

2026 Formulary

MyPriority® Individual 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 - \$\$\$\$\$\$\$\$ Not Covered/Non-formulary

Coverage Levels

T1a: \$

T1b: \$

T2: \$\$

T3: \$\$\$

T4: \$\$\$\$

T5: \$\$\$\$\$

T6- \$0 Copay: Vaccine Coverage

T9: \$\$\$\$\$\$\$\$ Not Covered/Non-Formulary

AL: Age Limit

PA: Prior Authorization

PV: Preventive Drugs

QL: Quantity Limit

SO: SaveOn

SP: Limited to a one month supply per fill

SP: Specialty Pharmacy

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 T1a drugs,Generic T1b drugs,Generic T2 drugs,Generic T3 drugs,Generic T4 drugs,Generic T5 drugs,Generic T6- \$0 Copay drugs,Generic drugs,Generic T9 drugs,Generic drugs

UPPERCASE BOLD: Brand name T1a drugs,Brand name T1b drugs,Brand name T2 drugs,Brand name T3 drugs,Brand name T4 drugs,Brand name T5 drugs,Brand name T6- \$0 Copay drugs,Brand name drugs,Brand name T9 drugs,Brand name drugs

CURRENT AS OF 1/1/2026

Medication	Coverage Level	Restrictions
10 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
10 SERIES+ BP MONITR/UPPER ARM	T2	QL (2 EA per 730 days)
3 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
3 SERIES BP MONITOR/WRIST	T2	QL (2 EA per 730 days)
5 SERIES BP MONITOR	T2	QL (1 monitor per 2 years)
5 SERIES BP MONITOR/UPPER ARM	T2	QL (1 monitor per 2 years)
7 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
7 SERIES BP MONITOR/WRIST	T2	QL (2 EA per 730 days)
<i>abacavir sulfate oral solution</i>	T1b	AL (Max 9 Years)
<i>abacavir sulfate oral tablet</i>	T2	
<i>abacavir sulfate-lamivudine</i>	T4	SP (Limited to a 1 month supply per fill)
<i>abenor</i>	T9	
<i>abenor hp</i>	T9	
ABIGALE	Tier 8	PV
ABIGALE LO	Tier 8	PV
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	T9	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	T9	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG	T3	QL (60 tablets per 30 days)
ABILIFY ORAL TABLET 30 MG, 5 MG	T3	ST; QL (60 tablets per 30 days)
<i>abiraterone acetate</i>	T1b	SP
<i>abiraterone acetate micronized</i>	T9	
ABIRTEGA	T1b	
ABRILADA	T9	
ABRILADA (1 PEN)	T9	
ABRILADA (2 PEN)	T9	
ABRILADA (2 SYRINGE)	T9	
ABRYSVO	T6- \$0 Copay	PV; QL (1 dose per 1 year); AL (Min 50 Years)
ABSORICA	T9	
ABSORICA LD	T9	
<i>acamprosate calcium</i>	T1b	
ACANYA	T9	
<i>acarbose oral</i>	T1b	
ACCOLATE	T3	

Medication	Coverage Level	Restrictions
ACCRUFER	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
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 FASTCLIX LANCET	T3	
ACCU-CHEK FASTCLIX LANCETS	T2	
ACCU-CHEK GUIDE TEST	T1b	QL (200 strips per 30 days)
ACCU-CHEK SMARTVIEW	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK SOFTCLIX LANCET DEV KIT	T3	
ACCU-CHEK SOFTCLIX LANCETS	T2	
ACCUPRIL	T3	
ACCURETIC	T3	
ACCUTANE	T2	QL (6 fills per 2 years)
ACCUTREND GLUCOSE	T3	ST; QL (200 strips per 30 days)
ACE AEROSOL CLOUD ENHANCER	T3	QL (4 devices per 1 year)
<i>acebutolol hcl oral</i>	T1b	
<i>acetaminophen intravenous solution prefilled syringe</i>	T9	
<i>acetaminophen-codeine</i>	T1b	
<i>acetaminophen-codeine #2</i>	T1b	
<i>acetaminophen-codeine #3</i>	T1b	
<i>acetaminophen-codeine #4</i>	T1b	
<i>acetazolamide er</i>	T1b	
<i>acetazolamide oral</i>	T1b	
<i>acetic acid otic</i>	T1b	
<i>acetylcysteine inhalation</i>	T1b	
<i>acidophilus lactobacillus powder</i>	T9	
<i>acioxia</i>	T9	
ACIPHEX	T9	
ACIPHEX SPRINKLE	T9	
<i>acitretin</i>	T1b	QL (30 capsules per 30 days)
<i>acne medication 10 external gel</i>	T1b	
<i>acne medication 5 external gel</i>	T1b	
ACTEMRA ACTPEN	T9	
ACTEMRA SUBCUTANEOUS	T9	
ACTHAR	T4	PA; SP (Limited to a 1 month supply per fill); SP
ACTHAR GEL	T9	
ACTHIB	T9	

Medication	Coverage Level	Restrictions
ACTICLATE	T9	
ACTIGALL	T3	
ACTIMMUNE	T4	SP (Limited to a 1 month supply per fill); SP
ACTIQ	T9	
<i>active fe</i>	T9	
ACTIVELLA ORAL TABLET 1-0.5 MG	T3	
ACTONEL ORAL TABLET 150 MG	T3	QL (1 tablets per 30 days)
ACTONEL ORAL TABLET 35 MG	T3	
ACTOPLUS MET ORAL TABLET 15-850 MG	T3	
ACTOS	T3	
ACUICYN EXTERNAL LIQUID	T9	
ACULAR	T3	
ACULAR LS	T3	
ACUVAIL	T9	
<i>acyclovir external cream</i>	T9	
<i>acyclovir external ointment</i>	T3	QL (15 GM per 6 months)
<i>acyclovir oral capsule</i>	T1b	
<i>acyclovir oral suspension 200 mg/5ml</i>	T1b	
<i>acyclovir oral tablet</i>	T1b	
ACZONE	T9	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T6- \$0 Copay	PV; QL (1 Dose per 1 Lifetime)
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6- \$0 Copay	PV; QL (1 Dose per 1 Lifetime)
ADALAT CC	T3	
<i>adalimumab-aacf (2 pen)</i>	T9	
<i>adalimumab-aacf (2 syringe)</i>	T9	
<i>adalimumab-aaty (1 pen)</i>	T9	
<i>adalimumab-aaty (2 pen)</i>	T9	
<i>adalimumab-aaty (2 syringe)</i>	T9	
<i>adalimumab-aaty cd/uc/hs start</i>	T9	
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
<i>adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml</i>	T4	PA; SP (Limited to a 1-month supply per fill); QL (1 auto-injector 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)

Medication	Coverage Level	Restrictions
<i>adalimumab-adbm (2 pen)</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days); SP
<i>adalimumab-adbm (2 syringe)</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
<i>adalimumab-fkjp (2 pen)</i>	T9	
<i>adalimumab-fkjp (2 syringe)</i>	T9	
<i>adalimumab-ryvk (1 pen)</i>	T9	
<i>adalimumab-ryvk (2 pen)</i>	T9	
<i>adalimumab-ryvk (2 syringe)</i>	T9	
<i>adalina</i>	T9	
<i>adapalene external cream</i>	T9	
<i>adapalene external gel 0.1 %</i>	T9	
<i>adapalene external gel 0.3 %</i>	T2	QL (45 GM per 30 days)
<i>adapalene external lotion</i>	T9	
<i>adapalene external solution</i>	T9	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1b	
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	T9	
ADASUVE	T9	
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1-month supply per fill); QL (2 pens per 28 days); SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days); SP
ADCIRCA	T9	
ADDERALL	T3	AL (Min 6 Years)
ADDERALL XR	T3	QL (60 capsules per 30 days); AL (Min 6 Years)
ADDYI	T9	
<i>adefovir dipivoxil</i>	T4	SP (Limited to a 1 month supply per fill)
<i>adeinzde</i>	T9	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days); SP
ADEMPAS ORAL TABLET 1.5 MG, 2 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days); SP

Medication	Coverage Level	Restrictions
ADEMPAS ORAL TABLET 2.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days); SP
<i>adermica</i>	T9	
<i>adermica hp</i>	T9	
ADHANSIA XR	T9	
ADLARITY	T9	
ADMELOG INJECTION	T3	ST
ADMELOG SOLOSTAR	T3	ST
<i>admirazol</i>	T9	
<i>admirazol hp</i>	T9	
ADRENALIN NASAL	T9	
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	T1b	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	T9	
<i>adult blood pressure cuff lg</i>	T2	QL (1 monitor per 2 years)
ADVAIR DISKUS	T9	
ADVAIR HFA	T9	
ADVATE	T4	PA; SP (Limited to a 1 month supply per fill); QL (73600 billable units per 28 days)
ADVOCATE CONTROL SOLUTION IN VITRO LIQUID LOW	T3	
ADVOCATE LANCETS 30G	T2	
ADVOCATE LANCING DEVICE	T3	
ADVOCATE RAPID-SAFE LANCING	T3	
ADVOCATE REDI-CODE IN VITRO	T3	ST; QL (200 strips per 30 days)
ADVOCATE REDI-CODE+ TEST	T3	ST; QL (200 strips per 30 days)
ADVOCATE TEST	T3	ST; QL (200 strips per 30 days)
<i>adynovate</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (36800 billable units per 28 days)
ADZENYS ER	T9	
ADZENYS XR-ODT	T9	
AEMCOLO	T2	QL (12 tablets per 30 Days); AL (Min 18 Years)
AEROCHAMBER MINI CHAMBER	T2	QL (4 chambers per 1 year)
AEROCHAMBER MV	T2	QL (4 chambers per 1 year)
AEROCHAMBER PLUS FLO-VU	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE	T2	QL (4 EA per 365 days)

Medication	Coverage Level	Restrictions
AEROCHAMBER PLUS FLO-VU SMALL	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK	T2	QL (4 EA per 365 days)
AEROCHAMBER Z-STAT PLUS	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS CHAMBR	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/LARGE	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/MEDIUM	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/SMALL	T3	QL (4 chambers per 1 year)
AEROTRACH PLUS	T3	QL (4 chambers per 1 year)
AEROVENT PLUS	T3	QL (4 chambers per 1 year)
AFEDITAB CR	T1b	
AFINITOR	T9	
AFINITOR DISPERZ	T9	
AFIRMELLE	Tier 8	PV
AFLURIA	T6- \$0 Copay	PV; QL (1 dose per 180 days)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION	T6- \$0 Copay	PV
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6- \$0 Copay	PV; QL (1 dose per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6- \$0 Copay	PV; QL (1 injection per 180 days)
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	T3	ST
AFSTYLA	T4	PA; SP (Limited to a 1 month supply per fill); QL (69000 billable units per 28 days)
AFTERA	Tier 8	PV
AFTERPILL	T3	
AGAMATRIX AMP TEST	T3	ST; QL (200 strips per 30 days)
AGAMREE	T9	
AGRYLIN	T3	
AIMOVIG	T2	PA; QL (1 Auto-injector per 30 days); AL (Min 18 Years)
<i>aimSCO lubricated</i>	Tier 8	PV
AIRDUO DIGIHALER	T9	
AIRDUO RESPICLICK 113/14	T9	
AIRDUO RESPICLICK 232/14	T9	
AIRDUO RESPICLICK 55/14	T9	
AIRSUPRA	T9	

Medication	Coverage Level	Restrictions
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (1 autoinjector per 30 days); AL (Min 18 Years)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; QL (1 syringe per 30 days); AL (Min 18 Years)
AKEEGA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
AKLIEF	T9	
AKTIPAK	T9	
AKYNZEO ORAL	T9	
ALA SCALP	T9	
<i>ala-cort external cream 1 %</i>	T9	
ALA-QUIN	T9	
ALAVERT ALLERGY/SINUS	T9	
ALAVERT ORAL TABLET DISPERSIBLE	T9	
ALAWAY	T1b	
<i>albendazole oral</i>	T2	QL (6 tablets per 30 days)
ALBENZA	T9	
<i>albuterol sulfate er</i>	T1b	
<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 syrup 2 mg/5ml</i>	T1b	
<i>albuterol sulfate oral tablet</i>	T1b	
<i>alclometasone dipropionate</i>	T1b	
ALCORTIN A	T9	
ALDACTONE	T3	
ALDARA	T3	
ALECENSA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 capsules per 30 days); SP
<i>alendronate sodium oral solution</i>	T2	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	T1a	
<i>alfuzosin hcl er</i>	T1b	
ALHEMO	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 pen per 30 days)

Medication	Coverage Level	Restrictions
ALINIA ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (60 ML per 6 months)
ALINIA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
<i>aliskiren fumarate</i>	T2	ST
<i>alixi</i>	T9	
<i>alixi hp</i>	T9	
ALKERAN ORAL	T3	
ALKINDI SPRINKLE	T9	
ALLEGRA ALLERGY	T9	
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION	T9	
ALLEGRA-D ALLERGY & CONGESTION	T9	
ALLI	T9	
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1a	
<i>allopurinol oral tablet 200 mg</i>	T9	
ALLZITAL	T9	
<i>almotriptan malate</i>	T3	ST; QL (12 tablets per 30 days)
ALOCRIL	T3	ST
<i>alogliptin benzoate</i>	T3	ST; QL (30 tablets per 30 days)
<i>alogliptin-metformin hcl</i>	T3	ST; QL (60 tablets per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	T3	ST; QL (30 tablets per 30 days)
ALOMIDE	T2	
<i>alomira</i>	T9	
<i>alomira hp</i>	T9	
<i>alomira lp</i>	T9	
ALORA	T2	
<i>alosetron hcl</i>	T1b	PA; QL (60 tablets per 30 days)
ALPAWASH	T9	
ALPHAGAN P	T9	
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	SP (Limited to a 1 month supply per fill)
ALPHANINE SD	T5	PA; SP (Limited to a 1 month supply per fill); QL (36800 billable units per 28 days)
<i>alprazolam er</i>	T1b	QL (60 tablets per 30 days)
ALPRAZOLAM INTENSOL	T1b	QL (120 ML per 30 days)
<i>alprazolam oral tablet</i>	T1a	

Medication	Coverage Level	Restrictions
<i>alprazolam oral tablet dispersible</i>	T2	
<i>alprazolam xr</i>	T1b	QL (60 tablets per 30 days)
ALPROLIX	T4	PA; SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)
ALREX	T9	
ALTABAX	T3	ST; QL (15 GM per 30 days)
ALTACE ORAL CAPSULE	T3	
ALTAVERA	Tier 8	PV
ALTOPREV	T9	
ALTRENO	T1b	QL (45 grams per 30 days); AL (Max 50 Years)
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	T4	PA; SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 750 UNIT	T4	
ALUNBRIG ORAL TABLET 180 MG, 90 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
ALUNBRIG ORAL TABLET 30 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
<i>aluris</i>	T9	
<i>aluris hp</i>	T9	
<i>aluris hp plus</i>	T9	
<i>aluris lp</i>	T9	
<i>aluris lp plus</i>	T9	
<i>aluris plus</i>	T9	
<i>aluxof</i>	T9	
<i>aluxof hp</i>	T9	
ALVAIZ	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
ALVESCO	T9	

Medication	Coverage Level	Restrictions
<i>alvox</i>	T9	
<i>alvox hp</i>	T9	
<i>alyacen 1/35</i>	Tier 8	PV
<i>alyacen 7/7/7</i>	Tier 8	PV
ALYFTREK ORAL TABLET 10-50-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days); SP
ALYFTREK ORAL TABLET 4-20-50 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days); SP
ALZAIR ALLERGY NASAL SPRAY	T9	
<i>amantadine hcl oral</i>	T1b	
AMARYL	T3	
AMBIEN	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
AMBIEN CR	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>ambrisentan oral tablet 10 mg</i>	T1b	PA; QL (30 tablets per 30 days); SP
<i>ambrisentan oral tablet 5 mg</i>	T1b	PA; SP (); QL (30 tablets per 30 days); SP
<i>amcinonide external cream</i>	T1b	
<i>amcinonide external ointment</i>	T9	
AMETHIA	Tier 8	PV
AMETHYST	Tier 8	PV
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>amiloride hcl oral</i>	T1b	
<i>amiloride-hydrochlorothiazide</i>	T1b	
<i>aminocaproic acid oral solution</i>	T4	SP (Limited to a 1 month supply per fill)
<i>aminocaproic acid oral tablet</i>	T4	SP (Limited to a 1 month supply per fill)
<i>amiodarone hcl oral tablet 100 mg</i>	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	
AMITIZA	T3	QL (60 capsules per 30 days)
<i>amitriptyline hcl oral</i>	T1b	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T9	

Medication	Coverage Level	Restrictions
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	T9	
AMJEVITA-PED 10KG TO <15KG	T9	
AMJEVITA-PED 15KG TO <30KG	T9	
<i>amlodipine besy-benazepril hcl</i>	T1b	
<i>amlodipine besylate oral</i>	T1a	
<i>amlodipine besylate-valsartan</i>	T1b	
<i>amlodipine-atorvastatin</i>	T9	
<i>amlodipine-olmesartan</i>	T1b	
<i>amlodipine-valsartan-hctz</i>	T1b	
<i>ammonium lactate external</i>	T9	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	T2	QL (6 fills per 2 years)
AMNESTEEM ORAL CAPSULE 30 MG	T2	QL (6 Fills per 2 years)
<i>amoxapine</i>	T1b	
<i>amoxicill-clarithro-lansopraz</i>	T3	
<i>amoxicillin oral capsule</i>	T1b	
<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>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	
<i>amphetamine er</i>	T9	
<i>amphetamine sulfate</i>	T3	ST; QL (180 tablets per 30 days); AL (Min 6 Years)
<i>amphetamine-dextroamphet er</i>	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	
<i>ampicillin oral capsule 250 mg</i>	T1a	
<i>ampicillin oral capsule 500 mg</i>	T1b	
AMPYRA	T9	
AMRIX	T9	
AMZEEQ	T9	
ANADROL-50	T9	
ANAFRANIL	T3	

Medication	Coverage Level	Restrictions
<i>anagrelide hcl</i>	T1b	
ANALPRAM-HC EXTERNAL LOTION	T9	
ANAPROX DS	T3	
ANASPAZ	T3	
<i>anastrozole oral</i>	T1b	
ANDEMBRY	T9	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	T9	
ANDROGEL	T9	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	T9	
ANGELIQ	T3	ST
ANIMI-3	T9	
ANNOVERA	T9	
ANORO ELLIPTA	T2	QL (1 inhaler per 30 days)
ANTIVERT ORAL TABLET 50 MG	T9	
ANUSOL-HC RECTAL SUPPOSITORY	T9	
ANZEMET ORAL TABLET 50 MG	T9	
ANZUPGO	T9	
APADAZ	T9	
APEXICON E	T9	
<i>apexol cleanser</i>	T9	
<i>apexol hp cleanser</i>	T9	
<i>aphoria</i>	T9	
APIDRA	T3	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST
APLENZIN	T9	
APLISOL	T9	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
<i>apomorphine hcl subcutaneous</i>	T9	
<i>aporix</i>	T9	
<i>apraclonidine hcl</i>	T1b	
<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)
<i>aprepitant oral capsule 80 & 125 mg</i>	T1b	QL (6 capsules per 30 days)
APRI	Tier 8	PV
APRISO	T3	QL (120 capsules per 30 days)

Medication	Coverage Level	Restrictions
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 30 MG, 40 MG, 50 MG, 60 MG	T3	QL (30 capsules per 30 days)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG	T3	QL (30 capsule per 30 days)
APTIOM	T3	QL (60 tablets per 30 days)
APTIVUS	T4	ST; SP (Limited to a 1 month supply per fill)
AQNEURSA	T9	
AQUANIL HC	T1b	
AQUORAL MOUTH/THROAT SOLUTION	T9	
ARAKODA	T2	
ARANELLE	Tier 8	PV
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	SP (Limited to a 1 month supply per fill); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	T4	SP (Limited to a 1 month supply per fill); SP
ARAVA	T5	SP (Limited to a 1 month supply per fill)
ARAZLO	T9	
ARCALYST	T4	PA; SP (Limited to a 1 month supply per fill)
ARCAPTA NEOHALER	T3	
AREXVY	T6- \$0 Copay	PV; QL (1 dose per 1 year); AL (Min 50 Years)
<i>arformoterol tartrate</i>	T3	AL (Min 40 Years)
ARICEPT	T3	
ARIKAYCE	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 vials per 28 days)
ARIMIDEX	T3	
<i>aripiprazole oral solution</i>	T3	AL (Max 9 Years)
<i>aripiprazole oral tablet</i>	T1b	QL (60 tablets per 30 days)
<i>aripiprazole oral tablet dispersible</i>	T9	
ARIXTRA	T9	
<i>armodafinil</i>	T1b	QL (30 tablets per 30 days)
ARMONAIR DIGIHALER	T9	
ARMOUR THYROID	T2	
ARNUITY ELLIPTA	T2	QL (1 Inhaler per 30 days)
AROMASIN	T3	
ARTHROTEC ORAL TABLET DELAYED RELEASE	T9	

Medication	Coverage Level	Restrictions
<i>artilis</i>	T9	
<i>artilis hp</i>	T9	
ASCOMP-CODEINE	T1b	QL (180 capsules per 30 days)
ASCRIPITIN ORAL TABLET 325 MG	T1b	
<i>asenapine maleate</i>	T2	QL (60 tablets per 30 days)
ASHLYNA	Tier 8	PV
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	
ASPERFLEX LIDOCAINE EXTERNAL CREAM	T9	
<i>aspirin 81 oral tablet chewable</i>	T1b	PV
<i>aspirin adult low dose</i>	T1b	PV
<i>aspirin childrens</i>	T1b	PV
<i>aspirin ec low dose</i>	T1b	PV
<i>aspirin oral tablet delayed release 325 mg</i>	T9	
<i>aspirin-dipyridamole er</i>	T1b	
ASPRUZYO SPRINKLE	T9	
ASSURE 4 TEST	T3	ST; QL (200 strips per 30 days)
ASSURE DOSE CONTROL	T3	
ASSURE LANCE PLUS SAFETY 30G	T2	
ASSURE PLATINUM	T3	ST; QL (200 strips per 30 days)
ASSURE PRISM MULTI TEST	T3	ST; QL (200 strips per 30 days)
ASTAGRAF XL	T3	ST; SP ()
ATACAND	T3	
ATACAND HCT	T3	
<i>atazanavir sulfate</i>	T4	SP (Limited to a 1 month supply per fill)
ATELVIA	T3	
<i>atenolol oral</i>	T1a	
<i>atenolol-chlorthalidone</i>	T1b	
ATIVAN ORAL	T3	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	T2	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	T2	QL (30 capsules per 30 days); AL (Min 6 Years)
ATORVALIQ	T9	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	T1a	PV

Medication	Coverage Level	Restrictions
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	T1a	
<i>atovaquone oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>atovaquone-proguanil hcl</i>	T1b	
ATRALIN	T3	AL (Max 50 Years)
ATRAPRO HYDROGEL	T9	
ATRIPLA	T5	SP (Limited to a 1 month supply per fill)
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1b	
<i>atropine sulfate intravenous solution prefilled syringe 0.4 mg/ml</i>	T9	
<i>atropine sulfate ophthalmic solution 0.01 %, 0.025 %, 0.05 %</i>	T9	
<i>atropine sulfate ophthalmic solution 1 %</i>	T1b	
ATROVENT HFA	T2	
ATTRUBY	T4	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
AUBAGIO ORAL TABLET 14 MG	T9	SP ()
AUBAGIO ORAL TABLET 7 MG	T9	
AUBRA	Tier 8	PV
AUBRA EQ	Tier 8	PV
AUDENZ	T6- \$0 Copay	PV
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML	T3	
AUGMENTIN ORAL TABLET 500-125 MG	T3	
AUGMENTIN XR	T3	
AUGTYRO ORAL CAPSULE 160 MG	T5	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (60 Capsules per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 capsules per 30 days); SP
<i>augustil</i>	T9	
<i>auranofin</i>	T9	
AUROVELA 1.5/30	Tier 8	PV
AUROVELA 1/20	Tier 8	PV

Medication	Coverage Level	Restrictions
AUROVELA 24 FE	Tier 8	PV
AUROVELA FE 1.5/30	Tier 8	PV
AUROVELA FE 1/20	Tier 8	PV
AURYXIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days)
AUSTEDO ORAL TABLET 12 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
AUSTEDO ORAL TABLET 6 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
AUSTEDO ORAL TABLET 9 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	T5	PA; SP (Limited to a 1-month supply per fill); QL (30 Tablets per 30 days); SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	T5	PA; SP (Limited to a 1-month supply per fill); QL (28 Tablets per 28 days); SP
AUTOLET LITE LANCING DEVICE	T3	
AUVELITY	T9	QL (60 Tablets per 30 days)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	T9	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	
<i>avanafil</i>	T9	
AVAPRO	T3	
AVAR CLEANSER	T9	
AVAR EXTERNAL PAD	T9	
AVAR LS CLEANSER	T9	
AVAR LS EXTERNAL PAD	T9	
AVAR-E EMOLLIENT	T9	
AVAR-E GREEN	T9	
AVAR-E LS	T9	
<i>aveida</i>	T9	
AVERI	T9	
AVGEMSI	T9	
AVIANE	Tier 8	PV
<i>avidora</i>	T9	

Medication	Coverage Level	Restrictions
<i>avidora hp</i>	T9	
AVITA EXTERNAL CREAM	T3	AL (Max 50 Years)
AVITA EXTERNAL GEL	T9	
AVMAPKI FAKZYNJA CO-PACK	T5	PA; SP (Limited to a 1 month supply per fill); QL (66 tablets per 28 days)
AVO CREAM	T9	
AVODART	T3	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	ST; SP (Limited to a 1 month supply per fill); QL (4 pens per 28 days); SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T4	ST; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days); SP
<i>av-phos 250 neutral</i>	T9	
AVTOZMA	T9	
<i>awanis</i>	T9	
AYGESTIN	T3	
AYUNA	Tier 8	PV
AYVAKIT	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
<i>azalta</i>	T9	
<i>azalta hp</i>	T9	
AZASAN	T9	
AZASITE	T3	ST
<i>azathioprine oral tablet 100 mg, 75 mg</i>	T9	
<i>azathioprine oral tablet 50 mg</i>	T1b	
<i>azelaic acid external</i>	T2	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	T9	
<i>azelastine hcl ophthalmic</i>	T1b	
<i>azelastine-fluticasone</i>	T9	
AZELEX	T3	ST; QL (50 GM per 30 days)
AZILECT	T3	ST; QL (30 tablets per 30 days)
<i>azithromycin oral suspension reconstituted</i>	T1b	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1b	
AZMIRO	T9	
AZOPT	T3	
AZOR	T3	ST
AZSTARYS	T9	

Medication	Coverage Level	Restrictions
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
AZURETTE	Tier 8	PV
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1b	
<i>bacitra-neomycin-polymyxin-hc</i>	T1b	
<i>baclofen oral solution</i>	T9	
<i>baclofen oral suspension</i>	T3	QL (473 ML per 30 days); AL (Max 9 Years)
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	T1b	
<i>baclofen oral tablet 15 mg</i>	T9	
BACMIN	T9	
BACTRIM	T3	
BACTRIM DS	T3	
BAFIERTAM	T9	
BALCOLTRA	T9	
<i>balsalazide disodium</i>	T1b	
<i>balsam peru-castor oil</i>	T9	
BALVERSA ORAL TABLET 3 MG, 4 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
BALVERSA ORAL TABLET 5 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
BALZIVA	Tier 8	SP (Contraceptive Management rider is required.); PV
BANZEL ORAL SUSPENSION	T5	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
BANZEL ORAL TABLET 200 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
BANZEL ORAL TABLET 400 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
BAQSIMI ONE PACK	T2	QL (2 devices per 30 days)
BAQSIMI TWO PACK	T2	QL (2 devices per 30 days)
BARACLUDE ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
BARACLUDE ORAL TABLET	T9	

Medication	Coverage Level	Restrictions
BASAGLAR KWIKPEN	T9	
BASAGLAR TEMPO PEN	T9	
<i>batizia</i>	T9	
BAXDELA INTRAVENOUS	T9	
BAXDELA ORAL	T3	ST; QL (10 tablets per 30 days)
<i>baxonil</i>	T9	
BAYER ASPIRIN EC LOW DOSE	T9	
BAYER ASPIRIN ORAL TABLET	T9	
<i>bcg vaccine injection solution reconstituted</i>	T6- \$0 Copay	PV
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	T2	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 1 ML	T2	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 1 ML, 31G X 5/16" 1 ML	T2	
BD PEN NEEDLE MINI U/F	T2	
BD PEN NEEDLE MINI ULTRAFINE	T2	
BECONASE AQ	T9	
BELBUCA	T3	ST; QL (60 films per 30 days)
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	T9	
BELSOMRA	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
<i>benazepril hcl oral</i>	T1a	
<i>benazepril-hydrochlorothiazide</i>	T1b	
BENEFIX INTRAVENOUS KIT	T4	PA; SP (Limited to a 1 month supply per fill); QL (46000 billable units per 28 days)
BENICAR	T3	
BENICAR HCT	T3	
BENLYSTA SUBCUTANEOUS	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP
<i>bensal hp</i>	T9	
BENZAC AC WASH EXTERNAL LIQUID	T9	
BENZACLIN	T9	
BENZACLIN WITH PUMP	T9	
BENZEFOAM	T9	
BENZEPRO CREAMY WASH	T9	
BENZEPRO EXTERNAL FOAM 5.3 %	T9	
BENZEPRO FOAMING CLOTHS	T9	
BENZEPRO SHORT CONTACT	T9	

Medication	Coverage Level	Restrictions
<i>benznidazole oral tablet 100 mg</i>	T3	QL (60 tablets per 1 lifetime); AL (Max 12 Years)
<i>benznidazole oral tablet 12.5 mg</i>	T9	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1b	
<i>benzonatate oral capsule 150 mg</i>	T9	
<i>benzoyl peroxide cleanser external liquid</i>	T9	
<i>benzoyl peroxide external foam 9.8 %</i>	T9	
<i>benzoyl peroxide external gel 10 %, 2.5 %, 5 %</i>	T9	
<i>benzoyl peroxide external liquid 10 %</i>	T9	
<i>benzoyl peroxide external pad 9.5 %</i>	T9	
<i>benzoyl peroxide wash external liquid</i>	T9	
<i>benzoyl peroxide-erythromycin</i>	T2	
Benzphetamine HCl Oral Tablet 50 MG	Benefit Exclusion	
<i>benztropine mesylate oral</i>	T1b	
<i>bepotastine besilate</i>	T3	ST; QL (5 ML per 30 days)
BEPREVE	T9	
BERINERT	T4	PA; SP (Limited to a 1 month supply per fill); SP
BESIVANCE	T3	QL (5 ML per 30 days)
BESREMI	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
<i>betaine</i>	T3	SP
<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)
<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 sod phos & acet injection suspension 7 (4-3) mg/ml</i>	T9	
<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	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	

Medication	Coverage Level	Restrictions
BETASERON SUBCUTANEOUS KIT	T4	ST; SP (Limited to a 1 month supply per fill); QL (14 vials per 30 days); SP
<i>betaxolol hcl</i>	T1b	
<i>bethanechol chloride oral</i>	T1b	
BETHKIS	T5	PA; SP (Limited to a 56 day supply per fill); QL (280 ML per 56 days); SP
BETIMOL	T2	
BETOPTIC-S	T9	
<i>bevacizumab intraocular solution prefilled syringe 2.75 mg/0.11ml</i>	T9	
<i>bevacizumab intravitreal solution prefilled syringe 1.25 mg/0.05ml, 2 mg/0.08ml, 2.25 mg/0.09ml, 2.75 mg/0.11ml</i>	T9	
BEVESPI AEROSPHERE	T3	ST; QL (1 inhaler per 30 days)
BEVYXXA	T9	
<i>bexarotene external</i>	T9	
<i>bexarotene oral</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
BEXSERO	T6- \$0 Copay	PV; QL (2 ML per 1 Lifetime)
BEYAZ	T9	
BIAFINE	T9	
<i>bicalutamide</i>	T1b	
BIDIL	T9	
BIGFOOT UNITY PROGRAM	T9	
BIJUVA	T9	
BIKTARVY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
BILPREVDA	T9	
BILTRICIDE	T5	SP (Limited to a 1 month supply per fill)
<i>bimatoprost external</i>	T9	
<i>bimatoprost ophthalmic</i>	T1b	
<i>bimatoprost-brimonidine-dorzol</i>	T9	
<i>bimatoprost-timolol maleate</i>	T9	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days); SP

Medication	Coverage Level	Restrictions
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML	T5	PA; SP (Allowed 2 auto-injectors per 28 day for first 4 fills only); QL (2 auto-injectors per 56 days); SP
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML	T5	PA; SP (Allowed 2 syringes per 28 day for first 4 fills only); QL (2 syringes per 56 days); SP
BINOSTO	T3	ST
BIOTHRAX	T9	
<i>bisacodyl ec</i>	Tier 8	PV
<i>bisacodyl rectal</i>	T9	
<i>bismuth/metronidazole/tetracycline</i>	T3	ST
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1b	
<i>bisoprolol fumarate oral tablet 2.5 mg</i>	T9	
<i>bisoprolol-hydrochlorothiazide</i>	T1b	
BKEMV	T9	
BLEPH-10	T3	
BLEPHAMIDE S.O.P.	T3	
BLISOVI 24 FE	Tier 8	PV
BLISOVI FE 1.5/30	Tier 8	PV
BLISOVI FE 1/20	Tier 8	PV
<i>blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>blood pressure monitor</i>	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 3	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 7	T2	QL (1 monitor per 2 years)
BLUJEP	T9	
BLULINK GLUCOSE MONITORING SYS	T9	
BLULINK GLUCOSE TEST	T3	ST; QL (200 Strips per 30 Days)
BONIVA ORAL TABLET 150 MG	T3	
BONJESTA	T9	
BONSITY	T4	PA; SP (Limited to a 1-month supply per fill); QL (2 years per 1 Lifetime); SP
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>bosentan oral tablet</i>	T1b	PA; SP (); QL (60 tablets per 30 days); SP
<i>bosentan oral tablet soluble</i>	T1b	PA; QL (56 Tablets per 28 days); SP

Medication	Coverage Level	Restrictions
BOSULIF	T5	PA; SP (Limited to a 1 month supply per fill); SP
<i>bp gel external gel 10 %, 5 %</i>	T9	
<i>bp vit 3</i>	T9	
<i>bp wash external liquid 10 %, 2.5 %, 5 %, 7 %</i>	T9	
<i>bpo foaming cloths external 6 %</i>	T9	
BPROTECTED PEDIA IRON	T1b	AL (Min 6 Months and Max 12 Months)
BRAFTOVI ORAL CAPSULE 75 MG	T5	PA; SP (Limited to a 1 month supply per fill); SP
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)
BREKIYA	T9	
BRENZAVVY	T9	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	T2	QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	T2	QL (1 inhaler per 30 Days)
BREXAFEMME	T9	
BREYNA	T1b	QL (2 inhalers per 30 days)
BREZTRI AEROSPHERE	T2	QL (1 inhaler per 30 days)
<i>briellyn</i>	Tier 8	PV
BRILINTA	T9	
<i>brimonidine tartrate external</i>	T3	ST; QL (30 GM per 30 days)
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %</i>	T2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T1b	
<i>brimonidine tartrate-timolol</i>	T1b	
<i>brimonidine-dorzolamide</i>	T9	
BRINSUPRI	T9	
<i>brinzolamide</i>	T2	
BRISDELLE	T9	

Medication	Coverage Level	Restrictions
BRIVIACT ORAL SOLUTION	T3	QL (300 ML per 30 days)
BRIVIACT ORAL TABLET	T3	QL (60 tablets per 30 days)
BROMFED DM ORAL SYRUP 30-2-10 MG/5ML	T9	
<i>bromfenac sodium (once-daily)</i>	T2	ST; QL (1.7 ML per 30 days)
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	T9	
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	T1b	ST; QL (5 ML per 30 days)
<i>bromocriptine mesylate oral</i>	T2	
BROMSITE	T9	
BRONCHITOL	T9	
BROVANA	T5	SP (Limited to a 1 month supply per fill); AL (Min 40 Years)
BRUKINSA ORAL CAPSULE	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days)
BRUKINSA ORAL TABLET	T5	PA; SO (Eligible members must be enrolled); SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (60 Capsules per 30 days)
BRYHALI	T9	
BRYNOVIN	T9	
BSS	T1b	
BSS PLUS	T3	
BUCAPSOL	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 inhalation suspension 0.25 mg/2ml, 1 mg/2ml</i>	T2	QL (120 ML per 30 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	T2	QL (240 ML per 30 days)
<i>budesonide nasal</i>	T9	
<i>budesonide oral</i>	T3	QL (90 capsules per 30 days)
<i>budesonide rectal foam 2 mg</i>	T3	QL (2 packages per 180 days)
<i>budesonide-formoterol fumarate</i>	T1b	QL (2 inhalers per 30 days)
<i>buffered aspirin</i>	T3	
BUFFERIN	T3	
<i>bumetanide oral</i>	T1a	
BUPAP ORAL TABLET 50-300 MG	T9	

Medication	Coverage Level	Restrictions
BUPHENYL ORAL POWDER 3 GM/TSP	T5	PA; SP (Limited to a 1 month supply per fill)
BUPHENYL ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill)
<i>bupivacaine hcl injection solution prefilled syringe 0.25 % (10 ml)</i>	T9	
<i>buprenorphine hcl sublingual</i>	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, 4-1 mg, 8-2 mg</i>	T1b	QL (90 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); AL (Min 18 Years)
<i>bupropion hcl er (smoking det)</i>	Tier 8	PV
<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	
<i>buspirone hcl oral</i>	T1a	
<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-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-apap-caffeine oral capsule 50-300-40 mg</i>	T9	
<i>butalbital-apap-caffeine oral solution</i>	T9	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1b	QL (180 tablets per 30 days)
<i>butalbital-asa-caff-codeine</i>	T2	QL (180 capsules per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T1b	QL (180 capsules per 30 days)
<i>butenafine hcl</i>	T1b	
<i>butorphanol tartrate injection</i>	T3	
<i>butorphanol tartrate nasal</i>	T2	

Medication	Coverage Level	Restrictions
BUTRANS	T9	
BYDUREON BCISE	T9	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
BYLVAY	T9	
BYLVAY (PELLETS)	T9	
BYNFEZIA PEN	T9	
BYSTOLIC	T3	
<i>cabergoline</i>	T1b	
CABLIVI	T4	PA; SP (Limited to a 1 month supply per fill. Limited to 2 fills per 720 days); QL (30 kits per 30 days)
CABOMETYX	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
CABTREO	T9	
CADUET ORAL TABLET 10-10 MG, 5-10 MG	T3	
CAFERGOT	T9	
<i>caffeine citrate oral solution 60 mg/3ml</i>	T3	AL (Max 1 Years)
<i>calcipotriene external cream</i>	T1b	ST; 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>calcipotriene-betameth diprop</i>	T9	
<i>calcitonin (salmon) injection</i>	T9	
<i>calcitonin (salmon) nasal</i>	T1b	
<i>calcitriol external</i>	T3	ST; QL (100 GM per 30 days)
<i>calcitriol oral capsule</i>	T1b	
<i>calcitriol oral solution</i>	T1b	AL (Max 9 Years)
<i>calcium acetate (phos binder) oral capsule</i>	T1b	
<i>calcium-folic acid plus d</i>	T9	
CALQUENCE ORAL TABLET	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
<i>calsodore external kit</i>	T9	
CAMBIA	T9	

Medication	Coverage Level	Restrictions
CAMILA	Tier 8	PV
CAMRESE	Tier 8	PV
CAMRESE LO	Tier 8	PV
CAMZYOS	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); AL (Min 18 Years); SP
CANASA	T5	SP (Limited to a 1 month supply per fill)
<i>candesartan cilexetil</i>	T1b	
<i>candesartan cilexetil-hctz</i>	T1b	
CANDIN	T9	
<i>capecitabine</i>	T4	SP (Limited to a 1 month supply per fill); SP
CAPEX	T9	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
CAPRELSA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
<i>captopril oral</i>	T1b	
<i>captopril-hydrochlorothiazide</i>	T1b	
CAPVAXIVE	T6- \$0 Copay	PV; QL (1 dose per 1 Lifetime)
CARAC	T9	
CARAFATE	T3	ST
CARBAGLU ORAL TABLET SOLUBLE	T9	SP ()
<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 suspension 100 mg/5ml</i>	T1b	
<i>carbamazepine oral tablet</i>	T1b	
<i>carbamazepine oral tablet chewable 100 mg</i>	T1b	
<i>carbamazepine oral tablet chewable 200 mg</i>	T9	
CARBATROL	T3	

Medication	Coverage Level	Restrictions
<i>carbidopa oral</i>	T3	ST; QL (5 tablets per 1 day)
<i>carbidopa-levodopa</i>	T1b	
<i>carbidopa-levodopa er oral capsule extended release</i>	T4	PA; QL (360 Capsules per 30 days)
<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	
<i>carbinoxamine maleate er</i>	T9	
<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>carbzah</i>	T9	
<i>cardioplegia del nido formula</i>	T9	
CARDIOVID PLUS	T9	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	T9	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T9	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARDURA	T3	
CARDURA XL	T3	ST
CARESENS CONTROL A	T3	
CARESENS CONTROL SOLUTION A/B	T3	
CARESENS N GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
CARESENS S CONTROL SOLN A/B	T3	
CARESENS S GLUCOSE TEST	T3	ST
CARETOUCH CONTROL SOL LEVEL 2	T3	
CARETOUCH LANCING/EJECTOR	T3	
CARETOUCH TEST	T3	ST; QL (200 strips per 30 days)
CARETOUCH TWIST LANCETS 28G	T2	
CARETOUCH TWIST LANCETS 30G	T2	
CARETOUCH TWIST LANCETS 33G	T2	

Medication	Coverage Level	Restrictions
<i>carglumic acid oral tablet soluble</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>carisoprodol oral tablet 350 mg</i>	T2	QL (90 tablets per 30 days)
<i>carisoprodol-aspirin</i>	T9	
<i>carisoprodol-aspirin-codeine</i>	T1b	QL (120 tablets per 30 days)
CARNITOR ORAL	T3	
CARNITOR SF	T3	
CAROSPIR	T3	QL (120 ML per 30 days); AL (Max 9 Years)
<i>carteolol hcl</i>	T1b	
CARTIA XT	T1b	
<i>carvedilol</i>	T1a	
<i>carvedilol phosphate er</i>	T2	ST
CASODEX	T3	
CATAPRES	T3	
CATAPRES-TTS-1	T3	
CATAPRES-TTS-2	T3	
CATAPRES-TTS-3	T3	
CAVERJECT	T9	
CAVERJECT IMPULSE	T9	
CAYA	Tier 8	PV
CAYSTON	T4	PA; SP (Limited to a 1 month supply per fill); SP
CAZIENT	Tier 8	PV
<i>cefaclor er</i>	T9	
<i>cefaclor oral capsule 250 mg</i>	T1b	
<i>cefadroxil</i>	T1b	
<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	
<i>cefprozil</i>	T1b	
<i>cefuroxime axetil oral tablet</i>	T1b	
CELACYN	T9	
CELEBREX	T3	QL (60 capsules per 30 days)
<i>celecoxib oral</i>	T1b	QL (60 capsules per 30 days)
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)
CELLCEPT ORAL CAPSULE	T3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED	T3	AL (Max 9 Years)
CELLCEPT ORAL TABLET	T3	
CELONTIN	T3	
CENTANY	T3	QL (22 GM per 30 days)
CENTRATEX	T9	
<i>cephalexin oral capsule</i>	T1a	
<i>cephalexin oral suspension reconstituted</i>	T1b	
<i>cephalexin oral tablet</i>	T2	
CEPROTIN	T3	SP
CEQUA	T9	
CERACADE	T9	
CERDELGA	T4	SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days); SP
CETACAINA EXTERNAL AEROSOL	T9	
<i>cetirizine hcl childrens alrgy oral solution</i>	T9	
<i>cetirizine hcl oral tablet</i>	T9	
<i>cetirizine hcl oral tablet chewable</i>	T9	
<i>cetirizine-pseudoephedrine er</i>	T9	
CETRAXAL	T3	
<i>cetorelix acetate</i>	T2	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T2	SP
<i>cevimeline hcl</i>	T1b	QL (90 capsules per 30 days)
CHARLOTTE 24 FE	Tier 8	PV
CHATEAL	Tier 8	PV
CHATEAL EQ	Tier 8	PV
CHEMET	T4	SP (Limited to a 1 month supply per fill)
<i>childrens aspirin</i>	T3	PV
<i>childrens loratadine oral solution</i>	T9	
<i>chlohex</i>	T9	
<i>chlorthalidone hcl</i>	T1a	
<i>chlorthalidone-amitriptyline oral tablet 10-25 mg</i>	T1b	
<i>chlorthalidone-amitriptyline oral tablet 5-12.5 mg</i>	T3	

Medication	Coverage Level	Restrictions
<i>chlordiazepoxide-clidinium</i>	T3	
<i>chlorhexidine gluconate mouth/throat</i>	T1b	
<i>chloroquine phosphate oral</i>	T1b	
<i>chlorpheniramine maleate er</i>	T9	
<i>chlorpromazine hcl oral concentrate</i>	T3	QL (180 ML per 30 days)
<i>chlorpromazine hcl oral tablet</i>	T3	QL (180 tablets per 30 days)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1b	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	T9	
<i>chlorzoxazone oral tablet 500 mg</i>	T1b	
CHOLBAM ORAL CAPSULE 250 MG	T4	PA; SP (Limited to a 1 month supply per fill)
CHOLBAM ORAL CAPSULE 50 MG	T4	PA; SP (Limited to a 1 month supply per fill)
<i>cholestyramine light</i>	T1b	
<i>cholestyramine oral</i>	T1b	
<i>chorionic gonadotropin intramuscular</i>	T3	SP
CHOSEN LANCING DEVICE	T3	
CIALIS	T9	
CIBINQO	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
CICLODAN EXTERNAL SOLUTION	T1b	
<i>ciclopirox external</i>	T1b	
<i>ciclopirox olamine external</i>	T1b	
<i>ciclopirox treatment</i>	T9	
CIFEREX	T9	
<i>cilostazol</i>	T1b	
CILOXAN	T3	
CIMDUO	T9	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	T3	
<i>cimetidine oral tablet 200 mg</i>	T9	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T3	
CIMZIA (1 SYRINGE)	T5	PA; SP (Limited to a 1-month supply per fill.); QL (2 Syringes per 28 days); SP
CIMZIA (2 SYRINGE)	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 fill per 1 lifetime)

Medication	Coverage Level	Restrictions
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T5	PA; SP (Limited to a 1 month supply per fill); SP
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
CIMZIA-STARTER	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 fill per 1 lifetime)
<i>cinacalcet hcl</i>	T4	SP (Limited to a 1 month supply per fill)
CIPRO HC	T2	
CIPRO ORAL SUSPENSION RECONSTITUTED	T3	
CIPRO ORAL TABLET 250 MG, 500 MG	T3	
CIPRODEX	T3	
<i>ciprofloxacin hcl ophthalmic</i>	T1b	
<i>ciprofloxacin hcl oral</i>	T1a	
<i>ciprofloxacin hcl otic</i>	T1b	
<i>ciprofloxacin oral</i>	T1b	
<i>ciprofloxacin-dexamethasone</i>	T1b	
<i>ciprofloxacin-fluocinolone pf</i>	T2	AL (Min 6 Months and Max 17 Years)
<i>ciprofloxacin-hydrocortisone</i>	T9	
<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	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	QL (60 tablets per 30 days)
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL B-CALM	T3	
CITRANATAL BLOOM	T3	
CITRANATAL DHA	T3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	T3	
CITRANATAL MEDLEY	T3	
CITRANATAL RX	T3	
<i>citrate of magnesia oral solution</i>	Tier 8	PV
CITROMA	Tier 8	PV
CLARAVIS	T2	QL (6 fills per 2 years)
CLARINEX ORAL TABLET	T9	
CLARINEX-D 12 HOUR	T9	
<i>clarithromycin er</i>	T1b	

Medication	Coverage Level	Restrictions
<i>clarithromycin oral</i>	T1b	
CLARITIN ORAL SOLUTION	T9	
CLARITIN ORAL SYRUP	T9	
CLARITIN ORAL TABLET	T9	
CLARITIN REDITABS	T9	
CLARITIN-D 12 HOUR	T9	
CLARITIN-D 24 HOUR	T9	
<i>classic prenatal</i>	Tier 8	PV
CLEARLAX ORAL PACKET	T9	
CLEARLAX ORAL POWDER	Tier 8	PV
<i>clemastine fumarate oral syrup</i>	T9	
<i>clemastine fumarate oral tablet 1.34 mg</i>	T9	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1b	
CLEMASZ	T9	
CLEMSZA	T9	
CLENIA PLUS	T9	
CLENPIQ	T3	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	T3	
CLEOCIN ORAL CAPSULE 75 MG	T2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	T2	
CLEOCIN VAGINAL	T9	
CLEOCIN-T EXTERNAL LOTION	T9	
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)
CLIMARA	T9	
CLIMARA PRO	T9	
CLINDAGEL	T9	
<i>clindamycin hcl oral</i>	T1a	
<i>clindamycin palmitate hcl</i>	T1b	
<i>clindamycin phos (once-daily)</i>	T1b	
<i>clindamycin phos (twice-daily)</i>	T1b	
<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)
<i>clindamycin phosphate external gel 1 %</i>	T1b	
<i>clindamycin phosphate external lotion</i>	T1b	
<i>clindamycin phosphate external solution</i>	T1b	QL (180 ML per 30 days)

Medication	Coverage Level	Restrictions
<i>clindamycin phosphate external swab</i>	T1b	
<i>clindamycin phosphate vaginal</i>	T1b	
<i>clindamycin-tretinoin</i>	T3	
CLINDESSE	T3	ST
<i>clobazam oral suspension 2.5 mg/ml</i>	T2	QL (480 ML per 30 days)
<i>clobazam oral tablet</i>	T1b	
<i>clobetasol prop emollient base</i>	T1b	QL (60 GM per 30 days)
<i>clobetasol propionate emulsion</i>	T3	QL (100 GM per 30 days)
<i>clobetasol propionate external cream 0.025 %</i>	T9	
<i>clobetasol propionate external cream 0.05 %</i>	T1b	QL (60 GM per 30 days)
<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	
<i>clobetasol propionate ophthalmic</i>	T9	
CLOBEX	T3	ST; QL (118 ML per 30 days)
CLOBEX SPRAY	T9	
CLOBEZIN	T9	
<i>clocortolone pivalate</i>	T3	PA
CLODAN EXTERNAL KIT	T3	
CLODAN EXTERNAL SHAMPOO	T2	QL (118 ML per 30 days)
CLOMID	T3	
<i>clomiphene citrate oral</i>	T1b	
<i>clomipramine hcl oral</i>	T1b	QL (90 capsules per 30 days)
<i>clonazepam oral tablet</i>	T1a	
<i>clonazepam oral tablet dispersible</i>	T1b	
<i>clonidine</i>	T1b	
<i>clonidine er</i>	T9	
<i>clonidine hcl er oral tablet extended release 12 hour</i>	T2	
<i>clonidine hcl er oral tablet extended release 24 hour</i>	T9	
<i>clonidine hcl oral</i>	T1a	
<i>clopidogrel bisulfate oral</i>	T1a	
<i>clorazepate dipotassium</i>	T1b	
<i>clotrimazole external cream</i>	T9	
<i>clotrimazole external solution</i>	T9	

Medication	Coverage Level	Restrictions
<i>clotrimazole mouth/throat troche</i>	T1b	
<i>clotrimazole-betamethasone external cream</i>	T1b	
<i>clotrimazole-betamethasone external lotion</i>	T1b	QL (30 gm per 30 days)
<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	
COAGADEX	T4	SP (Limited to a 1 month supply per fill)
<i>coal tar external solution</i>	T2	
COARTEM	T2	
COBENFY	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
COBENFY STARTER PACK	T5	PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
<i>codeine sulfate oral tablet</i>	T1b	
<i>coenzyme q10</i>	T9	
<i>coenzyme q-10 oral capsule 100 mg</i>	T9	
COLAZAL	T5	SP (Limited to a 1 month supply per fill)
<i>colchicine oral capsule</i>	T3	QL (120 capsules per 30 days)
<i>colchicine oral tablet</i>	T1b	QL (120 tablets per 30 days)
<i>colchicine-probenecid</i>	T1b	
COLCRYS	T9	
<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	
<i>colistimethate sodium (cba)</i>	T9	
COLY-MYCIN S	T3	
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM	T3	
COMBIGAN	T9	
COMBIPATCH	T2	
COMBIVENT RESPIMAT	T2	QL (2 inhalers per 30 days)
COMBIVIR	T5	SP (Limited to a 1 month supply per fill)
COMBOGESIC ORAL	T9	

Medication	Coverage Level	Restrictions
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
COMETRIQ (60 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
COMIRNATY	T6- \$0 Copay	PV
COMIRNATY 5-11 YEARS	T6- \$0 Copay	PV
COMPACT SPACE CHAMBER	T3	QL (4 chambers per 1 year)
COMPACT SPACE CHAMBER/LG MASK	T3	QL (4 chambers per 1 year)
COMPACT SPACE CHAMBER/MED MASK	T3	QL (4 chambers per 1 year)
COMPACT SPACE CHAMBER/SM MASK	T3	QL (4 chambers per 1 year)
COMPLERA	T4	SP (Limited to a 1 month supply per fill)
<i>complete natal dha</i>	T1b	
<i>completenate</i>	T1b	
COMPRO	T1b	
COMTAN	T3	
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)
CONDYLOX EXTERNAL GEL	T3	ST
CONJUPRI	T9	
CONSENSI	T9	
CONTOUR CONTROL IN VITRO LIQUID NORMAL	T3	
CONTOUR NEXT TEST	T3	ST; QL (200 strips per 30 days)
CONTOUR PLUS BLUE	T9	
CONTOUR PLUS TEST	T3	ST; QL (200 strips per 30 days)
CONTOUR TEST	T3	ST; QL (200 strips per 30 days)
Contrave	Benefit Exclusion	
CONZIP	T9	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
COPIKTRA	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)

Medication	Coverage Level	Restrictions
CORDRAN	T9	
COREG	T3	
COREG CR	T3	ST
CORGARD	T3	
CORLANOR ORAL SOLUTION	T3	ST; AL (Max 9 Years)
CORLANOR ORAL TABLET	T9	
CORTANE-B EXTERNAL	T3	
CORTEF	T3	
CORTENEMA	T3	
CORTIFOAM EXTERNAL	T3	ST
<i>cortisone acetate oral</i>	T1b	
CORTISPORIN-TC	T3	
CORTROPHIN	T9	
CORTROPHIN GEL	T9	
CORVITA 150	T9	
CORVITA ORAL TABLET 1.25 MG	T9	
CORVITE 150 ORAL TABLET	T9	
<i>corvite fe</i>	T9	
CORVITE FREE	T9	
CORVITE ORAL TABLET 1.25 MG	T9	
COSENTYX (300 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 dose packs (10 units) for induction/starting dose only.); QL (1 dose pack per 28 days); SP
COSENTYX SENSOREADY (300 MG)	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 dose packs (10 units) for induction/starting dose only.); QL (1 dose pack per 28 days); SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 pens for induction/starting dose only.); QL (1 pen per 28 days); SP
COSENTYX SUBCUTANEOUS	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 syringes for induction/starting dose only.); QL (1 syringe per 28 days); SP
COSENTYX UNOREADY	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 pens for induction/starting dose only.); QL (1 pen per 28 days); SP

Medication	Coverage Level	Restrictions
COSOPT	T3	
COTELLIC	T4	PA; SP (Limited to a 1 month supply per fill); SP
COTEMPLA XR-ODT	T9	
COUMADIN ORAL	T2	
COVARYX	T9	
COVARYX HS	T9	
COXANTO	T9	
COZAAR	T3	
CRENESSITY ORAL CAPSULE 100 MG, 50 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
CRENESSITY ORAL CAPSULE 25 MG	T5	PA; SP (Limited to a 1-month supply per fill.); QL (30 Capsules per 30 days); SP
CRENESSITY ORAL SOLUTION	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 ML per 30 days)
CREON	T4	SP (Limited to a 1 month supply per fill)
CRESEMBA ORAL CAPSULE 186 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
CRESEMBA ORAL CAPSULE 74.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)
CRESTOR	T3	
CREXONT	T2	ST; QL (180 capsules per 30 days)
CRINONE	T9	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T2	
<i>cromolyn sodium inhalation</i>	T9	
<i>cromolyn sodium ophthalmic</i>	T1b	
<i>cromolyn sodium oral</i>	T3	
CRYODOSE TA	T9	
CRYSELLE-28	Tier 8	PV
CUPRIMINE ORAL CAPSULE 250 MG	T9	
CURAE	Tier 8	PV
CUVPOSA	T9	
CUVRIOR	T9	
CVS ADVANCED GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
<i>cvs aspirin adult low dose</i>	T1b	PV
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	T1b	PV

Medication	Coverage Level	Restrictions
<i>cvs aspirin oral tablet 325 mg</i>	T9	
<i>cvs folic acid oral tablet 800 mcg</i>	Tier 8	PV; AL (Max 50 Years)
<i>cvs ibuprofen oral tablet</i>	T1a	
<i>cvs magnesium citrate oral solution</i>	Tier 8	PV
<i>cvs milk of magnesia oral suspension 400 mg/5ml</i>	Tier 8	PV
<i>cvs nicotine polacrilex</i>	Tier 8	PV
<i>cvs nicotine transdermal</i>	Tier 8	PV
<i>cvs prenatal multi+dha</i>	Tier 8	PV
<i>cvs prenatal oral tablet 27-0.8 mg</i>	Tier 8	PV
CVS PURELAX ORAL POWDER	Tier 8	PV
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1b	
<i>cyanocobalamin nasal</i>	T9	
<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	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	T2	
CYCLOGYL OPHTHALMIC SOLUTION 1 %, 2 %	T3	
CYCLOMYDRIL	T3	
<i>cyclopentolate hcl ophthalmic solution 1 %, 2 %</i>	T1b	
<i>cyclophosphamide oral</i>	T2	
<i>cycloserine oral</i>	T4	QL (90 casules per 30 days)
CYCLOSET	T3	
<i>cyclosporine modified</i>	T1b	
<i>cyclosporine ophthalmic</i>	T2	QL (60 vials per 30 days)
<i>cyclosporine oral capsule</i>	T4	SP (Limited to a 1 month supply per fill)
CYLTEZO (2 PEN)	T9	
CYLTEZO (2 SYRINGE)	T9	
CYLTEZO-CD/UC/HS STARTER	T9	
CYLTEZO-PSORIASIS/UV STARTER	T9	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG	T3	QL (60 capsules per 30 days)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	T3	QL (90 capsules per 30 days)
<i>cyproheptadine hcl oral</i>	T1b	
CYRED	Tier 8	PV
CYRED EQ	Tier 8	PV
CYSTADANE	T9	

Medication	Coverage Level	Restrictions
CYSTADROPS	T4	SP (Limited to a 1 month supply per fill); QL (20 ML per 30 days)
CYSTARAN	T4	SP (Limited to a 1 month supply per fill); QL (60 ML per 30 days)
CYTOMEL	T2	
CYTOTEC	T3	
<i>cytra k crystals</i>	T1b	
<i>cytra-2</i>	T9	
CYTRA-3	T9	
<i>cytra-k</i>	T9	
<i>dabigatran etexilate mesylate</i>	T1b	QL (60 capsules per 30 days)
<i>dafilor</i>	T9	
<i>dalfampridine er</i>	T5	PA; SP (Limited to a 1 month supply per fill); SP
DALIRESP	T3	QL (30 tablets per 30 days)
<i>danazol oral capsule 100 mg, 50 mg</i>	T3	QL (60 capsules per 30 days)
<i>danazol oral capsule 200 mg</i>	T3	QL (120 capsules per 30 days)
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	T3	
<i>dantrolene sodium oral</i>	T1b	
DANZITEN	T4	PA; SP (Limited to a 1-month supply per fill); QL (112 Tablets per 28 days)
<i>dapagliflozin pro-metformin er</i>	T9	
<i>dapagliflozin propanediol</i>	T9	
<i>dapsone external</i>	T9	
<i>dapsone oral</i>	T1b	
DARAPRIM	T9	
<i>darifenacin hydrobromide er</i>	T2	QL (30 EA per 30 days)
DARTISLA ODT	T9	
<i>darunavir</i>	T4	SP (Limited to a 1 month supply per fill)
<i>dasatinib</i>	T1b	PA; QL (30 tablets per 30 days); SP
DASETTA 1/35 (28)	Tier 8	PV
DASETTA 7/7/7	Tier 8	PV
DAURISMO	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
DAWNZERA	T9	

Medication	Coverage Level	Restrictions
DAYBUE	T4	PA; SP (Limited to a 1 month supply per fill); AL (Min 2 Years)
DAYPRO	T3	
DAYSEE	Tier 8	PV
DAYTRANA	T3	ST; QL (30 patches per 30 days); AL (Min 4 Years)
DAYVIGO	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
<i>dazaveidaoxia</i>	T9	
<i>dazinia</i>	T9	
<i>dazomon</i>	T9	
DDAVP ORAL	T3	
DDAVP PF	T3	SP
DEBLITANE	Tier 8	PV
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	T1b	
<i>deferasirox granules</i>	T4	SP (Limited to a 1 month supply per fill); SP
<i>deferasirox oral tablet</i>	T4	SP (Limited to a 1 month supply per fill); SP
<i>deferasirox oral tablet soluble</i>	T4	SP (Limited to a 1 month supply per fill); SP
<i>deferiprone</i>	T4	SP (Limited to a 1 month supply per fill); SP
<i>deflazacort</i>	T9	
<i>del nido cardioplegia</i>	T9	
DELESTROGEN	T3	
<i>delibon</i>	T9	
DELSTRIGO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
DELZICOL	T3	QL (180 capsules per 30 days)
<i>demeclocycline hcl oral</i>	T3	
DEMSEER	T9	
DENAVIR	T5	ST; SP (Limited to one 6 month supply per fill); QL (5 GM per 6 months)
DENGVAIXIA	T9	
DENTA 5000 PLUS	T1b	
DENTAGEL	T1b	
<i>denvita</i>	T9	
<i>deoxiademtar</i>	T9	
<i>deoxiatar</i>	T9	

Medication	Coverage Level	Restrictions
<i>deoxiavar</i>	T9	
DEPAKOTE	T3	
DEPAKOTE ER	T3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	
DEPEN TITRATABS	T9	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	Tier 8	PV; QL (1 vial per 90 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 8	PV; QL (1 syringe per 90 days)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	T9	
DERMACINRX PRIZOPAK	T9	
DERMACINRX PUREFOLIX	T9	
DERMACURE	T9	
<i>derma-r</i>	T9	
DERMA-SMOOTH/FS BODY	T3	
DERMA-SMOOTH/FS SCALP	T3	
DERMASO PLUS	T9	
DERMAZENE	T9	
DERMULCERA	T9	
DESCOVY ORAL TABLET 120-15 MG	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
DESCOVY ORAL TABLET 200-25 MG	T5	SP (Limited to a 1 month supply per fill); PV; QL (30 tablets per 30 days)
<i>desipramine hcl oral</i>	T2	QL (60 tablets per 30 days)
<i>desloratadine oral solution</i>	T9	
<i>desloratadine oral tablet</i>	T9	
<i>desmopressin ace spray refrig</i>	T2	ST; QL (10 ML per 30 days)
<i>desmopressin acetate oral tablet 0.1 mg</i>	T1b	QL (180 tablets per 30 days)
<i>desmopressin acetate oral tablet 0.2 mg</i>	T1b	
<i>desmopressin acetate pf</i>	T2	SP
<i>desmopressin acetate spray</i>	T2	ST; QL (10 ML per 30 days)
<i>desogestrel-ethinyl estradiol</i>	Tier 8	PV
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	
DESOWEN EXTERNAL CREAM	T9	

Medication	Coverage Level	Restrictions
<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	
DESOXYN	T9	
<i>desvenlafaxine er</i>	T2	QL (30 tablets per 30 days)
<i>desvenlafaxine succinate er</i>	T1b	QL (60 tablets per 30 days)
DETROL	T3	
DETROL LA	T3	QL (30 capsules per 30 days)
<i>dexabliss</i>	T9	
DEXAMETHASONE INTENSOL	T2	
<i>dexamethasone oral elixir</i>	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	
<i>dexamethasone sodium phosphate ophthalmic</i>	T1b	
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)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	T3	AL (Min 6 Years)
DEXILANT	T9	
<i>dexlansoprazole</i>	T3	ST; QL (30 capsules per 30 days)
<i>dexmedetomidine hcl in nacl intravenous solution prefilled syringe 20-0.9 mcg/5ml-%</i>	T9	
<i>dexmethylphenidate hcl</i>	T1b	AL (Min 4 Years)
<i>dexmethylphenidate hcl er</i>	T1b	QL (30 capsules per 30 days); AL (Min 4 Years)
DEXONTO 0.4%	T3	
DEXTAK 6 DAY ORAL TABLET THERAPY PACK	T9	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	T2	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	T2	QL (30 capsules per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral solution</i>	T1b	

Medication	Coverage Level	Restrictions
<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 2.5 mg, 5 mg</i>	T1b	QL (30 tablets per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 7.5 mg</i>	T1b	QL (90 tablets per 30 dayss); AL (Min 6 Years)
DEXYCU	T9	
DHIVY ORAL TABLET 25-100 MG	T9	
DIACOMIT ORAL CAPSULE	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
DIACOMIT ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
<i>diadimaxia external cream</i>	T9	
DIALYVITE	T9	
DIALYVITE 3000	T9	
DIALYVITE 5000	T9	
DIALYVITE 800 ORAL TABLET	Tier 8	PV; AL (Max 50 Years)
DIALYVITE 800/ZINC	T9	
DIALYVITE SUPREME D ORAL TABLET 3 MG	T9	
DIALYVITE/ZINC	T9	
<i>diasaxiatar</i>	T9	
<i>diasdimaxia external cream</i>	T9	
<i>diasoxia external cream</i>	T9	
DIASTAT ACUDIAL	T2	
DIASTAT PEDIATRIC	T2	
<i>diatrue plus test</i>	T3	ST; QL (200 strips per 30 days)
DIAZEPAM INTENSOL	T2	
<i>diazepam oral solution 5 mg/5ml</i>	T1a	
<i>diazepam oral tablet</i>	T1a	
<i>diazepam rectal</i>	T3	
<i>diazoxide oral</i>	T4	SP (Limited to a 1 month supply per fill)
DIBENZYLINE	T9	
<i>dichlorphenamide</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
<i>diclareal</i>	T9	
DICLEGIS	T9	

Medication	Coverage Level	Restrictions
<i>diclofenac epolamine external</i>	T3	ST; QL (60 patches per 30 days)
<i>diclofenac potassium oral capsule</i>	T9	
<i>diclofenac potassium oral tablet 25 mg</i>	T9	
<i>diclofenac potassium oral tablet 50 mg</i>	T1b	
<i>diclofenac potassium(migraine)</i>	T9	
<i>diclofenac sodium er</i>	T1b	
<i>diclofenac sodium external gel 1 %</i>	T1b	
<i>diclofenac sodium external gel 3 %</i>	T2	ST; QL (100 GM per 30 days)
<i>diclofenac sodium external solution</i>	T9	
<i>diclofenac sodium ophthalmic</i>	T1b	
<i>diclofenac sodium oral</i>	T1b	
<i>diclofenac-misoprostol oral tablet delayed release</i>	T9	
<i>dicloxacillin sodium</i>	T1b	
DICOPANOL FUSEPAQ	T9	
<i>dicyclomine hcl oral capsule</i>	T1b	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	T1b	
<i>dicyclomine hcl oral tablet 20 mg</i>	T1b	
<i>dicyclomine hcl oral tablet 40 mg</i>	T9	
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	T1b	
Diethylpropion HCl Oral	Benefit Exclusion	
DIFFERIN EXTERNAL CREAM	T9	
DIFFERIN EXTERNAL GEL 0.1 %	T1b	
DIFFERIN EXTERNAL GEL 0.3 %	T9	
DIFFERIN EXTERNAL LOTION	T9	
DIFICID ORAL TABLET	T5	ST; SP (Limited to 2 fills per 6 months); QL (20 tablets per 10 days)
<i>diflorasone diacetate external cream</i>	T9	
<i>diflorasone diacetate external ointment</i>	T2	QL (15 GM per 30 days)
DIFLUCAN	T3	
<i>diflunisal oral</i>	T1b	
<i>difluprednate</i>	T1b	ST
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	
<i>dihydroergotamine mesylate injection</i>	T3	ST; QL (4 ML per 30 days)

Medication	Coverage Level	Restrictions
<i>dihydroergotamine mesylate nasal</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 ML per 30 days)
DILANTIN INFATABS	T2	
DILANTIN ORAL CAPSULE 100 MG	T3	
DILANTIN ORAL CAPSULE 30 MG	T2	
DILANTIN ORAL SUSPENSION	T3	
DILAUDID ORAL LIQUID	T3	
DILAUDID ORAL TABLET 2 MG	T3	QL (32 tablets per 1 day)
DILAUDID ORAL TABLET 4 MG	T3	QL (16 tablets per 1 day)
DILAUDID ORAL TABLET 8 MG	T3	QL (8 tablets per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	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>dimethyl fumarate oral</i>	T1b	QL (60 capsules per 30 days); SP
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	T1b	QL (60 capsules per 30 days); SP
<i>dionaris</i>	T9	
<i>diooxia</i>	T9	
DIOVAN	T2	QL (60 tablets per 30 days)
DIOVAN HCT	T3	
DIPENTUM	T5	SP (Limited to a 1 month supply per fill)
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
<i>diphenoxylate-atropine oral liquid</i>	T1b	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1b	
DIPROLENE AF	T3	
DIPROLENE EXTERNAL OINTMENT	T3	QL (50 GM per 30 days)

Medication	Coverage Level	Restrictions
<i>dipyridamole oral</i>	T1b	
<i>disopyramide phosphate oral</i>	T1b	
<i>disulfiram oral</i>	T1b	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	T3	
DIURIL	T2	
<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	
<i>divendo</i>	T9	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	T2	QL (30 packets per 30 days)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM	T2	QL (30 packets per 30 Days)
<i>divinix</i>	T9	
DOANS PILLS	T1b	
<i>dofetilide</i>	T2	
DOJOLVI	T9	
DOLISHALE	Tier 8	PV
DOLOBID	T9	
DOMEBORO EXTERNAL PACKET	T9	
<i>domela</i>	T9	
<i>donepezil hcl oral tablet</i>	T1a	
<i>donepezil hcl oral tablet dispersible</i>	T1b	
DONNATAL	T9	
DOPTELET ORAL TABLET 20 MG	T9	
DOPTELET SPRINKLE	T9	
DORYX MPC	T9	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	T9	
<i>dorzolamide hcl ophthalmic</i>	T1b	
<i>dorzolamide hcl-timolol mal</i>	T1b	
DOTTI	T1b	
DOVATO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
<i>doxazosin mesylate oral</i>	T1b	
<i>doxepin hcl external</i>	T3	ST; QL (45 GM per 1 year)
<i>doxepin hcl oral capsule</i>	T1b	
<i>doxepin hcl oral concentrate</i>	T1b	

Medication	Coverage Level	Restrictions
<i>doxepin hcl oral tablet</i>	T2	ST; QL (30 tablets per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 2.5 mcg</i>	T9	
<i>doxercalciferol oral capsule 1 mcg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>doxycycline</i>	T9	
<i>doxycycline hyclate oral capsule</i>	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	
<i>doxylamine-pyridoxine</i>	T9	
<i>d-penamine</i>	T9	
<i>draxacey</i>	T9	
DRISDOL ORAL CAPSULE	T3	
DRITHO-CREME HP	T9	
DRIZALMA SPRINKLE	T9	
<i>dronabinol oral capsule 10 mg</i>	T2	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>	T2	QL (60 Capsules per 30 days)
<i>drospiren-eth estrad-levomefol</i>	Tier 8	PV
<i>drospirenone-ethinyl estradiol</i>	Tier 8	PV
DROXIA	T3	
<i>droxidopa</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days); SP
DRYSOL	T1b	
DSUVIA	T9	
DUAC	T9	
DUAKLIR PRESSAIR	T9	
DUAVEE	T3	QL (30 tablets per 30 days)
DUETACT	T9	

Medication	Coverage Level	Restrictions
DUEXIS	T9	
DULCOLAX ORAL SUSPENSION	Tier 8	PV
DULERA	T2	QL (1 inhaler per 31 days)
<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)
DULOXICAINE	T9	
DUOBRII	T9	
DUOVISC INTRAOCULAR KIT 0.85-0.5 ML	T9	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-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); SP
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); SP
<i>durachol</i>	T9	
DUREX EXTRA SENSITIVE THIN	Tier 8	PV
DUREX REALFEEL	Tier 8	PV
DUREX TROPICAL	Tier 8	PV
DUREZOL	T3	ST
DURLAZA	T9	
DURYSTA	T9	
<i>dutasteride oral</i>	T1b	QL (30 capsules per 30 days)
<i>dutasteride-tamsulosin hcl</i>	T2	ST
DUTOPROL	T9	
DUVYZAT	T9	
DYANAVAL XR	T9	
DYMISTA	T9	
<i>dynoma</i>	T9	
DYRENIUM	T9	
E.E.S. 400 ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
E.E.S. GRANULES	T4	SP (Limited to a 1 month supply per fill)
EASIVENT	T2	QL (4 EA per 365 days)
EASIVENT MASK LARGE	T2	QL (4 EA per 365 days)

Medication	Coverage Level	Restrictions
EASIVENT MASK MEDIUM	T2	QL (4 EA per 365 days)
EASIVENT MASK SMALL	T2	QL (4 EA per 365 days)
<i>easy comfort lancets</i>	T2	
EASY MAX T1 GLUCOSE SYSTEM	T9	
<i>easy mini eject lancing device</i>	T3	
<i>easy plus ii glucose test</i>	T3	ST; QL (200 strips per 30 days)
EASY STEP CONTROL IN VITRO SOLUTION NORMAL	T3	
EASY STEP TEST	T3	ST; QL (200 strips per 30 days)
<i>easy talk blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>easy talk plus ii test strips</i>	T3	ST; QL (200 strips per 30 Days)
EASY TOUCH CONTROL HIGH & LOW	T3	
EASY TOUCH LANCING DEVICE	T3	
EASY TOUCH TEST	T3	ST; QL (200 strips per 30 days)
<i>easy trak blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>easy trak ii control</i>	T3	
<i>easy trak ii glucose test</i>	T3	ST; QL (200 strips per 30 days)
EASYGLUCO CONTROL IN VITRO SOLUTION NORMAL	T3	
EASYGLUCO IN VITRO	T3	ST; QL (200 strips per 30 days)
EASYMAX 15 TEST	T3	ST; QL (200 strips per 30 days)
EASYMAX TEST	T3	ST; QL (200 strips per 30 days)
EBGLYSS	T9	
EC-NAPROSYN	T3	
<i>econazole nitrate external cream</i>	T1b	QL (90 GM per 30 days)
<i>econazole nitrate external foam</i>	T9	
ECONTRA EZ	Tier 8	PV
ECONTRA ONE-STEP	Tier 8	PV
ECOTRIN	T3	
ECOTRIN ARTHRTIS PAIN	T3	
ECOTRIN LOW STRENGTH	T3	
ECOZA	T9	
EDARBI	T3	ST
EDARBYCLOR	T3	ST
EDECRIN	T9	
EDEX	T9	
EDLUAR	T9	
EDURANT	T4	SP (Limited to a 1 month supply per fill)
EDURANT PED	T4	SP (Limited to a 1 month supply per fill); AL (Max 9 Years)

Medication	Coverage Level	Restrictions
<i>efavirenz</i>	T2	
<i>efavirenz-emtricitab-tenofo df</i>	T3	
<i>efavirenz-lamivudine-tenofovir</i>	T1b	QL (30 tablets per 30 days)
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	T1b	
EFFEXOR XR	T3	
EFFIENT	T3	QL (31 tablets per 31 days)
EFUDEX EXTERNAL CREAM	T3	QL (40 GM per 30 days)
EGRIFTA SV	T9	
EGRIFTA WR	T9	
EKTERLY	T9	
<i>element compact test</i>	T3	ST; QL (200 stips per 30 days)
ELEMENT TEST	T3	ST; QL (200 strips per 30 days)
ELEPSIA XR	T9	
ELESTRIN	T3	
ELETONE	T9	
<i>eletriptan hydrobromide</i>	T2	ST; QL (12 tablets per 30 days)
ELIDEL	T3	QL (30 GM per 30 days)
ELINEST	Tier 8	PV
ELIQUIS (1.5 MG PACK)	T2	QL (84 tablets per 28 days)
ELIQUIS (2 MG PACK)	T2	QL (112 tablets per 28 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T2	QL (74 tablets per 30 days)
ELIQUIS ORAL CAPSULE SPRINKLE	T2	QL (56 Capsules per 28 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)
ELIQUIS ORAL TABLET SOLUBLE	T2	QL (56 tablets per 28 days)
ELIXOPHYLLIN	T3	
ELLA	Tier 8	PV
ELMIRON	T5	SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
ELOCON EXTERNAL CREAM	T3	
ELOCTATE	T4	PA; SP (Limited to a 1 month supply per fill); QL (40250 billable units per 28 days)
<i>eltrombopag olamine oral packet</i>	T4	PA; SP (Limited to a 1-month supply per fill.); QL (30 Packets per 30 days); SP
<i>eltrombopag olamine oral tablet</i>	T4	PA; SP (Limited to a 1-month supply per fill.); QL (30 Tablets per 30 days); SP

Medication	Coverage Level	Restrictions
ELURYNG	T2	PV; QL (1 ring per 28 days)
ELYXYB	T9	
<i>elyzia</i>	T9	
EMBRACE BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE EVO BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE GLUCOSE CONTROL	T3	
<i>embrace lancing device/ejector</i>	T3	
EMBRACE PRO GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE TALK GLUCOSE CONTROL IN VITRO SOLUTION LOW	T3	
EMBRACE TALK GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE WAVE GLUCOSE METER	T9	
EMBRIVA	T9	
EMCYT	T2	
EMEND BIPACK	T9	
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	T9	
EMEND ORAL SUSPENSION RECONSTITUTED	T9	
EMEND TRIPACK	T9	
EMFLAZA	T9	
EMGALITY (300 MG DOSE)	T2	PA; SP (); 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)
EMPAVELI	T4	PA; SP (Limited to a 1 month supply per fill)
<i>emreal</i>	T9	
EMROSI	T9	
EMSAM	T4	ST; SP (Limited to a 1 month supply per fill)
<i>emtricitabine</i>	T3	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	T1b	QL (30 tablets per 30 days)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	T1b	PV; QL (30 tablets per 30 days)
<i>emtricitab-rilpivir-tenofov df</i>	T1b	QL (30 Tablets per 30 days)
EMTRIVA ORAL CAPSULE	T5	SP (Limited to a 1 month supply per fill)
EMTRIVA ORAL SOLUTION	T2	

Medication	Coverage Level	Restrictions
EMULSION SB	T9	
EMVERM	T9	
EMZAHH	T1b	
<i>enalapril maleate oral solution</i>	T2	AL (Max 9 Years)
<i>enalapril maleate oral tablet</i>	T1a	
<i>enalapril-hydrochlorothiazide</i>	T1b	
ENBREL MINI	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 vials per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 syringes per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days); SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 Auto-Injectors per 28 days); SP
ENBUMYST	T9	
ENDARI	T9	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T9	
ENDOMETRIN	T4	SP (Limited to a 1 month supply per fill); SP
ENEMEEZ MINI	T3	QL (90 tubes per 30 days)
ENEMEEZ PLUS	T3	QL (90 tubes per 30 days)
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	T6- \$0 Copay	PV
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	T6- \$0 Copay	PV
ENILLORING	T1b	PV; QL (1 ring per 28 days)
ENLYTE	T9	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	T3	
<i>enoxaparin sodium injection solution prefilled syringe</i>	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
ENOXILUV KIT	T9	
ENPRESSE-28	Tier 8	PV
ENSACOVE ORAL CAPSULE 100 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)

Medication	Coverage Level	Restrictions
ENSACOVE ORAL CAPSULE 25 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
ENSKYCE ORAL TABLET 0.15-0.03 MG	Tier 8	PV
ENSPRYNG	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); SP
ENSTILAR	T9	
<i>entacapone</i>	T1b	
ENTADFI	T9	
<i>entecavir</i>	T2	QL (30 tablets per 30 days)
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG	T3	QL (60 capsules per 30 days); AL (Max 9 Years)
ENTRESTO ORAL CAPSULE SPRINKLE 6-6 MG	T3	QL (60 Capsules per 30 days); AL (Max 9 Years)
ENTRESTO ORAL TABLET	T3	QL (60 tablets per 30 days)
ENTTY SPRAY EMULSION	T9	
ENTYVIO PEN	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days); SP
ENTYVIO SUBCUTANEOUS	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days); SP
<i>enulose</i>	T1b	
ENVARUSUS XR	T3	ST
EOHILIA	T3	PA; QL (60 packs per 30 days)
EPANED ORAL SOLUTION	T2	AL (Max 9 Years)
EPCLUSA ORAL PACKET	T9	
EPCLUSA ORAL TABLET 200-50 MG	T9	
EPCLUSA ORAL TABLET 400-100 MG	T9	SP ()
EPICERAM	T9	
EPIDIOLEX	T5	PA; SP (Limited to a 1 month supply per fill); QL (200 ML per 30 days); SP
EPIDUO	T3	
EPIDUO FORTE	T9	
EPIFOAM	T9	
<i>epinastine hcl</i>	T1b	
<i>epinephrine hcl (nasal)</i>	T9	
<i>epinephrine injection solution auto-injector</i>	T2	QL (4 pens per 30 days)
<i>epinephrine injection solution prefilled syringe 0.3 mg/0.3ml, 1 mg/ml</i>	T9	

Medication	Coverage Level	Restrictions
EPINEPHRINESNAP-V	T9	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPITOL	T1b	
EPIVIR	T9	
<i>eplerenone</i>	T1b	
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); SP
EPRONTIA	T9	
EPSOLAY	T9	
EPYSQLI	T9	
EPZICOM	T4	SP (Limited to a 1 month supply per fill)
<i>eq aspirin adult low dose</i>	T1b	PV
<i>eq aspirin low dose oral tablet chewable</i>	T1b	PV
<i>eq aspirin oral tablet</i>	T9	
<i>eq magnesium citrate</i>	Tier 8	PV
<i>eq nicotine polacrilex mouth/throat gum</i>	Tier 8	PV
<i>eq aspirin ec oral tablet delayed release 325 mg</i>	T1b	PV
<i>eq aspirin low dose oral tablet chewable</i>	T1b	PV
EQL CLEARLAX	Tier 8	PV
<i>eq magnesium citrate</i>	Tier 8	PV
<i>eq milk of magnesia oral suspension 400 mg/5ml</i>	Tier 8	PV
EQUETRO	T3	ST
<i>ergoloid mesylates oral</i>	T1b	
ERGOMAR	T3	
<i>ergotamine-caffeine</i>	T3	QL (40 tablets per 30 days)
ERIVEDGE	T4	PA; SP (Limited to a 1 month supply per fill); SP
ERLEADA ORAL TABLET 240 MG	T4	PA; ST; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
ERLEADA ORAL TABLET 60 MG	T4	PA; ST; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 tablets per 30 days); SP

Medication	Coverage Level	Restrictions
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	T1b	PA; QL (30 tablets per 30 days); SP
<i>erlotinib hcl oral tablet 25 mg</i>	T1b	PA; QL (60 tablets per 30 days); SP
ERMEZA	T9	
ERRIN	Tier 8	PV
ERTACZO	T3	ST
ERVEBO	T9	
<i>ery</i>	T1b	
ERYGEL	T1b	
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 ORAL TABLET DELAYED RELEASE 250 MG, 333 MG	T2	
ERY-TAB ORAL TABLET DELAYED RELEASE 500 MG	T3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin base oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin ethylsuccinate oral tablet</i>	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin external gel</i>	T1b	
<i>erythromycin external solution</i>	T1b	
<i>erythromycin ophthalmic</i>	T1b	
ERZOFRI	T9	
ESBRIET ORAL CAPSULE	T9	
ESBRIET ORAL TABLET	T9	SP ()
<i>escitalopram oxalate oral capsule</i>	T9	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	T1b	
<i>escitalopram oxalate oral tablet</i>	T1b	
ESGIC ORAL CAPSULE	T3	QL (180 capsules per 30 days)
ESGIC ORAL TABLET	T3	QL (180 tablets per 30 days)
<i>eslicarbazepine acetate</i>	T2	QL (60 Tablets per 30 days)
<i>esmolol hcl intravenous solution prefilled syringe</i>	T9	
<i>esomeprazole magnesium oral capsule delayed release</i>	T3	QL (30 capsules per 30 days)

Medication	Coverage Level	Restrictions
<i>esomeprazole magnesium oral packet 10 mg, 2.5 mg, 5 mg</i>	T3	QL (30 packets per 30 days); AL (Max 9 Years)
<i>esomeprazole magnesium oral packet 20 mg, 40 mg</i>	T9	
ESOTERICA DAYTIME	T9	
ESOTERICA FACIAL	T9	
ESOTERICA FADE NIGHTTIME	T9	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	T4	PA; SP (Limited to a 1 month supply per fill); QL (40250 billable units per 28 days)
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT	T4	PA; SP (Limited to a 1-month supply per fill.); QL (41400 Billable units per 28 days)
<i>est estrogens-methyltest ds</i>	T9	
<i>est estrogens-methyltest hs</i>	T9	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	T9	
ESTARYLLA	Tier 8	PV
<i>estazolam</i>	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)
ESTRACE ORAL	T3	
ESTRACE VAGINAL	T9	
<i>estradiol implant pellet 6 mg</i>	T9	
<i>estradiol oral</i>	T1b	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	T2	QL (30 packets per 30 days)
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	T2	QL (37.5 GM per 30 Days)
<i>estradiol transdermal patch twice weekly</i>	T1b	
<i>estradiol transdermal patch weekly</i>	T1b	
<i>estradiol vaginal cream</i>	T1b	QL (42.5 GM per 30 days)
<i>estradiol vaginal tablet</i>	T1b	
<i>estradiol valerate intramuscular</i>	T2	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	T1b	
ESTRATEST F.S.	T9	
ESTRATEST H.S.	T9	
ESTRING VAGINAL RING 2 MG	T3	
ESTROGEL	T3	QL (50 GM per 31 days)
<i>estrogens conjugated</i>	T2	QL (30 Tablets per 30 Days)
ESTROSTEP FE	T3	PV
<i>eszopiclone</i>	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)

Medication	Coverage Level	Restrictions
<i>ethacrynic acid oral</i>	T3	ST; QL (60 tablets per 30 days)
<i>ethambutol hcl oral</i>	T1b	
<i>ethosuximide oral</i>	T1b	
<i>ethyl chloride</i>	T9	
<i>ethynodiol diac-eth estradiol</i>	Tier 8	PV
<i>etodolac er</i>	T2	
<i>etodolac oral</i>	T1b	
<i>etonogestrel-ethinyl estradiol</i>	Tier 8	PV; QL (1 ring per 28 days)
<i>etoposide oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>etravirine oral tablet 100 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 Days)
<i>etravirine oral tablet 200 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 Days)
EUCRISA	T3	ST; QL (60 GM per 30 days)
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
EURAX EXTERNAL CREAM	T3	ST; QL (60 GM per 30 days)
EURAX EXTERNAL LOTION	T9	
EUTHYROX	T3	
EVAMIST	T2	
EVEKEO	T3	ST; QL (180 tablets per 30 days); AL (Min 6 Years)
EVEKEO ODT	T9	
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)
<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)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
<i>everolimus oral tablet soluble</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP

Medication	Coverage Level	Restrictions
EVERSENSE 365 SENSOR/HOLDER	T9	
EVERSENSE 365 SMART TRANSMIT	T9	
EVISTA	T3	
EVOLUTION AUTOCODE IN VITRO	T3	ST; QL (200 strips per 30 Days)
EVOLUTION CONTROL	T3	
EVOTAZ	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
EVOXAC	T2	
EVRYSDI ORAL SOLUTION RECONSTITUTED	T5	PA; SP (Limited to a 1 month supply per fill); QL (240 ML per 30 days); SP
EVRYSDI ORAL TABLET	T5	PA; SP (Limited to a 1-month supply per fill); QL (30 Tablets per 30 days)
EXELDERM	T9	
EXELON TRANSDERMAL	T3	ST; QL (30 patches per 30 days)
<i>exemestane</i>	T2	
<i>exenatide</i>	T9	
EXFORGE	T3	
EXFORGE HCT	T3	
EXJADE	T5	SP (Limited to a 1 month supply per fill)
EXKIVITY	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days)
EXSERVAN	T9	
EXTAVIA SUBCUTANEOUS KIT	T5	ST; SP (Limited to a 1 month supply per fill); QL (1 kit per 30 days); SP
EXTAVIA SUBCUTANEOUS SOLUTION RECONSTITUTED	T5	ST; SP (Limited to a 1 month supply per fill); SP
EXTINA	T9	
EXXUA	T9	
EXXUA TITRATION PACK	T9	
<i>eye allergy itch relief</i>	T1b	QL (2.5 ML per 30 days)
<i>eye allergy itch/redness rel</i>	T1b	QL (5 ML per 30 days)
EYSUVIS	T3	ST; QL (4 bottles per 1 year)
EZ SMART BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EZ SMART PLUS GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EZALLOR SPRINKLE	T9	

Medication	Coverage Level	Restrictions
<i>ezetimibe</i>	T1b	
<i>ezetimibe-rosuvastatin</i>	T9	
<i>ezetimibe-simvastatin</i>	T1b	
<i>fabb</i>	T9	
FABHALTA	T9	
FABIOR	T9	
FALMINA	Tier 8	PV
<i>famciclovir oral</i>	T1b	QL (120 tablets per 30 days)
<i>famotidine oral suspension reconstituted</i>	T3	
<i>famotidine oral tablet 10 mg, 20 mg</i>	T9	
<i>famotidine oral tablet 40 mg</i>	T3	
FANAPT	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
FANAPT TITRATION PACK A	T5	ST; SP (Limited to a 1 month supply per fill); QL (8 tablets per 30 days)
FANAPT TITRATION PACK B ORAL TABLET	T5	ST; QL (12 Tablets per 30 days)
FANAPT TITRATION PACK C ORAL TABLET	T5	ST; QL (8 tablets per 30 days)
FANTASY LUBRICATED	Tier 8	PV
FARESTON	T9	
FARXIGA	T2	QL (30 tablets per 30 days)
FARYDAK ORAL CAPSULE 10 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (6 Capsules per 1 fill)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (6 Capsules per 1 Fill)
FASENRA PEN	T4	PA; SP (Limited to 1 pen per 28 day fill for induction/starting dose only); QL (1 pen per 56 days); SP
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 25 MG	T3	
FC2 FEMALE CONDOM	Tier 8	PV
<i>fe c tab plus</i>	T9	
<i>febuxostat</i>	T1b	QL (30 tablets per 30 days)
FEIBA NF INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	T4	SP (Limited to a 1 month supply per fill)
FEIRZA 1.5/30	Tier 8	PV

Medication	Coverage Level	Restrictions
FEIRZA 1/20	Tier 8	PV
<i>felbamate oral suspension</i>	T2	QL (900 ML per 30 days)
<i>felbamate oral tablet 400 mg</i>	T2	QL (120 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 (120 tablets per 30 days)
FELBATOL ORAL TABLET 600 MG	T3	QL (180 tablets per 30 days)
FELDENE	T3	
<i>felodipine er</i>	T1b	
FEMARA	T3	
FEMCAP	Tier 8	PV
FEMHRT	T3	
FEMLYV	T9	
FEMRING	T3	
<i>fenofibrate micronized oral capsule 130 mg, 30 mg, 90 mg</i>	T9	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	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	
<i>fenoprofen calcium oral</i>	T9	
FENOPRON	T9	
FENORTHO ORAL CAPSULE 200 MG	T9	
<i>fenovia</i>	T9	
<i>fentanyl citrate buccal lozenge on a handle</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	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	
FERIVA 21/7	T9	
FERIVA 21/7 (WITH DOCUSATE)	T9	
FERIVAFA	T9	
<i>ferocon</i>	T9	

Medication	Coverage Level	Restrictions
FERRALET 90	T9	
<i>ferraplus 90</i>	T9	
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 28 ORAL	T9	
<i>ferric citrate oral</i>	T5	PA; SP (Limited to a 1-month supply per fill.); QL (360 Tablets per 30 days)
FERRIPROX ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)
FERRIPROX ORAL TABLET 1000 MG	T9	
FERRIPROX ORAL TABLET 500 MG	T5	SP (Limited to a 1 month supply per fill)
FERRIPROX TWICE-A-DAY	T5	SP (Limited to a 1 month supply per fill)
FERROCITE	T9	
FERROCITE PLUS ORAL TABLET	T9	
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	Tier 8	PV; AL (Min 6 Months and Max 12 Months)
<i>fervina</i>	T9	
<i>fesoterodine fumarate er</i>	T1b	QL (30 tabelts per 30 days)
FETZIMA	T3	ST; QL (30 capsules per 30 days); AL (Min 18 Years)
FETZIMA TITRATION	T3	ST; QL (30 capsules per 30 days); AL (Min 18 Years)
FEXMID	T9	
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	T9	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	T9	
FIASP FLEXTOUCH	T3	ST
FIASP INJECTION	T3	ST
FIASP PENFILL	T3	ST
FIBRICOR	T9	
<i>fidaxomicin</i>	T5	ST; SP (Limited to 2 fills per 6 months); QL (20 Tablets per 10 days)
<i>fidila</i>	T9	
FIFTY50 SAFETY SEAL LANCETS	T2	
<i>filoma</i>	T9	

Medication	Coverage Level	Restrictions
FILSPARI	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 18 Years); SP
FILSUVEZ	T5	PA; SP (Limited to a 1 month supply per fill); QL (15 tubes per 30 days)
FINACEA	T9	
<i>finapid</i>	T9	
<i>finapodtar</i>	T9	
<i>finasteride oral tablet 1 mg</i>	T9	
<i>finasteride oral tablet 5 mg</i>	T1b	
<i>fingolimod hcl</i>	T1b	QL (30 capsules per 30 days); SP
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)
FIORICET ORAL CAPSULE	T9	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	
FIORINAL	T3	QL (180 capsules per 30 days)
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
FIRDAPSE	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
FIRST-LANSOPRAZOLE	T9	
FIRST-MOUTHWASH BLM	T2	
FIRST-OMEPRAZOLE	T9	
FIRVANQ	T2	
FLAGYL ORAL CAPSULE	T3	
FLAGYL ORAL TABLET 500 MG	T3	
FLAREX	T2	
<i>flavoxate hcl</i>	T1b	
<i>flecainide acetate</i>	T1b	
FLECTOR TRANSDERMAL	T9	
FLEQSUVY	T9	
FLEXICHAMBER	T3	QL (4 devices per 1 year)
FLEXICHAMBER ADULT MASK/SMALL	T3	QL (4 masks per 1 year)
FLEXICHAMBER CHILD MASK/LARGE	T3	QL (4 masks per 1 year)
FLEXICHAMBER CHILD MASK/SMALL	T3	QL (4 masks per 1 year)
<i>flolipid</i>	T9	
FLOMAX	T3	

Medication	Coverage Level	Restrictions
FLORIVA ORAL LIQUID	T9	
FLORIVA ORAL TABLET CHEWABLE 0.5 MG	T9	
FLORIVA PLUS	T9	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	T9	
FLOVENT HFA	T9	
FLUAD	T6- \$0 Copay	PV; QL (1 dose per 180 days)
FLUAD QUADRIVALENT	T6- \$0 Copay	PV; QL (1 injection per 180 days)
FLUARIX INTRAMUSCULAR SUSPENSION	T6- \$0 Copay	PV
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6- \$0 Copay	PV; QL (1 dose per 180 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6- \$0 Copay	PV; QL (1 injection per 180 days)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T6- \$0 Copay	PV; QL (1 dose per 180 days)
FLUBLOK QUADRIVALENT	T6- \$0 Copay	PV; QL (1 injection per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION	T6- \$0 Copay	PV
FLUCELVAX INTRAMUSCULAR SUSPENSION	T6- \$0 Copay	PV; QL (1 dose per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6- \$0 Copay	PV; QL (1 dose per 180 days)
FLUCELVAX QUADRIVALENT 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)
<i>fluconazole oral</i>	T1b	
<i>fludrocortisone acetate oral</i>	T1b	
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6- \$0 Copay	PV
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6- \$0 Copay	PV; QL (1 injection per 180 days)
FLUMIST	T6- \$0 Copay	PV; QL (1 dose per 180 days)
FLUMIST QUADRIVALENT	T6- \$0 Copay	PV; QL (1 inhalation per 180 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T9	
<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	

Medication	Coverage Level	Restrictions
<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)
FLUORIMAX 5000	T3	
FLUORIMAX 5000 SENSITIVE	T3	
<i>fluorometholone ophthalmic</i>	T1b	
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	
<i>fluoxetine hcl (pmdd) capsule 10 mg oral</i>	T9	
<i>fluoxetine hcl (pmdd) capsule 20 mg oral</i>	T9	
<i>fluoxetine hcl (pmdd) oral tablet</i>	T9	
<i>fluoxetine hcl oral capsule</i>	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>fluoxia</i>	T9	
<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>flurandrenolide</i>	T9	
<i>flurazepam hcl</i>	T1b	QL (30 capsules per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	T9	
<i>flurbiprofen oral tablet 50 mg</i>	T1b	
<i>flurbiprofen sodium</i>	T1b	
<i>flutamide</i>	T1b	
<i>fluticasone furoate ellipta</i>	T9	
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	T9	
<i>fluticasone propionate diskus</i>	T1b	QL (1 inhaler per 30 days)
<i>fluticasone propionate external cream</i>	T1b	
<i>fluticasone propionate external lotion</i>	T9	

Medication	Coverage Level	Restrictions
<i>fluticasone propionate external ointment</i>	T1b	
<i>fluticasone propionate hfa</i>	T1b	QL (1 inhaler per 30 days)
<i>fluticasone propionate nasal</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T3	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1b	QL (1 inhaler per 30 days)
<i>fluvastatin sodium</i>	T9	
<i>fluvastatin sodium er</i>	T9	
<i>fluvoxamine maleate</i>	T1b	
<i>fluvoxamine maleate er</i>	T3	QL (60 capsules per 30 days)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION	T6- \$0 Copay	PV
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6- \$0 Copay	PV; QL (1 dose per 180 days)
FLUZONE HIGH-DOSE QUADRIVALENT	T6- \$0 Copay	PV; QL (1 Injection per 180 days)
FLUZONE INTRAMUSCULAR INJECTABLE	T6- \$0 Copay	PV
FLUZONE INTRAMUSCULAR SUSPENSION	T6- \$0 Copay	PV; QL (1 dose per 180 days)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6- \$0 Copay	PV; QL (1 dose per 180 days)
FLUZONE PEDIATRIC PF	T6- \$0 Copay	PV
FLUZONE PRESERVATIVE FREE	T6- \$0 Copay	PV
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)
<i>flyprogpictar</i>	T9	
FML	T2	
FML FORTE	T3	
FML LIQUIFILM	T3	
FOCALIN	T3	AL (Min 4 Years)
FOCALIN XR	T3	QL (30 capsules per 30 days); AL (Min 4 Years)
<i>folatexcel oral tablet 1 mg</i>	T9	
<i>folbee</i>	T9	
<i>folbee plus</i>	T9	
FOLBEE PLUS CZ	T9	
FOLBIC	T9	
FOLGARD OS	T9	

Medication	Coverage Level	Restrictions
FOLGARD RX	T9	
<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>	Tier 8	PV; AL (Max 50 Years)
<i>folic acid-vit b6-vit b12</i>	T9	
FOLIVANE-F	T9	
FOLIVANE-PLUS	T9	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML	T3	ST; SP (); SP
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 600 UNT/0.72ML, 900 UNT/1.08ML	T3	ST; SP
<i>folplex 2.2</i>	T9	
FOLTABS 800	Tier 8	PV; AL (Max 50 Years)
FOLTANX	T9	
FOLTRATE	T9	
FOLTX ORAL TABLET 1.13-25-2 MG	T3	
<i>fondaparinux sodium</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)
<i>fondcircle control solution</i>	T3	
<i>fondcircle lancing device</i>	T3	
FORA 6 CONNECT IN VITRO	T3	ST; QL (200 strips per 30 days)
FORA 6 CONNECT/GTEL TEST	T3	ST; QL (200 strips per 30 days)
FORA BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA CONTROL IN VITRO SOLUTION NORMAL	T3	
FORA 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 GD50 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA GTEL BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA GTEL BLOOD KETONE TEST	T3	
FORA LANCETS	T2	
FORA LANCING DEVICE	T3	
FORA TN'G ADVANCE PRO IN VITRO	T3	ST; QL (200 strips per 30 days)
FORA TN'G/TN'G VOICE	T3	ST; QL (200 strips per 30 days)
FORA V10 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORACARE GD40 TEST	T3	ST; QL (200 strips per 30 days)
FORFIVO XL	T9	
<i>formoterol fumarate inhalation</i>	T4	ST; SP (Limited to a 1 month supply per fill); AL (Min 40 Years)
FORTAMET	T9	

Medication	Coverage Level	Restrictions
FORTAVIT ORAL CAPSULE	T9	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML, 600 MCG/2.4ML	T9	
FORTESTA	T9	
FOSAMAX ORAL TABLET 70 MG	T3	
FOSAMAX PLUS D	T3	ST; QL (4 tablets per 28 days)
<i>fosamprenavir calcium</i>	T4	SP (Limited to a 1 month supply per fill)
<i>fosfomycin tromethamine</i>	T1b	QL (3 packets per 30 days)
<i>fosinopril sodium</i>	T1b	
<i>fosinopril sodium-hctz</i>	T1b	
FOSRENOL ORAL PACKET	T9	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	T9	
FOTIVDA	T5	PA; SP (Limited to a 1 month supply per fill.); QL (28 capsules per 28 days)
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)
<i>fraiche 5000 previ</i>	T3	
<i>fraiche 5000 sensitive</i>	T3	
FREEDOM DERMA-D	T9	
FREESTYLE CONTROL SOLUTION	T3	
FREESTYLE INSULINX TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE LANCETS	T2	
FREESTYLE LIBRE 14 DAY READER	T2	ST; QL (2 kits per 28 days)
FREESTYLE LIBRE 14 DAY SENSOR	T2	ST; QL (2 sensors per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	T2	ST; QL (2 Sensors per 28 days)
FREESTYLE LIBRE 2 READER	T2	ST; QL (1 reader per 365 days)
FREESTYLE LIBRE 2 SENSOR	T2	ST; QL (2 sensors per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	T2	ST; QL (2 sensors per 28 days)
FREESTYLE LIBRE 3 READER	T2	ST; QL (1 reader per 1 year)
FREESTYLE LIBRE 3 SENSOR	T2	ST; QL (2 sensors per 28 days)
FREESTYLE LITE TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE PRECISION NEO TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE TEST	T3	ST; QL (200 strips per 30 days)
FRINDOVYX	T9	
<i>frivo</i>	T9	
FROVA	T9	

Medication	Coverage Level	Restrictions
<i>frovatriptan succinate</i>	T3	ST; QL (12 tablets per 30 days)
FRUZAQLA ORAL CAPSULE 1 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (84 capsules per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
<i>ft aspirin low dose</i>	T1b	PV
<i>ft aspirin oral tablet</i>	T9	
<i>ft aspirin oral tablet chewable</i>	T1b	PV
<i>ft enteric coated aspirin</i>	T9	
<i>full spectrum b/vitamin c</i>	Tier 8	PV; AL (Max 50 Years)
FULPHILA	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
<i>fulvicin p/g 165</i>	T9	
FURADANTIN	T5	SP (Limited to a 1 month supply per fill); QL (120 ML 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	
FUSION PLUS	T9	
FUSION SPRINKLES	T9	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	T3	
FYAVOLV	T1b	
FYCOMPA ORAL SUSPENSION	T4	ST; SP (Limited to a 1 month supply per fill); QL (680 ML per 30 days); AL (Min 4 Years and Max 12 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)
FYLNETRA	T9	
FYREMADEL	T3	ST
<i>gabapentin (once-daily) oral tablet 300 mg, 600 mg</i>	T9	
<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	
GABARONE	T9	

Medication	Coverage Level	Restrictions
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)
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	T9	
GALAFOLD	T4	PA; SP (Limited to a 1 month supply per fill); QL (14 capsules per 28 days); SP
<i>galantamine hydrobromide</i>	T1b	
<i>galantamine hydrobromide er</i>	T1b	
GALBRIELA	T9	
GALLIFREY	T1b	
GALZIN	T9	
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	T4	ST; SP (Limited to a 1 month supply per fill); SP
GARDASIL 9	T6- \$0 Copay	PV; QL (3 doses per 1 Lifetime); AL (Min 9 Years and Max 45 Years)
GASTROCROM	T3	
<i>gatifloxacin ophthalmic</i>	T1b	
GATTEX	T5	PA; SP (Limited to a 1 month supply per fill); SP
<i>gavilax oral packet 17 gm, 8.5 gm</i>	T9	
<i>gavilax oral powder</i>	T9	
GAVILYTE-G	Tier 8	PV
GAVILYTE-N WITH FLAVOR PACK	Tier 8	PV
GAVRETO	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
<i>ge100 blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>ge100 control</i>	T3	
<i>gefitinib</i>	T1b	PA; QL (30 tablets per 30 days); SP
GELCLAIR	T9	
GELFOAM COMPRESSED SIZE 100	T9	
GELFOAM-JMI SPONGE	T9	
GELNIQUE TRANSDERMAL GEL 10 %	T9	
<i>gemfibrozil oral</i>	T1a	
GEMMILY	T9	

Medication	Coverage Level	Restrictions
GEMTESA	T2	ST
GENERESS FE	T9	
<i>generlac</i>	T1b	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1b	
GENGRAF ORAL SOLUTION	T1b	
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG	T4	PA; SP (Limited to a 1 month supply per fill); SP
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	T4	PA; SP (Limited to a 1 month supply per fill); SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T4	PA; SP (Limited to a 1 month supply per fill); SP
GENTAK OPHTHALMIC OINTMENT	T1b	
<i>gentamicin sulfate external</i>	T1b	
<i>gentamicin sulfate ophthalmic solution</i>	T1b	
<i>gentlelax oral powder</i>	T9	
GENVOYA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
GEODON ORAL	T3	
GERI-HYDROLAC 12	T9	
GERI-HYDROLAC 5	T9	
GILENYA	T9	
GILOTRIF	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
GIMOTI	T9	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	T1b	QL (30 ML per 30 days); SP
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	T1b	QL (12 ML per 28 days); SP
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T1b	QL (30 ML per 30 days); SP
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	T1b	QL (12 ML per 28 days); SP
GLEEVEC	T9	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T5	PA; SP (Limited to a 1 month supply per fill)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	T1a	
<i>glimepiride oral tablet 3 mg</i>	T9	
<i>glipizide er</i>	T1b	
<i>glipizide oral tablet 10 mg, 5 mg</i>	T1a	

Medication	Coverage Level	Restrictions
<i>glipizide oral tablet 2.5 mg</i>	T9	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg</i>	T1b	
<i>glipizide-metformin hcl</i>	T1b	
GLOPERBA	T9	
GLUCAGEN HYPOKIT	T2	QL (2 Kits per 30 days)
<i>glucagon emergency injection kit</i>	T2	QL (2 Kits per 30 days)
<i>glucagon emergency injection solution reconstituted 1 mg</i>	T2	QL (2 Kits per 30 days)
GLUCOCARD 01 SENSOR PLUS	T3	ST; QL (200 strips per 30 days)
GLUCOCARD EXPRESSION TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCARD SHINE TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCARD VITAL TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCOM TEST	T3	ST; QL (200 strips per 30 days)
GLUCONAVII BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
GLUCOTROL XL	T3	
GLUMETZA	T9	
<i>glyburide micronized</i>	T1b	
<i>glyburide oral</i>	T1b	
<i>glyburide-metformin</i>	T1b	
GLYCATE	T9	
GLYCOLAX	T9	
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml</i>	T9	
<i>glycopyrrolate injection solution prefilled syringe</i>	T9	
<i>glycopyrrolate intravenous solution prefilled syringe 0.6 mg/3ml, 1 mg/5ml</i>	T9	
<i>glycopyrrolate oral solution</i>	T3	AL (Max 9 Years)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1b	
<i>glycopyrrolate pf injection solution prefilled syringe 0.6 mg/3ml</i>	T9	
GLYNASE	T3	
GLYSET	T3	
GLYXAMBI	T2	QL (30 tablets per 30 days)
<i>gnp adult aspirin low strength oral tablet chewable</i>	T1b	PV
<i>gnp aspirin low dose</i>	T1b	PV
<i>gnp aspirin oral tablet 325 mg</i>	T9	
GNP CLEARLAX ORAL PACKET	T9	
GNP CLEARLAX ORAL POWDER	Tier 8	PV
<i>gnp folic acid</i>	Tier 8	PV; AL (Max 50 Years)

Medication	Coverage Level	Restrictions
<i>gnp laxative oral</i>	Tier 8	PV
<i>gnp milk of magnesia</i>	Tier 8	PV
<i>gnp nicotine mini</i>	Tier 8	PV
<i>gnp nicotine mouth/throat</i>	Tier 8	PV
GOCOVRI	T9	
GOJJI BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 Days)
GOJJI BLOOD KETONE TEST	T3	ST
GOJJI LANCING DEVICE/CLEAR CAP	T3	
GOJJI STERILE LANCETS	T2	
GOLYTELY	T3	
GOMEKLI ORAL CAPSULE	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (84 capsules per 28 days)
GOMEKLI ORAL TABLET SOLUBLE	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (84 tablets per 28 days)
GONAL-F	T2	QL (13500 units per 30 days); SP
GONAL-F RFF	T2	QL (13500 units per 30 days); SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	QL (13500 units per 30 days); SP
GONITRO	T9	
<i>goodsense aspirin oral tablet</i>	T9	
<i>goodsense aspirin oral tablet chewable</i>	T1b	PV
GOODSENSE CLEARLAX	Tier 8	PV
<i>goodsense nicotine</i>	Tier 8	PV
GRALISE ORAL TABLET	T9	
<i>granisetron hcl oral</i>	T1b	QL (20 EA per 30 days)
GRANIX	T5	SP (Limited to a 1 month supply per fill); SP
GRASTEK	T3	AL (Min 5 Years and Max 65 Years)
<i>griseofulvin microsize oral suspension</i>	T1b	
<i>griseofulvin microsize oral tablet</i>	T2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	T2	
<i>griseofulvin ultramicrosize oral tablet 165 mg</i>	T9	
<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	

Medication	Coverage Level	Restrictions
<i>guaifenesin-codeine oral solution</i>	T1b	
<i>guaifenesin-dm oral syrup</i>	T9	
<i>guanfacine hcl er</i>	T1b	QL (60 tablets per 30 days)
<i>guanfacine hcl oral</i>	T1b	
GVOKE HYPOPEN 1-PACK	T2	QL (2 packs per 30 days)
GVOKE HYPOPEN 2-PACK	T2	QL (1 pack per 30 days)
GVOKE KIT	T2	QL (2 vials per 30 days)
GVOKE PFS	T2	QL (2 syringes per 30 days)
GYNAZOLE-1	T3	
HADLIMA	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
HADLIMA PUSHTOUCH	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days); SP
HAEGARDA	T5	PA; SP (Limited to a 1 month supply per fill); SP
HAILEY 1.5/30	Tier 8	PV
HAILEY 24 FE	Tier 8	PV
HAILEY FE 1.5/30	Tier 8	PV
HAILEY FE 1/20	Tier 8	PV
<i>hair regrowth treatment men external solution</i>	T9	
<i>halcinonide external solution</i>	T9	
HALCION	T3	QL (60 tablets per 30 days); AL (Min 18 Years)
<i>halobetasol propionate external cream</i>	T2	ST; QL (50 GM per 30 days)
<i>halobetasol propionate external foam</i>	T9	
<i>halobetasol propionate external ointment</i>	T2	QL (50 GM per 30 days)
HALOETTE	T1b	QL (1 ring per 28 days)
HALOG	T9	
<i>haloperidol lactate injection solution 5 mg/ml</i>	T1b	
<i>haloperidol oral</i>	T1b	
<i>harisis</i>	T9	
HARMONY BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
<i>harviva</i>	T9	
<i>harviva hp</i>	T9	
HARVONI	T9	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	T6- \$0 Copay	PV; QL (2 Doses per 1 Lifetime)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6- \$0 Copay	PV; QL (2 Doses per 1 Lifetime)

Medication	Coverage Level	Restrictions
<i>haxchlodrex</i>	T9	
<i>haxdrax</i>	T9	
HEALON PRO INTRAOCULAR SOLUTION	T9	
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	T9	
HEATHER	Tier 8	PV
HEMADY	T9	
HEMANGEOL	T3	AL (Max 2 Years)
<i>hematinic plus vit/minerals</i>	T9	
<i>hematinic/folic acid</i>	T9	
HEMATOGEN	T9	
HEMATOGEN FA	T9	
HEMATOGEN FORTE	T9	
HEMATRON-AF	T9	
HEMATRON-AF (WITH DOCUSATE)	T9	
HEMAX EZY-DOSE	T9	
HEMAX ORAL TABLET	T9	
<i>hemetab</i>	T9	
HEMICLOR	T1b	QL (30 Tablets per 30 days)
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML	T4	PA; SP (Limited to a 1 month supply per fill)
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	T4	PA; SP (Limited to a 1-month supply per fill)
HEMLIBRA SUBCUTANEOUS SOLUTION 300 MG/2ML	T4	PA; SP (Limited to a 1 month supply per fill)
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	T1b	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	T9	
HEMOCYTE	T9	
HEMOCYTE PLUS	T9	
HEMOCYTE-F ORAL TABLET	T9	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (55200 billable units per 28 days)
<i>hemtara</i>	T9	
<i>hemtara hp</i>	T9	
<i>hentis</i>	T9	
<i>hentis hp</i>	T9	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	T1b	

Medication	Coverage Level	Restrictions
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T6- \$0 Copay	PV; QL (2 doses per 1 lifetime); AL (Min 18 Years)
HEPSERA	T5	SP (Limited to a 1 month supply per fill)
HER STYLE	Tier 8	PV
HERCESSI	T9	
HERNEXEOS	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
HERZUMA	T9	
<i>hesmilla</i>	T9	
HETLIOZ	T9	
HETLIOZ LQ	T9	
<i>hevona</i>	T9	
<i>hexiounyl</i>	T9	
HIDEX 6-DAY	T9	
HISTEX-AC	T9	
HM CLEARLAX ORAL POWDER	Tier 8	PV
<i>hm laxative oral</i>	Tier 8	PV
<i>hm magnesium citrate</i>	Tier 8	PV
<i>hm milk of magnesia</i>	Tier 8	PV
<i>hm nicotine</i>	Tier 8	PV
<i>hm nicotine polacrilex</i>	Tier 8	PV
<i>holixia</i>	T9	
<i>holizar</i>	T9	
HOMATROPAIRE	T1b	
<i>honista</i>	T9	
HORIZANT ORAL TABLET EXTENDED RELEASE	T9	
<i>hovitra</i>	T9	
<i>hovyn</i>	T9	
HULIO	T9	
HULIO (2 PEN)	T9	
HULIO (2 SYRINGE)	T9	
HUMALOG INJECTION	T9	
HUMALOG JUNIOR KWIKPEN	T2	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	T2	

Medication	Coverage Level	Restrictions
HUMALOG MIX 75/25	T9	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	T2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T2	
HUMALOG TEMPO PEN	T9	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	T4	SP (Limited to a 1 month supply per fill)
HUMATIN	T3	SP
HUMATROPE INJECTION CARTRIDGE 12 MG, 6 MG	T9	
HUMATROPE INJECTION CARTRIDGE 24 MG	T9	SP ()
HUMIRA (1 PEN)	T9	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	T9	SP ()
HUMIRA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	T9	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 40 MG/0.4ML, 40 MG/0.8ML	T9	SP ()
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	T9	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	T9	
HUMIRA-PSORIASIS/VEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	T9	
HUMULIN 70/30	T2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	
HUMULIN N	T2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	
HUMULIN R	T2	
HUMULIN R U-500 (CONCENTRATED)	T2	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	
HYALGAN INTRA-ARTICULAR SOLUTION	T9	
HYCAMTIN ORAL	T4	SP (Limited to a 1 month supply per fill); SP
HYCODAN	T9	

Medication	Coverage Level	Restrictions
<i>hydralazine hcl oral</i>	T1a	
HYDREA	T3	
<i>hydrochlorothiazide oral</i>	T1a	
<i>hydrocod poli-chlorphe poli er</i>	T1b	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	T1b	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg</i>	T3	ST; QL (60 Capsules per 30 days); AL (Min 18 Years)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	T3	ST; QL (60 capsules per 30 days); AL (Min 18 Years)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
<i>hydrocodone bit-homatrop mbr oral solution</i>	T1b	
<i>hydrocodone/acetaminophen</i>	T1b	
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml</i>	T9	
<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	
<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-homatropine oral syrup</i>	T1b	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T1b	
<i>hydrocort lotion complete kit</i>	T9	
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	T2	
<i>hydrocortisone ace-pramoxine rectal cream 2.5-1 %</i>	T2	
<i>hydrocortisone ace-pramoxine rectal suppository</i>	T9	
<i>hydrocortisone acetate external cream 2.5 %</i>	T9	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	T1b	
<i>hydrocortisone acetate rectal suppository 30 mg</i>	T9	
<i>hydrocortisone butyr lipo base</i>	T9	
<i>hydrocortisone butyrate external cream</i>	T9	
<i>hydrocortisone butyrate external lotion</i>	T9	
<i>hydrocortisone butyrate external ointment</i>	T9	
<i>hydrocortisone butyrate external solution</i>	T1b	
<i>hydrocortisone complete kit</i>	T9	
<i>hydrocortisone external cream 1 %</i>	T9	

Medication	Coverage Level	Restrictions
<i>hydrocortisone external cream 2.5 %</i>	T1b	
<i>hydrocortisone external lotion 1 %, 2 %</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 external solution 2.5 %</i>	T9	
<i>hydrocortisone max st external cream</i>	T9	
<i>hydrocortisone oral</i>	T1b	
<i>hydrocortisone rectal enema</i>	T2	
<i>hydrocortisone sod suc (pf)</i>	T1b	QL (2 vials per 365 days)
<i>hydrocortisone valerate external cream</i>	T1b	QL (120 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	T2	ST
<i>hydrocortisone-aloe external cream 0.5 %</i>	T9	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	T9	
HYDROFERA BLUE FOAM DRESSING	T9	
<i>hydromet</i>	T1b	
<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	
<i>hydroquinone</i>	T9	
<i>hydroquinone external cream</i>	T9	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	T9	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1b	
HYDROXYM EXTERNAL GEL	T9	
<i>hydroxyurea oral</i>	T1b	
<i>hydroxyzine hcl oral syrup</i>	T1b	
<i>hydroxyzine hcl oral tablet</i>	T1b	
<i>hydroxyzine pamoate oral</i>	T1b	
HYFTOR	T9	
HYLATOPIC PLUS EXTERNAL FOAM	T9	
HYMOVIS ONE	T9	
HYMPAVZI	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 auto-injectors per 28 days); SP
HYOPHEN	T9	

Medication	Coverage Level	Restrictions
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	T1b	
<i>hyoscyamine sulfate oral</i>	T1b	
<i>hyoscyamine sulfate sublingual</i>	T1b	
HYPERSAL	T2	QL (240 ML per 30 days)
HYPOCYN ANTIPRURITIC	T9	
HYPOLANCE AST LANCING	T2	
HYRIMOZ	T9	
HYRIMOZ-CROHNS/UC STARTER	T9	
HYRIMOZ-PED<40KG CROHN STARTER	T9	
HYRIMOZ-PED>=40KG CROHN START	T9	
HYRIMOZ-PLAQ PSOR/UEIT START	T9	
HYRIMOZ-PLAQUE PSORIASIS START	T9	
HYSINGLA ER	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
HYZAAR	T3	
<i>ibandronate sodium oral</i>	T1b	
IBRANCE ORAL CAPSULE 100 MG	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days); SP
IBRANCE ORAL CAPSULE 125 MG, 75 MG	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days); SP
IBRANCE ORAL TABLET	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (21 tablets per 28 days); SP
IBSRELA	T9	
IBTROZI	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
<i>ibuprofen oral suspension 100 mg/5ml</i>	T1a	
<i>ibuprofen oral tablet 300 mg</i>	T9	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1a	
<i>ibuprofen-famotidine</i>	T9	
ICAR-C PLUS	T9	
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP (Limits apply, see quantity limitations); QL (3 syringes per 1 fill); AL (Min 18 Years)
ICLEVIA	Tier 8	PV

Medication	Coverage Level	Restrictions
ICLUSIG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
<i>icosapent ethyl</i>	T2	ST
IDACIO (2 PEN)	T9	
IDACIO (2 SYRINGE)	T9	
IDACIO-CROHNS/UC STARTER	T9	
IDACIO-PSORIASIS STARTER	T9	
<i>idaoxia</i>	T9	
<i>idaran</i>	T9	
IDELVION	T5	PA; SP (Limited to a 1 month supply per fill); QL (25300 billable units per 28 days)
IDHIFA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<i>idyxxiatar</i>	T9	
IFEREX 150 FORTE	T9	
IHEALTH BLOOD GLUCOSE TEST STR	T3	ST
IHEALTH CONTROL SOLUTION	T3	
IHEEZO	T9	
ILEVRO	T3	ST; QL (3 ML per 30 days)
<i>ilexor</i>	T9	
<i>imatinib mesylate oral tablet 100 mg</i>	T1b	PA; QL (90 tablets per 30 days); SP
<i>imatinib mesylate oral tablet 400 mg</i>	T1b	PA; QL (60 tablets per 30 days); SP
IMBRUVICA ORAL CAPSULE 140 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
IMBRUVICA ORAL SUSPENSION	T5	PA; SP (Limited to a 1 month supply per fill); QL (108 ML per 30 days); AL (Max 9 Years)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
IMCIVREE	T9	
<i>imipramine hcl oral</i>	T1b	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg</i>	T2	ST; QL (60 capsules per 30 days)

Medication	Coverage Level	Restrictions
<i>imipramine pamoate oral capsule 75 mg</i>	T2	ST; QL (30 capsules per 30 days)
<i>imiquimod external cream 3.75 %</i>	T9	
<i>imiquimod external cream 5 %</i>	T1b	
<i>imiquimod pump</i>	T9	
IMITREX	T9	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	T9	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO- INJECTOR	T9	
<i>imkeldi</i>	T9	
IMOVAX RABIES	T6- \$0 Copay	PV
IMPAVIDO	T4	PA; SP (Limited to a 1 month supply per fill)
IMPEKLO	T9	
IMPOYZ	T9	
IMULDOSA	T9	
IMURAN	T3	
IMVEXXY	T9	
IMVEXXY MAINTENANCE PACK	T9	
IMVEXXY STARTER PACK	T9	
INATAL GT	T1b	
INBRIJA	T9	
INCASSIA	Tier 8	PV
INCRELEX	T4	PA; SP (Limited to a 1 month supply per fill); SP
INCRUSE ELLIPTA	T2	QL (30 Blisters per 30 Day(s)s)
<i>indapamide oral</i>	T1a	
INDERAL LA	T9	
INDERAL XL	T9	
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 oral suspension</i>	T9	
<i>indomethacin rectal</i>	T9	
INFINITY BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
INFINITY CONTROL IN VITRO SOLUTION NORMAL	T3	

Medication	Coverage Level	Restrictions
INFINITY VOICE IN VITRO LIQUID	T3	
INGREZZA ORAL CAPSULE 40 MG, 80 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
INGREZZA ORAL CAPSULE 60 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE	T5	PA; SP (Limited to a 1-month supply per fill); QL (30 Capsules per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 dose pack per 28 days)
INLURIYO	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (56 tablets per 28 days)
INLYTA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
INNOPRAN XL	T9	
INPEFA	T9	
INPEN 100-BLUE-LILLY	T9	
INPEN 100-BLUE-LILLY-HUMALOG	T9	
INPEN 100-BLUE-NOVO	T9	
INPEN 100-BLUE-NOVOLOG-FIASP	T9	
INPEN 100-GRAY-LILLY	T9	
INPEN 100-GREY-LILLY-HUMALOG	T9	
INPEN 100-GREY-NOVO	T9	
INPEN 100-GREY-NOVOLOG-FIASP	T9	
INPEN 100-PINK-LILLY	T9	
INPEN 100-PINK-LILLY-HUMALOG	T9	
INPEN 100-PINK-NOVO	T9	
INPEN 100-PINK-NOVOLOG-FIASP	T9	
INQOVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (5 tablets per 28 days); SP
INREBIC	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days); SP
INSPRA	T3	QL (30 tablets per 30 days)
<i>insulin asp prot & asp flexpen</i>	T3	ST

Medication	Coverage Level	Restrictions
<i>insulin aspart flexpen</i>	T3	ST
<i>insulin aspart injection</i>	T3	ST
<i>insulin aspart penfill</i>	T3	ST
<i>insulin aspart prot & aspart</i>	T3	ST
<i>insulin degludec</i>	T9	
<i>insulin degludec flextouch</i>	T9	
<i>insulin glargine max solostar</i>	T9	
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	T9	
<i>insulin glargine-yfgn</i>	T2	
<i>insulin lispro (1 unit dial)</i>	T9	
<i>insulin lispro injection</i>	T1b	
<i>insulin lispro junior kwikpen</i>	T9	
<i>insulin lispro prot & lispro</i>	T9	
INTEGRA F	T9	
INTEGRA PLUS	T9	
INTELENCE ORAL TABLET 100 MG	T5	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
INTELENCE ORAL TABLET 200 MG	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
INTELENCE ORAL TABLET 25 MG	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
INTERMEZZO	T9	
INTRAROSA	T2	PA
INTROVALE	Tier 8	PV
INTUNIV	T3	QL (60 tablets per 30 days)
INVEGA	T9	
INVELTYS	T3	ST
INVIRASE ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
INVOKAMET	T3	ST; QL (60 tablets per 30 days)
INVOKAMET XR	T3	ST; QL (60 tablets per 30 days)
INVOKANA	T3	ST; QL (30 tablets per 30 days)
<i>inzdeaxiatar</i>	T9	
<i>inzdeaxiavar</i>	T9	
<i>inzdeoxia</i>	T9	
INZIRQO	T3	QL (80 ML per 30 days); AL (Min 9 Years)
<i>iodoquimez-hc</i>	T9	

Medication	Coverage Level	Restrictions
<i>iohexol</i>	T9	
IOPIDINE OPHTHALMIC SOLUTION 1 %	T9	
IPOL INJECTION INJECTABLE	T6- \$0 Copay	PV; QL (3 doses per 1 Lifetime)
IPOL INJECTION SUSPENSION	T6- \$0 Copay	PV; QL (3 doses per 1 Lifetime)
<i>ipratropium bromide inhalation</i>	T1b	
<i>ipratropium bromide nasal</i>	T1b	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	T1b	QL (540 ML per 30 days)
IQIRVO	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<i>irbesartan</i>	T1b	
<i>irbesartan-hydrochlorothiazide</i>	T1b	
IRESSA	T9	
<i>iron supplement childrens</i>	T1b	AL (Min 6 Months and Max 12 Months)
IROSPAN 24/6	T9	
ISENTRESS	T4	SP (Limited to a 1 month supply per fill)
ISENTRESS HD	T4	SP (Limited to a 1 month supply per fill)
ISIBLOOM	Tier 8	PV
<i>isoniazid oral</i>	T1a	
ISOPTO ATROPINE	T3	
ISOPTO CARPINE	T3	
ISORDIL TITRADOSE	T9	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	T2	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1b	
<i>isosorbide dinitrate oral tablet 40 mg</i>	T9	
<i>isosorbide mononitrate</i>	T1b	
<i>isosorbide mononitrate er</i>	T1b	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T2	QL (6 fills per 2 years)
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	T9	
<i>isradipine</i>	T1b	
ISTALOL	T9	
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 5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
ITOVEBI ORAL TABLET 3 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days); SP
ITOVEBI ORAL TABLET 9 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days); SP
<i>itraconazole oral capsule</i>	T2	QL (120 capsules per 30 days)
<i>itraconazole oral solution</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
<i>ivabradine hcl</i>	T2	ST
<i>ivermectin external cream</i>	T2	ST; QL (45 GM per 30 days)
<i>ivermectin external lotion</i>	T1b	
<i>ivermectin oral tablet 3 mg</i>	T1b	QL (10 tablets per 1 claim)
<i>ivermectin oral tablet 6 mg</i>	T9	
<i>ivra</i>	T9	
IWILFIN	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 tablets per 30 days)
IXIARO	T9	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 3000 UNIT, 500 UNIT	T4	PA; SP (Limited to a 1 month supply per fill); QL (36800 billable units per 28 days)
IYUZEH	T9	
JADENU	T5	SP (Limited to a 1 month supply per fill); SP
JADENU SPRINKLE ORAL PACKET 180 MG	T9	
JADENU SPRINKLE ORAL PACKET 360 MG, 90 MG	T9	SP ()
JAIMIESS	Tier 8	PV
JAKAFI ORAL TABLET 10 MG, 25 MG	T4	PA; SP (Limited to a 1 month supply per fill); SP
JAKAFI ORAL TABLET 15 MG	T4	PA; SP (Limited to a 1 month supply per fill); SP
JAKAFI ORAL TABLET 20 MG, 5 MG	T4	PA; SP (Limited to a 1 month supply per fill); SP
JALYN	T3	ST
JANTOVEN	T1b	

Medication	Coverage Level	Restrictions
JANUMET	T2	QL (60 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	QL (30 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	QL (60 tablets per 30 days)
JANUVIA	T2	QL (30 tablets per 30 days)
JARDIANCE	T2	QL (30 tablets per 30 days)
JASMIEL	Tier 8	PV
JATENZO	T9	
JAVADIN	T9	
JAVYGTOR	T9	
JAYPIRCA	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days); SP
<i>jaythari oral tablet</i>	T9	
JENCYCLA	Tier 8	PV
JENTADUETO	T3	ST; QL (60 tablets per 30 days)
JENTADUETO XR	T3	ST; QL (30 tablets per 30 days)
JESDUVROQ	T9	
JINTELI	T1b	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	T4	PA; SP (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT	T4	PA; SP (Limited to a 1-month supply per fill); QL (41400 units per 28 days)
JOBEVNE	T9	
JOENJA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 12 Years)
JOLESSA	Tier 8	PV
JORNAY PM	T9	
JOURNAVX	T9	
JOYEAUX	T9	
JUBLIA	T9	
JULEBER	Tier 8	PV
JULUCA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
JUNEL 1.5/30	Tier 8	PV
JUNEL 1/20	Tier 8	PV

Medication	Coverage Level	Restrictions
JUNEL FE 1.5/30	Tier 8	PV
JUNEL FE 1/20	Tier 8	PV
JUNEL FE 24	Tier 8	PV
JUST RIGHT 5000 DENTAL PASTE	T3	
JUXTAPID ORAL CAPSULE 10 MG	T9	SP ()
JUXTAPID ORAL CAPSULE 20 MG, 30 MG, 5 MG	T9	
JYLAMVO	T3	AL (Max 9 Years)
JYNARQUE	T9	
JYNNEOS	T6- \$0 Copay	PV
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	T9	
KAITLIB FE	T9	
KALBITOR	T5	PA; SP (Limited to a 1 month supply per fill); AL (Min 16 Years); SP
KALETRA ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
KALETRA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
KALLIGA	Tier 8	PV
KALYDECO ORAL PACKET 13.4 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL (Min 1 Years); SP
KALYDECO ORAL PACKET 25 MG, 75 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); SP
KALYDECO ORAL PACKET 5.8 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); SP
KALYDECO ORAL PACKET 50 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); SP
KALYDECO ORAL TABLET	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 6 Years); SP
KAMDOY	T9	
KAPSPARGO SPRINKLE	T3	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	T3	

Medication	Coverage Level	Restrictions
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T9	
KARIVA	Tier 8	PV
<i>kataraxap</i>	T9	
KATARVIA	T9	
KATERZIA	T3	QL (150 ML per 30 days); AL (Max 6 Years)
KAZANO	T9	
<i>kazuri</i>	T9	
KEFLEX	T3	
KEFUNOVA	T9	
KELNOR 1/35	Tier 8	PV
KELNOR 1/50	Tier 8	PV
KELO-COTE EXTERNAL GEL	T9	
KENALOG EXTERNAL	T9	
KEPPRA ORAL	T3	
KEPPRA XR	T3	
KERALAC EXTERNAL CREAM 47 %	T9	
KERALYT EXTERNAL SHAMPOO	T9	
<i>keraxa</i>	T9	
KERENDIA ORAL TABLET 10 MG, 20 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
KERENDIA ORAL TABLET 40 MG	T4	PA; SP (Limited to a 1-month supply per fill); QL (30 Tablets per 30 days)
<i>kerida</i>	T9	
KERYDIN	T9	
KESIMPTA	T4	ST; SP (Limited to a 1 month supply per fill. Allowed 3 pens for first month of therapy only.); QL (1 pen per 28 days); SP
<i>ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml</i>	T9	
<i>ketoconazole external cream</i>	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)
<i>ketoconazole oral</i>	T1b	
<i>ketoprofen er</i>	T2	QL (30 capsules per 30 days)
<i>ketorolac tromethamine nasal</i>	T9	
<i>ketorolac tromethamine ophthalmic</i>	T1b	
<i>ketorolac tromethamine oral</i>	T1b	QL (20 tablets per 30 days)

Medication	Coverage Level	Restrictions
KETOSTIX	T3	
<i>ketotifen fumarate ophthalmic</i>	T1b	
<i>kevaraxap</i>	T9	
<i>kevirtia</i>	T9	
KEVEYIS	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days); SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days); SP
KHINDIVI	T9	
<i>kimono</i>	Tier 8	PV
<i>kimono micro thin</i>	Tier 8	PV
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 syringes per 28 days)
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6- \$0 Copay	PV
KIONEX COMBINATION	T2	
KIONEX ORAL SUSPENSION	T2	
KIRSTY	T9	
KISQALI (200 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days); SP
KISQALI (400 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days); SP
KISQALI (600 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days); SP
KITABIS PAK (W/ NEBULIZER)	T4	PA; SP (Limited to a 56 day supply per fill); QL (280 ML per 56 days); SP
KLARON	T3	
KLAYESTA	T9	
KLISYRI (250 MG)	T5	ST; QL (5 packets per 1 year)
KLISYRI (350 MG)	T5	ST; QL (5 packets per 1 year)
KLONOPIN	T3	
KLOR-CON 10	T1b	
KLOR-CON M10	T1b	
KLOR-CON M15	T1b	

Medication	Coverage Level	Restrictions
KLOR-CON M20	T1b	
KLOR-CON ORAL PACKET 20 MEQ	T9	
KLOR-CON ORAL TABLET EXTENDED RELEASE	T3	
KLOR-CON/EF	T1b	
KLOXXADO	T2	QL (2 doses per 365 days)
KLS QUIT2	Tier 8	PV
KLS QUIT4	Tier 8	PV
KOATE	T4	PA; SP (Limited to a 1 month supply per fill); QL (55200 billable units per 28 days)
<i>kobee</i>	Tier 8	PV; AL (Max 50 Years)
KOGENATE FS	T4	PA; SP (Limited to a 1 month supply per fill); QL (43125 billable units per 28 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T3	ST; QL (60 tablets per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T3	ST; QL (30 tablets per 30 days)
KONVOMEF	T3	AL (Max 9 Years)
KORLYM	T9	
KOSELUGO ORAL CAPSULE	T4	PA; SP (Limited to a 1 month supply per fill)
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG	T4	PA; SP (Limited to a 1-month supply per fill); SP
KOSELUGO ORAL CAPSULE SPRINKLE 7.5 MG	T4	PA; SP (Limited to a 1-month supply per fill.); SP
<i>kotaraxap</i>	T9	
KOVALTRY	T4	PA; SP (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
K-PHOS-NEUTRAL	T9	
<i>kpn prenatal</i>	Tier 8	PV
KRAZATI	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (180 tablets per 30 days)
KRINTAFEL	T1b	QL (2 tablets per 365 Days)
KRISTALOSE	T9	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	T3	
KURVELO	Tier 8	PV

Medication	Coverage Level	Restrictions
<i>kutar</i>	T9	
<i>kutarvia</i>	T9	
KUVAN ORAL PACKET 100 MG	T9	SP ()
KUVAN ORAL PACKET 500 MG	T9	
KUVAN ORAL TABLET	T9	
KYMBEE	T9	
<i>kynara</i>	T9	
KYXATA	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)
<i>l.e.t. (racepinephrine) external solution</i>	T9	
<i>l.e.t. external solution</i>	T9	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1b	
<i>labetalol hcl oral tablet 400 mg</i>	T9	
LAC-HYDRIN EXTERNAL CREAM	T9	
<i>lacosamide oral solution 10 mg/ml</i>	T1b	
<i>lacosamide oral tablet</i>	T1b	QL (60 tablets per 30 days)
LACRISERT	T4	SP (Limited to a 1 month supply per fill)
<i>lactic acid e</i>	T9	
<i>lactic acid external lotion</i>	T9	
<i>lactulose oral packet</i>	T9	
<i>lactulose oral solution 10 gm/15ml</i>	T1b	
LAGEVRIO	T9	
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)
LAMISIL ORAL TABLET	T3	
<i>lamivudine oral solution 10 mg/ml</i>	T1b	
<i>lamivudine oral tablet</i>	T2	
<i>lamivudine-zidovudine</i>	T2	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	T3	ST; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 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>	T3	ST; QL (60 tablets per 30 days)
<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)
LAMPIT	T3	QL (90 tablets per 30 days); AL (Max 17 Years)
LANOXIN ORAL TABLET 125 MCG, 250 MCG	T3	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	T9	
<i>lanreotide acetate</i>	T4	SP (Limited to a 1 month supply per fill); SP
<i>lansoprazole oral capsule delayed release</i>	T3	
<i>lansoprazole oral tablet delayed release dispersible</i>	T3	ST; QL (30 tablets per 30 days)
<i>lanthanum carbonate</i>	T1b	QL (90 tablets per 30 days)
LANTUS	T2	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	
<i>lapatinib ditosylate</i>	T1b	PA; QL (150 tablets per 30 days); SP
LARIN 1.5/30	Tier 8	PV
LARIN 1/20	Tier 8	PV
LARIN 24 FE	Tier 8	PV
LARIN FE 1.5/30	Tier 8	PV
LARIN FE 1/20	Tier 8	PV
LASIX	T3	
LASIX ONYU	T9	
LASTACFT	T9	
<i>latanoprost ophthalmic</i>	T1b	
LATISSE	T9	
LATUDA	T3	QL (30 tablets per 30 days)
<i>laxative oral tablet delayed release</i>	T9	
<i>laxative polyethylene glycol</i>	Tier 8	PV
LAYOLIS FE	T9	
LAZANDA	T9	

Medication	Coverage Level	Restrictions
LAZCLUZE	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
<i>ledipasvir-sofosbuvir</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days); SP
LEENA	Tier 8	PV
LEFLUNICLO	T9	
<i>leflunomide oral</i>	T1b	
LEMTRADA	T9	
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); SP
<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); SP
LENVIMA (10 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (12 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (14 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (18 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (20 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (24 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (4 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP

Medication	Coverage Level	Restrictions
LENVIMA (8 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LEQEMBI IQLIK	T9	
LEQSELVI	T9	
LESCOL XL	T9	
LESSINA	Tier 8	PV
LETAIRIS ORAL TABLET 10 MG	T9	
LETAIRIS ORAL TABLET 5 MG	T9	SP ()
<i>letrozole oral</i>	T1b	
<i>leucovorin calcium oral</i>	T2	QL (60 tablets per 30 days)
LEUKERAN	T4	SP (Limited to a 1 month supply per fill)
<i>leuprolide acetate injection</i>	T4	SP (Limited to a 1 month supply per fill); QL (2 kits per 28 days); SP
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	T1b	
<i>levalbuterol tartrate</i>	T2	
<i>levamlodipine maleate oral tablet 5 mg</i>	T9	
LEVAQUIN ORAL TABLET	T3	
LEVEMIR	T9	
<i>levetiracetam er</i>	T1b	
<i>levetiracetam oral solution</i>	T1b	
<i>levetiracetam oral tablet</i>	T1a	
Levitra Oral Tablet 10 MG, 20 MG	Benefit Exclusion	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	T1b	
<i>levocarnitine oral solution</i>	T1b	
<i>levocarnitine oral tablet</i>	T1b	
<i>levocarnitine sf</i>	T2	
<i>levocetirizine dihydrochloride oral</i>	T9	
<i>levofloxacin ophthalmic</i>	T1b	
<i>levofloxacin oral</i>	T1b	
LEVONEST	Tier 8	PV
<i>levonorgest-eth est & eth est</i>	Tier 8	PV
<i>levonorgest-eth estrad 91-day</i>	Tier 8	PV
<i>levonorgest-eth estradiol-iron</i>	T9	
<i>levonorgestrel oral tablet 1.5 mg</i>	Tier 8	PV
<i>levonorgestrel-ethinyl estrad</i>	Tier 8	PV

Medication	Coverage Level	Restrictions
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Tier 8	PV
LEVORA 0.15/30 (28)	Tier 8	PV
<i>levorphanol tartrate oral</i>	T9	
LEVO-T	T3	
<i>levothyroxine sodium oral capsule</i>	T9	
<i>levothyroxine sodium oral tablet</i>	T1a	
LEVOXYL	T1b	
LEVSIN ORAL TABLET	T3	
LEVSIN/SL	T3	
LEXAPRO ORAL TABLET	T3	
LEXETTE	T9	
LEXIVA ORAL SUSPENSION	T4	SP (Limited to a 1 month supply per fill)
LEXIVA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
LEXTOL	T9	
<i>l-glutamine oral packet</i>	T9	
LIALDA	T3	QL (120 tablets per 30 days)
LIBERVANT	T3	AL (Min 2 Years and Max 5 Years)
LIBRAX	T9	
LICART TRANSDERMAL	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	
<i>lidocaine viscous</i>	T1b	
<i>lidocaine(bufferd)-epinephrine injection solution prefilled syringe 1 %-1:100000</i>	T9	
<i>lidocaine-hydrocortisone ace rectal gel</i>	T9	
<i>lidocaine-hydrocortisone ace rectal kit 2-2 %, 3-0.5 %, 3-1 %, 3-2.5 %</i>	T9	
<i>lidocaine-phenylephrine</i>	T9	
<i>lidocaine-prilocaine external cream</i>	T1b	
LIDOCAN	T9	
LIDOCAN II	T9	
LIDOCAN III	T9	
LIDODERM	T9	
<i>lido-epinephrine-tetracaine</i>	T9	

Medication	Coverage Level	Restrictions
<i>lidolite</i>	T9	
<i>lidopin external cream 3 %</i>	T1b	
<i>lidopril external kit</i>	T9	
<i>lido-racepinephrine-tetracaine external solution</i>	T9	
<i>lidorx</i>	T9	
<i>lidosol</i>	T9	
<i>lidosol-50</i>	T9	
LIDTOPIC	T9	
LIKMEZ	T9	
<i>linagliptin-metformin hcl</i>	T9	
<i>lindane external shampoo</i>	T1b	
<i>linezolid oral suspension reconstituted</i>	T4	SP (Limited to one 14 day supply per 6 months (180 days)); QL (840 ML per 14 days); AL (Max 9 Years)
<i>linezolid oral tablet</i>	T1b	QL (28 tablets per 14 days)
LINZESS	T3	QL (30 capsules per 30 days)
LIOMNY	T2	
<i>liothyronine sodium oral</i>	T1b	
LIPITOR	T3	
LIPOFEN	T9	
LIQREV	T9	
<i>liraglutide</i>	T9	
<i>liraglutide -weight management</i>	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>lisinopril oral</i>	T1a	
<i>lisinopril-hydrochlorothiazide</i>	T1a	
LITFULO	T9	
<i>lithium</i>	T1b	
<i>lithium carbonate er</i>	T1b	
<i>lithium carbonate oral</i>	T1a	
LITHOBID	T3	
LITHOSTAT	T9	
LIVALO	T9	
LIVDELZI	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
LIVIXIL PAK	T9	

Medication	Coverage Level	Restrictions
LIVMARLI	T9	
LIVTENCITY	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
<i>l-leucine</i>	T9	
L-MESITRAN SOFT WOUND	T9	
<i>l-methylfolate-b6-b12 oral tablet 3-35-2 mg</i>	T9	
LO LOESTRIN FE	T3	ST
LOCOID EXTERNAL CREAM	T9	
LOCOID EXTERNAL LOTION	T9	
LOCOID EXTERNAL SOLUTION	T3	
LOCOID LIPOCREAM	T9	
LODOCO	T9	
LODOSYN	T9	
LOESTRIN 1.5/30 (21)	T9	
LOESTRIN FE 1.5/30	T3	PV
LOESTRIN FE 1/20	T3	PV
LOFENA	T9	
<i>lofexidine hcl</i>	T9	
LOJAIMIESS	Tier 8	PV
LOKELMA	T4	SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
<i>Lomaira</i>	Not Covered	
LOMOTIL ORAL TABLET	T3	
<i>lomustine</i>	T5	PA; SP (Limited to a 1-month supply per fill); SP
LONSURF ORAL TABLET 15-6.14 MG	T5	PA; SP (Limited to a 1 month supply per fill); SP
LONSURF ORAL TABLET 20-8.19 MG	T5	PA; SP (Limited to a 1 month supply per fill); SP
<i>loperamide hcl oral capsule</i>	T9	
LOPID	T3	
<i>lopinavir-ritonavir</i>	T4	SP (Limited to a 1 month supply per fill)
LOPRESSOR HCT ORAL TABLET 50-25 MG	T3	
LOPRESSOR ORAL SOLUTION	T9	
LOPRESSOR ORAL TABLET	T3	
LOPROX EXTERNAL SHAMPOO	T3	
<i>loratadine oral tablet</i>	T9	
<i>loratadine-d 24hr</i>	T9	

Medication	Coverage Level	Restrictions
LORAZEPAM INTENSOL	T1b	
<i>lorazepam oral tablet</i>	T1a	
LORBRENA ORAL TABLET 100 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
LORBRENA ORAL TABLET 25 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days); SP
LOREEV XR	T9	
LORYNA	Tier 8	PV
LORZONE	T9	
<i>losartan potassium oral</i>	T1a	
<i>losartan potassium-hctz</i>	T1b	
LOSEASONIQUE	T9	
LOTEMAX	T9	
LOTEMAX SM	T3	ST
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	T3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	T3	
<i>loteprednol etabonate ophthalmic gel</i>	T2	ST
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	T3	ST
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	T2	ST
LOTREL ORAL CAPSULE 10-20 MG, 5-10 MG, 5-20 MG	T3	SP (Generic substitution mandatory.)
LOTREL ORAL CAPSULE 10-40 MG	T3	
LOTREXONE	T9	
LOTRIMIN AF EXTERNAL CREAM	T9	
LOTRISONE EXTERNAL CREAM	T3	
LOTRONEX	T9	
<i>lounzdomdioxatar</i>	T9	
<i>lovastatin oral</i>	T1a	PV
LOVAZA	T3	
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)
LOW-OGESTREL	Tier 8	PV

Medication	Coverage Level	Restrictions
<i>loxapine succinate oral</i>	T1b	
LOYON	T9	
LO-ZUMANDIMINE	Tier 8	PV
<i>lubiprostone</i>	T1b	QL (60 capsules per 30 Days)
LUCEMYRA	T9	
LUDENT	T3	PV
LUIZZA 1.5/30	Tier 8	PV
LUIZZA 1/20	Tier 8	PV
<i>luliconazole</i>	T9	
LUMAKRAS ORAL TABLET 120 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 tablets per 30 days); SP
LUMAKRAS ORAL TABLET 240 MG	T4	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (120 Tablets per 30 days)
LUMAKRAS ORAL TABLET 320 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days); SP
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T9	
LUMRYZ	T9	
LUMRYZ STARTER PACK	T9	
LUNESTA	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
LUPKYNIS	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
<i>lurasidone hcl</i>	T2	QL (30 tablets per 30 Days)
LURBIRO	T9	
LUTERA	Tier 8	PV
LUTRATE DEPOT	T9	
LUXAMEND	T9	
LUXIQ	T9	
LUZU	T9	
LYBALVI	T9	
LYLEQ	Tier 8	PV
LYLLANA	T1b	
LYMEPAK	T9	

Medication	Coverage Level	Restrictions
LYNPARZA ORAL TABLET	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 tablets per 30 days); SP
LYRICA CR	T9	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	T3	QL (120 capsules per 30 days)
LYRICA ORAL CAPSULE 200 MG	T3	QL (90 capsules per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T3	QL (60 capsules per 30 days)
LYRICA ORAL SOLUTION	T3	QL (473 ML per 30 days)
LYSIPLEX PLUS ORAL TABLET	T9	
LYSODREN	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
LYSTEDA	T3	
LYTGOBI (12 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (84 tablets per 28 days)
LYTGOBI (16 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (112 tablets per 28 days)
LYTGOBI (20 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (140 tablets per 28 days)
LYUMJEV	T2	
LYUMJEV KWIKPEN	T2	
LYUMJEV TEMPO PEN	T9	
LYVISPAH	T9	
LYZA	Tier 8	PV
<i>maca</i>	T9	
MACROBID	T3	
MACRODANTIN	T9	
<i>mafenide acetate external</i>	T1b	
MAGNEBIND 400	T9	
<i>magnesium citrate oral solution</i>	Tier 8	PV
<i>mahova</i>	T9	
MALARONE	T3	

Medication	Coverage Level	Restrictions
<i>malathion external</i>	T1b	
<i>maprotiline hcl</i>	T1b	
<i>maraviroc</i>	T4	SP (Limited to a 1 month supply per fill)
MARINOL	T9	
<i>marlissa</i>	Tier 8	PV
MARPLAN	T2	QL (180 tablets per 30 days)
MASK VORTEX	T3	QL (4 masks per 1 year)
MASK VORTEX/CHILD/FROG	T3	QL (4 masks per 1 year)
MASK VORTEX/TODDLER/LADYBUG	T3	QL (4 masks per 1 year)
<i>matervia</i>	T9	
MATULANE	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
MATZIM LA	T9	
MAVENCLAD (10 TABS)	T5	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
MAVENCLAD (4 TABS)	T5	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
MAVENCLAD (5 TABS)	T5	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
MAVENCLAD (6 TABS)	T5	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
MAVENCLAD (7 TABS)	T5	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
MAVENCLAD (8 TABS)	T5	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
MAVENCLAD (9 TABS)	T5	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
<i>mavilo hp</i>	T9	
MAVYRET ORAL PACKET	T1b	QL (140 packets per 28 days); SP
MAVYRET ORAL TABLET	T1b	SP (); QL (84 tablets per 28 days); SP
MAXALT ORAL TABLET 10 MG	T9	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	T9	
MAXFE ORAL TABLET	T9	

Medication	Coverage Level	Restrictions
MAXIDEX	T3	
MAXITROL OPHTHALMIC OINTMENT	T3	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1	T3	
<i>maxi-tuss cd</i>	T9	
MAXZIDE	T3	
MAXZIDE-25	T3	
MAYZENT ORAL TABLET 0.25 MG	T4	ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
MAYZENT ORAL TABLET 1 MG	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
MAYZENT ORAL TABLET 2 MG	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
MAYZENT STARTER PACK	T4	ST; SP (Limited to 1 fill per 2 years); QL (1 pack per 30 days); SP
<i>mb caps</i>	T9	
<i>meclizine hcl oral tablet</i>	T9	
<i>meclofenamate sodium oral</i>	T9	
<i>mecorix</i>	T9	
<i>mecorix hp</i>	T9	
<i>mecorix plus</i>	T9	
<i>medorfa</i>	T9	
<i>medorfa hp</i>	T9	
<i>medorfa hp plus</i>	T9	
<i>medorfa lp</i>	T9	
<i>medorfa plus</i>	T9	
MEDPURA HYDROCORTISONE	T9	
MEDROL	T3	
<i>medroxyprogesterone acetate intramuscular suspension</i>	Tier 8	PV; QL (1 vial per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	Tier 8	PV; QL (1 syringe per 90 days)
<i>medroxyprogesterone acetate oral</i>	T1a	
<i>mefenamic acid oral</i>	T3	ST; QL (30 capsules per 30 days)
<i>mefloquine hcl</i>	T1b	
MEGACE ES	T3	ST
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	T1b	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	T9	

Medication	Coverage Level	Restrictions
<i>megestrol acetate oral tablet</i>	T1b	
<i>mekam</i>	T9	
<i>mekam hp</i>	T9	
MEKINIST ORAL SOLUTION RECONSTITUTED	T5	PA; SP (Limited to a 1 month supply per fill); SP
MEKINIST ORAL TABLET 0.5 MG	T5	PA; SP (Limited to a 1 month supply per fill); SP
MEKINIST ORAL TABLET 2 MG	T5	PA; SP (Limited to a 1 month supply per fill); SP
MEKTOVI	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
MELEYA	T1b	PV
<i>melidu</i>	T9	
MELODETTA 24 FE	T9	
<i>melondis plus</i>	T9	
<i>meloxicam oral capsule</i>	T9	
<i>meloxicam oral suspension</i>	T9	
<i>meloxicam oral tablet</i>	T1a	
<i>melphalan</i>	T2	
<i>melzara</i>	T9	
<i>memantine hcl er</i>	T2	QL (30 capsules per 30 days); AL (Min 40 Years)
<i>memantine hcl oral solution 2 mg/ml</i>	T3	QL (300 ML per 30 days); AL (Min 40 Years)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	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-donepezil hcl er</i>	T9	
MENACTRA INTRAMUSCULAR SOLUTION	T6- \$0 Copay	PV; QL (1 Dose per 1 Lifetime)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T2	
MENOPUR	T3	SP
MENOSTAR	T3	QL (4 patches per 28 days)
MENQUADFI INTRAMUSCULAR SOLUTION	T6- \$0 Copay	PV; QL (1 dose per 1 lifetime)
MENTAX	T9	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	T6- \$0 Copay	PV; QL (1 dose per 1 lifetime)

Medication	Coverage Level	Restrictions
<i>meperidine hcl oral solution</i>	T1b	
<i>meperidine hcl oral tablet 50 mg</i>	T1b	
<i>meprobamate</i>	T3	
MEPRON	T3	
MEPSEVII	T9	
<i>mercaptopurine oral suspension</i>	T4	SP
<i>mercaptopurine oral tablet</i>	T1b	
MERILOG	T9	
MERILOG SOLOSTAR	T9	
MERZEE	T9	
<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	QL (180 capsules per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	T3	QL (120 tablets per 30 days)
<i>mesalamine oral tablet delayed release 800 mg</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
<i>mesalamine rectal enema</i>	T1b	
<i>mesalamine rectal suppository</i>	T5	SP (Limited to a 1 month supply per fill)
<i>mesna oral</i>	T4	SP (Limited to a 1-month supply per fill)
MESNEX ORAL	T4	SP (Limited to a 1 month supply per fill)
MESTINON ORAL SYRUP	T2	
MESTINON ORAL TABLET	T3	
MESTINON ORAL TABLET EXTENDED RELEASE	T9	
METADATE CD	T9	
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	T1b	AL (Min 4 Years)
METAFOLBIC PLUS	T9	
<i>metaproterenol sulfate oral syrup</i>	T1b	
<i>metaxalone oral tablet 400 mg, 640 mg</i>	T9	
<i>metaxalone oral tablet 800 mg</i>	T1b	ST
<i>metdray</i>	T9	
<i>metformin hcl er</i>	T1a	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	T9	

Medication	Coverage Level	Restrictions
<i>metformin hcl oral solution</i>	T9	
<i>metformin hcl oral tablet 1000 mg, 500 mg</i>	T1a	
<i>metformin hcl oral tablet 625 mg, 750 mg</i>	T9	
<i>metformin hcl oral tablet 850 mg</i>	Tier 8	PV
METHADONE HCL DISKETS	T1b	
METHADONE HCL INTENSOL	T1b	
<i>methadone hcl oral</i>	T1b	
METHADOSE ORAL CONCENTRATE 10 MG/ML	T1b	
METHADOSE ORAL TABLET SOLUBLE	T1b	
<i>methamphetamine hcl</i>	T3	QL (150 tablets per 30 days)
<i>methaver</i>	T9	
<i>methazel</i>	T9	
<i>methazolamide oral</i>	T2	
<i>methenamine hippurate</i>	T1b	
<i>methimazole oral</i>	T1b	
<i>methitest</i>	T9	
<i>methocarbamol oral tablet 1000 mg</i>	T9	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T1b	
<i>methotrexate sodium injection solution 250 mg/10ml</i>	T1b	
<i>methotrexate sodium injection solution reconstituted</i>	T1b	
<i>methotrexate sodium oral</i>	T1b	
<i>methoxsalen rapid</i>	T4	SP (Limited to a 1 month supply per fill)
<i>methscopolamine bromide oral</i>	T2	
<i>methsuximide</i>	T2	
<i>methyldopa oral</i>	T1b	
<i>methyldopa-hydrochlorothiazide</i>	T1b	
<i>methylergonovine maleate oral</i>	T3	QL (28 tablets per 365 days)
METHYLIN ORAL SOLUTION	T3	AL (Min 4 Years and Max 10 Years)
<i>methylphenidate</i>	T3	ST; QL (30 patches per 30 Days); AL (Min 3 Years)
<i>methylphenidate hcl er (cd)</i>	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, 36 mg, 54 mg</i>	T1b	QL (60 tablets per 30 days); AL (Min 4 Years)

Medication	Coverage Level	Restrictions
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg, 72 mg</i>	T9	
<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>methylprednisolone oral</i>	T1b	
<i>methyltestosterone oral</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	T1a	
<i>metoclopramide hcl oral tablet</i>	T1a	
<i>metoclopramide hcl oral tablet dispersible</i>	T3	ST
<i>metolazone</i>	T1b	
<i>metoprolol succinate er</i>	T1b	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	T1b	
<i>metoprolol tartrate oral</i>	T1a	
<i>metoprolol-hctz er</i>	T9	
<i>metoprolol-hydrochlorothiazide</i>	T1b	
METROCREAM	T3	
METROGEL EXTERNAL GEL	T3	
METROGEL-VAGINAL	T3	
METROLOTION	T3	
<i>metronidazole benzoate</i>	T9	
<i>metronidazole external cream</i>	T1b	
<i>metronidazole external gel</i>	T1b	
<i>metronidazole external lotion</i>	T2	
<i>metronidazole oral capsule</i>	T1b	
<i>metronidazole oral tablet 125 mg</i>	T9	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T1b	
<i>metronidazole vaginal</i>	T1b	
<i>metyrosine</i>	T9	
<i>mexiletine hcl oral</i>	T1b	
MIACALCIN NASAL	T3	
MIBELAS 24 FE	T9	
MICARDIS	T3	
MICARDIS HCT	T3	

Medication	Coverage Level	Restrictions
MICORT HC	T9	
MICORT-HC	T9	
MICROCHAMBER	T3	QL (4 chambers per 1 year)
MICRODOT TEST	T3	ST; QL (200 strips per 30 days)
MICROGESTIN 1.5/30	Tier 8	PV
MICROGESTIN 1/20	Tier 8	PV
MICROGESTIN 24 FE	Tier 8	PV
MICROGESTIN FE 1.5/30	Tier 8	PV
MICROGESTIN FE 1/20	Tier 8	PV
MICROSPACER	T3	QL (4 chambers per 1 year)
<i>micuraderm</i>	T9	
<i>midazolam hcl oral</i>	T1b	
<i>midazolam intramuscular</i>	T9	
<i>midazolam intravenous solution prefilled syringe 25 mg/25ml, 50 mg/50ml</i>	T9	
<i>midodrine hcl</i>	T1b	
MIEBO	T2	QL (3 ML per 30 days)
<i>mifepristone oral tablet 300 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
MIGERGOT	T9	
<i>miglustat</i>	T5	PA; SP (Limited to a 1 month supply per fill); SP
MIGRANAL	T9	
MILI	Tier 8	PV
<i>milk of magnesia oral suspension 400 mg/5ml</i>	Tier 8	PV
MILLIPRED ORAL TABLET	T9	
MILOPHENE	T9	
<i>mimora</i>	T9	
MIMVEY	T1b	
MIMVEY LO	T1b	
MINASTRIN 24 FE	T9	
MINIMED INSTINCT GLUC SENSOR	T9	
MINIPRESS	T3	
MINITRAN	T1b	
MINIVELLE	T3	
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	

Medication	Coverage Level	Restrictions
<i>minocycline hcl oral tablet 100 mg</i>	T9	
<i>minocycline hcl oral tablet 50 mg, 75 mg</i>	T1b	
MINOLIRA	T9	
<i>minoxidil for men external solution 2 %</i>	T9	
<i>minoxidil oral</i>	T1b	
MINZOYA	T9	
MIPLYFFA	T9	
<i>mirabegron er</i>	T9	
MIRALAX ORAL POWDER	T9	
MIRAPEX	T3	
MIRAPEX ER	T3	ST; QL (30 tablets per 30 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	T9	
MIRCETTE	T9	
<i>mirtazapine oral tablet</i>	T1a	
<i>mirtazapine oral tablet dispersible</i>	T1b	
MIRVASO	T9	
<i>misoprostol oral</i>	T1b	
MITIGARE	T9	
M-M-R II INJECTION	T6- \$0 Copay	PV; QL (2 doses per 1 Lifetime)
MNEXSPIKE	T6- \$0 Copay	PV
<i>modafinil oral</i>	T1b	QL (60 tablets per 30 days)
MODERNA COVID-19 VAC 6M-11Y	T6- \$0 Copay	PV
MODEYSO	T5	PA; SP (Limited to a 1 month supply per fill); QL (20 capsules per 28 days)
<i>moexipril hcl</i>	T1b	
<i>mokura</i>	T9	
<i>mokura lp</i>	T9	
<i>mokura mod</i>	T9	
<i>mokura plus</i>	T9	
<i>molexi</i>	T9	
<i>mometasone furoate external</i>	T1b	
<i>mometasone furoate nasal</i>	T9	
MONDOXYNE NL ORAL CAPSULE 100 MG, 75 MG	T9	
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT PISTON SYRINGE	T2	
MONOJECT SYRINGE 21G X 1-1/2" 6 ML	T2	

Medication	Coverage Level	Restrictions
MONOJECT SYRINGE LUER-LOCK TIP 140 ML	T2	
MONO-LINYAH	Tier 8	PV
MONOVISC	T9	
<i>montelukast sodium oral</i>	T1b	
MONUROL	T3	QL (3 packets per 30 days)
MORGIDOX COMBINATION	T9	
MORPHABOND ER	T9	
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 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	
MOTEGRITY	T3	QL (30 tablets per 30 days)
MOTPOLY XR	T9	
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	PA; QL (2 ML per 28 days)
MOVANTIK	T2	PA; QL (30 tablets per 30 days)
MOVIPREP	T3	
MOXEZA	T3	
<i>moxifloxacin hcl (2x day)</i>	T1b	
<i>moxifloxacin hcl ophthalmic solution</i>	T1b	
<i>moxifloxacin hcl oral</i>	T1b	
<i>moxifloxacin-bromfenac</i>	T9	
MRESVIA	T6- \$0 Copay	PV; QL (1 dose per 1 year); AL (Min 50 Years)
MS CONTIN ORAL TABLET EXTENDED RELEASE	T3	
MUCOSITISRX	T9	
MUGARD	T9	
MULPLETA	T9	
MULTAQ	T3	
MULTIGEN FOLIC	T9	
MULTIGEN PLUS	T9	
<i>multivitamin w/fluoride</i>	T3	PV
<i>multivitamin/fluoride oral solution</i>	T3	PV
<i>multivitamin/fluoride oral suspension</i>	T3	PV

Medication	Coverage Level	Restrictions
<i>multivitamins oral capsule</i>	T9	
<i>mupirocin calcium</i>	T9	
<i>mupirocin external</i>	T1b	QL (22 GM per 30 days)
MUSCUSOLICE	T9	
MUSE	T9	
MVC-FLUORIDE	T3	PV
M-VIT	T9	
MY CHOICE	Tier 8	PV
MY WAY	Tier 8	PV
MYALEPT	T5	PA; SP (Limited to a 1 month supply per fill); SP
MYCAPSSA	T9	
MYCOBUTIN	T2	
<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>	T2	QL (240 tablets per 30 days)
<i>mycophenolic acid oral tablet delayed release 360 mg</i>	T2	QL (120 tablets per 30 days)
MYDAYIS	T9	
MYFEMBREE	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>myferon 150</i>	T9	
<i>myferon 150 forte</i>	T9	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	T3	QL (240 tablets per 30 days)
MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG	T3	QL (120 tablets per 30 days)
MYHIBBIN	T9	
MYLERAN	T2	
MYNATAL ORAL TABLET	T1b	
<i>mynatal plus</i>	T1b	
<i>mynatal-z</i>	T1b	
<i>mynate 90 plus</i>	T1b	

Medication	Coverage Level	Restrictions
<i>mynephrocaps</i>	T9	
MYNEPHRON	T9	
MYORISAN	T2	QL (6 fills per 2 years)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T2	ST; QL (240 ML per 30 days); AL (Max 10 Years)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T2	ST; QL (30 tablets per 30 days)
MYSOLINE ORAL TABLET 50 MG	T3	
MYTESI	T9	
<i>mythius</i>	T9	
<i>myvori</i>	T9	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	T3	
<i>nabumetone oral</i>	T1b	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1b	
<i>naftifine hcl external cream 1 %</i>	T3	ST; QL (90 GM per 30 days)
<i>naftifine hcl external cream 2 %</i>	T9	
<i>naftifine hcl external gel 2 %</i>	T9	
NAFTIN EXTERNAL CREAM 2 %	T9	
NAFTIN EXTERNAL GEL	T9	
NALFON ORAL CAPSULE 400 MG	T9	
<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 2 mg/2ml</i>	T1b	QL (2 syringes per 1 year)
<i>naloxone hcl nasal</i>	T1b	QL (1 box per 1 year)
NALTREX	T9	
<i>naltrexone hcl oral</i>	T1b	
NAMENDA ORAL TABLET	T3	QL (60 tablets per 30 days); AL (Min 40 Years)
NAMENDA TITRATION PAK	T3	QL (1 pack per 365 days); AL (Min 40 Years)
NAMENDA XR	T3	QL (30 capsules per 30 days); AL (Min 40 Years)
NAMENDA XR TITRATION PACK	T3	AL (Min 40 Years)
NAMZARIC	T9	
<i>nanran</i>	T9	
NAPHCON-A	T9	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	T9	
NAPROSYN ORAL SUSPENSION	T3	QL (4723 ML per 30 days); AL (Max 12 Years)

Medication	Coverage Level	Restrictions
NAPROSYN ORAL TABLET 500 MG	T3	QL (473 ml per 30 days)
NAPROTIN	T9	
<i>naproxen oral suspension</i>	T1a	QL (473 ML per 30 days); AL (Max 12 Years)
<i>naproxen oral tablet 250 mg, 375 mg</i>	T1a	
<i>naproxen oral tablet 500 mg</i>	T1b	
<i>naproxen oral tablet delayed release</i>	T9	
<i>naproxen sodium er</i>	T9	
<i>naproxen sodium oral tablet</i>	T1b	
<i>naproxen-esomeprazole mg</i>	T9	
<i>naratriptan hcl</i>	T1b	QL (12 tablets per 30 days)
NARCAN	T3	QL (1 box per 1 year)
NARDIL	T3	
NASACORT ALLERGY 24HR	T9	
NASCOBAL	T9	
NASONEX	T9	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	T3	QL (30 tablets per 30 days)
NATACYN	T3	
<i>natal prv</i>	T9	
NATAZIA	T9	
<i>nateglinide</i>	T1b	
NATESTO	T9	
NATROBA	T9	
NAYZILAM	T3	QL (5 kits per 30 days)
<i>nebivolol hcl</i>	T1b	
NEBUPENT	T3	
NECON 0.5/35 (28)	Tier 8	PV
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
<i>nefazodone hcl</i>	T1b	
NEFFY	T9	
NEMLUVIO	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 auto-injector per 28 days); SP
<i>nendrux</i>	T9	
<i>neomycin sulfate oral</i>	T1b	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	T1b	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1b	

Medication	Coverage Level	Restrictions
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1b	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	T1b	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	T1b	
<i>neonatal + dha</i>	T9	
<i>neonatal complete oral tablet 29-1 mg</i>	T9	
NEONATAL PLUS	T9	
NEORAL	T3	
NEOSALUS EXTERNAL FOAM	T9	
NEO-SYNALAR EXTERNAL CREAM	T9	
<i>neo-vital rx</i>	T3	
NEPHPLEX RX	T9	
NEPHRON FA	T9	
NEPHRO-VITE RX	T9	
NERLYNX	T4	PA; SP (Limited to a 1 month supply per fill); SP
NESINA	T9	
NESTABS	T3	
NESTABS ABC	T3	
NESTABS DHA	T3	
NEUAC EXTERNAL GEL	T1b	QL (45 GM per 30 days)
NEUAC EXTERNAL KIT	T9	
NEULASTA ONPRO	T9	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	T5	SP (Limited to a 1 month supply per fill); SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	T5	SP (Limited to a 1 month supply per fill); SP
NEUPRO	T3	ST; QL (30 patches per 30 days)
<i>neurin-sl</i>	T9	
NEURONTIN	T3	
NEUTEK 2TEK TEST	T3	ST; QL (200 strips per 30 days)
NEVANAC	T9	
<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)
NEW DAY	Tier 8	PV
NEXA PLUS	T3	

Medication	Coverage Level	Restrictions
NEXAVAR	T9	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	T9	
NEXIUM	T9	
NEXIUM 24HR	T3	
NEXLETOL	T3	PA; QL (30 Tablets per 30 days)
NEXLIZET	T3	PA; QL (30 tablets per 30 days)
NEXTSTELLIS	T9	
NGENLA	T9	
<i>niacin er (antihyperlipidemic)</i>	T1b	
<i>niacin oral tablet 500 mg</i>	T9	
NIACOR	T1b	
NICADAN	T9	
<i>nicardipine hcl oral capsule 20 mg</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
<i>nicardipine hcl oral capsule 30 mg</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
NICAZEL	T9	
NICAZEL FORTE	T9	
NICODERM CQ	T9	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG	T9	
NICORETTE	T9	
NICORETTE MINI	T9	
<i>nicotine</i>	Tier 8	PV
<i>nicotine mini</i>	Tier 8	PV
<i>nicotine polacrilex mouth/throat</i>	Tier 8	PV
NICOTROL	Tier 8	PV; QL (1 box per 30 days)
NICOTROL NS	Tier 8	PV; QL (40 mls per 30 days)
<i>nifedipine er osmotic release</i>	T1b	
<i>nifedipine oral</i>	T1b	
NIKKI	Tier 8	PV
<i>nilotinib d-tartrate oral capsule 150 mg, 200 mg</i>	T1b	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (112 Capsules per 28 days); SP
<i>nilotinib d-tartrate oral capsule 50 mg</i>	T1b	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (120 Capsules per 30 days); SP

Medication	Coverage Level	Restrictions
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	T1b	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (112 capsules per 28 days); SP
<i>nilotinib hcl oral capsule 50 mg</i>	T1b	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (120 Capsules per 30 days); SP
<i>nilutamide</i>	T1a	
<i>nimodipine oral capsule</i>	T2	SP (); QL (21 day supply per 365 days)
<i>nimodipine oral solution</i>	T4	ST; SP (Limited to a 1-month supply per fill)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (3 capsules per 28 days); SP
NINLARO ORAL CAPSULE 4 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (3 capsules per 28 days); SP
<i>nisoldipine er</i>	T2	
<i>nitazoxanide oral</i>	T5	SP (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
<i>nitisinone</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); SP
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	
<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); QL (120 ML per 30 days); AL (Max 9 Years)
<i>nitrofurantoin oral suspension 50 mg/5ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 ML per 30 Days)
<i>nitroglycerin er</i>	T1b	
<i>nitroglycerin rectal</i>	T9	
<i>nitroglycerin sublingual</i>	T1b	
<i>nitroglycerin transdermal patch 24 hour</i>	T1b	
<i>nitroglycerin translingual solution</i>	T2	

Medication	Coverage Level	Restrictions
NITROLINGUAL	T3	
NITROMIST	T3	
NITROSTAT	T1b	
NITRO-TIME	T1b	
NITYR	T9	
NIVA-FOL	T9	
NIVA-PLUS	T9	
NIVATOPIC PLUS	T9	
NIVESTYM	T4	SP (Limited to a 1 month supply per fill); SP
<i>nizatidine oral capsule</i>	T3	
<i>nizatidine oral solution</i>	T9	
NIZORAL EXTERNAL SHAMPOO 2 %	T3	
<i>nobela</i>	T9	
NOBLE FORMULA HC EXTERNAL SOLUTION	T9	
NOCDURNA	T9	
NOCTIVA NASAL EMULSION 1.66 MCG/0.1ML	T9	
<i>nolira</i>	T9	
NORA-BE	Tier 8	PV
NORCO	T3	
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
<i>norelgestromin-eth estradiol</i>	Tier 8	PV; QL (3 patches per 28 days)
<i>norethin ace-eth estrad-fe oral capsule</i>	T9	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 8	PV
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	Tier 8	PV
<i>norethindrone acetate oral</i>	T1b	
<i>norethindrone acet-ethinyl est</i>	Tier 8	PV
<i>norethindrone oral</i>	Tier 8	PV
<i>norethindrone-eth estradiol</i>	T1b	
<i>norethindron-ethinyl estrad-fe</i>	Tier 8	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	Tier 8	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	T9	
<i>norgesic forte</i>	T9	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 8	PV
<i>norgestim-eth estrad triphasic</i>	Tier 8	PV
NORITATE	T9	

Medication	Coverage Level	Restrictions
NORLIQVA	T3	QL (150 ML per 30 Days); AL (Max 6 Years)
NORPACE	T3	
NORPACE CR	T2	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	T3	QL (60 tablets per 30 days)
NORTHERA	T9	
NORTREL 0.5/35 (28)	Tier 8	PV
NORTREL 1/35 (21)	Tier 8	PV
NORTREL 1/35 (28)	Tier 8	PV
NORTREL 7/7/7	Tier 8	PV
<i>nortriptyline hcl oral capsule</i>	T1b	
NORVASC	T3	SP (Generic substitution mandatory.)
NORVIR ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)
NORVIR ORAL TABLET	T3	
NOURIANZ	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
NOVA MAX GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
NOVACORT EXTERNAL GEL 1-2 %	T9	
NOVAREL	T3	ST; SP
<i>novavax covid-19 vaccine</i>	T6- \$0 Copay	PV
NOVOEIGHT	T4	PA; SP (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
NOVOFINE 32G X 6 MM	T2	
NOVOFINE AUTOCOVER	T2	
NOVOFINE AUTOCOVER PEN NEEDLE	T2	
NOVOFINE PEN NEEDLE	T2	
NOVOFINE PLUS	T2	
NOVOFINE PLUS PEN NEEDLE	T2	
NOVOLIN 70/30	T3	ST
NOVOLIN 70/30 FLEXPEN	T3	ST; AL (Max 21 Years)
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	

Medication	Coverage Level	Restrictions
NOVOLOG MIX 70/30	T9	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	T9	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
NOVOSEVEN RT	T4	SP (Limited to a 1 month supply per fill)
NOXAFIL ORAL	T9	
NP THYROID	T1b	
NUBEQA	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
NUCALA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days); SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); SP
NUCORT	T3	
NUCYNTA	T3	ST
NUCYNTA ER	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
NUDEXTA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 Capsules per 30 days)
NUFERA	T9	
<i>nujo</i>	T9	
<i>nuju</i>	T9	
NULEV	T1b	
NULYTELY LEMON-LIME	T3	
NUPLAZID ORAL CAPSULE	T9	
NUPLAZID ORAL TABLET 10 MG	T9	
NURTEC	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 tablets per 30 days)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NUVAIL	T9	

Medication	Coverage Level	Restrictions
NUVARING	T9	
<i>nuvaxovid covid-19 vaccine</i>	T6- \$0 Copay	PV
NUVESSA	T9	
NUVIGIL ORAL TABLET 150 MG, 250 MG	T3	QL (30 tablets per 30 days)
NUVIGIL ORAL TABLET 200 MG, 50 MG	T9	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	T4	PA; SP (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
NUZYRA INTRAVENOUS	T9	
NUZYRA ORAL TABLET 150 MG	T9	
NYAMYC	T1b	QL (60 GM per 30 days)
NYLIA 1/35	T1a	PV
NYLIA 7/7/7	Tier 8	PV
NYMALIZE ORAL SOLUTION 6 MG/ML	T5	ST; SP (Limited to a 1 month supply per fill); QL (1 fill per 21 days)
NYMYO	Tier 8	PV
<i>nynutey</i>	T9	
NYPOZI	T9	
<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)
<i>nystatin mouth/throat</i>	T1b	
<i>nystatin oral tablet</i>	T1b	
<i>nystatin-triamcinolone</i>	T1b	
NYSTOP	T1b	QL (60 GM per 30 days)
NYVEPRIA	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 Days); SP
O-CAL FA	T9	
OCALIVA	T9	
OCELLA	Tier 8	PV
OCM WOUND CARE MATRIX	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); SP
<i>octreotide acetate subcutaneous</i>	T4	SP (Limited to a 1 month supply per fill); SP
OCUFLOX	T3	
OCUVEL ORAL CAPSULE 0.5 MG	T9	

Medication	Coverage Level	Restrictions
ODACTRA	T3	AL (Min 5 Years and Max 65 Years)
ODEFSEY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ODOMZO	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 capsules per 30 days); SP
OFEV	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days); AL (Min 18 Years); SP
<i>ofloxacin ophthalmic</i>	T1b	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T1b	
<i>ofloxacin otic</i>	T1b	
OGIVRI	T9	
OGSIVEO ORAL TABLET 100 MG, 150 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (56 tablets per 28 days)
OGSIVEO ORAL TABLET 50 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (180 tablets per 30 days)
OHTUVAYRE	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 vials per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED	T5	PA; SP (Limited to a 1 month supply per fill); QL (96 ML per 28 days); AL (Max 6 Years)
OJEMDA ORAL TABLET 100 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 box per 28 days); AL (Min 6 Years and Max 25 Years)
OJJAARA	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>olanzapine oral tablet</i>	T1a	
<i>olanzapine oral tablet dispersible</i>	T2	
<i>olanzapine-fluoxetine hcl</i>	T9	
<i>olmesartan medoxomil oral</i>	T1b	
<i>olmesartan medoxomil-hctz</i>	T1b	
<i>olmesartan-amlodipine-hctz</i>	T1b	

Medication	Coverage Level	Restrictions
<i>olopatadine hcl nasal</i>	T2	
<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)
OLPRUVA (2 GM DOSE)	T9	
OLPRUVA (3 GM DOSE)	T9	
OLPRUVA (4 GM DOSE)	T9	
OLPRUVA (5 GM DOSE)	T9	
OLPRUVA (6 GM DOSE)	T9	
OLPRUVA (6.67 GM DOSE)	T9	
OLUMIANT ORAL TABLET 1 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
OLUMIANT ORAL TABLET 2 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
OLUMIANT ORAL TABLET 4 MG	T9	
OLUX	T9	
OLUX-E	T9	
OMECLAMOX-PAK	T9	
<i>omega-3-acid ethyl esters</i>	T1b	
<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	
Omeprazole-Sodium Bicarbonate Oral Capsule	Benefit Exclusion	
OMEZA COLLAGEN MATRIX	T9	
OMNARIS	T9	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	T5	SP (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
OMNIPOD 5 DEXG7G6 PODS GEN 5	T5	SP (Limited to a 1 month supply per fill); QL (2 Packs per 30 days)
OMNIPOD 5 G7 INTRO (GEN 5)	T5	SP (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
OMNIPOD 5 G7 PODS (GEN 5)	T5	SP (Limited to a 1-month supply per fill); QL (2 Packs per 30 days)
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	T5	SP (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
OMNIPOD 5 LIBRE2 PLUS G6	T5	SP (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	T5	SP (Limited to a 1 month supply per fill); QL (2 Packs per 30 days)
OMNIPOD DASH INTRO (GEN 4)	T5	SP (Limited to 1 kit per 30 days); QL (1 kit per 2 yearss)

Medication	Coverage Level	Restrictions
OMNIPOD DASH PODS (GEN 4)	T5	SP (Limited to a 1 month supply per fill); QL (2 packs per 30 days)
OMNIPOD GO	T9	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA; SP (Limited to a 1 month supply per fill); SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T9	
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1-month supply per fill.); QL (2 Pens per 28 days)
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1-month supply per fill.); QL (2 Syringes per 28 days)
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days); SP
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; SP (Limited to a 1-month supply per fill); QL (2 Syringes per 28 days)
ON CALL EXPRESS BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
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	
<i>ondansetron hcl oral</i>	T1b	
<i>ondansetron oral tablet dispersible 16 mg</i>	T9	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	T1b	
ONENATAL RX	T9	
ONETOUCH ULTRA TEST	T9	
ONETOUCH VERIO IN VITRO STRIP	T9	
ONEXTON	T9	
ONFI ORAL SUSPENSION	T3	ST
ONFI ORAL TABLET 10 MG, 20 MG	T3	ST
ONGENTYS	T3	ST
ONGLYZA	T3	ST; QL (30 tablets per 30 days)
ONTRUZANT	T9	
ONUREG	T5	PA; SP (Limited to a 1 month supply per fill); QL (14 tablets per 28 days); SP
ONYDA XR	T9	

Medication	Coverage Level	Restrictions
<i>onzdeaxiademtar</i>	T9	
<i>onzdeaxiatar</i>	T9	
ONZETRA XSAIL	T9	
OPCICON ONE-STEP	Tier 8	PV
OPFOLDA	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 capsules per 30 days); SP
OPIII	T9	
OPIIPI	T9	
<i>opium</i>	T9	
OPSUMIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
OPSYNVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
OPTICAMBER ADVANTAGE-LG MASK	T2	QL (4 EA per 365 days)
OPTICAMBER ADVANTAGE-MED MASK	T2	QL (4 EA per 365 days)
OPTICAMBER ADVANTAGE-SM MASK	T2	QL (4 EA per 365 days)
OPTICAMBER DIAMOND	T2	
OPTICAMBER FACE MASK-LARGE	T2	QL (4 EA per 365 days)
OPTICAMBER FACE MASK-MEDIUM	T2	QL (4 EA per 365 days)
OPTICAMBER FACE MASK-SMALL	T2	QL (4 EA per 365 days)
OPTION 2	Tier 8	PV
OPTIONS GYNOL II CONTRACEPTIVE	Tier 8	PV
OPTIUM TEST	T3	ST; QL (200 strips per 30 days)
OPTIUMEZ TEST	T3	ST; QL (200 strips per 30 days)
OPVEE	T2	QL (1 box per 1 year)
OPZELURA	T9	
ORACEA	T9	
ORACIT	T3	
<i>oral citrate</i>	T1b	
<i>oral saline laxative kit</i>	Tier 8	PV
ORALAIR	T3	AL (Min 10 Years and Max 65 Years)
ORALONE	T3	
ORAMAGICRX	T9	
ORAPRED ODT	T9	
ORAVIG	T4	ST; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
ORENCIA CLICKJECT	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1.6 ML per 28 days); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (2.8 ML per 28 days); SP
ORENITRAM MONTH 1	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 28 days); SP
ORENITRAM MONTH 2	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 28 days); SP
ORENITRAM MONTH 3	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 28 days); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (2880 tablets per 30 days); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (1440 tablets per 30 days); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
ORFADIN ORAL CAPSULE	T9	
ORFADIN ORAL SUSPENSION	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 ML per 30 days); AL (Min 5 Years and Max 9 Years)
ORGOVYX	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ORIAHNN	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)

Medication	Coverage Level	Restrictions
ORILISSA ORAL TABLET 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
ORILISSA ORAL TABLET 200 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
ORKAMBI ORAL PACKET 100-125 MG	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); SP
ORKAMBI ORAL PACKET 150-188 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days); AL (Min 1 Years and Max 5 Years); SP
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); SP
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); SP
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); SP
ORLADEYO	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); AL (Min 12 Years)
Orlistat Oral	Non-Formulary	
ORLYNVAH	T9	
ORMALVI	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>orphenadrine citrate er</i>	T1b	
<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	
ORQUIDEA	Tier 8	PV
ORSERDU	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
ORTHAPHEN	T9	
<i>ortho df</i>	T9	

Medication	Coverage Level	Restrictions
ORTHOVISC INTRA-ARTICULAR SOLUTION REFILLED SYRINGE	T9	
ORTIKOS	T9	
<i>oscimin sr</i>	T1b	
<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)
OSENI	T9	
OSMOLEX ER	T9	
OSMOPREP	T3	
OSPHENA	T1b	ST
OSPOMYV	T9	
OTEZLA ORAL TABLET 20 MG	T4	PA; SP (Limited to a 1-month supply per fill); QL (60 Tablets per 30 days); SP
OTEZLA ORAL TABLET 30 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 1 year); SP
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG	T4	PA; SP (Limited to a 1-month supply per fill); QL (1 Pack per 1 Year); SP
OTEZLA XR	T4	PA; SP (Limited to a 1-month supply per fill.); QL (30 Tablets per 30 days); SP
OTEZLA/OTEZLA XR INITIATION PK	T4	PA; SP (Limited to a 1-month supply per fill.); QL (1 Pack per 1 Lifetime); SP
OTOVEL	T2	AL (Min 6 Months and Max 17 Years)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	T9	
OTULFI SUBCUTANEOUS SOLUTION REFILLED SYRINGE	T9	
OVACE PLUS	T9	
OVACE PLUS WASH	T9	
OVACE WASH	T9	
OVIDE	T3	
OVIDREL	T2	SP
<i>oxaprozin oral capsule</i>	T9	

Medication	Coverage Level	Restrictions
<i>oxaprozin oral tablet</i>	T2	
<i>oxazepam</i>	T1b	
<i>oxcarbazepine</i>	T1b	
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg</i>	T4	ST; QL (30 tablets per 30 days)
<i>oxcarbazepine er oral tablet extended release 24 hour 600 mg</i>	T4	ST; QL (120 tablets per 30 days)
OXERVATE	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 weeks per 1 lifetime); SP
<i>oxiachlo</i>	T9	
<i>oxiaice</i>	T9	
<i>oxianuji</i>	T9	
<i>oxiavar</i>	T9	
<i>oxiavary</i>	T9	
<i>oxiconazole nitrate</i>	T3	ST; QL (60 GM per 30 days)
OXISTAT EXTERNAL LOTION	T9	
<i>oxopid</i>	T9	
<i>oxopidaxiaqup</i>	T9	
OXTELLAR XR	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	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg</i>	T2	QL (60 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 15 mg, 80 mg</i>	T2	QL (60 tablets per 30 days)
<i>oxycodone hcl oral capsule</i>	T9	
<i>oxycodone hcl oral concentrate 20 mg/ml</i>	T1b	
<i>oxycodone hcl oral solution</i>	T1b	
<i>oxycodone hcl oral tablet</i>	T1b	
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	T1b	
<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	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	T9	
<i>oxymorphone hcl</i>	T2	ST

Medication	Coverage Level	Restrictions
<i>oxymorphone hcl er</i>	T2	ST; QL (60 tablets per 30 days)
OXYTROL	T9	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	T9	SP ()
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	T9	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T9	SP ()
OZEMPIC (2 MG/DOSE)	T9	SP ()
OZOBAX	T9	
OZOBAX DS	T9	
OZURDEX INTRAVITREAL	T9	
PACERONE ORAL TABLET 100 MG	T2	QL (30 tablets per 30 days)
PACERONE ORAL TABLET 200 MG	T1b	
PACERONE ORAL TABLET 400 MG	T9	
PALFORZIA (1 MG DAILY DOSE)	T4	PA; SP (Limited to a 1-month supply per fill.)
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)

Medication	Coverage Level	Restrictions
PALFORZIA (80 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA INITIAL DOSE 1-3YRS	T4	PA; SP (Limited to a 1-month supply per fill.)
PALFORZIA INITIAL ESCALATION	T4	PA; SP (Limited to a 1 month supply per fill)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	T2	QL (30 tablets per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	T2	QL (60 tablets per 30 days)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 syringe per 30 days); SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML, 20 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days); SP
PAMELOR ORAL CAPSULE	T3	SP (Generic substitution mandatory.)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	T5	ST; SP (Limited to a 1 month supply per fill)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT	T5	ST; SP (Limited to a 1 month supply per fill)
PANDA MASK LARGE	T3	QL (4 masks per 1 year)
PANDA MASK MEDIUM	T3	QL (4 masks per 1 year)
PANDA MASK SMALL	T3	QL (4 masks per 1 year)
PANDEL	T9	
<i>pantoprazole sodium oral packet</i>	T9	
<i>pantoprazole sodium oral tablet delayed release</i>	T3	
<i>paregoric</i>	T9	
<i>paricalcitol oral</i>	T2	
PARLODEL	T3	
PARNATE	T3	
<i>paromomycin sulfate oral</i>	T1b	
<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	
<i>paroxetine mesylate</i>	T9	
PATADAY OPHTHALMIC SOLUTION 0.1 %	T3	QL (5 ML per 30 days)

Medication	Coverage Level	Restrictions
PATADAY OPHTHALMIC SOLUTION 0.2 %	T3	ST; QL (2.5 ML per 30 days)
PATANASE	T3	
PATANOL	T3	
PAXIL	T3	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 37.5 MG	T3	ST; QL (30 EA per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	T3	ST; QL (60 EA per 30 days)
PAXLOVID (150/100)	T4	SP (Limited to 1 fill per year); QL (1 pack per 1 year)
PAXLOVID (300/100)	T4	SP (Limited to 1 fill per year); QL (1 pack per 1 year)
PAZEO	T9	
<i>pazopanib hcl oral tablet 200 mg</i>	T1b	PA; QL (120 tablets per 30 days); SP
<i>pazopanib hcl oral tablet 400 mg</i>	T1b	PA; SP (Limited to a 1-month supply per fill.); QL (60 Tablets per 30 days); SP
<i>pc pediatric iron drops</i>	T1b	AL (Min 6 Months and Max 12 Months)
<i>pediatric medium mask</i>	T3	QL (4 masks per 1 year)
PEDIATRIC PANDA MASK	T3	QL (4 masks per 1 year)
<i>pediatric small mask</i>	T3	QL (4 masks per 1 year)
<i>peg 3350 oral powder</i>	T9	
<i>peg 3350-kcl-na bicarb-nacl</i>	Tier 8	PV
<i>peg-3350/electrolytes</i>	Tier 8	PV
<i>peg-3350/electrolytes/ascorbat</i>	Tier 8	PV
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	SP (Limited to a 1 month supply per fill); QL (48 Treatments per 1 Lifetime); SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	SP (Limited to a 1 month supply per fill); QL (48 treatments per 1 lifetime); SP
PEG-PREP	Tier 8	PV
PEMAZYRE	T4	PA; SP (Limited to a 1 month supply per fill); QL (14 tablets per 21 days)
PEMGARDA	T9	
PEMRYDI RTU INTRAVENOUS SOLUTION 500 MG/50ML	T9	
PENBRAYA	T6- \$0 Copay	PV; QL (2 doses per 1 lifetime)
<i>penciclovir</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (5 GM per 6 monthss)

Medication	Coverage Level	Restrictions
<i>penicillamine oral capsule</i>	T9	
<i>penicillamine oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>penicillin v potassium</i>	T1b	
<i>penmenvy</i>	T6- \$0 Copay	PV; QL (2 doses per 1 lifetime)
PENNSAID TRANSDERMAL SOLUTION 2 %	T9	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	T6- \$0 Copay	PV
<i>pentamidine isethionate inhalation</i>	T1b	
PENTASA	T5	ST; SP (Limited to a 1 month supply per fill); QL (240 capsules per 30 dayss)
<i>pentazocine-naloxone hcl</i>	T2	ST
<i>pentoxifylline er</i>	T1b	
PEPCID ORAL TABLET	T9	
<i>perampanel oral tablet</i>	T4	ST; QL (30 Tablets per 30 Days); AL (Min 12 Years)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T3	
PERFOROMIST	T9	
PERIDEX	T3	
<i>perindopril erbumine</i>	T1b	
<i>permethrin external cream</i>	T1b	
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	T1b	
<i>perphenazine-amitriptyline</i>	T1b	
PERTZYE	T5	ST; SP (Limited to a 1 month supply per fill)
PEXEVA	T9	
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 intramuscular suspension 3 mcg/0.3ml</i>	T6- \$0 Copay	PV
<i>pfizer-biontech covid-19 vacc</i>	T6- \$0 Copay	PV
PHEBURANE	T9	
<i>phedrax</i>	T9	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	T1b	
Phendimetrazine Tartrate	Benefit Exclusion	
Phendimetrazine Tartrate ER	Non-Formulary	
<i>phenelzine sulfate oral</i>	T1b	
<i>phenobarbital oral elixir</i>	T1b	

Medication	Coverage Level	Restrictions
<i>phenobarbital oral tablet</i>	T1b	
<i>phenoxybenzamine hcl oral</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
Phentermine HCl Oral Capsule 15 MG, 30 MG	Benefit Exclusion	
Phentermine HCl Oral Tablet 37.5 MG	Benefit Exclusion	
<i>phentermine hcl oral tablet 8 mg</i>	T9	
Phentermine-Topiramate ER	Non-Formulary	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	T1b	
PHENYTEK	T2	
<i>phenytoin oral</i>	T1b	
<i>phenytoin sodium extended</i>	T1b	
<i>pheoxia</i>	T9	
PHEXX	T3	QL (1 Tube per 30 Days)
PHEXXI	T3	QL (1 Tube per 30 days)
PHILITH	Tier 8	PV
PHLAG SPRAY	T9	
PHOSLO	T3	
PHOSLYRA	T3	ST
<i>phos-nak</i>	T9	
PHOSPHA 250 NEUTRAL	T9	
<i>phosphate laxative oral solution 2.7-7.2 gm/15ml</i>	Tier 8	PV
PHOSPHOLINE IODIDE	T2	
PHYRAGO	T9	
<i>phytonadione injection solution 1 mg/0.5ml</i>	T3	
<i>phytonadione oral</i>	T1b	QL (3 tablets per 30 Days)
<i>pidprogtar</i>	T9	
PIFELTRO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1b	
<i>pilocarpine hcl ophthalmic solution 1.25 %</i>	T9	
<i>pilocarpine hcl oral</i>	T1b	QL (120 tablets per 30 days)
<i>pimecrolimus</i>	T1b	QL (30 GM 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)
PIMTREA	Tier 8	PV
<i>pindolol</i>	T1b	
<i>pioglitazone hcl</i>	T1b	
<i>pioglitazone hcl-glimepiride</i>	T9	

Medication	Coverage Level	Restrictions
<i>pioglitazone hcl-metformin hcl</i>	T1b	
PIP BLOOD GLUCOSE TEST STRIP	T3	ST; QL (200 strips per 30 days)
PIP GLUCOSE CONTROL SOLUTION	T3	
<i>pip lancets 28g</i>	T2	
<i>pip lancets 30g</i>	T2	
PIQRAY (200 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); SP
PIQRAY (250 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); SP
PIQRAY (300 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); SP
<i>pirfenidone oral capsule</i>	T1b	PA; QL (270 capsules per 30 days); SP
<i>pirfenidone oral tablet 267 mg, 534 mg</i>	T9	
<i>pirfenidone oral tablet 801 mg</i>	T1b	PA; QL (90 tablets per 30 days); SP
<i>piroxicam oral</i>	T1b	
<i>pitavastatin calcium</i>	T1b	ST; QL (30 tablets per 30 days)
PLAN B ONE-STEP	Tier 8	PV
PLAQUENIL	T3	
PLASMA-LYTE 148	T4	PA; SP (Limited to a 1-month supply per fill.)
PLAVIX ORAL TABLET 75 MG	T3	
PLEGRIDY INTRAMUSCULAR	T4	ST; SP (Limited to a one month supply per fill); QL (2 syringes per 28 days); SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill); SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill); SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill); SP
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days); SP
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days); SP

Medication	Coverage Level	Restrictions
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
PLENITY	T9	
<i>plenura</i>	T9	
PLENVU	T3	
PLEXION CLEANSER EXTERNAL LIQUID	T9	
PLEXION CLEANSING CLOTH EXTERNAL PAD	T9	
PLEXION EXTERNAL CREAM	T9	
PLEXION NS	T9	
PLIAGLIS EXTERNAL CREAM	T9	
PNEUMOVAX 23	T6- \$0 Copay	PV; QL (3 doses per 1 Lifetime)
<i>pnv tabs 29-1</i>	T1b	
<i>pnv-dha</i>	T1b	
<i>pnv-dha+docusate</i>	T1b	
<i>pnv-omega</i>	T1b	
<i>pnv-select</i>	T1b	
<i>podocon</i>	T9	
PODOCON-25	T9	
<i>podofilox external gel</i>	T3	ST
<i>podofilox external solution</i>	T1b	
<i>podoxia</i>	T9	
<i>podprogtar</i>	T9	
<i>podtar</i>	T9	
POGO AUTOMATIC TEST CARTRIDGES	T3	
POKONZA ORAL PACKET 10 MEQ	T9	
<i>polyethylene glycol 3350 oral packet</i>	T9	
<i>polyethylene glycol 3350 oral powder</i>	Tier 8	PV
<i>poly-iron 150 forte</i>	T9	
<i>polymyxin b-trimethoprim</i>	T1b	
POLYTRIM	T3	
POLY-VI-FLOR ORAL TABLET CHEWABLE	T9	
POLY-VI-FLOR/IRON	T9	
POMALYST ORAL CAPSULE 1 MG, 3 MG, 4 MG	T5	PA; SP (Limited to a 1 month supply per fill); SP
POMALYST ORAL CAPSULE 2 MG	T5	PA; SP (Limited to a 1 month supply per fill); SP
PONSTEL	T3	

Medication	Coverage Level	Restrictions
PONVORY	T4	ST; SP (Limited to a 1 month supply per fill)); QL (30 tablets per 30 days); SP
PONVORY STARTER PACK	T4	ST; SP (Limited to a 1 month supply per fill)); QL (1 pack per 2 years); SP
PORTIA-28	Tier 8	PV
<i>posaconazole oral suspension</i>	T1b	SP (Limited to a 1 month supply per fill); QL (450 ML per 30 days)
<i>posaconazole oral tablet delayed release</i>	T1b	SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
POSFREA	T9	
<i>pot & sod cit-cit ac</i>	T1b	
POTABA ORAL CAPSULE	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, 15 meq, 8 meq</i>	T1b	
<i>potassium chloride oral packet 20 meq</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 (Max of 31 days per dispensing.)
<i>potassium citrate er</i>	T1b	
<i>potassium citrate-citric acid oral solution</i>	T1b	
<i>potassium iodide (expectorant)</i>	T2	
<i>potassium iodide oral solution</i>	T2	
<i>povidone-iodine ophthalmic</i>	T9	
PR BENZOYL PEROXIDE WASH	T9	
PR NATAL 400	T1b	
PR NATAL 400 EC	T1b	
PR NATAL 430	T1b	
PR NATAL 430 EC	T1b	
PRADAXA ORAL CAPSULE	T3	QL (62 capsules per 31 days)
PRADAXA ORAL PACKET	T9	
PRAKETAMIDE	T9	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; QL (2 pens per 28 days)

Medication	Coverage Level	Restrictions
<i>pramipexole dihydrochloride</i>	T1b	
<i>pramipexole dihydrochloride er</i>	T3	ST; QL (30 tablets per 30 days)
PRAMOSONE	T9	
<i>pramoxine-hc external cream</i>	T9	
<i>prasugrel hcl</i>	T1b	QL (31 tablets per 31 days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	T3	
<i>pravastatin sodium</i>	T1b	PV
<i>prazosin hcl oral</i>	T1b	
PRECISION PCX	T3	ST; QL (200 strips per 30 days)
PRECISION PCX PLUS TEST	T3	ST; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST	T3	ST; QL (200 EA per 30 days)
PRECISION QID TEST	T3	ST; QL (200 EA per 30 days)
PRECISION XTRA BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
PRECOSE	T3	
PRED FORTE	T3	
PRED MILD	T3	
PRED-G	T2	
PRED-G S.O.P.	T3	
<i>prednicarbate</i>	T1b	
<i>prednisolone acetate ophthalmic</i>	T1b	
<i>prednisolone oral solution</i>	T1b	
<i>prednisolone oral tablet</i>	T9	
<i>prednisolone sodium phosphate ophthalmic</i>	T1b	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	T1b	
<i>prednisolone sodium phosphate oral solution 20 mg/5ml</i>	T9	
<i>prednisolone-bromfenac ophthalmic solution</i>	T9	
<i>prednisolone-gatifloxacin ophthalmic solution</i>	T9	
<i>prednisolon-gatiflox-bromfenac ophthalmic solution</i>	T9	
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	
PREFEST	T3	
<i>pregabalin er</i>	T9	

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)
PREGNYL	T3	SP
PREHEVBRIO	T6- \$0 Copay	QL (3 doses per 1 lifetime); AL (Min 18 Years)
PREMARIN ORAL	T2	QL (30 tablets per 30 days)
PREMARIN VAGINAL	T3	ST
<i>premium blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
PREMPHASE	T2	
PREMPRO	T2	
<i>prena 1 true</i>	T1b	
<i>prena1</i>	T1b	
<i>prena1 pearl</i>	T1b	
<i>prenaissance</i>	T1b	
<i>prenaissance plus</i>	T1b	
PRENATABS RX	T1b	
<i>prenatal (w/iron & fa)</i>	Tier 8	PV
<i>prenatal 19 oral tablet 29-1 mg</i>	T3	
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	T1b	
<i>prenatal complete oral tablet</i>	Tier 8	PV
<i>prenatal multi +dha oral capsule 27-0.8-250 mg</i>	Tier 8	PV
<i>prenatal multivitamin plus dha</i>	Tier 8	PV
<i>prenatal one daily</i>	Tier 8	PV
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	Tier 8	PV
<i>prenatal plus</i>	T1b	
<i>prenatal plus iron</i>	T1b	
<i>prenatal plus vitamin/mineral</i>	T3	
PRENATAL-U	T1b	
PRENATE AM	T3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG, 28-0.6-0.4-300 MG	T3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG, 26-0.6-0.4 MG	T3	
PRENATE ENHANCE	T3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T3	QL (30 capsules per 30 days)
PRENATE PIXIE	T3	QL (30 capsules per 30 days)

Medication	Coverage Level	Restrictions
PRENATE RESTORE	T3	
PRENATE STAR	T3	
PREPIDIL	T3	
PREPOPIK	T3	
PRESERA	T9	
PRESTALIA	T3	ST; QL (30 tablets per 30 days)
<i>pretomanid</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PREVACID 24HR	T9	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	T9	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG	T9	
PREVALITE	T1b	
PREVIDENT	T3	
PREVIDENT 5000 KIDS	T3	
PREVIDENT 5000 ORTHO DEFENSE	T3	
PREVIDENT 5000 PLUS	T3	
PREVNAR 13	T6- \$0 Copay	PV; QL (2 doses per 1 lifetime)
PREVNAR 20	T6- \$0 Copay	PV
PREVYMIS ORAL PACKET 120 MG	T4	PA; SP (Limited to a 1-month supply per fill); QL (30 Packs per 30 days)
PREVYMIS ORAL PACKET 20 MG	T4	PA; SP (Limited to a 1-month supply per fill); QL (120 Packs per 30 days)
PREVYMIS ORAL TABLET	T4	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
PREZCOBIX ORAL TABLET 675-150 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 Days)
PREZCOBIX ORAL TABLET 800-150 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PREZISTA ORAL SUSPENSION	T4	SP (Limited to a 1 month supply per fill)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T4	SP (Limited to a 1 month supply per fill)
PRIFTIN	T2	
PRILOSEC OTC	T9	
<i>primaquine phosphate oral</i>	T1b	
<i>primidone oral tablet 125 mg</i>	T9	

Medication	Coverage Level	Restrictions
<i>primidone oral tablet 250 mg, 50 mg</i>	T1a	
PRIMLEV	T9	
PRIMSOL	T9	
PRINIVIL	T3	
PRIORIX	T6- \$0 Copay	PV; QL (2 doses per 1 lifetime)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	T3	QL (60 tablets per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	T3	QL (30 tablets per 30 days)
PROAIR DIGIHALER	T9	
PROAIR HFA	T9	
PROAIR RESPICLICK	T9	
<i>probenecid oral</i>	T1b	
PROBUPHINE IMPLANT KIT	T9	
PROCARDIA XL	T3	
PROCENTRA	T1b	
<i>prochamber vhc</i>	T1b	QL (4 EA per 365 days)
<i>prochlorperazine</i>	T1b	
<i>prochlorperazine maleate oral</i>	T1a	
PROCRIT	T4	SP (Limited to a 1 month supply per fill); SP
PROCTOCORT RECTAL SUPPOSITORY	T9	
PROCTOFOAM HC EXTERNAL	T1b	QL (2 cans per 30 days)
PROCYSBI ORAL CAPSULE DELAYED RELEASE	T9	
PRODIGY CONTROL SOLUTION IN VITRO SOLUTION LOW	T3	
PRODIGY LANCETS 26G	T2	
PRODIGY LANCETS 28G	T2	
PRODIGY LANCING DEVICE	T3	
PRODIGY NO CODING BLOOD GLUC IN VITRO	T3	ST; QL (200 strips per 30 days)
PRODIGY TWIST TOP LANCETS 28G	T2	
PROFERRIN-FORTE	T9	
PROFILNINE	T5	SP (Limited to a 1 month supply per fill)
PROFINAC	T9	
<i>progesterone intramuscular</i>	T1b	
<i>progesterone micronized oral</i>	T1b	
<i>progesterone oral</i>	T1b	
<i>progesterone vaginal</i>	T4	QL (84 Inserts per 28 days)

Medication	Coverage Level	Restrictions
PROGLYCEM	T9	
PROGRAF ORAL CAPSULE	T3	
PROGRAF ORAL PACKET	T3	AL (Max 9 Years)
PROLATE	T9	
PROLENSA	T9	
PROMACTA ORAL PACKET	T9	
PROMACTA ORAL TABLET 12.5 MG, 50 MG, 75 MG	T9	
PROMACTA ORAL TABLET 25 MG	T9	SP ()
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	T1b	
<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	
<i>promethazine vc/codeine</i>	T1b	
<i>promethazine-codeine oral syrup</i>	T1b	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	T1b	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T1b	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
PROMETRIUM	T3	
PROMISEB	T9	
PRONAL	T9	
<i>prooxia</i>	T9	
<i>propafenone hcl</i>	T1b	
<i>propafenone hcl er</i>	T1b	
<i>propantheline bromide oral</i>	T1b	
PROPECIA	T9	
<i>propranolol hcl er</i>	T1b	
<i>propranolol hcl intravenous</i>	T1b	
<i>propranolol hcl oral</i>	T1a	
<i>propranolol-hctz</i>	T1b	
<i>propylthiouracil oral</i>	T1b	
PROSCAR	T3	
PROTONIX ORAL TABLET DELAYED RELEASE	T9	
<i>protriptyline hcl</i>	T2	
PROVENTIL HFA	T9	
PROVERA	T3	

Medication	Coverage Level	Restrictions
PROVIDA OB	T3	
PROVIGIL ORAL TABLET 100 MG	T3	QL (31 EA per 31 days)
PROVIGIL ORAL TABLET 200 MG	T3	QL (62 EA per 31 days)
PROZAC ORAL CAPSULE	T3	
<i>prucalopride succinate</i>	T1b	QL (30 Tablets per 30 days)
PRUCLAIR	T9	
PRUDOXIN	T9	
PRUMYX	T9	
PRURADIK	T9	
PRUTECT	T9	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	T1b	
<i>pseudoephedrine hcl oral tablet 60 mg</i>	T9	
PULMICORT FLEXHALER	T1b	QL (1 inhaler per 30 days)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 1 MG/2ML	T3	QL (120 ML per 30 days)
PULMICORT INHALATION SUSPENSION 0.5 MG/2ML	T3	QL (240 ML per 30 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	SP (Limited to a 1 month supply per fill); QL (60 ampules per 30 days); SP
<i>purazil</i>	T9	
<i>purevit dualfe plus</i>	T9	
PURIXAN	T5	SP (Limited to a 1 month supply per fill)
<i>px stop smoking aid mouth/throat lozenge</i>	Tier 8	PV
PYLERA	T3	ST
PYQUVI	T9	
<i>pyrazinamide oral</i>	T1b	
PYRIDIUM	T3	
<i>pyridostigmine bromide er oral tablet extended release</i>	T9	
<i>pyridostigmine bromide oral solution</i>	T3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1b	
<i>pyrimethamine oral</i>	T4	PA; SP (Limited to a 1 month supply per fill); SP
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)
PYZCHIVA	T9	

Medication	Coverage Level	Restrictions
QBRELIS	T3	AL (Max 9 Years)
QBREXZA	T9	
<i>qc aspirin low dose</i>	T1b	PV
<i>qc aspirin oral tablet</i>	T9	
<i>qc magnesium citrate</i>	Tier 8	PV
<i>qc milk of magnesia</i>	Tier 8	PV
<i>qc natura-lax</i>	Tier 8	PV
QDOLO	T9	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	T3	ST; QL (30 capsules per 30 days); AL (Min 6 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG	T3	ST; QL (60 capsules per 30 days); AL (Min 6 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	T3	ST; QL (90 capsules per 30 days); AL (Min 6 Years)
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill)
QINLOCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
QLOSI	T9	
QMIIZ ODT	T9	
QNASL	T9	
QNASL CHILDRENS	T9	
Qsymia	Benefit Exclusion	
QTERN	T3	ST; QL (30 tablets per 30 days)
QUADRACEL INTRAMUSCULAR SUSPENSION	T6- \$0 Copay	PV
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6- \$0 Copay	PV
QUALAQUIN	T3	
QUARTETTE	T9	
<i>quazepam</i>	T9	
QUDEXY XR	T9	
QUESTRAN LIGHT ORAL POWDER	T3	
QUESTRAN ORAL POWDER	T3	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	T1b	QL (30 tablets per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 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>	T1b	

Medication	Coverage Level	Restrictions
QUFLORA FE	T9	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML	T9	
<i>quidroxzar</i>	T9	
<i>quihoxaxia</i>	T9	
QUILLICHEW ER	T3	ST; QL (30 tablets per 30 days); AL (Min 4 Years and Max 9 Years)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	T3	ST; QL (360 ML per 30 days); AL (Min 4 Years and Max 9 Years)
<i>quinapril hcl</i>	T1b	
<i>quinapril-hydrochlorothiazide</i>	T1b	
<i>quinidine gluconate er</i>	T4	SP (Limited to a 1 month supply per fill)
<i>quinidine sulfate oral</i>	T1a	
<i>quinine sulfate oral</i>	T1b	
QUINTET AC BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
QUINTET BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
<i>quitar</i>	T9	
QULIPTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
QUVIVIQ	T9	
QUZYTIR	T9	
QVAR REDHALER	T2	
<i>ra aspirin adult low dose</i>	T1b	PV
<i>ra aspirin ec oral tablet delayed release 325 mg</i>	T9	
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	T1b	PV
<i>ra aspirin oral tablet 325 mg</i>	T9	
<i>ra balanced b-100</i>	Tier 8	PV; AL (Max 50 Years)
<i>ra folic acid</i>	Tier 8	PV; AL (Max 50 Years)
<i>ra laxative oral tablet delayed release</i>	Tier 8	PV
<i>ra milk of magnesia oral suspension</i>	Tier 8	PV
<i>ra mini nicotine</i>	Tier 8	PV
<i>ra nicotine mouth/throat</i>	Tier 8	PV
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	Tier 8	PV
<i>ra one daily</i>	Tier 8	PV
<i>ra prenatal</i>	Tier 8	PV
RABAVERT	T6- \$0 Copay	PV
<i>rabeprazole sodium oral tablet delayed release</i>	T3	

Medication	Coverage Level	Restrictions
RADICAVA ORS	T5	PA; SP (Limited to a 1 month supply per fill); QL (50 ML per 28 days); SP
RAGWITEK	T3	AL (Min 18 Years and Max 65 Years)
RALDESY	T3	QL (150 ML per 30 days); AL (Max 9 Years)
<i>raloxifene hcl</i>	T1b	PV
<i>ramelteon</i>	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>ramipril</i>	T1a	
RANEXA	T3	
<i>ranitidine hcl oral capsule</i>	T9	
<i>ranolazine er</i>	T1b	
RAPAFLO	T9	
RAPAMUNE	T5	SP (Limited to a 1 month supply per fill)
<i>rasagiline mesylate oral</i>	T1b	QL (30 tablets per 30 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	T3	ST; QL (4 syringes per 28 days)
RAVICTI	T4	PA; SP (Limited to a 1 month supply per fill); QL (525 ML per 30 days); SP
RAYALDEE	T9	
<i>rayasal</i>	T9	
RAYOS	T9	
RAZADYNE ER	T3	SP (Drug name has been changed from Reminyl*)
RAZADYNE ORAL TABLET	T3	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days); SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days); SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days); SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days); SP

Medication	Coverage Level	Restrictions
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)
RECEDO	T9	
RECLIPSEN	Tier 8	PV
RECOMBINATE	T4	PA; SP (Limited to a 1 month supply per fill); QL (55200 billable units per 28 days)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	T6- \$0 Copay	PV
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	T6- \$0 Copay	PV
RECORLEV	T9	
RECTIV	T9	
REDITREX	T3	ST
REFISSA	T9	
REFUAH PLUS BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
REFUAH PLUS GLUCOSE CONTROL	T3	
REGLAN ORAL	T3	
REGRANEX	T4	ST; SP (Limited to a 1 month supply per fill)
RELADOR PAK EXTERNAL KIT	T9	
RELADOR PAK PLUS	T9	
RELAFEN DS	T9	
RELAGARD	T3	
RELENZA DISKHALER	T3	
RELEUKO INJECTION SOLUTION 300 MCG/ML	T5	SP (Limited to a 1 month supply per fill); SP
<i>releuko injection solution 480 mcg/1.6ml</i>	T5	SP (Limited to a 1 month supply per fill); SP
<i>releuko subcutaneous</i>	T5	SP (Limited to a 1 month supply per fill); SP
RELEXXII	T9	
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)
RELISTOR ORAL	T9	
RELISTOR SUBCUTANEOUS KIT	T9	

Medication	Coverage Level	Restrictions
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	T9	
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
RELPAX	T9	
RELTONE	T9	
RELYVRIO	T9	
REMERON ORAL TABLET 15 MG, 30 MG	T3	
REMERON SOLTAB	T3	
REMICADE	T9	
<i>remyda</i>	T9	
RENAL ORAL CAPSULE	T9	
<i>rena-vite</i>	Tier 8	PV; AL (Max 50 Years)
<i>rena-vite rx</i>	T9	
<i>reno caps</i>	T9	
RENOVA	T9	
RENOVA PUMP	T9	
RENOVAR ADV SKIN/WOUND CLEANSE	T9	
RENOVAR ADV WOUND IRRIGATION	T9	
<i>rensoti</i>	T9	
RENTHYROID	T1b	
REVELA	T9	
<i>repaglinide</i>	T1b	
REPATHA	T2	ST; QL (2 pens per 28 days)
REPATHA PUSHTRONEX SYSTEM	T2	ST; QL (1 cartridge per 30 days)
REPATHA SURECLICK	T2	ST; QL (2 pens per 28 days)
REPLESTA	T9	
REPLESTA CHILDRENS	T9	
REPLESTA NX	T9	
REQ 49+	T9	
RESTASIS	T9	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	T9	
<i>restimo</i>	T9	
RESTORA RX	T9	
RESTORIL	T3	QL (30 capsules per 30 days); AL (Min 18 Years)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill); SP

Medication	Coverage Level	Restrictions
RETACRIT INJECTION SOLUTION 20000 UNIT/2ML	T5	SP (Limited to a 1 month supply per fill.); SP
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	T4	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (60 Tablets per 30 days); SP
RETEVMO ORAL TABLET 40 MG	T4	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (90 Tablets per 30 days); SP
RETIN-A	T3	AL (Max 50 Years)
RETIN-A MICRO	T9	
RETIN-A MICRO PUMP	T9	
RETROVIR ORAL CAPSULE	T3	
RETROVIR ORAL SYRUP	T3	
REUSABLE COMFORTSEAL MASK-LRG	T3	QL (4 masks per 1 year)
REUSABLE COMFORTSEAL MASK-MED	T3	QL (4 masks per 1 year)
REUSABLE COMFORTSEAL MASK-SML	T3	QL (4 masks per 1 year)
REVATIO ORAL TABLET	T9	SP ()
REVCovi	T4	PA; SP (Limited to a 1 month supply per fill)
REVEAL BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
<i>revesta</i>	T9	
REVLIMID	T9	
REVUFORJ ORAL TABLET 110 MG, 160 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
REVUFORJ ORAL TABLET 25 MG	T5	PA; SP (Limited to a 1-month supply per fill.); QL (120 Tablets per 30 days)
REXTOVY	T2	QL (1 Box per 1 Year)
REXULTI	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
REYATAZ ORAL CAPSULE 200 MG, 300 MG	T5	SP (Limited to a 1 month supply per fill)
REYATAZ ORAL PACKET	T4	SP (Limited to a 1 month supply per fill)
REYVOW	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 tablets per 30 days)

Medication	Coverage Level	Restrictions
REZDIFFRA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 18 Years); SP
REZLIDHIA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 capsules per 30 days); AL (Min 18 Years)
REZUROCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
REZVOGLAR KWIKPEN	T9	
RHOFADE	T3	ST; QL (30 GM per 30 days); AL (Min 18 Years)
RHOPRESSA	T9	
<i>ribavirin oral capsule</i>	T1b	SP
<i>ribavirin oral tablet 200 mg</i>	T1b	SP
RIDAURA	T2	
<i>rifabutin</i>	T4	SP (Limited to a 1 month supply per fill)
RIFADIN ORAL	T3	
<i>rifampin oral</i>	T1b	
RIGHTEST GL300 LANCETS	T3	
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
RILUTEK	T9	
<i>riluzole</i>	T1b	QL (60 tablets per 30 days)
<i>rimantadine hcl</i>	T1b	
<i>rimi</i>	T9	
RINVOQ LQ	T5	PA; SP (Limited to a 1-month supply per fill); QL (360 ML per 30 days); AL (Min 2 Years and Max 9 Years); SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	T5	PA; SP (Limited to 2 fills per 2 years); QL (30 tablets per 30 days); SP

Medication	Coverage Level	Restrictions
RIOMET	T9	
<i>risedronate sodium oral tablet 150 mg</i>	T1b	QL (1 tablets per 30 days)
<i>risedronate sodium oral tablet 30 mg</i>	T9	
<i>risedronate sodium oral tablet 35 mg, 5 mg</i>	T1b	
<i>risedronate sodium oral tablet delayed release</i>	T2	
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 0.25 mg</i>	T1b	
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T2	
RITALIN	T3	AL (Min 4 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	T3	QL (31 capsules per 31 days); AL (Min 4 Years)
RITEFLO	T3	QL (4 chambers per 1 year)
<i>ritonavir</i>	T1b	
<i>rivaroxaban oral suspension reconstituted</i>	T1b	QL (310 ML per 30 days)
<i>rivaroxaban oral tablet</i>	T1b	QL (60 tablets per 30 days)
<i>rivastigmine</i>	T3	QL (30 patches per 30 days)
<i>rivastigmine tartrate</i>	T1b	QL (60 capsules per 30 days)
RIVELSA	T9	
<i>rixubis</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (73600 billable units per 28 days); AL (Min 21 Years)
<i>rizatriptan benzoate</i>	T1b	QL (12 tablets per 30 days)
ROBAXIN-750	T9	
ROCALTROL ORAL CAPSULE	T3	
ROCALTROL ORAL SOLUTION	T3	AL (Max 9 Years)
<i>rocelix</i>	T9	
ROCKLATAN	T3	ST
<i>roflumilast</i>	T1b	QL (30 tablets per 30 days)
ROGAINE	T9	
ROGAINE MENS	T9	
ROGAINE MENS EXTRA STRENGTH	T9	
ROGAINE WOMENS EXTERNAL SOLUTION	T9	
ROMVIMZA	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 capsules per 28 days)

Medication	Coverage Level	Restrictions
<i>ropinirole hcl</i>	T1a	
<i>ropinirole hcl er</i>	T1b	ST
<i>rositara</i>	T9	
<i>rosuvastatin calcium oral tablet 10 mg</i>	T1b	PV
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	T1b	
<i>rosuvastatin calcium oral tablet 5 mg</i>	T1a	PV
ROSYRAH	T9	
ROSZET	T9	
ROTARIX ORAL SUSPENSION RECONSTITUTED	T6- \$0 Copay	PV
<i>rovis</i>	T9	
ROWASA RECTAL	T3	
ROXICODONE ORAL TABLET 15 MG, 30 MG	T3	
ROXYBOND	T3	
ROZEREM	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
ROZLYTREK ORAL CAPSULE	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 capsules per 30 days); SP
ROZLYTREK ORAL PACKET	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 packets per 30 days); SP
RUBRACA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
RUCONEST	T9	
<i>rufinamide oral suspension 40 mg/ml</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
<i>rufinamide oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
RUKOBIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>rumilo</i>	T9	
RYALTRIS	T9	
RYBELSUS	T9	
RYBELSUS (FORMULATION R2)	T9	

Medication	Coverage Level	Restrictions
RYDAPT	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 21 days); SP
RYTARY	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 capsules per 30 days)
RYTHMOL SR	T3	QL (60 capsules per 30 days)
RYVENT	T9	
SABRIL	T9	SP ()
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	T1b	QL (60 tablets per 30 days)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	T1b	QL (60 Tablets per 30 days)
<i>safrycyn</i>	T9	
SAFYRAL	T9	
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG	T9	SP ()
SAIZEN INJECTION SOLUTION RECONSTITUTED 8.8 MG	T9	
SAJAZIR	T9	
SALAGEN	T3	QL (120 tablets per 30 days)
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	
<i>salsalate oral</i>	T1b	
SALVAX	T9	
SALYCIM	T9	
<i>salynta</i>	T9	
SAMSCA ORAL TABLET 15 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
SAMSCA ORAL TABLET 30 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP

Medication	Coverage Level	Restrictions
SANCUSO	T4	ST; SP (Limited to a 1 month supply per fill); QL (1 patch per 28 days)
SANDIMMUNE ORAL CAPSULE	T4	SP (Limited to a 1 month supply per fill)
SANDIMMUNE ORAL SOLUTION	T3	
SANTYL	T3	QL (60 GM per 30 days)
SAPHRIS	T9	
<i>sapropterin dihydrochloride oral packet</i>	T1b	PA; SP
<i>sapropterin dihydrochloride oral tablet</i>	T1b	PA; SP
SARAFEM ORAL TABLET 10 MG, 20 MG	T9	
<i>saroxia</i>	T9	
SAVAYSA	T3	ST; QL (30 tablets per 30 days)
SAVELLA	T2	ST; QL (60 tablets per 30 days)
SAVELLA TITRATION PACK	T2	ST; QL (60 tablets per 30 days)
<i>saxagliptin hcl</i>	T3	ST; QL (30 tablets per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-500 mg</i>	T3	ST; QL (30 tablets per 30 days)
Saxenda	Benefit Exclusion	
SCALPICIN MAXIMUM STRENGTH EXTERNAL SOLUTION	T9	
SCARTRATE	T9	
SCSEMBLIX ORAL TABLET 100 MG	T5	PA; SP (Limited to a 1-month supply per fill); QL (120 tablets per 30 days)
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<i>scopolamine</i>	T1b	
SEASONIQUE	T9	
SECUADO	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 patches per 30 days); AL (Min 18 Years)
SEGLENTIS	T9	
SEGLUROMET	T3	ST; QL (60 tablets per 30 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 56 day supply per fill); QL (1 syringe per 56 days); SP
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T1b	
<i>selegiline hcl oral tablet</i>	T2	

Medication	Coverage Level	Restrictions
<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	
<i>self-taking blood pressure</i>	T2	QL (2 EA per 730 days)
SELRX	T9	
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)
SEMGLEE	T9	
SEMGLEE (YFGN)	T9	
SEMPREX-D	T9	
<i>se-natal 19 oral tablet chewable</i>	T1b	QL (30 tablets per 30 days)
SENSIPAR	T5	SP (Limited to a 1 month supply per fill)
SEPHIENCE	T9	
SEREVENT DISKUS	T2	
SERNIVO	T9	
SEROQUEL	T3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 50 MG	T3	QL (30 tablets per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG	T3	QL (60 tablets per 30 days)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG	T5	PA; SP (Limited to a 1 month supply per fill); SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	T5	PA; SP (Limited to a 1 month supply per fill); SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 6 MG	T5	PA; SP (Limited to a 1 month supply per fill); SP
<i>sertraline hcl oral capsule</i>	T9	
<i>sertraline hcl oral concentrate</i>	T1a	
<i>sertraline hcl oral tablet</i>	T1a	
<i>se-tan plus</i>	T9	
SETLAKIN	Tier 8	PV
<i>sevelamer carbonate oral packet 0.8 gm</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (90 packets per 30 days)

Medication	Coverage Level	Restrictions
<i>sevelamer carbonate oral packet 2.4 gm</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (90 packets per 30 days)
<i>sevelamer carbonate oral tablet</i>	T1b	QL (180 tablets per 30 days)
<i>sevelamer hcl</i>	T1b	QL (180 tablets per 30 days)
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG	T4	SP (Limited to a 1 month supply per fill)
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 2 MG	T4	SP (Limited to a 1-month supply per fill.)
SEYSARA	T9	
<i>sf</i>	T1b	
<i>sf 5000 plus</i>	T1b	
SFROWASA	T3	QL (30 ML per 30 days)
SHAROBEL	Tier 8	PV
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	T6- \$0 Copay	PV; QL (2 doses per 1 lifetime); AL (Min 18 Years)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.9 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.6 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill)
SIKLOS	T9	
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL (Max 5 Years); SP
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1b	QL (15 tablets per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	T3	PA; SP
SILENOR	T9	
<i>silicone mask/infant</i>	T3	QL (4 masks per 1 year)
<i>silicone mask/pediatric</i>	T3	QL (4 masks per 1 year)
SILIQ	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 4 syringes for the first fill.); QL (2 syringes per 28 days); SP
<i>silodosin</i>	T1b	QL (30 capsules per 30 days)
SILVADENE	T3	
<i>silver sulfadiazine external</i>	T1b	
SIMBRINZA	T2	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days); SP

Medication	Coverage Level	Restrictions
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	T4	PA; SP (Limited to a 1-month supply per fill.); QL (1 AutoInjector per 28 days)
SIMLANDI (1 SYRINGE)	T4	PA; SP (Limited to a 1-month supply per fill.); QL (1 Syringes per 28 days)
SIMLANDI (2 PEN)	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days); SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	T4	PA; SP (Limited to a 1-month supply per fill.); QL (2 Syringes per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T4	PA; SP (Limited to a 1-month supply per fill); QL (2 Syringes per 28 days)
SIMLIYA	Tier 8	PV
SIMPESSE	Tier 8	PV
SIMPLERA SENSOR	T9	
SIMPLERA SYNC SENSOR	T9	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 auto-injector per 28 days); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 28 days); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T5	PA; SP (Max of 31 days per dispensing.); QL (1 syringe per 28 days); SP
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1a	PV
<i>simvastatin oral tablet 80 mg</i>	T1a	
SINEMET CR	T3	
SINGULAIR	T3	
SINUVA	T9	
<i>sirolimus oral</i>	T4	SP (Limited to a 1 month supply per fill)
SIRTURO	T4	SP (Limited to a 1 month supply per fill)
<i>sirvana</i>	T9	
<i>sitaglipt base-metform hcl er</i>	T9	
<i>sitagliptin</i>	T9	
<i>sitagliptin base-metformin hcl</i>	T9	
SITAVIG	T9	
SIVEXTRO	T9	

Medication	Coverage Level	Restrictions
<i>sivora</i>	T9	
SKLICE	T3	
SKYCLARYS	T3	PA; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days); AL (Min 16 Years and Max 40 Years)
SKYRIZI PEN	T5	PA; SP (Limited to a 12 week supply per fill); QL (1 pen per 12 weeks); SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to an 8 week supply per fill); QL (1 kit per 8 weeks); SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 12 week supply per fill); QL (1 syringe per 12 weeks); SP
SKYTROFA	T9	
SLYND	T3	ST; QL (28 tablets per 28 days)
<i>sm aspirin ec</i>	T9	
<i>sm aspirin ec low strength</i>	T1b	PV
<i>sm aspirin low dose oral tablet chewable</i>	T1b	PV
SM CLEARLAX	Tier 8	PV
<i>sm folic acid</i>	Tier 8	PV; AL (Max 50 Years)
<i>sm laxative oral</i>	Tier 8	PV
<i>sm magnesium citrate</i>	Tier 8	PV
<i>sm milk of magnesia oral suspension 400 mg/5ml</i>	Tier 8	PV
<i>sm nicotine polacrilex</i>	Tier 8	PV
<i>sm nicotine transdermal</i>	Tier 8	PV
SMARTEST BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
SMARTEST LANCETS 28G	T1b	
SMOOTH LAX ORAL PACKET	T9	
SMOOTH LAX ORAL POWDER	Tier 8	PV
SOAANZ	T9	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	T1b	
<i>sodium chloride inhalation nebulization solution 7 %</i>	T1b	
<i>sodium chloride irrigation solution 0.9 %</i>	T1b	
<i>sodium fluoride 5000 enamel dental paste</i>	T1b	
<i>sodium fluoride 5000 plus</i>	T1b	
<i>sodium fluoride 5000 ppm dental paste</i>	T1b	
<i>sodium fluoride dental gel 1.1 %</i>	T1b	

Medication	Coverage Level	Restrictions
<i>sodium fluoride mouth/throat</i>	T1b	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	T3	PV
<i>sodium fluoride oral tablet chewable</i>	T1a	PV
<i>sodium oxybate</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days)
<i>sodium phenylbutyrate oral powder 3 gml/tsp</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>sodium phenylbutyrate oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>sodium polystyrene sulfonate oral powder</i>	T1b	
<i>sodium sulfacetamide external shampoo</i>	T9	
<i>sodium sulfacetamide wash</i>	T9	
SOFDRA	T9	
<i>sofosbuvir-velpatasvir</i>	T1b	SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days); SP
SOGROYA	T9	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (112 capsules per 28 days)
SOHONOS ORAL CAPSULE 10 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
SOHONOS ORAL CAPSULE 2.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (140 capsules per 28 days)
SOHONOS ORAL CAPSULE 5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (84 capsules per 28 days)
SOLESTA	T3	SP
<i>solifenacin succinate</i>	T1b	QL (30 tablets per 30 days)
SOLQUA	T2	QL (15 ML per 25 days)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	T9	
SOLOSEC	T9	
SOLTAMOX	T9	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG	T2	QL (2 vials per 1 year)
SOMA ORAL TABLET 350 MG	T9	
SOMATULINE DEPOT	T4	SP (Limited to a 1 month supply per fill); SP

Medication	Coverage Level	Restrictions
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 20 MG, 25 MG, 30 MG	T4	PA; SP (Limited to a 1 month supply per fill); SP
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG	T4	PA; SP (Limited to a 1 month supply per fill); SP
SONAFINE	T9	
SOOLANTRA	T3	ST; QL (45 GM per 30 days)
<i>sorafenib tosylate</i>	T4	PA; SP
SORILUX	T9	
SORINE	T1b	
<i>sorixia</i>	T9	
<i>sotalol hcl oral</i>	T1b	
SOTYKTU	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
SOTYLIZE	T3	
SOVALDI ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); SP
SOVALDI ORAL TABLET 200 MG	T5	PA; SP (Limited to a 1 month supply per fill); SP
SOVALDI ORAL TABLET 400 MG	T5	PA; SP (Limited to a 1 month supply per fill); SP
SOVUNA	T9	
SPECTRACEF ORAL TABLET 400 MG	T3	
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T9	
SPIKEVAX	T6- \$0 Copay	PV
SPIKEVAX 6M-11Y	T6- \$0 Copay	PV
SPIKEVAX COVID-19 VACCINE	T6- \$0 Copay	
<i>spinosad</i>	T1b	
SPIRIVA HANDIHALER	T9	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T2	QL (1 Inhaler per 30 Days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
<i>spironolactone oral suspension</i>	T3	QL (120 ML per 30 Days); AL (Max 9 Years)
<i>spironolactone oral tablet</i>	T1a	
<i>spironolactone-hctz</i>	T1b	
SPORANOX ORAL CAPSULE	T9	

Medication	Coverage Level	Restrictions
SPORANOX ORAL SOLUTION	T5	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
SPORANOX PULSEPAK	T9	
SPRINTEC 28	Tier 8	PV
SPRITAM	T3	ST; QL (60 tablets per 30 Days)
SPRIX	T9	
SPRYCEL	T9	
SPS	T1b	
SPS (SODIUM POLYSTYRENE SULF)	T1b	
SRONYX	Tier 8	PV
SSD	T1b	
SSD (SILVER SULFADIAZINE)	T1b	
SSKI	T3	
STALEVO 100	T3	
STALEVO 125	T3	
STALEVO 150	T3	
STALEVO 200	T3	
STALEVO 50	T3	
STALEVO 75	T3	
STARJEMZA SUBCUTANEOUS SOLUTION	T4	PA; SP (Limited to 56 day supply per fill); QL (1 Vial per 56 days); SP
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T4	PA; SP (Limited to 56 day supply per fill); QL (1 Syringe per 56 days); SP
STARLIX	T3	
<i>stavudine oral capsule</i>	T1b	
STAXYN	T9	
STEGLATRO	T3	ST; QL (30 tablets per 30 days)
STEGLUJAN	T3	ST; QL (30 tablets per 30 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	T9	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
Stendra	Benefit Exclusion	
STEQEYMA SUBCUTANEOUS	T4	PA; SP (Limited to a 56 day supply per fill); QL (1 syringe per 56 days); SP
STIMATE	T4	SP (Limited to a 1 month supply per fill); SP
STIMUFEND	T9	

Medication	Coverage Level	Restrictions
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	QL (1 inhaler per 30 days)
STIVARGA	T5	PA; SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days); SP
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)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML	T4	PA; SP (Limited to a 1 month supply per fill)
STRENSIQ SUBCUTANEOUS SOLUTION 80 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill)
<i>stress formulaliron</i>	Tier 8	PV
STRIANT	T9	
STRIBILD	T4	SP (Limited to a 1 month supply per fill)
STRIVERDI RESPIMAT	T2	QL (1 inhaler per 30 days); AL (Min 40 Years)
STROMEKTOL	T3	QL (5 tablets per 1 day)
STROVITE FORTE ORAL TABLET	T9	
STROVITE ONE	T9	
SUBOXONE SUBLINGUAL FILM 12-3 MG	T3	QL (60 films per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG	T3	QL (90 films per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	T3	QL (30 films per 30 days)
SUBVENITE ORAL SUSPENSION	T9	
SUBVENITE ORAL TABLET	T1b	
SUBVENITE STARTER KIT-BLUE	T1b	QL (1 kit per 1 year)
SUBVENITE STARTER KIT-GREEN	T1b	QL (1 kit per 1 year)
SUBVENITE STARTER KIT-ORANGE	T1b	QL (1 kit per 1 year)
SUCRAID	T4	SP (Limited to a 1 month supply per fill)
<i>sucralfate oral suspension</i>	T2	
<i>sucralfate oral tablet</i>	T1b	
SUDOGEST ORAL TABLET 60 MG	T9	
SUFLAVE	T3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T3	
<i>sulconazole nitrate external cream</i>	T3	ST
<i>sulconazole nitrate external solution</i>	T9	

Medication	Coverage Level	Restrictions
<i>sulfacetamide sodium (acne)</i>	T2	
<i>sulfacetamide sodium (cleans)</i>	T1b	
<i>sulfacetamide sodium external liquid</i>	T1b	
<i>sulfacetamide sodium ophthalmic</i>	T1b	
<i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external emulsion 10-5 %</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	
<i>sulfacetamide sod-sulfur wash external emulsion 10-1 %</i>	T9	
<i>sulfacetamide sod-sulfur wash external liquid 9-4 %</i>	T9	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	T1b	
<i>sulfadiazine oral</i>	T2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T1b	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1a	
SULFAMYLON	T9	
<i>sulfasalazine oral</i>	T1b	
SULFATRIM PEDIATRIC	T1b	
<i>sulindac oral</i>	T1b	
SUMADAN	T3	
SUMADAN WASH	T3	
<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)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	T1b	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	T9	

Medication	Coverage Level	Restrictions
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	T3	QL (8 Pens per 30 days)
<i>sumatriptan-naproxen sodium</i>	T9	
SUMAXIN	T9	
SUMAXIN CP	T9	
SUMAXIN WASH	T9	
<i>sunitinib malate</i>	T1b	PA; QL (28 capsules per 28 days); SP
SUNLENCA ORAL TABLET THERAPY PACK	T5	PA; SP (Limited to 1 fill per year); QL (1 pouch per 1 year)
SUNOSI	T3	ST; QL (30 tablets per 30 days)
SUPER QUINTS B-50	Tier 8	PV; AL (Max 50 Years)
SUPERVITE	T9	
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	
SUPREP BOWEL PREP KIT	T3	
SUSTIVA	T5	SP (Limited to a 1 month supply per fill)
SUSTOL	T9	
SUTAB	T9	
SUTENT	T9	
<i>suvicort</i>	T9	
SW CLEARLAX	T9	
SYEDA	Tier 8	PV
SYMAX DUOTAB	T3	
SYMBICORT	T9	
SYMBRAVO	T9	
SYMBYAX ORAL CAPSULE 12-50 MG, 6-25 MG, 6-50 MG	T9	
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
SYMFI	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
SYMFI LO	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML	T2	QL (4 syringes per 31 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	T2	QL (4 syringes per 31 Days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	SP (Limited to a 1 month supply per fill)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	SP (Limited to a 1 month supply per fill); QL (6 ML per 30 days)
SYMPAZAN	T9	
SYMPROIC	T3	PA; QL (30 tablets per 30 days)
SYMTUZA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYNALAR	T9	
SYNALAR TS	T9	
SYNAREL	T9	
SYNDROS	T9	
SYNERA	T9	
SYNERDERM	T9	
SYNJARDY	T2	QL (60 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	QL (30 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	QL (60 tablets per 30 days)
SYNTHERMA PLUS	T9	
SYNTHROID	T3	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
SYPRINE	T9	
TABLOID	T5	SP (Limited to a 1 month supply per fill)
TABRECTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
TACLONEX	T9	
<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)
<i>tacrolimus oral</i>	T1b	

Medication	Coverage Level	Restrictions
<i>tadalafil (pah)</i>	T9	
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg</i>	T1b	QL (15 tablets per 30 days)
<i>tadalafil oral tablet 5 mg</i>	T1b	QL (30 tablets per 30 days)
TADLIQ	T9	
TAFINLAR ORAL CAPSULE	T5	PA; SP (Limited to a 1 month supply per fill); SP
TAFINLAR ORAL TABLET SOLUBLE	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 bottles per 30 days); AL (Min 1 Years and Max 9 Years); SP
<i>tafluprost (pf)</i>	T2	
TAGRISSO	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
TAKE ACTION	Tier 8	PV
TAKHZYRO SUBCUTANEOUS SOLUTION	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 vials per 28 days); SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
TALICIA	T9	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 auto-injector per 28 days); SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 28 days); SP
TALZENNA	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 capsules per 30 days); SP
TAMIFLU ORAL CAPSULE	T3	QL (10 capsules per 1 fill)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	T3	QL (120 ML per 1 fill)
<i>tamoxifen citrate oral tablet 10 mg</i>	T1b	
<i>tamoxifen citrate oral tablet 20 mg</i>	T1b	PV
<i>tamsulosin hcl</i>	T1b	
TANDEM MOBI CARTRIDGE 2ML	T9	
TANDEM MOBI SYSTEM STARTER	T9	
TANLOR	T9	
TAPAZOLE	T3	

Medication	Coverage Level	Restrictions
TAPERDEX 12-DAY	T9	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	T9	
TARCEVA	T9	
TARGADOX	T9	
TARGRETIN	T9	
TARINA 24 FE	Tier 8	PV
TARINA FE 1/20	Tier 8	PV
TARINA FE 1/20 EQ	Tier 8	PV
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	T3	
<i>taron forte</i>	T9	
TARON-PREX	T2	
<i>taroxia external cream</i>	T9	
TARPEYO	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
TASCENSO ODT	T9	
TASIGNA	T9	
<i>tasimelteon</i>	T5	PA; SP (Limited to a 1 month supply per fill); SP
TASMAR ORAL TABLET 100 MG	T3	
<i>tavaborole</i>	T9	
TAVALISSE	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TAVNEOS	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
TAYSOFY	T9	
TAYTULLA	T9	
<i>tazarotene external cream 0.05 %</i>	T3	ST; QL (30 GM per 30 days)
<i>tazarotene external cream 0.1 %</i>	T2	ST
<i>tazarotene external foam</i>	T9	
<i>tazarotene external gel</i>	T9	
TAZORAC EXTERNAL CREAM	T3	ST
TAZORAC EXTERNAL GEL	T9	
TAZTIA XT	T1b	
TAZVERIK	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 tablets per 30 days)

Medication	Coverage Level	Restrictions
TDVAX	T6- \$0 Copay	PV; QL (1 injection per 10 years)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	T9	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	T9	SP ()
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	T9	
TEGRETOL ORAL SUSPENSION	T3	
TEGRETOL ORAL TABLET	T3	
TEGRETOL-XR	T3	ST
TEKTURNA	T3	
TEKTURNA HCT	T2	ST
TELCARE BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
TELCARE GLUCOSE CONTROL	T3	
<i>teliora</i>	T9	
<i>telmisartan</i>	T1b	
<i>telmisartan-amlodipine</i>	T1b	
<i>telmisartan-hctz</i>	T1b	
<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	
TEMIXYS	T9	
<i>temozolomide oral capsule 100 mg, 20 mg, 250 mg, 5 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); SP
<i>temozolomide oral capsule 140 mg, 180 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); SP
TEMPO REFILL	T9	
TEMPO SMART BUTTON	T9	
TEMPO WELCOME	T9	
TENCON ORAL TABLET 50-325 MG	T1b	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	T6- \$0 Copay	PV; QL (1 dose per 10 years)
TENIVAC INTRAMUSCULAR SUSPENSION	T6- \$0 Copay	PV; QL (1 dose per 10 years)
<i>tenofovir disoproxil fumarate</i>	T1b	
TENORETIC 100	T3	
TENORETIC 50	T3	
TENORMIN	T3	
TEPMETKO	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
TERAZOL 7	T3	
<i>terazosin hcl oral</i>	T1a	
<i>terbinafine hcl oral</i>	T1b	
<i>terbutaline sulfate oral</i>	T1b	
<i>terconazole vaginal cream 0.4 %</i>	T1b	
<i>terconazole vaginal suppository</i>	T1b	
<i>teriflunomide</i>	T1b	QL (30 tablets per 30 days); SP
<i>teriparatide subcutaneous solution pen-injector</i> 560 mcg/2.24ml, 600 mcg/2.4ml	T4	PA; SP (Limited to a 1 month supply per fill); SP
<i>teriparatide subcutaneous solution pen-injector</i> 620 mcg/2.48ml	T4	PA; SP (Limited to a 1 month supply per fill); SP
TESSALON PERLES	T3	
TESTIM	T9	
<i>testosterone cypionate intramuscular solution</i> 100 mg/ml, 200 mg/ml	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	
<i>tetanus-diphtheria toxoids td</i>	T6- \$0 Copay	QL (1 dose per 10 years)
<i>tetoxia</i>	T9	
<i>tetpidtar</i>	T9	
<i>tetrabenazine oral tablet 12.5 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days); SP
<i>tetrabenazine oral tablet 25 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<i>tetracycline hcl oral capsule</i>	T3	
<i>tetracycline hcl oral tablet</i>	T9	
TETRIX EXTERNAL CREAM	T9	
TEXACORT	T9	
TEZRULY	T9	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pen per 28 days); SP

Medication	Coverage Level	Restrictions
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
TGT POWDERLAX ORAL PACKET 17 GM	T9	
TGT POWDERLAX ORAL POWDER	Tier 8	PV
THALITONE	T9	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG	T4	SP (Limited to a 1 month supply per fill); SP
THALOMID ORAL CAPSULE 50 MG	T4	SP (Limited to a 1 month supply per fill); SP
THEO-24	T2	
<i>theophylline er</i>	T1b	
THIOLA	T9	
THIOLA EC	T9	
<i>thioridazine hcl oral</i>	T1b	
<i>thiothixene oral</i>	T1b	
<i>thrivite 19 oral tablet 29-1 mg</i>	T9	
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	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1b	
<i>tiagabine hcl oral tablet 12 mg, 4 mg</i>	T3	QL (120 tablets per 30 days)
<i>tiagabine hcl oral tablet 16 mg</i>	T3	QL (90 tablets per 30 days)
<i>tiagabine hcl oral tablet 2 mg</i>	T3	QL (60 tablets per 30 days)
TIAZAC	T3	
TIBSOVO	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
<i>ticagrelor oral tablet 60 mg</i>	T1b	QL (60 Tablets per 30 days)
<i>ticagrelor oral tablet 90 mg</i>	T1b	QL (60 Tablets per 30 Days)
<i>ticlopidine hcl</i>	T1b	
TICOVAC	T9	

Medication	Coverage Level	Restrictions
TIGAN ORAL	T3	
TIGLUTIK	T9	
TIKOSYN	T3	
TILIA FE	Tier 8	PV
<i>timolol maleate (once-daily)</i>	T9	
<i>timolol maleate ophthalmic gel forming solution</i>	T2	
<i>timolol maleate ophthalmic solution 0.25 %</i>	T1a	
<i>timolol maleate ophthalmic solution 0.5 %</i>	T1b	
<i>timolol maleate oral</i>	T1b	
<i>timolol maleate pf</i>	T3	
<i>timolol-dorzolamid-bimatoprost</i>	T9	
TIMOPTIC OCUDOSE	T9	
<i>tinidazole oral</i>	T1b	
<i>tiopronin oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days); SP
<i>tiopronin oral tablet delayed release 100 mg</i>	T4	PA; SP (Limited to a 1-month supply per fill); QL (240 Tablets per 30 days); SP
<i>tiopronin oral tablet delayed release 300 mg</i>	T4	PA; SP (Limited to a 1-month supply per fill); QL (90 Tablets per 30 days); SP
<i>tiotropium bromide</i>	T9	
<i>tiotropium bromide monohydrate</i>	T9	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	T9	
TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML	T9	
TIVICAY ORAL TABLET 10 MG, 25 MG	T4	SP (Limited to a 1 month supply per fill)
TIVICAY ORAL TABLET 50 MG	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TIVICAY PD	T4	SP (Limited to a 1 month supply per fill)
TIVORBEX	T9	
<i>tizanidine hcl oral</i>	T1b	
<i>tl gard rx</i>	T9	
<i>tl icon</i>	T9	
TLANDO	T9	
<i>tl-care dha</i>	T1b	

Medication	Coverage Level	Restrictions
<i>tl-fluorivite</i>	T9	
<i>tl-hem 150</i>	T9	
TOBI	T5	PA; SP (Limited to a 56 day supply per fill); QL (280 ML per 56 days); SP
TOBI PODHALER	T5	PA; SP (Limited to a 1 month supply per fill); QL (224 capsules per 28 days); SP
TOBRADEX OPHTHALMIC OINTMENT	T3	ST
TOBRADEX OPHTHALMIC SUSPENSION	T3	
TOBRADEX ST	T3	ST
<i>tobramycin inhalation</i>	T4	PA; SP (Limited to a 56 day supply per fill); QL (280 ML per 56 days); SP
<i>tobramycin ophthalmic</i>	T1b	
<i>tobramycin sulfate injection solution 80 mg/2ml</i>	T1b	
<i>tobramycin-dexamethasone</i>	T1b	
<i>tobramycin-vancomycin hcl</i>	T9	
TOBREX OPHTHALMIC OINTMENT	T2	
TOBREX OPHTHALMIC SOLUTION	T3	
TODAY SPONGE	Tier 8	PV
TOFIDENCE	T9	
TOFRANIL	T3	
TOLAK	T2	QL (1 tube per 30 days)
<i>tolcapone</i>	T5	SP (Limited to a 1 month supply per fill)
TOLECTIN 600	T9	
<i>tolmetin sodium</i>	T2	
<i>tolsura</i>	T9	
<i>tolterodine tartrate</i>	T1b	
<i>tolterodine tartrate er</i>	T2	
<i>tolvaptan oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<i>tolvaptan oral tablet therapy pack</i>	T4	PA; SP (Limited to a 1-month supply per fill.); QL (56 Tablets per 28 days); SP
TOPAMAX	T3	
TOPAMAX SPRINKLE	T3	ST
TOPICORT EXTERNAL CREAM 0.05 %	T9	
TOPICORT EXTERNAL CREAM 0.25 %	T3	
TOPICORT EXTERNAL GEL	T9	

Medication	Coverage Level	Restrictions
TOPICORT EXTERNAL OINTMENT 0.25 %	T3	
TOPICORT SPRAY	T9	
<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 15 mg, 25 mg</i>	T1a	
<i>topiramate oral capsule sprinkle 50 mg</i>	T9	
<i>topiramate oral solution</i>	T9	
<i>topiramate oral tablet</i>	T1a	
TOPROL XL	T3	
<i>toremifene citrate</i>	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
TORPENZ	T9	
<i>torsemide oral</i>	T1a	
TOSYMRA	T9	
TOUJEO MAX SOLOSTAR	T2	
TOUJEO SOLOSTAR	T2	
TOVET EXTERNAL FOAM	T3	QL (100 GM per 30 days)
TOVIAZ	T3	QL (30 tablets per 30 days)
<i>toxicology saliva collection</i>	T9	
TRACLEER ORAL TABLET 125 MG	T9	SP ()
TRACLEER ORAL TABLET 62.5 MG	T9	
TRACLEER ORAL TABLET SOLUBLE	T9	PA; SP (Limited to a 1 month supply per fill); SP
TRADJENTA	T3	ST; QL (30 tablets per 30 days)
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	T9	
<i>tramadol hcl er</i>	T1b	QL (30 tablets per 30 days)
<i>tramadol hcl oral solution</i>	T9	
<i>tramadol hcl oral tablet 100 mg, 25 mg, 75 mg</i>	T9	
<i>tramadol hcl oral tablet 50 mg</i>	T1a	QL (240 tablets per 30 days)
<i>tramadol-acetaminophen</i>	T1b	
<i>trandolapril</i>	T1b	
<i>trandolapril-verapamil hcl er</i>	T1b	
<i>tranexamic acid oral</i>	T1b	
TRANSDERM-SCOP (1.5 MG)	T9	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	T9	
TRANXENE-T ORAL TABLET 7.5 MG	T3	

Medication	Coverage Level	Restrictions
<i>tranylcypromine sulfate</i>	T2	
TRAVATAN Z	T9	
<i>travoprost (bak free)</i>	T2	ST
<i>trazodone hcl oral</i>	T1b	
TRELEGY ELLIPTA	T2	
TREMFYA CROHNS INDUCTION	T9	
TREMFYA PEN	T9	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	SP ()
TREMFYA-CD/UC INDUCTION	T9	
TRESIBA	T2	ST
TRESIBA FLEXTOUCH	T2	ST
TRESNI	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 external gel 0.04 %, 0.1 %</i>	T9	
<i>tretinoin microsphere pump</i>	T9	
<i>tretinoin oral</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT	T4	PA; SP (Limited to a 1 month supply per fill); SP
TREXALL	T3	ST
TREXIMET ORAL TABLET 85-500 MG	T9	
TREZIX ORAL CAPSULE 320.5-30-16 MG	T1b	QL (10 capsules per 1 day)
<i>triadime</i>	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	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	T1b	
<i>triamcinolone acetonide external ointment 0.05 %</i>	T9	
<i>triamcinolone acetonide injection suspension 50 mg/ml</i>	T9	
<i>triamcinolone acetonide mouth/throat</i>	T1b	
<i>triamcinolone acetonide nasal aerosol</i>	T9	
<i>triamterene oral</i>	T9	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1b	

Medication	Coverage Level	Restrictions
<i>triamterene-hctz oral tablet</i>	T1b	
TRIAMVEX	T9	
TRIAMVEX (CREAM)	T9	
TRIANEX	T9	
TRIASIL	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)
TRIBENZOR	T3	
<i>tri-buffered aspirin oral tablet 324 mg</i>	T1b	
TRICARE	T1b	
TRICARE PRENATAL COMPLEAT	T1a	
<i>tricitrates</i>	T9	
TRICON	T9	
TRICOR	T3	
TRIDACAINE II	T9	
TRIDACAINE XL	T9	
TRIDERM EXTERNAL CREAM	T1b	
<i>trientine hcl oral capsule 250 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)
<i>trientine hcl oral capsule 500 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (75 capsules per 30 days)
TRI-ESTARYLLA	Tier 8	PV
<i>trifluoperazine hcl oral</i>	T1b	
<i>trifluridine ophthalmic</i>	T1b	
<i>trigels-f forte</i>	T9	
TRIGLIDE ORAL TABLET 160 MG	T9	
<i>trihexyphenidyl hcl oral elixir</i>	T1a	
<i>trihexyphenidyl hcl oral tablet</i>	T1b	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	QL (60 tablets per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days); SP

Medication	Coverage Level	Restrictions
TRIKAFTA ORAL THERAPY PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days); SP
TRI-LEGEST FE	Tier 8	PV
TRILEPTAL	T3	
TRI-LINYAH	Tier 8	PV
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG	T3	QL (30 capsules per 30 days)
TRILIPIX ORAL CAPSULE DELAYED RELEASE 45 MG	T3	QL (60 capsules per 30 days)
TRI-LO-ESTARYLLA	Tier 8	PV
TRI-LO-MARZIA	Tier 8	PV
TRI-LO-MILI	Tier 8	PV
TRI-LO-SPRINTEC	Tier 8	PV
TRI-LUMA	T9	
<i>trimethobenzamide hcl oral</i>	T1b	
<i>trimethoprim oral</i>	T1b	
TRI-MILI	Tier 8	PV
<i>trimipramine maleate oral</i>	T2	
<i>trinatal rx 1</i>	T1a	
TRINATE	T2	
TRINTELLIX	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
TRI-NYMYO	Tier 8	PV
TRIONEX	T9	
<i>triphrocaps</i>	T9	
<i>triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml</i>	T9	
TRI-SPRINTEC	Tier 8	PV
<i>tristart dha</i>	T9	
TRIUMEQ	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>triumeq pd</i>	T4	SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
TRIVEEN-DUO DHA	T1b	
<i>tri-vitel/fluoride</i>	T3	PV
TRIVORA (28)	Tier 8	PV
TRI-VYLIBRA	Tier 8	PV
TRI-VYLIBRA LO	Tier 8	PV

Medication	Coverage Level	Restrictions
TRIZIVIR	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TROJAN	Tier 8	PV
TROKENDI XR	T9	
<i>tropicamide-cyclopentolate-pe</i>	T9	
<i>tropicamide-phenylephrine</i>	T9	
<i>tropium chloride</i>	T1b	QL (60 tablets per 30 days)
<i>tropium chloride er</i>	T3	QL (30 capsules per 30 days)
TRUDHESA	T9	
<i>true cover</i>	Tier 8	PV
TRUE METRIX BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
TRUETEST TEST	T3	ST; QL (200 strips per 30 days)
TRUETRACK TEST	T3	ST; QL (200 EA per 30 days)
TRULANCE	T2	QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML	T2	PA; QL (2 ML per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 4.5 MG/0.5ML	T2	PA; QL (2 ML per 30 days)
TRUMENBA	T6- \$0 Copay	PV; QL (3 ML per 1 Lifetime)
TRUQAP ORAL TABLET	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (64 tablets per 28 days)
TRUSOPT	T3	
TRUSTEX LUBRICATED	Tier 8	PV
TRUSTEX RIA LUBRICATED	Tier 8	PV
TRUVADA	T5	SP (Limited to a 1 month supply per fill)
TRYNGOLZA	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 auto-injector per 30 days)
TRYPTYR	T9	
TRYVIO	T9	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T9	
TUKYSA	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
TULANA	Tier 8	PV

Medication	Coverage Level	Restrictions
TURALIO ORAL CAPSULE 125 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days)
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)
TURQOZ	Tier 8	PV
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	T9	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6- \$0 Copay	PV; QL (4 doses per 1 Lifetime)
TWIRLA	T9	
TWYNEO	T9	
TWYNSTA	T3	
TYBLUME ORAL TABLET CHEWABLE	T3	
TYBOST	T2	QL (30 tablets per 30 days)
TYDEMY	T9	
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 auto-injectors per 28 days)
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
TYKERB	T9	
TYMLOS	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pen per 30 days); SP
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	T9	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T9	
TYRVAYA	T9	
TYVASO	T4	PA; SP (Limited to a 1 month supply per fill); SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 32 MCG	T5	PA; SO (Eligible members must be enrolled in SaveON for coverage); SP (Limited to a 1-month supply per fill); SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 48 MCG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1-month supply per fill.); SP

Medication	Coverage Level	Restrictions
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 80 MCG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1-month supply per fill)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X48MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG	T5	PA; SP (Limited to a 1 month supply per fill); SP
TYVASO DPI TITRATION KIT	T5	PA; SP (Limited to a 1 month supply per fill); SP
TYVASO REFILL KIT	T4	PA; SP (Limited to a 1 month supply per fill); SP
TYVASO STARTER KIT	T4	PA; SP (Limited to a 1 month supply per fill); SP
UBRELVY ORAL TABLET 100 MG	T4	ST; SP (Limited to a 1 month supply per fill); QL (10 tablet per 30 days)
UBRELVY ORAL TABLET 50 MG	T4	ST; SP (Limited to a 1 month supply per fill); QL (10 tablets per 30 days)
UCERIS ORAL	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
UCERIS RECTAL	T3	QL (2 packages per 180 days)
UDAMIN SP ORAL TABLET 1 MG	T9	
UDENYCA ONBODY	T9	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
ULESFIA	T3	
ULORIC	T3	QL (30 tablets per 30 days)
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	T1b	
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	T2	
ULTRACET	T3	
ULTRASAL-ER	T9	
ULTRATRAK ULTIMATE TEST	T3	ST; QL (200 strips per 30 days)
ULTRAVATE EXTERNAL LOTION	T9	
<i>umeclidinium-vilanterol</i>	T9	
UNISTRIp1 GENERIC	T3	ST; QL (200 EA per 30 days)
UNITHROID	T1b	
UPNEEQ	T9	
UPTRAVI ORAL TABLET 1000 MCG, 400 MCG, 800 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP

Medication	Coverage Level	Restrictions
UPTRAVI ORAL TABLET 1200 MCG, 1400 MCG, 1600 MCG, 600 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
UPTRAVI ORAL TABLET 200 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
UPTRAVI TITRATION	T5	PA; SP (Limited to a 1 month supply per fill); SP
<i>urea external cream 20 %, 40 %, 45 %</i>	T9	
<i>urea external foam</i>	T9	
<i>urea external lotion 40 %</i>	T9	
<i>urea hydrating</i>	T9	
<i>urea nail external gel 45 %</i>	T9	
URIBEL	T9	
URIMAR-T ORAL CAPSULE	T9	
<i>urneva</i>	T9	
UROCIT-K 10	T3	
UROCIT-K 15	T3	
UROCIT-K 5	T3	
UROXATRAL	T3	
URSO 250	T3	
URSO FORTE	T3	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	T9	
<i>ursodiol oral capsule 300 mg</i>	T2	
<i>ursodiol oral tablet</i>	T2	
<i>ustekinumab-aauz</i>	T9	
<i>ustekinumab-ttwe subcutaneous</i>	T9	
UTOPIC	T9	
VAFSEO	T9	
VAGIFEM VAGINAL TABLET 10 MCG	T3	
<i>valacyclovir hcl oral</i>	T1b	
VALCHLOR	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 GM per 15 days); SP
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	

Medication	Coverage Level	Restrictions
<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)
VALIUM	T3	
<i>valproic acid oral capsule</i>	T1b	
<i>valsartan oral solution</i>	T9	
<i>valsartan oral tablet</i>	T1b	
<i>valsartan-hydrochlorothiazide</i>	T1b	
VALTOCO 10 MG DOSE	T3	QL (10 sprays per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	T3	QL (10 sprays per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	T3	QL (10 sprays per 30 days)
VALTOCO 5 MG DOSE	T3	QL (10 sprays per 30 days)
VALTREX	T3	
VALTYA 1/35	Tier 8	
VALTYA 1/50	Tier 8	PV
VANATOL LQ	T9	
VANCOCIN HCL ORAL CAPSULE 125 MG	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	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	
VANDAZOLE	T1b	
VANFLYTA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (28 tablets per 28 days)
VANIQA	T9	
VANOS	T9	
VANOXIDE-HC	T9	
VANRAFIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 18 Years)

Medication	Coverage Level	Restrictions
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	T6- \$0 Copay	PV; QL (2 Doses per 1 Lifetime)
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6- \$0 Copay	PV; QL (2 Doses per 1 Lifetime)
Vardenafil HCl Oral Tablet	Benefit Exclusion	
<i>vardenafil hcl oral tablet dispersible</i>	T9	
<i>varenicline tartrate (starter)</i>	T2	PV
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	T2	PV; QL (60 tablets per 30 Days)
<i>varoxia external cream</i>	T9	
VARUBI ORAL	T3	ST; QL (4 tablets per 30 days)
VASCEPA	T9	
VASERETIC	T3	
VASHE CLEANSING	T9	
VASOTEC	T3	
VAXELIS	T6- \$0 Copay	PV
VAXNEUVANCE	T6- \$0 Copay	
<i>v-c forte</i>	T9	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	Tier 8	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	Tier 8	PV
VECAMYL	T4	SP (Limited to a 1 month supply per fill)
VECTICAL	T3	ST; QL (100 GM per 30 days)
VELIVET	Tier 8	PV
VELPHORO	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
VELSIPITY	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
VELTASSA ORAL PACKET 1 GM	T5	ST; SP (Limited to a 1-month supply per fill); QL (120 Packets per 30 days)
VELTASSA ORAL PACKET 16.8 GM	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
VELTASSA ORAL PACKET 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 days)
VELTIN	T9	

Medication	Coverage Level	Restrictions
VEMLIDY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
VENCLEXTA	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
VENCLEXTA STARTING PACK	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
VENELEX	T9	
<i>venlafaxine besylate er</i>	T9	
<i>venlafaxine hcl</i>	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	
VENNGEL TWO	T9	
VENTAVIS	T4	PA; SP (Limited to a 1 month supply per fill); SP
VENTOLIN HFA	T2	
VENXXIVA	T9	
VEOZAH	T9	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg</i>	T1b	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg</i>	T3	
<i>verapamil hcl er oral capsule extended release 24 hour 360 mg</i>	T1a	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1b	
<i>verapamil hcl oral</i>	T1a	
VERDESO	T9	
VEREGEN	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 GM per 30 days)
VERKAZIA	T9	
VERQUVO	T3	PA; QL (30 tablets per 30 days)
VERSACLOZ	T5	ST; SP (Limited to a 1 month supply per fill)
VERZENIO	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP

Medication	Coverage Level	Restrictions
VESICARE	T3	QL (30 tablets per 30 days)
VESICARE LS	T3	ST; QL (150 ML per 30 days); AL (Max 9 Years)
VESTURA	Tier 8	PV
<i>veven</i>	T9	
VEVYE	T9	
VFEND ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (300 ML per 30 days)
VFEND ORAL TABLET 50 MG	T9	
V-GO 20	T2	
V-GO 30	T2	
V-GO 40	T2	
VIAGRA	T9	
VIBERZI	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
VIBRAMYCIN ORAL CAPSULE	T3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	T3	
VIBRAMYCIN ORAL SYRUP	T2	
VIBRANT	T9	
VIC-FORTE	T9	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
VIDEX EC	T3	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	T2	
VIENVA	Tier 8	PV
<i>vigabatrin oral packet</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); SP
<i>vigabatrin oral tablet</i>	T9	SP ()
VIGADRONE ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
VIGADRONE ORAL TABLET	T9	
VIGAFYDE	T5	PA; SP (Limited to a 1-month supply per fill); QL (150 ML per 30 days); AL (Max 9 Years)
VIGAMOX	T3	
VIGPODER	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
VIIBRYD ORAL TABLET	T3	QL (30 tablets per 30 days)
VIJOICE ORAL PACKET	T4	PA; SP (Limited to a 1-month supply per fill); QL (56 packets per 28 days)
VIJOICE ORAL TABLET THERAPY PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
<i>vilazodone hcl oral tablet 10 mg</i>	T1b	QL (30 tablets per 30 days)
<i>vilazodone hcl oral tablet 20 mg, 40 mg</i>	T1b	QL (30 tablets per 30 Days)
VIMKUNYA	T9	
Vimovo Oral Tablet Delayed Release 500-20 MG	Benefit Exclusion	
VIMPAT ORAL SOLUTION	T3	
VIMPAT ORAL TABLET	T3	QL (60 tablets per 30 days)
VINATE DHA RF	T3	QL (30 capsules per 30 days)
VIOKACE	T5	ST; SP (Limited to a 1 month supply per fill)
<i>viorele</i>	Tier 8	PV
VIRACEPT ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
VIREAD ORAL POWDER	T4	SP (Limited to a 1 month supply per fill)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T4	SP (Limited to a 1 month supply per fill)
VIREAD ORAL TABLET 300 MG	T5	SP (Limited to a 1 month supply per fill)
<i>virt-caps</i>	T9	
VIRT-GARD	T9	
<i>virt-phos 250 neutral</i>	T9	
VISTARIL	T3	
VISTOGARD	T4	SP (Limited to a 1 month supply per fill); QL (20 packets per 5 days)
VITACEL	T1b	
VITAFOL ORAL TABLET	T9	
VITAFOL-OB	T3	
VITAFOL-ONE	T3	
VITAL-D RX	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)

Medication	Coverage Level	Restrictions
<i>vitamin d3 oral liquid 400 unit/ml</i>	T1b	PV; AL (Min 65 Years)
<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i>	T1b	PV; AL (Min 65 Years)
VITAPEARL	T3	
VITATRUE	T3	
VITRAKVI ORAL CAPSULE	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 capsules per 30 days); SP
VITRAKVI ORAL SOLUTION	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (100 ML per 30 days); SP
VIVAGUARD INO CONTROL SOLUTION	T3	
VIVAGUARD INO TEST STRIPS	T3	ST; QL (200 strips per 30 days)
VIVELLE-DOT	T3	
VIVJOA	T9	
VIVLODEX	T9	
VIVOTIF	T9	
VIZIMPRO	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
VIZZ	T9	
VOCABRIA	T9	
VOGELXO PUMP	T9	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	T9	
<i>vol-care rx</i>	T9	
<i>vol-nate</i>	T9	
VOLNEA	Tier 8	PV
<i>vol-plus</i>	T9	
<i>vol-tab rx</i>	T9	
VOLTAREN TRANSDERMAL	T9	
VONJO	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
VONVENDI	T5	SP (Limited to a 1 month supply per fill); SP
VOQUEZNA	T9	
VOQUEZNA DUAL PAK	T9	
VOQUEZNA TRIPLE PAK	T9	

Medication	Coverage Level	Restrictions
VORANIGO ORAL TABLET 10 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 12 Years)
VORANIGO ORAL TABLET 40 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 12 Years)
<i>voriconazole oral suspension reconstituted</i>	T1b	
<i>voriconazole oral tablet 200 mg</i>	T1b	QL (120 tablets per 30 days)
<i>voriconazole oral tablet 50 mg</i>	T1b	QL (480 tablets per 30 days)
VORTEX HOLDING CHAMBER/MASK	T3	QL (4 chambers per 1 year)
VOSEVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days); SP
VOTRIENT	T9	
VOWST	T9	
VOXZOGO	T5	PA; SP (Limited to a 1 month supply per fill); QL (3 boxes per 30 days); SP
VOYDEYA	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
<i>vp-vite rx</i>	T9	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
VTAMA	T9	
VTOL LQ	T9	
VUITY	T9	
VUMERITY	T9	
VUSION	T9	
VYFEMLA	Tier 8	PV
VYKAT XR	T9	
VYLIBRA	Tier 8	PV
VYNDAMAX	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); SP
VYNDAQEL	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days); SP
VYTONE	T9	

Medication	Coverage Level	Restrictions
VYTORIN	T3	
VYVANSE	T9	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days); SP
VYZULTA	T9	
WAINUA	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 auto-injector per 30 days)
WAKIX	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<i>warfarin sodium oral</i>	T1a	
WAYRILZ	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>wayzen</i>	T9	
<i>wee care</i>	Tier 8	PV; AL (Min 6 Months and Max 12 Months)
Wegovy Subcutaneous	Non-Formulary	
WELCHOL ORAL PACKET	T3	ST; QL (30 packets per 30 days)
WELCHOL ORAL TABLET	T3	ST; QL (180 tablets per 30 days)
<i>weleris</i>	T9	
WELIREG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	T3	QL (90 tablets per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG	T3	QL (60 tablets per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	T3	QL (90 tablets per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	T3	
WERA	Tier 8	PV
WESTHROID ORAL TABLET 130 MG, 32.5 MG, 65 MG	T1b	
WEZLANA	T9	
WIDE-SEAL DIAPHRAGM 60	Tier 8	PV
WIDE-SEAL DIAPHRAGM 65	Tier 8	PV
WIDE-SEAL DIAPHRAGM 70	Tier 8	PV
WIDE-SEAL DIAPHRAGM 75	Tier 8	PV

Medication	Coverage Level	Restrictions
WIDE-SEAL DIAPHRAGM 80	Tier 8	PV
WIDE-SEAL DIAPHRAGM 85	Tier 8	PV
WIDE-SEAL DIAPHRAGM 90	Tier 8	PV
WIDE-SEAL DIAPHRAGM 95	Tier 8	PV
WILATE INTRAVENOUS KIT	T4	SP (Limited to a 1 month supply per fill)
WINLEVI	T9	
WINREVAIR	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 3 weeks); SP
WIXELA INHUB	T3	
WYMZYA FE	Tier 8	PV
WYNZORA	T9	
XACIATO	T3	ST
XADAGO	T9	
XALATAN	T9	
XALIX	T9	
XALKORI	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 capsules per 30 days); SP
XANAX	T3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	T3	QL (30 tablets per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG, 3 MG	T3	QL (60 tablets per 30 days)
XARAH FE	Tier 8	PV
XARELTO ORAL SUSPENSION RECONSTITUTED	T2	QL (310 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	T2	QL (30 tablets per 30 days)
XARELTO ORAL TABLET 15 MG	T2	QL (42 tablets per 21 days)
XARELTO ORAL TABLET 2.5 MG	T2	QL (60 tablets per 30 days)
XARELTO STARTER PACK	T2	QL (1 pack per 180 days)
XATMEP	T3	AL (Max 9 Years)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T3	QL (60 tablets per 30 days)
XCOPRI (350 MG DAILY DOSE)	T3	QL (60 tablets per 30 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	T3	QL (30 tablets per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	T3	QL (60 tablets per 30 days)
XCOPRI ORAL TABLET 25 MG	T3	QL (30 Tablets per 30 days)
XCOPRI ORAL TABLET THERAPY PACK	T3	QL (1 pack per 30 days)

Medication	Coverage Level	Restrictions
XDEMVY	T3	PA; QL (10 ML per 1 year); AL (Min 18 Years)
XELJANZ ORAL SOLUTION	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 ML per 30 days); SP
XELJANZ ORAL TABLET 10 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
XELJANZ ORAL TABLET 5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
XELODA	T9	
XELPROS	T2	
XELRIA FE	Tier 8	PV
XELSTRYM	T3	ST; QL (30 patches per 30 days); AL (Min 6 Years)
XENAZINE	T9	
XENICAL	T9	
XEPI	T3	ST; QL (30 GM per 30 days)
XERAC AC	T1b	
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	T9	
XERESE	T9	
XERMELO	T4	PA; SP (Limited to a 1 month supply per fill)
XHANCE	T9	
XIFAXAN ORAL TABLET 200 MG	T4	SP (Limited to a 1 month supply per fill); QL (9 tablets per 30 days)
XIFAXAN ORAL TABLET 550 MG	T4	PA; SP (Limited to a 14 day or 30 day supply per fill depending on diagnosis)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	T2	QL (30 tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T2	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T2	QL (60 tablets per 30 days)
XIIDRA	T2	QL (60 vials per 30 days)
XIMINO	T9	

Medication	Coverage Level	Restrictions
<i>xirun</i>	T9	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	T2	QL (1 tablet per 1 fill); AL (Min 5 Years)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	T2	QL (1 tablet per 1 fill); AL (Min 5 Years)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/0.5ML	T4	PA; SP (Limited to a 1-month supply per fill); QL (2 Auto-injectors per 30 days); SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 30 days); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); SP
XOLEGEL	T9	
XOLREMDI	T9	
XOPENEX	T3	
XOPENEX CONCENTRATE	T3	
XOPENEX HFA	T9	
XOSPATA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days)
XPHOZAH	T9	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (20 tablets per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 tablets per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (16 tablets per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (12 tablets per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	T5	PA; SP (Limited to a 1 month supply per fill); QL (24 tablets per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (16 tablets per 28 days)

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)
XROMI	T3	QL (148 ML per 30 days); AL (Max 9 Years)
XTAMPZA ER	T3	ST; QL (60 capsules per 30 days)
XTANDI ORAL CAPSULE	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days); SP
XTANDI ORAL TABLET 40 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 tablets per 30 days); SP
XTANDI ORAL TABLET 80 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days); SP
XULANE	Tier 8	PV; QL (3 patches per 28 days)
XULTOPHY	T3	ST; QL (15 ML per 30 days)
<i>xurea</i>	T9	
XURIDEN	T9	
XYLIDERM	T9	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	PA; SP (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
XYNTHA SOLOFUSE	T4	PA; SP (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
XYOSTED	T9	
XYREM	T9	
XYWAV	T9	
YARGESA	T5	PA; SP (Limited to a 1 month supply per fill); SP
YASMIN 28	T9	
<i>yaxatarxyn</i>	T9	
YAZ	T9	PV
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 56 day supply per fill); QL (1 syringe per 56 days)
YEZTUGO ORAL	T2	PV; QL (4 tablets per 1 year)
YF-VAX SUBCUTANEOUS INJECTABLE	T9	

Medication	Coverage Level	Restrictions
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	T9	
<i>yokatar</i>	T9	
YONSA	T9	
YORVIPATH	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 30 days)
Yosprala	Benefit Exclusion	
YUFLYMA	T9	
YUFLYMA (1 PEN)	T9	
YUFLYMA (2 PEN)	T9	
YUFLYMA (2 SYRINGE)	T9	
YUFLYMA-CD/UC/HS STARTER	T9	
YUPELRI	T9	
YUSIMRY	T9	
YUTREPIA	T9	
YUVAFEM	T1b	
ZADITOR	T1b	
ZAFEMY	Tier 8	PV; QL (3 patches per 28 days)
<i>zafirlukast</i>	T1b	
<i>zaleplon oral capsule 10 mg</i>	T1b	AL (Min 18 Years)
<i>zaleplon oral capsule 5 mg</i>	T1b	QL (30 capsules per 30 days); AL (Min 18 Years)
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	T3	
ZANAFLEX ORAL CAPSULE 8 MG	T9	
ZANAFLEX ORAL TABLET	T3	
ZANTAC 150 MAXIMUM STRENGTH	T9	
ZARAH	Tier 8	PV
ZARONTIN	T3	
ZARXIO	T4	SP (Limited to a 1 month supply per fill); SP
ZAVESCA	T9	
ZAVZPRET	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 30 days); AL (Min 18 Years)
<i>zcort 7-day</i>	T9	
ZEGALOGUE	T3	QL (2 kits per 30 days)
Zegerid	Benefit Exclusion	
Zegerid OTC	Benefit Exclusion	

Medication	Coverage Level	Restrictions
ZEJULA ORAL TABLET	T3	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
ZELBORAF	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
ZELNORM	T3	ST; QL (60 tablets per 30 days)
ZELSUVMI	T9	
ZELVYSIA	T9	
ZEMBRACE SYMTOUCH	T9	
ZEMDRI	T9	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	T3	
ZENATANE	T2	QL (6 fills per 2 years)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	T4	SP (Limited to a 1 month supply per fill)
ZENZEDI	T9	
ZEPATIER	T9	
Zepbound Subcutaneous Solution 10 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Not Covered	
ZEPBOUND SUBCUTANEOUS SOLUTION 12.5 MG/0.5ML, 15 MG/0.5ML	T9	
Zepbound Subcutaneous Solution Auto-Injector	Not Covered	
ZEPOSIA	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
ZEPOSIA 7-DAY STARTER PACK	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
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); SP
ZERVIAE	T3	ST; QL (30 ml per 30 days)
ZESTORETIC	T3	
ZESTRIL	T3	
ZETIA	T3	
ZETONNA	T9	
ZIAC	T3	
ZIAGEN ORAL SOLUTION	T2	
ZIAGEN ORAL TABLET	T3	

Medication	Coverage Level	Restrictions
ZIANA	T9	
<i>ziclocin</i>	T9	
<i>zidovudine oral capsule</i>	T2	
<i>zidovudine oral syrup</i>	T1b	
<i>zidovudine oral tablet</i>	T2	
ZIEXTENZO	T9	
ZILBRYSQ	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 syringes per 28 days)
<i>zileuton er</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); AL (Min 12 Years)
ZILRETTA	T9	
ZILXI	T9	
ZIMHI	T2	QL (1 box per 1 year)
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	T9	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	T9	
<i>ziprasidone hcl</i>	T1b	
ZIPSOR	T9	
ZIRABEV	T9	
ZIRGAN	T3	
ZITHRANOL	T3	ST
ZITHROMAX ORAL PACKET	T2	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	T3	
ZITHROMAX ORAL TABLET 600 MG	T3	
ZITHROMAX TRI-PAK	T3	
ZITHROMAX Z-PAK	T3	
ZITUVIMET	T9	
ZITUVIMET XR	T9	
ZITUVIO	T9	
ZMA CLEAR	T9	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	T3	QL (30 tablets per 30 days)
ZOKINVY	T9	
ZOLINZA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<i>zolmitriptan nasal solution 5 mg</i>	T3	ST; QL (12 units per 30 days)
<i>zolmitriptan oral</i>	T2	QL (12 tablets per 30 days)
ZOLOFT ORAL TABLET 100 MG	T3	QL (60 EA per 30 days)
ZOLOFT ORAL TABLET 25 MG	T3	QL (90 EA per 30 days)

Medication	Coverage Level	Restrictions
ZOLOFT ORAL TABLET 50 MG	T3	QL (120 EA per 30 days)
<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 (31 tablets per 31 days); AL (Min 18 Years)
<i>zolpidem tartrate sublingual</i>	T9	
ZOLPIMIST	T9	
ZOMIG NASAL SOLUTION 2.5 MG	T3	ST; QL (12 units per 30 days)
ZOMIG NASAL SOLUTION 5 MG	T9	
ZOMIG ORAL	T9	
ZONALON	T9	
ZONEGRAN	T3	
ZONISADE	T3	QL (150 ML per 30 days); AL (Max 9 Years)
<i>zonisamide oral</i>	T1a	
ZONTIVITY	T3	ST; QL (30 tablets per 30 days)
ZORTRESS	T5	SP (Limited to a 1 month supply per fill)
ZORVOLEX	T9	
ZORYVE EXTERNAL CREAM 0.05 %, 0.3 %	T9	
ZORYVE EXTERNAL FOAM	T9	
ZOVIA 1/35 (28)	Tier 8	PV
ZOVIA 1/35E (28)	Tier 8	PV
ZOVIRAX EXTERNAL	T9	
ZOVIRAX ORAL	T3	
ZTALMY	T4	PA; SP (Limited to a 1 month supply per fill); QL (1100 ML per 30 days)
ZTLIDO	T9	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	T2	QL (30 tablets per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T2	QL (60 tablets per 30 days)
ZUMANDIMINE	Tier 8	PV
ZUNVEYL	T9	
ZURNAI	T1b	QL (2 auto-injectors per 1 year)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	T4	SP (Limited to a 1 month supply per fill); QL (28 capsules per 1 year)

Medication	Coverage Level	Restrictions
ZURZUVAE ORAL CAPSULE 30 MG	T4	SP (Limited to a 1 month supply per fill); QL (14 capsules per 1 year)
ZYCLARA	T9	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	T3	ST
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	T9	
ZYDELIG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
ZYFLO	T9	
ZYKADIA ORAL TABLET	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
ZYLET	T3	ST
ZYLOPRIM	T3	
ZYMAXID	T3	ST
ZYMFENTRA (1 PEN)	T9	
ZYMFENTRA (2 PEN)	T9	
ZYMFENTRA (2 SYRINGE)	T9	
ZYPITAMAG	T9	
ZYPREXA ORAL	T3	
ZYPREXA ZYDIS	T3	
ZYTIGA	T9	
zyvit	T9	
ZYVOX ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to one 14 day supply per 6 months (180 days)); QL (840 ML per 14 days); AL (Max 9 Years)
ZYVOX ORAL TABLET	T5	SP (Limited to one 14 day supply per 6 months (180 days)); QL (28 tablets per 14 days)

Index

10 SERIES BP		ACCUPRIL	4	<i>adalimumab-fkjp (2 pen)</i>	6
MONITOR/UPPER ARM	3	ACCURETIC	4	<i>adalimumab-fkjp (2 syringe)</i>	6
10 SERIES+ BP		ACCUTANE	4	<i>adalimumab-ryvk (1 pen)</i>	6
MONITR/UPPER ARM	3	ACCUTREND GLUCOSE	4	<i>adalimumab-ryvk (2 pen)</i>	6
3 SERIES BP		ACE AEROSOL CLOUD		<i>adalimumab-ryvk (2 syringe)</i>	6
MONITOR/UPPER ARM	3	ENHANCER	4	<i>adalina</i>	6
3 SERIES BP		<i>acebutolol hcl</i>	4	<i>adapalene</i>	6
MONITOR/WRIST	3	<i>acetaminophen</i>	4	<i>adapalene-benzoyl peroxide</i>	6
5 SERIES BP MONITOR	3	<i>acetaminophen-codeine</i>	4	ADASUVE	6
5 SERIES BP		<i>acetaminophen-codeine #2</i>	4	ADBRY	6
MONITOR/UPPER ARM	3	<i>acetaminophen-codeine #3</i>	4	ADCIRCA	6
7 SERIES BP		<i>acetaminophen-codeine #4</i>	4	ADDERALL	6
MONITOR/UPPER ARM	3	<i>acetazolamide</i>	4	ADDERALL XR	6
7 SERIES BP		<i>acetazolamide er</i>	4	ADDYI	6
MONITOR/WRIST	3	<i>acetic acid</i>	4	<i>adefovir dipivoxil</i>	6
<i>abacavir sulfate</i>	3	<i>acetylcysteine</i>	4	<i>adeinzde</i>	6
<i>abacavir sulfate-lamivudine</i>	3	<i>acidophilus lactobacillus</i>	4	ADEMPAS	6, 7
<i>abenor</i>	3	<i>acioxia</i>	4	<i>adermica</i>	7
<i>abenor hp</i>	3	ACIPHEX	4	<i>adermica hp</i>	7
ABIGALE	3	ACIPHEX SPRINKLE	4	ADHANSIA XR	7
ABIGALE LO	3	<i>acitretin</i>	4	ADLARITY	7
ABILIFY	3	<i>acne medication 10</i>	4	ADMELOG	7
ABILIFY MYCITE		<i>acne medication 5</i>	4	ADMELOG SOLOSTAR	7
MAINTENANCE KIT	3	ACTEMRA	4	<i>admirazol</i>	7
ABILIFY MYCITE STARTER		ACTEMRA ACTPEN	4	<i>admirazol hp</i>	7
KIT	3	ACTHAR	4	ADRENALIN	7
<i>abiraterone acetate</i>	3	ACTHAR GEL	4	ADTHYZA	7
<i>abiraterone acetate micronized</i>	3	ACTHIB	4	<i>adult blood pressure cuff lg</i>	7
ABIRTEGA	3	ACTICLATE	5	ADVAIR DISKUS	7
ABRILADA	3	ACTIGALL	5	ADVAIR HFA	7
ABRILADA (1 PEN)	3	ACTIMMUNE	5	ADVATE	7
ABRILADA (2 PEN)	3	ACTIQ	5	ADVOCATE CONTROL	
ABRILADA (2 SYRINGE)	3	<i>active fe</i>	5	SOLUTION	7
ABRYSVO	3	ACTIVELLA	5	ADVOCATE LANCETS 30G	7
ABSORICA	3	ACTONEL	5	ADVOCATE LANCING	
ABSORICA LD	3	ACTOPLUS MET	5	DEVICE	7
<i>acamprosate calcium</i>	3	ACTOS	5	ADVOCATE RAPID-SAFE	
ACANYA	3	ACUICYN	5	LANCING	7
<i>acarbose</i>	3	ACULAR	5	ADVOCATE REDI-CODE	7
ACCOLATE	3	ACULAR LS	5	ADVOCATE REDI-CODE+	
ACCRUFER	4	ACUVAIL	5	TEST	7
ACCU-CHEK AVIVA PLUS	4	<i>acyclovir</i>	5	ADVOCATE TEST	7
ACCU-CHEK COMPACT		ACZONE	5	<i>adynovate</i>	7
PLUS	4	ADACEL	5	ADZENYS ER	7
ACCU-CHEK FASTCLIX		ADALAT CC	5	ADZENYS XR-ODT	7
LANCET	4	<i>adalimumab-aacf (2 pen)</i>	5	AEMCOLO	7
ACCU-CHEK FASTCLIX		<i>adalimumab-aacf (2 syringe)</i>	5	AEROCHAMBER MINI	
LANCETS	4	<i>adalimumab-aaty (1 pen)</i>	5	CHAMBER	7
ACCU-CHEK GUIDE TEST	4	<i>adalimumab-aaty (2 pen)</i>	5	AEROCHAMBER MV	7
ACCU-CHEK SMARTVIEW	4	<i>adalimumab-aaty (2 syringe)</i>	5	AEROCHAMBER PLUS FLO-	
ACCU-CHEK SOFTCLIX		<i>adalimumab-aaty cd/uc/hs start</i> ... 5		VU	7
LANCET DEV	4	<i>adalimumab-adaz</i>	5	AEROCHAMBER PLUS FLO-	
ACCU-CHEK SOFTCLIX		<i>adalimumab-adbm (2 pen)</i>	6	VU LARGE	7
LANCETS	4	<i>adalimumab-adbm (2 syringe)</i>	6		

AEROCHAMBER PLUS FLO-VU SMALL	8	ALCORTIN A	9	<i>aluxof</i>	11
AEROCHAMBER PLUS FLO-VU W/MASK	8	ALDACTONE	9	<i>aluxof hp</i>	11
AEROCHAMBER Z-STAT PLUS	8	ALDARA	9	ALVAIZ	11
AEROCHAMBER Z-STAT PLUS CHAMBR	8	ALECENSA	9	ALVESCO	11
AEROCHAMBER Z-STAT PLUS/LARGE	8	<i>alendronate sodium</i>	9	<i>alvox</i>	12
AEROCHAMBER Z-STAT PLUS/MEDIUM	8	<i>alfuzosin hcl er</i>	9	<i>alvox hp</i>	12
AEROCHAMBER Z-STAT PLUS/SMALL	8	ALHEMO	9	<i>alyacen 1/35</i>	12
AEROTRACH PLUS	8	ALINIA	10	<i>alyacen 7/7/7</i>	12
AEROVENT PLUS	8	<i>aliskiren fumarate</i>	10	ALYFTREK	12
AFEDITAB CR	8	<i>alixi</i>	10	ALZAIR ALLERGY NASAL SPRAY	12
AFINITOR	8	<i>alixi hp</i>	10	<i>amantadine hcl</i>	12
AFINITOR DISPERZ	8	ALKERAN	10	AMARYL	12
AFIRMELLE	8	ALKINDI SPRINKLE	10	AMBIEN	12
AFLURIA	8	ALLEGRA ALLERGY	10	AMBIEN CR	12
AFLURIA PRESERVATIVE FREE	8	ALLEGRA ALLERGY CHILDRENS	10	<i>ambrisentan</i>	12
AFLURIA QUADRIVALENT	8	ALLEGRA-D ALLERGY & CONGESTION	10	<i>amcinonide</i>	12
AFREZZA	8	ALLI	10	AMETHIA	12
AFSTYLA	8	<i>allopurinol</i>	10	AMETHYST	12
AFTERA	8	ALLZITAL	10	AMICAR	12
AFTERPILL	8	<i>almotriptan malate</i>	10	<i>amiloride hcl</i>	12
AGAMATRIX AMP TEST	8	ALOCRI	10	<i>amiloride-hydrochlorothiazide</i>	12
AGAMREE	8	<i>alogliptin benzoate</i>	10	<i>aminocaproic acid</i>	12
AGRYLIN	8	<i>alogliptin-metformin hcl</i>	10	<i>amiodarone hcl</i>	12
AIMOVIG	8	<i>alogliptin-pioglitazone</i>	10	AMITIZA	12
<i>aimsco lubricated</i>	8	ALOMIDE	10	<i>amitriptyline hcl</i>	12
AIRDUO DIGIHALER	8	<i>alomira</i>	10	AMJEVITA	12, 13
AIRDUO RESPICLICK 113/14	8	<i>alomira hp</i>	10	AMJEVITA-PED 10KG TO <15KG	13
AIRDUO RESPICLICK 232/14	8	<i>alomira lp</i>	10	AMJEVITA-PED 15KG TO <30KG	13
AIRDUO RESPICLICK 55/14	8	ALORA	10	<i>amlodipine besy-benazepril hcl</i> ..	13
AIRSUPRA	8	<i>alosetron hcl</i>	10	<i>amlodipine besylate</i>	13
AJOVY	9	ALPAWASH	10	<i>amlodipine besylate-valsartan</i>	13
AKEEGA	9	ALPHAGAN P	10	<i>amlodipine-atorvastatin</i>	13
AKLIEF	9	ALPHANATE	10	<i>amlodipine-olmesartan</i>	13
AKTIPAK	9	ALPHANINE SD	10	<i>amlodipine-valsartan-hctz</i>	13
AKYNZEO	9	<i>alprazolam</i>	10, 11	<i>ammonium lactate</i>	13
ALA SCALP	9	<i>alprazolam er</i>	10	AMNESTEEM	13
<i>ala-cort</i>	9	ALPRAZOLAM INTENSOL	10	<i>amoxapine</i>	13
ALA-QUIN	9	<i>alprazolam xr</i>	11	<i>amoxicill-clarithro-lansopraz</i>	13
ALAVERT	9	ALPROLIX	11	<i>amoxicillin</i>	13
ALAVERT ALLERGY/SINUS	9	ALREX	11	<i>amoxicillin-pot clavulanate</i>	13
ALAWAY	9	ALTABAX	11	<i>amoxicillin-pot clavulanate er</i>	13
<i>albendazole</i>	9	ALTACE	11	<i>amphetamine er</i>	13
ALBENZA	9	ALTAVERA	11	<i>amphetamine sulfate</i>	13
<i>albuterol sulfate</i>	9	ALTOPREV	11	<i>amphetamine-dextroamphet er</i> ..	13
<i>albuterol sulfate er</i>	9	ALTRENO	11	<i>amphetamine-dextroamphet</i>	13
<i>albuterol sulfate hfa</i>	9	ALTUVIII	11	<i>amphetamine-dextroamphet 3-bead er</i>	13
<i>alclometasone dipropionate</i>	9	ALUNBRIG	11	<i>ampicillin</i>	13
		<i>aluris</i>	11	AMPYRA	13
		<i>aluris hp</i>	11	AMRIX	13
		<i>aluris hp plus</i>	11	AMZEEQ	13
		<i>aluris lp</i>	11		
		<i>aluris lp plus</i>	11		
		<i>aluris plus</i>	11		

ANADROL-50	13	<i>armodafinil</i>	15	ATTRUBY	17
ANAFRANIL	13	ARMONAIR DIGIHALER	15	AUBAGIO	17
<i>anagrelide hcl</i>	14	ARMOUR THYROID	15	AUBRA	17
ANALPRAM-HC	14	ARNUITY ELLIPTA	15	AUBRA EQ	17
ANAPROX DS	14	AROMASIN	15	AUDENZ	17
ANASPAZ	14	ARTHROTEC	15	AUGMENTIN	17
<i>anastrozole</i>	14	<i>artilis</i>	16	AUGMENTIN XR	17
ANDEMBRY	14	<i>artilis hp</i>	16	AUGTYRO	17
ANDRODERM	14	ASCOMP-CODEINE	16	<i>augustil</i>	17
ANDROGEL	14	ASCRIPTIN	16	<i>auranofin</i>	17
ANDROGEL PUMP	14	<i>asenapine maleate</i>	16	AUROVELA 1.5/30	17
ANGELIQ	14	ASHLYNA	16	AUROVELA 1/20	17
ANIMI-3	14	ASMANEX (120 METERED DOSES)	16	AUROVELA 24 FE	18
ANNOVERA	14	ASMANEX (14 METERED DOSES)	16	AUROVELA FE 1.5/30	18
ANORO ELLIPTA	14	ASMANEX (30 METERED DOSES)	16	AUROVELA FE 1/20	18
ANTIVERT	14	ASMANEX (60 METERED DOSES)	16	AURYXIA	18
ANUSOL-HC	14	ASMANEX (7 METERED DOSES)	16	AUSTEDO	18
ANZEMET	14	ASMANEX HFA	16	AUSTEDO XR	18
ANZUPGO	14	ASPERFLEX LIDOCAINE	16	AUSTEDO XR PATIENT TITRATION	18
APADAZ	14	<i>aspirin</i>	16	AUTOLET LITE LANCING DEVICE	18
APEXICON E	14	<i>aspirin 81</i>	16	AUVELITY	18
<i>apexol cleanser</i>	14	<i>aspirin adult low dose</i>	16	AUVI-Q	18
<i>apexol hp cleanser</i>	14	<i>aspirin childrens</i>	16	AVALIDE	18
<i>aphoria</i>	14	<i>aspirin ec low dose</i>	16	<i>avanafil</i>	18
APIDRA	14	<i>aspirin-dipyridamole er</i>	16	AVAPRO	18
APIDRA SOLOSTAR	14	ASPRUZYO SPRINKLE	16	AVAR	18
APLENZIN	14	ASSURE 4 TEST	16	AVAR CLEANSER	18
APLISOL	14	ASSURE DOSE CONTROL	16	AVAR LS	18
APOKYN	14	ASSURE LANCE PLUS SAFETY 30G	16	AVAR LS CLEANSER	18
<i>apomorphine hcl</i>	14	ASSURE PLATINUM	16	AVAR-E EMOLLIENT	18
<i>aporix</i>	14	ASTAGRAF XL	16	AVAR-E GREEN	18
<i>apraclonidine hcl</i>	14	ATACAND	16	AVAR-E LS	18
<i>aprepitant</i>	14	ATACAND HCT	16	<i>aveida</i>	18
APRI	14	<i>atazanavir sulfate</i>	16	AVERI	18
APRISO	14	ATELVIA	16	AVGEMSI	18
APTENSIO XR	15	<i>atenolol</i>	16	AVIANE	18
APTIOM	15	<i>atenolol-chlorthalidone</i>	16	<i>avidora</i>	18
APTIVUS	15	ATIVAN	16	<i>avidora hp</i>	19
AQNEURSA	15	<i>atomoxetine hcl</i>	16	AVITA	19
AQUANIL HC	15	ATORVALIQ	16	AVMAPKI FAKZYNJA CO- PACK	19
AQUORAL	15	<i>atorvastatin calcium</i>	16, 17	AVO CREAM	19
ARAKODA	15	<i>atovaquone</i>	17	AVODART	19
ARANELLE	15	<i>atovaquone-proguanil hcl</i>	17	AVONEX PEN	19
ARANESP (ALBUMIN FREE) ...	15	ATRALIN	17	AVONEX PREFILLED	19
ARAVA	15	ATRAPRO HYDROGEL	17	<i>av-phos 250 neutral</i>	19
ARAZLO	15	ATRIPLA	17	AVTOZMA	19
ARCALYST	15	<i>atropine sulfate</i>	17	<i>awanis</i>	19
ARCAPTA NEOHALER	15	ATROVENT HFA	17	AYGESTIN	19
AREXVY	15			AYUNA	19
<i>arformoterol tartrate</i>	15			AYVAKIT	19
ARICEPT	15			<i>azalta</i>	19
ARIKAYCE	15			<i>azalta hp</i>	19
ARIMIDEX	15				
<i>aripiprazole</i>	15				
ARIXTRA	15				

AZASAN	19	BENEFIX	21	BILTRICIDE	23
AZASITE	19	BENICAR	21	<i>bimatoprost</i>	23
<i>azathioprine</i>	19	BENICAR HCT	21	<i>bimatoprost-brimonidine-dorzol</i> ..	23
<i>azelaic acid</i>	19	BENLYSTA	21	<i>bimatoprost-timolol maleate</i>	23
<i>azelastine hcl</i>	19	<i>bensal hp</i>	21	BIMZELX	23, 24
<i>azelastine-fluticasone</i>	19	BENZAC AC WASH	21	BINOSTO	24
AZELEX	19	BENZAACLIN	21	BIOTHRAX	24
AZILECT	19	BENZAACLIN WITH PUMP	21	<i>bisacodyl</i>	24
<i>azithromycin</i>	19	BENZEFOAM	21	<i>bisacodyl ec</i>	24
AZMIRO	19	BENZEPRO	21	<i>bismuth/metronidazol/tetracyclin</i> ...	24
AZOPT	19	BENZEPRO CREAMY WASH ...21		<i>bisoprolol fumarate</i>	24
AZOR	19	BENZEPRO FOAMING		<i>bisoprolol-hydrochlorothiazide</i> ...	24
AZSTARYS	19	CLOTHS	21	BKEMV	24
AZULFIDINE	20	BENZEPRO SHORT		BLEPH-10	24
AZULFIDINE EN-TABS	20	CONTACT	21	BLEPHAMIDE S.O.P.	24
AZURETTE	20	<i>benznidazole</i>	22	BLISOVI 24 FE	24
<i>bacitracin-polymyxin b</i>	20	<i>benzonatate</i>	22	BLISOVI FE 1.5/30	24
<i>bacitra-neomycin-polymyxin-hc</i> ..	20	<i>benzoyl peroxide</i>	22	BLISOVI FE 1/20	24
<i>baclofen</i>	20	<i>benzoyl peroxide cleanser</i>	22	<i>blood glucose test</i>	24
BACMIN	20	<i>benzoyl peroxide wash</i>	22	<i>blood pressure monitor</i>	24
BACTRIM	20	<i>benzoyl peroxide-erythromycin</i> ..	22	BLOOD PRESSURE	
BACTRIM DS	20	<i>Benzphetamine HCl</i>	22	MONITOR 3	24
BAFIERTAM	20	<i>benztropine mesylate</i>	22	BLOOD PRESSURE	
BALCOLTRA	20	<i>bepotastine besilate</i>	22	MONITOR 7	24
<i>balsalazide disodium</i>	20	BEPREVE	22	BLUJEPa	24
<i>balsam peru-castor oil</i>	20	BERINERT	22	BLULINK GLUCOSE	
BALVERSA	20	BESIVANCE	22	MONITORING SYS	24
BALZIVA	20	BESREMI	22	BLULINK GLUCOSE TEST	24
BANZEL	20	<i>betaine</i>	22	BONIVA	24
BAQSIMI ONE PACK	20	<i>betamethasone dipropionate</i>	22	BONJESTA	24
BAQSIMI TWO PACK	20	<i>betamethasone dipropionate</i>		BONSITY	24
BARACLUDE	20	<i>aug</i>	22	BOOSTRIX	24
BASAGLAR KWIKPEN	21	<i>betamethasone sod phos &</i>		<i>bosentan</i>	24
BASAGLAR TEMPO PEN	21	<i>acet</i>	22	BOSULIF	25
<i>batizia</i>	21	<i>betamethasone valerate</i>	22	<i>bp gel</i>	25
BAXDELA	21	BETAPACE	22	<i>bp vit 3</i>	25
<i>baxonil</i>	21	BETASERON	23	<i>bp wash</i>	25
BAYER ASPIRIN	21	<i>betaxolol hcl</i>	23	<i>bpo foaming cloths</i>	25
BAYER ASPIRIN EC LOW		<i>bethanechol chloride</i>	23	BPROTECTED PEDIA IRON	25
DOSE	21	BETHKIS	23	BRAFTOVI	25
<i>bcg vaccine</i>	21	BETIMOL	23	BREATHERITE	25
BD INSULIN SYRINGE		BETOPTIC-S	23	BREATHERITE COLL	
MICROFINE	21	<i>bevacizumab</i>	23	SPACER ADULT	25
BD INSULIN SYRINGE U/F	21	BEVESPI AEROSPHERE	23	BREATHERITE COLL	
BD INSULIN SYRINGE		BEVYXXA	23	SPACER CHILD	25
ULTRAFINE	21	<i>bexarotene</i>	23	BREATHERITE COLL	
BD PEN NEEDLE MINI U/F	21	BEXSERO	23	SPACER INFANT	25
BD PEN NEEDLE MINI		BEYAZ	23	BREATHERITE RIGID	
ULTRAFINE	21	BIAFINE	23	SPACER/MASK	25
BECONASE AQ	21	<i>bicalutamide</i>	23	BREATHERITE SPACER	
BELBUCA	21	BIDIL	23	NEONATE	25
<i>belladonna alkaloids-opium</i>	21	BIGFOOT UNITY PROGRAM ...23		BREATHERITE SPACER	
BELSOMRA	21	BIJUVA	23	SMALL CHILD	25
<i>benazepril hcl</i>	21	BIKTARVY	23	BREATHERITE/LARGE MASK ..25	
<i>benazepril-hydrochlorothiazide</i> ..	21	BILPREVDA	23		

BREATHERITE/MEDIUM MASK	25	<i>butorphanol tartrate</i>	27	CARDIOVID PLUS	30
BREATHERITE/SMALL MASK	25	BUTRANS	28	CARDIZEM	30
BREKIYA	25	BYDUREON BCISE	28	CARDIZEM CD	30
BRENZAVVY	25	BYETTA 10 MCG PEN	28	CARDIZEM LA	30
BREO ELLIPTA	25	BYETTA 5 MCG PEN	28	CARDURA	30
BREXAFEMME	25	BYLVAY	28	CARDURA XL	30
BREYNA	25	BYLVAY (PELLETS)	28	CARESENS CONTROL A	30
BREZTRI AEROSPHERE	25	BYNFEZIA PEN	28	CARESENS CONTROL SOLUTION A/B	30
<i>briellyn</i>	25	BYSTOLIC	28	CARESENS N GLUCOSE TEST	30
BRILINTA	25	<i>cabergoline</i>	28	CARESENS S CONTROL SOLN A/B	30
<i>brimonidine tartrate</i>	25	CABLIVI	28	CARESENS S GLUCOSE TEST	30
<i>brimonidine tartrate-timolol</i>	25	CABOMETIX	28	CARETOUCH CONTROL SOL LEVEL 2	30
<i>brimonidine-dorzolamide</i>	25	CABTREGO	28	CARETOUCH LANCING/EJECTOR	30
BRINSUPRI	25	CADUET	28	CARETOUCH TEST	30
<i>brinzolamide</i>	25	CAFERGOT	28	CARETOUCH TWIST LANCETS 28G	30
BRISDELLE	25	<i>caffeine citrate</i>	28	CARETOUCH TWIST LANCETS 30G	30
BRIVIACT	26	<i>calcipotriene</i>	28	CARETOUCH TWIST LANCETS 33G	30
BROMFED DM	26	<i>calcipotriene-betameth diprop</i>	28	<i>carglumic acid</i>	31
<i>bromfenac sodium</i>	26	<i>calcitonin (salmon)</i>	28	<i>carisoprodol</i>	31
<i>bromfenac sodium (once-daily)</i>	26	<i>calcitriol</i>	28	<i>carisoprodol-aspirin</i>	31
<i>bromocriptine mesylate</i>	26	<i>calcium acetate (phos binder)</i>	28	<i>carisoprodol-aspirin-codeine</i>	31
BROMSITE	26	<i>calcium-folic acid plus d</i>	28	CARNITOR	31
BRONCHITOL	26	CALQUENCE	28	CARNITOR SF	31
BROVANA	26	<i>calsodore</i>	28	CAROSPIR	31
BRUKINSA	26	CAMBIA	28	<i>carteolol hcl</i>	31
BRYHALI	26	CAMILA	29	CARTIA XT	31
BRYNOVIN	26	CAMRESE	29	<i>carvedilol</i>	31
BSS	26	CAMRESE LO	29	<i>carvedilol phosphate er</i>	31
BSS PLUS	26	CAMZYOS	29	CASODEX	31
BUCAPSOL	26	CANASA	29	CATAPRES	31
<i>budesonide</i>	26	<i>candesartan cilexetil</i>	29	CATAPRES-TTS-1	31
<i>budesonide er</i>	26	<i>candesartan cilexetil-hctz</i>	29	CATAPRES-TTS-2	31
<i>budesonide-formoterol fumarate</i>	26	CANDIN	29	CATAPRES-TTS-3	31
<i>buffered aspirin</i>	26	<i>capecitabine</i>	29	CAVERJECT	31
BUFFERIN	26	CAPEX	29	CAVERJECT IMPULSE	31
<i>bumetanide</i>	26	CAPLYTA	29	CAYA	31
BUPAP	26	CAPRELSA	29	CAYSTON	31
BUPHENYL	27	<i>captopril</i>	29	CAZANT	31
<i>bupivacaine hcl</i>	27	<i>captopril-hydrochlorothiazide</i>	29	<i>cefaclor</i>	31
<i>buprenorphine</i>	27	CAPVAXIVE	29	<i>cefaclor er</i>	31
<i>buprenorphine hcl</i>	27	CARAC	29	<i>cefadroxil</i>	31
<i>buprenorphine hcl-naloxone hcl</i>	27	CARAFATE	29	<i>cefdinir</i>	31
<i>bupropion hcl</i>	27	CARBAGLU	29	<i>cefditoren pivoxil</i>	31
<i>bupropion hcl er (smoking det)</i>	27	<i>carbamazepine</i>	29	<i>cefixime</i>	31
<i>bupropion hcl er (sr)</i>	27	<i>carbamazepine er</i>	29	<i>cefpodoxime proxetil</i>	31
<i>bupropion hcl er (xl)</i>	27	CARBATROL	29	<i>cefprozil</i>	31
<i>buspirone hcl</i>	27	<i>carbidopa</i>	30		
<i>butalbital-acetaminophen</i>	27	<i>carbidopa-levodopa</i>	30		
<i>butalbital-apap-caff-cod</i>	27	<i>carbidopa-levodopa er</i>	30		
<i>butalbital-apap-caffeine</i>	27	<i>carbidopa-levodopa-entacapone</i>	30		
<i>butalbital-asa-caff-codeine</i>	27	<i>carbinoxamine maleate</i>	30		
<i>butalbital-aspirin-caffeine</i>	27	<i>carbinoxamine maleate er</i>	30		
<i>butenafine hcl</i>	27	<i>carbzah</i>	30		
		<i>cardioplegia del nido formula</i>	30		

<i>cefuroxime axetil</i>	31	CIMZIA	34	<i>clindamycin phos-benzoyl</i>	
CELACYN	31	CIMZIA (1 SYRINGE)	33	<i>perox</i>	35
CELEBREX	31	CIMZIA (2 SYRINGE)	33	<i>clindamycin phosphate</i>	35, 36
<i>celecoxib</i>	31	CIMZIA STARTER KIT	33	<i>clindamycin-tretinoin</i>	36
CELEXA	31, 32	CIMZIA-STARTER	34	CLINDESSE	36
CELLCEPT	32	<i>cinacalcet hcl</i>	34	<i>clobazam</i>	36
CELONTIN	32	CIPRO	34	<i>clobetasol prop emollient base</i> ...	36
CENTANY	32	CIPRO HC	34	<i>clobetasol propionate</i>	36
CENTRATEX	32	CIPRODEX	34	<i>clobetasol propionate emulsion</i> ...	36
<i>cephalexin</i>	32	<i>ciprofloxacin</i>	34	CLOBEX	36
CEPROTIN	32	<i>ciprofloxacin hcl</i>	34	CLOBEX SPRAY	36
CEQUA	32	<i>ciprofloxacin-dexamethasone</i>	34	CLOBEZIN	36
CERACADE	32	<i>ciprofloxacin-fluocinolone pf</i>	34	<i>clocortolone pivalate</i>	36
CERDELGA	32	<i>ciprofloxacin-hydrocortisone</i>	34	CLODAN	36
CETACAINE	32	<i>citalopram hydrobromide</i>	34	CLOMID	36
<i>cetirizine hcl</i>	32	CITRANATAL 90 DHA	34	<i>clomiphene citrate</i>	36
<i>cetirizine hcl childrens alrgy</i>	32	CITRANATAL ASSURE	34	<i>clomipramine hcl</i>	36
<i>cetirizine-pseudoephedrine er</i>	32	CITRANATAL B-CALM	34	<i>clonazepam</i>	36
CETRAXAL	32	CITRANATAL BLOOM	34	<i>clonidine</i>	36
<i>cetorelix acetate</i>	32	CITRANATAL DHA	34	<i>clonidine er</i>	36
CETROTIDE	32	CITRANATAL HARMONY	34	<i>clonidine hcl</i>	36
<i>cevimeline hcl</i>	32	CITRANATAL MEDLEY	34	<i>clonidine hcl er</i>	36
CHARLOTTE 24 FE	32	CITRANATAL RX	34	<i>clopidogrel bisulfate</i>	36
CHATEAL	32	<i>citrate of magnesia</i>	34	<i>clorazepate dipotassium</i>	36
CHATEAL EQ	32	CITROMA	34	<i>clotrimazole</i>	36, 37
CHEMET	32	CLARAVIS	34	<i>clotrimazole-betamethasone</i>	37
<i>childrens aspirin</i>	32	CLARINEX	34	<i>clozapine</i>	37
<i>childrens loratadine</i>	32	CLARINEX-D 12 HOUR	34	CLOZARIL	37
<i>chlohex</i>	32	<i>clarithromycin</i>	35	COAGADEX	37
<i>chlordiazepoxide hcl</i>	32	<i>clarithromycin er</i>	34	<i>coal tar</i>	37
<i>chlordiazepoxide-amitriptyline</i>	32	CLARITIN	35	COARTEM	37
<i>chlordiazepoxide-clidinium</i>	33	CLARITIN REDITABS	35	COBENFY	37
<i>chlorhexidine gluconate</i>	33	CLARITIN-D 12 HOUR	35	COBENFY STARTER PACK	37
<i>chloroquine phosphate</i>	33	CLARITIN-D 24 HOUR	35	<i>codeine sulfate</i>	37
<i>chlorpheniramine maleate er</i>	33	<i>classic prenatal</i>	35	<i>coenzyme q10</i>	37
<i>chlorpromazine hcl</i>	33	CLEARLAX	35	<i>coenzyme q-10</i>	37
<i>chlorthalidone</i>	33	<i>clemastine fumarate</i>	35	COLAZAL	37
<i>chlorzoxazone</i>	33	CLEMASZ	35	<i>colchicine</i>	37
CHOLBAM	33	CLEMSZA	35	<i>colchicine-probenecid</i>	37
<i>cholestyramine</i>	33	CLENIA PLUS	35	COLCRYS	37
<i>cholestyramine light</i>	33	CLENPIQ	35	<i>colesevelam hcl</i>	37
<i>chorionic gonadotropin</i>	33	CLEOCIN	35	COLESTID	37
CHOSEN LANCING DEVICE	33	CLEOCIN-T	35	<i>colestipol hcl</i>	37
CIALIS	33	CLEVER CHOICE MICRO		<i>colistimethate sodium (cba)</i>	37
CIBINQO	33	TEST	35	COLY-MYCIN S	37
CICLODAN	33	CLEVER CHOICE TALK		COLYTE WITH FLAVOR	
<i>ciclopirox</i>	33	SYSTEM	35	PACKS	37
<i>ciclopirox olamine</i>	33	CLIMARA	35	COMBIGAN	37
<i>ciclopirox treatment</i>	33	CLIMARA PRO	35	COMBIPATCH	37
CIFEREX	33	CLINDAGEL	35	COMBIVENT RESPIMAT	37
<i>cilostazol</i>	33	<i>clindamycin hcl</i>	35	COMBIVIR	37
CILOXAN	33	<i>clindamycin palmitate hcl</i>	35	COMBOGESIC	37
CIMDUO	33	<i>clindamycin phos (once-daily)</i>	35	COMETRIQ (100 MG DAILY	
<i>cimetidine</i>	33	<i>clindamycin phos (twice-daily)</i>	35	DOSE)	38
<i>cimetidine hcl</i>	33				

COMETRIQ (140 MG DAILY DOSE)	38	COSENTYX SENSOREADY PEN	39	CYLTEZO-PSORIASIS/UV STARTER	41
COMETRIQ (60 MG DAILY DOSE)	38	COSENTYX UNOREADY	39	CYMBALTA	41
COMIRNATY	38	COSOPT	40	<i>cyproheptadine hcl</i>	41
COMIRNATY 5-11 YEARS	38	COTELLIC	40	CYRED	41
COMPACT SPACE CHAMBER	38	COTEMPLA XR-ODT	40	CYRED EQ	41
COMPACT SPACE CHAMBER/LG MASK	38	COUMADIN	40	CYSTADANE	41
COMPACT SPACE CHAMBER/MED MASK	38	COVARYX	40	CYSTADROPS	42
COMPACT SPACE CHAMBER/SM MASK	38	COVARYX HS	40	CYSTARAN	42
COMPLERA	38	COXANTO	40	CYTOMEL	42
<i>complete natal dha</i>	38	COZAAR	40	CYTOTEC	42
<i>completenate</i>	38	CRENESSITY	40	<i>cytra k crystals</i>	42
COMPRO	38	CREON	40	<i>cytra-2</i>	42
COMTAN	38	CRESEMBA	40	CYTRA-3	42
CONCERTA	38	CRESTOR	40	<i>cytra-k</i>	42
CONDYLOX	38	CREXONT	40	<i>dabigatran etexilate mesylate</i>	42
CONJUPRI	38	CRINONE	40	<i>dafilor</i>	42
CONSENSI	38	CRIXIVAN	40	<i>dalfampridine er</i>	42
CONTOUR CONTROL	38	<i>cromolyn sodium</i>	40	DALIRESP	42
CONTOUR NEXT TEST	38	CRYODOSE TA	40	<i>danazol</i>	42
CONTOUR PLUS BLUE	38	CRYSELLE-28	40	DANTRIUM	42
CONTOUR PLUS TEST	38	CUPRIMINE	40	<i>dantrolene sodium</i>	42
CONTOUR TEST	38	CURAE	40	DANZITEN	42
<i>Contrave</i>	38	CUVPOSA	40	<i>dapagliflozin pro-metformin er</i>	42
CONZIP	38	CUVRIOR	40	<i>dapagliflozin propanediol</i>	42
COPAXONE	38	CVS ADVANCED GLUCOSE TEST	40	<i>dapsone</i>	42
COPIKTRA	38	<i>cvs aspirin</i>	41	DARAPRIM	42
CORDRAN	39	<i>cvs aspirin adult low dose</i>	40	<i>darifenacin hydrobromide er</i>	42
COREG	39	<i>cvs aspirin ec</i>	40	DARTISLA ODT	42
COREG CR	39	<i>cvs folic acid</i>	41	<i>darunavir</i>	42
CORGARD	39	<i>cvs ibuprofen</i>	41	<i>dasatinib</i>	42
CORLANOR	39	<i>cvs magnesium citrate</i>	41	DASETTA 1/35 (28)	42
CORTANE-B	39	<i>cvs milk of magnesia</i>	41	DASETTA 7/7/7	42
CORTEF	39	<i>cvs nicotine</i>	41	DAURISMO	42
CORTENEMA	39	<i>cvs nicotine polacrilex</i>	41	DAWNZERA	42
CORTIFOAM	39	<i>cvs prenatal</i>	41	DAYBUE	43
<i>cortisone acetate</i>	39	<i>cvs prenatal multi+dha</i>	41	DAYPRO	43
CORTISPORIN-TC	39	CVS PURELAX	41	DAYSEE	43
CORTROPHIN	39	<i>cyanocobalamin</i>	41	DAYTRANA	43
CORTROPHIN GEL	39	<i>cyclobenzaprine hcl</i>	41	DAYVIGO	43
CORVITA	39	<i>cyclobenzaprine hcl er</i>	41	<i>dazaveidaoxia</i>	43
CORVITA 150	39	CYCLOGYL	41	<i>dazinia</i>	43
CORVITE	39	CYCLOMYDRIL	41	<i>dazomon</i>	43
CORVITE 150	39	<i>cyclopentolate hcl</i>	41	DDAVP	43
<i>corvite fe</i>	39	<i>cyclophosphamide</i>	41	DDAVP PF	43
CORVITE FREE	39	<i>cycloserine</i>	41	DEBLITANE	43
COSENTYX	39	CYCLOSET	41	DECARA	43
COSENTYX (300 MG DOSE)	39	<i>cyclosporine</i>	41	<i>deferasirox</i>	43
COSENTYX SENSOREADY (300 MG)	39	<i>cyclosporine modified</i>	41	<i>deferasirox granules</i>	43
		CYLTEZO (2 PEN)	41	<i>deferiprone</i>	43
		CYLTEZO (2 SYRINGE)	41	<i>deflazacort</i>	43
		CYLTEZO-CD/UC/HS STARTER	41	<i>del nido cardioplegia</i>	43
				DELESTROGEN	43
				<i>delibon</i>	43
				DELSTRIGO	43

DELZICOL	43	DEXEDRINE	45	DILANTIN	48
<i>demeclocycline hcl</i>	43	DEXILANT	45	DILANTIN INFATABS	48
DEMSEER	43	<i>dexlansoprazole</i>	45	DILAUDID	48
DENAVIR	43	<i>dexmedetomidine hcl in nacl</i>	45	<i>diltiazem hcl</i>	48
DENGVAIXIA	43	<i>dexmethylphenidate hcl</i>	45	<i>diltiazem hcl er</i>	48
DENTA 5000 PLUS	43	<i>dexmethylphenidate hcl er</i>	45	<i>diltiazem hcl er beads</i>	48
DENTAGEL	43	DEXONTO 0.4%	45	<i>diltiazem hcl er coated beads</i>	48
<i>denvita</i>	43	DEXPAK 6 DAY	45	<i>dilt-xr</i>	48
<i>deoxiademtar</i>	43	<i>dextroamphetamine sulfate</i> ..	45, 46	<i>dimethyl fumarate</i>	48
<i>deoxiatar</i>	43	<i>dextroamphetamine sulfate er</i> ...	45	<i>dimethyl fumarate starter pack</i> ...	48
<i>deoxiavar</i>	44	DEXYCU	46	<i>dionaris</i>	48
DEPAKOTE	44	DHIVY	46	<i>diooxia</i>	48
DEPAKOTE ER	44	DIACOMIT	46	DIOVAN	48
DEPAKOTE SPRINKLES	44	<i>diadimaxia</i>	46	DIOVAN HCT	48
DEPEN TITRATABS	44	DIALYVITE	46	DIPENTUM	48
DEPO-PROVERA	44	DIALYVITE 3000	46	<i>diphenhydramine hcl</i>	48
DEPO-TESTOSTERONE	44	DIALYVITE 5000	46	<i>diphenoxylate-atropine</i>	48
DERMACINRX PRIZOPAK	44	DIALYVITE 800	46	DIPROLENE	48
DERMACINRX PUREFOLIX	44	DIALYVITE 800/ZINC	46	DIPROLENE AF	48
DERMACURE	44	DIALYVITE SUPREME D	46	<i>dipyridamole</i>	49
<i>derma-r</i>	44	DIALYVITE/ZINC	46	<i>disopyramide phosphate</i>	49
DERMA-SMOOTHIE/FS BODY ..	44	<i>diasaxiatar</i>	46	<i>disulfiram</i>	49
DERMA-SMOOTHIE/FS		<i>diasdimaxia</i>	46	DITROPAN XL	49
SCALP	44	<i>diasoxia</i>	46	DIURIL	49
DERMASO PLUS	44	DIASTAT ACUDIAL	46	<i>divalproex sodium</i>	49
DERMAZENE	44	DIASTAT PEDIATRIC	46	<i>divalproex sodium er</i>	49
DERMULCERA	44	<i>diatrue plus test</i>	46	<i>divendo</i>	49
DESCOVY	44	<i>diazepam</i>	46	DIVIGEL	49
<i>desipramine hcl</i>	44	DIAZEPAM INTENSOL	46	<i>divinix</i>	49
<i>desloratadine</i>	44	<i>diazoxide</i>	46	DOANS PILLS	49
<i>desmopressin ace spray refig</i> ...	44	DIBENZYLINE	46	<i>dofetilide</i>	49
<i>desmopressin acetate</i>	44	<i>dichlorphenamide</i>	46	DOJOLVI	49
<i>desmopressin acetate pf</i>	44	<i>diclareal</i>	46	DOLISHALE	49
<i>desmopressin acetate spray</i>	44	DICLEGIS	46	DOLOBID	49
<i>desogestrel-ethinyl estradiol</i>	44	<i>diclofenac epolamine</i>	47	DOMEBORO	49
DESONATE	44	<i>diclofenac potassium</i>	47	<i>domela</i>	49
<i>desonide</i>	44	<i>diclofenac potassium(migraine)</i> ..	47	<i>donepezil hcl</i>	49
DESOWEN	44	<i>diclofenac sodium</i>	47	DONNATAL	49
<i>desoximetasone</i>	45	<i>diclofenac sodium er</i>	47	DOPTELET	49
DESODYN	45	<i>diclofenac-misoprostol</i>	47	DOPTELET SPRINKLE	49
<i>desvenlafaxine er</i>	45	<i>dicloxacillin sodium</i>	47	DORYX	49
<i>desvenlafaxine succinate er</i>	45	DICOPANOL FUSEPAQ	47	DORYX MPC	49
DETROL	45	<i>dicyclomine hcl</i>	47	<i>dorzolamide hcl</i>	49
DETROL LA	45	<i>didanosine</i>	47	<i>dorzolamide hcl-timolol mal</i>	49
<i>dexabliss</i>	45	<i>Diethylpropion HCl</i>	47	DOTTI	49
<i>dexamethasone</i>	45	DIFFERIN	47	DOVATO	49
DEXAMETHASONE		DIFICID	47	<i>doxazosin mesylate</i>	49
INTENSOL	45	<i>diflorasone diacetate</i>	47	<i>doxepin hcl</i>	49, 50
<i>dexamethasone sodium</i>		DIFLUCAN	47	<i>doxercalciferol</i>	50
<i>phosphate</i>	45	<i>diflunisal</i>	47	<i>doxycycline</i>	50
DEXCOM G6 RECEIVER	45	<i>difluprednate</i>	47	<i>doxycycline hyclate</i>	50
DEXCOM G6 SENSOR	45	DIGITEK	47	<i>doxycycline monohydrate</i>	50
DEXCOM G6 TRANSMITTER ...	45	DIGOX	47	<i>doxylamine-pyridoxine</i>	50
DEXCOM G7 RECEIVER	45	<i>digoxin</i>	47	<i>d-penamine</i>	50
DEXCOM G7 SENSOR	45	<i>dihydroergotamine mesylate</i> 47, 48		<i>draxacey</i>	50

DRISDOL	50	EASY TOUCH LANCING		ELURYNG	54
DRITHO-CREME HP	50	DEVICE	52	ELYXYB	54
DRIZALMA SPRINKLE	50	EASY TOUCH TEST	52	<i>elyzia</i>	54
<i>dronabinol</i>	50	<i>easy trak blood glucose test</i>	52	EMBRACE BLOOD GLUCOSE	
<i>drospiren-eth estrad-levomefol</i> ...50		<i>easy trak ii control</i>	52	TEST	54
<i>drospirenone-ethinyl estradiol</i>50		<i>easy trak ii glucose test</i>	52	EMBRACE EVO BLOOD	
DROXIA	50	EASYGLUCO	52	GLUCOSE TEST	54
<i>droxidopa</i>	50	EASYGLUCO CONTROL	52	EMBRACE GLUCOSE	
DRYSOL	50	EASYMAX 15 TEST	52	CONTROL	54
DSUVIA	50	EASYMAX TEST	52	<i>embrace lancing device/ejector</i> ..54	
DUAC	50	EBGLYSS	52	EMBRACE PRO GLUCOSE	
DUAKLIR PRESSAIR	50	EC-NAPROSYN	52	TEST	54
DUAVEE	50	<i>econazole nitrate</i>	52	EMBRACE TALK GLUCOSE	
DUETACT	50	ECONTRA EZ	52	CONTROL	54
DUEXIS	51	ECONTRA ONE-STEP	52	EMBRACE TALK GLUCOSE	
DULCOLAX	51	ECOTRIN	52	TEST	54
DULERA	51	ECOTRIN ARTHRTIS PAIN	52	EMBRACE WAVE GLUCOSE	
<i>duloxetine hcl</i>	51	ECOTRIN LOW STRENGTH	52	METER	54
DULOXICAINE	51	ECOZA	52	EMBRIVA	54
DUOBRII	51	EDARBI	52	EMCYT	54
DUOVISC	51	EDARBYCLOR	52	EMEND	54
DUPIXENT	51	EDECIN	52	EMEND BIPACK	54
<i>durachol</i>	51	EDEX	52	EMEND TRIPACK	54
DUREX EXTRA SENSITIVE		EDLUAR	52	EMFLAZA	54
THIN	51	EDURANT	52	EMGALITY	54
DUREX REALFEEL	51	EDURANT PED	52	EMGALITY (300 MG DOSE)	54
DUREX TROPICAL	51	<i>efavirenz</i>	53	EMPAVELI	54
DUREZOL	51	<i>efavirenz-emtricitab-tenofo df</i>53		<i>emreal</i>	54
DURLAZA	51	<i>efavirenz-lamivudine-tenofovir</i> ...53		EMROSI	54
DURYSTA	51	EFFER-K	53	EMSAM	54
<i>dutasteride</i>	51	EFFEXOR XR	53	<i>emtricitabine</i>	54
<i>dutasteride-tamsulosin hcl</i>51		EFFIENT	53	<i>emtricitabine-tenofovir df</i>54	
DUTOPROL	51	EFUDEX	53	<i>emtricitab-rilpivir-tenofov df</i>54	
DUVYZAT	51	EGRIFTA SV	53	EMTRIVA	54
DYANAVEL XR	51	EGRIFTA WR	53	EMULSION SB	55
DYMISTA	51	EKTERLY	53	EMVERM	55
<i>dynoma</i>	51	<i>element compact test</i>	53	EMZAHH	55
DYRENIUM	51	ELEMENT TEST	53	<i>enalapril maleate</i>	55
E.E.S. 400	51	ELEPSIA XR	53	<i>enalapril-hydrochlorothiazide</i>55	
E.E.S. GRANULES	51	ELESTRIN	53	ENBREL	55
EASIVENT	51	ELETONE	53	ENBREL MINI	55
EASIVENT MASK LARGE	51	<i>eletriptan hydrobromide</i>53		ENBREL SURECLICK	55
EASIVENT MASK MEDIUM	52	ELIDEL	53	ENBUMYST	55
EASIVENT MASK SMALL	52	ELINEST	53	ENDARI	55
<i>easy comfort lancets</i>	52	ELIQUIS	53	ENDOCET	55
EASY MAX T1 GLUCOSE		ELIQUIS (1.5 MG PACK)	53	ENDOMETRIN	55
SYSTEM	52	ELIQUIS (2 MG PACK)	53	ENEMEEZ MINI	55
<i>easy mini eject lancing device</i>52		ELIQUIS DVT/PE STARTER		ENEMEEZ PLUS	55
<i>easy plus ii glucose test</i>	52	PACK	53	ENGERIX-B	55
EASY STEP CONTROL	52	ELIXOPHYLLIN	53	ENILLORING	55
EASY STEP TEST	52	ELLA	53	ENLYTE	55
<i>easy talk blood glucose test</i>	52	ELMIRON	53	<i>enoxaparin sodium</i>	55
<i>easy talk plus ii test strips</i>	52	ELOCON	53	ENOXILUV KIT	55
EASY TOUCH CONTROL		ELOCTATE	53	ENPRESSE-28	55
HIGH & LOW	52	<i>eltrombopag olamine</i>	53	ENSACOVE	55, 56

ENSKYCE	56	<i>ery</i>	58	EVENCARE G3 TEST	60
ENSPRYNG	56	ERYGEL	58	EVENCARE MINI GLUCOSE	
ENSTILAR	56	ERYPED 200	58	TEST	60
<i>entacapone</i>	56	ERYPED 400	58	EVENCARE PROVUEW	
ENTADFI	56	ERY-TAB	58	GLUCOSE TEST	60
<i>entecavir</i>	56	ERYTHROCIN STEARATE	58	<i>everolimus</i>	60
ENTRESTO	56	<i>erythromycin</i>	58	EVERSENSE 365	
ENTTY SPRAY EMULSION	56	<i>erythromycin base</i>	58	SENSOR/HOLDER	61
ENTYVIO	56	<i>erythromycin ethylsuccinate</i>	58	EVERSENSE 365 SMART	
ENTYVIO PEN	56	ERZOFRI	58	TRANSMIT	61
<i>enulose</i>	56	ESBRIET	58	EVISTA	61
ENVARUSUS XR	56	<i>escitalopram oxalate</i>	58	EVOLUTION AUTOCODE	61
EOHILIA	56	ESGIC	58	EVOLUTION CONTROL	61
EPANED	56	<i>eslicarbazepine acetate</i>	58	EVOTAZ	61
EPCLUSA	56	<i>esmolol hcl</i>	58	EVOXAC	61
EPICERAM	56	<i>esomeprazole magnesium</i> ... 58, 59		EVRYSDI	61
EPIDIOLEX	56	ESOTERICA DAYTIME	59	EXELDERM	61
EPIDUO	56	ESOTERICA FACIAL	59	EXELON	61
EPIDUO FORTE	56	ESOTERICA FADE		<i>exemestane</i>	61
EPIFOAM	56	NIGHTTIME	59	<i>exenatide</i>	61
<i>epinastine hcl</i>	56	ESPEROCT	59	EXFORGE	61
<i>epinephrine</i>	56	<i>est estrogens-methyltest</i>	59	EXFORGE HCT	61
<i>epinephrine hcl (nasal)</i>	56	<i>est estrogens-methyltest ds</i>	59	EXJADE	61
EPINEPHRINESNAP-V	57	<i>est estrogens-methyltest hs</i>	59	EXKIVITY	61
EPIPEN 2-PAK	57	ESTARYLLA	59	EXSERVAN	61
EPIPEN JR 2-PAK	57	<i>estazolam</i>	59	EXTAVIA	61
EPITOL	57	ESTRACE	59	EXTINA	61
EPIVIR	57	<i>estradiol</i>	59	EXXUA	61
<i>eplerenone</i>	57	<i>estradiol valerate</i>	59	EXXUA TITRATION PACK	61
EPOGEN	57	<i>estradiol-norethindrone acet</i>	59	<i>eye allergy itch relief</i>	61
EPRONTIA	57	ESTRATEST F.S.	59	<i>eye allergy itch/redness rel</i>	61
EPSOLAY	57	ESTRATEST H.S.	59	EYSUVIS	61
EPYSQLI	57	ESTRING	59	EZ SMART BLOOD	
EPZICOM	57	ESTROGEL	59	GLUCOSE TEST	61
<i>eq aspirin</i>	57	<i>estrogens conjugated</i>	59	EZ SMART PLUS GLUCOSE	
<i>eq aspirin adult low dose</i>	57	ESTROSTEP FE	59	TEST	61
<i>eq aspirin low dose</i>	57	<i>eszopiclone</i>	59	EZALLOR SPRINKLE	61
<i>eq magnesium citrate</i>	57	<i>ethacrynic acid</i>	60	<i>ezetimibe</i>	62
<i>eq nicotine polacrilex</i>	57	<i>ethambutol hcl</i>	60	<i>ezetimibe-rosuvastatin</i>	62
<i>eq aspirin ec</i>	57	<i>ethosuximide</i>	60	<i>ezetimibe-simvastatin</i>	62
<i>eq aspirin low dose</i>	57	<i>ethyl chloride</i>	60	<i>fabb</i>	62
EQL CLEARLAX	57	<i>ethynodiol diac-eth estradiol</i>	60	FABHALTA	62
<i>eq magnesium citrate</i>	57	<i>etodolac</i>	60	FABIOR	62
<i>eq milk of magnesia</i>	57	<i>etodolac er</i>	60	FALMINA	62
EQUETRO	57	<i>etonogestrel-ethinyl estradiol</i>	60	<i>famciclovir</i>	62
<i>ergoloid mesylates</i>	57	<i>etoposide</i>	60	<i>famotidine</i>	62
ERGOMAR	57	<i>etravirine</i>	60	FANAPT	62
<i>ergotamine-caffeine</i>	57	EUCRISA	60	FANAPT TITRATION PACK A ..	62
ERIVEDGE	57	EUFLEXXA	60	FANAPT TITRATION PACK B ..	62
ERLEADA	57	EURAX	60	FANAPT TITRATION PACK C ..	62
<i>erlotinib hcl</i>	58	EUTHYROX	60	FANTASY LUBRICATED	62
ERMEZA	58	EVAMIST	60	FARESTON	62
ERRIN	58	EVEKEO	60	FARXIGA	62
ERTACZO	58	EVEKEO ODT	60	FARYDAK	62
ERVEBO	58	EVENCARE G2 TEST	60	FASENRA PEN	62

FAZACLO	62	<i>fidila</i>	64	<i>flunisolide</i>	66
FC2 FEMALE CONDOM	62	FIFTY50 SAFETY SEAL		<i>fluocinolone acetonide</i>	66
<i>fe c tab plus</i>	62	LANCETS	64	<i>fluocinolone acetonide body</i>	66
<i>febuxostat</i>	62	<i>filoma</i>	64	<i>fluocinolone acetonide scalp</i>	66
FEIBA NF	62	FILSPARI	65	<i>fluocinonide</i>	67
FEIRZA 1.5/30	62	FILSUVEZ	65	<i>fluocinonide emulsified base</i>	67
FEIRZA 1/20	63	FINACEA	65	FLUORIMAX 5000	67
<i>felbamate</i>	63	<i>finapid</i>	65	FLUORIMAX 5000 SENSITIVE	67
FELBATOL	63	<i>finapodtar</i>	65	<i>fluorometholone</i>	67
FELDENE	63	<i>finasteride</i>	65	FLUOROPLEX	67
<i>felodipine er</i>	63	<i>finolimod hcl</i>	65	<i>fluorouracil</i>	67
FEMARA	63	FINTEPLA	65	<i>fluoxetine hcl</i>	67
FEMCAP	63	FIORICET	65	<i>fluoxetine hcl (pmdd)</i>	67
FEMHRT	63	FIORICET/CODEINE	65	<i>fluoxia</i>	67
FEMLYV	63	FIORINAL	65	<i>fluphenazine hcl</i>	67
FEMRING	63	FIRAZYR	65	<i>flurandrenolide</i>	67
<i>fenofibrate</i>	63	FIRDAPSE	65	<i>flurazepam hcl</i>	67
<i>fenofibrate micronized</i>	63	FIRST-LANSOPRAZOLE	65	<i>flurbiprofen</i>	67
<i>fenofibric acid</i>	63	FIRST-MOUTHWASH BLM	65	<i>flurbiprofen sodium</i>	67
FENOGLIDE	63	FIRST-OMEPRAZOLE	65	<i>flutamide</i>	67
<i>fenoprofen calcium</i>	63	FIRVANQ	65	<i>fluticasone furoate ellipta</i>	67
FENOPRON	63	FLAGYL	65	<i>fluticasone furoate-vilanterol</i>	67
FENORTHO	63	FLAREX	65	<i>fluticasone propionate</i>	67, 68
<i>fenovia</i>	63	<i>flavoxate hcl</i>	65	<i>fluticasone propionate diskus</i>	67
<i>fentanyl</i>	63	<i>flecainide acetate</i>	65	<i>fluticasone propionate hfa</i>	68
<i>fentanyl citrate</i>	63	FLECTOR	65	<i>fluticasone-salmeterol</i>	68
FENTORA	63	FLEQSUVY	65	<i>fluvastatin sodium</i>	68
FERIVA 21/7	63	FLEXICHAMBER	65	<i>fluvastatin sodium er</i>	68
FERIVA 21/7 (WITH		FLEXICHAMBER ADULT		<i>fluvoxamine maleate</i>	68
DOCUSATE)	63	MASK/SMALL	65	<i>fluvoxamine maleate er</i>	68
FERIVAF	63	FLEXICHAMBER CHILD		FLUZONE	68
<i>ferocon</i>	63	MASK/LARGE	65	FLUZONE HIGH-DOSE	68
FERRALET 90	64	FLEXICHAMBER CHILD		FLUZONE HIGH-DOSE	
<i>ferraplus 90</i>	64	MASK/SMALL	65	QUADRIVALENT	68
FERREX 150 FORTE	64	<i>flolipid</i>	65	FLUZONE PEDIATRIC PF	68
FERREX 150 FORTE PLUS	64	FLOMAX	65	FLUZONE PRESERVATIVE	
FERREX 28	64	FLORIVA	66	FREE	68
<i>ferric citrate</i>	64	FLORIVA PLUS	66	FLUZONE QUADRIVALENT	68
FERRIPROX	64	FLOVENT DISKUS	66	<i>flyprogpitar</i>	68
FERRIPROX TWICE-A-DAY	64	FLOVENT HFA	66	FML	68
FERROCITE	64	FLUAD	66	FML FORTE	68
FERROCITE PLUS	64	FLUAD QUADRIVALENT	66	FML LIQUIFILM	68
<i>ferrous sulfate</i>	64	FLUARIX	66	FOCALIN	68
<i>fervina</i>	64	FLUARIX QUADRIVALENT	66	FOCALIN XR	68
<i>fesoterodine fumarate er</i>	64	FLUBLOK	66	<i>folatexcel</i>	68
FETZIMA	64	FLUBLOK QUADRIVALENT	66	<i>folbee</i>	68
FETZIMA TITRATION	64	FLUCELVAX	66	<i>folbee plus</i>	68
FEXMID	64	FLUCELVAX		FOLBEE PLUS CZ	68
<i>fexofenadine hcl</i>	64	QUADRIVALENT	66	FOLBIC	68
<i>fexofenadine-pseudoephed er</i> ...	64	<i>fluconazole</i>	66	FOLGARD OS	68
FIASP	64	<i>fludrocortisone acetate</i>	66	FOLGARD RX	69
FIASP FLEXTOUCH	64	FLULAVAL	66	<i>folic acid</i>	69
FIASP PENFILL	64	FLULAVAL QUADRIVALENT ...	66	<i>folic acid-vit b6-vit b12</i>	69
FIBRICOR	64	FLUMIST	66	FOLIVANE-F	69
<i>fidaxomicin</i>	64	FLUMIST QUADRIVALENT	66	FOLIVANE-PLUS	69

FOLLISTIM AQ	69	FREESTYLE LIBRE 14 DAY		<i>gatifloxacin</i>	72
<i>folplex 2.2</i>	69	READER	70	GATTEX	72
FOLTABS 800	69	FREESTYLE LIBRE 14 DAY		<i>gavilax</i>	72
FOLTANX	69	SENSOR	70	GAVILYTE-G	72
FOLTRATE	69	FREESTYLE LIBRE 2 PLUS		GAVILYTE-N WITH FLAVOR	
FOLTX	69	SENSOR	70	PACK	72
<i>fondaparinux sodium</i>	69	FREESTYLE LIBRE 2		GAVRETO	72
<i>fondcircle control solution</i>	69	READER	70	<i>ge100 blood glucose test</i>	72
<i>fondcircle lancing device</i>	69	FREESTYLE LIBRE 2		<i>ge100 control</i>	72
FORA 6 CONNECT	69	SENSOR	70	<i>gefitinib</i>	72
FORA 6 CONNECT/GTEL		FREESTYLE LIBRE 3 PLUS		GELCLAIR	72
TEST	69	SENSOR	70	GELFOAM COMPRESSED	
FORA BLOOD GLUCOSE		FREESTYLE LIBRE 3		SIZE 100	72
TEST	69	READER	70	GELFOAM-JMI SPONGE	72
FORA CONTROL	69	FREESTYLE LIBRE 3		GELNIQUE	72
FORA D40/G31 BLOOD		SENSOR	70	<i>gemfibrozil</i>	72
GLUCOSE	69	FREESTYLE LITE TEST	70	GEMMILY	72
FORA G20 BLOOD GLUCOSE		FREESTYLE PRECISION NEO		GEMTESA	73
TEST	69	TEST	70	GENERESS FE	73
FORA GD50 BLOOD		FREESTYLE TEST	70	<i>generlac</i>	73
GLUCOSE TEST	69	FRINDOVYX	70	GENGRAF	73
FORA GTEL BLOOD		<i>frivo</i>	70	GENOTROPIN	73
GLUCOSE TEST	69	FROVA	70	GENOTROPIN MINIQUEL	73
FORA GTEL BLOOD KETONE		<i>frovatriptan succinate</i>	71	GENTAK	73
TEST	69	FRUZAQLA	71	<i>gentamicin sulfate</i>	73
FORA LANCETS	69	<i>ft aspirin</i>	71	<i>gentlelax</i>	73
FORA LANCING DEVICE	69	<i>ft aspirin low dose</i>	71	GENVOYA	73
FORA TN'G ADVANCE PRO	69	<i>ft enteric coated aspirin</i>	71	GEODON	73
FORA TN'G/TN'G VOICE	69	<i>full spectrum bl/vitamin c</i>	71	GERI-HYDROLAC 12	73
FORA V10 BLOOD GLUCOSE		FULPHILA	71	GERI-HYDROLAC 5	73
TEST	69	<i>fulvicin plg 165</i>	71	GILENYA	73
FORACARE GD40 TEST	69	FURADANTIN	71	GILOTRIF	73
FORFIVO XL	69	FUROSCIX	71	GIMOTI	73
<i>formoterol fumarate</i>	69	<i>furosemide</i>	71	<i>glatiramer acetate</i>	73
FORTAMET	69	FUSION PLUS	71	GLATOPA	73
FORTAVIT	70	FUSION SPRINKLES	71	GLEEVEC	73
FORTEO	70	FUZEON	71	GLEOSTINE	73
FORTESTA	70	FYAVOLV	71	<i>glimepiride</i>	73
FOSAMAX	70	FYCOMPA	71	<i>glipizide</i>	73, 74
FOSAMAX PLUS D	70	FYLNETRA	71	<i>glipizide er</i>	73
<i>fosamprenavir calcium</i>	70	FYREMADEL	71	<i>glipizide xl</i>	74
<i>fosfomycin tromethamine</i>	70	<i>gabapentin</i>	71	<i>glipizide-metformin hcl</i>	74
<i>fosinopril sodium</i>	70	<i>gabapentin (once-daily)</i>	71	GLOPERBA	74
<i>fosinopril sodium-hctz</i>	70	GABARONE	71	GLUCAGEN HYPOKIT	74
FOSRENOL	70	GABITRIL	72	<i>glucagon emergency</i>	74
FOTIVDA	70	GABLOFEN	72	GLUCOCARD 01 SENSOR	
FRAGMIN	70	GALAFOLD	72	PLUS	74
<i>fraiche 5000 previ</i>	70	<i>galantamine hydrobromide</i>	72	GLUCOCARD EXPRESSION	
<i>fraiche 5000 sensitive</i>	70	<i>galantamine hydrobromide er</i>	72	TEST	74
FREEDOM DERMA-D	70	GALBRIELA	72	GLUCOCARD SHINE TEST	74
FREESTYLE CONTROL		GALLIFREY	72	GLUCOCARD VITAL TEST	74
SOLUTION	70	GALZIN	72	GLUCOCOM TEST	74
FREESTYLE INSULINX TEST ..	70	<i>ganirelix acetate</i>	72	GLUCONAVII BLOOD	
FREESTYLE LANCETS	70	GARDASIL 9	72	GLUCOSE TEST	74
		GASTROCROM	72	GLUCOTROL XL	74

GLUMETZA	74	HAILEY 1.5/30	76	<i>hesmilla</i>	78
<i>glyburide</i>	74	HAILEY 24 FE	76	HETLIOZ	78
<i>glyburide micronized</i>	74	HAILEY FE 1.5/30	76	HETLIOZ LQ	78
<i>glyburide-metformin</i>	74	HAILEY FE 1/20	76	<i>hevona</i>	78
GLYCATÉ	74	<i>hair regrowth treatment men</i>	76	<i>hexiounyl</i>	78
GLYCOLAX	74	<i>halcinonide</i>	76	HIDEX 6-DAY	78
<i>glycopyrrolate</i>	74	HALCION	76	HISTEX-AC	78
<i>glycopyrrolate pf</i>	74	<i>halobetasol propionate</i>	76	HM CLEARLAX	78
GLYNASE	74	HALOETTE	76	<i>hm laxative</i>	78
GLYSET	74	HALOG	76	<i>hm magnesium citrate</i>	78
GLYXAMBI	74	<i>haloperidol</i>	76	<i>hm milk of magnesia</i>	78
<i>gnp adult aspirin low strength</i>	74	<i>haloperidol lactate</i>	76	<i>hm nicotine</i>	78
<i>gnp aspirin</i>	74	<i>harisis</i>	76	<i>hm nicotine polacrilex</i>	78
<i>gnp aspirin low dose</i>	74	HARMONY BLOOD		<i>holixia</i>	78
GNP CLEARLAX	74	GLUCOSE TEST	76	<i>holizar</i>	78
<i>gnp folic acid</i>	74	<i>harviva</i>	76	HOMATROPAIRE	78
<i>gnp laxative</i>	75	<i>harviva hp</i>	76	<i>honista</i>	78
<i>gnp milk of magnesia</i>	75	HARVONI	76	HORIZANT	78
<i>gnp nicotine</i>	75	HAVRIX	76	<i>hovitra</i>	78
<i>gnp nicotine mini</i>	75	<i>haxchlodrex</i>	77	<i>hovyn</i>	78
GOCOVRI	75	<i>haxdrax</i>	77	HULIO	78
GOJJI BLOOD GLUCOSE		HEALON PRO	77	HULIO (2 PEN)	78
TEST	75	HEALON5 PRO	77	HULIO (2 SYRINGE)	78
GOJJI BLOOD KETONE TEST	75	HEATHER	77	HUMALOG	78, 79
GOJJI LANCING		HEMADY	77	HUMALOG JUNIOR	
DEVICE/CLEAR CAP	75	HEMANGEOL	77	KWIKPEN	78
GOJJI STERILE LANCETS	75	<i>hematinic plus vit/minerals</i>	77	HUMALOG KWIKPEN	78
GOLYTELY	75	<i>hematinic/folic acid</i>	77	HUMALOG MIX 50/50	
GOMEKLI	75	HEMATOGEN	77	KWIKPEN	78
GONAL-F	75	HEMATOGEN FA	77	HUMALOG MIX 75/25	79
GONAL-F RFF	75	HEMATOGEN FORTE	77	HUMALOG MIX 75/25	
GONAL-F RFF REDIRECT	75	HEMATRON-AF	77	KWIKPEN	79
GONITRO	75	HEMATRON-AF (WITH		HUMALOG TEMPO PEN	79
<i>goodsense aspirin</i>	75	DOCUSATE)	77	HUMATE-P	79
GOODSENSE CLEARLAX	75	HEMAX	77	HUMATIN	79
<i>goodsense nicotine</i>	75	HEMAX EZY-DOSE	77	HUMATROPE	79
GRALISE	75	<i>hemetab</i>	77	HUMIRA (1 PEN)	79
<i>granisetron hcl</i>	75	HEMICLOR	77	HUMIRA (2 PEN)	79
GRANIX	75	HEMLIBRA	77	HUMIRA (2 SYRINGE)	79
GRASTEK	75	HEMMOREX-HC	77	HUMIRA-CD/UC/HS STARTER	79
<i>griseofulvin microsize</i>	75	HEMOCYTE	77	HUMIRA-PSORIASIS/UEIT	
<i>griseofulvin ultramicrosize</i>	75	HEMOCYTE PLUS	77	STARTER	79
<i>guaifenesin</i>	75	HEMOCYTE-F	77	HUMULIN 70/30	79
<i>guaifenesin-codeine</i>	76	HEMOFIL M	77	HUMULIN 70/30 KWIKPEN	79
<i>guaifenesin-dm</i>	76	<i>hemtara</i>	77	HUMULIN N	79
<i>guanfacine hcl</i>	76	<i>hemtara hp</i>	77	HUMULIN N KWIKPEN	79
<i>guanfacine hcl er</i>	76	<i>hentis</i>	77	HUMULIN R	79
GVOKE HYOPEN 1-PACK	76	<i>hentis hp</i>	77	HUMULIN R U-500	
GVOKE HYOPEN 2-PACK	76	<i>heparin sodium (porcine)</i>	77	(CONCENTRATED)	79
GVOKE KIT	76	HEPLISAV-B	78	HUMULIN R U-500 KWIKPEN ..	79
GVOKE PFS	76	HEPSERA	78	HYALGAN	79
GYNAZOLE-1	76	HER STYLE	78	HYCANTIN	79
HADLIMA	76	HERCESSI	78	HYCODAN	79
HADLIMA PUSHTOUCH	76	HERNEXEOS	78	<i>hydralazine hcl</i>	80
HAEGARDA	76	HERZUMA	78	HYDREA	80

<i>hydrochlorothiazide</i>	80	<i>ibandronate sodium</i>	82	INCRUSE ELLIPTA	84
<i>hydrocod poli-chlorphe poli er</i>	80	IBRANCE	82	<i>indapamide</i>	84
<i>hydrocod polst-cpm polst er</i>	80	IBSRELA	82	INDERAL LA	84
<i>hydrocodone bitartrate er</i>	80	IBTROZI	82	INDERAL XL	84
<i>hydrocodone bit-homatrop mbr.</i> ..	80	<i>ibuprofen</i>	82	INDOCIN	84
<i>hydrocodone/acetaminophen</i>	80	<i>ibuprofen-famotidine</i>	82	<i>indomethacin</i>	84
<i>hydrocodone-acetaminophen</i>	80	ICAR-C PLUS	82	<i>indomethacin er</i>	84
<i>hydrocodone-homatropine</i>	80	<i>icatibant acetate</i>	82	INFINITY BLOOD GLUCOSE	
<i>hydrocodone-ibuprofen</i>	80	ICLEVIA	82	TEST	84
<i>hydrocort lotion complete kit</i>	80	ICLUSIG	83	INFINITY CONTROL	84
<i>hydrocortisone</i>	80, 81	<i>icosapent ethyl</i>	83	INFINITY VOICE	85
<i>hydrocortisone ace-pramoxine</i> ...	80	IDACIO (2 PEN)	83	INGREZZA	85
<i>hydrocortisone acetate</i>	80	IDACIO (2 SYRINGE)	83	INLURIYO	85
<i>hydrocortisone butyr lipo base</i> ...	80	IDACIO-CROHNS/UC		INLYTA	85
<i>hydrocortisone butyrate</i>	80	STARTER	83	INNOPRAN XL	85
<i>hydrocortisone complete kit</i>	80	IDACIO-PSORIASIS		INPEFA	85
<i>hydrocortisone max st</i>	81	STARTER	83	INPEN 100-BLUE-LILLY	85
<i>hydrocortisone sod suc (pf)</i>	81	<i>idaoxia</i>	83	INPEN 100-BLUE-LILLY-	
<i>hydrocortisone valerate</i>	81	<i>idaran</i>	83	HUMALOG	85
<i>hydrocortisone-aloe</i>	81	IDELVION	83	INPEN 100-BLUE-NOVO	85
<i>hydrocortisone-iodoquinol</i>	81	IDHIFA	83	INPEN 100-BLUE-NOVOLOG-	
HYDROFERA BLUE FOAM		<i>idyxiatar</i>	83	FIASP	85
DRESSING	81	IFEREX 150 FORTE	83	INPEN 100-GRAY-LILLY	85
<i>hydromet</i>	81	IHEALTH BLOOD GLUCOSE		INPEN 100-GREY-LILLY-	
<i>hydromorphone hcl</i>	81	TEST STR	83	HUMALOG	85
<i>hydromorphone hcl er</i>	81	IHEALTH CONTROL		INPEN 100-GREY-NOVO	85
<i>hydroquinone</i>	81	SOLUTION	83	INPEN 100-GREY-NOVOLOG-	
<i>hydroxychloroquine sulfate</i>	81	IHEEZO	83	FIASP	85
HYDROXYM	81	ILEVRO	83	INPEN 100-PINK-LILLY	85
<i>hydroxyurea</i>	81	<i>ilexor</i>	83	INPEN 100-PINK-LILLY-	
<i>hydroxyzine hcl</i>	81	<i>imatinib mesylate</i>	83	HUMALOG	85
<i>hydroxyzine pamoate</i>	81	IMBRUVICA	83	INPEN 100-PINK-NOVO	85
HYFTOR	81	IMCIVREE	83	INPEN 100-PINK-NOVOLOG-	
HYLATOPIC PLUS	81	<i>imipramine hcl</i>	83	FIASP	85
HYMOVIS ONE	81	<i>imipramine pamoate</i>	83, 84	INQOVI	85
HYMPAVZI	81	<i>imiquimod</i>	84	INREBIC	85
HYOPHEN	81	<i>imiquimod pump</i>	84	INSPIRA	85
<i>hyoscyamine sulfate</i>	82	IMITREX	84	<i>insulin asp prot & asp flexpen</i> ...	85
<i>hyoscyamine sulfate er</i>	82	IMITREX STATDOSE REFILL ...	84	<i>insulin aspart</i>	86
HYPERSAL	82	IMITREX STATDOSE SYSTEM	84	<i>insulin aspart flexpen</i>	86
HYPOCYN ANTIPRURITIC	82	<i>imkeldi</i>	84	<i>insulin aspart penfill</i>	86
HYPOLANCE AST LANCING ...	82	IMOVAX RABIES	84	<i>insulin aspart prot & aspart</i>	86
HYRIMOZ	82	IMPAVIDO	84	<i>insulin degludec</i>	86
HYRIMOZ-CROHNS/UC		IMPEKLO	84	<i>insulin degludec flextouch</i>	86
STARTER	82	IMPOYZ	84	<i>insulin glargine max solostar</i>	86
HYRIMOZ-PED<40KG CROHN		IMULDOSA	84	<i>insulin glargine solostar</i>	86
STARTER	82	IMURAN	84	<i>insulin glargine-yfgn</i>	86
HYRIMOZ-PED>=40KG		IMVEXXY	84	<i>insulin lispro</i>	86
CROHN START	82	IMVEXXY MAINTENANCE		<i>insulin lispro (1 unit dial)</i>	86
HYRIMOZ-PLAQ PSOR/UVEIT		PACK	84	<i>insulin lispro junior kwikpen</i>	86
START	82	IMVEXXY STARTER PACK	84	<i>insulin lispro prot & lispro</i>	86
HYRIMOZ-PLAQUE		INATAL GT	84	INTEGRA F	86
PSORIASIS START	82	INBRIJA	84	INTEGRA PLUS	86
HYSINGLA ER	82	INCASSIA	84	INTELENCE	86
HYZAAR	82	INCRELEX	84	INTERMEZZO	86

INTRAROSA	86	JANUMET	89	KELO-COTE	91
INTROVALE	86	JANUMET XR	89	KENALOG	91
INTUNIV	86	JANUVIA	89	KEPPRA	91
INVEGA	86	JARDIANCE	89	KEPPRA XR	91
INVELTYS	86	JASMIEL	89	KERALAC	91
INVIRASE	86	JATENZO	89	KERALYT	91
INVOKAMET	86	JAVADIN	89	<i>keraxa</i>	91
INVOKAMET XR	86	JAVYGTOR	89	KERENDIA	91
INVOKANA	86	JAYPIRCA	89	<i>kerida</i>	91
<i>inzdeaxiatar</i>	86	<i>jaythari</i>	89	KERYDIN	91
<i>inzdeaxiavar</i>	86	JENCYCLA	89	KESIMPTA	91
<i>inzdeoxia</i>	86	JENTADUETO	89	<i>ketamine hcl</i>	91
INZIRQO	86	JENTADUETO XR	89	<i>ketoconazole</i>	91
<i>iodoquimez-hc</i>	86	JESDUVROQ	89	<i>ketoprofen er</i>	91
<i>iohexol</i>	87	JINTELI	89	<i>ketorolac tromethamine</i>	91
IOPIDINE	87	JIVI	89	KETOSTIX	92
IPOL	87	JOBEVNE	89	<i>ketotifen fumarate</i>	92
<i>ipratropium bromide</i>	87	JOENJA	89	<i>kevaraxap</i>	92
<i>ipratropium-albuterol</i>	87	JOLESSA	89	<i>kevartia</i>	92
IQIRVO	87	JORNAY PM	89	KEVEYIS	92
<i>irbesartan</i>	87	JOURNAVX	89	KEVZARA	92
<i>irbesartan-hydrochlorothiazide</i> ...87		JOYEAX	89	KHINDIVI	92
IRESSA	87	JUBLIA	89	<i>kimono</i>	92
<i>iron supplement childrens</i>	87	JULEBER	89	<i>kimono micro thin</i>	92
IROSPAN 24/6	87	JULUCA	89	KINERET	92
ISENTRESS	87	JUNEL 1.5/30	89	KINRIX	92
ISENTRESS HD	87	JUNEL 1/20	89	KIONEX	92
ISIBLOOM	87	JUNEL FE 1.5/30	90	KIRSTY	92
<i>isoniazid</i>	87	JUNEL FE 1/20	90	KISQALI (200 MG DOSE)	92
ISOPTO ATROPINE	87	JUNEL FE 24	90	KISQALI (400 MG DOSE)	92
ISOPTO CARPINE	87	JUST RIGHT 5000	90	KISQALI (600 MG DOSE)	92
ISORDIL TITRADOSE	87	JUXTAPID	90	KITABIS PAK (W/	
<i>isosorb dinitrate-hydralazine</i>87		JYLAMVO	90	NEBULIZER)	92
<i>isosorbide dinitrate</i>	87	JYNARQUE	90	KLARON	92
<i>isosorbide mononitrate</i>	87	JYNNEOS	90	KLAYESTA	92
<i>isosorbide mononitrate er</i>	87	KADIAN	90	KLISYRI (250 MG)	92
<i>isotretinoin</i>	87	KAITLIB FE	90	KLISYRI (350 MG)	92
<i>isradipine</i>	87	KALBITOR	90	KLONOPIN	92
ISTALOL	87	KALETRA	90	KLOR-CON	93
ISTURISA	87, 88	KALLIGA	90	KLOR-CON 10	92
ITOVEBI	88	KALYDECO	90	KLOR-CON M10	92
<i>itraconazole</i>	88	KAMDOY	90	KLOR-CON M15	92
<i>ivabradine hcl</i>	88	KAPSPARGO SPRINKLE	90	KLOR-CON M20	93
<i>ivermectin</i>	88	KAPVAY	90	KLOR-CON/EF	93
<i>ivra</i>	88	KARBINAL ER	91	KLOXXADO	93
IWILFIN	88	KARIVA	91	KLS QUIT2	93
IXIARO	88	<i>kataraxap</i>	91	KLS QUIT4	93
IXINITY	88	KATARVIA	91	KOATE	93
IYUZEH	88	KATERZIA	91	<i>kobee</i>	93
JADENU	88	KAZANO	91	KOGENATE FS	93
JADENU SPRINKLE	88	<i>kazuri</i>	91	KOMBIGLYZE XR	93
JAIMIESS	88	KEFLEX	91	KONVOMEP	93
JAKAFI	88	KEFUNOVA	91	KORLYM	93
JALYN	88	KELNOR 1/35	91	KOSELUGO	93
JANTOVEN	88	KELNOR 1/50	91	<i>kotaraxap</i>	93

KOVALTRY	93	LATUDA	95	<i>levonorgestrel-ethinyl estrad</i>	97
K-PHOS-NEUTRAL	93	<i>laxative</i>	95	<i>levonorg-eth estrad triphasic</i>	98
<i>kpn prenatal</i>	93	<i>laxative polyethylene glycol</i>	95	LEVORA 0.15/30 (28)	98
KRAZATI	93	LAYOLIS FE	95	<i>levorphanol tartrate</i>	98
KRINTAFEL	93	LAZANDA	95	LEVO-T	98
KRISTALOSE	93	LAZCLUZE	96	<i>levothyroxine sodium</i>	98
K-TAB	93	<i>ledipasvir-sofosbuvir</i>	96	LEVOXYL	98
KURVELO	93	LEENA	96	LEVSIN	98
<i>kutar</i>	94	LEFLUNICLO	96	LEVSIN/SL	98
<i>kutarvia</i>	94	<i>leflunomide</i>	96	LEXAPRO	98
KUVAN	94	LEMTRADA	96	LEXETTE	98
KYMBEE	94	<i>lenalidomide</i>	96	LEXIVA	98
<i>kynara</i>	94	LENVIMA (10 MG DAILY DOSE)	96	LEXTOL	98
KYXATA	94	LENVIMA (12 MG DAILY DOSE)	96	<i>l-glutamine</i>	98
KYZATREX	94	LENVIMA (14 MG DAILY DOSE)	96	LIALDA	98
<i>l.e.t.</i>	94	LENVIMA (18 MG DAILY DOSE)	96	LIBERVANT	98
<i>l.e.t. (racepinephrine)</i>	94	LENVIMA (20 MG DAILY DOSE)	96	LIBRAX	98
<i>labetalol hcl</i>	94	LENVIMA (24 MG DAILY DOSE)	96	LICART	98
LAC-HYDRIN	94	LENVIMA (4 MG DAILY DOSE)	96	<i>lidocaine</i>	98
<i>lacosamide</i>	94	LENVIMA (8 MG DAILY DOSE)	97	<i>lidocaine hcl</i>	98
LACRISERT	94	LEQEMBI IQLIK	97	<i>lidocaine viscous</i>	98
<i>lactic acid</i>	94	LEQSEVI	97	<i>lidocaine(bufferd)-epinephrine</i>	98
<i>lactic acid e</i>	94	LESCOL XL	97	<i>lidocaine-hydrocortisone ace</i>	98
<i>lactulose</i>	94	LESSINA	97	<i>lidocaine-phenylephrine</i>	98
LAGEVRIO	94	LETAIRIS	97	<i>lidocaine-prilocaine</i>	98
LAMICTAL	94	<i>letrozole</i>	97	LIDOCAN	98
LAMICTAL ODT	94	<i>leucovorin calcium</i>	97	LIDOCAN II	98
LAMICTAL STARTER	94	LEUKERAN	97	LIDOCAN III	98
LAMICTAL XR	94	<i>leuprolide acetate</i>	97	LIDODERM	98
LAMISIL	94	<i>levalbuterol hcl</i>	97	<i>lido-epinephrine-tetracaine</i>	98
<i>lamivudine</i>	94	<i>levalbuterol tartrate</i>	97	<i>lidolite</i>	99
<i>lamivudine-zidovudine</i>	94	<i>levamlodipine maleate</i>	97	<i>lidopin</i>	99
<i>lamotrigine</i>	95	LEVAQUIN	97	<i>lidopril</i>	99
<i>lamotrigine er</i>	94, 95	LEVEMIR	97	<i>lido-racepinephrine-tetracaine</i>	99
<i>lamotrigine starter kit-blue</i>	95	<i>levetiracetam</i>	97	<i>lidorx</i>	99
<i>lamotrigine starter kit-green</i>	95	<i>levetiracetam er</i>	97	<i>lidosol</i>	99
<i>lamotrigine starter kit-orange</i>	95	<i>Levitra</i>	97	<i>lidosol-50</i>	99
LAMPIT	95	<i>levobunolol hcl</i>	97	LIDTOPIC	99
LANOXIN	95	<i>levocarnitine</i>	97	LIKMEZ	99
<i>lanreotide acetate</i>	95	<i>levocarnitine sf</i>	97	<i>linagliptin-metformin hcl</i>	99
<i>lansoprazole</i>	95	<i>levocetirizine dihydrochloride</i>	97	<i>lindane</i>	99
<i>lanthanum carbonate</i>	95	<i>levofloxacin</i>	97	<i>linezolid</i>	99
LANTUS	95	LEVONEST	97	LINZESS	99
LANTUS SOLOSTAR	95	<i>levonorgest-eth est & eth est</i>	97	LIOMNY	99
<i>lapatinib ditosylate</i>	95	<i>levonorgest-eth estrad 91-day</i>	97	<i>liothyronine sodium</i>	99
LARIN 1.5/30	95	<i>levonorgest-eth estradiol-iron</i>	97	LIPITOR	99
LARIN 1/20	95	<i>levonorgestrel</i>	97	LIPOFEN	99
LARIN 24 FE	95			LIQREV	99
LARIN FE 1.5/30	95			<i>liraglutide</i>	99
LARIN FE 1/20	95			<i>liraglutide -weight management</i>	99
LASIX	95			<i>lisdexamfetamine dimesylate</i>	99
LASIX ONYU	95			<i>lisinopril</i>	99
LASTACFT	95			<i>lisinopril-hydrochlorothiazide</i>	99
<i>latanoprost</i>	95			LITFULO	99
LATISSE	95			<i>lithium</i>	99

<i>lithium carbonate</i>	99	<i>lounzdomdioxatar</i>	101	MALARONE	103
<i>lithium carbonate er</i>	99	<i>lovastatin</i>	101	<i>malathion</i>	104
LITHOBID	99	LOVAZA	101	<i>maprotiline hcl</i>	104
LITHOSTAT	99	LOVENOX	101	<i>maraviroc</i>	104
LIVALO	99	LOW-OGESTREL	101	MARINOL	104
LIVDELZI	99	<i>loxapine succinate</i>	102	<i>marlissa</i>	104
LIVIXIL PAK	99	LOYON	102	MARPLAN	104
LIVMARLI	100	LO-ZUMANDIMINE	102	MASK VORTEX	104
LIVTENCITY	100	<i>lubiprostone</i>	102	MASK VORTEX/CHILD/FROG	104
<i>l-leucine</i>	100	LUCEMYRA	102	MASK	
L-MESITRAN SOFT WOUND ..	100	LUDENT	102	VORTEX/TODDLER/LADYBU	
<i>l-methylfolate-b6-b12</i>	100	LUIZZA 1.5/30	102	G	104
LO LOESTRIN FE	100	LUIZZA 1/20	102	<i>matervia</i>	104
LOCOID	100	<i>luliconazole</i>	102	MATULANE	104
LOCOID LIPOCREAM	100	LUMAKRAS	102	MATZIM LA	104
LODOCO	100	LUMIGAN	102	MAVENCLAD (10 TABS)	104
LODOSYN	100	LUMRYZ	102	MAVENCLAD (4 TABS)	104
LOESTRIN 1.5/30 (21)	100	LUMRYZ STARTER PACK	102	MAVENCLAD (5 TABS)	104
LOESTRIN FE 1.5/30	100	LUNESTA	102	MAVENCLAD (6 TABS)	104
LOESTRIN FE 1/20	100	LUPKYNIS	102	MAVENCLAD (7 TABS)	104
LOFENA	100	<i>lurasidone hcl</i>	102	MAVENCLAD (8 TABS)	104
<i>lofexidine hcl</i>	100	LURBIRO	102	MAVENCLAD (9 TABS)	104
LOJAIMIESS	100	LUTERA	102	<i>mavilo hp</i>	104
LOKELMA	100	LUTRATE DEPOT	102	MAVYRET	104
<i>Lomaira</i>	100	LUXAMEND	102	MAXALT	104
LOMOTIL	100	LUXIQ	102	MAXALT-MLT	104
<i>lomustine</i>	100	LUZU	102	MAXFE	104
LONSURF	100	LYBALVI	102	MAXIDEX	105
<i>loperamide hcl</i>	100	LYLEQ	102	MAXITROL	105
LOPID	100	LYLLANA	102	<i>maxi-tuss cd</i>	105
<i>lopinavir-ritonavir</i>	100	LYMEPAK	102	MAXZIDE	105
LOPRESSOR	100	LYNPARZA	103	MAXZIDE-25	105
LOPRESSOR HCT	100	LYRICA	103	MAYZENT	105
LOPROX	100	LYRICA CR	103	MAYZENT STARTER PACK ...	105
<i>loratadine</i>	100	LYSIPLEX PLUS	103	<i>mb caps</i>	105
<i>loratadine-d 24hr</i>	100	LYSODREN	103	<i>mecizine hcl</i>	105
<i>lorazepam</i>	101	LYSTEDA	103	<i>meclofenamate sodium</i>	105
LORAZEPAM INTENSOL	101	LYTGOBI (12 MG DAILY		<i>mecorix</i>	105
LORBRENA	101	DOSE)	103	<i>mecorix hp</i>	105
LOREEV XR	101	LYTGOBI (16 MG DAILY		<i>mecorix plus</i>	105
LORYNA	101	DOSE)	103	<i>medorfa</i>	105
LORZONE	101	LYTGOBI (20 MG DAILY		<i>medorfa hp</i>	105
<i>losartan potassium</i>	101	DOSE)	103	<i>medorfa hp plus</i>	105
<i>losartan potassium-hctz</i>	101	LYUMJEV	103	<i>medorfa lp</i>	105
LOSEASONIQUE	101	LYUMJEV KWIKPEN	103	<i>medorfa plus</i>	105
LOTEMAX	101	LYUMJEV TEMPO PEN	103	MEDPURA	
LOTEMAX SM	101	LYVISPAH	103	HYDROCORTISONE	105
LOTENSIN	101	LYZA	103	MEDROL	105
LOTENSIN HCT	101	<i>maca</i>	103	<i>medroxyprogesterone acetate</i> ..	105
<i>loteprednol etabonate</i>	101	MACROBID	103	<i>mefenamic acid</i>	105
LOTREL	101	MACRODANTIN	103	<i>mefloquine hcl</i>	105
LOTREXONE	101	<i>mafenide acetate</i>	103	MEGACE ES	105
LOTRIMIN AF	101	MAGNEBIND 400	103	<i>megestrol acetate</i>	105, 106
LOTRISONE	101	<i>magnesium citrate</i>	103	<i>mekam</i>	106
LOTRONEX	101	<i>mahova</i>	103	<i>mekam hp</i>	106

MEKINIST	106	<i>methoxsalen rapid</i>	108	MILI	110
MEKTOVI	106	<i>methscopolamine bromide</i>	108	<i>milk of magnesia</i>	110
MELEYA	106	<i>methsuximide</i>	108	MILLIPRED	110
<i>melidu</i>	106	<i>methyldopa</i>	108	MILOPHENE	110
MELODETTA 24 FE	106	<i>methyldopa-hydrochlorothiazide</i>		<i>mimora</i>	110
<i>melondis plus</i>	106		108	MIMVEY	110
<i>meloxicam</i>	106	<i>methylergonovine maleate</i>	108	MIMVEY LO	110
<i>melphalan</i>	106	METHYLIN	108	MINASTRIN 24 FE	110
<i>melzara</i>	106	<i>methylphenidate</i>	108	MINIMED INSTINCT GLUC	
<i>memantine hcl</i>	106	<i>methylphenidate hcl</i>	109	SENSOR	110
<i>memantine hcl er</i>	106	<i>methylphenidate hcl er</i>	109	MINIPRESS	110
<i>memantine hcl-donepezil hcl er</i>	106	<i>methylphenidate hcl er (cd)</i>	108	MINITRAN	110
MENACTRA	106	<i>methylphenidate hcl er (la)</i>	108	MINIVELLE	110
MENEST	106	<i>methylphenidate hcl er (osm)</i>		MINOCIN	110
MENOPUR	106		108, 109	<i>minocycline hcl</i>	110, 111
MENOSTAR	106	<i>methylphenidate hcl er (xr)</i>	109	<i>minocycline hcl er</i>	110
MENQUADFI	106	<i>methylprednisolone</i>	109	MINOLIRA	111
MENTAX	106	<i>methyltestosterone</i>	109	<i>minoxidil</i>	111
MENVEO	106	<i>metoclopramide hcl</i>	109	<i>minoxidil for men</i>	111
<i>meperidine hcl</i>	107	<i>metolazone</i>	109	MINZOYA	111
<i>meprobamate</i>	107	<i>metoprolol succinate er</i>	109	MIPLYFFA	111
MEPRON	107	<i>metoprolol tartrate</i>	109	<i>mirabegron er</i>	111
MEPSEVII	107	<i>metoprolol-hctz er</i>	109	MIRALAX	111
<i>mercaptapurine</i>	107	<i>metoprolol-hydrochlorothiazide</i>	109	MIRAPEX	111
MERILOG	107	METROCREAM	109	MIRAPEX ER	111
MERILOG SOLOSTAR	107	METROGEL	109	MIRCERA	111
MERZEE	107	METROGEL-VAGINAL	109	MIRCETTE	111
<i>mesalamine</i>	107	METROLOTION	109	<i>mirtazapine</i>	111
<i>mesalamine er</i>	107	<i>metronidazole</i>	109	MIRVASO	111
<i>mesna</i>	107	<i>metronidazole benzoate</i>	109	<i>misoprostol</i>	111
MESNEX	107	<i>metryrosine</i>	109	MITIGARE	111
MESTINON	107	<i>mexiletine hcl</i>	109	M-M-R II	111
METADATE CD	107	MIACALCIN	109	MNEXSPIKE	111
METADATE ER	107	MIBELAS 24 FE	109	<i>modafinil</i>	111
METAFOBIC PLUS	107	MICARDIS	109	MODERNA COVID-19 VAC	
<i>metaproterenol sulfate</i>	107	MICARDIS HCT	109	6M-11Y	111
<i>metaxalone</i>	107	MICORT HC	110	MODEYSO	111
<i>metdray</i>	107	MICORT-HC	110	<i>moexipril hcl</i>	111
<i>metformin hcl</i>	108	MICROCHAMBER	110	<i>mokura</i>	111
<i>metformin hcl er</i>	107	MICRODOT TEST	110	<i>mokura lp</i>	111
<i>metformin hcl er (mod)</i>	107	MICROGESTIN 1.5/30	110	<i>mokura mod</i>	111
<i>methadone hcl</i>	108	MICROGESTIN 1/20	110	<i>mokura plus</i>	111
METHADONE HCL DISKETS	108	MICROGESTIN 24 FE	110	<i>molexi</i>	111
METHADONE HCL INTENSOL		MICROGESTIN FE 1.5/30	110	<i>mometasone furoate</i>	111
.....	108	MICROGESTIN FE 1/20	110	MONDOXYNE NL	111
METHADOSE	108	MICROSPACER	110	MONOJECT MAGELLAN	
<i>methamphetamine hcl</i>	108	<i>micuraderm</i>	110	SYRINGE	111
<i>methaver</i>	108	<i>midazolam</i>	110	MONOJECT PISTON	
<i>methazel</i>	108	<i>midazolam hcl</i>	110	SYRINGE	111
<i>methazolamide</i>	108	<i>midodrine hcl</i>	110	MONOJECT SYRINGE	111
<i>methenamine hippurate</i>	108	MIEBO	110	MONOJECT SYRINGE LUER-	
<i>methimazole</i>	108	<i>mifepristone</i>	110	LOCK TIP	112
<i>methitest</i>	108	MIGERGOT	110	MONO-LINYAH	112
<i>methocarbamol</i>	108	<i>miglustat</i>	110	MONOVISC	112
<i>methotrexate sodium</i>	108	MIGRANAL	110	<i>montelukast sodium</i>	112

MONUROL	112	MYRBETRIQ	114	<i>neomycin-polymyxin-dexameth</i>	
MORGIDOX	112	MYSOLINE	114		115, 116
MORPHABOND ER	112	MYTESI	114	<i>neomycin-polymyxin-gramicidin</i>	
<i>morphine sulfate</i>	112	<i>mythius</i>	114		116
<i>morphine sulfate (concentrate)</i>	112	<i>myvori</i>	114	<i>neomycin-polymyxin-hc</i>	116
<i>morphine sulfate er</i>	112	<i>na sulfate-k sulfate-mg sulf</i>	114	<i>neonatal + dha</i>	116
<i>morphine sulfate er beads</i>	112	<i>nabumetone</i>	114	<i>neonatal complete</i>	116
MOTEGRITY	112	<i>nadolol</i>	114	NEONATAL PLUS	116
MOTPOLY XR	112	<i>naftifine hcl</i>	114	NEORAL	116
MOUNJARO	112	NAFTIN	114	NEOSALUS	116
MOVANTIK	112	NALFON	114	NEO-SYNALAR	116
MOVIPREP	112	<i>naloxone hcl</i>	114	<i>neo-vital rx</i>	116
MOXEZA	112	NALTREX	114	NEPHPLEX RX	116
<i>moxifloxacin hcl</i>	112	<i>naltrexone hcl</i>	114	NEPHRON FA	116
<i>moxifloxacin hcl (2x day)</i>	112	NAMENDA	114	NEPHRO-VITE RX	116
<i>moxifloxacin-bromfenac</i>	112	NAMENDA TITRATION PAK ..	114	NERLYNX	116
MRESVIA	112	NAMENDA XR	114	NESINA	116
MS CONTIN	112	NAMENDA XR TITRATION		NESTABS	116
MUCOSITISRX	112	PACK	114	NESTABS ABC	116
MUGARD	112	NAMZARIC	114	NESTABS DHA	116
MULPLETA	112	<i>nanran</i>	114	NEUAC	116
MULTAQ	112	NAPHCN-A	114	NEULASTA	116
MULTIGEN FOLIC	112	NAPRELAN	114	NEULASTA ONPRO	116
MULTIGEN PLUS	112	NAPROSYN	114, 115	NEUPOGEN	116
<i>multivitamin w/fluoride</i>	112	NAPROTIN	115	NEUPRO	116
<i>multivitamin/fluoride</i>	112	<i>naproxen</i>	115	<i>neurin-sl</i>	116
<i>multivitamins</i>	113	<i>naproxen sodium</i>	115	NEURONTIN	116
<i>mupirocin</i>	113	<i>naproxen sodium er</i>	115	NEUTEK 2TEK TEST	116
<i>mupirocin calcium</i>	113	<i>naproxen-esomeprazole mg</i>	115	NEVANAC	116
MUSCUSOLICE	113	<i>naratriptan hcl</i>	115	<i>nevirapine</i>	116
MUSE	113	NARCAN	115	<i>nevirapine er</i>	116
MVC-FLUORIDE	113	NARDIL	115	NEW DAY	116
M-VIT	113	NASACORT ALLERGY 24HR	115	NEXA PLUS	116
MY CHOICE	113	NASCOBAL	115	NEXAVAR	117
MY WAY	113	NASONEX	115	NEXICLON XR	117
MYALEPT	113	NATACHEW	115	NEXIUM	117
MYCAPSSA	113	NATACYN	115	NEXIUM 24HR	117
MYCOBUTIN	113	<i>natal pnv</i>	115	NEXLETOL	117
<i>mycophenolate mofetil</i>	113	NATAZIA	115	NEXLIZET	117
<i>mycophenolate sodium</i>	113	<i>nateglinide</i>	115	NEXTSTELLIS	117
<i>mycophenolic acid</i>	113	NATESTO	115	NGENLA	117
MYDAYIS	113	NATROBA	115	<i>niacin</i>	117
MYFEMBREE	113	NAYZILAM	115	<i>niacin er (antihyperlipidemic)</i>	117
<i>myferon 150</i>	113	<i>nebivolol hcl</i>	115	NIACOR	117
<i>myferon 150 forte</i>	113	NEBUPENT	115	NICADAN	117
MYFORTIC	113	NECON 0.5/35 (28)	115	<i>nicardipine hcl</i>	117
MYHIBBIN	113	NEEVO DHA	115	NICAZEL	117
MYLERAN	113	<i>nefazodone hcl</i>	115	NICAZEL FORTE	117
MYNATAL	113	NEFFY	115	NICODERM CQ	117
<i>mynatal plus</i>	113	NEMLUVIO	115	NICOMIDE	117
<i>mynatal-z</i>	113	<i>nendrux</i>	115	NICORETTE	117
<i>mynate 90 plus</i>	113	<i>neomycin sulfate</i>	115	NICORETTE MINI	117
<i>mynephrocaps</i>	114	<i>neomycin-bacitracin zn-</i>		<i>nicotine</i>	117
MYNEPHRON	114	<i>polymyx</i>	115	<i>nicotine mini</i>	117
MYORISAN	114			<i>nicotine polacrilex</i>	117

NICOTROL	117	NORTHERA	120	<i>nuvaxovid covid-19 vaccine</i>	122
NICOTROL NS	117	NORTREL 0.5/35 (28)	120	NUVESSA	122
<i>nifedipine</i>	117	NORTREL 1/35 (21)	120	NUVIGIL	122
<i>nifedipine er osmotic release</i>	117	NORTREL 1/35 (28)	120	NUWIQ	122
NIKKI	117	NORTREL 7/7/7	120	NUZYRA	122
<i>nilotinib d-tartrate</i>	117	<i>nortriptyline hcl</i>	120	NYAMYC	122
<i>nilotinib hcl</i>	118	NORVASC	120	NYLIA 1/35	122
<i>nilutamide</i>	118	NORVIR	120	NYLIA 7/7/7	122
<i>nimodipine</i>	118	NOURIANZ	120	NYMALIZE	122
NINLARO	118	NOVA MAX GLUCOSE TEST	120	NYMYO	122
<i>nisoldipine er</i>	118	NOVACORT	120	<i>nynutey</i>	122
<i>nitazoxanide</i>	118	NOVAREL	120	NYPOZI	122
<i>nitisinone</i>	118	<i>novavax covid-19 vaccine</i>	120	<i>nystatin</i>	122
NITRO-BID	118	NOVOEIGHT	120	<i>nystatin-triamcinolone</i>	122
NITRO-DUR	118	NOVOFINE	120	NYSTOP	122
<i>nitrofurantoin</i>	118	NOVOFINE AUTOCOVER	120	NYVEPRIA	122
<i>nitrofurantoin macrocrystal</i>	118	NOVOFINE AUTOCOVER	120	O-CAL FA	122
<i>nitrofurantoin monohyd macro</i>	118	PEN NEEDLE	120	OCALIVA	122
<i>nitroglycerin</i>	118	NOVOFINE PEN NEEDLE	120	OCELLA	122
<i>nitroglycerin er</i>	118	NOVOFINE PLUS	120	OCM WOUND CARE MATRIX	122
NITROLINGUAL	119	NOVOFINE PLUS PEN	120	<i>octreotide acetate</i>	122
NITROMIST	119	NEEDLE	120	OCUFLOX	122
NITROSTAT	119	NOVOLIN 70/30	120	OCUVEL	122
NITRO-TIME	119	NOVOLIN 70/30 FLEXPEN	120	ODACTRA	123
NITYR	119	NOVOLIN N	120	ODEFSEY	123
NIVA-FOL	119	NOVOLIN N FLEXPEN	120	ODOMZO	123
NIVA-PLUS	119	NOVOLIN R	120	OFEV	123
NIVATOPIC PLUS	119	NOVOLIN R FLEXPEN	120	<i>ofloxacin</i>	123
NIVESTYM	119	NOVOLOG	120	OGIVRI	123
<i>nizatidine</i>	119	NOVOLOG FLEXPEN	120	OGSIVEO	123
NIZORAL	119	NOVOLOG MIX 70/30	121	OHTUVAYRE	123
<i>nobela</i>	119	NOVOLOG MIX 70/30	121	OJEMDA	123
NOBLE FORMULA HC	119	FLEXPEN	121	OJJAARA	123
NOCDURNA	119	NOVOLOG PENFILL	121	<i>olanzapine</i>	123
NOCTIVA	119	NOVOSEVEN RT	121	<i>olanzapine-fluoxetine hcl</i>	123
<i>nolira</i>	119	NOXAFIL	121	<i>olmesartan medoxomil</i>	123
NORA-BE	119	NP THYROID	121	<i>olmesartan medoxomil-hctz</i>	123
NORCO	119	NUBEQA	121	<i>olmesartan-amlodipine-hctz</i>	123
NORDITROPIN FLEXPRO	119	NUCALA	121	<i>olopatadine hcl</i>	124
<i>norelgestromin-eth estradiol</i>	119	NUCORT	121	OLPRUVA (2 GM DOSE)	124
<i>norethin ace-eth estrad-fe</i>	119	NUCYNTA	121	OLPRUVA (3 GM DOSE)	124
<i>norethindrone</i>	119	NUCYNTA ER	121	OLPRUVA (4 GM DOSE)	124
<i>norethindrone acetate</i>	119	NUDEXTA	121	OLPRUVA (5 GM DOSE)	124
<i>norethindrone acet-ethinyl est.</i>	119	NUFERA	121	OLPRUVA (6 GM DOSE)	124
<i>norethindrone-eth estradiol</i>	119	<i>nujo</i>	121	OLPRUVA (6.67 GM DOSE)	124
<i>norethindron-ethinyl estrad-fe</i>	119	<i>nuju</i>	121	OLUMIANT	124
<i>norethin-eth estradiol-fe</i>	119	NULEV	121	OLUX	124
<i>norgesic forte</i>	119	NULYTELY LEMON-LIME	121	OLUX-E	124
<i>norgestimate-eth estradiol</i>	119	NUPLAZID	121	OMECLAMOX-PAK	124
<i>norgestim-eth estrad triphasic</i>	119	NURTEC	121	<i>omega-3-acid ethyl esters</i>	124
NORITATE	119	NUTROPIN AQ NUSPIN 10	121	<i>omeprazole</i>	124
NORLIQVA	120	NUTROPIN AQ NUSPIN 20	121	<i>omeprazole magnesium</i>	124
NORPACE	120	NUTROPIN AQ NUSPIN 5	121	<i>Omeprazole-Sodium</i>	124
NORPACE CR	120	NUVAIL	121	<i>Bicarbonate</i>	124
NORPRAMIN	120	NUVARING	122	OMEZA COLLAGEN MATRIX	124

OMNARIS.....	124	<i>opium</i>	126	ORTIKOS.....	129
OMNIPOD 5 DEXG7G6 INTRO		OPSUMIT.....	126	<i>oscimin sr</i>	129
GEN 5.....	124	OPSYNVI.....	126	<i>oseltamivir phosphate</i>	129
OMNIPOD 5 DEXG7G6 PODS		OPTICHAMBER		OSENI.....	129
GEN 5.....	124	ADVANTAGE-LG MASK.....	126	OSMOLEX ER.....	129
OMNIPOD 5 G7 INTRO (GEN		OPTICHAMBER		OSMOPREP.....	129
5).....	124	ADVANTAGE-MED MASK.....	126	OSPHENA.....	129
OMNIPOD 5 G7 PODS (GEN		OPTICHAMBER		OSPOMYV.....	129
5).....	124	ADVANTAGE-SM MASK.....	126	OTEZLA.....	129
OMNIPOD 5 LIBRE2 G6		OPTICHAMBER DIAMOND....	126	OTEZLA XR.....	129
INTRO GEN5.....	124	OPTICHAMBER FACE MASK-		OTEZLA/OTEZLA XR	
OMNIPOD 5 LIBRE2 PLUS G6		LARGE.....	126	INITIATION PK.....	129
.....	124	OPTICHAMBER FACE MASK-		OTOVEL.....	129
OMNIPOD 5 LIBRE2 PLUS G6		MEDIUM.....	126	OTREXUP.....	129
PODS.....	124	OPTICHAMBER FACE MASK-		OTULFI.....	129
OMNIPOD DASH INTRO (GEN		SMALL.....	126	OVACE PLUS.....	129
4).....	124	OPTION 2.....	126	OVACE PLUS WASH.....	129
OMNIPOD DASH PODS (GEN		OPTIONS GYNOL II		OVACE WASH.....	129
4).....	125	CONTRACEPTIVE.....	126	OVIDE.....	129
OMNIPOD GO.....	125	OPTIUM TEST.....	126	OVIDREL.....	129
OMNITROPE.....	125	OPTIUMEZ TEST.....	126	<i>oxaprozin</i>	129, 130
OMVOH.....	125	OPVEE.....	126	<i>oxazepam</i>	130
OMVOH (300 MG DOSE).....	125	OPZELURA.....	126	<i>oxcarbazepine</i>	130
ON CALL EXPRESS BLOOD		ORACEA.....	126	<i>oxcarbazepine er</i>	130
GLUCOSE.....	125	ORACIT.....	126	OXERVATE.....	130
ON CALL EXPRESS		<i>oral citrate</i>	126	<i>oxiachlo</i>	130
GLUCOSE CONTR.....	125	<i>oral saline laxative kit</i>	126	<i>oxiaice</i>	130
ON CALL LANCETS.....	125	ORALAIR.....	126	<i>oxianuji</i>	130
ON CALL LANCING DEVICE.....	125	ORALONE.....	126	<i>oxiavar</i>	130
ON CALL PLUS GLUCOSE		ORAMAGICRX.....	126	<i>oxiavary</i>	130
CONTROL.....	125	ORAPRED ODT.....	126	<i>oxiconazole nitrate</i>	130
ON CALL PLUS LANCETS.....	125	ORAVIG.....	126	OXISTAT.....	130
ON CALL PLUS LANCING		ORENCIA.....	127	<i>oxopid</i>	130
DEVICE.....	125	ORENCIA CLICKJECT.....	127	<i>oxopidaxiaqup</i>	130
ON CALL VIVID GLUCOSE		ORENITRAM.....	127	OXTELLAR XR.....	130
CONTROL.....	125	ORENITRAM MONTH 1.....	127	<i>oxybutynin chloride</i>	130
<i>ondansetron</i>	125	ORENITRAM MONTH 2.....	127	<i>oxybutynin chloride er</i>	130
<i>ondansetron hcl</i>	125	ORENITRAM MONTH 3.....	127	<i>oxycodone hcl</i>	130
ONENATAL RX.....	125	ORFADIN.....	127	<i>oxycodone hcl er</i>	130
ONETOUCH ULTRA TEST.....	125	ORGOVYX.....	127	<i>oxycodone-acetaminophen</i>	130
ONETOUCH VERIO.....	125	ORIAHNN.....	127	OXYCONTIN.....	130
ONEXTON.....	125	ORILISSA.....	128	<i>oxymorphone hcl</i>	130
ONFI.....	125	ORKAMBI.....	128	<i>oxymorphone hcl er</i>	131
ONGENTYS.....	125	ORLADEYO.....	128	OXYTROL.....	131
ONGLYZA.....	125	Orlistat.....	128	OZEMPIC (0.25 OR 0.5	
ONTRUZANT.....	125	ORLYNVAH.....	128	MG/DOSE).....	131
ONUREG.....	125	ORMALVI.....	128	OZEMPIC (1 MG/DOSE).....	131
ONYDA XR.....	125	<i>orphenadrine citrate er</i>	128	OZEMPIC (2 MG/DOSE).....	131
<i>onzdeaxiademtar</i>	126	<i>orphenadrine-aspirin-caffeine</i> ...	128	OZOBAX.....	131
<i>onzdeaxiatar</i>	126	ORPHENGESIC FORTE.....	128	OZOBAX DS.....	131
ONZETRA XSAIL.....	126	ORQUIDEA.....	128	OZURDEX.....	131
OPCICON ONE-STEP.....	126	ORSERDU.....	128	PACERONE.....	131
OPFOLDA.....	126	ORTHAPHEN.....	128	PALFORZIA (1 MG DAILY	
OPILL.....	126	<i>ortho df</i>	128	DOSE).....	131
OPIPZA.....	126	ORTHOVISC.....	129		

PALFORZIA (12 MG DAILY DOSE)	131	<i>pediatric medium mask</i>	133	PHEXXI	135
PALFORZIA (120 MG DAILY DOSE)	131	PEDIATRIC PANDA MASK	133	PHILITH	135
PALFORZIA (160 MG DAILY DOSE)	131	<i>pediatric small mask</i>	133	PHLAG SPRAY	135
PALFORZIA (20 MG DAILY DOSE)	131	<i>peg 3350</i>	133	PHOSLO	135
PALFORZIA (200 MG DAILY DOSE)	131	<i>peg 3350-kcl-na bicarb-nacl</i>	133	PHOSLYRA	135
PALFORZIA (240 MG DAILY DOSE)	131	<i>peg-3350/electrolytes</i>	133	<i>phos-nak</i>	135
PALFORZIA (3 MG DAILY DOSE)	131	<i>peg-3350/electrolytes/ascorbat</i>	133	PHOSPHA 250 NEUTRAL	135
PALFORZIA (300 MG MAINTENANCE)	131	PEGASYS	133	<i>phosphate laxative</i>	135
PALFORZIA (300 MG TITRATION)	131	PEG-REP	133	PHOSPHOLINE IODIDE	135
PALFORZIA (40 MG DAILY DOSE)	131	PEMAZYRE	133	PHYRAGO	135
PALFORZIA (6 MG DAILY DOSE)	131	PEMGARDA	133	<i>phytonadione</i>	135
PALFORZIA (80 MG DAILY DOSE)	132	PEMRYDI RTU	133	<i>pidprogtar</i>	135
PALFORZIA INITIAL DOSE 1-3YRS	132	PENBRAYA	133	PIFELTRO	135
PALFORZIA INITIAL ESCALATION	132	<i>penciclovir</i>	133	<i>pilocarpine hcl</i>	135
<i>paliperidone er</i>	132	<i>penicillamine</i>	134	<i>pimecrolimus</i>	135
PALYNZIQ	132	<i>penicillin v potassium</i>	134	<i>pimozide</i>	135
PAMELOR	132	<i>penmenvy</i>	134	PIMTREA	135
PANCREAZE	132	PENNSAID	134	<i>pindolol</i>	135
PANDA MASK LARGE	132	PENTACEL	134	<i>pioglitazone hcl</i>	135
PANDA MASK MEDIUM	132	<i>pentamidine isethionate</i>	134	<i>pioglitazone hcl-glimepiride</i>	135
PANDA MASK SMALL	132	PENTASA	134	<i>pioglitazone hcl-metformin hcl</i> ..	136
PANDEL	132	<i>pentazocine-naloxone hcl</i>	134	PIP BLOOD GLUCOSE TEST STRIP	136
<i>pantoprazole sodium</i>	132	<i>pentoxifylline er</i>	134	PIP GLUCOSE CONTROL SOLUTION	136
<i>paregoric</i>	132	PEPCID	134	<i>pip lancets 28g</i>	136
<i>paricalcitol</i>	132	<i>perampanel</i>	134	<i>pip lancets 30g</i>	136
PARLODEL	132	PERCOCET	134	PIQRAY (200 MG DAILY DOSE)	136
PARNATE	132	PERFOROMIST	134	PIQRAY (250 MG DAILY DOSE)	136
<i>paromomycin sulfate</i>	132	PERIDEX	134	PIQRAY (300 MG DAILY DOSE)	136
<i>paroxetine hcl</i>	132	<i>perindopril erbumine</i>	134	<i>pirfenidone</i>	136
<i>paroxetine hcl er</i>	132	<i>permethrin</i>	134	<i>piroxicam</i>	136
<i>paroxetine mesylate</i>	132	<i>perphenazine</i>	134	<i>pitavastatin calcium</i>	136
PATADAY	132, 133	<i>perphenazine-amitriptyline</i>	134	PLAN B ONE-STEP	136
PATANASE	133	PERTZYE	134	PLAQUENIL	136
PATANOL	133	PEXEVA	134	PLASMA-LYTE 148	136
PAXIL	133	PFIZER COVID-19 VAC-TRIS 5-11Y	134	PLAVIX	136
PAXIL CR	133	<i>pfizer covid-19 vac-tris 6m-4y</i> ..	134	PLEGRIDY	136, 137
PAXLOVID (150/100)	133	<i>pfizer-biontech covid-19 vacc</i> ...	134	PLEGRIDY STARTER PACK ..	136
PAXLOVID (300/100)	133	PHEBURANE	134	PLENITY	137
PAZEO	133	<i>phedrax</i>	134	<i>plenura</i>	137
<i>pazopanib hcl</i>	133	<i>phenazopyridine hcl</i>	134	PLENVU	137
<i>pc pediatric iron drops</i>	133	Phendimetrazine Tartrate.....	134	PLEXION	137
		Phendimetrazine Tartrate ER...	134	PLEXION CLEANSER	137
		<i>phenelzine sulfate</i>	134	PLEXION CLEANSING CLOTH	137
		<i>phenobarbital</i>	134, 135	PLEXION NS	137
		<i>phenoxybenzamine hcl</i>	135	PLIAGLIS	137
		Phentermine HCl.....	135	PNEUMOVAX 23	137
		<i>phentermine hcl</i>	135	<i>pnv tabs 29-1</i>	137
		Phentermine-Topiramate ER...	135	<i>pnv-dha</i>	137
		<i>phenylephrine hcl</i>	135	<i>pnv-dha+docusate</i>	137
		PHENYTEK	135		
		<i>phenytoin</i>	135		
		<i>phenytoin sodium extended</i>	135		
		<i>pheoxia</i>	135		
		PHEXX	135		

<i>pnv-omega</i>	137	PRECISION QID TEST	139	PRESTALIA	141
<i>pnv-select</i>	137	PRECISION XTRA BLOOD		<i>pretomanid</i>	141
<i>podocon</i>	137	GLUCOSE	139	PREVACID	141
PODOCON-25	137	PRECOSE	139	PREVACID 24HR	141
<i>podofilox</i>	137	PRED FORTE	139	PREVACID SOLUTAB	141
<i>podoxia</i>	137	PRED MILD	139	PREVALITE	141
<i>podprogtar</i>	137	PRED-G	139	PREVIDENT	141
<i>podtar</i>	137	PRED-G S.O.P.	139	PREVIDENT 5000 KIDS	141
POGO AUTOMATIC TEST		<i>prednicarbate</i>	139	PREVIDENT 5000 ORTHO	
CARTRIDGES	137	<i>prednisolone</i>	139	DEFENSE	141
POKONZA	137	<i>prednisolone acetate</i>	139	PREVIDENT 5000 PLUS	141
<i>polyethylene glycol 3350</i>	137	<i>prednisolone sodium phosphate</i>	139	PREVNAR 13	141
<i>poly-iron 150 forte</i>	137		139	PREVNAR 20	141
<i>polymyxin b-trimethoprim</i>	137	<i>prednisolone-bromfenac</i>	139	PREVYMIS	141
POLYTRIM	137	<i>prednisolone-gatifloxacin</i>	139	PREZCOBIX	141
POLY-VI-FLOR	137	<i>prednisolon-gatiflox-bromfenac</i>	139	PREZISTA	141
POLY-VI-FLOR/IRON	137	<i>prednisone</i>	139	PRIFTIN	141
POMALYST	137	PREDNISON INTENSOL	139	PRIOSEC OTC	141
PONSTEL	137	PREFEST	139	<i>primaquine phosphate</i>	141
PONVORY	138	<i>pregabalin</i>	140	<i>primidone</i>	141, 142
PONVORY STARTER PACK ..	138	<i>pregabalin er</i>	139	PRIMLEV	142
PORTIA-28	138	PREGNYL	140	PRIMSOL	142
<i>posaconazole</i>	138	PREHEVBRIO	140	PRINIVIL	142
POSFREA	138	PREMARIN	140	PRIORIX	142
<i>pot & sod cit-cit ac</i>	138	<i>premium blood glucose test</i>	140	PRISTIQ	142
POTABA	138	PREMPHASE	140	PROAIR DIGIHALER	142
<i>potassium chloride</i>	138	PREMPRO	140	PROAIR HFA	142
<i>potassium chloride crys er</i>	138	<i>prena 1 true</i>	140	PROAIR RESPICLICK	142
<i>potassium chloride er</i>	138	<i>prena1</i>	140	<i>probenecid</i>	142
<i>potassium citrate er</i>	138	<i>prena1 pearl</i>	140	PROBUPHINE IMPLANT KIT ..	142
<i>potassium citrate-citric acid</i>	138	<i>prenaissance</i>	140	PROCARDIA XL	142
<i>potassium iodide</i>	138	<i>prenaissance plus</i>	140	PROCENTRA	142
<i>potassium iodide (expectorant)</i>	138	PRENATABS RX	140	<i>prochamber vhc</i>	142
<i>povidone-iodine</i>	138	<i>prenatal</i>	140	<i>prochlorperazine</i>	142
PR BENZOYL PEROXIDE		<i>prenatal (w/iron & fa)</i>	140	<i>prochlorperazine maleate</i>	142
WASH	138	<i>prenatal 19</i>	140	PROCRIT	142
PR NATAL 400	138	<i>prenatal complete</i>	140	PROCTOCORT	142
PR NATAL 400 EC	138	<i>prenatal multi +dha</i>	140	PROCTOFOAM HC	142
PR NATAL 430	138	<i>prenatal multivitamin plus dha</i> ..	140	PROCYSBI	142
PR NATAL 430 EC	138	<i>prenatal one daily</i>	140	PRODIGY CONTROL	
PRADAXA	138	<i>prenatal plus</i>	140	SOLUTION	142
PRAKETAMIDE	138	<i>prenatal plus iron</i>	140	PRODIGY LANCETS 26G	142
PRALUENT	138	<i>prenatal plus vitamin/mineral</i> ...	140	PRODIGY LANCETS 28G	142
<i>pramipexole dihydrochloride</i>	139	PRENATAL-U	140	PRODIGY LANCING DEVICE ..	142
<i>pramipexole dihydrochloride er</i>	139	PRENATE AM	140	PRODIGY NO CODING	
PRAMOSONE	139	PRENATE DHA	140	BLOOD GLUC	142
<i>pramoxine-hc</i>	139	PRENATE ELITE	140	PRODIGY TWIST TOP	
<i>prasugrel hcl</i>	139	PRENATE ENHANCE	140	LANCETS 28G	142
PRAVACHOL	139	PRENATE ESSENTIAL	140	PROFERRIN-FORTE	142
<i>pravastatin sodium</i>	139	PRENATE PIXIE	140	PROFILNINE	142
<i>prazosin hcl</i>	139	PRENATE RESTORE	141	PROFINAC	142
PRECISION PCX	139	PRENATE STAR	141	<i>progesterone</i>	142
PRECISION PCX PLUS TEST	139	PREPIDIL	141	<i>progesterone micronized</i>	142
PRECISION POINT OF CARE		PREPOPIK	141	PROGLYCEM	143
TEST	139	PRESERA	141	PROGRAF	143

PROLATE	143	<i>qc aspirin</i>	145	RABAVERT	146
PROLENSA	143	<i>qc aspirin low dose</i>	145	<i>rabeprazole sodium</i>	146
PROMACTA	143	<i>qc magnesium citrate</i>	145	RADICAVA ORS	147
<i>promethazine hcl</i>	143	<i>qc milk of magnesia</i>	145	RAGWITEK	147
<i>promethazine vcl/codeine</i>	143	<i>qc natura-lax</i>	145	RALDESY	147
<i>promethazine-codeine</i>	143	QDOLO	145	<i>raloxifene hcl</i>	147
<i>promethazine-dm</i>	143	QELBREE	145	<i>ramelteon</i>	147
PROMETHEGAN	143	QFITLIA	145	<i>ramipril</i>	147
PROMETRIUM	143	QINLOCK	145	RANEXA	147
PROMISEB	143	QLOSI	145	<i>ranitidine hcl</i>	147
PRONAL	143	QMIIZ ODT	145	<i>ranolazine er</i>	147
<i>prooxia</i>	143	QNASL	145	RAPAFLO	147
<i>propafenone hcl</i>	143	QNASL CHILDRENS	145	RAPAMUNE	147
<i>propafenone hcl er</i>	143	<i>Qsymia</i>	145	<i>rasagiline mesylate</i>	147
<i>propantheline bromide</i>	143	QTERN	145	RASUVO	147
PROPECIA	143	QUADRACEL	145	RAVICTI	147
<i>propranolol hcl</i>	143	QUALAQUIN	145	RAYALDEE	147
<i>propranolol hcl er</i>	143	QUARTETTE	145	<i>rayasal</i>	147
<i>propranolol-hctz</i>	143	<i>quazepam</i>	145	RAYOS	147
<i>propylthiouracil</i>	143	QUDEXY XR	145	RAZADYNE	147
PROSCAR	143	QUESTRAN	145	RAZADYNE ER	147
PROTONIX	143	QUESTRAN LIGHT	145	REBIF	147
<i>protriptyline hcl</i>	143	<i>quetiapine fumarate</i>	145	REBIF REBIDOSE	147
PROVENTIL HFA	143	<i>quetiapine fumarate er</i>	145	REBIF REBIDOSE TITRATION	
PROVERA	143	QUFLORA FE	146	PACK	147
PROVIDA OB	144	QUFLORA PEDIATRIC	146	REBIF TITRATION PACK	147
PROVIGIL	144	<i>quidroxzar</i>	146	REBINYN	148
PROZAC	144	<i>quihoxaxia</i>	146	RECEDO	148
<i>prucalopride succinate</i>	144	QUILLICHEW ER	146	RECLIPSEN	148
PRUCLAIR	144	QUILLIVANT XR	146	RECOMBINATE	148
PRUDOXIN	144	<i>quinapril hcl</i>	146	RECOMBIVAX HB	148
PRUMYX	144	<i>quinapril-hydrochlorothiazide</i> ...	146	RECORLEV	148
PRURADIK	144	<i>quinidine gluconate er</i>	146	RECTIV	148
PRUTECT	144	<i>quinidine sulfate</i>	146	REDITREX	148
<i>pseudoeph-bromphen-dm</i>	144	<i>quinine sulfate</i>	146	REFISSA	148
<i>pseudoephedrine hcl</i>	144	QUINTET AC BLOOD		REFUAH PLUS BLOOD	
PULMICORT	144	GLUCOSE TEST	146	GLUCOSE TEST	148
PULMICORT FLEXHALER	144	QUINTET BLOOD GLUCOSE		REFUAH PLUS GLUCOSE	
PULMOZYME	144	TEST	146	CONTROL	148
<i>purazil</i>	144	<i>quitar</i>	146	REGLAN	148
<i>purevit dualfe plus</i>	144	QULIPTA	146	REGRANEX	148
PURIXAN	144	QUVIVIQ	146	RELADOR PAK	148
<i>px stop smoking aid</i>	144	QUZYTIR	146	RELADOR PAK PLUS	148
PYLERA	144	QVAR REDHALER	146	RELAFEN DS	148
PYQUVI	144	<i>ra aspirin</i>	146	RELAGARD	148
<i>pyrazinamide</i>	144	<i>ra aspirin adult low dose</i>	146	RELENZA DISKHALER	148
PYRIDIUM	144	<i>ra aspirin ec</i>	146	RELEUKO	148
<i>pyridostigmine bromide</i>	144	<i>ra balanced b-100</i>	146	<i>releuko</i>	148
<i>pyridostigmine bromide er</i>	144	<i>ra folic acid</i>	146	RELEXXII	148
<i>pyrimethamine</i>	144	<i>ra laxative</i>	146	RELION BLOOD GLUCOSE	
PYRUKYND	144	<i>ra milk of magnesia</i>	146	TEST	148
PYRUKYND TAPER PACK	144	<i>ra mini nicotine</i>	146	RELION CONFIRM/MICRO	
PYZCHIVA	144	<i>ra nicotine</i>	146	TEST	148
QBRELIS	145	<i>ra one daily</i>	146	RELION PRIME TEST	148
QBREXZA	145	<i>ra prenatal</i>	146	RELISTOR	148, 149

RELPAZ	149	REYATAZ	150	rositara	153
RELTONE	149	REYVOW	150	rosuvastatin calcium	153
RELYVRIO	149	REZDIFFRA	151	ROSYRAH	153
REMERON	149	REZLIDHIA	151	ROSZET	153
REMERON SOLTAB	149	REZUROCK	151	ROTARIX	153
REMICADE	149	REZVOGLAR KWIKPEN	151	rovis	153
remyda	149	RHOFADE	151	ROWASA	153
RENAL	149	RHOPRESSA	151	ROXICODONE	153
rena-vite	149	ribavirin	151	ROXYBOND	153
rena-vite rx	149	RIDAURA	151	ROZEREM	153
reno caps	149	rifabutin	151	ROZLYTREK	153
RENOVA	149	RIFADIN	151	RUBRACA	153
RENOVA PUMP	149	rifampin	151	RUCONEST	153
RENOVAR ADV		RIGHTEST GL300 LANCETS	151	rufinamide	153
SKIN/WOUND CLEANSE	149	RIGHTEST GS100 BLOOD		RUKOBIA	153
RENOVAR ADV WOUND		GLUCOSE	151	rumilo	153
IRRIGATION	149	RIGHTEST GS300 BLOOD		RYALTRIS	153
rensoti	149	GLUCOSE	151	RYBELSUS	153
RENTHYROID	149	RIGHTEST GS550 BLOOD		RYBELSUS (FORMULATION	
REVELA	149	GLUCOSE	151	R2)	153
repaglinide	149	RIGHTEST GT333 BLOOD		RYDAPT	154
REPATHA	149	GLUCOSE	151	RYTARY	154
REPATHA PUSHTRONEX		RILUTEK	151	RYTHMOL SR	154
SYSTEM	149	riluzole	151	RYVENT	154
REPATHA SURECLICK	149	rimantadine hcl	151	SABRIL	154
REPLESTA	149	rimi	151	sacubitril-valsartan	154
REPLESTA CHILDRENS	149	RINVOQ	151	safrycyn	154
REPLESTA NX	149	RINVOQ LQ	151	SAFYRAL	154
REQ 49+	149	RIOMET	152	SAIZEN	154
RESTASIS	149	risedronate sodium	152	SAJAZIR	154
RESTASIS MULTIDOSE	149	RISPERDAL	152	SALAGEN	154
restimo	149	risperidone	152	SALEX	154
RESTORA RX	149	RITALIN	152	SALICATE	154
RESTORIL	149	RITALIN LA	152	salicylic acid	154
RETACRIT	149, 150	RITEFLO	152	salicylic acid er	154
RETEVMO	150	ritonavir	152	salicylic acid wart remover	154
RETIN-A	150	rivaroxaban	152	salicylic acid-cleanser	154
RETIN-A MICRO	150	rivastigmine	152	salsalate	154
RETIN-A MICRO PUMP	150	rivastigmine tartrate	152	SALVAX	154
RETROVIR	150	RIVELSA	152	SALYCIM	154
REUSABLE COMFORTSEAL		rixubis	152	salynta	154
MASK-LRG	150	rizatriptan benzoate	152	SAMSCA	154
REUSABLE COMFORTSEAL		ROBAXIN-750	152	SANCUSO	155
MASK-MED	150	ROCALTROL	152	SANDIMMUNE	155
REUSABLE COMFORTSEAL		rocelix	152	SANTYL	155
MASK-SML	150	ROCKLATAN	152	SAPHRIS	155
REVATIO	150	roflumilast	152	sapropterin dihydrochloride	155
REVCIVI	150	ROGAINE	152	SARAFEM	155
REVEAL BLOOD GLUCOSE		ROGAINE MENS	152	saroxia	155
TEST	150	ROGAINE MENS EXTRA		SAVAYSA	155
revesta	150	STRENGTH	152	SAVELLA	155
REVLIMID	150	ROGAINE WOMENS	152	SAVELLA TITRATION PACK	155
REVUFORJ	150	ROMVIMZA	152	saxagliptin hcl	155
REXTOVY	150	ropinirole hcl	153	saxagliptin-metformin er	155
REXULTI	150	ropinirole hcl er	153	Saxenda	155

SCALPICIN MAXIMUM		SIMPESSE	158	SOLIQUA	160
STRENGTH	155	SIMPLERA SENSOR	158	SOLODYN	160
SCARTRATE	155	SIMPLERA SYNC SENSOR ...	158	SOLOSEC	160
SCEMBLIX	155	SIMPONI	158	SOLTAMOX	160
<i>scopolamine</i>	155	<i>simvastatin</i>	158	SOLU-CORTEF	160
SEASONIQUE	155	SINEMET CR	158	SOMA	160
SECUADO	155	SINGULAIR	158	SOMATULINE DEPOT	160
SEGLENTIS	155	SINUVA	158	SOMAVERT	161
SEGLUROMET	155	<i>sirolimus</i>	158	SONAFINE	161
SELARSDI	155	SIRTURO	158	SOOLANTRA	161
SELECT-OB	155	<i>sirvana</i>	158	<i>sorafenib tosylate</i>	161
<i>selegiline hcl</i>	155	<i>sitaglipt base-metform hcl er</i> ...	158	SORILUX	161
<i>selenium sulfide</i>	156	<i>sitagliptin</i>	158	SORINE	161
<i>self-taking blood pressure</i>	156	<i>sitagliptin base-metformin hcl</i> ...	158	<i>sorixia</i>	161
SELRX	156	SITAVIG	158	<i>sotalol hcl</i>	161
SELZENTRY	156	SIVEXTRO	158	SOTYKTU	161
SEMGLEE	156	<i>sivora</i>	159	SOTYLIZE	161
SEMGLEE (YFGN)	156	SKLICE	159	SOVALDI	161
SEMPREX-D	156	SKYCLARYS	159	SOVUNA	161
<i>se-natal 19</i>	156	SKYRIZI	159	SPECTRACEF	161
SENSIPAR	156	SKYRIZI PEN	159	SPEVIGO	161
SEPHIENCE	156	SKYTROFA	159	SPIKEVAX	161
SEREVENT DISKUS	156	SLYND	159	SPIKEVAX 6M-11Y	161
SERNIVO	156	<i>sm aspirin ec</i>	159	SPIKEVAX COVID-19	
SEROQUEL	156	<i>sm aspirin ec low strength</i>	159	VACCINE	161
SEROQUEL XR	156	<i>sm aspirin low dose</i>	159	<i>spinosad</i>	161
SEROSTIM	156	SM CLEARLAX	159	SPIRIVA HANDIHALER	161
<i>sertraline hcl</i>	156	<i>sm folic acid</i>	159	SPIRIVA RESPIMAT	161
<i>se-tan plus</i>	156	<i>sm laxative</i>	159	<i>spironolactone</i>	161
SETLAKIN	156	<i>sm magnesium citrate</i>	159	<i>spironolactone-hctz</i>	161
<i>sevelamer carbonate</i>	156, 157	<i>sm milk of magnesia</i>	159	SPORANOX	161, 162
<i>sevelamer hcl</i>	157	<i>sm nicotine</i>	159	SPORANOX PULSEPAK	162
SEVENFACT	157	<i>sm nicotine polacrilex</i>	159	SPRINTEC 28	162
SEYSARA	157	SMARTEST BLOOD		SPRITAM	162
<i>sf</i>	157	GLUCOSE TEST	159	SPRIX	162
<i>sf 5000 plus</i>	157	SMARTEST LANCETS 28G ...	159	SPRYCEL	162
SFROWASA	157	SMOOTH LAX	159	SPS	162
SHAROBEL	157	SOAANZ	159	SPS (SODIUM	
SHINGRIX	157	<i>sod citrate-citric acid</i>	159	POLYSTYRENE SULF)	162
SIGNIFOR	157	<i>sodium chloride</i>	159	SRONYX	162
SIKLOS	157	<i>sodium fluoride</i>	159, 160	SSD	162
<i>sildenafil citrate</i>	157	<i>sodium fluoride 5000 enamel</i> ...	159	SSD (SILVER	
SILENOR	157	<i>sodium fluoride 5000 plus</i>	159	SULFADIAZINE)	162
<i>silicone mask/infant</i>	157	<i>sodium fluoride 5000 ppm</i>	159	SSKI	162
<i>silicone mask/pediatric</i>	157	<i>sodium oxybate</i>	160	STALEVO 100	162
SILIQ	157	<i>sodium phenylbutyrate</i>	160	STALEVO 125	162
<i>silodosin</i>	157	<i>sodium polystyrene sulfonate</i> ...	160	STALEVO 150	162
SILVADENE	157	<i>sodium sulfacetamide</i>	160	STALEVO 200	162
<i>silver sulfadiazine</i>	157	<i>sodium sulfacetamide wash</i>	160	STALEVO 50	162
SIMBRINZA	157	SOFDRA	160	STALEVO 75	162
SIMLANDI (1 PEN)	157, 158	<i>sofosbuvir-velpatasvir</i>	160	STARJEMZA	162
SIMLANDI (1 SYRINGE)	158	SOGROYA	160	STARLIX	162
SIMLANDI (2 PEN)	158	SOHONOS	160	<i>stavudine</i>	162
SIMLANDI (2 SYRINGE)	158	SOLESTA	160	STAXYN	162
SIMLIYA	158	<i>solifenacin succinate</i>	160	STEGLATRO	162

STEGLUJAN	162	SUPER QUINTS B-50	165	TANDEM MOBI CARTRIDGE	
STELARA	162	SUPERVITE	165	2ML	167
<i>Stendra</i>	162	SUPRAX	165	TANDEM MOBI SYSTEM	
STEQEYMA	162	SUPREP BOWEL PREP KIT ...	165	STARTER	167
STIMATE	162	SUSTIVA	165	TANLOR	167
STIMUFEND	162	SUSTOL	165	TAPAZOLE	167
STIOLTO RESPIMAT	163	SUTAB	165	TAPERDEX 12-DAY	168
STIVARGA	163	SUTENT	165	TAPERDEX 6-DAY	168
STRATTERA	163	<i>suvicort</i>	165	TARCEVA	168
STRENSIQ	163	SW CLEARLAX	165	TARGADOX	168
<i>stress formulaliron</i>	163	SYEDA	165	TARGETIN	168
STRIANT	163	SYMAX DUOTAB	165	TARINA 24 FE	168
STRIBILD	163	SYMBICORT	165	TARINA FE 1/20	168
STRIVERDI RESPIMAT	163	SYMBRAVO	165	TARINA FE 1/20 EQ	168
STROMECTOL	163	SYMBYAX	165	TARKA	168
STROVITE FORTE	163	SYMDEKO	165	<i>taron forte</i>	168
STROVITE ONE	163	SYMFI	165	TARON-PREX	168
SUBOXONE	163	SYMFI LO	166	<i>taroxia</i>	168
SUBVENITE	163	SYMJEPI	166	TARPEYO	168
SUBVENITE STARTER KIT-		SYMLINPEN 120	166	TASCENSO ODT	168
BLUE	163	SYMLINPEN 60	166	TASIGNA	168
SUBVENITE STARTER KIT-		SYMPAZAN	166	<i>tasimelteon</i>	168
GREEN	163	SYMPROIC	166	TASMAR	168
SUBVENITE STARTER KIT-		SYMTUZA	166	<i>tavaborole</i>	168
ORANGE	163	SYNALAR	166	TAVALISSE	168
SUCRAID	163	SYNALAR TS	166	TAVNEOS	168
<i>sucralfate</i>	163	SYNAREL	166	TAYSOFY	168
SUDOGEST	163	SYNDROS	166	TAYTULLA	168
SUFLAVE	163	SYNERA	166	<i>tazarotene</i>	168
SULAR	163	SYNERDERM	166	TAZORAC	168
<i>sulconazole nitrate</i>	163	SYNJARDY	166	TAZTIA XT	168
<i>sulfacetamide sodium</i>	164	SYNJARDY XR	166	TAZVERIK	168
<i>sulfacetamide sodium (acne)</i> ...	164	SYNTHERMA PLUS	166	TDVAX	169
<i>sulfacetamide sodium (cleans)</i> ...	164	SYNTHROID	166	TECFIDERA	169
<i>sulfacetamide sodium-sulfur</i>	164	SYNVISC	166	TEGRETOL	169
<i>sulfacetamide sod-sulfur wash</i> ...	164	SYNVISC ONE	166	TEGRETOL-XR	169
<i>sulfacetamide-prednisolone</i>	164	SYPRINE	166	TEKTURNA	169
<i>sulfadiazine</i>	164	TABLOID	166	TEKTURNA HCT	169
<i>sulfamethoxazole-trimethoprim</i> ...	164	TABRECTA	166	TELCARE BLOOD GLUCOSE	
SULFAMYLON	164	TACLONEX	166	TEST	169
<i>sulfasalazine</i>	164	<i>tacrolimus</i>	166	TELCARE GLUCOSE	
SULFATRIM PEDIATRIC	164	<i>tadalafil</i>	167	CONTROL	169
<i>sulindac</i>	164	<i>tadalafil (pah)</i>	167	<i>teliora</i>	169
SUMADAN	164	TADLIQ	167	<i>telmisartan</i>	169
SUMADAN WASH	164	TAFINLAR	167	<i>telmisartan-amlodipine</i>	169
<i>sumatriptan</i>	164	<i>tafluprost (pf)</i>	167	<i>telmisartan-hctz</i>	169
<i>sumatriptan succinate</i>	164, 165	TAGRISSO	167	<i>temazepam</i>	169
<i>sumatriptan succinate refill</i>	164	TAKE ACTION	167	TEMIXYS	169
<i>sumatriptan-naproxen sodium</i> ...	165	TAKHZYRO	167	<i>temozolomide</i>	169
SUMAXIN	165	TALICIA	167	TEMPO REFILL	169
SUMAXIN CP	165	TALTZ	167	TEMPO SMART BUTTON	169
SUMAXIN WASH	165	TALZENNA	167	TEMPO WELCOME	169
<i>sunitinib malate</i>	165	TAMIFLU	167	TENCON	169
SUNLENCA	165	<i>tamoxifen citrate</i>	167	TENIVAC	169
SUNOSI	165	<i>tamsulosin hcl</i>	167	<i>tenofovir disoproxil fumarate</i>	169

TENORETIC 100	169	<i>timolol-dorzolamid-bimatoprost</i>	172	TRACLEER	174
TENORETIC 50	169	TIMOPTIC OCUDOSE	172	TRADJENTA	174
TENORMIN	169	<i>tinidazole</i>	172	<i>tramadol hcl</i>	174
TEPMETKO	169	<i>tiopronin</i>	172	<i>tramadol hcl (er biphasic)</i>	174
TERAZOL 7	170	<i>tiotropium bromide</i>	172	<i>tramadol hcl er</i>	174
<i>terazosin hcl</i>	170	<i>tiotropium bromide</i> <i>monohydrate</i>	172	<i>tramadol-acetaminophen</i>	174
<i>terbinafine hcl</i>	170	TIROSINT	172	<i>trandolapril</i>	174
<i>terbutaline sulfate</i>	170	TIROSINT-SOL	172	<i>trandolapril-verapamil hcl er</i>	174
<i>terconazole</i>	170	TIVICAY	172	<i>tranexamic acid</i>	174
<i>teriflunomide</i>	170	TIVICAY PD	172	TRANSDERM-SCOP	174
<i>teriparatide</i>	170	TIVORBEX	172	TRANSDERM-SCOP (1.5 MG)	174
TESSALON PERLES	170	<i>tizanidine hcl</i>	172	TRANXENE-T	174
TESTIM	170	<i>tl gard rx</i>	172	<i>tranylcypromine sulfate</i>	175
<i>testosterone</i>	170	<i>tl icon</i>	172	TRAVATAN Z	175
<i>testosterone cypionate</i>	170	TLANDO	172	<i>travoprost (bak free)</i>	175
<i>testosterone enanthate</i>	170	<i>tl-care dha</i>	172	<i>trazodone hcl</i>	175
<i>tetanus-diphtheria toxoids td</i>	170	<i>tl-fluorivite</i>	173	TRELEGY ELLIPTA	175
<i>tetoxia</i>	170	<i>tl-hem 150</i>	173	TREMFYA	175
<i>tepidtar</i>	170	TOBI	173	TREMFYA CROHNS INDUCTION	175
<i>tetrabenazine</i>	170	TOBI PODHALER	173	TREMFYA PEN	175
<i>tetracycline hcl</i>	170	TOBRADEX	173	TREMFYA-CD/UC INDUCTION	175
TETRIX	170	TOBRADEX ST	173	TRESIBA	175
TEXACORT	170	<i>tobramycin</i>	173	TRESIBA FLEXTOUCH	175
TEZRULY	170	<i>tobramycin sulfate</i>	173	TRESNI	175
TEZSPIRE	170, 171	<i>tobramycin-dexamethasone</i>	173	<i>tretinoin</i>	175
TGT POWDERLAX	171	<i>tobramycin-vancomycin hcl</i>	173	<i>tretinoin microsphere</i>	175
THALITONE	171	TOBREX	173	<i>tretinoin microsphere pump</i>	175
THALOMID	171	TODAY SPONGE	173	TRETEN	175
THEO-24	171	TOFIDENCE	173	TREXALL	175
<i>theophylline er</i>	171	TOFRANIL	173	TREXIMET	175
THIOLA	171	TOLAK	173	TREZIX	175
THIOLA EC	171	<i>tolcapone</i>	173	<i>triadime</i>	175
<i>thioridazine hcl</i>	171	TOLECTIN 600	173	<i>triamcinolone acetonide</i>	175
<i>thiothixene</i>	171	<i>tolmetin sodium</i>	173	<i>triamterene</i>	175
<i>thrivite 19</i>	171	<i>tolsura</i>	173	<i>triamterene-hctz</i>	175, 176
THYQUIDITY	171	<i>tolterodine tartrate</i>	173	TRIAMVEX	176
THYROLAR-1	171	<i>tolterodine tartrate er</i>	173	TRIAMVEX (CREAM)	176
THYROLAR-1/2	171	<i>tolvaptan</i>	173	TRIANEX	176
THYROLAR-1/4	171	TOPAMAX	173	TRIASIL	176
THYROLAR-2	171	TOPAMAX SPRINKLE	173	<i>triazolam</i>	176
THYROLAR-3	171	TOPICORT	173, 174	TRIBENZOR	176
TIADYLT ER	171	TOPICORT SPRAY	174	<i>tri-buffered aspirin</i>	176
<i>tiagabine hcl</i>	171	<i>topiramate</i>	174	TRICARE	176
TIAZAC	171	<i>topiramate er</i>	174	TRICARE PRENATAL COMPLEAT	176
TIBSOVO	171	TOPROL XL	174	<i>tricitrates</i>	176
<i>ticagrelor</i>	171	<i>toremifene citrate</i>	174	TRICON	176
<i>ticlopidine hcl</i>	171	TORPENZ	174	TRICOR	176
TICOVAC	171	<i>torsemide</i>	174	TRIDACINE II	176
TIGAN	172	TOSYMRA	174	TRIDACINE XL	176
TIGLUTIK	172	TOUJEO MAX SOLOSTAR	174	TRIDERM	176
TIKOSYN	172	TOUJEO SOLOSTAR	174	<i>trientine hcl</i>	176
TILIA FE	172	TOVET	174	TRI-ESTARYLLA	176
<i>timolol maleate</i>	172	TOVIAZ	174		
<i>timolol maleate (once-daily)</i>	172	<i>toxicology saliva collection</i>	174		
<i>timolol maleate pf</i>	172				

<i>trifluoperazine hcl</i>	176	TRUSTEX RIA LUBRICATED	178	URIMAR-T	181
<i>trifluridine</i>	176	TRUVADA	178	<i>urueva</i>	181
<i>trigels-f forte</i>	176	TRYNGOLZA	178	UROCIT-K 10	181
TRIGLIDE	176	TRYPTYR	178	UROCIT-K 15	181
<i>trihexyphenidyl hcl</i>	176	TRYVIO	178	UROCIT-K 5	181
TRIJARDY XR	176	TUDORZA PRESSAIR	178	UROXATRAL	181
TRIKAFTA	176, 177	TUKYSA	178	URSO 250	181
TRI-LEGEST FE	177	TULANA	178	URSO FORTE	181
TRILEPTAL	177	TURALIO	179	<i>ursodiol</i>	181
TRI-LINYAH	177	TURQOZ	179	<i>ustekinumab-aauz</i>	181
TRILIPIX	177	TUZISTRA XR	179	<i>ustekinumab-ttwe</i>	181
TRI-LO-ESTARYLLA	177	TWINRIX	179	UTOPIC	181
TRI-LO-MARZIA	177	TWIRLA	179	VAFSEO	181
TRI-LO-MILI	177	TWYNEO	179	VAGIFEM	181
TRI-LO-SPRINTEC	177	TWYNSTA	179	<i>valacyclovir hcl</i>	181
TRI-LUMA	177	TYBLUME	179	VALCHLOR	181
<i>trimethobenzamide hcl</i>	177	TYBOST	179	VALCYTE	181
<i>trimethoprim</i>	177	TYDEMY	179	<i>valganciclovir hcl</i>	182
TRI-MILI	177	TYENNE	179	VALIUM	182
<i>trimipramine maleate</i>	177	TYKERB	179	<i>valproic acid</i>	182
<i>trinatal rx 1</i>	177	TYMLOS	179	<i>valsartan</i>	182
TRINATE	177	TYPHIM VI	179	<i>valsartan-hydrochlorothiazide</i> ..	182
TRINTELLIX	177	TYRVAYA	179	VALTOCO 10 MG DOSE	182
TRI-NYMYO	177	TYVASO	179	VALTOCO 15 MG DOSE	182
TRIONEX	177	TYVASO DPI INSTITUTIONAL		VALTOCO 20 MG DOSE	182
<i>triphrocaps</i>	177	KIT	179, 180	VALTOCO 5 MG DOSE	182
<i>triprolidine hcl</i>	177	TYVASO DPI MAINTENANCE		VALTrex	182
TRI-SPRINTEC	177	KIT	180	VALTYA 1/35	182
<i>tristart dha</i>	177	TYVASO DPI TITRATION KIT	180	VALTYA 1/50	182
TRIUMEQ	177	TYVASO REFILL KIT	180	VANATOL LQ	182
<i>triumeq pd</i>	177	TYVASO STARTER KIT	180	VANCOCIN	182
TRIVEEN-DUO DHA	177	UBRELVY	180	VANCOCIN HCL	182
<i>tri-vitelfluoride</i>	177	UCERIS	180	<i>vancomycin hcl</i>	182
TRIVORA (28)	177	UDAMIN SP	180	VANDAZOLE	182
TRI-VYLIBRA	177	UDENYCA	180	VANFLYTA	182
TRI-VYLIBRA LO	177	UDENYCA ONBODY	180	VANIQA	182
TRIZIVIR	178	ULESFIA	180	VANOS	182
TROJAN	178	ULORIC	180	VANOXIDE-HC	182
TROKENDI XR	178	ULTICARE INSULIN SYRINGE		VANRAFIA	182
<i>tropicamide-cyclopentolate-pe</i>	178		180	VAQTA	183
<i>tropicamide-phenylephrine</i>	178	ULTRACET	180	<i>Vardenafil HCl</i>	183
<i>tropium chloride</i>	178	ULTRASAL-ER	180	<i>vardenafil hcl</i>	183
<i>tropium chloride er</i>	178	ULTRATRAK ULTIMATE		<i>varenicline tartrate</i>	183
TRUDHESA	178	TEST	180	<i>varenicline tartrate (starter)</i>	183
<i>true cover</i>	178	ULTRAVATE	180	<i>varoxia</i>	183
TRUE METRIX BLOOD		<i>umeclidinium-vilanterol</i>	180	VARUBI	183
GLUCOSE TEST	178	UNISTRIPI1 GENERIC	180	VASCEPA	183
TRUETEST TEST	178	UNITHROID	180	VASERETIC	183
TRUETRACK TEST	178	UPNEEQ	180	VASHE CLEANSING	183
TRULANCE	178	UPTRAVI	180, 181	VASOTEC	183
TRULICITY	178	UPTRAVI TITRATION	181	VAXELIS	183
TRUMENBA	178	<i>urea</i>	181	VAXNEUVANCE	183
TRUQAP	178	<i>urea hydrating</i>	181	<i>v-c forte</i>	183
TRUSOPT	178	<i>urea nail</i>	181	VCF VAGINAL	
TRUSTEX LUBRICATED	178	URIBEL	181	CONTRACEPTIVE	183

VECAMYL.....	183	Vimovo.....	186	vp-vite rx.....	188
VECTICAL.....	183	VIMPAT.....	186	VRAYLAR.....	188
VELIVET.....	183	VINATE DHA RF.....	186	VTAMA.....	188
VELPHORO.....	183	VIOKACE.....	186	VTOL LQ.....	188
VELSIPITY.....	183	viorele.....	186	VUITY.....	188
VELTASSA.....	183	VIRACEPT.....	186	VUMERITY.....	188
VELTIN.....	183	VIREAD.....	186	VUSION.....	188
VEMLIDY.....	184	virt-caps.....	186	VYFEMLA.....	188
VENCLEXTA.....	184	VIRT-GARD.....	186	VYKAT XR.....	188
VENCLEXTA STARTING		virt-phos 250 neutral.....	186	VYLIBRA.....	188
PACK.....	184	VISTARIL.....	186	VYNDAMAX.....	188
VENELEX.....	184	VISTOGARD.....	186	VYNDAQEL.....	188
venlafaxine besylate er.....	184	VITACEL.....	186	VYTONE.....	188
venlafaxine hcl.....	184	VITAFOL.....	186	VYTORIN.....	189
venlafaxine hcl er.....	184	VITAFOL-OB.....	186	VYVANSE.....	189
VENNGEL TWO.....	184	VITAFOL-ONE.....	186	VYVGART HYTRULO.....	189
VENTAVIS.....	184	VITAL-D RX.....	186	VYZULTA.....	189
VENTOLIN HFA.....	184	vitamin d (ergocalciferol).....	186	WAINUA.....	189
VENXXIVA.....	184	vitamin d3.....	186, 187	WAKIX.....	189
VEOZAH.....	184	VITAPEARL.....	187	warfarin sodium.....	189
verapamil hcl.....	184	VITATRUE.....	187	WAYRILZ.....	189
verapamil hcl er.....	184	VITRAKVI.....	187	wayzen.....	189
VERDESO.....	184	VIVAGUARD INO CONTROL		wee care.....	189
VEREGEN.....	184	SOLUTION.....	187	Wegovy.....	189
VERKAZIA.....	184	VIVAGUARD INO TEST		WELCHOL.....	189
VERQUVO.....	184	STRIPS.....	187	weleris.....	189
VERSACLOZ.....	184	VIVELLE-DOT.....	187	WELIREG.....	189
VERZENIO.....	184	VIVJOA.....	187	WELLBUTRIN SR.....	189
VESICARE.....	185	VIVLODEX.....	187	WELLBUTRIN XL.....	189
VESICARE LS.....	185	VIVOTIF.....	187	WERA.....	189
VESTURA.....	185	VIZIMPRO.....	187	WESTHROID.....	189
veven.....	185	VIZZ.....	187	WEZLANA.....	189
VEVYE.....	185	VOCABRIA.....	187	WIDE-SEAL DIAPHRAGM 60.....	189
VFEND.....	185	VOGELXO.....	187	WIDE-SEAL DIAPHRAGM 65.....	189
V-GO 20.....	185	VOGELXO PUMP.....	187	WIDE-SEAL DIAPHRAGM 70.....	189
V-GO 30.....	185	vol-care rx.....	187	WIDE-SEAL DIAPHRAGM 75.....	189
V-GO 40.....	185	vol-nate.....	187	WIDE-SEAL DIAPHRAGM 80.....	190
VIAGRA.....	185	VOLNEA.....	187	WIDE-SEAL DIAPHRAGM 85.....	190
VIBERZI.....	185	vol-plus.....	187	WIDE-SEAL DIAPHRAGM 90.....	190
VIBRAMYCIN.....	185	vol-tab rx.....	187	WIDE-SEAL DIAPHRAGM 95.....	190
VIBRANT.....	185	VOLTAREN.....	187	WILATE.....	190
VIC-FORTE.....	185	VONJO.....	187	WINLEVI.....	190
VICTOZA.....	185	VONVENDI.....	187	WINREVAIR.....	190
VIDEX.....	185	VOQUEZNA.....	187	WIXELA INHUB.....	190
VIDEX EC.....	185	VOQUEZNA DUAL PAK.....	187	WYMZYA FE.....	190
VIENVA.....	185	VOQUEZNA TRIPLE PAK.....	187	WYNZORA.....	190
vigabatrin.....	185	VORANIGO.....	188	XACIATO.....	190
VIGADRONE.....	185	voriconazole.....	188	XADAGO.....	190
VIGAFYDE.....	185	VORTEX HOLDING		XALATAN.....	190
VIGAMOX.....	185	CHAMBER/MASK.....	188	XALIX.....	190
VIGPODER.....	185	VOSEVI.....	188	XALKORI.....	190
VIIBRYD.....	186	VOTRIENT.....	188	XANAX.....	190
VIJOICE.....	186	VOWST.....	188	XANAX XR.....	190
vilazodone hcl.....	186	VOXZOGO.....	188	XARAH FE.....	190
VIMKUNYA.....	186	VOYDEYA.....	188	XARELTO.....	190

XARELTO STARTER PACK...	190	XULTOPHY	193	ZENPEP	195
XATMEP	190	<i>xurea</i>	193	ZENZEDI	195
XCOPRI	190	XURIDEN	193	ZEPATIER	195
XCOPRI (250 MG DAILY DOSE)	190	XYLIDERM	193	Zepbound	195
XCOPRI (350 MG DAILY DOSE)	190	XYNTHA	193	ZEPBOUND	195
XDEMY	191	XYNTHA SOLOFUSE	193	ZEPOSIA	195
XELJANZ	191	XYOSTED	193	ZEPOSIA 7-DAY STARTER PACK	195
XELJANZ XR	191	XYREM	193	ZEPOSIA STARTER KIT	195
XELODA	191	XYWAV	193	ZERVIAE	195
XELPROS	191	YARGESA	193	ZESTORETIC	195
XELRIA FE	191	YASMIN 28	193	ZESTRIL	195
XELSTRYM	191	<i>yaxatarxyn</i>	193	ZETIA	195
XENAZINE	191	YAZ	193	ZETONNA	195
XENICAL	191	YESINTEK	193	ZIAC	195
XEPI	191	YEZTUGO	193	ZIAGEN	195
XERAC AC	191	YF-VAX	193, 194	ZIANA	196
XERAVA	191	<i>yokatar</i>	194	<i>ziclocin</i>	196
XERESE	191	YONSA	194	<i>zidovudine</i>	196
XERMELO	191	YORVIPATH	194	ZIEXTENZO	196
XHANCE	191	Yosprala	194	ZILBRYSQ	196
XIFAXAN	191	YUFLYMA	194	<i>zileuton er</i>	196
XIGDUO XR	191	YUFLYMA (1 PEN)	194	ZILRETTA	196
XIIDRA	191	YUFLYMA (2 PEN)	194	ZILXI	196
XIMINO	191	YUFLYMA (2 SYRINGE)	194	ZIMHI	196
<i>xirun</i>	192	YUFLYMA-CD/UC/HS STARTER	194	<i>zinc sulfate</i>	196
XOFLUZA (40 MG DOSE)	192	YUPELRI	194	ZIOPTAN	196
XOFLUZA (80 MG DOSE)	192	YUSIMRY	194	<i>ziprasidone hcl</i>	196
XOLAIR	192	YUTREPIA	194	ZIPSOR	196
XOLEGEL	192	YUVAFEM	194	ZIRABEV	196
XOLREMDI	192	ZADITOR	194	ZIRGAN	196
XOPENEX	192	ZAFEMY	194	ZITHRANOL	196
XOPENEX CONCENTRATE	192	<i>zafirlukast</i>	194	ZITHROMAX	196
XOPENEX HFA	192	<i>zaleplon</i>	194	ZITHROMAX TRI-PAK	196
XOSPATA	192	ZANAFLEX	194	ZITHROMAX Z-PAK	196
XPHOZAH	192	ZANTAC 150 MAXIMUM STRENGTH	194	ZITUVIMET	196
XPOVIO (100 MG ONCE WEEKLY)	192	ZARAH	194	ZITUVIMET XR	196
XPOVIO (40 MG ONCE WEEKLY)	192	ZARONTIN	194	ZITUVIO	196
XPOVIO (40 MG TWICE WEEKLY)	192	ZARXIO	194	ZMA CLEAR	196
XPOVIO (60 MG ONCE WEEKLY)	192	ZAVESCA	194	ZOCOR	196
XPOVIO (60 MG TWICE WEEKLY)	192	ZAVZPRET	194	ZOKINVY	196
XPOVIO (80 MG ONCE WEEKLY)	192	<i>zcort 7-day</i>	194	ZOLINZA	196
XPOVIO (80 MG TWICE WEEKLY)	193	ZEGALOGUE	194	<i>zolmitriptan</i>	196
XROMI	193	Zegerid	194	ZOLOFT	196, 197
XTAMPZA ER	193	Zegerid OTC	194	<i>zolpidem tartrate</i>	197
XTANDI	193	ZEJULA	195	<i>zolpidem tartrate er</i>	197
XULANE	193	ZELBORAF	195	ZOLPIMIST	197
		ZELNORM	195	ZOMIG	197
		ZELSUVMI	195	ZONALON	197
		ZELVYSIA	195	ZONEGRAN	197
		ZEMBRACE SYMTOUCH	195	ZONISADE	197
		ZEMDRI	195	<i>zonisamide</i>	197
		ZEMPLAR	195	ZONTIVITY	197
		ZENATANE	195	ZORTRESS	197
				ZORVOLEX	197

ZORYVE.....	197
ZOVIA 1/35 (28).....	197
ZOVIA 1/35E (28).....	197
ZOVIRAX.....	197
ZTALMY.....	197
ZTLIDO.....	197
ZUBSOLV.....	197
ZUMANDIMINE.....	197
ZUNVEYL.....	197
ZURNAL.....	197
ZURZUVAE.....	197, 198
ZYCLARA.....	198
ZYCLARA PUMP.....	198
ZYDELIG.....	198
ZYFLO.....	198
ZYKADIA.....	198
ZYLET.....	198
ZYLOPRIM.....	198
ZYMAXID.....	198
ZYMFENTRA (1 PEN).....	198
ZYMFENTRA (2 PEN).....	198
ZYMFENTRA (2 SYRINGE).....	198
ZYPITAMAG.....	198
ZYPREXA.....	198
ZYPREXA ZYDIS.....	198
ZYTIGA.....	198
zyvit.....	198
ZYVOX.....	198

Notice of Nondiscrimination and Language Assistance Services

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

Free aids and services

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

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

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

- Qualified interpreters
- Information written in other languages

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

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

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

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

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

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

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

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).

