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FEHB

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

**2025 Formulary
(List of Covered Drugs or "Drug List")**

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

This formulary was updated on 03/26/2025. For more recent information or other questions, please contact Customer Care at 1-833-266-6957, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID Number: 25103

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 (EGWP).

This document includes a list of the drugs (formulary) for our plan, which is current as of March 26, 2025. 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, 2026, and from time to time during the year.

What is the SilverScript (EGWP) Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by SilverScript (EGWP) 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 (EGWP) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a SilverScript (EGWP) 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 benefits. Customer Care also has free language interpreter services available for non-English speakers.

Can the Formulary change?

Most changes in drug coverage happen on January 1, but SilverScript (EGWP) 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. Updates to the formulary are posted monthly to our website here: [Caremark.com](https://www.caremark.com).

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

Immediate substitutions of certain new versions of brand name drugs and original biological products. We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand-name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking that brand-name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you in the drug that is being changed. For more information, see the section below titled “How do I request an exception to the SilverScript (EGWP) Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

Drugs removed from the market. If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand-name drug or original biological product, 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 drug you have been taking. 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 (EGWP) Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 formulary for the new benefit year for any changes to drugs.

This formulary is current as of March 26, 2025. 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 mid-year 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. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the *Evidence of Coverage*, Chapter 3 Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

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 prescriber 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 (EGWP) 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 (EGWP) 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 (EGWP) 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 (EGWP) 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 waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, SilverScript (EGWP) 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.
- 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.

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 applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover or requesting a formulary exception so that we will cover the drug you take. While you and your doctor 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 has a coverage restriction, 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. If coverage is not approved, 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 maximum out-of-pocket is met:

	Network Retail Pharmacy (Up to a 30-day supply available at <u>any</u> 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	\$10.00	\$20.00	\$10.00
Tier 2: Preferred Brand	\$40.00	\$90.00	\$40.00
Tier 3: Non-Preferred Brand	\$60.00	\$125.00	\$60.00
Tier 4: Specialty (High Cost)	\$250.00	\$250.00	\$250.00

You won’t pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier, even if you haven’t paid your deductible.

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 2025 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2025-Medicare-Part-D-Outlook.php> for more information about the 2025 Medicare Part D Defined Standard Benefit drug costs.

For more information

For more detailed information about your SilverScript (EGWP) 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 (EGWP)'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 (EGWP) 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.
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.

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 200mg, 300mg	1	
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	4	NDS
ALOPRIM SOLR 500mg	4	NDS
<i>colchicine</i> (generic of MITIGARE) CAPS .6mg QL (60 caps / 30 days)	1	QL
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	1	QL
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	1	
COLCRYS TABS .6mg QL (120 tabs / 30 days)	3	QL
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1	PA
GLOPERBA SOLN .6mg/5ml QL (300 mL / 30 days)	3	QL
KRYSTEXXA SOLN 8mg/ml	4	NDS NM PA
MITIGARE CAPS .6mg QL (60 caps / 30 days)	2	QL
<i>probenecid</i> TABS 500mg	1	
ULORIC TABS 40mg, 80mg	3	PA
MISCELLANEOUS		
<i>acetaminophen</i> SOLN 10mg/ml	1	
<i>clonidine hcl (analgesia)</i> (generic of DURACLON) SOLN 100mcg/ml	1	B/D
DURACLON SOLN 100mcg/ml	3	B/D
<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
NSAIDS		
ARTHROTEC 50 TAB	3	

Drug Name	Drug Requirements/ Tier	Limits
ARTHROTEC 75 TAB	3	
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
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	1	QL
COMBOGESIC INJ 300-1000	3	
DAYPRO TABS 600mg	3	
<i>diclofenac potassium</i> (generic of ZIPSOR) CAPS 25mg QL (120 caps / 30 days)	4	NDS QL PA
<i>diclofenac potassium</i> TABS 25mg QL (120 tabs / 30 days)	4	NDS QL PA
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diclofenac w/ misoprostol tab</i> delayed release 50-0.2 mg (generic of ARTHROTEC 50)	1	
<i>diclofenac w/ misoprostol tab</i> delayed release 75-0.2 mg (generic of ARTHROTEC 75)	1	
<i>diflunisal</i> TABS 500mg	1	
DOLOBID TABS 250mg QL (180 tabs / 30 days)	4	NDS QL PA
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
<i>fenoprofen calcium</i> CAPS 400mg QL (240 caps / 30 days)	1	QL PA
<i>fenoprofen calcium</i> TABS 600mg QL (150 tabs / 30 days)	1	QL PA
<i>flurbiprofen</i> TABS 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen-famotidine tab</i> 800-26.6 mg (generic of DUEXIS) QL (90 tabs / 30 days)	1	QL 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
<i>ketorolac tromethamine</i> TABS 10mg QL (20 tabs / 30 days) PA applies if 70 years and older	1	QL PA
<i>kiprofen</i> CAPS 25mg QL (120 caps / 30 days)	4	NDS 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 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> 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 dr</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</i> 375-20 mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>naproxen-esomeprazole magnesium tab dr</i> 500-20 mg (generic of VIMOVO) QL (60 tabs / 30 days)	4	NDS QL PA
<i>oxaprozin</i> (generic of DAYPRO) TABS 600mg	1	
<i>piroxicam</i> 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 PA
<i>sulindac</i> TABS 150mg, 200mg	1	
TOLECTIN 600 TABS 600mg QL (90 tabs / 30 days)	4	NDS QL PA
<i>tolmetin sodium</i> CAPS 400mg; TABS 600mg	1	
VIMOVO TAB 375-20MG QL (60 tabs / 30 days)	4	NDS QL PA
VIMOVO TAB 500-20MG QL (60 tabs / 30 days)	4	NDS QL PA
ZIPSOR CAPS 25mg QL (120 caps / 30 days)	4	NDS 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, 20mcg/hr QL (4 patches / 28 days)	3	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, 80mg QL (30 tabs / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg QL (30 tabs / 30 days)	4	NDS 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 QL (30 tabs / 30 days)	3	QL PA
HYSINGLA ER T24A 60mg, 80mg, 100mg QL (30 tabs / 30 days)	4	NDS 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 QL (60 tabs / 30 days)	3	QL PA
OXYCONTIN T12A 40mg, 60mg, 80mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>oxymorphone hcl</i> TB12 5mg, 7.5mg, 10mg, 15mg, 20mg QL (60 tabs / 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
<i>oxymorphone hcl</i> TB12 30mg, 40mg QL (60 tabs / 30 days)	4	NDS QL PA
<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 QL (60 caps / 30 days)	3	QL PA
XTAMPZA ER C12A 27mg, 36mg QL (60 caps / 30 days)	4	NDS QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-15 mg QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-30 mg QL (360 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-60 mg QL (180 tabs / 30 days)	1	QL
<i>acetaminophen-caffeine-dihydrocodeine cap</i> 320.5-30-16 mg QL (300 caps / 30 days)	1	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml QL (10 mL / 30 days)	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 .2mg/ml, 1mg/ml, 2mg/ml	3	B/D
DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
DILAUDID TABS 8mg QL (180 tabs / 30 days)	4	NDS QL
<i>endocet tab</i> 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>endocet tab</i> 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>endocet tab</i> 7.5-325mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>endocet tab</i> 10-325mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen soln</i> 10-325 mg/15ml QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab</i> 2.5-325 mg QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab</i> 5-300 mg QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab</i> 5-325 mg QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab</i> 7.5-300 mg QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab</i> 10-300 mg QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab</i> 10-325 mg QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab</i> 5-200 mg QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg QL (150 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-ibuprofen tab</i> 10-200 mg QL (150 tabs / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL
<i>hydromorphone hcl</i> SOLN 4mg/ml, 10mg/ml, 50mg/5ml	3	B/D
<i>hydromorphone hcl</i> (generic of DILAUDID) SOLN .2mg/ml, 1mg/ml, 2mg/ml	3	B/D
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL
HYDROMORPHONE HYDROCHLORI SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	3	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	3	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL
<i>morphine sulfate</i> SOLN 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	3	
NALOCET TAB 2.5-300 QL (360 tabs / 30 days)	4	NDS QL PA
NUCYNTA TABS 50mg QL (180 tabs / 30 days)	3	QL
NUCYNTA TABS 75mg, 100mg QL (180 tabs / 30 days)	4	NDS QL
OXAYDO TABS 5mg QL (180 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
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</i> CAPS 5mg QL (180 caps / 30 days)	1	QL
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>soln</i> 5-325 mg/5ml QL (1800 mL / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 2.5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<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 PA
PERCOCET TAB 5-325MG QL (360 tabs / 30 days)	4	NDS QL PA
PERCOCET TAB 7.5-325 QL (240 tabs / 30 days)	4	NDS QL PA
PERCOCET TAB 10-325MG QL (180 tabs / 30 days)	4	NDS QL PA
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
QDOLO SOLN 5mg/ml QL (2400 mL / 30 days)	3	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, 10mg, 15mg, 30mg QL (180 tabs / 30 days)	4	NDS QL
<i>tramadol hcl</i> SOLN 5mg/ml QL (2400 mL / 30 days)	1	QL PA
<i>tramadol hcl</i> TABS 25mg, 100mg QL (120 tabs / 30 days)	1	QL PA
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	1	QL
<i>tramadol hcl</i> TABS 75mg QL (150 tabs / 30 days)	1	QL
TRAMADOL HYDROCHLORIDE SOLN 5mg/ml QL (2400 mL / 30 days)	3	QL PA
<i>tramadol-acetaminophen tab</i> 37.5-325 mg QL (240 tabs / 30 days)	1	QL
<i>trezix</i> QL (300 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<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 PA
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	1	QL PA
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 PA
BILTRICIDE TABS 600mg	3	
CAYSTON SOLR 75mg	4	NDS NM 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	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 900mg/6ml	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	3	
CLINDMYC/NAC INJ 600/50ML	3	

Drug Name	Drug Requirements/ Tier	Limits
CLINDMYC/NAC INJ 900/50ML	3	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	1	
COLY-MYCIN M SOLR 150mg	3	
CUBICIN RF SOLR 500mg	4	NDS
DALVANCE SOLR 500mg	4	NDS
<i>dapsone</i> TABS 25mg, 100mg	1	
DAPTOMY/NACL INJ 350/50ML	3	
DAPTOMY/NACL INJ 500/50ML	3	
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	4	NDS
DAPTOMYCIN SOLR 350mg, 500mg	4	NDS
<i>daptomycin</i> SOLR 500mg	4	NDS
DARAPRIM TABS 25mg QL (90 tabs / 30 days)	4	NDS QL PA
EMVERM CHEW 100mg QL (12 tabs / year)	4	NDS QL
<i>ertapenem sodium</i> SOLR 1gm	1	
FIRVANQ SOLR 25mg/ml, 50mg/ml QL (1800 mL / 180 days)	3	QL
<i>gentamicin in saline inj</i> 0.8 mg/ml	1	
<i>gentamicin in saline inj</i> 1 mg/ml	1	
<i>gentamicin in saline inj</i> 1.2 mg/ml	1	
<i>gentamicin in saline inj</i> 1.6 mg/ml	1	
<i>gentamicin in saline inj</i> 2 mg/ml	1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
HIPREX TABS 1gm	3	
HUMATIN CAPS 250mg	4	NDS
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>imipenem-cilastatin intravenous for soln</i> 500 mg (generic of PRIMAXIN IV)	1	
IMPAVIDO CAPS 50mg	4	NDS PA
INVANZ SOLR 1gm	3	
<i>ivermectin</i> (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days)	1	QL PA
KIMYRSA SOLR 1200mg	4	NDS
KITABIS PAK NEBU 300mg/5ml	4	NDS NM PA
LIKMEZ SUSP 500mg/5ml	3	
<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml	1	
<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	4	NDS QL
<i>linezolid</i> (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)	1	QL
LINEZOLID INJ 2MG/ML	3	
MACROBID CAPS 100mg	3	
MACRODANTIN CAPS 25mg, 50mg, 100mg	3	
MEPRON SUSP 750mg/5ml QL (300 mL / 30 days)	4	NDS QL PA
MEROP/NACL INJ 1GM/50ML	3	
MEROP/NACL INJ 500/50ML	3	
<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	1	
<i>metronidazole</i> CAPS 375mg; TABS 125mg, 250mg, 500mg	1	
METRONIDAZOLE SOLN 500mg/100ml	3	
<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	1	
NEBUPENT SOLR 300mg	3	B/D
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days)	4	NDS QL
<i>nitrofurantoin</i> SUSP 25mg/5ml	4	NDS PA

Drug Name	Drug Requirements/ Tier	Limits
NITROFURANTOIN SUSP 50mg/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
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> TABS 600mg	1	
PRIMAXIN IV INJ 500MG	3	
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	4	NDS QL 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
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg (generic of BACTRIM)	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg (generic of BACTRIM DS)	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI NEBU 300mg/5ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
TOBI PODHALER CAPS 28mg	4	NDS NM 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
VANCOMYC/D5W INJ 1.5/300	3	
VANCOMYC/D5W INJ 1.25/250	3	
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> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm	1	
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
<i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml, 250mg/5ml QL (1800 mL / 180 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1gm, 1.25gm, 1.5gm, 1.75gm, 2gm, 5gm, 10gm, 500mg, 750mg	3	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
VIBATIV SOLR 750mg	4	NDS
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	3	QL
ZEMDRI SOLN 500mg/10ml	4	NDS
ZYVOX SOLN 200mg/100ml, 600mg/300ml	4	NDS
ZYVOX SUSR 100mg/5ml QL (1800 mL / 30 days)	4	NDS QL
ZYVOX TABS 600mg QL (60 tabs / 30 days)	4	NDS QL
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	3	B/D
AMBISOME SUSR 50mg	4	NDS B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	4	NDS B/D
ANCOBON CAPS 250mg, 500mg	4	NDS PA
CANCIDAS SOLR 50mg, 70mg	4	NDS
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	4	NDS
<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	1	
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	4	NDS PA
DIFLUCAN SUSR 40mg/ml; TABS 100mg	3	
ERAXIS SOLR 50mg	3	
ERAXIS SOLR 100mg	4	NDS
<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml; TABS 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	4	NDS PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	PA
<i>itraconazole</i> (generic of SPORANOX) SOLN 10mg/ml	4	NDS
<i>ketoconazole</i> TABS 200mg	1	PA
MICAFUNGIN SOLR 50mg, 100mg	4	NDS
<i>miconazole sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	1	
MICAFUNGIN/NACL INJ 50MG/50ML	4	NDS
MICAFUNGIN/NACL INJ 100MG/100ML	4	NDS
MICAFUNGIN/NACL INJ 150MG/150ML	4	NDS
MYCAMINE SOLR 50mg, 100mg	4	NDS
NOXAFIL PACK 300mg QL (32 packets / 30 days)	4	NDS QL PA
NOXAFIL SOLN 300mg/16.7ml	4	NDS
NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA
NOXAFIL TBEC 100mg QL (93 tabs / 30 days)	4	NDS QL PA
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> (generic of NOXAFIL) SOLN 300mg/16.7ml	4	NDS
<i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<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 (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	1	QL PA
TOLSURA CAPS 65mg	4	NDS PA
VFEND SUSR 40mg/ml QL (600 mL / 28 days)	4	NDS QL PA
VFEND TABS 50mg QL (480 tabs / 30 days)	3	QL
VFEND IV SOLR 200mg	3	PA
VIVJOA CPPK 150mg QL (18 caps / 84 days)	4	NDS QL NM PA
VORICONAZOLE SOLR 200mg	3	PA
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	1	PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)	4	NDS QL PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	1	QL
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	1	QL
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	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	1	NM
<i>abacavir sulfate</i> 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> 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> TABS 700mg	4	NDS NM
FUZEON SOLR 90mg	4	NDS NM
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
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM

Drug Name	Drug Requirements/ Tier	Limits
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	4	NDS NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 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 150mg, 300mg	4	NDS NM
SUNLENCA TBPK 300mg	4	NDS NM
<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
TYBOST TABS 150mg	2	NM
VIRACEPT TABS 250mg, 625mg	4	NDS NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg	4	NDS NM
ZIAGEN SOLN 20mg/ml	3	NM
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM
<i>zidovudine</i> TABS 300mg	1	NM

Drug Name	Drug Requirements/ Tier	Limits
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	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
COMPLERA TAB	4	NDS NM
DELSTRIGO TAB	4	NDS NM
DESCOVY TAB 120-15MG	4	NDS NM
DESCOVY TAB 200/25MG	4	NDS NM
DOVATO TAB 50-300MG	4	NDS NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	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)	4	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA)	4	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA)	4	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA)	1	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>	1	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>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	2	NM
TRIUMEQ TAB	4	NDS NM
TRUVADA TAB 100-150	4	NDS NM
TRUVADA TAB 133-200	4	NDS NM
TRUVADA TAB 167-250	4	NDS NM
TRUVADA TAB 200-300	4	NDS NM
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	4	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
MYCOBUTIN CAPS 150mg	4	NDS
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> 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 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	4	NDS NM ST

Drug Name	Drug Requirements/ Tier	Limits
BARACLUDE 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
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 (336 tabs / 28 days)	4	NDS QL NM PA
MAVYRET PAK 50-20MG	4	NDS NM PA
MAVYRET TAB 100-40MG	4	NDS NM PA
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	1	QL
<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
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	2	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	2	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
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	
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
<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 PA
VOSEVI TAB	4	NDS NM PA
XOFLUZA TBPB 40mg, 80mg QL (1 tab / 180 days)	3	QL
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	4	NDS
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/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, 3gm, 10gm, 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
CEFAZOLIN SOLN 2GM/100ML-4%	3	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	3	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	3	
CEFAZOLIN/DEX SOL 3GM/150ML-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> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> (generic of CEFOTAN) SOLR 1gm, 2gm	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefprozime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
FETROJA SOLR 1gm	4	NDS
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	4	NDS
ZERBAXA INJ 1.5GM	4	NDS

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
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; TABS 600mg	1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	4	NDS
e.e.s. 400 TABS 400mg	1	
E.E.S. GRANULES SUSR 200mg/5ml	3	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYPED 200 SUSR 200mg/5ml	3	
ERYPED 400 SUSR 400mg/5ml	4	NDS
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>erythromycin</i> base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1	
<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	4	NDS
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1	
ZITHROMAX PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	3	

Drug Name	Drug Requirements/ Tier	Limits
ZITHROMAX TRI-PAK TABS 500mg	3	
ZITHROMAX Z-PAK TABS 250mg	3	
FLUOROQUINOLONES		
BAXDELA SOLR 300mg; TABS 450mg	4	NDS
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	1	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	1	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>ciprofloxacin hcl</i> TABS 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> in d5w iv soln 250 mg/50ml	1	
<i>levofloxacin</i> in d5w iv soln 500 mg/100ml	1	
<i>levofloxacin</i> in d5w iv soln 750 mg/150ml	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	1	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml; TABS 500mg, 875mg	1	
AMOXICILLIN SUSR 400mg/5ml	3	
<i>amoxicillin</i> (generic of AMOXICILLIN) SUSR 400mg/5ml	1	
<i>amoxicillin & k clavulanate</i> chew tab 400-57 mg	1	

Drug Name	Drug Requirements/ Tier Limits
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	1
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1
<i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	1
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1
<i>ampicillin CAPS 500mg</i>	1
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)</i>	1
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i>	1
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)</i>	1
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1
AUGMENTIN SUS 125/5ML	3
AUGMENTIN SUS ES-600	3
AUGMENTIN TAB 500MG	3
BICILLIN C-R INJ 900/300	3
BICILLIN C-R INJ 1200000	3
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1

Drug Name	Drug Requirements/ Tier Limits
NAFCILLIN INJ 2GM/100	4 NDS
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1
<i>nafcillin sodium SOLR 10gm</i>	4 NDS
OXACILLIN INJ 2GM	3
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1
PEN GK/DEXTR INJ 20000/ML	3
PEN GK/DEXTR INJ 40000/ML	3
PEN GK/DEXTR INJ 60000/ML	3
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1
<i>penicillin g sodium SOLR 5000000unit</i>	1
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	1
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1
UNASYN INJ 1.5GM	3
UNASYN INJ 3GM	3
UNASYN INJ 15GM	3
ZOSYN SOL 2-0.25GM	3
ZOSYN SOL 3-0.375G	3
ZOSYN SOL 4-0.50GM	3
TETRACYCLINES	
<i>demeclocycline hcl TABS 150mg, 300mg</i>	1
DORYX MPC TBEC 60mg	3 PA
<i>doxy 100 SOLR 100mg</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>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg	1	
<i>doxycycline (monohydrate)</i> CAPS 75mg, 150mg	1	PA
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>doxycycline hyclate</i> TABS 50mg, 75mg, 150mg; TBEC 50mg, 75mg, 80mg, 100mg, 150mg, 200mg	1	PA
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	1	
<i>minocycline hcl</i> TB24 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg	1	PA
NUZYRA SOLR 100mg	4	NDS NM
NUZYRA TABS 150mg QL (30 tabs / 14 days)	4	NDS QL NM
SEYSARA TABS 60mg, 100mg, 150mg	4	NDS PA
<i>targadox</i> TABS 50mg	1	PA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
TETRACYCLINE HYDROCHLORID TABS 250mg, 500mg	4	NDS PA
TIGECYCLINE SOLR 50mg	4	NDS
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	4	NDS
TYGACIL SOLR 50mg	4	NDS
XERAVA SOLR 50mg, 100mg	3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>bendamustine hcl</i> (generic of TREANDA) SOLR 25mg, 100mg	4	NDS B/D NM
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	4	NDS B/D NM
BENDEKA SOLN 100mg/4ml	4	NDS B/D NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<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/2ml, 2gm/4ml, 500mg/ml	4	NDS B/D NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	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
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
<i>oxaliplatin</i> SOLR 100mg	4	NDS B/D
TREANDA SOLR 25mg, 100mg	4	NDS B/D NM
ZEPZELCA SOLR 4mg	4	NDS NM PA
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	4	NDS B/D
AXTLE SOLR 100mg, 500mg	4	NDS B/D NM
<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

Drug Name	Drug Requirements/ Tier	Limits
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 PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	4	NDS QL NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	4	NDS QL NM PA
<i>mercaptopurine</i> TABS 50mg	1	
<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 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
PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml	4	NDS B/D
<i>pralatrexate</i> SOLN 20mg/ml, 40mg/2ml	4	NDS NM PA
PURIXAN SUSP 2000mg/100ml	4	NDS NM
VIDAZA SUSR 100mg	4	NDS B/D NM
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	4	NDS QL NM PA
AKEEGA TAB 100/500 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
ERLEADA TABS 60mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	4	NDS QL NM PA
EULEXIN CAPS 125mg	4	NDS
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1	
FARESTON TABS 60mg	4	NDS PA
FASLODEX SOSY 250mg/5ml	4	NDS B/D
FEMARA TABS 2.5mg	3	
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>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

Drug Name	Drug Requirements/ Tier	Limits
<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 PA
ORGOVYX TABS 120mg	4	NDS NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	4	NDS QL NM PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	4	NDS QL NM 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	PA
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	4	NDS QL NM PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	4	NDS QL NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	4	NDS QL NM PA
YONSA TABS 125mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA
ZYTIGA TABS 250mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ZYTIGA TABS 500mg QL (60 tabs / 30 days)	4	NDS QL NM PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	4	NDS QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	4	NDS QL NM PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	4	NDS QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	4	NDS QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	4	NDS QL NM PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	4	NDS QL NM PA
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	4	NDS NM PA
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	4	NDS QL NM PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	4	NDS QL NM PA
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	B/D
CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	3	B/D
<i>dacarbazine</i> SOLR 100mg	1	B/D
DOXIL SUSP 2mg/ml	4	NDS B/D
<i>doxorubicin hcl</i> (generic of DOXORUBICIN HYDROCHLORIDE) SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) SUSP 2mg/ml	4	NDS B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	3	B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	3	B/D
HYDREA CAPS 500mg	3	
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	1	
<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

Drug Name	Drug Requirements/ Tier	Limits
IWILFIN TABS 192mg QL (240 tabs / 30 days)	4	NDS QL NM PA
MATULANE CAPS 50mg	4	NDS NM
mitomycin SOLR 5mg	1	B/D
mitomycin SOLR 20mg, 40mg	4	NDS B/D
mitoxantrone hcl 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
RYLAZE SOLN 10mg/0.5ml	4	NDS NM PA
SYLVANT SOLR 100mg, 400mg	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
topotecan hcl (generic of TOPOTECAN HCL) SOLN 4mg/4ml	1	B/D
topotecan hcl (generic of HYCAMTIN) SOLR 4mg	4	NDS B/D
tretinoin (chemotherapy) CAPS 10mg	4	NDS
valrubicin (generic of VALSTAR) SOLN 40mg/ml	4	NDS B/D NM
VALSTAR SOLN 40mg/ml	4	NDS B/D NM
WELIREG TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	4	NDS B/D NM
DOCETAXEL CONC 20mg/ml	3	B/D
docetaxel (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
docetaxel (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D NM
eribulin mesylate (generic of HALAVEN) SOLN 1mg/2ml	4	NDS B/D NM
ETOPOPHOS SOLR 100mg	3	B/D
etoposide 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 PA
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
PACLITAXEL INJ 100MG	4	NDS B/D NM
paclitaxel inj 100mg (generic of ABRAXANE)	4	NDS B/D NM
vinblastine sulfate SOLN 1mg/ml	1	B/D
vincristine sulfate SOLN 1mg/ml	1	B/D
vinorelbine tartrate 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 PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	4	NDS QL NM PA
ALYMSYS SOLN 100mg/4ml, 4 400mg/16ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
ARZERRA CONC 100mg/5ml, 1000mg/50ml	4	NDS B/D NM
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	4	NDS QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	4	NDS QL NM PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	4	NDS QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	4	NDS QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	4	NDS QL NM PA
BAVENCIO SOLN 200mg/10ml	4	NDS NM PA
BELEODAQ SOLR 500mg	4	NDS NM PA
BESPONSA SOLR .9mg	4	NDS NM PA
BORTEZOMIB SOLR 1mg, 2.5mg	3	NM PA
<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	4	NDS NM PA
BORUZU SOLN 3.5mg/1.4ml	4	NDS PA
BOSULIF CAPS 50mg QL (360 caps / 30 days)	4	NDS QL NM PA
BOSULIF CAPS 100mg QL (150 caps / 25 days)	4	NDS QL 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 PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	4	NDS QL NM PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	4	NDS QL NM PA
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	4	NDS NM PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	4	NDS QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	4	NDS QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	4	NDS QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	4	NDS QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	4	NDS QL NM PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	4	NDS QL NM PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	4	NDS NM PA
DARZALEX SOL FASPRO <i>dasatinib</i> (generic of SPRYCEL) TABS 20mg QL (90 tabs / 30 days)	4	NDS NM PA NDS QL NM PA
<i>dasatinib</i> (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4	NDS QL NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	4	NDS QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA
EMPLICITI SOLR 300mg, 400mg	4	NDS NM PA
ENHERTU SOLR 100mg	4	NDS NM PA
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	4	NDS NM PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	4	NDS B/D NM
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	4	NDS QL NM PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>erlotinib hcl</i> TABS 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
<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
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	4	NDS QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	4	NDS QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	4	NDS QL NM PA
FYARRO SUSR 100mg	4	NDS NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
GAZYVA SOLN 1000mg/40ml	4	NDS NM PA
<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	4	NDS QL NM 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 PA
HERCEPTIN SOLR 150mg	4	NDS NM PA
HERZUMA SOLR 150mg, 420mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	4	NDS QL NM PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	4	NDS QL NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL NM 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 PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	4	NDS QL NM PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	4	NDS QL NM PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	4	NDS QL NM PA
IMDELLTRA SOLR 1mg, 10mg	4	NDS NM PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	4	NDS NM PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	4	NDS NM PA
IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	4	NDS QL NM PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	4	NDS QL NM PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	4	NDS QL NM PA
INREBIC CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
IRESSA TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ITOVEBI TABS 3mg QL (56 tabs / 28 days)	4	NDS QL NM PA
ITOVEBI TABS 9mg QL (28 tabs / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	4	NDS QL NM PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	4	NDS QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA
JEMPERLI SOLN 500mg/10ml	4	NDS NM PA
KADCYLA SOLR 100mg, 160mg	4	NDS B/D NM
KANJINTI SOLR 150mg, 420mg	4	NDS NM PA
KEYTRUDA SOLN 100mg/4ml	4	NDS NM PA
KIMMTRAK SOLN 100mcg/0.5ml	4	NDS NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	4	NDS QL NM PA
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	4	NDS QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	4	NDS QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	4	NDS QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	4	NDS QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	4	NDS QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	4	NDS QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	4	NDS QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	4	NDS QL NM PA
KYPROLIS SOLR 10mg, 30mg, 60mg	4	NDS NM PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	4	NDS QL NM PA
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	4	NDS QL NM PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	4	NDS QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	4	NDS QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	4	NDS QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	4	NDS QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	4	NDS QL NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	4	NDS QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	4	NDS QL NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	4	NDS QL NM PA
LIBTAYO SOLN 350mg/7ml	4	NDS NM PA
LOQTORZI SOLN 240mg/6ml	4	NDS NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	4	NDS QL NM PA
LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	4	NDS QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	4	NDS QL NM PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	4	NDS NM PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	4	NDS QL NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	4	NDS QL NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
MARGENZA SOLN 250mg/10ml	4	NDS NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	4	NDS QL NM PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	4	NDS QL NM PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	4	NDS QL NM PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	4	NDS QL NM PA
MONJUVI SOLR 200mg	4	NDS NM PA
MVASI SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA
MYLOTARG SOLR 4.5mg	4	NDS NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	4	NDS QL NM PA
NEXAVAR TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM 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 PA
OGIVRI SOLR 150mg, 420mg	4	NDS NM PA
OGSIVEO TABS 50mg QL (180 tabs / 30 days)	4	NDS QL NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	4	NDS QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	4	NDS QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	4	NDS QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ONTRUZANT SOLR 150mg, 420mg	4	NDS NM PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	4	NDS NM PA
OPDIVO INJ QVANTIG	4	NDS NM PA
OPDUALAG SOL	4	NDS NM PA
PADCEV SOLR 20mg, 30mg <i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	4	NDS NM PA NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	4	NDS QL NM PA
PERJETA SOLN 420mg/14ml	4	NDS NM PA
PHESGO SOL	4	NDS NM 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 PA
POTELIGEO SOLN 20mg/5ml	4	NDS NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	4	NDS QL NM PA
RETEVMO CAPS 40mg QL (180 caps / 30 days)	4	NDS QL NM PA
RETEVMO CAPS 80mg QL (120 caps / 30 days)	4	NDS QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA
RETEVMO TABS 80mg, 120mg, 160mg QL (60 tabs / 30 days)	4	NDS QL NM PA
REVUFORJ TABS 110mg QL (120 tabs / 30 days)	4	NDS QL NM PA
REVUFORJ TABS 160mg QL (60 tabs / 30 days)	4	NDS QL NM PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	4	NDS QL NM PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
RITUXAN SOLN 500mg/50ml	4	NDS NM PA
RITUXAN INJ HYCELA	4	NDS NM PA
ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	4	NDS QL NM PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	4	NDS QL NM PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	4	NDS QL NM PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	4	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
RYBREVA NT SOLN 350mg/7ml	4	NDS NM PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	4	NDS QL NM PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	4	NDS NM PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	4	NDS QL NM PA
SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	4	NDS QL NM PA
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
SPRYCEL TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4	NDS QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	4	NDS QL 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
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	4	NDS QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	4	NDS QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	4	NDS QL NM PA
TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	4	NDS QL NM PA
TAGRIS SO TABS 40mg, 80mg QL (30 tabs / 30 days)	4	NDS QL NM PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	4	NDS QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
TASIGNA CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	4	NDS QL NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NDS NM PA
TECENTRIQ INJ HYBREZA QL (1 vial / 21 days)	4	NDS QL NM PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	4	NDS NM PA
<i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	4	NDS B/D NM
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	4	NDS QL NM PA
TEVIMBRA SOLN 100mg/10ml	4	NDS NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA
TIVDAK SOLR 40mg	4	NDS NM PA
TORISEL SOLN 25mg/ml	4	NDS B/D NM
<i>torpenz</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
TRAZIMERA SOLR 150mg, 420mg	4	NDS NM PA
TRODELVY SOLR 180mg	4	NDS NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	4	NDS QL NM PA
TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days)	4	NDS QL NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	4	NDS QL NM PA
TYKERB TABS 250mg QL (180 tabs / 30 days)	4	NDS QL NM PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	4	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	4	NDS B/D NM
VEGZELMA SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA
VELCADE SOLR 3.5mg	4	NDS NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	2	QL NM PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	4	NDS QL NM PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	4	NDS QL NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	4	NDS QL NM PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	4	NDS QL NM PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	4	NDS QL NM PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
VORANIGO TABS 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
VORANIGO TABS 40mg QL (30 tabs / 30 days)	4	NDS QL NM PA
VOTRIENT TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
VYLOY SOLR 100mg	4	NDS NM PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
XALKORI CPSP 20mg QL (240 caps / 30 days)	4	NDS QL NM PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	4	NDS QL NM PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	4	NDS QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	4	NDS QL NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	4	NDS QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	4	NDS QL NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	4	NDS QL NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days)	4	NDS QL NM PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	4	NDS NM PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	4	NDS NM PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	4	NDS QL NM PA
ZIIHERA SOLR 300mg	4	NDS NM PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	4	NDS NM 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 PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	4	NDS QL NM PA
ZYNLONTA SOLR 10mg	4	NDS NM PA
ZYNYZ SOLN 500mg/20ml	4	NDS NM PA
PROTECTIVE AGENTS		
dexrazoxane hcl 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
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<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
<i>mesna</i> (generic of MESNEX) TABS 400mg	4	NDS
MESNEX TABS 400mg	4	NDS
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
<i>amlodipine besylate-benazepril hcl cap</i> 2.5-10 mg QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate-benazepril hcl cap</i> 5-10 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate-benazepril hcl cap</i> 5-20 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate-benazepril hcl cap</i> 5-40 mg QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate-benazepril hcl cap</i> 10-20 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate-benazepril hcl cap</i> 10-40 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>benazepril & hydrochlorothiazide tab</i> 5-6.25mg	1	
<i>benazepril & hydrochlorothiazide tab</i> 10-12.5 mg (generic of LOTENSIN HCT)	1	
<i>benazepril & hydrochlorothiazide tab</i> 20-12.5 mg (generic of LOTENSIN HCT)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>benazepril & hydrochlorothiazide tab</i> 20-25 mg (generic of LOTENSIN HCT)	1	
<i>captopril & hydrochlorothiazide tab</i> 25-15 mg	1	
<i>captopril & hydrochlorothiazide tab</i> 25-25 mg	1	
<i>captopril & hydrochlorothiazide tab</i> 50-15 mg	1	
<i>captopril & hydrochlorothiazide tab</i> 50-25 mg	1	
<i>enalapril maleate & hydrochlorothiazide tab</i> 5-12.5 mg	1	
<i>enalapril maleate & hydrochlorothiazide tab</i> 10-25 mg (generic of VASERETIC)	1	
<i>fosinopril sodium & hydrochlorothiazide tab</i> 10-12.5 mg	1	
<i>fosinopril sodium & hydrochlorothiazide tab</i> 20-12.5 mg	1	
<i>lisinopril & hydrochlorothiazide tab</i> 10-12.5 mg (generic of ZESTORETIC)	1	
<i>lisinopril & hydrochlorothiazide tab</i> 20-12.5 mg (generic of ZESTORETIC)	1	
<i>lisinopril & hydrochlorothiazide tab</i> 20-25 mg (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>quinapril-hydrochlorothiazide tab</i> 10-12.5 mg (generic of ACCURETIC)	1	

Drug Name	Drug Requirements/ Tier Limits
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> (generic of ACCURETIC)	1
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1
<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 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
<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> CAPS 1.25mg, 5mg	1

Drug Name	Drug Requirements/ Tier Limits
<i>ramipril</i> (generic of ALTACE) CAPS 2.5mg, 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	2 QL
QL (30 tabs / 30 days)	
<i>spironolactone</i> (generic of CAROSPIR) SUSP 25mg/5ml	1
<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
<i>prazosin hcl</i> 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 AMLODIPINE/OLMESARTAN MED)	1 QL
QL (30 tabs / 30 days)	

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) 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
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> (generic of ATACAND HCT) QL (30 tabs / 30 days)	1	QL
DIOVAN HCT TAB 80-12.5 QL (30 tabs / 30 days)	3	QL
DIOVAN HCT TAB 160-12.5 QL (30 tabs / 30 days)	3	QL
DIOVAN HCT TAB 160-25MG QL (30 tabs / 30 days)	3	QL
DIOVAN HCT TAB 320-12.5 QL (30 tabs / 30 days)	3	QL
DIOVAN HCT TAB 320-25MG QL (30 tabs / 30 days)	3	QL
EDARBYCLOR TAB 40-12.5 QL (30 tabs / 30 days)	3	QL ST
EDARBYCLOR TAB 40-25MG QL (30 tabs / 30 days)	3	QL ST
ENTRESTO CAP 6-6MG QL (240 caps / 30 days)	2	QL
ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	2	QL
ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	2	QL
ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	2	QL
ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	2	QL
EXFORGE HCT TAB 5-160-12.5MG QL (30 tabs / 30 days)	3	QL
EXFORGE HCT TAB 5-160-25MG QL (30 tabs / 30 days)	3	QL
EXFORGE HCT TAB 10-160-12.5MG QL (30 tabs / 30 days)	3	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 tab 150-12.5 mg</i> (generic of AVALIDE) QL (60 tabs / 30 days)	1	QL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE) QL (30 tabs / 30 days)	1	QL
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> (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 tab 20-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL

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

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
TRIBENZOR20- TAB 5-12.5MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR40- TAB 5-12.5MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR40- TAB 5-25MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR40- TAB 10-12.5 QL (30 tabs / 30 days)	3	QL
TRIBENZOR40- TAB 10-25MG QL (30 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
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT) 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>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	3	QL
ATACAND TABS 32mg QL (30 tabs / 30 days)	3	QL
AVAPRO TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
BENICAR TABS 5mg QL (60 tabs / 30 days)	3	QL
BENICAR TABS 20mg, 40mg 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
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	1	QL
COZAAR TABS 25mg, 50mg, 100mg	3	
DIOVAN TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	3	QL
DIOVAN TABS 320mg QL (30 tabs / 30 days)	3	QL
EDARBI TABS 40mg, 80mg QL (30 tabs / 30 days)	3	QL ST
<i>irbesartan</i> TABS 75mg QL (30 tabs / 30 days)	1	QL
<i>irbesartan</i> (generic of AVAPRO) TABS 150mg, 300mg QL (30 tabs / 30 days)	1	QL
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	1	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	QL
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>valsartan</i> 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

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, 150mg/3ml, 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 QL (60 tabs / 30 days)	3	QL
NORPACE CAPS 100mg, 150mg	3	
NORPACE CR CP12 100mg, 150mg	3	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	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	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> (generic of TRILIPIX) CPDR 45mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>choline fenofibrate</i> CPDR 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> 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> 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 130mg QL (30 caps / 30 days)	1	QL PA
<i>fenofibric acid</i> TABS 35mg QL (60 tabs / 30 days)	1	QL PA
<i>fenofibric acid</i> TABS 105mg QL (30 tabs / 30 days)	1	QL PA
FIBRICOR TABS 35mg QL (60 tabs / 30 days)	3	QL PA
FIBRICOR TABS 105mg 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	3	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg, 40mg, 60mg QL (30 tabs / 30 days)	4	NDS QL ST
ATORVALIQ SUSP 20mg/5ml QL (600 mL / 30 days)	3	QL ST

Drug Name	Drug Requirements/ Tier	Limits
<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>pitavastatin calcium</i> (generic of LIVALO) TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	1	QL ST
<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

Drug Name	Drug Requirements/ Tier	Limits
ZOCOR TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
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; TABS 1gm	3	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; TABS 1gm	1	
<i>colestipol hcl</i> PACK 5gm	1	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	4	NDS NM 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 PA
LOVAZA CAP 1GM	3	PA
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	2	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>niacin</i> (antihyperlipidemic) TABS 500mg	1	PA
<i>niacin</i> (antihyperlipidemic) 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 1 gm</i> (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 50-25 mg</i> (generic of TENORETIC 50)	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	1	
<i>atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl TABS 10mg, 20mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	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 (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>carvedilol phosphate (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg</i> QL (30 caps / 30 days)	1	QL
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	4	NDS
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3	
<i>labetalol hcl SOLN 5mg/ml; TABS 100mg, 200mg, 300mg, 400mg</i>	1	
LABETALOL HYDROCHLORIDE SOSY 10mg/2ml	3	

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

Drug Name	Drug Requirements/ Tier Limits
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1
<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 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>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1
<i>nicardipine hcl iv soln 20 mg/200ml in sodium chloride 0.9%</i> (generic of NICARDIPINE HYDROCHLORIDE)	1
<i>nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.9%</i> (generic of NICARDIPINE HYDROCHLORIDE)	1
NICARDIPINE SOL 20/200ML	3
NICARDIPINE SOL 40/200ML	3

Drug Name	Drug Requirements/ Tier Limits
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1
<i>nimodipine</i> CAPS 30mg	1
<i>nimodipine</i> SOLN 60mg/20ml	4 NDS
<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1
<i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg	1
NORLIQVA SOLN 1mg/ml	3
NORVASC TABS 2.5mg, 5mg, 10mg	3
NYMALIZE SOLN 6mg/ml	4 NDS
PROCARDIA XL TB24 30mg, 60mg, 90mg	3
SULAR TB24 8.5mg, 17mg, 34mg	3
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1
VERELAN CP24 120mg, 180mg, 240mg, 360mg	3
VERELAN PM CP24 100mg, 200mg, 300mg	3
DIURETICS	
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1
<i>amiloride hcl</i> TABS 5mg	1
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1

Drug Name	Drug Requirements/ Tier	Limits
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>dichlorphenamide</i> (generic of KEVEYIS) TABS 50mg	4	NDS NM PA
DIURIL SUSP 250mg/5ml	3	
DYRENIUM CAPS 50mg, 100mg	3	
EDECIN TABS 25mg	4	NDS
<i>ethacrynic acid</i> (generic of EDECIN) TABS 25mg	1	
FUROSCIX CTKT 80mg/10ml	4	NDS
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	1	
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
KEVEYIS TABS 50mg	4	NDS NM PA
LASIX TABS 20mg, 40mg, 80mg	3	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>ormolvi</i> (generic of KEVEYIS) TABS 50mg	4	NDS NM PA
SOANZ TABS 20mg, 40mg, 60mg	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
THALITONE TABS 15mg	3	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene</i> (generic of DYRENIUM) CAPS 50mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	3	
<i>aliskiren fumarate</i> (generic of TEKTURNA) 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	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (generic of CADUET)	1	
ASPRUZY SPRINKLE PACK 1000mg	3	PA
ATTRUBY TBPK 356mg QL (112 tabs / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
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 PA
clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	
clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
clonidine TB24 .17mg	1	
clonidine hcl 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)	3	QL
DEMSEER CAPS 250mg	4	NDS NM PA
DIBENZYLINE CAPS 10mg	4	NDS PA
digoxin SOLN .05mg/ml	1	
digoxin (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg	1	
digoxin (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1	QL
droxidopa (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
droxidopa (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	4	NDS QL NM PA
epinephrine (anaphylaxis) SOLN 1mg/ml	1	

Drug Name	Drug Requirements/ Tier	Limits
guanfacine hcl TABS 1mg, 2mg PA applies if 70 years and older	2	PA
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
INPEFA TABS 200mg, 400mg QL (30 tabs / 30 days)	3	QL
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (generic of BIDIL)	1	
ivabradine hcl (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)	1	QL
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	
LODOCO TABS .5mg QL (30 tabs / 30 days)	3	QL PA
methyldopa TABS 500mg PA applies if 70 years and older	3	PA
metirosine (generic of DEMSEER) CAPS 250mg	4	NDS NM PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	1	
minoxidil TABS 2.5mg, 10mg	1	
NEXICLON XR TB24 .17mg	3	
NORTHERA CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
NORTHERA CAPS 200mg, 300mg QL (180 caps / 30 days)	4	NDS QL NM PA
phenoxybenzamine hcl (generic of DIBENZYLINE) CAPS 10mg	4	NDS PA
ranolazine TB12 500mg, 1000mg	1	
TEKTURNA TABS 150mg, 300mg	3	

Drug Name	Drug Requirements/ Tier	Limits
TRYNGOLZA SOAJ 80mg/0.8ml QL (1 autoinjector / 30 days)	4	NDS QL NM PA
TRYVIO TABS 12.5mg QL (30 tabs / 30 days)	3	QL PA
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	2	QL PA
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	4	NDS QL NM PA
VYNDAQEL CAPS 20mg QL (120 caps / 30 days)	4	NDS QL NM PA
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) SOLN .4mg/spray	1	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
NITROLINGUAL SOLN .4mg/spray	3	
NITROSTAT SUBL .3mg, .4mg, .6mg	3	

Drug Name	Drug Requirements/ Tier	Limits
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 PA
<i>alyq</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>epoprostenol sodium</i> (generic of VELETRI) SOLR .5mg, 1.5mg	4	NDS B/D NM
FLOLAN SOLR .5mg, 1.5mg	4	NDS B/D NM
LETAIRIS TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
OPSYNVI TAB 10-20MG QL (30 tabs / 30 days)	4	NDS QL NM PA
OPSYNVI TAB 10-40MG QL (30 tabs / 30 days)	4	NDS QL NM PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	4	NDS NM PA
ORENITRAM TBCR .125mg	3	NM PA
ORENITRAM TAB MONTH 1	4	NDS NM PA
ORENITRAM TAB MONTH 2	4	NDS NM PA
ORENITRAM TAB MONTH 3	4	NDS NM PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM PA
REVATIO SOLN 10mg/12.5ml	4	NDS NM PA
REVATIO TABS 20mg QL (360 tabs / 30 days)	4	NDS QL NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SOLN 10mg/12.5ml	4	NDS NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> SUSR 10mg/ml QL (784 mL / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	1	QL NM PA
<i>tadalafil (pulmonary hypertension)</i> (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 PA
TRACLEER TBSO 32mg QL (120 tabs / 30 days)	4	NDS QL NM PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM PA
TYVASO SOLN .6mg/ml	4	NDS NM PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg QL (112 cartridges / 28 days)	4	NDS QL NM PA
TYVASO DPI POW 16-32-48 QL (252 cartridges / 28 days)	4	NDS QL NM PA
UPTRAVI SOLR 1800mcg	4	NDS NM PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	4	NDS QL NM PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	4	NDS QL NM PA
UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	4	NDS QL NM PA
VELETRI SOLR .5mg, 1.5mg	4	NDS B/D NM
WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	4	NDS QL NM PA
WINREVAIR INJ 45MG QL (2 vials / 21 days)	4	NDS QL NM PA
WINREVAIR INJ 60MG QL (2 vials / 21 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
CENTRAL NERVOUS SYSTEM ANTIANXIETY		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>alprazolam</i> (generic of XANAX XR) TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	1	QL PA
<i>alprazolam</i> (generic of XANAX XR) TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older	1	QL PA
<i>alprazolam</i> TBDP .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>alprazolam</i> TBDP .25mg QL (120 tabs / 30 days)	1	QL
ALPRAZOLAM INTENSOL CONC 1mg/ml QL (300 mL / 30 days)	3	QL
ATIVAN SOLN 2mg/ml, 4mg/ml	3	
ATIVAN TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	4	NDS QL
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>fluvoxamine maleate</i> CP24 100mg, 150mg QL (60 caps / 30 days)	1	QL
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
LOREEV XR CS24 1mg, 1.5mg, 2mg QL (150 caps / 30 days) PA applies if 65 years and older	3	QL PA
LOREEV XR CS24 3mg QL (90 caps / 30 days) PA applies if 65 years and older	3	QL PA
<i>oxazepam</i> CAPS 10mg, 15mg, 30mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA
XANAX TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	3	QL
XANAX XR TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	3	QL PA
XANAX XR TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older	3	QL PA
ANTIDEMENTIA		
ADLARITY PTWK 5mg/day, 10mg/day QL (4 patches / 28 days)	3	QL PA
ARICEPT TABS 5mg QL (30 tabs / 30 days)	3	QL
ARICEPT TABS 10mg, 23mg	3	
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg, 23mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 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
<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> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; 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
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i> (generic of NAMZARIC)	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i> (generic of NAMZARIC)	1	
NAMENDA TAB 5-10MG 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
CYMBALTA CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	3	QL
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	3	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3	
DESVENLAFAXINE ER TB24 50mg, 100mg QL (30 tabs / 30 days)	3	QL
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	2	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	3	QL PA
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	1	QL
<i>duloxetine hcl</i> CPEP 40mg QL (60 caps / 30 days)	1	QL
EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	4	NDS QL PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	3	QL PA
FETZIMA CAP TITRATIO QL (2 packs / year)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> CPDR 90mg QL (4 caps / 28 days)	1	QL
<i>fluoxetine hcl</i> SOLN 20mg/5ml	1	
<i>fluoxetine hcl</i> TABS 10mg QL (30 tabs / 30 days)	1	QL PA
<i>fluoxetine hcl</i> TABS 20mg QL (120 tabs / 30 days)	1	QL PA
<i>fluoxetine hcl</i> (generic of FLUOXETINE HYDROCHLORIDE) TABS 60mg QL (30 tabs / 30 days)	1	QL PA
<i>fluoxetine hcl (pmdd)</i> TABS 10mg QL (30 tabs / 30 days) (generic of SARAFEM)	1	QL PA
<i>fluoxetine hcl (pmdd)</i> TABS 20mg QL (120 tabs / 30 days) (generic of SARAFEM)	1	QL PA
FLUOXETINE HYDROCHLORIDE TABS 60mg QL (30 tabs / 30 days)	3	QL PA
FORFIVO XL TB24 450mg QL (30 tabs / 30 days)	3	QL PA
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	3	
LEXAPRO TABS 5mg, 10mg, 20mg	3	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	3	QL
<i>mirtazapine</i> TABS 7.5mg, 45mg	1	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBPB 15mg, 30mg, 45mg	1	
NARDIL TABS 15mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
NORPRAMIN TABS 10mg, 25mg	3	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
PAMELOR CAPS 10mg, 25mg, 50mg, 75mg	4	NDS
PARNATE TABS 10mg	4	NDS
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days)	3	QL PA
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1	
<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	3	QL
PAXIL TABS 10mg, 20mg, 30mg, 40mg	3	
PAXIL CR TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	3	QL
<i>perphenazine-amitriptyline tab</i> 2-10 mg PA applies if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 2-25 mg PA applies if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-10 mg PA applies if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-25 mg PA applies if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-50 mg PA applies if 70 years and older	2	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
PRISTIQ TB24 25mg, 50mg, 100mg	3	QL
QL (30 tabs / 30 days)		
<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
PROZAC CAPS 10mg, 20mg, 40mg	3	
REMERON TABS 15mg, 30mg	3	
REMERON SOLTAB TBP 15mg, 30mg, 45mg	3	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg	3	QL PA
QL (30 caps / 30 days)		
SPRAVATO SOL 56MG DOS	4	NDS NM PA
SPRAVATO SOL 84MG DOS	4	NDS NM PA
<i>tranlycypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	3	QL
QL (120 caps / 30 days)		
<i>trimipramine maleate</i> CAPS 100mg	3	QL
QL (60 caps / 30 days)		
TRINTELLIX TABS 5mg, 10mg, 20mg	3	QL PA
QL (30 tabs / 30 days)		
VENLAFAXINE BESYLATE ER TB24 112.5mg	3	QL PA
QL (30 tabs / 30 days)		
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TB24 225mg	1	QL PA
QL (30 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
VIIBRYD TABS 10mg, 20mg, 40mg	3	QL
QL (30 tabs / 30 days)		
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg	1	QL
QL (30 tabs / 30 days)		
WELLBUTRIN SR TB12 100mg, 150mg, 200mg	3	QL PA
QL (60 tabs / 30 days)		
WELLBUTRIN XL TB24 150mg	4	NDS QL PA
QL (60 tabs / 30 days)		
WELLBUTRIN XL TB24 300mg	4	NDS QL PA
QL (30 tabs / 30 days)		
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	3	
ZURZUVAE CAPS 20mg, 25mg	4	NDS QL NM PA
QL (28 caps / 14 days)		
ZURZUVAE CAPS 30mg	4	NDS QL NM PA
QL (14 caps / 14 days)		
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	1	QL
QL (120 caps / 30 days)		
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
APOKYN SOCT 30mg/3ml	4	NDS QL NM PA
QL (20 cartridges / 30 days)		
<i>apomorphine hydrochloride</i> SOCT 30mg/3ml	4	NDS QL NM PA
QL (20 cartridges / 30 days)		
AZILECT TABS .5mg, 1mg	4	NDS QL
QL (30 tabs / 30 days)		
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA
PA applies if 70 years and older		
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa (generic of LODOSYN) TABS 25mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg (generic of SINEMET)</i>	1	
<i>carbidopa & levodopa tab 25-100 mg (generic of SINEMET)</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
COMTAN TABS 200mg	3	
CREXONT CAP 35-140MG	3	ST
CREXONT CAP 52.5-210	3	ST
CREXONT CAP 70-280MG	3	ST
CREXONT CAP 87.5-350	3	ST
DHIVY TAB 25-100MG	3	
DUOPA SUS 4.63-20	4	NDS B/D NM
<i>entacapone TABS 200mg</i>	1	
GOCOVRI CP24 68.5mg	4	NDS QL NM
QL (30 caps / 30 days)		PA
GOCOVRI CP24 137mg	4	NDS QL NM
QL (60 caps / 30 days)		PA
INBRIJA CAPS 42mg	4	NDS QL NM
QL (300 caps / 30 days)		PA

Drug Name	Drug Requirements/ Tier	Limits
LODOSYN TABS 25mg	4	NDS
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3	PA
NOURIANZ TABS 20mg, 40mg	4	NDS QL NM
QL (30 tabs / 30 days)		
ONGENTYS CAPS 25mg, 50mg	3	QL PA
QL (30 caps / 30 days)		
PARLODEL CAPS 5mg; TABS 2.5mg	3	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
<i>rasagiline mesylate (generic of AZILECT) TABS .5mg, 1mg</i>	1	QL
QL (30 tabs / 30 days)		
<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	2	PA
PA applies if 70 years and older		

Drug Name	Drug Requirements/ Tier	Limits
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA applies if 70 years and older	1	PA
VYALEV INJ 12-240MG	4	NDS NM 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
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 ST
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

Drug Name	Drug Requirements/ Tier	Limits
ARISTADA INITIO PRSY 675mg/2.4ml	4	NDS
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	4	NDS QL
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg	1	
<i>clozapine</i> TABS 50mg	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	1	QL
<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	1	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	1	QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	1	QL PA
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	1	QL PA
CLOZARIL TABS 25mg	3	
CLOZARIL TABS 100mg QL (270 tabs / 30 days)	4	NDS QL
COBENFY CAP 50-20MG QL (60 caps / 30 days)	4	NDS QL PA
COBENFY CAP 100-20MG QL (60 caps / 30 days)	4	NDS QL PA
COBENFY CAP 125-30MG QL (60 caps / 30 days)	4	NDS QL PA
COBENFY STRT CAP PACK QL (2 packs / year)	4	NDS QL PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	4	NDS QL PA
FANAPT PAK QL (2 packs / year)	3	QL PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	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>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
GEODON CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	4	NDS QL
GEODON SOLR 20mg QL (6 injections / 3 days)	3	QL
HALDOL DECANOATE 50 SOLN 50mg/ml	3	
HALDOL DECANOATE 100 SOLN 100mg/ml	3	
<i>haloperidol</i> TABS .5mg, 1mg, 1 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA TB24 3mg, 9mg QL (30 tabs / 30 days)	3	QL
INVEGA TB24 6mg QL (60 tabs / 30 days)	3	QL
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	4	NDS QL
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	3	QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 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
LATUDA TABS 20mg, 40mg, 4 60mg, 120mg QL (30 tabs / 30 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
LATUDA TABS 80mg QL (60 tabs / 30 days)	4	NDS QL
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	1	QL
<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	1	QL
LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	4	NDS QL
LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	4	NDS QL
LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	4	NDS QL
LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	4	NDS QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	4	NDS QL NM PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	1	QL
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
<i>olanzapine</i> TABS 7.5mg, 15mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 20mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL ST
<i>olanzapine</i> TBDP 10mg QL (60 tabs / 30 days)	1	QL ST
OPIPZA FILM 2mg, 5mg QL (30 films / 30 days)	4	NDS QL PA
OPIPZA FILM 10mg QL (90 films / 30 days)	4	NDS QL PA
<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	1	QL
<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	1	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	4	NDS QL
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	1	QL PA
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	1	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	4	NDS QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	4	NDS QL
RISPERDAL SOLN 1mg/ml QL (240 mL / 30 days)	3	QL
RISPERDAL TABS .5mg, 1mg, 2mg, 3mg, 4mg	3	
RISPERDAL CONSTA SRER 12.5mg QL (2 injections / 28 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
RISPERDAL CONSTA SRER 25mg, 37.5mg, 50mg QL (2 injections / 28 days)	4	NDS QL
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	1	QL
<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 QL (60 tabs / 30 days)	1	QL ST
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	1	QL ST
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	1	QL ST
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg QL (2 injections / 28 days)	1	QL
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg QL (2 injections / 28 days)	4	NDS QL
RYKINDO SRER 25mg, 37.5mg, 50mg QL (2 vials / 28 days)	4	NDS QL PA
SAPHRIS SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	4	NDS QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	4	NDS QL
SEROQUEL TABS 25mg QL (180 tabs / 30 days)	3	QL
SEROQUEL TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	3	QL
SEROQUEL TABS 300mg, 400mg QL (60 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
SEROQUEL XR TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	3	QL PA
SEROQUEL XR TB24 150mg, 200mg QL (30 tabs / 30 days)	3	QL PA
<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 QL (1 syringe / 30 days)	4	NDS QL
UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml QL (1 syringe / 60 days)	4	NDS QL
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	4	NDS QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	4	NDS QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	4	NDS QL
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	1	QL
ZYPREXA SOLR 10mg QL (3 vials / 1 day)	3	QL
ZYPREXA TABS 20mg QL (30 tabs / 30 days)	4	NDS QL
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	4	NDS QL
BANZEL SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
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, 200mg	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 applies 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 PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	4	NDS QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	4	NDS QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	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 when greater than 5 day supply	1	QL PA
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 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 when greater than 5 day supply	1	QL PA
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<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 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> SUSP 600mg/5ml	1	
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
FELBATOL TABS 400mg, 600mg	4	NDS
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	4	NDS QL NM 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 QL (360 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	1	QL
<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

Drug Name	Drug Requirements/ Tier	Limits
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 ST
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, 50mg, 100mg, 200mg, 250mg, 300mg	4	NDS ST
LAMICTAL XR KIT	3	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<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	ST
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1	ST
<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> (generic of LAMICTAL ODT)	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> (generic of LAMICTAL ODT)	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	
LEVETIRACETAM TB3D 250mg QL (360 tabs / 30 days)	3	QL
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<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	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg QL (10 buccal films / 30 days)	3	QL
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	
MOTPOLY XR CP24 100mg, 150mg, 200mg QL (60 caps / 30 days)	4	NDS QL PA
MYSOLINE TABS 50mg, 250mg	4	NDS
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units per 30 days)	3	QL
NEURONTIN CAPS 100mg, 300mg QL (360 caps / 30 days)	3	QL
NEURONTIN CAPS 400mg QL (270 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

Drug Name	Drug Requirements/ Tier	Limits
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	
<i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 150mg, 300mg	1	PA
<i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 600mg	4	NDS PA
OXTELLAR XR TB24 150mg, 300mg	3	PA
OXTELLAR XR TB24 600mg	4	NDS PA
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies 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 applies if 70 years and older	2	QL PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 70 years and older	3	PA
<i>phenytek</i> CAPS 200mg, 300mg	1	
<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> CAPS 200mg, 300mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<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	
<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 PA
SABRIL TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	3	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
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	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	4	NDS QL PA
TEGRETOL SUSP 100mg/5ml; TABS 200mg	3	
TEGRETOL-XR TB12 100mg, 200mg, 400mg	3	
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
TOPAMAX TABS 25mg	3	
TOPAMAX TABS 50mg, 100mg, 200mg	4	NDS
TOPAMAX SPRINKLE CPSP 15mg	3	
TOPAMAX SPRINKLE CPSP 25mg	4	NDS
<i>topiramate</i> (generic of TROKENDI XR) CP24 25mg QL (480 caps / 30 days)	1	QL PA
<i>topiramate</i> (generic of TROKENDI XR) CP24 50mg QL (240 caps / 30 days)	1	QL PA
<i>topiramate</i> (generic of TROKENDI XR) CP24 100mg QL (120 caps / 30 days)	1	QL PA
<i>topiramate</i> (generic of TROKENDI XR) CP24 200mg QL (60 caps / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
<i>topiramate</i> CPSP 50mg	1	
<i>topiramate</i> (generic of QUDEXY XR) CS24 25mg QL (480 caps / 30 days)	1	QL PA
<i>topiramate</i> (generic of QUDEXY XR) CS24 50mg QL (240 caps / 30 days)	1	QL PA
<i>topiramate</i> (generic of QUDEXY XR) CS24 100mg QL (120 caps / 30 days)	1	QL PA
<i>topiramate</i> (generic of QUDEXY XR) CS24 150mg, 200mg QL (60 caps / 30 days)	1	QL PA
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	
TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	4	NDS
TRILEPTAL TABS 150mg	3	
TROKENDI XR CP24 25mg QL (480 caps / 30 days)	3	QL PA
TROKENDI XR CP24 50mg QL (240 caps / 30 days)	3	QL PA
TROKENDI XR CP24 100mg QL (120 caps / 30 days)	4	NDS QL PA
TROKENDI XR CP24 200mg QL (60 caps / 30 days)	4	NDS QL PA
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs per 30 days)	3	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs per 30 days)	3	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs per 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs per 30 days)	3	QL
<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA
<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	4	NDS QL NM PA
<i>vigpoder</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	4	NDS QL
VIMPAT SOLN 200mg/20ml	4	NDS
VIMPAT TABS 50mg QL (120 tabs / 30 days)	3	QL
VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	3	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	4	NDS QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	4	NDS QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	4	NDS QL

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

Drug Name	Drug Requirements/ Tier	Limits
ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days)	3	QL PA
amphetamine- dextroamphetamine 3-bead cap er 24hr 12.5 mg (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
amphetamine- dextroamphetamine 3-bead cap er 24hr 25 mg (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
amphetamine- dextroamphetamine 3-bead cap er 24hr 37.5 mg (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
amphetamine- dextroamphetamine 3-bead cap er 24hr 50 mg (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
amphetamine- dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
amphetamine- dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
amphetamine- dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
amphetamine- dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
amphetamine- dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA

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>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
APTENSIO XR CP24 10mg, 15mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
APTENSIO XR CP24 40mg, 50mg, 60mg QL (30 caps / 30 days)	3	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	1	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	1	QL
AZSTARYS CAP 26.1-5.2 QL (30 caps / 30 days)	3	QL PA
AZSTARYS CAP 39.2-7.8 QL (30 caps / 30 days)	3	QL PA
AZSTARYS CAP 52.3-10. QL (30 caps / 30 days)	3	QL PA
CONCERTA TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL PA
CONCERTA TBCR 54mg QL (30 tabs / 30 days)	3	QL PA
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg QL (60 tabs / 30 days)	3	QL PA
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	3	QL PA
DEXEDRINE CP24 10mg QL (150 caps / 30 days)	4	NDS QL PA
DEXEDRINE CP24 15mg QL (120 caps / 30 days)	4	NDS QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	1	QL PA
<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
<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 10mg QL (150 caps / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> CP24 15mg QL (120 caps / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> TABS 15mg QL (120 tabs / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> TABS 20mg QL (90 tabs / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> TABS 30mg QL (60 tabs / 30 days)	1	QL PA
DYANAVEL XR SUER 2.5mg/ml QL (240 mL / 30 days)	3	QL PA
DYANAVEL XR TBCR 5mg QL (60 tabs / 30 days)	3	QL PA
DYANAVEL XR TBCR 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL PA
FOCALIN TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL PA
FOCALIN TABS 10mg QL (60 tabs / 30 days)	3	QL PA
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	3	QL PA
FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	3	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 70 years and older	2	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA applies if 70 years and older	2	QL PA

Drug Name	Drug Requirements/ Tier	Limits
INTUNIV TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 70 years and older	3	QL PA
INTUNIV TB24 3mg QL (60 tabs / 30 days) PA applies if 70 years and older	3	QL PA
JORNAY PM CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
JORNAY PM CP24 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL PA
<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
<i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	1	QL PA
<i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	1	QL PA
<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	1	QL PA
METADATE CD CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
METADATE CD CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	3	QL PA
METHYLIN SOLN 5mg/5ml QL (1800 mL / 30 days)	3	QL PA
METHYLIN SOLN 10mg/5ml QL (900 mL / 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
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>methylphenidate hcl</i> (generic of APTENSIO XR) CP24 10mg, 15mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of APTENSIO XR) CP24 40mg, 50mg, 60mg QL (30 caps / 30 days)	1	QL PA
<i>methylphenidate hcl</i> CP24 60mg QL (30 caps / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> TB24 54mg; TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days)	1	QL PA

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

Drug Name	Drug Requirements/ Tier	Limits
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
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	3	QL PA
VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	3	QL PA
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr QL (30 patches / 30 days)	3	QL PA
zenzedi TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
zenzedi TABS 15mg QL (120 tabs / 30 days)	1	QL PA
zenzedi TABS 20mg QL (90 tabs / 30 days)	1	QL PA
zenzedi TABS 30mg QL (60 tabs / 30 days)	1	QL PA
HYPNOTICS		
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
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

Drug Name	Drug Requirements/ Tier	Limits
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
doxepin hcl (sleep) (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
estazolam 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
eszopiclone (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
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
HETLIOZ CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM PA
HETLIOZ LQ SUSP 4mg/ml QL (158 ml / 30 days)	4	NDS QL NM PA
QUVIVIQ TABS 25mg, 50mg QL (30 tabs / 30 days)	3	QL
ramelteon (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	1	QL
RESTORIL CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	4	NDS QL PA
RESTORIL CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
ROZEREM TABS 8mg QL (30 tabs / 30 days)	3	QL
SILENOR TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM PA
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies 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

Drug Name	Drug Requirements/ Tier	Limits
<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
<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 ST
CAMBIA PACK 50mg QL (9 packets / 30 days)	4	NDS QL PA
<i>diclofenac potassium</i> (<i>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> 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 ST
ELYXYB SOLN 120mg/4.8ml QL (28.8 mL / 21 days)	4	NDS QL PA
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	2	QL NM PA
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	2	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	2	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 ST
<i>frovatriptan succinate</i> (generic of FROVA) TABS 2.5mg QL (18 tabs / 30 days)	1	QL ST
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

Drug Name	Drug Requirements/ Tier	Limits
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	2	QL PA
RELPAK TABS 20mg QL (12 tabs / 30 days)	3	QL ST
RELPAK TABS 40mg QL (12 tabs / 30 days)	4	NDS QL ST
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> SOLN 5mg/act QL (24 units / 30 days)	1	QL
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	1	QL
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 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 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<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

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>sumatriptan-naproxen sodium</i> 1 <i>tab 85-500 mg</i> (generic of TREXIMET) QL (9 tabs / 30 days)	1	QL ST
TOSYMRA SOLN 10mg/act QL (18 units / 30 days)	3	QL ST
TREXIMET TAB 85-500MG QL (9 tabs / 30 days)	4	NDS QL ST
TRUDHESA AERS .725mg/act QL (12 mL / 28 days)	4	NDS QL PA
UBRELVEY TABS 50mg, 100mg QL (16 tabs / 30 days)	2	QL PA
VYEPTI SOLN 100mg/ml	4	NDS NM 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> (generic of ZOMIG) SOLN 2.5mg, 5mg QL (12 units / 30 days)	1	QL ST
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
ZOMIG SOLN 2.5mg, 5mg QL (12 units / 30 days)	3	QL ST
<i>zomig</i> TABS 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
MISCELLANEOUS		
AMVUTTRA SOSY 25mg/0.5ml QL (1 syringe / 90 days)	4	NDS QL NM PA
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	4	NDS QL NM 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 18mg, 24mg QL (60 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg QL (30 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 PA
DUVYZAT SUSP 8.86mg/ml QL (420 mL / 30 days)	4	NDS QL NM PA
<i>edaravone</i> (generic of RADICAVA) SOLN 30mg/100ml	4	NDS NM PA
<i>edaravone</i> SOLN 60mg/100ml	4	NDS NM PA
ENSPRYNG SOSY 120mg/ml	4	NDS NM PA
EQUETRO CP12 100mg, 200mg, 300mg	3	
EVRYSDI SOLR .75mg/ml	4	NDS NM PA
FIRDAPSE TABS 10mg	4	NDS NM PA
<i>gabapentin</i> (once-daily) (generic of GRALISE) TABS 300mg QL (180 tabs / 30 days)	1	QL PA
<i>gabapentin</i> (once-daily) (generic of GRALISE) TABS 600mg QL (90 tabs / 30 days)	1	QL 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</i> SOLN 8meq/5ml	1	
<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

Drug Name	Drug Requirements/ Tier	Limits
LYRICA CR TB24 82.5mg, 165mg QL (90 tabs / 30 days)	3	QL PA
LYRICA CR TB24 330mg QL (60 tabs / 30 days)	3	QL PA
MESTINON SOLN 60mg/5ml; 4 TABS 60mg	4	NDS
MESTINON TIMESPAN TBCR 180mg	4	NDS
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	4	NDS QL PA
<i>paroxetine mesylate</i> (vasomotor) 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; TABS 60mg	1	
<i>pyridostigmine bromide</i> TABS 30mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR 180mg	1	
RADICAVA SOLN 30mg/100ml	4	NDS NM PA
RADICAVA ORS SUSP 105mg/5ml QL (70 mL / 28 days)	4	NDS QL NM PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml QL (70 mL / 28 days)	4	NDS QL NM PA
<i>riluzole</i> TABS 50mg	1	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	3	QL PA
SAVELLA MIS TITR PAK QL (2 packs / year)	3	QL PA
SKYCLARYS CAPS 50mg QL (90 caps / 30 days)	4	NDS QL NM PA
TEGLUTIK SUSP 50mg/10ml QL (600 mL / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
TEGSEDI SOSY 284mg/1.5ml QL (4 syringes / 28 days)	4	NDS QL NM 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
UPLIZNA SOLN 100mg/10ml	4	NDS NM PA
WAINUA SOAJ 45mg/0.8ml QL (1 pen / 30 days)	4	NDS QL NM PA
XENAZINE TABS 12.5mg QL (90 tabs / 30 days)	4	NDS QL NM PA
XENAZINE TABS 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AUBAGIO TABS 7mg, 14mg QL (30 tabs / 30 days)	4	NDS QL NM 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 PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	4	NDS QL NM PA
BRIUMVI SOLN 150mg/6ml	4	NDS NM 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
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	1	QL NM PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg QL (14 caps / 7 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 240mg QL (60 caps / 30 days)	4	NDS QL NM 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
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	4	NDS QL NM PA
GILENYA CAPS .25mg, .5mg QL (30 caps / 30 days)	4	NDS QL NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / 365 days)	4	NDS QL NM PA
LEMTRADA SOLN 12mg/1.2ml	4	NDS NM PA
MAVENCLAD (4 TABS) TBPK 10mg QL (16 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (5 TABS) TBPK 10mg QL (20 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (6 TABS) TBPK 10mg QL (24 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (7 TABS) TBPK 10mg QL (28 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (8 TABS) TBPK 10mg QL (32 tabs per lifetime)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
MAVENCLAD (9 TABS) TBPK 10mg QL (36 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (10 TABS) TBPK 10mg QL (40 tabs per lifetime)	4	NDS QL NM PA
MAYZENT TABS 1mg, 2mg QL (30 tabs / 30 days)	4	NDS QL NM PA
MAYZENT TABS .25mg QL (112 tabs / 28 days)	4	NDS QL NM PA
MAYZENT STARTER PACK (7) TBPK .25mg QL (2 packs / year)	4	NDS QL NM PA
MAYZENT STARTER PACK (12) TBPK .25mg QL (2 packs / year)	4	NDS QL NM PA
OCREVUS SOLN 300mg/10ml	4	NDS NM PA
OCREVUS INJ ZUNOVO QL (23 mL / 180 days)	4	NDS QL NM PA
PLEGRIDY SOAJ 125mcg/0.5ml QL (2 pens / 28 days)	4	NDS QL NM PA
PLEGRIDY SOSY 125mcg/0.5ml QL (2 syringes / 28 days)	4	NDS QL NM PA
PLEGRIDY INJ STARTER QL (2 packs / year)	4	NDS QL NM PA
PLEGRIDY PEN INJ STARTER QL (2 packs / year)	4	NDS QL NM PA
PONVORY TABS 20mg QL (30 tabs / 30 days)	4	NDS QL NM PA
PONVORY TAB STARTER QL (2 packs / year)	4	NDS QL NM PA
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml QL (12 syringes / 28 days)	4	NDS QL NM PA
REBIF REBIDO INJ TITRATN QL (12 injections / 28 days)	4	NDS QL NM PA
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml QL (12 injections / 28 days)	4	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
REBIF TITRTN INJ PACK QL (12 syringes / 28 days)	4	NDS QL NM PA
TASCENSO ODT TBDP .25mg, .5mg QL (30 tabs / 30 days)	4	NDS QL NM PA
TECFIDERA CPDR 120mg QL (14 caps / 7 days)	4	NDS QL NM PA
TECFIDERA CPDR 240mg QL (60 caps / 30 days)	4	NDS QL NM PA
TECFIDERA CAP STARTER QL (2 packs / year)	4	NDS QL NM PA
<i>teriflunomide</i> (generic of AUBAGIO) TABS 7mg, 14mg QL (30 tabs / 30 days)	4	NDS QL NM PA
TYSABRI CONC 300mg/15ml	4	NDS NM PA
VUMERITY CPDR 231mg QL (120 caps / 30 days)	4	NDS QL NM PA
ZEPOSIA CAPS .92mg QL (30 caps / 30 days)	4	NDS QL NM PA
ZEPOSIA 7DAY CAP STR PACK QL (2 packs / year)	4	NDS QL NM PA
ZEPOSIA CAP STR KIT QL (2 packs / year)	4	NDS QL NM PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> SOLN 5mg/5ml, 10mg/5ml	1	PA
<i>baclofen</i> (generic of FLEQSUVY) SUSP 25mg/5ml	4	NDS PA
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	1	QL
<i>baclofen</i> TABS 10mg, 15mg, 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
<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
<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
DANTRIUM CAPS 25mg	3	
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	1	
<i>dantrolene sodium</i> CAPS 50mg, 100mg	1	
DYSPORT SOLR 300unit	3	NM PA
DYSPORT SOLR 500unit	4	NDS NM PA
FLEQSUVY SUSP 25mg/5ml	4	NDS PA
LYVISPAH PACK 5mg, 10mg, 20mg	3	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
<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
<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
<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>methocarbamol</i> TABS 1000mg QL (120 tabs / 30 days)	4	NDS QL PA
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
MYOBLOC SOLN 10000unit/2ml	4	NDS NM PA
OZOBAX DS SOLN 10mg/5ml	3	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
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
<i>tanlor</i> TABS 1000mg QL (120 tabs / 30 days)	4	NDS QL PA
<i>tizanidine hcl</i> CAPS 2mg, 4mg, 6mg; TABS 2mg	1	
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	1	
XEOMIN SOLR 50unit	3	NM PA
XEOMIN SOLR 100unit, 200unit	4	NDS NM PA
ZANAFLEX TABS 4mg	3	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	1	QL PA
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm QL (30 packets / 30 days)	4	NDS QL NM PA
LUMRYZ PAK STARTER QL (2 packs / year)	4	NDS QL NM PA
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	1	QL PA
NUVIGIL TABS 50mg QL (60 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
NUVIGIL TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	4	NDS QL PA
PROVIGIL TABS 100mg QL (30 tabs / 30 days)	4	NDS QL PA
PROVIGIL TABS 200mg QL (60 tabs / 30 days)	4	NDS QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM PA
SUNOSI TABS 75mg, 150mg QL (30 tabs / 30 days)	3	QL PA
WAKIX TABS 4.45mg, 17.8mg QL (60 tabs / 30 days)	4	NDS QL NM PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM PA
XYWAV SOL 0.5GM/ML QL (540 mL / 30 days)	4	NDS QL NM PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml	4	NDS NM
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base 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</i> TABS 250mg, 500mg	1	
<i>KLOXXADO</i> LIQD 8mg/0.1ml	2	
<i>lofexidine hcl</i> (generic of LUCEMYRA) TABS .18mg QL (228 tabs / 14 days)	4	NDS QL PA
<i>LUCEMYRA</i> TABS .18mg QL (228 tabs / 14 days)	4	NDS QL PA
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
<i>NICOTROL INHALER</i> INHA 10mg	3	
<i>NICOTROL NS</i> SOLN 10mg/ml	3	
<i>OPVEE</i> SOLN 2.7mg/0.1ml	3	
<i>SUBLOCADE</i> SOSY 100mg/0.5ml, 300mg/1.5ml	4	NDS NM
<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</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	1	QL
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year)	1	QL
<i>VIVITROL</i> SUSR 380mg	4	NDS NM
<i>ZIMHI</i> SOSY 5mg/0.5ml	3	
<i>ZUBSOLV</i> SUB 0.7-0.18 QL (90 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>ZUBSOLV</i> SUB 1.4-0.36 QL (90 tabs / 30 days)	3	QL
<i>ZUBSOLV</i> SUB 2.9-0.71 QL (90 tabs / 30 days)	3	QL
<i>ZUBSOLV</i> SUB 5.7-1.4 QL (90 tabs / 30 days)	3	QL
<i>ZUBSOLV</i> SUB 8.6-2.1 QL (60 tabs / 30 days)	3	QL
<i>ZUBSOLV</i> SUB 11.4-2.9 QL (30 tabs / 30 days)	3	QL
ENDOCRINE AND METABOLIC ANDROGENS		
<i>ANDROGEL PUMP</i> GEL 1.62% QL (150 gm / 30 days)	3	QL PA
<i>AVEED</i> SOLN 750mg/3ml	3	NM PA
<i>AZMIRO</i> SOSY 200mg/ml	3	PA
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>JATENZO</i> CAPS 158mg, 198mg QL (120 caps / 30 days)	3	QL PA
<i>JATENZO</i> CAPS 237mg QL (60 caps / 30 days)	4	NDS QL PA
<i>methyltestosterone</i> CAPS 10mg QL (600 caps / 30 days)	4	NDS QL PA
<i>TESTIM</i> GEL 1% QL (300 gm / 30 days)	3	QL PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	1	QL PA
<i>testosterone</i> GEL 10mg/act QL (120 gm / 30 days)	1	QL PA
<i>testosterone</i> GEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 gm / 30 days)	1	QL PA
<i>testosterone</i> SOLN 30mg/act QL (180 mL / 30 days)	1	QL PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>testosterone pump</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	1	QL PA
TLANDO CAPS 112.5mg QL (120 caps / 30 days)	3	QL PA
UNDECATREX CAPS 200mg 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		
<i>acarbose</i> 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
<i>alogliptin benzoate</i> TABS 6.25mg, 12.5mg, 25mg QL (30 tabs / 30 days)	3	QL ST
<i>alogliptin-metformin hcl tab</i> 12.5-500 mg QL (60 tabs / 30 days)	3	QL ST
<i>alogliptin-metformin hcl tab</i> 12.5-1000 mg QL (60 tabs / 30 days)	3	QL ST
<i>alogliptin-pioglitazone tab</i> 12.5-30 mg QL (30 tabs / 30 days)	3	QL ST
<i>alogliptin-pioglitazone tab</i> 25-15 mg QL (30 tabs / 30 days)	3	QL ST
<i>alogliptin-pioglitazone tab</i> 25-30 mg QL (30 tabs / 30 days)	3	QL ST
<i>alogliptin-pioglitazone tab</i> 25-45 mg QL (30 tabs / 30 days)	3	QL ST
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
<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
<i>glimepiride</i> TABS 3mg, 4mg QL (60 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 2.5mg QL (480 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	1	QL
<i>glipizide</i> TB24 2.5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL
<i>glipizide xl</i> TB24 2.5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 5-500 mg QL (120 tabs / 30 days)	1	QL
GLUCOTROL XL TB24 5mg QL (90 tabs / 30 days)	3	QL
GLUCOTROL XL TB24 10mg QL (60 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
GLUMETZA TB24 500mg QL (120 tabs / 30 days)	4	NDS QL PA
GLUMETZA TB24 1000mg QL (60 tabs / 30 days)	4	NDS QL PA
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, 100mg QL (30 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	2	QL
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>liraglutide</i> (generic of VICTOZA) SOPN 6mg/ml QL (3 pens / 30 days)	1	QL PA
<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml QL (765 mL / 30 days)	1	QL PA
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 625mg QL (120 tabs / 30 days)	4	NDS QL PA
<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

Drug Name	Drug Requirements/ Tier	Limits
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of FORTAMET)	1	QL PA
<i>metformin hcl</i> 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
<i>metformin hcl</i> TB24 1000mg QL (60 tabs / 30 days) (generic of FORTAMET)	1	QL PA
<i>metformin hcl</i> TB24 1000mg QL (60 tabs / 30 days) (generic of GLUMETZA)	1	QL PA
<i>miglitol</i> TABS 25mg, 50mg, 100mg	1	
MOUNJARO SOAJ 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

Drug Name	Drug Requirements/ Tier	Limits
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
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> QL (90 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> (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> TABS 2.5mg QL (30 tabs / 30 days)	1	QL
<i>saxagliptin hcl</i> (generic of ONGLYZA) TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i> QL (60 tabs / 30 days)	1	QL
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i> QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
saxagliptin-metformin hcl tab er 24hr 5-1000 mg QL (30 tabs / 30 days)	1	QL
SEGLUROMET TAB 2.5-500 QL (120 tabs / 30 days)	3	QL
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
SITAG/METFOR TAB 50- 500MG QL (60 tabs / 30 days)	3	QL ST
SITAG/METFOR TAB 50- 1000 QL (60 tabs / 30 days)	3	QL ST
SITAGLIPTIN TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL ST
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

Drug Name	Drug Requirements/ Tier	Limits
SYNJARDY XR TAB 12.5- 1000 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
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	2	QL
TRULICITY SOAJ .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 PA
VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	3	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
ZITUVIMET TAB 50-500MG QL (60 tabs / 30 days)	3	QL ST
ZITUVIMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL ST
ZITUVIMET XR TAB 50- 500MG QL (60 tabs / 30 days)	3	QL ST
ZITUVIMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL ST
ZITUVIMET XR TAB 100- 1000 QL (30 tabs / 30 days)	3	QL ST

Drug Name	Drug Requirements/ Tier	Limits
ZITUVIO TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL ST
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
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	2	PA
APIDRA SOLN 100unit/ml	3	
APIDRA SOLOSTAR SOPN 100unit/ml	3	
BASAGLAR KWIKPEN SOPN 100unit/ml	2	
BASAGLAR TEMPO PEN SOPN 100unit/ml	3	
CEQUR SIMPL KIT PATCH 2U (3-DAY) QL (10 patches / 30 days)	3	QL PA
CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	3	QL PA
CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	3	QL PA
FIASP SOLN 100unit/ml	2	
FIASP FLEXTOUCH SOPN 100unit/ml	2	
FIASP PENFILL SOCT 100unit/ml	2	
FIASP PUMPCART SOCT 100unit/ml	2	B/D
GAUZE PADS 2X2	2	PA
HUMALOG SOCT 100unit/ml; SOLN 100unit/ml	3	
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	3	
HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	3	
HUMALOG MIX INJ 50/50KWP	3	

Drug Name	Drug Requirements/ Tier	Limits
HUMALOG MIX INJ 75/25KWP	3	
HUMALOG MIX SUS 75/25	3	
HUMALOG TEMPO PEN SOPN 100unit/ml	3	
HUMULIN INJ 70/30	3	
HUMULIN INJ 70/30KWP	3	
HUMULIN N SUSP 100unit/ml	3	
HUMULIN N KWIKPEN SUPN 100unit/ml	3	
HUMULIN R SOLN 100unit/ml	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	4	NDS B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	4	NDS
INS ASP PROT INJ FLEXPEN	3	
INSULIN ASPA INJ 70/30	3	
INSULIN ASPART SOLN 100unit/ml	3	
INSULIN ASPART FLEXPEN SOPN 100unit/ml	3	
INSULIN ASPART PENFILL SOCT 100unit/ml	3	
INSULIN DEGLUDEC SOLN 100unit/ml	3	
INSULIN DEGLUDEC FLEXTouc SOPN 100unit/ml, 200unit/ml	3	
INSULIN GLARGINE MAX SOLO SOPN 300unit/ml	3	
INSULIN GLARGINE SOLOSTAR SOPN 300unit/ml	3	
INSULIN GLARGINE-YFGN SOLN 100unit/ml; SOPN 100unit/ml	3	
INSULIN LISP INJ PROTAMIN	3	
INSULIN LISPRO SOLN 100unit/ml	3	
INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml	3	
INSULIN LISPRO KWIKPEN SOPN 100unit/ml	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
INSULIN PEN NEEDLES: BD-EMBECTA	2	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	2	PA
INSULIN SYRINGES: BD-EMBECTA	2	PA
LANTUS SOLN 100unit/ml	2	
LANTUS SOLOSTAR SOPN 100unit/ml	2	
LYUMJEV SOLN 100unit/ml	3	
LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml	3	
LYUMJEV TEMPO PEN SOPN 100unit/ml	3	
NOVOLIN70/30 INJ RELION	3	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	
NOVOLIN INJ 70/30 FP RELION	3	
NOVOLIN N SUSP 100unit/ml	2	
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	
NOVOLIN N FLEXPEN RELION SUPN 100unit/ml	3	
NOVOLIN N RELION SUSP 100unit/ml	3	
NOVOLIN R SOLN 100unit/ml	2	
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	
NOVOLIN R FLEXPEN RELION SOPN 100unit/ml	3	
NOVOLIN R RELION SOLN 100unit/ml	3	
NOVOLOG SOLN 100unit/ml	2	
NOVOLOG FLEXPEN SOPN 100unit/ml	2	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	3	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEX REL	3	
NOVOLOG MIX INJ FLEXPEN	2	
NOVOLOG PENFILL SOCT 100unit/ml	2	

Drug Name	Drug Requirements/ Tier	Limits
NOVOLOG RELI INJ 70/30	3	
NOVOLOG RELION SOLN 100unit/ml	3	
OMNIPOD 5 DX KIT INT G7G6	3	QL PA
QL (1 kit / year)		
OMNIPOD 5 DX MIS POD G7G6	3	QL PA
QL (15 pods / 30 days)		
OMNIPOD 5 G7 KIT INTRO	3	QL PA
QL (1 kit / year)		
OMNIPOD 5 G7 MIS PODS	3	QL PA
QL (15 pods / 30 days)		
OMNIPOD 5 LB KIT INTRO G6	3	QL PA
QL (1 kit / year)		
OMNIPOD 5 LB MIS PODS G6	3	QL PA
QL (15 pods / 30 days)		
OMNIPOD DASH KIT INTRO	3	QL PA
QL (1 kit / year)		
OMNIPOD DASH MIS PODS	3	QL PA
QL (15 pods / 30 days)		
OMNIPOD GO KIT 10UNT/DY	3	QL PA
QL (15 pods / 30 days)		
OMNIPOD GO KIT 15UNT/DY	3	QL PA
QL (15 pods / 30 days)		
OMNIPOD GO KIT 20UNT/DY	3	QL PA
QL (15 pods / 30 days)		
OMNIPOD GO KIT 25UNT/DY	3	QL PA
QL (15 pods / 30 days)		
OMNIPOD GO KIT 30UNT/DY	3	QL PA
QL (15 pods / 30 days)		
OMNIPOD GO KIT 35UNT/DY	3	QL PA
QL (15 pods / 30 days)		
OMNIPOD GO KIT 40UNT/DY	3	QL PA
QL (15 pods / 30 days)		
OMNIPOD MIS CLASSIC	3	QL PA
QL (15 pods / 30 days)		
REZVOGLAR KWIKPEN SOPN 100unit/ml	3	

Drug Name	Drug Requirements/ Tier	Limits
SEMGLEE SOLN 100unit/ml; SOPN 100unit/ml	3	
SOLQUA INJ 100/33 QL (5 pens / 25 days)	2	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
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	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
ATELVIA TBEC 35mg	3	ST
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

Drug Name	Drug Requirements/ Tier	Limits
<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
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
<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, 150mg	1	
<i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg	1	
<i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1	ST
<i>teriparatide</i> (generic of FORTEO) SOPN 600mcg/2.4ml	4	NDS NM PA
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
YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml	4	NDS NM PA
<i>zoledronic acid</i> CONC 4mg/5ml	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 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

Drug Name	Drug Requirements/ Tier	Limits
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	3	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 PA
<i>deferoxamine mesylate</i> SOLR 2gm	1	NM PA
<i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg	1	NM PA
DEPEN TITRATABS TABS 250mg	4	NDS NM
DESFERAL SOLR 500mg	3	NM PA
EXJADE TBSO 125mg, 250mg, 500mg	4	NDS NM PA
FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg	4	NDS NM PA
FERRIPROX TWICE-A-DAY TABS 1000mg	4	NDS NM PA
JADENU TABS 90mg, 180mg, 360mg	4	NDS NM PA
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	4	NDS NM PA
<i>kionex</i> SUSP 15gm/60ml	1	
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	
<i>sps rectal</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
<i>trientine hcl</i> CAPS 500mg	4	NDS NM PA
VELTASSA PACK 1gm, 8.4gm, 16.8gm, 25.2gm	2	
CONTRACEPTIVES		
<i>afirmelle</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<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	
<i>ayuna</i>	1	
<i>azurette</i>	1	
BALCOLTRA TAB 0.1-20	3	
<i>balziva</i>	1	
BEYAZ TAB	3	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	2	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	
<i>dolishale</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> (generic of BEYAZ)	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (generic of SAFYRAL)	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	1	
<i>elinest</i>	1	
<i>eluryng</i> (generic of NUVARING)	1	
<i>emzahh</i> TABS .35mg	1	
<i>enilloring</i> (generic of NUVARING)	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin</i> TABS .35mg	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> (generic of NUVARING)	1	
<i>falmina</i>	1	
FEMLYV TAB 1/0.02MG	3	PA
<i>finzala</i>	1	
<i>gemmily</i> (generic of TAYTULLA)	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>haloette</i> (generic of NUVARING)	1	
<i>heather</i> TABS .35mg	1	
<i>iclevia</i>	1	
<i>incassia</i> TABS .35mg	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i> (generic of YAZ)	1	
<i>jolessa</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>joyeaux</i> (generic of BALCOLTRA)	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	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	
<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	

Drug Name	Drug Requirements/ Tier	Limits
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (generic of BALCOLTRA)</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>LILETTA IUD 20.1mcg/day</i>	2	NM
<i>LO LOESTRIN TAB 1-10-10</i>	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	
<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	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>minzoya (generic of BALCOLTRA)</i>	1	
<i>mono-lynyah</i>	1	
<i>NATAZIA TAB</i>	3	
<i>necon 0.5/35-28</i>	1	
<i>NEXPLANON IMPL 68mg</i>	2	NM
<i>NEXTSTELLIS TAB 3- 14.2MG</i>	3	PA
<i>nikki (generic of YAZ)</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg- 35 mcg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<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 estradiol-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)</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</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg- mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>NUVARING MIS</i>	3	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>ocella (generic of YASMIN 28)</i>	1	
<i>PHEXXI GEL</i>	3	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>SAFYRAL TAB</i>	3	
<i>setlakin</i>	1	
<i>sharobel TABS .35mg</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>simliya</i>	1
<i>simpesse</i>	1
<i>sprintec 28</i>	1
<i>sronyx</i>	1
<i>syeda</i> (generic of YASMIN 28)	1
<i>tarina 24 fe</i>	1
<i>tarina fe 1/20 eq</i>	1
TAYTULLA CAP 1MG/20MC	3
<i>tilia fe</i>	1
<i>tri-estarylla</i>	1
<i>tri-legest fe</i>	1
<i>tri-lynyah</i>	1
<i>tri-lo-estarylla</i>	1
<i>tri-lo-marzia</i>	1
<i>tri-lo-mili</i>	1
<i>tri-lo-sprintec</i>	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>	1
<i>trivora-28</i>	1
<i>turqoz</i>	1
<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 1/35</i>	1
<i>zumandimine</i> (generic of YASMIN 28)	1
ESTROGENS	
ACTIVEVILLA TAB 1-0.5MG	3
BIJUVA CAP 0.5-100	3
BIJUVA CAP 1-100MG	3

Drug Name	Drug Requirements/ Tier Limits
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	3
DEPO-ESTRADIOL OIL 5mg/ml	3
DIVIGEL GEL .25mg/0.25gm, 3 .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	3
<i>estradiol</i> (generic of ESTROGEL) GEL .06%	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 ACTIVEVILLA)	2
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1

Drug Name	Drug Requirements/ Tier	Limits
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml	1	
<i>estradiol valerate</i> OIL 40mg/ml	1	
ESTRING RING 7.5mcg/24hr	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	
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	
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	

Drug Name	Drug Requirements/ Tier	Limits
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 PA
ALKINDI SPRINKLE CPSP .5mg	3	NM PA
<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 ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; TBPK 1.5mg</i>	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml</i>	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
HEMADY TABS 20mg	3	PA
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	1	
<i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF) SOLR 100mg	1	
KENALOG-10 SUSP 10mg/ml	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
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 TBPB 4mg	3	
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	1	B/D
<i>methylprednisolone</i> TABS 32mg	1	B/D
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPB 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
ORAPRED ODT TBPB 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; TBPB 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> TBPB 5mg, 10mg	1	
PREDNISON INTENSOL CONC 5mg/ml	3	B/D
RAYOS TBEC 1mg, 2mg, 5mg	4	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
<i>taperdex 6-day</i> TBPB 1.5mg	1	
<i>taperdex 7-day</i> TBPB 1.5mg	1	
<i>taperdex 12-day</i> TBPB 1.5mg	1	
<i>triamcinolone acetate</i> (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
ZILRETTA SRER 32mg	3	B/D NM
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE PACK POWD 3mg/dose	3	
BAQSIMI TWO PACK POWD 3mg/dose	3	
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	4	NDS
<i>glucagon (rdna)</i> KIT 1mg	1	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE KIT SOLN 1mg/0.2ml	2	
GVOKE PFS SOSY 1mg/0.2ml	2	
PROGLYCEM SUSP 50mg/ml	4	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2	
MISCELLANEOUS		
ACTHAR GEL 80unit/ml QL (1.5 mL / 1 day)	4	NDS QL NM PA
ACTHAR GEL AUIJ 40unit/0.5ml, 80unit/ml QL (30 injectors / 30 days)	4	NDS QL NM PA
ALDURAZYME SOLN 2.9mg/5ml	4	NDS NM PA
AQNEURSA PACK 1gm QL (112 packets / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	4	NDS NM
BUPHENYL POWD 3gm/tsp; TABS 500mg	4	NDS NM PA
<i>cabergoline</i> TABS .5mg	1	
CARBAGLU TBSO 200mg	4	NDS NM PA
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	4	NDS NM PA
CARNITOR SOLN 1gm/10ml, 200mg/ml; TABS 330mg	3	B/D
CERDELGA CAPS 84mg	4	NDS NM PA
CEREZYME SOLR 400unit	4	NDS NM PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	1	B/D QL NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	4	NDS B/D QL NM
CORTROPHIN GEL 80unit/ml QL (1.5 mL / 1 day)	4	NDS QL NM PA
CRENESSITY CAPS 50mg, 100mg QL (60 caps / 30 days)	4	NDS QL NM PA
CRENESSITY SOLN 50mg/ml QL (120 mL / 30 days)	4	NDS QL NM PA
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	4	NDS NM PA
CYSTADANE POW	4	NDS NM
CYSTAGON CAPS 50mg, 150mg	3	NM PA
DDAVP SOLN 4mcg/ml; TABS .2mg	4	NDS
DDAVP TABS .1mg	3	
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	4	NDS
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
DOJOLVI LIQD 100%	4	NDS NM PA
EGRIFTA SV SOLR 2mg	4	NDS NM PA
ELAPRASE SOLN 6mg/3ml	4	NDS NM PA
ELELYSO SOLR 200unit	4	NDS NM PA
ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml	4	NDS NM PA
EVISTA TABS 60mg	3	
FABRAZYME SOLR 5mg, 35mg	4	NDS NM PA
FENSOLVI KIT 45mg	4	NDS NM PA
GALAFOLD CAPS 123mg	4	NDS NM PA
GENOTROPIN CART 5mg, 12mg	4	NDS NM PA
GENOTROPIN MINISQUICK PRSY .2mg	2	NM PA
GENOTROPIN MINISQUICK PRSY .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 PA
ISTURISA TABS 1mg QL (240 tabs / 30 days)	4	NDS QL NM PA
ISTURISA TABS 5mg QL (360 tabs / 30 days)	4	NDS QL NM PA
<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	4	NDS NM PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	4	NDS NM PA
JYNARQUE PAK 30-15MG	4	NDS NM PA
JYNARQUE PAK 45-15MG	4	NDS NM PA
JYNARQUE PAK 60-30MG	4	NDS NM PA
JYNARQUE PAK 90-30MG	4	NDS NM PA
KANUMA SOLN 20mg/10ml	4	NDS NM PA
KORLYM TABS 300mg	4	NDS NM PA
KUVAN PACK 100mg, 500mg; TABS 100mg	4	NDS NM PA
LAMZEDE SOLR 10mg	4	NDS NM PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml, 200mg/ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	4	NDS NM 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
<i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg	4	NDS NM PA
<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
MIPLYFFA CAPS 47mg, 62mg, 93mg, 124mg QL (90 caps / 30 days)	4	NDS QL NM PA
MYALEPT SOLR 11.3mg	4	NDS NM PA
MYCAPSSA CPDR 20mg QL (112 caps / 28 days)	4	NDS QL NM PA
MYFEMBREE TAB	4	NDS PA
NAGLAZYME SOLN 1mg/ml	4	NDS NM PA
NEXVIAZYME SOLR 100mg	4	NDS NM PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	4	NDS NM PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	4	NDS NM PA
NITYR TABS 2mg, 5mg, 10mg	4	NDS NM PA
NORDITROPIN FLEXPROM SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	4	NDS NM PA
NOVAREL SOLR 5000unit	3	NM PA
NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml	4	NDS NM PA
NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml	4	NDS NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN LAR DEPOT) KIT 20mg, 30mg	4	NDS NM 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 PA
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	4	NDS NM PA
OPFOLDA CAPS 65mg QL (8 caps / 28 days)	3	QL NM PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	4	NDS NM PA
ORIAHNN CAP	4	NDS PA
ORILISSA TABS 150mg, 200mg	4	NDS PA
OSPHENA TABS 60mg	3	PA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	4	NDS NM PA
PHEBURANE PLLT 483mg/gm	4	NDS NM PA
POMBILITI SOLR 105mg	4	NDS NM PA
PREGNYL W/DILUENT BENZYL SOLR 10000unit	3	NM PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	4	NDS NM PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1	
RAVICTI LIQD 1.1gm/ml	4	NDS NM PA
RECORLEV TABS 150mg QL (240 tabs / 30 days)	4	NDS QL NM PA
REVCIVI SOLN 2.4mg/1.5ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SAMSCA TABS 15mg, 30mg	4	NDS NM 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 PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	4	NDS NM PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	4	NDS NM PA
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	4	NDS NM 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 PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	4	NDS NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	4	NDS NM PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	4	NDS NM PA
SYNAREL SOLN 2mg/ml	4	NDS PA
TEPEZZA SOLR 500mg	4	NDS NM PA
<i>tolvaptan</i> (generic of SAMSCA) TABS 15mg, 30mg	4	NDS NM PA
VEOZAH TABS 45mg	3	PA

Drug Name	Drug Requirements/ Tier	Limits
VIJOICE PACK 50mg QL (28 packets / 28 days)	4	NDS QL NM PA
VIJOICE TBPK 50mg, 125mg QL (28 tabs / 28 days)	4	NDS QL NM PA
VIJOICE TAB 250MG QL (56 tabs / 28 days)	4	NDS QL NM PA
VIMIZIM SOLN 5mg/5ml	4	NDS NM PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	4	NDS NM PA
VPRIV SOLR 400unit	4	NDS NM PA
XENPOZYME SOLR 4mg, 20mg	4	NDS NM PA
<i>yargesa</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
ZAVESCA CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
ZOMACTON SOLR 5mg	3	NM PA
ZOMACTON SOLR 10mg	4	NDS NM PA
PROGESTINS		
CRINONE GEL 4%, 8%	3	PA
<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1	
PROMETRIUM CAPS 100mg, 200mg	3	
PROVERA TABS 2.5mg, 5mg, 10mg	3	
THYROID AGENTS		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3	
ERMEZA SOLN 150mcg/5ml	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	ST
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	
THYQUIDITY SOLN 100mcg/5ml	3	
TIROSINT CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	ST

Drug Name	Drug Requirements/ Tier	Limits
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	
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
<i>paricalcitol</i> CAPS 4mcg	1	B/D
RAYALDEE CPCR 30mcg	4	NDS
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D
ZEMPLAR CAPS 1mcg, 2mcg	3	B/D
GASTROINTESTINAL ANTIEMETICS		
AKYNZEO CAP 300-0.5	3	B/D
AKYNZEO INJ 235-0.25	3	NM
AKYNZEO INJ 235-0.25MG/20ML	3	NM
ANTIVERT CHEW 25mg QL (120 tabs / 30 days)	3	QL PA
ANTIVERT TABS 50mg QL (60 tabs / 30 days)	3	QL PA
APONVIE EMUL 32mg/4.4ml	3	
<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D
<i>aprepitant</i> (generic of EMEND BIPACK) CAPS 80mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
BONJESTA TAB 20-20MG	3	
CINVANTI EMUL 130mg/18ml	3	
<i>compro SUPP 25mg</i>	1	
DICLEGIS TAB 10-10MG	3	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg (generic of DICLEGIS)</i>	3	
<i>dronabinol CAPS 2.5mg, 5mg, 10mg</i> QL (60 caps / 30 days)	1	B/D QL
EMEND SOLR 150mg	3	
EMEND SUSR 125mg/5ml	4	NDS B/D
EMEND BIPACK CAPS 80mg	3	B/D
EMEND TRIPAC PAK 125 & 80	3	B/D
FOCINVEZ SOLN 150mg/50ml	3	
<i>fosaprepitant dimeglumine (generic of EMEND) SOLR 150mg</i>	1	
GIMOTI SOLN 15mg/act	4	NDS PA
<i>granisetron hcl SOLN 1mg/ml, 4mg/4ml</i>	1	
<i>granisetron hcl TABS 1mg</i>	1	B/D
MARINOL CAPS 2.5mg	3	B/D QL
QL (60 caps / 30 days)		
MARINOL CAPS 5mg, 10mg	4	NDS B/D QL
QL (60 caps / 30 days)		
<i>meclizine hcl TABS 12.5mg, 25mg</i>	1	
<i>meclizine hcl TABS 50mg</i> QL (60 tabs / 30 days)	1	QL PA
<i>metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TBDP 5mg</i>	1	
<i>metoclopramide hcl (generic of REGLAN) TABS 5mg, 10mg</i>	1	
<i>ondansetron TBDP 4mg, 8mg, 16mg</i>	1	B/D
<i>ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml</i>	1	
<i>ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg</i>	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>palonosetron hcl SOLN .25mg/5ml; SOSY .25mg/5ml</i>	1	
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3	
PHENERGAN SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
POSFREA SOLN .25mg/5ml	3	
<i>prochlorperazine SUPP 25mg</i>	1	
<i>prochlorperazine edisylate SOLN 10mg/2ml</i>	1	
<i>prochlorperazine maleate TABS 5mg, 10mg</i>	1	
<i>promethazine hcl SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg</i> PA applies if 70 years and older after a 30 day supply in a calendar year	1	PA
<i>promethazine hcl (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml</i> PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA
<i>promethazine hcl SUPP 12.5mg, 25mg</i> PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
<i>promethegan SUPP 12.5mg, 25mg, 50mg</i> PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
REGLAN TABS 5mg, 10mg	3	
SANCUSO PTCH 3.1mg/24hr QL (4 patches / 28 days)	4	NDS 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
scopolamine PT72 1mg/3days QL (10 patches / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	3	QL PA
SUSTOL PRSY 10mg/0.4ml	3	
trimethobenzamide hcl CAPS 300mg	1	
VARUBI TBPB 90mg	3	B/D NM
ANTISPASMODICS		
atropine sulfate (generic of ATROPINE SULFATE) SOSY 1mg/10ml	3	
atropine sulfate SOSY .25mg/5ml	3	
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3	
BENTYL SOLN 10mg/ml	3	
CUVPOSA SOLN 1mg/5ml	3	
dicyclomine hcl CAPS 10mg; TABS 20mg	2	
dicyclomine hcl SOLN 10mg/5ml	3	
dicyclomine hcl (generic of BENTYL) SOLN 10mg/ml	3	
GLYCATE TABS 1.5mg QL (90 tabs / 30 days)	4	NDS QL PA
glycopyrrolate SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml	1	
GLYCOPYRROLATE TABS 1.5mg QL (90 tabs / 30 days)	4	NDS QL PA
glycopyrrolate TABS 1mg QL (90 tabs / 30 days)	1	QL
glycopyrrolate TABS 2mg QL (120 tabs / 30 days)	1	QL
glycopyrrolate (oral) (generic of CUVPOSA) SOLN 1mg/5ml	1	
methscopolamine bromide TABS 2.5mg, 5mg PA applies if 70 years and older	3	PA

Drug Name	Drug Requirements/ Tier	Limits
H2-RECEPTOR ANTAGONISTS		
cimetidine TABS 200mg, 300mg, 400mg, 800mg	1	
cimetidine hcl SOLN 300mg/5ml QL (1200 mL / 30 days)	1	QL
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1	
famotidine (generic of PEPCID) TABS 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
nizatidine CAPS 150mg, 300mg	1	
PEPCID TABS 20mg, 40mg	3	
INFLAMMATORY BOWEL DISEASE		
APRISO CP24 .375gm QL (120 caps / 30 days)	3	QL
AZULFIDINE TABS 500mg	3	
AZULFIDINE EN-TABS TBEC 500mg	3	
balsalazide disodium (generic of COLAZAL) CAPS 750mg	1	
budesonide CPEP 3mg QL (90 caps / 30 days)	1	QL PA
budesonide (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
budesonide (intrarectal) (generic of UCERIS) FOAM 2mg	1	
CANASA SUPP 1000mg QL (30 suppositories / 30 days)	4	NDS QL
COLAZAL CAPS 750mg	4	NDS
CORTENEMA ENEM 100mg/60ml	3	
DIPENTUM CAPS 250mg	4	NDS
hydrocortisone (intrarectal) (generic of CORTENEMA) ENEM 100mg/60ml	1	
LIALDA TBEC 1.2gm QL (120 tabs / 30 days)	3	QL
mesalamine (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>mesalamine</i> CPCR 500mg QL (240 caps / 30 days)	1	QL
<i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days)	1	QL
<i>mesalamine</i> ENEM 4gm QL (1680 mL / 28 days)	1	QL
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	1	QL
<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 QL (28 bottles / 28 days)	1	QL
PENTASA CPCR 250mg QL (480 caps / 30 days)	3	QL
PENTASA CPCR 500mg QL (240 caps / 30 days)	4	NDS QL
ROWASA KIT 4gm QL (28 bottles / 28 days)	4	NDS QL
SFROWASA ENEM 4gm/60ml QL (1680 mL / 28 days)	4	NDS QL
<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/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>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
GOLYTELY SOL	3	

Drug Name	Drug Requirements/ Tier	Limits
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	
<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	
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	3	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	1	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 PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
CARAFATE SUSP 1gm/10ml QL (1200 mL / 30 days)	3	QL PA
CARAFATE TABS 1gm	3	
CHOLBAM CAPS 50mg, 250mg	4	NDS NM PA
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
<i>cromolyn sodium</i> (<i>mastocytosis</i>) (generic of GASTROCROM) CONC 100mg/5ml	1	
CYTOTEC TABS 100mcg, 200mcg	3	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	3	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg (generic of LOMOTIL)	2	
EOHILIA SUSP 2mg/10ml QL (600 mL / 30 days)	4	NDS QL PA
GASTROCROM CONC 100mg/5ml	4	NDS
GATTEX KIT 5mg	4	NDS NM PA
HELIDAC MIS THERAPY	4	NDS
IBSRELA TABS 50mg QL (60 tabs / 30 days)	4	NDS QL PA
IQIRVO TABS 80mg QL (30 tabs / 30 days)	4	NDS QL NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	2	QL
LIVDELZI CAPS 10mg QL (30 caps / 30 days)	4	NDS QL NM PA
LIVMARLI SOLN 9.5mg/ml, 19mg/ml	4	NDS NM PA
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

Drug Name	Drug Requirements/ Tier	Limits
<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
OALIVA TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
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	
<i>prucalopride succinate</i> (generic of MOTEGRITY) TABS 1mg, 2mg	1	
PYLERA CAP	3	
REBYOTA SUSP 150ml QL (150 mL / 30 days)	4	NDS QL NM 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 PA
<i>sucrafate</i> (generic of CARAFATE) SUSP 1gm/10ml QL (1200 mL / 30 days)	1	QL PA
<i>sucrafate</i> (generic of CARAFATE) TABS 1gm	1	
SYMPROIC TABS .2mg QL (30 tabs / 30 days)	3	QL
TALICIA CAP	3	

Drug Name	Drug Requirements/ Tier	Limits
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; TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
VIBERZI TABS 75mg, 100mg	4	NDS PA
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	4	NDS
VOQUEZNA PAK DUAL PAK QL (2 kits / year)	3	QL
VOQUEZNA PAK TRIP PK QL (2 kits / year)	3	QL
VOWST CAP QL (12 caps / 30 days)	4	NDS QL NM PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	4	NDS QL NM PA
XIFAXAN TABS 550mg	4	NDS PA
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
PROTON PUMP INHIBITORS		
DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days)	3	QL
<i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg QL (30 caps / 30 days)	1	QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	1	QL ST
<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 2.5mg, 5mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	1	QL
<i>esomeprazole sodium</i> SOLR 40mg	1	
KONVOMEPSUS 2-84/ML QL (600 mL / 30 days)	3	QL PA
<i>lansoprazole</i> CPDR 15mg QL (60 caps / 30 days)	1	QL
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	1	QL
<i>lansoprazole</i> (generic of PREVACID SOLUTAB) TBDD 15mg, 30mg QL (60 tabs / 30 days)	1	QL ST
NEXIUM CPDR 20mg, 40mg QL (30 caps / 30 days)	3	QL ST
NEXIUM PACK 2.5mg, 5mg	3	
NEXIUM PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	3	QL
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>omeprazole-sodium</i> <i>bicarbonate cap 20-1100 mg</i> QL (30 caps / 30 days)	4	NDS QL PA
<i>omeprazole-sodium</i> <i>bicarbonate cap 40-1100 mg</i> QL (30 caps / 30 days)	4	NDS QL PA
<i>omeprazole-sodium</i> <i>bicarbonate powd pack for</i> <i>susp 20-1680 mg</i> QL (30 packets / 30 days)	4	NDS QL PA
<i>omeprazole-sodium</i> <i>bicarbonate powd pack for</i> <i>susp 40-1680 mg</i> QL (30 packets / 30 days)	4	NDS QL PA
PANTOPR/NAACL SOL 40MG/100	3	
PANTOPR/NAACL SOL 80MG/100	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>pantoprazole sodium</i> (generic of PROTONIX) PACK 40mg QL (30 packets / 30 days)	1	QL ST
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1	
PANTOPRAZOLE SOL 40/50ML	3	
PREVACID CPDR 30mg QL (60 caps / 30 days)	3	QL
PREVACID SOLUTAB 15mg, 30mg QL (60 tabs / 30 days)	3	QL ST
PRILOSEC PACK 2.5mg, 10mg	3	PA
PROTONIX PACK 40mg QL (30 packets / 30 days)	3	QL ST
PROTONIX SOLR 40mg; TBEC 20mg, 40mg	3	
<i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg QL (30 tabs / 30 days)	1	QL
VOQUEZNA TABS 10mg QL (30 tabs / 30 days)	3	QL
VOQUEZNA TABS 20mg QL (60 tabs / 30 days)	3	QL
ZEGERID CAP 20-1100 QL (30 caps / 30 days)	4	NDS QL PA
ZEGERID CAP 40-1100 QL (30 caps / 30 days)	4	NDS QL PA
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	1	QL
CARDURA XL TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL ST
CIALIS TABS 5mg QL (30 tabs / 30 days)	3	QL PA
<i>dutasteride</i> (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	1	QL
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg QL (30 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
ENTADFI CAP 5-5MG QL (30 caps / 30 days)	3	QL PA
<i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	1	QL
FLOMAX CAPS .4mg QL (60 caps / 30 days)	3	QL
PROSCAR TABS 5mg QL (30 tabs / 30 days)	3	QL
RAPAFLO CAPS 4mg, 8mg QL (30 caps / 30 days)	3	QL
<i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg QL (30 caps / 30 days)	1	QL
<i>tadalafil</i> (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)	1	QL PA
<i>tamsulosin hcl</i> CAPS .4mg QL (60 caps / 30 days)	1	QL
UROXATRAL TB24 10mg QL (30 tabs / 30 days)	3	QL
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg QL (90 caps / 30 days)	4	NDS QL
FILSPARI TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL NM PA
INTRAROSA INST 6.5mg	3	PA
LITHOSTAT TABS 250mg	3	
<i>neomycin-polymyxin b gu irrigation soln</i>	1	
OXLUMO SOLN 94.5mg/0.5ml	4	NDS NM PA
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	
<i>potassium citrate (alkalinizer)</i> TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
RIMSO-50 SOLN 50%	3	
RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml	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
TARPEYO CPDR 4mg QL (120 caps / 30 days)	4	NDS QL NM PA
THIOLA TABS 100mg	4	NDS NM
THIOLA EC TBEC 100mg, 300mg	4	NDS NM
<i>tiopronin</i> (generic of THIOLA) TABS 100mg	4	NDS NM
<i>tiopronin</i> (generic of THIOLA EC) TBEC 100mg, 300mg	4	NDS NM
UROCIT-K 5 TBCR 540mg	3	
UROCIT-K 10 TBCR 1080mg	3	
UROCIT-K 15 TBCR 15meq	3	
<i>venxxiva</i> (generic of THIOLA EC) TBEC 100mg, 300mg	4	NDS NM
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg QL (30 tabs / 30 days)	1	QL ST
DETROL TABS 1mg, 2mg QL (60 tabs / 30 days)	3	QL
DETROL LA CP24 2mg, 4mg QL (30 caps / 30 days)	3	QL ST
<i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg QL (30 tabs / 30 days)	1	QL
GEMTESA TABS 75mg QL (30 tabs / 30 days)	3	QL
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	3	QL
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
<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

Drug Name	Drug Requirements/ Tier	Limits
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> CP24 2mg, 4mg QL (30 caps / 30 days)	1	QL ST
<i>tolterodine tartrate</i> TABS 1mg QL (60 tabs / 30 days)	1	QL
<i>tolterodine tartrate</i> (generic of DETROL) TABS 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</i> vaginal (generic of CLEOCIN) CREA 2%	1	
CLINDESSE CREA 2%	3	
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>miconazole</i> 3 SUPP 200mg	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
VANDAZOLE 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

Drug Name	Drug Requirements/ Tier	Limits
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	1	QL
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 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	
FRAGMIN SOLN 95000unit/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	

Drug Name	Drug Requirements/ Tier	Limits
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; SOSY 30mg/0.3ml, 40mg/0.4ml	3	
LOVENOX SOSY 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
<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

Drug Name	Drug Requirements/ Tier	Limits
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 PA
NEULASTA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
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

Drug Name	Drug Requirements/ Tier	Limits
plerixafor (generic of MOZOBIL) SOLN 24mg/1.2ml	4	NDS NM PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	4	NDS NM PA
RELEUKO SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	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 PA
STIMUFEND SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM 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
UDENYCA ONBODY SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
XOLREMDI CAPS 100mg QL (120 caps / 30 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
MISCELLANEOUS		
ADAKVEO SOLN 100mg/10ml	4	NDS NM PA
ADZYNMA KIT 500unit, 1500unit	4	NDS NM PA
AGRYLIN CAPS .5mg	3	

Drug Name	Drug Requirements/ Tier	Limits
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<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 PA
CABLIVI KIT 11mg	4	NDS NM PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit QL (20 vials / 30 days)	4	NDS QL NM PA
DOPTLET TABS 20mg	4	NDS NM PA
EMPAVELI SOLN 1080mg/20ml QL (200 mL / 30 days)	4	NDS QL NM PA
ENDARI PACK 5gm	4	NDS NM PA
ENJAYMO SOLN 1100mg/22ml	4	NDS NM PA
FABHALTA CAPS 200mg QL (60 caps / 30 days)	4	NDS QL NM PA
FIRAZYR SOSY 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM PA
GIVLAARI SOLN 189mg/ml	4	NDS NM PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	4	NDS QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	4	NDS QL NM 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 PA
<i>L-glutamine (sickle cell)</i> (generic of ENDARI) PACK 5gm	4	NDS NM PA
MULPLETA TABS 3mg	4	NDS NM PA
ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days)	4	NDS QL NM PA
<i>pentoxifylline</i> TBCR 400mg	1	

Drug Name	Drug Requirements/ Tier	Limits
PIASKY SOLN 340mg/2ml	4	NDS NM PA
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	4	NDS QL NM PA
PROMACTA PACK 25mg QL (180 packets / 30 days)	4	NDS QL NM PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	4	NDS QL NM PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	4	NDS QL NM PA
PYRUKYND TABS 5mg, 20mg, 50mg QL (56 tabs / 28 days)	4	NDS QL NM PA
PYRUKYND TAB 20MGX5MG QL (14 tabs / 14 days)	4	NDS QL NM PA
PYRUKYND TAB 50MGX20M QL (14 tabs / 14 days)	4	NDS QL NM PA
PYRUKYND TAPER PACK TBPk 5mg QL (7 tabs / 7 days)	4	NDS QL NM PA
REBLOZYL SOLR 25mg, 75mg	4	NDS NM PA
RUCONEST SOLR 2100unit QL (12 vials / 30 days)	4	NDS QL NM PA
RYTELO SOLR 47mg, 188mg	4	NDS NM PA
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM PA
SIKLOS TABS 100mg	3	
SIKLOS TABS 1000mg	4	NDS
SOLIRIS SOLN 300mg/30ml	4	NDS NM PA
TAKHZYRO SOLN 300mg/2ml QL (2 vials / 28 days)	4	NDS QL NM PA
TAKHZYRO SOSY 150mg/ml, 300mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM PA
TAVALISSE TABS 100mg, 150mg QL (60 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	4	NDS QL NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1	
<i>tranexamic acid</i> TABS 650mg	1	
<i>tranexamic acid-sodium chloride iv soln 1000 mg/100ml-0.7%</i> (generic of TRANEXAMIC ACID/SODIUM CH)	1	
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	4	NDS NM PA
VOYDEYA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA
VOYDEYA TAB 50-100MG QL (180 tabs / 30 days)	4	NDS QL NM PA
ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml QL (28 syringes / 28 days)	4	NDS QL NM PA
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	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 applies 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	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM PA
ACTEMRA SOSY 162mg/0.9ml QL (4 syringes / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
ACTEMRA ACTPEN SOAJ 162mg/0.9ml QL (4 pens / 28 days)	4	NDS QL NM PA
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	4	NDS QL NM PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml QL (56 syringes / 365 days)	4	NDS QL NM PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml QL (2 packs / year)	4	NDS QL NM PA
ADBRY SOAJ 300mg/2ml QL (28 injectors / 365 days)	4	NDS QL NM PA
ADBRY SOSY 150mg/ml QL (56 syringes / 365 days)	4	NDS QL NM PA
AVSOLA SOLR 100mg	4	NDS NM PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 auto-injectors / 28 days)	4	NDS QL NM PA
BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM PA
CIBINQO TABS 50mg, 100mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA
CIMZIA KIT 200mg; PSKT 200mg/ml QL (2 kits / 28 days)	4	NDS QL NM PA
CIMZIA STARTER KIT PSKT 200mg/ml QL (2 kits / year)	4	NDS QL NM PA
COSENTYX SOLN 125mg/5ml	4	NDS NM PA
COSENTYX SOSY 75mg/0.5ml QL (16 syringes / 365 days)	4	NDS QL NM PA
COSENTYX SOSY 150mg/ml QL (32 syringes / 365 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
COSENTYX SENSOREADY PEN SOAJ 150mg/ml QL (32 pens / 365 days)	4	NDS QL NM PA
COSENTYX UNOREADY SOAJ 300mg/2ml QL (16 pens / 365 days)	4	NDS QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	4	NDS QL NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	4	NDS QL NM PA
EBGLYSS SOAJ 250mg/2ml QL (20 pens / 365 days)	4	NDS QL NM PA
EBGLYSS SOSY 250mg/2ml QL (20 syringes / 365 days)	4	NDS QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	4	NDS QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	4	NDS QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	4	NDS QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	4	NDS QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	4	NDS QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	4	NDS QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	4	NDS QL NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	4	NDS QL NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	4	NDS QL NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	4	NDS QL NM PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA
IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	4	NDS QL NM PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	4	NDS QL NM PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	4	NDS QL NM PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	4	NDS QL NM PA
ILUMYA SOSY 100mg/ml QL (6 syringes / 365 days)	4	NDS QL NM PA
INFLECTRA SOLR 100mg	4	NDS NM PA
INFLIXIMAB SOLR 100mg	4	NDS NM PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	4	NDS QL NM PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	4	NDS QL NM PA
KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days)	4	NDS QL NM PA
LITFULO CAPS 50mg QL (28 caps / 28 days)	4	NDS QL NM PA
NEMLUVIO AUIJ 30mg QL (2 pens / 28 days)	4	NDS QL NM PA
OLUMIANT TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	4	NDS QL NM PA
OMVOH SOAJ 100mg/ml QL (2 auto-injectors / 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
OMVOH SOLN 300mg/15ml	4	NDS NM PA
OMVOH SOSY 100mg/ml QL (2 syringes / 28 days)	4	NDS QL NM PA
ORENCIA SOLR 250mg	4	NDS NM PA
ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml QL (4 syringes / 28 days)	4	NDS QL NM PA
ORENCIA CLICKJECT SOAJ 125mg/ml QL (4 autoinjectors / 28 days)	4	NDS QL NM PA
OTEZLA TABS 20mg, 30mg QL (60 tabs / 30 days)	4	NDS QL NM PA
OTEZLA TAB 10/20 QL (110 tabs / year)	4	NDS QL NM PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	4	NDS QL NM PA
REMICADE SOLR 100mg	4	NDS NM PA
RENFLEXIS SOLR 100mg	4	NDS NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	4	NDS QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	4	NDS QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	4	NDS QL NM PA
SILIQ SOSY 210mg/1.5ml QL (3 syringes / 28 days)	4	NDS QL NM PA
SIMPONI SOAJ 50mg/0.5ml QL (6 autoinjectors / 28 days)	4	NDS QL NM PA
SIMPONI SOAJ 100mg/ml QL (3 autoinjectors / 28 days)	4	NDS QL NM PA
SIMPONI SOSY 50mg/0.5ml QL (6 syringes / 28 days)	4	NDS QL NM PA
SIMPONI SOSY 100mg/ml QL (3 syringes / 28 days)	4	NDS QL NM PA
SIMPONI ARIA SOLN 50mg/4ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	4	NDS QL NM PA
SKYRIZI SOLN 600mg/10ml	4	NDS NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	4	NDS QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	4	NDS QL NM PA
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SPEVIGO SOLN 450mg/7.5ml	4	NDS NM PA
SPEVIGO SOSY 150mg/ml QL (28 syringes / 365 days)	4	NDS QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	4	NDS QL NM PA
STELARA SOLN 130mg/26ml	4	NDS NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	4	NDS QL NM PA
TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml QL (1 syringe / 28 days)	4	NDS QL NM PA
TOFIDENCE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM PA
TREMFYA SOAJ 100mg/ml, 200mg/2ml QL (1 pen / 28 days)	4	NDS QL NM PA
TREMFYA SOLN 200mg/20ml	4	NDS NM PA
TREMFYA SOSY 100mg/ml, 200mg/2ml QL (1 syringe / 28 days)	4	NDS QL NM PA
TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	4	NDS QL NM PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	4	NDS QL NM PA
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	4	NDS QL NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	4	NDS QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	4	NDS QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ARAVA TABS 10mg, 20mg QL (30 tabs / 30 days)	4	NDS QL
<i>hydroxychloroquine sulfate</i> TABS 100mg, 300mg, 400mg	1	
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	3	B/D
<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
SOVUNA TABS 200mg, 300mg	3	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D
XATMEP SOLN 2.5mg/ml	3	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
BIVIGAM SOLN 5gm/50ml, 10%	4	NDS NM PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	4	NDS NM PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	4	NDS NM PA
CYTOGAM SOLN 50mg/ml	4	NDS B/D NM
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	4	NDS NM PA
GAMASTAN INJ	3	B/D NM
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
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 PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA
HEPAGAM B SOLN 312unit/ml	4	NDS B/D NM
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NDS NM PA
HYQVIA INJ 2.5-200	4	NDS NM PA
HYQVIA INJ 5-400	4	NDS NM PA
HYQVIA INJ 10-800	4	NDS NM PA
HYQVIA INJ 20-1600	4	NDS NM PA
HYQVIA INJ 30-2400	4	NDS NM 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

Drug Name	Drug Requirements/ Tier	Limits
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 PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	4	NDS NM PA
ARCALYST SOLR 220mg	4	NDS NM PA
GRASTEK SUBL 2800bau	3	PA
ILARIS SOLN 150mg/ml	4	NDS NM PA
JOENJA TABS 70mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ODACTRA SUB	3	PA
PALFORZIA CAP ESCALAT	4	NDS NM PA
PALFORZIA CAP LEVEL 3	4	NDS NM PA
PALFORZIA CAP LEVEL 7	4	NDS NM PA
PALFORZIA CAP LEVEL 8	4	NDS NM PA
PALFORZIA CAP LEVEL 10	4	NDS NM PA
PALFORZIA LEVEL 1 CSPK 1mg	4	NDS NM PA
PALFORZIA LEVEL 2 CSPK 1mg	4	NDS NM PA
PALFORZIA LEVEL 4 CSPK 20mg	4	NDS NM PA
PALFORZIA LEVEL 5 CSPK 20mg	4	NDS NM PA
PALFORZIA LEVEL 6 CSPK 20mg	4	NDS NM PA
PALFORZIA LEVEL 9 CSPK 100mg	4	NDS NM PA
PALFORZIA LEVEL 11 (MAINT PACK 300mg)	4	NDS NM PA
PALFORZIA LEVEL 11 (TITRA PACK 300mg)	4	NDS NM PA
RAGWITEK SUBL 12amba1-u	3	PA
RYSTIGGO SOLN 280mg/2ml, 420mg/3ml, 560mg/4ml, 840mg/6ml	4	NDS NM PA
VYVGART SOLN 400mg/20ml	4	NDS NM PA
VYVGART INJ HYTRULO	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	4	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
ATGAM SOLN 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
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA
BENLYSTA SOLR 120mg, 400mg	4	NDS NM PA
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	4	NDS B/D NM
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg	1	B/D NM
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
cyclosporine modified (for microemulsion) CAPS 50mg	1	B/D NM
ENVARUSUS XR TB24 4mg	4	NDS B/D NM
ENVARUSUS XR TB24 .75mg, 1mg	3	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	4	NDS B/D NM
gengraf (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 PA
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	4	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits
<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
MYHIBBIN SUSP 200mg/ml	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
PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg	3	B/D NM
RAPAMUNE TABS 1mg, 2mg	4	NDS B/D NM
REZUROCK TABS 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml	3	B/D NM
SANDIMMUNE CAPS 100mg	4	NDS B/D NM
SAPHNELO SOLN 300mg/2ml	4	NDS NM PA
<i>sirolimus</i> SOLN 1mg/ml	4	NDS B/D NM
<i>sirolimus</i> 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	
DENG VAXIA 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	

Drug Name	Drug Requirements/ Tier	Limits
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	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	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	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD 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
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	

Drug Name	Drug Requirements/ Tier Limits
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1
VARIVAX SUSR 1350pfu/0.5ml	1
VAXCHORA SUS	1
YF-VAX INJ	1
NUTRITIONAL/SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE	
D2.5W/NACL INJ 0.45%	3
D5W/LYTES INJ #48	3
D10W/NACL INJ 0.2%	2
dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)	1
dextrose 5% in lactated ringers	1
dextrose 5% w/ sodium chloride 0.2%	1
dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)	1
dextrose 5% w/ sodium chloride 0.9%	1
dextrose 5% w/ sodium chloride 0.45%	1
dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)	1
dextrose 10% w/ sodium chloride 0.45%	1
ISOLYTE-P INJ /D5W	3
ISOLYTE-S INJ	3
ISOLYTE-S INJ PH 7.4	3
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1

Drug Name	Drug Requirements/ Tier Limits
kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1
kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1
kcl 20 meq/l (0.149%) in nacl 0.45% inj	1
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)	1
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1
kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1
KCL/D5W/LACT INJ 20MEQ/L	3
KCL/D5W/NACL INJ 0.3/0.9% lactated ringer's solution	3 1
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2
magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2
magnesium sulfate SOLN 50%	2
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)	2
MG SO4/D5W INJ 10MG/ML	2
multiple electrolytes ph 5.5	1
multiple electrolytes ph 7.4 (generic of PLASMA-LYTE A)	1
PLASMA-LYTE INJ -148	3
PLASMA-LYTE INJ -A	3

Drug Name	Drug Requirements/ Tier	Limits
POT CHL 20MEQ/L IN NACL 0.9% INJ	3	
POT CHL 20MEQ/L IN NACL 0.45% INJ	3	
POT CHL 40MEQ/L IN NACL 0.9% INJ	3	
<i>potassium chloride</i> SOLN 2meq/ml	1	
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, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1	
<i>potassium chloride</i> 20 meq/l (0.15%) in dextrose 5% inj	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	
POKONZA PACK 10meq	3	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 15meq, 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	
WESTAB PLUS TAB 27-1MG	2	
IV NUTRITION		
CLINIMIX E INJ 2.75/D5W	3	B/D
CLINIMIX E INJ 4.25/D5W	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
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
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</i> 15%	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
KABIVEN EMU	4	NDS 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</i> 1%	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neo-polycin hc ophth oint</i> 1%	1	
<i>neomycin-polymyxin-dexamethasone ophth oint</i> 0.1% (generic of MAXITROL)	1	
<i>neomycin-polymyxin-dexamethasone ophth susp</i> 0.1% (generic of MAXITROL)	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln</i> 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
<i>bacitracin (ophthalmic) 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>levofloxacin (ophth) SOLN 1.5%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i> QL (12 mL / 30 days)	1	QL
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i> QL (12 mL / 30 days)	1	QL
<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) (generic of OCUFLOX) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
TOBREX OINT .3%	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>trifluridine SOLN 1%</i>	1	
VIGAMOX SOLN .5% QL (12 mL / 30 days)	3	QL
XDEMVIY SOLN .25%	4	NDS NM PA
ZIRGAN GEL .15%	3	
ANTI-INFLAMMATORIES		
ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
ACUVAIL SOLN .45%	3	
ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth) (generic of PROLENSA) SOLN .07%</i>	1	
<i>bromfenac sodium (ophth) SOLN .09%</i>	1	
<i>bromfenac sodium (ophth) (generic of BROMSITE) SOLN .075%</i>	1	
BROMSITE SOLN .075%	3	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	
DEXYCU SUSP 9%	3	
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	
<i>difluprednate (generic of DUREZOL) EMUL .05%</i>	1	
DUREZOL EMUL .05%	3	
FLAREX SUSP .1%	3	
<i>fluorometholone (ophth) (generic of FML LIQUIFILM) SUSP .1%</i>	1	
<i>flurbiprofen sodium SOLN .03%</i>	1	
FML FORTE SUSP .25%	3	
FML LIQUIFILM SUSP .1%	3	
ILEVRO SUSP .3%	3	
INVELTYS SUSP 1%	3	
<i>ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%</i>	1	
<i>ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%</i>	1	
LOTEMAX GEL .5%; SUSP .5%	3	
LOTEMAX OINT .5%	2	

Drug Name	Drug Requirements/ Tier Limits
LOTEMAX SM GEL .38%	2
<i>loteprednol etabonate</i> (generic of LOTEMAX) GEL .5%; SUSP .5%	1
<i>loteprednol etabonate</i> (generic of ALREX) SUSP .2%	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 PHOSP SOLN 1%	2
PROLENSA SOLN .07%	3
TRIESENCE SUSP 40mg/ml	3 PA
XIPERE SUSP 40mg/ml	3 NM PA
YUTIQ IMPL .18mg	4 NDS NM
ANTIALLERGICS	
<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
ANTIGLAUCOMA	
ALPHAGAN P SOLN .1%, .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> (generic of ALPHAGAN P) SOLN .1%, .15%	1
<i>brimonidine tartrate</i> SOLN .2%	1
<i>brimonidine tartrate-timolol maleate ophth soln</i> 0.2-0.5% (generic of COMBIGAN)	1

Drug Name	Drug Requirements/ Tier Limits
<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
IYUZEH SOLN .005%	3 ST
<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 NM
<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 hemihydrate (ophth)</i> (generic of BETIMOL) SOLN .5%	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 OCUDOSE SOLN .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

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
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 PA
BYOOVIZ SOLN .5mg/0.05ml	4	NDS NM PA
CEQUA SOLN .09%	3	QL PA
QL (60 single use vials / 30 days)		
CIMERLI SOLN .3mg/0.05ml	3	NM PA
CIMERLI SOLN .5mg/0.05ml	4	NDS NM PA
CYSTADROPS SOLN .37%	4	NDS NM PA
CYSTARAN SOLN .44%	4	NDS NM PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	4	NDS NM PA
EYLEA HD SOLN 8mg/0.07ml	4	NDS NM PA
EYSUVIS SUSP .25%	3	
IZERVAY SOLN 2mg/0.1ml	4	NDS NM PA
LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	4	NDS NM PA
MIEBO SOLN 1.338gm/ml	2	
OXERVATE SOLN .002%	4	NDS QL NM PA
QL (112 mL / year)		
PAVBLU SOSY 2mg/0.05ml	4	NDS NM 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 PA
SYFOVRE SOLN 15mg/0.1ml	4	NDS NM PA
TYRVAYA SOLN .03mg/act	3	PA
VABYSMO SOLN 6mg/0.05ml; SOSY 6mg/0.05ml	4	NDS NM PA
VEVYE SOLN .1%	4	NDS PA
XIIDRA SOLN 5%	2	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
CIPRO HC SUS OTIC	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>ciprofloxacin hcl (otic)</i> (generic of CETRAXAL) SOLN .2%	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
DERMOTIC OIL .01%	3	
<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	
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

Drug Name	Drug Requirements/ Tier	Limits
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	2	QL
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
TUDORZA PRESSAIR AEPB 400mcg/act QL (1 inhaler / 30 days)	3	QL
TUDORZA PRESSAIR (INSTITUTIONAL PACK) AEPB 400mcg/act QL (2 inhalers / 30 days)	3	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 applies if 70 years and older	2	PA
RYALTRIS SPR 665-25 QL (29 gm / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	1	
<i>carbinoxamine maleate</i> SOLN 4mg/5ml; TABS 4mg PA applies if 70 years and older	2	PA
CARBINOXAMINE MALEATE TABS 6mg PA applies if 70 years and older	3	PA
<i>cetirizine hcl</i> SOLN 5mg/5ml QL (300 mL / 30 days)	1	QL
CLARINEX TABS 5mg QL (30 tabs / 30 days)	3	QL
<i>clemastine fumarate</i> SYRP .67mg/5ml QL (1800 mL / 30 days)	4	NDS QL PA
<i>clemastine fumarate</i> TABS 2.68mg PA applies if 70 years and older	2	PA
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA applies if 70 years and older after a 30 day supply in a calendar year	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 applies if 70 years and older	3	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg, 100mg PA applies if 70 years and older after a 30 day supply in a calendar year	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> SOLN .6%	1	
QUZYTIR SOLN 10mg/ml QL (30 mL / 30 days)	4	NDS QL PA
<i>ryclora</i> SOLN 2mg/5ml PA applies if 70 years and older	1	PA
RYVENT TABS 6mg PA applies if 70 years and older	3	PA
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 Proventil 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> 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

Drug Name	Drug Requirements/ Tier	Limits
<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 RESPICLICK AEPB 108mcg/act QL (2 inhalers / 30 days)	3	QL
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	2	QL
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

Drug Name	Drug Requirements/ Tier	Limits
ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	4	NDS QL NM PA
ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	4	NDS QL NM PA
ARALAST NP SOLR 500mg, 1000mg	4	NDS NM PA
BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	4	NDS QL NM PA
CINQAIR SOLN 100mg/10ml <i>cromolyn sodium</i> NEBU 20mg/2ml	4 1	NDS NM PA 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
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	
ESBRIET CAPS 267mg QL (270 caps / 30 days)	4	NDS QL NM PA
ESBRIET TABS 267mg QL (270 tabs / 30 days)	4	NDS QL NM PA
ESBRIET TABS 801mg QL (90 tabs / 30 days)	4	NDS QL NM PA
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA
GLASSIA SOLN 1000mg/50ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	4	NDS QL NM PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	4	NDS QL NM PA
NUCALA SOAJ 100mg/ml QL (3 pens / 28 days)	4	NDS QL NM PA
NUCALA SOLR 100mg QL (3 vials / 28 days)	4	NDS QL NM PA
NUCALA SOSY 40mg/0.4ml QL (1 syringe / 28 days)	4	NDS QL NM PA
NUCALA SOSY 100mg/ml QL (3 syringes / 28 days)	4	NDS QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	4	NDS QL NM PA
OHTUVAYRE SUSP 3mg/2.5ml	4	NDS NM PA
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	4	NDS QL NM PA
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	4	NDS QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	4	NDS QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	4	NDS QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	4	NDS QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) CAPS 267mg QL (270 caps / 30 days)	4	NDS QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	4	NDS QL NM PA
<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	4	NDS QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	4	NDS NM PA
PULMOZYME SOLN 2.5mg/2.5ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	1	QL
<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	1	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	4	NDS QL NM PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	4	NDS QL NM PA
TEZSPIRE SOAJ 210mg/1.91ml QL (1 pen / 28 days)	4	NDS QL NM PA
TEZSPIRE SOSY 210mg/1.91ml QL (1 syringe / 28 days)	4	NDS QL NM PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	4	NDS QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	4	NDS QL NM PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	4	NDS QL NM PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	4	NDS QL NM PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	4	NDS QL NM PA
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	4	NDS QL NM PA
XOLAIR SOLR 150mg QL (8 vials / 28 days)	4	NDS QL NM PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	4	NDS QL NM PA
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	4	NDS NM PA
NASAL STEROIDS		
<i>flunisolide</i> (nasal) SOLN .025% QL (3 bottles / 30 days)	1	QL
<i>fluticasone propionate</i> (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	1	QL
<i>mometasone furoate</i> (nasal) SUSP 50mcg/act QL (2 inhalers / 30 days)	1	QL
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNASL AERS 80mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNASL CHILDRENS AERS 40mcg/act QL (1 inhaler / 30 days)	3	QL ST
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	3	QL PA
STERIOD INHALANTS		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	3	QL
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
ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh QL (2 inhalers / 30 days)	3	QL
ASMANEX TWISTHALER 30 MET AEPB 220mcg/inh QL (4 inhalers / 30 days)	3	QL
ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh QL (2 inhalers / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh QL (1 inhaler / 30 days)	3	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
<i>fluticasone propionate</i> (inhalation) AEPB 50mcg/act QL (180 inhalations / 30 days)	2	QL
<i>fluticasone propionate</i> (inhalation) AEPB 100mcg/act, 250mcg/act QL (240 inhalations / 30 days)	2	QL
<i>fluticasone propionate hfa</i> AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	2	QL
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	3	QL
PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days)	3	QL
QVAR REDHALER AERB 40mcg/act, 80mcg/act QL (2 inhalers / 30 days)	3	QL
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	3	QL PA
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

Drug Name	Drug Requirements/ Tier	Limits
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	2	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	2	QL
BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 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>breynga</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
<i>budesonide-formoterol</i> <i>fumarate dihyd aerosol 80-4.5</i> <i>mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
<i>budesonide-formoterol</i> <i>fumarate dihyd aerosol 160-</i> <i>4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	3	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	3	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	3	QL
<i>fluticasone-salmeterol aer</i> <i>powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
<i>fluticasone-salmeterol aer</i> <i>powder ba 250-50 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 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) QL (45 gm / 30 days)	1	QL PA
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> (generic of EPIDUO FORTE) QL (60 gm / 30 days)	1	QL PA
AKLIEF CREA .005% QL (45 gm / 30 days)	3	QL PA
ALTRENO LOTN .05% QL (45 gm / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	1	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 PA
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
CABTREO GEL QL (50 gm / 30 days)	4	NDS QL PA
<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% QL (100 gm / 30 days)	1	QL
<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% QL (100 gm / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> (generic of CLINDAGEL) GEL 1% QL (75 mL / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<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-benzoyl peroxide gel 1.2-3.75%</i> (generic of ONEXTON) QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> QL (60 gm / 30 days)	1	QL PA
<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% QL (60 gm / 30 days)	3	QL PA
EPIDUO GEL 0.1-2.5% QL (45 gm / 30 days)	3	QL PA
EPSOLAY CREA 5% QL (30 gm / 30 days)	3	QL PA
ery 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 1.2-5%</i> 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%, .06%, .1% QL (50 gm / 30 days)	3	QL PA
RETIN-A MICRO PUMP GEL .08% QL (50 gm / 30 days)	3	QL PA
<i>sulfacetamide sodium (acne)</i> (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
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1% QL (75 gm / 30 days)	1	QL
TWYNEO CRE 0.1-3% QL (30 gm / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
VELTIN GEL QL (60 gm / 30 days)	3	QL PA
WINLEVI CREA 1% QL (60 gm / 30 days)	3	QL PA
zenatane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ZIANA GEL QL (60 gm / 30 days)	3	QL PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1% QL (30 gm / 30 days)	1	QL
mupirocin OINT 2% QL (220 gm / 30 days)	1	QL
mupirocin calcium (topical) CREA 2% QL (30 gm / 30 days)	1	QL PA
SILVADENE CREA 1%	3	
silver sulfadiazine (generic of SILVADENE) CREA 1%	1	
ssd (generic of SILVADENE) CREA 1%	1	
SULFAMYLLON CREA 85mg/gm QL (453.6 gm / 30 days)	3	QL
DERMATOLOGY, ANTIFUNGALS		
ciclopirox GEL .77% QL (100 gm / 30 days)	1	QL
ciclopirox SHAM 1% QL (120 mL / 30 days)	1	QL
ciclopirox olamine CREA .77% QL (90 gm / 30 days)	1	QL
ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	1	QL
clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	1	QL
clotrimazole (topical) SOLN 1% QL (60 mL / 30 days)	1	QL
clotrimazole w/ betamethasone cream 1-0.05% QL (45 gm / 30 days)	1	QL
econazole nitrate CREA 1% QL (85 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
ERTACZO CREA 2% QL (60 gm / 30 days)	4	NDS QL ST
JUBLIA SOLN 10% QL (8 mL / 30 days)	4	NDS QL
ketoconazole (topical) CREA 2% QL (60 gm / 30 days)	1	QL
ketoconazole (topical) FOAM 2% QL (100 gm / 30 days)	1	QL PA
ketoconazole (topical) SHAM 2% QL (120 mL / 30 days)	1	QL
ketodan FOAM 2% QL (100 gm / 30 days)	1	QL PA
klayesta POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
luliconazole CREA 1% QL (60 gm / 30 days)	1	QL ST
LUZU CREA 1% QL (60 gm / 30 days)	3	QL ST
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35% QL (50 gm / 30 days)	1	QL PA
naftifine hcl CREA 1% QL (90 gm / 30 days)	1	QL
naftifine hcl CREA 2% QL (60 gm / 30 days)	1	QL
naftifine hcl (generic of NAFTIN) GEL 2% QL (60 gm / 30 days)	1	QL
NAFTIN GEL 2% QL (60 gm / 30 days)	3	QL
nyamyc POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	1	QL
nystatin (topical) POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
nystop POWD 100000unit/gm QL (60 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>oxiconazole nitrate</i> CREA 1% QL (90 gm / 30 days)	1	QL PA
OXISTAT LOTN 1% QL (60 mL / 30 days)	3	QL PA
<i>selenium sulfide</i> LOTN 2.5% VUSION OIN QL (50 gm / 30 days)	1	
	3	QL PA
ZORYVE FOAM .3% QL (60 gm / 30 days)	3	QL PA
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005% QL (120 gm / 30 days)	1	QL PA
CALCIPOTRIENE FOAM .005% QL (120 gm / 30 days)	4	NDS QL PA
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	1	QL PA
<i>calcipotriene-betamethasone dipropionate oint</i> 0.005- 0.064% QL (400 gm / 28 days)	1	QL PA
<i>calcipotriene-betamethasone dipropionate susp</i> 0.005- 0.064% (generic of TACLONEX) QL (420 gm / 28 days)	1	QL PA
<i>calcitrene</i> OINT .005% QL (120 gm / 30 days)	1	QL PA
<i>calcitriol (topical)</i> OINT 3mcg/gm QL (800 gm / 28 days)	1	QL PA
ENSTILAR AER QL (120 gm / 30 days)	4	NDS QL PA
<i>methoxsalen rapid</i> CAPS 10mg	4	NDS
SORILUX FOAM .005% QL (120 gm / 30 days)	4	NDS QL PA
TACLONEX SUS QL (420 gm / 28 days)	4	NDS QL PA
<i>tazarotene</i> (generic of TAZORAC) CREA .05%, .1% QL (60 gm / 30 days)	1	QL PA
<i>tazarotene</i> (generic of TAZORAC) GEL .05%, .1% QL (100 gm / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
TAZORAC CREA .05%, .1% QL (60 gm / 30 days)	3	QL PA
TAZORAC GEL .05%, .1% QL (100 gm / 30 days)	3	QL PA
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, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1% QL (60 gm / 30 days)	1	
<i>ala-scalp</i> LOTN 2% QL (60 mL / 30 days)	1	QL
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>amcinonide</i> CREA .1%; OINT .1% QL (60 gm / 30 days)	4	NDS 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>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</i> e CREA .05% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate emulsion</i> 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
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

Drug Name	Drug Requirements/ Tier	Limits
<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%; OINT .05% QL (60 gm / 30 days)	1	QL PA
DIPROLENE OINT .05% QL (120 gm / 30 days)	3	QL
DUOBRII LOT QL (200 gm / 28 days)	4	NDS 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-SMOOTH/FS BODY) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS SCALP) OIL .01% QL (118.28 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
<i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days)	1	QL
<i>fluocinonide</i> (generic of VANOS) CREA .1% QL (120 gm / 30 days)	1	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	
<i>fluticasone propionate</i> LOTN .05% QL (120 mL / 30 days)	1	QL
<i>halcinonide</i> (generic of HALOG) CREA .1% QL (240 gm / 30 days)	1	QL PA
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	1	QL
<i>halobetasol propionate</i> (generic of LEXETTE) FOAM .05% QL (200 gm / 28 days)	1	QL PA
HALOG CREA .1% QL (240 gm / 30 days)	3	QL PA
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%; SOLN 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2% QL (60 mL / 30 days)	1	QL
<i>hydrocortisone (topical)</i> OINT 1% QL (30 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocortisone butyrate</i> CREA .1%; OINT .1% QL (45 gm / 30 days)	1	QL
<i>hydrocortisone butyrate</i> (generic of LOCOID) LOTN .1% QL (118 mL / 30 days)	1	QL PA
<i>hydrocortisone butyrate</i> SOLN .1% QL (60 mL / 30 days)	1	QL
<i>hydrocortisone butyrate hydrophilic lipo base</i> CREA .1% QL (60 gm / 30 days)	1	QL
<i>hydrocortisone valerate</i> CREA .2%; OINT .2% QL (60 gm / 30 days)	1	QL
LEXETTE FOAM .05% QL (200 gm / 28 days)	3	QL PA
LOCOID LOTN .1% QL (118 mL / 30 days)	3	QL PA
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
SYNALAR CREA .025%; OINT .025% QL (120 gm / 30 days)	3	QL
<i>texacort</i> SOLN 2.5%	1	
TOPICORT CREA .05%; OINT .05% QL (100 gm / 30 days)	3	QL PA
TOPICORT CREA .25% QL (100 gm / 30 days)	3	QL
TOPICORT GEL .05% QL (60 gm / 30 days)	3	QL PA
TOPICORT LIQD .25% QL (100 mL / 30 days)	3	QL PA
<i>tovet</i> FOAM .05% QL (100 gm / 30 days)	1	QL
<i>triamcinolone acetonide (topical)</i> AERS .147mg/gm QL (100 gm / 30 days)	1	QL PA
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5% QL (454 gm / 30 days)	1	QL
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>triamcinolone acetonide</i> (topical) OINT .05% QL (430 gm / 30 days)	1	QL PA
<i>triderm</i> CREA .5% QL (454 gm / 30 days)	1	QL
VANOS CREA .1% QL (120 gm / 30 days)	4	NDS QL PA
DERMATOLOGY, LOCAL ANESTHETICS		
DYCLOPRO SOLN .5% <i>glydo</i> PRSY 2% QL (60 mL / 30 days)	3	
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	1	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	1	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	1	B/D QL
<i>lidocan</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
QUTENZA KIT 8% 1-PCH QL (4 patches / 90 days)	4	NDS QL NM PA
QUTENZA KIT 8% 2-PCH QL (4 patches / 90 days)	4	NDS QL NM PA
QUTENZA KIT 8% 4-PCH QL (4 patches / 90 days)	4	NDS QL NM PA
<i>tridacaine ii</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
ZTLIDO PTCH 1.8% QL (3 patches / 1 day)	3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> (generic of ZOVIRAX) CREA 5% QL (5 gm / 30 days)	1	QL PA
<i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5% QL (30 gm / 30 days)	1	QL
ANUSOL-HC CREA 2.5% <i>azelaic acid</i> (generic of FINACEA) GEL 15% QL (50 gm / 30 days)	3	
	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA
<i>brimonidine tartrate (topical)</i> (generic of MIRVASO) GEL .33% QL (30 gm / 30 days)	1	QL PA
CONDYLOX GEL .5% QL (7 gm / 28 days)	3	QL
CORTIFOAM FOAM 10% DENAVIR CREA 1% QL (5 gm / 30 days)	3	QL
<i>diclofenac sodium (actinic keratoses)</i> GEL 3% QL (100 gm / 30 days)	1	QL PA
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	1	QL
<i>diclofenac sodium (topical)</i> (generic of PENNSAID) SOLN 2% QL (224 gm / 28 days)	4	NDS QL PA
<i>doxepin hcl (antipruritic)</i> (generic of PRUDOXIN) CREA 5% QL (45 gm / 30 days)	1	QL PA
<i>doxycycline (rosacea)</i> (generic of ORACEA) CPDR 40mg	1	
ELIDEL CREA 1% QL (100 gm / 30 days)	3	QL PA
EUCRISA OINT 2% QL (120 gm / 30 days)	3	QL PA
FINACEA FOAM 15%; GEL 15% QL (50 gm / 30 days)	3	QL PA
<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	1	QL
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	1	QL
<i>hydrocortisone (rectal)</i> CREA 1% <i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	

Drug Name	Drug Requirements/ Tier	Limits
HYFTOR GEL .2% QL (20 gm / 25 days)	4	NDS QL NM PA
<i>imiquimod</i> (generic of ZYCLARA) CREA 3.75% QL (28 packets / 28 days)	1	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)	1	QL
<i>ivermectin (rosacea)</i> (generic of SOOLANTRA) CREA 1% QL (45 gm / 30 days)	1	QL PA
KLISYRI OINT 1% QL (5 packets / 30 days)	4	NDS QL PA
<i>lactic acid (ammonium lactate)</i> 1 CREA 12%; LOTN 12%	1	
METROCREAM CREA .75% QL (45 gm / 30 days)	3	QL PA
METROGEL GEL 1% QL (60 gm / 30 days)	3	QL PA
METROLOTION LOTN .75% QL (59 mL / 30 days)	3	QL PA
<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 PA
<i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4% QL (30 gm / 30 days)	1	QL
NORITATE CREA 1% QL (60 gm / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
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>penciclovir</i> (generic of DENA VIR) 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> (generic of CONDYLOX) GEL .5% QL (7 gm / 28 days)	1	QL
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	1	QL
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5% <i>proctocort</i> CREA 1%	1	
PROCTOFOAM AER HC 1%	3	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5% <i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
PRUDOXIN CREA 5% QL (45 gm / 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 PA
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	1	QL PA
TARGRETIN GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA
VALCHLOR GEL .016% QL (60 gm / 30 days)	4	NDS QL NM PA
XERESE CRE 5-1% QL (5 gm / 30 days)	4	NDS QL
YCANTH SOLN .7% ZONALON CREA 5% QL (45 gm / 30 days)	3	NM PA QL PA
ZORYVE CREA .15% QL (60 gm / 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
ZOVIRAX CREA 5% QL (5 gm / 30 days)	3	QL PA
ZOVIRAX OINT 5% QL (30 gm / 30 days)	3	QL
ZYCLARA CREA 3.75% QL (28 packets / 28 days)	4	NDS QL
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)	4	NDS QL PA
ELIMITE CREA 5% QL (60 gm / 30 days)	3	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> (generic of ELIMITE) CREA 5% QL (60 gm / 30 days)	1	QL
<i>spinosad</i> SUSP .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
FILSUEVZ GEL 10% QL (30 tubes / 30 days)	4	NDS QL NM PA
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 irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg	1	
<i>chlorhexidine gluconate</i> (mouth-throat) (generic of PERIDEX) SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	1	QL
EVOXAC CAPS 30mg	3	
<i>kourzeq</i> PSTE .1%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>lidocaine hcl</i> (mouth-throat) SOLN 2%	1	
<i>nystatin</i> (mouth-throat) (generic of NYSTATIN) SUSP 100000unit/ml	1	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	
<i>pilocarpine hcl</i> (oral) (generic of SALAGEN) TABS 5mg, 7.5mg	1	
SALAGEN TABS 5mg, 7.5mg	3	
<i>triamcinolone acetanide</i> (mouth) PSTE .1%	1	

Index

- A**
- abacavir sulfate10
 - abacavir sulfate-lamivudine
tab 600-300 mg11
 - ABELCET9
 - ABILIFY45
 - see *aripiprazole*45
 - ABILIFY ASIMTUFII45
 - ABILIFY MAINTENA45
 - ABILIFY MYCITE
 MAINTENANC45
 - ABILIFY MYCITE
 STARTER KI45
 - abiraterone acetate17
 - ABRAXANE
 see *paclitaxel inj 100mg*
 19
 - ABRAXANE INJ 100MG19
 - ABRYSVO99
 - ABSORICA110
 - see *isotretinoin*111
 - ABSORICA LD110
 - acamprosate calcium65
 - ACANYA
 see *clindamycin*
 phosphate-benzoyl
 peroxide gel 1.2-2.5%
 111
 - ACANYA GEL 1.2-2.5%110
 - acarbose67
 - ACCOLATE106
 - see *zafirlukast*106
 - ACCUPRIL
 see *quinapril hcl*27
 - ACCURETIC
 see *quinapril-*
 hydrochlorothiazide tab
 10-12.5 mg26
 - see *quinapril-*
 hydrochlorothiazide tab
 20-12.5 mg27
 - ACCURETIC TAB 10-12.5
 26
 - ACCURETIC TAB 20-12.5
 26
 - accutane110
 - acebutolol hcl34
 - acetaminophen1
 - acetaminophen-caffeine-
 dihydrocodeine cap
 320.5-30-16 mg4
 - acetaminophen w/ codeine
 soln 120-12 mg/5ml4
 - acetaminophen w/ codeine
 tab 300-15 mg4
 - acetaminophen w/ codeine
 tab 300-30 mg4
 - acetaminophen w/ codeine
 tab 300-60 mg4
 - acetazolamide35
 - acetic acid89
 - acetic acid (otic)104
 - acetylcysteine106
 - ACIPHEX
 see *rabeprazole sodium*
 89
 - acitretin113
 - ACTEMRA94
 - ACTEMRA ACTPEN94
 - ACTHAR79
 - ACTHAR GEL79
 - ACTHIB INJ99
 - ACTIMMUNE98
 - ACTIVELLA
 see *estradiol &*
 norethindrone acetate
 tab 1-0.5 mg77
 - see *mimvey*78
 - ACTIVELLA TAB 1-0.5MG
 77
 - ACTONEL73
 - see *risedronate sodium*
 73
 - ACTOPLUS MET
 see *pioglitazone hcl-*
 metformin hcl tab 15-
 850 mg69
 - ACTOPLUS MET TAB 15-
 850MG67
 - ACTOS67
 - see *pioglitazone hcl*69
 - ACULAR102
 - see *ketorolac*
 tromethamine (ophth)
 102
 - ACULAR LS102
 - see *ketorolac*
 tromethamine (ophth)
 102
 - ACUVAIL102
 - acyclovir12
 - acyclovir sodium12
 - acyclovir topical116
 - ACZONE110
 - see *dapsone (topical)* 111
 - ADACEL INJ99
 - ADAKVEO92
 - ADALIMUMAB-AACF (2
 PEN)94
 - ADALIMUMAB-AACF (2
 SYRING)94
 - ADALIMUMAB-AACF
 STARTER P94
 - adapalene110
 - ADAPALENE110
 - adapalene-benzoyl
 peroxide gel 0.1-2.5%
 110
 - adapalene-benzoyl
 peroxide gel 0.3-2.5%
 110
 - ADBRY94
 - ADCIRCA38
 - see *alyq*38
 - see *tadalafil (pulmonary*
 hypertension)39
 - ADDERALL
 see *amphetamine-*
 dextroamphetamine
 tab 10 mg55
 - see *amphetamine-*
 dextroamphetamine
 tab 12.5 mg55
 - see *amphetamine-*
 dextroamphetamine
 tab 15 mg55
 - see *amphetamine-*
 dextroamphetamine
 tab 20 mg55

see <i>amphetamine-dextroamphetamine</i> <i>tab 30 mg</i>.....55	<i>adefovir dipivoxil</i> .....12	AJOVY .....59
see <i>amphetamine-dextroamphetamine</i> <i>tab 5 mg</i>.....55	ADEMPAS .....38	AKEEGA TAB 100/500 ...17
see <i>amphetamine-dextroamphetamine</i> <i>tab 7.5 mg</i>.....55	ADLARITY .....40	AKEEGA TAB 50/500MG.....17
ADDERALL TAB 10MG ..54	ADMELOG .....71	AKLIEF.....110
ADDERALL TAB 12.5MG.....54	ADMELOG SOLOSTAR .71	AKYNZEO CAP 300-0.5 .83
ADDERALL TAB 15MG ..54	ADRENALIN .....36	AKYNZEO INJ 235-0.25 .83
ADDERALL TAB 20MG ..54	ADVAIR DISKU AER 100/50 .....109	AKYNZEO INJ 235- 0.25MG/20ML.....83
ADDERALL TAB 30MG ..54	ADVAIR DISKU AER 250/50 .....109	<i>ala-cort</i>.....113
ADDERALL TAB 5MG ...54	ADVAIR DISKU AER 500/50 .....109	<i>ala-scalp</i>.....113
ADDERALL TAB 7.5MG .54	ADVAIR DISKUS see <i>fluticasone-</i> <i>salmeterol aer powder</i> <i>ba 100-50 mcg/act</i> .109	<i>albendazole</i>.....6
ADDERALL XR see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 10 mg</i>....54	see <i>fluticasone-</i> <i>salmeterol aer powder</i> <i>ba 250-50 mcg/act</i> .109	<i>albuterol sulfate</i>.....106
see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 15 mg</i>....54	see <i>fluticasone-</i> <i>salmeterol aer powder</i> <i>ba 500-50 mcg/act</i> .110	ALCAINE see <i>proparacaine hcl</i> .104
see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 20 mg</i>....54	see <i>wixela inhub</i>.....110	<i>alclometasone dipropionate</i>.....113
see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 25 mg</i>....54	ADVAIR HFA AER 115/21.....109	ALCOHOL SWABS: BD- EMBECTA/MHC/RUGBY.....71
see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 30 mg</i>....55	ADVAIR HFA AER 230/21.....109	ALDACTONE .....27
see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 5 mg</i>....54	ADVAIR HFA AER 45/21.....109	see <i>spironolactone</i> .....27
ADDERALL XR CAP 10MG.....54	ADZENYS XR-ODT .....54	ALDURAZYME .....79
ADDERALL XR CAP 15MG.....54	ADZYNMA .....92	ALECENSA.....19
ADDERALL XR CAP 20MG.....54	AFINITOR .....19	<i>alendronate sodium</i> .....73
ADDERALL XR CAP 25MG.....54	see <i>everolimus</i> .....21	<i>alfuzosin hcl</i> .....89
ADDERALL XR CAP 30MG.....54	see <i>torpenz</i>.....24	ALIMTA .....16
ADDERALL XR CAP 5MG.....54	AFINITOR DISPERZ.....19	see <i>pemetrexed</i> <i>disodium</i> .....17
	see <i>everolimus</i> .....21	<i>aliskiren fumarate</i>.....36
	<i>afirmelle</i> .....74	ALKINDI SPRINKLE .....78
	AFREZZA.....71	<i>allopurinol</i>.....1
	AFREZZA POW 4-8-12...71	<i>allopurinol sodium</i> .....1
	AFREZZA POW 4-8 UNIT.....71	<i>almotriptan malate</i> .....59
	AFREZZA POW 8-12UNIT.....71	<i>alogliptin benzoate</i> .....67
	AGRYLIN .....92	<i>alogliptin-metformin hcl tab</i> <i>12.5-1000 mg</i> .....67
	see <i>anagrelide hcl</i> .....93	<i>alogliptin-metformin hcl tab</i> <i>12.5-500 mg</i> .....67
	AIMOVIG.....59	<i>alogliptin-pioglitazone tab</i> <i>12.5-30 mg</i> .....67
	AIRSUPRA AER 90- 80MCG .....109	<i>alogliptin-pioglitazone tab</i> <i>25-15 mg</i> .....67
		<i>alogliptin-pioglitazone tab</i> <i>25-30 mg</i> .....67
		<i>alogliptin-pioglitazone tab</i> <i>25-45 mg</i> .....67
		ALOPRIM.....1

see <i>allopurinol sodium</i> ...	1	AMITIZA.....	86	<i>amlodipine besylate-</i>	
<i>alosetron hcl</i>	86	see <i>lubiprostone</i>	87	<i>atorvastatin calcium tab</i>	
ALPHAGAN P	103	<i>amitriptyline hcl</i>	41	5-80 mg	36
see <i>brimonidine tartrate</i>		AMLODIPINE/OLMESART		<i>amlodipine besylate-</i>	
.....	103	AN MED		<i>benazepril hcl cap 10-20</i>	
<i>alprazolam</i>	39	see <i>amlodipine besylate-</i>		mg	26
ALPRAZOLAM INTENSOL		<i>olmesartan medoxomil</i>		<i>amlodipine besylate-</i>	
.....	39	<i>tab 10-20 mg</i>	28	<i>benazepril hcl cap 10-40</i>	
ALREX	102	see <i>amlodipine besylate-</i>		mg	26
see <i>loteprednol</i>		<i>olmesartan medoxomil</i>		<i>amlodipine besylate-</i>	
<i>etabonate</i>	103	<i>tab 10-40 mg</i>	28	<i>benazepril hcl cap 2.5-10</i>	
ALTACE	27	see <i>amlodipine besylate-</i>		mg	26
see <i>ramipril</i>	27	<i>olmesartan medoxomil</i>		<i>amlodipine besylate-</i>	
<i>altavera</i>	74	<i>tab 5-20 mg</i>	27	<i>benazepril hcl cap 5-10</i>	
ALTOPREV	32	see <i>amlodipine besylate-</i>		mg	26
ALTRENO	110	<i>olmesartan medoxomil</i>		<i>amlodipine besylate-</i>	
ALUNBRIG.....	19	<i>tab 5-40 mg</i>	28	<i>benazepril hcl cap 5-20</i>	
ALUNBRIG PAK	19	<i>amlodipine besylate</i>	34	mg	26
ALVAIZ.....	93	<i>amlodipine besylate-</i>		<i>amlodipine besylate-</i>	
ALVESCO	108	<i>atorvastatin calcium tab</i>		<i>benazepril hcl cap 5-40</i>	
<i>alyacen 1/35</i>	74	10-10 mg	36	mg	26
<i>alyacen 7/7/7</i>	74	<i>amlodipine besylate-</i>		<i>amlodipine besylate-</i>	
ALYFTREK TAB 10-50-125		<i>atorvastatin calcium tab</i>		<i>olmesartan medoxomil</i>	
.....	107	10-20 mg	36	<i>tab 10-20 mg</i>	28
ALYFTREK TAB 4-20-50		<i>amlodipine besylate-</i>		<i>amlodipine besylate-</i>	
.....	107	<i>atorvastatin calcium tab</i>		<i>olmesartan medoxomil</i>	
ALYGLO.....	97	10-40 mg	36	<i>tab 10-40 mg</i>	28
ALYMSYS	19	<i>amlodipine besylate-</i>		<i>amlodipine besylate-</i>	
<i>alyq</i>	38	<i>atorvastatin calcium tab</i>		<i>olmesartan medoxomil</i>	
<i>amantadine hcl</i>	43	10-80 mg	36	<i>tab 5-20 mg</i>	27
AMBIEN	58	<i>amlodipine besylate-</i>		<i>amlodipine besylate-</i>	
see <i>zolpidem tartrate</i> ...	59	<i>atorvastatin calcium tab</i>		<i>olmesartan medoxomil</i>	
AMBIEN CR	58	2.5-10 mg	36	<i>tab 5-40 mg</i>	28
see <i>zolpidem tartrate</i> ...	59	<i>amlodipine besylate-</i>		<i>amlodipine besylate-</i>	
AMBISOME.....	9	<i>atorvastatin calcium tab</i>		<i>valsartan tab 10-160 mg</i>	
see <i>amphotericin b</i>		2.5-20 mg	36	.....	28
<i>liposome</i>	9	<i>amlodipine besylate-</i>		<i>amlodipine besylate-</i>	
<i>ambrisentan</i>	38	<i>atorvastatin calcium tab</i>		<i>valsartan tab 10-320 mg</i>	
<i>amcinonide</i>	113	2.5-40 mg	36	.....	28
<i>amethia</i>	74	<i>amlodipine besylate-</i>		<i>amlodipine besylate-</i>	
<i>amethyst</i>	74	<i>atorvastatin calcium tab</i>		<i>valsartan tab 5-160 mg</i>	28
<i>amikacin sulfate</i>	6	5-10 mg	36	<i>amlodipine besylate-</i>	
<i>amiloride &</i>		<i>amlodipine besylate-</i>		<i>valsartan tab 5-320 mg</i>	28
<i>hydrochlorothiazide tab</i>		<i>atorvastatin calcium tab</i>		<i>amlodipine-valsartan-</i>	
5-50 mg	35	5-20 mg	36	<i>hydrochlorothiazide tab</i>	
<i>amiloride hcl</i>	35	<i>amlodipine besylate-</i>		10-160-12.5 mg	28
<i>aminocaproic acid</i>	93	<i>atorvastatin calcium tab</i>			
<i>amiodarone hcl</i>	31	5-40 mg	36		

<i>amlodipine-valsartan- hydrochlorothiazide tab 10-160-25 mg</i>.....28	<i>amphetamine- dextroamphetamine 3- bead cap er 24hr 25 mg</i>.....54	<i>amphetamine- dextroamphetamine tab 7.5 mg</i> .....55
<i>amlodipine-valsartan- hydrochlorothiazide tab 10-320-25 mg</i>.....28	<i>amphetamine- dextroamphetamine 3- bead cap er 24hr 37.5 mg</i> .....54	<i>amphotericin b</i> .....9
<i>amlodipine-valsartan- hydrochlorothiazide tab 5-160-12.5 mg</i>.....28	<i>amphetamine- dextroamphetamine 3- bead cap er 24hr 50 mg</i>.....54	<i>amphotericin b liposome</i> ...9
<i>amlodipine-valsartan- hydrochlorothiazide tab 5-160-25 mg</i>.....28	<i>amphetamine- dextroamphetamine cap er 24hr 10 mg</i>.....54	<i>ampicillin</i> .....15
<i>amnestem</i> .....110	<i>amphetamine- dextroamphetamine cap er 24hr 15 mg</i>.....54	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> .....15
<i>amoxapine</i> .....41	<i>amphetamine- dextroamphetamine cap er 24hr 20 mg</i>.....54	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>.....15
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>.....86	<i>amphetamine- dextroamphetamine cap er 24hr 25 mg</i>.....54	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1- 0.5) gm</i> .....15
<i>amoxicillin</i> .....14	<i>amphetamine- dextroamphetamine cap er 24hr 30 mg</i>.....55	<i>ampicillin & sulbactam sodium for iv soln 15 (10- 5) gm</i> .....15
<i>AMOXICILLIN</i> .....14	<i>amphetamine- dextroamphetamine cap er 24hr 5 mg</i>.....54	<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i> .....15
<i>see amoxicillin</i> .....14	<i>amphetamine- dextroamphetamine tab 10 mg</i> .....55	<i>ampicillin sodium</i>.....15
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>....14	<i>amphetamine- dextroamphetamine tab 12.5 mg</i> .....55	<i>AMPYRA</i>.....62
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>.....15	<i>amphetamine- dextroamphetamine tab 15 mg</i> .....55	<i>see dalfampridine</i> .....62
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>.....15	<i>amphetamine- dextroamphetamine tab 20 mg</i> .....55	<i>AMVUTTRA</i> .....61
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>.....15	<i>amphetamine- dextroamphetamine tab 30 mg</i> .....55	<i>ANAFRANIL</i>.....41
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>.....15	<i>amphetamine- dextroamphetamine tab 5 mg</i> .....55	<i>see clomipramine hcl</i> ...41
<i>amoxicillin & k clavulanate tab 250-125 mg</i> .....15	<i>amphetamine- dextroamphetamine tab 20 mg</i> .....55	<i>anagrelide hcl</i>.....93
<i>amoxicillin & k clavulanate tab 500-125 mg</i> .....15	<i>amphetamine- dextroamphetamine tab 30 mg</i> .....55	<i>ANAPROX DS</i> <i>see naproxen sodium</i>....2
<i>amoxicillin & k clavulanate tab 875-125 mg</i> .....15	<i>amphetamine- dextroamphetamine tab 5 mg</i> .....55	<i>anastrozole</i> .....17
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>.....15		<i>ANCOBON</i>.....9
<i>amphetamine- dextroamphetamine 3- bead cap er 24hr 12.5 mg</i> .....54		<i>see flucytosine</i>.....9
		<i>ANDROGEL PUMP</i> .....66
		<i>see testosterone pump</i> 67
		<i>ANNOVERA MIS</i> .....74
		<i>ANORO ELLIPT AER 62.5- 25</i> .....104
		<i>ANTIVERT</i> .....83
		<i>ANUSOL-HC</i>.....116
		<i>see hydrocortisone (rectal)</i>.....116
		<i>see procto-med hc</i>....117
		<i>see proctosol hc</i> .....117
		<i>see proctozone-hc</i>....117
		<i>APIDRA</i>.....71
		<i>APIDRA SOLOSTAR</i>.....71
		<i>ALENZIN</i> .....41

APOKYN	43	ARTHROTEC 75		atenolol & chlorthalidone	
apomorphine hydrochloride		see diclofenac w/		tab 100-25 mg	33
.....	43	misoprostol tab		atenolol & chlorthalidone	
APONVIE	83	delayed release 75-0.2		tab 50-25 mg	33
aprepitant	83	mg	1	ATGAM	98
aprepitant capsule therapy		ARTHROTEC 75 TAB	1	ATIVAN	39
pack 80 & 125 mg	84	ARZERRA	20	see lorazepam	39, 40
apri	74	asenapine maleate	45	atomoxetine hcl	55
APRISO	85	ashlyna	74	ATORVALIQ	32
see mesalamine	85	ASMANEX HFA	108	atorvastatin calcium	32
APTENSIO XR	55	ASMANEX TWISTHALER		atovaquone	6
see methylphenidate hcl		120 ME	109	atovaquone-proguanil hcl	
.....	57	ASMANEX TWISTHALER		tab 250-100 mg	10
APTIOM	48	14 MET	108	atovaquone-proguanil hcl	
APTIVUS	10	ASMANEX TWISTHALER		tab 62.5-25 mg	10
AQNEURSA	79	30 MET	108	ATRALIN	110
ARALAST NP	107	ASMANEX TWISTHALER		see tretinoin	111
aranelle	74	60 MET	108	atropine sulfate	85
ARANESP ALBUMIN		ASPARLAS	18	ATROPINE SULFATE 85,	
FREE	92	aspirin-dipyridamole cap er		104	
ARAVA	97	12hr 25-200 mg	94	see atropine sulfate	85
see leflunomide	97	ASPRUZYO SPRINKLE	36	atropine sulfate	
ARAZLO	110	ASTAGRAF XL	98	(ophthalmic)	104
ARCALYST	98	ATACAND	30	ATROVENT HFA	105
AREXVY	99	see candesartan cilexetil		ATTRUBY	36
arformoterol tartrate	106	.....	31	AUBAGIO	62
ARICEPT	40	ATACAND HCT		see teriflunomide	64
see donepezil		see candesartan cilexetil-		aubra eq	74
hydrochloride	40	hydrochlorothiazide tab		AUGMENTIN	
ARIKAYCE	6	16-12.5 mg	28	see amoxicillin & k	
ARIMIDEX	17	see candesartan cilexetil-		clavulanate tab 500-	
see anastrozole	17	hydrochlorothiazide tab		125 mg	15
aripiprazole	45	32-12.5 mg	28	AUGMENTIN ES-600	
ARISTADA	45	see candesartan cilexetil-		see amoxicillin & k	
ARISTADA INITIO	45	hydrochlorothiazide tab		clavulanate for susp	
ARIXTRA	90	32-25 mg	29	600-42.9 mg/5ml	15
see fondaparinux sodium		ATACAND HCT TAB 16-		AUGMENTIN SUS	
.....	91	12.5	28	125/5ML	15
armodafinil	65	ATACAND HCT TAB 32-		AUGMENTIN SUS ES-600	
ARNUITY ELLIPTA	108	12.5	28	.....	15
AROMASIN	17	ATACAND HCT TAB 32-		AUGMENTIN TAB 500MG	
see exemestane	17	25MG	28	.....	15
ARTHROTEC 50		atazanavir sulfate	10	AUGTYRO	20
see diclofenac w/		ATELVIA	73	aurovela 1/20	74
misoprostol tab		see risedronate sodium		aurovela 24 fe	74
delayed release 50-0.2		.....	73	aurovela fe 1/20	74
mg	1	atenolol	34	aurovela fe 1.5/30	74
ARTHROTEC 50 TAB	1			AUSTEDO	61

AUSTEDO XR.....61	AZOR TAB 10-20MG .....28	see <i>rufinamide</i>.....52
AUSTEDO XR TAB TITR KIT.....61	AZOR TAB 10-40MG .....28	BAQSIMI ONE PACK .....79
AUVELITY TAB 45-105MG.....41	AZOR TAB 5-20MG .....28	BAQSIMI TWO PACK.....79
AVALIDE	AZOR TAB 5-40MG .....28	BARACLUDE .....12
see <i>irbesartan-</i>	AZSTARYS CAP 26.1-5.2.....55	see <i>entecavir</i>.....12
<i>hydrochlorothiazide tab</i>	AZSTARYS CAP 39.2-7.8.....55	BASAGLAR KWIKPEN...71
150-12.5 mg.....29	AZSTARYS CAP 52.3-10. .....55	BASAGLAR TEMPO PEN.....71
see <i>irbesartan-</i>	aztreonam .....6	BAVENCIO .....20
<i>hydrochlorothiazide tab</i>	AZULFIDINE .....85	BAXDELA .....14
300-12.5 mg.....29	see <i>sulfasalazine</i>.....86	BCG VACCINE .....99
AVALIDE TAB 150-12.5..28	AZULFIDINE EN-TABS ..85	BELBUCA .....3
AVALIDE TAB 300-12.5..28	see <i>sulfasalazine</i>.....86	BELEODAQ .....20
AVAPRO .....30	azurette .....74	BELSOMRA .....58
see <i>irbesartan</i>.....31	B	<i>benazepril &</i>
AVASTIN.....20	<i>bacitracin (ophthalmic)</i> ..102	<i>hydrochlorothiazide tab</i>
AVEED.....66	<i>bacitracin-polymyxin b</i>	10-12.5 mg .....26
aviane .....74	<i>ophth oint</i>.....102	<i>benazepril &</i>
AVODART	<i>bacitracin-polymyxin-</i>	<i>hydrochlorothiazide tab</i>
see <i>dutasteride</i>.....89	<i>neomycin-hc ophth oint</i>	20-12.5 mg .....26
AVONEX .....62	1% .....101	<i>benazepril &</i>
AVONEX PEN.....62	<i>baclofen</i> .....64	<i>hydrochlorothiazide tab</i>
AVSOLA.....94	BACTRIM	20-25 mg .....26
AVYCAZ INJ 2-0.5GM ....13	see <i>sulfamethoxazole-</i>	<i>benazepril &</i>
AXTLE.....16	<i>trimethoprim tab 400-</i>	<i>hydrochlorothiazide tab</i>
ayuna .....74	80 mg.....8	5-6.25mg .....26
AYVAKIT .....20	BACTRIM DS	<i>benazepril hcl</i>.....27
azacitidine .....16	see <i>sulfamethoxazole-</i>	<i>bendamustine hcl</i>.....16
AZACTAM.....6	<i>trimethoprim tab 800-</i>	BENDAMUSTINE
see <i>aztreonam</i>.....6	160 mg.....8	HYDROCHLORID .....16
azasan .....98	BACTRIM DS TAB 800-160.....6	BENDEKA.....16
AZASITE .....102	BACTRIM TAB 400-80MG6	BENICAR.....31
azathioprine .....98	BAFIERTAM .....62	see <i>olmesartan</i>
azelaic acid .....116	BALCOLTRA	<i>medoxomil</i> .....31
azelastine hcl .....105	see <i>joyeaux</i> .....75	BENICAR HCT
azelastine hcl (ophth)....103	see <i>levonorgestrel-</i>	see <i>olmesartan</i>
azelastine hcl-fluticasone	<i>ethinyl estradiol-fe tab</i>	<i>medoxomil-</i>
prop nasal spray 137-50	0.1 mg-20 mcg (21) .76	<i>hydrochlorothiazide tab</i>
mcg/act.....105	see <i>minzoya</i> .....76	20-12.5 mg.....29
AZELEX .....110	BALCOLTRA TAB 0.1-20.....74	see <i>olmesartan</i>
AZILECT .....43	balsalazide disodium.....85	<i>medoxomil-</i>
see <i>rasagiline mesylate</i>	BALVERSA .....20	<i>hydrochlorothiazide tab</i>
.....44	balziva .....74	40-12.5 mg.....29
azithromycin.....14	BANZEL .....48	see <i>olmesartan</i>
AZMIRO .....66		<i>medoxomil-</i>
AZOPT .....103		<i>hydrochlorothiazide tab</i>
see <i>brinzolamide</i> .....103		40-25 mg.....29

BENICAR HCT TAB 20-12.5	28	BETHKIS.....	6	<i>bisoprolol & hydrochlorothiazide tab</i>	
BENICAR HCT TAB 40-12.5	28	see <i>tobramycin</i>	8	2.5-6.25 mg	33
BENICAR HCT TAB 40-25MG.....	28	BETIMOL	103	<i>bisoprolol & hydrochlorothiazide tab</i>	
BENLYSTA	98	see <i>timolol hemihydrate (ophth)</i>	103	5-6.25 mg	33
BENTYL	85	BETOPTIC-S	103	<i>bisoprolol fumarate</i>	34
see <i>dicyclomine hcl</i>	85	BEVESPI AER 9-4.8MCG	104	BIVIGAM	97
BENZAMYCIN .....		.....		<i>bleomycin sulfate</i>	18
see <i>benzoyl peroxide-erythromycin gel 5-3%</i>	110	<i>bexarotene</i>	18	<i>blisovi 24 fe</i>	74
BENZAMYCIN GEL 5-3%	110	<i>bexarotene (topical)</i>	116	<i>blisovi fe 1.5/30</i>	74
.....		BEXSERO INJ	99	BONJESTA TAB 20-20MG	84
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	110	BEYAZ .....		.....	
.....		see <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	75	BOOSTRIX INJ	99
<i>benztropine mesylate</i>	43	BEYAZ TAB	74	<i>bortezomib</i>	20
BEOVU	104	BIAXIN XL		BORTEZOMIB	20
<i>bepotastine besilate</i>	103	see <i>clarithromycin</i>	14	BORUZU	20
BEPREVE	103	<i>bicalutamide</i>	17	<i>bosentan</i>	38
see <i>bepotastine besilate</i>	103	BICILLIN C-R INJ 1200000	15	BOSULIF	20
.....		.....		BOTOX	64
BERINERT	93	BICILLIN C-R INJ 900/300	15	BRAFTOVI	20
BESIVANCE	102	.....		BREO ELLIPTA INH 100-25	109
BESPONSA	20	BICILLIN L-A.....	15	BREO ELLIPTA INH 200-25	109
BESREMI	18	BIDIL		BREO ELLIPTA INH 50-25MCG	109
<i>betaine powder for oral solution</i>	80	see <i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	37	<i>breyana</i>	109
<i>betamethasone dipropionate (topical)</i>	113	BIDIL TAB	37	BREZTRI AERO AER SPHERE.....	104
<i>betamethasone dipropionate augmented</i>	113	BIJUVA CAP 0.5-100	77	BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	104
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i>	78	BIJUVA CAP 1-100MG	77	<i>briellyn</i>	74
<i>betamethasone valerate</i>	113	BIKTARVY TAB 30-120-15 MG.....	11	BRILINTA.....	94
BETAPACE.....	31	BIKTARVY TAB 50-200-25 MG.....	11	<i>brimonidine tartrate</i>	103
see <i>sotalol hcl</i>	31	BILTRICIDE	6	<i>brimonidine tartrate (topical)</i>	116
BETAPACE AF	31	<i>bimatoprost</i>	103	<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	103
see <i>sotalol hcl (afib/af)</i>	31	BIMZELX.....	94	<i>brinzolamide</i>	103
BETASERON.....	62	BINOSTO.....	73	BRIUMVI	62
<i>betaxolol hcl</i>	34	<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	86	BRIVIACT	48
<i>betaxolol hcl (ophth)</i>	103	<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	34	BRIXADI.....	65
<i>bethanechol chloride</i>	89			<i>bromfenac sodium (ophth)</i>	102

<i>bromocriptine mesylate</i> ...43	<i>buspirone hcl</i>.....39	<i>calcipotriene</i>.....113
BROMSITE .....102	<i>butorphanol tartrate</i>.....4	CALCIPOTRIENE .....113
<i>see bromfenac sodium</i>	BUTRANS.....3	<i>calcipotriene-</i>
<i>(ophth)</i> .....102	<i>see buprenorphine</i> .....3	<i>betamethasone</i>
BRONCHITOL .....107	BYETTA.....67	<i>dipropionate oint 0.005-</i>
BROVANA .....106	BYLVAY .....86	0.064% .....113
<i>see arformoterol tartrate</i>	BYLVAY (PELLETS).....86	<i>calcipotriene-</i>
.....106	BYOOVIZ .....104	<i>betamethasone</i>
BRUKINSA.....20	BYSTOLIC .....34	<i>dipropionate susp 0.005-</i>
BRYHALI.....113	<i>see nebivolol hcl</i>.....34	0.064% .....113
<i>budesonide</i> .....85	C	<i>calcitonin (salmon) inj</i> .....73
<i>budesonide (inhalation)</i>.....109	<i>cabergoline</i> .....80	<i>calcitonin (salmon) spray</i> 73
<i>budesonide (intrarectal)</i> ..85	CABLIV .....93	<i>calcitrene</i>.....113
<i>budesonide-formoterol</i>	CABOMETYX .....20	<i>calcitriol</i> .....83
<i>fumarate dihyd aerosol</i>	CABTREO GEL .....110	<i>calcitriol (oral)</i>.....83
160-4.5 mcg/act.....109	CADUET	<i>calcitriol (topical)</i> .....113
<i>budesonide-formoterol</i>	<i>see amlodipine besylate-</i>	CALQUENCE.....20
<i>fumarate dihyd aerosol</i>	<i>atorvastatin calcium</i>	CAMBIA .....59
80-4.5 mcg/act.....109	<i>tab 10-10 mg</i>.....36	<i>see diclofenac potassium</i>
<i>bumetanide</i> .....35, 36	<i>see amlodipine besylate-</i>	<i>(migraine)</i>.....59
BUMEX	<i>atorvastatin calcium</i>	<i>camila</i>.....74
<i>see bumetanide</i>.....36	<i>tab 10-20 mg</i>.....36	CAMPTOSAR .....18
BUPHENYL.....80	<i>see amlodipine besylate-</i>	<i>see irinotecan hcl</i> .....18
<i>see sodium</i>	<i>atorvastatin calcium</i>	<i>camrese</i> .....74
<i>phenylbutyrate</i> .....82	<i>tab 10-40 mg</i>.....36	<i>camrese lo</i> .....74
<i>buprenorphine</i> .....3	<i>see amlodipine besylate-</i>	CAMZYOS .....37
<i>buprenorphine hcl</i> .....65	<i>atorvastatin calcium</i>	CANASA .....85
<i>buprenorphine hcl-</i>	<i>tab 10-80 mg</i>.....36	<i>see mesalamine</i> .....86
<i>naloxone hcl sl film 12-3</i>	<i>see amlodipine besylate-</i>	CANCIDAS .....9
<i>mg (base equiv)</i>.....65	<i>atorvastatin calcium</i>	<i>see caspofungin acetate</i>
<i>buprenorphine hcl-</i>	<i>tab 5-10 mg</i>.....36	9
<i>naloxone hcl sl film 2-0.5</i>	<i>see amlodipine besylate-</i>	<i>candesartan cilexetil</i> .....31
<i>mg (base equiv)</i>.....65	<i>atorvastatin calcium</i>	<i>candesartan cilexetil-</i>
<i>buprenorphine hcl-</i>	<i>tab 5-20 mg</i>.....36	<i>hydrochlorothiazide tab</i>
<i>naloxone hcl sl film 4-1</i>	<i>see amlodipine besylate-</i>	16-12.5 mg .....28
<i>mg (base equiv)</i>.....65	<i>atorvastatin calcium</i>	<i>candesartan cilexetil-</i>
<i>buprenorphine hcl-</i>	<i>tab 5-40 mg</i>.....36	<i>hydrochlorothiazide tab</i>
<i>naloxone hcl sl film 8-2</i>	<i>see amlodipine besylate-</i>	32-12.5 mg .....28
<i>mg (base equiv)</i>.....65	<i>atorvastatin calcium</i>	<i>candesartan cilexetil-</i>
<i>buprenorphine hcl-</i>	<i>tab 5-80 mg</i>.....36	<i>hydrochlorothiazide tab</i>
<i>naloxone hcl sl tab 2-0.5</i>	CADUET TAB 10-10MG .37	32-25 mg .....29
<i>mg (base equiv)</i>.....66	CADUET TAB 10-20MG .37	CAPLYTA.....45
<i>buprenorphine hcl-</i>	CADUET TAB 10-40MG .37	CAPRELSA.....20
<i>naloxone hcl sl tab 8-2</i>	CADUET TAB 10-80MG .37	<i>captopril</i> .....27
<i>mg (base equiv)</i>.....66	CADUET TAB 5-10MG ...37	<i>captopril &</i>
<i>bupropion hcl</i> .....41	CADUET TAB 5-20MG ...37	<i>hydrochlorothiazide tab</i>
<i>bupropion hcl (smoking</i>	CADUET TAB 5-40MG ...37	25-15 mg .....26
<i>deterrent)</i>.....66	CADUET TAB 5-80MG ...37	

<i>captopril & hydrochlorothiazide tab</i>	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	CEFACLOR ER
25-25 mg .....26	44	13
<i>captopril & hydrochlorothiazide tab</i>	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	<i>cefadroxil</i>.....13
50-15 mg .....26	44	CEFAZOLIN.....13
<i>captopril & hydrochlorothiazide tab</i>	<i>carbinoxamine maleate</i>.....105	CEFAZOLIN/DEX SOL
50-25 mg .....26	CARBINOXAMINE	1GM/50ML-4% .....13
CARAFATE.....87	MALEATE.....105	CEFAZOLIN/DEX SOL
see <i>sucrafate</i>.....87	<i>carboplatin</i> .....16	2GM/50ML-3% .....13
<i>carb/levo orally</i>	CARDIZEM .....34	CEFAZOLIN/DEX SOL
<i>disintegrating tab 10-100mg</i> .....43	see <i>diltiazem hcl</i>.....35	3GM/150ML-4% .....13
<i>carb/levo orally</i>	CARDIZEM CD .....34	CEFAZOLIN INJ
<i>disintegrating tab 25-100mg</i> .....44	see <i>cartia xt</i>.....35	1GM/50ML.....13
<i>carb/levo orally</i>	see <i>diltiazem hcl coated beads</i>.....35	<i>cefazolin sodium</i> .....13
<i>disintegrating tab 25-250mg</i> .....44	CARDIZEM LA.....34	CEFAZOLIN SOLN
CARBAGLU .....80	see <i>diltiazem hcl</i>.....35	2GM/100ML-4% .....13
see <i>carglumic acid</i>.....80	see <i>matzim la</i> .....35	<i>cefdinir</i> .....13
<i>carbamazepine</i> .....48	CARDURA .....27	CEFEPIME.....13
CARBATROL.....48	see <i>doxazosin mesylate</i> .....27	CEFEPIME/DEX INJ 1GM
see <i>carbamazepine</i> .....48	CARDURA XL.....89	13
<i>carbidopa</i> .....44	<i>carglumic acid</i>.....80	CEFEPIME/DEX INJ 2GM
<i>carbidopa & levodopa tab</i>	<i>carisoprodol</i> .....64	13
<i>10-100 mg</i> .....44	CARNITOR .....80	<i>cefepime hcl</i>.....13
<i>carbidopa & levodopa tab</i>	see <i>levocarnitine (metabolic modifiers)</i> .....81	<i>cefixime</i>.....13
<i>25-100 mg</i> .....44	CAROSPIR .....27	CEFOTAN
<i>carbidopa & levodopa tab</i>	see <i>spironolactone</i> .....27	see <i>cefotetan disodium</i> .....13
<i>25-250 mg</i> .....44	<i>carteolol hcl (ophth)</i> .....103	<i>cefotetan disodium</i>.....13
<i>carbidopa & levodopa tab</i>	<i>cartia xt</i> .....35	CEFOXITIN INJ 1GM.....13
<i>er 25-100 mg</i> .....44	<i>carvedilol</i>.....34	CEFOXITIN INJ 2GM.....13
<i>carbidopa & levodopa tab</i>	<i>carvedilol phosphate</i> .....34	<i>cefoxitin sodium</i> .....13
<i>er 50-200 mg</i> .....44	CASODEX .....17	<i>cefpodoxime proxetil</i> .....13
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> .....44	see <i>bicalutamide</i> .....17	<i>cefprozil</i>.....13
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> .....44	<i>caspofungin acetate</i>.....9	<i>ceftazidime</i>.....13
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> .....44	CASPOFUNGIN ACETATE .....9	<i>ceftriaxone sodium</i>.....13
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> .....44	CATAPRES-TTS-1	<i>cefuroxime axetil</i>.....13
	see <i>clonidine</i> .....37	<i>cefuroxime sodium</i>.....13
	CATAPRES-TTS-2	CELEBREX.....1
	see <i>clonidine</i> .....37	see <i>celecoxib</i>.....1
	CATAPRES-TTS-3	<i>celecoxib</i> .....1
	see <i>clonidine</i> .....37	CELESTONE INJ
	CAYSTON.....6	SOLUSPAN.....78
	<i>cefaclor</i> .....13	CELESTONE SOLUSPAN
		see <i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i> .....78
		CELEXA.....41
		see <i>citalopram hydrobromide</i>.....41

CELLCEPT	98	<i>cinacalcet hcl</i>	80	CLIMARA PRO DIS	
<i>see mycophenolate</i>		CINQAIR	107	WEEKLY	77
<i>mofetil</i>	98	CINRYZE	93	<i>clindacin</i>	110
CELONTIN	48	CINVANTI	84	<i>clindacin etz pledgets</i>	110
<i>see methsuximide</i>	51	CIPRO	14	<i>clindacin-p</i>	110
<i>cephalexin</i>	13	<i>see ciprofloxacin hcl</i>	14	CLINDAGEL	110
CEQUA	104	<i>ciprofloxacin 200 mg/100ml</i>		<i>see clindamycin</i>	
CEQUR SIMPL KIT PATCH		<i>in d5w</i>	14	<i>phosphate (topical)</i> 110	
2U (3-DAY)	71	<i>ciprofloxacin 400 mg/200ml</i>		<i>clindamycin hcl</i>	6
CEQUR SIMPL KIT PATCH		<i>in d5w</i>	14	<i>clindamycin palmitate</i>	
2U (4-DAY)	71	<i>ciprofloxacin-</i>		<i>hydrochloride</i>	6
CEQUR SIMPL MIS		<i>dexamethasone otic susp</i>		<i>clindamycin phosphate</i>	6
INSERTER	71	0.3-0.1%	104	<i>clindamycin phosphate</i>	
CERDELGA	80	<i>ciprofloxacin hcl</i>	14	<i>(topical)</i>	110, 111
CEREZYME	80	<i>ciprofloxacin hcl (ophth)</i> 102		<i>clindamycin phosphate-</i>	
<i>cetirizine hcl</i>	105	<i>ciprofloxacin hcl (otic)</i> ..	104	<i>benzoyl peroxide gel 1.2-</i>	
CETRAXAL		CIPRO HC SUS OTIC ..	104	2.5%	111
<i>see ciprofloxacin hcl</i>		<i>cisplatin</i>	16	<i>clindamycin phosphate-</i>	
<i>(otic)</i>	104	<i>citalopram hydrobromide</i> 41		<i>benzoyl peroxide gel 1.2-</i>	
<i>cevimeline hcl</i>	118	CITALOPRAM		3.75%	111
<i>chateal eq</i>	74	HYDROBROMIDE	41	<i>clindamycin phosphate-</i>	
CHEMET	73	<i>claravis</i>	110	<i>benzoyl peroxide gel 1-</i>	
<i>chlordiazepoxide hcl</i>	39	CLARINEX	105	5%	111
<i>chlorhexidine gluconate</i>		<i>see desloratadine</i>	105	<i>clindamycin phosphate in</i>	
<i>(mouth-throat)</i>	118	CLARINEX-D TAB 2.5-120		<i>d5w iv soln 300 mg/50ml</i>	
<i>chloroquine phosphate</i>	10	.....	105	.....	6
<i>chlorpromazine hcl</i>	45	<i>clarithromycin</i>	14	<i>clindamycin phosphate in</i>	
<i>chlorthalidone</i>	36	<i>clemastine fumarate</i>	105	<i>d5w iv soln 600 mg/50ml</i>	
CHOLBAM	87	CLENPIQ SOL 10 MG-3.5		.....	6
<i>cholestyramine</i>	33	GM-12 GM/175ML	86	<i>clindamycin phosphate in</i>	
<i>cholestyramine light</i>	33	CLEOCIN	6, 90	<i>d5w iv soln 900 mg/50ml</i>	
<i>choline fenofibrate</i>	31, 32	<i>see clindamycin hcl</i>	6	.....	6
CHORIONIC		<i>see clindamycin</i>		<i>clindamycin phosphate-</i>	
GONADOTROPIN	80	<i>phosphate vaginal</i>	90	<i>tretinoin gel 1.2-0.025%</i>	
CIALIS	89	CLEOCIN PEDIATRIC		.....	111
<i>see tadalafil</i>	89	GRANULE	6	<i>clindamycin phosphate</i>	
CIBINQO	94	<i>see clindamycin</i>		<i>vaginal</i>	90
<i>ciclopirox</i>	112	<i>palmitate hydrochloride</i>		<i>clindamycin phosph-</i>	
<i>ciclopirox olamine</i>	112	.....	6	<i>benzoyl peroxide (refrig)</i>	
<i>cidofovir</i>	12	CLEOCIN PHOSPHATE...6		<i>gel 1.2 (1)-5%</i>	110
<i>cilostazol</i>	93	<i>see clindamycin</i>		CLINDESSE	90
CILOXAN	102	<i>phosphate</i>	6	CLINDMYC/NAC INJ	
CIMDUO TAB 300-300 ...	11	CLEOCIN-T	110	300/50ML	6
CIMERLI	104	<i>see clindamycin</i>		CLINDMYC/NAC INJ	
<i>cimetidine</i>	85	<i>phosphate (topical)</i> 110		600/50ML	6
<i>cimetidine hcl</i>	85	CLIMARA	77	CLINDMYC/NAC INJ	
CIMZIA	94	<i>see estradiol</i>	77	900/50ML	7
CIMZIA STARTER KIT ...	94				

CLINIMIX E INJ 2.75/D5W.....101	<i>clotrimazole w/ betamethasone cream 1- 0.05%.....112</i>	COMETRIQ KIT 140MG .20
CLINIMIX E INJ 4.25/D10.....101	<i>clozapine.....45</i>	COMPLERA TAB.....11
CLINIMIX E INJ 4.25/D5W.....101	CLOZARIL.....45	<i>compro.....84</i>
CLINIMIX E INJ 5%/D15W.....101	see <i>clozapine.....45</i>	COMTAN.....44
CLINIMIX E INJ 5%/D20W.....101	COARTEM TAB 20-120MG.....10	CONCERTA.....55
CLINIMIX E INJ 8/10.....101	COBENFY CAP 100-20MG.....45	see <i>methylphenidate hcl.....57</i>
CLINIMIX E INJ 8/14.....101	COBENFY CAP 125-30MG.....45	CONDYLOX.....116
CLINIMIX INJ 4.25/D10 101	COBENFY CAP 50-20MG.....45	see <i>podofilox.....117</i>
CLINIMIX INJ 4.25/D5W.....101	COBENFY STRT CAP PACK.....45	<i>constulose.....86</i>
CLINIMIX INJ 5%/D15W.....101	<i>codeine sulfate.....4</i>	CONZIP.....3
CLINIMIX INJ 5%/D20W.....101	CODEINE SULFATE.....4	COPAXONE.....62
CLINIMIX INJ 6/5.....101	COLAZAL.....85	see <i>glatiramer acetate.63</i>
CLINIMIX INJ 8/10.....101	see <i>balsalazide disodium.....85</i>	see <i>glatopa.....63</i>
CLINIMIX INJ 8/14.....101	<i>colchicine.....1</i>	COPIKTRA.....20
<i>clinisol sf 15%.....101</i>	<i>colchicine w/ probenecid tab 0.5-500 mg.....1</i>	CORDRAN.....114
CLINOLIPID EMU 20%.101	COLCRYS.....1	COREG
<i>clobazam.....48</i>	colesevelam hcl.....33	see <i>carvedilol.....34</i>
<i>clobetasol propionate...114</i>	COLESTID.....33	COREG CR
<i>clobetasol propionate e.114</i>	see <i>colestipol hcl.....33</i>	see <i>carvedilol phosphate.....34</i>
<i>clobetasol propionate emulsion.....114</i>	colestipol hcl.....33	CORLANOR.....37
CLOBEX.....114	colistimethate sodium.....7	see <i>ivabradine hcl.....37</i>
see <i>clobetasol propionate.....114</i>	COLUMVI.....20	CORTEF.....78
see <i>clodan.....114</i>	COLY-MYCIN M.....7	see <i>hydrocortisone.....78</i>
<i>clocortolone pivalate ....114</i>	see <i>colistimethate sodium.....7</i>	CORTENEMA.....85
<i>clodan.....114</i>	COMBIGAN	see <i>hydrocortisone (intrarectal).....85</i>
CLODERM	see <i>brimonidine tartrate- timolol maleate ophth soln 0.2-0.5%.....103</i>	CORTIFOAM.....116
see <i>clocortolone pivalate.....114</i>	COMBIGAN SOL 0.2/0.5% .....103	CORTISONE ACETATE.78
<i>clomipramine hcl.....41</i>	COMBIPATCH DIS.....77	CORTISPORIN SUS -TC
<i>clonazepam.....48</i>	COMBIVENT AER 20-100.....104	OTIC.....104
<i>clonidine.....37</i>	COMBOGESIC INJ 300- 1000.....1	CORTROPHIN.....80
<i>clonidine hcl.....37</i>	COMETRIQ (60MG DOSE) .....20	COSENTYX.....94
<i>clonidine hcl (analgesia) ...1</i>	COMETRIQ KIT 100MG .20	COSENTYX
<i>clopidogrel bisulfate.....94</i>		SENSOREADY PEN...95
<i>clorazepate dipotassium.48</i>		COSENTYX UNOREADY.....95
<i>clotrimazole.....118</i>		COSOPT
<i>clotrimazole (topical).....112</i>		see <i>dorzolamide hcl- timolol maleate ophth soln 2-0.5%.....103</i>
		COSOPT PF
		see <i>dorzolamide hcl- timolol maleate pf ophth soln 2-0.5%..103</i>
		COSOPT PF SOL 2%- 0.5%.....103

COSOPT SOL 2-0.5%OP.....103	<i>cyclosporine modified (for microemulsion)</i> .....98	DAPTOMYCIN .....7 <i>see daptomycin</i> .....7
COTELLIC .....20	CYKLOKAPRON <i>see tranexamic acid</i> ....94	DARAPRIM .....7 <i>see pyrimethamine</i> .....8
COTEMPLA XR-ODT ....55	CYMBALTA.....41 <i>see duloxetine hcl</i>.....41	<i>darifenacin hydrobromide</i>.....90
COZAAR.....31 <i>see losartan potassium</i>.....31	<i>cyproheptadine hcl</i>.....105	<i>darunavir</i> .....10
CRENESSITY .....80	CYRAMZA .....20	DARZALEX .....20
CREON CAP 12000UNT 87	<i>cyred eq</i> .....74	DARZALEX SOL FASPRO.....20
CREON CAP 24000UNT 87	CYSTADANE <i>see betaine powder for oral solution</i> .....80	<i>dasatinib</i>.....20
CREON CAP 3000UNIT .87	CYSTADANE POW .....80	<i>dasetta 1/35</i> .....74
CREON CAP 36000UNT 87	CYSTADROPS .....104	<i>dasetta 7/7/7</i> .....74
CREON CAP 6000UNIT .87	CYSTAGON.....80	DAURISMO.....20
CRESEMBA.....9	CYSTARAN .....104	DAYBUE .....61
CRESTOR .....32 <i>see rosuvastatin calcium</i>.....32	<i>cytarabine</i> .....16	DAYPRO.....1 <i>see oxaprozin</i> .....2
CREXONT CAP 35-140MG.....44	CYTOGAM.....97	<i>daysee</i> .....74
CREXONT CAP 52.5-210.....44	CYTOMEL.....82 <i>see liothyronine sodium</i>.....83	DAYTRANA .....55 <i>see methylphenidate</i> ...56
CREXONT CAP 70-280MG.....44	CYTOTEC.....87 <i>see misoprostol</i> .....87	DAYVIGO.....58
CREXONT CAP 87.5-350.....44	D	DDAVP.....80 <i>see desmopressin</i> <i>acetate</i> .....80
CRINONE .....82	D10W/NACL INJ 0.2%..100	<i>deblitane</i> .....74
<i>cromolyn sodium</i>.....107	D2.5W/NACL INJ 0.45% .....100	<i>decitabine</i>.....16
<i>cromolyn sodium</i> <i>(mastocytosis)</i> .....87	D5W/LYTES INJ #48 ....100	<i>deferasirox</i> .....73, 74
<i>cromolyn sodium (ophth)</i> .....103	<i>dabigatran etexilate</i> <i>mesylate</i> .....91	<i>deferiprone</i>.....74
<i>crotan</i> .....118	<i>dacarbazine</i> .....18	<i>deferoxamine mesylate</i> ..74
<i>cryselle-28</i>.....74	<i>dalfampridine</i> .....62	DELESTROGEN.....77 <i>see estradiol valerate</i> ..78
CRYSVITA.....80	DALIRESP .....107 <i>see roflumilast</i> .....108	DELSTRIGO TAB .....11
CUBICIN RF .....7	DALVANCE.....7	<i>demeclocycline hcl</i>.....15
CUTAQUIG .....97	<i>danazol</i> .....66	DEMSEER.....37 <i>see metyrosine</i> .....37
CUVITRU .....97	DANTRIUM .....64 <i>see dantrolene sodium</i> 64	DENAVIR .....116 <i>see penciclovir</i>.....117
CUVPOSA .....85 <i>see glycopyrrolate (oral)</i> .....85	<i>dantrolene sodium</i> .....64	DENG VAXIA SUS.....99
CUVRIOR .....73	DANZITEN .....20	DEPAKOTE .....49 <i>see divalproex sodium</i> .49
<i>cyclobenzaprine hcl</i> .....64	<i>dapsone</i> .....7	DEPAKOTE ER .....49 <i>see divalproex sodium</i> .49
<i>cyclophosphamide</i> .....16	<i>dapsone (topical)</i> .....111	DEPAKOTE SPRINKLES.....49 <i>see divalproex sodium</i> .49
CYCLOPHOSPHAMIDE .16	DAPTACEL INJ.....99	DEPEN TITRATABS.....74 <i>see penicillamine</i> .....74
CYCLOPHOSPHAMIDE MONOHYDR .....16	DAPTOMY/NACL INJ 350/50ML .....7	DEPO-ESTRADIOL .....77
<i>cycloserine</i> .....12	DAPTOMY/NACL INJ 500/50ML .....7	
<i>cyclosporine</i> .....98	<i>daptomycin</i>.....7	

DEPO-MEDROL	78	see <i>tolterodine tartrate</i>	90	<i>dextrose 5% w/ sodium</i>	
see <i>methylprednisolone</i>		DETROL LA	90	<i>chloride 0.45%</i>	100
<i>acetate</i>	79	DEXABLISS	78	<i>dextrose 5% w/ sodium</i>	
DEPO-PROVERA		<i>dexamethasone</i>	78	<i>chloride 0.9%</i>	100
CONTRACEPTIV	74	DEXAMETHASONE		DEXYCU	102
see		INTENSOL	78	DHIVY TAB 25-100MG	44
<i>medroxyprogesterone</i>		<i>dexamethasone sodium</i>		DIACOMIT	49
<i>acetate (contraceptive)</i>		<i>phosphate</i>	78	<i>diazepam</i>	49
.....	76	<i>dexamethasone sodium</i>		<i>diazepam (anticonvulsant)</i>	
DEPO-SUBQ PROVERA		<i>phosphate (ophth)</i>	102	.....	49
104	74	DEXEDRINE	55	<i>diazepam inj</i>	49
<i>depo-testosterone</i>	66	see <i>dextroamphetamine</i>		<i>diazepam intensol</i>	49
DERMA-SMOOTH/FS		<i>sulfate</i>	56	<i>diazoxide</i>	79
BODY	114	DEXILANT	88	DIBENZYLINE	37
see <i>fluocinolone</i>		see <i>dexlansoprazole</i>	88	see <i>phenoxybenzamine</i>	
<i>acetonide</i>	114	<i>dexlansoprazole</i>	88	<i>hcl</i>	37
DERMA-SMOOTH/FS		<i>dexmethylphenidate hcl</i>	55	<i>dichlorphenamide</i>	36
SCALP	114	<i>dextrazoxane hcl</i>	25	DICLEGIS	
see <i>fluocinolone</i>		<i>dextroamphetamine sulfate</i>		see <i>doxylamine-</i>	
<i>acetonide</i>	114	.....	55, 56	<i>pyridoxine tab delayed</i>	
DERMOTIC	104	<i>dextrose</i>	101	<i>release 10-10 mg</i>	84
see <i>flac</i>	104	DEXTROSE/SODIUM		DICLEGIS TAB 10-10MG	
see <i>fluocinolone</i>		CHLORIDE		.....	84
<i>acetonide (otic)</i>	104	see <i>dextrose 5% w/</i>		<i>diclofenac potassium</i>	1
DESCOVY TAB 120-15MG		<i>sodium chloride</i>		<i>diclofenac potassium</i>	
.....	11	0.225%	100	(<i>migraine</i>)	59
DESCOVY TAB 200/25MG		<i>dextrose 10% w/ sodium</i>		<i>diclofenac sodium</i>	1
.....	11	<i>chloride 0.45%</i>	100	<i>diclofenac sodium (actinic</i>	
DESFERAL	74	DEXTROSE 2.5%/SODIUM		<i>keratoses)</i>	116
see <i>deferoxamine</i>		CHLO		<i>diclofenac sodium (ophth)</i>	
<i>mesylate</i>	74	see <i>dextrose 2.5% w/</i>		.....	102
<i>desipramine hcl</i>	41	<i>sodium chloride 0.45%</i>		<i>diclofenac sodium (topical)</i>	
<i>desloratadine</i>	105	.....	100	.....	116
<i>desmopressin acetate</i>	80	<i>dextrose 2.5% w/ sodium</i>		<i>diclofenac w/ misoprostol</i>	
<i>desmopressin acetate</i>		<i>chloride 0.45%</i>	100	<i>tab delayed release 50-</i>	
<i>spray</i>	80	DEXTROSE 5%/SODIUM		0.2 mg	1
<i>desmopressin acetate</i>		CHLORI		<i>diclofenac w/ misoprostol</i>	
<i>spray refrigerated</i>	80	see <i>dextrose 5% w/</i>		<i>tab delayed release 75-</i>	
<i>desogest-eth estrad & eth</i>		<i>sodium chloride 0.3%</i>		0.2 mg	1
<i>estrad tab 0.15-0.02/0.01</i>		.....	100	<i>dicloxacin sodium</i>	15
<i>mg(21/5)</i>	74	<i>dextrose 5% in lactated</i>		<i>dicyclomine hcl</i>	85
<i>desonide</i>	114	<i>ringers</i>	100	DIFFERIN	111
DESOWEN	114	<i>dextrose 5% w/ sodium</i>		see <i>adapalene</i>	110
see <i>desonide</i>	114	<i>chloride 0.2%</i>	100	DIFICID	14
<i>desoximetasone</i>	114	<i>dextrose 5% w/ sodium</i>		<i>diflorasone diacetate</i>	114
DESVENLAFAXINE ER	41	<i>chloride 0.225%</i>	100	DIFLUCAN	9
<i>desvenlafaxine succinate</i>	41	<i>dextrose 5% w/ sodium</i>		see <i>fluconazole</i>	9
DETROL	90	<i>chloride 0.3%</i>	100	<i>diflunisal</i>	1

<i>difluprednate</i>	102	DIOVAN HCT TAB 320-		<i>doxercalciferol</i>	83
<i>digoxin</i>	37	25MG	29	DOXIL	18
<i>dihydroergotamine</i>		DIOVAN HCT TAB 80-12.5		see <i>doxorubicin hcl</i>	
<i>mesylate</i>	59	.....	29	<i>liposomal</i>	18
DILANTIN	49	DIP/TET PED INJ 25-5LFU		<i>doxorubicin hcl</i>	18
see <i>phenytoin sodium</i>		.....	99	<i>doxorubicin hcl liposomal</i>	18
<i>extended</i>	51	DIPENTUM	85	DOXORUBICIN	
DILANTIN-125	49	<i>diphenhydramine hcl</i>	105	HYDROCHLORIDE	18
see <i>phenytoin</i>	51	<i>diphenoxylate w/ atropine</i>		see <i>doxorubicin hcl</i>	18
DILANTIN INFATABS	49	<i>liq 2.5-0.025 mg/5ml</i>	87	<i>doxy 100</i>	15
see <i>phenytoin</i>	51	<i>diphenoxylate w/ atropine</i>		<i>doxycycline (monohydrate)</i>	
DILAUDID	4	<i>tab 2.5-0.025 mg</i>	87	.....	16
see <i>hydromorphone hcl</i>	5	DIPROLENE	114	<i>doxycycline (rosacea)</i>	116
<i>diltiazem hcl</i>	35	see <i>betamethasone</i>		<i>doxycycline hyclate</i>	16
<i>diltiazem hcl coated beads</i>		<i>dipropionate</i>		<i>doxylamine-pyridoxine tab</i>	
.....	35	<i>augmented</i>	113	<i>delayed release 10-10</i>	
<i>diltiazem hcl extended</i>		<i>dipyridamole</i>	94	<i>mg</i>	84
<i>release beads</i>	35	<i>disopyramide phosphate</i>	31	DRIZALMA SPRINKLE	41
<i>dilt-xr</i>	35	<i>disulfiram</i>	66	<i>dronabinol</i>	84
<i>dimethyl fumarate</i>	62, 63	DIURIL	36	<i>drospirenone-ethinyl</i>	
<i>dimethyl fumarate capsule</i>		<i>divalproex sodium</i>	49	<i>estradiol tab 3-0.02 mg</i>	75
<i>dr starter pack 120 mg &</i>		DIVIGEL	77	<i>drospirenone-ethinyl</i>	
<i>240 mg</i>	63	see <i>estradiol</i>	77	<i>estradiol tab 3-0.03 mg</i>	75
DIOVAN	31	<i>docetaxel</i>	19	<i>drospirenone-ethinyl</i>	
see <i>valsartan</i>	31	DOCETAXEL	19	<i>estrad-levomefolate tab</i>	
DIOVAN HCT		see <i>docetaxel</i>	19	<i>3-0.02-0.451 mg</i>	75
see <i>valsartan-</i>		DOCIVYX	19	<i>drospirenone-ethinyl</i>	
<i>hydrochlorothiazide tab</i>		<i>dofetilide</i>	31	<i>estrad-levomefolate tab</i>	
<i>160-12.5 mg</i>	30	DOJOLVI	80	<i>3-0.03-0.451 mg</i>	75
see <i>valsartan-</i>		<i>dolishale</i>	74	<i>droxidopa</i>	37
<i>hydrochlorothiazide tab</i>		DOLOBID	1	DUAKLIR AER 400/12	104
<i>160-25 mg</i>	30	<i>donepezil hydrochloride</i>	40	DUETACT	
see <i>valsartan-</i>		DOPTelet	93	see <i>pioglitazone hcl-</i>	
<i>hydrochlorothiazide tab</i>		DORYX MPC	15	<i>glimepiride tab 30-2</i>	
<i>320-12.5 mg</i>	30	<i>dorzolamide hcl</i>	103	<i>mg</i>	69
see <i>valsartan-</i>		<i>dorzolamide hcl-timolol</i>		see <i>pioglitazone hcl-</i>	
<i>hydrochlorothiazide tab</i>		<i>maleate ophth soln 2-</i>		<i>glimepiride tab 30-4</i>	
<i>320-25 mg</i>	30	<i>0.5%</i>	103	<i>mg</i>	69
see <i>valsartan-</i>		<i>dorzolamide hcl-timolol</i>		DUETACT TAB 30-2MG	67
<i>hydrochlorothiazide tab</i>		<i>maleate pf ophth soln 2-</i>		DUETACT TAB 30-4MG	67
<i>80-12.5 mg</i>	30	<i>0.5%</i>	103	DUEXIS	
DIOVAN HCT TAB 160-		<i>dotti</i>	77	see <i>ibuprofen-famotidine</i>	
12.5	29	DOVATO TAB 50-300MG		<i>tab 800-26.6 mg</i>	2
DIOVAN HCT TAB 160-		.....	11	DULERA AER 100-5MCG	
25MG	29	<i>doxazosin mesylate</i>	27	.....	109
DIOVAN HCT TAB 320-		<i>doxepin hcl</i>	41	DULERA AER 200-5MCG	
12.5	29	<i>doxepin hcl (antipruritic)</i>	116	.....	109
		<i>doxepin hcl (sleep)</i>	58		

DULERA AER 50-5MCG		<i>efavirenz-emtricitabine-</i>	<i>emtricitabine-tenofovir</i>
.....109		<i>tenofovir df tab 600-200-</i>	<i>disoproxil fumarate tab</i>
<i>duloxetine hcl</i>.....41		<i>300 mg</i>.....11	<i>100-150 mg</i>.....11
DUOBRII LOT.....114		<i>efavirenz-lamivudine-</i>	<i>emtricitabine-tenofovir</i>
DUOPA SUS 4.63-20.....44		<i>tenofovir df tab 400-300-</i>	<i>disoproxil fumarate tab</i>
DUPIXENT.....95		<i>300 mg</i>.....11	<i>133-200 mg</i>.....11
DURACLON.....1		<i>efavirenz-lamivudine-</i>	<i>emtricitabine-tenofovir</i>
<i>see clonidine hcl</i>		<i>tenofovir df tab 600-300-</i>	<i>disoproxil fumarate tab</i>
<i>(analgesia)</i>.....1		<i>300 mg</i>.....11	<i>167-250 mg</i>.....11
DUREZOL.....102		EFFEXOR XR.....41	<i>emtricitabine-tenofovir</i>
<i>see difluprednate</i>.....102		<i>see venlafaxine hcl</i>.....43	<i>disoproxil fumarate tab</i>
<i>dutasteride</i>.....89		EFFIENT.....94	<i>200-300 mg</i>.....11
<i>dutasteride-tamsulosin hcl</i>		<i>see prasugrel hcl</i>.....94	EMTRIVA.....10
<i>cap 0.5-0.4 mg</i>.....89		EGRIFTA SV.....80	<i>see emtricitabine</i>.....10
DUVYZAT.....61		ELAPRASE.....80	EMVERM.....7
DYANAVEL XR.....56		ELELYSO.....80	<i>emzahh</i>.....75
DYCLOPRO.....116		ELESTRIN.....77	<i>enalapril maleate</i>.....27
DYMISTA		<i>eletriptan hydrobromide</i> ..59	<i>enalapril maleate &</i>
<i>see azelastine hcl-</i>		ELFABRIO.....80	<i>hydrochlorothiazide tab</i>
<i>fluticasone prop nasal</i>		ELIDEL.....116	<i>10-25 mg</i>.....26
<i>spray 137-50 mcg/act</i>		<i>see pimecrolimus</i>.....117	<i>enalapril maleate &</i>
.....105		ELIGARD.....17	<i>hydrochlorothiazide tab</i>
DYMISTA SPR 137-50 .105		ELIMITE.....118	<i>5-12.5 mg</i>.....26
DYRENIUM.....36		<i>see permethrin</i>.....118	ENBREL.....95
<i>see triamterene</i>.....36		<i>elinest</i>.....75	ENBREL MINI.....95
DYSPORT.....64		ELIQUIS.....91	ENBREL SURECLICK...95
E		ELIQUIS STARTER PACK	ENDARI.....93
<i>e.e.s. 400</i>.....14		91	<i>see l-glutamine (sickle</i>
E.E.S. GRANULES.....14		ELITEK.....25	<i>cell)</i>.....93
<i>see erythromycin</i>		<i>elixophyllin</i>.....107	<i>endocet tab 10-325mg</i>.....4
<i>ethylsuccinate</i>.....14		ELLECE.....18	<i>endocet tab 2.5-325mg</i>.....4
EBGLYSS.....95		ELMIRON.....89	<i>endocet tab 5-325mg</i>.....4
EC-NAPROSYN		<i>eluryng</i>.....75	<i>endocet tab 7.5-325mg</i>.....4
<i>see naproxen</i>.....2		ELYXYB.....59	ENGERIX-B.....99
<i>see naproxen dr</i>.....2		EMEND.....84	ENHERTU.....20
<i>econazole nitrate</i>.....112		<i>see fosaprepitant</i>	<i>enilloring</i>.....75
<i>edaravone</i>.....61		<i>dimeglumine</i>.....84	ENJAYMO.....93
EDARBI.....31		EMEND BIPACK.....84	<i>enoxaparin sodium</i>.....91
EDARBYCLOR TAB 40-		<i>see aprepitant</i>.....83	<i>enpresse-28</i>.....75
12.5.....29		EMEND TRIPAC PAK 125	<i>enskyce</i>.....75
EDARBYCLOR TAB 40-		& 80.....84	ENSPRYNG.....61
25MG.....29		EMGALITY.....59, 60	ENSTILAR AER.....113
EDECRIN.....36		EMPAVELI.....93	<i>entacapone</i>.....44
<i>see ethacrynic acid</i>.....36		EMPLICITI.....20	ENTADFI CAP 5-5MG...89
EDLUAR.....58		EMSAM.....41	<i>entecavir</i>.....12
EDURANT.....10		<i>emtricitabine</i>.....10	ENTRESTO CAP 15-16MG
<i>efavirenz</i>.....10			29
			ENTRESTO CAP 6-6MG 29

ENTRESTO TAB 24-26MG.....29	EQUETRO .....61	estradiol & norethindrone acetate tab 1-0.5 mg ...77
ENTRESTO TAB 49-51MG.....29	ERAXIS.....9	estradiol vaginal.....77
ENTRESTO TAB 97- 103MG.....29	ERBITUX .....20	estradiol valerate.....78
enulose .....86	ergotamine w/ caffeine tab 1-100 mg .....60	ESTRING.....78
ENVARUSUS XR .....98	eribulin mesylate .....19	ESTROGEL see estradiol.....77
EOHILIA.....87	ERIVEDGE .....20	eszopiclone.....58
EPANED .....27	ERLEADA .....17	ethacrynic acid .....36
see enalapril maleate ..27	erlotinib hcl.....20, 21	ethambutol hcl.....12
EPCLUSA PAK 150-37.512	ERMEZA.....82	ethosuximide.....49
EPCLUSA PAK 200-50MG.....12	errin.....75	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg .....75
EPCLUSA TAB 200-50MG.....12	ERTACZO.....112	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg .....75
EPCLUSA TAB 400-100.12	ertapenem sodium .....7	etodolac .....1
EPIDIOLEX.....49	ery.....111	etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr .....75
EPIDUO see adapalene-benzoyl peroxide gel 0.1-2.5% .....110	ERYGEL .....111	ETOPOPHOS .....19
EPIDUO FORTE see adapalene-benzoyl peroxide gel 0.3-2.5% .....110	see erythromycin (acne aid).....111	etoposide .....19
EPIDUO FORTE GEL 0.3- 2.5% .....111	ERYPED 200 .....14	etravirine .....10
EPIDUO GEL 0.1-2.5%.111	ERYPED 400 .....14	EUCRISA.....116
EPIFOAM AER 1% .....114	see erythromycin	EULEXIN.....17
epinastine hcl (ophth)....103	ethylsuccinate .....14	euthyrox .....83
epinephrine (anaphylaxis) .....37, 107	ery-tab.....14	EVAMIST .....78
EPIPEN 2-PAK .....107	ERYTHROCIN	EVENITY.....73
see epinephrine	LACTOBIONATE.....14	everolimus.....21
(anaphylaxis) .....107	see erythromycin	everolimus (immunosuppressant)..98
EPIPEN-JR 2-PAK.....107	lactobionate .....14	EVISTA .....80
see epinephrine	erythromycin (acne aid) 111	see raloxifene hcl .....81
(anaphylaxis) .....107	erythromycin (ophth) ....102	EVKEEZA .....33
epitol .....49	erythromycin base.....14	EVOTAZ TAB 300-150 ...11
EPIVIR .....10	erythromycin ethylsuccinate.....14	EVOXAC .....118
see lamivudine .....10	erythromycin lactobionate.....14	see cevimeline hcl ....118
EPKINLY .....20	ESBRIET.....107	EVRYSDI .....61
eplerenone .....27	see pirfenidone.....107	EXELON .....40
EPOGEN.....92	escitalopram oxalate .....41	see rivastigmine .....40
epoprostenol sodium.....38	esomeprazole magnesium.....88	exemestane .....17
EPRONTIA.....49	esomeprazole sodium.....88	EXFORGE see amlodipine besylate- valsartan tab 10-160 mg.....28
EPSOLAY .....111	estarylla.....75	
	estazolam.....58	
	ESTRACE .....77	
	see estradiol.....77	
	see estradiol vaginal...77	
	estradiol .....77	
	estradiol & norethindrone acetate tab 0.5-0.1 mg 77	

see <i>amlodipine besylate-valsartan tab 10-320 mg</i>.....28	EXJADE.....74	FERRIPROX.....74
see <i>amlodipine besylate-valsartan tab 5-160 mg</i>.....28	see <i>deferiasirox</i>.....74	see <i>deferiprone</i> .....74
see <i>amlodipine besylate-valsartan tab 5-320 mg</i>.....28	EYLEA .....104	FERRIPROX TWICE-A-DAY .....74
EXFORGE HCT	EYLEA HD .....104	<i>fesoterodine fumarate</i> .....90
see <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> .....28	EYSUVIS .....104	FETROJA.....13
see <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> .....28	EZALLOR SPRINKLE.....32	FETZIMA.....41
see <i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> .....28	ezetimibe.....33	FETZIMA CAP TITRATIO.....41
see <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> .....28	ezetimibe-simvastatin tab 10-10 mg .....33	FIASP.....71
see <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> .....28	ezetimibe-simvastatin tab 10-20 mg .....33	FIASP FLEXTOUCH.....71
see <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> .....28	ezetimibe-simvastatin tab 10-40 mg .....33	FIASP PENFILL.....71
EXFORGE HCT TAB 10-160-12.5MG .....29	ezetimibe-simvastatin tab 10-80 mg .....33	FIASP PUMPCART .....71
EXFORGE HCT TAB 10-160-25MG .....29	F	FIBRICOR.....32
EXFORGE HCT TAB 10-320-25MG .....29	FABHALTA .....93	FILSPARI.....89
EXFORGE HCT TAB 5-160-12.5MG .....29	FABIOR.....111	FILSUVEZ.....118
EXFORGE HCT TAB 5-160-25MG .....29	FABRAZYME .....80	FINACEA .....116
EXFORGE TAB 10-160MG .....29	<i>falmina</i> .....75	see <i>azelaic acid</i>.....116
EXFORGE TAB 10-320MG .....29	<i>famciclovir</i> .....12	<i>finasteride</i> .....89
EXFORGE TAB 5-160MG .....29	<i>famotidine</i> .....85	<i>fingolimod hcl</i> .....63
EXFORGE TAB 5-320MG .....29	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>.....85	FINTEPLA.....49
	FANAPT .....45	<i>finzala</i>.....75
	FANAPT PAK.....45	FIRAZYR.....93
	FARESTON .....17	see <i>icatibant acetate</i> ...93
	see <i>toremifene citrate</i> ..18	see <i>sajazir</i> .....93
	FARXIGA .....67	FIRDAPSE.....61
	FASENRA .....107	FIRMAGON.....17
	FASENRA PEN.....107	FIRVANQ.....7
	FASLODEX.....17	see <i>vancomycin hcl</i> .....8
	see <i>fulvestrant</i>.....17	<i>flac</i> .....104
	<i>febuxostat</i> .....1	FLAREX.....102
	<i>felbamate</i> .....49	FLEBOGAMMA DIF.....97
	FELBATOL.....49	<i>flecainide acetate</i> .....31
	see <i>felbamate</i>.....49	FLEQSUVY.....64
	<i>felodipine</i>.....35	see <i>baclofen</i> .....64
	FEMARA.....17	FLOLAN .....38
	see <i>letrozole</i> .....17	FLOLIPID .....32
	FEMLYV TAB 1/0.02MG.75	FLOMAX .....89
	FEMRING .....78	<i>fluconazole</i>.....9
	<i>fenofibrate</i> .....32	<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>.....9
	<i>fenofibrate micronized</i>.....32	<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>.....9
	<i>fenofibric acid</i>.....32	<i>flucytosine</i> .....9
	<i>fenoprofen calcium</i>.....1	<i>fludarabine phosphate</i> ....16
	FENSOLVI .....80	<i>fludrocortisone acetate</i> ...78
	<i>fentanyl</i> .....3	<i>flunisolide (nasal)</i> .....108

<i>fluocinolone acetonide</i> 114, 115	FOCINVEZ.....84	<i>gabapentin (once-daily)</i> ..61
<i>fluocinolone acetonide</i> (otic) .....104	FOLOTYN .....17	GALAFOLD .....80
<i>fluocinonide</i> .....115	<i>fondaparinux sodium</i>.....91	<i>galantamine hydrobromide</i>.....40
<i>fluocinonide emulsified</i> base.....115	FORFIVO XL.....42	<i>gallifrey</i>.....82
<i>fluorometholone (ophth)</i> 102	<i>formoterol fumarate</i>.....106	GAMASTAN INJ .....97
<i>fluorouracil</i> .....16	FORTEO .....73	GAMMAGARD LIQUID ...97
<i>fluorouracil (topical)</i>.....116	see <i>teriparatide</i>.....73	GAMMAGARD S/D IGA LESS TH .....97
<i>fluoxetine hcl</i> .....42	FOSAMAX .....73	GAMMAKED .....97
<i>fluoxetine hcl (pmdd)</i>.....42	see <i>alendronate sodium</i>.....73	GAMMAPLEX .....97
FLUOXETINE	FOSAMAX + D TAB 70- 2800 .....73	GAMUNEX-C .....97
HYDROCHLORIDE.....42	FOSAMAX + D TAB 70- 5600 .....73	GANCICLOVIR .....12
see <i>fluoxetine hcl</i>.....42	<i>fosamprenavir calcium</i> ...10	<i>ganciclovir sodium</i> .....12
<i>fluphenazine decanoate</i> ..45	<i>fosaprepitant dimeglumine</i>.....84	GARDASIL 9 INJ .....99
<i>fluphenazine hcl</i> .....46	<i>foscarnet sodium</i>.....12	GASTROCROM.....87
<i>flurandrenolide</i> .....115	FOSCAVIR	see <i>cromolyn sodium</i> (<i>mastocytosis</i>).....87
<i>flurbiprofen</i> .....1	see <i>foscarnet sodium</i> ..12	<i>gatifloxacin (ophth)</i>.....102
<i>flurbiprofen sodium</i> .....102	<i>fosinopril sodium</i> .....27	GATTEX.....87
<i>fluticasone propionate</i> ...115	<i>fosinopril sodium &</i> <i>hydrochlorothiazide tab</i> 10-12.5 mg .....26	GAUZE PADS 2X2 .....71
<i>fluticasone propionate</i> (inhalation).....109	<i>fosinopril sodium &</i> <i>hydrochlorothiazide tab</i> 20-12.5 mg .....26	<i>gavilyte-c</i>.....86
<i>fluticasone propionate</i> (nasal) .....108	FOTIVDA .....21	<i>gavilyte-g</i>.....86
<i>fluticasone propionate hfa</i>.....109	FRAGMIN .....91	<i>gavilyte-n/flavor pack</i> .....86
<i>fluticasone-salmeterol aer</i> <i>powder ba 100-50</i> <i>mcg/act</i>.....109	FROVA.....60	GAVRETO .....21
<i>fluticasone-salmeterol aer</i> <i>powder ba 250-50</i> <i>mcg/act</i>.....109	see <i>frovatriptan</i> <i>succinate</i>.....60	GAZYVA .....21
<i>fluticasone-salmeterol aer</i> <i>powder ba 500-50</i> <i>mcg/act</i>.....110	<i>frovatriptan succinate</i>.....60	<i>gefitinib</i>.....21
<i>fluvastatin sodium</i> .....32	FRUZAQLA.....21	<i>gemcitabine hcl</i>.....17
<i>fluvoxamine maleate</i> .....39	FULPHILA.....92	GEMCITABINE
FML FORTE.....102	<i>fulvestrant</i> .....17	HYDROCHLORIDE.....17
FML LIQUIFILM .....102	FUROSCIX .....36	see <i>gemcitabine hcl</i>.....17
see <i>fluorometholone</i> (<i>ophth</i>) .....102	<i>furosemide</i> .....36	<i>gemfibrozil</i>.....32
FOCALIN .....56	<i>furosemide inj</i>.....36	<i>gemmily</i>.....75
see <i>dexmethylphenidate</i> <i>hcl</i> .....55	FUZEON .....10	GEMTESA .....90
FOCALIN XR .....56	FYARRO .....21	<i>generlac</i> .....86
see <i>dexmethylphenidate</i> <i>hcl</i> .....55	<i>fyavolv tab 0.5mg-2.5mcg</i>.....78	<i>gengraf</i>.....98
	<i>fyavolv tab 1mg-5mcg</i>....78	GENOTROPIN.....80
	FYCOMPA .....49	GENOTROPIN MINIQUEL.....80
	FYLNETRA .....92	<i>gentamicin in saline inj 0.8</i> <i>mg/ml</i>.....7
	G	<i>gentamicin in saline inj 1.2</i> <i>mg/ml</i>.....7
	<i>gabapentin</i> .....49	<i>gentamicin in saline inj 1.6</i> <i>mg/ml</i>.....7
		<i>gentamicin in saline inj 1</i> <i>mg/ml</i>.....7

<i>gentamicin in saline inj 2 mg/ml</i>.....7	GOLYTELY	HARVONI PAK 33.75-150MG.....12
<i>gentamicin sulfate</i>.....7	see <i>gavilyte-g</i> .....86	HARVONI PAK 45-200MG.....12
<i>gentamicin sulfate (ophth)</i>.....102	see <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> .....86	HARVONI TAB 45-200MG.....12
<i>gentamicin sulfate (topical)</i>.....112	GOLYTELY SOL.....86	HARVONI TAB 90-400MG.....12
GENVOYA TAB .....11	GRALISE .....61	HAVRIX.....99
GEODON .....46	see <i>gabapentin (once-daily)</i> .....61	<i>heather</i>.....75
see <i>ziprasidone hcl</i>.....48	<i>granisetron hcl</i> .....84	HELIDAC MIS THERAPY.....87
see <i>ziprasidone mesylate</i>.....48	GRANIX .....92	HEMADY.....78
GILENYA .....63	GRASTEK.....98	HEPAGAM B.....97
see <i> fingolimod hcl</i>.....63	<i>griseofulvin microsize</i>.....9	HEPARIN/NACL INJ 25000UNT .....91
GILOTRIF .....21	<i>griseofulvin ultramicrosize</i>.....9	HEPARIN SODIUM.....91
GIMOTI .....84	<i>guanfacine hcl</i>.....37	<i>heparin sodium (porcine)</i>.....91
GIVLAARI .....93	<i>guanfacine hcl (adhd)</i> .....56	HEPLISAV-B.....99
GLASSIA.....107	GVOKE HYOPEN 1-PACK.....79	HEP SOD/D5W INJ 20000UNT .....91
<i>glatiramer acetate</i> .....63	GVOKE HYOPEN 2-PACK.....79	HEP SOD/D5W INJ 25000UNT .....91
<i>glatopa</i> .....63	GVOKE KIT.....79	HEP SOD/NACL INJ 12500UNT .....91
GLEEVEC.....21	GVOKE PFS .....79	HEP SOD/NACL INJ 25000UNT .....91
see <i>imatinib mesylate</i>.....21	GYNAZOLE-1 .....90	HERCEP HYLEC SOL 60-10000 .....21
GLEOSTINE .....16	H	HERCEPTIN .....21
<i>glimepiride</i>.....67	HAEGARDA.....93	HERZUMA .....21
<i>glipizide</i> .....67	<i>hailey 1.5/30</i>.....75	HETLIOZ.....58
<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....67	<i>hailey 24 fe</i>.....75	see <i>tasimelteon</i> .....59
<i>glipizide-metformin hcl tab 2.5-500 mg</i> .....67	HALAVEN .....19	HETLIOZ LQ.....58
<i>glipizide-metformin hcl tab 5-500 mg</i> .....67	see <i>eribulin mesylate</i>.....19	HIBERIX.....99
<i>glipizide xl</i> .....67	<i>halcinonide</i> .....115	HIPREX.....7
GLOPERBA .....1	HALCION .....58	see <i>methenamine hippurate</i>.....7
<i>glucagon (rdna)</i>.....79	see <i>triazolam</i> .....59	HIZENTRA.....97
GLUCOTROL XL .....67	HALDOL DECANOATE 100 .....46	HORIZANT.....61
see <i>glipizide</i>.....67	see <i>haloperidol decanoate</i> .....46	HUMALOG.....71
see <i>glipizide xl</i> .....67	HALDOL DECANOATE 50 .....46	HUMALOG JUNIOR KWIKPEN.....71
GLUMETZA .....68	see <i>haloperidol decanoate</i> .....46	HUMALOG KWIKPEN ....71
GLYCATE .....85	<i>halobetasol propionate</i>.....115	HUMALOG MIX INJ 50/50KWP .....71
<i>glycopyrrolate</i>.....85	<i>haloette</i> .....75	HUMALOG MIX INJ 75/25KWP .....71
GLYCOPYRROLATE.....85	HALOG .....115	
<i>glycopyrrolate (oral)</i> .....85	see <i>halcinonide</i> .....115	
<i>glydo</i> .....116	<i>haloperidol</i> .....46	
GLYXAMBI TAB 10-5 MG .....68	<i>haloperidol decanoate</i>.....46	
GLYXAMBI TAB 25-5 MG .....68	<i>haloperidol lactate</i> .....46	
GOCOVRI .....44		

HUMALOG MIX SUS 75/25	71	hydrocodone- acetaminophen tab 5-325 mg	4	see losartan potassium & hydrochlorothiazide tab 100-25 mg	29
HUMALOG TEMPO PEN71	7	hydrocodone- acetaminophen tab 7.5- 300 mg	4	see losartan potassium & hydrochlorothiazide tab 50-12.5 mg	29
HUMATIN	7	hydrocodone- acetaminophen tab 7.5- 325 mg	4	HYZAAR TAB 100-12.5	29
HUMATROPE	80	hydrocodone bitartrate	3	HYZAAR TAB 100-25	29
HUMIRA	95	hydrocodone-ibuprofen tab 10-200 mg	5	HYZAAR TAB 50-12.5	29
HUMIRA PEN	95	hydrocodone-ibuprofen tab 5-200 mg	4	I	
HUMIRA PEN-CD/UC/HS START	95	hydrocodone-ibuprofen tab 7.5-200 mg	4	ibandronate sodium	73
HUMIRA PEN KIT PS/UV	95	hydrocortisone	78	IBRANCE	21
HUMIRA PEN-PEDIATRIC UC S	95	hydrocortisone (intrarectal)	85	IBSRELA	87
HUMULIN INJ 70/30	71	hydrocortisone (rectal)	116	ibu	2
HUMULIN INJ 70/30KWP	71	hydrocortisone (topical)	115	ibuprofen	2
HUMULIN N	71	hydrocortisone butyrate	115	ibuprofen-famotidine tab 800-26.6 mg	2
HUMULIN N KWIKPEN	71	hydrocortisone butyrate hydrophilic lipo base	115	icatibant acetate	93
HUMULIN R	71	hydrocortisone sod succinate	78	iclevia	75
HUMULIN R U-500 (CONCENTR	71	hydrocortisone valerate	115	ICLUSIG	21
HUMULIN R U-500 KWIKPEN	71	hydrocortisone w/ acetic acid otic soln 1-2%	104	IDACIO (2 PEN)	95
HYCANTIN		hydromorphone hcl	3, 5	IDACIO (2 SYRINGE)	95
see topotecan hcl	19	HYDROMORPHONE HYDROCHLORI	5	IDACIO CROHN INJ DISEASE	95
hydralazine hcl	37	hydroxychloroquine sulfate	97	IDACIO PLAQU INJ PSORIASIS	95
HYDREA	18	hydroxyurea	18	IDHIFA	21
see hydroxyurea	18	hydroxyzine hcl	105	IFEX	16
hydrochlorothiazide	36	hydroxyzine pamoate	106	ifosfamide	16
hydrocodone- acetaminophen soln 10- 325 mg/15ml	4	HYFTOR	117	IFOSFAMIDE	16
hydrocodone- acetaminophen soln 7.5- 325 mg/15ml	4	HYQVIA INJ 10-800	97	ILARIS	98
hydrocodone- acetaminophen tab 10- 300 mg	4	HYQVIA INJ 2.5-200	97	ILEVRO	102
hydrocodone- acetaminophen tab 10- 325 mg	4	HYQVIA INJ 20-1600	97	ILUMYA	95
hydrocodone- acetaminophen tab 2.5- 325 mg	4	HYQVIA INJ 30-2400	97	imatinib mesylate	21
hydrocodone- acetaminophen tab 5-300 mg	4	HYQVIA INJ 5-400	97	IMBRUVICA	21
		HYSINGLA ER	3	IMDELLTRA	21
		HYZAAR		IMFINZI	21
		see losartan potassium & hydrochlorothiazide tab 100-12.5 mg	29	imipenem-cilastatin intravenous for soln 250 mg	7
				imipenem-cilastatin intravenous for soln 500 mg	7
				imipramine hcl	42
				imipramine pamoate	42
				imiquimod	117
				imiquimod pump	117
				IMITREX	60

see <i>sumatriptan succinate</i>	60	INSULIN DEGLUDEC FLEXTUOC	71	INVOKAMET XR TAB 150-500	68
IMITREX STATDOSE REFILL	60	INSULIN GLARGINE MAX SOLO	71	INVOKAMET XR TAB 50-1000	68
see <i>sumatriptan succinate</i>	60	INSULIN GLARGINE SOLOSTAR.....	71	INVOKAMET XR TAB 50-500MG.....	68
IMITREX STATDOSE SYSTEM.....	60	INSULIN GLARGINE-YFGN	71	INVOKANA	68
see <i>sumatriptan succinate</i>	60	INSULIN LISP INJ PROTAMIN	71	IPOL INJ INACTIVE.....	99
IMJUDO	21	INSULIN LISPRO.....	71	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	104
IMKELDI.....	21	INSULIN LISPRO JUNIOR KWI.....	71	<i>ipratropium bromide</i>	105
IMOVAX RABIES (H.D.C.V.).....	99	INSULIN LISPRO KWIKPEN.....	71	<i>ipratropium bromide (nasal)</i>	105
IMPAVIDO	7	INSULIN PEN NEEDLES: BD-EMBECTA.....	72	IQIRVO	87
IMURAN.....	98	INSULIN SAFETY NEEDLES: BD-EMBECTA.....	72	<i>irbesartan</i>	31
see <i>azathioprine</i>	98	INSULIN SYRINGES: BD-EMBECTA.....	72	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	29
IMVEXXY MAINTENANCE PACK.....	78	INTENCELCE.....	10	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	29
IMVEXXY STARTER PACK	78	see <i>etravirine</i>	10	IRESSA.....	21
INBRIJA	44	INTRALIPID	101	see <i>gefitinib</i>	21
<i>incassia</i>	75	INTRAROSA.....	89	<i>irinotecan hcl</i>	18
INCRELEX.....	80	<i>introvale</i>	75	ISENTRESS.....	10
INCRUSE ELLIPTA	105	INTUNIV.....	56	ISENTRESS HD	10
<i>indapamide</i>	36	see <i>guanfacine hcl (adhd)</i>	56	<i>isibloom</i>	75
INDERAL LA	34	INVANZ.....	7	ISOLYTE-P INJ /D5W...100	
see <i>propranolol hcl</i>	34	INVEGA	46	ISOLYTE-S INJ.....	100
INFANRIX INJ.....	99	see <i>paliperidone</i>	47	ISOLYTE-S INJ PH 7.4.100	
INFLECTRA.....	95	INVEGA HAFYERA	46	<i>isoniazid</i>	12
INFLIXIMAB.....	95	INVEGA SUSTENNA.....	46	ISORDIL TITRADOSE....	38
INLYTA	21	INVEGA TRINZA	46	see <i>isosorbide dinitrate</i>	38
INPEFA.....	37	INVELTYS.....	102	<i>isosorbide dinitrate</i>	38
INQOVI TAB 35-100MG .17		INVOKAMET TAB 150-1000	68	<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	37
INREBIC	21	INVOKAMET TAB 150-500	68	<i>isosorbide mononitrate</i>	38
INS ASP PROT INJ FLEXPEN	71	INVOKAMET TAB 50-1000	68	<i>isotretinoin</i>	111
INSPIRA.....	27	INVOKAMET TAB 50-500MG.....	68	<i>isradipine</i>	35
see <i>eplerenone</i>	27	INVOKAMET XR TAB 150-1000	68	ISTALOL	103
INSULIN ASPA INJ 70/30	71			see <i>timolol maleate (ophth)</i> once-daily..	103
INSULIN ASPART	71			ISTURISA	80
INSULIN ASPART FLEXPEN	71			ITOVEBI.....	21
INSULIN ASPART PENFILL.....	71			<i>itraconazole</i>	9
INSULIN DEGLUDEC....	71				

<i>ivabradine hcl</i>	37	JUBLIA.....	112	KAZANO 12.5- TAB	
<i>ivermectin</i>	7	<i>juleber</i>	75	500MG.....	68
<i>ivermectin (rosacea)</i>	117	JULUCA TAB 50-25MG ..	11	KCL/D5W/LACT INJ	
IWILFIN.....	19	<i>junel 1/20</i>	75	20MEQ/L	100
IXCHIQ INJ	99	<i>junel 1.5/30</i>	75	KCL/D5W/NACL INJ	
IXEMPRA KIT	19	<i>junel fe 1/20</i>	75	0.3/0.9%	100
IXIARO INJ	99	<i>junel fe 1.5/30</i>	75	KCL 0.3%/D5W/NACL	
IYUZEH.....	103	<i>junel fe 24</i>	75	0.9%	
IZERVAY.....	104	JUXTAPID.....	33	see <i>kcl 40 meq/l (0.3%)</i>	
J		JYLAMVO	97	in dextrose 5% & nacl	
JADENU.....	74	JYNARQUE	80	0.9% inj.....	100
see <i>deferasirox</i>	73, 74	JYNARQUE PAK 30-15MG		<i>kcl 10 meq/l (0.075%) in</i>	
JADENU SPRINKLE.....	74	.....	80	dextrose 5% & nacl	
see <i>deferasirox</i>	73	JYNARQUE PAK 45-15MG		0.45% inj.....	100
JAKAFI.....	22	.....	80	<i>kcl 20 meq/l (0.149%) in</i>	
<i>jantoven</i>	91	JYNARQUE PAK 60-30MG		nacl 0.45% inj.....	100
JANUMET TAB 50-1000	68	.....	80	<i>kcl 20 meq/l (0.15%) in</i>	
JANUMET TAB 50-500MG		JYNARQUE PAK 90-30MG		dextrose 5% & nacl 0.2%	
.....	68	.....	80	inj.....	100
JANUMET XR TAB 100-		JYNNEOS	99	<i>kcl 20 meq/l (0.15%) in</i>	
1000	68	K		dextrose 5% & nacl	
JANUMET XR TAB 50-		KABIVEN EMU	101	0.45% inj.....	100
1000	68	KADCYLA	22	<i>kcl 20 meq/l (0.15%) in</i>	
JANUMET XR TAB 50-		<i>kaitlib fe</i>	75	dextrose 5% & nacl 0.9%	
500MG.....	68	KALBITOR	93	inj.....	100
JANUVIA.....	68	KALETRA		<i>kcl 20 meq/l (0.15%) in nacl</i>	
JARDIANCE.....	68	see <i>lopinavir-ritonavir</i>		0.45% inj.....	100
<i>jasmiel</i>	75	<i>soln 400-100 mg/5ml</i>		<i>kcl 20 meq/l (0.15%) in nacl</i>	
JATENZO.....	66	(80-20 mg/ml)	12	0.9% inj.....	100
<i>javygtor</i>	80	see <i>lopinavir-ritonavir tab</i>		<i>kcl 30 meq/l (0.224%) in</i>	
JAYPIRCA	22	100-25 mg.....	12	dextrose 5% & nacl	
JEMPERLI	22	see <i>lopinavir-ritonavir tab</i>		0.45% inj.....	100
JENTADUETO TAB 2.5-		200-50 mg.....	12	<i>kcl 40 meq/l (0.3%) in</i>	
1000	68	KALETRA SOL	11	dextrose 5% & nacl	
JENTADUETO TAB 2.5-		KALETRA TAB 100-25MG		0.45% inj.....	100
500	68	.....	11	<i>kcl 40 meq/l (0.3%) in</i>	
JENTADUETO TAB 2.5-		KALETRA TAB 200-50MG		dextrose 5% & nacl 0.9%	
850	68	.....	11	inj.....	100
JENTADUETO TAB XR		KALYDECO	107	<i>kcl 40 meq/l (0.3%) in nacl</i>	
2.5-1000MG	68	KANJINTI.....	22	0.9% inj.....	100
JENTADUETO TAB XR 5-		KANUMA.....	80	<i>kelnor 1/35</i>	75
1000MG.....	68	KAPSPARGO SPRINKLE		<i>kelnor 1/50</i>	75
JEVTANA.....	19	.....	34	KENALOG-10	78
<i>jinteli</i>	78	<i>kariva</i>	75	KENALOG-40	79
JOENJA	98	KATERZIA	35	see <i>triamcinolone</i>	
<i>jolessa</i>	75	KAZANO 12.5- TAB		acetonide	79
JORNAY PM.....	56	1000MG.....	68	KENALOG-80	79
<i>joyeaux</i>	75			KEPPRA	50

see <i>levetiracetam</i>	50	<i>klor-con m20</i>	101	see <i>lamotrigine tab disint</i>	
see <i>roweepira</i>	52	KLOXXADO	66	21 x 25 mg & 7 x 50	
KEPPRA XR	50	KOMBIGLYZ XR TAB 2.5-		mg titration kit	50
see <i>levetiracetam</i>	50	1000	68	see <i>lamotrigine tab disint</i>	
KERENDIA	27	KOMBIGLYZ XR TAB 5-		25 (14) & 50 mg (14) &	
KESIMPTA	63	1000MG	68	100 mg (7) kit	50
<i>ketoconazole</i>	9	KOMBIGLYZ XR TAB 5-		see <i>lamotrigine tab disint</i>	
<i>ketoconazole (topical)</i> ...	112	500MG	68	42 x 50mg & 14 x	
<i>ketodan</i>	112	KONVOMEF SUS 2-84/ML		100mg titration kit	50
<i>ketoprofen</i>	2	.....	88	LAMICTAL ODT KIT BLUE	
<i>ketorolac tromethamine</i>	2	KORLYM	80	.....	50
<i>ketorolac tromethamine</i>		see <i>mifepristone</i>		LAMICTAL ODT KIT	
(<i>ophth</i>)	102	(<i>hyperglycemia</i>)	81	GREEN	50
KEVEYIS	36	KOSELUGO	22	LAMICTAL ODT KIT	
see <i>dichlorphenamide</i>	36	<i>kourzeq</i>	118	ORANGE	50
see <i>ormalvi</i>	36	KRAZATI	22	LAMICTAL STARTER/NOT	
KEVZARA	95	KRINTAFEL	10	TAKI	
KEYTRUDA	22	KRISTALOSE	86	see <i>lamotrigine tab 25</i>	
KHAPZORY	25	KRYSTEXXA	1	mg (42) & 100 mg (7)	
KIMMTRAK	22	<i>kurvelo</i>	75	starter kit	50
KIMYRSA	7	KUVAN	80	see <i>subvenite starter</i>	
KINERET	95	see <i>javygtor</i>	80	kit/ora	52
KINRIX INJ	99	see <i>sapropterin</i>		LAMICTAL	
<i>kionex</i>	74	<i>dihydrochloride</i>	82	STARTER/TAKING C	
<i>kiprofen</i>	2	KYPROLIS	22	see <i>lamotrigine tab 84 x</i>	
KISQALI 200 DOSE	22	L		25 mg & 14 x 100 mg	
KISQALI 200 PAK		<i>labetalol hcl</i>	34	starter kit	50
FEMARA	22	LABETALOL		see <i>subvenite starter</i>	
KISQALI 400 DOSE	22	HYDROCHLORIDE	34	kit/gre	52
KISQALI 400 PAK		<i>lacosamide</i>	50	LAMICTAL	
FEMARA	22	<i>lacosamide oral</i>	50	STARTER/TAKING V	
KISQALI 600 DOSE	22	<i>lactated ringer's solution</i>		see <i>lamotrigine</i>	50
KISQALI 600 PAK		.....	100	see <i>subvenite starter</i>	
FEMARA	22	<i>lactic acid (ammonium</i>		kit/blu	52
KITABIS PAK	7	<i>lactate</i>)	117	LAMICTAL STARTER KIT	
see <i>tobramycin</i>	8	<i>lactulose</i>	86	(35 X 25MG TABS)	50
KLARON	111	LACTULOSE	86	LAMICTAL STARTER KIT	
see <i>sulfacetamide</i>		<i>lactulose (encephalopathy)</i>		(42 X 25MG TABS & 7 X	
<i>sodium (acne)</i>	111	.....	86	100MG TAB)	50
<i>klayesta</i>	112	LAMICTAL	50	LAMICTAL STARTER KIT	
KLISYRI	117	see <i>lamotrigine</i>	50	(84 X 25MG TABS & 14	
KLONOPIN	50	see <i>subvenite</i>	52	X 100MG TABS)	50
see <i>clonazepam</i>	48	LAMICTAL CHEWABLE		LAMICTAL XR	50
<i>klor-con</i>	101	DISPERS	50	see <i>lamotrigine</i>	50
<i>klor-con 10</i>	101	see <i>lamotrigine</i>	50	LAMICTAL XR KIT	50
<i>klor-con 8</i>	101	LAMICTAL ODT	50	<i>lamivudine</i>	10
<i>klor-con m10</i>	101	see <i>lamotrigine</i>	50	<i>lamivudine (hbv)</i>	12
<i>klor-con m15</i>	101				

<i>lamivudine-zidovudine tab</i>	LENVIMA 4 MG DAILY	<i>levocetirizine</i>
150-300 mg .....11	DOSE .....22	dihydrochloride .....106
<i>lamotrigine</i> .....50	LENVIMA 8 MG DAILY	<i>levofloxacin</i> .....14
<i>lamotrigine tab 25 mg (42)</i>	DOSE .....22	<i>levofloxacin (ophth)</i> .....102
& 100 mg (7) starter kit	LENVIMA CAP 14 MG ...22	<i>levofloxacin in d5w iv soln</i>
<i>lamotrigine tab 84 x 25 mg</i>	LENVIMA CAP 18 MG ...22	250 mg/50ml.....14
& 14 x 100 mg starter kit	LENVIMA CAP 24 MG ...22	<i>levofloxacin in d5w iv soln</i>
.....50	LESCOL XL .....32	500 mg/100ml.....14
<i>lamotrigine tab disint 21 x</i>	see <i>fluvastatin sodium</i> .32	<i>levofloxacin in d5w iv soln</i>
25 mg & 7 x 50 mg	<i>lessina</i> .....75	750 mg/150ml.....14
titration kit .....50	LETAIRIS .....38	<i>levoleucovorin calcium</i>....26
<i>lamotrigine tab disint 25</i>	see <i>ambrisentan</i> .....38	<i>levonest</i>.....75
(14) & 50 mg (14) & 100	<i>letrozole</i> .....17	<i>levonor-eth est tab 0.15-</i>
mg (7) kit50	<i>leucovorin calcium</i>25, 26	0.02/0.025/0.03 mg ð
<i>lamotrigine tab disint 42 x</i>	LEUKINE.....92	est 0.01 mg.....75
50mg & 14 x 100mg	<i>leuprolide acetate</i>.....17	<i>levonorgestrel & ethinyl</i>
titration kit .....50	LEUPROLIDE ACETATE17	estradiol (91-day) tab
LAMZEDE .....80	<i>levabuterol hcl</i> .....106	0.15-0.03 mg .....75
LANOXIN .....37	<i>levabuterol tartrate</i> .....106	<i>levonorgestrel & ethinyl</i>
see <i>digoxin</i> .....37	LEVETIRACETA INJ	estradiol tab 0.15 mg-30
LANOXIN PEDIATRIC ....37	10MG/ML.....50	mcg.....75
<i>lanreotide acetate</i> .....80	LEVETIRACETA INJ	<i>levonorgestrel & ethinyl</i>
<i>lansoprazole</i>.....88	15MG/ML.....50	estradiol tab 0.1 mg-20
LANTUS .....72	LEVETIRACETA INJ	mcg.....75
LANTUS SOLOSTAR ....72	5MG/ML.....50	<i>levonorgestrel-eth estra tab</i>
<i>lapatinib ditosylate</i> .....22	<i>levetiracetam</i>.....50	0.05-30/0.075-40/0.125-
<i>larin 1/20</i> .....75	LEVETIRACETAM .....50	30mg-mcg .....75
<i>larin 1.5/30</i> .....75	see <i>levetiracetam in</i>	<i>levonorgestrel-ethinyl</i>
<i>larin 24 fe</i> .....75	<i>sodium chloride iv soln</i>	estradiol (continuous) tab
<i>larin fe 1/20</i> .....75	1000 mg/100ml.....51	90-20 mcg .....75
<i>larin fe 1.5/30</i> .....75	see <i>levetiracetam in</i>	<i>levonorgestrel-ethinyl</i>
LASIX.....36	<i>sodium chloride iv soln</i>	estradiol-fe tab 0.1 mg-
see <i>furosemide</i>.....36	1500 mg/100ml.....51	20 mcg (21) .....76
<i>latanoprost</i> .....103	see <i>levetiracetam in</i>	<i>levonorg-eth est tab 0.1-</i>
LATUDA.....46	<i>sodium chloride iv soln</i>	0.02mg(84) & eth est tab
see <i>lurasidone hcl</i> .....46	500 mg/100ml.....51	0.01mg(7) .....75
<i>layolis fe</i> .....75	<i>levetiracetam in sodium</i>	<i>levonorg-eth est tab 0.15-</i>
LAZCLUZE.....22	<i>chloride iv soln 1000</i>	0.03mg(84) & eth est tab
<i>leena</i> .....75	mg/100ml.....51	0.01mg(7) .....75
<i>leflunomide</i>.....97	<i>levetiracetam in sodium</i>	<i>levora 0.15/30-28</i> .....76
LEMTRADA .....63	<i>chloride iv soln 1500</i>	<i>levorphanol tartrate</i> .....3
<i>lenalidomide</i>.....18	mg/100ml.....51	<i>levo-t</i> .....83
LENVIMA 10 MG DAILY	<i>levetiracetam in sodium</i>	<i>levothyroxine sodium</i> .....83
DOSE .....22	<i>chloride iv soln 500</i>	<i>levoxyl</i> .....83
LENVIMA 12MG DAILY	mg/100ml.....51	LEXAPRO .....42
DOSE .....22	<i>levobunolol hcl</i> .....103	see <i>escitalopram oxalate</i>
LENVIMA 20 MG DAILY	<i>levocarnitine (metabolic</i>	41
DOSE .....22	<i>modifiers)</i>.....81	LEXETTE .....115

see <i>halobetasol</i>	LITHOSTAT	89	<i>loryna</i>	76
propionate.....	LIVALO	32	<i>losartan potassium</i>	31
<i>l-glutamine (sickle cell)</i>	see <i>pitavastatin calcium</i>	32	<i>losartan potassium &</i>	
LIALDA.....	.....	32	hydrochlorothiazide tab	
see <i>mesalamine</i>	LIVDELZI	87	100-12.5 mg	29
LIBERVANT	LIVMARLI.....	87	<i>losartan potassium &</i>	
LIBTAYO	LIVTENCITY	12	hydrochlorothiazide tab	
<i>lidocaine</i>	LOCOID	115	100-25 mg	29
<i>lidocaine hcl</i>	see <i>hydrocortisone</i>		<i>losartan potassium &</i>	
<i>lidocaine hcl (local anesth.)</i>	butyrate.....	115	hydrochlorothiazide tab	
.....	LODINE		50-12.5 mg	29
<i>lidocaine hcl (mouth-throat)</i>	see <i>etodolac</i>	1	LOTEMAX.....	102
.....	LODOCO	37	see <i>loteprednol</i>	
<i>lidocaine-prilocaine cream</i>	LODOSYN	44	etabonate.....	103
2.5-2.5%.....	see <i>carbidopa</i>	44	LOTEMAX SM	103
<i>lidocan</i>	<i>loestrin 1/20-21</i>	76	LOTENSIN	27
LIDODERM	<i>loestrin 1.5/30-21</i>	76	see <i>benazepril hcl</i>	27
see <i>lidocaine</i>	<i>loestrin fe 1/20</i>	76	LOTENSIN HCT	
see <i>lidocan</i>	<i>loestrin fe 1.5/30</i>	76	see <i>benazepril &</i>	
see <i>tridacaine ii</i>	<i>lofena</i>	2	hydrochlorothiazide tab	
LIKMEZ.....	<i>lofexidine hcl</i>	66	10-12.5 mg.....	26
LILETTA.....	LOKELMA	74	see <i>benazepril &</i>	
<i>linezolid</i>	LO LOESTRIN TAB 1-10-		hydrochlorothiazide tab	
LINEZOLID INJ 2MG/ML ..	10	76	20-12.5 mg.....	26
LINZESS	LOMOTIL		see <i>benazepril &</i>	
<i>liothyronine sodium</i>	see <i>diphenoxylate w/</i>		hydrochlorothiazide tab	
LIPITOR	atropine tab 2.5-0.025		20-25 mg.....	26
see <i>atorvastatin calcium</i>	mg.....	87	<i>loteprednol etabonate</i> ...	103
.....	LOMOTIL TAB 2.5MG ...	87	LOTREL	
LIPOFEN.....	LONSURF TAB 15-6.14..	17	see <i>amlodipine besylate-</i>	
<i>liraglutide</i>	LONSURF TAB 20-8.19..	17	benazepril hcl cap 10-	
<i>lisdexamfetamine</i>	<i>loperamide hcl</i>	87	20 mg.....	26
dimesylate	LOPID	32	see <i>amlodipine besylate-</i>	
<i>lisinopril</i>	see <i>gemfibrozil</i>	32	benazepril hcl cap 10-	
<i>lisinopril &</i>	<i>lopinavir-ritonavir soln</i> 400-		40 mg.....	26
hydrochlorothiazide tab	100 mg/5ml (80-20		see <i>amlodipine besylate-</i>	
10-12.5 mg	mg/ml)	12	benazepril hcl cap 5-10	
<i>lisinopril &</i>	<i>lopinavir-ritonavir tab</i> 100-		mg.....	26
hydrochlorothiazide tab	25 mg	12	see <i>amlodipine besylate-</i>	
20-12.5 mg	<i>lopinavir-ritonavir tab</i> 200-		benazepril hcl cap 5-20	
<i>lisinopril &</i>	50 mg	12	mg.....	26
hydrochlorothiazide tab	LOPRESSOR.....	34	LOTREL CAP 10-20MG..	26
20-25 mg	see <i>metoprolol tartrate</i>	34	LOTREL CAP 10-40MG..	26
LITFULO	LOQTORZI.....	22	LOTREL CAP 5-10MG....	26
<i>lithium</i>	<i>lorazepam</i>	39, 40	LOTREL CAP 5-20MG....	26
<i>lithium carbonate</i>	<i>lorazepam intensol</i>	40	LOTRONEX	87
LITHOBID	LORBRENA	22	see <i>alosetron hcl</i>	86
see <i>lithium carbonate</i> ..	LOREEV XR	40	<i>lovastatin</i>	32

LOVAZA	LYRICA.....51	<i>malathion</i> .....118
see <i>omega-3-acid ethyl</i>	see <i>pregabalin</i>.....52	<i>maraviroc</i> .....11
<i>esters cap 1 gm</i> .....33	LYRICA CR.....62	MARGENZA.....23
LOVAZA CAP 1GM.....33	see <i>pregabalin (once-</i>	MARINOL.....84
LOVENOX.....91	<i>daily)</i> .....62	<i>marlissa</i>.....76
see <i>enoxaparin sodium</i>	LYSODREN .....17	MARPLAN.....42
.....91	LYTGOBI (12 MG DAILY	MATULANE .....19
<i>low-ogestrel</i>.....76	DOSE).....22	<i>matzim la</i>.....35
<i>loxapine succinate</i> .....46	LYTGOBI (16 MG DAILY	MAVENCLAD (10 TABS)63
<i>lubiprostone</i> .....87	DOSE).....22	MAVENCLAD (4 TABS)..63
LUCEMYRA.....66	LYTGOBI (20 MG DAILY	MAVENCLAD (5 TABS)..63
see <i>lofexidine hcl</i>.....66	DOSE).....22	MAVENCLAD (6 TABS)..63
LUCENTIS .....104	LYUMJEV .....72	MAVENCLAD (7 TABS)..63
<i>luliconazole</i> .....112	LYUMJEV KWIKPEN.....72	MAVENCLAD (8 TABS)..63
LUMAKRAS .....22	LYUMJEV TEMPO PEN .72	MAVENCLAD (9 TABS)..63
LUMIGAN.....103	LYVISPAH .....64	MAVYRET PAK 50-20MG
LUMIZYME .....81	<i>lyza</i>.....76	12
LUMRYZ .....65	M	MAVYRET TAB 100-40MG
LUMRYZ PAK STARTER	MACROBID.....7	12
.....65	see <i>nitrofurantoin</i>	MAXALT.....60
LUNESTA	<i>monohyd macro</i> .....8	see <i>rizatriptan benzoate</i>
see <i>eszopiclone</i>.....58	MACRODANTIN .....7	60
LUNSUMIO .....22	see <i>nitrofurantoin</i>	MAXALT-MLT .....60
LUPKYNIS .....98	<i>macrocrystal</i> .....8	see <i>rizatriptan benzoate</i>
LUPRON DEPOT (1-	<i>magnesium sulfate</i>.....100	60
MONTH).....17	MAGNESIUM SULFATE	MAXIDEX.....103
LUPRON DEPOT (3-	100	MAXITROL
MONTH).....17	see <i>magnesium sulfate</i>	see <i>neomycin-polymyxin-</i>
LUPRON DEPOT (4-	100	<i>dexamethasone ophth</i>
MONTH).....17	MAGNESIUM SULFATE IN	<i>oint 0.1%</i>.....101
LUPRON DEPOT (6-	D5W	see <i>neomycin-polymyxin-</i>
MONTH).....17	see <i>magnesium sulfate in</i>	<i>dexamethasone ophth</i>
LUPRON DEPOT-PED (1-	<i>dextrose 5% iv soln 1</i>	<i>susp 0.1%</i>.....101
MONTH .....81	<i>gm/100ml</i>.....100	MAXITROL OIN 0.1% OP
LUPRON DEPOT-PED (3-	<i>magnesium sulfate in</i>	101
MONTH .....81	<i>dextrose 5% iv soln 1</i>	MAXITROL SUS 0.1% OP
LUPRON DEPOT-PED (6-	<i>gm/100ml</i>.....100	101
MONTH .....81	MALARONE	MAYZENT.....63
<i>lurasidone hcl</i>.....46	see <i>atovaquone-</i>	MAYZENT STARTER
<i>lutea</i> .....76	<i>proguanil hcl tab 250-</i>	PACK (12) .....63
LUZU.....112	<i>100 mg</i>.....10	MAYZENT STARTER
LYBALVI TAB 10-10MG .46	see <i>atovaquone-</i>	PACK (7) .....63
LYBALVI TAB 15-10MG .46	<i>proguanil hcl tab 62.5-</i>	<i>meclizine hcl</i> .....84
LYBALVI TAB 20-10MG .46	<i>25 mg</i>.....10	<i>meclofenamate sodium</i>....2
LYBALVI TAB 5-10MG ...46	MALARONE TAB 250-100	MEDROL.....79
<i>lyleq</i>.....76	10	see <i>methylprednisolone</i>
<i>lyllana</i>.....78	MALARONE TAB 62.5-25	79
LYNPARZA.....22	10	MEDROL DOSEPAK .....79

see methylprednisolone	see pyridostigmine	metoprolol succinate.....34
.....79	bromide.....62	metoprolol tartrate.....34
medroxyprogesterone	METADATE CD.....56	METROCREAM.....117
acetate.....82	see methylphenidate hcl	see metronidazole
medroxyprogesterone	57	(topical).....117
acetate (contraceptive)76	metaxalone.....64	METROGEL.....117
mefenamic acid.....2	metformin hcl.....68, 69	see metronidazole
mefloquine hcl.....10	methadone hcl.....3	(topical).....117
megestrol acetate.....18, 82	METHADONE HCL INJ....3	METROLOTION.....117
megestrol acetate	methadone hydrochloride i3	see metronidazole
(appetite).....82	METHADOSE	(topical).....117
MEKINIST.....23	see methadone	metronidazole.....7
MEKTOVI.....23	hydrochloride i.....3	METRONIDAZOLE.....7
meloxicam.....2	methazolamide.....36	see metronidazole.....7
memantine hcl.....40	methenamine hippurate....7	metronidazole (topical)..117
memantine hcl-donepezil	methergine.....81	metronidazole vaginal....90
hcl cap er 24hr 14-10 mg	methimazole.....83	metyrosine.....37
.....40	methocarbamol.....64	MG SO4/D5W INJ
memantine hcl-donepezil	methotrexate sodium 17, 97	10MG/ML.....100
hcl cap er 24hr 28-10 mg	methoxsalen rapid.....113	MIACALCIN.....73
.....40	methscopolamine bromide	see calcitonin (salmon)
memantine hcl tab 28 x 5	85	inj.....73
mg & 21 x 10 mg titration	methsuximide.....51	mibelas 24 fe.....76
pack.....40	methyldopa.....37	MICAFUNGIN.....9
MENACTRA INJ.....99	methylergonovine maleate	MICAFUNGIN/NACL INJ
MENEST.....78	81	100MG/100ML.....9
MENOSTAR.....78	METHYLIN.....56	MICAFUNGIN/NACL INJ
MENQUADFI INJ.....99	see methylphenidate hcl	150MG/150ML.....9
MENVEO INJ.....99	57	MICAFUNGIN/NACL INJ
MENVEO SOL.....99	methylphenidate.....56	50MG/50ML.....9
MEPRON.....7	methylphenidate hcl..56, 57	micafungin sodium.....9
see atovaquone.....6	methylprednisolone.....79	MICARDIS
mercaptopurine.....17	methylprednisolone acetate	see telmisartan.....31
MEROP/NACL INJ	79	MICARDIS HCT
1GM/50ML.....7	methylprednisolone sod	see telmisartan-
MEROP/NACL INJ	succ.....79	hydrochlorothiazide tab
500/50ML.....7	methyltestosterone.....66	40-12.5 mg.....30
meropenem.....7	metoclopramide hcl.....84	see telmisartan-
merzee.....76	metolazone.....36	hydrochlorothiazide tab
mesalamine.....85, 86	metoprolol &	80-12.5 mg.....30
mesalamine w/ cleanser .86	hydrochlorothiazide tab	see telmisartan-
mesna.....26	100-25 mg.....34	hydrochlorothiazide tab
MESNEX.....26	metoprolol &	80-25 mg.....30
see mesna.....26	hydrochlorothiazide tab	MICARDIS HCT TAB
MESTINON.....62	100-50 mg.....34	40/12.5.....29
see pyridostigmine	metoprolol &	MICARDIS HCT TAB
bromide.....62	hydrochlorothiazide tab	80/12.5.....29
MESTINON TIMESPAN..62	50-25 mg.....34	

MICARDIS HCT TAB 80-25MG.....29	MORPHINE	see <i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>.....54
<i>miconazole 3</i>.....90	SULFATE/SODIUM C...5	see <i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>.....54
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>.....112	<i>morphine sulfate beads</i>.....3	see <i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>.....54
<i>microgestin 1/20</i>.....76	MOTTEGRITY.....87	MYDAYIS CAP 12.5MG..57
<i>microgestin 1.5/30</i>.....76	see <i>prucalopride succinate</i>.....87	MYDAYIS CAP 25MG.....57
<i>microgestin fe 1/20</i>.....76	MOTPOLY XR .....51	MYDAYIS CAP 37.5MG..57
<i>microgestin fe 1.5/30</i>.....76	MOUNJARO .....69	MYDAYIS CAP 50MG.....57
<i>midodrine hcl</i>.....37	MOVANTIK .....87	MYFEMBREE TAB .....81
MIEBO .....104	MOVIPREP	MYFORTIC .....99
<i>mifepristone (hyperglycemia)</i>.....81	see <i>peg-3350/electrolytes/asc</i>.....86	see <i>mycophenolate sodium</i>.....99
<i>migergot</i>.....60	MOVIPREP SOL.....86	MYHIBBIN.....99
<i>miglitol</i>.....69	<i>moxifloxacin hcl</i>.....14	MYLOTARG.....23
<i>miglustat</i>.....81	<i>moxifloxacin hcl (ophth)</i> 102	MYOBLOC .....64, 65
MIGRANAL .....60	<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>.....14	MYRBETRIQ.....90
<i>mili</i>.....76	MOXIFLOXACIN	MYSOLINE .....51
<i>mimvey</i>.....78	HYDROCHLORID .....14	see <i>primidone</i>.....52
MINIVELLE .....78	MOZOBIL.....92	N
see <i>lyllana</i> .....78	see <i>plerixafor</i>.....92	<i>nabumetone</i> .....2
<i>minocycline hcl</i>.....16	MRESVIA.....99	<i>nadolol</i> .....34
<i>minoxidil</i>.....37	MS CONTIN.....3	NAFCILLIN INJ 2GM/100 .....15
<i>minzoya</i>.....76	see <i>morphine sulfate</i>.....3	<i>nafticillin sodium</i> .....15
MIPLYFFA .....81	MULPLETA.....93	<i>naftifine hcl</i>.....112
<i>mirtazapine</i> .....42	MULTAQ.....31	NAFTIN .....112
MIRVASO .....117	<i>multiple electrolytes ph 5.5</i>.....100	see <i>naftifine hcl</i> .....112
see <i>brimonidine tartrate (topical)</i>.....116	<i>multiple electrolytes ph 7.4</i>.....100	NAGLAZYME.....81
<i>misoprostol</i>.....87	<i>mupirocin</i> .....112	<i>nalbuphine hcl</i>.....5
MITIGARE.....1	<i>mupirocin calcium (topical)</i>.....112	NALFON .....2
see <i>colchicine</i>.....1	MVASI.....23	NALOCET TAB 2.5-300...5
<i>mitomycin</i>.....19	MYALEPT .....81	<i>naloxone hcl</i>.....66
<i>mitoxantrone hcl</i>.....19	MYCAMINE.....9	<i>naltrexone hcl</i>.....66
M-M-R II INJ.....99	see <i>micafungin sodium</i> ..9	NAMENDA TAB 5-10MG 40
M-NATAL PLUS TAB...101	MYCAPSSA.....81	NAMENDA TITRATION PAK
<i>modafinil</i>.....65	MYCOBUTIN .....12	see <i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> .....40
<i>moexipril hcl</i>.....27	<i>mycophenolate mofetil</i> ...98	NAMZARIC
<i>molindone hcl</i>.....46	<i>mycophenolate sodium</i> ...99	
<i>mometasone furoate</i>.....115	MYDAYIS	
<i>mometasone furoate (nasal)</i>.....108	see <i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>.....54	
MONJUVI.....23		
<i>mono-lynyah</i> .....76		
<i>montelukast sodium</i>.....106		
<i>morphine sulfate</i> .....3, 5		
MORPHINE SULFATE .....5		

see <i>memantine hcl-donepezil hcl cap er</i> 24hr 14-10 mg .....40	<i>neomycin-polymy-gramicid</i> op sol 1.75-10000- 0.025mg-unt-mg/ml ...102	NEXLIZET TAB 180/10MG.....33
see <i>memantine hcl-donepezil hcl cap er</i> 24hr 28-10 mg .....40	<i>neomycin-polymyxin b gu</i> irrigation soln .....89	NEXPLANON .....76
NAMZARIC CAP 14-10MG.....40	<i>neomycin-polymyxin-dexamethasone ophth</i> oint 0.1% .....101	NEXTSTELLIS TAB 3- 14.2MG .....76
NAMZARIC CAP 21-10MG.....40	<i>neomycin-polymyxin-dexamethasone ophth</i> susp 0.1% .....101	NEXVIAZYME .....81
NAMZARIC CAP 28-10MG.....40	<i>neomycin-polymyxin-hc</i> ophth susp .....101	NGENLA .....81
NAMZARIC CAP 7-10MG.....40	<i>neomycin-polymyxin-hc otic</i> soln 1% .....104	<i>niacin (antihyperlipidemic)</i> .....33
NAMZARIC CAP PACK..40	<i>neomycin-polymyxin-hc otic</i> susp 3.5 mg/ml-10000 unit/ml-1% .....104	<i>niacor</i> .....33
NAPRELAN.....2	<i>neomycin sulfate</i> .....7	<i>nicardipine hcl</i> .....35
see <i>naproxen sodium</i> ...2	<i>neo-polycin 5(3.5)mg-</i> 400unt-10000unt op oin.....102	<i>nicardipine hcl iv soln 20</i> mg/200ml in sodium chloride 0.9% .....35
NAPROSYN	<i>neo-polycin hc ophth oint</i> 1% .....101	<i>nicardipine hcl iv soln 40</i> mg/200ml in sodium chloride 0.9% .....35
see <i>naproxen</i> .....2	NEORAL .....99	NICARDIPINE
<i>naproxen</i> .....2	see <i>cyclosporine</i> modified (for microemulsion) .....98	HYDROCHLORIDE
<i>naproxen dr</i> .....2	see <i>gengraf</i> .....98	see <i>nicardipine hcl iv</i> soln 20 mg/200ml in sodium chloride 0.9% .....35
<i>naproxen-esomeprazole</i> magnesium tab dr 375- 20 mg .....2	NERLYNX .....23	see <i>nicardipine hcl iv</i> soln 40 mg/200ml in sodium chloride 0.9% .....35
<i>naproxen-esomeprazole</i> magnesium tab dr 500- 20 mg .....2	NESINA .....69	NICARDIPINE SOL
<i>naproxen sodium</i> .....2	<i>neuac gel 1.2-5%</i> .....111	20/200ML .....35
<i>naratriptan hcl</i> .....60	NEULASTA .....92	NICARDIPINE SOL
NARDIL .....42	NEULASTA ONPRO KIT 92	40/200ML .....35
see <i>phenelzine sulfate</i> 43	NEUPOGEN .....92	NICOTROL INHALER....66
NATAZIA TAB .....76	NEUPRO .....44	NICOTROL NS .....66
<i>nateglinide</i> .....69	NEURONTIN .....51	<i>nifedipine</i> .....35
NATROBA .....118	see <i>gabapentin</i> .....49	<i>nikki</i> .....76
NAYZILAM .....51	NEVANAC .....103	NILANDRON .....18
<i>nebivolol hcl</i> .....34	<i>nevirapine</i> .....11	see <i>nilutamide</i> .....18
NEBUPENT .....7	NEXAVAR .....23	<i>nilutamide</i> .....18
see <i>pentamidine</i> <i>isethionate inh</i> .....8	see <i>sorafenib tosylate</i> .24	<i>nimodipine</i> .....35
<i>necon 0.5/35-28</i> .....76	NEXICLON XR .....37	NINLARO .....23
<i>nefazodone hcl</i> .....42	NEXIUM .....88	NIPENT .....19
NEMLUVIO .....95	see <i>esomeprazole</i> magnesium .....88	<i>nisoldipine</i> .....35
<i>neomycin-bacitrac zn-</i> <i>polymyx 5(3.5)mg-</i> 400unt-10000unt op oin.....102	NEXLETOL .....33	<i>nitazoxanide</i> .....7
		<i>nitisinone</i> .....81
		NITRO-BID .....38
		NITRO-DUR .....38
		<i>nitrofurantoin</i> .....7
		NITROFURANTOIN .....8

<i>nitrofurantoin macrocrystal</i>	8	<i>norethindrone ac-ethinyl</i>		NOVOLIN R FLEXPEN	
<i>nitrofurantoin monohyd</i>		<i>estradiol-fe tab 1-20/1-30/1-</i>		RELION.....	72
<i>macro</i>	8	<i>35 mg-mcg</i>	76	NOVOLIN R RELION.....	72
<i>nitroglycerin</i>	38	<i>norgestimate & ethinyl</i>		NOVOLOG.....	72
<i>nitroglycerin (intra-anal)</i>	117	<i>estradiol tab 0.25 mg-35</i>		NOVOLOG FLEXPEN	72
NITROLINGUAL	38	<i>mcg</i>	76	NOVOLOG FLEXPEN	
see <i>nitroglycerin</i>	38	<i>norgestimate-eth estrad tab</i>		RELION.....	72
NITROSTAT.....	38	<i>0.18-25/0.215-25/0.25-25</i>		NOVOLOG MIX INJ 70/30	
see <i>nitroglycerin</i>	38	<i>mg-mcg</i>	76	.....	72
NITYR.....	81	<i>norgestimate-eth estrad tab</i>		NOVOLOG MIX INJ	
NIVESTYM.....	92	<i>0.18-35/0.215-35/0.25-35</i>		FLEXPEN	72
<i>nizatidine</i>	85	<i>mg-mcg</i>	76	NOVOLOG MIX INJ FLEX	
<i>nora-be</i>	76	NORITATE.....	117	REL	72
NORDITROPIN FLEXPEN		NORLIQVA	35	NOVOLOG PENFILL	72
.....	81	<i>norlyroc</i>	76	NOVOLOG RELI INJ 70/30	
<i>norelgestromin-ethinyl</i>		NORPACE	31	.....	72
<i>estradiol td ptwk 150-35</i>		see <i>disopyramide</i>		NOVOLOG RELION	72
<i>mcg/24hr</i>	76	<i>phosphate</i>	31	NOXAFIL.....	9
<i>norethindrone</i>		NORPACE CR.....	31	see <i>posaconazole</i> ...	9, 10
(<i>contraceptive</i>).....	76	NORPRAMIN	42	NPLATE	92
<i>norethindrone & ethinyl</i>		see <i>desipramine hcl</i> ...	41	NUBEQA.....	18
<i>estradiol-fe chew tab 0.4</i>		NORTHERA.....	37	NUCALA	107
<i>mg-35 mcg</i>	76	see <i>droxidopa</i>	37	NUCYNTA.....	5
<i>norethindrone & ethinyl</i>		<i>nortrel 0.5/35 (28)</i>	76	NUCYNTA ER.....	3
<i>estradiol-fe chew tab 0.8</i>		<i>nortrel 1/35 (21)</i>	76	NUDEXTA CAP 20-10MG	
<i>mg-25 mcg</i>	76	<i>nortrel 1/35 (28)</i>	76	.....	62
<i>norethindrone ace & ethinyl</i>		<i>nortrel 7/7/7</i>	76	NULOJIX.....	99
<i>estradiol-fe tab 1 mg-20</i>		<i>nortriptyline hcl</i>	42	NUPLAZID	46
<i>mcg</i>	76	NORVASC	35	NURTEC	60
<i>norethindrone ace & ethinyl</i>		see <i>amlodipine besylate</i>		NUTRILIPID	101
<i>estradiol tab 1.5 mg-30</i>		.....	34	NUTROPIN AQ NUSPIN 10	
<i>mcg</i>	76	NORVIR.....	11	.....	81
<i>norethindrone ace & ethinyl</i>		see <i>ritonavir</i>	11	NUTROPIN AQ NUSPIN 20	
<i>estradiol tab 1 mg-20</i>		NOURIANZ	44	.....	81
<i>mcg</i>	76	NOVAREL.....	81	NUTROPIN AQ NUSPIN 5	
<i>norethindrone ace-eth</i>		NOVOLIN70/30 INJ		.....	81
<i>estradiol-fe chew tab 1</i>		RELION	72	NUVARING	
<i>mg-20 mcg (24)</i>	76	NOVOLIN INJ 70/30	72	see <i>eluryng</i>	75
<i>norethindrone ace-ethinyl</i>		NOVOLIN INJ 70/30 FP..	72	see <i>enilloring</i>	75
<i>estradiol-fe cap 1 mg-20</i>		NOVOLIN INJ 70/30 FP		see <i>etonogestrel-ethinyl</i>	
<i>mcg (24)</i>	76	RELION	72	<i>estradiol va ring 0.12-</i>	
<i>norethindrone acetate</i>	82	NOVOLIN N	72	<i>0.015 mg/24hr</i>	75
<i>norethindrone acetate-</i>		NOVOLIN N FLEXPEN...72		see <i>haloette</i>	75
<i>ethinyl estradiol tab 0.5</i>		NOVOLIN N FLEXPEN		NUVARING MIS.....	76
<i>mg-2.5 mcg</i>	78	RELION	72	NUVIGIL.....	65
<i>norethindrone acetate-</i>		NOVOLIN N RELION.....72		see <i>armodafinil</i>	65
<i>ethinyl estradiol tab 1</i>		NOVOLIN R	72	NUZYRA	16
<i>mg-5 mcg</i>	78	NOVOLIN R FLEXPEN...72		<i>nyamyc</i>	112

<i>nylia</i> 1/35.....	76	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab</i> 20-12.5 mg.....	29	OMNIPOD GO KIT 20UNT/DY	72
<i>nylia</i> 7/7/7.....	76	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab</i> 40-12.5 mg.....	29	OMNIPOD GO KIT 25UNT/DY	72
NYMALIZE	35	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab</i> 40-25 mg.....	29	OMNIPOD GO KIT 30UNT/DY	72
<i>nystatin</i>	9	<i>olopatadine hcl (nasal)</i> ..	106	OMNIPOD GO KIT 35UNT/DY	72
NYSTATIN see <i>nystatin</i> (mouth- throat)	118	OLPRUVA.....	81	OMNIPOD GO KIT 40UNT/DY	72
<i>nystatin</i> (mouth-throat) ..	118	OLUMIANT	95	OMNIPOD MIS CLASSIC	72
<i>nystatin</i> (topical).....	112	<i>omega-3-acid ethyl esters</i> cap 1 gm.....	33	OMNITROPE	81
<i>nystop</i>	112	<i>omeprazole</i>	88	OMVOH	95, 96
NYVEPRIA.....	92	<i>omeprazole-sodium</i> bicarbonate cap 20-1100 mg	88	ONCASPAS.....	19
O		<i>omeprazole-sodium</i> bicarbonate cap 40-1100 mg	88	<i>ondansetron</i>	84
OALIVA	87	<i>omeprazole-sodium</i> bicarbonate powd pack for susp 20-1680 mg ...	88	<i>ondansetron hcl</i>	84
<i>ocella</i>	76	<i>omeprazole-sodium</i> bicarbonate powd pack for susp 40-1680 mg ...	88	ONEXTON see <i>clindamycin</i> phosphate-benzoyl peroxide gel 1.2-3.75%	111
OCREVUS	63	OMNARIS	108	ONEXTON GEL 1.2-3.75	111
OCREVUS INJ ZUNOVO63		OMNIPOD 5 DX KIT INT G7G6.....	72	ONFI	51
OCTAGAM.....	97	OMNIPOD 5 DX MIS POD G7G6.....	72	see <i>clobazam</i>	48
<i>octreotide acetate</i>	81	OMNIPOD 5 G7 KIT INTRO	72	ONGENTYS.....	44
OCUFLOX.....	102	OMNIPOD 5 G7 MIS PODS	72	ONGLYZA.....	69
see <i>ofloxacin</i> (ophth) ..	102	OMNIPOD 5 LB KIT INTRO G6.....	72	see <i>saxagliptin hcl</i>	69
ODACTRA SUB	98	OMNIPOD 5 LB MIS PODS G6.....	72	ONIVYDE.....	19
ODEFSEY TAB.....	12	OMNIPOD DASH KIT INTRO	72	ONTRUZANT	23
ODOMZO	23	OMNIPOD DASH MIS PODS	72	ONUREG	17
OFEV	107	OMNIPOD GO KIT 10UNT/DY	72	ONZETRA XSAIL.....	60
<i>ofloxacin</i> (ophth)	102	OMNIPOD GO KIT 15UNT/DY	72	OPDIVO	23
<i>ofloxacin</i> (otic).....	104			OPDIVO INJ QVANTIG ..	23
OGIVRI	23			OPDUALAG SOL.....	23
OGSIVEO	23			OPFOLDA.....	81
OHTUVAYRE.....	107			OPIPZA.....	46
OJEMDA.....	23			OPSUMIT.....	38
OJJAARA.....	23			OPSYNVI TAB 10-20MG	38
<i>olanzapine</i>	46			OPSYNVI TAB 10-40MG	38
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab</i> 20-5-12.5 mg.....	30			OPVEE.....	66
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-10-12.5 mg.....	30			OPZELURA.....	117
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-10-25 mg.....	30			ORACEA.....	117
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-5-12.5 mg.....	30			see <i>doxycycline</i> (rosacea).....	116
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-5-25 mg.....	30			ORAPRED ODT.....	79
<i>olmesartan medoxomil</i>	31			ORBACTIV.....	8

ORENCIA.....	96	OXLUMO	89	PALFORZIA CAP	
ORENCIA CLICKJECT ...	96	OXTELLAR XR	51	ESCALAT	98
ORENITRAM	38	<i>see oxcarbazepine</i>	51	PALFORZIA CAP LEVEL	
ORENITRAM TAB MONTH		OXY-ACETAMIN TAB 7.5-		10	98
1	38	300	5	PALFORZIA CAP LEVEL 3	
ORENITRAM TAB MONTH		<i>oxybutynin chloride</i>	90	.....	98
2	38	OXYCOD/ACETA SOL		PALFORZIA CAP LEVEL 7	
ORENITRAM TAB MONTH		10/300MG.....	5	.....	98
3	38	OXYCOD/APAP TAB 10-		PALFORZIA CAP LEVEL 8	
ORFADIN.....	81	300MG.....	5	.....	98
<i>see nitisinone</i>	81	OXYCOD/APAP TAB 5-		PALFORZIA LEVEL 1.....	98
ORGOVYX.....	18	300MG.....	5	PALFORZIA LEVEL 11	
ORIAHNN CAP	81	OXYCOD-APAP TAB 2.5-		(MAINT.....	98
ORILISSA	81	300	5	PALFORZIA LEVEL 11	
ORKAMBI GRA 100-125		<i>oxycodone hcl</i>	5	(TITRA.....	98
.....	107	<i>oxycodone w/</i>		PALFORZIA LEVEL 2.....	98
ORKAMBI GRA 150-188		<i>acetaminophen soln 5-</i>		PALFORZIA LEVEL 4.....	98
.....	107	325 mg/5ml.....	5	PALFORZIA LEVEL 5.....	98
ORKAMBI GRA 75-94MG		<i>oxycodone w/</i>		PALFORZIA LEVEL 6.....	98
.....	107	<i>acetaminophen tab 10-</i>		PALFORZIA LEVEL 9.....	98
ORKAMBI TAB 100-125		325 mg	5	<i>paliperidone</i>	46, 47
.....	107	<i>oxycodone w/</i>		<i>palonosetron hcl</i>	84
ORKAMBI TAB 200-125		<i>acetaminophen tab 2.5-</i>		PALONOSETRON	
.....	107	325 mg	5	HYDROCHLORID	84
ORLADEYO	93	<i>oxycodone w/</i>		PALYNZIQ	81
<i>ormarvi</i>	36	<i>acetaminophen tab 5-325</i>		PAMELOR	42
ORSERDU	18	mg	5	<i>see nortriptyline hcl</i>	42
<i>oseltamivir phosphate</i>	12	<i>oxycodone w/</i>		<i>pamidronate disodium</i>	73
OSENI TAB 12.5-30.....	69	<i>acetaminophen tab 7.5-</i>		PAMIDRONATE	
OSENI TAB 25-15MG.....	69	325 mg	5	DISODIUM	73
OSENI TAB 25-30MG.....	69	OXYCONTIN.....	3	PANCREAZE CAP	
OSENI TAB 25-45MG.....	69	<i>oxymorphone hcl</i>	3, 4, 6	10500UNT	87
OSPHENA	81	OXYTROL.....	90	PANCREAZE CAP	
OTEZLA	96	OZEMPIC (0.25 OR		16800UNT	87
OTEZLA TAB 10/20	96	0.5MG/DOSE)	69	PANCREAZE CAP	
OTEZLA TAB 10/20/30	96	OZEMPIC (0.25 OR 0.5		21000UNT	87
OTREXUP	97	MG/DOSE)	69	PANCREAZE CAP	
OVIDE.....	118	OZEMPIC (1MG/DOSE)	69	2600UNIT	87
OXACILLIN INJ 2GM	15	OZEMPIC (2MG/DOSE)	69	PANCREAZE CAP 37000	
<i>oxacillin sodium</i>	15	OZOBAX DS	65	.....	87
<i>oxaliplatin</i>	16	P		PANCREAZE CAP	
<i>oxaprozin</i>	2	<i>pacerone</i>	31	4200UNIT	87
OXAYDO.....	5	<i>paclitaxel</i>	19	PANRETIN.....	117
<i>oxazepam</i>	40	<i>paclitaxel inj 100mg</i>	19	PANTOPR/NACL SOL	
<i>oxcarbazepine</i>	51	PACLITAXEL INJ 100MG		40MG/100.....	88
OXERVATE	104	.....	19	PANTOPR/NACL SOL	
<i>oxiconazole nitrate</i>	113	PADCEV	23	80MG/100.....	88
OXISTAT.....	113			<i>pantoprazole sodium</i>	89

PANTOPRAZOLE SOL			
40/50ML	89	<i>penicillin g sodium</i>	15
PANZYGA.....	98	<i>penicillin v potassium</i>	15
<i>paricalcitol</i>	83	PENNSAID.....	117
PARLODEL.....	44	<i>see diclofenac sodium</i>	
<i>see bromocriptine</i>		<i>(topical)</i>	116
<i>mesylate</i>	43	PENTACEL INJ.....	99
PARNATE.....	42	PENTAM 300.....	8
<i>see tranylcypromine</i>		<i>see pentamidine</i>	
<i>sulfate</i>	43	<i>isethionate inj</i>	8
<i>paroxetine hcl</i>	42	<i>pentamidine isethionate inh</i>	
<i>paroxetine mesylate</i>		.....	8
<i>(vasomotor)</i>	62	<i>pentamidine isethionate inj</i>	
PAVBLU.....	104	.....	8
PAXIL.....	42	PENTASA.....	86
<i>see paroxetine hcl</i>	42	<i>pentoxifylline</i>	93
PAXIL CR.....	42	PEPCID.....	85
<i>see paroxetine hcl</i>	42	<i>see famotidine</i>	85
PAXLOVID TAB 150-10012		PERCOCET	
PAXLOVID TAB 300-10012		<i>see endocet tab 10-</i>	
<i>pazopanib hcl</i>	23	325mg.....	4
PEDIAPRED	79	<i>see endocet tab 2.5-</i>	
<i>see prednisolone sodium</i>		325mg.....	4
<i>phosphate</i>	79	<i>see endocet tab 5-325mg</i>	
PEDIARIX INJ 0.5ML.....	99	.....	4
PEDVAX HIB	99	<i>see endocet tab 7.5-</i>	
<i>peg-3350/electrolytes/asc</i>		325mg.....	4
.....	86	<i>see oxycodone w/</i>	
<i>peg 3350-kcl-na bicarb-</i>		<i>acetaminophen tab 10-</i>	
<i>nacl-na sulfate for soln</i>		325 mg.....	5
236 gm	86	<i>see oxycodone w/</i>	
<i>peg 3350-kcl-sod bicarb-</i>		<i>acetaminophen tab</i>	
<i>nacl for soln 420 gm</i> ...	86	2.5-325 mg.....	5
PEGASYS.....	12	<i>see oxycodone w/</i>	
PEMAZYRE.....	23	<i>acetaminophen tab 5-</i>	
PEMETREXED	17	325 mg.....	5
<i>pemetrexed disodium</i>	17	<i>see oxycodone w/</i>	
PEMRYDI RTU	17	<i>acetaminophen tab</i>	
PENBRAYA INJ.....	99	7.5-325 mg.....	5
<i> penciclovir</i>	117	PERCOCET TAB 10-	
PEN GK/DEXTR INJ		325MG.....	6
20000/ML	15	PERCOCET TAB 2.5-325.6	
PEN GK/DEXTR INJ		PERCOCET TAB 5-325MG	
40000/ML	15	.....	6
PEN GK/DEXTR INJ		PERCOCET TAB 7.5-325.6	
60000/ML	15	PERFOROMIST.....	106
<i>penicillamine</i>	74	<i>see formoterol fumarate</i>	
<i>penicillin g potassium</i>	15	.....	106
		PERIDEX	
		<i>see chlorhexidine</i>	
		<i>gluconate (mouth-</i>	
		<i>throat)</i>	118
		<i>see periogard</i>	118
		<i>perindopril erbumine</i>	27
		<i>periogard</i>	118
		PERJETA.....	23
		<i>permethrin</i>	118
		<i>perphenazine</i>	47
		<i>perphenazine-amitriptyline</i>	
		<i>tab 2-10 mg</i>	42
		<i>perphenazine-amitriptyline</i>	
		<i>tab 2-25 mg</i>	42
		<i>perphenazine-amitriptyline</i>	
		<i>tab 4-10 mg</i>	42
		<i>perphenazine-amitriptyline</i>	
		<i>tab 4-25 mg</i>	42
		<i>perphenazine-amitriptyline</i>	
		<i>tab 4-50 mg</i>	42
		PERSERIS.....	47
		PERTZYE CAP 16000U .87	
		PERTZYE CAP 24000U .87	
		PERTZYE CAP 4000UNIT	
		.....	87
		PERTZYE CAP 8000UNIT	
		.....	87
		<i>pfizerpen</i>	15
		PHEBURANE.....	81
		<i>phenelzine sulfate</i>	43
		PHENERGAN	84
		<i>see promethazine hcl</i> ..	84
		<i>phenobarbital</i>	51
		<i>phenobarbital sodium</i>	51
		<i>phenoxybenzamine hcl</i> ...	37
		<i>phenytek</i>	51
		<i>phenytoin</i>	51
		<i>phenytoin sodium</i>	51
		<i>phenytoin sodium extended</i>	
		.....	51
		PHESGO SOL	23
		PHEXXI GEL.....	76
		<i>philith</i>	76
		PHOSPHOLINE IODIDE	
		.....	103
		PIASKY	93
		PIFELTRO	11
		<i>pilocarpine hcl</i>	103
		<i>pilocarpine hcl (oral)</i>	118

<i>pimecrolimus</i>.....117	see <i>clopidogrel bisulfate</i>	POT CHL 20MEQ/L IN
<i>pimozide</i>.....47	94	NACL 0.45% INJ .....101
<i>pimtrea</i>.....76	PLEGRIDY .....63	POT CHL 20MEQ/L IN
<i>pindolol</i>.....34	PLEGRIDY INJ STARTER	NACL 0.9% INJ .....101
<i>pioglitazone hcl</i>.....69	63	POT CHL 40MEQ/L IN
<i>pioglitazone hcl-glimepiride</i>	PLEGRIDY PEN INJ	NACL 0.9% INJ .....101
<i>tab 30-2 mg</i> .....69	STARTER.....63	POTELIGEO .....23
<i>pioglitazone hcl-glimepiride</i>	<i>plenamine</i> .....101	PRADAXA.....91
<i>tab 30-4 mg</i> .....69	PLENVU SOL .....86	see <i>dabigatran etexilate</i>
<i>pioglitazone hcl-metformin</i>	<i>plerixafor</i> .....92	<i>mesylate</i> .....91
<i>hcl tab 15-500 mg</i>.....69	<i>podofilox</i>.....117	<i>pralatrexate</i> .....17
<i>pioglitazone hcl-metformin</i>	POKONZA .....101	<i>pramipexole</i>
<i>hcl tab 15-850 mg</i>.....69	POLIVY .....23	<i>dihydrochloride</i> .....44
<i>piperacillin sod-tazobactam</i>	<i>polycin ophth oint</i>.....102	<i>prasugrel hcl</i> .....94
<i>na for inj 3.375 gm (3-</i>	<i>polymyxin b sulfate</i> .....8	<i>pravastatin sodium</i>.....32
<i>0.375 gm)</i> .....15	<i>polymyxin b-trimethoprim</i>	<i>praziquantel</i> .....8
<i>piperacillin sod-tazobactam</i>	<i>ophth soln 10000 unit/ml-</i>	<i>prazosin hcl</i>.....27
<i>sod for inj 13.5 gm (12-</i>	<i>0.1%</i> .....102	PRED FORTE.....103
<i>1.5 gm)</i> .....15	POMALYST .....18	see <i>prednisolone acetate</i>
<i>piperacillin sod-tazobactam</i>	POMBILITI .....81	(<i>ophth</i>) .....103
<i>sod for inj 2.25 gm (2-</i>	PONVORY .....63	PRED MILD .....103
<i>0.25 gm)</i> .....15	PONVORY TAB STARTER	<i>prednisolone</i> .....79
<i>piperacillin sod-tazobactam</i>	63	<i>prednisolone acetate</i>
<i>sod for inj 4.5 gm (4-0.5</i>	<i>portia-28</i>.....76	(<i>ophth</i>) .....103
<i>gm)</i> .....15	<i>posaconazole</i>.....9, 10	PREDNISOLONE SODIUM
<i>piperacillin sod-tazobactam</i>	POSFREA.....84	PHOSP .....103
<i>sod for inj 40.5 gm (36-</i>	<i>potassium chloride</i> .....101	<i>prednisolone sodium</i>
<i>4.5 gm)</i> .....15	POTASSIUM CHLORIDE	<i>phosphate</i>.....79
PIQRAY 200MG DAILY	101	<i>prednisone</i> .....79
DOSE .....23	see <i>potassium chloride</i>	PREDNISONE INTENSOL
PIQRAY 250MG TAB	101	79
DOSE .....23	POTASSIUM	<i>pregabalin</i> .....52
PIQRAY 300MG DAILY	CHLORIDE/SODIUM	<i>pregabalin (once-daily)</i> ...62
DOSE .....23	see <i>kcl 20 meq/l (0.15%)</i>	PREGNYL W/DILUENT
<i>pirfenidone</i> .....107	<i>in nacl 0.45% inj</i>.....100	BENZYL .....81
<i>piroxicam</i>.....2	see <i>kcl 20 meq/l (0.15%)</i>	PREMARIN .....78
<i>pitavastatin calcium</i>.....32	<i>in nacl 0.9% inj</i>.....100	PREMASOL SOL 10%..101
PLAQUENIL.....97	see <i>kcl 40 meq/l (0.3%)</i>	PREMPHASE TAB .....78
see <i>hydroxychloroquine</i>	<i>in nacl 0.9% inj</i>.....100	PREMPRO TAB .....78
<i>sulfate</i> .....97	<i>potassium chloride 20</i>	PREMPRO TAB 0.3-1.5..78
PLASMA-LYTE A	<i>meq/l (0.15%) in</i>	PREMPRO TAB 0.45-1.578
see <i>multiple electrolytes</i>	<i>dextrose 5% inj</i>.....101	PREMPRO TAB 0.625-5.78
<i>ph 7.4</i>.....100	<i>potassium chloride</i>	PRENATAL TAB 27-1MG
PLASMA-LYTE INJ -148	<i>microencapsulated</i>	101
.....100	<i>crystals er</i>.....101	PRENATAL TAB PLUS.101
PLASMA-LYTE INJ -A ..100	<i>potassium citrate</i>	PRETOMANID .....12
PLAVIX .....94	(<i>alkalinizer</i>) .....89	PREVACID.....89
		see <i>lansoprazole</i> .....88

PREVACID SOLUTAB.....89	PROLASTIN-C.....107	PYLERA
<i>see lansoprazole</i> .....88	PROLATE SOL 10/300MG	<i>see bismuth subcit-</i>
<i>prevalite</i> .....33	6	<i>metronidazole-</i>
PREVYMIS .....13	PROLATE TAB 10-300MG	<i>tetracycline cap 140-</i>
PREZCOBIX TAB 800-150	6	125-125 mg.....86
.....12	PROLATE TAB 5-300MG .6	PYLERA CAP .....87
PREZISTA .....11	PROLATE TAB 7.5-300 ....6	<i>pyrazinamide</i>.....12
<i>see darunavir</i>.....10	PROLENSA .....103	<i>pyridostigmine bromide</i> ...62
PRIFTIN .....12	<i>see bromfenac sodium</i>	<i>pyrimethamine</i> .....8
PRILOSEC .....89	(<i>ophth</i>) .....102	PYRUKYND .....93
<i>primaquine phosphate</i> ....10	PROLIA.....73	PYRUKYND TAB
PRIMAQUINE	PROMACTA.....93	20MGX5MG .....93
PHOSPHATE .....10	<i>promethazine hcl</i>.....84	PYRUKYND TAB
<i>see primaquine</i>	<i>promethazine vc</i>.....105	50MGX20M .....93
<i>phosphate</i> .....10	<i>promethegan</i> .....84	PYRUKYND TAPER PACK
PRIMAXIN IV	PROMETRIUM .....82	93
<i>see imipenem-cilastatin</i>	<i>see progesterone</i> .....82	Q
<i>intravenous for soln</i>	<i>propafenone hcl</i> .....31	QBRELIS .....27
500 mg.....7	<i>proparacaine hcl</i> .....104	QDOLO .....6
PRIMAXIN IV INJ 500MG .8	<i>propranolol hcl</i> .....34	QELBREE .....57
<i>primidone</i> .....52	<i>propylthiouracil</i>.....83	QINLOCK.....23
PRIORIX INJ .....99	PROQUAD INJ .....99	QNASL.....108
PRISTIQ.....43	PROSCAR .....89	QNASL CHILDRENS ...108
<i>see desvenlafaxine</i>	<i>see finasteride</i> .....89	QTERN TAB 10-5MG .....69
<i>succinate</i>.....41	PROSOL INJ 20% .....101	QTERN TAB 5-5MG .....69
PRIVIGEN.....98	PROTONIX .....89	QUADRACEL INJ 0.5ML 99
PROAIR RESPICLICK..106	<i>see pantoprazole sodium</i>	QUALAQUIN
<i>probenecid</i> .....1	89	<i>see quinine sulfate</i> .....10
PROCARDIA XL .....35	<i>protriptyline hcl</i>.....43	QUDEXY XR.....52
<i>see nifedipine</i> .....35	PROVERA .....82	<i>see topiramate</i>.....53
<i>prochlorperazine</i> .....84	<i>see</i>	QUESTRAN .....33
<i>prochlorperazine edisylate</i>	<i>medroxyprogesterone</i>	<i>see cholestyramine</i> .....33
.....84	<i>acetate</i> .....82	QUESTRAN LIGHT .....33
<i>prochlorperazine maleate</i>	PROVIGIL .....65	<i>see cholestyramine light</i>
.....84	<i>see modafinil</i> .....65	33
PROCRIT .....92	PROZAC .....43	<i>see prevalite</i> .....33
<i>proctocort</i> .....117	<i>see fluoxetine hcl</i>.....42	<i>quetiapine fumarate</i> .....47
PROCTOFOAM AER HC	<i>prucalopride succinate</i> ....87	QUILLICHEW ER.....57
1% .....117	PRUDOXIN .....117	QUILLIVANT XR.....57
<i>procto-med hc</i> .....117	<i>see doxepin hcl</i>	<i>quinapril hcl</i>.....27
<i>proctosol hc</i>.....117	(<i>antipruritic</i>) .....116	<i>quinapril-</i>
<i>proctozone-hc</i> .....117	PULMICORT .....109	<i>hydrochlorothiazide tab</i>
PROCYSBI .....81	<i>see budesonide</i>	10-12.5 mg .....26
<i>progesterone</i> .....82	(<i>inhalation</i>) .....109	<i>quinapril-</i>
PROGLYCEM .....79	PULMICORT FLEXHALER	<i>hydrochlorothiazide tab</i>
<i>see diazoxide</i> .....79	109	20-12.5 mg .....27
PROGRAF .....99	PULMOZYME .....107	
<i>see tacrolimus</i> .....99	PURIXAN .....17	

<i>quinapril-</i>	<i>reclipsen</i>.....76	<i>see sildenafil citrate</i>
<i>hydrochlorothiazide tab</i>	RECOMBIVAX HB .....99	<i>(pulmonary</i>
20-25 mg .....27	RECORLEV .....81	<i>hypertension)</i> ....38, 39
<i>quinidine sulfate</i> .....31	RECTIV .....117	REVCIVI .....81
<i>quinine sulfate</i> .....10	<i>see nitroglycerin (intra-</i>	REVLIMID .....18
QULIPTA .....60	<i>anal)</i> .....117	REVUFORJ .....23
QUTENZA KIT 8% 1-PCH	REGLAN .....84	REXULTI .....47
.....116	<i>see metoclopramide hcl</i>	REYATAZ .....11
QUTENZA KIT 8% 2-PCH	84	<i>see atazanavir sulfate</i> .10
.....116	REGRANEX .....118	REYVOW .....60
QUTENZA KIT 8% 4-PCH	RELAFEN DS .....2	REZDIFFRA .....82
.....116	RELENZA DISKHALER ..13	REZLIDHIA .....23
QUVIVIQ .....58	RELEUKO .....92	REZUROCK .....99
QUZYTIR .....106	RELEXXII .....57	REZVOGLAR KWIKPEN 72
QVAR REDHALER .....109	RELISTOR .....87	REZZAYO .....10
R	RELPAK .....60	RHOFADE .....117
RABAVERT INJ .....99	<i>see eletriptan</i>	RHOPRESSA .....103
<i>rabeprazole sodium</i> .....89	<i>hydrobromide</i> .....59	RIABNI .....23
RADICAVA .....62	RELTONE .....87	<i>ribavirin (hepatitis c)</i> .....13
<i>see edaravone</i> .....61	REMERON .....43	<i>rifabutin</i> .....12
RADICAVA ORS .....62	<i>see mirtazapine</i> .....42	RIFADIN .....12
RADICAVA ORS	REMERON SOLTAB .....43	<i>see rifampin</i> .....12
STARTER KIT .....62	<i>see mirtazapine</i> .....42	<i>rifampin</i> .....12
RAGWITEK .....98	REMICADE .....96	<i>riluzole</i> .....62
<i>raloxifene hcl</i> .....81	REMODULIN .....38	<i>rimantadine hydrochloride</i>
<i>ramelteon</i> .....58	RENFLEXIS .....96	13
<i>ramipril</i> .....27	<i>repaglinide</i> .....69	RIMSO-50 .....89
<i>ranolazine</i> .....37	REPATHA .....33	RINVOQ .....96
RAPAFLO .....89	REPATHA PUSHTRONEX	RINVOQ LQ .....96
<i>see silodosin</i> .....89	SYSTEM .....33	RIOMET
RAPAMUNE .....99	REPATHA SURECLICK .33	<i>see metformin hcl</i> .....68
RAPIVAB .....13	RESTASIS .....104	<i>risedronate sodium</i> .....73
<i>rasagiline mesylate</i> .....44	RESTASIS MULTIDOSE	RISPERDAL .....47
RASUVO .....97	104	<i>see risperidone</i> .....47
RAVICTI .....81	RESTORIL .....58	RISPERDAL CONSTA...47
RAYALDEE .....83	<i>see temazepam</i> .....59	<i>see risperidone</i>
RAYOS .....79	RETACRIT .....92	<i>microspheres</i> .....47
REBIF .....63	RETEVMO .....23	<i>risperidone</i> .....47
REBIF REBIDO INJ	RETIN-A .....111	<i>risperidone microspheres</i> 47
TITRATN .....63	<i>see tretinoin</i> .....111	RITALIN .....57
REBIF REBIDOSE .....63	RETIN-A MICRO .....111	<i>see methylphenidate hcl</i>
REBIF TITRTN INJ PACK	RETIN-A MICRO PUMP	57
.....64	111	RITALIN LA .....57
REBLOZYL .....93	<i>see tretinoin microsphere</i>	<i>see methylphenidate hcl</i>
REBYOTA .....87	111	57
RECARBRIO INJ 1.25GM 8	RETROVIR .....11	<i>ritonavir</i> .....11
RECLAST .....73	<i>see zidovudine</i> .....11	RITUXAN .....23
<i>see zoledronic acid</i> .....73	REVATIO .....38	RITUXAN INJ HYCELA ..23

<i>rivastigmine</i>.....40	<i>see vigpoder</i>.....53	SEGLUROMET TAB 7.5-1000 .....70
<i>rivastigmine tartrate</i> .....41	SAFYRAL	SEGLUROMET TAB 7.5-500 .....70
<i>rivelsa</i>.....76	<i>see drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> 75	<i>selegiline hcl</i> .....44
RIVFLOZA .....89	<i>see tydemy</i> .....77	<i>selenium sulfide</i> .....113
<i>rizatriptan benzoate</i> .....60	SAFYRAL TAB.....76	SELZENTRY .....11
ROCALTROL .....83	<i>sajazir</i>.....93	<i>see maraviroc</i>.....11
<i>see calcitriol</i>.....83	SALAGEN .....118	SEMGLEE.....73
<i>see calcitriol (oral)</i> .....83	<i>see pilocarpine hcl (oral)</i> .....118	SENSIPAR.....82
ROCKLATAN DRO .....103	SAMSCA.....82	<i>see cinacalcet hcl</i> .....80
<i>roflumilast</i>.....108	<i>see tolvaptan</i> .....82	SEREVENT DISKUS ....106
ROLVEDON.....92	SANCUSO .....84	SEROQUEL .....47
<i>ropinirole hydrochloride</i> ...44	SANDIMMUNE .....99	<i>see quetiapine fumarate</i> .....47
<i>rosuvastatin calcium</i> .....32	<i>see cyclosporine</i>.....98	SEROQUEL XR.....48
ROTARIX SUS.....99	SANDOSTATIN .....82	<i>see quetiapine fumarate</i> .....47
ROTATEQ SOL .....99	<i>see octreotide acetate</i> .81	SEROSTIM .....82
ROWASA.....86	SANDOSTATIN LAR DEPOT .....82	<i>sertraline hcl</i>.....43
<i>see mesalamine w/ cleanser</i> .....86	<i>see octreotide acetate</i> .81	SERTRALINE HYDROCHLORIDE....43
<i>roweepra</i> .....52	SANTYL .....118	<i>setlakin</i> .....76
ROXICODONE .....6	SAPHNELO .....99	SEYSARA.....16
<i>see oxycodone hcl</i>.....5	SAPHRIS .....47	SFROWASA .....86
ROXYBOND .....6	<i>see asenapine maleate</i> .....45	<i>sharobel</i> .....76
ROZEREM.....59	<i>sapropterin dihydrochloride</i> .....82	SHINGRIX.....99
<i>see ramelteon</i>.....58	SARCLISA .....24	SIGNIFOR.....82
ROZLYTREK .....23	SAVELLA .....62	SIGNIFOR LAR.....82
RUBRACA .....23	SAVELLA MIS TITR PAK .....62	SIKLOS .....93
RUCONEST.....93	<i>saxagliptin hcl</i> .....69	<i>sildenafil citrate (pulmonary hypertension)</i>.....38, 39
<i>rufinamide</i> .....52	<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i> .....69	SILENOR .....59
RUKOBIA.....11	<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i> .70	<i>see doxepin hcl (sleep)</i> .....58
RUXIENCE .....24	<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i> ...69	SILIQ.....96
RYALTRIS SPR 665-25105	SCSEMBLIX.....24	<i>silodosin</i> .....89
RYBELSUS.....69	<i>scopolamine</i>.....85	SILVADENE .....112
RYBREVANT .....24	SECUADO .....47	<i>see silver sulfadiazine</i> .....112
<i>ryclora</i> .....106	SEGLUROMET TAB 2.5-1000 .....70	<i>see ssd</i>.....112
RYDAPT .....24	SEGLUROMET TAB 2.5-500 .....70	<i>silver sulfadiazine</i>.....112
RYKINDO.....47		SIMBRINZA SUS 1-0.2% .....103
RYLAZE .....19		<i>simliya</i> .....77
RYSTIGGO .....98		<i>simpesse</i>.....77
RYTARY CAP 145MG ...44		SIMPONI .....96
RYTARY CAP 195MG ...44		SIMPONI ARIA .....96
RYTARY CAP 245MG ...44		
RYTARY CAP 95MG .....44		
RYTELO.....93		
RYVENT .....106		
S		
SABRIL .....52		
<i>see vigabatrin</i> .....53		
<i>see vigadrone</i>.....53		

<i>simvastatin</i>	32	<i>see hydrocortisone sod succinate</i>	78	STALEVO 50 TAB	44
SINEMET		SOLU-MEDROL.....	79	STALEVO 75 TAB	44
<i>see carbidopa & levodopa tab 10-100 mg</i>	44	<i>see methylprednisolone sod succ</i>	79	STEGLATRO	70
<i>see carbidopa & levodopa tab 25-100 mg</i>	44	SOMA	65	STEGLUJAN TAB 15-100MG.....	70
SINEMET TAB 10-100MG	44	<i>see carisoprodol</i>	64	STEGLUJAN TAB 5-100MG.....	70
SINEMET TAB 25-100MG	44	SOMATULINE DEPOT ...	82	STELARA.....	96
SINGULAIR.....	106	SOMAVERT	82	STIMUFEND	92
<i>see montelukast sodium</i>	106	SOOLANTRA.....	117	STIOLTO AER 2.5-2.5 ..	104
<i>sirolimus</i>	99	<i>see ivermectin (rosacea)</i>	117	STIVARGA.....	24
SIRTURO	12	<i>sorafenib tosylate</i>	24	STRATTERA.....	58
SITAG/METFOR TAB 50-1000	70	SORILUX	113	<i>see atomoxetine hcl</i>	55
SITAG/METFOR TAB 50-500MG.....	70	<i>sotalol hcl</i>	31	STRENSIQ.....	82
SITAGLIPTIN	70	<i>sotalol hcl (afib/af)</i>	31	<i>streptomycin sulfate</i>	8
SIVEXTRO	8	SOTYKTU	96	STRIBILD TAB.....	12
SKYCLARYS	62	SOTYLIZE.....	31	STRIVERDI RESPIMAT	106
SKYRIZI	96	SOVUNA.....	97	STROMECTOL	8
SKYRIZI PEN.....	96	SPEVIGO	96	<i>see ivermectin</i>	7
SKYTROFA.....	82	<i>spinosad</i>	118	SUBLOCADE	66
SMOFLIPID EMU.....	101	SPIRIVA HANDIHALER	105	SUBOXONE	
SOAANZ	36	<i>see tiotropium bromide monohydrate</i>	105	<i>see buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	65
sodium chloride	101	SPIRIVA RESPIMAT ...	105	<i>see buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> .	65
sodium chloride (gu irrigant)	118	<i>spironolactone</i>	27	<i>see buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	65
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln.	101	<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	36	<i>see buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	65
SODIUM OXYBATE.....	65	SPORANOX.....	10	SUBOXONE MIS 12-3MG	66
sodium phenylbutyrate ...	82	<i>see itraconazole</i>	9	SUBOXONE MIS 2-0.5MG	66
sodium polystyrene sulfonate powder	74	SPRAVATO SOL 56MG DOS.....	43	SUBOXONE MIS 4-1MG	66
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml.....	86	SPRAVATO SOL 84MG DOS.....	43	SUBOXONE MIS 8-2MG	66
SOGROYA.....	82	<i>sprintec 28</i>	77	<i>subvenite</i>	52
solifenacin succinate	90	SPRITAM	52	<i>subvenite starter kit/blu</i> ...	52
SOLQUA INJ 100/33.....	73	SPRIX	2	<i>subvenite starter kit/gre</i> ...52	
SOLIRIS.....	93	SPRYCEL	24	<i>subvenite starter kit/ora</i> ...52	
SOLOSEC.....	8	<i>see dasatinib</i>	20	SUCRAID.....	87
SOLTAMOX.....	18	<i>sps</i>	74	<i>sucrafate</i>	87
SOLU-CORTEF	79	<i>sps rectal</i>	74	SUFLAVE SOL	86
		<i>sronyx</i>	77	SULAR.....	35
		<i>ssd</i>	112		
		STALEVO 100 TAB	44		
		STALEVO 125 TAB	44		
		STALEVO 150 TAB	44		
		STALEVO 200 TAB	44		

see <i>nisoldipine</i>	35	see <i>budesonide-</i>		SYNJARDY XR TAB 25-	
<i>sulfacetamide sodium</i>		<i>formoterol fumarate</i>		1000	70
(<i>acne</i>)	111	<i>dihyd aerosol 160-4.5</i>		SYNJARDY XR TAB 5-	
<i>sulfacetamide sodium</i>		<i>mcg/act</i>	109	1000MG.....	70
(<i>ophth</i>)	102	see <i>budesonide-</i>		SYNTHROID.....	83
<i>sulfacetamide sodium-</i>		<i>formoterol fumarate</i>		see <i>euthyrox</i>	83
<i>prednisolone ophth soln</i>		<i>dihyd aerosol 80-4.5</i>		see <i>levo-t</i>	83
10-0.23(0.25)%.....	101	<i>mcg/act</i>	109	see <i>levothyroxine sodium</i>	
<i>sulfadiazine</i>	8	SYMBICORT AER 160-4.5		.....	83
<i>sulfamethoxazole-</i>		.....	110	see <i>levoxyl</i>	83
<i>trimethoprim iv soln 400-</i>		SYMBICORT AER 80-4.5		see <i>unithroid</i>	83
<i>80 mg/5ml</i>	8	.....	110	SYPRINE	74
<i>sulfamethoxazole-</i>		SYMDEKO TAB 100-150		see <i>trientine hcl</i>	74
<i>trimethoprim susp 200-40</i>		.....	108	T	
<i>mg/5ml</i>	8	SYMDEKO TAB 50-75MG		TABRECTA.....	24
<i>sulfamethoxazole-</i>		.....	108	TACLONEX	
<i>trimethoprim tab 400-80</i>		SYMFI		see <i>calcipotriene-</i>	
<i>mg</i>	8	see <i>efavirenz-</i>		<i>betamethasone</i>	
<i>sulfamethoxazole-</i>		<i>lamivudine-tenofovir df</i>		<i>dipropionate susp</i>	
<i>trimethoprim tab 800-160</i>		<i>tab 600-300-300 mg 11</i>		0.005-0.064%	113
<i>mg</i>	8	SYMFI LO		TACLONEX SUS	113
SULFAMYLON.....	112	see <i>efavirenz-</i>		<i>tacrolimus</i>	99
<i>sulfasalazine</i>	86	<i>lamivudine-tenofovir df</i>		<i>tacrolimus (topical)</i>	117
<i>sulindac</i>	2	<i>tab 400-300-300 mg 11</i>		<i>tadalafil</i>	89
<i>sumatriptan</i>	60	SYMFI LO TAB	12	<i>tadalafil (pulmonary</i>	
<i>sumatriptan-naproxen</i>		SYMFI TAB	12	<i>hypertension)</i>	39
<i>sodium tab 85-500 mg</i>	61	SYMLINPEN 120	70	TADLIQ	39
<i>sumatriptan succinate</i>	60	SYMLINPEN 60	70	TAFINLAR.....	24
<i>sunitinib malate</i>	24	SYMPAZAN	52	<i>tafluprost</i>	103
SUNLENCA	11	SYMPROIC.....	87	TAGRISSO	24
SUNOSI	65	SYMTUZA TAB.....	12	TAKHZYRO	93
SUPREP BOWEL PREP		SYNALAR	115	TALICIA CAP	87
KIT		see <i>fluocinolone</i>		TALTZ	96
see <i>sod sulfate-pot sulf-</i>		<i>acetone</i>	114	TALZENNA	24
<i>mg sulf oral sol 17.5-</i>		SYNAREL	82	TAMIFLU.....	13
3.13-1.6 gm/177ml...86		SYNJARDY TAB 12.5-		see <i>oseltamivir</i>	
SUPREP BOWEL SOL		1000MG.....	70	<i>phosphate</i>	12
PREP KIT	86	SYNJARDY TAB 12.5-500		<i>tamoxifen citrate</i>	18
SUSTOL.....	85	.....	70	<i>tamsulosin hcl</i>	89
SUSVIMO	104	SYNJARDY TAB 5-		<i>tanlor</i>	65
SUTAB TAB	86	1000MG.....	70	<i>taperdex 12-day</i>	79
SUTENT.....	24	SYNJARDY TAB 5-500MG		<i>taperdex 6-day</i>	79
see <i>sunitinib malate</i>	24	.....	70	<i>taperdex 7-day</i>	79
<i>syeda</i>	77	SYNJARDY XR TAB 10-		TARCEVA	
SYFOVRE.....	104	1000	70	see <i>erlotinib hcl</i>	21
SYLVANT.....	19	SYNJARDY XR TAB 12.5-		<i>targadox</i>	16
SYMBICORT		1000	70	TARGRETIN	19, 117
see <i>breyana</i>	109			see <i>bexarotene</i>	18

see <i>bexarotene (topical)</i>	<i>telmisartan</i> .....31	<i>testosterone pump</i> .....67
.....116	<i>telmisartan-amlodipine tab</i>	<i>tetrabenazine</i> .....62
<i>tarina 24 fe</i> .....77	40-10 mg .....30	<i>tetracycline hcl</i> .....16
<i>tarina fe 1/20 eq</i> .....77	<i>telmisartan-amlodipine tab</i>	TETRACYCLINE
TARPEYO .....90	40-5 mg .....30	HYDROCHLORID .....16
TASCENSO ODT .....64	<i>telmisartan-amlodipine tab</i>	TEVIMBRA .....24
TASIGNA .....24	80-10 mg .....30	<i>texacort</i> .....115
<i>tasimelteon</i> .....59	<i>telmisartan-amlodipine tab</i>	TEZSPIRE .....108
TAVALISSE .....93	80-5 mg .....30	THALITONE .....36
TAVNEOS .....94	<i>telmisartan-</i>	THALOMID .....18
TAYTULLA	<i>hydrochlorothiazide tab</i>	THEO-24 .....108
see <i>gemmily</i> .....75	40-12.5 mg .....30	<i>theophylline</i> .....108
see <i>merzee</i> .....76	<i>telmisartan-</i>	THIOLA .....90
see <i>norethindrone ace-</i>	<i>hydrochlorothiazide tab</i>	see <i>tiopronin</i> .....90
<i>ethinyl estradiol-fe cap</i>	80-12.5 mg .....30	THIOLA EC .....90
1 mg-20 mcg (24) ....76	<i>telmisartan-</i>	see <i>tiopronin</i> .....90
TAYTULLA CAP	<i>hydrochlorothiazide tab</i>	see <i>venxxiva</i> .....90
1MG/20MC .....77	80-25 mg .....30	<i>thioridazine hcl</i> .....48
<i>tazarotene</i> .....113	<i>temazepam</i> .....59	<i>thiothixene</i> .....48
TAZAROTENE .....111	<i>temsirolimus</i> .....24	THYQUIDITY .....83
<i>tazicef</i> .....13	TENIVAC INJ 5-2LF .....99	<i>tiadylt er</i> .....35
TAZORAC .....113	<i>tenofovir disoproxil</i>	<i>tiagabine hcl</i> .....52
see <i>tazarotene</i> .....113	<i>fumarate</i> .....11	TIAZAC .....35
TAZVERIK .....24	TENORETIC 100	see <i>diltiazem hcl</i>
TECENTRIQ .....24	see <i>atenolol &</i>	<i>extended release</i>
TECENTRIQ INJ	<i>chlorthalidone tab 100-</i>	<i>beads</i> .....35
HYBREZA .....24	25 mg .....33	see <i>tiadylt er</i> .....35
TECFIDERA .....64	TENORETIC 50	TIBSOVO .....24
see <i>dimethyl fumarate</i> 62,	see <i>atenolol &</i>	TICOVAC .....99
63	<i>chlorthalidone tab 50-</i>	<i>tigecycline</i> .....16
TECFIDERA CAP	25 mg .....33	TIGECYCLINE .....16
STARTER .....64	TENORETIC TAB 100 ....34	TIKOSYN .....31
TECFIDERA STARTER	TENORETIC TAB 50 ....34	see <i>dofetilide</i> .....31
PACK	TENORMIN .....34	<i>tilia fe</i> .....77
see <i>dimethyl fumarate</i>	see <i>atenolol</i> .....34	<i>timolol hemihydrate (ophth)</i>
<i>capsule dr starter pack</i>	TEPEZZA .....82	103
120 mg & 240 mg ....63	TEPMETKO .....24	<i>timolol maleate</i> .....34
TECVAYLI .....24	<i>terazosin hcl</i> .....27	<i>timolol maleate (ophth)</i> .103
TEFLARO .....13	<i>terbinafine hcl</i> .....10	<i>timolol maleate (ophth)</i>
TEGLUTIK .....62	<i>terbutaline sulfate</i> .....106	<i>once-daily</i> .....103
TEGRETOL .....52	<i>terconazole vaginal</i> .....90	<i>timolol maleate (ophth) pf</i>
see <i>carbamazepine</i> ....48	<i>teriflunomide</i> .....64	103
see <i>epitol</i> .....49	<i>teriparatide</i> .....73	TIMOPTIC OCUDOSE .103
TEGRETOL-XR .....52	TERIPARATIDE .....73	see <i>timolol maleate</i>
see <i>carbamazepine</i> ....48	TESTIM .....66	<i>(ophth) pf</i> .....103
TEGSEDI .....62	<i>testosterone</i> .....66	<i>tinidazole</i> .....8
TEKTRUNA .....37	<i>testosterone cypionate</i> .....66	<i>tiopronin</i> .....90
see <i>aliskiren fumarate</i> .36	<i>testosterone enanthate</i> ...66	

<i>tiotropium bromide</i>	TOVIAZ	90	TRESIBA	73
<i>monohydrate</i>	<i>see fesoterodine</i>		TRESIBA FLEXTOUCH ..	73
TIROSINT	<i>fumarate</i>	90	<i>tretinoin</i>	111
TIROSINT-SOL	TPN ELECTROL INJ	101	<i>tretinoin (chemotherapy)</i> ..	19
TIVDAK	TRACLEER	39	<i>tretinoin microsphere</i>	111
TIVICAY	<i>see bosentan</i>	38	TREXALL	97
TIVICAY PD	TRADJENTA	70	TREXIMET	
<i>tizanidine hcl</i>	<i>tramadol-acetaminophen</i>		<i>see sumatriptan-</i>	
TLANDO	<i>tab 37.5-325 mg</i>	6	<i>naproxen sodium tab</i>	
TOBI	<i>tramadol hcl</i>	4, 6	85-500 mg	61
TOBI PODHALER	TRAMADOL		TREXIMET TAB 85-500MG	
TOBRADEX OIN 0.3-0.1%	HYDROCHLORIDE	6	.....	61
.....	<i>trandolapril</i>	27	<i>trexiz</i>	6
<i>tobramycin</i>	<i>trandolapril-verapamil hcl</i>		<i>triamcinolone acetonide</i> ..	79
<i>tobramycin (ophth)</i>	<i>tab er 1-240 mg</i>	27	<i>triamcinolone acetonide</i>	
<i>tobramycin-dexamethasone</i>	<i>trandolapril-verapamil hcl</i>		<i>(mouth)</i>	118
<i>ophth susp 0.3-0.1%</i> ..	<i>tab er 2-180 mg</i>	27	<i>triamcinolone acetonide</i>	
<i>tobramycin sulfate</i>	<i>trandolapril-verapamil hcl</i>		<i>(topical)</i>	115, 116
TOBREX	<i>tab er 2-240 mg</i>	27	<i>triamterene</i>	36
TOFIDENCE	<i>trandolapril-verapamil hcl</i>		<i>triamterene &</i>	
TOLECTIN 600	<i>tab er 4-240 mg</i>	27	<i>hydrochlorothiazide cap</i>	
<i>tolmetin sodium</i>	<i>tranexamic acid</i>	94	37.5-25 mg	36
TOLSURA	TRANEXAMIC		<i>triamterene &</i>	
<i>tolterodine tartrate</i>	ACID/SODIUM CH		<i>hydrochlorothiazide tab</i>	
<i>tolvaptan</i>	<i>see tranexamic acid-</i>		37.5-25 mg	36
TOPAMAX	<i>sodium chloride iv soln</i>		<i>triamterene &</i>	
<i>see topiramate</i>	1000 mg/100ml-0.7%		<i>hydrochlorothiazide tab</i>	
TOPAMAX SPRINKLE ..	.....	94	75-50 mg	36
<i>see topiramate</i>	<i>tranexamic acid-sodium</i>		<i>triazolam</i>	59
TOPICORT	<i>chloride iv soln 1000</i>		TRIBENZOR	
<i>see desoximetasone</i> ..	mg/100ml-0.7%	94	<i>see olmesartan-</i>	
<i>topiramate</i>	<i>tranylcypromine sulfate</i> ..	43	<i>amlodipine-</i>	
<i>topotecan hcl</i>	TRAVASOL INJ 10%	101	<i>hydrochlorothiazide tab</i>	
TOPOTECAN HCL	TRAVATAN Z	103	20-5-12.5 mg	30
<i>see topotecan hcl</i>	<i>see travoprost</i>	103	<i>see olmesartan-</i>	
TOPROL XL	<i>travoprost</i>	103	<i>amlodipine-</i>	
<i>see metoprolol succinate</i>	TRAZIMERA	24	<i>hydrochlorothiazide tab</i>	
.....	<i>trazodone hcl</i>	43	40-10-12.5 mg	30
<i>toremifene citrate</i>	TREANDA	16	<i>see olmesartan-</i>	
TORISEL	<i>see bendamustine hcl</i> ..	16	<i>amlodipine-</i>	
<i>see temsirolimus</i>	TRECATOR	12	<i>hydrochlorothiazide tab</i>	
<i>torpenz</i>	TRELEGY AER ELLIPTA		40-10-25 mg	30
<i>torsemide</i>	100-62.5-25 MCG	104	<i>see olmesartan-</i>	
TOSYMRA	TRELEGY AER ELLIPTA		<i>amlodipine-</i>	
TOUJEO MAX SOLOSTAR	200-62.5-25 MCG	105	<i>hydrochlorothiazide tab</i>	
.....	TRELSTAR MIXJECT	18	40-5-12.5 mg	30
TOUJEO SOLOSTAR ..	TREMFYA	96	<i>see olmesartan-</i>	
<i>tovet</i>	<i>treprostinil</i>	39	<i>amlodipine-</i>	

<i>hydrochlorothiazide tab</i>	<i>trimethobenzamide hcl</i>....85	TUDORZA PRESSAIR .105
40-5-25 mg .....30	<i>trimethoprim</i>.....8	TUDORZA PRESSAIR
TRIBENZOR20- TAB 5-	<i>tri-mili</i> .....77	(INSTITUTIONAL PACK)
12.5MG.....30	<i>trimipramine maleate</i> .....43	105
TRIBENZOR40- TAB 10-	TRINTELLIX.....43	TUKYSA.....24
12.5 .....30	<i>tri-nymyo</i> .....77	TURALIO .....24
TRIBENZOR40- TAB 10-	<i>tri-sprintec</i> .....77	<i>turqoz</i>.....77
25MG.....30	TRIUMEQ PD TAB .....12	<i>twice-daily clindamycin</i>
TRIBENZOR40- TAB 5-	TRIUMEQ TAB .....12	<i>phosphate (topical)</i>....111
12.5MG.....30	<i>trivora-28</i>.....77	TWINRIX INJ .....99
TRIBENZOR40- TAB 5-	<i>tri-vylibra</i> .....77	TWYNEO CRE 0.1-3% .111
25MG.....30	<i>tri-vylibra lo</i>.....77	TYBOST.....11
TRICOR .....32	TRODELVY.....24	<i>tydemy</i> .....77
see <i>fenofibrate</i>.....32	TROGARZO.....11	TYENNE .....96, 97
<i>tridacaine ii</i>.....116	TROKENDI XR .....53	TYGACIL.....16
<i>triderm</i>.....116	see <i>topiramate</i>.....52	see <i>tigecycline</i>.....16
<i>trientine hcl</i>.....74	TROPHAMINE INJ 10%	TYKERB.....24
TRIESENCE .....103	101	see <i>lapatinib ditosylate</i> 22
<i>tri-estarylla</i> .....77	<i>trospium chloride</i>.....90	TYMLOS .....73
<i>trifluoperazine hcl</i>.....48	TRUDHESA .....61	TYPHIM VI.....99
<i>trifluridine</i> .....102	TRULANCE.....88	TYRVAYA .....104
<i>trihexyphenidyl hcl</i> ....44, 45	TRULICITY .....70	TYSABRI.....64
TRIJARDY XR TAB ER	TRUMENBA INJ .....99	TYVASO .....39
24HR 10-5-1000MG ....70	TRUQAP .....24	TYVASO DPI
TRIJARDY XR TAB ER	TRUVADA	MAINTENANCE KI.....39
24HR 12.5-2.5-1000MG	see <i>emtricitabine-</i>	TYVASO DPI POW 16-32-
.....70	<i>tenofovir disoproxil</i>	48 .....39
TRIJARDY XR TAB ER	<i>fumarate tab 100-150</i>	TZIELD.....70
24HR 25-5-1000MG ....70	<i>mg</i>.....11	U
TRIJARDY XR TAB ER	see <i>emtricitabine-</i>	UBRELVY .....61
24HR 5-2.5-1000MG ....70	<i>tenofovir disoproxil</i>	UCERIS .....86
TRIKAFTA PAK 59.5MG	<i>fumarate tab 133-200</i>	see <i>budesonide</i> .....85
.....108	<i>mg</i>.....11	see <i>budesonide</i>
TRIKAFTA PAK 75MG..108	see <i>emtricitabine-</i>	(<i>intrarectal</i>).....85
TRIKAFTA TAB 100-50-	<i>tenofovir disoproxil</i>	UDENYCA .....92
75MG & 150MG .....108	<i>fumarate tab 167-250</i>	UDENYCA ONBODY.....92
TRIKAFTA TAB 50-25-	<i>mg</i>.....11	ULORIC .....1
37.5MG & 75MG .....108	see <i>emtricitabine-</i>	see <i>febuxostat</i>.....1
<i>tri-legest fe</i> .....77	<i>tenofovir disoproxil</i>	ULTOMIRIS .....94
TRILEPTAL.....53	<i>fumarate tab 200-300</i>	UNASYN
see <i>oxcarbazepine</i> .....51	<i>mg</i>.....11	see <i>ampicillin &</i>
<i>tri-linyah</i> .....77	TRUVADA TAB 100-150.12	<i>sulbactam sodium for</i>
TRILIPIX .....32	TRUVADA TAB 133-200.12	<i>inj 1.5 (1-0.5) gm</i>.....15
see <i>choline fenofibrate</i> 31	TRUVADA TAB 167-250.12	see <i>ampicillin &</i>
<i>tri-lo-estarylla</i> .....77	TRUVADA TAB 200-300.12	<i>sulbactam sodium for</i>
<i>tri-lo-marzia</i> .....77	TRUXIMA.....24	<i>inj 3 (2-1) gm</i>.....15
<i>tri-lo-mili</i> .....77	TRYNGOLZA.....38	UNASYN BULK PACK
<i>tri-lo-sprintec</i> .....77	TRYVIO.....38	

see <i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	15
UNASYN INJ 1.5GM	15
UNASYN INJ 15GM	15
UNASYN INJ 3GM	15
UNDECATREX	67
<i>unithroid</i>	83
UPLIZNA	62
UPTRAVI	39
UPTRAVI PACK TAB 200/800	39
UROCIT-K 10	90
see <i>potassium citrate (alkalinizer)</i>	89
UROCIT-K 15	90
see <i>potassium citrate (alkalinizer)</i>	89
UROCIT-K 5	90
UROXATRAL	89
see <i>alfuzosin hcl</i>	89
URSO 250	88
<i>ursodiol</i>	88
URSODIOL	88
URSO FORTE	88
see <i>ursodiol</i>	88
UZEDY	48
V	
VABOMERE INJ 2GM(1-1)	8
VABYSMO	104
VAGIFEM	78
see <i>estradiol vaginal</i>	77
see <i>yuvafem</i>	78
<i>valacyclovir hcl</i>	13
VALCHLOR	117
VALCYTE	13
see <i>valganciclovir hcl</i>	13
<i>valganciclovir hcl</i>	13
VALIUM	
see <i>diazepam</i>	49
<i>valproate sodium</i>	53
<i>valproic acid</i>	53
<i>valrubicin</i>	19
<i>valsartan</i>	31
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	30

<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	30
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	30
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	30
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	30
VALSTAR	19
see <i>valrubicin</i>	19
VALTOCO 10 MG DOSE	53
VALTOCO 15 MG DOSE	53
VALTOCO 20 MG DOSE	53
VALTOCO 5 MG DOSE	53
VALTREX	13
see <i>valacyclovir hcl</i>	13
VANCOCIN	8
see <i>vancomycin hcl</i>	8
VANCOMYC/D5W INJ 1.25/250	8
VANCOMYC/D5W INJ 1.5/300	8
VANCOMYCIN	8
<i>vancomycin hcl</i>	8
VANCOMYCIN HYDROCHLORIDE	9
see <i>vancomycin hcl</i>	8
VANCOMYCIN INJ 1 GM	9
VANCOMYCIN INJ 500MG	9
VANCOMYCIN INJ 750MG	9
VANDAZOLE	90
VANFLYTA	24
VANOS	116
see <i>fluocinonide</i>	115
VAQTA	100
<i>varenicline tartrate</i>	66
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	66
VARIVAX	100
VARUBI	85
VASCEPA	33

VASERETIC	
see <i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	26
VASERETIC TAB 10-25MG	27
VASOTEC	27
see <i>enalapril maleate</i>	27
VAXCHORA SUS	100
VECTIBIX	25
VECTICAL	113
VEGZELMA	25
VELCADE	25
see <i>bortezomib</i>	20
VELETRI	39
see <i>epoprostenol sodium</i>	38
<i>velivet</i>	77
VELSIPITY	97
VELTASSA	74
VELTIN GEL	112
VEMLIDY	13
VENCLEXTA	25
VENCLEXTA TAB START PK	25
VENLAFAXINE BESYLATE ER	43
<i>venlafaxine hcl</i>	43
VENTOLIN HFA	106
VENTOLIN HFA (INSTITUTIONAL PACK)	106
<i>venxxiva</i>	90
VEOZAH	82
<i>verapamil hcl</i>	35
VERELAN	35
see <i>verapamil hcl</i>	35
VERELAN PM	35
VERQUVO	38
VERSACLOZ	48
VERZENIO	25
VESICARE	90
see <i>solifenacin succinate</i>	90
VESICARE LS	90
<i>vestura</i>	77
VEVYE	104
VFEND	10

see voriconazole	10	see dottì	77	see ezetimibe-	
VFEND IV	10	see estradiol	77	simvastatin tab 10-80	
see voriconazole	10	VIVITROL	66	mg	33
V-GO 20 KIT	73	VIVJOA	10	VYTORIN TAB 10-10MG	33
V-GO 30 KIT	73	VIZIMPRO	25	VYTORIN TAB 10-20MG	33
V-GO 40 KIT	73	VOGELXO	67	VYTORIN TAB 10-40MG	33
VIBATIV	9	VOGELXO PUMP	67	VYTORIN TAB 10-80MG	33
VIBERZI	88	VONJO	25	VYVANSE	58
VICTOZA	70	VOQUEZNA	89	VYVGART	98
see liraglutide	68	VOQUEZNA PAK DUAL		VYVGART INJ HYTRULO	
VIDAZA	17	PAK	88	.....	98
see azacitidine	16	VOQUEZNA PAK TRIP PK		VYZULTA	103
vienna	77	.....	88	W	
vigabatrin	53	VORANIGO	25	WAINUA	62
vigadrone	53	voriconazole	10	WAKIX	65
VIGAFYDE	53	VORICONAZOLE	10	warfarin sodium	91
VIGAMOX	102	VOSEVI TAB	13	water for irrigation, sterile	
see moxifloxacin hcl		VOTRIENT	25	irrigation soln	118
(ophth)	102	see pazopanib hcl	23	WELCHOL	33
vigpoder	53	VOWST CAP	88	see colesevelam hcl	33
VIIBRYD	43	VOXZOGO	82	WELIREG	19
see vilazodone hcl	43	VOYDEYA	94	WELLBUTRIN SR	43
VIJOICE	82	VOYDEYA TAB 50-100MG		see bupropion hcl	41
VIJOICE TAB 250MG	82	.....	94	WELLBUTRIN XL	43
vilazodone hcl	43	VPRIV	82	see bupropion hcl	41
VIMIZIM	82	VRAYLAR	48	wera	77
VIMOVO		VTAMA	113	WESTAB PLUS TAB 27-	
see naproxen-		VUMERITY	64	1MG	101
esomeprazole		VUSION OIN	113	WINLEVI	112
magnesium tab dr 500-		VYALEV INJ 12-240MG	45	WINREVAIR	39
20 mg	2	VYEPTI	61	WINREVAIR INJ 45MG	39
VIMOVO TAB 375-20MG	2	vyfemla	77	WINREVAIR INJ 60MG	39
VIMOVO TAB 500-20MG	2	vylibra	77	wixela inhub	110
VIMPAT	53	VYLOY	25	wymzya fe	77
see lacosamide	50	VYNDAMAX	38	X	
see lacosamide oral	50	VYND AQEL	38	XACIATO	90
vinblastine sulfate	19	VYTORIN		XADAGO	45
vincristine sulfate	19	see ezetimibe-		XALATAN	103
vinorelbine tartrate	19	simvastatin tab 10-10		see latanoprost	103
VIOKACE TAB 10440	88	mg	33	XALKORI	25
VIOKACE TAB 20880	88	see ezetimibe-		XANAX	40
viorele	77	simvastatin tab 10-20		see alprazolam	39
VIRACEPT	11	mg	33	XANAX XR	40
VIREAD	11	see ezetimibe-		see alprazolam	39
see tenofovir disoproxil		simvastatin tab 10-40		XARELTO	91
fumarate	11	mg	33	XARELTO STAR TAB	
VITRAKVI	25			15/20MG	91
VIVELLE-DOT	78			XATMEP	97

XCOPRI	53	XPOVIO PAK (60 MG ONCE WEEKLY).....	25	<i>yuvaferm</i>	78
XCOPRI PAK 100-150....	53	XPOVIO PAK (60 MG TWICE WEEKLY).....	25	Z	
XCOPRI PAK 12.5-25....	53	XPOVIO PAK (80 MG ONCE WEEKLY).....	25	<i>zafemy</i>	77
XCOPRI PAK 150-200MG (MAINTENANCE).....	53	XPOVIO PAK (80 MG TWICE WEEKLY).....	25	<i>zafirlukast</i>	106
XCOPRI PAK 150-200MG (TITRATION).....	54	XTAMPZA ER.....	4	<i>zaleplon</i>	59
XCOPRI PAK 50-100MG	53	XTANDI.....	18	ZALTRAP.....	25
XDEMYVY.....	102	<i>xulane</i>	77	ZANAFLEX	65
XELJANZ	97	XULTOPHY INJ 100/3.6	73	<i>see tizanidine hcl</i>	65
XELJANZ XR	97	XYLOCAINE	1	ZARONTIN.....	54
XELPROS.....	104	<i>see lidocaine hcl (local anesth.)</i>	1	<i>see ethosuximide</i>	49
XELSTRYM.....	58	XYLOCAINE-MPF.....	1	ZARXIO.....	92
XEMBIFY	98	<i>see lidocaine hcl (local anesth.)</i>	1	ZAVESCA	82
XENAZINE.....	62	XYOSTED	67	<i>see miglustat</i>	81
<i>see tetrabenazine</i>	62	XYREM	65	<i>see yargesa</i>	82
XENPOZYME	82	XYWAV SOL 0.5GM/ML	65	ZAVZPRET	61
XEOMIN.....	65	Y		ZEGALOGUE.....	79
XERAVA	16	<i>yargesa</i>	82	ZEGERID CAP 20-1100	89
XERESE CRE 5-1%	117	YASMIN 28		ZEGERID CAP 40-1100	89
XERMELO	88	<i>see drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	75	ZEJULA.....	25
XGEVA.....	73	<i>see ocella</i>	76	ZELAPAR.....	45
XHANCE	108	<i>see syeda</i>	77	ZELBORAF	25
XIFAXAN.....	9, 88	<i>see zumandimine</i>	77	ZEMAIRA.....	108
XIGDUO XR TAB 10-1000	70	YASMIN 28 TAB 3-0.03MG	77	ZEMBRACE SYMTOUCH	61
XIGDUO XR TAB 10- 500MG.....	70	YAZ		ZEMDRI	9
XIGDUO XR TAB 2.5-1000	70	<i>see drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	75	ZEMPLAR.....	83
XIGDUO XR TAB 5- 1000MG.....	70	<i>see jasmie</i>	75	<i>see paricalcitol</i>	83
XIGDUO XR TAB 5-500MG	70	<i>see loryna</i>	76	<i>zenatane</i>	112
XIIDRA	104	<i>see nikki</i>	76	ZENPEP CAP 10000UNT	88
XIPERE.....	103	<i>see vestura</i>	77	ZENPEP CAP 15000UNT	88
XOFLUZA	13	YAZ TAB 3-0.02MG	77	ZENPEP CAP 20000UNT	88
XOLAIR.....	108	YCANTH	117	ZENPEP CAP 25000UNT	88
XOLREMDI	92	YERVOY	25	ZENPEP CAP 3000UNIT	88
XOPENEX HFA	106	YF-VAX INJ.....	100	ZENPEP CAP 40000UNT	88
XOSPATA.....	25	YONSA	18	ZENPEP CAP 5000UNIT	88
XPOVIO PAK (100 MG ONCE WEEKLY).....	25	YORVIPATH	73	ZENPEP CAP 60000UNT	88
XPOVIO PAK (40 MG ONCE WEEKLY).....	25	YUPELRI.....	105	<i>zenzedi</i>	58
XPOVIO PAK (40 MG TWICE WEEKLY).....	25	YUTIQ.....	103	ZEPOSIA	64
				ZEPOSIA 7DAY CAP STR PACK.....	64
				ZEPOSIA CAP STR KIT	64
				ZEPZELCA	16

ZERBAXA INJ 1.5GM.....13	ZIRABEV.....25	see <i>everolimus</i>
ZESTORETIC	ZIRGAN .....102	(<i>immunosuppressant</i>)
see <i>lisinopril &</i>	ZITHROMAX.....14	98
<i>hydrochlorothiazide tab</i>	see <i>azithromycin</i> .....14	ZORYVE .....113, 117
10-12.5 mg.....26	ZITHROMAX TRI-PAK....14	ZOSYN SOL 2-0.25GM ..15
see <i>lisinopril &</i>	ZITHROMAX Z-PAK .....14	ZOSYN SOL 3-0.375G ...15
<i>hydrochlorothiazide tab</i>	ZITUVIMET TAB 50-1000	ZOSYN SOL 4-0.50GM ..15
20-12.5 mg.....26	70	<i>zovia 1/35</i>.....77
see <i>lisinopril &</i>	ZITUVIMET TAB 50-	ZOVIRAX .....118
<i>hydrochlorothiazide tab</i>	500MG.....70	see <i>acyclovir topical</i> ..116
20-25 mg.....26	ZITUVIMET XR TAB 100-	ZTALMY .....54
ZESTORETIC TAB 10-12.5	1000 .....70	ZTLIDO .....116
.....27	ZITUVIMET XR TAB 50-	ZUBSOLV SUB 0.7-0.18.66
ZESTORETIC TAB 20-12.5	1000 .....70	ZUBSOLV SUB 1.4-0.36.66
.....27	ZITUVIMET XR TAB 50-	ZUBSOLV SUB 11.4-2.9.66
ZESTORETIC TAB 20-	500MG.....70	ZUBSOLV SUB 2.9-0.71.66
25MG.....27	ZITUVIO.....71	ZUBSOLV SUB 5.7-1.4...66
ZESTRIL .....27	ZOCOR.....33	ZUBSOLV SUB 8.6-2.1...66
see <i>lisinopril</i>.....27	see <i>simvastatin</i>.....32	<i>zumandimine</i>.....77
ZETIA.....33	ZOLADEX .....18	ZURZUVAE.....43
see <i>ezetimibe</i> .....33	<i>zoledronic acid</i> .....73	ZYCLARA .....118
ZIAGEN.....11	ZOLEDRONIC ACID.....73	see <i>imiquimod</i> .....117
see <i>abacavir sulfate</i> ....10	ZOLINZA.....25	see <i>imiquimod pump</i> .117
ZIANA GEL .....112	<i>zolmitriptan</i>.....61	ZYCLARA PUMP .....118
<i>zidovudine</i>.....11	ZOLOFT.....43	ZYDELIG.....25
ZIEXTENZO.....92	see <i>sertraline hcl</i> .....43	ZYFLO .....106
ZIIHERA.....25	<i>zolpidem tartrate</i> .....59	ZYKADIA.....25
ZILBRYSQ .....94	ZOLPIDEM TARTRATE..59	ZYLET SUS 0.5-0.3%...102
<i>zileuton</i>.....106	ZOMACTON .....82	ZYNLONTA.....25
ZILRETTA.....79	<i>zomig</i> .....61	ZYNYZ .....25
ZIMHI .....66	ZOMIG .....61	ZYPITAMAG .....33
ZIOPTAN .....104	see <i>zolmitriptan</i> .....61	ZYPREXA .....48
see <i>tafluprost</i>.....103	ZONALON.....117	see <i>olanzapine</i> .....46
<i>ziprasidone hcl</i>.....48	ZONEGRAN.....54	ZYTIGA .....18
<i>ziprasidone mesylate</i> .....48	see <i>zonisamide</i> .....54	see <i>abiraterone acetate</i>
ZIPSOR.....2	ZONISADE.....54	17
see <i>diclofenac potassium</i>	<i>zonisamide</i>54	ZYVOX.....9
.....1	ZORTRESS99	see <i>linezolid</i>7

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For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. If you do not receive your mail-order drugs within this timeframe, you can call 1-833-266-6957 (TTY users should call 711). Hours are 24 hours a day, 7 days a week. Members may have the option to sign-up for automated mail-order delivery. Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

This formulary was updated on 03/26/2025. For more recent information or other questions, please contact Customer Care at 1-833-266-6957, 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.

03/26/2025