



Effective: November 1, 2021

**Large Group Health Plans
Small Group Health Plans**

2021 Commercial 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, 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. These medications must be obtained from Accredo Pharmacy when possible and are limited to a 30-day supply.
- **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.

Generic drugs are prescription drugs that have the same active ingredients as brand 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.

What is a DAW Differential? (Applies to small group plans)

Multi-source brand medications are brand name drugs with a generic available for that brand drug. If your physician writes a prescription for you that is a multi-source brand name medication and a generic is available for that brand, your prescription will be filled with the generic medication. However, if a multi-source brand name drug is requested by you, or your physician and filled, then you will pay the brand name co-payment plus the difference in the actual cost of the generic drug and the brand name drug. The Brand Name Copay + Difference in Cost between the Generic and the Brand is called a "Dispense as Written" (DAW) Differential. The DAW Differential will be applied to all multisource brand name medications filled with the exception of these five classes of medications:

- 1) Anticonvulsants,
- 2) Antineoplastics,
- 3) Antipsychotics,
- 4) Antiretrovirals, and
- 5) Immunosuppressants (used for prophylaxis, or prevention of organ transplant rejection)

For multi-source brand medications on our formulary that are within the five classes of medications listed above, you will be charged the applicable brand name copay (e.g. Tier 3, Tier 4, or Tier 5 Co-Pay). For these five medication classes the DAW Differential will not apply.

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 6 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 (OTC). At the time that a medication on the HFP Drug List becomes available OTC, 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 Web site at 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:** The Plan requires you and/or your physician to get prior authorization for certain drugs. This means that 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, The Plan 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 is listed in the reference table on page 6.
- **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.

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, Imitrex, and those requiring prior authorization)
- Most multivitamins and nutritional supplements (except prescription pre-natal vitamins and products covered under the Preventive Care benefit)
- Nonprescription supplies or substances
- Over-the-counter (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 health care 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 over-the-counter (OTC) medications (notated in Tier NCS throughout this formulary) are available to our members at no (\$0) cost-sharing when:

- Prescribed by a health care 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><u>Aspirin</u></p> <ul style="list-style-type: none"> • Individuals < 60 years 	<ul style="list-style-type: none"> • Aspirin products ≤ 325 MG
<p><u>Fluoride</u></p> <ul style="list-style-type: none"> • Children age 6 months through 5 years 	<ul style="list-style-type: none"> • Fluoride Chewable Tablet 0.25 MG and 0.5 MG; • Fluoride Drops 0.125 MG, 0.25 MG and 0.5 MG; • Multivitamin W/ Fluoride Chewable 0.25 MG and 0.5 MG; • Multivitamin W/ Fluoride Drops 0.25 MG and 0.5 MG; • Multivitamin W/ Fluoride Suspension 0.25 MG and 0.5 MG
<p><u>Folic Acid</u></p> <ul style="list-style-type: none"> • Women only through age 50 years 	<ul style="list-style-type: none"> • Folic Acid Tablet 0.4 MG and 0.8 MG; • Prenatal Multivitamins W/ Folic Acid (0.4 MG and 0.8 MG)
<p><u>Vitamin D Supplements</u></p> <ul style="list-style-type: none"> • Adults ≥ 65 years of age 	<ul style="list-style-type: none"> • Vitamin D 1,000 Units Or Less Per Dose Unit; • Calcium With Vitamin D (1,000 Units Or Less Per Dose Unit)
<p><u>Immunizations</u></p> <ul style="list-style-type: none"> • The age of coverage varies based on the vaccine product prescribed and recommendations by the U.S. Centers for Disease Control and Prevention 	<p>Covered immunizations include those that are routine vaccines recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention and that meet the US Food and Drug Administration 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><u>Contraceptive Methods</u></p> <ul style="list-style-type: none"> • Women only, through age 50 years 	<p>Covered products include one or more Food and Drug Administration (FDA) approved 16 contraceptive methods available through the prescription drug benefit, including:</p> <ul style="list-style-type: none"> • Generic OTC spermicide and legend diaphragms; • Today® contraceptive sponge;

Medicine/Product Category and Who is Covered	Examples of the Medicine/Product Covered
	<ul style="list-style-type: none"> • Female condom; • Femcap®; • Generic oral, transdermal and intramuscular hormonal methods; • Nuvaring®; • Generic, OTC emergency contraceptives and Ella®; • The intrauterine systems Mirena® and Paragard®; • The intradermal agent, Nexplanon®
<p><u>Primary Prevention of Breast Cancer</u></p> <ul style="list-style-type: none"> • For women \geq 35 years of age who meet criteria • Raloxifene is covered for only those who are postmenopausal • 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. • 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. 	<ul style="list-style-type: none"> • Tamoxifen • Raloxifene • Soltamox (Liquid Tamoxifen)
<p><u>Tobacco Cessation</u></p> <ul style="list-style-type: none"> • Adults 18 and older • Must receive counseling and have prescription from a health care provider • Up to two, 3-month treatment courses are covered at no cost each year (any additional treatment may be subject to a cost-share) 	<ul style="list-style-type: none"> • Zyban (Generic); • Chantix; • Nicotine Replacement Products
<p><u>Medications used to prepare for Colonoscopy</u></p> <ul style="list-style-type: none"> • Adults \geq 50 and \leq 75 years of age • Limit of 2 prescriptions per year 	<p>Generic products such as:</p> <ul style="list-style-type: none"> • Bisacodyl; • Magnesium Citrate; • Milk Of Magnesia; • PEG 3350-Electrolyte

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.

Step Therapy Reference Table

Drug Name	Drug that must be tried first
ALMOTRIPTAN, FROVATRIPTAN, NARATRIPTAN, RELPAX, ZOLMITRIPTAN, ZOLMITRIPTAN ODT, ZOMIG NASAL	<i>Sumatriptan, rizatriptan in the last 180 days</i>
FOSRENAL, RENAGEL, RENVELA	<i>calcium acetate 667 mg in the last 180 days</i>
OXICONAXOLE	<i>ketoconazole AND clotrimazole topical products in the last 180 days</i>
ULORIC	<i>Allopurinol in the last 180 days</i>
VIIBRYD	<i>Trial of any two (2) of the following drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine, sertraline, trazodone, venlafaxine in the last year</i>
WELCHOL	<i>cholestyramine or colestipol in the last 180 days</i>
SYMBICORT	<i>Advair in the last 180 days</i>

AdventHealth Advantage Plans Formulary

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 102. 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 Pharmacy (SP):

Must be obtained from Accredo Pharmacy and are limited to a 30-day supply. *For members who reside outside the state of Florida, an exception will be considered to allow the medication to be filled at another pharmacy. Please contact Customer Service Department to initiate this process.* Medications with a limited distribution network that are not available at Accredo may be filled at other pharmacies. 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 that 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 is listed in the reference table on page 6.

Maintenance Drug (MD):

You may be taking these drugs on a long-term basis. Maintenance medications are generally those used to treat chronic conditions and long-term conditions. ****Some exceptions may apply (i.e. certain medications used for ADHD, asthma/COPD rescue, acute pain, and acute infections).**

No Cost-Share (NCS):

Select preventive products, prescription medications and specific over-the-counter (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.

Status NCS = No Cost Share T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5		
lowercase italics = Generic drugs UPPERCASE BOLD = Brand name drugs		Notes PA = Prior Auth PA = Prior Auth New Start ST = Step Therapy ST = Step Therapy New Start
Drug	Status	Notes
<i>abacavir oral solution</i>	T5	
<i>abacavir oral tablet</i>	T3	PA
<i>abacavir-lamivudine</i>	T5	PA
<i>abacavir-lamivudine-zidovudine</i>	T5	PA
<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-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
ACTEMRA ACTPEN	Non-Formulary	QL (2 ML per 30 days)
ACTEMRA SUBCUTANEOUS	Non-Formulary	QL (2 ML per 30 days)
ACTHIB (PF)	NCS	
ACTIMMUNE	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)
ADACEL(TDAP ADOLESN/ADULT)(PF)	NCS	
<i>adapalene topical cream</i>	T3	
<i>adapalene topical gel 0.1 %</i>	T3	
ADDERALL XR	T4	QL (30 EA per 30 days)
<i>adefovir</i>	T5	PA
ADEMPAS	T5	PA
ADVAIR DISKUS	T3	QL (60 EA per 30 days)
ADVAIR HFA	T3	QL (12 GM per 30 days)
AFINITOR ORAL TABLET 10 MG	T5	PA; QL (60 EA per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	T5	PA
AFTERA	NCS	

Drug	Status	Notes
AIMOVIG AUTOINJECTOR	T4	PA; QL (1 ML per 28 days)
AJOVY AUTOINJECTOR	T4	PA; QL (1.5 ML per 28 days)
AJOVY SYRINGE	T4	PA; QL (1.5 ML per 28 days)
AK-POLY-BAC	T2	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN	T5	PA
AKYNZEO (NETUPITANT)	T5	PA
<i>albendazole</i>	T4	
<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	
ALECENSA	T5	PA; QL (240 EA per 30 days)
<i>alendronate oral tablet 10 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)
ALINIA	T4	PA
ALIQOPA	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)
ALOCRIIL	T4	
ALOMIDE	T4	
ALOPHEN (BISACODYL)	NCS	
<i>alosetron</i>	T5	PA; QL (60 EA per 30 days)
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	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)
ALREX	T3	
ALTABAX	T4	
ALTAVERA (28)	NCS	
ALTRENO	T3	PA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	T5	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	T5	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	T5	PA; QL (30 EA per 30 days)
<i>alyacen 1/35 (28)</i>	NCS	
ALYACEN 7/7/7 (28)	NCS	
<i>amantadine hcl oral capsule</i>	T3	
<i>amantadine hcl oral tablet</i>	T3	

Drug	Status	Notes
<i>ambrisentan</i>	T5	PA
<i>amcinonide topical cream</i>	T4	
AMETHIA	NCS	
AMETHIA LO	NCS	
AMETHYST (28)	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	
AMITIZA	T3	QL (60 EA per 30 days)
<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	
AMNESTEEM	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>ampicillin oral capsule</i>	T2	
<i>anagrelide</i>	T3	
<i>anastrozole</i>	T2	QL (30 EA per 30 days)
ANORO ELLIPTA	T3	
<i>anti-diarrheal (loperamide) oral capsule</i>	T2	
ANUCORT-HC	T3	
<i>apraclonidine</i>	T2	

Drug	Status	Notes
<i>aprepitant</i>	T4	QL (60 EA per 30 days)
APRI	NCS	
APRISO	T3	QL (120 EA per 30 days)
APTIOM	T4	PA
APTIVUS	T5	PA
APTIVUS (WITH VITAMIN E)	T5	PA
ARANELLE (28)	NCS	
ARCALYST	T5	PA
ARCAPTA NEOHALER	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>	T4	QL (60 EA per 30 days)
ARISTADA	T4	
ARISTADA INITIO	T4	
<i>armodafinil</i>	T3	PA; QL (30 EA per 30 days)
ARMOUR THYROID	T3	
ARNUIITY ELLIPTA	T3	
ASCOMP WITH CODEINE	T3	
<i>asenapine maleate</i>	T4	PA
ASHLYNA	NCS	
ASMANEX HFA	T3	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	T3	QL (1 EA per 30 days)
<i>aspirin oral tablet</i>	NCS	
<i>aspirin oral tablet, chewable</i>	NCS	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	NCS	
<i>aspirin-dipyridamole</i>	T4	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	T3	QL (200 EA per 30 days)
<i>atazanavir</i>	T3	
<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 (30 EA per 30 days)
<i>atorvastatin</i>	T2	QL (30 EA per 30 days)
<i>atovaquone</i>	T5	
<i>atovaquone-proguanil</i>	T4	
ATRIPLA	T5	PA; 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	
ATROVENT HFA	T4	QL (26 GM per 30 days)

Drug	Status	Notes
AUBAGIO	T5	PA; QL (30 EA per 30 days)
AUBRA	NCS	
AUSTEDO ORAL TABLET 12 MG	T5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG, 9 MG	T5	PA; QL (60 EA per 30 days)
AVAR TOPICAL CLEANSER	T4	
AVAR-E	T4	
AVAR-E GREEN	T4	
AVIANE	NCS	
AVONEX INTRAMUSCULAR PEN INJECTOR	T5	PA; QL (4 EA per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	T5	PA; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE	T5	PA; QL (4 EA per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	T5	PA; QL (1 EA per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	T5	PA; QL (30 EA per 30 days)
AZASITE	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	
AZILECT	T4	
<i>azithromycin oral packet</i>	T2	
<i>azithromycin oral suspension for reconstitution</i>	T2	
<i>azithromycin oral tablet</i>	T1	
AZOPT	T3	QL (15 ML per 30 days)
AZOR	T3	
AZURETTE (28)	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	
BALVERSA	T5	PA
BALZIVA (28)	NCS	
BANZEL ORAL SUSPENSION	T5	PA; QL (2400 ML per 30 days)
BANZEL ORAL TABLET 200 MG	T5	PA; QL (90 EA per 30 days)
BANZEL ORAL TABLET 400 MG	T5	PA; QL (240 EA per 30 days)
BARACLUDE ORAL SOLUTION	T5	PA
BAVENCIO	T5	PA
BAYER ASPIRIN	NCS	
<i>bcg vaccine, live (pf)</i>	NCS	
BD ULTRA-FINE MICRO PEN NEEDLE	T3	
BD ULTRA-FINE MINI PEN NEEDLE	T3	
BD ULTRA-FINE NANO PEN NEEDLE	T3	
BD ULTRA-FINE ORIG PEN NEEDLE	T3	
BD ULTRA-FINE SHORT PEN NEEDLE	T3	
BEKYREE (28)	NCS	

Drug	Status	Notes
BELSOMRA	T4	PA
<i>benazepril</i>	T1	
<i>benazepril-hydrochlorothiazide</i>	T2	
BENICAR	T3	
BENICAR HCT	T3	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	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	
BEPREVE	T4	
BESIVANCE	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	
BETASERON SUBCUTANEOUS KIT	T5	PA; QL (14 EA per 28 days)
<i>betaxolol oral</i>	T2	
<i>bethanechol chloride</i>	T3	
BETIMOL	T3	
BETOPTIC S	T4	
<i>bexarotene</i>	T5	PA
BEXSERO	NCS	
BEYAZ	T4	
<i>bicalutamide</i>	T2	
BIKTARVY	T5	QL (30 EA per 30 days)
BILTRICIDE	T4	
BIOTHRAX	NCS	
<i>bisacodyl oral</i>	NCS	
BISA-LAX (BISACODYL)	NCS	
<i>bisoprolol fumarate</i>	T2	
<i>bisoprolol-hydrochlorothiazide</i>	T2	
BLENREP	T5	PA
BLEPHAMIDE S.O.P.	T3	

Drug	Status	Notes
BLISOVI 24 FE	NCS	
BLISOVI FE 1/20 (28)	NCS	
BOOSTRIX TDAP	NCS	
<i>bosentan</i>	T5	PA
BOSULIF ORAL TABLET 100 MG	T5	PA; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	T5	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	T5	PA; QL (120 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	T5	PA; QL (180 EA per 30 days)
BREO ELLIPTA	T3	
BRIELLYN	NCS	
BRILINTA	T3	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	T3	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	T1	
BROMFED DM	T3	
<i>bromfenac</i>	T3	
<i>bromocriptine</i>	T4	
<i>brompheniramine-pseudoeph-dm</i>	T3	QL (1200 ML per 30 days)
BROVANA	T4	PA
BRUKINSA	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>	T4	QL (30 EA per 30 days)
<i>budesonide-formoterol</i>	T3	QL (10.2 GM per 30 days)
<i>bumetanide oral</i>	T2	
BUPHENYL ORAL TABLET	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)
<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	
BUSULFEX	T5	PA
BUTALBITAL COMPOUND W/CODEINE	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)

Drug	Status	Notes
<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	
BUTRANS	T3	QL (4 EA per 28 days)
BYDUREON BCISE	T3	QL (3.4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	T3	QL (4 EA per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	T3	QL (2.4 ML per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	T3	QL (1.2 ML per 30 days)
BYSTOLIC	T3	
<i>cabergoline</i>	T3	QL (16 EA per 28 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	T5	PA; QL (30 EA per 30 days)
CABOMETYX ORAL TABLET 40 MG	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	
CALQUENCE	T5	PA
CAMILA	NCS	
CAMRESE	NCS	
CAMRESE LO	NCS	
CANASA	T5	
<i>candesartan</i>	T3	QL (30 EA per 30 days)
<i>candesartan-hydrochlorothiazid</i>	T3	QL (30 EA per 30 days)
<i>capecitabine</i>	T5	PA
CAPEX	T3	
CAPLYTA	T5	PA; QL (30 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	T5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	T5	PA; QL (30 EA per 30 days)
<i>captopril</i>	T2	
<i>captopril-hydrochlorothiazide</i>	T2	
CARAFATE ORAL SUSPENSION	T4	
<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	

Drug	Status	Notes
<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	
CARTIA XT	T2	
<i>carvedilol</i>	T1	
<i>carvedilol phosphate</i>	T3	
<i>caspofungin</i>	T5	PA
CAYA CONTOURED	NCS	
CAYSTON	T5	PA
CAZIENT (28)	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 injection recon soln 1 gram, 300 g, 500 mg</i>	T2	
<i>cefdinir oral capsule</i>	T2	
<i>cefdinir oral suspension for reconstitution</i>	T3	
<i>cefixime</i>	T4	
<i>cefprozil</i>	T3	
<i>cefprozil oral suspension for reconstitution</i>	T3	
<i>cefprozil oral tablet</i>	T2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	T2	
<i>cefuroxime axetil oral tablet</i>	T3	
<i>cefuroxime sodium injection recon soln 750 mg</i>	T2	
<i>celecoxib</i>	T3	QL (60 EA per 30 days)
CELONTIN ORAL CAPSULE 300 MG	T4	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	T1	
<i>cephalexin oral suspension for reconstitution</i>	T2	
CESAMET	T5	PA
CHANTIX	NCS	QL (340 EA per 365 days)
CHANTIX CONTINUING MONTH BOX	NCS	QL (340 EA per 365 days)
CHANTIX STARTING MONTH BOX	NCS	QL (106 EA per 365 days)
CHATEAL (28)	NCS	
CHEMET	T4	
CHILDREN'S ASPIRIN	NCS	
<i>chlordiazepoxide hcl</i>	T2	
<i>chlordiazepoxide-clidinium</i>	T3	

Drug	Status	Notes
<i>chlorhexidine gluconate mucous membrane</i>	T2	
<i>chloroquine phosphate</i>	T2	
<i>chlorothiazide oral tablet 500 mg</i>	T2	
<i>chlorpromazine oral tablet</i>	T3	
<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>cholestyramine (with sugar)</i>	T3	
CHOLESTYRAMINE LIGHT	T3	
CICLODAN TOPICAL SOLUTION	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>cilostazol</i>	T2	
CILOXAN OPHTHALMIC (EYE) OINTMENT	T3	
CIMDUO	T5	QL (30 EA per 30 days)
<i>cimetidine</i>	T2	
<i>cimetidine hcl oral</i>	T2	
<i>cinacalcet oral tablet 30 mg</i>	T3	PA
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	T5	PA
CIPRO HC	T4	
CIPRODEX	T3	
<i>ciprofloxacin</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)
CITRATE OF MAGNESIA	NCS	
CITROMA	NCS	
CLARAVIS	T4	
<i>clarithromycin</i>	T3	
CLEARLAX ORAL POWDER	NCS	
<i>clemastine oral tablet 2.68 mg</i>	T3	
CLENPIQ	T3	
CLEOCIN VAGINAL SUPPOSITORY	T4	
CLIMARA PRO	T4	
CLINDACIN ETZ TOPICAL SWAB	T2	
CLINDACIN P	T2	

Drug	Status	Notes
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	T1	
<i>clindamycin palmitate hcl</i>	T3	
CLINDAMYCIN PEDIATRIC	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>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 topical cream</i>	T4	
<i>clocortolone pivalate</i>	T4	
CLODAN	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 (120 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	
COMBIGAN	T3	QL (10 ML per 30 days)
COMBIPATCH	T3	

Drug	Status	Notes
COMBIVENT RESPIMAT	T3	QL (8 GM per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	T5	PA; QL (60 EA per 30 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	T5	PA; QL (120 EA per 30 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	T5	PA; QL (90 EA per 30 days)
COMPLERA	T5	
COMPRO	T4	
CONDYLOX TOPICAL GEL	T4	
CONSTULOSE	T2	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	T5	PA
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	T5	PA; QL (12 ML per 30 days)
COPIKTRA	T5	PA; QL (60 EA per 30 days)
CORDRAN TAPE LARGE ROLL	T4	
CORDRAN TOPICAL LOTION	T4	
COREG CR	T3	
CORLANOR ORAL SOLUTION	T4	PA
CORTANE-B	T4	
<i>cortisone</i>	T2	
CORTISPORIN TOPICAL	T4	
COSENTYX	T5	PA; QL (2 ML per 30 days)
COSENTYX (2 SYRINGES)	T5	PA; QL (2 ML per 30 days)
COSENTYX PEN	T5	PA; QL (2 ML per 30 days)
COSENTYX PEN (2 PENS)	T5	PA; QL (2 ML per 30 days)
COTELLIC	T5	PA; QL (90 EA per 30 days)
CREON	T3	
CRIXIVAN ORAL CAPSULE 200 MG	T3	PA
<i>cromolyn inhalation</i>	T2	
<i>cromolyn ophthalmic (eye)</i>	T2	
<i>cromolyn oral</i>	T2	
CRYSELLE (28)	NCS	
CURITY GAUZE TOPICAL BANDAGE 2 X 2 "	T3	
CYCLAFEM 1/35 (28)	NCS	
CYCLAFEM 7/7/7 (28)	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	
CYCLOSET	T4	PA; QL (180 EA per 30 days)
<i>cyclosporine modified</i>	T3	
<i>cyclosporine oral capsule</i>	T3	

Drug	Status	Notes
<i>cyproheptadine oral tablet</i>	T2	
CYRED	NCS	
CYSTAGON	T4	PA
CYTRA-2	T2	
CYTRA-3	T4	
<i>dalfampridine</i>	T5	PA; QL (60 EA per 30 days)
<i>danazol</i>	T4	
<i>dantrolene oral</i>	T3	
DANYELZA	T5	PA
<i>dapsone oral</i>	T3	
DAPTACEL (DTAP PEDIATRIC) (PF)	NCS	
DARAPRIM	T3	
<i>darifenacin</i>	T4	
DASETTA 1/35 (28)	NCS	
DASETTA 7/7/7 (28)	NCS	
DAURISMO ORAL TABLET 100 MG	T5	PA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	T5	PA; QL (60 EA per 30 days)
DAYSEE	NCS	
DAYTRANA	T4	QL (30 EA per 30 days)
DEBLITANE	NCS	
<i>deferasirox oral tablet, dispersible</i>	T5	
<i>deferiprone</i>	T5	PA
DELSTRIGO	T5	QL (30 EA per 30 days)
<i>demeclocycline</i>	T3	
DENTA 5000 PLUS	T2	
DENTAGEL	T2	
DEPEN TITRATABS	T5	
DEPO-ESTRADIOL	T3	
DESCOVY	T5	PA
<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	

Drug	Status	Notes
<i>desvenlafaxine oral tablet extended release 24 hr</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</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)
DIACOMIT ORAL CAPSULE	T5	PA
DIAZEPAM INTENSOL	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 oral capsule,delayed release(dr/rec) 250 mg, 400 mg</i>	T3	PA
DIFICID ORAL TABLET	T5	PA

Drug	Status	Notes
<i>diflorasone topical cream</i>	T4	
<i>difluprednate</i>	T3	
DIGITEK	T2	
DIGOX	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	
DILT-XR	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)
DIPENTUM	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	
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 %)	T4	
<i>dofetilide</i>	T4	
<i>donepezil oral tablet 10 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
DONNATAL ORAL TABLET	T4	
<i>dorzolamide</i>	T2	
<i>dorzolamide (pf)</i>	T4	
<i>dorzolamide-timolol</i>	T2	
DOVATO	T5	QL (30 EA per 30 days)
<i>doxazosin</i>	T2	QL (60 EA per 30 days)
<i>doxepin oral capsule</i>	T2	
<i>doxepin oral concentrate</i>	T2	
<i>doxercalciferol oral</i>	T3	PA

Drug	Status	Notes
<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	
DROXIA	T4	
<i>droxidopa</i>	T5	PA
DUAVEE	T3	
DUCODYL (BISACODYL)	NCS	
DULERA	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)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	T5	PA; QL (6 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	T5	PA; QL (3.42 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	T5	PA
DUREZOL	T4	
<i>dutasteride</i>	T2	QL (30 EA per 30 days)
<i>dutasteride-tamsulosin</i>	T3	QL (30 EA per 30 days)
DYRENIUM	T4	
E.E.S. 400 ORAL TABLET	T2	
E.E.S. GRANULES	T4	
EASY TOUCH PEN NEEDLE	T3	
<i>econazole</i>	T4	
ECONTRA EZ	NCS	
EDECRIN	T5	PA
EDURANT	T5	PA
<i>efavirenz</i>	T4	
<i>efavirenz-emtricitabin-tenofovir</i>	T5	
ELETONE	T4	
<i>eletriptan</i>	T4	ST
ELINEST	NCS	
ELIQUIS	T3	
ELIQUIS DVT-PE TREAT 30D START	T3	
ELLA	NCS	

Drug	Status	Notes
ELMIRON	T4	
ELZONRIS	T5	PA
EMCYT	T5	PA
EMEND ORAL CAPSULE 40 MG, 80 MG	T4	PA; QL (60 EA per 30 days)
EMEND ORAL CAPSULE,DOSE PACK	T4	PA; QL (60 EA per 30 days)
EMOQUETTE	NCS	
EMSAM	T5	PA; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	T5	
EMTRIVA	T3	PA
<i>enalapril maleate oral tablet</i>	T1	
<i>enalapril-hydrochlorothiazide</i>	T1	
ENBREL SUBCUTANEOUS RECON SOLN	T5	PA; QL (8 EA per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	T5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	T5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	T5	PA; QL (8 ML per 28 days)
ENBREL SURECLICK	T5	PA; QL (8 ML per 28 days)
ENDARI	T5	PA
ENDOCET ORAL TABLET 10-325 MG	T3	QL (180 EA per 30 days)
ENDOCET ORAL TABLET 2.5-325 MG, 5-325 MG, 7.5-325 MG	T3	QL (240 EA per 30 days)
ENGERIX-B (PF)	NCS	
ENGERIX-B PEDIATRIC (PF)	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)
ENPRESSE	NCS	
ENSKYCE	NCS	
ENSPRYNG	T5	PA
<i>entacapone</i>	T4	QL (240 EA per 30 days)
<i>entecavir</i>	T5	PA; QL (30 EA per 30 days)
ENTERIC COATED ASPIRIN	NCS	
ENTRESTO	T3	QL (60 EA per 30 days)
ENULOSE	T2	
EPCLUSA ORAL TABLET 400-100 MG	T5	PA
EPICERAM	T4	
EPIDIOLEX	T5	PA
EPIDUO TOPICAL GEL WITH PUMP	T4	

Drug	Status	Notes
EPIFOAM	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	
EPIPEN	T3	QL (4 EA per 30 days)
EPIPEN 2-PAK	T3	QL (4 EA per 30 days)
EPIPEN JR	T3	QL (4 EA per 30 days)
EPIPEN JR 2-PAK	T3	QL (4 EA per 30 days)
EPIVIR HBV ORAL SOLUTION	T4	PA
<i>epiprenone</i>	T3	
EPZICOM	T5	PA
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	NCS	QL (4 EA per 28 days)
<i>ergoloid</i>	T3	
ERGOMAR	T4	
ERIVEDGE	T5	PA; QL (30 EA per 30 days)
ERLEADA	T5	PA
ERLOTINIB	T5	PA
ERRIN	NCS	
ERTACZO	T5	PA
<i>ertapenem</i>	T4	
ERY PADS	T3	
ERY-TAB	T3	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	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 topical gel</i>	T2	
<i>erythromycin with ethanol topical solution</i>	T2	
<i>erythromycin-benzoyl peroxide</i>	T4	
ESBRIET	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)
ESTARYLLA	NCS	
<i>estazolam</i>	T2	
<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	

Drug	Status	Notes
<i>estradiol-norethindrone acet</i>	T2	
ESTROGEL	T4	
<i>estrogens-methyltestosterone</i>	T3	
<i>eszopiclone</i>	T2	QL (30 EA per 30 days)
<i>ethambutol</i>	T3	
<i>ethosuximide</i>	T3	
<i>etidronate disodium oral tablet 200 mg</i>	T3	
<i>etodolac oral capsule</i>	T3	
<i>etodolac oral tablet</i>	T3	
<i>etodolac oral tablet extended release 24 hr</i>	T4	
EUCRISA	T4	
EVENITY	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
EVOTAZ	T5	PA
EVRYSDI	T5	PA
<i>exemestane</i>	T4	
EXJADE	T5	PA
<i>ezetimibe</i>	T2	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin</i>	T2	
FALMINA (28)	NCS	
<i>famciclovir</i>	T3	
<i>famotidine oral suspension</i>	T3	
<i>famotidine oral tablet</i>	T2	
FANAPT ORAL TABLET	T4	PA; QL (60 EA per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	T4	PA; QL (8 EA per 28 days)
FARESTON	T5	QL (30 EA per 30 days)
FARXIGA	T3	
FARYDAK	T5	PA
FASENRA PEN	T5	PA
FC2 FEMALE CONDOM	NCS	
<i>febuxostat</i>	T2	ST
<i>felbamate</i>	T5	
<i>felodipine</i>	T2	
FEMCAP	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	

Drug	Status	Notes
<i>fenoprofen oral tablet</i>	T4	
<i>fentanyl citrate buccal lozenge on a handle</i>	T5	PA; QL (120 EA per 30 days)
<i>fentanyl 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)
FERRIPROX ORAL TABLET 500 MG	T5	PA
FIASP FLEXTOUCH U-100 INSULIN	T3	QL (60 ML per 30 days)
FIASP U-100 INSULIN	T3	QL (60 ML per 30 days)
FINACEA TOPICAL GEL	T4	
<i>finasteride oral tablet 5 mg</i>	T2	
FINTEPLA	T5	PA
FIRDAPSE	T5	PA; QL (240 EA per 30 days)
FIRVANQ	T3	
<i>flavoxate</i>	T2	
<i>flecainide</i>	T2	
FLEET LAXATIVE (BISACODYL)	NCS	
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	T3	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	T3	QL (240 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	T3	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	T3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	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	
<i>fluocinolone acetone 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	
FLUOCINONIDE-E	T3	
<i>fluoride (sodium) oral drops</i>	NCS	
<i>fluoride (sodium) oral tablet, chewable</i>	NCS	
FLUORITAB	NCS	
<i>fluorometholone</i>	T2	
<i>fluorouracil intravenous</i>	T3	
<i>fluorouracil topical cream 5 %</i>	T3	
<i>fluorouracil topical solution</i>	T3	

Drug	Status	Notes
<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 oral tablet 100 mg</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)
FML S.O.P.	T4	
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 25 MG, 35 MG	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)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	T5	PA; QL (2.4 ML per 28 days)
<i>fosamprenavir</i>	T5	PA
<i>fosfomycin tromethamine</i>	T4	
<i>fosinopril</i>	T2	
<i>fosinopril-hydrochlorothiazide</i>	T2	
FOSRENOL ORAL TABLET,CHEWABLE	T3	ST
FOTIVDA	T5	PA; QL (21 EA per 28 days)
FREESTYLE FREEDOM LITE	T3	
FREESTYLE INSULINX	T3	
FREESTYLE INSULINX TEST STRIPS	T3	QL (200 EA per 30 days)
FREESTYLE LANCETS	T3	QL (200 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER	T4	QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	T4	QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	T3	QL (1 EA per 365 days)

Drug	Status	Notes
FREESTYLE LIBRE 2 SENSOR	T3	QL (2 EA per 28 days)
FREESTYLE LITE METER	T3	
FREESTYLE LITE STRIPS	T3	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO METER	T3	
FREESTYLE PRECISION NEO STRIPS	T3	QL (200 EA per 30 days)
FREESTYLE TEST	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	
FUZEON SUBCUTANEOUS RECON SOLN	T5	PA
FYCOMPA ORAL SUSPENSION	T4	PA
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	T4	PA; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	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)
GABITRIL ORAL TABLET 12 MG, 16 MG	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)
GAMMAGARD LIQUID	T5	PA
GARDASIL 9 (PF)	NCS	
<i>gatifloxacin</i>	T3	
GAVILAX ORAL POWDER	NCS	
GAVILYTE-C	NCS	
GAVILYTE-G	NCS	
GAVILYTE-N	NCS	
GAVRETO	T5	PA; QL (60 EA per 30 days)
<i>gemfibrozil</i>	T2	
GENERESS FE	T4	
GENERLAC	T2	
GENGRAF	T3	
GENTAK OPHTHALMIC (EYE) OINTMENT	T2	
<i>gentamicin ophthalmic (eye)</i>	T2	
<i>gentamicin topical</i>	T2	
GENTLE LAXATIVE (BISACODYL) ORAL	NCS	
GENTLELAX	NCS	
GENVOYA	T5	PA
GIANVI (28)	NCS	

Drug	Status	Notes
GILENYA ORAL CAPSULE 0.5 MG	T5	PA; QL (30 EA per 30 days)
GILOTRIF	T5	PA; QL (30 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	T5	QL (28 ML per 28 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	T5	QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	T5	QL (28 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	T5	QL (12 ML per 28 days)
GLEOSTINE	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)
GLUCAGEN DIAGNOSTIC KIT	T3	QL (4 EA per 30 days)
GLUCAGEN HYPOKIT	T3	QL (4 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN)	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)
GLYCOLAX ORAL POWDER	NCS	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T2	
GLYXAMBI	T3	
<i>granisetron hcl oral</i>	T3	
GRASTEK	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	
GVOKE HYOPEN 1-PACK	T3	
GVOKE HYOPEN 2-PACK	T3	
GVOKE PFS 1-PACK SYRINGE	T3	
GVOKE PFS 2-PACK SYRINGE	T3	
GNAZOLE-1	T4	
GYNOL II	NCS	
<i>halobetasol propionate topical cream</i>	T4	
<i>halobetasol propionate topical ointment</i>	T4	
HALOG TOPICAL OINTMENT	T4	

Drug	Status	Notes
<i>haloperidol</i>	T2	
<i>haloperidol decanoate</i>	T2	
<i>haloperidol lactate injection</i>	T2	
<i>haloperidol lactate oral</i>	T2	
HARVONI ORAL TABLET 90-400 MG	T5	PA
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	NCS	
HAVRIX (PF) INTRAMUSCULAR SYRINGE	NCS	
HEALTHYLAX	NCS	
HEATHER	NCS	
<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 1,000 unit/ml</i>	T2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	T2	
HERCEPTIN HYLECTA	T5	PA
HOMATROPAIRE	T3	
HORIZANT	T4	PA; QL (60 EA per 30 days)
HPR	T4	
HPR PLUS	T4	
HUMIRA PEN	T5	PA; QL (4 EA per 28 days)
HUMIRA PEN CROHNS-UC-HS START	T5	PA; QL (6 EA per 180 days)
HUMIRA PEN PSOR-UEVITS-ADOL HS	T5	PA; QL (4 EA per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	T5	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	T5	PA; QL (4 EA per 28 days)
HUMIRA(CF)	T5	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	T5	PA; QL (3 EA per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	T5	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN	T5	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS	T5	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC	T5	QL (3 EA per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	T5	PA; QL (3 EA per 365 days)
HUMULIN R U-500 (CONC) INSULIN	T5	QL (20 ML per 30 days)
HYCANTIN	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)

Drug	Status	Notes
<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	
<i>hydrocortisone oral</i>	T2	
<i>hydrocortisone rectal</i>	T4	
<i>hydrocortisone topical cream</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-iodoquinol</i>	T3	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i>	T3	
HYDROMET	T2	
<i>hydromorphone oral tablet</i>	T3	QL (180 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	
HYLATOPIC	T4	
HYLATOPICPLUS TOPICAL CREAM	T4	
HYLATOPICPLUS TOPICAL FOAM	T4	
<i>hyoscyamine sulfate oral</i>	T2	
<i>hyoscyamine sulfate sublingual</i>	T2	
HYOSYNE ORAL DROPS	T2	
<i>ibandronate oral</i>	T2	QL (1 EA per 28 days)
IBRANCE	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)
ICATIBANT	T5	PA

Drug	Status	Notes
ICLUSIG ORAL TABLET 15 MG	T5	PA; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	T5	PA; QL (30 EA per 30 days)
<i>icosapent ethyl</i>	T3	
IDAMYCIN PFS	T5	PA
IDHIFA	T5	PA
ILEVRO	T3	
ILUMYA	Non-Formulary	QL (2 ML per 84 days)
<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)
IMBRUVICA ORAL CAPSULE 140 MG	T5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	T5	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL TABLET	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)
IMOVAX RABIES VACCINE (PF)	NCS	
INBRIJA	T5	PA; QL (60 EA per 30 days)
INCRELEX	T5	PA
<i>indapamide</i>	T2	
<i>indomethacin oral capsule</i>	T2	
INFANRIX (DTAP) (PF)	NCS	
INLYTA	T5	PA
INQOVI	T5	PA; QL (5 EA per 21 days)
INREBIC	T5	PA; QL (120 EA per 30 days)
<i>insulin aspart u-100</i>	T3	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)
INTELENCE ORAL TABLET 100 MG	T5	PA; QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	T5	PA; QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	T4	PA
INTRON A INJECTION	T5	PA
INTROVALE	NCS	
INVEGA HAFYERA	T5	PA; QL (10 ML per 360 days)
INVEGA SUSTENNA	T4	PA
INVIRASE ORAL TABLET	T5	PA
IPOL	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	
IRESSA	T5	PA; QL (60 EA per 30 days)
ISENTRESS HD	T5	PA

Drug	Status	Notes
ISENTRESS ORAL POWDER IN PACKET	T5	PA; QL (180 EA per 30 days)
ISENTRESS ORAL TABLET	T5	PA; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE	T5	PA; QL (180 EA per 30 days)
ISOLYTE S PH 7.4	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	
ISTALOL	T4	
<i>itraconazole oral capsule</i>	T4	PA; QL (120 EA per 30 days)
<i>ivermectin oral</i>	T2	
IXIARO (PF)	NCS	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	T5	PA
JAKAFI ORAL TABLET 25 MG	T5	PA; QL (60 EA per 30 days)
JANTOVEN	T1	
JARDIANCE	T3	QL (30 EA per 30 days)
JENCYCLA	NCS	
JENTADUETO	T3	QL (60 EA per 30 days)
JENTADUETO XR	T3	QL (60 EA per 30 days)
JINTELI	T3	
JOLESSA	NCS	
JULEBER	NCS	
JULUCA	T5	QL (30 EA per 30 days)
JUNEL 1.5/30 (21)	NCS	
JUNEL 1/20 (21)	NCS	
JUNEL FE 1.5/30 (28)	NCS	
JUNEL FE 1/20 (28)	NCS	
JUNEL FE 24	NCS	
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	T5	PA; QL (60 EA per 30 days)
KALETRA ORAL SOLUTION	T4	PA
KALETRA ORAL TABLET 100-25 MG	T4	PA
KALETRA ORAL TABLET 200-50 MG	T5	PA
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	T5	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET	T5	PA; QL (60 EA per 30 days)
KARIVA (28)	NCS	
KELNOR 1/35 (28)	NCS	
KEPIVANCE	T5	

Drug	Status	Notes
KESIMPTA PEN	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	
KEVZARA	Non-Formulary	QL (2 ML per 28 days)
KINRIX (PF)	NCS	
KISQALI	T5	PA
KISQALI FEMARA CO-PACK	T5	PA
KLOR-CON	T2	
KLOR-CON 10	T2	
KLOR-CON 8	T2	
KLOR-CON M10	T2	
KLOR-CON M15	T2	
KLOR-CON M20	T2	
KRINTAFEL	T3	QL (2 EA per 28 days)
KRISTALOSE	T3	
KURVELO (28)	NCS	
KUVAN ORAL TABLET,SOLUBLE	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	
<i>lactulose oral solution</i>	T2	
<i>lamivudine oral solution</i>	T3	PA
<i>lamivudine oral tablet 100 mg</i>	T4	PA
<i>lamivudine oral tablet 150 mg, 300 mg</i>	T3	PA
<i>lamivudine-zidovudine</i>	T4	
<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)
LANTUS SOLOSTAR U-100 INSULIN	T3	QL (60 ML per 30 days)
LANTUS U-100 INSULIN	T3	QL (60 ML per 30 days)
<i>lapatinib</i>	T5	PA; QL (180 EA per 30 days)
LARIN 1.5/30 (21)	NCS	
LARIN 1/20 (21)	NCS	
LARIN 24 FE	NCS	

Drug	Status	Notes
LARIN FE 1.5/30 (28)	NCS	
LARIN FE 1/20 (28)	NCS	
LASTACRAFT	T4	QL (6 ML per 30 days)
<i>latanoprost</i>	T1	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	T4	PA; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	T4	PA; QL (60 EA per 30 days)
LAXACLEAR	NCS	
LAXATIVE (BISACODYL) ORAL	NCS	
LAXATIVE PEG 3350	NCS	
LAYOLIS FE	NCS	
LEDIPASVIR-SOFOSBUVIR	T5	PA; QL (28 EA per 28 days)
LEENA 28	NCS	
<i>leflunomide</i>	T3	QL (30 EA per 30 days)
LENVIMA	T5	PA
LESSINA	NCS	
LETAIRIS	T5	PA
<i>letrozole</i>	T2	
<i>leucovorin calcium oral</i>	T4	
LEUKERAN	T4	
LEUKINE INJECTION RECON SOLN	T5	PA
<i>leuprolide</i>	T5	PA
<i>levalbuterol hcl</i>	T4	
LEVATOL	T4	
LEVEMIR FLEXTOUCH U-100 INSULN	T3	QL (60 ML per 30 days)
LEVEMIR U-100 INSULIN	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	
<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	
LEVONEST (28)	NCS	
<i>levonorgestrel-ethinyl estrad</i>	NCS	
<i>levonorg-eth estrad triphasic</i>	NCS	

Drug	Status	Notes
LEVORA-28	NCS	
<i>levorphanol tartrate oral tablet 2 mg</i>	T4	QL (180 EA per 30 days)
<i>levothyroxine oral tablet</i>	T2	
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	T2	
LEXIVA ORAL SUSPENSION	T4	PA
LEXIVA ORAL TABLET	T5	PA
LIALDA	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 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)
LIDOCAINE VISCOUS	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	
LILETTA	NCS	
<i>lindane topical shampoo</i>	T3	
<i>linezolid</i>	T5	PA
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	T3	
LINZESS ORAL CAPSULE 72 MCG	T3	QL (30 EA per 30 days)
<i>lithyronine oral</i>	T2	
<i>lisinopril</i>	T1	
<i>lisinopril-hydrochlorothiazide</i>	T1	
LITE COAT ASPIRIN	NCS	
<i>lithium carbonate oral capsule</i>	T1	
<i>lithium carbonate oral tablet</i>	T2	
<i>lithium carbonate oral tablet extended release</i>	T2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	T2	
LO LOESTRIN FE	T3	
LOCOID TOPICAL LOTION	T4	
LOKELMA	T4	PA
LONSURF	T5	PA
<i>loperamide oral capsule</i>	T2	
LOPREEZA ORAL TABLET 1-0.5 MG	T3	
<i>lorazepam oral concentrate</i>	T2	

Drug	Status	Notes
<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)
LORBRENA ORAL TABLET 100 MG	T5	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	T5	PA; QL (90 EA per 30 days)
LORYNA (28)	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)
LOTEMAX	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)
LOW-OGESTREL (28)	NCS	
<i>loxapine succinate</i>	T2	
LUDENT FLUORIDE	NCS	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	T3	QL (5 ML per 30 days)
LUPKYNIS	T5	PA; QL (180 EA per 30 days)
LUPRON DEPOT	T5	PA; QL (1 EA per 28 days)
LUPRON DEPOT (3 MONTH)	T5	PA; QL (1 EA per 84 days)
LUPRON DEPOT (4 MONTH)	T5	PA; QL (1 EA per 112 days)
LUPRON DEPOT (6 MONTH)	T5	PA; QL (1 EA per 168 days)
LUPRON DEPOT-PED	T5	PA; QL (1 EA per 28 days)
LUPRON DEPOT-PED (3 MONTH)	T5	PA; QL (1 EA per 84 days)
LUTERA (28)	NCS	
LYNPARZA	T5	PA
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T4	QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T4	QL (60 EA per 30 days)
LYSODREN	T3	
LYZA	NCS	
<i>magnesium citrate oral solution</i>	NCS	
MAKENA (PF)	T5	PA
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	T5	PA
<i>malathion</i>	T3	
<i>maprotiline</i>	T3	
MARLISSA (28)	NCS	
MARPLAN	T4	
MATULANE	T5	
MATZIM LA	T3	
MAVENCLAD (10 TABLET PACK)	T5	PA

Drug	Status	Notes
MAVENCLAD (4 TABLET PACK)	T5	PA
MAVENCLAD (5 TABLET PACK)	T5	PA
MAVENCLAD (6 TABLET PACK)	T5	PA
MAVENCLAD (7 TABLET PACK)	T5	PA
MAVENCLAD (8 TABLET PACK)	T5	PA
MAVENCLAD (9 TABLET PACK)	T5	PA
MAVYRET	T5	PA
MAYZENT ORAL TABLET 0.25 MG	T5	PA; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 2 MG	T5	PA; QL (30 EA per 30 days)
MAYZENT STARTER PACK	T5	PA; QL (1 EA per 365 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	T2	
<i>meclofenamate</i>	T4	
<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	
MEKINIST ORAL TABLET 0.5 MG	T5	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	T5	PA; QL (30 EA per 30 days)
MEKTOVI	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)
<i>memantine oral tablets, dose pack</i>	T2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	NCS	
MENEST	T4	PA
MENTAX	T3	
MENVEO A-C-Y-W-135-DIP (PF)	NCS	
MENVEO MENA COMPONENT (PF)	NCS	
MENVEO MENCYW-135 COMPNT (PF)	NCS	
<i>meperidine oral tablet</i>	T3	QL (180 EA per 30 days)
<i>meprobamate</i>	T3	
<i>mercaptapurine</i>	T3	
<i>mesalamine oral capsule, extended release 24hr</i>	T3	QL (120 EA per 30 days)
<i>mesalamine rectal enema</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)

Drug	Status	Notes
<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>methimazole oral tablet 10 mg, 5 mg</i>	T1	
<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>methyldopa</i>	T2	
<i>methyldopa-hydrochlorothiazide</i>	T2	
<i>methylergonovine oral</i>	T3	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg</i>	T3	QL (60 EA per 30 days)
<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	

Drug	Status	Notes
<i>metronidazole topical lotion</i>	T4	
<i>metronidazole vaginal</i>	T2	
<i>mexiletine</i>	T2	
MICROGESTIN 1.5/30 (21)	NCS	
MICROGESTIN 1/20 (21)	NCS	
MICROGESTIN FE 1.5/30 (28)	NCS	
MICROGESTIN FE 1/20 (28)	NCS	
<i>midodrine</i>	T3	
MIGERGOT	T4	QL (20 EA per 28 days)
<i>miglitol</i>	T4	QL (90 EA per 30 days)
<i>miglustat</i>	T5	PA
MILK OF MAGNESIA	NCS	
MILK OF MAGNESIA CONCENTRATED	NCS	
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS)	T3	
MIMVEY	T3	
MINASTRIN 24 FE	T4	
MINITRAN	T2	
<i>minocycline oral capsule</i>	T2	
<i>minoxidil oral</i>	T2	
MIRALAX ORAL POWDER IN PACKET	NCS	
MIRENA	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)
<i>misoprostol</i>	T2	
M-M-R II (PF)	NCS	
<i>modafinil</i>	T3	PA; QL (30 EA per 30 days)
<i>moexipril</i>	T3	
<i>mometasone nasal</i>	T4	
<i>mometasone topical</i>	T2	
MONJUVI	T5	PA
MONO-LINYAH	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)
MONUROL	T4	
<i>morphine concentrate oral solution</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)

Drug	Status	Notes
<i>morphine oral tablet extended release 200 mg</i>	T3	QL (60 EA per 30 days)
MOTOFEN	T4	
MOVANTIK	T4	PA
MOVIPREP	T4	
MOXEZA	T3	
<i>moxifloxacin ophthalmic (eye) drops</i>	T2	
MULPLETA	T5	PA; QL (7 EA per 90 days)
MULTAQ	T3	
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS	NCS	
MULTIVITAMINS WITH FLUORIDE	NCS	
<i>mupirocin</i>	T2	
MY WAY	NCS	
<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	
MYORISAN	T4	
<i>nabumetone</i>	T2	
<i>nadolol</i>	T2	QL (30 EA per 30 days)
<i>naftifine</i>	T4	
NAFTIN TOPICAL GEL 1 %	T4	
NAGLAZYME	T5	PA
<i>naloxone injection syringe 1 mg/ml</i>	T2	
<i>naltrexone</i>	T2	
<i>naproxen oral tablet</i>	T1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	T2	
<i>naratriptan</i>	T2	ST; QL (18 EA per 30 days)
NATACYN	T3	
NATAZIA	Non-Formulary	
<i>nateglinide</i>	T3	QL (90 EA per 30 days)
NAYZILAM	T5	QL (10 EA per 30 days)
NECON 0.5/35 (28)	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	
NEOSALUS TOPICAL FOAM	T4	

Drug	Status	Notes
NERLYNX	T5	PA
NEULASTA	T5	PA
NEULASTA ONPRO	T5	PA
NEUPOGEN	T5	PA
NEVANAC	T3	
<i>nevirapine oral suspension</i>	T3	PA
<i>nevirapine oral tablet</i>	T3	PA
<i>nevirapine oral tablet extended release 24 hr</i>	T4	PA
NEXAVAR	T5	PA; QL (120 EA per 30 days)
NEXLETOL	T4	PA; QL (30 EA per 30 days)
NEXLIZET	T4	PA; QL (30 EA per 30 days)
NEXPLANON	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	
NIACOR	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)
NICOTROL	NCS	QL (2688 EA per 365 days)
NICOTROL NS	NCS	QL (6720 ML per 365 days)
<i>nifedipine</i>	T2	
NIKKI (28)	NCS	
NILANDRON	T5	
<i>nimodipine</i>	T2	
NINLARO	T5	PA
<i>nisoldipine</i>	T3	
NITRO-BID	T4	
<i>nitrofurantoin</i>	T2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	T2	
<i>nitrofurantoin monohydr/m-cryst</i>	T2	
<i>nitroglycerin sublingual</i>	T2	
<i>nitroglycerin transdermal patch 24 hour</i>	T2	
<i>nizatidine</i>	T2	
NORA-BE	NCS	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	NCS	
<i>norethindrone (contraceptive)</i>	NCS	

Drug	Status	Notes
<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)</i>	NCS	
<i>norgestimate-ethinyl estradiol</i>	NCS	
NORMAL SALINE FLUSH	T2	
NORPACE CR	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 CAPSULE	T4	PA
NORVIR ORAL POWDER IN PACKET	T4	
NORVIR ORAL SOLUTION	T4	PA
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 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)
NUCYNTA	T4	PA; QL (180 EA per 30 days)
NUCYNTA ER	T4	PA; QL (60 EA per 30 days)
NULOJIX	T5	PA
NURTEC ODT	T5	PA; QL (15 EA per 30 days)
NUVARING	NCS	
<i>nystatin</i>	T2	
<i>nystatin-triamcinolone</i>	T4	
NYSTOP	T2	
OCELLA	NCS	
<i>octreotide acetate injection solution</i>	T5	PA
ODEFSEY	T5	PA
ODOMZO	T5	PA; QL (30 EA per 30 days)
<i>ofloxacin ophthalmic (eye)</i>	T2	
<i>ofloxacin oral tablet 400 mg</i>	T2	

Drug	Status	Notes
<i>ofloxacin otic (ear)</i>	T4	
<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)
OLUMIANT	Non-Formulary	QL (30 EA per 30 days)
<i>omega-3 acid ethyl esters</i>	T3	
<i>omeprazole magnesium oral tablet,delayed release (drlec)</i>	T2	
<i>omeprazole oral capsule,delayed release(drlec)</i>	T2	
<i>omeprazole oral tablet,delayed release (drlec)</i>	T2	
OMNIPOD DASH 5 PACK POD	T5	PA
OMNIPOD DASH PDM KIT	T5	PA; QL (1 EA per 365 days)
OMNIPOD INSULIN MANAGEMENT	T5	PA; QL (1 EA per 365 days)
OMNIPOD INSULIN REFILL	T5	PA
OMNITROPE	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)
ONUREG	T5	PA; QL (14 EA per 28 days)
OPCICON ONE-STEP	NCS	
ORAL SALINE LAXATIVE	NCS	
ORENCIA	Non-Formulary	QL (4 ML per 30 days)
ORENCIA CLICKJECT	Non-Formulary	QL (4 ML per 30 days)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	T5	PA
ORGOVYX	T5	QL (32 EA per 22 days)
ORIAHNN	T5	PA; QL (60 EA per 30 days)
ORLISSA ORAL TABLET 150 MG	T5	PA; QL (28 EA per 28 days)
ORLISSA ORAL TABLET 200 MG	T5	PA; QL (56 EA per 28 days)
ORKAMBI	T5	PA
<i>orphenadrine citrate oral</i>	T2	QL (60 EA per 30 days)
ORSYTHIA	NCS	
OSCIMIN SR	T2	
<i>oseltamivir oral capsule</i>	T3	QL (60 EA per 30 days)
<i>oseltamivir oral suspension for reconstitution</i>	T3	
OSMOPREP	T4	
OTEZLA	T5	PA; QL (60 EA per 30 days)
OTEZLA STARTER	T5	PA; QL (55 EA per 274 days)

Drug	Status	Notes
<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	
OXERVATE	T5	PA
<i>oxiconazole</i>	T4	ST
OXLUMO	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-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)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	T3	QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	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)
PALYNZIQ	T5	PA
<i>pamidronate</i>	T5	PA
PANRETIN	T5	PA
<i>pantoprazole oral tablet, delayed release (drlec)</i>	T2	QL (60 EA per 30 days)
PARAGARD T 380A	NCS	
<i>paricalcitol oral</i>	T4	PA
PAROEX ORAL RINSE	T2	
<i>paromomycin</i>	T3	
<i>paroxetine hcl oral suspension</i>	T4	QL (900 ML per 30 days)
<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)
PAXIL ORAL SUSPENSION	T4	QL (900 ML per 30 days)
PAZEO	T3	

Drug	Status	Notes
PEDIARIX (PF)	NCS	
PEDVAX HIB (PF)	NCS	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram</i>	NCS	
PEG-3350 WITH FLAVOR PACKS	NCS	
PEGANONE	T4	
<i>peg-electrolyte soln</i>	NCS	
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	T5	PA
PEG-PREP	NCS	
PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	T3	QL (200 EA per 30 days)
<i>penicillamine oral capsule</i>	T5	PA
<i>penicillamine oral tablet</i>	T5	PA; QL (120 EA per 30 days)
<i>penicillin v potassium</i>	T2	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	NCS	
PENTACEL ACTHIB COMPONENT (PF)	NCS	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	NCS	
PENTAM	T5	PA
<i>pentamidine injection</i>	T4	
<i>pentazocine-naloxone</i>	T3	
PENTIPS NEEDLE 31 GAUGE X 5/16"	T3	QL (200 EA per 30 days)
<i>pentoxifylline</i>	T2	
<i>perindopril erbumine</i>	T3	
<i>permethrin</i>	T4	
<i>perphenazine</i>	T2	
<i>perphenazine-amitriptyline</i>	T2	
PERSERIS	T5	PA; QL (1 EA per 28 days)
PEXEVA	T4	
PHENADOZ RECTAL SUPPOSITORY 25 MG	T3	
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	T2	
<i>phenelzine</i>	T3	
<i>phenobarbital</i>	T2	
<i>phenytoin sodium extended</i>	T2	
PHILITH	NCS	
<i>phospha 250 neutral</i>	T2	
PHOSPHATE LAXATIVE	NCS	
PHOSPHOLINE IODIDE	T3	
PHYSIOLYTE	T4	
PICATO	T5	PA
PIFELTRO	T5	QL (30 EA per 30 days)
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	T3	
<i>pilocarpine hcl oral</i>	T3	

Drug	Status	Notes
<i>pimecrolimus</i>	T4	
<i>pimozide</i>	T3	
PIMTREA (28)	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)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	T5	PA; QL (28 EA per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	T5	PA; QL (56 EA per 28 days)
PIRMELLA	NCS	
<i>piroxicam</i>	T3	
PLAN B ONE-STEP	NCS	
PLEGRIDY SUBCUTANEOUS	T5	PA; QL (1 ML per 28 days)
PNEUMOVAX-23	NCS	
PNV 29-1	T3	
<i>podofilox</i>	T3	
<i>polyethylene glycol 3350 oral powder</i>	NCS	
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	NCS	
<i>polyethylene glycol 3350(bulk) powder</i>	T2	
<i>polymyxin b sulfate</i>	T2	
<i>polymyxin b sulf-trimethoprim</i>	T2	
POMALYST	T5	PA
PORTIA 28	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	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i>	T2	
<i>potassium citrate</i>	T3	
POTELIGEO	T5	PA
POWDERLAX ORAL POWDER	NCS	
PRADAXA	T4	
<i>pramipexole oral tablet</i>	T2	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 3 mg, 4.5 mg</i>	T5	PA
PRAMOSONE TOPICAL LOTION	T4	
<i>pravastatin</i>	T2	QL (30 EA per 30 days)
<i>prazosin</i>	T2	
PRECISION XTRA MONITOR	T3	
PRECISION XTRA TEST	T3	QL (200 EA per 30 days)
<i>prednicarbate</i>	T3	

Drug	Status	Notes
<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	
PREDNISONE INTENSOL	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)
<i>pregabalin oral solution</i>	T4	
PREMARIN ORAL	T3	
PREMARIN VAGINAL	T3	
PREMPHASE	T3	
PREMPRO	T3	
PRENATABS FA	T2	
PRENATABS RX	T4	
PRETAB	T2	
PREVALITE	T3	
PREVIDENT	T4	
PREVIDENT 5000 BOOSTER PLUS	T4	
PREVIDENT 5000 DRY MOUTH	T4	
PREVIDENT 5000 ENAMEL PROTECT	T4	
PREVIDENT 5000 PLUS	T4	
PREVIDENT 5000 SENSITIVE	T4	
PREVIFEM	NCS	
PREVNAR 13 (PF)	NCS	QL (0.5 ML Max Qty Per Fill Retail)
PREZCOBIX	T5	PA
PREZISTA ORAL SUSPENSION	T4	PA
PREZISTA ORAL TABLET 150 MG	T4	PA
PREZISTA ORAL TABLET 600 MG, 800 MG	T5	PA
PREZISTA ORAL TABLET 75 MG	T3	PA
PRIFTIN	T4	
<i>primaquine</i>	T3	QL (30 EA per 30 days)
<i>primidone</i>	T2	
PRISTIQ	T3	QL (30 EA per 30 days)
<i>probenecid</i>	T2	
<i>probenecid-colchicine</i>	T2	
<i>procainamide injection</i>	T3	

Drug	Status	Notes
<i>prochlorperazine</i>	T4	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	T4	
<i>prochlorperazine maleate</i>	T2	
PROCORT	T3	
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	T5	PA; QL (14 ML per 30 days)
PROCTOFOAM HC	T4	
PROCTO-PAK	T2	
PROCTOZONE-HC	T2	
<i>progesterone</i>	T2	
<i>progesterone micronized</i>	T2	
PROGLYCEM	T4	
PROGRAF ORAL CAPSULE	T4	
PROLIA	T4	QL (1 ML per 180 days)
PROMACTA ORAL POWDER IN PACKET 12.5 MG	T5	PA; QL (60 EA per 30 days)
PROMACTA ORAL TABLET	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	
PROMETHAZINE VC	T3	
<i>promethazine-codeine</i>	T3	
<i>promethazine-dm</i>	T2	
<i>promethazine-phenyleph-codeine</i>	T3	
<i>promethazine-phenylephrine</i>	T3	
PROMETHEGAN	T3	
PROMISEB	T4	
<i>propafenone oral capsule,extended release 12 hr</i>	T3	
<i>propafenone oral tablet</i>	T2	
<i>propranolol</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	
PROQUAD (PF)	NCS	
<i>protriptyline</i>	T3	
PULMOZYME	T5	PA; QL (150 ML per 30 days)
PURELAX	NCS	
<i>pyrazinamide</i>	T2	

Drug	Status	Notes
<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	
QUADRACEL (PF)	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	
RABAVERT (PF)	NCS	
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	T4	QL (30 EA per 30 days)
RAGWITEK	T3	
<i>raloxifene</i>	T3	PA; QL (30 EA per 30 days)
<i>ramipril</i>	T1	
<i>ranitidine hcl oral syrup</i>	T2	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	T2	
<i>ranolazine</i>	T4	
RAPAMUNE ORAL SOLUTION	T5	
REBIF (WITH ALBUMIN)	Non-Formulary	
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	Non-Formulary	
RECLIPSEN (28)	NCS	
RECOMBIVAX HB (PF)	NCS	
RECTIV	T4	
REGRANEX	T4	PA
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	ST
REVELA	T5	ST
<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)
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 INTRAVENOUS	T4	PA
REVLIMID	T5	PA
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	T5	PA

Drug	Status	Notes
REYATAZ ORAL POWDER IN PACKET	T5	PA
REYVOW	Non-Formulary	
RHOPRESSA	T3	
RIABNI	T5	PA
<i>ribavirin oral capsule</i>	T4	PA
<i>ribavirin oral tablet 200 mg</i>	T4	PA
RIDAURA	T5	
<i>rifabutin</i>	T4	
<i>rifampin oral</i>	T2	
<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 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>	T4	
<i>rivastigmine tartrate</i>	T3	QL (60 EA per 30 days)
<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	
ROSANIL	T4	
ROSULA CLEANSING CLOTHS	T4	
<i>rosuvastatin</i>	T2	QL (30 EA per 30 days)
ROTARIX	NCS	
ROTATEQ VACCINE	NCS	
ROZEREM	T3	QL (30 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	T5	PA; QL (30 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	T5	PA; QL (90 EA per 30 days)
RUBRACA	T5	PA; QL (120 EA per 30 days)
<i>rufinamide oral suspension</i>	T5	PA; QL (2400 ML per 30 days)
RUKOBIA	T5	QL (60 EA per 30 days)
RUZURGI	T5	PA; QL (240 EA per 30 days)
RYBELSUS	T3	QL (30 EA per 30 days)
RYDAPT	T5	PA
SABRIL ORAL TABLET	T5	PA
SAFYRAL	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	

Drug	Status	Notes
<i>salicylic acid topical lotion,extended release</i>	T2	
<i>salicylic acid topical shampoo</i>	T2	
SAMSCA	T5	PA
SANCUSO	T5	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	T5	PA
SANTYL	T4	
SAPHRIS	T4	PA
<i>sapropterin oral tablet,soluble</i>	T5	PA
SAVELLA ORAL TABLET	T4	QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	T4	QL (55 EA per 30 days)
<i>scopolamine base</i>	T4	
SECUADO	T5	PA; QL (30 EA per 30 days)
SEGLUROMET	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	
SELZENTRY ORAL TABLET	T5	PA; QL (120 EA per 30 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG	T5	QL (60 EA per 30 days)
SENSIPAR ORAL TABLET 90 MG	T5	QL (120 EA per 30 days)
SEREVENT DISKUS	T3	QL (60 EA per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	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)
SETLAKIN	NCS	
<i>sevelamer carbonate</i>	T5	ST
SF	T2	
SF 5000 PLUS	T2	
SHAROBEL	NCS	
SHINGRIX (PF)	NCS	
SHINGRIX GE ANTIGEN COMPONENT	NCS	
SIGNIFOR LAR	T5	PA
<i>sildenafil (pulm.hypertension) oral tablet</i>	T4	PA; QL (90 EA per 30 days)
SILENOR	T4	
SILIQ	T4	QL (2 ML per 28 days)
<i>silver sulfadiazine</i>	T2	
SIMBRINZA	T3	
SIMPONI	Non-Formulary	QL (1 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	
SKLICE	T4	

Drug	Status	Notes
SKYRIZI SUBCUTANEOUS PEN INJECTOR	T5	QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	T5	QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 75 MG/0.83 ML	T5	PA
SKYRIZI SUBCUTANEOUS SYRINGE KIT	T5	PA; QL (6 EA per 365 days)
SMOOTHLAX	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 powder</i>	T3	
SOFOSBUVIR-VELPATASVIR	T5	PA; QL (28 EA per 28 days)
<i>solifenacin</i>	T2	QL (30 EA per 30 days)
SOMATULINE DEPOT	T5	PA
<i>somavert subcutaneous recon soln 10 mg</i>	T5	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG, 25 MG, 30 MG	T5	PA
SORINE	T2	
SOTALOL AF	T2	
<i>sotalol oral</i>	T2	
SPIRIVA RESPIMAT	T3	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER	T3	QL (30 EA per 30 days)
<i>spironolactone</i>	T2	
<i>spironolactone-hydrochlorothiaz</i>	T2	
SPRINTEC (28)	NCS	
SPRYCEL	T5	PA; QL (30 EA per 30 days)
SPS (WITH SORBITOL) ORAL	T2	
SRONYX	NCS	
SSD	T2	
SSS 10-5	T4	
<i>stavudine oral capsule</i>	T3	PA
STEGLATRO	Non-Formulary	QL (30 EA per 30 days)
STELARA SUBCUTANEOUS SOLUTION	Non-Formulary	QL (0.5 ML per 84 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	Non-Formulary	QL (0.5 ML per 84 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	Non-Formulary	QL (1 ML per 56 days)
STIOLTO RESPIMAT	T3	QL (4 GM per 30 days)
STIVARGA	T5	PA; QL (84 EA per 28 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	T3	QL (60 EA per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	T3	QL (30 EA per 30 days)

Drug	Status	Notes
<i>streptomycin</i>	T3	
STRIBILD	T5	PA
STRIVERDI RESPIMAT	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</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 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	
<i>sulfamethoxazole-trimethoprim intravenous</i>	T3	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	T2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1	
SULFAMYLON TOPICAL CREAM	T4	
<i>sulfasalazine oral tablet</i>	T2	
<i>sulindac</i>	T2	
<i>sumatriptan succinate oral</i>	T2	QL (18 EA per 30 days)
<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)
SUNOSI	T4	PA; QL (30 EA per 30 days)
SUPREP BOWEL PREP KIT	T3	
SUSTIVA	T4	PA
SUTENT	T5	PA; QL (30 EA per 30 days)
SYEDA	NCS	
SYMBICORT	T3	ST; QL (10.2 GM per 30 days)
SYMFI	T5	QL (30 EA per 30 days)
SYMFI LO	T5	QL (30 EA per 30 days)
SYMLINPEN 120	T5	
SYMLINPEN 60	T5	
SYMTUZA	T5	QL (30 EA per 30 days)
SYNAREL	T5	
SYNERA	T4	PA
SYNJARDY	T3	
SYNJARDY XR	T3	

Drug	Status	Notes
SYNTHROID	T3	
SYPRINE	T5	
TABLOID	T5	PA
<i>tacrolimus oral</i>	T2	
<i>tacrolimus topical</i>	T4	PA
<i>tadalafil (pulm. hypertension)</i>	T5	PA
TAFINLAR	T5	PA; QL (120 EA per 30 days)
TAGRISSO ORAL TABLET 40 MG	T5	PA; QL (30 EA per 30 days)
TAGRISSO ORAL TABLET 80 MG	T5	PA; QL (60 EA per 30 days)
TAKE ACTION	NCS	
TAKHZYRO	T5	PA
TALTZ AUTOINJECTOR	Non-Formulary	QL (1 ML per 30 days)
TALTZ AUTOINJECTOR (2 PACK)	Non-Formulary	QL (1 ML per 30 days)
TALTZ AUTOINJECTOR (3 PACK)	Non-Formulary	QL (1 ML per 30 days)
TALTZ SYRINGE	Non-Formulary	QL (1 ML per 30 days)
TALTZ SYRINGE (2 PACK)	Non-Formulary	QL (1 ML per 30 days)
TALTZ SYRINGE (3 PACK)	Non-Formulary	QL (1 ML per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	T5	PA; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	T5	PA; QL (30 EA per 30 days)
<i>tamoxifen</i>	T2	PA
<i>tamsulosin</i>	T2	
TARCEVA	T5	PA; QL (30 EA per 30 days)
TARGRETIN TOPICAL	T5	PA
TARINA FE 1/20 (28)	NCS	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	T5	PA; QL (120 EA per 30 days)
TAVALISSE	T5	PA; QL (60 EA per 30 days)
TAYTULLA	T3	
<i>tazarotene topical cream</i>	T4	
TAZORAC	T4	
TAZTIA XT	T2	
TAZVERIK	T5	PA; QL (240 EA per 30 days)
TECFIDERA	Non-Formulary	
TEKTURNA	T3	
TEKTURNA HCT	T3	
<i>telmisartan</i>	T2	
<i>temazepam oral capsule 15 mg, 30 mg</i>	T2	QL (30 EA per 30 days)
<i>temozolomide</i>	T5	PA
TENIVAC (PF)	NCS	
<i>tenofovir disoproxil fumarate</i>	T5	PA
TEPMETKO	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	

Drug	Status	Notes
<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>tetracycline</i>	T4	
THALOMID	T5	PA
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	T2	
<i>thioridazine</i>	T2	
<i>thiothixene</i>	T2	
THYMOGLOBULIN	T5	PA
<i>tiagabine oral tablet 12 mg, 16 mg</i>	T4	
<i>tiagabine oral tablet 2 mg, 4 mg</i>	T5	
TIBSOVO	T5	PA; QL (60 EA per 30 days)
TIGAN INTRAMUSCULAR	T4	PA
TILIA FE	NCS	
<i>timolol maleate ophthalmic (eye) drops</i>	T2	
<i>timolol maleate oral</i>	T2	
TIVICAY	T5	PA
<i>tizanidine oral tablet</i>	T2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	T3	
TOBRADEX ST	T3	
<i>tobramycin in 0.225 % nacl</i>	T5	PA
<i>tobramycin ophthalmic (eye)</i>	T2	
<i>tobramycin-dexamethasone</i>	T3	
TODAY CONTRACEPTIVE SPONGE	NCS	
<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	
TOPOSAR	T5	PA
<i>toremifene</i>	T5	QL (60 EA per 30 days)
<i>torseamide oral</i>	T2	
TOUJEO MAX U-300 SOLOSTAR	T3	QL (21 ML per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN	T3	QL (21 ML per 30 days)

Drug	Status	Notes
TOVIAZ	T4	QL (30 EA per 30 days)
TRACLEER	T5	PA
TRADJENTA	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	
TRAVATAN Z	T3	QL (5 ML per 30 days)
<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	
TRECTOR	T4	
TRELEGY ELLIPTA	T4	
TREMFYA	Non-Formulary	QL (2 ML per 30 days)
<i>treprostinil sodium</i>	T5	
TRESIBA FLEXTOUCH U-100	T3	QL (60 ML per 30 days)
TRESIBA FLEXTOUCH U-200	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 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	
TRIBENZOR	T3	
TRICITRATES	T4	
<i>trientine</i>	T5	
TRI-ESTARYLLA	NCS	
<i>trifluoperazine</i>	T2	
<i>trifluridine</i>	T3	

Drug	Status	Notes
<i>trihexyphenidyl</i>	T2	
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	
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; QL (30 EA per 30 days)
TRI-PREVIFEM (28)	NCS	
TRI-SPRINTEC (28)	NCS	
TRIUMEQ	T5	PA
TRIVORA (28)	NCS	
<i>tropicamide</i>	T3	
<i>tropium oral capsule, extended release 24hr</i>	T2	QL (30 EA per 30 days)
<i>tropium oral tablet</i>	T4	
TRUMENBA	NCS	
TRUVADA	T5	PA
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	
TYZINE NASAL DROPS 0.05 %	T3	
UBRELVY	T5	PA; QL (16 EA per 30 days)
ULESFIA	T4	
ULORIC	T4	ST
UNITHROID	T2	
<i>urea topical cream 20 %, 39 %</i>	T2	
<i>urea topical foam</i>	T2	
<i>urea topical gel</i>	T2	
<i>urea topical lotion 40 %</i>	T2	
<i>ursodiol oral capsule 300 mg</i>	T4	
<i>ursodiol oral tablet</i>	T4	
<i>valacyclovir</i>	T2	QL (90 EA per 30 days)
VALCHLOR	T5	PA
VALCYTE ORAL RECON SOLN	T5	PA
<i>valganciclovir oral tablet</i>	T5	PA

Drug	Status	Notes
<i>valproic acid</i>	T2	
<i>valproic acid (as sodium salt)</i>	T2	
<i>valsartan</i>	T2	
<i>valsartan-hydrochlorothiazide</i>	T2	
VALTOCO	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	
VAQTA (PF)	NCS	
<i>varenicline</i>	NCS	QL (340 EA per 365 days)
VARIVAX (PF)	NCS	
VARIZIG	NCS	
VARUBI	T5	PA
VASCEPA	T3	
VELIVET TRIPHASIC REGIMEN (28)	NCS	
VELTIN	T5	
VENCLEXTA	T5	PA
VENCLEXTA STARTING PACK	T5	PA
<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)
VENTAVIS	T5	PA
VENTOLIN HFA	T3	QL (36 GM per 30 days)
<i>verapamil oral</i>	T2	
VEREGEN	T3	
VERQUVO	T4	PA; QL (60 EA per 30 days)
VERZENIO	T5	PA
VESICARE	T3	QL (30 EA per 30 days)
VIBERZI	T5	PA
VICTOZA 2-PAK	T3	QL (9 ML per 30 days)
VICTOZA 3-PAK	T3	QL (9 ML per 30 days)
<i>vigabatrin oral powder in packet</i>	T5	PA
<i>vigabatrin oral tablet</i>	T5	QL (180 EA per 30 days)
VIGAMOX	T3	
VIIBRYD ORAL TABLET	T4	PA; ST; QL (30 EA per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	T4	PA; ST; QL (30 EA per 30 days)
VILTEPSO	T5	PA
VIMPAT ORAL SOLUTION	T5	PA; QL (1200 ML per 30 days)
VIMPAT ORAL TABLET	T5	PA; QL (60 EA per 30 days)
VIMPAT ORAL TABLETS,DOSE PACK	T5	PA

Drug	Status	Notes
VIORELE (28)	NCS	
VIRACEPT ORAL TABLET 250 MG	T4	PA
VIRACEPT ORAL TABLET 625 MG	T5	PA
VIREAD	T5	PA
VITAFOL-OB+DHA	T3	
VITAMIN D2	NCS	QL (4 EA per 28 days)
VITRAKVI ORAL CAPSULE	T5	PA; QL (60 EA per 30 days)
VIVITROL	T5	QL (1 EA per 28 days)
VIVOTIF	NCS	
VIZIMPRO	T5	PA; QL (30 EA per 30 days)
<i>voriconazole oral</i>	T5	PA
VOTRIENT	T5	PA; QL (120 EA per 30 days)
VUMERITY	T5	PA; QL (60 EA per 30 days)
VUSION	T4	
VYFEMLA (28)	NCS	
VYTORIN 10-10	T4	QL (30 EA per 30 days)
VYTORIN 10-20	T4	QL (30 EA per 30 days)
VYTORIN 10-40	T4	QL (30 EA per 30 days)
VYTORIN 10-80	T4	QL (30 EA per 30 days)
VYVANSE ORAL CAPSULE	T4	PA; QL (30 EA per 30 days)
VYXEOS	T5	PA
WAKIX	T5	PA; QL (60 EA per 30 days)
<i>warfarin</i>	T1	
<i>water for irrigation, sterile</i>	T2	
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) ORAL TABLET	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

Drug	Status	Notes
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	T5	PA; QL (60 EA per 30 days)
XELJANZ XR	T5	PA; QL (30 EA per 30 days)
XERMELO	T5	PA; QL (90 EA per 30 days)
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 30 days)
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2)	T5	QL (8 EA per 28 days)
XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK)	T5	PA; QL (16 EA per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	T5	PA; QL (12 EA per 30 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	T5	PA; QL (24 EA per 28 days)
XPOVIO ORAL TABLET 80 MG/WEEK (20 MG X 4)	T5	PA; QL (16 EA per 30 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	T5	PA; QL (32 EA per 28 days)
XTAMPZA ER	T4	QL (60 EA per 30 days)
XTANDI ORAL CAPSULE	T5	PA; QL (120 EA per 30 days)
XULANE	NCS	
XULTOPHY 100/3.6	T3	QL (15 ML per 30 days)
XYREM	T5	PA
YASMIN (28)	T4	
YAZ (28)	T4	
YF-VAX (PF)	NCS	
YONSA	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)
ZARAH	NCS	
ZAVESCA	T5	PA
ZEJULA	T5	PA; QL (90 EA per 30 days)
ZELBORAF	T5	PA
ZEMAIRA	T5	PA
ZENATANE	T4	
ZETIA	T3	QL (30 EA per 30 days)
ZIAGEN ORAL SOLUTION	T3	PA
ZIANA	T5	

Drug	Status	Notes
<i>zidovudine</i>	T3	PA
ZIOPTAN (PF)	T4	
<i>ziprasidone hcl</i>	T2	QL (60 EA per 30 days)
ZIRGAN	T4	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	T5	PA
ZOLINZA	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)
ZOMIG NASAL	T4	ST; QL (12 EA per 30 days)
ZONALON	T4	
<i>zonisamide</i>	T2	
ZONTIVITY	T3	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	T5	PA
ZOSTAVAX (PF)	NCS	
ZOVIA 1/35E (28)	NCS	
ZYDELIG	T5	PA; QL (60 EA per 30 days)
ZYFLO	T5	PA; QL (120 EA per 30 days)
ZYKADIA ORAL TABLET	T5	PA; QL (90 EA per 30 days)
ZYLET	T4	
ZYTIGA ORAL TABLET 250 MG	T5	PA; QL (120 EA per 30 days)
ZYTIGA ORAL TABLET 500 MG	T5	PA; QL (60 EA per 30 days)

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. 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>.

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.

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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 છે 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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