

# 2020 Formulary (Drug List)

**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. Health First Health Plans (HFHP) offers many benefit plans that can vary in coverage for each tier. Details about your specific benefit for each tier are included in the Health First Health 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 Health First Health 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, Health First Health 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 Health First Health 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 Health First Health 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 [myHFHP.org](http://myHFHP.org) or call Customer Service toll-free at 1.855.443.4735 (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:** Health First Health 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 Health First Health Plans documenting the medical necessity. These drugs are identified in the Drug List.
- **Step Therapy:** In some cases, Health First Health 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 Health First Health Plans over a certain period of time. For example, Health First Health 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. Health First Health 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 Health First Health 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 Health First Health 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 Health First Health Plans information requesting we make an exception and cover your drug.

If Health First Health 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**

Health First Health 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. Health First Health 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 Health First Health 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.*

<b>Medicine/Product Category and Who is Covered</b>	<b>Examples of the Medicine/Product Covered</b>
<b>Aspirin</b> <ul style="list-style-type: none"><li>▪ Men age 45-79; Women age 55-79</li><li>▪ Women &lt; 55 years</li></ul>	<ul style="list-style-type: none"><li>▪ Aspirin 81 MG and 325 MG</li><li>▪ Aspirin 81 MG delayed-release and 325 MG delayed-release</li></ul>
<b>Fluoride</b> <ul style="list-style-type: none"><li>▪ Children age six months through five years</li></ul>	<ul style="list-style-type: none"><li>▪ Fluoride chewable tablet 0.25 MG, 0.5 MG and 1 MG;</li><li>▪ Fluoride drops 0.5 MG;</li><li>▪ Multivitamin with fluoride chewable 0.25 MG and 0.5 MG;</li><li>▪ Multivitamin with fluoride drops 0.25 MG and 0.5 MG;</li><li>▪ Fluoritab chewable tablet 0.25 MG and 0.5 MG</li></ul>
<b>Folic Acid</b> <ul style="list-style-type: none"><li>▪ Women only through age 50 years</li></ul>	<ul style="list-style-type: none"><li>▪ Folic acid tablet 0.4 MG, 0.8 MG; and 1 MG</li><li>▪ Prenatal multivitamins with folic acid (0.4 MG and 0.8 MG)</li></ul>
<b>Iron Supplements</b> <ul style="list-style-type: none"><li>▪ Children age six months through 12 months</li></ul>	<ul style="list-style-type: none"><li>▪ Iron (various strengths) drops, liquid, suspension, granules</li><li>▪ Multivitamin with iron drops, liquid, suspension</li></ul>
<b>Vitamin D Supplements</b> <ul style="list-style-type: none"><li>▪ Adults <math>\geq</math> 65 years of age</li></ul>	<ul style="list-style-type: none"><li>▪ Vitamin D 1,000 units or less per dose unit;</li><li>▪ Calcium with vitamin D (1,000 units or less per dose unit)</li></ul>
<b>Immunizations</b> <ul style="list-style-type: none"><li>▪ The age of coverage varies based on the vaccine product prescribed and recommendations by the U.S. Centers for Disease Control and Prevention (CDC)</li></ul>	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.
<b>Contraceptive Methods</b> <ul style="list-style-type: none"><li>▪ Women only, through age 50 years</li></ul>	Covered products include one or more FDA-approved 16 contraceptive methods available through the prescription drug benefit, including: <ul style="list-style-type: none"><li>▪ Generic OTC spermicide and legend diaphragms;</li><li>▪ Today® contraceptive sponge;</li><li>▪ Female condom;</li><li>▪ FemCap®;</li><li>▪ Generic oral, transdermal and intramuscular hormonal methods;</li></ul>
<b>Contraceptive Methods (continued)</b>	

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

If you have any questions regarding your eligibility for preventive care medications and preventive contraceptive coverage, please contact your employer or call Customer Service toll-free at 1.855.443.4735 (TTY/TDD relay: 1.800.955.8771) Monday through Friday from 8 a.m. to 6 p.m.

## **Health First Health Plans Formulary**

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The formulary provides coverage information about some of the drugs covered by Health First Health 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 Health First Health 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):**

Health First Health Plans requires you or your physician to get prior authorization for certain drugs. This means you will need to get approval from Health First Health 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 Health First Health Plans.

**Step Therapy (ST):**

In some cases, Health First Health 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 Health First Health 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 Health First Health Plans. Health First Health Plans does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

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

Drug	Status	Notes
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)
ALYACEN 1/35 (28)	NCS	
ALYACEN 7/7/7 (28)	NCS	
<i>amantadine hcl oral capsule</i>	T3	

Drug	Status	Notes
amantadine hcl oral tablet	T3	
<b>AMBRISENTAN</b>	T5	PA
amcinonide topical cream	T4	
<b>AMETHIA</b>	NCS	
<b>AMETHIA LO</b>	NCS	
<b>AMETHYST (28)</b>	NCS	
amiloride	T2	
amiloride-hydrochlorothiazide	T2	
aminophylline intravenous solution 250 mg/10 ml	T2	
amiodarone oral tablet 200 mg	T2	
<b>AMITIZA</b>	T3	QL (60 EA per 30 days)
amitriptyline	T2	
amitriptyline-chlordiazepoxide	T2	
amlodipine	T1	
amlodipine-benazepril	T2	QL (30 EA per 30 days)
amlodipine-olmesartan	T3	
amlodipine-valsartan	T2	QL (30 EA per 30 days)
amlodipine-valsartan-hcthiazid	T3	QL (30 EA per 30 days)
ammonium chloride	T2	
ammonium lactate	T2	
<b>AMNESTEEM</b>	T5	
amoxapine	T2	
amoxicillin oral capsule	T1	
amoxicillin oral suspension for reconstitution	T1	
amoxicillin oral tablet	T1	
amoxicillin oral tablet,chewable 125 mg	T2	
amoxicillin oral tablet,chewable 250 mg	T1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	T2	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	T3	
amoxicillin-pot clavulanate oral tablet 250-125 mg	T3	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	T2	
amoxicillin-pot clavulanate oral tablet extended release 12 hr	T3	
amoxicillin-pot clavulanate oral tablet,chewable	T2	
amphotericin b	T3	
ampicillin oral capsule	T2	
<b>ANADROL-50</b>	T5	PA
anagrelide	T3	
anastrozole	T2	QL (30 EA per 30 days)
<b>ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)</b>	T3	QL (150 GM per 30 days)
<b>ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)</b>	T3	QL (60 GM per 30 days)

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

Drug	Status	Notes
atorvastatin	T2	QL (30 EA per 30 days)
atovaquone	T5	
atovaquone-proguanil	T4	
<b>ATRIPLA</b>	T3	QL (30 EA per 30 days)
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	T4	
atropine ophthalmic (eye) drops	T2	
<b>ATROVENT HFA</b>	T4	QL (26 GM per 30 days)
<b>AUBAGIO</b>	T5	PA; QL (30 EA per 30 days)
<b>AUBRA</b>	NCS	
<b>AUSTEDO ORAL TABLET 12 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>AUSTEDO ORAL TABLET 6 MG, 9 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>AVANDIA ORAL TABLET 2 MG, 4 MG</b>	T4	
<b>AVAR TOPICAL CLEANSER</b>	T4	
<b>AVAR-E</b>	T4	
<b>AVAR-E GREEN</b>	T4	
<b>AVIANE</b>	NCS	
<b>AVONEX (WITH ALBUMIN)</b>	T5	PA; QL (4 EA per 28 days)
<b>AVONEX INTRAMUSCULAR PEN INJECTOR KIT</b>	T5	PA; QL (4 EA per 28 days)
<b>AVONEX INTRAMUSCULAR SYRINGE KIT</b>	T5	PA; QL (1 EA per 28 days)
<b>AYVAKIT</b>	T5	PA; QL (30 EA per 30 days)
<b>AZASITE</b>	T4	
azathioprine	T2	
azelastine nasal	T3	QL (60 ML per 30 days)
azelastine ophthalmic (eye)	T2	
azithromycin oral packet	T2	
azithromycin oral suspension for reconstitution	T2	
azithromycin oral tablet	T1	
<b>AZOPT</b>	T3	QL (15 ML per 30 days)
<b>AZOR</b>	T3	
<b>AZURETTE (28)</b>	NCS	
bacitracin ophthalmic (eye)	T3	
bacitracin-polymyxin b ophthalmic (eye)	T2	
baclofen oral tablet 10 mg, 20 mg	T2	
balsalazide	T3	
<b>BALVERSA</b>	T5	PA
<b>BALZIVA (28)</b>	NCS	
<b>BANZEL ORAL SUSPENSION</b>	T5	PA; QL (2400 ML per 30 days)
<b>BANZEL ORAL TABLET 200 MG</b>	T5	PA; QL (90 EA per 30 days)
<b>BANZEL ORAL TABLET 400 MG</b>	T5	PA; QL (240 EA per 30 days)
<b>BAQSIMI</b>	T3	
<b>BARACLUDE ORAL SOLUTION</b>	T5	PA
<b>BAVENCIO</b>	T5	PA
<b>BAYER ASPIRIN</b>	NCS	

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

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

Drug	Status	Notes
bupropion hcl oral tablet sustained-release 12 hr 150 mg	T2	QL (90 EA per 30 days)
buspirone	T2	
<b>BUSULFEX</b>	T5	PA
<b>BUTALBITAL COMPOUND W/CODEINE</b>	T4	QL (180 EA per 30 days)
butalbital-acetaminop-caf-cod	T4	QL (180 EA per 30 days)
butalbital-acetaminophen oral tablet 50-325 mg	T4	QL (180 EA per 30 days)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	T4	QL (180 EA per 30 days)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	T4	QL (180 EA per 30 days)
butalbital-aspirin-caffeine oral capsule	T4	QL (180 EA per 30 days)
butorphanol injection	T3	
<b>BUTTRANS</b>	T3	QL (4 EA per 28 days)
<b>BYDUREON BCISE</b>	T3	QL (3.4 ML per 28 days)
<b>BYDUREON SUBCUTANEOUS PEN INJECTOR</b>	T3	QL (4 EA per 28 days)
<b>BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML</b>	T3	QL (2.4 ML per 28 days)
<b>BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML</b>	T3	QL (1.2 ML per 30 days)
<b>BYNFEZIA</b>	T5	PA
<b>BYSTOLIC</b>	T3	
cabergoline	T3	QL (16 EA per 28 days)
<b>CABOMETYX ORAL TABLET 20 MG, 60 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>CABOMETYX ORAL TABLET 40 MG</b>	T5	PA; QL (60 EA per 30 days)
calcipotriene scalp	T4	
calcipotriene topical cream	T4	
calcipotriene topical ointment	T4	
calcipotriene-betamethasone topical ointment	T4	
calcitonin (salmon)	T3	QL (3.7 ML per 30 days)
calcitriol oral	T2	
calcitriol topical	T5	PA
calcium acetate(phosphat bind) oral capsule	T2	
<b>CALQUENCE</b>	T5	PA
<b>CAMILA</b>	NCS	
<b>CAMRESE</b>	NCS	
<b>CAMRESE LO</b>	NCS	
<b>CANASA</b>	T5	
candesartan	T3	QL (30 EA per 30 days)
candesartan-hydrochlorothiazid	T3	QL (30 EA per 30 days)
<b>CAPASTAT</b>	T3	
capecitabine	T5	PA
<b>CAPEX</b>	T3	
<b>CAPLYTA</b>	T5	PA; QL (30 EA per 30 days)
<b>CAPRELSA ORAL TABLET 100 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>CAPRELSA ORAL TABLET 300 MG</b>	T5	PA; QL (30 EA per 30 days)

Drug	Status	Notes
captopril	T2	
captopril-hydrochlorothiazide	T2	
<b>CARAFATE ORAL SUSPENSION</b>	T4	
carbamazepine oral capsule, er multiphase 12 hr	T3	
carbamazepine oral suspension	T3	
carbamazepine oral tablet	T2	
carbamazepine oral tablet extended release 12 hr	T3	
carbamazepine oral tablet, chewable	T2	
carbidopa	T4	
carbidopa-levodopa oral tablet	T2	
carbidopa-levodopa oral tablet extended release	T2	
carbinoxamine maleate oral tablet 4 mg	T3	
carisoprodol oral tablet 350 mg	T2	QL (90 EA per 30 days)
carteolol	T2	
<b>CARTIA XT</b>	T2	
carvedilol	T1	
carvedilol phosphate	T3	
caspofungin	T5	PA
<b>CAYA CONTOURED</b>	NCS	
<b>CAYSTON</b>	T5	PA
<b>CAZIANT (28)</b>	NCS	
cefaclor oral capsule	T3	
cefadroxil oral capsule	T2	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	T3	
cefadroxil oral tablet	T3	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml	T3	
cefazolin injection recon soln 1 gram, 100 gram, 300 g, 500 mg	T2	
cefazolin injection recon soln 10 gram	T3	
cefdinir oral capsule	T2	
cefdinir oral suspension for reconstitution	T3	
cefditoren pivoxil	T2	
cefixime	T4	
cefpodoxime	T3	
cefprozil oral suspension for reconstitution	T3	
cefprozil oral tablet	T2	
ceftriaxone injection	T2	
cefuroxime axetil oral tablet	T3	
cefuroxime sodium injection recon soln 750 mg	T2	
cefuroxime sodium intravenous recon soln 7.5 gram	T2	
celecoxib	T3	QL (60 EA per 30 days)
<b>CELONTIN ORAL CAPSULE 300 MG</b>	T4	
cephalexin oral capsule 250 mg, 500 mg	T1	

Drug	Status	Notes
<i>cephalexin oral suspension for reconstitution</i>	T2	
<b>CESAMET</b>	T5	PA
<i>cevimeline</i>	T2	
<b>CHANTIX</b>	NCS	QL (340 EA per 365 days)
<b>CHANTIX CONTINUING MONTH BOX</b>	NCS	QL (340 EA per 365 days)
<b>CHANTIX STARTING MONTH BOX</b>	NCS	QL (106 EA per 365 days)
<b>CHEMET</b>	T4	
<b>CHILDREN'S ASPIRIN</b>	NCS	
<i>chloramphenicol sod succinate</i>	T5	
<i>chlordiazepoxide hcl</i>	T2	
<i>chlordiazepoxide-clidinium</i>	T3	
<i>chlorhexidine gluconate mucous membrane</i>	T2	
<i>chloroquine phosphate</i>	T2	
<i>chlorothiazide</i>	T2	
<i>chlorpromazine oral</i>	T3	
<i>chlorpropamide</i>	T2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T2	
<i>chlorzoxazone oral tablet 500 mg</i>	T2	QL (120 EA per 30 days)
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)</i>	T2	
<i>cholestyramine (with sugar)</i>	T3	
<b>CHOLESTYRAMINE LIGHT</b>	T3	
<b>CIALIS ORAL TABLET 2.5 MG, 5 MG</b>	T4	PA; QL (30 EA per 30 days)
<b>CICLODAN TOPICAL SOLUTION</b>	T2	
<i>ciclopirox topical cream</i>	T3	
<i>ciclopirox topical gel</i>	T3	
<i>ciclopirox topical shampoo</i>	T3	
<i>ciclopirox topical solution</i>	T2	
<i>ciclopirox topical suspension</i>	T3	
<i>ciclopirox-ure-camph-menth-euc</i>	T3	
<i>cilostazol</i>	T2	
<b>CILOXAN OPHTHALMIC (EYE) OINTMENT</b>	T3	
<b>CIMDUO</b>	T5	QL (30 EA per 30 days)
<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
<b>CINRYZE</b>	T5	PA
<b>CIPRO HC</b>	T4	
<b>CIPRODEX</b>	T3	
<i>ciprofloxacin</i>	T3	
<i>ciprofloxacin (mixture)</i>	T3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	T1	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	T4	

Drug	Status	Notes
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	T1	
ciprofloxacin hcl otic (ear)	T2	QL (60 EA per 30 days)
ciprofloxacin-dexamethasone	T3	
citalopram oral solution	T2	QL (600 ML per 30 days)
citalopram oral tablet 10 mg, 40 mg	T1	QL (30 EA per 30 days)
citalopram oral tablet 20 mg	T1	QL (60 EA per 30 days)
<b>CITRATE OF MAGNESIA</b>	NCS	
<b>CITROMA</b>	NCS	
<b>CLARAVIS</b>	T4	
clarithromycin	T3	
<b>CLEARLAX ORAL POWDER</b>	NCS	
clemastine oral tablet 2.68 mg	T3	
<b>CLENPIQ</b>	T3	
<b>CLEOCIN VAGINAL SUPPOSITORY</b>	T4	
<b>CLIMARA PRO</b>	T4	
<b>CLINDACIN ETZ TOPICAL SWAB</b>	T2	
<b>CLINDACIN P</b>	T2	
clindacin pac	T2	
clindamycin hcl oral capsule 150 mg, 300 mg	T1	
clindamycin palmitate hcl	T3	
clindamycin phosphate topical gel	T3	
clindamycin phosphate topical lotion	T3	
clindamycin phosphate topical solution	T3	
clindamycin phosphate topical swab	T2	
clindamycin phosphate vaginal	T3	
clindamycin-benzoyl peroxide topical gel	T4	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %	T4	
clindamycin-tretinoin	T5	
clobazam	T4	
clobetasol scalp	T3	
clobetasol topical cream	T4	
clobetasol topical gel	T4	
clobetasol topical lotion	T4	
clobetasol topical ointment	T4	
clobetasol topical shampoo	T4	
clobetasol-emollient	T4	
clocortolone pivalate	T4	
<b>CLODAN</b>	T4	
clomipramine	T4	
clonazepam oral tablet 0.5 mg, 1 mg	T2	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	T2	QL (300 EA per 30 days)
clonidine	T3	QL (4 EA per 28 days)
clonidine hcl oral tablet	T1	

Drug	Status	Notes
clopidogrel oral tablet 75 mg	T2	QL (30 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg	T2	QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg	T2	QL (90 EA per 30 days)
clotrimazole mucous membrane	T2	
clotrimazole topical	T2	
clotrimazole-betamethasone topical cream	T2	
clotrimazole-betamethasone topical lotion	T3	
<b>CLOVIQUE</b>	T5	PA; QL (240 EA per 30 days)
clozapine oral tablet	T2	
clozapine oral tablet,disintegrating	T4	PA
codeine sulfate oral tablet	T3	QL (180 EA per 30 days)
codeine-butalbital-asa-caff	T4	QL (180 EA per 30 days)
colchicine	T3	
colesevelam	T3	
colestipol oral granules	T3	
colestipol oral tablet	T3	
<b>COLY-MYCIN S</b>	T3	
<b>COMBIGAN</b>	T3	QL (10 ML per 30 days)
<b>COMBIPATCH</b>	T3	
<b>COMBIVENT RESPIMAT</b>	T3	QL (8 GM per 30 days)
<b>COMBIVIR</b>	T4	
<b>COMETRIQ</b>	T5	PA
<b>COMPLERA</b>	T3	QL (30 EA per 30 days)
compro	T4	
<b>CONDYLOX TOPICAL GEL</b>	T4	
<b>CONSTULOSE</b>	T2	
<b>COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML</b>	T5	PA
<b>COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML</b>	T5	PA; QL (12 ML per 30 days)
<b>COPIKTRA</b>	T5	PA; QL (60 EA per 30 days)
<b>CORDRAN TAPE LARGE ROLL</b>	T4	
<b>CORDRAN TOPICAL LOTION</b>	T4	
<b>COREG CR</b>	T4	
<b>CORLANOR ORAL SOLUTION</b>	T4	PA
<b>CORTANE-B TOPICAL</b>	T4	
cortisone	T2	
<b>CORTISPORIN TOPICAL</b>	T4	
<b>CORTISPORIN-TC</b>	T3	
<b>COSENTYX</b>	T5	PA
<b>COSENTYX (2 SYRINGES)</b>	T5	PA
<b>COSENTYX PEN</b>	T5	PA
<b>COSENTYX PEN (2 PENS)</b>	T5	PA
<b>COTELLIC</b>	T5	PA; QL (42 EA per 28 days)
<b>CREON</b>	T3	

Drug	Status	Notes
<b>CRESEMBA</b>	T5	PA
<b>CRIXIVAN ORAL CAPSULE 200 MG, 400 MG</b>	T3	
<i>cromolyn inhalation</i>	T2	
<i>cromolyn ophthalmic (eye)</i>	T2	
<i>cromolyn oral</i>	T2	
<b>CRYSELLE (28)</b>	NCS	
<b>CURITY GAUZE TOPICAL BANDAGE 2 X 2 "</b>	T3	
<b>CYCLAFEM 1/35 (28)</b>	NCS	
<b>CYCLAFEM 7/7/7 (28)</b>	NCS	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	T2	QL (90 EA per 30 days)
<i>cyclopentolate ophthalmic (eye) drops 1 %, 2 %</i>	T2	
<i>cyclophosphamide oral capsule</i>	T4	
<i>cycloserine</i>	T4	
<b>CYCLOSET</b>	T4	PA; QL (180 EA per 30 days)
<i>cyclosporine intravenous</i>	T3	
<i>cyclosporine modified</i>	T3	
<i>cyclosporine oral capsule</i>	T3	
<i>ciproheptadine oral tablet</i>	T2	
<b>CYRED</b>	NCS	
<b>CYSTADANE</b>	T5	PA
<b>CYSTAGON</b>	T4	PA
<b>CYSTARAN</b>	T5	PA
<b>CYTRA-2</b>	T2	
<b>CYTRA-3</b>	T4	
<i>dalfampridine</i>	T5	PA; QL (60 EA per 30 days)
<b>DALIRESP ORAL TABLET 500 MCG</b>	T4	QL (30 EA per 30 days)
<i>danazol</i>	T4	
<i>dantrolene oral</i>	T3	
<i>dapsone oral</i>	T3	
<b>DAPTACEL (DTAP PEDIATRIC) (PF)</b>	NCS	
<b>DARAPRIM</b>	T3	
<i>darifenacin</i>	T4	
<b>DASETTA 1/35 (28)</b>	NCS	
<b>DASETTA 7/7/7 (28)</b>	NCS	
<b>DAURISMO ORAL TABLET 100 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>DAURISMO ORAL TABLET 25 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>DAYSEE</b>	NCS	
<b>DAYTRANA</b>	T4	QL (30 EA per 30 days)
<b>DEBLITANE</b>	NCS	
<b>DECARA ORAL CAPSULE 1,250 MCG (50,000 UNIT)</b>	T3	
<i>deferasirox oral tablet, dispersible</i>	T5	
<b>DELSTRIGO</b>	T5	QL (30 EA per 30 days)
<b>DELYLA (28)</b>	NCS	

Drug	Status	Notes
demeocycline	T3	
<b>DENAVIR</b>	T4	
<b>DENTA 5000 PLUS</b>	T2	
<b>DENTAGEL</b>	T2	
<b>DEPEN TITRATABS</b>	T5	
<b>DEPO-ESTRADIOL</b>	T3	
<b>DESCOZY</b>	T3	
desipramine	T2	
desloratadine oral tablet	T2	QL (30 EA per 30 days)
desmopressin nasal spray with pump	T3	
desmopressin nasal spray,non-aerosol	T3	
desmopressin oral	T3	
desog-e.estradiol/e.estriadiol	NCS	
desogestrel-ethynodiol dihydrochloride	NCS	
desonide topical cream	T4	
desonide topical lotion	T4	
desonide topical ointment	T4	
desoximetasone topical cream	T3	
desoximetasone topical gel	T3	
desoximetasone topical ointment	T3	
desvenlafaxine	T4	
desvenlafaxine succinate	T4	
dexamethasone oral solution	T3	
dexamethasone oral tablet	T2	
dexamethasone sodium phosphate injection solution	T2	
dexamethasone sodium phosphate injection syringe	T3	
dexamethasone sodium phosphate ophthalmic (eye)	T2	
dexamethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg	T3	QL (30 EA per 30 days)
dexamethylphenidate oral tablet	T3	QL (60 EA per 30 days)
dextroamphetamine oral capsule, extended release 10 mg	T4	QL (180 EA per 30 days)
dextroamphetamine oral capsule, extended release 15 mg	T4	QL (120 EA per 30 days)
dextroamphetamine oral capsule, extended release 5 mg	T4	QL (90 EA per 30 days)
dextroamphetamine oral tablet	T3	QL (180 EA per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	T2	QL (30 EA per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	T2	QL (60 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	T2	QL (90 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 30 mg	T2	QL (60 EA per 30 days)
<b>DIACOMIT ORAL CAPSULE</b>	T5	PA
<b>DIAZEPAM INTENSOL</b>	T4	PA
diazepam oral concentrate	T4	PA

Drug	Status	Notes
diazepam oral solution 5 mg/5 ml (1 mg/ml)	T4	
diazepam oral tablet 10 mg	T2	QL (120 EA per 30 days)
diazepam oral tablet 2 mg, 5 mg	T2	QL (90 EA per 30 days)
diazepam rectal	T4	
diazoxide	T5	PA
diclofenac potassium	T2	
diclofenac sodium ophthalmic (eye)	T2	
diclofenac sodium oral	T2	
diclofenac sodium topical gel 1 %	T3	
diclofenac sodium topical gel 3 %	T5	PA
dicloxacillin	T2	
dicyclomine oral capsule	T1	
dicyclomine oral solution	T2	
dicyclomine oral tablet	T1	
didanosine	T1	
<b>DIFICID</b>	T5	PA
diflorasone topical cream	T4	
diflunisal	T3	
<b>DIGITEK</b>	T2	
<b>DIGOX</b>	T2	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	T3	
digoxin oral tablet	T2	
dihydroergotamine injection	T3	
dihydroergotamine nasal	T4	
diltiazem hcl oral capsule,ext.rel 24h degradable	T2	
diltiazem hcl oral capsule,extended release 12 hr	T2	
diltiazem hcl oral capsule,extended release 24 hr	T2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	T2	
diltiazem hcl oral tablet	T2	
diltiazem hcl oral tablet extended release 24 hr	T3	
<b>DILT-XR</b>	T2	
<b>DIPENTUM</b>	T5	
diphenhydramine hcl injection solution 50 mg/ml	T2	
diphenhydramine hcl injection syringe	T2	
diphenoxylate-atropine	T2	
dipyridamole oral	T2	
disopyramide phosphate oral capsule	T2	
disulfiram	T2	
divalproex	T2	
<b>DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 1 MG/GRAM (0.1 %)</b>	T4	
dofetilide	T4	

Drug	Status	Notes
<i>donepezil oral tablet 10 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
<b>DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML</b>	T4	
<b>DONNATAL ORAL TABLET</b>	T4	
<i>dorzolamide</i>	T2	
<i>dorzolamide-timolol</i>	T2	
<i>dorzolamide-timolol (pf) ophthalmic (eye) drops</i>	T4	
<b>DOVATO</b>	T5	QL (30 EA per 30 days)
<i>doxazosin</i>	T2	QL (60 EA per 30 days)
<i>doxepin oral capsule</i>	T2	
<i>doxepin oral concentrate</i>	T2	
<i>doxercalciferol oral</i>	T3	PA
<b>DOXORUBICIN INTRAVENOUS SOLUTION 2 MG/ML</b>	T5	PA
<i>doxycycline hyclate oral capsule</i>	T3	
<i>doxycycline hyclate oral tablet 100 mg</i>	T3	
<i>doxycycline hyclate oral tablet 20 mg</i>	T2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	T3	
<i>dronabinol oral capsule 10 mg</i>	T5	PA
<i>dronabinol oral capsule 10 mg</i>	T5	PA; QL (120 EA per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	T4	PA
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	T4	PA; QL (120 EA per 30 days)
<i>drospirenone-ethynodiol dihydrogesterone</i>	NCS	
<b>DROXIA</b>	T4	
<b>DUAVEE</b>	T3	
<b>DUCODYL (BISACODYL)</b>	NCS	
<b>DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION</b>	T3	QL (13 GM per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 40 mg, 60 mg</i>	T3	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	T3	QL (90 EA per 30 days)
<b>DUPIXENT PEN</b>	T5	PA; QL (6 ML per 28 days)
<b>DUPIXENT SYRINGE</b>	T5	PA
<b>DUREZOL</b>	T4	
<i>dutasteride</i>	T3	QL (30 EA per 30 days)
<i>dutasteride-tamsulosin</i>	T3	QL (30 EA per 30 days)
<b>DYRENIUM</b>	T4	
<b>E.E.S. 400 ORAL TABLET</b>	T2	
<b>E.E.S. GRANULES</b>	T4	
<b>EASY TOUCH NEEDLE</b>	T3	
<i>econazole</i>	T4	
<b>ECONTRA EZ</b>	NCS	
<b>EDARBI</b>	T4	
<b>EDECRIN</b>	T5	PA

Drug	Status	Notes
<b>EDURANT</b>	T3	
<i>efavirenz</i>	T1	
<b>ELETONE</b>	T4	
<i>eletiptan</i>	T4	ST; QL (18 EA per 28 days)
<b>ELIDEL</b>	T4	
<b>ELIGARD</b>	T5	PA; QL (1 EA per 28 days)
<b>ELIGARD (3 MONTH)</b>	T5	PA; QL (1 EA per 84 days)
<b>ELIGARD (4 MONTH)</b>	T5	PA; QL (1 EA per 112 days)
<b>ELIGARD (6 MONTH)</b>	T5	PA; QL (1 EA per 168 days)
<b>ELINEST</b>	NCS	
<b>ELIQUIS</b>	T3	
<b>ELIQUIS DVT-PE TREAT 30D START</b>	T3	
<b>ELLA</b>	NCS	
<b>ELMIRON</b>	T4	
<b>ELZONRIS</b>	T5	PA
<b>EMCYT</b>	T5	PA
<b>EMEND ORAL CAPSULE 125 MG</b>	T4	PA; QL (60 EA per 30 days)
<b>EMEND ORAL CAPSULE,DOSE PACK</b>	T4	PA; QL (60 EA per 30 days)
<b>EMOQUETTE</b>	NCS	
<b>EMSAM</b>	T5	PA; QL (30 EA per 30 days)
<b>EMTRIVA</b>	T3	
<i>enalapril maleate</i>	T1	
<i>enalapril-hydrochlorothiazide</i>	T1	
<b>ENBREL SUBCUTANEOUS RECON SOLN</b>	T5	PA; QL (8 EA per 28 days)
<b>ENBREL SUBCUTANEOUS SOLUTION</b>	T5	PA; QL (4 ML per 28 days)
<b>ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)</b>	T5	PA; QL (4 ML per 28 days)
<b>ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)</b>	T5	PA; QL (8 ML per 28 days)
<b>ENBREL SURECLICK</b>	T5	PA; QL (8 ML per 28 days)
<b>ENDARI</b>	T5	PA
<i>endocet oral tablet 10-325 mg</i>	T3	QL (180 EA per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T3	QL (240 EA per 30 days)
<b>ENGERIX-B (PF)</b>	NCS	
<b>ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE</b>	NCS	
<i>enoxaparin subcutaneous solution</i>	T4	QL (24 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	T4	QL (28 ML per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	T4	QL (22.4 ML per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	T4	QL (8.4 ML per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	T4	QL (11.2 ML per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	T4	QL (16.8 ML per 30 days)
<b>ENPRESSE</b>	NCS	
<b>ENSKYCE</b>	NCS	
<i>entacapone</i>	T4	QL (240 EA per 30 days)
<b>ENTECAVIR</b>	T5	PA; QL (30 EA per 30 days)

Drug	Status	Notes
<b>ENTERIC COATED ASPIRIN</b>	NCS	
<b>ENTRESTO</b>	T4	PA; QL (60 EA per 30 days)
<b>ENULOSE</b>	T2	
<b>EPCLUSA ORAL TABLET 400-100 MG</b>	T5	PA
<b>EPICERAM</b>	T4	
<b>EPIDIOLEX</b>	T5	PA
<b>EPIDUO TOPICAL GEL WITH PUMP</b>	T4	
<b>EPIFOAM</b>	T4	
<i>epinastine</i>	T3	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i>	T3	QL (4 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	T3	
<i>epinephrine injection solution 1 mg/ml</i>	T4	
<b>EPIPEN</b>	T3	QL (4 EA per 30 days)
<b>EPIPEN 2-PAK</b>	T3	QL (4 EA per 30 days)
<b>EPIPEN JR</b>	T3	QL (4 EA per 30 days)
<b>EPIPEN JR 2-PAK</b>	T3	QL (4 EA per 30 days)
<b>EPIVIR</b>	T4	
<b>EPIVIR HBV ORAL SOLUTION</b>	T3	
<b>EPIVIR HBV ORAL TABLET</b>	T4	
<i>eplerenone</i>	T3	
<b>EPZICOM</b>	T4	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	NCS	QL (4 EA per 28 days)
<i>ergoloid</i>	T3	
<b>ERGOMAR</b>	T4	
<b>ERIVEDGE</b>	T5	PA; QL (30 EA per 30 days)
<b>ERLEADA</b>	T5	PA
<i>erlotinib</i>	T5	PA
<b>ERRIN</b>	NCS	
<b>ERTACZO</b>	T5	PA
<i>ertapenem</i>	T5	
<b>ERY PADS</b>	T3	
<b>ERY-TAB</b>	T3	
<b>ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG</b>	T4	
<i>erythromycin ethylsuccinate oral tablet</i>	T4	
<i>erythromycin ophthalmic (eye)</i>	T2	
<i>erythromycin oral capsule,delayed release(dr/ec)</i>	T4	
<i>erythromycin oral tablet</i>	T4	
<i>erythromycin with ethanol</i>	T2	
<i>erythromycin-benzoyl peroxide</i>	T4	
<b>ESBRIET</b>	T5	PA
<i>escitalopram oxalate oral solution</i>	T3	QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet</i>	T2	QL (30 EA per 30 days)
<b>ESTARYLLA</b>	NCS	

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

Drug	Status	Notes
<b>FEMCAP</b>	NCS	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	T2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	T2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	T2	
<i>fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg</i>	T3	
<i>fenofibric acid (choline) oral capsule,delayed release(dr/ec) 45 mg</i>	T2	
<i>fenoprofen oral tablet</i>	T4	
<i>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)
<b>FERRIPROX ORAL SOLUTION</b>	T5	PA
<b>FERRIPROX ORAL TABLET 500 MG</b>	T5	PA
<b>FETZIMA</b>	T4	PA; QL (30 EA per 30 days)
<i>fexofenadine oral suspension</i>	T2	
<i>fexofenadine-pseudoephedrine</i>	T3	
<b>FIASP FLETOUCH U-100 INSULIN</b>	T3	QL (60 ML per 30 days)
<b>FIASP U-100 INSULIN</b>	T3	QL (60 ML per 30 days)
<b>FINACEA TOPICAL GEL</b>	T4	
<i>finasteride oral tablet 5 mg</i>	T2	
<b>FINTEPLA</b>	T5	PA
<b>FIRDAPSE</b>	T5	PA; QL (240 EA per 30 days)
<b>FIRVANQ</b>	T3	
<i>flavoxate</i>	T2	
<i>flecainide</i>	T2	
<b>FLEET LAXATIVE (BISACODYL)</b>	NCS	
<b>FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION</b>	T3	QL (60 EA per 30 days)
<b>FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION</b>	T3	QL (240 EA per 30 days)
<b>FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION</b>	T3	QL (12 GM per 30 days)
<b>FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION</b>	T3	QL (24 GM per 30 days)
<b>FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION</b>	T3	QL (10.6 GM per 30 days)
<i>fluconazole oral tablet</i>	T2	
<i>flucytosine</i>	T5	
<i>fudrocortisone</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 acetonide oil</i>	T3	
<i>fluocinolone and shower cap</i>	T3	
<i>fluocinonide topical cream 0.05 %</i>	T3	
<i>fluocinonide topical gel</i>	T3	

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

Drug	Status	Notes
FREESTYLE FREEDOM LITE	T3	
FREESTYLE INSULINX	T3	
FREESTYLE INSULINX TEST STRIPS	T3	QL (200 EA per 30 days)
FREESTYLE LANCETS	T3	QL (200 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER	T4	QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	T4	QL (2 EA per 28 days)
FREESTYLE LITE METER	T3	
FREESTYLE LITE STRIPS	T3	QL (200 EA per 30 days)
FREESTYLE TEST	T3	QL (200 EA per 30 days)
<i>fravatriptan</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	

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

Drug	Status	Notes
haloperidol decanoate	T2	
haloperidol lactate injection	T2	
haloperidol lactate oral	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	
heparin (porcine) injection cartridge	T2	
heparin (porcine) injection solution 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	T2	
heparin, porcine (pf) injection solution	T2	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	T2	
HERCEPTIN HYLECTA	T5	PA
HIBERIX (PF)	NCS	
HOMATROPAIRE	T3	
homatropine hbr	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-UVEITS-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)
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)

Drug	Status	Notes
<b>HYCAMTIN</b>	T5	PA
hydralazine oral	T2	
hydrochlorothiazide	T1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	T4	QL (2700 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg	T3	QL (180 EA per 30 days)
hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	T3	QL (240 EA per 30 days)
hydrocodone-acetaminophen oral tablet 7.5-325 mg	T3	QL (84 EA per 30 days)
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml (5 ml)	T2	
hydrocodone-homatropine oral tablet	T2	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	T3	QL (50 EA per 30 days)
hydrocortisone acetate rectal	T3	
hydrocortisone acetate topical cream 1 %	T2	
hydrocortisone butyrate topical cream	T2	
hydrocortisone butyrate topical ointment	T4	
hydrocortisone butyrate topical solution	T4	
hydrocortisone butyr-emollient	T4	
hydrocortisone oral	T2	
hydrocortisone rectal	T4	
hydrocortisone topical cream	T2	
hydrocortisone topical cream in packet	T2	
hydrocortisone topical cream with perineal applicator	T2	
hydrocortisone topical lotion 1 %	T1	
hydrocortisone topical lotion 2.5 %	T3	
hydrocortisone topical ointment	T2	
hydrocortisone valerate topical cream	T4	
hydrocortisone valerate topical ointment	T2	
hydrocortisone-acetic acid	T3	
hydrocortisone-aloe vera topical cream 1 %	T2	
hydrocortisone-iodoquinol	T3	
hydrocortisone-pramoxine	T3	
<b>HYDROMET</b>	T2	
hydromorphone oral tablet	T3	QL (180 EA per 30 days)
hydromorphone oral tablet extended release 24 hr 12 mg	T5	PA; QL (30 EA per 30 days)
hydromorphone oral tablet extended release 24 hr 16 mg, 32 mg, 8 mg	T4	PA; QL (30 EA per 30 days)
hydroxychloroquine	T3	
hydroxyurea	T2	
hydroxyzine hcl	T2	
hydroxyzine pamoate	T2	
<b>HYLATOPIC</b>	T4	
<b>HYLATOPICPLUS TOPICAL CREAM</b>	T4	

Drug	Status	Notes
<b>HYLATOPICPLUS TOPICAL FOAM</b>	T4	
<i>hyoscyamine sulfate oral</i>	T2	
<i>hyoscyamine sulfate sublingual</i>	T2	
<b>HYOSYNE ORAL DROPS</b>	T2	
<b>HYQVIA</b>	T5	PA
<i>ibandronate oral</i>	T2	QL (1 EA per 28 days)
<b>IBRANCE</b>	T5	PA; QL (21 EA per 28 days)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
<i>ibuprofen-oxycodone</i>	T3	QL (28 EA per 30 days)
<i>icatibant</i>	T5	PA
<b>ICLUSIG ORAL TABLET 15 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>ICLUSIG ORAL TABLET 45 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>IDAMYCIN PFS</b>	T5	PA
<b>IDHIFA</b>	T5	PA
<b>ILEVRO</b>	T3	
<i>imatinib oral tablet 100 mg</i>	T5	PA; QL (180 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	T5	PA; QL (60 EA per 30 days)
<b>IMBRUICA ORAL CAPSULE 140 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>IMBRUICA ORAL CAPSULE 70 MG</b>	T5	PA
<b>IMBRUICA ORAL CAPSULE 70 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>IMBRUICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG</b>	T5	PA
<b>IMBRUICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG</b>	T5	PA; QL (30 EA per 30 days)
<i>imipramine hcl</i>	T2	
<i>imipramine pamoate</i>	T4	
<i>imiquimod topical cream in packet</i>	T4	QL (20 EA per 28 days)
<b>IMOVAZ RABIES VACCINE (PF)</b>	NCS	
<b>INBRIJA</b>	T5	PA; QL (60 EA per 30 days)
<b>INCRELEX</b>	T5	PA
<b>INCRUSE ELLIPTA</b>	T3	
<i>indapamide</i>	T2	
<i>indomethacin oral capsule</i>	T2	
<b>INFANRIX (DTAP) (PF)</b>	NCS	
<b>INFLECTRA</b>	T5	
<b>INLYTA</b>	T5	PA; QL (120 EA per 30 days)
<b>INREBIC</b>	T5	PA; QL (120 EA per 30 days)
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>	T3	QL (200 EA per 30 days)
<b>INTELENCE ORAL TABLET 100 MG</b>	T3	QL (120 EA per 30 days)
<b>INTELENCE ORAL TABLET 200 MG</b>	T3	QL (60 EA per 30 days)
<b>INTELENCE ORAL TABLET 25 MG</b>	T3	
<b>INTRON A INJECTION</b>	T5	PA
<b>INTROVALE</b>	NCS	
<b>INVEGA SUSTENNA</b>	T4	PA

Drug	Status	Notes
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)
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	

Drug	Status	Notes
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)
kaitlib fe	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
ketoconazole oral	T2	
ketoconazole topical cream	T2	
ketoconazole topical shampoo	T2	
ketoprofen oral capsule 50 mg, 75 mg	T2	
ketorolac ophthalmic (eye)	T2	
ketorolac oral	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)
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 norgest/e.estriadiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	NCS	
labetalol oral	T2	
LACRISERT	T5	PA
lactulose oral solution	T2	
LAMICTAL STARTER (GREEN) KIT	T3	

Drug	Status	Notes
<b>LAMICTAL STARTER (ORANGE) KIT</b>	T3	
<i>lamivudine</i>	T1	
<i>lamivudine-zidovudine</i>	T1	
<i>lamotrigine oral tablet</i>	T2	
<i>lamotrigine oral tablet disintegrating, dose pk</i>	T3	
<i>lamotrigine oral tablet, chewable dispersible</i>	T2	
<i>lamotrigine oral tablet,disintegrating</i>	T3	QL (90 EA per 30 days)
<i>lamotrigine oral tablets,dose pack</i>	T3	
<i>lancets</i>	T3	QL (200 EA per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	T2	QL (30 EA per 30 days)
<b>LANTUS SOLOSTAR U-100 INSULIN</b>	T3	QL (60 ML per 30 days)
<b>LANTUS U-100 INSULIN</b>	T3	QL (60 ML per 30 days)
<b>LARIN 1.5/30 (21)</b>	NCS	
<b>LARIN 1/20 (21)</b>	NCS	
<b>LARIN 24 FE</b>	NCS	
<b>LARIN FE 1.5/30 (28)</b>	NCS	
<b>LARIN FE 1/20 (28)</b>	NCS	
<b>LASTACAF</b>	T4	QL (6 ML per 30 days)
<i>latanoprost</i>	T1	
<b>LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG</b>	T4	QL (30 EA per 30 days)
<b>LATUDA ORAL TABLET 80 MG</b>	T4	QL (60 EA per 30 days)
<b>LAXACLEAR</b>	NCS	
<b>LAXATIVE (BISACODYL) ORAL</b>	NCS	
<b>LAXATIVE FEMININE</b>	NCS	
<b>LAXATIVE PEG 3350 ORAL POWDER</b>	NCS	
<b>LAYOLIS FE</b>	NCS	
<i>ledipasvir-sofosbuvir</i>	T5	PA; QL (30 EA per 30 days)
<b>LEENA 28</b>	NCS	
<i>leflunomide</i>	T3	QL (30 EA per 30 days)
<b>LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)</b>	T5	PA; QL (30 EA per 30 days)
<b>LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 4 MG</b>	T5	PA
<b>LESSINA</b>	NCS	
<b>LETAIRIS</b>	T5	PA
<i>letrozole</i>	T2	
<i>leucovorin calcium oral</i>	T4	
<b>LEUKERAN</b>	T4	
<b>LEUKINE INJECTION RECON SOLN</b>	T5	PA
<i>leuprolide</i>	T5	PA
<i>levalbuterol hcl</i>	T4	
<b>LEVATOL</b>	T4	

Drug	Status	Notes
<b>LEVEMIR FLEXTOUCH U-100 INSULN</b>	T3	QL (60 ML per 30 days)
<b>LEVEMIR U-100 INSULIN</b>	T3	QL (60 ML per 30 days)
<i>levetiracetam oral solution</i>	T2	
<i>levetiracetam oral tablet</i>	T2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	T2	QL (180 EA per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	T2	QL (120 EA per 30 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	T2	
<i>levocarnitine (with sugar)</i>	T3	
<i>levocarnitine oral tablet</i>	T3	
<i>levocetirizine oral solution</i>	T4	
<i>levocetirizine oral tablet</i>	T2	QL (30 EA per 30 days)
<i>levofloxacin ophthalmic (eye)</i>	T2	
<i>levofloxacin oral solution</i>	T4	
<i>levofloxacin oral tablet</i>	T2	
<b>LEVONEST (28)</b>	NCS	
<i>levonorgestrel oral tablet 1.5 mg</i>	NCS	
<i>levonorgestrel-ethinyl estrad</i>	NCS	
<i>levonorg-eth estrad triphasic</i>	NCS	
<b>LEVORA-28</b>	NCS	
<i>levorphanol tartrate oral tablet 2 mg</i>	T4	QL (180 EA per 30 days)
<i>levothyroxine oral</i>	T2	
<b>LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG</b>	T2	
<b>LEXIVA ORAL SUSPENSION</b>	T3	
<b>LEXIVA ORAL TABLET</b>	T4	
<b>LIALDA</b>	T3	QL (120 EA per 30 days)
<i>lidocaine hcl laryngotracheal</i>	T2	
<i>lidocaine hcl mucous membrane jelly</i>	T2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	T2	
<i>lidocaine hcl topical cream 3 %</i>	T2	
<i>lidocaine hcl topical lotion</i>	T2	
<i>lidocaine hcl-hydrocortison ac rectal cream 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)
<b>LIDOCAINE VISCOUS</b>	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

Drug	Status	Notes
<b>LINZESS</b>	T3	
<i>liothyronine oral</i>	T2	
<b>LIPOFEN</b>	T3	
<i>lisinopril</i>	T1	
<i>lisinopril-hydrochlorothiazide</i>	T1	
<b>LITE COAT ASPIRIN</b>	NCS	
<i>lithium carbonate oral capsule</i>	T1	
<i>lithium carbonate oral tablet</i>	T2	
<i>lithium carbonate oral tablet extended release</i>	T2	
<i>lithium citrate</i>	T2	
<b>LIVALO</b>	T4	PA
<b>LO LOESTRIN FE</b>	T4	
<b>LOCOID TOPICAL LOTION</b>	T4	
<b>LOKELMA</b>	T4	PA
<b>LONSURF</b>	T5	PA
<i>loperamide oral capsule</i>	T2	
<i>lopinavir-ritonavir</i>	T1	
<b>LOPREEZA</b>	T3	
<i>lorazepam oral concentrate</i>	T2	
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	T2	QL (180 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	T2	QL (150 EA per 30 days)
<b>LORBRENA ORAL TABLET 100 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>LORBRENA ORAL TABLET 25 MG</b>	T5	PA; QL (90 EA per 30 days)
<b>LORYNA (28)</b>	NCS	
<i>losartan oral tablet 100 mg</i>	T1	QL (30 EA per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	T1	QL (60 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	T1	QL (30 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	T1	QL (60 EA per 30 days)
<b>LOTEMAX</b>	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)
<b>LOW-OGESTREL (28)</b>	NCS	
<i>loxapine succinate</i>	T2	
<b>LUIDENT FLUORIDE</b>	NCS	
<b>LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %</b>	T3	QL (5 ML per 30 days)
<b>LUPANETA PACK (1 MONTH)</b>	T5	PA
<b>LUPANETA PACK (3 MONTH)</b>	T5	PA
<b>LUPRON DEPOT</b>	T5	PA; QL (1 EA per 28 days)
<b>LUPRON DEPOT (3 MONTH)</b>	T5	PA; QL (1 EA per 84 days)
<b>LUPRON DEPOT (4 MONTH)</b>	T5	PA; QL (1 EA per 112 days)
<b>LUPRON DEPOT (6 MONTH)</b>	T5	PA; QL (1 EA per 168 days)
<b>LUPRON DEPOT-PED</b>	T5	PA; QL (1 EA per 28 days)

Drug	Status	Notes
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
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)

Drug	Status	Notes
memantine oral tablet	T2	QL (60 EA per 30 days)
memantine oral tablets,dose pack	T2	
<b>MENACTRA (PF) INTRAMUSCULAR SOLUTION</b>	NCS	
<b>MENEST</b>	T4	PA
<b>MENTAX</b>	T3	
<b>MENVEO A-C-Y-W-135-DIP (PF)</b>	NCS	
<b>MENVEO MENA COMPONENT (PF)</b>	NCS	
<b>MENVEO MENCYW-135 COMPNT (PF)</b>	NCS	
meperidine oral tablet	T3	QL (180 EA per 30 days)
meprobamate	T3	
mercaptopurine	T3	
meropenem	T5	PA
mesalamine oral capsule,extended release 24hr	T3	QL (120 EA per 30 days)
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	T4	
mesalamine rectal	T4	
mesalamine with cleansing wipe	T4	
metaproterenol oral syrup	T2	
metaxalone oral tablet 800 mg	T4	QL (120 EA per 30 days)
metformin oral tablet 1,000 mg	T1	QL (60 EA per 30 days)
metformin oral tablet 500 mg	T1	QL (150 EA per 30 days)
metformin oral tablet 850 mg	T1	QL (90 EA per 30 days)
metformin oral tablet extended release 24 hr 500 mg	T1	QL (120 EA per 30 days)
metformin oral tablet extended release 24 hr 750 mg	T1	QL (60 EA per 30 days)
methadone oral tablet	T3	QL (240 EA per 30 days)
methamphetamine	T3	QL (90 EA per 30 days)
methazolamide	T4	
methenamine hippurate	T2	
methenamine mandelate oral tablet 1 gram	T3	
methimazole oral tablet 10 mg, 5 mg	T1	
<b>METHITEST</b>	T4	PA
methocarbamol oral	T2	
methotrexate sodium	T2	
methotrexate sodium (pf)	T2	
methoxsalen	T5	
methscopolamine	T2	
methyclothiazide	T3	
methyldopa	T2	
methyldopa-hydrochlorothiazide	T2	
methylergonovine oral	T3	
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg	T3	QL (180 EA per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 50 mg, 60 mg	T3	QL (30 EA per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg	T3	QL (60 EA per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 40 mg	T3	QL (30 EA per 30 days)

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

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

Drug	Status	Notes
MYORISAN	T4	
MYRBETRIQ	T3	
nabumetone	T2	
nadolol	T2	QL (30 EA per 30 days)
naftifine	T4	
NAFTIN TOPICAL GEL	T4	
NAGLAZYME	T5	PA
naloxone injection syringe 1 mg/ml	T2	
naltrexone	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)
naproxen oral tablet	T1	
naproxen oral tablet,delayed release (dr/ec)	T2	
naratriptan	T3	ST; QL (18 EA per 30 days)
NATACYN	T3	
NATAZIA	T3	
nateglinide	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	
nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg	T2	QL (60 EA per 30 days)
nefazodone oral tablet 200 mg	T2	QL (90 EA per 30 days)
neomycin	T2	
neomycin-bacitracin-poly-hc	T2	
neomycin-bacitracin-polymyxin	T2	
neomycin-polymyxin b-dexameth	T2	
neomycin-polymyxin-gramicidin	T2	
neomycin-polymyxin-hc otic (ear)	T2	
NEOSALUS TOPICAL FOAM	T4	
NERLYNX	T5	PA
NEULASTA	T5	PA
NEUPOGEN	T5	PA
NEVANAC	T3	
nevirapine	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	
niacin oral tablet 500 mg	T2	
niacin oral tablet extended release 24 hr	T3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
niacin oral tablet extended release 750 mg	T3	
<b>NIACOR</b>	T2	
nicardipine oral	T3	
nicotine (polacrilex) buccal gum	NCS	QL (2800 EA per 365 days)
nicotine (polacrilex) buccal lozenge	NCS	QL (2448 EA per 365 days)
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr	NCS	QL (84 EA per 365 days)
nicotine transdermal patch 24 hour 7 mg/24 hr	NCS	QL (28 EA per 365 days)
<b>NICOTROL</b>	NCS	QL (2688 EA per 365 days)
<b>NICOTROL NS</b>	NCS	QL (6720 ML per 365 days)
nifedipine	T2	
<b>NIKKI (28)</b>	NCS	
nilutamide	T5	
nimodipine	T2	
<b>NINLARO</b>	T5	PA; QL (4 EA per 28 days)
nisoldipine	T3	
<b>NITRO-BID</b>	T4	
nitrofurantoin	T2	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	T2	
nitrofurantoin monohyd/m-cryst	T2	
nitroglycerin sublingual	T2	
nitroglycerin transdermal patch 24 hour	T2	
nizatidine	T2	
<b>NORA-BE</b>	NCS	
noreth-ethynodiol-iron	NCS	
norethindrone (contraceptive)	NCS	
norethindrone acetate	T2	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	T3	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	NCS	
norethindrone-e.estradol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1 mg-20 mcg (24)/75 mg (4)	NCS	
norgestimate-ethynodiol-estradiol	NCS	
<b>NORLYROC</b>	NCS	
<b>NORMAL SALINE FLUSH</b>	T2	
<b>NORPACE CR</b>	T5	PA
<b>NORTHERA</b>	T5	PA
<b>NORTREL 0.5/35 (28)</b>	NCS	
<b>NORTREL 1/35 (21)</b>	NCS	
<b>NORTREL 1/35 (28)</b>	NCS	
<b>NORTREL 7/7/7 (28)</b>	NCS	
nortriptyline oral capsule	T1	
<b>NORVIR ORAL CAPSULE</b>	T3	
<b>NORVIR ORAL POWDER IN PACKET</b>	T3	

Drug	Status	Notes
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 INSULIN	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 INSULIN	T3	QL (60 ML per 30 days)
NOVOLOG MIX 70-30 FLEXPEN U-100	T3	QL (60 ML per 30 days)
NOVOLOG PENFILL U-100 INSULIN	T3	QL (60 ML per 30 days)
NOVOLOG U-100 INSULIN ASPART	T3	QL (60 ML per 30 days)
NOXAFIL	T5	PA
NP THYROID ORAL TABLET 15 MG, 30 MG, 60 MG, 90 MG	T2	
NUBEQA	T5	PA; QL (120 EA per 30 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR	T5	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	Non-Formulary	
NUCALA SUBCUTANEOUS SYRINGE	T5	PA; QL (3 ML per 28 days)
NUCYNTA	T4	PA; QL (180 EA per 30 days)
NUCYNTA ER	T4	PA; QL (60 EA per 30 days)
NUEDEXTA	T5	PA; QL (60 EA per 30 days)
NULOJIX	T5	PA
NURTEC ODT	T5	PA; QL (15 EA per 30 days)
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML)	T5	PA
NUVARING	NCS	
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	

Drug	Status	Notes
olmesartan-amlodipin-hcthiazid	T3	
olmesartan-hydrochlorothiazide	T3	
olopatadine nasal	T4	
olopatadine ophthalmic (eye)	T3	QL (10 ML per 30 days)
omega 3-dha-epa-fish oil oral capsule 1,000 mg (120 mg-180 mg)	T4	
omega-3 acid ethyl esters	T3	
omeprazole magnesium oral capsule,delayed release(dr/ec)	T2	
omeprazole oral capsule,delayed release(dr/ec)	T2	
omeprazole oral tablet,delayed release (dr/ec)	T2	
<b>OMNARIS</b>	T4	
<b>OMNIPOD DASH 5 PACK POD</b>	T5	PA
<b>OMNIPOD DASH PDM KIT</b>	T5	PA; QL (1 EA per 365 days)
<b>OMNIPOD INSULIN MANAGEMENT</b>	T5	PA; QL (1 EA per 365 days)
<b>OMNIPOD INSULIN REFILL</b>	T5	PA
<b>OMNITROPE</b>	T5	PA
ondansetron	T3	
ondansetron hcl oral solution	T2	
ondansetron hcl oral tablet 24 mg	T2	QL (30 EA per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	T2	QL (60 EA per 30 days)
<b>ONFI ORAL SUSPENSION</b>	T5	PA
<b>ONFI ORAL TABLET 10 MG, 20 MG</b>	T5	PA
<b>OPCICON ONE-STEP</b>	NCS	
<b>OPSUMIT</b>	T5	PA
<b>ORAL SALINE LAXATIVE</b>	NCS	
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG</b>	T5	PA
<b>ORFADIN ORAL CAPSULE</b>	T5	PA
<b>ORKAMBI</b>	T5	PA
orphenadrine citrate oral	T2	QL (60 EA per 30 days)
<b>ORSYTHIA</b>	NCS	
<b>OSCIMIN SR</b>	T2	
oseltamivir oral capsule	T3	QL (60 EA per 30 days)
oseltamivir oral suspension for reconstitution	T4	
<b>OSMOPREP</b>	T4	
<b>OSPHENA</b>	T4	PA
<b>OTEZLA</b>	T5	PA
<b>OTEZLA STARTER</b>	T5	PA
oxandrolone oral tablet 10 mg	T5	PA; QL (120 EA per 30 days)
oxandrolone oral tablet 2.5 mg	T5	PA; QL (60 EA per 30 days)
oxaprozin	T3	
oxcarbazepine	T2	
<b>OXERVATE</b>	T5	PA
oxiconazole	T4	

Drug	Status	Notes
oxybutynin chloride oral tablet	T2	QL (120 EA per 30 days)
oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg	T2	QL (30 EA per 30 days)
oxybutynin chloride oral tablet extended release 24hr 15 mg	T2	QL (60 EA per 30 days)
oxycodone oral solution	T4	QL (5400 ML per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg	T3	QL (180 EA per 30 days)
oxycodone oral tablet 30 mg	T3	QL (120 EA per 30 days)
oxycodone oral tablet 5 mg	T3	QL (240 EA per 30 days)
oxycodone oral tablet,oral only,ext.rel.12 hr	T4	PA; QL (60 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	T3	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg, 7.5-325 mg	T3	QL (240 EA per 30 days)
oxycodone-aspirin	T3	QL (360 EA per 30 days)
oxymorphone oral tablet	T4	QL (120 EA per 30 days)
oxymorphone oral tablet extended release 12 hr	T4	QL (60 EA per 30 days)
<b>OZEMPI SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)</b>	T3	QL (1.5 ML per 28 days)
<b>OZEMPI SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)</b>	T3	QL (3 ML per 28 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	T5	PA; QL (30 EA per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	T5	PA; QL (60 EA per 30 days)
<b>PALYNZIQ</b>	T5	PA
pamidronate	T5	PA
<b>PANRETIN</b>	T5	PA
pantoprazole oral tablet,delayed release (dr/ec)	T2	QL (60 EA per 30 days)
<b>PARAGARD T 380A</b>	NCS	
paricalcitol intravenous	T4	
paricalcitol oral	T4	PA
<b>PAROEX ORAL RINSE</b>	T2	
paromomycin	T3	
paroxetine hcl oral tablet	T2	QL (90 EA per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg	T3	QL (30 EA per 30 days)
paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg	T3	QL (60 EA per 30 days)
<b>PASER</b>	T4	
<b>PAXIL ORAL SUSPENSION</b>	T4	QL (900 ML per 30 days)
<b>PAZEO</b>	T3	
<b>PEDIARIX (PF)</b>	NCS	
<b>PEDVAX HIB (PF)</b>	NCS	
peg 3350-electrolytes	NCS	
<b>PEG-3350 WITH FLAVOR PACKS</b>	NCS	
<b>PEGANONE</b>	T4	
<b>PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML</b>	T5	PA; QL (2 ML per 28 days)
<b>PEGASYS SUBCUTANEOUS SOLUTION</b>	T5	PA; QL (4 ML per 28 days)
<b>PEGASYS SUBCUTANEOUS SYRINGE</b>	T5	PA; QL (2 ML per 28 days)

Drug	Status	Notes
peg-electrolyte soln	NCS	
<b>PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML</b>	T5	PA
<b>PEG-PREP</b>	NCS	
<b>PEMAZYRE</b>	T5	PA; QL (14 EA per 21 days)
<b>PEN NEEDLE NEEDLE 31 GAUGE X 5/16"</b>	T3	QL (200 EA per 30 days)
penicillamine oral capsule	T5	PA
<b>PENICILLAMINE ORAL TABLET</b>	T5	PA; QL (120 EA per 30 days)
penicillin v potassium	T2	
<b>PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML</b>	NCS	
<b>PENTACEL ACTHIB COMPONENT (PF)</b>	NCS	
<b>PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML</b>	NCS	
<b>PENTAM</b>	T5	PA
pentamidine injection	T4	
<b>PENTASA</b>	T3	QL (240 EA per 30 days)
pentazocine-naloxone	T3	
<b>PENTIPS NEEDLE 31 GAUGE X 5/16"</b>	T3	QL (200 EA per 30 days)
pentoxifylline	T2	
<b>PERFOROMIST</b>	T5	PA
perindopril erbumine	T3	
permethrin topical cream	T4	
perphenazine	T2	
perphenazine-amitriptyline	T2	
<b>PERSERIS</b>	T5	PA; QL (1 EA per 28 days)
<b>PEXEVA</b>	T4	
<b>PHENADOZ</b>	T3	
phenazopyridine oral tablet 100 mg, 200 mg	T2	
phenelzine	T3	
<b>PHENERGAN RECTAL</b>	T3	
phenobarb-hyoscy-atropine-scop oral tablet	T4	
phenobarbital	T2	
phenoxybenzamine	T3	
<b>PHILITH</b>	NCS	
phospha 250 neutral	T2	
<b>PHOSPHATE LAXATIVE ORAL LIQUID</b>	NCS	
<b>PHOSPHOLINE IODIDE</b>	T3	
<b>PHYSIOLYTE</b>	T4	
<b>PICATO</b>	T5	PA
<b>PIFELTRO</b>	T5	QL (30 EA per 30 days)
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	T3	
pilocarpine hcl oral	T3	
pimecrolimus	T4	

Drug	Status	Notes
pimozide	T3	
<b>PIMTREA (28)</b>	NCS	
pindolol	T3	
pioglitazone	T2	QL (30 EA per 30 days)
pioglitazone-glimepiride	T3	QL (30 EA per 30 days)
pioglitazone-metformin	T3	QL (90 EA per 30 days)
<b>PIQRAY</b>	T5	PA; QL (30 EA per 30 days)
<b>PIRMELLA</b>	NCS	
piroxicam	T3	
<b>PLAN B ONE-STEP</b>	NCS	
<b>PLEGRIDY</b>	T5	PA; QL (1 ML per 28 days)
<b>PNEUMOVAX-23</b>	NCS	
<b>PNV 29-1</b>	T3	
podofilox	T3	
polyethylene glycol 3350	NCS	
polyethylene glycol 3350(bulk) powder	T2	
polymyxin b sulfate	T2	
polymyxin b sulf-trimethoprim	T2	
<b>POMALYST</b>	T5	PA
<b>PORTIA 28</b>	NCS	
potassium chloride oral	T2	
potassium citrate	T3	
<b>POTELIGEO</b>	T5	PA
<b>POWDERLAX ORAL POWDER</b>	NCS	
<b>PRADAXA</b>	T4	
pramipexole oral tablet	T2	
pramipexole oral tablet extended release 24 hr	T5	PA
<b>PRAMOSONE TOPICAL LOTION</b>	T4	
pravastatin	T2	QL (30 EA per 30 days)
prazosin	T2	
<b>PRECISION XTRA MONITOR</b>	T3	
<b>PRECISION XTRA TEST</b>	T3	QL (200 EA per 30 days)
prednicarbate	T3	
prednisolone acetate	T2	
prednisolone oral solution 15 mg/5 ml	T2	
prednisolone sodium phosphate ophthalmic (eye)	T2	
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)	T2	
prednisolone sodium phosphate oral tablet,disintegrating	T4	
<b>PREDNISONE INTENSOL</b>	T2	
prednisone oral solution	T2	
prednisone oral tablet	T1	

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

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

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

Drug	Status	Notes
<b>REYVOW</b>	T5	PA; QL (4 EA per 30 days)
<b>RHOPRESSA</b>	T3	
<b>RIBASPHERE ORAL CAPSULE</b>	T4	PA
<i>ribavirin oral capsule</i>	T4	PA
<i>ribavirin oral tablet 200 mg</i>	T4	PA
<b>RIDAURA</b>	T5	
<i>rifabutin</i>	T4	
<b>RIFAMATE</b>	T4	
<i>rifampin oral</i>	T2	
<b>RIFATER</b>	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)
<b>RISPERDAL CONSTA</b>	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	
<b>ROSANIL</b>	T4	
<b>ROSULA CLEANSING CLOTHS</b>	T4	
<i>rosuvastatin</i>	T2	QL (30 EA per 30 days)
<b>ROTARIX</b>	NCS	
<b>ROTAQE VACCINE</b>	NCS	
<b>ROZEREM</b>	T3	QL (30 EA per 30 days)
<b>ROZLYTREK ORAL CAPSULE 100 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>ROZLYTREK ORAL CAPSULE 200 MG</b>	T5	PA; QL (90 EA per 30 days)
<b>RUBRACA</b>	T5	PA; QL (120 EA per 30 days)
<b>RUKOBIA</b>	T5	QL (60 EA per 30 days)
<b>RUZURGI</b>	T5	PA; QL (240 EA per 30 days)
<b>RYBELSUS</b>	T3	QL (30 EA per 30 days)
<b>RYDAPT</b>	T5	PA; QL (8 EA per 28 days)
<b>SABRIL ORAL TABLET</b>	T5	PA
<b>SAFYRAL</b>	T3	
<i>salicylic acid topical cream,extended release</i>	T2	
<i>salicylic acid topical foam</i>	T2	
<i>salicylic acid topical gel</i>	T2	

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

Drug	Status	Notes
sodium chloride 0.9 % injection	T2	
sodium chloride 0.9 % intravenous parenteral solution	T2	
sodium chloride inhalation	T2	
sodium chloride irrigation	T2	
sodium phenylbutyrate oral tablet	T5	PA
sodium polystyrene sulfonate oral	T3	
sofosbuvir-velpatasvir	T5	PA; QL (30 EA per 30 days)
solifenacin	T3	QL (30 EA per 30 days)
<b>SOMATULINE DEPOT</b>	T5	PA
<b>SOMAVERT</b>	T5	PA
<b>SORINE</b>	T2	
<b>SOTALOL AF</b>	T2	
sotalol oral	T2	
<b>SPIRIVA RESPIMAT</b>	T3	QL (4 GM per 30 days)
<b>SPIRIVA WITH HANDIHALER</b>	T3	QL (30 EA per 30 days)
spironolactone	T2	
spironolacton-hydrochlorothiaz	T2	
<b>SPRINTEC (28)</b>	NCS	
<b>SPRYCEL</b>	T5	PA; QL (30 EA per 30 days)
<b>SPS (WITH SORBITOL) ORAL</b>	T2	
sps (with sorbitol) rectal	T2	
<b>SRONYX</b>	NCS	
<b>SSD</b>	T2	
<b>SSS 10-5</b>	T4	
stavudine oral capsule	T1	
<b>STEGLATRO</b>	T3	QL (30 EA per 30 days)
<b>STIOLTO RESPIMAT</b>	T3	QL (4 GM per 30 days)
<b>STIVARGA</b>	T5	PA; QL (84 EA per 28 days)
streptomycin	T3	
<b>STRIBILD</b>	T3	QL (30 EA per 30 days)
<b>STRIVERDI RESPIMAT</b>	T3	
sucralfate oral suspension	T3	
sucralfate oral tablet	T2	
sulfacetamide sodium (acne)	T2	
sulfacetamide sodium ophthalmic (eye)	T2	
sulfacetamide sodium topical	T4	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4.5 %, 9.8-4.8 %	T4	
sulfacetamide sodium-sulfur topical cream	T4	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v)	T4	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/w), 9.8-4.8 %	T2	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	T4	
sulfacetamide sodium-sulfur topical suspension 10-5 %	T4	

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

Drug	Status	Notes
<b>TAKHZYRO</b>	T5	PA
<b>TALZENNA ORAL CAPSULE 0.25 MG</b>	T5	PA; QL (90 EA per 30 days)
<b>TALZENNA ORAL CAPSULE 1 MG</b>	T5	PA; QL (30 EA per 30 days)
<i>tamoxifen</i>	T2	PA
<i>tamsulosin</i>	T2	
<b>TARCEVA</b>	T5	PA; QL (30 EA per 30 days)
<b>TARGRETIN TOPICAL</b>	T5	PA
<b>TARINA FE 1/20 (28)</b>	NCS	
<b>TASIGNA ORAL CAPSULE 150 MG, 200 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>TAVALISSE</b>	T5	PA; QL (60 EA per 30 days)
<i>tazarotene</i>	T3	
<b>TAZORAC</b>	T4	
<b>TAZTIA XT</b>	T2	
<b>TAZVERIK</b>	T5	PA; QL (240 EA per 30 days)
<b>TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG</b>	T5	PA; QL (14 EA per 365 days)
<b>TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)</b>	T5	PA; QL (60 EA per 365 days)
<b>TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>TEKTURNA</b>	T3	
<b>TEKTURNA HCT</b>	T3	
<i>telmisartan</i>	T2	
<i>temazepam oral capsule 15 mg, 30 mg</i>	T2	QL (30 EA per 30 days)
<i>temozolomide</i>	T5	PA
<b>TENIVAC (PF)</b>	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	
<b>THALOMID</b>	T5	PA
<i>theophylline oral tablet extended release 12 hr</i>	T2	

Drug	Status	Notes
theophylline oral tablet extended release 24 hr 600 mg	T3	
thioridazine	T2	
thiothixene	T2	
<b>THYMOGLOBULIN</b>	T5	PA
<b>THYROLAR-1</b>	T3	
<b>THYROLAR-1/2</b>	T3	
<b>THYROLAR-1/4</b>	T3	
<b>THYROLAR-2</b>	T3	
<b>THYROLAR-3</b>	T3	
<i>tiagabine oral tablet 12 mg, 16 mg</i>	T4	
<i>tiagabine oral tablet 2 mg, 4 mg</i>	T5	
<b>TIBSOVO</b>	T5	PA; QL (60 EA per 30 days)
<b>TIGAN INTRAMUSCULAR</b>	T4	PA
<b>TILIA FE</b>	NCS	
<i>timolol maleate ophthalmic (eye) drops</i>	T2	
<i>timolol maleate oral</i>	T2	
<i>tinidazole oral tablet 250 mg</i>	T3	
<i>tinidazole oral tablet 500 mg</i>	T2	
<b>TIS-U-SOL PENTALYTE</b>	T3	
<b>TIVICAY</b>	T3	
<i>tizanidine oral tablet</i>	T2	
<b>TOBRADEX OPHTHALMIC (EYE) OINTMENT</b>	T3	
<b>TOBRADEX ST</b>	T3	
<i>tobramycin in 0.225 % nacl</i>	T5	PA
<i>tobramycin ophthalmic (eye)</i>	T2	
<i>tobramycin-dexamethasone</i>	T3	
<b>TODAY CONTRACEPTIVE SPONGE</b>	NCS	
<i>tolazamide</i>	T4	
<i>tolbutamide</i>	T4	
<i>tolcapone</i>	T5	
<i>tolmetin</i>	T3	
<i>tolterodine oral tablet</i>	T3	QL (60 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	T5	PA
<i>topiramate oral capsule, sprinkle</i>	T3	
<i>topiramate oral tablet</i>	T2	
<b>TOPOSAR</b>	T5	PA
<i>toremifene</i>	T5	QL (30 EA per 30 days)
<i>torsemide oral</i>	T2	
<b>TOUJEO SOLOSTAR U-300 INSULIN</b>	T3	QL (21 ML per 30 days)
<b>TOVIAZ</b>	T4	QL (30 EA per 30 days)
<b>TRACLEER</b>	T5	PA
<b>TRADJENTA</b>	T3	QL (30 EA per 30 days)
<i>tramadol oral tablet 50 mg</i>	T3	QL (240 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
tramadol oral tablet extended release 24 hr	T4	QL (30 EA per 30 days)
tramadol oral tablet, er multiphase 24 hr	T4	QL (30 EA per 30 days)
tramadol-acetaminophen	T3	QL (240 EA per 30 days)
trandolapril	T2	
tranexamic acid intravenous	T3	PA
tranexamic acid oral	T2	
<b>TRANSDERM-SCOP</b>	T4	QL (10 EA per 30 days)
tranylcypromine	T3	
<b>TRAVATAN Z</b>	T3	QL (5 ML per 30 days)
travoprost	T3	QL (5 ML per 30 days)
trazodone oral tablet 100 mg, 150 mg, 50 mg	T2	
trazodone oral tablet 300 mg	T4	
<b>TRECATOR</b>	T4	
<b>TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG</b>	T4	
treprostinil sodium	T5	
<b>TRESIBA FLEXTOUCH U-100</b>	T3	QL (60 ML per 30 days)
<b>TRESIBA FLEXTOUCH U-200</b>	T3	QL (36 ML per 30 days)
tretinoin	T3	
tretinoin (antineoplastic)	T5	PA
tretinoin (emollient)	T3	
tretinoin microspheres	T3	
triamcinolone acetonide dental	T3	
triamcinolone acetonide injection suspension 40 mg/ml	T4	
triamcinolone acetonide nasal	T2	
triamcinolone acetonide topical aerosol	T4	
triamcinolone acetonide topical cream	T2	
triamcinolone acetonide topical lotion	T2	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	T2	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	T2	
triamterene-hydrochlorothiazid oral tablet	T2	
triazolam	T2	
<b>TRIBENZOR</b>	T3	
<b>TRICITRATES</b>	T4	
trientine	T5	
<b>TRI-ESTARYLLA</b>	NCS	
trifluoperazine	T2	
trifluridine	T3	
trihexyphenidyl	T2	
<b>TRIJARDY XR</b>	T3	QL (30 EA per 30 days)
<b>TRIKAFTA</b>	T5	PA; QL (84 EA per 28 days)
<b>TRI-LEGEST FE</b>	NCS	
<b>TRI-LINYAH</b>	NCS	

Drug	Status	Notes
<i>tri-lo-estarrylla</i>	NCS	
<i>tri-lo-marzia</i>	NCS	
<b>TRI-LO-SPRINTEC</b>	NCS	
<b>TRILYTE WITH FLAVOR PACKETS</b>	NCS	
<i>trimethobenzamide oral</i>	T2	
<i>trimethoprim</i>	T2	
<i>trimipramine</i>	T4	
<b>TRINTELLIX</b>	T3	QL (30 EA per 30 days)
<b>TRI-PREVIFEM (28)</b>	NCS	
<b>TRI-SPRINTEC (28)</b>	NCS	
<b>TRIUMEQ</b>	T3	
<b>TRIVORA (28)</b>	NCS	
<b>TRIZIVIR</b>	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	
<b>TRUMENBA</b>	NCS	
<b>TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG</b>	T3	
<b>TRUVADA ORAL TABLET 200-300 MG</b>	T3	QL (30 EA per 30 days)
<b>TUDORZA PRESSAIR</b>	T4	
<b>TUKYSA</b>	T5	PA; QL (120 EA per 30 days)
<b>TURALIO</b>	T5	PA; QL (120 EA per 30 days)
<b>TWINRIX (PF) INTRAMUSCULAR SYRINGE</b>	NCS	
<b>TYBOST</b>	T3	QL (30 EA per 30 days)
<b>TYKERB</b>	T5	PA; QL (180 EA per 30 days)
<b>TYMLOS</b>	T5	PA
<b>TYPHIM VI</b>	NCS	
<b>TYSABRI</b>	T5	PA
<b>TYZINE NASAL DROPS 0.05 %</b>	T3	
<i>tyzine nasal drops 0.1 %</i>	T3	
<b>UBRELVY</b>	T5	PA; QL (16 EA per 30 days)
<b>ULESFIA</b>	T4	
<b>ULORIC</b>	T4	ST
<b>UNITHROID</b>	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	
<i>ursodiol</i>	T4	
<i>vaginal contraceptive foam</i>	NCS	
<i>valacyclovir</i>	T2	QL (90 EA per 30 days)
<b>VALCHLOR</b>	T5	PA

Drug	Status	Notes
<b>VALCYTE ORAL RECON SOLN</b>	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	
<b>VALTOCO</b>	T5	QL (10 EA per 30 days)
<i>vancomycin intravenous recon soln 1,000 mg, 500 mg</i>	T2	
<i>vancomycin oral capsule</i>	T5	PA
<i>vancomycin oral recon soln</i>	T3	
<b>VAQTA (PF)</b>	NCS	
<b>VARIVAX (PF)</b>	NCS	
<b>VARIZIG INTRAMUSCULAR SOLUTION</b>	NCS	
<b>VARUBI ORAL</b>	T5	PA
<b>VASCEPA</b>	T3	
<b>VELIVET TRIPHASIC REGIMEN (28)</b>	NCS	
<b>VELPHORO</b>	T5	PA
<b>VELTIN</b>	T5	
<b>VENCLEXTA ORAL TABLET 10 MG, 50 MG</b>	T5	PA
<b>VENCLEXTA ORAL TABLET 100 MG</b>	T5	PA; QL (180 EA per 30 days)
<b>VENCLEXTA STARTING PACK</b>	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)
<b>VENTAVIS</b>	T5	PA
<b>VENTOLIN HFA</b>	T3	QL (36 GM per 30 days)
<i>verapamil oral</i>	T2	
<b>VEREGEN</b>	T3	
<b>VERZENIO</b>	T5	PA
<b>VESICARE</b>	T3	QL (30 EA per 30 days)
<b>VIBERZI</b>	T5	PA
<b>VICTOZA 2-PAK</b>	T3	QL (9 ML per 30 days)
<b>VICTOZA 3-PAK</b>	T3	QL (9 ML per 30 days)
<b>VIDEX 2 GRAM PEDIATRIC</b>	T3	
<b>VIDEX EC</b>	T4	
<i>vienna</i>	NCS	
<i>vigabatrin oral powder in packet</i>	T5	PA
<i>vigabatrin oral tablet</i>	T5	QL (180 EA per 30 days)
<b>VIGAMOX</b>	T3	
<b>VIIBRYD ORAL TABLET</b>	T4	ST; QL (30 EA per 30 days)
<b>VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)</b>	T4	ST; QL (30 EA per 30 days)
<b>VIMPAT ORAL SOLUTION</b>	T5	PA; QL (1200 ML per 30 days)
<b>VIMPAT ORAL TABLET</b>	T5	PA; QL (60 EA per 30 days)

Drug	Status	Notes
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)
voriconazole oral	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	
VFYFEMLA (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)
warfarin	T1	
water for irrigation, sterile	T2	
WERA (28)	NCS	
WIDE-SEAL DIAPHRAGM 60	NCS	
WIDE-SEAL DIAPHRAGM 65	NCS	
WIDE-SEAL DIAPHRAGM 70	NCS	
WIDE-SEAL DIAPHRAGM 75	NCS	
WIDE-SEAL DIAPHRAGM 80	NCS	
WIDE-SEAL DIAPHRAGM 85	NCS	
WIDE-SEAL DIAPHRAGM 90	NCS	
WIDE-SEAL DIAPHRAGM 95	NCS	
WOMAN'S LAXATIVE (BISACODYL)	NCS	
WOMEN'S GENTLE LAXATIVE(BISAC)	NCS	
WOMEN'S LAXATIVE (BISACODYL)	NCS	
WYMZYA FE	NCS	

Drug	Status	Notes
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)
zafirlukast	T3	QL (60 EA per 30 days)
zaleplon	T2	QL (30 EA per 30 days)
ZANOSAR	T5	PA
ZARAH	NCS	
ZAVESCA	T5	PA
ZEJULA	T5	PA; QL (90 EA per 30 days)
ZELBORA <sup>F</sup>	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)

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



This formulary was updated on 03/01/2019. For more recent information or other questions, please call Customer Service toll-free at 1.855.443.4735 (TTY/TDD relay: 1.800.955.8771) Monday through Friday from 8 a.m. to 6 p.m.

You must generally use network pharmacies to use your prescription drug benefit. The Formulary or pharmacy network may change at any time. You will receive notice when necessary.

Health First Commercial Plans, Inc. is doing business under the name of Health First Health Plans. Health First Health 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.

## Nondiscrimination Notice

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

Health First Health 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 Health First Health 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, [civilrightscoordinator@hf.org](mailto:civilrightscoordinator@hf.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance our Civil Rights Coordinator is available to help you.

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

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

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**English:**

If you, or someone you're helping, has questions about Health First Health Plans, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-443-4735.

**Spanish:**

En caso que usted, o alguien a quien usted ayude, tenga cualquier duda o pregunta acerca de Health First Health Plans, usted tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-443-4735.

**Haitian Creole:**

Si oumenm oswa yon moun w ap ede gen kesyon konsènan Health First Health Plans, se dwa w pou resewva asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 855-443-4735.

**Vietnamese:**

Nếu Quý vị, hay người mà Quý vị đang giúp đỡ, có câu hỏi về Health First Health Plans thì Quý vị có quyền được trợ giúp và được biết thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với thông dịch viên, xin gọi số 855-443-4735.

**Portuguese:**

Você ou alguém que você estiver ajudando tem o direito de tirar dúvidas e obter informações sobre os Health First Health Plans no seu idioma e sem custos. Para falar com um tradutor, ligue para 855-443-4735.

**Chinese:**

如果您，或是您正在協助的對象，有與 Health First Health Plans 相關的問題，您有權以您的母語免費取得幫助和資訊。請致電 855-443-4735 與翻譯員洽談。

**French:**

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Health First Health Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète,appelez 855-443-4735.

**Tagalog:**

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Health First Health Plans, may karapatan ka na humingi ng tulong at impormasyon sa iyong wika nang libre. Upang makausap ang isang tagasalin, tumawag sa 855-443-4735.

**Russian:**

Если у вас или лицу, которому вы помогаете, имеются вопросы по поводу Health First Health Plans, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 855-443-4735.

**Arabic:**

إن كان لديك أو لدى شخص تساعدك أسلة بخصوص Health First Health Plans، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون آية تكلفة. للتحدث مع مترجم اتصل بالرقم 855-443-4735

**Italian:**

Se lei o qualcuno che sta aiutando avete domande su Health First Health Plans, ha il diritto di ottenere aiuto e informazioni nella sua lingua gratuitamente. Per parlare con un interprete, può chiamare il numero 855-443-4735.

**German:**

Falls Sie oder jemand, dem Sie helfen, Fragen zum Health First Health Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-443-4735 an.

**Korean:**

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Health First Health Plans에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 855-443-4735로 전화하십시오.

**Polish:**

Jeśli Ty lub osoba, której pomagasz, macie pytania na temat Health First Health Plans, macie Państwo prawo do bezpłatnego uzyskania informacji i pomocy w języku ojczystym. Aby porozmawiać z tłumaczem, prosimy zadzwonić pod numer 855-443-4735.

**Gujarati:**

જો તમે અથવા તમે કોઇને મદદ કરી રહ્યા હો તેમાંથી કોઇને હેલ્પ ફર્સ્ટ હેલ્પ લાન્સ વિશે પ્રક્રિયો હોય તો તમને તમારી ભાષામાં વિના મૂલ્યો મદદ અને માહિતી મેળવવાનો અધિકાર છે. દુઃખાણિયા સાથે વાત કરવા માટે 855-443-4735 પર કોલ કરો.

**Thai:**

หากคุณหรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ Health First Health Plans คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย หากต้องการพูดคุยกับล่ามแปลงไทย 855-443-4735.

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