



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.

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List of Abbreviations

LA: Limited Access

PA: Prior Authorization

PA BvD: Part D Vs. Part B PA only

PA NSO: PA for New Starts Only

QL: Quantity Limit

ST: Step Therapy Applies

ST-NS: ST Applies - new starts only

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

List of Patterns

lowercase italics: Generic drugs

UPPERCASE: Brand name drugs

CURRENT AS OF 1/1/2019

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
1ST TIER UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32"	\$0-\$3.30 (Tier 1)	
24 HOUR ALLERGY RELIEF	\$0-\$3.30 (Tier 1)	
<i>abacavir oral tablet</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>abacavir-lamivudine</i>	Tier 2	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	Tier 4	PA; QL (60 EA per 30 days)
ABILIFY MAINTENA	Tier 4	PA
ABSTRAL	Tier 4	PA; QL (120 EA per 30 days)
<i>acamprostate</i>	\$0-\$3.30 (Tier 1)	
ACANYA TOPICAL GEL WITH PUMP	Tier 3	ST
<i>acarbose</i>	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
ACCU-CHEK AVIVA PLUS TEST STRP	\$0-\$3.30 (Tier 1)	QL (150 EA per 30 days)
ACCU-CHEK MULTICLIX LANCET	\$0-\$3.30 (Tier 1)	
ACCU-CHEK SOFTCLIX LANCETS	\$0-\$3.30 (Tier 1)	
<i>acebutolol</i>	\$0-\$3.30 (Tier 1)	
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	\$0-\$3.30 (Tier 1)	QL (450 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	\$0-\$3.30 (Tier 1)	QL (240 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$0-\$3.30 (Tier 1)	QL (180 EA per 30 days)
<i>acetazolamide</i>	\$0-\$3.30 (Tier 1)	
<i>acetic acid otic (ear)</i>	\$0-\$3.30 (Tier 1)	
<i>acetic acid-aluminum acetate</i>	\$0-\$3.30 (Tier 1)	
<i>acetylcysteine intravenous</i>	\$0-\$3.30 (Tier 1)	
<i>acetylcysteine solution 100 mg/ml (10 %)</i>	Tier 2	
<i>acetylcysteine solution 200 mg/ml (20 %)</i>	\$0-\$3.30 (Tier 1)	
<i>acitretin</i>	Tier 2	PA
ACTEMRA SUBCUTANEOUS	Tier 4	PA
ACTICIN	\$0-\$3.30 (Tier 1)	
<i>acyclovir oral</i>	\$0-\$3.30 (Tier 1)	
<i>acyclovir topical</i>	\$0-\$3.30 (Tier 1)	QL (30 GM per 30 days)
ADACEL(TDAP ADOLESN/ADULT)(PF)	Tier 5	
ADAGEN	Tier 4	PA
<i>adapalene topical cream</i>	\$0-\$3.30 (Tier 1)	
<i>adapalene topical gel</i>	\$0-\$3.30 (Tier 1)	
<i>adapalene topical gel with pump</i>	\$0-\$3.30 (Tier 1)	
<i>adapalene-benzoyl peroxide</i>	\$0-\$3.30 (Tier 1)	QL (90 GM per 30 days)
<i>adefovir</i>	Tier 4	PA; QL (30 EA per 30 days)
ADEMPAS	Tier 4	PA; QL (90 EA per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN	Tier 2	
ADMELOG U-100 INSULIN LISPRO	Tier 2	
ADVAIR 100-50 DISKUS	Tier 3	QL (14 EA per 7 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ADVAIR 250-50 DISKUS	Tier 3	QL (14 EA per 7 days)
ADVAIR 500-50 DISKUS	Tier 3	QL (14 EA per 7 days)
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 3	QL (60 EA per 30 days)
ADZENYS XR-ODT	Tier 3	PA; QL (60 EA per 30 days)
AFINITOR	Tier 4	PA; QL (30 EA per 30 days)
AFINITOR DISPERZ	Tier 4	PA; QL (30 EA per 30 days)
AFLURIA 2009-2010	Tier 5	
AFLURIA 2017-2018	Tier 5	QL (0.5 ML per 0 days)
AFLURIA 2017-2018 (PF)	Tier 5	QL (0.5 ML per 0 days)
AFLURIA 2018-2019	Tier 5	
AFLURIA 2018-2019 (PF)	Tier 5	
AFLURIA QUAD 2017-2018	Tier 5	QL (0.5 ML per 0 days)
AFLURIA QUAD 2017-2018 (PF)	Tier 5	QL (0.5 ML per 0 days)
AFLURIA QUAD 2018-2019	Tier 5	
AFLURIA QUAD 2018-2019 (PF)	Tier 5	
AFTERA	Tier 5	QL (1 EA per 30 days)
AGONEAZE	Tier 3	
AGRYLIN	\$0-\$3.30 (Tier 1)	
AIMOVIG AUTOINJECTOR	Tier 3	PA; QL (1 ML per 30 days)
AIMOVIG AUTOINJECTOR (2 PACK)	Tier 3	PA; QL (2 ML per 30 days)
AKYNZEONETUPITANT	Tier 3	PA; QL (1 EA per 0 days)
ALBENZA	Tier 4	PA; QL (120 EA per 30 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>	\$0-\$3.30 (Tier 1)	QL (360 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	\$0-\$3.30 (Tier 1)	
<i>albuterol sulfate oral</i>	\$0-\$3.30 (Tier 1)	
<i>alclometasone</i>	\$0-\$3.30 (Tier 1)	
ALECENSA	Tier 4	PA
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 28 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	\$0-\$3.30 (Tier 1)	QL (4 EA per 28 days)
<i>alfuzosin</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
ALINIA	Tier 3	PA
ALLERGY RELIEF (FLUTICASONE)	\$0-\$3.30 (Tier 1)	
<i>allopurinol</i>	\$0-\$3.30 (Tier 1)	
<i>almotriptan malate</i>	\$0-\$3.30 (Tier 1)	QL (9 EA per 28 days)
ALOCRIL	Tier 2	
<i>alogliptin</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
ALOMIDE	Tier 2	
<i>alosetron</i>	Tier 2	PA; QL (60 EA per 30 days)
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	Tier 3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ALPRAZOLAM INTENSOL	Tier 2	
<i>alprazolam oral tablet</i>	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
<i>alprazolam oral tablet extended release 24 hr</i>	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg</i>	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
<i>alprazolam oral tablet,disintegrating 1 mg, 2 mg</i>	Tier 2	QL (90 EA per 30 days)
ALREX	Tier 3	ST
ALTABAX	Tier 3	
ALTAVERA (28)	Tier 5	
ALYACEN 1/35 (28)	Tier 5	
ALYACEN 7/7/7 (28)	Tier 5	
AMABELZ	Tier 3	
<i>amantadine hcl</i>	\$0-\$3.30 (Tier 1)	
<i>amcinonide topical cream</i>	\$0-\$3.30 (Tier 1)	
<i>amcinonide topical lotion</i>	\$0-\$3.30 (Tier 1)	
<i>amcinonide topical ointment</i>	Tier 2	
AMETHIA	Tier 5	QL (91 EA per 91 days)
AMETHIA LO	Tier 5	QL (91 EA per 91 days)
AMETHYST	Tier 5	
AMICAR ORAL SOLUTION	Tier 3	
<i>amiloride</i>	\$0-\$3.30 (Tier 1)	
<i>amiloride-hydrochlorothiazide</i>	\$0-\$3.30 (Tier 1)	
<i>amiodarone oral</i>	\$0-\$3.30 (Tier 1)	
<i>amitriptyline</i>	\$0-\$3.30 (Tier 1)	
<i>amlodipine</i>	\$0-\$3.30 (Tier 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>	\$0-\$3.30 (Tier 1)	
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>amlodipine-olmesartan</i>	\$0-\$3.30 (Tier 1)	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg</i>	\$0-\$3.30 (Tier 1)	
<i>amlodipine-valsartan oral tablet 5-160 mg, 5-320 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>ammonium lactate topical cream</i>	\$0-\$3.30 (Tier 1)	
<i>amoxapine</i>	Tier 2	
<i>amoxicillin oral capsule</i>	\$0-\$3.30 (Tier 1)	
<i>amoxicillin oral suspension for reconstitution</i>	\$0-\$3.30 (Tier 1)	
<i>amoxicillin oral tablet</i>	\$0-\$3.30 (Tier 1)	
<i>amoxicillin oral tablet, er multiphase 24 hr</i>	Tier 3	
<i>amoxicillin oral tablet,chewable 125 mg, 250 mg, 400 mg</i>	\$0-\$3.30 (Tier 1)	
<i>amoxicillin-pot clavulanate</i>	\$0-\$3.30 (Tier 1)	
<i>ampicillin</i>	\$0-\$3.30 (Tier 1)	
ANADROL-50	Tier 3	PA
<i>anagrelide</i>	\$0-\$3.30 (Tier 1)	
ANAPROX	\$0-\$3.30 (Tier 1)	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>anastrozole</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
ANDROXY	Tier 3	PA
ANODYNE LPT	Tier 3	
ANORO ELLIPTA	Tier 2	QL (60 EA per 30 days)
ANZEMET ORAL	Tier 3	PA; QL (7 EA per 30 days)
APLENZIN	Tier 3	ST; QL (30 EA per 30 days)
<i>apraclonidine</i>	\$0-\$3.30 (Tier 1)	
<i>aprepitant oral capsule 125 mg, 80 mg</i>	Tier 4	QL (6 EA Max Qty Per Fill Retail)
<i>aprepitant oral capsule 40 mg</i>	Tier 4	QL (5 EA Max Qty Per Fill Retail)
<i>aprepitant oral capsule, dose pack</i>	Tier 4	QL (6 EA Max Qty Per Fill Retail)
APRI	Tier 5	
APRISO	Tier 3	QL (120 EA per 30 days)
APTIVUS ORAL CAPSULE	Tier 4	QL (120 EA per 30 days)
APTIVUS ORAL SOLUTION	Tier 4	QL (300 ML per 30 days)
ARANELLE (28)	Tier 5	
ARANESP (IN POLYSORBATE) INJECTION SOLUTION	Tier 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	Tier 4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 200 MCG/0.4 ML	Tier 4	
ARANESP SURECLICK (POLYSORBAT)	Tier 4	PA
ARBINOXA ORAL TABLET	\$0-\$3.30 (Tier 1)	
ARCAPTA NEOHALER	Tier 3	QL (30 EA per 30 days)
<i>aripiprazole oral solution</i>	Tier 2	QL (30 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 5 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>aripiprazole oral tablet 30 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>armodafinil</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
ARMOUR THYROID	Tier 2	
ASHLYNA	Tier 5	QL (91 EA per 91 days)
ASMANEX HFA	Tier 3	QL (13 GM per 30 days)
ASMANEX TWISTHALER	Tier 3	QL (1 EA per 30 days)
<i>aspirin oral tablet</i>	\$0-\$3.30 (Tier 1)	
<i>aspirin oral tablet, chewable</i>	Tier 5	
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	\$0-\$3.30 (Tier 1)	
<i>aspirin-dipyridamole</i>	\$0-\$3.30 (Tier 1)	
ASTAGRAF XL	Tier 4	
<i>atazanavir</i>	Tier 4	
<i>atenolol</i>	\$0-\$3.30 (Tier 1)	
<i>atenolol-chlorthalidone</i>	\$0-\$3.30 (Tier 1)	
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>atomoxetine oral capsule 60 mg, 80 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	Tier 5	QL (30 EA per 30 days)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>atovaquone</i>	Tier 2	
<i>atovaquone-proguanil</i>	\$0-\$3.30 (Tier 1)	
ATRIPLA	Tier 4	
<i>atropine ophthalmic (eye) drops</i>	\$0-\$3.30 (Tier 1)	
ATROVENT HFA	Tier 2	QL (25.8 GM per 28 days)
AUBAGIO ORAL TABLET 14 MG	Tier 4	PA
AUBAGIO ORAL TABLET 7 MG	Tier 4	PA; QL (30 EA per 30 days)
AUBRA	Tier 5	
AUBRA EQ	Tier 5	
AVANDIA ORAL TABLET 2 MG	Tier 3	ST; QL (60 EA per 30 days)
AVANDIA ORAL TABLET 4 MG	Tier 3	ST; QL (30 EA per 30 days)
AVANDIA ORAL TABLET 8 MG	Tier 3	ST
AVIANE	Tier 5	
AVONEX (WITH ALBUMIN)	Tier 4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	Tier 4	PA; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE	Tier 4	PA; QL (4 ML per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	Tier 4	PA; QL (4 EA per 28 days)
AZASAN	Tier 3	PA
AZASITE	Tier 3	
<i>azathioprine</i>	\$0-\$3.30 (Tier 1)	
<i>azelastine nasal</i>	\$0-\$3.30 (Tier 1)	QL (30 ML per 25 days)
<i>azelastine ophthalmic (eye)</i>	\$0-\$3.30 (Tier 1)	
AZELEX	Tier 3	ST
<i>azithromycin oral packet</i>	Tier 3	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i>	\$0-\$3.30 (Tier 1)	QL (30 ML per 5 days)
<i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i>	\$0-\$3.30 (Tier 1)	QL (90 ML per 5 days)
<i>azithromycin oral tablet 250 mg, 600 mg</i>	\$0-\$3.30 (Tier 1)	QL (6 EA per 5 days)
<i>azithromycin oral tablet 500 mg</i>	\$0-\$3.30 (Tier 1)	QL (4 EA per 7 days)
AZOPT	Tier 3	
AZURETTE (28)	Tier 5	
<i>bacitracin ophthalmic (eye)</i>	\$0-\$3.30 (Tier 1)	
<i>bacitracin topical packet</i>	\$0-\$3.30 (Tier 1)	
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	\$0-\$3.30 (Tier 1)	
<i>baclofen</i>	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
BACTROBAN NASAL	Tier 3	
<i>balsalazide</i>	\$0-\$3.30 (Tier 1)	
BALZIVA (28)	Tier 5	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
BANZEL ORAL SUSPENSION	Tier 3	PA; QL (2400 ML per 30 days)
BANZEL ORAL TABLET	Tier 3	PA; QL (240 EA per 30 days)
BARACLUDE ORAL SOLUTION	Tier 4	PA
BASAGLAR KWIKPEN U-100 INSULIN	Tier 2	
BD AUTOSHIELD DUO PEN NEEDLE	Tier 3	
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 15/64"	Tier 3	
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1"	Tier 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"	Tier 3	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 31 GAUGE X 5/16	Tier 2	
BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1"	Tier 3	
BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1"	Tier 3	
BD ULTRA-FINE II LANCETS	Tier 3	
BD ULTRA-FINE MICRO PEN NEEDLE	Tier 3	
BD ULTRA-FINE MINI PEN NEEDLE	Tier 3	
BD ULTRA-FINE NANO PEN NEEDLE	Tier 3	
BD ULTRA-FINE ORIG PEN NEEDLE	Tier 3	
BD ULTRA-FINE SHORT PEN NEEDLE	Tier 3	
BD VEO INSULIN SYR HALF UNIT	Tier 3	
BD VEO INSULIN SYRINGE UF	Tier 3	
BEKYREE (28)	Tier 5	
BELSOMRA	Tier 3	ST; QL (30 EA per 30 days)
<i>benazepril</i>	\$0-\$3.30 (Tier 1)	
<i>benazepril-hydrochlorothiazide</i>	\$0-\$3.30 (Tier 1)	
BENLYSTA SUBCUTANEOUS	Tier 4	PA; QL (4 ML per 28 days)
<i>benzoin compound (bulk)</i>	Tier 2	
<i>benzoin compound topical tincture</i>	Tier 2	
BENZOIN COMPOUND TOPICAL TINCTURE 10-2-8-4 %	Tier 2	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	\$0-\$3.30 (Tier 1)	
<i>benztropine oral</i>	\$0-\$3.30 (Tier 1)	
BEPREVE	Tier 3	QL (10 ML per 30 days)
BERINERT	Tier 4	PA
BESIVANCE	Tier 3	
<i>betamethasone dipropionate</i>	\$0-\$3.30 (Tier 1)	
<i>betamethasone valerate topical cream</i>	\$0-\$3.30 (Tier 1)	
<i>betamethasone valerate topical lotion</i>	\$0-\$3.30 (Tier 1)	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>betamethasone valerate topical ointment</i>	\$0-\$3.30 (Tier 1)	
<i>betamethasone, augmented</i>	\$0-\$3.30 (Tier 1)	
BETASERON	Tier 4	PA
BETA-VAL	\$0-\$3.30 (Tier 1)	
<i>betaxolol ophthalmic (eye)</i>	Tier 2	
<i>betaxolol oral</i>	\$0-\$3.30 (Tier 1)	
<i>bethanechol chloride</i>	\$0-\$3.30 (Tier 1)	
BETIMOL	Tier 3	
BETOPTIC S	Tier 3	
<i>bexarotene</i>	Tier 4	PA
BEXSERO	Tier 5	
<i>bicalutamide</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>bisacodyl oral</i>	Tier 3	
<i>bisoprolol fumarate</i>	\$0-\$3.30 (Tier 1)	
<i>bisoprolol-hydrochlorothiazide</i>	\$0-\$3.30 (Tier 1)	
BLEPHAMIDE S.O.P.	Tier 3	
BLISOVI 24 FE	Tier 5	
BLISOVI FE 1.5/30 (28)	Tier 5	
BLISOVI FE 1/20 (28)	Tier 5	
BOOSTRIX TDAP	Tier 5	
BREEZE 2 TEST STRIPS	Tier 2	QL (150 EA per 30 days)
BREO ELLIPTA	Tier 3	QL (60 EA per 30 days)
BRIELLYN	Tier 5	
BRILINTA	Tier 2	QL (60 EA per 30 days)
<i>brimonidine</i>	\$0-\$3.30 (Tier 1)	
BRIVIACT ORAL	Tier 3	PA
<i>bromfenac</i>	\$0-\$3.30 (Tier 1)	QL (3.4 ML per 30 days)
<i>bromocriptine</i>	\$0-\$3.30 (Tier 1)	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	Tier 2	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	\$0-\$3.30 (Tier 1)	
<i>budesonide nasal</i>	\$0-\$3.30 (Tier 1)	QL (17.2 ML per 30 days)
<i>budesonide oral capsule,delayed,extend.release</i>	Tier 2	ST
<i>bumetanide oral</i>	\$0-\$3.30 (Tier 1)	
<i>buprenorphine</i>	\$0-\$3.30 (Tier 1)	QL (4 EA per 28 days)
<i>buprenorphine hcl sublingual</i>	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet</i>	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
BUPROBAN	\$0-\$3.30 (Tier 1)	
<i>bupropion hcl (smoking deter)</i>	\$0-\$3.30 (Tier 1)	
<i>bupropion hcl oral tablet 100 mg</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	\$0-\$3.30 (Tier 1)	QL (180 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
bupropion hcl oral tablet extended release 24 hr 150 mg	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
bupropion hcl oral tablet sustained-release 12 hr	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
BUSPAR ORAL TABLET 10 MG, 15 MG	\$0-\$3.30 (Tier 1)	
buspirone	\$0-\$3.30 (Tier 1)	
BUTALBITAL COMPOUND W/CODEINE	\$0-\$3.30 (Tier 1)	QL (180 EA per 30 days)
BUTALBITAL COMPOUND-CODEINE	\$0-\$3.30 (Tier 1)	
butalbital-acetaminop-caf-cod	\$0-\$3.30 (Tier 1)	QL (180 EA per 30 days)
butalbital-acetaminophen-caff oral capsule	Tier 2	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	\$0-\$3.30 (Tier 1)	
butalbital-aspirin-caffeine	\$0-\$3.30 (Tier 1)	
butenafine	\$0-\$3.30 (Tier 1)	
butorphanol tartrate nasal	\$0-\$3.30 (Tier 1)	QL (2.5 ML per 30 days)
BYDUREON	Tier 2	ST; QL (4 EA per 28 days)
BYDUREON BCISE	Tier 2	ST; QL (4 ML per 28 days)
BYSTOLIC	Tier 3	QL (60 EA per 30 days)
cabergoline	\$0-\$3.30 (Tier 1)	
CABOMETYX	Tier 4	PA
calcipotriene scalp	\$0-\$3.30 (Tier 1)	QL (60 ML per 30 days)
calcipotriene topical cream	Tier 2	QL (120 GM per 30 days)
calcitonin (salmon)	\$0-\$3.30 (Tier 1)	
calcitriol oral	\$0-\$3.30 (Tier 1)	
calcitriol topical	Tier 2	
calcium acetate oral capsule	\$0-\$3.30 (Tier 1)	
calcium acetate oral tablet 667 mg	\$0-\$3.30 (Tier 1)	
CAMILA	Tier 5	
camphor	Tier 2	
CAMRESE	\$0-\$3.30 (Tier 1)	
CAMRESE LO	\$0-\$3.30 (Tier 1)	
candesartan	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg	\$0-\$3.30 (Tier 1)	
candesartan-hydrochlorothiazid oral tablet 32-25 mg	Tier 2	
capecitabine	\$0-\$3.30 (Tier 1)	PA
captopril	\$0-\$3.30 (Tier 1)	
CARBAGLU	Tier 4	PA
carbamazepine	\$0-\$3.30 (Tier 1)	
carbidopa	\$0-\$3.30 (Tier 1)	
carbidopa-levodopa	\$0-\$3.30 (Tier 1)	
carbinoxamine maleate oral liquid	\$0-\$3.30 (Tier 1)	
carbinoxamine maleate oral tablet 4 mg	\$0-\$3.30 (Tier 1)	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
CAREFINE PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	\$0-\$3.30 (Tier 1)	
<i>carisoprodol</i>	\$0-\$3.30 (Tier 1)	QL (120 EA Max Qty Per Fill Retail)
<i>carteolol</i>	\$0-\$3.30 (Tier 1)	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>carvedilol oral tablet 6.25 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>carvedilol phosphate</i>	Tier 2	
CAYSTON	Tier 4	PA; QL (84 ML per 56 days)
CAZIANT (28)	Tier 5	
<i>cefaclor oral capsule</i>	Tier 2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 2	
<i>cefaclor oral tablet extended release 12 hr</i>	Tier 2	
<i>cefadroxil oral capsule</i>	\$0-\$3.30 (Tier 1)	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	\$0-\$3.30 (Tier 1)	
<i>cefadroxil oral tablet</i>	\$0-\$3.30 (Tier 1)	
<i>cefdinir</i>	\$0-\$3.30 (Tier 1)	
<i>cefditoren pivoxil</i>	Tier 2	
<i>cefixime</i>	\$0-\$3.30 (Tier 1)	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml</i>	\$0-\$3.30 (Tier 1)	
<i>cefpodoxime oral suspension for reconstitution 50 mg/5 ml</i>	Tier 2	
<i>cefpodoxime oral tablet</i>	\$0-\$3.30 (Tier 1)	
<i>cefprozil</i>	\$0-\$3.30 (Tier 1)	
<i>ceftibuten oral capsule</i>	\$0-\$3.30 (Tier 1)	
<i>cefuroxime axetil oral suspension for reconstitution 125 mg/5 ml</i>	Tier 2	
<i>cefuroxime axetil oral tablet</i>	\$0-\$3.30 (Tier 1)	
<i>celecoxib oral capsule 100 mg, 50 mg</i>	\$0-\$3.30 (Tier 1)	
<i>celecoxib oral capsule 200 mg, 400 mg</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
CELONTIN ORAL CAPSULE 300 MG	Tier 3	
<i>cephalexin</i>	\$0-\$3.30 (Tier 1)	
CERDELGA	Tier 4	PA; QL (60 EA per 30 days)
CESAMET	Tier 3	PA; QL (30 EA per 5 days)
<i>cevimeline</i>	\$0-\$3.30 (Tier 1)	
CHANTIX	Tier 5	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH BOX	Tier 5	QL (60 EA per 30 days)
CHANTIX STARTING MONTH BOX	Tier 5	QL (53 EA per 365 days)
CHATEAL	Tier 5	
CHATEAL EQ	Tier 5	
CHEMET	Tier 3	PA
<i>chlordiazepoxide hcl</i>	\$0-\$3.30 (Tier 1)	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
chlorhexidine gluconate mucous membrane	\$0-\$3.30 (Tier 1)	
chloroquine phosphate	\$0-\$3.30 (Tier 1)	
chlorothiazide	\$0-\$3.30 (Tier 1)	
chlorpromazine oral	\$0-\$3.30 (Tier 1)	
chlorthalidone oral tablet 25 mg, 50 mg	\$0-\$3.30 (Tier 1)	
chlorzoxazone oral tablet 500 mg	\$0-\$3.30 (Tier 1)	
cholecalciferol (vitamin d3) oral capsule 50,000 unit	\$0-\$3.30 (Tier 1)	
cholestyramine (with sugar)	\$0-\$3.30 (Tier 1)	
CHOLESTYRAMINE LIGHT	\$0-\$3.30 (Tier 1)	
CIALIS ORAL TABLET 2.5 MG, 5 MG	Tier 3	PA; QL (30 EA per 30 days)
CICLODAN KIT TOPICAL COMBO PACK	Tier 2	
ciclopirox	\$0-\$3.30 (Tier 1)	
ciclopirox-ure-camph-menth-euc	Tier 2	
cilostazol	\$0-\$3.30 (Tier 1)	
cimetidine hcl oral	\$0-\$3.30 (Tier 1)	
CIMZIA	Tier 4	PA; QL (1 EA per 28 days)
CIMZIA POWDER FOR RECONST	Tier 4	PA; QL (1 EA per 28 days)
CIMZIA STARTER KIT	Tier 4	PA; QL (3 EA per 30 days)
CIPRO HC	Tier 2	
CIPRODEX	Tier 2	
ciprofloxacin (mixture)	\$0-\$3.30 (Tier 1)	
ciprofloxacin hcl	\$0-\$3.30 (Tier 1)	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml	\$0-\$3.30 (Tier 1)	
ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml	Tier 2	
citalopram oral solution	\$0-\$3.30 (Tier 1)	QL (600 ML per 30 days)
citalopram oral tablet	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
CLARAVIS	Tier 2	QL (60 EA per 30 days)
clarithromycin oral suspension for reconstitution 125 mg/5 ml	\$0-\$3.30 (Tier 1)	
clarithromycin oral suspension for reconstitution 250 mg/5 ml	Tier 2	
clarithromycin oral tablet 250 mg	\$0-\$3.30 (Tier 1)	
clarithromycin oral tablet 500 mg	\$0-\$3.30 (Tier 1)	QL (28 EA per 14 days)
clarithromycin oral tablet extended release 24 hr	\$0-\$3.30 (Tier 1)	QL (28 EA per 14 days)
clemastine oral syrup	Tier 2	
clemastine oral tablet 2.68 mg	\$0-\$3.30 (Tier 1)	
CLINDACIN ETZ TOPICAL KIT	Tier 3	PA
CLINDACIN ETZ TOPICAL SWAB	Tier 3	
CLINDACIN PAC	Tier 3	PA
CLINDAGEL	Tier 3	
CLINDAMAX TOPICAL	Tier 2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
CLINDAMAX VAGINAL	\$0-\$3.30 (Tier 1)	
<i>clindamycin hcl</i>	\$0-\$3.30 (Tier 1)	
<i>clindamycin palmitate hcl</i>	\$0-\$3.30 (Tier 1)	
CLINDAMYCIN PEDIATRIC	\$0-\$3.30 (Tier 1)	
<i>clindamycin phosphate topical foam</i>	\$0-\$3.30 (Tier 1)	
<i>clindamycin phosphate topical gel</i>	\$0-\$3.30 (Tier 1)	
<i>clindamycin phosphate topical lotion</i>	\$0-\$3.30 (Tier 1)	
<i>clindamycin phosphate topical solution</i>	\$0-\$3.30 (Tier 1)	
<i>clindamycin phosphate topical swab</i>	\$0-\$3.30 (Tier 1)	
<i>clindamycin phosphate vaginal</i>	\$0-\$3.30 (Tier 1)	
<i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i>	\$0-\$3.30 (Tier 1)	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	Tier 2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 2	
<i>clindamycin-tretinoin</i>	\$0-\$3.30 (Tier 1)	QL (30 GM per 30 days)
<i>clobetasol scalp</i>	\$0-\$3.30 (Tier 1)	
<i>clobetasol topical cream</i>	\$0-\$3.30 (Tier 1)	
<i>clobetasol topical foam</i>	Tier 2	
<i>clobetasol topical gel</i>	\$0-\$3.30 (Tier 1)	
<i>clobetasol topical lotion</i>	\$0-\$3.30 (Tier 1)	
<i>clobetasol topical ointment</i>	\$0-\$3.30 (Tier 1)	
<i>clobetasol topical shampoo</i>	\$0-\$3.30 (Tier 1)	
<i>clobetasol topical spray, non-aerosol</i>	\$0-\$3.30 (Tier 1)	
<i>clobetasol-emollient</i>	\$0-\$3.30 (Tier 1)	
<i>clocortolone pivalate</i>	\$0-\$3.30 (Tier 1)	
CLODAN KIT	Tier 2	
<i>clomipramine</i>	\$0-\$3.30 (Tier 1)	
<i>clonazepam oral tablet</i>	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
<i>clonidine hcl</i>	\$0-\$3.30 (Tier 1)	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr</i>	\$0-\$3.30 (Tier 1)	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i>	Tier 2	
<i>clopidogrel</i>	\$0-\$3.30 (Tier 1)	
<i>clorazepate dipotassium</i>	\$0-\$3.30 (Tier 1)	
<i>clotrimazole mucous membrane</i>	\$0-\$3.30 (Tier 1)	
<i>clotrimazole topical solution</i>	\$0-\$3.30 (Tier 1)	
<i>clotrimazole-betamethasone topical cream</i>	\$0-\$3.30 (Tier 1)	
<i>clozapine oral tablet</i>	\$0-\$3.30 (Tier 1)	QL (120 EA per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg</i>	\$0-\$3.30 (Tier 1)	
<i>clozapine oral tablet, disintegrating 25 mg</i>	\$0-\$3.30 (Tier 1)	QL (1080 EA per 30 days)
COARTEM	Tier 2	
<i>codeine sulfate oral tablet 15 mg, 60 mg</i>	\$0-\$3.30 (Tier 1)	QL (180 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
codeine sulfate oral tablet 30 mg	Tier 2	QL (180 EA per 30 days)
colchicine oral capsule	\$0-\$3.30 (Tier 1)	
colchicine oral tablet	Tier 3	
colestipol oral granules	Tier 2	
colestipol oral packet	Tier 2	
colestipol oral tablet	\$0-\$3.30 (Tier 1)	
COLY-MYCIN S	Tier 3	
COMBIGAN	Tier 3	
COMBIVENT RESPIMAT	Tier 2	QL (4 GM per 30 days)
COMFORT EZ PEN NEEDLES NEEDLE 31 GAUGE X 3/16"	\$0-\$3.30 (Tier 1)	
COMFORT PAC-CYCLOBENZAPRINE	\$0-\$3.30 (Tier 1)	
COMFORT PAC-IBUPROFEN	\$0-\$3.30 (Tier 1)	
COMFORT PAC-MELOXICAM	\$0-\$3.30 (Tier 1)	
COMFORT PAC-NAPROXEN	\$0-\$3.30 (Tier 1)	
COMFORT PAC-TIZANIDINE	Tier 2	
COMPLERA	Tier 4	QL (30 EA per 30 days)
COMPLETE NATAL DHA	Tier 2	
COMPLETENATE	Tier 2	
CONCEPT DHA	\$0-\$3.30 (Tier 1)	
CONTOUR NEXT TEST STRIPS	Tier 3	QL (150 EA per 30 days)
CONTOUR TEST STRIPS	Tier 3	QL (150 EA per 30 days)
CORDRAN TAPE LARGE ROLL	Tier 3	QL (1 EA per 30 days)
CORLANOR ORAL TABLET 5 MG	Tier 2	QL (60 EA per 30 days)
cortisone	\$0-\$3.30 (Tier 1)	
CORTISPORIN TOPICAL	Tier 3	
CORTOMYCIN	\$0-\$3.30 (Tier 1)	
COSENTYX	Tier 4	PA; QL (4 ML per 28 days)
COSENTYX (2 SYRINGES)	Tier 4	PA; QL (4 ML per 28 days)
COSENTYX PEN	Tier 4	PA; QL (4 ML per 28 days)
COSENTYX PEN (2 PENS)	Tier 4	PA; QL (4 ML per 28 days)
COTELLIC	Tier 4	PA
CREON	Tier 2	PA
CRINONE	Tier 4	PA
CRIXIVAN ORAL CAPSULE 200 MG	Tier 4	QL (360 EA per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	Tier 4	QL (180 EA per 30 days)
cromolyn inhalation	Tier 2	QL (240 ML per 30 days)
cromolyn ophthalmic (eye)	\$0-\$3.30 (Tier 1)	
cromolyn oral	\$0-\$3.30 (Tier 1)	
CRYSELLÉ (28)	Tier 5	
CUPRIMINE	Tier 4	PA
CUVPOSA	Tier 3	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
cyanocobalamin (vitamin b-12) injection	Tier 2	QL (1 ML per 30 days)
CYCLAFEM 1/35 (28)	Tier 5	
CYCLAFEM 7/7/7 (28)	Tier 5	
CYCLESSA (28)	\$0-\$3.30 (Tier 1)	
cyclobenzaprine oral tablet	\$0-\$3.30 (Tier 1)	
cyclopentolate	\$0-\$3.30 (Tier 1)	
cyclophosphamide oral capsule	\$0-\$3.30 (Tier 1)	PA
cycloserine	Tier 2	
cyclosporine modified oral capsule 100 mg	Tier 2	
cyclosporine modified oral capsule 25 mg	\$0-\$3.30 (Tier 1)	
cyclosporine modified oral capsule 50 mg	\$0-\$3.30 (Tier 1)	QL (120 EA per 30 days)
cyclosporine modified oral solution	Tier 2	
cyclosporine oral capsule	Tier 2	
cyproheptadine oral syrup	Tier 2	
cyproheptadine oral tablet	\$0-\$3.30 (Tier 1)	
CYRED	Tier 5	
CYSTADANE	Tier 4	PA
CYSTAGON	Tier 4	PA
D.H.E. 45	\$0-\$3.30 (Tier 1)	
dalfampridine	Tier 4	PA; QL (60 EA per 30 days)
DALIRESP ORAL TABLET 500 MCG	Tier 3	PA; QL (30 EA per 30 days)
danazol oral capsule 100 mg, 50 mg	Tier 2	
danazol oral capsule 200 mg	\$0-\$3.30 (Tier 1)	
dantrolene	Tier 2	
dapsone	\$0-\$3.30 (Tier 1)	
DAPTACEL (DTAP PEDIATRIC) (PF)	Tier 5	
DARAPRIM	Tier 4	PA
darifenacin oral tablet extended release 24 hr 15 mg	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
darifenacin oral tablet extended release 24 hr 7.5 mg	\$0-\$3.30 (Tier 1)	
DASETTA 1/35 (28)	Tier 5	
DASETTA 7/7/7 (28)	Tier 5	
DAYSEE	Tier 5	
DEBLITANE	Tier 5	
DELYLA (28)	Tier 5	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	Tier 2	
demeclocycline	Tier 2	
DENAVIR	Tier 3	PA; QL (5 GM per 30 days)
DERMACINRX EMPRICAINE	Tier 3	
DERMACINRX SILAZONE	Tier 2	
DESCOVERY	Tier 4	QL (30 EA per 30 days)
desipramine	\$0-\$3.30 (Tier 1)	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
desloratadine oral tablet	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
desloratadine oral tablet,disintegrating	Tier 2	QL (30 EA per 30 days)
desmopressin injection	Tier 2	
desmopressin nasal solution	Tier 2	
desmopressin nasal spray with pump	\$0-\$3.30 (Tier 1)	
desmopressin nasal spray,non-aerosol	\$0-\$3.30 (Tier 1)	
desmopressin oral	\$0-\$3.30 (Tier 1)	
desog-e.estradiolle.estriadiol	Tier 5	
desogestrel-ethinyl estradiol	Tier 5	
DESONATE	Tier 3	
desonide	\$0-\$3.30 (Tier 1)	
desoximetasone topical cream 0.05 %	Tier 2	
desoximetasone topical cream 0.25 %	\$0-\$3.30 (Tier 1)	
desoximetasone topical gel	\$0-\$3.30 (Tier 1)	
desoximetasone topical ointment 0.05 %	Tier 3	
desoximetasone topical ointment 0.25 %	\$0-\$3.30 (Tier 1)	
desvenlafaxine fumarate	Tier 2	QL (30 EA per 30 days)
desvenlafaxine succinate	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
DEXAMETHASONE INTENSOL	\$0-\$3.30 (Tier 1)	
dexamethasone oral elixir	Tier 3	
dexamethasone oral solution	\$0-\$3.30 (Tier 1)	
dexamethasone oral tablet	\$0-\$3.30 (Tier 1)	
dexamethasone sodium phosphate ophthalmic (eye)	\$0-\$3.30 (Tier 1)	
DEXEDRINE ORAL TABLET 10 MG	Tier 2	
DEXILANT	Tier 3	QL (30 EA per 30 days)
dextmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 35 mg	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
dextmethylphenidate oral capsule,er biphasic 50-50 30 mg, 40 mg	Tier 2	QL (60 EA per 30 days)
dextmethylphenidate oral capsule,er biphasic 50-50 5 mg	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
dextmethylphenidate oral tablet	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
DEXPAK 10 DAY	Tier 3	
DEXPAK 13 DAY	Tier 3	
DEXPAK 6 DAY	Tier 3	
dextroamphetamine oral capsule, extended release 10 mg, 15 mg	Tier 2	QL (60 EA per 30 days)
dextroamphetamine oral capsule, extended release 5 mg	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
dextroamphetamine oral tablet	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
dextroamphetamine-amphetamine oral tablet	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
diazepam injection solution	Tier 2	
DIAZEPAM INTENSOL	Tier 2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
diazepam oral concentrate	Tier 2	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	\$0-\$3.30 (Tier 1)	
diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)	Tier 2	
diazepam oral tablet	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
DIBENZYLINE	Tier 4	PA
diclofenac potassium	\$0-\$3.30 (Tier 1)	
diclofenac sodium ophthalmic (eye)	\$0-\$3.30 (Tier 1)	
diclofenac sodium oral	\$0-\$3.30 (Tier 1)	
diclofenac sodium topical drops	Tier 2	QL (150 ML per 30 days)
diclofenac sodium topical gel	\$0-\$3.30 (Tier 1)	QL (500 GM per 30 days)
dicloxacillin	\$0-\$3.30 (Tier 1)	
DICLOZOR	Tier 2	
dicyclomine oral capsule	\$0-\$3.30 (Tier 1)	
dicyclomine oral solution	\$0-\$3.30 (Tier 1)	
dicyclomine oral tablet	\$0-\$3.30 (Tier 1)	
didanosine oral capsule, delayed release (dr/ec) 125 mg	Tier 4	QL (90 EA per 30 days)
didanosine oral capsule, delayed release (dr/ec) 200 mg	Tier 4	QL (60 EA per 30 days)
didanosine oral capsule, delayed release (dr/ec) 250 mg, 400 mg	Tier 4	QL (30 EA per 30 days)
DIFICID	Tier 4	PA; QL (20 EA per 10 days)
diflorasone topical cream	Tier 2	
diflurasone topical ointment	\$0-\$3.30 (Tier 1)	
diflunisal	\$0-\$3.30 (Tier 1)	
DIGOX	Tier 3	
digoxin oral solution 0.25 mg/5 ml (5 ml)	Tier 3	
digoxin oral solution 50 mcg/ml	\$0-\$3.30 (Tier 1)	
digoxin oral tablet	\$0-\$3.30 (Tier 1)	
dihydroergotamine nasal	Tier 2	PA; QL (16 ML per 30 days)
DILANTIN	Tier 3	
DILANTIN KAPSEAL	Tier 3	
DILATRATE-SR	Tier 3	PA
DILT-CD ORAL CAPSULE, EXTENDED RELEASE 24HR 180 MG, 240 MG	\$0-\$3.30 (Tier 1)	
DILTIA XT	\$0-\$3.30 (Tier 1)	
diltiazem hcl oral	\$0-\$3.30 (Tier 1)	
DILTZAC ER ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 240 MG, 300 MG	\$0-\$3.30 (Tier 1)	
DIPENTUM	Tier 3	PA
diphenhydramine hcl injection solution 50 mg/ml	\$0-\$3.30 (Tier 1)	
diphenoxylate-atropine oral tablet	\$0-\$3.30 (Tier 1)	QL (80 EA per 10 days)
dipyridamole oral	\$0-\$3.30 (Tier 1)	
disopyramide phosphate oral capsule 100 mg	Tier 2	
disopyramide phosphate oral capsule 150 mg	\$0-\$3.30 (Tier 1)	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>disulfiram</i>	\$0-\$3.30 (Tier 1)	
DITROPAN	\$0-\$3.30 (Tier 1)	
DIURIL	Tier 2	
<i>divalproex</i>	\$0-\$3.30 (Tier 1)	
DIVIGEL	Tier 3	QL (30 EA per 30 days)
DM2	Tier 3	PA
<i>dofetilide</i>	Tier 2	
<i>donepezil</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>dorzolamide</i>	\$0-\$3.30 (Tier 1)	
<i>dorzolamide-timolol</i>	\$0-\$3.30 (Tier 1)	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>doxepin oral</i>	\$0-\$3.30 (Tier 1)	
<i>doxepin topical</i>	Tier 2	PA
<i>doxercalciferol oral</i>	Tier 2	
<i>doxycycline hyclate oral capsule</i>	\$0-\$3.30 (Tier 1)	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	\$0-\$3.30 (Tier 1)	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 200 mg, 50 mg, 75 mg</i>	\$0-\$3.30 (Tier 1)	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 150 mg</i>	Tier 2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	\$0-\$3.30 (Tier 1)	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 2	
<i>doxycycline monohydrate oral capsule, ir - delay rel,biphasic</i>	\$0-\$3.30 (Tier 1)	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	\$0-\$3.30 (Tier 1)	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg</i>	\$0-\$3.30 (Tier 1)	
<i>doxycycline monohydrate oral tablet 75 mg</i>	Tier 2	
DRISDOL ORAL CAPSULE	\$0-\$3.30 (Tier 1)	
<i>dronabinol oral capsule 10 mg, 2.5 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>dronabinol oral capsule 5 mg</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>drospirenone-e.estriadiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	Tier 3	QL (28 EA per 28 days)
<i>drospirenone-e.estriadiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	Tier 3	
<i>drospirenone-ethinodiol estradiol</i>	Tier 5	
DROXIA	Tier 3	
DUAVEE	Tier 2	QL (30 EA per 30 days)
DULERA 100 MCG/5 MCG INHALER	Tier 2	QL (13 GM per 30 days)
DULERA 200 MCG/5 MCG INHALER	Tier 2	QL (13 GM per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	Tier 2	QL (8.8 GM per 15 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	\$0-\$3.30 (Tier 1)	QL (180 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	\$0-\$3.30 (Tier 1)	QL (120 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	Tier 4	PA
DUREZOL	Tier 3	QL (5 ML per 30 days)
<i>dutasteride</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
DYNACIN ORAL CAPSULE 75 MG	\$0-\$3.30 (Tier 1)	
DYRENium	Tier 3	
E.E.S. GRANULES	Tier 3	
EASIVENT HOLDING CHAMBER	Tier 2	
EASY COMFORT LANCETS	\$0-\$3.30 (Tier 1)	
EASY TOUCH NEEDLE 31 GAUGE X 1/4"	\$0-\$3.30 (Tier 1)	
EASY TOUCH TWIST LANCETS 30 GAUGE, 33 GAUGE	\$0-\$3.30 (Tier 1)	
<i>econazole</i>	\$0-\$3.30 (Tier 1)	
ECONTRA EZ	Tier 5	
EDARBI	Tier 3	ST; QL (30 EA per 30 days)
EDURANT	Tier 4	QL (30 EA per 30 days)
ELESTRIN	Tier 3	QL (26 GM per 30 days)
<i>eletriptan</i>	\$0-\$3.30 (Tier 1)	QL (9 EA per 28 days)
ELIDEL	Tier 3	QL (30 GM per 0 days)
ELINEST	Tier 5	
ELIQUIS ORAL TABLET 2.5 MG	Tier 2	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	Tier 2	QL (74 EA per 30 days)
ELIXOPHYLLIN	Tier 2	
ELLA	Tier 5	QL (1 EA per 30 days)
ELMIRON	Tier 3	PA
EMADINE	Tier 2	
EMBELINE	Tier 2	
EMCYT	Tier 4	PA
EMOQUETTE	Tier 5	
EMSAM	Tier 4	PA; QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE	Tier 4	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	Tier 4	QL (850 ML per 30 days)
EMVERM	Tier 3	QL (6 EA per 3 days)
<i>enalapril maleate</i>	\$0-\$3.30 (Tier 1)	
<i>enalapril-hydrochlorothiazide</i>	\$0-\$3.30 (Tier 1)	
ENBREL MINI	Tier 4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ENBREL SUBCUTANEOUS RECON SOLN	Tier 4	PA; QL (16 EA per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	Tier 4	PA; QL (8 ML per 28 days)
ENBREL SURECLICK	Tier 4	PA; QL (8 ML per 28 days)
ENDOMETRIN	Tier 3	
ENGERIX-B (PF)	Tier 5	
ENGERIX-B PEDIATRIC (PF)	Tier 5	
ENGLISH TOFFEE FLAVOR	Tier 3	
ENJUVIA ORAL TABLET 0.9 MG	Tier 3	
<i>enoxaparin subcutaneous solution</i>	Tier 2	QL (30 ML Max Qty Per Fill Retail)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	Tier 2	QL (20 ML Max Qty Per Fill Retail)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	Tier 2	QL (16 ML Max Qty Per Fill Retail)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	Tier 2	QL (6 ML Max Qty Per Fill Retail)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	Tier 2	QL (8 ML Max Qty Per Fill Retail)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	Tier 2	QL (12 ML Max Qty Per Fill Retail)
ENPRESSE	Tier 5	
ENSKYCE	Tier 5	
<i>entacapone</i>	\$0-\$3.30 (Tier 1)	QL (270 EA per 30 days)
<i>entecavir</i>	\$0-\$3.30 (Tier 1)	PA; QL (30 EA per 30 days)
ENTERIC COATED ASPIRIN	\$0-\$3.30 (Tier 1)	
ENTRESTO	Tier 3	PA; QL (60 EA per 30 days)
EPCLUSA	Tier 4	PA
<i>epinastine</i>	\$0-\$3.30 (Tier 1)	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	\$0-\$3.30 (Tier 1)	QL (2 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	\$0-\$3.30 (Tier 1)	QL (2 EA per 0 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	Tier 2	QL (2 EA per 30 days)
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 2	QL (2 ML per 30 days)
EPITOL	Tier 3	
<i>eplerenone oral tablet 25 mg</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>eplerenone oral tablet 50 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>eprosartan</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	Tier 3	QL (480 EA per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	Tier 3	QL (240 EA per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	Tier 3	QL (180 EA per 30 days)
<i>ergocalciferol (vitamin d2) oral capsule</i>	\$0-\$3.30 (Tier 1)	QL (4 EA per 28 days)
<i>ergoloid</i>	\$0-\$3.30 (Tier 1)	
ERIVEDGE	Tier 4	PA; QL (30 EA per 30 days)
ERRIN	Tier 5	
ERTACZO	Tier 3	PA
ERYPED 400	Tier 3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ERY-TAB	Tier 3	PA
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	Tier 3	PA
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	\$0-\$3.30 (Tier 1)	
<i>erythromycin ethylsuccinate oral tablet</i>	\$0-\$3.30 (Tier 1)	
<i>erythromycin ophthalmic (eye)</i>	\$0-\$3.30 (Tier 1)	
<i>erythromycin oral tablet</i>	\$0-\$3.30 (Tier 1)	
<i>erythromycin stearate oral tablet 250 mg</i>	\$0-\$3.30 (Tier 1)	
<i>erythromycin with ethanol</i>	\$0-\$3.30 (Tier 1)	
<i>erythromycin-benzoyl peroxide</i>	\$0-\$3.30 (Tier 1)	
<i>escitalopram oxalate oral solution</i>	\$0-\$3.30 (Tier 1)	QL (620 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>esomeprazole magnesium</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
ESTARYLLA	Tier 5	
<i>estradiol (bulk)</i>	Tier 3	
<i>estradiol oral</i>	\$0-\$3.30 (Tier 1)	
ESTRADIOL TRANSDERMAL PATCH	\$0-\$3.30 (Tier 1)	
<i>estradiol transdermal patch semiweekly</i>	\$0-\$3.30 (Tier 1)	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	\$0-\$3.30 (Tier 1)	QL (4 EA per 28 days)
<i>estradiol vaginal cream</i>	Tier 2	
<i>estradiol vaginal tablet</i>	\$0-\$3.30 (Tier 1)	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	\$0-\$3.30 (Tier 1)	
<i>estradiol-norethindrone acet</i>	Tier 5	
ESTRING	Tier 2	QL (1 EA per 90 days)
<i>estriol (bulk)</i>	Tier 3	
<i>estriol micronized (bulk)</i>	Tier 3	
<i>estrogens-methyltestosterone</i>	\$0-\$3.30 (Tier 1)	
<i>estropipate oral tablet 0.75 mg, 1.5 mg</i>	\$0-\$3.30 (Tier 1)	
<i>estropipate oral tablet 3 mg</i>	Tier 2	
<i>eszopiclone</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>ethacrynic acid</i>	\$0-\$3.30 (Tier 1)	
<i>ethambutol oral tablet 100 mg</i>	Tier 2	
<i>ethambutol oral tablet 400 mg</i>	\$0-\$3.30 (Tier 1)	
<i>ethosuximide</i>	\$0-\$3.30 (Tier 1)	
<i>ethynodiol diac-eth estradiol</i>	Tier 5	
<i>etidronate disodium</i>	Tier 2	
<i>etodolac</i>	\$0-\$3.30 (Tier 1)	
EUCRISA	Tier 3	PA
EURAX	Tier 3	
EVAMIST	Tier 3	QL (16.2 ML per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
EVOTAZ	Tier 4	QL (30 EA per 30 days)
EXELDERM	Tier 3	ST
exemestane	Tier 2	QL (60 EA per 30 days)
EXTAVIA SUBCUTANEOUS KIT	Tier 4	PA; QL (15 EA per 30 days)
EXTAVIA SUBCUTANEOUS RECON SOLN	Tier 4	PA; QL (1 EA per 30 days)
<i>ezetimibe</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
FACTIVE	Tier 3	
FALLBACK SOLO	Tier 5	QL (1 EA per 30 days)
FALMINA (28)	Tier 5	
<i>famciclovir</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>famotidine oral suspension</i>	\$0-\$3.30 (Tier 1)	
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$0-\$3.30 (Tier 1)	
FANAPT ORAL TABLET 1 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	PA; QL (60 EA per 30 days)
FANAPT ORAL TABLET 10 MG	Tier 3	PA; QL (90 EA per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	Tier 3	PA; QL (60 EA per 30 days)
FARESTON	Tier 3	PA; QL (30 EA per 30 days)
FARYDAK	Tier 4	PA; QL (6 EA per 21 days)
<i>felbamate</i>	Tier 2	
<i>felodipine</i>	\$0-\$3.30 (Tier 1)	
FEMRING	Tier 3	QL (1 EA per 84 days)
FEMYNOR	Tier 5	
<i>fenofibrate micronized</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>fenofibrate nanocrystallized</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>fenofibrate oral capsule</i>	Tier 3	QL (30 EA per 30 days)
<i>fenofibrate oral tablet</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>fenofibric acid</i>	Tier 2	QL (30 EA per 30 days)
<i>fenofibric acid (choline) oral capsule, delayed release(drlec) 135 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>fenoprofen oral capsule 400 mg</i>	\$0-\$3.30 (Tier 1)	
<i>fenoprofen oral tablet</i>	\$0-\$3.30 (Tier 1)	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	\$0-\$3.30 (Tier 1)	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>	\$0-\$3.30 (Tier 1)	PA; QL (30 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	\$0-\$3.30 (Tier 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>	Tier 2	PA; QL (15 EA per 30 days)
FERRIPROX ORAL TABLET	Tier 4	PA
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	Tier 3	PA; QL (30 EA per 30 days)
FINACEA TOPICAL GEL	Tier 3	
<i>finasteride oral tablet 1 mg</i>	\$0-\$3.30 (Tier 1)	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>finasteride oral tablet 5 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
FIRAZYR	Tier 4	PA
FLAREX	Tier 3	
FLAVORX	Tier 3	
<i>flavoxate</i>	\$0-\$3.30 (Tier 1)	
<i>flecainide</i>	\$0-\$3.30 (Tier 1)	
FLOVENT DISKUS	Tier 3	QL (60 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	Tier 3	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	Tier 3	QL (10.6 GM per 30 days)
FLUAD 2017-2018 (65 YR UP)(PF)	Tier 5	QL (0.5 ML per 0 days)
FLUAD 2018-2019 (65 YR UP)(PF)	Tier 5	
FLUARIX QUAD 2017-2018 (PF)	Tier 5	QL (0.5 ML per 0 days)
FLUARIX QUAD 2018-2019 (PF)	Tier 5	
FLUBLOK 2017-2018 (PF)	Tier 5	QL (0.5 ML per 0 days)
FLUBLOK QUAD 2017-2018 (PF)	Tier 5	QL (0.5 ML per 0 days)
FLUBLOK QUAD 2018-2019 (PF)	Tier 5	
FLUCELVAX QUAD 2017-2018	Tier 5	QL (0.5 ML per 0 days)
FLUCELVAX QUAD 2017-2018 (PF)	Tier 5	QL (0.5 ML per 0 days)
FLUCELVAX QUAD 2018-2019	Tier 5	
FLUCELVAX QUAD 2018-2019 (PF)	Tier 5	
<i>fluconazole oral suspension for reconstitution</i>	\$0-\$3.30 (Tier 1)	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	\$0-\$3.30 (Tier 1)	
<i>fluconazole oral tablet 150 mg</i>	\$0-\$3.30 (Tier 1)	QL (180 EA per 30 days)
<i>flucytosine</i>	Tier 2	
<i>fludrocortisone</i>	\$0-\$3.30 (Tier 1)	
FLULALVAL QUAD 2017-2018	Tier 5	QL (0.5 ML per 0 days)
FLULALVAL QUAD 2017-2018 (PF)	Tier 5	QL (0.5 ML per 0 days)
FLULALVAL QUAD 2018-2019	Tier 5	
FLULALVAL QUAD 2018-2019 (PF)	Tier 5	
FLUMIST QUAD 2017-2018	Tier 5	QL (0.5 EA per 0 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	\$0-\$3.30 (Tier 1)	QL (25 ML per 25 days)
<i>fluocinolone</i>	\$0-\$3.30 (Tier 1)	
<i>fluocinolone acetonide oil</i>	\$0-\$3.30 (Tier 1)	
<i>fluocinolone and shower cap</i>	\$0-\$3.30 (Tier 1)	
<i>fluocinonide topical cream 0.05 %</i>	\$0-\$3.30 (Tier 1)	
<i>fluocinonide topical cream 0.1 %</i>	Tier 2	
<i>fluocinonide topical gel</i>	\$0-\$3.30 (Tier 1)	
<i>fluocinonide topical ointment</i>	\$0-\$3.30 (Tier 1)	
<i>fluocinonide topical solution</i>	\$0-\$3.30 (Tier 1)	
FLUOCINONIDE-E	\$0-\$3.30 (Tier 1)	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>fluocinonide-emollient</i>	\$0-\$3.30 (Tier 1)	
FLUORABON	Tier 5	
<i>fluoride (sodium) oral drops</i>	Tier 5	
<i>fluoride (sodium) oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	Tier 5	
<i>fluorometholone</i>	\$0-\$3.30 (Tier 1)	
FLUOROPLEX	Tier 2	PA
<i>fluorouracil topical cream 5 %</i>	\$0-\$3.30 (Tier 1)	
<i>fluorouracil topical solution</i>	\$0-\$3.30 (Tier 1)	
<i>fluoxetine oral capsule 10 mg, 20 mg</i>	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>fluoxetine oral capsule, delayed release (dr/rec)</i>	\$0-\$3.30 (Tier 1)	QL (4 EA per 28 days)
<i>fluoxetine oral solution</i>	\$0-\$3.30 (Tier 1)	QL (600 ML per 30 days)
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
<i>fluoxetine oral tablet 60 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>fluphenazine hcl oral</i>	\$0-\$3.30 (Tier 1)	
<i>flurandrenolide topical lotion</i>	\$0-\$3.30 (Tier 1)	
<i>flurbiprofen</i>	\$0-\$3.30 (Tier 1)	
<i>flurbiprofen sodium</i>	\$0-\$3.30 (Tier 1)	
<i>flutamide</i>	Tier 2	
<i>fluticasone nasal</i>	\$0-\$3.30 (Tier 1)	QL (16 GM per 30 days)
<i>fluticasone topical cream</i>	\$0-\$3.30 (Tier 1)	
<i>fluticasone topical lotion</i>	Tier 2	
<i>fluticasone topical ointment</i>	\$0-\$3.30 (Tier 1)	
<i>fluticasone-salmeterol</i>	\$0-\$3.30 (Tier 1)	
<i>fluvastatin oral capsule 20 mg</i>	Tier 5	QL (30 EA per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	Tier 5	QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	Tier 5	QL (30 EA per 30 days)
FLUVIRIN 2017-2018	Tier 5	QL (0.5 ML per 0 days)
FLUVIRIN 2017-2018 (PF)	Tier 5	QL (0.5 ML per 0 days)
<i>fluvoxamine oral tablet 100 mg</i>	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	\$0-\$3.30 (Tier 1)	QL (360 EA per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	\$0-\$3.30 (Tier 1)	QL (180 EA per 30 days)
FLUZONE HIGH-DOSE 2017-18 (PF)	Tier 5	QL (0.5 ML per 0 days)
FLUZONE HIGH-DOSE 2018-19 (PF)	Tier 5	
FLUZONE INTRADERM QUAD 2017-18	Tier 5	QL (0.5 ML per 0 days)
FLUZONE QUAD 2017-2018	Tier 5	QL (0.5 ML per 0 days)
FLUZONE QUAD 2017-2018 (PF)	Tier 5	QL (0.5 ML per 0 days)
FLUZONE QUAD 2018-2019	Tier 5	
FLUZONE QUAD 2018-2019 (PF)	Tier 5	
FLUZONE QUAD PEDI 2017-18 (PF)	Tier 5	QL (0.5 ML per 0 days)
FLUZONE QUAD PEDI 2018-19 (PF)	Tier 5	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
FML FORTE	Tier 2	
FML S.O.P.	Tier 2	
folic acid oral tablet 1 mg	\$0-\$3.30 (Tier 1)	
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	\$0-\$3.30 (Tier 1)	PA; QL (20 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	\$0-\$3.30 (Tier 1)	PA; QL (15 ML per 30 days)
FORFIVO XL	Tier 3	ST; QL (30 EA per 30 days)
FORTEO	Tier 4	PA; QL (3 ML per 28 days)
FOSAMAX PLUS D	Tier 3	QL (4 EA per 28 days)
fosamprenavir	\$0-\$3.30 (Tier 1)	
fosinopril	\$0-\$3.30 (Tier 1)	
FOSRENOL ORAL POWDER IN PACKET	Tier 3	
FRAGMIN	Tier 3	
FREESTYLE INSULINX STRIP	Tier 2	QL (150 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS	Tier 2	QL (150 EA per 30 days)
FREESTYLE LANCETS	\$0-\$3.30 (Tier 1)	
FREESTYLE LIBRE 10 DAY READER	Tier 2	PA; QL (1 EA per 4 years)
FREESTYLE LIBRE 10 DAY SENSOR	Tier 2	PA; QL (1 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER	Tier 2	PA; QL (1 EA per 4 years)
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2	PA; QL (2 EA per 28 dayss)
FREESTYLE LITE STRIPS	Tier 2	QL (150 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS	Tier 2	QL (150 EA per 30 days)
FREESTYLE TEST	Tier 2	QL (150 EA per 30 days)
frovatriptan	Tier 2	QL (9 EA per 28 days)
furosemide oral	\$0-\$3.30 (Tier 1)	
FUZEON SUBCUTANEOUS RECON SOLN	Tier 4	PA
gabapentin oral capsule	\$0-\$3.30 (Tier 1)	
gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml)	\$0-\$3.30 (Tier 1)	
gabapentin oral solution 300 mg/6 ml (6 ml)	Tier 2	
gabapentin oral tablet 600 mg, 800 mg	\$0-\$3.30 (Tier 1)	
galantamine oral capsule,ext rel. pellets 24 hr	Tier 2	QL (30 EA per 30 days)
galantamine oral solution	Tier 2	QL (180 ML per 30 days)
galantamine oral tablet	Tier 2	QL (60 EA per 30 days)
ganirelix	\$0-\$3.30 (Tier 1)	PA
GARDASIL (PF) INTRAMUSCULAR SUSPENSION	Tier 5	
GARDASIL 9 (PF)	Tier 5	
gatifloxacin	\$0-\$3.30 (Tier 1)	QL (2.5 ML per 30 days)
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	Tier 3	QL (30 GM per 30 days)
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 28 MG/0.92 GRAM (3 %)	Tier 3	ST
GELNIQUE TRANSDERMAL GEL IN PACKET	Tier 3	QL (30 GM per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>gemfibrozil</i>	\$0-\$3.30 (Tier 1)	
<i>gentamicin ophthalmic (eye) drops</i>	\$0-\$3.30 (Tier 1)	
<i>gentamicin ophthalmic (eye) ointment</i>	Tier 2	
<i>gentamicin topical</i>	\$0-\$3.30 (Tier 1)	
GENVOYA	Tier 4	QL (30 EA per 30 days)
GIANVI (28)	Tier 5	
GIAZO	Tier 3	PA; QL (180 EA per 30 days)
GILDAGIA	Tier 5	
GILDESS 24 FE	\$0-\$3.30 (Tier 1)	
GILENYA ORAL CAPSULE 0.5 MG	Tier 4	PA
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	Tier 4	PA; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	Tier 4	PA; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	Tier 4	PA; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	Tier 4	PA; QL (12 ML per 28 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 4	PA
<i>glimepiride</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	\$0-\$3.30 (Tier 1)	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	\$0-\$3.30 (Tier 1)	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg, 5 mg</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	\$0-\$3.30 (Tier 1)	QL (240 EA per 30 days)
<i>glipizide-metformin</i>	\$0-\$3.30 (Tier 1)	
GLUCAGEN DIAGNOSTIC KIT	Tier 2	
GLUCAGEN HYPOKIT	Tier 2	QL (30 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN)	Tier 2	QL (1 EA per 30 days)
<i>glucagon hcl</i>	\$0-\$3.30 (Tier 1)	
<i>glyburide micronized oral tablet 1.5 mg</i>	\$0-\$3.30 (Tier 1)	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	\$0-\$3.30 (Tier 1)	QL (480 EA per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	\$0-\$3.30 (Tier 1)	QL (240 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	\$0-\$3.30 (Tier 1)	QL (120 EA per 30 days)
<i>glyburide-metformin</i>	\$0-\$3.30 (Tier 1)	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$0-\$3.30 (Tier 1)	
GLYXAMBI	Tier 2	
GOLYTELY	Tier 5	
<i>granisetron hcl oral</i>	\$0-\$3.30 (Tier 1)	QL (14 EA per 30 days)
<i>griseofulvin microsize</i>	\$0-\$3.30 (Tier 1)	
<i>griseofulvin ultramicrosize</i>	Tier 2	
<i>guanfacine oral tablet</i>	\$0-\$3.30 (Tier 1)	
<i>guanfacine oral tablet extended release 24 hr</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
guanidine	Tier 2	
GYNODIOL	\$0-\$3.30 (Tier 1)	
halobetasol propionate topical cream	\$0-\$3.30 (Tier 1)	
halobetasol propionate topical ointment	\$0-\$3.30 (Tier 1)	ST
HALOG TOPICAL CREAM	Tier 3	
HALOG TOPICAL OINTMENT	Tier 3	ST
haloperidol lactate oral	\$0-\$3.30 (Tier 1)	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg	\$0-\$3.30 (Tier 1)	
haloperidol oral tablet 20 mg	Tier 2	
HAVRIX (PF)	Tier 5	
HEATHER	Tier 5	
HEP FLUSH-10 (PF)	\$0-\$3.30 (Tier 1)	
heparin (porcine) injection cartridge	\$0-\$3.30 (Tier 1)	
heparin (porcine) injection solution	\$0-\$3.30 (Tier 1)	
heparin lock flush (porcine) intravenous solution	\$0-\$3.30 (Tier 1)	
heparin lock flush (porcine) intravenous syringe 100 unit/ml	\$0-\$3.30 (Tier 1)	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML	Tier 3	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 100 UNIT/ML	\$0-\$3.30 (Tier 1)	
heparin, porcine (pf) injection solution	\$0-\$3.30 (Tier 1)	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	\$0-\$3.30 (Tier 1)	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	\$0-\$3.30 (Tier 1)	
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION	Tier 5	
HEXALEN	Tier 4	PA
homatropine hbr	\$0-\$3.30 (Tier 1)	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	Tier 3	
HUMALOG JUNIOR KWIKPEN U-100	Tier 2	
HUMALOG KWIKPEN INSULIN	Tier 2	
HUMALOG MIX 50-50 INSULN U-100	Tier 2	
HUMALOG MIX 50-50 KWIKPEN	Tier 2	
HUMALOG MIX 75-25 KWIKPEN	Tier 2	
HUMALOG MIX 75-25(U-100)INSULN	Tier 2	
HUMALOG U-100 INSULIN	Tier 2	
HUMATROPE	Tier 4	PA
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 4	PA; QL (6 EA per 28 days)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA; QL (6 EA per 28 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 4	QL (2 EA per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	Tier 4	QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA; QL (6 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	Tier 4	QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 4	PA; QL (6 EA per 28 days)
HUMULIN 70/30 U-100 INSULIN	Tier 2	
HUMULIN 70/30 U-100 KWIKPEN	Tier 3	
HUMULIN N NPH INSULIN KWIKPEN	Tier 3	
HUMULIN N NPH U-100 INSULIN	Tier 2	
HUMULIN R REGULAR U-100 INSULN	Tier 2	
HUMULIN R U-500 (CONC) INSULIN	Tier 2	
HUMULIN R U-500 (CONC) KWIKPEN	Tier 2	
hydralazine oral	\$0-\$3.30 (Tier 1)	
hydrochlorothiazide	\$0-\$3.30 (Tier 1)	
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 5-163 mg/7.5ml(7.5ml)	\$0-\$3.30 (Tier 1)	QL (5400 ML per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	\$0-\$3.30 (Tier 1)	QL (450 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg	\$0-\$3.30 (Tier 1)	QL (120 EA per 30 days)
hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg	\$0-\$3.30 (Tier 1)	QL (240 EA per 30 days)
hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg	\$0-\$3.30 (Tier 1)	QL (180 EA per 30 days)
hydrocodone-chlorpheniramine	\$0-\$3.30 (Tier 1)	
hydrocodone-homatropine oral syrup	\$0-\$3.30 (Tier 1)	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	\$0-\$3.30 (Tier 1)	QL (120 EA per 30 days)
hydrocortisone acetate rectal	\$0-\$3.30 (Tier 1)	
hydrocortisone butyrate topical cream	\$0-\$3.30 (Tier 1)	
hydrocortisone butyrate topical ointment	\$0-\$3.30 (Tier 1)	
hydrocortisone butyrate topical solution	Tier 2	
hydrocortisone butyr-emollient	Tier 2	
hydrocortisone oral	\$0-\$3.30 (Tier 1)	
hydrocortisone rectal	\$0-\$3.30 (Tier 1)	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
hydrocortisone topical cream 1 %, 2.5 %	\$0-\$3.30 (Tier 1)	
hydrocortisone topical cream with perineal applicator 2.5 %	\$0-\$3.30 (Tier 1)	
hydrocortisone topical lotion 2.5 %	\$0-\$3.30 (Tier 1)	
hydrocortisone topical ointment 1 %, 2.5 %	\$0-\$3.30 (Tier 1)	
hydrocortisone valerate topical cream	Tier 2	
hydrocortisone valerate topical ointment	\$0-\$3.30 (Tier 1)	
hydrocortisone-acetic acid	\$0-\$3.30 (Tier 1)	
hydromorphone oral liquid	\$0-\$3.30 (Tier 1)	QL (120 ML per 30 days)
hydromorphone oral tablet	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
hydromorphone oral tablet extended release 24 hr	Tier 2	PA; QL (30 EA per 30 days)
hydroxychloroquine	\$0-\$3.30 (Tier 1)	
hydroxyprogesterone capr(bulk)	Tier 3	
hydroxyprogesterone caproate	Tier 4	PA
hydroxyurea	\$0-\$3.30 (Tier 1)	
hydroxyzine hcl oral	\$0-\$3.30 (Tier 1)	
hydroxyzine pamoate	\$0-\$3.30 (Tier 1)	
hyoscyamine sulfate oral tablet	\$0-\$3.30 (Tier 1)	
hyoscyamine sulfate oral tablet extended release 12 hr	\$0-\$3.30 (Tier 1)	
hyoscyamine sulfate sublingual	\$0-\$3.30 (Tier 1)	
HYQVIA	Tier 4	PA
ibandronate oral	\$0-\$3.30 (Tier 1)	QL (1 EA per 28 days)
IBRANCE	Tier 4	PA; QL (21 EA per 28 days)
IBU	\$0-\$3.30 (Tier 1)	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	\$0-\$3.30 (Tier 1)	
ibuprofen-oxycodone	Tier 2	QL (120 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG	Tier 4	PA; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	Tier 4	PA; QL (30 EA per 30 days)
ILEVRO	Tier 3	
ILOTYCIN	\$0-\$3.30 (Tier 1)	
imatinib	Tier 4	PA
IMBRUVICA	Tier 4	PA; QL (120 EA per 30 days)
IMDUR	\$0-\$3.30 (Tier 1)	
imipramine hcl	\$0-\$3.30 (Tier 1)	
imipramine pamoate	\$0-\$3.30 (Tier 1)	
iniquimod topical cream in packet	\$0-\$3.30 (Tier 1)	
INCASSIA	Tier 5	
INCRELEX	Tier 4	PA
INCRUSE ELLIPTA	Tier 3	QL (30 EA per 30 days)
indapamide	\$0-\$3.30 (Tier 1)	
INDERAL XL	Tier 3	
INDOCIN ORAL	Tier 3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
INDOCIN SR	Tier 3	
<i>indomethacin oral capsule 25 mg</i>	\$0-\$3.30 (Tier 1)	QL (120 EA per 30 days)
<i>indomethacin oral capsule 50 mg</i>	\$0-\$3.30 (Tier 1)	
<i>indomethacin oral capsule, extended release</i>	\$0-\$3.30 (Tier 1)	
INFANRIX (DTAP) (PF)	Tier 5	
<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>	\$0-\$3.30 (Tier 1)	
INTELENCE	Tier 4	
INTRON A INJECTION	Tier 4	PA
INTROVALE	Tier 5	
INVEGA SUSTENNA	Tier 4	PA
INVIRASE ORAL CAPSULE	Tier 4	QL (300 EA per 30 days)
INVIRASE ORAL TABLET	Tier 4	QL (120 EA per 30 days)
INVOKAMET	Tier 2	ST; QL (60 EA per 30 days)
INVOKAMET XR	Tier 2	ST; QL (60 EA per 30 days)
INVOKANA	Tier 2	ST; QL (30 EA per 30 days)
<i>ipratropium bromide inhalation</i>	\$0-\$3.30 (Tier 1)	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i>	\$0-\$3.30 (Tier 1)	QL (30 ML per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	\$0-\$3.30 (Tier 1)	QL (15 ML per 14 days)
<i>ipratropium-albuterol</i>	\$0-\$3.30 (Tier 1)	
<i>irbesartan</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide</i>	\$0-\$3.30 (Tier 1)	
ISENTRESS HD	Tier 4	QL (60 EA per 30 days)
ISENTRESS ORAL POWDER IN PACKET	Tier 4	QL (240 EA per 30 days)
ISENTRESS ORAL TABLET	Tier 4	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	Tier 4	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	Tier 4	QL (720 EA per 30 days)
ISIBLOOM	Tier 5	
ISODITRATE	\$0-\$3.30 (Tier 1)	
<i>isoniazid oral solution</i>	Tier 2	
<i>isoniazid oral tablet 100 mg</i>	Tier 2	
<i>isoniazid oral tablet 300 mg</i>	\$0-\$3.30 (Tier 1)	
ISORDIL	Tier 3	PA
<i>isosorbide dinitrate</i>	\$0-\$3.30 (Tier 1)	
<i>isosorbide mononitrate</i>	\$0-\$3.30 (Tier 1)	
<i>isradipine</i>	\$0-\$3.30 (Tier 1)	
<i>itraconazole oral capsule</i>	\$0-\$3.30 (Tier 1)	PA
<i>ivermectin</i>	\$0-\$3.30 (Tier 1)	
JADENU	Tier 4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
JAKAFI	Tier 4	PA; QL (60 EA per 30 days)
JANTOVEN ORAL TABLET 5 MG	Tier 3	
JANUMET	Tier 2	QL (60 EA per 30 days)
JANUMET XR	Tier 2	QL (30 EA per 30 days)
JANUVIA	Tier 2	QL (30 EA per 30 days)
JARDIANCE	Tier 2	ST; QL (30 EA per 30 days)
JENCYCLA	Tier 5	
JENTADUETO	Tier 2	QL (60 EA per 30 days)
JENTADUETO XR	Tier 2	QL (30 EA per 30 days)
JOLESSA	Tier 5	QL (91 EA per 91 days)
JOLIVETTE	Tier 5	
JUBLIA	Tier 3	ST; QL (4 ML per 30 days)
JULEBER	Tier 5	
JUNEL 1.5/30 (21)	Tier 5	
JUNEL 1/20 (21)	Tier 5	
JUNEL FE 1.5/30 (28)	Tier 5	
JUNEL FE 1/20 (28)	Tier 5	
JUNEL FE 24	Tier 5	
KAITLIB FE	\$0-\$3.30 (Tier 1)	
KALEXATE	Tier 3	
KALYDECO	Tier 4	PA
KAPIDEX	Tier 3	PA; QL (2 EA per 1 day)
KARIVA (28)	Tier 5	
KELNOR 1/35 (28)	Tier 5	
KELNOR 1-50	Tier 5	
KERYDIN	Tier 3	QL (10 ML per 0 days)
KETEK	Tier 3	
ketoconazole	\$0-\$3.30 (Tier 1)	
KETODAN	Tier 2	
KETONE URINE TEST	\$0-\$3.30 (Tier 1)	QL (100 EA per 30 days)
ketoprofen oral capsule 50 mg, 75 mg	\$0-\$3.30 (Tier 1)	
ketorolac intramuscular	\$0-\$3.30 (Tier 1)	QL (4 ML per 28 days)
ketorolac ophthalmic (eye)	\$0-\$3.30 (Tier 1)	
ketorolac oral	\$0-\$3.30 (Tier 1)	QL (20 EA per 30 days)
KIMIDESS (28)	Tier 5	
KINERET	Tier 4	PA
KIONEX (WITH SORBITOL)	\$0-\$3.30 (Tier 1)	
KLOR-CON 10	Tier 2	
KLOR-CON 8	Tier 2	
KLOR-CON M15	Tier 2	
KURVELO	Tier 5	
KYLEENA	Tier 5	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>l</i> norgest <i>e</i> .estradiol- <i>e</i> .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)	Tier 5	QL (91 EA per 91 days)
<i>l</i> norgest <i>e</i> .estradiol- <i>e</i> .estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	Tier 5	
<i>l</i> abetalol oral	\$0-\$3.30 (Tier 1)	
LACRISERT	Tier 3	PA
<i>l</i> actulose oral solution	\$0-\$3.30 (Tier 1)	
<i>l</i> amivudine oral tablet 100 mg, 300 mg	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>l</i> amivudine oral tablet 150 mg	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>l</i> amivudine-zidovudine	Tier 4	PA; QL (60 EA per 30 days)
<i>l</i> amotrigine oral tablet	\$0-\$3.30 (Tier 1)	
<i>l</i> amotrigine oral tablet extended release 24hr 100 mg, 25 mg, 50 mg	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>l</i> amotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg	Tier 2	QL (30 EA per 30 days)
<i>l</i> amotrigine oral tablet, chewable dispersible	\$0-\$3.30 (Tier 1)	
<i>l</i> amotrigine oral tablets,dose pack 25 mg (35), 25 mg (84) -100 mg (14)	Tier 2	
LANOXIN ORAL	Tier 3	
<i>l</i> ansoprazole oral capsule,delayed release(dr/ec)	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>l</i> ansoprazole oral tablet,disintegrat, delay rel 15 mg	\$0-\$3.30 (Tier 1)	
<i>l</i> ansoprazole oral tablet,disintegrat, delay rel 30 mg	Tier 2	QL (2 EA per 1 day)
<i>l</i> anthanum oral tablet,chewable 1,000 mg	Tier 2	
<i>l</i> anthanum oral tablet,chewable 500 mg, 750 mg	\$0-\$3.30 (Tier 1)	
LANTUS SOLOSTAR U-100 INSULIN	Tier 3	PA
LANTUS U-100 INSULIN	Tier 3	PA
LARIN 1.5/30 (21)	Tier 5	
LARIN 1/20 (21)	Tier 5	
LARIN 24 FE	Tier 5	
LARIN FE 1.5/30 (28)	Tier 5	
LARIN FE 1/20 (28)	Tier 5	
LARISSIA	Tier 5	
LASTACAFT	Tier 3	
<i>l</i> atanoprost	\$0-\$3.30 (Tier 1)	QL (5 ML per 30 days)
LATUDA	Tier 3	PA; QL (30 EA per 30 days)
LAYOLIS FE	\$0-\$3.30 (Tier 1)	
LAZANDA	Tier 4	PA; QL (5 EA per 30 days)
LEENA 28	Tier 5	
<i>l</i> eflunomide	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1)	Tier 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)	Tier 4	PA; QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
LENVIMA ORAL CAPSULE 24 MG/DAY(10 MG X 2-4 MG X 1)	Tier 4	PA; QL (90 EA per 30 days)
LESSINA	Tier 5	
LETAIRIS	Tier 4	PA; QL (30 EA per 30 days)
<i>letrozole</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	Tier 2	
<i>leucovorin calcium oral tablet 5 mg</i>	\$0-\$3.30 (Tier 1)	
LEUKERAN	Tier 4	PA
<i>leuprolide</i>	\$0-\$3.30 (Tier 1)	PA
LEVA SET	\$0-\$3.30 (Tier 1)	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/3 ml</i>	\$0-\$3.30 (Tier 1)	QL (270 ML per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	\$0-\$3.30 (Tier 1)	QL (540 ML per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	\$0-\$3.30 (Tier 1)	
<i>levalbuterol tartrate</i>	\$0-\$3.30 (Tier 1)	QL (30 GM per 30 days)
LEVATOL	Tier 3	
LEVEMIR FLEXTOUCH U-100 INSULN	Tier 3	PA
LEVEMIR U-100 INSULIN	Tier 3	PA
<i>levetiracetam oral solution 100 mg/ml</i>	\$0-\$3.30 (Tier 1)	
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	Tier 2	
<i>levetiracetam oral tablet</i>	\$0-\$3.30 (Tier 1)	
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	\$0-\$3.30 (Tier 1)	QL (180 EA per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	\$0-\$3.30 (Tier 1)	QL (120 EA per 30 days)
<i>levobunolol</i>	\$0-\$3.30 (Tier 1)	
<i>levocarnitine (with sugar)</i>	Tier 2	
<i>levocetirizine oral solution</i>	\$0-\$3.30 (Tier 1)	QL (300 ML per 30 days)
<i>levocetirizine oral tablet</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>levofloxacin ophthalmic (eye)</i>	Tier 2	
<i>levofloxacin oral solution</i>	\$0-\$3.30 (Tier 1)	
<i>levofloxacin oral tablet</i>	\$0-\$3.30 (Tier 1)	QL (14 EA per 14 days)
LEVONEST (28)	Tier 5	
<i>levonorgestrel oral tablet 1.5 mg</i>	Tier 5	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Tier 5	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	Tier 5	QL (91 EA per 91 days)
<i>levonorg-eth estrad triphasic</i>	Tier 5	
LEVORA 0.15/30 (28)	Tier 5	
LEVORA-28	Tier 5	
LEVOTHROID ORAL TABLET 100 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 50 MCG, 75 MCG	\$0-\$3.30 (Tier 1)	
<i>levothyroxine oral</i>	\$0-\$3.30 (Tier 1)	ST

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
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	\$0-\$3.30 (Tier 1)	
LEXIVA ORAL SUSPENSION	Tier 4	QL (1800 ML per 30 days)
<i>lidocaine hcl mucous membrane jelly</i>	\$0-\$3.30 (Tier 1)	
<i>lidocaine hcl mucous membrane jelly in applicator</i>	\$0-\$3.30 (Tier 1)	
<i>lidocaine topical adhesive patch,medicated</i>	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
<i>lidocaine topical ointment</i>	\$0-\$3.30 (Tier 1)	
LIDOCAINE VISCOSUS	\$0-\$3.30 (Tier 1)	
<i>lidocaine-prilocaine</i>	\$0-\$3.30 (Tier 1)	
LIDOPAC	Tier 2	
LIDOPRIL	Tier 3	
LIDOPRIL XR	Tier 3	
LIDO-PRIMO CAINE PACK	Tier 3	
LIDORXKIT	Tier 2	
LIDOTREX (WITH VITAMIN E)	Tier 2	
LILETTA	Tier 5	
LILLOW	Tier 5	
<i>lindane topical shampoo</i>	\$0-\$3.30 (Tier 1)	
<i>linezolid oral suspension for reconstitution</i>	Tier 2	
<i>linezolid oral tablet</i>	Tier 2	QL (56 EA per 28 days)
LINZESS	Tier 3	PA; QL (30 EA per 30 days)
<i>liothyronine oral</i>	\$0-\$3.30 (Tier 1)	
LIPROZONEPAK	Tier 3	
<i>lisinopril</i>	\$0-\$3.30 (Tier 1)	
<i>lisinopril-hydrochlorothiazide</i>	\$0-\$3.30 (Tier 1)	
<i>lithium carbonate</i>	\$0-\$3.30 (Tier 1)	
<i>lithium citrate</i>	Tier 2	
LIVALO	Tier 3	PA; QL (30 EA per 30 days)
LO LOESTRIN FE	Tier 3	QL (30 EA per 30 days)
LOESTRIN 1.5/30 (21)	Tier 3	
LOESTRIN 1/20 (21)	Tier 3	
LOESTRIN FE 1.5/30 (28-DAY)	Tier 3	
LOESTRIN FE 1/20 (28-DAY)	Tier 3	
LOKARA	Tier 2	
LOMEDIA 24 FE	\$0-\$3.30 (Tier 1)	
LONSURF	Tier 4	PA; QL (80 EA per 30 days)
<i>lopinavir-ritonavir</i>	\$0-\$3.30 (Tier 1)	PA
LOPROX (AS OLAMINE) TOPICAL CREAM	Tier 3	
LOPROX KIT TOPICAL COMBO PACK	Tier 3	
<i>lorazepam oral concentrate</i>	\$0-\$3.30 (Tier 1)	
<i>lorazepam oral tablet</i>	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
LORCET (HYDROCODONE)	\$0-\$3.30 (Tier 1)	QL (240 EA per 30 days)
LORTAB 10-325	Tier 3	QL (12 EA per 1 day)
LORTAB 5-325	Tier 3	QL (12 EA per 1 day)
LORTAB 7.5-325	Tier 3	QL (12 EA per 1 day)
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	Tier 2	QL (450 ML per 30 days)
LORYNA (28)	Tier 5	
LORZONE ORAL TABLET 375 MG	Tier 3	
LORZONE ORAL TABLET 750 MG	\$0-\$3.30 (Tier 1)	
<i>losartan</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>losartan-hydrochlorothiazide</i>	\$0-\$3.30 (Tier 1)	
LOTEMAX	Tier 3	ST
LOTRISONE TOPICAL LOTION	Tier 3	PA
<i>lovastatin oral tablet 10 mg, 20 mg</i>	Tier 5	QL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>	Tier 5	QL (60 EA per 30 days)
LOW-OGESTREL (28)	Tier 5	
<i>loxapine succinate oral capsule 10 mg, 25 mg</i>	\$0-\$3.30 (Tier 1)	
<i>loxapine succinate oral capsule 5 mg, 50 mg</i>	Tier 2	
LP LITE PAK	Tier 3	
LUIDENT FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG(0.55 MG SOD. FLUORIDE), 0.5 MG (1.1 MG SODIUM FLUORID)	Tier 5	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 2	ST; QL (7 ML per 30 days)
LUMIGAN OPHTHALMIC (EYE) DROPS 0.03 %	Tier 2	ST
LUPANETA PACK (1 MONTH)	Tier 4	PA
LUPANETA PACK (3 MONTH)	Tier 4	PA
LUPRON DEPOT	Tier 4	PA
LUPRON DEPOT (3 MONTH)	Tier 4	PA
LUPRON DEPOT (4 MONTH)	Tier 4	PA
LUPRON DEPOT (6 MONTH)	Tier 4	PA
LUPRON DEPOT-PED	Tier 4	PA
LUPRON DEPOT-PED (3 MONTH)	Tier 4	PA
LUTERA (28)	Tier 5	
LYNPARZA ORAL CAPSULE	Tier 4	PA; QL (480 EA per 30 days)
LYRICA ORAL CAPSULE	Tier 2	QL (120 EA per 30 days)
LYRICA ORAL SOLUTION	Tier 2	QL (900 ML per 30 days)
LYSODREN	Tier 4	PA
LYZA	Tier 5	
<i>mafenide acetate</i>	\$0-\$3.30 (Tier 1)	
<i>malathion</i>	\$0-\$3.30 (Tier 1)	
<i>maprotiline oral tablet 25 mg</i>	Tier 2	QL (270 EA per 30 days)
<i>maprotiline oral tablet 50 mg</i>	Tier 2	QL (135 EA per 30 days)
<i>maprotiline oral tablet 75 mg</i>	Tier 2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
MARLISSA	Tier 5	
MARPLAN	Tier 3	
MATULANE	Tier 4	PA
MAVYRET	Tier 4	PA
MAXIDEX	Tier 3	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	\$0-\$3.30 (Tier 1)	
<i>meclizine oral tablet, chewable</i>	\$0-\$3.30 (Tier 1)	
<i>meclofenamate oral capsule 100 mg</i>	\$0-\$3.30 (Tier 1)	
<i>meclofenamate oral capsule 50 mg</i>	Tier 2	
MEDI-MECLIZINE	\$0-\$3.30 (Tier 1)	
MEDOLOR PAK	Tier 3	
<i>medroxyprogesterone intramuscular</i>	Tier 5	
<i>medroxyprogesterone oral</i>	\$0-\$3.30 (Tier 1)	
<i>mefenamic acid</i>	\$0-\$3.30 (Tier 1)	
<i>mefloquine</i>	\$0-\$3.30 (Tier 1)	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)</i>	Tier 2	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	\$0-\$3.30 (Tier 1)	
<i>megestrol oral tablet</i>	\$0-\$3.30 (Tier 1)	
MEKINIST ORAL TABLET 0.5 MG	Tier 4	PA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	Tier 4	PA; QL (30 EA per 30 days)
<i>meloxicam oral tablet</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	Tier 2	PA; QL (30 EA per 30 days)
<i>memantine oral tablet</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
MENACTRA (PF) INTRAMUSCULAR SOLUTION	Tier 5	
MENEST	Tier 2	
MENHIBRIX (PF)	Tier 5	
MENOMUNE - A/C/Y/W-135	Tier 5	
MENOMUNE - A/C/Y/W-135 (PF)	Tier 5	
MENOSTAR	Tier 3	QL (4 EA per 28 days)
MENVEO A-C-Y-W-135-DIP (PF)	Tier 5	
MENVEO MENA COMPONENT (PF)	Tier 5	
MENVEO MENCYW-135 COMPNT (PF)	Tier 5	
MEPHYTON	Tier 2	
<i>meprobamate</i>	Tier 2	
<i>mercaptopurine</i>	\$0-\$3.30 (Tier 1)	
<i>mesalamine oral</i>	\$0-\$3.30 (Tier 1)	
<i>mesalamine rectal</i>	\$0-\$3.30 (Tier 1)	ST; QL (1680 ML per 28 days)
<i>mesalamine with cleansing wipe</i>	\$0-\$3.30 (Tier 1)	ST; QL (1680 EA per 28 days)
MESTINON ORAL SYRUP	Tier 3	PA
<i>metaproterenol</i>	\$0-\$3.30 (Tier 1)	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
metaxalone oral tablet 800 mg	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
metformin oral tablet 1,000 mg, 850 mg	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
metformin oral tablet 500 mg	\$0-\$3.30 (Tier 1)	QL (150 EA per 30 days)
metformin oral tablet extended release 24 hr 500 mg	\$0-\$3.30 (Tier 1)	QL (150 EA per 30 days)
metformin oral tablet extended release 24 hr 750 mg	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
metformin oral tablet extended release 24hr	\$0-\$3.30 (Tier 1)	
metformin oral tablet,er gast.retention 24 hr	\$0-\$3.30 (Tier 1)	
methadone oral concentrate	Tier 2	PA; QL (60 ML per 30 days)
methadone oral solution	Tier 2	PA; QL (240 ML per 30 days)
methadone oral tablet	\$0-\$3.30 (Tier 1)	PA; QL (60 EA per 30 days)
methazolamide	\$0-\$3.30 (Tier 1)	
methenamine hippurate	\$0-\$3.30 (Tier 1)	
methimazole oral tablet 10 mg, 5 mg	\$0-\$3.30 (Tier 1)	
METHITEST	Tier 2	PA
methocarbamol oral	\$0-\$3.30 (Tier 1)	
methotrexate sodium	\$0-\$3.30 (Tier 1)	
methotrexate sodium (pf)	\$0-\$3.30 (Tier 1)	
methscopolamine oral tablet 2.5 mg	\$0-\$3.30 (Tier 1)	
methscopolamine oral tablet 5 mg	Tier 2	
methyclothiazide	Tier 2	
methyldopa	\$0-\$3.30 (Tier 1)	
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 40 mg	Tier 2	QL (60 EA per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 50 mg, 60 mg	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
methylphenidate hcl oral solution 10 mg/5 ml	Tier 2	QL (1350 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5 ml	Tier 2	QL (2700 ML per 30 days)
methylphenidate hcl oral tablet	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release	Tier 2	QL (30 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr	Tier 2	QL (30 EA per 30 days)
methylphenidate hcl oral tablet,chewable	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
methylprednisolone	\$0-\$3.30 (Tier 1)	
methyltestosterone oral capsule	Tier 2	
methyltestosterone,micro(bulk)	Tier 3	
metipranolol	Tier 2	
metoclopramide hcl oral solution	\$0-\$3.30 (Tier 1)	
metoclopramide hcl oral tablet	\$0-\$3.30 (Tier 1)	
metoclopramide hcl oral tablet,disintegrating	\$0-\$3.30 (Tier 1)	QL (120 EA per 30 days)
metolazone	\$0-\$3.30 (Tier 1)	
metoprolol succinate	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>metoprolol ta-hydrochlorothiaz</i>	\$0-\$3.30 (Tier 1)	
<i>metoprolol tartrate oral</i>	\$0-\$3.30 (Tier 1)	
<i>metronidazole</i>	\$0-\$3.30 (Tier 1)	
<i>mexiletine oral capsule 150 mg, 200 mg</i>	\$0-\$3.30 (Tier 1)	
<i>mexiletine oral capsule 250 mg</i>	Tier 2	
MIACALCIN INJECTION	Tier 4	PA
MIBELAS 24 FE	Tier 3	
MICRO THIN LANCETS	\$0-\$3.30 (Tier 1)	
MICROGESTIN 1.5/30 (21)	Tier 5	
MICROGESTIN 1/20 (21)	Tier 5	
MICROGESTIN 24 FE	Tier 5	
MICROGESTIN FE 1.5/30 (28)	Tier 5	
MICROGESTIN FE 1/20 (28)	Tier 5	
MICROLET LANCET	\$0-\$3.30 (Tier 1)	
MICROSPACER	\$0-\$3.30 (Tier 1)	
<i>midodrine</i>	\$0-\$3.30 (Tier 1)	
<i>miglitol</i>	\$0-\$3.30 (Tier 1)	
MILK OF MAGNESIA	\$0-\$3.30 (Tier 1)	
MILLIPRED DP	Tier 2	
MILLIPRED ORAL TABLET	Tier 2	
MINI ULTRA-THIN II	\$0-\$3.30 (Tier 1)	
<i>minocycline oral capsule</i>	\$0-\$3.30 (Tier 1)	
<i>minocycline oral tablet 100 mg, 50 mg</i>	\$0-\$3.30 (Tier 1)	
<i>minocycline oral tablet 75 mg</i>	Tier 2	
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	Tier 2	
<i>minoxidil oral</i>	\$0-\$3.30 (Tier 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	Tier 4	PA
MIRENA	Tier 5	
<i>mirtazapine oral tablet</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>mirtazapine oral tablet,disintegrating 45 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>misoprostol</i>	\$0-\$3.30 (Tier 1)	
M-M-R II (PF)	Tier 5	
<i>modafinil</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>moexipril</i>	\$0-\$3.30 (Tier 1)	
<i>moexipril-hydrochlorothiazide</i>	\$0-\$3.30 (Tier 1)	
<i>mometasone nasal</i>	\$0-\$3.30 (Tier 1)	QL (34 GM per 30 days)
<i>mometasone topical</i>	\$0-\$3.30 (Tier 1)	
MONOJECT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16	\$0-\$3.30 (Tier 1)	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
MONOJECT PREFILL (PF)	\$0-\$3.30 (Tier 1)	
MONO-LINYAH	Tier 5	
MONONESSA (28)	Tier 5	
MONOPRIL ORAL TABLET 20 MG	\$0-\$3.30 (Tier 1)	
<i>montelukast</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
MONUROL	Tier 3	
MORGIDOX 1X100	Tier 3	PA
MORGIDOX 2X100	Tier 3	PA
MORGIDOX ORAL CAPSULE 100 MG	Tier 3	
<i>morphine concentrate oral solution</i>	\$0-\$3.30 (Tier 1)	QL (120 ML per 30 days)
<i>morphine intravenous syringe</i>	\$0-\$3.30 (Tier 1)	
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 75 mg, 90 mg</i>	Tier 2	PA; QL (30 EA per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 30 mg</i>	Tier 2	PA; QL (60 EA per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 45 mg</i>	\$0-\$3.30 (Tier 1)	PA; QL (30 EA per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 60 mg</i>	\$0-\$3.30 (Tier 1)	PA; QL (60 EA per 30 days)
<i>morphine oral capsule, extend.release pellets 10 mg, 60 mg</i>	\$0-\$3.30 (Tier 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>	Tier 2	PA; QL (60 EA per 30 days)
<i>morphine oral solution</i>	\$0-\$3.30 (Tier 1)	QL (480 ML per 30 days)
<i>morphine oral tablet 15 mg</i>	\$0-\$3.30 (Tier 1)	QL (180 EA per 30 days)
<i>morphine oral tablet 30 mg</i>	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
<i>morphine oral tablet extended release 15 mg</i>	\$0-\$3.30 (Tier 1)	PA; QL (90 EA per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	Tier 2	PA; QL (60 EA per 30 days)
<i>morphine oral tablet extended release 30 mg</i>	\$0-\$3.30 (Tier 1)	PA; QL (60 EA per 30 days)
MOTION RELIEF (MECLIZINE)	Tier 2	
MOTION SICKNESS (MECLIZINE)	Tier 2	
MOTION SICKNESS II	Tier 2	
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET	Tier 2	
MOTOFEN	Tier 3	
MOVANTIK ORAL TABLET 25 MG	Tier 3	PA; QL (30 EA per 30 days)
MOVIPREP	Tier 3	PA
MOXEZA	Tier 3	QL (3 ML per 30 days)
<i>moxifloxacin ophthalmic (eye)</i>	\$0-\$3.30 (Tier 1)	
<i>moxifloxacin oral</i>	\$0-\$3.30 (Tier 1)	QL (14 EA per 0 days)
MULTAQ	Tier 3	QL (60 EA per 30 days)
<i>mupirocin</i>	\$0-\$3.30 (Tier 1)	
<i>mupirocin calcium</i>	Tier 2	
MY WAY	Tier 5	
MYALEPT	Tier 4	PA
<i>mycophenolate mofetil oral capsule</i>	\$0-\$3.30 (Tier 1)	
<i>mycophenolate mofetil oral tablet</i>	Tier 2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>mycophenolate sodium</i>	Tier 2	
MYORISAN	Tier 2	QL (60 EA per 30 days)
MYRBETRIQ	Tier 3	ST; QL (30 EA per 30 days)
MYZILRA	Tier 5	
<i>nabumetone</i>	\$0-\$3.30 (Tier 1)	
<i>nadolol</i>	\$0-\$3.30 (Tier 1)	
NALFON ORAL CAPSULE 200 MG	Tier 3	
<i>naltrexone</i>	\$0-\$3.30 (Tier 1)	
<i>naphazoline</i>	\$0-\$3.30 (Tier 1)	
NAPROSYN ORAL TABLET 250 MG	\$0-\$3.30 (Tier 1)	
<i>naproxen</i>	\$0-\$3.30 (Tier 1)	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0-\$3.30 (Tier 1)	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	\$0-\$3.30 (Tier 1)	
<i>naratriptan</i>	\$0-\$3.30 (Tier 1)	QL (9 EA per 30 days)
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	\$0-\$3.30 (Tier 1)	QL (2 EA per 0 days)
NASAL ALLERGY	Tier 3	
NATACYN	Tier 3	
<i>nateglinide</i>	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
NATURE-THROID	Tier 2	
NEBUPENT	Tier 4	PA
NECON 0.5/35 (28)	Tier 5	
NECON 1/35 (28)	Tier 5	
NECON 1/50 (28)	Tier 5	
NECON 10/11 (28)	Tier 5	
NECON 7/7/7 (28)	Tier 5	
<i>nefazodone oral tablet 100 mg</i>	\$0-\$3.30 (Tier 1)	QL (180 EA per 30 days)
<i>nefazodone oral tablet 150 mg</i>	\$0-\$3.30 (Tier 1)	QL (120 EA per 30 days)
<i>nefazodone oral tablet 200 mg</i>	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
<i>nefazodone oral tablet 250 mg</i>	Tier 2	QL (72 EA per 30 days)
<i>nefazodone oral tablet 50 mg</i>	Tier 2	QL (360 EA per 30 days)
NEO-FRADIN	\$0-\$3.30 (Tier 1)	
<i>neomycin</i>	\$0-\$3.30 (Tier 1)	
<i>neomycin-bacitracin-polymyxin</i>	Tier 2	
<i>neomycin-polymyxin b-dexameth</i>	\$0-\$3.30 (Tier 1)	
<i>neomycin-polymyxin-gramicidin</i>	\$0-\$3.30 (Tier 1)	
<i>neomycin-polymyxin-hc otic (ear)</i>	\$0-\$3.30 (Tier 1)	
NEORAL	Tier 4	PA
NEULASTA	Tier 4	PA; QL (1.2 ML per 30 days)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	Tier 4	PA
NEUPOGEN INJECTION SYRINGE	Tier 4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
NEVANAC	Tier 3	
<i>nevirapine oral suspension</i>	Tier 4	QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	Tier 4	
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 4	QL (90 EA per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 2	QL (30 EA per 30 days)
NEXAVAR	Tier 4	PA; QL (120 EA per 30 days)
NEXIUM	Tier 3	PA
NEXPLANON	Tier 5	
NEXT CHOICE ONE DOSE	Tier 5	
<i>niacin oral tablet extended release 24 hr 500 mg</i>	\$0-\$3.30 (Tier 1)	
NIACOR	Tier 3	
<i>nicardipine oral</i>	Tier 2	
<i>nicotine (polacrilex) buccal gum 2 mg</i>	Tier 5	QL (720 EA per 30 days)
<i>nicotine (polacrilex) buccal lozenge 4 mg</i>	Tier 5	QL (720 EA per 30 days)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	Tier 5	QL (30 EA per 30 days)
NICOTROL	\$0-\$3.30 (Tier 1)	QL (672 EA per 30 days)
NICOTROL NS	\$0-\$3.30 (Tier 1)	QL (120 ML per 30 days)
<i>nifedipine oral capsule 10 mg</i>	\$0-\$3.30 (Tier 1)	
<i>nifedipine oral capsule 20 mg</i>	Tier 2	
<i>nifedipine oral tablet extended release</i>	\$0-\$3.30 (Tier 1)	
<i>nifedipine oral tablet extended release 24hr</i>	\$0-\$3.30 (Tier 1)	
NIKKI (28)	Tier 5	
<i>nilutamide</i>	Tier 4	PA
<i>nimodipine</i>	Tier 2	
NINLARO	Tier 4	PA
<i>nisoldipine</i>	\$0-\$3.30 (Tier 1)	
NITRO-BID	\$0-\$3.30 (Tier 1)	
<i>nitrofurantoin</i>	\$0-\$3.30 (Tier 1)	
<i>nitrofurantoin macrocrystal</i>	\$0-\$3.30 (Tier 1)	
<i>nitrofurantoin monohyd/m-cryst</i>	\$0-\$3.30 (Tier 1)	
<i>nitroglycerin sublingual tablet 0.3 mg</i>	\$0-\$3.30 (Tier 1)	
<i>nitroglycerin sublingual tablet 0.4 mg, 0.6 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>nitroglycerin transdermal patch 24 hour</i>	\$0-\$3.30 (Tier 1)	
<i>nitroglycerin translingual</i>	\$0-\$3.30 (Tier 1)	
NIVA-PLUS	Tier 2	
<i>nizatidine oral capsule</i>	\$0-\$3.30 (Tier 1)	
NORA-BE	Tier 5	
NORDITROPIN FLEXPRO	Tier 4	PA
<i>noreth-estradiol 1-0.02(24)-75 inner</i>	Tier 3	
<i>noreth-estradiol 1-0.02(24)-75 outer</i>	\$0-\$3.30 (Tier 1)	
<i>noreth-estradiol 1-0.02(24)-75 outer</i>	Tier 3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
norethethinyl estradiol-iron	Tier 5	
norethindrone (contraceptive)	Tier 5	
norethindrone acetate	Tier 2	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1-5 mg-mcg	Tier 5	
norethindrone-e.estradiol-iron oral tablet	Tier 5	
norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	Tier 5	
norgestimate-ethinyl estradiol	Tier 5	
norgestrel-ethinyl estradiol	\$0-\$3.30 (Tier 1)	
NORINYL 1/35 (28)	Tier 5	
NORITATE	Tier 3	
NORLYDA	Tier 5	
NORLYROC	Tier 5	
NORPACE CR	Tier 3	
NORTREL 0.5/35 (28)	Tier 5	
NORTREL 1/35 (21)	Tier 5	
NORTREL 1/35 (28)	Tier 5	
NORTREL 7/7/7 (28)	Tier 5	
nortriptyline	\$0-\$3.30 (Tier 1)	
NORVIR ORAL CAPSULE	Tier 4	QL (360 EA per 30 days)
NORVIR ORAL SOLUTION	Tier 4	QL (480 ML per 30 days)
NORVIR SOFT GELATIN	Tier 4	
NOVAMAX PLUS KETONE	\$0-\$3.30 (Tier 1)	QL (10 EA per 30 days)
NOVOFINE 30	\$0-\$3.30 (Tier 1)	
NOVOFINE 32	\$0-\$3.30 (Tier 1)	
NOVOLIN 70/30 U-100 INSULIN	Tier 2	
NOVOLIN N NPH U-100 INSULIN	\$0-\$3.30 (Tier 1)	
NOVOLIN R REGULAR U-100 INSULN	\$0-\$3.30 (Tier 1)	
NOVOLOG FLEXPEN U-100 INSULIN	Tier 2	
NOVOLOG MIX 70-30 U-100 INSULN	Tier 2	
NOVOLOG MIX 70-30FLEXPEN U-100	Tier 2	
NOVOLOG PENFILL U-100 INSULIN	Tier 2	
NOVOLOG U-100 INSULIN ASPART	Tier 2	
NP THYROID	Tier 3	
NUCYNTA ER	Tier 3	PA; QL (60 EA per 30 days)
NULYTELY WITH FLAVOR PACKS	Tier 5	
NUPLAZID ORAL TABLET 17 MG	Tier 4	PA
NUTROPIN AQ	Tier 4	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML)	Tier 4	PA
NUVARING	Tier 5	QL (1 EA per 0 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
NYAMYC	Tier 3	
<i>nystatin oral suspension</i>	\$0-\$3.30 (Tier 1)	
<i>nystatin oral tablet</i>	\$0-\$3.30 (Tier 1)	
<i>nystatin topical</i>	\$0-\$3.30 (Tier 1)	
<i>nystatin-triamcinolone</i>	\$0-\$3.30 (Tier 1)	
OB COMPLETE WITH DHA	Tier 2	
OCELLA	Tier 5	
<i>octreotide acetate injection solution</i>	Tier 2	PA
ODEFSEY	Tier 4	QL (30 EA per 30 days)
ODOMZO	Tier 4	PA
<i>ofloxacin ophthalmic (eye)</i>	\$0-\$3.30 (Tier 1)	
<i>ofloxacin oral</i>	Tier 2	
<i>ofloxacin otic (ear)</i>	\$0-\$3.30 (Tier 1)	
OGESTREL (28)	Tier 5	
<i>olanzapine oral tablet</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg, 20 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 15 mg, 5 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>olmesartan</i>	\$0-\$3.30 (Tier 1)	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>olmesartan-hydrochlorothiazide oral tablet 40-25 mg</i>	\$0-\$3.30 (Tier 1)	
<i>olopatadine nasal</i>	\$0-\$3.30 (Tier 1)	QL (30.5 GM per 30 days)
<i>olopatadine ophthalmic (eye)</i>	\$0-\$3.30 (Tier 1)	
OLUMIANT	Tier 4	PA; QL (30 EA per 30 days)
<i>omega-3 acid ethyl esters</i>	\$0-\$3.30 (Tier 1)	
<i>omeprazole (bulk)</i>	Tier 3	
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
OMNITROPE	Tier 4	PA
<i>ondansetron</i>	\$0-\$3.30 (Tier 1)	QL (180 EA per 30 days)
<i>ondansetron hcl (pf) injection syringe</i>	Tier 2	PA
<i>ondansetron hcl oral solution</i>	\$0-\$3.30 (Tier 1)	QL (100 ML per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	\$0-\$3.30 (Tier 1)	QL (180 EA per 30 days)
ONE DAILY ORAL TABLET	Tier 2	
ONETOUCH DELICA LANCETS 30 GAUGE	\$0-\$3.30 (Tier 1)	
ONETOUCH ULTRA TEST	Tier 2	
ONETOUCH ULTRA2	Tier 2	
ONETOUCH ULTRASOFT LANCETS	\$0-\$3.30 (Tier 1)	
ONETOUCH VERIO	Tier 2	QL (150 EA per 30 days)
ONETOUCH VERIO SYNC	Tier 2	
ONETOUCH VERIO SYSTEM	Tier 2	
ONFI ORAL TABLET 10 MG, 20 MG	Tier 3	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
OPCICON ONE-STEP	Tier 5	QL (1 EA per 30 days)
OPSUMIT	Tier 4	PA; QL (30 EA per 30 days)
OPTICHAMBER DIAMOND VHC	Tier 2	
OPTICHAMBER DIAMOND-MED MSK	Tier 2	
OPTION-2	Tier 5	
ORAVIG	Tier 3	PA; QL (14 EA per 14 days)
ORENCIA CLICKJECT	Tier 4	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	Tier 4	PA
ORKAMBI ORAL TABLET	Tier 4	PA
<i>orphenadrine citrate oral</i>	\$0-\$3.30 (Tier 1)	
ORSYTHIA	Tier 5	
ORTHO MICRONOR	Tier 5	
ORTHO TRI-CYCLEN (28)	Tier 5	
ORTHO TRI-CYCLEN LO (28)	Tier 3	
ORTHO-CYCLEN (28)	Tier 5	
<i>oseltamivir oral capsule</i>	\$0-\$3.30 (Tier 1)	QL (10 EA per 5 days)
<i>oseltamivir oral suspension for reconstitution</i>	\$0-\$3.30 (Tier 1)	QL (60 ML per 5 days)
OSPHENA	Tier 3	
OTEZLA	Tier 4	PA
OTEZLA STARTER	Tier 4	PA
OTIPRIO	Tier 3	PA
OTOVEL	Tier 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	Tier 3	
OVCON-35 (28)	Tier 5	
<i>oxandrolone oral tablet 10 mg</i>	Tier 2	PA; QL (60 EA per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	\$0-\$3.30 (Tier 1)	PA; QL (120 EA per 30 days)
<i>oxaprozin</i>	\$0-\$3.30 (Tier 1)	
<i>oxcarbazepine</i>	\$0-\$3.30 (Tier 1)	
<i>oxybutynin chloride oral syrup</i>	\$0-\$3.30 (Tier 1)	ST; QL (600 ML per 30 days)
<i>oxybutynin chloride oral tablet</i>	\$0-\$3.30 (Tier 1)	ST; QL (120 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr</i>	\$0-\$3.30 (Tier 1)	ST
<i>oxycodone oral capsule</i>	\$0-\$3.30 (Tier 1)	QL (240 EA per 30 days)
<i>oxycodone oral solution</i>	\$0-\$3.30 (Tier 1)	QL (240 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>	\$0-\$3.30 (Tier 1)	QL (240 EA per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr</i>	\$0-\$3.30 (Tier 1)	PA; QL (60 EA per 30 days)
<i>oxycodone-acetaminophen oral solution</i>	\$0-\$3.30 (Tier 1)	QL (150 ML per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	\$0-\$3.30 (Tier 1)	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg	\$0-\$3.30 (Tier 1)	QL (120 EA per 30 days)
oxycodone-acetaminophen oral tablet 5-300 mg, 5-325 mg	\$0-\$3.30 (Tier 1)	QL (240 EA per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	\$0-\$3.30 (Tier 1)	QL (180 EA per 30 days)
OXYCONTIN ORAL TABLET EXTENDED RELEASE 12 HR 20 MG, 30 MG, 80 MG	Tier 2	PA
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	Tier 3	PA; QL (60 EA per 30 days)
oxymorphone oral tablet 10 mg	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
oxymorphone oral tablet 5 mg	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 5 mg	\$0-\$3.30 (Tier 1)	PA; QL (60 EA per 30 days)
oxymorphone oral tablet extended release 12 hr 20 mg, 30 mg, 40 mg, 7.5 mg	Tier 2	PA; QL (60 EA per 30 days)
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	Tier 3	
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	Tier 2	PA; QL (30 EA per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	Tier 2	PA; QL (60 EA per 30 days)
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	Tier 3	PA
PANCRELIPASE 5000	Tier 3	
PANDEL	Tier 2	
pantoprazole oral	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
PARAGARD T 380A	Tier 5	
paricalcitol oral	\$0-\$3.30 (Tier 1)	
PAROEX ORAL RINSE	Tier 3	
paroxetine hcl oral tablet 10 mg	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
paroxetine hcl oral tablet 20 mg, 30 mg	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
paroxetine hcl oral tablet 40 mg	\$0-\$3.30 (Tier 1)	QL (45 EA per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 37.5 mg	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
paroxetine hcl oral tablet extended release 24 hr 25 mg	Tier 2	QL (60 EA per 30 days)
paroxetine mesylate(menop.sym)	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
PATANOL	Tier 3	PA
PEDIAPRED	\$0-\$3.30 (Tier 1)	
PEDI-DRI	\$0-\$3.30 (Tier 1)	
PEDVAX HIB (PF)	Tier 5	
peg 3350-electrolytes	\$0-\$3.30 (Tier 1)	
PEGANONE	Tier 3	
PEGASYS CONVENIENCE PACK	Tier 4	PA; QL (4 EA per 30 days)
PEGASYS PROCLICK	Tier 4	PA; QL (4 ML per 30 days)
PEGASYS SUBCUTANEOUS SYRINGE	Tier 4	PA; QL (4 ML per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
peg-electrolyte soln	\$0-\$3.30 (Tier 1)	
PEGINTRON	Tier 4	PA; QL (4 EA per 30 days)
PEGINTRON REDIPEN	Tier 4	PA; QL (4 EA per 30 days)
PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16"	\$0-\$3.30 (Tier 1)	
pen needle, diabetic needle 29 gauge x 1/2", 31 gauge x 1/4", 31 gauge x 5/16", 32 gauge x 5/32"	\$0-\$3.30 (Tier 1)	
penicillin v potassium	\$0-\$3.30 (Tier 1)	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	Tier 3	
PENNSAID TOPICAL SOLUTION IN PACKET	Tier 3	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	Tier 2	QL (90 EA per 30 days)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	Tier 2	QL (240 EA per 30 days)
pentoxifylline	\$0-\$3.30 (Tier 1)	
PENTOXIL	\$0-\$3.30 (Tier 1)	
PERIDEX	\$0-\$3.30 (Tier 1)	
perindopril erbumine	\$0-\$3.30 (Tier 1)	
permethrin topical cream	\$0-\$3.30 (Tier 1)	
perphenazine	\$0-\$3.30 (Tier 1)	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 8,000-28,750- 30,250 UNIT	Tier 3	PA
phenazopyridine oral tablet 100 mg, 200 mg	\$0-\$3.30 (Tier 1)	
phenelzine	Tier 2	
PHENERGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Tier 3	
phenobarbital oral tablet	\$0-\$3.30 (Tier 1)	
phenoxybenzamine	\$0-\$3.30 (Tier 1)	PA
phenytoin oral suspension	\$0-\$3.30 (Tier 1)	
phenytoin oral tablet,chewable	\$0-\$3.30 (Tier 1)	
phenytoin sodium extended	\$0-\$3.30 (Tier 1)	
PHILITH	Tier 5	
PHOSLYRA	Tier 3	
PHOSPHA 250 NEUTRAL	\$0-\$3.30 (Tier 1)	
PHOSPHOLINE IODIDE	Tier 2	
PHYSIOLYTE	Tier 3	
PHYSIOSOL IRRIGATION	Tier 3	
PICATO TOPICAL GEL 0.015 %	Tier 3	PA; QL (3 EA per 30 days)
PICATO TOPICAL GEL 0.05 %	Tier 2	QL (2 EA per 30 days)
PIFELTRO	Tier 4	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	\$0-\$3.30 (Tier 1)	
pilocarpine hcl oral	\$0-\$3.30 (Tier 1)	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
pimozide oral tablet 1 mg	\$0-\$3.30 (Tier 1)	
pimozide oral tablet 2 mg	Tier 2	
PIMTREA (28)	Tier 5	
pindolol	\$0-\$3.30 (Tier 1)	
pioglitazone	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
pioglitazone-metformin oral tablet 15-850 mg	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
PIRMELLA	Tier 5	
piroxicam	\$0-\$3.30 (Tier 1)	
PLAN B ONE-STEP	Tier 5	
PLEGRIDY	Tier 4	PA
PNEUMOVAX 23	Tier 5	
PNV 29-1	Tier 2	
PNV-DHA + DOCUSATE	Tier 2	
podofilox	\$0-\$3.30 (Tier 1)	
polyethylene glycol 3350	\$0-\$3.30 (Tier 1)	
polyethylene glycol 3350(bulk) powder	\$0-\$3.30 (Tier 1)	
polymyxin b sulf-trimethoprim	\$0-\$3.30 (Tier 1)	
PORTIA	Tier 5	
potassium bicarb-citric acid	\$0-\$3.30 (Tier 1)	
potassium chloride oral capsule, extended release	\$0-\$3.30 (Tier 1)	
potassium chloride oral packet	Tier 2	
potassium chloride oral tablet extended release	\$0-\$3.30 (Tier 1)	
potassium chloride oral tablet,er particles/crystals	\$0-\$3.30 (Tier 1)	
potassium citrate	\$0-\$3.30 (Tier 1)	
potassium citrate-citric acid oral solution	\$0-\$3.30 (Tier 1)	
POTIGA	Tier 3	PA
PRADAXA	Tier 3	QL (60 EA per 30 days)
pramipexole oral tablet	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
pramipexole oral tablet extended release 24 hr	Tier 2	QL (30 EA per 30 days)
prasugrel	\$0-\$3.30 (Tier 1)	
pravastatin oral tablet 10 mg, 20 mg, 80 mg	Tier 5	QL (30 EA per 30 days)
pravastatin oral tablet 40 mg	Tier 5	QL (60 EA per 30 days)
praziquantel	Tier 2	
prazosin	\$0-\$3.30 (Tier 1)	
PRECISION XTRA B-KETONE	\$0-\$3.30 (Tier 1)	QL (10 EA per 30 days)
PRECISION XTRA MONITOR	Tier 2	
PRED MILD	Tier 3	
prednicarbate	Tier 2	
prednisolone acetate	\$0-\$3.30 (Tier 1)	
prednisolone oral solution 15 mg/5 ml	\$0-\$3.30 (Tier 1)	
prednisolone oral tablet	Tier 2	
prednisolone sodium phosphate ophthalmic (eye)	\$0-\$3.30 (Tier 1)	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 2	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	\$0-\$3.30 (Tier 1)	
<i>prednisone</i>	\$0-\$3.30 (Tier 1)	
PREDNISONE INTENSOL	\$0-\$3.30 (Tier 1)	
PREMARIN ORAL	Tier 2	
PREMARIN VAGINAL	Tier 2	
PREMPRO	Tier 3	
PRENATA	\$0-\$3.30 (Tier 1)	
PRENATABS RX	\$0-\$3.30 (Tier 1)	
PRENATAL 19	\$0-\$3.30 (Tier 1)	
PRENATAL 19 (WITH DOCUSATE)	\$0-\$3.30 (Tier 1)	
PRENATAL LOW IRON	\$0-\$3.30 (Tier 1)	
PRENATAL MULTI-DHA ORAL CAPSULE 27 MG IRON-800 MCG-228 MG	\$0-\$3.30 (Tier 1)	
PRENATAL MULTIVITAMINS	\$0-\$3.30 (Tier 1)	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	\$0-\$3.30 (Tier 1)	
PRENATAL PLUS	\$0-\$3.30 (Tier 1)	
PRENATAL PLUS (CALCIUM CARB)	Tier 5	
PRENATAL VITAMIN PLUS LOW IRON	\$0-\$3.30 (Tier 1)	
<i>prenatal vits96-iron fum-folic</i>	\$0-\$3.30 (Tier 1)	
PREPOPIK	\$0-\$3.30 (Tier 1)	
PREVIFEM	Tier 5	
PREVNAR 13 (PF)	Tier 5	
PREZCOBIX	Tier 4	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	Tier 4	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 4	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	Tier 4	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	Tier 4	QL (300 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	Tier 4	
PRIFTIN	Tier 3	
PRILOLID	Tier 3	
PRILOSEC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>primaquine</i>	\$0-\$3.30 (Tier 1)	
<i>primidone</i>	\$0-\$3.30 (Tier 1)	
PRIMSOL	Tier 2	
PROAIR HFA	Tier 3	QL (17 GM per 30 days)
PROAIR RESPICLICK	Tier 3	QL (2 EA per 30 days)
<i>probenecid</i>	\$0-\$3.30 (Tier 1)	
<i>probenecid-colchicine</i>	\$0-\$3.30 (Tier 1)	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
PROCHIEVE	Tier 4	PA
<i>prochlorperazine</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>prochlorperazine maleate</i>	\$0-\$3.30 (Tier 1)	
PROCERIT	Tier 4	PA
PROCTOCREAM-HC	\$0-\$3.30 (Tier 1)	
PROCTO-KIT TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	\$0-\$3.30 (Tier 1)	
PROCTOZONE-HC	\$0-\$3.30 (Tier 1)	
PRODIGY NO CODING	Tier 3	QL (150 EA per 30 days)
<i>progesterone (bulk)</i>	Tier 3	
<i>progesterone micronized</i>	\$0-\$3.30 (Tier 1)	
<i>progesterone micronized (bulk)</i>	Tier 3	
PROMACTA	Tier 4	PA; QL (90 EA per 30 days)
<i>promethazine oral</i>	\$0-\$3.30 (Tier 1)	
<i>promethazine rectal suppository 12.5 mg</i>	\$0-\$3.30 (Tier 1)	
<i>promethazine rectal suppository 25 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>promethazine-codeine</i>	\$0-\$3.30 (Tier 1)	
<i>promethazine-dm</i>	\$0-\$3.30 (Tier 1)	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 50 MG	\$0-\$3.30 (Tier 1)	
PROMETHEGAN RECTAL SUPPOSITORY 25 MG	Tier 3	
<i>propafenone</i>	\$0-\$3.30 (Tier 1)	
<i>propranolol oral</i>	\$0-\$3.30 (Tier 1)	
<i>propylthiouracil</i>	\$0-\$3.30 (Tier 1)	
PROQUAD (PF)	Tier 5	
<i>protriptyline</i>	Tier 2	
PULMICORT FLEXHALER	Tier 2	QL (2 EA per 30 days)
PULMOZYME	Tier 4	PA
PURIXAN	Tier 4	PA
<i>pyrazinamide</i>	Tier 2	
<i>pyridostigmine bromide oral tablet</i>	\$0-\$3.30 (Tier 1)	
QUASENSE	Tier 5	QL (91 EA per 91 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 300 mg, 400 mg, 50 mg</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
QUILLICHEW ER	Tier 2	QL (60 EA per 30 days)
QUILLIVANT XR	Tier 2	QL (540 ML per 30 days)
<i>quinapril</i>	\$0-\$3.30 (Tier 1)	
<i>quinapril-hydrochlorothiazide</i>	\$0-\$3.30 (Tier 1)	
<i>quinidine gluconate oral</i>	Tier 2	
<i>quinidine sulfate</i>	Tier 2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>quinine sulfate</i>	\$0-\$3.30 (Tier 1)	
QVAR INHALATION AEROSOL 40 MCG/ACTUATION	Tier 2	QL (34.8 GM per 30 days)
QVAR INHALATION AEROSOL 80 MCG/ACTUATION	Tier 2	QL (18 GM per 30 days)
QVAR REDIHALER	Tier 2	
<i>rabeprazole</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
RADIOGARDASE	Tier 3	PA
<i>raloxifene</i>	Tier 5	QL (30 EA per 30 days)
<i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>ramipril oral capsule 10 mg</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
RANEXA	Tier 2	QL (120 EA per 30 days)
<i>ranitidine hcl oral capsule</i>	\$0-\$3.30 (Tier 1)	
<i>ranitidine hcl oral syrup</i>	\$0-\$3.30 (Tier 1)	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	\$0-\$3.30 (Tier 1)	
RAPAFLO	Tier 3	ST; QL (30 EA per 30 days)
<i>rasagiline oral tablet 0.5 mg</i>	\$0-\$3.30 (Tier 1)	
<i>rasagiline oral tablet 1 mg</i>	Tier 2	
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, 30 MG/0.6 ML, 7.5 MG/0.15 ML	Tier 2	
REBIF (WITH ALBUMIN)	Tier 4	PA; QL (12 ML per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 4	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	PA; QL (12 ML per 30 days)
REBIF TITRATION PACK	Tier 4	PA
RECLIPSEN (28)	Tier 5	
RECOMBIVAX HB (PF)	Tier 5	
RECTIV	Tier 3	
REGRANEX	Tier 3	PA
RELENZA DISKHALER	Tier 3	QL (20 EA per 10 days)
RELION NEEDLES	\$0-\$3.30 (Tier 1)	
RELION PEN NEEDLES	\$0-\$3.30 (Tier 1)	
RELION PRIME TEST STRIPS	\$0-\$3.30 (Tier 1)	QL (150 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	\$0-\$3.30 (Tier 1)	QL (240 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0-\$3.30 (Tier 1)	QL (120 EA per 30 days)
REPATHA PUSHTRONEX	Tier 4	PA; QL (3.5 ML per 28 days)
REPATHA SURECLICK	Tier 4	PA; QL (3 ML per 28 days)
RESCRIPTOR ORAL TABLET	Tier 4	QL (180 EA per 30 days)
RESCRIPTOR ORAL TABLET, DISPERSIBLE	Tier 4	QL (360 EA per 30 days)
<i>reserpine</i>	\$0-\$3.30 (Tier 1)	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
RESTASIS	Tier 2	
RESTASIS MULTIDOSE	Tier 2	
REVLIMID	Tier 4	PA; QL (30 EA per 30 days)
REXULTI	Tier 3	PA; QL (30 EA per 30 days)
REYATAZ ORAL POWDER IN PACKET	Tier 4	
RIBASPHERE ORAL TABLET 400 MG, 600 MG	Tier 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)	Tier 4	PA
RIBATAB DOSE PACK	Tier 4	PA
<i>ribavirin oral capsule</i>	\$0-\$3.30 (Tier 1)	PA
<i>ribavirin oral tablet 200 mg</i>	\$0-\$3.30 (Tier 1)	PA
RIDAURA	Tier 4	PA
<i>rifabutin</i>	Tier 2	
<i>rifampin oral capsule 150 mg</i>	Tier 2	
<i>rifampin oral capsule 300 mg</i>	\$0-\$3.30 (Tier 1)	
RIFATER	Tier 3	
<i>riluzole</i>	Tier 2	
<i>rimantadine</i>	\$0-\$3.30 (Tier 1)	
RIOMET	Tier 3	PA
<i>risedronate oral tablet 150 mg</i>	\$0-\$3.30 (Tier 1)	QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 35 mg, 5 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>risedronate oral tablet,delayed release (dr/rec)</i>	\$0-\$3.30 (Tier 1)	QL (4 EA per 28 days)
<i>risperidone oral solution</i>	\$0-\$3.30 (Tier 1)	
<i>risperidone oral syringe</i>	Tier 2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>risperidone oral tablet 1 mg</i>	\$0-\$3.30 (Tier 1)	QL (480 EA per 30 days)
<i>risperidone oral tablet 2 mg</i>	\$0-\$3.30 (Tier 1)	QL (240 EA per 30 days)
<i>risperidone oral tablet 3 mg</i>	\$0-\$3.30 (Tier 1)	QL (180 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	Tier 2	QL (120 EA per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg</i>	\$0-\$3.30 (Tier 1)	QL (1920 EA per 30 days)
<i>risperidone oral tablet,disintegrating 0.5 mg</i>	\$0-\$3.30 (Tier 1)	QL (960 EA per 30 days)
<i>risperidone oral tablet,disintegrating 1 mg, 2 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>risperidone oral tablet,disintegrating 3 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	Tier 2	QL (120 EA per 30 days)
<i>ritonavir</i>	Tier 4	PA
<i>rivastigmine tartrate</i>	Tier 2	QL (60 EA per 30 days)
<i>rizatriptan</i>	\$0-\$3.30 (Tier 1)	QL (9 EA per 28 days)
ROMYCIN	\$0-\$3.30 (Tier 1)	
<i>ropinirole oral tablet</i>	\$0-\$3.30 (Tier 1)	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 4 mg, 6 mg, 8 mg</i>	Tier 2	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ropinirole oral tablet extended release 24 hr 2 mg	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
ROSADAN TOPICAL KIT, CLEANSER AND GEL	Tier 2	
ROSADAN TOPICAL KIT,CLEANSER AND CREAM	Tier 2	
rosuvastatin oral tablet 10 mg, 5 mg	Tier 5	QL (30 EA per 30 days)
rosuvastatin oral tablet 20 mg, 40 mg	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
ROZEREM	Tier 3	ST; QL (30 EA per 30 days)
SABRIL ORAL TABLET	Tier 4	PA; QL (180 EA per 30 days)
salicylic acid topical cream	\$0-\$3.30 (Tier 1)	
salicylic acid topical shampoo	\$0-\$3.30 (Tier 1)	
salsalate oral tablet 500 mg	\$0-\$3.30 (Tier 1)	
SAMSCA ORAL TABLET 15 MG	Tier 4	PA; QL (30 EA per 30 days)
SAMSCA ORAL TABLET 30 MG	Tier 4	PA; QL (60 EA per 30 days)
SANCUSO	Tier 3	PA; QL (1 EA per 7 days)
SANTYL	Tier 3	QL (30 GM per 30 days)
SAPHRIS (BLACK CHERRY)	Tier 3	PA; QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG	Tier 3	PA; QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET 5 MG	Tier 3	PA
SAVAYSA	Tier 3	QL (30 EA per 30 days)
SAVELLA ORAL TABLET	Tier 3	QL (60 EA per 30 days)
SCALACORT	Tier 2	
scopolamine base	\$0-\$3.30 (Tier 1)	
selegiline hcl oral capsule	\$0-\$3.30 (Tier 1)	
selegiline hcl oral tablet	Tier 2	
selenium sulfide topical lotion	\$0-\$3.30 (Tier 1)	
selenium sulfide topical shampoo 2.25 %	\$0-\$3.30 (Tier 1)	
SELZENTRY ORAL TABLET 150 MG, 300 MG	Tier 4	PA
SENSIPAR ORAL TABLET 30 MG, 60 MG	Tier 4	PA
SENSIPAR ORAL TABLET 90 MG	Tier 3	PA
SEREVENT DISKUS	Tier 3	QL (60 EA per 30 days)
sertraline oral concentrate	\$0-\$3.30 (Tier 1)	QL (300 ML per 30 days)
sertraline oral tablet 100 mg	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
sertraline oral tablet 25 mg	\$0-\$3.30 (Tier 1)	QL (240 EA per 30 days)
sertraline oral tablet 50 mg	\$0-\$3.30 (Tier 1)	QL (120 EA per 30 days)
SETLAKIN	Tier 5	QL (91 EA per 91 days)
sevelamer carbonate	\$0-\$3.30 (Tier 1)	
SHAROBEL	Tier 5	
SHINGRIX (PF)	Tier 5	
SHINGRIX GE ANTIGEN COMPONENT	Tier 5	
SIGNIFOR	Tier 4	PA
SILAZONE-II	Tier 2	
sildenafil (antihypertensive) oral	\$0-\$3.30 (Tier 1)	PA; QL (90 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>silver sulfadiazine</i>	\$0-\$3.30 (Tier 1)	
SIMBRINZA	Tier 3	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 5	QL (30 EA per 30 days)
simvastatin oral tablet 80 mg	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
sirolimus	Tier 2	
SIRTURO	Tier 4	PA
SIVEXTRO ORAL	Tier 4	PA
SKLICE	Tier 3	QL (117 GM per 30 days)
SKYLA	Tier 5	
sodium chloride inhalation solution for nebulization 7 %	\$0-\$3.30 (Tier 1)	
SODIUM POLYSTYRENE (SORB FREE)	\$0-\$3.30 (Tier 1)	
sodium polystyrene sulfonate	\$0-\$3.30 (Tier 1)	
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG	Tier 4	PA
SOTALOL AF	\$0-\$3.30 (Tier 1)	
<i>sotalol oral</i>	\$0-\$3.30 (Tier 1)	
SOVALDI	Tier 4	PA
<i>spinossad</i>	\$0-\$3.30 (Tier 1)	
SPIRIVA 18 MCG CP-HANDIHALER	Tier 2	QL (90 EA Max Qty Per Fill Retail)
SPIRIVA 18 MCG CP-HANDIHALER 30 CAPS W/HANDIHALER	Tier 2	QL (30 EA per 30 days)
SPIRIVA 18 MCG CP-HANDIHALER 30 CAPS W/HANDIHALER	Tier 2	QL (90 EA Max Qty Per Fill Retail)
SPIRIVA 18 MCG CP-HANDIHALER 5 CAPS W/HANDIHALER	Tier 2	QL (30 EA per 30 days)
SPIRIVA 18 MCG CP-HANDIHALER 90 CAPS W/HANDIHALER	Tier 2	QL (90 EA Max Qty Per Fill Retail)
SPIRIVA RESPIMAT	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Tier 2	QL (90 EA per 30 days)
<i>spironolactone</i>	\$0-\$3.30 (Tier 1)	
<i>spironolacton-hydrochlorothiaz</i>	\$0-\$3.30 (Tier 1)	
SPRINTEC (28)	Tier 5	
SPRYCEL	Tier 4	PA; QL (30 EA per 30 days)
SPS (WITH SORBITOL)	\$0-\$3.30 (Tier 1)	
SRONYX	Tier 5	
<i>stavudine oral capsule 15 mg, 20 mg</i>	\$0-\$3.30 (Tier 1)	PA; QL (120 EA per 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	\$0-\$3.30 (Tier 1)	PA; QL (60 EA per 30 days)
<i>stavudine oral recon soln</i>	Tier 4	
STELARA SUBCUTANEOUS	Tier 4	PA
STIMATE	Tier 4	PA; QL (2.5 ML per 30 days)
STIOLTO RESPIMAT	Tier 2	
STIVARGA	Tier 4	PA; QL (84 EA per 28 days)
STRIBILD	Tier 4	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
STRIVERDI RESPIMAT	Tier 2	QL (4 GM per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	Tier 3	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	Tier 4	PA; QL (120 EA per 30 days)
<i>sucralfate</i>	\$0-\$3.30 (Tier 1)	
<i>sulfacetamide sodium (acne)</i>	\$0-\$3.30 (Tier 1)	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	\$0-\$3.30 (Tier 1)	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	\$0-\$3.30 (Tier 1)	
<i>sulfadiazine</i>	\$0-\$3.30 (Tier 1)	
<i>sulfamethoxazole-trimethoprim oral</i>	\$0-\$3.30 (Tier 1)	
SULFAMIDE	Tier 2	
SULFAMYLYON TOPICAL CREAM	Tier 3	
<i>sulfasalazine</i>	\$0-\$3.30 (Tier 1)	
SULFAZINE	Tier 2	
<i>sulindac</i>	\$0-\$3.30 (Tier 1)	
<i>sumatriptan</i>	\$0-\$3.30 (Tier 1)	QL (1 EA per 28 days)
<i>sumatriptan succinate oral</i>	\$0-\$3.30 (Tier 1)	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	\$0-\$3.30 (Tier 1)	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	\$0-\$3.30 (Tier 1)	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	\$0-\$3.30 (Tier 1)	QL (1 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	\$0-\$3.30 (Tier 1)	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	\$0-\$3.30 (Tier 1)	QL (4 ML per 28 days)
SUMAVEL DOSEPRO	Tier 3	PA; QL (2 ML per 30 days)
SUPREP BOWEL PREP KIT	\$0-\$3.30 (Tier 1)	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16	\$0-\$3.30 (Tier 1)	
SUTENT	Tier 4	PA; QL (30 EA per 30 days)
SYEDA	Tier 5	
SYMBICORT 160-4.5 MCG INHALER 60 INHALATIONS	Tier 2	QL (6 GM per 30 days)
SYMBICORT 80-4.5 MCG INHALER 60 INHALATIONS	Tier 2	QL (6.9 GM per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Tier 2	QL (10.2 GM per 30 days)
SYMLINPEN 120	Tier 3	PA; QL (10 ML per 30 days)
SYMLINPEN 60	Tier 3	PA; QL (10 ML per 30 days)
SYNERA	Tier 3	
SYNJARDY	Tier 2	ST; QL (60 EA per 30 days)
SYNJARDY XR	Tier 2	ST
SYNTHROID	Tier 2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
TABLOID	Tier 4	PA
<i>tacrolimus oral capsule 0.5 mg</i>	\$0-\$3.30 (Tier 1)	
<i>tacrolimus oral capsule 1 mg, 5 mg</i>	Tier 2	
<i>tacrolimus topical ointment 0.03 %</i>	\$0-\$3.30 (Tier 1)	
<i>tacrolimus topical ointment 0.1 %</i>	Tier 2	
<i>tadalafil (antihypertensive)</i>	Tier 4	PA
TAFINLAR	Tier 4	PA; QL (120 EA per 30 days)
TAGRISSO	Tier 4	PA
TAKE ACTION	Tier 5	QL (1 EA per 30 days)
TALTZ AUTOINJECTOR	Tier 4	PA
TALTZ AUTOINJECTOR (2 PACK)	Tier 4	PA
TALTZ AUTOINJECTOR (3 PACK)	Tier 4	PA
TALTZ SYRINGE	Tier 4	PA
TALTZ SYRINGE (2 PACK)	Tier 4	PA
TALTZ SYRINGE (3 PACK)	Tier 4	PA
TAMBOCOR ORAL TABLET 100 MG, 50 MG	\$0-\$3.30 (Tier 1)	
<i>tamoxifen</i>	\$0-\$3.30 (Tier 1)	
<i>tamsulosin</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
TARCEVA	Tier 4	PA; QL (30 EA per 30 days)
TARGRETIN TOPICAL	Tier 4	PA
TARINA FE 1/20 (28)	Tier 5	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	Tier 4	PA; QL (120 EA per 30 days)
TAYTULLA	Tier 3	
<i>tazarotene</i>	\$0-\$3.30 (Tier 1)	
TAZORAC TOPICAL CREAM 0.05 %	Tier 3	PA
TAZORAC TOPICAL GEL	Tier 3	PA
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 300 MG	\$0-\$3.30 (Tier 1)	
TECFIDERA	Tier 4	PA
TECHNIVIE	Tier 4	PA
TEGRETOL ORAL SUSPENSION	Tier 3	PA
TEGRETOL ORAL TABLET	Tier 3	PA
TEGRETOL XR	Tier 3	PA
TEKTURNA	Tier 3	QL (30 EA per 30 days)
<i>telmisartan oral tablet 20 mg</i>	Tier 2	
<i>telmisartan oral tablet 40 mg, 80 mg</i>	\$0-\$3.30 (Tier 1)	
<i>telmisartan-amlodipine</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>telmisartan-hydrochlorothiazid</i>	Tier 2	
<i>temazepam oral capsule 15 mg, 30 mg, 7.5 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>temazepam oral capsule 22.5 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>temozolomide</i>	Tier 4	PA; QL (10 EA per 28 days)
TENEX ORAL TABLET 2 MG	\$0-\$3.30 (Tier 1)	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>tenofovir disoproxil fumarate</i>	Tier 4	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0-\$3.30 (Tier 1)	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>terbinafine hcl oral</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>terbutaline oral</i>	\$0-\$3.30 (Tier 1)	
<i>terconazole vaginal cream</i>	\$0-\$3.30 (Tier 1)	QL (450 GM per 30 days)
<i>terconazole vaginal suppository</i>	\$0-\$3.30 (Tier 1)	QL (3 EA per 3 days)
<i>testosterone cypionate</i>	\$0-\$3.30 (Tier 1)	
<i>testosterone enanthate</i>	\$0-\$3.30 (Tier 1)	
<i>testosterone transdermal gel</i>	Tier 2	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	\$0-\$3.30 (Tier 1)	
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	\$0-\$3.30 (Tier 1)	
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	Tier 2	PA
<i>testosterone transdermal solution in metered pump w/app</i>	\$0-\$3.30 (Tier 1)	
<i>tetrabenazine</i>	Tier 4	PA
<i>tetracycline oral capsule 250 mg</i>	\$0-\$3.30 (Tier 1)	PA
<i>tetracycline oral capsule 500 mg</i>	\$0-\$3.30 (Tier 1)	
<i>THALOMID ORAL CAPSULE 100 MG, 50 MG</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>THALOMID ORAL CAPSULE 150 MG, 200 MG</i>	Tier 4	PA; QL (60 EA per 30 days)
<i>THEO-24</i>	Tier 2	
<i>theophylline oral elixir</i>	Tier 2	
<i>theophylline oral solution</i>	Tier 2	
<i>theophylline oral tablet extended release 12 hr</i>	\$0-\$3.30 (Tier 1)	
<i>theophylline oral tablet extended release 24 hr</i>	\$0-\$3.30 (Tier 1)	
<i>THERMAZENE</i>	\$0-\$3.30 (Tier 1)	
<i>thioridazine</i>	\$0-\$3.30 (Tier 1)	
<i>thiothixene</i>	\$0-\$3.30 (Tier 1)	
<i>thyroid (pork)</i>	\$0-\$3.30 (Tier 1)	
<i>THYROLAR-1</i>	Tier 3	
<i>THYROLAR-1/2</i>	Tier 3	
<i>THYROLAR-1/4</i>	Tier 3	
<i>THYROLAR-2</i>	Tier 3	
<i>THYROLAR-3</i>	Tier 3	
<i>tiagabine oral tablet 2 mg</i>	Tier 2	
<i>tiagabine oral tablet 4 mg</i>	\$0-\$3.30 (Tier 1)	
<i>ticlopidine</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>TILIA FE</i>	Tier 5	
<i>timolol maleate ophthalmic (eye) drops 0.25 %</i>	\$0-\$3.30 (Tier 1)	
<i>timolol maleate ophthalmic (eye) drops 0.5 %</i>	Tier 2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	\$0-\$3.30 (Tier 1)	
<i>timolol maleate oral</i>	\$0-\$3.30 (Tier 1)	
<i>tinidazole oral tablet 500 mg</i>	Tier 2	
TIROSINT	Tier 3	
TIVICAY ORAL TABLET 10 MG, 25 MG	Tier 4	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	Tier 4	QL (60 EA per 30 days)
<i>tizanidine</i>	\$0-\$3.30 (Tier 1)	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	Tier 2	
<i>tobramycin</i>	\$0-\$3.30 (Tier 1)	
<i>tobramycin (bulk)</i>	Tier 3	
<i>tobramycin in 0.225 % nacl</i>	Tier 4	PA; QL (280 ML per 56 days)
<i>tobramycin sulfate</i>	Tier 4	PA
<i>tobramycin sulfate (bulk)</i>	Tier 3	
<i>tobramycin with nebulizer</i>	Tier 4	PA; QL (280 ML per 56 days)
<i>tobramycin-dexamethasone</i>	\$0-\$3.30 (Tier 1)	
<i>tolcapone</i>	Tier 4	PA
<i>tolmetin</i>	Tier 2	
<i>tolterodine oral capsule,extended release 24hr</i>	\$0-\$3.30 (Tier 1)	ST; QL (30 EA per 30 days)
<i>tolterodine oral tablet</i>	\$0-\$3.30 (Tier 1)	ST; QL (60 EA per 30 days)
TOPAMAX ORAL TABLET 25 MG	\$0-\$3.30 (Tier 1)	
<i>topiramate oral capsule, sprinkle</i>	\$0-\$3.30 (Tier 1)	
<i>topiramate oral capsule,sprinkle,er 24hr</i>	\$0-\$3.30 (Tier 1)	
<i>topiramate oral tablet 100 mg</i>	\$0-\$3.30 (Tier 1)	QL (480 EA per 30 days)
<i>topiramate oral tablet 200 mg</i>	\$0-\$3.30 (Tier 1)	QL (240 EA per 30 days)
<i>topiramate oral tablet 25 mg</i>	\$0-\$3.30 (Tier 1)	QL (1920 EA per 30 days)
<i>topiramate oral tablet 50 mg</i>	\$0-\$3.30 (Tier 1)	QL (960 EA per 30 days)
<i>torsemide oral</i>	\$0-\$3.30 (Tier 1)	
TOVIAZ	Tier 2	ST; QL (30 EA per 30 days)
TRACLEER ORAL TABLET	Tier 4	PA
TRADJENTA	Tier 2	ST; QL (30 EA per 30 days)
<i>tramadol oral capsule,er biphasic 24 hr 25-75 100 mg, 200 mg</i>	\$0-\$3.30 (Tier 1)	PA; QL (30 EA per 30 days)
<i>tramadol oral capsule,er biphasic 24 hr 25-75 150 mg</i>	Tier 2	PA; QL (30 EA per 30 days)
<i>tramadol oral tablet</i>	\$0-\$3.30 (Tier 1)	QL (180 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	\$0-\$3.30 (Tier 1)	PA; QL (30 EA per 30 days)
<i>tramadol oral tablet, er multiphasic 24 hr 100 mg, 200 mg</i>	Tier 2	PA; QL (30 EA per 30 days)
<i>tramadol oral tablet, er multiphasic 24 hr 300 mg</i>	\$0-\$3.30 (Tier 1)	PA; QL (30 EA per 30 days)
<i>tramadol-acetaminophen</i>	\$0-\$3.30 (Tier 1)	QL (120 EA per 30 days)
<i>trandolapril oral tablet 1 mg, 2 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>trandolapril oral tablet 4 mg</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>tranexamic acid oral</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
TRANSDERM-SCOP	Tier 2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>tranylcypromine</i>	Tier 2	
TRAVATAN Z	Tier 3	ST; QL (5 ML per 30 days)
<i>trazodone</i>	\$0-\$3.30 (Tier 1)	
TRECATOR	Tier 3	
TRESIBA FLEXTOUCH U-100	Tier 3	PA
TRESIBA FLEXTOUCH U-200	Tier 3	PA
<i>tretinoin (chemotherapy)</i>	\$0-\$3.30 (Tier 1)	PA
<i>tretinoin (emollient)</i>	Tier 2	
<i>tretinoin microspheres topical gel 0.1 %</i>	\$0-\$3.30 (Tier 1)	
<i>tretinoin microspheres topical gel with pump 0.1 %</i>	\$0-\$3.30 (Tier 1)	
<i>tretinoin topical cream</i>	\$0-\$3.30 (Tier 1)	QL (45 GM per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	\$0-\$3.30 (Tier 1)	QL (45 GM per 30 days)
<i>tretinoin topical gel 0.05 %</i>	\$0-\$3.30 (Tier 1)	
TRETIN-X	Tier 2	
TRETIN-X CREAM KIT	Tier 2	
TREXALL	Tier 3	PA
TRI FEMYNOR	Tier 5	
<i>triamcinolone acetonide dental</i>	\$0-\$3.30 (Tier 1)	
<i>triamcinolone acetonide nasal</i>	Tier 3	
<i>triamcinolone acetonide topical cream</i>	\$0-\$3.30 (Tier 1)	
<i>triamcinolone acetonide topical lotion</i>	\$0-\$3.30 (Tier 1)	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	\$0-\$3.30 (Tier 1)	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	Tier 2	
<i>triamterene-hydrochlorothiazid</i>	\$0-\$3.30 (Tier 1)	
<i>triazolam</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>trientine</i>	Tier 4	PA
TRI-ESTARYLLA	Tier 5	
<i>trifluoperazine</i>	\$0-\$3.30 (Tier 1)	
<i>trifluridine</i>	\$0-\$3.30 (Tier 1)	
<i>trihexyphenidyl</i>	\$0-\$3.30 (Tier 1)	
TRI-LEGEST FE	Tier 5	
TRI-LINYAH	Tier 5	
TRI-LO-ESTARYLLA	Tier 5	
TRI-LO-MARZIA	Tier 5	
TRI-LO-SPRINTEC	Tier 5	
TRILYTE WITH FLAVOR PACKETS	\$0-\$3.30 (Tier 1)	
<i>trimethobenzamide oral</i>	\$0-\$3.30 (Tier 1)	
<i>trimethoprim</i>	\$0-\$3.30 (Tier 1)	
<i>trimipramine</i>	Tier 2	
TRINATAL RX 1	Tier 2	
TRINESSA (28)	Tier 5	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
TRINESSA LO	Tier 5	
TRINTELLIX	Tier 3	PA; QL (30 EA per 30 days)
TRI-PREVIFEM (28)	Tier 5	
TRI-SPRINTEC (28)	Tier 5	
TRIUMEQ	Tier 4	QL (30 EA per 30 days)
TRIVEEN-DUO DHA	Tier 2	
TRIVORA (28)	Tier 5	
<i>tropicamide</i>	Tier 2	
<i>trospium oral capsule, extended release 24hr</i>	\$0-\$3.30 (Tier 1)	ST
<i>trospium oral tablet</i>	\$0-\$3.30 (Tier 1)	ST; QL (60 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	\$0-\$3.30 (Tier 1)	
TRUEPLUS KETONE	\$0-\$3.30 (Tier 1)	QL (50 EA per 30 days)
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	\$0-\$3.30 (Tier 1)	
TRUEPLUS PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	\$0-\$3.30 (Tier 1)	
TRUERESULT BLOOD GLUCOSE SYSTM	Tier 2	
TRUETRACK BLOOD GLUCOSE SYSTEM	Tier 2	
TRULICITY	Tier 2	ST; QL (2 ML per 28 days)
TRUVADA	Tier 4	QL (30 EA per 30 days)
TULANA	Tier 5	
TWINRIX (PF)	Tier 5	
TYBOST	Tier 4	QL (30 EA per 30 days)
TYDEMY	Tier 5	
TYKERB	Tier 4	PA; QL (180 EA per 30 days)
TYZEKA	Tier 4	PA
UCERIS ORAL	Tier 2	PA; QL (30 EA per 30 days)
U-CORT	\$0-\$3.30 (Tier 1)	
ULESFIA	Tier 3	
ULORIC	Tier 2	QL (30 EA per 30 days)
ULTICARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	\$0-\$3.30 (Tier 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"	\$0-\$3.30 (Tier 1)	
ULTIMA TEST STRIPS	\$0-\$3.30 (Tier 1)	QL (150 EA per 30 days)
ULTRA THIN LANCETS 31 GAUGE	\$0-\$3.30 (Tier 1)	
ULTRA-THIN II (SHORT) PEN NDL	\$0-\$3.30 (Tier 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"	\$0-\$3.30 (Tier 1)	
UNIFINE PENTIPS PLUS NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32"	\$0-\$3.30 (Tier 1)	
UNITHROID	Tier 3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG	Tier 4	PA
UPTRAVI ORAL TABLET 800 MCG	Tier 4	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	Tier 4	PA
<i>ursodiol oral capsule</i>	Tier 2	
<i>ursodiol oral tablet</i>	\$0-\$3.30 (Tier 1)	
<i>valacyclovir</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>valganciclovir oral tablet</i>	Tier 4	PA
<i>valproic acid</i>	\$0-\$3.30 (Tier 1)	
<i>valproic acid (as sodium salt)</i>	\$0-\$3.30 (Tier 1)	
<i>valsartan oral tablet 160 mg, 80 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>valsartan oral tablet 320 mg, 40 mg</i>	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
<i>valsartan-hydrochlorothiazide</i>	\$0-\$3.30 (Tier 1)	
<i>vancomycin oral capsule</i>	Tier 2	QL (56 EA per 14 days)
VANSPAR	\$0-\$3.30 (Tier 1)	
VAQTA (PF)	Tier 5	
VARIVAX (PF)	Tier 5	
VASCEPA ORAL CAPSULE 1 GRAM	Tier 3	QL (120 EA per 30 days)
VELIVET TRIPHASIC REGIMEN (28)	Tier 5	
VENCLEXTA	Tier 4	PA
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i>	\$0-\$3.30 (Tier 1)	
<i>venlafaxine oral tablet 100 mg, 25 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
<i>venlafaxine oral tablet 50 mg, 75 mg</i>	\$0-\$3.30 (Tier 1)	QL (150 EA per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	Tier 2	ST; QL (30 EA per 30 days)
<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	\$0-\$3.30 (Tier 1)	QL (180 EA per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	\$0-\$3.30 (Tier 1)	QL (90 EA per 30 days)
VENTAVIS	Tier 4	PA
VENTOLIN HFA 90 MCG INHALER 60 ACTUATIONS	Tier 2	QL (16 GM per 30 days)
VENTOLIN HFA 90 MCG INHALER DOSE COUNTER,60 ACTS	Tier 2	QL (16 GM per 30 days)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	Tier 2	QL (36 GM per 30 days)
VERAMYST	Tier 3	ST; QL (10 GM per 30 days)
<i>verapamil oral</i>	\$0-\$3.30 (Tier 1)	
VERDESO	Tier 3	
VEREGEN	Tier 3	PA
VESICARE	Tier 3	ST; QL (30 EA per 30 days)
VESTURA (28)	Tier 5	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
VEXOL	Tier 3	
VIBERZI	Tier 3	PA
VICTOZA 2-PAK	Tier 3	ST; QL (9 ML per 30 days)
VICTOZA 3-PAK	Tier 3	ST; QL (9 ML per 30 days)
VIEKIRA PAK	Tier 4	PA
VIEKIRA XR	Tier 4	PA
VIENVA	Tier 5	
vigabatrin	Tier 4	PA
VIIBRYD ORAL TABLET	Tier 3	ST; QL (30 EA per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	Tier 3	ST; QL (30 EA per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (7)-40 MG (16)	Tier 3	ST
VIMPAT ORAL SOLUTION	Tier 3	PA; QL (1200 ML per 30 days)
VIMPAT ORAL TABLET	Tier 3	PA; QL (60 EA per 30 days)
VINATE CARE	Tier 2	
VINATE ONE	\$0-\$3.30 (Tier 1)	
VIORELE (28)	Tier 5	
VIREAD ORAL POWDER	Tier 4	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 4	QL (30 EA per 30 days)
VIRT-NATE	\$0-\$3.30 (Tier 1)	
VIRT-PN	\$0-\$3.30 (Tier 1)	
VIRT-VITE GT	Tier 2	
VITAFOL-OB+DHA	Tier 2	
VITAMED MD ONE RX	Tier 2	
VITAMEDMD REDICHEW RX	Tier 2	
VITAMIN B-12 INJECTION	\$0-\$3.30 (Tier 1)	
VITAMIN D2	\$0-\$3.30 (Tier 1)	QL (4 EA per 28 days)
VITUZ	Tier 3	QL (450 ML per 30 days)
VIVITROL	Tier 4	QL (1 EA Max Qty Per Fill Retail)
VIVOTIF	Tier 3	
VOL-TAB RX	Tier 2	
voriconazole oral tablet 200 mg	Tier 2	PA; QL (60 EA per 30 days)
voriconazole oral tablet 50 mg	Tier 2	PA; QL (120 EA per 30 days)
VOSPIRE ER ORAL TABLET EXTENDED RELEASE 12 HR 8 MG	\$0-\$3.30 (Tier 1)	
VOTRIENT	Tier 4	PA; QL (120 EA per 30 days)
VRAYLAR ORAL CAPSULE	Tier 3	ST; QL (30 EA per 30 days)
VYFEMLA (28)	Tier 5	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	Tier 3	QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	Tier 3	QL (30 EA per 30 days)
warfarin	\$0-\$3.30 (Tier 1)	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
WERA (28)	Tier 5	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 3	
WP THYROID	Tier 3	
WYMZYA FE	\$0-\$3.30 (Tier 1)	
XALKORI	Tier 4	PA; QL (60 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	Tier 3	QL (30 EA per 30 days)
XARELTO ORAL TABLETS,DOSE PACK	Tier 3	QL (51 EA per 30 days)
XELJANZ ORAL TABLET 5 MG	Tier 4	PA; QL (60 EA per 30 days)
XELJANZ XR	Tier 4	PA; QL (30 EA per 30 days)
XIAFLEX	Tier 4	PA
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	Tier 3	PA; QL (90 EA per 30 days)
XXIIDRA	Tier 2	
XOLAIR	Tier 4	PA
XOLEGEL	Tier 3	ST
XRYLIX	Tier 2	
XULANE	Tier 5	QL (3 EA per 21 days)
YUVAFEM	\$0-\$3.30 (Tier 1)	
<i>zafirlukast oral tablet 10 mg</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>zafirlukast oral tablet 20 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>zaleplon oral capsule 10 mg</i>	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
ZARAH	Tier 5	
ZARXIO	Tier 4	PA
ZAZOLE VAGINAL CREAM 0.4 %	Tier 2	
ZELAPAR	Tier 3	PA
ZENATANE	Tier 2	QL (60 EA per 30 days)
ZENCHENT (28)	Tier 5	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	Tier 2	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 -55,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-68,000 -109,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000-16,000 UNIT, 40,000-136,000- 218,000 UNIT, 5,000-17,000 -27,000 UNIT	Tier 2	PA
<i>zidovudine oral capsule</i>	\$0-\$3.30 (Tier 1)	PA; QL (180 EA per 30 days)
<i>zidovudine oral syrup</i>	\$0-\$3.30 (Tier 1)	PA; QL (1920 ML per 30 days)
<i>zidovudine oral tablet</i>	\$0-\$3.30 (Tier 1)	PA; QL (60 EA per 30 days)
<i>zileuton</i>	Tier 4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ziprasidone hcl oral capsule 20 mg	\$0-\$3.30 (Tier 1)	QL (240 EA per 30 days)
ziprasidone hcl oral capsule 40 mg, 60 mg, 80 mg	\$0-\$3.30 (Tier 1)	QL (60 EA per 30 days)
ZIPSOR	Tier 3	
ZIRGAN	Tier 3	
ZMAX	Tier 3	
ZOLINZA	Tier 4	PA; QL (120 EA per 30 days)
zolmitriptan oral tablet 2.5 mg	\$0-\$3.30 (Tier 1)	QL (12 EA per 30 days)
zolmitriptan oral tablet 5 mg	\$0-\$3.30 (Tier 1)	QL (6 EA per 30 days)
zolmitriptan oral tablet,disintegrating	\$0-\$3.30 (Tier 1)	QL (9 EA per 30 days)
zolpidem oral	\$0-\$3.30 (Tier 1)	QL (30 EA per 30 days)
zonisamide	\$0-\$3.30 (Tier 1)	
ZONTIVITY	Tier 3	QL (30 EA per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG	Tier 4	QL (120 EA per 30 days)
ZORTRESS ORAL TABLET 0.75 MG	Tier 4	QL (60 EA per 30 days)
ZOVIA 1/35E (28)	Tier 5	
ZOVIA 1/50E (28)	\$0-\$3.30 (Tier 1)	
ZYKADIA	Tier 4	PA; QL (150 EA per 30 days)
ZYPREXA RELPREVV	Tier 4	PA
ZYTIGA ORAL TABLET 250 MG	Tier 4	PA; QL (120 EA per 30 days)

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AFLURIA QUAD 2017-2018 (PF)	6	ANDROXY	8	BASAGLAR KWIKPEN U-100 INSULIN	10
AFLURIA QUAD 2018-2019	6	ANODYNE LPT	8	BD AUTOSHIELD DUO PEN NEEDLE	10
AFLURIA QUAD 2018-2019 (PF)	6	ANORO ELLIPTA	8	BD INSULIN SYRINGE	10
AFTERA	6	ANZEMET	8	BD INSULIN SYRINGE HALF UNIT	10
AGONEAZE	6	APLENZIN	8	BD INSULIN SYRINGE ULTRA-FINE	10
AGRYLIN	6	apraclonidine	8	BD PRECISIONGLIDE	10
AIMOVIG AUTOINJECTOR	6	aprepitant	8	BD REGULAR BEVEL NEEDLES	10
AIMOVIG AUTOINJECTOR (2 PACK)	6	APRI	8	BD ULTRA-FINE II LANCETS	10
AKYNZEO (NETUPITANT)	6	APRISO	8	BD ULTRA-FINE MICRO PEN NEEDLE	10
ALBENZA	6	APTIVUS	8		
albuterol sulfate	6	ARANELLE (28)	8		
		ARANESP (IN POLYSORBATE)	8		
		ARANESP SURECLICK (POLYSORBAT)	8		

BD ULTRA-FINE MINI PEN		BUSPAR	12	CHATEAL	13
NEEDLE	10	buspirone	12	CHATEAL EQ	13
BD ULTRA-FINE NANO PEN		BUTALBITAL COMPOUND		CHEMET	13
NEEDLE	10	W/CODEINE	12	chlordiazepoxide hcl	13
BD ULTRA-FINE ORIG PEN		BUTALBITAL COMPOUND-		chlorhexidine gluconate	14
NEEDLE	10	CODEINE	12	chloroquine phosphate	14
BD ULTRA-FINE SHORT PEN		butalbital-acetaminop-caf-cod	12	chlorothiazide	14
NEEDLE	10	butalbital-acetaminophen-caff	12	chlorpromazine	14
BD VEO INSULIN SYR HALF		butalbital-aspirin-caffeine	12	chlorthalidone	14
UNIT	10	butenafine	12	chlorzoxazone	14
BD VEO INSULIN SYRINGE UF..	10	butorphanol tartrate	12	cholecalciferol (vitamin d3)	14
BEKYREE (28).....	10	BYDUREON	12	cholestyramine (with sugar)	14
BELSOMRA	10	BYDUREON BCISE	12	CHOLESTYRAMINE LIGHT	14
benazepril	10	BYSTOLIC	12	CIALIS	14
benazepril-hydrochlorothiazide	10	cabergoline	12	CICLODAN KIT	14
BENLYSTA	10	CABOMETYX	12	ciclopirox	14
benzoin compound	10	calcipotriene	12	ciclopirox-ure-camph-menth-euc	14
BENZOIN COMPOUND	10	calcitonin (salmon)	12	cilostazol	14
benzoin compound (bulk)	10	calcitriol	12	cimetidine hcl	14
benzonatate	10	calcium acetate	12	CIMZIA	14
benztropine	10	CAMILA	12	CIMZIA POWDER FOR	
BEPREVE	10	camphor	12	RECONST	14
BERINERT	10	CAMRESE	12	CIMZIA STARTER KIT	14
BESIVANCE	10	CAMRESE LO	12	CIPRO HC	14
betamethasone dipropionate	10	candesartan	12	CIPRODEX	14
betamethasone valerate	10, 11	candesartan-hydrochlorothiazid	12	ciprofloxacin	14
betamethasone, augmented	11	capecitabine	12	ciprofloxacin (mixture)	14
BETASERON	11	captotril	12	ciprofloxacin hcl	14
BETA-VAL	11	CARBAGLU	12	citalopram	14
betaxolol	11	carbamazepine	12	CLARAVIS	14
bethanechol chloride	11	carbidopa	12	clarithromycin	14
BETIMOL	11	carbidopa-levodopa	12	clemastine	14
BETOPTIC S	11	carbinoxamine maleate	12	CLINDACIN ETZ	14
bexarotene	11	CAREFINE PEN NEEDLE	13	CLINDACIN PAC	14
BEXSERO	11	carisoprodol	13	CLINDAGEL	14
bicalutamide	11	carteolol	13	CLINDAMAX	14, 15
bisacodyl	11	carvedilol	13	clindamycin hcl	15
bisoprolol fumarate	11	carvedilol phosphate	13	clindamycin palmitate hcl	15
bisoprolol-hydrochlorothiazide	11	CAYSTON	13	CLINDAMYCIN PEDIATRIC	15
BLEPHAMIDE S.O.P.	11	CAZIANT (28)	13	clindamycin phosphate	15
BLISOVI 24 FE	11	cefaclor	13	clindamycin-benzoyl peroxide	15
BLISOVI FE 1.5/30 (28)	11	cefadroxil	13	clindamycin-tretinoin	15
BLISOVI FE 1/20 (28)	11	cefdinir	13	clobetasol	15
BOOSTRIX TDAP	11	cefditoren pivoxil	13	clobetasol-emollient	15
BREEZE 2 TEST STRIPS	11	cefixime	13	cloocortolone pivalate	15
BREO ELLIPTA	11	cefpodoxime	13	CLODAN KIT	15
BRIELLYN	11	cefprozil	13	clomipramine	15
BRILINTA	11	ceftibuten	13	clonazepam	15
brimonidine	11	cefuroxime axetil	13	clonidine	15
BRIVIACT	11	celecoxib	13	clonidine hcl	15
bromfenac	11	CELONTIN	13	clopidogrel	15
bromocriptine	11	cephalexin	13	clorazepate dipotassium	15
budesonide	11	CERDELGA	13	clotrimazole	15
bumetanide	11	CESAMET	13	clotrimazole-betamethasone	15
buprenorphine	11	cevimeline	13	clozapine	15
buprenorphine hcl	11	CHANTIX	13	COARTEM	15
buprenorphine-naloxone	11	CHANTIX CONTINUING		codeine sulfate	15, 16
BUPROBAN	11	MONTH BOX	13	colchicine	16
bupropion hcl	11, 12	CHANTIX STARTING MONTH		colestipol	16
bupropion hcl (smoking deter)	11	BOX	13	COLY-MYCIN S	16

COMBIGAN	16	DELYLA (28)	17	DM2	20
COMBIVENT RESPIMAT	16	DELZICOL	17	dofetilide	20
COMFORT EZ PEN NEEDLES	16	<i>demeclacycline</i>	17	donepezil	20
COMFORT PAC-		DENAVIR	17	dorzolamide	20
CYCLOBENZAPRINE	16	DERMACINRX EMPRICAINE	17	<i>dorzolamide-timolol</i>	20
COMFORT PAC-IBUPROFEN	16	DERMACINRX SILAZONE	17	doxazosin	20
COMFORT PAC-MELOXICAM	16	DESCOVY	17	doxepin	20
COMFORT PAC-NAPROXEN	16	<i>desipramine</i>	17	<i>doxercalciferol</i>	20
COMFORT PAC-TIZANIDINE	16	<i>desloratadine</i>	18	<i>doxycycline hydrate</i>	20
COMPLERA	16	<i>desmopressin</i>	18	<i>doxycycline monohydrate</i>	20
COMPLETE NATAL DHA	16	<i>desog-e.estriadiolle.estriadiol</i>	18	DRISDOL	20
COMPLETENATE	16	<i>desogestrel-ethinyl estradiol</i>	18	<i>dronabinol</i>	20
CONCEPT DHA	16	DESONATE	18	<i>drospirenone-e.estriadiol-lm.fa</i>	20
CONTOUR NEXT TEST STRIPS	16	<i>desonide</i>	18	<i>drospirenone-ethinyl estradiol</i>	20
CONTOUR TEST STRIPS	16	<i>desoximetasone</i>	18	DROXIA	20
CORDRAN TAPE LARGE ROLL	16	<i>desvenlafaxine fumarate</i>	18	DUAVEE	20
CORLANOR	16	<i>desvenlafaxine succinate</i>	18	DULERA	20, 21
<i>cortisone</i>	16	<i>dexamethasone</i>	18	<i>duloxetine</i>	21
CORTISPORIN	16	DEXAMETHASONE INTENSOL	18	DUPIXENT	21
CORTOMYCIN	16	<i>dexamethasone sodium phosphate</i>	18	DUREZOL	21
COSENTYX	16	DEXEDRINE	18	<i>dutasteride</i>	21
COSENTYX (2 SYRINGES)	16	DEXILANT	18	DYNACIN	21
COSENTYX PEN	16	<i>dexmethylphenidate</i>	18	DYRENIUM	21
COSENTYX PEN (2 PENS)	16	DEXPAK 10 DAY	18	E.E.S. GRANULES	21
COTELLIC	16	DEXPAK 13 DAY	18	EASIVENT HOLDING	
CREON	16	DEXPAK 6 DAY	18	CHAMBER	21
CRINONE	16	<i>dextroamphetamine</i>	18	EASY COMFORT LANCETS	21
CRIXIVAN	16	<i>dextroamphetamine-amphetamine</i>	18	EASY TOUCH	21
<i>cromolyn</i>	16	<i>diazepam</i>	18, 19	EASY TOUCH TWIST LANCETS	21
CRYSELLA (28)	16	DIAZEPAM INTENSOL	18	econazole	21
CUPRIMINE	16	DIBENZYLINE	19	ECONTRA EZ	21
CUVPOSA	16	<i>diclofenac potassium</i>	19	EDARBI	21
<i>cyanocobalamin (vitamin b-12)</i>	17	<i>diclofenac sodium</i>	19	EDURANT	21
CYCLAFEM 1/35 (28)	17	<i>dicloxacillin</i>	19	ELESTRIN	21
CYCLAFEM 7/7/7 (28)	17	DICLOZOR	19	<i>eletriptan</i>	21
CYCLESSA (28)	17	<i>dicyclomine</i>	19	ELIDEL	21
<i>cyclobenzaprine</i>	17	<i>didanosine</i>	19	ELINEST	21
<i>cyclopentolate</i>	17	DIFICID	19	ELIQUIS	21
<i>cyclophosphamide</i>	17	<i>diflorasone</i>	19	ELIXOPHYLLIN	21
<i>cycloserine</i>	17	<i>dilfusal</i>	19	ELLA	21
<i>cyclosporine</i>	17	DIGOX	19	ELMIRON	21
<i>cyclosporine modified</i>	17	<i>digoxin</i>	19	EMADINE	21
<i>ciproheptadine</i>	17	<i>dihydroergotamine</i>	19	EMBELINE	21
CYRED	17	DILANTIN	19	EMCYT	21
CYSTADANE	17	DILANTIN KAPSEAL	19	EMOQUETTE	21
CYSTAGON	17	DILATRATE-SR	19	EMSAM	21
D.H.E. 45	17	DLT-CD	19	EMTRIVA	21
<i>dalfampridine</i>	17	DLTIA XT	19	EMVERM	21
DALIRESP	17	<i>diltiazem hcl</i>	19	<i>enalapril maleate</i>	21
<i>danazol</i>	17	DILTZAC ER	19	<i>enalapril-hydrochlorothiazide</i>	21
<i>dantrolene</i>	17	DIPENTUM	19	ENBREL	22
<i>dapsone</i>	17	<i>diphenhydramine hcl</i>	19	ENBREL MINI	21
DAPTACEL (DTAP PEDIATRIC) (PF)	17	<i>diphenoxylate-atropine</i>	19	ENBREL SURECLICK	22
DARAPRIM	17	<i>dipyridamole</i>	19	ENDOMETRIN	22
<i>darifenacin</i>	17	<i>disopyramide phosphate</i>	19	ENGERIX-B (PF)	22
DASETTA 1/35 (28)	17	<i>disulfiram</i>	20	ENGERIX-B PEDIATRIC (PF)	22
DASETTA 7/7/7 (28)	17	DITROPAN	20	ENGLISH TOFFEE FLAVOR	22
DAYSEE	17	DIURIL	20	ENJUVIA	22
DEBLITANE	17	<i>divalproex</i>	20	<i>enoxaparin</i>	22
		DIVIGEL	20	ENPRESSE	22

ENSKYCE.....	22	FANAPT.....	24	fluphenazine hcl.....	26
entacapone.....	22	FARESTON.....	24	flurandrenolide	26
entecavir.....	22	FARYDAK.....	24	flurbiprofen	26
ENTERIC COATED ASPIRIN.....	22	felbamate.....	24	flurbiprofen sodium	26
ENTRESTO.....	22	felodipine.....	24	flutamide	26
EPCLUSA.....	22	FEMRING.....	24	fluticasone	26
epinastine.....	22	FEMYNOR.....	24	fluticasone-salmeterol	26
epinephrine.....	22	fenofibrate	24	fluvastatin.....	26
EPITOL.....	22	fenofibrate micronized.....	24	FLUVIRIN 2017-2018.....	26
eplerenone.....	22	fenofibrate nanocrystallized.....	24	FLUVIRIN 2017-2018 (PF).....	26
errosartan.....	22	fenofibric acid.....	24	fluvoxamine	26
EQUETRO.....	22	fenofibric acid (choline)	24	FLUZONE HIGH-DOSE 2017-18 (PF).....	26
ergocalciferol (vitamin d2)	22	fenoprofen.....	24	FLUZONE HIGH-DOSE 2018-19 (PF).....	26
ergoloid.....	22	fentanyl.....	24	FLUZONE INTRADERM QUAD 2017-18.....	26
ERIVEDGE.....	22	fentanyl citrate	24	FLUZONE QUAD 2017-2018.....	26
ERRIN.....	22	FERRIPROX.....	24	FLUZONE QUAD 2017-2018 (PF) ..	26
ERTACZO.....	22	FETZIMA.....	24	FLUZONE QUAD 2018-2019.....	26
ERYPED 400.....	22	FINACEA.....	24	FLUZONE QUAD 2018-2019 (PF) ..	26
ERY-TAB.....	23	finasteride.....	24, 25	FLUZONE QUAD PEDI 2017-18 (PF).....	26
ERYTHROCIN (AS STEARATE)	23	FIRAZYR.....	25	FLUZONE QUAD PEDI 2018-19 (PF).....	26
erythromycin.....	23	FLAREX.....	25	FML FORTE.....	27
erythromycin ethylsuccinate	23	FLAVORX.....	25	FML S.O.P.....	27
erythromycin stearate.....	23	flavoxate	25	folic acid.....	27
erythromycin with ethanol.....	23	flecainide	25	fondaparinux	27
erythromycin-benzoyl peroxide	23	FLOVENT DISKUS.....	25	FORFIVO XL.....	27
escitalopram oxalate.....	23	FLOVENT HFA.....	25	FORTEO.....	27
esomeprazole magnesium.....	23	FLUAD 2017-2018 (65 YR UP)(PF) ..	25	FOSAMAX PLUS D	27
ESTARYLLA.....	23	FLUAD 2018-2019 (65 YR UP)(PF) ..	25	fosamprenavir	27
estradiol.....	23	FLUARIX QUAD 2017-2018 (PF) ...	25	fosinopril	27
estradiol (bulk)	23	FLUARIX QUAD 2018-2019 (PF) ...	25	FOSRENOL	27
ESTRADIOL TRANSDERMAL PATCH.....	23	FLUBLOK 2017-2018 (PF).....	25	FRAGMIN	27
estradiol valerate	23	FLUBLOK QUAD 2017-2018 (PF) ..	25	FREESTYLE INSULINX	27
estradiol-norethindrone acet	23	FLUBLOK QUAD 2018-2019 (PF) ..	25	FREESTYLE INSULINX TEST STRIPS	27
ESTRING.....	23	FLUCELVAX QUAD 2017-2018	25	FREESTYLE LANCESTS	27
estriol (bulk)	23	FLUCELVAX QUAD 2017-2018 (PF).....	25	FREESTYLE LIBRE 10 DAY READER	27
estriol micronized (bulk)	23	FLUCELVAX QUAD 2018-2019	25	FREESTYLE LIBRE 10 DAY SENSOR	27
estrogens-methyltestosterone	23	FLULAVAL QUAD 2017-2018	25	FREESTYLE LIBRE 14 DAY READER	27
estropipate.....	23	FLULAVAL QUAD 2017-2018 (PF) ..	25	FREESTYLE LIBRE 14 DAY SENSOR	27
eszopiclone	23	FLULAVAL QUAD 2018-2019	25	FREESTYLE LITE STRIPS	27
ethacrynic acid	23	FLULAVAL QUAD 2018-2019 (PF) ..	25	FREESTYLE PRECISION NEO STRIPS	27
ethambutol	23	FLUMIST QUAD 2017-2018	25	FREESTYLE TEST	27
ethosuximide	23	flunisolide	25	frovatriptan	27
ethynodiol diac-eth estradiol	23	fluocinolone	25	furosemide	27
etidronate disodium	23	fluocinolone acetonide oil	25	FUZEON	27
etodolac	23	fluocinolone and shower cap	25	gabapentin	27
EUCRISA.....	23	fluocinonide	25	galantamine	27
EURAX.....	23	FLUOCINONIDE-E	25	ganirelix	27
EVAMIST.....	23	fluocinonide-emollient	26	GARDASIL (PF).....	27
EVOTAZ.....	24	FLUORABON.....	26	GARDASIL 9 (PF).....	27
EXELDERM.....	24	fluoride (sodium)	26		
exemestane	24	fluorometholone	26		
EXTAVIA.....	24	FLUOROPLEX.....	26		
ezetimibe	24	fluourouracil	26		
ezetimibe-simvastatin	24	fluoxetine	26		
FACTIVE.....	24				
FALLBACK SOLO.....	24				
FALMINA (28).....	24				
famciclovir	24				
famotidine	24				

gatifloxacin	27	HUMALOG U-100 INSULIN	29	INCRUSE ELLIPTA	31
GELNIQUE	27	HUMATROPE	29	indapamide	31
gemfibrozil	28	HUMIRA	30	INDERAL XL	31
gentamicin	28	HUMIRA PEDIATRIC CROHN'S		INDOCIN	31
GENVOYA	28	START	29	INDOCIN SR	32
GIANVI (28)	28	HUMIRA PEN	30	indomethacin	32
GIAZO	28	HUMIRA PEN CROHN'S-UC-HS		INFANRIX (DTAP) (PF)	32
GILDAGIA	28	START	29, 30	insulin syringe-needle u-100	32
GILDESS 24 FE	28	HUMIRA PEN PSORIASIS-		INTELENCE	32
GILENYA	28	UVEITIS	30	INTRON A	32
glatiramer	28	HUMULIN 70/30 U-100 INSULIN	30	INTROVALE	32
GLATOPA	28	HUMULIN 70/30 U-100		INVEGA SUSTENNA	32
GLEOSTINE	28	KWIKPEN	30	INVIRASE	32
glimepiride	28	HUMULIN N NPH INSULIN		INVOKAMET	32
glipizide	28	KWIKPEN	30	INVOKAMET XR	32
glipizide-metformin	28	HUMULIN N NPH U-100		INVOKANA	32
GLUCAGEN DIAGNOSTIC KIT	28	INSULIN	30	ipratropium bromide	32
GLUCAGEN HYPOKIT	28	HUMULIN R REGULAR U-100		ipratropium-albuterol	32
GLUCAGON EMERGENCY KIT		INSULIN	30	irbesartan	32
(HUMAN)	28	HUMULIN R U-500 (CONC)		irbesartan-hydrochlorothiazide	32
glucagon hcl	28	INSULIN	30	ISENTRESS	32
glyburide	28	HUMULIN R U-500 (CONC)		ISENTRESS HD	32
glyburide micronized	28	KWIKPEN	30	ISIBLOOM	32
glyburide-metformin	28	hydralazine	30	ISODITRATE	32
glycopyrrolate	28	hydrochlorothiazide	30	isoniazid	32
GLYXAMBI	28	hydrocodone-acetaminophen	30	ISORDIL	32
GOLYTELY	28	hydrocodone-chlorpheniramine	30	isosorbide dinitrate	32
granisetron hcl	28	hydrocodone-homatropine	30	isosorbide mononitrate	32
griseofulvin microsize	28	hydrocodone-ibuprofen	30	isradipine	32
griseofulvin ultramicrosize	28	hydrocortisone	30, 31	itraconazole	32
guanfacine	28	hydrocortisone acetate	30	ivermectin	32
guanidine	29	hydrocortisone butyrate	30	JADENU	32
GYNODIOL	29	hydrocortisone butyr-emollient	30	JAKAFI	33
halobetasol propionate	29	hydrocortisone valerate	31	JANTOVEN	33
HALOG	29	hydrocortisone-acetic acid	31	JANUMET	33
haloperidol	29	hydromorphone	31	JANUMET XR	33
haloperidol lactate	29	hydroxychloroquine	31	JANUVIA	33
HAVRIX (PF)	29	hydroxyprogesterone capr(bulk)	31	JARDIANE	33
HEATHER	29	hydroxyprogesterone caproate	31	JENCYCLA	33
HEP FLUSH-10 (PF)	29	hydroxyurea	31	JENTADUETO	33
heparin (porcine)	29	hydroxyzine hcl	31	JENTADUETO XR	33
heparin lock flush (porcine)	29	hydroxyzine pamoate	31	JOLESSA	33
HEPARIN		hyoscyamine sulfate	31	JOLIVETTE	33
LOCKFLUSH(PORCINE)(PF)	29	HYQVIA	31	JUBLIA	33
heparin, porcine (pf)	29	ibandronate	31	JULEBER	33
HEPLISAV-B (PF)	29	IBRANCE	31	JUNEL 1.5/30 (21)	33
HEXALEN	29	IBU	31	JUNEL 1/20 (21)	33
homatropine hbr	29	ibuprofen	31	JUNEL FE 1.5/30 (28)	33
HORIZANT	29	ibuprofen-oxycodone	31	JUNEL FE 1/20 (28)	33
HUMALOG JUNIOR KWIKPEN		ICLUSIG	31	JUNEL FE 24	33
U-100	29	ILEVRO	31	KAITLIB FE	33
HUMALOG KWIKPEN INSULIN	29	ILOTYCIN	31	KALEXATE	33
HUMALOG MIX 50-50 INSULN		imatinib	31	KALYDECO	33
U-100	29	IMBRUVICA	31	KAPIDEX	33
HUMALOG MIX 50-50		IMDUR	31	KARIVA (28)	33
KWIKPEN	29	imipramine hcl	31	KELNOR 1/35 (28)	33
HUMALOG MIX 75-25		imipramine pamoate	31	KELNOR 1-50	33
KWIKPEN	29	imiquimod	31	KERYDIN	33
HUMALOG MIX 75-25(U-		INCASSIA	31	KETEK	33
100)INSULN	29	INCRELEX	31	ketoconazole	33

KETODAN	33	levonorg-eth estrad triphasic	35	LUPRON DEPOT	37
KETONE URINE TEST	33	LEVORA 0.15/30 (28).....	35	LUPRON DEPOT (3 MONTH).....	37
<i>ketoprofen</i>	33	LEVORA-28.....	35	LUPRON DEPOT (4 MONTH).....	37
<i>ketorolac</i>	33	LEVOTHROID	35	LUPRON DEPOT (6 MONTH).....	37
KIMIDESS (28).....	33	<i>levothyroxine</i>	35	LUPRON DEPOT-PED	37
KINERET	33	LEVOXYL	36	LUPRON DEPOT-PED (3	
KIONEX (WITH SORBITOL).....	33	LEXIVA	36	MONTH).....	37
KLOR-CON 10.....	33	<i>lidocaine</i>	36	LUTERA (28).....	37
KLOR-CON 8.....	33	<i>lidocaine hcl</i>	36	LYNPARZA	37
KLOR-CON M15.....	33	LIDOCAINE VISCOSU	36	LYRICA	37
KURVELO	33	<i>lidocaine-prilocaine</i>	36	LYSODREN	37
KYLEENA	33	LIDOPAC	36	LYZA	37
<i>l norgestle.estradiol-e.estrad</i>	34	LIDOPRIL	36	<i>mafenide acetate</i>	37
<i>labetalol</i>	34	LIDOPRIL XR	36	<i>malathion</i>	37
LACRISERT	34	LIDO-PRILO CAINE PACK	36	<i>maprotiline</i>	37
<i>lactulose</i>	34	LIDORXKIT	36	MARLISSA	38
<i>lamivudine</i>	34	LIDOTREX (WITH VITAMIN E)	36	MARPLAN	38
<i>lamivudine-zidovudine</i>	34	LILETTA	36	MATULANE	38
<i>lamotrigine</i>	34	LILLOW	36	MAVYRET	38
LANOXIN	34	<i>lindane</i>	36	MAXIDEX	38
<i>lansoprazole</i>	34	<i>linezolid</i>	36	<i>meclizine</i>	38
<i>lanthanum</i>	34	LINZESS	36	<i>meclofenamate</i>	38
LANTUS SOLOSTAR U-100		<i>liothyronine</i>	36	MEDI-MECLIZINE	38
INSULIN	34	LIPROZONEPAK	36	MEDOLOR PAK	38
LANTUS U-100 INSULIN	34	<i>lisinopril</i>	36	<i>medroxyprogesterone</i>	38
LARIN 1.5/30 (21).....	34	<i>lisinopril-hydrochlorothiazide</i>	36	<i>mefenamic acid</i>	38
LARIN 1/20 (21).....	34	<i>lithium carbonate</i>	36	<i>mefloquine</i>	38
LARIN 24 FE.....	34	<i>lithium citrate</i>	36	<i>megestrol</i>	38
LARIN FE 1.5/30 (28).....	34	LIVALO	36	MEKINIST	38
LARIN FE 1/20 (28).....	34	LO LOESTRIN FE	36	<i>meloxicam</i>	38
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LAZANDA	34	LOMEDIA 24 FE	36	MENOMUNE - A/C/Y/W-135 (PF)	38
LEENA 28	34	LONSURF	36	MENOSTAR	38
<i>leflunomide</i>	34	<i>lopinavir-ritonavir</i>	36	MENVEO A-C-Y-W-135-DIP (PF)	38
LENVIMA	34, 35	LOPROX (AS OLAMINE)	36	MENVEO MENA COMPONENT	
LESSINA	35	LOPROX KIT	36	(PF)	38
LETAIRIS	35	<i>lorazepam</i>	36	MENVEO MENCYW-135	
<i>letrozole</i>	35	LORCET (HYDROCODONE)	37	COMPNT (PF)	38
<i>leucovorin calcium</i>	35	LORTAB 10-325	37	MEPHYTON	38
LEUKERAN	35	LORTAB 5-325	37	<i>meprobamate</i>	38
<i>leuprolide</i>	35	LORTAB 7.5-325	37	<i>mercaptopurine</i>	38
LEVA SET	35	LORTAB ELIXIR	37	<i>mesalamine</i>	38
<i>levalbuterol hcl</i>	35	LORYNA (28)	37	<i>mesalamine with cleansing wipe</i>	38
<i>levalbuterol tartrate</i>	35	LORZONE	37	MESTINON	38
LEVATOL	35	<i>losartan</i>	37	<i>metaproterenol</i>	38
LEVEMIR FLEXTOUCH U-100		<i>losartan-hydrochlorothiazide</i>	37	<i>metaxalone</i>	39
INSULN	35	LOTEMAX	37	<i>metformin</i>	39
LEVEMIR U-100 INSULIN	35	LOTRISONE	37	<i>methadone</i>	39
<i>levetiracetam</i>	35	<i>lovastatin</i>	37	<i>methazolamide</i>	39
<i>levobunolol</i>	35	LOW-OGESTREL (28)	37	<i>methenamine hippurate</i>	39
<i>levocarnitine (with sugar)</i>	35	<i>loxapine succinate</i>	37	<i>methimazole</i>	39
<i>levocetirizine</i>	35	LP LITE PAK	37	METHITEST	39
<i>levofloxacin</i>	35	LUIDENT FLUORIDE	37	<i>methocarbamol</i>	39
LEVONEST (28).....	35	LUMIGAN	37	<i>methotrexate sodium</i>	39
<i>levonorgestrel</i>	35	LUPANETA PACK (1 MONTH).....	37	<i>methotrexate sodium (pf)</i>	39
<i>levonorgestrel-ethinyl estrad</i>	35	LUPANETA PACK (3 MONTH).....	37	<i>methscopolamine</i>	39

<i>methyclothiazide</i>	39	MOVANTIK	41	<i>nimodipine</i>	43
<i>methyldopa</i>	39	MOVIPREP	41	NINLARO	43
<i>methylphenidate hcl</i>	39	MOXEZA	41	<i>nisoldipine</i>	43
<i>methylprednisolone</i>	39	<i>moxifloxacin</i>	41	NITRO-BID	43
<i>methyltestosterone</i>	39	MULTAQ	41	<i>nitrofurantoin</i>	43
<i>methyltestosterone,micro(bulk)</i>	39	<i>mupirocin</i>	41	<i>nitrofurantoin macrocrystal</i>	43
<i>metipranolol</i>	39	<i>mupirocin calcium</i>	41	<i>nitrofurantoin monohyd/m-cryst</i>	43
<i>metoclopramide hcl</i>	39	MY WAY	41	<i>nitroglycerin</i>	43
<i>metolazone</i>	39	MYALEPT	41	NIVA-PLUS	43
<i>metoprolol succinate</i>	39	<i>mycophenolate mofetil</i>	41	<i>nizatidine</i>	43
<i>metoprolol ta-hydrochlorothiaz</i>	40	<i>mycophenolate sodium</i>	42	NORA-BE	43
<i>metoprolol tartrate</i>	40	MYORISAN	42	NORDITROPIN FLEXPRO	43
<i>metronidazole</i>	40	MYRBETRIQ	42	<i>noreth-ethinyl estradiol-iron</i>	44
<i>mexiletine</i>	40	MYZILRA	42	<i>norethindrone (contraceptive)</i>	44
MIACALCIN	40	<i>nabumetone</i>	42	<i>norethindrone acetate</i>	44
MIBELAS 24 FE	40	<i>nadolol</i>	42	<i>norethindrone ac-eth estradiol</i>	44
MICRO THIN LANCETS	40	NALFON	42	<i>norethindrone-e.estriadiol-iron</i>	43, 44
MICROGESTIN 1.5/30 (21)	40	<i>naltrexone</i>	42	<i>norgestimate-ethinyl estradiol</i>	44
MICROGESTIN 1/20 (21)	40	<i>naphazoline</i>	42	<i>norgestrel-ethinyl estradiol</i>	44
MICROGESTIN 24 FE	40	NAPROSYN	42	NORINYL 1/35 (28)	44
MICROGESTIN FE 1.5/30 (28)	40	<i>naproxen</i>	42	NORITATE	44
MICROGESTIN FE 1/20 (28)	40	<i>naproxen sodium</i>	42	NORLYDA	44
MICROLET LANCET	40	<i>naratriptan</i>	42	NORLYROC	44
MICROSPACER	40	NARCAN	42	NORPACE CR	44
<i>midodrine</i>	40	NASAL ALLERGY	42	NORTREL 0.5/35 (28)	44
<i>miglitol</i>	40	NATACYN	42	NORTREL 1/35 (21)	44
MILK OF MAGNESIA	40	<i>nateglinide</i>	42	NORTREL 1/35 (28)	44
MILLIPRED	40	NATURE-THROID	42	NORTREL 7/7/7 (28)	44
MILLIPRED DP	40	NEBUPENT	42	<i>nortriptyline</i>	44
MINI ULTRA-THIN II	40	NECON 0.5/35 (28)	42	NORVIR	44
<i>minocycline</i>	40	NECON 1/35 (28)	42	NORVIR SOFT GELATIN	44
<i>minoxidil</i>	40	NECON 1/50 (28)	42	NOVAMAX PLUS KETONE	44
MIRCERA	40	NECON 10/11 (28)	42	NOVOFINE 30	44
MIRENA	40	NECON 7/7/7 (28)	42	NOVOFINE 32	44
<i>mirtazapine</i>	40	<i>nefazodone</i>	42	NOVOLIN 70/30 U-100 INSULIN	44
<i>misoprostol</i>	40	NEO-FRADIN	42	NOVOLIN N NPH U-100	
M-M-R II (PF)	40	<i>neomycin</i>	42	INSULIN	44
<i>modafinil</i>	40	<i>neomycin-bacitracin-polymyxin</i>	42	NOVOLIN R REGULAR U-100	
<i>moexipril</i>	40	<i>neomycin-polymyxin b-dexameth</i>	42	INSULN	44
<i>moexipril-hydrochlorothiazide</i>	40	<i>neomycin-polymyxin-gramicidin</i>	42	NOVOLOG FLEXPEN U-100	
<i>mometasone</i>	40	<i>neomycin-polymyxin-hc</i>	42	INSULIN	44
MONOJECT INSULIN SYRINGE	40	NEORAL	42	NOVOLOG MIX 70-30 U-100	
MONOJECT PREFILL (PF)	41	NEULASTA	42	INSULN	44
MONO-LINYAH	41	NEUPOGEN	42	NOVOLOG MIX 70-30FLEXPEN	
MONONESSA (28)	41	NEVANAC	43	U-100	44
MONOPRIL	41	<i>nevirapine</i>	43	NOVOLOG PENFILL U-100	
<i>montelukast</i>	41	NEXAVAR	43	INSULIN	44
MONUROL	41	NEXIUM	43	NOVOLOG U-100 INSULIN	
MORGIDOX	41	NEXPLANON	43	ASPART	44
MORGIDOX 1X100	41	NEXT CHOICE ONE DOSE	43	NP THYROID	44
MORGIDOX 2X100	41	niacin	43	NUCYNTA ER	44
<i>morphine</i>	41	NIACOR	43	NULYTELY WITH FLAVOR	
<i>morphine concentrate</i>	41	<i>nicardipine</i>	43	PACKS	44
MOTION RELIEF (MECLIZINE)	41	nicotine	43	NUPLAZID	44
MOTION SICKNESS (MECLIZINE)	41	<i>nicotine (polacrilex)</i>	43	NUTROPIN AQ	44
MOTION SICKNESS II	41	NICOTROL	43	NUTROPIN AQ NUSPIN	44
MOTION SICKNESS RELIEF(MECLIZ)	41	NICOTROL NS	43	NUVARING	44
MOTOFEN	41	<i>nifedipine</i>	43	NYAMYC	45
		NIKKI (28)	43	<i>nystatin</i>	45
		nilutamide	43	<i>nystatin-triamcinolone</i>	45

OB COMPLETE WITH DHA	45	OXYCONTIN	47	PLAN B ONE-STEP	49
OCELLA	45	<i>oxymorphone</i>	47	PLEGRIDY	49
<i>octreotide acetate</i>	45	PACERONE	47	PNEUMOVAX 23	49
ODEFSEY	45	<i>paliperidone</i>	47	PNV 29-1	49
ODOMZO	45	PANCREAZE	47	PNV-DHA + DOCUSATE	49
<i>ofloxacin</i>	45	PANCRELIPASE 5000	47	<i>podofilox</i>	49
OGESTREL (28)	45	PANDEL	47	<i>polyethylene glycol 3350</i>	49
<i>olanzapine</i>	45	<i>pantoprazole</i>	47	<i>polyethylene glycol 3350(bulk)</i>	49
<i>olmesartan</i>	45	PARAGARD T 380A	47	<i>polymyxin b sulf-trimethoprim</i>	49
<i>olmesartan-hydrochlorothiazide</i>	45	<i>paricalcitol</i>	47	PORTIA	49
<i>olopatadine</i>	45	PAROEX ORAL RINSE	47	<i>potassium bicarb-citric acid</i>	49
OLUMIANT	45	<i>paroxetine hcl</i>	47	<i>potassium chloride</i>	49
<i>omega-3 acid ethyl esters</i>	45	<i>paroxetine mesylate(menop.sym)</i>	47	<i>potassium citrate</i>	49
omeprazole	45	PATANOL	47	<i>potassium citrate-citric acid</i>	49
<i>omeprazole (bulk)</i>	45	PEDIAPRED	47	POTIGA	49
OMNITROPE	45	PEDI-DRI	47	PRADAXA	49
<i>ondansetron</i>	45	PEDVAX HIB (PF)	47	<i>pramipexole</i>	49
<i>ondansetron hcl</i>	45	<i>peg 3350-electrolytes</i>	47	<i>prasugrel</i>	49
<i>ondansetron hcl (pf)</i>	45	PEGANONE	47	<i>pravastatin</i>	49
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LANCETS	45	PEGINTRON REDIPEN	48	<i>prednicarbate</i>	49
ONETOUCH VERIO	45	PEN NEEDLE	48	<i>prednisolone</i>	49
ONETOUCH VERIO SYNC	45	<i>pen needle, diabetic</i>	48	<i>prednisolone acetate</i>	49
ONETOUCH VERIO SYSTEM	45	<i>penicillin v potassium</i>	48	<i>prednisolone sodium phosphate</i> ..	49, 50
ONFI	45	PENNSAID	48	<i>prednisone</i>	50
OPCICON ONE-STEP	46	PENTASA	48	PREDNISONE INTENSOL	50
OPSUMIT	46	<i>pentoxifylline</i>	48	PREMARIN	50
OPTICHAMBER DIAMOND		PENTOXIL	48	PREMPRO	50
VHC	46	PERIDEX	48	PRENATA	50
OPTICHAMBER DIAMOND-MED MSK		<i>perindopril erbumine</i>	48	PRENATABS RX	50
OPTION-2	46	permethrin	48	PRENATAL	50
ORAVIG	46	<i>perphenazine</i>	48	PRENATAL 19	50
ORENCIA	46	PERTZYE	48	PRENATAL 19 (WITH	
ORENCIA CLICKJECT	46	<i>phenazopyridine</i>	48	DOCUSATE)	50
ORKAMBI	46	<i>phenelzine</i>	48	PRENATAL LOW IRON	50
<i>orphenadrine citrate</i>	46	PHENERGAN	48	PRENATAL MULTI-DHA	50
ORSYTHIA	46	<i>phenobarbital</i>	48	PRENATAL MULTIVITAMINS ..	50
ORTHO MICRONOR	46	<i>phenoxybenzamine</i>	48	PRENATAL PLUS	50
ORTHO TRI-CYCLEN (28)	46	<i>phenytoin</i>	48	PRENATAL PLUS (CALCIUM	
ORTHO TRI-CYCLEN LO (28)	46	<i>phenytoin sodium extended</i>	48	CARB)	50
ORTHO-CYCLEN (28)	46	PHILITH	48	PRENATAL VITAMIN PLUS	
<i>oseltamivir</i>	46	PHOSLYRA	48	LOW IRON	50
OSPHENA	46	PHOSPHA 250 NEUTRAL	48	<i>prenatal vits96-iron fum-folic</i>	50
OTEZLA	46	PHOSPHOLINE IODIDE	48	PREPOPIK	50
OTEZLA STARTER	46	PHYSIOLYTE	48	PREVIFEM	50
OTIPRIO	46	PHYSISOL IRRIGATION	48	PREVNAR 13 (PF)	50
OTOVEL	46	PICATO	48	PREZCOBIX	50
OTREXUP (PF)	46	PIFELTRO	48	PREZISTA	50
OVCON-35 (28)	46	<i>pilocarpine hcl</i>	48	PRIFTIN	50
<i>oxandrolone</i>	46	<i>pimozone</i>	49	PRILOOLID	50
<i>oxaprozin</i>	46	PIMTREA (28)	49	PRILOSEC	50
<i>oxcarbazepine</i>	46	<i>pindolol</i>	49	<i>primaquine</i>	50
<i>oxybutynin chloride</i>	46	<i>pioglitazone</i>	49	<i>primidone</i>	50
<i>oxycodone</i>	46	<i>pioglitazone-metformin</i>	49	PRIMSOL	50
<i>oxycodone-acetaminophen</i>	46, 47	PIRMELLA	49	PROAIR HFA	50
		<i>piroxicam</i>	49	PROAIR RESPICLICK	50

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probenecid-colchicine.....	50	REPATHA SURECLICK.....	52	SIRTURO.....	55
PROCHIEVE.....	51	SCRIPTOR.....	52	SIVEXTRO.....	55
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prochlorperazine maleate.....	51	RESTASIS.....	53	SKYLA.....	55
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PROCTO-KIT.....	51	REXULTI.....	53	FREE).....	55
PROCTOZONE-HC.....	51	REYATAZ.....	53	sodium polystyrene sulfonate.....	55
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progesterone micronized.....	51	RIBATAB DOSE PACK.....	53	SOTALOL AF.....	55
progesterone micronized (bulk).....	51	ribavirin.....	53	SOVALDI.....	55
PROMACTA.....	51	RIDAURA.....	53	spinosad.....	55
promethazine.....	51	rifabutin.....	53	SPIRIVA RESPIMAT.....	55
promethazine-codeine.....	51	rifampin.....	53	SPIRIVA WITH HANDIHALER.....	55
promethazine-dm.....	51	RIFATER.....	53	spironolactone.....	55
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propranolol.....	51	RIOMET.....	53	SPRYCEL.....	55
propylthiouracil.....	51	risedronate.....	53	SPS (WITH SORBITOL).....	55
PROQUAD (PF).....	51	risperidone.....	53	SRONYX.....	55
protriptyline.....	51	ritonavir.....	53	stavudine.....	55
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PULMOZYME.....	51	rizatriptan.....	53	STIMATE.....	55
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TALTZ SYRINGE (2 PACK)	57	<i>tobramycin sulfate</i>	59	<i>trospium</i>	61
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<i>tamoxifen</i>	57	<i>tobramycin-dexamethasone</i>	59	TRUEPLUS LANCETS	61
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TECFIDERA	57	TRADJENTA	59	TYDEMY	61
TECHNIVIE	57	<i>tramadol</i>	59	TYKERB	61
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TEKTURNA	57	<i>tranexamic acid</i>	59	U-CORT	61
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<i>telmisartan-amlodipine</i>	57	<i>tranylcypromine</i>	60	ULORIC	61
<i>telmisartan-hydrochlorothiazid</i>	57	<i>trazodone</i>	60	ULTICARE	61
<i>temazepam</i>	57	TRECATOR	60	ULTICARE PEN NEEDLE	61
<i>temozolomide</i>	57	TRESIBA FLEXTOUCH U-100	60	ULTIMA TEST STRIPS	61
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<i>terazosin</i>	58	<i>tretinoin (chemotherapy)</i>	60	NDL	61
<i>terbinafine hcl</i>	58	<i>tretinoin (emollient)</i>	60	UNIFINE PENTIPS	61
<i>terbutaline</i>	58	<i>tretinoin microspheres</i>	60	UNIFINE PENTIPS PLUS	61
<i>terconazole</i>	58	TRETIN-X	60	UNITROID	61
<i>testosterone</i>	58	TRETIN-X CREAM KIT	60	UPTRAVI	62
<i>testosterone cypionate</i>	58	TREXALL	60	TRI FEMYNOR	60
<i>testosterone enanthate</i>	58	TRI FEMYNOR	60	<i>ursodiol</i>	62
<i>tetrabenazine</i>	58	<i>triamcinolone acetonide</i>	60	<i>valacyclovir</i>	62
<i>tetracycline</i>	58	<i>triamterene-hydrochlorothiazid</i>	60	<i>valganciclovir</i>	62
THALOMID	58	<i>triazolam</i>	60	<i>valproic acid</i>	62
THEO-24	58	<i>trientine</i>	60	<i>valproic acid (as sodium salt)</i>	62
<i>theophylline</i>	58	TRI-ESTARYLLA	60	<i>valsartan</i>	62
THERMAZENE	58	<i>trifluoperazine</i>	60	<i>valsartan-hydrochlorothiazide</i>	62
<i>thioridazine</i>	58	<i>trifluridine</i>	60	<i>vancomycin</i>	62
<i>thiothixene</i>	58	<i>trihexyphenidyl</i>	60	VANSPAR	62
<i>thyroid (pork)</i>	58	TRI-LEGEST FE	60	VAQTA (PF)	62
THYROLAR-1	58	TRI-LINYAH	60	VARIVAX (PF)	62
THYROLAR-1/2	58	TRI-LO-ESTARYLLA	60	VASCEPA	62
THYROLAR-1/4	58	TRI-LO-MARZIA	60	VELIVET TRIPHASIC REGIMEN (28)	62
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THYROLAR-3	58	TRILYTE WITH FLAVOR PACKETS	60	<i>venlafaxine</i>	62
<i>tiagabine</i>	58	<i>trimethobenzamide</i>	60	VENTAVIS	62
<i>ticlopidine</i>	58	<i>trimethoprim</i>	60	VENTOLIN HFA	62
TILIA FE	58	<i>trimipramine</i>	60	VERAMYST	62
<i>timolol maleate</i>	58, 59	TRINATAL RX 1	60	<i>verapamil</i>	62
<i>tinidazole</i>	59	TRINESSA (28)	60	VERDESO	62
		TRINESSA LO	61	VEREGEN	62

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<i>vigabatrin</i>	63	<i>zonisamide</i>	65
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