

SilverScript®

P.O. Box 30006, Pittsburgh, PA 15222-0330



SilverScript Employer PDP sponsored by NALC Health Benefit Plan (SilverScript)

2024 Formulary (List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

This formulary was updated on 10/09/2023. For more recent information or other questions, please contact Customer Care at 1-833-272-9886, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID Number: 24194

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means SilverScript® Insurance Company. When it refers to “plan” or “our plan,” it means SilverScript.

This document includes a list of the drugs (formulary) for our plan, which is current as of January 1, 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

Y0001_GRP_5807_2024_C_23EJ_1197_813

10/09/2023

What is the SilverScript Formulary?

A formulary is a list of covered drugs selected by SilverScript in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. SilverScript will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a SilverScript network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Please note: NALC Health Benefit Plan provides additional coverage that may cover prescription drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which prescription drugs may or may not be covered, please call Customer Care.

The additional coverage provided by NALC Health Benefit Plan covers certain prescription drugs not covered under Medicare Part D. Payments made for these prescription drugs will not count toward your initial coverage limit or total out-of-pocket costs. These prescription drugs are not subject to the appeals and exceptions process.

Please contact Customer Care for any questions regarding your additional benefit.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but SilverScript may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

New generic drugs. We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the SilverScript Formulary?”

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a

brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add quantity limits, prior authorization, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the SilverScript Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

This formulary is current as of January 1, 2024. To get updated information about the drugs covered by our plan, please contact us at the number on your member ID card. Our contact information also appears on the front and back cover pages.

If we have other types of midyear non-maintenance formulary changes unrelated to the reasons stated above (e.g., remove drugs from our formulary; add prior authorization requirements, quantity limits, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier), we will notify you by mail. We will also update our formulary with the new information. The updated formulary may be obtained by calling us.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the back of this document. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

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 (PA): Some drugs require you or your physician to get prior authorization. You must get an approval from us before you can get your prescription filled. If you don't get approval, we may not cover the drug.

Quantity Limits (QL): For certain drugs, there is a quantity limit in the amount of the drug that we will cover. For example, our plan provides up to 30 tablets per 30-day prescription for *atorvastatin*. This may be in addition to a standard one-month or three-month supply.

Step Therapy (ST): In some cases, our 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, SilverScript will then cover Drug B.

There may be additional drugs that are not available at mail and not marked NM, including some hepatitis B medications, post-transplant medications, and oral medications used to treat HIV.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You may ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask SilverScript to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the SilverScript Formulary?” for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Care and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

NALC Health Benefit Plan offers additional coverage on some prescription drugs not normally covered under a Medicare Part D prescription drug plan benefit. Payments made for these drugs will not count toward your initial coverage limit or total out-of-pocket costs. Please contact Customer Care for any questions regarding your additional benefit.

How do I request an exception to the SilverScript Formulary?

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make:

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the Specialty (High Cost) Tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Also, you may not ask us to provide a lower tier level of coverage for drugs that are in the Specialty (High Cost) Tier.

Generally, we will only approve your request for an exception if the alternative drug is included on the plan's formulary or if the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 90-day supply. If your prescription is written for fewer than 90 days, we'll allow refills to provide up to a maximum 90-day supply of medication. After your first 90-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days, unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has four Cost-Sharing Tiers

Every drug on the plan's drug list is in one of four cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the drug.

Cost-Sharing Tier 1: Generic

Cost-Sharing Tier 2: Preferred Brand

Cost-Sharing Tier 3: Non-Preferred Brand

Cost-Sharing Tier 4: Specialty (High Cost)

To find out which cost-sharing tier your drug is in, look it up in the plan's drug list that begins on page 1.

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug before your Individual & Family maximum out-of-pocket is met:

	Network Retail Pharmacy (Up to a 30-day supply available at any network pharmacy)	Mail-Order Pharmacy (Up to a 30-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
Tier 1: Generic	10% of total cost	\$7.00	10% of total cost
Tier 2: Preferred Brand	20% of total cost	\$50.00	20% of total cost
Tier 3: Non-Preferred Brand	40% of total cost	\$75.00	40% of total cost
Tier 4: Specialty (High Cost)	\$200.00	\$400.00	\$200.00

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

Costs shown in the table above reflect the additional coverage that may be provided by NALC Health Benefit Plan. Drugs that are part of your standard Medicare plan, but do not have additional coverage from NALC Health Benefit Plan would be covered under the 2024 Medicare Part D Defined Standard Benefit. Please visit

<https://q1medicare.com/PartD-The-2024-Medicare-Part-D-Outlook.php> for more information about the 2024 Medicare Part D Defined Standard Benefit drug costs.

For more information

For more detailed information about your SilverScript prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare Part D prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or visit www.medicare.gov.

SilverScript's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index at the back of this book.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *levothyroxine*).

The information in the Requirements/Limits column tells you if SilverScript has any special requirements for coverage of your drug.

- PA Prior Authorization
- QL Drug has Quantity Limits
- ST Step Therapy required
- NM Not available at our mail-order pharmacies.
- NDS Non-extended day supply. Not available for an extended (long-term) supply.
- LA Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call Customer Care at 1-833-272-9886, 24 hours a day, 7 days a week. TTY users should call 711.
- B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- GC We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS			ANALGESICS		
GOUT			GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1		<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	1	QL
ALLOPURINOL TABS 200mg	3		DAYPRO TABS 600mg	3	
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	4	NDS	<i>diclofenac potassium</i> (generic of ZIPSOR) CAPS 25mg QL (120 caps / 30 days)	4	NDS QL PA
ALOPRIM SOLR 500mg	4	NDS	<i>diclofenac potassium</i> TABS 25mg QL (120 tabs / 30 days)	4	NDS QL PA
<i>colchicine</i> (generic of COLCRYS) TABS .6mg QL (120 tabs / 30 days)	1	QL	<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>colchicine w/ probenecid tab</i> <i>0.5-500 mg</i>	1		<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
COLCRYS TABS .6mg QL (120 tabs / 30 days)	3	QL	<i>diclofenac w/ misoprostol tab</i> <i>delayed release 50-0.2 mg</i> (generic of ARTHROTEC 50)	1	
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1	PA	<i>diclofenac w/ misoprostol tab</i> <i>delayed release 75-0.2 mg</i> (generic of ARTHROTEC 75)	1	
KRYSTEXXA SOLN 8mg/ml	4	NDS NM LA PA	<i>diflunisal</i> TABS 500mg	1	
MITIGARE CAPS .6mg QL (60 caps / 30 days)	2	QL	DUEXIS TAB 800-26.6	4	NDS PA
<i>probenecid</i> TABS 500mg	1		<i>ec-naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL
ULORIC TABS 40mg, 80mg	3	PA	<i>ec-naproxen</i> (generic of EC- NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL
ZYLOPRIM TABS 100mg, 300mg	3		<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
MISCELLANEOUS			<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
<i>acetaminophen</i> SOLN 10mg/ml	1		FELDENE CAPS 10mg, 20mg	3	
<i>clonidine hcl (analgesia)</i> (generic of DURACLON) SOLN 100mcg/ml	1	B/D	<i>fenopropfen calcium</i> (generic of NALFON) CAPS 400mg QL (240 caps / 30 days)	1	QL PA
DURACLON SOLN 100mcg/ml	3	B/D	<i>fenopropfen calcium</i> TABS 600mg QL (150 tabs / 30 days)	1	QL PA
NSAIDS			<i>flurbiprofen</i> TABS 100mg	1	
ARTHROTEC 50 TAB	3		<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
ARTHROTEC 75 TAB	3		<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
CELEBREX CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	3	QL			
CELEBREX CAPS 400mg QL (30 caps / 30 days)	3	QL			
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	1	QL			

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
<i>ibuprofen-famotidine tab 800-26.6 mg</i> (generic of DUEXIS)	1	PA
<i>ketoprofen</i> CAPS 25mg QL (120 caps / 30 days)	4	NDS QL PA
<i>ketoprofen</i> CAPS 50mg QL (180 caps / 30 days)	4	NDS QL PA
<i>ketoprofen</i> CP24 200mg QL (30 caps / 30 days)	1	QL PA
KETOROLAC TROMETHAMINE SOLN 15.75mg/spray QL (5 bottles / 30 days)	4	NDS QL NM LA PA
<i>ketorolac tromethamine</i> TABS 10mg QL (20 tabs / 30 days) PA if 70 years and older	1	QL PA
<i>lofena</i> TABS 25mg QL (120 tabs / 30 days)	4	NDS QL PA
<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
<i>mefenamic acid</i> CAPS 250mg	1	
<i>meloxicam</i> CAPS 5mg, 10mg QL (30 caps / 30 days)	1	QL PA
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
NALFON CAPS 400mg QL (240 caps / 30 days)	3	QL PA
NALFON TABS 600mg QL (150 tabs / 30 days)	3	QL PA
NAPRELAN TB24 375mg QL (120 tabs / 30 days)	4	NDS QL PA
NAPRELAN TB24 500mg QL (90 tabs / 30 days)	4	NDS QL PA
NAPRELAN TB24 750mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>naproxen</i> (generic of NAPROSYN) SUSP 125mg/5ml QL (1800 mL / 30 days)	1	QL PA
<i>naproxen</i> TABS 250mg, 375mg	1	
<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL
<i>naproxen</i> (generic of EC- NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL
<i>naproxen sodium</i> TABS 275mg	1	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
<i>naproxen sodium</i> (generic of NAPRELAN) TB24 375mg QL (120 tabs / 30 days)	1	QL PA
<i>naproxen sodium</i> (generic of NAPRELAN) TB24 500mg QL (90 tabs / 30 days)	1	QL PA
<i>naproxen sodium</i> (generic of NAPRELAN) TB24 750mg QL (60 tabs / 30 days)	1	QL PA
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i> (generic of VIMOVO)	4	NDS PA
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i> (generic of VIMOVO)	4	NDS PA
<i>oxaprozin</i> (generic of DAYPRO) TABS 600mg	1	
<i>piroxicam</i> (generic of FELDENE) CAPS 10mg, 20mg	1	
RELAFEN DS TABS 1000mg	4	NDS PA
SPRIX SOLN 15.75mg/spray QL (5 bottles / 30 days)	4	NDS QL NM LA PA
<i>sulindac</i> TABS 150mg, 200mg	1	
<i>tolmetin sodium</i> TABS 600mg	1	
VIMOVO TAB 375-20MG	4	NDS PA
VIMOVO TAB 500-20MG	4	NDS PA
ZIPSOR CAPS 25mg QL (120 caps / 30 days)	4	NDS QL PA
ZORVOLEX CAPS 18mg, 35mg QL (90 caps / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	3	QL PA
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	4	NDS QL PA
<i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr QL (4 patches / 28 days)	3	QL PA
BUTRANS PTWK 20mcg/hr QL (4 patches / 28 days)	4	NDS QL PA
CONZIP CP24 100mg, 200mg, 300mg QL (30 caps / 30 days)	3	QL PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg QL (30 tabs / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>levorphanol tartrate</i> TABS 2mg, 3mg QL (120 tabs / 30 days)	4	NDS QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
METHADONE HCL INJ SOLN 10mg/ml	3	
<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA
<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)	1	QL PA
MS CONTIN TBCR 15mg, 30mg QL (90 tabs / 30 days)	3	QL PA
MS CONTIN TBCR 60mg, 100mg, 200mg QL (90 tabs / 30 days)	4	NDS QL PA
NUCYNTA ER TB12 50mg QL (60 tabs / 30 days)	3	QL PA
NUCYNTA ER TB12 100mg, 150mg, 200mg, 250mg QL (60 tabs / 30 days)	4	NDS QL PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg QL (60 tabs / 30 days)	2	QL PA
<i>oxymorphone hcl</i> TB12 5mg, 7.5mg, 10mg, 15mg, 20mg QL (60 tabs / 30 days)	1	QL PA
<i>oxymorphone hcl</i> TB12 30mg, 40mg QL (60 tabs / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tramadol hcl</i> CP24 100mg, 200mg, 300mg QL (30 caps / 30 days)	1	QL PA
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg QL (60 caps / 30 days)	3	QL PA
XTAMPZA ER C12A 36mg QL (60 caps / 30 days)	4	NDS QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine tab 300-15 mg</i> QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab 300-30 mg</i> QL (360 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab 300-60 mg</i> QL (180 tabs / 30 days)	1	QL
<i>acetaminophen-caffeine- dihydrocodeine cap 320.5-30- 16 mg</i> QL (300 caps / 30 days)	1	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	3	
<i>butorphanol tartrate</i> SOLN 10mg/ml QL (10 mL / 30 days)	1	QL
CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days)	3	QL
<i>codeine sulfate</i> TABS 30mg QL (180 tabs / 30 days)	1	QL
DILAUDID LIQD 1mg/ml QL (600 mL / 30 days)	3	QL
DILAUDID SOLN 1mg/ml, 2mg/ml	3	B/D
DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days)	3	QL
DILAUDID TABS 8mg QL (180 tabs / 30 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
<i>endocet tab 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>endocet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>fentanyl citrate</i> LPOP 200mcg QL (120 lozenges / 30 days)	1	QL PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	4	NDS QL PA
<i>fentanyl citrate</i> TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	4	NDS QL PA
FENTORA TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	4	NDS QL PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 5-300 mg</i> (generic of XODOL) QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 10-300 mg</i> QL (180 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 10-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml</i> QL (600 mL / 30 days)	1	QL
<i>hydromorphone hcl (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml</i>	3	B/D
<i>hydromorphone hcl SOLN 4mg/ml, 10mg/ml, 50mg/5ml</i>	3	B/D
<i>hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg</i> QL (180 tabs / 30 days)	1	QL
HYDROMORPHONE HYDROCHLORI SOLN 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	3	B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	3	B/D
<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i> QL (900 mL / 30 days)	1	QL
<i>morphine sulfate SOLN 20mg/ml</i> QL (180 mL / 30 days)	1	QL
<i>morphine sulfate TABS 15mg, 30mg</i> QL (180 tabs / 30 days)	1	QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D
<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	3	
NALOCET TAB 2.5-300 QL (360 tabs / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
NUCYNTA TABS 50mg, 75mg QL (180 tabs / 30 days)	3	QL
NUCYNTA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL
OXAYDO TABS 5mg QL (180 tabs / 30 days)	3	QL
OXAYDO TABS 7.5mg QL (360 tabs / 30 days)	4	NDS QL
OXY-ACETAMIN TAB 7.5-300 QL (240 tabs / 30 days)	4	NDS QL PA
OXYCOD-APAP TAB 2.5-300 QL (360 tabs / 30 days)	4	NDS QL PA
OXYCOD/ACETA SOL 10/300MG QL (900 mL / 30 days)	4	NDS QL PA
OXYCOD/APAP TAB 5- 300MG QL (360 tabs / 30 days)	4	NDS QL PA
OXYCOD/APAP TAB 10- 300MG QL (180 tabs / 30 days)	4	NDS QL PA
<i>oxycodone hcl CAPS 5mg</i> QL (180 caps / 30 days)	1	QL
<i>oxycodone hcl CONC 100mg/5ml</i> QL (180 mL / 30 days)	1	QL
<i>oxycodone hcl SOLN 5mg/5ml</i> QL (900 mL / 30 days)	1	QL
<i>oxycodone hcl TABS 5mg, 10mg, 20mg</i> QL (180 tabs / 30 days)	1	QL
<i>oxycodone hcl (generic of ROXICODONE) TABS 15mg, 30mg</i> QL (180 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i> QL (1800 mL / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCOCET)</i> QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET)</i> QL (360 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>oxymorphone hcl</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
PERCOCET TAB 2.5-325 QL (360 tabs / 30 days)	4	NDS QL
PERCOCET TAB 5-325MG QL (360 tabs / 30 days)	4	NDS QL
PERCOCET TAB 7.5-325 QL (240 tabs / 30 days)	4	NDS QL
PERCOCET TAB 10-325MG QL (180 tabs / 30 days)	4	NDS QL
PROLATE SOL 10/300MG QL (900 mL / 30 days)	4	NDS QL PA
PROLATE TAB 5-300MG QL (360 tabs / 30 days)	4	NDS QL PA
PROLATE TAB 7.5-300 QL (240 tabs / 30 days)	4	NDS QL PA
PROLATE TAB 10-300MG QL (180 tabs / 30 days)	4	NDS QL PA
ROXICODONE TABS 15mg QL (180 tabs / 30 days)	3	QL
ROXICODONE TABS 30mg QL (180 tabs / 30 days)	4	NDS QL
ROXYBOND TABA 5mg, 15mg, 30mg QL (180 tabs / 30 days)	4	NDS QL
SEGLENTIS TAB 56-44MG QL (120 tabs / 30 days)	3	QL PA
<i>tramadol hcl</i> SOLN 5mg/ml QL (2400 mL / 30 days)	1	QL PA
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	1	QL
<i>tramadol hcl</i> TABS 100mg QL (120 tabs / 30 days)	1	QL PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>trezix</i> QL (300 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (local anesth.)</i> SOLN 4%	1	B/D
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
AEMCOLO TBEC 194mg QL (12 tabs / 30 days)	3	QL
<i>albendazole</i> TABS 200mg QL (672 tabs / year)	4	NDS QL PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	4	NDS NM LA PA
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml	1	
AZACTAM SOLR 1gm, 2gm	3	
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	1	
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
BETHKIS NEBU 300mg/4ml	4	NDS NM LA PA
BILTRICIDE TABS 600mg	3	
CAYSTON SOLR 75mg	4	NDS NM LA PA
CLEOCIN CAPS 75mg, 150mg, 300mg	3	
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	3	
CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1		<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	1		<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1		<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1		<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1		<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
CLINDMYC/NAC INJ 300/50ML	3		HIPREX TABS 1gm	3	
CLINDMYC/NAC INJ 600/50ML	3		HUMATIN CAPS 250mg	4	NDS
CLINDMYC/NAC INJ 900/50ML	3		<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	1		<i>imipenem-cilastatin intravenous for soln 500 mg</i> (generic of PRIMAXIN IV)	1	
COLY-MYCIN M SOLR 150mg	3		IMPAVIDO CAPS 50mg	4	NDS PA
CUBICIN RF SOLR 500mg	4	NDS	INVANZ SOLR 1gm	3	
DALVANCE SOLR 500mg	4	NDS	<i>ivermectin</i> (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days)	1	QL PA
<i>dapsone</i> TABS 25mg, 100mg	1		KIMYRSA SOLR 1200mg	4	NDS
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	4	NDS	KITABIS PAK NEBU 300mg/5ml	4	NDS NM LA PA
DAPTOMYCIN SOLR 350mg, 500mg	4	NDS	<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml	1	
<i>daptomycin</i> SOLR 500mg	4	NDS	<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	4	NDS QL
DARAPRIM TABS 25mg	4	NDS PA	<i>linezolid</i> (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)	1	QL
EMVERM CHEW 100mg QL (12 tabs / year)	4	NDS QL	LINEZOLID INJ 2MG/ML	1	
<i>ertapenem sodium</i> SOLR 1gm	1		MACROBID CAPS 100mg	3	
FIRVANQ SOLR 25mg/ml, 50mg/ml QL (1800 mL / 180 days)	3	QL	MACRODANTIN CAPS 25mg, 50mg, 100mg	3	
FLAGYL CAPS 375mg	3		MEPRON SUSP 750mg/5ml	4	NDS
<i>gentamicin in saline inj 0.8 mg/ml</i>	1		MEROP/NAACL INJ 1GM/50ML	3	
			MEROP/NAACL INJ 500/50ML	3	
			<i>meropenem</i> SOLR 1gm, 500mg	1	
			<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	1	
			<i>metronidazole</i> (generic of FLAGYL) CAPS 375mg	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
METRONIDAZOLE SOLN 500mg/100ml	3	
<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	1	
<i>metronidazole</i> TABS 250mg, 500mg	1	
NEBUPENT SOLR 300mg	3	B/D
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> (generic of ALINIA) TABS 500mg QL (6 tabs / 30 days)	4	NDS QL
<i>nitrofurantoin</i> SUSP 25mg/5ml	4	NDS PA
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg	2	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	2	
ORBACTIV SOLR 400mg	4	NDS
<i>paromomycin sulfate</i> CAPS 250mg	1	
PENTAM 300 SOLR 300mg	3	
<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	1	
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>praziquantel</i> (generic of BILTRICIDE) TABS 600mg	1	
PRIMAXIN IV INJ 500MG	3	
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg	4	NDS PA
RECARBRIO INJ 1.25GM	4	NDS
SIVEXTRO SOLR 200mg; TABS 200mg	4	NDS
SOLOSEC PACK 2gm	3	
<i>streptomycin sulfate</i> SOLR 1gm	4	NDS
STROMECTOL TABS 3mg QL (12 tabs / 90 days)	3	QL PA
<i>sulfadiazine</i> TABS 500mg	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> (generic of BACTRIM)	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI NEBU 300mg/5ml	4	NDS NM LA PA
TOBI PODHALER CAPS 28mg	4	NDS NM LA PA
<i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml	4	NDS NM PA
<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	4	NDS NM PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>tobramycin sulfate</i> SOLR 1.2gm	4	NDS PA
<i>trimethoprim</i> TABS 100mg	1	
VABOMERE INJ 2GM(1-1)	4	NDS
VANCOCIN CAPS 125mg QL (80 caps / 180 days)	4	NDS QL
VANCOCIN CAPS 250mg QL (160 caps / 180 days)	4	NDS QL
VANCOMYCIN SOLN 2000mg/400ml	3	
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	1	QL
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	1	QL
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml, 250mg/5ml QL (1800 mL / 180 days)	1	QL	DIFLUCAN SUSR 10mg/ml, 40mg/ml; TABS 100mg, 150mg	3	
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1.25gm, 1.5gm, 750mg	3		DIFLUCAN TABS 200mg	4	NDS
VANCOMYCIN INJ 1 GM	3		ERAXIS SOLR 50mg	3	
VANCOMYCIN INJ 500MG	3		ERAXIS SOLR 100mg	4	NDS
VANCOMYCIN INJ 750MG	3		<i>fluconazole</i> (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 100mg, 150mg, 200mg	1	
VIBATIV SOLR 750mg	4	NDS	<i>fluconazole</i> TABS 50mg	1	
XENLETA SOLN 150mg/15ml; TABS 600mg	4	NDS NM	<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	3	QL	<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
ZEMDRI SOLN 500mg/10ml	4	NDS	<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	4	NDS PA
ZYVOX SOLN 200mg/100ml	4	NDS	<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
ZYVOX SOLN 600mg/300ml	3		<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
ZYVOX SUSR 100mg/5ml QL (1800 mL / 30 days)	4	NDS QL	<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	PA
ZYVOX TABS 600mg QL (60 tabs / 30 days)	4	NDS QL	<i>itraconazole</i> (generic of SPORANOX) SOLN 10mg/ml	4	NDS
ANTIFUNGALS			<i>ketoconazole</i> TABS 200mg	1	PA
ABELCET SUSP 5mg/ml	3	B/D	MICAFUNGIN SOLR 50mg, 100mg	4	NDS
AMBISOME SUSR 50mg	4	NDS B/D	<i>miconazole sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	4	NDS
<i>amphotericin b</i> SOLR 50mg	1	B/D	MYCAMINE SOLR 50mg, 100mg	4	NDS
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	4	NDS B/D	NOXAFIL PACK 300mg QL (32 packets / 30 days)	4	NDS QL PA
ANCOBON CAPS 250mg, 500mg	4	NDS PA	NOXAFIL SOLN 300mg/16.7ml	4	NDS
CANCIDAS SOLR 50mg, 70mg	4	NDS	NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	4	NDS	NOXAFIL TBEC 100mg QL (93 tabs / 30 days)	4	NDS QL PA
<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	1		<i>nystatin</i> TABS 500000unit	1	
CRESEMBA CAPS 186mg; SOLR 372mg	4	NDS PA	<i>posaconazole</i> (generic of NOXAFIL) SOLN 300mg/16.7ml	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA
<i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	4	NDS QL PA
REZZAYO SOLR 200mg	4	NDS
SPORANOX CAPS 100mg	3	PA
SPORANOX SOLN 10mg/ml	4	NDS
<i>terbinafine hcl</i> TABS 250mg QL (90 tabs / year)	1	QL
TOLSURA CAPS 65mg	4	NDS PA
VFEND SUSR 40mg/ml	4	NDS PA
VFEND TABS 50mg QL (480 tabs / 30 days)	3	QL PA
VFEND TABS 200mg QL (120 tabs / 30 days)	3	QL PA
VFEND IV SOLR 200mg	3	PA
VIVJOA CPPK 150mg QL (18 caps / 84 days)	3	QL PA
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	1	PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml	4	NDS PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	1	QL PA
<i>voriconazole</i> (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)	1	QL PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
<i>mefloquine hcl</i> TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
QUALAQUIN CAPS 324mg	3	PA
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	4	NDS NM
<i>atazanavir sulfate</i> CAPS 150mg	1	NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	1	NM
<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	4	NDS QL NM
<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	4	NDS QL NM
EDURANT TABS 25mg	4	NDS NM
<i>efavirenz</i> CAPS 50mg, 200mg	1	NM
<i>efavirenz</i> (generic of SUSTIVA) TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	4	NDS NM
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	4	NDS NM
FUZEON SOLR 90mg	4	NDS NM LA
INTELENCE TABS 25mg	3	NM
INTELENCE TABS 100mg, 200mg	4	NDS NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	4	NDS NM
ISENTRESS HD TABS 600mg	4	NDS NM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
LEXIVA SUSP 50mg/ml	3	NM
LEXIVA TABS 700mg	4	NDS NM
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	4	NDS NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	1	NM
NORVIR PACK 100mg; TABS 100mg	3	NM
PIFELTRO TABS 100mg	4	NDS NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	4	NDS QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	3	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	4	NDS QL NM
PREZISTA TABS 600mg QL (60 tabs / 30 days)	4	NDS QL NM
PREZISTA TABS 800mg QL (30 tabs / 30 days)	4	NDS QL NM
RETROVIR CAPS 100mg; SYRP 50mg/5ml	3	NM
REYATAZ CAPS 200mg, 300mg; PACK 50mg	4	NDS NM
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	1	NM
RUKOBIA TB12 600mg	4	NDS NM
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	4	NDS NM
SELZENTRY TABS 25mg	3	NM
SUNLENCA TBPK 300mg	4	NDS NM LA
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	1	NM
TIVICAY TABS 10mg	2	NM
TIVICAY TABS 25mg, 50mg	4	NDS NM
TIVICAY PD TBSO 5mg	4	NDS NM
TROGARZO SOLN 200mg/1.33ml	4	NDS NM LA
TYBOST TABS 150mg	2	NM
VIRACEPT TABS 250mg, 625mg	4	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg	4	NDS NM
ZIAGEN SOLN 20mg/ml; TABS 300mg	3	NM
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM
<i>zidovudine</i> TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> (generic of EPZICOM)	1	NM
BIKTARVY TAB 30-120-15 MG	4	NDS NM
BIKTARVY TAB 50-200-25 MG	4	NDS NM
CIMDUO TAB 300-300	4	NDS NM
COMBIVIR TAB 150-300	4	NDS NM
COMPLERA TAB	4	NDS NM
DELSTRIGO TAB	4	NDS NM
DESCOVY TAB 120-15MG QL (30 tabs / 30 days)	4	NDS QL NM
DESCOVY TAB 200/25MG QL (30 tabs / 30 days)	4	NDS QL NM
DOVATO TAB 50-300MG	4	NDS NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (generic of ATRIPLA)	4	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> (generic of SYMFI LO)	4	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	4	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	4	NDS QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	4	NDS QL NM

Drug Name	Drug Requirements/ Tier	Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	4	NDS QL NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA) QL (30 tabs / 30 days)	1	QL NM
EPZICOM TAB 600-300	4	NDS NM
EVOTAZ TAB 300-150	4	NDS NM
GENVOYA TAB	4	NDS NM
JULUCA TAB 50-25MG	4	NDS NM
KALETRA SOL	3	NM
KALETRA TAB 100-25MG	3	NM
KALETRA TAB 200-50MG	4	NDS NM
<i>lamivudine-zidovudine tab 150-300 mg</i> (generic of COMBIVIR)	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	1	NM
ODEFSEY TAB	4	NDS NM
PREZCOBIX TAB 800-150	4	NDS NM
STRIBILD TAB	4	NDS NM
SYMFI LO TAB	4	NDS NM
SYMFI TAB	4	NDS NM
SYMTUZA TAB	4	NDS NM
TRIUMEQ PD TAB	4	NDS NM
TRIUMEQ TAB	4	NDS NM
TRIZIVIR TAB	4	NDS NM
TRUVADA TAB 100-150 QL (30 tabs / 30 days)	4	NDS QL NM
TRUVADA TAB 133-200 QL (30 tabs / 30 days)	4	NDS QL NM
TRUVADA TAB 167-250 QL (30 tabs / 30 days)	4	NDS QL NM
TRUVADA TAB 200-300 QL (30 tabs / 30 days)	4	NDS QL NM
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	4	NDS
<i>ethambutol hcl</i> TABS 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
MYAMBUTOL TABS 400mg	3	
MYCOBUTIN CAPS 150mg	4	NDS
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	1	
RIFADIN SOLR 600mg	4	NDS
<i>rifampin</i> CAPS 150mg, 300mg	1	
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	4	NDS NM LA PA
TRECTOR TABS 250mg	3	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml; TABS .5mg, 1mg	4	NDS NM
<i>cidofovir</i> SOLN 75mg/ml	1	
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	4	NDS NM PA
EPCLUSA PAK 200-50MG	4	NDS NM PA
EPCLUSA TAB 200-50MG	4	NDS NM PA
EPCLUSA TAB 400-100	4	NDS NM PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>foscarnet sodium</i> (generic of FOSCAVIR) SOLN 6000mg/250ml	4	NDS B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	4	NDS NM PA
HARVONI PAK 45-200MG	4	NDS NM PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
HARVONI TAB 45-200MG	4	NDS NM PA
HARVONI TAB 90-400MG	4	NDS NM PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg QL (112 tabs / 28 days)	4	NDS QL NM LA PA
MAVYRET PAK 50-20MG	4	NDS NM PA
MAVYRET TAB 100-40MG <i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	4	NDS NM PA
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	1	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	4	NDS NM PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	4	NDS
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	4	NDS QL PA
RAPIVAB SOLN 200mg/20ml	4	NDS
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	2	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
SITAVIG TABS 50mg QL (2 tabs / 30 days)	4	NDS QL PA
TAMIFLU CAPS 30mg QL (168 caps / year)	3	QL
TAMIFLU CAPS 45mg, 75mg QL (84 caps / year)	3	QL
TAMIFLU SUSR 6mg/ml QL (1080 mL / year)	3	QL
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	1	
VALCYTE SOLR 50mg/ml; TABS 450mg	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	4	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	1	
VALTREX TABS 1gm, 500mg	3	
VEMLIDY TABS 25mg	4	NDS NM
VOSEVI TAB	4	NDS NM PA
XOFLUZA TBPK 40mg, 80mg QL (1 tab / 180 days)	3	QL
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	4	NDS
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	1	
CEFACTOR ER TB12 500mg	3	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	
CEFAZOLIN SOLR 2gm, 3gm	3	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
<i>cefixime</i> (generic of SUPRAX) CAPS 400mg; SUSR 200mg/5ml	1	
<i>cefixime</i> SUSR 100mg/5ml	1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>cefepodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1		E.E.S. GRANULES SUSR 200mg/5ml	3	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 1 6gm	1		ERYPED 200 SUSR 200mg/5ml	3	
CEFTAZIDIME/ SOL D5W 1GM	3		ERYPED 400 SUSR 400mg/5ml	4	NDS
CEFTAZIDIME/ SOL D5W 2GM	3		ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1		<i>erythrocin stearate</i> TABS 250mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1		<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1		<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1	
<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	4	NDS
FETROJA SOLR 1gm	4	NDS	<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
SUPRAX CAPS 400mg; CHEW 100mg, 200mg; SUSR 200mg/5ml, 500mg/5ml	3		<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1		ZITHROMAX PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	3	
TEFLARO SOLR 400mg, 600mg	4	NDS	ZITHROMAX TRI-PAK TABS 500mg	3	
ZERBAXA INJ 1.5GM	4	NDS	ZITHROMAX Z-PAK TABS 250mg	3	
ERYTHROMYCINS/MACROLIDES			FLUOROQUINOLONES		
<i>azithromycin</i> PACK 1gm; TABS 600mg	1		BAXDELA SOLR 300mg; TABS 450mg	4	NDS
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1		CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		<i>ciprofloxacin</i> SUSR 5gm/100ml	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1		<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
DIFICID SUSR 40mg/ml; TABS 200mg	4	NDS			
e.e.s. 400 TABS 400mg	1				

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1
<i>ciprofloxacin hcl TABS 100mg, 750mg</i>	1	<i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	1
<i>ciprofloxacin hcl (generic of CIPRO) TABS 250mg, 500mg</i>	1	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1
<i>levofloxacin SOLN 25mg/ml; TABS 500mg</i>	1	<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1
<i>levofloxacin (generic of LEVAQUIN) TABS 250mg, 750mg</i>	1	<i>ampicillin CAPS 500mg</i>	1
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)</i>	1
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i>	1
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1
<i>moxifloxacin hcl TABS 400mg</i>	1	<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)</i>	1
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1
PENICILLINS		AUGMENTIN SUS 125/5ML	3
<i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	1	AUGMENTIN SUS ES-600	3
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	AUGMENTIN TAB 500MG	3
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	BICILLIN C-R INJ 900/300	3
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	BICILLIN C-R INJ 1200000	3
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	1	NAFCILLIN INJ 1GM/50ML	4 NDS
		NAFCILLIN INJ 2GM/100	4 NDS
		<i>nafcillin sodium SOLR 1gm, 2gm</i>	1
		<i>nafcillin sodium SOLR 10gm</i>	4 NDS
		OXACILLIN INJ 1GM	3
		OXACILLIN INJ 2GM	3
		<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PEN GK/DEXTR INJ 20000/ML	3		<i>doxycycline (monohydrate)</i> (generic of VIBRAMYCIN) SUSR 25mg/5ml	1	
PEN GK/DEXTR INJ 40000/ML	3		<i>doxycycline hyclate</i> CAPS 50mg; SOLR 100mg; TABS 20mg, 100mg	1	
PEN GK/DEXTR INJ 60000/ML	3		<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	1	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1		<i>doxycycline hyclate</i> TABS 50mg, 75mg, 150mg; TBEC 75mg, 100mg, 150mg, 200mg	1	PA
PENICILLIN G PROCAINE SUSP 600000unit/ml	3		<i>doxycycline hyclate</i> (generic of DORYX) TBEC 50mg	1	PA
<i>penicillin g sodium</i> SOLR 5000000unit	1		<i>doxycycline hyclate</i> TBEC 80mg	4	NDS PA
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 1 20000000unit	1		<i>minocycline hcl</i> TB24 45mg, 90mg, 135mg	1	PA
<i>piperacillin sod-tazobactam na</i> <i>for inj 3.375 gm (3-0.375 gm)</i>	1		<i>minocycline hcl</i> (generic of SOLODYN) TB24 55mg, 65mg, 80mg, 105mg, 115mg	1	PA
<i>piperacillin sod-tazobactam</i> <i>sod for inj 2.25 gm (2-0.25</i> <i>gm)</i>	1		MINOLIRA TB24 105mg, 135mg	3	PA
<i>piperacillin sod-tazobactam</i> <i>sod for inj 4.5 gm (4-0.5 gm)</i>	1		NUZYRA SOLR 100mg; TABS 150mg	4	NDS NM LA
<i>piperacillin sod-tazobactam</i> <i>sod for inj 13.5 gm (12-1.5</i> <i>gm)</i>	1		SEYSARA TABS 60mg, 100mg, 150mg	4	NDS PA
<i>piperacillin sod-tazobactam</i> <i>sod for inj 40.5 gm (36-4.5</i> <i>gm)</i>	1		SOLODYN TB24 55mg, 65mg, 80mg, 105mg, 115mg	3	PA
UNASYN INJ 1.5GM	3		<i>targadox</i> TABS 50mg	1	PA
UNASYN INJ 3GM	3		<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	PA
UNASYN INJ 15GM	3		TIGECYCLINE SOLR 50mg	4	NDS
ZOSYN SOL 2-0.25GM	3		<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	4	NDS
ZOSYN SOL 3-0.375G	3		TYGACIL SOLR 50mg	4	NDS
ZOSYN SOL 4-0.50GM	3		VIBRAMYCIN CAPS 100mg; SUSR 25mg/5ml	3	
TETRACYCLINES			XERAVA SOLR 50mg, 100mg	3	
<i>demeclocycline hcl</i> TABS 150mg, 300mg	1		XIMINO CP24 45mg, 90mg, 135mg	3	PA
DORYX TBEC 50mg	3	PA			
DORYX MPC TBEC 60mg	3	PA			
<i>doxy 100</i> SOLR 100mg	1				
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg, 150mg	1				
<i>doxycycline (monohydrate)</i> CAPS 75mg, 150mg	1	PA			

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>bendamustine hcl</i> (generic of TREANDA) SOLR 25mg, 100mg	4	NDS B/D NM
BENDEKA SOLN 100mg/4ml	4	NDS B/D NM LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	4	NDS B/D
<i>cyclophosphamide</i> SOLR 2gm	4	NDS B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	4	NDS B/D
GLEOSTINE CAPS 10mg, 40mg	3	NM
GLEOSTINE CAPS 100mg	4	NDS NM
IFEX SOLR 3gm	3	B/D
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	1	B/D
IFOSFAMIDE SOLR 3gm	3	B/D
LEUKERAN TABS 2mg	4	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
<i>oxaliplatin</i> SOLR 100mg	4	NDS B/D
<i>paraplatin</i> SOLN 1000mg/100ml	1	B/D
TREANDA SOLR 25mg, 100mg	4	NDS B/D NM LA
ZEPZELCA SOLR 4mg	4	NDS NM LA PA
ANTIBIOTICS		
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	B/D
DOXIL INJ 2mg/ml	4	NDS B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) INJ 2mg/ml	4	NDS B/D
ELLECE SOLN 50mg/25ml, 200mg/100ml	3	B/D
<i>mitomycin</i> SOLR 5mg	1	B/D
<i>mitomycin</i> SOLR 20mg, 40mg	4	NDS B/D
<i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml	4	NDS B/D NM
VALSTAR SOLN 40mg/ml	4	NDS B/D NM LA
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	4	NDS B/D
<i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	4	NDS B/D NM
<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	1	B/D
<i>decitabine</i> SOLR 50mg	4	NDS B/D NM
<i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	4	NDS NM PA
<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D
<i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg	1	B/D
GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml, 200mg/2ml, 200mg/5.26ml	3	B/D
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	4	NDS QL NM LA PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	4	NDS QL NM LA PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	4	NDS QL NM LA PA
<i>mercaptopurine</i> TABS 50mg	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	4	NDS QL NM LA PA
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg	4	NDS B/D
<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	4	NDS B/D
<i>pemetrexed disodium</i> SOLR 750mg, 1000mg	4	NDS B/D
PURIXAN SUSP 2000mg/100ml	4	NDS NM LA
TABLOID TABS 40mg	3	
VIDAZA SUSR 100mg	4	NDS B/D NM LA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	4	NDS QL NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	1	
ARIMIDEX TABS 1mg	4	NDS
AROMASIN TABS 25mg	4	NDS
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	1	
CASODEX TABS 50mg	4	NDS
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM PA
EMCYT CAPS 140mg	4	NDS
ERLEADA TABS 60mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
EULEXIN CAPS 125mg	4	NDS
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1	
FARESTON TABS 60mg	4	NDS
FASLODEX SOSY 250mg/5ml	4	NDS B/D
FEMARA TABS 2.5mg	3	

Drug Name	Drug Requirements/ Tier	Limits
FIRMAGON SOLR 80mg	3	NM PA
FIRMAGON SOLR 120mg/vial	4	NDS NM PA
<i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml	4	NDS B/D
<i>hydroxyprogesterone caproate</i> (antineoplastic) SOLN 1.25gm/5ml	4	NDS B/D
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	1	
LEUPROLIDE ACETATE INJ 22.5mg	3	NM PA
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	4	NDS NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	4	NDS NM PA
LUPRON DEPOT (4-MONTH) KIT 30mg	4	NDS NM PA
LUPRON DEPOT (6-MONTH) KIT 45mg	4	NDS NM PA
LYSODREN TABS 500mg	4	NDS NM LA
<i>megestrol acetate</i> TABS 20mg, 40mg	2	
NILANDRON TABS 150mg	4	NDS
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	4	NDS
NUBEQA TABS 300mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
ORGOVYX TABS 120mg	4	NDS NM LA PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
SOLTAMOX SOLN 10mg/5ml	4	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	1	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
XTANDI TABS 80mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
YONSA TABS 125mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA
ZYTIGA TABS 250mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
ZYTIGA TABS 500mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM LA PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM LA PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
THALOMID CAPS 50mg, 100mg QL (28 caps / 28 days)	4	NDS QL NM LA PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	4	NDS QL NM LA PA
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	4	NDS NM LA PA
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	4	NDS QL NM LA PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	4	NDS QL NM PA
<i>dacarbazine</i> SOLR 100mg	1	B/D
HYDREA CAPS 500mg	3	
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	1	B/D
<i>irinotecan hcl</i> SOLN 500mg/25ml	1	B/D
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	4	NDS QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	4	NDS QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	4	NDS QL NM PA
MATULANE CAPS 50mg	4	NDS NM LA
<i>mitoxantrone hcl</i> CONC 2mg/ml	1	B/D NM
NIPENT SOLR 10mg	4	NDS B/D
ONCASPAR SOLN 750unit/ml	4	NDS NM PA
ONIVYDE INJ 43mg/10ml	4	NDS B/D NM LA
RYLAZE SOLN 10mg/0.5ml	4	NDS NM LA PA
SYNRIBO SOLR 3.5mg	4	NDS NM PA
TARGRETIN CAPS 75mg QL (300 caps / 30 days)	4	NDS QL NM PA
TOPOTECAN HCL SOLN 4mg/4ml	3	B/D
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml	4	NDS B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg	4	NDS B/D
<i>tretinoin</i> (chemotherapy) CAPS 10mg	4	NDS
WELIREG TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	4	NDS B/D NM LA
DOCETAXEL CONC 20mg/ml	3	B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D
ETOPOPHOS SOLR 100mg	3	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
HALAVEN SOLN 1mg/2ml	4	NDS B/D NM
IXEMPRA KIT SOLR 15mg, 45mg	4	NDS B/D NM
JEVTANA SOLN 60mg/1.5ml	4	NDS NM LA PA
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
PACLITAXEL INJ 100MG	4	NDS B/D NM
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	4	NDS B/D NM
<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
AFINITOR TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ TBSO 2mg QL (150 tabs / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ TBSO 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ALECENSA CAPS 150mg QL (240 caps / 30 days)	4	NDS QL NM LA PA
ALIQOPA SOLR 60mg	4	NDS NM LA PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
ALUNBRIG PAK QL (30 tabs / 30 days)	4	NDS QL NM LA PA
ALYMSYS SOLN 100mg/4ml, 4 400mg/16ml	4	NDS NM PA
ARZERRA CONC 100mg/5ml, 1000mg/50ml	4	NDS B/D NM LA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	4	NDS NM LA PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	4	NDS QL NM LA PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	4	NDS QL NM LA PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	4	NDS QL NM LA PA
BAVENCIO SOLN 200mg/10ml	4	NDS NM LA PA
BELEODAQ SOLR 500mg	4	NDS NM LA PA
BESPONSA SOLR .9mg	4	NDS NM LA PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg <i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	4	NDS NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	4	NDS QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	4	NDS QL NM LA PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	4	NDS NM LA PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	4	NDS QL NM LA PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	4	NDS QL NM LA PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	4	NDS QL NM LA PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	4	NDS QL NM LA PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	4	NDS QL NM LA PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM LA PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	4	NDS NM LA PA
DARZALEX SOL FASPRO	4	NDS NM LA PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
EMPLICITI SOLR 300mg, 400mg	4	NDS NM LA PA
ENHERTU SOLR 100mg	4	NDS NM LA PA
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	4	NDS NM LA PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	4	NDS B/D NM
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA
EXKIVITY CAPS 40mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
FYARRO SUSR 100mg	4	NDS NM LA PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
GAZYVA SOLN 1000mg/40ml	4	NDS NM LA PA
<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (30 tabs / 30 days)	4	NDS QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
GLEEVEC TABS 100mg QL (90 tabs / 30 days)	4	NDS QL NM PA
GLEEVEC TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA
HERCEP HYLEC SOL 60- 10000	4	NDS NM LA PA
HERCEPTIN SOLR 150mg	4	NDS NM LA PA
HERZUMA SOLR 150mg, 420mg	4	NDS NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	4	NDS QL NM LA PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	4	NDS QL NM LA PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	4	NDS NM LA PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	4	NDS NM LA PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
INREBIC CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
IRESSA TABS 250mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
JEMPERLI SOLN 500mg/10ml	4	NDS NM LA PA
KADCYLA SOLR 100mg, 160mg	4	NDS B/D NM LA
KANJINTI SOLR 150mg, 420mg	4	NDS NM LA PA
KEYTRUDA SOLN 100mg/4ml	4	NDS NM LA PA
KIMMTRAK SOLN 100mcg/0.5ml	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	4	NDS QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	4	NDS QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	4	NDS QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	4	NDS QL NM LA PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
KYPROLIS SOLR 10mg, 30mg, 60mg	4	NDS NM LA PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	4	NDS QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	4	NDS QL NM LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	4	NDS QL NM LA PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	4	NDS QL NM LA PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	4	NDS QL NM LA PA
LIBTAYO SOLN 350mg/7ml	4	NDS NM LA PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	4	NDS QL NM LA PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	4	NDS NM LA PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	4	NDS QL NM LA PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	4	NDS QL NM LA PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	4	NDS QL NM LA PA
MARGENZA SOLN 250mg/10ml	4	NDS NM LA PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	4	NDS QL NM LA PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
MONJUVI SOLR 200mg	4	NDS NM LA PA
MVASI SOLN 100mg/4ml, 400mg/16ml	4	NDS NM LA PA
MYLOTARG SOLR 4.5mg	4	NDS NM LA PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
NEXAVAR TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	4	NDS QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
OGIVRI SOLR 150mg	4	NDS NM LA PA
OGIVRI INJ 420MG	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
ONTRUZANT SOLR 150mg, 420mg	4	NDS NM LA PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	4	NDS NM LA PA
OPDUALAG SOL	4	NDS NM LA PA
PADCEV SOLR 20mg, 30mg	4	NDS NM LA PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (14 tabs / 21 days)	4	NDS QL NM LA PA
PERJETA SOLN 420mg/14ml	4	NDS NM LA PA
PHESGO SOL	4	NDS NM LA PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	4	NDS QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	4	NDS QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	4	NDS QL NM PA
POLIVY SOLR 30mg, 140mg	4	NDS NM LA PA
PORTRAZZA SOLN 800mg/50ml	4	NDS NM LA PA
POTELIGEO SOLN 20mg/5ml	4	NDS NM LA PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
RETEVMO CAPS 40mg QL (180 caps / 30 days)	4	NDS QL NM LA PA
RETEVMO CAPS 80mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	4	NDS NM LA PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	4	NDS NM LA PA
RITUXAN INJ HYCELA	4	NDS NM LA PA
ROZLYTREK CAPS 100mg QL (150 caps / 30 days)	4	NDS QL NM LA PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	4	NDS QL NM LA PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA	TASIGNA CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA	TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA
RYBREVANT SOLN 350mg/7ml	4	NDS NM LA PA	TAZVERIK TABS 200mg QL (240 tabs / 30 days)	4	NDS QL NM LA PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	4	NDS QL NM PA	TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NDS NM LA PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	4	NDS NM LA PA	TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	4	NDS NM LA PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA	<i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	4	NDS B/D NM
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	4	NDS QL NM PA	TEPMETKO TABS 225mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA	TIBSOVO TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
SPRYCEL TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA	TIVDAK SOLR 40mg	4	NDS NM LA PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4	NDS QL NM PA	TORISEL SOLN 25mg/ml	4	NDS B/D NM
STIVARGA TABS 40mg QL (84 tabs / 28 days)	4	NDS QL NM LA PA	TRAZIMERA SOLR 150mg, 420mg	4	NDS NM PA
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	4	NDS QL NM PA	TRODELVY SOLR 180mg	4	NDS NM LA PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	4	NDS QL NM LA PA	TRUXIMA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	4	NDS QL NM PA	TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	4	NDS QL NM LA PA	TURALIO CAPS 125mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	4	NDS QL NM LA PA	TYKERB TABS 250mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
TAGRISO TABS 40mg, 80mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	VECTIBIX SOLN 100mg/5ml, 400mg/20ml	4	NDS B/D NM LA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	4	NDS QL NM LA PA	VEGZELMA SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	4	NDS QL NM LA PA	VELCADE SOLR 3.5mg	4	NDS NM PA
			VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	3	QL NM LA PA
			VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	4	NDS QL NM LA PA
			VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
			VENCLEXTA TAB START PK QL (42 tabs / 28 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	4	NDS QL NM LA PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	4	NDS QL NM LA PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	4	NDS QL NM LA PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
VONJO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
VOTRIENT TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
XALKORI CAPS 200mg, 250mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg QL (4 tabs / 28 days)	4	NDS QL NM LA PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	4	NDS QL NM LA PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg QL (4 tabs / 28 days)	4	NDS QL NM LA PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg QL (24 tabs / 28 days)	4	NDS QL NM LA PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	4	NDS QL NM LA PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg QL (32 tabs / 28 days)	4	NDS QL NM LA PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days)	4	NDS QL NM LA PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	4	NDS NM LA PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	4	NDS NM LA PA
ZEJULA CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	4	NDS QL NM LA PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	4	NDS NM LA PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	4	NDS QL NM LA PA
ZYNLONTA SOLR 10mg	4	NDS NM LA PA
ZYNYZ SOLN 500mg/20ml	4	NDS NM LA PA

PROTECTIVE AGENTS

<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	4	NDS B/D
ELITEK SOLR 1.5mg, 7.5mg	4	NDS B/D
KHAPZORY SOLR 175mg	4	NDS B/D NM LA
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D NM
MESNEX TABS 400mg	4	NDS

CARDIOVASCULAR**ACE INHIBITOR COMBINATIONS**

<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg</i> (generic of LOTENSIN HCT)	1	
<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg</i> (generic of LOTENSIN HCT)	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT)	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (generic of VASERETIC)	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of ZESTORETIC)	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC)	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)	1	
LOTREL CAP 5-10MG QL (30 caps / 30 days)	3	QL
LOTREL CAP 5-20MG QL (30 caps / 30 days)	3	QL
LOTREL CAP 10-20MG QL (30 caps / 30 days)	3	QL
LOTREL CAP 10-40MG QL (30 caps / 30 days)	3	QL
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
VASERETIC TAB 10-25MG	3	
ZESTORETIC TAB 10-12.5	3	
ZESTORETIC TAB 20-12.5	3	
ZESTORETIC TAB 20-25MG	3	
ACE INHIBITORS		
ALTACE CAPS 1.25mg, 2.5mg, 5mg, 10mg	3	
<i>benazepril hcl</i> TABS 5mg	1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	
<i>enalapril maleate</i> (generic of EPANED) SOLN 1mg/ml	1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	1	
EPANED SOLN 1mg/ml	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
LOTENSIN TABS 10mg, 20mg, 40mg	3	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
QBRELIS SOLN 1mg/ml	4	NDS
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
VASOTEC TABS 2.5mg, 5mg, 10mg	3	
VASOTEC TABS 20mg	4	NDS
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	3	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE TABS 25mg, 50mg, 100mg	3	
CAROSPIR SUSP 25mg/5ml	3	
<i>eplerenone</i> (generic of INSPRA) TABS 25mg, 50mg	1	
INSPRA TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg QL (30 tabs / 30 days)	2	QL
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
CARDURA TABS 1mg, 2mg, 4mg, 8mg	3	
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1	
MINIPRESS CAPS 1mg, 2mg, 5mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>prazosin hcl</i> (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AZOR) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (generic of EXFORGE HCT)</i> QL (30 tabs / 30 days)	1	QL	<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (generic of ATACAND HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (generic of EXFORGE HCT)</i> QL (30 tabs / 30 days)	1	QL	<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (generic of EXFORGE HCT)</i> QL (30 tabs / 30 days)	1	QL	DIOVAN HCT TAB 80/12.5 QL (30 tabs / 30 days)	3	QL
ATACAND HCT TAB 16-12.5 QL (60 tabs / 30 days)	3	QL	DIOVAN HCT TAB 160-12.5 QL (30 tabs / 30 days)	3	QL
ATACAND HCT TAB 32-12.5 QL (30 tabs / 30 days)	3	QL	DIOVAN HCT TAB 160-25MG QL (30 tabs / 30 days)	3	QL
ATACAND HCT TAB 32-25MG QL (30 tabs / 30 days)	3	QL	DIOVAN HCT TAB 320-12.5 QL (30 tabs / 30 days)	3	QL
AVALIDE TAB 150-12.5 QL (60 tabs / 30 days)	3	QL	DIOVAN HCT TAB 320-25MG QL (30 tabs / 30 days)	3	QL
AVALIDE TAB 300-12.5 QL (30 tabs / 30 days)	3	QL	EDARBYCLOR TAB 40-12.5 QL (30 tabs / 30 days)	3	QL
AZOR TAB 5-20MG QL (30 tabs / 30 days)	3	QL	EDARBYCLOR TAB 40-25MG QL (30 tabs / 30 days)	3	QL
AZOR TAB 5-40MG QL (30 tabs / 30 days)	3	QL	ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	2	QL
AZOR TAB 10-20MG QL (30 tabs / 30 days)	3	QL	ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	2	QL
AZOR TAB 10-40MG QL (30 tabs / 30 days)	3	QL	ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	2	QL
BENICAR HCT TAB 20-12.5 QL (30 tabs / 30 days)	3	QL	EXFORGE HCT TAB 5-160-12.5MG QL (30 tabs / 30 days)	3	QL
BENICAR HCT TAB 40-12.5 QL (30 tabs / 30 days)	3	QL	EXFORGE HCT TAB 5-160-25MG QL (30 tabs / 30 days)	3	QL
BENICAR HCT TAB 40-25MG QL (30 tabs / 30 days)	3	QL	EXFORGE HCT TAB 10-160-12.5MG QL (30 tabs / 30 days)	3	QL
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (generic of ATACAND HCT)</i> QL (60 tabs / 30 days)	1	QL	EXFORGE HCT TAB 10-160-25MG QL (30 tabs / 30 days)	3	QL
			EXFORGE HCT TAB 10-320-25MG QL (30 tabs / 30 days)	3	QL
			EXFORGE TAB 5-160MG QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
EXFORGE TAB 5-320MG QL (30 tabs / 30 days)	3	QL
EXFORGE TAB 10-160MG QL (30 tabs / 30 days)	3	QL
EXFORGE TAB 10-320MG QL (30 tabs / 30 days)	3	QL
HYZAAR TAB 50-12.5	3	
HYZAAR TAB 100-12.5	3	
HYZAAR TAB 100-25	3	
<i>irbesartan-hydrochlorothiazide</i> tab 150-12.5 mg (generic of AVALIDE) QL (60 tabs / 30 days)	1	QL
<i>irbesartan-hydrochlorothiazide</i> tab 300-12.5 mg (generic of AVALIDE) QL (30 tabs / 30 days)	1	QL
<i>losartan potassium & hydrochlorothiazide</i> tab 50-12.5 mg (generic of HYZAAR)	1	
<i>losartan potassium & hydrochlorothiazide</i> tab 100-12.5 mg (generic of HYZAAR)	1	
<i>losartan potassium & hydrochlorothiazide</i> tab 100-25 mg (generic of HYZAAR)	1	
MICARDIS HCT TAB 40/12.5 QL (30 tabs / 30 days)	3	QL
MICARDIS HCT TAB 80-25MG QL (30 tabs / 30 days)	3	QL
MICARDIS HCT TAB 80/12.5 QL (60 tabs / 30 days)	3	QL
<i>olmesartan medoxomil-hydrochlorothiazide</i> tab 20-12.5 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide</i> tab 40-12.5 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide</i> tab 40-25 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan-amlodipine-hydrochlorothiazide</i> tab 20-5-12.5 mg (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide</i> tab 40-5-12.5 mg (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide</i> tab 40-5-25 mg (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide</i> tab 40-10-12.5 mg (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide</i> tab 40-10-25 mg (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine</i> tab 40-5 mg QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine</i> tab 40-10 mg QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine</i> tab 80-5 mg QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine</i> tab 80-10 mg QL (30 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide</i> tab 40-12.5 mg (generic of MICARDIS HCT) QL (30 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide</i> tab 80-12.5 mg (generic of MICARDIS HCT) QL (60 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (generic of MICARDIS HCT) QL (30 tabs / 30 days)	1	QL	BENICAR TABS 5mg QL (60 tabs / 30 days)	3	QL
TRIBENZOR20- TAB 5-12.5MG QL (30 tabs / 30 days)	3	QL	BENICAR TABS 20mg, 40mg QL (30 tabs / 30 days)	3	QL
TRIBENZOR40- TAB 5-12.5MG QL (30 tabs / 30 days)	3	QL	<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	1	QL
TRIBENZOR40- TAB 5-25MG QL (30 tabs / 30 days)	3	QL	<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	1	QL
TRIBENZOR40- TAB 10-12.5 QL (30 tabs / 30 days)	3	QL	COZAAR TABS 25mg, 50mg, 100mg	3	
TRIBENZOR40- TAB 10-25MG QL (30 tabs / 30 days)	3	QL	DIOVAN TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	3	QL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL	DIOVAN TABS 320mg QL (30 tabs / 30 days)	3	QL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL	EDARBI TABS 40mg, 80mg QL (30 tabs / 30 days)	3	QL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL	<i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL	<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL	MICARDIS TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	3	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS			<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	QL
ATACAND TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	3	QL	<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ATACAND TABS 32mg QL (30 tabs / 30 days)	3	QL	<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
AVAPRO TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	3	QL	VALSARTAN SOLN 4mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
			<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	1	QL
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
BETAPACE TABS 80mg, 120mg, 160mg	4	NDS
BETAPACE AF TABS 80mg	3	
BETAPACE AF TABS 120mg, 160mg	4	NDS
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	3	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	3	
NORPACE CAPS 100mg, 150mg	3	
NORPACE CR CP12 100mg, 150mg	3	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12 225mg, 325mg, 425mg	1	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
RYTHMOL SR CP12 225mg, 325mg, 425mg	3	
<i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sorine</i> TABS 240mg	1	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sotalol hcl</i> TABS 240mg	1	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1	
SOTYLIZE SOLN 5mg/ml	3	

Drug Name	Drug Requirements/ Tier	Limits
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM
ANTILIPEMICS, FIBRATES		
ANTARA CAPS 90mg QL (30 caps / 30 days)	3	QL PA
<i>choline fenofibrate</i> (generic of TRILIPIX) CPDR 45mg, 135mg	1	
<i>fenofibrate</i> CAPS 50mg QL (60 caps / 30 days)	1	QL PA
<i>fenofibrate</i> CAPS 150mg QL (30 caps / 30 days)	1	QL PA
<i>fenofibrate</i> (generic of FENOGLIDE) TABS 40mg QL (60 tabs / 30 days)	1	QL PA
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1	
<i>fenofibrate</i> TABS 54mg, 160mg	1	
<i>fenofibrate</i> (generic of FENOGLIDE) TABS 120mg QL (30 tabs / 30 days)	1	QL PA
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg	1	
<i>fenofibrate micronized</i> CAPS 90mg, 130mg QL (30 caps / 30 days)	1	QL PA
FENOGLIDE TABS 40mg QL (60 tabs / 30 days)	3	QL PA
FENOGLIDE TABS 120mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1	
LIPOFEN CAPS 50mg QL (60 caps / 30 days)	3	QL PA
LIPOFEN CAPS 150mg QL (30 caps / 30 days)	3	QL PA
LOPID TABS 600mg	3	
TRICOR TABS 48mg, 145mg	3	
TRILIPIX CPDR 45mg, 135mg	3	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg, 40mg, 60mg QL (30 tabs / 30 days)	4	NDS QL ST

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
ATORVALIQ SUSP 20mg/5ml QL (600 mL / 30 days)	3	QL ST
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
CRESTOR TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)	3	QL ST
FLOLIPID SUSP 20mg/5ml, 40mg/5ml QL (300 mL / 30 days)	3	QL ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg QL (60 caps / 30 days)	1	QL ST
<i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg QL (30 tabs / 30 days)	1	QL ST
LESCOL XL TB24 80mg QL (30 tabs / 30 days)	3	QL ST
LIPITOR TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	3	QL
LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ZOCOR TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm	1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1	
COLESTID GRAN 5gm; PACK 5gm; TABS 1gm	3	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; PACK 5gm; TABS 1gm	1	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	4	NDS NM LA PA
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	4	NDS NM LA PA
LOVAZA CAP 1GM	3	PA
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	3	QL PA
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	3	QL PA
<i>niacin (antihyperlipidemic)</i> TABS 500mg	1	PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	1	QL
<i>niacor</i> TABS 500mg	1	PA
<i>omega-3-acid ethyl esters cap</i> 1 gm (generic of LOVAZA)	1	PA
<i>prevalite</i> PACK 4gm	1	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
QUESTRAN PACK 4gm; POWD 4gm/dose	3	
QUESTRAN LIGHT POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml	2	NM PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	2	NM PA
REPATHA SURECLICK SOAJ 140mg/ml	2	NM PA
VASCEPA CAPS .5gm, 1gm	2	
VYTORIN TAB 10-10MG QL (30 tabs / 30 days)	3	QL
VYTORIN TAB 10-20MG QL (30 tabs / 30 days)	3	QL
VYTORIN TAB 10-40MG QL (30 tabs / 30 days)	3	QL
VYTORIN TAB 10-80MG QL (30 tabs / 30 days)	3	QL
WELCHOL PACK 3.75gm; TABS 625mg	3	
ZETIA TABS 10mg	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab</i> 50-25 mg (generic of TENORETIC 50)	1	
<i>atenolol & chlorthalidone tab</i> 100-25 mg (generic of TENORETIC 100)	1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab 2.5-</i> <i>6.25 mg</i>	1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab 5-6.25</i> <i>mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>bisoprolol &</i> <i>hydrochlorothiazide tab 10-</i> <i>6.25 mg</i>	1	
<i>metoprolol &</i> <i>hydrochlorothiazide tab 50-25</i> <i>mg</i>	1	
<i>metoprolol &</i> <i>hydrochlorothiazide tab 100-</i> <i>25 mg</i>	1	
<i>metoprolol &</i> <i>hydrochlorothiazide tab 100-</i> <i>50 mg</i>	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
ZIAC TAB 2.5/6.25	3	
ZIAC TAB 5-6.25MG	3	
ZIAC TAB 10/6.25	3	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL
BYSTOLIC TABS 20mg QL (60 tabs / 30 days)	3	QL
<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>carvedilol phosphate</i> (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	1	QL
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	3	
COREG CR CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	3	QL
CORGARD TABS 20mg, 40mg	3	
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3	
<i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg	1	
LABETALOL HYDROCHLORIDE SOSY 10mg/2ml	3	
LOPRESSOR TABS 50mg, 100mg	3	
<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg	1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	
<i>nadolol</i> (generic of CORGARD) TABS 20mg, 40mg	1	
<i>nadolol</i> TABS 80mg	1	
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	1	QL
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1	
<i>propranolol hcl</i> SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
TENORMIN TABS 25mg, 50mg, 100mg	3	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1	

Drug Name	Drug Requirements/ Tier	Limits
CARDIZEM TABS 30mg, 60mg, 120mg	3	
CARDIZEM CD CP24 120mg	3	
CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg	4	NDS
CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1	
CONJUPRI TABS 2.5mg, 5mg QL (30 tabs / 30 days)	3	QL PA
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1	
<i>diltiazem hcl</i> (generic of CARDIZEM LA) TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release</i> <i>beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
KATERZIA SUSP 1mg/ml	3	
<i>levamlodipine maleate</i> TABS 2.5mg, 5mg QL (30 tabs / 30 days)	1	QL PA
<i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1		<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	1	
NICARDIPINE SOL 20/200ML	3		<i>amiloride hcl</i> TABS 5mg	1	
NICARDIPINE SOL 40/200ML	3		<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1		<i>bumetanide</i> (generic of BUMEX) TABS .5mg	1	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1		<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>nimodipine</i> CAPS 30mg	1		<i>dichlorphenamide</i> (generic of KEVEYIS) TABS 50mg	4	NDS NM PA
<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1		DIURIL SUSP 250mg/5ml	3	
<i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg	1		DYRENIUM CAPS 50mg, 100mg	3	
NORLIQVA SOLN 1mg/ml	3		EDECRIN TABS 25mg	4	NDS
NORVASC TABS 2.5mg, 5mg, 10mg	3		<i>ethacrynic acid</i> (generic of EDECRIN) TABS 25mg	1	
NYMALIZE SOLN 6mg/ml	4	NDS	FUROSCIX CTKT 80mg/10ml	4	NDS
PROCARDIA XL TB24 30mg, 60mg, 90mg	3		<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	1	
SULAR TB24 8.5mg, 17mg, 34mg	3		<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
<i>taztia xt</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1		<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>tiadytl er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1		<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3		<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1		KEVEYIS TABS 50mg	4	NDS NM LA PA
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1		LASIX TABS 20mg, 40mg, 80mg	3	
VERELAN CP24 120mg, 180mg, 240mg, 360mg	3		<i>methazolamide</i> TABS 25mg, 50mg	1	
VERELAN PM CP24 100mg, 200mg, 300mg	3		<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
DIURETICS			SOANZ TABS 20mg, 40mg, 60mg	3	
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1		<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	1	
ALDACTAZIDE TAB 25/25	3		THALITONE TABS 15mg	3	
			<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier Limits
<i>triamterene</i> (generic of DYRENIUM) CAPS 50mg, 100mg	1
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> (generic of MAXZIDE-25)	1
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> (generic of MAXZIDE)	1
MISCELLANEOUS	
ADRENALIN SOLN 1mg/ml	3
<i>aliskiren fumarate</i> (generic of TEKURNA) TABS 150mg, 300mg	1
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> (generic of CADUET)	1
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> (generic of CADUET)	1
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> (generic of CADUET)	1
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> (generic of CADUET)	1
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> (generic of CADUET)	1
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> (generic of CADUET)	1
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> (generic of CADUET)	1

Drug Name	Drug Requirements/ Tier Limits
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (generic of CADUET)	1
ASPRUZYO SPRINKLE PACK 500mg, 1000mg	3 PA
BIDIL TAB	3
CADUET TAB 5-10MG	3
CADUET TAB 5-20MG	3
CADUET TAB 5-40MG	3
CADUET TAB 5-80MG	3
CADUET TAB 10-10MG	3
CADUET TAB 10-20MG	3
CADUET TAB 10-40MG	3
CADUET TAB 10-80MG	3
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg QL (30 caps / 30 days)	4 NDS QL NM LA PA
<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1
<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1
<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	2 QL
CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)	2 QL
DEMSEER CAPS 250mg	4 NDS PA
DIBENZYLIN CAPS 10mg	4 NDS PA
<i>digoxin</i> SOLN .05mg/ml	1
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg	1
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1 QL
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	4 NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	4	NDS QL NM PA
<i>epinephrine (anaphylaxis)</i> (generic of ADRENALIN) SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg PA if 70 years and older	2	PA
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> (generic of BIDIL)	1	
LANOXIN SOLN .25mg/ml; TABS 62.5mcg	3	
LANOXIN TABS 125mcg, 250mcg QL (30 tabs / 30 days)	3	QL
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
<i>metirosine</i> (generic of DEMSER) CAPS 250mg	4	NDS PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
NORTHERA CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM LA PA
NORTHERA CAPS 200mg, 300mg QL (180 caps / 30 days)	4	NDS QL NM LA PA
<i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg	4	NDS PA
<i>ranolazine</i> TB12 500mg, 1000mg	1	
TEKTURNA TABS 150mg, 300mg	3	
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	2	QL
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
VYNDAQEL CAPS 20mg QL (120 caps / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
NITRATES		
ISORDIL TITRADOSE TABS 5mg	3	
ISORDIL TITRADOSE TABS 40mg	4	NDS PA
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	1	
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	1	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 40mg	1	PA
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	4	NDS
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
<i>nitroglycerin</i> (generic of NITROLINGUAL PUMPSPRAY) SOLN .4mg/spray	1	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
NITROLINGUAL PUMPSPRAY SOLN .4mg/spray	3	
NITROSTAT SUBL .3mg, .4mg, .6mg	3	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
<i>alyq</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>ambriasantan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
<i>epoprostenol sodium</i> (generic of FLOLAN) SOLR .5mg, 1.5mg	4	NDS B/D NM LA
FLOLAN SOLR .5mg, 1.5mg	4	NDS B/D NM LA
LETAIRIS TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
LIQREV SUSP 10mg/ml QL (244 mL / 30 days)	4	NDS QL NM PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	4	NDS NM LA PA
ORENITRAM TBCR .125mg	3	NM LA PA
ORENITRAM TAB MONTH 1	4	NDS NM LA PA
ORENITRAM TAB MONTH 2	4	NDS NM LA PA
ORENITRAM TAB MONTH 3	4	NDS NM LA PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM LA PA
REVATIO SOLN 10mg/12.5ml	4	NDS NM PA
REVATIO SUSR 10mg/ml QL (784 mL / 30 days)	4	NDS QL NM PA
REVATIO TABS 20mg QL (360 tabs / 30 days)	4	NDS QL NM PA
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) SOLN 10mg/12.5ml	4	NDS NM PA
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) SUSR 10mg/ml QL (784 mL / 30 days)	4	NDS QL NM PA
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tadalafil</i> (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
TADLIQ SUSP 20mg/5ml QL (300 mL / 30 days)	4	NDS QL NM PA
TRACLEER TABS 62.5mg, 125mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
TRACLEER TBSO 32mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM LA PA
TYVASO SOLN .6mg/ml	4	NDS NM LA PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg QL (112 cartridges / 28 days)	4	NDS QL NM LA PA
TYVASO DPI POW 16-32-48 QL (252 cartridges / 28 days)	4	NDS QL NM LA PA
TYVASO DPI POW 16- 32MCG QL (196 cartridges / 28 days)	4	NDS QL NM LA PA
TYVASO DPI POW 32- 48MCG QL (224 cartridges / 28 days)	4	NDS QL NM LA PA
UPTRAVI SOLR 1800mcg	4	NDS NM LA PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	4	NDS QL NM LA PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	4	NDS QL NM LA PA
VELETRI SOLR .5mg, 1.5mg	4	NDS B/D NM LA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
CENTRAL NERVOUS SYSTEM ANTI-ANXIETY					
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL	<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<i>alprazolam</i> (generic of XANAX XR) TB24 2mg, 3mg QL (90 tabs / 30 days) PA if 65 years and older	1	QL PA	LOREEV XR CS24 1mg, 1.5mg, 2mg QL (150 caps / 30 days) PA if 65 years and older	3	QL PA
<i>alprazolam</i> (generic of XANAX XR) TB24 .5mg, 1mg QL (150 tabs / 30 days) PA if 65 years and older	1	QL PA	LOREEV XR CS24 3mg QL (90 caps / 30 days) PA if 65 years and older	3	QL PA
<i>alprazolam</i> TBDP .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL	<i>oxazepam</i> CAPS 10mg, 15mg, 30mg QL (120 caps / 30 days) PA if 65 years and older	1	QL PA
<i>alprazolam</i> TBDP .25mg QL (120 tabs / 30 days)	1	QL	XANAX TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	3	QL
ALPRAZOLAM INTENSOL CONC 1mg/ml QL (300 mL / 30 days)	3	QL	XANAX XR TB24 2mg, 3mg QL (90 tabs / 30 days) PA if 65 years and older	3	QL PA
ATIVAN SOLN 2mg/ml, 4mg/ml	3		XANAX XR TB24 .5mg, 1mg QL (150 tabs / 30 days) PA if 65 years and older	3	QL PA
ATIVAN TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	4	NDS QL	ANTIDEMENTIA		
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1		ADLARITY PTWK 5mg/day, 10mg/day QL (4 patches / 28 days)	3	QL PA
<i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg QL (120 caps / 30 days) PA if 65 years and older	1	QL PA	ARICEPT TABS 5mg QL (30 tabs / 30 days)	3	QL
<i>fluvoxamine maleate</i> CP24 100mg, 150mg QL (60 caps / 30 days)	1	QL	ARICEPT TABS 10mg, 23mg	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1		<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL	<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg, 23mg	1	
<i>lorazepam</i> (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml	1		<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	1	QL
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL	<i>donepezil hydrochloride</i> TBDP 10mg	1	
			EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	1	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	1	QL
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	1	QL
<i>memantine hcl</i> (generic of NAMENDA XR) CP24 7mg, 14mg, 21mg, 28mg PA applies if 29 years and younger	1	PA
<i>memantine hcl</i> SOLN 2mg/ml PA applies if 29 years and younger	1	PA
<i>memantine hcl</i> (generic of NAMENDA) TABS 5mg, 10mg PA applies if 29 years and younger	1	PA
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> (generic of NAMENDA TITRATION PAK) PA applies if 29 years and younger	1	PA
NAMENDA TABS 5mg, 10mg PA applies if 29 years and younger	3	PA
NAMENDA TAB 5-10MG PA applies if 29 years and younger	3	PA
NAMENDA XR CP24 7mg, 14mg, 21mg, 28mg PA applies if 29 years and younger	3	PA
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
NAMZARIC CAP PACK	3	
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	1	QL
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2	
ANAFRANIL CAPS 25mg, 50mg, 75mg	4	NDS PA
APLENZIN TB24 174mg QL (60 tabs / 30 days)	4	NDS QL PA
APLENZIN TB24 348mg, 522mg QL (30 tabs / 30 days)	4	NDS QL PA
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	3	QL PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	1	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	1	QL
<i>bupropion hcl</i> TB24 450mg QL (30 tabs / 30 days)	1	QL PA
CELEXA TABS 10mg, 20mg, 40mg	3	
CITALOPRAM HYDROBROMIDE CAPS 30mg QL (30 caps / 30 days)	3	QL PA
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
CYMBALTA CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	3	QL	<i>fluoxetine hcl</i> SOLN 20mg/5ml	1	
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	3		<i>fluoxetine hcl</i> TABS 10mg QL (30 tabs / 30 days)	1	QL PA
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3		<i>fluoxetine hcl</i> TABS 20mg QL (120 tabs / 30 days)	1	QL PA
DESVENLAFAXINE ER TB24 50mg, 100mg QL (30 tabs / 30 days)	3	QL PA	<i>fluoxetine hcl</i> (generic of FLUOXETINE HYDROCHLORIDE) TABS 60mg QL (30 tabs / 30 days)	1	QL PA
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL PA	<i>fluoxetine hcl (p added)</i> TABS 10mg QL (30 tabs / 30 days) (generic of SARAFEM)	1	QL PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	2		<i>fluoxetine hcl (p added)</i> TABS 20mg QL (120 tabs / 30 days) (generic of SARAFEM)	1	QL PA
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	1	QL	FLUOXETINE HYDROCHLORIDE TABS 60mg QL (30 tabs / 30 days)	3	QL PA
<i>duloxetine hcl</i> CPEP 40mg QL (60 caps / 30 days)	1	QL	FORFIVO XL TB24 450mg QL (30 tabs / 30 days)	3	QL PA
EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3		<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	4	NDS QL PA	<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	3	
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1		LEXAPRO TABS 5mg, 10mg, 20mg	3	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1		MARPLAN TABS 10mg QL (180 tabs / 30 days)	3	QL
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA	<i>mirtazapine</i> TABS 7.5mg, 45mg	1	
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	3	QL PA	<i>mirtazapine</i> (generic of REMERNON) TABS 15mg, 30mg	1	
FETZIMA CAP TITRATIO QL (2 packs / year)	3	QL PA	<i>mirtazapine</i> (generic of REMERNON SOLTAB) TBP 15mg, 30mg, 45mg	1	
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1		NARDIL TABS 15mg	3	
<i>fluoxetine hcl</i> CPDR 90mg QL (4 caps / 28 days)	1	QL	<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
			NORPRAMIN TABS 10mg, 25mg	3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1		PROZAC CAPS 40mg	4	NDS
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3		REMERON TABS 15mg, 30mg	3	
PAMELOR CAPS 10mg, 25mg, 50mg, 75mg	4	NDS	REMERON SOLTAB TBDP 15mg, 30mg, 45mg	3	
PARNATE TABS 10mg	4	NDS	<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>paroxetine hcl</i> (generic of PAXIL) SUSP 10mg/5ml QL (900 mL / 30 days)	3	QL PA	SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg QL (30 caps / 30 days)	3	QL PA
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1		SPRAVATO SOL 56MG DOS	4	NDS NM LA PA
<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	3	QL	SPRAVATO SOL 84MG DOS	4	NDS NM LA PA
PAXIL SUSP 10mg/5ml QL (900 mL / 30 days)	3	QL PA	<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	
PAXIL TABS 10mg, 20mg, 30mg, 40mg	3		<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	
PAXIL CR TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	3	QL	<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	3	QL
<i>perphenazine-amitriptyline tab</i> 2-10 mg PA if 70 years and older	2	PA	<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	3	QL
<i>perphenazine-amitriptyline tab</i> 2-25 mg PA if 70 years and older	2	PA	TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	3	QL
<i>perphenazine-amitriptyline tab</i> 4-10 mg PA if 70 years and older	2	PA	VENLAFAXINE BESYLATE ER TB24 112.5mg QL (30 tabs / 30 days)	3	QL PA
<i>perphenazine-amitriptyline tab</i> 4-25 mg PA if 70 years and older	2	PA	<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1	
<i>perphenazine-amitriptyline tab</i> 4-50 mg PA if 70 years and older	2	PA	<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 37.5mg, 75mg, 150mg	1	
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1		<i>venlafaxine hcl</i> TB24 225mg QL (30 tabs / 30 days)	1	QL PA
PRISTIQ TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL PA	VIIIBRYD TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
<i>protriptyline hcl</i> TABS 5mg, 10mg	3		VIIIBRYD KIT STARTER QL (2 starter packs / year)	3	QL
PROZAC CAPS 10mg, 20mg	3				

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL	<i>carbidopa & levodopa tab 25-100 mg</i> (generic of SINEMET)	1	
WELLBUTRIN SR TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	3	QL PA	<i>carbidopa & levodopa tab 25-250 mg</i>	1	
WELLBUTRIN XL TB24 150mg QL (60 tabs / 30 days)	4	NDS QL PA	<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
WELLBUTRIN XL TB24 300mg QL (30 tabs / 30 days)	4	NDS QL PA	<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	3		<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> (generic of STALEVO 50)	1	
ANTIPARKINSONIAN AGENTS			<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> (generic of STALEVO 75)	1	
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	1	QL	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> (generic of STALEVO 100)	1	
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1		<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> (generic of STALEVO 125)	1	
APOKYN SOCT 30mg/3ml QL (20 cartridges / 30 days)	4	NDS QL NM LA PA	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> (generic of STALEVO 150)	1	
<i>apomorphine hydrochloride</i> SOCT 30mg/3ml QL (20 cartridges / 30 days)	4	NDS QL NM PA	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> (generic of STALEVO 200)	1	
AZILECT TABS .5mg, 1mg QL (30 tabs / 30 days)	4	NDS QL	COMTAN TABS 200mg	3	
<i>benztropine mesylate</i> SOLN 1mg/ml	1		DHIVY TAB 25-100MG	3	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA if 70 years and older	1	PA	DUOPA SUS 4.63-20	4	NDS B/D NM LA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1		<i>entacapone</i> (generic of COMTAN) TABS 200mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1		GOCOVRI CP24 68.5mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
<i>carb/levo orally disintegrating tab 25-100mg</i>	1		GOCOVRI CP24 137mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
<i>carb/levo orally disintegrating tab 25-250mg</i>	1		INBRIJA CAPS 42mg QL (300 caps / 30 days)	4	NDS QL NM LA PA
<i>carbidopa</i> (generic of LODOSYN) TABS 25mg	1		LODOSYN TABS 25mg	4	NDS
<i>carbidopa & levodopa tab 10-100 mg</i> (generic of SINEMET)	1		MIRAPEX ER TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	3	

Drug Name	Drug Requirements/ Tier	Limits
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3	
NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days)	4	NDS QL NM LA
ONGENTYS CAPS 25mg, 50mg QL (30 caps / 30 days)	3	QL PA
OSMOLEX ER TB24 129mg, 193mg QL (30 tabs / 30 days)	3	QL NM LA PA
PARLODEL CAPS 5mg; TABS 2.5mg	3	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX ER) TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	1	QL
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1	
RYTARY CAP 95MG	3	ST
RYTARY CAP 145MG	3	ST
RYTARY CAP 195MG	3	ST
RYTARY CAP 245MG	3	ST
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml PA if 70 years and older	2	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA if 70 years and older	1	PA
XADAGO TABS 50mg, 100mg	4	NDS
ZELAPAR TBDP 1.25mg	4	NDS
ANTIPSYCHOTICS		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	QL
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	4	NDS QL PA
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	4	NDS QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	4	NDS QL
ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	NDS QL PA
ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	1	QL
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	1	QL
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	1	QL
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	4	NDS QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	4	NDS QL
ARISTADA INITIO PRSY 675mg/2.4ml	4	NDS

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL	GEODON CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	4	NDS QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	4	NDS QL	GEODON SOLR 20mg QL (6 injections / 3 days)	3	QL
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1		HALDOL DECANOATE 100 SOLN 100mg/ml	3	
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg	1		<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	1	QL	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (120 tabs / 30 days)	1	QL	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA	<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	1	QL PA	INVEGA TB24 3mg, 9mg QL (30 tabs / 30 days)	3	QL
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	1	QL PA	INVEGA TB24 6mg QL (60 tabs / 30 days)	3	QL
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	4	NDS QL PA	INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	4	NDS QL
CLOZARIL TABS 25mg, 50mg	3		INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	3	QL
CLOZARIL TABS 100mg QL (270 tabs / 30 days)	4	NDS QL	INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	4	NDS QL
CLOZARIL TABS 200mg QL (120 tabs / 30 days)	4	NDS QL	INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	4	NDS QL
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	4	NDS QL PA	LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	4	NDS QL
FANAPT PAK QL (2 packs / year)	3	QL PA	LATUDA TABS 80mg QL (60 tabs / 30 days)	4	NDS QL
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1		<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1				

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	1	QL	<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	1	QL	PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	4	NDS QL
LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	4	NDS QL PA	<i>pimozide</i> TABS 1mg, 2mg	1	
LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	4	NDS QL PA	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	1	QL
LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	4	NDS QL PA	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL
LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	4	NDS QL PA	<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	1	QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1		<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	1	QL
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	4	NDS QL NM LA PA	<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	1	QL PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	1	QL PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	1	QL	REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	4	NDS QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL	REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	4	NDS QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL	RISPERDAL SOLN 1mg/ml QL (240 mL / 30 days)	3	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL	RISPERDAL TABS .5mg, 1mg, 2mg, 3mg, 4mg	3	
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	1	QL	RISPERDAL CONSTA SRER 12.5mg, 25mg QL (2 injections / 28 days)	3	QL
<i>paliperidone</i> (generic of INVEGA) TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	1	QL	RISPERDAL CONSTA SRER 37.5mg, 50mg QL (2 injections / 28 days)	4	NDS QL
<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	1	QL	<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TABS .25mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL
QL (60 tabs / 30 days)		
<i>risperidone</i> TBDP 4mg	1	QL
QL (120 tabs / 30 days)		
<i>risperidone</i> TBDP .25mg, .5mg	1	QL
QL (90 tabs / 30 days)		
SAPHRIS SUBL 2.5mg, 5mg, 10mg	4	NDS QL
QL (60 tabs / 30 days)		
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	4	NDS QL
QL (30 patches / 30 days)		
SEROQUEL TABS 25mg	3	QL
QL (180 tabs / 30 days)		
SEROQUEL TABS 50mg, 100mg, 200mg	3	QL
QL (90 tabs / 30 days)		
SEROQUEL TABS 300mg	3	QL
QL (60 tabs / 30 days)		
SEROQUEL TABS 400mg	4	NDS QL
QL (60 tabs / 30 days)		
SEROQUEL XR TB24 50mg, 300mg, 400mg	3	QL PA
QL (60 tabs / 30 days)		
SEROQUEL XR TB24 150mg, 200mg	3	QL PA
QL (30 tabs / 30 days)		
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml	4	NDS QL PA
QL (1 syringe / 30 days)		
UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml	4	NDS QL PA
QL (1 syringe / 60 days)		

Drug Name	Drug Requirements/ Tier	Limits
VERSACLOZ SUSP 50mg/ml	4	NDS QL PA
QL (600 mL / 30 days)		
VRAYLAR CAPS 1.5mg	4	NDS QL
QL (60 caps / 30 days)		
VRAYLAR CAPS 3mg, 4.5mg, 6mg	4	NDS QL
QL (30 caps / 30 days)		
VRAYLAR CAP 1.5-3MG	3	QL
QL (2 packs / year)		
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg	1	QL
QL (60 caps / 30 days)		
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg	1	QL
QL (6 injections / 3 days)		
ZYPREXA SOLR 10mg	3	QL
QL (3 vials / 1 day)		
ZYPREXA TABS 2.5mg, 5mg, 10mg	3	QL
QL (60 tabs / 30 days)		
ZYPREXA TABS 7.5mg	3	QL
QL (30 tabs / 30 days)		
ZYPREXA TABS 15mg, 20mg	4	NDS QL
QL (30 tabs / 30 days)		
ZYPREXA RELPREVV SUSR 210mg, 300mg	4	NDS QL NM PA
QL (2 vials / 28 days)		
ZYPREXA RELPREVV SUSR 405mg	4	NDS QL NM PA
QL (1 vial / 28 days)		
ZYPREXA ZYDIS TBDP 5mg	3	QL
QL (30 tabs / 30 days)		
ZYPREXA ZYDIS TBDP 10mg	3	QL
QL (60 tabs / 30 days)		
ZYPREXA ZYDIS TBDP 15mg, 20mg	4	NDS QL
QL (30 tabs / 30 days)		
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	4	NDS QL
QL (30 tabs / 30 days)		
APTIOM TABS 600mg, 800mg	4	NDS QL
QL (60 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
BANZEL SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
BANZEL TABS 200mg QL (480 tabs / 30 days)	4	NDS QL PA
BANZEL TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	4	NDS QL PA
BRIVIACT SOLN 50mg/5ml	3	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>carbamazepine</i> CHEW 100mg	1	
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1	
CARBATROL CP12 100mg, 200mg, 300mg	3	
CELONTIN CAPS 300mg	3	
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	1	QL PA
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL PA
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
DEPAKOTE TBEC 125mg, 250mg, 500mg	3	
DEPAKOTE ER TB24 250mg, 500mg	3	
DEPAKOTE SPRINKLES CSDR 125mg	3	
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	4	NDS QL NM LA PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	4	NDS QL NM LA PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	4	NDS QL NM LA PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
DIASTAT ACUDIAL GEL 10mg, 20mg	3	
DIASTAT PEDIATRIC GEL 2.5mg	3	
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	1	QL PA
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	1	QL PA
<i>diazepam (anticonvulsant)</i> GEL 2.5mg	1	
<i>diazepam (anticonvulsant)</i> (generic of DIASTAT ACUDIAL) GEL 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	1	QL PA
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	

Drug Name	Drug Requirements/ Tier	Limits
DILANTIN-125 SUSP 125mg/5ml	3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	4	NDS QL NM LA PA
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	1	
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	3	QL PA
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> (generic of FELBATOL) SUSP 600mg/5ml	4	NDS
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
FELBATOL SUSP 600mg/5ml; TABS 400mg, 600mg	4	NDS
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	4	NDS QL NM LA PA
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	4	NDS QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	3	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	4	NDS
KEPPRA TABS 250mg	3	
KEPPRA XR TB24 500mg, 750mg	4	NDS
KLONOPIN TABS 2mg QL (300 tabs / 30 days)	3	QL
KLONOPIN TABS .5mg, 1mg QL (90 tabs / 30 days)	3	QL
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	1	
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	1	QL
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	4	NDS
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	4	NDS
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	4	NDS
LAMICTAL ODT KIT BLUE	3	
LAMICTAL ODT KIT GREEN	3	
LAMICTAL ODT KIT ORANGE	3	
LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg	3	
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	3	
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	3	
LAMICTAL XR TB24 25mg	3	

Drug Name	Drug Requirements/ Tier	Limits
LAMICTAL XR TB24 50mg, 100mg, 200mg, 250mg, 300mg	4	NDS
LAMICTAL XR KIT	3	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1	
<i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBP 25mg, 50mg, 100mg, 200mg	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	1	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	1	
LEVETIRACETA INJ 5MG/ML	3	
LEVETIRACETA INJ 10MG/ML	3	
LEVETIRACETA INJ 15MG/ML	3	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL PA
LYRICA CAPS 200mg QL (90 caps / 30 days)	3	QL PA
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	3	QL PA
LYRICA SOLN 20mg/ml QL (900 mL / 30 days)	3	QL PA
<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	1	
MYSOLINE TABS 50mg, 250mg	4	NDS
NAYZILAM SOLN 5mg/0.1ml	3	
NEURONTIN CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	3	QL
NEURONTIN SOLN 250mg/5ml QL (2160 mL / 30 days)	3	QL
NEURONTIN TABS 600mg QL (180 tabs / 30 days)	4	NDS QL
NEURONTIN TABS 800mg QL (120 tabs / 30 days)	4	NDS QL
ONFI SUSP 2.5mg/ml QL (480 mL / 30 days)	4	NDS QL PA
ONFI TABS 10mg, 20mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	

Drug Name	Drug Requirements/ Tier	Limits
OXTELLAR XR TB24 150mg, 300mg	3	
OXTELLAR XR TB24 600mg	4	NDS
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA if 70 years and older	3	QL PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA if 70 years and older	2	QL PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	3	PA
PHENYTEK CAPS 200mg, 300mg	3	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1	
<i>phenytoin sodium extended</i> (generic of PHENYTEK) CAPS 200mg, 300mg	1	
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	1	QL PA
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	1	QL PA
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	1	QL PA
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	1	QL PA
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>primidone</i> TABS 125mg	1	
QUDEXY XR CS24 25mg QL (480 caps / 30 days)	3	QL PA
QUDEXY XR CS24 50mg QL (240 caps / 30 days)	3	QL PA
QUDEXY XR CS24 100mg QL (120 caps / 30 days)	3	QL PA
QUDEXY XR CS24 150mg, 200mg QL (60 caps / 30 days)	4	NDS QL PA
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	1	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	1	QL PA
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA
SABRIL PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
SABRIL TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	3	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	3	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	3	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	3	QL
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
<i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
<i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)	1	
<i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	4	NDS QL PA	<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	
TEGRETOL SUSP 100mg/5ml; TABS 200mg	3		TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	4	NDS
TEGRETOL-XR TB12 100mg, 200mg, 400mg	3		TRILEPTAL TABS 150mg	3	
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1		TROKENDI XR CP24 25mg QL (480 caps / 30 days)	3	QL PA
TOPAMAX TABS 25mg	3		TROKENDI XR CP24 50mg QL (240 caps / 30 days)	3	QL PA
TOPAMAX TABS 50mg, 100mg, 200mg	4	NDS	TROKENDI XR CP24 100mg QL (120 caps / 30 days)	4	NDS QL PA
TOPAMAX SPRINKLE CPSP 15mg	3		TROKENDI XR CP24 200mg QL (60 caps / 30 days)	4	NDS QL PA
TOPAMAX SPRINKLE CPSP 25mg	4	NDS	VALIUM TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	3	QL PA
<i>topiramate</i> (generic of TROKENDI XR) CP24 25mg QL (480 caps / 30 days)	1	QL PA	<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>topiramate</i> (generic of TROKENDI XR) CP24 50mg QL (240 caps / 30 days)	1	QL PA	<i>valproic acid</i> CAPS 250mg	1	
<i>topiramate</i> (generic of TROKENDI XR) CP24 100mg QL (120 caps / 30 days)	4	NDS QL PA	VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	3	
<i>topiramate</i> (generic of TROKENDI XR) CP24 200mg QL (60 caps / 30 days)	4	NDS QL PA	VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	3	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1		VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	3	
<i>topiramate</i> (generic of QUDEXY XR) CS24 25mg QL (480 caps / 30 days)	1	QL PA	VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	3	
<i>topiramate</i> (generic of QUDEXY XR) CS24 50mg QL (240 caps / 30 days)	1	QL PA	<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
<i>topiramate</i> (generic of QUDEXY XR) CS24 100mg QL (120 caps / 30 days)	1	QL PA	<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
<i>topiramate</i> (generic of QUDEXY XR) CS24 150mg, 200mg QL (60 caps / 30 days)	4	NDS QL PA	<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
			<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
			VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
VIMPAT SOLN 200mg/20ml	3		ADDERALL TAB 20MG	3	QL PA
VIMPAT TABS 50mg QL (120 tabs / 30 days)	3	QL	QL (90 tabs / 30 days)		
VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL	ADDERALL TAB 30MG	3	QL PA
XCOPRI TABS 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL	QL (60 tabs / 30 days)		
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL	ADDERALL XR CAP 5MG	3	QL PA
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	3	QL	QL (30 caps / 30 days)		
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	4	NDS QL	ADDERALL XR CAP 10MG	3	QL PA
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	4	NDS QL	QL (30 caps / 30 days)		
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	4	NDS QL	ADDERALL XR CAP 15MG	3	QL PA
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	4	NDS QL	QL (30 caps / 30 days)		
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3		ADDERALL XR CAP 20MG	3	QL PA
ZONEGRAN CAPS 25mg, 100mg	4	NDS	QL (30 caps / 30 days)		
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	4	NDS QL PA	ADDERALL XR CAP 25MG	3	QL PA
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1		QL (30 caps / 30 days)		
<i>zonisamide</i> CAPS 50mg	1		ADDERALL XR CAP 30MG	3	QL PA
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	4	NDS QL NM LA PA	QL (30 caps / 30 days)		
ATTENTION DEFICIT HYPERACTIVITY DISORDER					
ADDERALL TAB 5MG QL (60 tabs / 30 days)	3	QL PA	ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 7.5MG QL (60 tabs / 30 days)	3	QL PA	ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days)	3	QL PA
ADDERALL TAB 10MG QL (60 tabs / 30 days)	3	QL PA	<i>amphetamine- dextroamphetamine cap er</i> 24hr 5 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
ADDERALL TAB 12.5MG QL (60 tabs / 30 days)	3	QL PA	<i>amphetamine- dextroamphetamine cap er</i> 24hr 10 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
ADDERALL TAB 15MG QL (60 tabs / 30 days)	3	QL PA	<i>amphetamine- dextroamphetamine cap er</i> 24hr 15 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
			<i>amphetamine- dextroamphetamine cap er</i> 24hr 20 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
			<i>amphetamine- dextroamphetamine cap er</i> 24hr 25 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA	<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	1	QL
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	AZSTARYS CAP 26.1-5.2 QL (30 caps / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	AZSTARYS CAP 39.2-7.8 QL (30 caps / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	AZSTARYS CAP 52.3-10. QL (30 caps / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	CONCERTA TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	CONCERTA TBCR 54mg QL (30 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	1	QL PA	COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg QL (60 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	3	QL PA
APTENSIO XR CP24 10mg, 15mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA	DEXEDRINE CP24 10mg QL (150 caps / 30 days)	4	NDS QL PA
APTENSIO XR CP24 40mg, 50mg, 60mg QL (30 caps / 30 days)	3	QL PA	DEXEDRINE CP24 15mg QL (120 caps / 30 days)	4	NDS QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	1	QL	<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	1	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days)	1	QL	<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	1	QL PA
			<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	1	QL PA
			<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	1	QL PA
			<i>dextroamphetamine sulfate</i> CP24 5mg QL (150 caps / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 10mg QL (150 caps / 30 days)	1	QL PA	INTUNIV TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	3	QL PA
<i>dextroamphetamine sulfate</i> CP24 15mg QL (120 caps / 30 days)	1	QL PA	INTUNIV TB24 3mg QL (60 tabs / 30 days) PA if 70 years and older	3	QL PA
<i>dextroamphetamine sulfate</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA	JORNAY PM CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
<i>dextroamphetamine sulfate</i> TABS 15mg QL (120 tabs / 30 days)	1	QL PA	JORNAY PM CP24 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL PA
<i>dextroamphetamine sulfate</i> TABS 20mg QL (90 tabs / 30 days)	1	QL PA	<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> TABS 30mg QL (60 tabs / 30 days)	1	QL PA	<i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	1	QL PA
DYANAVEL XR CHER 5mg QL (60 tabs / 30 days)	3	QL PA	<i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	1	QL PA
DYANAVEL XR CHER 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL PA	<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	1	QL PA
DYANAVEL XR SUER 2.5mg/ml QL (240 mL / 30 days)	3	QL PA	METHYLIN SOLN 5mg/5ml QL (1800 mL / 30 days)	3	QL PA
FOCALIN TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL PA	METHYLIN SOLN 10mg/5ml QL (900 mL / 30 days)	3	QL PA
FOCALIN TABS 10mg QL (60 tabs / 30 days)	3	QL PA	<i>methylphenidate</i> (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	1	QL PA
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> (generic of APTENSIO XR) CP24 10mg, 15mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	2	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA if 70 years and older	2	QL PA			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days)	1	QL PA	MYDAYIS CAP 12.5MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of APTENSIO XR) CP24 40mg, 50mg, 60mg QL (30 caps / 30 days)	1	QL PA	MYDAYIS CAP 25MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> CP24 60mg; CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	1	QL PA	MYDAYIS CAP 37.5MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA	MYDAYIS CAP 50MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL PA	QELBREE CP24 100mg QL (120 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL PA	QELBREE CP24 150mg QL (60 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA	QELBREE CP24 200mg QL (90 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL PA	QUILLICHEW ER CHER 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA	QUILLICHEW ER CHER 40mg QL (30 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TB24 54mg QL (30 tabs / 30 days)	1	QL PA	QUILLIVANT XR SRER 25mg/5ml QL (360 mL / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	1	QL PA	RELEXXII TBCR 45mg, 63mg, 72mg QL (30 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA	RITALIN TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 54mg QL (30 tabs / 30 days)	1	QL PA	RITALIN TABS 20mg QL (90 tabs / 30 days)	3	QL PA
METHYLPHENIDATE HYDROCHLO TBCR 45mg, 63mg, 72mg QL (30 tabs / 30 days)	3	QL PA	RITALIN LA CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
			RITALIN LA CP24 40mg QL (30 caps / 30 days)	3	QL PA
			STRATTERA CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	3	QL
			STRATTERA CAPS 40mg QL (60 caps / 30 days)	3	QL
			STRATTERA CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL
			VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	3	QL PA	<i>estazolam</i> TABS 1mg, 2mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA	<i>eszopiclone</i> (generic of LUNESTA) TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	3	QL PA	HALCION TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr QL (30 patches / 30 days)	3	QL PA	HETLIOZ CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
<i>zenzedi</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA	HETLIOZ LQ SUSP 4mg/ml QL (158 ml / 30 days)	4	NDS QL NM LA PA
<i>zenzedi</i> TABS 15mg QL (120 tabs / 30 days)	1	QL PA	LUNESTA TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
<i>zenzedi</i> TABS 20mg QL (90 tabs / 30 days)	1	QL PA	QUVIVIQ TABS 25mg, 50mg QL (30 tabs / 30 days)	3	QL
<i>zenzedi</i> TABS 30mg QL (60 tabs / 30 days)	1	QL PA	<i>ramelteon</i> (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	1	QL
HYPNOTICS			RESTORIL CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA if 65 years and older	4	NDS QL PA
AMBIEN TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA	RESTORIL CAPS 15mg QL (60 caps / 30 days) PA if 65 years and older	4	NDS QL PA
AMBIEN CR TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA	ROZEREM TABS 8mg QL (30 tabs / 30 days)	3	QL
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL	SILENOR TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL	<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM PA
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL			
EDLUAR SUBL 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA			

Drug Name	Drug Requirements/ Tier	Limits
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA if 65 years and older	1	QL PA
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA if 65 years and older	1	QL PA
<i>triazolam</i> (generic of HALCION) TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>triazolam</i> TABS .125mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>zaleplon</i> CAPS 5mg QL (30 caps / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
<i>zaleplon</i> CAPS 10mg QL (60 caps / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
ZOLPIDEM TARTRATE CAPS 7.5mg QL (30 caps / 30 days)	3	QL PA
<i>zolpidem tartrate</i> SUBL 1.75mg, 3.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>zolpidem tartrate</i> (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA
AJOVY SOAJ 225mg/1.5ml QL (3 pens / 90 days)	3	QL NM PA
AJOVY SOSY 225mg/1.5ml QL (3 syringes / 90 days)	3	QL NM PA
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	1	QL
CAMBIA PACK 50mg QL (9 packets / 30 days)	4	NDS QL PA
<i>diclofenac potassium (migraine)</i> (generic of CAMBIA) PACK 50mg QL (9 packets / 30 days)	1	QL PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	4	NDS
<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days)	4	NDS QL PA
<i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg QL (12 tabs / 30 days)	1	QL
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	3	QL NM PA
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	4	NDS QL NM PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	3	QL NM PA
<i>ergotamine w/ caffeine tab 1-100 mg</i> QL (40 tabs / 28 days)	1	QL PA
FROVA TABS 2.5mg QL (18 tabs / 30 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
<i>frovatriptan succinate</i> (generic of FROVA) TABS 2.5mg QL (18 tabs / 30 days)	1	QL
IMITREX SOLN 5mg/act QL (24 units / 30 days)	3	QL
IMITREX SOLN 20mg/act QL (12 units / 30 days)	3	QL
IMITREX TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	3	QL
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL
IMITREX STATDOSE REFILL SOCT 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL
IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
MAXALT TABS 10mg QL (18 tabs / 30 days)	3	QL
MAXALT-MLT TBDP 10mg QL (18 tabs / 30 days)	3	QL
<i>migergot</i> QL (20 suppositories / 28 days)	4	NDS QL PA
MIGRANAL SOLN 4mg/ml QL (8 mL / 30 days)	4	NDS QL PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	1	QL
NURTEC TBDP 75mg QL (16 tabs / 30 days)	2	QL PA
ONZETRA XSAIL EXHP 11mg/nosepc QL (16 nosepieces / 30 days)	4	NDS QL ST
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	2	QL PA

Drug Name	Drug Requirements/ Tier	Limits
RELPAK TABS 20mg QL (12 tabs / 30 days)	3	QL
RELPAK TABS 40mg QL (12 tabs / 30 days)	4	NDS QL
REYVOW TABS 50mg QL (4 tabs / 30 days)	3	QL PA
REYVOW TABS 100mg QL (8 tabs / 30 days)	3	QL PA
<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	1	QL
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	1	QL
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	1	QL
<i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act QL (24 units / 30 days)	1	QL
<i>sumatriptan</i> (generic of IMITREX) SOLN 20mg/act QL (12 units / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml QL (18 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 4mg/0.5ml QL (18 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL
<i>sumatriptan-naproxen sodium tab 85-500 mg</i> (generic of TREXIMET) QL (9 tabs / 30 days)	1	QL PA
TOSYMRA SOLN 10mg/act QL (18 units / 30 days)	3	QL ST
TREXIMET TAB 85-500MG QL (9 tabs / 30 days)	4	NDS QL PA
TRUDHESA AERS .725mg/act QL (12 inhalers / 28 days)	4	NDS QL PA
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	2	QL PA
VYEPTI SOLN 100mg/ml QL (3 vials / 90 days)	4	NDS QL NM LA PA
ZAVZPRET SOLN 10mg/act QL (6 nasal units / 21 days)	4	NDS QL PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days)	4	NDS QL ST
<i>zolmitriptan</i> SOLN 2.5mg QL (12 units / 30 days)	1	QL
<i>zolmitriptan</i> (generic of ZOMIG) SOLN 5mg QL (12 units / 30 days)	1	QL
<i>zolmitriptan</i> (generic of ZOMIG) TABS 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
<i>zolmitriptan</i> TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
ZOMIG SOLN 2.5mg, 5mg QL (12 units / 30 days)	3	QL
ZOMIG TABS 2.5mg, 5mg QL (12 tabs / 30 days)	4	NDS QL ST

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
AMVUTTRA SOSY 25mg/0.5ml QL (1 syringe / 90 days)	4	NDS QL NM LA PA
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	4	NDS QL NM PA
DAYBUE SOLN 200mg/ml QL (3600 mL / 30 days)	4	NDS QL NM LA PA
ENSPRYNG SOSY 120mg/ml	4	NDS NM LA PA
EQUETRO CP12 100mg, 200mg, 300mg	3	
EVRYSDI SOLR .75mg/ml	4	NDS NM LA PA
EXSERVAN FILM 50mg QL (60 films / 30 days)	4	NDS QL NM LA PA
FIRDAPSE TABS 10mg	4	NDS NM LA PA
GRALISE TABS 300mg QL (180 tabs / 30 days)	3	QL PA
GRALISE TABS 450mg, 600mg QL (90 tabs / 30 days)	3	QL PA
GRALISE TABS 750mg, 900mg QL (60 tabs / 30 days)	3	QL PA
HORIZANT TBCR 300mg, 600mg QL (60 tabs / 30 days)	3	QL PA
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
LITHOBID TBCR 300mg	4	NDS
LYRICA CR TB24 82.5mg, 165mg QL (90 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
LYRICA CR TB24 330mg QL (60 tabs / 30 days)	3	QL PA
MESTINON SOLN 60mg/5ml; TABS 60mg	4	NDS
MESTINON TIMESPAN TBCR 180mg	4	NDS
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	3	QL PA
<i>paroxetine mesylate</i> (<i>vasomotor</i>) CAPS 7.5mg QL (30 caps / 30 days)	3	QL PA
<i>pregabalin (once-daily)</i> (generic of LYRICA CR) TB24 82.5mg, 165mg QL (90 tabs / 30 days)	1	QL PA
<i>pregabalin (once-daily)</i> (generic of LYRICA CR) TB24 330mg QL (60 tabs / 30 days)	1	QL PA
<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml	4	NDS
<i>pyridostigmine bromide</i> TABS 1 30mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR 180mg	1	
RADICAVA SOLN 30mg/100ml	4	NDS NM LA PA
RADICAVA ORS SUSP 105mg/5ml QL (70 mL / 28 days)	4	NDS QL NM LA PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml QL (70 mL / 28 days)	4	NDS QL NM LA PA
RELYVRIO PAK 3-1GM QL (56 packets / 28 days)	4	NDS QL NM LA PA
RILUTEK TABS 50mg <i>riluzole</i> (generic of RILUTEK) TABS 50mg	4	NDS
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
SAVELLA MIS TITR PAK QL (2 packs / year)	3	QL PA
SKYCLARYS CAPS 50mg QL (90 caps / 30 days)	4	NDS QL NM LA PA
TEGSEDI SOSY 284mg/1.5ml QL (4 syringes / 28 days)	4	NDS QL NM LA PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
TIGLUTIK SUSP 50mg/10ml QL (600 mL / 30 days)	4	NDS QL NM LA PA
UPLIZNA SOLN 100mg/10ml	4	NDS NM LA PA
XENAZINE TABS 12.5mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
XENAZINE TABS 25mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
AUBAGIO TABS 7mg, 14mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
AVONEX PSKT 30mcg/0.5ml QL (4 syringes / 28 days)	4	NDS QL NM PA
AVONEX PEN AJKT 30mcg/0.5ml QL (4 injections / 28 days)	4	NDS QL NM PA
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	4	NDS QL NM PA
BRIUMVI SOLN 150mg/6ml	4	NDS NM LA PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	1	QL NM PA	MAVENCLAD (6 TABS) TBPK 10mg QL (24 tabs per lifetime)	4	NDS QL NM LA PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg QL (14 caps / 7 days)	4	NDS QL NM PA	MAVENCLAD (7 TABS) TBPK 10mg QL (28 tabs per lifetime)	4	NDS QL NM LA PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 240mg QL (60 caps / 30 days)	4	NDS QL NM PA	MAVENCLAD (8 TABS) TBPK 10mg QL (32 tabs per lifetime)	4	NDS QL NM LA PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (generic of TECFIDERA STARTER PACK) QL (2 packs / year)	4	NDS QL NM PA	MAVENCLAD (9 TABS) TBPK 10mg QL (36 tabs per lifetime)	4	NDS QL NM LA PA
EXTAVIA KIT .3mg QL (15 syringes / 30 days)	4	NDS QL NM PA	MAVENCLAD (10 TABS) TBPK 10mg QL (40 tabs per lifetime)	4	NDS QL NM LA PA
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	4	NDS QL NM PA	MAYZENT TABS 1mg, 2mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
GILENYA CAPS .25mg, .5mg QL (30 caps / 30 days)	4	NDS QL NM PA	MAYZENT TABS .25mg QL (112 tabs / 28 days)	4	NDS QL NM LA PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA	MAYZENT STARTER PACK (7) TBPK .25mg QL (2 packs / year)	3	QL NM LA PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA	MAYZENT STARTER PACK (12) TBPK .25mg QL (2 packs / year)	4	NDS QL NM LA PA
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA	OCREVUS SOLN 300mg/10ml	4	NDS NM LA PA
<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA	PLEGRIDY SOPN 125mcg/0.5ml QL (2 pens / 28 days)	4	NDS QL NM LA PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / year)	4	NDS QL NM LA PA	PLEGRIDY SOSY 125mcg/0.5ml QL (2 syringes / 28 days)	4	NDS QL NM LA PA
LEMTRADA SOLN 12mg/1.2ml	4	NDS NM LA PA	PLEGRIDY INJ STARTER QL (2 packs / year)	4	NDS QL NM LA PA
MAVENCLAD (4 TABS) TBPK 10mg QL (16 tabs per lifetime)	4	NDS QL NM LA PA	PLEGRIDY PEN INJ STARTER QL (2 packs / year)	4	NDS QL NM LA PA
MAVENCLAD (5 TABS) TBPK 10mg QL (20 tabs per lifetime)	4	NDS QL NM LA PA	PONVORY TABS 20mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
			PONVORY TAB STARTER QL (2 packs / year)	4	NDS QL NM LA PA
			REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml QL (12 syringes / 28 days)	4	NDS QL NM PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
REBIF REBIDO INJ TITRATN QL (12 injections / 28 days)	4	NDS QL NM PA	<i>carisoprodol</i> (generic of SOMA) TABS 350mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml QL (12 injections / 28 days)	4	NDS QL NM PA	<i>cyclobenzaprine hcl</i> TABS 5mg, 7.5mg, 10mg QL (90 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA
REBIF TITRTN INJ PACK QL (12 syringes / 28 days)	4	NDS QL NM PA	DANTRIUM CAPS 25mg	3	
TASCENSO ODT TBDP .25mg, .5mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	1	
TECFIDERA CPDR 120mg QL (14 caps / 7 days)	4	NDS QL NM LA PA	<i>dantrolene sodium</i> CAPS 50mg, 100mg	1	
TECFIDERA CPDR 240mg QL (60 caps / 30 days)	4	NDS QL NM LA PA	DYSPORT SOLR 300unit	3	NM PA
TECFIDERA CAP STARTER QL (2 packs / year)	4	NDS QL NM LA PA	DYSPORT SOLR 500unit	4	NDS NM PA
<i>teriflunomide</i> (generic of AUBAGIO) TABS 7mg, 14mg QL (30 tabs / 30 days)	4	NDS QL NM PA	FLEQSUVY SUSP 25mg/5ml	4	NDS PA
TYSABRI CONC 300mg/15ml	4	NDS NM LA PA	LYVISPAH PACK 5mg, 10mg	3	PA
VUMERITY CPDR 231mg QL (120 caps / 30 days)	4	NDS QL NM LA PA	LYVISPAH PACK 20mg	4	NDS PA
ZEPOSIA CAPS .92mg QL (30 caps / 30 days)	4	NDS QL NM LA PA	<i>metaxalone</i> TABS 400mg QL (240 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	3	QL PA
ZEPOSIA 7DAY CAP STR PACK QL (2 packs / year)	4	NDS QL NM LA PA	<i>metaxalone</i> TABS 800mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	3	QL PA
ZEPOSIA CAP STR KIT QL (2 packs / year)	4	NDS QL NM LA PA	<i>methocarbamol</i> TABS 500mg QL (360 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA
MUSCULOSKELETAL THERAPY AGENTS					
<i>baclofen</i> (generic of FLEQSUVY) SUSP 25mg/5ml	4	NDS PA	<i>methocarbamol</i> TABS 750mg QL (240 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	1	QL	METHOCARBAMOL TABS 1000mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	4	NDS QL PA
<i>baclofen</i> TABS 10mg, 20mg	1				
BOTOX SOLR 100unit, 200unit	4	NDS PA			
<i>carisoprodol</i> (generic of SOMA) TABS 250mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	3	QL PA			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA	NUVIGIL TABS 50mg QL (60 tabs / 30 days)	3	QL PA
MYOBLOC SOLN 10000unit/2ml	4	NDS NM PA	NUVIGIL TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	4	NDS QL PA
SOMA TABS 250mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	3	QL PA	PROVIGIL TABS 100mg QL (30 tabs / 30 days)	4	NDS QL PA
SOMA TABS 350mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	4	NDS QL PA	PROVIGIL TABS 200mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg	1		SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM LA PA
<i>tizanidine hcl</i> TABS 2mg	1		SUNOSI TABS 75mg, 150mg QL (30 tabs / 30 days)	3	QL PA
<i>vanadom</i> (generic of SOMA) TABS 350mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA	WAKIX TABS 4.45mg, 17.8mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
XEOMIN SOLR 50unit	3	NM LA PA	XYREM SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM LA PA
XEOMIN SOLR 100unit, 200unit	4	NDS NM LA PA	XYWAV SOL 0.5GM/ML QL (540 mL / 30 days)	4	NDS QL NM LA PA
ZANAFLEX CAPS 2mg, 4mg, 3 6mg; TABS 4mg	3		PSYCHOTHERAPEUTIC-MISC		
NARCOLEPSY/CATAPLEXY			<i>acamprosate calcium</i> TBEC 333mg	1	
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	1	QL PA	<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	1	QL PA
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA	<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 2-0.5 mg (base</i> <i>equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm QL (30 packets / 30 days)	4	NDS QL NM LA PA	<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	1	QL PA	<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	1	QL PA	<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 12-3 mg (base</i> <i>equiv)</i> (generic of SUBOXONE) QL (60 films / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>bupropion hcl (smoking deterrent) TB12 150mg</i> QL (60 tabs / 30 days)	1	QL
<i>disulfiram TABS 250mg, 500mg</i>	1	
<i>KLOXXADO LIQD 8mg/0.1ml</i>	2	
<i>LUCEMYRA TABS .18mg</i> QL (228 tabs / 14 days)	4	NDS QL PA
<i>naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml</i>	1	
<i>naltrexone hcl TABS 50mg</i>	1	
<i>NARCAN LIQD 4mg/0.1ml</i>	3	
<i>NICOTROL INHALER INHA 10mg</i>	3	
<i>NICOTROL NS SOLN 10mg/ml</i>	3	
<i>SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml</i>	4	NDS NM LA
<i>SUBOXONE MIS 2-0.5MG</i> QL (90 films / 30 days)	3	QL
<i>SUBOXONE MIS 4-1MG</i> QL (90 films / 30 days)	3	QL
<i>SUBOXONE MIS 8-2MG</i> QL (90 films / 30 days)	3	QL
<i>SUBOXONE MIS 12-3MG</i> QL (60 films / 30 days)	3	QL
<i>varenicline tartrate TABS .5mg, 1mg</i> QL (56 tabs / 28 days)	1	QL PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year)	1	QL PA
<i>VIVITROL SUSR 380mg</i>	4	NDS NM
<i>ZIMHI SOSY 5mg/0.5ml</i>	3	
<i>ZUBSOLV SUB 0.7-0.18</i> QL (90 tabs / 30 days)	3	QL
<i>ZUBSOLV SUB 1.4-0.36</i> QL (90 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>ZUBSOLV SUB 2.9-0.71</i> QL (90 tabs / 30 days)	3	QL
<i>ZUBSOLV SUB 5.7-1.4</i> QL (90 tabs / 30 days)	3	QL
<i>ZUBSOLV SUB 8.6-2.1</i> QL (60 tabs / 30 days)	3	QL
<i>ZUBSOLV SUB 11.4-2.9</i> QL (30 tabs / 30 days)	3	QL
ENDOCRINE AND METABOLIC ANDROGENS		
<i>ANDROGEL PUMP GEL 1.62%</i> QL (150 gm / 30 days)	3	QL PA
<i>AVEED SOLN 750mg/3ml</i>	3	NM LA PA
<i>depo-testosterone SOLN 100mg/ml, 200mg/ml</i>	1	PA
<i>FORTESTA GEL 10mg/act</i> QL (120 gm / 30 days)	3	QL PA
<i>JATENZO CAPS 158mg, 198mg</i> QL (120 caps / 30 days)	3	QL PA
<i>JATENZO CAPS 237mg</i> QL (60 caps / 30 days)	4	NDS QL PA
<i>methyltestosterone CAPS 10mg</i> QL (600 caps / 30 days)	4	NDS QL PA
<i>NATESTO GEL 5.5mg/act</i> QL (21.96 gm / 30 days)	3	QL PA
<i>TESTIM GEL 1%</i> QL (300 gm / 30 days)	3	QL PA
<i>testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm</i> QL (300 gm / 30 days)	1	QL PA
<i>testosterone (generic of ANDROGEL PUMP) GEL 1.62%</i> QL (150 gm / 30 days)	1	QL PA
<i>testosterone (generic of FORTESTA) GEL 10mg/act</i> QL (120 gm / 30 days)	1	QL PA
<i>testosterone GEL 20.25mg/1.25gm, 40.5mg/2.5gm</i> QL (150 gm / 30 days)	1	QL PA
<i>testosterone SOLN 30mg/act</i> QL (180 mL / 30 days)	1	QL PA
<i>testosterone cypionate SOLN 100mg/ml, 200mg/ml</i>	1	PA

Drug Name	Drug Requirements/ Tier	Limits
testosterone enanthate SOLN 200mg/ml	1	PA
TLANDO CAPS 112.5mg QL (120 caps / 30 days)	3	QL PA
VOGELXO GEL 50mg/5gm QL (300 gm / 30 days)	3	QL PA
VOGELXO PUMP GEL 1% QL (300 gm / 30 days)	3	QL PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	1	
ACTOPLUS MET TAB 15-850MG QL (90 tabs / 30 days)	3	QL
ACTOS TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	3	QL
alogliptin benzoate TABS 6.25mg, 12.5mg, 25mg QL (30 tabs / 30 days)	3	QL ST
alogliptin-metformin hcl tab 12.5-500 mg QL (60 tabs / 30 days)	3	QL ST
alogliptin-metformin hcl tab 12.5-1000 mg QL (60 tabs / 30 days)	3	QL ST
alogliptin-pioglitazone tab 12.5-30 mg QL (30 tabs / 30 days)	3	QL ST
alogliptin-pioglitazone tab 25-15 mg QL (30 tabs / 30 days)	3	QL ST
alogliptin-pioglitazone tab 25-30 mg QL (30 tabs / 30 days)	3	QL ST
alogliptin-pioglitazone tab 25-45 mg QL (30 tabs / 30 days)	3	QL ST
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	2	QL PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
DUETACT TAB 30-2MG QL (30 tabs / 30 days)	3	QL
DUETACT TAB 30-4MG QL (30 tabs / 30 days)	3	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
glimepiride TABS 4mg QL (60 tabs / 30 days)	1	QL
glipizide TABS 5mg QL (240 tabs / 30 days)	1	QL
glipizide TABS 10mg QL (120 tabs / 30 days)	1	QL
glipizide (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL
glipizide (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL
glipizide xl (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL
glipizide xl (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 5-500 mg QL (120 tabs / 30 days)	1	QL
GLUCOTROL XL TB24 2.5mg, 5mg QL (90 tabs / 30 days)	3	QL
GLUCOTROL XL TB24 10mg QL (60 tabs / 30 days)	3	QL
GLUMETZA TB24 500mg QL (120 tabs / 30 days)	4	NDS QL PA
GLUMETZA TB24 1000mg QL (60 tabs / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	2	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	2	QL
INVOKAMET TAB 50-500MG QL (120 tabs / 30 days)	3	QL
INVOKAMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL
INVOKAMET TAB 150-500 QL (60 tabs / 30 days)	3	QL
INVOKAMET TAB 150-1000 QL (60 tabs / 30 days)	3	QL
INVOKAMET XR TAB 50- 500MG QL (120 tabs / 30 days)	3	QL
INVOKAMET XR TAB 50- 1000 QL (60 tabs / 30 days)	3	QL
INVOKAMET XR TAB 150- 500 QL (60 tabs / 30 days)	3	QL
INVOKAMET XR TAB 150- 1000 QL (60 tabs / 30 days)	3	QL
INVOKANA TABS 100mg QL (60 tabs / 30 days)	3	QL
INVOKANA TABS 300mg QL (30 tabs / 30 days)	3	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	2	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	2	QL
JANUVIA TABS 25mg, 50mg, 2 100mg QL (30 tabs / 30 days)	2	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	2	QL
KAZANO 12.5- TAB 500MG QL (60 tabs / 30 days)	3	QL ST
KAZANO 12.5- TAB 1000MG QL (60 tabs / 30 days)	3	QL ST
KOMBIGLYZ XR TAB 2.5- 1000 QL (60 tabs / 30 days)	3	QL ST
KOMBIGLYZ XR TAB 5- 500MG QL (30 tabs / 30 days)	3	QL ST
KOMBIGLYZ XR TAB 5- 1000MG QL (30 tabs / 30 days)	3	QL ST
<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml QL (765 mL / 30 days)	1	QL
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	1	QL
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of FORTAMET)	1	QL PA
<i>metformin hcl</i> (generic of GLUMETZA) TB24 500mg QL (120 tabs / 30 days) (generic of GLUMETZA)	1	QL PA
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>metformin hcl</i> TB24 1000mg QL (60 tabs / 30 days) (generic of FORTAMET)	1	QL PA
<i>metformin hcl</i> (generic of GLUMETZA) TB24 1000mg QL (60 tabs / 30 days) (generic of GLUMETZA)	1	QL PA
METFORMIN HYDROCHLORIDE TABS 625mg QL (120 tabs / 30 days)	4	NDS QL PA
<i>miglitol</i> TABS 25mg, 50mg, 100mg	1	
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	2	QL PA
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
NESINA TABS 6.25mg, 12.5mg, 25mg QL (30 tabs / 30 days)	3	QL ST
ONGLYZA TABS 2.5mg, 5mg QL (30 tabs / 30 days)	3	QL ST
OSENI TAB 12.5-30 QL (30 tabs / 30 days)	3	QL ST
OSENI TAB 25-15MG QL (30 tabs / 30 days)	3	QL ST
OSENI TAB 25-30MG QL (30 tabs / 30 days)	3	QL ST
OSENI TAB 25-45MG QL (30 tabs / 30 days)	3	QL ST
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML QL (1 pen / 28 days)	2	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-glimepiride</i> tab 30-2 mg (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-glimepiride</i> tab 30-4 mg (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl</i> tab 15-500 mg QL (90 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl</i> tab 15-850 mg (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL
QTERN TAB 5-5MG QL (30 tabs / 30 days)	3	QL
QTERN TAB 10-5MG QL (30 tabs / 30 days)	3	QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL PA
<i>saxagliptin hcl</i> (generic of ONGLYZA) TABS 2.5mg, 5mg QL (30 tabs / 30 days)	1	QL
<i>saxagliptin-metformin hcl tab</i> er 24hr 2.5-1000 mg (generic of KOMBIGLYZE XR) QL (60 tabs / 30 days)	1	QL
<i>saxagliptin-metformin hcl tab</i> er 24hr 5-500 mg (generic of KOMBIGLYZE XR) QL (30 tabs / 30 days)	1	QL
<i>saxagliptin-metformin hcl tab</i> er 24hr 5-1000 mg (generic of KOMBIGLYZE XR) QL (30 tabs / 30 days)	1	QL
SEGLUROMET TAB 2.5-500 QL (120 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
SEGLUROMET TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
SEGLUROMET TAB 7.5-500 QL (60 tabs / 30 days)	3	QL
SEGLUROMET TAB 7.5-1000 QL (60 tabs / 30 days)	3	QL
STEGLATRO TABS 5mg QL (90 tabs / 30 days)	3	QL
STEGLATRO TABS 15mg QL (30 tabs / 30 days)	3	QL
STEGLUJAN TAB 5-100MG QL (30 tabs / 30 days)	3	QL
STEGLUJAN TAB 15-100MG QL (30 tabs / 30 days)	3	QL
SYMLINPEN 60 SOPN 1500mcg/1.5ml	4	NDS PA
SYMLINPEN 120 SOPN 2700mcg/2.7ml	4	NDS PA
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	2	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	2	QL
SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 12.5- 1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	2	QL
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	2	QL
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL PA
TZIELD SOLN 2mg/2ml	4	NDS NM LA PA
VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	2	QL PA
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	2	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	2	QL
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	2	
ADMELOG SOLOSTAR SOPN 100unit/ml	2	
AFREZZA POWD 4unit, 8unit	3	
AFREZZA POWD 12unit	4	NDS
AFREZZA POW 4-8 UNIT	4	NDS
AFREZZA POW 4-8-12	4	NDS
AFREZZA POW 8-12UNIT	4	NDS
APIDRA SOLN 100unit/ml	3	
APIDRA SOLOSTAR SOPN 100unit/ml	3	
BASAGLAR KWIKPEN SOPN 100unit/ml	2	
BASAGLAR TEMPO PEN SOPN 100unit/ml	3	
BD ALCOHOL SWABS	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
FIASP PMPCRT INJ U-100	2	B/D
GAUZE PADS 2X2	2	
HUMALOG SOCT 100unit/ml; SOLN 100unit/ml	3	
HUMALOG JUNIOR	3	
KWIKPEN SOPN 100unit/ml		

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	3		INSULIN LISPRO KWIKPEN SOPN 100unit/ml	3	
HUMALOG MIX INJ 50/50	3		INSULIN PEN NEEDLES: BD/NOVO	2	
HUMALOG MIX INJ 50/50KWP	3		INSULIN SAFETY NEEDLES	2	
HUMALOG MIX INJ 75/25KWP	3		INSULIN SYRINGES: BD	2	
HUMALOG MIX SUS 75/25	3		LANTUS SOLN 100unit/ml	2	
HUMALOG TEMPO PEN SOPN 100unit/ml	3		LANTUS SOLOSTAR SOPN 100unit/ml	2	
HUMULIN INJ 70/30	3		LEVEMIR SOLN 100unit/ml	2	
HUMULIN INJ 70/30KWP	3		LEVEMIR FLEXPEN SOPN 100unit/ml	2	
HUMULIN N SUSP 100unit/ml	3		LYUMJEV SOLN 100unit/ml	3	
HUMULIN N KWIKPEN SUPN 100unit/ml	3		LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml	3	
HUMULIN R SOLN 100unit/ml	3		LYUMJEV TEMPO PEN SOPN 100unit/ml	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	4	NDS B/D	NOVOLIN70/30 INJ RELION	3	
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	4	NDS	NOVOLIN INJ 70/30	2	
INS ASP PROT INJ FLEXPEN	3		NOVOLIN INJ 70/30 FP	2	
INSULIN ASPA INJ 70/30	3		NOVOLIN INJ 70/30 FP RELION	3	
INSULIN ASPART SOLN 100unit/ml	3		NOVOLIN N SUSP 100unit/ml	2	
INSULIN ASPART FLEXPEN SOPN 100unit/ml	3		NOVOLIN N FLEXPEN	2	
INSULIN ASPART PENFILL SOCT 100unit/ml	3		NOVOLIN N FLEXPEN RELION SUPN 100unit/ml	3	
INSULIN DEGLUDEC SOLN 100unit/ml	3		NOVOLIN N RELION SUSP 100unit/ml	3	
INSULIN DEGLUDEC FLEXTouc SOPN 100unit/ml, 200unit/ml	3		NOVOLIN R SOLN 100unit/ml	2	
INSULIN GLARGINE SOLN 100unit/ml; SOPN 100unit/ml	3		NOVOLIN R FLEXPEN SOPN 100unit/ml	2	
INSULIN GLARGINE SOLOSTAR SOPN 100unit/ml	3		NOVOLIN R FLEXPEN RELION SOPN 100unit/ml	3	
INSULIN LISP INJ PROTAMIN	3		NOVOLIN R RELION SOLN 100unit/ml	3	
INSULIN LISPRO SOLN 100unit/ml	3		NOVOLOG SOLN 100unit/ml	2	
INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml	3		NOVOLOG FLEXPEN SOPN 100unit/ml	2	
			NOVOLOG FLEXPEN	3	
			RELION SOPN 100unit/ml		
			NOVOLOG MIX INJ 70/30	2	
			NOVOLOG MIX INJ FLEX REL	3	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
NOVOLOG MIX INJ FLEXPEN	2	
NOVOLOG PENFILL SOCT 100unit/ml	2	
NOVOLOG RELI INJ 70/30	3	
NOVOLOG RELION SOLN 100unit/ml	3	
OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	3	QL PA
OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	3	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	3	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	3	QL PA
REZVOGLAR KWIKPEN SOPN 100unit/ml	3	
SEMGLEE SOLN 100unit/ml; SOPN 100unit/ml	3	
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	2	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	

Drug Name	Drug Requirements/ Tier	Limits
TRESIBA SOLN 100unit/ml	2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	
V-GO 20 KIT QL (30 devices / 30 days)	3	QL PA
V-GO 30 KIT QL (30 devices / 30 days)	3	QL PA
V-GO 40 KIT QL (30 devices / 30 days)	3	QL PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	2	QL
CALCIUM REGULATORS		
ACTONEL TABS 35mg, 150mg	3	
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
AELVIA TBEC 35mg	3	
BINOSTO TBEF 70mg	3	ST
<i>calcitonin (salmon) inj</i> (generic of MIACALCIN) SOLN 200unit/ml	4	NDS B/D
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
EVENITY SOSY 105mg/1.17ml	4	NDS NM PA
FORTEO SOPN 600mcg/2.4ml	4	NDS NM PA
FOSAMAX TABS 70mg	3	
FOSAMAX + D TAB 70-2800	3	ST
FOSAMAX + D TAB 70-5600	3	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml QL (1 injection / 90 days)	1	B/D QL
<i>ibandronate sodium</i> TABS 150mg	1	B/D
MIACALCIN SOLN 200unit/ml	4	NDS B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	4	NDS LA PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	3	QL NM
RECLAST SOLN 5mg/100ml	3	B/D NM
<i>risedronate sodium</i> TABS 5mg, 30mg	1	
<i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg, 150mg	1	
<i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1	
TERIPARATIDE SOPN 620mcg/2.48ml	4	NDS NM PA
TYMLOS SOPN 3120mcg/1.56ml	4	NDS NM PA
XGEVA SOLN 120mg/1.7ml	4	NDS NM PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml	1	B/D NM
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	4	NDS
CUVRIOR TABS 300mg	4	NDS NM LA PA
<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	4	NDS NM PA
<i>deferasirox</i> (generic of JADENU) TABS 90mg	1	NM PA
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	4	NDS NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg	1	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg	4	NDS NM PA
<i>deferiprone</i> (generic of FERRIPROX) TABS 500mg, 1000mg	4	NDS NM LA PA
<i>deferoxamine mesylate</i> SOLR 2gm	1	NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg	1	NM PA
DEPEN TITRATABS 250mg	4	NDS NM
DESFERAL SOLR 500mg	3	NM PA
EXJADE TBSO 125mg, 250mg, 500mg	4	NDS NM LA PA
FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg	4	NDS NM LA PA
FERRIPROX TWICE-A-DAY TABS 1000mg	4	NDS NM LA PA
JADENU TABS 90mg, 180mg, 360mg	4	NDS NM LA PA
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	4	NDS NM LA PA
LOKELMA PACK 5gm, 10gm	2	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	4	NDS NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
SYPRINE CAPS 250mg	4	NDS NM PA
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	4	NDS NM PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	2	
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
ANNOVERA MIS	3	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>ayuna</i>	1	<i>enpresse-28</i>	1
<i>azurette</i>	1	<i>enskyce</i>	1
BALCOLTRA TAB 0.1-20	3	<i>errin</i> TABS .35mg	1
<i>balziva</i>	1	<i>estarylla</i>	1
BEYAZ TAB	3	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1
<i>blisovi 24 fe</i>	1	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1
<i>blisovi fe 1.5/30</i>	1	<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (generic of NUVARING)</i>	1
<i>briellyn</i>	1	<i>falmina</i>	1
<i>camila</i> TABS .35mg	1	<i>finzala</i> (generic of MINASTRIN 24 FE)	1
<i>camrese</i>	1	<i>gemmily</i> (generic of TAYTULLA)	1
<i>camrese lo</i>	1	<i>hailey 1.5/30</i>	1
<i>chateal</i>	1	<i>hailey 24 fe</i>	1
<i>cryselle-28</i>	1	<i>haloette</i> (generic of NUVARING)	1
<i>cyred eq</i>	1	<i>heather</i> TABS .35mg	1
<i>dasetta 1/35</i>	1	<i>iclevia</i>	1
<i>dasetta 7/7/7</i>	1	<i>incassia</i> TABS .35mg	1
<i>daysee</i>	1	<i>introvale</i>	1
<i>deblitane</i> TABS .35mg	1	<i>isibloom</i>	1
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3	<i>jasmiel</i> (generic of YAZ)	1
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	<i>jolessa</i>	1
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	<i>joyeaux</i> (generic of BALCOLTRA)	1
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	<i>juleber</i>	1
<i>dolishale</i>	1	<i>junel 1.5/30</i>	1
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)</i>	1	<i>junel 1/20</i>	1
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)</i>	1	<i>junel fe 1.5/30</i>	1
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	1	<i>junel fe 1/20</i>	1
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	1	<i>junel fe 24</i>	1
<i>elinest</i>	1	<i>kaitlib fe</i>	1
<i>eluryng</i> (generic of NUVARING)	1	<i>kariva</i>	1
<i>enilloring</i> (generic of NUVARING)	1	<i>kelnor 1/35</i>	1
		<i>kelnor 1/50</i>	1
		<i>kurvelo</i>	1
		<i>larin 1.5/30</i>	1
		<i>larin 1/20</i>	1
		<i>larin 24 fe</i>	1
		<i>larin fe 1.5/30</i>	1
		<i>larin fe 1/20</i>	1

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier Limits
<i>layolis fe</i>	1
<i>leena</i>	1
<i>lessina</i>	1
<i>levonest</i>	1
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	1
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1
<i>levora 0.15/30-28</i>	1
LO LOESTRIN TAB 1-10-10	3
<i>loestrin 1.5/30-21</i>	1
<i>loestrin 1/20-21</i>	1
<i>loestrin fe 1.5/30</i>	1
<i>loestrin fe 1/20</i>	1
<i>loryna (generic of YAZ)</i>	1
LOSEASONIQUE TAB	3
<i>low-ogestrel</i>	1
<i>lutra</i>	1
<i>lyleq TABS .35mg</i>	1
<i>lyza TABS .35mg</i>	1
<i>marlissa</i>	1
<i>medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml</i>	1
<i>merzee (generic of TAYTULLA)</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>mibelas 24 fe (generic of MINASTRIN 24 FE)</i>	1
<i>microgestin 1.5/30</i>	1
<i>microgestin 1/20</i>	1
<i>microgestin 24 fe</i>	1
<i>microgestin fe 1.5/30</i>	1
<i>microgestin fe 1/20</i>	1
<i>mili</i>	1
MIRCETTE TAB 28 DAY	3
<i>mono-lynah</i>	1
NATAZIA TAB	3
<i>necon 0.5/35-28</i>	1
NEXTSTELLIS TAB 3-14.2MG	3 PA
<i>nikki (generic of YAZ)</i>	1
<i>nora-be TABS .35mg</i>	1
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1
<i>norethindrone (contraceptive) TABS .35mg</i>	1
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (generic of MINASTRIN 24 FE)</i>	1
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)</i>	1
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg- mcg	1
<i>norlyroc</i> TABS .35mg	1
<i>nortrel</i> 0.5/35 (28)	1
<i>nortrel</i> 1/35 (21)	1
<i>nortrel</i> 1/35 (28)	1
<i>nortrel</i> 7/7/7	1
NUVARING MIS	3
<i>nylia</i> 1/35	1
<i>nylia</i> 7/7/7	1
<i>nymyo</i>	1
<i>ocella</i> (generic of YASMIN 28)	1
PHEXXI GEL	3
<i>philith</i>	1
<i>pimtrea</i>	1
<i>portia-28</i>	1
QUARTETTE TAB	3
<i>reclipsen</i>	1
<i>rivelsa</i>	1
SAFYRAL TAB	3
SEASONIQUE TAB	3
<i>setlakin</i>	1
<i>sharobel</i> TABS .35mg	1
<i>simliya</i>	1
<i>simpesse</i>	1
SLYND TABS 4mg	3
<i>sprintec</i> 28	1
<i>sronyx</i>	1
<i>syeda</i> (generic of YASMIN 28)	1
<i>tarina</i> 24 fe	1
<i>tarina fe</i> 1/20 eq	1
TAYTULLA CAP 1MG/20MC	3
<i>tilia fe</i>	1
<i>tri-estarylla</i>	1
<i>tri-legest fe</i>	1
<i>tri-linyah</i>	1
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)	1

Drug Name	Drug Requirements/ Tier Limits
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-mili</i>	1
<i>tri-nymyo</i>	1
<i>tri-sprintec</i>	1
<i>tri-vylibra</i>	1
<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>trivora-28</i>	1
TYBLUME CHW 0.1-0.02	3
<i>tydemy</i> (generic of SAFYRAL)	1
<i>velivet</i>	1
<i>vestura</i> (generic of YAZ)	1
<i>vienva</i>	1
<i>viorele</i>	1
<i>vyfemla</i>	1
<i>vylibra</i>	1
<i>wera</i>	1
<i>wymzya fe</i>	1
<i>xulane</i>	1
YASMIN 28 TAB 3-0.03MG	3
YAZ TAB 3-0.02MG	3
<i>zafemy</i>	1
<i>zovia</i> 1/35	1
<i>zumandimine</i> (generic of YASMIN 28)	1
ENDOMETRIOSIS	
<i>danazol</i> CAPS 50mg, 100mg, 1 200mg	
ORLISSA TABS 150mg, 200mg	4 NDS PA
SYNAREL SOLN 2mg/ml	4 NDS PA
ESTROGENS	
ACTIVELLA TAB 1-0.5MG	3
<i>amabelz</i>	2
BIJUVA CAP 1-100MG	3
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3
CLIMARA PRO DIS WEEKLY	3
COMBIPATCH DIS	3
DELESTROGEN OIL 10mg/ml, 20mg/ml, 40mg/ml	3

Drug Name	Drug Requirements/ Tier Limits
DEPO-ESTRADIOL OIL 5mg/ml	3
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3
<i>dotti</i> (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
ELESTRIN GEL .06%	3
ESTRACE CREA .1mg/gm; TABS .5mg, 1mg, 2mg	3
<i>estradiol</i> (generic of DIVIGEL) GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3
<i>estradiol</i> (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	2
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml, 40mg/ml	1
ESTRING RING 7.5mcg/24hr	3
ESTROGEL GEL .06%	3
EVAMIST SOLN 1.53mg/spray	3
FEMRING RING .05mg/24hr, .1mg/24hr	3
<i>fyavolv tab 0.5mg-2.5mcg</i>	2
<i>fyavolv tab 1mg-5mcg</i>	2

Drug Name	Drug Requirements/ Tier Limits
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3 PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3 PA
<i>jinteli</i>	2
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	3
MENOSTAR PTWK 14mcg/24hr	3
<i>mimvey</i> (generic of ACTIVELLA)	2
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2
PREFEST TAB	3
PREMARIN CREA .625mg/gm; SOLR 25mg	3
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2
PREMPHASE TAB	2
PREMPRO TAB	2
PREMPRO TAB 0.3-1.5	2
PREMPRO TAB 0.45-1.5	2
PREMPRO TAB 0.625-5	2
VAGIFEM TABS 10mcg	3
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	1

GLUCOCORTICOIDS

ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	4	NDS NM LA PA
ALKINDI SPRINKLE CPSP .5mg	3	NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i> (generic of CELESTONE SOLUSPAN)	1	
CELESTONE INJ SOLUSPAN	3	
CORTEF TABS 5mg, 10mg, 20mg	3	
CORTISONE ACETATE TABS 25mg	3	
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	3	B/D
DEXABLISS TBPK 1.5mg	3	
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	B/D
<i>dexamethasone</i> TBPK 1.5mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	B/D
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
DXEVO 11-DAY TBPK 1.5mg	3	
<i>fludrocortisone acetate</i> TABS .1mg	1	
HEMADY TABS 20mg	3	PA
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	1	
KENALOG-10 SUSP 10mg/ml	3	B/D
KENALOG-40 SUSP 40mg/ml	3	B/D
KENALOG-80 SUSP 80mg/ml	3	B/D
MEDROL TABS 2mg, 4mg, 8mg, 16mg	3	B/D
MEDROL DOSEPAK TBPK 4mg	3	
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	1	B/D
<i>methylprednisolone</i> TABS 32mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	1	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	1	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	1	B/D
<i>millipred</i> TABS 5mg	1	B/D
ORAPRED ODT TBPK 10mg, 15mg, 30mg	3	B/D
PEDIAPRED SOLN 6.7mg/5ml	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml; TABS 5mg	1	B/D
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml; TBPK 10mg, 15mg, 30mg	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	3	B/D
RAYOS TBEC 1mg, 2mg, 5mg	4	NDS B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
<i>taperdex 6-day</i> TBPK 1.5mg	1	
<i>taperdex 7-day</i> TBPK 1.5mg	1	
<i>taperdex 12-day</i> TBPK 1.5mg	1	
<i>triamcinolone acetonide</i> (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
ZILRETTA SRER 32mg	3	B/D NM LA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
GLUCOSE ELEVATING AGENTS					
BAQSIMI ONE PACK POWD 3mg/dose	3		<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	1	B/D QL NM
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	4	NDS	<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	4	NDS B/D QL NM
GLUCAGEN HYPOKIT SOLR 1mg	3		CORTROPHIN GEL 80unit/ml QL (1.5 mL / 1 day)	4	NDS QL NM LA PA
<i>glucagon (rdna)</i> (generic of GLUCAGON EMERGENCY KIT) KIT 1mg	1		CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	4	NDS NM LA PA
GLUCAGON EMERGENCY KIT KIT 1mg	3		CYSTADANE POW	4	NDS NM LA
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2		CYSTAGON CAPS 50mg, 150mg	3	NM LA PA
GVOKE KIT SOLN 1mg/0.2ml	2		DDAVP SOLN 4mcg/ml; TABS .2mg	4	NDS
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	2		DDAVP TABS .1mg	3	
PROGLYCEM SUSP 50mg/ml	4	NDS	<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	4	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	3		<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1	
MISCELLANEOUS			<i>desmopressin acetate spray</i> SOLN .01%	1	
ACTHAR GEL 80unit/ml QL (1.5 mL / 1 day)	4	NDS QL NM LA PA	<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
ALDURAZYME SOLN 2.9mg/5ml	4	NDS NM LA PA	DOJOLVI LIQD 100%	4	NDS NM LA PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	4	NDS NM LA	EGRIFTA SV SOLR 2mg	4	NDS NM LA PA
BUPHENYL POWD 3gm/tsp; TABS 500mg	4	NDS NM LA PA	ELAPRASE SOLN 6mg/3ml	4	NDS NM LA PA
<i>cabergoline</i> TABS .5mg	1		ELELYSO SOLR 200unit	4	NDS NM LA PA
CARBAGLU TBSO 200mg	4	NDS NM LA PA	ELFABRIO SOLN 20mg/10ml	4	NDS NM LA PA
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	4	NDS NM LA PA	EVISTA TABS 60mg	3	
CARNITOR SOLN 1gm/10ml, 200mg/ml; TABS 330mg	3	B/D	FABRAZYME SOLR 5mg, 35mg	4	NDS NM LA PA
CERDELGA CAPS 84mg	4	NDS NM LA PA	FENSOLVI KIT 45mg	4	NDS NM LA PA
CEREZYME SOLR 400unit	4	NDS NM LA PA	GALAFOLD CAPS 123mg	4	NDS NM LA PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM PA	GENOTROPIN CART 5mg, 12mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	NDS NM PA
HUMATROPE CART 6mg, 12mg, 24mg	4	NDS NM PA
INCRELEX SOLN 40mg/4ml	4	NDS NM LA PA
ISTURISA TABS 1mg, 5mg, 10mg	4	NDS NM LA PA
<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	4	NDS NM LA PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	4	NDS NM LA PA
JYNARQUE PAK 30-15MG	4	NDS NM LA PA
JYNARQUE PAK 45-15MG	4	NDS NM LA PA
JYNARQUE PAK 60-30MG	4	NDS NM LA PA
JYNARQUE PAK 90-30MG	4	NDS NM LA PA
KANUMA SOLN 20mg/10ml	4	NDS NM LA PA
KORLYM TABS 300mg	4	NDS NM LA PA
KUVAN PACK 100mg, 500mg; TABS 100mg	4	NDS NM LA PA
LAMZEDE SOLR 10mg	4	NDS NM LA PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	4	NDS NM LA PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	4	NDS NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	4	NDS NM PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	4	NDS NM PA
<i>methergine</i> TABS .2mg	4	NDS PA
<i>methylergonovine maleate</i> TABS .2mg	4	NDS PA

Drug Name	Drug Requirements/ Tier	Limits
<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
MYALEPT SOLR 11.3mg	4	NDS NM LA PA
MYCAPSSA CPDR 20mg QL (112 caps / 28 days)	4	NDS QL NM LA PA
MYFEMBREE TAB	4	NDS PA
NAGLAZYME SOLN 1mg/ml	4	NDS NM LA PA
NEXVIAZYME SOLR 100mg	4	NDS NM LA PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	4	NDS NM LA PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	4	NDS NM PA
<i>nitisinone</i> CAPS 20mg	4	NDS NM PA
NITYR TABS 2mg, 5mg, 10mg	4	NDS NM LA PA
NORDITROPIN FLEXPOR SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	4	NDS NM PA
NOVAREL SOLR 5000unit, 10000unit	3	NM PA
NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml	4	NDS NM LA PA
NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml	4	NDS NM LA PA
NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml	4	NDS NM LA PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	4	NDS NM PA
<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	4	NDS NM PA
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	4	NDS NM LA PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	4	NDS NM LA PA
ORIAHNN CAP	4	NDS PA
OSPHENA TABS 60mg	3	PA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	4	NDS NM LA PA
PHEBURANE PLLT 483mg/gm	4	NDS NM LA PA
PREGNYL W/DILUENT BENZYL SOLR 10000unit	3	NM PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	4	NDS NM LA PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1	
RAVICTI LIQD 1.1gm/ml	4	NDS NM LA PA
RECORLEV TABS 150mg	4	NDS NM LA PA
REVCOVI SOLN 2.4mg/1.5ml	4	NDS NM LA PA
SAMSCA TABS 15mg, 30mg	4	NDS NM LA PA
SANDOSTATIN SOLN 50mcg/ml	3	NM PA
SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	4	NDS NM PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	4	NDS NM PA
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	4	NDS NM PA
SENSIPAR TABS 30mg QL (60 tabs / 30 days)	3	B/D QL NM
SENSIPAR TABS 60mg QL (60 tabs / 30 days)	4	NDS B/D QL NM
SENSIPAR TABS 90mg QL (120 tabs / 30 days)	4	NDS B/D QL NM
SEROSTIM SOLR 4mg, 5mg, 6mg	4	NDS NM LA PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	4	NDS NM LA PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	4	NDS NM LA PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	4	NDS NM PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	4	NDS NM LA PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	4	NDS NM LA PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	4	NDS NM LA PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	4	NDS NM LA PA
TEPEZZA SOLR 500mg	4	NDS NM LA PA
<i>tolvaptan</i> (generic of SAMSCA) TABS 15mg, 30mg	4	NDS NM PA
VEOZAH TABS 45mg	3	PA
VIJOICE TBPK 50mg, 125mg QL (28 tabs / 28 days)	4	NDS QL NM LA PA
VIJOICE TAB 250MG QL (56 tabs / 28 days)	4	NDS QL NM LA PA
VIMIZIM SOLN 5mg/5ml	4	NDS NM LA PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	4	NDS NM LA PA
VPRIV SOLR 400unit	4	NDS NM LA PA
XENPOZYME SOLR 4mg, 20mg	4	NDS NM LA PA
ZAVESCA CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM LA PA
ZOMACTON SOLR 5mg	3	NM PA
ZOMACTON SOLR 10mg	4	NDS NM PA
ZORBTIVE SOLR 8.8mg	4	NDS NM PA
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210mg <i>calcium acetate (phosphate binder)</i> CAPS 667mg QL (360 caps / 30 days)	4	NDS PA QL
<i>calcium acetate (phosphate binder)</i> TABS 667mg QL (360 tabs / 30 days)	1	QL

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
FOSRENOL CHEW 500mg, 1000mg QL (90 tabs / 30 days)	4	NDS QL PA	<i>medroxyprogesterone acetate</i> 1 (generic of PROVERA) TABS 2.5mg, 5mg, 10mg		
FOSRENOL CHEW 750mg QL (180 tabs / 30 days)	4	NDS QL PA	<i>megestrol acetate</i> SUSP 2 40mg/ml		
FOSRENOL PACK 750mg QL (180 packs / 30 days)	4	NDS QL PA	<i>megestrol acetate (appetite)</i> 3 SUSP 625mg/5ml		PA
FOSRENOL PACK 1000mg QL (90 packs / 30 days)	4	NDS QL PA	<i>norethindrone acetate</i> TABS 1 5mg		
<i>lanthanum carbonate</i> (generic of FOSRENOL) CHEW 500mg, 1000mg QL (90 tabs / 30 days)	1	QL PA	<i>progesterone</i> (generic of PROMETRIUM) CAPS 1 100mg, 200mg		
<i>lanthanum carbonate</i> (generic of FOSRENOL) CHEW 750mg QL (180 tabs / 30 days)	1	QL PA	PROMETRIUM CAPS 3 100mg, 200mg		
RENVELA PACK 2.4gm QL (180 packets / 30 days)	4	NDS QL	PROVERA TABS 2.5mg, 5mg, 10mg		
RENVELA PACK .8gm QL (540 packets / 30 days)	4	NDS QL	THYROID AGENTS		
RENVELA TABS 800mg QL (540 tabs / 30 days)	4	NDS QL	CYTOMEL TABS 5mcg, 25mcg, 50mcg		3
<i>sevelamer carbonate</i> (generic of RENVELA) PACK 2.4gm QL (180 packets / 30 days)	1	QL	ERMEZA SOLN 150mcg/5ml		3
<i>sevelamer carbonate</i> (generic of RENVELA) PACK .8gm QL (540 packets / 30 days)	1	QL	<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg		1
<i>sevelamer carbonate</i> (generic of RENVELA) TABS 800mg QL (540 tabs / 30 days)	1	QL	<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg		1
<i>sevelamer hcl</i> TABS 400mg QL (540 tabs / 30 days)	1	QL	<i>levothyroxine sodium</i> CAPS 1 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg		ST
<i>sevelamer hcl</i> (generic of RENAGEL) TABS 800mg QL (540 tabs / 30 days)	1	QL	<i>levothyroxine sodium</i> (generic of TIROSINT) CAPS 112mcg		ST
VELPHORO CHEW 500mg QL (180 tabs / 30 days)	4	NDS QL	<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 1 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg		
PROGESTINS					
AYGESTIN TABS 5mg	3				
CRINONE GEL 4%, 8%	3	PA			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>levoxyI</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1		<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
<i>lithyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	1		<i>paricalcitol</i> CAPS 4mcg	1	B/D
<i>methimazole</i> TABS 5mg, 10mg	1		RAYALDEE CPR 30mcg	4	NDS
<i>propylthiouracil</i> TABS 50mg	1		ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3		ZEMPLAR CAPS 1mcg, 2mcg	3	B/D
THYQUIDITY SOLN 100mcg/5ml	3		GASTROINTESTINAL ANTIEMETICS		
TIROSINT CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	ST	AKYNZEO CAP 300-0.5	3	B/D
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	3		AKYNZEO INJ 235-0.25	3	NM LA
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		AKYNZEO INJ 235-0.25MG/20ML	3	NM LA
VITAMIN D ANALOGS			ANTIVERT CHEW 25mg QL (120 tabs / 30 days)	3	QL PA
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D	ANTIVERT TABS 50mg QL (60 tabs / 30 days)	3	QL PA
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D	APONVIE EMUL 32mg/4.4ml	3	
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D	<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D
			<i>aprepitant</i> (generic of EMEND) CAPS 80mg	1	B/D
			<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
			BONJESTA TAB 20-20MG	3	
			CINVANTI EMUL 130mg/18ml	3	
			<i>compro</i> SUPP 25mg	1	
			DICLEGIS TAB 10-10MG	3	
			<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i> (generic of DICLEGIS)	3	
			<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	1	B/D QL
			<i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL
			EMEND CAPS 80mg	3	B/D
			EMEND SOLR 150mg	3	
			EMEND SUSR 125mg/5ml	4	NDS B/D
			EMEND TRIPAC PAK 80 & 125	3	B/D
			<i>fosaprepitant dimeglumine</i> (generic of EMEND) SOLR 150mg	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
GIMOTI SOLN 15mg/act	4	NDS PA
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
MARINOL CAPS 2.5mg QL (60 caps / 30 days)	3	B/D QL
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>meclizine hcl</i> (generic of ANTIVERT) TABS 50mg QL (60 tabs / 30 days)	1	QL PA
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBP 5mg	1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
<i>ondansetron</i> TBP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	1	
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3	
PHENERGAN SOLN 25mg/ml, 50mg/ml PA if 70 years and older	3	PA
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA if 70 years and older	2	PA
<i>promethazine hcl</i> SUPP 12.5mg, 25mg PA if 70 years and older	3	PA
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	1	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg PA if 70 years and older	3	PA
REGLAN TABS 5mg, 10mg	3	
SANCUSO PTCH 3.1mg/24hr QL (4 patches / 28 days)	4	NDS QL
<i>scopolamine</i> (generic of TRANSDERM-SCOP) PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	3	QL PA
SUSTOL PRSY 10mg/0.4ml	3	
SYNDROS SOLN 5mg/ml QL (120 mL / 30 days)	4	NDS B/D QL
TRANSDERM-SCOP PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	3	QL PA
<i>trimethobenzamide hcl</i> CAPS 300mg	1	
VARUBI TBP 90mg	3	B/D NM
ANTISPASMODICS		
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3	
<i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY .25mg/5ml, 1mg/10ml	3	
BENTYL SOLN 10mg/ml	3	
CUVPOSA SOLN 1mg/5ml	3	
DARTISLA ODT TBP 1.7mg QL (120 tabs / 30 days)	3	QL PA
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	3	
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml	3	
GLYCATE TABS 1.5mg QL (90 tabs / 30 days)	4	NDS QL PA
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml	1	

Drug Name	Drug Requirements/ Tier	Limits
GLYCOPYRROLATE TABS 1.5mg QL (90 tabs / 30 days)	4	NDS QL PA
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg QL (90 tabs / 30 days)	1	QL
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg QL (120 tabs / 30 days)	1	QL
<i>glycopyrrolate (oral)</i> (generic of CUVPOSA) SOLN 1mg/5ml	1	
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg PA if 70 years and older	3	PA
ROBINUL TABS 1mg QL (90 tabs / 30 days)	3	QL PA
ROBINUL FORTE TABS 2mg QL (120 tabs / 30 days)	4	NDS QL PA
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	1	
<i>famotidine</i> SUSR 40mg/5ml QL (300 mL / 30 days)	1	QL
<i>famotidine</i> (generic of PEPCID) TABS 20mg QL (120 tabs / 30 days)	1	QL
<i>famotidine</i> (generic of PEPCID) TABS 40mg QL (60 tabs / 30 days)	1	QL
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
PEPCID TABS 20mg QL (120 tabs / 30 days)	3	QL
PEPCID TABS 40mg QL (60 tabs / 30 days)	3	QL
INFLAMMATORY BOWEL DISEASE		
APRISO CP24 .375gm QL (120 caps / 30 days)	3	QL
AZULFIDINE TABS 500mg	3	
AZULFIDINE EN-TABS TBEC 500mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	1	QL PA
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>budesonide (intrarectal)</i> (generic of UCERIS) FOAM 2mg	1	
CANASA SUPP 1000mg	4	NDS
COLAZAL CAPS 750mg	4	NDS
CORTENEMA ENEM 100mg/60ml	3	
DELZICOL CPDR 400mg QL (180 caps / 30 days)	3	QL
DIPENTUM CAPS 250mg <i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	4	NDS
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	1	
LIALDA TBEC 1.2gm QL (120 tabs / 30 days)	3	QL
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	1	QL
<i>mesalamine</i> CPCR 500mg QL (240 caps / 30 days)	1	QL
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	1	QL
<i>mesalamine</i> ENEM 4gm	1	
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg	1	
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	1	QL
<i>mesalamine</i> TBEC 800mg QL (180 tabs / 30 days)	1	QL
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm	1	
PENTASA CPCR 250mg QL (480 caps / 30 days)	3	QL
PENTASA CPCR 500mg QL (240 caps / 30 days)	4	NDS QL
ROWASA KIT 4gm	4	NDS
SFROWASA ENEM 4gm/60ml	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
UCERIS FOAM 2mg/act	3	
UCERIS TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
LAXATIVES		
CLENPIQ SOL 10 MG-3.5 GM-12 GM/160ML	3	
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>generlac</i> SOLN 10gm/15ml	1	
GOLYTELY SOL	3	
KRISTALOSE PACK 10gm QL (30 packets / 30 days)	3	QL PA
KRISTALOSE PACK 20gm QL (60 packets / 30 days)	3	QL PA
LACTULOSE PACK 10gm QL (30 packets / 30 days)	4	NDS QL PA
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
MOVIPREP SOL	3	
OSMOPREP TAB 1.5GM	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY)	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg-3350/electrolytes/asc</i> (generic of MOVIPREP)	1	
PLENVU SOL	3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT)	1	
SUFLAVE SOL	3	

Drug Name	Drug Requirements/ Tier	Limits
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	3	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg, 1mg QL (60 tabs / 30 days)	4	NDS QL PA
AMITIZA CAPS 8mcg, 24mcg QL (60 caps / 30 days)	3	QL
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i> (generic of PYLERA)	1	
BYLVAY CAPS 400mcg, 1200mcg	4	NDS NM LA PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	4	NDS NM LA PA
CARAFATE SUSP 1gm/10ml QL (1200 mL / 30 days)	3	QL PA
CARAFATE TABS 1gm	3	
CHOLBAM CAPS 50mg, 250mg	4	NDS NM LA PA
<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM) CONC 100mg/5ml	1	
CYTOTEC TABS 100mcg, 200mcg	3	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (generic of LOMOTIL)	2	
GASTROCROM CONC 100mg/5ml	4	NDS
GATTEX KIT 5mg	4	NDS NM LA PA
HELIDAC MIS THERAPY	4	NDS
IBSRELA TABS 50mg QL (60 tabs / 30 days)	4	NDS QL PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	3	QL
LIVMARLI SOLN 9.5mg/ml	4	NDS NM LA PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
LOMOTIL TAB 2.5MG	3	
<i>loperamide hcl</i> CAPS 2mg	1	
LOTRONEX TABS .5mg, 1mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>lubiprostone</i> (generic of AMITIZA) CAPS 8mcg, 24mcg QL (60 caps / 30 days)	1	QL
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	1	
MOTEGRITY TABS 1mg, 2mg	3	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	2	QL
OCALIVA TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
PYLERA CAP	4	NDS
REBYOTA SUSP 150ml	4	NDS NM LA PA
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	4	NDS QL PA
RELISTOR TABS 150mg QL (90 tabs / 30 days)	4	NDS QL PA
RELTONE CAPS 200mg, 400mg	4	NDS PA
SUCRAID SOLN 8500unit/ml	4	NDS NM LA PA
<i>sucralfate</i> (generic of CARAFATE) SUSP 1gm/10ml QL (1200 mL / 30 days)	1	QL PA
<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	1	
SYMPROIC TABS .2mg QL (30 tabs / 30 days)	3	QL
TALICIA CAP	3	
TRULANCE TABS 3mg QL (30 tabs / 30 days)	3	QL
URSO 250 TABS 250mg	3	
URSO FORTE TABS 500mg	3	
URSODIOL CAPS 200mg, 400mg	4	NDS PA
<i>ursodiol</i> CAPS 300mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
VIBERZI TABS 75mg, 100mg	4	NDS PA
VOWST CAP	4	NDS NM LA PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	4	NDS QL NM LA PA
XIFAXAN TABS 550mg	4	NDS PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
VIKACE TAB 10440	3	
VIKACE TAB 20880	4	NDS
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000UNT	3	
ZENPEP CAP 40000UNT	3	
PROTON PUMP INHIBITORS		
ACIPHEX TBEC 20mg QL (30 tabs / 30 days)	3	QL
DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days)	3	QL

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg QL (30 caps / 30 days)	1	QL	<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i> (generic of ZEGERID) QL (30 packets / 30 days)	4	NDS QL PA
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	1	QL ST	<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i> (generic of ZEGERID) QL (30 packets / 30 days)	4	NDS QL PA
<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	1	QL	<i>pantoprazole sodium</i> (generic of PROTONIX) PACK 40mg QL (30 packets / 30 days)	1	QL ST
<i>esomeprazole sodium</i> (generic of NEXIUM I.V.) SOLR 40mg	1		<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1	
KONVOMEF SUS 2-84/ML QL (600 mL / 30 days)	3	QL PA	PREVACID CPDR 30mg QL (60 caps / 30 days)	3	QL
<i>lansoprazole</i> CPDR 15mg QL (60 caps / 30 days)	1	QL	PREVACID SOLUTAB TBDD 15mg, 30mg QL (60 tabs / 30 days)	3	QL ST
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	1	QL	PRILOSEC PACK 2.5mg, 10mg	3	PA
<i>lansoprazole</i> (generic of PREVACID SOLUTAB) TBDD 15mg, 30mg QL (60 tabs / 30 days)	1	QL ST	PROTONIX PACK 40mg QL (30 packets / 30 days)	3	QL ST
NEXIUM CPDR 20mg, 40mg QL (30 caps / 30 days)	3	QL ST	PROTONIX SOLR 40mg; TBEC 20mg, 40mg	3	
NEXIUM PACK 2.5mg, 5mg	3		<i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg QL (30 tabs / 30 days)	1	QL
NEXIUM PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	3	QL	ZEGERID CAP 20-1100 QL (30 caps / 30 days)	4	NDS QL PA
NEXIUM I.V. SOLR 40mg	3		ZEGERID CAP 40-1100 QL (30 caps / 30 days)	4	NDS QL PA
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1		ZEGERID POW 20-1680 QL (30 packets / 30 days)	4	NDS QL PA
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i> (generic of ZEGERID) QL (30 caps / 30 days)	4	NDS QL PA	ZEGERID POW 40-1680 QL (30 packets / 30 days)	4	NDS QL PA
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i> (generic of ZEGERID) QL (30 caps / 30 days)	1	QL PA			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
GENITOURINARY			GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA			BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	1	QL	OXLUMO SOLN 94.5mg/0.5ml	4	NDS NM LA PA
AVODART CAPS .5mg QL (30 caps / 30 days)	3	QL	<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	
CARDURA XL TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL ST	<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 5) TBCR 540mg	1	
<i>dutasteride</i> (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	1	QL	<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg (generic of JALYN) QL (30 caps / 30 days)	1	QL	RIMSO-50 SOLN 50%	3	
ENTADFI CAP 5-5MG QL (30 caps / 30 days)	3	QL PA	TARPEYO CPDR 4mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
<i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	1	QL	THIOLA TABS 100mg	4	NDS NM LA
FLOMAX CAPS .4mg QL (60 caps / 30 days)	3	QL	THIOLA EC TBEC 100mg, 300mg	4	NDS NM LA
PROSCAR TABS 5mg QL (30 tabs / 30 days)	3	QL	<i>tiopronin</i> (generic of THIOLA) TABS 100mg	4	NDS NM
RAPAFLO CAPS 4mg, 8mg QL (30 caps / 30 days)	3	QL	UROCIT-K 5 TBCR 540mg	3	
<i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg QL (30 caps / 30 days)	1	QL	UROCIT-K 10 TBCR 1080mg	3	
<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg QL (60 caps / 30 days)	1	QL	UROCIT-K 15 TBCR 15meq	3	
UROXATRAL TB24 10mg QL (30 tabs / 30 days)	3	QL	URINARY ANTISPASMODICS		
MISCELLANEOUS			<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg QL (30 tabs / 30 days)	1	QL ST
<i>acetic acid</i> SOLN .25%	1		DETROL TABS 1mg, 2mg QL (60 tabs / 30 days)	3	QL
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1		DETROL LA CP24 2mg, 4mg QL (30 caps / 30 days)	3	QL ST
ELMIRON CAPS 100mg QL (90 caps / 30 days)	4	NDS QL	<i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg QL (30 tabs / 30 days)	1	QL
FILSPARI TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	GELNIQUE GEL 10% QL (30 gm / 30 days)	3	QL ST
INTRAROSA INST 6.5mg	3	PA	GEMTESA TABS 75mg QL (30 tabs / 30 days)	3	QL
LITHOSTAT TABS 250mg	3		MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	3	QL
<i>neomycin-polymyxin b gu</i> <i>irrigation soln</i>	1		MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	3	QL
			<i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)	1	QL

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
OXYBUTYNIN CHLORIDE SOLN 5mg/5ml QL (600 mL / 30 days)	3	QL
<i>oxybutynin chloride</i> TABS 2.5mg QL (90 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	1	QL
OXYTROL PTTW 3.9mg/24hr QL (8 patches / 28 days)	3	QL ST
<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg QL (30 caps / 30 days)	1	QL ST
<i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg QL (60 tabs / 30 days)	1	QL
TOVIAZ TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL
<i>tropium chloride</i> CP24 60mg QL (30 caps / 30 days)	1	QL
<i>tropium chloride</i> TABS 20mg QL (60 tabs / 30 days)	1	QL
VESICARE TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
VESICARE LS SUSP 5mg/5ml QL (300 mL / 30 days)	3	QL
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREA 2%; SUPP 100mg	3	
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2%	1	
CLINDESSE CREA 2%	3	
GYNAZOLE-1 CREA 2%	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>metronidazole vaginal</i> GEL .75%	1	
<i>miconazole</i> 3 SUPP 200mg	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
VANAZOLE GEL .75%	3	
XACIATO GEL 2%	3	
HEMATOLOGIC ANTICOAGULANTS		
ARIXTRA SOLN 2.5mg/0.5ml	3	
ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
<i>dabigatran etexilate mesylate</i> CAPS 75mg QL (60 caps / 30 days)	1	QL
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 150mg QL (60 caps / 30 days)	1	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	2	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	2	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	2	QL
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3	

Drug Name	Drug Requirements/ Tier	Limits
FRAGMIN SOLN 9500unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	4	NDS
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NACL INJ 12500UNT	2	
HEP SOD/NACL INJ 25000UNT	2	
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	2	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
LOVENOX SOLN 300mg/3ml	3	
LOVENOX SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	NDS
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	3	QL
PRADAXA CAPS 110mg QL (120 caps / 30 days)	3	QL
PRADAXA PACK 20mg, 150mg QL (60 packets / 30 days)	4	NDS QL PA
PRADAXA PACK 30mg, 40mg, 50mg, 110mg QL (120 packets / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	2	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	2	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	2	QL
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA
ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	4	NDS NM PA
EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
EPOGEN SOLN 20000unit/ml	4	NDS NM PA
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
FYLNETRA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
GRANIX SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
LEUKINE SOLR 250mcg	4	NDS NM PA
MOZOBIL SOLN 24mg/1.2ml	4	NDS NM LA PA
NEULASTA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
NEULASTA ONPRO KIT PSKT 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
NEUPOGEN SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	4	NDS NM PA
NYVEPRIA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
<i>plerixafor</i> (generic of MOZOBIL) SOLN 24mg/1.2ml	4	NDS NM PA
PROCRIT SOLN 2000unit/ml, 2 3000unit/ml, 4000unit/ml, 10000unit/ml		NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	4	NDS NM PA
RELEUKO SOLN 300mcg/ml, 4 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml		NDS NM PA
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/2ml, 20000unit/ml	3	NM PA
RETACRIT SOLN 40000unit/ml	4	NDS NM PA
ROLVEDON SOSY 13.2mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM LA PA
UDENYCA SOAJ 6mg/0.6ml QL (2 pens / 28 days)	4	NDS QL NM PA
UDENYCA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
ZIEXTENZO SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
ADAKVEO SOLN 100mg/10ml	4	NDS NM PA
AGRYLIN CAPS .5mg	3	
<i>aminocaproic acid</i> SOLN .25gm/ml; TABS 500mg, 1000mg	4	NDS
<i>anagrelide hcl</i> CAPS 1mg	1	
<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	1	
BERINERT KIT 500unit QL (24 boxes / 30 days)	4	NDS QL NM LA PA
CABLIVI KIT 11mg	4	NDS NM LA PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit QL (20 vials / 30 days)	4	NDS QL NM LA PA
DOPTELET TABS 20mg	4	NDS NM LA PA
DROXIA CAPS 200mg, 300mg, 400mg	2	
EMPAVELI SOLN 1080mg/20ml	4	NDS NM LA PA
ENDARI PACK 5gm	4	NDS NM LA PA
ENJAYMO SOLN 1100mg/22ml	4	NDS NM LA PA
FIRAZYR SOSY 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM PA
GIVLAARI SOLN 189mg/ml	4	NDS NM LA PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	4	NDS QL NM LA PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	4	NDS QL NM LA PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM PA
KALBITOR SOLN 10mg/ml QL (18 mL / 30 days)	4	NDS QL NM LA PA
MULPLETA TABS 3mg	4	NDS NM PA
ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days)	4	NDS QL NM LA PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
OXBRYTA TABS 300mg, 500mg; TBSO 300mg	4	NDS NM LA PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	4	NDS QL NM LA PA
PROMACTA PACK 25mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
PYRUKYND TABS 5mg, 20mg, 50mg QL (56 tabs / 28 days)	4	NDS QL NM LA PA
PYRUKYND TAB 20MGX5MG QL (14 tabs / 14 days)	4	NDS QL NM LA PA
PYRUKYND TAB 50MGX20M QL (14 tabs / 14 days)	4	NDS QL NM LA PA
PYRUKYND TAPER PACK TBPK 5mg QL (7 tabs / 7 days)	4	NDS QL NM LA PA
REBLOZYL SOLR 25mg, 75mg	4	NDS NM LA PA
RUCONEST SOLR 2100unit QL (12 vials / 30 days)	4	NDS QL NM LA PA
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM LA PA
SIKLOS TABS 100mg	3	
SIKLOS TABS 1000mg	4	NDS
SOLIRIS SOLN 300mg/30ml	4	NDS NM LA PA
TAKHZYRO SOLN 300mg/2ml QL (2 vials / 28 days)	4	NDS QL NM LA PA
TAKHZYRO SOSY 150mg/ml, 300mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM LA PA
TAVALISSE TABS 100mg, 150mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
TAVNEOS CAPS 10mg	4	NDS NM LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1	
<i>tranexamic acid</i> TABS 650mg	1	
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	4	NDS NM LA PA
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	2	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1	
<i>clopidogrel bisulfate</i> TABS 300mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA if 70 years and older	2	PA
EFFIENT TABS 5mg, 10mg	3	
PLAVIX TABS 75mg	3	
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1	
ZONTIVITY TABS 2.08mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM LA PA
ACTEMRA SOSY 162mg/0.9ml QL (4 syringes / 28 days)	4	NDS QL NM PA
ACTEMRA ACTPEN SOAJ 162mg/0.9ml QL (4 pens / 28 days)	4	NDS QL NM LA PA
ADBRY SOSY 150mg/ml QL (56 syringes / 365 days)	4	NDS QL NM LA PA
AMJEVITA SOAJ 40mg/0.8ml QL (56 auto-injectors / 365 days)	4	NDS QL NM PA
AMJEVITA SOSY 10mg/0.2ml, 20mg/0.4ml QL (26 syringes / 365 days)	4	NDS QL NM PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
AMJEVITA SOSY 40mg/0.8ml QL (56 syringes / 365 days)	4	NDS QL NM PA	HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 syringes / 28 days)	4	NDS QL NM PA
AVSOLA SOLR 100mg	4	NDS NM LA PA	HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	4	NDS QL NM PA
CIBINQO TABS 50mg, 100mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA	HUMIRA PEDIA INJ CROHNS QL (2 syringes / 28 days)	4	NDS QL NM PA
CIMZIA KIT 200mg; PSKT 200mg/ml QL (2 kits / 28 days)	4	NDS QL NM PA	HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml QL (3 syringes / 28 days)	4	NDS QL NM PA
CIMZIA STARTER KIT PSKT 200mg/ml QL (2 kits / year)	4	NDS QL NM PA	HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	4	NDS QL NM PA
COSENTYX SOSY 75mg/0.5ml QL (16 syringes / 365 days)	4	NDS QL NM LA PA	HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA
COSENTYX SOSY 150mg/ml QL (32 syringes / 365 days)	4	NDS QL NM LA PA	HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	4	NDS QL NM PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml QL (32 pens / 365 days)	4	NDS QL NM LA PA	HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml QL (6 pens / 28 days)	4	NDS QL NM PA
COSENTYX UNOREADY SOAJ 300mg/2ml QL (16 pens / 365 days)	4	NDS QL NM LA PA	HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml QL (3 pens / 28 days)	4	NDS QL NM PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	4	NDS NM PA	HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	4	NDS QL NM PA	HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	4	NDS QL NM PA	ILUMYA SOSY 100mg/ml QL (6 syringes / 365 days)	4	NDS QL NM LA PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA	INFLECTRA SOLR 100mg	4	NDS NM LA PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	4	NDS QL NM PA	INFLIXIMAB SOLR 100mg	4	NDS NM LA PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	4	NDS QL NM PA	KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	4	NDS QL NM PA
ENTYVIO SOLR 300mg	4	NDS NM LA PA			

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	4	NDS QL NM PA	SIMPONI SOSY 100mg/ml QL (3 syringes / 28 days)	4	NDS QL NM PA
KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days)	4	NDS QL NM PA	SIMPONI ARIA SOLN 50mg/4ml	4	NDS NM PA
LITFULO CAPS 50mg QL (28 caps / 28 days)	4	NDS QL NM LA PA	SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	4	NDS QL NM PA
OLUMIANT TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	SKYRIZI SOLN 600mg/10ml QL (6 vials / year)	4	NDS QL NM PA
ORENCIA SOLR 250mg	4	NDS NM PA	SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	4	NDS QL NM PA
ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml QL (4 syringes / 28 days)	4	NDS QL NM PA	SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	4	NDS QL NM PA
ORENCIA CLICKJECT SOAJ 125mg/ml QL (4 autoinjectors / 28 days)	4	NDS QL NM PA	SOTYKTU TABS 6mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
OTEZLA TABS 30mg QL (60 tabs / 30 days)	4	NDS QL NM PA	SPEVIGO SOLN 450mg/7.5ml QL (30 mL / 14 days)	4	NDS QL NM LA PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	4	NDS QL NM PA	STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	4	NDS QL NM LA PA
REMICADE SOLR 100mg	4	NDS NM LA PA	STELARA SOLN 130mg/26ml	4	NDS NM LA PA
RENFLEXIS SOLR 100mg	4	NDS NM LA PA	STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	4	NDS QL NM PA	TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	4	NDS QL NM LA PA
RINVOQ TB24 45mg QL (168 tabs / year)	4	NDS QL NM PA	TREMFYA SOPN 100mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA
SILIQ SOSY 210mg/1.5ml QL (3 syringes / 28 days)	4	NDS QL NM PA	TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
SIMPONI SOAJ 50mg/0.5ml QL (6 autoinjectors / 28 days)	4	NDS QL NM PA	XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	4	NDS QL NM PA
SIMPONI SOAJ 100mg/ml QL (3 autoinjectors / 28 days)	4	NDS QL NM PA	XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
SIMPONI SOSY 50mg/0.5ml QL (6 syringes / 28 days)	4	NDS QL NM PA	XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	4	NDS QL NM PA
			<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
			ARAVA TABS 10mg, 20mg QL (30 tabs / 30 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
<i>hydroxychloroquine sulfate</i> TABS 100mg, 300mg, 400mg	1	
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	1	
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>methotrexate sodium</i> TABS 2.5mg	1	
OTREXUP SOAJ 10mg/0.4ml, 12.5mg/0.4ml, 15mg/0.4ml, 17.5mg/0.4ml, 20mg/0.4ml, 22.5mg/0.4ml, 25mg/0.4ml	3	NM PA
PLAQUENIL TABS 200mg	3	
RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml	3	NM PA
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D
XATMEP SOLN 2.5mg/ml	3	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml, 10%	4	NDS NM LA PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	4	NDS NM LA PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	4	NDS NM LA PA
CYTOGAM INJ 50mg/ml	4	NDS NM
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NDS NM PA
GAMASTAN INJ	3	B/D NM LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NDS NM LA PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	4	NDS NM LA PA
HYQVIA INJ 2.5-200	4	NDS NM LA PA
HYQVIA INJ 5-400	4	NDS NM LA PA
HYQVIA INJ 10-800	4	NDS NM LA PA
HYQVIA INJ 20-1600	4	NDS NM LA PA
HYQVIA INJ 30-2400	4	NDS NM LA PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NDS NM LA PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	4	NDS NM LA PA
ARCALYST SOLR 220mg	4	NDS NM LA PA
GRASTEK SUBL 2800bau	3	PA
ILARIS SOLN 150mg/ml	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
JOENJA TABS 70mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
ODACTRA SUB	3	PA
ORALAIR SUB 300 IR	3	NM LA PA
PALFORZIA CAP ESCALAT	4	NDS NM LA PA
PALFORZIA CAP LEVEL 3	4	NDS NM LA PA
PALFORZIA CAP LEVEL 7	4	NDS NM LA PA
PALFORZIA CAP LEVEL 8	4	NDS NM LA PA
PALFORZIA CAP LEVEL 10	4	NDS NM LA PA
PALFORZIA LEVEL 1 CSPK 1mg	4	NDS NM LA PA
PALFORZIA LEVEL 2 CSPK 1mg	4	NDS NM LA PA
PALFORZIA LEVEL 4 CSPK 20mg	4	NDS NM LA PA
PALFORZIA LEVEL 5 CSPK 20mg	4	NDS NM LA PA
PALFORZIA LEVEL 6 CSPK 20mg	4	NDS NM LA PA
PALFORZIA LEVEL 9 CSPK 100mg	4	NDS NM LA PA
PALFORZIA LEVEL 11 (MAINT PACK 300mg)	4	NDS NM LA PA
PALFORZIA LEVEL 11 (TITRA PACK 300mg)	4	NDS NM LA PA
RAGWITEK SUBL 12amba1- u	3	PA
RYSTIGGO SOLN 280mg/2ml	4	NDS NM LA PA
VYVGART SOLN 400mg/20ml	4	NDS NM LA PA
VYVGART INJ HYTRULO	4	NDS NM LA PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	4	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
ATGAM INJ 50mg/ml	4	NDS B/D
azasan TABS 75mg, 100mg	1	B/D
azathioprine (generic of IMURAN) TABS 50mg	1	B/D
azathioprine TABS 75mg, 100mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	4	NDS QL NM LA PA
BENLYSTA SOLR 120mg, 400mg	4	NDS NM LA PA
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	4	NDS B/D NM
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg; SOLN 50mg/ml	1	B/D NM
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	1	B/D NM
ENVARBUS XR TB24 4mg	4	NDS B/D NM
ENVARBUS XR TB24 .75mg, 1mg	3	B/D NM
<i>everolimus</i> (<i>immunosuppressant</i>) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	4	NDS B/D NM
<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
IMURAN TABS 50mg	3	B/D
LUPKYNIS CAPS 7.9mg	4	NDS NM LA PA
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	4	NDS B/D NM
<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM
MYFORTIC TBEC 180mg	3	B/D NM
MYFORTIC TBEC 360mg	4	NDS B/D NM
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D NM
NULOJIX SOLR 250mg	4	NDS B/D NM
PROGRAF CAPS 5mg	4	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits
PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg	3	B/D NM
RAPAMUNE SOLN 1mg/ml; TABS 1mg, 2mg	4	NDS B/D NM
RAPAMUNE TABS .5mg	3	B/D NM
REZUROCK TABS 200mg	4	NDS NM LA PA
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml, 100mg/ml	3	B/D NM
SANDIMMUNE CAPS 100mg	4	NDS B/D NM
SAPHNELO SOLN 300mg/2ml	4	NDS NM LA PA
<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml	4	NDS B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	1	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	4	NDS B/D NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	

Drug Name	Drug Requirements/ Tier	Limits
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1	QL
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX INJ 1350pfu/0.5ml	1	
YF-VAX INJ	1	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
NUTRITIONAL/SUPPLEMENTS			
ELECTROLYTES/MINERALS,			
INJECTABLE			
D2.5W/NACL INJ 0.45%	3	<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1
D5W/LYTES INJ #48	3	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)</i>	1
D10W/NACL INJ 0.2%	2	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/NACL 0.45%)</i>	1	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	1
<i>dextrose 5% in lactated ringers</i>	1	KCL/D5W/LACT INJ 20MEQ/L	3
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	KCL/D5W/NACL INJ 0.3/0.9%	3
<i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/NACL 0.3%)</i>	1	<i>lactated ringer's solution</i>	1
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	<i>magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml</i>	2
<i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	1	<i>magnesium sulfate SOLN 50%</i>	2
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)</i>	2
ISOLYTE-P INJ /D5W	3	MG SO4/D5W INJ 10MG/ML	2
ISOLYTE-S INJ	3	<i>multiple electrolytes ph 5.5 (generic of PLASMA-LYTE-148)</i>	1
ISOLYTE-S INJ PH 7.4	3	<i>multiple electrolytes ph 7.4 (generic of PLASMA-LYTE A)</i>	1
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	PLASMA-LYTE INJ -148	3
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	PLASMA-LYTE INJ -A	3
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	POT CHL 20MEQ/L IN NACL 0.9% INJ	3
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	POT CHL 20MEQ/L IN NACL 0.45% INJ	3
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	1	POT CHL 40MEQ/L IN NACL 0.9% INJ	3
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	1	<i>potassium chloride SOLN 2meq/ml</i>	1

Drug Name	Drug Requirements/ Tier	Limits
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	1	
<i>klor-con 8</i> TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	2	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq	1	
<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
TRICARE TAB PRENATAL	2	
IV NUTRITION		
CLINIMIX E INJ 2.75/D5W	3	B/D
CLINIMIX E INJ 4.25/D5W	3	B/D
CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX E INJ 5%/D15W	3	B/D
CLINIMIX E INJ 5%/D20W	3	B/D
CLINIMIX E INJ 8/10	3	B/D
CLINIMIX E INJ 8/14	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 6/5	3	B/D
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%, 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	4	NDS B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
TOBRADEX SUS 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
<i>bacitracin (ophthalmic)</i> OINT	1	
500unit/gm		
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	1	
<i>erythromycin (ophth)</i> OINT	1	
5mg/gm		
<i>gatifloxacin (ophth)</i> (generic of ZYMAXID) SOLN .5%	1	
<i>gentamicin sulfate (ophth)</i> SOLN .3%	1	
<i>levofloxacin (ophth)</i> SOLN .5%, 1.5%	1	
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	1	
<i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX) SOLN .5%	1	
NATACYN SUSP 5%	3	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX SOLN .3%	3	
<i>ofloxacin (ophth)</i> (generic of OCUFLOX) SOLN .3%	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	1	
<i>tobramycin (ophth)</i> SOLN .3%	1	
TOBREX OINT .3%	3	
TRIFLURIDINE SOLN 1%	1	
VIGAMOX SOLN .5%	3	
ZIRGAN GEL .15%	3	
ZYMAXID SOLN .5%	3	
ANTI-INFLAMMATORIES		
ACULAR SOLN .5%	3	

Drug Name	Drug Requirements/ Tier	Limits
ACULAR LS SOLN .4%	3	
ACUVAIL SOLN .45%	3	
ALREX SUSP .2%	2	
<i>bromfenac sodium (ophth)</i> SOLN .09%	1	
BROMSITE SOLN .075%	3	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
DEXYCU SUSP 9%	3	LA
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> (generic of DUREZOL) EMUL .05%	1	
DUREZOL EMUL .05%	3	
EYSUVIS SUSP .25%	3	
FLAREX SUSP .1%	3	
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
FML FORTE SUSP .25%	3	
FML LIQUIFILM SUSP .1%	3	
ILEVRO SUSP .3%	3	
INVELTYS SUSP 1%	3	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) SOLN .4%	1	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) SOLN .5%	1	
LOTEMAX GEL .5%; SUSP .5%	3	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	2	
<i>loteprednol etabonate</i> (generic of LOTEMAX) GEL .5%; SUSP .5%	1	
MAXIDEX SUSP .1%	3	
NEVANAC SUSP .1%	3	
PRED FORTE SUSP 1%	3	
PRED MILD SUSP .12%	3	
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1%	1	
PREDNISOLONE SODIUM	2	
PHOSP SOLN 1%		

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
PROLENSA SOLN .07%	2	
XIPERE SUSP 40mg/ml	3	NM LA PA
YUTIQ IMPL .18mg	4	NDS NM LA
ANTIALLERGICS		
ALOMIDE SOLN .1%	3	
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>bepotastine besilate</i> (generic of BEPREVE) SOLN 1.5%	1	
BEPREVE SOLN 1.5%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>epinastine hcl (ophth)</i> SOLN .05%	1	
<i>olopatadine hcl</i> SOLN .1%	1	
ZERVIATE SOLN .24%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	2	
ALPHAGAN P SOLN .15%	3	
AZOPT SUSP 1%	3	
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	3	
<i>bimatoprost</i> SOLN .03%	1	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .15%	1	
<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5% (generic of COSOPT)	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln</i> 2-0.5% (generic of COSOPT PF)	1	
ISTALOL SOLN .5%	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	4	NDS
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	3	
<i>tafluprost</i> (generic of ZIOPTAN) SOLN .015mg/ml	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
<i>timolol maleate (ophth) once-daily</i> (generic of ISTALOL) SOLN .5%	1	
<i>timolol maleate (ophth) pf</i> (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5%	1	
TIMOPTIC SOLN .25%, .5%	3	
TIMOPTIC OCUDOSE SOLN .25%, .5%	3	
TIMOPTIC-XE SOLG .25%, .5%	3	
TRAVATAN Z SOLN .004%	3	
<i>travoprost</i> (generic of TRAVATAN Z) SOLN .004%	1	
VYZULTA SOLN .024%	3	
XALATAN SOLN .005%	3	
XELPROS EMUL .005%	3	ST
ZIOPTAN SOLN .015mg/ml	3	ST
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
BEOVU SOSY 6mg/0.05ml	4	NDS NM LA PA
BYOOVIZ SOLN .5mg/0.05ml	4	NDS NM LA PA
CEQUA SOLN .09% QL (60 single use vials / 30 days)	3	QL PA
CIMERLI SOLN .3mg/0.05ml	3	NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
CIMERLI SOLN .5mg/0.05ml	4	NDS NM LA PA
CYSTADROPS SOLN .37%	4	NDS NM LA PA
CYSTARAN SOLN .44%	4	NDS NM LA PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	4	NDS NM LA PA
LACRISERT INST 5mg	3	
LUCENTIS SOSY .3mg/0.05ml	4	NDS NM LA PA
MIEBO SOLN 1.338gm/ml	3	PA
OXERVATE SOLN .002%	4	NDS NM LA PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	1	
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
SUSVIMO SOLN 10mg/0.1ml	4	NDS NM LA PA
SYFOVRE SOLN 15mg/0.1ml	4	NDS NM LA PA
TYRVAYA SOLN .03mg/act	3	
VABYSMO SOLN 6mg/0.05ml	4	NDS NM LA PA
VERKAZIA EMUL .1% QL (120 single use vials / 30 days)	4	NDS QL PA
XIIDRA SOLN 5%	2	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
CETRAXAL SOLN .2%	3	
CIPRO HC SUS OTIC	3	
CIPRODEX SUS 0.3-0.1%	3	
<i>ciprofloxacin hcl (otic)</i> SOLN .2%	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3- 0.025%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
DERMOTIC OIL .01%	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>flac</i> (generic of DERMOTIC) OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml- 1%</i>	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	
OTOVEL DRO	3	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST		
COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	2	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	2	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	2	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	2	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	3	QL
DUAKLIR AER 400/12 QL (1 inhaler / 30 days)	3	QL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
STIOLTO AER 2.5-2.5 QL (1 inhaler / 30 days)	3	QL
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	2	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	3	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	2	QL
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	
SPIRIVA HANDIHALER CAPS 18mcg QL (30 caps / 30 days)	3	QL
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act QL (1 inhaler / 30 days)	3	QL
<i>tiotropium bromide monohydrate</i> (generic of SPIRIVA HANDIHALER) CAPS 18mcg QL (30 caps / 30 days)	1	QL
YUPELRI SOLN 175mcg/3ml	4	NDS PA
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray</i> 137-50 mcg/act (generic of DYMISTA) QL (1 bottle / 30 days)	1	QL
CLARINEX-D TAB 2.5-120	3	
DYMISTA SPR 137-50 QL (1 bottle / 30 days)	3	QL
<i>promethazine vc</i> PA if 70 years and older	2	PA
RYALTRIS SPR 665-25 QL (29 gm / 30 days)	3	QL
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	1	
<i>carbinoxamine maleate</i> SOLN 4mg/5ml; TABS 4mg PA if 70 years and older	2	PA
CARBINOXAMINE MALEATE TABS 6mg PA if 70 years and older	3	PA
<i>cetirizine hcl</i> SOLN 1mg/ml QL (300 mL / 30 days)	1	QL
CLARINEX TABS 5mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clemastine fumarate</i> SYRP .67mg/5ml QL (1800 mL / 30 days)	4	NDS QL PA
<i>clemastine fumarate</i> TABS 2.68mg PA if 70 years and older	2	PA
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA if 70 years and older	2	PA
<i>desloratadine</i> (generic of CLARINEX) TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>desloratadine</i> TBDP 2.5mg, 5mg QL (30 tabs / 30 days)	1	QL
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA if 70 years and older	3	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA if 70 years and older	2	PA
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg PA if 70 years and older	2	PA
<i>hydroxyzine pamoate</i> CAPS 100mg PA if 70 years and older	2	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml QL (300 mL / 30 days)	1	QL
<i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>olopatadine hcl (nasal)</i> (generic of PATANASE) SOLN .6%	1	
QUZYTIR SOLN 10mg/ml	3	
<i>ryclora</i> SOLN 2mg/5ml PA if 70 years and older	1	PA
RYVENT TABS 6mg PA if 70 years and older	3	PA
VISTARIL CAPS 25mg, 50mg PA if 70 years and older	3	PA

Drug Name	Drug Requirements/ Tier	Limits
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	1	QL
<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	1	QL
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>arformoterol tartrate</i> (generic of BROVANA) NEBU 15mcg/2ml	1	B/D
BROVANA NEBU 15mcg/2ml	4	NDS B/D
<i>formoterol fumarate</i> (generic of PERFOROMIST) NEBU 20mcg/2ml	1	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	1	QL ST
PERFOROMIST NEBU 20mcg/2ml	4	NDS B/D
PROAIR DIGIHALER AEPB 108mcg/act QL (2 inhalers / 30 days)	3	QL PA
PROAIR RESPICLICK AEPB 108mcg/act QL (2 inhalers / 30 days)	3	QL
PROVENTIL HFA AERS 108mcg/act QL (2 inhalers / 30 days)	3	QL
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
STRIVERDI RESPIMAT AERS 2.5mcg/act QL (1 inhaler / 30 days)	3	QL
<i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	2	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	2	QL
XOPENEX HFA AERO 45mcg/act QL (2 inhalers / 30 days)	3	QL ST
LEUKOTRIENE MODULATORS		
ACCOLATE TABS 10mg, 20mg	3	
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	3	
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	1	
<i>zileuton</i> TB12 600mg QL (120 tabs / 30 days)	4	NDS QL PA
ZYFLO TABS 600mg QL (120 tabs / 30 days)	4	NDS QL PA
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	4	NDS NM LA PA
BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	4	NDS QL NM LA PA
CINQAIR SOLN 100mg/10ml	4	NDS NM LA PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg QL (56 tabs / year)	3	QL
DALIRESP TABS 500mcg QL (30 tabs / 30 days)	3	QL
<i>elixophyllin</i> ELIX 80mg/15ml	4	NDS

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1		<i>pirfenidone</i> (generic of ESBRIET) CAPS 267mg QL (270 caps / 30 days)	4	NDS QL NM PA
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1		<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	4	NDS QL NM PA
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1		<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	4	NDS QL NM PA
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3		<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	4	NDS QL NM PA
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3		PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	4	NDS NM LA PA
ESBRIET CAPS 267mg QL (270 caps / 30 days)	4	NDS QL NM LA PA	PULMOZYME SOLN 2.5mg/2.5ml	4	NDS NM PA
ESBRIET TABS 267mg QL (270 tabs / 30 days)	4	NDS QL NM LA PA	<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	1	QL
ESBRIET TABS 801mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA	<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	1	QL
FASENRA SOSY 30mg/ml	4	NDS NM LA PA	SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	4	NDS QL NM LA PA
FASENRA PEN SOAJ 30mg/ml	4	NDS NM LA PA	SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	4	NDS QL NM LA PA
GLASSIA SOLN 1000mg/50ml	4	NDS NM LA PA	SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	3	
KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg QL (56 packs / 28 days)	4	NDS QL NM LA PA	TEZSPIRE SOAJ 210mg/1.91ml QL (1 pen / 28 days)	4	NDS QL NM LA PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA	TEZSPIRE SOSY 210mg/1.91ml QL (1 syringe / 28 days)	4	NDS QL NM LA PA
NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 40mg/0.4ml, 100mg/ml	4	NDS NM LA PA	THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	4	NDS QL NM LA PA	<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
ORKAMBI GRA 75-94MG QL (56 packs / 28 days)	4	NDS QL NM LA PA	TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	4	NDS QL NM LA PA
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	4	NDS QL NM LA PA	TRIKAFTA PAK 75MG QL (56 packs / 28 days)	4	NDS QL NM LA PA
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	4	NDS QL NM LA PA	TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	4	NDS QL NM LA PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	4	NDS QL NM LA PA			
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	4	NDS QL NM LA PA			

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	4	NDS QL NM LA PA	ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh QL (2 inhalers / 30 days)	3	QL
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	4	NDS NM LA PA	ASMANEX TWISTHALER 30 MET AEPB 220mcg/inh QL (4 inhalers / 30 days)	3	QL
ZEMAIRA SOLR 1000mg	4	NDS NM LA PA	ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh QL (2 inhalers / 30 days)	3	QL
NASAL STEROIDS			ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh QL (1 inhaler / 30 days)	3	QL
BECONASE AQ SUSP 42mcg/spray QL (2 inhalers / 30 days)	3	QL ST	<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	1	QL	FLOVENT DISKUS AEPB 50mcg/blist QL (3 inhalers / 30 days)	2	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	1	QL	FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist QL (4 inhalers / 30 days)	2	QL
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act QL (2 inhalers / 30 days)	1	QL ST	FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	2	QL
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	3	QL ST	<i>fluticasone propionate hfa</i> AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	2	QL
QNASL AERS 80mcg/act QL (1 inhaler / 30 days)	3	QL ST	PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
QNASL CHILDRENS AERS 40mcg/act QL (1 inhaler / 30 days)	3	QL ST	PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	3	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	3	QL PA	PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days)	3	QL
ZETONNA AERS 37mcg/act QL (1 inhaler / 30 days)	3	QL ST	QVAR REDIHALER AERB 40mcg/act, 80mcg/act QL (2 inhalers / 30 days)	3	QL
STEROID INHALANTS			STEROID/BETA-AGONIST COMBINATIONS		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	3	QL	ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	3	QL PA
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	3	QL			
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	2	QL			
ASMANEX HFA AERO 50mcg/act, 100mcg/act, 200mcg/act QL (1 inhaler / 30 days)	3	QL			
ASMANEX TWISTHALER 14 MET AEPB 220mcg/inh QL (8 inhalers / 28 days)	3	QL			

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	3	QL PA
ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	3	QL PA
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	2	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	2	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	2	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	2	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	2	QL
<i>brey</i> na (generic of SYMBICORT) QL (3 inhalers / 30 days)	3	QL PA
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	3	QL PA
<i>budesonide-formoterol fumarate dihyd aerosol 160- 4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	3	QL PA
DULERA AER 50-5MCG QL (1 inhaler / 30 days)	3	QL
DULERA AER 100-5MCG QL (1 inhaler / 30 days)	3	QL
DULERA AER 200-5MCG QL (1 inhaler / 30 days)	3	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
SYMBICORT AER 80-4.5 QL (3 inhalers / 30 days)	3	QL PA
SYMBICORT AER 160-4.5 QL (3 inhalers / 30 days)	3	QL PA
<i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	1	QL
TOPICAL DERMATOLOGY, ACNE		
ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	4	NDS PA
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	4	NDS PA
ACANYA GEL 1.2-2.5% QL (50 gm / 30 days)	3	QL
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ACZONE GEL 5%, 7.5% QL (90 gm / 30 days)	3	QL
<i>adapalene</i> (generic of DIFFERIN) CREA .1%; GEL .3% QL (45 gm / 30 days)	1	QL PA
<i>adapalene</i> PADS .1% QL (28 swabs / 28 days)	4	NDS QL PA
ADAPALENE SOLN .1% QL (120 mL / 30 days)	3	QL PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> (generic of EPIDUO)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> (generic of EPIDUO FORTE)	1	
AKLIEF CREA .005% QL (45 gm / 30 days)	3	QL PA
ALTRENO LOTN .05% QL (45 gm / 30 days)	3	QL PA
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	1	PA
AMZEEQ FOAM 4% QL (30 gm / 30 days)	3	QL PA
ARAZLO LOTN .045% QL (45 gm / 30 days)	3	QL PA
ATRALIN GEL .05% QL (45 gm / 30 days)	3	QL PA
AZELEX CREA 20% QL (50 gm / 30 days)	3	QL
BENZAMYCIN GEL 5-3% QL (46.6 gm / 30 days)	3	QL
<i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	1	QL
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
CLEOCIN-T LOTN 1% QL (60 mL / 30 days)	3	QL
<i>clindacin</i> FOAM 1%	1	
<i>clindacin etz pledgets</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL
<i>clindacin-p</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL
CLINDAGEL GEL 1% QL (75 mL / 30 days)	4	NDS QL PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> QL (45 gm / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> FOAM 1%	1	
<i>clindamycin phosphate (topical)</i> GEL 1% QL (75 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA) QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> (generic of ZIANA) QL (60 gm / 30 days)	1	QL
<i>dapsone (topical)</i> (generic of ACZONE) GEL 5%, 7.5% QL (90 gm / 30 days)	1	QL
DIFFERIN CREA .1%; GEL .3% QL (45 gm / 30 days)	3	QL PA
DIFFERIN LOTN .1% QL (118 mL / 30 days)	3	QL PA
EPIDUO FORTE GEL 0.3-2.5%	3	
EPIDUO GEL 0.1-2.5%	3	
EPSOLAY CREA 5% QL (30 gm / 30 days)	3	QL PA
<i>ery</i> PADS 2% QL (60 pledgets / 30 days)	1	QL
ERYGEL GEL 2% QL (60 gm / 30 days)	3	QL
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2% QL (60 gm / 30 days)	1	QL
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
FABIOR FOAM .1% QL (100 gm / 30 days)	3	QL PA
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>isotretinoin</i> (generic of ABSORICA) CAPS 25mg, 35mg	4	NDS PA
KLARON LOTN 10% QL (118 mL / 30 days)	3	QL
<i>neuac gel</i> 1.2-5% QL (45 gm / 30 days)	1	QL
ONEXTON GEL 1.2-3.75 QL (50 gm / 30 days)	3	QL
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	3	QL PA
RETIN-A MICRO GEL .04%, .1% QL (50 gm / 30 days)	3	QL PA
RETIN-A MICRO GEL .06% QL (50 gm / 30 days)	4	NDS QL PA
RETIN-A MICRO PUMP GEL .08% QL (50 gm / 30 days)	4	NDS QL PA
<i>sulfacetamide sodium</i> (acne) (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	1	QL
TAZAROTENE FOAM .1% QL (100 gm / 30 days)	3	QL PA
<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	1	QL PA
<i>tretinoin</i> (generic of ATRALIN) GEL .05% QL (45 gm / 30 days)	1	QL PA
<i>tretinoin microsphere</i> GEL .04%, .1% QL (50 gm / 30 days)	1	QL PA
<i>tretinoin microsphere</i> (generic of RETIN-A MICRO PUMP) GEL .08% QL (50 gm / 30 days)	1	QL PA
TWYNEO CRE 0.1-3% QL (30 gm / 30 days)	3	QL PA
VELTIN GEL QL (60 gm / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
WINLEVI CREA 1% QL (60 gm / 30 days)	3	QL PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ZIANA GEL QL (60 gm / 30 days)	3	QL
DERMATOLOGY, ANTIBIOTICS		
ALTABAX OINT 1% QL (30 gm / 30 days)	3	QL
<i>gentamicin sulfate</i> (topical) CREA .1%; OINT .1% QL (30 gm / 30 days)	1	QL
<i>mafenide acetate</i> (generic of SULFAMYLON) PACK 5% QL (5 packets / 30 days)	1	QL
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	1	QL
<i>mupirocin calcium</i> (topical) CREA 2% QL (30 gm / 30 days)	1	QL PA
SILVADENE CREA 1%	3	
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	1	
<i>ssd</i> (generic of SILVADENE) CREA 1%	1	
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	3	QL
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> GEL .77% QL (100 gm / 30 days)	1	QL
<i>ciclopirox</i> SHAM 1% QL (120 mL / 30 days)	1	QL
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	1	QL
<i>ciclopirox olamine</i> (generic of LOPROX) SUSP .77% QL (60 mL / 30 days)	1	QL
<i>clotrimazole</i> (topical) CREA 1% QL (45 gm / 30 days)	1	QL
<i>clotrimazole</i> (topical) SOLN 1% QL (30 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clotrimazole w/ betamethasone cream 1- 0.05%</i>	1	QL
QL (45 gm / 30 days)		
<i>econazole nitrate CREA 1%</i>	1	QL
QL (85 gm / 30 days)		
ERTACZO CREA 2%	4	NDS QL ST
QL (60 gm / 30 days)		
EXELDERM CREA 1%	3	QL PA
QL (60 gm / 30 days)		
EXELDERM SOLN 1%	3	QL PA
QL (30 mL / 30 days)		
JUBLIA SOLN 10%	4	NDS QL
QL (8 mL / 30 days)		
<i>ketoconazole (topical) CREA 2%</i>	1	QL
QL (60 gm / 30 days)		
<i>ketoconazole (topical) FOAM 2%</i>	1	QL PA
QL (100 gm / 30 days)		
<i>ketodan FOAM 2%</i>	1	QL PA
QL (100 gm / 30 days)		
LOPROX SUSP .77%	3	QL
QL (60 mL / 30 days)		
LOPROX SHAMPOO SHAM 1%	3	QL
QL (120 mL / 30 days)		
<i>luliconazole CREA 1%</i>	1	QL ST
QL (60 gm / 30 days)		
LUZU CREA 1%	3	QL ST
QL (60 gm / 30 days)		
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	QL PA
QL (50 gm / 30 days)		
<i>naftifine hcl CREA 1%</i>	1	QL
QL (90 gm / 30 days)		
<i>naftifine hcl CREA 2%</i>	1	QL
QL (60 gm / 30 days)		
<i>naftifine hcl (generic of NAFTIN) GEL 2%</i>	1	QL
QL (60 gm / 30 days)		
NAFTIN GEL 1%	3	QL
QL (90 gm / 30 days)		
NAFTIN GEL 2%	3	QL
QL (60 gm / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
<i>nyamyc POWD 100000unit/gm</i>	1	QL
QL (60 gm / 30 days)		
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i>	1	QL
QL (30 gm / 30 days)		
<i>nystatin (topical) POWD 100000unit/gm</i>	1	QL
QL (60 gm / 30 days)		
<i>nystop POWD 100000unit/gm</i>	1	QL
QL (60 gm / 30 days)		
<i>oxiconazole nitrate (generic of OXISTAT) CREA 1%</i>	1	QL PA
QL (90 gm / 30 days)		
OXISTAT CREA 1%	3	QL PA
QL (90 gm / 30 days)		
OXISTAT LOTN 1%	3	QL PA
QL (60 mL / 30 days)		
VUSION OIN	3	QL PA
QL (50 gm / 30 days)		
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	1	PA
<i>calcipotriene CREA .005%; FOAM .005%; OINT .005%</i>	1	QL PA
QL (120 gm / 30 days)		
<i>calcipotriene SOLN .005%</i>	1	QL PA
QL (120 mL / 30 days)		
<i>calcitrene OINT .005%</i>	1	QL PA
QL (120 gm / 30 days)		
<i>calcitriol (topical) OINT 3mcg/gm</i>	1	QL PA
QL (800 gm / 28 days)		
<i>methoxsalen rapid CAPS 10mg</i>	4	NDS
SORILUX FOAM .005%	4	NDS QL PA
QL (120 gm / 30 days)		
<i>tazarotene (generic of TAZORAC) CREA .1%</i>	1	QL PA
QL (60 gm / 30 days)		
<i>tazarotene (generic of TAZORAC) GEL .05%, .1%</i>	1	QL PA
QL (100 gm / 30 days)		
TAZORAC CREA .05%, .1%	3	QL PA
QL (60 gm / 30 days)		
TAZORAC GEL .05%, .1%	3	QL PA
QL (100 gm / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
VECTICAL OINT 3mcg/gm QL (800 gm / 28 days)	4	NDS QL PA
VTAMA CREA 1% QL (60 gm / 30 days)	4	NDS QL PA
ZORYVE CREA .3% QL (60 gm / 30 days)	3	QL PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketconazole (topical)</i> SHAM 2% QL (120 mL / 30 days)	1	QL
<i>selenium sulfide</i> LOTN 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	1	
ALA-SCALP LOTN 2% QL (60 mL / 30 days)	3	QL
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>amcinonide</i> LOTN .1%	1	
AMCINONIDE OINT .1% QL (60 gm / 30 days)	3	QL PA
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate (topical)</i> LOTN .05% QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate augmented</i> LOTN .05% QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate</i> CREA .1%; FOAM .12%; OINT .1% QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	1	QL
BRYHALI LOTN .01% QL (100 gm / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>calcipotriene-betamethasone dipropionate oint</i> 0.005-0.064% (generic of TACLONEX) QL (400 gm / 28 days)	1	QL PA
<i>calcipotriene-betamethasone dipropionate susp</i> 0.005-0.064% (generic of TACLONEX) QL (400 gm / 28 days)	4	NDS QL PA
CAPEX SHAM .01%	3	
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate</i> FOAM .05% QL (100 gm / 30 days)	1	QL
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05% QL (125 mL / 30 days)	1	QL
<i>clobetasol propionate</i> (generic of CLOBEX) LOTN .05%; SHAM .05% QL (118 mL / 30 days)	1	QL
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	1	QL
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate emulsion</i> (generic of OLUX-E) FOAM .05% QL (100 gm / 30 days)	1	QL
CLOBEX LIQD .05% QL (125 mL / 30 days)	3	QL
CLOBEX LOTN .05%; SHAM .05% QL (118 mL / 30 days)	3	QL
<i>clocortolone pivalate</i> (generic of CLODERM) CREA .1% QL (90 gm / 30 days)	1	QL PA
<i>clodan</i> (generic of CLOBEX) SHAM .05% QL (118 mL / 30 days)	1	QL
CLODERM CREA .1% QL (90 gm / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
CORDRAN CREA .05% QL (120 gm / 30 days)	4	NDS QL PA
CORDRAN LOTN .05% QL (120 mL / 30 days)	4	NDS QL PA
CORDRAN TAPE 4mcg/sqcm QL (1 roll / 30 days)	3	QL PA
DERMA-SMOOTH/FS BODY OIL .01% QL (118.28 mL / 30 days)	3	QL
DERMA-SMOOTH/FS SCALP OIL .01% QL (118.28 mL / 30 days)	3	QL
<i>desonide</i> (generic of DESOWEN) CREA .05% QL (60 gm / 30 days)	1	QL
<i>desonide</i> GEL .05% QL (60 gm / 30 days)	1	QL PA
<i>desonide</i> LOTN .05% QL (118 mL / 30 days)	1	QL
<i>desonide</i> OINT .05% QL (60 gm / 30 days)	1	QL
DESOWEN CREA .05% QL (60 gm / 30 days)	3	QL PA
<i>desoximetasone</i> (generic of TOPICORT) CREA .05%; OINT .05% QL (100 gm / 30 days)	1	QL PA
<i>desoximetasone</i> (generic of TOPICORT) CREA .25%; OINT .25% QL (100 gm / 30 days)	1	QL
<i>desoximetasone</i> (generic of TOPICORT) GEL .05% QL (60 gm / 30 days)	1	QL PA
<i>desoximetasone</i> (generic of TOPICORT) LIQD .25% QL (100 mL / 30 days)	1	QL
<i>diflorasone diacetate</i> CREA .05% QL (60 gm / 30 days)	4	NDS QL PA
<i>diflorasone diacetate</i> OINT .05% QL (60 gm / 30 days)	1	QL PA
DIPROLENE OINT .05% QL (120 gm / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
DUOBRII LOT QL (200 gm / 28 days)	4	NDS QL PA
ENSTILAR AER QL (120 gm / 30 days)	3	QL PA
EPIFOAM AER 1%	3	
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025% QL (120 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS BODY) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN .01% QL (90 mL / 30 days)	1	QL
<i>fluocinonide</i> (generic of VANOS) CREA .1% QL (120 gm / 30 days)	4	NDS QL PA
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	1	QL
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>flurandrenolide</i> CREA .05% QL (120 gm / 30 days)	1	QL PA
<i>flurandrenolide</i> LOTN .05% QL (120 mL / 30 days)	1	QL PA
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>fluticasone propionate</i> LOTN .05%	1	QL
QL (120 mL / 30 days)		
<i>halcinonide</i> (generic of HALOG) CREA .1%	1	QL PA
QL (240 gm / 30 days)		
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL
QL (50 gm / 30 days)		
HALOBETASOL PROPIONATE FOAM .05%	3	QL PA
QL (200 gm / 28 days)		
HALOG CREA .1%; OINT .1%	3	QL PA
QL (240 gm / 30 days)		
HALOG SOLN .1%	3	QL PA
QL (120 mL / 30 days)		
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> 1%	1	QL
QL (30 gm / 30 days)		
<i>hydrocortisone butyrate</i> CREA .1%; OINT .1%	1	QL
QL (45 gm / 30 days)		
<i>hydrocortisone butyrate</i> (generic of LOCOID) LOTN .1%	1	QL PA
QL (118 mL / 30 days)		
<i>hydrocortisone butyrate</i> SOLN .1%	1	QL
QL (60 mL / 30 days)		
<i>hydrocortisone butyrate hydrophilic lipo base</i> (generic of LOCOID LIPOCREAM) CREA .1%	1	QL
QL (60 gm / 30 days)		
<i>hydrocortisone valerate</i> CREA .2%; OINT .2%	1	QL
QL (60 gm / 30 days)		
KENALOG AERS .147mg/gm	3	QL PA
QL (100 gm / 30 days)		
LEXETTE FOAM .05%	3	QL PA
QL (200 gm / 28 days)		
LOCOID LOTN .1%	3	QL PA
QL (118 mL / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
LOCOID LIPOCREAM CREA .1%	3	QL
QL (60 gm / 30 days)		
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
PANDEL CREA .1%	4	NDS QL
QL (80 gm / 30 days)		
SYNALAR CREA .025%; OINT .025%	3	QL
QL (120 gm / 30 days)		
SYNALAR SOLN .01%	3	QL
QL (90 mL / 30 days)		
TACLONEX OIN	4	NDS QL PA
QL (400 gm / 28 days)		
TACLONEX SUS	4	NDS QL PA
QL (400 gm / 28 days)		
TEXACORT SOLN 2.5%	3	
TOPICORT CREA .05%; OINT .05%	3	QL PA
QL (100 gm / 30 days)		
TOPICORT CREA .25%	3	QL
QL (100 gm / 30 days)		
TOPICORT GEL .05%	3	QL PA
QL (60 gm / 30 days)		
TOPICORT LIQD .25%	3	QL PA
QL (100 mL / 30 days)		
<i>tovet</i> (generic of OLUX-E) FOAM .05%	1	QL
QL (100 gm / 30 days)		
<i>triamcinolone acetonide (topical)</i> (generic of KENALOG) AERS .147mg/gm	1	QL PA
QL (100 gm / 30 days)		
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL
QL (454 gm / 30 days)		
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triamcinolone acetonide (topical)</i> OINT .05%	1	QL PA
QL (430 gm / 30 days)		
<i>trianex</i> OINT .05%	1	QL PA
QL (430 gm / 30 days)		
<i>triderm</i> CREA .1%, .5%	1	QL
QL (454 gm / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ULTRAVATE LOTN .05% QL (120 mL / 30 days)	4	NDS QL PA	<i>brimonidine tartrate (topical)</i> (generic of MIRVASO) GEL .33% QL (30 gm / 30 days)	1	QL
VANOS CREA .1% QL (120 gm / 30 days)	4	NDS QL PA	CARAC CREA .5% QL (30 gm / 30 days)	4	NDS QL
VERDESO FOAM .05% QL (100 gm / 30 days)	4	NDS QL PA	CONDYLOX GEL .5% QL (7 gm / 28 days)	3	QL
DERMATOLOGY, LOCAL ANESTHETICS			CORTIFOAM FOAM 10%	3	
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	1	QL PA	DENAVIR CREA 1% QL (5 gm / 30 days)	3	QL
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	1	QL PA	<i>diclofenac sodium (actinic keratoses)</i> GEL 3% QL (100 gm / 30 days)	1	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA	<i>diclofenac sodium (topical)</i> GEL 1% QL (1000 gm / 30 days)	1	QL
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	1	QL PA	<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	1	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	1	B/D QL	<i>diclofenac sodium (topical)</i> (generic of PENNSAID) SOLN 2% QL (224 gm / 28 days)	4	NDS QL PA
LIDODERM PTCH 5% QL (3 patches / 1 day)	3	QL PA	<i>doxepin hcl (antipruritic)</i> (generic of PRUDOXIN) CREA 5% QL (45 gm / 30 days)	1	QL PA
PLIAGLIS CRE 7-7% QL (30 gm / 30 days)	3	QL PA	<i>doxycycline (rosacea)</i> CPDR 40mg	1	
QUTENZA KIT 8% 1-PCH QL (4 patches / 90 days)	4	NDS QL NM LA PA	EFUDEX CREA 5% QL (40 gm / 30 days)	3	QL
QUTENZA KIT 8% 2-PCH QL (4 patches / 90 days)	4	NDS QL NM LA PA	ELIDEL CREA 1% QL (100 gm / 30 days)	3	QL PA
QUTENZA KIT 8% 4-PCH QL (4 patches / 90 days)	4	NDS QL NM LA PA	EUCRISA OINT 2% QL (120 gm / 30 days)	3	QL PA
SYNERA DIS 70-70MG	3	PA	FINACEA FOAM 15%; GEL 15% QL (50 gm / 30 days)	3	QL
ZTLIDO PTCH 1.8% QL (3 patches / 1 day)	3	QL PA	<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5% QL (40 gm / 30 days)	1	QL
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE			<i>fluorouracil (topical)</i> CREA .5% QL (30 gm / 30 days)	4	NDS QL
<i>acyclovir topical</i> (generic of ZOVIRAX) CREA 5% QL (5 gm / 30 days)	1	QL PA	<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	1	QL
<i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5% QL (30 gm / 30 days)	1	QL			
ANUSOL-HC CREA 2.5%	3				
<i>azelaic acid</i> (generic of FINACEA) GEL 15% QL (50 gm / 30 days)	1	QL			
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA			

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocortisone (rectal)</i> (generic of PROCTOCORT) CREA 1%	1	
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
HYFTOR GEL .2% QL (20 gm / 25 days)	4	NDS QL NM LA PA
<i>imiquimod</i> (generic of ZYCLARA) CREA 3.75% QL (28 packets / 28 days)	4	NDS QL
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	1	QL
<i>imiquimod pump</i> (generic of ZYCLARA) CREA 3.75% QL (7.5 gm / 28 days)	4	NDS QL
<i>ivermectin (rosacea)</i> (generic of SOOLANTRA) CREA 1% QL (45 gm / 30 days)	1	QL
KLISYRI OINT 1% QL (5 packets / 30 days)	4	NDS QL PA
<i>lactic acid (ammonium lactate)</i> 1 CREA 12%; LOTN 12%		
METROCREAM CREA .75% QL (45 gm / 30 days)	3	QL
METROGEL GEL 1% QL (60 gm / 30 days)	3	QL
METROLOTION LOTN .75% QL (59 mL / 30 days)	3	QL
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	1	QL
<i>metronidazole (topical)</i> (generic of METROGEL) GEL 1% QL (60 gm / 30 days)	1	QL
<i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days)	1	QL
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75% QL (59 mL / 30 days)	1	QL
MIRVASO GEL .33% QL (30 gm / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
NORITATE CREA 1% QL (60 gm / 30 days)	4	NDS QL
OPZELURA CREA 1.5% QL (240 gm / 28 days)	4	NDS QL PA
ORACEA CPDR 40mg	3	
PANRETIN GEL .1% QL (60 gm / 30 days)	4	NDS QL PA
<i>peniclovir</i> (generic of DENAVIR) CREA 1% QL (5 gm / 30 days)	1	QL
PENNSAID SOLN 2% QL (224 gm / 28 days)	4	NDS QL PA
<i>pimecrolimus</i> (generic of ELIDEL) CREA 1% QL (100 gm / 30 days)	1	QL PA
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	1	QL
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
PROCTOFOAM AER HC 1%	3	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
PRUDOXIN CREA 5% QL (45 gm / 30 days)	3	QL PA
QBREXZA PADS 2.4% QL (30 cloths / 30 days)	3	QL PA
RECTIV OINT .4% QL (30 gm / 30 days)	3	QL
RHOFADE CREA 1% QL (30 gm / 30 days)	3	QL
SOOLANTRA CREA 1% QL (45 gm / 30 days)	3	QL
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	1	QL
TARGRETIN GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA
TOLAK CREA 4% QL (40 gm / 30 days)	3	QL
VALCHLOR GEL .016% QL (60 gm / 30 days)	4	NDS QL NM LA PA
XERESE CRE 5-1% QL (5 gm / 30 days)	4	NDS QL
ZILXI FOAM 1.5% QL (30 gm / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ZONALON CREA 5% QL (45 gm / 30 days)	3	QL PA	<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	
ZOVIRAX CREA 5% QL (5 gm / 30 days)	3	QL PA	<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	1	
ZOVIRAX OINT 5% QL (30 gm / 30 days)	3	QL	SALAGEN TABS 5mg, 7.5mg	3	
ZYCLARA CREA 3.75% QL (28 packets / 28 days)	4	NDS QL	<i>triamcinolone acetonide</i> (<i>mouth</i>) PSTE .1%	1	
ZYCLARA PUMP CREA 2.5%, 3.75% QL (7.5 gm / 28 days)	4	NDS QL			
DERMATOLOGY, SCABICIDES AND PEDICULIDES					
<i>crotan</i> LOTN 10% QL (454 gm / 30 days)	1	QL			
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	1	QL			
NATROBA SUSP .9%	3				
OVIDE LOTN .5% QL (59 mL / 30 days)	3	QL			
<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	1	QL			
<i>spinosad</i> SUSP .9%	1				
DERMATOLOGY, WOUND CARE AGENTS					
REGRANEX GEL .01% QL (30 gm / 30 days)	4	NDS QL PA			
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	3	QL			
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1				
<i>water for irrigation, sterile</i> <i>irrigation soln</i>	1				
MOUTH/THROAT/DENTAL AGENTS					
<i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg	1				
<i>chlorhexidine gluconate</i> (<i>mouth-throat</i>) (generic of PERIDEX) SOLN .12%	1				
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	1	QL			
EVOXAC CAPS 30mg	3				
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1				
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1				

Index

- A**
- abacavir sulfate.....10
 - abacavir sulfate-lamivudine
tab 600-300 mg11
 - ABELCET.....9
 - ABILIFY.....44
 - see *aripiprazole*.....44
 - ABILIFY ASIMTUFII.....44
 - ABILIFY MAINTENA.....44
 - ABILIFY MYCITE
MAINTENANC.....44
 - ABILIFY MYCITE
STARTER KI44
 - abiraterone acetate18
 - ABRAXANE INJ 100MG .19
 - ABRYSVO.....97
 - ABSORICA107
 - see *isotretinoin*109
 - ABSORICA LD.....107
 - acamprosate calcium.....64
 - ACANYA
 see *clindamycin
 phosphate-benzoyl
 peroxide gel 1.2-2.5%*
 108
 - ACANYA GEL 1.2-2.5%107
 - acarbose66
 - ACCOLATE.....104
 - see *zafirlukast*104
 - ACCUPRIL
 see *quinapril hcl*27
 - accutane107
 - acebutolol hcl.....33
 - acetaminophen1
 - acetaminophen-caffeine-
dihydrocodeine cap
320.5-30-16 mg4
 - acetaminophen w/ codeine
soln 120-12 mg/5ml.....4
 - acetaminophen w/ codeine
tab 300-15 mg4
 - acetaminophen w/ codeine
tab 300-30 mg4
 - acetaminophen w/ codeine
tab 300-60 mg4
 - acetazolamide.....35
 - acetic acid.....88
 - acetic acid (*otic*)102
 - acetylcysteine104
 - ACIPHEX86
 - see *rabeprazole sodium*
 87
 - acitretin110
 - ACTEMRA92
 - ACTEMRA ACTPEN.....92
 - ACTHAR78
 - ACTHIB INJ97
 - ACTIMMUNE95
 - ACTIVELLA
 see *estradiol &
 norethindrone acetate
 tab 1-0.5 mg*.....76
 - see *mimvey*76
 - ACTIVELLA TAB 1-0.5MG
 75
 - ACTONEL.....71
 - see *risedronate sodium*
 72
 - ACTOPLUS MET
 see *pioglitazone hcl-
 metformin hcl tab 15-
 850 mg*.....68
 - ACTOPLUS MET TAB 15-
850MG.....66
 - ACTOS.....66
 - see *pioglitazone hcl*.....68
 - ACULAR100
 - see *ketorolac
 tromethamine (ophth)*
 100
 - ACULAR LS.....100
 - see *ketorolac
 tromethamine (ophth)*
 100
 - ACUVAIL.....100
 - acyclovir.....12
 - acyclovir sodium12
 - acyclovir topical.....114
 - ACZONE107
 - see *dapsone (topical)* 108
 - ADACEL INJ97
 - ADAKVEO.....91
 - adapalene107
 - ADAPALENE107
 - adapalene-benzoyl
peroxide gel 0.1-2.5%
 107
 - adapalene-benzoyl
peroxide gel 0.3-2.5%
 108
 - ADBRY.....92
 - ADCIRCA.....37
 - see *alyq*.....37
 - see *tadalafil (pulmonary
 hypertension)*38
 - ADDERALL
 see *amphetamine-
 dextroamphetamine
 tab 10 mg*.....54
 - see *amphetamine-
 dextroamphetamine
 tab 12.5 mg*.....54
 - see *amphetamine-
 dextroamphetamine
 tab 15 mg*.....54
 - see *amphetamine-
 dextroamphetamine
 tab 20 mg*.....54
 - see *amphetamine-
 dextroamphetamine
 tab 30 mg*.....54
 - see *amphetamine-
 dextroamphetamine
 tab 5 mg*.....54
 - see *amphetamine-
 dextroamphetamine
 tab 7.5 mg*.....54
 - ADDERALL TAB 10MG ..53
 - ADDERALL TAB 12.5MG
 53
 - ADDERALL TAB 15MG ..53
 - ADDERALL TAB 20MG ..53
 - ADDERALL TAB 30MG ..53
 - ADDERALL TAB 5MG ...53
 - ADDERALL TAB 7.5MG .53
 - ADDERALL XR
 see *amphetamine-
 dextroamphetamine
 cap er 24hr 10 mg*....53

see <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>....53	see <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> .107	ALIMTA .....17
see <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>....53	see <i>wixela inhub</i>.....107	see <i>pemetrexed disodium</i> .....18
see <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>....53	ADVAIR HFA AER 115/21 .....107	ALINIA
see <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>....54	ADVAIR HFA AER 230/21 .....107	see <i>nitazoxanide</i> .....8
see <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>.....53	ADVAIR HFA AER 45/21 .....107	ALIQOPA .....20
ADDERALL XR CAP 10MG .....53	ADZENYS XR-ODT .....53	<i>aliskiren fumarate</i>.....36
ADDERALL XR CAP 15MG .....53	AEMCOLO .....6	ALKINDI SPRINKLE .....76
ADDERALL XR CAP 20MG .....53	AFINITOR .....20	<i>allopurinol</i>.....1
ADDERALL XR CAP 25MG .....53	see <i>everolimus</i> .....21	ALLOPURINOL.....1
ADDERALL XR CAP 30MG .....53	AFINITOR DISPERZ.....20	<i>allopurinol sodium</i> .....1
ADDERALL XR CAP 5MG .....53	see <i>everolimus</i> .....21	<i>almotriptan malate</i> .....58
<i>adefovir dipivoxil</i> .....12	<i>afirmelle</i> .....72	<i>alogliptin benzoate</i> .....66
ADEMPAS .....37	AFREZZA.....69	<i>alogliptin-metformin hcl tab 12.5-1000 mg</i> .....66
ADLARITY .....39	AFREZZA POW 4-8-12...69	<i>alogliptin-metformin hcl tab 12.5-500 mg</i> .....66
ADMELOG .....69	AFREZZA POW 4-8 UNIT .....69	<i>alogliptin-pioglitazone tab 12.5-30 mg</i> .....66
ADMELOG SOLOSTAR .69	AFREZZA POW 8-12UNIT .....69	<i>alogliptin-pioglitazone tab 25-15 mg</i> .....66
ADRENALIN .....36	AGRYLIN .....91	<i>alogliptin-pioglitazone tab 25-30 mg</i> .....66
see <i>epinephrine (anaphylaxis)</i> .....37	see <i>anagrelide hcl</i> .....91	<i>alogliptin-pioglitazone tab 25-45 mg</i> .....66
ADVAIR DISKU AER 100/50 .....106	AIMOVIG.....58	ALOMIDE.....101
ADVAIR DISKU AER 250/50 .....107	AJOVY .....58	ALOPRIM.....1
ADVAIR DISKU AER 500/50 .....107	AKLIEF.....108	see <i>allopurinol sodium</i> ...1
ADVAIR DISKUS	AKYNZEO CAP 300-0.5 .82	<i>alose tron hcl</i>.....85
see <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> .107	AKYNZEO INJ 235-0.25 .82	ALPHAGAN P .....101
see <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> .107	AKYNZEO INJ 235-0.25MG/20ML.....82	see <i>brimonidine tartrate</i> .....101
	<i>ala-cort</i>.....111	<i>alprazolam</i> .....39
	ALA-SCALP .....111	ALPRAZOLAM INTENSOL .....39
	<i>albendazole</i>.....6	ALREX .....100
	<i>albuterol sulfate</i>.....104	ALTABAX.....109
	ALCAINE	ALTACE .....26
	see <i>proparacaine hcl</i> .102	see <i>ramipril</i>.....27
	<i>alclometasone dipropionate</i> .....111	<i>altavera</i> .....72
	ALDACTAZIDE TAB 25/25 .....35	ALTOPREV.....31
	ALDACTONE .....27	ALTRENO .....108
	see <i>spironolactone</i> .....27	ALUNBRIG.....20
	ALDURAZYME .....78	ALUNBRIG PAK .....20
	ALECENSA.....20	ALVESCO.....106
	<i>alendronate sodium</i> .....71	<i>alyacen 1/35</i>.....72
	<i>alfuzosin hcl</i> .....88	<i>alyacen 7/7/7</i>.....72
		ALYMSYS.....20

<i>alyq</i>	37	<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	36	<i>amlodipine besylate-valsartan tab 5-160 mg</i> 27
<i>amabelz</i>	75	<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	36	<i>amlodipine besylate-valsartan tab 5-320 mg</i> 27
<i>amantadine hcl</i>	43	<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	36	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>
AMBIEN	57	<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	36	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>
see <i>zolpidem tartrate</i>	58	<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	26	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>
AMBIEN CR	57	<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	26	<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>
see <i>zolpidem tartrate</i>	58	<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	25	<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>
AMBISOME	9	<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	25	<i>amnestem</i>
see <i>amphotericin b liposome</i>	9	<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	25	<i>amoxapine</i>
<i>ambrisentan</i>	37	<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	26	<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>
<i>amcinonide</i>	111	<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	27	<i>amoxicillin</i>
AMCINONIDE	111	<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	27	<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>
<i>amethia</i>	72	<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	27	<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>
<i>amethyst</i>	72	<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	27	<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>
<i>amikacin sulfate</i>	6	<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	27	<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	35	<i>amlodipine besylate-valsartan tab 10-160 mg</i>	27	<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>
<i>amiloride hcl</i>	35	<i>amlodipine besylate-valsartan tab 10-320 mg</i>	27	<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>
<i>aminocaproic acid</i>	91	<i>amlodipine besylate-valsartan tab 10-160 mg</i>	27	<i>amoxicillin & k clavulanate tab 250-125 mg</i>
<i>amiodarone hcl</i>	31	<i>amlodipine besylate-valsartan tab 10-320 mg</i>	27	<i>amoxicillin & k clavulanate tab 500-125 mg</i>
AMITIZA	85	<i>amlodipine besylate-valsartan tab 10-320 mg</i>	27	<i>amoxicillin & k clavulanate tab 875-125 mg</i>
see <i>lubiprostone</i>	86			
<i>amitriptyline hcl</i>	40			
AMJEVITA	92, 93			
<i>amlodipine besylate</i>	34			
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	36			
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	36			
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	36			
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	36			
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	36			
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	36			
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	36			

<i>amoxicillin & k clavulanate</i> <i>tab er 12hr 1000-62.5 mg</i>.....15	<i>ampicillin & sulbactam</i> <i>sodium for inj 3 (2-1) gm</i>.....15	<i>aprepitant capsule therapy</i> <i>pack 80 & 125 mg</i> .....82
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 10 mg</i>.....53	<i>ampicillin & sulbactam</i> <i>sodium for iv soln 1.5 (1-</i> <i>0.5) gm</i> .....15	<i>apri</i>.....72
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 15 mg</i>.....53	<i>ampicillin & sulbactam</i> <i>sodium for iv soln 15 (10-</i> <i>5) gm</i> .....15	APRISO .....84 <i>see mesalamine</i> .....84
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 20 mg</i>.....53	<i>ampicillin & sulbactam</i> <i>sodium for iv soln 3 (2-1)</i> <i>gm</i> .....15	APTENSIO XR.....54 <i>see methylphenidate hcl</i> .....55, 56
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 25 mg</i>.....53	<i>ampicillin sodium</i>.....15	APTIOM .....47
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 30 mg</i>.....54	AMPYRA.....61 <i>see dalfampridine</i> .....62	APTIVUS.....10
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 5 mg</i>.....53	AMVUTTRA .....60	ARALAST NP.....104
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>10 mg</i> .....54	AMZEEQ.....108	<i>aranelle</i> .....72
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>12.5 mg</i> .....54	ANAFRANIL.....40 <i>see clomipramine hcl</i> ...40	ARANESP ALBUMIN FREE.....90
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>15 mg</i> .....54	<i>anagrelide hcl</i>.....91	ARAVA.....94 <i>see leflunomide</i> .....95
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>20 mg</i> .....54	ANAPROX DS <i>see naproxen sodium</i> ...2	ARAZLO.....108
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>30 mg</i> .....54	<i>anastrozole</i> .....18	ARCALYST.....95
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>5 mg</i> .....54	ANCOBON.....9 <i>see flucytosine</i>.....9	AREXVY .....97
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>7.5 mg</i> .....54	ANDROGEL PUMP .....65 <i>see testosterone</i>.....65	<i>arformoterol tartrate</i> .....104
<i>amphotericin b</i> .....9	ANNOVERA MIS .....72	ARICEPT .....39 <i>see donepezil</i> <i>hydrochloride</i> .....39
<i>amphotericin b liposome</i> ...9	ANORO ELLIPT AER 62.5- 25 .....102	ARIKAYCE.....6
<i>ampicillin</i> .....15	ANTARA .....31	ARIMIDEX.....18 <i>see anastrozole</i> .....18
<i>ampicillin & sulbactam</i> <i>sodium for inj 1.5 (1-0.5)</i> <i>gm</i> .....15	ANTIVERT .....82 <i>see meclizine hcl</i>.....83	<i>aripiprazole</i> .....44
	ANUSOL-HC.....114 <i>see hydrocortisone</i> <i>(rectal)</i>.....115 <i>see procto-med hc</i>....115 <i>see proctosol hc</i> .....115 <i>see proctozone-hc</i>....115	ARISTADA .....44
	APIDRA.....69	ARISTADA INITIO .....44
	APIDRA SOLOSTAR .....69	ARIXTRA .....89 <i>see fondaparinux sodium</i> .....89
	ALENZIN .....40	<i>armodafinil</i> .....64
	APOKYN .....43	ARNUITY ELLIPTA.....106
	<i>apomorphine hydrochloride</i> .....43	AROMASIN.....18 <i>see exemestane</i> .....18
	APONVIE .....82	ARTHROTEC 50 <i>see diclofenac w/</i> <i>misoprostol tab</i> <i>delayed release 50-0.2</i> <i>mg</i>.....1
	<i>aprepitant</i>.....82	ARTHROTEC 50 TAB.....1
		ARTHROTEC 75 <i>see diclofenac w/</i> <i>misoprostol tab</i> <i>delayed release 75-0.2</i> <i>mg</i>.....1
		ARTHROTEC 75 TAB.....1

ARZERRA.....	20	<i>atomoxetine hcl</i>	54	AUVELITY TAB 45-105MG	
<i>asenapine maleate</i>	45	ATORVALIQ	32	.....	40
<i>ashlyna</i>	72	<i>atorvastatin calcium</i>	32	AVALIDE	
ASMANEX HFA	106	<i>atovaquone</i>	6	see <i>irbesartan-</i>	
ASMANEX TWISTHALER		<i>atovaquone-proguanil hcl</i>		<i>hydrochlorothiazide tab</i>	
120 ME.....	106	<i>tab 250-100 mg</i>	10	<i>150-12.5 mg</i>	29
ASMANEX TWISTHALER		<i>atovaquone-proguanil hcl</i>		see <i>irbesartan-</i>	
14 MET.....	106	<i>tab 62.5-25 mg</i>	10	<i>hydrochlorothiazide tab</i>	
ASMANEX TWISTHALER		ATRALIN.....	108	<i>300-12.5 mg</i>	29
30 MET.....	106	see <i>tretinoin</i>	109	AVALIDE TAB 150-12.5..	28
ASMANEX TWISTHALER		ATRIPLA		AVALIDE TAB 300-12.5..	28
60 MET.....	106	see <i>efavirenz-</i>		AVAPRO	30
ASPARLAS	19	<i>emtricitabine-tenofovir</i>		see <i>irbesartan</i>	30
<i>aspirin-dipyridamole cap er</i>		<i>df tab 600-200-300 mg</i>		AVASTIN.....	20
<i>12hr 25-200 mg</i>	92	.....	11	AVEED.....	65
ASPRUZYO SPRINKLE .	36	<i>atropine sulfate</i>	83	<i>aviane</i>	72
ASTAGRAF XL	96	ATROPINE SULFATE83,		AVODART.....	88
ATACAND.....	30	101		see <i>dutasteride</i>	88
see <i>candesartan cilexetil</i>		see <i>atropine sulfate</i>	83	AVONEX.....	61
.....	30	<i>atropine sulfate</i>		AVONEX PEN.....	61
ATACAND HCT		(<i>ophthalmic</i>).....	101	AVSOLA.....	93
see <i>candesartan cilexetil-</i>		ATROVENT HFA	103	AVYCAZ INJ 2-0.5GM ...	13
<i>hydrochlorothiazide tab</i>		AUBAGIO.....	61	AYGESTIN.....	81
<i>16-12.5 mg</i>	28	see <i>teriflunomide</i>	63	<i>ayuna</i>	73
see <i>candesartan cilexetil-</i>		<i>abra eq</i>	72	AYVAKIT.....	20
<i>hydrochlorothiazide tab</i>		AUGMENTIN		<i>azacitidine</i>	17
<i>32-12.5 mg</i>	28	see <i>amoxicillin & k</i>		AZACTAM.....	6
see <i>candesartan cilexetil-</i>		<i>clavulanate tab 500-</i>		see <i>aztreonam</i>	6
<i>hydrochlorothiazide tab</i>		<i>125 mg</i>	15	<i>azasan</i>	96
<i>32-25 mg</i>	28	AUGMENTIN ES-600		AZASITE	99
ATACAND HCT TAB 16-		see <i>amoxicillin & k</i>		<i>azathioprine</i>	96
12.5	28	<i>clavulanate for susp</i>		<i>azelaic acid</i>	114
ATACAND HCT TAB 32-		<i>600-42.9 mg/5ml</i>	15	<i>azelastine hcl</i>	103
12.5	28	AUGMENTIN SUS		<i>azelastine hcl (ophth)</i>	101
ATACAND HCT TAB 32-		125/5ML	15	<i>azelastine hcl-fluticasone</i>	
25MG.....	28	AUGMENTIN SUS ES-600		<i>prop nasal spray 137-50</i>	
<i>atazanavir sulfate</i>	10	.....	15	<i>mcg/act</i>	103
ATELVIA	71	AUGMENTIN TAB 500MG		AZELEX	108
see <i>risedronate sodium</i>		.....	15	AZILECT	43
.....	72	<i>aurovela 1/20</i>	72	see <i>rasagiline mesylate</i>	
<i>atenolol</i>	33	<i>aurovela 24 fe</i>	72	.....	44
<i>atenolol & chlorthalidone</i>		<i>aurovela fe 1/20</i>	72	<i>azithromycin</i>	14
<i>tab 100-25 mg</i>	33	<i>aurovela fe 1.5/30</i>	72	AZOPT	101
<i>atenolol & chlorthalidone</i>		AURYXIA	80	see <i>brinzolamide</i>	101
<i>tab 50-25 mg</i>	33	AUSTEDO.....	60	AZOR	
ATGAM	96	AUSTEDO XR.....	60	see <i>amlodipine besylate-</i>	
ATIVAN	39	AUSTEDO XR TAB TITR		<i>olmesartan medoxomil</i>	
see <i>lorazepam</i>	39	KIT	60	<i>tab 10-20 mg</i>	27

see <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>.....27	BALCOLTRA TAB 0.1-20.....73	see <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>.....29
see <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>.....27	<i>balsalazide disodium</i>.....84	BENICAR HCT TAB 20-12.5 .....28
see <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>.....27	BALVERSA .....20	BENICAR HCT TAB 40-12.5 .....28
AZOR TAB 10-20MG .....28	<i>balziva</i>.....73	BENICAR HCT TAB 40-25MG .....28
AZOR TAB 10-40MG .....28	BANZEL .....48	BENLYSTA .....96
AZOR TAB 5-20MG .....28	see <i>rufinamide</i>.....51	BENTYL .....83
AZOR TAB 5-40MG .....28	BAQSIMI ONE PACK .....78	see <i>dicyclomine hcl</i>.....83
AZSTARYS CAP 26.1-5.2.....54	BARACLUDGE .....12	BENZAMYCIN see <i>benzoyl peroxide-erythromycin gel 5-3%</i> .....108
AZSTARYS CAP 39.2-7.8.....54	see <i>entecavir</i>.....12	BENZAMYCIN GEL 5-3% .....108
AZSTARYS CAP 52.3-10. .....54	BASAGLAR KWIKPEN ...69	<i>benzoyl peroxide-erythromycin gel 5-3%</i> .....108
<i>aztreonam</i> .....6	BASAGLAR TEMPO PEN.....69	<i>benzotropine mesylate</i>.....43
AZULFIDINE .....84	BAVENCIO .....20	BEOVU .....101
see <i>sulfasalazine</i>.....85	BAXDELA .....14	<i>bepotastine besilate</i> .....101
AZULFIDINE EN-TABS ..84	BCG VACCINE .....97	BEPREVE .....101
see <i>sulfasalazine</i>.....85	BD ALCOHOL SWABS...69	see <i>bepotastine besilate</i>.....101
<i>azurette</i> .....73	BECONASE AQ.....106	BERINERT .....91
B	BELBUCA .....3	BESIVANCE .....100
<i>bacitracin (ophthalmic)</i> ..100	BELEODAQ .....20	BESPONSA .....20
<i>bacitracin-polymyxin b ophth oint</i>.....100	BELSOMRA .....57	BESREMI .....19
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>.....99	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> .....26	<i>betaine powder for oral solution</i> .....78
<i>baclofen</i> .....63	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> .....26	<i>betamethasone dipropionate (topical)</i> ..111
BACTRIM see <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>.....8	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> .....26	<i>betamethasone dipropionate augmented</i>.....111
BACTRIM DS see <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>.....8	<i>benazepril hcl</i>.....26	<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i> .....77
BACTRIM DS TAB 800-160.....6	<i>bendamustine hcl</i>.....17	<i>betamethasone valerate</i>.....111
BACTRIM TAB 400-80MG6	BENDEKA .....17	BETAPACE .....31
BAFIERTAM .....61	BENICAR .....30	see <i>sorine</i>.....31
BALCOLTRA see <i>joyeaux</i> .....73	see <i>olmesartan medoxomil</i> .....30	see <i>sotalol hcl</i>.....31
	BENICAR HCT see <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>.....29	BETAPACE AF .....31
	see <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>.....29	

see <i>sotalol hcl (afib/af)</i> 31	<i>bisoprolol &</i>	BRYHALI.....111
BETASERON.....61	<i>hydrochlorothiazide tab</i>	<i>budesonide</i> .....84
<i>betaxolol hcl</i>.....33	2.5-6.25 mg .....33	<i>budesonide (inhalation)</i> .106
<i>betaxolol hcl (ophth)</i>.....101	<i>bisoprolol &</i>	<i>budesonide (intrarectal)</i> ..84
<i>bethanechol chloride</i>.....88	<i>hydrochlorothiazide tab</i>	<i>budesonide-formoterol</i>
BETHKIS.....6	5-6.25 mg .....33	<i>fumarate dihyd aerosol</i>
see <i>tobramycin</i> .....8	<i>bisoprolol fumarate</i> .....33	160-4.5 mcg/act.....107
BETIMOL .....101	BIVIGAM .....95	<i>budesonide-formoterol</i>
BETOPTIC-S .....101	<i>bleomycin sulfate</i> .....17	<i>fumarate dihyd aerosol</i>
BEVESPI AER 9-4.8MCG	<i>blisovi 24 fe</i> .....73	80-4.5 mcg/act.....107
.....102	<i>blisovi fe 1.5/30</i> .....73	<i>bumetanide</i> .....35
<i>bexarotene</i> .....19	BONJESTA TAB 20-20MG	BUMEX
<i>bexarotene (topical)</i> .....114	.....82	see <i>bumetanide</i> .....35
BEXSERO INJ .....97	BOOSTRIX INJ .....97	BUPHENYL.....78
BEYAZ	<i>bortezomib</i> .....20	see <i>sodium</i>
see <i>drospirenone-ethinyl</i>	BORTEZOMIB .....20	<i>phenylbutyrate</i> .....80
<i>estradiol-levomefolate</i>	<i>bosentan</i> .....38	<i>buprenorphine</i>.....3
<i>tab 3-0.02-0.451 mg</i> 73	BOSULIF.....20	<i>buprenorphine hcl</i> .....64
BEYAZ TAB .....73	BOTOX .....63	<i>buprenorphine hcl-</i>
BIAXIN XL	BRAFTOVI .....20	<i>naloxone hcl sl film 12-3</i>
see <i>clarithromycin</i> .....14	BREO ELLIPTA INH 100-	<i>mg (base equiv)</i>.....64
<i>bicalutamide</i>.....18	25 .....107	<i>buprenorphine hcl-</i>
BICILLIN C-R INJ 1200000	BREO ELLIPTA INH 200-	<i>naloxone hcl sl film 2-0.5</i>
.....15	25 .....107	<i>mg (base equiv)</i>.....64
BICILLIN C-R INJ 900/300	<i>breyana</i>.....107	<i>buprenorphine hcl-</i>
.....15	BREZTRI AERO AER	<i>naloxone hcl sl film 4-1</i>
BICILLIN L-A.....15	SPHERE.....102	<i>mg (base equiv)</i>.....64
BIDIL	BREZTRI AERO AER	<i>buprenorphine hcl-</i>
see <i>isosorbide dinitrate-</i>	SPHERE	<i>naloxone hcl sl film 8-2</i>
<i>hydralazine hcl tab 20-</i>	(INSTITUTIONAL PACK)	<i>mg (base equiv)</i>.....64
37.5 mg.....37	.....102	<i>buprenorphine hcl-</i>
BIDIL TAB .....36	<i>brillyn</i>.....73	<i>naloxone hcl sl tab 2-0.5</i>
BIJUVA CAP 1-100MG...75	BRILINTA.....92	<i>mg (base equiv)</i>.....65
BIKTARVY TAB 30-120-15	<i>brimonidine tartrate</i> .....101	<i>buprenorphine hcl-</i>
MG.....11	<i>brimonidine tartrate</i>	<i>naloxone hcl sl tab 8-2</i>
BIKTARVY TAB 50-200-25	<i>(topical)</i>.....114	<i>mg (base equiv)</i>.....65
MG.....11	<i>brinzolamide</i>.....101	<i>bupropion hcl</i> .....40
BILTRICIDE .....6	BRIUMVI .....61	<i>bupropion hcl (smoking</i>
see <i>praziquantel</i> .....8	BRIVIACT .....48	<i>deterrent)</i>.....65
<i>bimatoprost</i> .....101	<i>bromfenac sodium (ophth)</i>	<i>buspirone hcl</i>.....39
BINOSTO.....71	.....100	<i>butorphanol tartrate</i>.....4
<i>bismuth subcit-</i>	<i>bromocriptine mesylate</i> ...43	BUTRANS.....3
<i>metronidazole-</i>	BROMSITE .....100	see <i>buprenorphine</i> .....3
<i>tetracycline cap 140-125-</i>	BRONCHITOL .....104	BYDUREON BCISE.....66
125 mg .....85	BROVANA .....104	BYETTA .....66
<i>bisoprolol &</i>	see <i>arformoterol tartrate</i>	BYLVAY .....85
<i>hydrochlorothiazide tab</i>	.....104	BYLVAY (PELLETS).....85
10-6.25 mg .....33	BRUKINSA.....20	BYOOVIZ.....101

BYSTOLIC	33	<i>calcitonin (salmon) inj</i>	71	<i>captopril &</i>	
see <i>nebivolol hcl</i>	34	<i>calcitonin (salmon) spray</i>	71	<i>hydrochlorothiazide tab</i>	
C		<i>calcitrene</i>	110	50-25 mg	26
<i>cabergoline</i>	78	<i>calcitriol</i>	82	CARAC	114
CABLIVI	91	<i>calcitriol (oral)</i>	82	CARAFATE	85
CABOMETYX	20	<i>calcitriol (topical)</i>	110	see <i>sucralfate</i>	86
CADUET		<i>calcium acetate (phosphate</i>		<i>carb/levo orally</i>	
see <i>amlodipine besylate-</i>		<i>binder)</i>	80	<i>disintegrating tab 10-</i>	
<i>atorvastatin calcium</i>		CALQUENCE	20	100mg	43
<i>tab 10-10 mg</i>	36	CAMBIA	58	<i>carb/levo orally</i>	
see <i>amlodipine besylate-</i>		see <i>diclofenac potassium</i>		<i>disintegrating tab 25-</i>	
<i>atorvastatin calcium</i>		<i>(migraine)</i>	58	100mg	43
<i>tab 10-20 mg</i>	36	<i>camila</i>	73	<i>carb/levo orally</i>	
see <i>amlodipine besylate-</i>		CAMPTOSAR		<i>disintegrating tab 25-</i>	
<i>atorvastatin calcium</i>		see <i>irinotecan hcl</i>	19	250mg	43
<i>tab 10-40 mg</i>	36	<i>camrese</i>	73	CARBAGLU	78
see <i>amlodipine besylate-</i>		<i>camrese lo</i>	73	see <i>carglumic acid</i>	78
<i>atorvastatin calcium</i>		CAMZYOS	36	<i>carbamazepine</i>	48
<i>tab 10-80 mg</i>	36	CANASA	84	CARBATROL	48
see <i>amlodipine besylate-</i>		see <i>mesalamine</i>	84	see <i>carbamazepine</i>	48
<i>atorvastatin calcium</i>		CANCIDAS	9	<i>carbidopa</i>	43
<i>tab 5-10 mg</i>	36	see <i>casprofungin acetate</i>		<i>carbidopa & levodopa tab</i>	
see <i>amlodipine besylate-</i>		.....	9	10-100 mg	43
<i>atorvastatin calcium</i>		<i>candesartan cilexetil</i>	30	<i>carbidopa & levodopa tab</i>	
<i>tab 5-20 mg</i>	36	<i>candesartan cilexetil-</i>		25-100 mg	43
see <i>amlodipine besylate-</i>		<i>hydrochlorothiazide tab</i>		<i>carbidopa & levodopa tab</i>	
<i>atorvastatin calcium</i>		16-12.5 mg	28	25-250 mg	43
<i>tab 5-40 mg</i>	36	<i>candesartan cilexetil-</i>		<i>carbidopa & levodopa tab</i>	
see <i>amlodipine besylate-</i>		<i>hydrochlorothiazide tab</i>		er 25-100 mg	43
<i>atorvastatin calcium</i>		32-12.5 mg	28	<i>carbidopa & levodopa tab</i>	
<i>tab 5-80 mg</i>	36	<i>candesartan cilexetil-</i>		er 50-200 mg	43
CADUET TAB 10-10MG	36	<i>hydrochlorothiazide tab</i>		<i>carbidopa-levodopa-</i>	
CADUET TAB 10-20MG	36	32-25 mg	28	<i>entacapone tabs 12.5-</i>	
CADUET TAB 10-40MG	36	CAPEX	111	50-200 mg	43
CADUET TAB 10-80MG	36	CAPLYTA	45	<i>carbidopa-levodopa-</i>	
CADUET TAB 5-10MG	36	CAPRELSA	20	<i>entacapone tabs 18.75-</i>	
CADUET TAB 5-20MG	36	<i>captopril</i>	26	75-200 mg	43
CADUET TAB 5-40MG	36	<i>captopril &</i>		<i>carbidopa-levodopa-</i>	
CADUET TAB 5-80MG	36	<i>hydrochlorothiazide tab</i>		<i>entacapone tabs 25-100-</i>	
<i>calcipotriene</i>	110	25-15 mg	26	200 mg	43
<i>calcipotriene-</i>		<i>captopril &</i>		<i>carbidopa-levodopa-</i>	
<i>betamethasone</i>		<i>hydrochlorothiazide tab</i>		<i>entacapone tabs 31.25-</i>	
<i>dipropionate oint 0.005-</i>		25-25 mg	26	125-200 mg	43
<i>0.064%</i>	111	<i>captopril &</i>		<i>carbidopa-levodopa-</i>	
<i>calcipotriene-</i>		<i>hydrochlorothiazide tab</i>		<i>entacapone tabs 37.5-</i>	
<i>betamethasone</i>		50-15 mg	26	150-200 mg	43
<i>dipropionate susp 0.005-</i>					
<i>0.064%</i>	111				

<i>carbidopa-levodopa- entacapone tabs 50-200- 200 mg</i>.....43	CEFAZOLIN INJ 1GM/50ML.....13	CEREZYME .....78
<i>carbinoxamine maleate</i>.....103	<i>cefazolin sodium</i> .....13	<i>cetirizine hcl</i> .....103
CARBINOXAMINE MALEATE.....103	CEFAZOLIN SOLN 2GM/100ML-4% .....13	CETRAXAL .....102
<i>carboplatin</i> .....17	<i>cefdinir</i> .....13	<i>cevimeline hcl</i> .....116
CARDIZEM .....34	CEFEPIME.....13	<i>chateal</i> .....73
see <i>diltiazem hcl</i>.....34	CEFEPIME/DEX INJ 1GM.....13	CHEMET .....72
CARDIZEM CD .....34	CEFEPIME/DEX INJ 2GM.....13	<i>chlordiazepoxide hcl</i> .....39
see <i>cartia xt</i>.....34	<i>cefepime hcl</i>.....13	<i>chlorhexidine gluconate (mouth-throat)</i>.....116
see <i>diltiazem hcl coated beads</i>.....34	<i>cefepime</i>.....13	<i>chloroquine phosphate</i> ...10
CARDIZEM LA.....34	<i>cefotetan disodium</i>.....13	<i>chlorpromazine hcl</i>.....45
see <i>diltiazem hcl</i>.....34	CEFOXITIN INJ 1GM.....13	<i>chlorthalidone</i>.....35
see <i>matzim la</i> .....34	CEFOXITIN INJ 2GM.....13	CHOLBAM .....85
CARDURA .....27	<i>cefoxitin sodium</i> .....13	<i>cholestyramine</i>.....32
see <i>doxazosin mesylate</i>.....27	<i>cefpodoxime proxetil</i>.....14	<i>cholestyramine light</i> .....32
CARDURA XL.....88	<i>cefprozil</i>.....14	<i>choline fenofibrate</i>.....31
<i>carglumic acid</i> .....78	<i>ceftazidime</i>.....14	CHORIONIC GONADOTROPIN.....78
<i>carisoprodol</i> .....63	CEFTAZIDIME/ SOL D5W 1GM.....14	CIBINQO .....93
CARNITOR .....78	CEFTAZIDIME/ SOL D5W 2GM.....14	<i>ciclopirox</i> .....109
see <i>levocarnitine (metabolic modifiers)</i> .....79	<i>ceftriaxone sodium</i>.....14	<i>ciclopirox olamine</i> .....109
CAROSPIR .....27	<i>cefuroxime axetil</i>.....14	<i>cidofovir</i>.....12
<i>carteolol hcl (ophth)</i> .....101	<i>cefuroxime sodium</i>.....14	<i>cilostazol</i> .....91
<i>cartia xt</i> .....34	CELEBREX.....1	CILOXAN .....100
<i>carvedilol</i>.....33	see <i>celecoxib</i>.....1	CIMDUO TAB 300-300...11
<i>carvedilol phosphate</i> .....33	<i>celecoxib</i>.....1	CIMERLI .....101, 102
CASODEX .....18	CELESTONE INJ SOLUSPAN.....77	<i>cimetidine</i>.....84
see <i>bicalutamide</i> .....18	CELESTONE SOLUSPAN see <i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i>.....77	CIMZIA.....93
<i>caspofungin acetate</i>.....9	CELESTA.....40	CIMZIA STARTER KIT...93
CASPOFUNGIN ACETATE.....9	see <i>citalopram hydrobromide</i>.....40	<i>cinacalcet hcl</i> .....78
CATAPRES-TTS-1 see <i>clonidine</i> .....36	CELLCEPT .....96	CINQAIR .....104
CATAPRES-TTS-2 see <i>clonidine</i> .....36	see <i>mycophenolate mofetil</i> .....96	CINRYZE .....91
CATAPRES-TTS-3 see <i>clonidine</i> .....36	CELONTIN.....48	CINVANTI .....82
CAYSTON.....6	see <i>methsuximide</i> .....50	CIPRO.....14
<i>cefaclor</i> .....13	<i>cephalexin</i>.....14	see <i>ciprofloxacin hcl</i> ...15
CEFACLOR ER .....13	CEQUA .....101	CIPRODEX SUS 0.3-0.1% .....102
<i>cefadroxil</i>.....13	CERDELGA .....78	<i>ciprofloxacin</i> .....14
CEFAZOLIN.....13		<i>ciprofloxacin 200 mg/100ml in d5w</i>.....14
		<i>ciprofloxacin 400 mg/200ml in d5w</i>.....15
		<i>ciprofloxacin- dexamethasone otic susp 0.3-0.1%</i>.....102
		<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3- 0.025%</i> .....102

<i>ciprofloxacin hcl</i>	15	<i>clindamycin phosphate- benzoyl peroxide gel 1.2- 2.5%</i>	108	CLINIMIX INJ 8/14	99
<i>ciprofloxacin hcl (ophth)</i>	100	<i>clindamycin phosphate- benzoyl peroxide gel 1- 5%</i>	108	<i>clisol sf 15%</i>	99
<i>ciprofloxacin hcl (otic)</i> ..	102	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	7	CLINOLIPID EMU 20%...	99
CIPRO HC SUS OTIC ..	102	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	7	<i>clobazam</i>	48
<i>cisplatin</i>	17	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	7	<i>clobetasol propionate</i>	111
<i>citalopram hydrobromide</i>	40	<i>clindamycin phosphate- tretinoin gel 1.2-0.025%</i>	108	<i>clobetasol propionate e</i> ..	111
CITALOPRAM		<i>clindamycin phosphate vaginal</i>	89	<i>clobetasol propionate emulsion</i>	111
HYDROBROMIDE.....	40	<i>clindamycin phosph- benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	108	CLOBEX	111
<i>claravis</i>	108	CLINDESSE.....	89	see <i>clobetasol propionate</i>	111
CLARINEX.....	103	CLINDMYC/NAC INJ 300/50ML	7	see <i>clodan</i>	111
see <i>desloratadine</i>	103	CLINDMYC/NAC INJ 600/50ML	7	<i>clocortolone pivalate</i>	111
CLARINEX-D TAB 2.5-120	103	CLINDMYC/NAC INJ 900/50ML	7	<i>clodan</i>	111
<i>clarithromycin</i>	14	CLINDMYC/NAC INJ 300/50ML	7	CLODERM.....	111
<i>clemastine fumarate</i>	103	CLINDMYC/NAC INJ 600/50ML	7	see <i>clocortolone pivalate</i>	111
CLENPIQ SOL 10 MG-3.5 GM-12 GM/160ML.....	85	CLINDMYC/NAC INJ 900/50ML	7	<i>clomipramine hcl</i>	40
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML.....	85	CLINIMIX E INJ 2.75/D5W	99	<i>clonazepam</i>	48
CLEOCIN	6, 89	CLINIMIX E INJ 4.25/D10	99	<i>clonidine</i>	36
see <i>clindamycin hcl</i>	6	CLINIMIX E INJ 4.25/D5W	99	<i>clonidine hcl</i>	36
see <i>clindamycin phosphate vaginal</i>	89	CLINIMIX E INJ 5%/D15W	99	<i>clonidine hcl (analgesia)</i> ...	1
CLEOCIN PEDIATRIC GRANULE	6	CLINIMIX E INJ 5%/D20W	99	<i>clopidogrel bisulfate</i>	92
see <i>clindamycin palmitate hydrochloride</i>	7	CLINIMIX E INJ 8/10.....	99	<i>clorazepate dipotassium</i> .	48
CLEOCIN PHOSPHATE...6		CLINIMIX E INJ 8/14.....	99	<i>clotrimazole</i>	116
see <i>clindamycin phosphate</i>	7	CLINIMIX INJ 4.25/D10 ..	99	<i>clotrimazole (topical)</i>	109
CLEOCIN-T.....	108	CLINIMIX INJ 4.25/D5W .	99	<i>clotrimazole w/ betamethasone cream 1- 0.05%</i>	110
see <i>clindamycin phosphate (topical)</i>	108	CLINIMIX INJ 5%/D15W .	99	<i>clzapine</i>	45
CLIMARA.....	75	CLINIMIX INJ 5%/D20W .	99	CLOZARIL	45
see <i>estradiol</i>	76	CLINIMIX INJ 6/5	99	see <i>clzapine</i>	45
CLIMARA PRO DIS WEEKLY	75	CLINIMIX INJ 8/10	99	COARTEM TAB 20-120MG	10
<i>clindacin</i>	108	CLINIMIX INJ 4.25/D10 ..	99	<i>codeine sulfate</i>	4
<i>clindacin etz pledgets</i>	108	CLINIMIX INJ 4.25/D5W .	99	CODEINE SULFATE	4
<i>clindacin-p</i>	108	CLINIMIX INJ 5%/D15W .	99	COLAZAL.....	84
CLINDAGEL.....	108	CLINIMIX INJ 5%/D20W .	99	see <i>balsalazide disodium</i>	84
<i>clindamycin hcl</i>	6	CLINIMIX E INJ 8/10.....	99	<i>colchicine</i>	1
<i>clindamycin palmitate hydrochloride</i>	7	CLINIMIX E INJ 8/14.....	99	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1
<i>clindamycin phosphate</i>	7	CLINIMIX INJ 4.25/D10 ..	99	COLCRYS.....	1
<i>clindamycin phosphate (topical)</i>	108	CLINIMIX INJ 4.25/D5W .	99	see <i>colchicine</i>	1
		CLINIMIX INJ 5%/D15W .	99	<i>colesevelam hcl</i>	32
		CLINIMIX INJ 5%/D20W .	99	COLESTID	32
		CLINIMIX INJ 6/5	99	see <i>colestipol hcl</i>	32
		CLINIMIX INJ 8/10	99	<i>colestipol hcl</i>	32

<i>colistimethate sodium</i>	7	CORTIFOAM	114	CUVPOSA	83
COLUMVI.....	21	CORTISONE ACETATE..	77	<i>see glycopyrrolate (oral)</i>	
COLY-MYCIN M	7	CORTISPORIN SUS -TC		.....	84
<i>see colistimethate</i>		OTIC.....	102	CUVRIOR	72
<i>sodium</i>	7	CORTROPHIN.....	78	<i>cyclobenzaprine hcl</i>	63
COMBIGAN SOL 0.2/0.5%		COSENTYX	93	<i>cyclophosphamide</i>	17
.....	101	COSENTYX		CYCLOPHOSPHAMIDE ..	17
COMBIPATCH DIS	75	SENSOREADY PEN ...	93	CYCLOPHOSPHAMIDE	
COMBIVENT AER 20-100		COSENTYX UNOREADY		MONOHYDR.....	17
.....	102	.....	93	<i>cycloserine</i>	12
COMBIVIR		COSOPT		<i>cyclosporine</i>	96
<i>see lamivudine-</i>		<i>see dorzolamide hcl-</i>		<i>cyclosporine modified (for</i>	
<i>zidovudine tab 150-</i>		<i>timolol maleate ophth</i>		<i>microemulsion)</i>	96
<i>300 mg</i>	12	<i>soln 2-0.5%</i>	101	CYKLOKAPRON	
COMBIVIR TAB 150-300	11	COSOPT PF		<i>see tranexamic acid</i> ...	92
COMETRIQ (60MG DOSE)		<i>see dorzolamide hcl-</i>		CYMBALTA.....	41
.....	21	<i>timolol maleate pf</i>		<i>see duloxetine hcl</i>	41
COMETRIQ KIT 100MG	21	<i>ophth soln 2-0.5%</i> ..	101	<i>cyproheptadine hcl</i>	103
COMETRIQ KIT 140MG	21	COSOPT PF SOL 2%-		CYRAMZA	21
COMPLERA TAB.....	11	0.5%	101	<i>cyred eq</i>	73
<i>compro</i>	82	COSOPT SOL 2-0.5%OP		CYSTADANE	
COMTAN	43	.....	101	<i>see betaine powder for</i>	
<i>see entacapone</i>	43	COTELLIC	21	<i>oral solution</i>	78
CONCERTA.....	54	COTEMPLA XR-ODT	54	CYSTADANE POW	78
<i>see methylphenidate hcl</i>		COZAAR.....	30	CYSTADROPS	102
.....	56	<i>see losartan potassium</i>		CYSTAGON.....	78
CONDYLOX.....	114	.....	30	CYSTARAN	102
CONJUPRI.....	34	CREON CAP 12000UNT	86	<i>cytarabine</i>	17
<i>constulose</i>	85	CREON CAP 24000UNT	86	CYTOGAM.....	95
CONZIP	3	CREON CAP 3000UNIT	86	CYTOMEL.....	81
COPAXONE.....	61	CREON CAP 36000UNT	86	<i>see liothyronine sodium</i>	
<i>see glatiramer acetate</i> ..	62	CREON CAP 6000UNIT	86	.....	82
<i>see glatopa</i>	62	CRESEMBA.....	9	CYTOTEC.....	85
COPIKTRA.....	21	CRESTOR	32	<i>see misoprostol</i>	86
CORDRAN.....	112	<i>see rosuvastatin calcium</i>		D	
COREG.....	33	.....	32	D10W/NAACL INJ 0.2%...98	
<i>see carvedilol</i>	33	CRINONE	81	D2.5W/NAACL INJ 0.45%.98	
COREG CR.....	33	<i>cromolyn sodium</i>	104	D5W/LYTES INJ #48	98
<i>see carvedilol phosphate</i>		<i>cromolyn sodium</i>		<i>dabigatran etexilate</i>	
.....	33	<i>(mastocytosis)</i>	85	<i>mesylate</i>	89
CORGARD.....	33	<i>cromolyn sodium (ophth)</i>		<i>dacarbazine</i>	19
<i>see nadolol</i>	34	.....	101	<i>dalfampridine</i>	62
CORLANOR.....	36	<i>croton</i>	116	DALIRESP	104
CORTEF	77	<i>cryselle-28</i>	73	<i>see roflumilast</i>	105
<i>see hydrocortisone</i>	77	CRYSVITA	78	DALVANCE.....	7
CORTENEMA	84	CUBICIN RF	7	<i>danazol</i>	75
<i>see hydrocortisone</i>		CUTAQUIG	95	DANTRIUM.....	63
<i>(intrarectal)</i>	84	CUVITRU	95	<i>see dantrolene sodium</i> 63	

<i>dantrolene sodium</i>	63	see <i>divalproex sodium</i>	49	<i>desogestrel & ethinyl</i>	
<i>dapsone</i>	7	DEPAKOTE SPRINKLES	48	<i>estradiol tab 0.15 mg-30</i>	
<i>dapsone (topical)</i>	108	.....	48	<i>mcg</i>	73
DAPTACEL INJ.....	97	see <i>divalproex sodium</i>	49	<i>desonide</i>	112
<i>daptomycin</i>	7	DEPEN TITRATABS.....	72	DESOWEN	112
DAPTOMYCIN	7	see <i>penicillamine</i>	72	see <i>desonide</i>	112
see <i>daptomycin</i>	7	DEPO-ESTRADIOL	76	<i>desoximetasone</i>	112
DARAPRIM.....	7	DEPO-MEDROL	77	DESVENLAFAXINE ER..	41
see <i>pyrimethamine</i>	8	see <i>methylprednisolone</i>		<i>desvenlafaxine succinate</i>	41
<i>darifenacin hydrobromide</i>		<i>acetate</i>	77	DETROL	88
.....	88	DEPO-PROVERA		see <i>tolterodine tartrate</i>	89
DARTISLA ODT.....	83	CONTRACEPTIV	73	DETROL LA	88
<i>darunavir</i>	10	see		see <i>tolterodine tartrate</i>	89
DARZALEX.....	21	<i>medroxyprogesterone</i>		DEXABLISS	77
DARZALEX SOL FASPRO		<i>acetate (contraceptive)</i>		<i>dexamethasone</i>	77
.....	21	.....	74	DEXAMETHASONE	
<i>dasetta 1/35</i>	73	DEPO-SUBQ PROVERA		INTENSOL	77
<i>dasetta 7/7/7</i>	73	104	73	<i>dexamethasone sodium</i>	
DAURISMO.....	21	<i>depo-testosterone</i>	65	<i>phosphate</i>	77
DAYBUE	60	DERMA-SMOOTH/FS		<i>dexamethasone sodium</i>	
DAYPRO.....	1	BODY	112	<i>phosphate (ophth)</i>	100
see <i>oxaprozin</i>	2	see <i>fluocinolone</i>		DEXEDRINE	54
<i>daysee</i>	73	<i>acetamide</i>	112	see <i>dextroamphetamine</i>	
DAYTRANA	54	DERMA-SMOOTH/FS		<i>sulfate</i>	55
see <i>methylphenidate</i> ..	55	SCALP.....	112	DEXILANT	86
DAYVIGO.....	57	see <i>fluocinolone</i>		see <i>dexlansoprazole</i> ..	87
DDAVP.....	78	<i>acetamide</i>	112	<i>dexlansoprazole</i>	87
see <i>desmopressin</i>		DERMOTIC.....	102	<i>dexmethylphenidate hcl</i> ..	54
<i>acetate</i>	78	see <i>flac</i>	102	<i>dexrazoxane hcl</i>	25
<i>deblitane</i>	73	see <i>fluocinolone</i>		<i>dextroamphetamine sulfate</i>	
<i>decitabine</i>	17	<i>acetamide (otic)</i>	102	.....	54, 55
<i>deferasirox</i>	72	DESCOVY TAB 120-15MG		<i>dextrose</i>	99
<i>deferiprone</i>	72	.....	11	DEXTROSE/SODIUM	
<i>deferroxamine mesylate</i> ..	72	DESCOVY TAB 200/25MG		CHLORIDE	
DELESTROGEN.....	75	.....	11	see <i>dextrose 5% w/</i>	
see <i>estradiol valerate</i> ..	76	DESFERAL.....	72	<i>sodium chloride</i>	
DELSTRIGO TAB	11	see <i>deferroxamine</i>		0.225%.....	98
DELZICOL	84	<i>mesylate</i>	72	<i>dextrose 10% w/ sodium</i>	
see <i>mesalamine</i>	84	<i>desipramine hcl</i>	41	<i>chloride 0.45%</i>	98
<i>demeclocycline hcl</i>	16	<i>desloratadine</i>	103	DEXTROSE 2.5%/NACL	
DEMSEER.....	36	<i>desmopressin acetate</i>	78	0.45%	
see <i>metirosine</i>	37	<i>desmopressin acetate</i>		see <i>dextrose 2.5% w/</i>	
DENAVIR.....	114	<i>spray</i>	78	<i>sodium chloride 0.45%</i>	
see <i>penciclovir</i>	115	<i>desmopressin acetate</i>		.....	98
DENGVAXIA SUS.....	97	<i>spray refrigerated</i>	78	<i>dextrose 2.5% w/ sodium</i>	
DEPAKOTE	48	<i>desogest-eth estrad & eth</i>		<i>chloride 0.45%</i>	98
see <i>divalproex sodium</i>	49	<i>estrad tab 0.15-0.02/0.01</i>		DEXTROSE 5%/NACL	
DEPAKOTE ER	48	<i>mg(21/5)</i>	73	0.3%	

see <i>dextrose 5% w/ sodium chloride 0.3%</i> .....98	<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> .....1	see <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>.....30
<i>dextrose 5% in lactated ringers</i> .....98	<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> .....1	see <i>valsartan-hydrochlorothiazide tab 320-25 mg</i>.....30
<i>dextrose 5% w/ sodium chloride 0.2%</i>.....98	<i>dicloxacillin sodium</i> .....15	see <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>.....30
<i>dextrose 5% w/ sodium chloride 0.225%</i>.....98	<i>dicyclomine hcl</i>.....83	DIOVAN HCT TAB 160-12.5 .....28
<i>dextrose 5% w/ sodium chloride 0.3%</i>.....98	DIFFERIN .....108	DIOVAN HCT TAB 160-25MG .....28
<i>dextrose 5% w/ sodium chloride 0.45%</i>.....98	see <i>adapalene</i> .....107	DIOVAN HCT TAB 320-12.5 .....28
<i>dextrose 5% w/ sodium chloride 0.9%</i>.....98	DIFICID .....14	DIOVAN HCT TAB 320-25MG .....28
DEXYCU .....100	<i>diflorasone diacetate</i>....112	DIOVAN HCT TAB 80/12.5 .....28
DHIVY TAB 25-100MG ...43	DIFLUCAN .....9	DIP/TET PED INJ 25-5LFU .....97
DIACOMIT .....48	see <i>fluconazole</i> .....9	DIPENTUM .....84
DIASTAT ACUDIAL .....48	<i>diflunisal</i> .....1	<i>diphenhydramine hcl</i>....103
see <i>diazepam (anticonvulsant)</i> .....48	<i>difluprednate</i> .....100	<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> ...85
DIASTAT PEDIATRIC....48	<i>digoxin</i>.....36	<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> .....85
<i>diazepam</i> .....48	<i>dihydroergotamine mesylate</i> .....58	DIPROLENE .....112
<i>diazepam (anticonvulsant)</i> .....48	DILANTIN.....48	see <i>betamethasone dipropionate augmented</i>.....111
.....48	see <i>phenytoin sodium extended</i>.....51	<i>dipyridamole</i>.....92
<i>diazepam inj</i>.....48	DILANTIN-125 .....49	<i>disopyramide phosphate</i> .31
<i>diazepam intensol</i>.....48	see <i>phenytoin</i> .....51	<i>disulfiram</i>.....65
<i>diazoxide</i>.....78	DILANTIN INFATABS ....48	DIURIL .....35
DIBENZYLINE .....36	see <i>phenytoin</i> .....51	<i>divalproex sodium</i> .....49
see <i>phenoxybenzamine hcl</i> .....37	DILAUDID .....4	DIVIGEL.....76
<i>dichlorphenamide</i>.....35	see <i>hydromorphone hcl</i> .5	see <i>estradiol</i> .....76
DICLEGIS	<i>diltiazem hcl</i> .....34	<i>docetaxel</i>.....19, 20
see <i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>....82	<i>diltiazem hcl coated beads</i> .....34	DOCETAXEL .....19
DICLEGIS TAB 10-10MG .....82	<i>diltiazem hcl extended release beads</i>.....34	see <i>docetaxel</i> .....19, 20
<i>diclofenac potassium</i> .....1	<i>dilt-xr</i> .....34	<i>dofetilide</i>.....31
<i>diclofenac potassium (migraine)</i> .....58	<i>dimethyl fumarate</i> .....62	DOJOLVI.....78
<i>diclofenac sodium</i> .....1	<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> .....62	<i>dolishale</i>.....73
<i>diclofenac sodium (actinic keratoses)</i>.....114	DIOVAN .....30	<i>donepezil hydrochloride</i> ..39
<i>diclofenac sodium (ophth)</i> .....100	see <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>.....30	DOPTELET .....91
<i>diclofenac sodium (topical)</i> .....114	DIOVAN HCT	DORYX .....16
	see <i>valsartan-hydrochlorothiazide tab 160-25 mg</i>.....30	

see <i>doxycycline hyclate</i>	see <i>pioglitazone hcl-</i>	see <i>naproxen</i>.....2
.....16	<i>glimepiride tab 30-2</i>	<i>ec-naproxen</i> .....1
DORYX MPC .....16	<i>mg</i>.....68	<i>econazole nitrate</i>.....110
<i>dorzolamide hcl</i>.....101	see <i>pioglitazone hcl-</i>	EDARBI.....30
<i>dorzolamide hcl-timolol</i>	<i>glimepiride tab 30-4</i>	EDARBYCLOR TAB 40-
<i>maleate ophth soln 2-</i>	<i>mg</i>.....68	12.5 .....28
0.5% .....101	DUETACT TAB 30-2MG .66	EDARBYCLOR TAB 40-
<i>dorzolamide hcl-timolol</i>	DUETACT TAB 30-4MG .66	25MG.....28
<i>maleate pf ophth soln 2-</i>	DUEXIS	EDECRIN.....35
0.5% .....101	see <i>ibuprofen-famotidine</i>	see <i>ethacrynic acid</i>.....35
<i>dotti</i> .....76	<i>tab 800-26.6 mg</i>.....2	EDLUAR .....57
DOVATO TAB 50-300MG	DUEXIS TAB 800-26.6 .....1	EDURANT.....10
.....11	DULERA AER 100-5MCG	<i>efavirenz</i> .....10
<i>doxazosin mesylate</i> .....27	.....107	<i>efavirenz-emtricitabine-</i>
<i>doxepin hcl</i>.....41	DULERA AER 200-5MCG	<i>tenofovir df tab 600-200-</i>
<i>doxepin hcl (antipruritic)</i> 114	.....107	300 mg .....11
<i>doxepin hcl (sleep)</i>.....57	DULERA AER 50-5MCG	<i>efavirenz-lamivudine-</i>
<i>doxercalciferol</i>.....82	.....107	<i>tenofovir df tab 400-300-</i>
DOXIL .....17	<i>duloxetine hcl</i>.....41	300 mg .....11
see <i>doxorubicin hcl</i>	DUOBRII LOT .....112	<i>efavirenz-lamivudine-</i>
<i>liposomal</i>.....17	DUOPA SUS 4.63-20.....43	<i>tenofovir df tab 600-300-</i>
<i>doxorubicin hcl</i>.....17	DUPIXENT .....93	300 mg .....11
<i>doxorubicin hcl liposomal</i> 17	DURACLON.....1	<i>EFFEXOR XR</i>.....41
<i>doxy 100</i> .....16	see <i>clonidine hcl</i>	see <i>venlafaxine hcl</i>.....42
<i>doxycycline (monohydrate)</i>	(<i>analgesia</i>) .....1	EFFIENT .....92
.....16	DUREZOL.....100	see <i>prasugrel hcl</i>.....92
<i>doxycycline (rosacea)</i> ...114	see <i>difluprednate</i>.....100	EFUDEX .....114
<i>doxycycline hyclate</i> .....16	<i>dutasteride</i> .....88	see <i>fluorouracil (topical)</i>
<i>doxylamine-pyridoxine tab</i>	<i>dutasteride-tamsulosin hcl</i>	.....114
<i>delayed release 10-10</i>	<i>cap 0.5-0.4 mg</i> .....88	EGRIFTA SV.....78
<i>mg</i> .....82	DXEVO 11-DAY.....77	ELAPRASE.....78
<i>dronabinol</i> .....82	DYANAVEL XR.....55	ELELYSO.....78
<i>drospirenone-ethinyl</i>	DYMISTA	ELESTRIN .....76
<i>estradiol tab 3-0.02 mg</i> 73	see <i>azelastine hcl-</i>	<i>eletriptan hydrobromide</i> ..58
<i>drospirenone-ethinyl</i>	<i>fluticasone prop nasal</i>	ELFABRIO .....78
<i>estradiol tab 3-0.03 mg</i> 73	<i>spray 137-50 mcg/act</i>	ELIDEL.....114
<i>drospirenone-ethinyl</i>	.....103	see <i>pimecrolimus</i> .....115
<i>estrad-levomefolate tab</i>	DYMISTA SPR 137-50 .103	ELIGARD .....18
3-0.02-0.451 mg .....73	DYRENIUM.....35	<i>elinest</i>.....73
<i>drospirenone-ethinyl</i>	see <i>triamterene</i> .....36	ELIQUIS.....89
<i>estrad-levomefolate tab</i>	DYSPORT.....63	ELIQUIS STARTER PACK
3-0.03-0.451 mg .....73	E	.....89
DROXIA .....91	<i>e.e.s. 400</i> .....14	ELITEK.....25
<i>droxidopa</i> .....36, 37	E.E.S. GRANULES .....14	<i>elixophyllin</i> .....104
DUAKLIR AER 400/12..102	see <i>erythromycin</i>	ELLENCES.....17
DUETACT	<i>ethylsuccinate</i> .....14	ELMIRON.....88
	EC-NAPROSYN	<i>eluryng</i> .....73
	see <i>ec-naproxen</i>.....1	EMCYT .....18

EMEND	82	ENSPRYNG	60	<i>eplerenone</i>	27
see <i>aprepitant</i>	82	ENSTILAR AER	112	EPOGEN	90
see <i>fosaprepitant</i>		<i>entacapone</i>	43	<i>epoprostenol sodium</i>	38
<i>dimeglumine</i>	82	ENTADFI CAP 5-5MG ...	88	EPRONTIA	49
EMEND TRIPAC PAK 80 &		<i>entecavir</i>	12	EPSOLAY	108
125	82	ENTRESTO TAB 24-26MG		EPZICOM	
EMGALITY	58	.....	28	see <i>abacavir sulfate-</i>	
EMPAVELI	91	ENTRESTO TAB 49-51MG		<i>lamivudine tab 600-</i>	
EMPLICITI	21	.....	28	300 mg	11
EMSAM	41	ENTRESTO TAB 97-		EPZICOM TAB 600-300 .	12
<i>emtricitabine</i>	10	103MG	28	EQUETRO	60
<i>emtricitabine-tenofovir</i>		ENTYVIO	93	ERAXIS	9
<i>disoproxil fumarate tab</i>		<i>enulose</i>	85	ERBITUX	21
100-150 mg	11	ENVARUSUS XR	96	<i>ergotamine w/ caffeine tab</i>	
<i>emtricitabine-tenofovir</i>		EPANED	26	1-100 mg	58
<i>disoproxil fumarate tab</i>		see <i>enalapril maleate</i> ..	26	ERIVEDGE	21
133-200 mg	11	EPCLUSA PAK 150-37.5	12	ERLEADA	18
<i>emtricitabine-tenofovir</i>		EPCLUSA PAK 200-50MG		<i>erlotinib hcl</i>	21
<i>disoproxil fumarate tab</i>		.....	12	ERMEZA	81
167-250 mg	12	EPCLUSA TAB 200-50MG		<i>errin</i>	73
<i>emtricitabine-tenofovir</i>		.....	12	ERTACZO	110
<i>disoproxil fumarate tab</i>		EPCLUSA TAB 400-100.	12	<i>ertapenem sodium</i>	7
200-300 mg	12	EPIDIOLEX	49	<i>ery</i>	108
EMTRIVA	10	EPIDUO		ERYGEL	108
see <i>emtricitabine</i>	10	see <i>adapalene-benzoyl</i>		see <i>erythromycin (acne</i>	
EMVERM	7	<i>peroxide gel 0.1-2.5%</i>		<i>aid)</i>	108
<i>enalapril maleate</i>	26	.....	107	ERYPED 200	14
<i>enalapril maleate &</i>		EPIDUO FORTE		ERYPED 400	14
<i>hydrochlorothiazide tab</i>		see <i>adapalene-benzoyl</i>		see <i>erythromycin</i>	
10-25 mg	26	<i>peroxide gel 0.3-2.5%</i>		<i>ethylsuccinate</i>	14
<i>enalapril maleate &</i>		.....	108	<i>ery-tab</i>	14
<i>hydrochlorothiazide tab</i>		EPIDUO FORTE GEL 0.3-		ERYTHROCIN	
5-12.5 mg	26	2.5%	108	LACTOBIONATE	14
ENBREL	93	EPIDUO GEL 0.1-2.5%.	108	see <i>erythromycin</i>	
ENBREL MINI	93	EPIFOAM AER 1%	112	<i>lactobionate</i>	14
ENBREL SURECLICK ...	93	<i>epinastine hcl (ophth)</i> ...	101	<i>erythrocin stearate</i>	14
ENDARI	91	<i>epinephrine (anaphylaxis)</i>		<i>erythromycin (acne aid)</i> ..	108
<i>endocet tab 10-325mg</i>	4	.....	37, 105	<i>erythromycin (ophth)</i>	100
<i>endocet tab 2.5-325mg</i>	4	EPIPEN 2-PAK	105	<i>erythromycin base</i>	14
<i>endocet tab 5-325mg</i>	4	see <i>epinephrine</i>		<i>erythromycin ethylsuccinate</i>	
<i>endocet tab 7.5-325mg</i>	4	(<i>anaphylaxis</i>)	105	.....	14
ENGERIX-B	97	EPIPEN-JR 2-PAK	105	<i>erythromycin lactobionate</i>	
ENHERTU	21	see <i>epinephrine</i>		.....	14
<i>enilloring</i>	73	(<i>anaphylaxis</i>)	105	ESBRIET	105
ENJAYMO	91	<i>epitol</i>	49	see <i>pirfenidone</i>	105
<i>enoxaparin sodium</i>	89	EPIVIR	10	<i>escitalopram oxalate</i>	41
<i>enpresse-28</i>	73	see <i>lamivudine</i>	11	<i>esomeprazole magnesium</i>	
<i>enskyce</i>	73	EPKINLY	21	.....	87

<i>esomeprazole sodium</i>.....87	EXELON .....39	EXFORGE TAB 10-160MG
<i>estarylla</i>.....73	<i>see rivastigmine</i> .....40	.....29
<i>estazolam</i>.....57	exemestane .....18	EXFORGE TAB 10-320MG
ESTRACE .....76	EXFORGE	.....29
<i>see estradiol</i>.....76	<i>see amlodipine besylate-</i>	EXFORGE TAB 5-160MG
<i>see estradiol vaginal</i> ...76	<i>valsartan tab 10-160</i>	.....28
<i>estradiol</i> .....76	<i>mg</i>.....27	EXFORGE TAB 5-320MG
<i>estradiol & norethindrone</i>	<i>see amlodipine besylate-</i>	.....29
<i>acetate tab 0.5-0.1 mg</i> 76	<i>valsartan tab 10-320</i>	EXJADE .....72
<i>estradiol & norethindrone</i>	<i>mg</i>.....27	<i>see deferasirox</i>.....72
<i>acetate tab 1-0.5 mg</i> ...76	<i>see amlodipine besylate-</i>	EXKIVITY .....21
<i>estradiol vaginal</i> .....76	<i>valsartan tab 5-160 mg</i>	EXSERVAN .....60
<i>estradiol valerate</i>.....76	.....27	EXTAVIA.....62
ESTRING .....76	<i>see amlodipine besylate-</i>	EYLEA .....102
ESTROGEL .....76	<i>valsartan tab 5-320 mg</i>	EYSUVIS .....100
<i>eszopiclone</i> .....57	.....27	EZALLOR SPRINKLE....32
<i>ethacrynic acid</i> .....35	EXFORGE HCT	<i>ezetimibe</i>.....32
<i>ethambutol hcl</i>.....12	<i>see amlodipine-</i>	<i>ezetimibe-simvastatin tab</i>
<i>ethosuximide</i> .....49	<i>valsartan-</i>	<i>10-10 mg</i> .....32
<i>ethynodiol diacetate &</i>	<i>hydrochlorothiazide tab</i>	<i>ezetimibe-simvastatin tab</i>
<i>ethinyl estradiol tab 1</i>	<i>10-160-12.5 mg</i> .....28	<i>10-20 mg</i> .....32
<i>mg-35 mcg</i> .....73	<i>see amlodipine-</i>	<i>ezetimibe-simvastatin tab</i>
<i>ethynodiol diacetate &</i>	<i>valsartan-</i>	<i>10-40 mg</i> .....32
<i>ethinyl estradiol tab 1</i>	<i>hydrochlorothiazide tab</i>	<i>ezetimibe-simvastatin tab</i>
<i>mg-50 mcg</i> .....73	<i>10-160-25 mg</i> .....28	<i>10-80 mg</i> .....32
<i>etodolac</i> .....1	<i>see amlodipine-</i>	F
<i>etonogestrel-ethinyl</i>	<i>valsartan-</i>	FABIOR.....109
<i>estradiol va ring 0.120-</i>	<i>hydrochlorothiazide tab</i>	FABRAZYME .....78
<i>0.015 mg/24hr</i> .....73	<i>10-320-25 mg</i> .....28	<i>falmina</i> .....73
ETOPOPHOS .....20	<i>see amlodipine-</i>	<i>famciclovir</i> .....12
<i>etoposide</i> .....20	<i>valsartan-</i>	<i>famotidine</i> .....84
<i>etravirine</i> .....10	<i>hydrochlorothiazide tab</i>	<i>famotidine in nacl 0.9% iv</i>
EUCRISA .....114	<i>5-160-12.5 mg</i> .....27	<i>soln 20 mg/50ml</i> .....84
EULEXIN.....18	<i>see amlodipine-</i>	FANAPT .....45
<i>euthyrox</i> .....81	<i>valsartan-</i>	FANAPT PAK.....45
EVAMIST .....76	<i>hydrochlorothiazide tab</i>	FARESTON .....18
EVENITY.....71	<i>5-160-25 mg</i> .....27	<i>see toremifene citrate</i> ..18
<i>everolimus</i>.....21	EXFORGE HCT TAB 10-	FARXIGA .....66
<i>everolimus</i>	160-12.5MG .....28	FASENRA.....105
<i>(immunosuppressant)</i> ..96	EXFORGE HCT TAB 10-	FASENRA PEN.....105
EVISTA .....78	160-25MG .....28	FASLODEX.....18
<i>see raloxifene hcl</i> .....80	EXFORGE HCT TAB 10-	<i>see fulvestrant</i>.....18
EVKEEZA .....32	320-25MG .....28	<i>febuxostat</i> .....1
EVOTAZ TAB 300-150 ...12	EXFORGE HCT TAB 5-	<i>felbamate</i> .....49
EVOXAC .....116	160-12.5MG .....28	FELBATOL.....49
<i>see cevimeline hcl</i>....116	EXFORGE HCT TAB 5-	<i>see felbamate</i>.....49
EVRYSDI .....60	160-25MG .....28	FELDENE .....1
EXELDERM .....110		<i>see piroxicam</i> .....2

<i>felodipine</i>	34	FLEQSUVY.....	63	<i>fluticasone-salmeterol aer</i>	
FEMARA.....	18	<i>see baclofen</i>	63	<i>powder ba 250-50</i>	
<i>see letrozole</i>	18	FLOLAN.....	38	<i>mcg/act</i>	107
FEMRING.....	76	<i>see epoprostenol sodium</i>		<i>fluticasone-salmeterol aer</i>	
<i>fenofibrate</i>	31	.....	38	<i>powder ba 500-50</i>	
<i>fenofibrate micronized</i>	31	FLOLIPID.....	32	<i>mcg/act</i>	107
FENOGLIDE.....	31	FLOMAX.....	88	<i>fluvastatin sodium</i>	32
<i>see fenofibrate</i>	31	<i>see tamsulosin hcl</i>	88	<i>fluvoxamine maleate</i>	39
<i>fenoprofen calcium</i>	1	FLOVENT DISKUS.....	106	FML FORTE.....	100
FENSOLVI.....	78	FLOVENT HFA.....	106	FML LIQUIFILM.....	100
<i>fentanyl</i>	3	<i>fluconazole</i>	9	FOCALIN.....	55
<i>fentanyl citrate</i>	4	<i>fluconazole in nacl 0.9% inj</i>		<i>see dexmethylphenidate</i>	
FENTORA.....	4	200 mg/100ml.....	9	<i>hcl</i>	54
FERRIPROX.....	72	<i>fluconazole in nacl 0.9% inj</i>		FOCALIN XR.....	55
<i>see deferiprone</i>	72	400 mg/200ml.....	9	<i>see dexmethylphenidate</i>	
FERRIPROX TWICE-A-		<i>flucytosine</i>	9	<i>hcl</i>	54
DAY.....	72	<i>fludarabine phosphate</i>	17	FOLOTYN.....	17
<i>fesoterodine fumarate</i>	88	<i>fludrocortisone acetate</i>	77	<i>fondaparinux sodium</i>	89
FETROJA.....	14	<i>flunisolide (nasal)</i>	106	FORFIVO XL.....	41
FETZIMA.....	41	<i>fluocinolone acetonide</i>	112	<i>formoterol fumarate</i>	104
FETZIMA CAP TITRATIO		<i>fluocinolone acetonide</i>		FORTEO.....	71
.....	41	<i>(otic)</i>	102	FORTESTA.....	65
FIASP FLEX INJ TOUCH69		<i>fluocinonide</i>	112	<i>see testosterone</i>	65
FIASP INJ 100/ML.....	69	<i>fluocinonide emulsified</i>		FOSAMAX.....	71
FIASP PENFIL INJ U-100		<i>base</i>	112	<i>see alendronate sodium</i>	
.....	69	<i>fluorometholone (ophth)</i>	100	.....	71
FIASP PMPCRT INJ U-100		<i>fluorouracil</i>	17	FOSAMAX + D TAB 70-	
.....	69	<i>fluorouracil (topical)</i>	114	2800.....	71
FILSPARI.....	88	<i>fluoxetine hcl</i>	41	FOSAMAX + D TAB 70-	
FINACEA.....	114	<i>fluoxetine hcl (pmd)</i>	41	5600.....	71
<i>see azelaic acid</i>	114	FLUOXETINE		<i>fosamprenavir calcium</i>	10
<i>finasteride</i>	88	HYDROCHLORIDE.....	41	<i>fosaprepitant dimeglumine</i>	
<i> fingolimod hcl</i>	62	<i>see fluoxetine hcl</i>	41	.....	82
FINTEPLA.....	49	<i>fluphenazine decanoate</i>	45	<i>foscarnet sodium</i>	12
<i>finzala</i>	73	<i>fluphenazine hcl</i>	45	FOSCAVIR	
FIRAZYR.....	91	<i>flurandrenolide</i>	112	<i>see foscarnet sodium</i>	12
<i>see icatibant acetate</i>	91	<i>flurbiprofen</i>	1	<i>fosinopril sodium</i>	27
<i>see sajazir</i>	92	<i>flurbiprofen sodium</i>	100	<i>fosinopril sodium &</i>	
FIRDAPSE.....	60	<i>fluticasone propionate</i>	112,	<i>hydrochlorothiazide tab</i>	
FIRMAGON.....	18	113		10-12.5 mg.....	26
FIRVANQ.....	7	<i>fluticasone propionate</i>		<i>fosinopril sodium &</i>	
<i>see vancomycin hcl</i>	9	<i>(nasal)</i>	106	<i>hydrochlorothiazide tab</i>	
<i>flac</i>	102	<i>fluticasone propionate hfa</i>		20-12.5 mg.....	26
FLAGYL.....	7	.....	106	FOSRENOL.....	81
<i>see metronidazole</i>	7	<i>fluticasone-salmeterol aer</i>		<i>see lanthanum carbonate</i>	
FLAREX.....	100	<i>powder ba 100-50</i>		.....	81
FLEBOGAMMA DIF.....	95	<i>mcg/act</i>	107	FOTIVDA.....	21
<i>flecainide acetate</i>	31			FRAGMIN.....	89, 90

FROVA.....	58	<i>gemmily</i>	73	<i>glucagon (rdna)</i>	78
see <i>frovatriptan</i>		GEMTESA	88	GLUCAGON	
<i>succinate</i>	59	<i>generlac</i>	85	EMERGENCY KIT.....	78
<i>frovatriptan succinate</i>	59	<i>gengraf</i>	96	see <i>glucagon (rdna)</i>	78
FULPHILA.....	90	GENOTROPIN.....	78	GLUCOTROL XL	66
<i>fulvestrant</i>	18	GENOTROPIN MINIQUICK		see <i>glipizide</i>	66
FUROSCIX	35	.....	79	see <i>glipizide xl</i>	66
<i>furosemide</i>	35	<i>gentamicin in saline inj 0.8</i>		GLUMETZA	66
<i>furosemide inj</i>	35	<i>mg/ml</i>	7	see <i>metformin hcl</i> ..	67, 68
FUZEON	10	<i>gentamicin in saline inj 1.2</i>		GLYCATE	83
FYARRO	21	<i>mg/ml</i>	7	<i>glycopyrrolate</i>	83, 84
<i>fyavolv tab 0.5mg-2.5mcg</i>		<i>gentamicin in saline inj 1.6</i>		GLYCOPYRROLATE.....	84
.....	76	<i>mg/ml</i>	7	<i>glycopyrrolate (oral)</i>	84
<i>fyavolv tab 1mg-5mcg</i>	76	<i>gentamicin in saline inj 1</i>		<i>glydo</i>	114
FYCOMPA.....	49	<i>mg/ml</i>	7	GLYXAMBI TAB 10-5 MG	
FYLNETRA	90	<i>gentamicin in saline inj 2</i>		.....	67
G		<i>mg/ml</i>	7	GLYXAMBI TAB 25-5 MG	
<i>gabapentin</i>	49	<i>gentamicin sulfate</i>	7	.....	67
GALAFOLD.....	78	<i>gentamicin sulfate (ophth)</i>		GOCOVRI	43
<i>galantamine hydrobromide</i>		.....	100	GOLYTELY	
.....	40	<i>gentamicin sulfate (topical)</i>		see <i>gavilyte-g</i>	85
GAMASTAN INJ	95	.....	109	see <i>peg 3350-kcl-na</i>	
GAMMAGARD LIQUID	95	GENVOYA TAB	12	<i>bicarb-nacl-na sulfate</i>	
GAMMAGARD S/D IGA		GEODON	45	<i>for soln 236 gm</i>	85
LESS TH	95	see <i>ziprasidone hcl</i>	47	GOLYTELY SOL.....	85
GAMMAKED	95	see <i>ziprasidone mesylate</i>		GRALISE	60
GAMMAPLEX	95	.....	47	<i>granisetron hcl</i>	83
GAMUNEX-C	95	GILENYA	62	GRANIX	90
GANCICLOVIR	12	see <i>finngolimod hcl</i>	62	GRASTEK.....	95
<i>ganciclovir sodium</i>	12	GILOTRIF	21	<i>griseofulvin microsize</i>	9
GARDASIL 9 INJ	97	GIMOTI	83	<i>griseofulvin ultramicronsize</i> ..	9
GASTROCROM.....	85	GIVLAARI	91	<i>guanfacine hcl</i>	37
see <i>cromolyn sodium</i>		GLASSIA.....	105	<i>guanfacine hcl (adhd)</i>	55
(<i>mastocytosis</i>).....	85	<i>glatiramer acetate</i>	62	GVOKE HYPOPEN 2-	
<i>gatifloxacin (ophth)</i>	100	<i>glatopa</i>	62	PACK.....	78
GATTEX.....	85	GLEEVEC	21	GVOKE KIT.....	78
GAUZE PADS 2X2	69	see <i>imatinib mesylate</i> ..	22	GVOKE PFS	78
<i>gavilyte-c</i>	85	GLEOSTINE	17	GYNAZOLE-1	89
<i>gavilyte-g</i>	85	<i>glimepiride</i>	66	H	
GAVRETO	21	<i>glipizide</i>	66	HAEGARDA.....	91
GAZYVA	21	<i>glipizide-metformin hcl tab</i>		<i>hailey 1.5/30</i>	73
<i>gefittinib</i>	21	2.5-250 mg	66	<i>hailey 24 fe</i>	73
GELNIQUE	88	<i>glipizide-metformin hcl tab</i>		HALAVEN	20
<i>gemcitabine hcl</i>	17	2.5-500 mg	66	<i>halcinonide</i>	113
GEMCITABINE		<i>glipizide-metformin hcl tab</i>		HALCION	57
HYDROCHLORIDE.....	17	5-500 mg	66	see <i>triazolam</i>	58
see <i>gemcitabine hcl</i>	17	<i>glipizide xl</i>	66	HALDOL DECANOATE	
<i>gemfibrozil</i>	31	GLUCAGEN HYPOKIT ...	78	100	45

<i>see haloperidol</i>	HIPREX.....7	<i>see hydroxyurea</i>.....19
<i>decanoate</i>.....45	<i>see methenamine</i>	hydrochlorothiazide.....35
HALDOL DECANOATE 50	<i>hippurate</i>.....7	hydrocodone-
<i>see haloperidol</i>	HIZENTRA.....95	acetaminophen soln 7.5-
<i>decanoate</i>.....45	HORIZANT.....60	325 mg/15ml.....4
halobetasol propionate..113	HUMALOG.....69	hydrocodone-
HALOBETASOL	HUMALOG JUNIOR	acetaminophen tab 10-
PROPIONATE.....113	KWIKPEN.....69	300 mg .....4
haloette.....73	HUMALOG KWIKPEN ....70	hydrocodone-
HALOG.....113	HUMALOG MIX INJ 50/50	acetaminophen tab 10-
<i>see halcinonide</i>.....113	.....70	325 mg .....5
haloperidol.....45	HUMALOG MIX INJ	hydrocodone-
haloperidol decanoate....45	50/50KWP .....70	acetaminophen tab 5-300
haloperidol lactate.....45	HUMALOG MIX INJ	mg .....4
HARVONI PAK 33.75-	75/25KWP .....70	hydrocodone-
150MG.....12	HUMALOG MIX SUS 75/25	acetaminophen tab 5-325
HARVONI PAK 45-200MG	.....70	mg .....4
.....12	HUMALOG TEMPO PEN70	hydrocodone-
HARVONI TAB 45-200MG	HUMATIN.....7	acetaminophen tab 7.5-
.....13	HUMATROPE.....79	300 mg .....4
HARVONI TAB 90-400MG	HUMIRA.....93	hydrocodone-
.....13	HUMIRA PEDIA INJ	acetaminophen tab 7.5-
HAVRIX.....97	CROHNS.....93	325 mg .....4
heather.....73	HUMIRA PEDIATRIC	hydrocodone bitartrate.....3
HELIDAC MIS THERAPY	CROHNS D.....93	hydrocodone-ibuprofen tab
.....85	HUMIRA PEN.....93	10-200 mg .....5
HEMADY.....77	HUMIRA PEN-CD/UC/HS	hydrocodone-ibuprofen tab
HEPARIN/NACL INJ	START.....93	5-200 mg .....5
25000UNT.....90	HUMIRA PEN KIT PS/UV	hydrocodone-ibuprofen tab
HEPARIN SODIUM.....90	.....93	7.5-200 mg .....5
heparin sodium (porcine) 90	HUMIRA PEN-PEDIATRIC	hydrocortisone.....77
HEPLISAV-B.....97	UC S.....93	hydrocortisone (intrarectal)
HEP SOD/D5W INJ	HUMIRA PEN-PS/UV	.....84
20000UNT.....90	STARTER.....93	hydrocortisone (rectal) ..115
HEP SOD/D5W INJ	HUMULIN INJ 70/30.....70	hydrocortisone (topical).113
25000UNT.....90	HUMULIN INJ 70/30KWP	hydrocortisone butyrate 113
HEP SOD/NACL INJ	.....70	hydrocortisone butyrate
12500UNT.....90	HUMULIN N.....70	hydrophilic lipo base..113
HEP SOD/NACL INJ	HUMULIN N KWIKPEN ..70	hydrocortisone valerate.113
25000UNT.....90	HUMULIN R.....70	hydrocortisone w/ acetic
HERCEP HYLEC SOL 60-	HUMULIN R U-500	acid otic soln 1-2% ....102
10000.....21	(CONCENTR.....70	hydromorphone hcl.....3, 5
HERCEPTIN.....21	HUMULIN R U-500	HYDROMORPHONE
HERZUMA.....21	KWIKPEN.....70	HYDROCHLORI.....5
HETLIOZ.....57	HYCAMTIN	hydroxychloroquine sulfate
<i>see tasimelteon</i>.....57	<i>see topotecan hcl</i>.....19	.....95
HETLIOZ LQ.....57	hydralazine hcl.....37	
HIBERIX.....97	HYDREA.....19	

<i>hydroxyprogesterone caproate (antineoplastic)</i>	18	<i>imipenem-cilastatin intravenous for soln 250 mg</i>	7	<i>see eplerenone</i>	27
<i>hydroxyurea</i>	19	<i>imipenem-cilastatin intravenous for soln 500 mg</i>	7	INSULIN ASPA INJ 70/30	70
<i>hydroxyzine hcl</i>	103	<i>imipramine hcl</i>	41	INSULIN ASPART	70
<i>hydroxyzine pamoate</i>	103	<i>imipramine pamoate</i>	41	INSULIN ASPART FLEXPEN	70
HYFTOR	115	<i>imiquimod</i>	115	INSULIN ASPART PENFILL.....	70
HYQVIA INJ 10-800.....	95	<i>imiquimod pump</i>	115	INSULIN DEGLUDEC.....	70
HYQVIA INJ 2.5-200.....	95	IMITREX	59	INSULIN DEGLUDEC FLEXTOUC	70
HYQVIA INJ 20-1600.....	95	<i>see sumatriptan</i>	59	INSULIN GLARGINE	70
HYQVIA INJ 30-2400.....	95	<i>see sumatriptan succinate</i>	60	INSULIN GLARGINE SOLOSTAR.....	70
HYQVIA INJ 5-400.....	95	IMITREX STATDOSE REFILL	59	INSULIN LISP INJ PROTAMIN	70
HYSINGLA ER.....	3	<i>see sumatriptan succinate</i>	59	INSULIN LISPRO.....	70
HYZAAR <i>see losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	29	IMITREX STATDOSE SYSTEM.....	59	INSULIN LISPRO JUNIOR KWI.....	70
<i>see losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	29	<i>see sumatriptan succinate</i>	59	INSULIN LISPRO KWIKPEN.....	70
<i>see losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	29	IMJUDO	22	INSULIN PEN NEEDLES: BD/NOVO.....	70
HYZAAR TAB 100-12.5	29	IMOVAX RABIES (H.D.C.V.).....	97	INSULIN SAFETY NEEDLES.....	70
HYZAAR TAB 100-25	29	IMPAVIDO	7	INSULIN SYRINGES: BD	70
HYZAAR TAB 50-12.5	29	IMURAN.....	96	INTELENCE	10
I		<i>see azathioprine</i>	96	<i>see etravirine</i>	10
<i>ibandronate sodium</i>	71	IMVEXXY MAINTENANCE PACK.....	76	INTRALIPID	99
IBRANCE	21	IMVEXXY STARTER PACK	76	INTRAROSA.....	88
IBSRELA.....	85	INBRIJA	43	<i>introvale</i>	73
<i>ibu</i>	1	<i>incassia</i>	73	INTUNIV.....	55
<i>ibuprofen</i>	1	INCRELEX.....	79	<i>see guanfacine hcl (adhd)</i>	55
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	2	INCRUSE ELLIPTA	103	INVANZ.....	7
<i>icatibant acetate</i>	91	<i>indapamide</i>	35	INVEGA	45
<i>iclevia</i>	73	INDERAL LA.....	33	<i>see paliperidone</i>	46
ICLUSIG.....	21	<i>see propranolol hcl</i>	34	INVEGA HAFYERA	45
IDHIFA	22	INFANRIX INJ.....	97	INVEGA SUSTENNA.....	45
IFEX	17	INFLECTRA.....	93	INVEGA TRINZA	45
<i>ifosfamide</i>	17	INFLIXIMAB.....	93	INVELTYS.....	100
IFOSFAMIDE	17	INLYTA	22	INVOKAMET TAB 150-1000	67
ILARIS.....	95	INQOVI TAB 35-100MG	17	INVOKAMET TAB 150-500	67
ILEVRO.....	100	INREBIC	22	INVOKAMET TAB 50-1000	67
ILUMYA.....	93	INS ASP PROT INJ FLEXPEN	70	INSPRA.....	27
<i>imatinib mesylate</i>	22	INS ASP PROT INJ	70		
IMBRUVICA.....	22				
IMFINZI	22				

INVOKAMET TAB 50-500MG.....67	ISTURISA .....79	joyeaux.....73
INVOKAMET XR TAB 150-1000 .....67	itraconazole.....9	JUBLIA.....110
INVOKAMET XR TAB 150-500 .....67	ivermectin.....7	juleber .....73
INVOKAMET XR TAB 50-1000 .....67	ivermectin (rosacea) .....115	JULUCA TAB 50-25MG ..12
INVOKAMET XR TAB 50-500MG.....67	IXEMPRA KIT .....20	junel 1/20 .....73
INVOKANA .....67	IXIARO INJ .....97	junel 1.5/30 .....73
IPOL INJ INACTIVE.....97	J	junel fe 1/20 .....73
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml .....102	JADENU.....72	junel fe 1.5/30 .....73
ipratropium bromide .....103	see deferasirox.....72	junel fe 24 .....73
ipratropium bromide (nasal) .....103	JADENU SPRINKLE.....72	JUXTAPID.....32
irbesartan .....30	see deferasirox.....72	JYNARQUE .....79
irbesartan- hydrochlorothiazide tab 150-12.5 mg .....29	JAKAFI.....22	JYNARQUE PAK 30-15MG .....79
irbesartan- hydrochlorothiazide tab 300-12.5 mg .....29	JALYN	JYNARQUE PAK 45-15MG .....79
IRESSA.....22	see dutasteride- tamsulosin hcl cap 0.5-0.4 mg .....88	JYNARQUE PAK 60-30MG .....79
see gefitinib .....21	jantoven .....90	JYNARQUE PAK 90-30MG .....79
irinotecan hcl.....19	JANUMET TAB 50-1000.67	JYNNEOS .....97
ISENTRESS.....10	JANUMET TAB 50-500MG .....67	K
ISENTRESS HD .....10	JANUMET XR TAB 100-1000 .....67	KADCYLA.....22
isibloom.....73	JANUMET XR TAB 50-1000 .....67	kaitlib fe.....73
ISOLYTE-P INJ /D5W....98	JANUMET XR TAB 50-500MG.....67	KALBITOR .....91
ISOLYTE-S INJ.....98	JANUVIA.....67	KALETRA
ISOLYTE-S INJ PH 7.4...98	JARDIANCE.....67	see lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) .....12
isoniazid .....12	jasmiel.....73	see lopinavir-ritonavir tab 100-25 mg.....12
ISORDIL TITRADOSE...37	JATENZO.....65	see lopinavir-ritonavir tab 200-50 mg.....12
see isosorbide dinitrate .....37	javygtor .....79	KALETRA SOL .....12
isosorbide dinitrate .....37	JAYPIRCA .....22	KALETRA TAB 100-25MG .....12
isosorbide dinitrate- hydralazine hcl tab 20-37.5 mg .....37	JEMPERLI .....22	KALETRA TAB 200-50MG .....12
isosorbide mononitrate...37	JENTADUETO TAB 2.5-1000 .....67	KALYDECO .....105
isotretinoin.....109	JENTADUETO TAB 2.5-500 .....67	KANJINTI.....22
isradipine.....34	JENTADUETO TAB 2.5-850 .....67	KANUMA.....79
ISTALOL .....101	JENTADUETO TAB XR 2.5-1000MG .....67	KAPSPARGO SPRINKLE .....34
see timolol maleate (ophth) once-daily..101	JENTADUETO TAB XR 5-1000MG.....67	kariva .....73
	JEVTANA.....20	KATERZIA .....34
	jinteli.....76	KAZANO 12.5- TAB 1000MG.....67
	JOENJA .....96	KAZANO 12.5- TAB 500MG.....67
	jolessa.....73	
	JORNAY PM .....55	

KCL/D5W/LACT INJ 20MEQ/L	98	see <i>roweepra</i>	51	KOMBIGLYZE XR see <i>saxagliptin-</i> <i>metformin hcl tab er</i> 24hr 2.5-1000 mg	68
KCL/D5W/NACL INJ 0.3/0.9%	98	KEPPRA XR	49	see <i>saxagliptin-</i> <i>metformin hcl tab er</i> 24hr 5-1000 mg	68
KCL 0.3%/D5W/NACL 0.9% see <i>kcl 40 meq/l (0.3%)</i> <i>in dextrose 5% & nacl</i> <i>0.9% inj</i>	98	see <i>levetiracetam</i>	50	see <i>saxagliptin-</i> <i>metformin hcl tab er</i> 24hr 5-1000 mg	68
<i>kcl 10 meq/l (0.075%) in</i> <i>dextrose 5% & nacl</i> <i>0.45% inj</i>	98	KERENDIA.....	27	see <i>saxagliptin-</i> <i>metformin hcl tab er</i> 24hr 5-500 mg	68
<i>kcl 20 meq/l (0.15%) in</i> <i>dextrose 5% & nacl 0.2%</i> <i>inj</i>	98	KESIMPTA.....	62	KOMBIGLYZ XR TAB 2.5- 1000	67
<i>kcl 20 meq/l (0.15%) in</i> <i>dextrose 5% & nacl</i> <i>0.45% inj</i>	98	<i>ketoconazole</i>	9	KOMBIGLYZ XR TAB 5- 1000MG.....	67
<i>kcl 20 meq/l (0.15%) in</i> <i>dextrose 5% & nacl</i> <i>0.45% inj</i>	98	<i>ketoconazole (topical)</i> 110, 111		KOMBIGLYZ XR TAB 5- 500MG.....	67
<i>kcl 20 meq/l (0.15%) in</i> <i>dextrose 5% & nacl 0.9%</i> <i>inj</i>	98	<i>ketodan</i>	110	KONVOMEK SUS 2-84/ML	87
<i>kcl 20 meq/l (0.15%) in nacl</i> <i>0.45% inj</i>	98	<i>ketoprofen</i>	2	KORLYM.....	79
<i>kcl 20 meq/l (0.15%) in nacl</i> <i>0.9% inj</i>	98	<i>ketorolac tromethamine</i> ...	2	KOSELUGO	22
<i>kcl 30 meq/l (0.224%) in</i> <i>dextrose 5% & nacl</i> <i>0.45% inj</i>	98	KETOROLAC TROMETHAMINE	2	KRAZATI.....	22
<i>kcl 40 meq/l (0.3%) in</i> <i>dextrose 5% & nacl</i> <i>0.45% inj</i>	98	<i>ketorolac tromethamine</i> <i>(ophth)</i>	100	KRINTAFEL	10
<i>kcl 40 meq/l (0.3%) in</i> <i>dextrose 5% & nacl 0.9%</i> <i>inj</i>	98	KEVEYIS.....	35	KRISTALOSE	85
<i>kcl 40 meq/l (0.3%) in nacl</i> <i>0.9% inj</i>	98	see <i>dichlorphenamide</i> .	35	KRYSTEXXA	1
<i>kcl 40 meq/l (0.3%) in nacl</i> <i>0.9% inj</i>	98	KEVZARA	93, 94	K-TAB see <i>potassium chloride</i>	99
<i>kcl 40 meq/l (0.3%) in nacl</i> <i>0.9% inj</i>	98	KEYTRUDA	22	<i>kurvelo</i>	73
<i>kcl 40 meq/l (0.3%) in nacl</i> <i>0.9% inj</i>	98	KHAPZORY	25	KUVAN.....	79
<i>kcl 40 meq/l (0.3%) in nacl</i> <i>0.9% inj</i>	98	KIMMTRAK	22	see <i>javygtor</i>	79
<i>kcl 40 meq/l (0.3%) in nacl</i> <i>0.9% inj</i>	98	KIMYRSA.....	7	see <i>sapropterin</i> <i>dihydrochloride</i>	80
<i>kcl 40 meq/l (0.3%) in nacl</i> <i>0.9% inj</i>	98	KINERET	94	KYPROLIS	22
<i>kcl 40 meq/l (0.3%) in nacl</i> <i>0.9% inj</i>	98	KINRIX INJ.....	97	L	
<i>kcl 40 meq/l (0.3%) in nacl</i> <i>0.9% inj</i>	98	KISQALI 200 DOSE	22	<i>labetalol hcl</i>	34
<i>kcl 40 meq/l (0.3%) in nacl</i> <i>0.9% inj</i>	98	KISQALI 200 PAK FEMARA	19	LABETALOL HYDROCHLORIDE.....	34
<i>kcl 40 meq/l (0.3%) in nacl</i> <i>0.9% inj</i>	98	KISQALI 400 DOSE	22	<i>lacosamide</i>	49
<i>kcl 40 meq/l (0.3%) in nacl</i> <i>0.9% inj</i>	98	KISQALI 400 PAK FEMARA	19	<i>lacosamide oral</i>	49
<i>kcl 40 meq/l (0.3%) in nacl</i> <i>0.9% inj</i>	98	KISQALI 600 DOSE	22	LACRISERT.....	102
<i>kcl 40 meq/l (0.3%) in nacl</i> <i>0.9% inj</i>	98	KISQALI 600 PAK FEMARA	19	<i>lactated ringer's solution</i> .	98
<i>kcl 40 meq/l (0.3%) in nacl</i> <i>0.9% inj</i>	98	KITABIS PAK.....	7	<i>lactic acid (ammonium</i> <i>lactate)</i>	115
<i>kcl 40 meq/l (0.3%) in nacl</i> <i>0.9% inj</i>	98	see <i>tobramycin</i>	8	<i>lactulose</i>	85
<i>kcl 40 meq/l (0.3%) in nacl</i> <i>0.9% inj</i>	98	KLARON	109	LACTULOSE.....	85
<i>kcl 40 meq/l (0.3%) in nacl</i> <i>0.9% inj</i>	98	see <i>sulfacetamide</i> <i>sodium (acne)</i>	109	<i>lactulose (encephalopathy)</i>	85
<i>kelnor 1/35</i>	73	KLISYRI	115	LAMICTAL	49
<i>kelnor 1/50</i>	73	KLONOPIN	49	see <i>lamotrigine</i>	50
KENALOG.....	113	see <i>clonazepam</i>	48		
see <i>triamcinolone</i> <i>acetonide (topical)</i> .	113	<i>klor-con</i>	99		
KENALOG-10	77	<i>klor-con 10</i>	99		
KENALOG-40	77	<i>klor-con 8</i>	99		
see <i>triamcinolone</i> <i>acetonide</i>	77	<i>klor-con m10</i>	99		
KENALOG-80	77	<i>klor-con m15</i>	99		
KEPPRA	49	<i>klor-con m20</i>	99		
see <i>levetiracetam</i>	50	KLOXXADO	65		

see <i>subvenite</i>	51	<i>lamivudine-zidovudine tab</i>		LENVIMA 4 MG DAILY	
LAMICTAL CHEWABLE		150-300 mg	12	DOSE	22
DISPERS.....	49	<i>lamotrigine</i>	50	LENVIMA 8 MG DAILY	
see <i>lamotrigine</i>	50	<i>lamotrigine tab 25 mg (42)</i>		DOSE	22
LAMICTAL ODT	49	& 100 mg (7) starter kit	50	LENVIMA CAP 14 MG	22
see <i>lamotrigine</i>	50	<i>lamotrigine tab 84 x 25 mg</i>		LENVIMA CAP 18 MG	22
see <i>lamotrigine tab disint</i>		& 14 x 100 mg starter kit		LENVIMA CAP 24 MG	22
25 (14) & 50 mg (14) &		.....	50	LESCOL XL	32
100 mg (7) kit.....	50	<i>lamotrigine tab disint 21 x</i>		see <i>fluvastatin sodium</i>	32
LAMICTAL ODT KIT BLUE		25 mg & 7 x 50 mg		<i>lessina</i>	74
.....	49	<i>titration kit</i>	50	LETAIRIS	38
LAMICTAL ODT KIT		<i>lamotrigine tab disint 25</i>		see <i>ambrisentan</i>	37
GREEN.....	49	(14) & 50 mg (14) & 100		<i>letrozole</i>	18
LAMICTAL ODT KIT		mg (7) kit	50	<i>leucovorin calcium</i>	25
ORANGE.....	49	<i>lamotrigine tab disint 42 x</i>		LEUKERAN.....	17
LAMICTAL STARTER/NOT		50mg & 14 x 100mg		LEUKINE.....	90
TAKI		<i>titration kit</i>	50	<i>leuprolide acetate</i>	18
see <i>lamotrigine tab 25</i>		LAMZEDE	79	LEUPROLIDE ACETATE	18
mg (42) & 100 mg (7)		LANOXIN	37	<i>levalbuterol hcl</i>	104
starter kit.....	50	see <i>digoxin</i>	36	<i>levalbuterol tartrate</i>	104
see <i>subvenite starter</i>		LANOXIN PEDIATRIC	37	<i>levamlodipine maleate</i>	34
<i>kit/ora</i>	51	<i>lansoprazole</i>	87	LEVAQUIN	
LAMICTAL		<i>lanthanum carbonate</i>	81	see <i>levofloxacin</i>	15
STARTER/TAKING C		LANTUS.....	70	LEVEMIR	70
see <i>lamotrigine tab 84 x</i>		LANTUS SOLOSTAR	70	LEVEMIR FLEXPEN.....	70
25 mg & 14 x 100 mg		<i>lapatinib ditosylate</i>	22	LEVETIRACETA INJ	
starter kit.....	50	<i>larin 1/20</i>	73	10MG/ML.....	50
see <i>subvenite starter</i>		<i>larin 1.5/30</i>	73	LEVETIRACETA INJ	
<i>kit/gre</i>	51	<i>larin 24 fe</i>	73	15MG/ML.....	50
LAMICTAL		<i>larin fe 1/20</i>	73	LEVETIRACETA INJ	
STARTER/TAKING V		<i>larin fe 1.5/30</i>	73	5MG/ML.....	50
see <i>lamotrigine</i>	50	LASIX.....	35	<i>levetiracetam</i>	50
see <i>subvenite starter</i>		see <i>furosemide</i>	35	LEVETIRACETAM	
<i>kit/blu</i>	51	<i>latanoprost</i>	101	see <i>levetiracetam in</i>	
LAMICTAL STARTER KIT		LATUDA.....	45	<i>sodium chloride iv soln</i>	
(35 X 25MG TABS)	49	see <i>lurasidone hcl</i>	46	1000 mg/100ml.....	50
LAMICTAL STARTER KIT		<i>layolis fe</i>	74	see <i>levetiracetam in</i>	
(42 X 25MG TABS & 7 X		<i>leena</i>	74	<i>sodium chloride iv soln</i>	
100MG TAB)	49	<i>leflunomide</i>	95	1500 mg/100ml.....	50
LAMICTAL STARTER KIT		LEMTRADA	62	see <i>levetiracetam in</i>	
(84 X 25MG TABS & 14		<i>lenalidomide</i>	19	<i>sodium chloride iv soln</i>	
X 100MG TABS).....	49	LENVIMA 10 MG DAILY		500 mg/100ml.....	50
LAMICTAL XR	49, 50	DOSE	22	<i>levetiracetam in sodium</i>	
see <i>lamotrigine</i>	50	LENVIMA 12MG DAILY		<i>chloride iv soln 1000</i>	
LAMICTAL XR KIT	50	DOSE	22	mg/100ml.....	50
<i>lamivudine</i>	11	LENVIMA 20 MG DAILY		<i>levetiracetam in sodium</i>	
<i>lamivudine (hbv)</i>	13	DOSE	22	<i>chloride iv soln 1500</i>	
				mg/100ml.....	50

<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>.....50	see <i>escitalopram oxalate</i> .....41	LOCOID .....113
<i>levobunolol hcl</i> .....101	LEXETTE .....113	see <i>hydrocortisone butyrate</i>.....113
<i>levocarnitine (metabolic modifiers)</i>.....79	LEXIVA .....11	LOCOID LIPOCREAM..113
<i>levocetirizine dihydrochloride</i> .....103	see <i>fosamprenavir calcium</i>.....10	see <i>hydrocortisone butyrate hydrophilic lipo base</i> .....113
<i>levofloxacin</i> .....15	LIALDA.....84	LODINE
<i>levofloxacin (ophth)</i>.....100	see <i>mesalamine</i> .....84	see <i>etodolac</i> .....1
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>.....15	LIBTAYO .....22	LODOSYN .....43
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>.....15	<i>lidocaine</i>.....114	see <i>carbidopa</i>.....43
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>.....15	<i>lidocaine hcl</i> .....114	<i>loestrin 1/20-21</i> .....74
<i>levoleucovorin calcium</i> ...25	<i>lidocaine hcl (local anesth.)</i> .....6	<i>loestrin 1.5/30-21</i> .....74
<i>levonest</i>.....74	<i>lidocaine hcl (mouth-throat)</i> .....116	<i>loestrin fe 1/20</i> .....74
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>.....74	<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....114	<i>loestrin fe 1.5/30</i> .....74
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> .....74	LIDODERM .....114	<i>lofena</i> .....2
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>.....74	see <i>lidocaine</i> .....114	LOKELMA.....72
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>.....74	<i>linezolid</i> .....7	LO LOESTRIN TAB 1-10-10 .....74
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> .....74	LINEZOLID INJ 2MG/ML ..7	LOMOTIL
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> .....74	LINZESS .....85	see <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>.....85
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> .....74	<i>liothyronine sodium</i>.....82	LOMOTIL TAB 2.5MG ...86
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> .....74	LIPITOR .....32	LONSURF TAB 15-6.14..17
<i>levora 0.15/30-28</i> .....74	see <i>atorvastatin calcium</i> .....32	LONSURF TAB 20-8.19..17
<i>levorphanol tartrate</i> .....3	LIPOFEN.....31	<i>loperamide hcl</i>.....86
<i>levo-t</i>.....81	LIQREV.....38	LOPID .....31
<i>levothyroxine sodium</i> .....81	<i>lisdexamphetamine dimesylate</i> .....55	see <i>gemfibrozil</i> .....31
<i>levoxyl</i>.....82	<i>lisinopril</i> .....27	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> .....12
LEXAPRO .....41	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> .....26	<i>lopinavir-ritonavir tab 100-25 mg</i> .....12
	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> .....26	<i>lopinavir-ritonavir tab 200-50 mg</i> .....12
	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> .....26	LOPRESSOR.....34
	LITFULO .....94	see <i>metoprolol tartrate</i> 34
	<i>lithium carbonate</i>.....60	LOPROX.....110
	LITHOBID .....60	see <i>ciclopirox olamine</i> .....109
	see <i>lithium carbonate</i> ..60	LOPROX SHAMPOO...110
	LITHOSTAT .....88	<i>lorazepam</i> .....39
	LIVALO .....32	<i>lorazepam intensol</i>.....39
	LIVMARLI.....85	LORBRENA .....22
	LIVTENCITY .....13	LOREEV XR .....39
		<i>loryna</i> .....74
		<i>losartan potassium</i>.....30

<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>.....29	<i>see omega-3-acid ethyl esters cap 1 gm</i> .....33	<i>see pregabalin (once-daily)</i> .....61
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>.....29	LOVAZA CAP 1GM.....32	LYSODREN .....18
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>.....29	LOVENOX.....90	LYTGOBI (12 MG DAILY DOSE).....23
LOSEASONIQUE TAB ...74	<i>see enoxaparin sodium</i> .....89	LYTGOBI (16 MG DAILY DOSE).....23
LOTEMAX.....100	<i>low-ogestrel</i>.....74	LYTGOBI (20 MG DAILY DOSE).....23
<i>see loteprednol etabonate</i>.....100	<i>loxapine succinate</i> .....45	LYUMJEV .....70
LOTEMAX SM .....100	<i>lubiprostone</i> .....86	LYUMJEV KWIKPEN.....70
LOTENSIN.....27	LUCEMYRA.....65	LYUMJEV TEMPO PEN .70
<i>see benazepril hcl</i> .....26	LUCENTIS .....102	LYVISPAH .....63
LOTENSIN HCT	<i>luliconazole</i> .....110	<i>lyza</i>.....74
<i>see benazepril & hydrochlorothiazide tab 10-12.5 mg</i>.....26	LUMAKRAS .....23	M
<i>see benazepril & hydrochlorothiazide tab 20-12.5 mg</i>.....26	LUMIGAN.....101	MACROBID.....7
<i>see benazepril & hydrochlorothiazide tab 20-25 mg</i>.....26	LUMIZYME .....79	<i>see nitrofurantoin monohyd macro</i> .....8
<i>loteprednol etabonate</i> ...100	LUMRYZ .....64	MACRODANTIN .....7
LOTREL	LUNESTA .....57	<i>see nitrofurantoin macrocrystal</i> .....8
<i>see amlodipine besylate-benazepril hcl cap 10-20 mg</i>.....26	<i>see eszopiclone</i>.....57	<i>mafenide acetate</i> .....109
<i>see amlodipine besylate-benazepril hcl cap 10-40 mg</i>.....26	LUNSUMIO .....23	<i>magnesium sulfate</i>.....98
<i>see amlodipine besylate-benazepril hcl cap 5-10 mg</i>.....25	LUPKYNIS .....96	MAGNESIUM SULFATE.98
<i>see amlodipine besylate-benazepril hcl cap 5-20 mg</i>.....25	LUPRON DEPOT (1-MONTH).....18	<i>see magnesium sulfate</i> .....98
LOTREL CAP 10-20MG..26	LUPRON DEPOT (3-MONTH).....18	MAGNESIUM SULFATE IN D5W
LOTREL CAP 10-40MG..26	LUPRON DEPOT (4-MONTH).....18	<i>see magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>.....98
LOTREL CAP 5-10MG...26	LUPRON DEPOT (6-MONTH).....18	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>.....98
LOTREL CAP 5-20MG...26	LUPRON DEPOT-PED (1-MONTH).....79	MALARONE
LOTRONEX.....86	LUPRON DEPOT-PED (3-MONTH).....79	<i>see atovaquone-proguanil hcl tab 250-100 mg</i>.....10
<i>see alosetron hcl</i> .....85	LUPRON DEPOT-PED (6-MONTH).....79	<i>see atovaquone-proguanil hcl tab 62.5-25 mg</i>.....10
<i>lovastatin</i>.....32	<i>lurasidone hcl</i>.....46	MALARONE TAB 250-100 .....10
LOVAZA	<i>lutera</i> .....74	.....10
	LUZU.....110	MALARONE TAB 62.5-25 .....10
	LYBALVI TAB 10-10MG .46	<i>malathion</i> .....116
	LYBALVI TAB 15-10MG .46	<i>maraviroc</i> .....11
	LYBALVI TAB 20-10MG .46	MARGENZA.....23
	LYBALVI TAB 5-10MG ...46	
	<i>lyleq</i>.....74	
	<i>lyllana</i>.....76	
	LYNPARZA.....23	
	LYRICA.....50	
	<i>see pregabalin</i>.....51	
	LYRICA CR.....60, 61	

MARINOL.....83	<i>meclizine hcl</i> .....83	<i>metaxalone</i> .....63
<i>see dronabinol</i>.....82	<i>meclofenamate sodium</i>.....2	<i>metformin hcl</i> .....67, 68
<i>marlissa</i>.....74	MEDROL.....77	METFORMIN
MARPLAN.....41	<i>see methylprednisolone</i>	HYDROCHLORIDE.....68
MATULANE .....19	.....77	<i>methadone hcl</i> .....3
<i>matzim la</i>.....34	MEDROL DOSEPAK .....77	METHADONE HCL INJ ....3
MAVENCLAD (10 TABS)62	<i>see methylprednisolone</i>	<i>methadone hydrochloride i3</i>
MAVENCLAD (4 TABS)..62	.....77	METHADOSE
MAVENCLAD (5 TABS)..62	<i>medroxyprogesterone</i>	<i>see methadone</i>
MAVENCLAD (6 TABS)..62	<i>acetate</i>.....81	<i>hydrochloride i</i> .....3
MAVENCLAD (7 TABS)..62	<i>medroxyprogesterone</i>	<i>methazolamide</i>.....35
MAVENCLAD (8 TABS)..62	<i>acetate (contraceptive)</i> 74	<i>methenamine hippurate</i> ....7
MAVENCLAD (9 TABS)..62	<i>mefenamic acid</i>.....2	<i>methergine</i> .....79
MAVYRET PAK 50-20MG	<i>mefloquine hcl</i>.....10	<i>methimazole</i>.....82
.....13	<i>megestrol acetate</i> .....18, 81	<i>methocarbamol</i> .....63
MAVYRET TAB 100-40MG	<i>megestrol acetate</i>	METHOCARBAMOL.....63
.....13	(<i>appetite</i>) .....81	<i>methotrexate sodium</i> 18, 95
MAXALT.....59	MEKINIST .....23	<i>methoxsalen rapid</i>.....110
<i>see rizatriptan benzoate</i>	MEKTOVI.....23	<i>methscopolamine bromide</i>
.....59	<i>meloxicam</i> .....2	.....84
MAXALT-MLT .....59	<i>memantine hcl</i>.....40	<i>methsuximide</i>.....50
<i>see rizatriptan benzoate</i>	<i>memantine hcl tab 28 x 5</i>	<i>methylergonovine maleate</i>
.....59	<i>mg & 21 x 10 mg titration</i>	.....79
MAXIDEX.....100	<i>pack</i>.....40	METHYLIN.....55
MAXITROL	MENACTRA INJ .....97	<i>see methylphenidate hcl</i>
<i>see neomycin-polymyxin-</i>	MENEST .....76	.....56
<i>dexamethasone ophth</i>	MENOSTAR.....76	<i>methylphenidate</i>.....55
<i>oint 0.1%</i>.....99	MENQUADFI INJ .....97	<i>methylphenidate hcl</i> ..55, 56
<i>see neomycin-polymyxin-</i>	MENVEO INJ .....97	METHYLPHENIDATE
<i>dexamethasone ophth</i>	MENVEO SOL .....97	HYDROCHLO .....56
<i>susp 0.1%</i>.....99	MEPRON .....7	<i>methylprednisolone</i>.....77
MAXITROL OIN 0.1% OP	<i>see atovaquone</i>.....6	<i>methylprednisolone acetate</i>
.....99	<i>mercaptapurine</i> .....17	.....77
MAXITROL SUS 0.1% OP	MEROP/NACL INJ	<i>methylprednisolone sod</i>
.....99	1GM/50ML.....7	<i>succ</i>.....77
MAXZIDE	MEROP/NACL INJ	<i>methyltestosterone</i>.....65
<i>see triamterene &</i>	500/50ML .....7	<i>metoclopramide hcl</i>.....83
<i>hydrochlorothiazide tab</i>	<i>meropenem</i>.....7	<i>metolazone</i> .....35
<i>75-50 mg</i>.....36	<i>merzee</i> .....74	<i>metoprolol &</i>
MAXZIDE-25	<i>mesalamine</i>.....84	<i>hydrochlorothiazide tab</i>
<i>see triamterene &</i>	<i>mesalamine w/ cleanser</i> .84	100-25 mg .....33
<i>hydrochlorothiazide tab</i>	MESNEX.....25	<i>metoprolol &</i>
<i>37.5-25 mg</i>.....36	MESTINON .....61	<i>hydrochlorothiazide tab</i>
MAYZENT .....62	<i>see pyridostigmine</i>	100-50 mg .....33
MAYZENT STARTER	<i>bromide</i>.....61	<i>metoprolol &</i>
PACK (12) .....62	MESTINON TIMESPAN..61	<i>hydrochlorothiazide tab</i>
MAYZENT STARTER	<i>see pyridostigmine</i>	50-25 mg .....33
PACK (7).....62	<i>bromide</i>.....61	<i>metoprolol succinate</i> .....34

<i>metoprolol tartrate</i>.....34	<i>microgestin 24 fe</i>.....74	MONJUVI.....23
METROCREAM.....115	<i>microgestin fe 1/20</i>.....74	<i>mono-lynyah</i> .....74
see <i>metronidazole</i>	<i>microgestin fe 1.5/30</i>.....74	<i>montelukast sodium</i> .....104
(<i>topical</i>) .....115	<i>midodrine hcl</i>.....37	<i>morphine sulfate</i> .....3, 5
METROGEL.....115	MIEBO .....102	MORPHINE SULFATE ....5
see <i>metronidazole</i>	<i>migergot</i>.....59	MORPHINE
(<i>topical</i>) .....115	<i>miglitol</i>.....68	SULFATE/SODIUM C ...5
METROLOTION.....115	<i>miglustat</i>.....79	<i>morphine sulfate beads</i>....3
see <i>metronidazole</i>	MIGRANAL .....59	MOTEGRITY.....86
(<i>topical</i>) .....115	see <i>dihydroergotamine</i>	MOUNJARO .....68
<i>metronidazole</i> .....7, 8	<i>mesylate</i> .....58	MOVANTIK .....86
METRONIDAZOLE .....8	<i>mili</i>.....74	MOVIPREP
see <i>metronidazole</i> .....8	<i>millipred</i>.....77	see <i>peg-</i>
<i>metronidazole (topical)</i> ..115	<i>mimvey</i>.....76	3350/electrolytes/asc
<i>metronidazole vaginal</i> ....89	MINASTRIN 24 FE	.....85
<i>metyrosine</i> .....37	see <i>finzala</i> .....73	MOVIPREP SOL.....85
MG SO4/D5W INJ	see <i>mibelas 24 fe</i> .....74	<i>moxifloxacin hcl</i>.....15
10MG/ML.....98	see <i>norethindrone ace-</i>	<i>moxifloxacin hcl (ophth)</i> 100
MIACALCIN .....71	<i>eth estradiol-fe chew</i>	<i>moxifloxacin hcl 400</i>
see <i>calcitonin (salmon)</i>	<i>tab 1 mg-20 mcg (24)</i>	<i>mg/250ml in sodium</i>
<i>inj</i> .....71	.....74	<i>chloride 0.8% inj</i>.....15
<i>mibelas 24 fe</i>.....74	MINIPRESS .....27	MOXIFLOXACIN
MICAFUNGIN .....9	see <i>prazosin hcl</i> .....27	HYDROCHLORID .....15
<i>micafungin sodium</i> .....9	MINIVELLE .....76	MOZOBIL.....90
MICARDIS .....30	see <i>lyllana</i> .....76	see <i>plerixafor</i>.....91
see <i>telmisartan</i> .....30	<i>minocycline hcl</i>.....16	MS CONTIN.....3
MICARDIS HCT	MINOLIRA.....16	see <i>morphine sulfate</i> .....3
see <i>telmisartan-</i>	<i>minoxidil</i>.....37	MULPLETA.....91
<i>hydrochlorothiazide tab</i>	MIRAPEX ER.....43	MULTAQ.....31
40-12.5 mg.....29	see <i>pramipexole</i>	<i>multiple electrolytes ph 5.5</i>
see <i>telmisartan-</i>	<i>dihydrochloride</i> .....44	.....98
<i>hydrochlorothiazide tab</i>	MIRCETTE TAB 28 DAY 74	<i>multiple electrolytes ph 7.4</i>
80-12.5 mg.....29	<i>mirtazapine</i> .....41	.....98
see <i>telmisartan-</i>	MIRVASO .....115	<i>mupirocin</i> .....109
<i>hydrochlorothiazide tab</i>	see <i>brimonidine tartrate</i>	<i>mupirocin calcium (topical)</i>
80-25 mg.....30	(<i>topical</i>) .....114	.....109
MICARDIS HCT TAB	<i>misoprostol</i>.....86	MVASI.....23
40/12.5 .....29	MITIGARE.....1	MYALEPT .....79
MICARDIS HCT TAB	<i>mitomycin</i>.....17	MYAMBUTOL .....12
80/12.5 .....29	<i>mitoxantrone hcl</i>.....19	see <i>ethambutol hcl</i> .....12
MICARDIS HCT TAB 80-	M-M-R II INJ.....97	MYCAMINE.....9
25MG.....29	M-NATAL PLUS TAB.....99	see <i>micafungin sodium</i> ..9
<i>miconazole 3</i>.....89	<i>modafinil</i>.....64	MYCAPSSA .....79
<i>miconazole-zinc oxide-</i>	<i>moexipril hcl</i>.....27	MYCOBUTIN .....12
<i>white petrolatum oint</i>	<i>molindone hcl</i>.....46	see <i>rifabutin</i>.....12
0.25-15-81.35%.....110	<i>mometasone furoate</i> .....113	<i>mycophenolate mofetil</i> ....96
<i>microgestin 1/20</i>.....74	<i>mometasone furoate</i>	<i>mycophenolate sodium</i> ...96
<i>microgestin 1.5/30</i>.....74	(<i>nasal</i>) .....106	MYDAYIS CAP 12.5MG..56

MYDAYIS CAP 25MG.....56	NAMZARIC CAP PACK..40	<i>neomycin-polymyxin-hc otic soln 1%.....102</i>
MYDAYIS CAP 37.5MG..56	NAPRELAN.....2	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% .....102</i>
MYDAYIS CAP 50MG.....56	<i>see naproxen sodium</i> ...2	<i>neomycin sulfate .....8</i>
MYFEMBREE TAB .....79	NAPROSYN	<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin .....100</i>
MYFORTIC .....96	<i>see naproxen</i>.....2	<i>neo-polycin hc ophth oint 1% .....99</i>
<i>see mycophenolate sodium</i> .....96	<i>naproxen</i> .....2	NEORAL .....96
MYLOTARG.....23	<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i> .....2	<i>see cyclosporine modified (for microemulsion)</i> .....96
MYOBLOC .....64	<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i> .....2	<i>see gengraf</i> .....96
MYRBETRIQ.....88	<i>naproxen sodium</i> .....2	NERLYNX.....23
MYSOLINE .....50	<i>naratriptan hcl</i> .....59	NESINA.....68
<i>see primidone</i>.....51	NARCAN.....65	<i>neuac gel 1.2-5%</i> .....109
N	NARDIL.....41	NEULASTA.....90
<i>nabumetone</i> .....2	<i>see phenelzine sulfate</i> .42	NEULASTA ONPRO KIT 91
<i>nadolol</i> .....34	NATACYN.....100	NEUPOGEN .....91
NAFCILLIN INJ 1GM/50ML .....15	NATAZIA TAB.....74	NEUPRO.....44
NAFCILLIN INJ 2GM/100 .....15	<i>nateglinide</i>.....68	NEURONTIN.....50
<i>nafcillin sodium</i> .....15	NATESTO .....65	<i>see gabapentin</i>.....49
<i>naftifine hcl</i>.....110	NATPARA .....71	NEVANAC.....100
NAFTIN .....110	NATROBA.....116	<i>nevirapine</i> .....11
<i>see naftifine hcl</i> .....110	NAYZILAM .....50	NEXAVAR.....23
NAGLAZYME.....79	<i>nebivolol hcl</i> .....34	<i>see sorafenib tosylate</i> .24
<i>nalbuphine hcl</i>.....5	NEBUPENT .....8	NEXIUM .....87
NALFON .....2	<i>see pentamidine isethionate inh</i>.....8	<i>see esomeprazole magnesium</i> .....87
<i>see fenoprofen calcium</i> .1	<i>necon 0.5/35-28</i> .....74	NEXIUM I.V.....87
NALOCET TAB 2.5-300....5	<i>nefazodone hcl</i>.....41	<i>see esomeprazole sodium</i> .....87
<i>naloxone hcl</i>.....65	<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> .....100	NEXLETOL .....32
<i>naltrexone hcl</i>.....65	<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> ...100	NEXLIZET TAB 180/10MG .....32
NAMENDA.....40	<i>neomycin-polymyxin b gu irrigation soln</i> .....88	NEXTSTELLIS TAB 3-14.2MG.....74
<i>see memantine hcl</i> .....40	<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> .....99	NEXVIAZYME.....79
NAMENDA TAB 5-10MG 40	<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>.....99	NGENLA .....79
NAMENDA TITRATION PAK	<i>neomycin-polymyxin-hc ophth susp</i>.....99	<i>niacin (antihyperlipidemic)</i> .....32, 33
<i>see memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> .....40		<i>niacor</i> .....33
NAMENDA XR.....40		<i>nicardipine hcl</i> .....35
<i>see memantine hcl</i> .....40		NICARDIPINE SOL 20/200ML .....35
NAMZARIC CAP 14-10MG .....40		
NAMZARIC CAP 21-10MG .....40		
NAMZARIC CAP 28-10MG .....40		
NAMZARIC CAP 7-10MG .....40		

NICARDIPINE SOL		
40/200ML	35	
NICOTROL INHALER.....	65	
NICOTROL NS	65	
<i>nifedipine</i>	35	
<i>nikki</i>	74	
NILANDRON	18	
<i>see nilutamide</i>	18	
<i>nilutamide</i>	18	
<i>nimodipine</i>	35	
NINLARO	23	
NIPENT	19	
<i>nisoldipine</i>	35	
<i>nitazoxanide</i>	8	
<i>nitisinone</i>	79	
NITRO-BID.....	37	
NITRO-DUR.....	37	
<i>nitrofurantoin</i>	8	
<i>nitrofurantoin macrocrystal</i>	8	
<i>nitrofurantoin monohyd</i>		
<i>macro</i>	8	
<i>nitroglycerin</i>	37	
NITROLINGUAL		
PUMPSPRAY	37	
<i>see nitroglycerin</i>	37	
NITROSTAT.....	37	
<i>see nitroglycerin</i>	37	
NITYR	79	
NIVESTYM.....	91	
<i>nizatidine</i>	84	
<i>nora-be</i>	74	
NORDITROPIN FLEXPRO		
.....	79	
<i>norethindrone</i>		
(<i>contraceptive</i>).....	74	
<i>norethindrone & ethinyl</i>		
<i>estradiol-fe chew tab 0.4</i>		
<i>mg-35 mcg</i>	74	
<i>norethindrone & ethinyl</i>		
<i>estradiol-fe chew tab 0.8</i>		
<i>mg-25 mcg</i>	74	
<i>norethindrone ace & ethinyl</i>		
<i>estradiol-fe tab 1 mg-20</i>		
<i>mcg</i>	74	
<i>norethindrone ace & ethinyl</i>		
<i>estradiol tab 1.5 mg-30</i>		
<i>mcg</i>	74	
<i>norethindrone ace & ethinyl</i>		
<i>estradiol tab 1 mg-20</i>		
<i>mcg</i>	74	
<i>norethindrone ace-eth</i>		
<i>estradiol-fe chew tab 1</i>		
<i>mg-20 mcg (24)</i>	74	
<i>norethindrone ace-ethinyl</i>		
<i>estradiol-fe cap 1 mg-20</i>		
<i>mcg (24)</i>	74	
<i>norethindrone acetate</i>	81	
<i>norethindrone acetate-</i>		
<i>ethinyl estradiol tab 0.5</i>		
<i>mg-2.5 mcg</i>	76	
<i>norethindrone acetate-</i>		
<i>ethinyl estradiol tab 1</i>		
<i>mg-5 mcg</i>	76	
<i>norethindrone ac-ethinyl</i>		
<i>estradiol-fe tab 1-20/1-30/1-</i>		
<i>35 mg-mcg</i>	74	
<i>norgestimate & ethinyl</i>		
<i>estradiol tab 0.25 mg-35</i>		
<i>mcg</i>	74	
<i>norgestimate-eth estrad tab</i>		
<i>0.18-25/0.215-25/0.25-25</i>		
<i>mg-mcg</i>	74	
<i>norgestimate-eth estrad tab</i>		
<i>0.18-35/0.215-35/0.25-35</i>		
<i>mg-mcg</i>	75	
NORITATE	115	
NORLIQVA	35	
<i>norlyroc</i>	75	
NORPACE	31	
<i>see disopyramide</i>		
<i>phosphate</i>	31	
NORPACE CR.....	31	
NORPRAMIN	41	
<i>see desipramine hcl</i> ...	41	
NORTHERA.....	37	
<i>see droxidopa</i>	36, 37	
<i>nortrel 0.5/35 (28)</i>	75	
<i>nortrel 1/35 (21)</i>	75	
<i>nortrel 1/35 (28)</i>	75	
<i>nortrel 7/7/7</i>	75	
<i>nortriptyline hcl</i>	42	
NORVASC	35	
<i>see amlodipine besylate</i>		
.....	34	
NORVIR.....	11	
<i>see ritonavir</i>	11	
NOURIANZ	44	
NOVAREL.....	79	
NOVOLIN70/30 INJ		
RELION	70	
NOVOLIN INJ 70/30	70	
NOVOLIN INJ 70/30 FP ..	70	
NOVOLIN INJ 70/30 FP		
RELION	70	
NOVOLIN N	70	
NOVOLIN N FLEXPEN...70		
NOVOLIN N FLEXPEN		
RELION	70	
NOVOLIN N RELION.....70		
NOVOLIN R	70	
NOVOLIN R FLEXPEN...70		
NOVOLIN R FLEXPEN		
RELION	70	
NOVOLIN R RELION.....70		
NOVOLOG.....	70	
NOVOLOG FLEXPEN ....70		
NOVOLOG FLEXPEN		
RELION	70	
NOVOLOG MIX INJ 70/30		
.....	70	
NOVOLOG MIX INJ		
FLEXPEN	71	
NOVOLOG MIX INJ FLEX		
REL	70	
NOVOLOG PENFILL	71	
NOVOLOG RELI INJ 70/30		
.....	71	
NOVOLOG RELION	71	
NOXAFIL.....	9	
<i>see posaconazole</i> ...	9, 10	
NPLATE	91	
NUBEQA.....	18	
NUCALA	105	
NUCYNTA.....	5	
NUCYNTA ER.....	3	
NUDEXTA CAP 20-10MG		
.....	61	
NULOJIX.....	96	
NUPLAZID	46	
NURTEC.....	59	
NUTRILIPID	99	
NUTROPIN AQ NUSPIN 10		
.....	79	

NUTROPIN AQ NUSPIN 20	<i>olmesartan-amlodipine- hydrochlorothiazide tab</i>	OMNIPOD DASH KIT
.....79	40-10-25 mg.....29	INTRO.....71
NUTROPIN AQ NUSPIN 5	<i>olmesartan-amlodipine- hydrochlorothiazide tab</i>	OMNIPOD DASH MIS
.....79	40-5-12.5 mg.....29	PODS.....71
NUVARING	<i>olmesartan-amlodipine- hydrochlorothiazide tab</i>	OMNIPOD GO KIT
see <i>eluryng</i>.....73	40-5-25 mg.....29	10UNT/DY.....71
see <i>enilloring</i>.....73	<i>olmesartan medoxomil</i>....30	OMNIPOD GO KIT
see <i>etonogestrel-ethinyl estradiol va ring 0.120- 0.015 mg/24hr</i>.....73	<i>olmesartan medoxomil- hydrochlorothiazide tab</i>	15UNT/DY.....71
see <i>haloette</i>.....73	20-12.5 mg.....29	OMNIPOD GO KIT
NUVARING MIS.....75	<i>olmesartan medoxomil- hydrochlorothiazide tab</i>	20UNT/DY.....71
NUVIGIL.....64	20-12.5 mg.....29	OMNIPOD GO KIT
see <i>armodafinil</i>.....64	<i>olmesartan medoxomil- hydrochlorothiazide tab</i>	25UNT/DY.....71
NUZYRA.....16	40-12.5 mg.....29	OMNIPOD GO KIT
<i>nyamyc</i>.....110	<i>olmesartan medoxomil- hydrochlorothiazide tab</i>	30UNT/DY.....71
<i>nylia 1/35</i>.....75	40-25 mg.....29	OMNIPOD GO KIT
<i>nylia 7/7/7</i>.....75	<i>olopatadine hcl</i>.....101	35UNT/DY.....71
NYMALIZE.....35	<i>olopatadine hcl (nasal)</i> ..103	OMNIPOD GO KIT
<i>nymyo</i>.....75	OLPRUVA.....79	40UNT/DY.....71
<i>nystatin</i>.....9	OLUMIANT.....94	OMNIPOD MIS CLASSIC
<i>nystatin (mouth-throat)</i> ..116	OLUX-E	.....71
<i>nystatin (topical)</i>.....110	see <i>clobetasol propionate emulsion</i>	OMNITROPE.....80
<i>nystop</i>.....110	.....111	ONCASPAR.....19
NYVEPRIA.....91	see <i>tovet</i>.....113	<i>ondansetron</i>.....83
O	<i>omega-3-acid ethyl esters</i>	<i>ondansetron hcl</i>.....83
OCALIVA.....86	<i>cap 1 gm</i>.....33	ONEXTON GEL 1.2-3.75
<i>ocella</i>.....75	<i>omeprazole</i>.....87	.....109
OCREVUS.....62	<i>omeprazole-sodium</i>	ONFI.....50
OCTAGAM.....95	<i>bicarbonate cap 20-1100 mg</i>.....87	see <i>clobazam</i>.....48
<i>octreotide acetate</i>.....79	<i>omeprazole-sodium</i>	ONGENTYS.....44
OCUFLOX.....100	<i>bicarbonate cap 40-1100 mg</i>.....87	ONGLYZA.....68
see <i>ofloxacin (ophth)</i> ..100	<i>omeprazole-sodium</i>	see <i>saxagliptin hcl</i>.....68
ODACTRA SUB.....96	<i>bicarbonate powd pack for susp 20-1680 mg</i> ...87	ONIVYDE.....19
ODEFSEY TAB.....12	<i>omeprazole-sodium</i>	ONTRUZANT.....23
ODOMZO.....23	<i>bicarbonate cap 40-1100 mg</i>.....87	ONUREG.....18
OFEV.....105	<i>omeprazole-sodium</i>	ONZETRA XSAIL.....59
<i>ofloxacin (ophth)</i>.....100	<i>bicarbonate powd pack for susp 40-1680 mg</i> ...87	OPDIVO.....23
<i>ofloxacin (otic)</i>.....102	OMNARIS.....106	OPDUALAG SOL.....23
OGIVRI.....23	OMNIPOD 5 G6 KIT	OPSUMIT.....38
OGIVRI INJ 420MG.....23	INTRO.....71	OPZELURA.....115
<i>olanzapine</i>.....46	OMNIPOD 5 G6 MIS PODS	ORACEA.....115
<i>olmesartan-amlodipine- hydrochlorothiazide tab</i>	.....71	ORALAIR SUB 300 IR....96
20-5-12.5 mg.....29	.....71	ORAPRED ODT.....77
<i>olmesartan-amlodipine- hydrochlorothiazide tab</i>	.....71	ORBACTIV.....8
40-10-12.5 mg.....29	.....71	ORENCIA.....94
	.....71	ORENCIA CLICKJECT...94
	.....71	ORENITRAM.....38
	.....71	ORENITRAM TAB MONTH
	.....71	1.....38

ORENITRAM TAB MONTH 2	38	<i>oxaliplatin</i>	17	OZEMPIC (0.25 OR 0.5 MG/DOSE)	68
ORENITRAM TAB MONTH 3	38	<i>oxaprozin</i>	2	OZEMPIC (1MG/DOSE) ..	68
ORFADIN	80	OXAYDO	5	OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	68
see <i>nitisinone</i>	79	<i>oxazepam</i>	39	P	
ORGOVYX	18	OXBRYTA	92	<i>pacerone</i>	31
ORIAHNN CAP	80	<i>oxcarbazepine</i>	50	<i>paclitaxel</i>	20
ORLISSA	75	OXERVATE	102	PACLITAXEL INJ 100MG	20
ORKAMBI GRA 100-125	105	<i>oxiconazole nitrate</i>	110	<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	20
ORKAMBI GRA 150-188	105	OXISTAT	110	PADCEV	23
ORKAMBI GRA 75-94MG	105	OXLUMO	88	PALFORZIA CAP ESCALAT	96
ORKAMBI TAB 100-125	105	OXTELLAR XR	51	PALFORZIA CAP LEVEL 10	96
ORKAMBI TAB 200-125	105	OXY-ACETAMIN TAB 7.5- 300	5	PALFORZIA CAP LEVEL 3	96
ORLADEYO	91	<i>oxybutynin chloride</i> ...	88, 89	PALFORZIA CAP LEVEL 7	96
ORSERDU	18	OXYBUTYNIN CHLORIDE	89	PALFORZIA CAP LEVEL 8	96
ORTHO TRI-CYCLEN LO see <i>norgestimate-eth estradiol tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	74	OXYCOD/ACETA SOL 10/300MG	5	PALFORZIA CAP LEVEL 96	96
see <i>tri-lo-estarylla</i>	75	OXYCOD/APAP TAB 10- 300MG	5	PALFORZIA LEVEL 1	96
see <i>tri-lo-marzia</i>	75	OXYCOD/APAP TAB 5- 300MG	5	PALFORZIA LEVEL 11 (MAINT	96
see <i>tri-lo-mili</i>	75	OXYCOD-APAP TAB 2.5- 300	5	PALFORZIA LEVEL 11 (TITRA	96
see <i>tri-lo-sprintec</i>	75	<i>oxycodone hcl</i>	5	PALFORZIA LEVEL 2	96
see <i>tri-vylibra lo</i>	75	<i>oxycodone w/ acetaminophen soln 5- 325 mg/5ml</i>	5	PALFORZIA LEVEL 4	96
<i>oseltamivir phosphate</i>	13	<i>oxycodone w/ acetaminophen tab 10- 325 mg</i>	6	PALFORZIA LEVEL 5	96
OSENI TAB 12.5-30	68	<i>oxycodone w/ acetaminophen tab 2.5- 325 mg</i>	5	PALFORZIA LEVEL 6	96
OSENI TAB 25-15MG	68	<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	5	PALFORZIA LEVEL 9	96
OSENI TAB 25-30MG	68	<i>oxycodone w/ acetaminophen tab 7.5- 325 mg</i>	6	<i>paliperidone</i>	46
OSENI TAB 25-45MG	68	OXYCONTIN	3	<i>palonosetron hcl</i>	83
OSMOLEX ER	44	<i>oxymorphone hcl</i>	3, 6	PALONOSETRON HYDROCHLORID	83
OSMOPREP TAB 1.5GM	85	OXYTROL	89	PALYNZIQ	80
OSPHENA	80	OZEMPIC (0.25 OR 0.5MG/DOSE)	68	PAMELOR	42
OTEZLA	94			see <i>nortriptyline hcl</i>	42
OTEZLA TAB 10/20/30 ..	94			<i>pamidronate disodium</i>	72
OTOVEL DRO	102			PAMIDRONATE DISODIUM	71
OTREXUP	95			PANCREAZE CAP 10500UNT	86
OVIDE	116			PANCREAZE CAP 16800UNT	86
OXACILLIN INJ 1GM	15				
OXACILLIN INJ 2GM	15				
<i>oxacillin sodium</i>	15				

PANCREAZE CAP 21000UNT.....86	PEN GK/DEXTR INJ 20000/ML.....16	PERCOCET TAB 10- 325MG.....6
PANCREAZE CAP 2600UNIT.....86	PEN GK/DEXTR INJ 40000/ML.....16	PERCOCET TAB 2.5-325.6
PANCREAZE CAP 37000.....86	PEN GK/DEXTR INJ 60000/ML.....16	PERCOCET TAB 5-325MG.....6
PANCREAZE CAP 4200UNIT.....86	<i>penicillamine</i>.....72	PERCOCET TAB 7.5-325.6
PANDEL.....113	<i>penicillin g potassium</i>.....16	PERFOROMIST.....104
PANRETIN.....115	PENICILLIN G PROCAINE.....16	<i>see formoterol fumarate</i>.....104
<i>pantoprazole sodium</i>.....87	<i>penicillin g sodium</i>.....16	PERIDEX <i>see chlorhexidine</i>
PANZYGA.....95	<i>penicillin v potassium</i>.....16	<i>gluconate (mouth-</i> <i>throat)</i>.....116
<i>paraplatin</i>.....17	PENNSAID.....115	<i>see periogard</i>.....116
<i>paricalcitol</i>.....82	<i>see diclofenac sodium</i> <i>(topical)</i>.....114	<i>perindopril erbumine</i>.....27
PARLODEL.....44	PENTACEL INJ.....97	<i>periogard</i>.....116
<i>see bromocriptine</i>	PENTAM 300.....8	PERJETA.....23
<i>mesylate</i>.....43	<i>see pentamidine</i> <i>isethionate inj</i>.....8	<i>permethrin</i>.....116
PARNATE.....42	<i>pentamidine isethionate inh</i>.....8	<i>perphenazine</i>.....46
<i>see tranylcypromine</i>	<i>pentamidine isethionate inj</i>.....8	<i>perphenazine-amitriptyline</i> <i>tab 2-10 mg</i>.....42
<i>sulfate</i>.....42	PENTASA.....84	<i>perphenazine-amitriptyline</i> <i>tab 2-25 mg</i>.....42
<i>paramomycin sulfate</i>.....8	<i>pentoxifylline</i>.....92	<i>perphenazine-amitriptyline</i> <i>tab 4-10 mg</i>.....42
<i>paroxetine hcl</i>.....42	PEPCID.....84	<i>perphenazine-amitriptyline</i> <i>tab 4-25 mg</i>.....42
<i>paroxetine mesylate</i> <i>(vasomotor)</i>.....61	<i>see famotidine</i>.....84	<i>perphenazine-amitriptyline</i> <i>tab 4-50 mg</i>.....42
PATANASE <i>see olopatadine hcl</i> <i>(nasal)</i>.....103	PERCOCET <i>see endocet tab 10-</i> <i>325mg</i>.....4	PERSERIS.....46
PAXIL.....42	<i>see endocet tab 2.5-</i> <i>325mg</i>.....4	PERTZYE CAP 16000U .86
<i>see paroxetine hcl</i>.....42	<i>see endocet tab 5-325mg</i> .....4	PERTZYE CAP 24000U .86
PAXIL CR.....42	<i>see endocet tab 7.5-</i> <i>325mg</i>.....4	PERTZYE CAP 4000UNIT.....86
<i>see paroxetine hcl</i>.....42	<i>see oxycodone w/</i> <i>acetaminophen tab 10-</i> <i>325 mg</i>.....6	PERTZYE CAP 8000UNIT.....86
PEDIAPRED.....77	<i>see oxycodone w/</i> <i>acetaminophen tab</i> <i>2.5-325 mg</i>.....5	<i>pfizerpen</i>.....16
<i>see prednisolone sodium</i> <i>phosphate</i>.....77	<i>see oxycodone w/</i> <i>acetaminophen tab 5-</i> <i>325 mg</i>.....5	PHEBURANE.....80
PEDIARIX INJ 0.5ML.....97	<i>see oxycodone w/</i> <i>acetaminophen tab</i> <i>7.5-325 mg</i>.....6	<i>phenelzine sulfate</i>.....42
PEDVAX HIB.....97		PHENERGAN.....83
<i>peg-3350/electrolytes/asc</i>.....85		<i>see promethazine hcl</i> ..83
<i>peg 3350-kcl-na bicarb-</i> <i>nacl-na sulfate for soln</i> <i>236 gm</i>.....85		<i>phenobarbital</i>.....51
<i>peg 3350-kcl-sod bicarb-</i> <i>nacl for soln 420 gm</i> ...85		<i>phenobarbital sodium</i>.....51
PEGASYS.....13		<i>phenoxybenzamine hcl</i> ...37
PEMAZYRE.....23		PHENYTEK.....51
PEMETREXED.....18		<i>see phenytoin sodium</i> <i>extended</i>.....51
<i>pemetrexed disodium</i>.....18		<i>phenytoin</i>.....51
<i>penciclovir</i>.....115		

<i>phenytoin sodium</i>.....51	<i>see hydroxychloroquine sulfate</i> .....95	<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>.....99
<i>phenytoin sodium extended</i> .....51	PLASMA-LYTE-148	<i>potassium chloride microencapsulated crystals er</i>.....99
PHESGO SOL .....23	<i>see multiple electrolytes ph 5.5</i>.....98	<i>potassium citrate (alkalinizer)</i> .....88
PHEXXI GEL.....75	PLASMA-LYTE A	POT CHL 20MEQ/L IN
<i>philith</i>.....75	<i>see multiple electrolytes ph 7.4</i>.....98	NACL 0.45% INJ .....98
PHOSPHOLINE IODIDE .....101	PLASMA-LYTE INJ -148.98	POT CHL 20MEQ/L IN
PIFELTRO .....11	PLASMA-LYTE INJ -A .....98	NACL 0.9% INJ .....98
<i>pilocarpine hcl</i> .....101	PLAVIX .....92	POT CHL 40MEQ/L IN
<i>pilocarpine hcl (oral)</i>.....116	<i>see clopidogrel bisulfate</i> .....92	NACL 0.9% INJ .....98
<i>pimecrolimus</i>.....115	PLEGRIDY .....62	POTELIGEO .....23
<i>pimozide</i>.....46	PLEGRIDY INJ STARTER .....62	PRADAXA.....90
<i>pimtree</i> .....75	PLEGRIDY PEN INJ STARTER.....62	<i>see dabigatran etexilate mesylate</i> .....89
<i>pindolol</i>.....34	<i>plenamine</i> .....99	<i>pramipexole dihydrochloride</i> .....44
<i>pioglitazone hcl</i> .....68	PLENVU SOL .....85	<i>prasugrel hcl</i> .....92
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> .....68	<i>plerixafor</i> .....91	<i>pravastatin sodium</i>.....32
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> .....68	PLIAGLIS CRE 7-7% ....114	<i>praziquantel</i> .....8
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>.....68	<i>podofilox</i>.....115	<i>prazosin hcl</i>.....27
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>.....68	POLIVY .....23	PRED FORTE.....100
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> .....16	<i>polycin ophth oint</i>.....100	<i>see prednisolone acetate (ophth)</i> .....100
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i> .....16	<i>polymyxin b sulfate</i> .....8	PRED MILD .....100
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> .....16	<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> .....100	<i>prednisolone</i> .....77
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> .....16	POMALYST .....19	<i>prednisolone acetate (ophth)</i> .....100
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> .....16	PONVORY .....62	PREDNISOLONE SODIUM PHOSP .....100
PIQRAY 200MG DAILY DOSE .....23	PONVORY TAB STARTER .....62	<i>prednisolone sodium phosphate</i>.....77
PIQRAY 250MG TAB DOSE .....23	<i>portia-28</i>.....75	<i>prednisone</i> .....77
PIQRAY 300MG DAILY DOSE .....23	PORTRAZZA .....23	PREDNISONONE INTENSOL .....77
<i>pirfenidone</i> .....105	<i>posaconazole</i>.....9, 10	PREFEST TAB .....76
<i>piroxicam</i>.....2	<i>potassium chloride</i> ....98, 99	<i>pregabalin</i> .....51
PLAQUENIL.....95	POTASSIUM CHLORIDE .....99	<i>pregabalin (once-daily)</i> ...61
	<i>see potassium chloride</i> 99	PREGNYL W/DILUENT BENZYL .....80
	POTASSIUM CHLORIDE/SODIUM	PREHEVBRIO .....97
	<i>see kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>.....98	PREMARIN.....76
	<i>see kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>.....98	PREMASOL SOL 10%....99
	<i>see kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>.....98	PREMPHASE TAB .....76
		PREMPRO TAB.....76

PREMPRO TAB 0.3-1.5..76	<i>see hydrocortisone</i>	PROZAC.....42
PREMPRO TAB 0.45-1.576	(<i>rectal</i>).....115	<i>see fluoxetine hcl</i>.....41
PREMPRO TAB 0.625-5.76	PROCTOFOAM AER HC	PRUDOXIN.....115
PRENATAL TAB 27-1MG	1%.....115	<i>see doxepin hcl</i>
.....99	<i>procto-med hc</i>.....115	(<i>antipruritic</i>).....114
PRENATAL TAB PLUS...99	<i>proctosol hc</i>.....115	PULMICORT.....106
PRETOMANID.....12	<i>proctozone-hc</i>.....115	<i>see budesonide</i>
PREVACID.....87	PROCYSBI.....80	(<i>inhalation</i>).....106
<i>see lansoprazole</i>.....87	<i>progesterone</i>.....81	PULMICORT FLEXHALER
PREVACID SOLUTAB...87	PROGLYCEM.....78	.....106
<i>see lansoprazole</i>.....87	<i>see diazoxide</i>.....78	PULMOZYME.....105
<i>prevalite</i>.....33	PROGRAF.....96, 97	PURIXAN.....18
PREVYMIS.....13	<i>see tacrolimus</i>.....97	PYLERA
PREZCOBIX TAB 800-150	PROLASTIN-C.....105	<i>see bismuth subcit-</i>
.....12	PROLATE SOL 10/300MG	<i>metronidazole-</i>
PREZISTA.....11	.....6	<i>tetracycline cap 140-</i>
<i>see darunavir</i>.....10	PROLATE TAB 10-300MG	<i>125-125 mg</i>.....85
PRIFTIN.....12	.....6	PYLERA CAP.....86
PRILOSEC.....87	PROLATE TAB 5-300MG.6	<i>pyrazinamide</i>.....12
<i>primaquine phosphate</i>....10	PROLATE TAB 7.5-300....6	<i>pyridostigmine bromide</i> ...61
PRIMAQUINE	PROLENSA.....101	<i>pyrimethamine</i>.....8
PHOSPHATE.....10	PROLIA.....72	PYRUKYND.....92
<i>see primaquine</i>	PROMACTA.....92	PYRUKYND TAB
<i>phosphate</i>.....10	<i>promethazine hcl</i>.....83	20MGX5MG.....92
PRIMAXIN IV	<i>promethazine vc</i>.....103	PYRUKYND TAB
<i>see imipenem-cilastatin</i>	<i>promethegan</i>.....83	50MGX20M.....92
<i>intravenous for soln</i>	PROMETRIUM.....81	PYRUKYND TAPER PACK
<i>500 mg</i>.....7	<i>see progesterone</i>.....81	.....92
PRIMAXIN IV INJ 500MG.8	<i>propafenone hcl</i>.....31	Q
<i>primidone</i>.....51	<i>proparacaine hcl</i>.....102	QBRELIS.....27
PRIORIX INJ.....97	<i>propranolol hcl</i>.....34	QBREXZA.....115
PRISTIQ.....42	<i>propylthiouracil</i>.....82	QELBREE.....56
<i>see desvenlafaxine</i>	PROQUAD INJ.....97	QINLOCK.....23
<i>succinate</i>.....41	PROSCAR.....88	QNASL.....106
PRIVIGEN.....95	<i>see finasteride</i>.....88	QNASL CHILDRENS...106
PROAIR DIGIHALER...104	PROSOL INJ 20%.....99	QTERN TAB 10-5MG....68
PROAIR RESPICLICK..104	PROTONIX.....87	QTERN TAB 5-5MG....68
<i>probenecid</i>.....1	<i>see pantoprazole sodium</i>	QUADRACEL INJ.....97
PROCARDIA XL.....35	.....87	QUADRACEL INJ 0.5ML 97
<i>see nifedipine</i>.....35	<i>protriptyline hcl</i>.....42	QUALAQUIN.....10
<i>prochlorperazine</i>.....83	PROVENTIL HFA.....104	<i>see quinine sulfate</i>.....10
<i>prochlorperazine edisylate</i>	<i>see albuterol sulfate</i> ..104	QUARTETTE TAB.....75
.....83	PROVERA.....81	QUDEXY XR.....51
<i>prochlorperazine maleate</i>	<i>see</i>	<i>see topiramate</i>.....52
.....83	<i>medroxyprogesterone</i>	QUESTRAN.....33
PROCRIT.....91	<i>acetate</i>.....81	<i>see cholestyramine</i>.....32
PROCTOCORT	PROVIGIL.....64	QUESTRAN LIGHT.....33
	<i>see modafinil</i>.....64	

see <i>cholestyramine light</i>	REBYOTA.....86	RETIN-A MICRO.....109
.....32	RECARBRIO INJ 1.25GM 8	RETIN-A MICRO PUMP
see <i>prevalite</i>.....33	RECLAST.....72	.....109
<i>quetiapine fumarate</i>.....46	see <i>zoledronic acid</i>.....72	see <i>tretinoin microsphere</i>
QUILLICHEW ER.....56	<i>reclipsen</i>.....75	.....109
QUILLIVANT XR.....56	RECOMBIVAX HB.....97	RETROVIR.....11
<i>quinapril hcl</i>.....27	RECORLEV.....80	see <i>zidovudine</i>.....11
<i>quinidine sulfate</i>.....31	RECTIV.....115	REVATIO.....38
<i>quinine sulfate</i>.....10	REGLAN.....83	see <i>sildenafil citrate</i>
QULIPTA.....59	see <i>metoclopramide hcl</i>	(<i>pulmonary</i>
QUTENZA KIT 8% 1-PCH	.....83	<i>hypertension</i>).....38
.....114	REGANEX.....116	REVCIVI.....80
QUTENZA KIT 8% 2-PCH	RELAFEN DS.....2	REVLIMID.....19
.....114	RELENZA DISKHALER..13	REXULTI.....46
QUTENZA KIT 8% 4-PCH	RELEUKO.....91	REYATAZ.....11
.....114	RELEXXII.....56	see <i>atazanavir sulfate</i> .10
QUVIVIQ.....57	RELISTOR.....86	REYVOW.....59
QUZYTIR.....103	RELPAK.....59	REZLIDHIA.....23
QVAR REDHALER.....106	see <i>eletriptan</i>	REZUROCK.....97
R	<i>hydrobromide</i>.....58	REZVOGLAR KWIKPEN 71
RABAVERT INJ.....97	RELTONE.....86	REZZAYO.....10
<i>rabepazole sodium</i>.....87	RELYVRIO PAK 3-1GM..61	RHOFADE.....115
RADICAVA.....61	REMERON.....42	RHOPRESSA.....101
RADICAVA ORS.....61	see <i>mirtazapine</i>.....41	RIABNI.....23
RADICAVA ORS	REMERON SOLTAB.....42	<i>ribavirin (hepatitis c)</i>.....13
STARTER KIT.....61	see <i>mirtazapine</i>.....41	<i>rifabutin</i>.....12
RAGWITEK.....96	REMICADE.....94	RIFADIN.....12
<i>raloxifene hcl</i>.....80	REMODULIN.....38	see <i>rifampin</i>.....12
<i>ramelteon</i>.....57	RENAGEL	<i>rifampin</i>.....12
<i>ramipril</i>.....27	see <i>sevelamer hcl</i>.....81	RILUTEK.....61
<i>ranolazine</i>.....37	RENFLEXIS.....94	see <i>riluzole</i>.....61
RAPAFLO.....88	REVELA.....81	<i>riluzole</i>.....61
see <i>silodosin</i>.....88	see <i>sevelamer carbonate</i>	<i>rimantadine hydrochloride</i>
RAPAMUNE.....97	.....81	.....13
see <i>sirolimus</i>.....97	<i>repaglinide</i>.....68	RIMSO-50.....88
RAPIVAB.....13	REPATHA.....33	RINVOQ.....94
<i>rasagiline mesylate</i>.....44	REPATHA PUSHTRONEX	RIOMET
RASUVO.....95	SYSTEM.....33	see <i>metformin hcl</i>.....67
RAVICTI.....80	REPATHA SURECLICK .33	<i>risedronate sodium</i>.....72
RAYALDEE.....82	RESTASIS.....102	RISPERDAL.....46
RAYOS.....77	RESTASIS MULTIDOSE	see <i>risperidone</i>.....46, 47
REBIF.....62	.....102	RISPERDAL CONSTA...46
REBIF REBIDO INJ	RESTORIL.....57	<i>risperidone</i>.....46, 47
TITRATN.....63	see <i>temazepam</i>.....58	RITALIN.....56
REBIF REBIDOSE.....63	RETACRIT.....91	see <i>methylphenidate hcl</i>
REBIF TITRTN INJ PACK	RETEVMO.....23	.....56
.....63	RETIN-A.....109	RITALIN LA.....56
REBLOZYL.....92	see <i>tretinoin</i>.....109	

<i>see methylphenidate hcl</i>	RYTARY CAP 95MG .....44	SEASONIQUE TAB .....75
.....55, 56	RYTHMOL SR .....31	SECUADO .....47
<i>ritonavir</i> .....11	<i>see propafenone hcl</i> ...31	SEGLENTIS TAB 56-44MG
RITUXAN .....23	RYVENT .....103	.....6
RITUXAN INJ HYCELA ..23	S	SEGLUOMET TAB 2.5-
<i>rivastigmine</i> .....40	SABRIL .....51	1000 .....69
<i>rivastigmine tartrate</i> .....40	<i>see vigabatrin</i> .....52	SEGLUOMET TAB 2.5-
<i>rivelsa</i>.....75	<i>see vigadrone</i>.....52	500 .....68
<i>rizatriptan benzoate</i> .....59	SAFYRAL	SEGLUOMET TAB 7.5-
ROBINUL .....84	<i>see drospirenone-ethinyl</i>	1000 .....69
<i>see glycopyrrolate</i> .....84	<i>estradiol-levomefolate</i>	SEGLUOMET TAB 7.5-
ROBINUL FORTE.....84	<i>tab 3-0.03-0.451 mg</i> 73	500 .....69
<i>see glycopyrrolate</i> .....84	<i>see tydemy</i> .....75	<i>selegiline hcl</i> .....44
ROCALTROL .....82	SAFYRAL TAB.....75	<i>selenium sulfide</i> .....111
<i>see calcitriol</i>.....82	<i>sajazir</i>.....92	SELZENTRY .....11
<i>see calcitriol (oral)</i> .....82	SALAGEN .....116	<i>see maraviroc</i>.....11
ROCKLATAN DRO .....101	<i>see pilocarpine hcl (oral)</i>	SEMGLEE.....71
<i>roflumilast</i>.....105	.....116	SENSIPAR.....80
ROLVEDON .....91	SAMSCA.....80	<i>see cinacalcet hcl</i>.....78
<i>ropinirole hydrochloride</i> ..44	<i>see tolvaptan</i> .....80	SEREVENT DISKUS ...104
<i>rosuvastatin calcium</i> .....32	SANCUSO .....83	SEROQUEL .....47
ROTARIX SUS.....97	SANDIMMUNE .....97	<i>see quetiapine fumarate</i>
ROTATEQ SOL .....97	<i>see cyclosporine</i>.....96	.....46
ROWASA .....84	SANDOSTATIN .....80	SEROQUEL XR.....47
<i>see mesalamine w/</i>	<i>see octreotide acetate</i> .79	<i>see quetiapine fumarate</i>
<i>cleanser</i> .....84	SANDOSTATIN LAR	.....46
<i>roweepra</i> .....51	DEPOT .....80	SEROSTIM .....80
ROXICODONE .....6	SANTYL .....116	<i>sertraline hcl</i>.....42
<i>see oxycodone hcl</i>.....5	SAPHNELO .....97	SERTRALINE
ROXYBOND .....6	SAPHRIS .....47	HYDROCHLORIDE ....42
ROZEREM .....57	<i>see asenapine maleate</i>	<i>setlakin</i> .....75
<i>see ramelteon</i>.....57	.....45	<i>sevelamer carbonate</i> .....81
ROZLYTREK .....23	<i>sapropterin dihydrochloride</i>	<i>sevelamer hcl</i>.....81
RUBRACA .....24	.....80	SEYSARA.....16
RUCONEST .....92	SARCLISA .....24	SFROWASA .....84
<i>rufinamide</i> .....51	SAVELLA .....61	<i>sharobel</i> .....75
RUKOBIA.....11	SAVELLA MIS TITR PAK	SHINGRIX.....97
RUXIENCE .....24	.....61	SIGNIFOR.....80
RYALTRIS SPR 665-25103	<i>saxagliptin hcl</i> .....68	SIGNIFOR LAR.....80
RYBELSUS.....68	<i>saxagliptin-metformin hcl</i>	SIKLOS .....92
RYBREVANT .....24	<i>tab er 24hr 2.5-1000 mg</i>	<i>sildenafil citrate (pulmonary</i>
<i>ryclora</i> .....103	.....68	<i>hypertension)</i>.....38
RYDAPT .....24	<i>saxagliptin-metformin hcl</i>	SILENOR .....57
RYLAZE .....19	<i>tab er 24hr 5-1000 mg</i> .68	<i>see doxepin hcl (sleep)</i>
RYSTIGGO .....96	<i>saxagliptin-metformin hcl</i>	.....57
RYTARY CAP 145MG ...44	<i>tab er 24hr 5-500 mg</i> ...68	SILIQ .....94
RYTARY CAP 195MG ...44	SCSEMBLIX.....24	<i>silodosin</i> .....88
RYTARY CAP 245MG ...44	<i>scopolamine</i>.....83	SILVADENE .....109

see <i>silver sulfadiazine</i>	SOGROYA.....80	<i>sronyx</i> .....75
.....109	<i>solifenacin succinate</i>.....89	<i>ssd</i> .....109
see <i>ssd</i>.....109	SOLIQUA INJ 100/33.....71	STALEVO 100
<i>silver sulfadiazine</i>.....109	SOLIRIS.....92	see <i>carbidopa-levodopa-</i>
SIMBRINZA SUS 1-0.2%	SOLODYN .....16	<i>entacapone tabs 25-</i>
.....101	see <i>minocycline hcl</i> ....16	100-200 mg.....43
<i>simliya</i>.....75	SOLOSEC.....8	STALEVO 100 TAB .....44
<i>simpesse</i>.....75	SOLTAMOX.....18	STALEVO 125
SIMPONI.....94	SOLU-CORTEF .....77	see <i>carbidopa-levodopa-</i>
SIMPONI ARIA .....94	SOLU-MEDROL.....77	<i>entacapone tabs</i>
<i>simvastatin</i>.....32	see <i>methylprednisolone</i>	31.25-125-200 mg ...43
SINEMET	<i>sod succ</i>.....77	STALEVO 125 TAB .....44
see <i>carbidopa &</i>	SOMA .....64	STALEVO 150
<i>levodopa tab 10-100</i>	see <i>carisoprodol</i>.....63	see <i>carbidopa-levodopa-</i>
<i>mg</i>.....43	see <i>vanadom</i>.....64	<i>entacapone tabs 37.5-</i>
see <i>carbidopa &</i>	SOMATULINE DEPOT ...80	150-200 mg.....43
<i>levodopa tab 25-100</i>	SOMAVERT.....80	STALEVO 150 TAB .....44
<i>mg</i>.....43	SOOLANTRA.....115	STALEVO 200
SINEMET TAB 10-100MG	see <i>ivermectin (rosacea)</i>	see <i>carbidopa-levodopa-</i>
.....44	.....115	<i>entacapone tabs 50-</i>
SINEMET TAB 25-100MG	<i>sorafenib tosylate</i>.....24	200-200 mg.....43
.....44	SORILUX .....110	STALEVO 200 TAB .....44
SINGULAIR.....104	<i>sorine</i> .....31	STALEVO 50
see <i>montelukast sodium</i>	<i>sotalol hcl</i>.....31	see <i>carbidopa-levodopa-</i>
.....104	<i>sotalol hcl (afib/af)</i>.....31	<i>entacapone tabs 12.5-</i>
<i>sirolimus</i>.....97	SOTYKTU .....94	50-200 mg.....43
SIRTURO.....12	SOTYLIZE.....31	STALEVO 50 TAB .....44
SITAVIG.....13	SPEVIGO.....94	STALEVO 75
SIVEXTRO.....8	<i>spinosad</i>.....116	see <i>carbidopa-levodopa-</i>
SKYCLARYS .....61	SPIRIVA HANDIHALER103	<i>entacapone tabs</i>
SKYRIZI.....94	see <i>tiotropium bromide</i>	18.75-75-200 mg .....43
SKYRIZI PEN.....94	<i>monohydrate</i>.....103	STALEVO 75 TAB .....44
SKYTROFA.....80	SPIRIVA RESPIMAT ...103	STEGLATRO .....69
SLYND .....75	<i>spironolactone</i>.....27	STEGLUJAN TAB 15-
SMOFLIPID EMU.....99	<i>spironolactone &</i>	100MG.....69
SOAAZ .....35	<i>hydrochlorothiazide tab</i>	STEGLUJAN TAB 5-
<i>sodium chloride</i>.....99	25-25 mg .....35	100MG.....69
<i>sodium chloride (gu</i>	SPORANOX.....10	STELARA.....94
<i>irrigant)</i> .....116	see <i>itraconazole</i> .....9	STIOLTO AER 2.5-2.5..102
<i>sodium fluoride chew; tab;</i>	SPRAVATO SOL 56MG	STIVARGA.....24
1.1 (0.5 f) mg/ml soln...99	DOS.....42	STRATTERA.....56
SODIUM OXYBATE.....64	SPRAVATO SOL 84MG	see <i>atomoxetine hcl</i> ...54
<i>sodium phenylbutyrate</i> ...80	DOS.....42	STRENSIQ.....80
<i>sodium polystyrene</i>	<i>sprintec 28</i> .....75	<i>streptomycin sulfate</i> .....8
<i>sulfonate powder</i>.....72	SPRITAM.....51	STRIBILD TAB.....12
<i>sod sulfate-pot sulf-mg sulf</i>	SPRIX .....2	STRIVERDI RESPIMAT
<i>oral sol 17.5-3.13-1.6</i>	SPRYCEL .....24	.....104
<i>gm/177ml</i>.....85	<i>sps</i> .....72	STROMECTOL .....8

see <i>ivermectin</i>	7	<i>sulfamethoxazole-</i>		SYMDEKO TAB 100-150	
SUBLOCADE.....	65	<i>trimethoprim tab 800-160</i>		.....	105
SUBOXONE		<i>mg</i>	8	SYMDEKO TAB 50-75MG	
see <i>buprenorphine hcl-</i>		SULFAMYLON.....	109	.....	105
<i>naloxone hcl sl film 12-</i>		see <i>mafenide acetate</i>	109	SYMFI	
<i>3 mg (base equiv) ...</i>	64	<i>sulfasalazine</i>	85	see <i>efavirenz-</i>	
see <i>buprenorphine hcl-</i>		<i>sulindac</i>	2	<i>lamivudine-tenofovir df</i>	
<i>naloxone hcl sl film 2-</i>		<i>sumatriptan</i>	59	<i>tab 600-300-300 mg 11</i>	
<i>0.5 mg (base equiv) .</i>	64	<i>sumatriptan-naproxen</i>		SYMFI LO	
see <i>buprenorphine hcl-</i>		<i>sodium tab 85-500 mg.</i>	60	see <i>efavirenz-</i>	
<i>naloxone hcl sl film 4-1</i>		<i>sumatriptan succinate</i>	59,	<i>lamivudine-tenofovir df</i>	
<i>mg (base equiv)</i>	64	60		<i>tab 400-300-300 mg 11</i>	
see <i>buprenorphine hcl-</i>		<i>sunitinib malate</i>	24	SYMFI LO TAB	12
<i>naloxone hcl sl film 8-2</i>		SUNLENCA	11	SYMFI TAB	12
<i>mg (base equiv)</i>	64	SUNOSI	64	SYMJEPI.....	105
SUBOXONE MIS 12-3MG		SUPRAX	14	SYMLINPEN 120	69
.....	65	see <i>cefixime</i>	13	SYMLINPEN 60	69
SUBOXONE MIS 2-0.5MG		SUPREP BOWEL PREP		SYMPAZAN	52
.....	65	KIT		SYMPROIC.....	86
SUBOXONE MIS 4-1MG	65	see <i>sod sulfate-pot sulf-</i>		SYMTUZA TAB.....	12
SUBOXONE MIS 8-2MG	65	<i>mg sulf oral sol 17.5-</i>		SYNALAR	113
<i>subvenite</i>	51	<i>3.13-1.6 gm/177ml...85</i>		see <i>fluocinolone</i>	
<i>subvenite starter kit/blu</i> ...51		SUPREP BOWEL SOL		<i>acetamide</i>	112
<i>subvenite starter kit/gre</i> ...51		PREP KIT	85	SYNAREL	75
<i>subvenite starter kit/ora</i> ...51		SUSTIVA		SYNDROS	83
SUCRAID.....	86	see <i>efavirenz</i>	10	SYNERA DIS 70-70MG	114
<i>sucrafate</i>	86	SUSTOL.....	83	SYNJARDY TAB 12.5-	
SUFLAVE SOL	85	SUSVIMO	102	1000MG.....	69
SULAR	35	SUTAB TAB	85	SYNJARDY TAB 12.5-500	
see <i>nisoldipine</i>	35	SUTENT.....	24	.....	69
<i>sulfacetamide sodium</i>		see <i>sunitinib malate</i>	24	SYNJARDY TAB 5-	
(<i>acne</i>)	109	<i>syeda</i>	75	1000MG.....	69
<i>sulfacetamide sodium</i>		SYFOVRE.....	102	SYNJARDY TAB 5-500MG	
(<i>ophth</i>)	100	SYMBICORT		.....	69
<i>sulfacetamide sodium-</i>		see <i>breyana</i>	107	SYNJARDY XR TAB 10-	
<i>prednisolone ophth soln</i>		see <i>budesonide-</i>		1000	69
<i>10-0.23(0.25)%.....</i>	99	<i>formoterol fumarate</i>		SYNJARDY XR TAB 12.5-	
<i>sulfadiazine</i>	8	<i>dihyd aerosol 160-4.5</i>		1000MG.....	69
<i>sulfamethoxazole-</i>		<i>mcg/act</i>	107	SYNJARDY XR TAB 25-	
<i>trimethoprim iv soln 400-</i>		see <i>budesonide-</i>		1000	69
<i>80 mg/5ml.....</i>	8	<i>formoterol fumarate</i>		SYNJARDY XR TAB 5-	
<i>sulfamethoxazole-</i>		<i>dihyd aerosol 80-4.5</i>		1000MG.....	69
<i>trimethoprim susp 200-40</i>		<i>mcg/act</i>	107	SYNRIBO.....	19
<i>mg/5ml.....</i>	8	SYMBICORT AER 160-4.5		SYNTHROID.....	82
<i>sulfamethoxazole-</i>		.....	107	see <i>euthyrox</i>	81
<i>trimethoprim tab 400-80</i>		SYMBICORT AER 80-4.5		see <i>levo-t</i>	81
<i>mg</i>	8	.....	107	see <i>levothyroxine sodium</i>	
				.....	81

see <i>levoxyl</i>	82	TASCENSO ODT.....	63	<i>telmisartan-amlodipine tab</i>	
see <i>unithroid</i>	82	TASIGNA	24	80-5 mg	29
SYPRINE	72	<i>tasimelteon</i>	57	<i>telmisartan-</i>	
see <i>trientine hcl</i>	72	TAVALISSE	92	<i>hydrochlorothiazide tab</i>	
T		TAVNEOS.....	92	40-12.5 mg	29
TABLOID.....	18	TAYTULLA		<i>telmisartan-</i>	
TABRECTA.....	24	see <i>gemmily</i>	73	<i>hydrochlorothiazide tab</i>	
TACLONEX		see <i>merzee</i>	74	80-12.5 mg	29
see <i>calcipotriene-</i>		see <i>norethindrone ace-</i>		<i>telmisartan-</i>	
<i>betamethasone</i>		<i>ethinyl estradiol-fe cap</i>		<i>hydrochlorothiazide tab</i>	
<i>dipropionate oint</i>		1 mg-20 mcg (24)	74	80-25 mg	30
0.005-0.064%	111	TAYTULLA CAP		<i>temazepam</i>	58
see <i>calcipotriene-</i>		1MG/20MC	75	<i>temsirolimus</i>	24
<i>betamethasone</i>		<i>tazarotene</i>	110	TENIVAC INJ 5-2LF.....	97
<i>dipropionate susp</i>		TAZAROTENE.....	109	<i>tenofovir disoproxil</i>	
0.005-0.064%	111	<i>tazicef</i>	14	<i>fumarate</i>	11
TACLONEX OIN	113	TAZORAC.....	110	TENORETIC 100	
TACLONEX SUS	113	see <i>tazarotene</i>	110	see <i>atenolol &</i>	
<i>tacrolimus</i>	97	<i>taztia xt</i>	35	<i>chlorthalidone tab 100-</i>	
<i>tacrolimus (topical)</i>	115	TAZVERIK	24	25 mg.....	33
<i>tadalafil (pulmonary</i>		TDVAX INJ 2-2 LF	97	TENORETIC 50	
<i>hypertension)</i>	38	TECENTRIQ	24	see <i>atenolol &</i>	
TADLIQ.....	38	TECFIDERA.....	63	<i>chlorthalidone tab 50-</i>	
TAFINLAR.....	24	see <i>dimethyl fumarate</i> .	62	25 mg.....	33
<i>tafluprost</i>	101	TECFIDERA CAP		TENORETIC TAB 100	33
TAGRISSE	24	STARTER.....	63	TENORETIC TAB 50	33
TAKHZYRO	92	TECFIDERA STARTER		TENORMIN.....	34
TALICIA CAP	86	PACK		see <i>atenolol</i>	33
TALTZ.....	94	see <i>dimethyl fumarate</i>		TEPEZZA.....	80
TALZENNA	24	<i>capsule dr starter pack</i>		TEPMETKO	24
TAMIFLU.....	13	120 mg & 240 mg	62	<i>terazosin hcl</i>	27
see <i>oseltamivir</i>		TECVAYLI.....	24	<i>terbinafine hcl</i>	10
<i>phosphate</i>	13	TEFLARO	14	<i>terbutaline sulfate</i>	104
<i>tamoxifen citrate</i>	18	TEGRETOL.....	52	<i>terconazole vaginal</i>	89
<i>tamsulosin hcl</i>	88	see <i>carbamazepine</i>	48	<i>teriflunomide</i>	63
<i>taperdex 12-day</i>	77	see <i>epitol</i>	49	TERIPARATIDE.....	72
<i>taperdex 6-day</i>	77	TEGRETOL-XR	52	TESTIM.....	65
<i>taperdex 7-day</i>	77	see <i>carbamazepine</i>	48	<i>testosterone</i>	65
TARCEVA		TEGSEDI	61	<i>testosterone cypionate</i> ...	65
see <i>erlotinib hcl</i>	21	TEKTRUNA.....	37	<i>testosterone enanthate</i> ...	66
<i>targadox</i>	16	see <i>aliskiren fumarate</i> .	36	<i>tetrabenazine</i>	61
TARGRETIN	19, 115	<i>telmisartan</i>	30	<i>tetracycline hcl</i>	16
see <i>bexarotene</i>	19	<i>telmisartan-amlodipine tab</i>		TEXACORT	113
see <i>bexarotene (topical)</i>		40-10 mg	29	TEZSPIRE	105
.....	114	<i>telmisartan-amlodipine tab</i>		THALITONE	35
<i>tarina 24 fe</i>	75	40-5 mg	29	THALOMID	19
<i>tarina fe 1/20 eq</i>	75	<i>telmisartan-amlodipine tab</i>		THEO-24.....	105
TARPEYO.....	88	80-10 mg	29	<i>theophylline</i>	105

THIOLA.....	88	TOBRADEX OIN 0.3-0.1%	99	<i>tramadol hcl</i>	4, 6
<i>see tiopronin</i>	88	TOBRADEX ST SUS 0.3- 0.05	99	<i>trandolapril</i>	27
THIOLA EC	88	TOBRADEX SUS 0.3-0.1%	99	<i>trandolapril-verapamil hcl</i> <i>tab er 1-240 mg</i>	26
<i>thioridazine hcl</i>	47	<i>tobramycin</i>	8	<i>trandolapril-verapamil hcl</i> <i>tab er 2-180 mg</i>	26
<i>thiothixene</i>	47	<i>tobramycin (ophth)</i>	100	<i>trandolapril-verapamil hcl</i> <i>tab er 2-240 mg</i>	26
THYQUIDITY	82	<i>tobramycin-dexamethasone</i> <i>ophth susp 0.3-0.1%</i>	99	<i>trandolapril-verapamil hcl</i> <i>tab er 4-240 mg</i>	26
<i>tiadylt er</i>	35	<i>tobramycin sulfate</i>	8	<i>tranexamic acid</i>	92
<i>tiagabine hcl</i>	52	TOBREX	100	TRANSDERM-SCOP.....	83
TIAZAC	35	TOLAK	115	<i>see scopolamine</i>	83
<i>see diltiazem hcl</i> <i>extended release</i> <i>beads</i>	34	<i>tolmetin sodium</i>	2	<i>tranylcyproamine sulfate</i>	42
<i>see taztia xt</i>	35	TOLSURA	10	TRAVASOL INJ 10%	99
<i>see tiadylt er</i>	35	<i>tolterodine tartrate</i>	89	TRAVATAN Z.....	101
TIBSOVO	24	<i>tolvaptan</i>	80	<i>see travoprost</i>	101
TICOVAC	97	TOPAMAX	52	<i>travoprost</i>	101
<i>tigecycline</i>	16	<i>see topiramate</i>	52	TRAZIMERA	24
TIGECYCLINE	16	TOPAMAX SPRINKLE	52	<i>trazodone hcl</i>	42
TIGLUTIK.....	61	<i>see topiramate</i>	52	TREANDA.....	17
TIKOSYN	31	TOPICORT	113	<i>see bendamustine hcl</i>	17
<i>see dofetilide</i>	31	<i>see desoximetasone</i>	112	TRECTOR	12
<i>tilia fe</i>	75	<i>topiramate</i>	52	TRELEGY AER ELLIPTA 100-62.5-25 MCG.....	102
<i>timolol maleate</i>	34	<i>topotecan hcl</i>	19	TRELEGY AER ELLIPTA 200-62.5-25 MCG.....	102
<i>timolol maleate (ophth)</i>	101	TOPOTECAN HCL	19	TRELSTAR MIXJECT.....	18
<i>timolol maleate (ophth)</i> <i>once-daily</i>	101	<i>see topotecan hcl</i>	19	TREMFYA	94
<i>timolol maleate (ophth) pf</i>	101	TOPROL XL.....	34	<i>treprostinil</i>	38
TIMOPTIC.....	101	<i>see metoprolol succinate</i>	34	TRESIBA.....	71
TIMOPTIC OCUDOSE	101	<i>toemifene citrate</i>	18	TRESIBA FLEXTOUCH	71
<i>see timolol maleate</i> <i>(ophth) pf</i>	101	TORISEL.....	24	<i>tretinoin</i>	109
TIMOPTIC-XE	101	<i>see temsirolimus</i>	24	<i>tretinoin (chemotherapy)</i>	19
<i>tinidazole</i>	8	<i>torsemide</i>	35	<i>tretinoin microsphere</i>	109
<i>tiopronin</i>	88	TOSYMRA	60	TREXALL	95
<i>tiotropium bromide</i> <i>monohydrate</i>	103	TOUJEO MAX SOLOSTAR	71	TREXIMET <i>see sumatriptan-</i> <i>naproxen sodium tab</i> 85-500 mg.....	60
TIROSINT	82	TOUJEO SOLOSTAR.....	71	TREXIMET TAB 85-500MG	60
<i>see levothyroxine sodium</i>	81	<i>tovet</i>	113	<i>trezix</i>	6
TIROSINT-SOL.....	82	TOVIAZ.....	89	<i>triamcinolone acetonide</i>	77
TIVDAK	24	<i>see fesoterodine</i> <i>fumarate</i>	88	<i>triamcinolone acetonide</i> <i>(mouth)</i>	116
TIVICAY	11	TPN ELECTROL INJ	99	<i>triamcinolone acetonide</i> <i>(topical)</i>	113
TIVICAY PD	11	TRACLEER.....	38		
<i>tizanidine hcl</i>	64	<i>see bosentan</i>	38		
TLANDO	66	TRADJENTA.....	69		
TOBI.....	8	<i>tramadol-acetaminophen</i> <i>tab 37.5-325 mg</i>	6		
TOBI PODHALER.....	8				

<i>triamterene</i>.....36	<i>trientine hcl</i>.....72	TROPHAMINE INJ 10% .99
<i>triamterene &</i>	<i>tri-estarylla</i> .....75	<i>trospium chloride</i>.....89
<i>hydrochlorothiazide cap</i>	<i>trifluoperazine hcl</i>.....47	TRUDHESA .....60
37.5-25 mg .....36	<i>trifluridine</i> .....100	TRULANCE.....86
<i>triamterene &</i>	<i>trihexyphenidyl hcl</i> .....44	TRULICITY .....69
<i>hydrochlorothiazide tab</i>	TRIJARDY XR TAB ER	TRUMENBA INJ .....97
37.5-25 mg .....36	24HR 10-5-1000MG ...69	TRUVADA
<i>triamterene &</i>	TRIJARDY XR TAB ER	see <i>emtricitabine-</i>
<i>hydrochlorothiazide tab</i>	24HR 12.5-2.5-1000MG	<i>tenofovir disoproxil</i>
75-50 mg .....36	.....69	<i>fumarate tab 100-150</i>
<i>trianex</i> .....113	TRIJARDY XR TAB ER	<i>mg</i>.....11
<i>triazolam</i> .....58	24HR 25-5-1000MG ...69	see <i>emtricitabine-</i>
TRIBENZOR	TRIJARDY XR TAB ER	<i>tenofovir disoproxil</i>
see <i>olmesartan-</i>	24HR 5-2.5-1000MG ...69	<i>fumarate tab 133-200</i>
<i>amlodipine-</i>	TRIKAFTA PAK 59.5MG	<i>mg</i>.....11
<i>hydrochlorothiazide tab</i>	.....105	see <i>emtricitabine-</i>
20-5-12.5 mg .....29	TRIKAFTA PAK 75MG..105	<i>tenofovir disoproxil</i>
see <i>olmesartan-</i>	TRIKAFTA TAB 100-50-	<i>fumarate tab 167-250</i>
<i>amlodipine-</i>	75MG & 150MG .....106	<i>mg</i>.....12
<i>hydrochlorothiazide tab</i>	TRIKAFTA TAB 50-25-	see <i>emtricitabine-</i>
40-10-12.5 mg .....29	37.5MG & 75MG .....105	<i>tenofovir disoproxil</i>
see <i>olmesartan-</i>	<i>tri-legest fe</i> .....75	<i>fumarate tab 200-300</i>
<i>amlodipine-</i>	TRILEPTAL.....52	<i>mg</i>.....12
<i>hydrochlorothiazide tab</i>	see <i>oxcarbazepine</i> .....50	TRUVADA TAB 100-150.12
40-10-25 mg .....29	<i>tri-linyah</i> .....75	TRUVADA TAB 133-200.12
see <i>olmesartan-</i>	TRILIPIX .....31	TRUVADA TAB 167-250.12
<i>amlodipine-</i>	see <i>choline fenofibrate</i> 31	TRUVADA TAB 200-300.12
<i>hydrochlorothiazide tab</i>	<i>tri-lo-estarylla</i> .....75	TRUXIMA.....24
40-5-12.5 mg .....29	<i>tri-lo-marzia</i> .....75	TUKYSA.....24
see <i>olmesartan-</i>	<i>tri-lo-mili</i> .....75	TURALIO .....24
<i>amlodipine-</i>	<i>tri-lo-sprintec</i> .....75	TWINRIX INJ .....97
<i>hydrochlorothiazide tab</i>	<i>trimethobenzamide hcl</i> ...83	TWYNEO CRE 0.1-3% .109
40-5-25 mg .....29	<i>trimethoprim</i>.....8	TYBLUME CHW 0.1-0.02
TRIBENZOR20- TAB 5-	<i>tri-mili</i> .....75	.....75
12.5MG.....30	<i>trimipramine maleate</i> .....42	TYBOST.....11
TRIBENZOR40- TAB 10-	TRINTELLIX.....42	<i>tydemy</i> .....75
12.5 .....30	<i>tri-nymyo</i> .....75	TYGACIL.....16
TRIBENZOR40- TAB 10-	<i>tri-sprintec</i> .....75	see <i>tigecycline</i>.....16
25MG.....30	TRIUMEQ PD TAB .....12	TYKERB.....24
TRIBENZOR40- TAB 5-	TRIUMEQ TAB .....12	see <i>lapatinib ditosylate</i> 22
12.5MG.....30	<i>trivora-28</i>.....75	TYMLOS .....72
TRIBENZOR40- TAB 5-	<i>tri-vylibra</i> .....75	TYPHIM VI .....97
25MG.....30	<i>tri-vylibra lo</i>.....75	TYRVAYA .....102
TRICARE TAB PRENATAL	TRIZIVIR TAB .....12	TYSABRI.....63
.....99	TRODELVY.....24	TYVASO .....38
TRICOR .....31	TROGARZO.....11	TYVASO DPI
see <i>fenofibrate</i>.....31	TROKENDI XR .....52	MAINTENANCE KI.....38
<i>triderm</i>.....113	see <i>topiramate</i>.....52	

TYVASO DPI POW 16-32-48	38	URSO 250.....	86	see <i>valacyclovir hcl</i>	13
TYVASO DPI POW 16-32MCG	38	see <i>ursodiol</i>	86	<i>vanadom</i>	64
TYVASO DPI POW 32-48MCG	38	<i>ursodiol</i>	86	VANCOCIN	8
TZIELD.....	69	URSODIOL	86	see <i>vancomycin hcl</i>	8
U		URSO FORTE	86	VANCOMYCIN.....	8
UBRELVY	60	see <i>ursodiol</i>	86	<i>vancomycin hcl</i>	8, 9
UCERIS	85	UZEDY	47	VANCOMYCIN	
see <i>budesonide</i>	84	V		HYDROCHLORIDE.....	9
see <i>budesonide</i>		VABOMERE INJ 2GM(1-1)	8	VANCOMYCIN INJ 1 GM ..	9
(<i>intrarectal</i>).....	84	.....		VANCOMYCIN INJ 500MG	
UDENYCA	91	VABYSMO	102	.....	9
ULORIC	1	VAGIFEM.....	76	VANCOMYCIN INJ 750MG	9
see <i>febuxostat</i>	1	see <i>estradiol vaginal</i>	76	.....	9
ULTOMIRIS	92	see <i>yuvafem</i>	76	VANDAZOLE	89
ULTRAVATE.....	114	<i>valacyclovir hcl</i>	13	VANOS	114
UNASYN		VALCHLOR.....	115	see <i>fluocinonide</i>	112
see <i>ampicillin &</i>		VALCYTE.....	13	VAQTA.....	97
<i>sulbactam sodium for</i>		see <i>valganciclovir hcl</i> ..	13	<i>varenicline tartrate</i>	65
<i>inj 1.5 (1-0.5) gm</i>	15	<i>valganciclovir hcl</i>	13	<i>varenicline tartrate tab 11 x</i>	
see <i>ampicillin &</i>		VALIUM.....	52	<i>0.5 mg & 42 x 1 mg start</i>	
<i>sulbactam sodium for</i>		see <i>diazepam</i>	48	<i>pack</i>	65
<i>inj 3 (2-1) gm</i>	15	<i>valproate sodium</i>	52	VARIVAX	97
UNASYN BULK PACK		<i>valproic acid</i>	52	VARUBI.....	83
see <i>ampicillin &</i>		<i>valrubicin</i>	17	VASCEPA.....	33
<i>sulbactam sodium for</i>		<i>valsartan</i>	30, 31	VASERETIC	
<i>iv soln 15 (10-5) gm</i> ..	15	VALSARTAN.....	30	see <i>enalapril maleate &</i>	
UNASYN INJ 1.5GM.....	16	<i>valsartan-</i>		<i>hydrochlorothiazide tab</i>	
UNASYN INJ 15GM.....	16	<i>hydrochlorothiazide tab</i>		<i>10-25 mg</i>	26
UNASYN INJ 3GM.....	16	160-12.5 mg	30	VASERETIC TAB 10-25MG	
<i>unithroid</i>	82	<i>valsartan-</i>		.....	26
UPLIZNA.....	61	<i>hydrochlorothiazide tab</i>		VASOTEC.....	27
UPTRAVI	38	160-25 mg	30	see <i>enalapril maleate</i> ..	26
UPTRAVI PACK TAB		<i>valsartan-</i>		VECTIBIX.....	24
200/800	38	<i>hydrochlorothiazide tab</i>		VECTICAL	111
UROCIT-K 10.....	88	320-12.5 mg	30	VEGZELMA	24
see <i>potassium citrate</i>		<i>valsartan-</i>		VELCADE	24
(<i>alkalinizer</i>)	88	<i>hydrochlorothiazide tab</i>		see <i>bortezomib</i>	20
UROCIT-K 15.....	88	320-25 mg	30	VELETRI	38
see <i>potassium citrate</i>		<i>valsartan-</i>		<i>velivet</i>	75
(<i>alkalinizer</i>)	88	<i>hydrochlorothiazide tab</i>		VELPHORO	81
UROCIT-K 5.....	88	80-12.5 mg	30	VELTASSA	72
see <i>potassium citrate</i>		VALSTAR.....	17	VELTIN GEL	109
(<i>alkalinizer</i>)	88	see <i>valrubicin</i>	17	VEMLIDY	13
UROXATRAL.....	88	VALTOCO 10 MG DOSE	52	VENCLEXTA.....	24
see <i>alfuzosin hcl</i>	88	VALTOCO 15 MG DOSE	52	VENCLEXTA TAB START	
		VALTOCO 20 MG DOSE	52	PK.....	24
		VALTOCO 5 MG DOSE ..	52	VENLAFAXINE BESYLATE	
		VALTREX.....	13	ER	42

<i>venlafaxine hcl</i>	42	VIJOICE TAB 250MG	80	VTAMA.....	111
VENTAVIS	38	<i>vilazodone hcl</i>	43	VUMERITY	63
VENTOLIN HFA.....	104	VIMIZIM	80	VUSION OIN.....	110
VENTOLIN HFA (INSTITUTIONAL PACK)	104	VIMOVO see <i>naproxen- esomeprazole magnesium tab dr 375- 20 mg</i>	2	VYEPTI	60
VEOZAH	80	see <i>naproxen- esomeprazole magnesium tab dr 500- 20 mg</i>	2	<i>vyfemla</i>	75
<i>verapamil hcl</i>	35	VIMOVO TAB 375-20MG..	2	<i>vylibra</i>	75
VERDESO	114	VIMOVO TAB 500-20MG..	2	VYNDAMAX.....	37
VERELAN	35	VIMPAT.....	52, 53	VYNDAQEL	37
see <i>verapamil hcl</i>	35	see <i>lacosamide</i>	49	VYTORIN see <i>ezetimibe- simvastatin tab 10-10 mg</i>	32
VERELAN PM.....	35	see <i>lacosamide oral</i> ...	49	see <i>ezetimibe- simvastatin tab 10-20 mg</i>	32
VERKAZIA	102	<i>vinblastine sulfate</i>	20	see <i>ezetimibe- simvastatin tab 10-40 mg</i>	32
VERQUVO.....	37	<i>vincristine sulfate</i>	20	see <i>ezetimibe- simvastatin tab 10-80 mg</i>	32
VERSACLOZ	47	<i>vinorelbine tartrate</i>	20	VYTORIN TAB 10-10MG	33
VERZENIO.....	25	VIOKACE TAB 10440	86	VYTORIN TAB 10-20MG	33
VESICARE.....	89	VIOKACE TAB 20880	86	VYTORIN TAB 10-40MG	33
see <i>solifenacin succinate</i>	89	<i>viorele</i>	75	VYTORIN TAB 10-80MG	33
VESICARE LS	89	VIRACEPT	11	VYVANSE.....	56, 57
<i>vestura</i>	75	VIREAD.....	11	VYVGART.....	96
VFEND.....	10	see <i>tenofovir disoproxil fumarate</i>	11	VYVGART INJ HYTRULO	96
see <i>voriconazole</i>	10	VISTARIL	103	VYZULTA.....	101
VFEND IV	10	see <i>hydroxyzine pamoate</i>	103	W	
see <i>voriconazole</i>	10	VITRAKVI.....	25	WAKIX	64
V-GO 20 KIT	71	VIVELLE-DOT.....	76	<i>warfarin sodium</i>	90
V-GO 30 KIT	71	see <i>dotti</i>	76	<i>water for irrigation, sterile irrigation soln</i>	116
V-GO 40 KIT	71	see <i>estradiol</i>	76	WELCHOL	33
VIBATIV	9	VIVITROL.....	65	see <i>colesevelam hcl</i>	32
VIBERZI	86	VIVJOA	10	WELIREG	19
VIBRAMYCIN.....	16	VIZIMPRO.....	25	WELLBUTRIN SR.....	43
see <i>doxycycline</i> (monohydrate)	16	VOGELXO	66	see <i>bupropion hcl</i>	40
see <i>doxycycline hyclate</i>	16	VOGELXO PUMP	66	WELLBUTRIN XL	43
VICTOZA	69	VONJO.....	25	see <i>bupropion hcl</i>	40
VIDAZA.....	18	<i>voriconazole</i>	10	<i>wera</i>	75
see <i>azacitidine</i>	17	VOSEVI TAB.....	13	WINLEVI	109
<i>vienva</i>	75	VOTRIENT	25	<i>wixela inhub</i>	107
<i>vigabatin</i>	52	VOWST CAP	86	<i>wymzya fe</i>	75
<i>vigadrone</i>	52	VOXZOGO.....	80	X	
VIGAMOX	100	VPRIV	80	XACIATO	89
see <i>moxifloxacin hcl</i> (ophth)	100	VRAYLAR	47		
VIIBRYD.....	42	VRAYLAR CAP 1.5-3MG	47		
see <i>vilazodone hcl</i>	43				
VIIBRYD KIT STARTER	42				
VIJOICE	80				

XADAGO.....	44	XIPERE.....	101	see <i>drospirenone-ethinyl</i>
XALATAN.....	101	XODOL		<i>estradiol tab 3-0.02 mg</i>
see <i>latanoprost</i>	101	see <i>hydrocodone-</i>		.....73
XALKORI	25	<i>acetaminophen tab 5-</i>		see <i>jasmiel</i>
XANAX.....	39	<i>300 mg</i>	4	see <i>loryna</i>
see <i>alprazolam</i>	39	XOFLUZA	13	see <i>nikki</i>
XANAX XR.....	39	XOLAIR.....	106	see <i>vestura</i>
see <i>alprazolam</i>	39	XOPENEX HFA	104	YAZ TAB 3-0.02MG
XARELTO	90	XOSPATA	25	YERVOY
XARELTO STAR TAB		XPOVIO 100 MG ONCE		YF-VAX INJ.....
15/20MG.....	90	WEEKLY	25	YONSA
XATMEP	95	XPOVIO 40 MG ONCE		YUPELRI.....
XCOPRI	53	WEEKLY	25	YUTIQ
XCOPRI PAK 100-150....	53	XPOVIO 40 MG TWICE		<i>yuvafem</i>
XCOPRI PAK 12.5-25....	53	WEEKLY	25	Z
XCOPRI PAK 150-200MG		XPOVIO 60 MG ONCE		<i>zafemy</i>
(MAINTENANCE).....	53	WEEKLY	25	<i>zafirlukast</i>
XCOPRI PAK 150-200MG		XPOVIO 60 MG TWICE		<i>zaleplon</i>
(TITRATION).....	53	WEEKLY	25	ZALTRAP
XCOPRI PAK 50-100MG	53	XPOVIO 80 MG ONCE		ZANAFLEX
XELJANZ	94	WEEKLY	25	see <i>tizanidine hcl</i>
XELJANZ XR	94	XPOVIO 80 MG TWICE		ZARONTIN.....
XELPROS	101	WEEKLY	25	see <i>ethosuximide</i>
XELSTRYM.....	57	XTAMPZA ER.....	4	ZARXIO.....
XEMBIFY	95	XTANDI.....	18, 19	ZAVESCA
XENAZINE.....	61	<i>xulane</i>	75	see <i>miglustat</i>
see <i>tetrabenazine</i>	61	XULTOPHY INJ 100/3.6	71	ZAVZPRET
XENLETA.....	9	XYLOCAINE	6	ZEGALOGUE.....
XENPOZYME	80	see <i>lidocaine hcl (local</i>		ZEGERID
XEOMIN	64	<i>anesth.)</i>	6	see <i>omeprazole-sodium</i>
XERAVA	16	XYLOCAINE-MPF.....	6	<i>bicarbonate cap 20-</i>
XERESE CRE 5-1%	115	see <i>lidocaine hcl (local</i>		<i>1100 mg</i>
XERMELO	86	<i>anesth.)</i>	6	see <i>omeprazole-sodium</i>
XGEVA.....	72	XYOSTED.....	66	<i>bicarbonate cap 40-</i>
XHANCE	106	XYREM	64	<i>1100 mg</i>
XIFAXAN.....	9, 86	XYWAV SOL 0.5GM/ML	64	see <i>omeprazole-sodium</i>
XIGDUO XR TAB 10-1000		Y		<i>bicarbonate powd pack</i>
.....	69	YASMIN 28		<i>for susp 20-1680 mg87</i>
XIGDUO XR TAB 10-		see <i>drospirenone-ethinyl</i>		see <i>omeprazole-sodium</i>
500MG.....	69	<i>estradiol tab 3-0.03 mg</i>		<i>bicarbonate powd pack</i>
XIGDUO XR TAB 2.5-1000		.....	73	<i>for susp 40-1680 mg87</i>
.....	69	see <i>ocella</i>	75	ZEGERID CAP 20-1100 .87
XIGDUO XR TAB 5-		see <i>syeda</i>	75	ZEGERID CAP 40-1100 .87
1000MG.....	69	see <i>zumandimine</i>	75	ZEGERID POW 20-1680 87
XIGDUO XR TAB 5-500MG		YASMIN 28 TAB 3-0.03MG		ZEGERID POW 40-1680 87
.....	69	.....	75	ZEJULA.....
XIIDRA	102	YAZ		ZELAPAR.....
XIMINO	16			ZELBORAF

ZEMAIRA.....	106	ZIAC TAB 10/6.25.....	33	ZONTIVITY.....	92
ZEMBRACE SYMTOUCH		ZIAC TAB 2.5/6.25.....	33	ZORBTIVE.....	80
.....	60	ZIAC TAB 5-6.25MG.....	33	ZORTRESS.....	97
ZEMDRI.....	9	ZIAGEN.....	11	<i>see everolimus</i>	
ZEMPLAR.....	82	<i>see abacavir sulfate</i>	10	<i>(immunosuppressant)</i>	
<i>see paricalcitol</i>	82	ZIANA.....		.....	96
<i>zenatane</i>	109	<i>see clindamycin</i>		ZORVOLEX.....	2
ZENPEP CAP 10000UNT		<i>phosphate-tretinoin gel</i>		ZORYVE.....	111
.....	86	1.2-0.025%.....	108	ZOSYN SOL 2-0.25GM ..	16
ZENPEP CAP 15000UNT		ZIANA GEL.....	109	ZOSYN SOL 3-0.375G ..	16
.....	86	<i>zidovudine</i>	11	ZOSYN SOL 4-0.50GM ..	16
ZENPEP CAP 20000UNT		ZIEXTENZO.....	91	<i>zovia 1/35</i>	75
.....	86	<i>zileuton</i>	104	ZOVIRAX.....	116
ZENPEP CAP 25000UNT		ZILRETTA.....	77	<i>see acyclovir topical</i> ..	114
.....	86	ZILXI.....	115	ZTALMY.....	53
ZENPEP CAP 3000UNIT	86	ZIMHI.....	65	ZTLIDO.....	114
ZENPEP CAP 40000UNT		ZIOPTAN.....	101	ZUBSOLV SUB 0.7-0.18.65	
.....	86	<i>see tafluprost</i>	101	ZUBSOLV SUB 1.4-0.36.65	
ZENPEP CAP 5000UNIT	86	<i>ziprasidone hcl</i>	47	ZUBSOLV SUB 11.4-2.9.65	
<i>zenzedi</i>	57	<i>ziprasidone mesylate</i>	47	ZUBSOLV SUB 2.9-0.71.65	
ZEPOSIA.....	63	ZIPSOR.....	2	ZUBSOLV SUB 5.7-1.4...65	
ZEPOSIA 7DAY CAP STR		<i>see diclofenac potassium</i>		ZUBSOLV SUB 8.6-2.1...65	
PACK.....	63	.....	1	<i>zumandimine</i>	75
ZEPOSIA CAP STR KIT .63		ZIRABEV.....	25	ZYCLARA.....	116
ZEPZELCA.....	17	ZIRGAN.....	100	<i>see imiquimod</i>	115
ZERBAXA INJ 1.5GM.....	14	ZITHROMAX.....	14	<i>see imiquimod pump</i> .115	
ZERVIAE.....	101	<i>see azithromycin</i>	14	ZYCLARA PUMP.....	116
ZESTORETIC		ZITHROMAX TRI-PAK....	14	ZYDELIG.....	25
<i>see lisinopril &</i>		ZITHROMAX Z-PAK.....	14	ZYFLO.....	104
<i>hydrochlorothiazide tab</i>		ZOCOR.....	32	ZYKADIA.....	25
10-12.5 mg.....	26	<i>see simvastatin</i>	32	ZYLET SUS 0.5-0.3%.....	99
<i>see lisinopril &</i>		ZOLADEX.....	19	ZYLOPRIM.....	1
<i>hydrochlorothiazide tab</i>		<i>zoledronic acid</i>	72	ZYMAXID.....	100
20-12.5 mg.....	26	ZOLEDRONIC ACID.....	72	<i>see gatifloxacin (ophth)</i>	
<i>see lisinopril &</i>		ZOLINZA.....	25	.....	100
<i>hydrochlorothiazide tab</i>		<i>zolmitriptan</i>	60	ZYNLONTA.....	25
20-25 mg.....	26	ZOLOFT.....	43	ZYNYZ.....	25
ZESTORETIC TAB 10-12.5		<i>see sertraline hcl</i>	42	ZYPITAMAG.....	32
.....	26	<i>zolidem tartrate</i>	58	ZYPREXA.....	47
ZESTORETIC TAB 20-12.5		ZOLPIDEM TARTRATE..	58	<i>see olanzapine</i>	46
.....	26	ZOMACTON.....	80	ZYPREXA RELPREVV ..	47
ZESTORETIC TAB 20-		ZOMIG.....	60	ZYPREXA ZYDIS.....	47
25MG.....	26	<i>see zolmitriptan</i>	60	<i>see olanzapine</i>	46
ZESTRIL.....	27	ZONALON.....	116	ZYTIGA.....	19
<i>see lisinopril</i>	27	ZONEGRAN.....	53	<i>see abiraterone acetate</i>	
ZETIA.....	33	<i>see zonisamide</i>	53	.....	18
<i>see ezetimibe</i>	32	ZONISADE.....	53	ZYVOX.....	9
ZETONNA.....	106	<i>zonisamide</i>	53	<i>see linezolid</i>	7

This page intentionally left blank.

SilverScript®

P.O. Box 30006, Pittsburgh, PA 15222-0330



This formulary was updated on 10/09/2023. For more recent information or other questions, please contact Customer Care at 1-833-272-9886, 24 hours a day, 7 days a week. TTY users should call 711.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

10/09/2023