

# 2017 Express Scripts National Preferred Formulary For Missouri Consolidated Health Care Plan

**KEY**  
[INJ] - Injectable Drug  
[PA] - Prior Authorization is required for coverage  
[QLL] - Quantity Level Limit may apply to certain strengths and/or doses of this medication  
[ST] - Step Therapy may apply to some or all strengths of the drug  
Brand-name drugs are listed in CAPITAL letters.  
Generic drugs are listed in lower case letters.

**A**  
ABSORICA  
ACANYA [ST]  
acetaminophen/codeine  
ACTEMRA [INJ] [PA]  
ACTHAR H.P. [INJ] [PA]  
acyclovir  
ADCIRCA [PA] [QLL] [ST]  
ADEMPAS [PA]  
ADVAIR DISKUS [PA] [QLL]  
ADVAIR HFA [PA] [QLL]  
AKYNZEO [QLL]  
albuterol nebulization solution  
alendronate [QLL]  
allopurinol  
ALPHAGAN P 0.1%  
alprazolam  
ALREX [ST]  
amiodarone  
AMITIZA  
amitriptyline  
amlodipine  
amlodipine/benazepril  
amlodipine/valsartan  
amoxicillin  
amoxicillin/potassium clavulanate  
AMPYRA [PA]  
anastrozole  
ANDROGEL 1.62% [PA]  
ANORO ELLIPTA [QLL]  
apri  
APRISO  
ARCAPTA NEOHALER [QLL]  
aripiprazole [QLL]  
ARISTADA [INJ]  
ARNUITY ELLIPTA [QLL]  
ASMANEX HFA [QLL]  
ASMANEX  
TWISTHALER [QLL]  
atenolol  
atenolol/chlorthalidone  
atorvastatin [QLL]  
AVONEX [INJ] [PA] [QLL]  
AXIRON [PA]  
AZASITE  
azelastine nasal spray [QLL]  
AZILECT  
azithromycin  
AZOR [ST]

**B**  
baclofen  
benazepril  
BENICAR, BENICAR HCT [ST]  
benzonatate  
BEPREVE [ST]  
BETHKIS [QLL]  
BEYAZ  
bisoprolol/hctz  
BREQ ELLIPTA [QLL]  
BRILINTA  
BRISDELLE [QLL] [ST]  
budesonide nebulization suspension [QLL]  
bupropion [QLL]  
bupropion ext-release [QLL]  
buspirone  
butalbital/acetaminophen/caffeine  
BUTRANS  
BYDUREON [INJ] [PA] [QLL]  
BYETTA [INJ] [PA] [QLL]  
BYSTOLIC

**C**  
CANASA  
CARAC  
carbidopa/levodopa  
carvedilol  
cefdinir  
ALPHAGAN P 0.1%  
cefuroxime axetil  
celecoxib  
cephalexin  
chlorthalidone gluconate  
chlorthalidone  
CIALIS [PA] [QLL]  
CIPRODEX  
ciprofloxacin  
citalopram [QLL]  
clarithromycin  
clindamycin hcl  
clindamycin phosphate  
clindamycin phosphate/benzoyl peroxide  
clobetasol propionate  
clonazepam  
clonidine [QLL]  
clopidogrel  
clotrimazole/betamethasone dipropionate  
COLCRYS  
COMBIGAN  
COMBIPATCH  
COMBIVENT  
RESPIMAT [QLL]  
COPAXONE 40 MG [INJ] [PA] [QLL]  
COREG CR  
CORLANOR  
COSENTYX [INJ] [PA] [QLL]  
CREON  
cyanocobalamin [INJ]  
cyclobenzaprine

**D**  
DALIRESP [PA]  
DAYTRANA [ST]  
desonide  
dexamethasone  
dexmethylphenidate ext-release  
dextroamphetamine/amphetamine  
dextroamphetamine/amphetamine ext-release  
diazepam  
diclofenac sodium delayed-release  
dicyclomine  
digoxin  
diltiazem ext-release  
diphenoxylate/atropine  
divalproex delayed-release  
divalproex ext-release  
DIVIGEL [QLL]  
donepezil  
doxazosin [QLL]  
doxycycline hyclate  
doxycycline monohydrate  
DUAVEE  
DULERA [PA] [QLL]  
duloxetine delayed-release [QLL]  
DYMISTA [QLL] [ST]

**E**  
EFFIENT  
ELIDEL [ST]  
ELIQUIS [PA]  
enalapril  
ENBREL [INJ] [PA] [QLL]  
ENJUVIA  
enoxaparin [INJ]  
ENSTILAR  
ENTRESTO [PA]  
EPIDUO, EPIDUO FORTE [ST]  
EPIPEN, EPIPEN JR [INJ] [QLL]  
ergocalciferol  
erythromycin eye ointment  
escitalopram [QLL]  
esomeprazole magnesium delayed-release [QLL]  
ESTRACE CREAM  
estradiol [QLL]  
estradiol patch [QLL]  
estradiol/norethindrone acetate  
eszopiclone [QLL]  
etodolac  
EUFLEXXA [INJ] [PA]  
EVEKEO  
EXTAVIA [INJ] [PA] [QLL]

**F**  
famotidine  
FARXIGA [QLL] [ST]  
fenofibrate

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription-drug benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

**PLEASE NOTE:** Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription-drug benefit programs; check your benefit materials for the specific drugs covered and the copayments for your prescription-drug benefit program. For specific questions about your coverage, please call the phone number printed on your member ID card.

fenofibrate micronized  
fenofibric acid delayed-release  
fentanyl patch [QLL]  
FETZIMA [ST]  
FINACEA [ST]  
finasteride  
FLOVENT DISKUS [QLL]  
FLOVENT HFA [QLL]  
fluconazole [QLL]  
fluocinonide  
fluoxetine immediate release [QLL]  
fluticasone nasal spray [QLL]  
FOCALIN XR 25 MG, 35 MG [ST]  
folic acid  
FORTEO [INJ] [PA] [QLL]  
FOSRENOL  
FRAGMIN [INJ]  
furosemide  
FYCOMPA

**G**  
gabapentin  
GELNIQUE [QLL]  
gemfibrozil  
GENOTROPIN [INJ] [PA]  
gildess fe  
GILENYA [ST]  
GILOTRIF [PA] [QLL]  
glimepiride  
glipizide  
glipizide ext-release  
GLUCAGON [INJ]  
GLUCAGON [INJ]  
glyburide  
GLYXAMBI [QLL] [ST]  
GRALISE [ST]  
GRANIX [INJ] [PA]  
GRASTEK [PA]  
guanfacine ext-release

**H**  
HUMALOG [INJ]  
HUMATROPE [INJ] [PA]  
HUMIRA [INJ] [PA] [QLL]  
HUMULIN [INJ]  
hydralazine  
hydrochlorothiazide  
hydrocodone/acetaminophen  
hydrocodone/chlorpheniramine polistirex ext-release  
hydrocodone/homatropine  
hydrocortisone topical  
hydromorphone [QLL]  
hydroxychloroquine  
hydroxyzine hcl  
hydroxyzine pamoate  
HYSINGLA ER [QLL] [ST]

**I**  
ibandronate [PA]

ibuprofen  
ILEVRO  
INCRUSE ELLIPTA [QLL]  
indomethacin [QLL]  
INLYTA [PA] [QLL]  
INVOKAMET [QLL] [ST]  
INVOKANA [QLL] [ST]  
irbesartan  
IRESSA [PA] [QLL]  
isosorbide mononitrate ext-release

**J**  
JANUMET [QLL]  
JANUMET XR [QLL]  
JANUVIA [QLL]  
JARDIANCE [QLL] [ST]  
JENTADUETO [QLL]  
JENTADUETO XR [QLL]  
junel fe

**K**  
KALBITOR [INJ]  
ketoconazole topical  
KITABIS PAK [QLL]

**L**  
labetalol  
lamotrigine  
lansoprazole delayed-release [QLL]  
LANTUS [INJ]  
latanoprost eye solution [PA]  
LATUDA [QLL]  
LAZANDA [PA] [QLL]  
LETAIRIS [PA] [ST]  
LEVEMIR [INJ]  
levetiracetam  
levofloxacin  
levothyroxine sodium  
LIALDA  
lidocaine patches  
LINZESS  
liothyronine  
LIPOFEN [ST]  
lisinopril  
lisinopril/hctz  
LIVALO [QLL] [ST]  
LO LOESTRIN FE  
lorazepam  
losartan  
losartan/hctz  
LOTEMAX  
lovastatin [QLL]  
LUMIGAN [PA]  
LYRICA [ST]

**M**  
MAKENA [INJ] [PA]  
meclizine  
medroxyprogesterone [QLL]  
meloxicam [QLL]  
MEPHYTON  
MESTINON SYRUP

metaxalone  
metformin  
metformin ext-release [ST]  
methimazole  
methocarbamol  
methotrexate  
methylphenidate  
methylphenidate ext-release  
methylprednisolone  
metoclopramide hcl  
metoprolol succinate ext-release  
metoprolol tartrate  
metronidazole  
metronidazole topical  
metronidazole vaginal gel  
microgestin fe  
MINASTRIN 24 FE  
MINIVELLE [QLL]  
minocycline  
MIRENA  
mirtazapine  
MIRVASO  
MITIGARE  
moderiba  
mometasone [QLL]  
mononessa  
MONOVISC [INJ] [PA]  
montelukast  
morphine sulfate ext-release [QLL]  
MOVANTIK  
MOXEZA  
multivitamins/fluoride  
mupirocin  
MUSE [PA] [QLL]  
MYRBETRIQ

**N**  
nabumetone  
NAMENDA XR [ST]  
NAMZARIC [ST]  
naproxen, naproxen sodium  
NARCAN NASAL SPRAY [QLL]  
NASCOBAL  
NATAZIA  
neomycin/polymyxin/hydrocortisone ear drops  
NEVANAC  
NEXIUM PACKETS [QLL] [ST]  
niacin ext-release  
nifedipine ext-release  
nitrofurantoin monohydrate/macrocrystal  
NORDITROPIN [INJ] [PA]  
nortriptyline  
NUCYNTA, NUCYNTA ER [QLL] [ST]  
NUEDEXTA  
NUVARING  
nystatin oral suspension  
nystatin topical

(continued)

**O**

olanzapine [QLL]  
omeprazole  
  delayed-release [QLL]  
ondansetron [QLL]  
ondansetron orally  
  disintegrating  
  tablets [QLL]  
ONETOUCH KITS/METERS;  
  ULTRAMINI, VERIO,  
  VERIO FLEX, VERIO IQ,  
  VERIO SYNC  
ONETOUCH TEST STRIPS;  
  ULTRA, VERIO  
ONEXAN [ST]  
OPANTA ER [QLL] [ST]  
OPSUMIT [PA]  
ORACEA [ST]  
ORTHOVIC [INJ] [PA]  
OTEZLA [PA]  
OTREXUP [INJ] [ST]  
oxcarbazepine  
oxybutynin ext-release  
oxycodone  
oxycodone/acetaminophen  
OXYCONTIN [QLL] [ST]

**P**

pantoprazole  
  delayed-release [QLL]  
paroxetine [QLL]  
PATADAY [ST]  
PAZEO [ST]  
penicillin v potassium  
PENTASA  
PERFOROMIST [QLL]  
PICATO  
pioglitazone [QLL]  
PLEGRIDY [INJ] [PA] [QLL]  
polymyxin/trimethoprim  
  eye solution  
potassium chloride  
  ext-release  
POTIGA  
PRADAXA [PA]  
PRALUENT [INJ] [PA] [QLL]  
pramipexole  
pravastatin [QLL]  
prednisolone acetate eye  
  suspension  
prednisolone sodium  
  phosphate  
prednisone  
PREMARIN CREAM  
PREMARIN TABS  
PREMPHASE  
PREMPRO  
PREPOPIK  
PRISTIQ [QLL] [ST]  
PROAIR HFA [QLL]  
PROAIR RESPICLICK [QLL]  
PROCRIT [INJ] [PA]  
progesterone micronized  
PROLENSA  
promethazine  
promethazine/  
  dextromethorphan  
propranolol  
propranolol ext-release  
PULMICORT  
  FLEXHALER [QLL]  
PYLERA

**Q**

QNASL [QLL]  
QUDEXY [ST]  
quetiapine  
QUILLICHEW ER [ST]  
QUILLIVANT XR [ST]

quinapril  
QVAR [QLL]

**R**

rabeprazole  
  delayed-release  
RAGWITEK [PA]  
raloxifene  
ramipril  
RANEXA  
ranitidine  
RAPAFLO  
RASUVO [INJ] [ST]  
REBIF [INJ] [PA] [QLL]  
RECTIV  
RELISTOR [INJ]  
RELPAK [QLL] [ST]  
REMICADE [INJ] [PA]  
RENVELA  
REPATHA [INJ] [PA] [QLL]  
RESTASIS [PA] [QLL]  
risperidone [QLL]  
rizatriptan [QLL]  
ropinrole  
rosuvastatin [QLL]

**S**

SAFYRAL  
SANCUSO [QLL]  
SAVELLA [QLL] [ST]  
SEREVENT DISKUS [QLL]  
SEROQUEL XR [QLL]  
sertraline [QLL]  
SIMPONI 100 MG  
  (for ulcerative colitis  
  only) [INJ] [PA] [ST]  
simvastatin [QLL]  
SOLODYN [ST]  
SOMATULINE DEPOT [INJ]  
SOOLANTRA [ST]  
SPIRIVA HANDIHALER [QLL]  
SPIRIVA RESPIMAT [QLL]  
spironolactone  
sprintec  
SPRYCEL [PA]  
STELARA [INJ] [PA]  
STIOLTO RESPIMAT  
STRATTERA [ST]  
STRIVERDI RESPIMAT [QLL]  
SUBOXONE SL FILM [QLL]  
sulfamethoxazole/  
  trimethoprim  
sumatriptan [QLL]  
SUMAVEL DOSEPRO  
  [INJ] [QLL]  
SUPREP  
SYMBICORT [PA] [QLL]  
SYMLINPEN [INJ] [PA] [QLL]  
SYNJARDY [QLL] [ST]

**T**

TACLONEX SUSPENSION  
TAMIFLU [QLL]  
tamoxifen  
tamsulosin ext-release  
TARCEVA [PA] [QLL]  
TAZORAC [PA]  
TECFIDERA [ST]  
TECHNIVIE [PA] [QLL]  
TEKAMLO  
TEKTURNA, TEKTURNA HCT  
temazepam  
terazosin [QLL]  
terconazole vaginal  
testosterone  
  cypionate [INJ]  
timolol maleate  
  eye solution  
tizanidine

TOBI PODHALER [QLL]  
TOBRADEX OINTMENT  
TOBRADEX ST  
tobramycin eye solution  
tobramycin/  
  dexamethasone  
  eye suspension  
topiramate  
TOUJEO SOLOSTAR [INJ]  
TOVIAZ  
TRACLEER [PA]  
TRADJENTA [QLL]  
tramadol [QLL]  
TRAVATAN Z [PA]  
trazodone  
TRESIBA [INJ]  
triamcinolone topical  
triamterene/hctz  
TRIBENZOR [ST]  
trinessa  
tri-sprintec  
TRULICITY [INJ] [PA] [QLL]  
TUDORZA PRESSAIR [QLL]

**U**

UCERIS TABLETS  
ULORIC [ST]  
UPTRAVI [PA]

**V**

valacyclovir [QLL]  
valsartan  
valsartan/hctz  
VASCEPA [PA]  
VELTASSA  
venlafaxine [QLL]  
venlafaxine  
  ext-release [QLL]  
VENTOLIN HFA [QLL]  
verapamil ext-release  
VESICARE  
VIAGRA [PA] [QLL]  
VIBERZI  
VIEKIRA PAK [PA] [QLL]  
VIGAMOX  
VIIBRYD [QLL] [ST]  
VIMPAT  
VIOKACE  
VYTORIN [QLL] [ST]  
VYVANSE [ST]

**W**

warfarin  
WELCHOL

**X**

XARELTO [PA]  
XELJANZ [PA] [QLL]  
XELJANZ XR [PA] [QLL]  
XIFAXAN [QLL]  
XIGDUO XR [QLL] [ST]

**Z**

ZENPEP  
ZETIA  
zolidem [QLL]  
zolidem ext-release [QLL]  
ZOMIG NASAL [QLL]  
ZONTIVITY [PA]  
ZORVOLEX [QLL] [ST]  
ZOVIRAX CREAM  
ZUBSOLV [PA]  
ZYLET  
ZYTIGA [PA]

**Excluded Medications With Covered Preferred Alternatives**

The following is a list of excluded brand-name medications with covered preferred alternatives that are on the formulary. Column 1 lists excluded medications. Column 2 lists covered preferred alternatives that can be prescribed.

Excluded Medications	Covered Preferred Alternative(s)
ABSTRAL	fentanyl citrate lozenges [PA] [QLL], LAZANDA [PA] [QLL]
ACCU-CHEK METERS/STRIPS	ONETOUCH METERS/STRIPS
ACUVAIL	bromfenac, diclofenac, ketorolac, ILEVRO, NEVANAC, PROLENSA
ADVOCATE METERS/STRIPS	ONETOUCH METERS/STRIPS
ALOGLIPTIN	JANUVIA [QLL], TRADJENTA [QLL]
ALOGLIPTIN/METFORMIN	JANUMET [QLL], JANUMET XR [QLL], JENTADUETO [QLL], JENTADUETO XR [QLL]
ALVESCO	ARNUITY ELLIPTA [QLL], ASMANEX HFA/TWISTHALER [QLL], FLOVENT DISKUS/HFA [QLL], PULMICORT FLEXHALER [QLL], QVAR [QLL]
APIDRA	HUMALOG
ARANESP	PROCRIT [PA]
ASACOL HD	balsalazide disodium, sulfasalazine, APRISO, LIALDA, PENTASA
BECONASE AQ	budesonide [QLL], flunisolide [QLL], fluticasone [QLL], mometasone [QLL], QNASL [QLL]
BREEZE, CONTOUR METERS/STRIPS	ONETOUCH METERS/STRIPS
CETRAXAL	ciprofloxacin ear solution, ofloxacin ear solution, CIPRODEX
CIMZIA	ACTEMRA [PA], COSENTYX [PA] [QLL], ENBREL [PA] [QLL], HUMIRA [PA] [QLL], OTEZLA [PA], REMICADE [PA], STELARA [PA], XELJANZ [PA] [QLL], XELJANZ XR [PA] [QLL]
COLCHICINE	COLCRYS, MITIGARE
DAKLINZA (EXCLUDED FOR CATEGORY 1)	VIEKIRA PAK [PA] [QLL]
DELZICOL	balsalazide disodium, sulfasalazine, APRISO, LIALDA, PENTASA
DIPENTUM	balsalazide disodium, sulfasalazine, APRISO, LIALDA, PENTASA
DOXYCYCLINE 40 MG CAPSULES	ORACEA [ST]
DUEXIS	ibuprofen + famotidine
EMBRACE, VICTORY METERS/STRIPS	ONETOUCH METERS/STRIPS
EPOGEN	PROCRIT [PA]
ESTROGEL	DIVIGEL [QLL]
EVZIO	naloxone syringe, NARCAN NASAL SPRAY [QLL]
FENTORA	fentanyl citrate lozenges [PA] [QLL], LAZANDA [PA] [QLL]
FLUOROURACIL 0.5% CREAM	diclofenac gel, fluorouracil 5% cream, fluorouracil 2% solution, imiquimod 5% cream, CARAC, PICATO
FORTESTA	ANDROGEL 1.62% [PA], AXIRON [PA]
FREESTYLE, PRECISION METERS/STRIPS	ONETOUCH METERS/STRIPS
GEL-ONE	EUFLEXXA [PA], MONOVISC [PA], ORTHOVISC [PA]
GELSYN-3	EUFLEXXA [PA], MONOVISC [PA], ORTHOVISC [PA]
GENVIX 850	EUFLEXXA [PA], MONOVISC [PA], ORTHOVISC [PA]
GLUMETZA	metformin extended-release [ST]
HYALGAN	EUFLEXXA [PA], MONOVISC [PA], ORTHOVISC [PA]
HYMOVIS	EUFLEXXA [PA], MONOVISC [PA], ORTHOVISC [PA]
ISTALOL	betaxolol, levobunolol, timolol, ALPHAGAN P 0.1%, COMBIGAN
KAZANO	JANUMET [QLL], JANUMET XR [QLL], JENTADUETO [QLL], JENTADUETO XR [QLL]
KINERET (Excluded for RA)	ACTEMRA [PA], ENBREL [PA] [QLL], HUMIRA [PA] [QLL], REMICADE [PA], XELJANZ [PA] [QLL], XELJANZ XR [PA] [QLL]
KOMBIGLYZE XR	JANUMET [QLL], JANUMET XR [QLL], JENTADUETO [QLL], JENTADUETO XR [QLL]
LEVITRA	CIALIS [PA] [QLL], VIAGRA [PA] [QLL]
MESALAMINE 800 MG DELAYED-RELEASE	balsalazide disodium, sulfasalazine, APRISO, LIALDA, PENTASA
MIRCERA	PROCRIT [PA]
NATESTO	ANDROGEL 1.62% [PA], AXIRON [PA]
NESINA	JANUVIA [QLL], TRADJENTA [QLL]
NOVOLIN	HUMULIN
NOVOLOG	HUMALOG
NUTROPIN AQ	GENOTROPIN [PA], HUMATROPE [PA], NORDITROPIN [PA]
OLYSIO	VIEKIRA PAK [PA] [QLL], TECHNIVIE [PA] [QLL]
OMNARIS	budesonide [QLL], flunisolide [QLL], fluticasone [QLL], mometasone [QLL], QNASL [QLL]
OMNITROPE	GENOTROPIN [PA], HUMATROPE [PA], NORDITROPIN [PA]
ONGLYZA	JANUVIA [QLL], TRADJENTA [QLL]
ORENCIA (IV and SC)	ACTEMRA [PA], ENBREL [PA] [QLL], HUMIRA [PA] [QLL], REMICADE [PA], XELJANZ [PA] [QLL], XELJANZ XR [PA] [QLL]
PANCREAZE	CREON, ZENPEP
PERTZYE	CREON, ZENPEP
PROVENTIL HFA	PROAIR HFA/RESPICLICK [QLL], VENTOLIN HFA [QLL]
QSYMIA	benzphetamine, diethylpropion, phentermine
ribasphere ribapak	moderiba, ribavirin capsules, ribavirin tablets
RIBATAB	moderiba, ribavirin capsules, ribavirin tablets
SAIZEN	GENOTROPIN [PA], HUMATROPE [PA], NORDITROPIN [PA]
SIMPONI 50 MG	ACTEMRA [PA], COSENTYX [PA] [QLL], ENBREL [PA] [QLL], HUMIRA [PA] [QLL], OTEZLA [PA], REMICADE [PA], STELARA [PA], XELJANZ [PA] [QLL], XELJANZ XR [PA] [QLL]
SOVALDI (EXCLUDED FOR GENOTYPES 1 & 4)	VIEKIRA PAK [PA] [QLL], TECHNIVIE [PA] [QLL]
STAXYN	CIALIS [PA] [QLL], VIAGRA [PA] [QLL]
STENDRA	CIALIS [PA] [QLL], VIAGRA [PA] [QLL]
SUBSYS	fentanyl citrate lozenges [PA] [QLL], LAZANDA [PA] [QLL]
SUPARTZ, SUPARTZ FX	EUFLEXXA [PA], MONOVISC [PA], ORTHOVISC [PA]
SYNVISC, SYNVISCO-ONE	EUFLEXXA [PA], MONOVISC [PA], ORTHOVISC [PA]
TALTZ	COSENTYX [PA] [QLL], ENBREL [PA] [QLL], HUMIRA [PA] [QLL], OTEZLA [PA], REMICADE [PA], STELARA [PA]
TANZEUM	BYDUREON [PA] [QLL], BYETTA [PA] [QLL], TRULICITY [PA] [QLL]
TESTIM	ANDROGEL 1.62% [PA], AXIRON [PA]
TESTOSTERONE GEL	ANDROGEL 1.62% [PA], AXIRON [PA]
TRUETEST, TRUETRACK METERS/STRIPS	ONETOUCH METERS/STRIPS
ULTRESA	CREON, ZENPEP
UNISTRIP METERS/STRIPS	ONETOUCH METERS/STRIPS
VELTIN	clindamycin/benzoyl peroxide, clindamycin/tretinoin, ACANYA [ST], ONEXTON [ST]
VERAMYST	budesonide [QLL], flunisolide [QLL], fluticasone [QLL], mometasone [QLL], QNASL [QLL]
VICTOZA	BYDUREON [PA] [QLL], BYETTA [PA] [QLL], TRULICITY [PA] [QLL]
VIMOVO	omeprazole delayed-release [QLL] + naproxen sodium
VOGELXO	ANDROGEL 1.62% [PA], AXIRON [PA]
XOPENEX HFA	PROAIR HFA/RESPICLICK [QLL], VENTOLIN HFA [QLL]
ZEPATIER	TECHNIVIE [PA] [QLL], VIEKIRA PAK [PA] [QLL]
ZETONNA	budesonide [QLL], flunisolide [QLL], fluticasone [QLL], mometasone [QLL], QNASL [QLL]
ZIOPTAN	bimatoprost [PA], latanoprost [PA], travoprost [PA], LUMIGAN [PA], TRAVATAN Z [PA]
ZOMACTON	GENOTROPIN [PA], HUMATROPE [PA], NORDITROPIN [PA]
ZYCLARA	diclofenac gel, fluorouracil 5% cream, fluorouracil 2% solution, imiquimod 5% cream, CARAC, PICATO