Health First Health Plans

2020 Formulary (Drug List)

Effective: November 1, 2020

Large and Small Group Health Plans
Individual Health Plans
Third Party Administered Health Plans

2020 Commercial 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, 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 and Insurance (The Plan) offers many benefit plans that can vary in coverage for each tier. Details about your specific benefit for each tier are included in The Plan’s 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-daysupply).
- **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.

Generic drugs are prescription drugs that have the same active ingredients as brand 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.

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

What is the difference between a copayment and coinsurance?

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

What does out-of-pocket maximum mean?
The out-of-pocket maximum protects you from catastrophic medical and prescription drug expenses by limiting how much you have to pay during the benefit year. Your cost sharing for covered prescription drugs (deductible, coinsurance and copayment) all accumulate with your in-network medical out-of-pocket maximum. Refer to your plan documents to see when your out-of-pocket maximum starts over for your plan and to verify the specific cost sharing you have for specific tiers.

The Drug List is subject to change

In order to continue to offer a safe and cost effective selection of prescription drugs, The Plan 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 The Plan that new drugs will be excluded for 6 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 (OTC). At the time that a medication on the HFP Drug List becomes available OTC, 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 **September 1, 2020**. To get updated information about covered drugs, please visit our Web site 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**: The Plan requires you and/or your physician to get prior authorization for certain drugs. This means that 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 The Plan documenting the medical necessity. These drugs are identified in the Drug List.
- **Step Therapy**: In some cases, The Plan 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 is listed in the reference table on page 6.

- **Quantity Limits:** For some covered drugs, there is a maximum amount that will be covered by The Plan over a certain period of time. For example, The Plan 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. The Plan helps you pay for your medications by sharing the cost with you and providing substantial discounts for covered medications. To help you manage your drug costs, here are some money-saving tips to consider:

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

What if my drug is not on the Formulary?

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

- You can ask Customer Service for a list of similar drugs that are covered by The Plan. 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 The Plan information requesting we make an exception and cover your drug.

If The Plan 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

The Plan 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. The Plan 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 The Plan:

- 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, Imitrex, and those requiring prior authorization)
- Most multivitamins and nutritional supplements (except prescription pre-natal vitamins and products covered under the Preventive Care benefit)
- Nonprescription supplies or substances
- Over-the-counter (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 health care 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 over-the-counter (OTC) medications (notated in Tier NCS throughout this formulary) are available to our members at no ($0) cost-sharing when:

- Prescribed by a health care 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 ▪ Individuals < 60 years	▪ Aspirin products ≤ 325 MG
Fluoride ▪ Children age 6 months through 5 years	▪ Fluoride Chewable Tablet 0.25 MG and 0.5 MG; ▪ Fluoride Drops 0.125 MG, 0.25 MG and 0.5 MG; ▪ Multivitamin W/ Fluoride Chewable 0.25 MG and 0.5 MG; ▪ Multivitamin W/ Fluoride Drops 0.25 MG and 0.5 MG; ▪ Multivitamin W/ Fluoride Suspension 0.25 MG and 0.5 MG
Folic Acid ▪ Women only through age 50 years	▪ Folic Acid Tablet 0.4 MG and 0.8 MG; ▪ Prenatal Multivitamins W/ Folic Acid (0.4 MG and 0.8 MG)
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	Covered immunizations include those that are routine vaccines recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention and that meet the US Food and Drug Administration approved indications for age and/or gender

Medicine/Product Category and Who is Covered	Examples of the Medicine/Product Covered
	limitations. Coverage also includes non-routine immunizations used to prevent other illnesses such as typhoid, yellow fever, and Japanese encephalitis.
<u>Contraceptive Methods</u> ▪ Women only, through age 50 years	Covered products include one or more Food and Drug Administration (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; ▪ Nuvaring®; ▪ Generic, OTC emergency contraceptives and Ella®; ▪ The intrauterine systems Mirena® and Paragard®; ▪ The intradermal agent, Nexplanon®

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.

Step Therapy Reference Table	
Drug Name	**Drug that must be tried first**
ALMOTRIPTAN, FROVATRIPTAN, NARATRIPTAN, RELPAX, ZOLMITRIPTAN, ZOLMITRIPTAN ODT, ZOMIG NASAL	*Sumatriptan, rizatriptan in the last 180 days*
FOSRENAL, RENAGEL, RENVELA	*calcium acetate 667 mg in the last 180 days*
OXICONAXOLE	*ketoconazole AND clotrimazole topical products in the last 180 days*
ULORIC	*Allopurinol in the last 180 days*
VIIBRYD	*Trial of any two (2) of the following drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine, sertraline, trazodone, venlafaxine in the last year*
WELCHOL	*cholestyramine or colestipol in the last 180 days*
SYMBICORT	*Advair in the last 180 days*

Health First Health Plans and Insurance Formulary

The formulary provides coverage information about some of the drugs covered by The Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 102. 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 The Plan has any special requirements for coverage of your drug.

Specialty Pharmacy (SP):
Must be obtained from Accredo Pharmacy and are limited to a 30-day supply. *For members who reside outside the state of Florida, an exception will be considered to allow the medication to be filled at another pharmacy.* Please contact Customer Service Department to initiate this process.

Prior Authorization (PA):
The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from The Plan 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 The Plan.

Step Therapy (ST):
In some cases, The Plan 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 is listed in the reference table on page 6.

Maintenance Drug (MD):
You may be taking these drugs on a long-term basis. Maintenance medications are generally those used to treat chronic conditions and long-term conditions. **Some exceptions may apply (i.e. certain medications used for ADHD, asthma/COPD rescue, acute pain, and acute infections).

No Cost-Share (NCS):
Select preventive products, prescription medications and specific over-the-counter (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 oral solution	T5	
abacavir oral tablet	T3	PA
abacavir-lamivudine	T5	PA
abacavir-lamivudine-zidovudine	T5	PA
abiraterone	T5	PA; QL (120 EA per 30 days)
acamprosate	T4	
acarbose	T2	QL (90 EA per 30 days)
acebutolol	T2	
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg /12.5 ml	T3	QL (2700 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	T3	QL (240 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	T3	QL (180 EA per 30 days)
acetazolamide oral tablet	T3	
acetazolamide sodium	T3	
acetic acid otic (ear)	T2	
acetylcysteine	T2	
acitretin	T5	PA
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)
adefovir	T5	PA
ADEMPAS	T5	PA
ADRUCIL INTRAVENOUS SOLUTION 500 MG/10 ML	T3	
ADVAIR DISKUS	T3	QL (60 EA per 30 days)
ADVAIR HFA	T3	QL (12 GM per 30 days)
AFEDITAB CR	T2	
AFINITOR ORAL TABLET 10 MG	T5	PA; QL (60 EA per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	T5	PA

Drug	Status	Notes
AFTERA	NCS	
AIMOVIG AUTOINJECTOR	T4	PA; QL (1 ML per 28 days)
AJOVY AUTOINJECTOR	T4	PA; QL (1.5 ML per 28 days)
AJOVY SYRINGE	T4	PA; QL (1.5 ML per 28 days)
AK-POLY-BAC	T2	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN	T5	PA
AKYNZEO (NETUPITANT)	T5	PA
albendazole	T4	
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)
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	T4	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)
ALUNBRIG ORAL TABLET 30 MG	T5	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	T5	PA; QL (30 EA per 30 days)
alyacen 1/35 (28)	NCS	
ALYACEN 7/7/7 (28)	NCS	
amantadine hcl oral capsule	T3	

Drug	Status	Notes
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	
AMITIZA	T3	QL (60 EA per 30 days)
amitriptyline	T2	
amitriptyline-chlordiazepoxide	T2	
amlodipine	T1	
amlodipine-benazepril	T2	QL (30 EA per 30 days)
amlodipine-olmesartan	T3	
amlodipine-valsartan	T2	QL (30 EA per 30 days)
amlodipine-valsartan-hcthiazid	T3	QL (30 EA per 30 days)
ammonium chloride	T2	
ammonium lactate	T2	
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	
ampicillin oral capsule	T2	
anagrelide	T3	
anastrozole	T2	QL (30 EA per 30 days)
ANORO ELLIPTA	T3	
ANUCORT-HC	T3	
apraclonidine	T2	

Drug	Status	Notes
aprepitant	T4	QL (60 EA per 30 days)
APRI	NCS	
APRISO	T3	QL (120 EA per 30 days)
APTIOM	T4	PA
APTIVUS	T5	PA
APTIVUS (WITH VITAMIN E)	T5	PA
ARANELLE (28)	NCS	
ARCALYST	T5	PA
ARCAPTA NEOHALER	T4	
aripiprazole oral solution	T4	
aripiprazole oral tablet	T4	QL (30 EA per 30 days)
aripiprazole oral tablet,disintegrating	T4	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 INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	T3	
ASCOMP WITH CODEINE	T3	
ASHLYNA	NCS	
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	T3	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	T3	QL (1 EA per 30 days)
aspirin oral tablet	NCS	
aspirin oral tablet,chewable	NCS	
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	NCS	
aspirin-dipyridamole	T4	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	T3	QL (200 EA per 30 days)
atazanavir	T3	
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 (30 EA per 30 days)
atorvastatin	T2	QL (30 EA per 30 days)
atovaquone	T5	
atovaquone-proguanil	T4	
ATRIPLA	T5	PA; QL (30 EA per 30 days)
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	T4	

Drug	Status	Notes
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)
AVAR TOPICAL CLEANSER	T4	
AVAR-E	T4	
AVAR-E GREEN	T4	
AVIANE	NCS	
AVONEX (WITH ALBUMIN)	T5	PA; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	T5	PA; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	T5	PA; QL (1 EA per 28 days)
AYVAKIT	T5	PA; QL (30 EA per 30 days)
AZASITE	T4	
azathioprine	T2	
azelastine nasal	T3	QL (60 ML per 30 days)
azelastine ophthalmic (eye)	T2	
AZILECT	T4	
azithromycin oral packet	T2	
azithromycin oral suspension for reconstitution	T2	
azithromycin oral tablet 250 mg, 600 mg	T1	
azithromycin oral tablet 500 mg	T1	QL (5 EA per 30 days)
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)
BANZEL ORAL TABLET 200 MG	T5	PA; QL (90 EA per 30 days)
BANZEL ORAL TABLET 400 MG	T5	PA; QL (240 EA per 30 days)
BAQSIMI	T3	
BARACLUDE ORAL SOLUTION	T5	PA
BAVENCIO	T5	PA
BAYER ASPIRIN	NCS	
bcg vaccine, live (pf)	NCS	
BD ULTRA-FINE MICRO PEN NEEDLE	T3	
BD ULTRA-FINE MINI PEN NEEDLE	T3	
BD ULTRA-FINE NANO PEN NEEDLE	T3	

Drug	Status	Notes
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 AUTO-INJECTOR	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	
bexarotene	T5	PA
BEXSERO	NCS	
BEYAZ	T4	
bicalutamide	T2	
BIKTARVY	T5	QL (30 EA per 30 days)
BILTRICIDE	T4	
BIOTHRAX	NCS	
bisacodyl oral	NCS	
BISA-LAX (BISACODYL)	NCS	
bisoprolol fumarate	T2	

Drug	Status	Notes
bisoprolol-hydrochlorothiazide	T2	
BLEPHAMIDE S.O.P.	T3	
BLISOVI 24 FE	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)
BOSULIF ORAL TABLET 400 MG, 500 MG	T5	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	T5	PA; QL (120 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	T5	PA; QL (180 EA per 30 days)
BREO ELLIPTA	T3	
BRIELLYN	NCS	
BRILINTA	T3	
brimonidine ophthalmic (eye) drops 0.15 %	T3	
brimonidine ophthalmic (eye) drops 0.2 %	T1	
BROMFED DM	T3	
bromfenac	T3	
bromocriptine	T4	
brompheniramine-pseudoeph-dm oral syrup	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	T4	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)
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)

Drug	Status	Notes
butalbital-acetaminop-caf-cod	T4	QL (180 EA per 30 days)
butalbital-acetaminophen oral tablet 50-325 mg	T4	QL (180 EA per 30 days)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	T4	QL (180 EA per 30 days)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	T4	QL (180 EA per 30 days)
butalbital-aspirin-caffeine oral capsule	T4	QL (180 EA per 30 days)
butorphanol injection	T3	
BUTRANS	T3	QL (4 EA per 28 days)
BYDUREON BCISE	T3	QL (3.4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	T3	QL (4 EA per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	T3	QL (2.4 ML per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	T3	QL (1.2 ML per 30 days)
BYNFEZIA	T5	PA
BYSTOLIC	T3	
cabergoline	T3	QL (16 EA per 28 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	T5	PA; QL (30 EA per 30 days)
CABOMETYX ORAL TABLET 40 MG	T5	PA; QL (60 EA per 30 days)
calcipotriene scalp	T4	
calcipotriene topical cream	T4	
calcipotriene topical ointment	T4	
calcipotriene-betamethasone topical ointment	T4	
calcitonin (salmon)	T3	QL (3.7 ML per 30 days)
calcitriol oral	T2	
calcitriol topical	T5	PA
calcium acetate(phosphat bind) oral capsule	T2	
CALQUENCE	T5	PA
CAMILA	NCS	
CAMRESE	NCS	
CAMRESE LO	NCS	
CANASA	T5	
candesartan	T3	QL (30 EA per 30 days)
candesartan-hydrochlorothiazid	T3	QL (30 EA per 30 days)
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	
CARAFATE ORAL SUSPENSION	T4	
carbamazepine oral capsule, er multiphase 12 hr	T3	

Drug	Status	Notes
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 injection recon soln 1 gram, 300 g, 500 mg	T2	
cefdinir oral capsule	T2	
cefdinir oral suspension for reconstitution	T3	
cefixime	T4	
cefpodoxime	T3	
cefprozil oral suspension for reconstitution	T3	
cefprozil oral tablet	T2	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	T2	
cefuroxime axetil oral tablet	T3	
cefuroxime sodium injection recon soln 750 mg	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
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)
CHATEAL (28)	NCS	
CHEMET	T4	

Drug	Status	Notes
CHILDREN'S ASPIRIN	NCS	
chlordiazepoxide hcl	T2	
chlordiazepoxide-clidinium	T3	
chlorhexidine gluconate mucous membrane	T2	
chloroquine phosphate	T2	
chlorothiazide	T2	
chlorpromazine oral	T3	
chlorpropamide	T2	
chlorthalidone oral tablet 25 mg, 50 mg	T2	
chlorzoxazone oral tablet 500 mg	T2	QL (120 EA per 30 days)
cholestyramine (with sugar)	T3	
CHOLESTYRAMINE LIGHT	T3	
CICLODAN TOPICAL SOLUTION	T2	
ciclopirox topical cream	T3	
ciclopirox topical gel	T3	
ciclopirox topical shampoo	T3	
ciclopirox topical solution	T2	
ciclopirox topical suspension	T3	
cilostazol	T2	
CILOXAN OPHTHALMIC (EYE) OINTMENT	T3	
CIMDUO	T5	QL (30 EA per 30 days)
cimetidine	T2	
cimetidine hcl oral	T2	
cinacalcet oral tablet 30 mg	T3	PA
cinacalcet oral tablet 60 mg, 90 mg	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	

Drug	Status	Notes
CLENPIQ	T3	
CLEOCIN VAGINAL SUPPOSITORY	T4	
CLIMARA PRO	T4	
CLINDACIN ETZ TOPICAL SWAB	T2	
CLINDACIN P	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	
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 topical cream	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	
CLOVIQUE	T5	PA; QL (240 EA per 30 days)
clozapine oral tablet	T2	
clozapine oral tablet,disintegrating	T4	PA
codeine sulfate oral tablet	T3	QL (180 EA per 30 days)
codeine-butalbital-asa-caff	T4	QL (180 EA per 30 days)
colchicine	T3	
colesevelam	T3	
colestipol oral granules	T3	

Drug	Status	Notes
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)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	T5	PA; QL (60 EA per 30 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	T5	PA; QL (120 EA per 30 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	T5	PA; QL (90 EA per 30 days)
COMPLERA	T5	
COMPRO	T4	
CONDYLOX TOPICAL GEL	T4	
CONSTULOSE	T2	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	T5	PA
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	T5	PA; QL (12 ML per 30 days)
COPIKTRA	T5	PA; QL (60 EA per 30 days)
CORDRAN TAPE LARGE ROLL	T4	
CORDRAN TOPICAL LOTION	T4	
COREG CR	T3	
CORLANOR ORAL SOLUTION	T4	PA
CORTANE-B TOPICAL	T4	
cortisone	T2	
CORTISPORIN TOPICAL	T4	
COSENTYX	T5	PA
COSENTYX (2 SYRINGES)	T5	PA
COSENTYX PEN	T5	PA
COSENTYX PEN (2 PENS)	T5	PA
COTELLIC	T5	PA; QL (90 EA per 30 days)
CREON	T3	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T3	PA
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	

Drug	Status	Notes
cycloserine	T4	
CYCLOSET	T4	PA; QL (180 EA per 30 days)
cyclosporine modified	T3	
cyclosporine oral capsule	T3	
cyproheptadine oral tablet	T2	
CYRED	NCS	
CYSTAGON	T4	PA
CYTRA-2	T2	
CYTRA-3	T4	
dalfampridine	T5	PA; QL (60 EA per 30 days)
danazol	T4	
dantrolene oral	T3	
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	
deferasirox oral tablet, dispersible	T5	
DELSTRIGO	T5	QL (30 EA per 30 days)
DELYLA (28)	NCS	
demeclocycline	T3	
DENTA 5000 PLUS	T2	
DENTAGEL	T2	
DEPEN TITRATABS	T5	
DEPO-ESTRADIOL	T3	
DESCOVY	T5	PA
desipramine	T2	
desloratadine oral tablet	T2	QL (30 EA per 30 days)
desmopressin nasal spray with pump	T3	
desmopressin nasal spray,non-aerosol	T3	
desmopressin oral	T3	
desog-e.estradiol/e.estradiol	NCS	
desogestrel-ethinyl estradiol	NCS	
desonide topical cream	T4	
desonide topical lotion	T4	
desonide topical ointment	T4	
desoximetasone topical cream	T3	

Drug	Status	Notes
desoximetasone topical gel	T3	
desoximetasone topical ointment	T3	
desvenlafaxine	T4	
desvenlafaxine succinate	T4	
dexamethasone oral solution	T3	
dexamethasone oral tablet	T2	
dexamethasone sodium phosphate injection solution	T2	
dexamethasone sodium phosphate injection syringe	T3	
dexamethasone sodium phosphate ophthalmic (eye)	T2	
dexmethylphenidate oral capsule,er biphasic 50-50	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	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	
diazoxide	T5	PA
diclofenac potassium	T2	
diclofenac sodium ophthalmic (eye)	T2	
diclofenac sodium oral	T2	
diclofenac sodium topical gel 1 %	T3	
diclofenac sodium topical gel 3 %	T5	PA
dicloxacillin	T2	
dicyclomine oral capsule	T1	
dicyclomine oral solution	T2	
dicyclomine oral tablet	T1	
didanosine	T3	PA

Drug	Status	Notes
DIFICID	T5	PA
diflorasone topical cream	T4	
DIGITEK	T2	
DIGOX	T2	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	T3	
digoxin oral tablet	T2	
dihydroergotamine injection	T3	
dihydroergotamine nasal	T4	
diltiazem hcl oral capsule,ext.rel 24h degradable	T2	
diltiazem hcl oral capsule,extended release 12 hr	T2	
diltiazem hcl oral capsule,extended release 24 hr	T2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	T2	
diltiazem hcl oral tablet	T2	
diltiazem hcl oral tablet extended release 24 hr	T3	
DILT-XR	T2	
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 TABLET	T4	
dorzolamide	T2	
dorzolamide (pf)	T4	
dorzolamide-timolol	T2	
DOVATO	T5	QL (30 EA per 30 days)
doxazosin	T2	QL (60 EA per 30 days)
doxepin oral capsule	T2	
doxepin oral concentrate	T2	
doxercalciferol oral	T3	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	

Drug	Status	Notes
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	
DUAVEE	T3	
DUCODYL (BISACODYL)	NCS	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	T3	QL (13 GM per 30 days)
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	T5	PA; QL (6 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	T5	PA; QL (3.42 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	T5	PA
DUREZOL	T4	
dutasteride	T3	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 PEN NEEDLE	T3	
econazole	T4	
ECONTRA EZ	NCS	
EDECRIN	T5	PA
EDURANT	T5	PA
efavirenz	T4	
ELETONE	T4	
eletriptan	T4	ST
ELIGARD	T5	PA; QL (1 EA per 28 days)
ELIGARD (3 MONTH)	T5	PA; QL (1 EA per 84 days)
ELIGARD (4 MONTH)	T5	PA; QL (1 EA per 112 days)
ELIGARD (6 MONTH)	T5	PA; QL (1 EA per 168 days)
ELINEST	NCS	
ELIQUIS	T3	
ELIQUIS DVT-PE TREAT 30D START	T3	
ELLA	NCS	
ELMIRON	T4	
ELZONRIS	T5	PA
EMCYT	T5	PA
EMEND ORAL CAPSULE	T4	PA; QL (60 EA per 30 days)

Drug	Status	Notes
EMEND ORAL CAPSULE,DOSE PACK	T4	PA; QL (60 EA per 30 days)
EMOQUETTE	NCS	
EMSAM	T5	PA; QL (30 EA per 30 days)
EMTRIVA	T3	PA
enalapril maleate	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) INTRAMUSCULAR SYRINGE	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	
entacapone	T4	QL (240 EA per 30 days)
entecavir	T5	PA; QL (30 EA per 30 days)
ENTERIC COATED ASPIRIN	NCS	
ENTRESTO	T4	PA; QL (60 EA per 30 days)
ENULOSE	T2	
EPCLUSA ORAL TABLET 400-100 MG	T5	PA
EPICERAM	T4	
EPIDIOLEX	T5	PA
EPIDUO TOPICAL GEL WITH PUMP	T4	
EPIFOAM	T4	
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	

Drug	Status	Notes
EPIPEN	T3	QL (4 EA per 30 days)
EPIPEN 2-PAK	T3	QL (4 EA per 30 days)
EPIPEN JR	T3	QL (4 EA per 30 days)
EPIPEN JR 2-PAK	T3	QL (4 EA per 30 days)
EPIVIR HBV ORAL SOLUTION	T4	PA
eplerenone	T3	
EPZICOM	T5	PA
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
ERRIN	NCS	
ERTACZO	T5	PA
ertapenem	T4	
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)
ESTARYLLA	NCS	
estazolam	T2	
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)
ethambutol	T3	
ethosuximide	T3	
etidronate disodium	T3	

Drug	Status	Notes
etodolac oral capsule	T3	
etodolac oral tablet	T3	
etodolac oral tablet extended release 24 hr	T4	
etonogestrel-ethinyl estradiol	NCS	
EUCRISA	T4	
EVENITY	T5	PA
everolimus (antineoplastic)	T5	PA; QL (30 EA per 30 days)
everolimus (immunosuppressive)	T5	PA
EVOTAZ	T5	PA
exemestane	T4	
EXJADE	T5	PA
ezetimibe	T3	QL (30 EA per 30 days)
FALMINA (28)	NCS	
famciclovir	T3	
famotidine oral suspension	T3	
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)
FARYDAK	T5	PA
FASENRA PEN	T5	PA
FC2 FEMALE CONDOM	NCS	
febuxostat	T3	ST
felbamate	T5	
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 TABLET 500 MG	T5	PA
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

Drug	Status	Notes
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 nasal spray,non-aerosol 25 mcg (0.025 %)	T3	QL (50 ML per 30 days)
fluocinolone	T3	
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 ORAL TABLET,CHEWABLE	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	

Drug	Status	Notes
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)
FORTEO	T5	PA; QL (2.4 ML per 28 days)
fosamprenavir	T5	PA
fosinopril	T2	
fosinopril-hydrochlorothiazide	T2	
FOSRENOL ORAL TABLET,CHEWABLE	T3	ST
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 10 DAY READER	T4	QL (1 EA per 365 days)
FREESTYLE LIBRE 10 DAY SENSOR	T4	QL (3 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER	T4	QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	T4	QL (2 EA per 28 days)
FREESTYLE LITE METER	T3	
FREESTYLE LITE STRIPS	T3	QL (200 EA per 30 days)
FREESTYLE TEST	T3	QL (200 EA per 30 days)
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	PA
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)

Drug	Status	Notes
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)
GAMMAGARD LIQUID	T5	PA
GARDASIL 9 (PF)	NCS	
gatifloxacin	T3	
GAVILAX ORAL POWDER	NCS	
GAVILYTE-C	NCS	
GAVILYTE-G	NCS	
GAVILYTE-N	NCS	
gemfibrozil	T2	
GENERESS FE	T4	
GENERLAC	T2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T3	
GENGRAF ORAL SOLUTION	T3	
GENTAK OPHTHALMIC (EYE) OINTMENT	T2	
gentamicin ophthalmic (eye)	T2	
gentamicin topical	T2	
GENTLE LAXATIVE (BISACODYL) ORAL	NCS	
GENTLELAX	NCS	
GENVOYA	T5	PA
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 subcutaneous syringe 20 mg/ml	T5	QL (28 ML per 28 days)
glatiramer subcutaneous syringe 40 mg/ml	T5	QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	T5	QL (28 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	T5	QL (12 ML per 28 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T5	PA
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)

Drug	Status	Notes
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 ORAL POWDER	NCS	
glycopyrrolate oral tablet 1 mg, 2 mg	T2	
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	
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 solution 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	T2	
heparin, porcine (pf) injection solution 1,000 unit/ml	T2	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	T2	
HERCEPTIN HYLECTA	T5	PA
HOMATROPAIRE	T3	
homatropine hbr	T3	
HORIZANT	T4	PA; QL (60 EA per 30 days)

Drug	Status	Notes
HPR	T4	
HPR PLUS	T4	
HUMIRA PEDIATRIC CROHNS START	T5	PA; QL (3 EA per 180 days)
HUMIRA PEN	T5	PA; QL (4 EA per 28 days)
HUMIRA PEN CROHNS-UC-HS START	T5	PA; QL (6 EA per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	T5	PA; QL (4 EA per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	T5	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	T5	PA; QL (4 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER	T5	PA; QL (3 EA per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	T5	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	T5	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	T5	PA; QL (4 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	T5	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	T5	PA; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	T5	PA; QL (4 EA per 28 days)
HUMULIN R U-500 (CONC) INSULIN	T5	QL (20 ML per 30 days)
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 oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	T3	QL (50 EA per 30 days)
hydrocortisone acetate rectal	T3	
hydrocortisone acetate topical cream 1 %	T2	
hydrocortisone butyrate topical cream	T2	
hydrocortisone butyrate topical ointment	T4	
hydrocortisone butyrate topical solution	T4	
hydrocortisone butyr-emollient	T4	
hydrocortisone oral	T2	
hydrocortisone rectal	T4	
hydrocortisone topical cream	T2	

Drug	Status	Notes
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-iodoquinol	T3	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %	T3	
HYDROMET	T2	
hydromorphone oral tablet	T3	QL (180 EA per 30 days)
hydroxychloroquine	T3	
hydroxyurea	T2	
hydroxyzine hcl intramuscular	T2	
hydroxyzine hcl oral solution 10 mg/5 ml	T2	
hydroxyzine hcl oral tablet	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	
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	
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; QL (30 EA per 30 days)
IMBRUVICA ORAL TABLET	T5	PA; QL (30 EA per 30 days)
imipramine hcl	T2	
imipramine pamoate	T4	
imiquimod topical cream in packet	T4	QL (20 EA per 28 days)
IMOVAX RABIES VACCINE (PF)	NCS	

Drug	Status	Notes
INBRIJA	T5	PA; QL (60 EA per 30 days)
INCRELEX	T5	PA
indapamide	T2	
indomethacin oral capsule	T2	
INFANRIX (DTAP) (PF)	NCS	
INFLECTRA	T5	
INLYTA	T5	PA
INREBIC	T5	PA; QL (120 EA 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	T5	PA; QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	T5	PA; QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	T4	PA
INTRON A INJECTION	T5	PA
INTROVALE	NCS	
INVEGA SUSTENNA	T4	PA
INVIRASE ORAL TABLET	T5	PA
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 (60 EA per 30 days)
ISENTRESS HD	T5	PA
ISENTRESS ORAL POWDER IN PACKET	T5	PA; QL (180 EA per 30 days)
ISENTRESS ORAL TABLET	T5	PA; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE	T5	PA; 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	T4	
isradipine	T3	
ISTALOL	T4	
ISTURISA ORAL TABLET 1 MG	T5	PA; QL (120 EA per 30 days)
ISTURISA ORAL TABLET 10 MG	T5	PA; QL (180 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	T5	PA; QL (90 EA per 30 days)
itraconazole oral capsule	T4	PA; QL (120 EA per 30 days)
ivermectin oral	T2	
IXIARO (PF)	NCS	

Drug	Status	Notes
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)
JINTELI	T3	
JOLESSA	NCS	
JULEBER	NCS	
JULUCA	T5	QL (30 EA per 30 days)
JUNEL 1.5/30 (21)	NCS	
JUNEL 1/20 (21)	NCS	
JUNEL FE 1.5/30 (28)	NCS	
JUNEL FE 1/20 (28)	NCS	
JUNEL FE 24	NCS	
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	T5	PA; QL (60 EA per 30 days)
KALETRA ORAL SOLUTION	T4	PA
KALETRA ORAL TABLET 100-25 MG	T4	PA
KALETRA ORAL TABLET 200-50 MG	T5	PA
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	T5	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET	T5	PA; QL (60 EA per 30 days)
KARIVA (28)	NCS	
KELNOR 1/35 (28)	NCS	
KEPIVANCE	T5	
KESIMPTA PEN	T5	PA
ketoconazole oral	T2	
ketoconazole topical cream	T2	
ketoconazole topical shampoo	T2	
ketoprofen oral capsule 50 mg, 75 mg	T2	
ketorolac ophthalmic (eye)	T2	
ketorolac oral	T2	
KINRIX (PF)	NCS	
KISQALI	T5	PA
KISQALI FEMARA CO-PACK	T5	PA
KLOR-CON	T2	
KLOR-CON 10	T2	
KLOR-CON 8	T2	
KLOR-CON M10	T2	
KLOR-CON M15	T2	
KLOR-CON M20	T2	

Drug	Status	Notes
KLOR-CON SPRINKLE ORAL CAPSULE, EXTENDED RELEASE 8 MEQ	T2	
KOSELUGO ORAL CAPSULE 10 MG	T5	PA; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	T5	PA; QL (120 EA per 30 days)
KRINTAFEL	T3	QL (2 EA per 28 days)
KRISTALOSE	T3	
KURVELO (28)	NCS	
KUVAN ORAL TABLET,SOLUBLE	T5	PA
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	
lactulose oral solution	T2	
lamivudine oral solution	T3	PA
lamivudine oral tablet 100 mg	T4	PA
lamivudine oral tablet 150 mg, 300 mg	T3	PA
lamivudine-zidovudine	T4	
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)
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	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	T4	QL (60 EA per 30 days)
LAXACLEAR	NCS	
LAXATIVE (BISACODYL) ORAL	NCS	
LAXATIVE FEMININE	NCS	
LAXATIVE PEG 3350 ORAL POWDER	NCS	
LAYOLIS FE	NCS	
LEDIPASVIR-SOFOSBUVIR	T5	PA; QL (28 EA per 28 days)
LEENA 28	NCS	
leflunomide	T3	QL (30 EA per 30 days)

Drug	Status	Notes
LENVIMA	T5	PA
LESSINA	NCS	
LETAIRIS	T5	PA
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	
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-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	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	T4	PA
LEXIVA ORAL TABLET	T5	PA
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	

Drug	Status	Notes
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	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 3-2.5 % (7 gram)	T4	QL (4 EA per 30 days)
lidocaine-prilocaine	T2	
lindane topical shampoo	T3	
linezolid	T5	PA
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	T3	
LINZESS ORAL CAPSULE 72 MCG	T3	QL (30 EA per 30 days)
liothyronine oral	T2	
lisinopril	T1	
lisinopril-hydrochlorothiazide	T1	
LITE COAT ASPIRIN	NCS	
lithium carbonate oral capsule	T1	
lithium carbonate oral tablet	T2	
lithium carbonate oral tablet extended release	T2	
lithium citrate oral solution 8 meq/5 ml	T2	
LO LOESTRIN FE	T4	
LOCOID TOPICAL LOTION	T4	
LOKELMA	T4	PA
LONSURF	T5	PA
loperamide oral capsule	T2	
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	T4	
loteprednol etabonate	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)

Drug	Status	Notes
LOW-OGESTREL (28)	NCS	
loxapine succinate	T2	
LUDENT FLUORIDE	NCS	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	T3	QL (5 ML 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)
LUPRON DEPOT-PED (3 MONTH)	T5	PA; QL (1 EA per 84 days)
LUTERA (28)	NCS	
LYNPARZA ORAL TABLET	T5	PA
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T4	QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T4	QL (60 EA per 30 days)
LYSODREN	T3	
LYZA	NCS	
magnesium citrate oral solution	NCS	
MAKENA (PF)	T5	PA
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	T5	PA
meclizine oral tablet 12.5 mg, 25 mg	T2	
meclofenamate	T4	
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	

Drug	Status	Notes
megestrol oral tablet	T2	
MEKINIST ORAL TABLET 0.5 MG	T5	PA; QL (90 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)
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	
mesalamine oral capsule,extended release 24hr	T3	QL (120 EA per 30 days)
mesalamine rectal enema	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	
methimazole oral tablet 10 mg, 5 mg	T1	
methocarbamol oral	T2	
methotrexate sodium	T2	
methotrexate sodium (pf)	T2	
methoxsalen	T5	
methscopolamine	T2	
methyclothiazide	T3	
methyldopa	T2	
methyldopa-hydrochlorothiazide	T2	
methylergonovine oral	T3	

Drug	Status	Notes
methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg	T3	QL (60 EA per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 40 mg	T3	QL (30 EA per 30 days)
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	
MIMVEY	T3	
MIMVEY LO	T3	
MINASTRIN 24 FE	T4	

Drug	Status	Notes
MINITRAN	T2	
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)
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	
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	
MOXEZA	T3	
moxifloxacin ophthalmic (eye) drops	T3	
MULPLETA	T5	PA; QL (7 EA per 90 days)
MULTAQ	T3	
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS	NCS	
MULTIVITAMINS WITH FLUORIDE	NCS	
mupirocin	T2	
MY WAY	NCS	
mycophenolate mofetil oral capsule	T3	
mycophenolate mofetil oral suspension for reconstitution	T4	
mycophenolate mofetil oral tablet	T3	

Drug	Status	Notes
mycophenolate sodium	T4	
MYORISAN	T4	
nabumetone	T2	
nadolol	T2	QL (30 EA per 30 days)
naftifine	T4	
NAFTIN TOPICAL GEL 1 %	T4	
NAGLAZYME	T5	PA
naloxone injection syringe 1 mg/ml	T2	
naltrexone	T2	
naproxen oral tablet	T1	
naproxen oral tablet,delayed release (dr/ec)	T2	
naratriptan	T2	ST; QL (18 EA per 30 days)
NATACYN	T3	
NATAZIA	T3	
nateglinide	T3	QL (90 EA per 30 days)
NATURE-THROID	T2	
NAYZILAM	T5	QL (10 EA per 30 days)
NECON 0.5/35 (28)	NCS	
nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg	T2	QL (60 EA per 30 days)
nefazodone oral tablet 200 mg	T2	QL (90 EA per 30 days)
neomycin	T2	
neomycin-bacitracin-poly-hc	T2	
neomycin-bacitracin-polymyxin	T2	
neomycin-polymyxin b-dexameth	T2	
neomycin-polymyxin-gramicidin	T2	
neomycin-polymyxin-hc otic (ear)	T2	
NEOSALUS TOPICAL FOAM	T4	
NERLYNX	T5	PA
NEULASTA	T5	PA
NEUPOGEN	T5	PA
NEVANAC	T3	
nevirapine oral suspension	T3	PA
nevirapine oral tablet	T3	PA
nevirapine oral tablet extended release 24 hr	T4	PA
NEXAVAR	T5	PA; QL (120 EA per 30 days)
NEXLETOL	T4	PA; QL (30 EA per 30 days)
NEXLIZET	T4	PA; QL (30 EA per 30 days)
NEXPLANON	NCS	
NEXT CHOICE ONE DOSE	NCS	
niacin oral tablet 500 mg	T2	
niacin oral tablet extended release 24 hr	T3	
niacin oral tablet extended release 750 mg	T3	

Drug	Status	Notes
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 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	
NILANDRON	T5	
nimodipine	T2	
NINLARO	T5	PA
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 oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	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	
NORMAL SALINE FLUSH	T2	
NORPACE CR	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 CAPSULE	T4	PA
NORVIR ORAL POWDER IN PACKET	T4	

Drug	Status	Notes
NORVIR ORAL SOLUTION	T4	PA
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 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)
NUCYNTA	T4	PA; QL (180 EA per 30 days)
NUCYNTA ER	T4	PA; QL (60 EA per 30 days)
NULOJIX	T5	PA
NURTEC ODT	T5	PA; QL (15 EA per 30 days)
NUVARING	NCS	
NYMALIZE ORAL SYRINGE	T5	PA; QL (1260 ML per 30 days)
nystatin oral suspension	T2	
nystatin oral tablet	T2	
nystatin topical	T2	
nystatin-triamcinolone	T4	
NYSTOP	T2	
OCELLA	NCS	
octreotide acetate injection solution	T5	PA
ODEFSEY	T5	PA
ODOMZO	T5	PA; QL (30 EA per 30 days)
ofloxacin ophthalmic (eye)	T2	
ofloxacin oral tablet 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)
omega-3 acid ethyl esters	T3	
omeprazole oral capsule,delayed release(dr/ec)	T2	
omeprazole oral tablet,delayed release (dr/ec)	T2	

Drug	Status	Notes
OMNIPOD DASH 5 PACK POD	T5	PA
OMNIPOD DASH PDM KIT	T5	PA; QL (1 EA per 365 days)
OMNIPOD INSULIN MANAGEMENT	T5	PA; QL (1 EA per 365 days)
OMNIPOD INSULIN REFILL	T5	PA
OMNITROPE	T5	PA
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)
OPCICON ONE-STEP	NCS	
ORAL SALINE LAXATIVE	NCS	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	T5	PA
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)
oseltamivir oral suspension for reconstitution	T3	
OSMOPREP	T4	
OTEZLA	T5	PA
OTEZLA STARTER	T5	PA
oxandrolone oral tablet 10 mg	T5	PA; QL (120 EA per 30 days)
oxandrolone oral tablet 2.5 mg	T5	PA; QL (60 EA per 30 days)
oxaprozin	T3	
oxcarbazepine	T2	
OXERVATE	T5	PA
oxiconazole	T4	ST
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-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)

Drug	Status	Notes
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 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 oral	T4	PA
PAROEX ORAL RINSE	T2	
paromomycin	T3	
paroxetine hcl oral tablet	T2	QL (90 EA per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg	T3	QL (30 EA per 30 days)
paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg	T3	QL (60 EA per 30 days)
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	
peg-electrolyte soln	NCS	
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	T5	PA
PEG-PREP	NCS	
PEMAZYRE	T5	PA; QL (14 EA per 21 days)
PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	T3	QL (200 EA per 30 days)
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	
PENTAM	T5	PA
pentamidine injection	T4	
pentazocine-naloxone	T3	
PENTIPS NEEDLE 31 GAUGE X 5/16"	T3	QL (200 EA per 30 days)
pentoxifylline	T2	
perindopril erbumine	T3	

Drug	Status	Notes
permethrin topical cream	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	
phenelzine	T3	
PHENERGAN RECTAL	T3	
phenobarbital	T2	
phenytoin sodium extended	T2	
PHILITH	NCS	
phospha 250 neutral	T2	
PHOSPHATE LAXATIVE ORAL LIQUID	NCS	
PHOSPHOLINE IODIDE	T3	
PHYSIOLYTE	T4	
PICATO	T5	PA
PIFELTRO	T5	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 ORAL TABLET 200 MG/DAY (200 MG X 1)	T5	PA; QL (28 EA per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	T5	PA; QL (56 EA per 28 days)
PIRMELLA	NCS	
piroxicam	T3	
PLAN B ONE-STEP	NCS	
PLEGRIDY	T5	PA; QL (1 ML per 28 days)
PNEUMOVAX-23	NCS	
PNV 29-1	T3	
podofilox	T3	
polyethylene glycol 3350	NCS	
polyethylene glycol 3350(bulk) powder	T2	
polymyxin b sulfate	T2	
polymyxin b sulf-trimethoprim	T2	
POMALYST	T5	PA
PORTIA 28	NCS	

Drug	Status	Notes
potassium chloride oral	T2	
potassium citrate	T3	
POTELIGEO	T5	PA
POWDERLAX ORAL POWDER	NCS	
PRADAXA	T4	
pramipexole oral tablet	T2	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 3 mg, 4.5 mg	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 15 mg/5 ml	T2	
prednisolone sodium phosphate ophthalmic (eye)	T2	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	T2	
prednisolone sodium phosphate oral tablet,disintegrating	T4	
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	T4	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	T4	QL (60 EA per 30 days)
pregabalin oral solution	T4	
PREMARIN ORAL	T3	
PREMARIN VAGINAL	T3	
PREMPHASE	T3	
PREMPRO	T3	
PRENATABS FA	T2	
PRENATABS RX	T4	
PRETAB	T2	
PREVALITE	T3	
PREVIDENT	T4	
PREVIDENT 5000 BOOSTER PLUS	T4	
PREVIDENT 5000 DRY MOUTH	T4	
PREVIDENT 5000 ENAMEL PROTECT	T4	
PREVIDENT 5000 PLUS	T4	
PREVIDENT 5000 SENSITIVE	T4	

Drug	Status	Notes
PREVIFEM	NCS	
PREVNAR 13 (PF)	NCS	QL (0.5 ML Max Qty Per Fill Retail)
PREZCOBIX	T5	PA
PREZISTA ORAL SUSPENSION	T4	PA
PREZISTA ORAL TABLET 150 MG	T4	PA
PREZISTA ORAL TABLET 600 MG, 800 MG	T5	PA
PREZISTA ORAL TABLET 75 MG	T3	PA
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 maleate	T2	
PROCORT	T3	
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	T5	PA; QL (14 ML per 30 days)
PROCTOFOAM HC	T4	
PROCTO-PAK	T2	
PROCTOZONE-HC	T2	
progesterone	T2	
progesterone micronized	T2	
PROGLYCEM	T4	
PROGRAF ORAL CAPSULE	T4	
PROLIA	T4	QL (1 ML per 180 days)
PROMACTA ORAL POWDER IN PACKET 12.5 MG	T5	PA; QL (60 EA per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	T5	PA
PROMACTA ORAL TABLET	T5	PA; QL (60 EA per 30 days)
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	

Drug	Status	Notes
PROMISEB	T4	
propafenone oral capsule,extended release 12 hr	T3	
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	
pyrimethamine (bulk)	T3	
QINLOCK	T5	PA; QL (90 EA per 30 days)
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)
ramipril	T1	
ranitidine hcl oral syrup	T2	
ranitidine hcl oral tablet	T2	
ranolazine	T4	
RAPAMUNE ORAL SOLUTION	T5	
REBIF (WITH ALBUMIN)	T5	
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	T5	
RECLIPSEN (28)	NCS	
RECOMBIVAX HB (PF)	NCS	

Drug	Status	Notes
RECTIV	T4	
REGRANEX	T4	PA
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	ST
RENFLEXIS	T5	
RENVELA	T5	ST
repaglinide	T2	QL (90 EA per 30 days)
REPATHA PUSHTRONEX	T4	PA; QL (3.5 ML per 28 days)
REPATHA SURECLICK	T4	PA; QL (3 ML per 28 days)
REPATHA SYRINGE	T4	PA; QL (3 ML per 28 days)
RESCRIPTOR ORAL TABLET	T3	PA
RESTASIS	T3	QL (60 EA per 30 days)
RETACRIT	T4	QL (14 ML per 30 days)
RETEVMO ORAL CAPSULE 40 MG	T5	PA; QL (60 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	T5	PA; QL (120 EA per 30 days)
RETROVIR INTRAVENOUS	T4	PA
REVLIMID	T5	PA
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	T5	PA
REYATAZ ORAL POWDER IN PACKET	T5	PA
REYVOW	T5	PA; QL (4 EA per 30 days)
RHOPRESSA	T3	
RIBASPHERE ORAL CAPSULE	T4	PA
ribavirin oral capsule	T4	PA
ribavirin oral tablet 200 mg	T4	PA
RIDAURA	T5	
rifabutin	T4	
rifampin oral	T2	
rimantadine	T2	
ringer's irrigation	T2	
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 tablet	T2	QL (120 EA per 30 days)
risperidone oral tablet,disintegrating	T3	QL (120 EA per 30 days)
ritonavir	T4	
rivastigmine tartrate	T3	QL (60 EA per 30 days)
rizatriptan	T2	QL (18 EA per 30 days)
ropinirole oral tablet	T2	

Drug	Status	Notes
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	
ROZEREM	T3	QL (30 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	T5	PA; QL (30 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	T5	PA; QL (90 EA per 30 days)
RUBRACA	T5	PA; QL (120 EA per 30 days)
RUKOBIA	T5	QL (60 EA per 30 days)
RUZURGI	T5	PA; QL (240 EA per 30 days)
RYBELSUS	T3	QL (30 EA per 30 days)
RYDAPT	T5	PA
SABRIL ORAL TABLET	T5	PA
SAFYRAL	T3	
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
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	T5	PA
SANTYL	T4	
SAPHRIS	T4	PA
SAVELLA ORAL TABLET	T4	QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	T4	QL (55 EA per 30 days)
scopolamine base	T4	
SECUADO	T5	PA; QL (30 EA per 30 days)
SEGLUROMET	T3	QL (60 EA per 30 days)
selegiline hcl	T2	
selenium sulfide topical lotion	T2	
selenium sulfide topical shampoo 2.25 %	T4	
SELZENTRY ORAL TABLET	T5	PA; QL (120 EA per 30 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG	T5	QL (60 EA per 30 days)
SENSIPAR ORAL TABLET 90 MG	T5	QL (120 EA per 30 days)
SEREVENT DISKUS	T3	QL (60 EA per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	T4	PA
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	
sevelamer hcl oral tablet 800 mg	T5	ST
SF	T2	
SF 5000 PLUS	T2	
SHAROBEL	NCS	
SHINGRIX (PF)	NCS	
SHINGRIX GE ANTIGEN COMPONENT	NCS	
SIGNIFOR LAR	T5	PA
sildenafil (pulm.hypertension) oral tablet	T4	PA; QL (90 EA per 30 days)
SILENOR	T4	
silver sulfadiazine	T2	
SIMBRINZA	T3	
simvastatin oral tablet	T1	QL (30 EA per 30 days)
sirolimus oral solution	T5	
sirolimus oral tablet	T4	
SKLICE	T4	
SKYLA	T3	
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 powder	T3	
sodium polystyrene sulfonate oral suspension	T2	
SOFOSBUVIR-VELPATASVIR	T5	PA; QL (28 EA per 28 days)
solifenacin	T3	QL (30 EA per 30 days)
SOMATULINE DEPOT	T5	PA
somavert subcutaneous recon soln 10 mg	T5	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG, 25 MG, 30 MG	T5	PA
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	
SRONYX	NCS	

Drug	Status	Notes
SSD	T2	
SSS 10-5	T4	
stavudine oral capsule	T3	PA
STEGLATRO	T3	QL (30 EA per 30 days)
STIOLTO RESPIMAT	T3	QL (4 GM per 30 days)
STIVARGA	T5	PA; QL (84 EA per 28 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	T3	QL (60 EA per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	T3	QL (30 EA per 30 days)
streptomycin	T3	
STRIBILD	T5	PA
STRIVERDI RESPIMAT	T3	
sucralfate oral suspension	T3	
sucralfate oral tablet	T2	
sulfacetamide sodium (acne)	T2	
sulfacetamide sodium ophthalmic (eye)	T2	
sulfacetamide sodium topical	T4	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4.5 %, 9.8-4.8 %	T4	
sulfacetamide sodium-sulfur topical cream	T4	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v)	T4	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	T4	
sulfacetamide sodium-sulfur topical suspension 10-5 %	T4	
sulfacetamide sod-sulfur-urea topical cleanser	T4	
sulfadiazine	T3	
sulfamethoxazole-trimethoprim intravenous	T3	
sulfamethoxazole-trimethoprim oral suspension	T2	
sulfamethoxazole-trimethoprim oral tablet	T1	
SULFAMYLON TOPICAL CREAM	T4	
sulfasalazine oral tablet	T2	
sulindac	T2	
sumatriptan succinate oral	T2	QL (18 EA per 30 days)
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)
SUNOSI	T4	PA; QL (30 EA per 30 days)
SUPREP BOWEL PREP KIT	T3	
SUSTIVA	T4	PA
SUTENT	T5	PA; QL (30 EA per 30 days)
SYEDA	NCS	
SYMBICORT	T3	ST; QL (10.2 GM per 30 days)

Drug	Status	Notes
SYMFI	T5	QL (30 EA per 30 days)
SYMFI LO	T5	QL (30 EA per 30 days)
SYMLINPEN 120	T5	
SYMLINPEN 60	T5	
SYMTUZA	T5	QL (30 EA per 30 days)
SYNAREL	T5	
SYNERA	T4	PA
SYNJARDY	T3	
SYNJARDY XR	T3	
SYNTHROID	T3	
SYPRINE	T5	
TABLOID	T5	PA
tacrolimus oral	T3	
tacrolimus topical	T4	PA
tadalafil (pulm. hypertension)	T5	PA
tadalafil oral tablet 20 mg	T5	PA
TAFINLAR	T5	PA; QL (120 EA per 30 days)
TAGRISSO ORAL TABLET 40 MG	T5	PA; QL (30 EA per 30 days)
TAGRISSO ORAL TABLET 80 MG	T5	PA; QL (60 EA per 30 days)
TAKE ACTION	NCS	
TAKHZYRO	T5	PA
TALZENNA ORAL CAPSULE 0.25 MG	T5	PA; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	T5	PA; QL (30 EA per 30 days)
tamoxifen	T2	PA
tamsulosin	T2	
TARCEVA	T5	PA; QL (30 EA per 30 days)
TARGRETIN TOPICAL	T5	PA
TARINA FE 1/20 (28)	NCS	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	T5	PA; QL (120 EA per 30 days)
TAVALISSE	T5	PA; QL (60 EA per 30 days)
tazarotene	T4	
TAZORAC	T4	
TAZTIA XT	T2	
TAZVERIK	T5	PA; QL (240 EA per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	T5	PA; QL (14 EA per 365 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	T5	PA; QL (60 EA per 365 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	T5	PA; QL (60 EA per 30 days)
TEKTURNA	T3	
TEKTURNA HCT	T3	
telmisartan	T2	

Drug	Status	Notes
temazepam oral capsule 15 mg, 30 mg	T2	QL (30 EA per 30 days)
temozolomide	T5	PA
TENIVAC (PF)	NCS	
tenofovir disoproxil fumarate	T5	PA
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	
tetracycline	T4	
THALOMID	T5	PA
theophylline oral tablet extended release 12 hr	T2	
thioridazine	T2	
thiothixene	T2	
THYMOGLOBULIN	T5	PA
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	
TIVICAY	T5	PA
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	
tolcapone	T5	
tolmetin	T3	
tolterodine oral tablet	T3	QL (60 EA per 30 days)

Drug	Status	Notes
topiramate oral capsule, sprinkle	T3	
topiramate oral tablet	T2	
TOPOSAR	T5	PA
toremifene	T5	QL (60 EA per 30 days)
torsemide oral	T2	
TOUJEO SOLOSTAR U-300 INSULIN	T3	QL (21 ML per 30 days)
TOVIAZ	T4	QL (30 EA per 30 days)
TRACLEER	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	
TRAVATAN Z	T3	QL (5 ML per 30 days)
travoprost	T3	QL (5 ML per 30 days)
trazodone oral tablet 100 mg, 150 mg, 50 mg	T2	
trazodone oral tablet 300 mg	T4	
TRECATOR	T4	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	T4	
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 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	

Drug	Status	Notes
TRICITRATES	T4	
trientine	T5	
TRI-ESTARYLLA	NCS	
trifluoperazine	T2	
trifluridine	T3	
trihexyphenidyl	T2	
TRIJARDY XR	T3	QL (30 EA per 30 days)
TRIKAFTA	T5	PA; QL (84 EA per 28 days)
TRI-LEGEST FE	NCS	
TRI-LINYAH	NCS	
TRI-LO-SPRINTEC	NCS	
TRILYTE WITH FLAVOR PACKETS	NCS	
trimethobenzamide oral	T2	
trimethoprim	T2	
trimipramine	T4	
TRINTELLIX	T3	QL (30 EA per 30 days)
TRI-PREVIFEM (28)	NCS	
TRI-SPRINTEC (28)	NCS	
TRIUMEQ	T5	PA
TRIVORA (28)	NCS	
tropicamide	T3	
trospium oral capsule,extended release 24hr	T2	QL (30 EA per 30 days)
trospium oral tablet	T4	
TRUMENBA	NCS	
TRUVADA	T5	PA
TUKYSA	T5	PA; QL (120 EA per 30 days)
TURALIO	T5	PA; QL (120 EA per 30 days)
TWINRIX (PF) INTRAMUSCULAR SYRINGE	NCS	
TYBOST	T3	QL (30 EA per 30 days)
TYKERB	T5	PA; QL (180 EA per 30 days)
TYMLOS	T5	PA
TYPHIM VI	NCS	
TYSABRI	T5	
TYZINE NASAL DROPS 0.05 %	T3	
UBRELVY	T5	PA; QL (16 EA per 30 days)
ULESFIA	T4	
ULORIC	T4	ST
UNITHROID	T2	
urea topical cream 20 %, 39 %	T2	
urea topical foam	T2	
urea topical gel 45 %	T2	
urea topical lotion 40 %	T2	
ursodiol	T4	

Drug	Status	Notes
valacyclovir	T2	QL (90 EA per 30 days)
VALCHLOR	T5	PA
VALCYTE ORAL RECON SOLN	T5	PA
valganciclovir oral tablet	T5	PA
valproic acid	T2	
valproic acid (as sodium salt) oral solution	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	
VARIVAX (PF)	NCS	
VARIZIG INTRAMUSCULAR SOLUTION	NCS	
VARUBI	T5	PA
VASCEPA ORAL CAPSULE 1 GRAM	T3	
VELIVET TRIPHASIC REGIMEN (28)	NCS	
VELTIN	T5	
VENCLEXTA	T5	PA
VENCLEXTA STARTING PACK	T5	PA
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	
VERZENIO	T5	PA
VESICARE	T3	QL (30 EA per 30 days)
VIBERZI	T5	PA
VICTOZA 2-PAK	T3	QL (9 ML per 30 days)
VICTOZA 3-PAK	T3	QL (9 ML per 30 days)
VIDEX 2 GRAM PEDIATRIC	T4	PA
vigabatrin oral powder in packet	T5	PA
vigabatrin oral tablet	T5	QL (180 EA per 30 days)
VIGAMOX	T3	
VIIBRYD ORAL TABLET	T4	ST; QL (30 EA per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	T4	ST; QL (30 EA per 30 days)
VIMPAT ORAL SOLUTION	T5	PA; QL (1200 ML per 30 days)

Drug	Status	Notes
VIMPAT ORAL TABLET	T5	PA; QL (60 EA per 30 days)
VIMPAT ORAL TABLETS,DOSE PACK	T5	PA
VIORELE (28)	NCS	
VIRACEPT ORAL TABLET 250 MG	T4	PA
VIRACEPT ORAL TABLET 625 MG	T5	PA
VIREAD	T5	PA
VITAFOL-OB+DHA	T3	
VITAMIN D2	NCS	QL (4 EA per 28 days)
VITRAKVI ORAL CAPSULE	T5	PA; QL (60 EA per 30 days)
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)
VUMERITY	T5	PA; QL (60 EA per 30 days)
VUSION	T4	
VYFEMLA (28)	NCS	
VYTORIN 10-10	T4	QL (30 EA per 30 days)
VYTORIN 10-20	T4	QL (30 EA per 30 days)
VYTORIN 10-40	T4	QL (30 EA per 30 days)
VYTORIN 10-80	T4	QL (30 EA per 30 days)
VYVANSE ORAL CAPSULE	T4	PA; QL (30 EA per 30 days)
VYXEOS	T5	PA
WAKIX	T5	PA; QL (60 EA per 30 days)
warfarin	T1	
water for irrigation, sterile	T2	
WERA (28)	NCS	
WIDE-SEAL DIAPHRAGM 60	NCS	
WIDE-SEAL DIAPHRAGM 65	NCS	
WIDE-SEAL DIAPHRAGM 70	NCS	
WIDE-SEAL DIAPHRAGM 75	NCS	
WIDE-SEAL DIAPHRAGM 80	NCS	
WIDE-SEAL DIAPHRAGM 85	NCS	
WIDE-SEAL DIAPHRAGM 90	NCS	
WIDE-SEAL DIAPHRAGM 95	NCS	
WOMAN'S LAXATIVE (BISACODYL)	NCS	
WOMEN'S GENTLE LAXATIVE(BISAC)	NCS	
WOMEN'S LAXATIVE (BISACODYL)	NCS	
WYMZYA FE	NCS	
XALKORI	T5	PA; QL (60 EA per 30 days)
XARELTO	T3	
XARELTO DVT-PE TREAT 30D START	T3	
XCOPRI MAINTENANCE PACK	T5	PA; QL (56 EA per 28 days)

Drug	Status	Notes
XCOPRI TITRATION PACK	T5	PA; QL (28 EA per 28 days)
XELJANZ ORAL TABLET 10 MG	T5	PA; QL (60 EA per 30 days)
XELJANZ ORAL TABLET 5 MG	T5	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	T5	PA
XERMELO	T5	PA; QL (90 EA per 30 days)
XIFAXAN ORAL TABLET 200 MG	T5	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	T5	PA; QL (90 EA per 30 days)
XOFLUZA	T3	QL (2 EA per 30 days)
XOLAIR	T5	PA
XOSPATA	T5	PA; QL (90 EA per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	T5	PA; QL (20 EA per 30 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)	T5	PA; QL (16 EA per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	T5	PA; QL (12 EA per 30 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	T5	PA; QL (24 EA per 28 days)
XPOVIO ORAL TABLET 80 MG/WEEK (20 MG X 4)	T5	PA; QL (16 EA per 30 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	T5	PA; QL (32 EA per 28 days)
XTAMPZA ER	T4	QL (60 EA per 30 days)
XTANDI	T5	PA; QL (120 EA per 30 days)
XULANE	NCS	
XULTOPHY 100/3.6	T3	QL (15 ML per 30 days)
XYREM	T5	PA
YASMIN (28)	T4	
YAZ (28)	T4	
YF-VAX (PF)	NCS	
YONSA	T5	PA; QL (120 EA per 30 days)
zafirlukast	T3	QL (60 EA per 30 days)
zaleplon	T2	QL (30 EA per 30 days)
ZARAH	NCS	
ZAVESCA	T5	PA
ZEJULA	T5	PA; QL (90 EA per 30 days)
ZELBORAF	T5	PA
ZEMAIRA	T5	PA
ZENATANE	T4	
ZENCHENT (28)	NCS	
ZEPOSIA	T5	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT	T5	PA; QL (7 EA per 7 days)
ZEPOSIA STARTER PACK	T5	PA; QL (7 EA per 7 days)
ZETIA	T3	QL (30 EA per 30 days)
ZIAGEN ORAL SOLUTION	T3	PA

Drug	Status	Notes
ZIANA	T5	
zidovudine	T3	PA
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	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 TABLET	T5	PA; QL (90 EA per 30 days)
ZYLET	T4	
ZYTIGA ORAL TABLET 500 MG	T5	PA; QL (60 EA per 30 days)

For more recent information or other questions, please contact Health First Health Plans Customer Service at 1.800.716.7737 or, for TTY users, 1.800.955.8771, weekdays from 8 a.m. to 8 p.m. and Saturdays from 8 a.m. to noon. From October 1 through March 31, we are available seven days a week from 8 a.m. to 8 p.m. or visit myHFHP.org.

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

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

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

Health First Health Plans is an HMO plan with a Medicare contract. Enrollment in Health First Health Plans depends on contract renewal.

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

Nondiscrimination Notice

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

Health First Health Plans:

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

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

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

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

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

Health First Health Plans is an HMO plan with a Medicare contract. Enrollment in Health First Health Plans depends on contract renewal.

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-716-7737 (TTY: 1-800-955-8771).
Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-716-7737 (TTY: 1-800-955-8771).
French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-716-7737 (TTY: 1-800-955-8771).
Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-716-7737 (TTY: 1-800-955-8771).
Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-716-7737 (TTY: 1-800-955-8771).
Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-716-7737（TTY：1-800-955-8771）。
French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-716-7737 (ATS : 1-800-955-8771).
Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-716-7737 (TTY: 1-800-955-8771).
Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-716-7737 (телетайп: 1-800-955-8771).
Arabic:
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-716-7737(رقم والبكم الصم هاتف: 1-800-955-8771).
Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-716-7737 (TTY: 1-800-955-8771).
German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-716-7737 (TTY: 1-800-955-8771).
Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-716-7737 (TTY: 1-800-955-8771)번으로 전화해 주십시오.
Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-716-7737 (TTY: 1-800-955-8771).
Gujarati: **સચુ ના: જો તમેગજુ રાતી બોલતા હો, તો નન:શલ્ુક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો** 1-800-716-7737 (TTY: 1-800-955-8771).

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-716-7737 (TTY: 1-800-955-8771).