



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



***SilverScript (EGWP) Employer PDP for MHBP Consumer  
Option (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 08/19/2024. For more recent information or other questions, please contact Customer Care at 1-833-825-6755, 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<sup>®</sup> 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 January 1, 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:** MHBP 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 MHBP 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 January 1, 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.

MHBP 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:**

	<b>Network Retail Pharmacy</b> (Up to a 30-day supply)	<b>Mail-Order Pharmacy</b> (Up to a 30-day supply)	<b>Long-Term Care (LTC) Pharmacy</b> (Up to a 31-day supply)
<b>Tier 1: Generic</b>	\$8.00	\$15.00	\$8.00
<b>Tier 2: Preferred Brand</b>	\$45.00	\$70.00	\$45.00
<b>Tier 3: Non-Preferred Brand</b>	\$70.00	\$110.00	\$70.00
<b>Tier 4: Specialty (High Cost)</b>	25% of total cost Maximum \$225.00	25% of total cost Maximum \$425.00	25% of total cost Maximum \$225.00

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

Costs shown in the table above reflect the additional coverage that may be provided by MHBP. Drugs that are part of your standard Medicare plan, but do not have additional coverage from MHBP 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](http://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
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol</i> TABS 100mg, 300mg	1	
ALLOPURINOL TABS 200mg	3	
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	4	NDS
ALOPRIM SOLR 500mg	4	NDS
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	1	QL
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
COLCRYS TABS .6mg QL (120 tabs / 30 days)	3	QL
<i>febuxostat</i> TABS 40mg	1	PA
<i>febuxostat</i> (generic of ULORIC) TABS 80mg	1	PA
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
<b>MISCELLANEOUS</b>		
<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
<b>NSAIDS</b>		
ARTHROTEC 50 TAB	3	
ARTHROTEC 75 TAB	3	

Drug Name	Drug Requirements/ Tier	Limits
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 delayed release 50-0.2 mg</i> (generic of ARTHROTEC 50)	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> (generic of ARTHROTEC 75)	1	
<i>diflunisal</i> TABS 500mg	1	
<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL
<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
<i>fenopropfen calcium</i> (generic of NALFON) CAPS 400mg QL (240 caps / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>fenoprofen calcium</i> TABS 600mg QL (150 tabs / 30 days)	1	QL PA
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen-famotidine tab 800-26.6 mg</i> (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 CAPS 400mg QL (240 caps / 30 days)	3	QL PA
NALFON TABS 600mg QL (150 tabs / 30 days)	3	QL PA
NAPRELAN TB24 375mg QL (120 tabs / 30 days)	4	NDS QL PA
NAPRELAN TB24 500mg QL (90 tabs / 30 days)	4	NDS QL PA
NAPRELAN TB24 750mg QL (60 tabs / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
NAPROSYN SUSP 125mg/5ml QL (1800 mL / 30 days)	3	QL PA
<i>naproxen</i> (generic of NAPROSYN) SUSP 125mg/5ml QL (1800 mL / 30 days)	1	QL PA
<i>naproxen</i> TABS 250mg, 375mg	1	
<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1	
<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL
<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL
<i>naproxen sodium</i> TABS 275mg	1	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
<i>naproxen sodium</i> (generic of NAPRELAN) TB24 375mg QL (120 tabs / 30 days)	1	QL PA
<i>naproxen sodium</i> (generic of NAPRELAN) TB24 500mg QL (90 tabs / 30 days)	1	QL PA
<i>naproxen sodium</i> (generic of NAPRELAN) TB24 750mg QL (60 tabs / 30 days)	1	QL PA
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i> (generic of VIMOVO) QL (60 tabs / 30 days)	4	NDS QL PA
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i> (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	
<i>tolmetin sodium</i> CAPS 400mg; TABS 600mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
VIMOVO TAB 375-20MG QL (60 tabs / 30 days)	4	NDS QL PA	HYSINGLA ER T24A 20mg, 30mg, 40mg QL (30 tabs / 30 days)	3	QL PA
VIMOVO TAB 500-20MG QL (60 tabs / 30 days)	4	NDS QL PA	HYSINGLA ER T24A 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	4	NDS QL PA
ZIPSOR CAPS 25mg QL (120 caps / 30 days)	4	NDS QL PA	<i>levorphanol tartrate</i> TABS 2mg, 3mg QL (120 tabs / 30 days)	4	NDS QL PA
<b>OPIOID ANALGESICS, LONG-ACTING</b>			<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	3	QL PA	<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	4	NDS QL PA	METHADONE HCL INJ SOLN 10mg/ml	3	
<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	<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 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	<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA
CONZIP CP24 100mg, 200mg, 300mg QL (30 caps / 30 days)	3	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>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>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	1	QL PA	MS CONTIN TBCR 15mg, 30mg QL (90 tabs / 30 days)	3	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	1	QL PA	MS CONTIN TBCR 60mg, 100mg, 200mg QL (90 tabs / 30 days)	4	NDS QL PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg QL (30 tabs / 30 days)	4	NDS QL PA	NUCYNTA ER TB12 50mg QL (60 tabs / 30 days)	3	QL PA
<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	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

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
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
<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
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine tab 300-15 mg</i> QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab 300-30 mg</i> QL (360 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab 300-60 mg</i> QL (180 tabs / 30 days)	1	QL
<i>acetaminophen-caffeine- dihydrocodeine cap 320.5-30- 16 mg</i> QL (300 caps / 30 days)	1	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	3	
<i>butorphanol tartrate</i> SOLN 10mg/ml QL (10 mL / 30 days)	1	QL
CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days)	3	QL
<i>codeine sulfate</i> TABS 30mg QL (180 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
DILAUDID LIQD 1mg/ml QL (600 mL / 30 days)	3	QL
DILAUDID SOLN 1mg/ml, 2mg/ml	3	B/D
DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days)	3	QL
DILAUDID TABS 8mg QL (180 tabs / 30 days)	4	NDS QL
<i>endocet tab 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>endocet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>fentanyl citrate</i> LPOP 200mcg QL (120 lozenges / 30 days)	1	QL PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	4	NDS QL PA
<i>fentanyl citrate</i> TABS 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	4	NDS QL PA
FENTORA TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	4	NDS QL PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 5-300 mg</i> (generic of XODOL) QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-acetaminophen</i> <i>tab 7.5-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> <i>tab 7.5-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> <i>tab 10-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> <i>tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 5-</i> <i>200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab</i> <i>7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab</i> <i>10-200 mg</i> 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> (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml	3	B/D
<i>hydromorphone hcl</i> SOLN 4mg/ml, 10mg/ml, 50mg/5ml	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

Drug Name	Drug Requirements/ Tier	Limits
<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
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

Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i> QL (1800 mL / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCOCET)</i> QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET)</i> QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET)</i> QL (240 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET)</i> QL (180 tabs / 30 days)	1	QL
<i>oxymorphone hcl TABS 5mg, 10mg</i> 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, 15mg, 30mg QL (180 tabs / 30 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
SEGLENTIS TAB 56-44MG QL (120 tabs / 30 days)	3	QL PA
<i>tramadol hcl SOLN 5mg/ml</i> QL (2400 mL / 30 days)	1	QL PA
<i>tramadol hcl TABS 25mg, 100mg</i> QL (120 tabs / 30 days)	1	QL PA
<i>tramadol hcl TABS 50mg</i> QL (240 tabs / 30 days)	1	QL
TRAMADOL HYDROCHLORIDE SOLN 5mg/ml QL (2400 mL / 30 days)	3	QL PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>trezix</i> QL (300 caps / 30 days)	1	QL
<b>ANTI-INFECTIVES</b>		
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
AEMCOLO TBEC 194mg QL (12 tabs / 30 days)	3	QL
<i>albendazole TABS 200mg</i> QL (672 tabs / year)	4	NDS QL PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	1	
ARIKAYCE SUSP 590mg/8.4ml	4	NDS NM PA
<i>atovaquone (generic of MEPRON) SUSP 750mg/5ml</i> QL (300 mL / 30 days)	1	QL PA
AZACTAM SOLR 1gm, 2gm	3	
<i>aztreonam (generic of AZACTAM) SOLR 1gm, 2gm</i>	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	

Drug Name	Drug Requirements/ Tier	Limits
<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, 9000mg/60ml	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	
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	

Drug Name	Drug Requirements/ Tier	Limits
FIRVANQ SOLR 25mg/ml, 50mg/ml QL (1800 mL / 180 days)	3	QL
FLAGYL CAPS 375mg	3	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	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 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i> (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
<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	

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
MEROP/NAACL INJ 500/50ML	3	
<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	1	
<i>metronidazole</i> (generic of FLAGYL) CAPS 375mg	1	
METRONIDAZOLE SOLN 500mg/100ml	3	
<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	1	
<i>metronidazole</i> TABS 250mg, 500mg	1	
NEBUPENT SOLR 300mg	3	B/D
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> (generic of ALINIA) TABS 500mg QL (6 tabs / 30 days)	4	NDS QL
<i>nitrofurantoin</i> SUSP 25mg/5ml	4	NDS PA
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> (generic of BILTRICIDE) 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

Drug Name	Drug Requirements/ Tier	Limits
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 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole- trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole- trimethoprim tab 400-80 mg</i> (generic of BACTRIM)	1	
<i>sulfamethoxazole- trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI NEBU 300mg/5ml	4	NDS NM PA
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
VANCOGIN CAPS 125mg QL (80 caps / 180 days)	4	NDS QL
VANCOGIN 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	

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



Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>vancomycin hcl</i> (generic of VANCOGIN) CAPS 125mg QL (80 caps / 180 days)	1	QL	ANCOBON CAPS 250mg, 500mg	4	NDS PA
<i>vancomycin hcl</i> (generic of VANCOGIN) CAPS 250mg QL (160 caps / 180 days)	1	QL	CANCIDAS SOLR 50mg, 70mg	4	NDS
<i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm	1		CASPOFUNGIN ACETATE SOLR 50mg, 70mg	4	NDS
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1		<i>casposfungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	1	
<i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml, 250mg/5ml QL (1800 mL / 180 days)	1	QL	CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	4	NDS PA
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	3		DIFLUCAN SUSR 40mg/ml; TABS 100mg	3	
VANCOMYCIN INJ 1 GM	3		DIFLUCAN TABS 200mg	4	NDS
VANCOMYCIN INJ 500MG	3		ERAXIS SOLR 50mg	3	
VANCOMYCIN INJ 750MG	3		ERAXIS SOLR 100mg	4	NDS
VIBATIV SOLR 750mg	4	NDS	<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg	1	
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	3	QL	<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml; TABS 100mg, 150mg, 200mg	1	
ZEMDRI SOLN 500mg/10ml	4	NDS	<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
ZYVOX SOLN 200mg/100ml, 600mg/300ml	4	NDS	<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
ZYVOX SUSR 100mg/5ml QL (1800 mL / 30 days)	4	NDS QL	<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	4	NDS PA
ZYVOX TABS 600mg QL (60 tabs / 30 days)	4	NDS QL	<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<b>ANTIFUNGALS</b>			<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
ABELCET SUSP 5mg/ml	3	B/D	<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	PA
AMBISOME SUSR 50mg	4	NDS B/D	<i>itraconazole</i> (generic of SPORANOX) SOLN 10mg/ml	4	NDS
<i>amphotericin b</i> SOLR 50mg	1	B/D	<i>ketoconazole</i> TABS 200mg	1	PA
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	4	NDS B/D	MICAFUNGIN SOLR 50mg, 100mg	4	NDS
			<i>micalfungin sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	1	
			MICAFUNGIN/NACL INJ 50MG/50ML	4	NDS
			MICAFUNGIN/NACL INJ 100MG/100ML	4	NDS
			MYCAMINE SOLR 50mg, 100mg	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
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
<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 TABS 200mg QL (120 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

Drug Name	Drug Requirements/ Tier	Limits
<i>voriconazole</i> (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)	1	QL
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl tab</i> 1 62.5-25 mg (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab</i> 1 250-100 mg (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS 1 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	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
QUALAQUIN CAPS 324mg	3	PA
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	1	PA
<b>ANTI-RETROVIRAL AGENTS</b>		
<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> (generic of SUSTIVA) TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM

Drug Name	Drug Requirements/ Tier	Limits
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	4	NDS NM
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	4	NDS NM
FUZEON SOLR 90mg	4	NDS NM
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
<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

Drug Name	Drug Requirements/ Tier	Limits
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	4	NDS NM
SELZENTRY TABS 25mg	3	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
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> (generic of EPZICOM)	1	NM
BIKTARVY TAB 30-120-15 MG	4	NDS NM
BIKTARVY TAB 50-200-25 MG	4	NDS NM
CIMDUO TAB 300-300	4	NDS NM
COMPLERA TAB	4	NDS NM
DELSTRIGO TAB	4	NDS NM
DESCOVY TAB 120-15MG QL (30 tabs / 30 days)	4	NDS QL NM
DESCOVY TAB 200/25MG QL (30 tabs / 30 days)	4	NDS QL NM
DOVATO TAB 50-300MG	4	NDS NM
<i>efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg</i> (generic of ATRIPLA)	4	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> (generic of SYMFI LO)	4	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
<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 QL NM
QL (30 tabs / 30 days)		
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA)	4	NDS QL NM
QL (30 tabs / 30 days)		
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA)	4	NDS QL NM
QL (30 tabs / 30 days)		
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA)	1	QL NM
QL (30 tabs / 30 days)		
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
<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 QL NM
QL (30 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
TRUVADA TAB 133-200	4	NDS QL NM
QL (30 tabs / 30 days)		
TRUVADA TAB 167-250	4	NDS QL NM
QL (30 tabs / 30 days)		
TRUVADA TAB 200-300	4	NDS QL NM
QL (30 tabs / 30 days)		
<b>ANTITUBERCULAR AGENTS</b>		
<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	
MYAMBUTOL TABS 400mg	3	
MYCOBUTIN CAPS 150mg	4	NDS
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	1	
RIFADIN SOLR 600mg	4	NDS
<i>rifampin</i> CAPS 150mg, 300mg	1	
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	4	NDS NM PA
TRECTOR TABS 250mg	3	
<b>ANTIVIRALS</b>		
<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
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

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>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</i> ( <i>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
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</i> ( <i>hepatitis c</i> ) CAPS 200mg; TABS 200mg	1	NM

Drug Name	Drug Requirements/ Tier	Limits
<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 TBPK 40mg, 80mg QL (1 tab / 180 days)	3	QL
<b>CEPHALOSPORINS</b>		
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	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	

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

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

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

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	<i>amoxicillin &amp; k clavulanate tab</i> 500-125 mg (generic of AUGMENTIN)	1
<i>ciprofloxacin hcl</i> TABS 750mg	1	<i>amoxicillin &amp; k clavulanate tab</i> 875-125 mg	1
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	<i>amoxicillin &amp; k clavulanate tab</i> er 12hr 1000-62.5 mg	1
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	1	<i>ampicillin</i> CAPS 500mg	1
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	1	<i>ampicillin &amp; sulbactam sodium</i> for inj 1.5 (1-0.5) gm (generic of UNASYN)	1
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	1	<i>ampicillin &amp; sulbactam sodium</i> for inj 3 (2-1) gm (generic of UNASYN)	1
<i>moxifloxacin hcl</i> TABS 400mg	1	<i>ampicillin &amp; sulbactam sodium</i> for iv soln 1.5 (1-0.5) gm	1
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	1	<i>ampicillin &amp; sulbactam sodium</i> for iv soln 3 (2-1) gm	1
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	<i>ampicillin &amp; sulbactam sodium</i> for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)	1
<b>PENICILLINS</b>		<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml; TABS 500mg, 875mg	1	AUGMENTIN SUS 125/5ML	3
AMOXICILLIN SUSR 400mg/5ml	3	AUGMENTIN SUS ES-600	3
<i>amoxicillin</i> (generic of AMOXICILLIN) SUSR 400mg/5ml	1	AUGMENTIN TAB 500MG	3
<i>amoxicillin &amp; k clavulanate chew tab</i> 200-28.5 mg	1	BICILLIN C-R INJ 900/300	3
<i>amoxicillin &amp; k clavulanate chew tab</i> 400-57 mg	1	BICILLIN C-R INJ 1200000	3
<i>amoxicillin &amp; k clavulanate for susp</i> 200-28.5 mg/5ml	1	BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3
<i>amoxicillin &amp; k clavulanate for susp</i> 250-62.5 mg/5ml	1	<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1
<i>amoxicillin &amp; k clavulanate for susp</i> 400-57 mg/5ml	1	NAFCILLIN INJ 1GM/50ML	4 NDS
<i>amoxicillin &amp; k clavulanate for susp</i> 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	1	NAFCILLIN INJ 2GM/100	4 NDS
<i>amoxicillin &amp; k clavulanate tab</i> 250-125 mg	1	<i>nafcillin sodium</i> SOLR 1gm, 2gm	1
		<i>nafcillin sodium</i> SOLR 10gm	4 NDS
		OXACILLIN INJ 1GM	3
		OXACILLIN INJ 2GM	3
		<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1
		PEN GK/DEXTR INJ 20000/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	Drug Name	Drug Requirements/ Tier	Limits
PEN GK/DEXTR INJ 40000/ML	3		<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	1	
PEN GK/DEXTR INJ 60000/ML	3		<i>doxycycline hyclate</i> TABS 50mg, 75mg, 150mg; TBEC 50mg, 75mg, 80mg, 100mg, 150mg, 200mg	1	PA
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1		<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1		<i>minocycline hcl</i> TB24 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg	1	PA
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		NUZYRA SOLR 100mg	4	NDS NM
<i>pfizerpen</i> SOLR 5000000unit, 1 20000000unit	1		NUZYRA TABS 150mg QL (30 tabs / 14 days)	4	NDS QL NM
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1		SEYSARA TABS 60mg, 100mg, 150mg	4	NDS PA
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1		<i>targadox</i> TABS 50mg	1	PA
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1		<i>tetracycline hcl</i> CAPS 250mg, 1 500mg	1	PA
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1		TETRACYCLINE HYDROCHLORID TABS 250mg, 500mg	4	NDS PA
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1		TIGECYCLINE SOLR 50mg	4	NDS
UNASYN INJ 1.5GM	3		<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	4	NDS
UNASYN INJ 3GM	3		TYGACIL SOLR 50mg	4	NDS
UNASYN INJ 15GM	3		XERAVAL SOLR 50mg, 100mg	3	
ZOSYN SOL 2-0.25GM	3		<b>ANTINEOPLASTIC AGENTS</b>		
ZOSYN SOL 3-0.375G	3		<b>ALKYLATING AGENTS</b>		
ZOSYN SOL 4-0.50GM	3		<i>bendamustine hcl</i> (generic of TREANDA) SOLR 25mg, 100mg	4	NDS B/D NM
<b>TETRACYCLINES</b>			BENDEKA SOLN 100mg/4ml	4	NDS B/D NM
<i>demeclocycline hcl</i> TABS 150mg, 300mg	1		<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
DORYX MPC TBEC 60mg	3	PA	<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>doxy 100</i> SOLR 100mg	1		<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg	1		CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	4	NDS B/D
<i>doxycycline (monohydrate)</i> CAPS 75mg, 150mg	1	PA			
<i>doxycycline hyclate</i> CAPS 50mg; SOLR 100mg; TABS 20mg, 100mg	1				

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



Drug Name	Drug Requirements/ Tier	Limits
<i>cyclophosphamide</i> SOLR 2gm	4	NDS B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	4	NDS B/D
GLEOSTINE CAPS 10mg, 40mg	3	NM
GLEOSTINE CAPS 100mg	4	NDS NM
IFEX SOLR 3gm	3	B/D
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	1	B/D
IFOSFAMIDE SOLR 3gm	3	B/D
LEUKERAN TABS 2mg	4	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
<i>oxaliplatin</i> SOLR 100mg	4	NDS B/D
TREANDA SOLR 25mg, 100mg	4	NDS B/D NM
ZEPZELCA SOLR 4mg	4	NDS NM PA
<b>ANTIMETABOLITES</b>		
ALIMTA SOLR 100mg, 500mg	4	NDS B/D
<i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	4	NDS B/D NM
<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	1	B/D
<i>decitabine</i> SOLR 50mg	4	NDS B/D NM
<i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	4	NDS NM PA
<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D
<i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
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
TABLOID TABS 40mg	4	NDS
VIDAZA SUSR 100mg	4	NDS B/D NM
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	4	NDS QL NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	4	NDS QL NM PA
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	

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
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
<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

Drug Name	Drug Requirements/ Tier	Limits
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
<b>IMMUNOMODULATORS</b>		
<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
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

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
<b>MISCELLANEOUS</b>		
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
<i>dacarbazine</i> SOLR 100mg	1	B/D
DOXIL INJ 2mg/ml	4	NDS B/D
<i>doxorubicin hcl</i> (generic of DOXORUBICIN HCL) SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) INJ 2mg/ml	4	NDS B/D
ELLECE 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
IWILFIN TABS 192mg QL (240 tabs / 30 days)	4	NDS QL NM PA
MATULANE CAPS 50mg	4	NDS NM
<i>mitomycin</i> SOLR 5mg	1	B/D
<i>mitomycin</i> SOLR 20mg, 40mg	4	NDS B/D
<i>mitoxantrone hcl</i> CONC 2mg/ml	1	B/D NM
NIPENT SOLR 10mg	4	NDS B/D
ONCASPAR SOLN 750unit/ml	4	NDS NM PA
ONIVYDE INJ 43mg/10ml	4	NDS B/D NM
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

Drug Name	Drug Requirements/ Tier	Limits
TOPOTECAN HCL SOLN 4mg/4ml	3	B/D
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml	1	B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg	4	NDS B/D
<i>tretinoin (chemotherapy)</i> CAPS 10mg	4	NDS
<i>valrubicin</i> (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
<b>MITOTIC INHIBITORS</b>		
ABRAXANE INJ 100MG	4	NDS B/D NM
DOCETAXEL CONC 20mg/ml	3	B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D
<i>eribulin mesylate</i> (generic of HALAVEN) SOLN 1mg/2ml	4	NDS B/D NM
ETOPOPHOS SOLR 100mg	3	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
HALAVEN SOLN 1mg/2ml	4	NDS B/D NM
IXEMPRA KIT SOLR 15mg, 45mg	4	NDS B/D NM
JEVTANA SOLN 60mg/1.5ml	4	NDS NM PA
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
PACLITAXEL INJ 100MG	4	NDS B/D NM
<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
<b>MOLECULAR TARGET AGENTS</b>		
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, 400mg/16ml	4	NDS NM PA
ARZERRA CONC 100mg/5ml, 1000mg/50ml	4	NDS B/D NM
AUGTYRO CAPS 40mg QL (240 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

Drug Name	Drug Requirements/ Tier	Limits
<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	4	NDS NM 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
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
DARZALEX SOLN 100mg/5ml, 400mg/20ml	4	NDS NM PA
DARZALEX SOL FASPRO	4	NDS NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
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> (generic of TARCEVA) TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<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

Drug Name	Drug Requirements/ Tier	Limits
<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
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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
INLYTA TABS 1mg QL (180 tabs / 30 days)	4	NDS QL NM PA	<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	4	NDS QL NM PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	4	NDS QL NM PA	LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	4	NDS QL NM PA
INREBIC CAPS 100mg QL (120 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
IRESSA TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA	LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	4	NDS QL NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	4	NDS QL NM PA	LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	4	NDS QL NM PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	4	NDS QL NM PA	LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	4	NDS QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA	LENVIMA CAP 14 MG QL (60 caps / 30 days)	4	NDS QL NM PA
JEMPERLI SOLN 500mg/10ml	4	NDS NM PA	LENVIMA CAP 18 MG QL (90 caps / 30 days)	4	NDS QL NM PA
KADCYLA SOLR 100mg, 160mg	4	NDS B/D NM	LENVIMA CAP 24 MG QL (90 caps / 30 days)	4	NDS QL NM PA
KANJINTI SOLR 150mg, 420mg	4	NDS NM PA	LIBTAYO SOLN 350mg/7ml	4	NDS NM PA
KEYTRUDA SOLN 100mg/4ml	4	NDS NM PA	LOQTORZI SOLN 240mg/6ml	4	NDS NM PA
KIMMTRAK SOLN 100mcg/0.5ml	4	NDS NM PA	LORBRENA TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	4	NDS QL NM PA	LORBRENA TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	4	NDS QL NM PA	LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	4	NDS QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	4	NDS QL NM PA	LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	4	NDS QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	4	NDS QL NM PA	LUNSUMIO SOLN 1mg/ml, 30mg/30ml	4	NDS NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	4	NDS QL NM PA	LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	4	NDS QL NM PA	LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	4	NDS QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	4	NDS QL NM PA	LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 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			

Drug Name	Drug Requirements/ Tier	Limits
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	4	NDS QL NM PA
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
OPDUALAG SOL	4	NDS NM PA
PADCEV SOLR 20mg, 30mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
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
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 100mg/10ml, 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
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
RYBREVANT SOLN 350mg/7ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
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
TAGRISO 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
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

Drug Name	Drug Requirements/ Tier	Limits
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	4	NDS QL NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NDS 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
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
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
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
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

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
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
VOTRIENT TABS 200mg QL (120 tabs / 30 days)	4	NDS QL 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
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

Drug Name	Drug Requirements/ Tier	Limits
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
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
<b>PROTECTIVE AGENTS</b>		
<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	4	NDS B/D
ELITEK SOLR 1.5mg, 7.5mg	4	NDS B/D
KHAPZORY SOLR 175mg <i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	NDS B/D NM
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D NM
MESNEX TABS 400mg	4	NDS
<b>CARDIOVASCULAR ACE INHIBITOR COMBINATIONS</b>		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20- 12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> (generic of ZESTORETIC)	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC)	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)	1	
LOTREL CAP 5-10MG QL (30 caps / 30 days)	3	QL
LOTREL CAP 5-20MG QL (30 caps / 30 days)	3	QL
LOTREL CAP 10-20MG QL (30 caps / 30 days)	3	QL
LOTREL CAP 10-40MG QL (30 caps / 30 days)	3	QL
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> (generic of ACCURETIC)	1	
<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	
<b>ACE INHIBITORS</b>		
ALTACE CAPS 1.25mg, 2.5mg, 5mg, 10mg	3	
<i>benazepril hcl</i> TABS 5mg	1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<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> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
VASOTEC TABS 2.5mg, 5mg, 10mg	3	
VASOTEC TABS 20mg	4	NDS
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	3	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
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	

Drug Name	Drug Requirements/ Tier	Limits
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	
<b>ALPHA BLOCKERS</b>		
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	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)	1	QL
QL (30 tabs / 30 days)		

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

Drug Name	Drug Requirements/ Tier	Limits
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
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 &amp; hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	1	
<i>losartan potassium &amp; 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

Drug Name	Drug Requirements/ Tier	Limits
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
<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

Drug Name	Drug Requirements/ Tier	Limits
<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
<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

Drug Name	Drug Requirements/ Tier	Limits
<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
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
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
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> (generic of AVAPRO) TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	1	QL
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	1	
MICARDIS TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<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
<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	1	QL
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
BETAPACE TABS 80mg, 120mg, 160mg	4	NDS
BETAPACE AF TABS 80mg	3	
BETAPACE AF TABS 120mg, 160mg	4	NDS
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	3	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg 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	

Drug Name	Drug Requirements/ Tier	Limits
<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
<b>ANTILIPEMICS, FIBRATES</b>		
<i>choline fenofibrate</i> (generic of TRILIPIX) CPDR 45mg, 135mg	1	
<i>fenofibrate</i> CAPS 50mg QL (60 caps / 30 days)	1	QL PA
<i>fenofibrate</i> CAPS 150mg QL (30 caps / 30 days)	1	QL PA
<i>fenofibrate</i> 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
FENOGLIDE TABS 40mg QL (60 tabs / 30 days)	3	QL PA
FENOGLIDE TABS 120mg QL (30 tabs / 30 days)	4	NDS 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	

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
LIPOFEN CAPS 50mg QL (60 caps / 30 days)	3	QL PA
LIPOFEN CAPS 150mg QL (30 caps / 30 days)	3	QL PA
LOPID TABS 600mg	3	
TRICOR TABS 48mg, 145mg	3	
TRILIPIX CPDR 45mg, 135mg	3	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
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
<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

Drug Name	Drug Requirements/ Tier	Limits
<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
ZOCOR TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<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



Drug Name	Drug Requirements/ Tier	Limits
<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
<i>niacin (antihyperlipidemic)</i> TABS 500mg	1	PA
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	1	QL
<i>niacor</i> TABS 500mg	1	PA
<i>omega-3-acid ethyl esters cap 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

Drug Name	Drug Requirements/ Tier	Limits
WELCHOL PACK 3.75gm; TABS 625mg	3	
ZETIA TABS 10mg	3	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)	1	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
ZIAC TAB 2.5/6.25	3	
ZIAC TAB 5-6.25MG	3	
ZIAC TAB 10/6.25	3	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
BYSTOLIC TABS 20mg QL (60 tabs / 30 days)	3	QL
<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>carvedilol phosphate</i> (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	1	QL
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	3	
COREG CR CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	3	QL
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	4	NDS
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3	
<i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg	1	
LABELALOL HYDROCHLORIDE SOSY 10mg/2ml	3	
LOPRESSOR TABS 50mg, 100mg	3	
<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg	1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	
<i>nadolol</i> (generic of CORGARD) TABS 20mg, 40mg	1	
<i>nadolol</i> TABS 80mg	1	
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	1	QL
<i>pindolol</i> TABS 5mg, 10mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1	
<i>propranolol hcl</i> SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
TENORMIN TABS 25mg, 50mg, 100mg	3	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg	1	
<i>amlodipine besylate</i> TABS 10mg	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	
<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	

Drug Name	Drug Requirements/ Tier	Limits
<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>levamlodipine maleate</i> TABS 2.5mg, 5mg QL (30 tabs / 30 days)	1	QL PA
<i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
NICARDIPINE SOL 20/200ML	3	
NICARDIPINE SOL 40/200ML	3	
<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>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	

Drug Name	Drug Requirements/ Tier	Limits
<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	
<b>DIURETICS</b>		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1	
<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

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
LASIX TABS 20mg, 40mg, 80mg	3	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>ormarvi</i> (generic of KEVEYIS) TABS 50mg	4	NDS NM PA
SOAANZ TABS 20mg, 40mg, 60mg	3	
<i>spironolactone &amp; 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 &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	
<b>MISCELLANEOUS</b>		
ADRENALIN SOLN 1mg/ml	3	
<i>aliskiren fumarate</i> (generic of TEKTRINA) 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	

Drug Name	Drug Requirements/ Tier	Limits
<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	
ASPRUZYO SPRINKLE PACK 500mg, 1000mg	3	PA
BIDIL TAB	3	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg QL (30 caps / 30 days)	4	NDS QL NM PA
<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	
<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg; TB24 .17mg	1	
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)	2	QL
DEMSER CAPS 250mg	4	NDS NM PA
DIBENZYLINE CAPS 10mg	4	NDS PA
<i>digoxin</i> SOLN .05mg/ml	1	
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg	1	
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1	QL
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	4	NDS QL NM PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg PA applies if 70 years and older	2	PA
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
INPEFA TABS 200mg, 400mg QL (30 tabs / 30 days)	3	QL
<i>isosorbide dinitrate- hydralazine hcl tab 20-37.5 mg</i> (generic of BIDIL)	1	
LANOXIN SOLN .25mg/ml; TABS 62.5mcg	3	
LANOXIN TABS 125mcg, 250mcg QL (30 tabs / 30 days)	3	QL
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
LODOCO TABS .5mg QL (30 tabs / 30 days)	3	QL PA
<i>metirosine</i> (generic of DEMSER) CAPS 250mg	4	NDS NM PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	

Drug Name	Drug Requirements/ Tier	Limits
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
<i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg	4	NDS PA
<i>ranolazine</i> TB12 500mg, 1000mg	1	
TEKTURNA TABS 150mg, 300mg	3	
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	2	QL 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
<b>NITRATES</b>		
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	

Drug Name	Drug Requirements/ Tier	Limits
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
NITROLINGUAL SOLN .4mg/spray	3	
NITROSTAT SUBL .3mg, .4mg, .6mg	3	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
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 SUSR 10mg/ml QL (784 mL / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
REVATIO TABS 20mg QL (360 tabs / 30 days)	4	NDS QL NM PA
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) SOLN 10mg/12.5ml	4	NDS NM PA
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) SUSR 10mg/ml QL (784 mL / 30 days)	4	NDS QL NM PA
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	1	QL NM PA
<i>tadalafil</i> (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
TADLIQ SUSP 20mg/5ml QL (300 mL / 30 days)	4	NDS QL NM PA
TRACLEER TABS 62.5mg, 125mg QL (60 tabs / 30 days)	4	NDS QL NM 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

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
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
<b>CENTRAL NERVOUS SYSTEM ANTI-ANXIETY</b>		
<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>bupirone 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	

Drug Name	Drug Requirements/ Tier	Limits
<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	
<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
<b>ANTIDEMENTIA</b>		
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

Drug Name	Drug Requirements/ Tier	Limits
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg, 23mg	1	
<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; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	1	PA
<i>memantine hcl</i> (generic of NAMENDA XR) CP24 14mg, 21mg, 28mg PA applies if 29 years and younger	1	PA
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i> (generic of NAMENDA TITRATION PAK) PA applies if 29 years and younger	1	PA
NAMENDA TAB 5-10MG PA applies if 29 years and younger	3	PA
NAMENDA XR CP24 14mg, 21mg, 28mg PA applies if 29 years and younger	3	PA
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	

Drug Name	Drug Requirements/ Tier	Limits
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
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	1	QL
<b>ANTIDEPRESSANTS</b>		
<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	



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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBP 15mg, 30mg, 45mg	1		<i>perphenazine-amitriptyline tab</i> 4-25 mg	2	PA
NARDIL TABS 15mg	3		PA applies if 70 years and older		
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1		<i>perphenazine-amitriptyline tab</i> 4-50 mg	2	PA
NORPRAMIN TABS 10mg, 25mg	3		PA applies if 70 years and older		
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1		<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3		PRISTIQ TB24 25mg, 50mg, 100mg	3	QL
PAMELOR CAPS 10mg, 25mg, 50mg, 75mg	4	NDS	QL (30 tabs / 30 days)		
PARNATE TABS 10mg	4	NDS	<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
<i>paroxetine hcl</i> (generic of PAXIL) SUSP 10mg/5ml QL (900 mL / 30 days)	3	QL PA	PROZAC CAPS 10mg, 20mg, 40mg	3	
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1		REMERON TABS 15mg, 30mg	3	
<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	3	QL	REMERON SOLTAB TBP 15mg, 30mg, 45mg	3	
PAXIL SUSP 10mg/5ml QL (900 mL / 30 days)	3	QL PA	<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
PAXIL TABS 10mg, 20mg, 30mg, 40mg	3		SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg QL (30 caps / 30 days)	3	QL PA
PAXIL CR TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	3	QL	SPRAVATO SOL 56MG DOS	4	NDS NM PA
<i>perphenazine-amitriptyline tab</i> 2-10 mg PA applies if 70 years and older	2	PA	SPRAVATO SOL 84MG DOS	4	NDS NM PA
<i>perphenazine-amitriptyline tab</i> 2-25 mg PA applies if 70 years and older	2	PA	<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	
<i>perphenazine-amitriptyline tab</i> 4-10 mg PA applies if 70 years and older	2	PA	<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	
			<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	3	QL
			<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	3	QL
			TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	3	QL PA
			VENLAFAXINE BESYLATE ER TB24 112.5mg QL (30 tabs / 30 days)	3	QL PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 70 years and older	1	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa</i> (generic of LODOSYN) TABS 25mg	1	
<i>carbidopa &amp; levodopa tab 10- 100 mg</i> (generic of SINEMET)	1	
<i>carbidopa &amp; levodopa tab 25- 100 mg</i> (generic of SINEMET)	1	
<i>carbidopa &amp; levodopa tab 25- 250 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	1	
<i>carbidopa &amp; 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	
DHIVY TAB 25-100MG	3	
DUOPA SUS 4.63-20 <i>entacapone</i> TABS 200mg	4	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits
GOCOVRI CP24 68.5mg QL (30 caps / 30 days)	4	NDS QL NM PA
GOCOVRI CP24 137mg QL (60 caps / 30 days)	4	NDS QL NM PA
INBRIJA CAPS 42mg QL (300 caps / 30 days)	4	NDS QL NM PA
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 QL (30 tabs / 30 days)	4	NDS QL NM
ONGENTYS CAPS 25mg, 50mg QL (30 caps / 30 days)	3	QL PA
PARLODEL CAPS 5mg; TABS 2.5mg	3	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 1.5mg, 4.5mg	1	
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX ER) TB24 .375mg, .75mg, 2.25mg, 3mg, 3.75mg	1	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	1	QL
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1	
RYTARY CAP 95MG	3	ST
RYTARY CAP 145MG	3	ST
RYTARY CAP 195MG	3	ST
RYTARY CAP 245MG	3	ST
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	

Drug Name	Drug Requirements/ Tier	Limits
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml PA applies if 70 years and older	2	PA
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA applies if 70 years and older	1	PA
XADAGO TABS 50mg, 100mg	4	NDS
ZELAPAR TBDP 1.25mg	4	NDS
<b>ANTIPSYCHOTICS</b>		
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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	4	NDS QL	FANAPT PAK QL (2 packs / year)	3	QL PA
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	4	NDS QL	<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
ARISTADA INITIO PRSY 675mg/2.4ml	4	NDS	<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL	GEODON CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	4	NDS QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	4	NDS QL	GEODON SOLR 20mg QL (6 injections / 3 days)	3	QL
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1		HALDOL DECANOATE 50 SOLN 50mg/ml	3	
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg	1		HALDOL DECANOATE 100 SOLN 100mg/ml	3	
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	1	QL	<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (120 tabs / 30 days)	1	QL	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	1	QL PA	<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	1	QL PA	INVEGA TB24 3mg, 9mg QL (30 tabs / 30 days)	3	QL
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	1	QL PA	INVEGA TB24 6mg QL (60 tabs / 30 days)	3	QL
CLOZARIL TABS 25mg, 50mg	3		INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	4	NDS QL
CLOZARIL TABS 100mg QL (270 tabs / 30 days)	4	NDS QL	INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	3	QL
CLOZARIL TABS 200mg QL (120 tabs / 30 days)	4	NDS QL	INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	4	NDS QL
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	4	NDS QL PA			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	4	NDS QL	<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 10mg QL (60 tabs / 30 days)	1	QL ST
LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	4	NDS QL	<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	1	QL
LATUDA TABS 80mg QL (60 tabs / 30 days)	4	NDS QL	<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	1	QL
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1		<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	1	QL
<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	1	QL	<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	1	QL	PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	4	NDS QL
LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	4	NDS QL PA	<i>pimozide</i> TABS 1mg, 2mg	1	
LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	4	NDS QL PA	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	1	QL
LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	4	NDS QL PA	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL
LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	4	NDS QL PA	<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	1	QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1		<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	1	QL
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	4	NDS QL NM PA	<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	1	QL PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA	<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	1	QL PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	1	QL	REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	4	NDS QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL	REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	4	NDS QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL	RISPERDAL SOLN 1mg/ml QL (240 mL / 30 days)	3	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL ST			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
RISPERDAL TABS .5mg, 1mg, 2mg, 3mg, 4mg	3		SEROQUEL TABS 300mg, 400mg	3	QL
RISPERDAL CONSTA SRER 12.5mg	3	QL	QL (60 tabs / 30 days)		
QL (2 injections / 28 days)			SEROQUEL XR TB24 50mg, 300mg, 400mg	3	QL PA
RISPERDAL CONSTA SRER 25mg, 37.5mg, 50mg	4	NDS QL	QL (60 tabs / 30 days)		
QL (2 injections / 28 days)			SEROQUEL XR TB24 150mg, 200mg	3	QL PA
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml	1	QL	QL (30 tabs / 30 days)		
QL (240 mL / 30 days)			<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	1		<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>risperidone</i> TABS .25mg	1		<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL ST	UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml	4	NDS QL
QL (60 tabs / 30 days)			QL (1 syringe / 30 days)		
<i>risperidone</i> TBDP 4mg	1	QL ST	UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml	4	NDS QL
QL (120 tabs / 30 days)			QL (1 syringe / 60 days)		
<i>risperidone</i> TBDP .25mg, .5mg	1	QL ST	VERSACLOZ SUSP 50mg/ml	4	NDS QL PA
QL (90 tabs / 30 days)			QL (600 mL / 30 days)		
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg	1	QL	VRAYLAR CAPS 1.5mg	4	NDS QL
QL (2 injections / 28 days)			QL (60 caps / 30 days)		
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg	4	NDS QL	VRAYLAR CAPS 3mg, 4.5mg, 6mg	4	NDS QL
QL (2 injections / 28 days)			QL (30 caps / 30 days)		
SAPHRIS SUBL 2.5mg, 5mg, 10mg	4	NDS QL	<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg	1	QL
QL (60 tabs / 30 days)			QL (60 caps / 30 days)		
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	4	NDS QL	<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg	1	QL
QL (30 patches / 30 days)			QL (6 injections / 3 days)		
SEROQUEL TABS 25mg	3	QL	ZYPREXA SOLR 10mg	3	QL
QL (180 tabs / 30 days)			QL (3 vials / 1 day)		
SEROQUEL TABS 50mg, 100mg, 200mg	3	QL	ZYPREXA TABS 2.5mg, 5mg, 10mg	3	QL
QL (90 tabs / 30 days)			QL (60 tabs / 30 days)		
			ZYPREXA TABS 7.5mg	3	QL
			QL (30 tabs / 30 days)		
			ZYPREXA TABS 15mg, 20mg	4	NDS QL
			QL (30 tabs / 30 days)		

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	3	QL NM PA	CARBATROL CP12 100mg, 200mg, 300mg	3	
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	4	NDS QL NM PA	CELONTIN CAPS 300mg	3	
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	4	NDS QL NM PA	<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	1	QL PA
ZYPREXA ZYDIS TBDP 5mg QL (30 tabs / 30 days)	3	QL ST	<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL PA
ZYPREXA ZYDIS TBDP 10mg QL (60 tabs / 30 days)	3	QL ST	<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
ZYPREXA ZYDIS TBDP 15mg, 20mg QL (30 tabs / 30 days)	4	NDS QL ST	<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL
<b>ANTISEIZURE AGENTS</b>			<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	1	QL
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL	<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	4	NDS 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
BANZEL SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA	DEPAKOTE TBEC 125mg, 250mg, 500mg	3	
BANZEL TABS 200mg QL (480 tabs / 30 days)	4	NDS QL PA	DEPAKOTE ER TB24 250mg, 500mg	3	
BANZEL TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA	DEPAKOTE SPRINKLES CSDR 125mg	3	
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	4	NDS QL PA	DIACOMIT CAPS 250mg QL (360 caps / 30 days)	4	NDS QL NM PA
BRIVIACT SOLN 50mg/5ml	3	PA	DIACOMIT CAPS 500mg QL (180 caps / 30 days)	4	NDS QL NM PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	4	NDS QL PA	DIACOMIT PACK 250mg QL (360 packets / 30 days)	4	NDS QL NM PA
<i>carbamazepine</i> CHEW 100mg	1		DIACOMIT PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1		<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>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1				
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1				



Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<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	FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	4	NDS QL PA
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1		FYCOMPA TABS 2mg QL (60 tabs / 30 days)	3	QL PA
<i>diazepam inj</i> SOLN 5mg/ml	1		FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4	NDS QL PA
<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	<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	1	QL
DILANTIN CAPS 30mg, 100mg	3		<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	1	QL
DILANTIN INFATABS CHEW 50mg	3		<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	1	QL
DILANTIN-125 SUSP 125mg/5ml	3		<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1		<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1		KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	4	NDS
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1		KEPPRA TABS 250mg	3	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	4	NDS QL NM PA	KEPPRA XR TB24 500mg, 750mg	4	NDS
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	1		KLONOPIN TABS 2mg QL (300 tabs / 30 days)	3	QL
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	3	QL PA	KLONOPIN TABS .5mg, 1mg QL (90 tabs / 30 days)	3	QL
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1		<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	1	
<i>felbamate</i> SUSP 600mg/5ml	1		<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1		<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
FELBATOL TABS 400mg, 600mg	4	NDS	<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	1	QL
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	4	NDS QL NM PA	LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
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	
<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) &amp; 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit</i> (generic of LAMICTAL ODT)	1	
<i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1	
<i>lamotrigine tab disint 42 x 50mg &amp; 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	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	1	
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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	1		<i>phenytek</i> CAPS 200mg, 300mg	1	
MOTPOLY XR CP24 100mg, 150mg, 200mg QL (60 caps / 30 days)	4	NDS QL PA	<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1	
MYSOLINE TABS 50mg, 250mg	4	NDS	<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1	
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units per 30 days)	3	QL	<i>phenytoin sodium</i> SOLN 50mg/ml	1	
NEURONTIN CAPS 100mg, 300mg QL (360 caps / 30 days)	3	QL	<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1	
NEURONTIN CAPS 400mg QL (270 caps / 30 days)	3	QL	<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	1	
NEURONTIN SOLN 250mg/5ml QL (2160 mL / 30 days)	3	QL	<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	1	QL PA
NEURONTIN TABS 600mg QL (180 tabs / 30 days)	4	NDS QL	<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	1	QL PA
NEURONTIN TABS 800mg QL (120 tabs / 30 days)	4	NDS QL	<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	1	QL PA
ONFI SUSP 2.5mg/ml QL (480 mL / 30 days)	4	NDS QL PA	<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	1	QL PA
ONFI TABS 10mg, 20mg QL (60 tabs / 30 days)	4	NDS QL PA	<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1	
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1		<i>primidone</i> TABS 125mg	1	
OXTELLAR XR TB24 150mg, 300mg	3	PA	QUDEXY XR CS24 25mg QL (480 caps / 30 days)	3	QL PA
OXTELLAR XR TB24 600mg	4	NDS PA	QUDEXY XR CS24 50mg QL (240 caps / 30 days)	3	QL PA
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 70 years and older	3	QL PA	QUDEXY XR CS24 100mg QL (120 caps / 30 days)	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	QUDEXY XR CS24 150mg, 200mg QL (60 caps / 30 days)	4	NDS QL PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 70 years and older	3	PA	<i>roovepra</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

Drug Name	Drug Requirements/ Tier	Limits
<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
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

Drug Name	Drug Requirements/ Tier	Limits
<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
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	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

Drug Name	Drug Requirements/ Tier	Limits
VALIUM TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	3	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
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
<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

Drug Name	Drug Requirements/ Tier	Limits
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
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
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
<i>zonisamide</i> CAPS 50mg	1	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	4	NDS QL NM PA
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
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

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
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
ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days)	3	QL PA
<i>amphetamine- dextroamphetamine 3-bead cap er 24hr 12.5 mg (generic of MYDAYIS)</i> QL (30 caps / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine 3-bead cap er 24hr 25 mg (generic of MYDAYIS)</i> QL (30 caps / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine 3-bead cap er 24hr 37.5 mg (generic of MYDAYIS)</i> QL (30 caps / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine 3-bead cap er 24hr 50 mg (generic of MYDAYIS)</i> QL (30 caps / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine- dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)</i> QL (30 caps / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine tab 5 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine tab 7.5 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine tab 10 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine tab 12.5 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine tab 15 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine- dextroamphetamine tab 20 mg (generic of ADDERALL)</i> QL (90 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 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
APTENSIO XR CP24 10mg, 15mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA	<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	1	QL PA
APTENSIO XR CP24 40mg, 50mg, 60mg QL (30 caps / 30 days)	3	QL PA	<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	1	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	1	QL	<i>dextroamphetamine sulfate</i> CP24 5mg QL (150 caps / 30 days)	1	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days)	1	QL	<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 10mg QL (150 caps / 30 days)	1	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	1	QL	<i>dextroamphetamine sulfate</i> CP24 15mg QL (120 caps / 30 days)	1	QL PA
AZSTARYS CAP 26.1-5.2 QL (30 caps / 30 days)	3	QL PA	<i>dextroamphetamine sulfate</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
AZSTARYS CAP 39.2-7.8 QL (30 caps / 30 days)	3	QL PA	<i>dextroamphetamine sulfate</i> TABS 15mg QL (120 tabs / 30 days)	1	QL PA
AZSTARYS CAP 52.3-10. QL (30 caps / 30 days)	3	QL PA	<i>dextroamphetamine sulfate</i> TABS 20mg QL (90 tabs / 30 days)	1	QL PA
CONCERTA TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL PA	<i>dextroamphetamine sulfate</i> TABS 30mg QL (60 tabs / 30 days)	1	QL PA
CONCERTA TBCR 54mg QL (30 tabs / 30 days)	3	QL PA	DYANAVEL XR CHER 5mg QL (60 tabs / 30 days)	3	QL PA
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg QL (60 tabs / 30 days)	3	QL PA	DYANAVEL XR CHER 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL PA
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	3	QL PA	DYANAVEL XR SUER 2.5mg/ml QL (240 mL / 30 days)	3	QL PA
DEXEDRINE CP24 10mg QL (150 caps / 30 days)	4	NDS QL PA	FOCALIN TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL PA
DEXEDRINE CP24 15mg QL (120 caps / 30 days)	4	NDS QL PA	FOCALIN TABS 10mg QL (60 tabs / 30 days)	3	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	1	QL PA			

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

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



Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL PA	QUILLICHEW ER CHER 40mg QL (30 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA	QUILLIVANT XR SRER 25mg/5ml QL (360 mL / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL PA	RELEXXII TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA	RELEXXII TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TB24 54mg; TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days)	1	QL PA	RITALIN TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	1	QL PA	RITALIN TABS 20mg QL (90 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA	RITALIN LA CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 54mg QL (30 tabs / 30 days)	1	QL PA	RITALIN LA CP24 40mg QL (30 caps / 30 days)	3	QL PA
MYDAYIS CAP 12.5MG QL (30 caps / 30 days)	3	QL PA	STRATTERA CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	3	QL
MYDAYIS CAP 25MG QL (30 caps / 30 days)	3	QL PA	STRATTERA CAPS 40mg QL (60 caps / 30 days)	3	QL
MYDAYIS CAP 37.5MG QL (30 caps / 30 days)	3	QL PA	STRATTERA CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL
MYDAYIS CAP 50MG QL (30 caps / 30 days)	3	QL PA	VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
QELBREE CP24 100mg QL (180 caps / 30 days)	3	QL PA	VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	3	QL PA
QELBREE CP24 150mg QL (60 caps / 30 days)	3	QL PA	VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
QELBREE CP24 200mg QL (90 caps / 30 days)	3	QL PA	VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	3	QL PA
QUILLICHEW ER CHER 20mg, 30mg QL (60 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

Drug Name	Drug Requirements/ Tier	Limits
<i>zenzedi</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
<i>zenzedi</i> TABS 15mg QL (120 tabs / 30 days)	1	QL PA
<i>zenzedi</i> TABS 20mg QL (90 tabs / 30 days)	1	QL PA
<i>zenzedi</i> TABS 30mg QL (60 tabs / 30 days)	1	QL PA
<b>HYPNOTICS</b>		
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
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL
EDLUAR SUBL 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
<i>estazolam</i> TABS 1mg, 2mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
<i>eszopiclone</i> (generic of LUNESTA) TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
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
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
QUVIVIQ TABS 25mg, 50mg QL (30 tabs / 30 days)	3	QL
<i>ramelteon</i> (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
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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<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	AJOVY SOSY 225mg/1.5ml QL (3 syringes / 90 days)	3	QL NM 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>almotriptan malate</i> TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	1	QL ST
<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	CAMBIA PACK 50mg QL (9 packets / 30 days)	4	NDS 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	<i>diclofenac potassium (migraine)</i> (generic of CAMBIA) PACK 50mg QL (9 packets / 30 days)	1	QL PA
ZOLPIDEM TARTRATE CAPS 7.5mg QL (30 caps / 30 days)	3	QL PA	<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	4	NDS
<i>zolpidem tartrate</i> SUBL 1.75mg, 3.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA	<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days)	4	NDS QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA	<i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg QL (12 tabs / 30 days)	1	QL ST
<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	ELYXYB SOLN 120mg/4.8ml QL (28.8 mL / 21 days)	4	NDS QL PA
<b>MIGRAINE</b>			EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	2	QL NM PA
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA	EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	2	QL NM PA
AJOVY SOAJ 225mg/1.5ml QL (3 pens / 90 days)	3	QL NM PA	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

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
IMITREX STATDOSE REFILL SOCT 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL	<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBP 10mg QL (18 tabs / 30 days)	1	QL
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL	<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	1	QL
IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL	<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	1	QL
MAXALT TABS 10mg QL (18 tabs / 30 days)	3	QL	<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	1	QL
MAXALT-MLT TBP 10mg QL (18 tabs / 30 days)	3	QL	<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>migergot</i> QL (20 suppositories / 28 days)	4	NDS QL PA	<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	1	QL
MIGRANAL SOLN 4mg/ml QL (8 mL / 30 days)	4	NDS QL PA	<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	1	QL	<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL
NURTEC TBP 75mg QL (16 tabs / 30 days)	2	QL PA	<i>sumatriptan- naproxen sodium</i> <i>tab 85-500 mg</i> (generic of TREMIMET) QL (9 tabs / 30 days)	1	QL ST
ONZETRA XSAIL EXHP 11mg/nosepc QL (16 nosepieces / 30 days)	4	NDS QL ST	TOSYMRA SOLN 10mg/act QL (18 units / 30 days)	3	QL ST
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	2	QL PA	TREMIMET TAB 85-500MG QL (9 tabs / 30 days)	4	NDS QL ST
RELPAX TABS 20mg QL (12 tabs / 30 days)	3	QL ST	TRUDHESA AERS .725mg/act QL (12 mL / 28 days)	4	NDS QL PA
RELPAX TABS 40mg QL (12 tabs / 30 days)	4	NDS QL ST	UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	2	QL PA
REYVOW TABS 50mg QL (4 tabs / 30 days)	3	QL PA	VYEPTI SOLN 100mg/ml	4	NDS NM PA
REYVOW TABS 100mg QL (8 tabs / 30 days)	3	QL PA			
<i>rizatriptan benzoate</i> TABS 5mg; TBP 5mg QL (18 tabs / 30 days)	1	QL			
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	1	QL			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ZAVZPRET SOLN 10mg/act QL (6 nasal units / 21 days)	4	NDS QL PA	<i>gabapentin (once-daily)</i> (generic of GRALISE) TABS 600mg QL (90 tabs / 30 days)	1	QL PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days)	4	NDS QL ST	GRALISE TABS 300mg QL (180 tabs / 30 days)	3	QL PA
<i>zolmitriptan</i> (generic of ZOMIG) SOLN 5mg QL (12 units / 30 days)	1	QL ST	GRALISE TABS 450mg, 600mg QL (90 tabs / 30 days)	3	QL PA
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST	GRALISE TABS 750mg, 900mg QL (60 tabs / 30 days)	3	QL PA
<b>MISCELLANEOUS</b>			HORIZANT TBCR 300mg, 600mg QL (60 tabs / 30 days)	3	QL PA
AMVUTTRA SOSY 25mg/0.5ml QL (1 syringe / 90 days)	4	NDS QL NM PA	<i>lithium</i> SOLN 8meq/5ml	1	
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	4	NDS QL NM PA	<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA	<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	4	NDS QL NM PA	LITHOBID TBCR 300mg	4	NDS
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA	LYRICA CR TB24 82.5mg, 165mg QL (90 tabs / 30 days)	3	QL PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	4	NDS QL NM PA	LYRICA CR TB24 330mg QL (60 tabs / 30 days)	3	QL PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	4	NDS QL NM PA	MESTINON SOLN 60mg/5ml; 4 TABS 60mg	4	NDS
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	4	NDS QL NM PA	MESTINON TIMESPAN TBCR 180mg	4	NDS
DAYBUE SOLN 200mg/ml QL (3600 mL / 30 days)	4	NDS QL NM PA	NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	4	NDS QL PA
<i>edaravone</i> (generic of RADICAVA) SOLN 30mg/100ml	4	NDS NM PA	<i>paroxetine mesylate</i> ( <i>vasomotor</i> ) CAPS 7.5mg QL (30 caps / 30 days)	3	QL PA
ENSPRYNG SOSY 120mg/ml	4	NDS NM PA	<i>pregabalin (once-daily)</i> (generic of LYRICA CR) TB24 82.5mg, 165mg QL (90 tabs / 30 days)	1	QL PA
EQUETRO CP12 100mg, 200mg, 300mg	3		<i>pregabalin (once-daily)</i> (generic of LYRICA CR) TB24 330mg QL (60 tabs / 30 days)	1	QL PA
EVRYSDI SOLR .75mg/ml	4	NDS NM PA	<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml; TABS 60mg	1	
EXSERVAN FILM 50mg QL (60 films / 30 days)	4	NDS QL NM PA			
FIRDAPSE TABS 10mg <i>gabapentin (once-daily)</i> (generic of GRALISE) TABS 300mg QL (180 tabs / 30 days)	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	Drug Name	Drug Requirements/ Tier	Limits
<i>pyridostigmine bromide</i> TABS 30mg	1		AVONEX PEN AJKT 30mcg/0.5ml	4	NDS QL NM PA
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR 180mg	1		QL (4 injections / 28 days)		
RADICAVA SOLN 30mg/100ml	4	NDS NM PA	BAFIERTAM CPDR 95mg	4	NDS QL NM PA
RADICAVA ORS SUSP 105mg/5ml	4	NDS QL NM PA	QL (120 caps / 30 days)		
QL (70 mL / 28 days)			BETASERON KIT .3mg	4	NDS QL NM PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	4	NDS QL NM PA	QL (14 syringes / 28 days)		
QL (70 mL / 28 days)			BRIUMVI SOLN 150mg/6ml	4	NDS NM PA
<i>riluzole</i> TABS 50mg	1		COPAXONE SOSY 20mg/ml	4	NDS QL NM PA
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3	QL PA	QL (30 syringes / 30 days)		
QL (60 tabs / 30 days)			COPAXONE SOSY 40mg/ml	4	NDS QL NM PA
SAVELLA MIS TITR PAK	3	QL PA	QL (12 syringes / 28 days)		
QL (2 packs / year)			<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg	1	QL NM PA
SKYCLARYS CAPS 50mg	4	NDS QL NM PA	QL (60 tabs / 30 days)		
QL (90 caps / 30 days)			<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg	4	NDS QL NM PA
TEGLUTIK SUSP 50mg/10ml	4	NDS QL NM PA	QL (14 caps / 7 days)		
QL (600 mL / 30 days)			<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 240mg	4	NDS QL NM PA
TEGSEDI SOSY 284mg/1.5ml	4	NDS QL NM PA	QL (60 caps / 30 days)		
QL (4 syringes / 28 days)			<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> (generic of TECFIDERA STARTER PACK)	4	NDS QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg	4	NDS QL NM PA	QL (2 packs / year)		
QL (90 tabs / 30 days)			<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg	4	NDS QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg	4	NDS QL NM PA	QL (30 caps / 30 days)		
QL (120 tabs / 30 days)			GILENYA CAPS .25mg, .5mg	4	NDS QL NM PA
UPLIZNA SOLN 100mg/10ml	4	NDS NM PA	QL (30 caps / 30 days)		
WAINUA SOAJ 45mg/0.8ml	4	NDS QL NM PA	<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml	4	NDS QL NM PA
QL (1 pen / 30 days)			QL (30 syringes / 30 days)		
XENAZINE TABS 12.5mg	4	NDS QL NM PA	<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml	4	NDS QL NM PA
QL (90 tabs / 30 days)			QL (12 syringes / 28 days)		
XENAZINE TABS 25mg	4	NDS QL NM PA	<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml	4	NDS QL NM PA
QL (120 tabs / 30 days)			QL (30 syringes / 30 days)		
<b>MULTIPLE SCLEROSIS AGENTS</b>					
AMPYRA TB12 10mg	4	NDS QL NM PA			
QL (60 tabs / 30 days)					
AUBAGIO TABS 7mg, 14mg	4	NDS QL NM PA			
QL (30 tabs / 30 days)					
AVONEX PSKT 30mcg/0.5ml	4	NDS QL NM PA			
QL (4 syringes / 28 days)					

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>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 / year)	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
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
PLEGRIDY SOPN 125mcg/0.5ml QL (2 pens / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
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
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

Drug Name	Drug Requirements/ Tier	Limits
ZEPOSIA CAP STR KIT QL (2 packs / year)	4	NDS QL NM PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<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
<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

Drug Name	Drug Requirements/ Tier	Limits
<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
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA
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>tizanidine hcl</i> (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg	1	
<i>tizanidine hcl</i> TABS 2mg	1	
XEOMIN SOLR 50unit	3	NM PA
XEOMIN SOLR 100unit, 200unit	4	NDS NM PA
ZANAFLEX CAPS 2mg, 4mg, 6mg; TABS 4mg	3	
<b>NARCOLEPSY/CATAPLEXY</b>		
<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



Drug Name	Drug Requirements/ Tier	Limits
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm QL (30 packets / 30 days)	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
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
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<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

Drug Name	Drug Requirements/ Tier	Limits
<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
<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)</i> TB12 150mg QL (60 tabs / 30 days)	1	QL
<i>disulfiram</i> TABS 250mg, 500mg	1	
KLOXXADO LIQD 8mg/0.1ml	2	
LUCEMYRA 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 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL INHALER INHA 10mg	3	
NICOTROL NS SOLN 10mg/ml	3	
OPVEE SOLN 2.7mg/0.1ml	3	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	4	NDS NM
SUBOXONE MIS 2-0.5MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 4-1MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 8-2MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 12-3MG QL (60 films / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	1	QL
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> QL (2 packs / year)	1	QL
VIVITROL SUSR 380mg	4	NDS NM
ZIMHI SOSY 5mg/0.5ml	3	
ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days)	3	QL
ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days)	3	QL
<b>ENDOCRINE AND METABOLIC ANDROGENS</b>		
ANDROGEL PUMP GEL 1.62% QL (150 gm / 30 days)	3	QL PA
AVEED SOLN 750mg/3ml	3	NM PA
<i>danazol</i> CAPS 50mg, 100mg, 1 200mg	1	PA
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
JATENZO CAPS 158mg, 198mg QL (120 caps / 30 days)	3	QL PA
JATENZO 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
NATESTO GEL 5.5mg/act QL (21.96 gm / 30 days)	3	QL PA
TESTIM 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

Drug Name	Drug Requirements/ Tier	Limits
<i>testosterone</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 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
TLANDO CAPS 112.5mg QL (120 caps / 30 days)	3	QL PA
VOGELXO GEL 50mg/5gm QL (300 gm / 30 days)	3	QL PA
VOGELXO PUMP GEL 1% QL (300 gm / 30 days)	3	QL PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA
<b>ANTIDIABETICS</b>		
<i>acarbose</i> TABS 25mg, 50mg, 1 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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>alogliptin-pioglitazone tab 25-15 mg</i> QL (30 tabs / 30 days)	3	QL ST	<i>glipizide xl (generic of GLUCOTROL XL) TB24 10mg</i> QL (60 tabs / 30 days)	1	QL
<i>alogliptin-pioglitazone tab 25-30 mg</i> QL (30 tabs / 30 days)	3	QL ST	<i>glipizide-metformin hcl tab 2.5-250 mg</i> QL (240 tabs / 30 days)	1	QL
<i>alogliptin-pioglitazone tab 25-45 mg</i> QL (30 tabs / 30 days)	3	QL ST	<i>glipizide-metformin hcl tab 2.5-500 mg</i> QL (120 tabs / 30 days)	1	QL
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	3	QL PA	<i>glipizide-metformin hcl tab 5-500 mg</i> QL (120 tabs / 30 days)	1	QL
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	3	QL PA	GLUCOTROL XL TB24 5mg QL (90 tabs / 30 days)	3	QL
DUETACT TAB 30-2MG QL (30 tabs / 30 days)	3	QL	GLUCOTROL XL TB24 10mg QL (60 tabs / 30 days)	3	QL
DUETACT TAB 30-4MG QL (30 tabs / 30 days)	3	QL	GLUMETZA TB24 500mg QL (120 tabs / 30 days)	4	NDS QL PA
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL	GLUMETZA TB24 1000mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>glimepiride TABS 1mg, 2mg</i> QL (90 tabs / 30 days)	1	QL	GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	2	QL
<i>glimepiride TABS 4mg</i> QL (60 tabs / 30 days)	1	QL	GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	2	QL
<i>glipizide TABS 2.5mg</i> QL (480 tabs / 30 days)	1	QL	INVOKAMET TAB 50-500MG QL (120 tabs / 30 days)	3	QL
<i>glipizide TABS 5mg</i> QL (240 tabs / 30 days)	1	QL	INVOKAMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL
<i>glipizide TABS 10mg</i> QL (120 tabs / 30 days)	1	QL	INVOKAMET TAB 150-500 QL (60 tabs / 30 days)	3	QL
<i>glipizide TB24 2.5mg</i> QL (90 tabs / 30 days)	1	QL	INVOKAMET TAB 150-1000 QL (60 tabs / 30 days)	3	QL
<i>glipizide (generic of GLUCOTROL XL) TB24 5mg</i> QL (90 tabs / 30 days)	1	QL	INVOKAMET XR TAB 50-500MG QL (120 tabs / 30 days)	3	QL
<i>glipizide (generic of GLUCOTROL XL) TB24 10mg</i> QL (60 tabs / 30 days)	1	QL	INVOKAMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL
<i>glipizide xl TB24 2.5mg</i> QL (90 tabs / 30 days)	1	QL	INVOKAMET XR TAB 150-500 QL (60 tabs / 30 days)	3	QL
<i>glipizide xl (generic of GLUCOTROL XL) TB24 5mg</i> QL (90 tabs / 30 days)	1	QL	INVOKAMET XR TAB 150-1000 QL (60 tabs / 30 days)	3	QL
			INVOKANA TABS 100mg QL (60 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
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
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> SOPN 18mg/3ml QL (3 pens / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<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
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of FORTAMET)	1	QL PA
<i>metformin hcl</i> (generic of GLUMETZA) TB24 500mg QL (120 tabs / 30 days) (generic of GLUMETZA)	1	QL PA
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>metformin hcl</i> TB24 1000mg QL (60 tabs / 30 days) (generic of FORTAMET)	1	QL PA
<i>metformin hcl</i> (generic of GLUMETZA) TB24 1000mg QL (60 tabs / 30 days) (generic of GLUMETZA)	1	QL PA
<i>miglitol</i> TABS 25mg, 50mg, 100mg	1	
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	2	QL PA
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
NESINA TABS 6.25mg, 12.5mg, 25mg QL (30 tabs / 30 days)	3	QL ST
ONGLYZA TABS 2.5mg, 5mg QL (30 tabs / 30 days)	3	QL ST

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
OSENI TAB 12.5-30 QL (30 tabs / 30 days)	3	QL ST	RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL PA
OSENI TAB 25-15MG QL (30 tabs / 30 days)	3	QL ST	saxagliptin hcl TABS 2.5mg QL (30 tabs / 30 days)	1	QL
OSENI TAB 25-30MG QL (30 tabs / 30 days)	3	QL ST	saxagliptin hcl (generic of ONGLYZA) TABS 5mg QL (30 tabs / 30 days)	1	QL
OSENI TAB 25-45MG QL (30 tabs / 30 days)	3	QL ST	saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg QL (60 tabs / 30 days)	1	QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	2	QL PA	saxagliptin-metformin hcl tab er 24hr 5-500 mg QL (30 tabs / 30 days)	1	QL
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	2	QL PA	saxagliptin-metformin hcl tab er 24hr 5-1000 mg QL (30 tabs / 30 days)	1	QL
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL PA	SEGLUROMET TAB 2.5-500 QL (120 tabs / 30 days)	3	QL
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	2	QL PA	SEGLUROMET TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
pioglitazone hcl (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL	SEGLUROMET TAB 7.5-500 QL (60 tabs / 30 days)	3	QL
pioglitazone hcl-glimepiride tab 30-2 mg (generic of DUETACT) QL (30 tabs / 30 days)	1	QL	SEGLUROMET TAB 7.5-1000 QL (60 tabs / 30 days)	3	QL
pioglitazone hcl-glimepiride tab 30-4 mg (generic of DUETACT) QL (30 tabs / 30 days)	1	QL	SITAGLIPTIN TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL ST
pioglitazone hcl-metformin hcl tab 15-500 mg QL (90 tabs / 30 days)	1	QL	STEGLATRO TABS 5mg QL (90 tabs / 30 days)	3	QL
pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL	STEGLATRO TABS 15mg QL (30 tabs / 30 days)	3	QL
QTERN TAB 5-5MG QL (30 tabs / 30 days)	3	QL	STEGLUJAN TAB 5-100MG QL (30 tabs / 30 days)	3	QL
QTERN TAB 10-5MG QL (30 tabs / 30 days)	3	QL	STEGLUJAN TAB 15-100MG QL (30 tabs / 30 days)	3	QL
repaglinide TABS 2mg QL (240 tabs / 30 days)	1	QL	SYMLINPEN 60 SOPN 1500mcg/1.5ml	4	NDS PA
repaglinide TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL	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

Drug Name	Drug Requirements/ Tier	Limits
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 12.5-1000 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 SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL PA
TZIELD SOLN 2mg/2ml	4	NDS NM 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
ZITUVIO TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL ST

Drug Name	Drug Requirements/ Tier	Limits
<b>ANTIDIABETICS, INSULINS</b>		
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	
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	
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	

Drug Name	Drug Requirements/ Tier	Limits
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 FLEXTUOC 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 LISIP INJ PROTAMIN	3	
INSULIN LISPRO SOLN 100unit/ml	3	
INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml	3	
INSULIN LISPRO KWIKPEN SOPN 100unit/ml	3	
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	

Drug Name	Drug Requirements/ Tier	Limits
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	
NOVOLOG RELI INJ 70/30	3	
NOVOLOG RELION SOLN 100unit/ml	3	
OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	3	QL PA
OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	3	QL PA
OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	3	QL PA
OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
OMNIPOD DASH KIT INTRO QL (1 kit / year)	3	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	3	QL PA
REZVOGLAR KWIKPEN SOPN 100unit/ml	3	
SEMGLEE SOLN 100unit/ml; SOPN 100unit/ml	3	
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

Drug Name	Drug Requirements/ Tier	Limits
V-GO 40 KIT QL (30 devices / 30 days)	3	QL PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	2	QL
<b>CALCIUM REGULATORS</b>		
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	
AELVIA 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
<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	

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>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1	ST
TERIPARATIDE SOPN 620mcg/2.48ml	4	NDS NM PA
<i>teriparatide (recombinant)</i> (generic of FORTEO) SOPN 600mcg/2.4ml	4	NDS NM PA
TYMLOS SOPN 3120mcg/1.56ml	4	NDS NM PA
XGEVA SOLN 120mg/1.7ml	4	NDS NM PA
<i>zoledronic acid</i> CONC 4mg/5ml	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
<b>CHELATING AGENTS</b>		
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
<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

Drug Name	Drug Requirements/ Tier	Limits
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	
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 8.4gm, 16.8gm, 25.2gm	2	
<b>CONTRACEPTIVES</b>		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
ANNOVERA MIS	3	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<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	

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>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 &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1
<i>dolishale</i>	1
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)</i>	1
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)</i>	1
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	1
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	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 &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)</i>	1
<i>falmina</i>	1
<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
<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 &amp;eth est 0.01 mg</i>	1

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1		microgestin 24 fe	1	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1		microgestin fe 1.5/30	1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1		microgestin fe 1/20	1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1		mili	1	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1		mono-linyah	1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1		NATAZIA TAB	3	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1		necon 0.5/35-28	1	
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (generic of BALCOLTRA)	1		NEXPLANON IMPL 68mg	2	NM
levora 0.15/30-28	1		NEXTSTELLIS TAB 3-14.2MG	3	PA
LILETTA IUD 20.1mcg/day	2	NM	nikki (generic of YAZ)	1	
LO LOESTRIN TAB 1-10-10	3		nora-be TABS .35mg	1	
loestrin 1.5/30-21	1		norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1	
loestrin 1/20-21	1		norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	1	
loestrin fe 1.5/30	1		norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	1	
loestrin fe 1/20	1		norethindrone (contraceptive) TABS .35mg	1	
loryna (generic of YAZ)	1		norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	1	
low-ogestrel	1		norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	
luttera	1		norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	
lyleq TABS .35mg	1		norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	
lyza TABS .35mg	1		norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	
marlissa	1		norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)	1	
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1		norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
merzee (generic of TAYTULLA)	1		norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)	1	
mibelas 24 fe	1		norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	
microgestin 1.5/30	1				
microgestin 1/20	1				

Drug Name	Drug Requirements/ Tier Limits
<i>norlyroc</i> TABS .35mg	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
NUVARING MIS	3
<i>nylia 1/35</i>	1
<i>nylia 7/7/7</i>	1
<i>nymyo</i>	1
<i>ocella</i> (generic of YASMIN 28)	1
PHEXXI GEL	3
<i>philith</i>	1
<i>pimtrea</i>	1
<i>portia-28</i>	1
<i>reclipsen</i>	1
<i>rivelsa</i>	1
SAFYRAL TAB	3
<i>setlakin</i>	1
<i>sharobel</i> TABS .35mg	1
<i>simliya</i>	1
<i>simpesse</i>	1
SLYND TABS 4mg	3
<i>sprintec 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-linyah</i>	1
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-mili</i>	1
<i>tri-nymyo</i>	1
<i>tri-sprintec</i>	1
<i>tri-vylibra</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>trivora-28</i>	1
<i>turqoz</i>	1
TYBLUME CHW 0.1-0.02	3
<i>tydemy</i> (generic of SAFYRAL)	1
<i>velivet</i>	1
<i>vestura</i> (generic of YAZ)	1
<i>vienva</i>	1
<i>viorele</i>	1
<i>vyfemla</i>	1
<i>vylibra</i>	1
<i>wera</i>	1
<i>wymzya fe</i>	1
<i>xulane</i>	1
YASMIN 28 TAB 3-0.03MG	3
YAZ TAB 3-0.02MG	3
<i>zafemy</i>	1
<i>zovia 1/35</i>	1
<i>zumandimine</i> (generic of YASMIN 28)	1
<b>ESTROGENS</b>	
ACTIVELLA TAB 1-0.5MG	3
BIJUVA CAP 0.5-100	3
BIJUVA CAP 1-100MG	3
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3
CLIMARA PRO DIS WEEKLY	3
COMBIPATCH DIS	3
DELESTROGEN OIL 10mg/ml, 20mg/ml	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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>estradiol</i> (generic of ESTROGEL) GEL .06%	3		MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	3	
<i>estradiol</i> (generic of DIVIGEL) GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3		MENOSTAR PTWK 14mcg/24hr	3	
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2		<i>mimvey</i> (generic of ACTIVELLA)	2	
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2		MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1		<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	2		<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	2		PREMARIN CREA .625mg/gm; SOLR 25mg	3	
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1		PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2	
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1		PREMPHASE TAB	2	
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml, 40mg/ml	1		PREMPRO TAB	2	
ESTRING RING 7.5mcg/24hr	3		PREMPRO TAB 0.3-1.5	2	
ESTROGEL GEL .06%	3		PREMPRO TAB 0.45-1.5	2	
EVAMIST SOLN 1.53mg/spray	3		PREMPRO TAB 0.625-5	2	
FEMRING RING .05mg/24hr, .1mg/24hr	3		VAGIFEM TABS 10mcg	3	
<i>fyavolv tab 0.5mg-2.5mcg</i>	2		VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>fyavolv tab 1mg-5mcg</i>	2		<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	1	
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3	PA	<b>GLUCOCORTICOIDS</b>		
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3	PA	ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	4	NDS NM PA
<i>jinteli</i>	2		ALKINDI SPRINKLE CPSP .5mg	3	NM PA
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2		<i>betamethasone sod phosphate &amp; 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

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
DEXABLISS TBPK 1.5mg	3	
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; TBPK 1.5mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
HEMADY TABS 20mg	3	PA
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	1	
KENALOG-10 SUSP 10mg/ml	3	B/D
KENALOG-40 SUSP 40mg/ml	3	B/D
KENALOG-80 SUSP 80mg/ml	3	B/D
MEDROL TABS 2mg, 4mg, 8mg, 16mg	3	B/D
MEDROL DOSEPAK TBPK 4mg	3	
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	1	B/D
<i>methylprednisolone</i> TABS 32mg	1	B/D
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	1	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	1	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	1	B/D
ORAPRED ODT TBPDP 10mg, 15mg, 30mg	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
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; TBDP 10mg, 15mg, 30mg	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISON INTENSOL CONC 5mg/ml	3	B/D
RAYOS TBEC 1mg, 2mg, 5mg	4	NDS B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
<i>taperdex 6-day</i> TBPK 1.5mg	1	
<i>taperdex 7-day</i> TBPK 1.5mg	1	
<i>taperdex 12-day</i> TBPK 1.5mg	1	
<i>triamcinolone acetate</i> (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
ZILRETTA SRER 32mg	3	B/D NM
<b>GLUCOSE ELEVATING AGENTS</b>		
BAQSIMI ONE 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 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

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
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2	
<b>MISCELLANEOUS</b>		
ACTHAR GEL 80unit/ml QL (1.5 mL / 1 day)	4	NDS QL NM PA
ALDURAZYME SOLN 2.9mg/5ml	4	NDS NM PA
<i>betaine powder for oral solution (generic of CYSTADANE)</i>	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 (generic of CARBAGLU)</i> 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 (generic of SENSIPAR)</i> TABS 30mg, 60mg QL (60 tabs / 30 days)	1	B/D QL NM
<i>cinacalcet hcl (generic of SENSIPAR)</i> 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
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 (generic of DDAVP)</i> SOLN 4mcg/ml	4	NDS
<i>desmopressin acetate (generic of DDAVP)</i> TABS .1mg, .2mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>desmopressin acetate spray SOLN .01%</i>	1	
<i>desmopressin acetate spray refrigerated SOLN .01%</i>	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 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 MINIQUICK PRSY .2mg	2	NM PA
GENOTROPIN MINIQUICK 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 (generic of KUVAN)</i> 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
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 FLEXPOR 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
NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<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
ORLISSA 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
REVCOVI SOLN 2.4mg/1.5ml	4	NDS NM PA
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

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
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
VIJOICE PACK 50mg QL (28 packets / 28 days)	4	NDS QL NM PA
VIJOICE TBPB 50mg, 125mg QL (28 tabs / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
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
<b>PROGESTINS</b>		
CRINONE GEL 4%, 8%	3	PA
<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	
<b>THYROID AGENTS</b>		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3	
ERMEZA SOLN 150mcg/5ml	3	
<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	

Drug Name	Drug Requirements/ Tier	Limits
<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, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	ST
<i>levothyroxine sodium</i> (generic of TIROSINT) CAPS 112mcg	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	
<b>VITAMIN D ANALOGS</b>		
<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
<b>GASTROINTESTINAL ANTIEMETICS</b>		
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) CAPS 80mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>aprepitant capsule therapy pack 80 &amp; 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 (generic of MARINOL) CAPS 2.5mg, 5mg, 10mg</i> QL (60 caps / 30 days)	1	B/D QL
EMEND CAPS 80mg	3	B/D
EMEND SOLR 150mg	3	
EMEND SUSR 125mg/5ml	4	NDS B/D
EMEND TRIPAC PAK 80 & 125	3	B/D
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 QL (60 caps / 30 days)	3	B/D QL
<i>meclizine hcl TABS 12.5mg, 25mg</i>	1	
<i>meclizine hcl (generic of ANTIVERT) 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</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
<i>palonosetron hcl SOLN .25mg/5ml; SOSY .25mg/5ml</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
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
<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>promethazine hcl 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	
<i>scopolamine (generic of TRANSDERM-SCOP) PT72 1mg/3days</i> 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	
SYNDROS SOLN 5mg/ml QL (120 mL / 30 days)	4	NDS B/D QL

Drug Name	Drug Requirements/ Tier	Limits
<i>trimethobenzamide hcl</i> CAPS 300mg	1	
VARUBI TBPB 90mg	3	B/D NM
<b>ANTISPASMODICS</b>		
<i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY 1mg/10ml	3	
<i>atropine sulfate</i> SOSY .25mg/5ml	3	
ATROPINE SULFATE .25mg/5ml, 1mg/10ml	SOSY 3	
BENTYL SOLN 10mg/ml	3	
CUVPOSA SOLN 1mg/5ml	3	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	3	
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml	3	
GLYCATE TABS 1.5mg QL (90 tabs / 30 days)	4	NDS QL PA
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml	1	
GLYCOPYRROLATE TABS 1.5mg QL (90 tabs / 30 days)	4	NDS QL PA
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg QL (90 tabs / 30 days)	1	QL
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg QL (120 tabs / 30 days)	1	QL
<i>glycopyrrolate (oral)</i> (generic of CUVPOSA) SOLN 1mg/5ml	1	
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg PA applies if 70 years and older	3	PA
ROBINUL TABS 1mg QL (90 tabs / 30 days)	3	QL PA
ROBINUL FORTE TABS 2mg QL (120 tabs / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	
<i>cimetidine hcl</i> SOLN 300mg/5ml QL (1200 mL / 30 days)	1	QL
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
PEPCID TABS 20mg, 40mg	3	
<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO CP24 .375gm QL (120 caps / 30 days)	3	QL
AZULFIDINE TABS 500mg	3	
AZULFIDINE EN-TABS TBEC 500mg	3	
<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	1	QL PA
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>budesonide (intrarectal)</i> (generic of UCERIS) FOAM 2mg	1	
CANASA SUPP 1000mg QL (30 suppositories / 30 days)	4	NDS QL
COLAZAL CAPS 750mg	4	NDS
CORTENEMA ENEM 100mg/60ml	3	
DELZICOL CPDR 400mg QL (180 caps / 30 days)	3	QL
DIPENTUM CAPS 250mg	4	NDS
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	1	
LIALDA TBEC 1.2gm QL (120 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	1	QL
<i>mesalamine</i> (generic of PENTASA) CPCR 500mg QL (240 caps / 30 days)	1	QL
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	1	QL
<i>mesalamine</i> ENEM 4gm 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
<b>LAXATIVES</b>		
CLENPIQ SOL 10 MG-3.5 GM-12 GM/160ML	3	
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>generlac</i> SOLN 10gm/15ml	1	
GOLYTELY SOL	3	
KRISTALOSE PACK 10gm QL (30 packets / 30 days)	3	QL PA
KRISTALOSE PACK 20gm QL (60 packets / 30 days)	3	QL PA
LACTULOSE PACK 10gm QL (30 packets / 30 days)	4	NDS QL PA
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
MOVIPREP SOL	3	
<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	
<b>MISCELLANEOUS</b>		
<i>alose tron hcl</i> (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>alose tron 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 &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg (generic of PYLERA)</i>	1	
BYLVAY CAPS 400mcg, 1200mcg	4	NDS NM PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	4	NDS NM PA
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 (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml</i>	1	
CYTOTEC TABS 100mcg, 200mcg	3	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)</i>	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
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	2	QL
LIVMARLI SOLN 9.5mg/ml	4	NDS NM PA
LOMOTIL TAB 2.5MG	3	
<i>loperamide hcl CAPS 2mg</i>	1	
LOTRONEX TABS .5mg, 1mg QL (60 tabs / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>lubiprostone (generic of AMITIZA) CAPS 8mcg, 24mcg QL (60 caps / 30 days)</i>	1	QL
<i>misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg</i>	1	
MOTEGRITY TABS 1mg, 2mg	3	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	2	QL
OCALIVA TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM 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	
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>sucralfate (generic of CARAFATE) SUSP 1gm/10ml QL (1200 mL / 30 days)</i>	1	QL PA
<i>sucralfate (generic of CARAFATE) TABS 1gm</i>	1	
SYMPROIC TABS .2mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
TALICIA CAP	3	
TRULANCE TABS 3mg QL (30 tabs / 30 days)	3	QL
URSO 250 TABS 250mg	3	
URSO FORTE TABS 500mg	3	
URSODIOL CAPS 200mg, 400mg	4	NDS PA
<i>ursodiol</i> CAPS 300mg; 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	
<b>PROTON PUMP INHIBITORS</b>		
ACIPHEX TBEC 20mg QL (30 tabs / 30 days)	3	QL
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

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> (generic of NEXIUM I.V.) SOLR 40mg	1	
KONVOMEF SUS 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> (generic of ZEGERID) QL (30 caps / 30 days)	4	NDS QL PA
<i>omeprazole-sodium</i> <i>bicarbonate cap 40-1100 mg</i> (generic of ZEGERID) 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> (generic of ZEGERID) 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> (generic of ZEGERID) QL (30 packets / 30 days)	4	NDS QL PA

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	
PREVACID CPDR 30mg QL (60 caps / 30 days)	3	QL
PREVACID SOLUTAB TBDD 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
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	1	QL
AVODART CAPS .5mg QL (30 caps / 30 days)	3	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> (generic of FLOMAX) CAPS .4mg QL (60 caps / 30 days)	1	QL
UROXATRAL TB24 10mg QL (30 tabs / 30 days)	3	QL
<b>MISCELLANEOUS</b>		
<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> (generic of UROCIT-K 5) TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
RIMSO-50 SOLN 50%	3	



Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml	4	NDS NM PA	<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	1	QL
TARPEYO CPDR 4mg QL (120 caps / 30 days)	4	NDS QL NM PA	OXYTROL PTTW 3.9mg/24hr QL (8 patches / 28 days)	3	QL ST
THIOLA TABS 100mg	4	NDS NM	<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL
THIOLA EC TBEC 100mg, 300mg	4	NDS NM	<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg QL (30 caps / 30 days)	1	QL ST
<i>tiopronin</i> (generic of THIOLA) TABS 100mg	4	NDS NM	<i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg QL (60 tabs / 30 days)	1	QL
<i>tiopronin</i> (generic of THIOLA EC) TBEC 100mg, 300mg	4	NDS NM	TOVIAZ TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL
UROCIT-K 5 TBCR 540mg	3		<i>tropium chloride</i> CP24 60mg QL (30 caps / 30 days)	1	QL
UROCIT-K 10 TBCR 1080mg	3		<i>tropium chloride</i> TABS 20mg QL (60 tabs / 30 days)	1	QL
UROCIT-K 15 TBCR 15meq	3		VESICARE TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
<b>URINARY ANTISPASMODICS</b>			VESICARE LS SUSP 5mg/5ml QL (300 mL / 30 days)	3	QL
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg QL (30 tabs / 30 days)	1	QL ST	<b>VAGINAL ANTI-INFECTIVES</b>		
DETROL TABS 1mg, 2mg QL (60 tabs / 30 days)	3	QL	CLEOCIN CREA 2%; SUPP 100mg	3	
DETROL LA CP24 2mg, 4mg QL (30 caps / 30 days)	3	QL ST	<i>clindamycin phosphate</i> <i>vaginal</i> (generic of CLEOCIN) CREA 2%	1	
<i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg QL (30 tabs / 30 days)	1	QL	CLINDESSE CREA 2%	3	
GELNIQUE GEL 10% QL (30 gm / 30 days)	3	QL ST	GYNAZOLE-1 CREA 2%	3	
GEMTESA TABS 75mg QL (30 tabs / 30 days)	3	QL	<i>metronidazole vaginal</i> GEL .75%	1	
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	3	QL	<i>miconazole 3</i> SUPP 200mg	1	
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	3	QL	NUVESSA GEL 1.3%	3	
<i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)	1	QL	<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
<i>oxybutynin chloride</i> TABS 2.5mg QL (90 tabs / 30 days)	1	QL	VANAZOLE GEL .75%	3	
<i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days)	1	QL	XACIATO GEL 2%	3	
<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	1	QL	<b>HEMATOLOGIC ANTICOAGULANTS</b>		
			ARIXTRA SOLN 2.5mg/0.5ml	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	Drug Name	Drug Requirements/ Tier	Limits
ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS	HEP SOD/NACL INJ 12500UNT	2	
<i>dabigatran etexilate mesylate</i> CAPS 75mg QL (60 caps / 30 days)	1	QL	HEP SOD/NACL INJ 25000UNT	2	
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	1	QL	HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 150mg QL (60 caps / 30 days)	1	QL	<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	2	QL	HEPARIN/NACL INJ 25000UNT	2	
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	2	QL	<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	2	QL	LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml	3	
<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		LOVENOX SOSY 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	NDS
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1		PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	3	QL
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS	PRADAXA CAPS 110mg QL (120 caps / 30 days)	3	QL
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3		PRADAXA PACK 20mg, 150mg QL (60 packets / 30 days)	4	NDS QL PA
FRAGMIN SOLN 9500unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	4	NDS	PRADAXA PACK 30mg, 40mg, 50mg, 110mg QL (120 packets / 30 days)	4	NDS QL PA
HEP SOD/D5W INJ 20000UNT	3		<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
HEP SOD/D5W INJ 25000UNT	3		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

Drug Name	Drug Requirements/ Tier	Limits
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	2	QL
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
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

Drug Name	Drug Requirements/ Tier	Limits
NYVEPRIA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
<i>plerixafor</i> (generic of MOZOBIL) SOLN 24mg/1.2ml	4	NDS NM PA
PROCRIT SOLN 2000unit/ml, 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
<b>MISCELLANEOUS</b>		
ADAKVEO SOLN 100mg/10ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
ADZYNMA KIT 500unit, 1500unit	4	NDS NM PA
AGRYLIN CAPS .5mg	3	
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
DOPTELET TABS 20mg	4	NDS NM PA
DROXIA CAPS 200mg, 300mg, 400mg	2	
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

Drug Name	Drug Requirements/ Tier	Limits
MULPLETA TABS 3mg	4	NDS NM PA
ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days)	4	NDS QL NM PA
OXBRYTA TABS 300mg, 500mg; TBSO 300mg	4	NDS NM PA
<i>pentoxifylline</i> TBCR 400mg	1	
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
<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

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
TAVALISSE TABS 100mg, 150mg QL (60 tabs / 30 days)	4	NDS QL NM PA	ACTEMRA SOSY 162mg/0.9ml QL (4 syringes / 28 days)	4	NDS QL NM PA
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	4	NDS QL NM PA	ACTEMRA ACTPEN SOAJ 162mg/0.9ml QL (4 pens / 28 days)	4	NDS QL NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1		ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	4	NDS QL NM PA
<i>tranexamic acid</i> TABS 650mg	1		ADBRY SOSY 150mg/ml QL (56 syringes / 365 days)	4	NDS QL NM PA
<i>tranexamic acid-sodium chloride iv soln 1000 mg/100ml-0.7%</i> (generic of TRANEXAMIC ACID/SODIUM CH)	1		AVSOLA SOLR 100mg	4	NDS NM PA
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	4	NDS NM PA	BIMZELX SOAJ 160mg/ml QL (2 auto-injectors / 28 days)	4	NDS QL NM PA
VOYDEYA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA	BIMZELX SOSY 160mg/ml QL (2 syringes / 28 days)	4	NDS QL NM PA
VOYDEYA TAB 50-100MG QL (180 tabs / 30 days)	4	NDS QL NM PA	CIBINQO TABS 50mg, 100mg, 200mg QL (30 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	CIMZIA KIT 200mg; PSKT 200mg/ml QL (2 kits / 28 days)	4	NDS QL NM PA
<b>PLATELET AGGREGATION INHIBITORS</b>			CIMZIA STARTER KIT PSKT 200mg/ml QL (2 kits / year)	4	NDS QL NM PA
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1		COSENTYX SOLN 125mg/5ml	4	NDS NM PA
BRILINTA TABS 60mg, 90mg	2		COSENTYX SOSY 75mg/0.5ml QL (16 syringes / 365 days)	4	NDS QL NM PA
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1		COSENTYX SOSY 150mg/ml QL (32 syringes / 365 days)	4	NDS QL NM PA
<i>clopidogrel bisulfate</i> TABS 300mg	1		COSENTYX SENSOREADY PEN SOAJ 150mg/ml QL (32 pens / 365 days)	4	NDS QL NM PA
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 70 years and older	2	PA	COSENTYX UNOREADY SOAJ 300mg/2ml QL (16 pens / 365 days)	4	NDS QL NM PA
EFFIENT TABS 5mg, 10mg	3		DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	4	NDS QL NM PA
PLAVIX TABS 75mg	3				
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1				
ZONTIVITY TABS 2.08mg	3				
<b>IMMUNOLOGIC AGENTS</b>					
<b>AUTOIMMUNE AGENTS</b>					
ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM PA			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
DUPIXENT SOSY 100mg/0.67ml	4	NDS NM PA	IDACIO (2 SYRINGE) 40mg/0.8ml	4	NDS QL NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	4	NDS QL NM PA	QL (56 syringes / 365 days)		
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	4	NDS QL NM PA	IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	4	NDS QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	4	NDS QL NM PA	IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	4	NDS QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA	ILUMYA SOSY 100mg/ml QL (6 syringes / 365 days)	4	NDS QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	4	NDS QL NM PA	INFLECTRA SOLR 100mg	4	NDS NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	4	NDS QL NM PA	INFLIXIMAB SOLR 100mg	4	NDS NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	4	NDS QL NM PA	KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	4	NDS QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 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
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	4	NDS QL NM PA	KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days)	4	NDS QL NM PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	4	NDS QL NM PA	LITFULO CAPS 50mg QL (28 caps / 28 days)	4	NDS QL NM PA
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA	OLUMIANT TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	4	NDS QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	4	NDS QL NM PA	OMVOH SOAJ 100mg/ml QL (2 auto-injectors / 28 days)	4	NDS QL NM PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml QL (3 pens / 28 days)	4	NDS QL NM PA	OMVOH SOLN 300mg/15ml	4	NDS NM PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA	OMVOH SOSY 100mg/ml QL (2 syringes / 28 days)	4	NDS QL NM PA
IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 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

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ORENCIA CLICKJECT 125mg/ml QL (4 autoinjectors / 28 days)	SOAJ 4	NDS QL NM PA	SPEVIGO SOSY 150mg/ml QL (28 syringes / 365 days)	4	NDS QL NM PA
OTEZLA TABS 30mg QL (60 tabs / 30 days)	4	NDS QL NM PA	STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	4	NDS QL NM PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	4	NDS QL NM PA	STELARA SOLN 130mg/26ml	4	NDS NM PA
REMICADE SOLR 100mg	4	NDS NM PA	STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
RENFLEXIS SOLR 100mg	4	NDS NM PA	TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	4	NDS QL NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	4	NDS QL NM PA	TREMFYA SOPN 100mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	4	NDS QL NM PA	TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	4	NDS QL NM PA	TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM PA
SILIQ SOSY 210mg/1.5ml QL (3 syringes / 28 days)	4	NDS QL NM PA	VELSIPITY TABS 2mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SIMPONI SOAJ 50mg/0.5ml QL (6 autoinjectors / 28 days)	4	NDS QL NM PA	XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	4	NDS QL NM PA
SIMPONI SOAJ 100mg/ml QL (3 autoinjectors / 28 days)	4	NDS QL NM PA	XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
SIMPONI SOSY 50mg/0.5ml QL (6 syringes / 28 days)	4	NDS QL NM PA	XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SIMPONI SOSY 100mg/ml QL (3 syringes / 28 days)	4	NDS QL NM PA	<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
SIMPONI ARIA SOLN 50mg/4ml	4	NDS NM PA	ARAVA TABS 10mg, 20mg QL (30 tabs / 30 days)	4	NDS QL
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	4	NDS QL NM PA	<i>hydroxychloroquine sulfate</i> TABs 100mg, 300mg, 400mg	1	
SKYRIZI SOLN 600mg/10ml	4	NDS NM PA	<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABs 200mg	1	
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	4	NDS QL NM PA	JYLAMVO SOLN 2mg/ml	3	B/D
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	4	NDS QL NM PA	<i>leflunomide</i> (generic of ARAVA) TABs 10mg, 20mg QL (30 tabs / 30 days)	1	QL
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	4	NDS QL NM PA	<i>methotrexate sodium</i> TABs 2.5mg	1	
SPEVIGO SOLN 450mg/7.5ml	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
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
<b>IMMUNOGLOBULINS</b>		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS PA
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 INJ 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

Drug Name	Drug Requirements/ Tier	Limits
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	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
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
<b>IMMUNOMODULATORS</b>		
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
ORALAIR SUB 300 IR	3	NM 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



Drug Name	Drug Requirements/ Tier	Limits
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	4	NDS NM PA
VYVGART SOLN 400mg/20ml	4	NDS NM PA
VYVGART INJ HYTRULO	4	NDS NM PA
<b>IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL CP24 5mg	4	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
ATGAM INJ 50mg/ml	4	NDS B/D
azasan TABS 75mg, 100mg	1	B/D
azathioprine (generic of IMURAN) TABS 50mg	1	B/D
azathioprine TABS 75mg, 100mg	1	B/D
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

Drug Name	Drug Requirements/ Tier	Limits
cyclosporine modified (for microemulsion) CAPS 50mg	1	B/D NM
ENVARBUS XR TB24 4mg	4	NDS B/D NM
ENVARBUS XR TB24 .75mg, 1mg	3	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	4	NDS B/D NM
engraf (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
mycophenolate sodium (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 SOLN 1mg/ml; 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, 100mg/ml	3	B/D NM
SANDIMMUNE CAPS 100mg	4	NDS B/D NM
SAPHNELO SOLN 300mg/2ml	4	NDS NM PA
sirolimus (generic of RAPAMUNE) SOLN 1mg/ml	4	NDS B/D NM
sirolimus (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	1	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
<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
<b>VACCINES</b>		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
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	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	

Drug Name	Drug Requirements/ Tier	Limits
PREHEVBRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1	QL
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX INJ 1350pfu/0.5ml	1	
YF-VAX INJ	1	
<b>NUTRITIONAL/SUPPLEMENTS</b>		
<b>ELECTROLYTES/MINERALS, INJECTABLE</b>		
D2.5W/NAACL INJ 0.45%	3	
D5W/LYTES INJ #48	3	
D10W/NAACL INJ 0.2%	2	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i> (generic of DEXTROSE 2.5%/SODIUM CHLO)	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>dextrose 5% w/ sodium chloride 0.3%</i> (generic of DEXTROSE 5%/SODIUM CHLORI)	1	KCL/D5W/LACT INJ 20MEQ/L	3
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	KCL/D5W/NACL INJ 0.3/0.9%	3
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	<i>lactated ringer's solution</i>	1
<i>dextrose 5% w/ sodium chloride 0.225%</i> (generic of DEXTROSE/SODIUM CHLORIDE)	1	MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2
ISOLYTE-P INJ /D5W	3	<i>magnesium sulfate</i> SOLN 50%	2
ISOLYTE-S INJ	3	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W)	2
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	MG SO4/D5W INJ 10MG/ML	2
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	1	<i>multiple electrolytes ph 5.5</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	1	<i>multiple electrolytes ph 7.4</i> (generic of PLASMA-LYTE A)	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	PLASMA-LYTE INJ -148	3
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	1	PLASMA-LYTE INJ -A	3
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	1	POT CHL 20MEQ/L IN NACL 0.9% INJ	3
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	POT CHL 20MEQ/L IN NACL 0.45% INJ	3
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	POT CHL 40MEQ/L IN NACL 0.9% INJ	3
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i> (generic of KCL 0.3%/D5W/NACL 0.9%)	1	<i>potassium chloride</i> SOLN 2meq/ml	1
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	1	<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1
		<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1
		<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1
		TPN ELECTROL INJ	3 B/D

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
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>		
<i>klor-con</i> PACK 20meq	1	
<i>klor-con 8</i> TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	2	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq	1	
<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	1	
<i>potassium chloride</i> <i>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</i> <i>(0.5 f) mg/ml soln</i>	1	
WESTAB PLUS TAB 27-1MG	2	
<b>IV NUTRITION</b>		
CLINIMIX E INJ 2.75/D5W	3	B/D
CLINIMIX E INJ 4.25/D5W	3	B/D
CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX E INJ 5%/D15W	3	B/D
CLINIMIX E INJ 5%/D20W	3	B/D
CLINIMIX E INJ 8/10	3	B/D
CLINIMIX E INJ 8/14	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 6/5	3	B/D
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%, 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
KABIVEN EMU	4	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
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
<b>OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i>	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin- dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin- dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium- prednisolone ophth soln 10- 0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	
<b>ANTI-INFECTIVES</b>		
AZASITE SOLN 1%	3	
<i>bacitracin (ophthalmic) OINT 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	

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>levofloxacin (ophth)</i> SOLN 1.5%	1	
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	1	QL
QL (12 mL / 30 days)		
<i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX) SOLN .5%	1	QL
QL (12 mL / 30 days)		
NATACYN SUSP 5%	3	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX SOLN .3%	3	
<i>ofloxacin (ophth)</i> (generic of OCUFLOX) SOLN .3%	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	1	
<i>tobramycin (ophth)</i> SOLN .3%	1	
TOBREX OINT .3%	3	
trifluridine SOLN 1%	1	
VIGAMOX SOLN .5%	3	QL
QL (12 mL / 30 days)		
XDEMVY SOLN .25%	4	NDS NM PA
ZIRGAN GEL .15%	3	
<b>ANTI-INFLAMMATORIES</b>		
ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
ACUVAIL SOLN .45%	3	
ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth)</i> (generic of PROLENSA) SOLN .07%	1	
<i>bromfenac sodium (ophth)</i> SOLN .09%	1	
<i>bromfenac sodium (ophth)</i> (generic of BROMSITE) SOLN .075%	1	

Drug Name	Drug Requirements/ Tier	Limits
BROMSITE SOLN .075%	3	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
DEXYCU SUSP 9%	3	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> (generic of DUREZOL) EMUL .05%	1	
DUREZOL EMUL .05%	3	
FLAREX SUSP .1%	3	
<i>fluorometholone (ophth)</i> (generic of FML LIQUIFILM) SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
FML FORTE SUSP .25%	3	
FML LIQUIFILM SUSP .1%	3	
ILEVRO SUSP .3%	3	
INVELTYS SUSP 1%	3	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) SOLN .4%	1	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) SOLN .5%	1	
LOTEMAX GEL .5%; SUSP .5%	3	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	2	
<i>loteprednol etabonate</i> (generic of LOTEKMAX) 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	
XIPERE SUSP 40mg/ml	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
YUTIQ IMPL .18mg	4	NDS NM
<b>ANTIALLERGICS</b>		
ALOMIDE SOLN .1%	3	
azelastine hcl (ophth) SOLN .05%	1	
bepotastine besilate (generic of BEPREVE) SOLN 1.5%	1	
BEPREVE SOLN 1.5%	3	
cromolyn sodium (ophth) SOLN 4%	1	
epinastine hcl (ophth) SOLN .05%	1	
ZERVIATE SOLN .24%	3	
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P SOLN .1%, .15%	3	
AZOPT SUSP 1%	3	
betaxolol hcl (ophth) SOLN .5%	1	
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	3	
bimatoprost SOLN .03%	1	
brimonidine tartrate (generic of ALPHAGAN P) SOLN .1%, .15%	1	
brimonidine tartrate SOLN .2%	1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (generic of COMBIGAN)	1	
brinzolamide (generic of AZOPT) SUSP 1%	1	
carteolol hcl (ophth) SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
dorzolamide hcl SOLN 2%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)	1	
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (generic of COSOPT PF)	1	
ISTALOL SOLN .5%	3	
IYUZEH SOLN .005%	3	ST

Drug Name	Drug Requirements/ Tier	Limits
latanoprost (generic of XALATAN) SOLN .005%	1	
levobunolol hcl SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	4	NDS NM
pilocarpine hcl SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	3	
tafluprost (generic of ZIOPTAN) SOLN .015mg/ml	1	
timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%	1	
timolol maleate (ophth) once-daily (generic of ISTALOL) SOLN .5%	1	
timolol maleate (ophth) pf (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5%	1	
TIMOPTIC OCUDOSE SOLN .25%, .5%	3	
TRAVATAN Z SOLN .004%	3	
travoprost (generic of TRAVATAN Z) SOLN .004%	1	
VYZULTA SOLN .024%	3	
XALATAN SOLN .005%	3	
XELPROS EMUL .005%	3	ST
ZIOPTAN SOLN .015mg/ml	3	ST
<b>MISCELLANEOUS</b>		
ATROPINE SULFATE SOLN 1%	2	
atropine sulfate (ophthalmic) 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

Drug Name	Drug Requirements/ Tier	Limits
EYLEA HD SOLN 8mg/0.07ml	4	NDS NM PA
EYSUVIS SUSP .25%	3	
IZERVAY SOLN 2mg/0.1ml	4	NDS NM PA
LACRISERT INST 5mg	3	
LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	4	NDS NM PA
MIEBO SOLN 1.338gm/ml	2	
OXERVATE SOLN .002% QL (112 mL / year)	4	NDS QL 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	4	NDS NM PA
VERKAZIA EMUL .1% QL (120 single use vials / 30 days)	4	NDS QL PA
VEVYE SOLN .1%	4	NDS PA
XIIDRA SOLN 5%	2	
<b>OTIC</b>		
<b>OTIC AGENTS</b>		
<i>acetic acid</i> (otic) SOLN 2%	1	
CETRAXAL SOLN .2%	3	
CIPRO HC SUS OTIC	3	
<i>ciprofloxacin hcl</i> (otic) SOLN .2%	1	
<i>ciprofloxacin-dexamethasone</i> otic susp 0.3-0.1%	1	
<i>ciprofloxacin-fluocinolone</i> <i>aceton</i> (pf) otic soln 0.3- 0.025%	1	
CORTISPORIN SUS -TC OTIC	3	
DERMOTIC OIL .01%	3	
<i>flac</i> (generic of DERMOTIC) OIL .01%	1	
<i>fluocinolone acetonide</i> (otic) (generic of DERMOTIC) OIL .01%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocortisone w/ acetic acid</i> otic soln 1-2% (generic of HYDROCORTISONE/ACETIC ACI)	1	
<i>neomycin-polymyxin-hc</i> otic soln 1%	1	
<i>neomycin-polymyxin-hc</i> otic susp 3.5 mg/ml-10000 unit/ml- 1%	1	
<i>ofloxacin</i> (otic) SOLN .3%	1	
OTOVEL DRO	3	
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST</b>		
<b>COMBINATIONS</b>		
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</i> soln 0.5-2.5(3) mg/3ml	1	B/D
STIOLTO AER 2.5-2.5 QL (1 inhaler / 30 days)	3	QL
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	2	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	2	QL
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
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</i> <i>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
<b>ANTI-HISTAMINE COMBINATIONS</b>		
<i>azelastine hcl-fluticasone prop</i> <i>nasal spray 137-50 mcg/act</i> (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
<b>ANTI-HISTAMINES</b>		
<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

Drug Name	Drug Requirements/ Tier	Limits
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
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA
<i>hydroxyzine pamoate</i> CAPS 50mg, 100mg 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>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
VISTARIL CAPS 25mg PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
<b>BETA AGONISTS</b>		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	1	QL
<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	1	QL
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>arformoterol tartrate</i> (generic of BROVANA) NEBU 15mcg/2ml	1	B/D
BROVANA NEBU 15mcg/2ml	4	NDS B/D
<i>formoterol fumarate</i> (generic of PERFOROMIST) NEBU 20mcg/2ml	1	B/D

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
<b>LEUKOTRIENE MODULATORS</b>		
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
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
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	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
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

Drug Name	Drug Requirements/ Tier	Limits
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
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
<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

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
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 <i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	3 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
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	4	NDS NM PA
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	1	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act QL (2 inhalers / 30 days)	1	QL ST
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
ZETONNA AERS 37mcg/act QL (1 inhaler / 30 days)	3	QL ST
<b>STEROID INHALANTS</b>		
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
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

Drug Name	Drug Requirements/ Tier	Limits
<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
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
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
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	2	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	3	QL
BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
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>breyana</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 160- 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 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 powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
SYMBICORT AER 80-4.5 QL (3 inhalers / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
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
<b>TOPICAL DERMATOLOGY, ACNE</b>		
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
<i>amnesteam</i> CAPS 10mg, 20mg, 40mg	1	PA
AMZEEQ FOAM 4% QL (30 gm / 30 days)	3	QL PA
ARAZLO LOTN .045% QL (45 gm / 30 days)	3	QL PA
ATRALIN GEL .05% QL (45 gm / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
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
<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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> QL (50 gm / 30 days)	1	QL	KLARON LOTN 10% QL (118 mL / 30 days)	3	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA) QL (50 gm / 30 days)	1	QL	<i>neuac gel 1.2-5%</i> QL (45 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	ONEXTON GEL 1.2-3.75 QL (50 gm / 30 days)	3	QL
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> QL (60 gm / 30 days)	1	QL PA	RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	3	QL PA
<i>dapsone (topical)</i> (generic of ACZONE) GEL 5%, 7.5% QL (90 gm / 30 days)	1	QL	RETIN-A MICRO GEL .04%, .06%, .1% QL (50 gm / 30 days)	3	QL PA
DIFFERIN CREA .1%; GEL .3% QL (45 gm / 30 days)	3	QL PA	RETIN-A MICRO PUMP GEL .08% QL (50 gm / 30 days)	3	QL PA
DIFFERIN LOTN .1% QL (118 mL / 30 days)	3	QL PA	<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	1	QL
EPIDUO FORTE GEL 0.3-2.5% QL (60 gm / 30 days)	3	QL PA	TAZAROTENE FOAM .1% QL (100 gm / 30 days)	3	QL PA
EPIDUO GEL 0.1-2.5% QL (45 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
EPSOLAY CREA 5% QL (30 gm / 30 days)	3	QL PA	<i>tretinoin</i> (generic of ATRALIN) GEL .05% QL (45 gm / 30 days)	1	QL PA
<i>ery</i> PADS 2% QL (60 pledgets / 30 days)	1	QL	<i>tretinoin microsphere</i> GEL .04%, .1% QL (50 gm / 30 days)	1	QL PA
ERYGEL GEL 2% QL (60 gm / 30 days)	3	QL	<i>tretinoin microsphere</i> (generic of RETIN-A MICRO PUMP) GEL .08% QL (50 gm / 30 days)	1	QL PA
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2% QL (60 gm / 30 days)	1	QL	<i>twice-daily clindamycin phosphate (topical)</i> GEL 1% QL (75 gm / 30 days)	1	QL
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	1	QL	TWYNEO CRE 0.1-3% QL (30 gm / 30 days)	3	QL PA
FABIOR FOAM .1% QL (100 gm / 30 days)	3	QL PA	VELTIN GEL QL (60 gm / 30 days)	3	QL PA
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA	WINLEVI CREA 1% QL (60 gm / 30 days)	3	QL PA
<i>isotretinoin</i> (generic of ABSORICA) CAPS 25mg, 35mg	4	NDS PA	<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
			ZIANA GEL QL (60 gm / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<b>DERMATOLOGY, ANTIBIOTICS</b>					
ALTABAX OINT 1% QL (30 gm / 30 days)	3	QL	JUBLIA SOLN 10% QL (8 mL / 30 days)	4	NDS QL
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	1	QL	<i>ketoconazole (topical)</i> CREA 1% QL (60 gm / 30 days)	1	QL
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	1	QL	<i>ketoconazole (topical)</i> FOAM 2% QL (100 gm / 30 days)	1	QL PA
<i>mupirocin calcium (topical)</i> CREA 2% QL (30 gm / 30 days)	1	QL PA	<i>ketoconazole (topical)</i> SHAM 2% QL (120 mL / 30 days)	1	QL
SILVADENE CREA 1%	3		<i>ketodan</i> FOAM 2% QL (100 gm / 30 days)	1	QL PA
<i>silver sulfadiazine (generic of SILVADENE)</i> CREA 1%	1		<i>klayesta</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>ssd (generic of SILVADENE)</i> CREA 1%	1		<i>luliconazole</i> CREA 1% QL (60 gm / 30 days)	1	QL ST
SULFAMYLYON CREA 85mg/gm QL (453.6 gm / 30 days)	3	QL	LUZU CREA 1% QL (60 gm / 30 days)	3	QL ST
<b>DERMATOLOGY, ANTIFUNGALS</b>					
<i>ciclopirox</i> GEL .77% QL (100 gm / 30 days)	1	QL	<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i> QL (50 gm / 30 days)	1	QL PA
<i>ciclopirox</i> SHAM 1% QL (120 mL / 30 days)	1	QL	<i>naftifine hcl</i> CREA 1% QL (90 gm / 30 days)	1	QL
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	1	QL	<i>naftifine hcl</i> CREA 2% QL (60 gm / 30 days)	1	QL
<i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days)	1	QL	<i>naftifine hcl (generic of NAFTIN)</i> GEL 2% QL (60 gm / 30 days)	1	QL
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	1	QL	NAFTIN GEL 1% QL (90 gm / 30 days)	3	QL
<i>clotrimazole (topical)</i> SOLN 1% QL (60 mL / 30 days)	1	QL	NAFTIN GEL 2% QL (60 gm / 30 days)	3	QL
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> QL (45 gm / 30 days)	1	QL	<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>econazole nitrate</i> CREA 1% QL (85 gm / 30 days)	1	QL	<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	1	QL
ERTACZO CREA 2% QL (60 gm / 30 days)	4	NDS QL ST	<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
EXELDERM CREA 1% QL (60 gm / 30 days)	3	QL PA	<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
EXELDERM SOLN 1% QL (30 mL / 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
<i>oxiconazole nitrate</i> CREA 1% QL (90 gm / 30 days)	1	QL PA
OXISTAT CREA 1% QL (90 gm / 30 days)	3	QL PA
OXISTAT LOTN 1% QL (60 mL / 30 days)	3	QL PA
<i>selenium sulfide</i> LOTN 2.5%	1	
VUSION OIN QL (50 gm / 30 days)	3	QL PA
ZORYVE FOAM .3% QL (60 gm / 30 days)	3	QL PA
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<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
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	1	QL PA
<i>calcipotriene-betamethasone dipropionate oint 0.005- 0.064%</i> QL (400 gm / 28 days)	1	QL PA
<i>calcipotriene-betamethasone dipropionate susp 0.005- 0.064%</i> (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 .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
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort</i> CREA 1%	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	Drug Name	Drug Requirements/ Tier	Limits
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL	<i>desonide</i> (generic of DESOWEN) CREA .05%	1	QL
QL (60 gm / 30 days)			QL (60 gm / 30 days)		
<i>clobetasol propionate</i> FOAM .05%	1	QL	<i>desonide</i> GEL .05%	1	QL PA
QL (100 gm / 30 days)			QL (60 gm / 30 days)		
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05%	1	QL	<i>desonide</i> LOTN .05%	1	QL
QL (125 mL / 30 days)			QL (118 mL / 30 days)		
<i>clobetasol propionate</i> (generic of CLOBEX) LOTN .05%; SHAM .05%	1	QL	<i>desonide</i> OINT .05%	1	QL
QL (118 mL / 30 days)			QL (60 gm / 30 days)		
<i>clobetasol propionate</i> SOLN .05%	1	QL	DESOWEN CREA .05%	3	QL PA
QL (50 mL / 30 days)			QL (60 gm / 30 days)		
<i>clobetasol propionate e</i> CREA .05%	1	QL	<i>desoximetasone</i> (generic of TOPICORT) CREA .05%; OINT .05%	1	QL PA
QL (60 gm / 30 days)			QL (100 gm / 30 days)		
<i>clobetasol propionate emulsion</i> FOAM .05%	1	QL	<i>desoximetasone</i> (generic of TOPICORT) CREA .25%; OINT .25%	1	QL
QL (100 gm / 30 days)			QL (100 gm / 30 days)		
CLOBEX LIQD .05%	3	QL	<i>desoximetasone</i> (generic of TOPICORT) GEL .05%	1	QL PA
QL (125 mL / 30 days)			QL (60 gm / 30 days)		
CLOBEX LOTN .05%; SHAM .05%	3	QL	<i>desoximetasone</i> (generic of TOPICORT) LIQD .25%	1	QL
QL (118 mL / 30 days)			QL (100 mL / 30 days)		
<i>clocortolone pivalate</i> (generic of CLODERM) CREA .1%	1	QL PA	<i>diflorasone diacetate</i> CREA .05%; OINT .05%	1	QL PA
QL (90 gm / 30 days)			QL (60 gm / 30 days)		
<i>clodan</i> (generic of CLOBEX) SHAM .05%	1	QL	DIPROLENE OINT .05%	3	QL
QL (118 mL / 30 days)			QL (120 gm / 30 days)		
CORDRAN CREA .05%	4	NDS QL PA	DUOBRII LOT	4	NDS QL PA
QL (120 gm / 30 days)			QL (200 gm / 28 days)		
CORDRAN LOTN .05%	4	NDS QL PA	EPIFOAM AER 1%	3	
QL (120 mL / 30 days)			<i>fluocinolone acetonide</i> CREA .01%	1	QL
CORDRAN TAPE 4mcg/sqcm	3	QL PA	QL (60 gm / 30 days)		
QL (1 roll / 30 days)			<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025%	1	QL
DERMA-SMOOTH/FS BODY OIL .01%	3	QL	QL (120 gm / 30 days)		
QL (118.28 mL / 30 days)			<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL .01%	1	QL
DERMA-SMOOTH/FS SCALP OIL .01%	3	QL	QL (118.28 mL / 30 days)		
QL (118.28 mL / 30 days)					

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS SCALP) OIL .01%	1	QL	<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
QL (118.28 mL / 30 days)			<i>hydrocortisone (topical)</i> LOTN 2%	1	QL
<i>fluocinolone acetonide</i> SOLN .01%	1	QL	QL (60 mL / 30 days)		
QL (60 mL / 30 days)			<i>hydrocortisone (topical)</i> OINT 1%	1	QL
<i>fluocinonide</i> (generic of VANOS) CREA .1%	1	QL PA	QL (30 gm / 30 days)		
QL (120 gm / 30 days)			<i>hydrocortisone butyrate</i> CREA .1%; OINT .1%	1	QL
<i>fluocinonide</i> CREA .05%	1	QL	QL (45 gm / 30 days)		
QL (120 gm / 30 days)			<i>hydrocortisone butyrate</i> (generic of LOCOID) LOTN .1%	1	QL PA
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL	QL (118 mL / 30 days)		
QL (60 gm / 30 days)			<i>hydrocortisone butyrate</i> SOLN .1%	1	QL
<i>fluocinonide</i> SOLN .05%	1	QL	QL (60 mL / 30 days)		
QL (60 mL / 30 days)			<i>hydrocortisone butyrate</i> <i>hydrophilic lipo base</i> CREA .1%	1	QL
<i>fluocinonide emulsified base</i> CREA .05%	1	QL	QL (60 gm / 30 days)		
QL (120 gm / 30 days)			<i>hydrocortisone valerate</i> CREA .2%; OINT .2%	1	QL
<i>flurandrenolide</i> CREA .05%	1	QL PA	QL (60 gm / 30 days)		
QL (120 gm / 30 days)			KENALOG AERS .147mg/gm	3	QL PA
<i>flurandrenolide</i> LOTN .05%	1	QL PA	QL (100 gm / 30 days)		
QL (120 mL / 30 days)			LEXETTE FOAM .05%	3	QL PA
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1		QL (200 gm / 28 days)		
<i>fluticasone propionate</i> LOTN .05%	1	QL	LOCOID LOTN .1%	3	QL PA
QL (120 mL / 30 days)			QL (118 mL / 30 days)		
<i>halcinonide</i> (generic of HALOG) CREA .1%	1	QL PA	LOCOID LIPOCREAM CREA .1%	3	QL
QL (240 gm / 30 days)			QL (60 gm / 30 days)		
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL	<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
QL (50 gm / 30 days)			PANDEL CREA .1%	4	NDS QL
<i>halobetasol propionate</i> (generic of LEXETTE) FOAM .05%	1	QL PA	QL (80 gm / 30 days)		
QL (200 gm / 28 days)			SYNALAR CREA .025%; OINT .025%	3	QL
HALOG CREA .1%; OINT .1%	3	QL PA	QL (120 gm / 30 days)		
QL (240 gm / 30 days)			TEXACORT SOLN 2.5%	3	
HALOG SOLN .1%	3	QL PA	TOPICORT CREA .05%; OINT .05%	3	QL PA
QL (120 mL / 30 days)			QL (100 gm / 30 days)		
			TOPICORT CREA .25%	3	QL
			QL (100 gm / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
TOPICORT GEL .05% QL (60 gm / 30 days)	3	QL PA
TOPICORT LIQD .25% QL (100 mL / 30 days)	3	QL PA
tovet FOAM .05% QL (100 gm / 30 days)	1	QL
<i>triamcinolone acetonide</i> ( <i>topical</i> ) (generic of KENALOG) AERS .147mg/gm QL (100 gm / 30 days)	1	QL PA
<i>triamcinolone acetonide</i> ( <i>topical</i> ) CREA .025%, .1%, .5% QL (454 gm / 30 days)	1	QL
<i>triamcinolone acetonide</i> ( <i>topical</i> ) LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triamcinolone acetonide</i> ( <i>topical</i> ) OINT .05% QL (430 gm / 30 days)	1	QL PA
<i>triderm</i> CREA .5% QL (454 gm / 30 days)	1	QL
ULTRAVATE LOTN .05% QL (120 mL / 30 days)	4	NDS QL PA
VANOS CREA .1% QL (120 gm / 30 days)	4	NDS QL PA
VERDESO FOAM .05% QL (100 gm / 30 days)	4	NDS QL PA
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
DYCLOPRO SOLN .5%	3	
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	1	QL PA
<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
PLIAGLIS CRE 7-7% QL (30 gm / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
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
ZTLIDO PTCH 1.8% QL (3 patches / 1 day)	3	QL PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<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%	3	
<i>azelaic acid</i> (generic of FINACEA) GEL 15% QL (50 gm / 30 days)	1	QL
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA
<i>brimonidine tartrate (topical)</i> (generic of MIRVASO) GEL .33% QL (30 gm / 30 days)	1	QL PA
CARAC CREA .5% QL (30 gm / 30 days)	4	NDS QL
CONDYLOX GEL .5% QL (7 gm / 28 days)	3	QL
CORTIFOAM FOAM 10%	3	
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

Drug Name	Drug Requirements/ Tier	Limits
<i>doxycycline (rosacea)</i> (generic of ORACEA) CPDR 40mg	1	
EFUDEX CREA 5% QL (40 gm / 30 days)	3	QL
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> (generic of EFUDEX) CREA 5% QL (40 gm / 30 days)	1	QL
<i>fluorouracil (topical)</i> CREA .5% QL (30 gm / 30 days)	4	NDS QL
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	1	QL
<i>hydrocortisone (rectal)</i> CREA 1%	1	
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
HYFTOR GEL .2% QL (20 gm / 25 days)	4	NDS QL NM 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> CREA 12%; LOTN 12%	1	
METROCREAM CREA .75% QL (45 gm / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
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
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 DENAVIR) CREA 1% QL (5 gm / 30 days)	1	QL
PENNSAID SOLN 2% QL (224 gm / 28 days)	4	NDS QL PA
<i>pimecrolimus</i> (generic of ELIDEL) CREA 1% QL (100 gm / 30 days)	1	QL PA
<i>podofilox</i> (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%	1	
<i>proctocort</i> CREA 1%	1	

Drug Name	Drug Requirements/ Tier	Limits
PROCTOFOAM AER HC 1%	3	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
PRUDOXIN CREA 5% QL (45 gm / 30 days)	3	QL PA
QBREXZA PADS 2.4% QL (30 cloths / 30 days)	3	QL PA
RECTIV OINT .4% QL (30 gm / 30 days)	3	QL
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
TOLAK CREA 4% QL (40 gm / 30 days)	3	QL
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%	3	NM PA
ZILXI FOAM 1.5% QL (30 gm / 30 days)	3	QL PA
ZONALON CREA 5% QL (45 gm / 30 days)	3	QL PA
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
<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

Drug Name	Drug Requirements/ Tier	Limits
<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	1	QL
<i>spinosad</i> SUSP .9%	1	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
FILSUVEZ 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	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX) SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	1	QL
EVOXAC CAPS 30mg	3	
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> (generic of NYSTATIN) SUSP 100000unit/ml	1	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	1	
SALAGEN TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	

## Index

<b>A</b>		
abacavir sulfate.....10	acetaminophen-caffeine- dihydrocodeine cap 320.5-30-16 mg.....4	see ketorolac tromethamine (ophth) .....101
abacavir sulfate-lamivudine tab 600-300 mg.....11	acetaminophen w/ codeine soln 120-12 mg/5ml.....4	ACUVAIL.....101
ABELCET.....9	acetaminophen w/ codeine tab 300-15 mg.....4	acyclovir.....12
ABILIFY.....44	acetaminophen w/ codeine tab 300-30 mg.....4	acyclovir sodium.....12
see aripiprazole.....44	acetaminophen w/ codeine tab 300-60 mg.....4	acyclovir topical.....115
ABILIFY ASIMTUFII.....44	acetazolamide.....35	ACZONE.....109
ABILIFY MAINTENA.....44	acetic acid.....88	see dapsone (topical) 110
ABILIFY MYCITE MAINTENANC.....44	acetic acid (otic).....103	ADACEL INJ.....98
ABILIFY MYCITE STARTER KI.....44	acetylcysteine.....105	ADAKVEO.....91
abiraterone acetate.....17	ACIPHEX.....87	ADALIMUMAB-AACF (2 PEN).....93
ABRAXANE INJ 100MG.19	see rabeprazole sodium .....88	adapalene.....109
ABRYSVO.....98	acitretin.....112	ADAPALENE.....109
ABSORICA.....109	ACTEMRA.....93	adapalene-benzoyl peroxide gel 0.1-2.5% .....109
see isotretinoin.....110	ACTEMRA ACTPEN.....93	adapalene-benzoyl peroxide gel 0.3-2.5% .....109
ABSORICA LD.....109	ACTHAR.....79	ADBRY.....93
acamprosate calcium.....65	ACTHIB INJ.....98	ADCIRCA.....38
ACANYA	ACTIMMUNE.....96	see alyq.....38
see clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% .....110	ACTIVELLA	see tadalafil (pulmonary hypertension).....38
ACANYA GEL 1.2-2.5%109	see estradiol & norethindrone acetate tab 1-0.5 mg.....77	ADDERALL
acarbose.....66	see mimvey.....77	see amphetamine- dextroamphetamine tab 10 mg.....54
ACCOLATE.....105	ACTIVELLA TAB 1-0.5MG .....76	see amphetamine- dextroamphetamine tab 12.5 mg.....54
see zafirlukast.....105	ACTONEL.....72	see amphetamine- dextroamphetamine tab 15 mg.....54
ACCUPRIL	see risedronate sodium .....72	see amphetamine- dextroamphetamine tab 20 mg.....54
see quinapril hcl.....27	ACTOPLUS MET	see amphetamine- dextroamphetamine tab 30 mg.....55
ACCURETIC	see pioglitazone hcl- metformin hcl tab 15- 850 mg.....69	see amphetamine- dextroamphetamine tab 5 mg.....54
see quinapril- hydrochlorothiazide tab 10-12.5 mg.....26	ACTOPLUS MET TAB 15- 850MG.....66	
see quinapril- hydrochlorothiazide tab 20-12.5 mg.....26	ACTOS.....66	
ACCURETIC TAB 10-12.5 .....25	see pioglitazone hcl.....69	
ACCURETIC TAB 20-12.5 .....25	ACULAR.....101	
accutane.....109	see ketorolac tromethamine (ophth) .....101	
acebutolol hcl.....33	ACULAR LS.....101	
acetaminophen.....1		

see <i>amphetamine-dextroamphetamine tab 7.5 mg</i> .....54	ADVAIR DISKU AER 100/50 .....108	AKYNZEO INJ 235-0.25 .82
ADDERALL TAB 10MG ..53	ADVAIR DISKU AER 250/50 .....108	AKYNZEO INJ 235-0.25MG/20ML.....82
ADDERALL TAB 12.5MG .....53	ADVAIR DISKU AER 500/50 .....108	<i>ala-cort</i> .....112
ADDERALL TAB 15MG ..53	ADVAIR DISKUS see <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> .108	<i>ala-scalp</i> .....112
ADDERALL TAB 20MG ..53	see <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> .108	<i>albendazole</i> .....6
ADDERALL TAB 30MG ..54	see <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> .108	<i>albuterol sulfate</i> .....105
ADDERALL TAB 5MG ....53	see <i>wixela inhub</i> .....109	ALCAINE see <i>proparacaine hcl</i> .103
ADDERALL TAB 7.5MG .53	ADVAIR HFA AER 115/21 .....108	<i>alclometasone dipropionate</i> .....112
ADDERALL XR see <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> ....54	ADVAIR HFA AER 230/21 .....108	ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY .....70
see <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> ....54	ADVAIR HFA AER 45/21 .....108	ALDACTONE .....27
see <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> ....54	ADZENYS XR-ODT .....54	see <i>spironolactone</i> .....27
see <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> ....54	ADZYNMA .....92	ALDURAZYME .....79
see <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> ....54	AEMCOLO .....6	ALECENSA.....20
see <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> .....54	AFINITOR see <i>everolimus</i> .....21	<i>alendronate sodium</i> .....72
ADDERALL XR CAP 10MG .....54	AFINITOR DISPERZ.....20	<i>alfuzosin hcl</i> .....88
ADDERALL XR CAP 15MG .....54	see <i>everolimus</i> .....21	ALIMTA .....17
ADDERALL XR CAP 20MG .....54	<i>afirmelle</i> .....73	see <i>pemetrexed disodium</i> .....17
ADDERALL XR CAP 25MG .....54	AFREZZA.....70	ALINIA see <i>nitazoxanide</i> .....8
ADDERALL XR CAP 30MG .....54	AFREZZA POW 4-8-12...70	<i>aliskiren fumarate</i> .....36
ADDERALL XR CAP 5MG .....54	AFREZZA POW 4-8 UNIT .....70	ALKINDI SPRINKLE .....77
<i>adefovir dipivoxil</i> .....12	AFREZZA POW 8-12UNIT .....70	<i>allopurinol</i> .....1
ADEMPAS .....38	AGRYLIN .....92	ALLOPURINOL.....1
ADLARITY .....39	see <i>anagrelide hcl</i> .....92	<i>allopurinol sodium</i> .....1
ADMELOG .....70	AIMOVIG.....59	<i>almotriptan malate</i> .....59
ADMELOG SOLOSTAR .70	AIRSUPRA AER 90-80MCG .....108	<i>alogliptin benzoate</i> .....66
ADRENALIN .....36	AJOVY .....59	<i>alogliptin-metformin hcl tab 12.5-1000 mg</i> .....66
	AKEEGA TAB 100/500 ...17	<i>alogliptin-metformin hcl tab 12.5-500 mg</i> .....66
	AKEEGA TAB 50/500MG .....17	<i>alogliptin-pioglitazone tab 12.5-30 mg</i> .....66
	AKLIEF.....109	<i>alogliptin-pioglitazone tab 25-15 mg</i> .....67
	AKYNZEO CAP 300-0.5 .82	<i>alogliptin-pioglitazone tab 25-30 mg</i> .....67
		<i>alogliptin-pioglitazone tab 25-45 mg</i> .....67
		ALOMIDE.....102
		ALOPRIM.....1
		see <i>allopurinol sodium</i> ...1
		<i>alose tron hcl</i> .....85

ALPHAGAN P .....	102	see <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> .....	27	<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> .....	26
<i>see brimonidine tartrate</i>		see <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> .....	27	<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> .....	26
.....	102	see <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> .....	27	<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> .....	25
<i>alprazolam</i> .....	39	see <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> .....	27	<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> .....	25
ALPRAZOLAM INTENSOL .....	39	<i>amlodipine besylate</i> .....	34	<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> .....	25
ALREX .....	101	<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> .....	36	<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> .....	26
<i>see loteprednol etabonate</i> .....	101	<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> .....	36	<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> .....	27
ALTABAX.....	111	<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> .....	36	<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> .....	27
ALTACE .....	26	<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> .....	36	<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> .....	27
<i>see ramipril</i> .....	27	<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i> .....	36	<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> .....	27
<i>altavera</i> .....	73	<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i> .....	36	<i>amlodipine besylate-valsartan tab 10-160 mg</i> .....	28
ALTOPREV.....	32	<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> .....	36	<i>amlodipine besylate-valsartan tab 10-320 mg</i> .....	28
ALTRENO.....	109	<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> .....	36	<i>amlodipine besylate-valsartan tab 5-160 mg</i> .....	27
ALUNBRIG.....	20	<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> .....	36	<i>amlodipine besylate-valsartan tab 5-320 mg</i> .....	27
ALUNBRIG PAK .....	20	<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> .....	36	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> .....	28
ALVAIZ.....	92	<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> .....	36	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> .....	28
ALVESCO.....	107				
<i>alyacen 1/35</i> .....	73				
<i>alyacen 7/7/7</i> .....	73				
ALYGLO.....	96				
ALYMSYS .....	20				
<i>alyq</i> .....	38				
<i>amantadine hcl</i> .....	43				
AMBIEN .....	58				
<i>see zolpidem tartrate</i> ..	59				
AMBIEN CR.....	58				
<i>see zolpidem tartrate</i> ..	59				
AMBISOME.....	9				
<i>see amphotericin b liposome</i> .....	9				
<i>ambrisentan</i> .....	38				
<i>amcinonide</i> .....	112				
<i>amethia</i> .....	73				
<i>amethyst</i> .....	73				
<i>amikacin sulfate</i> .....	6				
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i> .....	35				
<i>amiloride hcl</i> .....	35				
<i>aminocaproic acid</i> .....	92				
<i>amiodarone hcl</i> .....	31				
AMITIZA.....	85				
<i>see lubiprostone</i> .....	86				
<i>amitriptyline hcl</i> .....	40				
AMLODIPINE/OLMESARTAN MED					



<i>amlodipine-valsartan- hydrochlorothiazide tab 10-320-25 mg</i> .....28	<i>bead cap er 24hr 25 mg</i> .....54	<i>amphetamine- dextroamphetamine tab 7.5 mg</i> .....54
<i>amlodipine-valsartan- hydrochlorothiazide tab 5-160-12.5 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 5-160-25 mg</i> .....28	<i>amphetamine- dextroamphetamine 3- bead cap er 24hr 50 mg</i> .....54	<i>amphotericin b liposome</i> ...9
<i>amnestem</i> .....109	<i>amphetamine- dextroamphetamine cap er 24hr 10 mg</i> .....54	<i>ampicillin</i> .....15
<i>amoxapine</i> .....40	<i>amphetamine- dextroamphetamine cap er 24hr 15 mg</i> .....54	<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i> .....15
<i>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</i> .....85	<i>amphetamine- dextroamphetamine cap er 24hr 20 mg</i> .....54	<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i> .....15
<i>amoxicillin</i> .....15	<i>amphetamine- dextroamphetamine cap er 24hr 25 mg</i> .....54	<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1- 0.5) gm</i> .....15
<i>AMOXICILLIN</i> .....15	<i>amphetamine- dextroamphetamine cap er 24hr 30 mg</i> .....54	<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10- 5) gm</i> .....15
<i>see amoxicillin</i> .....15	<i>amphetamine- dextroamphetamine cap er 24hr 5 mg</i> .....54	<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i> .....15
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i> .15	<i>amphetamine- dextroamphetamine cap er 24hr 5 mg</i> .....54	<i>ampicillin sodium</i> .....15
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i> ....15	<i>amphetamine- dextroamphetamine cap er 24hr 10 mg</i> .....54	<i>AMPYRA</i> .....62
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i> .....15	<i>amphetamine- dextroamphetamine cap er 24hr 12.5 mg</i> .....54	<i>see dalfampridine</i> .....62
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> .....15	<i>amphetamine- dextroamphetamine cap er 24hr 15 mg</i> .....54	<i>AMVUTTRA</i> .....61
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i> .....15	<i>amphetamine- dextroamphetamine tab 10 mg</i> .....54	<i>AMZEEQ</i> .....109
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> .....15	<i>amphetamine- dextroamphetamine tab 12.5 mg</i> .....54	<i>ANAFRANIL</i> .....40
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i> .....15	<i>amphetamine- dextroamphetamine tab 15 mg</i> .....54	<i>see clomipramine hcl</i> ...41
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i> .....15	<i>amphetamine- dextroamphetamine tab 20 mg</i> .....54	<i>anagrelide hcl</i> .....92
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i> .....15	<i>amphetamine- dextroamphetamine tab 30 mg</i> .....55	<i>ANAPROX DS</i> <i>see naproxen sodium</i> ....2
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i> .....15	<i>amphetamine- dextroamphetamine tab 5 mg</i> .....54	<i>anastrozole</i> .....17
<i>amphetamine- dextroamphetamine 3- bead cap er 24hr 12.5 mg</i> .....54		<i>ANCOBON</i> .....9
<i>amphetamine- dextroamphetamine 3-</i>		<i>see flucytosine</i> .....9

APIDRA SOLOSTAR.....70	ARTHROTEC 50 TAB.....1	<i>atenolol &amp; chlorthalidone</i>
APLENZIN .....40	ARTHROTEC 75	<i>tab 100-25 mg .....33</i>
APOKYN .....43	<i>see diclofenac w/</i>	<i>atenolol &amp; chlorthalidone</i>
<i>apomorphine hydrochloride</i>	<i>misoprostol tab</i>	<i>tab 50-25 mg .....33</i>
.....43	<i>delayed release 75-0.2</i>	ATGAM .....97
APONVIE .....82	<i>mg.....1</i>	ATIVAN .....39
<i>aprepitant</i> .....82	ARTHROTEC 75 TAB.....1	<i>see lorazepam.....39</i>
<i>aprepitant capsule therapy</i>	ARZERRA.....20	<i>atomoxetine hcl.....55</i>
<i>pack 80 &amp; 125 mg .....83</i>	<i>asenapine maleate.....45</i>	ATORVALIQ .....32
<i>apri</i> .....73	<i>ashlyna.....73</i>	<i>atorvastatin calcium .....32</i>
APRISO .....84	ASMANEX HFA .....107	<i>atovaquone .....6</i>
<i>see mesalamine .....85</i>	ASMANEX TWISTHALER	<i>atovaquone-proguanil hcl</i>
APTENSIO XR.....55	120 ME .....107	<i>tab 250-100 mg .....10</i>
<i>see methylphenidate hcl</i>	ASMANEX TWISTHALER	<i>atovaquone-proguanil hcl</i>
.....56	14 MET.....107	<i>tab 62.5-25 mg .....10</i>
APTIOM .....48	ASMANEX TWISTHALER	ATRALIN.....109
APTIVUS.....10	30 MET .....107	<i>see tretinoin.....110</i>
ARALAST NP.....106	ASMANEX TWISTHALER	ATRIPLA
<i>aranelle</i> .....73	60 MET .....107	<i>see efavirenz-</i>
ARANESP ALBUMIN	ASPARLAS .....19	<i>emtricitabine-tenofovir</i>
FREE.....91	<i>aspirin-dipyridamole cap er</i>	<i>df tab 600-200-300 mg</i>
ARAVA.....95	12hr 25-200 mg.....93	.....11
<i>see leflunomide .....95</i>	ASPRUZYO SPRINKLE .36	<i>atropine sulfate .....84</i>
ARAZLO.....109	ASTAGRAF XL .....97	ATROPINE SULFATE84,
ARCALYST .....96	ATACAND.....30	102
AREXVY .....98	<i>see candesartan cilexetil</i>	<i>see atropine sulfate .....84</i>
<i>arformoterol tartrate</i> .....105	.....30	<i>atropine sulfate</i>
ARICEPT .....39	ATACAND HCT	<i>(ophthalmic).....102</i>
<i>see donepezil</i>	<i>see candesartan cilexetil-</i>	ATROVENT HFA .....103
<i>hydrochloride .....39, 40</i>	<i>hydrochlorothiazide tab</i>	AUBAGIO.....62
ARIKAYCE.....6	16-12.5 mg.....28	<i>see teriflunomide .....63</i>
ARIMIDEX.....18	<i>see candesartan cilexetil-</i>	<i>abra eq.....73</i>
<i>see anastrozole .....17</i>	<i>hydrochlorothiazide tab</i>	AUGMENTIN
<i>aripiprazole</i> .....44	32-12.5 mg.....28	<i>see amoxicillin &amp; k</i>
ARISTADA.....45	<i>see candesartan cilexetil-</i>	<i>clavulanate tab 500-</i>
ARISTADA INITIO .....45	<i>hydrochlorothiazide tab</i>	125 mg.....15
ARIXTRA .....89, 90	32-25 mg.....28	AUGMENTIN ES-600
<i>see fondaparinux sodium</i>	ATACAND HCT TAB 16-	<i>see amoxicillin &amp; k</i>
.....90	12.5 .....28	<i>clavulanate for susp</i>
<i>armodafinil</i> .....64	ATACAND HCT TAB 32-	600-42.9 mg/5ml.....15
ARNUITY ELLIPTA.....107	12.5 .....28	AUGMENTIN SUS
AROMASIN.....18	ATACAND HCT TAB 32-	125/5ML .....15
<i>see exemestane .....18</i>	25MG.....28	AUGMENTIN SUS ES-600
ARTHROTEC 50	<i>atazanavir sulfate</i> .....10	.....15
<i>see diclofenac w/</i>	ATELVIA .....72	AUGMENTIN TAB 500MG
<i>misoprostol tab</i>	<i>see risedronate sodium</i>	.....15
<i>delayed release 50-0.2</i>	.....73	AUGTYRO .....20
<i>mg.....1</i>	<i>atenolol</i> .....33	<i>aurovela 1/20 .....73</i>

<i>aurovela 24 fe</i> .....	73	AZOPT .....	102	BANZEL .....	48
<i>aurovela fe 1/20</i> .....	73	see <i>brinzolamide</i> .....	102	see <i>rufinamide</i> .....	51, 52
<i>aurovela fe 1.5/30</i> .....	73	AZOR TAB 10-20MG .....	28	BAQSIMI ONE PACK .....	78
AUSTEDO .....	61	AZOR TAB 10-40MG .....	28	BARACLUDE .....	12
AUSTEDO XR .....	61	AZOR TAB 5-20MG .....	28	see <i>entecavir</i> .....	12
AUSTEDO XR TAB TITR KIT .....	61	AZOR TAB 5-40MG .....	28	BASAGLAR KWIKPEN .....	70
AUVELITY TAB 45-105MG .....	40	AZSTARYS CAP 26.1-5.2 .....	55	BASAGLAR TEMPO PEN .....	70
AVALIDE see <i>irbesartan-</i> <i>hydrochlorothiazide tab</i> <i>150-12.5 mg</i> .....	29	AZSTARYS CAP 39.2-7.8 .....	55	BAVENCIO .....	20
see <i>irbesartan-</i> <i>hydrochlorothiazide tab</i> <i>300-12.5 mg</i> .....	29	AZSTARYS CAP 52.3-10. .....	55	BAXDELA .....	14
AVALIDE TAB 150-12.5 .....	28	<i>aztreonam</i> .....	6	BCG VACCINE .....	98
AVALIDE TAB 300-12.5 .....	28	AZULFIDINE .....	84	BELBUCA .....	3
AVAPRO .....	30	see <i>sulfasalazine</i> .....	85	BELEODAQ .....	20
see <i>irbesartan</i> .....	30	AZULFIDINE EN-TABS .....	84	BELSOMRA .....	58
AVASTIN .....	20	see <i>sulfasalazine</i> .....	85	<i>benazepril &amp;</i> <i>hydrochlorothiazide tab</i> <i>10-12.5 mg</i> .....	26
AVEED .....	66	<i>azurette</i> .....	73	<i>benazepril &amp;</i> <i>hydrochlorothiazide tab</i> <i>20-12.5 mg</i> .....	26
<i>aviane</i> .....	73	<b>B</b>		<i>benazepril &amp;</i> <i>hydrochlorothiazide tab</i> <i>20-25 mg</i> .....	26
AVODART .....	88	<i>bacitracin (ophthalmic)</i> .....	100	<i>benazepril &amp;</i> <i>hydrochlorothiazide tab</i> <i>5-6.25mg</i> .....	26
see <i>dutasteride</i> .....	88	<i>bacitracin-polymyxin b</i> <i>ophth oint.</i> .....	100	<i>benazepril hcl</i> .....	26
AVONEX .....	62	<i>bacitracin-polymyxin-</i> <i>neomycin-hc ophth oint</i> <i>1%</i> .....	100	<i>bendamustine hcl</i> .....	16
AVONEX PEN .....	62	<i>baclofen</i> .....	64	BENDEKA .....	16
AVSOLA .....	93	BACTRIM see <i>sulfamethoxazole-</i> <i>trimethoprim tab 400-</i> <i>80 mg</i> .....	8	BENICAR .....	30
AVYCAZ INJ 2-0.5GM .....	13	BACTRIM DS see <i>sulfamethoxazole-</i> <i>trimethoprim tab 800-</i> <i>160 mg</i> .....	8	see <i>olmesartan</i> <i>medoxomil</i> .....	31
<i>ayuna</i> .....	73	BACTRIM DS TAB 800-160 .....	6	BENICAR HCT see <i>olmesartan</i> <i>medoxomil-</i> <i>hydrochlorothiazide tab</i> <i>20-12.5 mg</i> .....	29
AYVAKIT .....	20	BACTRIM TAB 400-80MG .....	6	see <i>olmesartan</i> <i>medoxomil-</i> <i>hydrochlorothiazide tab</i> <i>40-12.5 mg</i> .....	29
<i>azacitidine</i> .....	17	BAFIERTAM .....	62	see <i>olmesartan</i> <i>medoxomil-</i> <i>hydrochlorothiazide tab</i> <i>40-12.5 mg</i> .....	29
AZACTAM .....	6	BALCOLTRA see <i>joyeaux</i> .....	74	see <i>olmesartan</i> <i>medoxomil-</i> <i>hydrochlorothiazide tab</i> <i>40-25 mg</i> .....	29
see <i>aztreonam</i> .....	6	see <i>levonorgestrel-</i> <i>ethinyl estradiol-fe tab</i> <i>0.1 mg-20 mcg (21)</i> .....	75	BENICAR HCT TAB 20- 12.5 .....	28
<i>azasan</i> .....	97	BALCOLTRA TAB 0.1-20 .....	73		
AZASITE .....	100	<i>balsalazide disodium</i> .....	84		
<i>azathioprine</i> .....	97	BALVERSA .....	20		
<i>azelaic acid</i> .....	115	<i>balziva</i> .....	73		
<i>azelastine hcl</i> .....	104				
<i>azelastine hcl (ophth)</i> .....	102				
<i>azelastine hcl-fluticasone</i> <i>prop nasal spray 137-50</i> <i>mcg/act</i> .....	104				
AZELEX .....	109				
AZILECT .....	43				
see <i>rasagiline mesylate</i> .....	44				
<i>azithromycin</i> .....	14				

BENICAR HCT TAB 40- 12.5 .....	28	BETIMOL .....	102	<i>bisoprolol &amp;</i>	
BENICAR HCT TAB 40- 25MG.....	28	BETOPTIC-S .....	102	<i>hydrochlorothiazide tab</i>	
BENLYSTA .....	97	BEVESPI AER 9-4.8MCG .....	103	<i>5-6.25 mg .....</i>	33
BENTYL .....	84	<i>bexarotene .....</i>	19	<i>bisoprolol fumarate .....</i>	33
see <i>dicyclomine hcl</i> .....	84	<i>bexarotene (topical) .....</i>	115	BIVIGAM.....	96
BENZAMYCIN		BEXSERO INJ .....	98	<i>bleomycin sulfate .....</i>	19
see <i>benzoyl peroxide-</i>		BEYAZ		<i>blisovi 24 fe .....</i>	73
<i>erythromycin gel 5-3%</i>		see <i>drospirenone-ethinyl</i>		<i>blisovi fe 1.5/30 .....</i>	73
.....	109	<i>estradiol-levomefolate</i>		BONJESTA TAB 20-20MG .....	83
BENZAMYCIN GEL 5-3%		<i>tab 3-0.02-0.451 mg 74</i>		BOOSTRIX INJ .....	98
.....	109	BEYAZ TAB .....	73	<i>bortezomib .....</i>	20
<i>benzoyl peroxide-</i>		BIAXIN XL		BORTEZOMIB .....	20
<i>erythromycin gel 5-3%</i>		see <i>clarithromycin .....</i>	14	<i>bosentan .....</i>	38
.....	109	<i>bicalutamide .....</i>	18	BOSULIF.....	20
<i>benztropine mesylate .....</i>	43	BICILLIN C-R INJ 1200000 .....	15	BOTOX .....	64
BEOVU .....	102	BICILLIN C-R INJ 900/300 .....	15	BRAFTOVI.....	20
<i>bepotastine besilate .....</i>	102	BICILLIN L-A.....	15	BREO ELLIPTA INH 100- 25 .....	108
BEPREVE .....	102	BIDIL		BREO ELLIPTA INH 200- 25 .....	108
see <i>bepotastine besilate</i>		see <i>isosorbide dinitrate-</i>		BREO ELLIPTA INH 50- 25MCG .....	108
.....	102	<i>hydralazine hcl tab 20-</i>		<i>breyana .....</i>	108
BERINERT.....	92	<i>37.5 mg.....</i>	37	BREZTRI AERO AER	
BESIVANCE .....	100	BIDIL TAB .....	36	SPHERE.....	103
BESPONSA .....	20	BIJUVA CAP 0.5-100.....	76	BREZTRI AERO AER	
BESREMI.....	19	BIJUVA CAP 1-100MG ...	76	SPHERE	
<i>betaine powder for oral</i>		BIKTARVY TAB 30-120-15		(INSTITUTIONAL PACK)	
<i>solution .....</i>	79	MG.....	11	.....	103
<i>betamethasone</i>		BIKTARVY TAB 50-200-25		<i>briellyn.....</i>	73
<i>dipropionate (topical) .....</i>	112	MG.....	11	BRILINTA.....	93
<i>betamethasone</i>		BILTRICIDE .....	6	<i>brimonidine tartrate .....</i>	102
<i>dipropionate augmented</i>		see <i>praziquantel .....</i>	8	<i>brimonidine tartrate</i>	
.....	112	<i>bimatoprost .....</i>	102	<i>(topical).....</i>	115
<i>betamethasone sod</i>		BIMZELX.....	93	<i>brimonidine tartrate-timolol</i>	
<i>phosphate &amp; acetate inj</i>		BINOSTO.....	72	<i>maleate ophth soln 0.2-</i>	
<i>susp 6 (3-3) mg/ml .....</i>	77	<i>bismuth subcit-</i>		<i>0.5% .....</i>	102
<i>betamethasone valerate</i>		<i>metronidazole-</i>		<i>brinzolamide.....</i>	102
.....	112	<i>tetracycline cap 140-125-</i>		BRIUMVI .....	62
BETAPACE.....	31	<i>125 mg .....</i>	86	BRIVIACT .....	48
see <i>sotalol hcl.....</i>	31	<i>bisoprolol &amp;</i>		BRIXADI.....	65
BETAPACE AF .....	31	<i>hydrochlorothiazide tab</i>		<i>bromfenac sodium (ophth)</i>	
see <i>sotalol hcl (afib/af)</i>	31	<i>10-6.25 mg .....</i>	33	.....	101
BETASERON.....	62	<i>bisoprolol &amp;</i>		<i>bromocriptine mesylate...43</i>	
<i>betaxolol hcl.....</i>	33	<i>hydrochlorothiazide tab</i>		BROMSITE .....	101
<i>betaxolol hcl (ophth).....</i>	102	<i>2.5-6.25 mg .....</i>	33	see <i>bromfenac sodium</i>	
<i>bethanechol chloride.....</i>	88			<i>(ophth) .....</i>	101
BETHKIS.....	6				
see <i>tobramycin .....</i>	8				

BRONCHITOL .....	106	BYDUREON BCISE .....	67	<i>dipropionate oint 0.005-</i>	
BROVANA .....	105	BYETTA .....	67	<i>0.064% .....</i>	112
<i>see arformoterol tartrate</i>		BYLVAY .....	86	<i>calcipotriene-</i>	
.....	105	BYLVAY (PELLETS).....	86	<i>betamethasone</i>	
BRUKINSA.....	20	BYOOVIZ .....	102	<i>dipropionate susp 0.005-</i>	
BRYHALI.....	112	BYSTOLIC .....	33, 34	<i>0.064% .....</i>	112
<i>budesonide .....</i>	84	<i>see nebivolol hcl.....</i>	34	<i>calcitonin (salmon) inj .....</i>	72
<i>budesonide (inhalation).....</i>	107	<b>C</b>		<i>calcitonin (salmon) spray.....</i>	72
<i>budesonide (intrarectal) .....</i>	84	<i>cabergoline .....</i>	79	<i>calcitrene.....</i>	112
<i>budesonide-formoterol</i>		CABLIVI .....	92	<i>calcitriol .....</i>	82
<i>fumarate dihyd aerosol</i>		CABOMETRYX .....	20	<i>calcitriol (oral).....</i>	82
<i>160-4.5 mcg/act.....</i>	108	CABTREGEL .....	109	<i>calcitriol (topical) .....</i>	112
<i>budesonide-formoterol</i>		CADUET		CALQUENCE.....	20
<i>fumarate dihyd aerosol</i>		<i>see amlodipine besylate-</i>		CAMBIA .....	59
<i>80-4.5 mcg/act.....</i>	108	<i>atorvastatin calcium</i>		<i>see diclofenac potassium</i>	
<i>bumetanide .....</i>	35	<i>tab 10-10 mg.....</i>	36	<i>(migraine).....</i>	59
BUMEX		<i>see amlodipine besylate-</i>		<i>camila.....</i>	74
<i>see bumetanide.....</i>	35	<i>atorvastatin calcium</i>		CAMPTOSAR	
BUPHENYL.....	79	<i>tab 10-20 mg.....</i>	36	<i>see irinotecan hcl .....</i>	19
<i>see sodium</i>		<i>see amlodipine besylate-</i>		<i>camrese .....</i>	74
<i>phenylbutyrate .....</i>	81	<i>atorvastatin calcium</i>		<i>camrese lo .....</i>	74
<i>buprenorphine.....</i>	3	<i>tab 10-40 mg.....</i>	36	CAMZYOS .....	36
<i>buprenorphine hcl .....</i>	65	<i>see amlodipine besylate-</i>		CANASA .....	84
<i>buprenorphine hcl-</i>		<i>atorvastatin calcium</i>		<i>see mesalamine .....</i>	85
<i>naloxone hcl sl film 12-3</i>		<i>tab 10-80 mg.....</i>	36	CANCIDAS .....	9
<i>mg (base equiv).....</i>	65	<i>see amlodipine besylate-</i>		<i>see caspofungin acetate</i>	
<i>buprenorphine hcl-</i>		<i>atorvastatin calcium</i>		.....	9
<i>naloxone hcl sl film 2-0.5</i>		<i>tab 5-10 mg.....</i>	36	<i>candesartan cilexetil .....</i>	30
<i>mg (base equiv).....</i>	65	<i>see amlodipine besylate-</i>		<i>candesartan cilexetil-</i>	
<i>buprenorphine hcl-</i>		<i>atorvastatin calcium</i>		<i>hydrochlorothiazide tab</i>	
<i>naloxone hcl sl film 4-1</i>		<i>tab 5-20 mg.....</i>	36	<i>16-12.5 mg .....</i>	28
<i>mg (base equiv).....</i>	65	<i>see amlodipine besylate-</i>		<i>candesartan cilexetil-</i>	
<i>buprenorphine hcl-</i>		<i>atorvastatin calcium</i>		<i>hydrochlorothiazide tab</i>	
<i>naloxone hcl sl film 8-2</i>		<i>tab 5-40 mg.....</i>	36	<i>32-12.5 mg .....</i>	28
<i>mg (base equiv).....</i>	65	<i>see amlodipine besylate-</i>		<i>candesartan cilexetil-</i>	
<i>buprenorphine hcl-</i>		<i>atorvastatin calcium</i>		<i>hydrochlorothiazide tab</i>	
<i>naloxone hcl sl tab 2-0.5</i>		<i>tab 5-80 mg.....</i>	36	<i>32-25 mg .....</i>	28
<i>mg (base equiv).....</i>	65	CADUET TAB 10-10MG .....	36	CAPLYTA.....	45
<i>buprenorphine hcl-</i>		CADUET TAB 10-20MG .....	36	CAPRELSA.....	20
<i>naloxone hcl sl tab 8-2</i>		CADUET TAB 10-40MG .....	36	<i>captopril .....</i>	27
<i>mg (base equiv).....</i>	65	CADUET TAB 10-80MG .....	36	<i>captopril &amp;</i>	
<i>bupropion hcl .....</i>	40	CADUET TAB 5-10MG .....	36	<i>hydrochlorothiazide tab</i>	
<i>bupropion hcl (smoking</i>		CADUET TAB 5-20MG .....	36	<i>25-15 mg .....</i>	26
<i>deterrent).....</i>	65	CADUET TAB 5-40MG .....	36	<i>captopril &amp;</i>	
<i>buspirone hcl.....</i>	39	CADUET TAB 5-80MG .....	36	<i>hydrochlorothiazide tab</i>	
<i>butorphanol tartrate.....</i>	4	<i>calcipotriene.....</i>	112	<i>25-25 mg .....</i>	26
BUTRANS.....	3	<i>calcipotriene-</i>			
<i>see buprenorphine .....</i>	3	<i>betamethasone</i>			

<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i> .....26	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> .....43	CEFACTOR ER.....13
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i> .....26	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> .....43	<i>cefadroxil</i> .....13
CARAC.....115	<i>carbinoxamine maleate</i> .104	CEFAZOLIN.....13
CARAFATE.....86	CARBINOXAMINE	CEFAZOLIN INJ
<i>see sucralfate</i> .....86	MALEATE.....104	1GM/50ML.....13
<i>carb/levo orally disintegrating tab 10-100mg</i> .....43	<i>carboplatin</i> .....16	<i>cefazolin sodium</i> .....13
<i>carb/levo orally disintegrating tab 25-100mg</i> .....43	CARDIZEM.....34	CEFAZOLIN SOLN
<i>carb/levo orally disintegrating tab 25-250mg</i> .....43	<i>see diltiazem hcl</i> .....34	2GM/100ML-4%.....13
CARBAGLU.....79	CARDIZEM CD.....34	<i>cefdinir</i> .....13
<i>see carglumic acid</i> .....79	<i>see cartia xt</i> .....34	CEFEPIME.....13
<i>carbamazepine</i> .....48	<i>see diltiazem hcl coated beads</i> .....35	CEFEPIME/DEX INJ 1GM
CARBATROL.....48	CARDIZEM LA.....34	.....13
<i>see carbamazepine</i> ....48	<i>see diltiazem hcl</i> .....34	CEFEPIME/DEX INJ 2GM
<i>carbidopa</i> .....43	<i>see matzim la</i> .....35	.....13
<i>carbidopa &amp; levodopa tab 10-100 mg</i> .....43	CARDURA.....27	<i>cefepime hcl</i> .....13
<i>carbidopa &amp; levodopa tab 25-100 mg</i> .....43	<i>see doxazosin mesylate</i>	<i>cefixime</i> .....14
<i>carbidopa &amp; levodopa tab 25-250 mg</i> .....43	.....27	CEFOTAN
<i>carbidopa &amp; levodopa tab er 25-100 mg</i> .....43	CARDURA XL.....88	<i>see cefotetan disodium</i>
<i>carbidopa &amp; levodopa tab er 50-200 mg</i> .....43	<i>carglumic acid</i> .....79	.....14
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> .....43	<i>carisoprodol</i> .....64	<i>cefotetan disodium</i> .....14
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> .....43	CARNITOR.....79	CEFOXITIN INJ 1GM.....14
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> .....43	<i>see levocarnitine (metabolic modifiers)</i>	CEFOXITIN INJ 2GM.....14
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> .....43	.....80	<i>cefoxitin sodium</i> .....14
	CAROSPIR.....27	<i>cefpodoxime proxetil</i> .....14
	<i>see spironolactone</i> .....27	<i>cefprozil</i> .....14
	<i>carteolol hcl (ophth)</i> .....102	<i>ceftazidime</i> .....14
	<i>cartia xt</i> .....34	<i>ceftriaxone sodium</i> .....14
	<i>carvedilol</i> .....34	<i>cefuroxime axetil</i> .....14
	<i>carvedilol phosphate</i> .....34	<i>cefuroxime sodium</i> .....14
	CASODEX.....18	CELEBREX.....1
	<i>see bicalutamide</i> .....18	<i>see celecoxib</i> .....1
	<i>casprofungin acetate</i> .....9	<i>celecoxib</i> .....1
	CASPOFUNGIN ACETATE	CELESTONE INJ
	.....9	SOLUSPAN.....77
	CATAPRES-TTS-1	CELESTONE SOLUSPAN
	<i>see clonidine</i> .....36	<i>see betamethasone sod phosphate &amp; acetate inj susp 6 (3-3) mg/ml</i>
	CATAPRES-TTS-2	.....77
	<i>see clonidine</i> .....36	CELEXA.....40
	CATAPRES-TTS-3	<i>see citalopram hydrobromide</i> .....41
	<i>see clonidine</i> .....36	CELLCEPT.....97
	CAYSTON.....6	<i>see mycophenolate mofetil</i> .....97
	<i>cefactor</i> .....13	CELONTIN.....48
		<i>see methsuximide</i> .....51
		<i>cephalexin</i> .....14

CEQUA .....	102	<i>ciprofloxacin-fluocinolone</i>		<i>clindamycin hcl</i> .....	7
CERDELGA .....	79	<i>aceton (pf) otic soln 0.3-</i>		<i>clindamycin palmitate</i>	
CEREZYME .....	79	<i>0.025%</i> .....	103	<i>hydrochloride</i> .....	7
<i>cetirizine hcl</i> .....	104	<i>ciprofloxacin hcl</i> .....	15	<i>clindamycin phosphate</i> .....	7
CETRAXAL .....	103	<i>ciprofloxacin hcl (ophth)</i> .....	100	<i>clindamycin phosphate</i>	
<i>cevimeline hcl</i> .....	117	<i>ciprofloxacin hcl (otic)</i> ...	103	<i>(topical)</i> .....	109
<i>chateal eq</i> .....	74	CIPRO HC SUS OTIC ..	103	<i>clindamycin phosphate-</i>	
CHEMET .....	73	<i>cisplatin</i> .....	16	<i>benzoyl peroxide gel 1.2-</i>	
<i>chlordiazepoxide hcl</i> .....	39	<i>citalopram hydrobromide</i>		<i>2.5%</i> .....	110
<i>chlorhexidine gluconate</i>		.....	40, 41	<i>clindamycin phosphate-</i>	
<i>(mouth-throat)</i> .....	117	CITALOPRAM		<i>benzoyl peroxide gel 1.2-</i>	
<i>chloroquine phosphate</i> ....	10	HYDROBROMIDE.....	40	<i>3.75%</i> .....	110
<i>chlorpromazine hcl</i> .....	45	<i>claravis</i> .....	109	<i>clindamycin phosphate-</i>	
<i>chlorthalidone</i> .....	35	CLARINEX .....	104	<i>benzoyl peroxide gel 1-</i>	
CHOLBAM .....	86	<i>see desloratadine</i> .....	104	<i>5%</i> .....	110
<i>cholestyramine</i> .....	32	CLARINEX-D TAB 2.5-120		<i>clindamycin phosphate in</i>	
<i>cholestyramine light</i> .....	32	.....	104	<i>d5w iv soln 300 mg/50ml</i>	
<i>choline fenofibrate</i> .....	31	<i>clarithromycin</i> .....	14	.....	7
CHORIONIC		<i>clemastine fumarate</i> .....	104	<i>clindamycin phosphate in</i>	
GONADOTROPIN.....	79	CLENPIQ SOL 10 MG-3.5		<i>d5w iv soln 600 mg/50ml</i>	
CIALIS.....	88	GM-12 GM/160ML.....	85	.....	7
<i>see tadalafil</i> .....	88	CLENPIQ SOL 10 MG-3.5		<i>clindamycin phosphate in</i>	
CIBINQO .....	93	GM-12 GM/175ML.....	85	<i>d5w iv soln 900 mg/50ml</i>	
<i>ciclopirox</i> .....	111	CLEOCIN .....	6, 89	.....	7
<i>ciclopirox olamine</i> .....	111	<i>see clindamycin hcl</i> .....	7	<i>clindamycin phosphate-</i>	
<i>cidofovir</i> .....	12	<i>see clindamycin</i>		<i>tretinoin gel 1.2-0.025%</i>	
<i>cilostazol</i> .....	92	<i>phosphate vaginal</i> ....	89	.....	110
CILOXAN .....	100	CLEOCIN PEDIATRIC		<i>clindamycin phosphate</i>	
CIMDUO TAB 300-300 ...	11	GRANULE .....	6	<i>vaginal</i> .....	89
CIMERLI .....	102	<i>see clindamycin</i>		<i>clindamycin phosph-</i>	
<i>cimetidine</i> .....	84	<i>palmitate hydrochloride</i>		<i>benzoyl peroxide (refrig)</i>	
<i>cimetidine hcl</i> .....	84	.....	7	<i>gel 1.2 (1)-5%</i> .....	109
CIMZIA.....	93	CLEOCIN PHOSPHATE...6		CLINDESSE.....	89
CIMZIA STARTER KIT ...	93	<i>see clindamycin</i>		CLINDMYC/NAC INJ	
<i>cinacalcet hcl</i> .....	79	<i>phosphate</i> .....	7	300/50ML .....	7
CINQAIR.....	106	CLEOCIN-T.....	109	CLINDMYC/NAC INJ	
CINRYZE .....	92	<i>see clindamycin</i>		600/50ML .....	7
CINVANTI .....	83	<i>phosphate (topical)</i> .....	109	CLINDMYC/NAC INJ	
CIPRO.....	14	CLIMARA .....	76	900/50ML .....	7
<i>see ciprofloxacin hcl</i> ....	15	<i>see estradiol</i> .....	77	CLINIMIX E INJ 2.75/D5W	
<i>ciprofloxacin 200 mg/100ml</i>		CLIMARA PRO DIS		.....	100
<i>in d5w</i> .....	14	WEEKLY .....	76	CLINIMIX E INJ 4.25/D10	
<i>ciprofloxacin 400 mg/200ml</i>		<i>clindacin</i> .....	109	.....	100
<i>in d5w</i> .....	14	<i>clindacin etz pledgets</i> ....	109	CLINIMIX E INJ 4.25/D5W	
<i>ciprofloxacin-</i>		<i>clindacin-p</i> .....	109	.....	100
<i>dexamethasone otic susp</i>		CLINDAGEL.....	109	CLINIMIX E INJ 5%/D15W	
<i>0.3-0.1%</i> .....	103	<i>see clindamycin</i>		.....	100
		<i>phosphate (topical)</i> .....	109		

CLINIMIX E INJ 5%/D20W .....100	CODEINE SULFATE .....4	see <i>carvedilol</i> .....34
CLINIMIX E INJ 8/10.....100	COLAZAL.....84	COREG CR.....34
CLINIMIX E INJ 8/14.....100	see <i>balsalazide disodium</i> .....84	see <i>carvedilol phosphate</i> .....34
CLINIMIX INJ 4.25/D10 100	<i>colchicine</i> .....1	CORGARD
CLINIMIX INJ 4.25/D5W .....100	<i>colchicine w/ probenecid</i> tab 0.5-500 mg .....1	see <i>nadolol</i> .....34
CLINIMIX INJ 5%/D15W .....100	COLCRYS.....1	CORLANOR.....36, 37
CLINIMIX INJ 5%/D20W .....100	<i>colesevelam hcl</i> .....32	CORTEF .....77
CLINIMIX INJ 6/5.....100	COLESTID .....32	see <i>hydrocortisone</i> .....78
CLINIMIX INJ 8/10 .....100	see <i>colestipol hcl</i> .....32	CORTENEMA .....84
CLINIMIX INJ 8/14 .....100	<i>colestipol hcl</i> .....32	see <i>hydrocortisone</i> ( <i>intrarectal</i> ).....84
<i>clinisol sf 15%</i> .....100	<i>colistimethate sodium</i> .....7	CORTIFOAM .....115
CLINOLIPID EMU 20%.100	COLUMVI.....20	CORTISONE ACETATE .77
<i>clobazam</i> .....48	COLY-MYCIN M .....7	CORTISPORIN SUS -TC OTIC.....103
<i>clobetasol propionate</i> ....113	see <i>colistimethate</i> <i>sodium</i> .....7	CORTROPHIN.....79
<i>clobetasol propionate e</i> .113	COMBIGAN	COSENTYX .....93
<i>clobetasol propionate</i> <i>emulsion</i> .....113	see <i>brimonidine tartrate-</i> <i>timolol maleate ophth</i> <i>soln 0.2-0.5%</i> .....102	COSENTYX SENSOREADY PEN...93
CLOBEX .....113	COMBIGAN SOL 0.2/0.5% .....102	COSENTYX UNOREADY .....93
see <i>clobetasol</i> <i>propionate</i> .....113	COMBIPATCH DIS.....76	COSOPT
see <i>clodan</i> .....113	COMBIVENT AER 20-100 .....103	see <i>dorzolamide hcl-</i> <i>timolol maleate ophth</i> <i>soln 2-0.5%</i> .....102
<i>clocortolone pivalate</i> ....113	COMBOGESIC INJ 300- 1000 .....1	COSOPT PF
<i>clodan</i> .....113	COMETRIQ (60MG DOSE) .....20	see <i>dorzolamide hcl-</i> <i>timolol maleate pf</i> <i>ophth soln 2-0.5%</i> ..102
CLODERM	COMETRIQ KIT 100MG .20	COSOPT PF SOL 2%- 0.5% .....102
see <i>clocortolone pivalate</i> .....113	COMETRIQ KIT 140MG .20	COSOPT SOL 2-0.5%OP .....102
<i>clomipramine hcl</i> .....41	COMPLERA TAB.....11	COTELLIC .....20
<i>clonazepam</i> .....48	<i>compro</i> .....83	COTEMPLA XR-ODT ....55
<i>clonidine</i> .....36	COMTAN .....43	COZAAR .....30
<i>clonidine hcl</i> .....36	CONCERTA.....55	see <i>losartan potassium</i> .....30
<i>clonidine hcl (analgesia)</i> ...1	see <i>methylphenidate hcl</i> .....57	CREON CAP 12000UNT 86
<i>clopidogrel bisulfate</i> .....93	CONDYLOX.....115	CREON CAP 24000UNT 86
<i>clorazepate dipotassium</i> .48	see <i>podofilox</i> .....116	CREON CAP 3000UNIT .86
<i>clotrimazole</i> .....117	<i>constulose</i> .....85	CREON CAP 36000UNT 86
<i>clotrimazole (topical)</i> .....111	CONZIP .....3	CREON CAP 6000UNIT .86
<i>clotrimazole w/</i> <i>betamethasone cream 1-</i> <i>0.05%</i> .....111	COPAXONE.....62	CRESEMBA.....9
<i>clozapine</i> .....45	see <i>glatiramer acetate</i> .62	CRESTOR .....32
CLOZARIL .....45	see <i>glatopa</i> .....62, 63	see <i>rosuvastatin calcium</i> .....32
see <i>clozapine</i> .....45	COPIKTRA.....20	
COARTEM TAB 20-120MG .....10	CORDRAN .....113	
<i>codeine sulfate</i> .....4	COREG.....34	



CRINONE .....	81	<b>D</b>	<i>deferasirox</i> .....	73
<i>cromolyn sodium</i> .....	106	D10W/NACL INJ 0.2% .....	<i>deferiprone</i> .....	73
<i>cromolyn sodium</i> ( <i>mastocytosis</i> ) .....	86	D2.5W/NACL INJ 0.45% .....	<i>deferoxamine mesylate</i> .....	73
<i>cromolyn sodium (ophth)</i> .....	102	D5W/LYTES INJ #48 .....	DELESTROGEN .....	76
<i>croton</i> .....	117	<i>dabigatran etexilate</i> <i>mesylate</i> .....	see <i>estradiol valerate</i> .....	77
<i>cryselle-28</i> .....	74	<i>dacarbazine</i> .....	DELSTRIGO TAB .....	11
CRYSVITA .....	79	<i>dalfampridine</i> .....	DELZICOL .....	84
CUBICIN RF .....	7	DALIRESP .....	see <i>mesalamine</i> .....	85
CUTAQUIG .....	96	see <i>roflumilast</i> .....	<i>demeclocycline hcl</i> .....	16
CUVITRU .....	96	DALVANCE .....	DEMSEER .....	37
CUVPOSA .....	84	<i>danazol</i> .....	see <i>metyrosine</i> .....	37
see <i>glycopyrrolate (oral)</i> .....	84	DANTRIUM .....	DENAVIR .....	115
CUVRIOR .....	73	see <i>dantrolene sodium</i> .....	see <i>penciclovir</i> .....	116
<i>cyclobenzaprine hcl</i> .....	64	<i>dantrolene sodium</i> .....	DENGVAXIA SUS .....	98
<i>cyclophosphamide</i> .....	16, 17	<i>dapsone</i> .....	DEPAKOTE .....	48
CYCLOPHOSPHAMIDE 16, 17		<i>dapsone (topical)</i> .....	see <i>divalproex sodium</i> .....	49
CYCLOPHOSPHAMIDE MONOHYDR .....	17	DAPTACEL INJ .....	DEPAKOTE ER .....	48
<i>cycloserine</i> .....	12	DAPTOMY/NACL INJ 350/50ML .....	see <i>divalproex sodium</i> .....	49
<i>cyclosporine</i> .....	97	DAPTOMY/NACL INJ 500/50ML .....	DEPEN TITRATABS .....	73
<i>cyclosporine modified (for</i> <i>microemulsion)</i> .....	97	<i>daptomycin</i> .....	see <i>penicillamine</i> .....	73
CYKLOKAPRON see <i>tranexamic acid</i> .....	93	DAPTOMYCIN .....	DEPO-ESTRADIOL .....	76
CYMBALTA .....	41	see <i>daptomycin</i> .....	DEPO-MEDROL .....	77
see <i>duloxetine hcl</i> .....	41	DARAPRIM .....	see <i>methylprednisolone</i> <i>acetate</i> .....	78
<i>cyproheptadine hcl</i> .....	104	see <i>pyrimethamine</i> .....	DEPO-PROVERA CONTRACEPTIV .....	74
CYRAMZA .....	20	<i>darifenacin hydrobromide</i> .....	see <i>medroxyprogesterone</i> <i>acetate (contraceptive)</i> .....	75
<i>cyred eq</i> .....	74	<i>darunavir</i> .....	DEPO-SUBQ PROVERA 104 .....	74
CYSTADANE see <i>betaine powder for</i> <i>oral solution</i> .....	79	DARZALEX .....	<i>depo-testosterone</i> .....	66
CYSTADANE POW .....	79	DARZALEX SOL FASPRO .....	DERMA-SMOOTH/FS BODY .....	113
CYSTADROPS .....	102	<i>dasetta 1/35</i> .....	see <i>fluocinolone</i> <i>acetoneide</i> .....	113
CYSTAGON .....	79	<i>dasetta 7/7/7</i> .....	DERMA-SMOOTH/FS SCALP .....	113
CYSTARAN .....	102	DAURISMO .....	see <i>fluocinolone</i> <i>acetoneide</i> .....	114
<i>cytarabine</i> .....	17	DAYBUE .....	DERMOTIC .....	103
CYTOGAM .....	96	DAYPRO .....	see <i>flac</i> .....	103
CYTOMEL .....	81	see <i>oxaprozin</i> .....	see <i>fluocinolone</i> <i>acetoneide (otic)</i> .....	103
see <i>liothyronine sodium</i> .....	82	<i>daysee</i> .....		
CYTOTEC .....	86	DAYTRANA .....		
see <i>misoprostol</i> .....	86	see <i>methylphenidate</i> .....		
		DAYVIGO .....		
		DDAVP .....		
		see <i>desmopressin</i> <i>acetate</i> .....		
		<i>deblitane</i> .....		
		<i>decitabine</i> .....		

DESCOVY TAB 120-15MG .....11	see dextrose 5% w/ sodium chloride 0.225%.....99	<i>diclofenac potassium</i> .....1
DESCOVY TAB 200/25MG .....11	dextrose 10% w/ sodium chloride 0.45%.....99	<i>diclofenac potassium</i> (migraine) .....59
DESFERAL .....73	DEXTROSE 2.5%/SODIUM CHLO	<i>diclofenac sodium</i> .....1
see <i>deferoxamine</i>	see dextrose 2.5% w/ sodium chloride 0.45% .....98	<i>diclofenac sodium (actinic keratoses)</i> .....115
<i>mesylate</i> .....73	dextrose 2.5% w/ sodium chloride 0.45%.....98	<i>diclofenac sodium (ophth)</i> .....101
<i>desipramine hcl</i> .....41	DEXTROSE 5%/SODIUM CHLORI	<i>diclofenac sodium (topical)</i> .....115
<i>desloratadine</i> .....104	see dextrose 5% w/ sodium chloride 0.3% .....99	<i>diclofenac w/ misoprostol tab delayed release 50- 0.2 mg</i> .....1
<i>desmopressin acetate</i> .....79	dextrose 5% in lactated ringers .....98	<i>diclofenac w/ misoprostol tab delayed release 75- 0.2 mg</i> .....1
<i>desmopressin acetate</i> <i>spray</i> .....79	dextrose 5% w/ sodium chloride 0.2%.....98	<i>dicloxacillin sodium</i> .....15
<i>desmopressin acetate</i> <i>spray refrigerated</i> .....79	dextrose 5% w/ sodium chloride 0.225%.....99	<i>dicyclomine hcl</i> .....84
<i>desogest-eth estrad &amp; eth estrاد tab 0.15-0.02/0.01 mg(21/5)</i> .....74	dextrose 5% w/ sodium chloride 0.3%.....99	DIFFERIN .....110
<i>desonide</i> .....113	dextrose 5% w/ sodium chloride 0.45%.....99	see <i>adapalene</i> .....109
DESOWEN .....113	dextrose 5% w/ sodium chloride 0.9%.....99	DIFICID .....14
see <i>desonide</i> .....113	DEXYCU .....101	<i>diflorasone diacetate</i> .....113
<i>desoximetasone</i> .....113	DHIVY TAB 25-100MG ...43	DIFLUCAN .....9
DESVENLAFAXINE ER..41	DIACOMIT .....48	see <i>fluconazole</i> .....9
<i>desvenlafaxine succinate</i> 41	<i>diazepam</i> .....48, 49	<i>diflunisal</i> .....1
DETROL .....89	<i>diazepam (anticonvulsant)</i> .....49	<i>difluprednate</i> .....101
see <i>tolterodine tartrate</i> 89	<i>diazepam inj</i> .....49	<i>digoxin</i> .....37
DETROL LA .....89	<i>diazepam intensol</i> .....49	<i>dihydroergotamine</i> <i>mesylate</i> .....59
see <i>tolterodine tartrate</i> 89	<i>diazoxide</i> .....78	DILANTIN.....49
DEXABLISS .....78	DIBENZYLINE .....37	see <i>phenytoin sodium</i> <i>extended</i> .....51
<i>dexamethasone</i> .....78	see <i>phenoxybenzamine</i> <i>hcl</i> .....37	DILANTIN-125 .....49
DEXAMETHASONE	<i>dichlorphenamide</i> .....35	see <i>phenytoin</i> .....51
INTENSOL .....78	DICLEGIS	DILANTIN INFATABS .....49
<i>dexamethasone sodium</i> <i>phosphate</i> .....78	see <i>doxylamine- pyridoxine tab delayed release 10-10 mg</i> .....83	see <i>phenytoin</i> .....51
<i>dexamethasone sodium</i> <i>phosphate (ophth)</i> .....101	DICLEGIS TAB 10-10MG .....83	DILAUDID .....4
DEXEDRINE .....55		see <i>hydromorphone hcl</i> .5
see <i>dextroamphetamine</i> <i>sulfate</i> .....55		<i>diltiazem hcl</i> .....34
DEXILANT .....87		<i>diltiazem hcl coated beads</i> .....35
see <i>dexlansoprazole</i> ...87		<i>diltiazem hcl extended release beads</i> .....35
<i>dexlansoprazole</i> .....87		<i>dilt-xr</i> .....34
<i>dexmethylphenidate hcl</i> ..55		<i>dimethyl fumarate</i> .....62
<i>dexrazoxane hcl</i> .....25		<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> .....62
<i>dextroamphetamine sulfate</i> .....55		
<i>dextrose</i> .....100		
DEXTROSE/SODIUM CHLORIDE		

DIOVAN .....	30	DOCETAXEL .....	19	<i>drospirenone-ethinyl</i>	
see <i>valsartan</i> .....	31	see <i>docetaxel</i> .....	19	<i>estradiol-levomefolate tab</i>	
DIOVAN HCT		<i>dofetilide</i> .....	31	3-0.03-0.451 mg .....	74
see <i>valsartan-</i>		DOJOLVI .....	79	DROXIA .....	92
<i>hydrochlorothiazide tab</i>		<i>dolishale</i> .....	74	<i>droxidopa</i> .....	37
160-12.5 mg .....	30	<i>donepezil hydrochloride</i> 39,		DUAKLIR AER 400/12 ..	103
see <i>valsartan-</i>		40		DUETACT	
<i>hydrochlorothiazide tab</i>		DOPTelet .....	92	see <i>pioglitazone hcl-</i>	
160-25 mg .....	30	DORYX MPC .....	16	<i>glimepiride tab 30-2</i>	
see <i>valsartan-</i>		<i>dorzolamide hcl</i> .....	102	mg .....	69
<i>hydrochlorothiazide tab</i>		<i>dorzolamide hcl-timolol</i>		see <i>pioglitazone hcl-</i>	
320-12.5 mg .....	30	<i>maleate ophth soln 2-</i>		<i>glimepiride tab 30-4</i>	
see <i>valsartan-</i>		0.5% .....	102	mg .....	69
<i>hydrochlorothiazide tab</i>		<i>dorzolamide hcl-timolol</i>		DUETACT TAB 30-2MG .	67
320-25 mg .....	30	<i>maleate pf ophth soln 2-</i>		DUETACT TAB 30-4MG .	67
see <i>valsartan-</i>		0.5% .....	102	DUEXIS	
<i>hydrochlorothiazide tab</i>		<i>dotti</i> .....	76	see <i>ibuprofen-famotidine</i>	
80-12.5 mg .....	30	DOVATO TAB 50-300MG		<i>tab 800-26.6 mg</i> .....	2
DIOVAN HCT TAB 160-		.....	11	DULERA AER 100-5MCG	
12.5 .....	28	<i>doxazosin mesylate</i> .....	27	.....	108
DIOVAN HCT TAB 160-		<i>doxepin hcl</i> .....	41	DULERA AER 200-5MCG	
25MG .....	28	<i>doxepin hcl (antipruritic)</i>	115	.....	108
DIOVAN HCT TAB 320-		<i>doxepin hcl (sleep)</i> .....	58	DULERA AER 50-5MCG	
12.5 .....	28	<i>doxercalciferol</i> .....	82	.....	108
DIOVAN HCT TAB 320-		DOXIL .....	19	<i>duloxetine hcl</i> .....	41
25MG .....	28	see <i>doxorubicin hcl</i>		DUOBRII LOT .....	113
DIOVAN HCT TAB 80/12.5		<i>liposomal</i> .....	19	DUOPA SUS 4.63-20 .....	43
.....	28	<i>doxorubicin hcl</i> .....	19	DUPIXENT .....	93, 94
DIP/TET PED INJ 25-5LFU		DOXORUBICIN HCL		DURACLON .....	1
.....	98	see <i>doxorubicin hcl</i> .....	19	see <i>clonidine hcl</i>	
DIPENTUM .....	84	<i>doxorubicin hcl liposomal</i>	19	( <i>analgesia</i> ) .....	1
<i>diphenhydramine hcl</i> .....	104	<i>doxy 100</i> .....	16	DUREZOL .....	101
<i>diphenoxylate w/ atropine</i>		<i>doxycycline (monohydrate)</i>		see <i>difluprednate</i> .....	101
<i>liq 2.5-0.025 mg/5ml</i> .....	86	.....	16	<i>dutasteride</i> .....	88
<i>diphenoxylate w/ atropine</i>		<i>doxycycline (rosacea)</i> ...	116	<i>dutasteride-tamsulosin hcl</i>	
<i>tab 2.5-0.025 mg</i> .....	86	<i>doxycycline hyclate</i> .....	16	<i>cap 0.5-0.4 mg</i> .....	88
DIPROLENE .....	113	<i>doxylamine-pyridoxine tab</i>		DYANAVEL XR .....	55
see <i>betamethasone</i>		<i>delayed release 10-10</i>		DYCLOPRO .....	115
<i>dipropionate</i>		mg .....	83	DYMISTA	
<i>augmented</i> .....	112	DRIZALMA SPRINKLE ...	41	see <i>azelastine hcl-</i>	
<i>dipyridamole</i> .....	93	<i>dronabinol</i> .....	83	<i>fluticasone prop nasal</i>	
<i>disopyramide phosphate</i>	31	<i>drospirenone-ethinyl</i>		<i>spray 137-50 mcg/act</i>	
<i>disulfiram</i> .....	65	<i>estradiol tab 3-0.02 mg</i>	74	.....	104
DIURIL .....	35	<i>drospirenone-ethinyl</i>		DYMISTA SPR 137-50 .	104
<i>divalproex sodium</i> .....	49	<i>estradiol tab 3-0.03 mg</i>	74	DYRENIUM .....	35
DIVIGEL .....	76	<i>drospirenone-ethinyl</i>		see <i>triamterene</i> .....	36
see <i>estradiol</i> .....	77	<i>estradiol-levomefolate tab</i>		DYSPORT .....	64
<i>docetaxel</i> .....	19	3-0.02-0.451 mg .....	74		

<b>E</b>		
e.e.s. 400 .....	14	
E.E.S. GRANULES .....	14	
see erythromycin		
ethylsuccinate .....	14	
EC-NAPROSYN		
see ec-naproxen.....	1	
see naproxen.....	2	
ec-naproxen .....	1	
econazole nitrate.....	111	
edaravone .....	61	
EDARBI.....	30	
EDARBYCLOR TAB 40-		
12.5 .....	28	
EDARBYCLOR TAB 40-		
25MG.....	28	
EDECRIN.....	35	
see ethacrynic acid.....	35	
EDLUAR .....	58	
EDURANT.....	10	
efavirenz .....	10	
efavirenz-emtricitabine-		
tenofovir df tab 600-200-		
300 mg .....	11	
efavirenz-lamivudine-		
tenofovir df tab 400-300-		
300 mg .....	11	
efavirenz-lamivudine-		
tenofovir df tab 600-300-		
300 mg .....	12	
EFFEXOR XR.....	41	
see venlafaxine hcl.....	43	
EFFIENT .....	93	
see prasugrel hcl.....	93	
EFUDEX .....	116	
see fluorouracil (topical)		
.....	116	
EGRIFTA SV.....	79	
ELAPRASE .....	79	
ELELYSO.....	79	
ELESTRIN .....	76	
eletriptan hydrobromide ..	59	
ELFABRIO .....	79	
ELIDEL.....	116	
see pimecrolimus .....	116	
ELIGARD .....	18	
elinest.....	74	
ELIQUIS.....	90	
ELIQUIS STARTER PACK		
.....	90	
ELITEK.....	25	
elixophyllin .....	106	
ELLECE.....	19	
ELMIRON.....	88	
eluryng .....	74	
ELYXYB.....	59	
EMEND .....	83	
see aprepitant.....	82	
see fosaprepitant		
dimeglumine .....	83	
EMEND TRIPAC PAK 80 &		
125 .....	83	
EMGALITY.....	59	
EMPAVELI .....	92	
EMPLICITI .....	21	
EMSAM.....	41	
emtricitabine.....	10	
emtricitabine-tenofovir		
disoproxil fumarate tab		
100-150 mg .....	12	
emtricitabine-tenofovir		
disoproxil fumarate tab		
133-200 mg .....	12	
emtricitabine-tenofovir		
disoproxil fumarate tab		
167-250 mg .....	12	
emtricitabine-tenofovir		
disoproxil fumarate tab		
200-300 mg .....	12	
EMTRIVA .....	11	
see emtricitabine .....	10	
EMVERM .....	7	
emzahh .....	74	
enalapril maleate.....	27	
enalapril maleate &		
hydrochlorothiazide tab		
10-25 mg .....	26	
enalapril maleate &		
hydrochlorothiazide tab		
5-12.5 mg .....	26	
ENBREL.....	94	
ENBREL MINI.....	94	
ENBREL SURECLICK...	94	
ENDARI .....	92	
see l-glutamine (sickle		
cell) .....	92	
endocet tab 10-325mg.....	4	
endocet tab 2.5-325mg.....	4	
endocet tab 5-325mg.....	4	
endocet tab 7.5-325mg.....	4	
ENGERIX-B .....	98	
ENHERTU.....	21	
enilloring.....	74	
ENJAYMO.....	92	
enoxaparin sodium.....	90	
enpresse-28 .....	74	
enskyce.....	74	
ENSPRYNG.....	61	
ENSTILAR AER.....	112	
entacapone .....	43	
ENTADFI CAP 5-5MG ...	88	
entecavir .....	12	
ENTRESTO TAB 24-26MG		
.....	28	
ENTRESTO TAB 49-51MG		
.....	28	
ENTRESTO TAB 97-		
103MG.....	28	
enulose .....	85	
ENVARSUS XR.....	97	
EOHILIA.....	86	
EPANED .....	27	
see enalapril maleate ..	27	
EPCLUSA PAK 150-37.5	12	
EPCLUSA PAK 200-50MG		
.....	12	
EPCLUSA TAB 200-50MG		
.....	12	
EPCLUSA TAB 400-100.	12	
EPIDIOLEX.....	49	
EPIDUO		
see adapalene-benzoyl		
peroxide gel 0.1-2.5%		
.....	109	
EPIDUO FORTE		
see adapalene-benzoyl		
peroxide gel 0.3-2.5%		
.....	109	
EPIDUO FORTE GEL 0.3-		
2.5% .....	110	
EPIDUO GEL 0.1-2.5%.	110	
EPIFOAM AER 1% .....	113	
epinastine hcl (ophth)....	102	

<i>epinephrine (anaphylaxis)</i>	<i>erythromycin (acne aid)</i> 110	EVAMIST .....77
.....37, 106	<i>erythromycin (ophth)</i> .....100	EVENITY.....72
EPIPEN 2-PAK .....106	<i>erythromycin base</i> .....14	<i>everolimus</i> .....21
see <i>epinephrine</i>	<i>erythromycin ethylsuccinate</i>	<i>(immunosuppressant)</i> ..97
<i>(anaphylaxis)</i> .....106	.....14	EVISTA .....79
EPIPEN-JR 2-PAK.....106	<i>erythromycin lactobionate</i>	see <i>raloxifene hcl</i> .....80
see <i>epinephrine</i>	.....14	EVKEEZA .....32
<i>(anaphylaxis)</i> .....106	ESBRIET.....106	EVOTAZ TAB 300-150 ...12
<i>epitol</i> .....49	see <i>pirfenidone</i> .....106	EVOXAC .....117
EPIVIR .....11	<i>escitalopram oxalate</i> .....41	see <i>cevimeline hcl</i> ....117
see <i>lamivudine</i> .....11	<i>esomeprazole magnesium</i>	EVRYSDI .....61
EPKINLY .....21	.....87	EXELDERM .....111
<i>eplerenone</i> .....27	<i>esomeprazole sodium</i> .....87	EXELON .....40
EPOGEN.....91	<i>estarylla</i> .....74	see <i>rivastigmine</i> .....40
<i>epoprostenol sodium</i> .....38	<i>estazolam</i> .....58	<i>exemestane</i> .....18
EPRONTIA.....49	ESTRACE .....76	EXFORGE
EPSOLAY .....110	see <i>estradiol</i> .....77	see <i>amlodipine besylate-</i>
EPZICOM	see <i>estradiol vaginal</i> ...77	<i>valsartan tab 10-160</i>
see <i>abacavir sulfate-</i>	<i>estradiol</i> .....77	<i>mg</i> .....28
<i>lamivudine tab 600-</i>	<i>estradiol &amp; norethindrone</i>	see <i>amlodipine besylate-</i>
<i>300 mg</i> .....11	<i>acetate tab 0.5-0.1 mg</i> 77	<i>valsartan tab 10-320</i>
EQUETRO .....61	<i>estradiol &amp; norethindrone</i>	<i>mg</i> .....28
ERAXIS.....9	<i>acetate tab 1-0.5 mg</i> ...77	see <i>amlodipine besylate-</i>
ERBITUX .....21	<i>estradiol vaginal</i> .....77	<i>valsartan tab 5-160 mg</i>
<i>ergotamine w/ caffeine tab</i>	<i>estradiol valerate</i> .....77	.....27
<i>1-100 mg</i> .....59	ESTRING .....77	see <i>amlodipine besylate-</i>
<i>eribulin mesylate</i> .....19	ESTROGEL .....77	<i>valsartan tab 5-320 mg</i>
ERIVEDGE .....21	see <i>estradiol</i> .....77	.....27
ERLEADA .....18	<i>eszopiclone</i> .....58	see <i>amlodipine besylate-</i>
<i>erlotinib hcl</i> .....21	<i>ethacrynic acid</i> .....35	<i>valsartan tab 5-320 mg</i>
ERMEZA .....81	<i>ethambutol hcl</i> .....12	.....27
<i>errin</i> .....74	<i>ethosuximide</i> .....49	see <i>amlodipine besylate-</i>
ERTACZO.....111	<i>ethynodiol diacetate &amp;</i>	<i>hydrochlorothiazide tab</i>
<i>ertapenem sodium</i> .....7	<i>ethinyl estradiol tab 1</i>	<i>10-160-12.5 mg</i> .....28
<i>ery</i> .....110	<i>mg-35 mcg</i> .....74	see <i>amlodipine-</i>
ERYGEL .....110	<i>ethynodiol diacetate &amp;</i>	<i>valsartan-</i>
see <i>erythromycin (acne</i>	<i>ethinyl estradiol tab 1</i>	<i>hydrochlorothiazide tab</i>
<i>aid)</i> .....110	<i>mg-50 mcg</i> .....74	<i>10-160-25 mg</i> .....28
ERYPED 200 .....14	<i>etodolac</i> .....1	see <i>amlodipine-</i>
ERYPED 400 .....14	<i>etonogestrel-ethinyl</i>	<i>valsartan-</i>
see <i>erythromycin</i>	<i>estradiol va ring 0.12-</i>	<i>hydrochlorothiazide tab</i>
<i>ethylsuccinate</i> .....14	<i>0.015 mg/24hr</i> .....74	<i>10-320-25 mg</i> .....28
<i>ery-tab</i> .....14	ETOPOPHOS .....19	see <i>amlodipine-</i>
ERYTHROCIN	<i>etoposide</i> .....19	<i>valsartan-</i>
LACTOBIONATE.....14	<i>etravirine</i> .....11	<i>hydrochlorothiazide tab</i>
see <i>erythromycin</i>	EUCRISA .....116	<i>5-160-12.5 mg</i> .....28
<i>lactobionate</i> .....14	EULEXIN.....18	see <i>amlodipine-</i>
<i>erythrocin stearate</i> .....14	<i>euthyrox</i> .....81	<i>valsartan-</i>

<i>hydrochlorothiazide tab</i>	<i>see toremifene citrate</i> ..18	FIRDAPSE.....61
5-160-25 mg .....28	FARXIGA .....67	FIRMAGON.....18
EXFORGE HCT TAB 10-	FASENRA.....106	FIRVANQ.....7
160-12.5MG .....29	FASENRA PEN.....106	<i>see vancomycin hcl</i> .....9
EXFORGE HCT TAB 10-	FASLODEX.....18	<i>flac</i> .....103
160-25MG .....29	<i>see fulvestrant</i> .....18	FLAGYL .....7
EXFORGE HCT TAB 10-	<i>febuxostat</i> .....1	<i>see metronidazole</i> .....8
320-25MG .....29	<i>felbamate</i> .....49	FLAREX.....101
EXFORGE HCT TAB 5-	FELBATOL.....49	FLEBOGAMMA DIF.....96
160-12.5MG .....29	<i>see felbamate</i> .....49	<i>flecainide acetate</i> .....31
EXFORGE HCT TAB 5-	<i>felodipine</i> .....35	FLEQSUVY.....64
160-25MG .....29	FEMARA.....18	<i>see baclofen</i> .....64
EXFORGE TAB 10-160MG	<i>see letrozole</i> .....18	FLOLAN .....38
.....29	FEMRING .....77	FLOLIPID .....32
EXFORGE TAB 10-320MG	<i>fenofibrate</i> .....31	FLOMAX.....88
.....29	<i>fenofibrate micronized</i> .....31	<i>see tamsulosin hcl</i> .....88
EXFORGE TAB 5-160MG	<i>fenofibric acid</i> .....31	<i>fluconazole</i> .....9
.....29	FENOGLIDE .....31	<i>fluconazole in nacl 0.9% inj</i>
EXFORGE TAB 5-320MG	<i>fenopropfen calcium</i> .....1, 2	200 mg/100ml.....9
.....29	FENSOLVI .....79	<i>fluconazole in nacl 0.9% inj</i>
EXJADE.....73	<i>fantanyl</i> .....3	400 mg/200ml.....9
<i>see deferasirox</i> .....73	<i>fantanyl citrate</i> .....4	<i>flucytosine</i> .....9
EXSERVAN .....61	FENTORA.....4	<i>fludarabine phosphate</i> ....17
EYLEA .....102	FERRIPROX.....73	<i>fludrocortisone acetate</i> ...78
EYLEA HD .....103	<i>see deferiprone</i> .....73	<i>flunisolide (nasal)</i> .....107
EYSUVIS .....103	FERRIPROX TWICE-A-	<i>fluocinolone acetonide</i> 113,
EZALLOR SPRINKLE....32	DAY .....73	114
<i>ezetimibe</i> .....32	<i>fesoterodine fumarate</i> ....89	<i>fluocinolone acetonide</i>
<i>ezetimibe-simvastatin tab</i>	FETROJA.....14	(otic) .....103
10-10 mg .....32	FETZIMA.....41	<i>fluocinonide</i> .....114
<i>ezetimibe-simvastatin tab</i>	FETZIMA CAP TITRATIO	<i>fluocinonide emulsified</i>
10-20 mg .....33	.....41	<i>base</i> .....114
<i>ezetimibe-simvastatin tab</i>	FIASP.....70	<i>fluorometholone (ophth)</i> 101
10-40 mg .....33	FIASP FLEXTOUCH.....70	<i>fluorouracil</i> .....17
<i>ezetimibe-simvastatin tab</i>	FIASP PENFILL.....70	<i>fluorouracil (topical)</i> .....116
10-80 mg .....33	FIASP PUMPCART .....70	<i>fluoxetine hcl</i> .....41
<b>F</b>	FIBRICOR.....31	<i>fluoxetine hcl (pmdd)</i> .....41
FABHALTA .....92	FILSPARI .....88	FLUOXETINE
FABIOR.....110	FILSUVEZ.....117	HYDROCHLORIDE....41
FABRAZYME.....79	FINACEA .....116	<i>see fluoxetine hcl</i> .....41
<i>falmina</i> .....74	<i>see azelaic acid</i> .....115	<i>fluphenazine decanoate</i> ..45
<i>famciclovir</i> .....13	<i>finasteride</i> .....88	<i>fluphenazine hcl</i> .....45
<i>famotidine</i> .....84	<i>ingolimod hcl</i> .....62	<i>flurandrenolide</i> .....114
<i>famotidine in nacl 0.9% iv</i>	FINTEPLA.....49	<i>flurbiprofen</i> .....2
<i>soln 20 mg/50ml</i> .....84	<i>finzala</i> .....74	<i>flurbiprofen sodium</i> .....101
FANAPT.....45	FIRAZYR.....92	<i>fluticasone propionate</i> ...114
FANAPT PAK.....45	<i>see icatibant acetate</i> ...92	<i>fluticasone propionate</i>
FARESTON .....18	<i>see sajazir</i> .....92	(inhalation).....108

<i>fluticasone propionate</i> (nasal) .....	107	<i>fosinopril sodium &amp;</i> <i>hydrochlorothiazide tab</i> 10-12.5 mg .....	26	<i>gavilyte-g</i> .....	85
<i>fluticasone propionate hfa</i> .....	108	<i>fosinopril sodium &amp;</i> <i>hydrochlorothiazide tab</i> 20-12.5 mg .....	26	GAVRETO .....	21
<i>fluticasone-salmeterol aer</i> <i>powder ba 100-50</i> <i>mcg/act</i> .....	108	FOTIVDA .....	21	GAZYVA .....	21
<i>fluticasone-salmeterol aer</i> <i>powder ba 250-50</i> <i>mcg/act</i> .....	108	FRAGMIN .....	90	gefitinib.....	21
<i>fluticasone-salmeterol aer</i> <i>powder ba 500-50</i> <i>mcg/act</i> .....	108	FROVA.....	59	GELNIQUE .....	89
<i>fluvastatin sodium</i> .....	32	see <i>frovatriptan</i> <i>succinate</i> .....	59	<i>gemcitabine hcl</i> .....	17
<i>fluvoxamine maleate</i> .....	39	<i>frovatriptan succinate</i> .....	59	GEMCITABINE HYDROCHLORIDE.....	17
FML FORTE.....	101	FRUZAQLA.....	21	see <i>gemcitabine hcl</i> .....	17
FML LIQUIFILM .....	101	FULPHILA.....	91	<i>gemfibrozil</i> .....	31
see <i>fluorometholone</i> (ophth) .....	101	<i>fulvestrant</i> .....	18	<i>gemmily</i> .....	74
FOCALIN .....	55	FUROSCIX .....	35	GEMTESA .....	89
see <i>dexmethylphenidate</i> <i>hcl</i> .....	55	<i>furosemide</i> .....	35	<i>generlac</i> .....	85
FOCALIN XR .....	56	<i>furosemide inj</i> .....	35	<i>gengraf</i> .....	97
see <i>dexmethylphenidate</i> <i>hcl</i> .....	55	FUZEON .....	11	GENOTROPIN.....	79
FOCINVEZ.....	83	FYARRO .....	21	GENOTROPIN MINIQUICK .....	79
FOLOTYN .....	17	<i>fyavolv tab 0.5mg-2.5mcg</i> .....	77	<i>gentamicin in saline inj 0.8</i> <i>mg/ml</i> .....	7
<i>fondaparinux sodium</i> .....	90	<i>fyavolv tab 1mg-5mcg</i> .....	77	<i>gentamicin in saline inj 1.2</i> <i>mg/ml</i> .....	7
<i>formoterol fumarate</i> .....	105	FYCOMPA .....	49	<i>gentamicin in saline inj 1.6</i> <i>mg/ml</i> .....	7
FORTEO .....	72	FYLNTRA .....	91	<i>gentamicin in saline inj 1</i> <i>mg/ml</i> .....	7
see <i>teriparatide</i> (recombinant).....	73	<b>G</b>		<i>gentamicin in saline inj 2</i> <i>mg/ml</i> .....	7
FOSAMAX .....	72	<i>gabapentin</i> .....	49	<i>gentamicin sulfate</i> .....	7
see <i>alendronate sodium</i> .....	72	<i>gabapentin (once-daily)</i> ..	61	<i>gentamicin sulfate (ophth)</i> .....	100
FOSAMAX + D TAB 70- 2800 .....	72	GALAFOLD.....	79	<i>gentamicin sulfate (topical)</i> .....	111
FOSAMAX + D TAB 70- 5600 .....	72	<i>galantamine hydrobromide</i> .....	40	GENVOYA TAB .....	12
<i>fosamprenavir calcium</i> ....	11	GAMASTAN INJ .....	96	GEODON .....	45
<i>fosaprepitant dimeglumine</i> .....	83	GAMMAGARD LIQUID ..	96	see <i>ziprasidone hcl</i> .....	47
<i>foscarnet sodium</i> .....	13	GAMMAGARD S/D IGA LESS TH .....	96	see <i>ziprasidone mesylate</i> .....	47
FOSCAVIR see <i>foscarnet sodium</i> ..	13	GAMMAKED .....	96	GILENYA .....	62
<i>fosinopril sodium</i> .....	27	GAMMAPLEX .....	96	see <i> fingolimod hcl</i> .....	62
		GAMUNEX-C .....	96	GILOTRIF .....	21
		GANCICLOVIR .....	13	GIMOTI .....	83
		<i>ganciclovir sodium</i> .....	13	GIVLAARI .....	92
		GARDASIL 9 INJ .....	98	GLASSIA.....	106
		GASTROCROM.....	86	<i>glatiramer acetate</i> .....	62
		see <i>cromolyn sodium</i> (mastocytosis).....	86	<i>glatopa</i> .....	62, 63
		<i>gatifloxacin (ophth)</i> .....	100	GLEEVEC .....	21
		GATTEX.....	86	see <i>imatinib mesylate</i> ..	21
		GAUZE PADS 2X2 .....	70	GLEOSTINE .....	17
		<i>gavilyte-c</i> .....	85		

<i>glimepiride</i> .....	67	<i>hailey 1.5/30</i> .....	74	HEP SOD/NAACL INJ	
<i>glipizide</i> .....	67	<i>hailey 24 fe</i> .....	74	25000UNT .....	90
<i>glipizide-metformin hcl tab</i>		HALAVEN .....	19	HERCEP HYLEC SOL 60-	
2.5-250 mg .....	67	see <i>eribulin mesylate</i> ...	19	10000 .....	21
<i>glipizide-metformin hcl tab</i>		<i>halcinonide</i> .....	114	HERCEPTIN .....	21
2.5-500 mg .....	67	HALCION .....	58	HERZUMA .....	21
<i>glipizide-metformin hcl tab</i>		see <i>triazolam</i> .....	59	HETLIOZ.....	58
5-500 mg .....	67	HALDOL DECANOATE		see <i>tasimelteon</i> .....	58
<i>glipizide xl</i> .....	67	100 .....	45	HETLIOZ LQ.....	58
<i>glucagon (rdna)</i> .....	78	see <i>haloperidol</i>		HIBERIX.....	98
GLUCOTROL XL .....	67	<i>decanoate</i> .....	45	HIPREX.....	7
see <i>glipizide</i> .....	67	HALDOL DECANOATE 50		see <i>methenamine</i>	
see <i>glipizide xl</i> .....	67	.....	45	<i>hippurate</i> .....	8
GLUMETZA .....	67	see <i>haloperidol</i>		HIZENTRA .....	96
see <i>metformin hcl</i> .....	68	<i>decanoate</i> .....	45	HORIZANT.....	61
GLYCATE .....	84	<i>halobetasol propionate</i> ..	114	HUMALOG.....	70
<i>glycopyrrolate</i> .....	84	<i>haloette</i> .....	74	HUMALOG JUNIOR	
GLYCOPYRROLATE.....	84	HALOG .....	114	KWIKPEN.....	70
<i>glycopyrrolate (oral)</i> .....	84	see <i>halcinonide</i> .....	114	HUMALOG KWIKPEN ...	70
<i>glydo</i> .....	115	<i>haloperidol</i> .....	45	HUMALOG MIX INJ	
GLYXAMBI TAB 10-5 MG		<i>haloperidol decanoate</i> ....	45	50/50KWP .....	70
.....	67	<i>haloperidol lactate</i> .....	45	HUMALOG MIX INJ	
GLYXAMBI TAB 25-5 MG		HARVONI PAK 33.75-		75/25KWP .....	70
.....	67	150MG.....	13	HUMALOG MIX SUS 75/25	
GOCOVRI.....	44	HARVONI PAK 45-200MG		.....	70
GOLYTELY		.....	13	HUMALOG TEMPO PEN70	
see <i>gavilyte-g</i> .....	85	HARVONI TAB 45-200MG		HUMATIN.....	7
see <i>peg 3350-kcl-na</i>		.....	13	HUMATROPE .....	79
<i>bicarb-nacl-na sulfate</i>		HARVONI TAB 90-400MG		HUMIRA.....	94
<i>for soln 236 gm</i> .....	85	.....	13	HUMIRA PEN .....	94
GOLYTELY SOL.....	85	HAVRIX.....	98	HUMIRA PEN-CD/UC/HS	
GRALISE .....	61	<i>heather</i> .....	74	START.....	94
see <i>gabapentin (once-</i>		HELIDAC MIS THERAPY		HUMIRA PEN KIT PS/UV	
<i>daily)</i> .....	61	.....	86	.....	94
<i>granisetron hcl</i> .....	83	HEMADY.....	78	HUMIRA PEN-PEDIATRIC	
GRANIX .....	91	HEPAGAM B.....	96	UC S.....	94
GRASTEK.....	96	HEPARIN/NAACL INJ		HUMULIN INJ 70/30 .....	70
<i>griseofulvin microsize</i> .....	9	25000UNT .....	90	HUMULIN INJ 70/30KWP	
<i>griseofulvin ultramicrosize</i> ..	9	HEPARIN SODIUM.....	90	.....	70
<i>guanfacine hcl</i> .....	37	<i>heparin sodium (porcine)</i> 90		HUMULIN N .....	70
<i>guanfacine hcl (adhd)</i> .....	56	HEPLISAV-B.....	98	HUMULIN N KWIKPEN ..	70
GVOKE HYPOPEN 2-		HEP SOD/D5W INJ		HUMULIN R .....	70
PACK.....	78	20000UNT .....	90	HUMULIN R U-500	
GVOKE KIT.....	78	HEP SOD/D5W INJ		(CONCENTR.....	71
GVOKE PFS .....	78	25000UNT .....	90	HUMULIN R U-500	
GYNAZOLE-1 .....	89	HEP SOD/NAACL INJ		KWIKPEN.....	71
<b>H</b>		12500UNT .....	90	HYCAMTIN	
HAEGARDA.....	92			see <i>topotecan hcl</i> .....	19



<i>hydralazine hcl</i> .....37	<i>hydromorphone hcl</i> .....3, 5	IFOSFAMIDE.....17
HYDREA.....19	HYDROMORPHONE	ILARIS.....96
see <i>hydroxyurea</i> .....19	HYDROCHLORI.....5	ILEVRO.....101
<i>hydrochlorothiazide</i> .....35	<i>hydroxychloroquine sulfate</i>	ILUMYA.....94
<i>hydrocodone-</i>	.....95	<i>imatinib mesylate</i> .....21
<i>acetaminophen soln 7.5-</i>	<i>hydroxyurea</i> .....19	IMBRUVICA.....21
<i>325 mg/15ml</i> .....4	<i>hydroxyzine hcl</i> .....104	IMDELLTRA.....21
<i>hydrocodone-</i>	<i>hydroxyzine pamoate</i> ....104	IMFINZI.....21
<i>acetaminophen tab 10-</i>	HYFTOR.....116	<i>imipenem-cilastatin</i>
<i>300 mg</i> .....5	HYQVIA INJ 10-800.....96	<i>intravenous for soln 250</i>
<i>hydrocodone-</i>	HYQVIA INJ 2.5-200.....96	<i>mg</i> .....7
<i>acetaminophen tab 10-</i>	HYQVIA INJ 20-1600.....96	<i>imipenem-cilastatin</i>
<i>325 mg</i> .....5	HYQVIA INJ 30-2400.....96	<i>intravenous for soln 500</i>
<i>hydrocodone-</i>	HYQVIA INJ 5-400.....96	<i>mg</i> .....7
<i>acetaminophen tab 5-300</i>	HYSINGLA ER.....3	<i>imipramine hcl</i> .....41
<i>mg</i> .....4	HYZAAR	<i>imipramine pamoate</i> .....41
<i>hydrocodone-</i>	see <i>losartan potassium &amp;</i>	<i>imiquimod</i> .....116
<i>acetaminophen tab 5-325</i>	<i>hydrochlorothiazide tab</i>	<i>imiquimod pump</i> .....116
<i>mg</i> .....4	<i>100-12.5 mg</i> .....29	IMITREX.....59
<i>hydrocodone-</i>	see <i>losartan potassium &amp;</i>	see <i>sumatriptan</i>
<i>acetaminophen tab 7.5-</i>	<i>hydrochlorothiazide tab</i>	<i>succinate</i> .....60
<i>300 mg</i> .....5	<i>100-25 mg</i> .....29	IMITREX STATDOSE
<i>hydrocodone-</i>	see <i>losartan potassium &amp;</i>	REFILL.....59, 60
<i>acetaminophen tab 7.5-</i>	<i>hydrochlorothiazide tab</i>	see <i>sumatriptan</i>
<i>325 mg</i> .....5	<i>50-12.5 mg</i> .....29	<i>succinate</i> .....60
<i>hydrocodone bitartrate</i> .....3	HYZAAR TAB 100-12.5 ..29	IMITREX STATDOSE
<i>hydrocodone-ibuprofen tab</i>	HYZAAR TAB 100-25 ..29	SYSTEM.....60
<i>10-200 mg</i> .....5	HYZAAR TAB 50-12.5 ....29	see <i>sumatriptan</i>
<i>hydrocodone-ibuprofen tab</i>	I	<i>succinate</i> .....60
<i>5-200 mg</i> .....5	<i>ibandronate sodium</i> .....72	IMJUDO.....21
<i>hydrocodone-ibuprofen tab</i>	IBRANCE.....21	IMOVAX RABIES
<i>7.5-200 mg</i> .....5	IBSRELA.....86	(H.D.C.V.).....98
<i>hydrocortisone</i> .....78	<i>ibu</i> .....2	IMPAVIDO.....7
HYDROCORTISONE/ACE	<i>ibuprofen</i> .....2	IMURAN.....97
TIC ACI	<i>ibuprofen-famotidine tab</i>	see <i>azathioprine</i> .....97
see <i>hydrocortisone w/</i>	<i>800-26.6 mg</i> .....2	IMVEXXY MAINTENANCE
<i>acetic acid otic soln 1-</i>	<i>icatibant acetate</i> .....92	PACK.....77
<i>2%</i> .....103	<i>iclevia</i> .....74	IMVEXXY STARTER PACK
<i>hydrocortisone (intrarectal)</i>	ICLUSIG.....21	.....77
.....84	IDACIO (2 PEN).....94	INBRIJA.....44
<i>hydrocortisone (rectal)</i> ..116	IDACIO (2 SYRINGE).....94	<i>incassia</i> .....74
<i>hydrocortisone (topical)</i> .114	IDACIO CROHN INJ	INCRELEX.....79
<i>hydrocortisone butyrate</i> 114	DISEASE.....94	INCRUSE ELLIPTA.....104
<i>hydrocortisone butyrate</i>	IDACIO PLAQU INJ	<i>indapamide</i> .....35
<i>hydrophilic lipo base</i> ..114	PSORIASIS.....94	INDERAL LA.....34
<i>hydrocortisone valerate</i> .114	IDHIFA.....21	see <i>propranolol hcl</i> .....34
<i>hydrocortisone w/ acetic</i>	IFEX.....17	INFANRIX INJ.....98
<i>acid otic soln 1-2%</i> ....103	<i>ifosfamide</i> .....17	INFLECTRA.....94

INFLIXIMAB.....	94	INVEGA.....	45	<i>see isosorbide dinitrate</i>	
INLYTA.....	22	<i>see paliperidone.....</i>	46	.....	37
INPEFA.....	37	INVEGA HAFYERA.....	45	<i>isosorbide dinitrate.....</i>	37
INQOVI TAB 35-100MG .	17	INVEGA SUSTENNA.....	45	<i>isosorbide dinitrate-</i>	
INREBIC.....	22	INVEGA TRINZA.....	46	<i>  hydalazine hcl tab 20-</i>	
INS ASP PROT INJ		INVELTYS.....	101	<i>  37.5 mg.....</i>	37
FLEXPEN.....	71	INVOKAMET TAB 150-		<i>isosorbide mononitrate....</i>	37
INSPIRA.....	27	1000.....	67	<i>isotretinoin.....</i>	110
<i>see eplerenone.....</i>	27	INVOKAMET TAB 150-500		<i>isradipine.....</i>	35
INSULIN ASPA INJ 70/30		.....	67	ISTALOL.....	102
.....	71	INVOKAMET TAB 50-1000		<i>see timolol maleate</i>	
INSULIN ASPART.....	71	.....	67	<i>(ophth) once-daily..</i>	102
INSULIN ASPART		INVOKAMET TAB 50-		ISTURISA.....	79
FLEXPEN.....	71	500MG.....	67	<i>itraconazole.....</i>	9
INSULIN ASPART		INVOKAMET XR TAB 150-		<i>ivermectin.....</i>	7
PENFILL.....	71	1000.....	67	<i>ivermectin (rosacea).....</i>	116
INSULIN DEGLUDEC.....	71	INVOKAMET XR TAB 150-		IWILFIN.....	19
INSULIN DEGLUDEC		500.....	67	IXCHIQ INJ.....	98
FLEXTouc.....	71	INVOKAMET XR TAB 50-		IXEMPRA KIT.....	19
INSULIN GLARGINE MAX		1000.....	67	IXIARO INJ.....	98
SOLO.....	71	INVOKAMET XR TAB 50-		IYUZEH.....	102
INSULIN GLARGINE		500MG.....	67	IZERVAY.....	103
SOLOSTAR.....	71	INVOKANA.....	67, 68	<b>J</b>	
INSULIN GLARGINE-		IPOL INJ INACTIVE.....	98	JADENU.....	73
YFGN.....	71	<i>ipratropium-albuterol nebu</i>		<i>see deferasirox.....</i>	73
INSULIN LISP INJ		<i>soln 0.5-2.5(3) mg/3ml</i>		JADENU SPRINKLE.....	73
PROTAMIN.....	71	.....	103	<i>see deferasirox.....</i>	73
INSULIN LISPRO.....	71	<i>ipratropium bromide.....</i>	104	JAKAFI.....	22
INSULIN LISPRO JUNIOR		<i>ipratropium bromide (nasal)</i>		<i>jantoven.....</i>	90
KWI.....	71	.....	104	JANUMET TAB 50-1000.	68
INSULIN LISPRO		<i>irbesartan.....</i>	30	JANUMET TAB 50-500MG	
KWIKPEN.....	71	<i>irbesartan-</i>		.....	68
INSULIN PEN NEEDLES:		<i>hydrochlorothiazide tab</i>		JANUMET XR TAB 100-	
BD-EMBECTA.....	71	<i>150-12.5 mg.....</i>	29	1000.....	68
INSULIN SAFETY		<i>irbesartan-</i>		JANUMET XR TAB 50-	
NEEDLES: BD-		<i>hydrochlorothiazide tab</i>		1000.....	68
EMBECTA.....	71	<i>300-12.5 mg.....</i>	29	JANUMET XR TAB 50-	
INSULIN SYRINGES: BD-		IRESSA.....	22	500MG.....	68
EMBECTA.....	71	<i>see gefitinib.....</i>	21	JANUVIA.....	68
INTELENCE.....	11	<i>irinotecan hcl.....</i>	19	JARDIANCE.....	68
<i>see etravirine.....</i>	11	ISENTRESS.....	11	<i>jasmiel.....</i>	74
INTRALIPID.....	100	ISENTRESS HD.....	11	JATENZO.....	66
INTRAROSA.....	88	<i>isibloom.....</i>	74	<i>javygtor.....</i>	79
<i>introvale.....</i>	74	ISOLYTE-P INJ /D5W.....	99	JAYPIRCA.....	22
INTUNIV.....	56	ISOLYTE-S INJ.....	99	JEMPERLI.....	22
<i>see guanfacine hcl</i>		ISOLYTE-S INJ PH 7.4...99		JENTADUETO TAB 2.5-	
<i>(adhd).....</i>	56	<i>isoniazid.....</i>	12	1000.....	68
INVANZ.....	7	ISORDIL TITRADOSE....	37		

JENTADUETO TAB 2.5-500 .....	68	KALETRA TAB 100-25MG .....	12	<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	99
JENTADUETO TAB 2.5-850 .....	68	KALETRA TAB 200-50MG .....	12	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> .....	99
JENTADUETO TAB XR 2.5-1000MG .....	68	KALYDECO .....	106	<i>kelnor 1/35</i> .....	74
JENTADUETO TAB XR 5-1000MG.....	68	KANJINTI .....	22	<i>kelnor 1/50</i> .....	74
JEVTANA.....	19	KANUMA.....	79	KENALOG.....	114
<i>jinteli</i> .....	77	KAPSPARGO SPRINKLE .....	34	<i>see triamcinolone</i>	
JOENJA .....	96	<i>kariva</i> .....	74	<i>acetonide (topical)</i> ..	115
<i>jolessa</i> .....	74	KATERZIA .....	35	KENALOG-10 .....	78
JORNAY PM .....	56	KAZANO 12.5- TAB 1000MG.....	68	KENALOG-40 .....	78
<i>joyeaux</i> .....	74	KAZANO 12.5- TAB 500MG.....	68	<i>see triamcinolone</i>	
JUBLIA.....	111	KCL/D5W/LACT INJ 20MEQ/L .....	99	<i>acetonide</i> .....	78
<i>juleber</i> .....	74	KCL/D5W/NACL INJ 0.3/0.9% .....	99	KENALOG-80 .....	78
JULUCA TAB 50-25MG ..	12	KCL 0.3%/D5W/NACL 0.9% .....	99	KEPPRA .....	49
<i>junel 1/20</i> .....	74	<i>see kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	99	<i>see levetiracetam</i> .....	50
<i>junel 1.5/30</i> .....	74	<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	99	<i>see roweepa</i> .....	51
<i>junel fe 1/20</i> .....	74	<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> .....	99	KEPPRA XR .....	49
<i>junel fe 1.5/30</i> .....	74	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i> .....	99	<i>see levetiracetam</i> .....	50
<i>junel fe 24</i> .....	74	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	99	KERENDIA.....	27
JUXTAPID.....	33	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	99	KESIMPTA.....	63
JYLAMVO .....	95	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	99	<i>ketoconazole</i> .....	9
JYNARQUE .....	79	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	99	<i>ketoconazole (topical)</i> ..	111
JYNARQUE PAK 30-15MG .....	79	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	99	<i>ketodan</i> .....	111
JYNARQUE PAK 45-15MG .....	79	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	99	<i>ketoprofen</i> .....	2
JYNARQUE PAK 60-30MG .....	79	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	99	<i>ketorolac tromethamine</i> ....	2
JYNARQUE PAK 90-30MG .....	79	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	99	<i>ketorolac tromethamine (ophth)</i> .....	101
JYNNEOS .....	98	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	99	KEVEYIS.....	35
<b>K</b>		<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	99	<i>see dichlorphenamide</i> ..	35
KABIVEN EMU .....	100	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	99	<i>see ormalvi</i> .....	36
KADCYLA .....	22	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	99	KEVZARA .....	94
<i>kaitlib fe</i> .....	74	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	99	KEYTRUDA .....	22
KALBITOR .....	92	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	99	KHAPZORY .....	25
KALETRA		<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	99	KIMMTRAK.....	22
<i>see lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> .....	12	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	99	KIMYRSA.....	7
<i>see lopinavir-ritonavir tab 100-25 mg</i> .....	12	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	99	KINERET .....	94
<i>see lopinavir-ritonavir tab 200-50 mg</i> .....	12	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	99	KINRIX INJ.....	98
KALETRA SOL .....	12	<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	99	<i>kionex</i> .....	73
		<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	99	<i>kiprofen</i> .....	2
				KISQALI 200 DOSE.....	22
				KISQALI 200 PAK FEMARA .....	22
				KISQALI 400 DOSE.....	22
				KISQALI 400 PAK FEMARA .....	22
				KISQALI 600 DOSE.....	22

KISQALI 600 PAK	<i>lacosamide</i> .....49	LAMICTAL
FEMARA .....22	<i>lacosamide oral</i> .....49	STARTER/TAKING V
KITABIS PAK.....7	LACRISERT.....103	see <i>lamotrigine</i> .....50
see <i>tobramycin</i> .....8	<i>lactated ringer's solution</i> .99	see <i>subvenite starter</i>
KLARON .....110	<i>lactic acid (ammonium</i>	<i>kit/blu</i> .....52
see <i>sulfacetamide</i>	<i>lactate)</i> .....116	LAMICTAL STARTER KIT
<i>sodium (acne)</i> .....110	<i>lactulose</i> .....85	(35 X 25MG TABS) .....50
<i>klayesta</i> .....111	LACTULOSE.....85	LAMICTAL STARTER KIT
KLISYRI .....116	<i>lactulose (encephalopathy)</i>	(42 X 25MG TABS & 7 X
KLONOPIN .....49	.....85	100MG TAB) .....50
see <i>clonazepam</i> .....48	LAMICTAL .....49	LAMICTAL STARTER KIT
<i>klor-con</i> .....100	see <i>lamotrigine</i> .....50	(84 X 25MG TABS & 14
<i>klor-con 10</i> .....100	see <i>subvenite</i> .....52	X 100MG TABS).....50
<i>klor-con 8</i> .....100	LAMICTAL CHEWABLE	LAMICTAL XR .....50
<i>klor-con m10</i> .....100	DISPERS.....50	see <i>lamotrigine</i> .....50
<i>klor-con m15</i> .....100	see <i>lamotrigine</i> .....50	LAMICTAL XR KIT .....50
<i>klor-con m20</i> .....100	LAMICTAL ODT .....50	<i>lamivudine</i> .....11
KLOXXADO .....65	see <i>lamotrigine</i> .....50	<i>lamivudine (hbv)</i> .....13
KOMBIGLYZ XR TAB 2.5-	see <i>lamotrigine tab disint</i>	<i>lamivudine-zidovudine tab</i>
1000 .....68	21 x 25 mg & 7 x 50	150-300 mg .....12
KOMBIGLYZ XR TAB 5-	mg titration kit .....50	<i>lamotrigine</i> .....50
1000MG.....68	see <i>lamotrigine tab disint</i>	<i>lamotrigine tab 25 mg (42)</i>
KOMBIGLYZ XR TAB 5-	25 (14) & 50 mg (14) &	& 100 mg (7) starter kit50
500MG.....68	100 mg (7) kit.....50	<i>lamotrigine tab 84 x 25 mg</i>
KONVOMEPEP SUS 2-84/ML	see <i>lamotrigine tab disint</i>	& 14 x 100 mg starter kit
.....87	42 x 50mg & 14 x	.....50
KORLYM.....79	100mg titration kit ....50	<i>lamotrigine tab disint 21 x</i>
see <i>mifepristone</i>	LAMICTAL ODT KIT BLUE	25 mg & 7 x 50 mg
( <i>hyperglycemia</i> ) .....80	.....50	titration kit .....50
KOSELUGO.....22	LAMICTAL ODT KIT	<i>lamotrigine tab disint 25</i>
<i>kourzeq</i> .....117	GREEN.....50	(14) & 50 mg (14) & 100
KRAZATI.....22	LAMICTAL ODT KIT	mg (7) kit .....50
KRINTAFEL .....10	ORANGE.....50	<i>lamotrigine tab disint 42 x</i>
KRISTALOSE .....85	LAMICTAL STARTER/NOT	50mg & 14 x 100mg
KRYSTEXXA .....1	TAKI	titration kit .....50
K-TAB	see <i>lamotrigine tab 25</i>	LAMZEDE .....79
see <i>potassium chloride</i>	mg (42) & 100 mg (7)	LANOXIN .....37
.....100	starter kit .....50	see <i>digoxin</i> .....37
<i>kurvelo</i> .....74	see <i>subvenite starter</i>	LANOXIN PEDIATRIC ...37
KUVAN.....79	<i>kit/ora</i> .....52	<i>lanreotide acetate</i> .....79
see <i>javygtor</i> .....79	LAMICTAL	<i>lansoprazole</i> .....87
see <i>sapropterin</i>	STARTER/TAKING C	LANTUS.....71
<i>dihydrochloride</i> .....81	see <i>lamotrigine tab 84 x</i>	LANTUS SOLOSTAR ....71
KYPROLIS.....22	25 mg & 14 x 100 mg	<i>lapatinib ditosylate</i> .....22
L	starter kit .....50	<i>larin 1/20</i> .....74
<i>labetalol hcl</i> .....34	see <i>subvenite starter</i>	<i>larin 1.5/30</i> .....74
LABETALOL	<i>kit/gre</i> .....52	<i>larin 24 fe</i> .....74
HYDROCHLORIDE.....34		<i>larin fe 1/20</i> .....74

<i>larin fe 1.5/30</i> .....74	see <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> .....50	<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> .....75
LASIX.....36	see <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> .....50	<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i> .....75
see <i>furosemide</i> .....35	see <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> .....50	<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i> .....75
<i>latanoprost</i> .....102	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> .....50	<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i> .....75
LATUDA.....46	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> .....50	<i>levora 0.15/30-28</i> .....75
see <i>lurasidone hcl</i> .....46	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> .....50	<i>levorphanol tartrate</i> .....3
<i>layolis fe</i> .....74	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> .....50	<i>levo-t</i> .....82
<i>leena</i> .....74	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> .....50	<i>levothyroxine sodium</i> .....82
<i>leflunomide</i> .....95	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> .....50	<i>levoxyl</i> .....82
LEMTRADA.....63	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> .....50	LEXAPRO.....41
<i>lenalidomide</i> .....18	<i>levobunolol hcl</i> .....102	see <i>escitalopram oxalate</i> .....41
LENVIMA 10 MG DAILY	<i>levocarnitine (metabolic modifiers)</i> .....80	LEXETTE.....114
DOSE.....22	<i>levocetirizine dihydrochloride</i> .....105	see <i>halobetasol propionate</i> .....114
LENVIMA 12MG DAILY	<i>levofloxacin</i> .....15	LEXIVA.....
DOSE.....22	<i>levofloxacin (ophth)</i> .....101	see <i>fosamprenavir calcium</i> .....11
LENVIMA 20 MG DAILY	<i>levofloxacin in d5w iv soln 250 mg/50ml</i> .....15	<i>l-glutamine (sickle cell)</i> .....92
DOSE.....22	<i>levofloxacin in d5w iv soln 500 mg/100ml</i> .....15	LIALDA.....84
LENVIMA 4 MG DAILY	<i>levofloxacin in d5w iv soln 750 mg/150ml</i> .....15	see <i>mesalamine</i> .....85
DOSE.....22	<i>levoleucovorin calcium</i> .....25	LIBERVANT.....50
LENVIMA 8 MG DAILY	<i>levonest</i> .....74	LIBTAYO.....22
DOSE.....22	<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i> .....74	<i>lidocaine</i> .....115
LENVIMA CAP 14 MG...22	<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> .....75	<i>lidocaine hcl</i> .....115
LENVIMA CAP 18 MG...22	<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....75	<i>lidocaine hcl (local anesth.)</i> .....1
LENVIMA CAP 24 MG...22	<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> .....75	<i>lidocaine hcl (mouth-throat)</i> .....117
LESCOL XL.....32	<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> .....75	<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....115
see <i>fluvastatin sodium</i> .....32		<i>lidocan</i> .....115
<i>lessina</i> .....74		LIDODERM.....
LETAIRIS.....38		see <i>lidocaine</i> .....115
see <i>ambrisentan</i> .....38		see <i>lidocan</i> .....115
<i>letrozole</i> .....18		LILETTA.....75
<i>leucovorin calcium</i> .....25		<i>linezolid</i> .....7
LEUKERAN.....17		LINEZOLID INJ 2MG/ML..7
LEUKINE.....91		LINZESS.....86
<i>leuprolide acetate</i> .....18		<i>liothyronine sodium</i> .....82
LEUPROLIDE ACETATE18		
<i>levabuterol hcl</i> .....105		
<i>levabuterol tartrate</i> .....105		
<i>levamlodipine maleate</i> ....35		
LEVETIRACETA INJ		
10MG/ML.....50		
LEVETIRACETA INJ		
15MG/ML.....50		
LEVETIRACETA INJ		
5MG/ML.....50		
<i>levetiracetam</i> .....50		
LEVETIRACETAM		

LIPITOR.....32	see <i>diphenoxylate w/</i>	see <i>benazepril &amp;</i>
<i>see atorvastatin calcium</i>	<i>atropine tab 2.5-0.025</i>	<i>hydrochlorothiazide tab</i>
.....32	<i>mg.....86</i>	<i>20-25 mg.....26</i>
LIPOFEN.....32	LOMOTIL TAB 2.5MG ...86	<i>loteprednol etabonate ...101</i>
<i>liraglutide.....68</i>	LONSURF TAB 15-6.14..17	LOTREL
<i>lisdexamfetamine</i>	LONSURF TAB 20-8.19..17	<i>see amlodipine besylate-</i>
<i>dimesylate .....56</i>	<i>loperamide hcl.....86</i>	<i>benazepril hcl cap 10-</i>
<i>lisinopril .....27</i>	LOPID .....32	<i>20 mg.....26</i>
<i>lisinopril &amp;</i>	<i>see gemfibrozil .....31</i>	<i>see amlodipine besylate-</i>
<i>hydrochlorothiazide tab</i>	<i>lopinavir-ritonavir soln 400-</i>	<i>benazepril hcl cap 10-</i>
<i>10-12.5 mg .....26</i>	<i>100 mg/5ml (80-20</i>	<i>40 mg.....26</i>
<i>lisinopril &amp;</i>	<i>mg/ml) .....12</i>	<i>see amlodipine besylate-</i>
<i>hydrochlorothiazide tab</i>	<i>lopinavir-ritonavir tab 100-</i>	<i>benazepril hcl cap 5-10</i>
<i>20-12.5 mg .....26</i>	<i>25 mg .....12</i>	<i>mg.....25</i>
<i>lisinopril &amp;</i>	<i>lopinavir-ritonavir tab 200-</i>	<i>see amlodipine besylate-</i>
<i>hydrochlorothiazide tab</i>	<i>50 mg .....12</i>	<i>benazepril hcl cap 5-20</i>
<i>20-25 mg .....26</i>	LOPRESSOR.....34	<i>mg.....25</i>
LITFULO .....94	<i>see metoprolol tartrate 34</i>	LOTREL CAP 10-20MG..26
<i>lithium.....61</i>	LOQTORZI.....22	LOTREL CAP 10-40MG..26
<i>lithium carbonate.....61</i>	<i>lorazepam .....39</i>	LOTREL CAP 5-10MG...26
LITHOBID .....61	<i>lorazepam intensol.....39</i>	LOTREL CAP 5-20MG...26
<i>see lithium carbonate ..61</i>	LORBRENA .....22	LOTRONEX .....86
LITHOSTAT .....88	LOREEV XR .....39	<i>see alosetron hcl .....85</i>
LIVALO .....32	<i>loryna .....75</i>	<i>lovastatin.....32</i>
<i>see pitavastatin calcium</i>	<i>losartan potassium.....30</i>	LOVAZA
.....32	<i>losartan potassium &amp;</i>	<i>see omega-3-acid ethyl</i>
LIVMARLI.....86	<i>hydrochlorothiazide tab</i>	<i>esters cap 1 gm .....33</i>
LIVTENCITY .....13	<i>100-12.5 mg .....29</i>	LOVAZA CAP 1GM.....33
LOCOID .....114	<i>losartan potassium &amp;</i>	LOVENOX.....90
<i>see hydrocortisone</i>	<i>hydrochlorothiazide tab</i>	<i>see enoxaparin sodium</i>
<i>butyrate.....114</i>	<i>100-25 mg .....29</i>	.....90
LOCOID LIPOCREAM..114	<i>losartan potassium &amp;</i>	<i>low-ogestrel.....75</i>
LODINE	<i>hydrochlorothiazide tab</i>	<i>loxapine succinate .....46</i>
<i>see etodolac.....1</i>	<i>50-12.5 mg .....29</i>	<i>lubiprostone .....86</i>
LODOCO .....37	LOTEMAX.....101	LUCEMYRA .....65
LODOSYN .....44	<i>see loteprednol</i>	LUCENTIS .....103
<i>see carbidopa.....43</i>	<i>etabonate.....101</i>	<i>luliconazole .....111</i>
<i>loestrin 1/20-21 .....75</i>	LOTEMAX SM .....101	LUMAKRAS .....22
<i>loestrin 1.5/30-21 .....75</i>	LOTENSIN .....27	LUMIGAN.....102
<i>loestrin fe 1/20 .....75</i>	<i>see benazepril hcl .....26</i>	LUMIZYME .....80
<i>loestrin fe 1.5/30 .....75</i>	LOTENSIN HCT	LUMRYZ .....65
<i>lofena .....2</i>	<i>see benazepril &amp;</i>	LUNESTA .....58
LOKELMA.....73	<i>hydrochlorothiazide tab</i>	<i>see eszopiclone.....58</i>
LO LOESTRIN TAB 1-10-	<i>10-12.5 mg.....26</i>	LUNSUMIO .....22
10 .....75	<i>see benazepril &amp;</i>	LUPKYNIS .....97
LOMOTIL	<i>hydrochlorothiazide tab</i>	LUPRON DEPOT (1-
	<i>20-12.5 mg.....26</i>	MONTH).....18

LUPRON DEPOT (3-MONTH).....	18	see <i>magnesium sulfate</i>	.....99	MAXITROL	see <i>neomycin-polymyxin-dexamethasone ophthalmic 0.1%</i> .....	100
LUPRON DEPOT (4-MONTH).....	18	MAGNESIUM SULFATE IN D5W	.....99	see <i>neomycin-polymyxin-dexamethasone ophthalmic suspension 0.1%</i> .....	100	
LUPRON DEPOT (6-MONTH).....	18	see <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> .....	99	MAXITROL OIN 0.1% OP	.....	100
LUPRON DEPOT-PED (1-MONTH).....	80	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> .....	99	MAXITROL SUS 0.1% OP	.....	100
LUPRON DEPOT-PED (3-MONTH).....	80	MALARONE	.....	MAYZENT.....	63	
LUPRON DEPOT-PED (6-MONTH).....	80	see <i>atovaquone-proguanil hcl tab 250-100 mg</i> .....	10	MAYZENT STARTER PACK (12).....	63	
<i>lurasidone hcl</i> .....	46	see <i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....	10	MAYZENT STARTER PACK (7).....	63	
<i>lutera</i> .....	75	MALARONE TAB 250-100	.....	<i>meclizine hcl</i> .....	83	
LUZU.....	111	.....	10	<i>meclofenamate sodium</i> .....	2	
LYBALVI TAB 10-10MG	46	MALARONE TAB 62.5-25	.....	MEDROL.....	78	
LYBALVI TAB 15-10MG	46	.....	10	see <i>methylprednisolone</i>	.....	78
LYBALVI TAB 20-10MG	46	<i>malathion</i> .....	117	MEDROL DOSEPAK.....	78	
LYBALVI TAB 5-10MG	46	<i>maraviroc</i> .....	11	see <i>methylprednisolone</i>	.....	78
<i>lyleq</i> .....	75	MARGENZA.....	23	<i>medroxyprogesterone acetate</i> .....	81	
<i>lyllana</i> .....	77	MARINOL.....	83	<i>medroxyprogesterone acetate (contraceptive)</i>	75	
LYNPARZA.....	22	see <i>dronabinol</i> .....	83	<i>mefenamic acid</i> .....	2	
LYRICA.....	50	<i>marlissa</i> .....	75	<i>mefloquine hcl</i> .....	10	
see <i>pregabalin</i> .....	51	MARPLAN.....	41	<i>megestrol acetate</i> .....	18, 81	
LYRICA CR.....	61	MATULANE.....	19	<i>megestrol acetate (appetite)</i> .....	81	
see <i>pregabalin (once-daily)</i> .....	61	<i>matzim la</i> .....	35	MEKINIST.....	23	
LYSODREN.....	18	MAVENCLAD (10 TABS)	63	MEKTOVI.....	23	
LYTGOBI (12 MG DAILY DOSE).....	22	MAVENCLAD (4 TABS).....	63	<i>meloxicam</i> .....	2	
LYTGOBI (16 MG DAILY DOSE).....	22	MAVENCLAD (5 TABS).....	63	<i>memantine hcl</i> .....	40	
LYTGOBI (20 MG DAILY DOSE).....	23	MAVENCLAD (6 TABS).....	63	<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i> .....	40	
LYUMJEV.....	71	MAVENCLAD (7 TABS).....	63	MENACTRA INJ.....	98	
LYUMJEV KWIKPEN.....	71	MAVENCLAD (8 TABS).....	63	MENEST.....	77	
LYUMJEV TEMPO PEN.....	71	MAVENCLAD (9 TABS).....	63	MENOSTAR.....	77	
LYVISPAH.....	64	MAVYRET PAK 50-20MG	.....	MENQUADFI INJ.....	98	
<i>lyza</i> .....	75	.....	13	MENVEO INJ.....	98	
<b>M</b>		MAVYRET TAB 100-40MG	.....	MENVEO SOL.....	98	
MACROBID.....	7	.....	13	MEPRON.....	7	
see <i>nitrofurantoin monohydrate macrocrystal</i> .....	8	MAXALT.....	60	see <i>atovaquone</i> .....	6	
MACRODANTIN.....	7	see <i>rizatriptan benzoate</i>	.....			
see <i>nitrofurantoin macrocrystal</i> .....	8	MAXALT-MLT.....	60			
<i>magnesium sulfate</i> .....	99	see <i>rizatriptan benzoate</i>	.....			
MAGNESIUM SULFATE.....	99	.....	60			
		MAXIDEX.....	101			

<i>mercaptapurine</i> .....17	<i>methylprednisolone sod succ</i> .....78	see <i>telmisartan-hydrochlorothiazide tab</i> 40-12.5 mg.....30
MEROP/NACL INJ 1GM/50ML.....7	<i>methyltestosterone</i> .....66	see <i>telmisartan-hydrochlorothiazide tab</i> 80-12.5 mg.....30
MEROP/NACL INJ 500/50ML .....8	<i>metoclopramide hcl</i> .....83	see <i>telmisartan-hydrochlorothiazide tab</i> 80-25 mg.....30
<i>meropenem</i> .....8	<i>metolazone</i> .....36	
<i>merzee</i> .....75	<i>metoprolol &amp; hydrochlorothiazide tab</i> 100-25 mg .....33	
<i>mesalamine</i> .....85	<i>metoprolol &amp; hydrochlorothiazide tab</i> 100-50 mg .....33	
<i>mesalamine w/ cleanser</i> .85	<i>metoprolol &amp; hydrochlorothiazide tab</i> 50-25 mg .....33	
MESNEX.....25	<i>metoprolol succinate</i> .....34	MICARDIS HCT TAB 40/12.5 .....29
MESTINON.....61	<i>metoprolol tartrate</i> .....34	MICARDIS HCT TAB 80/12.5 .....29
see <i>pyridostigmine bromide</i> .....61	METROCREAM .....116	MICARDIS HCT TAB 80-25MG.....29
MESTINON TIMESPAN..61	see <i>metronidazole (topical)</i> .....116	<i>miconazole 3</i> .....89
see <i>pyridostigmine bromide</i> .....62	METROGEL.....116	<i>miconazole-zinc oxide-white petrolatum oint</i> 0.25-15-81.35%.....111
METADATE CD .....56	see <i>metronidazole (topical)</i> .....116	<i>microgestin 1/20</i> .....75
see <i>methylphenidate hcl</i> .....56	METROLOTION.....116	<i>microgestin 1.5/30</i> .....75
<i>metaxalone</i> .....64	see <i>metronidazole (topical)</i> .....116	<i>microgestin 24 fe</i> .....75
<i>metformin hcl</i> .....68	METRONIDAZOLE .....8	<i>microgestin fe 1/20</i> .....75
<i>methadone hcl</i> .....3	see <i>metronidazole (topical)</i> .....116	<i>microgestin fe 1.5/30</i> .....75
METHADONE HCL INJ ....3	<i>metronidazole</i> .....8	<i>midodrine hcl</i> .....37
<i>methadone hydrochloride i3</i>	METRONIDAZOLE .....8	MIEBO .....103
METHADOSE	see <i>metronidazole</i> .....8	<i>mifepristone (hyperglycemia)</i> .....80
see <i>methadone hydrochloride i</i> .....3	<i>metronidazole (topical)</i> ..116	<i>migergot</i> .....60
<i>methazolamide</i> .....36	<i>metronidazole vaginal</i> ....89	<i>miglitol</i> .....68
<i>methenamine hippurate</i> ....8	<i>metyrosine</i> .....37	<i>miglustat</i> .....80
<i>methergine</i> .....80	MG SO4/D5W INJ 10MG/ML.....99	MIGRANAL .....60
<i>methimazole</i> .....82	MIACALCIN .....72	see <i>dihydroergotamine mesylate</i> .....59
<i>methocarbamol</i> .....64	see <i>calcitonin (salmon) inj</i> .....72	<i>mili</i> .....75
<i>methotrexate sodium</i> 17, 95	<i>mibelas 24 fe</i> .....75	<i>mimvey</i> .....77
<i>methoxsalen rapid</i> .....112	MICAFUNGIN .....9	MINIVELLE .....77
<i>methscopolamine bromide</i> .....84	MICAFUNGIN/NACL INJ 100MG/100ML.....9	see <i>lyllana</i> .....77
<i>methsuximide</i> .....51	MICAFUNGIN/NACL INJ 50MG/50ML.....9	<i>minocycline hcl</i> .....16
<i>methylergonovine maleate</i> .....80	<i>micafungin sodium</i> .....9	<i>minoxidil</i> .....37
METHYLIN.....56	MICARDIS .....30	MIRAPEX ER
see <i>methylphenidate hcl</i> .....56, 57	see <i>telmisartan</i> .....31	see <i>pramipexole dihydrochloride</i> .....44
<i>methylphenidate</i> .....56	MICARDIS HCT	<i>mirtazapine</i> .....41, 42
<i>methylphenidate hcl</i> .56, 57		MIRVASO .....116
<i>methylprednisolone</i> .....78		see <i>brimonidine tartrate (topical)</i> .....115
<i>methylprednisolone acetate</i> .....78		<i>misoprostol</i> .....86



MITIGARE.....	1	MVASI.....	23	<i>nafcillin sodium</i> .....	15
<i>mitomycin</i> .....	19	MYALEPT .....	80	<i>naftifine hcl</i> .....	111
<i>mitoxantrone hcl</i> .....	19	MYAMBUTOL .....	12	NAFTIN .....	111
M-M-R II INJ.....	98	MYCAMINE.....	9	<i>see naftifine hcl</i> .....	111
M-NATAL PLUS TAB....	100	<i>see micafungin sodium</i> ..	9	NAGLAZYME.....	80
<i>modafinil</i> .....	65	MYCAPSSA.....	80	<i>nalbuphine hcl</i> .....	5
<i>moexipril hcl</i> .....	27	MYCOBUTIN .....	12	NALFON .....	2
<i>molindone hcl</i> .....	46	<i>see rifabutin</i> .....	12	<i>see fenoprofen calcium</i> .	1
<i>mometasone furoate</i> .....	114	<i>mycophenolate mofetil</i> ....	97	NALOCET TAB 2.5-300....	5
<i>mometasone furoate</i>		<i>mycophenolate sodium</i> ...97		<i>naloxone hcl</i> .....	65
<i>(nasal)</i> .....	107	MYDAYIS		<i>naltrexone hcl</i> .....	65
MONJUVI.....	23	<i>see amphetamine-</i>		NAMENDA TAB 5-10MG 40	
<i>mono-lynyah</i> .....	75	<i>dextroamphetamine 3-</i>		NAMENDA TITRATION	
<i>montelukast sodium</i> .....	105	<i>bead cap er 24hr 12.5</i>		PAK	
<i>morphine sulfate</i> .....	3, 5	<i>mg</i> .....	54	<i>see memantine hcl tab</i>	
MORPHINE SULFATE ....	5	<i>see amphetamine-</i>		<i>28 x 5 mg &amp; 21 x 10</i>	
MORPHINE		<i>dextroamphetamine 3-</i>		<i>mg titration pack</i> .....	40
SULFATE/SODIUM C ...	5	<i>bead cap er 24hr 25</i>		NAMENDA XR.....	40
<i>morphine sulfate beads</i> ....	3	<i>mg</i> .....	54	<i>see memantine hcl</i> .....	40
MOTEGRITY.....	86	<i>see amphetamine-</i>		NAMZARIC CAP 14-10MG	
MOTPOLY XR .....	51	<i>dextroamphetamine 3-</i>		.....	40
MOUNJARO .....	68	<i>bead cap er 24hr 37.5</i>		NAMZARIC CAP 21-10MG	
MOVANTIK .....	86	<i>mg</i> .....	54	.....	40
MOVIPREP		<i>see amphetamine-</i>		NAMZARIC CAP 28-10MG	
<i>see peg-</i>		<i>dextroamphetamine 3-</i>		.....	40
<i>3350/electrolytes/asc</i>		<i>bead cap er 24hr 50</i>		NAMZARIC CAP 7-10MG	
.....	85	<i>mg</i> .....	54	.....	40
MOVIPREP SOL.....	85	MYDAYIS CAP 12.5MG..	57	NAMZARIC CAP PACK..	40
<i>moxifloxacin hcl</i> .....	15	MYDAYIS CAP 25MG....	57	NAPRELAN.....	2
<i>moxifloxacin hcl (ophth)</i>	101	MYDAYIS CAP 37.5MG..	57	<i>see naproxen sodium</i> ....	2
<i>moxifloxacin hcl 400</i>		MYDAYIS CAP 50MG....	57	NAPROSYN.....	2
<i>mg/250ml in sodium</i>		MYFEMBREE TAB .....	80	<i>see naproxen</i> .....	2
<i>chloride 0.8% inj</i> .....	15	MYFORTIC .....	97	<i>naproxen</i> .....	2
MOXIFLOXACIN		<i>see mycophenolate</i>		<i>naproxen-esomeprazole</i>	
HYDROCHLORID .....	15	<i>sodium</i> .....	97	<i>magnesium tab dr 375-</i>	
MOZOBIL.....	91	MYHIBBIN.....	97	<i>20 mg</i> .....	2
<i>see plerixafor</i> .....	91	MYLOTARG.....	23	<i>naproxen-esomeprazole</i>	
MS CONTIN.....	3	MYOBLOC .....	64	<i>magnesium tab dr 500-</i>	
<i>see morphine sulfate</i> ....	3	MYRBETRIQ.....	89	<i>20 mg</i> .....	2
MULPLETA .....	92	MYSOLINE .....	51	<i>naproxen sodium</i> .....	2
MULTAQ .....	31	<i>see primidone</i> .....	51	<i>naratriptan hcl</i> .....	60
<i>multiple electrolytes ph 5.5</i>		<b>N</b>		NARDIL.....	42
.....	99	<i>nabumetone</i> .....	2	<i>see phenelzine sulfate</i> ..	42
<i>multiple electrolytes ph 7.4</i>		<i>nadolol</i> .....	34	NATACYN.....	101
.....	99	N AFCILLIN INJ 1GM/50ML		NATAZIA TAB.....	75
<i>mupirocin</i> .....	111	.....	15	<i>nateglinide</i> .....	68
<i>mupirocin calcium (topical)</i>		N AFCILLIN INJ 2GM/100		NATESTO .....	66
.....	111	.....	15	NATROBA.....	117

NAYZILAM.....	51	see <i>gabapentin</i> .....	49	<i>nitroglycerin</i> .....	37, 38
<i>nebivolol hcl</i> .....	34	NEVANAC.....	101	<i>nitroglycerin (intra-anal)</i>	116
NEBUPENT.....	8	<i>nevirapine</i> .....	11	NITROLINGUAL.....	38
see <i>pentamidine</i>		NEXAVAR.....	23	see <i>nitroglycerin</i> .....	37
<i>isethionate inh</i> .....	8	see <i>sorafenib tosylate</i>	.24	NITROSTAT.....	38
<i>necon 0.5/35-28</i> .....	75	NEXICLON XR.....	37	see <i>nitroglycerin</i> .....	38
<i>nefazodone hcl</i> .....	42	NEXIUM.....	87	NITYR.....	80
<i>neomycin-bacitrac zn-</i>		see <i>esomeprazole</i>		NIVESTYM.....	91
<i>polymyx 5(3.5)mg-</i>		<i>magnesium</i> .....	87	<i>nizatidine</i> .....	84
400unt-10000unt op oin		NEXIUM I.V.		<i>nora-be</i> .....	75
.....	101	see <i>esomeprazole</i>		NORDITROPIN FLEXPRO	
<i>neomycin-polymy-gramicid</i>		<i>sodium</i> .....	87	.....	80
op sol 1.75-10000-		NEXLETOL.....	33	<i>norelgestromin-ethinyl</i>	
0.025mg-unt-mg/ml ...	101	NEXLIZET TAB 180/10MG		<i>estradiol td ptwk 150-35</i>	
<i>neomycin-polymyxin b gu</i>		.....	33	<i>mcg/24hr</i> .....	75
<i>irrigation soln</i> .....	88	NEXPLANON.....	75	<i>norethindrone</i>	
<i>neomycin-polymyxin-</i>		NEXTSTELLIS TAB 3-		<i>(contraceptive)</i> .....	75
<i>dexamethasone ophth</i>		14.2MG.....	75	<i>norethindrone &amp; ethinyl</i>	
<i>oint 0.1%</i> .....	100	NEXVIAZYME.....	80	<i>estradiol-fe chew tab 0.4</i>	
<i>neomycin-polymyxin-</i>		NGENLA.....	80	<i>mg-35 mcg</i> .....	75
<i>dexamethasone ophth</i>		<i>niacin (antihyperlipidemic)</i>		<i>norethindrone &amp; ethinyl</i>	
<i>susp 0.1%</i> .....	100	.....	33	<i>estradiol-fe chew tab 0.8</i>	
<i>neomycin-polymyxin-hc</i>		<i>niacor</i> .....	33	<i>mg-25 mcg</i> .....	75
<i>ophth susp</i> .....	100	<i>nicardipine hcl</i> .....	35	<i>norethindrone ace &amp; ethinyl</i>	
<i>neomycin-polymyxin-hc otic</i>		NICARDIPINE SOL		<i>estradiol-fe tab 1 mg-20</i>	
<i>soln 1%</i> .....	103	20/200ML.....	35	<i>mcg</i> .....	75
<i>neomycin-polymyxin-hc otic</i>		NICARDIPINE SOL		<i>norethindrone ace &amp; ethinyl</i>	
<i>susp 3.5 mg/ml-10000</i>		40/200ML.....	35	<i>estradiol tab 1.5 mg-30</i>	
<i>unit/ml-1%</i> .....	103	NICOTROL INHALER.....	65	<i>mcg</i> .....	75
<i>neomycin sulfate</i> .....	8	NICOTROL NS.....	65	<i>norethindrone ace &amp; ethinyl</i>	
<i>neo-polycin 5(3.5)mg-</i>		<i>nifedipine</i> .....	35	<i>estradiol tab 1 mg-20</i>	
400unt-10000unt op oin		<i>nikki</i> .....	75	<i>mcg</i> .....	75
.....	101	NILANDRON.....	18	<i>norethindrone ace-eth</i>	
<i>neo-polycin hc ophth oint</i>		see <i>nilutamide</i> .....	18	<i>estradiol-fe chew tab 1</i>	
1%.....	100	<i>nilutamide</i> .....	18	<i>mg-20 mcg (24)</i> .....	75
NEORAL.....	97	<i>nimodipine</i> .....	35	<i>norethindrone ace-ethinyl</i>	
see <i>cyclosporine</i>		NINLARO.....	23	<i>estradiol-fe cap 1 mg-20</i>	
<i>modified (for</i>		NIPENT.....	19	<i>mcg (24)</i> .....	75
<i>microemulsion)</i> .....	97	<i>nisoldipine</i> .....	35	<i>norethindrone acetate</i> .....	81
see <i>gengraf</i> .....	97	<i>nitazoxanide</i> .....	8	<i>norethindrone acetate-</i>	
NERLYNX.....	23	<i>nitisinone</i> .....	80	<i>ethinyl estradiol tab 0.5</i>	
NESINA.....	68	NITRO-BID.....	37	<i>mg-2.5 mcg</i> .....	77
<i>neuac gel 1.2-5%</i> .....	110	NITRO-DUR.....	37	<i>norethindrone acetate-</i>	
NEULASTA.....	91	<i>nitrofurantoin</i> .....	8	<i>ethinyl estradiol tab 1</i>	
NEULASTA ONPRO KIT	91	NITROFURANTOIN.....	8	<i>mg-5 mcg</i> .....	77
NEUPOGEN.....	91	<i>nitrofurantoin macrocrystal</i>	8	<i>norethindrone ac-ethinyl</i>	
NEUPRO.....	44	<i>nitrofurantoin monohyd</i>		<i>estradiol-fe tab 1-20/1-30/1-</i>	
NEURONTIN.....	51	<i>macro</i> .....	8	35 mg-mcg.....	75

<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> .....75	NOVOLOG.....71	NYMALIZE.....35
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> .....75	NOVOLOG FLEXPEN ....71	<i>nymyo</i> .....76
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> .....75	NOVOLOG FLEXPEN RELION.....71	<i>nystatin</i> .....10
NORITATE.....116	NOVOLOG MIX INJ 70/30 .....71	NYSTATIN see <i>nystatin (mouth- throat)</i> .....117
NORLIQVA.....35	NOVOLOG MIX INJ FLEXPEN.....71	<i>nystatin (mouth-throat)</i> ..117
<i>norlyroc</i> .....76	NOVOLOG MIX INJ FLEX REL.....71	<i>nystatin (topical)</i> .....111
NORPACE.....31	NOVOLOG PENFILL ....71	<i>nystop</i> .....111
see <i>disopyramide</i>	NOVOLOG RELI INJ 70/30 .....71	NYVEPRIA.....91
<i>phosphate</i> .....31	NOVOLOG RELION.....71	<b>O</b>
NORPACE CR.....31	NOXAFIL.....10	OCALIVA.....86
NORPRAMIN.....42	see <i>posaconazole</i> .....10	<i>ocella</i> .....76
see <i>desipramine hcl</i> ....41	NPLATE.....91	OCREVUS.....63
NORTHERA.....37	NUBEQA.....18	OCTAGAM.....96
see <i>droxidopa</i> .....37	NUCALA.....106	<i>octreotide acetate</i> .....80
<i>nortrel 0.5/35 (28)</i> .....76	NUCYNTA.....5	OCUFLOX.....101
<i>nortrel 1/35 (21)</i> .....76	NUCYNTA ER.....3	see <i>ofloxacin (ophth)</i> .101
<i>nortrel 1/35 (28)</i> .....76	NUEDEXTA CAP 20-10MG .....61	ODACTRA SUB.....96
<i>nortrel 7/7/7</i> .....76	NULOJIX.....97	ODEFSEY TAB.....12
<i>nortriptyline hcl</i> .....42	NUPLAZID.....46	ODOMZO.....23
NORVASC.....35	NURTEC.....60	OFEV.....106
see <i>amlodipine besylate</i> .....34	NUTRILIPID.....100	<i>ofloxacin (ophth)</i> .....101
NORVIR.....11	NUTROPIN AQ NUSPIN 10 .....80	<i>ofloxacin (otic)</i> .....103
see <i>ritonavir</i> .....11	NUTROPIN AQ NUSPIN 20 .....80	OGIVRI.....23
NOURIANZ.....44	NUTROPIN AQ NUSPIN 5 .....80	OGSIVEO.....23
NOVAREL.....80	NUVARING	OJEMDA.....23
NOVOLIN70/30 INJ RELION.....71	see <i>eluryng</i> .....74	OJJAARA.....23
NOVOLIN INJ 70/30.....71	see <i>enilloring</i> .....74	<i>olanzapine</i> .....46
NOVOLIN INJ 70/30 FP..71	see <i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i> .....74	<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i> .....29
NOVOLIN INJ 70/30 FP RELION.....71	see <i>haloette</i> .....74	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i> .....29
NOVOLIN N.....71	NUVARING MIS.....76	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i> .....29
NOVOLIN N FLEXPEN...71	NUVESSA.....89	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i> .....29
NOVOLIN N FLEXPEN RELION.....71	NUVIGIL.....65	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i> .....29
NOVOLIN N RELION.....71	see <i>armodafinil</i> .....64	<i>olmesartan medoxomil</i> ....31
NOVOLIN R.....71	NUZYRA.....16	<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i> .....29
NOVOLIN R FLEXPEN...71	<i>nyamyc</i> .....111	
NOVOLIN R FLEXPEN RELION.....71	<i>nylia 1/35</i> .....76	
NOVOLIN R RELION.....71	<i>nylia 7/7/7</i> .....76	

<i>olmesartan medoxomil-hydrochlorothiazide tab</i> 40-12.5 mg .....	29	OMNIPOD GO KIT 35UNT/DY .....	72	ORENITRAM TAB MONTH 3 .....	38
<i>olmesartan medoxomil-hydrochlorothiazide tab</i> 40-25 mg .....	29	OMNIPOD GO KIT 40UNT/DY .....	72	ORFADIN .....	80
<i>olopatadine hcl (nasal)</i> ..	105	OMNIPOD MIS CLASSIC .....	72	see <i>nitisinone</i> .....	80
OLPRUVA .....	80	OMNITROPE .....	80	ORGOVYX .....	18
OLUMIANT .....	94	OMVOH .....	94	ORIAHNN CAP .....	80
<i>omega-3-acid ethyl esters</i> cap 1 gm .....	33	ONCASPAS .....	19	ORLISSA .....	80
<i>omeprazole</i> .....	87	<i>ondansetron</i> .....	83	ORKAMBI GRA 100-125 .....	106
<i>omeprazole-sodium</i> <i>bicarbonate cap 20-1100</i> <i>mg</i> .....	87	<i>ondansetron hcl</i> .....	83	ORKAMBI GRA 150-188 .....	106
<i>omeprazole-sodium</i> <i>bicarbonate cap 40-1100</i> <i>mg</i> .....	87	ONEXTON see <i>clindamycin</i> <i>phosphate-benzoyl</i> <i>peroxide gel 1.2-3.75%</i> .....	110	ORKAMBI GRA 75-94MG .....	106
<i>omeprazole-sodium</i> <i>bicarbonate cap 40-1100</i> <i>mg</i> .....	87	ONEXTON GEL 1.2-3.75 .....	110	ORKAMBI TAB 100-125 .....	106
<i>omeprazole-sodium</i> <i>bicarbonate powd pack</i> <i>for susp 20-1680 mg</i> ...	87	ONFI .....	51	ORKAMBI TAB 200-125 .....	106
<i>omeprazole-sodium</i> <i>bicarbonate powd pack</i> <i>for susp 40-1680 mg</i> ...	87	see <i>clobazam</i> .....	48	ORLADEYO .....	92
OMNARIS .....	107	ONGENTYS .....	44	<i>ormalvi</i> .....	36
OMNIPOD 5 G6 KIT INTRO .....	71	ONGLYZA .....	68	ORSERDU .....	18
OMNIPOD 5 G6 MIS PODS .....	71	see <i>saxagliptin hcl</i> .....	69	ORTHO TRI-CYCLEN LO see <i>norgestimate-eth</i> <i>estrad tab 0.18-</i> <i>25/0.215-25/0.25-25</i> <i>mg-mcg</i> .....	75
OMNIPOD 5 G7 KIT INTRO .....	71	ONIVYDE .....	19	see <i>tri-lo-estarylla</i> .....	76
OMNIPOD 5 G7 MIS PODS .....	71	ONTRUZANT .....	23	see <i>tri-lo-marzia</i> .....	76
OMNIPOD DASH KIT INTRO .....	72	ONUREG .....	17	see <i>tri-lo-mili</i> .....	76
OMNIPOD DASH MIS PODS .....	72	ONZETRA XSAIL .....	60	see <i>tri-lo-sprintec</i> .....	76
OMNIPOD GO KIT 10UNT/DY .....	72	OPDIVO .....	23	see <i>tri-vylibra lo</i> .....	76
OMNIPOD GO KIT 15UNT/DY .....	72	OPDUALAG SOL .....	23	<i>oseltamivir phosphate</i> .....	13
OMNIPOD GO KIT 20UNT/DY .....	72	OPFOLDA .....	80	OSENI TAB 12.5-30 .....	69
OMNIPOD GO KIT 25UNT/DY .....	72	OPSUMIT .....	38	OSENI TAB 25-15MG .....	69
OMNIPOD GO KIT 30UNT/DY .....	72	OPSYNVI TAB 10-20MG .....	38	OSENI TAB 25-30MG .....	69
		OPSYNVI TAB 10-40MG .....	38	OSENI TAB 25-45MG .....	69
		OPVEE .....	65	OSPHENA .....	80
		OPZELURA .....	116	OTEZLA .....	95
		ORACEA .....	116	OTEZLA TAB 10/20/30 .....	95
		see <i>doxycycline</i> <i>(rosacea)</i> .....	116	OTOVEL DRO .....	103
		ORALAIR SUB 300 IR .....	96	OTREXUP .....	96
		ORAPRED ODT .....	78	OVIDE .....	117
		ORBACTIV .....	8	OXACILLIN INJ 1GM .....	15
		ORENCIA .....	94	OXACILLIN INJ 2GM .....	15
		ORENCIA CLICKJECT .....	95	<i>oxacillin sodium</i> .....	15
		ORENITRAM .....	38	<i>oxaliplatin</i> .....	17
		ORENITRAM TAB MONTH 1 .....	38	<i>oxaprozin</i> .....	2
		ORENITRAM TAB MONTH 2 .....	38	OXAYDO .....	5
				<i>oxazepam</i> .....	39

OXBRYTA.....	92	PACLITAXEL INJ 100MG		PANZYGA.....	96
<i>oxcarbazepine</i> .....	51	.....	19	<i>paricalcitol</i> .....	82
OXERVATE.....	103	PADCEV.....	23	PARLODEL.....	44
<i>oxiconazole nitrate</i> .....	112	PALFORZIA CAP		<i>see bromocriptine</i>	
OXISTAT.....	112	ESCALAT.....	96	<i>mesylate</i> .....	43
OXLUMO.....	88	PALFORZIA CAP LEVEL		PARNATE.....	42
OXTELLAR XR.....	51	10.....	96	<i>see tranlycypromine</i>	
OXY-ACETAMIN TAB 7.5-		PALFORZIA CAP LEVEL 3		<i>sulfate</i> .....	42
300.....	5	.....	96	<i>paroxetine hcl</i> .....	42
<i>oxybutynin chloride</i> .....	89	PALFORZIA CAP LEVEL 7		<i>paroxetine mesylate</i>	
OXYCOD/ACETA SOL		.....	96	( <i>vasomotor</i> ).....	61
10/300MG.....	5	PALFORZIA CAP LEVEL 8		PAXIL.....	42
OXYCOD/APAP TAB 10-		.....	96	<i>see paroxetine hcl</i> .....	42
300MG.....	5	PALFORZIA LEVEL 1.....	96	PAXIL CR.....	42
OXYCOD/APAP TAB 5-		PALFORZIA LEVEL 11		<i>see paroxetine hcl</i> .....	42
300MG.....	5	(MAINT.....	97	PAXLOVID TAB 150-10013	
OXYCOD-APAP TAB 2.5-		PALFORZIA LEVEL 11		PAXLOVID TAB 300-10013	
300.....	5	(TITRA.....	97	<i>pazopanib hcl</i> .....	23
<i>oxycodone hcl</i> .....	5	PALFORZIA LEVEL 2.....	97	PEDIAPRED.....	78
<i>oxycodone w/</i>		PALFORZIA LEVEL 4.....	97	<i>see prednisolone sodium</i>	
<i>acetaminophen soln 5-</i>		PALFORZIA LEVEL 5.....	97	<i>phosphate</i> .....	78
325 mg/5ml.....	6	PALFORZIA LEVEL 6.....	97	PEDIARIX INJ 0.5ML.....	98
<i>oxycodone w/</i>		PALFORZIA LEVEL 9.....	97	PEDVAX HIB.....	98
<i>acetaminophen tab 10-</i>		<i>paliperidone</i> .....	46	<i>peg-3350/electrolytes/asc</i>	
325 mg.....	6	<i>palonosetron hcl</i> .....	83	.....	85
<i>oxycodone w/</i>		PALONOSETRON		<i>peg 3350-kcl-na bicarb-</i>	
<i>acetaminophen tab 2.5-</i>		HYDROCHLORID.....	83	<i>nacl-na sulfate for soln</i>	
325 mg.....	6	PALYNZIQ.....	80	236 gm.....	85
<i>oxycodone w/</i>		PAMELOR.....	42	<i>peg 3350-kcl-sod bicarb-</i>	
<i>acetaminophen tab 5-325</i>		<i>see nortriptyline hcl</i> .....	42	<i>nacl for soln 420 gm</i> .....	85
mg.....	6	<i>pamidronate disodium</i> .....	72	PEGASYS.....	13
<i>oxycodone w/</i>		PAMIDRONATE		PEMAZYRE.....	23
<i>acetaminophen tab 7.5-</i>		DISODIUM.....	72	PEMETREXED.....	17
325 mg.....	6	PANCREAZE CAP		<i>pemetrexed disodium</i> .....	17
OXYCONTIN.....	3, 4	10500UNT.....	86	PEMRYDI RTU.....	17
<i>oxymorphone hcl</i> .....	4, 6	PANCREAZE CAP		PENBRAYA INJ.....	98
OXYTROL.....	89	16800UNT.....	86	<i>penciclovir</i> .....	116
OZEMPIC (0.25 OR		PANCREAZE CAP		PEN GK/DEXTR INJ	
0.5MG/DOSE).....	69	21000UNT.....	86	20000/ML.....	15
OZEMPIC (0.25 OR 0.5		PANCREAZE CAP		PEN GK/DEXTR INJ	
MG/DOSE).....	69	2600UNIT.....	86	40000/ML.....	16
OZEMPIC (1MG/DOSE).....	69	PANCREAZE CAP 37000		60000/ML.....	16
OZEMPIC (2MG/DOSE).....	69	.....	86	<i>penicillamine</i> .....	73
OZOBAX DS.....	64	PANCREAZE CAP		<i>penicillin g potassium</i> .....	16
<b>P</b>		4200UNIT.....	86	<i>penicillin g sodium</i> .....	16
<i>pacerone</i> .....	31	PANDEL.....	114	<i>penicillin v potassium</i> .....	16
<i>paclitaxel</i> .....	19	PANRETIN.....	116	PENNSAID.....	116
		<i>pantoprazole sodium</i> .....	88		

see <i>diclofenac sodium</i> (topical).....115	see <i>chlorhexidine</i> <i>gluconate</i> (mouth- throat) .....117	<i>pimozide</i> .....46
PENTACEL INJ.....98	see <i>periogard</i> .....117	<i>pimtrex</i> .....76
PENTAM 300 .....8	<i>perindopril erbumine</i> .....27	<i>pindolol</i> .....34
see <i>pentamidine</i> <i>isethionate inj</i> .....8	<i>periogard</i> .....117	<i>pioglitazone hcl</i> .....69
<i>pentamidine isethionate inh</i> .....8	PERJETA.....23	<i>pioglitazone hcl-glimepiride</i> tab 30-2 mg .....69
<i>pentamidine isethionate inj</i> .....8	<i>permethrin</i> .....117	<i>pioglitazone hcl-glimepiride</i> tab 30-4 mg .....69
PENTASA .....85	<i>perphenazine</i> .....46	<i>pioglitazone hcl-metformin</i> hcl tab 15-500 mg.....69
see <i>mesalamine</i> .....85	<i>perphenazine-amitriptyline</i> tab 2-10 mg .....42	<i>pioglitazone hcl-metformin</i> hcl tab 15-850 mg.....69
<i>pentoxifylline</i> .....92	<i>perphenazine-amitriptyline</i> tab 2-25 mg .....42	<i>piperacillin sod-tazobactam</i> na for inj 3.375 gm (3- 0.375 gm) .....16
PEPCID.....84	<i>perphenazine-amitriptyline</i> tab 4-10 mg .....42	<i>piperacillin sod-tazobactam</i> sod for inj 13.5 gm (12- 1.5 gm) .....16
see <i>famotidine</i> .....84	<i>perphenazine-amitriptyline</i> tab 4-25 mg .....42	<i>piperacillin sod-tazobactam</i> sod for inj 2.25 gm (2- 0.25 gm) .....16
PERCOCET	<i>perphenazine-amitriptyline</i> tab 4-50 mg .....42	<i>piperacillin sod-tazobactam</i> sod for inj 4.5 gm (4-0.5 gm) .....16
see <i>endocet tab 10-</i> <i>325mg</i> .....4	PERSERIS.....46	<i>piperacillin sod-tazobactam</i> sod for inj 40.5 gm (36- 4.5 gm) .....16
see <i>endocet tab 2.5-</i> <i>325mg</i> .....4	PERTZYE CAP 16000U .86	PIQRAY 200MG DAILY DOSE .....23
see <i>endocet tab 5-325mg</i> .....4	PERTZYE CAP 24000U .86	PIQRAY 250MG TAB DOSE .....23
see <i>endocet tab 7.5-</i> <i>325mg</i> .....4	PERTZYE CAP 4000UNIT .....86	PIQRAY 300MG DAILY DOSE .....23
see <i>oxycodone w/</i> <i>acetaminophen tab 10-</i> <i>325 mg</i> .....6	PERTZYE CAP 8000UNIT .....86	<i>pirfenidone</i> .....106
see <i>oxycodone w/</i> <i>acetaminophen tab</i> <i>2.5-325 mg</i> .....6	<i>pfizerpen</i> .....16	<i>piroxicam</i> .....2
see <i>oxycodone w/</i> <i>acetaminophen tab 5-</i> <i>325 mg</i> .....6	PHEBURANE.....80	<i>pitavastatin calcium</i> .....32
see <i>oxycodone w/</i> <i>acetaminophen tab</i> <i>7.5-325 mg</i> .....6	<i>phenelzine sulfate</i> .....42	PLAQUENIL .....96
PERCOCET TAB 10- 325MG.....6	PHENERGAN .....83	see <i>hydroxychloroquine</i> <i>sulfate</i> .....95
PERCOCET TAB 2.5-325.6	see <i>promethazine hcl</i> .83	PLASMA-LYTE A see <i>multiple electrolytes</i> <i>ph 7.4</i> .....99
PERCOCET TAB 5-325MG .....6	<i>phenobarbital</i> .....51	PLASMA-LYTE INJ -148.99
PERCOCET TAB 7.5-325.6	<i>phenobarbital sodium</i> .....51	PLASMA-LYTE INJ -A ...99
PERFOROMIST.....105	<i>phenoxybenzamine hcl</i> ...37	PLAVIX .....93
see <i>formoterol fumarate</i> .....105	<i>phenylek</i> .....51	see <i>clopidogrel bisulfate</i> .....93
PERIDEX	<i>phenytoin</i> .....51	PLEGRIDY .....63
	<i>phenytoin sodium</i> .....51	
	<i>phenytoin sodium extended</i> .....51	
	PHESGO SOL .....23	
	PHEXXI GEL.....76	
	<i>philit</i> .....76	
	PHOSPHOLINE IODIDE .....102	
	PIFELTRO .....11	
	<i>pilocarpine hcl</i> .....102	
	<i>pilocarpine hcl (oral)</i> .....117	
	<i>pimecrolimus</i> .....116	

PLEGRIDY INJ STARTER .....63	POTELIGEO .....23	PREZCOBIX TAB 800-150 .....12
PLEGRIDY PEN INJ STARTER.....63	PRADAXA.....90 see <i>dabigatran etexilate</i> <i>mesylate</i> .....90	PREZISTA .....11 see <i>darunavir</i> .....10
<i>plenamine</i> .....100	<i>pralatrexate</i> .....17	PRIFTIN .....12
PLENVU SOL .....85	<i>pramipexole</i> <i>dihydrochloride</i> .....44	PRILOSEC.....88
<i>plerixafor</i> .....91	<i>prasugrel hcl</i> .....93	<i>primaquine phosphate</i> ....10
PLIAGLIS CRE 7-7% ....115	<i>pravastatin sodium</i> .....32	PRIMAQUINE PHOSPHATE .....10
<i>podofilox</i> .....116	<i>praziquantel</i> .....8	see <i>primaquine</i> <i>phosphate</i> .....10
POLIVY .....23	<i>prazosin hcl</i> .....27	PRIMAXIN IV see <i>imipenem-cilastatin</i> <i>intravenous for soln</i> <i>500 mg</i> .....7
<i>polycin ophth oint</i> .....101	PRED FORTE.....101 see <i>prednisolone acetate</i> <i>(ophth)</i> .....101	PRIMAXIN IV INJ 500MG.8 <i>primidone</i> .....51
<i>polymyxin b sulfate</i> .....8	PRED MILD .....101	PRIORIX INJ.....98
<i>polymyxin b-trimethoprim</i> <i>ophth soln 10000 unit/ml-</i> <i>0.1%</i> .....101	<i>prednisolone</i> .....78	PRISTIQ.....42 see <i>desvenlafaxine</i> <i>succinate</i> .....41
POMALYST .....18	<i>prednisolone acetate</i> <i>(ophth)</i> .....101	PRIVIGEN.....96
POMBILITI .....80	PREDNISOLONE SODIUM PHOSP .....101	PROAIR RESPICLICK..105
PONVORY .....63	<i>prednisolone sodium</i> <i>phosphate</i> .....78	<i>probenecid</i> .....1
PONVORY TAB STARTER .....63	<i>prednisone</i> .....78	PROCARDIA XL .....35 see <i>nifedipine</i> .....35
<i>portia-28</i> .....76	PREDNISONE INTENSOL .....78	<i>prochlorperazine</i> .....83
<i>posaconazole</i> .....10	<i>pregabalin</i> .....51	<i>prochlorperazine edisylate</i> .....83
<i>potassium chloride</i> ..99, 100	<i>pregabalin (once-daily)</i> ...61	<i>prochlorperazine maleate</i> .....83
POTASSIUM CHLORIDE .....99	PREGNYL W/DILUENT BENZYL .....80	PROCRIT .....91
see <i>potassium chloride</i> 99	PREHEVBRIO .....98	<i>proctocort</i> .....116
POTASSIUM CHLORIDE/SODIUM	PREMARIN .....77	PROCTOFOAM AER HC 1% .....117
see <i>kcl 20 meq/l (0.15%)</i> <i>in nacl 0.45% inj</i> .....99	PREMASOL SOL 10%..100	<i>procto-med hc</i> .....116
see <i>kcl 20 meq/l (0.15%)</i> <i>in nacl 0.9% inj</i> .....99	PREMPHASE TAB .....77	<i>proctosol hc</i> .....117
see <i>kcl 40 meq/l (0.3%)</i> <i>in nacl 0.9% inj</i> .....99	PREMPRO TAB .....77	<i>proctozone-hc</i> .....117
<i>potassium chloride 20</i> <i>meq/l (0.15%) in</i> <i>dextrose 5% inj</i> .....99	PREMPRO TAB 0.3-1.5..77	PROCYSBI .....80
<i>potassium chloride</i> <i>microencapsulated</i> <i>crystals er</i> .....100	PREMPRO TAB 0.45-1.577	<i>progesterone</i> .....81
<i>potassium citrate</i> <i>(alkalinizer)</i> .....88	PREMPRO TAB 0.625-5.77	PROGLYCEM .....78 see <i>diazoxide</i> .....78
POT CHL 20MEQ/L IN NACL 0.45% INJ .....99	PRENATAL TAB 27-1MG .....100	PROGRAF .....97 see <i>tacrolimus</i> .....98
POT CHL 20MEQ/L IN NACL 0.9% INJ .....99	PRENATAL TAB PLUS.100	PROLASTIN-C.....106
POT CHL 40MEQ/L IN NACL 0.9% INJ .....99	PRETOMANID .....12	PROLATE SOL 10/300MG .....6
	PREVACID.....88 see <i>lansoprazole</i> .....87	
	PREVACID SOLUTAB...88 see <i>lansoprazole</i> .....87	
	<i>prevalite</i> .....33	
	PREVYMIS .....13	

PROLATE TAB 10-300MG .....6	see <i>bismuth subcit- metronidazole- tetracycline cap 140- 125-125 mg</i> .....86	<i>quinapril- hydrochlorothiazide tab 20-25 mg</i> .....26
PROLATE TAB 5-300MG .6	PYLERA CAP .....86	<i>quinidine sulfate</i> .....31
PROLATE TAB 7.5-300 ....6	<i>pyrazinamide</i> .....12	<i>quinine sulfate</i> .....10
PROLENSA .....101	<i>pyridostigmine bromide</i> 61, 62	QULIPTA.....60
see <i>bromfenac sodium (ophth)</i> .....101	<i>pyrimethamine</i> .....8	QUTENZA KIT 8% 1-PCH .....115
PROLIA.....72	PYRUKYND .....92	QUTENZA KIT 8% 2-PCH .....115
PROMACTA.....92	PYRUKYND TAB 20MGX5MG .....92	QUTENZA KIT 8% 4-PCH .....115
<i>promethazine hcl</i> .....83	PYRUKYND TAB 50MGX20M .....92	QUVIVIQ.....58
<i>promethazine vc</i> .....104	PYRUKYND TAPER PACK .....92	QUZYTIR .....105
<i>promethegan</i> .....83	<b>Q</b>	QVAR REDIHALER .....108
PROMETRIUM .....81	QBRELIS .....27	<b>R</b>
see <i>progesterone</i> .....81	QBREXZA.....117	RABAVERT INJ .....98
<i>propafenone hcl</i> .....31	QDOLO.....6	<i>rabeprazole sodium</i> .....88
<i>proparacaine hcl</i> .....103	QELBREE .....57	RADICAVA.....62
<i>propranolol hcl</i> .....34	QINLOCK.....23	see <i>edaravone</i> .....61
<i>propylthiouracil</i> .....82	QNASL.....107	RADICAVA ORS .....62
PROQUAD INJ .....98	QNASL CHILDRENS ...107	RADICAVA ORS STARTER KIT .....62
PROSCAR .....88	QTERN TAB 10-5MG ....69	RAGWITEK.....97
see <i>finasteride</i> .....88	QTERN TAB 5-5MG ....69	<i>raloxifene hcl</i> .....80
PROSOL INJ 20% .....100	QUADRACEL INJ .....98	<i>ramelteon</i> .....58
PROTONIX .....88	QUADRACEL INJ 0.5ML 98	<i>ramipril</i> .....27
see <i>pantoprazole sodium</i> .....88	QUALAQUIN.....10	<i>ranolazine</i> .....37
<i>protriptyline hcl</i> .....42	see <i>quinine sulfate</i> .....10	RAPAFLO .....88
PROVENTIL HFA see <i>albuterol sulfate</i> ..105	QUDEXY XR.....51	see <i>silodosin</i> .....88
PROVERA .....81	see <i>topiramate</i> .....52	RAPAMUNE.....97
see <i>medroxyprogesterone acetate</i> .....81	QUESTRAN .....33	see <i>sirolimus</i> .....97
PROVIGIL.....65	see <i>cholestyramine</i> ....32	RAPIVAB .....13
see <i>modafinil</i> .....65	QUESTRAN LIGHT .....33	<i>rasagiline mesylate</i> .....44
PROZAC .....42	see <i>cholestyramine light</i> .....32	RASUVO.....96
see <i>fluoxetine hcl</i> .....41	see <i>prevalite</i> .....33	RAVICTI.....80
PRUDOXIN .....117	<i>quetiapine fumarate</i> .....46	RAYALDEE.....82
see <i>doxepin hcl (antipruritic)</i> .....115	QUILLICHEW ER.....57	RAYOS .....78
PULMICORT .....108	QUILLIVANT XR.....57	REBIF .....63
see <i>budesonide (inhalation)</i> .....107	<i>quinapril hcl</i> .....27	REBIF REBIDO INJ TITRATN .....63
PULMICORT FLEXHALER .....108	<i>quinapril- hydrochlorothiazide tab 10-12.5 mg</i> .....26	REBIF REBIDOSE.....63
PULMOZYME .....106	<i>quinapril- hydrochlorothiazide tab 20-12.5 mg</i> .....26	REBIF TITRTN INJ PACK .....63
PURIXAN .....17		REBLOZYL .....92
PYLERA		REBYOTA.....86
		RECARBRIO INJ 1.25GM 8
		RECLAST .....72



see <i>zoledronic acid</i> .....	73	REVATIO .....	38	<i>rivastigmine tartrate</i> .....	40
<i>reclipsen</i> .....	76	see <i>sildenafil citrate</i>		<i>rivelsa</i> .....	76
RECOMBIVAX HB .....	98	( <i>pulmonary</i>		RIVFLOZA .....	89
RECORLEV .....	80	<i>hypertension</i> ) .....	38	<i>rizatriptan benzoate</i> .....	60
RECTIV.....	117	REVCOVI.....	80	ROBINUL .....	84
see <i>nitroglycerin (intra-</i>		REVLIMID .....	18	see <i>glycopyrrolate</i> .....	84
<i>anal</i> ).....	116	REXULTI.....	46	ROBINUL FORTE.....	84
REGLAN .....	83	REYATAZ .....	11	see <i>glycopyrrolate</i> .....	84
see <i>metoclopramide hcl</i>		see <i>atazanavir sulfate</i> .	10	ROCALTROL .....	82
.....	83	REYVOW .....	60	see <i>calcitriol</i> .....	82
REGRANEX.....	117	REZDIFFRA.....	80	see <i>calcitriol (oral)</i> .....	82
RELAFEN DS .....	2	REZLIDHIA .....	23	ROCKLATAN DRO .....	102
RELENZA DISKHALER ..	13	REZUROCK.....	97	<i>roflumilast</i> .....	106
RELEUKO .....	91	REZVOGLAR KWIKPEN	72	ROLVEDON .....	91
RELEXXII.....	57	REZZAYO .....	10	<i>ropinirole hydrochloride</i> ...	44
RELISTOR.....	86	RHOPRESSA .....	102	<i>rosuvastatin calcium</i> .....	32
RELPAK.....	60	RIABNI .....	23	ROTARIX SUS.....	98
see <i>eletriptan</i>		<i>ribavirin (hepatitis c)</i> .....	13	ROTATEQ SOL .....	98
<i>hydrobromide</i> .....	59	<i>rifabutin</i> .....	12	ROWASA.....	85
RELTONE .....	86	RIFADIN.....	12	see <i>mesalamine w/</i>	
REMERON.....	42	see <i>rifampin</i> .....	12	<i>cleanser</i> .....	85
see <i>mirtazapine</i> .....	41	<i>rifampin</i> .....	12	<i>roweepra</i> .....	51
REMERON SOLTAB .....	42	<i>riluzole</i> .....	62	ROXICODONE .....	6
see <i>mirtazapine</i> .....	42	<i>rimantadine hydrochloride</i>		see <i>oxycodone hcl</i> .....	5
REMICADE .....	95	.....	13	ROXYBOND .....	6
REMODULIN .....	38	RIMSO-50 .....	88	ROZEREM .....	58
RENFLEXIS .....	95	RINVOQ.....	95	see <i>ramelteon</i> .....	58
<i>repaglinide</i> .....	69	RINVOQ LQ.....	95	ROZLYTREK .....	23
REPATHA.....	33	RIOMET		RUBRACA .....	23
REPATHA PUSHTRONEX		see <i>metformin hcl</i> .....	68	RUCONEST .....	92
SYSTEM.....	33	<i>risedronate sodium</i> ..	72, 73	<i>rufinamide</i> .....	51, 52
REPATHA SURECLICK ..	33	RISPERDAL.....	46, 47	RUKOBIA.....	11
RESTASIS .....	103	see <i>risperidone</i> .....	47	RUXIENCE .....	23
RESTASIS MULTIDOSE		RISPERDAL CONSTA...47		RYALTRIS SPR 665-25	104
.....	103	see <i>risperidone</i>		RYBELSUS.....	69
RESTORIL.....	58	<i>microspheres</i> .....	47	RYBREVANT .....	23
see <i>temazepam</i> .....	58	<i>risperidone</i> .....	47	<i>ryclora</i> .....	105
RETACRIT .....	91	<i>risperidone microspheres</i>	47	RYDAPT .....	24
RETEVMO .....	23	RITALIN .....	57	RYLAZE .....	19
RETIN-A.....	110	see <i>methylphenidate hcl</i>		RYSTIGGO.....	97
see <i>tretinoin</i> .....	110	.....	57	RYTARY CAP 145MG ...	44
RETIN-A MICRO.....	110	RITALIN LA.....	57	RYTARY CAP 195MG ...	44
RETIN-A MICRO PUMP		see <i>methylphenidate hcl</i>		RYTARY CAP 245MG ...	44
.....	110	.....	56	RYTARY CAP 95MG .....	44
see <i>tretinoin microsphere</i>		<i>ritonavir</i> .....	11	RYVENT .....	105
.....	110	RITUXAN .....	23	<b>S</b>	
RETROVIR .....	11	RITUXAN INJ HYCELA ..	23	SABRIL .....	52
see <i>zidovudine</i> .....	11	<i>rivastigmine</i> .....	40	see <i>vigabatrin</i> .....	53

see <i>vigadrone</i> .....	53	SEGLUROMET TAB 7.5-		<i>simvastatin</i> .....	32
see <i>vigpoder</i> .....	53	1000 .....	69	SINEMET	
SAFYRAL		SEGLUROMET TAB 7.5-		see <i>carbidopa &amp;</i>	
see <i>drospirenone-ethinyl</i>		500 .....	69	<i>levodopa tab 10-100</i>	
<i>estradiol-levomefolate</i>		<i>selegiline hcl</i> .....	44	<i>mg</i> .....	43
<i>tab 3-0.03-0.451 mg</i>	74	<i>selenium sulfide</i> .....	112	see <i>carbidopa &amp;</i>	
see <i>tydemy</i> .....	76	SELZENTRY.....	11	<i>levodopa tab 25-100</i>	
SAFYRAL TAB.....	76	see <i>maraviroc</i> .....	11	<i>mg</i> .....	43
<i>sajazir</i> .....	92	SEMGLEE.....	72	SINEMET TAB 10-100MG	
SALAGEN.....	117	SENSIPAR.....	81	.....	44
see <i>pilocarpine hcl (oral)</i>		see <i>cinacalcet hcl</i> .....	79	SINEMET TAB 25-100MG	
.....	117	SEREVENT DISKUS ...	105	.....	44
SAMSCA.....	80	SEROQUEL.....	47	SINGULAIR.....	105
see <i>tolvaptan</i> .....	81	see <i>quetiapine fumarate</i>		see <i>montelukast sodium</i>	
SANDIMMUNE .....	97	.....	46	.....	105
see <i>cyclosporine</i> .....	97	SEROQUEL XR.....	47	<i>sirolimus</i> .....	97
SANDOSTATIN .....	80, 81	see <i>quetiapine fumarate</i>		SIRTURO.....	12
see <i>octreotide acetate</i> .....	80	.....	46	SITAGLIPTIN.....	69
SANDOSTATIN LAR		SEROSTIM .....	81	SIVEXTRO.....	8
DEPOT .....	81	<i>sertraline hcl</i> .....	42	SKYCLARYS .....	62
SANTYL.....	117	SERTRALINE		SKYRIZI.....	95
SAPHNELO .....	97	HYDROCHLORIDE.....	42	SKYRIZI PEN.....	95
SAPHRIS .....	47	<i>setlakin</i> .....	76	SKYTROFA.....	81
see <i>asenapine maleate</i>		SEYSARA.....	16	SLYND .....	76
.....	45	SFROWASA .....	85	SMOFLIPID EMU.....	100
<i>sapropterin dihydrochloride</i>		<i>sharobel</i> .....	76	SOANZ .....	36
.....	81	SHINGRIX.....	98	<i>sodium chloride</i> .....	99
SARCLISA.....	24	SIGNIFOR.....	81	<i>sodium chloride (gu</i>	
SAVELLA.....	62	SIGNIFOR LAR.....	81	<i>irrigant)</i> .....	117
SAVELLA MIS TITR PAK		SIKLOS.....	92	<i>sodium fluoride chew; tab;</i>	
.....	62	<i>sildenafil citrate (pulmonary</i>		<i>1.1 (0.5 f) mg/ml soln.</i>	100
<i>saxagliptin hcl</i> .....	69	<i>hypertension)</i> .....	38	SODIUM OXYBATE.....	65
<i>saxagliptin-metformin hcl</i>		SILENOR .....	58	<i>sodium phenylbutyrate</i> .....	81
<i>tab er 24hr 2.5-1000 mg</i>		see <i>doxepin hcl (sleep)</i>		<i>sodium polystyrene</i>	
.....	69	.....	58	<i>sulfonate powder</i> .....	73
<i>saxagliptin-metformin hcl</i>		SILIQ.....	95	<i>sod sulfate-pot sulf-mg sulf</i>	
<i>tab er 24hr 5-1000 mg</i> .....	69	<i>silodosin</i> .....	88	<i>oral sol 17.5-3.13-1.6</i>	
<i>saxagliptin-metformin hcl</i>		SILVADENE.....	111	<i>gm/177ml</i> .....	85
<i>tab er 24hr 5-500 mg</i> .....	69	see <i>silver sulfadiazine</i>		SOGROYA.....	81
SCEMBLIX.....	24	.....	111	<i>solifenacin succinate</i> .....	89
<i>scopolamine</i> .....	83	see <i>ssd</i> .....	111	SOLIQUA INJ 100/33.....	72
SECUADO .....	47	<i>silver sulfadiazine</i> .....	111	SOLIRIS.....	92
SEGLENTIS TAB 56-44MG		SIMBRINZA SUS 1-0.2%		SOLOSEC.....	8
.....	6	.....	102	SOLTAMOX .....	18
SEGLUROMET TAB 2.5-		<i>simliya</i> .....	76	SOLU-CORTEF .....	78
1000 .....	69	<i>simpesse</i> .....	76	SOLU-MEDROL.....	78
SEGLUROMET TAB 2.5-		SIMPONI.....	95	see <i>methylprednisolone</i>	
500 .....	69	SIMPONI ARIA .....	95	<i>sod succ</i> .....	78

SOMA .....	64	STELARA.....	95	<i>sulfacetamide sodium-</i>	
<i>see carisoprodol</i> .....	64	STIMUFEND .....	91	<i>prednisolone ophth soln</i>	
SOMATULINE DEPOT ...	81	STIOLTO AER 2.5-2.5 ..	103	10-0.23(0.25)%.....	100
SOMAVERT .....	81	STIVARGA.....	24	<i>sulfadiazine</i> .....	8
SOOLANTRA.....	117	STRATTERA.....	57	<i>sulfamethoxazole-</i>	
<i>see ivermectin (rosacea)</i>		<i>see atomoxetine hcl</i> ....	55	<i>trimethoprim iv soln 400-</i>	
.....	116	STRENSIQ.....	81	80 mg/5ml.....	8
<i>sorafenib tosylate</i> .....	24	<i>streptomycin sulfate</i> .....	8	<i>sulfamethoxazole-</i>	
SORILUX .....	112	STRIBILD TAB.....	12	<i>trimethoprim susp 200-40</i>	
<i>sotalol hcl</i> .....	31	STRIVERDI RESPIMAT		mg/5ml.....	8
<i>sotalol hcl (afib/afI)</i> .....	31	.....	105	<i>sulfamethoxazole-</i>	
SOTYKTU .....	95	STROMECTOL .....	8	<i>trimethoprim tab 400-80</i>	
SOTYLIZE.....	31	<i>see ivermectin</i> .....	7	mg .....	8
SOVUNA.....	96	SUBLOCADE.....	65	<i>sulfamethoxazole-</i>	
SPEVIGO.....	95	SUBOXONE		<i>trimethoprim tab 800-160</i>	
<i>spinosad</i> .....	117	<i>see buprenorphine hcl-</i>		mg .....	8
SPIRIVA HANDIHALER	104	<i>naloxone hcl sl film 12-</i>		SULFAMYLON.....	111
<i>see tiotropium bromide</i>		3 mg (base equiv) ....	65	<i>sulfasalazine</i> .....	85
<i>monohydrate</i> .....	104	<i>see buprenorphine hcl-</i>		<i>sulindac</i> .....	2
SPIRIVA RESPIMAT ...	104	<i>naloxone hcl sl film 2-</i>		<i>sumatriptan</i> .....	60
<i>spironolactone</i> .....	27	0.5 mg (base equiv) .65		<i>sumatriptan-naproxen</i>	
<i>spironolactone &amp;</i>		<i>see buprenorphine hcl-</i>		<i>sodium tab 85-500 mg.</i>	60
<i>hydrochlorothiazide tab</i>		<i>naloxone hcl sl film 4-1</i>		<i>sumatriptan succinate</i> .....	60
25-25 mg .....	36	mg (base equiv) .....	65	<i>sunitinib malate</i> .....	24
SPORANOX.....	10	<i>see buprenorphine hcl-</i>		SUNLENCA .....	11
<i>see itraconazole</i> .....	9	<i>naloxone hcl sl film 8-2</i>		SUNOSI .....	65
SPRAVATO SOL 56MG		mg (base equiv) .....	65	SUPREP BOWEL PREP	
DOS.....	42	SUBOXONE MIS 12-3MG		KIT	
SPRAVATO SOL 84MG		.....	65	<i>see sod sulfate-pot sulf-</i>	
DOS.....	42	SUBOXONE MIS 2-0.5MG		<i>mg sulf oral sol 17.5-</i>	
<i>sprintec 28</i> .....	76	.....	65	3.13-1.6 gm/177ml...85	
SPRITAM.....	52	SUBOXONE MIS 4-1MG	65	SUPREP BOWEL SOL	
SPRIX .....	2	SUBOXONE MIS 8-2MG	65	PREP KIT .....	85
SPRYCEL .....	24	<i>subvenite</i> .....	52	SUSTIVA	
<i>sps</i> .....	73	<i>subvenite starter kit/blu</i> ...	52	<i>see efavirenz</i> .....	10
<i>sronyx</i> .....	76	<i>subvenite starter kit/gre</i> ...52		SUSTOL.....	83
<i>ssd</i> .....	111	<i>subvenite starter kit/ora</i> ...52		SUSVIMO .....	103
STALEVO 100 TAB .....	44	SUCRAID .....	86	SUTAB TAB .....	85
STALEVO 125 TAB .....	44	<i>sucralfate</i> .....	86	SUTENT.....	24
STALEVO 150 TAB .....	44	SUFLAVE SOL .....	85	<i>see sunitinib malate</i> .....	24
STALEVO 200 TAB .....	44	SULAR .....	35	<i>syeda</i> .....	76
STALEVO 50 TAB .....	44	<i>see nisoldipine</i> .....	35	SYFOVRE.....	103
STALEVO 75 TAB .....	44	<i>sulfacetamide sodium</i>		SYLVANT.....	19
STEGLATRO .....	69	<i>(acne)</i> .....	110	SYMBICORT	
STEGLUJAN TAB 15-		<i>sulfacetamide sodium</i>		<i>see breyna</i> .....	108
100MG.....	69	<i>(ophth)</i> .....	101	<i>see budesonide-</i>	
STEGLUJAN TAB 5-				<i>formoterol fumarate</i>	
100MG.....	69				

<i>dihyd aerosol 160-4.5</i>	SYNJARDY XR TAB 5-	<i>tarina 24 fe</i> .....76
<i>mcg/act</i> .....108	1000MG.....70	<i>tarina fe 1/20 eq</i> .....76
see <i>budesonide-</i>	SYNTHROID.....82	TARPEYO.....89
<i>formoterol fumarate</i>	see <i>euthyrox</i> .....81	TASCENSO ODT.....63
<i>dihyd aerosol 80-4.5</i>	see <i>levo-t</i> .....82	TASIGNA.....24
<i>mcg/act</i> .....108	see <i>levothyroxine sodium</i>	<i>tasimelteon</i> .....58
SYMBICORT AER 160-4.5	.....82	TAVALISSE.....93
.....109	see <i>levoxyl</i> .....82	TAVNEOS.....93
SYMBICORT AER 80-4.5	see <i>unithroid</i> .....82	TAYTULLA
.....108	SYPRINE.....73	see <i>gemmily</i> .....74
SYMDEKO TAB 100-150	see <i>trientine hcl</i> .....73	see <i>merzee</i> .....75
.....107	T	see <i>norethindrone ace-</i>
SYMDEKO TAB 50-75MG	TABLOID.....17	<i>ethinyl estradiol-fe cap</i>
.....106	TABRECTA.....24	1 mg-20 mcg (24) ....75
SYMFI	TACLONEX	TAYTULLA CAP
see <i>efavirenz-</i>	see <i>calcipotriene-</i>	1MG/20MC.....76
<i>lamivudine-tenofovir df</i>	<i>betamethasone</i>	<i>tazarotene</i> .....112
<i>tab 600-300-300 mg</i> 12	<i>dipropionate susp</i>	TAZAROTENE.....110
SYMFI LO	0.005-0.064% .....112	<i>tazicef</i> .....14
see <i>efavirenz-</i>	TACLONEX SUS.....112	TAZORAC.....112
<i>lamivudine-tenofovir df</i>	<i>tacrolimus</i> .....98	see <i>tazarotene</i> .....112
<i>tab 400-300-300 mg</i> 11	<i>tacrolimus (topical)</i> .....117	TAZVERIK.....24
SYMFI LO TAB.....12	<i>tadalafil</i> .....88	TDVAX INJ 2-2 LF.....98
SYMFI TAB.....12	<i>tadalafil (pulmonary</i>	TECENTRIQ.....24
SYMLINPEN 120.....69	<i>hypertension)</i> .....38	TECFIDERA.....63
SYMLINPEN 60.....69	TADLIQ.....38	see <i>dimethyl fumarate</i> .62
SYMPAZAN.....52	TAFINLAR.....24	TECFIDERA CAP
SYMPROIC.....86	<i>tafluprost</i> .....102	STARTER.....63
SYMTUZA TAB.....12	TAGRISSE.....24	TECFIDERA STARTER
SYNALAR.....114	TAKHZYRO.....92	PACK
see <i>fluocinolone</i>	TALICIA CAP.....87	see <i>dimethyl fumarate</i>
<i>acetonide</i> .....113	TALTZ.....95	<i>capsule dr starter pack</i>
SYNAREL.....81	TALZENNA.....24	120 mg & 240 mg ....62
SYNDROS.....83	TAMIFLU.....13	TECVAYLI.....24
SYNJARDY TAB 12.5-	see <i>oseltamivir</i>	TEFLARO.....14
1000MG.....70	<i>phosphate</i> .....13	TEGLUTIK.....62
SYNJARDY TAB 12.5-500	<i>tamoxifen citrate</i> .....18	TEGRETOL.....52
.....69	<i>tamsulosin hcl</i> .....88	see <i>carbamazepine</i> .....48
SYNJARDY TAB 5-	<i>taperdex 12-day</i> .....78	see <i>epitol</i> .....49
1000MG.....69	<i>taperdex 6-day</i> .....78	TEGRETOL-XR.....52
SYNJARDY TAB 5-500MG	<i>taperdex 7-day</i> .....78	see <i>carbamazepine</i> .....48
.....69	TARCEVA	TEGSEDI.....62
SYNJARDY XR TAB 10-	see <i>erlotinib hcl</i> .....21	TEKTURNA.....37
1000.....70	<i>targadox</i> .....16	see <i>aliskiren fumarate</i> .36
SYNJARDY XR TAB 12.5-	TARGRETIN.....19, 117	<i>telmisartan</i> .....31
1000.....70	see <i>bexarotene</i> .....19	<i>telmisartan-amlodipine tab</i>
SYNJARDY XR TAB 25-	see <i>bexarotene (topical)</i>	40-10 mg.....29
1000.....70	.....115	

<i>telmisartan-amlodipine tab</i>	TETRACYCLINE	TIVICAY PD .....	11
40-5 mg .....	HYDROCHLORID .....	<i>tizanidine hcl</i> .....	64
<i>telmisartan-amlodipine tab</i>	TEXACORT .....	TLANDO .....	66
80-10 mg .....	TEZSPIRE .....	TOBI.....	8
<i>telmisartan-amlodipine tab</i>	THALITONE.....	TOBI PODHALER.....	8
80-5 mg .....	THALOMID .....	TOBRADEX OIN 0.3-0.1%	
<i>telmisartan-</i>	THEO-24.....	.....	100
<i>hydrochlorothiazide tab</i>	<i>theophylline</i> .....	TOBRADEX ST SUS 0.3-	
40-12.5 mg .....	THIOLA.....	0.05 .....	100
<i>telmisartan-</i>	see <i>tiopronin</i> .....	<i>tobramycin</i> .....	8
<i>hydrochlorothiazide tab</i>	THIOLA EC.....	<i>tobramycin (ophth)</i> .....	101
80-12.5 mg .....	see <i>tiopronin</i> .....	<i>tobramycin-dexamethasone</i>	
<i>telmisartan-</i>	<i>thioridazine hcl</i> .....	<i>ophth susp 0.3-0.1%</i> .	100
<i>hydrochlorothiazide tab</i>	<i>thiothixene</i> .....	<i>tobramycin sulfate</i> .....	8
80-25 mg .....	THYQUIDITY .....	TOBEX .....	101
<i>temazepam</i> .....	<i>tiadylt er</i> .....	TOLAK .....	117
<i>temsrolimus</i> .....	<i>tiagabine hcl</i> .....	<i>tolmetin sodium</i> .....	2
TENIVAC INJ 5-2LF.....	TIAZAC .....	TOLSURA.....	10
<i>tenofovir disoproxil</i>	see <i>diltiazem hcl</i>	<i>tolterodine tartrate</i> .....	89
<i>fumarate</i> .....	<i>extended release</i>	<i>tolvaptan</i> .....	81
TENORETIC 100	<i>beads</i> .....	TOPAMAX .....	52
see <i>atenolol &amp;</i>	see <i>tiadylt er</i> .....	see <i>topiramate</i> .....	52
<i>chlorthalidone tab 100-</i>	TIBSOVO .....	TOPAMAX SPRINKLE...52	
25 mg.....	TICOVAC .....	see <i>topiramate</i> .....	52
TENORETIC 50	<i>tigecycline</i> .....	TOPICORT .....	114, 115
see <i>atenolol &amp;</i>	TIGECYCLINE.....	see <i>desoximetasone</i> .	113
<i>chlorthalidone tab 50-</i>	TIKOSYN .....	<i>topiramate</i> .....	52
25 mg.....	see <i>dofetilide</i> .....	<i>topotecan hcl</i> .....	19
TENORETIC TAB 100 ...33	<i>tilia fe</i> .....	TOPOTECAN HCL .....	19
TENORETIC TAB 50 .....	<i>timolol maleate</i> .....	see <i>topotecan hcl</i> .....	19
TENORMIN.....	<i>timolol maleate (ophth)</i> .	TOPROL XL.....	34
see <i>atenolol</i> .....	<i>timolol maleate (ophth)</i>	see <i>metoprolol succinate</i>	
TEPEZZA.....	<i>once-daily</i> .....	.....	34
TEPMETKO .....	<i>timolol maleate (ophth) pf</i>	<i>toremifene citrate</i> .....	18
<i>terazosin hcl</i> .....	.....	TORISEL.....	24
<i>terbinafine hcl</i> .....	TIMOPTIC OCUDOSE..	see <i>temsrolimus</i> .....	24
<i>terbutaline sulfate</i> .....	see <i>timolol maleate</i>	<i>torseamide</i> .....	36
<i>terconazole vaginal</i> .....	<i>(ophth) pf</i> .....	TOSYMRA .....	60
<i>teriflunomide</i> .....	<i>tinidazole</i> .....	TOUJEO MAX SOLOSTAR	
TERIPARATIDE.....	<i>tiopronin</i> .....	.....	72
<i>teriparatide (recombinant)</i>	<i>tiotropium bromide</i>	TOUJEO SOLOSTAR....	72
.....	<i>monohydrate</i> .....	<i>tovet</i> .....	115
TESTIM.....	TIROSINT .....	TOVIAZ .....	89
<i>testosterone</i> .....	see <i>levothyroxine sodium</i>	see <i>fesoterodine</i>	
<i>testosterone cypionate</i> ....	.....	<i>fumarate</i> .....	89
<i>testosterone enanthate</i> ...	TIROSINT-SOL.....	TPN ELECTROL INJ .....	99
<i>tetrabenazine</i> .....	TIVDAK.....	TRACLEER.....	38
<i>tetracycline hcl</i> .....	TIVICAY .....	see <i>bosentan</i> .....	38

TRADJENTA.....70	<i>tretinoin microsphere</i> ....110	TRIBENZOR40- TAB 10-
<i>tramadol-acetaminophen</i>	TREXALL .....96	12.5 .....30
<i>tab 37.5-325 mg</i> .....6	TREXIMET	TRIBENZOR40- TAB 10-
<i>tramadol hcl</i> .....4, 6	see <i>sumatriptan-</i>	25MG.....30
TRAMADOL	<i>naproxen sodium tab</i>	TRIBENZOR40- TAB 5-
HYDROCHLORIDE.....6	<i>85-500 mg</i> .....60	12.5MG.....30
<i>trandolapril</i> .....27	TREXIMET TAB 85-500MG	TRIBENZOR40- TAB 5-
<i>trandolapril-verapamil hcl</i>	.....60	25MG.....30
<i>tab er 1-240 mg</i> .....26	<i>trezix</i> .....6	TRICOR .....32
<i>trandolapril-verapamil hcl</i>	<i>triamcinolone acetonide</i> ..78	see <i>fenofibrate</i> .....31
<i>tab er 2-180 mg</i> .....26	<i>triamcinolone acetonide</i>	<i>triderm</i> .....115
<i>trandolapril-verapamil hcl</i>	( <i>mouth</i> ) .....117	<i>trientine hcl</i> .....73
<i>tab er 2-240 mg</i> .....26	<i>triamcinolone acetonide</i>	<i>tri-estarylla</i> .....76
<i>trandolapril-verapamil hcl</i>	( <i>topical</i> ).....115	<i>trifluoperazine hcl</i> .....47
<i>tab er 4-240 mg</i> .....26	<i>triamterene</i> .....36	<i>trifluridine</i> .....101
<i>tranexamic acid</i> .....93	<i>triamterene &amp;</i>	<i>trihexyphenidyl hcl</i> .....44
TRANEXAMIC	<i>hydrochlorothiazide cap</i>	TRIJARDY XR TAB ER
ACID/SODIUM CH	<i>37.5-25 mg</i> .....36	24HR 10-5-1000MG ...70
see <i>tranexamic acid-</i>	<i>triamterene &amp;</i>	TRIJARDY XR TAB ER
<i>sodium chloride iv soln</i>	<i>hydrochlorothiazide tab</i>	24HR 12.5-2.5-1000MG
<i>1000 mg/100ml-0.7%</i>	<i>37.5-25 mg</i> .....36	.....70
.....93	<i>triamterene &amp;</i>	TRIJARDY XR TAB ER
<i>tranexamic acid-sodium</i>	<i>hydrochlorothiazide tab</i>	24HR 25-5-1000MG ...70
<i>chloride iv soln 1000</i>	<i>75-50 mg</i> .....36	TRIJARDY XR TAB ER
<i>mg/100ml-0.7%</i> .....93	<i>triazolam</i> .....59	24HR 5-2.5-1000MG...70
TRANSDERM-SCOP	TRIBENZOR	TRIKAFTA PAK 59.5MG
see <i>scopolamine</i> .....83	see <i>olmesartan-</i>	.....107
<i>tranylcyromine sulfate</i> ...42	<i>amlodipine-</i>	TRIKAFTA PAK 75MG..107
TRAVASOL INJ 10% ....100	<i>hydrochlorothiazide tab</i>	TRIKAFTA TAB 100-50-
TRAVATAN Z.....102	<i>20-5-12.5 mg</i> .....29	75MG & 150MG .....107
see <i>travoprost</i> .....102	see <i>olmesartan-</i>	TRIKAFTA TAB 50-25-
<i>travoprost</i> .....102	<i>amlodipine-</i>	37.5MG & 75MG .....107
TRAZIMERA .....24	<i>hydrochlorothiazide tab</i>	<i>tri-legest fe</i> .....76
<i>trazodone hcl</i> .....42	<i>40-10-12.5 mg</i> .....29	TRILEPTAL.....52
TREANDA.....17	see <i>olmesartan-</i>	see <i>oxcarbazepine</i> .....51
see <i>bendamustine hcl</i> .16	<i>amlodipine-</i>	<i>tri-linyah</i> .....76
TRECATOR .....12	<i>hydrochlorothiazide tab</i>	TRILIPIX .....32
TRELEGY AER ELLIPTA	<i>40-10-25 mg</i> .....29	see <i>choline fenofibrate</i> 31
100-62.5-25 MCG.....103	see <i>olmesartan-</i>	<i>tri-lo-estarylla</i> .....76
TRELEGY AER ELLIPTA	<i>amlodipine-</i>	<i>tri-lo-marzia</i> .....76
200-62.5-25 MCG.....103	<i>hydrochlorothiazide tab</i>	<i>tri-lo-mili</i> .....76
TRELSTAR MIXJECT ....18	<i>40-5-12.5 mg</i> .....29	<i>tri-lo-sprintec</i> .....76
TREMFYA.....95	see <i>olmesartan-</i>	<i>trimethobenzamide hcl</i> ...84
<i>treprostinil</i> .....38	<i>amlodipine-</i>	<i>trimethoprim</i> .....8
TRESIBA.....72	<i>hydrochlorothiazide tab</i>	<i>tri-mili</i> .....76
TRESIBA FLEXTOUCH..72	<i>40-5-25 mg</i> .....29	<i>trimipramine maleate</i> .....42
<i>tretinoin</i> .....110	TRIBENZOR20- TAB 5-	TRINTELLIX.....42
<i>tretinoin (chemotherapy)</i> .19	12.5MG.....30	<i>tri-nymyo</i> .....76

<i>tri-sprintec</i> .....	76	<i>twice-daily clindamycin</i>		UNASYN INJ 3GM.....	16
TRIUMEQ PD TAB .....	12	<i>phosphate (topical)</i> ....	110	<i>unithroid</i> .....	82
TRIUMEQ TAB .....	12	TWINRIX INJ .....	98	UPLIZNA.....	62
<i>trivora-28</i> .....	76	TWYNEO CRE 0.1-3% .	110	UPTRAVI .....	38
<i>tri-vylibra</i> .....	76	TYBLUME CHW 0.1-0.02		UPTRAVI PACK TAB	
<i>tri-vylibra lo</i> .....	76	.....	76	200/800 .....	38
TRODELVY.....	24	TYBOST.....	11	UROCIT-K 10.....	89
TROGARZO.....	11	<i>tydemy</i> .....	76	see <i>potassium citrate</i>	
TROKENDI XR .....	52	TYENNE .....	95	( <i>alkalinizer</i> ) .....	88
see <i>topiramate</i> .....	52	TYGACIL.....	16	UROCIT-K 15.....	89
TROPHAMINE INJ 10%		see <i>tigecycline</i> .....	16	see <i>potassium citrate</i>	
.....	100	TYKERB.....	24	( <i>alkalinizer</i> ) .....	88
<i>tropium chloride</i> .....	89	see <i>lapatinib ditosylate</i>	22	UROCIT-K 5.....	89
TRUDHESA .....	60	TYMLOS .....	73	see <i>potassium citrate</i>	
TRULANCE.....	87	TYPHIM VI .....	98	( <i>alkalinizer</i> ) .....	88
TRULICITY .....	70	TYRVAYA .....	103	UROXATRAL.....	88
TRUMENBA INJ .....	98	TYSABRI.....	63	see <i>alfuzosin hcl</i> .....	88
TRUQAP .....	24	TYVASO .....	38	URSO 250.....	87
TRUVADA		TYVASO DPI		<i>ursodiol</i> .....	87
see <i>emtricitabine-</i>		MAINTENANCE KI.....	38	URSODIOL .....	87
<i>tenofovir disoproxil</i>		TYVASO DPI POW 16-32-		URSO FORTE .....	87
<i>fumarate tab 100-150</i>		48 .....	38	see <i>ursodiol</i> .....	87
<i>mg</i> .....	12	TZIELD.....	70	UZEDY .....	47
see <i>emtricitabine-</i>		<b>U</b>		<b>V</b>	
<i>tenofovir disoproxil</i>		UBRELVY .....	60	VABOMERE INJ 2GM(1-1)	
<i>fumarate tab 133-200</i>		UCERIS .....	85	.....	8
<i>mg</i> .....	12	see <i>budesonide</i> .....	84	VABYSMO .....	103
see <i>emtricitabine-</i>		see <i>budesonide</i>		VAGIFEM.....	77
<i>tenofovir disoproxil</i>		( <i>intrarectal</i> ).....	84	see <i>estradiol vaginal</i> ....	77
<i>fumarate tab 167-250</i>		UDENYCA .....	91	see <i>yuvafem</i> .....	77
<i>mg</i> .....	12	UDENYCA ONBODY .....	91	<i>valacyclovir hcl</i> .....	13
see <i>emtricitabine-</i>		ULORIC .....	1	VALCHLOR.....	117
<i>tenofovir disoproxil</i>		see <i>febuxostat</i> .....	1	VALCYTE.....	13
<i>fumarate tab 200-300</i>		ULTOMIRIS .....	93	see <i>valganciclovir hcl</i> ..	13
<i>mg</i> .....	12	ULTRAVATE.....	115	<i>valganciclovir hcl</i> .....	13
TRUVADA TAB 100-150.	12	UNASYN		VALIUM.....	53
TRUVADA TAB 133-200.	12	see <i>ampicillin &amp;</i>		see <i>diazepam</i> .....	49
TRUVADA TAB 167-250.	12	<i>sulbactam sodium for</i>		<i>valproate sodium</i> .....	53
TRUVADA TAB 200-300.	12	<i>inj 1.5 (1-0.5) gm</i> .....	15	<i>valproic acid</i> .....	53
TRUXIMA.....	24	see <i>ampicillin &amp;</i>		<i>valrubicin</i> .....	19
TUDORZA PRESSAIR .	104	<i>sulbactam sodium for</i>		<i>valsartan</i> .....	31
TUDORZA PRESSAIR		<i>inj 3 (2-1) gm</i> .....	15	<i>valsartan-</i>	
(INSTITUTIONAL PACK)		UNASYN BULK PACK		<i>hydrochlorothiazide tab</i>	
.....	104	see <i>ampicillin &amp;</i>		160-12.5 mg .....	30
TUKYSA.....	24	<i>sulbactam sodium for</i>		<i>valsartan-</i>	
TURALIO .....	24	<i>iv soln 15 (10-5) gm</i> .	15	<i>hydrochlorothiazide tab</i>	
<i>turqoz</i> .....	76	UNASYN INJ 1.5GM.....	16	160-25 mg .....	30
		UNASYN INJ 15GM.....	16		

<i>valsartan-</i> <i>hydrochlorothiazide tab</i> 320-12.5 mg .....30	see <i>enalapril maleate &amp;</i> <i>hydrochlorothiazide tab</i> 10-25 mg.....26	VFEND IV .....10 see <i>voriconazole</i> .....10
<i>valsartan-</i> <i>hydrochlorothiazide tab</i> 320-25 mg .....30	VASERETIC TAB 10-25MG .....26	V-GO 20 KIT .....72
<i>valsartan-</i> <i>hydrochlorothiazide tab</i> 80-12.5 mg .....30	VASOTEC.....27 see <i>enalapril maleate</i> ..27	V-GO 30 KIT .....72
VALSTAR.....19 see <i>valrubicin</i> .....19	VECTIBIX.....24	V-GO 40 KIT .....72
VALTOCO 10 MG DOSE53	VECTICAL .....112	VIBATIV .....9
VALTOCO 15 MG DOSE53	VEGZELMA .....24	VIBERZI .....87
VALTOCO 20 MG DOSE53	VELCADE .....24	VIBRAMYCIN see <i>doxycycline hyclate</i> .....16
VALTOCO 5 MG DOSE..53	see <i>bortezomib</i> .....20	VICTOZA .....70
VALTRESX.....13 see <i>valacyclovir hcl</i> ....13	VELETRI .....38 see <i>epoprostenol sodium</i> .....38	VIDAZA .....17 see <i>azacitidine</i> .....17
VANCOGIN .....8 see <i>vancomycin hcl</i> .....9	<i>velivet</i> .....76	<i>vienna</i> .....76
VANCOMYC/D5W INJ 1.25/250 .....8	VELSIPITY .....95	<i>vigabatrin</i> .....53
VANCOMYC/D5W INJ 1.5/300 .....8	VELTASSA .....73	<i>vigadrone</i> .....53
VANCOMYCIN.....8 <i>vancomycin hcl</i> .....9	VELTIN GEL .....110	VIGAMOX .....101 see <i>moxifloxacin hcl</i> ( <i>ophth</i> ) .....101
VANCOMYCIN HYDROCHLORIDE.....9 see <i>vancomycin hcl</i> .....9	VEMLIDY .....13	<i>vigpoder</i> .....53
VANCOMYCIN INJ 1 GM .9	VENCLEXTA.....24	VIIBRYD.....43 see <i>vilazodone hcl</i> .....43
VANCOMYCIN INJ 500MG .....9	VENCLEXTA TAB START PK.....24	VIJOICE .....81
VANCOMYCIN INJ 750MG .....9	VENLAFAXINE BESYLATE ER .....42	VIJOICE TAB 250MG ....81
VANDAZOLE .....89	<i>venlafaxine hcl</i> .....43	<i>vilazodone hcl</i> .....43
VANFLYTA .....24	VENTOLIN HFA.....105	VIMIZIM .....81
VANOS .....115 see <i>fluocinonide</i> .....114	VENTOLIN HFA (INSTITUTIONAL PACK) .....105	VIMOVO see <i>naproxen-</i> <i>esomeprazole</i> <i>magnesium tab dr 375-</i> <i>20 mg</i> .....2
VAQTA.....98	VEOZAH .....81	see <i>naproxen-</i> <i>esomeprazole</i> <i>magnesium tab dr 500-</i> <i>20 mg</i> .....2
<i>varenicline tartrate</i> .....66	<i>verapamil hcl</i> .....35	VIMOVO TAB 375-20MG..3
<i>varenicline tartrate tab 11 x</i> <i>0.5 mg &amp; 42 x 1 mg start</i> <i>pack</i> .....66	VERDESO .....115	VIMOVO TAB 500-20MG..3
VARIVAX .....98	VERELAN .....35	VIMPAT.....53 see <i>lacosamide</i> .....49
VARUBI.....84	see <i>verapamil hcl</i> .....35	see <i>lacosamide oral</i> ....49
VASCEPA.....33	VERELAN PM.....35	<i>vinblastine sulfate</i> .....19
VASERETIC	VERKAZIA .....103	<i>vincristine sulfate</i> .....19
	VERQUVO .....37	<i>vinorelbine tartrate</i> .....20
	VERSACLOZ .....47	VIOKACE TAB 10440 ....87
	VERZENIO.....24	VIOKACE TAB 20880 ....87
	VESICARE .....89 see <i>solifenacin succinate</i> .....89	<i>viorele</i> .....76
	VESICARE LS .....89	VIRACEPT .....11
	<i>vestura</i> .....76	VIREAD.....11
	VEVYE .....103	
	VFEND.....10 see <i>voriconazole</i> .....10	



see <i>tenofovir disoproxil fumarate</i> .....	11	see <i>ezetimibe-simvastatin tab 10-40 mg</i> .....	33	XARELTO STAR TAB 15/20MG.....	91
VISTARIL.....	105	see <i>ezetimibe-simvastatin tab 10-80 mg</i> .....	33	XATMEP.....	96
see <i>hydroxyzine pamoate</i> .....	104	VYTORIN TAB 10-10MG	33	XCOPRI.....	53
VITRAKVI.....	25	VYTORIN TAB 10-20MG	33	XCOPRI PAK 100-150....	53
VIVELLE-DOT.....	77	VYTORIN TAB 10-40MG	33	XCOPRI PAK 12.5-25....	53
see <i>dotti</i> .....	76	VYTORIN TAB 10-80MG	33	XCOPRI PAK 150-200MG (MAINTENANCE).....	53
see <i>estradiol</i> .....	77	VYVANSE.....	57	XCOPRI PAK 150-200MG (TITRATION).....	53
VIVITROL.....	66	VYVGART.....	97	XCOPRI PAK 50-100MG	53
VIVJOA.....	10	VYVGART INJ HYTRULO.....	97	XDEMVI.....	101
VIZIMPRO.....	25	VYZULTA.....	102	XELJANZ.....	95
VOGELXO.....	66	<b>W</b>		XELJANZ XR.....	95
VOGELXO PUMP.....	66	WAINUA.....	62	XELPROS.....	102
VONJO.....	25	WAKIX.....	65	XELSTRYM.....	57
VOQUEZNA.....	88	<i>warfarin sodium</i> .....	90	XEMBIFY.....	96
VOQUEZNA PAK DUAL PAK.....	87	<i>water for irrigation, sterile irrigation soln</i> .....	117	XENAZINE.....	62
VOQUEZNA PAK TRIP PK.....	87	WELCHOL.....	33	see <i>tetrabenazine</i> .....	62
<i>voriconazole</i> .....	10	see <i>colesevelam hcl</i> ....	32	XENPOZYME.....	81
VORICONAZOLE.....	10	WELIREG.....	19	XEOMIN.....	64
VOSEVI TAB.....	13	WELLBUTRIN SR.....	43	XERAVA.....	16
VOTRIENT.....	25	see <i>bupropion hcl</i> .....	40	XERESE CRE 5-1% ....	117
see <i>pazopanib hcl</i> .....	23	WELLBUTRIN XL.....	43	XERMELO.....	87
VOWST CAP.....	87	see <i>bupropion hcl</i> .....	40	XGEVA.....	73
VOXZOGO.....	81	<i>wera</i> .....	76	XHANCE.....	107
VOYDEYA.....	93	WESTAB PLUS TAB 27-1MG.....	100	XIFAXAN.....	9, 87
VOYDEYA TAB 50-100MG.....	93	WINLEVI.....	110	XIGDUO XR TAB 10-1000.....	70
VPRIV.....	81	WINREVAIR.....	39	XIGDUO XR TAB 10-500MG.....	70
VRAYLAR.....	47	WINREVAIR INJ 45MG ..	39	XIGDUO XR TAB 2.5-1000.....	70
VTAMA.....	112	WINREVAIR INJ 60MG ..	39	XIGDUO XR TAB 5-1000MG.....	70
VUMERITY.....	63	<i>wixela inhub</i> .....	109	XIGDUO XR TAB 5-500MG.....	70
VUSION OIN.....	112	<i>wymzya fe</i> .....	76	XIIDRA.....	103
VYEPTI.....	60	<b>X</b>		XIPERE.....	101
<i>vyfemla</i> .....	76	XACIATO.....	89	XODOL.....	
<i>vylibra</i> .....	76	XADAGO.....	44	see <i>hydrocodone-acetaminophen tab 5-300 mg</i> .....	4
VYNDAMAX.....	37	XALATAN.....	102	XOFLUZA.....	13
VYNDAQEL.....	37	see <i>latanoprost</i> .....	102	XOLAIR.....	107
VYTORIN.....		XALKORI.....	25	XOLREMDI.....	91
see <i>ezetimibe-simvastatin tab 10-10 mg</i> .....	32	XANAX.....	39	XOPENEX HFA.....	105
see <i>ezetimibe-simvastatin tab 10-20 mg</i> .....	33	see <i>alprazolam</i> .....	39	XOSPATA.....	25
		XANAX XR.....	39		
		see <i>alprazolam</i> .....	39		
		XARELTO.....	90		

XPOVIO PAK (100 MG ONCE WEEKLY).....	25	YERVOY .....	25	ZENPEP CAP 15000UNT .....	87
XPOVIO PAK (40 MG ONCE WEEKLY).....	25	YF-VAX INJ.....	98	ZENPEP CAP 20000UNT .....	87
XPOVIO PAK (40 MG TWICE WEEKLY).....	25	YONSA .....	18	ZENPEP CAP 25000UNT .....	87
XPOVIO PAK (60 MG ONCE WEEKLY).....	25	YUPELRI.....	104	ZENPEP CAP 3000UNIT87	
XPOVIO PAK (60 MG TWICE WEEKLY).....	25	YUTIQ.....	102	ZENPEP CAP 40000UNT .....	87
XPOVIO PAK (80 MG ONCE WEEKLY).....	25	<i>yuvafem</i> .....	77	ZENPEP CAP 5000UNIT87	
XPOVIO PAK (80 MG TWICE WEEKLY).....	25	<b>Z</b>		ZENPEP CAP 60000UNT .....	87
XTAMPZA ER.....	4	<i>zafemy</i> .....	76	<i>zenzedi</i> .....	58
XTANDI.....	18	<i>zafirlukast</i> .....	105	ZEPOSIA .....	63
<i>xulane</i> .....	76	<i>zaleplon</i> .....	59	ZEPOSIA 7DAY CAP STR	
XULTOPHY INJ 100/3.6	72	ZALTRAP .....	25	PACK.....	63
XYLOCAINE .....	1	ZANAFLEX .....	64	ZEPOSIA CAP STR KIT .64	
<i>see lidocaine hcl (local anesth.)</i> .....	1	<i>see tizanidine hcl</i> .....	64	ZEPZELCA .....	17
XYLOCAINE-MPF.....	1	ZARONTIN.....	53	ZERBAXA INJ 1.5GM ....	14
<i>see lidocaine hcl (local anesth.)</i> .....	1	<i>see ethosuximide</i> .....	49	ZERVIATE .....	102
XYOSTED.....	66	ZARXIO.....	91	ZESTORETIC	
XYREM .....	65	ZAVESCA .....	81	<i>see lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	26
XYWAV SOL 0.5GM/ML	65	<i>see miglustat</i> .....	80	<i>see lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	26
<b>Y</b>		<i>see yargesa</i> .....	81	<i>see lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> .....	26
<i>yargesa</i> .....	81	ZAVZPRET .....	61	ZESTORETIC TAB 10-12.5 .....	26
YASMIN 28		ZEGALOGUE.....	79	ZESTORETIC TAB 20-12.5 .....	26
<i>see drospirenone-ethinyl estradiol tab 3-0.03 mg</i> .....	74	ZEGERID		ZESTORETIC TAB 20-25MG.....	26
<i>see ocella</i> .....	76	<i>see omeprazole-sodium bicarbonate cap 20-1100 mg</i> .....	87	ZESTRIL .....	27
<i>see syeda</i> .....	76	<i>see omeprazole-sodium bicarbonate cap 40-1100 mg</i> .....	87	<i>see lisinopril</i> .....	27
<i>see zumandimine</i> .....	76	<i>see omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i> 87		ZETIA.....	33
YASMIN 28 TAB 3-0.03MG .....	76	<i>see omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i> 87		<i>see ezetimibe</i> .....	32
YAZ		ZEGERID CAP 20-1100	.88	ZETONNA.....	107
<i>see drospirenone-ethinyl estradiol tab 3-0.02 mg</i> .....	74	ZEGERID CAP 40-1100	.88	ZIAC TAB 10/6.25.....	33
<i>see jasmiel</i> .....	74	ZEJULA.....	25	ZIAC TAB 2.5/6.25.....	33
<i>see loryna</i> .....	75	ZELAPAR.....	44	ZIAC TAB 5-6.25MG.....	33
<i>see nikki</i> .....	75	ZELBORAF .....	25	ZIAGEN.....	11
<i>see vestura</i> .....	76	ZEMAIRA .....	107	<i>see abacavir sulfate</i> ....	10
YAZ TAB 3-0.02MG .....	76	ZEMBRACE SYMTOUCH .....	61	ZIANA GEL .....	110
YCANTH .....	117	ZEMDRI .....	9	<i>zidovudine</i> .....	11
		ZEMPLAR .....	82		
		<i>see paricalcitol</i> .....	82		
		<i>zenatane</i> .....	110		
		ZENPEP CAP 10000UNT .....	87		

ZIEXTENZO.....	91	<i>see sertraline hcl</i> .....	42	ZUBSOLV SUB 2.9-0.71.66
ZILBRYSQ.....	93	<i>zolpidem tartrate</i> .....	59	ZUBSOLV SUB 5.7-1.4...66
<i>zileuton</i> .....	105	ZOLPIDEM TARTRATE..	59	ZUBSOLV SUB 8.6-2.1...66
ZILRETTA.....	78	ZOMACTON.....	81	<i>zumandimine</i> .....
ZILXI.....	117	ZOMIG		ZURZUVAE.....
ZIMHI.....	66	<i>see zolmitriptan</i> .....	61	ZYCLARA.....
ZIOPTAN.....	102	ZONALON.....	117	<i>see imiquimod</i> .....
<i>see tafluprost</i> .....	102	ZONEGRAN.....	53	<i>see imiquimod pump</i> ..
<i>ziprasidone hcl</i> .....	47	<i>see zonisamide</i> .....	53	ZYCLARA PUMP.....
<i>ziprasidone mesylate</i> .....	47	ZONISADE.....	53	ZYDELIG.....
ZIPSOR.....	3	<i>zonisamide</i> .....	53	ZYFLO.....
<i>see diclofenac potassium</i>		ZONTIVITY.....	93	ZYKADIA.....
.....	1	ZORTRESS.....	98	ZYLET SUS 0.5-0.3%...100
ZIRABEV.....	25	<i>see everolimus</i>		ZYNLONTA.....
ZIRGAN.....	101	<i>(immunosuppressant)</i>		ZYNYZ.....
ZITHROMAX.....	14	.....	97	ZYPITAMAG.....
<i>see azithromycin</i> .....	14	ZORYVE.....	112	ZYPREXA.....
ZITHROMAX TRI-PAK....	14	ZOSYN SOL 2-0.25GM ..	16	<i>see olanzapine</i> .....
ZITHROMAX Z-PAK.....	14	ZOSYN SOL 3-0.375G ...	16	ZYPREXA RELPREVV ...
ZITUVIO.....	70	ZOSYN SOL 4-0.50GM ..	16	ZYPREXA ZYDIS.....
ZOCOR.....	32	<i>zovia 1/35</i> .....	76	<i>see olanzapine</i> .....
<i>see simvastatin</i> .....	32	ZOVIRAX.....	117	ZYTIGA.....
ZOLADEX.....	18	<i>see acyclovir topical</i> ..	115	<i>see abiraterone acetate</i>
<i>zoledronic acid</i> .....	73	ZTALMY.....	53	.....
ZOLEDRONIC ACID.....	73	ZTLIDO.....	115	ZYVOX.....
ZOLINZA.....	25	ZUBSOLV SUB 0.7-0.18.66		<i>see linezolid</i> .....
<i>zolmitriptan</i> .....	61	ZUBSOLV SUB 1.4-0.36.66		
ZOLOFT.....	43	ZUBSOLV SUB 11.4-2.9.66		

Participating health care providers are independent contractors and are neither agents nor employees of SilverScript. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

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 1-833-825-6755 (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 08/19/2024. For more recent information or other questions, please contact Customer Care at 1-833-825-6755, 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.

08/19/2024