years)
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***		
CIALIS	T9	
LEVITRA	T9	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1b	QL (15 tablets per 30 days)
STAXYN	T9	
STENDRA	T9	
<i>tadalafil oral tablet 10 mg, 20 mg</i>	T1b	QL (15 tablets per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	T1b	QL (30 tablets per 30 days)
<i>vardeafil hcl oral</i>	T9	

Medication	Coverage Level	Restrictions
VIAGRA	T9	
*Sinus Node Inhibitors**		
CORLANOR	T3	ST
*Transthyretin Stabilizers***		
VYNDAMAX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
VYNDAQEL	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)***		
VERQUVO	T3	PA; QL (30 tablets per 30 days)
Cephalosporins		
*Cephalosporins - 1St Generation***		
<i>cefadroxil</i>	T1b	
<i>cephalexin oral capsule</i>	T1a	
<i>cephalexin oral suspension reconstituted</i>	T1b	
<i>cephalexin oral tablet</i>	T2	
DAXBIA	T9	
KEFLEX	T3	
*Cephalosporins - 2Nd Generation***		
<i>cefaclor er</i>	T1b	
<i>cefaclor oral capsule 250 mg</i>	T1b	
<i>cefprozil</i>	T1b	
CEFTIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML	T3	
CEFTIN ORAL TABLET	T3	
<i>cefuroxime axetil oral tablet</i>	T1b	
*Cephalosporins - 3Rd Generation***		
CEDAX ORAL CAPSULE	T3	ST
CEDAX ORAL SUSPENSION RECONSTITUTED 90 MG/5ML	T3	ST
<i>cefdinir</i>	T1b	
<i>cefditoren pivoxil oral tablet 400 mg</i>	T1b	
<i>cefixime oral suspension reconstituted</i>	T1b	
<i>cefpodoxime proxetil</i>	T1b	
SPECTRACEF	T3	

Medication	Coverage Level	Restrictions
SUPRAX ORAL CAPSULE	T2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML	T3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T2	
SUPRAX ORAL TABLET CHEWABLE	T3	
Chemicals		
*Additional Solids***		
<i>coenzyme q10</i>	T9	
*Bulk Chemicals - La's***		
<i>acidophilus lactobacillus powder</i>	T9	
*Bulk Chemicals - Me's***		
<i>metronidazole benzoate</i>	T9	
Contraceptives		
*Biphasic Contraceptives - Oral***		
AZURETTE	T8	PV
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	T8	PV
KARIVA	T8	PV
LO LOESTRIN FE	T3	ST
MIRCETTE	T9	
PIMTREA	T8	PV
SIMLIYA	T8	PV
<i>viorele</i>	T8	PV
VOLNEA	T8	PV
*Combination Contraceptives - Oral***		
AFIRMELLE	T8	PV
ALTAVERA	T8	PV
<i>alyacen 1/35</i>	T8	PV
APRI	T8	PV
AUBRA	T8	PV
AUBRA EQ	T8	PV
AUROVELA 1.5/30	T8	PV
AUROVELA 1/20	T8	PV
AUROVELA 24 FE	T8	PV
AUROVELA FE 1.5/30	T8	PV
AUROVELA FE 1/20	T8	PV
AVIANE	T8	PV
AYUNA	T8	PV
BALCOLTRA	T9	

Medication	Coverage Level	Restrictions
BALZIVA	T8	PV
BEYAZ	T9	
BLISOVI 24 FE	T8	PV
BLISOVI FE 1.5/30	T8	PV
BLISOVI FE 1/20	T8	PV
<i>briellyn</i>	T8	PV
CHARLOTTE 24 FE	T8	PV
CHATEAL	T8	PV
CHATEAL EQ	T8	PV
CRYSSELLE-28	T8	PV
CYCLAFEM 1/35	T8	PV
CYRED	T8	PV
CYRED EQ	T8	PV
DASETTA 1/35	T8	PV
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	T8	PV
<i>drospiren-eth estrad-levomefol</i>	T8	PV
<i>drospirenone-ethinyl estradiol</i>	T8	PV
ELINEST	T8	PV
ENSKYCE ORAL TABLET 0.15-0.03 MG	T8	PV
ESTARYLLA	T8	PV
<i>ethynodiol diac-eth estradiol</i>	T8	PV
FALMINA	T8	PV
FEMYNOR	T8	PV
GEMMILY	T9	
GENERESS FE	T9	
HAILEY 1.5/30	T8	PV
HAILEY 24 FE	T8	PV
HAILEY FE 1.5/30	T8	PV
HAILEY FE 1/20	T8	PV
ISIBLOOM	T8	PV
JASMIEL	T8	PV
JOYEAUX	T9	
JULEBER	T8	PV
JUNEL 1.5/30	T8	PV
JUNEL 1/20	T8	PV
JUNEL FE 1.5/30	T8	PV
JUNEL FE 1/20	T8	PV
JUNEL FE 24	T8	PV
KAITLIB FE	T9	

Medication	Coverage Level	Restrictions
KALLIGA	T8	PV
KELNOR 1/35	T8	PV
KELNOR 1/50	T8	PV
KURVELO	T8	PV
LARIN 1.5/30	T8	PV
LARIN 1/20	T8	PV
LARIN 24 FE	T8	PV
LARIN FE 1.5/30	T8	PV
LARIN FE 1/20	T8	PV
LARISSIA	T8	PV
LAYOLIS FE	T9	
LESSINA	T8	PV
<i>levonorgest-eth estradiol-iron</i>	T9	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	T8	PV
LEVORA 0.15/30 (28)	T8	PV
LILLOW	T8	PV
LOESTRIN 1.5/30 (21)	T9	
LOESTRIN FE 1.5/30	T3	PV
LOESTRIN FE 1/20	T3	PV
LORYNA	T8	PV
LOW-OGESTREL	T8	PV
LO-ZUMANDIMINE	T8	PV
LUTERA	T8	PV
<i>marlissa</i>	T8	PV
MELODETTA 24 FE	T9	
MERZEE	T9	
MIBELAS 24 FE	T9	
MICROGESTIN 1.5/30	T8	PV
MICROGESTIN 1/20	T8	PV
MICROGESTIN 24 FE	T8	PV
MICROGESTIN FE 1.5/30	T8	PV
MICROGESTIN FE 1/20	T8	PV
MILI	T8	PV
MINASTRIN 24 FE	T9	
MONO-LINYAH	T8	PV
NECON 0.5/35 (28)	T8	PV
NEXTSTELLIS	T9	
NIKKI	T8	PV
<i>norethin ace-eth estrad-fe oral capsule</i>	T9	

Medication	Coverage Level	Restrictions
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	T8	PV
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	T8	PV
<i>norethindrone acet-ethinyl est</i>	T8	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	T8	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	T9	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	T8	PV
NORINYL 1+50 (28)	T3	
NORTREL 0.5/35 (28)	T8	PV
NORTREL 1/35 (21)	T8	PV
NORTREL 1/35 (28)	T8	PV
NYLIA 1/35	T1b	PV
NYMYO	T8	PV
OCELLA	T8	PV
ORSYTHIA	T8	PV
OVCON-35 (28)	T3	
PHILITH	T1b	PV
PIRMELLA 1/35	T8	PV
PORTIA-28	T8	PV
PREVIFEM	T8	PV
RECLIPSEN	T8	PV
SAFYRAL	T9	
SPRINTEC 28	T8	PV
SRONYX	T8	PV
SYEDA	T8	PV
TARINA 24 FE	T8	PV
TARINA FE 1/20	T8	PV
TARINA FE 1/20 EQ	T8	PV
TAYSOFY	T9	
TAYTULLA	T9	
TYBLUME ORAL TABLET CHEWABLE	T3	
TYDEMY	T9	
VESTURA	T8	PV
VIENVA	T8	PV
VYFEMLA	T8	PV
VYLIBRA	T8	PV
WERA	T8	PV
WYMZYA FE	T8	PV

Medication	Coverage Level	Restrictions
YASMIN 28	T9	
YAZ	T9	
ZARAH	T8	PV
ZOVIA 1/35 (28)	T8	PV
ZOVIA 1/35E (28)	T8	PV
ZUMANDIMINE	T8	PV
*Combination Contraceptives - Transdermal***		
TWIRLA	T9	
XULANE	T8	PV; QL (4 patches per 28 days)
ZAFEMY	T8	PV; QL (4 patches per 28 days)
*Combination Contraceptives - Vaginal***		
ANNOVERA	T9	
ELURYNG	T2	PV; QL (1 ring per 28 days)
<i>etonogestrel-ethinyl estradiol</i>	T8	PV; QL (1 ring per 28 days)
NUVARING	T9	
*Continuous Contraceptives - Oral***		
AMETHYST	T8	PV
DOLISHALE	T8	PV
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	T8	PV
*Emergency Contraceptives***		
AFTERA	T8	PV
AFTERPILL	T3	PV
ECONTRA EZ	T8	PV
ECONTRA ONE-STEP	T8	PV
ELLA	T1b	
<i>levonorgestrel oral tablet 1.5 mg</i>	T8	PV
MY CHOICE	T8	PV
MY WAY	T8	PV
NEW DAY	T8	PV
OPCICON ONE-STEP	T8	PV
OPTION 2	T8	PV
PLAN B ONE-STEP	T8	PV
TAKE ACTION	T8	PV
*Extended-Cycle Contraceptives - Oral***		
AMETHIA	T8	PV
ASHLYNA	T8	PV
CAMRESE	T8	PV
CAMRESE LO	T8	PV

Medication	Coverage Level	Restrictions
DAYSEE	T8	PV
ICLEVIA	T8	PV
JAIMIESS	T8	PV
JOLESSA	T8	PV
<i>levonorgest-eth est & eth est</i>	T8	PV
<i>levonorgest-eth estrad 91-day</i>	T8	PV
LOJAIMIESS	T8	PV
LOSEASONIQUE	T9	
QUARTETTE	T9	
RIVELSA	T9	
SEASONIQUE	T9	
SETLAKIN	T8	PV
SIMPESSE	T8	PV
*Four Phase Contraceptives - Oral***		
NATAZIA	T9	
*Progestin Contraceptives - Injectable***		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T8	PV; QL (1 vial per 90 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T8	PV; QL (1 syringe per 90 days)
<i>medroxyprogesterone acetate intramuscular</i>	T8	PV
*Progestin Contraceptives - Oral***		
CAMILA	T8	PV
DEBLITANE	T8	PV
ERRIN	T8	PV
HEATHER	T8	PV
INCASSIA	T8	PV
JENCYCLA	T8	PV
LYLEQ	T8	PV
LYZA	T8	PV
NORA-BE	T8	PV
<i>norethindrone oral</i>	T8	PV
NORLYDA	T8	PV
SHAROBEL	T8	PV
SLYND	T3	ST; QL (28 tablets per 28 days)
TULANA	T8	PV
*Triphasic Contraceptives - Oral***		
<i>alyacen 7/7/7</i>	T8	PV
ARANELLE	T8	PV
CAZIAN	T8	PV

Medication	Coverage Level	Restrictions
CYCLAFEM 7/7/7	T8	PV
DASETТА 7/7/7	T8	PV
ENPRESSE-28	T8	PV
ESTROSTEP FE	T3	PV
LEENA	T8	PV
LEVONEST	T8	PV
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	T8	PV
<i>norethindron-ethinyl estrad-fe</i>	T8	PV
<i>norgestim-eth estrad triphasic</i>	T8	PV
NORTREL 7/7/7	T8	PV
NYLIA 7/7/7	T8	PV
PIRMELLA 7/7/7	T8	PV
TILIA FE	T8	PV
TRI FEMYNOR	T8	PV
TRI-ESTARYLLA	T8	PV
TRI-LEGEST FE	T8	PV
TRI-LINYAH	T8	PV
TRI-LO-ESTARYLLA	T8	PV
TRI-LO-MARZIA	T8	PV
TRI-LO-MILI	T8	PV
TRI-LO-SPRINTEC	T8	PV
TRI-MILI	T8	PV
TRI-NORINYL (28)	T3	PV
TRI-NYMYO	T8	PV
TRI-PREVIFEM	T8	PV
TRI-SPRINTEC	T8	PV
TRIVORA (28)	T8	PV
TRI-VYLIBRA	T8	PV
TRI-VYLIBRA LO	T8	PV
VELIVET	T8	PV
Corticosteroids		
*Glucocorticosteroids***		
ALKINDI SPRINKLE	T9	
<i>budesonide er oral tablet extended release 24 hour</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>budesonide oral</i>	T3	QL (90 capsules per 30 days)
CORTEF	T3	
<i>cortisone acetate oral</i>	T1b	

Medication	Coverage Level	Restrictions
<i>dexabliss</i>	T9	
DEXAMETHASONE INTENSOL	T2	
<i>dexamethasone oral elixir</i>	T1b	
<i>dexamethasone oral solution</i>	T1b	
<i>dexamethasone oral tablet</i>	T1b	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21)</i>	T9	
DEXONTO 0.4%	T3	
DEXTAK 6 DAY ORAL TABLET THERAPY PACK	T9	
EMFLAZA	T9	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	T3	QL (90 capsule per 30 days)
HEMADY	T9	
HIDEX 6-DAY	T9	
<i>hydrocortisone oral</i>	T1b	
LOCORT 11-DAY	T9	
LOCORT 7-DAY	T9	
MEDROL	T3	
<i>methylprednisolone oral</i>	T1b	
MILLIPRED	T9	
ORAPRED ODT	T9	
ORTIKOS	T9	
<i>prednisolone oral solution</i>	T1b	
<i>prednisolone oral tablet</i>	T9	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	T1b	
<i>prednisolone sodium phosphate oral solution 20 mg/5ml</i>	T9	
PREDNISONE INTENSOL	T2	
<i>prednisone oral solution</i>	T2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T1a	
<i>prednisone oral tablet 50 mg</i>	T2	
<i>prednisone oral tablet therapy pack 5 mg (21)</i>	T1b	
RAYOS	T9	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG	T2	QL (2 vials per 1 year)
TAPERDEX 12-DAY	T9	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	T9	
TARPEYO	T9	

Medication	Coverage Level	Restrictions
UCERIS ORAL	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>zcort 7-day</i>	T9	
ZILRETTA	T9	
ZODEX 12-DAY	T9	
ZODEX 6-DAY	T9	
ZONACORT 11 DAY	T9	
ZONACORT 7 DAY	T9	
*Mineralocorticoids***		
<i>fludrocortisone acetate oral</i>	T1b	
Cough/Cold/Allergy		
*Antitussive - Nonnarcotic***		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1b	
<i>benzonatate oral capsule 150 mg</i>	T9	
TESSALON PERLES	T3	
*Antitussive - Opioid***		
HYCODAN	T9	
<i>hydrocodone bit-homatrop mbr oral solution</i>	T1b	
<i>hydrocodone-homatropine oral syrup</i>	T1b	
<i>hydromet</i>	T1b	
TUSSIGON	T2	
*Antitussive-Expectorant***		
<i>cheratussin ac oral syrup</i>	T1b	
FLOWTUSS	T9	
<i>guaifenesin-codeine oral solution</i>	T1b	
<i>guaifenesin-dm oral syrup</i>	T9	
OBREDON	T9	
*Antitussive-Expectorants-Decongestant***		
<i>cheratussin dac</i>	T1b	
HYCOFENIX	T9	
*Decongestant & Antihistamine***		
ALAVERT ALLERGY/SINUS	T9	
ALLEGRA-D ALLERGY & CONGESTION	T9	
<i>cetirizine-pseudoephedrine er</i>	T9	
CLARINEX-D 12 HOUR	T9	
CLARITIN-D 12 HOUR	T9	
CLARITIN-D 24 HOUR	T9	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	T9	

Medication	Coverage Level	Restrictions
<i>loratadine-d 24hr</i>	T9	
<i>promethazine vc plain oral solution</i>	T1b	
<i>pyril d</i>	T3	
<i>pyrilamine-phenylephrine oral suspension</i>	T1b	
SEMPREX-D	T9	
*Expectorants***		
<i>guaifenesin oral liquid 100 mg/5ml</i>	T9	
<i>guaifenesin oral solution 100 mg/5ml</i>	T9	
<i>guaifenesin oral tablet 400 mg</i>	T9	
*Iodine Expectorants***		
<i>potassium iodide oral solution</i>	T2	
SSKI	T3	
*Misc. Respiratory Inhalants***		
HYPERSAL	T2	QL (240 ML per 30 days)
<i>sodium chloride inhalation nebulization solution 7 %</i>	T1b	
*Mucolytics***		
<i>acetylcysteine inhalation</i>	T1b	
*Non-Narc Antitussive-Antihistamine***		
<i>promethazine-dm oral syrup</i>	T1b	
*Non-Narc Antitussive-Decongestant-Antihistamine***		
BROMFED DM ORAL SYRUP 30-2-10 MG/5ML	T9	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	T1b	
*Opioid Antitussive-Antihistamine***		
<i>hydrocod poli-chlorphe poli er</i>	T1b	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	T1b	
<i>promethazine-codeine oral syrup</i>	T1b	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	T9	
*Opioid Antitussive-Decongestant-Antihistamine***		
HISTEX-AC	T9	
<i>maxi-tuss cd</i>	T9	
<i>promethazine vc/codeine</i>	T1b	
Dermatologicals		
*Acne Antibiotics***		
ACZONE	T9	
AMZEEQ	T9	

Medication	Coverage Level	Restrictions
CLEOCIN-T	T9	
CLINDAGEL	T9	
<i>clindamycin phosphate external gel</i>	T1b	ST
<i>clindamycin phosphate external lotion</i>	T1b	ST
<i>clindamycin phosphate external solution</i>	T1b	QL (180 ML per 30 days)
<i>clindamycin phosphate external swab</i>	T1b	
<i>dapsone external</i>	T9	
<i>ery</i>	T1b	
ERYGEL	T1b	
<i>erythromycin external gel</i>	T1b	
<i>erythromycin external solution</i>	T1b	
KLARON	T3	
<i>sulfacetamide sodium (acne)</i>	T2	
*Acne Combinations***		
ACANYA	T9	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1b	
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	T9	
<i>adeinzde</i>	T9	
AKTIPAK	T9	
AVAR CLEANSER	T9	
AVAR EXTERNAL PAD	T9	
AVAR LS CLEANSER	T9	
AVAR LS EXTERNAL PAD	T9	
AVAR-E EMOLLIENT	T9	
AVAR-E GREEN	T9	
AVAR-E LS	T9	
BENZACLIN	T9	
BENZACLIN WITH PUMP	T9	
<i>benzoyl peroxide-erythromycin</i>	T2	
<i>bp 10-1</i>	T9	
<i>bp cleansing wash</i>	T1b	
CLARIFOAM EF	T3	
CLENIA PLUS	T9	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %</i>	T9	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T1b	QL (45 gm per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	T2	QL (50 GM per 30 days)

Medication	Coverage Level	Restrictions
<i>clindamycin-tretinoin</i>	T3	
<i>deoxiademtar</i>	T9	
<i>deoxiatar</i>	T9	
<i>deoxiavar</i>	T9	
<i>diasaxiatar external gel</i>	T9	
<i>draxacey</i>	T9	
DUAC	T9	
EPIDUO	T3	
EPIDUO FORTE	T9	
<i>fluoxia</i>	T9	
<i>idyyxiatar</i>	T9	
<i>inzdeaxiatar</i>	T9	
<i>inzdeaxiavar</i>	T9	
<i>inzdeoxia</i>	T9	
NEUAC EXTERNAL GEL	T1b	QL (45 GM per 30 days)
NEUAC EXTERNAL KIT	T9	
ONEXTON	T9	
<i>onzdeaxiademtar</i>	T9	
<i>onzdeaxiatar</i>	T9	
<i>oxiaice</i>	T9	
<i>oxiavar</i>	T9	
<i>oxiavary</i>	T9	
PLEXION CLEANSER EXTERNAL LIQUID	T9	
PLEXION CLEANSING CLOTH EXTERNAL PAD	T9	
PLEXION EXTERNAL CREAM	T9	
PRASCION FC	T1b	
PRASCION RA	T1b	
ROSULA WASH	T9	
<i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external emulsion</i>	T1b	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>	T1b	
<i>sulfacetamide sodium-sulfur external liquid 9-4 %, 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	T9	
<i>sulfacetamide sodium-sulfur external pad 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external suspension</i>	T9	

Medication	Coverage Level	Restrictions
SUMADAN	T3	
SUMADAN WASH	T3	
SUMAXIN	T9	
SUMAXIN CP	T9	
SUMAXIN TS	T9	
SUMAXIN WASH	T9	
TWYNEO	T9	
VANOXIDE-HC	T9	
VELTIN	T9	
ZENCIA	T9	
ZIANA	T9	
ZMA CLEAR	T9	
*Acne Products***		
ABSORICA	T9	
ABSORICA LD	T9	
ACCUTANE	T2	QL (6 fills per 2 years)
<i>acne medication 10 external gel</i>	T1b	
<i>acne medication 5 external gel</i>	T1b	
<i>adapalene external cream</i>	T9	
<i>adapalene external gel 0.1 %</i>	T9	
<i>adapalene external gel 0.3 %</i>	T2	
<i>adapalene external lotion</i>	T9	
<i>adapalene external solution</i>	T9	
AKLIEF	T9	
ALTRENO	T1b	QL (45 grams per 30 days); AL (Max 50 Years)
AMNESTEEM	T2	QL (6 fills per 2 years)
ARAZLO	T9	
ATRALIN	T3	AL (Max 50 Years)
AVITA EXTERNAL CREAM	T3	AL (Max 50 Years)
AVITA EXTERNAL GEL	T9	
AZELEX	T3	ST; QL (50 GM per 30 days)
BENZAC AC WASH EXTERNAL LIQUID	T9	
BENZEFOAM	T9	
BENZEFOAMULTRA	T9	
BENZEPRO CREAMY WASH	T9	
BENZEPRO EXTERNAL FOAM 5.3 %	T9	
BENZEPRO FOAMING CLOTHS	T9	
BENZEPRO SHORT CONTACT	T9	
<i>benzoyl peroxide cleanser external liquid</i>	T9	

Medication	Coverage Level	Restrictions
<i>benzoyl peroxide external foam 9.8 %</i>	T9	
<i>benzoyl peroxide external gel 10 %, 2.5 %, 5 %</i>	T9	
<i>benzoyl peroxide external pad 9.5 %</i>	T9	
<i>benzoyl peroxide wash external liquid</i>	T9	
<i>bp foam external foam 9.8 %</i>	T9	
<i>bp gel</i>	T9	
<i>bp wash external liquid 10 %, 2.5 %, 5 %, 7 %</i>	T9	
<i>bpo</i>	T9	
<i>bpo creamy wash</i>	T9	
<i>bpo foaming cloths external 6 %</i>	T9	
<i>bpo-10 wash</i>	T9	
<i>bpo-5 wash</i>	T9	
CLARAVIS	T2	QL (6 fills per 2 years)
DIFFERIN EXTERNAL CREAM	T9	
DIFFERIN EXTERNAL GEL 0.1 %	T1b	
DIFFERIN EXTERNAL GEL 0.3 %	T9	
DIFFERIN EXTERNAL LOTION	T9	
EPSOLAY	T9	
FABIOR	T9	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T2	QL (6 fills per 2 years)
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	T9	
MYORISAN	T2	QL (6 fills per 2 years)
OSCION CLEANSER EXTERNAL LOTION 6 %	T1b	
PANOXYL EXTERNAL BAR 10 %	T9	
PANOXYL WASH	T9	
PR BENZOYL PEROXIDE WASH	T9	
RETIN-A	T3	AL (Max 50 Years)
RETIN-A MICRO	T9	
RETIN-A MICRO PUMP	T9	
RIAX EXTERNAL FOAM	T3	QL (1 GM per 30 days)
<i>tazarotene external foam</i>	T9	
<i>tretinoin external cream 0.025 %</i>	T1b	AL (Max 50 Years)
<i>tretinoin external cream 0.05 %, 0.1 %</i>	T2	AL (Max 50 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	T1b	AL (Max 50 Years)
<i>tretinoin external gel 0.05 %</i>	T2	AL (Max 50 Years)
<i>tretinoin microsphere</i>	T9	
<i>tretinoin microsphere pump</i>	T9	
WINLEVI	T9	
ZENATANE	T2	QL (6 fills per 2 years)

Medication	Coverage Level	Restrictions
*Agents For External Genital And Perianal Warts***		
VEREGEN	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 GM per 30 days)
*Agents For Facial Wrinkles - Retinoids***		
REFISSA	T9	
RENOVA	T9	
RENOVA PUMP	T9	
*Alopecia Agents - Janus Kinus (Jak) Inhibitors***		
LITFULO	T9	
*Analgesics - Topical***		
MUSCUSOLICE	T9	
PRAKETAMIDE	T9	
*Antibiotic Mixtures Topical***		
<i>idaran</i>	T9	
<i>nanran</i>	T9	
*Antibiotic Steroid Combinations - Topical***		
CORTISPORIN EXTERNAL	T2	
NEO-SYNALAR EXTERNAL CREAM	T9	
*Antibiotics - Topical***		
ALTABAX	T3	ST; QL (15 GM per 30 months)
CENTANY	T3	
<i>gentamicin sulfate external</i>	T1b	
<i>mupirocin calcium</i>	T9	
<i>mupirocin external</i>	T1b	QL (22 gm per 30 days)
XEPI	T3	ST; QL (30 GM per 30 days)
*Antifungals - Topical Combinations***		
ALA-QUIN	T9	
ALCORTIN A	T9	
ALOQUIN	T9	
<i>clotrimazole-betamethasone external cream</i>	T1b	
<i>clotrimazole-betamethasone external lotion</i>	T1b	QL (30 gm per 30 days)
DERMASORB AF	T9	
DERMAZENE	T9	
<i>hexiounyl</i>	T9	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	T9	
<i>iodoquimez-hc</i>	T9	
LOTRISONE EXTERNAL CREAM	T3	
<i>nystatin-triamcinolone</i>	T1b	

Medication	Coverage Level	Restrictions
<i>pedipak</i>	T9	
<i>phedrax</i>	T9	
<i>pheoxia</i>	T9	
VUSION	T9	
VYTONE	T9	
*Antifungals - Topical***		
<i>butenafine hcl</i>	T1b	
CICLODAN EXTERNAL SOLUTION	T1b	
<i>ciclopirox external</i>	T1b	
<i>ciclopirox olamine external</i>	T1b	
<i>ciclopirox treatment</i>	T9	
CNL8 NAIL	T9	
LAMISIL SPRAY	T3	
LOPROX EXTERNAL GEL	T3	
LOPROX EXTERNAL SHAMPOO	T3	
MENTAX	T9	
<i>naftifine hcl external cream 1 %</i>	T3	ST; QL (90 GM per 30 days)
<i>naftifine hcl external cream 2 %</i>	T9	
<i>naftifine hcl external gel 2 %</i>	T9	
NAFTIN	T9	
NYAMYC	T1b	QL (60 GM per 30 Days)
<i>nystatin external cream</i>	T1b	SP (Generic substitution mandatory.)
<i>nystatin external ointment</i>	T1b	
<i>nystatin external powder</i>	T1b	QL (60 GM per 30 Days)
NYSTOP	T1b	QL (60 GM per 30 days)
<i>rimi</i>	T9	
*Anti-Inflammatory Agents - Topical***		
<i>diclofenac epolamine external</i>	T9	
<i>diclofenac sodium external gel 1 %</i>	T1b	
<i>diclofenac sodium external solution</i>	T9	
FLECTOR TRANSDERMAL	T9	
LICART TRANSDERMAL	T9	
PENNSAID TRANSDERMAL	T9	
VOLTAREN TRANSDERMAL	T9	
<i>vopac mds transdermal</i>	T9	
*Anti-Inflammatory Combinations - Topical***		
LEXTOL	T9	
PROFINAC	T9	
<i>ziclocin</i>	T9	

Medication	Coverage Level	Restrictions
*Antineoplastic Alkylating Agents - Topical***		
VALCHLOR	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill); QL (60 GM per 15 days)
*Antineoplastic Antimetabolites - Topical***		
CARAC	T9	
EFUDEX EXTERNAL CREAM	T3	
FLUOROPLEX	T4	ST; SP (Limited to a 1 month supply per fill)
<i>fluorouracil external cream 0.5 %</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 grams per 30 days)
<i>fluorouracil external cream 5 %</i>	T1b	QL (40 GM per 30 days)
<i>fluorouracil external solution</i>	T1b	
TOLAK	T2	QL (1 tube per 30 days)
*Antineoplastic Or Premalignant Lesion Agent - Comb***		
FLUORAC	T9	
<i>quidroxzar</i>	T9	
<i>quihoxaxia</i>	T9	
<i>quitar</i>	T9	
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***		
<i>diclofenac sodium external gel 3 %</i>	T2	ST; QL (100 GM per 30 days)
*Antipruritics - Topical***		
<i>doxepin hcl external</i>	T3	ST; QL (45 GM per 1 year)
PRUDOXIN	T9	
ZONALON	T9	
*Antipsoriatic Combinations***		
<i>calsodore external kit</i>	T9	
<i>diooxia</i>	T9	
TRIONEX	T9	
*Antipsoriatics - Systemic***		
<i>acitretin</i>	T4	SP (Limited to a 1 month supply per fill)
COSENTYX (300 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 dose packs for induction/starting dose only.); QL (1 dose pack per 28 days)

Medication	Coverage Level	Restrictions
COSENTYX SENSOREADY (300 MG)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 dose packs for induction/starting dose only.); QL (1 dose pack per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 pens for induction/starting dose only.); QL (1 pen per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 syringes for induction/starting dose only.); QL (1 syringe per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 syringes for induction/starting dose only.); QL (1 syringe per 30 days)
COSENTYX UNOREADY	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 syringes for induction/starting dose only.); QL (1 pen per 28 days)
<i>methoxsalen rapid</i>	T4	SP (Limited to a 1 month supply per fill)
SILIQ	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
SKYRIZI PEN	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 12 week supply per fill); QL (1 pen per 12 weeks)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 12 week supply per fill); QL (1 syringe per 12 weeks)

Medication	Coverage Level	Restrictions
SOTYKTU	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed 2 vials for first month starting dose)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed 2 syringes for first month starting dose)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed 2 syringes for first month starting dose)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 auto-injector per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 syringe per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limit of 2 pens the first fill.); QL (1 pen per 8 weeks)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limit of 2 syringes the first fill.); QL (1 syringe per 8 weeks)
*Antipsoriatics***		
<i>calcipotriene external cream</i>	T1b	QL (120 GM per 30 days)
<i>calcipotriene external foam</i>	T9	
<i>calcipotriene external ointment</i>	T2	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	T1b	
<i>calcitriol external</i>	T3	ST; QL (100 GM per 30 days)
DOVONEX EXTERNAL CREAM	T3	QL (120 GM per 30 days)
DRITHO-CREME HP	T9	
SORILUX	T9	
<i>tazarotene external cream</i>	T2	ST
<i>tazarotene external gel</i>	T9	
TAZORAC EXTERNAL CREAM 0.05 %	T3	ST
TAZORAC EXTERNAL CREAM 0.1 %	T2	ST
TAZORAC EXTERNAL GEL	T9	

Medication	Coverage Level	Restrictions
VECTICAL	T3	ST; QL (100 GM per 30 days)
VTAMA	T9	
ZITHRANOL	T3	ST
ZITHRANOL-RR	T9	
ZORYVE	T9	
*Antiseborrheic Combinations***		
<i>haxchlodrex</i>	T9	
<i>haxdrax</i>	T9	
PROMISEB	T9	
PROMISEB COMPLETE	T9	
*Antiseborrheic Products***		
MEXAR WASH	T1b	
OVACE PLUS	T9	
OVACE PLUS WASH	T9	
OVACE WASH	T9	
PLEXION NS	T9	
<i>selenium sulfide external lotion</i>	T1b	
<i>selenium sulfide external shampoo 2.25 %</i>	T1b	
<i>selenium sulfide external shampoo 2.3 %</i>	T9	
SELRX	T9	
<i>sodium sulfacetamide external shampoo</i>	T9	
<i>sodium sulfacetamide wash</i>	T9	
<i>sulfacetamide sodium (cleans)</i>	T1b	
<i>sulfacetamide sodium external liquid</i>	T1b	
*Antiviral Topical Combinations***		
XERESE	T9	
*Antivirals - Topical***		
<i>acyclovir external cream</i>	T9	
<i>acyclovir external ointment</i>	T3	ST; QL (15 GM per 6 months)
DENAVIR	T5	ST; SP (Limited to one 6 month supply at a time); QL (5 GM per 6 months)
<i>penciclovir</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (5 GM per 6 monthss)
ZOVIRAX EXTERNAL	T9	
*Astringents***		
DOMEBORO EXTERNAL PACKET	T9	
XERAC AC	T1b	

Medication	Coverage Level	Restrictions
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***		
CIBINQO	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OPZELURA	T9	
*Atopic Dermatitis - Monoclonal Antibodies***		
ADBRY	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 3 pens for induction/starting dose only.); QL (2 pens per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 3 syringes for induction/starting dose only.); QL (2 syringes per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 3 syringes for induction/starting dose only.); QL (2 syringes per 28 days)
*Burn Products***		
<i>mafenide acetate external</i>	T1b	
SILVADENE	T3	
<i>silver sulfadiazine external</i>	T1b	
SSD	T1b	
SSD (SILVER SULFADIAZINE)	T1b	
SULFAMYLON	T9	
*Corticosteroids - Topical***		
ALA SCALP	T9	
<i>ala-cort external cream 1 %</i>	T9	
<i>alclometasone dipropionate</i>	T1b	
<i>amcinonide external cream</i>	T1b	
<i>amcinonide external lotion</i>	T9	
<i>amcinonide external ointment</i>	T9	
APEXICON E	T9	
AQUANIL HC	T1b	
<i>betamethasone dipropionate aug external cream</i>	T1b	
<i>betamethasone dipropionate aug external gel</i>	T1b	QL (50 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	T1b	QL (60 ML per 30 days)

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

Medication	Coverage Level	Restrictions
DESOWEN EXTERNAL CREAM	T9	
DESOWEN EXTERNAL LOTION	T9	
<i>desoximetasone external cream 0.05 %</i>	T9	
<i>desoximetasone external cream 0.25 %</i>	T1b	
<i>desoximetasone external gel</i>	T9	
<i>desoximetasone external liquid</i>	T9	
<i>desoximetasone external ointment 0.05 %</i>	T9	
<i>desoximetasone external ointment 0.25 %</i>	T2	
<i>diflorasone diacetate external cream</i>	T9	
<i>diflorasone diacetate external ointment</i>	T2	QL (15 GM per 30 days)
DIPROLENE	T3	
DIPROLENE AF	T3	
ELOCON	T3	
<i>fluocinolone acetonide body</i>	T1b	
<i>fluocinolone acetonide external cream</i>	T1b	
<i>fluocinolone acetonide external ointment</i>	T1b	
<i>fluocinolone acetonide external solution</i>	T1b	QL (180 ML per 30 days)
<i>fluocinolone acetonide scalp</i>	T1b	
<i>fluocinonide emulsified base</i>	T1b	
<i>fluocinonide external cream 0.05 %</i>	T1b	
<i>fluocinonide external cream 0.1 %</i>	T9	
<i>fluocinonide external gel</i>	T1b	
<i>fluocinonide external ointment</i>	T1b	
<i>fluocinonide external solution</i>	T1b	QL (60 ML per 30 days)
<i>flurandrenolide</i>	T9	
<i>fluticasone propionate external cream</i>	T1b	
<i>fluticasone propionate external lotion</i>	T9	
<i>fluticasone propionate external ointment</i>	T1b	
<i>halobetasol propionate external cream</i>	T2	ST; QL (50 GM per 30 days)
<i>halobetasol propionate external foam</i>	T9	
<i>halobetasol propionate external ointment</i>	T2	QL (50 GM per 30 days)
HALOG	T9	
<i>hydrocort lotion complete kit</i>	T9	
<i>hydrocortisone butyr lipo base</i>	T9	
<i>hydrocortisone butyrate external cream</i>	T9	
<i>hydrocortisone butyrate external lotion</i>	T9	
<i>hydrocortisone butyrate external ointment</i>	T9	
<i>hydrocortisone butyrate external solution</i>	T1b	
<i>hydrocortisone external cream 1 %</i>	T9	
<i>hydrocortisone external cream 2.5 %</i>	T1b	

Medication	Coverage Level	Restrictions
<i>hydrocortisone external lotion 1 %</i>	T9	
<i>hydrocortisone external lotion 2.5 %</i>	T1b	
<i>hydrocortisone external ointment 0.5 %, 1 %</i>	T9	
<i>hydrocortisone external ointment 2.5 %</i>	T1b	
<i>hydrocortisone max st external cream</i>	T9	
<i>hydrocortisone valerate external cream</i>	T1b	QL (120 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	T2	ST
HYDROXYM	T9	
IMPEKLO	T9	
IMPOYZ	T9	
KENALOG EXTERNAL	T9	
LOCOID EXTERNAL CREAM	T9	
LOCOID EXTERNAL LOTION	T9	
LOCOID EXTERNAL OINTMENT	T9	
LOCOID EXTERNAL SOLUTION	T3	
LOCOID LIPOCREAM	T9	
LUXIQ	T9	
<i>mometasone furoate external</i>	T1b	
NOBLE FORMULA HC EXTERNAL SOLUTION	T9	
NUCORT	T3	
OLUX	T9	
OLUX-E	T9	
PANDEL	T9	
<i>prednicarbate</i>	T1b	
<i>scalacort</i>	T9	
SCALPICIN MAXIMUM STRENGTH	T9	
SERNIVO	T9	
SYNALAR	T9	
TEMOVATE EXTERNAL GEL	T3	ST
TEMOVATE EXTERNAL OINTMENT	T3	ST
TEMOVATE EXTERNAL SOLUTION	T3	ST
TEXACORT	T9	
TOPICORT EXTERNAL CREAM 0.05 %	T9	
TOPICORT EXTERNAL CREAM 0.25 %	T3	
TOPICORT EXTERNAL GEL	T9	
TOPICORT EXTERNAL OINTMENT 0.25 %	T3	
TOPICORT SPRAY	T9	
<i>triamcinolone acetonide external aerosol solution</i>	T9	
<i>triamcinolone acetonide external cream</i>	T1b	
<i>triamcinolone acetonide external lotion 0.1 %</i>	T1b	

Medication	Coverage Level	Restrictions
<i>triamcinolone acetonide external ointment 0.025 %</i> , 0.1 %	T1b	
<i>triamcinolone acetonide external ointment 0.05 %</i>	T9	
TRIANEX	T9	
TRIDERM EXTERNAL CREAM	T1b	
ULTRAVATE EXTERNAL CREAM	T9	
ULTRAVATE EXTERNAL LOTION	T9	
VANOS	T9	
VERDESO	T9	
WESTCORT	T3	
*Depigmenting Agents***		
ACLARO	T9	
ALPHAQUIN HP	T9	
ESOTERICA DAYTIME	T9	
ESOTERICA FACIAL	T9	
ESOTERICA FADE NIGHTTIME	T9	
<i>hydroquinone</i>	T9	
<i>hydroquinone external cream</i>	T9	
LUSTRA	T9	
LUSTRA-AF	T9	
LUSTRA-ULTRA	T9	
MELQUIN 3	T9	
<i>melquin hp</i>	T9	
<i>nuquin hp</i>	T9	
*Depigmenting Combinations***		
<i>kataraxap</i>	T9	
KATARVIA	T9	
<i>kevaraxap</i>	T9	
<i>kevirtia</i>	T9	
<i>kotaraxap</i>	T9	
<i>kutar</i>	T9	
<i>kutarvia</i>	T9	
<i>prooxia</i>	T9	
TRI-LUMA	T9	
<i>yaxatarxyn</i>	T9	
<i>yokatar</i>	T9	
*Emollient Combinations***		
<i>lactic acid e</i>	T9	
*Emollient/Keratolytic Agents***		
DERMASORB XM	T9	

Medication	Coverage Level	Restrictions
KERALAC EXTERNAL CREAM 47 %	T9	
<i>rynoderma</i>	T9	
<i>urea external cream 40 %, 45 %</i>	T9	
<i>urea external gel</i>	T1b	
<i>urea external lotion 40 %</i>	T9	
<i>urea nail external gel 45 %</i>	T9	
<i>urevaz</i>	T9	
UTOPIC	T9	
<i>xurea</i>	T9	
*Emollient/Keratolytic Combinations***		
PRONAL	T9	
<i>urea hydrating</i>	T9	
*Emollients***		
<i>ammonium lactate external</i>	T9	
GERI-HYDROLAC 12	T9	
GERI-HYDROLAC 5	T9	
LAC-HYDRIN	T9	
<i>lactic acid external lotion</i>	T9	
*Enzymes - Topical***		
SANTYL	T3	QL (60 GM per 30 days)
VASOLEX	T3	
*Eyelid Cleansers & Lubricants***		
ACUICYN EXTERNAL LIQUID	T9	
*Hair Growth Agent - Combinations***		
<i>finapid</i>	T9	
<i>finapodtar</i>	T9	
<i>flyprogpitar</i>	T9	
<i>oxopid</i>	T9	
<i>oxopidaxiaqup</i>	T9	
<i>pidprogtar</i>	T9	
<i>podoxia</i>	T9	
<i>podprogtar</i>	T9	
<i>podtar</i>	T9	
<i>tetpidtar</i>	T9	
*Imidazole-Related Antifungals - Topical***		
<i>clotrimazole external cream</i>	T9	
<i>clotrimazole external solution</i>	T9	
<i>econazole nitrate external</i>	T1b	QL (90 GM per 30 days)
ECOZA	T9	
ERTACZO	T3	ST

Medication	Coverage Level	Restrictions
EXELDERM	T9	
EXTINA	T9	
JUBLIA	T9	
<i>ketoconazole external cream</i>	T1b	QL (60 gm per 30 days)
<i>ketoconazole external foam</i>	T9	
<i>ketoconazole external shampoo 2 %</i>	T1b	QL (120 ml per 30 days)
KETODAN EXTERNAL FOAM	T1b	QL (100 GM per 30 days)
LOTRIMIN AF EXTERNAL CREAM	T9	
<i>luliconazole</i>	T9	
LUZU	T9	
NIZORAL EXTERNAL SHAMPOO 2 %	T3	
<i>oxiconazole nitrate</i>	T3	ST; QL (30 GM per 30 days)
OXISTAT EXTERNAL CREAM	T3	ST
OXISTAT EXTERNAL LOTION	T9	
<i>sulconazole nitrate external cream</i>	T3	ST
<i>sulconazole nitrate external solution</i>	T9	
XOLEGEL	T9	
*Immunomodulators Imidazoquinolinamines - Topical***		
ALDARA	T3	
<i>imiquimod external cream 3.75 %</i>	T9	
<i>imiquimod external cream 5 %</i>	T1b	
<i>imiquimod pump</i>	T9	
ZYCLARA	T9	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	T3	ST
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	T9	
*Immunosuppressive Agents - Topical Combinations***		
<i>oxianuji</i>	T9	
*Keratolytic And/Or Antimitotic Combinations***		
<i>bensal hp external ointment 3-6 %</i>	T9	
<i>metdray</i>	T9	
*Keratolytic/Antimitotic Agents***		
<i>bensal hp external ointment 3 %</i>	T9	
CONDYLOX EXTERNAL GEL	T3	ST
CONDYLOX EXTERNAL SOLUTION	T3	
KERALYT EXTERNAL SHAMPOO	T9	
<i>podocon</i>	T9	
PODOCON-25	T9	

Medication	Coverage Level	Restrictions
<i>podofilox external</i>	T1b	
<i>rayasal</i>	T9	
SALACYN	T9	
SALEX EXTERNAL KIT 6 % (CREAM), 6 % LOTION	T9	
SALEX EXTERNAL SHAMPOO	T9	
SALICATE	T9	
<i>salicylic acid er</i>	T9	
<i>salicylic acid external cream</i>	T9	
<i>salicylic acid external foam</i>	T9	
<i>salicylic acid external liquid 27.5 %</i>	T9	
<i>salicylic acid external lotion</i>	T9	
<i>salicylic acid external ointment</i>	T9	
<i>salicylic acid external shampoo</i>	T9	
<i>salicylic acid wart remover</i>	T9	
<i>salicylic acid-cleanser</i>	T9	
SALVAX	T9	
ULTRASAL-ER	T9	
XALIX	T9	
*Local Anesthetics - Topical***		
ASPERFLEX LIDOCAINE EXTERNAL CREAM	T9	
<i>lidocaine external cream 4 %</i>	T9	
<i>lidocaine external ointment 5 %</i>	T1b	
<i>lidocaine external patch 5 %</i>	T9	
<i>lidocaine hcl external cream 3 %, 4 %</i>	T9	
<i>lidocaine hcl external gel 2 %</i>	T1b	
<i>lidocaine hcl external solution</i>	T1b	
LIDODERM	T9	
<i>lidopin external cream 3 %</i>	T1b	
<i>lidorx</i>	T9	
ZTLIDO	T9	
*Macrolide Immunosuppressants - Topical***		
ELIDEL	T3	QL (30 GM per 30 days)
HYFTOR	T9	
<i>nujo</i>	T9	
<i>nuju</i>	T9	
<i>pimecrolimus</i>	T1b	QL (30 GM per 30 days)
PROTOPIC	T3	QL (30 GM per 30 days)
<i>tacrolimus external ointment 0.03 %</i>	T1b	QL (30 GM per 30 days)
<i>tacrolimus external ointment 0.1 %</i>	T3	QL (30 GM per 30 days)

Medication	Coverage Level	Restrictions
*Microtubule Inhibitors - Topical***		
KLISYRI	T9	
*Misc. Dermatological Products***		
CERACADE	T9	
CERTAIN DRI AM EXTERNAL SOLUTION	T9	
ELETONE	T9	
EMULSION SB	T9	
ENTTY SPRAY EMULSION	T9	
EPICERAM	T9	
HYLATOPIC	T9	
HYLATOPIC PLUS EXTERNAL FOAM	T9	
KAMDOY	T9	
LOYON	T9	
NEOSALUS EXTERNAL FOAM	T9	
NIVATOPIC PLUS	T9	
NUVAIL	T9	
PHLAG SPRAY	T9	
PRESERA	T9	
PRUCLAIR	T9	
PRUMYX	T9	
<i>suvicort</i>	T9	
SYNERDERM	T9	
TETRIX EXTERNAL CREAM	T9	
TETRIX EXTERNAL KIT	T3	QL (226.8 GM per 30 days)
*Misc. Topical***		
DRYSOL	T1b	
QBREXZA	T9	
*Ornithine Decarboxylase (Odc) Inhibitors - Topical***		
VANIQA	T9	
*Oxaborole-Related Antifungals - Topical***		
KERYDIN	T9	
<i>tavaborole</i>	T9	
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***		
EUCRISA	T3	ST; QL (60 GM per 30 days)
*Prostaglandins - Topical***		
<i>bimatoprost external</i>	T9	
LATISSE	T9	

Medication	Coverage Level	Restrictions
*Rosacea Agents***		
<i>azelaic acid external</i>	T2	ST
<i>brimonidine tartrate external</i>	T9	
<i>dazomon</i>	T9	
<i>doxycycline</i>	T9	
FINACEA	T9	
<i>ivermectin external cream</i>	T2	ST; QL (45 GM per 30 days)
METROCREAM	T3	
METROGEL EXTERNAL GEL	T3	
METROLOTION	T3	
<i>metronidazole external cream</i>	T1b	
<i>metronidazole external gel</i>	T1b	
<i>metronidazole external lotion</i>	T2	
MIRVASO	T9	
NORITATE	T9	
ORACEA	T9	
RHOFADE	T3	ST; QL (60 GM per 30 days); AL (Min 18 Years)
SOOLANTRA	T3	ST; QL (45 GM per 30 days)
ZILXI	T9	
*Rosacea Combinations***		
<i>aveida</i>	T9	
<i>dazaveidaoxia</i>	T9	
<i>idaoxia</i>	T9	
*Scabicides & Pediculicides***		
ACTICIN	T3	
EURAX EXTERNAL CREAM	T3	ST; QL (60 GM per 30 days)
EURAX EXTERNAL LOTION	T9	
<i>ivermectin external lotion</i>	T1b	
<i>lindane external</i>	T1b	
<i>malathion external</i>	T1b	
NATROBA	T9	
OVIDE	T3	
<i>permethrin external cream</i>	T1b	
<i>permethrin external lotion</i>	T9	
SKLICE	T3	
<i>spinosad</i>	T1b	
ULESFIA	T3	
*Scar Treatment Products***		
CELACYN	T9	

Medication	Coverage Level	Restrictions
KELO-COTE EXTERNAL GEL	T9	
RECEDO	T9	
*Steroid-Local Anesthetic Combinations***		
CORTANE-B EXTERNAL	T3	
EPIFOAM	T9	
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	T2	
NOVACORT EXTERNAL GEL 1-2 %	T9	
PRAMOSONE	T9	
<i>pramoxine-hc external cream</i>	T9	
*Tar Products***		
<i>coal tar external solution</i>	T2	
*Topical Anesthetic Combinations***		
<i>adazin</i>	T9	
<i>captracin</i>	T9	
CETACAINE EXTERNAL AEROSOL	T9	
DERMACINRX PRIZOPAK	T9	
<i>lidocaine-prilocaine external cream</i>	T1b	
<i>lido-epinephrine-tetracaine</i>	T9	
<i>lidopril external kit</i>	T9	
<i>lidosol</i>	T9	
<i>lidosol-50</i>	T9	
LIDOTRANS 5 PAK	T9	
LIVIXIL PAK	T9	
<i>lorenza</i>	T9	
<i>mac patch</i>	T9	
<i>nendrux</i>	T9	
<i>nynutey</i>	T9	
PLIAGLIS EXTERNAL CREAM	T9	
<i>prilovix</i>	T9	
<i>provenza</i>	T9	
RELADOR PAK EXTERNAL KIT	T9	
RELADOR PAK PLUS	T9	
RELYYKS	T9	
SINELEE	T9	
SYNERA	T9	
<i>synvexia</i>	T9	
XRYLIDERM	T9	
XYLIDERM	T9	

Medication	Coverage Level	Restrictions
*Topical Anesthetic Gases***		
CRYODOSE TA	T9	
<i>ethyl chloride</i>	T9	
*Topical Selective Retinoid X Receptor Agonists***		
<i>bexarotene external</i>	T9	
TARGRETIN EXTERNAL	T9	
*Topical Steroid Combinations***		
<i>acioxia</i>	T9	
<i>calcipotriene-betameth diprop</i>	T9	
<i>chlohux</i>	T9	
CLODAN EXTERNAL KIT	T3	
DERMA SILKRX SDS PAK	T9	
DUOBRII	T9	
ENSTILAR	T9	
<i>hydrocortisone-aloe external cream 0.5 %</i>	T9	
<i>oxiachlo</i>	T9	
SYNALAR TS	T9	
TACLONEX	T9	
<i>tetoxia</i>	T9	
<i>triadime</i>	T9	
TRIASIL	T9	
ULTRAVATE X (OINTMENT)	T9	
WYNZORA	T9	
*Type II 5-Alpha Reductase Inhibitors***		
<i>finasteride oral tablet 1 mg</i>	T9	
PROPECIA	T9	
*Vascular Agents***		
<i>hair regrowth treatment men external solution</i>	T9	
<i>minoxidil external solution 5 %</i>	T9	
<i>minoxidil for men external solution 2 %</i>	T9	
ROGAINE	T9	
ROGAINE MENS	T9	
ROGAINE MENS EXTRA STRENGTH	T9	
ROGAINE WOMENS EXTERNAL SOLUTION	T9	
*Wound Care - Growth Factor Agents***		
REGRANEX	T4	ST; SP (Limited to a 1 month supply per fill)
*Wound Care Combinations***		
DERMULCERA	T9	

Medication	Coverage Level	Restrictions
VENELEX	T9	
*Wound Dressings***		
ATRAPRO HYDROGEL	T9	
AVO CREAM	T9	
BIAFINE	T9	
BIONECT	T9	
CELACYN POST-PROCEDURE PACK	T9	
HYDROFERA BLUE FOAM DRESSING	T9	
KERAMATRIX REPLICINE 10CMX10CM EXTERNAL PAD	T9	
KERAMATRIX REPLICINE 5CMX5CM EXTERNAL PAD	T9	
LUXAMEND	T9	
PRUTECT	T9	
SONAFINE	T9	
Diagnostic Products		
*Diagnostic Biologicals***		
APLISOL	T9	
CANDIN	T9	
*Diagnostic Tests***		
ACCU-CHEK AVIVA PLUS IN VITRO	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK COMPACT PLUS	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK GUIDE IN VITRO	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK SMARTVIEW	T3	ST; QL (200 strips per 30 days)
ACCUTREND GLUCOSE	T3	ST; QL (200 strips per 30 days)
ADVOCATE REDI-CODE IN VITRO	T3	ST; QL (200 strips per 30 days)
ADVOCATE REDI-CODE+ TEST	T3	ST; QL (200 strips per 30 days)
ADVOCATE TEST	T3	ST; QL (200 strips per 30 days)
AGAMATRIX AMP TEST	T3	ST; QL (200 strips per 30 days)
ASCENSIA AUTODISC TEST	T3	ST
ASSURE 4 TEST	T3	ST; QL (200 strips per 30 days)
ASSURE PLATINUM	T3	ST; QL (200 strips per 30 days)
ASSURE PRISM MULTI TEST	T3	ST; QL (200 strips per 30 days)
BAYER BREEZE 2 TEST	T3	ST
<i>blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
CARETOUCH TEST	T3	ST; QL (200 strips per 30 days)
CLEVER CHOICE MICRO TEST	T3	ST; QL (200 strips per 30 days)
CLEVER CHOICE TALK SYSTEM IN VITRO	T3	ST; QL (200 strips per 30 days)
CONTOUR NEXT TEST	T3	ST; QL (200 strips per 30 days)
CONTOUR TEST	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
<i>diatruue plus test</i>	T3	ST; QL (200 strips per 30 days)
<i>easy plus ii glucose test</i>	T3	ST; QL (200 strips per 30 days)
EASY STEP TEST	T3	ST; QL (200 strips per 30 days)
<i>easy talk blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>easy talk plus ii test strips</i>	T3	ST; QL (200 strips per 30 Days)
EASY TOUCH TEST	T3	ST; QL (200 strips per 30 days)
<i>easy trak blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>easy trak ii glucose test</i>	T3	ST; QL (200 strips per 30 days)
EASYGLUCO IN VITRO	T3	ST; QL (200 strips per 30 days)
EASYGLUCO PLUS IN VITRO	T3	ST; QL (200 strips per 30 days)
EASYMAX 15 TEST	T3	ST; QL (200 strips per 30 days)
EASYMAX TEST	T3	ST; QL (200 strips per 30 days)
ECLIPSE TEST	T3	ST; QL (200 strips per 30 days)
<i>element compact test</i>	T3	ST; QL (200 strips per 30 days)
ELEMENT TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE EVO BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE PRO GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE TALK GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EVENCARE G2 TEST	T3	ST; QL (200 strips per 30 days)
EVENCARE G3 TEST	T3	ST; QL (200 strips per 30 days)
EVENCARE MINI GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EVENCARE PROVIEW GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FASTTAKE TEST	T1b	
FIFTY50 GLUCOSE TEST 2.0	T3	ST; QL (200 strips per 30 days)
FORA 6 CONNECT IN VITRO	T3	ST; QL (200 strips per 30 days)
FORA 6 CONNECT/GTEL TEST	T3	ST; QL (200 strips per 30 days)
FORA BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA D15G BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA D20 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA D40/G31 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
FORA G20 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA G30/PREM V10 GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA GD20 TEST	T3	ST; QL (200 strips per 30 days)
FORA GD50 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA GTEL BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA GTEL BLOOD KETONE TEST	T3	
FORA TN'G ADVANCE PRO IN VITRO	T3	ST; QL (200 strips per 30 days)
FORA TN'G/TN'G VOICE	T3	ST; QL (200 strips per 30 days)
FORA V10 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
FORA V12 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA V20 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA V30A BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORACARE GD40 TEST	T3	ST; QL (200 strips per 30 days)
FORTISCARE G1 TEST STRIP	T3	ST; QL (200 strips per 30 days)
FORTISCARE TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE INSULINX TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE LITE TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE PRECISION NEO TEST	T3	ST; QL (200 Strips per 30 days)
FREESTYLE TEST	T3	ST; QL (200 strips per 30 days)
<i>ge100 blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
GLUCOCARD 01 SENSOR PLUS	T3	ST; QL (200 strips per 30 days)
GLUCOCARD EXPRESSION TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCARD VITAL TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCARD X-SENSOR	T3	ST; QL (200 strips per 30 days)
GOJJI BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 Days)
GOJJI BLOOD KETONE TEST	T3	
HARMONY BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
INFINITY BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
INFINITY VOICE IN VITRO STRIP	T3	ST; QL (200 strips per 30 days)
KETOSTIX	T3	
MICRODOT TEST	T3	ST
ON CALL EXPRESS BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
ON CALL PLUS BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
ON CALL VIVID BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
ONETOUCH ULTRA BLUE	T1b	QL (200 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP	T1b	QL (200 strips per 30 days)
PIP BLOOD GLUCOSE TEST STRIP	T3	ST; QL (200 test strips per 30 days)
PRECISION PCX	T3	ST; QL (200 strips per 30 days)
PRECISION PCX PLUS TEST	T3	ST; QL (200 strips per 30 days)
PRECISION POINT OF CARE TEST	T3	ST; QL (200 strips per 30 days)
PRECISION QID TEST	T3	ST; QL (200 strips per 30 days)
PRECISION XTRA BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
<i>premium blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
PRODIGY NO CODING BLOOD GLUC IN VITRO	T3	ST; QL (200 strips per 30 days)
QUINTET AC BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
QUINTET BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
REFUAH PLUS BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
RELION BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
RELION CONFIRM/MICRO TEST	T3	ST; QL (200 strips per 30 days)
RELION PRIME TEST	T3	ST; QL (200 strips per 30 days)
REVEAL BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
RIGHTEST GS100 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
RIGHTEST GS300 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
RIGHTEST GS550 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	T3	ST; QL (200 strips per 30 days)
SMARTEST BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
SURESTEP PRO TEST	T1b	
SURESTEP TEST	T1b	
TELCARE BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
<i>toxicology saliva collection</i>	T9	
TRUE METRIX BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
TRUETRACK TEST	T3	ST; QL (200 strips per 30 days)
UNISTRIP1 GENERIC	T3	ST; QL (200 strips per 30 days)
Dietary Products/Dietary Management Products		
<i>*Dietary Management Product Combinations***</i>		
<i>av-vite fb forte</i>	T9	
ENLYTE	T9	
FOLBEE AR	T9	
FOLBIC	T9	
FOLTANX	T9	
FOLTX ORAL TABLET 1.13-25-2 MG	T3	
<i>l-methylfolate-b6-b12 oral tablet 1.13-25-2 mg</i>	T1b	
<i>l-methylfolate-b6-b12 oral tablet 3-35-2 mg</i>	T9	
<i>macuvex</i>	T9	
<i>macuzin</i>	T9	
METAFOLBIC PLUS	T9	
<i>methaver</i>	T9	
<i>methazel</i>	T9	
NIVA-FOL	T9	
PURALOR CI	T9	
<i>virt-vite forte</i>	T9	
VITA-RESPA	T9	
<i>zyvit</i>	T9	

Medication	Coverage Level	Restrictions
Digestive Aids		
*Digestive Enzymes***		
CREON	T4	SP (Limited to a 1 month supply per fill)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	T5	ST; SP (Limited to a 1 month supply per fill)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT	T5	ST; SP (Limited to a 1 month supply per fill)
PERTZYE	T5	ST; SP (Limited to a 1 month supply per fill)
SUCRAID	T4	SP (Limited to a 1 month supply per fill)
VIOKACE	T5	ST; SP (Limited to a 1 month supply per fill)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	T4	SP (Limited to a 1 month supply per fill)
Diuretics		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide er</i>	T1b	
<i>acetazolamide oral</i>	T1b	
DIAMOX SEQUELS	T3	
<i>dichlorphenamide</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
KEVEYIS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>methazolamide oral</i>	T2	
*Diuretic Combinations***		
ALDACTAZIDE ORAL TABLET 25-25 MG	T3	
ALDACTAZIDE ORAL TABLET 50-50 MG	T2	
<i>amiloride-hydrochlorothiazide</i>	T1b	
MAXZIDE	T3	
MAXZIDE-25	T3	
<i>spironolactone-hctz</i>	T1b	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1b	
<i>triamterene-hctz oral tablet</i>	T1b	

Medication	Coverage Level	Restrictions
*Loop Diuretics***		
<i>bumetanide oral</i>	T1a	
DEMADEX ORAL TABLET 10 MG, 20 MG, 5 MG	T3	
EDECIN	T9	
<i>ethacrynic acid oral</i>	T3	ST; QL (60 tablets per 30 days)
FUROSCIX	T9	
<i>furosemide injection solution 10 mg/ml</i>	T1b	
<i>furosemide oral solution 10 mg/ml</i>	T1a	
<i>furosemide oral solution 8 mg/ml</i>	T1b	
<i>furosemide oral tablet</i>	T1a	
LASIX	T3	
SOAANZ	T9	
<i>torseamide oral</i>	T1a	
*Potassium Sparing Diuretics***		
ALDACTONE	T3	
<i>amiloride hcl oral</i>	T1b	
CAROSPIR	T3	QL (120 ML per 30 days); AL (Max 9 Years)
DYRENIUM	T9	
<i>spironolactone oral suspension</i>	T3	QL (120 ML per 30 Days); AL (Max 9 Years)
<i>spironolactone oral tablet</i>	T1a	
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1b	
DIURIL	T2	
<i>hydrochlorothiazide oral</i>	T1a	
<i>indapamide oral</i>	T1a	
<i>methyclothiazide oral</i>	T1b	
<i>metolazone</i>	T1b	
MICROZIDE	T3	
THALITONE	T9	
ZAROXOLYN ORAL TABLET 2.5 MG, 5 MG	T3	
Endocrine And Metabolic Agents - Misc.		
*Adenosine Deaminase Scid Treatment - Agents***		
REVCIVI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill.)

Medication	Coverage Level	Restrictions
*Bisphosphonates***		
ACTONEL ORAL TABLET 150 MG	T3	QL (1 tablet per 30 days)
ACTONEL ORAL TABLET 30 MG, 35 MG, 5 MG	T3	
<i>alendronate sodium oral solution</i>	T1b	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	T1a	
ATELVIA	T3	
BINOSTO	T3	ST
BONIVA ORAL TABLET 150 MG	T3	
FOSAMAX ORAL TABLET 70 MG	T3	
FOSAMAX PLUS D	T3	ST; QL (4 tablets per 28 days)
<i>ibandronate sodium oral</i>	T1b	
<i>risedronate sodium oral tablet 150 mg</i>	T1b	ST; QL (1 tablets per 30 days)
<i>risedronate sodium oral tablet 30 mg</i>	T4	ST; SP (Limited to a 1 month supply per fill)
<i>risedronate sodium oral tablet 35 mg, 5 mg</i>	T1b	ST
<i>risedronate sodium oral tablet delayed release</i>	T2	ST
*Calcimimetic Agents***		
<i>cinacalcet hcl</i>	T4	SP (Limited to a 1 month supply per fill)
SENSIPAR	T5	SP (Limited to a 1 month supply per fill)
*Calcitonins***		
<i>calcitonin (salmon) injection</i>	T9	
<i>calcitonin (salmon) nasal</i>	T1b	
FORTICAL	T1b	
MIACALCIN NASAL	T3	
*Carnitine Replenisher - Agents***		
CARNITOR ORAL	T3	
CARNITOR SF	T3	
<i>levocarnitine oral solution</i>	T1b	
<i>levocarnitine oral tablet</i>	T1b	
<i>levocarnitine sf</i>	T1b	
*Corticotropin***		
ACTHAR	T4	PA; SP (Limited to a 1 month supply per fill)
CORTROPHIN	T9	
*Cortisol Synthesis Inhibitors***		
ISTURISA ORAL TABLET 1 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
ISTURISA ORAL TABLET 10 MG, 5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
RECORLEV	T9	
*Dopamine Receptor Agonists***		
<i>cabergoline</i>	T1b	
*Fabry Disease - Agents***		
GALAFOLD	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (14 capsules per 28 days)
*Gnrh/Lhrh Antagonists***		
<i>cetorelix acetate</i>	T2	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T2	
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	T4	ST; SP (Limited to a 1 month supply per fill)
ORLISSA ORAL TABLET 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
ORLISSA ORAL TABLET 200 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
*Growth Hormone Receptor Antagonists***		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 30 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
*Growth Hormones***		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill)
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T4	PA; SP (Limited to a 1 month supply per fill)
HUMATROPE INJECTION CARTRIDGE 12 MG, 6 MG	T9	SP ()
HUMATROPE INJECTION CARTRIDGE 24 MG	T9	
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	

Medication	Coverage Level	Restrictions
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T9	
SAIZEN	T9	SP ()
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG, 6 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
SKYTROFA	T9	
SOGROYA	T9	
ZOMACTON	T9	
*Hereditary Orotic Aciduria Treatment - Agents**		
XURIDEN	T9	
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***		
<i>nitisinone</i>	T9	
NITYR	T9	
ORFADIN	T9	
*Homocystinuria Treatment - Agents***		
<i>betaine</i>	T3	
CYSTADANE	T9	
*Hyperammonemia Treatment - Agents***		
CARBAGLU ORAL TABLET SOLUBLE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>carglumic acid oral tablet soluble</i>	T3	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>calcitriol oral capsule</i>	T1b	

Medication	Coverage Level	Restrictions
<i>calcitriol oral solution</i>	T1b	AL (Max 9 Years)
<i>doxercalciferol oral capsule 0.5 mcg, 2.5 mcg</i>	T9	
<i>doxercalciferol oral capsule 1 mcg</i>	T4	SP (Limited to a 1 month supply per fill)
HECTOROL ORAL	T3	
<i>paricalcitol oral</i>	T2	
RAYALDEE	T9	
ROCALTROL ORAL CAPSULE	T3	
ROCALTROL ORAL SOLUTION	T3	AL (Max 9 Years)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	T3	
*Hypophosphatasia (Hpp) Agents***		
STRENSIQ	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
*Insulin-Like Growth Factors (Somatomedins)***		
INCRELEX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
*Leptin Analogues***		
MYALEPT	T5	PA; SP (Limited to a 1 month supply per fill)
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***		
SYNAREL	T9	
*Mucopolysaccharidosis Vii (Mps Vii) - Agents***		
MEPSEVII	T9	
*Natriuretic Peptides***		
VOXZOGO	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (3 boxes per 30 days)
*Neurokinin 3 (Nk3) Receptor Antagonists***		
VEOZAH	T9	
*Non-Steroidal Mineralocorticoid Receptor Antagonists***		
KERENDIA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
*Ovulation Stimulants-Gonadotropins***		
<i>chorionic gonadotropin intramuscular</i>	T3	
FOLLISTIM AQ SUBCUTANEOUS	T3	ST
GONAL-F	T2	QL (13500 units per 30 days)
GONAL-F RFF	T2	QL (13500 units per 30 days)
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	QL (13500 units per 30 days)
MENOPUR	T3	
NOVAREL	T3	ST
OVIDREL	T2	
PREGNYL	T3	
REPRONEX	T2	
*Ovulation Stimulants-Synthetic***		
CLOMID	T3	
<i>clomiphene citrate oral</i>	T1b	
SEROPHENE	T1b	
*Parathyroid Hormone And Derivatives***		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	T9	
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	T4	PA; SP (Limited to a 1 month supply per fill)
TYMLOS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 pen per 30 days)
*Phenylketonuria Treatment - Agents***		
JAVYGTOR	T9	
KUVAN ORAL PACKET 100 MG	T9	SP ()
KUVAN ORAL PACKET 500 MG	T9	
KUVAN ORAL TABLET	T9	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)
<i>sapropterin dihydrochloride oral packet</i>	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<i>sapropterin dihydrochloride oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill)
*Selective Estrogen Receptor Modulators (Serms)***		
EVISTA	T3	
OSPHENA	T2	PA
<i>raloxifene hcl</i>	T1b	
*Selective Vasopressin V2-Receptor Antagonists***		
JYNARQUE ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 90 & 30 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK 60 & 30 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
SAMSCA ORAL TABLET 15 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SAMSCA ORAL TABLET 30 MG	T5	PA; SP (Limited to a 1 month supply per fill)
<i>tolvaptan</i>	T4	PA; SP (Limited to a 1 month supply per fill)
*Somatostatic Agents***		
BYNFEZIA PEN	T9	
<i>lanreotide acetate</i>	T4	SP (Limited to a 1 month supply per fill)
MYCAPSSA	T9	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	SP (Limited to a 1 month supply per fill)
<i>octreotide acetate subcutaneous</i>	T4	SP (Limited to a 1 month supply per fill)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
SIGNIFOR SUBCUTANEOUS SOLUTION 0.9 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill)
SOMATULINE DEPOT	T4	SP (Limited to a 1 month supply per fill)
*Urea Cycle Disorder - Agents***		
BUPHENYL ORAL POWDER 3 GM/TSP	T5	PA; SP (Limited to a 1 month supply per fill)
BUPHENYL ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill)
OLPRUVA (2 GM DOSE)	T9	
OLPRUVA (3 GM DOSE)	T9	
OLPRUVA (4 GM DOSE)	T9	
OLPRUVA (5 GM DOSE)	T9	
OLPRUVA (6 GM DOSE)	T9	
OLPRUVA (6.67 GM DOSE)	T9	
PHEBURANE	T9	
RAVICTI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (525 ML per 30 days)
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>sodium phenylbutyrate oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill)
*Vasopressin***		
DDAVP ORAL	T3	
DDAVP PF	T3	
<i>desmopressin ace spray refrig</i>	T2	ST; QL (10 ML per 30 days)
<i>desmopressin acetate oral tablet 0.1 mg</i>	T1b	QL (180 tablets per 30 days)
<i>desmopressin acetate oral tablet 0.2 mg</i>	T1b	
<i>desmopressin acetate pf</i>	T3	
<i>desmopressin acetate spray</i>	T2	ST; QL (10 ML per 30 days)
NOCDURNA	T9	
NOCTIVA	T9	
STIMATE	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
Estrogens		
*Estrogen & Androgen***		
COVARYX	T9	
COVARYX HS	T9	
<i>est estrogens-methyltest ds</i>	T9	
<i>est estrogens-methyltest hs</i>	T9	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	T9	
*Estrogen & Progestin***		
ACTIVELLA	T3	
ANGELIQ	T3	ST
BIJUVA	T9	
CLIMARA PRO	T9	
COMBIPATCH	T2	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	T1b	
FEMHRT	T3	
JINTELI	T1b	
MIMVEY	T1b	
MIMVEY LO	T1b	
<i>norethindrone-eth estradiol</i>	T1b	
PREFEST	T3	
PREMPHASE	T2	
PREMPRO	T2	
*Estrogen-Progestin-Gnrh Antagonist***		
MYFEMBREE	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ORIAHNN	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
*Estrogens***		
ALORA	T2	
CENESTIN ORAL TABLET 0.3 MG, 1.25 MG	T2	
CLIMARA	T9	
DELESTROGEN	T3	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM	T2	QL (30 packets per 30 days)
DIVIGEL TRANSDERMAL GEL 1 MG/GM	T2	QL (30 GM per 30 days)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM	T2	QL (30 packets per 30 Days)
DOTTI	T1b	
ELESTRIN	T3	

Medication	Coverage Level	Restrictions
ENJUVIA	T3	QL (30 tablets per 30 days)
ESTRACE ORAL	T3	
<i>estradiol implant pellet 6 mg</i>	T9	
<i>estradiol oral</i>	T1b	
<i>estradiol transdermal gel</i>	T2	QL (30 packets per 30 days)
<i>estradiol transdermal patch twice weekly</i>	T1b	
<i>estradiol transdermal patch weekly</i>	T1b	
<i>estradiol valerate intramuscular</i>	T2	
ESTROGEL	T2	QL (50 GM per 31 days)
EVAMIST	T2	
LYLLANA	T1b	
MENEST	T2	
MENOSTAR	T3	QL (4 patches per 28 days)
MINIVELLE	T3	
PREMARIN ORAL	T2	QL (30 tablets per 30 days)
VIVELLE-DOT	T3	
*Estrogen-Selective Estrogen Receptor Modulator Comb***		
DUAVEE	T3	QL (30 tablets per 30 days)
Fluoroquinolones		
*Fluoroquinolones***		
AVELOX ABC PACK	T3	
AVELOX ORAL	T3	
BAXDELA INTRAVENOUS	T9	
BAXDELA ORAL	T3	ST; QL (10 tablets per 30 days)
CIPRO ORAL SUSPENSION RECONSTITUTED	T3	
CIPRO ORAL TABLET 250 MG, 500 MG	T3	
<i>ciprofloxacin hcl oral</i>	T1a	
<i>ciprofloxacin oral</i>	T1b	
<i>ciprofloxacin-ciproflox hcl er</i>	T1b	
FACTIVE	T3	
LEVAQUIN ORAL	T3	
<i>levofloxacin oral</i>	T1b	
<i>moxifloxacin hcl oral</i>	T1b	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T1b	
Gastrointestinal Agents - Misc.		
*5-Ht4 Receptor Agonists***		
MOTEGRITY	T3	ST; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
*Bile Acid Synthesis Disorder Agents***		
CHOLBAM ORAL CAPSULE 250 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
CHOLBAM ORAL CAPSULE 50 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***		
TRULANCE	T2	QL (30 tablets per 30 days)
*Farnesoid X Receptor (Fxr) Agonists***		
OCALIVA ORAL TABLET 10 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)); QL (30 tablets per 30 days)
OCALIVA ORAL TABLET 5 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)); QL (30 tablet per 30 days)
*Gallstone Solubilizing Agents***		
ACTIGALL	T3	
RELTONE	T9	
URSO 250	T3	
URSO FORTE	T3	
ursodiol oral capsule 200 mg, 400 mg	T9	
ursodiol oral capsule 300 mg	T2	
ursodiol oral tablet	T2	
*Gastrointestinal Antiallergy Agents***		
cromolyn sodium oral	T3	
GASTROCROM	T3	
*Gastrointestinal Chloride Channel Activators***		
AMITIZA	T3	QL (60 capsules per 30 days)
lubiprostone	T1b	QL (60 capsules per 30 Days)
*Gastrointestinal Stimulants***		
GIMOTI	T9	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	T1a	

Medication	Coverage Level	Restrictions
<i>metoclopramide hcl oral tablet</i>	T1a	
<i>metoclopramide hcl oral tablet dispersible</i>	T3	ST
METOZOLV ODT	T3	
REGLAN ORAL	T3	
*Glucagon-Like Peptide-2 (Glp-2) Analogs***		
GATTEX	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
*Ibs Agent - 5-Ht4 Receptor Partial Agonists***		
ZELNORM	T3	ST; QL (60 tablets per 30 Days)
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	T2	QL (30 EA per 30 days)
LINZESS ORAL CAPSULE 72 MCG	T2	QL (30 capsules per 30 days)
*Ibs Agent - Mu-Opioid Receptor Agonists***		
VIBERZI	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***		
<i>alosetron hcl</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
LOTRONEX	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
*Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***		
IBSRELA	T9	
*Ileal Bile Acid Transporter (Ibat) Inhibitors***		
BYLVAY	T9	
BYLVAY (PELLETS)	T9	
LIVMARLI	T9	
*Inflammatory Bowel Agents***		
APRISO	T3	QL (120 capsules per 30 days)
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
<i>balsalazide disodium</i>	T1b	
CANASA	T5	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
COLAZAL	T5	SP (Limited to a 1 month supply per fill)
DELZICOL	T3	QL (180 capsules per 30 days)
DIPENTUM	T5	SP (Limited to a 1 month supply per fill)
LIALDA	T3	QL (120 tablets per 30 days)
<i>mesalamine er oral capsule extended release</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (240 capsules per 30 days)
<i>mesalamine er oral capsule extended release 24 hour</i>	T3	QL (120 capsules per 30 days)
<i>mesalamine oral capsule delayed release</i>	T3	SP (); QL (180 capsules per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	T3	SP (); QL (120 tablets per 30 days)
<i>mesalamine oral tablet delayed release 800 mg</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
<i>mesalamine rectal enema</i>	T1b	
<i>mesalamine rectal suppository</i>	T5	SP (Limited to a 1 month supply per fill)
PENTASA	T5	ST; SP (Limited to a 1 month supply per fill); QL (240 capsules per 30 days)
ROWASA RECTAL	T3	
SFROWASA	T3	QL (30 bottles per 30 days)
<i>sulfasalazine oral</i>	T1b	
*Interleukin Antagonists***		
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to an 8 week supply per fill); QL (1 kit per 8 weekss)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to an 8 week supply per fill); QL (1 kit per 8 weeks)
*Intestinal Acidifiers***		
<i>enulose</i>	T1b	
<i>generlac</i>	T1b	
*Live Fecal Microbiota (Human)**		
VOWST	T9	
*Peripheral Opioid Receptor Antagonists***		
MOVANTIK	T3	ST; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
RELISTOR ORAL	T5	PA; SP (Limited to a 1 month supply per fill)
RELISTOR SUBCUTANEOUS KIT	T5	PA; SP (Limited to a 1 month supply per fill)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	T5	PA; SP (Limited to a 1 month supply per fill)
SYMPROIC	T3	ST; QL (30 tablets per 30 days)
*Phosphate Binder Agents***		
AURYXIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days)
<i>calcium acetate (phos binder) oral capsule</i>	T1b	
FOSRENOL ORAL PACKET	T5	SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 1000 MG	T5	SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 500 MG	T5	SP (Limited to a 1 month supply per fill); QL (210 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 750 MG	T5	SP (Limited to a 1 month supply per fill); QL (150 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 1000 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 500 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (210 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 750 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (150 tablets per 30 days)
PHOSLO	T3	
PHOSLYRA	T3	ST
RENAGEL ORAL TABLET 800 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
REVELA ORAL PACKET 0.8 GM	T9	
REVELA ORAL PACKET 2.4 GM	T5	SP (Limited to a 1 month supply per fill)
REVELA ORAL TABLET	T9	
<i>sevelamer carbonate oral packet</i>	T5	SP (Limited to a 1 month supply per fill)
<i>sevelamer carbonate oral tablet</i>	T2	QL (510 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>sevelamer hcl</i>	T4	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
VELPHORO	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
*Tryptophan Hydroxylase Inhibitors***		
XERMELO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
*Tumor Necrosis Factor Alpha Blockers***		
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 fill per 1 lifetime)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T5	PA; SP (Limited to a 1 month supply per fill)
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
REMICADE	T9	
General Anesthetics		
*Anesthetics - Misc.***		
<i>ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml</i>	T9	
Genitourinary Agents - Miscellaneous		
*5-Alpha Reductase Inhibitors***		
AVODART	T3	
<i>dutasteride oral</i>	T1b	QL (30 capsules per 30 days)
<i>finasteride oral tablet 5 mg</i>	T1b	
PROSCAR	T3	
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er</i>	T1b	
CARDURA XL	T3	ST
FLOMAX	T3	
RAPAFLO	T9	
<i>silodosin</i>	T1b	QL (30 capsules per 30 days)
<i>tamsulosin hcl</i>	T1b	
UROXATRAL	T3	
*Citrates***		
<i>cytra k crystals</i>	T1b	
<i>cytra-2</i>	T9	
CYTRA-3	T9	

Medication	Coverage Level	Restrictions
<i>cytra-k</i>	T9	
ORACIT	T3	
<i>pot & sod cit-cit ac</i>	T1b	
<i>potassium citrate er</i>	T1b	
<i>potassium citrate-citric acid oral solution</i>	T1b	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	T1b	
<i>sodium citrate oral</i>	T1b	
<i>tricitrates</i>	T9	
UROCIT-K 10	T3	
UROCIT-K 15	T3	
UROCIT-K 5	T3	
<i>virtrate-2</i>	T9	
<i>virtrate-3</i>	T9	
<i>virtrate-k</i>	T9	
*Cystinosis Agents***		
PROCYSBI ORAL CAPSULE DELAYED RELEASE	T9	
*Genitourinary Irrigants***		
<i>sodium chloride irrigation solution 0.9 %</i>	T1b	
*Igan Agents - Endothelin & Angiotensin II Receptor Antag***		
FILSPARI	T5	PA; QL (30 tablet per 30 days); AL (Max 18 Years)
*Interstitial Cystitis Agents***		
ELMIRON	T5	SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
*Prostatic Hypertrophy Agent Combinations***		
<i>dutasteride-tamsulosin hcl</i>	T2	ST
ENTADFI	T9	
JALYN	T3	ST
*Urinary Analgesics***		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	T1b	
PYRIDIUM	T3	
*Urinary Stone Agents***		
LITHOSTAT	T9	
THIOLA	T9	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)

Medication	Coverage Level	Restrictions
THIOLA EC ORAL TABLET DELAYED RELEASE 300 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>tiopronin oral</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
Gout Agents		
*Gout Agent Combinations***		
<i>colchicine-probenecid</i>	T1b	
DUZALLO	T3	ST
*Gout Agents***		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1a	
<i>allopurinol oral tablet 200 mg</i>	T9	
<i>colchicine oral capsule</i>	T3	QL (120 capsules per 30 days)
<i>colchicine oral tablet</i>	T1b	QL (120 capsules per 30 days)
COLCRYS	T9	
<i>febuxostat</i>	T1b	QL (30 tablets per 30 days)
GLOPERBA	T9	
MITIGARE	T9	
ULORIC	T3	QL (30 tablets per 30 days)
ZYLOPRIM	T3	
*Uricosurics***		
<i>probenecid oral</i>	T1b	
Hematological Agents - Misc.		
*Antihemophilic Products - Monoclonal Antibodies***		
HEMLIBRA	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
*Antihemophilic Products***		
ADVATE	T4	SP (Limited to a 1 month supply per fill)
<i>adynovate</i>	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
AFSTYLA	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
ALPHANINE SD	T5	SP (Limited to a 1 month supply per fill)
ALPROLIX	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (20000 units per 28 days)
BENEFIX INTRAVENOUS KIT	T4	SP (Limited to a 1 month supply per fill)
COAGADEX	T4	SP (Limited to a 1 month supply per fill)
ELOCTATE	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
ESPEROCT	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
FEIBA NF INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
HEMOPIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	T4	SP (Limited to a 1 month supply per fill)
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
IDELVION	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
IXINITY	T4	SP (Limited to a 1 month supply per fill)
JIVI	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
KOATE	T3	SP (Limited to a 1 month supply per fill)
KOGENATE FS	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)

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

Medication	Coverage Level	Restrictions
WILATE INTRAVENOUS KIT	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
XYNTHA SOLOFUSE	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
*Anti-Von Willebrand Factor Agents***		
CABLIVI	T4	PA; SP (Limited to a 1 month supply per fill. Limited to 2 fills per 720 days); QL (30 kits per 30 days)
*Bradykinin B2 Receptor Antagonists***		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP (Limits apply, see quantity limitations); QL (3 syringes per 1 fill); AL (Min 18 Years)
SAJAZIR	T9	
*C1 Esterase Inhibitors***		
BERINERT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
RUCONEST	T9	
*Complement C3 Inhibitors***		
EMPAVELI	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
*Complement C5a Receptor Inhibitors***		
TAVNEOS	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
*Direct-Acting P2y12 Inhibitors***		
BRILINTA	T2	
*Hematorheologic Agents***		
pentoxifylline er	T1b	
*Human Protein C***		
CEPROTIN	T3	
*Phosphodiesterase Iii Inhibitors***		
cilostazol	T1b	
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***		
TAKHZYRO SUBCUTANEOUS SOLUTION	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
*Plasma Kallikrein Inhibitors***		
KALBITOR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); AL (Min 16 Years)
ORLADEYO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); AL (Min 12 Years)
*Platelet Aggregation Inhibitor Combinations***		
aspirin-dipyridamole er	T1b	
YOSPRALA ORAL TABLET DELAYED RELEASE 81-40 MG	BE	
*Platelet Aggregation Inhibitors***		
dipyridamole oral	T1b	
DURLAZA	T9	
*Protease-Activated Receptor-1 (Par-1) Antagonists***		
ZONTIVITY	T3	ST; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
*Pyruvate Kinase Activators***		
PYRUKYND	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
PYRUKYND TAPER PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
*Quinazoline Agents***		
AGRYLIN	T3	
<i>anagrelide hcl</i>	T1b	
*Spleen Tyrosine Kinase (Syk) Inhibitors***		
TAVALISSE	T9	
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate oral</i>	T1a	
EFFIENT	T3	QL (31 tablets per 31 days)
PLAVIX ORAL TABLET 75 MG	T3	
<i>prasugrel hcl</i>	T1b	QL (31 tablets per 31 days)
<i>ticlopidine hcl</i>	T1b	
Hematopoietic Agents		
*Agents For Gaucher Disease***		
CERDELGA	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
<i>miglustat</i>	T5	PA; SP (Limited to a 1 month supply per fill)
YARGESA	T5	PA; SP (Limited to a 1 month supply per fill)
ZAVESCA	T9	
*Amino Acids***		
ENDARI	T9	
*Cobalamin Combinations***		
FOLTRATE	T9	
<i>neurin-sl</i>	T9	
*Cobalamins***		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1b	
<i>hydroxocobalamin intramuscular</i>	T9	
NASCOBAL	T9	
*Cytotoxic Agents***		
DROXIA	T3	

Medication	Coverage Level	Restrictions
SIKLOS	T9	
*Erythropoiesis-Stimulating Agents (Esas)***		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	SP (Limited to a 1 month supply per fill)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	T4	SP (Limited to a 1 month supply per fill)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 120 MCG/0.3ML	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
PROCRIT	T4	SP (Limited to a 1 month supply per fill)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
*Folic Acid/Folate Combinations***		
ANIMI-3	T9	
<i>bp vit 3</i>	T9	
CIFEREX	T9	
DERMACINRX PUREFOLIX	T9	
<i>fabb</i>	T9	
<i>folbee</i>	T9	
<i>folic acid-vit b6-vit b12</i>	T9	
FOLIXAPURE	T9	
<i>folplex 2.2</i>	T9	
FOLTABS 800	T8	PV; AL (Max 50 Years)
<i>noxifol-d</i>	T9	
<i>ortho df</i>	T9	
<i>revesta</i>	T9	
<i>roxifol-d</i>	T9	
VIRT-GARD	T9	
<i>virt-vite</i>	T9	
<i>zavara</i>	T9	
*Folic Acid/Folates***		
<i>cvs folic acid oral tablet 800 mcg</i>	T8	PV; AL (Max 50 Years)

Medication	Coverage Level	Restrictions
<i>folic acid oral capsule</i>	T9	
<i>folic acid oral tablet 1 mg</i>	T1b	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	T8	PV; AL (Max 50 Years)
<i>gnp folic acid</i>	T8	PV; AL (Max 50 Years)
<i>ra folic acid</i>	T8	PV; AL (Max 50 Years)
<i>sm folic acid</i>	T8	PV; AL (Max 50 Years)
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
FULPHILA	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
FYLNETRA	T9	
GRANIX	T5	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NEULASTA ONPRO	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 31 days per dispensing.); QL (2 syringes per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NIVESTYM	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NYVEPRIA	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
RELEUKO INJECTION SOLUTION 300 MCG/ML	T5	SP (Limited to a 1 month supply per fill)
<i>releuko injection solution 480 mcg/1.6ml</i>	T5	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<i>releuko subcutaneous</i>	T5	SP (Limited to a 1 month supply per fill)
STIMUFEND	T9	
ZARXIO	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
*Hemoglobin S (Hbs) Polymerization Inhibitors***		
OXBRYTA	T9	
*Iron Combinations***		
<i>active fe</i>	T9	
CENTRATEX	T9	
CORVITA 150	T9	
CORVITE 150	T9	
<i>corvite fe</i>	T9	
FE C PLUS	T9	
<i>fe c tab plus</i>	T9	
FERIVAFA	T9	
<i>ferocon</i>	T9	
FERREX 150 FORTE PLUS	T9	
FERROCITE PLUS ORAL TABLET	T9	
FOLIVANE-PLUS	T9	
FUSION PLUS	T9	
<i>hematinic plus vitlminerals</i>	T9	
HEMATOGEN	T9	
HEMATOGEN FA	T9	
HEMATOGEN FORTE	T9	
HEMATRON	T9	
HEMATRON-AF	T9	
HEMATRON-AF (WITH DOCUSATE)	T9	
HEMAX EZY-DOSE	T9	
HEMAX ORAL TABLET	T9	
HEMOCYTE PLUS	T9	
ICAR-C PLUS	T9	
IFEREX 150 FORTE	T9	
INTEGRA PLUS	T9	
IROSPAN 24/6	T9	
MAXARON FORTE ORAL TABLET	T9	
MAXFE ORAL TABLET	T9	
MULTIGEN FOLIC	T9	

Medication	Coverage Level	Restrictions
MULTIGEN PLUS	T9	
<i>myferon 150 forte</i>	T9	
NEPHRON FA	T9	
NOVAFERRUM ORAL SOLUTION RECONSTITUTED	T9	
NUFERA	T9	
<i>purefe plus</i>	T9	
<i>purevit dualfe plus</i>	T9	
<i>se-tan plus</i>	T9	
TANDEM PLUS	T9	
<i>taron forte</i>	T9	
<i>tl-hem 150</i>	T9	
TRICON	T9	
<i>trigels-f forte</i>	T9	
*Iron W/ Folic Acid***		
FOLIVANE-F	T9	
FUSION SPRINKLES	T9	
<i>hematinic/folic acid</i>	T9	
HEMOCYTE-F ORAL TABLET	T9	
INTEGRA F	T9	
PROFERRIN-FORTE	T9	
*Iron***		
ACCRUFER	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
BPROTECTED PEDIA IRON	T8	PV; AL (Min 6 Months and Max 12 Months)
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	T8	PV; AL (Min 6 Months and Max 12 Months)
HEMOCYTE	T9	
<i>iron supplement childrens</i>	T8	PV; AL (Min 6 Months and Max 12 Months)
<i>pc pediatric iron drops</i>	T8	PV; AL (Min 6 Months and Max 12 Months)
POLY-IRON 150	T9	
<i>wee care</i>	T8	PV; AL (Min 6 Years and Max 12 Years)
*Iron-B12-Folate***		
<i>fe 90 plus</i>	T9	
FERIVA 21/7	T9	
FERRALET 90	T9	
<i>ferraplus 90</i>	T9	

Medication	Coverage Level	Restrictions
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG	T9	
FERREX 28	T9	
<i>hemetab</i>	T9	
NATALVIRT FLT	T9	
*Thrombopoietin (Tpo) Receptor Agonists***		
DOPTELET ORAL TABLET 20 MG	T9	
MULPLETA	T9	
PROMACTA ORAL PACKET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 75 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PROMACTA ORAL TABLET 25 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PROMACTA ORAL TABLET 50 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
Hemostatics		
*Hemostatic Combinations - Topical***		
GELFOAM-JMI SPONGE	T9	
*Hemostatics - Systemic***		
AMICAR ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
AMICAR ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
<i>aminocaproic acid oral solution</i>	T4	SP (Limited to a 1 month supply per fill)
<i>aminocaproic acid oral tablet</i>	T4	SP (Limited to a 1 month supply per fill)
LYSTEDA	T3	
<i>tranexamic acid oral</i>	T1b	
*Hemostatics - Topical***		
GELFOAM COMPRESSED SIZE 100	T9	

Medication	Coverage Level	Restrictions
Hypnotics/Sedatives/Sleep Disorder Agents		
*Barbiturate Hypnotics***		
<i>phenobarbital oral elixir</i>	T1b	
<i>phenobarbital oral tablet</i>	T1b	
SECONAL	T3	QL (28 capsules per 14 days); AL (Min 18 Years)
*Benzodiazepine Hypnotics***		
<i>estazolam</i>	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>flurazepam hcl</i>	T1b	QL (30 capsules per 30 days)
HALCION	T3	QL (60 tablets per 30 days); AL (Min 18 Years)
<i>midazolam hcl oral</i>	T1b	
<i>midazolam intravenous solution prefilled syringe 25 mg/25ml, 50 mg/50ml</i>	T9	
<i>quazepam</i>	T9	
RESTORIL	T3	QL (30 capsules per 30 days); AL (Min 18 Years)
<i>temazepam oral capsule 15 mg, 30 mg</i>	T1a	QL (30 capsules per 30 days); AL (Min 18 Years)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	T9	
<i>triazolam oral tablet 0.125 mg</i>	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>	T1b	QL (60 tablets per 30 days); AL (Min 18 Years)
*Hypnotics - Tricyclic Agents***		
<i>doxepin hcl oral tablet</i>	T2	ST; QL (30 tablets per 30 days)
SILENOR	T9	
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
AMBIEN	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
AMBIEN CR	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
EDLUAR	T9	
<i>eszopiclone</i>	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)
INTERMEZZO	T9	
LUNESTA	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
SONATA	T3	QL (31 capsules per 31 days); AL (Min 18 Years)
<i>zaleplon oral capsule 10 mg</i>	T1b	AL (Min 18 Years)

Medication	Coverage Level	Restrictions
<i>zaleplon oral capsule 5 mg</i>	T1b	QL (31 capsules per 31 days); AL (Min 18 Years)
<i>zolpidem tartrate er</i>	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>zolpidem tartrate oral capsule</i>	T9	
<i>zolpidem tartrate oral tablet</i>	T1a	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>zolpidem tartrate sublingual</i>	T9	
ZOLPIMIST	T9	
*Orexin Receptor Antagonists***		
BELSOMRA	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
DAYVIGO	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
QUVIVIQ	T9	
*Selective Alpha2-Adrenoreceptor Agonist Sedatives***		
<i>dexmedetomidine hcl in nacl intravenous solution prefilled syringe 20-0.9 mcg/5ml-%</i>	T9	
*Selective Melatonin Receptor Agonists***		
HETLIOZ	T5	PA; SP (Limited to a 1 month supply per fill)
HETLIOZ LQ	T9	
<i>ramelteon</i>	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)
ROZEREM	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>tasimelteon</i>	T5	PA; SP (Limited to a 1 month supply per fill)
Laxatives		
*Bowel Evacuant Combinations***		
CLENPIQ	T3	
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM	T3	
GAVILYTE-C	T8	PV
GAVILYTE-G	T8	PV
GOLYTELY	T3	
HALFLYTELY WITH FLAVOR PACKS	T2	
MOVIPREP	T3	
<i>na sulfate-k sulfate-mg sulf</i>	T2	
NULYTELY LEMON-LIME	T3	
<i>peg 3350-kcl-na bicarb-nacl</i>	T8	PV

Medication	Coverage Level	Restrictions
<i>peg-3350/electrolytes</i>	T8	PV
<i>peg-3350/electrolytes/ascorbat</i>	T8	PV
PEG-PREP	T8	PV
PLENVU	T3	
SUCLEAR	T3	
SUFLAVE	T3	
SUPREP BOWEL PREP KIT	T3	
SUTAB	T9	
*Laxatives - Miscellaneous***		
CLEARLAX ORAL PACKET	T9	
CLEARLAX ORAL POWDER	T8	PV
EQL CLEARLAX	T8	PV
<i>gavilax</i>	T9	
<i>gentlelax oral powder</i>	T9	
GLYCOLAX	T9	
GNP CLEARLAX ORAL PACKET	T9	
GNP CLEARLAX ORAL POWDER	T8	PV
GOODSENSE CLEARLAX	T8	PV
HM CLEARLAX ORAL POWDER	T8	PV
KRISTALOSE	T9	
<i>lactulose oral packet</i>	T9	
<i>lactulose oral solution 10 gml/15ml</i>	T1b	
<i>laxative polyethylene glycol</i>	T8	PV
MIRALAX ORAL POWDER	T9	
<i>peg 3350 oral powder</i>	T9	
<i>polyethylene glycol 3350 oral packet</i>	T9	
<i>qc natura-lax</i>	T8	PV
SM CLEARLAX	T8	PV
SMOOTH LAX ORAL PACKET	T9	
SW CLEARLAX	T9	
TGT POWDERLAX ORAL PACKET 17 GM	T9	
TGT POWDERLAX ORAL POWDER	T8	PV
VIBRANT	T9	
*Saline Laxative Mixtures***		
<i>oral saline laxative kit</i>	T8	PV
OSMOPREP	T3	
<i>phosphate laxative oral solution 2.7-7.2 gml/15ml</i>	T8	PV
*Saline Laxatives***		
<i>citrate of magnesia oral solution</i>	T8	PV
CITROMA	T8	PV

Medication	Coverage Level	Restrictions
<i>cvs magnesium citrate oral solution</i>	T8	PV
<i>cvs milk of magnesia oral suspension 400 mg/5ml</i>	T8	PV
DULCOLAX ORAL SUSPENSION	T8	PV
<i>eq magnesium citrate</i>	T8	PV
<i>eql magnesium citrate</i>	T8	PV
<i>eql milk of magnesia oral suspension 400 mg/5ml</i>	T8	PV
<i>gnp milk of magnesia</i>	T8	PV
<i>goodsense milk of magnesia</i>	T8	PV
<i>hm magnesium citrate</i>	T8	PV
<i>hm milk of magnesia</i>	T8	PV
<i>magnesium citrate oral solution</i>	T8	PV
<i>milk of magnesia oral suspension 400 mg/5ml</i>	T8	PV
<i>qc magnesium citrate</i>	T8	PV
<i>qc milk of magnesia</i>	T8	PV
<i>ra milk of magnesia oral suspension</i>	T8	PV
<i>sm magnesium citrate</i>	T8	PV
<i>sm milk of magnesia oral suspension 400 mg/5ml</i>	T8	PV
*Stimulant Laxatives***		
<i>bisacodyl ec</i>	T8	PV
<i>bisacodyl rectal</i>	T9	
<i>gnp laxative oral</i>	T8	PV
<i>hm laxative oral</i>	T8	PV
<i>laxative oral tablet delayed release</i>	T9	
<i>ra laxative oral tablet delayed release</i>	T8	PV
<i>sm laxative oral</i>	T8	PV
*Surfactant Laxatives***		
ENEMEEZ MINI	T3	QL (90 tubes per 30 days)
ENEMEEZ PLUS	T3	QL (90 tubes per 30 days)
Local Anesthetics-Parenteral		
*Local Anesthetic & Sympathomimetic***		
<i>lidocaine(bufferd)-epinephrine injection solution prefilled syringe 1 %-1:100000</i>	T9	
*Local Anesthetics - Amides***		
<i>bupivacaine hcl injection solution prefilled syringe 0.25 % (10 ml)</i>	T9	
Macrolides		
*Azithromycin***		
<i>azithromycin oral suspension reconstituted</i>	T1b	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1b	

Medication	Coverage Level	Restrictions
ZITHROMAX ORAL PACKET	T2	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	T3	
ZITHROMAX ORAL TABLET 600 MG	T3	
ZITHROMAX TRI-PAK	T3	
ZITHROMAX Z-PAK	T3	
ZMAX	T3	
*Clarithromycin***		
BIAXIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML	T3	
BIAXIN ORAL TABLET	T3	
BIAXIN XL	T3	
<i>clarithromycin er</i>	T1b	
<i>clarithromycin oral</i>	T1b	
*Erythromycins***		
E.E.S. 400 ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
E.E.S. GRANULES	T4	SP (Limited to a 1 month supply per fill)
ERYPED 200	T4	SP (Limited to a 1 month supply per fill)
ERYPED 400	T4	SP (Limited to a 1 month supply per fill)
ERY-TAB	T4	SP (Limited to a 1 month supply per fill)
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin base oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin ethylsuccinate oral</i>	T4	SP (Limited to a 1 month supply per fill)
PCE	T2	
*Fidaxomicin***		
DIFICID ORAL TABLET	T5	ST; SP (Limited to 2 fills per 6 months); QL (20 tablets per 10 days)
Medical Devices And Supplies		
*Blood Pressure Devices***		
10 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
10 SERIES+ BP MONITR/UPPER ARM	T2	QL (2 EA per 730 days)
3 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
3 SERIES BP MONITOR/WRIST	T2	QL (2 EA per 730 days)
5 SERIES BP MONITOR	T2	QL (1 monitor per 2 years)

Medication	Coverage Level	Restrictions
5 SERIES BP MONITOR/UPPER ARM	T2	QL (1 monitor per 2 years)
7 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
7 SERIES BP MONITOR/WRIST	T2	QL (2 EA per 730 days)
<i>adult blood pressure cuff lg</i>	T2	QL (1 monitor per 2 years)
<i>blood pressure monitor</i>	T2	QL (1 Monitor per 2 years)
BLOOD PRESSURE MONITOR 3	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 7	T2	QL (1 monitor per 2 years)
<i>blood pressure monitor kit</i>	T2	QL (1 monitor per 2 years)
<i>self-taking blood pressure</i>	T2	QL (2 EA per 730 days)
*Cervical Caps***		
FEMCAP	T8	PV
*Condoms - Female***		
FC2 FEMALE CONDOM	T8	PV
*Condoms - Male***		
<i>aimsco lubricated</i>	T8	PV
<i>condoms</i>	T8	PV
DUREX REALFEEL	T8	PV
FANTASY LUBRICATED	T8	PV
<i>kimono</i>	T8	PV
<i>kimono micro thin</i>	T8	PV
TRUSTEX LUBRICATED	T8	PV
TRUSTEX NON-LUBRICATED	T8	PV
TRUSTEX RIA LUBRICATED	T8	PV
TRUSTEX RIA NON-LUBRICATED	T8	PV
*Diaphragms***		
CAYA	T8	PV
WIDE-SEAL DIAPHRAGM 60	T8	PV
WIDE-SEAL DIAPHRAGM 65	T8	PV
WIDE-SEAL DIAPHRAGM 70	T8	PV
WIDE-SEAL DIAPHRAGM 75	T8	PV
WIDE-SEAL DIAPHRAGM 80	T8	PV
WIDE-SEAL DIAPHRAGM 85	T8	PV
WIDE-SEAL DIAPHRAGM 90	T8	PV
WIDE-SEAL DIAPHRAGM 95	T8	PV
*Glucose Monitoring Test Supplies***		
ACCU-CHEK FASTCLIX LANCET	T3	
ACCU-CHEK FASTCLIX LANCETS	T2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	T3	
ACCU-CHEK SOFTCLIX LANCETS	T2	

Medication	Coverage Level	Restrictions
ADVOCATE CONTROL SOLUTION IN VITRO LIQUID LOW	T3	
ADVOCATE LANCETS 30G	T2	
ADVOCATE LANCING DEVICE	T3	
ADVOCATE RAPID-SAFE LANCING	T3	
ASSURE DOSE CONTROL	T3	
ASSURE LANCE PLUS SAFETY 30G	T2	
BIGFOOT UNITY PROGRAM	T9	
CARESENS CONTROL A	T3	
CARETOUCH CONTROL SOL LEVEL 2	T3	
CARETOUCH LANCING/EJECTOR	T3	
CARETOUCH TWIST LANCETS 28G	T2	
CARETOUCH TWIST LANCETS 30G	T2	
CARETOUCH TWIST LANCETS 33G	T2	
CONTOUR CONTROL IN VITRO LIQUID NORMAL	T3	
DEXCOM G6 RECEIVER	T2	ST; QL (1 receiver per 365 days)
DEXCOM G6 SENSOR	T2	ST; QL (1 box per 30 days)
DEXCOM G6 TRANSMITTER	T2	ST; QL (1 transmitter per 90 days)
DEXCOM G7 RECEIVER	T2	ST; QL (1 receiver per 1 year)
DEXCOM G7 SENSOR	T2	ST; QL (3 sensors per 30 days)
<i>easy comfort lancets</i>	T2	
<i>easy mini lancing device</i>	T3	
EASY STEP CONTROL IN VITRO SOLUTION NORMAL	T3	
EASY TOUCH CONTROL HIGH & LOW	T3	
EASY TOUCH LANCING DEVICE	T3	
<i>easy trak ii control</i>	T3	
EASYGLUCO CONTROL IN VITRO SOLUTION NORMAL	T3	
EMBRACE GLUCOSE CONTROL	T3	
<i>embrace lancing device/ejector</i>	T3	
EMBRACE TALK GLUCOSE CONTROL IN VITRO SOLUTION LOW	T3	
EMBRACE WAVE GLUCOSE METER	T9	
FIFTY50 SAFETY SEAL LANCETS	T2	
FORA CONTROL IN VITRO SOLUTION NORMAL	T3	
FORA LANCETS	T2	
FORA LANCING DEVICE	T3	
FREESTYLE CONTROL SOLUTION	T3	

Medication	Coverage Level	Restrictions
FREESTYLE LANCETS	T2	
FREESTYLE LIBRE 14 DAY READER	T2	ST; QL (2 kits per 28 days)
FREESTYLE LIBRE 14 DAY SENSOR	T2	ST; QL (2 sensors per 28 days)
FREESTYLE LIBRE 2 READER	T2	ST; QL (1 reader per 365 days)
FREESTYLE LIBRE 2 SENSOR	T2	ST; QL (2 sensors per 28 days)
FREESTYLE LIBRE 3 SENSOR	T2	ST; QL (2 sensors per 28 days)
<i>ge100 control</i>	T3	
GOJJI LANCING DEVICE/CLEAR CAP	T3	
GOJJI STERILE LANCETS	T2	
HYPOLANCE AST LANCING	T2	
INFINITY CONTROL IN VITRO SOLUTION NORMAL	T3	
INFINITY VOICE IN VITRO LIQUID	T3	
ON CALL EXPRESS GLUCOSE CONTR	T3	
ON CALL LANCETS	T2	
ON CALL LANCING DEVICE	T3	
ON CALL PLUS GLUCOSE CONTROL	T3	
ON CALL PLUS LANCETS	T2	
ON CALL PLUS LANCING DEVICE	T3	
ON CALL VIVID GLUCOSE CONTROL	T3	
PIP GLUCOSE CONTROL SOLUTION	T3	
<i>pip lancets 28g</i>	T2	
<i>pip lancets 30g</i>	T2	
PRODIGY CONTROL SOLUTION IN VITRO SOLUTION LOW	T3	
PRODIGY LANCETS 26G	T2	
PRODIGY LANCETS 28G	T2	
PRODIGY LANCING DEVICE	T3	
PRODIGY TWIST TOP LANCETS 28G	T2	
REFUAH PLUS GLUCOSE CONTROL	T3	
RIGHTEST GL300 LANCETS	T2	
SMARTEST LANCETS 28G	T2	
TELCARE GLUCOSE CONTROL	T3	
TEMPO REFILL	T9	
TEMPO SMART BUTTON	T9	
TEMPO WELCOME	T9	
VIVAGUARD INO CONTROL SOLUTION	T3	
<i>*Insulin Administration Supplies***</i>		
OMNIPOD 5 G6 INTRO (GEN 5)	T5	SP (Limited to 1 kit per 30 days); QL (1 kit per 2 yearss)

Medication	Coverage Level	Restrictions
OMNIPOD 5 G6 POD (GEN 5)	T5	SP (Limited to a 1 month supply per fill); QL (2 packs per 30 days)
OMNIPOD DASH INTRO (GEN 4)	T5	SP (Limited to 1 kit per 30 days); QL (1 kit per 2 yearss)
OMNIPOD DASH PODS (GEN 4)	T5	SP (Limited to a 1 month supply per fill); QL (2 packs per 30 days)
OMNIPOD GO	T9	
V-GO 20	T2	
V-GO 30	T2	
V-GO 40	T2	
*Needles & Syringes***		
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.3 ML, 28G X 1/2" 0.5 ML	T2	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 1 ML	T2	
BD PEN NEEDLE MINI U/F	T2	
INPEN 100-BLUE-LILLY	T9	
INPEN 100-BLUE-LILLY-HUMALOG	T9	
INPEN 100-BLUE-NOVO	T9	
INPEN 100-BLUE-NOVOLOG-FIASP	T9	
INPEN 100-GRAY-LILLY	T9	
INPEN 100-GREY-LILLY-HUMALOG	T9	
INPEN 100-GREY-NOVO	T9	
INPEN 100-GREY-NOVOLOG-FIASP	T9	
INPEN 100-PINK-LILLY	T9	
INPEN 100-PINK-LILLY-HUMALOG	T9	
INPEN 100-PINK-NOVO	T9	
INPEN 100-PINK-NOVOLOG-FIASP	T9	
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT PISTON SYRINGE	T2	
MONOJECT SAFETY SYRINGE/SHIELD 21G X 1-1/2" 6 ML	T2	
MONOJECT SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT SYRINGE LUER-LOCK TIP 140 ML	T2	
NOVOFINE 32G X 6 MM	T2	
NOVOFINE AUTOCOVER	T2	
NOVOFINE AUTOCOVER PEN NEEDLE	T2	
NOVOFINE PEN NEEDLE	T2	
NOVOFINE PLUS	T2	
NOVOFINE PLUS PEN NEEDLE	T2	

Medication	Coverage Level	Restrictions
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	T1b	
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	T2	
<i>*Respiratory Therapy Supplies***</i>		
ACE AEROSOL CLOUD ENHANCER	T3	QL (4 devices per 1 year)
AEROTRACH PLUS	T3	QL (4 chambers per 1 year)
<i>*Spacer/Aerosol-Holding Chambers & Supplies***</i>		
AEROCHAMBER MINI CHAMBER	T2	QL (4 chambers per 1 year)
AEROCHAMBER MV	T2	QL (4 chambers per 1 year)
AEROCHAMBER PLUS FLO-VU	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK	T2	QL (4 EA per 365 days)
AEROCHAMBER Z-STAT PLUS	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS CHAMBR	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/LARGE	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/MEDIUM	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/SMALL	T3	QL (4 chambers per 1 year)
AEROVENT PLUS	T3	QL (4 chambers per 1 year)
BREATHERITE	T2	QL (4 EA per 365 days)
BREATHERITE COLL SPACER ADULT	T2	QL (4 EA per 365 days)
BREATHERITE COLL SPACER CHILD	T2	QL (4 EA per 365 days)
BREATHERITE COLL SPACER INFANT	T2	QL (4 EA per 365 days)
BREATHERITE RIGID SPACER/MASK	T2	QL (4 EA per 365 days)
BREATHERITE SPACER NEONATE	T2	QL (4 EA per 365 days)
BREATHERITE SPACER SMALL CHILD	T2	QL (4 EA per 365 days)
BREATHERITE/LARGE MASK	T2	QL (4 EA per 365 days)
BREATHERITE/MEDIUM MASK	T2	QL (4 EA per 365 days)
BREATHERITE/SMALL MASK	T2	QL (4 EA per 365 days)
EASIVENT	T2	QL (4 EA per 365 days)
EASIVENT MASK LARGE	T2	QL (4 EA per 365 days)
EASIVENT MASK MEDIUM	T2	QL (4 EA per 365 days)
EASIVENT MASK SMALL	T2	QL (4 EA per 365 days)
OPTICHAMBER ADVANTAGE-LG MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER ADVANTAGE-MED MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER ADVANTAGE-SM MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER DIAMOND	T2	
OPTICHAMBER FACE MASK-LARGE	T2	QL (4 EA per 365 days)

Medication	Coverage Level	Restrictions
OPTICHAMBER FACE MASK-MEDIUM	T2	QL (4 EA per 365 days)
OPTICHAMBER FACE MASK-SMALL	T2	QL (4 EA per 365 days)
<i>prochamber vhc</i>	T1b	QL (4 EA per 365 days)
<i>valved holding chamber</i>	T1b	QL (4 EA per 365 days)
Migraine Products		
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***		
NURTEC	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 tablets per 30 days)
QULIPTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
UBRELVY ORAL TABLET 100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (10 tablet per 30 days)
UBRELVY ORAL TABLET 50 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (10 tablets per 30 days)
ZAVZPRET	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 30 days); AL (Min 18 Years)
*Cgrp Receptor Antagonists - Monocolonal Antibodies***		
AIMOVIG	T2	PA; QL (1 Auto-injector per 30 days); AL (Min 18 Years)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (1 autoinjector per 30 days); AL (Min 18 Years)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; QL (1 syringe per 30 days); AL (Min 18 Years)
EMGALITY (300 MG DOSE)	T2	PA; QL (3 syringes per 30 days); AL (Min 18 Years)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (1 Auto-injector per 30 days); AL (Min 18 Years)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; QL (1 syringe per 30 days); AL (Min 18 Years)
*Ergot Combinations***		
CAFERGOT	T9	
<i>ergotamine-caffeine</i>	T3	QL (40 tablets per 30 days)
MIGERGOT	T9	
*Migraine Combinations***		
<i>isometheptene-caffeine-apap oral tablet 65-20-325 mg</i>	T9	
<i>isometheptene-dichloral-apap</i>	T2	

Medication	Coverage Level	Restrictions
*Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors***		
ELYXYB	T9	
*Migraine Products - Nsaids***		
CAMBIA	T9	
<i>diclofenac potassium(migraine)</i>	T9	
*Migraine Products***		
<i>dihydroergotamine mesylate injection</i>	T3	ST; QL (4 ML per 30 days)
<i>dihydroergotamine mesylate nasal</i>	T9	
ERGOMAR	T3	
MIGRANAL	T9	
TRUDHESA	T9	
*Selective Serotonin Agonist-Nsaid Combinations***		
<i>sumatriptan-naproxen sodium</i>	T9	
TREXIMET	T9	
*Selective Serotonin Agonists 5-Ht(1)***		
<i>almotriptan malate</i>	T3	ST; QL (12 tablets per 30 days)
<i>eletriptan hydrobromide</i>	T3	ST; QL (12 tablets per 30 days)
FROVA	T9	
<i>frovatriptan succinate</i>	T3	ST; QL (12 tablets per 30 days)
IMITREX	T9	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	T9	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO- INJECTOR	T9	
MAXALT ORAL TABLET 10 MG	T9	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	T9	
<i>naratriptan hcl</i>	T1b	QL (12 tablets per 30 days)
ONZETRA XSAIL	T9	
RELPAX	T9	
<i>rizatriptan benzoate</i>	T1b	QL (12 tablets per 30 days)
<i>sumatriptan nasal</i>	T3	QL (8 units per 30 days)
<i>sumatriptan succinate oral</i>	T1b	QL (12 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	T9	
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	T1b	QL (8 cartridges per 30 days)

Medication	Coverage Level	Restrictions
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	T1b	
<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)
SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR	T9	
TOSYMRA	T9	
ZECUITY	T9	
ZEMBRACE SYMTOUCH	T9	
<i>zolmitriptan nasal</i>	T3	ST; QL (12 units per 30 days)
<i>zolmitriptan oral</i>	T2	QL (12 tablets per 30 days)
ZOMIG NASAL SOLUTION 2.5 MG	T3	ST; QL (12 units per 30 days)
ZOMIG NASAL SOLUTION 5 MG	T9	
ZOMIG ORAL	T9	
*Selective Serotonin Agonists 5-Ht(1F)***		
REYVOW	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 tablets per 30 days)
Minerals & Electrolytes		
*Calcium Combinations***		
<i>calcium-folic acid plus d</i>	T9	
MAGNEBIND 400 ORAL TABLET 80-115 MG	T9	
*Fluoride Combinations***		
FLORIVA ORAL LIQUID	T9	
*Fluoride***		
FLUOR-A-DAY ORAL SOLUTION	T2	AL (Min 6 Months and Max 6 Years)
LURIDE	T3	
<i>sodium fluoride oral tablet chewable</i>	T1a	
*Magnesium Combinations***		
MAGNEBIND 400 ORAL TABLET 400-200-1 MG	T9	
*Phosphate***		
<i>av-phos 250 neutral</i>	T9	
K-PHOS-NEUTRAL	T9	
<i>phos-nak</i>	T9	
PHOSPHA 250 NEUTRAL	T9	
<i>virt-phos 250 neutral</i>	T9	
*Potassium Combinations***		
<i>effervescent pot chloride</i>	T1b	

Medication	Coverage Level	Restrictions
*Potassium***		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	T1b	
<i>k-effervescent</i>	T1b	
KLOR-CON 10	T1b	
KLOR-CON M10	T1b	
KLOR-CON M15	T1b	
KLOR-CON M20	T1b	
KLOR-CON ORAL PACKET 20 MEQ	T9	
KLOR-CON ORAL TABLET EXTENDED RELEASE	T3	
KLOR-CON/EF	T1b	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	T3	
POKONZA	T9	
<i>potassium chloride crys er oral tablet extended release 15 meq, 20 meq</i>	T1b	
<i>potassium chloride er oral capsule extended release</i>	T1b	
<i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>	T1b	
<i>potassium chloride oral packet</i>	T9	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	T3	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	T4	SP (Limited to a 1 month supply per fill)
*Zinc***		
GALZIN	T9	
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	T9	
Miscellaneous Therapeutic Classes		
*Activated Phosphoinositide 3-Kinase Delta Syndrome Agent***		
JOENJA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 12 Years)
*Antileptics***		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG	T4	SP (Limited to a 1 month supply per fill)
THALOMID ORAL CAPSULE 50 MG	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***		
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
*Chelating Agents***		
CUPRIMINE ORAL CAPSULE 250 MG	T9	
CUVRIOR	T9	
DEPEN TITRATABS	T9	
<i>d-penaminate</i>	T9	
<i>penicillamine oral capsule</i>	T9	
<i>penicillamine oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
SYPRINE	T9	
<i>trientine hcl oral capsule 250 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)
<i>trientine hcl oral capsule 500 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (75 capsules per 30 days)
*Cyclosporine Analogs***		
<i>cyclosporine modified</i>	T1b	
<i>cyclosporine oral capsule</i>	T4	SP (Limited to a 1 month supply per fill)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1b	
GENGRAF ORAL SOLUTION	T1b	
LUPKYNIS	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
NEORAL	T3	
SANDIMMUNE ORAL CAPSULE	T4	SP (Limited to a 1 month supply per fill)
SANDIMMUNE ORAL SOLUTION	T3	
*Farnesyltransferase Inhibitors***		
ZOKINVY	T9	

Medication	Coverage Level	Restrictions
*Fecal Incontinence Bulking Agent - Combinations***		
SOLESTA	T3	
*Immunomodulators For Myelodysplastic Syndromes***		
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	T3	QL (30 capsules per 30 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
REVLIMID	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
*Inosine Monophosphate Dehydrogenase Inhibitors***		
CELLCEPT ORAL CAPSULE	T3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED	T3	AL (Max 9 Years)
CELLCEPT ORAL TABLET	T3	
<i>mycophenolate mofetil oral capsule</i>	T1b	
<i>mycophenolate mofetil oral suspension reconstituted</i>	T1b	AL (Max 9 Years)
<i>mycophenolate mofetil oral tablet</i>	T1b	
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>	T3	QL (240 tablets per 30 days)
<i>mycophenolate sodium oral tablet delayed release 360 mg</i>	T3	QL (120 tablets per 30 days)
<i>mycophenolic acid oral tablet delayed release 180 mg</i>	T3	QL (240 tablets per 30 days)
<i>mycophenolic acid oral tablet delayed release 360 mg</i>	T3	QL (120 tablets per 30 days)
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	T3	QL (240 tablets per 30 days)
MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG	T3	QL (120 tablets per 30 days)
*Macrolide Immunosuppressants***		
ASTAGRAF XL	T3	ST
ENVARBUS XR	T3	ST
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>everolimus oral tablet 1 mg</i>	T4	SP (Limited to a 1 month supply per fill)
PROGRAF ORAL CAPSULE	T3	

Medication	Coverage Level	Restrictions
PROGRAF ORAL PACKET	T3	AL (Max 9 Years)
RAPAMUNE	T5	SP (Limited to a 1 month supply per fill)
<i>sirolimus oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>tacrolimus oral</i>	T1b	
ZORTRESS	T5	SP (Limited to a 1 month supply per fill)
*Monoclonal Antibodies***		
ENSPRYNG	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days)
*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib***		
VIJOICE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
*Potassium Removing Agents***		
KIONEX ORAL SUSPENSION	T1b	
LOKELMA	T4	SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	T1b	
SPS	T1b	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
VELTASSA ORAL PACKET 8.4 GM	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 Packets per 30 Fills)
*Purine Analogs***		
AZASAN	T9	
<i>azathioprine oral tablet 100 mg, 75 mg</i>	T9	
<i>azathioprine oral tablet 50 mg</i>	T1b	
IMURAN	T3	
*Rock Inhibitors***		
REZUROCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
Mouth/Throat/Dental Agents		
*Anesthetics Topical Oral - Combinations***		
FIRST-MOUTHWASH BLM	T2	

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

Medication	Coverage Level	Restrictions
*Protectants - Mouth/Throat***		
GELCLAIR	T9	
MUGARD	T9	
ORAMAGICRX	T9	
*Saliva Stimulants***		
<i>cevimeline hcl</i>	T1b	QL (90 capsules per 30 days)
EVOXAC	T2	QL (90 capsules per 30 days)
<i>pilocarpine hcl oral</i>	T1b	QL (120 tablets per 30 days)
SALAGEN	T3	
*Steroids - Mouth/Throat/Dental***		
ORALONE	T3	
<i>triamcinolone acetonide mouth/throat</i>	T1b	
Multivitamins		
*B-Complex W/ C & Folic Acid***		
DIALYVITE	T9	
DIALYVITE 800 ORAL TABLET	T8	PV
<i>folbee plus</i>	T9	
<i>full spectrum b/vitamin c</i>	T8	PV; AL (Max 50 Years)
<i>mynephrocaps</i>	T9	
MYNEPHRON	T9	
NEPHRO-VITE RX	T9	
RENAL ORAL CAPSULE	T9	
<i>rena-vite</i>	T8	PV; AL (Max 50 Years)
<i>rena-vite rx</i>	T9	
<i>reno caps</i>	T9	
<i>triphrocaps</i>	T9	
<i>virt-caps</i>	T9	
<i>virt-vite plus</i>	T9	
<i>vp-vite rx</i>	T9	
*B-Complex W/ C-Biotin-D & Folic Acid***		
NEPHROCAPS QT	T9	
*B-Complex W/ C-Biotin-D-Zinc & Folic Acid***		
VITAL-D RX	T9	
*B-Complex W/ C-Biotin-E-Minerals & Folic Acid***		
DIALYVITE 3000	T9	
DIALYVITE 5000	T9	
*B-Complex W/ C-Biotin-Fe & Folic Acid***		
DIALYVITE 800/IRON	T9	

Medication	Coverage Level	Restrictions
*B-Complex W/ C-Biotin-Minerals & Folic Acid***		
FOLBEE PLUS CZ	T9	
*B-Complex W/ C-Zn & Folic Acid***		
DIALYVITE/ZINC	T9	
NEPHPLEX RX	T9	
*B-Complex W/ Folic Acid***		
<i>b complex formula 1 (w/ fa)</i>	T8	PV; AL (Max 50 Years)
<i>kobee</i>	T8	PV; AL (Max 50 Years)
*B-Complex W/ Lysine-Zn & Folic Acid***		
SUPERVITE	T9	
*B-Complex W/ Minerals***		
SIDEROL ORAL LIQUID†	T9	
*B-Complex W/Biotin & Folic Acid***		
<i>ra balanced b-100</i>	T8	PV; AL (Max 50 Years)
SUPER QUINTS B-50	T8	PV; AL (Max 50 Years)
*Iron W/ Vitamins***		
VITAFOL ORAL SYRUP	T2	AL (Min 6 Months and Max 12 Months)
VITAFOL ORAL TABLET	T9	
*Multiple Vitamins W/ Iron***		
<i>stress formulaliron</i>	T8	PV
*Multiple Vitamins W/ Minerals & Fluoride-Iron-Folic Acid***		
QUFLORA FE	T9	
*Multiple Vitamins W/ Minerals & Folic Acid***		
CORVITA ORAL TABLET 1.25 MG	T9	
CORVITE ORAL TABLET 1.25 MG	T9	
DIALYVITE SUPREME D ORAL TABLET 3 MG	T9	
OCUVEL ORAL CAPSULE 0.5 MG	T9	
UDAMIN SP ORAL TABLET 1 MG	T9	
*Multiple Vitamins W/ Minerals***		
BACMIN	T9	
<i>choice-tabs</i>	T9	
CORVITE FREE	T9	
FORTAVIT ORAL CAPSULE	T9	
LYSIPLEX PLUS ORAL TABLET	T9	
NICADAN	T9	
NICAZEL	T9	
NICAZEL FORTE	T9	

Medication	Coverage Level	Restrictions
REQ 49+	T9	
STROVITE FORTE ORAL TABLET	T9	
STROVITE ONE	T9	
<i>tri-zel</i>	T9	
<i>v-c forte</i>	T9	
VIC-FORTE	T9	
VITACEL	T1b	
*Niacinamide W/ Zinc-Copper & Folic Acid***		
NICOMIDE ORAL TABLET 750-27-2-0.5 MG	T9	
*Ped Multi Vitamins W/Fl & Fe***		
<i>multi-vit/fluorideliron</i>	T1b	AL (Max 10 Years)
*Ped Mv W/ Fluoride***		
FLORIVA PLUS	T9	
<i>multi vitamin/fluoride oral tablet chewable 0.25 mg</i>	T1b	AL (Max 10 Years)
<i>multi-vit/fluoride oral solution</i>	T1b	AL (Max 10 Years)
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	T3	AL (Max 10 Years)
<i>multi-vitamin/fluoride oral tablet chewable 0.5 mg</i>	T1b	AL (Max 10 Years)
<i>multivitamins/fluoride oral tablet chewable 0.5 mg</i>	T1b	AL (Max 10 Years)
POLY-VI-FLOR ORAL TABLET CHEWABLE	T9	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML	T9	
*Ped Vitamins Acd & Fa W/ Fluoride***		
TRI-VI-FLOR	T9	
*Ped Vitamins Acd Fluoride & Iron***		
<i>tri-vit/fluorideliron</i>	T1b	
*Ped Vitamins Acd W/ Fluoride***		
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	T1b	
*Pediatric Multiple Vitamins & Minerals W/ Fluoride***		
FLORIVA ORAL TABLET CHEWABLE 0.5 MG	T9	
*Prenatal Mv & Min W/Fe-Fa***		
CITRANATAL B-CALM	T3	
CITRANATAL BLOOM	T3	
CITRANATAL RX	T3	
<i>classic prenatal</i>	T8	PV
<i>completenate</i>	T1b	
<i>cvs prenatal oral tablet 27-0.8 mg</i>	T8	PV
DUET DHA BALANCED ORAL 26-1 & 278 MG	T2	
<i>gnp prenatal vitamins</i>	T8	PV

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

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

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

Medication	Coverage Level	Restrictions
<i>baclofen oral tablet</i>	T1b	
<i>carisoprodol oral tablet 350 mg</i>	T2	QL (90 tablets per 30 days)
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	T9	
<i>chlorzoxazone oral tablet 500 mg</i>	T2	ST
<i>cyclobenzaprine hcl er</i>	T9	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1a	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	T9	
FEXMID	T9	
FLEQSUVY	T9	
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	T9	
LORZONE	T9	
LYVISPAH	T9	
<i>metaxalone oral tablet 400 mg</i>	T9	
<i>metaxalone oral tablet 800 mg</i>	T1b	ST
<i>methocarbamol oral tablet 1000 mg</i>	T9	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T1b	
<i>orphenadrine citrate er</i>	T1b	
OZOBAX	T9	
OZOBAX DS	T9	
PARAFON FORTE DSC	T9	
ROBAXIN ORAL	T9	
ROBAXIN-750	T9	
SOMA ORAL TABLET 350 MG	T9	
<i>tizanidine hcl oral</i>	T1b	
ZANAFLEX	T3	
*Direct Muscle Relaxants***		
DANTRIUM ORAL	T3	
<i>dantrolene sodium oral</i>	T1b	
*Muscle Relaxant Combinations***		
<i>carisoprodol-aspirin</i>	T9	
<i>carisoprodol-aspirin-codeine</i>	T9	
<i>norgesic forte</i>	T9	
<i>orphenadrine-asa-caffeine</i>	T9	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG	T9	

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

Medication	Coverage Level	Restrictions
RHINOCORT AQUA	T9	
SINUVA	T9	
<i>triamcinolone acetonide nasal aerosol</i>	T9	
VERAMYST	T9	
XHANCE	T9	
ZETONNA	T9	
*Systemic Decongestants***		
<i>pseudoephedrine hcl oral tablet 60 mg</i>	T9	
SUDOGEST ORAL TABLET 60 MG	T9	
*Topical Decongestants***		
ADRENALIN NASAL	T9	
<i>epinephrine hcl (nasal)</i>	T9	
Neuromuscular Agents		
*Als Agent Combinations***		
RELYVRIO	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL (Min 18 Years and Max 80 Years)
*Als Agents - Miscellaneous***		
RADICAVA ORS	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (50 ML per 28 days)
*Benzothiazoles***		
EXSERVAN	T9	
RILUTEK	T9	
<i>riluzole</i>	T1b	QL (60 tablets per 30 days)
TIGLUTIK	T9	
*Friedrich's Ataxia Agents - Nrf2 Pathway Activators***		
SKYCLARYS	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days); AL (Min 16 Years and Max 40 Years)
*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs***		
DAYBUE	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 bottles per 28 days); AL (Min 2 Years)
*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***		
EVRYSDI	T5	PA; SP (Limited to a 1 month supply per fill); QL (240 ML per 30 Days)

Medication	Coverage Level	Restrictions
Nutrients		
*Amino Acids-Single***		
<i>l-leucine</i>	T9	
*Lipids***		
DOJOLVI	T9	
*Misc. Nutritional Substances Combinations***		
CARDIOVID PLUS	T9	
Ophthalmic Agents		
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***		
<i>brimonidine-dorzolamide</i>	T9	
SIMBRINZA	T2	
*Artificial Tear Inserts***		
LACRISERT	T4	SP (Limited to a 1 month supply per fill)
*Beta-Blockers - Ophthalmic Combinations***		
<i>brimonidine tartrate-timolol</i>	T1b	
COMBIGAN	T9	
COSOPT	T3	
<i>dorzolamide hcl-timolol mal</i>	T1b	
*Beta-Blockers - Ophthalmic***		
BETAGAN	T3	
<i>betaxolol hcl ophthalmic</i>	T2	
BETIMOL	T9	
BETOPTIC-S	T9	
<i>carteolol hcl</i>	T1b	
ISTALOL	T9	
<i>levobunolol hcl</i>	T1b	
<i>metipranolol</i>	T1b	
<i>timolol maleate (once-daily)</i>	T9	
<i>timolol maleate ophthalmic gel forming solution</i>	T2	
<i>timolol maleate ophthalmic solution</i>	T1a	
<i>timolol maleate pf</i>	T9	
TIMOPTIC	T3	
TIMOPTIC OCUDOSE	T9	
TIMOPTIC-XE	T3	
*Cholinergic Agonists***		
TYRVAYA	T9	

Medication	Coverage Level	Restrictions
*Cycloplegic Mydriatic Combinations***		
CYCLOMYDRIL	T3	
<i>tropicamide-cyclopentolate-pe</i>	T9	
*Cycloplegic Mydriatics***		
<i>atropine sulfate ophthalmic solution 1 %</i>	T1b	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	T2	
CYCLOGYL OPHTHALMIC SOLUTION 1 %, 2 %	T3	
<i>cyclopentolate hcl ophthalmic</i>	T1b	
HOMATROPAIRE	T1b	
ISOPTO ATROPINE	T3	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	T1b	
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***		
XIIDRA	T2	QL (60 vials per 30 days)
*Miotics - Cholinesterase Inhibitors***		
PHOSPHOLINE IODIDE	T2	
*Miotics - Direct Acting***		
ISOPTO CARPINE	T3	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1b	
PILOPINE HS	T2	
VUITY	T9	
*Ophthalmic Antiallergic***		
ALAWAY	T1b	
ALOCRIAL	T3	ST
ALOMIDE	T2	
<i>azelastine hcl ophthalmic</i>	T1b	
<i>bepotastine besilate</i>	T3	ST; QL (5 ML per 30 days)
BEPREVE	T9	
<i>cromolyn sodium ophthalmic</i>	T1b	
ELESTAT	T3	
<i>epinastine hcl</i>	T1b	
<i>ketotifen fumarate ophthalmic</i>	T1b	
LASTACAPT	T9	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	T1b	QL (5 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	T1b	QL (2.5 ML per 30 days)
PATADAY OPHTHALMIC SOLUTION 0.2 %	T3	ST; QL (2.5 ML per 30 days)
PATANOL	T3	
PAZEO	T9	

Medication	Coverage Level	Restrictions
ZADITOR	T1b	
ZERVIATE	T3	ST; QL (30 ml per 30 days)
*Ophthalmic Antibiotics***		
AZASITE	T3	ST
BESIVANCE	T3	QL (5 ML per 30 days)
CILOXAN	T3	
<i>ciprofloxacin hcl ophthalmic</i>	T1b	
<i>erythromycin ophthalmic</i>	T1b	
<i>gatifloxacin ophthalmic</i>	T1b	
GENTAK OPHTHALMIC OINTMENT	T1b	
<i>gentamicin sulfate ophthalmic solution</i>	T1b	
<i>levofloxacin ophthalmic</i>	T1b	
MOXEZA	T3	
<i>moxifloxacin hcl (2x day)</i>	T1b	
<i>moxifloxacin hcl ophthalmic solution</i>	T1b	
OCUFLOX	T3	
<i>ofloxacin ophthalmic</i>	T1b	
<i>tobramycin ophthalmic</i>	T1b	
TOBEX OPHTHALMIC OINTMENT	T2	
TOBEX OPHTHALMIC SOLUTION	T3	
VIGAMOX	T3	
ZYMAXID	T3	ST
*Ophthalmic Antifungal***		
NATACYN	T3	
*Ophthalmic Anti-Infective Combinations***		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1b	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	T1b	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	T1b	
NEOSPORIN OPHTHALMIC	T3	
<i>polymyxin b-trimethoprim</i>	T1b	
POLYTRIM	T3	
<i>tobramycin-vancomycin hcl</i>	T9	
*Ophthalmic Antivirals***		
<i>trifluridine ophthalmic</i>	T1b	
VIROPTIC	T3	
ZIRGAN	T3	

Medication	Coverage Level	Restrictions
*Ophthalmic Carbonic Anhydrase Inhibitors***		
AZOPT	T3	
<i>brinzolamide</i>	T2	
<i>dorzolamide hcl ophthalmic</i>	T1b	
TRUSOPT	T3	
*Ophthalmic Decongestant Combinations***		
NAPHCN-A	T9	
*Ophthalmic Decongestants***		
<i>naphazoline hcl ophthalmic</i>	T1b	
*Ophthalmic Immunomodulators***		
CEQUA	T9	
<i>cyclosporine ophthalmic</i>	T3	QL (64 vials per 30 days)
RESTASIS	T2	QL (64 vials per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	T2	QL (1 bottle per 30 days)
VERKAZIA	T9	
*Ophthalmic Irrigation Solutions***		
BSS	T1b	
BSS PLUS	T3	
*Ophthalmic Kinase Inhibitors - Combinations***		
ROCKLATAN	T9	
*Ophthalmic Local Anesthetics***		
IHEEZO	T9	
*Ophthalmic Nerve Growth Factors***		
OXERVATE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (8 weeks per 1 lifetime)
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
ACULAR	T3	
ACULAR LS	T3	
ACUVAIL	T9	
<i>bromfenac sodium (once-daily)</i>	T2	ST; QL (1.7 ML per 30 days)
BROMSITE	T9	
<i>diclofenac sodium ophthalmic</i>	T1b	
<i>flurbiprofen sodium</i>	T1b	
ILEVRO	T3	ST; QL (3 ML per 30 days)
<i>ketorolac tromethamine ophthalmic</i>	T1b	

Medication	Coverage Level	Restrictions
NEVANAC	T9	
PROLENSA	T9	
*Ophthalmic Rho Kinase Inhibitors***		
RHOPRESSA	T9	
*Ophthalmic Selective Alpha Adrenergic Agonists***		
ALPHAGAN P	T9	
<i>apraclonidine hcl</i>	T1b	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %</i>	T2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T1b	
IOPIDINE OPHTHALMIC SOLUTION 1 %	T9	
*Ophthalmic Steroid Combinations***		
<i>bacitra-neomycin-polymyxin-hc</i>	T1b	
BLEPHAMIDE S.O.P.	T3	
MAXITROL OPHTHALMIC OINTMENT	T3	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1	T3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1b	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1b	
PRED-G	T2	
PRED-G S.O.P.	T3	
<i>prednisolone-bromfenac ophthalmic solution</i>	T9	
<i>prednisolone-gatifloxacin ophthalmic solution</i>	T9	
<i>prednisolon-gatiflox-bromfenac ophthalmic solution</i>	T9	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	T1b	
TOBRADEX OPHTHALMIC OINTMENT	T3	ST
TOBRADEX OPHTHALMIC SUSPENSION	T3	
TOBRADEX ST	T3	ST
<i>tobramycin-dexamethasone</i>	T1b	
ZYLET	T3	ST
*Ophthalmic Steroids***		
ALREX	T9	
<i>dexamethasone sodium phosphate ophthalmic</i>	T1b	
DEXYCU	T9	
<i>difluprednate</i>	T1b	ST
DUREZOL	T3	ST
EYSUVIS	T3	ST; QL (4 bottles per 1 year)

Medication	Coverage Level	Restrictions
FLAREX	T2	
<i>fluorometholone ophthalmic</i>	T1b	
FML	T2	
FML FORTE	T3	
FML LIQUIFILM	T3	
INVELTYS	T3	ST
LOTEMAX	T9	
LOTEMAX SM	T3	ST
<i>loteprednol etabonate</i>	T2	ST
MAXIDEX	T3	
PRED FORTE	T3	
PRED MILD	T3	
<i>prednisolone acetate ophthalmic</i>	T1b	
<i>prednisolone sodium phosphate ophthalmic</i>	T1b	
VEXOL	T2	
*Ophthalmic Sulfonamides***		
BLEPH-10	T3	
<i>sulfacetamide sodium ophthalmic</i>	T1b	
*Ophthalmic Surgical Aids - Combinations***		
DUOVISC INTRAOCULAR KIT 0.85-0.5 ML	T9	
*Ophthalmics - Blepharoptosis Agents**		
UPNEEQ	T9	
*Ophthalmics - Cystinosis Agents**		
CYSTADROPS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (20 ML per 30 days)
CYSTARAN	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 ML per 28 days)
*Ophthalmics Misc. - Other***		
MIEBO	T9	
*Prostaglandins - Ophthalmic***		
<i>bimatoprost ophthalmic</i>	T1b	
IYUZEH	T9	
<i>latanoprost ophthalmic</i>	T1b	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T2	ST
<i>tafluprost (pf)</i>	T3	
TRAVATAN Z	T3	ST
<i>travoprost (bak free)</i>	T2	ST
VYZULTA	T9	

Medication	Coverage Level	Restrictions
XALATAN	T3	
XELPROS	T2	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	T3	
*Vascular Endothelial Growth Factor (Vegf) Antagonists***		
<i>bevacizumab intravitreal solution prefilled syringe 2 mg/0.08ml</i>	T9	
Otic Agents		
*Otic Agents - Miscellaneous***		
<i>acetic acid otic</i>	T1b	
<i>acetic acid-aluminum acetate</i>	T1b	
*Otic Analgesic Combinations***		
CORTANE-B OTIC	T3	
<i>oto-end 10</i>	T1b	
<i>treagan</i>	T2	
*Otic Anti-Infectives***		
CETRAXAL	T3	
<i>ciprofloxacin hcl otic</i>	T1b	
<i>ofloxacin otic</i>	T1b	
*Otic Steroid-Anti-Infective Combinations***		
CIPRO HC	T2	
CIPRODEX	T3	
<i>ciprofloxacin-dexamethasone</i>	T1b	
<i>ciprofloxacin-fluocinolone pf</i>	T2	AL (Min 6 Months and Max 17 Years)
COLY-MYCIN S	T3	
CORTISPORIN-TC	T3	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	T1b	
OTOVEL	T2	AL (Min 6 Months and Max 17 Years)
Oxytocics		
*Abortifacients/Cervical Ripening - Prostaglandins***		
PREPIDIL	T3	
*Oxytocics***		
METHERGINE ORAL	T3	QL (28 tablets per 365 days)
<i>methylergonovine maleate oral</i>	T3	QL (28 tablets per 365 days)
Penicillins		
*Aminopenicillins***		
<i>amoxicillin er</i>	T1b	
<i>amoxicillin oral capsule</i>	T1b	

Medication	Coverage Level	Restrictions
<i>amoxicillin oral suspension reconstituted</i>	T1b	
<i>amoxicillin oral tablet</i>	T1b	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	T1b	
<i>ampicillin oral capsule 250 mg</i>	T1a	
<i>ampicillin oral capsule 500 mg</i>	T1b	
MOXATAG	T3	
*Natural Penicillins***		
<i>penicillin v potassium</i>	T1b	
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate er</i>	T1b	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	T1b	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	T1b	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	T1b	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML	T3	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG	T3	
AUGMENTIN XR	T3	
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium</i>	T1b	
Pharmaceutical Adjuvants		
*Semi Solid Vehicles***		
ALPAWASH	T9	
FREEDOM DERMA-D	T9	
Progestins		
*Progestins***		
AYGESTIN	T3	
<i>medroxyprogesterone acetate oral</i>	T1a	
MEGACE ES	T3	ST
<i>megestrol acetate oral suspension 625 mg/5ml</i>	T9	
<i>norethindrone acetate oral</i>	T1b	
<i>progesterone intramuscular</i>	T1b	
<i>progesterone micronized oral</i>	T1b	
<i>progesterone oral</i>	T1b	
PROMETRIUM	T3	
PROVERA	T3	

Medication	Coverage Level	Restrictions
Psychotherapeutic And Neurological Agents - Misc.		
*Agents For Opioid Withdrawal***		
LUCEMYRA	T9	
*Alcohol Deterrents***		
<i>acamprosate calcium</i>	T1b	
ANTABUSE	T3	
CAMPRAL	T3	
<i>disulfiram oral</i>	T1b	
*Anti-Cataplectic Agents***		
LUMRYZ	T9	
<i>sodium oxybate</i>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days)
XYREM	T9	
*Anti-Cataplectic Combinations***		
XYWAV	T9	
*Antidementia Agent Combinations***		
NAMZARIC	T9	
*Antisense Oligonucleotide (Aso) Inhibitor Agents***		
TEGSEDI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes per 30 days)
*Benzodiazepines & Tricyclic Agents***		
<i>chlordiazepoxide-amitriptyline</i>	T1b	
*Cholinomimetics - Ache Inhibitors***		
ADLARITY	T9	
ARICEPT	T3	
ARICEPT ODT	T3	
<i>donepezil hcl oral tablet</i>	T1a	
<i>donepezil hcl oral tablet dispersible</i>	T1b	
EXELON ORAL CAPSULE	T3	
EXELON TRANSDERMAL	T3	QL (30 patches per 30 days)
<i>galantamine hydrobromide</i>	T1b	
<i>galantamine hydrobromide er</i>	T1b	
RAZADYNE ER	T3	
<i>rivastigmine</i>	T3	QL (30 patches per 30 days)
<i>rivastigmine tartrate</i>	T1b	QL (60 capsules per 30 days)

Medication	Coverage Level	Restrictions
*Fibromyalgia Agent - Snris***		
SAVELLA	T2	ST; QL (60 tablets per 30 days)
SAVELLA TITRATION PACK	T2	ST; QL (60 tablets per 30 days)
*Melanocortin Receptor Agonists***		
VYLEESI	T9	
*Movement Disorder Drug Therapy***		
AUSTEDO ORAL TABLET 12 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
AUSTEDO ORAL TABLET 6 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
AUSTEDO ORAL TABLET 9 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (150 tablets per 30 days)
AUSTEDO XR	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
AUSTEDO XR PATIENT TITRATION	T5	PA; SP (Limited to 1 fill per lifetime); QL (1 kit per 1 lifetime)
INGREZZA ORAL CAPSULE 40 MG, 80 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
INGREZZA ORAL CAPSULE 60 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 dose pack per 28 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XENAZINE	T9	

Medication	Coverage Level	Restrictions
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
AUBAGIO	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>teriflunomide</i>	T1b	QL (30 tablets per 30 days)
*Multiple Sclerosis Agents - Antimetabolites***		
MAVENCLAD (10 TABS)	T9	
MAVENCLAD (4 TABS)	T9	
MAVENCLAD (5 TABS)	T9	
MAVENCLAD (6 TABS)	T9	
MAVENCLAD (7 TABS)	T9	
MAVENCLAD (8 TABS)	T9	
MAVENCLAD (9 TABS)	T9	
*Multiple Sclerosis Agents - Interferons***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 pens per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
BETASERON SUBCUTANEOUS KIT	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill.)
EXTAVIA SUBCUTANEOUS KIT	T5	ST; SP (Limited to a 1 month supply per fill.); QL (1 kit per 30 days)
EXTAVIA SUBCUTANEOUS SOLUTION RECONSTITUTED	T5	ST; SP (Limited to a 1 month supply per fill)
PLEGRIDY INTRAMUSCULAR	T4	ST; SP (Limited to a one month supply per fill); QL (2 syringes per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	ST; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
*Multiple Sclerosis Agents - Monoclonal Antibodies***		
KESIMPTA	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed 3 pens for first month of therapy only.); QL (1 pen per 28 days)
LEMTRADA	T9	
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
BAFIERTAM	T9	
<i>dimethyl fumarate oral</i>	T1b	SP (Limited to a 1 month supply per fill)
<i>dimethyl fumarate starter pack</i>	T1b	SP (Limited to a 1 month supply per fill)
TECFIDERA	T5	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
VUMERITY	T9	

Medication	Coverage Level	Restrictions
*Multiple Sclerosis Agents - Potassium Channel Blockers***		
AMPYRA	T9	
<i>dalfampridine er</i>	T5	PA; SP (Limited to a 1 month supply per fill)
*Multiple Sclerosis Agents***		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (12 ML per 28 days)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<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</i>	T1b	QL (60 tablets per 30 days); AL (Min 40 Years)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	T1b	QL (1 pack per 365 days); AL (Min 40 Years)
<i>memantine hcl oral tablet 5 mg</i>	T1b	QL (60 EA per 30 days); AL (Min 40 Years)

Medication	Coverage Level	Restrictions
NAMENDA ORAL SOLUTION	T3	QL (300 ML per 30 days); AL (Min 40 Years)
NAMENDA ORAL TABLET	T3	QL (60 tablets per 30 days); AL (Min 40 Years)
NAMENDA TITRATION PAK	T3	QL (1 tablpack per 365 days); AL (Min 40 Years)
NAMENDA XR	T3	QL (30 capsules per 30 days); AL (Min 40 Years)
NAMENDA XR TITRATION PACK	T3	AL (Min 40 Years)
*Phenothiazines & Tricyclic Agents***		
<i>perphenazine-amitriptyline</i>	T1b	
*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents***		
GRALISE ORAL TABLET	T9	
LYRICA CR	T9	
<i>pregabalin er</i>	T9	
*Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris***		
<i>fluoxetine hcl (pmdd) capsule 10 mg oral</i>	T9	
<i>fluoxetine hcl (pmdd) capsule 20 mg oral</i>	T9	
<i>fluoxetine hcl (pmdd) oral tablet</i>	T9	
SARAFEM ORAL TABLET 10 MG, 20 MG	T9	
*Pseudobulbar Affect Agent Combinations***		
NUEDEXTA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
*Psychotherapeutic And Neurological Agents - Misc.***		
<i>ergoloid mesylates oral</i>	T1b	
ORAP ORAL TABLET 1 MG	T3	QL (300 tablets per 30 days)
ORAP ORAL TABLET 2 MG	T3	QL (150 tablets per 30 days)
<i>pimozide oral tablet 1 mg</i>	T1b	QL (300 tablets per 30 days)
<i>pimozide oral tablet 2 mg</i>	T1b	QL (150 tablets per 30 days)
*Restless Leg Syndrome (RLS) Agents***		
HORIZANT ORAL TABLET EXTENDED RELEASE	T9	
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***		
ADDYI	T9	
*Smoking Deterrents***		
<i>apo-varenicline</i>	T2	PV; QL (60 tablets per 30 days)
BUPROBAN	T1b	PV

Medication	Coverage Level	Restrictions
<i>bupropion hcl er (smoking det)</i>	T8	PV
<i>cvs nicotine polacrilex</i>	T8	PV
<i>cvs nicotine transdermal</i>	T8	PV
<i>eq nicotine polacrilex mouth/throat gum</i>	T8	PV
<i>gnp nicotine mini</i>	T8	PV
<i>gnp nicotine mouth/throat</i>	T8	PV
<i>goodsense nicotine</i>	T8	PV
<i>hm nicotine</i>	T8	PV
<i>hm nicotine polacrilex</i>	T8	PV
KLS QUIT2	T8	PV
KLS QUIT4	T8	PV
NICODERM CQ	T9	
NICORETTE	T9	
<i>nicotine</i>	T8	PV
<i>nicotine mini</i>	T8	PV
<i>nicotine polacrilex mouth/throat</i>	T8	PV
NICOTROL	T8	PV; QL (1 box per 30 days)
NICOTROL NS	T8	PV; QL (40 mls per 30 days)
<i>px stop smoking aid mouth/throat lozenge</i>	T8	PV
<i>ra mini nicotine</i>	T8	PV
<i>ra nicotine mouth/throat</i>	T8	PV
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	T8	PV
<i>sm nicotine polacrilex</i>	T8	PV
<i>sm nicotine transdermal</i>	T8	PV
<i>varenicline tartrate (starter)</i>	T2	PV
<i>varenicline tartrate oral</i>	T2	PV
<i>varenicline tartrate oral tablet</i>	T2	PV; QL (60 tablets per 30 Days)
<i>varenicline tartrate oral tablet therapy pack</i>	T2	PV
*Snris & Anesthetics/Analgesics***		
DULOXICAINE	T9	
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
<i> fingolimod hcl</i>	T1b	QL (30 capsules per 30 days)
GILENYA ORAL CAPSULE 0.25 MG	T5	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (30 capsules per 30 days); AL (Min 10 Years and Max 17 Years)

Medication	Coverage Level	Restrictions
GILENYA ORAL CAPSULE 0.5 MG	T5	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (30 capsules per 30 days)
MAYZENT ORAL TABLET 0.25 MG	T4	ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
MAYZENT ORAL TABLET 1 MG	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
MAYZENT ORAL TABLET 2 MG	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
MAYZENT STARTER PACK	T4	ST; SP (Limited to 1 fill per 2 years); QL (1 pack per 30 days)
PONVORY	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
PONVORY STARTER PACK	T4	ST; SP (Limited to a 1 month supply per fill); QL (1 pack per 2 years)
TASCENSO ODT	T9	
ZEPOSIA	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ZEPOSIA 7-DAY STARTER PACK	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
<i>*Thienbenzodiazepines & Opioid Antagonists***</i>		
LYBALVI	T9	
<i>*Thienbenzodiazepines & Ssrís***</i>		
<i>olanzapine-fluoxetine hcl</i>	T9	
SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 6-25 MG, 6-50 MG	T9	
<i>*Vasomotor Symptom Agents - Ssrís***</i>		
BRISDELLE	T9	
<i>paroxetine mesylate</i>	T9	

Medication	Coverage Level	Restrictions
Respiratory Agents - Misc.		
*Cftr Potentiators***		
KALYDECO ORAL PACKET 13.4 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL (Max 1 Years)
KALYDECO ORAL PACKET 25 MG, 50 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days)
KALYDECO ORAL PACKET 5.8 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days)
KALYDECO ORAL PACKET 75 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days)
KALYDECO ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 6 Years)
*Cystic Fibrosis Agent - Combinations***		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days); AL (Min 1 Years and Max 5 Years)
ORKAMBI ORAL PACKET 75-94 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL (Min 1 Years)
ORKAMBI ORAL TABLET 100-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days); AL (Min 6 Years)
ORKAMBI ORAL TABLET 200-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days); AL (Min 6 Years)
SYMDEKO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
TRIKAFTA ORAL TABLET THERAPY PACK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)
TRIKAFTA ORAL THERAPY PACK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days)
*Cystic Fibrosis Agents - Miscellaneous***		
BRONCHITOL	T9	
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
*Pulmonary Fibrosis Agents - Kinase Inhibitors***		
OFEV	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days); AL (Min 18 Years)
*Pulmonary Fibrosis Agents***		
ESBRIET ORAL CAPSULE	T9	SP ()
ESBRIET ORAL TABLET 267 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (270 Tablets per 30 days)
ESBRIET ORAL TABLET 801 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
<i>pirfenidone oral capsule</i>	T9	
<i>pirfenidone oral tablet 267 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (270 tablets per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	T9	
<i>pirfenidone oral tablet 801 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
Sulfonamides		
*Sulfonamides***		
<i>sulfadiazine oral</i>	T2	

Medication	Coverage Level	Restrictions
Tetracyclines		
*Aminomethylcyclines***		
NUZYRA INTRAVENOUS	T9	
NUZYRA ORAL TABLET 150 MG	T9	
*Fluorocyclines***		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	T9	
*Tetracyclines***		
ACTICLATE	T9	
ADOXA	T3	
<i>demeclocycline hcl oral</i>	T3	
DORYX MPC	T9	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	T9	
<i>doxycycline hyclate oral capsule</i>	T1b	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1b	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	T9	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	T9	
<i>doxycycline monohydrate oral capsule 100 mg</i>	T1b	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	T9	
<i>doxycycline monohydrate oral suspension reconstituted</i>	T1b	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg</i>	T9	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	T1b	
LYMEPAK	T9	
MINOCIN ORAL CAPSULE 100 MG, 50 MG	T3	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 90 mg</i>	T9	
<i>minocycline hcl oral capsule</i>	T1b	
<i>minocycline hcl oral tablet 100 mg</i>	T9	
<i>minocycline hcl oral tablet 50 mg, 75 mg</i>	T1b	
MINOLIRA	T9	
MONDOXYNE NL	T9	
MONODOX ORAL CAPSULE 100 MG, 75 MG	T3	
MORGIDOX COMBINATION	T9	
SEYSARA	T9	

Medication	Coverage Level	Restrictions
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	T9	
TARGADOX	T9	
<i>tetracycline hcl oral</i>	T3	
VIBRAMYCIN ORAL CAPSULE	T3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	T3	
VIBRAMYCIN ORAL SYRUP	T2	
XIMINO	T9	
Thyroid Agents		
*Antithyroid Agents***		
<i>methimazole oral</i>	T1b	
<i>propylthiouracil oral</i>	T1b	
TAPAZOLE	T3	
*Thyroid Hormones***		
ADTHYZA ORAL TABLET 130 MG, 32.5 MG, 65 MG	T9	
ARMOUR THYROID	T2	
CYTOMEL	T2	
ERMEZA	T9	
EUTHYROX	T3	
LEVO-T	T3	
<i>levothyroxine sodium oral capsule</i>	T9	
<i>levothyroxine sodium oral tablet</i>	T1a	
LEVOXYL	T1b	
<i>liothyronine sodium oral</i>	T1b	
NP THYROID	T1b	
SYNTHROID	T3	
THYQUIDITY	T9	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	T2	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	T2	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	T2	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	T2	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	T2	

Medication	Coverage Level	Restrictions
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	T9	
TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML	T9	
UNITHROID	T1b	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	T1b	
Toxoids		
*Toxoid Combinations***		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T6 - \$0 Copay	PV; QL (1 Dose per 1 Lifetime)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	T6 - \$0 Copay	PV; QL (1 dose per 1 lifetime)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (1 dose per 1 lifetime)
<i>diphtheria-tetanus toxoids dt</i>	T9	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	T6 - \$0 Copay	PV
QUADRACEL INTRAMUSCULAR SUSPENSION	T6 - \$0 Copay	PV
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV
TDVAX	T6 - \$0 Copay	PV; QL (1 Injection per 10 years)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	T6 - \$0 Copay	PV; QL (1 dose per 10 years)
<i>tetanus-diphtheria toxoids td</i>	T6 - \$0 Copay	QL (1 dose per 10 years)
VAXELIS	T6 - \$0 Copay	PV
Ulcer Drugs/Antispasmodics/Anticholinergics		
*Anticholinergic Combinations***		
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	T9	
<i>chlordiazepoxide-clidinium</i>	T3	
DONNATAL	T9	
LIBRAX	T9	
<i>pb-hyoscy-atropine-scopolamine oral tablet</i>	T9	
*Antispasmodics***		
<i>dicyclomine hcl oral</i>	T1b	

Medication	Coverage Level	Restrictions
*Belladonna Alkaloids***		
ANASPAZ	T3	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1b	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	T1b	
<i>hyoscyamine sulfate oral</i>	T1b	
<i>hyoscyamine sulfate sublingual</i>	T1b	
LEVSIN ORAL TABLET	T3	
LEVSIN/SL	T3	
NULEV	T1b	
<i>oscimin sr</i>	T1b	
SYMAX DUOTAB	T3	
*H-2 Antagonists***		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	T3	
<i>cimetidine oral tablet 200 mg</i>	T9	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T3	
<i>famotidine oral suspension reconstituted</i>	T3	
<i>famotidine oral tablet 10 mg, 20 mg</i>	T9	
<i>famotidine oral tablet 40 mg</i>	T3	
<i>nizatidine oral capsule</i>	T3	
<i>nizatidine oral solution</i>	T9	
PEPCID ORAL TABLET	T9	
<i>ranitidine hcl oral capsule</i>	T9	
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	T9	
<i>ranitidine hcl oral tablet</i>	T9	
ZANTAC 150 MAXIMUM STRENGTH	T9	
ZANTAC ORAL TABLET 300 MG	T9	
*Misc. Anti-Ulcer***		
CARAFATE	T3	ST
<i>sucralfate oral suspension</i>	T2	
<i>sucralfate oral tablet</i>	T1b	
*Proton Pump Inhibitor-Antacid Combinations***		
KONVOMEF	T3	
<i>omeprazole-sodium bicarbonate oral capsule</i>	T9	
ZEGERID	T9	
ZEGERID OTC	T9	
*Proton Pump Inhibitors***		
ACIPHEX	T9	

Medication	Coverage Level	Restrictions
ACIPHEX SPRINKLE	T9	
DEXILANT	T9	
<i>dexlansoprazole</i>	T3	ST; QL (30 capsules per 30 days)
<i>esomeprazole magnesium oral capsule delayed release</i>	T9	
<i>esomeprazole magnesium oral packet</i>	T9	
FIRST-LANSOPRAZOLE	T9	
FIRST-OMEPRAZOLE	T9	
<i>lansoprazole oral capsule delayed release</i>	T3	
<i>lansoprazole oral tablet delayed release dispersible</i>	T3	ST; QL (30 tablet per 30 days)
NEXIUM	T9	
NEXIUM 24HR	T3	
<i>omeprazole magnesium oral capsule delayed release</i>	T3	
<i>omeprazole oral capsule delayed release</i>	T3	
<i>omeprazole oral tablet delayed release</i>	T3	
<i>pantoprazole sodium oral packet</i>	T9	
<i>pantoprazole sodium oral tablet delayed release</i>	T3	
PREVACID 24HR	T9	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	T9	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG	T9	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG	T9	
<i>rabeprazole sodium oral tablet delayed release</i>	T3	
*Quaternary Anticholinergics***		
CUVPOSA	T9	
DARTISLA ODT	T9	
GLYCATE	T9	
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml</i>	T9	
<i>glycopyrrolate oral solution</i>	T9	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1b	
<i>methscopolamine bromide oral</i>	T2	
<i>propantheline bromide oral</i>	T1b	
ROBINUL INJECTION SOLUTION 0.4 MG/2ML	T3	
ROBINUL ORAL	T3	
ROBINUL-FORTE	T3	

Medication	Coverage Level	Restrictions
*Ulcer Anti-Infective W/ Bismuth Combinations***		
<i>bismuth/metronidazol/tetracyclin</i>	T3	ST
PYLERA	T3	ST
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***		
<i>amoxicill-clarithro-lansopraz</i>	T3	
OMECLAMOX-PAK	T9	
PREVPAC	BE	
TALICIA	T9	
*Ulcer Anti-Infective-Pcab Combinations***		
VOQUEZNA DUAL PAK	T9	
VOQUEZNA TRIPLE PAK	T9	
*Ulcer Drugs - Prostaglandins***		
CYTOTEC	T3	
<i>misoprostol oral</i>	T1b	
Urinary Antispasmodics		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>darifenacin hydrobromide er</i>	T2	QL (30 tablets per 30 days)
DETROL	T3	
DETROL LA	T3	QL (30 capsules per 30 days)
DITROPAN XL	T3	
ENABLEX	T3	QL (30 tablets per 30 days)
<i>fesoterodine fumarate er</i>	T1b	QL (30 tablets per 30 days)
GELNIQUE	T9	
<i>oxybutynin chloride er</i>	T1b	
<i>oxybutynin chloride oral solution</i>	T1b	
<i>oxybutynin chloride oral syrup</i>	T1b	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	T9	
<i>oxybutynin chloride oral tablet 5 mg</i>	T1b	
OXYTROL	T9	
SANCTURA	T3	
<i>solifenacin succinate</i>	T1b	QL (30 tablets per 30 days)
<i>tolterodine tartrate</i>	T1b	
<i>tolterodine tartrate er</i>	T2	
TOVIAZ	T3	QL (30 tablets per 30 days)
<i>trospium chloride</i>	T1b	QL (60 capsules per 30 days)
<i>trospium chloride er</i>	T3	QL (30 capsules per 30 days)
VESICARE	T3	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
VESICARE LS	T3	ST; QL (150 ML per 30 days); AL (Max 9 Years)
*Urinary Antispasmodic Combinations***		
URELIEF PLUS	T1b	SP (Generic substitution mandatory.)
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***		
GEMTESA	T2	ST
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T2	ST; QL (240 ML per 30 days); AL (Max 10 Years)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T2	ST; QL (30 tablets per 30 days)
*Urinary Antispasmodics - Cholinergic Agonists***		
<i>bethanechol chloride oral</i>	T1a	
*Urinary Antispasmodics - Direct Muscle Relaxants***		
<i>flavoxate hcl</i>	T1b	
Vaccines		
*Bacterial Vaccines***		
<i>bcg vaccine injection solution reconstituted</i>	T6 - \$0 Copay	PV
BEXSERO	T6 - \$0 Copay	PV; QL (2 ML per 1 Lifetime)
BIOTHRAX	T9	
HIBERIX INJECTION	T9	
MENACTRA INTRAMUSCULAR SOLUTION	T6 - \$0 Copay	PV; QL (1 Dose per 1 Lifetime)
MENQUADFI INTRAMUSCULAR SOLUTION	T6 - \$0 Copay	PV; QL (1 dose per 1 lifetime)
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	T6 - \$0 Copay	PV; QL (1 dose per 1 lifetime)
PNEUMOVAX 23	T6 - \$0 Copay	PV; QL (3 doses per 1 lifetime)
PREVNAR 13	T6 - \$0 Copay	PV; QL (2 doses per 1 lifetime)
PREVNAR 20	T6 - \$0 Copay	PV
TRUMENBA	T6 - \$0 Copay	PV; QL (3 ML per 1 Lifetime)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	T9	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T9	
VAXNEUVANCE	T6 - \$0 Copay	
VIVOTIF	T9	
*Viral Vaccine Combinations***		
M-M-R II INJECTION	T6 - \$0 Copay	PV; QL (2 doses per 1 lifetime)
PRIORIX	T6 - \$0 Copay	PV; QL (2 doses per 1 lifetime)

Medication	Coverage Level	Restrictions
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (4 doses per 1 lifetime)
<i>*Viral Vaccines***</i>		
ABRYVO	T6 - \$0 Copay	PV; QL (1 dose per 1 year)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
AREXVY	T6 - \$0 Copay	PV; QL (1 dose per 1 year); AL (Min 60 Years)
COMIRNATY	T6 - \$0 Copay	PV
DENGVAXIA	T9	
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML	T6 - \$0 Copay	PV
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	T6 - \$0 Copay	PV; AL (Min 20 Years)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML	T6 - \$0 Copay	PV
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 20 MCG/ML	T6 - \$0 Copay	PV; AL (Min 20 Years)
FLUAD QUADRIVALENT	T6 - \$0 Copay	PV; QL (1 Injection per 180 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (1 Injection per 180 days)
FLUBLOK QUADRIVALENT	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (1 Injection per 180 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (1 Injection per 180 days)
FLUMIST QUADRIVALENT	T6 - \$0 Copay	PV; QL (1 inhalation per 180 days)
FLUZONE HIGH-DOSE QUADRIVALENT	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML	T6 - \$0 Copay	PV; QL (1 Injection per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	T6 - \$0 Copay	PV; QL (1 Injection per 180 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION	T6 - \$0 Copay	PV; QL (3 doses per 1 Lifetime); AL (Min 9 Years and Max 45 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (3 doses per 1 lifetime); AL (Min 9 Years and Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	T6 - \$0 Copay	PV; QL (2 Doses per 1 Lifetime)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (2 doses per 1 lifetime); AL (Min 18 Years)

Medication	Coverage Level	Restrictions
IMOVAX RABIES	T6 - \$0 Copay	PV
IPOL INJECTION INJECTABLE	T6 - \$0 Copay	PV; QL (3 doses per 1 lifetime)
IXIARO	T9	
<i>janssen covid-19 vaccine</i>	T6 - \$0 Copay	PV
JYNNEOS	T6 - \$0 Copay	PV
<i>moderna covid-19 bival 6m-5y</i>	T6 - \$0 Copay	PV
<i>moderna covid-19 bival booster</i>	T6 - \$0 Copay	PV
<i>moderna covid-19 bivalent</i>	T6 - \$0 Copay	PV
<i>moderna covid-19 vac (booster) intramuscular suspension 50 mcg/0.5ml</i>	T6 - \$0 Copay	PV
MODERNA COVID-19 VAC 6M-11Y	T6 - \$0 Copay	PV
<i>moderna covid-19 vacc 6-11y</i>	T6 - \$0 Copay	PV
<i>moderna covid-19 vacc 6m-5y</i>	T6 - \$0 Copay	PV
<i>moderna covid-19 vaccine</i>	T6 - \$0 Copay	PV
<i>novavax covid-19 vaccine</i>	T6 - \$0 Copay	PV
<i>pfizer covid-19 bival 6mo-4yr</i>	T6 - \$0 Copay	PV
<i>pfizer covid-19 vac bival 5-11</i>	T6 - \$0 Copay	PV
<i>pfizer covid-19 vac bivalent</i>	T6 - \$0 Copay	PV
<i>pfizer covid-19 vac-tris 5-11y intramuscular suspension 10 mcg/0.2ml</i>	T6 - \$0 Copay	PV
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	T6 - \$0 Copay	PV
<i>pfizer covid-19 vac-tris 6m-4y</i>	T6 - \$0 Copay	PV
<i>pfizer-biontech covid-19 vacc</i>	T6 - \$0 Copay	PV
<i>prehevbrio</i>	T6 - \$0 Copay	QL (3 doses per 1 lifetime); AL (Min 18 Years)
RABAVERT	T6 - \$0 Copay	PV
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	T6 - \$0 Copay	PV; QL (3 doses per 1 Lifetime)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (3 doses per 1 Lifetime)
ROTARIX ORAL SUSPENSION RECONSTITUTED	T6 - \$0 Copay	PV
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	T6 - \$0 Copay	PV; QL (2 doses per 1 lifetime); AL (Min 50 Years)
SPIKEVAX	T6 - \$0 Copay	PV
SPIKEVAX COVID-19 VACCINE	T6 - \$0 Copay	
<i>stamaril</i>	T9	
TICOVAC	T9	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	T6 - \$0 Copay	PV; QL (2 Doses per 1 Lifetime)

Medication	Coverage Level	Restrictions
YF-VAX SUBCUTANEOUS INJECTABLE	T9	
Vaginal And Related Products		
*Imidazole-Related Antifungals***		
GNAZOLE-1	T3	
TERAZOL 7	T3	
<i>terconazole vaginal cream 0.4 %</i>	T1b	
<i>terconazole vaginal suppository</i>	T1b	
*Miscellaneous Vaginal Products***		
INTRAROSA	T3	PA
*Spermicides***		
OPTIONS GYNOL II CONTRACEPTIVE	T8	PV
TODAY SPONGE	T8	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	T8	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	T8	PV
*Vaginal Anti-Infectives***		
CLEOCIN VAGINAL	T9	
<i>clindamycin phosphate vaginal</i>	T1b	
CLINDESSE	T3	ST
METROGEL-VAGINAL	T3	
<i>metronidazole vaginal</i>	T1b	
NUVESSA	T9	
VANAZOLE	T1b	
XACIATO	T3	ST
*Vaginal Contraceptive Ph Modulator - Combinations***		
PHEXXI	T3	QL (12 tubes per 30 days)
*Vaginal Estrogens***		
ESTRACE VAGINAL	T9	
<i>estradiol vaginal cream</i>	T1b	QL (42.5 GM per 30 days)
<i>estradiol vaginal tablet</i>	T1b	
ESTRING VAGINAL RING 2 MG	T3	
FEMRING	T3	
IMVEXXY MAINTENANCE PACK	T3	PA; QL (8 inserts per 28 days)
IMVEXXY STARTER PACK	T3	PA; QL (18 inserts per 360 days)
PREMARIN VAGINAL	T3	ST
VAGIFEM VAGINAL TABLET 10 MCG	T3	
YUVAFEM	T1b	

Medication	Coverage Level	Restrictions
*Vaginal Progestins***		
CRINONE VAGINAL GEL 4 %	T9	
CRINONE VAGINAL GEL 8 %	T9	SP ()
ENDOMETRIN	T4	SP (Limited to a 1 month supply per fill)
Vasopressors		
*Anaphylaxis Therapy Agents***		
ADRENACLICK INJECTION SOLUTION AUTO-INJECTOR	T9	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	T9	
<i>epinephrine injection solution auto-injector</i>	T2	QL (4 pens per 30 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML	T2	QL (4 syringes per 31 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	T2	QL (4 syringes per 31 Days)
*Neurogenic Orthostatic Hypotension (Noh) - Agents***		
<i>droxidopa</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
NORTHERA ORAL CAPSULE 100 MG	T9	SP ()
NORTHERA ORAL CAPSULE 200 MG, 300 MG	T9	
*Vasopressors***		
<i>epinephrine injection solution prefilled syringe 1 mg/ml</i>	T9	
<i>midodrine hcl</i>	T1b	
Vitamins		
*Paba***		
POTABA ORAL CAPSULE	T9	
*Vitamin B-3***		
<i>niacin oral tablet 500 mg</i>	T9	
*Vitamin D***		
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	T1b	
DRISDOL ORAL CAPSULE	T3	
REPLESTA	T9	
REPLESTA CHILDRENS	T9	

Medication	Coverage Level	Restrictions
REPLESTA NX	T9	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	T1a	
<i>vitamin d3 oral capsule 25 mcg (1000 ut)</i>	T1a	PV; AL (Min 65 Years)
<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i>	T1b	PV; AL (Min 65 Years)
*Vitamin K***		
MEPHYTON	T3	QL (3 tablets per 30 days)
<i>phytonadione injection solution 1 mg/0.5ml</i>	T3	
<i>phytonadione oral</i>	T1b	QL (3 tablets per 30 Days)

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<i>gnp nicotine</i>	203	HARVONI	88	HUMALOG TEMPO PEN	43
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<i>guaifenesin</i>	107	HEPSERA	88	HYCOFENIX	106
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GYNAZOLE-1	216	<i>hm laxative</i>	165	<i>hydrocodone/acetaminophen</i>	
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<i>hydrocortisone butyrate</i>	120	IFEREX 150 FORTE	159	INPEN 100-GREY-NOVOLOG-	
<i>hydrocortisone max st</i>	121	IHEEZO	192	FIASP	170
<i>hydrocortisone valerate</i>	121	ILEVRO	192	INPEN 100-PINK-LILLY	170
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<i>hydrocortisone-iodoquinol</i>	112	IMBRUVICA	66, 67	HUMALOG	170
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<i>hydroquinone</i>	122	IMITREX	173	INSPRA	58
<i>hydroxocobalamin</i>	156	IMITREX STATDOSE REFILL	173	<i>insulin asp prot & asp flexpen</i>	43
<i>hydroxychloroquine sulfate</i>	61	IMITREX STATDOSE SYSTEM		<i>insulin aspart</i>	43
HYDROXYM	121	173	<i>insulin aspart flexpen</i>	43
<i>hydroxyurea</i>	73	IMOVAX RABIES	215	<i>insulin aspart penfill</i>	43
<i>hydroxyzine hcl</i>	25	IMPAVIDO	59	<i>insulin aspart prot & aspart</i>	43
<i>hydroxyzine pamoate</i>	25	IMPEKLO	121	<i>insulin degludec</i>	43
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HYLATOPIC	126	IMURAN	178	<i>insulin glargine-yfgn</i>	43
HYLATOPIC PLUS	126	IMVEXXY MAINTENANCE		<i>insulin lispro</i>	43
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<i>hyoscyamine sulfate</i>	210	IMVEXXY STARTER PACK	216	<i>insulin lispro junior kwikpen</i>	43
<i>hyoscyamine sulfate er</i>	210	INATAL ADVANCE	183	<i>insulin lispro prot & lispro</i>	43
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STARTER	12	INCRUSE ELLIPTA	28	INVEGA	80
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HYSINGLA ER	19	INDERAL XL	91	INVOKAMET	45
HYZAAR	56	INDOCIN	14	INVOKAMET XR	45
<i>ibandronate sodium</i>	136	<i>indomethacin</i>	14	INVOKANA	45
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ICLUSIG	65	INNOPRAN XL	91	<i>irbesartan</i>	57
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ISENTRESS HD	85	JYNARQUE	141	KISQALI (600 MG DOSE)	74
ISIBLOOM	99	JYNNEOS	215	KISQALI FEMARA (200 MG DOSE)	73
<i>isometheptene-caffeine-apap</i>	172	KADIAN	20	KISQALI FEMARA (400 MG DOSE)	73
<i>isometheptene-dichloral-apap</i>	172	KAITLIB FE	99	KISQALI FEMARA (600 MG DOSE)	73
<i>isoniazid</i>	62	KALBITOR	155	KITABIS PAK	9
ISOPTO ATROPINE	190	KALETRA	83	KLARON	108
ISOPTO CARPINE	190	KALLIGA	100	KLISYRI	126
ISORDIL TITRADOSE	24	KALYDECO	205	KLONOPIN	31
<i>isosorb dinitrate-hydralazine</i>	93	KAMDOY	126	KLOR-CON	175
<i>isosorbide dinitrate</i>	24	KAPSPARGO SPRINKLE	90	KLOR-CON 10	175
<i>isosorbide mononitrate</i>	24	KAPVAY	4	KLOR-CON M10	175
<i>isosorbide mononitrate er</i>	24	KARBINAL ER	51	KLOR-CON M15	175
<i>isotretinoin</i>	111	KARIVA	98	KLOR-CON M20	175
<i>isradipine</i>	92	<i>kataraxap</i>	122	KLOR-CON/EF	175
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IXIARO	215	KEFLEX	97	<i>kobee</i>	181
IXINITY	152	KELNOR 1/35	100	KOGENATE FS	152
IYUZEH	194	KELNOR 1/50	100	KOMBIGLYZE XR	42
JADENU	48	KELO-COTE	128	KONVOMEP	210
JADENU SPRINKLE	48	KENALOG	121	KORLYM	45
JAIMIESS	103	KEPPRA	32	KOSELUGO	69
JAKAFI	75	KEPPRA XR	33	<i>kotaraxap</i>	122
JALYN	150	KERALAC	123	KOVALTRY	153
<i>janssen covid-19 vaccine</i>	215	KERALYT	124	K-PHOS-NEUTRAL	174
JANTOVEN	30	KERAMATRIX REPLICINE 10CMX10CM	130	<i>kpn prenatal</i>	183
JANUMET	41	KERAMATRIX REPLICINE 5CMX5CM	130	KRAZATI	69
JANUMET XR	41	KERENDIA	139	KRINTAFEL	61
JANUVIA	41	KERLONE	90	KRISTALOSE	164
JARDIANCE	45	KERYDIN	126	K-TAB	175
JASMIEL	99	KESIMPTA	200	KURVELO	100
JATENZO	22	<i>ketamine hcl</i>	149	<i>kutar</i>	122
JAVYGTOR	140	KETEK	60	<i>kutarvia</i>	122
JAYPIRCA	67	<i>ketoconazole</i>	49, 124	KUVAN	140
JENCYCLA	103	KETODAN	124	KYNMOBI	79
JENTADUETO	42	<i>ketoprofen</i>	14	KYZATREX	22
JENTADUETO XR	42	<i>ketoprofen er</i>	14	<i>labetalol hcl</i>	90
JINTELI	143	<i>ketorolac tromethamine</i>	14, 192	LAC-HYDRIN	123
JIVI	152	KETOSTIX	132	<i>lacosamide</i>	33
JOENJA	175	<i>ketotifen fumarate</i>	190	LACRISERT	189
JOLESSA	103	<i>kevaraxap</i>	122	<i>lactic acid</i>	123
JORNAY PM	7	<i>kevertia</i>	122	<i>lactic acid e</i>	122
JOYEAUX	99	KEVEYIS	134	LACTOCAL-F	183
JUBLIA	124	KEVZARA	13	<i>lactulose</i>	164
JULEBER	99	<i>kimono</i>	167	LAGEVRIO	89
JULUCA	83	<i>kimono micro thin</i>	167	LAMICTAL	33
JUNEL 1.5/30	99	KINERET	13	LAMICTAL ODT	33
JUNEL 1/20	99	KINRIX	209	LAMICTAL STARTER	33
JUNEL FE 1.5/30	99	KIONEX	178	LAMICTAL XR	33
JUNEL FE 1/20	99	KISQALI (200 MG DOSE)	74		
JUNEL FE 24	99				
JUST RIGHT 5000	179				

LAMISIL	49	LESCOL XL	53	<i>lidosol</i>	128
LAMISIL SPRAY	113	LESSINA	100	<i>lidosol-50</i>	128
<i>lamivudine</i>	87, 88	LETAIRIS	95	LIDOTRANS 5 PAK	128
<i>lamivudine-zidovudine</i>	83	<i>letrozole</i>	73	LIKMEZ	59
<i>lamotrigine</i>	33	<i>leucovorin calcium</i>	74	LILLOW	100
<i>lamotrigine er</i>	33	LEUKERAN	75	<i>lindane</i>	127
<i>lamotrigine starter kit-blue</i>	33	<i>leuprolide acetate</i>	75	<i>linezolid</i>	60
<i>lamotrigine starter kit-green</i>	33	<i>levabuterol hcl</i>	28	LINZESS	146
<i>lamotrigine starter kit-orange</i>	33	<i>levabuterol tartrate hfa</i>	28	<i>liothyronine sodium</i>	208
<i>lamotrigine titration</i>	33	<i>levamlodipine maleate</i>	92	LIPITOR	54
LAMPIT	59	LEVAQUIN	144	LIPOFEN	53
LANOXIN	93	LEVATOL	91	LIPTRUZET	54
<i>lanreotide acetate</i>	141	LEVEMIR	43	LIQREV	96
<i>lansoprazole</i>	211	LEVEMIR FLEXPEN	43	<i>lisdexamphetamine dimesylate</i>	5
<i>lanthanum carbonate</i>	148	LEVEMIR FLEXTOUCH	43	<i>lisinopril</i>	55
LANTUS	43	<i>levetiracetam</i>	33	<i>lisinopril-hydrochlorothiazide</i>	55
LANTUS SOLOSTAR	43	<i>levetiracetam er</i>	33	LITFULO	112
<i>lapatinib ditosylate</i>	70	LEVITRA	96	<i>lithium</i>	80
LARIN 1.5/30	100	<i>levobunolol hcl</i>	189	<i>lithium carbonate</i>	80
LARIN 1/20	100	<i>levocarnitine</i>	136	<i>lithium carbonate er</i>	80
LARIN 24 FE	100	<i>levocarnitine sf</i>	136	LITHOBID	80
LARIN FE 1.5/30	100	<i>levocetirizine dihydrochloride</i>	51	LITHOSTAT	150
LARIN FE 1/20	100	<i>levofloxacin</i>	144, 191	LIVALO	54
LARISSIA	100	LEVONEST	104	LIVIXIL PAK	128
LASIX	135	<i>levonorgest-eth est & eth est</i>	103	LIVMARLI	146
LASTACAPT	190	<i>levonorgest-eth estrad 91-day</i>	103	LIVTENCITY	87
<i>latanoprost</i>	194	<i>levonorgest-eth estradiol-iron</i>	100	<i>l-leucine</i>	189
LATISSE	126	<i>levonorgestrel</i>	102	<i>l-methylfolate-b6-b12</i>	133
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<i>laxative</i>	165	<i>levonorg-eth estrad triphasic</i>	104	LOCOID	121
<i>laxative polyethylene glycol</i>	164	LEVORA 0.15/30 (28)	100	LOCOID LIPOCREAM	121
LAYOLIS FE	100	<i>levorphanol tartrate</i>	20	LOCORT 11-DAY	105
LAZANDA	20	LEVO-T	208	LOCORT 7-DAY	105
<i>ledipasvir-sofosbuvir</i>	88	<i>levothyroxine sodium</i>	208	LODOSYN	79
LEENA	104	LEVOXYL	208	LOESTRIN 1.5/30 (21)	100
LEFLUNICLO	15	LEVSIN	210	LOESTRIN FE 1.5/30	100
<i>leflunomide</i>	16	LEVSIN/SL	210	LOESTRIN FE 1/20	100
LEMTRADA	200	LEXAPRO	38	LOFENA	14
<i>lenalidomide</i>	177	LEXIVA	85	LOFIBRA	53
LENVIMA (10 MG DAILY DOSE)	77	LEXTOL	113	LOJAIMIESS	103
LENVIMA (12 MG DAILY DOSE)	78	LIALDA	147	LOKELMA	178
LENVIMA (14 MG DAILY DOSE)	78	LIBRAX	209	LOMAIRA	5
LENVIMA (18 MG DAILY DOSE)	78	LICART	113	LOMOTIL	47
LENVIMA (20 MG DAILY DOSE)	78	<i>lidocaine</i>	125	LONHALA MAGNAIR REFILL KIT	28
LENVIMA (24 MG DAILY DOSE)	78	<i>lidocaine hcl</i>	125	LONHALA MAGNAIR STARTER KIT	28
LENVIMA (4 MG DAILY DOSE)	78	<i>lidocaine viscous</i>	179	LONSURF	73
LENVIMA (8 MG DAILY DOSE)	78	<i>lidocaine(bufferd)-epinephrine</i>	165	<i>loperamide hcl</i>	47
		<i>lidocaine-hydrocortisone ace</i>	23	LOPID	53
		<i>lidocaine-prilocaine</i>	128	<i>lopinavir-ritonavir</i>	83
		LIDODERM	125	LOPRESSOR	90
		<i>lido-epinephrine-tetracaine</i>	128	LOPRESSOR HCT	58
		<i>lidopin</i>	125	LOPROX	113
		<i>lidopril</i>	128	<i>loratadine</i>	52
		<i>lidorx</i>	125		

<i>loratadine-d 24hr</i>	107	LYSIPLEX PLUS	181	<i>medroxyprogesterone acetate</i>	103, 196
<i>lorazepam</i>	25	LYSODREN	63	<i>mefenamic acid</i>	14
LORAZEPAM INTENSOL	25	LYSTEDA	161	<i>mefloquine hcl</i>	61
LORBRENA	65	LYTGOBI (12 MG DAILY DOSE)	68	MEGACE ES	196
LOREEV XR	25	LYTGOBI (16 MG DAILY DOSE)	68	MEGACE ORAL	77
<i>lorenza</i>	128	LYTGOBI (20 MG DAILY DOSE)	68	<i>megestrol acetate</i>	77, 196
LORTAB	19	LYUMJEV	43	MEKINIST	69
LORYNA	100	LYUMJEV KWIKPEN	43	MEKTOVI	69
LORZONE	186	LYUMJEV TEMPO PEN	43	MELODETTA 24 FE	100
<i>losartan potassium</i>	57	LYVISPAH	186	<i>meloxicam</i>	14
<i>losartan potassium-hctz</i>	56	LYZA	103	<i>melphalan</i>	75
LOSEASONIQUE	103	<i>mac patch</i>	128	MELQUIN 3	122
LOTEMAX	194	<i>maca</i>	9	<i>melquin hp</i>	122
LOTEMAX SM	194	MACROBID	61	<i>memantine hcl</i>	201
LOTENSIN	55	MACRODANTIN	61	<i>memantine hcl er</i>	201
LOTENSIN HCT	55	<i>macuvex</i>	133	MENACTRA	213
<i>loteprednol etabonate</i>	194	<i>macuzin</i>	133	MENEST	144
LOTREL	55	<i>mafenide acetate</i>	118	MENOPUR	140
LOTREXONE	17	MAGNEBIND 400	174	MENOSTAR	144
LOTRIMIN AF	124	<i>magnesium citrate</i>	165	MENQUADFI	213
LOTRISONE	112	MALARONE	61	MENTAX	113
LOTRONEX	146	<i>malathion</i>	127	MENVEO	213
<i>lovastatin</i>	54	<i>maprotiline hcl</i>	37	<i>meperidine hcl</i>	20
LOVAZA	52	<i>maraviroc</i>	84	MEPHYTON	218
LOVENOX	31	MARINOL	49	<i>meprobamate</i>	25
LOW-OGESTREL	100	<i>marlissa</i>	100	MEPRON	59
<i>loxapine succinate</i>	82	MARPLAN	37	MEPSEVII	139
LOXITANE	82	MATULANE	73	<i>mercaptopurine</i>	64
LOYON	126	MATZIM LA	92	MERZEE	100
LO-ZUMANDIMINE	100	MAVENCLAD (10 TABS)	199	<i>mesalamine</i>	147
<i>lubiprostone</i>	145	MAVENCLAD (4 TABS)	199	<i>mesalamine er</i>	147
LUCEMYRA	197	MAVENCLAD (5 TABS)	199	MESNEX	77
<i>luliconazole</i>	124	MAVENCLAD (6 TABS)	199	MESTINON	62
LUMAKRAS	69	MAVENCLAD (7 TABS)	199	METADATE CD	7
LUMIGAN	194	MAVENCLAD (8 TABS)	199	METADATE ER	7
LUMRYZ	197	MAVENCLAD (9 TABS)	199	METAFOLBIC PLUS	133
LUNESTA	162	MAVIK	55	<i>metaproterenol sulfate</i>	28
LUPKYNIS	176	MAVYRET	88	<i>metaxalone</i>	186
<i>lurasidone hcl</i>	80	MAXALT	173	<i>metdray</i>	124
LURIDE	174	MAXALT-MLT	173	<i>metformin hcl</i>	41
LUSTRA	122	MAXARON FORTE	159	<i>metformin hcl er</i>	41
LUSTRA-AF	122	MAXFE	159	<i>metformin hcl er (mod)</i>	41
LUSTRA-ULTRA	122	MAXIDEX	194	<i>methadone hcl</i>	20
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LUXAMEND	130	MAXZIDE	134	METHADOSE	20
LUXIQ	121	MAXZIDE-25	134	<i>methamphetamine hcl</i>	5
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LYLEQ	103	<i>meclizine hcl</i>	49	<i>methazolamide</i>	134
LYLLANA	144	<i>meclofenamate sodium</i>	14	<i>methenamine hippurate</i>	61
LYMEPAK	207	MEDROL	105	METHERGINE	195
LYNPARZA	76			<i>methimazole</i>	208
LYRICA	33			<i>methitest</i>	23
LYRICA CR	202				

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<i>methotrexate</i>	64	MIGRANAL	173	<i>montelukast sodium</i>	29
<i>methotrexate sodium</i>	64	MILI	100	MONUROL	61
<i>methotrexate sodium (pf)</i>	64	<i>milk of magnesia</i>	165	MORGIDOX	207
<i>methoxsalen rapid</i>	115	MILLIPRED	105	MORPHABOND ER	20
<i>methscopolamine bromide</i>	211	MIMVEY	143	<i>morphine sulfate</i>	20
<i>methsuximide</i>	36	MIMVEY LO	143	<i>morphine sulfate (concentrate)</i> ..	20
<i>methyclothiazide</i>	135	MINASTRIN 24 FE	100	<i>morphine sulfate er</i>	20
<i>methyl dopa</i>	57	MINIPRESS	57	<i>morphine sulfate er beads</i>	20
<i>methyl dopa-hydrochlorothiazide</i>	56	MINITRAN	24	MOTTEGRITY	144
<i>methyl ergonovine maleate</i>	195	MINIVELLE	144	MOTPOLY XR	33
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<i>methylphenidate hcl</i>	7	<i>minocycline hcl er</i>	207	MOVIPREP	163
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<i>methylprednisolone</i>	105	MIRAPEX ER	79	MUCOSITISRX	179
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<i>metoprolol tartrate</i>	90	MITIGARE	151	MULTIGEN PLUS	160
<i>metoprolol-hctz er</i>	58	M-M-R II	213	<i>multi-vit/fluoride</i>	182
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MYSOLINE	33	<i>neomycin-polymyxin-hc</i>	<i>nifedipine er osmotic release</i>	92
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<i>nabumetone</i>	15	NEONATAL PLUS	<i>nimodipine</i>	92
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ORACIT	150	<i>oxiachlo</i>	129	PANCREAZE	134
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ORENITRAM MONTH 1	94	<i>oxybutynin chloride er</i>	212	<i>paroxetine hcl</i>	38
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ORIAHNN	143	<i>oxymorphone hcl</i>	20	PATANOL	190
ORILISSA	137	<i>oxymorphone hcl er</i>	21	PAXIL	38
ORKAMBI	205	OXYTROL	212	PAXIL CR	38
ORLADEYO	155	OZEMPIC (0.25 OR 0.5		PAXLOVID	87
<i>orlistat</i>	6	MG/DOSE)	44	PAXLOVID (300/100)	87
<i>orphenadrine citrate er</i>	186	OZEMPIC (1 MG/DOSE)	44	PAZEO	190
<i>orphenadrine-asa-caffeine</i>	186	OZEMPIC (2 MG/DOSE)	44	<i>pazopanib hcl</i>	71
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<i>oscimin sr</i>	210	PALFORZIA (160 MG DAILY		<i>peg-3350/electrolytes</i>	164
OSCION CLEANSER	111	DOSE)	8	<i>peg-3350/electrolytes/ascorbat</i>	164
<i>oseltamivir phosphate</i>	89	PALFORZIA (20 MG DAILY		PEGANONE	36
OSENI	42	DOSE)	8	PEGASYS	89
OSMOLEX ER	78	PALFORZIA (200 MG DAILY		PEG-PREP	164
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OTEZLA	15	DOSE)	8	<i>penicillamine</i>	176
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OTOVEL	195	DOSE)	8	PENNSAID	113
OTREXUP	10	PALFORZIA (300 MG		PENTACEL	209
OVACE PLUS	117	MAINTENANCE)	8	<i>pentamidine isethionate</i>	59
OVACE PLUS WASH	117	PALFORZIA (300 MG		PENTASA	147
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Free aids and services

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

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

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

- Qualified interpreters
- Information written in other languages

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

To file a civil rights grievance

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

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

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

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

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

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

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

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

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

ማሳሰቢያ: ከእስፕሎክ ቋንቋ ጋር ለሚያደግዎት የግብይት አገልግሎት ለማግኘት ለታሪፍ ያለ ስጦታ አገልግሎት ይሰጣል። የታሪፍ አገልግሎት ለማግኘት የታሪፍ አገልግሎት ስልክ ቁጥር (TTY: 711) ላይ ይደውሉ።

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 নি:খরচায় 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).

