Health First Health Plans

2021 Formulary (Drug List)

Effective: November 1, 2021

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. Manufacturer coupons and patient assistance programs (PAP) do not count towards your out of pocket expenses or your deductible for specialty (Tier 5) medications.

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, 2021**. To get updated information about covered drugs, please visit our website at 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.
- **High Value Network.** Those enrolled in a High-Value Commercial (Individual and Small Group) Plans will be able you use our High Value Pharmacy Network to receive reduced copays. Within our Preferred Value Network of Pharmacies, a preferred pharmacy offers a lower copay for covered drugs than a standard

retail pharmacy. In order to save money, you can use the pharmacy locator tool to find a preferred pharmacy near you. Examples of preferred value pharmacies include:

- **Health First Family Pharmacies**
- **Walgreens Pharmacies**
- **Wal-Mart Pharmacies**
- **Publix Pharmacies**
- **Winn-Dixie Pharmacies**
- **Hobbs Pharmacy Pharmacies**
- **Other Preferred Value Pharmacies**

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.

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

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

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

Health First Health Plans Formulary

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. Medications with a limited distribution network that are not available at Accredo may be filled at other pharmacies. Manufacturer coupons and patient assistance programs (PAP) do not count towards your out of pocket expenses or your deductible for specialty (Tier 5) medications.

Prior Authorization (PA):
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.

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs

Status
NCS = No Cost Share
T1 = Tier 1
T2 = Tier 2
T3 = Tier 3
T4 = Tier 4
T5 = Tier 5

Notes
PA = Prior Auth
PA = Prior Auth New Start
ST = Step Therapy
ST = Step Therapy New Start

Drug	Status	Notes
abacavir	T1	
abacavir-lamivudine	T1	
abacavir-lamivudine-zidovudine	T1	
abiraterone oral tablet 250 mg	T5	PA; QL (120 EA per 30 days)
abiraterone oral tablet 500 mg	T5	PA; QL (60 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	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
ACTEMRA ACTPEN	Non-Formulary	QL (2 ML per 30 days)
ACTEMRA SUBCUTANEOUS	Non-Formulary	QL (2 ML per 30 days)
ACTHIB (PF)	NCS	
ACTIMMUNE	T5	PA
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)
ADACEL(TDAP ADOLESN/ADULT)(PF)	NCS	
adapalene topical cream	T3	
adapalene topical gel 0.1 %	T3	
ADDERALL XR	T4	QL (30 EA per 30 days)
ADDYI	T5	PA
ADEFOVIR	T5	PA
ADEMPAS	T5	PA
ADRUCIL INTRAVENOUS SOLUTION 500 MG/10 ML	T3	
ADVAIR DISKUS	T3	QL (60 EA per 30 days)
ADVAIR HFA	T3	QL (12 GM per 30 days)

Drug	Status	Notes
AFEDITAB CR	T2	
AFINITOR ORAL TABLET 10 MG	T5	PA; QL (60 EA per 30 days)
AFTERA	NCS	
AIMOVIG AUTOINJECTOR	T4	PA
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 (NETUPITANT)	T5	PA
albendazole	T5	
ALBENZA	T5	
albuterol sulfate inhalation solution for nebulization	T2	
albuterol sulfate oral syrup	T2	
albuterol sulfate oral tablet	T4	
alclometasone	T3	
ALECENSA	T5	PA; QL (240 EA per 30 days s)
alendronate oral tablet 10 mg, 40 mg, 5 mg	T2	QL (30 EA per 30 days)
alendronate oral tablet 35 mg, 70 mg	T1	QL (4 EA per 28 days)
alfuzosin	T2	QL (30 EA per 30 days)
ALINIA	T5	PA
ALIQOPA	T5	PA
aliskiren	T3	QL (30 EA per 30 days)
allopurinol	T2	
almotriptan malate	T4	ST; QL (18 EA per 30 days)
ALOCRIL	T4	
ALOMIDE	T4	
ALOPHEN (BISACODYL)	NCS	
alosetron	T5	PA; QL (60 EA per 30 days)
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	T4	QL (15 ML per 30 days)
alprazolam oral tablet 0.25 mg, 0.5 mg	T2	QL (120 EA per 30 days)
alprazolam oral tablet 1 mg	T2	QL (240 EA per 30 days)
alprazolam oral tablet 2 mg	T2	QL (150 EA per 30 days)
alprazolam oral tablet extended release 24 hr 0.5 mg	T3	QL (90 EA per 30 days)
alprazolam oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg	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 s)
ALUNBRIG ORAL TABLET 30 MG	T5	PA; QL (120 EA per 30 days s)
ALUNBRIG ORAL TABLETS,DOSE PACK	T5	PA; QL (30 EA per 30 days s)
ALYACEN 1/35 (28)	NCS	
ALYACEN 7/7/7 (28)	NCS	

Drug	Status	Notes
amantadine hcl oral capsule	T3	
amantadine hcl oral tablet	T3	
AMBRISENTAN	T5	PA
amcinonide topical cream	T4	
AMETHIA	NCS	
AMETHIA LO	NCS	
AMETHYST (28)	NCS	
amiloride	T2	
amiloride-hydrochlorothiazide	T2	
aminophylline intravenous solution 250 mg/10 ml	T2	
amiodarone oral tablet 200 mg	T2	
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	
AMNESTEEM	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	
ANADROL-50	T5	PA
anagrelide	T3	
anastrozole	T2	QL (30 EA per 30 days)

Drug	Status	Notes
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	T3	QL (150 GM per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	T3	QL (60 GM per 30 days)
ANORO ELLIPTA	T3	
ANUCORT-HC	T3	
APIDRA SOLOSTAR U-100 INSULIN	T4	ST; QL (60 ML per 30 days)
APIDRA U-100 INSULIN	T4	ST; QL (60 ML per 30 days)
apraclonidine	T2	
aprepitant	T4	PA; QL (60 EA per 30 days)
APRI	NCS	
APRISO	T3	QL (120 EA per 30 days)
APTIOM	T4	PA
APTIVUS	T3	
APTIVUS (WITH VITAMIN E)	T3	
ARANELLE (28)	NCS	
ARANESP (IN POLYSORBATE)	T5	PA
ARCALYST	T5	PA
ARCAPTA NEOHALER	T4	
aripiprazole oral solution	T4	
aripiprazole oral tablet	T2	QL (30 EA per 30 days)
aripiprazole oral tablet,disintegrating	T5	QL (60 EA per 30 days)
ARISTADA	T4	
ARISTADA INITIO	T4	
armodafinil	T3	PA; QL (30 EA per 30 days)
ARMOUR THYROID	T3	
ARNUITY ELLIPTA	T3	
ascomp with codeine	T3	QL (180 EA per 30 days)
asenapine maleate	T4	PA
ASHLYNA	NCS	
ASMANEX HFA	T3	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	T3	QL (1 EA per 30 days)
aspirin low dose	NCS	
aspirin oral tablet	NCS	
aspirin oral tablet,chewable	NCS	
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	NCS	
aspirin-dipyridamole	T4	QL (60 EA per 30 days)
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	T3	QL (200 EA per 30 days)
atazanavir	T1	

Drug	Status	Notes
atenolol	T1	
atenolol-chlorthalidone	T2	
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	T3	QL (60 EA per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	T3	QL (2 EA per 30 days)
atorvastatin	T2	QL (30 EA per 30 days)
atovaquone	T5	
atovaquone-proguanil	T4	
ATRIPLA	T3	QL (30 EA per 30 days)
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	T4	
atropine ophthalmic (eye) drops	T2	
ATROVENT HFA	T4	QL (26 GM per 30 days)
AUBAGIO	T5	PA; QL (30 EA per 30 days)
AUBRA	NCS	
AUSTEDO ORAL TABLET 12 MG	T5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG, 9 MG	T5	PA; QL (60 EA per 30 days)
AVANDIA ORAL TABLET 2 MG, 4 MG	T4	
AVAR TOPICAL CLEANSER	T4	
AVAR-E	T4	
AVAR-E GREEN	T4	
AVIANE	NCS	
AVONEX (WITH ALBUMIN)	T5	PA; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR	T5	PA; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	T5	PA; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE	T5	PA; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	T5	PA; QL (1 EA per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	T5	PA; QL (30 EA per 30 days)
AZASITE	T4	
azathioprine oral tablet 50 mg	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	
AZOPT	T3	QL (15 ML per 30 days)
AZOR	T3	
AZURETTE (28)	NCS	
bacitracin ophthalmic (eye)	T3	
bacitracin-polymyxin b ophthalmic (eye)	T2	
baclofen oral tablet 10 mg, 20 mg	T2	
balsalazide	T3	
BALVERSA	T5	PA
BALZIVA (28)	NCS	
BANZEL ORAL SUSPENSION	T5	PA; QL (2400 ML per 30 days)

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

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

Drug	Status	Notes
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	T3	PA; QL (90 EA per 30 days)
bupropion hcl (smoking deter)	NCS	QL (336 EA per 365 days)
bupropion hcl oral tablet	T2	
bupropion hcl oral tablet extended release 24 hr 150 mg	T2	QL (90 EA per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	T2	QL (30 EA per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 200 mg	T2	QL (60 EA per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 150 mg	T2	QL (90 EA per 30 days)
buspirone	T2	
BUSULFEX	T5	PA
BUTALBITAL COMPOUND W/CODEINE	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	T2	QL (180 EA per 30 days)
butalbital-acetaminophen-caff oral tablet	T2	QL (180 EA per 30 days)
butalbital-aspirin-caffeine oral capsule	T2	QL (180 EA per 30 days)
butorphanol injection	T3	
BUTRANS	T3	QL (4 EA per 28 days)
BYDUREON BCISE	T3	QL (3.4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	T3	QL (4 EA per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	T3	QL (2.4 ML per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	T3	QL (1.2 ML per 30 days)
BYSTOLIC	T3	
cabergoline	T3	QL (16 EA per 28 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG	T5	PA; QL (30 EA per 30 days)
CABOMETYX ORAL TABLET 60 MG	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) nasal	T3	QL (3.7 ML per 30 days)
calcitriol oral	T2	
calcitriol topical	T5	PA
calcium acetate(phosphat bind) oral capsule	T2	
CALQUENCE	T5	PA
CAMILA	NCS	
CAMRESE	NCS	
CAMRESE LO	NCS	

Drug	Status	Notes
CANASA	T5	
candesartan	T3	QL (30 EA per 30 days)
candesartan-hydrochlorothiazid	T3	QL (30 EA per 30 days)
CAPASTAT	T3	
capecitabine	T5	PA
CAPEX	T3	
CAPLYTA	T5	PA; QL (30 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	T5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	T5	PA; QL (30 EA per 30 days)
captopril	T2	
captopril-hydrochlorothiazide	T2	
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	
CARTIA XT	T2	
carvedilol	T1	
carvedilol phosphate	T3	
caspofungin	T5	PA
CAYA CONTOURED	NCS	
CAYSTON	T5	PA
CAZIANT (28)	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	

Drug	Status	Notes
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)
CELONTIN ORAL CAPSULE 300 MG	T4	
cephalexin oral capsule 250 mg, 500 mg	T1	
cephalexin oral suspension for reconstitution	T2	
CESAMET	T5	PA
cevimeline	T2	
CHANTIX	NCS	QL (340 EA per 365 days)
CHANTIX CONTINUING MONTH BOX	NCS	QL (340 EA per 365 days)
CHANTIX STARTING MONTH BOX	NCS	QL (106 EA per 365 days)
CHEMET	T4	
CHILDREN'S ASPIRIN	NCS	
chloramphenicol sod succinate	T5	
chlordiazepoxide hcl	T2	
chlordiazepoxide-clidinium	T3	
chlorhexidine gluconate mucous membrane	T2	
chloroquine phosphate	T2	
chlorothiazide	T2	
chlorpromazine oral tablet	T3	
chlorpropamide	T2	
chlorthalidone oral tablet 25 mg, 50 mg	T2	
chlorzoxazone oral tablet 500 mg	T2	QL (120 EA per 30 days)
cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)	T2	
cholestyramine (with sugar)	T3	
CHOLESTYRAMINE LIGHT	T3	
CIALIS ORAL TABLET 2.5 MG, 5 MG	T4	PA; QL (30 EA per 30 days)
CICLODAN TOPICAL SOLUTION	T2	
ciclopirox topical cream	T3	
ciclopirox topical gel	T3	
ciclopirox topical shampoo	T3	
ciclopirox topical solution	T2	
ciclopirox topical suspension	T3	
ciclopirox-ure-camph-menth-euc	T3	
cilostazol	T2	
CILOXAN OPHTHALMIC (EYE) OINTMENT	T3	
CIMDUO	T5	QL (30 EA per 30 days)

Drug	Status	Notes
cimetidine	T2	
cimetidine hcl oral	T2	
CIMZIA	T5	PA; QL (2 EA per 30 days)
CIMZIA POWDER FOR RECONST	T5	PA
CIMZIA STARTER KIT	T5	PA; QL (2 EA per 30 days)
cinacalcet oral tablet 30 mg	T3	PA; QL (60 EA per 30 days)
cinacalcet oral tablet 60 mg	T5	PA; QL (60 EA per 30 days)
cinacalcet oral tablet 90 mg	T5	PA; QL (120 EA per 30 days)
CINRYZE	T5	PA
CIPRO HC	T4	
CIPRODEX	T3	
ciprofloxacin	T3	
ciprofloxacin (mixture)	T3	
ciprofloxacin hcl ophthalmic (eye)	T1	
ciprofloxacin hcl oral tablet 100 mg	T4	
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)
CITRATE OF MAGNESIA	NCS	
CITROMA	NCS	
CLARAVIS	T4	
clarithromycin	T3	
CLEARLAX ORAL POWDER	NCS	
clemastine oral tablet 2.68 mg	T3	
CLENPIQ	T3	
CLEOCIN VAGINAL SUPPOSITORY	T4	
CLIMARA PRO	T4	
CLINDACIN ETZ TOPICAL SWAB	T2	
CLINDACIN P	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	

Drug	Status	Notes
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	
CLODAN	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	
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	
clozapine oral tablet	T2	
clozapine oral tablet,disintegrating	T4	PA
codeine sulfate	T3	QL (180 EA per 30 days)
codeine-butalbital-asa-caff	T4	QL (180 EA per 30 days)
colchicine	T3	
colesevelam oral powder in packet	T3	
colesevelam oral tablet	T2	
colestipol oral granules	T3	
colestipol oral tablet	T3	
COLY-MYCIN S	T3	
COMBIGAN	T3	QL (10 ML per 30 days)
COMBIPATCH	T3	
COMBIVENT RESPIMAT	T3	QL (8 GM per 30 days)
COMBIVIR	T4	
COMETRIQ	T5	PA; QL (30 EA per 30 days)
COMPLERA	T3	QL (30 EA per 30 days)
compro	T4	
CONDYLOX TOPICAL GEL	T4	
CONSTULOSE	T2	

Drug	Status	Notes
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	T5	PA
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	T5	PA; QL (12 ML per 30 days)
COPIKTRA	T5	PA; QL (60 EA per 30 days)
CORDRAN TAPE LARGE ROLL	T4	
CORDRAN TOPICAL LOTION	T4	
COREG CR	T4	
CORLANOR ORAL SOLUTION	T4	PA
CORTANE-B	T4	
cortisone	T2	
CORTISPORIN TOPICAL	T4	
CORTISPORIN-TC	T3	
COSENTYX	T5	PA; QL (2 ML per 30 days)
COSENTYX (2 SYRINGES)	T5	PA; QL (2 ML per 30 days)
COSENTYX PEN	T5	PA; QL (2 ML per 30 days)
COSENTYX PEN (2 PENS)	T5	PA; QL (2 ML per 30 days)
COTELLIC	T5	PA; QL (63 EA per 28 days)
CREON	T3	
CRESEMBA	T5	PA
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T3	
cromolyn inhalation	T2	
cromolyn ophthalmic (eye)	T2	
cromolyn oral	T2	
CRYSELLE (28)	NCS	
CURITY GAUZE TOPICAL BANDAGE 2 X 2 "	T3	
CYCLAFEM 1/35 (28)	NCS	
CYCLAFEM 7/7/7 (28)	NCS	
cyclobenzaprine oral tablet 10 mg, 5 mg	T2	QL (90 EA per 30 days)
cyclopentolate ophthalmic (eye) drops 1 %, 2 %	T2	
cyclophosphamide oral capsule	T4	
cycloserine	T4	
CYCLOSET	T4	PA; QL (180 EA per 30 days)
cyclosporine intravenous	T3	
cyclosporine modified	T3	
cyclosporine oral capsule	T3	
cyproheptadine oral tablet	T2	
CYRED	NCS	
CYSTADANE	T5	PA
CYSTAGON	T4	PA
CYSTARAN	T5	PA
CYTRA-2	T2	
CYTRA-3	T4	

Drug	Status	Notes
dalfampridine	T5	PA; QL (60 EA per 30 days)
DALIRESP ORAL TABLET 500 MCG	T4	QL (30 EA per 30 days)
danazol	T4	
dantrolene oral	T3	
DANYELZA	T5	PA
dapsone oral	T3	
DAPTACEL (DTAP PEDIATRIC) (PF)	NCS	
DARAPRIM	T3	
darifenacin	T4	
DASETTA 1/35 (28)	NCS	
DASETTA 7/7/7 (28)	NCS	
DAURISMO ORAL TABLET 100 MG	T5	PA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	T5	PA; QL (60 EA per 30 days)
DAYSEE	NCS	
DAYTRANA	T4	QL (30 EA per 30 days)
DEBLITANE	NCS	
DECARA ORAL CAPSULE 1,250 MCG (50,000 UNIT)	T3	
deferasirox oral tablet, dispersible	T5	
deferiprone	T5	
DELSTRIGO	T5	QL (30 EA per 30 days)
DELYLA (28)	NCS	
demeclocycline	T3	
DENAVIR	T4	
DENTA 5000 PLUS	T2	
DENTAGEL	T2	
DEPEN TITRATABS	T5	
DEPO-ESTRADIOL	T3	
DESCOVY	NCS	
desipramine	T2	
desloratadine oral tablet	T2	QL (30 EA per 30 days)
desmopressin nasal spray with pump	T3	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	T3	
desmopressin oral	T3	
desog-e.estradiol/e.estradiol	NCS	
desogestrel-ethinyl estradiol	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	

Drug	Status	Notes
desvenlafaxine	T4	
desvenlafaxine succinate	T4	
dexamethasone oral solution	T3	
dexamethasone oral tablet	T2	
dexamethasone sodium phos (pf) injection solution	T2	
dexamethasone sodium phosphate injection solution	T2	
dexamethasone sodium phosphate injection syringe	T3	
dexamethasone sodium phosphate ophthalmic (eye)	T2	
dexmethylphenidate 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)
dexmethylphenidate 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 10 mg, 5 mg	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)
DIACOMIT ORAL CAPSULE	T5	PA
DIAZEPAM INTENSOL	T4	PA
diazepam oral concentrate	T4	PA
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	
diclofenac potassium oral tablet 50 mg	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	
DIFICID ORAL TABLET	T5	PA

Drug	Status	Notes
diflorasone topical cream	T4	
diflunisal	T3	
difluprednate	T3	
DIGITEK	T2	
DIGOX	T2	
digoxin oral solution	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	
DILT-XR	T2	
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	T5	PA; QL (14 EA per 365 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	T5	PA; QL (60 EA per 365 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	T5	PA; QL (60 EA per 30 days)
DIPENTUM	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	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 1 MG/GRAM (0.1 %)	T4	
dofetilide	T4	
donepezil oral tablet 10 mg, 5 mg	T2	QL (30 EA per 30 days)
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	T4	
DONNATAL ORAL TABLET	T4	
dorzolamide	T2	
dorzolamide-timolol	T2	
dorzolamide-timolol (pf) ophthalmic (eye) drops	T4	
DOVATO	T5	QL (30 EA per 30 days)
doxazosin	T2	QL (60 EA per 30 days)
doxepin oral capsule	T2	

Drug	Status	Notes
doxepin oral concentrate	T2	
doxercalciferol oral	T3	PA
DOXORUBICIN INTRAVENOUS SOLUTION 2 MG/ML	T5	PA
doxycycline hyclate oral capsule	T3	
doxycycline hyclate oral tablet 100 mg	T3	
doxycycline hyclate oral tablet 20 mg	T2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	T2	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	T3	
dronabinol oral capsule 10 mg	T5	PA
dronabinol oral capsule 10 mg	T5	PA; QL (120 EA per 30 days)
dronabinol oral capsule 2.5 mg, 5 mg	T4	PA
dronabinol oral capsule 2.5 mg, 5 mg	T4	PA; QL (120 EA per 30 days)
drospirenone-ethinyl estradiol	NCS	
DROXIA	T4	
droxidopa	T5	PA
DUAVEE	T3	
DUCODYL (BISACODYL)	NCS	
DULERA	T3	QL (13 GM per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 40 mg, 60 mg	T3	QL (60 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	T3	QL (90 EA per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	T5	PA
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	T5	PA; QL (6 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	T5	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	T5	PA; QL (6 ML per 28 days)
DUREZOL	T4	
dutasteride	T2	QL (30 EA per 30 days)
dutasteride-tamsulosin	T3	QL (30 EA per 30 days)
DYRENIUM	T4	
E.E.S. 400 ORAL TABLET	T2	
E.E.S. GRANULES	T4	
EASY TOUCH NEEDLE	T3	
econazole	T4	
ECONTRA EZ	NCS	
EDARBI	T4	
EDECRIN	T5	PA
EDURANT	T3	
efavirenz	T1	
efavirenz-emtricitabin-tenofov	T5	

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

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

Drug	Status	Notes
estradiol oral	T2	
estradiol transdermal patch semiweekly	T4	QL (8 EA per 28 days)
estradiol transdermal patch weekly	T3	QL (4 EA per 28 days)
estradiol vaginal tablet	T3	
estradiol-norethindrone acet	T2	
ESTROGEL	T4	
estrogens-methyltestosterone	T3	
eszopiclone	T2	QL (30 EA per 30 days)
ethacrynic acid	T5	PA
ethambutol	T3	
ethosuximide	T3	
etidronate disodium	T3	
etodolac oral capsule	T3	
etodolac oral tablet	T3	
etodolac oral tablet extended release 24 hr	T4	
etoposide intravenous	T5	PA
etravirine	T5	
EUCRISA	T4	
EURAX	T4	
EVENITY	T5	PA
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg	T5	PA; QL (30 EA per 30 days)
everolimus (immunosuppressive)	T5	PA
EVOTAZ	T3	
EVRYSDI	T5	PA
EXELDERM	T4	
exemestane	T4	
ezetimibe	T2	QL (30 EA per 30 days)
ezetimibe-simvastatin	T2	
FACTIVE	T4	
FALMINA (28)	NCS	
famciclovir	T3	
famotidine oral suspension	T4	
famotidine oral tablet	T2	
FANAPT ORAL TABLET	T4	PA; QL (60 EA per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	T4	PA; QL (8 EA per 28 days)
FARESTON	T5	QL (30 EA per 30 days)
FARXIGA	T3	
FARYDAK	T5	PA; QL (6 EA per 21 days)
FASENRA PEN	T5	PA
FC2 FEMALE CONDOM	NCS	
febuxostat	T2	ST
felbamate	T5	

Drug	Status	Notes
felodipine	T2	
FEMCAP	NCS	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	T2	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	T2	
fenofibrate oral tablet 160 mg, 54 mg	T2	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg	T3	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 45 mg	T2	
fenoprofen oral tablet	T4	
fentanyl citrate buccal lozenge on a handle	T5	PA; QL (120 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	T3	QL (15 EA per 30 days)
FERRIPROX ORAL SOLUTION	T5	PA
FERRIPROX ORAL TABLET 500 MG	T5	PA
FETZIMA	T4	PA; QL (30 EA per 30 days)
fexofenadine oral suspension	T2	
fexofenadine-pseudoephedrine oral tablet extended release 12 hr	T3	
FIASP FLEXTOUCH U-100 INSULIN	T3	QL (60 ML per 30 days)
FIASP U-100 INSULIN	T3	QL (60 ML per 30 days)
FINACEA TOPICAL GEL	T4	
finasteride oral tablet 5 mg	T2	
FINTEPLA	T5	PA
FIRDAPSE	T5	PA; QL (240 EA per 30 days)
FIRVANQ	T3	
flavoxate	T2	
flecainide	T2	
FLEET LAXATIVE (BISACODYL)	NCS	
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	T3	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	T3	QL (240 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	T3	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	T3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	T3	QL (10.6 GM per 30 days)
fluconazole oral tablet	T2	
flucytosine	T5	
fludrocortisone	T2	
flunisolide	T3	QL (50 ML per 30 days)
fluocinolone	T3	

Drug	Status	Notes
fluocinolone acetonide oil	T3	
fluocinolone and shower cap	T3	
fluocinonide topical cream 0.05 %	T3	
fluocinonide topical gel	T3	
fluocinonide topical ointment	T3	
fluocinonide topical solution	T3	
FLUOCINONIDE-E	T3	
fluoride (sodium) oral drops	NCS	
fluoride (sodium) oral tablet,chewable	NCS	
FLUORITAB	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)
FML S.O.P.	T4	
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 25 MG, 35 MG	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)

Drug	Status	Notes
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	T5	PA; QL (2.4 ML per 28 days)
FOSAMAX PLUS D	T4	
fosamprenavir	T1	
fosfomycin tromethamine	T4	
fosinopril	T2	
fosinopril-hydrochlorothiazide	T2	
FOSRENOL ORAL TABLET,CHEWABLE	T3	
FOTIVDA	T5	PA; QL (21 EA per 28 days)
FREESTYLE FREEDOM LITE	T3	
FREESTYLE INSULINX	T3	
FREESTYLE INSULINX TEST STRIPS	T3	QL (200 EA per 30 days)
FREESTYLE LANCETS	T3	QL (200 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER	T4	
FREESTYLE LIBRE 14 DAY SENSOR	T4	
FREESTYLE LIBRE 2 READER	T4	
FREESTYLE LIBRE 2 SENSOR	T4	
FREESTYLE LITE METER	T3	
FREESTYLE LITE STRIPS	T3	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO METER	T3	
FREESTYLE PRECISION NEO STRIPS	T3	QL (200 EA per 30 days)
FREESTYLE TEST	T3	QL (200 EA per 30 days)
frovatriptan	T4	ST; QL (18 EA per 30 days)
furosemide oral solution 10 mg/ml	T2	
furosemide oral solution 40 mg/4 ml, 40 mg/5 ml (8 mg/ml)	T1	
furosemide oral tablet	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)
gabapentin oral capsule	T2	QL (270 EA per 30 days)
gabapentin oral solution	T2	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	T2	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	T2	QL (120 EA per 30 days)
GABITRIL ORAL TABLET 12 MG, 16 MG	T5	
galantamine oral capsule,ext rel. pellets 24 hr	T3	QL (30 EA per 30 days)
galantamine oral solution	T4	QL (600 ML per 30 days)
galantamine oral tablet	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

Drug	Status	Notes
GARDASIL 9 (PF)	NCS	
gatifloxacin	T3	
GAVILAX ORAL POWDER	NCS	
GAVILYTE-C	NCS	
GAVILYTE-G	NCS	
GAVILYTE-N	NCS	
GAVRETO	T5	PA; QL (60 EA per 30 days)
gemfibrozil	T2	
GENERESS FE	T4	
GENERLAC	T2	
GENGRAF	T3	
GENTAK OPHTHALMIC (EYE) OINTMENT	T2	
gentamicin ophthalmic (eye)	T2	
gentamicin topical	T2	
GENTLE LAXATIVE (BISACODYL) ORAL	NCS	
GENTLELAX	NCS	
GENVOYA	T3	QL (30 EA per 30 days)
GIANVI (28)	NCS	
GILENYA ORAL CAPSULE 0.5 MG	T5	PA; QL (30 EA per 30 days)
GILOTRIF	T5	PA; QL (30 EA per 30 days)
glatiramer	T5	
GLATOPA	T5	
GLEOSTINE	T5	PA
glimepiride oral tablet 1 mg	T1	QL (240 EA per 30 days)
glimepiride oral tablet 2 mg	T1	QL (120 EA per 30 days)
glimepiride oral tablet 4 mg	T1	QL (60 EA per 30 days)
glipizide oral tablet 10 mg	T1	QL (120 EA per 30 days)
glipizide oral tablet 5 mg	T1	QL (240 EA per 30 days)
glipizide oral tablet extended release 24hr	T1	QL (60 EA per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	T2	QL (240 EA per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	T2	QL (120 EA per 30 days)
GLUCAGEN DIAGNOSTIC KIT	T3	QL (4 EA per 30 days)
GLUCAGEN HYPOKIT	T3	QL (4 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN)	T3	
glyburide micronized oral tablet 1.5 mg, 3 mg	T2	QL (120 EA per 30 days)
glyburide micronized oral tablet 6 mg	T2	QL (60 EA per 30 days)
glyburide oral tablet 1.25 mg	T2	QL (480 EA per 30 days)
glyburide oral tablet 2.5 mg	T2	QL (240 EA per 30 days)
glyburide oral tablet 5 mg	T2	QL (60 EA per 30 days)
glyburide-metformin oral tablet 1.25-250 mg	T2	QL (240 EA per 30 days)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	T2	QL (120 EA per 30 days)
GLYCOLAX	NCS	
glycopyrrolate oral tablet 1 mg, 2 mg	T2	

Drug	Status	Notes
GLYXAMBI	T3	
granisetron hcl oral	T3	
GRASTEK	T3	
griseofulvin microsize oral suspension	T2	
guanfacine oral tablet	T2	
guanfacine oral tablet extended release 24 hr	T3	QL (30 EA per 30 days)
guanidine	T2	
GVOKE HYPOPEN 1-PACK	T3	
GVOKE HYPOPEN 2-PACK	T3	
GVOKE PFS 1-PACK SYRINGE	T3	
GVOKE PFS 2-PACK SYRINGE	T3	
GYNAZOLE-1	T4	
gynol ii	NCS	
halobetasol propionate topical cream	T4	
halobetasol propionate topical ointment	T4	
HALOG TOPICAL OINTMENT	T4	
haloperidol	T2	
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)

Drug	Status	Notes
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 SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	T5	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	T5	PA; QL (2 EA per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS	T5	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC	T5	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	T5	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	T5	PA; QL (2 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, 40 MG/0.4 ML	T5	PA; QL (4 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	T5	PA; QL (2 EA per 28 days)
HUMULIN R U-500 (CONC) INSULIN	T5	QL (20 ML per 30 days)
HYCAMTIN	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	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	

Drug	Status	Notes
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 rectal	T3	
hydrocortisone-pramoxine topical cream 2.5-1 %	T3	
HYDROMET	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 oral tablet 200 mg	T3	
hydroxyurea	T2	
hydroxyzine hcl	T2	
hydroxyzine pamoate	T2	
HYLATOPIC	T4	
HYLATOPICPLUS TOPICAL CREAM	T4	
HYLATOPICPLUS TOPICAL FOAM	T4	
hyoscyamine sulfate oral	T2	
hyoscyamine sulfate sublingual	T2	
HYOSYNE ORAL DROPS	T2	
HYQVIA	T5	PA
ibandronate oral	T2	QL (1 EA per 28 days)
IBRANCE	T5	PA; QL (21 EA per 28 days)
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	
ibuprofen-oxycodone	T3	QL (28 EA per 30 days)
icatibant	T5	PA
ICLUSIG ORAL TABLET 15 MG	T5	PA; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	T5	PA; QL (30 EA per 30 days)
IDAMYCIN PFS	T5	PA
IDHIFA	T5	PA
ILEVRO	T3	
ILUMYA	Non-Formulary	QL (2 ML per 84 days)

Drug	Status	Notes
imatinib oral tablet 100 mg	T5	PA; QL (180 EA per 30 days)
imatinib oral tablet 400 mg	T5	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	T5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	T5	PA
IMBRUVICA ORAL CAPSULE 70 MG	T5	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	T5	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	T5	PA; QL (30 EA per 30 days)
imipramine hcl	T2	
imipramine pamoate	T4	
imiquimod topical cream in packet 5 %	T4	QL (20 EA per 28 days)
IMOVAX RABIES VACCINE (PF)	NCS	
INBRIJA	T5	PA; QL (60 EA per 30 days)
INCRELEX	T5	PA
INCRUSE ELLIPTA	T3	
indapamide	T2	
indomethacin oral capsule	T2	
INFANRIX (DTAP) (PF)	NCS	
INLYTA ORAL TABLET 1 MG	T5	PA; QL (180 EA per 30 days s)
INLYTA ORAL TABLET 5 MG	T5	PA; QL (120 EA per 30 days s)
INQOVI	T5	PA; QL (5 EA per 21 days)
INREBIC	T5	PA; QL (120 EA per 30 days)
insulin aspart u-100	T3	ST; QL (60 ML per 30 days)
insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge	T3	QL (200 EA per 30 days)
INTELENCE ORAL TABLET 100 MG	T3	QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	T3	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	T3	
INTRON A INJECTION	T5	PA
INTROVALE	NCS	
INVEGA HAFYERA	T5	PA; QL (10 ML per 360 days)
INVEGA SUSTENNA	T4	PA
INVIRASE ORAL TABLET	T3	
INVOKANA	T4	ST
IPOL	NCS	
ipratropium bromide inhalation	T2	
ipratropium bromide nasal	T2	QL (30 ML per 30 days)
ipratropium-albuterol	T2	
irbesartan	T1	
irbesartan-hydrochlorothiazide	T1	
IRESSA	T5	PA; QL (30 EA per 30 days)
ISENTRESS HD	T3	PA

Drug	Status	Notes
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	
isoniazid oral	T2	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	T3	
isosorbide dinitrate oral tablet extended release	T3	
isosorbide mononitrate	T2	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	T4	
isradipine	T3	
ISTALOL	T4	
itraconazole oral capsule	T4	PA; QL (120 EA per 30 days)
ivermectin oral	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	T3	QL (30 EA per 30 days)
JUNEL 1.5/30 (21)	NCS	
JUNEL 1/20 (21)	NCS	
JUNEL FE 1.5/30 (28)	NCS	
JUNEL FE 1/20 (28)	NCS	
JUNEL FE 24	NCS	
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	T5	PA; QL (60 EA per 30 days)
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	

Drug	Status	Notes
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	
KEVZARA	Non-Formulary	QL (2 ML per 28 days)
KINRIX (PF)	NCS	
KISQALI	T5	PA
KISQALI FEMARA CO-PACK	T5	PA
KLOR-CON	T2	
KLOR-CON 10	T2	
KLOR-CON 8	T2	
KLOR-CON M10	T2	
KLOR-CON M15	T2	
KLOR-CON M20	T2	
KLOR-CON SPRINKLE	T2	
KRINTAFEL	T3	QL (2 EA per 28 days)
KRISTALOSE	T3	
KURVELO (28)	NCS	
KUVAN ORAL TABLET,SOLUBLE	T5	PA
l norgest/e.estradiol-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	
LAMICTAL STARTER (ORANGE) KIT	T3	
lamivudine	T1	
lamivudine-zidovudine	T1	
lamotrigine oral tablet	T2	
lamotrigine oral tablet disintegrating, dose pk	T3	
lamotrigine oral tablet, chewable dispersible	T2	
lamotrigine oral tablet,disintegrating	T3	QL (90 EA per 30 days)
lamotrigine oral tablets,dose pack	T3	
lancets	T3	QL (200 EA per 30 days)
lansoprazole oral capsule,delayed release(dr/ec)	T2	QL (30 EA per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	T3	QL (60 ML per 30 days)
LANTUS U-100 INSULIN	T3	QL (60 ML per 30 days)

Drug	Status	Notes
lapatinib	T5	PA; QL (180 EA per 30 days)
LARIN 1.5/30 (21)	NCS	
LARIN 1/20 (21)	NCS	
LARIN 24 FE	NCS	
LARIN FE 1.5/30 (28)	NCS	
LARIN FE 1/20 (28)	NCS	
LASTACAFT	T4	QL (6 ML per 30 days)
latanoprost	T1	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	T4	PA; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	T4	PA; QL (60 EA per 30 days)
LAXACLEAR	NCS	
LAXATIVE (BISACODYL) ORAL	NCS	
LAXATIVE FEMININE	NCS	
LAXATIVE PEG 3350	NCS	
LAYOLIS FE	NCS	
ledipasvir-sofosbuvir	T5	PA; QL (30 EA per 30 days)
LEENA 28	NCS	
leflunomide	T3	QL (30 EA per 30 days)
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)	T5	PA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 4 MG	T5	PA
LESSINA	NCS	
letrozole	T2	
leucovorin calcium oral	T4	
LEUKERAN	T4	
LEUKINE INJECTION RECON SOLN	T5	PA
leuprolide	T5	PA
levalbuterol hcl	T4	
LEVATOL	T4	
LEVEMIR FLEXTOUCH U-100 INSULN	T3	QL (60 ML per 30 days)
LEVEMIR U-100 INSULIN	T3	QL (60 ML per 30 days)
levetiracetam oral solution	T2	
levetiracetam oral tablet	T2	
levetiracetam oral tablet extended release 24 hr 500 mg	T2	QL (180 EA per 30 days)
levetiracetam oral tablet extended release 24 hr 750 mg	T2	QL (120 EA per 30 days)
levobunolol ophthalmic (eye) drops 0.5 %	T2	
levocarnitine (with sugar)	T3	
levocarnitine oral tablet	T3	

Drug	Status	Notes
levocetirizine oral solution	T4	
levocetirizine oral tablet	T2	QL (30 EA per 30 days)
levofloxacin ophthalmic (eye)	T2	
levofloxacin oral solution	T4	
levofloxacin oral tablet	T2	
LEVONEST (28)	NCS	
levonorgestrel	NCS	
levonorgestrel-ethinyl estrad	NCS	
levonorg-eth estrad triphasic	NCS	
LEVORA-28	NCS	
levorphanol tartrate oral tablet 2 mg	T4	QL (180 EA per 30 days)
levothyroxine oral tablet	T2	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	T2	
LEXIVA ORAL SUSPENSION	T3	
LEXIVA ORAL TABLET	T4	
LIALDA	T3	QL (120 EA per 30 days)
lidocaine hcl laryngotracheal	T2	
lidocaine hcl mucous membrane jelly	T2	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	T2	
lidocaine hcl topical cream 3 %	T2	
lidocaine hcl topical lotion	T2	
lidocaine hcl-hydrocortison ac rectal cream	T2	
lidocaine hcl-hydrocortison ac rectal gel	T2	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)	T4	QL (4 EA per 30 days)
lidocaine topical adhesive patch,medicated 5 %	T4	PA; QL (90 EA per 30 days)
lidocaine topical ointment	T4	PA; QL (150 GM per 30 days)
LIDOCAINE VISCOUS	T2	
lidocaine-hydrocortisone-aloe rectal gel	T2	
lidocaine-hydrocortisone-aloe rectal kit	T4	QL (4 EA per 30 days)
lidocaine-prilocaine	T2	
LILETTA	NCS	
lindane topical shampoo	T3	
linezolid	T5	PA
LINZESS	T3	
liothyronine oral	T2	
LIPOFEN	T3	
lisinopril	T1	
lisinopril-hydrochlorothiazide	T1	
LITE COAT ASPIRIN	NCS	
lithium carbonate oral capsule	T1	

Drug	Status	Notes
lithium carbonate oral tablet	T2	
lithium carbonate oral tablet extended release	T2	
lithium citrate	T2	
LIVALO	T4	PA
LO LOESTRIN FE	T3	
LOCOID TOPICAL LOTION	T4	
LOKELMA	T4	PA
LONSURF ORAL TABLET 15-6.14 MG	T5	PA; QL (30 EA per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	T5	PA; QL (40 EA per 28 days)
loperamide oral capsule	T2	
lopinavir-ritonavir oral solution	T1	
lopinavir-ritonavir oral tablet	T3	
LOPREEZA	T3	
lorazepam oral concentrate	T2	
lorazepam oral tablet 0.5 mg, 1 mg	T2	QL (180 EA per 30 days)
lorazepam oral tablet 2 mg	T2	QL (150 EA per 30 days)
LORBRENA ORAL TABLET 100 MG	T5	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	T5	PA; QL (90 EA per 30 days)
LORYNA (28)	NCS	
losartan oral tablet 100 mg	T1	QL (30 EA per 30 days)
losartan oral tablet 25 mg, 50 mg	T1	QL (60 EA per 30 days)
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg	T1	QL (30 EA per 30 days)
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	T1	QL (60 EA per 30 days)
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	T4	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	T4	
loteprednol etabonate ophthalmic (eye) drops,suspension	T4	
lovastatin oral tablet 10 mg	T1	QL (30 EA per 30 days)
lovastatin oral tablet 20 mg, 40 mg	T1	QL (60 EA per 30 days)
LOW-OGESTREL (28)	NCS	
loxapine succinate	T2	
LUDENT FLUORIDE	NCS	
LUMAKRAS	T5	PA
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	T3	QL (5 ML per 30 days)
LUPANETA PACK (1 MONTH)	T5	PA
LUPANETA PACK (3 MONTH)	T5	PA
LUPKYNIS	T5	PA; QL (180 EA per 30 days)
LUPRON DEPOT	T5	PA; QL (1 EA per 28 days)
LUPRON DEPOT (3 MONTH)	T5	PA; QL (1 EA per 84 days)
LUPRON DEPOT (4 MONTH)	T5	PA; QL (1 EA per 112 days)
LUPRON DEPOT (6 MONTH)	T5	PA; QL (1 EA per 168 days)
LUPRON DEPOT-PED	T5	PA; QL (1 EA per 28 days)

Drug	Status	Notes
LUPRON DEPOT-PED (3 MONTH)	T5	PA; QL (1 EA per 84 days)
LUTERA (28)	NCS	
LYNPARZA	T5	PA
LYSODREN	T3	
LYZA	NCS	
magnesium citrate oral solution	NCS	
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	T5	PA
malathion	T3	
maprotiline	T3	
MARLISSA (28)	NCS	
MARPLAN	T4	
MATULANE	T5	
matzim la	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 ORAL TABLET	T5	PA
MAYZENT ORAL TABLET 0.25 MG	T5	PA; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 2 MG	T5	PA; QL (30 EA per 30 days)
MAYZENT STARTER PACK	T5	PA; QL (1 EA per 365 days)
meclizine oral tablet 12.5 mg, 25 mg	T2	
meclofenamate	T4	
MEDROL ORAL TABLET 2 MG	T3	
medroxyprogesterone intramuscular	NCS	
medroxyprogesterone oral	T2	
mefenamic acid	T4	
mefloquine	T2	
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)	T2	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	T4	
megestrol oral tablet	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)
meloxicam	T2	
melphalan hcl	T5	
memantine oral capsule,sprinkle,er 24hr	T3	QL (30 EA per 30 days)
memantine oral solution	T4	QL (300 ML per 30 days)
memantine oral tablet	T2	QL (60 EA per 30 days)

Drug	Status	Notes
memantine oral tablets,dose pack	T2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	NCS	
MENEST	T4	PA
MENTAX	T3	
MENVEO A-C-Y-W-135-DIP (PF)	NCS	
MENVEO MENA COMPONENT (PF)	NCS	
MENVEO MENCYW-135 COMPNT (PF)	NCS	
meperidine oral tablet	T3	QL (180 EA per 30 days)
meprobamate	T3	
mercaptopurine	T3	
meropenem	T5	PA
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	
METHITEST	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)

Drug	Status	Notes
methylphenidate hcl oral capsule,er biphasic 50-50 40 mg	T3	QL (30 EA per 30 days)
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	
MICROGESTIN 1.5/30 (21)	NCS	
MICROGESTIN 1/20 (21)	NCS	
MICROGESTIN FE 1.5/30 (28)	NCS	
MICROGESTIN FE 1/20 (28)	NCS	
midodrine	T3	
MIGERGOT	T4	QL (20 EA per 28 days)
miglitol	T4	QL (90 EA per 30 days)
miglustat	T5	PA
MILK OF MAGNESIA	NCS	
MILK OF MAGNESIA CONCENTRATED	NCS	
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS)	T3	
millipred dp oral tablets,dose pack 5 mg (48 tabs)	T3	
MIMVEY	T3	
MIMVEY LO	T3	
MINASTRIN 24 FE	T4	
MINITRAN	T2	

Drug	Status	Notes
minocycline oral capsule	T2	
minoxidil oral	T2	
MIRALAX ORAL POWDER IN PACKET	NCS	
MIRENA	NCS	
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)
MIRVASO TOPICAL GEL	T4	PA
misoprostol	T2	
M-M-R II (PF)	NCS	
modafinil	T3	PA; QL (30 EA per 30 days)
MODERIBA	T4	PA
moexipril	T3	
mometasone nasal	T4	
mometasone topical	T2	
MONJUVI	T5	PA
MONO-LINYAH	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)
MONUROL	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)
MOTOFEN	T4	
MOVANTIK	T4	PA
MOVIPREP	T4	
moxifloxacin ophthalmic (eye) drops	T2	
moxifloxacin oral	T4	QL (30 EA per 30 days)
MOZOBIL	T5	PA
MULPLETA	T5	PA; QL (7 EA per 90 days)
MULTAQ	T3	
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS	NCS	
MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG	NCS	
multivitamins with fluoride oral tablet,chewable 1 mg	T2	
mupirocin	T2	
MY WAY	NCS	

Drug	Status	Notes
mycophenolate mofetil oral capsule	T3	
mycophenolate mofetil oral suspension for reconstitution	T4	
mycophenolate mofetil oral tablet	T3	
mycophenolate sodium	T4	
MYORISAN	T4	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	T3	
nabumetone	T2	
nadolol	T2	QL (30 EA per 30 days)
naftifine	T4	
NAFTIN TOPICAL GEL 2 %	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	Non-Formulary	
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
NEULASTA ONPRO	T5	PA
NEUPOGEN	T5	PA

Drug	Status	Notes
NEVANAC	T3	
nevirapine	T1	
NEXAVAR	T5	PA; QL (120 EA per 30 days)
NEXLIZET	T4	PA
NEXPLANON	NCS	
NEXT CHOICE ONE DOSE	NCS	
niacin oral tablet 500 mg	T2	
niacin oral tablet extended release 24 hr	T3	
niacin oral tablet extended release 750 mg	T3	
NIACOR	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 (polacrilex) buccal mini 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)
NICOTROL	NCS	QL (2688 EA per 365 days)
NICOTROL NS	NCS	QL (6720 ML per 365 days)
nifedipine	T2	
NIKKI (28)	NCS	
nilutamide	T5	
nimodipine	T2	
NINLARO	T5	PA; QL (3 EA per 28 days)
nisoldipine	T3	
NITRO-BID	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	
NORA-BE	NCS	
noreth-ethinyl estradiol-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.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1 mg-20 mcg (24)/75 mg (4)	NCS	
norgestimate-ethinyl estradiol	NCS	
NORLYROC	NCS	

Drug	Status	Notes
NORMAL SALINE FLUSH	T2	
NORPACE CR	T5	PA
NORTHERA	T5	PA
NORTREL 0.5/35 (28)	NCS	
NORTREL 1/35 (21)	NCS	
NORTREL 1/35 (28)	NCS	
NORTREL 7/7/7 (28)	NCS	
nortriptyline oral capsule	T1	
NORVIR ORAL POWDER IN PACKET	T3	
NORVIR ORAL SOLUTION	T3	
NORVIR ORAL TABLET	T4	
NOVOLIN 70/30 U-100 INSULIN	T3	QL (60 ML per 30 days)
NOVOLIN N NPH U-100 INSULIN	T3	QL (60 ML per 30 days)
NOVOLIN R REGULAR U-100 INSULN	T3	QL (60 ML per 30 days)
NOVOLOG FLEXPEN U-100 INSULIN	T3	QL (60 ML per 30 days)
NOVOLOG MIX 70-30 U-100 INSULN	T3	QL (60 ML per 30 days)
NOVOLOG MIX 70-30FLEXPEN U-100	T3	QL (60 ML per 30 days)
NOVOLOG PENFILL U-100 INSULIN	T3	QL (60 ML per 30 days)
NOVOLOG U-100 INSULIN ASPART	T3	QL (60 ML per 30 days)
NOXAFIL	T5	PA
NP THYROID ORAL TABLET 15 MG, 30 MG, 60 MG, 90 MG	T2	
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	
nystatin	T2	
nystatin-triamcinolone	T4	
NYSTOP	T2	
OCELLA	NCS	
octreotide acetate injection solution	T5	PA
ODEFSEY	T3	QL (30 EA per 30 days)
ODOMZO	T5	PA; QL (30 EA per 30 days)
ofloxacin ophthalmic (eye)	T2	

Drug	Status	Notes
ofloxacin oral tablet 300 mg, 400 mg	T2	
ofloxacin otic (ear)	T4	
OGESTREL (28)	NCS	
olanzapine oral tablet	T2	QL (30 EA per 30 days)
olanzapine oral tablet,disintegrating	T3	QL (30 EA per 30 days)
olanzapine-fluoxetine	T4	
olmesartan	T3	
olmesartan-amlodipin-hcthiazid	T3	
olmesartan-hydrochlorothiazide	T3	
olopatadine nasal	T4	
olopatadine ophthalmic (eye)	T3	QL (10 ML per 30 days)
OLUMIANT	Non-Formulary	QL (30 EA 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	T2	
omeprazole oral capsule,delayed release(dr/ec)	T2	
omeprazole oral tablet,delayed release (dr/ec)	T2	
OMNARIS	T4	
OMNITROPE	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)
ONFI	T5	PA
ONUREG	T5	PA; QL (14 EA per 28 days)
OPCICON ONE-STEP	NCS	
OPSUMIT	T5	PA
ORAL SALINE LAXATIVE	NCS	
ORENCIA	Non-Formulary	QL (4 ML per 30 days)
ORENCIA CLICKJECT	Non-Formulary	QL (4 ML per 28 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	T5	PA
ORFADIN ORAL CAPSULE	T5	PA
ORGOVYX	T5	PA; QL (32 EA per 22 days)
ORIAHNN	T5	PA; QL (60 EA per 30 days)
ORILISSA ORAL TABLET 150 MG	T5	PA; QL (28 EA per 28 days)
ORILISSA ORAL TABLET 200 MG	T5	PA; QL (56 EA per 28 days)
ORKAMBI	T5	PA
orphenadrine citrate oral	T2	QL (60 EA per 30 days)
ORSYTHIA	NCS	
OSCIMIN SR	T2	
oseltamivir oral capsule	T3	QL (60 EA per 30 days)

Drug	Status	Notes
oseltamivir oral suspension for reconstitution	T4	
OSPHENA	T4	PA
OTEZLA	T5	PA; QL (60 EA per 30 days)
OTEZLA STARTER	T5	PA; QL (55 EA per 274 days)
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	
OXERVATE	T5	PA
oxiconazole	T4	
OXLUMO	T5	PA
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)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	T3	QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	T3	QL (3 ML per 28 days)
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)
PALYNZIQ	T5	PA
pamidronate	T5	PA
PANRETIN	T5	PA
pantoprazole oral tablet,delayed release (dr/ec)	T2	QL (60 EA per 30 days)
PARAGARD T 380A	NCS	
paricalcitol intravenous	T4	
paricalcitol oral	T4	PA
PAROEX ORAL RINSE	T2	
paromomycin	T3	
paroxetine hcl oral suspension	T4	QL (900 ML per 30 days)

Drug	Status	Notes
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)
PASER	T4	
PAXIL ORAL SUSPENSION	T4	QL (900 ML per 30 days)
PAZEO	T3	
PEDIARIX (PF)	NCS	
PEDVAX HIB (PF)	NCS	
peg 3350-electrolytes	NCS	
PEG-3350 WITH FLAVOR PACKS	NCS	
PEGANONE	T4	
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	T5	PA; QL (2 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	T5	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	T5	PA; QL (2 ML per 28 days)
peg-electrolyte soln	NCS	
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	T5	PA
PEG-PREP	NCS	
PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	T3	QL (200 EA per 30 days)
penicillamine oral capsule	T5	PA
PENICILLAMINE ORAL TABLET	T5	PA; QL (120 EA per 30 days)
penicillin v potassium	T2	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	NCS	
PENTACEL ACTHIB COMPONENT (PF)	NCS	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	NCS	
pentamidine injection	T4	
PENTASA	T3	QL (240 EA per 30 days)
pentazocine-naloxone	T3	
PENTIPS NEEDLE 31 GAUGE X 5/16"	T3	QL (200 EA per 30 days)
pentoxifylline	T2	
PERFOROMIST	T5	PA
perindopril erbumine	T3	
permethrin	T4	
perphenazine	T2	
perphenazine-amitriptyline	T2	
PERSERIS	T5	PA; QL (1 EA per 28 days)
PEXEVA	T4	
PHENADOZ	T3	
phenazopyridine oral tablet 100 mg, 200 mg	T2	

Drug	Status	Notes
phenelzine	T3	
PHENERGAN RECTAL	T3	
phenobarb-hyoscy-atropine-scop oral tablet	T4	
phenobarbital	T2	
phenoxybenzamine	T3	
phenytoin sodium extended	T2	
PHILITH	NCS	
phospha 250 neutral	T2	
PHOSPHATE LAXATIVE	NCS	
PHOSPHOLINE IODIDE	T3	
PHYSIOLYTE	T4	
PICATO	T5	PA
PIFELTRO	T3	QL (30 EA per 30 days)
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	T3	
pilocarpine hcl oral	T3	
pimecrolimus	T4	
pimozide	T3	
PIMTREA (28)	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)
PIQRAY	T5	PA; QL (30 EA per 30 days)
PIRMELLA	NCS	
piroxicam	T3	
PLAN B ONE-STEP	NCS	
PLEGRIDY SUBCUTANEOUS	T5	PA; QL (1 ML per 28 days)
PNEUMOVAX-23	NCS	
PNV 29-1	T3	
podofilox	T3	
polyethylene glycol 3350 oral powder	NCS	
polyethylene glycol 3350 oral powder in packet 17 gram, 4 gram, 4.25 gram	NCS	
polyethylene glycol 3350(bulk) powder	T2	
polymyxin b sulfate	T2	
polymyxin b sulf-trimethoprim	T2	
POMALYST	T5	PA
PORTIA 28	NCS	
potassium chloride oral capsule, extended release	T2	
potassium chloride oral liquid	T2	
potassium chloride oral packet	T2	
potassium chloride oral tablet extended release	T2	

Drug	Status	Notes
potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq	T2	
potassium citrate	T3	
POTELIGEO	T5	PA
POWDERLAX ORAL POWDER	NCS	
PRADAXA	T4	
pramipexole oral tablet	T2	
pramipexole oral tablet extended release 24 hr	T5	PA
PRAMOSONE TOPICAL LOTION	T4	
pravastatin	T2	QL (30 EA per 30 days)
prazosin	T2	
PRECISION XTRA MONITOR	T3	
PRECISION XTRA TEST	T3	QL (200 EA per 30 days)
prednicarbate	T3	
prednisolone acetate	T2	
prednisolone oral solution	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	
PREDNISONE INTENSOL	T2	
prednisone oral solution	T2	
prednisone oral tablet	T1	
prednisone oral tablets,dose pack	T2	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	T2	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	T2	QL (60 EA per 30 days)
PREMARIN ORAL	T3	
PREMARIN VAGINAL	T3	
PREMPHASE	T3	
PREMPRO	T3	
PRENATABS FA	T2	
PRENATABS RX	T4	
PREPOPIK	T4	
PRETAB	T2	
PREVACID SOLUTAB	T4	PA
PREVALITE	T3	
PREVIDENT	T4	
PREVIDENT 5000 BOOSTER PLUS	T4	
PREVIDENT 5000 DRY MOUTH	T4	
PREVIDENT 5000 ENAMEL PROTECT	T4	
PREVIDENT 5000 PLUS	T4	

Drug	Status	Notes
PREVIDENT 5000 SENSITIVE	T4	
PREVIFEM	NCS	
PREVNAR 13 (PF)	NCS	QL (0.5 ML Max Qty Per Fill Retail)
PREZCOBIX	T3	
PREZISTA ORAL SUSPENSION	T3	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T3	
PRIFTIN	T4	
primaquine	T3	QL (30 EA per 30 days)
primidone	T2	
PRISTIQ	T3	QL (30 EA per 30 days)
probenecid	T2	
probenecid-colchicine	T2	
procainamide injection	T3	
prochlorperazine	T4	
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	T4	
prochlorperazine edisylate injection solution 5 mg/ml	T2	
prochlorperazine maleate	T2	
PROCORT	T3	
PROCTOFOAM HC	T4	
PROCTO-PAK	T2	
proctozone-hc	T2	
progesterone	T2	
progesterone micronized	T2	
PROGLYCEM	T4	
PROGRAF ORAL CAPSULE	T4	
PROLENSA	T3	
PROLIA	T4	QL (1 ML per 180 days)
PROMACTA ORAL POWDER IN PACKET 12.5 MG	T5	PA; QL (60 EA per 30 days)
PROMACTA ORAL TABLET	T5	PA; QL (60 EA per 30 days)
promethazine injection solution	T3	
promethazine oral syrup	T3	
promethazine oral tablet	T2	
promethazine rectal	T3	
PROMETHAZINE VC	T3	
promethazine-codeine	T3	
promethazine-dm	T2	
promethazine-phenyleph-codeine	T3	
promethazine-phenylephrine	T3	
PROMETHEGAN	T3	
PROMISEB	T4	
propafenone oral capsule,extended release 12 hr	T3	

Drug	Status	Notes
propafenone oral tablet	T2	
propantheline	T3	
proparacaine	T3	
propranolol oral capsule,extended release 24 hr	T2	
propranolol oral solution	T3	
propranolol oral tablet	T2	
propranolol-hydrochlorothiazid	T2	
propylthiouracil	T3	
PROQUAD (PF)	NCS	
protriptyline	T3	
PRUTECT	T3	
PULMOZYME	T5	PA; QL (150 ML per 30 days)
PURELAX	NCS	
pyrazinamide	T2	
pyridostigmine bromide oral syrup	T5	
pyridostigmine bromide oral tablet 60 mg	T3	
pyridostigmine bromide oral tablet extended release	T4	
QUADRACEL (PF)	NCS	
quetiapine oral tablet	T2	QL (90 EA per 30 days)
quetiapine oral tablet extended release 24 hr	T4	PA
quinapril	T1	
quinapril-hydrochlorothiazide	T2	
quinidine gluconate oral	T4	
quinidine sulfate oral tablet	T2	
quinine sulfate	T4	
RABAVERT (PF)	NCS	
rabeprazole oral tablet,delayed release (dr/ec)	T4	QL (30 EA per 30 days)
RAGWITEK	T3	
raloxifene	T3	PA; QL (30 EA per 30 days)
ramelteon	T3	QL (30 EA per 30 days)
ramipril	T1	
ranitidine hcl oral syrup	T2	
ranitidine hcl oral tablet	T2	
ranolazine	T4	
RAPAFLO	T4	QL (30 EA per 30 days)
rasagiline	T4	
REBIF (WITH ALBUMIN)	Non-Formulary	
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	Non-Formulary	
RECLIPSEN (28)	NCS	
RECOMBIVAX HB (PF)	NCS	
RECTIV	T4	
REGRANEX	T4	PA

Drug	Status	Notes
RELENZA DISKHALER	T5	PA; QL (60 EA per 180 days)
RELPAX	T4	ST; QL (18 EA per 30 days)
REMODULIN	T5	PA
RENAGEL ORAL TABLET 800 MG	T3	
repaglinide	T2	QL (90 EA per 30 days)
REPATHA PUSHTRONEX	T3	PA; QL (3.5 ML per 28 days)
REPATHA SURECLICK	T3	PA; QL (3 ML per 28 days)
REPATHA SYRINGE	T3	PA; QL (3 ML per 28 days)
RESCRIPTOR ORAL TABLET	T3	
RESTASIS	T3	QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	T4	QL (14 ML per 30 days)
RETROVIR ORAL CAPSULE	T4	
RETROVIR ORAL SYRUP	T4	
REVLIMID	T5	PA
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	T4	
REYATAZ ORAL POWDER IN PACKET	T3	
REYVOW	Non-Formulary	
RHOPRESSA	T3	
RIABNI	T5	PA
RIBASPHERE ORAL CAPSULE	T4	PA
ribavirin oral capsule	T4	PA
ribavirin oral tablet 200 mg	T4	PA
RIDAURA	T5	
rifabutin	T4	
RIFAMATE	T4	
rifampin oral	T2	
RIFATER	T5	
rimantadine	T2	
ringer's irrigation	T2	
RINVOQ	T5	PA; QL (30 EA per 30 days)
risedronate oral tablet 150 mg	T4	QL (1 EA per 30 days)
risedronate oral tablet 30 mg, 5 mg	T4	QL (30 EA per 30 days)
risedronate oral tablet 35 mg	T4	QL (4 EA per 28 days)
RISPERDAL CONSTA	T4	PA; QL (4 EA per 28 days)
risperidone oral solution	T2	
risperidone oral syringe	T2	
risperidone oral tablet	T2	QL (120 EA per 30 days)
risperidone oral tablet,disintegrating	T3	QL (120 EA per 30 days)
ritonavir	T1	
rivastigmine tartrate	T3	QL (60 EA per 30 days)

Drug	Status	Notes
rizatriptan	T2	QL (18 EA per 30 days)
ropinirole oral tablet	T2	
ropinirole oral tablet extended release 24 hr	T4	
ROSANIL	T4	
ROSULA CLEANSING CLOTHS	T4	
rosuvastatin	T2	QL (30 EA per 30 days)
ROTARIX	NCS	
ROTATEQ VACCINE	NCS	
ROZLYTREK ORAL CAPSULE 100 MG	T5	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	T5	PA; QL (90 EA per 30 days)
RUBRACA	T5	PA; QL (120 EA per 30 days)
rufinamide oral suspension	T5	
RUKOBIA	T5	QL (60 EA per 30 days)
RUZURGI	T5	PA; QL (240 EA per 30 days)
RYBELSUS	T3	QL (30 EA per 30 days)
RYDAPT	T5	PA; QL (240 EA per 30 days)
SAFYRAL	Non-Formulary	
salicylic acid topical cream,extended release	T2	
salicylic acid topical foam	T2	
salicylic acid topical gel	T2	
salicylic acid topical lotion,extended release	T2	
salicylic acid topical shampoo	T2	
SAMSCA	T5	PA
SANCUSO	T5	PA; QL (4 EA per 28 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	T5	PA
SANTYL	T4	
SAPHRIS	T4	PA
sapropterin oral tablet,soluble	T5	
SAVELLA ORAL TABLET	T4	QL (60 EA per 30 days)
scopolamine base	T4	
SECUADO	T5	PA; QL (30 EA per 30 days)
SEGLUROMET	Non-Formulary	QL (60 EA per 30 days)
selegiline hcl	T2	
selenium sulfide topical lotion	T2	
selenium sulfide topical shampoo 2.25 %	T4	
SELZENTRY ORAL SOLUTION	T3	
SELZENTRY ORAL TABLET	T3	QL (120 EA per 30 days)
SEREVENT DISKUS	T3	QL (60 EA per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	T4	PA
sertraline oral concentrate	T2	QL (300 ML per 30 days)
sertraline oral tablet	T2	QL (60 EA per 30 days)

Drug	Status	Notes
SETLAKIN	NCS	
SF	T2	
SF 5000 PLUS	T2	
SHAROBEL	NCS	
SHINGRIX (PF)	NCS	
SHINGRIX GE ANTIGEN COMPONENT	NCS	
SIGNIFOR	T5	PA
SIGNIFOR LAR	T5	PA
sildenafil (pulm.hypertension) oral tablet	T4	PA; QL (90 EA per 30 days)
SILENOR	T4	
SILIQ	Non-Formulary	QL (3 ML per 28 days)
silver sulfadiazine	T2	
SIMBRINZA	T3	
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	Non-Formulary	QL (1 ML per 30 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	Non-Formulary	QL (0.5 ML per 30 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	Non-Formulary	QL (1 ML per 30 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	Non-Formulary	QL (0.5 ML per 30 days)
simvastatin oral tablet	T1	QL (30 EA per 30 days)
sirolimus oral solution	T5	
sirolimus oral tablet	T4	
SIRTURO ORAL TABLET 100 MG	T5	
SKLICE	T4	
SKYLA	T3	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	T5	QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	T5	QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 75 MG/0.83 ML	T5	PA
SKYRIZI SUBCUTANEOUS SYRINGE KIT	T5	PA; QL (6 EA per 365 days)
SMOOTHLAX	NCS	
sodium chloride 0.9 % (flush) injection syringe	T2	
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	T2	QL (30 EA per 30 days)
SOLIQUA 100/33	T3	QL (15 ML per 30 days)
SOMATULINE DEPOT	T5	PA
SOMAVERT	T5	PA

Drug	Status	Notes
SORINE	T2	
SOTALOL AF	T2	
sotalol oral	T2	
SPIRIVA RESPIMAT	T3	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER	T3	QL (30 EA per 30 days)
spironolactone	T2	
spironolacton-hydrochlorothiaz	T2	
SPRINTEC (28)	NCS	
SPRYCEL	T5	PA; QL (30 EA per 30 days)
SPS (WITH SORBITOL) ORAL	T2	
sps (with sorbitol) rectal	T2	
SRONYX	NCS	
SSD	T2	
SSS 10-5	T4	
stavudine oral capsule	T1	
STEGLATRO	Non-Formulary	ST; QL (30 EA per 30 days)
STELARA SUBCUTANEOUS SOLUTION	Non-Formulary	QL (0.5 ML per 84 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	Non-Formulary	QL (0.5 ML per 84 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	Non-Formulary	QL (1 ML per 56 days)
STIOLTO RESPIMAT	T3	QL (4 GM per 30 days)
STIVARGA	T5	PA; QL (84 EA per 28 days)
streptomycin	T3	
STRIBILD	T3	QL (30 EA per 30 days)
STRIVERDI RESPIMAT	T3	
sucralfate oral suspension	T3	
sucralfate oral tablet	T2	
sulfacetamide sodium (acne)	T2	
sulfacetamide sodium ophthalmic (eye)	T2	
sulfacetamide sodium topical cleanser	T4	
sulfacetamide sodium topical cleanser, gel	T4	
sulfacetamide sodium topical shampoo 10 %	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	
sulfacetamide sod-sulfur-urea	T4	
sulfadiazine	T3	

Drug	Status	Notes
sulfamethoxazole-trimethoprim intravenous	T3	
sulfamethoxazole-trimethoprim oral suspension	T2	
sulfamethoxazole-trimethoprim oral tablet	T1	
SULFAMYLON TOPICAL CREAM	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)
sunitinib	T5	PA; QL (30 EA per 30 days)
SUNOSI	T4	PA; QL (30 EA per 30 days)
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	T4	
SUPRAX ORAL TABLET,CHEWABLE	T4	
SUPREP BOWEL PREP KIT	T3	
SUSTIVA	T4	
SUTENT	T5	PA; QL (30 EA per 30 days)
SYEDA	NCS	
SYMBICORT	T3	QL (10.2 GM per 30 days)
SYMFI	T3	QL (30 EA per 30 days)
SYMFI LO	T3	QL (30 EA per 30 days)
SYMLINPEN 120	T5	
SYMLINPEN 60	T5	
SYMTUZA	T3	QL (30 EA per 30 days)
SYNAREL	T5	
SYNERA	T4	PA
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG	T3	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	T3	QL (120 EA per 30 days)
SYNJARDY XR	T3	
SYNTHROID	T3	
TABLOID	T5	PA
tacrolimus oral	T2	
tacrolimus topical	T4	PA
tadalafil (pulm. hypertension)	T5	PA
TAFINLAR	T5	PA; QL (120 EA per 30 days)
TAGRISSO	T5	PA; QL (30 EA per 30 days)
TAKE ACTION	NCS	
TAKHZYRO	T5	PA
TALTZ AUTOINJECTOR	Non-Formulary	QL (1 ML per 30 days)
TALTZ AUTOINJECTOR (2 PACK)	Non-Formulary	QL (1 ML per 30 days)

Drug	Status	Notes
TALTZ AUTOINJECTOR (3 PACK)	Non-Formulary	QL (1 ML per 30 days)
TALTZ SYRINGE	Non-Formulary	QL (1 ML per 30 days)
TALTZ SYRINGE (2 PACK)	Non-Formulary	QL (1 ML per 30 days)
TALTZ SYRINGE (3 PACK)	Non-Formulary	QL (1 ML per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	T5	PA; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	T5	PA; QL (30 EA per 30 days)
tamoxifen	T2	PA
tamsulosin	T2	
TARGRETIN TOPICAL	T5	PA
TARINA FE 1/20 (28)	NCS	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	T5	PA; QL (120 EA per 30 days)
TAVALISSE	T5	PA; QL (60 EA per 30 days)
TAYTULLA	T3	
tazarotene topical cream	T3	
TAZORAC TOPICAL CREAM 0.05 %	T4	
TAZORAC TOPICAL GEL	T4	
TAZTIA XT	T2	
TAZVERIK	T5	PA; QL (240 EA per 30 days)
TECFIDERA	Non-Formulary	
TEKTURNA HCT	T3	
telmisartan	T2	
temazepam oral capsule 15 mg, 30 mg	T2	QL (30 EA per 30 days)
TEMIXYS	T3	
temozolomide	T5	PA
TENIVAC (PF)	NCS	
tenofovir disoproxil fumarate	T1	
TEPMETKO	T5	PA; QL (30 EA per 30 days)
terazosin	T2	QL (60 EA per 30 days)
terbinafine hcl oral	T2	QL (30 EA per 30 days)
terbutaline oral	T2	
terconazole	T4	
testosterone cypionate intramuscular oil 100 mg/ml	T3	QL (10 ML per 28 days)
testosterone cypionate intramuscular oil 200 mg/ml	T3	QL (4 ML per 28 days)
testosterone enanthate	T3	QL (5 ML per 28 days)
testosterone transdermal gel	T3	QL (60 GM per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	T3	QL (150 GM per 28 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	T3	QL (150 GM per 30 days)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	T3	QL (60 GM per 30 days)
tetanus,diphtheria tox ped(pf)	NCS	
tetrabenazine	T5	PA

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

Drug	Status	Notes
TRACLEER ORAL TABLET FOR SUSPENSION	T5	PA
TRADJENTA	T3	QL (30 EA per 30 days)
tramadol oral tablet 50 mg	T3	QL (240 EA per 30 days)
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	
tranylcypromine	T3	
travoprost	T3	QL (5 ML per 30 days)
trazodone oral tablet 100 mg, 150 mg, 50 mg	T2	
trazodone oral tablet 300 mg	T4	
TRECATOR	T4	
TRELEGY ELLIPTA	T4	
TREMFYA	Non-Formulary	QL (2 ML per 30 days)
treprostinil sodium	T5	
TRESIBA FLEXTOUCH U-100	T3	QL (60 ML per 30 days)
TRESIBA FLEXTOUCH U-200	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	
TRIBENZOR	T3	
TRICITRATES	T4	
trientine	T5	
TRI-ESTARYLLA	NCS	
trifluoperazine	T2	
trifluridine	T3	
trihexyphenidyl	T2	

Drug	Status	Notes
TRIJARDY XR	T3	QL (30 EA per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	T5	PA; QL (84 EA per 28 days)
TRI-LEGEST FE	NCS	
TRI-LINYAH	NCS	
tri-lo-estarylla	NCS	
tri-lo-marzia	NCS	
TRI-LO-SPRINTEC	NCS	
TRILYTE WITH FLAVOR PACKETS	NCS	
trimethobenzamide oral	T2	
trimethoprim	T2	
trimipramine	T4	
TRINTELLIX	T4	PA; ST; QL (30 EA per 30 days)
TRI-PREVIFEM (28)	NCS	
TRI-SPRINTEC (28)	NCS	
TRIUMEQ	T3	
TRIVORA (28)	NCS	
TRIZIVIR	T4	
tropicamide	T3	
trospium oral capsule,extended release 24hr	T2	QL (30 EA per 30 days)
trospium oral tablet	T4	
TRUMENBA	NCS	
TRUSELTIQ	T5	PA
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	NCS	
TRUVADA ORAL TABLET 200-300 MG	NCS	QL (30 EA per 30 days)
TUDORZA PRESSAIR	T4	
TURALIO	T5	PA; QL (120 EA per 30 days)
TWINRIX (PF)	NCS	
TYBOST	T3	QL (30 EA per 30 days)
TYKERB	T5	PA; QL (180 EA per 30 days)
TYMLOS	T5	PA
TYPHIM VI	NCS	
TYSABRI	T5	PA
TYZINE NASAL DROPS 0.05 %	T3	
tyzine nasal drops 0.1 %	T3	
UBRELVY	T5	PA; QL (16 EA per 30 days)
ULESFIA	T4	
UNITHROID	T2	
urea topical cream 10 %, 20 %, 39 %	T2	
urea topical foam	T2	
urea topical gel	T2	
urea topical lotion 10 %, 40 %	T2	

Drug	Status	Notes
ursodiol oral capsule 300 mg	T4	
ursodiol oral tablet	T4	
vaginal contraceptive foam	NCS	
valacyclovir	T2	QL (90 EA per 30 days)
VALCHLOR	T5	PA
VALCYTE ORAL RECON SOLN	T5	PA
valganciclovir	T5	PA
valproic acid	T2	
valproic acid (as sodium salt)	T2	
valsartan	T2	
valsartan-hydrochlorothiazide	T2	
VALTOCO	T5	QL (10 EA per 30 days)
vancomycin intravenous recon soln 1,000 mg, 500 mg	T2	
vancomycin oral capsule	T5	PA
vancomycin oral recon soln	T3	
VAQTA (PF)	NCS	
varenicline	NCS	QL (340 EA per 365 days)
VARIVAX (PF)	NCS	
VARIZIG	NCS	
VARUBI ORAL	T5	PA
VASCEPA	T3	
VELIVET TRIPHASIC REGIMEN (28)	NCS	
VELPHORO	T5	PA
VELTIN	T5	
VENCLEXTA ORAL TABLET 10 MG	T5	PA; QL (14 EA per 7 days)
VENCLEXTA ORAL TABLET 100 MG	T5	PA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	T5	PA; QL (7 EA per 7 days)
VENCLEXTA STARTING PACK	T5	PA; QL (30 EA per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg	T2	QL (60 EA per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	T2	QL (90 EA per 30 days)
venlafaxine oral tablet	T2	QL (90 EA per 30 days)
VENTAVIS	T5	PA
VENTOLIN HFA	T3	QL (36 GM per 30 days)
verapamil oral	T2	
VEREGEN	T3	
VERQUVO	T4	PA; QL (60 EA per 30 days)
VERZENIO	T5	PA
VIBERZI	T5	PA
VICTOZA 2-PAK	T3	QL (9 ML per 30 days)
VICTOZA 3-PAK	T3	QL (9 ML per 30 days)
VIDEX 2 GRAM PEDIATRIC	T3	

Drug	Status	Notes
VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 125 MG	T3	
VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 200 MG, 250 MG	T4	
vienva	NCS	
vigabatrin oral powder in packet	T5	PA
vigabatrin oral tablet	T5	QL (180 EA per 30 days)
VIIBRYD ORAL TABLET	T4	PA; QL (30 EA per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	T4	PA; QL (30 EA per 30 days)
VILTEPSO	T5	PA
VIMPAT ORAL SOLUTION	T5	PA; QL (1200 ML per 30 days)
VIMPAT ORAL TABLET	T5	PA; QL (60 EA per 30 days)
VIMPAT ORAL TABLETS,DOSE PACK	T5	PA
VIORELE (28)	NCS	
VIRACEPT ORAL TABLET	T3	
VIRAMUNE	T4	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	T4	
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 (120 EA per 30 days)
VUSION	T4	
VYFEMLA (28)	NCS	
VYTORIN 10-10	T4	QL (30 EA per 30 days)
VYTORIN 10-20	T4	QL (30 EA per 30 days)
VYTORIN 10-40	T4	QL (30 EA per 30 days)
VYTORIN 10-80	T4	QL (30 EA per 30 days)
VYVANSE ORAL CAPSULE	T4	PA; QL (30 EA per 30 days)
VYXEOS	T5	PA
WAKIX	T5	PA; QL (60 EA per 30 days)
warfarin	T1	
water for irrigation, sterile	T2	

Drug	Status	Notes
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	
XALKORI	T5	PA; QL (60 EA per 30 days)
XARELTO	T3	
XARELTO DVT-PE TREAT 30D START	T3	
XCOPRI	T5	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	T5	PA
XCOPRI TITRATION PACK	T5	PA
XELJANZ ORAL SOLUTION	T5	PA; QL (300 ML per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 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
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	T5	PA; QL (30 EA per 30 days)
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)
XIGDUO XR	T3	
XOFLUZA ORAL TABLET 20 MG, 40 MG	T3	QL (2 EA per 30 days)
XOLAIR	T5	PA
XOSPATA	T5	PA; QL (90 EA per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	T5	PA; QL (20 EA per 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)

Drug	Status	Notes
XTAMPZA ER	T4	QL (60 EA per 30 days)
XTANDI ORAL CAPSULE	T5	PA; QL (120 EA per 30 days)
XULANE	NCS	
XULTOPHY 100/3.6	T3	QL (15 ML per 30 days)
XYREM	T5	PA
YASMIN (28)	T4	
YAZ (28)	T4	
YF-VAX (PF)	NCS	
YONSA	T5	PA; QL (120 EA per 30 days)
zafirlukast	T3	QL (60 EA per 30 days)
zaleplon	T2	QL (30 EA per 30 days)
ZANOSAR	T5	PA
ZARAH	NCS	
ZEJULA	T5	PA; QL (90 EA per 30 days)
ZELBORAF	T5	PA; QL (240 EA per 30 days)
ZEMAIRA	T5	PA
ZENATANE	T4	
ZENCHENT (28)	NCS	
ZIAGEN	T4	
ZIANA	T5	
zidovudine	T1	
ZIOPTAN (PF)	T4	
ziprasidone hcl	T2	QL (60 EA per 30 days)
ZIRGAN	T4	
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	T5	PA
ZOLINZA	T5	PA; QL (120 EA per 30 days)
zolmitriptan oral	T4	ST; QL (18 EA per 30 days)
zolpidem oral tablet	T2	QL (30 EA per 30 days)
ZOMIG NASAL	T4	ST; QL (12 EA per 30 days)
ZONALON	T4	
zonisamide	T2	
ZONTIVITY	T3	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	T5	PA
ZOSTAVAX (PF)	NCS	
ZOVIA 1/35E (28)	NCS	
ZYDELIG	T5	PA; QL (60 EA per 30 days)
ZYFLO	T5	PA; QL (120 EA per 30 days)
ZYKADIA ORAL CAPSULE	T5	PA; QL (150 EA per 30 days)
ZYKADIA ORAL TABLET	T5	PA; QL (90 EA per 30 days)
ZYLET	T4	
ZYTIGA ORAL TABLET 250 MG	T5	PA; QL (120 EA per 30 days)

Drug	Status	Notes
ZYTIGA ORAL TABLET 500 MG	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.

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Health First Health Plans

6450 U.S. Highway 1
Rockledge, FL 32955
myHFHP.org

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  - 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

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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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Health First
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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.

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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.

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

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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.

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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。

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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.

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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.

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Если у вас или лица, 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 تساعده أسئلة بخصوص Health First Health Plans، فلديك الحق في الحصول على المساعدةوالمعلومات الضرورية بلغتك من دون أية 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 Plans 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 855-443-4735 로 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 હેલ્થ ફર્સ્ટ હેલ્થ પ્લાન્સ વિશે પ્રશ્નો હોય તો તમને તમારી ભાષામાં વિના મૂલ્યે મદદ અને માહિતી મેળવવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે **855-443-4735** પર કોલ કરો.

Thai:
หากคุณหรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ Health First Health Plansคุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย หากต้องการพูดคุยกับล่าม โปรดโทร 855-443- 4735.

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