

2024 Formulary

Employer-sponsored large group (traditional) plans

List of covered drugs

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

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

T1 - \$
T2 - \$\$
T3 - \$\$\$
T4 - \$\$\$\$
T5 - \$\$\$\$\$
T6 - Vaccine Coverage
T9 - \$\$\$\$\$\$\$\$\$

Coverage level

AL : Age Limit

PA: Prior Authorization

PV: Preventive Drug

QL : Quantity Limit

SO: SaveOn

SP: Limited to a 1 month supply per fill

ST: Step Therapy

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

List of Patterns

lowercase italics: Generic T1 drugs,Generic T2 drugs,Generic T3 drugs,Generic T4 drugs,Generic T5 drugs,Generic T6 drugs,Generic T7 drugs,Generic T8 drugs,Generic T9 drugs,Generic drugs,Generic drugs,Generic drugs,Generic drugs

UPPERCASE BOLD: Brand name T1 drugs,Brand name T2 drugs,Brand name T3 drugs,Brand name T4 drugs,Brand name T5 drugs,Brand name T6 drugs,Brand name T7 drugs,Brand name T8 drugs,Brand name T9 drugs,Brand name drugs,Brand name drugs,Brand name drugs,Brand name drugs

CURRENT AS OF 1/1/2024

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>	T1	AL (Max 9 Years)
<i>abacavir sulfate oral tablet</i>	T2	
<i>abacavir-lamivudine-zidovudine</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
ABILIFY MYCITE	T9	
ABILIFY MYCITE MAINTENANCE KIT	T9	
ABILIFY MYCITE STARTER KIT	T9	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG	T3	QL (30 tablets per 30 days)
ABILIFY ORAL TABLET 30 MG, 5 MG	T3	QL (30 EA per 30 days)
<i>abiraterone acetate oral tablet 250 mg</i>	T1	
<i>abiraterone acetate oral tablet 500 mg</i>	T9	
ABRYSVO	T6	PV; QL (1 dose per 1 year)
ABSORICA	T9	
ABSORICA LD	T9	
<i>acamprosate calcium</i>	T1	
ACANYA	T9	
<i>acarbose oral</i>	T1	
ACCOLATE	T3	
ACCRUFER	T4	PA; SP (Limited to a 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 IN VITRO	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK SMARTVIEW	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK SOFTCLIX LANCET DEV KIT	T3	
ACCU-CHEK SOFTCLIX LANCETS	T2	

Medication	Coverage Level	Restrictions
ACCUPRIL	T3	
ACCURETIC	T3	
ACCUTANE	T2	QL (6 fills per 2 years)
ACCUTREND GLUCOSE	T3	ST; QL (200 strips per 30 days)
<i>acebutolol hcl oral</i>	T1	
<i>acetaminophen-codeine</i>	T1	
<i>acetaminophen-codeine #2</i>	T1	
<i>acetaminophen-codeine #3</i>	T1	
<i>acetaminophen-codeine #4</i>	T1	
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
<i>acetic acid otic</i>	T1	
<i>acetylcysteine inhalation</i>	T1	
<i>acidophilus lactobacillus powder</i>	T9	
<i>acioxia</i>	T9	
ACIPHEX	T9	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 5 MG	T9	
<i>acitretin</i>	T4	SP (Limited to a 1 month supply per fill)
<i>acne medication 10 external gel</i>	T1	
<i>acne medication 5 external gel</i>	T1	
ACTEMRA ACTPEN	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 pens per 28 days)
ACTEMRA SUBCUTANEOUS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
ACTHAR	T4	PA; SP (Limited to a 1 month supply per fill)
ACTHIB	T9	
ACTICLATE	T9	
ACTIGALL	T3	
ACTIMMUNE	T4	SP (Limited to a 1 month supply per fill)
ACTIQ	T9	
<i>active fe</i>	T9	
ACTIVELLA	T3	
ACTIONEL ORAL TABLET 150 MG	T3	QL (1 tablet per 30 days)

Medication	Coverage Level	Restrictions
ACTONEL ORAL TABLET 35 MG, 5 MG	T3	
ACTOPLUS MET	T3	
ACTOPLUS MET XR	T2	QL (60 tablets per 30 days)
ACTOS	T3	
ACUICYN EXTERNAL LIQUID	T9	
ACULAR	T3	
ACULAR LS	T3	
ACUVAIL	T3	ST
<i>acyclovir external cream</i>	T9	
<i>acyclovir external ointment</i>	T1	QL (15 GM per 6 months)
<i>acyclovir oral</i>	T1	
ACZONE	T9	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T6	PV; QL (1 Dose per 1 Lifetime)
ADALAT CC	T3	
<i>adalimumab-adaz subcutaneous solution auto-injector</i>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
<i>adalimumab-adaz subcutaneous solution prefilled syringe</i>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
<i>adalimumab-adbm</i>	T9	
<i>adalimumab-fkjp subcutaneous auto-injector kit</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
<i>adalimumab-fkjp subcutaneous prefilled syringe kit</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
<i>adapalene external cream</i>	T9	
<i>adapalene external gel 0.1 %</i>	T9	
<i>adapalene external gel 0.3 %</i>	T2	
<i>adapalene external lotion</i>	T9	
<i>adapalene external solution</i>	T9	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1	
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	T9	
ADASUVE	T9	

Medication	Coverage Level	Restrictions
ADBRY	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
ADCIRCA	T9	
ADDERALL	T3	AL (Min 6 Years)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG	T3	QL (30 capsules per 30 days); AL (Min 6 Years)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG	T3	QL (60 capsules per 30 days); AL (Min 6 Years)
ADDYI	T3	QL (30 tablets per 30 days)
<i>adefovir dipivoxil</i>	T4	SP (Limited to a 1 month supply per fill)
<i>adeinзде</i>	T9	
ADEMPAS ORAL TABLET 0.5 MG, 1.5 MG, 2 MG, 2.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
ADEMPAS ORAL TABLET 1 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
ADHANSIA XR	T9	
ADLARITY	T9	
ADMELOG INJECTION	T3	ST
ADMELOG SOLOSTAR	T3	ST
ADRENALIN NASAL	T9	
ADTHYZA ORAL TABLET 130 MG, 32.5 MG, 65 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)

Medication	Coverage Level	Restrictions
<i>adynovate</i>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); 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 PLUS FLO-VU	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK	T2	QL (4 EA per 365 days)
AFEDITAB CR	T1	
AFINITOR	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
AFINITOR DISPERZ	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
AFIRMELLE	T1	PV
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML	T6	PV; QL (1 injection per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	T6	PV; QL (1 Injection per 180 days)
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	T3	ST
AFSTYLA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (69000 billable units per 28 days)
AFTERA	T1	PV
AFTERPILL	T3	
AGAMATRIX AMP TEST	T3	ST; QL (200 strips per 30 days)
AGRYLIN	T3	
AIMOVIG	T2	PA; QL (1 Auto-injector per 30 days); AL (Min 18 Years)
<i>aimsco lubricated</i>	T3	PV
AIRDUO DIGIHALER	T9	
AIRDUO RESPICLICK 113/14	T9	
AIRDUO RESPICLICK 232/14	T9	

Medication	Coverage Level	Restrictions
AIRDUO RESPICLICK 55/14	T9	
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (1 autoinjector per 30 days); AL (Min 18 Years)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; QL (1 syringe per 30 days); AL (Min 18 Years)
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	T1	
<i>albendazole oral</i>	T4	SP (Limited to a 1 month supply per fill); QL (6 tablets per 30 Days)
ALBENZA	T9	
<i>albuterol sulfate er</i>	T1	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	T1	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1	
<i>albuterol sulfate oral</i>	T1	
<i>alclometasone dipropionate</i>	T1	
ALCORTIN A	T9	
ALDACTAZIDE ORAL TABLET 25-25 MG	T3	
ALDACTAZIDE ORAL TABLET 50-50 MG	T2	
ALDACTONE	T3	
ALDARA	T3	
ALECENSA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (112 capsules per 14 days)
<i>alendronate sodium oral solution</i>	T2	
<i>alendronate sodium oral tablet</i>	T1	
<i>alfuzosin hcl er</i>	T1	
ALINIA ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (60 ML per 6 months)
ALINIA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)

Medication	Coverage Level	Restrictions
<i>aliskiren fumarate</i>	T2	ST
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>	T1	
<i>allopurinol oral tablet 200 mg</i>	T9	
ALLZITAL	T9	
<i>almotriptan malate</i>	T3	ST; QL (12 tablets per 30 days)
ALOCRIL	T3	ST
<i>alogliptin benzoate</i>	T3	ST; QL (30 tablets per 30 days)
<i>alogliptin-metformin hcl</i>	T3	ST; QL (60 tablets per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	T3	QL (30 tablets per 30 days)
ALOMIDE	T2	
ALORA	T2	
<i>alosetron hcl</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
ALPAWASH	T9	
ALPHAGAN P	T3	
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	SP (Limited to a 1 month supply per fill)
ALPHANINE SD	T5	PA; SP (Limited to a 1 month supply per fill); QL (36800 billable units per 28 days)
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	T1	QL (30 tablets per 30 days)
<i>alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg</i>	T1	QL (60 tablets per 30 days)
ALPRAZOLAM INTENSOL	T1	QL (120 ML per 30 days)
<i>alprazolam oral tablet</i>	T1	
<i>alprazolam oral tablet dispersible</i>	T2	
ALPROLIX	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)

Medication	Coverage Level	Restrictions
ALREX	T3	ST
ALTABAX	T3	ST
ALTACE ORAL CAPSULE	T3	
ALTAVERA	T1	PV
ALTOPREV	T9	
ALTRENO	T1	QL (45 grams per 30 days); AL (Max 50 Years)
ALTUVIIIIO	T5	PA; SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)
ALUNBRIG ORAL TABLET 180 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
ALUNBRIG ORAL TABLET 30 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
ALUNBRIG ORAL TABLET 90 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
ALUNBRIG ORAL TABLET THERAPY PACK	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
ALVESCO	T9	
<i>alyacen 1/35</i>	T1	PV
<i>alyacen 7/7/7</i>	T1	PV
ALZAIR ALLERGY NASAL SPRAY	T9	
<i>amantadine hcl oral</i>	T1	
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</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>amcinonide</i>	T9	
AMERGE	T3	QL (12 tablets per 30 days)
AMETHIA	T1	PV
AMETHIA LO	T1	PV
AMETHYST	T1	PV

Medication	Coverage Level	Restrictions
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>	T1	
<i>amiloride-hydrochlorothiazide</i>	T1	
<i>aminocaproic acid oral solution</i>	T4	SP (Limited to a 1 month supply per fill)
<i>aminocaproic acid oral tablet</i>	T4	SP (Limited to a 1 month supply per fill)
<i>amiodarone hcl oral tablet 100 mg</i>	T1	QL (30 tablets per 30 days)
<i>amiodarone hcl oral tablet 200 mg</i>	T1	
<i>amiodarone hcl oral tablet 400 mg</i>	T9	
AMITIZA	T3	QL (60 capsules per 30 days)
<i>amitriptyline hcl oral</i>	T1	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T9	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML	T9	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML, 40 MG/0.8ML	T9	SP ()
<i>amlodipine besy-benazepril hcl</i>	T1	
<i>amlodipine besylate oral</i>	T1	
<i>amlodipine besylate-valsartan</i>	T1	
<i>amlodipine-atorvastatin</i>	T9	
<i>amlodipine-olmesartan</i>	T1	
<i>amlodipine-valsartan-hctz</i>	T1	
<i>ammonium lactate external</i>	T9	
AMNESTEEM	T2	QL (6 fills per 2 years)
<i>amoxapine</i>	T1	
<i>amoxicill-clarithro-lansopraz</i>	T3	
<i>amoxicillin oral capsule</i>	T1	
<i>amoxicillin oral suspension reconstituted</i>	T1	
<i>amoxicillin oral tablet</i>	T1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	T1	
<i>amoxicillin-pot clavulanate er</i>	T1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	T1	

Medication	Coverage Level	Restrictions
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	T1	
<i>amphetamine er</i>	T9	
<i>amphetamine sulfate</i>	T3	ST; QL (180 tablets per 30 days); AL (Min 6 Years)
<i>amphetamine-dextroamphet er</i>	T1	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>amphetamine-dextroamphetamine</i>	T1	AL (Min 6 Years)
<i>ampicillin oral capsule</i>	T1	
AMPYRA	T9	
AMRIX	T9	
AMZEEQ	T9	
ANADROL-50	T9	
ANAFRANIL ORAL CAPSULE 25 MG	T3	QL (30 capsules per 30 Days)
ANAFRANIL ORAL CAPSULE 50 MG	T3	QL (60 capsules per 30 Days)
ANAFRANIL ORAL CAPSULE 75 MG	T3	QL (90 capsules per 30 Days)
<i>anagrelide hcl</i>	T1	
ANALPRAM-HC EXTERNAL LOTION	T9	
ANAPROX DS	T3	
ANASPAZ	T3	
<i>anastrozole oral</i>	T1	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	T9	
ANDROGEL	T9	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	T9	
ANGELIQ	T3	ST
ANIMI-3	T9	
ANIMI-3/VITAMIN D	T9	
ANNOVERA	T9	
ANORO ELLIPTA	T2	QL (1 inhaler per 30 days)
ANTABUSE	T3	
ANTARA ORAL CAPSULE 30 MG, 90 MG	T9	
ANTIVERT ORAL TABLET 50 MG	T9	
ANUSOL-HC RECTAL SUPPOSITORY	T9	
ANZEMET ORAL TABLET 50 MG	T9	
APADAZ	T9	
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	T9	
APEXICON E	T9	
APIDRA	T3	ST

Medication	Coverage Level	Restrictions
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST
APLENZIN	T9	
APLISOL	T9	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
<i>apomorphine hcl subcutaneous</i>	T9	
<i>apo-varenicline</i>	T2	PV; QL (60 tablets per 30 Days)
<i>apraclonidine hcl</i>	T1	
<i>aprepitant oral</i>	T1	QL (6 capsules per 30 days)
<i>aprepitant oral capsule</i>	T1	QL (7 capsules per 30 days)
APRI	T1	PV
APRISO	T3	QL (120 capsules per 30 days)
APTENSIO XR	T3	QL (30 capsules per 30 days)
APTIOM	T3	PA; QL (60 tablets per 30 days)
APTIVUS	T4	ST; SP (Limited to a 1 month supply per fill)
AQUANIL HC	T1	
ARAKODA	T3	
ARANELLE	T1	PV
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	SP (Limited to a 1 month supply per fill)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML	T4	SP (Limited to a 1 month supply per fill)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	T4	SP (Limited to a 1 month supply per fill)
ARAVA	T5	SP (Limited to a 1 month supply per fill)
ARAZLO	T9	
ARCALYST	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
ARCAPTA NEOHALER	T3	
AREXVY	T6	PV; QL (1 dose per 1 year); AL (Min 60 Years)
<i>arformoterol tartrate</i>	T3	AL (Min 40 Years)
ARICEPT	T3	

Medication	Coverage Level	Restrictions
ARIKAYCE	T5	PA; SP (Limited to a 1 month supply per fill)
ARIMIDEX	T3	
<i>aripiprazole oral solution</i>	T3	AL (Max 9 Years)
<i>aripiprazole oral tablet</i>	T1	QL (60 tablets per 30 days)
<i>aripiprazole oral tablet dispersible</i>	T9	
ARIXTRA	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)
<i>armodafinil</i>	T1	QL (30 tablets per 30 days)
ARMONAIR DIGIHALER	T9	
ARMOUR THYROID	T2	
ARNUITY ELLIPTA	T1	QL (1 Inhaler per 30 days); AL (Min 12 Years)
AROMASIN	T3	
ARTHROTEC ORAL TABLET DELAYED RELEASE	T9	
ASACOL HD	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
ASCOMP-CODEINE	T2	
ASCRIPITIN ORAL TABLET 325 MG	T1	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	T3	ST; QL (30 tablets per 30 days)
ASHLYNA	T1	PV
ASMANEX (120 METERED DOSES)	T9	
ASMANEX (14 METERED DOSES)	T9	
ASMANEX (30 METERED DOSES)	T9	
ASMANEX (60 METERED DOSES)	T9	
ASMANEX (7 METERED DOSES)	T9	
ASMANEX HFA	T9	
<i>aspirin 81 oral tablet chewable</i>	T1	
<i>aspirin adult</i>	T1	
<i>aspirin ec low dose</i>	T1	
<i>aspirin ec oral tablet delayed release 325 mg</i>	T1	
<i>aspirin oral tablet delayed release 325 mg</i>	T1	
<i>aspirin-dipyridamole er</i>	T1	
ASPRUZYO SPRINKLE	T9	
ASSURE 4 TEST	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
ASSURE DOSE CONTROL	T3	
ASSURE LANCE PLUS SAFETY 30G	T2	
ASSURE PLATINUM	T3	ST; QL (200 strips per 30 days)
ASSURE PRISM MULTI TEST	T3	ST; QL (200 strips per 30 days)
ASTAGRAF XL	T3	ST
ATACAND	T3	
ATACAND HCT	T3	
<i>atazanavir sulfate</i>	T4	SP (Limited to a 1 month supply per fill)
ATELVIA	T3	
<i>atenolol oral</i>	T1	
<i>atenolol-chlorthalidone</i>	T1	
ATIVAN ORAL	T3	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	T2	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 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>	T1	PV
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	T1	
<i>atovaquone oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>atovaquone-proguanil hcl</i>	T1	
ATRALIN	T3	AL (Max 50 Years)
ATRAPRO HYDROGEL	T9	
ATRIPLA	T5	SP (Limited to a 1 month supply per fill)
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1	
<i>atropine sulfate ophthalmic solution 1 %</i>	T1	
ATROVENT HFA	T2	
AUBAGIO ORAL TABLET 14 MG	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
AUBAGIO ORAL TABLET 7 MG	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
AUBRA	T1	PV
AUBRA EQ	T1	PV
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML	T3	

Medication	Coverage Level	Restrictions
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG	T3	
AUGMENTIN XR	T3	
AUROVELA 1.5/30	T1	PV
AUROVELA 1/20	T1	PV
AUROVELA 24 FE	T1	PV
AUROVELA FE 1.5/30	T1	PV
AUROVELA FE 1/20	T1	PV
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; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
AUSTEDO ORAL TABLET 6 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
AUSTEDO ORAL TABLET 9 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (150 tablets per 30 days)
AUSTEDO XR	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
AUSTEDO XR PATIENT TITRATION	T5	PA; SP (Limited to 1 fill per lifetime); QL (1 kit per 1 lifetime)
AUVELITY	T9	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	T9	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	
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	

Medication	Coverage Level	Restrictions
AVELOX ORAL	T3	
AVIANE	T1	PV
AVITA EXTERNAL CREAM	T3	AL (Max 50 Years)
AVITA EXTERNAL GEL	T9	
AVO CREAM	T9	
AVODART	T3	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 pens per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
<i>av-phos 250 neutral</i>	T9	
AYGESTIN	T3	
AYUNA	T1	PV
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	T4	PA; SP (Max of 14 day supply per fill); QL (14 Tablets per 14 days)
AYVAKIT ORAL TABLET 25 MG, 50 MG	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
AZASAN	T9	
AZASITE	T3	ST
<i>azathioprine oral tablet 100 mg, 75 mg</i>	T9	
<i>azathioprine oral tablet 50 mg</i>	T1	
<i>azelaic acid external</i>	T2	ST
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	T9	
<i>azelastine hcl ophthalmic</i>	T1	
<i>azelastine-fluticasone</i>	T1	ST
AZELEX	T3	ST; QL (50 GM per 30 days)
AZILECT	T3	ST; QL (30 tablets per 30 days)
<i>azithromycin oral suspension reconstituted</i>	T1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1	
AZOPT	T3	
AZOR	T3	ST
AZSTARYS	T9	
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
AZURETTE	T1	PV
<i>b complex formula 1 (w/ fa)</i>	T3	PV; AL (Max 50 Years)

Medication	Coverage Level	Restrictions
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1	
<i>bacitra-neomycin-polymyxin-hc</i>	T1	
<i>baclofen oral solution</i>	T9	
<i>baclofen oral suspension</i>	T9	
<i>baclofen oral tablet</i>	T1	
BACMIN	T9	
BACTRIM	T3	
BACTRIM DS	T3	
BAFIERTAM	T9	
BALCOLTRA	T9	
<i>balsalazide disodium</i>	T1	
BALVERSA ORAL TABLET 3 MG, 4 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)
BALVERSA ORAL TABLET 5 MG	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
BALZIVA	T1	PV
BANZEL ORAL SUSPENSION	T5	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
BANZEL ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
BAQSIMI ONE PACK	T2	QL (2 devices per 30 Days)
BAQSIMI TWO PACK	T2	QL (2 devices per 30 Days)
BARACLUDE ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
BARACLUDE ORAL TABLET	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
BASAGLAR KWIKPEN	T9	
BASAGLAR TEMPO PEN	T9	
BAXDELA	T9	
BAYER BREEZE 2 TEST	T3	ST
<i>bcg vaccine injection solution reconstituted</i>	T6	PV
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	T2	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 1 ML	T2	
BD PEN NEEDLE MINI U/F	T2	
BECONASE AQ	T9	
BELBUCA	T3	ST; QL (60 films per 30 days)

Medication	Coverage Level	Restrictions
<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>	T1	
<i>benazepril-hydrochlorothiazide</i>	T1	
BENEFIX INTRAVENOUS KIT	T4	PA; SP (Limited to a 1 month supply per fill); QL (46000 billable units per 28 days)
BENICAR	T3	
BENICAR HCT	T3	
BENLYSTA SUBCUTANEOUS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
<i>bensal hp</i>	T9	
BENZAC AC WASH EXTERNAL LIQUID	T9	
BENZACLIN	T9	
BENZACLIN WITH PUMP	T9	
BENZEFOAM	T9	
BENZEFOAMULTRA	T9	
BENZEPRO CREAMY WASH	T9	
BENZEPRO EXTERNAL FOAM 5.3 %	T9	
BENZEPRO FOAMING CLOTHS	T9	
BENZEPRO SHORT CONTACT	T9	
<i>benznidazole oral tablet 100 mg</i>	T3	QL (60 tablets per 1 lifetime); AL (Max 12 Years)
<i>benznidazole oral tablet 12.5 mg</i>	T9	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1	
<i>benzonatate oral capsule 150 mg</i>	T9	
<i>benzoyl peroxide cleanser external liquid</i>	T9	
<i>benzoyl peroxide external foam 9.8 %</i>	T9	
<i>benzoyl peroxide external gel 10 %, 2.5 %, 5 %</i>	T9	
<i>benzoyl peroxide external pad 9.5 %</i>	T9	
<i>benzoyl peroxide wash external liquid</i>	T9	
<i>benzoyl peroxide-erythromycin</i>	T2	
<i>benzphetamine hcl oral tablet 50 mg</i>	T1	
<i>benztropine mesylate oral</i>	T1	
<i>bepotastine besilate</i>	T2	ST; QL (5 ML per 30 Days)
BEPREVE	T9	

Medication	Coverage Level	Restrictions
BERINERT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
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	
<i>betamethasone dipropionate aug external cream</i>	T1	
<i>betamethasone dipropionate aug external gel</i>	T1	QL (50 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	T1	QL (60 ML per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	T1	QL (50 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	T1	
<i>betamethasone dipropionate external lotion</i>	T1	
<i>betamethasone dipropionate external ointment</i>	T2	
<i>betamethasone valerate external cream</i>	T1	
<i>betamethasone valerate external foam</i>	T9	
<i>betamethasone valerate external lotion</i>	T1	QL (60 ML per 30 days)
<i>betamethasone valerate external ointment</i>	T1	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
BETASERON SUBCUTANEOUS KIT	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (14 vials per 30 days)
<i>betaxolol hcl ophthalmic</i>	T2	
<i>betaxolol hcl oral</i>	T1	
<i>bethanechol chloride oral</i>	T1	
BETHKIS	T5	PA; SP (Limited to a 56 day supply per fill); QL (280 ML per 56 days)
BETIMOL	T3	
BETOPTIC-S	T3	ST
<i>bevacizumab intravitreal solution prefilled syringe 2 mg/0.08ml</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 (Max of 14 day supply per fill)
BEXSERO	T6	PV; QL (2 ML per 1 Lifetime)

Medication	Coverage Level	Restrictions
BEYAZ	T9	
BIAFINE	T9	
<i>bicalutamide</i>	T1	
BIDIL	T9	
BIGFOOT UNITY PROGRAM	T9	
BIJUVA	T9	
BIKTARVY ORAL TABLET 30-120-15 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 Days)
BIKTARVY ORAL TABLET 50-200-25 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
BILTRICIDE	T5	SP (Limited to a 1 month supply per fill)
<i>bimatoprost external</i>	T9	
<i>bimatoprost ophthalmic</i>	T1	
BINOSTO	T3	ST
BIONECT EXTERNAL CREAM	T9	
BIONECT EXTERNAL FOAM	T9	
BIONECT EXTERNAL GEL	T9	
BIOTHRAX	T9	
<i>bisacodyl ec</i>	T3	PV
<i>bisacodyl rectal</i>	T9	
<i>bismuth/metronidazole/tetracycline</i>	T3	ST
<i>bisoprolol fumarate oral</i>	T1	
<i>bisoprolol-hydrochlorothiazide</i>	T1	
BLEPH-10	T3	
BLEPHAMIDE S.O.P.	T3	
BLISOVI 24 FE	T1	PV
BLISOVI FE 1.5/30	T1	PV
BLISOVI FE 1/20	T1	PV
<i>blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>blood pressure monitor</i>	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 3	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 7	T2	QL (1 monitor per 2 years)
<i>blood pressure monitor kit</i>	T2	QL (1 monitor per 2 years)
BONIVA ORAL TABLET 150 MG	T3	
BONJESTA	T9	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	T6	PV; QL (1 dose per 1 lifetime)

Medication	Coverage Level	Restrictions
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV; QL (1 dose per 1 lifetime)
<i>bosentan</i>	T4	PA; SP (Limited to a 1 month supply per fill)
BOSULIF ORAL TABLET 100 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
BOSULIF ORAL TABLET 400 MG, 500 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
<i>bp 10-1</i>	T9	
<i>bp cleansing wash</i>	T1	
<i>bp foam external foam 9.8 %</i>	T9	
<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</i>	T9	
<i>bpo foaming cloths external 6 %</i>	T9	
BPROTECTED PEDIA IRON	T1	PV; AL (Min 6 Months and Max 12 Months)
BRAFTOVI ORAL CAPSULE 75 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill)
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)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	T2	QL (1 inhaler per 30 days)
BREXAFEMME	T9	
BREYNA	T9	
BREZTRI AEROSPHERE	T9	
<i>briellyn</i>	T1	PV

Medication	Coverage Level	Restrictions
BRILINTA	T2	
<i>brimonidine tartrate external</i>	T9	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %</i>	T2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T1	
<i>brimonidine tartrate-timolol</i>	T1	
<i>brimonidine-dorzolamide</i>	T9	
<i>brinzolamide</i>	T2	
BRISDELLE	T9	
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>bromocriptine mesylate oral</i>	T2	
BROMSITE	T3	ST; QL (5 ML per 30 days)
BRONCHITOL	T9	
BROVANA	T5	SP (Limited to a 1 month supply per fill); AL (Min 40 Years)
BRUKINSA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
BRYHALI	T9	
BSS	T1	
BSS PLUS	T3	
<i>budesonide er oral tablet extended release 24 hour</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<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</i>	T3	QL (2 packages per 180 days)
<i>budesonide-formoterol fumarate</i>	T1	QL (2 inhalers per 30 days)
<i>buffered aspirin</i>	T3	
BUFFERIN	T3	
<i>bumetanide oral</i>	T1	
BUPAP ORAL TABLET 50-300 MG	T9	
BUPHENYL ORAL POWDER 3 GM/TSP	T5	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
BUPHENYL ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill)
<i>bupivacaine hcl injection solution prefilled syringe 0.25 % (10 ml)</i>	T9	
<i>buprenorphine hcl sublingual</i>	T1	QL (90 tablets per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	T1	QL (60 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg</i>	T1	QL (90 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	T1	QL (30 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	T1	QL (90 tablets per 30 days)
<i>buprenorphine transdermal</i>	T2	ST; QL (4 patches per 28 days)
<i>bupropion hcl er (smoking det)</i>	T1	PV
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg</i>	T1	QL (90 tablets per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	T1	QL (60 tablets per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	T1	QL (90 tablets per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	T1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	T9	
<i>bupropion hcl oral</i>	T1	
<i>buspirone hcl oral</i>	T1	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	T9	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	QL (180 tablets per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	T9	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	QL (180 capsules per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T9	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1	QL (180 tablets per 30 days)
<i>butalbital-asa-caff-codeine</i>	T2	QL (180 capsules per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T1	QL (180 tablets per 30 days)
<i>butorphanol tartrate nasal</i>	T2	
BUTRANS	T9	
BYDUREON BCISE	T9	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	

Medication	Coverage Level	Restrictions
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
BYLVAY	T9	
BYLVAY (PELLETS)	T9	
BYNFEZIA PEN	T9	
BYSTOLIC	T3	
BYVALSON	T3	ST
<i>cabergoline</i>	T1	
CABLIVI	T4	PA; SP (Limited to a 1 month supply per fill. Limited to 2 fills per 720 days); QL (30 kits per 30 days)
CABOMETYX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
CADUET ORAL TABLET 10-10 MG, 5-10 MG	T3	
CAFERGOT	T9	
<i>caffeine citrate oral solution 60 mg/3ml</i>	T3	AL (Min 1 Years)
CALAN ORAL TABLET 120 MG	T3	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG	T3	
<i>calcipotriene external cream</i>	T1	QL (120 GM per 30 days)
<i>calcipotriene external foam</i>	T9	
<i>calcipotriene external ointment</i>	T2	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	T1	
<i>calcipotriene-betameth diprop external ointment</i>	T5	SP (Limited to a 1 month supply per fill); QL (100 GM per 30 days)
<i>calcipotriene-betameth diprop external suspension</i>	T5	SP (Limited to a 1 month supply per fill)
<i>calcitonin (salmon) injection</i>	T9	
<i>calcitonin (salmon) nasal</i>	T1	
<i>calcitriol external</i>	T3	ST; QL (100 GM per 30 days)
<i>calcitriol oral capsule</i>	T1	
<i>calcitriol oral solution</i>	T1	AL (Max 9 Years)
<i>calcium acetate (phos binder) oral capsule</i>	T1	
<i>calcium-folic acid plus d</i>	T9	
CALQUENCE ORAL TABLET	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (28 capsules per 14 days)
CAMBIA	T9	
CAMILA	T1	PV

Medication	Coverage Level	Restrictions
CAMRESE	T1	PV
CAMRESE LO	T1	PV
CAMZYOS	T9	
CANASA	T5	SP (Limited to a 1 month supply per fill)
<i>candesartan cilexetil</i>	T1	
<i>candesartan cilexetil-hctz</i>	T1	
CANDIN	T9	
<i>capecitabine oral tablet 150 mg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>capecitabine oral tablet 500 mg</i>	T4	SP (Limited to a 1 month supply per fill)
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 (Max of 14 day supply per fill); QL (14 tablet per 14 days)
<i>captopril oral</i>	T1	
<i>captopril-hydrochlorothiazide</i>	T1	
CARAC	T9	
CARAFATE	T3	ST
CARBAGLU ORAL TABLET SOLUBLE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour</i>	T1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	T1	ST; QL (60 tablets per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	T2	ST; QL (120 tablets per 30 days)
<i>carbamazepine oral</i>	T1	
CARBATROL	T3	
<i>carbidopa oral</i>	T3	ST; QL (5 tablets per 1 day)
<i>carbidopa-levodopa</i>	T1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	T1	

Medication	Coverage Level	Restrictions
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	T1	
<i>carbinoxamine maleate oral solution</i>	T1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	
<i>carbinoxamine maleate oral tablet 6 mg</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
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	
<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>	T9	
<i>carisoprodol-aspirin</i>	T9	
<i>carisoprodol-aspirin-codeine</i>	T9	
CARNITOR ORAL	T3	
CARNITOR SF	T3	
CAROSPIR	T3	QL (120 ML per 30 days); AL (Max 9 Years)
<i>carteolol hcl</i>	T1	
CARTIA XT	T1	
<i>carvedilol</i>	T1	
<i>carvedilol phosphate er</i>	T2	ST
CASODEX	T3	

Medication	Coverage Level	Restrictions
CATAPRES	T3	
CATAPRES-TTS-1	T3	
CATAPRES-TTS-2	T3	
CATAPRES-TTS-3	T3	
CAVERJECT	T3	QL (6 injections per 30 days)
CAVERJECT IMPULSE	T3	QL (6 injections per 30 days)
CAYA	T3	PV
CAYSTON	T4	PA; SP (Limited to a 1 month supply per fill)
CAZIENT	T1	PV
<i>cefaclor er</i>	T1	
<i>cefaclor oral capsule 250 mg</i>	T1	
<i>cefadroxil</i>	T1	
<i>cefdinir</i>	T1	
<i>cefditoren pivoxil oral tablet 400 mg</i>	T1	
<i>cefixime oral suspension reconstituted</i>	T1	
<i>cefpodoxime proxetil</i>	T1	
<i>cefprozil</i>	T1	
<i>cefuroxime axetil oral tablet</i>	T1	
CELACYN	T9	
CELACYN POST-PROCEDURE PACK	T9	
CELEBREX	T3	QL (60 capsules per 30 days)
<i>celecoxib oral</i>	T1	QL (60 capsules per 30 days)
CELEXA ORAL TABLET 10 MG	T3	QL (90 tablet per 30 days); AL (Min 18 Years)
CELEXA ORAL TABLET 20 MG	T3	QL (60 tablets per 30 days); AL (Min 18 Years)
CELEXA ORAL TABLET 40 MG	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
CELLCEPT ORAL CAPSULE	T3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED	T3	AL (Max 9 Years)
CELLCEPT ORAL TABLET	T3	
CELONTIN	T3	
CENTANY	T3	
CENTRATEX	T9	
<i>cephalexin oral capsule</i>	T1	
<i>cephalexin oral suspension reconstituted</i>	T1	
<i>cephalexin oral tablet</i>	T2	
CEPROTIN	T3	

Medication	Coverage Level	Restrictions
CEQUA	T9	
CERACADE	T9	
CERDELGA	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
CETACAIN EXTERNAL AEROSOL	T9	
<i>cetirizine hcl childrens alrgy oral solution</i>	T9	
<i>cetirizine hcl oral tablet</i>	T9	
<i>cetirizine hcl oral tablet chewable</i>	T9	
<i>cetirizine-pseudoephedrine er</i>	T9	
CETRAXAL	T3	
<i>cetorelix acetate</i>	T2	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T2	
<i>cevimeline hcl</i>	T1	QL (90 Capsules per 30 days)
CHARLOTTE 24 FE	T1	PV
CHATEAL	T1	PV
CHATEAL EQ	T1	PV
CHEMET	T4	SP (Limited to a 1 month supply per fill)
<i>cheratussin ac oral syrup</i>	T1	
<i>childrens aspirin</i>	T3	
<i>childrens loratadine oral solution</i>	T9	
<i>chlohex</i>	T9	
<i>chlordiazepoxide hcl</i>	T1	
<i>chlordiazepoxide-amitriptyline</i>	T1	
<i>chlordiazepoxide-clidinium</i>	T3	
<i>chlorhexidine gluconate mouth/throat</i>	T1	
<i>chloroquine phosphate oral</i>	T1	
<i>chlorpheniramine maleate er</i>	T9	
<i>chlorpromazine hcl oral concentrate 100 mg/ml</i>	T3	QL (180 ML per 30 days)
<i>chlorpromazine hcl oral tablet</i>	T3	QL (180 tablets per 30 days)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	T9	
<i>chlorzoxazone oral tablet 500 mg</i>	T2	
<i>choice-tabs</i>	T9	

Medication	Coverage Level	Restrictions
CHOLBAM	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
<i>cholestyramine light</i>	T1	
<i>cholestyramine oral</i>	T1	
<i>choline-mag trisalicylate</i>	T1	
<i>chorionic gonadotropin intramuscular</i>	T3	
CIALIS	T9	
CIBINQO	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>ciclopirox external</i>	T1	
<i>ciclopirox olamine external</i>	T1	
<i>ciclopirox treatment</i>	T9	
CIFEREX	T9	
<i>cilostazol</i>	T1	
CILOXAN	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>	T1	
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T5	PA; SP (Limited to a 1 month supply per fill)
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
<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>	T1	
<i>ciprofloxacin hcl oral</i>	T1	
<i>ciprofloxacin hcl otic</i>	T1	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	T1	
<i>ciprofloxacin-ciproflox hcl er</i>	T1	

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

Medication	Coverage Level	Restrictions
CLEOCIN ORAL SOLUTION RECONSTITUTED	T2	
CLEOCIN VAGINAL CREAM	T3	
CLEOCIN VAGINAL SUPPOSITORY	T9	
CLEOCIN-T EXTERNAL GEL	T3	
CLEOCIN-T EXTERNAL LOTION	T3	
CLEOCIN-T EXTERNAL SOLUTION	T9	
CLEOCIN-T EXTERNAL SWAB	T3	
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>	T1	
<i>clindamycin palmitate hcl</i>	T1	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>	T9	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T1	QL (45 gm per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	T2	QL (50 GM per 30 days)
<i>clindamycin phosphate external gel</i>	T1	
<i>clindamycin phosphate external lotion</i>	T1	
<i>clindamycin phosphate external solution</i>	T1	QL (180 ML per 30 days)
<i>clindamycin phosphate external swab</i>	T1	
<i>clindamycin phosphate vaginal</i>	T1	
<i>clindamycin-tretinoin</i>	T3	
CLINDESSE	T3	ST
<i>clobazam oral suspension</i>	T3	ST
<i>clobazam oral tablet</i>	T2	ST
<i>clobetasol prop emollient base</i>	T1	
<i>clobetasol propionate emulsion</i>	T3	QL (100 GM per 30 days)
<i>clobetasol propionate external cream</i>	T1	
<i>clobetasol propionate external foam</i>	T9	
<i>clobetasol propionate external gel</i>	T1	
<i>clobetasol propionate external liquid</i>	T3	
<i>clobetasol propionate external lotion</i>	T3	QL (118 ML per 30 days)
<i>clobetasol propionate external ointment</i>	T1	QL (60 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	T2	QL (118 ML per 30 days)
<i>clobetasol propionate external solution</i>	T1	
CLOBEX	T3	ST; QL (118 ML per 30 days)

Medication	Coverage Level	Restrictions
CLOBEX SPRAY	T9	
<i>clocortolone pivalate</i>	T3	ST
CLODAN EXTERNAL KIT	T3	
CLODERM	T9	
CLODERM PUMP	T9	
<i>clomiphene citrate oral</i>	T1	
<i>clomipramine hcl oral capsule 25 mg</i>	T2	QL (30 capsules per 30 days)
<i>clomipramine hcl oral capsule 50 mg</i>	T2	QL (60 capsules per 30 days)
<i>clomipramine hcl oral capsule 75 mg</i>	T2	QL (90 capsules per 30 days)
<i>clonazepam oral</i>	T1	
<i>clonidine</i>	T1	
<i>clonidine hcl er oral tablet extended release 12 hour</i>	T2	
<i>clonidine hcl er oral tablet extended release 24 hour</i>	T9	
<i>clonidine hcl oral</i>	T1	
<i>clopidogrel bisulfate oral</i>	T1	
<i>clorazepate dipotassium</i>	T1	
<i>clotrimazole external cream</i>	T9	
<i>clotrimazole external solution</i>	T9	
<i>clotrimazole mouth/throat troche</i>	T1	
<i>clotrimazole-betamethasone external cream</i>	T1	
<i>clotrimazole-betamethasone external lotion</i>	T1	QL (30 gm per 30 days)
<i>clozapine oral tablet</i>	T1	
<i>clozapine oral tablet dispersible</i>	T3	
CLOZARIL ORAL TABLET 100 MG, 25 MG	T3	
CLOZARIL ORAL TABLET 200 MG, 50 MG	T9	
COAGADEX	T4	SP (Limited to a 1 month supply per fill)
<i>coal tar external solution</i>	T2	
COARTEM	T2	
<i>codeine sulfate oral tablet</i>	T1	
<i>coenzyme q10</i>	T2	
<i>coenzyme q-10 oral capsule 100 mg</i>	T9	
COLAZAL	T5	SP (Limited to a 1 month supply per fill)
<i>colchicine oral capsule</i>	T3	QL (120 capsules per 30 days)
<i>colchicine oral tablet</i>	T1	QL (120 tablets per 30 days)
<i>colchicine-probenecid</i>	T1	
COLCRYS	T9	
<i>colesevelam hcl oral packet</i>	T3	QL (1 packet per 1 day)

Medication	Coverage Level	Restrictions
<i>colesevelam hcl oral tablet</i>	T1	QL (180 tablets per 30 days)
COLESTID	T3	
<i>colestipol hcl</i>	T1	
<i>colistimethate sodium (cba)</i>	T9	
COLY-MYCIN S	T3	
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM	T3	
COMBIGAN	T9	
COMBIPATCH	T2	
COMBIVENT RESPIMAT	T2	QL (2 inhaler per 40 days)
COMBIVIR	T5	SP (Limited to a 1 month supply per fill)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T4	PA; SP (Max of 14 day supply per fill)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T4	PA; SP (Max of 14 day supply per fill)
COMETRIQ (60 MG DAILY DOSE)	T4	PA; SP (Max of 14 day supply per fill)
COMIRNATY INTRAMUSCULAR SUSPENSION	T6	
COMPLERA	T4	SP (Limited to a 1 month supply per fill)
<i>complete natal dha</i>	T1	
<i>completenate</i>	T1	
COMPRO	T1	
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)
<i>condoms</i>	T3	PV
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 TEST	T3	ST; QL (200 strips per 30 days)
CONTRACE	T3	ST
CONZIP	T9	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	

Medication	Coverage Level	Restrictions
COPIKTRA ORAL CAPSULE 15 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
CORDRAN	T9	
COREG	T3	
COREG CR	T3	ST
CORGARD	T3	
CORLANOR	T3	ST
CORTANE-B	T3	
CORTEF	T3	
CORTENEMA	T3	
CORTIFOAM EXTERNAL	T3	ST
<i>cortisone acetate oral</i>	T1	
CORTISPORIN EXTERNAL	T2	
CORTROPHIN	T9	
CORVITA 150	T9	
CORVITA ORAL TABLET 1.25 MG	T9	
CORVITE 150	T9	
<i>corvite fe</i>	T9	
CORVITE FREE	T9	
CORVITE ORAL TABLET 1.25 MG	T9	
CORZIDE	T3	
COSENTYX (300 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 dose packs for induction/starting dose only.); QL (1 dose pack per 28 days)
COSENTYX SENSOREADY (300 MG)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 dose packs for induction/starting dose only.); QL (1 dose pack per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 pens for induction/starting dose only.); QL (1 pen per 28 days)

Medication	Coverage Level	Restrictions
COSENTYX SUBCUTANEOUS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 syringes for induction/starting dose only.); QL (1 syringe per 28 days)
COSENTYX UNOREADY	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 pen per 28 days)
COSOPT	T3	
COTELLIC	T4	PA; SP (Limited to a 1 month supply per fill)
COTEMPLA XR-ODT	T9	
COUMADIN ORAL	T2	
COVARYX	T9	
COVARYX HS	T9	
COZAAR	T3	
CREON	T4	SP (Limited to a 1 month supply per fill)
CRESEMBA ORAL CAPSULE 186 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 Capsules per 30 days)
CRESTOR	T3	
CRINONE	T9	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T2	
<i>cromolyn sodium inhalation</i>	T9	
<i>cromolyn sodium ophthalmic</i>	T1	
<i>cromolyn sodium oral</i>	T3	
CRYODOSE TA	T9	
CRYSELLE-28	T1	PV
CUPRIMINE ORAL CAPSULE 250 MG	T9	
CUVPOSA	T3	AL (Min 3 Years)
CUVRIOR	T9	
<i>cvs aspirin adult low dose</i>	T1	
<i>cvs aspirin ec</i>	T1	
<i>cvs aspirin oral tablet 325 mg</i>	T1	
<i>cvs folic acid oral tablet 800 mcg</i>	T1	PV
<i>cvs magnesium citrate oral solution</i>	T3	PV
<i>cvs milk of magnesia oral suspension 400 mg/5ml</i>	T3	PV
<i>cvs nicotine polacrilex</i>	T1	PV

Medication	Coverage Level	Restrictions
<i>cvs nicotine transdermal</i>	T1	PV
<i>cvs prenatal multi+dha</i>	T3	PV
<i>cvs prenatal oral tablet 27-0.8 mg</i>	T3	PV
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1	
CYCLAFEM 1/35	T1	PV
CYCLAFEM 7/7/7	T1	PV
<i>cyclobenzaprine hcl er</i>	T9	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	T9	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	T2	
CYCLOGYL OPHTHALMIC SOLUTION 1 %, 2 %	T3	
CYCLOMYDRIL	T3	
<i>cyclopentolate hcl ophthalmic</i>	T1	
<i>cyclophosphamide oral</i>	T3	
<i>cycloserine oral</i>	T4	SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
CYCLOSET	T3	
<i>cyclosporine modified</i>	T1	
<i>cyclosporine ophthalmic</i>	T2	QL (60 vials per 30 days)
<i>cyclosporine oral capsule</i>	T4	SP (Limited to a 1 month supply per fill)
CYLTEZO	T9	
CYLTEZO-CD/UC/HS STARTER	T9	
CYLTEZO-PSORIASIS 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>cypheptadine hcl oral</i>	T1	
CYRED	T1	PV
CYRED EQ	T1	PV
CYSTADANE	T9	
CYSTADROPS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per dispensing); QL (20 ML per 30 days)
CYSTARAN	T4	SP (Limited to a 1 month supply per fill); QL (60 ML per 30 days)
CYTOMEL	T2	

Medication	Coverage Level	Restrictions
CYTOTEC	T3	
<i>cytra k crystals</i>	T1	
<i>cytra-2</i>	T9	
CYTRA-3	T9	
<i>cytra-k</i>	T9	
<i>dabigatran etexilate mesylate</i>	T3	ST; QL (60 capsules per 30 days)
<i>dalfampridine er</i>	T5	PA; SP (Limited to a 1 month supply per fill)
DALIRESP	T3	QL (30 tablets per 30 days)
<i>danazol oral capsule 100 mg, 50 mg</i>	T3	QL (60 capsules per 30 days)
<i>danazol oral capsule 200 mg</i>	T3	QL (120 capsules per 30 days)
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	T3	
<i>dantrolene sodium oral</i>	T1	
<i>dapsone external</i>	T9	
<i>dapsone oral</i>	T1	
DARAPRIM	T9	
<i>darifenacin hydrobromide er</i>	T2	QL (30 tablets per 30 days)
DARTISLA ODT	T9	
<i>darunavir</i>	T4	SP (Limited to a 1 month supply per fill)
DASETTA 1/35	T1	PV
DASETTA 7/7/7	T1	PV
DAURISMO ORAL TABLET 100 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
DAURISMO ORAL TABLET 25 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
DAYBUE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (8 bottles per 28 days); AL (Min 2 Years)
DAYPRO	T3	
DAYSEE	T1	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>dazomon</i>	T9	
DDAVP ORAL	T3	
DDAVP PF	T3	

Medication	Coverage Level	Restrictions
DEBLITANE	T1	PV
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	T1	
<i>deferasirox granules</i>	T4	SP (Limited to a 1 month supply per fill)
<i>deferasirox oral tablet</i>	T4	SP (Limited to a 1 month supply per fill)
<i>deferasirox oral tablet soluble</i>	T4	SP (Limited to a 1 month supply per fill)
<i>deferiprone</i>	T4	SP (Limited to a 1 month supply per fill)
DELESTROGEN	T3	
DELSTRIGO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
DELZICOL	T3	QL (180 capsules per 30 days)
DEMADEX ORAL TABLET 10 MG	T3	
<i>demeclocycline hcl oral</i>	T3	
DEMSE	T9	
DENAVIR	T9	
DENGVAIXA	T9	
DENTA 5000 PLUS	T1	
DENTAGEL	T1	
<i>deoxiademtar</i>	T9	
<i>deoxiatar</i>	T9	
<i>deoxiavar</i>	T9	
DEPAKOTE	T3	
DEPAKOTE ER	T3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	
DEPEN TITRATABS	T9	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T3	PV; QL (1 vial per 90 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T3	PV; QL (1 syringe per 90 days)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	T9	
DERMACINRX PRIZOPAK	T9	
DERMACINRX PUREFOLIX	T9	
DERMA-SMOOTH/FS BODY	T3	

Medication	Coverage Level	Restrictions
DERMA-SMOOTH/FS SCALP	T3	
DERMASORB HC	T9	
DERMASORB TA	T9	
DERMASORB XM	T9	
DERMAZENE	T9	
DERMULCERA	T9	
DESCOVY	T9	
<i>desipramine hcl oral</i>	T2	QL (60 tablets per 30 days)
<i>desloratadine oral tablet</i>	T9	
<i>desmopressin ace spray refrig</i>	T2	ST; QL (10 ML per 30 days)
<i>desmopressin acetate oral tablet 0.1 mg</i>	T1	QL (180 tablets per 30 days)
<i>desmopressin acetate oral tablet 0.2 mg</i>	T1	
<i>desmopressin acetate pf</i>	T3	
<i>desmopressin acetate spray</i>	T2	ST; QL (10 ML per 30 days)
<i>desogestrel-ethinyl estradiol</i>	T1	PV
DESONATE	T9	
<i>desonide external cream</i>	T1	
<i>desonide external gel</i>	T9	
<i>desonide external lotion</i>	T2	ST
<i>desonide external ointment</i>	T1	
DESOWEN EXTERNAL CREAM	T3	ST
DESOWEN EXTERNAL LOTION	T3	ST
<i>desoximetasone external cream 0.05 %</i>	T9	
<i>desoximetasone external cream 0.25 %</i>	T1	
<i>desoximetasone external gel</i>	T9	
<i>desoximetasone external liquid</i>	T9	
<i>desoximetasone external ointment 0.05 %</i>	T9	
<i>desoximetasone external ointment 0.25 %</i>	T2	
DESOXYN	T9	
<i>desvenlafaxine er</i>	T2	QL (30 tablets per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	T1	QL (60 tablets per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg</i>	T1	QL (30 tablets per 30 days)
DETROL	T3	
DETROL LA	T3	QL (30 capsules per 30 days)
<i>dexabliss</i>	T9	
DEXAMETHASONE INTENSOL	T2	
<i>dexamethasone oral elixir</i>	T1	
<i>dexamethasone oral solution</i>	T1	

Medication	Coverage Level	Restrictions
<i>dexamethasone oral tablet</i>	T1	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21)</i>	T9	
<i>dexamethasone sodium phosphate ophthalmic</i>	T1	
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, 15 MG	T3	QL (120 capsules per 30 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	T3	QL (60 capsules per 30 days)
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>	T1	AL (Min 4 Years)
<i>dexmethylphenidate hcl er</i>	T1	QL (30 capsules per 30 days); AL (Min 4 Years)
DEXONTO 0.4%	T3	
DEXPAK 6 DAY ORAL TABLET THERAPY PACK	T9	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	T2	QL (120 capsules per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	T2	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral solution</i>	T1	
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	T1	QL (180 tablets per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	T1	QL (60 tablets per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	T1	QL (30 tablets per 30 days); AL (Min 6 Years)
DEXYCU	T9	
DHIVY	T3	
DIACOMIT ORAL CAPSULE 250 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)

Medication	Coverage Level	Restrictions
DIACOMIT ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
DIALYVITE	T9	
DIALYVITE 3000	T9	
DIALYVITE 5000	T9	
DIALYVITE 800 ORAL TABLET	T3	PV; AL (Max 50 Years)
DIALYVITE 800/IRON	T9	
DIALYVITE SUPREME D ORAL TABLET 3 MG	T9	
DIALYVITE/ZINC	T9	
<i>diasaxiatar</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>	T1	
<i>diazepam oral tablet</i>	T1	
<i>diazepam rectal</i>	T3	
<i>diazoxide oral</i>	T4	SP (Limited to a 1 month supply per fill)
DIBENZYLINE	T9	
<i>dichlorphenamide</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
DICLEGIS	T9	
<i>diclofenac</i>	T9	
<i>diclofenac epolamine external</i>	T3	ST; QL (60 patches per 30 days)
<i>diclofenac potassium oral capsule</i>	T9	
<i>diclofenac potassium oral packet</i>	T9	
<i>diclofenac potassium oral tablet 25 mg</i>	T9	
<i>diclofenac potassium oral tablet 50 mg</i>	T1	
<i>diclofenac potassium(migraine)</i>	T9	
<i>diclofenac sodium er</i>	T1	
<i>diclofenac sodium external gel 1 %</i>	T1	
<i>diclofenac sodium external gel 3 %</i>	T2	ST; QL (100 GM per 30 days)
<i>diclofenac sodium external solution</i>	T9	
<i>diclofenac sodium ophthalmic</i>	T1	
<i>diclofenac sodium oral</i>	T1	
<i>diclofenac-misoprostol oral tablet delayed release</i>	T9	
<i>dicloxacillin sodium</i>	T1	
DICOPANOL FUSEPAQ	T9	

Medication	Coverage Level	Restrictions
<i>dicyclomine hcl oral</i>	T1	
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	T1	
<i>diethylpropion hcl er</i>	T1	
<i>diethylpropion hcl oral</i>	T1	
DIFFERIN EXTERNAL CREAM	T9	
DIFFERIN EXTERNAL GEL 0.1 %	T1	
DIFFERIN EXTERNAL GEL 0.3 %	T9	
DIFFERIN EXTERNAL LOTION	T9	
DIFICID ORAL TABLET	T5	ST; SP (Limited to 2 fills per 6 months); QL (20 tablets per 10 days)
<i>diflorasone diacetate external</i>	T9	
DIFLUCAN	T3	
<i>diflunisal oral</i>	T1	
<i>difluprednate</i>	T1	ST
DIGITEK	T1	
DIGOX	T1	
<i>digoxin oral solution</i>	T1	AL (Max 9 Years)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1	
<i>digoxin oral tablet 62.5 mcg</i>	T9	
<i>dihydroergotamine mesylate injection</i>	T9	
<i>dihydroergotamine mesylate nasal</i>	T9	
DILANTIN INFATABS	T2	
DILANTIN ORAL CAPSULE 100 MG	T3	
DILANTIN ORAL CAPSULE 30 MG	T2	
DILANTIN ORAL SUSPENSION	T3	
DILAUDID ORAL LIQUID	T3	
DILAUDID ORAL TABLET 2 MG	T3	QL (32 tablets per 1 day)
DILAUDID ORAL TABLET 4 MG	T3	QL (16 tablets per 1 day)
DILAUDID ORAL TABLET 8 MG	T3	QL (8 tablets per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	T9	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	T9	

Medication	Coverage Level	Restrictions
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T9	
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	T9	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
<i>dimethyl fumarate oral</i>	T1	SP (Limited to a 1 month supply per fill.)
<i>dimethyl fumarate starter pack</i>	T1	SP (Limited to a 1 month supply per fill.)
<i>diooxia</i>	T9	
DIOVAN	T3	QL (60 tablets per 30 days)
DIOVAN HCT	T3	
DIPENTUM	T5	SP (Limited to a 1 month supply per fill)
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
<i>diphenoxylate-atropine oral liquid</i>	T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1	
<i>diphtheria-tetanus toxoids dt</i>	T9	
DIPROLENE AF	T3	
DIPROLENE EXTERNAL OINTMENT	T3	
<i>dipyridamole oral</i>	T1	
<i>disopyramide phosphate oral</i>	T1	
<i>disulfiram oral</i>	T1	
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>	T1	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1	
<i>divalproex sodium oral tablet delayed release</i>	T1	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	T2	QL (30 packets per 30 days)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM	T2	QL (30 packets per 30 Days)
DOANS PILLS	T1	
<i>dofetilide</i>	T2	
DOJOLVI	T9	
DOLISHALE	T1	PV

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

Medication	Coverage Level	Restrictions
DRITHO-CREME HP	T9	
DRIZALMA SPRINKLE	T9	
<i>dronabinol oral capsule 10 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 Capsules per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	T3	QL (60 Capsules per 30 days)
<i>drospiren-eth estrad-levomefol</i>	T1	PV
<i>drospirenone-ethinyl estradiol</i>	T1	PV
DROXIA	T3	
<i>droxidopa oral capsule 100 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill.); QL (180 capsules per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill.); QL (180 capsules per 30 days)
DRYSOL	T1	
DSUVIA	T9	
DUAC	T9	
DUAKLIR PRESSAIR	T9	
DUAVEE	T3	QL (30 tablets per 30 days)
DUETACT	T9	
DUEXIS	T9	
DULCOLAX ORAL SUSPENSION	T3	PV
DULERA	T2	QL (1 inhaler per 31 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	T1	QL (60 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	T1	QL (90 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	T2	ST; QL (30 capsules per 30 days)
DULOXICAINE	T9	
DUOBRII	T9	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 3 pens for induction/starting dose only.); QL (2 pens per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 3 pens for induction/starting dose only.); QL (2 pens per 28 days)

Medication	Coverage Level	Restrictions
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 3 syringes for induction/starting dose only.); QL (2 syringes per 28 days)
<i>durachol</i>	T9	
DUREX REALFEEL	T3	PV
DUREZOL	T3	ST
DURLAZA	T9	
<i>dutasteride oral</i>	T1	QL (30 tablets per 30 days)
<i>dutasteride-tamsulosin hcl</i>	T2	ST
DUTOPROL	T9	
DYANAVAL XR	T9	
DYMISTA	T3	ST
DYRENIUM	T9	
E.E.S. 400 ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
E.E.S. GRANULES	T4	SP (Limited to a 1 month supply per fill)
EASIVENT	T2	QL (4 EA per 365 days)
EASIVENT MASK LARGE	T2	QL (4 EA per 365 days)
EASIVENT MASK MEDIUM	T2	QL (4 EA per 365 days)
EASIVENT MASK SMALL	T2	QL (4 EA per 365 days)
<i>easy comfort lancets</i>	T2	
<i>easy mini lancing device</i>	T3	
<i>easy plus ii glucose test</i>	T3	ST; QL (200 strips per 30 days)
EASY STEP CONTROL IN VITRO SOLUTION NORMAL	T3	
EASY STEP TEST	T3	ST; QL (200 strips per 30 days)
<i>easy talk blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>easy talk plus ii test strips</i>	T3	ST; QL (200 strips per 30 Days)
EASY TOUCH CONTROL HIGH & LOW	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)
EASYGLUCO PLUS IN VITRO	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
EASYMAX 15 TEST	T3	ST; QL (200 strips per 30 days)
EASYMAX TEST	T3	ST; QL (200 strips per 30 days)
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	T3	
<i>econazole nitrate external</i>	T1	QL (90 GM per 30 days)
ECONTRA EZ	T1	PV
ECONTRA ONE-STEP	T1	PV
ECOTRIN	T3	PV
ECOTRIN ARTHRTIS PAIN	T3	PV
ECOTRIN LOW STRENGTH	T3	PV
ECOZA	T9	
EDARBI	T3	ST
EDARBYCLOR	T3	ST
EDECRIN	T9	
EDEX	T3	QL (6 units per 30 days)
EDLUAR	T9	
EDURANT	T2	
<i>efavirenz</i>	T2	
<i>efavirenz-emtricitab-tenofo df</i>	T4	SP (Limited to a 1 month supply per fill)
<i>efavirenz-lamivudine-tenofovir</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 Days)
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	T1	
EFFEXOR XR	T3	
EFFIENT	T3	QL (31 tablets per 31 days)
EFUDEX EXTERNAL CREAM	T3	
<i>element compact test</i>	T3	ST; QL (200 strips per 30 days)
ELEMENT TEST	T3	ST; QL (200 strips per 30 days)
ELEPSIA XR	T9	
ELESTAT	T3	
ELESTRIN	T3	
ELETONE	T9	
<i>eletriptan hydrobromide</i>	T3	ST; QL (12 tablets per 30 days)
ELIDEL	T3	QL (30 GM per 30 days)
ELINEST	T1	PV
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T2	QL (74 tablets per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	T2	QL (60 tablets per 30 days)
ELIQUIS ORAL TABLET 5 MG	T2	QL (74 tablets per 30 days)

Medication	Coverage Level	Restrictions
ELIXOPHYLLIN	T3	
ELLA	T1	
ELMIRON	T5	SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
ELOCON EXTERNAL CREAM	T3	
ELOCON EXTERNAL OINTMENT	T3	
ELOCTATE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (40250 billable units per 28 days)
ELURYNG	T2	PV; QL (1 ring per 28 days)
ELYXYB	T9	
EMBRACE BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE EVO BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE GLUCOSE CONTROL	T3	
<i>embrace lancing device/ejector</i>	T3	
EMBRACE PRO GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE TALK GLUCOSE CONTROL IN VITRO SOLUTION LOW	T3	
EMBRACE TALK GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMCYT	T2	
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	T9	
EMEND TRI-PACK	T9	
EMFLAZA	T9	
EMGALITY (300 MG DOSE)	T2	PA; QL (3 syringes per 30 days); AL (Min 18 Years)
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)
EMSAM	T4	ST; SP (Limited to a 1 month supply per fill)
<i>emtricitabine</i>	T3	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	T2	

Medication	Coverage Level	Restrictions
EMTRIVA ORAL CAPSULE	T5	SP (Limited to a 1 month supply per fill))
EMTRIVA ORAL SOLUTION	T2	SP ()
EMULSION SB	T9	
EMVERM	T9	
ENABLEX	T3	QL (30 tablets per 30 days)
<i>enalapril maleate oral solution</i>	T2	AL (Max 9 Years)
<i>enalapril maleate oral tablet</i>	T1	
<i>enalapril-hydrochlorothiazide</i>	T1	
ENBREL MINI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (8 vials per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (8 vials per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 Auto-Injectors per 28 days)
ENDARI	T9	
ENDOMETRIN	T4	SP (Limited to a 1 month supply per fill))
ENEMEEZ MINI	T3	QL (90 tubes per 30 days)
ENEMEEZ PLUS	T3	QL (90 tubes per 30 days)

Medication	Coverage Level	Restrictions
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	T6	PV; QL (3 Doses per 1 Lifetime)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	T6	PV; QL (3 Doses per 1 Lifetime)
ENLYTE	T9	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	T3	SP (Limited to a 1 month supply per fill)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
ENOXILUV KIT	T9	
ENPRESSE-28	T1	PV
ENSKYCE ORAL TABLET 0.15-0.03 MG	T1	PV
ENSPRYNG	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days)
ENSTILAR	T9	
<i>entacapone</i>	T1	
ENTADFI	T9	
<i>entecavir</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	T3	QL (90 capsules per 30 days)
ENTRESTO	T2	QL (60 tablets per 30 days)
ENTTY SPRAY EMULSION	T9	
<i>enulose</i>	T1	
ENVARUSUS XR	T3	ST
EPANED ORAL SOLUTION	T2	AL (Max 9 Years)
EPCLUSA	T9	
EPICERAM	T9	
EPIDIOLEX	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 bottles per 30 days)
EPIDUO	T3	
EPIDUO FORTE	T9	
EPIFOAM	T9	
<i>epinastine hcl</i>	T1	
<i>epinephrine hcl (nasal)</i>	T9	
<i>epinephrine injection solution auto-injector</i>	T2	QL (4 pens per 30 days)

Medication	Coverage Level	Restrictions
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPITOL	T1	
EPIVIR	T3	
EPIVIR HBV ORAL SOLUTION	T2	
EPIVIR HBV ORAL TABLET	T3	
<i>eplerenone</i>	T1	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
EPRONTIA	T9	
EPSOLAY	T9	
EPZICOM	T4	SP (Limited to a 1 month supply per fill)
<i>eq magnesium citrate</i>	T3	PV
<i>eq nicotine polacrilex mouth/throat gum</i>	T1	PV
<i>eq aspirin</i>	T1	
<i>eq aspirin ec</i>	T1	
<i>eq aspirin low dose oral tablet chewable</i>	T1	
EQL CLEARLAX	T3	PV
<i>eq magnesium citrate</i>	T3	PV
<i>eq milk of magnesia oral suspension 400 mg/5ml</i>	T3	PV
EQUETRO	T3	ST
<i>ergoloid mesylates oral</i>	T1	
ERGOMAR	T3	
<i>ergotamine-caffeine</i>	T3	QL (40 tablets per 30 days)
ERIVEDGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
ERLEADA ORAL TABLET 240 MG	T4	PA; ST; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
ERLEADA ORAL TABLET 60 MG	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
<i>erlotinib hcl</i>	T4	PA; SP (Max of 14 day supply per fill)
ERMEZA	T9	

Medication	Coverage Level	Restrictions
ERRIN	T1	PV
ERTACZO	T3	ST
<i>ery</i>	T1	
ERYGEL	T1	
ERYPED 200	T4	SP (Limited to a 1 month supply per fill)
ERYPED 400	T4	SP (Limited to a 1 month supply per fill)
ERY-TAB	T4	SP (Limited to a 1 month supply per fill)
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin base oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin ethylsuccinate oral tablet</i>	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin external gel</i>	T1	
<i>erythromycin external solution</i>	T1	
<i>erythromycin ophthalmic</i>	T1	
ESBRIET ORAL CAPSULE	T9	SP ()
ESBRIET ORAL TABLET 267 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (270 tablets per 30 days)
ESBRIET ORAL TABLET 801 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
<i>escitalopram oxalate oral</i>	T1	
ESGIC ORAL TABLET	T3	
<i>esomeprazole magnesium oral packet</i>	T9	
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	T9	
ESOTERICA DAYTIME	T9	
ESOTERICA FACIAL	T9	
ESOTERICA FADE NIGHTTIME	T9	

Medication	Coverage Level	Restrictions
ESPEROCT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (40250 billable units per 28 days)
<i>est estrogens-methyltest ds</i>	T9	
<i>est estrogens-methyltest hs</i>	T9	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	T9	
ESTARYLLA	T1	PV
<i>estazolam</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
ESTRACE ORAL	T3	
ESTRACE VAGINAL	T9	
<i>estradiol implant pellet 6 mg</i>	T9	
<i>estradiol oral</i>	T1	
<i>estradiol transdermal gel</i>	T2	QL (30 packets per 30 days)
<i>estradiol transdermal patch twice weekly</i>	T1	
<i>estradiol transdermal patch weekly</i>	T1	
<i>estradiol vaginal cream</i>	T1	QL (42.5 GM per 30 days)
<i>estradiol vaginal tablet</i>	T1	
<i>estradiol valerate intramuscular</i>	T2	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	T1	
ESTRING VAGINAL RING 2 MG	T3	
ESTROGEL	T2	QL (50 GM per 31 days)
ESTROSTEP FE	T3	
<i>eszopiclone</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>ethacrynic acid oral</i>	T9	
<i>ethambutol hcl oral</i>	T1	
<i>ethosuximide oral</i>	T1	
<i>ethyl chloride</i>	T9	
<i>ethynodiol diac-eth estradiol</i>	T1	PV
<i>etodolac er</i>	T2	
<i>etodolac oral</i>	T1	
<i>etonogestrel-ethinyl estradiol</i>	T1	PV; QL (1 ring per 28 days)
<i>etoposide oral</i>	T4	SP (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)

Medication	Coverage Level	Restrictions
<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	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 (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<i>everolimus oral tablet soluble</i>	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
EVISTA	T3	
EVOTAZ	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
EVOXAC	T2	QL (90 capsulues per 30 days)
EVRYSDI	T5	PA; SP (Limited to a 1 month supply per fill); QL (240 ML per 30 days)
EXELDERM	T9	
EXELON TRANSDERMAL	T3	QL (30 patches per 30 days)
<i>exemestane</i>	T2	
EXFORGE	T3	
EXFORGE HCT	T3	
EXJADE	T5	SP (Limited to a 1 month supply per fill. Only available through the EPASS program. Please call 888 90-EPASS for more information.)
EXKIVITY	T4	PA; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)

Medication	Coverage Level	Restrictions
EXSERVAN	T9	
EXTAVIA SUBCUTANEOUS KIT	T5	ST; SP (Limited to a 1 month supply per fill); QL (1 kit per 30 days)
EXTAVIA SUBCUTANEOUS SOLUTION RECONSTITUTED	T5	ST; SP (Limited to a 1 month supply per fill)
EXTINA	T9	
EYSUVIS	T3	ST; QL (4 bottles per 1 year)
EZALLOR SPRINKLE	T9	
<i>ezetimibe</i>	T1	
<i>ezetimibe-atorvastatin</i>	T9	
<i>ezetimibe-rosuvastatin</i>	T9	
<i>ezetimibe-simvastatin</i>	T1	
<i>fabb</i>	T9	
FABIOR	T9	
FALMINA	T1	PV
<i>famciclovir oral</i>	T1	QL (120 tablets per 30 days)
<i>famotidine oral suspension reconstituted</i>	T3	
<i>famotidine oral tablet 10 mg, 20 mg</i>	T9	
<i>famotidine oral tablet 40 mg</i>	T3	
FANAPT	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
FANAPT TITRATION PACK	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
FANTASY LUBRICATED	T3	PV
FARESTON	T9	
FARXIGA	T2	QL (31 tablets per 31 days)
FARYDAK ORAL CAPSULE 10 MG, 20 MG	T5	PA; SP (Max of 14 day supply per fill); QL (6 capsules per 1 fill)
FARYDAK ORAL CAPSULE 15 MG	T5	PA; SP (Max of 14 day supply per fill); QL (6 capsules per 1 fill)
FASENRA PEN	T4	PA; SP (Limited to 1 pen per 28 days for induction/starting dose only); QL (1 ML per 56 days)
FAYOSIM	T9	
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 25 MG	T3	
FC2 FEMALE CONDOM	T3	PV

Medication	Coverage Level	Restrictions
<i>fe 90 plus</i>	T9	
FE C PLUS	T9	
<i>febuxostat</i>	T1	QL (30 tablets per 30 days)
FEIBA NF INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
<i>felbamate oral suspension</i>	T2	QL (900 ml per 30 days)
<i>felbamate oral tablet 400 mg</i>	T2	QL (210 tablets per 30 days)
<i>felbamate oral tablet 600 mg</i>	T2	QL (180 tablets per 30 days)
FELBATOL ORAL SUSPENSION	T3	QL (900 ml per 30 days)
FELBATOL ORAL TABLET 400 MG	T3	QL (210 tablets per 30 days)
FELBATOL ORAL TABLET 600 MG	T3	QL (180 tablets per 30 days)
FELDENE	T3	
<i>felodipine er</i>	T1	
FEMARA	T3	
FEMCAP	T3	PV
FEMHRT	T3	
FEMRING	T3	
FEMYNOR	T1	PV
<i>fenofibrate micronized oral capsule 130 mg, 30 mg, 90 mg</i>	T9	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	T1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	T9	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	T9	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1	
<i>fenofibric acid oral capsule delayed release</i>	T1	
<i>fenofibric acid oral tablet</i>	T9	
FENOGLIDE	T9	
<i>fenoprofen calcium oral</i>	T9	
FENORTHOL ORAL CAPSULE 200 MG	T9	
<i>fentanyl citrate buccal lozenge on a handle</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	T1	QL (20 patches per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	T9	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T9	

Medication	Coverage Level	Restrictions
FERIVA 21/7	T9	
FERIVAFA	T9	
<i>ferocon</i>	T9	
FERRALET 90	T9	
<i>ferraplus 90</i>	T9	
FERREX 150	T9	
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 150 PLUS	T9	
FERREX 28	T9	
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 PLUS ORAL TABLET	T9	
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	T1	PV; AL (Min 6 Months and Max 12 Months)
<i>fesoterodine fumarate er</i>	T1	QL (30 tablets per 30 days)
FETZIMA	T3	ST; QL (30 capsules per 30 days); AL (Min 18 Years)
FETZIMA TITRATION	T3	ST; QL (30 capsules per 30 days); AL (Min 18 Years)
FEXMID	T9	
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	T9	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	T9	
FIASP FLEXTOUCH	T3	ST
FIASP INJECTION	T3	ST
FIASP PENFILL	T3	ST
FIBRICOR	T9	
FIFTY50 GLUCOSE TEST 2.0	T3	ST; QL (200 strips per 30 days)
FIFTY50 SAFETY SEAL LANCETS	T2	

Medication	Coverage Level	Restrictions
FILSPARI	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 18 Years)
FINACEA EXTERNAL FOAM	T3	ST
FINACEA EXTERNAL GEL	T9	
<i>finapid</i>	T9	
<i>finapodtar</i>	T9	
<i>finasteride oral tablet 1 mg</i>	T9	
<i>finasteride oral tablet 5 mg</i>	T1	
<i>fingolimod hcl</i>	T1	QL (30 capsules per 30 days)
FINTEPLA	T5	PA; 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; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
FIRST-LANSOPRAZOLE	T3	
FIRST-MOUTHWASH BLM	T2	
FIRST-OMEPRAZOLE	T3	
FIRVANQ	T2	
FLAGYL	T3	
FLAREX	T2	
<i>flavoxate hcl</i>	T1	
<i>flecainide acetate</i>	T1	
FLECTOR EXTERNAL	T9	
FLEQSUVY	T9	
<i>flolipid</i>	T9	
FLOMAX	T3	
FLORIVA ORAL LIQUID	T9	
FLORIVA ORAL TABLET CHEWABLE 0.5 MG	T9	
FLORIVA PLUS	T9	

Medication	Coverage Level	Restrictions
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	T1	QL (1 Inhaler per 30 Day(s)s)
FLOVENT HFA	T9	
FLUAD QUADRIVALENT	T6	PV; QL (1 injection per 180 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV; QL (1 injection per 180 days)
FLUBLOK QUADRIVALENT	T6	PV; QL (1 injection per 180 days)
FLUCELVAX QUADRIVALENT	T6	PV; QL (1 injection per 180 days)
<i>fluconazole oral</i>	T1	
<i>fludrocortisone acetate oral</i>	T1	
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV; QL (1 injection per 180 days)
FLUMIST QUADRIVALENT	T6	PV; QL (1 inhalation per 180 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T3	
<i>fluocinolone acetonide body</i>	T1	
<i>fluocinolone acetonide external cream</i>	T1	
<i>fluocinolone acetonide external ointment</i>	T1	
<i>fluocinolone acetonide external solution</i>	T1	QL (180 ML per 30 days)
<i>fluocinolone acetonide scalp</i>	T1	
<i>fluocinonide emulsified base</i>	T1	
<i>fluocinonide external cream 0.05 %</i>	T1	
<i>fluocinonide external cream 0.1 %</i>	T9	
<i>fluocinonide external gel</i>	T1	
<i>fluocinonide external ointment</i>	T1	
<i>fluocinonide external solution</i>	T1	QL (60 ML per 30 days)
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	T3	
FLUORIMAX 5000	T3	
FLUORIMAX 5000 SENSITIVE	T3	
<i>fluorometholone ophthalmic</i>	T1	
FLUOROPLEX	T4	ST; SP (Limited to a 1 month supply per fill)
<i>fluorouracil external cream 0.5 %</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 grams per 30 days)
<i>fluorouracil external cream 5 %</i>	T1	QL (40 GM per 30 days)
<i>fluorouracil external solution</i>	T1	
<i>fluoxetine hcl (pmdd) capsule 10 mg oral</i>	T9	
<i>fluoxetine hcl (pmdd) capsule 20 mg oral</i>	T9	

Medication	Coverage Level	Restrictions
<i>fluoxetine hcl (pmdd) oral tablet</i>	T9	
<i>fluoxetine hcl oral capsule</i>	T1	
<i>fluoxetine hcl oral capsule delayed release</i>	T2	ST
<i>fluoxetine hcl oral solution</i>	T1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	T1	
<i>fluoxetine hcl oral tablet 60 mg</i>	T9	
<i>fluoxia</i>	T9	
<i>fluphenazine hcl oral concentrate</i>	T1	
<i>fluphenazine hcl oral elixir</i>	T1	
<i>fluphenazine hcl oral tablet</i>	T2	QL (60 tablets per 30 days)
<i>flurandrenolide</i>	T9	
<i>flurazepam hcl</i>	T1	QL (30 capsules per 30 days)
<i>flurbiprofen oral</i>	T1	
<i>flurbiprofen sodium</i>	T1	
<i>flutamide</i>	T1	
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	T9	
<i>fluticasone propionate external cream</i>	T1	
<i>fluticasone propionate external lotion</i>	T9	
<i>fluticasone propionate external ointment</i>	T1	
<i>fluticasone propionate hfa</i>	T1	QL (1 inhaler per 30 days)
<i>fluticasone propionate nasal</i>	T3	
<i>fluticasone-salmeterol inhalation aerosol</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T3	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1	QL (1 inhaler per 30 days)
<i>fluvastatin sodium</i>	T9	
<i>fluvastatin sodium er</i>	T9	
<i>fluvoxamine maleate</i>	T1	
<i>fluvoxamine maleate er</i>	T3	QL (60 capsules per 30 days)
FLUZONE HIGH-DOSE QUADRIVALENT	T6	PV; QL (1 injection per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML	T6	PV; QL (1 injection per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	T6	PV; QL (1 injection per 180 days)
<i>flyprogpitar</i>	T9	
FML	T2	
FML FORTE	T3	

Medication	Coverage Level	Restrictions
FML LIQUIFILM	T3	
FOCALIN	T3	AL (Min 4 Years)
FOCALIN XR	T3	QL (30 capsules per 30 days); AL (Min 4 Years)
<i>folbee</i>	T9	
FOLBEE AR	T9	
<i>folbee plus</i>	T9	
FOLBEE PLUS CZ	T9	
FOLBIC	T9	
<i>folic acid oral capsule</i>	T9	
<i>folic acid oral tablet 1 mg</i>	T1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	T1	PV; AL (Max 50 Years)
<i>folic acid-vit b6-vit b12</i>	T9	
FOLIVANE-F	T9	
FOLIVANE-PLUS	T9	
FOLIXAPURE	T9	
FOLLISTIM AQ SUBCUTANEOUS	T3	ST
<i>folplex 2.2</i>	T9	
FOLTABS PRENATAL	T3	PV; AL (Max 50 Years)
FOLTANX	T9	
FOLTRATE	T9	
FOLTX ORAL TABLET 1.13-25-2 MG	T3	
<i>fondaparinux sodium</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)
FORA 6 CONNECT IN VITRO	T3	ST; QL (200 strips per 30 days)
FORA BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA CONTROL IN VITRO SOLUTION NORMAL	T3	
FORA D15G BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA D20 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA D40/G31 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
FORA G20 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA G30/PREM V10 GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA GD20 TEST	T3	ST; QL (200 strips per 30 days)
FORA GD50 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA GTEL BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA GTEL BLOOD KETONE TEST	T3	
FORA LANCETS	T2	
FORA LANCING DEVICE	T3	
FORA TN'G ADVANCE PRO IN VITRO	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
FORA TN'G/TN'G VOICE	T3	ST; QL (200 strips per 30 days)
FORA V10 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA V12 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA V20 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA V30A BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORACARE GD40 TEST	T3	ST; QL (200 strips per 30 days)
FORFIVO XL	T9	
<i>formoterol fumarate inhalation</i>	T4	ST; SP (Limited to a 1 month supply per fill); AL (Min 40 Years)
FORTAMET	T9	
FORTAVIT ORAL CAPSULE	T9	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	T9	
FORTESTA	T9	
FORTISCARE G1 TEST STRIP	T3	ST; QL (200 strips per 30 days)
FORTISCARE TEST	T3	ST; QL (200 strips per 30 days)
FOSAMAX ORAL TABLET 70 MG	T3	
FOSAMAX PLUS D	T3	ST; QL (4 tablets per 28 days)
<i>fosamprenavir calcium</i>	T4	SP (Limited to a 1 month supply per fill)
<i>fosfomycin tromethamine</i>	T1	QL (1 packet per 30 days)
<i>fosinopril sodium</i>	T1	
<i>fosinopril sodium-hctz</i>	T1	
FOSRENOL ORAL PACKET	T5	SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 1000 MG	T5	SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 500 MG	T5	SP (Limited to a 1 month supply per fill); QL (210 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 750 MG	T5	SP (Limited to a 1 month supply per fill); QL (150 tablets per 30 days)
FOTIVDA	T5	PA; SP (Limited to a 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 10000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	T5	SP (Limited to a 1 month supply per fill)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	T5	SP (Limited to a 1 month supply per fill)
FREEDOM DERMA-D	T9	
FREESTYLE CONTROL SOLUTION	T3	
FREESTYLE INSULINX TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE LIBRE 14 DAY READER	T2	ST; QL (2 kits per 28 days)
FREESTYLE LIBRE 14 DAY SENSOR	T2	ST; QL (3 sensors per 30 days)
FREESTYLE LIBRE 2 READER	T2	ST; QL (1 reader per 365 days)
FREESTYLE LIBRE 2 SENSOR	T2	ST; QL (3 sensors per 30 days)
<i>freestyle libre 3 sensor</i>	T2	ST; QL (3 sensors per 30 days)
FREESTYLE LITE TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE PRECISION NEO TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE TEST	T3	ST; QL (200 strips per 30 days)
FROVA	T9	
<i>frovatriptan succinate</i>	T9	
<i>full spectrum b/vitamin c</i>	T3	PV; AL (Max 50 Years)
FULPHILA	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
FURADANTIN	T5	SP (Limited to a 1 month supply per fill)
FUROSCIX	T9	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T1	
<i>furosemide oral tablet</i>	T1	
FUSION PLUS	T9	
FUSION SPRINKLES	T9	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	T3	
FYCOMPA ORAL SUSPENSION	T4	ST; SP (Limited to a 1 month supply per fill); QL (680 ML per 30 days); AL (Max 24 Months)
FYCOMPA ORAL TABLET	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 12 Years)
FYLNETRA	T9	

Medication	Coverage Level	Restrictions
<i>gabapentin oral capsule</i>	T1	
<i>gabapentin oral solution 250 mg/5ml</i>	T1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1	
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; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (14 capsules per 28 days)
<i>galantamine hydrobromide</i>	T1	
<i>galantamine hydrobromide er</i>	T1	
GALZIN	T9	
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	T4	ST; SP (Limited to a 1 month supply per fill)
GARDASIL 9 INTRAMUSCULAR SUSPENSION	T6	PV; QL (3 Doses per 1 Lifetime); AL (Min 9 Years and Max 45 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV; QL (3 doses per 1 lifetime); AL (Min 9 Years and Max 45 Years)
GASTROCROM	T3	
<i>gatifloxacin ophthalmic</i>	T1	
GATTEX	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
<i>gavilax</i>	T9	
GAVILYTE-G	T1	PV
GAVILYTE-N WITH FLAVOR PACK	T1	PV
GAVRETO	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
<i>ge100 blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>ge100 control</i>	T3	
GEBAUERS PAIN EASE	T3	
GEBAUERS SPRAY AND STRETCH	T3	

Medication	Coverage Level	Restrictions
<i>gefitinib</i>	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
GELCLAIR	T9	
GELFOAM COMPRESSED SIZE 100	T9	
GELFOAM-JMI SPONGE	T9	
GELNIQUE TRANSDERMAL GEL 10 %	T9	
<i>gemfibrozil oral</i>	T1	
GEMMILY	T9	
GEMTESA	T2	ST
GENERESS FE	T9	
<i>generlac</i>	T1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1	
GENGRAF ORAL SOLUTION	T1	
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill)
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T4	PA; SP (Limited to a 1 month supply per fill)
GENTAK OPHTHALMIC OINTMENT	T1	
<i>gentamicin sulfate external</i>	T1	
<i>gentamicin sulfate ophthalmic solution</i>	T1	
<i>gentlelax oral powder</i>	T9	
GENVOYA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
GEODON ORAL	T3	
GERI-HYDROLAC 12	T9	
GERI-HYDROLAC 5	T9	
GILDESS FE 1.5/30	T1	PV
GILDESS FE 1/20	T1	PV
GILENYA ORAL CAPSULE 0.25 MG	T5	ST; SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (30 capsules per 30 days); AL (Min 10 Years and Max 17 Years)
GILENYA ORAL CAPSULE 0.5 MG	T5	ST; SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (30 capsules per 30 days)

Medication	Coverage Level	Restrictions
GILOTRIF ORAL TABLET 20 MG	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
GILOTRIF ORAL TABLET 30 MG	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
GILOTRIF ORAL TABLET 40 MG	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
GIMOTI	T9	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (12 ML per 30 days)
GLEEVEC	T9	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T5	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<i>glimepiride</i>	T1	
<i>glipizide er</i>	T1	
<i>glipizide oral</i>	T1	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg</i>	T1	
<i>glipizide-metformin hcl</i>	T1	
GLOPERBA	T9	
GLUCAGEN HYPOKIT	T2	QL (2 Kits per 30 days)
<i>glucagon emergency injection kit</i>	T2	QL (2 Kits per 30 days)
GLUCOCARD 01 SENSOR PLUS	T3	ST; QL (200 strips per 30 days)
GLUCOCARD EXPRESSION TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCARD VITAL TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCARD X-SENSOR	T3	ST; QL (200 strips per 30 days)
GLUCOPHAGE	T3	
GLUCOPHAGE XR	T3	
GLUCOTROL	T3	
GLUCOTROL XL	T3	
GLUMETZA	T9	
<i>glyburide micronized</i>	T1	
<i>glyburide oral</i>	T1	
<i>glyburide-metformin</i>	T1	
GLYCATE	T9	
GLYCOLAX	T9	
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml</i>	T9	
<i>glycopyrrolate oral solution</i>	T3	AL (Min 3 Years)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	
GLYDO EXTERNAL GEL	T3	
GLYNASE	T3	
GLYSET	T3	
GLYXAMBI	T2	QL (30 tablets per 30 days)
GNP CLEARLAX ORAL POWDER	T3	PV
<i>gnp folic acid</i>	T1	PV; AL (Max 50 Years)
<i>gnp laxative oral</i>	T3	PV
<i>gnp milk of magnesia</i>	T3	PV
<i>gnp nicotine mini</i>	T1	PV
<i>gnp nicotine mouth/throat</i>	T1	PV
<i>gnp prenatal vitamins</i>	T3	PV
GOCOVRI	T9	
GOJJI BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 Days)

Medication	Coverage Level	Restrictions
GOJJI BLOOD KETONE TEST	T3	
GOJJI LANCING DEVICE/CLEAR CAP	T3	
GOJJI STERILE LANCETS	T2	
GOLYTELY	T3	
GONAL-F	T2	QL (13500 units per 30 days)
GONAL-F RFF	T2	QL (13500 units per 30 days)
GONAL-F RFF REDIJECT	T2	QL (13500 units per 30 days)
GONITRO	T9	
<i>goodsense aspirin oral tablet</i>	T1	
<i>goodsense aspirin oral tablet chewable</i>	T1	
GOODSENSE CLEARLAX	T3	PV
<i>goodsense milk of magnesia</i>	T3	PV
<i>goodsense nicotine</i>	T1	PV
GRALISE ORAL TABLET 300 MG, 600 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG	T9	
<i>granisetron hcl oral</i>	T2	QL (20 tablets per 30 days)
GRANIX	T5	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
GRASTEK	T3	AL (Min 5 Years and Max 65 Years)
<i>griseofulvin microsize oral suspension</i>	T1	
<i>griseofulvin microsize oral tablet</i>	T2	
<i>griseofulvin ultramicrosize</i>	T2	
<i>guaifenesin oral liquid 100 mg/5ml</i>	T9	
<i>guaifenesin oral solution 100 mg/5ml</i>	T9	
<i>guaifenesin oral tablet 400 mg</i>	T9	
<i>guaifenesin-codeine oral solution</i>	T1	
<i>guaifenesin-dm oral syrup</i>	T9	
<i>guanfacine hcl er</i>	T1	QL (60 tablets per 30 days)
<i>guanfacine hcl oral</i>	T1	
GVOKE HYPOPEN 1-PACK	T2	
GVOKE HYPOPEN 2-PACK	T2	
GVOKE KIT	T2	QL (2 vials per 30 days)
GVOKE PFS	T2	QL (2 syringes per 30 days)
GYNAZOLE-1	T3	

Medication	Coverage Level	Restrictions
HADLIMA	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HADLIMA PUSHTOUCH	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
HAEGARDA	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
HAILEY 1.5/30	T1	PV
HAILEY 24 FE	T1	PV
HAILEY FE 1.5/30	T1	PV
HAILEY FE 1/20	T1	PV
<i>hair regrowth treatment men external solution</i>	T9	
HALCION	T3	QL (60 tablets per 30 days); AL (Min 18 Years)
<i>halobetasol propionate external cream</i>	T2	ST; QL (50 GM per 30 days)
<i>halobetasol propionate external foam</i>	T9	
<i>halobetasol propionate external ointment</i>	T2	QL (50 GM per 30 days)
HALOG	T9	
<i>haloperidol lactate injection solution 5 mg/ml</i>	T1	
<i>haloperidol oral</i>	T1	
HARMONY BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
HARVONI ORAL PACKET	T9	
HARVONI ORAL TABLET 45-200 MG	T9	
HARVONI ORAL TABLET 90-400 MG	T9	SP ()
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	T6	PV; QL (2 Doses per 1 Lifetime)
<i>haxchlodrex</i>	T9	
<i>haxdrax</i>	T9	
HEATHER	T1	PV
HEMADY	T9	
HEMANGEOL	T3	AL (Max 2 Years)
<i>hematinic plus vit/minerals</i>	T9	
<i>hematinic/folic acid</i>	T9	
HEMATOGEN	T9	
HEMATOGEN FA	T9	
HEMATOGEN FORTE	T9	
HEMATRON	T9	

Medication	Coverage Level	Restrictions
HEMATRON-AF	T9	
HEMATRON-AF (WITH DOCUSATE)	T9	
HEMAX EZY-DOSE	T9	
HEMAX ORAL TABLET	T9	
<i>hemetab</i>	T9	
HEMLIBRA	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	T1	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	T9	
HEMOCYTE	T9	
HEMOCYTE PLUS	T9	
HEMOCYTE-F ORAL TABLET	T9	
<i>hemocyte-plus oral tablet 106-1 mg</i>	T9	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	T4	SP (Limited to a 1 month supply per fill)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	T1	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T6	PV; QL (2 doses per 1 lifetime); AL (Min 18 Years)
HEPSERA	T5	SP (Limited to a 1 month supply per fill)
HETLIOZ	T5	PA; SP (Limited to a 1 month supply per fill)
HETLIOZ LQ	T9	
<i>hexiounyl</i>	T9	
HIBERIX INJECTION	T9	
HIDEX 6-DAY	T9	
HISTEX-AC	T9	
HM CLEARLAX ORAL POWDER	T3	PV
<i>hm laxative oral</i>	T3	PV
<i>hm magnesium citrate</i>	T3	PV
<i>hm milk of magnesia</i>	T3	PV
<i>hm nicotine</i>	T1	PV
<i>hm nicotine polacrilex</i>	T1	PV
HOMATROPAIRE	T1	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	T3	ST; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	T3	ST; QL (60 tablets per 30 days)
HULIO	T9	
HUMALOG	T1	
HUMALOG JUNIOR KWIKPEN	T1	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T1	
HUMALOG MIX 50/50	T1	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	
HUMALOG MIX 75/25	T1	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	
HUMALOG TEMPO PEN	T9	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
HUMATIN	T3	
HUMATROPE INJECTION CARTRIDGE	T9	
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG	T9	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	T9	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	T9	SP ()
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	T9	
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T9	SP ()
HUMIRA PEN-CD/UC/HS STARTER	T9	
HUMIRA PEN-PEDIATRIC UC START	T9	
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T9	SP ()
HUMIRA PEN-PSOR/UEIT STARTER	T9	
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.8ML	T9	SP ()

Medication	Coverage Level	Restrictions
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T9	
HUMULIN 70/30	T1	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	
HUMULIN N	T1	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	
HUMULIN R	T1	
HUMULIN R U-500 (CONCENTRATED)	T1	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1	
HYCANTIN ORAL	T4	SP (Limited to a 1 month supply per fill)
HYCODAN	T9	
<i>hydralazine hcl oral</i>	T1	
HYDREA	T3	
<i>hydrochlorothiazide oral</i>	T1	
<i>hydrocod poli-chlorphe poli er</i>	T1	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	T1	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	T3	ST; QL (60 capsules per 30 days); AL (Min 18 Years)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
<i>hydrocodone bit-homatrop mbr oral solution</i>	T1	
<i>hydrocodone/acetaminophen</i>	T1	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	T1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	T9	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<i>hydrocodone-homatropine oral syrup</i>	T1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T1	
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	T2	
<i>hydrocortisone ace-pramoxine rectal cream 2.5-1 %</i>	T2	
<i>hydrocortisone ace-pramoxine rectal suppository</i>	T9	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	T1	

Medication	Coverage Level	Restrictions
<i>hydrocortisone acetate rectal suppository 30 mg</i>	T9	
<i>hydrocortisone butyr lipo base</i>	T9	
<i>hydrocortisone butyrate external cream</i>	T9	
<i>hydrocortisone butyrate external lotion</i>	T9	
<i>hydrocortisone butyrate external ointment</i>	T9	
<i>hydrocortisone butyrate external solution</i>	T1	
<i>hydrocortisone external cream 1 %</i>	T9	
<i>hydrocortisone external cream 2.5 %</i>	T1	
<i>hydrocortisone external lotion 1 %</i>	T9	
<i>hydrocortisone external lotion 2.5 %</i>	T1	
<i>hydrocortisone external ointment 0.5 %, 1 %</i>	T9	
<i>hydrocortisone external ointment 2.5 %</i>	T1	
<i>hydrocortisone oral</i>	T1	
<i>hydrocortisone rectal enema</i>	T2	
<i>hydrocortisone valerate external cream</i>	T1	QL (120 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	T2	ST
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	T9	
HYDROFERA BLUE FOAM DRESSING	T9	
<i>hydromet</i>	T1	
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</i>	T3	ST; QL (30 tablets per 30 days)
<i>hydromorphone hcl oral liquid</i>	T1	
<i>hydromorphone hcl oral tablet 2 mg</i>	T1	QL (32 tablets per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	T1	QL (16 tablets per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	T1	QL (8 tablets per 1 day)
<i>hydromorphone hcl rectal</i>	T1	
<i>hydroquinone</i>	T9	
<i>hydroquinone external cream</i>	T9	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	T9	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	
<i>hydroxyurea oral</i>	T1	
<i>hydroxyzine hcl oral syrup</i>	T1	
<i>hydroxyzine hcl oral tablet</i>	T1	
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	T1	
HYFTOR	T9	
HYLATOPIC PLUS EXTERNAL FOAM	T9	
HYOPHEN	T9	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	T1	

Medication	Coverage Level	Restrictions
<i>hyoscyamine sulfate oral</i>	T1	
<i>hyoscyamine sulfate sublingual</i>	T1	
HYPERSAL	T2	QL (240 ML per 30 days)
HYPOLANCE AST LANCING	T2	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	T9	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	T9	
HYRIMOZ-CROHNS/UC STARTER PACK	T9	
HYRIMOZ-PED CROHNS STARTER	T9	
HYRIMOZ-PLAQUE PSORIASIS START	T9	
HYSINGLA ER	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
HYZAAR	T3	
<i>ibandronate sodium oral</i>	T1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG	T5	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (21 tablets per 28 days)
IBRANCE ORAL CAPSULE 75 MG	T5	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (21 tablets per 28 days)
IBRANCE ORAL TABLET	T5	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (21 tablets per 28 days)
IBSRELA	T9	
IBUDONE ORAL TABLET 10-200 MG	T9	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
<i>ibuprofen-famotidine</i>	T9	
ICAR-C PLUS	T9	
<i>icatibant acetate</i>	T4	PA; SP (Limited apply, see quantity limitations); QL (3 synges per 1 fill); AL (Min 18 Years)
ICLEVIA	T1	PV
ICLUSIG ORAL TABLET 10 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)

Medication	Coverage Level	Restrictions
ICLUSIG ORAL TABLET 15 MG, 45 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
ICLUSIG ORAL TABLET 30 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
<i>icosapent ethyl</i>	T2	PA
IDACIO	T9	
IDACIO FOR CROHNS DISEASE/UC	T9	
IDACIO FOR PLAQUE PSORIASIS	T9	
<i>idaoxia</i>	T9	
<i>idaran</i>	T9	
IDELVION	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (25300 billable units per 28 days)
IDHIFA	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<i>idyyxiatar</i>	T9	
IFEREX 150 FORTE	T9	
IHEEZO	T9	
ILEVRO	T3	ST; QL (3 ML per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	T4	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
<i>imatinib mesylate oral tablet 400 mg</i>	T4	PA; SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)
IMBRUVICA ORAL CAPSULE 140 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
IMBRUVICA ORAL SUSPENSION	T5	PA; SP (Limited to a 1 month supply per fill); QL (108 ML per 30 days); AL (Max 9 Years)
IMBRUVICA ORAL TABLET 140 MG, 560 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
IMCIVREE	T9	

Medication	Coverage Level	Restrictions
<i>imipramine hcl oral</i>	T1	
<i>imipramine pamoate oral capsule 100 mg, 150 mg</i>	T2	ST; QL (60 capsules per 30 days)
<i>imipramine pamoate oral capsule 125 mg</i>	T3	ST; QL (60 capsules per 30 days)
<i>imipramine pamoate oral capsule 75 mg</i>	T2	ST; QL (30 capsules per 30 days)
<i>imiquimod external cream 3.75 %</i>	T9	
<i>imiquimod external cream 5 %</i>	T1	
<i>imiquimod pump</i>	T9	
IMITREX NASAL SOLUTION 20 MG/ACT	T3	SP (Quantity Limit: 1 box per 15 days); QL (8 units per 30 days)
IMITREX NASAL SOLUTION 5 MG/ACT	T3	SP (Quantity Limit: 2 boxes per 15 days); QL (8 units per 30 days)
IMITREX ORAL	T3	QL (12 tablets per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	T9	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML	T3	QL (4 ML per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	T9	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML	T3	QL (8 pens per 30 days)
IMITREX SUBCUTANEOUS	T3	
IMOVAX RABIES	T6	PV
IMPAVIDO	T4	PA; SP (Limited to a 1 month supply per fill)
IMPEKLO	T9	
IMPOYZ	T9	
IMURAN	T3	
IMVEXXY MAINTENANCE PACK	T3	PA; QL (8 inserts per 28 days)
IMVEXXY STARTER PACK	T3	PA; QL (18 inserts per 360 days)
INATAL GT	T1	
INBRIJA	T9	
INCASSIA	T1	PV
INCRELEX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
INCRUSE ELLIPTA	T2	QL (30 Blisters per 30 Day(s)s)
<i>indapamide oral</i>	T1	

Medication	Coverage Level	Restrictions
INDERAL LA	T9	
INDERAL XL	T9	
INDOCIN ORAL	T9	
INDOCIN RECTAL	T9	
<i>indomethacin er</i>	T1	
<i>indomethacin oral capsule 20 mg</i>	T9	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	
<i>indomethacin rectal</i>	T9	
INFINITY BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
INFINITY CONTROL IN VITRO SOLUTION NORMAL	T3	
INFINITY VOICE IN VITRO LIQUID	T3	
INFINITY VOICE IN VITRO STRIP	T3	ST; QL (200 strips per 30 days)
INGREZZA ORAL CAPSULE 40 MG, 80 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
INGREZZA ORAL CAPSULE 60 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 dose pack per 28 days)
INLYTA ORAL TABLET 1 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
INLYTA ORAL TABLET 5 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
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	

Medication	Coverage Level	Restrictions
INPEN 100-GREY-NOVOLOG-FIASP	T9	
INPEN 100-PINK-LILLY	T9	
INPEN 100-PINK-LILLY-HUMALOG	T9	
INPEN 100-PINK-NOVO	T9	
INPEN 100-PINK-NOVOLOG-FIASP	T9	
INQOVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (5 tablets per 28 days)
INREBIC	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
INSPRA	T3	
<i>insulin asp prot & asp flexpen</i>	T3	ST
<i>insulin aspart</i>	T3	ST
<i>insulin aspart flexpen</i>	T3	ST
<i>insulin aspart penfill</i>	T3	ST
<i>insulin aspart prot & aspart</i>	T3	ST
<i>insulin degludec</i>	T9	
<i>insulin degludec flextouch</i>	T9	
<i>insulin glargine-yfgn</i>	T9	
<i>insulin lispro</i>	T9	
<i>insulin lispro (1 unit dial)</i>	T9	
<i>insulin lispro junior kwikpen</i>	T9	
<i>insulin lispro prot & lispro</i>	T9	
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	T3	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT	T4	SP (Limited to a 1 month supply per fill)
INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	T4	SP (Limited to a 1 month supply per fill)
INTUNIV	T3	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
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 (31 tablets per 31 days)
<i>inzdeaxiatar</i>	T9	
<i>inzdeaxiavar</i>	T9	
<i>inzdeoxia</i>	T9	
<i>iodoquimez-hc</i>	T9	
IOPIDINE OPHTHALMIC SOLUTION 1 %	T4	ST; SP (Limited to a 1 month supply per fill)
IPOL INJECTION INJECTABLE	T6	PV; QL (3 Doses per 1 Lifetime)
<i>ipratropium bromide inhalation</i>	T1	
<i>ipratropium bromide nasal</i>	T1	
<i>ipratropium-albuterol</i>	T1	QL (540 ML per 30 days)
<i>irbesartan</i>	T1	
<i>irbesartan-hydrochlorothiazide</i>	T1	
IRESSA	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<i>iron supplement childrens</i>	T3	PV; AL (Min 6 Months and Max 12 Months)
IROSPAN 24/6	T9	
ISENTRESS	T4	SP (Limited to a 1 month supply per fill)
ISENTRESS HD	T4	SP (Limited to a 1 month supply per fill)
ISIBLOOM	T1	PV
<i>isoniazid oral</i>	T1	
ISOPTO ATROPINE	T3	
ISOPTO CARPINE	T3	
ISORDIL TITRADOSE	T9	
<i>isosorb dinitrate-hydralazine</i>	T2	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	T9	
<i>isosorbide mononitrate</i>	T1	
<i>isosorbide mononitrate er</i>	T1	

Medication	Coverage Level	Restrictions
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T2	QL (6 fills per 2 years)
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	T9	
<i>isradipine</i>	T1	
ISTALOL	T9	
ISTURISA ORAL TABLET 1 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 Tablets per 30 days)
ISTURISA ORAL TABLET 10 MG, 5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 Tablets per 30 days)
<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>ivermectin external cream</i>	T2	ST; QL (45 GM per 30 days)
<i>ivermectin external lotion</i>	T1	
<i>ivermectin oral</i>	T1	QL (10 tablets per 1 claim)
IXIARO	T9	
IXINITY	T4	PA; SP (Limited to a 1 month supply per fill); QL (36800 billable units per 28 days)
IYUZEH	T9	
JADENU	T5	SP (Limited to a 1 month supply per fill)
JADENU SPRINKLE ORAL PACKET 180 MG	T9	
JADENU SPRINKLE ORAL PACKET 360 MG, 90 MG	T9	SP ()
JAIMIESS	T1	PV
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
JAKAFI ORAL TABLET 25 MG, 5 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
JALYN	T3	ST
<i>janssen covid-19 vaccine</i>	T6	PV
JANTOVEN	T1	
JANUMET	T2	QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	QL (30 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	QL (60 tablets per 30 days)
JANUVIA	T2	QL (30 tablets per 30 days)
JARDIANCE	T2	QL (30 tablets per 30 days)
JASMIEL	T1	PV
JATENZO	T9	
JAVYGTOR ORAL PACKET 500 MG	T9	
JAVYGTOR ORAL TABLET	T9	
JAYPIRCA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill); QL (30 tablets per 15 days)
JENCYCLA	T1	PV
JENTADUETO	T3	ST; QL (60 tablets per 30 days)
JENTADUETO XR	T3	ST; QL (30 tablets per 30 days)
JINTELI	T1	
JIVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
JOENJA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 12 Years)
JOLESSA	T1	PV
JORNAY PM	T9	
JOYEAUX	T9	
JUBLIA	T9	
JULEBER	T1	PV
JULUCA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
JUNEL 1.5/30	T1	PV
JUNEL 1/20	T1	PV
JUNEL FE 1.5/30	T1	PV
JUNEL FE 1/20	T1	PV
JUNEL FE 24	T1	PV
JUST RIGHT 5000 DENTAL PASTE	T3	
JUXTAPID ORAL CAPSULE 10 MG	T9	SP ()

Medication	Coverage Level	Restrictions
JUXTAPID ORAL CAPSULE 20 MG, 40 MG, 5 MG, 60 MG	T9	SP ()
JUXTAPID ORAL CAPSULE 30 MG	T9	
JYNARQUE ORAL TABLET 15 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
JYNARQUE ORAL TABLET 30 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
JYNNEOS	T6	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; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); AL (Min 16 Years)
KALETRA ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
KALETRA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
KALLIGA	T1	PV
KALYDECO ORAL PACKET 13.4 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL (Max 1 Years)
KALYDECO ORAL PACKET 25 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days)
KALYDECO ORAL PACKET 50 MG, 75 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days)

Medication	Coverage Level	Restrictions
KALYDECO ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
KAMDOY	T9	
KAPSPARGO SPRINKLE	T3	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	T3	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T9	
KARIVA	T1	PV
<i>kataraxap</i>	T9	
KATARVIA	T9	
KATERZIA	T3	QL (150 ML per 30 days); AL (Max 6 Years)
KAZANO	T9	
KEFLEX	T3	
KELNOR 1/35	T1	PV
KELNOR 1/50	T1	PV
KELO-COTE EXTERNAL GEL	T9	
KENALOG EXTERNAL	T9	
KEPPRA ORAL	T3	
KEPPRA XR	T3	
KERALAC EXTERNAL CREAM 47 %	T9	
KERALYT EXTERNAL SHAMPOO	T9	
KERENDIA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
KERYDIN	T9	
KESIMPTA	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed 3 pens for first month of therapy only.); QL (1 pen per 28 days)
<i>ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml</i>	T9	
<i>ketoconazole external cream</i>	T1	QL (60 gm per 30 days)
<i>ketoconazole external foam</i>	T9	
<i>ketoconazole external shampoo 2 %</i>	T1	QL (120 ml per 30 days)
<i>ketoconazole oral</i>	T1	
<i>ketoprofen er</i>	T2	QL (30 capsules per 30 days)

Medication	Coverage Level	Restrictions
<i>ketorolac tromethamine nasal</i>	T9	
<i>ketorolac tromethamine ophthalmic</i>	T1	
<i>ketorolac tromethamine oral</i>	T1	QL (20 tablets per 30 days)
KETOSTIX	T3	
<i>ketotifen fumarate ophthalmic</i>	T1	
<i>kevaraxap</i>	T9	
<i>kevartia</i>	T9	
KEVEYIS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days)
<i>kimono</i>	T3	PV
<i>kimono micro thin</i>	T3	PV
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 syringes per 28 days)
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV
KIONEX ORAL SUSPENSION	T1	
KISQALI (200 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days)
KISQALI (400 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days)

Medication	Coverage Level	Restrictions
KISQALI (600 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days)
KISQALI FEMARA (200 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KISQALI FEMARA (400 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KISQALI FEMARA (600 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KITABIS PAK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 56 day supply per fill); QL (280 ml per 56 days)
KLARON	T3	
KLISYRI	T5	ST; SP (Limited to a 1 month supply per fill); QL (5 packets per 1 year)
KLONOPIN	T3	
KLOR-CON 10	T1	
KLOR-CON M10	T1	
KLOR-CON M15	T1	
KLOR-CON M20	T1	
KLOR-CON ORAL PACKET 20 MEQ	T9	
KLOR-CON ORAL TABLET EXTENDED RELEASE	T3	
KLOR-CON/EF	T1	
KLOXXADO	T3	QL (2 doses per 365 days)
KLS QUIT2	T3	PV
KLS QUIT4	T3	PV
KOATE	T4	PA; SP (Limited to a 1 month supply per fill); QL (55200 billable units per 28 days)
<i>kobee</i>	T3	PV; AL (Max 50 Years)
KOGENATE FS	T4	PA; SP (Limited to a 1 month supply per fill); QL (43125 billable units per 28 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T3	ST; QL (60 tablets per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T3	ST; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
KONVOMEP	T3	
KORLYM	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
KOSELUGO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
<i>kotaraxap</i>	T9	
KOVALTRY	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
K-PHOS-NEUTRAL	T9	
<i>kpn prenatal</i>	T3	PV
KRAZATI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (84 tablets per 14 days)
KRINTAFEL	T1	QL (2 tablets per 365 Days)
KRISTALOSE	T9	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	T3	
KURVELO	T1	PV
<i>kutar</i>	T9	
<i>kutarvia</i>	T9	
KUVAN ORAL PACKET	T9	
KUVAN ORAL TABLET	T9	
KYNMOBI	T4	PA; SP (Limited to a 1 month supply per fill); QL (150 films per 30 days)
KYZATREX ORAL CAPSULE 100 MG, 150 MG	T3	PA; QL (60 capsules per 30 days)
KYZATREX ORAL CAPSULE 200 MG	T3	PA; QL (120 capsules per 30 days)
<i>labetalol hcl oral</i>	T1	
LAC-HYDRIN EXTERNAL CREAM	T9	
<i>lacosamide oral solution</i>	T2	
<i>lacosamide oral tablet</i>	T2	QL (60 tablets per 30 days)
LACRISERT	T4	SP (Limited to a 1 month supply per fill)
<i>lactic acid e</i>	T9	

Medication	Coverage Level	Restrictions
<i>lactic acid external lotion</i>	T9	
<i>lactulose oral packet</i>	T9	
<i>lactulose oral solution 10 gm/15ml</i>	T1	
LAGEVRIO	T2	
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</i>	T1	
<i>lamivudine oral tablet</i>	T2	
<i>lamivudine-zidovudine</i>	T2	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	T3	ST; QL (30 tablets per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	T9	
<i>lamotrigine oral tablet</i>	T1	
<i>lamotrigine oral tablet chewable</i>	T1	
<i>lamotrigine oral tablet dispersible</i>	T9	
<i>lamotrigine starter kit-blue</i>	T1	QL (1 kit per 365 days)
<i>lamotrigine starter kit-green</i>	T1	QL (1 kit per 365 days)
<i>lamotrigine starter kit-orange</i>	T1	QL (1 kit per 365 days)
<i>lamotrigine titration</i>	T9	
LAMPIT	T3	QL (90 tablets per 30 years); 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)
<i>lansoprazole oral capsule delayed release</i>	T3	
<i>lansoprazole oral tablet delayed release dispersible</i>	T3	ST; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>lanthanum carbonate oral tablet chewable 1000 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 500 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (210 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 750 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (150 tablets per 30 days)
LANTUS	T1	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1	
<i>lapatinib ditosylate</i>	T4	PA; SP (Max of 14 day supply per fill. Limited Distribution medication.)
LARIN 1.5/30	T1	PV
LARIN 1/20	T1	PV
LARIN 24 FE	T1	PV
LARIN FE 1.5/30	T1	PV
LARIN FE 1/20	T1	PV
LARISSIA	T1	PV
LASIX	T3	
LASTACRAFT	T3	ST; QL (1 bottle per 30 days); AL (Min 2 Years)
<i>latanoprost ophthalmic</i>	T1	
LATISSE	T9	
LATUDA	T3	QL (30 tablets per 30 days)
<i>laxative oral tablet delayed release</i>	T9	
<i>laxative polyethylene glycol</i>	T3	PV
LAYOLIS FE	T9	
LAZANDA	T9	
<i>ledipasvir-sofosbuvir</i>	T5	PA; SP (Limited to a 1 month supply per fill)
LEENA	T1	PV
LEFLUNICLO	T9	
<i>leflunomide oral</i>	T1	
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)

Medication	Coverage Level	Restrictions
LENVIMA (10 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill)
LENVIMA (12 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill)
LENVIMA (14 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill)
LENVIMA (18 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill)
LENVIMA (20 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill)
LENVIMA (24 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill)
LENVIMA (4 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill)
LENVIMA (8 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill)
LESCOL XL	T9	
LESSINA	T2	PV
LETAIRIS ORAL TABLET 10 MG	T9	SP ()
LETAIRIS ORAL TABLET 5 MG	T9	
<i>letrozole oral</i>	T1	
<i>leucovorin calcium oral</i>	T1	
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)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	T1	
<i>levalbuterol tartrate hfa</i>	T2	
<i>levamlodipine maleate oral tablet 5 mg</i>	T9	
LEVAQUIN ORAL TABLET	T3	

Medication	Coverage Level	Restrictions
LEVEMIR	T3	ST
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST
LEVEMIR FLEXTOUCH	T3	ST
<i>levetiracetam er</i>	T1	
<i>levetiracetam oral</i>	T1	
LEVITRA ORAL TABLET 10 MG, 20 MG, 5 MG	T9	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	T1	
<i>levocarnitine oral solution</i>	T1	
<i>levocarnitine oral tablet</i>	T1	
<i>levocarnitine sf</i>	T1	
<i>levocetirizine dihydrochloride oral</i>	T9	
<i>levofloxacin ophthalmic</i>	T1	
<i>levofloxacin oral</i>	T1	
LEVONEST	T1	PV
<i>levonorgest-eth est & eth est</i>	T1	PV
<i>levonorgest-eth estrad 91-day</i>	T1	PV
<i>levonorgest-eth estradiol-iron</i>	T9	
<i>levonorgestrel oral tablet 1.5 mg</i>	T1	PV
<i>levonorgestrel-ethinyl estrad</i>	T1	PV
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	T1	PV
LEVORA 0.15/30 (28)	T1	PV
<i>levorphanol tartrate oral</i>	T9	
LEVO-T	T3	
<i>levothyroxine sodium oral capsule</i>	T9	
<i>levothyroxine sodium oral tablet</i>	T1	
LEVOXYL	T1	
LEVSIN ORAL TABLET	T3	
LEVSIN/SL	T3	
LEXAPRO ORAL TABLET	T3	
LEXIVA ORAL SUSPENSION	T4	SP (Limited to a 1 month supply per fill)
LEXIVA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
LIALDA	T3	QL (120 tablets per 30 days)
LIBRAX	T9	
LICART TRANSDERMAL	T9	
<i>lidocaine external cream 4 %</i>	T9	
<i>lidocaine external ointment 5 %</i>	T1	
<i>lidocaine external patch 5 %</i>	T9	

Medication	Coverage Level	Restrictions
<i>lidocaine hcl external cream 3 %, 4 %</i>	T9	
<i>lidocaine hcl external gel 2 %</i>	T1	
<i>lidocaine hcl external solution</i>	T1	
<i>lidocaine viscous</i>	T1	
<i>lidocaine(bufferd)-epinephrine injection solution prefilled syringe 1 %-1:100000</i>	T9	
<i>lidocaine-hydrocortisone ace rectal gel</i>	T9	
<i>lidocaine-hydrocortisone ace rectal kit</i>	T9	
<i>lidocaine-prilocaine external cream</i>	T1	
LIDODERM	T9	
<i>lidopin external cream 3 %</i>	T1	
<i>lidopril external kit</i>	T9	
<i>lidorx</i>	T9	
<i>lidosol</i>	T9	
LIDOTRANS 5 PAK	T9	
LILLOW	T1	PV
<i>lindane external shampoo</i>	T1	
<i>linezolid oral suspension reconstituted</i>	T4	SP (Limited to one 14 day supply per 6 months (180 days)); AL (Max 9 Years)
<i>linezolid oral tablet</i>	T1	QL (28 tablets per 14 days)
LINZESS	T2	QL (30 capsules per 30 days)
<i>liothyronine sodium oral</i>	T1	
LIPITOR	T3	
LIPOFEN	T9	
LIQREV	T9	
<i>lisdexamfetamine dimesylate oral capsule</i>	T1	QL (30 capsules per 30 Days); AL (Min 6 Years)
<i>lisdexamfetamine dimesylate oral tablet chewable</i>	T1	QL (30 tablets per 30 Days); AL (Min 6 Years)
<i>lisinopril oral</i>	T1	
<i>lisinopril-hydrochlorothiazide</i>	T1	
LITFULO	T9	
<i>lithium</i>	T1	
<i>lithium carbonate er</i>	T1	
<i>lithium carbonate oral</i>	T1	
LITHOBID	T3	
LITHOSTAT	T9	
LIVALO	T9	
LIVIXIL PAK	T9	
LIVMARLI	T9	

Medication	Coverage Level	Restrictions
LIVTENCITY	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
<i>l-leucine</i>	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	
LODOSYN	T9	
LOESTRIN 1.5/30 (21)	T9	
LOESTRIN FE 1.5/30	T3	
LOESTRIN FE 1/20	T3	
LOFENA	T9	
LOJAIMIESS	T1	PV
LOKELMA	T4	SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
LOMAIRA	T3	ST
LOMOTIL ORAL TABLET	T3	
LONHALA MAGNAIR REFILL KIT	T9	
LONHALA MAGNAIR STARTER KIT	T9	
LONSURF	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
<i>loperamide hcl oral capsule</i>	T9	
LOPID	T3	
<i>lopinavir-ritonavir</i>	T4	SP (Limited to a 1 month supply per fill)
LOPRESSOR HCT ORAL TABLET 50-25 MG	T3	
LOPRESSOR ORAL	T3	
LOPROX EXTERNAL SHAMPOO	T3	
<i>loratadine oral tablet</i>	T9	
<i>loratadine-d 24hr</i>	T9	
LORAZEPAM INTENSOL	T1	
<i>lorazepam oral concentrate 2 mg/ml</i>	T1	
<i>lorazepam oral tablet</i>	T1	

Medication	Coverage Level	Restrictions
LORBRENA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
LOREEV XR	T9	
LORTAB ORAL ELIXIR 10-300 MG/15ML	T9	
LORYNA	T1	PV
LORZONE	T9	
<i>losartan potassium oral</i>	T1	
<i>losartan potassium-hctz</i>	T1	
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</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	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>lovastatin oral</i>	T1	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	T1	PV
<i>loxapine succinate oral</i>	T1	
LOYON	T9	
LO-ZUMANDIMINE	T1	PV
<i>lubiprostone</i>	T1	QL (60 capsules per 30 Days)
LUCEMYRA	T9	
LUDENT	T1	
<i>luliconazole</i>	T9	

Medication	Coverage Level	Restrictions
LUMAKRAS ORAL TABLET 120 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (112 tablets per 14 days)
LUMAKRAS ORAL TABLET 320 MG	T4	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T2	ST
LUMRYZ	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)
LUTERA	T1	PV
LUXAMEND	T9	
LUXIQ	T9	
LUZU	T9	
LYBALVI	T9	
LYLEQ	T1	PV
LYLLANA	T1	
LYMEPAK	T9	
LYNPARZA ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
LYRICA CR	T9	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T3	QL (90 capsules per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T3	QL (60 capsules per 30 days)
LYRICA ORAL SOLUTION	T3	QL (473 ML per 30 days)
LYSIPLEX PLUS ORAL TABLET	T9	
LYSODREN	T4	PA; SP (Max of 14 day supply per fill)
LYSTEDA	T3	
LYTGOBI (12 MG DAILY DOSE)	T4	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
LYTGOBI (16 MG DAILY DOSE)	T4	PA; SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
LYTGOBI (20 MG DAILY DOSE)	T4	PA; SP (Max of 14 day supply per fill); QL (70 tablets per 14 days)
LYUMJEV	T1	
LYUMJEV KWIKPEN	T1	

Medication	Coverage Level	Restrictions
LYUMJEV TEMPO PEN	T9	
LYVISPAH	T9	
LYZA	T1	PV
<i>maca</i>	T9	
MACROBID	T3	
MACRODANTIN ORAL CAPSULE 100 MG, 50 MG	T3	
MACRODANTIN ORAL CAPSULE 25 MG	T2	
<i>macuvex</i>	T9	
<i>macuzin</i>	T9	
<i>mafenide acetate external</i>	T1	
MAGNEBIND 400	T9	
<i>magnesium citrate oral solution</i>	T3	PV
MALARONE	T3	
<i>malathion external</i>	T1	
<i>maprotiline hcl</i>	T1	
<i>maraviroc</i>	T4	SP (Limited to a 1 month supply per fill)
MARINOL ORAL CAPSULE 10 MG	T4	SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
MARINOL ORAL CAPSULE 2.5 MG, 5 MG	T3	QL (60 capsules per 30 days)
<i>marlissa</i>	T1	PV
MARPLAN	T2	QL (180 tablets per 30 days)
MATULANE	T4	PA; SP (Max of 14 day supply per fill)
MATZIM LA	T9	
MAVENCLAD (10 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (4 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (5 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (6 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)

Medication	Coverage Level	Restrictions
MAVENCLAD (7 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (8 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (9 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVIK ORAL TABLET 4 MG	T3	
MAVYRET ORAL PACKET	T4	SP (Limited to a 1 month supply per fill); QL (140 packets per 28 days)
MAVYRET ORAL TABLET	T4	SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)
MAXALT ORAL TABLET 10 MG	T3	QL (12 tablet per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	T3	QL (12 tablet per 30 days)
MAXARON FORTE ORAL TABLET	T9	
MAXFE ORAL TABLET	T9	
MAXIDEX	T3	
MAXITROL OPHTHALMIC OINTMENT	T3	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1	T3	
<i>maxi-tuss cd</i>	T9	
MAXZIDE	T3	
MAXZIDE-25	T3	
MAYZENT ORAL TABLET 0.25 MG	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
MAYZENT ORAL TABLET 1 MG	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
MAYZENT ORAL TABLET 2 MG	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
MAYZENT STARTER PACK	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to one fill per 2 years); QL (1 pack per 30 days)
<i>meclizine hcl oral tablet</i>	T9	
<i>meclofenamate sodium oral</i>	T9	
MEDROL	T3	
<i>medroxyprogesterone acetate intramuscular suspension</i>	T1	PV; QL (1 vial per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	T1	PV; QL (1 syringe per 90 days)
<i>medroxyprogesterone acetate oral</i>	T1	
<i>mefenamic acid oral</i>	T9	
<i>mefloquine hcl</i>	T1	
MEGACE ES	T3	ST
<i>megestrol acetate oral suspension 40 mg/ml</i>	T1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	T9	
<i>megestrol acetate oral tablet</i>	T1	
MEKINIST ORAL SOLUTION RECONSTITUTED	T5	PA; SP (Limited to a 1 month supply per fill); QL (900 ML per 30 days); AL (Min 1 Years and Max 9 Years)
MEKINIST ORAL TABLET	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
MEKTOVI	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill)
MELODETTA 24 FE	T9	
<i>meloxicam oral capsule</i>	T9	
<i>meloxicam oral suspension</i>	T9	
<i>meloxicam oral tablet</i>	T1	
<i>melphalan</i>	T2	
<i>memantine hcl er</i>	T2	QL (30 capsules per 30 days); AL (Min 40 Years)
<i>memantine hcl oral solution 2 mg/ml</i>	T3	QL (300 ML per 30 days); AL (Min 40 Years)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	T1	QL (60 tablets per 30 days); AL (Min 40 Years)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	T1	QL (1 pak per 365 days); AL (Min 40 Years)

Medication	Coverage Level	Restrictions
MENACTRA INTRAMUSCULAR SOLUTION	T6	PV; QL (1 Dose per 1 Lifetime)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T2	
MENOPUR	T3	
MENOSTAR	T3	QL (4 patches per 28 days)
MENQUADFI INTRAMUSCULAR SOLUTION	T6	PV; QL (1 dose per 1 lifetime)
MENTAX	T9	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	T6	PV; QL (1 Dose per 1 Lifetime)
<i>meperidine hcl oral solution</i>	T1	
<i>meperidine hcl oral tablet 50 mg</i>	T1	
MEPHYTON	T3	QL (3 tablets per 30 days)
<i>meprobamate</i>	T9	
MEPRON	T3	
<i>mercaptopurine oral</i>	T1	
<i>mesalamine er oral capsule extended release</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (240 capsules per 30 days)
<i>mesalamine er oral capsule extended release 24 hour</i>	T3	QL (120 capsules per 30 days)
<i>mesalamine oral capsule delayed release</i>	T3	SP (); QL (180 capsules per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	T3	SP (); QL (120 tablets per 30 days)
<i>mesalamine oral tablet delayed release 800 mg</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
<i>mesalamine rectal enema</i>	T1	
<i>mesalamine rectal suppository</i>	T5	SP (Limited to a 1 month supply per fill)
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 ER ORAL TABLET EXTENDED RELEASE 20 MG	T1	AL (Min 4 Years)
METAFOLBIC PLUS	T9	
<i>metaproterenol sulfate oral syrup</i>	T1	
<i>metaxalone oral tablet 400 mg</i>	T9	
<i>metaxalone oral tablet 800 mg</i>	T1	ST

Medication	Coverage Level	Restrictions
<i>metdray</i>	T9	
<i>metformin hcl er</i>	T1	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	T9	
<i>metformin hcl oral solution</i>	T9	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	T1	
<i>metformin hcl oral tablet 625 mg</i>	T9	
METHADONE HCL DISKETTS	T1	
METHADONE HCL INTENSOL	T1	
<i>methadone hcl oral concentrate</i>	T1	
<i>methadone hcl oral solution</i>	T1	
<i>methadone hcl oral tablet</i>	T1	
METHADOSE ORAL CONCENTRATE 10 MG/ML	T1	
<i>methamphetamine hcl</i>	T9	
<i>methaver</i>	T9	
<i>methazel</i>	T9	
<i>methazolamide oral</i>	T2	
<i>methenamine hippurate</i>	T1	
METHERGINE ORAL	T3	QL (28 tablets per 365 days)
<i>methimazole oral</i>	T1	
<i>methitest</i>	T9	
<i>methocarbamol oral tablet 1000 mg</i>	T9	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T1	
<i>methotrexate oral</i>	T1	
<i>methotrexate sodium injection solution reconstituted</i>	T1	
<i>methotrexate sodium oral</i>	T1	
<i>methoxsalen rapid</i>	T4	SP (Limited to a 1 month supply per fill)
<i>methscopolamine bromide oral</i>	T2	
<i>methsuximide</i>	T2	
<i>methyl dopa oral</i>	T1	
<i>methyl dopa-hydrochlorothiazide</i>	T1	
<i>methyl ergonovine maleate oral</i>	T3	QL (28 tablets per 365 days)
METHYLIN ORAL SOLUTION	T3	AL (Min 4 Years)
<i>methylphenidate</i>	T3	ST; QL (30 patches per 30 Days); AL (Min 3 Years)
<i>methylphenidate hcl er (cd)</i>	T1	QL (30 capsules per 30 days); AL (Min 4 Years)

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

Medication	Coverage Level	Restrictions
<i>metronidazole vaginal</i>	T1	
<i>metyrosine</i>	T9	
<i>mexiletine hcl oral</i>	T1	
MIACALCIN NASAL	T3	
MIBELAS 24 FE	T9	
MICARDIS	T3	
MICARDIS HCT	T3	
MICRODOT TEST	T3	ST
MICROGESTIN 1.5/30	T1	PV
MICROGESTIN 1/20	T1	PV
MICROGESTIN 24 FE	T3	PV
MICROGESTIN FE 1.5/30	T1	PV
MICROGESTIN FE 1/20	T1	PV
<i>midazolam hcl oral</i>	T1	
<i>midodrine hcl</i>	T1	
MIEBO	T9	
MIGERGOT	T9	
<i>miglustat</i>	T5	PA; SP (Limited to a 1 month supply per fill)
MIGRANAL	T9	
MILI	T1	PV
<i>milk of magnesia oral suspension 400 mg/5ml</i>	T3	PV
MILLIPRED	T9	
MIMVEY	T1	
MIMVEY LO	T1	
MINASTRIN 24 FE	T9	
MINIPRESS	T3	
MINITRAN	T1	
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>	T1	
<i>minocycline hcl oral tablet 100 mg</i>	T9	
<i>minocycline hcl oral tablet 50 mg, 75 mg</i>	T1	
MINOLIRA	T9	
<i>minoxidil for men external solution 2 %</i>	T9	
<i>minoxidil oral</i>	T1	
MIRALAX ORAL POWDER	T9	

Medication	Coverage Level	Restrictions
MIRAPEX	T3	
MIRAPEX ER	T3	ST; QL (30 tablets per 30 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	T9	
MIRCETTE	T9	
<i>mirtazapine oral</i>	T1	
MIRVASO	T9	
<i>misoprostol oral</i>	T1	
MITIGARE	T9	
M-M-R II INJECTION	T6	PV; QL (2 doses per 1 Lifetime)
MOBIC ORAL TABLET	T3	
<i>modafinil</i>	T1	QL (60 tablets per 30 days)
<i>moderna covid-19 bival 6m-5y</i>	T6	PV
<i>moderna covid-19 bival booster</i>	T6	PV
<i>moderna covid-19 bivalent</i>	T6	PV
<i>moderna covid-19 vac (booster) intramuscular suspension 50 mcg/0.5ml</i>	T6	PV
<i>moderna covid-19 vacc 6-11y</i>	T6	PV
<i>moderna covid-19 vacc 6m-5y</i>	T6	PV
<i>moderna covid-19 vaccine</i>	T6	PV
<i>moexipril hcl</i>	T1	
<i>molnupiravir</i>	T2	
<i>mometasone furoate external</i>	T1	
<i>mometasone furoate nasal</i>	T3	ST
MONDOXYNE NL	T9	
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT PISTON SYRINGE	T2	
MONOJECT SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT SYRINGE LUER-LOCK TIP 140 ML	T2	
MONO-LINYAH	T1	PV
<i>montelukast sodium oral</i>	T1	
MONUROL	T3	QL (1 packet per 30 days)
MORGIDOX COMBINATION	T9	
MORPHABOND ER	T9	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	T1	
<i>morphine sulfate er beads</i>	T9	

Medication	Coverage Level	Restrictions
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	T9	
<i>morphine sulfate er oral tablet extended release</i>	T1	
<i>morphine sulfate oral</i>	T1	
<i>morphine sulfate rectal</i>	T1	
MOTEGRITY	T3	ST; QL (30 tablets per 30 days)
MOUNJARO	T2	QL (4 pen-injectors per 28 days)
MOVANTIK	T3	ST; QL (30 tablets per 30 days)
MOVIPREP	T3	
MOXEZA	T3	
<i>moxifloxacin hcl (2x day)</i>	T1	
<i>moxifloxacin hcl ophthalmic solution</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
MS CONTIN ORAL TABLET EXTENDED RELEASE	T3	
MUCOSITISRX	T9	
MUGARD	T9	
MULPLETA	T9	
MULTAQ	T3	
MULTIGEN FOLIC	T9	
MULTIGEN PLUS	T9	
<i>multi-vit/fluoride oral solution 0.25 mg/ml</i>	T1	AL (Max 10 Years)
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	T1	AL (Max 10 Years)
<i>multivitamins oral capsule</i>	T9	
<i>multivitamins oral tablet chewable</i>	T9	
<i>multivitamins pediatric</i>	T9	
<i>multivitamins/fluoride oral tablet chewable 0.5 mg</i>	T1	AL (Max 10 Years)
<i>mupirocin calcium</i>	T9	
<i>mupirocin external</i>	T1	QL (22 gm per 30 days)
MUSCUSOLICE	T9	
MUSE	T2	QL (6 pellets per 30 days)
M-VIT	T9	
MY CHOICE	T1	PV
MY WAY	T1	PV
MYALEPT	T5	PA; SP (Limited to a 1 month supply per fill))
MYCAPSSA	T9	

Medication	Coverage Level	Restrictions
MYCOBUTIN	T2	
<i>mycophenolate mofetil oral capsule</i>	T1	
<i>mycophenolate mofetil oral suspension reconstituted</i>	T1	AL (Max 9 Years)
<i>mycophenolate mofetil oral tablet</i>	T1	
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>	T3	QL (240 tablets per 30 days)
<i>mycophenolate sodium oral tablet delayed release 360 mg</i>	T3	QL (120 tablets per 30 days)
MYDAYIS	T9	
MYFEMBREE	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<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)
MYLERAN	T3	
MYNATAL ORAL TABLET	T1	
<i>mynatal plus</i>	T1	
<i>mynatal-z</i>	T1	
<i>mynate 90 plus</i>	T1	
<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>na sulfate-k sulfate-mg sulf</i>	T3	
<i>nabumetone oral</i>	T1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	T1	
<i>naftifine hcl external cream 1 %</i>	T3	ST; QL (90 GM per 30 days)
<i>naftifine hcl external cream 2 %</i>	T9	
<i>naftifine hcl external gel 2 %</i>	T9	
NAFTIN EXTERNAL CREAM 2 %	T9	
NAFTIN EXTERNAL GEL	T9	
NALFON ORAL CAPSULE 400 MG	T9	

Medication	Coverage Level	Restrictions
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1	QL (2 Vials per 1 year)
<i>naloxone hcl injection solution cartridge</i>	T1	QL (2 cartridges per 1 year)
<i>naloxone hcl injection solution prefilled syringe</i>	T1	QL (2 Syringes per 1 year)
<i>naloxone hcl nasal</i>	T1	QL (1 box per 1 year)
NALTREX	T9	
<i>naltrexone hcl oral</i>	T1	
NAMENDA ORAL TABLET	T3	QL (60 tablets per 30 days); AL (Min 40 Years)
NAMENDA TITRATION PAK	T3	QL (1 pak per 365 days); AL (Min 40 Years)
NAMENDA XR	T3	QL (30 capsules per 30 days); AL (Min 40 Years)
NAMENDA XR TITRATION PACK	T3	AL (Min 40 Years)
NAMZARIC	T3	ST; QL (30 capsules per 30 days); AL (Min 40 Years)
<i>nanran</i>	T9	
NAPHCON-A	T9	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	T9	
NAPROSYN ORAL TABLET 250 MG, 500 MG	T3	
NAPROTIN	T9	
<i>naproxen oral suspension</i>	T1	QL (473 ML per 30 days); AL (Max 12 Years)
<i>naproxen oral tablet</i>	T1	
<i>naproxen oral tablet delayed release</i>	T9	
<i>naproxen sodium er</i>	T9	
<i>naproxen sodium oral tablet 220 mg</i>	T9	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	
<i>naproxen-esomeprazole mg</i>	T9	
<i>naratriptan hcl</i>	T1	QL (12 tablets per 30 days)
NARCAN	T3	QL (1 box per 1 year)
NARDIL	T3	
NASACORT ALLERGY 24HR	T3	
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	
NATALVIRT FLT	T9	
NATAZIA	T9	

Medication	Coverage Level	Restrictions
<i>nateglinide</i>	T1	
NATESTO	T9	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG	T5	PA; SP (Limited to a 1 month supply per fill)
NATPARA SUBCUTANEOUS CARTRIDGE 25 MCG, 50 MCG, 75 MCG	T5	PA; SP (Limited to a 1 month supply per fill)
NATROBA	T9	
NAYZILAM	T3	QL (5 kits per 30 days)
<i>nebivolol hcl</i>	T1	
NEBUPENT	T3	
NECON 0.5/35 (28)	T1	PV
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
<i>nefazodone hcl</i>	T1	
<i>nendruX</i>	T9	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	T1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	T1	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	T1	
<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	
NEPHPLEX RX	T9	
NEPHRON FA	T9	
NEPHRO-VITE RX	T9	
NERLYNX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NESINA	T9	
NESTABS	T3	
NESTABS ABC	T3	
NESTABS DHA	T3	

Medication	Coverage Level	Restrictions
NEUAC EXTERNAL GEL	T1	QL (45 GM per 30 days)
NEUAC EXTERNAL KIT	T9	
NEULASTA ONPRO	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NEUPRO	T3	ST; QL (30 patches per 30 days)
<i>neurin-sl</i>	T9	
NEURONTIN	T3	
NEVANAC	T3	ST
<i>nevirapine er</i>	T3	QL (30 tablets per 30 days)
<i>nevirapine oral suspension</i>	T1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	T1	QL (60 tablets per 30 days)
NEW DAY	T1	PV
NEXA PLUS	T3	
NEXAVAR	T9	SP ()
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	T9	
NEXIUM	T9	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE	T9	
NEXIUM 24HR ORAL TABLET DELAYED RELEASE	T3	
NEXLETOL	T3	PA; QL (30 tablets per 30 days)
NEXLIZET	T3	PA; QL (30 tablets per 30 days)
NEXTSTELLIS	T9	
<i>niacin er (antihyperlipidemic)</i>	T1	
<i>niacin oral tablet 500 mg</i>	T9	

Medication	Coverage Level	Restrictions
NIACOR	T1	
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	T9	
NICORETTE	T9	
<i>nicotine mini</i>	T1	PV
<i>nicotine polacrilex mouth/throat</i>	T1	PV
<i>nicotine transdermal kit</i>	T3	PV
<i>nicotine transdermal patch 24 hour</i>	T1	PV
NICOTROL	T2	PV; QL (1 box per 30 days)
NICOTROL NS	T3	PV; QL (40 mls per 30 days)
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	T1	
<i>nifedipine er osmotic release</i>	T1	
<i>nifedipine oral</i>	T1	
NIKKI	T1	PV
<i>nilutamide</i>	T1	
<i>nimodipine oral</i>	T2	QL (21 day supply per 365 days)
NINLARO ORAL CAPSULE 2.3 MG, 4 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (3 capsules per 28 days)
NINLARO ORAL CAPSULE 3 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (3 capsules per 28 days)
<i>nisoldipine er</i>	T2	
<i>nitazoxanide oral</i>	T5	SP (Limited to a 1 month supply per fill); QL (6 TABLETS per 6 Months)
<i>nitisinone</i>	T9	
NITRO-BID	T1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	T3	

Medication	Coverage Level	Restrictions
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	T1	
<i>nitrofurantoin monohyd macro</i>	T1	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (120 ML per 30 days); AL (Max 9 Years)
<i>nitrofurantoin oral suspension 50 mg/5ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 ML per 30 Days)
<i>nitroglycerin er</i>	T1	
<i>nitroglycerin sublingual</i>	T1	
<i>nitroglycerin transdermal patch 24 hour</i>	T1	
<i>nitroglycerin translingual solution</i>	T2	
NITROLINGUAL	T3	
NITROMIST	T3	
NITROSTAT	T1	
NITRO-TIME	T1	
NITYR	T9	
NIVA-FOL	T9	
NIVA-PLUS	T9	
NIVATOPIC PLUS	T9	
NIVESTYM	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
<i>nizatidine</i>	T3	
NIZORAL EXTERNAL SHAMPOO 2 %	T3	
NOBLE FORMULA HC EXTERNAL SOLUTION	T9	
NOC DURNA	T9	
NOCTIVA	T9	
NORA-BE	T1	PV
NORCO	T3	
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill)
<i>norethin ace-eth estrad-fe oral capsule</i>	T9	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	T1	PV
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	T1	PV
<i>norethindrone acetate oral</i>	T1	
<i>norethindrone acet-ethinyl est</i>	T1	PV

Medication	Coverage Level	Restrictions
<i>norethindrone oral</i>	T1	PV
<i>norethindrone-eth estradiol</i>	T1	
<i>norethindron-ethinyl estrad-fe</i>	T1	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	T1	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	T9	
<i>norgesic forte</i>	T9	
<i>norgestimate-eth estradiol</i>	T1	PV
<i>norgestim-eth estrad triphasic</i>	T1	PV
NORITATE	T9	
NORLIQVA	T3	QL (150 ML per 30 Days); AL (Max 6 Years)
NORLYDA	T1	PV
NORPACE	T3	
NORPACE CR	T2	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	T3	QL (60 tablets per 30 days)
NORTHERA ORAL CAPSULE 100 MG	T9	SP ()
NORTHERA ORAL CAPSULE 200 MG, 300 MG	T9	
NORTREL 0.5/35 (28)	T1	PV
NORTREL 1/35 (21)	T1	PV
NORTREL 1/35 (28)	T1	PV
NORTREL 7/7/7	T1	PV
<i>nortriptyline hcl oral capsule</i>	T1	
NORVASC	T3	SP (Generic substitution mandatory.)
NORVIR ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)
NORVIR ORAL TABLET	T9	
NOURIANZ	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
NOVACORT EXTERNAL GEL 1-2 %	T9	
NOVAREL	T3	ST
<i>novavax covid-19 vaccine</i>	T6	PV
NOVOEIGHT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
NOVOFINE 32G X 6 MM	T2	

Medication	Coverage Level	Restrictions
NOVOFINE AUTOCOVER	T2	
NOVOFINE AUTOCOVER PEN NEEDLE	T2	
NOVOFINE PEN NEEDLE	T2	
NOVOFINE PLUS	T2	
NOVOFINE PLUS PEN NEEDLE	T2	
NOVOLIN 70/30	T3	ST
NOVOLIN 70/30 FLEXPEN	T3	ST
NOVOLIN N	T3	ST
NOVOLIN N FLEXPEN	T3	ST
NOVOLIN R	T3	ST
NOVOLIN R FLEXPEN	T3	ST
NOVOLOG	T9	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NOVOLOG MIX 70/30	T9	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T9	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
NOVOSEVEN RT	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NOXAFIL ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); QL (32 packets per 30 days); AL (Min 2 Years and Max 9 Years)
NOXAFIL ORAL TABLET DELAYED RELEASE	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 Tablets per 30 days)
<i>noxifol-d</i>	T9	
NP THYROID	T1	
NUBEQA	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days)
NUCORT	T3	

Medication	Coverage Level	Restrictions
NUCYNTA	T3	ST
NUCYNTA ER	T3	ST; QL (60 tablets per 30 days)
NUEDEXTA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
NUFERA	T9	
<i>nujo</i>	T9	
<i>nuju</i>	T9	
NULEV	T1	
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	
NUVARING	T9	
NUVESSA	T9	
NUVIGIL ORAL TABLET 150 MG, 250 MG	T3	QL (30 tablets per 30 days)
NUVIGIL ORAL TABLET 200 MG, 50 MG	T9	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
NUZYRA INTRAVENOUS	T9	
NUZYRA ORAL TABLET 150 MG	T9	
NYAMYC	T1	QL (60 GM per 30 Days)
NYLIA 1/35	T1	PV
NYLIA 7/7/7	T1	PV

Medication	Coverage Level	Restrictions
NYMALIZE ORAL SOLUTION 6 MG/ML	T5	ST; SP (Limited to a 1 month supply per fill)
NYMYO	T1	PV
<i>nynutey</i>	T9	
<i>nystatin external cream</i>	T1	SP (Generic substitution mandatory.)
<i>nystatin external ointment</i>	T1	
<i>nystatin external powder</i>	T1	QL (60 GM per 30 Days)
<i>nystatin mouth/throat</i>	T1	
<i>nystatin oral tablet</i>	T1	
<i>nystatin-triamcinolone</i>	T1	
NYSTOP	T1	QL (60 GM per 30 days)
NYVEPRIA	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
O-CAL FA	T9	
OCALIVA ORAL TABLET 10 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OCALIVA ORAL TABLET 5 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OCELLA	T1	PV
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	SP (Limited to a 1 month supply per fill)
<i>octreotide acetate subcutaneous</i>	T4	SP (Limited to a 1 month supply per fill)
OCUFLOX	T3	
OCUVEL ORAL CAPSULE 0.5 MG	T9	
ODACTRA	T3	AL (Min 12 Years and Max 65 Years)
ODEFSEY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ODOMZO	T5	PA; SP (Max of 14 day supply per fill); QL (14 capsules per 14 days)

Medication	Coverage Level	Restrictions
OFEV ORAL CAPSULE 100 MG	T4	PA; SP (Limited to a 1 month supply per fill)); QL (60 capsules per 30 days); AL (Min 18 Years)
OFEV ORAL CAPSULE 150 MG	T4	PA; SP (Limited to a 1 month supply per fill)); QL (60 capsules per 30 days); AL (Min 18 Years)
<i>ofloxacin ophthalmic</i>	T1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T1	
<i>ofloxacin otic</i>	T1	
OGIVRI	T9	
<i>olanzapine oral tablet</i>	T1	
<i>olanzapine oral tablet dispersible</i>	T2	
<i>olanzapine-fluoxetine hcl</i>	T9	
<i>olmesartan medoxomil oral</i>	T1	
<i>olmesartan medoxomil-hctz</i>	T1	
<i>olmesartan-amlodipine-hctz</i>	T1	
<i>olopatadine hcl nasal</i>	T2	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	T1	QL (5 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	T1	QL (2.5 ML per 30 days)
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, 2 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OLUMIANT ORAL TABLET 4 MG	T9	
OLUX	T9	
OLUX-E	T3	
OMECLAMOX-PAK	T9	
<i>omega-3-acid ethyl esters</i>	T1	
<i>omeprazole magnesium oral capsule delayed release</i>	T3	
<i>omeprazole oral capsule delayed release</i>	T3	
<i>omeprazole oral tablet delayed release</i>	T3	

Medication	Coverage Level	Restrictions
<i>omeprazole-sodium bicarbonate oral capsule</i>	T9	
OMNARIS	T9	
OMNIPOD 5 G6 INTRO (GEN 5)	T5	SP (Limited to 1 kit per 30 day supply); QL (1 kit per 2 years)
OMNIPOD 5 G6 POD (GEN 5)	T5	SP (Limited to a 1 month supply per fill); QL (2 packs per 30 days)
OMNIPOD DASH INTRO (GEN 4)	T5	SP (Limited to 1 kit per 30 day supply); QL (1 kit per 2 years)
OMNIPOD DASH PODS (GEN 4)	T5	SP (Limited to a 1 month supply per fill); QL (2 packs per 30 days)
OMNIPOD GO	T9	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T9	SP ()
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 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
ON CALL PLUS GLUCOSE CONTROL	T3	
ON CALL PLUS LANCETS	T2	
ON CALL PLUS LANCING DEVICE	T3	
ON CALL VIVID BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
ON CALL VIVID GLUCOSE CONTROL	T3	
<i>ondansetron</i>	T1	
<i>ondansetron hcl oral</i>	T1	
ONETOUCH ULTRA BLUE	T1	QL (200 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP	T1	QL (200 strips per 30 days)
ONEXTON	T9	
ONFI ORAL SUSPENSION	T3	ST; QL (240 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	T3	ST
ONGENTYS	T3	ST
ONGLYZA	T3	ST; QL (30 tablets per 30 days)
ONUREG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (14 tablets per 28 days)
<i>onzdeaxiademtar</i>	T9	
<i>onzdeaxiatar</i>	T9	

Medication	Coverage Level	Restrictions
ONZETRA XSAIL	T9	
OPCICON ONE-STEP	T1	PV
<i>opium</i>	T9	
OPSUMIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OPTICHAMBER ADVANTAGE-LG MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER ADVANTAGE-MED MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER ADVANTAGE-SM MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER DIAMOND	T2	
OPTICHAMBER FACE MASK-LARGE	T2	QL (4 EA per 365 days)
OPTICHAMBER FACE MASK-MEDIUM	T2	QL (4 EA per 365 days)
OPTICHAMBER FACE MASK-SMALL	T2	QL (4 EA per 365 days)
OPTION 2	T1	PV
OPTIONS GYNOL II CONTRACEPTIVE	T3	PV
OPVEE	T2	QL (1 box per 1 year)
OPZELURA	T9	
ORACEA	T9	
ORACIT	T3	
<i>oral saline laxative kit</i>	T3	PV
ORALAIR	T3	AL (Min 10 Years and Max 65 Years)
ORALONE	T3	
ORAMAGICRX	T9	
ORAPRED ODT	T9	
ORAVIG	T4	ST; SP (Limited to a 1 month supply per fill)
ORENCIA CLICKJECT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2.8 ML per 28 days)

Medication	Coverage Level	Restrictions
ORENITRAM MONTH 1	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 28 days)
ORENITRAM MONTH 2	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 28 days)
ORENITRAM MONTH 3	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 28 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2880 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1440 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
ORFADIN	T9	
ORGOVYX	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ORIAHNN	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
ORILISSA ORAL TABLET 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)

Medication	Coverage Level	Restrictions
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)
ORKAMBI ORAL PACKET 150-188 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days); AL (Min 1 Years and Max 5 Years)
ORKAMBI ORAL PACKET 75-94 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL (Min 1 Years)
ORKAMBI ORAL TABLET 100-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days); AL (Min 6 Years)
ORKAMBI ORAL TABLET 200-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days); AL (Min 6 Years)
ORLADEYO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); AL (Min 12 Years)
<i>orlistat oral</i>	T9	
<i>orphenadrine citrate er</i>	T1	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T9	
ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG	T9	
ORSERDU	T5	PA; SP (Max of 15 day supply per fill); QL (15 tablets per 15 days)
ORSYTHIA	T1	PV
<i>ortho df</i>	T9	
ORTIKOS	T9	
<i>oscimin sr</i>	T1	
<i>oseltamivir phosphate oral capsule</i>	T1	QL (10 capsules per 1 fill)
<i>oseltamivir phosphate oral suspension reconstituted</i>	T1	QL (120 ML per 1 fill)

Medication	Coverage Level	Restrictions
OSENI	T9	
OSMOLEX ER	T9	
OSMOPREP	T3	
OSPHENA	T2	PA
OTEZLA ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 18 Years)
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 pack per 1 year); AL (Min 18 Years)
OTOVEL	T2	AL (Min 6 Months and Max 17 Years)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	T9	
OVACE PLUS	T9	
OVACE PLUS WASH	T9	
OVACE WASH	T9	
OVIDE	T3	
OVIDREL	T2	
OXANDRIN	T3	
<i>oxandrolone oral</i>	T3	
<i>oxaprozin</i>	T2	
OXAYDO ORAL TABLET ABUSE-DETERRENT	T3	ST
<i>oxazepam</i>	T1	
OXBRYTA	T9	
<i>oxcarbazepine</i>	T1	
OXERVATE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Limited to 8 weeks of treatment.); QL (28 mls per 30 days)
<i>oxiachlo</i>	T9	
<i>oxiaice</i>	T9	
<i>oxianuji</i>	T9	
<i>oxiavar</i>	T9	

Medication	Coverage Level	Restrictions
<i>oxiavary</i>	T9	
<i>oxiconazole nitrate</i>	T9	
OXISTAT EXTERNAL CREAM	T3	ST
OXISTAT EXTERNAL LOTION	T9	
<i>oxopid</i>	T9	
<i>oxopidaxiaqup</i>	T9	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>oxybutynin chloride er</i>	T1	
<i>oxybutynin chloride oral solution</i>	T1	
<i>oxybutynin chloride oral syrup</i>	T1	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	T9	
<i>oxybutynin chloride oral tablet 5 mg</i>	T1	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	T2	QL (60 tablets per 30 days)
<i>oxycodone hcl oral capsule</i>	T9	
<i>oxycodone hcl oral solution</i>	T1	
<i>oxycodone hcl oral tablet</i>	T1	
<i>oxycodone-acetaminophen oral solution</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	T2	QL (60 tablets per 30 days)
<i>oxymorphone hcl</i>	T2	ST
<i>oxymorphone hcl er</i>	T2	ST; QL (60 tablets per 30 days)
OXYTROL	T9	
OZEMPIC (0.25 OR 0.5 MG/DOSE)	T9	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T9	
OZEMPIC (2 MG/DOSE)	T9	
OZOBAX	T9	
PACERONE ORAL TABLET 100 MG	T2	QL (30 tablets per 30 days)
PACERONE ORAL TABLET 200 MG	T1	
PACERONE ORAL TABLET 400 MG	T9	

Medication	Coverage Level	Restrictions
PALFORZIA (12 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (120 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (160 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (20 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (200 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (240 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (3 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (300 MG MAINTENANCE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (300 MG TITRATION)	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (40 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (6 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (80 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA INITIAL ESCALATION	T4	PA; SP (Limited to a 1 month supply per fill)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	T3	ST; QL (30 tablets per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	T3	ST; QL (60 tablets per 30 days)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)

Medication	Coverage Level	Restrictions
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 synges per 30 days)
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)
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>	T1	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	T2	QL (30 tablets per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	T2	QL (60 tablets per 30 days)
<i>paroxetine hcl oral suspension</i>	T2	
<i>paroxetine hcl oral tablet</i>	T1	
<i>paroxetine mesylate</i>	T9	
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 tablets per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	T3	ST; QL (60 tablets per 30 days)
PAXLOVID (300/100)	T2	
PAXLOVID ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	T2	
PAZEO	T3	ST
<i>pb-hyoscy-atropine-scopolamine oral tablet</i>	T9	
<i>pc pediatric iron drops</i>	T1	PV

Medication	Coverage Level	Restrictions
PEDVAX HIB INTRAMUSCULAR SUSPENSION	T9	
<i>peg 3350 oral powder</i>	T9	
<i>peg 3350-kcl-na bicarb-nacl</i>	T1	PV
<i>peg-3350/electrolytes</i>	T1	PV
<i>peg-3350/electrolytes/ascorbat</i>	T1	PV
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	SP (Limited to a 1 month supply per fill); QL (48 Weeks per 1 Lifetime)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	SP (Limited to a 1 month supply per fill); QL (48 weeks per 1 lifetime)
PEG-PREP	T1	PV
PEMAZYRE	T4	PA; SP (Limited to a 1 month supply per fill); QL (14 Tablets per 21 days)
<i>penciclovir</i>	T9	
<i>penicillamine oral capsule</i>	T9	
<i>penicillamine oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>penicillin v potassium</i>	T1	
PENNSAID TRANSDERMAL SOLUTION 2 %	T9	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	T6	PV
<i>pentamidine isethionate inhalation</i>	T1	
PENTASA	T5	ST; SP (Limited to a 1 month supply per fill); QL (240 capsules per 30 days)
<i>pentazocine-naloxone hcl</i>	T2	ST
<i>pentoxifylline er</i>	T1	
PEPCID ORAL TABLET 20 MG	T9	
PEPCID ORAL TABLET 40 MG	T3	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T3	
PERFOROMIST	T9	
PERIDEX	T3	
<i>perindopril erbumine</i>	T1	
<i>permethrin external cream</i>	T1	
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	T1	
<i>perphenazine-amitriptyline</i>	T1	
PERRY PRENATAL	T3	PV

Medication	Coverage Level	Restrictions
PERTZYE	T5	ST; SP (Limited to a 1 month supply per fill)
PEXEVA	T9	
<i>pfizer covid-19 bival 6mo-4yr</i>	T6	PV
<i>pfizer covid-19 vac bival 5-11</i>	T6	PV
<i>pfizer covid-19 vac bivalent</i>	T6	PV
<i>pfizer covid-19 vac-tris 5-11y intramuscular suspension 10 mcg/0.2ml</i>	T6	PV
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.2ml</i>	T6	PV
<i>pfizer-biontech covid-19 vacc</i>	T6	PV
PHEBURANE	T9	
<i>phedrax</i>	T9	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	T1	
<i>phendimetrazine tartrate</i>	T1	
<i>phenelzine sulfate oral</i>	T1	
<i>phenobarbital oral elixir</i>	T1	
<i>phenobarbital oral tablet</i>	T1	
<i>phenoxybenzamine hcl oral</i>	T9	
<i>phentermine hcl oral capsule 15 mg, 30 mg</i>	T1	
<i>phentermine hcl oral tablet</i>	T1	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	T1	
PHENYTEK	T2	
<i>phenytoin oral suspension 125 mg/5ml</i>	T1	
<i>phenytoin oral tablet chewable</i>	T1	
<i>phenytoin sodium extended oral capsule 100 mg</i>	T1	
<i>phenytoin sodium extended oral capsule 200 mg</i>	T2	
<i>phenytoin sodium extended oral capsule 300 mg</i>	T3	
<i>pheoxia</i>	T9	
PHEXXI	T3	QL (12 tubes per 30 days)
PHILITH	T1	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 gml/15ml</i>	T3	PV
PHOSPHOLINE IODIDE	T2	
<i>phytonadione oral</i>	T1	QL (3 tablets per 30 Days)
<i>pidprogtar</i>	T9	

Medication	Coverage Level	Restrictions
PIFELTRO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1	
<i>pilocarpine hcl oral</i>	T1	QL (120 tablets per 30 days)
<i>pimecrolimus</i>	T1	QL (30 GM per 30 days)
<i>pimozide oral tablet 1 mg</i>	T1	QL (300 tablets per 30 days)
<i>pimozide oral tablet 2 mg</i>	T1	QL (150 tablets per 30 days)
PIMTREA	T1	PV
<i>pindolol</i>	T1	
<i>pioglitazone hcl</i>	T1	
<i>pioglitazone hcl-glimepiride</i>	T9	
<i>pioglitazone hcl-metformin hcl</i>	T1	
PIP BLOOD GLUCOSE TEST STRIP	T3	ST; QL (200 test 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; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
PIQRAY (250 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
PIQRAY (300 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
<i>pirfenidone oral capsule</i>	T9	
<i>pirfenidone oral tablet 267 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (270 tablets per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	T9	
<i>pirfenidone oral tablet 801 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
PIRMELLA 1/35	T1	PV
PIRMELLA 7/7/7	T1	PV
<i>piroxicam oral</i>	T1	

Medication	Coverage Level	Restrictions
PLAN B ONE-STEP	T1	PV
PLAQUENIL	T3	
PLAVIX ORAL TABLET 75 MG	T3	
PLEGRIDY INTRAMUSCULAR	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
PLENITY	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	PV; QL (3 Doses per 1 Lifetime)
<i>pnv tabs 29-1</i>	T1	
<i>pnv-dha</i>	T1	
<i>pnv-dha+docusate</i>	T1	
<i>pnv-omega</i>	T1	
<i>pnv-select</i>	T1	
<i>podocon</i>	T9	
PODOCON-25	T9	
<i>podofilox external</i>	T1	
<i>podoxia</i>	T9	
<i>podprogtar</i>	T9	
<i>podtar</i>	T9	
<i>polyethylene glycol 3350 oral packet</i>	T9	
<i>poly-iron 150 forte</i>	T9	
<i>polymyxin b-trimethoprim</i>	T1	
POLYTRIM	T3	

Medication	Coverage Level	Restrictions
POMALYST ORAL CAPSULE 1 MG	T5	PA; SP (Limited to a 1 month supply per fill)
POMALYST ORAL CAPSULE 2 MG, 3 MG, 4 MG	T5	PA; SP (Limited to a 1 month supply per fill)
PONVORY	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PONVORY STARTER PACK	T4	ST; SP (Limited to a 1 month supply per fill); QL (1 pack per 2 years)
PORTIA-28	T1	PV
<i>posaconazole oral suspension</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (450 ML per 30 days)
<i>posaconazole oral tablet delayed release</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
<i>pot & sod cit-cit ac</i>	T1	
POTABA ORAL CAPSULE	T9	
<i>potassium chloride crys er oral tablet extended release 15 meq, 20 meq</i>	T1	
<i>potassium chloride er oral capsule extended release</i>	T1	
<i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>	T1	
<i>potassium chloride oral packet</i>	T9	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	T3	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	T4	SP (Limited to a 1 month supply per fill)
<i>potassium citrate er</i>	T1	
<i>potassium citrate-citric acid oral solution</i>	T1	
<i>potassium iodide oral solution</i>	T2	
PR BENZOYL PEROXIDE WASH	T9	
PR NATAL 400	T1	
PR NATAL 400 EC	T1	
PR NATAL 430	T1	
PR NATAL 430 EC	T1	
PRADAXA ORAL CAPSULE	T3	ST; QL (60 capsules per 30 days)
PRADAXA ORAL PACKET	T9	
PRAKETAMIDE	T9	

Medication	Coverage Level	Restrictions
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; QL (2 pens per 28 days)
<i>pramipexole dihydrochloride</i>	T1	
<i>pramipexole dihydrochloride er</i>	T3	ST; QL (30 tablets per 30 days)
PRAMOSONE	T9	
<i>pramoxine-hc external cream</i>	T9	
PRANDIN ORAL TABLET 1 MG, 2 MG	T3	
<i>prasugrel hcl</i>	T1	QL (31 tablets per 31 days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	T3	
<i>pravastatin sodium</i>	T1	PV
<i>prazosin hcl oral</i>	T1	
PRECISION PCX	T3	ST; QL (200 strips per 30 days)
PRECISION PCX PLUS TEST	T3	ST; QL (200 strips per 30 days)
PRECISION POINT OF CARE TEST	T3	ST; QL (200 strips per 30 days)
PRECISION QID TEST	T3	ST; QL (200 strips per 30 days)
PRECISION XTRA BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
PRECOSE	T3	
PRED FORTE	T3	
PRED MILD	T3	
PRED-G	T2	
PRED-G S.O.P.	T3	
<i>prednicarbate</i>	T1	
<i>prednisolone acetate ophthalmic</i>	T1	
<i>prednisolone oral solution</i>	T1	
<i>prednisolone oral tablet</i>	T9	
<i>prednisolone sodium phosphate ophthalmic</i>	T1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	T1	
<i>prednisolone sodium phosphate oral solution 20 mg/5ml</i>	T9	
<i>prednisolone-bromfenac ophthalmic solution</i>	T9	
<i>prednisolone-gatifloxacin ophthalmic solution</i>	T9	
<i>prednisolon-gatiflox-bromfenac ophthalmic solution</i>	T9	
PREDNISONE INTENSOL	T2	
<i>prednisone oral solution</i>	T2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T1	
<i>prednisone oral tablet 50 mg</i>	T2	
PREFEST	T3	

Medication	Coverage Level	Restrictions
<i>pregabalin er</i>	T9	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T1	QL (120 capsules per 30 days)
<i>pregabalin oral capsule 200 mg</i>	T1	QL (90 CAPSULES per 30 days)
<i>pregabalin oral capsule 225 mg</i>	T1	QL (60 capsules per 30 days)
<i>pregabalin oral capsule 300 mg</i>	T1	QL (60 CAPSULES per 30 days)
<i>pregabalin oral solution</i>	T1	QL (473 ML per 30 days)
PREGNYL	T1	
<i>prehevbrio</i>	T6	QL (3 doses per 1 lifetime); AL (Min 18 Years)
PREMARIN ORAL	T2	QL (30 tablets per 30 days)
PREMARIN VAGINAL	T3	ST
<i>premium blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
PREMPHASE	T2	
PREMPRO	T2	
<i>prena 1 true</i>	T1	
<i>prena1</i>	T1	
<i>prena1 pearl</i>	T1	
<i>prenaissance</i>	T1	
<i>prenaissance 90 dha</i>	T1	
PRENATABS RX	T1	
<i>prenatal (w/iron & fa)</i>	T1	PV
<i>prenatal 19 oral tablet chewable</i>	T1	
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	T3	
<i>prenatal complete oral tablet</i>	T3	PV
<i>prenatal multi +dha oral capsule 27-0.8-250 mg</i>	T3	PV
<i>prenatal one daily</i>	T1	PV
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	T1	PV
<i>prenatal plus</i>	T1	
<i>prenatal plus iron</i>	T1	
<i>prenatal plus vitamin/mineral</i>	T3	
PRENATAL-U	T1	
PRENATE AM	T3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG, 28-0.6-0.4-300 MG	T3	
PRENATE ENHANCE	T3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T3	
PRENATE PIXIE	T3	
PRENATE RESTORE	T3	
PRENATE STAR	T3	

Medication	Coverage Level	Restrictions
PREPIDIL	T3	
PRESERA	T9	
PRESTALIA	T3	ST
<i>pretomanid</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PREVACID	T9	
PREVACID 24HR	T3	
PREVALITE	T1	
PREVIDENT	T3	
PREVIDENT 5000 ORTHO DEFENSE	T3	
PREVIDENT 5000 PLUS	T3	
PREVIFEM	T1	PV
PREVNAR 13	T6	PV; QL (2 Doses per 1 Lifetime)
PREVNAR 20	T6	PV
PREVYMIS ORAL	T4	PA; SP (Limited to a 1 month supply per fill)
PREZCOBIX	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PREZISTA ORAL SUSPENSION	T4	SP (Limited to a 1 month supply per fill)
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	T3	
<i>prilovixil</i>	T9	
<i>primaquine phosphate oral</i>	T1	
<i>primidone oral tablet 125 mg</i>	T9	
<i>primidone oral tablet 250 mg, 50 mg</i>	T1	
PRIMLEV	T9	
PRIMSOL	T9	
PRINIVIL	T3	
PRIORIX	T6	PV; QL (2 doses per 1 lifetime)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	T3	QL (60 tablets per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	T3	QL (30 tablets per 30 days)
PROAIR DIGIHALER	T9	
PROAIR HFA	T9	
PROAIR RESPICLICK	T9	
<i>probenecid oral</i>	T1	

Medication	Coverage Level	Restrictions
PROBUPHINE IMPLANT KIT	T9	
PROCARDIA XL	T3	
PROCENTRA	T1	
<i>prochlorperazine</i>	T1	
<i>prochlorperazine maleate oral</i>	T1	
PROCRIT	T4	SP (Limited to a 1 month supply per fill)
PROCTOCORT RECTAL SUPPOSITORY	T9	
PROCTOFOAM HC EXTERNAL	T2	QL (2 cans per 30 days)
PROCYSBI ORAL CAPSULE DELAYED RELEASE	T9	
PRODIGY CONTROL SOLUTION IN VITRO SOLUTION LOW	T3	
PRODIGY LANCETS 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>	T1	
<i>progesterone oral</i>	T1	
PROGLYCEM	T9	
PROGRAF ORAL CAPSULE	T3	
PROGRAF ORAL PACKET	T3	AL (Max 9 Years)
PROLATE	T9	
PROLENSA	T9	
PROMACTA ORAL PACKET 12.5 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PROMACTA ORAL PACKET 25 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)

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

Medication	Coverage Level	Restrictions
PRUTECT	T9	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	T1	
<i>pseudoephedrine hcl oral tablet 60 mg</i>	T9	
PULMICORT FLEXHALER	T1	QL (1 inhaler per 30 days)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML	T3	
PULMICORT INHALATION SUSPENSION 1 MG/2ML	T3	QL (120 ML per 30 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 ampules per 30 days)
PURALOR CI	T9	
<i>purefe plus</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>	T3	PV
PYLERA	T9	
<i>pyrazinamide oral</i>	T1	
PYRIDIUM	T3	
<i>pyridostigmine bromide er</i>	T9	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1	
<i>pyrimethamine oral</i>	T4	PA; SP (Limited to a 1 month supply per fill)
PYRUKYND	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
PYRUKYND TAPER PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
QBRELIS	T3	AL (Max 9 Years)
QBREXZA	T9	
<i>qc magnesium citrate</i>	T3	PV
<i>qc milk of magnesia</i>	T3	PV
<i>qc natura-lax</i>	T3	PV
QDOLO	T9	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	T3	ST; QL (30 capsules per 30 days); AL (Min 6 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	T3	ST; QL (60 capsules per 30 days); AL (Min 6 Years)

Medication	Coverage Level	Restrictions
QINLOCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 Tablets per 30 days)
QMIIZ ODT	T9	
QNASL	T9	
QNASL CHILDRENS	T9	
QSYMIA	T3	ST
QTERN	T3	ST; QL (30 tablets per 30 days)
QUADRACEL INTRAMUSCULAR SUSPENSION	T6	PV
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	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, 50 mg</i>	T1	QL (30 tablets per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	T1	QL (60 tablets per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 50 mg</i>	T1	
<i>quetiapine fumarate oral tablet 150 mg</i>	T9	
<i>quetiapine fumarate oral tablet 400 mg</i>	T1	QL (60 tablets per 30 days)
QUFLORA FE	T9	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML	T9	
<i>quidroxzar</i>	T9	
<i>quihoxaxia</i>	T9	
QUILLICHEW ER	T3	ST; QL (30 tablets per 30 days); AL (Min 4 Years and Max 9 Years)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	T3	ST; QL (360 ML per 30 days); AL (Min 4 Years and Max 9 Years)
<i>quinapril hcl</i>	T1	
<i>quinapril-hydrochlorothiazide</i>	T1	
<i>quinidine gluconate er</i>	T4	SP (Limited to a 1 month supply per fill)
<i>quinidine sulfate oral</i>	T1	
<i>quinine sulfate oral</i>	T1	
QUINTET AC BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
QUINTET BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
<i>quitar</i>	T9	
QULIPTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
QUVIVIQ	T9	
QUZYTIR	T9	
QVAR REDIHALER	T1	
<i>ra aspirin adult low dose</i>	T1	
<i>ra aspirin ec</i>	T1	
<i>ra aspirin oral tablet 325 mg</i>	T1	
<i>ra balanced b-100</i>	T3	PV; AL (Max 50 Years)
<i>ra folic acid</i>	T1	PV; AL (Max 50 Years)
<i>ra laxative oral tablet delayed release</i>	T3	PV
<i>ra milk of magnesia oral suspension</i>	T3	PV
<i>ra mini nicotine</i>	T1	PV
<i>ra nicotine mouth/throat</i>	T1	PV
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	T1	PV
<i>ra one daily</i>	T3	PV
<i>ra prenatal</i>	T1	PV
RABAVERT	T6	PV
<i>rabeprazole sodium oral tablet delayed release</i>	T3	
RADICAVA ORS	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (50 ML per 28 days)
RAGWITEK	T3	AL (Min 18 Years and Max 65 Years)
<i>raloxifene hcl</i>	T1	
<i>ramelteon</i>	T1	AL (Min 18 Years)
<i>ramipril</i>	T1	
RANEXA	T3	
<i>ranitidine hcl oral capsule</i>	T3	
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	T3	
<i>ranitidine hcl oral tablet 150 mg, 75 mg</i>	T9	
<i>ranitidine hcl oral tablet 300 mg</i>	T3	
<i>ranolazine er</i>	T1	
RAPAFLO	T3	QL (30 capsules per 30 days)
RAPAMUNE	T5	SP (Limited to a 1 month supply per fill)
<i>rasagiline mesylate oral</i>	T2	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	T9	
RAVICTI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (525 ML per 30 days)
RAYALDEE	T9	
<i>rayasal</i>	T9	
RAYOS	T9	
RAZADYNE ER	T3	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 44 MCG/0.5ML	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)

Medication	Coverage Level	Restrictions
RECEDO	T9	
RECLIPSEN	T1	PV
RECOMBINATE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (55200 billable units per 28 days)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	T6	PV; QL (3 Doses per 1 Lifetime)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	T6	PV; QL (3 Doses per 1 Lifetime)
RECORLEV	T9	
RECTIV	T9	
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	
RELENZA DISKHALER	T3	
RELEUKO INJECTION SOLUTION 300 MCG/ML	T5	SP (Limited to a 1 month supply per fill)
<i>releuko injection solution 480 mcg/1.6ml</i>	T5	SP (Limited to a 1 month supply per fill)
<i>releuko subcutaneous</i>	T5	SP (Limited to a 1 month supply per fill)
RELEXXII	T9	
RELION BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
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	T5	PA; SP (Limited to a 1 month supply per fill)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	T5	PA; SP (Limited to a 1 month supply per fill)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	T5	PA; SP (Limited to a 1 month supply per fill)
RELPAX	T9	
RELTONE	T9	

Medication	Coverage Level	Restrictions
RELYVRIO	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL (Min 18 Years and Max 80 Years)
REMERON ORAL TABLET 15 MG, 30 MG	T3	
REMERON SOLTAB	T3	
REMICADE	T9	
RENAGEL ORAL TABLET 800 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
RENAL ORAL CAPSULE	T9	
<i>rena-vite</i>	T3	PV; AL (Max 50 Years)
<i>rena-vite rx</i>	T9	
<i>reno caps</i>	T9	
RENOVA	T9	
RENOVA PUMP	T9	
REVELA ORAL PACKET 0.8 GM	T9	
REVELA ORAL PACKET 2.4 GM	T5	SP (Limited to a 1 month supply per fill)
REVELA ORAL TABLET	T9	
<i>repaglinide</i>	T1	
REPATHA	T2	PA; QL (2 pens per 28 days)
REPATHA PUSHTRONEX SYSTEM	T2	PA; QL (1 cartridge per 30 days)
REPATHA SURECLICK	T2	PA; QL (2 pens per 28 days)
REPLESTA	T9	
REPLESTA CHILDRENS	T9	
REPLESTA NX	T9	
REQ 49+	T9	
RESTASIS	T9	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	T9	
RESTORA RX	T9	
RESTORA SPRINKLES	T9	
RESTORIL	T3	QL (30 capsules per 30 days); AL (Min 18 Years)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
RETEVMO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)

Medication	Coverage Level	Restrictions
RETIN-A	T3	AL (Max 50 Years)
RETIN-A MICRO	T9	
RETIN-A MICRO PUMP	T9	
RETROVIR ORAL CAPSULE	T3	
RETROVIR ORAL SYRUP	T3	
REVATIO ORAL SUSPENSION RECONSTITUTED	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL (Max 5 Years)
REVATIO ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill)
REVCovi	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); 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 ORAL CAPSULE 10 MG, 25 MG	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
REVLIMID ORAL CAPSULE 15 MG, 20 MG, 5 MG	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
REVLIMID ORAL CAPSULE 2.5 MG	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
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
REZLIDHIA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (28 capsules per 14 days); AL (Min 18 Years)
REZUROCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
REZVOGLAR KWIKPEN	T9	
RHOFADE	T3	ST; QL (60 GM per 30 days); AL (Min 18 Years)
RHOPRESSA	T3	ST
RIAX EXTERNAL FOAM	T3	QL (1 GM per 30 days)
<i>ribavirin oral capsule</i>	T4	SP (Limited to a 1 month supply per fill)
<i>ribavirin oral tablet 200 mg</i>	T4	SP (Limited to a 1 month supply per fill)
RIDAURA	T9	
<i>rifabutin</i>	T4	SP (Limited to a 1 month supply per fill)
RIFADIN ORAL	T3	
<i>rifampin oral</i>	T1	
RIGHTEST GL300 LANCETS	T2	
RIGHTEST GS100 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
RIGHTEST GS300 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
RIGHTEST GS550 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	T3	ST; QL (200 strips per 30 days)
RILUTEK	T9	
<i>riluzole</i>	T1	QL (60 tablets per 30 days)
<i>rimantadine hcl</i>	T1	
<i>rimi</i>	T9	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to one fill per 2 years); QL (30 tablets per 30 days)
RIOMET	T9	
<i>risedronate sodium oral tablet 150 mg</i>	T1	ST; QL (1 tablet per 30 days)

Medication	Coverage Level	Restrictions
<i>risedronate sodium oral tablet 30 mg</i>	T4	ST; SP (Limited to a 1 month supply per fill)
<i>risedronate sodium oral tablet 35 mg, 5 mg</i>	T1	ST
<i>risedronate sodium oral tablet delayed release</i>	T2	ST
RISPERDAL ORAL SOLUTION	T3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3	
<i>risperidone oral solution</i>	T1	
<i>risperidone oral tablet</i>	T1	
<i>risperidone oral tablet dispersible 0.25 mg</i>	T1	
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T2	
RITALIN	T3	AL (Min 4 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	T3	QL (31 capsules per 31 days); AL (Min 4 Years)
<i>ritonavir</i>	T1	
<i>rivastigmine</i>	T3	QL (30 patches per 30 days)
<i>rivastigmine tartrate</i>	T1	QL (60 capsules per 30 days)
RIVELSA	T9	
<i>rixubis</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (73600 billable units per 28 days); AL (Min 21 Years)
<i>rizatriptan benzoate</i>	T1	QL (12 tablets per 30 days)
ROBAXIN ORAL	T3	
ROBAXIN-750	T3	
ROCALTROL ORAL CAPSULE	T3	
ROCALTROL ORAL SOLUTION	T3	AL (Max 9 Years)
ROCKLATAN	T3	ST
<i>roflumilast</i>	T1	QL (30 tablets per 30 days)
ROGAINE	T9	
ROGAINE MENS	T9	
ROGAINE MENS EXTRA STRENGTH	T9	
ROGAINE WOMENS EXTERNAL SOLUTION	T9	
<i>ropinirole hcl</i>	T1	
<i>ropinirole hcl er</i>	T1	ST
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	T1	PV
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	T1	
ROSZET	T9	
ROTARIX ORAL SUSPENSION RECONSTITUTED	T6	PV

Medication	Coverage Level	Restrictions
ROWASA RECTAL	T3	
<i>roxifol-d</i>	T9	
ROZEREM	T3	AL (Min 18 Years)
ROZLYTREK	T4	PA; SP (Max of 14 day supply per fill); QL (42 capsules per 14 days); AL (Min 12 Years)
RUBRACA ORAL TABLET 200 MG, 250 MG	T4	PA; SP (Max of 14 day supply per fill)
RUBRACA ORAL TABLET 300 MG	T4	PA; SP (Max of 14 day supply per fill)
RUCONEST	T9	
<i>rufinamide oral suspension</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
<i>rufinamide oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
RUKOBIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
RUZURGI	T4	PA; SP (Limited to a 1 month supply per fill)
RYALTRIS	T9	
RYBELSUS	T9	
RYCLORA ORAL SYRUP	T9	
RYDAPT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 21 days)
<i>rynoderma</i>	T9	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 48.75-195 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 capsules per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 36.25-145 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (270 capsules per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 61.25-245 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (300 capsules per 30 days)
RYTHMOL SR	T3	QL (60 capsules per 30 days)
RYVENT	T9	
SABRIL	T9	
SAFYRAL	T9	

Medication	Coverage Level	Restrictions
SAIZEN	T9	SP ()
SAJAZIR	T9	
SALAGEN	T3	
SALEX EXTERNAL SHAMPOO	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>	T1	
SALVAX	T9	
SAMSCA ORAL TABLET 15 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SAMSCA ORAL TABLET 30 MG	T5	PA; SP (Limited to a 1 month supply per fill)
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>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>sapropterin dihydrochloride oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill)
SARAFEM ORAL TABLET 10 MG, 20 MG	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 pack per 30 days)
<i>saxagliptin hcl</i>	T3	ST; QL (30 tablets per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg</i>	T3	ST; QL (60 tabelts per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-500 mg</i>	T3	ST; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
SAXENDA	T9	
SCALPICIN MAXIMUM STRENGTH	T9	
SCSEMBLIX	T5	PA; SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)
<i>scopolamine</i>	T1	
SEASONIQUE	T9	
SECONAL	T3	QL (28 capsules per 14 days); AL (Min 18 Years)
SECUADO	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 Patches per 30 days); AL (Min 18 Years)
SEEBRI NEOHALER	T3	QL (1 inhaler per 30 days)
SEGLENTIS	T9	
SEGLUROMET	T3	ST; QL (60 tablets per 30 days)
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T1	
<i>selegiline hcl oral tablet</i>	T2	
<i>selenium sulfide external lotion</i>	T1	
<i>selenium sulfide external shampoo 2.25 %</i>	T1	
<i>selenium sulfide external shampoo 2.3 %</i>	T9	
<i>self-taking blood pressure</i>	T2	QL (2 EA per 730 days)
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>	T1	QL (30 tablets per 30 days)
SENSIPAR	T5	SP (Limited to a 1 month supply per fill)
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)

Medication	Coverage Level	Restrictions
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
<i>sertraline hcl oral capsule</i>	T9	
<i>sertraline hcl oral concentrate</i>	T1	
<i>sertraline hcl oral tablet</i>	T1	
<i>se-tan plus</i>	T9	
SETLAKIN	T1	PV
<i>sevelamer carbonate oral packet</i>	T5	SP (Limited to a 1 month supply per fill)
<i>sevelamer carbonate oral tablet</i>	T2	QL (510 tablets per 30 days)
<i>sevelamer hcl</i>	T4	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
SEVENFACT	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
SEYSARA	T9	
<i>sf</i>	T1	
<i>sf 5000 plus</i>	T1	
SFROWASA	T3	QL (30 bottles per 30 days)
SHAROBEL	T1	PV
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	T6	PV; QL (2 doses per 1 lifetime); AL (Min 50 Years)
SIDEROL ORAL LIQUID†	T9	
SIGNIFOR	T5	PA; SP (Limited to a 1 month supply per fill)
SIKLOS	T9	
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL (Max 5 Years)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	QL (15 tablets per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	T3	PA
SILENOR	T9	
SILIQ	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Limited to 4 syringes for the first fill.); QL (2 syringes per 28 days)
<i>silodosin</i>	T1	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
SILVADENE	T3	
<i>silver sulfadiazine external</i>	T1	
SIMBRINZA	T2	
SIMLIYA	T1	PV
SIMPESSE	T1	PV
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (0.5 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (0.5 ML per 28 days)
<i>simvastatin oral suspension</i>	T9	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	PV
<i>simvastatin oral tablet 80 mg</i>	T1	
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)
SITAVIG	T9	
SIVEXTRO ORAL	T4	PA; SP (Limited to a 1 month supply per fill)
SKLICE	T3	
SKYCLARYS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days); AL (Min 16 Years and Max 40 Years)
SKYRIZI PEN	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 12 week supply per fill); QL (1 pen per 12 weeks)
SKYRIZI SUBCUTANEOUS SOLUTION 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)

Medication	Coverage Level	Restrictions
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 12 week supply per fill); QL (1 syringe per 12 weeks)
SKYTROFA	T9	
SLYND	T3	ST; QL (28 tablets per 28 days)
<i>sm aspirin ec low strength</i>	T1	
SM CLEARLAX	T3	PV
<i>sm folic acid</i>	T1	PV; AL (Max 50 Years)
<i>sm laxative oral</i>	T3	PV
<i>sm magnesium citrate</i>	T3	PV
<i>sm milk of magnesia oral suspension 400 mg/5ml</i>	T3	PV
<i>sm nicotine polacrilex</i>	T1	PV
<i>sm nicotine transdermal</i>	T1	PV
SMARTEST BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
SMARTEST LANCETS 28G	T2	
SMOOTH LAX ORAL PACKET	T9	
SOAANZ	T9	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	T1	
<i>sodium chloride inhalation nebulization solution 7 %</i>	T1	
<i>sodium chloride irrigation solution 0.9 %</i>	T1	
<i>sodium fluoride 5000 plus</i>	T1	
<i>sodium fluoride 5000 ppm dental gel</i>	T1	
<i>sodium fluoride 5000 ppm dental paste</i>	T1	
<i>sodium fluoride 5000 sensitive</i>	T1	
<i>sodium fluoride dental gel 1.1 %</i>	T1	
<i>sodium fluoride mouth/throat</i>	T1	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	T1	
<i>sodium fluoride oral tablet</i>	T1	
<i>sodium fluoride oral tablet chewable</i>	T1	
<i>sodium oxybate</i>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days)
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>sodium phenylbutyrate oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>sodium polystyrene sulfonate oral powder</i>	T1	

Medication	Coverage Level	Restrictions
<i>sodium sulfacetamide external shampoo</i>	T9	
<i>sodium sulfacetamide wash</i>	T9	
<i>sofosbuvir-velpatasvir</i>	T5	PA; SP (Limited to a 1 month supply per fill)
SOGROYA	T9	
SOLESTA	T3	
<i>solifenacin succinate</i>	T1	QL (30 tablets per 30 days)
SOLQUA	T2	QL (15 ML per 25 days)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	T9	
SOLOSEC	T9	
SOLTAMOX	T9	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG	T2	QL (2 vials per 1 year)
SOMA ORAL TABLET 350 MG	T9	
SOMATULINE DEPOT	T4	SP (Limited to a 1 month supply per fill)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 20 MG, 30 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
SONAFINE	T9	
SOOLANTRA	T3	ST; QL (45 GM per 30 days)
<i>sorafenib tosylate</i>	T4	PA; SP (Max of 14 day supply per fill)
SORILUX	T9	
SORINE	T1	
<i>sotalol hcl oral</i>	T1	

Medication	Coverage Level	Restrictions
SOTYKTU	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SOTYLIZE	T3	
SOVALDI ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill)
SOVALDI ORAL TABLET 200 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SOVALDI ORAL TABLET 400 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SPECTRACEF ORAL TABLET 400 MG	T3	
SPIKEVAX COVID-19 VACCINE	T6	
<i>spinosad</i>	T1	
SPIRIVA HANDIHALER	T2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T2	QL (1 Inhaler per 30 Days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
<i>spironolactone oral</i>	T1	
<i>spironolactone-hctz</i>	T1	
SPORANOX ORAL CAPSULE	T9	
SPORANOX ORAL SOLUTION	T5	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
SPORANOX PULSEPAK	T9	
SPRINTEC 28	T1	PV
SPRITAM	T3	ST; QL (60 tablets per 30 Days)
SPRIX	T9	
SPRYCEL	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
SPS	T1	
SRONYX	T1	PV
SSD	T1	
SSD (SILVER SULFADIAZINE)	T1	
SSKI	T3	
ST JOSEPH ASPIRIN ORAL TABLET CHEWABLE	T3	
STALEVO 100	T3	
STALEVO 125	T3	
STALEVO 150	T3	

Medication	Coverage Level	Restrictions
STALEVO 200	T3	
STALEVO 50	T3	
STALEVO 75	T3	
<i>stamaril</i>	T9	
STARLIX	T3	
<i>stavudine oral capsule</i>	T1	
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	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed 2 vials for first month starting dose)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed 2 syringes for first month starting dose.)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed 2 syringes for first month starting dose)
STENDRA	T9	
STIMATE	T4	SP (Limited to a 1 month supply per fill)
STIMUFEND	T9	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	QL (1 inhaler per 30 days)
STIVARGA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
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	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
<i>stress formulaliron</i>	T3	PV
STRIANT	T9	

Medication	Coverage Level	Restrictions
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)
SUBSYS SUBLINGUAL LIQUID 100 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days)
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days)
SUBSYS SUBLINGUAL LIQUID 800 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 untis per 30 days)
SUBVENITE STARTER KIT-BLUE	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-GREEN	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-ORANGE	T3	QL (1 kit per 365 Days)
SUCRAID	T4	SP (Limited to a 1 month supply per fill)
<i>sucralfate oral suspension</i>	T2	
<i>sucralfate oral tablet</i>	T1	
SUDOGEST ORAL TABLET 60 MG	T9	
SUFLAVE	T3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T3	
<i>sulconazole nitrate external cream</i>	T3	ST
<i>sulconazole nitrate external solution</i>	T9	
<i>sulfacetamide sodium (acne)</i>	T2	
<i>sulfacetamide sodium (cleans)</i>	T1	
<i>sulfacetamide sodium external liquid</i>	T1	
<i>sulfacetamide sodium ophthalmic</i>	T1	
<i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external emulsion</i>	T1	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>	T1	

Medication	Coverage Level	Restrictions
<i>sulfacetamide sodium-sulfur external liquid 9-4 %</i> , 9.8-4.8 %	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-prednisolone ophthalmic solution</i>	T1	
<i>sulfadiazine oral</i>	T2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1	
SULFAMYLON	T3	
<i>sulfasalazine oral</i>	T1	
SULFATRIM PEDIATRIC	T1	
<i>sulindac oral</i>	T1	
SUMADAN	T3	
SUMADAN WASH	T3	
<i>sumatriptan nasal</i>	T3	QL (8 units per 30 days)
<i>sumatriptan succinate oral</i>	T1	QL (12 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	T9	
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	T1	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	T1	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	T9	
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	T3	QL (8 pens per 30 days)
<i>sumatriptan-naproxen sodium</i>	T9	
SUMAXIN	T9	
SUMAXIN CP	T9	
SUMAXIN WASH	T9	
<i>sunitinib malate</i>	T4	PA; SP (Limited to a 1 month supply per fill)
SUNLENCA ORAL	T5	PA; SP (Limited to 1 fill per year); QL (1 pouch per 1 year)
SUNOSI	T3	ST; QL (30 tablets per 30 days)
SUPER QUINTS B-50	T3	PV; AL (Max 50 Years)
SUPERVITE	T9	
SUPRAX ORAL CAPSULE	T2	

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

Medication	Coverage Level	Restrictions
SYMTUZA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYNALAR	T9	
SYNALAR TS	T9	
SYNAREL	T9	
SYNDROS	T9	
SYNERA	T9	
SYNERDERM	T9	
SYNJARDY	T2	QL (60 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	QL (30 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	QL (60 tablets per 30 days)
SYNTHROID	T3	
SYPRINE	T9	
TABLOID	T5	SP (Limited to a 1 month supply per fill)
TABRECTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
TACLONEX EXTERNAL OINTMENT	T5	SP (Limited to a 1 month supply per fill); QL (100 GM per 30 days)
TACLONEX EXTERNAL SUSPENSION	T9	
<i>tacrolimus external ointment</i>	T1	QL (30 GM per 30 days)
<i>tacrolimus oral</i>	T1	
<i>tadalafil (pah)</i>	T9	SP ()
<i>tadalafil oral tablet 10 mg, 20 mg</i>	T1	QL (15 tablets per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	T1	QL (30 tablets per 30 days)
TADLIQ	T9	
TAFINLAR ORAL CAPSULE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
TAFINLAR ORAL TABLET SOLUBLE	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 bottles per 30 days); AL (Min 1 Years and Max 9 Years)
<i>tafluprost (pf)</i>	T3	
TAGRISSE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill); QL (15 tablets per 15 days)

Medication	Coverage Level	Restrictions
TAKE ACTION	T1	PV
TAKHZYRO SUBCUTANEOUS SOLUTION	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
TALICIA	T9	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 autoinjector per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 syringe per 28 dayss)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 capsules per 14 days)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 capsules per 14 days)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 capsules per 14 days)
TAMIFLU ORAL CAPSULE	T3	QL (10 capsules per 1 fill)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	T3	QL (120 ML per 1 fill)
<i>tamoxifen citrate oral</i>	T1	
<i>tamsulosin hcl</i>	T1	
TANDEM PLUS	T9	
TAPAZOLE	T3	
TAPERDEX 12-DAY	T9	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	T9	
TARCEVA ORAL TABLET 100 MG	T5	PA; SP (Max of 14 day supply per fill)
TARCEVA ORAL TABLET 150 MG, 25 MG	T5	PA; SP (Max of 14 day supply per fill)
TARGADOX	T9	

Medication	Coverage Level	Restrictions
TARGRETIN EXTERNAL	T9	
TARGRETIN ORAL	T5	PA; SP (Max of 14 day supply per fill)
TARINA 24 FE	T1	PV
TARINA FE 1/20	T1	PV
TARINA FE 1/20 EQ	T1	PV
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	T3	
<i>taron forte</i>	T9	
TARON-PREX	T2	
TARPEYO	T9	
TASCENSO ODT	T9	
TASIGNA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (56 capsule per 14 days)
<i>tasimelteon</i>	T5	PA; SP (Limited to a 1 month supply per fill)
TASMAR ORAL TABLET 100 MG	T3	
<i>tavaborole</i>	T9	
TAVALISSE	T9	
TAVNEOS	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
TAYTULLA	T9	
<i>tazarotene external cream</i>	T2	ST
<i>tazarotene external foam</i>	T3	ST; QL (50 GM per 30 days)
<i>tazarotene external gel</i>	T9	
TAZORAC EXTERNAL CREAM	T3	ST
TAZORAC EXTERNAL GEL	T9	
TAZTIA XT	T1	
TAZVERIK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (112 Tablets per 14 days)
TDVAX	T6	PV; QL (1 injection per 10 years)
TECFIDERA ORAL CAPSULE DELAYED RELEASE	T5	ST; SP (Limited to a 1 month supply per fill)
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	T5	ST; SP (Limited to a 1 month supply per fill)
TEGRETOL ORAL SUSPENSION	T3	
TEGRETOL ORAL TABLET	T3	

Medication	Coverage Level	Restrictions
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG	T3	ST; QL (60 tablets per 30 days)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 400 MG	T3	ST; QL (120 tablets per 30 days)
TEGSEDI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes per 30 days)
TEKTURNA	T3	
TEKTURNA HCT	T2	ST
TELCARE BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
TELCARE GLUCOSE CONTROL	T3	
<i>telmisartan</i>	T1	
<i>telmisartan-amlodipine</i>	T1	
<i>telmisartan-hctz</i>	T1	
<i>temazepam oral capsule 15 mg, 30 mg</i>	T1	QL (30 capsules per 30 days); AL (Min 18 Years)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	T9	
TEMIXYS	T9	
TEMODAR ORAL CAPSULE 250 MG	T5	PA; SP (Limited to a 1 month supply per fill)
TEMOVATE EXTERNAL OINTMENT	T3	
<i>temozolomide</i>	T4	PA; SP (Limited to a 1 month supply per fill)
TEMPO REFILL	T9	
TEMPO SMART BUTTON	T9	
TEMPO WELCOME	T9	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	T6	PV; QL (1 dose per 10 years)
<i>tenofovir disoproxil fumarate</i>	T1	
TENORETIC 100	T3	
TENORETIC 50	T3	
TENORMIN	T3	
TEPMETKO	T5	PA; SP (Max of 15 day supply per fill); QL (30 tablets per 15 days)
TERAZOL 7	T3	
<i>terazosin hcl oral</i>	T1	
<i>terbinafine hcl oral</i>	T1	
<i>terbutaline sulfate oral</i>	T1	
<i>terconazole vaginal cream 0.4 %</i>	T1	
<i>terconazole vaginal suppository</i>	T1	

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

Medication	Coverage Level	Restrictions
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
THIOLA EC ORAL TABLET DELAYED RELEASE 300 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>thioridazine hcl oral</i>	T1	
<i>thiothixene oral</i>	T1	
<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	
TIADYL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1	
<i>tiagabine hcl oral tablet 12 mg, 4 mg</i>	T3	QL (120 tablets per 30 days)
<i>tiagabine hcl oral tablet 16 mg</i>	T3	QL (90 tablets per 30 days)
<i>tiagabine hcl oral tablet 2 mg</i>	T3	QL (60 tablets per 30 days)
TIAZAC	T3	
TIBSOVO	T4	PA; SP (Max of 14 day supply per fill)
TICALAST	T9	
TICE BCG	T6	PV
TICOVAC	T9	
TIGAN ORAL	T3	
TIGLUTIK	T9	
TIKOSYN	T3	
TILIA FE	T1	PV
<i>timolol maleate (once-daily)</i>	T9	
<i>timolol maleate ophthalmic gel forming solution</i>	T2	
<i>timolol maleate ophthalmic solution</i>	T1	
<i>timolol maleate oral</i>	T1	
<i>timolol maleate pf</i>	T3	
TIMOPTIC	T3	
TIMOPTIC OCUDOSE	T3	

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

Medication	Coverage Level	Restrictions
TOLAK	T2	QL (1 tube per 30 days)
<i>tolcapone</i>	T5	SP (Limited to a 1 month supply per fill)
<i>tolmetin sodium</i>	T2	
<i>tolsura</i>	T9	
<i>tolterodine tartrate</i>	T1	
<i>tolterodine tartrate er</i>	T2	
<i>tolvaptan</i>	T4	PA; SP (Limited to a 1 month supply per fill)
TOPAMAX	T3	
TOPAMAX SPRINKLE	T3	ST
TOPICORT EXTERNAL CREAM 0.05 %	T9	
TOPICORT EXTERNAL CREAM 0.25 %	T3	
TOPICORT EXTERNAL GEL	T9	
TOPICORT EXTERNAL OINTMENT 0.25 %	T3	
TOPICORT SPRAY	T9	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	T3	ST; QL (30 capsules per 30 days)
<i>topiramate er oral capsule extended release 24 hour</i>	T9	
<i>topiramate oral capsule sprinkle</i>	T1	ST
<i>topiramate oral tablet</i>	T1	
TOPROL XL	T3	
<i>toremifene citrate</i>	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>torsemide oral</i>	T1	
TOSYMRA	T9	
TOUJEO MAX SOLOSTAR	T1	
TOUJEO SOLOSTAR	T1	
TOVIAZ	T3	QL (30 tablets per 30 days)
<i>toxicology saliva collection</i>	T9	
TRACLEER ORAL TABLET	T9	SP ()
TRACLEER ORAL TABLET SOLUBLE	T4	PA; SP (Limited to a 1 month supply per fill)
TRADJENTA	T3	ST; QL (30 tablets per 30 days)
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	T9	
<i>tramadol hcl er</i>	T1	QL (30 tablets per 30 days)
<i>tramadol hcl oral solution</i>	T9	
<i>tramadol hcl oral tablet 100 mg</i>	T9	
<i>tramadol hcl oral tablet 50 mg</i>	T1	QL (240 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>tramadol-acetaminophen</i>	T1	
<i>trandolapril</i>	T1	
<i>trandolapril-verapamil hcl er</i>	T1	
<i>tranexamic acid oral</i>	T1	
TRANSDERM-SCOP (1.5 MG)	T3	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	T3	
TRANXENE-T ORAL TABLET 7.5 MG	T3	
<i>tranylcypromine sulfate</i>	T2	
TRAVATAN Z	T3	
<i>travoprost (bak free)</i>	T2	ST
<i>trazodone hcl oral</i>	T1	
TRELEGY ELLIPTA	T2	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to 2 pens on first fill.); QL (1 pen per 8 weeks)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limit of 2 syringes on first fill.); QL (1 syringe per 8 weeks)
TRESIBA	T9	
TRESIBA FLEXTOUCH	T9	
<i>tretinoin external cream 0.025 %</i>	T1	AL (Max 50 Years)
<i>tretinoin external cream 0.05 %, 0.1 %</i>	T2	AL (Max 50 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	T1	AL (Max 50 Years)
<i>tretinoin external gel 0.05 %</i>	T2	AL (Max 50 Years)
<i>tretinoin microsphere</i>	T9	
<i>tretinoin microsphere pump</i>	T9	
<i>tretinoin oral</i>	T4	PA; SP (Max of 14 day supply per fill)
TRETEN	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
TREXALL	T3	ST
TREXIMET ORAL TABLET 85-500 MG	T9	
TREZIX ORAL CAPSULE 320.5-30-16 MG	T1	QL (10 capsules per 1 day)
TRI FEMYNOR	T1	PV
<i>triadime</i>	T9	
<i>triamcinolone acetonide external aerosol solution</i>	T9	

Medication	Coverage Level	Restrictions
<i>triamcinolone acetonide external cream</i>	T1	
<i>triamcinolone acetonide external lotion 0.1 %</i>	T1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	T1	
<i>triamcinolone acetonide external ointment 0.05 %</i>	T9	
<i>triamcinolone acetonide mouth/throat</i>	T1	
<i>triamcinolone acetonide nasal aerosol</i>	T3	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hctz oral tablet</i>	T1	
TRIANEX	T9	
TRIASIL	T9	
<i>triazolam oral tablet 0.125 mg</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>	T1	QL (60 tablets per 30 days); AL (Min 18 Years)
TRIBENZOR	T3	
<i>tri-buffered aspirin oral tablet 325 mg</i>	T1	
TRICARE	T1	
TRICARE PRENATAL COMPLEAT	T1	
<i>tricitrates</i>	T9	
TRICON	T9	
TRICOR	T3	
TRIDERM EXTERNAL CREAM	T1	
<i>trientine hcl oral capsule 250 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)
TRI-ESTARYLLA	T1	PV
<i>trifluoperazine hcl oral</i>	T1	
<i>trifluridine ophthalmic</i>	T1	
<i>trigels-f forte</i>	T9	
TRIGLIDE ORAL TABLET 160 MG	T9	
<i>trihexyphenidyl hcl</i>	T1	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 Tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	QL (60 Tablets per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)

Medication	Coverage Level	Restrictions
TRIKAFTA ORAL THERAPY PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days)
TRI-LEGEST FE	T1	PV
TRILEPTAL	T3	
TRI-LINYAH	T1	PV
TRILIPIX	T3	
TRI-LO-ESTARYLLA	T1	PV
TRI-LO-MARZIA	T1	PV
TRI-LO-MILI	T1	PV
TRI-LO-SPRINTEC	T1	PV
TRI-LUMA	T9	
<i>trimethobenzamide hcl oral</i>	T1	
<i>trimethoprim oral</i>	T1	
TRI-MILI	T1	PV
<i>trimipramine maleate oral</i>	T2	
<i>trinatal rx 1</i>	T1	
TRINATE	T2	
TRI-NORINYL (28)	T3	
TRINTELLIX	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
TRI-NYMYO	T1	PV
TRIONEX	T9	
<i>triphrocaps</i>	T9	
TRI-PREVIFEM	T1	PV
TRI-SPRINTEC	T1	PV
<i>tristart dha</i>	T9	
TRIUMEQ	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
TRIUMEQ PD	T4	SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
TRIVEEN-DUO DHA	T1	
TRI-VI-FLOR	T9	
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	T1	
TRIVORA (28)	T1	PV
TRI-VYLIBRA	T1	PV
TRI-VYLIBRA LO	T1	PV
<i>tri-zel</i>	T9	

Medication	Coverage Level	Restrictions
TRIZIVIR	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TROKENDI XR	T9	
<i>tropicamide-cyclopentolate-pe</i>	T9	
<i>tropium chloride</i>	T1	QL (60 capsules per 30 days)
<i>tropium chloride er</i>	T3	QL (30 capsules per 30 days)
TRUDHESA	T9	
TRUE METRIX BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
TRUETRACK TEST	T3	ST; QL (200 strips per 30 days)
TRULANCE	T2	QL (30 tablets per 30 days)
TRULICITY	T2	QL (2 ML per 28 days)
TRUMENBA	T6	PV; QL (3 ML per 1 Lifetime)
TRUSELTIQ (100MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
TRUSELTIQ (125MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
TRUSELTIQ (50MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
TRUSELTIQ (75MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
TRUSOPT	T3	
TRUSTEX LUBRICATED	T3	PV
TRUSTEX NON-LUBRICATED	T3	PV
TRUSTEX RIA LUBRICATED	T3	PV
TRUSTEX RIA NON-LUBRICATED	T3	PV
TRUVADA	T5	SP (Limited to a 1 month supply per fill)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T9	
TUKYSA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
TULANA	T1	PV
TURALIO ORAL CAPSULE 125 MG	T5	PA; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)

Medication	Coverage Level	Restrictions
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	T9	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6	PV; QL (4 doses per 1 lifetime); AL (Min 18 Years)
TWIRLA	T9	
TWYNEO	T9	
TWYNSTA	T3	
TYBLUME ORAL TABLET CHEWABLE	T3	
TYBOST	T2	QL (30 tablets per 30 days)
TYDEMY	T9	
TYKERB	T5	PA; SP (Max of 14 day supply per fill. Limited Distribution Medication.)
TYMLOS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 pen per 30 days)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	T9	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T9	
TYRVAYA	T9	
TYVASO	T4	PA; SP (Limited to a 1 month supply per fill)
TYVASO DPI MAINTENANCE KIT	T5	PA; SP (Limited to a 1 month supply per fill)
TYVASO DPI TITRATION KIT	T5	PA; SP (Limited to a 1 month supply per fill)
TYVASO REFILL	T4	PA; SP (Limited to a 1 month supply per fill)
TYVASO STARTER	T4	PA; SP (Limited to a 1 month supply per fill)
UBRELVY	T4	PA; SP (Limited to a 1 month supply per fill); QL (10 tablets per 30 days)
UCERIS ORAL	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
UCERIS RECTAL	T3	QL (2 packages per 180 days)
UDAMIN SP ORAL TABLET 1 MG	T9	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	

Medication	Coverage Level	Restrictions
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	T1	
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	T2	
ULTRACET	T3	
ULTRAM	T3	QL (240 tablets per 30 days)
ULTRASAL-ER	T9	
ULTRAVATE EXTERNAL CREAM	T9	
ULTRAVATE EXTERNAL LOTION	T9	
ULTRAVATE X (OINTMENT)	T9	
UNISTrip1 GENERIC	T3	ST; QL (200 strips per 30 days)
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T1	
UPNEEQ	T9	
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET 1400 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET 200 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK	T5	PA; SP (Limited to a 1 month supply per fill); QL (200 tablets per 30 days)
urea external cream 40 %, 45 %	T9	
urea external lotion 40 %	T9	
urea hydrating	T9	
urea nail external gel 45 %	T9	
URIBEL	T9	
URIMAR-T ORAL CAPSULE	T9	
urneva	T9	
UROCIT-K 10	T3	
UROCIT-K 15	T3	
UROCIT-K 5	T3	
UROXATRAL	T3	
URSO 250	T3	
URSO FORTE	T3	
ursodiol oral capsule 200 mg, 400 mg	T9	

Medication	Coverage Level	Restrictions
<i>ursodiol oral capsule 300 mg</i>	T2	
<i>ursodiol oral tablet</i>	T2	
UTIBRON NEOHALER	T3	QL (1 inhaler per 30 days)
UTOPIC	T9	
VAGIFEM VAGINAL TABLET 10 MCG	T3	
<i>valacyclovir hcl oral</i>	T1	
VALCHLOR	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 15 day supply per fill); QL (60 GM per 15 days)
VALCYTE ORAL SOLUTION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days); AL (Max 9 Years)
VALCYTE ORAL TABLET	T9	
<i>valganciclovir hcl oral solution reconstituted</i>	T4	SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days); AL (Max 9 Years)
<i>valganciclovir hcl oral tablet</i>	T3	QL (120 tablets per 30 days)
VALIUM	T3	
<i>valproate sodium oral solution</i>	T1	
<i>valproic acid oral capsule</i>	T1	
<i>valsartan oral solution</i>	T9	
<i>valsartan oral tablet</i>	T1	
<i>valsartan-hydrochlorothiazide</i>	T1	
VALTOCO 10 MG DOSE	T3	QL (4 units per 30 days)
VALTOCO 15 MG DOSE	T3	QL (8 units per 30 days)
VALTOCO 20 MG DOSE	T3	QL (8 units per 30 days)
VALTOCO 5 MG DOSE	T3	QL (4 units per 30 days)
VALTREX ORAL TABLET 1 GM	T2	
VALTREX ORAL TABLET 500 MG	T3	
<i>valved holding chamber</i>	T1	QL (4 EA per 365 days)
VANATOL LQ	T9	
VANCOCIN HCL	T9	
VANCOCIN ORAL CAPSULE 125 MG	T9	
<i>vancomycin hcl intravenous solution reconstituted 1.25 gm, 1000 mg, 500 mg</i>	T1	
<i>vancomycin hcl oral capsule 125 mg</i>	T3	ST; QL (56 capsules per 14 years)
<i>vancomycin hcl oral capsule 250 mg</i>	T9	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	T1	

Medication	Coverage Level	Restrictions
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	T9	
<i>vancomycin hcl oral solution reconstituted 50 mg/ml</i>	T2	
VANDAZOLE	T1	
VANIQA	T9	
VANOS	T9	
VANOXIDE-HC	T9	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	T6	PV; QL (2 Doses per 1 Lifetime)
<i>vardenafil hcl oral</i>	T9	
<i>varenicline tartrate (starter)</i>	T2	PV
<i>varenicline tartrate oral</i>	T2	PV
<i>varenicline tartrate oral tablet</i>	T2	PV; QL (60 tablets per 30 Days)
<i>varenicline tartrate oral tablet therapy pack</i>	T2	PV
VARUBI ORAL	T9	
VASCEPA	T9	PA
VASERETIC	T3	
VASOTEC	T3	
VAXELIS	T6	PV
VAXNEUVANCE	T6	
<i>v-c forte</i>	T9	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	T3	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	T3	PV
VECAMYL	T4	SP (Limited to a 1 month supply per fill)
VECTICAL	T3	ST; QL (100 GM per 30 days)
VELIVET	T1	PV
VELPHORO	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
VELTASSA ORAL PACKET 8.4 GM	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
VELTIN	T9	
VEMLIDY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
VENCLEXTA ORAL TABLET 10 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
VENCLEXTA ORAL TABLET 100 MG, 50 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
VENCLEXTA STARTING PACK	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
VENELEX	T9	
<i>venlafaxine besylate er</i>	T9	
<i>venlafaxine hcl</i>	T1	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	T1	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	T9	
VENTAVIS	T4	PA
VENTOLIN HFA	T2	QL (2 inhalers per 25 days)
VEOZAH	T9	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	T1	
<i>verapamil hcl oral</i>	T1	
VERDESO	T9	
VEREGEN	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 grams per 30 days)
VERELAN	T3	
VERELAN PM	T3	
VERKAZIA	T9	
VERQUVO	T3	PA; QL (30 tablets per 30 days)
VERSACLOZ	T5	ST; SP (Limited to a 1 month supply per fill)
VERZENIO ORAL TABLET 100 MG, 200 MG, 50 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
VERZENIO ORAL TABLET 150 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
VESICARE	T3	QL (30 tablets per 30 days)
VESICARE LS	T3	ST; QL (150 ML per 30 days); AL (Max 9 Years)
VESTURA	T1	PV
VFEND ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (300 ML per 30 days)
VFEND ORAL TABLET 200 MG	T5	SP (Limited to a 1 month supply per fill); QL (120 Tablets per 30 days)
VFEND ORAL TABLET 50 MG	T5	SP (Limited to a 1 month supply per fill); QL (480 tablets per 30 days)
V-GO 20	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	
VICODIN ES ORAL TABLET 7.5-300 MG	T9	
VICODIN HP ORAL TABLET 10-300 MG	T9	
VICODIN ORAL TABLET 5-300 MG	T9	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
VIDEX EC	T3	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	T2	
VIEKIRA PAK	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
VIENVA	T1	PV

Medication	Coverage Level	Restrictions
<i>vigabatrin oral packet</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL (Min 2 Years)
<i>vigabatrin oral tablet</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days); AL (Min 2 Years)
VIGADRONE ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL (Min 2 Years)
VIGADRONE ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days); AL (Min 2 Years)
VIGAMOX	T3	
VIIBRYD ORAL TABLET	T3	QL (30 tablets per 30 days)
VIIBRYD STARTER PACK	T3	QL (30 tablets per 30 days)
VIJOICE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
<i>vilazodone hcl</i>	T1	QL (30 tablets per 30 Days)
VIMOVO	T9	
VIMPAT ORAL SOLUTION	T3	
VIMPAT ORAL TABLET	T3	QL (60 tablets per 30 days)
VINATE DHA RF	T3	QL (30 tablets per 30 days)
VINATE M	T1	
VINATE ONE	T1	
VIOKACE	T5	ST; SP (Limited to a 1 month supply per fill)
<i>viorele</i>	T1	PV
VIRACEPT ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
VIRAMUNE ORAL SUSPENSION	T3	QL (1200 ML per 30 days)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	T3	QL (30 tablets per 30 days)
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)
VIROPTIC	T3	
<i>virt-caps</i>	T9	

Medication	Coverage Level	Restrictions
VIRT-GARD	T9	
<i>virt-phos 250 neutral</i>	T9	
<i>virtrate-2</i>	T9	
<i>virtrate-3</i>	T9	
<i>virtrate-k</i>	T9	
<i>virt-vite</i>	T9	
<i>virt-vite forte</i>	T9	
<i>virt-vite plus</i>	T9	
VISTARIL	T3	
VISTOGARD	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (20 packets per 5 days)
VITACEL	T1	
VITAFOL ORAL TABLET	T9	
VITAFOL-NANO	T3	QL (30 tablets per 30 days)
VITAFOL-OB	T3	
VITAFOL-ONE	T3	
VITAL-D RX	T9	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	T1	
<i>vitamin d3 oral capsule 25 mcg (1000 ut)</i>	T1	PV; AL (Min 65 Years)
<i>vitamin d3 oral liquid 400 unit/ml</i>	T1	PV; AL (Min 65 Years)
<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i>	T1	PV; AL (Min 65 Years)
VITAPEARL	T3	
VITA-RESPA	T9	
VITATRUE	T3	
VITRAKVI ORAL CAPSULE 100 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 capsules per 14 days)
VITRAKVI ORAL CAPSULE 25 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 capsules per 14 days)
VITRAKVI ORAL SOLUTION	T4	PA; SP (Max of 14 day supply per fill); QL (48 ML per 14 days)
VIVAGUARD INO CONTROL SOLUTION	T3	
VIVELLE-DOT	T3	
VIVJOA	T9	
VIVLODEX	T9	
VIVOTIF	T9	

Medication	Coverage Level	Restrictions
VIZIMPRO ORAL TABLET 15 MG	T5	PA; SP (Max of 14 day supply per fill)
VIZIMPRO ORAL TABLET 30 MG, 45 MG	T5	PA; SP (Max of 14 day supply per fill)
<i>vocabria</i>	T9	
VOGELXO PUMP	T9	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	T9	
VOLNEA	T1	PV
VOLTAREN TRANSDERMAL	T3	
VONJO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
VONVENDI	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
VOQUEZNA DUAL PAK	T9	
VOQUEZNA TRIPLE PAK	T9	
<i>voriconazole oral suspension reconstituted</i>	T4	SP (Limited to a 1 month supply per fill); QL (300 ML per 30 days)
<i>voriconazole oral tablet 200 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>voriconazole oral tablet 50 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (480 Tablets per 30 days)
VOSEVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
VOTRIENT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
VOWST	T9	
VOXZOGO	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (3 boxes per 30 days)
<i>vp-vite rx</i>	T9	

Medication	Coverage Level	Restrictions
VRAYLAR	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	T1	PV
VYLEESI	T9	
VYLIBRA	T1	PV
VYNDAMAX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
VYNDAQEL	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
VYTONE	T9	
VYTORIN	T3	
VYVANSE ORAL CAPSULE	T3	QL (30 capsules per 30 days); AL (Min 6 Years)
VYVANSE ORAL TABLET CHEWABLE	T2	QL (30 tablets per 30 days); AL (Min 6 Years)
VYZULTA	T9	
WAKIX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>warfarin sodium oral</i>	T1	
<i>wee care</i>	T1	PV; AL (Min 6 Years and Max 12 Years)
WEGOVY	T9	
WELCHOL ORAL PACKET	T3	QL (30 packets per 30 days)
WELCHOL ORAL TABLET	T3	QL (180 tablets per 30 days)
WELIREG	T4	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 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)

Medication	Coverage Level	Restrictions
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	T3	QL (90 tablets per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	T3	
WERA	T1	PV
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	T1	
WIDE-SEAL DIAPHRAGM 60	T3	PV
WIDE-SEAL DIAPHRAGM 65	T3	PV
WIDE-SEAL DIAPHRAGM 70	T3	PV
WIDE-SEAL DIAPHRAGM 75	T3	PV
WIDE-SEAL DIAPHRAGM 80	T3	PV
WIDE-SEAL DIAPHRAGM 85	T3	PV
WIDE-SEAL DIAPHRAGM 90	T3	PV
WIDE-SEAL DIAPHRAGM 95	T3	PV
WILATE INTRAVENOUS KIT	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
WINLEVI	T9	
WIXELA INHUB	T3	
WYMZYA FE	T1	PV
WYNZORA	T9	
XACIATO	T3	ST
XADAGO	T3	ST; QL (30 tablets per 30 days)
XALATAN	T3	
XALIX	T9	
XALKORI ORAL CAPSULE 200 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 capsules per 14 days)
XALKORI ORAL CAPSULE 250 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 capsules per 14 days)
XANAX	T3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	T3	QL (30 tablets per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG, 3 MG	T3	QL (60 tablets per 30 days)
XARELTO ORAL SUSPENSION RECONSTITUTED	T2	QL (310 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	T2	QL (30 tablets per 30 days)
XARELTO ORAL TABLET 15 MG	T2	QL (42 tablets per 21 days)

Medication	Coverage Level	Restrictions
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)	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XCOPRI (350 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 Tablets per 30 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 Tablets per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 Tablets per 30 days)
XCOPRI ORAL TABLET THERAPY PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Pack per 30 days)
XELJANZ ORAL SOLUTION	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (240 ML per 30 days)
XELJANZ ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XELJANZ XR	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
XELODA	T5	SP (Limited to a 1 month supply per fill)
XELPROS	T2	
XELSTRYM	T3	ST; QL (30 patches per 30 Days); AL (Min 6 Years)
XENAZINE	T9	
XENICAL	T9	
XENLETA ORAL	T9	
XEPI	T9	
XERAC AC	T1	
XERAIVA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	T9	
XERESE	T9	

Medication	Coverage Level	Restrictions
XERMELO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
XHANCE	T9	
XIFAXAN ORAL TABLET 200 MG	T4	SP (Limited to a 1 month supply per fill); QL (9 tablets per 30 days)
XIFAXAN ORAL TABLET 550 MG	T4	PA; SP (Limited to a 14 or 30 day supply per fill, depending on diagnosis.)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	T2	QL (30 tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T2	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T2	QL (60 tablets per 30 days)
XIIDRA	T2	QL (60 vials per 30 days)
XIMINO	T9	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	T2	QL (1 tablet per 1 fill); AL (Min 5 Years)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	T2	QL (2 tablets per 1 fill); AL (Min 5 Years)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	T2	QL (1 tablet per 1 fill); AL (Min 5 Years)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	T2	QL (2 tablets per 1 fill); AL (Min 5 Years)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 30 days)
XOLEGEL	T9	
XOPENEX	T3	
XOPENEX CONCENTRATE	T3	
XOPENEX HFA	T9	
XOSPATA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 tablets per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T5	PA; SP (Limited to a 1 month supply per fill)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T5	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	T5	PA; SP (Limited to a 1 month supply per fill)
XPOVIO (60 MG TWICE WEEKLY)	T5	PA; SP (Limited to a 1 month supply per fill); QL (24 tablets per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T5	PA; SP (Limited to a 1 month supply per fill)
XPOVIO (80 MG TWICE WEEKLY)	T5	PA; SP (Limited to a 1 month supply per fill); QL (32 tablets per 28 days)
XRYLIDERM	T9	
XTAMPZA ER	T3	ST; QL (60 capsules per 30 days)
XTANDI ORAL CAPSULE	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
XTANDI ORAL TABLET 40 MG	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
XTANDI ORAL TABLET 80 MG	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)
XULANE	T2	PV; QL (4 patches per 28 days)
XULTOPHY	T2	QL (15 ML per 30 days)
<i>xurea</i>	T9	
XURIDEN	T9	
XYLIDERM	T9	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
XYNTHA SOLOFUSE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
XYOSTED	T9	
XYREM	T4	PA; SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days)
XYWAV	T9	

Medication	Coverage Level	Restrictions
YASMIN 28	T9	
<i>yaxatarxyn</i>	T9	
YAZ	T9	
YF-VAX SUBCUTANEOUS INJECTABLE	T9	
<i>yokatar</i>	T9	
YONSA	T9	
YOSPRALA	T9	
YUFLYMA	T9	
YUFLYMA 1-PEN KIT	T9	
YUFLYMA 2-PEN KIT	T9	
YUFLYMA 2-SYRINGE KIT	T9	
YUPELRI	T9	
YUSIMRY	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
YUVAFEM	T1	
ZADITOR	T1	
ZAFEMY	T1	PV; QL (4 patches per 28 days)
<i>zafirlukast</i>	T1	
<i>zaleplon oral capsule 10 mg</i>	T1	AL (Min 18 Years)
<i>zaleplon oral capsule 5 mg</i>	T1	QL (30 capsules per 30 days); AL (Min 18 Years)
ZANAFLEX	T3	
ZANTAC 150 MAXIMUM STRENGTH	T9	
ZANTAC ORAL TABLET 300 MG	T3	
ZARAH	T1	PV
ZARONTIN	T3	
ZARXIO	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
<i>zavara</i>	T9	
ZAVESCA	T9	
ZAVZPRET	T5	ST; 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	T9	
ZEGERID OTC	T3	

Medication	Coverage Level	Restrictions
ZEJULA ORAL CAPSULE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (42 capsules per 14 days)
ZEJULA ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
ZELBORAF	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 14 day supply per fill)
ZELNORM	T3	ST; QL (60 tablets per 30 days)
ZEMBRACE SYMTOUCH	T9	
ZEMDRI	T9	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	T3	
ZENATANE	T2	QL (6 fills per 2 years)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	T4	SP (Limited to a 1 month supply per fill)
ZENZEDI ORAL TABLET 10 MG	T3	QL (180 tablets per 30 days); AL (Min 6 Years)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	T9	
ZENZEDI ORAL TABLET 5 MG	T3	QL (30 tablets per 30 days); AL (Min 6 Years)
ZEPATIER	T4	SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
ZEPOSIA	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ZEPOSIA 7-DAY STARTER PACK	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
ZERVIAE	T9	
ZESTORETIC	T3	
ZESTRIL	T3	
ZETIA	T3	
ZETONNA	T9	
ZIAC	T3	

Medication	Coverage Level	Restrictions
ZIAGEN ORAL SOLUTION	T2	
ZIAGEN ORAL TABLET	T3	
ZIANA	T9	
<i>ziclocin</i>	T9	
<i>zidovudine oral capsule</i>	T2	
<i>zidovudine oral syrup</i>	T1	
<i>zidovudine oral tablet</i>	T2	
ZIEXTENZO	T9	
<i>zileuton er</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); AL (Min 12 Years)
ZILRETTA	T9	
ZILXI	T9	
ZIMHI	T2	QL (1 box per 1 year)
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	T9	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	T3	
<i>ziprasidone hcl</i>	T1	
ZIPSOR	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	
ZMA CLEAR	T9	
ZOCOR	T3	QL (31 tablets per 31 days)
ZOKINVY	T9	
ZOLINZA	T4	PA; SP (Max of 14 day supply per fill)
<i>zolmitriptan nasal</i>	T3	ST; QL (12 units per 30 days)
<i>zolmitriptan oral</i>	T2	QL (12 tablets per 30 days)
ZOLOFT ORAL TABLET 100 MG	T3	QL (60 tablets per 30 days)
ZOLOFT ORAL TABLET 25 MG	T3	QL (90 tablets per 30 days)
ZOLOFT ORAL TABLET 50 MG	T3	QL (120 tablets per 30 days)
<i>zolpidem tartrate er</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>zolpidem tartrate oral capsule</i>	T9	

Medication	Coverage Level	Restrictions
<i>zolpidem tartrate oral tablet</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>zolpidem tartrate sublingual</i>	T9	
ZOLPIMIST	T9	
ZOMACTON	T9	
ZOMIG NASAL SOLUTION 2.5 MG	T3	ST; QL (12 units per 30 days)
ZOMIG NASAL SOLUTION 5 MG	T9	
ZOMIG ORAL	T3	QL (12 tablets per 30 days)
ZONALON	T9	
ZONEGRAN	T3	
ZONISADE	T3	QL (150 ML per 30 days); AL (Max 9 Years)
<i>zonisamide oral</i>	T1	
ZONTIVITY	T3	ST; QL (30 tablets per 30 days)
ZORTRESS	T5	SP (Limited to a 1 month supply per fill)
ZORVOLEX	T9	
ZORYVE	T9	
ZOVIA 1/35 (28)	T1	PV
ZOVIA 1/35E (28)	T1	PV
ZOVIRAX EXTERNAL	T9	
ZOVIRAX ORAL	T3	
ZTALMY	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1100 ML per 30 days)
ZTLIDO	T9	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	T2	QL (30 tablets per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T2	QL (60 tablets per 30 days)
ZUMANDIMINE	T1	PV
ZUPLENZ	T2	ST; QL (20 films per 30 days)
ZYCLARA	T9	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	T3	ST
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	T9	
ZYDELIG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
ZYFLO	T9	
ZYFLO CR	T9	

Medication	Coverage Level	Restrictions
ZYKADIA ORAL TABLET	T5	PA; SP (Max of 14 day supply per fill)
ZYLET	T3	ST
ZYLOPRIM	T3	
ZYMAXID	T3	ST
ZYPITAMAG	T9	
ZYPREXA ORAL	T3	
ZYPREXA ZYDIS	T3	
ZYRTEC ALLERGY ORAL TABLET	T9	
ZYRTEC-D ALLERGY & CONGESTION	T9	
ZYTIGA	T9	
<i>zyvit</i>	T9	
ZYVOX ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to one 14 day supply per 6 months (180 days)); AL (Max 9 Years)
ZYVOX ORAL TABLET	T5	SP (Limited to one 14 day supply per 6 months (180 days)); QL (28 tablets per 14 days)

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CHILDRENS	10	<i>amlodipine besylate-valsartan</i>	12	APTIOM	14
ALLEGRA-D ALLERGY &		<i>amlodipine-atorvastatin</i>	12	APTIVUS	14
CONGESTION	10	<i>amlodipine-olmesartan</i>	12	AQUANIL HC	14
ALLI	10	<i>amlodipine-valsartan-hctz</i>	12	ARAKODA	14
<i>allopurinol</i>	10	<i>ammonium lactate</i>	12	ARANELLE	14
ALLZITAL	10	AMNESTEEM	12	ARANESP (ALBUMIN FREE) ... 14	
<i>almotriptan malate</i>	10	<i>amoxapine</i>	12	ARAVA	14
ALOCRIL	10	<i>amoxicill-clarithro-lansopraz</i>	12	ARAZLO	14
<i>alogliptin benzoate</i>	10	<i>amoxicillin</i>	12	ARCALYST	14
<i>alogliptin-metformin hcl</i>	10	<i>amoxicillin-pot clavulanate</i> ... 12, 13		ARCAPTA NEOHALER	14
<i>alogliptin-pioglitazone</i>	10	<i>amoxicillin-pot clavulanate er</i>	12	AREXVY	14
ALOMIDE	10	<i>amphetamine er</i>	13	<i>arformoterol tartrate</i>	14
ALORA	10	<i>amphetamine sulfate</i>	13	ARICEPT	14
<i>alosetron hcl</i>	10	<i>amphetamine-dextroamphet er</i> ..	13	ARIKAYCE	15
ALPAWASH	10	<i>amphetamine-</i>		ARIMIDEX	15
ALPHAGAN P	10	<i>dextroamphetamine</i>	13	<i>aripiprazole</i>	15
ALPHANATE	10	<i>ampicillin</i>	13	ARIXTRA	15
ALPHANINE SD	10	AMPYRA	13	<i>armodafinil</i>	15
<i>alprazolam</i>	10	AMRIX	13	ARMONAIR DIGIHALER	15
<i>alprazolam er</i>	10	AMZEEQ	13	ARMOUR THYROID	15
ALPRAZOLAM INTENSOL	10	ANADROL-50	13	ARNUITY ELLIPTA	15
ALPROLIX	10	ANAFRANIL	13	AROMASIN	15
ALREX	11	<i>anagrelide hcl</i>	13	ARTHROTEC	15
ALTABAX	11	ANALPRAM-HC	13	ASACOL HD	15
ALTACE	11	ANAPROX DS	13	ASCOMP-CODEINE	15
ALTAVERA	11	ANASPAZ	13	ASCRIPITIN	15
ALTOPREV	11	<i>anastrozole</i>	13	<i>asenapine maleate</i>	15
ALTRENO	11	ANDRODERM	13	ASHLYNA	15
ALTUVIIIIO	11	ANDROGEL	13	ASMANEX (120 METERED	
ALUNBRIG	11	ANDROGEL PUMP	13	DOSES)	15
ALVESCO	11	ANGELIQ	13	ASMANEX (14 METERED	
<i>alyacen 1/35</i>	11	ANIMI-3	13	DOSES)	15
<i>alyacen 7/7/7</i>	11	ANIMI-3/VITAMIN D	13	ASMANEX (30 METERED	
ALZAIR ALLERGY NASAL		ANNOVERA	13	DOSES)	15
SPRAY	11	ANORO ELLIPTA	13	ASMANEX (60 METERED	
<i>amantadine hcl</i>	11	ANTABUSE	13	DOSES)	15
AMARYL	11	ANTARA	13		

ASMANEX (7 METERED DOSES)	15	AVAR LS	17	BD INSULIN SYRINGE U/F	19
ASMANEX HFA	15	AVAR LS CLEANSER	17	BD PEN NEEDLE MINI U/F	19
<i>aspirin</i>	15	AVAR-E EMOLLIENT	17	BECONASE AQ	19
<i>aspirin 81</i>	15	AVAR-E GREEN	17	BELBUCA	19
<i>aspirin adult</i>	15	AVAR-E LS	17	<i>belladonna alkaloids-opium</i>	20
<i>aspirin ec</i>	15	<i>aveida</i>	17	BELSOMRA	20
<i>aspirin ec low dose</i>	15	AVELOX	18	<i>benazepril hcl</i>	20
<i>aspirin-dipyridamole er</i>	15	AVIANE	18	<i>benazepril-hydrochlorothiazide</i> ..	20
ASPRUZYO SPRINKLE	15	AVITA	18	BENEFIX	20
ASSURE 4 TEST	15	AVO CREAM	18	BENICAR	20
ASSURE DOSE CONTROL	16	AVODART	18	BENICAR HCT	20
ASSURE LANCE PLUS SAFETY 30G	16	AVONEX PEN	18	BENLYSTA	20
ASSURE PLATINUM	16	AVONEX PREFILLED	18	<i>bensal hp</i>	20
ASSURE PRISM MULTI TEST ..	16	<i>av-phos 250 neutral</i>	18	BENZAC AC WASH	20
ASTAGRAF XL	16	AYGESTIN	18	BENZACLIN	20
ATACAND	16	AYUNA	18	BENZACLIN WITH PUMP	20
ATACAND HCT	16	AYVAKIT	18	BENZEFOAM	20
<i>atazanavir sulfate</i>	16	AZASAN	18	BENZEFOAMULTRA	20
ATELVIA	16	AZASITE	18	BENZEPRO	20
<i>atenolol</i>	16	<i>azathioprine</i>	18	BENZEPRO CREAMY WASH ...20	
<i>atenolol-chlorthalidone</i>	16	<i>azelaic acid</i>	18	BENZEPRO FOAMING CLOTHS	20
ATIVAN	16	<i>azelastine hcl</i>	18	BENZEPRO SHORT CONTACT	20
<i>atomoxetine hcl</i>	16	<i>azelastine-fluticasone</i>	18	<i>benznidazole</i>	20
ATORVALIQ	16	AZELEX	18	<i>benzonatate</i>	20
<i>atorvastatin calcium</i>	16	AZILECT	18	<i>benzoyl peroxide</i>	20
<i>atovaquone</i>	16	<i>azithromycin</i>	18	<i>benzoyl peroxide cleanser</i>	20
<i>atovaquone-proguanil hcl</i>	16	AZOPT	18	<i>benzoyl peroxide wash</i>	20
ATRALIN	16	AZOR	18	<i>benzoyl peroxide-erythromycin</i> ..	20
ATRAPRO HYDROGEL	16	AZSTARYS	18	<i>benzophetamine hcl</i>	20
ATRIPLA	16	AZULFIDINE	18	<i>benztropine mesylate</i>	20
<i>atropine sulfate</i>	16	AZULFIDINE EN-TABS	18	<i>bepotastine besilate</i>	20
ATROVENT HFA	16	AZURETTE	18	BEPREVE	20
AUBAGIO	16	<i>b complex formula 1 (wl fa)</i>	18	BERINERT	21
AUBRA	16	<i>bacitracin-polymyxin b</i>	19	BESIVANCE	21
AUBRA EQ	16	<i>bacitra-neomycin-polymyxin-hc</i> ..	19	BESREMI	21
AUGMENTIN	16, 17	<i>baclofen</i>	19	<i>betaine</i>	21
AUGMENTIN XR	17	BACMIN	19	<i>betamethasone dipropionate</i>	21
AUROVELA 1.5/30	17	BACTRIM	19	<i>betamethasone dipropionate</i>	
AUROVELA 1/20	17	BACTRIM DS	19	<i>aug</i>	21
AUROVELA 24 FE	17	BAFIERTAM	19	<i>betamethasone valerate</i>	21
AUROVELA FE 1.5/30	17	BALCOLTRA	19	BETAPACE	21
AUROVELA FE 1/20	17	<i>balsalazide disodium</i>	19	BETASERON	21
AURYXIA	17	BALVERSA	19	<i>betaxolol hcl</i>	21
AUSTEDO	17	BALZIVA	19	<i>bethanechol chloride</i>	21
AUSTEDO XR	17	BANZEL	19	BETHKIS	21
AUSTEDO XR PATIENT TITRATION	17	BAQSIMI ONE PACK	19	BETIMOL	21
AUVELITY	17	BAQSIMI TWO PACK	19	BETOPTIC-S	21
AUVI-Q	17	BARACLUDE	19	<i>bevacizumab</i>	21
AVALIDE	17	BASAGLAR KWIKPEN	19	BEVESPI AEROSPHERE	21
AVAPRO	17	BASAGLAR TEMPO PEN	19	BEVYXXA	21
AVAR	17	BAXDELA	19	<i>bexarotene</i>	21
AVAR CLEANSER	17	BAYER BREEZE 2 TEST	19	BEXSERO	21
		<i>bcg vaccine</i>	19	BEYAZ	22
		BD INSULIN SYRINGE MICROFINE	19		

BIAFINE	22	BREATHERITE/LARGE MASK	23	BYLVAY (PELLETS)	26
<i>bicalutamide</i>	22	BREATHERITE/MEDIUM MASK	23	BYNFEZIA PEN	26
BIDIL	22	BREATHERITE/SMALL MASK	23	BYSTOLIC	26
BIGFOOT UNITY PROGRAM	22	BREO ELLIPTA	23	BYVALSON	26
BIJUVA	22	BREXAFEMME	23	<i>cabergoline</i>	26
BIKTARVY	22	BREYNA	23	CABLIVI	26
BILTRICIDE	22	BREZTRI AEROSPHERE	23	CABOMETYX	26
<i>bimatoprost</i>	22	<i>briellyn</i>	23	CADUET	26
BINOSTO	22	BRILINTA	24	CAFERGOT	26
BIONECT	22	<i>brimonidine tartrate</i>	24	<i>caffeine citrate</i>	26
BIOTHRAX	22	<i>brimonidine tartrate-timolol</i>	24	CALAN	26
<i>bisacodyl</i>	22	<i>brimonidine-dorzolamide</i>	24	CALAN SR	26
<i>bisacodyl ec</i>	22	<i>brinzolamide</i>	24	<i>calcipotriene</i>	26
<i>bismuth/metronidazole/tetracycline</i>	22	BRISDELLE	24	<i>calcipotriene-betameth diprop</i>	26
<i>bisoprolol fumarate</i>	22	BRIVIACT	24	<i>calcitonin (salmon)</i>	26
<i>bisoprolol-hydrochlorothiazide</i>	22	BROMFED DM	24	<i>calcitriol</i>	26
BLEPH-10	22	<i>bromfenac sodium (once-daily)</i>	24	<i>calcium acetate (phos binder)</i>	26
BLEPHAMIDE S.O.P.	22	<i>bromocriptine mesylate</i>	24	<i>calcium-folic acid plus d</i>	26
BLISOVI 24 FE	22	BROMSITE	24	CALQUENCE	26
BLISOVI FE 1.5/30	22	BRONCHITOL	24	CAMBIA	26
BLISOVI FE 1/20	22	BROVANA	24	CAMILA	26
<i>blood glucose test</i>	22	BRUKINSA	24	CAMRESE	27
<i>blood pressure monitor</i>	22	BRYHALI	24	CAMRESE LO	27
BLOOD PRESSURE MONITOR 3	22	BSS	24	CAMZYOS	27
BLOOD PRESSURE MONITOR 7	22	BSS PLUS	24	CANASA	27
BONIVA	22	<i>budesonide</i>	24	<i>candesartan cilexetil</i>	27
BONJESTA	22	<i>budesonide er</i>	24	<i>candesartan cilexetil-hctz</i>	27
BOOSTRIX	22, 23	<i>budesonide-formoterol fumarate</i>	24	CANDIN	27
<i>bosentan</i>	23	<i>buffered aspirin</i>	24	<i>capecitabine</i>	27
BOSULIF	23	BUFFERIN	24	CAPEX	27
<i>bp 10-1</i>	23	<i>bumetanide</i>	24	CAPLYTA	27
<i>bp cleansing wash</i>	23	BUPAP	24	CAPRELSA	27
<i>bp foam</i>	23	BUPHENYL	24, 25	<i>captopril</i>	27
<i>bp gel</i>	23	<i>bupivacaine hcl</i>	25	<i>captopril-hydrochlorothiazide</i>	27
<i>bp vit 3</i>	23	<i>buprenorphine</i>	25	CARAC	27
<i>bp wash</i>	23	<i>buprenorphine hcl</i>	25	CARAFATE	27
<i>bpo</i>	23	<i>buprenorphine hcl-naloxone hcl</i>	25	CARBAGLU	27
<i>bpo foaming cloths</i>	23	<i>bupropion hcl</i>	25	<i>carbamazepine</i>	27
BPROTECTED PEDIA IRON	23	<i>bupropion hcl er (smoking det)</i>	25	<i>carbamazepine er</i>	27
BRAFTOVI	23	<i>bupropion hcl er (sr)</i>	25	CARBATROL	27
BREATHERITE	23	<i>bupropion hcl er (xl)</i>	25	<i>carbidopa</i>	27
BREATHERITE COLL SPACER ADULT	23	<i>buspirone hcl</i>	25	<i>carbidopa-levodopa</i>	27
BREATHERITE COLL SPACER CHILD	23	<i>butalbital-acetaminophen</i>	25	<i>carbidopa-levodopa er</i>	27
BREATHERITE COLL SPACER INFANT	23	<i>butalbital-apap-caff-cod</i>	25	<i>carbidopa-levodopa-entacapone</i>	28
BREATHERITE RIGID SPACER/MASK	23	<i>butalbital-apap-caffeine</i>	25	<i>carbinoxamine maleate</i>	28
BREATHERITE SPACER NEONATE	23	<i>butalbital-asa-caff-codeine</i>	25	CARDIOVID PLUS	28
BREATHERITE SPACER SMALL CHILD	23	<i>butalbital-aspirin-caffeine</i>	25	CARDIZEM	28
		<i>butorphanol tartrate</i>	25	CARDIZEM CD	28
		BUTRANS	25	CARDIZEM LA	28
		BYDUREON BCISE	25	CARDURA	28
		BYETTA 10 MCG PEN	25	CARDURA XL	28
		BYETTA 5 MCG PEN	26	CARETOUCH CONTROL SOL LEVEL 2	28
		BYLVAY	26		

CARETOUCH		<i>cetirizine hcl</i>	30	CITRANATAL B-CALM	32
LANCING/EJECTOR	28	<i>cetirizine hcl childrens alrgy</i>	30	CITRANATAL BLOOM	32
CARETOUCH TEST	28	<i>cetirizine-pseudoephedrine er</i>	30	CITRANATAL DHA	32
CARETOUCH TWIST		CETRAXAL	30	CITRANATAL HARMONY	32
LANCETS 28G	28	<i>cetorelix acetate</i>	30	CITRANATAL MEDLEY	32
CARETOUCH TWIST		CETROTIDE	30	CITRANATAL RX	32
LANCETS 30G	28	<i>cevimeline hcl</i>	30	<i>citrate of magnesia</i>	32
CARETOUCH TWIST		CHARLOTTE 24 FE	30	CITROMA	32
LANCETS 33G	28	CHATEAL	30	CLARAVIS	32
<i>carglumic acid</i>	28	CHATEAL EQ	30	CLARINEX	32
<i>carisoprodol</i>	28	CHEMET	30	CLARINEX-D 12 HOUR	32
<i>carisoprodol-aspirin</i>	28	<i>cheratussin ac</i>	30	<i>clarithromycin</i>	32
<i>carisoprodol-aspirin-codeine</i>	28	<i>childrens aspirin</i>	30	<i>clarithromycin er</i>	32
CARNITOR	28	<i>childrens loratadine</i>	30	CLARITIN	32
CARNITOR SF	28	<i>chlohex</i>	30	CLARITIN REDITABS	32
CAROSPIR	28	<i>chlordiazepoxide hcl</i>	30	CLARITIN-D 12 HOUR	32
<i>carteolol hcl</i>	28	<i>chlordiazepoxide-amitriptyline</i>	30	CLARITIN-D 24 HOUR	32
CARTIA XT	28	<i>chlordiazepoxide-clidinium</i>	30	<i>classic prenatal</i>	32
<i>carvedilol</i>	28	<i>chlorhexidine gluconate</i>	30	CLEARLAX	32
<i>carvedilol phosphate er</i>	28	<i>chloroquine phosphate</i>	30	<i>clemastine fumarate</i>	32
CASODEX	28	<i>chlorpheniramine maleate er</i>	30	CLENIA PLUS	32
CATAPRES	29	<i>chlorpromazine hcl</i>	30	CLENPIQ	32
CATAPRES-TTS-1	29	<i>chlorthalidone</i>	30	CLEOCIN	32, 33
CATAPRES-TTS-2	29	<i>chlorzoxazone</i>	30	CLEOCIN-T	33
CATAPRES-TTS-3	29	<i>choice-tabs</i>	30	CLEVER CHOICE MICRO	
CAVERJECT	29	CHOLBAM	31	TEST	33
CAVERJECT IMPULSE	29	<i>cholestyramine</i>	31	CLEVER CHOICE TALK	
CAYA	29	<i>cholestyramine light</i>	31	SYSTEM	33
CAYSTON	29	<i>choline-mag trisalicylate</i>	31	CLIMARA	33
CAZANT	29	<i>chorionic gonadotropin</i>	31	CLIMARA PRO	33
<i>cefaclor</i>	29	CIALIS	31	CLINDAGEL	33
<i>cefaclor er</i>	29	CIBINQO	31	<i>clindamycin hcl</i>	33
<i>cefadroxil</i>	29	<i>ciclopirox</i>	31	<i>clindamycin palmitate hcl</i>	33
<i>cefdinir</i>	29	<i>ciclopirox olamine</i>	31	<i>clindamycin phos-benzoyl</i>	
<i>cefditoren pivoxil</i>	29	<i>ciclopirox treatment</i>	31	<i>perox</i>	33
<i>cefixime</i>	29	CIFEREX	31	<i>clindamycin phosphate</i>	33
<i>cefepodoxime proxetil</i>	29	<i>cilostazol</i>	31	<i>clindamycin-tretinoin</i>	33
<i>cefprozil</i>	29	CILOXAN	31	CLINDESSE	33
<i>cefuroxime axetil</i>	29	CIMDUO	31	<i>clobazam</i>	33
CELACYN	29	<i>cimetidine</i>	31	<i>clobetasol prop emollient base</i> ...	33
CELACYN POST-		<i>cimetidine hcl</i>	31	<i>clobetasol propionate</i>	33
PROCEDURE PACK	29	CIMZIA	31	<i>clobetasol propionate emulsion</i> ..	33
CELEBREX	29	CIMZIA STARTER KIT	31	CLOBEX	33
<i>celecoxib</i>	29	<i>cinacalcet hcl</i>	31	CLOBEX SPRAY	34
CELEXA	29	CIPRO	31	<i>clocortolone pivalate</i>	34
CELLCEPT	29	CIPRO HC	31	CLODAN	34
CELONTIN	29	CIPRODEX	31	CLODERM	34
CENTANY	29	<i>ciprofloxacin</i>	31	CLODERM PUMP	34
CENTRATEX	29	<i>ciprofloxacin hcl</i>	31	<i>clomiphene citrate</i>	34
<i>cephalexin</i>	29	<i>ciprofloxacin-ciproflox hcl er</i>	31	<i>clomipramine hcl</i>	34
CEPROTIN	29	<i>ciprofloxacin-dexamethasone</i>	32	<i>clonazepam</i>	34
CEQUA	30	<i>ciprofloxacin-fluocinolone pf</i>	32	<i>clonidine</i>	34
CERACADE	30	<i>citalopram hydrobromide</i>	32	<i>clonidine hcl</i>	34
CERDELGA	30	CITRANATAL 90 DHA	32	<i>clonidine hcl er</i>	34
CETACAINA	30	CITRANATAL ASSURE	32	<i>clopidogrel bisulfate</i>	34

<i>clorazepate dipotassium</i>	34	CORTANE-B	36	CYCLOMYDRIL	38
<i>clotrimazole</i>	34	CORTEF	36	<i>cyclopentolate hcl</i>	38
<i>clotrimazole-betamethasone</i>	34	CORTENEMA	36	<i>cyclophosphamide</i>	38
<i>clozapine</i>	34	CORTIFOAM	36	<i>cycloserine</i>	38
CLOZARIL	34	<i>cortisone acetate</i>	36	CYCLOSET	38
COAGADEX	34	CORTISPORIN	36	<i>cyclosporine</i>	38
<i>coal tar</i>	34	CORTROPHIN	36	<i>cyclosporine modified</i>	38
COARTEM	34	CORVITA	36	CYLTEZO	38
<i>codeine sulfate</i>	34	CORVITA 150	36	CYLTEZO-CD/UC/HS	
<i>coenzyme q10</i>	34	CORVITE	36	STARTER	38
<i>coenzyme q-10</i>	34	CORVITE 150	36	CYLTEZO-PSORIASIS	
COLAZAL	34	<i>corvite fe</i>	36	STARTER	38
<i>colchicine</i>	34	CORVITE FREE	36	CYMBALTA	38
<i>colchicine-probenecid</i>	34	CORZIDE	36	<i>cyproheptadine hcl</i>	38
COLCRYS	34	COSENTYX	37	CYRED	38
<i>colesevelam hcl</i>	34, 35	COSENTYX (300 MG DOSE)	36	CYRED EQ	38
COLESTID	35	COSENTYX SENSOREADY		CYSTADANE	38
<i>colestipol hcl</i>	35	(300 MG)	36	CYSTADROPS	38
<i>colistimethate sodium (cba)</i>	35	COSENTYX SENSOREADY		CYSTARAN	38
COLY-MYCIN S	35	PEN	36	CYTOMEL	38
COLYTE WITH FLAVOR		COSENTYX UNOREADY	37	CYTOTEC	39
PACKS	35	COSOPT	37	<i>cytra k crystals</i>	39
COMBIGAN	35	COTELIC	37	<i>cytra-2</i>	39
COMBIPATCH	35	COTEMPLA XR-ODT	37	CYTRA-3	39
COMBIVENT RESPIMAT	35	COUMADIN	37	<i>cytra-k</i>	39
COMBIVIR	35	COVARYX	37	<i>dabigatran etexilate mesylate</i>	39
COMETRIQ (100 MG DAILY		COVARYX HS	37	<i>dalfampridine er</i>	39
DOSE)	35	COZAAR	37	DALIRESP	39
COMETRIQ (140 MG DAILY		CREON	37	<i>danazol</i>	39
DOSE)	35	CRESEMBA	37	DANTRIUM	39
COMETRIQ (60 MG DAILY		CRESTOR	37	<i>dantrolene sodium</i>	39
DOSE)	35	CRINONE	37	<i>dapsone</i>	39
COMIRNATY	35	CRIXIVAN	37	DARAPRIM	39
COMPLERA	35	<i>cromolyn sodium</i>	37	<i>darifenacin hydrobromide er</i>	39
<i>complete natal dha</i>	35	CRYODOSE TA	37	DARTISLA ODT	39
<i>completenate</i>	35	CRYSELLE-28	37	<i>darunavir</i>	39
COMPRO	35	CUPRIMINE	37	DASETTA 1/35	39
COMTAN	35	CUVPOSA	37	DASETTA 7/7/7	39
CONCERTA	35	CUVRIOR	37	DAURISMO	39
<i>condoms</i>	35	<i>cvs aspirin</i>	37	DAYBUE	39
CONDYLOX	35	<i>cvs aspirin adult low dose</i>	37	DAYPRO	39
CONJUPRI	35	<i>cvs aspirin ec</i>	37	DAYSEE	39
CONSENSI	35	<i>cvs folic acid</i>	37	DAYTRANA	39
CONTOUR CONTROL	35	<i>cvs magnesium citrate</i>	37	DAYVIGO	39
CONTOUR NEXT TEST	35	<i>cvs milk of magnesia</i>	37	<i>dazaveidaoxia</i>	39
CONTOUR TEST	35	<i>cvs nicotine</i>	38	<i>dazomon</i>	39
CONTRAVE	35	<i>cvs nicotine polacrilex</i>	37	DDAVP	39
CONZIP	35	<i>cvs prenatal</i>	38	DDAVP PF	39
COPAXONE	35	<i>cvs prenatal multi+dha</i>	38	DEBLITANE	40
COPIKTRA	36	<i>cyanocobalamin</i>	38	DECARA	40
CORDRAN	36	CYCLAFEM 1/35	38	<i>deferasirox</i>	40
COREG	36	CYCLAFEM 7/7/7	38	<i>deferasirox granules</i>	40
COREG CR	36	<i>cyclobenzaprine hcl</i>	38	<i>deferiprone</i>	40
CORGARD	36	<i>cyclobenzaprine hcl er</i>	38	DELESTROGEN	40
CORLANOR	36	CYCLOGYL	38	DELSTRIGO	40

DELZICOL	40	DEXEDRINE	42	DILAUDID	44
DEMADEX	40	DEXILANT	42	<i>diltiazem hcl</i>	45
<i>demeclocycline hcl</i>	40	<i>dexlansoprazole</i>	42	<i>diltiazem hcl er</i>	45
DEMSEER	40	<i>dexmedetomidine hcl in nacl</i>	42	<i>diltiazem hcl er beads</i>	44
DENAVIR	40	<i>dexmethylphenidate hcl</i>	42	<i>diltiazem hcl er coated beads</i>	44
DENGVAIXIA	40	<i>dexmethylphenidate hcl er</i>	42	<i>dilt-xr</i>	45
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DEPAKOTE SPRINKLES	40	DIALYVITE	43	<i>diphenoxylate-atropine</i>	45
DEPEN TITRATABS	40	DIALYVITE 3000	43	<i>diphtheria-tetanus toxoids dt</i>	45
DEPO-PROVERA	40	DIALYVITE 5000	43	DIPROLENE	45
DEPO-TESTOSTERONE	40	DIALYVITE 800	43	DIPROLENE AF	45
DERMACINRX PRIZOPAK	40	DIALYVITE 800/IRON	43	<i>dipyridamole</i>	45
DERMACINRX PUREFOLIX	40	DIALYVITE SUPREME D	43	<i>disopyramide phosphate</i>	45
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DERMASORB HC	41	DIASTAT PEDIATRIC	43	<i>divalproex sodium</i>	45
DERMASORB TA	41	<i>diatrue plus test</i>	43	<i>divalproex sodium er</i>	45
DERMASORB XM	41	<i>diazepam</i>	43	DIVIGEL	45
DERMAZENE	41	DIAZEPAM INTENSOL	43	DOANS PILLS	45
DERMULCERA	41	<i>diazoxide</i>	43	<i>dofetilide</i>	45
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<i>desloratadine</i>	41	DICLEGIS	43	DOMEBORO	46
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<i>desmopressin acetate</i>	41	<i>diclofenac epolamine</i>	43	DONNATAL	46
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<i>desonide</i>	41	<i>diclofenac-misoprostol</i>	43	<i>dorzolamide hcl-timolol mal</i>	46
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<i>desoximetasone</i>	41	DICOPANOL FUSEPAQ	43	DOVATO	46
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<i>desvenlafaxine er</i>	41	<i>didanosine</i>	44	<i>doxazosin mesylate</i>	46
<i>desvenlafaxine succinate er</i>	41	<i>diethylpropion hcl</i>	44	<i>doxepin hcl</i>	46
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DUAKLIR PRESSAIR	47	EDARBYCLOR	49	EMULSION SB	51
DUAVEE	47	EDECIN	49	EMVERM	51
DUETACT	47	EDEX	49	ENABLEX	51
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<i>easy plus ii glucose test</i>	48	ELOCTATE	50	EPANED	52
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<i>ethambutol hcl</i>	55	FAYOSIM	57	<i>finapodtar</i>	60
<i>ethosuximide</i>	55	FAZACLO	57	<i>finasteride</i>	60
<i>ethyl chloride</i>	55	FC2 FEMALE CONDOM	57	<i>fingolimod hcl</i>	60
<i>ethynodiol diac-eth estradiol</i>	55	<i>fe 90 plus</i>	58	FINTEPLA	60
<i>etodolac</i>	55	FE C PLUS	58	FIORICET	60
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FIRAZYR	60	<i>fluvoxamine maleate</i>	62	TEST	64
FIRDAPSE	60	<i>fluvoxamine maleate er</i>	62	FORA V12 BLOOD GLUCOSE	
FIRST-LANSOPRAZOLE	60	FLUZONE HIGH-DOSE		TEST	64
FIRST-MOUTHWASH BLM	60	QUADRIVALENT	62	FORA V20 BLOOD GLUCOSE	
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FLAGYL	60	FML	62	GLUCOSE TEST	64
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<i>flecainide acetate</i>	60	FOCALIN	63	<i>formoterol fumarate</i>	64
FLECTOR	60	FOCALIN XR	63	FORTAMET	64
FLEQSUVY	60	<i>folbee</i>	63	FORTAVIT	64
<i>flolipid</i>	60	FOLBEE AR	63	FORTEO	64
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<i>flurandrenolide</i>	62	GLUCOSE TEST	63	<i>full spectrum b/vitamin c</i>	65
<i>flurazepam hcl</i>	62	FORA GTEL BLOOD		FULPHILA	65
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GABLOFEN	66	GLOPERBA	69	<i>guaifenesin-dm</i>	70
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<i>galantamine hydrobromide</i>	66	<i>glucagon emergency</i>	69	<i>guanfacine hcl er</i>	70
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GEMTESA	67	<i>gnp nicotine</i>	69	HEMADY	71
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<i>generlac</i>	67	<i>gnp prenatal vitamins</i>	69	<i>hematinic plus vit/minerals</i>	71
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<i>gentlelax</i>	67	DEVICE/CLEAR CAP	70	HEMATRON-AF	72
GENVOYA	67	GOJJI STERILE LANCETS	70	HEMATRON-AF (WITH	
GEODON	67	GOLYTELY	70	DOCUSATE)	72
GERI-HYDROLAC 12	67	GONAL-F	70	HEMAX	72
GERI-HYDROLAC 5	67	GONAL-F RFF	70	HEMAX EZY-DOSE	72
GILDESS FE 1.5/30	67	GONAL-F RFF REDIRECT	70	<i>hemetab</i>	72
GILDESS FE 1/20	67	GONITRO	70	HEMLIBRA	72
GILENYA	67	<i>goodsense aspirin</i>	70	HEMMOREX-HC	72
GILOTRIF	68	GOODSENSE CLEARLAX	70	HEMOCYTE	72
GIMOTI	68	<i>goodsense milk of magnesia</i>	70	HEMOCYTE PLUS	72
<i>glatiramer acetate</i>	68	<i>goodsense nicotine</i>	70	HEMOCYTE-F	72
GLATOPA	68	GRALISE	70	<i>hemocyte-plus</i>	72
GLEEVEC	68	<i>granisetron hcl</i>	70	HEMOFIL M	72
GLEOSTINE	68	GRANIX	70	<i>heparin sodium (porcine)</i>	72
<i>glimepiride</i>	69	GRASTEK	70	HEPLISAV-B	72
<i>glipizide</i>	69	<i>griseofulvin microsize</i>	70	HEPSERA	72
<i>glipizide er</i>	69	<i>griseofulvin ultramicrosize</i>	70	HETLIOZ	72

HETLIOZ LQ	72	<i>hydrocodone bitartrate er</i>	74	<i>idaoxia</i>	77
<i>hexiounyl</i>	72	<i>hydrocodone bit-homatrop mbr</i> ..	74	<i>idaran</i>	77
HIBERIX	72	<i>hydrocodone/acetaminophen</i>	74	IDELVION	77
HIDEX 6-DAY	72	<i>hydrocodone-acetaminophen</i>	74	IDHIFA	77
HISTEX-AC	72	<i>hydrocodone-homatropine</i>	74	<i>idyyxiatar</i>	77
HM CLEARLAX	72	<i>hydrocodone-ibuprofen</i>	74	IFEREX 150 FORTE	77
<i>hm laxative</i>	72	<i>hydrocortisone</i>	75	IHEEZO	77
<i>hm magnesium citrate</i>	72	<i>hydrocortisone ace-pramoxine</i> ...	74	ILEVRO	77
<i>hm milk of magnesia</i>	72	<i>hydrocortisone acetate</i>	74, 75	<i>imatinib mesylate</i>	77
<i>hm nicotine</i>	72	<i>hydrocortisone butyr lipo base</i> ...	75	IMBRUVICA	77
<i>hm nicotine polacrilex</i>	72	<i>hydrocortisone butyrate</i>	75	IMCIVREE	77
HOMATROPAIRE	72	<i>hydrocortisone valerate</i>	75	<i>imipramine hcl</i>	78
HORIZANT	72, 73	<i>hydrocortisone-iodoquinol</i>	75	<i>imipramine pamoate</i>	78
HULIO	73	HYDROFERA BLUE FOAM		<i>imiquimod</i>	78
HUMALOG	73	DRESSING	75	<i>imiquimod pump</i>	78
HUMALOG JUNIOR		<i>hydromet</i>	75	IMITREX	78
KWIKPEN	73	<i>hydromorphone hcl</i>	75	IMITREX STATDOSE REFILL ...	78
HUMALOG KWIKPEN	73	<i>hydromorphone hcl er</i>	75	IMITREX STATDOSE SYSTEM	78
HUMALOG MIX 50/50	73	<i>hydroquinone</i>	75	IMOVAX RABIES	78
HUMALOG MIX 50/50		<i>hydroxychloroquine sulfate</i>	75	IMPAVIDO	78
KWIKPEN	73	<i>hydroxyurea</i>	75	IMPEKLO	78
HUMALOG MIX 75/25	73	<i>hydroxyzine hcl</i>	75	IMPOYZ	78
HUMALOG MIX 75/25		<i>hydroxyzine pamoate</i>	75	IMURAN	78
KWIKPEN	73	HYFTOR	75	IMVEXXY MAINTENANCE	
HUMALOG TEMPO PEN	73	HYLATOPIC PLUS	75	PACK	78
HUMATE-P	73	HYOPHEN	75	IMVEXXY STARTER PACK	78
HUMATIN	73	<i>hyoscyamine sulfate</i>	76	INATAL GT	78
HUMATROPE	73	<i>hyoscyamine sulfate er</i>	75	INBRIJA	78
HUMIRA	73, 74	HYPERSAL	76	INCASSIA	78
HUMIRA PEDIATRIC		HYPOLANCE AST LANCING ...	76	INCRELEX	78
CROHNS START	73	HYRIMOZ	76	INCRUSE ELLIPTA	78
HUMIRA PEN	73	HYRIMOZ-CROHNS/UC		<i>indapamide</i>	78
HUMIRA PEN-CD/UC/HS		STARTER PACK	76	INDERAL LA	79
STARTER	73	HYRIMOZ-PED CROHNS		INDERAL XL	79
HUMIRA PEN-PEDIATRIC UC		STARTER	76	INDOCIN	79
START	73	HYRIMOZ-PLAQUE		<i>indomethacin</i>	79
HUMIRA PEN-PS/UV/ADOL		PSORIASIS START	76	<i>indomethacin er</i>	79
HS START	73	HYSINGLA ER	76	INFINITY BLOOD GLUCOSE	
HUMIRA PEN-PSOR/UEIT		HYZAAR	76	TEST	79
STARTER	73	<i>ibandronate sodium</i>	76	INFINITY CONTROL	79
HUMULIN 70/30	74	IBRANCE	76	INFINITY VOICE	79
HUMULIN 70/30 KWIKPEN	74	IBSRELA	76	INGREZZA	79
HUMULIN N	74	IBUDONE	76	INLYTA	79
HUMULIN N KWIKPEN	74	<i>ibuprofen</i>	76	INNOPRAN XL	79
HUMULIN R	74	<i>ibuprofen-famotidine</i>	76	INPEFA	79
HUMULIN R U-500		ICAR-C PLUS	76	INPEN 100-BLUE-LILLY	79
(CONCENTRATED)	74	<i>icatibant acetate</i>	76	INPEN 100-BLUE-LILLY-	
HUMULIN R U-500 KWIKPEN ..	74	ICLEVIA	76	HUMALOG	79
HYCAMTIN	74	ICLUSIG	76, 77	INPEN 100-BLUE-NOVO	79
HYCODAN	74	<i>icosapent ethyl</i>	77	INPEN 100-BLUE-NOVOLOG-	
<i>hydralazine hcl</i>	74	IDACIO	77	FIASP	79
HYDREA	74	IDACIO FOR CROHNS		INPEN 100-GRAY-LILLY	79
<i>hydrochlorothiazide</i>	74	DISEASE/UC	77	INPEN 100-GREY-LILLY-	
<i>hydrocod poli-chlorphe poli er</i>	74	IDACIO FOR PLAQUE		HUMALOG	79
<i>hydrocod polst-cpm polst er</i>	74	PSORIASIS	77	INPEN 100-GREY-NOVO	79

INPEN 100-GREY-NOVOLOG- FIASP	80	ISORDIL TITRADOSE	81	KALYDECO	84, 85
INPEN 100-PINK-LILLY	80	<i>isosorb dinitrate-hydralazine</i>	81	KAMDOY	85
INPEN 100-PINK-LILLY- HUMALOG	80	<i>isosorbide dinitrate</i>	81	KAPSPARGO SPRINKLE	85
INPEN 100-PINK-NOVO	80	<i>isosorbide mononitrate</i>	81	KAPVAY	85
INPEN 100-PINK-NOVOLOG- FIASP	80	<i>isosorbide mononitrate er</i>	81	KARBINAL ER	85
INQOVI	80	<i>isotretinoin</i>	82	KARIVA	85
INREBIC	80	<i>isradipine</i>	82	<i>kataraxap</i>	85
INSPRA	80	ISTALOL	82	KATARVIA	85
<i>insulin asp prot & asp flexpen</i>	80	ISTURISA	82	KATERZIA	85
<i>insulin aspart</i>	80	<i>itraconazole</i>	82	KAZANO	85
<i>insulin aspart flexpen</i>	80	<i>ivermectin</i>	82	KEFLEX	85
<i>insulin aspart penfill</i>	80	IXIARO	82	KELNOR 1/35	85
<i>insulin aspart prot & aspart</i>	80	IXINITY	82	KELNOR 1/50	85
<i>insulin degludec</i>	80	IYUZEH	82	KELO-COTE	85
<i>insulin degludec flextouch</i>	80	JADENU	82	KENALOG	85
<i>insulin glargine-yfgn</i>	80	JADENU SPRINKLE	82	KEPPRA	85
<i>insulin lispro</i>	80	JAIMIESS	82	KEPPRA XR	85
<i>insulin lispro (1 unit dial)</i>	80	JAKAFI	82	KERALAC	85
<i>insulin lispro junior kwikpen</i>	80	JALYN	82	KERALYT	85
<i>insulin lispro prot & lispro</i>	80	<i>janssen covid-19 vaccine</i>	82	KERENDIA	85
INTEGRA F	80	JANTOVEN	82	KERYDIN	85
INTEGRA PLUS	80	JANUMET	82	KESIMPTA	85
INTELENCE	80	JANUMET XR	83	<i>ketamine hcl</i>	85
INTERMEZZO	80	JANUVIA	83	<i>ketoconazole</i>	85
INTRAROSA	80	JARDIANCE	83	<i>ketoprofen er</i>	85
INTRON A	80	JASMIEL	83	<i>ketorolac tromethamine</i>	86
INTUNIV	80	JATENZO	83	KETOSTIX	86
INVEGA	81	JAVYGTOR	83	<i>ketotifen fumarate</i>	86
INVELTYS	81	JAYPIRCA	83	<i>kevaraxap</i>	86
INVIRASE	81	JENCYCLA	83	<i>kevartia</i>	86
INVOKAMET	81	JENTADUETO	83	KEVEYIS	86
INVOKAMET XR	81	JENTADUETO XR	83	KEVZARA	86
INVOKANA	81	JINTELI	83	<i>kimono</i>	86
<i>inzdeaxiatar</i>	81	JIVI	83	<i>kimono micro thin</i>	86
<i>inzdeaxiavar</i>	81	JOENJA	83	KINERET	86
<i>inzdeoxia</i>	81	JOLESSA	83	KINRIX	86
<i>iodoquimez-hc</i>	81	JORNAY PM	83	KIONEX	86
IOPIDINE	81	JOYEAX	83	KISQALI (200 MG DOSE)	86
IPOLE	81	JUBLIA	83	KISQALI (400 MG DOSE)	86
<i>ipratropium bromide</i>	81	JULEBER	83	KISQALI (600 MG DOSE)	87
<i>ipratropium-albuterol</i>	81	JULUCA	83	KISQALI FEMARA (200 MG DOSE)	87
<i>irbesartan</i>	81	JUNEL 1.5/30	83	KISQALI FEMARA (400 MG DOSE)	87
<i>irbesartan-hydrochlorothiazide</i> ...	81	JUNEL 1/20	83	KISQALI FEMARA (600 MG DOSE)	87
IRESSA	81	JUNEL FE 1.5/30	83	KITABIS PAK	87
<i>iron supplement childrens</i>	81	JUNEL FE 1/20	83	KLARON	87
IROSPAN 24/6	81	JUNEL FE 24	83	KLISYRI	87
ISENTRESS	81	JUST RIGHT 5000	83	KLONOPIN	87
ISENTRESS HD	81	JUXTAPID	83, 84	KLOR-CON	87
ISIBLOOM	81	JYNARQUE	84	KLOR-CON 10	87
<i>isoniazid</i>	81	JYNNEOS	84	KLOR-CON M10	87
ISOPTO ATROPINE	81	KADIAN	84	KLOR-CON M15	87
ISOPTO CARPINE	81	KAITLIB FE	84	KLOR-CON M20	87
		KALBITOR	84		
		KALETRA	84		
		KALLIGA	84		

KLOR-CON/EF	87	LARIN 1/20	90	<i>levocetirizine dihydrochloride</i>	92
KLOXXADO	87	LARIN 24 FE	90	<i>levofloxacin</i>	92
KLS QUIT2	87	LARIN FE 1.5/30	90	LEVONEST	92
KLS QUIT4	87	LARIN FE 1/20	90	<i>levonorgest-eth est & eth est</i>	92
KOATE	87	LARISSIA	90	<i>levonorgest-eth estrad 91-day</i>	92
<i>kobee</i>	87	LASIX	90	<i>levonorgest-eth estradiol-iron</i>	92
KOGENATE FS	87	LASTACFT	90	<i>levonorgestrel</i>	92
KOMBIGLYZE XR	87	<i>latanoprost</i>	90	<i>levonorgestrel-ethinyl estrad</i>	92
KONVOMEP	88	LATISSE	90	<i>levonorg-eth estrad triphasic</i>	92
KORLYM	88	LATUDA	90	LEVORA 0.15/30 (28)	92
KOSELUGO	88	<i>laxative</i>	90	<i>levorphanol tartrate</i>	92
<i>kotaraxap</i>	88	<i>laxative polyethylene glycol</i>	90	LEVO-T	92
KOVALTRY	88	LAYOLIS FE	90	<i>levothyroxine sodium</i>	92
K-PHOS-NEUTRAL	88	LAZANDA	90	LEVOXYL	92
<i>kpn prenatal</i>	88	<i>ledipasvir-sofosbuvir</i>	90	LEVSIN	92
KRAZATI	88	LEENA	90	LEVSIN/SL	92
KRINTAFEL	88	LEFLUNICLO	90	LEXAPRO	92
KRISTALOSE	88	<i>leflunomide</i>	90	LEXIVA	92
K-TAB	88	<i>lenalidomide</i>	90	LIALDA	92
KURVELO	88	LENVIMA (10 MG DAILY DOSE)	91	LIBRAX	92
<i>kutar</i>	88	LENVIMA (12 MG DAILY DOSE)	91	LICART	92
<i>kutarvia</i>	88	LENVIMA (14 MG DAILY DOSE)	91	<i>lidocaine</i>	92
KUVAN	88	LENVIMA (14 MG DAILY DOSE)	91	<i>lidocaine hcl</i>	93
KYNMOBI	88	LENVIMA (18 MG DAILY DOSE)	91	<i>lidocaine viscous</i>	93
KYZATREX	88	LENVIMA (18 MG DAILY DOSE)	91	<i>lidocaine(bufferd)-epinephrine</i>	93
<i>labetalol hcl</i>	88	LENVIMA (20 MG DAILY DOSE)	91	<i>lidocaine-hydrocortisone ace</i>	93
LAC-HYDRIN	88	LENVIMA (20 MG DAILY DOSE)	91	<i>lidocaine-prilocaine</i>	93
<i>lacosamide</i>	88	LENVIMA (24 MG DAILY DOSE)	91	LIDODERM	93
LACRISERT	88	LENVIMA (4 MG DAILY DOSE)	91	<i>lidopin</i>	93
<i>lactic acid</i>	89	LENVIMA (8 MG DAILY DOSE)	91	<i>lidopril</i>	93
<i>lactic acid e</i>	88	LESCOL XL	91	<i>lidorx</i>	93
<i>lactulose</i>	89	LESSINA	91	<i>lidosol</i>	93
LAGEVRIO	89	LETAIRIS	91	LIDOTRANS 5 PAK	93
LAMICTAL	89	<i>letrozole</i>	91	LILLOW	93
LAMICTAL ODT	89	<i>leucovorin calcium</i>	91	<i>lindane</i>	93
LAMICTAL STARTER	89	LEUKERAN	91	<i>linezolid</i>	93
LAMICTAL XR	89	<i>leuprolide acetate</i>	91	LINZESS	93
LAMISIL	89	<i>levabuterol hcl</i>	91	<i>liothyronine sodium</i>	93
<i>lamivudine</i>	89	<i>levabuterol tartrate hfa</i>	91	LIPITOR	93
<i>lamivudine-zidovudine</i>	89	<i>levamlodipine maleate</i>	91	LIPOFEN	93
<i>lamotrigine</i>	89	LEVAQUIN	91	LIQREV	93
<i>lamotrigine er</i>	89	LEVEMIR	92	<i>lisdexamfetamine dimesylate</i>	93
<i>lamotrigine starter kit-blue</i>	89	LEVEMIR FLEXPEN	92	<i>lisinopril</i>	93
<i>lamotrigine starter kit-green</i>	89	LEVEMIR FLEXTOUCH	92	<i>lisinopril-hydrochlorothiazide</i>	93
<i>lamotrigine starter kit-orange</i>	89	<i>levetiracetam</i>	92	LITFULO	93
<i>lamotrigine titration</i>	89	<i>levetiracetam er</i>	92	<i>lithium</i>	93
LAMPIT	89	LEVITRA	92	<i>lithium carbonate</i>	93
LANOXIN	89	<i>levobunolol hcl</i>	92	<i>lithium carbonate er</i>	93
<i>lanreotide acetate</i>	89	<i>levocarnitine</i>	92	LITHOBID	93
<i>lansoprazole</i>	89	<i>levocarnitine sf</i>	92	LITHOSTAT	93
<i>lanthanum carbonate</i>	90			LIVALO	93
LANTUS	90			LIVIXIL PAK	93
LANTUS SOLOSTAR	90			LIVMARLI	93
<i>lapatinib ditosylate</i>	90			LIVTENCITY	94
LARIN 1.5/30	90			<i>l-leucine</i>	94

<i>l-methylfolate-b6-b12</i>	94	LUDENT	95	MAVENCLAD (8 TABS)	98
LO LOESTRIN FE	94	<i>luliconazole</i>	95	MAVENCLAD (9 TABS)	98
LOCOID	94	LUMAKRAS	96	MAVIK	98
LOCOID LIPOCREAM	94	LUMIGAN	96	MAVYRET	98
LODOSYN	94	LUMRYZ	96	MAXALT	98
LOESTRIN 1.5/30 (21)	94	LUNESTA	96	MAXALT-MLT	98
LOESTRIN FE 1.5/30	94	LUPKYNIS	96	MAXARON FORTE	98
LOESTRIN FE 1/20	94	<i>lurasidone hcl</i>	96	MAXFE	98
LOFENA	94	LUTERA	96	MAXIDEX	98
LOJAIMIESS	94	LUXAMEND	96	MAXITROL	98
LOKELMA	94	LUXIQ	96	<i>maxi-tuss cd</i>	98
LOMAIRA	94	LUZU	96	MAXZIDE	98
LOMOTIL	94	LYBALVI	96	MAXZIDE-25	98
LONHALA MAGNAIR REFILL KIT	94	LYLEQ	96	MAYZENT	98
LONHALA MAGNAIR STARTER KIT	94	LYLLANA	96	MAYZENT STARTER PACK	99
LONSURF	94	LYMEPAK	96	<i>meclizine hcl</i>	99
<i>loperamide hcl</i>	94	LYNPARZA	96	<i>meclofenamate sodium</i>	99
LOPID	94	LYRICA	96	MEDROL	99
<i>lopinavir-ritonavir</i>	94	LYRICA CR	96	<i>medroxyprogesterone acetate</i>	99
LOPRESSOR	94	LYSIPLEX PLUS	96	<i>mefenamic acid</i>	99
LOPRESSOR HCT	94	LYSODREN	96	<i>mefloquine hcl</i>	99
LOPROX	94	LYSTEDA	96	MEGACE ES	99
<i>loratadine</i>	94	LYTGOBI (12 MG DAILY DOSE)	96	<i>megestrol acetate</i>	99
<i>loratadine-d 24hr</i>	94	LYTGOBI (16 MG DAILY DOSE)	96	MEKINIST	99
<i>lorazepam</i>	94	LYTGOBI (20 MG DAILY DOSE)	96	MEKTOVI	99
LORAZEPAM INTENSOL	94	LYUMJEV	96	MELODETTA 24 FE	99
LORBRENA	95	LYUMJEV KWIKPEN	96	<i>meloxicam</i>	99
LOREEV XR	95	LYUMJEV TEMPO PEN	97	<i>melphalan</i>	99
LORTAB	95	LYVISPAH	97	<i>memantine hcl</i>	99
LORYNA	95	LYZA	97	<i>memantine hcl er</i>	99
LORZONE	95	<i>maca</i>	97	MENACTRA	100
<i>losartan potassium</i>	95	MACROBID	97	MENEST	100
<i>losartan potassium-hctz</i>	95	MACRODANTIN	97	MENOPUR	100
LOSEASONIQUE	95	<i>macuvex</i>	97	MENOSTAR	100
LOTEMAX	95	<i>macuzin</i>	97	MENQUADFI	100
LOTEMAX SM	95	<i>mafenide acetate</i>	97	MENTAX	100
LOTENSIN	95	MAGNEBIND 400	97	MENVEO	100
LOTENSIN HCT	95	<i>magnesium citrate</i>	97	<i>meperidine hcl</i>	100
<i>loteprednol etabonate</i>	95	MALARONE	97	MEPHYTON	100
LOTREL	95	<i>malathion</i>	97	<i>meprobamate</i>	100
LOTREXONE	95	<i>maprotiline hcl</i>	97	MEPRON	100
LOTRIMIN AF	95	<i>maraviroc</i>	97	<i>mercaptopurine</i>	100
LOTRISONE	95	MARINOL	97	<i>mesalamine</i>	100
LOTRONEX	95	<i>marlissa</i>	97	<i>mesalamine er</i>	100
<i>lovastatin</i>	95	MARPLAN	97	MESNEX	100
LOVAZA	95	MATULANE	97	MESTINON	100
LOVENOX	95	MATZIM LA	97	METADATE ER	100
LOW-OGESTREL	95	MAVENCLAD (10 TABS)	97	METAFOLBIC PLUS	100
<i>loxapine succinate</i>	95	MAVENCLAD (4 TABS)	97	<i>metaproterenol sulfate</i>	100
LOYON	95	MAVENCLAD (5 TABS)	97	<i>metaxalone</i>	100
LO-ZUMANDIMINE	95	MAVENCLAD (6 TABS)	97	<i>metdray</i>	101
<i>lubiprostone</i>	95	MAVENCLAD (7 TABS)	98	<i>metformin hcl</i>	101
LUCEMYRA	95			<i>metformin hcl er</i>	101
				<i>metformin hcl er (mod)</i>	101
				<i>methadone hcl</i>	101

METHADONE HCL DISKETTS	101	MICROGESTIN FE 1/20	103	<i>montelukast sodium</i>	104
METHADONE HCL INTENSOL	101	<i>midazolam hcl</i>	103	MONUROL	104
METHADOSE	101	<i>midodrine hcl</i>	103	MORGIDOX	104
<i>methamphetamine hcl</i>	101	MIEBO	103	MORPHABOND ER	104
<i>methaver</i>	101	MIGERGOT	103	<i>morphine sulfate</i>	105
<i>methazel</i>	101	<i>miglustat</i>	103	<i>morphine sulfate (concentrate)</i>	104
<i>methazolamide</i>	101	MIGRANAL	103	<i>morphine sulfate er</i>	105
<i>methenamine hippurate</i>	101	MILI	103	<i>morphine sulfate er beads</i>	104
METHERGINE	101	<i>milk of magnesia</i>	103	MOTTEGRITY	105
<i>methimazole</i>	101	MILLIPRED	103	MOUNJARO	105
<i>methitest</i>	101	MIMVEY	103	MOVANTIK	105
<i>methocarbamol</i>	101	MIMVEY LO	103	MOVIPREP	105
<i>methotrexate</i>	101	MINASTRIN 24 FE	103	MOXEZA	105
<i>methotrexate sodium</i>	101	MINIPRESS	103	<i>moxifloxacin hcl</i>	105
<i>methoxsalen rapid</i>	101	MINITRAN	103	<i>moxifloxacin hcl (2x day)</i>	105
<i>methscopolamine bromide</i>	101	MINIVELLE	103	MS CONTIN	105
<i>methsuximide</i>	101	MINOCIN	103	MUCOSITISRX	105
<i>methyldopa</i>	101	<i>minocycline hcl</i>	103	MUGARD	105
<i>methyldopa-hydrochlorothiazide</i>	101	<i>minocycline hcl er</i>	103	MULPLETA	105
<i>methylergonovine maleate</i>	101	MINOLIRA	103	MULTAQ	105
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Notice of Nondiscrimination and Language Assistance Services

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

Free aids and services

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

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

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

- Qualified interpreters
- Information written in other languages

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

To file a civil rights grievance

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

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

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

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

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

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

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

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

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

பெயர்: நீங்கள் பேசும் மொழியைப் பொறுத்து, உங்கள்
பேச்சைப் புரிந்துகொள்ள உதவுகிறது. உங்கள் மொழியைப் புரிந்துகொள்ள
உதவுகிறது. உங்கள் மொழியைப் புரிந்துகொள்ள உதவுகிறது. (TTY: 711).

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

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

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

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

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

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

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

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

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

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

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

