



**Effective: November 1, 2021**

**Small Group Metal Plans  
Individual Metal Plans**

## **Commercial Metal 5-Tier Formulary (List of Covered Drugs)**

### **What is the Drug List?**

Also called a “formulary” by doctors and pharmacists, the Drug List is an extensive list of safe and effective, U.S. Food and Drug Administration (FDA)-approved, brand-name and generic prescription drugs used to treat the most common medical conditions.

The Health First Pharmacy and Therapeutics Committee (P&T) – a panel of physicians and pharmacists – developed our Drug List and updates it regularly. The list includes quality drugs available to you at a reasonable cost. Only those medications that have successfully passed federally required clinical testing and evaluation and have been proven effective are included. The P&T Committee reviews and evaluates all available literature about a drug when updating the list.

### **About Tiers**

Most covered prescription drugs will be categorized into one of five cost-sharing tiers. Drug costs vary widely, even though several different medications may be used to treat the same condition. What you pay for the prescription depends upon what tier the drug is listed in. AdventHealth Advantage Plans offers many benefit plans that can vary in coverage for each tier. Details about your specific benefit for each tier are included in the AdventHealth Advantage Plans Summary of Benefits.

Prescriptions that exceed a 30-day supply will default to a 90-day supply copay (this does not apply to coinsurances). For coinsurances, you will always pay a percentage of the total cost after the applicable deductible is met.

- **Tier 1 (T1)** - Includes low-cost preferred generic drugs
- **Tier 2 (T2)** - Includes higher-cost generic drugs
- **Tier 3 (T3)** - Includes preferred brand-name drugs and some higher-cost generic drugs
- **Tier 4 (T4)** - Includes higher-cost non-preferred brand-name drugs and generic drugs (some plans may be limited to a 30-day supply)
- **Tier 5 (T5 SP)** - Includes higher-cost biologics or prescription drugs that require close monitoring for safety and efficacy
- **Preventive Care (NCS)** - Includes some select preventive products, prescription medications and specific over-the-counter (OTC) medications available to you at no cost-sharing (\$0) when applicable conditions are met

**HIV/AIDS Drugs Safe Harbor (SH)** — Antiretroviral medications used to treat HIV/AIDS may have different copays than those on the AdventHealth Advantage Plans Summary of Benefits assigned to tiers indicated below. The listed copays will apply after applicable deductible amounts have been met.

- **SH Tier 1 Copay (T1):** No more than \$40 per 30-day supply
- **SH Tier 2 Copay (T2):** No more than \$55 per 30-day supply
- **SH Tier 3 Copay (T3):** No more than \$70 per 30-day supply
- **SH Tier 4 Copay (T4):** No more than \$150 per 30-day supply
- **SH Tier 5 Copay (T5):** No more than \$200 per 30-day supply

**Generic drugs** are prescription drugs that have the same active ingredients as brand-name drugs and are prescribed for the same reasons. When the patent expires on a brand-name drug, the FDA permits new manufacturers to produce an equivalent of the brand-name drug and make it available to the public. Generally, more than one manufacturer will produce generic versions, although often the same pharmaceutical firm that produces the brand-name drug also makes the generic version. This prompts competitive pricing of the generic version and usually results in a less expensive drug that is as safe and effective as the brand-name drug.

## What will my expenses be?

Every plan is different, and your financial obligation will vary based on your specific plan. You are responsible for any cost sharing your plan requires.

### What is a deductible?

A deductible is a set dollar amount that you must pay each calendar year before your health plan starts paying. If your plan includes an integrated pharmacy deductible, it will accumulate with your in-network medical deductible. Refer to your plan documents to see when your deductible starts over for your plan.

### What is the difference between a copayment and coinsurance?

Copayments and coinsurance are types of member cost sharing, and they represent the portion of covered prescription expenses members must pay. A copayment is a flat dollar amount, while coinsurance is a percentage of the total allowable charges.

### What does out-of-pocket maximum mean?

The out-of-pocket maximum protects you from catastrophic medical and prescription drug expenses by limiting how much you have to pay during the benefit year. Your cost sharing for covered prescription drugs (deductible, coinsurance and copayment) all accumulate with your in-network medical out-of-pocket maximum. Refer to your plan documents to see when your out-of-pocket maximum starts over for your plan and to verify the specific cost sharing you have for specific tiers. Manufacturer coupons and patient assistance programs (PAP) do not count towards your out of pocket expenses or your deductible for specialty (Tier 5) medications.

## The Drug List is subject to change

In order to continue to offer a safe and cost-effective selection of prescription drugs, AdventHealth Advantage Plans periodically makes changes to the Drug List. These changes may include removing medications, adding restrictions, and/or covering a drug at a higher tier. Updated formularies are posted to the website as changes are made. The following list represents some of the most common scenarios in which changes to drug coverage will occur:

- Throughout the year, new medications are approved by the FDA. It is the policy of AdventHealth Advantage Plans that new drugs will be excluded for six months from the date of FDA approval, during which time the Health First P&T Committee can review the drug for safety and efficacy.
- When a medication is withdrawn from the market due to safety reasons or if it becomes available over the counter. At the time that a medication on the AdventHealth Advantage Plans Drug List becomes available over the counter, it may be excluded from coverage from that point forward.
- When a brand-name prescription drug loses its patent and the equivalent generic form is added to the Drug List, the brand-name drug may be moved to Tier 4 or removed from the formulary.

This formulary is current as of **November 1, 2021**. To get updated information about covered drugs, please visit our website at [myAHplan.com](http://myAHplan.com) or call Customer Service toll-free at 1-844-522-5279 (TTY/TDD relay: 1-800-955-8771) Monday through Friday from 8am to 6pm.

## Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** AdventHealth Advantage Plans requires you and/or your physician to get prior authorization for certain drugs. This means you will need to get approval from us before you fill your prescriptions. In order for the plan to pay for these drugs, the physician ordering the prescription is required to submit all medical information to AdventHealth Advantage Plans documenting the medical necessity. These drugs are identified in the Drug List.
- **Step Therapy:** In some cases, AdventHealth Advantage Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B. A complete list of drugs which require step therapy are listed in the Prior Authorization and Step Therapy Criteria document.
- **Quantity Limits:** For some covered drugs, there is a maximum amount that will be covered by AdventHealth Advantage Plans over a certain period of time. For example, AdventHealth Advantage Plans covers 30 tablets every 30 days or 90 tablets every 90 days for Tradjenta.

## How can I make the most of my prescription drug benefit?

Prescription drug costs continue to rise every year and can represent a significant part of your healthcare expenses. AdventHealth Advantage Plans helps you pay for your medications by sharing the cost with you and providing substantial discounts for covered medications. To help you manage your drug costs, here are some money-saving tips to consider:

- **Use generic medications whenever possible.** Generic drugs are the chemical equivalent of brand-name drugs and are just as effective in most cases. If you take generic drugs, you will generally pay less. Talk to your doctor to see if switching to a generic equivalent of any brand-name drug you are taking is appropriate. Please see the list of drugs below to determine which generic drugs are included in lower cost sharing tiers.
- **High Value Network.** Those enrolled in a High-Value Commercial (Individual and Small Group) Plans will be able you use our High Value Pharmacy Network to receive reduced copays. Within our Preferred Value Network of Pharmacies, a preferred pharmacy offers a lower copay for covered drugs than a standard retail pharmacy. In order to save money, you can use the pharmacy locator tool to find a preferred pharmacy near you. Examples of preferred value pharmacies include:
  - **Health First Family Pharmacies**
  - **Walgreens Pharmacies**
  - **Wal-Mart Pharmacies**
  - **Publix Pharmacies**
  - **Winn-Dixie Pharmacies**
  - **Hobbs Pharmacy Pharmacies**
  - **Other Preferred Value Pharmacies**

## What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that AdventHealth Advantage Plans does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by AdventHealth Advantage Plans. When you receive the list, show it to your doctor and ask if switching to a covered medication is appropriate.

- You can ask your physician to send AdventHealth Advantage Plans information requesting we make an exception and cover your drug.

If AdventHealth Advantage Plans approves the request for an exception to the formulary, the approved drug will be covered at the Tier 4 cost share unless the cost of the medication is greater than \$500 per month, then it will be covered at the Tier 5 cost share.

## **Excluded drugs**

AdventHealth Advantage Plans does not provide coverage for all drugs. In addition to the drugs marked “excluded” in this drug list, newly FDA-approved drugs are not covered unless the Health First P&T Committee in its sole discretion approves these drugs for coverage. AdventHealth Advantage Plans will automatically exclude a particular drug if a generic version becomes available and an entire class of drugs if a particular drug within that class becomes available over the counter.

### **The following are NOT covered by AdventHealth Advantage Plans:**

- Compounded drugs
- Cosmetics or any drugs used for cosmetic purposes
- Diabetic supplies, blood glucose monitors and test strips other than those manufactured by Abbott under the product name Freestyle, Precision and test strips®
- Erectile dysfunction drugs (such as Viagra)
- Infertility drugs (such as Clomid)
- Some injectables (except insulin and those requiring prior authorization)
- Most multivitamins and nutritional supplements (except prescription prenatal vitamins and products covered under the Preventive Care benefit)
- Nonprescription supplies or substances
- Most OTC medications (except products covered under the Preventive Care benefit) or any drug for which a similar over-the-counter version is available
- All new drugs approved by the FDA will be excluded from the preferred drug list/formulary unless the Health First P&T Committee, in its sole discretion, decides to waive this exclusion for a particular drug.
- Support garments
- Syringes, needles or other disposable supplies (except those used with insulin)

## Preventive Care Medications: \$0 Cost-share Medications and Products

The Affordable Care Act (ACA), commonly known as healthcare reform, was signed into federal law in 2010. The ACA requires private insurers to cover certain preventive services without any patient cost-sharing (i.e., copayments, coinsurance and deductible) when they are delivered by a network provider.

The Department of Health and Human Services (HHS) has recognized several recommending bodies (e.g., United States Preventive Services Task Force [USPSTF], Advisory Committee on Immunization Practices [ACIP], and Health Resources and Services Administration [HRSA]) who have identified several medication categories that fall within the preventive health mandate.

The following products, prescription medications and specific OTC medications (notated in Tier NCS throughout this formulary) are available to our members at no (\$0) cost-sharing when:

- Prescribed by a healthcare professional (all prescription **and** OTC medications will require a prescription)
- Age and/or gender appropriate

*This list will be reviewed periodically and is subject to change.*

Medicine/Product Category and Who is Covered	Examples of the Medicine/Product Covered
<p><b><u>Aspirin</u></b></p> <ul style="list-style-type: none"> <li>• Men age 45-79; Women age 55-79</li> <li>• Women &lt; 55 years</li> </ul>	<ul style="list-style-type: none"> <li>• Aspirin 81 MG and 325 MG</li> <li>• Aspirin 81 MG delayed-release and 325 MG delayed-release</li> </ul>
<p><b><u>Fluoride</u></b></p> <ul style="list-style-type: none"> <li>• Children age six months through five years</li> </ul>	<ul style="list-style-type: none"> <li>• Fluoride chewable tablet 0.25 MG, 0.5 MG, and 1 MG;</li> <li>• Fluoride drops 0.5 MG;</li> <li>• Multivitamin with fluoride chewable 0.25 MG and 0.5 MG;</li> <li>• Multivitamin with fluoride drops 0.25 MG and 0.5 MG;</li> <li>• Fluoritab chewable tablet 0.25 MG and 0.5 MG</li> </ul>
<p><b><u>Folic Acid</u></b></p> <ul style="list-style-type: none"> <li>• Women only through age 50 years</li> </ul>	<ul style="list-style-type: none"> <li>• Folic acid tablet 0.4 MG, 0.8 MG; and 1 MG</li> <li>• Prenatal multivitamins with folic acid (0.4 MG and 0.8 MG)</li> </ul>
<p><b><u>Iron Supplements</u></b></p> <ul style="list-style-type: none"> <li>• Children age six months through 12 months</li> </ul>	<ul style="list-style-type: none"> <li>• Iron (various strengths) drops, liquid, suspension, granules</li> <li>• Multivitamin with iron drops, liquid, suspension</li> </ul>
<p><b><u>Vitamin D Supplements</u></b></p> <ul style="list-style-type: none"> <li>• Adults ≥ 65 years of age</li> </ul>	<ul style="list-style-type: none"> <li>• Vitamin D 1,000 units or less per dose unit;</li> <li>• Calcium with vitamin D (1,000 units or less per dose unit)</li> </ul>
<p><b><u>Immunizations</u></b></p> <ul style="list-style-type: none"> <li>• The age of coverage varies based on the vaccine product prescribed and recommendations by the U.S. Centers for Disease Control and Prevention (CDC)</li> </ul>	<p>Covered immunizations include those that are routine vaccines recommended by the Advisory Committee on Immunization Practices of the CDC and that meet the FDA-approved indications for age and/or gender limitations. Coverage also includes non-routine immunizations used to prevent other illnesses such as typhoid, yellow fever, and Japanese encephalitis.</p>
<p><b><u>Contraceptive Methods</u></b></p> <ul style="list-style-type: none"> <li>• Women only, through age 50 years</li> </ul>	<p>Covered products include one or more FDA-approved 16 contraceptive methods available through the prescription drug benefit, including:</p> <ul style="list-style-type: none"> <li>• Generic OTC spermicide and legend diaphragms;</li> <li>• Today® contraceptive sponge;</li> <li>• Female condom;</li> <li>• FemCap®;</li> </ul>

Medicine/Product Category and Who is Covered	Examples of the Medicine/Product Covered
<p><b><u>Contraceptive Methods (continued)</u></b></p> <ul style="list-style-type: none"> <li>• Women only, through age 50 years</li> </ul>	<ul style="list-style-type: none"> <li>• Generic oral, transdermal and intramuscular hormonal methods;</li> <li>• NuvaRing®;</li> <li>• Generic, OTC emergency contraceptives and Ella®;</li> <li>• The intrauterine systems Mirena® and Paragard®;</li> <li>• The intradermal agent, Nexplanon®</li> </ul>
<p><b><u>Primary Prevention of Breast Cancer</u></b></p> <ul style="list-style-type: none"> <li>• For women <math>\geq</math> 35 years of age who meet criteria</li> <li>• Raloxifene is covered for only those who are postmenopausal</li> <li>• If you are 35 years of age or older and have not had breast cancer, talk to your doctor about your risk. If appropriate, your doctor may offer to prescribe one of these risk-reducing medications.</li> <li>• You or your doctor can then submit a Prior Authorization request to get the medication approved at \$0 cost-share if coverage criteria are met.</li> </ul>	<ul style="list-style-type: none"> <li>• Tamoxifen</li> <li>• Raloxifene</li> </ul>
<p><b><u>Tobacco Cessation</u></b></p> <ul style="list-style-type: none"> <li>• Adults 18 and older</li> <li>• Must receive counseling and have prescription from a healthcare provider</li> <li>• Up to two, three-month treatment courses are covered at no cost each year (any additional treatment may be subject to a cost share)</li> </ul>	<ul style="list-style-type: none"> <li>• Zyban (generic);</li> <li>• Chantix;</li> <li>• Nicotine replacement products</li> </ul>
<p><b><u>Medications Used to Prepare for Colonoscopy</u></b></p> <ul style="list-style-type: none"> <li>• Adults <math>\geq</math> 50 and <math>\leq</math> 75 years of age</li> <li>• Limit of two prescriptions per year</li> </ul>	<p>Generic products such as:</p> <ul style="list-style-type: none"> <li>• Alophen</li> <li>• Bisacodyl;</li> <li>• Magnesium citrate;</li> <li>• Milk of magnesia;</li> <li>• Polyethylene glycol (PEG) 3350-electrolyte</li> </ul>

If you have any questions regarding your eligibility for preventive care medications and preventive contraceptive coverage, please contact your employer or call Customer Service toll-free at 1-844-522-5279 (TTY/TDD relay: 1-800-955-8771) Monday through Friday from 8am to 6pm.

# AdventHealth Advantage Plans Formulary

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The formulary provides coverage information about some of the drugs covered by AdventHealth Advantage Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 115. The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., PRADAXA) and generic drugs are listed in lower-case italics (e.g., *lisinopril*).

The information in the Notes column tells you if AdventHealth Advantage Plans has any special requirements for coverage of your drug.

## **Specialty Drug (SP):**

Biologics or prescription drugs that require close monitoring and are limited to a 30-day supply. Manufacturer coupons and patient assistance programs (PAP) do not count towards your out of pocket expenses or your deductible for specialty (Tier 5) medications.

## **Prior Authorization (PA):**

AdventHealth Advantage Plans requires you or your physician to get prior authorization for certain drugs. This means you will need to get approval from AdventHealth Advantage Plans before you fill your prescriptions. If you don't get approval, the drug will not be covered.

## **Quantity Limit (QL):**

Quantity Limits may also be listed. For example, "30 EA per 30 days" would mean your coverage of this drug is limited to 30 pills every 30 days. Prescriptions written for more than the suggested Quantity Limits will only be honored up to the listed amount unless an exception is requested by your physician and approved by AdventHealth Advantage Plans.

## **Step Therapy (ST):**

In some cases, AdventHealth Advantage Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B. A complete list of drugs which require step therapy are listed in the Prior Authorization and Step Therapy Criteria document.

## **Safe Harbor (SH):**

Antiretroviral medications used to treat HIV/AIDS that may have different copays than those on the AdventHealth Advantage Plans Summary of Benefits assigned to tiers.

## **No Cost-Share (NCS):**

Select preventive products, prescription medications and specific OTC medications available to our members at no cost-sharing (\$0) when applicable conditions are met.

Health First Commercial Plans, Inc. is doing business under the name of AdventHealth Advantage Plans. AdventHealth Advantage Plans does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

	<b>Status</b> NCS = No Cost Share T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5	<b>Notes</b> PA = Prior Auth PA = Prior Auth New Start ST = Step Therapy ST = Step Therapy New Start
<b>lowercase italics</b> = Generic drugs		
<b>UPPERCASE BOLD</b> = Brand name drugs		

Drug	Status	Notes
<i>abacavir</i>	T1	
<i>abacavir-lamivudine</i>	T1	
<i>abacavir-lamivudine-zidovudine</i>	T1	
<i>abiraterone oral tablet 250 mg</i>	T5	PA; QL (120 EA per 30 days)
<i>abiraterone oral tablet 500 mg</i>	T5	PA; QL (60 EA per 30 days)
<i>acamprosate</i>	T4	
<i>acarbose</i>	T2	QL (90 EA per 30 days)
<i>acebutolol</i>	T2	
<i>acetaminophen-caff-dihydrocod oral capsule</i>	T4	
<i>acetaminophen-codeine oral solution</i>	T3	QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	T3	QL (240 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	T3	QL (180 EA per 30 days)
<i>acetazolamide oral tablet</i>	T3	
<i>acetazolamide sodium</i>	T3	
<i>acetic acid otic (ear)</i>	T2	
<i>acetylcysteine</i>	T2	
<i>acitretin</i>	T5	PA
<b>ACTEMRA ACTPEN</b>	Non-Formulary	QL (2 ML per 30 days)
<b>ACTEMRA SUBCUTANEOUS</b>	Non-Formulary	QL (2 ML per 30 days)
<b>ACTHIB (PF)</b>	NCS	
<b>ACTIMMUNE</b>	T5	PA
<i>acyclovir oral capsule</i>	T2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	T3	
<i>acyclovir oral tablet</i>	T2	
<i>acyclovir topical cream</i>	T5	
<i>acyclovir topical ointment</i>	T4	QL (60 GM per 30 days)
<b>ADACEL(TDAP ADOLESN/ADULT)(PF)</b>	NCS	
<i>adapalene topical cream</i>	T3	
<i>adapalene topical gel 0.1 %</i>	T3	
<b>ADDERALL XR</b>	T4	QL (30 EA per 30 days)
<b>ADDYI</b>	T5	PA
<b>ADEFOVIR</b>	T5	PA
<b>ADEMPAS</b>	T5	PA
<b>ADRUCIL INTRAVENOUS SOLUTION 500 MG/10 ML</b>	T3	
<b>ADVAIR DISKUS</b>	T3	QL (60 EA per 30 days)
<b>ADVAIR HFA</b>	T3	QL (12 GM per 30 days)



Drug	Status	Notes
<b>AFEDITAB CR</b>	T2	
<b>AFINITOR ORAL TABLET 10 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>AFTERA</b>	NCS	
<b>AIMOVIG AUTOINJECTOR</b>	T4	PA
<b>AJOVY AUTOINJECTOR</b>	T4	PA; QL (1.5 ML per 30 days)
<b>AJOVY SYRINGE</b>	T4	PA; QL (1.5 ML per 30 days)
<b>AK-POLY-BAC</b>	T2	
<b>AKYNZEO (NETUPITANT)</b>	T5	PA
<i>albendazole</i>	T5	
<b>ALBENZA</b>	T5	
<i>albuterol sulfate inhalation solution for nebulization</i>	T2	
<i>albuterol sulfate oral syrup</i>	T2	
<i>albuterol sulfate oral tablet</i>	T4	
<i>alclometasone</i>	T3	
<b>ALECENSA</b>	T5	PA; QL (240 EA per 30 days s)
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	T1	QL (4 EA per 28 days)
<i>alfuzosin</i>	T2	QL (30 EA per 30 days)
<b>ALINIA</b>	T5	PA
<b>ALIQOPA</b>	T5	PA
<i>aliskiren</i>	T3	QL (30 EA per 30 days)
<i>allopurinol</i>	T2	
<i>almotriptan malate</i>	T4	ST; QL (18 EA per 30 days)
<b>ALOCRI</b>	T4	
<b>ALOMIDE</b>	T4	
<b>ALOPHEN (BISACODYL)</b>	NCS	
<i>alosetron</i>	T5	PA; QL (60 EA per 30 days)
<b>ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %</b>	T4	QL (15 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	T2	QL (120 EA per 30 days)
<i>alprazolam oral tablet 1 mg</i>	T2	QL (240 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	T2	QL (150 EA per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg</i>	T3	QL (90 EA per 30 days)
<i>alprazolam oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg</i>	T3	QL (60 EA per 30 days)
<b>ALREX</b>	T3	
<b>ALTABAX</b>	T4	
<b>ALTAVERA (28)</b>	NCS	
<b>ALTRENO</b>	T3	PA
<b>ALUNBRIG ORAL TABLET 180 MG, 90 MG</b>	T5	PA; QL (30 EA per 30 days s)
<b>ALUNBRIG ORAL TABLET 30 MG</b>	T5	PA; QL (120 EA per 30 days s)
<b>ALUNBRIG ORAL TABLETS,DOSE PACK</b>	T5	PA; QL (30 EA per 30 days s)
<b>ALYACEN 1/35 (28)</b>	NCS	
<b>ALYACEN 7/7/7 (28)</b>	NCS	

Drug	Status	Notes
<i>amantadine hcl oral capsule</i>	T3	
<i>amantadine hcl oral tablet</i>	T3	
<b>AMBRISENTAN</b>	T5	PA
<i>amcinonide topical cream</i>	T4	
<b>AMETHIA</b>	NCS	
<b>AMETHIA LO</b>	NCS	
<b>AMETHYST (28)</b>	NCS	
<i>amiloride</i>	T2	
<i>amiloride-hydrochlorothiazide</i>	T2	
<i>aminophylline intravenous solution 250 mg/10 ml</i>	T2	
<i>amiodarone oral tablet 200 mg</i>	T2	
<i>amitriptyline</i>	T2	
<i>amitriptyline-chlordiazepoxide</i>	T2	
<i>amlodipine</i>	T1	
<i>amlodipine-benazepril</i>	T2	QL (30 EA per 30 days)
<i>amlodipine-olmesartan</i>	T3	
<i>amlodipine-valsartan</i>	T2	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hcthiazid</i>	T3	QL (30 EA per 30 days)
<i>ammonium chloride</i>	T2	
<i>ammonium lactate</i>	T2	
<b>AMNESTEEM</b>	T5	
<i>amoxapine</i>	T2	
<i>amoxicillin oral capsule</i>	T1	
<i>amoxicillin oral suspension for reconstitution</i>	T1	
<i>amoxicillin oral tablet</i>	T1	
<i>amoxicillin oral tablet,chewable 125 mg</i>	T2	
<i>amoxicillin oral tablet,chewable 250 mg</i>	T1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	T2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	T3	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	T3	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	T2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	T3	
<i>amoxicillin-pot clavulanate oral tablet,chewable</i>	T2	
<i>amphotericin b</i>	T3	
<i>ampicillin oral capsule</i>	T2	
<b>ANADROL-50</b>	T5	PA
<i>anagrelide</i>	T3	
<i>anastrozole</i>	T2	QL (30 EA per 30 days)

Drug	Status	Notes
<b>ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP</b>	T3	QL (150 GM per 30 days)
<b>ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)</b>	T3	QL (60 GM per 30 days)
<b>ANORO ELLIPTA</b>	T3	
<b>ANUCORT-HC</b>	T3	
<b>APIDRA SOLOSTAR U-100 INSULIN</b>	T4	ST; QL (60 ML per 30 days)
<b>APIDRA U-100 INSULIN</b>	T4	ST; QL (60 ML per 30 days)
<i>apraclonidine</i>	T2	
<i>aprepitant</i>	T4	PA; QL (60 EA per 30 days)
<b>APRI</b>	NCS	
<b>APRISO</b>	T3	QL (120 EA per 30 days)
<b>APTIOM</b>	T4	PA
<b>APTIVUS</b>	T3	
<b>APTIVUS (WITH VITAMIN E)</b>	T3	
<b>ARANELLE (28)</b>	NCS	
<b>ARANESP (IN POLYSORBATE)</b>	T5	PA
<b>ARCALYST</b>	T5	PA
<b>ARCAPTA NEOHALER</b>	T4	
<i>aripiprazole oral solution</i>	T4	
<i>aripiprazole oral tablet</i>	T2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	T5	QL (60 EA per 30 days)
<b>ARISTADA</b>	T4	
<b>ARISTADA INITIO</b>	T4	
<i>armodafinil</i>	T3	PA; QL (30 EA per 30 days)
<b>ARMOUR THYROID</b>	T3	
<b>ARNUIITY ELLIPTA</b>	T3	
<i>ascomp with codeine</i>	T3	QL (180 EA per 30 days)
<i>asenapine maleate</i>	T4	PA
<b>ASHLYNA</b>	NCS	
<b>ASMANEX HFA</b>	T3	QL (13 GM per 30 days)
<b>ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)</b>	T3	QL (1 EA per 30 days)
<i>aspirin low dose</i>	NCS	
<i>aspirin oral tablet</i>	NCS	
<i>aspirin oral tablet, chewable</i>	NCS	
<i>aspirin oral tablet, delayed release (drlec) 325 mg, 81 mg</i>	NCS	
<i>aspirin-dipyridamole</i>	T4	QL (60 EA per 30 days)
<b>ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"</b>	T3	QL (200 EA per 30 days)
<i>atazanavir</i>	T1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>atenolol</i>	T1	
<i>atenolol-chlorthalidone</i>	T2	
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	T3	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	T3	QL (2 EA per 30 days)
<i>atorvastatin</i>	T2	QL (30 EA per 30 days)
<i>atovaquone</i>	T5	
<i>atovaquone-proguanil</i>	T4	
<b>ATRIPLA</b>	T3	QL (30 EA per 30 days)
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	T4	
<i>atropine ophthalmic (eye) drops</i>	T2	
<b>ATROVENT HFA</b>	T4	QL (26 GM per 30 days)
<b>AUBAGIO</b>	T5	PA; QL (30 EA per 30 days)
<b>AUBRA</b>	NCS	
<b>AUSTEDO ORAL TABLET 12 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>AUSTEDO ORAL TABLET 6 MG, 9 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>AVANDIA ORAL TABLET 2 MG, 4 MG</b>	T4	
<b>AVAR TOPICAL CLEANSER</b>	T4	
<b>AVAR-E</b>	T4	
<b>AVAR-E GREEN</b>	T4	
<b>AVIANE</b>	NCS	
<b>AVONEX (WITH ALBUMIN)</b>	T5	PA; QL (4 EA per 28 days)
<b>AVONEX INTRAMUSCULAR PEN INJECTOR</b>	T5	PA; QL (4 EA per 28 days)
<b>AVONEX INTRAMUSCULAR PEN INJECTOR KIT</b>	T5	PA; QL (4 EA per 28 days)
<b>AVONEX INTRAMUSCULAR SYRINGE</b>	T5	PA; QL (4 EA per 28 days)
<b>AVONEX INTRAMUSCULAR SYRINGE KIT</b>	T5	PA; QL (1 EA per 28 days)
<b>AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>AZASITE</b>	T4	
<i>azathioprine oral tablet 50 mg</i>	T2	
<i>azelastine nasal</i>	T3	QL (60 ML per 30 days)
<i>azelastine ophthalmic (eye)</i>	T2	
<i>azithromycin oral packet</i>	T2	
<i>azithromycin oral suspension for reconstitution</i>	T2	
<i>azithromycin oral tablet</i>	T1	
<b>AZOPT</b>	T3	QL (15 ML per 30 days)
<b>AZOR</b>	T3	
<b>AZURETTE (28)</b>	NCS	
<i>bacitracin ophthalmic (eye)</i>	T3	
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	T2	
<i>baclofen oral tablet 10 mg, 20 mg</i>	T2	
<i>balsalazide</i>	T3	
<b>BALVERSA</b>	T5	PA
<b>BALZIVA (28)</b>	NCS	
<b>BANZEL ORAL SUSPENSION</b>	T5	PA; QL (2400 ML per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<b>BANZEL ORAL TABLET 200 MG</b>	T5	PA; QL (90 EA per 30 days)
<b>BANZEL ORAL TABLET 400 MG</b>	T5	PA; QL (240 EA per 30 days)
<b>BARACLUDE ORAL SOLUTION</b>	T5	PA
<b>BAVENCIO</b>	T5	PA
<b>BAYER ASPIRIN</b>	NCS	
<i>bcg vaccine, live (pf)</i>	NCS	
<b>BD NANO 2ND GEN PEN NEEDLE</b>	T3	
<b>BD ULTRA-FINE MICRO PEN NEEDLE</b>	T3	
<b>BD ULTRA-FINE MINI PEN NEEDLE</b>	T3	
<b>BD ULTRA-FINE NANO PEN NEEDLE</b>	T3	
<b>BD ULTRA-FINE ORIG PEN NEEDLE</b>	T3	
<b>BD ULTRA-FINE SHORT PEN NEEDLE</b>	T3	
<b>BEKYREE (28)</b>	NCS	
<b>BELSOMRA</b>	T4	PA
<i>benazepril</i>	T1	
<i>benazepril-hydrochlorothiazide</i>	T2	
<b>BENICAR</b>	T3	
<b>BENICAR HCT</b>	T3	
<b>BENLYSTA SUBCUTANEOUS SYRINGE</b>	T5	PA; QL (4 ML per 28 days)
<i>benznidazole</i>	T2	PA
<i>benzonatate</i>	T2	
<i>benzoyl peroxide topical cleanser 6 %</i>	T2	
<i>benzoyl peroxide topical cleanser 7 %</i>	T3	
<i>benzoyl peroxide topical foam</i>	T2	
<i>benzoyl peroxide topical gel 10 %, 2.5 %</i>	T2	
<i>benztropine oral</i>	T2	
<b>BEPREVE</b>	T4	
<b>BESIVANCE</b>	T4	
<i>betamethasone dipropionate topical cream</i>	T3	
<i>betamethasone dipropionate topical lotion</i>	T2	
<i>betamethasone dipropionate topical ointment</i>	T3	
<i>betamethasone valerate topical cream</i>	T2	
<i>betamethasone valerate topical lotion</i>	T3	
<i>betamethasone valerate topical ointment</i>	T2	
<i>betamethasone, augmented topical cream</i>	T2	
<i>betamethasone, augmented topical gel</i>	T2	
<i>betamethasone, augmented topical lotion</i>	T3	
<i>betamethasone, augmented topical ointment</i>	T2	
<b>BETASERON SUBCUTANEOUS KIT</b>	T5	PA; QL (14 EA per 28 days)
<i>betaxolol oral</i>	T2	
<i>bethanechol chloride</i>	T3	
<b>BETIMOL</b>	T3	
<b>BETOPTIC S</b>	T4	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>bexarotene</i>	T5	PA
<b>BEXSERO</b>	NCS	
<b>BEYAZ</b>	T4	
<i>bicalutamide</i>	T2	
<b>BIDIL</b>	T4	
<b>BIKTARVY</b>	T5	QL (30 EA per 30 days)
<b>BILTRICIDE</b>	T4	
<i>bimatoprost ophthalmic (eye)</i>	T4	QL (5 ML per 30 days)
<b>BIOTHRAX</b>	NCS	
<i>bisacodyl oral</i>	NCS	
<b>BISA-LAX (BISACODYL)</b>	NCS	
<i>bisoprolol fumarate</i>	T2	
<i>bisoprolol-hydrochlorothiazide</i>	T2	
<b>BLENREP</b>	T5	PA
<b>BLEPHAMIDE S.O.P.</b>	T3	
<b>BLISOVI 24 FE</b>	NCS	
<i>blisovi fe 1.5/30 (28)</i>	NCS	
<b>BLISOVI FE 1/20 (28)</b>	NCS	
<b>BOOSTRIX TDAP</b>	NCS	
<i>bosentan</i>	T5	PA
<b>BOSULIF ORAL TABLET 100 MG</b>	T5	PA; QL (90 EA per 30 days s)
<b>BOSULIF ORAL TABLET 400 MG, 500 MG</b>	T5	PA; QL (30 EA per 30 days s)
<b>BRAFTOVI ORAL CAPSULE 50 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>BRAFTOVI ORAL CAPSULE 75 MG</b>	T5	PA; QL (180 EA per 30 days)
<b>BREO ELLIPTA</b>	T3	
<b>BRIELLYN</b>	NCS	
<b>BRILINTA</b>	T3	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	T3	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	T1	
<b>BROMFED DM</b>	T3	QL (1500 ML per 30 days)
<i>bromfenac</i>	T3	
<i>bromocriptine</i>	T4	
<i>brompheniramine-pseudoeph-dm</i>	T3	QL (1200 ML per 30 days)
<b>BROVANA</b>	T4	PA
<b>BRUKINSA</b>	T5	PA; QL (120 EA per 30 days)
<i>budesonide inhalation</i>	T4	
<i>budesonide oral capsule, delayed, extend. release</i>	T5	
<i>budesonide oral tablet, delayed and ext. release</i>	T5	QL (30 EA per 30 days)
<i>budesonide-formoterol</i>	T3	QL (10.2 GM per 30 days)
<i>bumetanide oral</i>	T2	
<b>BUPHENYL ORAL TABLET</b>	T5	PA
<i>buprenorphine hcl sublingual</i>	T3	PA; QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	T3	PA; QL (60 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	T3	PA; QL (90 EA per 30 days)
<i>bupropion hcl (smoking deter)</i>	NCS	QL (336 EA per 365 days)
<i>bupropion hcl oral tablet</i>	T2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	T2	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	T2	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 200 mg</i>	T2	QL (60 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg</i>	T2	QL (90 EA per 30 days)
<i>bupirone</i>	T2	
<b>BUSULFEX</b>	T5	PA
<b>BUTALBITAL COMPOUND W/CODEINE</b>	T4	QL (180 EA per 30 days)
<i>butalbital-acetaminop-caf-cod</i>	T4	QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T4	QL (180 EA per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	T2	QL (180 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet</i>	T2	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T2	QL (180 EA per 30 days)
<i>butorphanol injection</i>	T3	
<b>BUTRANS</b>	T3	QL (4 EA per 28 days)
<b>BYDUREON BCISE</b>	T3	QL (3.4 ML per 28 days)
<b>BYDUREON SUBCUTANEOUS PEN INJECTOR</b>	T3	QL (4 EA per 28 days)
<b>BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML</b>	T3	QL (2.4 ML per 28 days)
<b>BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML</b>	T3	QL (1.2 ML per 30 days)
<b>BYSTOLIC</b>	T3	
<i>cabergoline</i>	T3	QL (16 EA per 28 days)
<b>CABOMETYX ORAL TABLET 20 MG, 40 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>CABOMETYX ORAL TABLET 60 MG</b>	T5	PA; QL (60 EA per 30 days)
<i>calcipotriene scalp</i>	T4	
<i>calcipotriene topical cream</i>	T4	
<i>calcipotriene topical ointment</i>	T4	
<i>calcipotriene-betamethasone topical ointment</i>	T4	
<i>calcitonin (salmon) nasal</i>	T3	QL (3.7 ML per 30 days)
<i>calcitriol oral</i>	T2	
<i>calcitriol topical</i>	T5	PA
<i>calcium acetate(phosphat bind) oral capsule</i>	T2	
<b>CALQUENCE</b>	T5	PA
<b>CAMILA</b>	NCS	
<b>CAMRESE</b>	NCS	
<b>CAMRESE LO</b>	NCS	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<b>CANASA</b>	T5	
<i>candesartan</i>	T3	QL (30 EA per 30 days)
<i>candesartan-hydrochlorothiazid</i>	T3	QL (30 EA per 30 days)
<b>CAPASTAT</b>	T3	
<i>capecitabine</i>	T5	PA
<b>CAPEX</b>	T3	
<b>CAPLYTA</b>	T5	PA; QL (30 EA per 30 days)
<b>CAPRELSA ORAL TABLET 100 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>CAPRELSA ORAL TABLET 300 MG</b>	T5	PA; QL (30 EA per 30 days)
<i>captopril</i>	T2	
<i>captopril-hydrochlorothiazide</i>	T2	
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	T3	
<i>carbamazepine oral suspension</i>	T3	
<i>carbamazepine oral tablet</i>	T2	
<i>carbamazepine oral tablet extended release 12 hr</i>	T3	
<i>carbamazepine oral tablet, chewable</i>	T2	
<i>carbidopa</i>	T4	
<i>carbidopa-levodopa oral tablet</i>	T2	
<i>carbidopa-levodopa oral tablet extended release</i>	T2	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T3	
<i>carisoprodol oral tablet 350 mg</i>	T2	QL (90 EA per 30 days)
<i>carteolol</i>	T2	
<b>CARTIA XT</b>	T2	
<i>carvedilol</i>	T1	
<i>carvedilol phosphate</i>	T3	
<i>caspofungin</i>	T5	PA
<b>CAYA CONTOURED</b>	NCS	
<b>CAYSTON</b>	T5	PA
<b>CAZIAN (28)</b>	NCS	
<i>cefaclor oral capsule</i>	T3	
<i>cefadroxil oral capsule</i>	T2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	T3	
<i>cefadroxil oral tablet</i>	T3	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	T3	
<i>cefazolin injection recon soln 1 gram, 100 gram, 300 g, 500 mg</i>	T2	
<i>cefazolin injection recon soln 10 gram</i>	T3	
<i>cefdinir oral capsule</i>	T2	
<i>cefdinir oral suspension for reconstitution</i>	T3	
<i>cefditoren pivoxil</i>	T2	
<i>cefixime</i>	T4	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>cefepodoxime</i>	T3	
<i>cefprozil oral suspension for reconstitution</i>	T3	
<i>cefprozil oral tablet</i>	T2	
<i>ceftriaxone injection</i>	T2	
<i>cefuroxime axetil oral tablet</i>	T3	
<i>cefuroxime sodium injection recon soln 750 mg</i>	T2	
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	T2	
<i>celecoxib</i>	T3	QL (60 EA per 30 days)
<b>CELONTIN ORAL CAPSULE 300 MG</b>	T4	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	T1	
<i>cephalexin oral suspension for reconstitution</i>	T2	
<b>CESAMET</b>	T5	PA
<i>cevimeline</i>	T2	
<b>CHANTIX</b>	NCS	QL (340 EA per 365 days)
<b>CHANTIX CONTINUING MONTH BOX</b>	NCS	QL (340 EA per 365 days)
<b>CHANTIX STARTING MONTH BOX</b>	NCS	QL (106 EA per 365 days)
<b>CHEMET</b>	T4	
<b>CHILDREN'S ASPIRIN</b>	NCS	
<i>chloramphenicol sod succinate</i>	T5	
<i>chlordiazepoxide hcl</i>	T2	
<i>chlordiazepoxide-clidinium</i>	T3	
<i>chlorhexidine gluconate mucous membrane</i>	T2	
<i>chloroquine phosphate</i>	T2	
<i>chlorothiazide</i>	T2	
<i>chlorpromazine oral tablet</i>	T3	
<i>chlorpropamide</i>	T2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T2	
<i>chlorzoxazone oral tablet 500 mg</i>	T2	QL (120 EA per 30 days)
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)</i>	T2	
<i>cholestyramine (with sugar)</i>	T3	
<b>CHOLESTYRAMINE LIGHT</b>	T3	
<b>CIALIS ORAL TABLET 2.5 MG, 5 MG</b>	T4	PA; QL (30 EA per 30 days)
<b>CICLODAN TOPICAL SOLUTION</b>	T2	
<i>ciclopirox topical cream</i>	T3	
<i>ciclopirox topical gel</i>	T3	
<i>ciclopirox topical shampoo</i>	T3	
<i>ciclopirox topical solution</i>	T2	
<i>ciclopirox topical suspension</i>	T3	
<i>ciclopirox-ure-camph-menth-euc</i>	T3	
<i>cilostazol</i>	T2	
<b>CILOXAN OPHTHALMIC (EYE) OINTMENT</b>	T3	
<b>CIMDUO</b>	T5	QL (30 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>cimetidine</i>	T2	
<i>cimetidine hcl oral</i>	T2	
<b>CIMZIA</b>	T5	PA; QL (2 EA per 30 days)
<b>CIMZIA POWDER FOR RECONST</b>	T5	PA
<b>CIMZIA STARTER KIT</b>	T5	PA; QL (2 EA per 30 days)
<i>cinacalcet oral tablet 30 mg</i>	T3	PA; QL (60 EA per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	T5	PA; QL (60 EA per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	T5	PA; QL (120 EA per 30 days)
<b>CINRYZE</b>	T5	PA
<b>CIPRO HC</b>	T4	
<b>CIPRODEX</b>	T3	
<i>ciprofloxacin</i>	T3	
<i>ciprofloxacin (mixture)</i>	T3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	T1	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	T4	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	T1	
<i>ciprofloxacin hcl otic (ear)</i>	T2	QL (60 EA per 30 days)
<i>ciprofloxacin-dexamethasone</i>	T3	
<i>citalopram oral solution</i>	T2	QL (600 ML per 30 days)
<i>citalopram oral tablet 10 mg, 40 mg</i>	T1	QL (30 EA per 30 days)
<i>citalopram oral tablet 20 mg</i>	T1	QL (60 EA per 30 days)
<b>CITRATE OF MAGNESIA</b>	NCS	
<b>CITROMA</b>	NCS	
<b>CLARAVIS</b>	T4	
<i>clarithromycin</i>	T3	
<b>CLEARLAX ORAL POWDER</b>	NCS	
<i>clemastine oral tablet 2.68 mg</i>	T3	
<b>CLENPIQ</b>	T3	
<b>CLEOCIN VAGINAL SUPPOSITORY</b>	T4	
<b>CLIMARA PRO</b>	T4	
<b>CLINDACIN ETZ TOPICAL SWAB</b>	T2	
<b>CLINDACIN P</b>	T2	
<i>clindacin pac</i>	T2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	T1	
<i>clindamycin palmitate hcl</i>	T3	
<i>clindamycin phosphate topical gel</i>	T3	
<i>clindamycin phosphate topical lotion</i>	T3	
<i>clindamycin phosphate topical solution</i>	T3	
<i>clindamycin phosphate topical swab</i>	T2	
<i>clindamycin phosphate vaginal</i>	T3	
<i>clindamycin-benzoyl peroxide topical gel</i>	T4	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	T4	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>clindamycin-tretinoin</i>	T5	
<i>clobazam</i>	T4	
<i>clobetasol scalp</i>	T3	
<i>clobetasol topical cream</i>	T4	
<i>clobetasol topical gel</i>	T4	
<i>clobetasol topical lotion</i>	T4	
<i>clobetasol topical ointment</i>	T4	
<i>clobetasol topical shampoo</i>	T4	
<i>clobetasol-emollient</i>	T4	
<i>clocortolone pivalate</i>	T4	
<b>CLODAN</b>	T4	
<i>clomipramine</i>	T4	
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	T2	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	T2	QL (300 EA per 30 days)
<i>clonidine</i>	T3	QL (4 EA per 28 days)
<i>clonidine hcl oral tablet</i>	T1	
<i>clopidogrel oral tablet 75 mg</i>	T2	QL (30 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	T2	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	T2	QL (90 EA per 30 days)
<i>clotrimazole mucous membrane</i>	T2	
<i>clotrimazole topical</i>	T2	
<i>clotrimazole-betamethasone topical cream</i>	T2	
<i>clotrimazole-betamethasone topical lotion</i>	T3	
<i>clozapine oral tablet</i>	T2	
<i>clozapine oral tablet, disintegrating</i>	T4	PA
<i>codeine sulfate</i>	T3	QL (180 EA per 30 days)
<i>codeine-butalbital-asa-caff</i>	T4	QL (180 EA per 30 days)
<i>colchicine</i>	T3	
<i>colesevelam oral powder in packet</i>	T3	
<i>colesevelam oral tablet</i>	T2	
<i>colestipol oral granules</i>	T3	
<i>colestipol oral tablet</i>	T3	
<b>COLY-MYCIN S</b>	T3	
<b>COMBIGAN</b>	T3	QL (10 ML per 30 days)
<b>COMBIPATCH</b>	T3	
<b>COMBIVENT RESPIMAT</b>	T3	QL (8 GM per 30 days)
<b>COMBIVIR</b>	T4	
<b>COMETRIQ</b>	T5	PA; QL (30 EA per 30 days)
<b>COMPLERA</b>	T3	QL (30 EA per 30 days)
<i>compro</i>	T4	
<b>CONDYLOX TOPICAL GEL</b>	T4	
<b>CONSTULOSE</b>	T2	

Drug	Status	Notes
<b>COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML</b>	T5	PA
<b>COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML</b>	T5	PA; QL (12 ML per 30 days)
<b>COPIKTRA</b>	T5	PA; QL (60 EA per 30 days)
<b>CORDRAN TAPE LARGE ROLL</b>	T4	
<b>CORDRAN TOPICAL LOTION</b>	T4	
<b>COREG CR</b>	T4	
<b>CORLANOR ORAL SOLUTION</b>	T4	PA
<b>CORTANE-B</b>	T4	
<i>cortisone</i>	T2	
<b>CORTISPORIN TOPICAL</b>	T4	
<b>CORTISPORIN-TC</b>	T3	
<b>COSENTYX</b>	T5	PA; QL (2 ML per 30 days)
<b>COSENTYX (2 SYRINGES)</b>	T5	PA; QL (2 ML per 30 days)
<b>COSENTYX PEN</b>	T5	PA; QL (2 ML per 30 days)
<b>COSENTYX PEN (2 PENS)</b>	T5	PA; QL (2 ML per 30 days)
<b>COTELLIC</b>	T5	PA; QL (63 EA per 28 days)
<b>CREON</b>	T3	
<b>CRESEMBA</b>	T5	PA
<b>CRIVAN ORAL CAPSULE 200 MG, 400 MG</b>	T3	
<i>cromolyn inhalation</i>	T2	
<i>cromolyn ophthalmic (eye)</i>	T2	
<i>cromolyn oral</i>	T2	
<b>CRYSELLE (28)</b>	NCS	
<b>CURITY GAUZE TOPICAL BANDAGE 2 X 2 "</b>	T3	
<b>CYCLAFEM 1/35 (28)</b>	NCS	
<b>CYCLAFEM 7/7/7 (28)</b>	NCS	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	T2	QL (90 EA per 30 days)
<i>cyclopentolate ophthalmic (eye) drops 1 %, 2 %</i>	T2	
<i>cyclophosphamide oral capsule</i>	T4	
<i>cycloserine</i>	T4	
<b>CYCLOSET</b>	T4	PA; QL (180 EA per 30 days)
<i>cyclosporine intravenous</i>	T3	
<i>cyclosporine modified</i>	T3	
<i>cyclosporine oral capsule</i>	T3	
<i>cyproheptadine oral tablet</i>	T2	
<b>CYRED</b>	NCS	
<b>CYSTADANE</b>	T5	PA
<b>CYSTAGON</b>	T4	PA
<b>CYSTARAN</b>	T5	PA
<b>CYTRA-2</b>	T2	
<b>CYTRA-3</b>	T4	

Drug	Status	Notes
<i>dalfampridine</i>	T5	PA; QL (60 EA per 30 days)
<b>DALIRESP ORAL TABLET 500 MCG</b>	T4	QL (30 EA per 30 days)
<i>danazol</i>	T4	
<i>dantrolene oral</i>	T3	
<b>DANYELZA</b>	T5	PA
<i>dapsone oral</i>	T3	
<b>DAPTACEL (DTAP PEDIATRIC) (PF)</b>	NCS	
<b>DARAPRIM</b>	T3	
<i>darifenacin</i>	T4	
<b>DASETTA 1/35 (28)</b>	NCS	
<b>DASETTA 7/7/7 (28)</b>	NCS	
<b>DAURISMO ORAL TABLET 100 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>DAURISMO ORAL TABLET 25 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>DAYSEE</b>	NCS	
<b>DAYTRANA</b>	T4	QL (30 EA per 30 days)
<b>DEBLITANE</b>	NCS	
<b>DECARA ORAL CAPSULE 1,250 MCG (50,000 UNIT)</b>	T3	
<i>deferasirox oral tablet, dispersible</i>	T5	
<i>deferiprone</i>	T5	
<b>DELSTRIGO</b>	T5	QL (30 EA per 30 days)
<b>DELYLA (28)</b>	NCS	
<i>demeclocycline</i>	T3	
<b>DENAVIR</b>	T4	
<b>DENTA 5000 PLUS</b>	T2	
<b>DENTAGEL</b>	T2	
<b>DEPEN TITRATABS</b>	T5	
<b>DEPO-ESTRADIOL</b>	T3	
<b>DESCOVY</b>	NCS	
<i>desipramine</i>	T2	
<i>desloratadine oral tablet</i>	T2	QL (30 EA per 30 days)
<i>desmopressin nasal spray with pump</i>	T3	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	T3	
<i>desmopressin oral</i>	T3	
<i>desog-e.estradiol/e.estradiol</i>	NCS	
<i>desogestrel-ethinyl estradiol</i>	NCS	
<i>desonide topical cream</i>	T4	
<i>desonide topical lotion</i>	T4	
<i>desonide topical ointment</i>	T4	
<i>desoximetasone topical cream</i>	T3	
<i>desoximetasone topical gel</i>	T3	
<i>desoximetasone topical ointment</i>	T3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>desvenlafaxine</i>	T4	
<i>desvenlafaxine succinate</i>	T4	
<i>dexamethasone oral solution</i>	T3	
<i>dexamethasone oral tablet</i>	T2	
<i>dexamethasone sodium phos (pf) injection solution</i>	T2	
<i>dexamethasone sodium phosphate injection solution</i>	T2	
<i>dexamethasone sodium phosphate injection syringe</i>	T3	
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	T2	
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	T3	QL (30 EA per 30 days)
<i>dexmethylphenidate oral tablet</i>	T3	QL (60 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 10 mg</i>	T4	QL (180 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	T4	QL (120 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 5 mg</i>	T4	QL (90 EA per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	T3	QL (180 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	T2	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	T2	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	T2	QL (60 EA per 30 days)
<b>DIACOMIT ORAL CAPSULE</b>	T5	PA
<b>DIAZEPAM INTENSOL</b>	T4	PA
<i>diazepam oral concentrate</i>	T4	PA
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	T4	
<i>diazepam oral tablet 10 mg</i>	T2	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i>	T2	QL (90 EA per 30 days)
<i>diazepam rectal</i>	T4	
<i>diclofenac potassium oral tablet 50 mg</i>	T2	
<i>diclofenac sodium ophthalmic (eye)</i>	T2	
<i>diclofenac sodium oral</i>	T2	
<i>diclofenac sodium topical gel 1 %</i>	T3	
<i>diclofenac sodium topical gel 3 %</i>	T5	PA
<i>dicloxacillin</i>	T2	
<i>dicyclomine oral capsule</i>	T1	
<i>dicyclomine oral solution</i>	T2	
<i>dicyclomine oral tablet</i>	T1	
<i>didanosine</i>	T1	
<b>DIFICID ORAL TABLET</b>	T5	PA

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>diflorasone topical cream</i>	T4	
<i>diflunisal</i>	T3	
<i>difluprednate</i>	T3	
<b>DIGITEK</b>	T2	
<b>DIGOX</b>	T2	
<i>digoxin oral solution</i>	T3	
<i>digoxin oral tablet</i>	T2	
<i>dihydroergotamine injection</i>	T3	
<i>dihydroergotamine nasal</i>	T4	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	T2	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	T2	
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	T2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T2	
<i>diltiazem hcl oral tablet</i>	T2	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	T3	
<b>DILT-XR</b>	T2	
<i>dimethyl fumarate oral capsule,delayed release(drlec) 120 mg</i>	T5	PA; QL (14 EA per 365 days)
<i>dimethyl fumarate oral capsule,delayed release(drlec) 120 mg (14)- 240 mg (46)</i>	T5	PA; QL (60 EA per 365 days)
<i>dimethyl fumarate oral capsule,delayed release(drlec) 240 mg</i>	T5	PA; QL (60 EA per 30 days)
<b>DIPENTUM</b>	T5	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	T2	
<i>diphenhydramine hcl injection syringe</i>	T2	
<i>diphenoxylate-atropine</i>	T2	
<i>dipyridamole oral</i>	T2	
<i>disopyramide phosphate oral capsule</i>	T2	
<i>disulfiram</i>	T2	
<i>divalproex</i>	T2	
<b>DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 1 MG/GRAM (0.1 %)</b>	T4	
<i>dofetilide</i>	T4	
<i>donepezil oral tablet 10 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
<b>DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML</b>	T4	
<b>DONNATAL ORAL TABLET</b>	T4	
<i>dorzolamide</i>	T2	
<i>dorzolamide-timolol</i>	T2	
<i>dorzolamide-timolol (pf) ophthalmic (eye) drops</i>	T4	
<b>DOVATO</b>	T5	QL (30 EA per 30 days)
<i>doxazosin</i>	T2	QL (60 EA per 30 days)
<i>doxepin oral capsule</i>	T2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>doxepin oral concentrate</i>	T2	
<i>doxercalciferol oral</i>	T3	PA
<b>DOXORUBICIN INTRAVENOUS SOLUTION 2 MG/ML</b>	T5	PA
<i>doxycycline hyclate oral capsule</i>	T3	
<i>doxycycline hyclate oral tablet 100 mg</i>	T3	
<i>doxycycline hyclate oral tablet 20 mg</i>	T2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	T3	
<i>dronabinol oral capsule 10 mg</i>	T5	PA
<i>dronabinol oral capsule 10 mg</i>	T5	PA; QL (120 EA per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	T4	PA
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	T4	PA; QL (120 EA per 30 days)
<i>drospirenone-ethinyl estradiol</i>	NCS	
<b>DROXIA</b>	T4	
<i>droxidopa</i>	T5	PA
<b>DUAVEE</b>	T3	
<b>DUCODYL (BISACODYL)</b>	NCS	
<b>DULERA</b>	T3	QL (13 GM per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 40 mg, 60 mg</i>	T3	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	T3	QL (90 EA per 30 days)
<b>DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML</b>	T5	PA
<b>DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML</b>	T5	PA; QL (6 ML per 28 days)
<b>DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML</b>	T5	PA
<b>DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML</b>	T5	PA; QL (6 ML per 28 days)
<b>DUREZOL</b>	T4	
<i>dutasteride</i>	T2	QL (30 EA per 30 days)
<i>dutasteride-tamsulosin</i>	T3	QL (30 EA per 30 days)
<b>DYRENIUM</b>	T4	
<b>E.E.S. 400 ORAL TABLET</b>	T2	
<b>E.E.S. GRANULES</b>	T4	
<b>EASY TOUCH NEEDLE</b>	T3	
<i>econazole</i>	T4	
<b>ECONTRA EZ</b>	NCS	
<b>EDARBI</b>	T4	
<b>EDECIN</b>	T5	PA
<b>EDURANT</b>	T3	
<i>efavirenz</i>	T1	
<i>efavirenz-emtricitabin-tenofovir</i>	T5	



Drug	Status	Notes
<b>ELETONE</b>	T4	
<i>eletriptan</i>	T4	ST; QL (18 EA per 28 days)
<b>ELIDEL</b>	T4	
<b>ELINEST</b>	NCS	
<b>ELIQUIS</b>	T3	
<b>ELIQUIS DVT-PE TREAT 30D START</b>	T3	
<b>ELLA</b>	NCS	
<b>ELMIRON</b>	T4	
<b>ELZONRIS</b>	T5	PA
<b>EMCYT</b>	T5	PA
<b>EMEND ORAL CAPSULE 125 MG</b>	T4	PA; QL (60 EA per 30 days)
<b>EMEND ORAL CAPSULE,DOSE PACK</b>	T4	PA; QL (60 EA per 30 days)
<b>EMOQUETTE</b>	NCS	
<b>EMSAM</b>	T5	PA; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir (tdf)</i>	NCS	
<b>EMTRIVA</b>	T3	
<i>enalapril maleate oral tablet</i>	T1	
<i>enalapril-hydrochlorothiazide</i>	T1	
<b>ENBREL SUBCUTANEOUS RECON SOLN</b>	T5	PA; QL (8 EA per 28 days)
<b>ENBREL SUBCUTANEOUS SOLUTION</b>	T5	PA; QL (4 ML per 28 days)
<b>ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)</b>	T5	PA; QL (4 ML per 28 days)
<b>ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)</b>	T5	PA; QL (8 ML per 28 days)
<b>ENBREL SURECLICK</b>	T5	PA; QL (8 ML per 28 days)
<b>ENDARI</b>	T5	PA
<i>endocet oral tablet 10-325 mg</i>	T3	QL (180 EA per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T3	QL (240 EA per 30 days)
<b>ENGERIX-B (PF)</b>	NCS	
<b>ENGERIX-B PEDIATRIC (PF)</b>	NCS	
<i>enoxaparin subcutaneous solution</i>	T4	QL (24 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	T4	QL (28 ML per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	T4	QL (22.4 ML per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	T4	QL (8.4 ML per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	T4	QL (11.2 ML per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	T4	QL (16.8 ML per 30 days)
<b>ENPRESSE</b>	NCS	
<b>ENSKYCE</b>	NCS	
<b>ENSPRYNG</b>	T5	PA
<i>entacapone</i>	T4	QL (240 EA per 30 days)
<b>ENTECAVIR</b>	T5	PA; QL (30 EA per 30 days)
<b>ENTERIC COATED ASPIRIN</b>	NCS	

Drug	Status	Notes
<b>ENTRESTO</b>	T3	QL (60 EA per 30 days)
<b>ENULOSE</b>	T2	
<b>EPCLUSA ORAL TABLET 400-100 MG</b>	T5	PA
<b>EPICERAM</b>	T4	
<b>EPIDIOLEX</b>	T5	PA
<b>EPIDUO TOPICAL GEL WITH PUMP</b>	T4	
<b>EPIFOAM</b>	T4	
<i>epinastine</i>	T3	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i>	T3	QL (4 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	T3	
<i>epinephrine injection solution 1 mg/ml</i>	T4	
<b>EPIVIR</b>	T4	
<b>EPIVIR HBV ORAL SOLUTION</b>	T3	
<b>EPIVIR HBV ORAL TABLET</b>	T4	
<i>eplerenone</i>	T3	
<b>EPZICOM</b>	T4	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	NCS	QL (4 EA per 28 days)
<i>ergoloid</i>	T3	
<b>ERGOMAR</b>	T4	
<b>ERIVEDGE</b>	T5	PA; QL (30 EA per 30 days)
<b>ERLEADA</b>	T5	PA
<i>erlotinib</i>	T5	PA; QL (30 EA per 30 days)
<b>ERRIN</b>	NCS	
<b>ERTACZO</b>	T5	PA
<i>ertapenem</i>	T5	
<b>ERY PADS</b>	T3	
<b>ERY-TAB</b>	T3	
<b>ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG</b>	T4	
<i>erythromycin ethylsuccinate oral tablet</i>	T4	
<i>erythromycin ophthalmic (eye)</i>	T2	
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	T4	
<i>erythromycin oral tablet</i>	T4	
<i>erythromycin with ethanol</i>	T2	
<i>erythromycin-benzoyl peroxide</i>	T4	
<b>ESBRIET</b>	T5	PA
<i>escitalopram oxalate oral solution</i>	T3	QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet</i>	T2	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i>	T4	QL (30 EA per 30 days)
<b>ESTARYLLA</b>	NCS	
<i>estazolam</i>	T2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>estradiol oral</i>	T2	
<i>estradiol transdermal patch semiweekly</i>	T4	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	T3	QL (4 EA per 28 days)
<i>estradiol vaginal tablet</i>	T3	
<i>estradiol-norethindrone acet</i>	T2	
<b>ESTROGEL</b>	T4	
<i>estrogens-methyltestosterone</i>	T3	
<i>eszopiclone</i>	T2	QL (30 EA per 30 days)
<i>ethacrynic acid</i>	T5	PA
<i>ethambutol</i>	T3	
<i>ethosuximide</i>	T3	
<i>etidronate disodium</i>	T3	
<i>etodolac oral capsule</i>	T3	
<i>etodolac oral tablet</i>	T3	
<i>etodolac oral tablet extended release 24 hr</i>	T4	
<i>etoposide intravenous</i>	T5	PA
<i>etravirine</i>	T5	
<b>EUCRISA</b>	T4	
<b>EURAX</b>	T4	
<b>EVENITY</b>	T5	PA
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	T5	PA; QL (30 EA per 30 days)
<i>everolimus (immunosuppressive)</i>	T5	PA
<b>EVOTAZ</b>	T3	
<b>EVRYSDI</b>	T5	PA
<b>EXELDERM</b>	T4	
<i>exemestane</i>	T4	
<i>ezetimibe</i>	T2	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin</i>	T2	
<b>FACTIVE</b>	T4	
<b>FALMINA (28)</b>	NCS	
<i>famciclovir</i>	T3	
<i>famotidine oral suspension</i>	T4	
<i>famotidine oral tablet</i>	T2	
<b>FANAPT ORAL TABLET</b>	T4	PA; QL (60 EA per 30 days)
<b>FANAPT ORAL TABLETS,DOSE PACK</b>	T4	PA; QL (8 EA per 28 days)
<b>FARESTON</b>	T5	QL (30 EA per 30 days)
<b>FARXIGA</b>	T3	
<b>FARYDAK</b>	T5	PA; QL (6 EA per 21 days)
<b>FASENRA PEN</b>	T5	PA
<b>FC2 FEMALE CONDOM</b>	NCS	
<i>febuxostat</i>	T2	ST
<i>felbamate</i>	T5	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>felodipine</i>	T2	
<b>FEMCAP</b>	NCS	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	T2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	T2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	T2	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg</i>	T3	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 45 mg</i>	T2	
<i>fenoprofen oral tablet</i>	T4	
<i>fantanyl citrate buccal lozenge on a handle</i>	T5	PA; QL (120 EA per 30 days)
<i>fantanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	T3	QL (15 EA per 30 days)
<b>FERRIPROX ORAL SOLUTION</b>	T5	PA
<b>FERRIPROX ORAL TABLET 500 MG</b>	T5	PA
<b>FETZIMA</b>	T4	PA; QL (30 EA per 30 days)
<i>fexofenadine oral suspension</i>	T2	
<i>fexofenadine-pseudoephedrine oral tablet extended release 12 hr</i>	T3	
<b>FIASP FLEXTOUCH U-100 INSULIN</b>	T3	QL (60 ML per 30 days)
<b>FIASP U-100 INSULIN</b>	T3	QL (60 ML per 30 days)
<b>FINACEA TOPICAL GEL</b>	T4	
<i>finasteride oral tablet 5 mg</i>	T2	
<b>FINTEPLA</b>	T5	PA
<b>FIRDAPSE</b>	T5	PA; QL (240 EA per 30 days)
<b>FIRVANQ</b>	T3	
<i>flavoxate</i>	T2	
<i>flecainide</i>	T2	
<b>FLEET LAXATIVE (BISACODYL)</b>	NCS	
<b>FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION</b>	T3	QL (60 EA per 30 days)
<b>FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION</b>	T3	QL (240 EA per 30 days)
<b>FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION</b>	T3	QL (12 GM per 30 days)
<b>FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION</b>	T3	QL (24 GM per 30 days)
<b>FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION</b>	T3	QL (10.6 GM per 30 days)
<i>fluconazole oral tablet</i>	T2	
<i>flucytosine</i>	T5	
<i>fludrocortisone</i>	T2	
<i>flunisolide</i>	T3	QL (50 ML per 30 days)
<i>fluocinolone</i>	T3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>fluocinolone acetonide oil</i>	T3	
<i>fluocinolone and shower cap</i>	T3	
<i>fluocinonide topical cream 0.05 %</i>	T3	
<i>fluocinonide topical gel</i>	T3	
<i>fluocinonide topical ointment</i>	T3	
<i>fluocinonide topical solution</i>	T3	
<b>FLUOCINONIDE-E</b>	T3	
<i>fluoride (sodium) oral drops</i>	NCS	
<i>fluoride (sodium) oral tablet, chewable</i>	NCS	
<b>FLUORITAB</b>	NCS	
<i>fluorometholone</i>	T2	
<i>fluorouracil intravenous</i>	T3	
<i>fluorouracil topical cream 5 %</i>	T3	
<i>fluorouracil topical solution</i>	T3	
<i>fluoxetine oral capsule 10 mg, 20 mg</i>	T2	QL (90 EA per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	T2	QL (60 EA per 30 days)
<i>fluoxetine oral solution</i>	T2	QL (600 ML per 30 days)
<i>fluoxetine oral tablet 10 mg</i>	T3	QL (240 EA per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	T3	QL (120 EA per 30 days)
<i>fluphenazine hcl oral concentrate</i>	T3	
<i>fluphenazine hcl oral elixir</i>	T3	
<i>fluphenazine hcl oral tablet</i>	T2	
<i>flurazepam</i>	T2	
<i>flurbiprofen</i>	T2	
<i>flurbiprofen sodium</i>	T2	
<i>flutamide</i>	T3	
<i>fluticasone propionate nasal</i>	T2	QL (16 GM per 30 days)
<i>fluticasone propionate topical cream</i>	T2	
<i>fluticasone propionate topical lotion</i>	T3	
<i>fluticasone propionate topical ointment</i>	T2	
<i>fluticasone propion-salmeterol inhalation blister with device</i>	T3	QL (60 EA per 30 days)
<i>fluvastatin oral capsule</i>	T3	
<i>fluvoxamine oral tablet</i>	T2	QL (90 EA per 30 days)
<b>FML S.O.P.</b>	T4	
<b>FOCALIN XR ORAL CAPSULE, ER BIPHASIC 50-50 25 MG, 35 MG</b>	T4	QL (30 EA per 30 days)
<i>folic acid oral tablet</i>	NCS	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	T5	PA; QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	T5	PA; QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	T5	PA; QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	T5	PA; QL (18 ML per 30 days)

Drug	Status	Notes
<b>FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)</b>	T5	PA; QL (2.4 ML per 28 days)
<b>FOSAMAX PLUS D</b>	T4	
<i>fosamprenavir</i>	T1	
<i>fosfomycin tromethamine</i>	T4	
<i>fosinopril</i>	T2	
<i>fosinopril-hydrochlorothiazide</i>	T2	
<b>FOSRENOL ORAL TABLET,CHEWABLE</b>	T3	
<b>FOTIVDA</b>	T5	PA; QL (21 EA per 28 days)
<b>FREESTYLE FREEDOM LITE</b>	T3	
<b>FREESTYLE INSULINX</b>	T3	
<b>FREESTYLE INSULINX TEST STRIPS</b>	T3	QL (200 EA per 30 days)
<b>FREESTYLE LANCETS</b>	T3	QL (200 EA per 30 days)
<b>FREESTYLE LIBRE 14 DAY READER</b>	T4	
<b>FREESTYLE LIBRE 14 DAY SENSOR</b>	T4	
<b>FREESTYLE LIBRE 2 READER</b>	T4	
<b>FREESTYLE LIBRE 2 SENSOR</b>	T4	
<b>FREESTYLE LITE METER</b>	T3	
<b>FREESTYLE LITE STRIPS</b>	T3	QL (200 EA per 30 days)
<b>FREESTYLE PRECISION NEO METER</b>	T3	
<b>FREESTYLE PRECISION NEO STRIPS</b>	T3	QL (200 EA per 30 days)
<b>FREESTYLE TEST</b>	T3	QL (200 EA per 30 days)
<i>frovatriptan</i>	T4	ST; QL (18 EA per 30 days)
<i>furosemide oral solution 10 mg/ml</i>	T2	
<i>furosemide oral solution 40 mg/4 ml, 40 mg/5 ml (8 mg/ml)</i>	T1	
<i>furosemide oral tablet</i>	T1	
<b>FUZEON SUBCUTANEOUS RECON SOLN</b>	T5	
<b>FYCOMPA ORAL SUSPENSION</b>	T4	PA
<b>FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG</b>	T4	PA; QL (30 EA per 30 days)
<b>FYCOMPA ORAL TABLET 2 MG</b>	T4	PA; QL (60 EA per 30 days)
<i>gabapentin oral capsule</i>	T2	QL (270 EA per 30 days)
<i>gabapentin oral solution</i>	T2	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	T2	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	T2	QL (120 EA per 30 days)
<b>GABITRIL ORAL TABLET 12 MG, 16 MG</b>	T5	
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	T3	QL (30 EA per 30 days)
<i>galantamine oral solution</i>	T4	QL (600 ML per 30 days)
<i>galantamine oral tablet</i>	T3	QL (60 EA per 30 days)
<b>GAMASTAN S/D</b>	T5	PA
<b>GAMMAGARD LIQUID</b>	T5	PA
<b>GAMMAGARD S-D (IGA &lt; 1 MCG/ML)</b>	T5	PA

Drug	Status	Notes
<b>GARDASIL 9 (PF)</b>	NCS	
<i>gatifloxacin</i>	T3	
<b>GAVILAX ORAL POWDER</b>	NCS	
<b>GAVILYTE-C</b>	NCS	
<b>GAVILYTE-G</b>	NCS	
<b>GAVILYTE-N</b>	NCS	
<b>GAVRETO</b>	T5	PA; QL (60 EA per 30 days)
<i>gemfibrozil</i>	T2	
<b>GENERESS FE</b>	T4	
<b>GENERLAC</b>	T2	
<b>GENGRAF</b>	T3	
<b>GENTAK OPHTHALMIC (EYE) OINTMENT</b>	T2	
<i>gentamicin ophthalmic (eye)</i>	T2	
<i>gentamicin topical</i>	T2	
<b>GENTLE LAXATIVE (BISACODYL) ORAL</b>	NCS	
<b>GENTLELAX</b>	NCS	
<b>GENVOYA</b>	T3	QL (30 EA per 30 days)
<b>GIANVI (28)</b>	NCS	
<b>GILENYA ORAL CAPSULE 0.5 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>GILOTRIF</b>	T5	PA; QL (30 EA per 30 days)
<i>glatiramer</i>	T5	
<b>GLATOPA</b>	T5	
<b>GLEOSTINE</b>	T5	PA
<i>glimepiride oral tablet 1 mg</i>	T1	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	T1	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	T1	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	T1	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	T1	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr</i>	T1	QL (60 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	T2	QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	T2	QL (120 EA per 30 days)
<b>GLUCAGEN DIAGNOSTIC KIT</b>	T3	QL (4 EA per 30 days)
<b>GLUCAGEN HYPOKIT</b>	T3	QL (4 EA per 30 days)
<b>GLUCAGON EMERGENCY KIT (HUMAN)</b>	T3	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg</i>	T2	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	T2	QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	T2	QL (480 EA per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	T2	QL (240 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	T2	QL (60 EA per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	T2	QL (240 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	T2	QL (120 EA per 30 days)
<b>GLYCOLAX</b>	NCS	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T2	

Drug	Status	Notes
<b>GLYXAMBI</b>	T3	
<i>granisetron hcl oral</i>	T3	
<b>GRASTEK</b>	T3	
<i>griseofulvin microsize oral suspension</i>	T2	
<i>guanfacine oral tablet</i>	T2	
<i>guanfacine oral tablet extended release 24 hr</i>	T3	QL (30 EA per 30 days)
<i>guanidine</i>	T2	
<b>GVOKE HYOPEN 1-PACK</b>	T3	
<b>GVOKE HYOPEN 2-PACK</b>	T3	
<b>GVOKE PFS 1-PACK SYRINGE</b>	T3	
<b>GVOKE PFS 2-PACK SYRINGE</b>	T3	
<b>GYNAZOLE-1</b>	T4	
<i>gynol ii</i>	NCS	
<i>halobetasol propionate topical cream</i>	T4	
<i>halobetasol propionate topical ointment</i>	T4	
<b>HALOG TOPICAL OINTMENT</b>	T4	
<i>haloperidol</i>	T2	
<i>haloperidol decanoate</i>	T2	
<i>haloperidol lactate injection</i>	T2	
<i>haloperidol lactate oral</i>	T2	
<b>HARVONI ORAL TABLET 90-400 MG</b>	T5	PA
<b>HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML</b>	NCS	
<b>HAVRIX (PF) INTRAMUSCULAR SYRINGE</b>	NCS	
<b>HEALTHYLAX</b>	NCS	
<b>HEATHER</b>	NCS	
<i>heparin (porcine) injection cartridge</i>	T2	
<i>heparin (porcine) injection solution 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	T2	
<i>heparin, porcine (pf) injection solution</i>	T2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	T2	
<b>HERCEPTIN HYLECTA</b>	T5	PA
<b>HIBERIX (PF)</b>	NCS	
<b>HOMATROPAIRE</b>	T3	
<i>homatropine hbr</i>	T3	
<b>HPR</b>	T4	
<b>HPR PLUS</b>	T4	
<b>HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML</b>	T4	ST; QL (60 ML per 30 days)
<b>HUMALOG MIX 50-50 INSULN U-100</b>	T4	ST; QL (60 ML per 30 days)
<b>HUMALOG MIX 50-50 KWIKPEN</b>	T4	ST; QL (60 ML per 30 days)
<b>HUMALOG MIX 75-25 KWIKPEN</b>	T4	ST; QL (60 ML per 30 days)
<b>HUMALOG MIX 75-25(U-100)INSULN</b>	T4	ST; QL (60 ML per 30 days)



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<b>HUMALOG U-100 INSULIN</b>	T4	ST; QL (60 ML per 30 days)
<b>HUMIRA PEDIATRIC CROHNS START</b>	T5	PA; QL (3 EA per 180 days)
<b>HUMIRA PEN</b>	T5	PA; QL (4 EA per 28 days)
<b>HUMIRA PEN CROHNS-UC-HS START</b>	T5	PA; QL (6 EA per 180 days)
<b>HUMIRA PEN PSOR-UVEITS-ADOL HS</b>	T5	PA; QL (4 EA per 180 days)
<b>HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML</b>	T5	PA; QL (2 EA per 28 days)
<b>HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML</b>	T5	PA; QL (4 EA per 28 days)
<b>HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML</b>	T5	PA; QL (3 EA per 365 days)
<b>HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML</b>	T5	PA; QL (2 EA per 365 days)
<b>HUMIRA(CF) PEN CROHNS-UC-HS</b>	T5	PA; QL (3 EA per 365 days)
<b>HUMIRA(CF) PEN PEDIATRIC UC</b>	T5	PA; QL (3 EA per 365 days)
<b>HUMIRA(CF) PEN PSOR-UV-ADOL HS</b>	T5	PA; QL (3 EA per 365 days)
<b>HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML</b>	T5	PA; QL (2 EA per 28 days)
<b>HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML</b>	T5	PA
<b>HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 40 MG/0.4 ML</b>	T5	PA; QL (4 EA per 28 days)
<b>HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML</b>	T5	PA; QL (2 EA per 28 days)
<b>HUMULIN R U-500 (CONC) INSULIN</b>	T5	QL (20 ML per 30 days)
<b>HYCAMTIN</b>	T5	PA
<i>hydralazine oral</i>	T2	
<i>hydrochlorothiazide</i>	T1	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	T4	QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	T3	QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	T3	QL (240 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i>	T3	QL (84 EA per 30 days)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml (5 ml)</i>	T2	
<i>hydrocodone-homatropine oral tablet</i>	T2	
<i>hydrocodone-ibuprofen</i>	T3	QL (50 EA per 30 days)
<i>hydrocortisone acetate rectal</i>	T3	
<i>hydrocortisone acetate topical cream 1 %</i>	T2	
<i>hydrocortisone butyrate topical cream</i>	T2	
<i>hydrocortisone butyrate topical ointment</i>	T4	
<i>hydrocortisone butyrate topical solution</i>	T4	
<i>hydrocortisone butyr-emollient</i>	T4	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>hydrocortisone oral</i>	T2	
<i>hydrocortisone rectal</i>	T4	
<i>hydrocortisone topical cream</i>	T2	
<i>hydrocortisone topical cream in packet</i>	T2	
<i>hydrocortisone topical cream with perineal applicator</i>	T2	
<i>hydrocortisone topical lotion 1 %</i>	T1	
<i>hydrocortisone topical lotion 2.5 %</i>	T3	
<i>hydrocortisone topical ointment</i>	T2	
<i>hydrocortisone valerate topical cream</i>	T4	
<i>hydrocortisone valerate topical ointment</i>	T2	
<i>hydrocortisone-acetic acid</i>	T3	
<i>hydrocortisone-aloe vera topical cream 1 %</i>	T2	
<i>hydrocortisone-iodoquinol</i>	T3	
<i>hydrocortisone-pramoxine rectal</i>	T3	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	T3	
<b>HYDROMET</b>	T2	
<i>hydromorphone oral tablet</i>	T3	QL (180 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg</i>	T5	PA; QL (30 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 16 mg, 32 mg, 8 mg</i>	T4	PA; QL (30 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	T3	
<i>hydroxyurea</i>	T2	
<i>hydroxyzine hcl</i>	T2	
<i>hydroxyzine pamoate</i>	T2	
<b>HYLATOPIC</b>	T4	
<b>HYLATOPICPLUS TOPICAL CREAM</b>	T4	
<b>HYLATOPICPLUS TOPICAL FOAM</b>	T4	
<i>hyoscyamine sulfate oral</i>	T2	
<i>hyoscyamine sulfate sublingual</i>	T2	
<b>HYOSYNE ORAL DROPS</b>	T2	
<b>HYQVIA</b>	T5	PA
<i>ibandronate oral</i>	T2	QL (1 EA per 28 days)
<b>IBRANCE</b>	T5	PA; QL (21 EA per 28 days)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
<i>ibuprofen-oxycodone</i>	T3	QL (28 EA per 30 days)
<i>icatibant</i>	T5	PA
<b>ICLUSIG ORAL TABLET 15 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>ICLUSIG ORAL TABLET 45 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>IDAMYCIN PFS</b>	T5	PA
<b>IDHIFA</b>	T5	PA
<b>ILEVRO</b>	T3	
<b>ILUMYA</b>	Non-Formulary	QL (2 ML per 84 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>imatinib oral tablet 100 mg</i>	T5	PA; QL (180 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	T5	PA; QL (60 EA per 30 days)
<b>IMBRUVICA ORAL CAPSULE 140 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>IMBRUVICA ORAL CAPSULE 70 MG</b>	T5	PA
<b>IMBRUVICA ORAL CAPSULE 70 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG</b>	T5	PA
<b>IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG</b>	T5	PA; QL (30 EA per 30 days)
<i>imipramine hcl</i>	T2	
<i>imipramine pamoate</i>	T4	
<i>imiquimod topical cream in packet 5 %</i>	T4	QL (20 EA per 28 days)
<b>IMOVAX RABIES VACCINE (PF)</b>	NCS	
<b>INBRIJA</b>	T5	PA; QL (60 EA per 30 days)
<b>INCRELEX</b>	T5	PA
<b>INCRUSE ELLIPTA</b>	T3	
<i>indapamide</i>	T2	
<i>indomethacin oral capsule</i>	T2	
<b>INFANRIX (DTAP) (PF)</b>	NCS	
<b>INLYTA ORAL TABLET 1 MG</b>	T5	PA; QL (180 EA per 30 days s)
<b>INLYTA ORAL TABLET 5 MG</b>	T5	PA; QL (120 EA per 30 days s)
<b>INQOVI</b>	T5	PA; QL (5 EA per 21 days)
<b>INREBIC</b>	T5	PA; QL (120 EA per 30 days)
<i>insulin aspart u-100</i>	T3	ST; QL (60 ML per 30 days)
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>	T3	QL (200 EA per 30 days)
<b>INTELENCE ORAL TABLET 100 MG</b>	T3	QL (120 EA per 30 days)
<b>INTELENCE ORAL TABLET 200 MG</b>	T3	QL (60 EA per 30 days)
<b>INTELENCE ORAL TABLET 25 MG</b>	T3	
<b>INTRON A INJECTION</b>	T5	PA
<b>INTROVALE</b>	NCS	
<b>INVEGA HAFYERA</b>	T5	PA; QL (10 ML per 360 days)
<b>INVEGA SUSTENNA</b>	T4	PA
<b>INVIRASE ORAL TABLET</b>	T3	
<b>INVOKANA</b>	T4	ST
<b>IPOL</b>	NCS	
<i>ipratropium bromide inhalation</i>	T2	
<i>ipratropium bromide nasal</i>	T2	QL (30 ML per 30 days)
<i>ipratropium-albuterol</i>	T2	
<i>irbesartan</i>	T1	
<i>irbesartan-hydrochlorothiazide</i>	T1	
<b>IRESSA</b>	T5	PA; QL (30 EA per 30 days)
<b>ISENTRESS HD</b>	T3	PA

Drug	Status	Notes
<b>ISENTRESS ORAL POWDER IN PACKET</b>	T3	QL (240 EA per 30 days)
<b>ISENTRESS ORAL TABLET</b>	T3	QL (60 EA per 30 days)
<b>ISENTRESS ORAL TABLET,CHEWABLE</b>	T3	QL (180 EA per 30 days)
<b>ISOLYTE S PH 7.4</b>	T2	
<i>isoniazid oral</i>	T2	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T3	
<i>isosorbide dinitrate oral tablet extended release</i>	T3	
<i>isosorbide mononitrate</i>	T2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T4	
<i>isradipine</i>	T3	
<b>ISTALOL</b>	T4	
<i>itraconazole oral capsule</i>	T4	PA; QL (120 EA per 30 days)
<i>ivermectin oral</i>	T2	
<b>IXIARO (PF)</b>	NCS	
<b>JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG</b>	T5	PA
<b>JAKAFI ORAL TABLET 25 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>JANTOVEN</b>	T1	
<b>JARDIANCE</b>	T3	QL (30 EA per 30 days)
<b>JENCYCLA</b>	NCS	
<b>JENTADUETO</b>	T3	QL (60 EA per 30 days)
<b>JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG</b>	T3	QL (60 EA per 30 days)
<b>JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG</b>	T3	QL (30 EA per 30 days)
<b>JINTELI</b>	T3	
<b>JOLESSA</b>	NCS	
<b>JULEBER</b>	NCS	
<b>JULUCA</b>	T3	QL (30 EA per 30 days)
<b>JUNEL 1.5/30 (21)</b>	NCS	
<b>JUNEL 1/20 (21)</b>	NCS	
<b>JUNEL FE 1.5/30 (28)</b>	NCS	
<b>JUNEL FE 1/20 (28)</b>	NCS	
<b>JUNEL FE 24</b>	NCS	
<b>JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)</b>	T5	PA; QL (60 EA per 30 days)
<i>kaitlib fe</i>	NCS	
<b>KALETRA ORAL SOLUTION</b>	T4	
<b>KALETRA ORAL TABLET</b>	T3	
<b>KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG</b>	T5	PA; QL (56 EA per 28 days)
<b>KALYDECO ORAL TABLET</b>	T5	PA; QL (60 EA per 30 days)
<b>KARIVA (28)</b>	NCS	

Drug	Status	Notes
<b>KELNOR 1/35 (28)</b>	NCS	
<b>KEPIVANCE</b>	T5	
<b>KESIMPTA PEN</b>	T5	PA
<i>ketoconazole oral</i>	T2	
<i>ketoconazole topical cream</i>	T2	
<i>ketoconazole topical shampoo</i>	T2	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	T2	
<i>ketorolac ophthalmic (eye)</i>	T2	
<i>ketorolac oral</i>	T2	
<b>KEVZARA</b>	Non-Formulary	QL (2 ML per 28 days)
<b>KINRIX (PF)</b>	NCS	
<b>KISQALI</b>	T5	PA
<b>KISQALI FEMARA CO-PACK</b>	T5	PA
<b>KLOR-CON</b>	T2	
<b>KLOR-CON 10</b>	T2	
<b>KLOR-CON 8</b>	T2	
<b>KLOR-CON M10</b>	T2	
<b>KLOR-CON M15</b>	T2	
<b>KLOR-CON M20</b>	T2	
<b>KLOR-CON SPRINKLE</b>	T2	
<b>KRINTAFEL</b>	T3	QL (2 EA per 28 days)
<b>KRISTALOSE</b>	T3	
<b>KURVELO (28)</b>	NCS	
<b>KUVAN ORAL TABLET,SOLUBLE</b>	T5	PA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	NCS	
<i>labetalol oral</i>	T2	
<b>LACRISERT</b>	T5	PA
<i>lactulose oral solution</i>	T2	
<b>LAMICTAL STARTER (GREEN) KIT</b>	T3	
<b>LAMICTAL STARTER (ORANGE) KIT</b>	T3	
<i>lamivudine</i>	T1	
<i>lamivudine-zidovudine</i>	T1	
<i>lamotrigine oral tablet</i>	T2	
<i>lamotrigine oral tablet disintegrating, dose pk</i>	T3	
<i>lamotrigine oral tablet, chewable dispersible</i>	T2	
<i>lamotrigine oral tablet,disintegrating</i>	T3	QL (90 EA per 30 days)
<i>lamotrigine oral tablets,dose pack</i>	T3	
<i>lancets</i>	T3	QL (200 EA per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	T2	QL (30 EA per 30 days)
<b>LANTUS SOLOSTAR U-100 INSULIN</b>	T3	QL (60 ML per 30 days)
<b>LANTUS U-100 INSULIN</b>	T3	QL (60 ML per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>lapatinib</i>	T5	PA; QL (180 EA per 30 days)
<b>LARIN 1.5/30 (21)</b>	NCS	
<b>LARIN 1/20 (21)</b>	NCS	
<b>LARIN 24 FE</b>	NCS	
<b>LARIN FE 1.5/30 (28)</b>	NCS	
<b>LARIN FE 1/20 (28)</b>	NCS	
<b>LASTACFT</b>	T4	QL (6 ML per 30 days)
<i>latanoprost</i>	T1	
<b>LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG</b>	T4	PA; QL (30 EA per 30 days)
<b>LATUDA ORAL TABLET 80 MG</b>	T4	PA; QL (60 EA per 30 days)
<b>LAXACLEAR</b>	NCS	
<b>LAXATIVE (BISACODYL) ORAL</b>	NCS	
<b>LAXATIVE FEMININE</b>	NCS	
<b>LAXATIVE PEG 3350</b>	NCS	
<b>LAYOLIS FE</b>	NCS	
<i>ledipasvir-sofosbuvir</i>	T5	PA; QL (30 EA per 30 days)
<b>LEENA 28</b>	NCS	
<i>leflunomide</i>	T3	QL (30 EA per 30 days)
<b>LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)</b>	T5	PA; QL (30 EA per 30 days)
<b>LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 4 MG</b>	T5	PA
<b>LESSINA</b>	NCS	
<i>letrozole</i>	T2	
<i>leucovorin calcium oral</i>	T4	
<b>LEUKERAN</b>	T4	
<b>LEUKINE INJECTION RECON SOLN</b>	T5	PA
<i>leuprolide</i>	T5	PA
<i>levabuterol hcl</i>	T4	
<b>LEVATOL</b>	T4	
<b>LEVEMIR FLEXTOUCH U-100 INSULN</b>	T3	QL (60 ML per 30 days)
<b>LEVEMIR U-100 INSULIN</b>	T3	QL (60 ML per 30 days)
<i>levetiracetam oral solution</i>	T2	
<i>levetiracetam oral tablet</i>	T2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	T2	QL (180 EA per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	T2	QL (120 EA per 30 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	T2	
<i>levocarnitine (with sugar)</i>	T3	
<i>levocarnitine oral tablet</i>	T3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>levocetirizine oral solution</i>	T4	
<i>levocetirizine oral tablet</i>	T2	QL (30 EA per 30 days)
<i>levofloxacin ophthalmic (eye)</i>	T2	
<i>levofloxacin oral solution</i>	T4	
<i>levofloxacin oral tablet</i>	T2	
<b>LEVONEST (28)</b>	NCS	
<i>levonorgestrel</i>	NCS	
<i>levonorgestrel-ethinyl estrad</i>	NCS	
<i>levonorg-eth estrad triphasic</i>	NCS	
<b>LEVORA-28</b>	NCS	
<i>levorphanol tartrate oral tablet 2 mg</i>	T4	QL (180 EA per 30 days)
<i>levothyroxine oral tablet</i>	T2	
<b>LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG</b>	T2	
<b>LEXIVA ORAL SUSPENSION</b>	T3	
<b>LEXIVA ORAL TABLET</b>	T4	
<b>LIALDA</b>	T3	QL (120 EA per 30 days)
<i>lidocaine hcl laryngotracheal</i>	T2	
<i>lidocaine hcl mucous membrane jelly</i>	T2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	T2	
<i>lidocaine hcl topical cream 3 %</i>	T2	
<i>lidocaine hcl topical lotion</i>	T2	
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	T2	
<i>lidocaine hcl-hydrocortison ac rectal gel</i>	T2	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	T4	QL (4 EA per 30 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	T4	PA; QL (90 EA per 30 days)
<i>lidocaine topical ointment</i>	T4	PA; QL (150 GM per 30 days)
<b>LIDOCAINE VISCOUS</b>	T2	
<i>lidocaine-hydrocortisone-aloe rectal gel</i>	T2	
<i>lidocaine-hydrocortisone-aloe rectal kit</i>	T4	QL (4 EA per 30 days)
<i>lidocaine-prilocaine</i>	T2	
<b>LILETTA</b>	NCS	
<i>lindane topical shampoo</i>	T3	
<i>linezolid</i>	T5	PA
<b>LINZESS</b>	T3	
<i>lithothyronine oral</i>	T2	
<b>LIPOFEN</b>	T3	
<i>lisinopril</i>	T1	
<i>lisinopril-hydrochlorothiazide</i>	T1	
<b>LITE COAT ASPIRIN</b>	NCS	
<i>lithium carbonate oral capsule</i>	T1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>lithium carbonate oral tablet</i>	T2	
<i>lithium carbonate oral tablet extended release</i>	T2	
<i>lithium citrate</i>	T2	
<b>LIVALO</b>	T4	PA
<b>LO LOESTRIN FE</b>	T3	
<b>LOCOID TOPICAL LOTION</b>	T4	
<b>LOKELMA</b>	T4	PA
<b>LONSURF ORAL TABLET 15-6.14 MG</b>	T5	PA; QL (30 EA per 28 days)
<b>LONSURF ORAL TABLET 20-8.19 MG</b>	T5	PA; QL (40 EA per 28 days)
<i>loperamide oral capsule</i>	T2	
<i>lopinavir-ritonavir oral solution</i>	T1	
<i>lopinavir-ritonavir oral tablet</i>	T3	
<b>LOPREEZA</b>	T3	
<i>lorazepam oral concentrate</i>	T2	
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	T2	QL (180 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	T2	QL (150 EA per 30 days)
<b>LORBRENA ORAL TABLET 100 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>LORBRENA ORAL TABLET 25 MG</b>	T5	PA; QL (90 EA per 30 days)
<b>LORYNA (28)</b>	NCS	
<i>losartan oral tablet 100 mg</i>	T1	QL (30 EA per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	T1	QL (60 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	T1	QL (30 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	T1	QL (60 EA per 30 days)
<b>LOTEMAX OPHTHALMIC (EYE) DROPS,GEL</b>	T4	
<b>LOTEMAX OPHTHALMIC (EYE) OINTMENT</b>	T4	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	T4	
<i>lovastatin oral tablet 10 mg</i>	T1	QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	T1	QL (60 EA per 30 days)
<b>LOW-OGESTREL (28)</b>	NCS	
<i>loxapine succinate</i>	T2	
<b>LUDENT FLUORIDE</b>	NCS	
<b>LUMAKRAS</b>	T5	PA
<b>LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %</b>	T3	QL (5 ML per 30 days)
<b>LUPANETA PACK (1 MONTH)</b>	T5	PA
<b>LUPANETA PACK (3 MONTH)</b>	T5	PA
<b>LUPKYNIS</b>	T5	PA; QL (180 EA per 30 days)
<b>LUPRON DEPOT</b>	T5	PA; QL (1 EA per 28 days)
<b>LUPRON DEPOT (3 MONTH)</b>	T5	PA; QL (1 EA per 84 days)
<b>LUPRON DEPOT (4 MONTH)</b>	T5	PA; QL (1 EA per 112 days)
<b>LUPRON DEPOT (6 MONTH)</b>	T5	PA; QL (1 EA per 168 days)
<b>LUPRON DEPOT-PED</b>	T5	PA; QL (1 EA per 28 days)



Drug	Status	Notes
<b>LUPRON DEPOT-PED (3 MONTH)</b>	T5	PA; QL (1 EA per 84 days)
<b>LUTERA (28)</b>	NCS	
<b>LYNPARZA</b>	T5	PA
<b>LYSODREN</b>	T3	
<b>LYZA</b>	NCS	
<i>magnesium citrate oral solution</i>	NCS	
<b>MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)</b>	T5	PA
<i>malathion</i>	T3	
<i>maprotiline</i>	T3	
<b>MARLISSA (28)</b>	NCS	
<b>MARPLAN</b>	T4	
<b>MATULANE</b>	T5	
<i>matzim la</i>	T3	
<b>MAVENCLAD (10 TABLET PACK)</b>	T5	PA
<b>MAVENCLAD (4 TABLET PACK)</b>	T5	PA
<b>MAVENCLAD (5 TABLET PACK)</b>	T5	PA
<b>MAVENCLAD (6 TABLET PACK)</b>	T5	PA
<b>MAVENCLAD (7 TABLET PACK)</b>	T5	PA
<b>MAVENCLAD (8 TABLET PACK)</b>	T5	PA
<b>MAVENCLAD (9 TABLET PACK)</b>	T5	PA
<b>MAVYRET ORAL TABLET</b>	T5	PA
<b>MAYZENT ORAL TABLET 0.25 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>MAYZENT ORAL TABLET 2 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>MAYZENT STARTER PACK</b>	T5	PA; QL (1 EA per 365 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	T2	
<i>meclofenamate</i>	T4	
<b>MEDROL ORAL TABLET 2 MG</b>	T3	
<i>medroxyprogesterone intramuscular</i>	NCS	
<i>medroxyprogesterone oral</i>	T2	
<i>mefenamic acid</i>	T4	
<i>mefloquine</i>	T2	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i>	T2	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	T4	
<i>megestrol oral tablet</i>	T2	
<b>MEKINIST ORAL TABLET 0.5 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>MEKINIST ORAL TABLET 2 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>MEKTOVI</b>	T5	PA; QL (180 EA per 30 days)
<i>meloxicam</i>	T2	
<i>melphalan hcl</i>	T5	
<i>memantine oral capsule, sprinkle, er 24hr</i>	T3	QL (30 EA per 30 days)
<i>memantine oral solution</i>	T4	QL (300 ML per 30 days)
<i>memantine oral tablet</i>	T2	QL (60 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>memantine oral tablets,dose pack</i>	T2	
<b>MENACTRA (PF) INTRAMUSCULAR SOLUTION</b>	NCS	
<b>MENEST</b>	T4	PA
<b>MENTAX</b>	T3	
<b>MENVEO A-C-Y-W-135-DIP (PF)</b>	NCS	
<b>MENVEO MENA COMPONENT (PF)</b>	NCS	
<b>MENVEO MENCYW-135 COMPNT (PF)</b>	NCS	
<i>meperidine oral tablet</i>	T3	QL (180 EA per 30 days)
<i>meprobamate</i>	T3	
<i>mercaptopurine</i>	T3	
<i>meropenem</i>	T5	PA
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	T4	
<i>mesalamine rectal</i>	T4	
<i>mesalamine with cleansing wipe</i>	T4	
<i>metaproterenol oral syrup</i>	T2	
<i>metaxalone oral tablet 800 mg</i>	T4	QL (120 EA per 30 days)
<i>metformin oral tablet 1,000 mg</i>	T1	QL (60 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	T1	QL (150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	T1	QL (90 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	T1	QL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	T1	QL (60 EA per 30 days)
<i>methadone oral tablet</i>	T3	QL (240 EA per 30 days)
<i>methamphetamine</i>	T3	QL (90 EA per 30 days)
<i>methazolamide</i>	T4	
<i>methenamine hippurate</i>	T2	
<i>methenamine mandelate oral tablet 1 gram</i>	T3	
<i>methimazole oral tablet 10 mg, 5 mg</i>	T1	
<b>METHITEST</b>	T4	PA
<i>methocarbamol oral</i>	T2	
<i>methotrexate sodium</i>	T2	
<i>methotrexate sodium (pf)</i>	T2	
<i>methoxsalen</i>	T5	
<i>methscopolamine</i>	T2	
<i>methyclothiazide</i>	T3	
<i>methyl dopa</i>	T2	
<i>methyl dopa-hydrochlorothiazide</i>	T2	
<i>methylergonovine oral</i>	T3	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg</i>	T3	QL (180 EA per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 50 mg, 60 mg</i>	T3	QL (30 EA per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg</i>	T3	QL (60 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>methylphenidate hcl oral capsule,er biphasic 50-50 40 mg</i>	T3	QL (30 EA per 30 days)
<i>methylphenidate hcl oral solution</i>	T2	
<i>methylphenidate hcl oral tablet</i>	T2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	T3	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	T4	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	T3	QL (30 EA per 30 days)
<i>methylprednisolone</i>	T2	
<i>methylprednisolone acetate</i>	T2	
<i>metipranolol</i>	T2	
<i>metoclopramide hcl oral solution</i>	T2	
<i>metoclopramide hcl oral tablet</i>	T2	
<i>metolazone</i>	T2	
<i>metoprolol succinate</i>	T2	QL (60 EA per 30 days)
<i>metoprolol ta-hydrochlorothiaz</i>	T2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>metronidazole oral tablet</i>	T2	
<i>metronidazole topical cream</i>	T3	
<i>metronidazole topical gel 0.75 %</i>	T3	
<i>metronidazole topical gel 1 %</i>	T4	
<i>metronidazole topical gel with pump</i>	T4	
<i>metronidazole topical lotion</i>	T4	
<i>metronidazole vaginal</i>	T2	
<i>mexiletine</i>	T2	
<b>MICROGESTIN 1.5/30 (21)</b>	NCS	
<b>MICROGESTIN 1/20 (21)</b>	NCS	
<b>MICROGESTIN FE 1.5/30 (28)</b>	NCS	
<b>MICROGESTIN FE 1/20 (28)</b>	NCS	
<i>midodrine</i>	T3	
<b>MIGERGOT</b>	T4	QL (20 EA per 28 days)
<i>miglitol</i>	T4	QL (90 EA per 30 days)
<i>miglustat</i>	T5	PA
<b>MILK OF MAGNESIA</b>	NCS	
<b>MILK OF MAGNESIA CONCENTRATED</b>	NCS	
<b>MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS)</b>	T3	
<i>millipred dp oral tablets,dose pack 5 mg (48 tabs)</i>	T3	
<b>MIMVEY</b>	T3	
<b>MIMVEY LO</b>	T3	
<b>MINASTRIN 24 FE</b>	T4	
<b>MINITRAN</b>	T2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>minocycline oral capsule</i>	T2	
<i>minoxidil oral</i>	T2	
<b>MIRALAX ORAL POWDER IN PACKET</b>	NCS	
<b>MIRENA</b>	NCS	
<i>mirtazapine oral tablet 15 mg, 7.5 mg</i>	T2	QL (90 EA per 30 days)
<i>mirtazapine oral tablet 30 mg, 45 mg</i>	T2	QL (30 EA per 30 days)
<i>mirtazapine oral tablet, disintegrating</i>	T2	QL (30 EA per 30 days)
<b>MIRVASO TOPICAL GEL</b>	T4	PA
<i>misoprostol</i>	T2	
<b>M-M-R II (PF)</b>	NCS	
<i>modafinil</i>	T3	PA; QL (30 EA per 30 days)
<b>MODERIBA</b>	T4	PA
<i>moexipril</i>	T3	
<i>mometasone nasal</i>	T4	
<i>mometasone topical</i>	T2	
<b>MONJUVI</b>	T5	PA
<b>MONO-LINYAH</b>	NCS	
<i>montelukast oral granules in packet</i>	T2	
<i>montelukast oral tablet</i>	T2	QL (30 EA per 30 days)
<i>montelukast oral tablet, chewable</i>	T2	QL (30 EA per 30 days)
<b>MONUROL</b>	T4	
<i>morphine concentrate oral solution</i>	T3	QL (600 ML per 30 days)
<i>morphine concentrate oral syringe 20 mg/ml</i>	T3	QL (600 ML per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	T3	QL (2700 ML per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	T3	QL (1350 ML per 30 days)
<i>morphine oral tablet</i>	T3	QL (180 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	T3	QL (90 EA per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	T3	QL (60 EA per 30 days)
<b>MOTOFEN</b>	T4	
<b>MOVANTIK</b>	T4	PA
<b>MOVIPREP</b>	T4	
<i>moxifloxacin ophthalmic (eye) drops</i>	T2	
<i>moxifloxacin oral</i>	T4	QL (30 EA per 30 days)
<b>MOZOBIL</b>	T5	PA
<b>MULPLETA</b>	T5	PA; QL (7 EA per 90 days)
<b>MULTAQ</b>	T3	
<b>MULTI-VITAMIN WITH FLUORIDE ORAL DROPS</b>	NCS	
<b>MULTIVITAMINS WITH FLUORIDE ORAL TABLET, CHEWABLE 0.25 MG, 0.5 MG</b>	NCS	
<i>multivitamins with fluoride oral tablet, chewable 1 mg</i>	T2	
<i>mupirocin</i>	T2	
<b>MY WAY</b>	NCS	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>mycophenolate mofetil oral capsule</i>	T3	
<i>mycophenolate mofetil oral suspension for reconstitution</i>	T4	
<i>mycophenolate mofetil oral tablet</i>	T3	
<i>mycophenolate sodium</i>	T4	
<b>MYORISAN</b>	T4	
<b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR</b>	T3	
<i>nabumetone</i>	T2	
<i>nadolol</i>	T2	QL (30 EA per 30 days)
<i>naftifine</i>	T4	
<b>NAFTIN TOPICAL GEL 2 %</b>	T4	
<b>NAGLAZYME</b>	T5	PA
<i>naloxone injection syringe 1 mg/ml</i>	T2	
<i>naltrexone</i>	T2	
<b>NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK</b>	T3	
<b>NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR</b>	T3	QL (30 EA per 30 days)
<i>naproxen oral tablet</i>	T1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	T2	
<i>naratriptan</i>	T3	ST; QL (18 EA per 30 days)
<b>NATACYN</b>	T3	
<b>NATAZIA</b>	Non-Formulary	
<i>nateglinide</i>	T3	QL (90 EA per 30 days)
<b>NATPARA</b>	T5	PA
<b>NATURE-THROID</b>	T2	
<b>NAYZILAM</b>	T5	QL (10 EA per 30 days)
<b>NEBUPENT</b>	T5	
<b>NECON 0.5/35 (28)</b>	NCS	
<i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i>	T2	QL (60 EA per 30 days)
<i>nefazodone oral tablet 200 mg</i>	T2	QL (90 EA per 30 days)
<i>neomycin</i>	T2	
<i>neomycin-bacitracin-poly-hc</i>	T2	
<i>neomycin-bacitracin-polymyxin</i>	T2	
<i>neomycin-polymyxin b-dexameth</i>	T2	
<i>neomycin-polymyxin-gramicidin</i>	T2	
<i>neomycin-polymyxin-hc otic (ear)</i>	T2	
<b>NEOSALUS TOPICAL FOAM</b>	T4	
<b>NERLYNX</b>	T5	PA
<b>NEULASTA</b>	T5	PA
<b>NEULASTA ONPRO</b>	T5	PA
<b>NEUPOGEN</b>	T5	PA

Drug	Status	Notes
<b>NEVANAC</b>	T3	
<i>nevirapine</i>	T1	
<b>NEXAVAR</b>	T5	PA; QL (120 EA per 30 days)
<b>NEXLIZET</b>	T4	PA
<b>NEXPLANON</b>	NCS	
<b>NEXT CHOICE ONE DOSE</b>	NCS	
<i>niacin oral tablet 500 mg</i>	T2	
<i>niacin oral tablet extended release 24 hr</i>	T3	
<i>niacin oral tablet extended release 750 mg</i>	T3	
<b>NIACOR</b>	T2	
<i>nicardipine oral</i>	T3	
<i>nicotine (polacrilex) buccal gum</i>	NCS	QL (2800 EA per 365 days)
<i>nicotine (polacrilex) buccal lozenge</i>	NCS	QL (2448 EA per 365 days)
<i>nicotine (polacrilex) buccal mini lozenge</i>	NCS	QL (2448 EA per 365 days)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr</i>	NCS	QL (84 EA per 365 days)
<i>nicotine transdermal patch 24 hour 7 mg/24 hr</i>	NCS	QL (28 EA per 365 days)
<b>NICOTROL</b>	NCS	QL (2688 EA per 365 days)
<b>NICOTROL NS</b>	NCS	QL (6720 ML per 365 days)
<i>nifedipine</i>	T2	
<b>NIKKI (28)</b>	NCS	
<i>nilutamide</i>	T5	
<i>nimodipine</i>	T2	
<b>NINLARO</b>	T5	PA; QL (3 EA per 28 days)
<i>nisoldipine</i>	T3	
<b>NITRO-BID</b>	T4	
<i>nitrofurantoin</i>	T2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	T2	
<i>nitrofurantoin monohydlm-cryst</i>	T2	
<i>nitroglycerin sublingual</i>	T2	
<i>nitroglycerin transdermal patch 24 hour</i>	T2	
<i>nizatidine</i>	T2	
<b>NORA-BE</b>	NCS	
<i>noreth-ethinyl estradiol-iron</i>	NCS	
<i>norethindrone (contraceptive)</i>	NCS	
<i>norethindrone acetate</i>	T2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	T3	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	NCS	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1 mg-20 mcg (24)/75 mg (4)</i>	NCS	
<i>norgestimate-ethinyl estradiol</i>	NCS	
<b>NORLYROC</b>	NCS	

Drug	Status	Notes
NORMAL SALINE FLUSH	T2	
NORPACE CR	T5	PA
NORTHERA	T5	PA
NORTREL 0.5/35 (28)	NCS	
NORTREL 1/35 (21)	NCS	
NORTREL 1/35 (28)	NCS	
NORTREL 7/7/7 (28)	NCS	
<i>nortriptyline oral capsule</i>	T1	
NORVIR ORAL POWDER IN PACKET	T3	
NORVIR ORAL SOLUTION	T3	
NORVIR ORAL TABLET	T4	
NOVOLIN 70/30 U-100 INSULIN	T3	QL (60 ML per 30 days)
NOVOLIN N NPH U-100 INSULIN	T3	QL (60 ML per 30 days)
NOVOLIN R REGULAR U-100 INSULN	T3	QL (60 ML per 30 days)
NOVOLOG FLEXPEN U-100 INSULIN	T3	QL (60 ML per 30 days)
NOVOLOG MIX 70-30 U-100 INSULN	T3	QL (60 ML per 30 days)
NOVOLOG MIX 70-30FLEXPEN U-100	T3	QL (60 ML per 30 days)
NOVOLOG PENFILL U-100 INSULIN	T3	QL (60 ML per 30 days)
NOVOLOG U-100 INSULIN ASPART	T3	QL (60 ML per 30 days)
NOXAFIL	T5	PA
NP THYROID ORAL TABLET 15 MG, 30 MG, 60 MG, 90 MG	T2	
NUBEQA	T5	PA; QL (120 EA per 30 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR	T5	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	Non-Formulary	
NUCALA SUBCUTANEOUS SYRINGE	T5	PA; QL (3 ML per 28 days)
NUCYNTA	T4	PA; QL (180 EA per 30 days)
NUCYNTA ER	T4	PA; QL (60 EA per 30 days)
NUEDEXTA	T5	PA; QL (60 EA per 30 days)
NULOJIX	T5	PA
NURTEC ODT	T5	PA; QL (15 EA per 30 days)
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML)	T5	PA
NUVARING	NCS	
<i>nystatin</i>	T2	
<i>nystatin-triamcinolone</i>	T4	
NYSTOP	T2	
OCELLA	NCS	
<i>octreotide acetate injection solution</i>	T5	PA
ODEFSEY	T3	QL (30 EA per 30 days)
ODOMZO	T5	PA; QL (30 EA per 30 days)
<i>ofloxacin ophthalmic (eye)</i>	T2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T2	
<i>ofloxacin otic (ear)</i>	T4	
<b>OGESTREL (28)</b>	NCS	
<i>olanzapine oral tablet</i>	T2	QL (30 EA per 30 days)
<i>olanzapine oral tablet, disintegrating</i>	T3	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine</i>	T4	
<i>olmesartan</i>	T3	
<i>olmesartan-amlodipin-hcthiazid</i>	T3	
<i>olmesartan-hydrochlorothiazide</i>	T3	
<i>olopatadine nasal</i>	T4	
<i>olopatadine ophthalmic (eye)</i>	T3	QL (10 ML per 30 days)
<b>OLUMIANT</b>	Non-Formulary	QL (30 EA per 30 days)
<i>omega 3-dha-epa-fish oil oral capsule 1,000 mg (120 mg-180 mg)</i>	T4	
<i>omega-3 acid ethyl esters</i>	T3	
<i>omeprazole magnesium</i>	T2	
<i>omeprazole oral capsule, delayed release (dr/ec)</i>	T2	
<i>omeprazole oral tablet, delayed release (dr/ec)</i>	T2	
<b>OMNARIS</b>	T4	
<b>OMNITROPE</b>	T5	PA
<i>ondansetron</i>	T3	
<i>ondansetron hcl oral solution</i>	T2	
<i>ondansetron hcl oral tablet 24 mg</i>	T2	QL (30 EA per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T2	QL (60 EA per 30 days)
<b>ONFI</b>	T5	PA
<b>ONUREG</b>	T5	PA; QL (14 EA per 28 days)
<b>OPCICON ONE-STEP</b>	NCS	
<b>OPSUMIT</b>	T5	PA
<b>ORAL SALINE LAXATIVE</b>	NCS	
<b>ORENCIA</b>	Non-Formulary	QL (4 ML per 30 days)
<b>ORENCIA CLICKJECT</b>	Non-Formulary	QL (4 ML per 28 days)
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG</b>	T5	PA
<b>ORFADIN ORAL CAPSULE</b>	T5	PA
<b>ORGOVYX</b>	T5	PA; QL (32 EA per 22 days)
<b>ORIAHNN</b>	T5	PA; QL (60 EA per 30 days)
<b>ORLISSA ORAL TABLET 150 MG</b>	T5	PA; QL (28 EA per 28 days)
<b>ORLISSA ORAL TABLET 200 MG</b>	T5	PA; QL (56 EA per 28 days)
<b>ORKAMBI</b>	T5	PA
<i>orphenadrine citrate oral</i>	T2	QL (60 EA per 30 days)
<b>ORSYTHIA</b>	NCS	
<b>OSCIMIN SR</b>	T2	
<i>oseltamivir oral capsule</i>	T3	QL (60 EA per 30 days)



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>oseltamivir oral suspension for reconstitution</i>	T4	
<b>OSPHENA</b>	T4	PA
<b>OTEZLA</b>	T5	PA; QL (60 EA per 30 days)
<b>OTEZLA STARTER</b>	T5	PA; QL (55 EA per 274 days)
<i>oxandrolone oral tablet 10 mg</i>	T5	PA; QL (120 EA per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	T5	PA; QL (60 EA per 30 days)
<i>oxaprozin</i>	T3	
<i>oxcarbazepine</i>	T2	
<b>OXERVATE</b>	T5	PA
<i>oxiconazole</i>	T4	
<b>OXLUMO</b>	T5	PA
<i>oxybutynin chloride oral tablet</i>	T2	QL (120 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	T2	QL (60 EA per 30 days)
<i>oxycodone oral solution</i>	T4	QL (5400 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg</i>	T3	QL (180 EA per 30 days)
<i>oxycodone oral tablet 30 mg</i>	T3	QL (120 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>	T3	QL (240 EA per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr</i>	T4	PA; QL (60 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	T3	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T3	QL (240 EA per 30 days)
<i>oxycodone-aspirin</i>	T3	QL (360 EA per 30 days)
<i>oxymorphone oral tablet</i>	T4	QL (120 EA per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	T4	QL (60 EA per 30 days)
<b>OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)</b>	T3	QL (1.5 ML per 28 days)
<b>OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)</b>	T3	QL (3 ML per 28 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	T5	PA; QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	T5	PA; QL (60 EA per 30 days)
<b>PALYNZIQ</b>	T5	PA
<i>pamidronate</i>	T5	PA
<b>PANRETIN</b>	T5	PA
<i>pantoprazole oral tablet,delayed release (drlec)</i>	T2	QL (60 EA per 30 days)
<b>PARAGARD T 380A</b>	NCS	
<i>paricalcitol intravenous</i>	T4	
<i>paricalcitol oral</i>	T4	PA
<b>PAROEX ORAL RINSE</b>	T2	
<i>paromomycin</i>	T3	
<i>paroxetine hcl oral suspension</i>	T4	QL (900 ML per 30 days)

Drug	Status	Notes
<i>paroxetine hcl oral tablet</i>	T2	QL (90 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	T3	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg</i>	T3	QL (60 EA per 30 days)
<b>PASER</b>	T4	
<b>PAXIL ORAL SUSPENSION</b>	T4	QL (900 ML per 30 days)
<b>PAZEO</b>	T3	
<b>PEDIARIX (PF)</b>	NCS	
<b>PEDVAX HIB (PF)</b>	NCS	
<i>peg 3350-electrolytes</i>	NCS	
<b>PEG-3350 WITH FLAVOR PACKS</b>	NCS	
<b>PEGANONE</b>	T4	
<b>PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML</b>	T5	PA; QL (2 ML per 28 days)
<b>PEGASYS SUBCUTANEOUS SOLUTION</b>	T5	PA; QL (4 ML per 28 days)
<b>PEGASYS SUBCUTANEOUS SYRINGE</b>	T5	PA; QL (2 ML per 28 days)
<i>peg-electrolyte soln</i>	NCS	
<b>PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML</b>	T5	PA
<b>PEG-PREP</b>	NCS	
<b>PEN NEEDLE NEEDLE 31 GAUGE X 5/16"</b>	T3	QL (200 EA per 30 days)
<i>penicillamine oral capsule</i>	T5	PA
<b>PENICILLAMINE ORAL TABLET</b>	T5	PA; QL (120 EA per 30 days)
<i>penicillin v potassium</i>	T2	
<b>PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML</b>	NCS	
<b>PENTACEL ACTHIB COMPONENT (PF)</b>	NCS	
<b>PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML</b>	NCS	
<i>pentamidine injection</i>	T4	
<b>PENTASA</b>	T3	QL (240 EA per 30 days)
<i>pentazocine-naloxone</i>	T3	
<b>PENTIPS NEEDLE 31 GAUGE X 5/16"</b>	T3	QL (200 EA per 30 days)
<i>pentoxifylline</i>	T2	
<b>PERFOROMIST</b>	T5	PA
<i>perindopril erbumine</i>	T3	
<i>permethrin</i>	T4	
<i>perphenazine</i>	T2	
<i>perphenazine-amitriptyline</i>	T2	
<b>PERSERIS</b>	T5	PA; QL (1 EA per 28 days)
<b>PEXEVA</b>	T4	
<b>PHENADOZ</b>	T3	
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	T2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>phenelzine</i>	T3	
<b>PHENERGAN RECTAL</b>	T3	
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	T4	
<i>phenobarbital</i>	T2	
<i>phenoxybenzamine</i>	T3	
<i>phenytoin sodium extended</i>	T2	
<b>PHILITH</b>	NCS	
<i>phospha 250 neutral</i>	T2	
<b>PHOSPHATE LAXATIVE</b>	NCS	
<b>PHOSPHOLINE IODIDE</b>	T3	
<b>PHYSIOLYTE</b>	T4	
<b>PICATO</b>	T5	PA
<b>PIFELTRO</b>	T3	QL (30 EA per 30 days)
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	T3	
<i>pilocarpine hcl oral</i>	T3	
<i>pimecrolimus</i>	T4	
<i>pimozide</i>	T3	
<b>PIMTREA (28)</b>	NCS	
<i>pindolol</i>	T3	
<i>pioglitazone</i>	T2	QL (30 EA per 30 days)
<i>pioglitazone-glimepiride</i>	T3	QL (30 EA per 30 days)
<i>pioglitazone-metformin</i>	T3	QL (90 EA per 30 days)
<b>PIQRAY</b>	T5	PA; QL (30 EA per 30 days)
<b>PIRMELLA</b>	NCS	
<i>piroxicam</i>	T3	
<b>PLAN B ONE-STEP</b>	NCS	
<b>PLEGRIDY SUBCUTANEOUS</b>	T5	PA; QL (1 ML per 28 days)
<b>PNEUMOVAX-23</b>	NCS	
<b>PNV 29-1</b>	T3	
<i>podofilox</i>	T3	
<i>polyethylene glycol 3350 oral powder</i>	NCS	
<i>polyethylene glycol 3350 oral powder in packet 17 gram, 4 gram, 4.25 gram</i>	NCS	
<i>polyethylene glycol 3350(bulk) powder</i>	T2	
<i>polymyxin b sulfate</i>	T2	
<i>polymyxin b sulf-trimethoprim</i>	T2	
<b>POMALYST</b>	T5	PA
<b>PORTIA 28</b>	NCS	
<i>potassium chloride oral capsule, extended release</i>	T2	
<i>potassium chloride oral liquid</i>	T2	
<i>potassium chloride oral packet</i>	T2	
<i>potassium chloride oral tablet extended release</i>	T2	

Drug	Status	Notes
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	T2	
<i>potassium citrate</i>	T3	
<b>POTELIGEO</b>	T5	PA
<b>POWDERLAX ORAL POWDER</b>	NCS	
<b>PRADAXA</b>	T4	
<i>pramipexole oral tablet</i>	T2	
<i>pramipexole oral tablet extended release 24 hr</i>	T5	PA
<b>PRAMOSONE TOPICAL LOTION</b>	T4	
<i>pravastatin</i>	T2	QL (30 EA per 30 days)
<i>prazosin</i>	T2	
<b>PRECISION XTRA MONITOR</b>	T3	
<b>PRECISION XTRA TEST</b>	T3	QL (200 EA per 30 days)
<i>prednicarbate</i>	T3	
<i>prednisolone acetate</i>	T2	
<i>prednisolone oral solution</i>	T2	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	T2	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	T2	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	T4	
<b>PREDNISONE INTENSOL</b>	T2	
<i>prednisone oral solution</i>	T2	
<i>prednisone oral tablet</i>	T1	
<i>prednisone oral tablets,dose pack</i>	T2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	T2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	T2	QL (60 EA per 30 days)
<b>PREMARIN ORAL</b>	T3	
<b>PREMARIN VAGINAL</b>	T3	
<b>PREMPHASE</b>	T3	
<b>PREMPRO</b>	T3	
<b>PRENATABS FA</b>	T2	
<b>PRENATABS RX</b>	T4	
<b>PREPOPIK</b>	T4	
<b>PRETAB</b>	T2	
<b>PREVACID SOLUTAB</b>	T4	PA
<b>PREVALITE</b>	T3	
<b>PREVIDENT</b>	T4	
<b>PREVIDENT 5000 BOOSTER PLUS</b>	T4	
<b>PREVIDENT 5000 DRY MOUTH</b>	T4	
<b>PREVIDENT 5000 ENAMEL PROTECT</b>	T4	
<b>PREVIDENT 5000 PLUS</b>	T4	

Drug	Status	Notes
<b>PREVIDENT 5000 SENSITIVE</b>	T4	
<b>PREVIFEM</b>	NCS	
<b>PREVNAR 13 (PF)</b>	NCS	QL (0.5 ML Max Qty Per Fill Retail)
<b>PREZCOBIX</b>	T3	
<b>PREZISTA ORAL SUSPENSION</b>	T3	
<b>PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG</b>	T3	
<b>PRIFTIN</b>	T4	
<i>primaquine</i>	T3	QL (30 EA per 30 days)
<i>primidone</i>	T2	
<b>PRISTIQ</b>	T3	QL (30 EA per 30 days)
<i>probenecid</i>	T2	
<i>probenecid-colchicine</i>	T2	
<i>procainamide injection</i>	T3	
<i>prochlorperazine</i>	T4	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	T4	
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	T2	
<i>prochlorperazine maleate</i>	T2	
<b>PROCORT</b>	T3	
<b>PROCTOFOAM HC</b>	T4	
<b>PROCTO-PAK</b>	T2	
<i>proctozone-hc</i>	T2	
<i>progesterone</i>	T2	
<i>progesterone micronized</i>	T2	
<b>PROGLYCEM</b>	T4	
<b>PROGRAF ORAL CAPSULE</b>	T4	
<b>PROLENSA</b>	T3	
<b>PROLIA</b>	T4	QL (1 ML per 180 days)
<b>PROMACTA ORAL POWDER IN PACKET 12.5 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>PROMACTA ORAL TABLET</b>	T5	PA; QL (60 EA per 30 days)
<i>promethazine injection solution</i>	T3	
<i>promethazine oral syrup</i>	T3	
<i>promethazine oral tablet</i>	T2	
<i>promethazine rectal</i>	T3	
<b>PROMETHAZINE VC</b>	T3	
<i>promethazine-codeine</i>	T3	
<i>promethazine-dm</i>	T2	
<i>promethazine-phenyleph-codeine</i>	T3	
<i>promethazine-phenylephrine</i>	T3	
<b>PROMETHEGAN</b>	T3	
<b>PROMISEB</b>	T4	
<i>propafenone oral capsule,extended release 12 hr</i>	T3	

Drug	Status	Notes
<i>propafenone oral tablet</i>	T2	
<i>propantheline</i>	T3	
<i>proparacaine</i>	T3	
<i>propranolol oral capsule, extended release 24 hr</i>	T2	
<i>propranolol oral solution</i>	T3	
<i>propranolol oral tablet</i>	T2	
<i>propranolol-hydrochlorothiazid</i>	T2	
<i>propylthiouracil</i>	T3	
<b>PROQUAD (PF)</b>	NCS	
<i>protriptyline</i>	T3	
<b>PRUTECT</b>	T3	
<b>PULMOZYME</b>	T5	PA; QL (150 ML per 30 days)
<b>PURELAX</b>	NCS	
<i>pyrazinamide</i>	T2	
<i>pyridostigmine bromide oral syrup</i>	T5	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T3	
<i>pyridostigmine bromide oral tablet extended release</i>	T4	
<b>QUADRACEL (PF)</b>	NCS	
<i>quetiapine oral tablet</i>	T2	QL (90 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr</i>	T4	PA
<i>quinapril</i>	T1	
<i>quinapril-hydrochlorothiazide</i>	T2	
<i>quinidine gluconate oral</i>	T4	
<i>quinidine sulfate oral tablet</i>	T2	
<i>quinine sulfate</i>	T4	
<b>RABAVERT (PF)</b>	NCS	
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	T4	QL (30 EA per 30 days)
<b>RAGWITEK</b>	T3	
<i>raloxifene</i>	T3	PA; QL (30 EA per 30 days)
<i>ramelteon</i>	T3	QL (30 EA per 30 days)
<i>ramipril</i>	T1	
<i>ranitidine hcl oral syrup</i>	T2	
<i>ranitidine hcl oral tablet</i>	T2	
<i>ranolazine</i>	T4	
<b>RAPAFLO</b>	T4	QL (30 EA per 30 days)
<i>rasagiline</i>	T4	
<b>REBIF (WITH ALBUMIN)</b>	Non-Formulary	
<b>REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML</b>	Non-Formulary	
<b>RECLIPSEN (28)</b>	NCS	
<b>RECOMBIVAX HB (PF)</b>	NCS	
<b>RECTIV</b>	T4	
<b>REGGRANEX</b>	T4	PA

Drug	Status	Notes
RELENZA DISKHALER	T5	PA; QL (60 EA per 180 days)
RELPAX	T4	ST; QL (18 EA per 30 days)
REMODULIN	T5	PA
RENAGEL ORAL TABLET 800 MG	T3	
<i>repaglinide</i>	T2	QL (90 EA per 30 days)
REPATHA PUSHTRONEX	T3	PA; QL (3.5 ML per 28 days)
REPATHA SURECLICK	T3	PA; QL (3 ML per 28 days)
REPATHA SYRINGE	T3	PA; QL (3 ML per 28 days)
RESCRIPTOR ORAL TABLET	T3	
RESTASIS	T3	QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	T4	QL (14 ML per 30 days)
RETROVIR ORAL CAPSULE	T4	
RETROVIR ORAL SYRUP	T4	
REVLIMID	T5	PA
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	T4	
REYATAZ ORAL POWDER IN PACKET	T3	
REYVOW	Non-Formulary	
RHOPRESSA	T3	
RIABNI	T5	PA
RIBASPHERE ORAL CAPSULE	T4	PA
<i>ribavirin oral capsule</i>	T4	PA
<i>ribavirin oral tablet 200 mg</i>	T4	PA
RIDAURA	T5	
<i>rifabutin</i>	T4	
RIFAMATE	T4	
<i>rifampin oral</i>	T2	
RIFATER	T5	
<i>rimantadine</i>	T2	
<i>ringer's irrigation</i>	T2	
RINVOQ	T5	PA; QL (30 EA per 30 days)
<i>risedronate oral tablet 150 mg</i>	T4	QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	T4	QL (30 EA per 30 days)
<i>risedronate oral tablet 35 mg</i>	T4	QL (4 EA per 28 days)
RISPERDAL CONSTA	T4	PA; QL (4 EA per 28 days)
<i>risperidone oral solution</i>	T2	
<i>risperidone oral syringe</i>	T2	
<i>risperidone oral tablet</i>	T2	QL (120 EA per 30 days)
<i>risperidone oral tablet, disintegrating</i>	T3	QL (120 EA per 30 days)
<i>ritonavir</i>	T1	
<i>rivastigmine tartrate</i>	T3	QL (60 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>rizatriptan</i>	T2	QL (18 EA per 30 days)
<i>ropinirole oral tablet</i>	T2	
<i>ropinirole oral tablet extended release 24 hr</i>	T4	
<b>ROSANIL</b>	T4	
<b>ROSULA CLEANSING CLOTHS</b>	T4	
<i>rosuvastatin</i>	T2	QL (30 EA per 30 days)
<b>ROTARIX</b>	NCS	
<b>ROTATEQ VACCINE</b>	NCS	
<b>ROZLYTREK ORAL CAPSULE 100 MG</b>	T5	PA; QL (150 EA per 30 days)
<b>ROZLYTREK ORAL CAPSULE 200 MG</b>	T5	PA; QL (90 EA per 30 days)
<b>RUBRACA</b>	T5	PA; QL (120 EA per 30 days)
<i>rufinamide oral suspension</i>	T5	
<b>RUKOBIA</b>	T5	QL (60 EA per 30 days)
<b>RUZURGI</b>	T5	PA; QL (240 EA per 30 days)
<b>RYBELSUS</b>	T3	QL (30 EA per 30 days)
<b>RYDAPT</b>	T5	PA; QL (240 EA per 30 days)
<b>SAFYRAL</b>	Non-Formulary	
<i>salicylic acid topical cream,extended release</i>	T2	
<i>salicylic acid topical foam</i>	T2	
<i>salicylic acid topical gel</i>	T2	
<i>salicylic acid topical lotion,extended release</i>	T2	
<i>salicylic acid topical shampoo</i>	T2	
<b>SAMSCA</b>	T5	PA
<b>SANCUSO</b>	T5	PA; QL (4 EA per 28 days)
<b>SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON</b>	T5	PA
<b>SANTYL</b>	T4	
<b>SAPHRIS</b>	T4	PA
<i>sapropterin oral tablet,soluble</i>	T5	
<b>SAVELLA ORAL TABLET</b>	T4	QL (60 EA per 30 days)
<i>scopolamine base</i>	T4	
<b>SECUADO</b>	T5	PA; QL (30 EA per 30 days)
<b>SEGLUROMET</b>	Non-Formulary	QL (60 EA per 30 days)
<i>selegiline hcl</i>	T2	
<i>selenium sulfide topical lotion</i>	T2	
<i>selenium sulfide topical shampoo 2.25 %</i>	T4	
<b>SELZENTRY ORAL SOLUTION</b>	T3	
<b>SELZENTRY ORAL TABLET</b>	T3	QL (120 EA per 30 days)
<b>SEREVENT DISKUS</b>	T3	QL (60 EA per 30 days)
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR</b>	T4	PA
<i>sertraline oral concentrate</i>	T2	QL (300 ML per 30 days)
<i>sertraline oral tablet</i>	T2	QL (60 EA per 30 days)



Drug	Status	Notes
<b>SETLAKIN</b>	NCS	
<b>SF</b>	T2	
<b>SF 5000 PLUS</b>	T2	
<b>SHAROBEL</b>	NCS	
<b>SHINGRIX (PF)</b>	NCS	
<b>SHINGRIX GE ANTIGEN COMPONENT</b>	NCS	
<b>SIGNIFOR</b>	T5	PA
<b>SIGNIFOR LAR</b>	T5	PA
<i>sildenafil (pulm.hypertension) oral tablet</i>	T4	PA; QL (90 EA per 30 days)
<b>SILENOR</b>	T4	
<b>SILIQ</b>	Non-Formulary	QL (3 ML per 28 days)
<i>silver sulfadiazine</i>	T2	
<b>SIMBRINZA</b>	T3	
<b>SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML</b>	Non-Formulary	QL (1 ML per 30 days)
<b>SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML</b>	Non-Formulary	QL (0.5 ML per 30 days)
<b>SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML</b>	Non-Formulary	QL (1 ML per 30 days)
<b>SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML</b>	Non-Formulary	QL (0.5 ML per 30 days)
<i>simvastatin oral tablet</i>	T1	QL (30 EA per 30 days)
<i>sirolimus oral solution</i>	T5	
<i>sirolimus oral tablet</i>	T4	
<b>SIRTURO ORAL TABLET 100 MG</b>	T5	
<b>SKLICE</b>	T4	
<b>SKYLA</b>	T3	
<b>SKYRIZI SUBCUTANEOUS PEN INJECTOR</b>	T5	QL (1 ML per 84 days)
<b>SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML</b>	T5	QL (1 ML per 84 days)
<b>SKYRIZI SUBCUTANEOUS SYRINGE 75 MG/0.83 ML</b>	T5	PA
<b>SKYRIZI SUBCUTANEOUS SYRINGE KIT</b>	T5	PA; QL (6 EA per 365 days)
<b>SMOOTHLAX</b>	NCS	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	T2	
<i>sodium chloride 0.9 % injection</i>	T2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	T2	
<i>sodium chloride inhalation</i>	T2	
<i>sodium chloride irrigation</i>	T2	
<i>sodium phenylbutyrate oral tablet</i>	T5	PA
<i>sodium polystyrene sulfonate oral</i>	T3	
<i>sofosbuvir-velpatasvir</i>	T5	PA; QL (30 EA per 30 days)
<i>solifenacin</i>	T2	QL (30 EA per 30 days)
<b>SOLIQUA 100/33</b>	T3	QL (15 ML per 30 days)
<b>SOMATULINE DEPOT</b>	T5	PA
<b>SOMAVERT</b>	T5	PA

Drug	Status	Notes
<b>SORINE</b>	T2	
<b>SOTALOL AF</b>	T2	
<i>sotalol oral</i>	T2	
<b>SPIRIVA RESPIMAT</b>	T3	QL (4 GM per 30 days)
<b>SPIRIVA WITH HANDIHALER</b>	T3	QL (30 EA per 30 days)
<i>spironolactone</i>	T2	
<i>spironolacton-hydrochlorothiaz</i>	T2	
<b>SPRINTEC (28)</b>	NCS	
<b>SPRYCEL</b>	T5	PA; QL (30 EA per 30 days)
<b>SPS (WITH SORBITOL) ORAL</b>	T2	
<i>sps (with sorbitol) rectal</i>	T2	
<b>SRONYX</b>	NCS	
<b>SSD</b>	T2	
<b>SSS 10-5</b>	T4	
<i>stavudine oral capsule</i>	T1	
<b>STEGLATRO</b>	Non-Formulary	ST; QL (30 EA per 30 days)
<b>STELARA SUBCUTANEOUS SOLUTION</b>	Non-Formulary	QL (0.5 ML per 84 days)
<b>STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML</b>	Non-Formulary	QL (0.5 ML per 84 days)
<b>STELARA SUBCUTANEOUS SYRINGE 90 MG/ML</b>	Non-Formulary	QL (1 ML per 56 days)
<b>STIOLTO RESPIMAT</b>	T3	QL (4 GM per 30 days)
<b>STIVARGA</b>	T5	PA; QL (84 EA per 28 days)
<i>streptomycin</i>	T3	
<b>STRIBILD</b>	T3	QL (30 EA per 30 days)
<b>STRIVERDI RESPIMAT</b>	T3	
<i>sucralfate oral suspension</i>	T3	
<i>sucralfate oral tablet</i>	T2	
<i>sulfacetamide sodium (acne)</i>	T2	
<i>sulfacetamide sodium ophthalmic (eye)</i>	T2	
<i>sulfacetamide sodium topical cleanser</i>	T4	
<i>sulfacetamide sodium topical cleanser, gel</i>	T4	
<i>sulfacetamide sodium topical shampoo 10 %</i>	T4	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4.5 %, 9.8-4.8 %</i>	T4	
<i>sulfacetamide sodium-sulfur topical cream</i>	T4	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v)</i>	T4	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/w), 9.8-4.8 %</i>	T2	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	T4	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	T4	
<i>sulfacetamide sod-sulfur-urea</i>	T4	
<i>sulfadiazine</i>	T3	

Drug	Status	Notes
<i>sulfamethoxazole-trimethoprim intravenous</i>	T3	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	T2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1	
<b>SULFAMYLON TOPICAL CREAM</b>	T4	
<i>sulfasalazine</i>	T2	
<i>sulindac</i>	T2	
<i>sumatriptan succinate oral</i>	T2	QL (18 EA per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	T4	
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	T4	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	T4	QL (8 ML per 30 days)
<i>sunitinib</i>	T5	PA; QL (30 EA per 30 days)
<b>SUNOSI</b>	T4	PA; QL (30 EA per 30 days)
<b>SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML</b>	T4	
<b>SUPRAX ORAL TABLET,CHEWABLE</b>	T4	
<b>SUPREP BOWEL PREP KIT</b>	T3	
<b>SUSTIVA</b>	T4	
<b>SUTENT</b>	T5	PA; QL (30 EA per 30 days)
<b>SYEDA</b>	NCS	
<b>SYMBICORT</b>	T3	QL (10.2 GM per 30 days)
<b>SYMFI</b>	T3	QL (30 EA per 30 days)
<b>SYMFI LO</b>	T3	QL (30 EA per 30 days)
<b>SYMLINPEN 120</b>	T5	
<b>SYMLINPEN 60</b>	T5	
<b>SYMTUZA</b>	T3	QL (30 EA per 30 days)
<b>SYNAREL</b>	T5	
<b>SYNERA</b>	T4	PA
<b>SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG</b>	T3	QL (60 EA per 30 days)
<b>SYNJARDY ORAL TABLET 5-500 MG</b>	T3	QL (120 EA per 30 days)
<b>SYNJARDY XR</b>	T3	
<b>SYNTHROID</b>	T3	
<b>TABLOID</b>	T5	PA
<i>tacrolimus oral</i>	T2	
<i>tacrolimus topical</i>	T4	PA
<i>tadalafil (pulm. hypertension)</i>	T5	PA
<b>TAFINLAR</b>	T5	PA; QL (120 EA per 30 days)
<b>TAGRISSE</b>	T5	PA; QL (30 EA per 30 days)
<b>TAKE ACTION</b>	NCS	
<b>TAKHZYRO</b>	T5	PA
<b>TALTZ AUTOINJECTOR</b>	Non-Formulary	QL (1 ML per 30 days)
<b>TALTZ AUTOINJECTOR (2 PACK)</b>	Non-Formulary	QL (1 ML per 30 days)

Drug	Status	Notes
<b>TALTZ AUTOINJECTOR (3 PACK)</b>	Non-Formulary	QL (1 ML per 30 days)
<b>TALTZ SYRINGE</b>	Non-Formulary	QL (1 ML per 30 days)
<b>TALTZ SYRINGE (2 PACK)</b>	Non-Formulary	QL (1 ML per 30 days)
<b>TALTZ SYRINGE (3 PACK)</b>	Non-Formulary	QL (1 ML per 30 days)
<b>TALZENNA ORAL CAPSULE 0.25 MG</b>	T5	PA; QL (90 EA per 30 days)
<b>TALZENNA ORAL CAPSULE 1 MG</b>	T5	PA; QL (30 EA per 30 days)
<i>tamoxifen</i>	T2	PA
<i>tamsulosin</i>	T2	
<b>TARGRETIN TOPICAL</b>	T5	PA
<b>TARINA FE 1/20 (28)</b>	NCS	
<b>TASIGNA ORAL CAPSULE 150 MG, 200 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>TAVALISSE</b>	T5	PA; QL (60 EA per 30 days)
<b>TAYTULLA</b>	T3	
<i>tazarotene topical cream</i>	T3	
<b>TAZORAC TOPICAL CREAM 0.05 %</b>	T4	
<b>TAZORAC TOPICAL GEL</b>	T4	
<b>TAZTIA XT</b>	T2	
<b>TAZVERIK</b>	T5	PA; QL (240 EA per 30 days)
<b>TECFIDERA</b>	Non-Formulary	
<b>TEKTURNA HCT</b>	T3	
<i>telmisartan</i>	T2	
<i>temazepam oral capsule 15 mg, 30 mg</i>	T2	QL (30 EA per 30 days)
<b>TEMIXYS</b>	T3	
<i>temozolomide</i>	T5	PA
<b>TENIVAC (PF)</b>	NCS	
<i>tenofovir disoproxil fumarate</i>	T1	
<b>TEPMETKO</b>	T5	PA; QL (30 EA per 30 days)
<i>terazosin</i>	T2	QL (60 EA per 30 days)
<i>terbinafine hcl oral</i>	T2	QL (30 EA per 30 days)
<i>terbutaline oral</i>	T2	
<i>terconazole</i>	T4	
<i>testosterone cypionate intramuscular oil 100 mg/ml</i>	T3	QL (10 ML per 28 days)
<i>testosterone cypionate intramuscular oil 200 mg/ml</i>	T3	QL (4 ML per 28 days)
<i>testosterone enanthate</i>	T3	QL (5 ML per 28 days)
<i>testosterone transdermal gel</i>	T3	QL (60 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	T3	QL (150 GM per 28 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	T3	QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	T3	QL (60 GM per 30 days)
<i>tetanus,diphtheria tox ped(pf)</i>	NCS	
<i>tetrabenazine</i>	T5	PA

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>tetracycline</i>	T4	
<b>THALOMID</b>	T5	PA
<i>theophylline oral tablet extended release 12 hr</i>	T2	
<i>theophylline oral tablet extended release 24 hr 600 mg</i>	T3	
<i>thioridazine</i>	T2	
<i>thiothixene</i>	T2	
<b>THYMOGLOBULIN</b>	T5	PA
<b>THYROLAR-1</b>	T3	
<b>THYROLAR-1/2</b>	T3	
<b>THYROLAR-1/4</b>	T3	
<b>THYROLAR-2</b>	T3	
<b>THYROLAR-3</b>	T3	
<i>tiagabine oral tablet 12 mg, 16 mg</i>	T4	
<i>tiagabine oral tablet 2 mg, 4 mg</i>	T5	
<b>TIBSOVO</b>	T5	PA; QL (60 EA per 30 days)
<b>TIGAN INTRAMUSCULAR</b>	T4	PA
<b>TILIA FE</b>	NCS	
<i>timolol maleate ophthalmic (eye) drops</i>	T2	
<i>timolol maleate oral</i>	T2	
<i>tinidazole oral tablet 250 mg</i>	T3	
<i>tinidazole oral tablet 500 mg</i>	T2	
<b>TIS-U-SOL PENTALYTE</b>	T3	
<b>TIVICAY</b>	T3	
<i>tizanidine oral tablet</i>	T2	
<b>TOBRADEX OPHTHALMIC (EYE) OINTMENT</b>	T3	
<b>TOBRADEX ST</b>	T3	
<i>tobramycin in 0.225 % nacl</i>	T5	PA
<i>tobramycin ophthalmic (eye)</i>	T2	
<i>tobramycin-dexamethasone</i>	T3	
<b>TODAY CONTRACEPTIVE SPONGE</b>	NCS	
<i>tolazamide</i>	T4	
<i>tolbutamide</i>	T4	
<i>tolcapone</i>	T5	
<i>tolmetin</i>	T3	
<i>tolterodine oral tablet</i>	T3	QL (60 EA per 30 days)
<i>topiramate oral capsule, sprinkle</i>	T3	
<i>topiramate oral tablet</i>	T2	
<b>TOPOSAR</b>	T5	PA
<i>toremifene</i>	T5	QL (30 EA per 30 days)
<i>torseamide oral</i>	T2	
<b>TOUJEO MAX U-300 SOLOSTAR</b>	T3	QL (21 ML per 30 days)
<b>TOUJEO SOLOSTAR U-300 INSULIN</b>	T3	QL (21 ML per 30 days)
<b>TOVIAZ</b>	T4	QL (30 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<b>TRACLEER ORAL TABLET FOR SUSPENSION</b>	T5	PA
<b>TRADJENTA</b>	T3	QL (30 EA per 30 days)
<i>tramadol oral tablet 50 mg</i>	T3	QL (240 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	T4	QL (30 EA per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	T4	QL (30 EA per 30 days)
<i>tramadol-acetaminophen</i>	T3	QL (240 EA per 30 days)
<i>trandolapril</i>	T2	
<i>tranexamic acid intravenous</i>	T3	PA
<i>tranexamic acid oral</i>	T2	
<i>tranylcypromine</i>	T3	
<i>travoprost</i>	T3	QL (5 ML per 30 days)
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	T2	
<i>trazodone oral tablet 300 mg</i>	T4	
<b>TRECTOR</b>	T4	
<b>TRELEGY ELLIPTA</b>	T4	
<b>TREMFYA</b>	Non-Formulary	QL (2 ML per 30 days)
<i>treprostinil sodium</i>	T5	
<b>TRESIBA FLEXTOUCH U-100</b>	T3	QL (60 ML per 30 days)
<b>TRESIBA FLEXTOUCH U-200</b>	T3	QL (36 ML per 30 days)
<i>tretinoin</i>	T3	
<i>tretinoin (antineoplastic)</i>	T5	PA
<i>tretinoin (emollient)</i>	T3	
<i>tretinoin microspheres</i>	T3	
<i>triamcinolone acetonide dental</i>	T3	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	T4	
<i>triamcinolone acetonide nasal</i>	T2	
<i>triamcinolone acetonide topical aerosol</i>	T4	
<i>triamcinolone acetonide topical cream</i>	T2	
<i>triamcinolone acetonide topical lotion</i>	T2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	T2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	T2	
<i>triamterene-hydrochlorothiazid oral tablet</i>	T2	
<i>triazolam</i>	T2	
<b>TRIBENZOR</b>	T3	
<b>TRICITRATES</b>	T4	
<i>trientine</i>	T5	
<b>TRI-ESTARYLLA</b>	NCS	
<i>trifluoperazine</i>	T2	
<i>trifluridine</i>	T3	
<i>trihexyphenidyl</i>	T2	

Drug	Status	Notes
TRIJARDY XR	T3	QL (30 EA per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	T5	PA; QL (84 EA per 28 days)
TRI-LEGEST FE	NCS	
TRI-LINYAH	NCS	
<i>tri-lo-estarylla</i>	NCS	
<i>tri-lo-marzia</i>	NCS	
TRI-LO-SPRINTEC	NCS	
TRILYTE WITH FLAVOR PACKETS	NCS	
<i>trimethobenzamide oral</i>	T2	
<i>trimethoprim</i>	T2	
<i>trimipramine</i>	T4	
TRINTELLIX	T4	PA; ST; QL (30 EA per 30 days)
TRI-PREVIFEM (28)	NCS	
TRI-SPRINTEC (28)	NCS	
TRIUMEQ	T3	
TRIVORA (28)	NCS	
TRIZIVIR	T4	
<i>tropicamide</i>	T3	
<i>trospium oral capsule, extended release 24hr</i>	T2	QL (30 EA per 30 days)
<i>trospium oral tablet</i>	T4	
TRUMENBA	NCS	
TRUSELTIQ	T5	PA
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	NCS	
TRUVADA ORAL TABLET 200-300 MG	NCS	QL (30 EA per 30 days)
TUDORZA PRESSAIR	T4	
TURALIO	T5	PA; QL (120 EA per 30 days)
TWINRIX (PF)	NCS	
TYBOST	T3	QL (30 EA per 30 days)
TYKERB	T5	PA; QL (180 EA per 30 days)
TYMLOS	T5	PA
TYPHIM VI	NCS	
TYSABRI	T5	PA
TYZINE NASAL DROPS 0.05 %	T3	
<i>tyzine nasal drops 0.1 %</i>	T3	
UBRELVY	T5	PA; QL (16 EA per 30 days)
ULESFIA	T4	
UNITHROID	T2	
<i>urea topical cream 10 %, 20 %, 39 %</i>	T2	
<i>urea topical foam</i>	T2	
<i>urea topical gel</i>	T2	
<i>urea topical lotion 10 %, 40 %</i>	T2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>ursodiol oral capsule 300 mg</i>	T4	
<i>ursodiol oral tablet</i>	T4	
<i>vaginal contraceptive foam</i>	NCS	
<i>valacyclovir</i>	T2	QL (90 EA per 30 days)
<b>VALCHLOR</b>	T5	PA
<b>VALCYTE ORAL RECON SOLN</b>	T5	PA
<i>valganciclovir</i>	T5	PA
<i>valproic acid</i>	T2	
<i>valproic acid (as sodium salt)</i>	T2	
<i>valsartan</i>	T2	
<i>valsartan-hydrochlorothiazide</i>	T2	
<b>VALTOCO</b>	T5	QL (10 EA per 30 days)
<i>vancomycin intravenous recon soln 1,000 mg, 500 mg</i>	T2	
<i>vancomycin oral capsule</i>	T5	PA
<i>vancomycin oral recon soln</i>	T3	
<b>VAQTA (PF)</b>	NCS	
<i>varenicline</i>	NCS	QL (340 EA per 365 days)
<b>VARIVAX (PF)</b>	NCS	
<b>VARIZIG</b>	NCS	
<b>VARUBI ORAL</b>	T5	PA
<b>VASCEPA</b>	T3	
<b>VELIVET TRIPHASIC REGIMEN (28)</b>	NCS	
<b>VELPHORO</b>	T5	PA
<b>VELTIN</b>	T5	
<b>VENCLEXTA ORAL TABLET 10 MG</b>	T5	PA; QL (14 EA per 7 days)
<b>VENCLEXTA ORAL TABLET 100 MG</b>	T5	PA; QL (180 EA per 30 days)
<b>VENCLEXTA ORAL TABLET 50 MG</b>	T5	PA; QL (7 EA per 7 days)
<b>VENCLEXTA STARTING PACK</b>	T5	PA; QL (30 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i>	T2	QL (60 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg</i>	T2	QL (90 EA per 30 days)
<i>venlafaxine oral tablet</i>	T2	QL (90 EA per 30 days)
<b>VENTAVIS</b>	T5	PA
<b>VENTOLIN HFA</b>	T3	QL (36 GM per 30 days)
<i>verapamil oral</i>	T2	
<b>VEREGEN</b>	T3	
<b>VERQUVO</b>	T4	PA; QL (60 EA per 30 days)
<b>VERZENIO</b>	T5	PA
<b>VIBERZI</b>	T5	PA
<b>VICTOZA 2-PAK</b>	T3	QL (9 ML per 30 days)
<b>VICTOZA 3-PAK</b>	T3	QL (9 ML per 30 days)
<b>VIDEX 2 GRAM PEDIATRIC</b>	T3	



Drug	Status	Notes
<b>VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 125 MG</b>	T3	
<b>VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 200 MG, 250 MG</b>	T4	
<i>vienna</i>	NCS	
<i>vigabatrin oral powder in packet</i>	T5	PA
<i>vigabatrin oral tablet</i>	T5	QL (180 EA per 30 days)
<b>VIIBRYD ORAL TABLET</b>	T4	PA; QL (30 EA per 30 days)
<b>VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)</b>	T4	PA; QL (30 EA per 30 days)
<b>VILTEPSO</b>	T5	PA
<b>VIMPAT ORAL SOLUTION</b>	T5	PA; QL (1200 ML per 30 days)
<b>VIMPAT ORAL TABLET</b>	T5	PA; QL (60 EA per 30 days)
<b>VIMPAT ORAL TABLETS,DOSE PACK</b>	T5	PA
<b>VIORELE (28)</b>	NCS	
<b>VIRACEPT ORAL TABLET</b>	T3	
<b>VIRAMUNE</b>	T4	
<b>VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG</b>	T4	
<b>VIREAD ORAL POWDER</b>	T3	
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	T3	
<b>VIREAD ORAL TABLET 300 MG</b>	T4	
<b>VITAFOL-OB+DHA</b>	T3	
<b>VITAMIN D2</b>	NCS	QL (4 EA per 28 days)
<b>VITRAKVI ORAL CAPSULE</b>	T5	PA; QL (60 EA per 30 days)
<b>VITRAKVI ORAL SOLUTION</b>	T5	PA
<b>VIVITROL</b>	T5	QL (1 EA per 28 days)
<b>VIVOTIF</b>	NCS	
<b>VIZIMPRO</b>	T5	PA; QL (30 EA per 30 days)
<i>voriconazole oral</i>	T5	PA
<b>VOTRIENT</b>	T5	PA; QL (120 EA per 30 days)
<b>VRAYLAR</b>	T5	PA
<b>VUMERITY</b>	T5	PA; QL (120 EA per 30 days)
<b>VUSION</b>	T4	
<b>VYFEMLA (28)</b>	NCS	
<b>VYTORIN 10-10</b>	T4	QL (30 EA per 30 days)
<b>VYTORIN 10-20</b>	T4	QL (30 EA per 30 days)
<b>VYTORIN 10-40</b>	T4	QL (30 EA per 30 days)
<b>VYTORIN 10-80</b>	T4	QL (30 EA per 30 days)
<b>VYVANSE ORAL CAPSULE</b>	T4	PA; QL (30 EA per 30 days)
<b>VYXEOS</b>	T5	PA
<b>WAKIX</b>	T5	PA; QL (60 EA per 30 days)
<i>warfarin</i>	T1	
<i>water for irrigation, sterile</i>	T2	

Drug	Status	Notes
WERA (28)	NCS	
WIDE-SEAL DIAPHRAGM 60	NCS	
WIDE-SEAL DIAPHRAGM 65	NCS	
WIDE-SEAL DIAPHRAGM 70	NCS	
WIDE-SEAL DIAPHRAGM 75	NCS	
WIDE-SEAL DIAPHRAGM 80	NCS	
WIDE-SEAL DIAPHRAGM 85	NCS	
WIDE-SEAL DIAPHRAGM 90	NCS	
WIDE-SEAL DIAPHRAGM 95	NCS	
WOMAN'S LAXATIVE (BISACODYL)	NCS	
WOMEN'S GENTLE LAXATIVE(BISAC)	NCS	
WOMEN'S LAXATIVE (BISACODYL)	NCS	
WYMZYA FE	NCS	
XALKORI	T5	PA; QL (60 EA per 30 days)
XARELTO	T3	
XARELTO DVT-PE TREAT 30D START	T3	
XCOPRI	T5	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	T5	PA
XCOPRI TITRATION PACK	T5	PA
XELJANZ ORAL SOLUTION	T5	PA; QL (300 ML per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	T5	PA; QL (60 EA per 30 days)
XELJANZ ORAL TABLET 5 MG	T5	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	T5	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	T5	PA; QL (30 EA per 30 days)
XERMELO	T5	PA; QL (90 EA per 30 days)
XGEVA	T5	PA
XIFAXAN ORAL TABLET 200 MG	T5	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	T5	PA; QL (90 EA per 30 days)
XIGDUO XR	T3	
XOFLUZA ORAL TABLET 20 MG, 40 MG	T3	QL (2 EA per 30 days)
XOLAIR	T5	PA
XOSPATA	T5	PA; QL (90 EA per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	T5	PA; QL (20 EA per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2)	T5	PA; QL (8 EA per 28 days)
XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4)	T5	PA; QL (16 EA per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	T5	PA; QL (12 EA per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	T5	PA; QL (24 EA per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	T5	PA; QL (32 EA per 28 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<b>XTAMPZA ER</b>	T4	QL (60 EA per 30 days)
<b>XTANDI ORAL CAPSULE</b>	T5	PA; QL (120 EA per 30 days)
<b>XULANE</b>	NCS	
<b>XULTOPHY 100/3.6</b>	T3	QL (15 ML per 30 days)
<b>XYREM</b>	T5	PA
<b>YASMIN (28)</b>	T4	
<b>YAZ (28)</b>	T4	
<b>YF-VAX (PF)</b>	NCS	
<b>YONSA</b>	T5	PA; QL (120 EA per 30 days)
<i>zafirlukast</i>	T3	QL (60 EA per 30 days)
<i>zaleplon</i>	T2	QL (30 EA per 30 days)
<b>ZANOSAR</b>	T5	PA
<b>ZARAH</b>	NCS	
<b>ZEJULA</b>	T5	PA; QL (90 EA per 30 days)
<b>ZELBORAF</b>	T5	PA; QL (240 EA per 30 days)
<b>ZEMAIRA</b>	T5	PA
<b>ZENATANE</b>	T4	
<b>ZENCHENT (28)</b>	NCS	
<b>ZIAGEN</b>	T4	
<b>ZIANA</b>	T5	
<i>zidovudine</i>	T1	
<b>ZIOPTAN (PF)</b>	T4	
<i>ziprasidone hcl</i>	T2	QL (60 EA per 30 days)
<b>ZIRGAN</b>	T4	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	T5	PA
<b>ZOLINZA</b>	T5	PA; QL (120 EA per 30 days)
<i>zolmitriptan oral</i>	T4	ST; QL (18 EA per 30 days)
<i>zolpidem oral tablet</i>	T2	QL (30 EA per 30 days)
<b>ZOMIG NASAL</b>	T4	ST; QL (12 EA per 30 days)
<b>ZONALON</b>	T4	
<i>zonisamide</i>	T2	
<b>ZONTIVITY</b>	T3	
<b>ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG</b>	T5	PA
<b>ZOSTAVAX (PF)</b>	NCS	
<b>ZOVIA 1/35E (28)</b>	NCS	
<b>ZYDELIG</b>	T5	PA; QL (60 EA per 30 days)
<b>ZYFLO</b>	T5	PA; QL (120 EA per 30 days)
<b>ZYKADIA ORAL CAPSULE</b>	T5	PA; QL (150 EA per 30 days)
<b>ZYKADIA ORAL TABLET</b>	T5	PA; QL (90 EA per 30 days)
<b>ZYLET</b>	T4	
<b>ZYTIGA ORAL TABLET 250 MG</b>	T5	PA; QL (120 EA per 30 days)

Drug	Status	Notes
ZYTIGA ORAL TABLET 500 MG	T5	PA



## **Nondiscrimination Notice**

AdventHealth Advantage Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AdventHealth Advantage Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

AdventHealth Advantage Plans:

- 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, accessible electronic formats)
- 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, please contact our Civil Rights Coordinator.

If you believe that AdventHealth Advantage Plans 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: Civil Rights Coordinator, 6450 US Highway 1, Rockledge, FL 32955, 321-434-4521, 1-800-955-8771 (TTY), Fax: 321-434-4362, [civilrightscordinator@hf.org](mailto:civilrightscordinator@hf.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance our 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 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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**English:**

If you, or someone you're helping, has questions about AdventHealth Advantage Plans, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 844-522-5279.

**Spanish:**

En caso que usted, o alguien a quien usted ayude, tenga cualquier duda o pregunta acerca de AdventHealth Advantage Plans, usted tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 844-522-5279.

**Haitian Creole:**

Si oumenm oswa yon moun w ap ede gen kesyon konsènan AdventHealth Advantage Plans, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 844-522-5279.

**Vietnamese:**

Nếu Quý vị, hay người mà Quý vị đang giúp đỡ, có câu hỏi về AdventHealth Advantage Plans thì Quý vị có quyền được trợ giúp và được biết thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với thông dịch viên, xin gọi số 844-522-5279.

**Portuguese:**

Você ou alguém que você estiver ajudando tem o direito de tirar dúvidas e obter informações sobre os AdventHealth Advantage Plans no seu idioma e sem custos. Para falar com um tradutor, ligue para 844-522-5279.

**Chinese:**

如果您，或是您正在協助的對象，有與 AdventHealth Advantage Plans 相關的問題，您有權以您的母語免費取得幫助和資訊。請致電 844-522-5279 與翻譯員洽談。

**French:**

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de AdventHealth Advantage Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 844-522-5279.

**Tagalog:**

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa AdventHealth Advantage Plans, may karapatan ka na humingi ng tulong at impormasyon sa iyong wika nang libre. Upang makausap ang isang tagasalin, tumawag sa 844-522-5279.

**Russian:**

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу AdventHealth Advantage Plans, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 844-522-5279.

**Arabic:**

إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص AdventHealth Advantage Plans، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بالرقم 844-522-5279

**Italian:**

Se lei o qualcuno che sta aiutando avete domande su AdventHealth Advantage Plans, ha il diritto di ottenere aiuto e informazioni nella sua lingua gratuitamente. Per parlare con un interprete, può chiamare il numero 844-522-5279.

**German:**

Falls Sie oder jemand, dem Sie helfen, Fragen zum AdventHealth Advantage Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 844-522-5279 an.

**Korean:**

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 AdventHealth Advantage Plans에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 844-522-5279로 전화하십시오.

**Polish:**

Jeśli Ty lub osoba, której pomagasz, macie pytania na temat AdventHealth Advantage Plans, macie Państwo prawo do bezpłatnego uzyskania informacji i pomocy w języku ojczystym. Aby porozmawiać z tłumaczem, prosimy zadzwonić pod numer 844-522-5279.

**Gujarati:**

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યા હો તેમાંથી કોઈને ફોનરિસ હોસ્પિટલ કેર એડવાન્ટેજ વિશે પ્રશ્નો હોય તો તમને તમારી ભાષામાં વિના મૂલ્યે મદદ અને માહિતી મેળવવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 844-522-5279 પર કોલ કરો.

**Thai:**

หากคุณหรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ AdventHealth Advantage Plans

คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย หากต้องการพูดคุยกับล่าม โปรดโทร 844-522-5279.

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