

Effective: November 1, 2020

**Small Group Metal ACA Plans
Individual Metal Plans**

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

What is the Drug List?

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

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

About Tiers

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

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

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

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

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

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

What will my expenses be?

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

What is a DAW Differential?

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

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

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

What is a deductible?

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

What is the difference between a copayment and coinsurance?

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

What does out-of-pocket maximum mean?

The out-of-pocket maximum protects you from catastrophic medical and prescription drug expenses by limiting how much you have to pay during the benefit year. Your cost sharing for covered prescription drugs (deductible, coinsurance and copayment) all accumulate with your in-network medical out-of-pocket maximum.

Refer to your plan documents to see when your out-of-pocket maximum starts over for your plan and to verify the specific cost sharing you have for specific tiers.

The Drug List is subject to change

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

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

This formulary is current as of **November 1, 2020**. To get updated information about covered drugs, please visit our website at myAHplan.com or call Customer Service toll-free at 1.844.522.5279 (TTY/TDD relay: 1.800.955.8771) Monday through Friday from 8 a.m. to 6 p.m.

Are there any restrictions on my coverage?

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

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

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

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

- **Use generic medications whenever possible.** Generic drugs are the chemical equivalent of brand-name drugs and are just as effective in most cases. If you take generic drugs, you will generally pay less. Talk to your doctor to see if switching to a generic equivalent of any brand-name drug you are taking is appropriate. Please see the list of drugs below to determine which generic drugs are included in lower cost sharing tiers.

What if my drug is not on the Formulary?

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

- You can ask Customer Service for a list of similar drugs that are covered by AdventHealth Advantage Plans. When you receive the list, show it to your doctor and ask if switching to a covered medication is appropriate.
- You can ask your physician to send AdventHealth Advantage Plans information requesting we make an exception and cover your drug.

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

Excluded drugs

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

The following are NOT covered by AdventHealth Advantage Plans:

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

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

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

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

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

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

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

Medicine/Product Category and Who is Covered	Examples of the Medicine/Product Covered
<u>Aspirin</u> ▪ Men age 45-79; Women age 55-79 ▪ Women < 55 years	▪ Aspirin 81 MG and 325 MG ▪ Aspirin 81 MG delayed-release and 325 MG delayed-release
<u>Fluoride</u> ▪ Children age six months through five years	▪ Fluoride chewable tablet 0.25 MG, 0.5 MG, and 1 MG; ▪ Fluoride drops 0.5 MG; ▪ Multivitamin with fluoride chewable 0.25 MG and 0.5 MG; ▪ Multivitamin with fluoride drops 0.25 MG and 0.5 MG; ▪ Fluoritab chewable tablet 0.25 MG and 0.5 MG
<u>Folic Acid</u> ▪ Women only through age 50 years	▪ Folic acid tablet 0.4 MG, 0.8 MG; and 1 MG ▪ Prenatal multivitamins with folic acid (0.4 MG and 0.8 MG)
<u>Iron Supplements</u> ▪ Children age six months through 12 months	▪ Iron (various strengths) drops, liquid, suspension, granules ▪ Multivitamin with iron drops, liquid, suspension
<u>Vitamin D Supplements</u> ▪ Adults ≥ 65 years of age	▪ Vitamin D 1,000 units or less per dose unit; ▪ Calcium with vitamin D (1,000 units or less per dose unit)
<u>Immunizations</u> ▪ The age of coverage varies based on the vaccine product prescribed and recommendations by the U.S. Centers for Disease Control and Prevention (CDC)	Covered immunizations include those that are routine vaccines recommended by the Advisory Committee on Immunization Practices of the CDC and that meet the FDA-approved indications for age and/or gender limitations. Coverage also includes non-routine immunizations used to prevent other illnesses such as typhoid, yellow fever, and Japanese encephalitis.
<u>Contraceptive Methods</u> ▪ Women only, through age 50 years	Covered products include one or more FDA-approved 16 contraceptive methods available through the prescription drug benefit, including: ▪ Generic OTC spermicide and legend diaphragms; ▪ Today® contraceptive sponge; ▪ Female condom; ▪ FemCap®; ▪ Generic oral, transdermal and intramuscular hormonal methods;

Medicine/Product Category and Who is Covered	Examples of the Medicine/Product Covered
<u>Contraceptive Methods (continued)</u> Women only, through age 50 years	- NuvaRing®; - Generic, OTC emergency contraceptives and Ella®; - The intrauterine systems Mirena® and Paragard®; - The intradermal agent, Nexplanon®
<u>Primary Prevention of Breast Cancer</u> - For women $\geq$ 35 years of age who meet criteria - Raloxifene is covered for only those who are postmenopausal - If you are 35 years of age or older and have not had breast cancer, talk to your doctor about your risk. If appropriate, your doctor may offer to prescribe one of these risk-reducing medications. - You or your doctor can then submit a Prior Authorization request to get the medication approved at \$0 cost-share if coverage criteria are met.	- Tamoxifen - Raloxifene
<u>Tobacco Cessation</u> - Adults 18 and older - Must receive counseling and have prescription from a healthcare provider - Up to two, three-month treatment courses are covered at no cost each year (any additional treatment may be subject to a cost share)	- Zyban (generic); - Chantix; - Nicotine replacement products
<u>Medications Used to Prepare for Colonoscopy</u> - Adults $\geq$ 50 and $\leq$ 75 years of age - Limit of two prescriptions per year	Generic products such as: - Alophen - Bisacodyl; - Magnesium citrate; - Milk of magnesia; - Polyethylene glycol (PEG) 3350-electrolyte

If you have any questions regarding your eligibility for preventive care medications and preventive contraceptive coverage, please contact your employer or call Customer Service toll-free at 1.844.522.5279 (TTY/TDD relay: 1.800.955.8771) Monday through Friday from 8 a.m. to 6 p.m.

AdventHealth Advantage Plans Formulary

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

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

Specialty Drug (SP):

Biologics or prescription drugs that require close monitoring and are limited to a 30-day supply. Must be obtained from Accredo. If you have any questions, please contact Accredo toll-free at 1.877.895.9698.

Prior Authorization (PA):

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

Quantity Limit (QL):

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

Step Therapy (ST):

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

Safe Harbor (SH):

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

No Cost-Share (NCS):

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

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

lowercase italics = Generic drugs UPPERCASE BOLD = Brand name drugs Status NCS = No Cost Share T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5 Notes PA = Prior Auth PA = Prior Auth New Start ST = Step Therapy ST = Step Therapy New Start		
Drug	Status	Notes
<i>abacavir</i>	T1	
<i>abacavir-lamivudine</i>	T1	
<i>abacavir-lamivudine-zidovudine</i>	T1	
<i>abiraterone</i>	T5	PA; QL (120 EA per 30 days)
<i>acamprosate</i>	T4	
<i>acarbose</i>	T2	QL (90 EA per 30 days)
<i>acebutolol</i>	T2	
<i>acetaminophen-caff-dihydrocod oral capsule</i>	T4	
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg /12.5 ml</i>	T3	QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	T3	QL (240 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	T3	QL (180 EA per 30 days)
<i>acetazolamide oral tablet</i>	T3	
<i>acetazolamide sodium</i>	T3	
<i>acetic acid otic (ear)</i>	T2	
<i>acetylcysteine</i>	T2	
<i>acitretin</i>	T5	PA
ACTEMRA	T5	PA
ACTHIB (PF)	NCS	
ACTIMMUNE	T5	PA
<i>acyclovir oral capsule</i>	T2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	T3	
<i>acyclovir oral tablet</i>	T2	
<i>acyclovir topical cream</i>	T5	
<i>acyclovir topical ointment</i>	T4	QL (60 GM per 30 days)
ADACEL(TDAP ADOLESN/ADULT)(PF)	NCS	
<i>adapalene topical cream</i>	T3	
<i>adapalene topical gel 0.1 %</i>	T3	
ADDERALL XR	T4	QL (30 EA per 30 days)
ADDYI	T5	PA
ADEFOVIR	T5	PA
ADEMPAS	T5	PA
ADRUCIL INTRAVENOUS SOLUTION 500 MG/10 ML	T3	
ADVAIR DISKUS	T3	QL (60 EA per 30 days)
ADVAIR HFA	T3	QL (12 GM per 30 days)
AFEDITAB CR	T2	

Drug	Status	Notes
AFINITOR ORAL TABLET 10 MG	T5	PA; QL (60 EA per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	T5	PA
AFTERA	NCS	
AIMOVIG AUTOINJECTOR	T4	PA; QL (1 ML per 30 days)
AJOVY AUTOINJECTOR	T4	PA; QL (1.5 ML per 30 days)
AJOVY SYRINGE	T4	PA; QL (1.5 ML per 30 days)
AK-POLY-BAC	T2	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN	T5	PA
AKYNZEO (NETUPITANT)	T5	PA
<i>albendazole</i>	T4	
ALBENZA	T5	
<i>albuterol sulfate inhalation solution for nebulization</i>	T2	
<i>albuterol sulfate oral syrup</i>	T2	
<i>albuterol sulfate oral tablet</i>	T4	
<i>alclometasone</i>	T3	
ALECENSA	T5	PA; QL (240 EA per 30 days)
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	T1	QL (4 EA per 28 days)
<i>alfuzosin</i>	T2	QL (30 EA per 30 days)
ALINIA	T4	PA
ALIQOPA	T5	PA
<i>aliskiren</i>	T3	QL (30 EA per 30 days)
<i>allopurinol</i>	T2	
<i>almotriptan malate</i>	T4	ST; QL (18 EA per 30 days)
ALOCRIL	T4	
ALOMIDE	T4	
ALOPHEN (BISACODYL)	NCS	
<i>alosetron</i>	T5	PA; QL (60 EA per 30 days)
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	T4	QL (15 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	T2	QL (120 EA per 30 days)
<i>alprazolam oral tablet 1 mg</i>	T2	QL (240 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	T2	QL (150 EA per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg</i>	T3	QL (90 EA per 30 days)
<i>alprazolam oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg</i>	T3	QL (60 EA per 30 days)
ALREX	T3	
ALTABAX	T4	
ALTAVERA (28)	NCS	
ALTRENO	T3	PA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	T5	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	T5	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	T5	PA; QL (30 EA per 30 days)

Drug	Status	Notes
ALYACEN 1/35 (28)	NCS	
ALYACEN 7/7/7 (28)	NCS	
<i>amantadine hcl oral capsule</i>	T3	
<i>amantadine hcl oral tablet</i>	T3	
AMBRISENTAN	T5	PA
<i>amcinonide topical cream</i>	T4	
AMETHIA	NCS	
AMETHIA LO	NCS	
AMETHYST (28)	NCS	
<i>amiloride</i>	T2	
<i>amiloride-hydrochlorothiazide</i>	T2	
<i>aminophylline intravenous solution 250 mg/10 ml</i>	T2	
<i>amiodarone oral tablet 200 mg</i>	T2	
AMITIZA	T3	QL (60 EA per 30 days)
<i>amitriptyline</i>	T2	
<i>amitriptyline-chlordiazepoxide</i>	T2	
<i>amlodipine</i>	T1	
<i>amlodipine-benazepril</i>	T2	QL (30 EA per 30 days)
<i>amlodipine-olmesartan</i>	T3	
<i>amlodipine-valsartan</i>	T2	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hcthiiazid</i>	T3	QL (30 EA per 30 days)
<i>ammonium chloride</i>	T2	
<i>ammonium lactate</i>	T2	
AMNESTEEM	T5	
<i>amoxapine</i>	T2	
<i>amoxicillin oral capsule</i>	T1	
<i>amoxicillin oral suspension for reconstitution</i>	T1	
<i>amoxicillin oral tablet</i>	T1	
<i>amoxicillin oral tablet,chewable 125 mg</i>	T2	
<i>amoxicillin oral tablet,chewable 250 mg</i>	T1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	T2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	T3	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	T3	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	T2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	T3	
<i>amoxicillin-pot clavulanate oral tablet,chewable</i>	T2	
<i>amphotericin b</i>	T3	
<i>ampicillin oral capsule</i>	T2	
ANADROL-50	T5	PA

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

Drug	Status	Notes
<i>aspirin-dipyridamole</i>	T4	QL (60 EA per 30 days)
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	T3	QL (200 EA per 30 days)
<i>atazanavir</i>	T1	
<i>atenolol</i>	T1	
<i>atenolol-chlorthalidone</i>	T2	
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	T3	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	T3	QL (2 EA per 30 days)
<i>atorvastatin</i>	T2	QL (30 EA per 30 days)
<i>atovaquone</i>	T5	
<i>atovaquone-proguanil</i>	T4	
ATRIPLA	T3	QL (30 EA per 30 days)
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	T4	
<i>atropine ophthalmic (eye) drops</i>	T2	
ATROVENT HFA	T4	QL (26 GM per 30 days)
AUBAGIO	T5	PA; QL (30 EA per 30 days)
AUBRA	NCS	
AUSTEDO ORAL TABLET 12 MG	T5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG, 9 MG	T5	PA; QL (60 EA per 30 days)
AVANDIA ORAL TABLET 2 MG, 4 MG	T4	
AVAR TOPICAL CLEANSER	T4	
AVAR-E	T4	
AVAR-E GREEN	T4	
AVIANE	NCS	
AVONEX (WITH ALBUMIN)	T5	PA; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	T5	PA; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	T5	PA; QL (1 EA per 28 days)
AYVAKIT	T5	PA; QL (30 EA per 30 days)
AZASITE	T4	
<i>azathioprine</i>	T2	
<i>azelastine nasal</i>	T3	QL (60 ML per 30 days)
<i>azelastine ophthalmic (eye)</i>	T2	
<i>azithromycin oral packet</i>	T2	
<i>azithromycin oral suspension for reconstitution</i>	T2	
<i>azithromycin oral tablet</i>	T1	
AZOPT	T3	QL (15 ML per 30 days)
AZOR	T3	
AZURETTE (28)	NCS	
<i>bacitracin ophthalmic (eye)</i>	T3	
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	T2	
<i>baclofen oral tablet 10 mg, 20 mg</i>	T2	
<i>balsalazide</i>	T3	
BALVERSA	T5	PA

Drug	Status	Notes
BALZIVA (28)	NCS	
BANZEL ORAL SUSPENSION	T5	PA; QL (2400 ML per 30 days)
BANZEL ORAL TABLET 200 MG	T5	PA; QL (90 EA per 30 days)
BANZEL ORAL TABLET 400 MG	T5	PA; QL (240 EA per 30 days)
BAQSIMI	T3	
BARACLUDE ORAL SOLUTION	T5	PA
BAVENCIO	T5	PA
BAYER ASPIRIN	NCS	
<i>bcg vaccine, live (pf)</i>	NCS	
BD NANO 2ND GEN PEN NEEDLE	T3	
BD ULTRA-FINE MICRO PEN NEEDLE	T3	
BD ULTRA-FINE MINI PEN NEEDLE	T3	
BD ULTRA-FINE NANO PEN NEEDLE	T3	
BD ULTRA-FINE ORIG PEN NEEDLE	T3	
BD ULTRA-FINE SHORT PEN NEEDLE	T3	
BEKYREE (28)	NCS	
BELSOMRA	T4	PA
<i>benazepril</i>	T1	
<i>benazepril-hydrochlorothiazide</i>	T2	
BENICAR	T3	
BENICAR HCT	T3	
BENLYSTA SUBCUTANEOUS SYRINGE	T5	PA; QL (4 ML per 28 days)
<i>benznidazole</i>	T2	PA
<i>benzonatate</i>	T2	
<i>benzoyl peroxide topical cleanser 6 %</i>	T2	
<i>benzoyl peroxide topical cleanser 7 %</i>	T3	
<i>benzoyl peroxide topical foam</i>	T2	
<i>benzoyl peroxide topical gel 10 %, 2.5 %</i>	T2	
<i>benztropine oral</i>	T2	
BEPREVE	T4	
BESIVANCE	T4	
<i>betamethasone dipropionate topical cream</i>	T3	
<i>betamethasone dipropionate topical lotion</i>	T2	
<i>betamethasone dipropionate topical ointment</i>	T3	
<i>betamethasone valerate topical cream</i>	T2	
<i>betamethasone valerate topical lotion</i>	T3	
<i>betamethasone valerate topical ointment</i>	T2	
<i>betamethasone, augmented topical cream</i>	T2	
<i>betamethasone, augmented topical gel</i>	T2	
<i>betamethasone, augmented topical lotion</i>	T3	
<i>betamethasone, augmented topical ointment</i>	T2	
BETASERON SUBCUTANEOUS KIT	T5	PA; QL (14 EA per 28 days)
<i>betaxolol oral</i>	T2	

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

Drug	Status	Notes
<i>buprenorphine hcl sublingual</i>	T3	PA; QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	T3	PA; QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	T3	PA; QL (90 EA per 30 days)
<i>bupropion hcl (smoking deter)</i>	NCS	QL (336 EA per 365 days)
<i>bupropion hcl oral tablet</i>	T2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	T2	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	T2	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 200 mg</i>	T2	QL (60 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg</i>	T2	QL (90 EA per 30 days)
<i>buspirone</i>	T2	
BUSULFEX	T5	PA
BUTALBITAL COMPOUND W/CODEINE	T4	QL (180 EA per 30 days)
<i>butalbital-acetaminop-caf-cod</i>	T4	QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T4	QL (180 EA per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	T4	QL (180 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	T4	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T4	QL (180 EA per 30 days)
<i>butorphanol injection</i>	T3	
BUTRANS	T3	QL (4 EA per 28 days)
BYDUREON BCISE	T3	QL (3.4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	T3	QL (4 EA per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	T3	QL (2.4 ML per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	T3	QL (1.2 ML per 30 days)
BYNFEZIA	T5	PA
BYSTOLIC	T3	
<i>cabergoline</i>	T3	QL (16 EA per 28 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	T5	PA; QL (30 EA per 30 days)
CABOMETYX ORAL TABLET 40 MG	T5	PA; QL (60 EA per 30 days)
<i>calcipotriene scalp</i>	T4	
<i>calcipotriene topical cream</i>	T4	
<i>calcipotriene topical ointment</i>	T4	
<i>calcipotriene-betamethasone topical ointment</i>	T4	
<i>calcitonin (salmon)</i>	T3	QL (3.7 ML per 30 days)
<i>calcitriol oral</i>	T2	
<i>calcitriol topical</i>	T5	PA
<i>calcium acetate(phospat bind) oral capsule</i>	T2	

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

Drug	Status	Notes
<i>cefazolin injection recon soln 10 gram</i>	T3	
<i>cefdinir oral capsule</i>	T2	
<i>cefdinir oral suspension for reconstitution</i>	T3	
<i>cefditoren pivoxil</i>	T2	
<i>cefixime</i>	T4	
<i>cefpodoxime</i>	T3	
<i>cefprozil oral suspension for reconstitution</i>	T3	
<i>cefprozil oral tablet</i>	T2	
<i>ceftriaxone injection</i>	T2	
<i>cefuroxime axetil oral tablet</i>	T3	
<i>cefuroxime sodium injection recon soln 750 mg</i>	T2	
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	T2	
<i>celecoxib</i>	T3	QL (60 EA per 30 days)
CELONTIN ORAL CAPSULE 300 MG	T4	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	T1	
<i>cephalexin oral suspension for reconstitution</i>	T2	
CESAMET	T5	PA
<i>cevimeline</i>	T2	
CHANTIX	NCS	QL (340 EA per 365 days)
CHANTIX CONTINUING MONTH BOX	NCS	QL (340 EA per 365 days)
CHANTIX STARTING MONTH BOX	NCS	QL (106 EA per 365 days)
CHEMET	T4	
CHILDREN'S ASPIRIN	NCS	
<i>chloramphenicol sod succinate</i>	T5	
<i>chlordiazepoxide hcl</i>	T2	
<i>chlordiazepoxide-clidinium</i>	T3	
<i>chlorhexidine gluconate mucous membrane</i>	T2	
<i>chloroquine phosphate</i>	T2	
<i>chlorothiazide</i>	T2	
<i>chlorpromazine oral</i>	T3	
<i>chlorpropamide</i>	T2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T2	
<i>chlorzoxazone oral tablet 500 mg</i>	T2	QL (120 EA per 30 days)
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)</i>	T2	
<i>cholestyramine (with sugar)</i>	T3	
CHOLESTYRAMINE LIGHT	T3	
CIALIS ORAL TABLET 2.5 MG, 5 MG	T4	PA; QL (30 EA per 30 days)
CICLODAN TOPICAL SOLUTION	T2	
<i>ciclopirox topical cream</i>	T3	
<i>ciclopirox topical gel</i>	T3	
<i>ciclopirox topical shampoo</i>	T3	
<i>ciclopirox topical solution</i>	T2	

Drug	Status	Notes
<i>ciclopirox topical suspension</i>	T3	
<i>ciclopirox-ure-camph-menth-euc</i>	T3	
<i>cilostazol</i>	T2	
CILOXAN OPHTHALMIC (EYE) OINTMENT	T3	
CIMDUO	T5	QL (30 EA per 30 days)
<i>cimetidine</i>	T2	
<i>cimetidine hcl oral</i>	T2	
<i>cinacalcet oral tablet 30 mg</i>	T3	PA
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	T5	PA
CINRYZE	T5	PA
CIPRO HC	T4	
CIPRODEX	T3	
<i>ciprofloxacin</i>	T3	
<i>ciprofloxacin (mixture)</i>	T3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	T1	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	T4	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	T1	
<i>ciprofloxacin hcl otic (ear)</i>	T2	QL (60 EA per 30 days)
<i>ciprofloxacin-dexamethasone</i>	T3	
<i>citalopram oral solution</i>	T2	QL (600 ML per 30 days)
<i>citalopram oral tablet 10 mg, 40 mg</i>	T1	QL (30 EA per 30 days)
<i>citalopram oral tablet 20 mg</i>	T1	QL (60 EA per 30 days)
CITRATE OF MAGNESIA	NCS	
CITROMA	NCS	
CLARAVIS	T4	
<i>clarithromycin</i>	T3	
CLEARLAX ORAL POWDER	NCS	
<i>clemastine oral tablet 2.68 mg</i>	T3	
CLENPIQ	T3	
CLEOCIN VAGINAL SUPPOSITORY	T4	
CLIMARA PRO	T4	
CLINDACIN ETZ TOPICAL SWAB	T2	
CLINDACIN P	T2	
<i>clindacin pac</i>	T2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	T1	
<i>clindamycin palmitate hcl</i>	T3	
<i>clindamycin phosphate topical gel</i>	T3	
<i>clindamycin phosphate topical lotion</i>	T3	
<i>clindamycin phosphate topical solution</i>	T3	
<i>clindamycin phosphate topical swab</i>	T2	
<i>clindamycin phosphate vaginal</i>	T3	
<i>clindamycin-benzoyl peroxide topical gel</i>	T4	

Drug	Status	Notes
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	T4	
<i>clindamycin-tretinoin</i>	T5	
<i>clobazam</i>	T4	
<i>clobetasol scalp</i>	T3	
<i>clobetasol topical cream</i>	T4	
<i>clobetasol topical gel</i>	T4	
<i>clobetasol topical lotion</i>	T4	
<i>clobetasol topical ointment</i>	T4	
<i>clobetasol topical shampoo</i>	T4	
<i>clobetasol-emollient</i>	T4	
<i>clocortolone pivalate</i>	T4	
CLODAN	T4	
<i>clomipramine</i>	T4	
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	T2	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	T2	QL (300 EA per 30 days)
<i>clonidine</i>	T3	QL (4 EA per 28 days)
<i>clonidine hcl oral tablet</i>	T1	
<i>clopidogrel oral tablet 75 mg</i>	T2	QL (30 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	T2	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	T2	QL (90 EA per 30 days)
<i>clotrimazole mucous membrane</i>	T2	
<i>clotrimazole topical</i>	T2	
<i>clotrimazole-betamethasone topical cream</i>	T2	
<i>clotrimazole-betamethasone topical lotion</i>	T3	
CLOVIQUE	T5	PA; QL (240 EA per 30 days)
<i>clozapine oral tablet</i>	T2	
<i>clozapine oral tablet,disintegrating</i>	T4	PA
<i>codeine sulfate oral tablet</i>	T3	QL (180 EA per 30 days)
<i>codeine-butalbital-asa-caff</i>	T4	QL (180 EA per 30 days)
<i>colchicine</i>	T3	
<i>colesevelam</i>	T3	
<i>colestipol oral granules</i>	T3	
<i>colestipol oral tablet</i>	T3	
COLY-MYCIN S	T3	
COMBIGAN	T3	QL (10 ML per 30 days)
COMBIPATCH	T3	
COMBIVENT RESPIMAT	T3	QL (8 GM per 30 days)
COMBIVIR	T4	
COMETRIQ	T5	PA
COMPLERA	T3	QL (30 EA per 30 days)
<i>compro</i>	T4	
CONDYLOX TOPICAL GEL	T4	

Drug	Status	Notes
CONSTULOSE	T2	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	T5	PA
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	T5	PA; QL (12 ML per 30 days)
COPIKTRA	T5	PA; QL (60 EA per 30 days)
CORDRAN TAPE LARGE ROLL	T4	
CORDRAN TOPICAL LOTION	T4	
COREG CR	T4	
CORLANOR ORAL SOLUTION	T4	PA
CORTANE-B TOPICAL	T4	
<i>cortisone</i>	T2	
CORTISPORIN TOPICAL	T4	
CORTISPORIN-TC	T3	
COSENTYX	T5	PA
COSENTYX (2 SYRINGES)	T5	PA
COSENTYX PEN	T5	PA
COSENTYX PEN (2 PENS)	T5	PA
COTELLIC	T5	PA; QL (42 EA per 28 days)
CREON	T3	
CRESEMBA	T5	PA
CRIVAN ORAL CAPSULE 200 MG, 400 MG	T3	
<i>cromolyn inhalation</i>	T2	
<i>cromolyn ophthalmic (eye)</i>	T2	
<i>cromolyn oral</i>	T2	
CRYSSELLE (28)	NCS	
CURITY GAUZE TOPICAL BANDAGE 2 X 2 "	T3	
CYCLAFEM 1/35 (28)	NCS	
CYCLAFEM 7/7/7 (28)	NCS	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	T2	QL (90 EA per 30 days)
<i>cyclopentolate ophthalmic (eye) drops 1 %, 2 %</i>	T2	
<i>cyclophosphamide oral capsule</i>	T4	
<i>cycloserine</i>	T4	
CYCLOSET	T4	PA; QL (180 EA per 30 days)
<i>cyclosporine intravenous</i>	T3	
<i>cyclosporine modified</i>	T3	
<i>cyclosporine oral capsule</i>	T3	
<i>cyproheptadine oral tablet</i>	T2	
CYRED	NCS	
CYSTADANE	T5	PA
CYSTAGON	T4	PA
CYSTARAN	T5	PA
CYTRA-2	T2	

Drug	Status	Notes
CYTRA-3	T4	
<i>dalfampridine</i>	T5	PA; QL (60 EA per 30 days)
DALIRESP ORAL TABLET 500 MCG	T4	QL (30 EA per 30 days)
<i>danazol</i>	T4	
<i>dantrolene oral</i>	T3	
<i>dapsone oral</i>	T3	
DAPTACEL (DTAP PEDIATRIC) (PF)	NCS	
DARAPRIM	T3	
<i>darifenacin</i>	T4	
DASETTA 1/35 (28)	NCS	
DASETTA 7/7/7 (28)	NCS	
DAURISMO ORAL TABLET 100 MG	T5	PA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	T5	PA; QL (60 EA per 30 days)
DAYSEE	NCS	
DAYTRANA	T4	QL (30 EA per 30 days)
DEBLITANE	NCS	
DECARA ORAL CAPSULE 1,250 MCG (50,000 UNIT)	T3	
<i>deferasirox oral tablet, dispersible</i>	T5	
DELSTRIGO	T5	QL (30 EA per 30 days)
DELYLA (28)	NCS	
<i>demeclocycline</i>	T3	
DENAVIR	T4	
DENTA 5000 PLUS	T2	
DENTAGEL	T2	
DEPEN TITRATABS	T5	
DEPO-ESTRADIOL	T3	
DESCOVY	T3	
<i>desipramine</i>	T2	
<i>desloratadine oral tablet</i>	T2	QL (30 EA per 30 days)
<i>desmopressin nasal spray with pump</i>	T3	
<i>desmopressin nasal spray,non-aerosol</i>	T3	
<i>desmopressin oral</i>	T3	
<i>desog-e.estradiol/e.estradiol</i>	NCS	
<i>desogestrel-ethinyl estradiol</i>	NCS	
<i>desonide topical cream</i>	T4	
<i>desonide topical lotion</i>	T4	
<i>desonide topical ointment</i>	T4	
<i>desoximetasone topical cream</i>	T3	
<i>desoximetasone topical gel</i>	T3	
<i>desoximetasone topical ointment</i>	T3	
<i>desvenlafaxine</i>	T4	
<i>desvenlafaxine succinate</i>	T4	

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

Drug	Status	Notes
DIGITEK	T2	
DIGOX	T2	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	T3	
<i>digoxin oral tablet</i>	T2	
<i>dihydroergotamine injection</i>	T3	
<i>dihydroergotamine nasal</i>	T4	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	T2	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	T2	
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	T2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T2	
<i>diltiazem hcl oral tablet</i>	T2	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	T3	
DILT-XR	T2	
DIPENTUM	T5	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	T2	
<i>diphenhydramine hcl injection syringe</i>	T2	
<i>diphenoxylate-atropine</i>	T2	
<i>dipyridamole oral</i>	T2	
<i>disopyramide phosphate oral capsule</i>	T2	
<i>disulfiram</i>	T2	
<i>divalproex</i>	T2	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 1 MG/GRAM (0.1 %)	T4	
<i>dofetilide</i>	T4	
<i>donepezil oral tablet 10 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	T4	
DONNATAL ORAL TABLET	T4	
<i>dorzolamide</i>	T2	
<i>dorzolamide-timolol</i>	T2	
<i>dorzolamide-timolol (pf) ophthalmic (eye) drops</i>	T4	
DOVATO	T5	QL (30 EA per 30 days)
<i>doxazosin</i>	T2	QL (60 EA per 30 days)
<i>doxepin oral capsule</i>	T2	
<i>doxepin oral concentrate</i>	T2	
<i>doxercalciferol oral</i>	T3	PA
DOXORUBICIN INTRAVENOUS SOLUTION 2 MG/ML	T5	PA
<i>doxycycline hyclate oral capsule</i>	T3	
<i>doxycycline hyclate oral tablet 100 mg</i>	T3	
<i>doxycycline hyclate oral tablet 20 mg</i>	T2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T2	

Drug	Status	Notes
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	T3	
<i>dronabinol oral capsule 10 mg</i>	T5	PA
<i>dronabinol oral capsule 10 mg</i>	T5	PA; QL (120 EA per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	T4	PA
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	T4	PA; QL (120 EA per 30 days)
<i>drospirenone-ethinyl estradiol</i>	NCS	
DROXIA	T4	
DUAVEE	T3	
DUCODYL (BISACODYL)	NCS	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	T3	QL (13 GM per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 40 mg, 60 mg</i>	T3	QL (60 EA per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 30 mg</i>	T3	QL (90 EA per 30 days)
DUPIXENT PEN	T5	PA; QL (6 ML per 28 days)
DUPIXENT SYRINGE	T5	PA
DUREZOL	T4	
<i>dutasteride</i>	T3	QL (30 EA per 30 days)
<i>dutasteride-tamsulosin</i>	T3	QL (30 EA per 30 days)
DYRENIUM	T4	
E.E.S. 400 ORAL TABLET	T2	
E.E.S. GRANULES	T4	
EASY TOUCH NEEDLE	T3	
<i>econazole</i>	T4	
ECONTRA EZ	NCS	
EDARBI	T4	
EDECIN	T5	PA
EDURANT	T3	
<i>efavirenz</i>	T1	
ELETONE	T4	
<i>eletriptan</i>	T4	ST; QL (18 EA per 28 days)
ELIDEL	T4	
ELIGARD	T5	PA; QL (1 EA per 28 days)
ELIGARD (3 MONTH)	T5	PA; QL (1 EA per 84 days)
ELIGARD (4 MONTH)	T5	PA; QL (1 EA per 112 days)
ELIGARD (6 MONTH)	T5	PA; QL (1 EA per 168 days)
ELINEST	NCS	
ELIQUIS	T3	
ELIQUIS DVT-PE TREAT 30D START	T3	
ELLA	NCS	
ELMIRON	T4	
ELZONRIS	T5	PA

Drug	Status	Notes
EMCYT	T5	PA
EMEND ORAL CAPSULE 125 MG	T4	PA; QL (60 EA per 30 days)
EMEND ORAL CAPSULE,DOSE PACK	T4	PA; QL (60 EA per 30 days)
EMOQUETTE	NCS	
EMSAM	T5	PA; QL (30 EA per 30 days)
EMTRIVA	T3	
<i>enalapril maleate</i>	T1	
<i>enalapril-hydrochlorothiazide</i>	T1	
ENBREL SUBCUTANEOUS RECON SOLN	T5	PA; QL (8 EA per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	T5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	T5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	T5	PA; QL (8 ML per 28 days)
ENBREL SURECLICK	T5	PA; QL (8 ML per 28 days)
ENDARI	T5	PA
<i>endocet oral tablet 10-325 mg</i>	T3	QL (180 EA per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T3	QL (240 EA per 30 days)
ENGERIX-B (PF)	NCS	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	NCS	
<i>enoxaparin subcutaneous solution</i>	T4	QL (24 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	T4	QL (28 ML per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	T4	QL (22.4 ML per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	T4	QL (8.4 ML per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	T4	QL (11.2 ML per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	T4	QL (16.8 ML per 30 days)
ENPRESSE	NCS	
ENSKYCE	NCS	
<i>entacapone</i>	T4	QL (240 EA per 30 days)
ENTECAVIR	T5	PA; QL (30 EA per 30 days)
ENTERIC COATED ASPIRIN	NCS	
ENTRESTO	T4	PA; QL (60 EA per 30 days)
ENULOSE	T2	
EPCLUSA ORAL TABLET 400-100 MG	T5	PA
EPICERAM	T4	
EPIDIOLEX	T5	PA
EPIDUO TOPICAL GEL WITH PUMP	T4	
EPIFOAM	T4	
<i>epinastine</i>	T3	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i>	T3	QL (4 EA per 30 days)

Drug	Status	Notes
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	T3	
<i>epinephrine injection solution 1 mg/ml</i>	T4	
EPIPEN	T3	QL (4 EA per 30 days)
EPIPEN 2-PAK	T3	QL (4 EA per 30 days)
EPIPEN JR	T3	QL (4 EA per 30 days)
EPIPEN JR 2-PAK	T3	QL (4 EA per 30 days)
EPIVIR	T4	
EPIVIR HBV ORAL SOLUTION	T3	
EPIVIR HBV ORAL TABLET	T4	
<i>eplerenone</i>	T3	
EPZICOM	T4	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	NCS	QL (4 EA per 28 days)
<i>ergoloid</i>	T3	
ERGOMAR	T4	
ERIVEDGE	T5	PA; QL (30 EA per 30 days)
ERLEADA	T5	PA
<i>erlotinib</i>	T5	PA
ERRIN	NCS	
ERTACZO	T5	PA
<i>ertapenem</i>	T5	
ERY PADS	T3	
ERY-TAB	T3	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	T4	
<i>erythromycin ethylsuccinate oral tablet</i>	T4	
<i>erythromycin ophthalmic (eye)</i>	T2	
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	T4	
<i>erythromycin oral tablet</i>	T4	
<i>erythromycin with ethanol</i>	T2	
<i>erythromycin-benzoyl peroxide</i>	T4	
ESBRIET	T5	PA
<i>escitalopram oxalate oral solution</i>	T3	QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet</i>	T2	QL (30 EA per 30 days)
ESTARYLLA	NCS	
<i>estazolam</i>	T2	
<i>estradiol oral</i>	T2	
<i>estradiol transdermal patch semiweekly</i>	T4	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	T3	QL (4 EA per 28 days)
<i>estradiol vaginal tablet</i>	T3	
<i>estradiol-norethindrone acet</i>	T2	
ESTROGEL	T4	
<i>estrogens-methyltestosterone</i>	T3	

Drug	Status	Notes
<i>eszopiclone</i>	T2	QL (30 EA per 30 days)
<i>ethacrynic acid</i>	T5	PA
<i>ethambutol</i>	T3	
<i>ethosuximide</i>	T3	
<i>etidronate disodium</i>	T3	
<i>etodolac oral capsule</i>	T3	
<i>etodolac oral tablet</i>	T3	
<i>etodolac oral tablet extended release 24 hr</i>	T4	
<i>etonogestrel-ethinyl estradiol</i>	NCS	
<i>etoposide intravenous</i>	T5	PA
EUCRISA	T4	
EURAX	T4	
EVENITY	T5	PA
<i>everolimus (antineoplastic)</i>	T5	PA; QL (30 EA per 30 days)
<i>everolimus (immunosuppressive)</i>	T5	PA
EVOTAZ	T3	
EXELDERM	T4	
<i>exemestane</i>	T4	
EXJADE	T5	PA
<i>ezetimibe</i>	T3	QL (30 EA per 30 days)
FACTIVE	T4	
FALMINA (28)	NCS	
<i>famciclovir</i>	T3	
<i>famotidine oral suspension</i>	T4	
<i>famotidine oral tablet</i>	T2	
FANAPT ORAL TABLET	T4	PA; QL (60 EA per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	T4	PA; QL (8 EA per 28 days)
FARESTON	T5	QL (30 EA per 30 days)
FARXIGA	T4	ST
FARYDAK	T5	PA; QL (6 EA per 21 days)
FASENRA PEN	T5	PA
FC2 FEMALE CONDOM	NCS	
<i>febuxostat</i>	T3	ST
<i>felbamate</i>	T5	
<i>felodipine</i>	T2	
FEMCAP	NCS	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	T2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	T2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	T2	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg</i>	T3	

Drug	Status	Notes
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 45 mg</i>	T2	
<i>fenoprofen oral tablet</i>	T4	
<i>fentanyl citrate buccal lozenge on a handle</i>	T5	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	T3	QL (15 EA per 30 days)
FERRIPROX ORAL SOLUTION	T5	PA
FERRIPROX ORAL TABLET 500 MG	T5	PA
FETZIMA	T4	PA; QL (30 EA per 30 days)
<i>fexofenadine oral suspension</i>	T2	
<i>fexofenadine-pseudoephedrine</i>	T3	
FIASP FLEXTOUCH U-100 INSULIN	T3	QL (60 ML per 30 days)
FIASP U-100 INSULIN	T3	QL (60 ML per 30 days)
FINACEA TOPICAL GEL	T4	
<i>finasteride oral tablet 5 mg</i>	T2	
FINTEPLA	T5	PA
FIRDAPSE	T5	PA; QL (240 EA per 30 days)
FIRVANQ	T3	
<i>flavoxate</i>	T2	
<i>flecainide</i>	T2	
FLEET LAXATIVE (BISACODYL)	NCS	
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	T3	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	T3	QL (240 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	T3	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	T3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	T3	QL (10.6 GM per 30 days)
<i>fluconazole oral tablet</i>	T2	
<i>flucytosine</i>	T5	
<i>fludrocortisone</i>	T2	
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	T3	QL (50 ML per 30 days)
<i>fluocinolone</i>	T3	
<i>fluocinolone acetone oil</i>	T3	
<i>fluocinolone and shower cap</i>	T3	
<i>fluocinonide topical cream 0.05 %</i>	T3	
<i>fluocinonide topical gel</i>	T3	
<i>fluocinonide topical ointment</i>	T3	
<i>fluocinonide topical solution</i>	T3	
FLUOCINONIDE-E	T3	
<i>fluoride (sodium) oral drops</i>	NCS	

Drug	Status	Notes
<i>fluoride (sodium) oral tablet,chewable</i>	NCS	
FLUORITAB ORAL TABLET,CHEWABLE	NCS	
<i>fluorometholone</i>	T2	
<i>fluorouracil intravenous</i>	T3	
<i>fluorouracil topical cream 5 %</i>	T3	
<i>fluorouracil topical solution</i>	T3	
<i>fluoxetine oral capsule 10 mg, 20 mg</i>	T2	QL (90 EA per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	T2	QL (60 EA per 30 days)
<i>fluoxetine oral solution</i>	T2	QL (600 ML per 30 days)
<i>fluoxetine oral tablet 10 mg</i>	T3	QL (240 EA per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	T3	QL (120 EA per 30 days)
<i>fluphenazine hcl oral concentrate</i>	T3	
<i>fluphenazine hcl oral elixir</i>	T3	
<i>fluphenazine hcl oral tablet</i>	T2	
<i>flurazepam</i>	T2	
<i>flurbiprofen</i>	T2	
<i>flurbiprofen sodium</i>	T2	
<i>flutamide</i>	T3	
<i>fluticasone propionate nasal</i>	T2	QL (16 GM per 30 days)
<i>fluticasone propionate topical cream</i>	T2	
<i>fluticasone propionate topical lotion</i>	T3	
<i>fluticasone propionate topical ointment</i>	T2	
<i>fluticasone propion-salmeterol inhalation blister with device</i>	T3	QL (60 EA per 30 days)
<i>fluvastatin oral capsule</i>	T3	
<i>fluvoxamine oral tablet</i>	T2	QL (90 EA per 30 days)
FML S.O.P.	T4	
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 25 MG, 35 MG	T4	QL (30 EA per 30 days)
<i>folic acid oral tablet</i>	NCS	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	T5	PA; QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	T5	PA; QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	T5	PA; QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	T5	PA; QL (18 ML per 30 days)
FORTEO	T5	PA; QL (2.4 ML per 28 days)
FOSAMAX PLUS D	T4	
<i>fosamprenavir</i>	T1	
<i>fosinopril</i>	T2	
<i>fosinopril-hydrochlorothiazide</i>	T2	
FOSRENOL ORAL TABLET,CHEWABLE	T3	
FREESTYLE FREEDOM LITE	T3	
FREESTYLE INSULINX	T3	
FREESTYLE INSULINX TEST STRIPS	T3	QL (200 EA per 30 days)

Drug	Status	Notes
FREESTYLE LANCETS	T3	QL (200 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER	T4	QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	T4	QL (2 EA per 28 days)
FREESTYLE LITE METER	T3	
FREESTYLE LITE STRIPS	T3	QL (200 EA per 30 days)
FREESTYLE TEST	T3	QL (200 EA per 30 days)
<i>frovatriptan</i>	T4	ST; QL (18 EA per 30 days)
<i>furosemide oral solution 10 mg/ml</i>	T2	
<i>furosemide oral solution 40 mg/4 ml, 40 mg/5 ml (8 mg/ml)</i>	T1	
<i>furosemide oral tablet</i>	T1	
FUZEON SUBCUTANEOUS RECON SOLN	T5	
FYCOMPA ORAL SUSPENSION	T4	PA
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	T4	PA; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	T4	PA; QL (60 EA per 30 days)
<i>gabapentin oral capsule</i>	T2	QL (270 EA per 30 days)
<i>gabapentin oral solution</i>	T2	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	T2	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	T2	QL (120 EA per 30 days)
GABITRIL ORAL TABLET 12 MG, 16 MG	T5	
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	T3	QL (30 EA per 30 days)
<i>galantamine oral solution</i>	T4	QL (600 ML per 30 days)
<i>galantamine oral tablet</i>	T3	QL (60 EA per 30 days)
GAMASTAN S/D	T5	PA
GAMMAGARD LIQUID	T5	PA
GAMMAGARD S-D (IGA < 1 MCG/ML)	T5	PA
GARDASIL 9 (PF)	NCS	
<i>gatifloxacin</i>	T3	
GAVILAX ORAL POWDER	NCS	
GAVILYTE-C	NCS	
GAVILYTE-G	NCS	
GAVILYTE-N	NCS	
<i>gemfibrozil</i>	T2	
GENERESS FE	T4	
GENERLAC	T2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T3	
GENGRAF ORAL SOLUTION	T3	
GENTAK OPHTHALMIC (EYE) OINTMENT	T2	
<i>gentamicin ophthalmic (eye)</i>	T2	
<i>gentamicin topical</i>	T2	
GENTLE LAXATIVE (BISACODYL) ORAL	NCS	
GENTLELAX	NCS	

Drug	Status	Notes
GENVOYA	T3	QL (30 EA per 30 days)
GIANVI (28)	NCS	
GILENYA ORAL CAPSULE 0.5 MG	T5	PA; QL (30 EA per 30 days)
GILOTRIF	T5	PA; QL (30 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	T5	QL (28 ML per 28 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	T5	QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	T5	QL (28 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	T5	QL (12 ML per 28 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T5	PA
<i>glimepiride oral tablet 1 mg</i>	T1	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	T1	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	T1	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	T1	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	T1	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr</i>	T1	QL (60 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	T2	QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	T2	QL (120 EA per 30 days)
GLUCAGEN DIAGNOSTIC KIT	T3	QL (4 EA per 30 days)
GLUCAGEN HYPOKIT	T3	QL (4 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN)	T3	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg</i>	T2	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	T2	QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	T2	QL (480 EA per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	T2	QL (240 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	T2	QL (60 EA per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	T2	QL (240 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	T2	QL (120 EA per 30 days)
GLYCOLAX ORAL POWDER	NCS	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T2	
GLYXAMBI	T3	
<i>granisetron hcl oral</i>	T3	
GRASTEK	T3	
<i>griseofulvin microsize oral suspension</i>	T2	
<i>guanfacine oral tablet</i>	T2	
<i>guanfacine oral tablet extended release 24 hr</i>	T3	QL (30 EA per 30 days)
<i>guanidine</i>	T2	
GYNAZOLE-1	T4	
<i>gynol ii</i>	NCS	
<i>halobetasol propionate topical cream</i>	T4	
<i>halobetasol propionate topical ointment</i>	T4	
HALOG TOPICAL OINTMENT	T4	
<i>haloperidol</i>	T2	

Drug	Status	Notes
<i>haloperidol decanoate</i>	T2	
<i>haloperidol lactate injection</i>	T2	
<i>haloperidol lactate oral</i>	T2	
HARVONI ORAL TABLET 90-400 MG	T5	PA
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	NCS	
HAVRIX (PF) INTRAMUSCULAR SYRINGE	NCS	
HEALTHYLAX	NCS	
HEATHER	NCS	
<i>heparin (porcine) injection cartridge</i>	T2	
<i>heparin (porcine) injection solution 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	T2	
<i>heparin, porcine (pf) injection solution</i>	T2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	T2	
HERCEPTIN HYLECTA	T5	PA
HIBERIX (PF)	NCS	
HOMATROPAIRE	T3	
<i>homatropine hbr</i>	T3	
HPR	T4	
HPR PLUS	T4	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	T4	ST; QL (60 ML per 30 days)
HUMALOG MIX 50-50 INSULN U-100	T4	ST; QL (60 ML per 30 days)
HUMALOG MIX 50-50 KWIKPEN	T4	ST; QL (60 ML per 30 days)
HUMALOG MIX 75-25 KWIKPEN	T4	ST; QL (60 ML per 30 days)
HUMALOG MIX 75-25(U-100)INSULN	T4	ST; QL (60 ML per 30 days)
HUMALOG U-100 INSULIN	T4	ST; QL (60 ML per 30 days)
HUMIRA PEDIATRIC CROHNS START	T5	PA; QL (3 EA per 180 days)
HUMIRA PEN	T5	PA; QL (4 EA per 28 days)
HUMIRA PEN CROHNS-UC-HS START	T5	PA; QL (6 EA per 180 days)
HUMIRA PEN PSOR-UEITS-ADOL HS	T5	PA; QL (4 EA per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	T5	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	T5	PA; QL (4 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER	T5	PA; QL (3 EA per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	T5	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	T5	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	T5	PA; QL (4 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	T5	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	T5	PA; QL (2 EA per 28 days)

Drug	Status	Notes
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	T5	PA; QL (4 EA per 28 days)
HUMULIN R U-500 (CONC) INSULIN	T5	QL (20 ML per 30 days)
HYCANTIN	T5	PA
<i>hydralazine oral</i>	T2	
<i>hydrochlorothiazide</i>	T1	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	T4	QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	T3	QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	T3	QL (240 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i>	T3	QL (84 EA per 30 days)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml (5 ml)</i>	T2	
<i>hydrocodone-homatropine oral tablet</i>	T2	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T3	QL (50 EA per 30 days)
<i>hydrocortisone acetate rectal</i>	T3	
<i>hydrocortisone acetate topical cream 1 %</i>	T2	
<i>hydrocortisone butyrate topical cream</i>	T2	
<i>hydrocortisone butyrate topical ointment</i>	T4	
<i>hydrocortisone butyrate topical solution</i>	T4	
<i>hydrocortisone butyr-emollient</i>	T4	
<i>hydrocortisone oral</i>	T2	
<i>hydrocortisone rectal</i>	T4	
<i>hydrocortisone topical cream</i>	T2	
<i>hydrocortisone topical cream in packet</i>	T2	
<i>hydrocortisone topical cream with perineal applicator</i>	T2	
<i>hydrocortisone topical lotion 1 %</i>	T1	
<i>hydrocortisone topical lotion 2.5 %</i>	T3	
<i>hydrocortisone topical ointment</i>	T2	
<i>hydrocortisone valerate topical cream</i>	T4	
<i>hydrocortisone valerate topical ointment</i>	T2	
<i>hydrocortisone-acetic acid</i>	T3	
<i>hydrocortisone-aloe vera topical cream 1 %</i>	T2	
<i>hydrocortisone-iodoquinol</i>	T3	
<i>hydrocortisone-pramoxine</i>	T3	
HYDROMET	T2	
<i>hydromorphone oral tablet</i>	T3	QL (180 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg</i>	T5	PA; QL (30 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 16 mg, 32 mg, 8 mg</i>	T4	PA; QL (30 EA per 30 days)
<i>hydroxychloroquine</i>	T3	

Drug	Status	Notes
<i>hydroxyurea</i>	T2	
<i>hydroxyzine hcl</i>	T2	
<i>hydroxyzine pamoate</i>	T2	
HYLATOPIC	T4	
HYLATOPICPLUS TOPICAL CREAM	T4	
HYLATOPICPLUS TOPICAL FOAM	T4	
<i>hyoscyamine sulfate oral</i>	T2	
<i>hyoscyamine sulfate sublingual</i>	T2	
HYOSYNE ORAL DROPS	T2	
HYQVIA	T5	PA
<i>ibandronate oral</i>	T2	QL (1 EA per 28 days)
IBRANCE	T5	PA; QL (21 EA per 28 days)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
<i>ibuprofen-oxycodone</i>	T3	QL (28 EA per 30 days)
<i>icatibant</i>	T5	PA
ICLUSIG ORAL TABLET 15 MG	T5	PA; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	T5	PA; QL (30 EA per 30 days)
IDAMYCIN PFS	T5	PA
IDHIFA	T5	PA
ILEVRO	T3	
<i>imatinib oral tablet 100 mg</i>	T5	PA; QL (180 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	T5	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	T5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	T5	PA
IMBRUVICA ORAL CAPSULE 70 MG	T5	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	T5	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	T5	PA; QL (30 EA per 30 days)
<i>imipramine hcl</i>	T2	
<i>imipramine pamoate</i>	T4	
<i>imiquimod topical cream in packet</i>	T4	QL (20 EA per 28 days)
IMOVAX RABIES VACCINE (PF)	NCS	
INBRIJA	T5	PA; QL (60 EA per 30 days)
INCRELEX	T5	PA
INCRUSE ELLIPTA	T3	
<i>indapamide</i>	T2	
<i>indomethacin oral capsule</i>	T2	
INFANRIX (DTAP) (PF)	NCS	
INFLECTRA	T5	
INLYTA	T5	PA; QL (120 EA per 30 days)
INREBIC	T5	PA; QL (120 EA per 30 days)

Drug	Status	Notes
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>	T3	QL (200 EA per 30 days)
INTELENCE ORAL TABLET 100 MG	T3	QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	T3	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	T3	
INTRON A INJECTION	T5	PA
INTROVALE	NCS	
INVEGA SUSTENNA	T4	PA
INVIRASE ORAL TABLET	T3	
INVOKANA	T4	ST
IPOL	NCS	
<i>ipratropium bromide inhalation</i>	T2	
<i>ipratropium bromide nasal</i>	T2	QL (30 ML per 30 days)
<i>ipratropium-albuterol</i>	T2	
<i>irbesartan</i>	T1	
<i>irbesartan-hydrochlorothiazide</i>	T1	
IRESSA	T5	PA; QL (30 EA per 30 days)
ISENTRESS HD	T5	PA
ISENTRESS ORAL POWDER IN PACKET	T3	QL (240 EA per 30 days)
ISENTRESS ORAL TABLET	T3	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE	T3	QL (180 EA per 30 days)
ISOLYTE S PH 7.4	T2	
<i>isoniazid oral</i>	T2	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T3	
<i>isosorbide dinitrate oral tablet extended release</i>	T3	
<i>isosorbide mononitrate</i>	T2	
<i>isotretinoin</i>	T4	
<i>isradipine</i>	T3	
ISTALOL	T4	
ISTURISA ORAL TABLET 1 MG	T5	PA; QL (120 EA per 30 days)
ISTURISA ORAL TABLET 10 MG	T5	PA; QL (180 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	T5	PA; QL (90 EA per 30 days)
<i>itraconazole oral capsule</i>	T4	PA; QL (120 EA per 30 days)
<i>ivermectin oral</i>	T2	
IXIARO (PF)	NCS	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	T5	PA
JAKAFI ORAL TABLET 25 MG	T5	PA; QL (60 EA per 30 days)
JANTOVEN	T1	
JARDIANCE	T3	QL (30 EA per 30 days)
JENCYCLA	NCS	
JENTADUETO	T3	QL (60 EA per 30 days)

Drug	Status	Notes
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	T3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	T3	QL (30 EA per 30 days)
JINTELI	T3	
JOLESSA	NCS	
JULEBER	NCS	
JULUCA	T5	QL (30 EA per 30 days)
JUNEL 1.5/30 (21)	NCS	
JUNEL 1/20 (21)	NCS	
JUNEL FE 1.5/30 (28)	NCS	
JUNEL FE 1/20 (28)	NCS	
JUNEL FE 24	NCS	
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	T5	PA; QL (60 EA per 30 days)
<i>kaitlib fe</i>	NCS	
KALETRA ORAL SOLUTION	T4	
KALETRA ORAL TABLET	T3	
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	T5	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET	T5	PA; QL (60 EA per 30 days)
KARIVA (28)	NCS	
KELNOR 1/35 (28)	NCS	
KEPIVANCE	T5	
KESIMPTA PEN	T5	PA
<i>ketoconazole oral</i>	T2	
<i>ketoconazole topical cream</i>	T2	
<i>ketoconazole topical shampoo</i>	T2	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	T2	
<i>ketorolac ophthalmic (eye)</i>	T2	
<i>ketorolac oral</i>	T2	
KINRIX (PF)	NCS	
KISQALI	T5	PA
KISQALI FEMARA CO-PACK	T5	PA
KLOR-CON	T2	
KLOR-CON 10	T2	
KLOR-CON 8	T2	
KLOR-CON M10	T2	
KLOR-CON M15	T2	
KLOR-CON M20	T2	
KLOR-CON SPRINKLE ORAL CAPSULE, EXTENDED RELEASE 8 MEQ	T2	
KOSELUGO ORAL CAPSULE 10 MG	T5	PA; QL (240 EA per 30 days)

Drug	Status	Notes
KOSELUGO ORAL CAPSULE 25 MG	T5	PA; QL (120 EA per 30 days)
KRINTAFEL	T3	QL (2 EA per 28 days)
KRISTALOSE	T3	
KURVELO (28)	NCS	
KUVAN ORAL TABLET,SOLUBLE	T5	PA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	NCS	
<i>labetalol oral</i>	T2	
LACRISERT	T5	PA
<i>lactulose oral solution</i>	T2	
LAMICTAL STARTER (GREEN) KIT	T3	
LAMICTAL STARTER (ORANGE) KIT	T3	
<i>lamivudine</i>	T1	
<i>lamivudine-zidovudine</i>	T1	
<i>lamotrigine oral tablet</i>	T2	
<i>lamotrigine oral tablet disintegrating, dose pk</i>	T3	
<i>lamotrigine oral tablet, chewable dispersible</i>	T2	
<i>lamotrigine oral tablet,disintegrating</i>	T3	QL (90 EA per 30 days)
<i>lamotrigine oral tablets,dose pack</i>	T3	
<i>lancets</i>	T3	QL (200 EA per 30 days)
<i>lansoprazole oral capsule,delayed release(drlec)</i>	T2	QL (30 EA per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	T3	QL (60 ML per 30 days)
LANTUS U-100 INSULIN	T3	QL (60 ML per 30 days)
LARIN 1.5/30 (21)	NCS	
LARIN 1/20 (21)	NCS	
LARIN 24 FE	NCS	
LARIN FE 1.5/30 (28)	NCS	
LARIN FE 1/20 (28)	NCS	
LASTACRAFT	T4	QL (6 ML per 30 days)
<i>latanoprost</i>	T1	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	T4	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	T4	QL (60 EA per 30 days)
LAXACLEAR	NCS	
LAXATIVE (BISACODYL) ORAL	NCS	
LAXATIVE FEMININE	NCS	
LAXATIVE PEG 3350 ORAL POWDER	NCS	
LAYOLIS FE	NCS	
<i>ledipasvir-sofosbuvir</i>	T5	PA; QL (30 EA per 30 days)
LEENA 28	NCS	
<i>leflunomide</i>	T3	QL (30 EA per 30 days)

Drug	Status	Notes
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)	T5	PA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 4 MG	T5	PA
LESSINA	NCS	
LETAIRIS	T5	PA
<i>letrozole</i>	T2	
<i>leucovorin calcium oral</i>	T4	
LEUKERAN	T4	
LEUKINE INJECTION RECON SOLN	T5	PA
<i>leuprolide</i>	T5	PA
<i>levabuterol hcl</i>	T4	
LEVATOL	T4	
LEVEMIR FLEXTOUCH U-100 INSULN	T3	QL (60 ML per 30 days)
LEVEMIR U-100 INSULIN	T3	QL (60 ML per 30 days)
<i>levetiracetam oral solution</i>	T2	
<i>levetiracetam oral tablet</i>	T2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	T2	QL (180 EA per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	T2	QL (120 EA per 30 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	T2	
<i>levocarnitine (with sugar)</i>	T3	
<i>levocarnitine oral tablet</i>	T3	
<i>levocetirizine oral solution</i>	T4	
<i>levocetirizine oral tablet</i>	T2	QL (30 EA per 30 days)
<i>levofloxacin ophthalmic (eye)</i>	T2	
<i>levofloxacin oral solution</i>	T4	
<i>levofloxacin oral tablet</i>	T2	
LEVONEST (28)	NCS	
<i>levonorgestrel oral tablet 1.5 mg</i>	NCS	
<i>levonorgestrel-ethinyl estrad</i>	NCS	
<i>levonorg-eth estrad triphasic</i>	NCS	
LEVORA-28	NCS	
<i>levorphanol tartrate oral tablet 2 mg</i>	T4	QL (180 EA per 30 days)
<i>levothyroxine oral</i>	T2	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	T2	
LEXIVA ORAL SUSPENSION	T3	
LEXIVA ORAL TABLET	T4	
LIALDA	T3	QL (120 EA per 30 days)

Drug	Status	Notes
<i>lidocaine hcl laryngotracheal</i>	T2	
<i>lidocaine hcl mucous membrane jelly</i>	T2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	T2	
<i>lidocaine hcl topical cream 3 %</i>	T2	
<i>lidocaine hcl topical lotion</i>	T2	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	T2	
<i>lidocaine hcl-hydrocortison ac rectal gel</i>	T2	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	T4	QL (4 EA per 30 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	T4	PA; QL (90 EA per 30 days)
<i>lidocaine topical ointment</i>	T4	PA; QL (150 GM per 30 days)
LIDOCAINE VISCOUS	T2	
<i>lidocaine-hydrocortisone-aloe rectal gel</i>	T2	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	T4	QL (4 EA per 30 days)
<i>lidocaine-prilocaine</i>	T2	
<i>lindane topical shampoo</i>	T3	
<i>linezolid</i>	T5	PA
LINZESS	T3	
<i>liothyronine oral</i>	T2	
LIPOFEN	T3	
<i>lisinopril</i>	T1	
<i>lisinopril-hydrochlorothiazide</i>	T1	
LITE COAT ASPIRIN	NCS	
<i>lithium carbonate oral capsule</i>	T1	
<i>lithium carbonate oral tablet</i>	T2	
<i>lithium carbonate oral tablet extended release</i>	T2	
<i>lithium citrate</i>	T2	
LIVALO	T4	PA
LO LOESTRIN FE	T4	
LOCOID TOPICAL LOTION	T4	
LOKELMA	T4	PA
LONSURF	T5	PA
<i>loperamide oral capsule</i>	T2	
<i>lopinavir-ritonavir</i>	T1	
LOPREEZA	T3	
<i>lorazepam oral concentrate</i>	T2	
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	T2	QL (180 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	T2	QL (150 EA per 30 days)
LORBRENA ORAL TABLET 100 MG	T5	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	T5	PA; QL (90 EA per 30 days)
LORYNA (28)	NCS	

Drug	Status	Notes
<i>losartan oral tablet 100 mg</i>	T1	QL (30 EA per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	T1	QL (60 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	T1	QL (30 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	T1	QL (60 EA per 30 days)
LOTEMAX	T4	
<i>loteprednol etabonate</i>	T4	
<i>lovastatin oral tablet 10 mg</i>	T1	QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	T1	QL (60 EA per 30 days)
LOW-OGESTREL (28)	NCS	
<i>loxapine succinate</i>	T2	
LUDENT FLUORIDE	NCS	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	T3	QL (5 ML per 30 days)
LUPANETA PACK (1 MONTH)	T5	PA
LUPANETA PACK (3 MONTH)	T5	PA
LUPRON DEPOT	T5	PA; QL (1 EA per 28 days)
LUPRON DEPOT (3 MONTH)	T5	PA; QL (1 EA per 84 days)
LUPRON DEPOT (4 MONTH)	T5	PA; QL (1 EA per 112 days)
LUPRON DEPOT (6 MONTH)	T5	PA; QL (1 EA per 168 days)
LUPRON DEPOT-PED	T5	PA; QL (1 EA per 28 days)
LUPRON DEPOT-PED (3 MONTH)	T5	PA; QL (1 EA per 84 days)
LUTERA (28)	NCS	
LYNPARZA ORAL TABLET	T5	PA
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T4	QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T4	QL (60 EA per 30 days)
LYSODREN	T3	
LYZA	NCS	
<i>magnesium citrate oral solution</i>	NCS	
MAKENA (PF)	T5	PA
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	T5	PA
<i>malathion</i>	T3	
<i>maprotiline</i>	T3	
MARLISSA (28)	NCS	
MARPLAN	T4	
MATULANE	T5	
<i>matzim la</i>	T3	
MAVENCLAD (10 TABLET PACK)	T5	PA
MAVENCLAD (4 TABLET PACK)	T5	PA
MAVENCLAD (5 TABLET PACK)	T5	PA
MAVENCLAD (6 TABLET PACK)	T5	PA
MAVENCLAD (7 TABLET PACK)	T5	PA
MAVENCLAD (8 TABLET PACK)	T5	PA

Drug	Status	Notes
MAVENCLAD (9 TABLET PACK)	T5	PA
MAVYRET	T5	PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	T2	
<i>meclofenamate</i>	T4	
MEDROL ORAL TABLET 2 MG	T3	
<i>medroxyprogesterone intramuscular</i>	NCS	
<i>medroxyprogesterone oral</i>	T2	
<i>mefenamic acid</i>	T4	
<i>mefloquine</i>	T2	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i>	T2	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	T4	
<i>megestrol oral tablet</i>	T2	
MEKINIST ORAL TABLET 0.5 MG	T5	PA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	T5	PA; QL (30 EA per 30 days)
MEKTOVI	T5	PA; QL (180 EA per 30 days)
<i>meloxicam</i>	T2	
<i>melphalan hcl</i>	T5	
<i>memantine oral capsule,sprinkle,er 24hr</i>	T3	QL (30 EA per 30 days)
<i>memantine oral solution</i>	T4	QL (300 ML per 30 days)
<i>memantine oral tablet</i>	T2	QL (60 EA per 30 days)
<i>memantine oral tablets,dose pack</i>	T2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	NCS	
MENEST	T4	PA
MENTAX	T3	
MENVEO A-C-Y-W-135-DIP (PF)	NCS	
MENVEO MENA COMPONENT (PF)	NCS	
MENVEO MENCYW-135 COMPNT (PF)	NCS	
<i>meperidine oral tablet</i>	T3	QL (180 EA per 30 days)
<i>meprobamate</i>	T3	
<i>mercaptopurine</i>	T3	
<i>meropenem</i>	T5	PA
<i>mesalamine oral capsule,extended release 24hr</i>	T3	QL (120 EA per 30 days)
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	T4	
<i>mesalamine rectal</i>	T4	
<i>mesalamine with cleansing wipe</i>	T4	
<i>metaproterenol oral syrup</i>	T2	
<i>metaxalone oral tablet 800 mg</i>	T4	QL (120 EA per 30 days)
<i>metformin oral tablet 1,000 mg</i>	T1	QL (60 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	T1	QL (150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	T1	QL (90 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	T1	QL (120 EA per 30 days)

Drug	Status	Notes
<i>metformin oral tablet extended release 24 hr 750 mg</i>	T1	QL (60 EA per 30 days)
<i>methadone oral tablet</i>	T3	QL (240 EA per 30 days)
<i>methamphetamine</i>	T3	QL (90 EA per 30 days)
<i>methazolamide</i>	T4	
<i>methenamine hippurate</i>	T2	
<i>methenamine mandelate oral tablet 1 gram</i>	T3	
<i>methimazole oral tablet 10 mg, 5 mg</i>	T1	
METHITEST	T4	PA
<i>methocarbamol oral</i>	T2	
<i>methotrexate sodium</i>	T2	
<i>methotrexate sodium (pf)</i>	T2	
<i>methoxsalen</i>	T5	
<i>methscopolamine</i>	T2	
<i>methyclothiazide</i>	T3	
<i>methyl dopa</i>	T2	
<i>methyl dopa-hydrochlorothiazide</i>	T2	
<i>methylergonovine oral</i>	T3	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg</i>	T3	QL (180 EA per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 50 mg, 60 mg</i>	T3	QL (30 EA per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg</i>	T3	QL (60 EA per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 40 mg</i>	T3	QL (30 EA per 30 days)
<i>methylphenidate hcl oral solution</i>	T2	
<i>methylphenidate hcl oral tablet</i>	T2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	T3	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	T4	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	T3	QL (30 EA per 30 days)
<i>methylprednisolone</i>	T2	
<i>methylprednisolone acetate</i>	T2	
<i>metipranolol</i>	T2	
<i>metoclopramide hcl oral solution</i>	T2	
<i>metoclopramide hcl oral tablet</i>	T2	
<i>metolazone</i>	T2	
<i>metoprolol succinate</i>	T2	QL (60 EA per 30 days)
<i>metoprolol ta-hydrochlorothiaz</i>	T2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>metronidazole oral tablet</i>	T2	
<i>metronidazole topical cream</i>	T3	
<i>metronidazole topical gel 0.75 %</i>	T3	

Drug	Status	Notes
<i>metronidazole topical gel 1 %</i>	T4	
<i>metronidazole topical gel with pump</i>	T4	
<i>metronidazole topical lotion</i>	T4	
<i>metronidazole vaginal</i>	T2	
<i>mexiletine</i>	T2	
MICROGESTIN 1.5/30 (21)	NCS	
MICROGESTIN 1/20 (21)	NCS	
MICROGESTIN FE 1.5/30 (28)	NCS	
MICROGESTIN FE 1/20 (28)	NCS	
<i>midodrine</i>	T3	
MIGERGOT	T4	QL (20 EA per 28 days)
<i>miglitol</i>	T4	QL (90 EA per 30 days)
<i>miglustat</i>	T5	PA
MILK OF MAGNESIA	NCS	
MILK OF MAGNESIA CONCENTRATED	NCS	
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS)	T3	
<i>millipred dp oral tablets,dose pack 5 mg (48 tabs)</i>	T3	
MIMVEY	T3	
MIMVEY LO	T3	
MINASTRIN 24 FE	T4	
MINITRAN	T2	
<i>minocycline oral capsule</i>	T2	
<i>minoxidil oral</i>	T2	
MIRALAX ORAL POWDER IN PACKET	NCS	
MIRENA	NCS	
<i>mirtazapine oral tablet 15 mg, 7.5 mg</i>	T2	QL (90 EA per 30 days)
<i>mirtazapine oral tablet 30 mg, 45 mg</i>	T2	QL (30 EA per 30 days)
<i>mirtazapine oral tablet,disintegrating</i>	T2	QL (30 EA per 30 days)
MIRVASO TOPICAL GEL	T4	PA
<i>misoprostol</i>	T2	
M-M-R II (PF)	NCS	
<i>modafinil</i>	T3	PA; QL (30 EA per 30 days)
MODERIBA	T4	PA
<i>moexipril</i>	T3	
<i>mometasone nasal</i>	T4	
<i>mometasone topical</i>	T2	
MONO-LINYAH	NCS	
<i>montelukast oral granules in packet</i>	T2	
<i>montelukast oral tablet</i>	T2	QL (30 EA per 30 days)
<i>montelukast oral tablet,chewable</i>	T2	QL (30 EA per 30 days)
MONUROL	T4	
<i>morphine concentrate oral solution</i>	T3	QL (600 ML per 30 days)

Drug	Status	Notes
<i>morphine concentrate oral syringe 20 mg/ml</i>	T3	QL (600 ML per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	T3	QL (2700 ML per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	T3	QL (1350 ML per 30 days)
<i>morphine oral tablet</i>	T3	QL (180 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	T3	QL (90 EA per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	T3	QL (60 EA per 30 days)
MOTOFEN	T4	
MOVANTIK	T4	PA
MOVIPREP	T4	
MOXEZA	T3	
<i>moxifloxacin ophthalmic (eye) drops</i>	T3	
<i>moxifloxacin oral</i>	T4	QL (30 EA per 30 days)
MOZOBIL	T5	PA
MULPLETA	T5	PA; QL (7 EA per 90 days)
MULTAQ	T3	
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS	NCS	
MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG	NCS	
<i>multivitamins with fluoride oral tablet,chewable 1 mg</i>	T2	
<i>mupirocin</i>	T2	
MY WAY	NCS	
<i>mycophenolate mofetil oral capsule</i>	T3	
<i>mycophenolate mofetil oral suspension for reconstitution</i>	T4	
<i>mycophenolate mofetil oral tablet</i>	T3	
<i>mycophenolate sodium</i>	T4	
MYORISAN	T4	
MYRBETRIQ	T3	
<i>nabumetone</i>	T2	
<i>nadolol</i>	T2	QL (30 EA per 30 days)
<i>naftifine</i>	T4	
NAFTIN TOPICAL GEL	T4	
NAGLAZYME	T5	PA
<i>naloxone injection syringe 1 mg/ml</i>	T2	
<i>naltrexone</i>	T2	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	T3	
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	T3	QL (30 EA per 30 days)
<i>naproxen oral tablet</i>	T1	
<i>naproxen oral tablet,delayed release (dr/ec)</i>	T2	
<i>naratriptan</i>	T3	ST; QL (18 EA per 30 days)
NATACYN	T3	

Drug	Status	Notes
NATAZIA	T3	
<i>nateglinide</i>	T3	QL (90 EA per 30 days)
NATPARA	T5	PA
NATURE-THROID	T2	
NAYZILAM	T5	QL (10 EA per 30 days)
NEBUPENT	T5	
NECON 0.5/35 (28)	NCS	
<i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i>	T2	QL (60 EA per 30 days)
<i>nefazodone oral tablet 200 mg</i>	T2	QL (90 EA per 30 days)
<i>neomycin</i>	T2	
<i>neomycin-bacitracin-poly-hc</i>	T2	
<i>neomycin-bacitracin-polymyxin</i>	T2	
<i>neomycin-polymyxin b-dexameth</i>	T2	
<i>neomycin-polymyxin-gramicidin</i>	T2	
<i>neomycin-polymyxin-hc otic (ear)</i>	T2	
NEOSALUS TOPICAL FOAM	T4	
NERLYNX	T5	PA
NEULASTA	T5	PA
NEUPOGEN	T5	PA
NEVANAC	T3	
<i>nevirapine</i>	T1	
NEXAVAR	T5	PA; QL (120 EA per 30 days)
NEXLETOL	T4	PA; QL (30 EA per 30 days)
NEXLIZET	T4	PA; QL (30 EA per 30 days)
NEXPLANON	NCS	
NEXT CHOICE ONE DOSE	NCS	
<i>niacin oral tablet 500 mg</i>	T2	
<i>niacin oral tablet extended release 24 hr</i>	T3	
<i>niacin oral tablet extended release 750 mg</i>	T3	
NIACOR	T2	
<i>nicardipine oral</i>	T3	
<i>nicotine (polacrilex) buccal gum</i>	NCS	QL (2800 EA per 365 days)
<i>nicotine (polacrilex) buccal lozenge</i>	NCS	QL (2448 EA per 365 days)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr</i>	NCS	QL (84 EA per 365 days)
<i>nicotine transdermal patch 24 hour 7 mg/24 hr</i>	NCS	QL (28 EA per 365 days)
NICOTROL	NCS	QL (2688 EA per 365 days)
NICOTROL NS	NCS	QL (6720 ML per 365 days)
<i>nifedipine</i>	T2	
NIKKI (28)	NCS	
<i>nilutamide</i>	T5	
<i>nimodipine</i>	T2	

Drug	Status	Notes
NINLARO	T5	PA; QL (4 EA per 28 days)
<i>nisoldipine</i>	T3	
NITRO-BID	T4	
<i>nitrofurantoin</i>	T2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	T2	
<i>nitrofurantoin monohydr/m-cryst</i>	T2	
<i>nitroglycerin sublingual</i>	T2	
<i>nitroglycerin transdermal patch 24 hour</i>	T2	
<i>nizatidine</i>	T2	
NORA-BE	NCS	
<i>noreth-ethinyl estradiol-iron</i>	NCS	
<i>norethindrone (contraceptive)</i>	NCS	
<i>norethindrone acetate</i>	T2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	T3	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	NCS	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1 mg-20 mcg (24)/75 mg (4)</i>	NCS	
<i>norgestimate-ethinyl estradiol</i>	NCS	
NORLYROC	NCS	
NORMAL SALINE FLUSH	T2	
NORPACE CR	T5	PA
NORTHERA	T5	PA
NORTREL 0.5/35 (28)	NCS	
NORTREL 1/35 (21)	NCS	
NORTREL 1/35 (28)	NCS	
NORTREL 7/7/7 (28)	NCS	
<i>nortriptyline oral capsule</i>	T1	
NORVIR ORAL CAPSULE	T3	
NORVIR ORAL POWDER IN PACKET	T3	
NORVIR ORAL SOLUTION	T3	
NORVIR ORAL TABLET	T4	
NOVOLIN 70/30 U-100 INSULIN	T3	QL (60 ML per 30 days)
NOVOLIN N NPH U-100 INSULIN	T3	QL (60 ML per 30 days)
NOVOLIN R REGULAR U-100 INSULN	T3	QL (60 ML per 30 days)
NOVOLOG FLEXPEN U-100 INSULIN	T3	QL (60 ML per 30 days)
NOVOLOG MIX 70-30 U-100 INSULN	T3	QL (60 ML per 30 days)
NOVOLOG MIX 70-30FLEXPEN U-100	T3	QL (60 ML per 30 days)
NOVOLOG PENFILL U-100 INSULIN	T3	QL (60 ML per 30 days)
NOVOLOG U-100 INSULIN ASPART	T3	QL (60 ML per 30 days)
NOXAFIL	T5	PA
NP THYROID ORAL TABLET 15 MG, 30 MG, 60 MG, 90 MG	T2	

Drug	Status	Notes
NUBEQA	T5	PA; QL (120 EA per 30 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR	T5	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	Non-Formulary	
NUCALA SUBCUTANEOUS SYRINGE	T5	PA; QL (3 ML per 28 days)
NUCYNTA	T4	PA; QL (180 EA per 30 days)
NUCYNTA ER	T4	PA; QL (60 EA per 30 days)
NUEDEXTA	T5	PA; QL (60 EA per 30 days)
NULOJIX	T5	PA
NURTEC ODT	T5	PA; QL (15 EA per 30 days)
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML)	T5	PA
NUVARING	NCS	
NYMALIZE ORAL SYRINGE	T5	PA; QL (1260 ML per 30 days)
<i>nystatin oral suspension</i>	T2	
<i>nystatin oral tablet</i>	T2	
<i>nystatin topical</i>	T2	
<i>nystatin-triamcinolone</i>	T4	
NYSTOP	T2	
OCELLA	NCS	
<i>octreotide acetate injection solution</i>	T5	PA
ODEFSEY	T3	QL (30 EA per 30 days)
ODOMZO	T5	PA; QL (30 EA per 30 days)
<i>ofloxacin ophthalmic (eye)</i>	T2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T2	
<i>ofloxacin otic (ear)</i>	T4	
OGESTREL (28)	NCS	
<i>olanzapine oral tablet</i>	T2	QL (30 EA per 30 days)
<i>olanzapine oral tablet,disintegrating</i>	T3	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine</i>	T4	
<i>olmesartan</i>	T3	
<i>olmesartan-amlodipin-hcthiazid</i>	T3	
<i>olmesartan-hydrochlorothiazide</i>	T3	
<i>olopatadine nasal</i>	T4	
<i>olopatadine ophthalmic (eye)</i>	T3	QL (10 ML per 30 days)
<i>omega 3-dha-epa-fish oil oral capsule 1,000 mg (120 mg-180 mg)</i>	T4	
<i>omega-3 acid ethyl esters</i>	T3	
<i>omeprazole magnesium oral capsule,delayed release(dr/ec)</i>	T2	
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	T2	
<i>omeprazole oral tablet,delayed release (dr/ec)</i>	T2	
OMNARIS	T4	
OMNIPOD DASH 5 PACK POD	T5	PA

Drug	Status	Notes
OMNIPOD DASH PDM KIT	T5	PA; QL (1 EA per 365 days)
OMNIPOD INSULIN MANAGEMENT	T5	PA; QL (1 EA per 365 days)
OMNIPOD INSULIN REFILL	T5	PA
OMNITROPE	T5	PA
<i>ondansetron</i>	T3	
<i>ondansetron hcl oral solution</i>	T2	
<i>ondansetron hcl oral tablet 24 mg</i>	T2	QL (30 EA per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T2	QL (60 EA per 30 days)
ONFI ORAL SUSPENSION	T5	PA
ONFI ORAL TABLET 10 MG, 20 MG	T5	PA
OPCICON ONE-STEP	NCS	
OPSUMIT	T5	PA
ORAL SALINE LAXATIVE	NCS	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	T5	PA
ORFADIN ORAL CAPSULE	T5	PA
ORKAMBI	T5	PA
<i>orphenadrine citrate oral</i>	T2	QL (60 EA per 30 days)
ORSYTHIA	NCS	
OSCIMIN SR	T2	
<i>oseltamivir oral capsule</i>	T3	QL (60 EA per 30 days)
<i>oseltamivir oral suspension for reconstitution</i>	T4	
OSMOPREP	T4	
OSPHENA	T4	PA
OTEZLA	T5	PA
OTEZLA STARTER	T5	PA
<i>oxandrolone oral tablet 10 mg</i>	T5	PA; QL (120 EA per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	T5	PA; QL (60 EA per 30 days)
<i>oxaprozin</i>	T3	
<i>oxcarbazepine</i>	T2	
OXERVATE	T5	PA
<i>oxiconazole</i>	T4	
<i>oxybutynin chloride oral tablet</i>	T2	QL (120 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	T2	QL (60 EA per 30 days)
<i>oxycodone oral solution</i>	T4	QL (5400 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg</i>	T3	QL (180 EA per 30 days)
<i>oxycodone oral tablet 30 mg</i>	T3	QL (120 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>	T3	QL (240 EA per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr</i>	T4	PA; QL (60 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	T3	QL (180 EA per 30 days)

Drug	Status	Notes
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T3	QL (240 EA per 30 days)
<i>oxycodone-aspirin</i>	T3	QL (360 EA per 30 days)
<i>oxymorphone oral tablet</i>	T4	QL (120 EA per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	T4	QL (60 EA per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	T3	QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	T3	QL (3 ML per 28 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	T5	PA; QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	T5	PA; QL (60 EA per 30 days)
PALYNZIQ	T5	PA
<i>pamidronate</i>	T5	PA
PANRETIN	T5	PA
<i>pantoprazole oral tablet, delayed release (drlec)</i>	T2	QL (60 EA per 30 days)
PARAGARD T 380A	NCS	
<i>paricalcitol intravenous</i>	T4	
<i>paricalcitol oral</i>	T4	PA
PAROEX ORAL RINSE	T2	
<i>paromomycin</i>	T3	
<i>paroxetine hcl oral tablet</i>	T2	QL (90 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	T3	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg</i>	T3	QL (60 EA per 30 days)
PASER	T4	
PAXIL ORAL SUSPENSION	T4	QL (900 ML per 30 days)
PAZEO	T3	
PEDIARIX (PF)	NCS	
PEDVAX HIB (PF)	NCS	
<i>peg 3350-electrolytes</i>	NCS	
PEG-3350 WITH FLAVOR PACKS	NCS	
PEGANONE	T4	
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	T5	PA; QL (2 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	T5	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	T5	PA; QL (2 ML per 28 days)
<i>peg-electrolyte soln</i>	NCS	
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	T5	PA
PEG-PREP	NCS	
PEMAZYRE	T5	PA; QL (14 EA per 21 days)
PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	T3	QL (200 EA per 30 days)
<i>penicillamine oral capsule</i>	T5	PA
PENICILLAMINE ORAL TABLET	T5	PA; QL (120 EA per 30 days)

Drug	Status	Notes
<i>penicillin v potassium</i>	T2	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	NCS	
PENTACEL ACTHIB COMPONENT (PF)	NCS	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	NCS	
PENTAM	T5	PA
<i>pentamidine injection</i>	T4	
PENTASA	T3	QL (240 EA per 30 days)
<i>pentazocine-naloxone</i>	T3	
PENTIPS NEEDLE 31 GAUGE X 5/16"	T3	QL (200 EA per 30 days)
<i>pentoxifylline</i>	T2	
PERFOROMIST	T5	PA
<i>perindopril erbumine</i>	T3	
<i>permethrin topical cream</i>	T4	
<i>perphenazine</i>	T2	
<i>perphenazine-amitriptyline</i>	T2	
PERSERIS	T5	PA; QL (1 EA per 28 days)
PEXEVA	T4	
PHENADOZ	T3	
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	T2	
<i>phenelzine</i>	T3	
PHENERGAN RECTAL	T3	
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	T4	
<i>phenobarbital</i>	T2	
<i>phenoxybenzamine</i>	T3	
PHILITH	NCS	
<i>phospha 250 neutral</i>	T2	
PHOSPHATE LAXATIVE ORAL LIQUID	NCS	
PHOSPHOLINE IODIDE	T3	
PHYSIOLYTE	T4	
PICATO	T5	PA
PIFELTRO	T5	QL (30 EA per 30 days)
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	T3	
<i>pilocarpine hcl oral</i>	T3	
<i>pimecrolimus</i>	T4	
<i>pimozide</i>	T3	
PIMTREA (28)	NCS	
<i>pindolol</i>	T3	
<i>pioglitazone</i>	T2	QL (30 EA per 30 days)
<i>pioglitazone-glimepiride</i>	T3	QL (30 EA per 30 days)
<i>pioglitazone-metformin</i>	T3	QL (90 EA per 30 days)

Drug	Status	Notes
PIQRAY	T5	PA; QL (30 EA per 30 days)
PIRMELLA	NCS	
<i>piroxicam</i>	T3	
PLAN B ONE-STEP	NCS	
PLEGRIDY	T5	PA; QL (1 ML per 28 days)
PNEUMOVAX-23	NCS	
PNV 29-1	T3	
<i>podofilox</i>	T3	
<i>polyethylene glycol 3350</i>	NCS	
<i>polyethylene glycol 3350(bulk) powder</i>	T2	
<i>polymyxin b sulfate</i>	T2	
<i>polymyxin b sulf-trimethoprim</i>	T2	
POMALYST	T5	PA
PORTIA 28	NCS	
<i>potassium chloride oral</i>	T2	
<i>potassium citrate</i>	T3	
POTELIGEO	T5	PA
POWDERLAX ORAL POWDER	NCS	
PRADAXA	T4	
<i>pramipexole oral tablet</i>	T2	
<i>pramipexole oral tablet extended release 24 hr</i>	T5	PA
PRAMOSONE TOPICAL LOTION	T4	
<i>pravastatin</i>	T2	QL (30 EA per 30 days)
<i>prazosin</i>	T2	
PRECISION XTRA MONITOR	T3	
PRECISION XTRA TEST	T3	QL (200 EA per 30 days)
<i>prednicarbate</i>	T3	
<i>prednisolone acetate</i>	T2	
<i>prednisolone oral solution 15 mg/5 ml</i>	T2	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	T2	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	T2	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	T4	
PREDNISONE INTENSOL	T2	
<i>prednisone oral solution</i>	T2	
<i>prednisone oral tablet</i>	T1	
<i>prednisone oral tablets, dose pack</i>	T2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	T4	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	T4	QL (60 EA per 30 days)
PREMARIN ORAL	T3	
PREMARIN VAGINAL	T3	

Drug	Status	Notes
PREMPHASE	T3	
PREMPRO	T3	
PRENATABS FA	T2	
PRENATABS RX	T4	
PREPOPIK	T4	
PRETAB	T2	
PREVACID SOLUTAB	T4	PA
PREVALITE	T3	
PREVIDENT	T4	
PREVIDENT 5000 BOOSTER PLUS	T4	
PREVIDENT 5000 DRY MOUTH	T4	
PREVIDENT 5000 ENAMEL PROTECT	T4	
PREVIDENT 5000 PLUS	T4	
PREVIDENT 5000 SENSITIVE	T4	
PREVIFEM	NCS	
PREVNAR 13 (PF)	NCS	QL (0.5 ML Max Qty Per Fill Retail)
PREZCOBIX	T3	
PREZISTA ORAL SUSPENSION	T3	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T3	
PRIFTIN	T4	
<i>primaquine</i>	T3	QL (30 EA per 30 days)
<i>primidone</i>	T2	
PRISTIQ	T3	QL (30 EA per 30 days)
<i>probenecid</i>	T2	
<i>probenecid-colchicine</i>	T2	
<i>procainamide injection</i>	T3	
<i>prochlorperazine</i>	T4	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	T4	
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	T2	
<i>prochlorperazine maleate</i>	T2	
PROCORT	T3	
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	T5	PA; QL (14 ML per 30 days)
PROCTOFOAM HC	T4	
PROCTO-PAK	T2	
<i>proctozone-hc</i>	T2	
<i>progesterone</i>	T2	
<i>progesterone micronized</i>	T2	
PROGLYCEM	T4	
PROGRAF ORAL CAPSULE	T4	
PROLENSA	T3	

Drug	Status	Notes
PROLIA	T4	QL (1 ML per 180 days)
PROMACTA ORAL POWDER IN PACKET 12.5 MG	T5	PA; QL (60 EA per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	T5	PA
PROMACTA ORAL TABLET	T5	PA; QL (60 EA per 30 days)
<i>promethazine injection solution</i>	T3	
<i>promethazine oral syrup</i>	T3	
<i>promethazine oral tablet</i>	T2	
<i>promethazine rectal</i>	T3	
PROMETHAZINE VC	T3	
<i>promethazine-codeine</i>	T3	
<i>promethazine-dm</i>	T2	
<i>promethazine-phenyleph-codeine</i>	T3	
<i>promethazine-phenylephrine</i>	T3	
PROMETHEGAN	T3	
PROMISEB	T4	
<i>propafenone oral capsule,extended release 12 hr</i>	T3	
<i>propafenone oral tablet</i>	T2	
<i>propantheline</i>	T3	
<i>proparacaine</i>	T3	
<i>propranolol oral capsule,extended release 24 hr</i>	T2	
<i>propranolol oral solution</i>	T3	
<i>propranolol oral tablet</i>	T2	
<i>propranolol-hydrochlorothiazid</i>	T2	
<i>propylthiouracil</i>	T3	
PROQUAD (PF)	NCS	
<i>protriptyline</i>	T3	
PRUTECT	T3	
PULMOZYME	T5	PA; QL (150 ML per 30 days)
PURELAX	NCS	
<i>pyrazinamide</i>	T2	
<i>pyridostigmine bromide oral syrup</i>	T5	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T3	
<i>pyridostigmine bromide oral tablet extended release</i>	T4	
<i>pyrimethamine</i>	T3	
QINLOCK	T5	PA; QL (90 EA per 30 days)
QUADRACEL (PF)	NCS	
<i>quetiapine oral tablet</i>	T2	QL (90 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr</i>	T4	PA
<i>quinapril</i>	T1	
<i>quinapril-hydrochlorothiazide</i>	T2	
<i>quinidine gluconate oral</i>	T4	
<i>quinidine sulfate oral tablet</i>	T2	
<i>quinine sulfate</i>	T4	

Drug	Status	Notes
RABAVERT (PF)	NCS	
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	T4	QL (30 EA per 30 days)
RAGWITEK	T3	
<i>raloxifene</i>	T3	PA; QL (30 EA per 30 days)
<i>ramipril</i>	T1	
<i>ranitidine hcl oral syrup</i>	T2	
<i>ranitidine hcl oral tablet</i>	T2	
<i>ranolazine</i>	T4	
RAPAFLO	T4	QL (30 EA per 30 days)
RAPAMUNE ORAL SOLUTION	T5	
<i>rasagiline</i>	T4	
REBIF (WITH ALBUMIN)	T5	
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	T5	
RECLIPSEN (28)	NCS	
RECOMBIVAX HB (PF)	NCS	
RECTIV	T4	
REGRANEX	T4	PA
RELENZA DISKHALER	T5	PA; QL (60 EA per 180 days)
RELPAK	T4	ST; QL (18 EA per 30 days)
REMODULIN	T5	PA
RENAGEL ORAL TABLET 800 MG	T3	
RENFLEXIS	T5	
RENVELA	T5	
<i>repaglinide</i>	T2	QL (90 EA per 30 days)
REPATHA PUSHTRONEX	T4	PA; QL (3.5 ML per 28 days)
REPATHA SURECLICK	T4	PA; QL (3 ML per 28 days)
REPATHA SYRINGE	T4	PA; QL (3 ML per 28 days)
RESCRIPTOR ORAL TABLET	T3	
RESTASIS	T3	QL (60 EA per 30 days)
RETACRIT	T4	QL (14 ML per 30 days)
RETEVMO ORAL CAPSULE 40 MG	T5	PA; QL (60 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	T5	PA; QL (120 EA per 30 days)
RETROVIR ORAL CAPSULE	T4	
RETROVIR ORAL SYRUP	T4	
REVLIMID	T5	PA
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	T4	
REYATAZ ORAL POWDER IN PACKET	T3	
REYVOW	T5	PA; QL (4 EA per 30 days)
RHOPRESSA	T3	
RIBASPHERE ORAL CAPSULE	T4	PA
<i>ribavirin oral capsule</i>	T4	PA

Drug	Status	Notes
<i>ribavirin oral tablet 200 mg</i>	T4	PA
RIDAURA	T5	
<i>rifabutin</i>	T4	
RIFAMATE	T4	
<i>rifampin oral</i>	T2	
RIFATER	T5	
<i>rimantadine</i>	T2	
<i>ringer's irrigation</i>	T2	
<i>risedronate oral tablet 150 mg</i>	T4	QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	T4	QL (30 EA per 30 days)
<i>risedronate oral tablet 35 mg</i>	T4	QL (4 EA per 28 days)
RISPERDAL CONSTA	T4	PA; QL (4 EA per 28 days)
<i>risperidone oral solution</i>	T2	
<i>risperidone oral syringe</i>	T2	
<i>risperidone oral tablet</i>	T2	QL (120 EA per 30 days)
<i>risperidone oral tablet,disintegrating</i>	T3	QL (120 EA per 30 days)
<i>ritonavir</i>	T1	
<i>rivastigmine tartrate</i>	T3	QL (60 EA per 30 days)
<i>rizatriptan</i>	T2	QL (18 EA per 30 days)
<i>ropinirole oral tablet</i>	T2	
<i>ropinirole oral tablet extended release 24 hr</i>	T4	
ROSANIL	T4	
ROSULA CLEANSING CLOTHS	T4	
<i>rosuvastatin</i>	T2	QL (30 EA per 30 days)
ROTARIX	NCS	
ROTATEQ VACCINE	NCS	
ROZEREM	T3	QL (30 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	T5	PA; QL (60 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	T5	PA; QL (90 EA per 30 days)
RUBRACA	T5	PA; QL (120 EA per 30 days)
RUKOBIA	T5	QL (60 EA per 30 days)
RUZURGI	T5	PA; QL (240 EA per 30 days)
RYBELSUS	T3	QL (30 EA per 30 days)
RYDAPT	T5	PA; QL (8 EA per 28 days)
SABRIL ORAL TABLET	T5	PA
SAFYRAL	T3	
<i>salicylic acid topical cream,extended release</i>	T2	
<i>salicylic acid topical foam</i>	T2	
<i>salicylic acid topical gel</i>	T2	
<i>salicylic acid topical lotion,extended release</i>	T2	
<i>salicylic acid topical shampoo</i>	T2	
SAMSCA	T5	PA
SANCUSO	T5	PA

Drug	Status	Notes
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	T5	PA
SANTYL	T4	
SAPHRIS	T4	PA
SAVELLA ORAL TABLET	T4	QL (60 EA per 30 days)
<i>scopolamine base</i>	T4	
SECUADO	T5	PA; QL (30 EA per 30 days)
SEGLUROMET	T3	QL (60 EA per 30 days)
<i>selegiline hcl</i>	T2	
<i>selenium sulfide topical lotion</i>	T2	
<i>selenium sulfide topical shampoo 2.25 %</i>	T4	
SELZENTRY ORAL SOLUTION	T3	
SELZENTRY ORAL TABLET	T3	QL (120 EA per 30 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG	T5	QL (60 EA per 30 days)
SENSIPAR ORAL TABLET 90 MG	T5	QL (120 EA per 30 days)
SEREVENT DISKUS	T3	QL (60 EA per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	T4	PA
<i>sertraline oral concentrate</i>	T2	QL (300 ML per 30 days)
<i>sertraline oral tablet</i>	T2	QL (60 EA per 30 days)
SETLAKIN	NCS	
SF	T2	
SF 5000 PLUS	T2	
SHAROBEL	NCS	
SHINGRIX (PF)	NCS	
SHINGRIX GE ANTIGEN COMPONENT	NCS	
SIGNIFOR	T5	PA
SIGNIFOR LAR	T5	PA
<i>sildenafil (pulm.hypertension) oral tablet</i>	T4	PA; QL (90 EA per 30 days)
SILENOR	T4	
<i>silver sulfadiazine</i>	T2	
SIMBRINZA	T3	
<i>simvastatin oral tablet</i>	T1	QL (30 EA per 30 days)
<i>sirolimus oral solution</i>	T5	
<i>sirolimus oral tablet</i>	T4	
SIRTURO ORAL TABLET 100 MG	T5	
SKLICE	T4	
SKYLA	T3	
SMOOTHLAX	NCS	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	T2	
<i>sodium chloride 0.9 % injection</i>	T2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	T2	
<i>sodium chloride inhalation</i>	T2	

Drug	Status	Notes
<i>sodium chloride irrigation</i>	T2	
<i>sodium phenylbutyrate oral tablet</i>	T5	PA
<i>sodium polystyrene sulfonate oral</i>	T3	
<i>sofosbuvir-velpatasvir</i>	T5	PA; QL (30 EA per 30 days)
<i>solifenacin</i>	T3	QL (30 EA per 30 days)
SOMATULINE DEPOT	T5	PA
SOMAVERT	T5	PA
SORINE	T2	
SOTALOL AF	T2	
<i>sotalol oral</i>	T2	
SPIRIVA RESPIMAT	T3	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER	T3	QL (30 EA per 30 days)
<i>spironolactone</i>	T2	
<i>spironolacton-hydrochlorothiaz</i>	T2	
SPRINTEC (28)	NCS	
SPRYCEL	T5	PA; QL (30 EA per 30 days)
SPS (WITH SORBITOL) ORAL	T2	
<i>sps (with sorbitol) rectal</i>	T2	
SRONYX	NCS	
SSD	T2	
SSS 10-5	T4	
<i>stavudine oral capsule</i>	T1	
STEGLATRO	T3	QL (30 EA per 30 days)
STIOLTO RESPIMAT	T3	QL (4 GM per 30 days)
STIVARGA	T5	PA; QL (84 EA per 28 days)
<i>streptomycin</i>	T3	
STRIBILD	T3	QL (30 EA per 30 days)
STRIVERDI RESPIMAT	T3	
<i>sucralfate oral suspension</i>	T3	
<i>sucralfate oral tablet</i>	T2	
<i>sulfacetamide sodium (acne)</i>	T2	
<i>sulfacetamide sodium ophthalmic (eye)</i>	T2	
<i>sulfacetamide sodium topical</i>	T4	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4.5 %, 9.8-4.8 %</i>	T4	
<i>sulfacetamide sodium-sulfur topical cream</i>	T4	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v)</i>	T4	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/w), 9.8-4.8 %</i>	T2	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	T4	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	T4	
<i>sulfacetamide sod-sulfur-urea topical cleanser</i>	T4	

Drug	Status	Notes
<i>sulfadiazine</i>	T3	
<i>sulfamethoxazole-trimethoprim intravenous</i>	T3	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	T2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1	
SULFAMYLON TOPICAL CREAM	T4	
<i>sulfasalazine</i>	T2	
<i>sulindac</i>	T2	
<i>sumatriptan succinate oral</i>	T2	QL (18 EA per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	T4	
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	T4	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	T4	QL (8 ML per 30 days)
SUNOSI	T4	PA; QL (30 EA per 30 days)
SUPRAX ORAL CAPSULE	T4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	T4	
SUPRAX ORAL TABLET,CHEWABLE	T4	
SUPREP BOWEL PREP KIT	T3	
SUSTIVA	T4	
SUTENT	T5	PA; QL (30 EA per 30 days)
SYEDA	NCS	
SYMBICORT	T3	QL (10.2 GM per 30 days)
SYMFI	T5	QL (30 EA per 30 days)
SYMFI LO	T5	QL (30 EA per 30 days)
SYMLINPEN 120	T5	
SYMLINPEN 60	T5	
SYMTUZA	T5	QL (30 EA per 30 days)
SYNAREL	T5	
SYNERA	T4	PA
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG	T3	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	T3	QL (120 EA per 30 days)
SYNJARDY XR	T3	
SYNTHROID	T3	
SYPRINE	T5	
TABLOID	T5	PA
<i>tacrolimus oral</i>	T3	
<i>tacrolimus topical</i>	T4	PA
<i>tadalafil (pulm. hypertension)</i>	T5	PA
TAFINLAR	T5	PA
TAGRISSE ORAL TABLET 40 MG	T5	PA; QL (30 EA per 30 days)
TAGRISSE ORAL TABLET 80 MG	T5	PA; QL (60 EA per 30 days)
TAKE ACTION	NCS	

Drug	Status	Notes
TAKHZYRO	T5	PA
TALZENNA ORAL CAPSULE 0.25 MG	T5	PA; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	T5	PA; QL (30 EA per 30 days)
<i>tamoxifen</i>	T2	PA
<i>tamsulosin</i>	T2	
TARCEVA	T5	PA; QL (30 EA per 30 days)
TARGRETIN TOPICAL	T5	PA
TARINA FE 1/20 (28)	NCS	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	T5	PA; QL (120 EA per 30 days)
TAVALISSE	T5	PA; QL (60 EA per 30 days)
<i>tazarotene</i>	T3	
TAZORAC	T4	
TAZTIA XT	T2	
TAZVERIK	T5	PA; QL (240 EA per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	T5	PA; QL (14 EA per 365 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	T5	PA; QL (60 EA per 365 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	T5	PA; QL (60 EA per 30 days)
TEKTURNA	T3	
TEKTURNA HCT	T3	
<i>telmisartan</i>	T2	
<i>temazepam oral capsule 15 mg, 30 mg</i>	T2	QL (30 EA per 30 days)
<i>temozolomide</i>	T5	PA
TENIVAC (PF)	NCS	
<i>tenofovir disoproxil fumarate</i>	T1	
<i>terazosin</i>	T2	QL (60 EA per 30 days)
<i>terbinafine hcl oral</i>	T2	QL (30 EA per 30 days)
<i>terbutaline oral</i>	T2	
<i>terconazole</i>	T4	
<i>testosterone cypionate intramuscular oil 100 mg/ml</i>	T3	QL (10 ML per 28 days)
<i>testosterone cypionate intramuscular oil 200 mg/ml</i>	T3	QL (4 ML per 28 days)
<i>testosterone enanthate</i>	T3	QL (5 ML per 28 days)
<i>testosterone transdermal gel</i>	T3	QL (60 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	T3	QL (150 GM per 28 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	T3	QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	T3	QL (60 GM per 30 days)
<i>tetanus,diphtheria tox ped(pf)</i>	NCS	
<i>tetrabenazine</i>	T5	PA
<i>tetracycline</i>	T4	

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

Drug	Status	Notes
TRADJENTA	T3	QL (30 EA per 30 days)
<i>tramadol oral tablet 50 mg</i>	T3	QL (240 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	T4	QL (30 EA per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	T4	QL (30 EA per 30 days)
<i>tramadol-acetaminophen</i>	T3	QL (240 EA per 30 days)
<i>trandolapril</i>	T2	
<i>tranexamic acid intravenous</i>	T3	PA
<i>tranexamic acid oral</i>	T2	
TRANSDERM-SCOP	T4	QL (10 EA per 30 days)
<i>tranylcypromine</i>	T3	
TRAVATAN Z	T3	QL (5 ML per 30 days)
<i>travoprost</i>	T3	QL (5 ML per 30 days)
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	T2	
<i>trazodone oral tablet 300 mg</i>	T4	
TRECATOR	T4	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	T4	
<i>treprostinil sodium</i>	T5	
TRESIBA FLEXTOUCH U-100	T3	QL (60 ML per 30 days)
TRESIBA FLEXTOUCH U-200	T3	QL (36 ML per 30 days)
<i>tretinoin</i>	T3	
<i>tretinoin (antineoplastic)</i>	T5	PA
<i>tretinoin (emollient)</i>	T3	
<i>tretinoin microspheres</i>	T3	
<i>triamcinolone acetonide dental</i>	T3	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	T4	
<i>triamcinolone acetonide nasal</i>	T2	
<i>triamcinolone acetonide topical aerosol</i>	T4	
<i>triamcinolone acetonide topical cream</i>	T2	
<i>triamcinolone acetonide topical lotion</i>	T2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	T2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	T2	
<i>triamterene-hydrochlorothiazid oral tablet</i>	T2	
<i>triazolam</i>	T2	
TRIBENZOR	T3	
TRICITRATES	T4	
<i>trientine</i>	T5	
TRI-ESTARYLLA	NCS	
<i>trifluoperazine</i>	T2	
<i>trifluridine</i>	T3	
<i>trihexyphenidyl</i>	T2	

Drug	Status	Notes
TRIJARDY XR	T3	QL (30 EA per 30 days)
TRIKAFTA	T5	PA; QL (84 EA per 28 days)
TRI-LEGEST FE	NCS	
TRI-LINYAH	NCS	
<i>tri-lo-estarylla</i>	NCS	
<i>tri-lo-marzia</i>	NCS	
TRI-LO-SPRINTEC	NCS	
TRILYTE WITH FLAVOR PACKETS	NCS	
<i>trimethobenzamide oral</i>	T2	
<i>trimethoprim</i>	T2	
<i>trimipramine</i>	T4	
TRINTELLIX	T3	QL (30 EA per 30 days)
TRI-PREVIFEM (28)	NCS	
TRI-SPRINTEC (28)	NCS	
TRIUMEQ	T3	
TRIVORA (28)	NCS	
TRIZIVIR	T5	
<i>tropicamide</i>	T3	
<i>trospium oral capsule, extended release 24hr</i>	T2	QL (30 EA per 30 days)
<i>trospium oral tablet</i>	T4	
TRUMENBA	NCS	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	T3	
TRUVADA ORAL TABLET 200-300 MG	T3	QL (30 EA per 30 days)
TUDORZA PRESSAIR	T4	
TUKYSA	T5	PA; QL (120 EA per 30 days)
TURALIO	T5	PA; QL (120 EA per 30 days)
TWINRIX (PF) INTRAMUSCULAR SYRINGE	NCS	
TYBOST	T3	QL (30 EA per 30 days)
TYKERB	T5	PA; QL (180 EA per 30 days)
TYMLOS	T5	PA
TYPHIM VI	NCS	
TYSABRI	T5	PA
TYZINE NASAL DROPS 0.05 %	T3	
<i>tyzine nasal drops 0.1 %</i>	T3	
UBRELVY	T5	PA; QL (16 EA per 30 days)
ULESFIA	T4	
ULORIC	T4	ST
UNITHROID	T2	
<i>urea topical cream 10 %, 20 %, 39 %</i>	T2	
<i>urea topical foam</i>	T2	
<i>urea topical gel 45 %</i>	T2	
<i>urea topical lotion 10 %, 40 %</i>	T2	

Drug	Status	Notes
<i>ursodiol</i>	T4	
<i>vaginal contraceptive foam</i>	NCS	
<i>valacyclovir</i>	T2	QL (90 EA per 30 days)
VALCHLOR	T5	PA
VALCYTE ORAL RECON SOLN	T5	PA
<i>valganciclovir</i>	T5	PA
<i>valproic acid</i>	T2	
<i>valproic acid (as sodium salt) oral solution</i>	T2	
<i>valsartan</i>	T2	
<i>valsartan-hydrochlorothiazide</i>	T2	
VALTOCO	T5	QL (10 EA per 30 days)
<i>vancomycin intravenous recon soln 1,000 mg, 500 mg</i>	T2	
<i>vancomycin oral capsule</i>	T5	PA
<i>vancomycin oral recon soln</i>	T3	
VAQTA (PF)	NCS	
VARIVAX (PF)	NCS	
VARIZIG INTRAMUSCULAR SOLUTION	NCS	
VARUBI ORAL	T5	PA
VASCEPA	T3	
VELIVET TRIPHASIC REGIMEN (28)	NCS	
VELPHORO	T5	PA
VELTIN	T5	
VENCLEXTA ORAL TABLET 10 MG, 50 MG	T5	PA
VENCLEXTA ORAL TABLET 100 MG	T5	PA; QL (180 EA per 30 days)
VENCLEXTA STARTING PACK	T5	PA; QL (42 EA per 28 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i>	T2	QL (60 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg</i>	T2	QL (90 EA per 30 days)
<i>venlafaxine oral tablet</i>	T2	QL (90 EA per 30 days)
VENTAVIS	T5	PA
VENTOLIN HFA	T3	QL (36 GM per 30 days)
<i>verapamil oral</i>	T2	
VEREGEN	T3	
VERZENIO	T5	PA
VESICARE	T3	QL (30 EA per 30 days)
VIBERZI	T5	PA
VICTOZA 2-PAK	T3	QL (9 ML per 30 days)
VICTOZA 3-PAK	T3	QL (9 ML per 30 days)
VIDEX 2 GRAM PEDIATRIC	T3	
VIDEX EC	T4	
<i>vienva</i>	NCS	
<i>vigabatrin oral powder in packet</i>	T5	PA

Drug	Status	Notes
<i>vigabatrin oral tablet</i>	T5	QL (180 EA per 30 days)
VIGAMOX	T3	
VIIBRYD ORAL TABLET	T4	ST; QL (30 EA per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	T4	ST; QL (30 EA per 30 days)
VIMPAT ORAL SOLUTION	T5	PA; QL (1200 ML per 30 days)
VIMPAT ORAL TABLET	T5	PA; QL (60 EA per 30 days)
VIMPAT ORAL TABLETS,DOSE PACK	T5	PA
VIORELE (28)	NCS	
VIRACEPT ORAL TABLET	T3	
VIRAMUNE	T5	
VIRAMUNE XR	T5	
VIREAD ORAL POWDER	T3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T3	
VIREAD ORAL TABLET 300 MG	T4	
VITAFOL-OB+DHA	T3	
VITAMIN D2	NCS	QL (4 EA per 28 days)
VITRAKVI ORAL CAPSULE	T5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL SOLUTION	T5	PA
VIVITROL	T5	QL (1 EA per 28 days)
VIVOTIF	NCS	
VIZIMPRO	T5	PA; QL (30 EA per 30 days)
<i>voriconazole oral</i>	T5	PA
VOTRIENT	T5	PA; QL (120 EA per 30 days)
VRAYLAR	T5	PA
VUMERITY	T5	PA; QL (60 EA per 30 days)
VUSION	T4	
VYFEMLA (28)	NCS	
VYTORIN 10-10	T4	QL (30 EA per 30 days)
VYTORIN 10-20	T4	QL (30 EA per 30 days)
VYTORIN 10-40	T4	QL (30 EA per 30 days)
VYTORIN 10-80	T4	QL (30 EA per 30 days)
VYVANSE ORAL CAPSULE	T4	PA; QL (30 EA per 30 days)
VYXEOS	T5	PA
WAKIX	T5	PA; QL (60 EA per 30 days)
<i>warfarin</i>	T1	
<i>water for irrigation, sterile</i>	T2	
WERA (28)	NCS	
WIDE-SEAL DIAPHRAGM 60	NCS	
WIDE-SEAL DIAPHRAGM 65	NCS	
WIDE-SEAL DIAPHRAGM 70	NCS	
WIDE-SEAL DIAPHRAGM 75	NCS	
WIDE-SEAL DIAPHRAGM 80	NCS	

Drug	Status	Notes
WIDE-SEAL DIAPHRAGM 85	NCS	
WIDE-SEAL DIAPHRAGM 90	NCS	
WIDE-SEAL DIAPHRAGM 95	NCS	
WOMAN'S LAXATIVE (BISACODYL)	NCS	
WOMEN'S GENTLE LAXATIVE(BISAC)	NCS	
WOMEN'S LAXATIVE (BISACODYL)	NCS	
WYMZYA FE	NCS	
XALKORI	T5	PA; QL (60 EA per 30 days)
XARELTO	T3	
XARELTO DVT-PE TREAT 30D START	T3	
XCOPRI MAINTENANCE PACK	T5	PA; QL (56 EA per 28 days)
XCOPRI TITRATION PACK	T5	PA; QL (28 EA per 28 days)
XELJANZ ORAL TABLET 10 MG	T5	PA; QL (60 EA per 30 days)
XELJANZ ORAL TABLET 5 MG	T5	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	T5	PA
XERMELO	T5	PA; QL (90 EA per 30 days)
XGEVA	T5	PA
XIFAXAN ORAL TABLET 200 MG	T5	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	T5	PA; QL (90 EA per 30 days)
XOFLUZA	T3	QL (2 EA per 30 days)
XOLAIR	T5	PA
XOSPATA	T5	PA; QL (90 EA per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	T5	PA; QL (20 EA per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2)	T5	PA; QL (8 EA per 28 days)
XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4)	T5	PA; QL (16 EA per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	T5	PA; QL (12 EA per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	T5	PA; QL (24 EA per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	T5	PA; QL (32 EA per 28 days)
XTAMPZA ER	T4	QL (60 EA per 30 days)
XTANDI	T5	PA; QL (120 EA per 30 days)
XULANE	NCS	
XULTOPHY 100/3.6	T3	QL (15 ML per 30 days)
XYREM	T5	PA
YASMIN (28)	T4	
YAZ (28)	T4	
YF-VAX (PF)	NCS	
YONSA	T5	PA; QL (120 EA per 30 days)
<i>zafirlukast</i>	T3	QL (60 EA per 30 days)
<i>zaleplon</i>	T2	QL (30 EA per 30 days)
ZANOSAR	T5	PA

Drug	Status	Notes
ZARAH	NCS	
ZAVESCA	T5	PA
ZEJULA	T5	PA; QL (90 EA per 30 days)
ZELBORAF	T5	PA; QL (240 EA per 30 days)
ZEMAIRA	T5	PA
ZENATANE	T4	
ZENCHENT (28)	NCS	
ZEPOSIA	T5	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT	T5	PA; QL (37 EA per 37 days)
ZEPOSIA STARTER PACK	T5	PA; QL (7 EA per 7 days)
ZIAGEN	T4	
ZIANA	T5	
<i>zidovudine</i>	T1	
ZIOPTAN (PF)	T4	
<i>ziprasidone hcl</i>	T2	QL (60 EA per 30 days)
ZIRGAN	T4	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	T5	PA
ZOLINZA	T5	PA; QL (120 EA per 30 days)
<i>zolmitriptan</i>	T4	ST; QL (18 EA per 30 days)
<i>zolpidem oral tablet</i>	T2	QL (30 EA per 30 days)
ZOMIG NASAL	T4	ST; QL (12 EA per 30 days)
ZONALON	T4	
<i>zonisamide</i>	T2	
ZONTIVITY	T3	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	T5	PA
ZOSTAVAX (PF)	NCS	
ZOVIA 1/35E (28)	NCS	
ZYDELIG	T5	PA; QL (60 EA per 30 days)
ZYFLO	T5	PA; QL (120 EA per 30 days)
ZYKADIA	T5	PA; QL (150 EA per 30 days)
ZYLET	T4	
ZYTIGA ORAL TABLET 250 MG	T5	PA; QL (120 EA per 30 days)
ZYTIGA ORAL TABLET 500 MG	T5	PA

For more recent information or other questions, please contact Health First Health Plans Customer Service at 1.855.882.6467 or, for TTY users, 1.800.955.8771, weekdays from 8 a.m. to 8 p.m. and Saturdays from 8 a.m. to noon. From October 1 through March 31, we are available seven days a week from 8 a.m. to 8 p.m. or visit myAHplan.com.

Customer Service has language interpreter services available for non-English speakers at no cost.

This information is also available at no cost in other formats. By contacting Customer Service you may request your materials be read aloud, emailed, or mailed in large print.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

Advent Health Advantage Plans is administered by Health First Health plans. Health First Health Plans is an HMO plan with a Medicare contract. Enrollment in Health First Health Plans depends on contract renewal.

The Formulary, pharmacy network, may change at any time. You will receive notice when necessary.

Nondiscrimination Notice

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

AdventHealth Advantage Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please contact our Civil Rights Coordinator.

If you believe that AdventHealth Advantage Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Coordinator, 6450 US Highway 1, Rockledge, FL 32955, 321-434-4521, 1-800-955-8771 (TTY), Fax: 321-434-4362, civilrightscordinator@hf.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance our Civil Rights Coordinator, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

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

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English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-882-6467 (TTY: 1-800-955-8771).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-882-6467 (TTY: 1-800-955-8771).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-882-6467 (TTY: 1-800-955-8771).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-882-6467 (TTY: 1-800-955-8771).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-882-6467 (TTY: 1-800-955-8771).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-882-6467（TTY：1-800-955-8771）。

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-882-6467 (ATS : 1-800-955-8771).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-882-6467 (TTY: 1-800-955-8771).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-882-6467 (телетайп: 1-800-955-8771).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-882-6467 (رقم هاتف الصم والبكم: 1-800-955-8771).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-882-6467 (TTY: 1-800-955-8771).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-882-6467 (TTY: 1-800-955-8771).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-882-6467 (TTY: 1-800-955-8771)번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-882-6467 (TTY: 1-800-955-8771).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-882-6467 (TTY: 1-800-955-8771).

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-882-6467 (TTY: 1-800-955-8771).

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