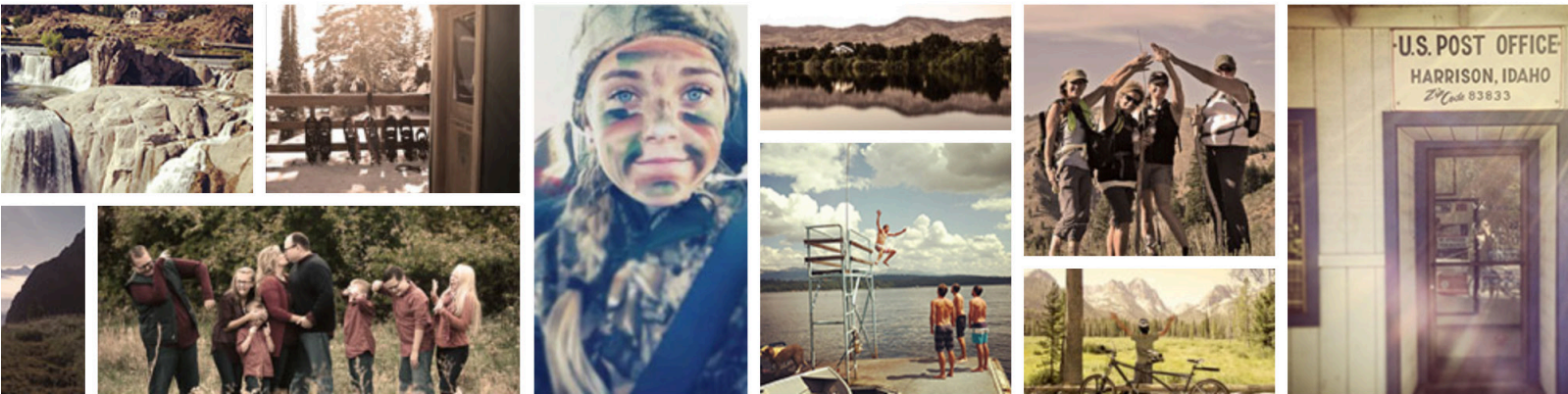




2019 MHC Individual & Small Group Preferred Drug List



How to use the Preferred Drug List

The Preferred Drug List (PDL) is a summary of prescription drugs covered under your plan. This contains the most commonly prescribed drugs with their dosing and forms. This list is not a complete list and additional drugs may be covered. *Please note that the Preferred Drug List is subject to change as new drugs become available and therapeutic categories are reviewed and updated to provide the most effective and greatest value therapies available for our members.*

Your pharmacy benefit has four tiers and the tier is identified in the second column on the Preferred Drug List below. These tiers determine your out of pocket responsibility and will coincide with the copays and/or coinsurance shown on your benefit summary. In most cases, the drugs on the lower tiers will cost less.

- Tier 0: Preventive Drugs required by the Affordable Care Act (ACA)
- Tier 1: Preferred Generics
- Tier 2: Non-Preferred Generics / Preferred Brands
- Tier 3: Non-Preferred Brands
- Tier 4: Specialty (Most specialty drugs require PA and must be filled at the Plan's designated Specialty Pharmacy)

If you have any questions about the Preferred Drug List or your pharmacy benefits please contact Pharmacy Customer Service at the number listed on the back of your ID Card. Pharmacy Customer Service is available 24 hours / 7 days a week / 365 days a year. You can also view additional information by logging into the pharmacy member portal. If you need assistance in registering for the portal, please contact Pharmacy Customer Service. The pharmacy member portal provides information such as how to find a pharmacy; look up drug information like benefit tier, limits, and drug interactions; shop for best price of a medication at different pharmacies; check the status of a prescription; print your drug filled history; and how to set up mail order.

HOW DRUGS ARE CHOSEN FOR THE PDL

Drugs approved by the U.S. Food and Drug Administration (FDA) are reviewed and considered for the PDL by the Pharmaceutical & Therapeutics (P&T) Committee utilizing the following criteria:

- a) The drug is efficacious and medically necessary for the treatment, maintenance, and/or prevention of a specific medical condition
- b) The PDL does not have other alternatives or similar drugs that could be used in its place
- c) The drug demonstrates a strong therapeutic outcome
- d) The drug demonstrates safety for medical use

As new drugs are approved by the FDA, they are reviewed within 180 days against similar drugs available on PDL before being considered for inclusion. New drugs with an FDA designation of 1P (FDA priority review – potential therapeutic gain) will automatically be reviewed for consideration for the Preferred Drug List. New drugs with an FDA designation of 1S (FDA standard review – no therapeutic gain) will not be reviewed for consideration until a provider/member requests or the next therapeutic class review is done.

In addition, therapeutic classes are reviewed on a regular basis to ensure the Preferred Drug List includes the most clinically and cost-effective medications.

Members will receive notices related to drug modifications at the point of sale when they present a prescription that is impacted by modifications to the PDL. Network pharmacies are required to communicate these messages regarding updates or changes to the program which may impact a member. In addition, members whose drugs have been removed from the PDL will receive written communication of change.

PREVENTIVE DRUGS

Certain medications are considered preventive under the Affordable Care Act (ACA). ACA preventive drugs are covered at 100 percent (no patient responsibility), although limits may apply. For more information about your preventive drug benefits, please contact Pharmacy Customer Service at the number listed on the back of your ID Card.

PRIOR AUTHORIZATION (PA)

To ensure appropriate utilization, some generic and brand medications and all specialty drugs require Prior Authorization to be eligible for coverage under the member's prescription drug benefit. The P&T Committee establishes the Prior Authorization criteria. In order for a member to receive coverage for a medication requiring Prior Authorization, the

member or member's provider should contact Pharmacy Customer Service at the number listed on the back of your ID Card. Your provider will be required to complete a prior authorization form and provide clinical documentation to show why this medication is needed for treatment of your disease state or medical condition. A letter of medical necessity is also recommended. Your provider should also include in his/her letter your diagnosis and previous therapies that have failed. If Prior Authorization is not received or medication is filled prior to approval, the cost of the medication will be full member responsibility. In addition, Prior Authorizations are not able to be back-dated.

QUANTITY LIMIT (QL)

Quantity Limit is a program that ensures members do not receive a prescription for a quantity that exceeds recommended Plan or safety limits. Limits are set because some medications have the potential to be abused, misused, shared, or have a manufacturer's limit on the recommended maximum dose. Quantity limits are based on FDA approved dosing schedules, current medical practices, evidence based clinical guidelines, and peer-reviewed medical literature related to a particular drug. Prior Authorization is required for any quantity limits that exceed Plan limits.

STEP THERAPY (ST)

Step Therapy is a program for prescription drugs that are taken on a regular basis to treat an ongoing medical condition. The program is developed around safety, cost, and a member's health. In Step Therapy, the covered drugs are arranged in a series of "steps". The program typically starts with generic drugs as the "first step." These generics are rigorously tested and approved by the FDA and allow you to have safe, effective treatment with medication that is more affordable. More expensive brand-name drugs are usually considered in the "second step" if your provider determines the "second step" products are medically necessary for your treatment. Step Therapy is developed under the guidance and direction of independent, licensed doctors, pharmacists, and other medical experts. They review the most current research on thousands of drugs tested and approved by the FDA for safety and efficacy. The first time you submit a prescription that is not for a first-step drug, your pharmacist will receive a message to tell you that the Plan requires Step Therapy. This means if you don't want to pay full price for your prescription drug, your doctor needs to write a new prescription for a "first-step" drug. With Step Therapy, if you've already tried and failed the "first-step" drug, can't take the "first-step" drug (because of an allergy, etc.), and/or your provider can show medical necessity for the second step products, your provider can submit a request for Prior Authorization review.

AGE

Some medications have a minimum or maximum age limit requirement under the Plan. Only members within those limits are able to fill those medications.

BRAND-GENERIC PENALTY (Ancillary Charge)

A Brand-Generic penalty is applied if you receive a brand name drug, regardless of reason or medical necessity, or if your provider prescribes a brand name drug when a generic is available. A Brand-Generic Penalty is the difference in cost from the generic to the brand name drug. This penalty is in addition to the regular cost sharing outlined in your benefits summary. The Brand-Generic penalty does not apply towards Deductibles or Out-of-Pocket Maximum.

GENERIC MANDATORY PLAN

The Plan mandates generic drugs wherever available. If a brand-name drug is requested when a generic is available, the generic will be available without a Prior Authorization. If brand is still desired, Prior Authorization will be required, even if not indicated on the PDL below. If brand is approved through the PA process, the Brand-Generic penalty will still be applied.

MAIL ORDER

A 90 day supply of generic and brand name drugs (Tier 0, 1, 2, and 3) that is mailed directly to you through a designated Mail Order Pharmacy. Not all medications are available through Mail Order. Contact Pharmacy Customer Service at the number listed on the back of your ID Card for more information or to get started on the Mail Order program.

SPECIALTY PHARMACY

The Plan requires that all medications noted as Specialty drugs (Tier 4) be filled through the Plan's designated Specialty Pharmacies. In cases where drugs are available only through a limited distribution channel from the manufacturer, these drugs may be filled at other designated specialty pharmacies as directed by the Plan.

OFF-LABEL USE OF MEDICATIONS

The FDA requires that drugs used in the U.S. be safe and efficacious. The label information or package insert of a medication outlines drug use only for "approved" doses and specific therapies for a particular condition or disease state. The use of a drug for a disease state or condition not listed on the label, or in a dose or therapy not listed on the label, is considered to be a "non-approved" or "off-label" use of the drug. Off-label use of a medication is not covered unless it meets the Plan's off-label use policy. A Prior Authorization is required when a medication is used outside of its FDA indication, dosage, or treatment. Coverage will be reviewed under the off-label use policy and subject to the same conditions and limitations as any other prescription drug.

NON-FORMULARY (not covered) OR EXCEPTION REQUESTS FOR MEDICATIONS

For drugs that are not covered by the Plan or exception requests, you or your provider can request an exception review. Your provider will be required to complete a request for formulary exception form and provide clinical documentation to show why this medication is needed for treatment of your disease state or medical condition. A letter of medical necessity is also recommended. Your provider should also include in his/her letter your diagnosis and previous therapies that have failed. If exception request approval is not received or medication is filled prior to approval, the cost of the medication will be full member responsibility. Contact Pharmacy Customer Service at the number listed on the back of your ID Card for more information.

PAPER CLAIMS FILING LIMITS

Point-of-sale claims are generally submitted electronically at the time of dispensing. However, there may be mitigating reasons that require a claim to be submitted via a paper claim after being dispensed. The timely filing limit for paper claims submission is 90 days from the date of service for all original claims. Paper claims will be reimbursed off of what the contractual discount would have been if claim had processed through the system, so member will be responsible for any difference in paid cost.

CURRENT AS OF 9/20/2019

Status 0 = Zero Cost Share Preventive Drugs 1 = Preferred Generic 2 = Non-Preferred Generic, Preferred Brand 3 = Non-Preferred Brand 4 = Specialty Drugs lowercase italics = Generic drugs UPPERCASE = Brand name drugs			Necessary Actions, Restrictions, or Limits on Use PA = Prior Authorization Required ST = Step Therapy Applies
Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use	
1ST TIER UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32"	1		
24 HOUR ALLERGY RELIEF	1		
<i>abacavir oral solution</i>	1		
<i>abacavir oral tablet</i>	1	QL (60 EA per 30 days)	
<i>abacavir-lamivudine</i>	1	QL (30 EA per 30 days)	
<i>abacavir-lamivudine-zidovudine</i>	2	QL (60 EA per 30 days)	
ABILIFY MAINTENA	4	PA	
<i>abiraterone</i>	2	PA; QL (120 EA per 30 days)	
ABSTRAL	4	PA; QL (120 EA per 30 days)	
<i>acamprosate</i>	1		
ACANYA TOPICAL GEL WITH PUMP	3	ST	
<i>acarbose</i>	1	QL (90 EA per 30 days)	
ACCU-CHEK AVIVA PLUS TEST STRP	1	QL (150 EA per 30 days)	
ACCU-CHEK MULTICLIX LANCET	1		
ACCU-CHEK SOFTCLIX LANCETS	1		
<i>acebutolol</i>	1		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	QL (450 ML per 30 days)	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	QL (240 EA per 30 days)	
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (180 EA per 30 days)	
<i>acetazolamide</i>	1		
<i>acetic acid otic (ear)</i>	1		
<i>acetic acid-aluminum acetate</i>	1		
<i>acetylcysteine</i>	1		
<i>acetylcysteine intravenous</i>	1		
<i>acitretin</i>	2	QL (30 EA per 30 days)	
ACTEMRA SUBCUTANEOUS	4	PA	
ACTICIN	1		
<i>acyclovir oral</i>	1		
<i>acyclovir topical ointment</i>	1	QL (30 GM per 30 days)	
ADACEL(TDAP ADOLESN/ADULT)(PF)	0		
ADAGEN	4	PA	
<i>adapalene topical cream</i>	1		
<i>adapalene topical gel</i>	1		

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>adapalene topical gel with pump</i>	1	
<i>adapalene-benzoyl peroxide</i>	1	QL (90 GM per 30 days)
ADDERALL ORAL TABLET 15 MG, 20 MG, 30 MG, 5 MG	1	QL (90 EA per 30 days)
<i>adefovir</i>	4	PA; QL (30 EA per 30 days)
ADEMPAS	4	PA; QL (90 EA per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN	2	
ADMELOG U-100 INSULIN LISPRO	2	
ADVAIR DISKUS	3	QL (60 EA per 30 days)
ADZENYS XR-ODT	3	PA; QL (60 EA per 30 days)
AFINITOR	4	PA; QL (30 EA per 30 days)
AFINITOR DISPERZ	4	PA; QL (30 EA per 30 days)
AFLURIA 2009-2010	0	
AFLURIA 2017-2018	0	QL (0.5 ML per 0 days)
AFLURIA 2017-2018 (PF)	0	QL (0.5 ML per 0 days)
AFLURIA 2018-2019	0	
AFLURIA 2018-2019 (PF)	0	
AFLURIA QD 2019-20(3YR UP)(PF)	0	
AFLURIA QD 2019-20(6-35MO)(PF)	0	
AFLURIA QUAD 2017-2018	0	QL (0.5 ML per 0 days)
AFLURIA QUAD 2017-2018 (PF)	0	QL (0.5 ML per 0 days)
AFLURIA QUAD 2018-2019	0	
AFLURIA QUAD 2018-2019 (PF)	0	
AFLURIA QUAD 2019-20(6MO UP)	0	
AFTERA	0	QL (1 EA per 30 days)
AGGRENOX	1	
AGONEAZE	3	
AIMOVIG AUTOINJECTOR (2 PACK)	3	PA; QL (2 ML per 30 days)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	3	PA; QL (2 ML per 30 days)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	3	PA; QL (1 ML per 30 days)
AJOVY	3	PA; QL (1.5 ML per 30 days)
AKYNZEO (NETUPITANT)	3	PA; QL (1 EA per 0 days)
<i>albendazole</i>	2	PA; QL (120 EA per 30 days)
ALBENZA	4	PA; QL (120 EA per 30 days)
<i>albuterol hfa 90 mcg inhaler</i>	1	QL (18 GM per 15 days)
<i>albuterol hfa 90 mcg inhaler</i>	1	QL (6.7 GM per 15 days)
<i>albuterol hfa 90 mcg inhaler</i>	1	QL (8.5 GM per 15 days)
<i>albuterol sul 2.5 mg/3 ml soln</i>	1	QL (360 ML per 30 days)
<i>albuterol sulf hfa 90 mcg inh</i>	1	QL (2 GM per 30 days)
<i>albuterol sulf hfa 90 mcg inh mfg unresponsive</i>	1	QL (2 GM per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/lactuation</i>	1	QL (18 GM per 15 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	1	QL (360 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	1	
<i>albuterol sulfate oral</i>	1	
<i>alclometasone</i>	1	
ALECENSA	4	PA
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 28 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
<i>alfuzosin</i>	1	QL (60 EA per 30 days)
ALINIA	3	PA
<i>aliskiren</i>	2	
ALLERGY RELIEF (FLUTICASONE)	1	
<i>allopurinol</i>	1	
<i>almotriptan malate</i>	1	QL (9 EA per 28 days)
ALOCRIL	2	
<i>alogliptin</i>	1	QL (30 EA per 30 days)
ALOMIDE	2	
<i>alosetron</i>	2	PA; QL (60 EA per 30 days)
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
<i>alprazolam</i>	1	QL (90 EA per 30 days)
ALPRAZOLAM INTENSOL	2	
ALREX	3	ST
ALTABAX	3	
ALTAVERA (28)	0	
ALYACEN 1/35 (28)	0	
ALYACEN 7/7/7 (28)	0	
AMABELZ	3	
<i>amantadine hcl</i>	1	
AMARYL ORAL TABLET 4 MG	1	QL (60 EA per 30 days)
<i>ambrisentan</i>	2	PA; QL (30 EA per 30 days)
<i>amcinonide topical cream</i>	1	
<i>amcinonide topical lotion</i>	1	
<i>amcinonide topical ointment</i>	2	
AMETHIA	0	QL (91 EA per 91 days)
AMETHIA LO	0	QL (91 EA per 91 days)
AMETHYST (28)	0	
AMICAR ORAL SOLUTION	3	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amiodarone oral</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
AMITIZA	3	PA; QL (60 EA per 30 days)
<i>amitriptyline</i>	1	
<i>amlodipine</i>	1	QL (30 EA per 30 days)
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg</i>	1	
<i>amlodipine-valsartan oral tablet 5-160 mg, 5-320 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg</i>	1	
<i>ammonium lactate topical cream</i>	1	
<i>amoxapine</i>	2	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, er multiphase 24 hr</i>	3	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg, 400 mg</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>amphetamine sulfate oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>amphetamine sulfate oral tablet 5 mg</i>	1	QL (60 EA per 30 days)
<i>ampicillin</i>	1	
ANADROL-50	3	PA
<i>anagrelide</i>	1	
ANAPROX	1	
<i>anastrozole</i>	1	QL (30 EA per 30 days)
ANDROXY	3	PA
ANEXSIA	1	QL (180 EA per 30 days)
ANODYNE LPT	3	
ANORO ELLIPTA	2	QL (60 EA per 30 days)
ANSAID	1	
ANZEMET ORAL	3	PA; QL (7 EA per 30 days)
APLENZIN	3	ST; QL (30 EA per 30 days)
<i>apraclonidine</i>	1	
<i>aprepitant oral capsule 125 mg</i>	1	QL (4 EA per 28 days)
<i>aprepitant oral capsule 40 mg</i>	1	QL (32 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i>	1	QL (16 EA per 28 days)
<i>aprepitant oral capsule, dose pack</i>	1	QL (4 EA per 28 days)
APRI	0	
APRISO	3	QL (120 EA per 30 days)
APTIVUS ORAL CAPSULE	4	QL (120 EA per 30 days)
APTIVUS ORAL SOLUTION	4	QL (300 ML per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ARANELLE (28)	0	
ARANESP (IN POLYSORBATE) INJECTION SOLUTION	4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 200 MCG/0.4 ML	4	
ARANESP SURECLICK (POLYSORBAT)	4	PA
ARBINOXA ORAL TABLET	1	
ARCAPTA NEOHALER	3	QL (30 EA per 30 days)
<i>aripiprazole oral solution</i>	2	QL (30 ML per 30 days)
<i>aripiprazole oral tablet</i>	1	QL (30 EA per 30 days)
<i>armodafinil</i>	1	QL (30 EA per 30 days)
ARMOUR THYROID	2	
ASHLYNA	0	QL (91 EA per 91 days)
ASMANEX HFA	3	QL (13 GM per 30 days)
ASMANEX TWISTHALER	3	QL (1 EA per 30 days)
<i>aspirin oral tablet</i>	1	
<i>aspirin oral tablet, chewable</i>	0	
<i>aspirin oral tablet, delayed release (drlec) 81 mg</i>	1	
<i>aspirin-dipyridamole</i>	1	
ASTAGRAF XL	3	QL (45 EA per 30 days)
ASTELIN	1	QL (30 ML per 25 days)
<i>atazanavir</i>	2	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
ATIVAN ORAL TABLET 2 MG	1	QL (90 EA per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	0	QL (30 EA per 30 days)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	
ATRIPLA	4	
<i>atropine ophthalmic (eye) drops</i>	1	
ATROVENT HFA	2	QL (25.8 GM per 28 days)
AUBAGIO ORAL TABLET 14 MG	4	PA
AUBAGIO ORAL TABLET 7 MG	4	PA; QL (30 EA per 30 days)
AUBRA	0	
AUBRA EQ	0	
AUGMENTIN ORAL TABLET 875-125 MG	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
AVANDIA ORAL TABLET 2 MG	3	ST; QL (60 EA per 30 days)
AVANDIA ORAL TABLET 4 MG	3	ST; QL (30 EA per 30 days)
AVANDIA ORAL TABLET 8 MG	3	ST
AVAPRO ORAL TABLET 150 MG, 300 MG	1	QL (30 EA per 30 days)
AVIANE	0	
AVITA TOPICAL GEL	1	QL (45 GM per 30 days)
AVONEX (WITH ALBUMIN)	4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE	4	PA; QL (4 ML per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; QL (4 EA per 28 days)
AYGESTIN	2	
AZASAN	3	PA
AZASITE	3	
<i>azathioprine</i>	1	
<i>azelaic acid</i>	1	QL (50 GM per 30 days)
<i>azelastine nasal</i>	1	QL (30 ML per 25 days)
<i>azelastine ophthalmic (eye)</i>	1	
AZELEX	3	ST
<i>azithromycin oral packet</i>	3	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i>	1	QL (30 ML per 5 days)
<i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i>	1	QL (90 ML per 5 days)
<i>azithromycin oral tablet 250 mg</i>	1	QL (6 EA per 5 days)
<i>azithromycin oral tablet 500 mg, 600 mg</i>	1	QL (30 EA per 30 days)
AZOPT	3	
AZURETTE (28)	0	
<i>bacitracin ophthalmic (eye)</i>	1	
<i>bacitracin topical packet</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	1	
<i>baclofen oral</i>	1	QL (90 EA per 30 days)
BACTROBAN NASAL	3	
<i>balsalazide</i>	1	
BALVERSA	4	PA
BALZIVA (28)	0	
BANZEL ORAL SUSPENSION	3	PA; QL (2400 ML per 30 days)
BANZEL ORAL TABLET	3	PA; QL (240 EA per 30 days)
BARACLUDE ORAL SOLUTION	4	PA
BASAGLAR KWIKPEN U-100 INSULIN	2	
BD AUTOSHIELD DUO PEN NEEDLE	3	
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 15/64"	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1"	3	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	3	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 31 GAUGE X 5/16	2	
BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1"	3	
BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1"	3	
BD ULTRA-FINE II LANCETS	3	
BD ULTRA-FINE MICRO PEN NEEDLE	3	
BD ULTRA-FINE MINI PEN NEEDLE	3	
BD ULTRA-FINE NANO PEN NEEDLE	3	
BD ULTRA-FINE ORIG PEN NEEDLE	3	
BD ULTRA-FINE SHORT PEN NEEDLE	3	
BD VEO INSULIN SYR HALF UNIT	3	
BD VEO INSULIN SYRINGE UF	3	
BEKYREE (28)	0	
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	2	
BELSOMRA	3	QL (30 EA per 30 days)
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
BENLYSTA SUBCUTANEOUS	4	PA; QL (4 ML per 28 days)
BENTYL ORAL TABLET	1	
BENZAMYCIN	1	
<i>benzoin compound (bulk)</i>	2	
<i>benzoin compound topical tincture</i>	1	
BENZOIN COMPOUND TOPICAL TINCTURE 10-2-8-4 %	1	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
<i>benztropine oral</i>	1	
BEPREVE	3	QL (10 ML per 30 days)
BERINERT	4	PA
BESIVANCE	3	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented</i>	1	
BETASERON	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
BETA-VAL	1	
<i>betaxolol</i>	1	
<i>bethanechol chloride</i>	1	
BETIMOL	3	
BETOPTIC S	3	
BEVESPI AEROSPHERE	2	
<i>bexarotene</i>	2	PA
BEXSERO	0	
BIAXIN ORAL TABLET 250 MG	1	
<i>bicalutamide</i>	1	QL (30 EA per 30 days)
BIKTARVY	4	QL (30 EA per 30 days)
BIOCEF ORAL SUSPENSION FOR RECONSTITUTION 250 MG/5 ML	1	
<i>bisacodyl oral</i>	3	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
BLEPHAMIDE S.O.P.	3	
BLISOVI 24 FE	0	
BLISOVI FE 1.5/30 (28)	0	
BLISOVI FE 1/20 (28)	0	
BOOSTRIX TDAP	0	
<i>bosentan</i>	2	PA; QL (60 EA per 30 days)
BREEZE 2 TEST STRIPS	2	QL (150 EA per 30 days)
BREO ELLIPTA	3	QL (60 EA per 30 days)
BRIELLYN	0	
BRILINTA	2	QL (60 EA per 30 days)
<i>brimonidine</i>	1	
BRIVIACT ORAL	3	PA
<i>bromfenac</i>	1	QL (3.4 ML per 30 days)
<i>bromocriptine</i>	1	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml</i>	1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 0.5 mg/2 ml</i>	1	QL (240 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	
<i>budesonide nasal</i>	1	QL (17.2 ML per 30 days)
<i>budesonide oral capsule, delayed, extend. release</i>	1	QL (90 EA per 30 days)
<i>budesonide oral tablet, delayed and ext. release</i>	2	
<i>bumetanide oral</i>	1	
BUMEX	1	
<i>buprenorphine</i>	1	QL (4 EA per 28 days)
<i>buprenorphine hcl sublingual</i>	1	QL (90 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl (smoking deter)</i>	1	
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (180 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL (60 EA per 30 days)
BUSPAR ORAL TABLET 10 MG, 15 MG	1	
<i>bupirone</i>	1	
BUTALBITAL COMPOUND W/CODEINE	1	QL (180 EA per 30 days)
BUTALBITAL COMPOUND-CODEINE	1	
<i>butalbital-acetaminop-caf-cod</i>	1	QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet</i>	1	
<i>butalbital-acetaminophen-caff oral capsule</i>	1	QL (180 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
<i>butenafine</i>	1	
<i>butorphanol tartrate nasal</i>	1	QL (2.5 ML per 30 days)
BYDUREON	2	PA; QL (4 EA per 28 days)
BYDUREON BCISE	2	PA; QL (4 ML per 28 days)
BYSTOLIC	3	QL (60 EA per 30 days)
<i>cabergoline</i>	1	
CABOMETYX	4	PA
<i>calcipotriene scalp</i>	1	QL (60 ML per 30 days)
<i>calcipotriene topical cream</i>	1	QL (120 GM per 30 days)
<i>calcitonin (salmon)</i>	1	
<i>calcitriol oral</i>	1	
<i>calcitriol topical</i>	2	
<i>calcium acetate oral capsule</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
CAMILA	0	
<i>camphor</i>	2	
CAMRESE	1	91 Days
CAMRESE LO	1	91 Days
CANASA	2	
<i>candesartan</i>	1	QL (30 EA per 30 days)
<i>candesartan-hydrochlorothiazid</i>	1	
<i>capecitabine</i>	1	
<i>captopril</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>captopril-hydrochlorothiazide</i>	1	
CARBAGLU	4	PA
<i>carbamazepine</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
CARDIZEM ORAL TABLET 30 MG, 60 MG, 90 MG	1	
CARDURA XL	3	
CAREFINE PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	1	
<i>carisoprodol</i>	1	QL (120 EA Max Qty Per Fill Retail)
<i>carteolol</i>	1	
CARTIA XT	1	
<i>carvedilol</i>	1	QL (90 EA per 30 days)
<i>carvedilol phosphate</i>	2	QL (30 EA per 30 days)
CAYSTON	4	PA; QL (84 ML per 56 days)
CAZIAN (28)	0	
<i>cefaclor oral capsule</i>	1	QL (30 EA per 10 days)
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	QL (20 EA per 10 days)
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir</i>	1	
<i>cefditoren pivoxil</i>	2	
<i>cefixime oral capsule</i>	2	QL (14 EA per 30 days)
<i>cefixime oral suspension for reconstitution</i>	1	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>ceftibuten oral capsule</i>	1	
<i>cefuroxime axetil oral suspension for reconstitution 125 mg/5 ml</i>	2	
<i>cefuroxime axetil oral tablet</i>	1	
CELEBREX ORAL CAPSULE 100 MG	1	
<i>celecoxib oral capsule 100 mg, 50 mg</i>	1	
<i>celecoxib oral capsule 200 mg, 400 mg</i>	1	QL (60 EA per 30 days)
CELEXA ORAL TABLET 10 MG	1	QL (30 EA per 30 days)
CELONTIN ORAL CAPSULE 300 MG	3	
<i>cephalexin</i>	1	
CERDELGA	4	PA; QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
CESAMET	3	PA; QL (30 EA per 5 days)
<i>cevimeline</i>	1	
CHANTIX	0	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH BOX	0	QL (60 EA per 30 days)
CHANTIX STARTING MONTH BOX	0	QL (53 EA per 365 days)
CHATEAL (28)	0	
CHATEAL EQ (28)	0	
CHEMET	3	PA
<i>chlordiazepoxide hcl</i>	1	
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>chloroquine phosphate</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorpromazine oral</i>	1	
<i>chlorthalidone 25 mg tablet</i>	1	
<i>chlorthalidone 50 mg tablet</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>chlorzoxazone oral tablet 500 mg, 750 mg</i>	1	
<i>cholecalciferol (vitamin d3) oral capsule 50,000 unit</i>	1	
<i>cholestyramine (with sugar)</i>	1	
CHOLESTYRAMINE LIGHT	1	
CICLODAN KIT TOPICAL COMBO PACK	2	
<i>ciclopirox</i>	1	
<i>ciclopirox-ure-camph-menth-euc</i>	2	
<i>cilostazol</i>	1	
<i>cimetidine hcl oral</i>	1	
CIMZIA	4	PA; QL (1 EA per 28 days)
CIMZIA POWDER FOR RECONST	4	PA; QL (1 EA per 28 days)
CIMZIA STARTER KIT	4	PA; QL (3 EA per 30 days)
<i>cinacalcet</i>	4	PA; QL (30 EA per 30 days)
CIPRO HC	2	
CIPRODEX	2	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin (mixture)</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>citalopram oral solution</i>	1	QL (600 ML per 30 days)
<i>citalopram oral tablet 10 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	QL (45 EA per 30 days)
CLARAVIS	2	QL (60 EA per 30 days)
<i>clarithromycin oral suspension for reconstitution</i>	1	
<i>clarithromycin oral tablet 250 mg</i>	1	
<i>clarithromycin oral tablet 500 mg</i>	1	QL (28 EA per 14 days)
<i>clarithromycin oral tablet extended release 24 hr</i>	1	QL (28 EA per 14 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>clemastine oral syrup</i>	2	
<i>clemastine oral tablet 2.68 mg</i>	1	
CLEOCIN HCL ORAL CAPSULE 300 MG	1	
CLINDACIN ETZ TOPICAL KIT	3	PA
CLINDACIN ETZ TOPICAL SWAB	1	
CLINDACIN PAC	3	PA
CLINDAGEL	3	
CLINDAMAX TOPICAL	2	
CLINDAMAX VAGINAL	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
CLINDAMYCIN PEDIATRIC	1	
<i>clindamycin phosphate topical foam</i>	1	
<i>clindamycin phosphate topical gel</i>	1	
<i>clindamycin phosphate topical lotion</i>	1	
<i>clindamycin phosphate topical solution</i>	1	
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin phosphate vaginal</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1.2%(1% base)-5%</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5%</i>	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5%</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5%</i>	2	
<i>clindamycin-tretinoin</i>	1	QL (30 GM per 30 days)
<i>clobazam oral suspension</i>	1	
<i>clobazam oral tablet 10 mg</i>	1	PA
<i>clobazam oral tablet 20 mg</i>	1	
<i>clobetasol</i>	1	
<i>clobetasol-emollient</i>	1	
<i>clocortolone pivalate</i>	1	
CLODAN KIT	2	
<i>clomipramine</i>	1	
<i>clonazepam oral tablet</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 2 mg</i>	1	
<i>clonazepam oral tablet, disintegrating 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonidine</i>	1	
<i>clonidine hcl</i>	1	
<i>clopidogrel</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>clotrimazole mucous membrane</i>	1	
<i>clotrimazole topical solution</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>clotrimazole-betamethasone topical cream</i>	1	
<i>clozapine oral tablet</i>	1	QL (120 EA per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg</i>	1	
<i>clozapine oral tablet, disintegrating 25 mg</i>	1	QL (1080 EA per 30 days)
COARTEM	2	
<i>codeine sulfate oral tablet</i>	1	QL (180 EA per 30 days)
<i>colchicine</i>	2	QL (60 EA per 30 days)
<i>colesevelam oral powder in packet</i>	1	QL (30 EA per 30 days)
<i>colesevelam oral tablet</i>	1	QL (180 EA per 30 days)
<i>colestipol</i>	1	
COLY-MYCIN S	3	
COMBIGAN	3	
COMBIVENT RESPIMAT	2	QL (4 GM per 30 days)
COMETRIQ	4	PA
COMFORT EZ PEN NEEDLES NEEDLE 31 GAUGE X 3/16"	1	
COMFORT PAC-CYCLOBENZAPRINE	1	
COMFORT PAC-IBUPROFEN	1	
COMFORT PAC-MELOXICAM	1	
COMFORT PAC-NAPROXEN	1	
COMFORT PAC-TIZANIDINE	2	
COMPLERA	4	QL (30 EA per 30 days)
COMPLETE NATAL DHA	2	
COMPLETENATE	2	
COMTAN	1	QL (270 EA per 30 days)
CONCEPT DHA	1	
CONTOUR NEXT TEST STRIPS	3	QL (150 EA per 30 days)
CONTOUR TEST STRIPS	3	QL (150 EA per 30 days)
COPIKTRA	4	PA
CORDRAN TAPE LARGE ROLL	3	QL (1 EA per 30 days)
CORGARD ORAL TABLET 20 MG	1	
CORLANOR ORAL TABLET 5 MG	2	QL (60 EA per 30 days)
CORLANOR ORAL TABLET 7.5 MG	2	
<i>cortisone</i>	1	
CORTISPORIN TOPICAL	3	
CORTOMYCIN	1	
COSENTYX	4	PA; QL (4 ML per 28 days)
COSENTYX (2 SYRINGES)	4	PA; QL (4 ML per 28 days)
COSENTYX PEN	4	PA; QL (4 ML per 28 days)
COSENTYX PEN (2 PENS)	4	PA; QL (4 ML per 28 days)
COTELLIC	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
COZAAR ORAL TABLET 100 MG	1	QL (60 EA per 30 days)
CREON	2	PA
CRINONE	4	PA
CRIXIVAN ORAL CAPSULE 200 MG	4	QL (360 EA per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	4	QL (180 EA per 30 days)
<i>cromolyn inhalation</i>	1	QL (240 ML per 30 days)
<i>cromolyn ophthalmic (eye)</i>	1	
<i>cromolyn oral</i>	1	
CRYSELLE (28)	0	
CUPRIMINE	4	PA
CUVPOSA	3	PA
<i>cvs aspirin ec 81 mg tablet</i>	1	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	QL (1 ML per 30 days)
CYCLAFEM 1/35 (28)	0	
CYCLAFEM 7/7/7 (28)	0	
CYCLESSA (28)	1	
<i>cyclobenzaprine oral tablet</i>	1	
<i>cyclopentolate</i>	1	
<i>cyclophosphamide oral capsule</i>	1	
<i>cycloserine</i>	2	
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	1	QL (90 EA per 30 days)
<i>cyclosporine modified oral capsule 50 mg</i>	1	QL (120 EA per 30 days)
<i>cyclosporine modified oral solution</i>	1	QL (90 ML per 30 days)
<i>cyclosporine oral capsule 100 mg</i>	2	
<i>cyclosporine oral capsule 25 mg</i>	1	QL (90 EA per 30 days)
<i>cyproheptadine</i>	1	
CYRED	0	
CYSTADANE	4	PA
CYSTAGON	4	PA
CYTOTEC ORAL TABLET 200 MCG	1	
D.H.E. 45	2	QL (24 EA per 30 days)
<i>dalfampridine</i>	2	QL (60 EA per 30 days)
DALIRESP ORAL TABLET 500 MCG	3	PA; QL (30 EA per 30 days)
<i>danazol oral capsule 100 mg, 50 mg</i>	2	
<i>danazol oral capsule 200 mg</i>	1	
<i>dantrolene</i>	1	
<i>dapsone</i>	1	
DAPTACEL (DTAP PEDIATRIC) (PF)	0	
DARAPRIM	4	PA
<i>darifenacin oral tablet extended release 24 hr 15 mg</i>	1	QL (30 EA per 30 days)
<i>darifenacin oral tablet extended release 24 hr 7.5 mg</i>	1	
DASETTA 1/35 (28)	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
DASETTA 7/7/7 (28)	0	
DAYSEE	0	
DEBLITANE	0	
DECADRON ORAL TABLET 4 MG	1	
<i>deferasirox</i>	4	PA
DELYLA (28)	0	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	2	
<i>demeclocycline</i>	2	
DENAVIR	3	PA; QL (5 GM per 30 days)
DEPEN TITRATABS	4	PA
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	1	
DERMACINRX EMPRICAINE	3	
DERMACINRX SILAZONE	2	
DESCOVY	4	QL (30 EA per 30 days)
<i>desipramine</i>	1	
<i>desloratadine</i>	1	QL (30 EA per 30 days)
<i>desmopressin injection</i>	1	
<i>desmopressin nasal solution</i>	2	
<i>desmopressin nasal spray with pump</i>	1	
<i>desmopressin nasal spray,non-aerosol</i>	1	
<i>desmopressin oral</i>	1	
<i>desog-e.estradiolle.estradiol</i>	0	
<i>desogestrel-ethinyl estradiol</i>	0	
DESONATE	3	
<i>desonide</i>	1	
<i>desoximetasone topical cream</i>	1	
<i>desoximetasone topical gel</i>	1	
<i>desoximetasone topical ointment</i>	1	
<i>desvenlafaxine fumarate</i>	2	QL (30 EA per 30 days)
<i>desvenlafaxine oral tablet extended release 24 hr</i>	1	QL (30 EA per 30 days)
<i>desvenlafaxine oral tablet extended release 24hr</i>	1	
<i>desvenlafaxine succinate</i>	1	QL (30 EA per 30 days)
DESYREL	1	
DEXAMETHASONE INTENSOL	1	
<i>dexamethasone oral elixir</i>	3	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets,dose pack</i>	1	
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
DEXEDRINE ORAL TABLET 10 MG	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
DEXILANT	3	PA; QL (30 EA per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 5 mg</i>	1	QL (30 EA per 30 days)
<i>dexmethylphenidate oral tablet</i>	1	QL (90 EA per 30 days)
DEXPAK 10 DAY	3	
DEXPAK 13 DAY	3	
DEXPAK 6 DAY	3	
<i>dextroamphetamine oral capsule, extended release</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine oral tablet</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet</i>	1	QL (90 EA per 30 days)
DIAMOX SEQUELS	1	
<i>diazepam injection solution</i>	2	
DIAZEPAM INTENSOL	2	
<i>diazepam oral concentrate</i>	1	QL (90 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	QL (450 ML per 30 days)
<i>diazepam oral tablet</i>	1	QL (60 EA per 30 days)
DIBENZYLINE	4	PA
<i>diclofenac epolamine</i>	2	PA; QL (60 EA per 30 days)
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diclofenac sodium topical drops</i>	1	QL (150 ML per 30 days)
<i>diclofenac sodium topical gel</i>	1	QL (500 GM per 30 days)
<i>dicloxacillin</i>	1	
DICLOZOR	2	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
<i>didanosine oral capsule,delayed release(drlec) 125 mg</i>	1	QL (90 EA per 30 days)
<i>didanosine oral capsule,delayed release(drlec) 200 mg</i>	1	QL (60 EA per 30 days)
<i>didanosine oral capsule,delayed release(drlec) 250 mg, 400 mg</i>	1	QL (30 EA per 30 days)
DIFICID	4	PA; QL (20 EA per 10 days)
<i>diflorasone topical cream</i>	2	
<i>diflorasone topical ointment</i>	1	QL (60 GM per 30 days)
<i>diflunisal</i>	1	
DIGOX	3	
<i>digoxin oral solution 0.25 mg/5 ml (250 mcg)(5 ml)</i>	3	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>digoxin oral tablet</i>	1	
<i>dihydroergotamine injection</i>	2	QL (24 ML per 30 days)
<i>dihydroergotamine nasal</i>	2	PA; QL (16 ML per 30 days)
DILANTIN	3	
DILANTIN KAPSEAL	3	
DILATRATE-SR	3	PA
DILT-CD ORAL CAPSULE,EXTENDED RELEASE 24HR 180 MG, 240 MG	1	
DILTIA XT	1	
<i>diltiazem hcl oral</i>	1	
DILT-XR	1	
DILTZAC ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 240 MG, 300 MG	1	
DIOVAN ORAL TABLET 160 MG	1	QL (30 EA per 30 days)
DIOVAN ORAL TABLET 320 MG	1	QL (90 EA per 30 days)
DIPENTUM	3	PA
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1	QL (80 EA per 10 days)
<i>dipyridamole oral</i>	1	
<i>disopyramide phosphate oral capsule</i>	1	
<i>disulfiram</i>	1	
DITROPAN	1	QL (120 EA per 30 days)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	1	
DIURIL	2	
<i>divalproex</i>	1	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %)	3	QL (30 EA per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %)	3	QL (30 GM per 30 days)
DM2	3	PA
<i>dofetilide</i>	2	
<i>donepezil</i>	1	QL (30 EA per 30 days)
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
DOVATO	4	PA; QL (30 EA per 30 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	QL (60 EA per 30 days)
<i>doxepin oral</i>	1	
<i>doxepin topical</i>	2	PA
<i>doxercalciferol oral</i>	2	
<i>doxycycline hyclate 100 mg tab</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (drlec) 100 mg, 200 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (drlec) 150 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	2	
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
DRISDOL ORAL CAPSULE	1	
<i>dronabinol oral capsule 10 mg, 2.5 mg</i>	2	QL (60 EA per 30 days)
<i>dronabinol oral capsule 5 mg</i>	1	QL (60 EA per 30 days)
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	3	QL (28 EA per 28 days)
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	3	
<i>drospirenone-ethinyl estradiol</i>	0	
DROXIA	2	
DRYSOL	2	
DRYSOL DAB-O-MATIC	2	
DUAC	1	
DUAVEE	2	QL (30 EA per 30 days)
DULERA 100 MCG/5 MCG INHALER	2	QL (13 GM per 30 days)
DULERA 100 MCG/5 MCG INHALER	2	QL (8.8 GM per 15 days)
DULERA 200 MCG/5 MCG INHALER	2	QL (13 GM per 30 days)
DULERA 200 MCG/5 MCG INHALER	2	QL (8.8 GM per 15 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	2	QL (8.8 GM per 15 days)
<i>duloxetine oral capsule, delayed release (drlec) 20 mg</i>	1	QL (180 EA per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 30 mg</i>	1	QL (120 EA per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 40 mg</i>	1	QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 60 mg</i>	1	QL (60 EA per 30 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA
DURAGESIC TRANSDERMAL PATCH 72 HOUR 100 MCG/HR, 75 MCG/HR	1	PA; QL (15 EA per 30 days)
DUREZOL	3	QL (5 ML per 30 days)
<i>dutasteride</i>	1	QL (30 EA per 30 days)
DYNACIN ORAL CAPSULE 75 MG	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
DYRENIUM	3	
E.E.S. GRANULES	3	
EASIVENT HOLDING CHAMBER	2	
EASY COMFORT LANCETS	1	
EASY TOUCH NEEDLE 31 GAUGE X 1/4"	1	
EASY TOUCH TWIST LANCETS 30 GAUGE, 33 GAUGE	1	
<i>econazole</i>	1	
ECONTRA EZ	0	
EDARBI	3	ST; QL (30 EA per 30 days)
EDURANT	4	QL (30 EA per 30 days)
<i>efavirenz</i>	2	
ELAVIL	1	
ELESTRIN	3	QL (26 GM per 30 days)
<i>eletriptan</i>	1	QL (9 EA per 28 days)
ELIDEL	2	ST; QL (100 GM per 30 days)
ELINEST	0	
ELIQUIS ORAL TABLET 2.5 MG	2	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	2	QL (74 EA per 30 days)
ELIXOPHYLLIN	2	
ELLA	0	QL (1 EA per 30 days)
ELMIRON	3	PA
EMADINE	2	
EMBELINE	2	
EMCYT	4	PA
EMGALITY PEN	3	PA; QL (1 ML per 30 days)
EMOQUETTE	0	
EMSAM	4	PA; QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE	4	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	4	QL (850 ML per 30 days)
EMVERM	3	QL (6 EA per 3 days)
<i>enalapril maleate</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
ENBREL MINI	4	PA
ENBREL SUBCUTANEOUS RECON SOLN	4	PA; QL (16 EA per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	4	PA; QL (8 ML per 28 days)
ENBREL SURECLICK	4	PA; QL (8 ML per 28 days)
ENDOCET ORAL TABLET 5-325 MG	1	QL (240 EA per 30 days)
ENDOMETRIN	3	
ENGERIX-B (PF)	0	
ENGERIX-B PEDIATRIC (PF)	0	
ENGLISH TOFFEE FLAVOR	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>enoxaparin subcutaneous solution</i>	2	QL (30 ML per 10 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	2	QL (20 ML per 10 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	2	QL (16 ML per 10 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	2	QL (6 ML per 10 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	2	QL (8 ML per 10 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	2	QL (12 ML per 10 days)
ENPRESSE	0	
ENSKYCE	0	
<i>entacapone</i>	1	QL (270 EA per 30 days)
<i>entecavir</i>	1	QL (30 EA per 30 days)
ENTERIC COATED ASPIRIN	1	
ENTOCORT EC	2	QL (90 EA per 30 days)
ENTRESTO	3	PA; QL (60 EA per 30 days)
EPANED ORAL SOLUTION	3	PA
EPCLUSA	4	PA
EPIDIOLEX	4	PA
<i>epinastine</i>	1	
<i>epinephrine 0.3 mg auto-injector</i>	2	QL (2 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	1	QL (2 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	1	QL (2 EA per 0 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	2	QL (2 EA per 30 days)
<i>epinephrine injection syringe 0.1 mg/ml</i>	2	QL (2 ML per 30 days)
EPITOL	3	
<i>epiphenone</i>	1	QL (60 EA per 30 days)
<i>eprosartan</i>	1	QL (30 EA per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	3	QL (480 EA per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	3	QL (240 EA per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	3	QL (180 EA per 30 days)
<i>ergocalciferol (vitamin d2) oral capsule 50,000 unit</i>	1	QL (4 EA per 28 days)
<i>ergoloid</i>	1	
ERIVEDGE	4	PA; QL (30 EA per 30 days)
<i>erlotinib</i>	4	PA; QL (30 EA per 30 days)
ERRIN	0	
ERTACZO	3	PA
ERYPED 400	3	
ERY-TAB	3	PA
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	3	PA
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>erythromycin oral tablet</i>	1	
<i>erythromycin oral tablet, delayed release (drlec)</i>	1	
<i>erythromycin stearate oral tablet 250 mg</i>	1	
<i>erythromycin with ethanol</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
ESBRIET	4	PA
<i>escitalopram oxalate oral solution</i>	1	QL (620 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
<i>esomeprazole magnesium</i>	1	QL (60 EA per 30 days)
ESTARYLLA	0	
ESTRACE ORAL TABLET 2 MG	1	
<i>estradiol (bulk)</i>	3	
<i>estradiol oral</i>	1	
ESTRADIOL TRANSDERMAL PATCH	1	
<i>estradiol transdermal patch semiweekly</i>	1	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	1	QL (4 EA per 28 days)
<i>estradiol vaginal cream</i>	2	
<i>estradiol vaginal tablet</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet</i>	0	
ESTRATEST	1	
ESTRING	2	QL (1 EA per 90 days)
<i>estriol (bulk)</i>	3	
<i>estriol micronized (bulk)</i>	3	
<i>estrogens-methyltestosterone</i>	1	
<i>estropipate oral tablet 0.75 mg, 1.5 mg</i>	1	
<i>estropipate oral tablet 3 mg</i>	2	
<i>eszopiclone</i>	1	QL (30 EA per 30 days)
<i>ethacrynic acid</i>	1	
<i>ethambutol</i>	1	
<i>ethosuximide</i>	1	
<i>ethynodiol diac-eth estradiol</i>	0	
<i>etidronate disodium</i>	1	
<i>etodolac</i>	1	
<i>etoposide oral</i>	4	PA
EUCRISA	3	PA
EURAX	3	
EVAMIST	3	QL (16.2 ML per 30 days)
EVENITY	4	PA; QL (2.34 ML per 28 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
EVISTA	0	QL (30 EA per 30 days)
EVOTAZ	4	QL (30 EA per 30 days)
EXELDERM	3	
EXELON ORAL CAPSULE 3 MG, 4.5 MG	2	QL (60 EA per 30 days)
<i>exemestane</i>	1	QL (60 EA per 30 days)
EXJADE	4	PA
EXTAVIA SUBCUTANEOUS KIT	4	PA; QL (15 EA per 30 days)
EXTAVIA SUBCUTANEOUS RECON SOLN	4	PA; QL (1 EA per 30 days)
<i>ezetimibe</i>	1	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin</i>	1	QL (30 EA per 30 days)
FACTIVE	3	
FALLBACK SOLO	0	QL (1 EA per 30 days)
FALMINA (28)	0	
<i>famciclovir</i>	1	QL (60 EA per 30 days)
<i>famotidine oral suspension</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
FANAPT ORAL TABLET 1 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA; QL (60 EA per 30 days)
FANAPT ORAL TABLET 10 MG	3	PA; QL (90 EA per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	3	PA; QL (60 EA per 30 days)
FARESTON	3	PA; QL (30 EA per 30 days)
FARYDAK	4	PA; QL (6 EA per 21 days)
FASENRA	4	PA; QL (1 ML per 28 days)
<i>febuxostat</i>	1	QL (30 EA per 30 days)
<i>felbamate</i>	2	
<i>felodipine</i>	1	
FEMARA	1	QL (30 EA per 30 days)
FEMRING	3	QL (1 EA per 84 days)
FEMYNOR	0	
<i>fenofibrate micronized</i>	1	QL (30 EA per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	QL (30 EA per 30 days)
<i>fenofibrate nanocrystallized oral tablet 160 mg</i>	1	
<i>fenofibrate oral capsule</i>	3	QL (30 EA per 30 days)
<i>fenofibrate oral tablet</i>	1	QL (30 EA per 30 days)
<i>fenofibric acid</i>	1	QL (30 EA per 30 days)
<i>fenofibric acid (choline)</i>	1	QL (30 EA per 30 days)
<i>fenoprofen oral capsule 400 mg</i>	1	
<i>fenoprofen oral tablet</i>	1	
<i>fentanyl 25 mcg/1hr patch outer</i>	1	PA; QL (15 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>	1	PA; QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>fentanyl citrate buccal tablet, effervescent</i>	2	PA; QL (112 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (15 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	2	PA; QL (15 EA per 30 days)
FERRIPROX ORAL TABLET 500 MG	4	PA
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	PA; QL (30 EA per 30 days)
FINACEA TOPICAL GEL	3	PA
<i>finasteride oral tablet 1 mg</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
FIRAZYR	4	PA
FLAREX	3	
FLAVORX	3	
<i>flavoxate</i>	1	
<i>flecainide</i>	1	
FLOMAX	1	QL (60 EA per 30 days)
FLONASE ALLERGY RELIEF	1	
FLOVENT DISKUS	3	QL (60 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	3	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (10.6 GM per 30 days)
FLOXIN ORAL TABLET 300 MG, 400 MG	2	
FLUAD 2017-2018 (65 YR UP)(PF)	0	QL (0.5 ML per 0 days)
FLUAD 2018-2019 (65 YR UP)(PF)	0	
FLUAD 2019-2020 (65 YR UP)(PF)	0	
FLUARIX QUAD 2017-2018 (PF)	0	QL (0.5 ML per 0 days)
FLUARIX QUAD 2018-2019 (PF)	0	
FLUARIX QUAD 2019-2020 (PF)	0	
FLUBLOK 2017-2018 (PF)	0	QL (0.5 ML per 0 days)
FLUBLOK QUAD 2017-2018 (PF)	0	QL (0.5 ML per 0 days)
FLUBLOK QUAD 2018-2019 (PF)	0	
FLUBLOK QUAD 2019-2020 (PF)	0	
FLUCELVAX QUAD 2017-2018	0	QL (0.5 ML per 0 days)
FLUCELVAX QUAD 2017-2018 (PF)	0	QL (0.5 ML per 0 days)
FLUCELVAX QUAD 2018-2019	0	
FLUCELVAX QUAD 2018-2019 (PF)	0	
FLUCELVAX QUAD 2019-2020	0	
FLUCELVAX QUAD 2019-2020 (PF)	0	
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL (180 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>flucytosine</i>	2	
<i>fludrocortisone</i>	1	
FLULAVAL QUAD 2017-2018	0	QL (0.5 ML per 0 days)
FLULAVAL QUAD 2017-2018 (PF)	0	QL (0.5 ML per 0 days)
FLULAVAL QUAD 2018-2019	0	
FLULAVAL QUAD 2018-2019 (PF)	0	
FLULAVAL QUAD 2019-2020	0	
FLULAVAL QUAD 2019-2020 (PF)	0	
FLUMIST QUAD 2017-2018	0	QL (0.5 EA per 0 days)
FLUMIST QUAD 2019-2020	0	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL (25 ML per 25 days)
<i>fluocinolone</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide 0.05% cream</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical cream 0.1 %</i>	2	
<i>fluocinonide topical gel</i>	1	
<i>fluocinonide topical ointment</i>	1	
<i>fluocinonide topical solution</i>	1	
FLUOCINONIDE-E	1	
<i>fluocinonide-emollient</i>	1	
FLUORABON	0	
<i>fluoride (sodium) oral drops</i>	0	
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	0	
<i>fluorometholone</i>	1	
FLUROPLEX	2	PA
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
<i>fluoxetine hcl 10 mg capsule</i>	1	QL (90 EA per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg</i>	1	QL (90 EA per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	1	QL (4 EA per 28 days)
<i>fluoxetine oral solution</i>	1	QL (600 ML per 30 days)
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	QL (90 EA per 30 days)
<i>fluoxetine oral tablet 60 mg</i>	2	QL (30 EA per 30 days)
<i>fluphenazine hcl oral</i>	1	
<i>flurandrenolide topical lotion</i>	1	
<i>flurbiprofen</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>flutamide</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>fluticasone propionate nasal</i>	1	QL (16 GM per 30 days)
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	2	
<i>fluticasone propionate topical ointment</i>	1	
<i>fluticasone propion-salmeterol inhalation aerosol powder breath activated</i>	1	
<i>fluticasone propion-salmeterol inhalation blister with device</i>	2	
<i>fluvastatin oral capsule 20 mg</i>	0	QL (30 EA per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	0	QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	0	QL (30 EA per 30 days)
FLUVIRIN 2017-2018	0	QL (0.5 ML per 0 days)
FLUVIRIN 2017-2018 (PF)	0	QL (0.5 ML per 0 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (90 EA per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	QL (360 EA per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	QL (180 EA per 30 days)
FLUZONE HIGH-DOSE 2017-18 (PF)	0	QL (0.5 ML per 0 days)
FLUZONE HIGH-DOSE 2018-19 (PF)	0	
FLUZONE HIGH-DOSE 2019-20 (PF)	0	
FLUZONE INTRADERM QUAD 2017-18	0	QL (0.5 ML per 0 days)
FLUZONE QUAD 2017-2018	0	QL (0.5 ML per 0 days)
FLUZONE QUAD 2017-2018 (PF)	0	QL (0.5 ML per 0 days)
FLUZONE QUAD 2018-2019	0	
FLUZONE QUAD 2018-2019 (PF)	0	
FLUZONE QUAD 2019-2020	0	
FLUZONE QUAD 2019-2020 (PF)	0	
FLUZONE QUAD PEDI 2017-18 (PF)	0	QL (0.5 ML per 0 days)
FLUZONE QUAD PEDI 2018-19 (PF)	0	
FLUZONE QUAD PEDI 2019-20 (PF)	0	
FML FORTE	2	
FML S.O.P.	2	
<i>folic acid oral tablet 1 mg</i>	1	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	PA; QL (20 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	PA; QL (15 ML per 30 days)
FORFIVO XL	3	QL (30 EA per 30 days)
FORTEO	4	PA; QL (3 ML per 28 days)
FOSAMAX ORAL TABLET 35 MG	1	QL (4 EA per 28 days)
FOSAMAX PLUS D	3	QL (4 EA per 28 days)
<i>fosamprenavir</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
FOSRENOL ORAL POWDER IN PACKET	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
FRAGMIN	3	
FREESTYLE INSULINX STRIP	2	QL (150 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS	2	QL (150 EA per 30 days)
FREESTYLE LANCETS	1	
FREESTYLE LIBRE 10 DAY READER	2	PA; QL (1 EA per 4 years)
FREESTYLE LIBRE 10 DAY SENSOR	2	PA; QL (3 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER	2	PA; QL (1 EA per 4 years)
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; QL (2 EA per 28 days)
FREESTYLE LITE STRIPS	2	QL (150 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS	2	QL (150 EA per 30 days)
FREESTYLE TEST	2	QL (150 EA per 30 days)
<i>frovatriptan</i>	2	QL (9 EA per 28 days)
FULPHILA	4	PA
<i>furosemide oral</i>	1	
FUZEON SUBCUTANEOUS RECON SOLN	4	PA
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	1	QL (30 EA per 30 days)
<i>galantamine oral solution</i>	1	QL (180 ML per 30 days)
<i>galantamine oral tablet</i>	1	QL (60 EA per 30 days)
<i>ganirelix</i>	1	PA
GARDASIL (PF) INTRAMUSCULAR SUSPENSION	0	
GARDASIL 9 (PF)	0	
<i>gatifloxacin</i>	1	QL (2.5 ML per 30 days)
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	3	QL (30 GM per 30 days)
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 28 MG/0.92 GRAM (3 %)	3	ST
GELNIQUE TRANSDERMAL GEL IN PACKET	3	QL (30 GM per 30 days)
<i>gemfibrozil</i>	1	
<i>gentamicin ophthalmic (eye)</i>	1	
<i>gentamicin topical</i>	1	
GENVOYA	4	QL (30 EA per 30 days)
GIANVI (28)	0	
GIAZO	3	PA; QL (180 EA per 30 days)
GILDAGIA	0	
GILDESS 24 FE	1	
GILENYA ORAL CAPSULE 0.5 MG	4	PA
GILOTRIF	4	PA
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PA; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	PA; QL (12 ML per 28 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; QL (12 ML per 28 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA
<i>glimepiride</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin</i>	1	
GLUCAGEN DIAGNOSTIC KIT	2	
GLUCAGEN HYPOKIT	2	QL (30 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN)	2	QL (2 EA per 30 days)
<i>glucagon hcl</i>	1	
GLUCOPHAGE ORAL TABLET 1,000 MG, 850 MG	1	QL (90 EA per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	1	QL (150 EA per 30 days)
GLUCOTROL ORAL TABLET 5 MG	1	QL (240 EA per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	1	QL (240 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	1	QL (60 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (30 EA per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	1	QL (480 EA per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide-metformin</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
GLYXAMBI	2	ST
GOLYTELY	0	
<i>granisetron hcl oral</i>	1	QL (14 EA per 30 days)
GRANIX	4	PA
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	2	
<i>guanfacine oral tablet</i>	1	
<i>guanfacine oral tablet extended release 24 hr</i>	1	QL (30 EA per 30 days)
<i>guanidine</i>	2	
GYNODIOL	1	
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical ointment</i>	1	
HALOG	3	ST

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>haloperidol</i>	1	
<i>haloperidol lactate oral</i>	1	
HAVRIX (PF)	0	
HEATHER	0	
HEP FLUSH-10 (PF)	1	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin lock flush (porcine) intravenous solution</i>	1	
<i>heparin lock flush (porcine) intravenous syringe 100 unit/ml</i>	1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML	3	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 100 UNIT/ML	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	1	
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION	0	
HEXALEN	4	PA
<i>homatropine hbr</i>	1	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	
HUMALOG JUNIOR KWIKPEN U-100	2	
HUMALOG KWIKPEN INSULIN	2	
HUMALOG MIX 50-50 INSULN U-100	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMALOG MIX 75-25(U-100)INSULN	2	
HUMALOG U-100 INSULIN	2	
HUMATROPE	4	PA
HUMIRA PEDIATRIC CROHNS START	4	PA; QL (6 EA per 28 days)
HUMIRA PEN	4	PA; QL (6 EA per 28 days)
HUMIRA PEN CROHNS-UC-HS START	4	PA; QL (6 EA per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (6 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (2 EA per 28 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
HUMULIN 70/30 U-100 INSULIN	2	
HUMULIN 70/30 U-100 KWIKPEN	3	
HUMULIN N NPH INSULIN KWIKPEN	3	
HUMULIN N NPH U-100 INSULIN	2	
HUMULIN R REGULAR U-100 INSULN	2	
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>hydrocodone-acetaminophen 5-325 mg tablet inner</i>	1	QL (240 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 5-163 mg/7.5ml(7.5ml)</i>	1	QL (5400 ML per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL (450 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg</i>	1	QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	1	QL (240 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>	1	QL (180 EA per 30 days)
<i>hydrocodone-chlorpheniramine</i>	1	QL (50 ML per 5 days)
<i>hydrocodone-homatropine oral syrup</i>	1	QL (150 ML per 5 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	QL (120 EA per 30 days)
<i>hydrocortisone acetate rectal</i>	1	
<i>hydrocortisone butyrate topical cream</i>	1	
<i>hydrocortisone butyrate topical ointment</i>	1	
<i>hydrocortisone butyrate topical solution</i>	2	
<i>hydrocortisone butyr-emollient</i>	2	
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>hydromorphone oral liquid</i>	1	QL (120 ML per 30 days)
<i>hydromorphone oral tablet</i>	1	QL (90 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	2	PA; QL (30 EA per 30 days)
<i>hydroxychloroquine</i>	1	
<i>hydroxyprogesterone (pf) (preg presv)</i>	4	PA; QL (5 ML per 35 days)
<i>hydroxyprogesterone cap(ppres)</i>	2	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>hydroxyprogesterone capr (bulk)</i>	3	
<i>hydroxyprogesterone caproate</i>	2	PA
<i>hydroxyurea</i>	1	
<i>hydroxyzine hcl oral</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
HYQVIA	4	PA
<i>ibandronate oral</i>	1	QL (1 EA per 28 days)
IBRANCE	4	PA; QL (21 EA per 28 days)
IBU	1	
<i>ibuprofen 400 mg tablet</i>	1	
<i>ibuprofen 600 mg tablet</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-oxycodone</i>	2	QL (120 EA per 30 days)
<i>icatibant</i>	4	PA; QL (3 ML per 30 days)
ICLUSIG ORAL TABLET 15 MG	4	PA; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	4	PA; QL (30 EA per 30 days)
ILEVRO	3	
ILOTYCIN	1	
ILUMYA	4	PA
<i>imatinib oral tablet 100 mg</i>	2	QL (90 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	2	QL (60 EA per 30 days)
IMBRUVICA	4	PA; QL (120 EA per 30 days)
IMDUR	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
<i>imiquimod topical cream in packet</i>	1	
INCASSIA	0	
INCRELEX	4	PA
INCRUSE ELLIPTA	3	QL (30 EA per 30 days)
<i>indapamide</i>	1	
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 80 MG	1	
INDERAL XL	3	
INDOCIN ORAL	3	
INDOCIN SR	3	
<i>indomethacin 25 mg capsule</i>	1	QL (120 EA per 30 days)
<i>indomethacin 50 mg capsule</i>	1	
<i>indomethacin oral capsule 25 mg</i>	1	QL (120 EA per 30 days)
<i>indomethacin oral capsule 50 mg</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>indomethacin oral capsule, extended release</i>	1	
INFANRIX (DTAP) (PF)	0	
<i>insulin lispro</i>	1	
<i>insulin syrin 0.5 ml 31gx5/16"</i>	1	
<i>insulin syringe 1 ml 29gx1/2" (otc)</i>	1	
<i>insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 5/16", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 30 gauge</i>	1	
INTELENCE	4	
INTRON A INJECTION	4	PA
INTROVALE	0	
INVEGA SUSTENNA	4	PA
INVEGA TRINZA	4	PA
INVIRASE ORAL CAPSULE	4	QL (300 EA per 30 days)
INVIRASE ORAL TABLET	4	QL (120 EA per 30 days)
INVOKAMET	2	ST; QL (60 EA per 30 days)
INVOKAMET XR	2	ST; QL (60 EA per 30 days)
INVOKANA	2	ST; QL (30 EA per 30 days)
<i>ipratropium bromide inhalation</i>	1	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i>	1	QL (30 ML per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	1	QL (15 ML per 14 days)
<i>ipratropium-albuterol</i>	1	
<i>irbesartan</i>	1	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide</i>	1	
ISENTRESS HD	4	QL (60 EA per 30 days)
ISENTRESS ORAL POWDER IN PACKET	4	QL (240 EA per 30 days)
ISENTRESS ORAL TABLET	4	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	QL (720 EA per 30 days)
ISIBLOOM	0	
ISODITRATE	1	
<i>isoniazid oral</i>	1	
ISORDIL	3	PA
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg</i>	1	
<i>isotretinoin oral capsule 30 mg, 40 mg</i>	2	
<i>isradipine</i>	1	
<i>itraconazole oral capsule</i>	1	PA
<i>ivermectin oral</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
JADENU	4	PA
JAKAFI	4	PA; QL (60 EA per 30 days)
JANTOVEN ORAL TABLET 5 MG	3	
JANUMET	2	QL (60 EA per 30 days)
JANUMET XR	2	QL (30 EA per 30 days)
JANUVIA	2	QL (30 EA per 30 days)
JARDIANCE	2	ST; QL (30 EA per 30 days)
JENCYCLA	0	
JENTADUETO	2	QL (60 EA per 30 days)
JENTADUETO XR	2	QL (30 EA per 30 days)
JOLESSA	0	QL (91 EA per 91 days)
JOLIVETTE	0	
JUBLIA	3	ST; QL (4 ML per 30 days)
JULEBER	0	
JUNEL 1.5/30 (21)	0	
JUNEL 1/20 (21)	0	
JUNEL FE 1.5/30 (28)	0	
JUNEL FE 1/20 (28)	0	
JUNEL FE 24	0	
KAITLIB FE	1	
KALEXATE	3	
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	4	PA
KALYDECO ORAL TABLET	4	PA
KAPIDEX	3	PA; QL (2 EA per 1 day)
KARIVA (28)	0	
KEFLEX ORAL SUSPENSION FOR RECONSTITUTION 125 MG/5 ML	1	
KELNOR 1/35 (28)	0	
KELNOR 1-50	0	
KEPPRA ORAL TABLET 250 MG, 500 MG	1	
KERYDIN	3	QL (10 ML Max Qty Per Fill Retail)
KETEK	3	
<i>ketoconazole</i>	1	
KETODAN	2	
KETONE CARE	1	QL (50 EA per 30 days)
KETONE URINE TEST	1	QL (100 EA per 30 days)
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketorolac injection cartridge 30 mg/ml</i>	1	QL (4 ML per 28 days)
<i>ketorolac intramuscular</i>	1	QL (4 ML per 28 days)
<i>ketorolac ophthalmic (eye)</i>	1	
<i>ketorolac oral</i>	1	QL (20 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
KIMIDESS (28)	0	
KINERET	4	PA
KIONEX (WITH SORBITOL)	1	
KLOR-CON 10	2	
KLOR-CON 8	2	
KLOR-CON M15	2	
KURVELO (28)	0	
KYLEENA	0	
<i>l norgestle.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>	0	QL (91 EA per 91 days)
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	0	
<i>labetalol oral</i>	1	
LACRISERT	3	PA
<i>lactulose oral solution</i>	1	
<i>lamivudine oral solution</i>	1	
<i>lamivudine oral tablet 100 mg, 300 mg</i>	1	QL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	1	QL (60 EA per 30 days)
<i>lamivudine-zidovudine</i>	1	QL (60 EA per 30 days)
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 300 mg, 50 mg</i>	1	QL (30 EA per 30 days)
<i>lamotrigine oral tablet extended release 24hr 250 mg</i>	2	QL (30 EA per 30 days)
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>lamotrigine oral tablets,dose pack</i>	1	
LANOXIN ORAL	3	
<i>lansoprazole oral capsule,delayed release(drlec)</i>	1	QL (60 EA per 30 days)
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	1	QL (60 EA per 30 days)
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	2	QL (60 EA per 30 days)
<i>lanthanum oral tablet,chewable 1,000 mg</i>	2	
<i>lanthanum oral tablet,chewable 500 mg, 750 mg</i>	1	
LANTUS SOLOSTAR U-100 INSULIN	3	PA
LANTUS U-100 INSULIN	3	PA
LARIN 1.5/30 (21)	0	
LARIN 1/20 (21)	0	
LARIN 24 FE	0	
LARIN FE 1.5/30 (28)	0	
LARIN FE 1/20 (28)	0	
LARISSIA	0	
LASIX ORAL TABLET 20 MG	1	
LASTACFT	3	
<i>latanoprost</i>	1	QL (5 ML per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
LATUDA	3	PA; QL (30 EA per 30 days)
LAXATIVE PEG 3350 ORAL POWDER	0	
LAYOLIS FE	1	
LAZANDA	4	PA; QL (5 EA per 30 days)
<i>ledipasvir-sofosbuvir</i>	4	PA
LEENA 28	0	
<i>leflunomide</i>	1	QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1)	4	PA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2)	4	PA; QL (60 EA per 30 days)
LENVIMA ORAL CAPSULE 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; QL (90 EA per 30 days)
LESSINA	0	
LETAIRIS	4	PA; QL (30 EA per 30 days)
<i>letrozole</i>	1	QL (30 EA per 30 days)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	2	
<i>leucovorin calcium oral tablet 5 mg</i>	1	
LEUKERAN	4	PA
<i>leuprolide</i>	1	PA
LEVA SET	1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/3 ml</i>	1	QL (270 ML per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	1	QL (540 ML per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	1	
<i>levalbuterol tartrate</i>	1	QL (30 GM per 30 days)
LEVAQUIN ORAL TABLET	1	QL (14 EA per 14 days)
LEVATOL	3	
LEVEMIR FLEXTOUCH U-100 INSULN	3	PA
LEVEMIR U-100 INSULIN	3	PA
<i>levetiracetam intravenous</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	1	QL (180 EA per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	1	QL (120 EA per 30 days)
LEVLITE (28)	0	
<i>levobunolol</i>	1	
<i>levocarnitine (with sugar)</i>	1	
<i>levocetirizine oral solution</i>	1	QL (300 ML per 30 days)
<i>levocetirizine oral tablet</i>	1	QL (30 EA per 30 days)
<i>levofloxacin ophthalmic (eye)</i>	1	
<i>levofloxacin oral solution</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>levofloxacin oral tablet</i>	1	QL (14 EA per 14 days)
LEVONEST (28)	0	
<i>levonorgestrel oral tablet 1.5 mg</i>	0	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	0	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	0	QL (91 EA per 91 days)
<i>levonorg-eth estrad triphasic</i>	0	
LEVORA 0.15/30 (28)	0	
LEVORA-28	0	
LEVOTHROID ORAL TABLET 100 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 50 MCG, 75 MCG	1	
<i>levothyroxine oral</i>	1	
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	1	
LEVSIN ORAL	1	
LEXIVA ORAL SUSPENSION	4	QL (1800 ML per 30 days)
<i>lidocaine hcl mucous membrane jelly</i>	1	
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	
<i>lidocaine topical adhesive patch,medicated</i>	1	QL (90 EA per 30 days)
<i>lidocaine topical ointment</i>	1	
LIDOCAINE VISCOUS	1	
<i>lidocaine-prilocaine</i>	1	
LIDOPAC	2	
LIDOPRIL	3	
LIDOPRIL XR	3	
LIDO-PRILO CAINE PACK	3	
LIDORXKIT	2	
LIDOTREX (WITH VITAMIN E)	2	
LILETTA	0	
LILLOW (28)	0	
<i>lindane topical shampoo</i>	1	
<i>linezolid oral suspension for reconstitution</i>	2	
<i>linezolid oral tablet</i>	1	QL (56 EA per 28 days)
LINZESS	3	PA; QL (30 EA per 30 days)
<i>liothyronine oral</i>	1	
LIPROZONEPAK	3	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
LIVALO	3	PA; QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
LO LOESTRIN FE	3	QL (30 EA per 30 days)
LOESTRIN 1.5/30 (21)	3	
LOESTRIN 1/20 (21)	3	
LOESTRIN FE 1.5/30 (28-DAY)	3	
LOESTRIN FE 1/20 (28-DAY)	3	
LOKARA	2	
LOMEDIA 24 FE	1	
LONHALA MAGNAIR REFILL	3	PA; QL (60 ML per 30 days)
LONHALA MAGNAIR STARTER	3	PA; QL (60 ML per 30 days)
LONSURF	4	PA; QL (80 EA per 30 days)
<i>lopinavir-ritonavir</i>	1	
LOPRESSOR ORAL TABLET 50 MG	1	
LOPROX (AS OLAMINE) TOPICAL CREAM	3	
LOPROX KIT TOPICAL COMBO PACK	3	
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	QL (90 EA per 30 days)
LORCET (HYDROCODONE)	3	QL (240 EA per 30 days)
LORTAB 10-325	3	QL (12 EA per 1 day)
LORTAB 5-325	3	QL (12 EA per 1 day)
LORTAB 7.5-325	3	QL (12 EA per 1 day)
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	2	QL (450 ML per 30 days)
LORYNA (28)	0	
LORZONE ORAL TABLET 375 MG	3	
LORZONE ORAL TABLET 750 MG	1	
<i>losartan</i>	1	QL (60 EA per 30 days)
<i>losartan-hydrochlorothiazide</i>	1	
LOTEMAX	3	ST
LOTENSIN ORAL TABLET 40 MG	1	
<i>loteprednol etabonate</i>	1	QL (15 ML per 30 days)
LOTRISONE TOPICAL LOTION	3	PA
LOTRONEX ORAL TABLET 1 MG	2	PA; QL (60 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg</i>	0	QL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>	0	QL (60 EA per 30 days)
LOW-OGESTREL (28)	0	
<i>loxapine succinate</i>	1	
LP LITE PAK	3	
LUDENT FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG(0.55 MG SOD. FLUORIDE), 0.5 MG (1.1 MG SODIUM FLUORID)	0	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	QL (7 ML per 30 days)
LUMIGAN OPHTHALMIC (EYE) DROPS 0.03 %	2	ST
LUPANETA PACK (1 MONTH)	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
LUPANETA PACK (3 MONTH)	4	PA
LUPRON DEPOT	4	PA
LUPRON DEPOT (3 MONTH)	4	PA
LUPRON DEPOT (4 MONTH)	4	PA
LUPRON DEPOT (6 MONTH)	4	PA
LUPRON DEPOT-PED	4	PA
LUPRON DEPOT-PED (3 MONTH)	4	PA
LUTERA (28)	0	
LYNPARZA ORAL CAPSULE	4	PA; QL (480 EA per 30 days)
LYNPARZA ORAL TABLET	4	PA
LYRICA ORAL CAPSULE	2	QL (120 EA per 30 days)
LYRICA ORAL SOLUTION	2	QL (900 ML per 30 days)
LYSODREN	4	PA
LYZA	0	
<i>mafenide acetate</i>	1	
<i>malathion</i>	1	
<i>maprotiline oral tablet 25 mg</i>	2	QL (270 EA per 30 days)
<i>maprotiline oral tablet 50 mg</i>	2	QL (135 EA per 30 days)
<i>maprotiline oral tablet 75 mg</i>	2	
MARLISSA (28)	0	
MARPLAN	3	
MATULANE	4	PA
MAVYRET	4	PA
MAXIDEX	3	
MAXZIDE-25MG	1	
MAYZENT	4	PA; QL (30 EA per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>meclizine oral tablet, chewable</i>	1	
<i>meclofenamate oral capsule 100 mg</i>	1	QL (30 EA per 30 days)
<i>meclofenamate oral capsule 50 mg</i>	2	
MEDI-MECLIZINE	1	
MEDOLOR PAK	3	
<i>medroxyprogesterone intramuscular</i>	0	
<i>medroxyprogesterone oral</i>	1	
<i>mefenamic acid</i>	1	
<i>mefloquine</i>	1	
MEGACE	1	
<i>megestrol</i>	1	
MEKINIST ORAL TABLET 0.5 MG	4	PA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; QL (30 EA per 30 days)
<i>meloxicam oral tablet</i>	1	QL (30 EA per 30 days)
<i>melfhalan</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 28 mg, 7 mg</i>	1	QL (30 EA per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 21 mg</i>	2	QL (30 EA per 30 days)
<i>memantine oral tablet 10 mg</i>	1	QL (60 EA per 30 days)
<i>memantine oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
MENACTRA (PF) INTRAMUSCULAR SOLUTION	0	
MENEST	2	
MENHIBRIX (PF)	0	
MENOMUNE - A/C/Y/W-135	0	
MENOMUNE - A/C/Y/W-135 (PF)	0	
MENOSTAR	3	QL (4 EA per 28 days)
MENVEO A-C-Y-W-135-DIP (PF)	0	
MENVEO MENA COMPONENT (PF)	0	
MENVEO MENCYW-135 COMPNT (PF)	0	
MEPHYTON	2	
<i>meprobamate</i>	2	
MEPRON	2	
<i>mercaptopurine</i>	1	
<i>mesalamine oral tablet, delayed release (drlec)</i>	1	
<i>mesalamine rectal enema</i>	1	QL (1680 ML per 28 days)
<i>mesalamine rectal suppository</i>	2	QL (30 EA per 30 days)
<i>mesalamine with cleansing wipe</i>	1	QL (1680 EA per 28 days)
MESTINON ORAL SYRUP	3	PA
<i>metaproterenol</i>	1	
<i>metaxalone oral tablet 800 mg</i>	1	QL (90 EA per 30 days)
<i>metformin oral tablet 1,000 mg, 850 mg</i>	1	QL (90 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (90 EA per 30 days)
<i>metformin oral tablet extended release 24hr 500 mg</i>	1	
<i>metformin oral tablet, er gast. retention 24 hr 500 mg</i>	1	
<i>methadone oral concentrate</i>	2	PA; QL (60 ML per 30 days)
<i>methadone oral solution</i>	2	PA; QL (240 ML per 30 days)
<i>methadone oral tablet</i>	1	PA; QL (60 EA per 30 days)
<i>methazolamide</i>	1	
<i>methenamine hippurate</i>	1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
METHITEST	2	PA
<i>methocarbamol oral</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	
<i>methoxsalen</i>	2	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>methscopolamine</i>	1	
<i>methyclothiazide</i>	1	
<i>methyldopa</i>	1	
<i>methylergonovine oral</i>	2	QL (28 EA per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 40 mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 50 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 20 mg, 30 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	1	QL (1350 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	1	QL (2700 ML per 30 days)
<i>methylphenidate hcl oral tablet 20 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet, chewable</i>	1	QL (90 EA per 30 days)
<i>methylprednisolone</i>	1	
<i>methyltestosterone oral capsule</i>	2	PA
<i>methyltestosterone, micro (bulk)</i>	3	
<i>metipranolol</i>	1	
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet, disintegrating</i>	1	QL (120 EA per 30 days)
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	QL (30 EA per 30 days)
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate oral</i>	1	
METROCREAM	1	
<i>metronidazole</i>	1	
MEVACOR ORAL TABLET 20 MG	0	QL (30 EA per 30 days)
<i>mexiletine</i>	1	
MIACALCIN INJECTION	4	PA
MIBELAS 24 FE	3	
MICARDIS ORAL TABLET 80 MG	1	
MICRO THIN LANCETS	1	
MICROGESTIN 1.5/30 (21)	0	
MICROGESTIN 1/20 (21)	0	
MICROGESTIN 24 FE	0	
MICROGESTIN FE 1.5/30 (28)	0	
MICROGESTIN FE 1/20 (28)	0	
MICROLET LANCET	1	
MICRONASE ORAL TABLET 5 MG	1	QL (120 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
MICROSPACER	1	
MICROZIDE	1	
<i>midazolam (pf) injection solution 5 mg/ml</i>	1	
<i>midodrine</i>	1	
<i>miglitol</i>	1	
MILK OF MAGNESIA	1	
MILLIPRED DP	2	
MILLIPRED ORAL TABLET	2	
MINI ULTRA-THIN II	1	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 55 mg, 65 mg, 80 mg</i>	2	QL (30 EA per 30 days)
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	1	QL (30 EA per 30 days)
<i>minoxidil oral</i>	1	
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	4	PA
MIRENA	0	
<i>mirtazapine</i>	1	QL (30 EA per 30 days)
<i>misoprostol</i>	1	
M-M-R II (PF)	0	
<i>modafinil</i>	1	QL (30 EA per 30 days)
<i>moexipril</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>mometasone nasal</i>	1	QL (34 GM per 30 days)
<i>mometasone topical</i>	1	
MONODOX ORAL CAPSULE 100 MG	1	
MONOJECT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16	1	
MONOJECT PREFILL (PF)	1	
MONO-LINYAH	0	
MONONESSA (28)	0	
MONOPRIL ORAL TABLET 20 MG	1	
<i>montelukast</i>	1	QL (30 EA per 30 days)
MONUROL	3	
MORGIDOX 1X100	3	PA
MORGIDOX 2X100	3	PA
MORGIDOX ORAL CAPSULE 100 MG	3	
<i>morphine 4 mg/ml isecure syr llf, inner, suv</i>	1	
<i>morphine concentrate oral solution</i>	1	QL (120 ML per 30 days)
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 75 mg, 90 mg</i>	2	PA; QL (30 EA per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 30 mg</i>	2	PA; QL (60 EA per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 45 mg</i>	1	PA; QL (30 EA per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 60 mg</i>	1	PA; QL (60 EA per 30 days)
<i>morphine oral capsule, extend. release pellets 10 mg, 60 mg</i>	1	PA; QL (60 EA per 30 days)
<i>morphine oral capsule, extend. release pellets 100 mg, 20 mg, 30 mg, 50 mg, 80 mg</i>	2	PA; QL (60 EA per 30 days)
<i>morphine oral solution</i>	1	QL (480 ML per 30 days)
<i>morphine oral tablet 15 mg</i>	1	QL (180 EA per 30 days)
<i>morphine oral tablet 30 mg</i>	1	QL (90 EA per 30 days)
<i>morphine oral tablet extended release 15 mg</i>	1	PA; QL (90 EA per 30 days)
<i>morphine oral tablet extended release 200 mg, 30 mg</i>	1	PA; QL (60 EA per 30 days)
<i>morphine sulf er 15 mg tablet</i>	1	PA; QL (90 EA per 30 days)
<i>morphine sulf er 30 mg tablet</i>	1	PA; QL (60 EA per 30 days)
<i>morphine sulfate ir 30 mg tab</i>	1	QL (90 EA per 30 days)
MOTEGRITY	3	PA; QL (30 EA per 30 days)
MOTION RELIEF (MECLIZINE)	2	
MOTION SICKNESS (MECLIZINE)	2	
MOTION SICKNESS II	2	
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET	2	
MOTOFEN	3	
MOVANTIK	3	PA; QL (30 EA per 30 days)
MOVIPREP	3	PA
MOXEZA	3	QL (3 ML per 30 days)
<i>moxifloxacin ophthalmic (eye)</i>	1	
<i>moxifloxacin oral</i>	1	QL (14 EA Max Qty Per Fill Retail)
MULTAQ	3	QL (60 EA per 30 days)
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	2	
MY WAY	0	
MYALEPT	4	PA
<i>mycophenolate mofetil oral capsule</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution</i>	2	PA
<i>mycophenolate mofetil oral tablet</i>	1	
<i>mycophenolate sodium</i>	2	
MYLERAN	4	PA
MYORISAN	2	QL (60 EA per 30 days)
MYRBETRIQ	3	QL (30 EA per 30 days)
MYZILRA	0	
<i>nabumetone</i>	1	
<i>nadolol</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
NALFON ORAL CAPSULE 200 MG	3	
<i>naltrexone</i>	1	QL (60 EA per 30 days)
<i>naphazoline</i>	1	
NAPROSYN ORAL SUSPENSION	1	
NAPROSYN ORAL TABLET 250 MG	1	
<i>naproxen</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	
<i>naratriptan</i>	1	QL (9 EA per 30 days)
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	1	QL (2 EA per 30 days)
NASAL ALLERGY	3	
NATACYN	3	
NATAZIA	0	
<i>nateglinide</i>	1	QL (90 EA per 30 days)
NATURE-THROID	2	
NEBUPENT	4	PA
NECON 0.5/35 (28)	0	
NECON 1/35 (28)	0	
NECON 1/50 (28)	0	
NECON 10/11 (28)	0	
NECON 7/7/7 (28)	0	
<i>nefazodone oral tablet 100 mg</i>	1	QL (180 EA per 30 days)
<i>nefazodone oral tablet 150 mg</i>	1	QL (120 EA per 30 days)
<i>nefazodone oral tablet 200 mg</i>	1	QL (90 EA per 30 days)
<i>nefazodone oral tablet 250 mg</i>	1	QL (72 EA per 30 days)
<i>nefazodone oral tablet 50 mg</i>	1	QL (360 EA per 30 days)
NEO-FRADIN	1	
<i>neomycin</i>	1	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
NEORAL	4	PA
NEULASTA	4	PA; QL (1.2 ML per 30 days)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	4	PA
NEUPOGEN INJECTION SYRINGE	4	PA
NEURO B-12 S	2	QL (1 EA per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG	1	
NEURONTIN ORAL TABLET 800 MG	1	
NEVANAC	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>nevirapine oral suspension</i>	1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	1	QL (60 EA per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	1	QL (90 EA per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	QL (30 EA per 30 days)
NEXAVAR	4	PA; QL (120 EA per 30 days)
NEXIUM	3	PA
NEXPLANON	0	
NEXT CHOICE ONE DOSE	0	
<i>niacin oral tablet 250 mg</i>	1	
<i>niacin oral tablet extended release 1,000 mg, 750 mg</i>	1	
<i>niacin oral tablet extended release 24 hr</i>	1	
NIACOR	3	
<i>nicardipine oral</i>	1	
<i>nicotine (polacrilex) buccal gum 2 mg</i>	0	QL (720 EA per 30 days)
<i>nicotine (polacrilex) buccal lozenge 4 mg</i>	0	QL (720 EA per 30 days)
<i>nicotine 21 mg/24hr patch (otc)</i>	0	QL (30 EA per 30 days)
<i>nicotine 7 mg/24hr patch (otc)</i>	0	QL (30 EA per 30 days)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	0	QL (30 EA per 30 days)
NICOTROL	1	QL (672 EA per 30 days)
NICOTROL NS	1	QL (120 ML per 30 days)
<i>nifedipine</i>	1	
NIKKI (28)	0	
<i>nilutamide</i>	2	PA; QL (60 EA per 30 days)
<i>nimodipine</i>	2	
NINLARO	4	PA
<i>nisoldipine</i>	1	
NITRO-BID	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohydlm-cryst</i>	1	
<i>nitroglycerin 0.4 mg tablet sl inner</i>	1	QL (30 EA per 30 days)
<i>nitroglycerin oral</i>	1	
<i>nitroglycerin sublingual tablet 0.3 mg</i>	1	
<i>nitroglycerin sublingual tablet 0.4 mg, 0.6 mg</i>	1	QL (30 EA per 30 days)
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual</i>	1	
NIVA-PLUS	2	
NIVESTYM	4	PA
<i>nizatidine oral capsule</i>	1	
NORA-BE	0	
NORDITROPIN FLEXPRO	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>noreth-estradiol-fe 1-0.02(24)-75 inner</i>	3	
<i>noreth-estradiol-fe 1-0.02(24)-75 outer</i>	0	
<i>noreth-estradiol-fe 1-0.02(24)-75 outer</i>	1	
<i>noreth-estradiol-fe 1-0.02(24)-75 outer</i>	3	
<i>noreth-ethinyl estradiol-iron</i>	0	
<i>norethindrone (contraceptive)</i>	0	
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1-5 mg-mcg</i>	0	
<i>norethindrone-e.estradiol-iron oral tablet</i>	0	
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) 175 mg (4)</i>	0	
NORFLEX ORAL	1	
<i>norgestimate-ethinyl estradiol</i>	0	
<i>norgestrel-ethinyl estradiol</i>	1	
NORINYL 1/35 (28)	0	
NORITATE	3	
NORLYDA	0	
NORLYROC	0	
NORMODYNE	1	
NORPACE CR	3	
NORTREL 0.5/35 (28)	0	
NORTREL 1/35 (21)	0	
NORTREL 1/35 (28)	0	
NORTREL 7/7/7 (28)	0	
<i>nortriptyline</i>	1	
NORVASC ORAL TABLET 10 MG	1	QL (30 EA per 30 days)
NORVIR ORAL CAPSULE	4	QL (360 EA per 30 days)
NORVIR ORAL SOLUTION	4	QL (480 ML per 30 days)
NORVIR SOFT GELATIN	4	
NOVAMAX PLUS KETONE	1	QL (10 EA per 30 days)
NOVOFINE 30	1	
NOVOFINE 32	1	
NOVOLIN 70/30 U-100 INSULIN	2	
NOVOLIN N NPH U-100 INSULIN	1	
NOVOLIN R REGULAR U-100 INSULN	1	
NOVOLOG FLEXPEN U-100 INSULIN	2	
NOVOLOG MIX 70-30 U-100 INSULN	2	
NOVOLOG MIX 70-30FLEXPEN U-100	2	
NOVOLOG PENFILL U-100 INSULIN	2	
NOVOLOG U-100 INSULIN ASPART	2	
NP THYROID	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
NUCALA	4	PA
NUCYNTA ER	3	PA; QL (60 EA per 30 days)
NULYTELY WITH FLAVOR PACKS	0	
NUPLAZID ORAL TABLET 17 MG	4	PA
NUTROPIN AQ	4	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML)	4	PA
NUVARING	0	QL (1 EA per 0 days)
NYAMYC	3	
<i>nystatin oral suspension</i>	1	
<i>nystatin oral tablet</i>	1	
<i>nystatin topical</i>	1	
<i>nystatin-triamcinolone</i>	1	
OB COMPLETE WITH DHA	2	
OCELLA	0	
<i>octreotide acetate injection solution</i>	2	PA
ODEFSEY	4	QL (30 EA per 30 days)
ODOMZO	4	PA
OFEV	4	PA
<i>ofloxacin ophthalmic (eye)</i>	1	
<i>ofloxacin oral</i>	2	
<i>ofloxacin otic (ear)</i>	1	
OGESTREL (28)	0	
<i>olanzapine oral</i>	1	QL (30 EA per 30 days)
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazyd</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg</i>	1	QL (30 EA per 30 days)
<i>olmesartan-hydrochlorothiazide oral tablet 40-25 mg</i>	1	
<i>olopatadine nasal</i>	1	QL (30.5 GM per 30 days)
<i>olopatadine ophthalmic (eye)</i>	1	
OLUMIANT	4	PA; QL (30 EA per 30 days)
OLUX	2	
<i>omega-3 acid ethyl esters</i>	1	
<i>omeprazole (bulk)</i>	3	
<i>omeprazole oral capsule, delayed release (drlec)</i>	1	QL (60 EA per 30 days)
<i>omeprazole oral tablet, delayed release (drlec)</i>	1	
OMNICEF ORAL CAPSULE	1	
OMNIPRED	2	QL (10 ML per 30 days)
OMNITROPE	4	PA
<i>ondansetron</i>	1	QL (180 EA per 30 days)
<i>ondansetron hcl (pf) injection syringe</i>	2	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>ondansetron hcl oral solution</i>	1	QL (100 ML per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	2	QL (30 EA per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL (180 EA per 30 days)
ONE DAILY ORAL TABLET	2	
ONETOUCH DELICA LANCETS 30 GAUGE	1	
ONETOUCH ULTRA TEST	2	
ONETOUCH ULTRA2 METER KIT	2	
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO	2	QL (150 EA per 30 days)
ONETOUCH VERIO SYNC	2	
ONETOUCH VERIO SYSTEM	2	
ONFI ORAL TABLET 10 MG, 20 MG	3	PA
OPCICON ONE-STEP	0	QL (1 EA per 30 days)
OPSUMIT	4	PA; QL (30 EA per 30 days)
OPTICHAMBER DIAMOND VHC	2	
OPTICHAMBER DIAMOND-MED MSK	2	
OPTION-2	0	
ORAVIG	3	PA; QL (14 EA per 14 days)
ORENCIA CLICKJECT	4	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA
ORKAMBI ORAL TABLET	4	PA
<i>orphenadrine citrate oral</i>	1	
ORSYTHIA	0	
ORTHO MICRONOR	0	
ORTHO TRI-CYCLEN (28)	0	
ORTHO TRI-CYCLEN LO (28)	3	
ORTHO-CYCLEN (28)	0	
<i>oseltamivir oral capsule</i>	1	QL (10 EA per 5 days)
<i>oseltamivir oral suspension for reconstitution</i>	1	QL (60 ML per 5 days)
OSPHENA	3	
OTEZLA	4	PA
OTEZLA STARTER	4	PA
OTIPRIO	3	PA
OTOVEL	3	ST
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	3	PA
OVCON-35 (28)	0	
<i>oxandrolone oral tablet 10 mg</i>	2	PA; QL (60 EA per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	1	PA; QL (120 EA per 30 days)
<i>oxaprozin</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>oxcarbazepine</i>	1	
<i>oxybutynin chloride oral syrup</i>	1	QL (600 ML per 30 days)
<i>oxybutynin chloride oral tablet</i>	1	QL (120 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
<i>oxycodone hcl 5 mg tablet</i>	1	QL (240 EA per 30 days)
<i>oxycodone oral capsule</i>	1	QL (240 EA per 30 days)
<i>oxycodone oral solution</i>	1	PA; QL (1800 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	QL (90 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr</i>	1	PA; QL (60 EA per 30 days)
<i>oxycodone-acetaminophen oral solution</i>	1	QL (150 ML per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg</i>	1	QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	QL (180 EA per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	3	PA; QL (60 EA per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	1	QL (90 EA per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	1	QL (60 EA per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 5 mg, 7.5 mg</i>	1	PA; QL (60 EA per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 20 mg, 30 mg, 40 mg</i>	2	PA; QL (60 EA per 30 days)
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	3	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	2	PA; QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	PA; QL (60 EA per 30 days)
PALYNZIQ	4	PA
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	PA
PANCRELIPASE 5000	3	
PANDEL	2	
<i>pantoprazole oral</i>	1	QL (60 EA per 30 days)
PARAGARD T 380A	0	
<i>paricalcitol oral</i>	1	
PARLODEL ORAL TABLET	1	
PAROEX ORAL RINSE	3	
<i>paroxetine hcl oral tablet 10 mg</i>	1	QL (90 EA per 30 days)
<i>paroxetine hcl oral tablet 20 mg, 30 mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	1	QL (45 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	QL (60 EA per 30 days)
<i>paroxetine mesylate(menop.sym)</i>	1	QL (30 EA per 30 days)
PATANOL	3	PA
PAXIL ORAL TABLET 20 MG	1	QL (60 EA per 30 days)
PAXIL ORAL TABLET 40 MG	1	QL (45 EA per 30 days)
PEDIAPRED	1	
PEDI-DRI	1	
PEDVAX HIB (PF)	0	
<i>peg 3350-electrolytes</i>	1	
PEGANONE	3	
PEGASYS CONVENIENCE PACK	4	PA; QL (4 EA per 30 days)
PEGASYS PROCLICK	4	PA; QL (4 ML per 30 days)
PEGASYS SUBCUTANEOUS SYRINGE	4	PA; QL (4 ML per 30 days)
<i>peg-electrolyte soln</i>	1	
PEGINTRON	4	PA; QL (4 EA per 30 days)
PEGINTRON REDIPEN	4	PA; QL (4 EA per 30 days)
<i>pen needle 32g x 5/32"</i>	1	
PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16"	1	
<i>pen needle, diabetic needle 29 gauge x 1/2", 31 gauge x 1/4", 31 gauge x 5/16", 32 gauge x 5/32"</i>	1	
<i>penicillin v potassium</i>	1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	3	
PENNSAID TOPICAL SOLUTION IN PACKET	3	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	QL (90 EA per 30 days)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	2	QL (240 EA per 30 days)
<i>pentoxifylline</i>	1	
PENTOXIL	1	
PERCOCET ORAL TABLET 10-325 MG	1	QL (120 EA per 30 days)
PERIDEX	1	
<i>perindopril erbumine</i>	1	
<i>permethrin topical cream</i>	1	
<i>perphenazine</i>	1	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 8,000-28,750- 30,250 UNIT	3	PA
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
<i>phenelzine</i>	1	
PHENERGAN ORAL	1	
PHENERGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>phenobarbital oral tablet</i>	1	
<i>phenoxybenzamine</i>	1	PA
<i>phenytoin oral suspension</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
PHILITH	0	
PHOSLYRA	3	
PHOSPHA 250 NEUTRAL	1	
PHOSPHOLINE IODIDE	2	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	2	QL (5 EA per 30 days)
<i>phytonadione 5 mg tablet</i>	2	QL (5 EA per 30 days)
<i>phytonadione 5 mg tablet inner</i>	2	QL (5 EA per 30 days)
<i>phytonadione 5 mg tablet outer</i>	2	QL (5 EA per 30 days)
PICATO TOPICAL GEL 0.015 %	3	PA; QL (3 EA per 30 days)
PICATO TOPICAL GEL 0.05 %	2	QL (2 EA per 30 days)
PIFELTRO	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
<i>pilocarpine hcl oral</i>	1	
<i>pimecrolimus 1% cream</i>	2	ST; QL (100 GM per 30 days)
<i>pimecrolimus 1% cream</i>	2	ST; QL (30 GM per 30 days)
<i>pimecrolimus 1% cream</i>	2	ST; QL (60 GM per 30 days)
<i>pimozide oral tablet 1 mg</i>	1	QL (30 EA per 30 days)
<i>pimozide oral tablet 2 mg</i>	1	QL (60 EA per 30 days)
PIMTREA (28)	0	
<i>pindolol</i>	1	
<i>pioglitazone</i>	1	QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	1	
<i>pioglitazone-metformin oral tablet 15-850 mg</i>	1	QL (90 EA per 30 days)
PIRMELLA	0	
<i>piroxicam</i>	1	
PLAN B ONE-STEP	0	
PLAQUENIL	1	
PLEGRIDY	4	PA
PNEUMOVAX 23	0	
PNV 29-1	2	
PNV-DHA + DOCUSATE	2	
<i>podofilox</i>	1	
<i>polyethylene glycol 3350</i>	1	
<i>polyethylene glycol 3350(bulk) powder</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
PORTIA 28	0	
<i>potassium bicarb-citric acid</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml</i>	1	
<i>potassium chloride oral packet</i>	2	
<i>potassium chloride oral tablet extended release</i>	1	
<i>potassium chloride oral tablet, er particles/crystals</i>	1	
<i>potassium citrate</i>	1	
<i>potassium citrate-citric acid oral solution</i>	1	
POTIGA	3	PA
PRADAXA	3	QL (60 EA per 30 days)
<i>pramipexole oral tablet</i>	1	QL (90 EA per 30 days)
<i>pramipexole oral tablet extended release 24 hr</i>	2	QL (30 EA per 30 days)
<i>prasugrel</i>	1	
PRAVACHOL ORAL TABLET 10 MG, 20 MG	0	QL (30 EA per 30 days)
PRAVACHOL ORAL TABLET 40 MG	0	QL (60 EA per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 80 mg</i>	0	QL (30 EA per 30 days)
<i>pravastatin oral tablet 40 mg</i>	0	QL (60 EA per 30 days)
<i>praziquantel</i>	2	
<i>prazosin</i>	1	
PRECISION XTRA B-KETONE	1	QL (10 EA per 30 days)
PRECISION XTRA MONITOR	2	
PRED MILD	2	
<i>prednicarbate</i>	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone oral tablet</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
<i>prednisolone sodium phosphate oral solution</i>	1	
<i>prednisone</i>	1	
PREDNISON INTENSOL	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (120 EA per 30 days)
<i>pregabalin oral capsule 200 mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 EA per 30 days)
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPRO	3	
PRENATA	1	
PRENATABS RX	1	
PRENATAL 19	1	
PRENATAL 19 (WITH DOCUSATE)	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
PRENATAL LOW IRON	1	
PRENATAL MULTIVITAMINS	1	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	1	
PRENATAL PLUS	1	
PRENATAL PLUS (CALCIUM CARB)	0	
PRENATAL VITAMIN PLUS LOW IRON	1	
<i>prenatal vits96-iron fum-folic</i>	1	
PREPOPIK	1	
PREVACID	1	QL (60 EA per 30 days)
PREVIFEM	0	
PREVNAR 13 (PF)	0	
PREZCOBIX	4	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	4	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	4	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (300 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	4	
PRIFTIN	3	
PRILOLID	3	
PRILOSEC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 40 MG	1	QL (60 EA per 30 days)
<i>primaquine</i>	1	
<i>primidone</i>	1	
PRIMSOL	2	
PRINIVIL ORAL TABLET 10 MG	1	
PROAIR HFA	3	QL (17 GM per 30 days)
PROAIR RESPICLICK	3	QL (2 EA per 30 days)
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
PROCARDIA	1	
PROCHIEVE	4	PA
<i>prochlorperazine</i>	1	QL (30 EA per 30 days)
<i>prochlorperazine maleate</i>	1	
PROCRIT	4	PA
PROCTOCREAM-HC	1	
PROCTO-KIT TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
PROCTOZONE-HC	1	
PRODIGY NO CODING	3	QL (150 EA per 30 days)
<i>progesterone (bulk)</i>	3	
<i>progesterone micronized</i>	1	
<i>progesterone micronized (bulk)</i>	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
PROMACTA ORAL TABLET	4	PA; QL (90 EA per 30 days)
<i>promethazine 50 mg suppository</i>	2	
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg</i>	1	
<i>promethazine rectal suppository 25 mg</i>	1	QL (30 EA per 30 days)
<i>promethazine rectal suppository 50 mg</i>	2	
<i>promethazine-codeine</i>	1	QL (150 ML per 5 days)
<i>promethazine-dm</i>	1	
PROMETHEGAN 50 MG SUPPOSITORY INNER	1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 50 MG	1	
PROMETHEGAN RECTAL SUPPOSITORY 25 MG	3	
PROMETRIUM	1	
<i>propafenone</i>	1	
PROPECIA	1	
<i>propranolol oral</i>	1	
<i>propylthiouracil</i>	1	
PROQUAD (PF)	0	
PROSCAR	1	QL (30 EA per 30 days)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 40 MG	1	QL (60 EA per 30 days)
<i>protriptyline</i>	1	
PROVENTIL HFA	2	QL (36 GM per 30 days)
PROVIGIL ORAL TABLET 100 MG	1	QL (30 EA per 30 days)
PULMICORT FLEXHALER	2	QL (2 EA per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.5 MG/2 ML	2	QL (240 ML per 30 days)
PULMOZYME	4	PA
PURIXAN	4	PA
<i>pyrazinamide</i>	2	
PYRIDIUM ORAL TABLET 100 MG	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
QUASENSE	0	QL (91 EA per 91 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 300 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	1	QL (30 EA per 30 days)
QUILLICHEW ER	2	QL (60 EA per 30 days)
QUILLIVANT XR	2	QL (540 ML per 30 days)
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>quinidine gluconate oral</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>quinidine sulfate oral tablet</i>	1	
<i>quinidine sulfate oral tablet extended release</i>	2	
<i>quinine sulfate</i>	1	
QVAR INHALATION AEROSOL 40 MCG/ACTUATION	2	QL (34.8 GM per 30 days)
QVAR INHALATION AEROSOL 80 MCG/ACTUATION	2	QL (18 GM per 30 days)
QVAR REDIHALER	2	
<i>rabeprazole oral tablet, delayed release (drlec)</i>	1	QL (60 EA per 30 days)
RADIOGARDASE	2	
<i>raloxifene</i>	0	QL (30 EA per 30 days)
<i>ramelteon</i>	1	QL (30 EA per 30 days)
<i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>ramipril oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
RANEXA	2	QL (120 EA per 30 days)
<i>ranitidine hcl oral capsule</i>	1	
<i>ranitidine hcl oral syrup</i>	1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
<i>ranolazine</i>	2	QL (60 EA per 30 days)
RAPAFLO	3	QL (30 EA per 30 days)
RAPAMUNE ORAL SOLUTION	4	PA
<i>rasagiline oral tablet 0.5 mg</i>	1	QL (30 EA per 30 days)
<i>rasagiline oral tablet 1 mg</i>	2	QL (30 EA per 30 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML	2	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	
REBIF (WITH ALBUMIN)	4	PA; QL (12 ML per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; QL (12 ML per 30 days)
REBIF TITRATION PACK	4	PA
RECLIPSEN (28)	0	
RECOMBIVAX HB (PF)	0	
RECTIV	3	
REGLAN ORAL TABLET 10 MG	1	
REGRANEX	3	PA
RELENZA DISKHALER	3	QL (20 EA per 10 days)
RELION NEEDLES	1	
RELION PEN NEEDLES	1	
RELION PRIME TEST STRIPS	1	QL (150 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (240 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (120 EA per 30 days)
REPATHA PUSHTRONEX	4	PA; QL (3.5 ML per 28 days)
REPATHA SURECLICK	4	PA; QL (3 ML per 28 days)
REPATHA SYRINGE	4	PA
RESCRIPTOR ORAL TABLET	4	QL (180 EA per 30 days)
RESCRIPTOR ORAL TABLET, DISPERSIBLE	4	QL (360 EA per 30 days)
<i>reserpine</i>	1	
RESTASIS	2	
RESTASIS MULTIDOSE	2	
RESTORIL ORAL CAPSULE 30 MG	1	QL (30 EA per 30 days)
RETACRIT	4	PA
RETIN-A TOPICAL CREAM 0.05 %	1	QL (45 GM per 30 days)
REVATIO	4	PA
REVLIMID	4	PA; QL (30 EA per 30 days)
REXULTI	3	PA; QL (30 EA per 30 days)
REYATAZ ORAL POWDER IN PACKET	4	
RIBASPHERE ORAL TABLET 400 MG, 600 MG	4	PA
RIBASPHERE RIBAPAK ORAL TABLETS,DOSE PACK 400 MG (7)- 400 MG (7), 400-400 MG (28)-MG (28), 600 MG (7)- 400 MG (7), 600 MG (7)- 600 MG (7), 600-400 MG (28)-MG (28), 600-600 MG (28)-MG (28)	4	PA
RIBATAB DOSE PACK	4	PA
<i>ribavirin oral capsule</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
RIDAURA	4	PA
<i>rifabutin</i>	2	
<i>rifampin oral</i>	1	
RIFATER	3	
<i>riluzole</i>	1	
<i>rimantadine</i>	1	
RIOMET	3	PA
<i>risedronate oral tablet 150 mg</i>	1	QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 35 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>risedronate oral tablet,delayed release (drlec)</i>	1	QL (4 EA per 28 days)
RISPERDAL CONSTA	4	PA
<i>risperidone oral solution</i>	1	
<i>risperidone oral syringe</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 1 mg</i>	1	QL (480 EA per 30 days)
<i>risperidone oral tablet 2 mg</i>	1	QL (240 EA per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	QL (180 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	QL (120 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	1	QL (1920 EA per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	1	QL (960 EA per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg, 2 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	1	QL (180 EA per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	QL (120 EA per 30 days)
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 30 MG	1	QL (60 EA per 30 days)
<i>ritonavir</i>	1	
<i>rivastigmine</i>	1	QL (30 EA per 30 days)
<i>rivastigmine tartrate</i>	1	QL (60 EA per 30 days)
<i>rizatriptan</i>	1	QL (9 EA per 28 days)
ROMYCIN	1	
<i>ropinirole oral tablet</i>	1	
<i>ropinirole oral tablet extended release 24 hr</i>	1	QL (30 EA per 30 days)
ROSDAN TOPICAL KIT, CLEANSER AND GEL	2	
ROSDAN TOPICAL KIT, CLEANSER AND CREAM	2	
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	0	QL (30 EA per 30 days)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
ROXICODONE ORAL TABLET 30 MG	1	QL (90 EA per 30 days)
ROZEREM	3	ST; QL (30 EA per 30 days)
SABRIL ORAL TABLET	4	PA; QL (180 EA per 30 days)
<i>salicylic acid topical cream</i>	1	
<i>salicylic acid topical shampoo</i>	1	
<i>salsalate oral tablet 500 mg</i>	1	
SAMSCA ORAL TABLET 15 MG	4	PA; QL (30 EA per 30 days)
SAMSCA ORAL TABLET 30 MG	4	PA; QL (60 EA per 30 days)
SANCUSO	3	PA; QL (1 EA per 7 days)
SANTYL	3	QL (30 GM per 30 days)
SAPHRIS (BLACK CHERRY)	3	PA; QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG	3	PA; QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET 5 MG	3	PA
SARAFEM ORAL CAPSULE 20 MG	1	QL (90 EA per 30 days)
SAVAYSA	3	QL (30 EA per 30 days)
SAVELLA ORAL TABLET	3	PA; QL (60 EA per 30 days)
SCALACORT	2	
<i>scopolamine base</i>	1	
<i>selegiline hcl</i>	1	
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	PA
SENSIPAR ORAL TABLET 30 MG, 60 MG	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
SENSIPAR ORAL TABLET 90 MG	3	PA
SEREVENT DISKUS	2	QL (60 EA per 30 days)
SEROQUEL ORAL TABLET 300 MG	1	QL (60 EA per 30 days)
<i>sertraline oral concentrate</i>	1	QL (300 ML per 30 days)
<i>sertraline oral tablet 100 mg</i>	1	QL (60 EA per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	QL (240 EA per 30 days)
<i>sertraline oral tablet 50 mg</i>	1	QL (120 EA per 30 days)
SETLAKIN	0	QL (91 EA per 91 days)
<i>sevelamer carbonate</i>	1	
SHAROBEL	0	
SHINGRIX (PF)	0	
SHINGRIX GE ANTIGEN COMPONENT	0	
SIGNIFOR	4	PA
SILAZONE-II	2	
<i>sildenafil (antihypertensive) oral suspension for reconstitution</i>	2	PA
<i>sildenafil (antihypertensive) oral tablet</i>	1	PA; QL (90 EA per 30 days)
<i>silodosin oral capsule 4 mg</i>	1	QL (60 EA per 30 days)
<i>silodosin oral capsule 8 mg</i>	1	QL (30 EA per 30 days)
<i>silver sulfadiazine</i>	1	
SIMBRINZA	3	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0	QL (30 EA per 30 days)
<i>simvastatin oral tablet 80 mg</i>	1	QL (30 EA per 30 days)
SINEMET ORAL TABLET 10-100 MG	1	
SINGULAIR ORAL TABLET	1	QL (30 EA per 30 days)
<i>sirolimus oral tablet</i>	2	
SIRTURO	4	PA
SIVEXTRO ORAL	4	PA
SKLICE	3	QL (117 GM per 30 days)
SKYLA	0	
SKYRIZI	4	PA
<i>sodium chloride inhalation solution for nebulization 7%</i>	1	
SODIUM POLYSTYRENE (SORB FREE)	1	
<i>sodium polystyrene sulfonate</i>	1	
<i>sofosbuvir-velpatasvir</i>	4	PA
<i>solifenacin</i>	2	QL (30 EA per 30 days)
SOMAVERT 10 MG VIAL OUTER, LATEX-FREE, SUV	4	PA
SOMAVERT 15 MG VIAL SDV, LATEX-FREE	4	PA
SOMAVERT 20 MG VIAL SDV, LATEX-FREE, OUTER	4	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
SORIATANE ORAL CAPSULE 10 MG, 25 MG	2	QL (30 EA per 30 days)
SOTALOL AF	1	
<i>sotalol oral</i>	1	
SOTYLIZE	4	PA
SOVALDI ORAL TABLET 400 MG	4	PA
<i>spinosad</i>	1	
SPIRIVA 18 MCG CP-HANDIHALER	2	QL (90 EA Max Qty Per Fill Retail)
SPIRIVA 18 MCG CP-HANDIHALER	2	QL (90 EA per 30 days)
SPIRIVA 18 MCG CP-HANDIHALER 30 CAPS W/HANDIHALER	2	QL (30 EA per 30 days)
SPIRIVA 18 MCG CP-HANDIHALER 30 CAPS W/HANDIHALER	2	QL (90 EA Max Qty Per Fill Retail)
SPIRIVA 18 MCG CP-HANDIHALER 5 CAPS W/HANDIHALER	2	QL (30 EA per 30 days)
SPIRIVA 18 MCG CP-HANDIHALER 90 CAPS W/HANDIHALER	2	QL (90 EA Max Qty Per Fill Retail)
SPIRIVA RESPIMAT	2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL (90 EA per 30 days)
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
SPRAVATO	3	PA; QL (16 EA per 28 days)
SPRINTEC (28)	0	
SPRYCEL	4	PA; QL (30 EA per 30 days)
SPS (WITH SORBITOL)	1	
SRONYX	0	
<i>stavudine oral capsule 15 mg, 20 mg</i>	1	QL (120 EA per 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>stavudine oral recon soln</i>	1	
STELARA	4	PA
STIMATE	4	PA; QL (2.5 ML per 30 days)
STIOLTO RESPIMAT	2	
STIVARGA	4	PA; QL (84 EA per 28 days)
STRIBILD	4	QL (30 EA per 30 days)
STRIVERDI RESPIMAT	2	QL (4 GM per 30 days)
SUBOXONE	2	QL (90 EA per 30 days)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY	4	PA; QL (120 EA per 30 days)
<i>sucralfate</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5% (w/w)</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>sulfacetamide-prednisolone</i>	1	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
SULFAMIDE	2	
SULFAMYLON TOPICAL CREAM	3	
<i>sulfasalazine</i>	1	
SULFAZINE	2	
<i>sulindac</i>	1	
<i>sumatriptan</i>	1	QL (6 EA per 28 days)
<i>sumatriptan succinate oral</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	QL (1 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL (4 ML per 28 days)
SUMAVEL DOSEPRO	3	PA; QL (2 ML per 30 days)
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	1	
SUPREP BOWEL PREP KIT	1	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16	1	
SURE ONE INSULIN SYRINGE	1	
SURMONTIL ORAL CAPSULE 100 MG	2	
SUTENT	4	PA; QL (30 EA per 30 days)
SYEDA	0	
SYMAX DUOTAB	3	PA
SYMBICORT 160-4.5 MCG INHALER 120 INHALATIONS	2	QL (10.2 GM per 30 days)
SYMBICORT 160-4.5 MCG INHALER 60 INHALATIONS	2	QL (6 GM per 30 days)
SYMBICORT 80-4.5 MCG INHALER 120 INHALATIONS	2	QL (10.2 GM per 30 days)
SYMBICORT 80-4.5 MCG INHALER 60 INHALATIONS	2	QL (6.9 GM per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	QL (10.2 GM per 30 days)
SYMJEPI	2	QL (2 EA per 30 days)
SYMLINPEN 120	3	PA; QL (10 ML per 30 days)
SYMLINPEN 60	3	PA; QL (10 ML per 30 days)
SYMPROIC	3	PA; QL (30 EA per 30 days)
SYMTUZA	4	
SYNALAR TOPICAL SOLUTION	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
SYNERA	3	
SYNJARDY	2	ST; QL (60 EA per 30 days)
SYNJARDY XR	2	ST
SYNTHROID	2	
TABLOID	4	PA
<i>tacrolimus oral</i>	1	
<i>tacrolimus topical ointment 0.03 %</i>	1	
<i>tacrolimus topical ointment 0.1 %</i>	2	
<i>tadalafil (antihypertensive)</i>	2	PA; QL (60 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>tadalafil oral tablet 20 mg</i>	2	PA; QL (60 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG	4	PA; QL (180 EA per 28 days)
TAFINLAR ORAL CAPSULE 75 MG	4	PA; QL (180 EA per 20 days)
TAGRISSO	4	PA
TAKE ACTION	0	QL (1 EA per 30 days)
TALTZ AUTOINJECTOR	4	PA
TALTZ AUTOINJECTOR (2 PACK)	4	PA
TALTZ AUTOINJECTOR (3 PACK)	4	PA
TALTZ SYRINGE	4	PA
TALTZ SYRINGE (2 PACK)	4	PA
TALTZ SYRINGE (3 PACK)	4	PA
TAMBOCOR ORAL TABLET 100 MG, 50 MG	1	
TAMIFLU ORAL CAPSULE 75 MG	1	QL (10 EA per 5 days)
<i>tamoxifen</i>	0	
<i>tamsulosin</i>	1	QL (60 EA per 30 days)
TARCEVA	4	PA; QL (30 EA per 30 days)
TARGRETIN TOPICAL	4	PA
TARINA FE 1/20 (28)	0	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (120 EA per 30 days)
TAYTULLA	3	
<i>tazarotene</i>	1	
TAZORAC TOPICAL CREAM 0.05 %	3	PA
TAZORAC TOPICAL GEL	3	PA
TAZTIA XT	1	
TECFIDERA	4	PA
TECHNIVIE	4	PA
TEGRETOL ORAL SUSPENSION	3	PA
TEGRETOL ORAL TABLET	3	PA
TEGRETOL XR	3	PA
TEKTURNA	3	QL (30 EA per 30 days)
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>telmisartan-hydrochlorothiazid</i>	1	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>temazepam oral capsule 22.5 mg</i>	2	QL (30 EA per 30 days)
TEMODAR ORAL CAPSULE 20 MG, 5 MG	2	QL (10 EA per 28 days)
<i>temozolomide</i>	2	QL (10 EA per 28 days)
TENEX ORAL TABLET 2 MG	1	
<i>tenofovir disoproxil fumarate</i>	1	QL (30 EA per 30 days)
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
<i>terbinafine hcl oral</i>	1	QL (30 EA per 30 days)
<i>terbutaline oral</i>	1	
<i>terconazole vaginal cream</i>	1	QL (450 GM per 30 days)
<i>terconazole vaginal suppository</i>	1	QL (3 EA per 3 days)
TESSALON PERLES	1	
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
<i>testosterone transdermal gel</i>	1	
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1%)</i>	1	
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62%)</i>	1	QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i>	1	
<i>testosterone transdermal gel in packet 1.62% (20.25 mg/1.25 gram)</i>	1	QL (37.5 GM per 30 days)
<i>testosterone transdermal solution in metered pump w/lapp</i>	1	QL (180 ML per 30 days)
<i>tetrabenazine</i>	2	PA
<i>tetracycline</i>	1	
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (60 EA per 30 days)
THEO-24	2	
<i>theophylline 80 mg/15 ml soln inner</i>	2	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
THERMAZENE	1	
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>thyroid (pork)</i>	1	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
THYROLAR-2	3	
THYROLAR-3	3	
<i>tiagabine</i>	1	
TIAZAC	1	
<i>ticlopidine</i>	1	QL (60 EA per 30 days)
TILIA FE	0	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	
<i>timolol maleate oral</i>	1	
<i>tinidazole oral tablet 500 mg</i>	1	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
TIVICAY ORAL TABLET 10 MG, 25 MG	4	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	4	QL (60 EA per 30 days)
<i>tizanidine</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	
<i>tobramycin</i>	1	
<i>tobramycin (bulk)</i>	3	
<i>tobramycin in 0.225 % nacl</i>	4	PA; QL (280 ML per 56 days)
<i>tobramycin sulfate</i>	4	PA
<i>tobramycin sulfate (bulk)</i>	3	
<i>tobramycin with nebulizer</i>	4	PA; QL (280 ML per 56 days)
<i>tobramycin-dexamethasone</i>	1	
<i>tolcapone</i>	1	PA
<i>tolmetin</i>	1	
<i>tolterodine oral capsule, extended release 24hr</i>	1	QL (30 EA per 30 days)
<i>tolterodine oral tablet</i>	1	QL (60 EA per 30 days)
TOPAMAX 25 MG TABLET COATED	3	
TOPAMAX ORAL TABLET 25 MG	3	
TOPICORT TOPICAL OINTMENT 0.25 %	1	
<i>topiramate 25 mg tablet</i>	1	QL (480 EA per 30 days)
<i>topiramate oral capsule, sprinkle 15 mg</i>	1	QL (375 EA per 30 days)
<i>topiramate oral capsule, sprinkle 25 mg</i>	1	QL (480 EA per 30 days)
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg</i>	1	QL (120 EA per 30 days)
<i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>topiramate oral capsule, sprinkle, er 24hr 25 mg</i>	1	QL (480 EA per 30 days)
<i>topiramate oral capsule, sprinkle, er 24hr 50 mg</i>	1	QL (240 EA per 30 days)
<i>topiramate oral tablet 100 mg</i>	1	QL (120 EA per 30 days)
<i>topiramate oral tablet 200 mg</i>	1	QL (60 EA per 30 days)
<i>topiramate oral tablet 25 mg</i>	1	QL (480 EA per 30 days)
<i>topiramate oral tablet 50 mg</i>	1	QL (240 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG	1	QL (30 EA per 30 days)
<i>torse mide oral</i>	1	
TOVIAZ	2	QL (30 EA per 30 days)
TRACLEER ORAL TABLET	4	PA
TRADJENTA	2	ST; QL (30 EA per 30 days)
<i>tramadol oral capsule, er biphas e 24 hr 17-83</i>	1	
<i>tramadol oral capsule, er biphas e 24 hr 25-75</i>	1	PA; QL (30 EA per 30 days)
<i>tramadol oral tablet</i>	1	QL (240 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	1	PA; QL (30 EA per 30 days)
<i>tramadol oral tablet, er multiphas e 24 hr</i>	1	PA; QL (30 EA per 30 days)
<i>tramadol-acetaminophen</i>	1	QL (120 EA per 30 days)
TRANDATE ORAL TABLET 300 MG	1	
<i>trandolapril oral tablet 1 mg, 2 mg</i>	1	QL (30 EA per 30 days)
<i>trandolapril oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
<i>trandolapril-verapamil</i>	1	
<i>tranexamic acid oral</i>	1	QL (30 EA per 30 days)
TRANSDERM-SCOP	2	
<i>tranylecypromine</i>	2	
TRAVATAN Z	3	QL (5 ML per 30 days)
TRAVEL MOTION SICKNESS(MECLIZ)	1	
<i>trazodone</i>	1	
TRECTOR	3	
TREMFYA	4	PA
TRESIBA FLEXTOUCH U-100	3	PA
TRESIBA FLEXTOUCH U-200	3	PA
<i>tretinoin (chemotherapy)</i>	1	PA
<i>tretinoin (emollient)</i>	1	
<i>tretinoin microspheres topical gel 0.1 %</i>	1	
<i>tretinoin microspheres topical gel with pump 0.1 %</i>	1	
<i>tretinoin topical cream</i>	1	QL (45 GM per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	QL (45 GM per 30 days)
<i>tretinoin topical gel 0.05 %</i>	1	
TRETIN-X CREAM KIT	2	
TRETIN-X TOPICAL CREAM 0.0375 %	2	
TRETIN-X TOPICAL CREAM 0.075 %	2	QL (45 GM per 30 days)
TREXALL	3	PA
TRI FEMYNOR	0	
<i>triamcinolone 0.5% ointment</i>	1	
<i>triamcinolone acetamide dental</i>	1	
<i>triamcinolone acetamide nasal</i>	3	
<i>triamcinolone acetamide topical cream</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	2	
<i>triamterene-hydrochlorothiazid</i>	1	
<i>triazolam</i>	1	QL (30 EA per 30 days)
<i>trientine</i>	4	PA
TRI-ESTARYLLA	0	
<i>trifluoperazine</i>	1	
<i>trifluridine</i>	1	
<i>trihexyphenidyl</i>	1	
TRI-LEGEST FE	0	
TRI-LINYAH	0	
TRI-LO-ESTARYLLA	0	
TRI-LO-MARZIA	0	
TRI-LO-SPRINTEC	0	
TRILYTE WITH FLAVOR PACKETS	1	
<i>trimethobenzamide oral</i>	1	
<i>trimethoprim</i>	1	
<i>trimipramine</i>	2	
TRINATAL RX 1	2	
TRINESSA (28)	0	
TRINESSA LO	0	
TRINTELLIX	3	PA; QL (30 EA per 30 days)
TRI-PREVIFEM (28)	0	
TRI-SPRINTEC (28)	0	
TRIUMEQ	4	QL (30 EA per 30 days)
TRIVEEN-DUO DHA	2	
TRIVORA (28)	0	
<i>tropicamide</i>	1	
<i>trospium oral capsule, extended release 24hr</i>	1	
<i>trospium oral tablet</i>	1	QL (60 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	1	
TRUEPLUS KETONE	1	QL (50 EA per 30 days)
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	1	
TRUEPLUS PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	1	
TRUERESULT BLOOD GLUCOSE SYSTEM	2	
TRUETRACK BLOOD GLUCOSE SYSTEM	2	
TRULANCE	3	PA; QL (30 EA per 30 days)
TRULICITY	2	PA; QL (2 ML per 28 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
TRUVADA	4	QL (30 EA per 30 days)
TULANA	0	
TWINRIX (PF)	0	
TYBOST	4	QL (30 EA per 30 days)
TYDEMY	0	
TYKERB	4	PA; QL (180 EA per 30 days)
TYLENOL-CODEINE #4	1	QL (180 EA per 30 days)
TYMLOS	4	PA; QL (30 ML per 30 days)
TYZEKA	4	PA
UCERIS ORAL	2	PA; QL (30 EA per 30 days)
U-CORT	1	
UDENYCA	2	
ULESFIA	3	
ULORIC	2	QL (30 EA per 30 days)
ULTICARE PEN NEEDLE 8MM 31G	1	
ULTICARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	1	
ULTICARE SYRINGE 0.3 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16"	1	
ULTIMA TEST STRIPS	1	QL (150 EA per 30 days)
ULTRA THIN LANCETS 31 GAUGE	1	
ULTRA-THIN II (SHORT) PEN NDL	1	
ULTRAVATE TOPICAL OINTMENT	1	
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	1	
UNIFINE PENTIPS PLUS NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32"	1	
UNITHROID	3	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG	4	PA
UPTRAVI ORAL TABLET 800 MCG	4	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA
<i>ursodiol</i>	1	
<i>valacyclovir</i>	1	QL (60 EA per 30 days)
<i>valganciclovir</i>	2	
VALIUM ORAL TABLET 5 MG	1	QL (60 EA per 30 days)
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt)</i>	1	
<i>valsartan oral tablet 160 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>valsartan oral tablet 320 mg, 40 mg</i>	1	QL (90 EA per 30 days)
<i>valsartan-hydrochlorothiazide</i>	1	
VANATRIP	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>vancomycin oral capsule</i>	2	QL (56 EA per 14 days)
VANSPAR	1	
VAQTA (PF)	0	
VARIVAX (PF)	0	
VASCEPA ORAL CAPSULE 1 GRAM	3	QL (120 EA per 30 days)
VELIVET TRIPHASIC REGIMEN (28)	0	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM	3	PA; QL (30 EA per 30 days)
VELTASSA ORAL POWDER IN PACKET 8.4 GRAM	3	PA; QL (60 EA per 28 days)
VENCLEXTA	4	PA
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	1	QL (60 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet 100 mg, 25 mg</i>	1	QL (30 EA per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine oral tablet 50 mg, 75 mg</i>	1	QL (150 EA per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	1	QL (60 EA per 30 days)
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	2	QL (30 EA per 30 days)
<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	1	QL (180 EA per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	1	QL (90 EA per 30 days)
VENTAVIS	4	PA
VENTOLIN HFA 90 MCG INHALER	2	QL (36 GM per 30 days)
VENTOLIN HFA 90 MCG INHALER 60 ACTUATIONS	2	QL (16 GM per 30 days)
VENTOLIN HFA 90 MCG INHALER DOSE COUNTER, 60 ACTS	2	QL (16 GM per 30 days)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (36 GM per 30 days)
VERAMYST	3	ST; QL (10 GM per 30 days)
<i>verapamil oral</i>	1	
VERDESO	3	
VEREGEN	3	PA
VERMOX	3	QL (6 EA per 3 days)
VESICARE	3	QL (30 EA per 30 days)
VESTURA (28)	0	
VEXOL	3	
VIBERZI	3	PA
VICTOZA 2-PAK	3	PA; QL (9 ML per 30 days)
VICTOZA 3-PAK	3	PA; QL (9 ML per 30 days)
VIEKIRA PAK	4	PA
VIEKIRA XR	4	PA
VIENVA	0	
<i>vigabatrin</i>	2	PA; QL (180 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
VIIBRYD ORAL TABLET	3	PA; QL (30 EA per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	PA; QL (30 EA per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (7)-40 MG (16)	3	PA
VIMPAT ORAL SOLUTION	3	PA; QL (1200 ML per 30 days)
VIMPAT ORAL TABLET	3	PA; QL (60 EA per 30 days)
VINATE CARE	2	
VINATE ONE	1	
VIORELE (28)	0	
VIREAD ORAL POWDER	4	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (30 EA per 30 days)
VIREAD ORAL TABLET 300 MG	1	QL (30 EA per 30 days)
VIRT-NATE	1	
VIRT-PN	1	
VIRT-VITE GT	2	
VITAFOL-OB+DHA	2	
VITAMED MD ONE RX	2	
VITAMEDMD REDICHEW RX	2	
VITAMIN B-12 INJECTION	1	
VITAMIN D2	1	QL (4 EA per 28 days)
<i>vitamin d2 1.25 mg(50,000 unit)</i>	1	QL (4 EA per 28 days)
VITUZ	3	QL (450 ML per 30 days)
VIVITROL	4	QL (1 EA Max Qty Per Fill Retail)
VIVOTIF	3	
VIZIMPRO	4	PA
VOL-TAB RX	2	
VOLTAREN ORAL TABLET,DELAYED RELEASE (DR/EC) 75 MG	1	
<i>voriconazole oral tablet 200 mg</i>	2	PA; QL (60 EA per 30 days)
<i>voriconazole oral tablet 50 mg</i>	2	PA; QL (120 EA per 30 days)
VOSPIRE ER ORAL TABLET EXTENDED RELEASE 12 HR 8 MG	1	
VOTRIENT	4	PA; QL (120 EA per 30 days)
VRAYLAR ORAL CAPSULE	3	QL (30 EA per 30 days)
VYFEMLA (28)	0	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	3	QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	3	QL (30 EA per 30 days)
<i>warfarin</i>	1	
WELLBUTRIN ORAL TABLET 75 MG	1	QL (180 EA per 30 days)
WERA (28)	0	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
WP THYROID	3	
WYMZYA FE	1	
XALKORI	4	PA; QL (60 EA per 30 days)
XANAX ORAL TABLET 0.5 MG	1	QL (90 EA per 30 days)
XARELTO 10 MG TABLET	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLETS,DOSE PACK	3	QL (51 EA per 30 days)
XELJANZ ORAL TABLET 5 MG	4	PA; QL (60 EA per 30 days)
XELJANZ XR	4	PA; QL (30 EA per 30 days)
XIAFLEX	4	PA
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (90 EA per 30 days)
XIIDRA	2	
XOFLUZA	3	QL (2 EA per 180 days)
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA
XOLEGEL	3	ST
XRYLIX (DICLOFENAC-KINES TAPE)	2	
XTANDI	4	PA
XULANE	0	QL (3 EA per 21 days)
YUPELRI	3	PA; QL (90 ML per 30 days)
YUVAFEM	1	
<i>zafirlukast</i>	1	QL (60 EA per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	QL (30 EA per 30 days)
ZANAFLEX ORAL TABLET	1	
ZANTAC ORAL SYRUP	1	
ZARAH	0	
ZARXIO	4	PA
ZAZOLE VAGINAL CREAM 0.4 %	2	
ZEBETA ORAL TABLET 10 MG	1	
ZELAPAR	3	PA
ZELBORAF	4	PA
ZENATANE	2	QL (60 EA per 30 days)
ZENCHENT (28)	0	
ZENPEP	2	PA
ZESTRIL ORAL TABLET 30 MG	1	
<i>zidovudine oral capsule</i>	1	QL (180 EA per 30 days)
<i>zidovudine oral syrup</i>	1	QL (1920 ML per 30 days)
<i>zidovudine oral tablet</i>	1	QL (60 EA per 30 days)
<i>zileuton</i>	4	PA
<i>ziprasidone hcl oral capsule 20 mg</i>	1	QL (240 EA per 30 days)
<i>ziprasidone hcl oral capsule 40 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ZIPSOR	3	
ZIRGAN	3	
ZITHROMAX ORAL TABLET 600 MG	1	QL (6 EA per 5 days)
ZMAX	3	
ZOCOR ORAL TABLET 20 MG	0	QL (30 EA per 30 days)
ZOLINZA	4	PA; QL (120 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet 5 mg</i>	1	QL (9 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating</i>	1	QL (9 EA per 30 days)
ZOLOFT ORAL TABLET 50 MG	1	QL (120 EA per 30 days)
<i>zolpidem oral</i>	1	QL (30 EA per 30 days)
<i>zonisamide</i>	1	
ZONTIVITY	3	QL (30 EA per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG	3	QL (120 EA per 30 days)
ZORTRESS ORAL TABLET 0.75 MG, 1 MG	3	QL (60 EA per 30 days)
ZOVIA 1/35E (28)	0	
ZOVIA 1/50E (28)	1	
ZOVIRAX ORAL TABLET 400 MG	1	
ZYKADIA ORAL CAPSULE	4	PA; QL (150 EA per 30 days)
ZYLOPRIM ORAL TABLET 300 MG	1	
ZYPREXA RELPREVV	4	PA
ZYTIGA ORAL TABLET 250 MG	4	PA; QL (120 EA per 30 days)

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ULTICARE.....	64	VITAMIN D2.....	66	ZOLOFT.....	68
ULTICARE PEN NEEDLE.....	64	VITUZ.....	66	<i>zolpidem</i>	68
ULTIMA TEST STRIPS.....	64	VIVITROL.....	66	<i>zonisamide</i>	68
ULTRA THIN LANCETS.....	64	VIVOTIF.....	66	ZONTIVITY.....	68
ULTRA-THIN II (SHORT) PEN		VIZIMPRO.....	66	ZORTRESS.....	68
NDL.....	64	VOL-TAB RX.....	66	ZOVIA 1/35E (28).....	68
ULTRAVATE.....	64	VOLTAREN.....	66	ZOVIA 1/50E (28).....	68
UNIFINE PENTIPS.....	64	<i>voriconazole</i>	66	ZOVIRAX.....	68
UNIFINE PENTIPS PLUS.....	64	VOSPIRE ER.....	66	ZYKADIA.....	68
UNITHROID.....	64	VOTRIENT.....	66	ZYLOPRIM.....	68
UPTRAVI.....	64	VRAYLAR.....	66	ZYPREXA RELPREVV.....	68
<i>ursodiol</i>	64	VYFEMLA (28).....	66	ZYTIGA.....	68
<i>valacyclovir</i>	64	VYVANSE.....	66		
<i>valganciclovir</i>	64	<i>warfarin</i>	66		
VALIUM.....	64	WELLBUTRIN.....	66		
<i>valproic acid</i>	64	WERA (28).....	66		
<i>valproic acid (as sodium salt)</i>	64	WESTHROID.....	66		
<i>valsartan</i>	64	WP THYROID.....	67		
<i>valsartan-hydrochlorothiazide</i>	64	WYMZYA FE.....	67		
VANATRIP.....	64	XALKORI.....	67		
<i>vancomycin</i>	65	XANAX.....	67		
VANSPAR.....	65	XARELTO.....	67		
VAQTA (PF).....	65	XELJANZ.....	67		
VARIVAX (PF).....	65	XELJANZ XR.....	67		
VASCEPA.....	65	XIAFLEX.....	67		
VELIVET TRIPHASIC REGIMEN		XIFAXAN.....	67		
(28).....	65	XIIDRA.....	67		
VELTASSA.....	65	XOFLUZA.....	67		
VENCLEXTA.....	65	XOLAIR.....	67		
<i>venlafaxine</i>	65	XOLEGEL.....	67		
VENTAVIS.....	65	XRYLIX (DICLOFENAC-KINES			
VENTOLIN HFA.....	65	TAPE).....	67		
VERAMYST.....	65	XTANDI.....	67		
<i>verapamil</i>	65	XULANE.....	67		
VERDESO.....	65	YUPELRI.....	67		