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***SilverScript (EGWP) Employer PDP for MHBP Value Plan
(SilverScript (EGWP))***

**2026 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 10/15/2025. 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: 26021

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

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

This document includes a Drug List (formulary) for our plan, which is current as of January 1, 2026. 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, 2027, and from time to time during the year.

Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas, unless a court takes action: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.

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 total out-of-pocket costs.

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: [SilverScriptEmployerPDP.MemberDoc.com](https://www.silverscript.com/MemberDoc.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 the drug that is being changed. For more information, see the

section below titled “How do I request an exception to the SilverScript (EGWP)'s 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)'s formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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, 2026. 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 on 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)'s 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)'s 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, and 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 30-day supply. If your prescription is written for fewer than 30 days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-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.

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.

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has four Cost-Sharing Tiers

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

- **Cost-Sharing Tier 1: Generic**
- **Cost-Sharing Tier 2: Preferred Brand**
- **Cost-Sharing Tier 3: Non-Preferred Brand**
- **Cost-Sharing Tier 4: Specialty (High Cost)**

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

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

	Network Retail Pharmacy (Up to a 30-day supply)	Mail-Order Pharmacy (Up to a 30-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
Tier 1: Generic	\$10.00	\$20.00	\$10.00
Tier 2: Preferred Brand	\$47.00	\$140.00	\$47.00
Tier 3: Non-Preferred Brand	\$100.00	\$250.00	\$100.00
Tier 4: Specialty (High Cost)	33% of total cost Maximum \$250.00	33% of total cost Maximum \$400.00	33% of total cost Maximum \$250.00

For long term supply cost information, please refer to your *Evidence of Coverage*.

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 2026 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2026-Medicare-Part-D-Outlook.php> for more information about the 2026 Medicare Part D Defined Standard Benefit drug costs.

SilverScript (EGWP)'s formulary

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

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

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

PA	Prior Authorization
QL	Drug has Quantity Limits
ST	Step Therapy required
NM	Not available at our mail-order pharmacies.
NDS	Non-extended day supply. Not available for an extended (long-term) supply.
B/D	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>allopurinol</i> TABS 200mg	1	ST
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	4	NDS
ALOPRIM SOLR 500mg	4	NDS
<i>colchicine</i> (generic of MITIGARE) CAPS .6mg QL (60 caps / 30 days)	1	QL
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	1	QL
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	1	
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1	PA
GLOPERBA SOLN .6mg/5ml QL (300 mL / 30 days)	3	QL
KRYSTEXXA SOLN 8mg/ml	4	NDS NM PA
MITIGARE CAPS .6mg QL (60 caps / 30 days)	3	QL
<i>probenecid</i> TABS 500mg	1	
ULORIC TABS 40mg, 80mg	3	PA
MISCELLANEOUS		
<i>acetaminophen</i> SOLN 10mg/ml	1	
<i>clonidine hcl</i> (analgesia) (generic of DURACLON) SOLN 100mcg/ml	1	B/D
DURACLON SOLN 100mcg/ml	3	B/D
JOURNAVX TABS 50mg QL (29 tabs / 14 days)	3	QL PA
<i>lidocaine hcl</i> (local anesth.) SOLN 4%	1	B/D
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D
<i>lidocaine hcl</i> (local anesth.) (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

Drug Name	Drug Requirements/ Tier	Limits
NSAIDS		
ARTHROTEC 50 TAB	3	
ARTHROTEC 75 TAB	3	
CELEBREX CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	3	QL
CELEBREX CAPS 400mg QL (30 caps / 30 days)	3	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	1	QL
COMBOGESIC INJ 300-1000	3	
DAYPRO TABS 600mg	3	
<i>diclofenac potassium</i> (generic of ZIPSOR) CAPS 25mg QL (120 caps / 30 days)	4	NDS QL PA
<i>diclofenac potassium</i> TABS 25mg QL (120 tabs / 30 days)	4	NDS QL PA
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diclofenac w/ misoprostol tab</i> delayed release 50-0.2 mg (generic of ARTHROTEC 50)	1	
<i>diclofenac w/ misoprostol tab</i> delayed release 75-0.2 mg (generic of ARTHROTEC 75)	1	
<i>diflunisal</i> TABS 500mg	1	
DOLOBID TABS 250mg QL (180 tabs / 30 days)	4	NDS QL PA
DOLOBID TABS 375mg QL (120 tabs / 30 days)	4	NDS QL PA
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
<i>fenoprofen calcium</i> CAPS 400mg QL (240 caps / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
FENOPRON CAPS 300mg QL (240 caps / 30 days)	4	NDS QL PA
flurbiprofen TABS 100mg	1	
ibu TABS 400mg, 600mg, 800mg	1	
ibuprofen SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
ibuprofen TABS 300mg QL (120 tabs / 30 days)	4	NDS QL
ibuprofen-famotidine tab 800- 26.6 mg QL (90 tabs / 30 days)	1	QL PA
ketoprofen CAPS 25mg QL (120 caps / 30 days)	4	NDS QL PA
ketoprofen CAPS 50mg QL (180 caps / 30 days)	4	NDS QL PA
ketoprofen CP24 200mg QL (30 caps / 30 days)	1	QL PA
ketorolac tromethamine TABS 10mg QL (20 tabs / 30 days) PA applies if 65 years and older	1	QL PA
lofena TABS 25mg QL (120 tabs / 30 days)	4	NDS QL PA
meclofenamate sodium CAPS 50mg, 100mg	1	
mefenamic acid CAPS 250mg	1	
meloxicam CAPS 5mg, 10mg QL (30 caps / 30 days)	1	QL PA
meloxicam TABS 7.5mg, 15mg	1	
nabumetone TABS 500mg, 750mg	1	
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
naproxen SUSP 125mg/5ml QL (1800 mL / 30 days)	1	QL PA
naproxen TABS 250mg, 375mg, 500mg	1	
naproxen TBEC 375mg QL (120 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
naproxen dr TBEC 500mg QL (90 tabs / 30 days)	1	QL
naproxen sodium TABS 275mg, 550mg	1	
naproxen sodium (generic of NAPRELAN) TB24 375mg QL (120 tabs / 30 days)	1	QL PA
naproxen sodium (generic of NAPRELAN) TB24 500mg QL (90 tabs / 30 days)	1	QL PA
naproxen sodium (generic of NAPRELAN) TB24 750mg QL (60 tabs / 30 days)	1	QL PA
naproxen-esomeprazole magnesium tab dr 375-20 mg QL (60 tabs / 30 days)	4	NDS QL PA
naproxen-esomeprazole magnesium tab dr 500-20 mg (generic of VIMOVO) QL (60 tabs / 30 days)	4	NDS QL PA
oxaprozin TABS 600mg	1	
piroxicam 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
sulindac TABS 150mg, 200mg	1	
tolectin 600 TABS 600mg QL (90 tabs / 30 days)	4	NDS QL PA
tolmetin sodium CAPS 400mg	4	NDS
tolmetin sodium TABS 600mg QL (90 tabs / 30 days)	4	NDS QL PA
XIFYRM SOLN 30mg/ml	3	
ZIPSOR CAPS 25mg QL (120 caps / 30 days)	4	NDS QL PA
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	3	QL PA
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	3	QL PA
CONZIP CP24 100mg, 200mg, 300mg QL (30 caps / 30 days)	3	QL PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA
HYSINGLA ER T24A 20mg, 30mg, 40mg QL (30 tabs / 30 days)	3	QL PA
HYSINGLA ER T24A 60mg, 80mg, 100mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>levorphanol tartrate</i> TABS 2mg, 3mg QL (120 tabs / 30 days)	4	NDS QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA

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

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
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg QL (60 caps / 30 days)	3	QL PA
XTAMPZA ER C12A 36mg QL (60 caps / 30 days)	4	NDS QL PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL
acetaminophen w/ codeine tab 300-15 mg QL (400 tabs / 30 days)	1	QL
acetaminophen w/ codeine tab 300-30 mg QL (360 tabs / 30 days)	1	QL
acetaminophen w/ codeine tab 300-60 mg QL (180 tabs / 30 days)	1	QL
acetaminophen-caffeine- dihydrocodeine cap 320.5-30- 16 mg QL (300 caps / 30 days)	1	QL
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	3	
butorphanol tartrate SOLN 10mg/ml QL (10 mL / 30 days)	1	QL
CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days)	3	QL
codeine sulfate TABS 30mg QL (180 tabs / 30 days)	1	QL
DILAUDID LIQD 1mg/ml QL (600 mL / 30 days)	3	QL
DILAUDID SOLN .2mg/ml, 1mg/ml, 2mg/ml	3	B/D
DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days)	3	QL
DILAUDID TABS 8mg QL (180 tabs / 30 days)	4	NDS QL
endocet tab 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
endocet tab 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
endocet tab 7.5-325mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
endocet tab 10-325mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)	1	QL
hydrocodone-acetaminophen soln 10-300 mg/15ml QL (2700 mL / 30 days)	1	QL
hydrocodone-acetaminophen soln 10-325 mg/15ml QL (2700 mL / 30 days)	1	QL
hydrocodone-acetaminophen tab 2.5-325 mg QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 5-300 mg QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 5-325 mg QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 7.5-300 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 10-300 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-ibuprofen tab 5- 200 mg QL (150 tabs / 30 days)	1	QL
hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)	1	QL
hydrocodone-ibuprofen tab 10-200 mg QL (150 tabs / 30 days)	1	QL
hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL

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

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

Drug Name	Drug Requirements/ Tier	Limits
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
ROXICODONE TABS 15mg QL (180 tabs / 30 days)	3	QL
ROXICODONE TABS 30mg QL (180 tabs / 30 days)	4	NDS QL
ROXYBOND TABA 5mg, 10mg, 15mg, 30mg QL (180 tabs / 30 days)	4	NDS QL
<i>tramadol hcl</i> SOLN 5mg/ml QL (2400 mL / 30 days)	1	QL PA
<i>tramadol hcl</i> TABS 25mg QL (120 tabs / 30 days)	1	QL
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	1	QL
<i>tramadol hcl</i> TABS 75mg QL (150 tabs / 30 days)	1	QL PA
<i>tramadol hcl</i> TABS 100mg QL (120 tabs / 30 days)	1	QL PA
TRAMADOL HYDROCHLORIDE SOLN 5mg/ml QL (2400 mL / 30 days)	3	QL PA
<i>tramadol-acetaminophen tab</i> 37.5-325 mg QL (240 tabs / 30 days)	1	QL
<i>trexix</i> QL (300 caps / 30 days)	1	QL
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg QL (672 tabs / year)	1	QL PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	1	QL PA
AZACTAM SOLR 1gm, 2gm	3	
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	1	
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
BETHKIS NEBU 300mg/4ml	4	NDS NM PA
CAYSTON SOLR 75mg	4	NDS NM PA
CLEOCIN CAPS 75mg, 150mg, 300mg	3	
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	3	
CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	3	
CLINDMYC/NAC INJ 600/50ML	3	
CLINDMYC/NAC INJ 900/50ML	3	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	1	
COLY-MYCIN M SOLR 150mg	3	
DALVANCE SOLR 500mg	4	NDS
<i>dapsone</i> TABS 25mg, 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
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
EMBLAVEO INJ 2GM	4	NDS
EMVERM CHEW 100mg QL (12 tabs / year)	4	NDS QL
<i>ertapenem sodium</i> SOLR 1gm	1	
FIRVANQ SOLR 25mg/ml, 50mg/ml QL (1800 mL / 180 days)	3	QL
<i>fosfomycin tromethamine</i> PACK 3gm	1	
<i>gentamicin in saline inj</i> 0.8 mg/ml	1	
<i>gentamicin in saline inj</i> 1 mg/ml	1	
<i>gentamicin in saline inj</i> 1.2 mg/ml	1	
<i>gentamicin in saline inj</i> 1.6 mg/ml	1	
<i>gentamicin in saline inj</i> 2 mg/ml	1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
HUMATIN CAPS 250mg	4	NDS
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	1	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg (generic of PRIMAXIN IV)	1	
IMPAVIDO CAPS 50mg	4	NDS PA
<i>ivermectin</i> (generic of STROMECTOL) TABS 3mg QL (20 tabs / 90 days)	1	QL PA
<i>ivermectin</i> TABS 6mg QL (10 tabs / 90 days)	1	QL PA
KIMYRSA SOLR 1200mg	4	NDS

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

Drug Name	Drug Requirements/ Tier	Limits
<i>nitrofurantoin monohydrate macro</i> (generic of MACROBID) CAPS 100mg	2	
ORBACTIV SOLR 400mg	4	NDS
ORLYNVAH TAB 500-500	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	
praziquantel TABS 600mg	1	
PRIMAXIN IV INJ 500MG	3	
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	4	NDS QL PA
RECARBRIO INJ 1.25GM	4	NDS
SIVEXTRO SOLR 200mg; TABS 200mg	4	NDS
SOLOSEC PACK 2gm	3	
<i>streptomycin sulfate</i> SOLR 1gm	4	NDS
STROMECTOL TABS 3mg QL (20 tabs / 90 days)	3	QL PA
<i>sulfadiazine</i> TABS 500mg	4	NDS
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg (generic of BACTRIM)	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg (generic of BACTRIM DS)	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI NEBU 300mg/5ml	4	NDS NM PA
TOBI PODHALER CAPS 28mg	4	NDS NM PA
<i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	4	NDS NM PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>tobramycin sulfate</i> SOLR 1.2gm	4	NDS PA
<i>trimethoprim</i> TABS 100mg	1	
VABOMERE INJ 2GM(1-1)	4	NDS
VANCOCIN CAPS 125mg QL (80 caps / 180 days)	4	NDS QL
VANCOCIN CAPS 250mg QL (160 caps / 180 days)	4	NDS QL
VANCOMYC/D5W INJ 1.5/300	3	
VANCOMYC/D5W INJ 1.25/250	3	
VANCOMYCIN SOLN 2000mg/400ml	3	
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	1	QL
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	1	QL
<i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg	1	
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg	1	
<i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml, 250mg/5ml QL (1800 mL / 180 days)	1	QL
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1gm, 1.25gm, 1.5gm, 1.75gm, 2gm, 5gm, 10gm, 500mg, 750mg	3	

Drug Name	Drug Requirements/ Tier	Limits
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
VIBATIV SOLR 750mg	4	NDS
XACDURO INJ 1-1GM	4	NDS
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	3	QL
ZEMDRI SOLN 500mg/10ml	4	NDS
ZYVOX SOLN 600mg/300ml	4	NDS
ZYVOX SUSR 100mg/5ml QL (1800 mL / 30 days)	4	NDS QL
ZYVOX TABS 600mg QL (60 tabs / 30 days)	4	NDS QL
ANTIFUNGALS		
AMBISOME SUSR 50mg	4	NDS B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	4	NDS B/D
ANCOBON CAPS 250mg, 500mg	4	NDS PA
CANCIDAS SOLR 50mg, 70mg	4	NDS
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	4	NDS
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	4	NDS PA
DIFLUCAN SUSR 40mg/ml	3	
ERAXIS SOLR 50mg	3	
ERAXIS SOLR 100mg	4	NDS
<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg, 100mg, 200mg	1	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml; TABS 150mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	4	NDS PA
<i>fulvicin p/g 165</i> TABS 165mg	4	NDS
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>griseofulvin ultramicrosize</i> TABS 165mg	4	NDS
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg QL (120 caps / 30 days)	1	QL
<i>itraconazole</i> SOLN 10mg/ml	4	NDS
<i>ketoconazole</i> TABS 200mg	1	PA
MICAFUNGIN SOLR 50mg, 100mg	4	NDS
<i>miconazole sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	1	
MICAFUNGIN/NACL INJ 50MG/50ML	4	NDS
MICAFUNGIN/NACL INJ 100MG/100ML	4	NDS
MICAFUNGIN/NACL INJ 150MG/150ML	4	NDS
MYCAMINE SOLR 50mg, 100mg	4	NDS
NOXAFIL PACK 300mg QL (32 packets / 30 days)	4	NDS QL PA
NOXAFIL SOLN 300mg/16.7ml	4	NDS
NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA
<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> TBEC 100mg QL (93 tabs / 30 days)	4	NDS QL PA
REZZAYO SOLR 200mg	4	NDS
SPORANOX CAPS 100mg QL (120 caps / 30 days)	3	QL
<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 QL (120 caps / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
VFEND SUSR 40mg/ml QL (600 mL / 28 days)	4	NDS QL PA
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> TABS 50mg QL (480 tabs / 30 days)	1	QL
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	1	QL
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 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	
<i>quinine sulfate</i> CAPS 324mg	1	PA
ANTI-RETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	1	NM
<i>abacavir sulfate</i> TABS 300mg	1	NM
APTIVUS CAPS 250mg	4	NDS NM
<i>atazanavir sulfate</i> CAPS 150mg	1	NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	1	NM

Drug Name	Drug Requirements/ Tier	Limits
<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	1	QL NM
<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	1	QL NM
EDURANT TABS 25mg	4	NDS NM
EDURANT PED TBSO 2.5mg	4	NDS NM
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	4	NDS NM
<i>fosamprenavir calcium</i> TABS 700mg	4	NDS NM
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

Drug Name	Drug Requirements/ Tier	Limits
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
ritonavir (generic of NORVIR) TABS 100mg	1	NM
RUKOBIA TB12 600mg	4	NDS NM
SELZENTRY SOLN 20mg/ml; TABS 150mg, 300mg	4	NDS NM
SUNLENCA TABS 300mg; TBPK 300mg	4	NDS NM
tenofovir disoproxil fumarate (generic of VIREAD) TABS 300mg	1	NM
TIVICAY TABS 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
zidovudine (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM
zidovudine TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	1	NM
BIKTARVY TAB 30-120-15 MG	4	NDS NM
BIKTARVY TAB 50-200-25 MG	4	NDS NM
CIMDUO TAB 300-300	4	NDS NM
COMPLERA TAB	4	NDS NM
DELSTRIGO TAB	4	NDS NM
DESCOVY TAB 120-15MG	4	NDS NM
DESCOVY TAB 200/25MG	4	NDS NM
DOVATO TAB 50-300MG	4	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg	1	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	4	NDS NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)	4	NDS NM
emtricitabine- rilpivirine- tenofovir df tab 200-25-300 mg (generic of COMPLERA)	4	NDS NM
emtricitabine-tenofovir disoproxil fumarate tab 100- 150 mg (generic of TRUVADA)	1	NM
emtricitabine-tenofovir disoproxil fumarate tab 133- 200 mg (generic of TRUVADA)	4	NDS NM
emtricitabine-tenofovir disoproxil fumarate tab 167- 250 mg (generic of TRUVADA)	1	NM
emtricitabine-tenofovir disoproxil fumarate tab 200- 300 mg (generic of TRUVADA)	1	NM
EVOTAZ TAB 300-150	4	NDS NM
GENVOYA TAB	4	NDS NM
JULUCA TAB 50-25MG	4	NDS NM
KALETRA SOL	3	NM
KALETRA TAB 100-25MG	3	NM
KALETRA TAB 200-50MG	4	NDS NM
lamivudine-zidovudine tab 150-300 mg	1	NM
lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)	1	NM
lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)	1	NM
ODEFSEY TAB	4	NDS NM
PREZCOBIX TAB 675/150	4	NDS NM
PREZCOBIX TAB 800-150	4	NDS NM
STRIBILD TAB	4	NDS NM
SYMFI TAB	4	NDS NM
SYMTUZA TAB	4	NDS NM
TRIUMEQ PD TAB	3	NM
TRIUMEQ TAB	4	NDS NM
TRUVADA TAB 100-150	4	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
TRUVADA TAB 133-200	4	NDS NM
TRUVADA TAB 167-250	4	NDS NM
TRUVADA TAB 200-300	4	NDS NM
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	4	NDS
<i>ethambutol hcl</i> TABS 100mg, 1 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg	1	
<i>rifampin</i> (generic of RIFADIN) 1 SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	4	NDS NM PA
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	4	NDS NM ST
BARACLUDE TABS .5mg, 1mg	4	NDS NM
<i>cidofovir</i> SOLN 75mg/ml	1	
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	4	NDS NM PA
EPCLUSA PAK 200-50MG	4	NDS NM PA
EPCLUSA TAB 200-50MG	4	NDS NM PA
EPCLUSA TAB 400-100	4	NDS NM PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>foscarnet sodium</i> (generic of FOSCAVIR) SOLN 6000mg/250ml	4	NDS B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
HARVONI PAK 33.75-150MG	4	NDS NM PA
HARVONI PAK 45-200MG	4	NDS NM PA
HARVONI TAB 45-200MG	4	NDS NM PA
HARVONI TAB 90-400MG	4	NDS NM PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	4	NDS QL NM PA
MAVYRET PAK 50-20MG	4	NDS NM PA
MAVYRET TAB 100-40MG	4	NDS NM PA
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	1	QL
PAXLOVID PAK QL (22 tabs / 90 days)	1	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	1	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	1	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	4	NDS NM PA
PREVYMIS PACK 20mg, 120mg QL (120 packets / 30 days)	4	NDS QL PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	4	NDS
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	4	NDS QL PA
RAPIVAB SOLN 200mg/20ml	4	NDS
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	2	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
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
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	4	NDS
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACTOR ER TB12 500mg	3	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	
CEFAZOLIN SOLR 2gm, 3gm	3	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	3	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	3	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	3	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	3	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
CEFEPIME SOLN 1gm/50ml, 3 2gm/100ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> (generic of CEFOTAN) SOLR 1gm, 2gm	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
FETROJA SOLR 1gm	4	NDS
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	4	NDS
ZERBAXA INJ 1.5GM	4	NDS
ZEVTERA SOLR 500mg	4	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1	
<i>azithromycin</i> TABS 600mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<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	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1	
<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	4	NDS
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1	
<i>fidaxomicin</i> (generic of DIFICID) TABS 200mg	4	NDS
ZITHROMAX SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	3	
ZITHROMAX TRI-PAK TABS 500mg	3	
ZITHROMAX Z-PAK TABS 250mg	3	
FLUOROQUINOLONES		
BAXDELA SOLR 300mg; TABS 450mg	4	NDS
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	1	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>ciprofloxacin hcl</i> TABS 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	1	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	1	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	1	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin & k clavulanate for</i> <i>susp</i> 200-28.5 mg/5ml	1	
<i>amoxicillin & k clavulanate for</i> <i>susp</i> 250-62.5 mg/5ml	1	
<i>amoxicillin & k clavulanate for</i> <i>susp</i> 400-57 mg/5ml	1	
<i>amoxicillin & k clavulanate for</i> <i>susp</i> 600-42.9 mg/5ml (generic of AUGMENTIN ES- 600)	1	
<i>amoxicillin & k clavulanate tab</i> 250-125 mg	1	
<i>amoxicillin & k clavulanate tab</i> 500-125 mg	1	
<i>amoxicillin & k clavulanate tab</i> 875-125 mg	1	
<i>amoxicillin & k clavulanate tab</i> er 12hr 1000-62.5 mg	1	
<i>ampicillin</i> CAPS 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ampicillin & sulbactam sodium</i> 1 <i>for inj 1.5 (1-0.5) gm</i> (generic of UNASYN)		
<i>ampicillin & sulbactam sodium</i> 1 <i>for inj 3 (2-1) gm</i> (generic of UNASYN)		
<i>ampicillin & sulbactam sodium</i> 1 <i>for iv soln 1.5 (1-0.5) gm</i>		
<i>ampicillin & sulbactam sodium</i> 1 <i>for iv soln 3 (2-1) gm</i>		
<i>ampicillin & sulbactam sodium</i> 1 <i>for iv soln 15 (10-5) gm</i> (generic of UNASYN BULK PACK)		
<i>ampicillin sodium</i> SOLR 1gm, 1 2gm, 10gm, 250mg, 500mg		
AUGMENTIN SUS 125/5ML 3		
AUGMENTIN SUS ES-600 3		
AUGMENTIN TAB 500MG 3		
BICILLIN C-R INJ 900/300 3		
BICILLIN C-R INJ 1200000 3		
BICILLIN L-A SUSY 3 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml		
<i>dicloxacillin sodium</i> CAPS 1 250mg, 500mg		
NAFCILLIN INJ 2GM/100 4 NDS		
<i>nafcillin sodium</i> SOLR 1gm, 1 2gm		
<i>nafcillin sodium</i> SOLR 10gm 4 NDS		
OXACILLIN INJ 2GM 3		
<i>oxacillin sodium</i> SOLR 1gm, 1 2gm, 10gm		
PEN GK/DEXTR INJ 3 40000/ML		
PEN GK/DEXTR INJ 3 60000/ML		
<i>penicillin g potassium</i> SOLR 1 5000000unit, 20000000unit		
<i>penicillin g sodium</i> SOLR 1 5000000unit		
<i>penicillin v potassium</i> SOLR 1 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg		
<i>pfizerpen</i> SOLR 5000000unit, 1 20000000unit		

Drug Name	Drug Requirements/ Tier	Limits
<i>piperacillin sod-tazobactam na</i> 1 <i>for inj 3.375 gm (3-0.375 gm)</i>		
<i>piperacillin sod-tazobactam</i> 1 <i>sod for inj 2.25 gm (2-0.25 gm)</i>		
<i>piperacillin sod-tazobactam</i> 1 <i>sod for inj 4.5 gm (4-0.5 gm)</i>		
<i>piperacillin sod-tazobactam</i> 1 <i>sod for inj 13.5 gm (12-1.5 gm)</i>		
<i>piperacillin sod-tazobactam</i> 1 <i>sod for inj 40.5 gm (36-4.5 gm)</i>		
UNASYN INJ 1.5GM 3		
UNASYN INJ 3GM 3		
UNASYN INJ 15GM 3		
ZOSYN SOL 2-0.25GM 3		
ZOSYN SOL 3-0.375G 3		
ZOSYN SOL 4-0.50GM 3		
TETRACYCLINES		
<i>demeclocycline hcl</i> TABS 1 150mg, 300mg		
DORYX MPC TBEC 60mg 4 NDS PA		
<i>doxy 100</i> SOLR 100mg 1		
<i>doxycycline (monohydrate)</i> 1 CAPS 50mg, 75mg, 100mg, 150mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg		
<i>doxycycline hyclate</i> CAPS 1 50mg, 100mg; SOLR 100mg; TABS 20mg, 50mg, 75mg, 100mg, 150mg		
<i>doxycycline hyclate</i> TBEC 1 PA 50mg, 75mg, 80mg, 100mg, 150mg, 200mg		
<i>minocycline hcl</i> CAPS 50mg, 1 75mg, 100mg; TABS 50mg, 75mg, 100mg; TB24 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg		
NUZYRA SOLR 100mg 4 NDS NM		
NUZYRA TABS 150mg 4 NDS QL NM QL (30 tabs / 14 days)		
SEYSARA TABS 60mg, 4 NDS PA 100mg, 150mg		
<i>targadox</i> TABS 50mg 1		

Drug Name	Drug Requirements/ Tier	Limits
<i>tetracycline hcl</i> CAPS 250mg, 1 500mg		
TETRACYCLINE 4 NDS PA HYDROCHLORID TABS 250mg, 500mg		
TIGECYCLINE SOLR 50mg 4 NDS		
<i>tigecycline</i> (generic of 1 TYGACIL) SOLR 50mg		
TYGACIL SOLR 50mg 4 NDS		
XERAVA SOLR 50mg, 3 100mg		
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>bendamustine hcl</i> (generic of 4 NDS B/D NM TREANDA) SOLR 25mg, 100mg		
BENDAMUSTINE 4 NDS B/D NM HYDROCHLORID SOLN 100mg/4ml		
BENDEKA SOLN 100mg/4ml 4 NDS B/D NM		
<i>carboplatin</i> SOLN 50mg/5ml, 1 B/D 150mg/15ml, 450mg/45ml, 600mg/60ml		
<i>cisplatin</i> SOLN 50mg/50ml, 1 B/D 100mg/100ml, 200mg/200ml		
<i>cyclophosphamide</i> CAPS 1 B/D 25mg, 50mg; SOLR 1gm, 500mg		
CYCLOPHOSPHAMIDE 4 NDS B/D NM SOLN 1gm/2ml, 2gm/4ml, 500mg/ml		
CYCLOPHOSPHAMIDE 4 NDS B/D SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml		
<i>cyclophosphamide</i> SOLR 4 NDS B/D 2gm		
CYCLOPHOSPHAMIDE 3 B/D TABS 25mg, 50mg		
CYCLOPHOSPHAMIDE 4 NDS B/D MONOHYDR SOLN 2gm/10ml		
FRINDOVYX SOLN 1gm/2ml, 4 NDS B/D NM 2gm/4ml, 500mg/ml		
GLEOSTINE CAPS 10mg, 3 NM 40mg		
GLEOSTINE CAPS 100mg 4 NDS NM		
GRAFAPEX SOLR 1gm, 5gm 4 NDS B/D NM		

Drug Name	Drug Requirements/ Tier	Limits
IFEX SOLR 3gm 3 B/D		
<i>ifosfamide</i> SOLN 1gm/20ml, 1 B/D 3gm/60ml		
IFOSFAMIDE SOLR 3gm 3 B/D		
LEUKERAN TABS 2mg 4 NDS PA		
<i>oxaliplatin</i> SOLN 50mg/10ml, 1 B/D 100mg/20ml, 200mg/40ml		
<i>oxaliplatin</i> SOLR 50mg, 4 NDS B/D 100mg		
TREANDA SOLR 25mg, 4 NDS B/D NM 100mg		
VIVIMUSTA SOLN 4 NDS B/D NM 100mg/4ml		
ZEPZELCA SOLR 4mg 4 NDS NM PA		
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 4 NDS B/D 500mg		
AVGEMSI SOLN 4 NDS B/D NM 1gm/26.3ml, 2gm/52.6ml		
AXTLE SOLR 100mg, 500mg 4 NDS B/D NM		
<i>azacitidine</i> (generic of 4 NDS B/D NM VIDAZA) SUSR 100mg		
<i>cytarabine</i> SOLN 20mg/ml, 1 B/D 100mg/ml		
<i>decitabine</i> SOLR 50mg 4 NDS B/D NM		
<i>fludarabine phosphate</i> SOLN 1 B/D 50mg/2ml; SOLR 50mg		
<i>fluorouracil</i> SOLN 1gm/20ml, 1 B/D 2.5gm/50ml, 5gm/100ml, 500mg/10ml		
FOLOTYN SOLN 20mg/ml, 4 NDS NM PA 40mg/2ml		
<i>gemcitabine hcl</i> (generic of 1 B/D GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml		
<i>gemcitabine hcl</i> SOLR 1gm, 1 B/D 2gm, 200mg		
GEMCITABINE 3 B/D HYDROCHLORIDE SOLN 1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml, 200mg/2ml, 200mg/5.26ml		
INQOVI TAB 35-100MG 4 NDS QL NM QL (5 tabs / 28 days) PA		
LONSURF TAB 15-6.14 4 NDS QL NM QL (100 tabs / 28 days) 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
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	4	NDS QL NM PA
<i>mercaptopurine</i> (generic of PURIXAN) SUSP 2000mg/100ml	4	NDS NM
<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	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
PURIXAN SUSP 2000mg/100ml	4	NDS NM
TABLOID TABS 40mg	4	NDS PA
VIDAZA SUSR 100mg	4	NDS B/D NM
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	4	NDS QL NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>abirtega</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	1	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	4	NDS QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	1	
ARIMIDEX TABS 1mg	4	NDS
AROMASIN TABS 25mg	4	NDS
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	1	
CASODEX TABS 50mg	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
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	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
<i>leuprolide acetate</i> (3 month) INJ 22.5mg	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
LUTRATE DEPOT INJ 22.5mg	3	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
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

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
SOLTAMOX SOLN 10mg/5ml	4	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	1	PA
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	4	NDS QL NM PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	4	NDS QL NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	4	NDS QL NM PA
YONSA TABS 125mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA
ZYTIGA TABS 250mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ZYTIGA TABS 500mg QL (60 tabs / 30 days)	4	NDS QL NM PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	4	NDS QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	4	NDS QL NM PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM PA
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
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	4	NDS NM PA
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	4	NDS QL NM PA
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	B/D
CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	3	B/D
<i>dacarbazine</i> SOLR 100mg	1	B/D
<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	4	NDS B/D
DOXIL SUSP 2mg/ml	4	NDS B/D
<i>doxorubicin hcl</i> (generic of DOXORUBICIN HYDROCHLORIDE) SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) SUSP 2mg/ml	4	NDS B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	3	B/D
ELITEK SOLR 1.5mg, 7.5mg	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
KHAPZORY SOLR 175mg	4	NDS B/D NM
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D NM
MATULANE CAPS 50mg	4	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
<i>mesna</i> (generic of MESNEX) TABS 400mg	4	NDS
MESNEX TABS 400mg	4	NDS
<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
MODEYSO CAPS 125mg QL (20 caps / 28 days)	4	NDS QL NM PA
NIPENT SOLR 10mg	4	NDS B/D
ONCASPAR SOLN 750unit/ml	4	NDS NM PA
ONIVYDE SUSP 43mg/10ml	4	NDS B/D NM
RYLAZE SOLN 10mg/0.5ml	4	NDS NM PA
SYLVANT SOLR 100mg, 400mg	4	NDS NM PA
TARGRETIN CAPS 75mg QL (300 caps / 30 days)	4	NDS QL NM PA
TOPOTECAN HCL SOLN 4mg/4ml	3	B/D
<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
MITOTIC INHIBITORS		
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

Drug Name	Drug Requirements/ Tier	Limits
<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D NM
<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>paclitaxel inj 100mg</i> (generic of ABRAXANE)	4	NDS B/D NM
<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
AFINITOR TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ TBSO 2mg, 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ TBSO 3mg QL (90 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

Drug Name	Drug Requirements/ Tier	Limits
ALYMSYS SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	4	NDS QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	4	NDS QL NM PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	4	NDS QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	4	NDS QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	4	NDS QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	4	NDS QL NM PA
BAVENCIO SOLN 200mg/10ml	4	NDS NM PA
BELEODAQ SOLR 500mg	4	NDS NM PA
BESPONSA SOLR .9mg	4	NDS NM PA
BORTEZOMIB SOLR 1mg, 2.5mg	3	NM PA
<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	4	NDS NM PA
BORUZU SOLN 3.5mg/1.4ml	4	NDS NM PA
BOSULIF CAPS 50mg QL (30 caps / 30 days)	4	NDS QL NM PA
BOSULIF CAPS 100mg QL (300 caps / 30 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 TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	4	NDS QL NM PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>erlotinib hcl</i> TABS 150mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg, 5mg QL (60 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
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	4	NDS QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	4	NDS QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	4	NDS QL NM PA
FYARRO SUSR 100mg	4	NDS NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
GAZYVA SOLN 1000mg/40ml	4	NDS NM PA
<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	4	NDS QL NM PA
GLEEVEC TABS 100mg QL (90 tabs / 30 days)	4	NDS QL NM PA
GLEEVEC TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA
GOMEKLI CAPS 1mg QL (168 caps / 28 days)	4	NDS QL NM PA
GOMEKLI CAPS 2mg QL (84 caps / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
GOMEKLI TBSO 1mg QL (168 tabs / 28 days)	4	NDS QL NM PA
HERCEP HYLEC SOL 60- 10000	4	NDS NM PA
HERCEPTIN SOLR 150mg	4	NDS NM PA
HERNEXEOS TABS 60mg QL (120 tabs / 30 days)	4	NDS QL 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
IBTROZI CAPS 200mg QL (90 caps / 30 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)	1	QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	4	NDS QL NM PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	4	NDS QL NM PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	4	NDS QL NM PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	4	NDS QL NM PA
IMDELLTRA SOLR 1mg, 10mg	4	NDS NM PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	4	NDS NM PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	4	NDS NM PA
IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	4	NDS QL NM PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
INLYTA TABS 5mg QL (120 tabs / 30 days)	4	NDS QL NM PA
INREBIC CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
IRESSA TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ITOVEBI TABS 3mg QL (56 tabs / 28 days)	4	NDS QL NM PA
ITOVEBI TABS 9mg QL (28 tabs / 28 days)	4	NDS QL NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	4	NDS QL NM PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	4	NDS QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA
JEMPERLI SOLN 500mg/10ml	4	NDS NM PA
KADCYLA SOLR 100mg, 160mg	4	NDS B/D NM
KANJINTI SOLR 150mg, 420mg	4	NDS NM PA
KEYTRUDA SOLN 100mg/4ml	4	NDS NM PA
KIMMTRAK SOLN 100mcg/0.5ml	4	NDS NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	4	NDS QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	4	NDS QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	4	NDS QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	4	NDS QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	4	NDS QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	4	NDS QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	4	NDS QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	4	NDS QL NM PA
KYPROLIS SOLR 10mg, 30mg, 60mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	4	NDS QL NM PA
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	4	NDS QL NM PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	4	NDS QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	4	NDS QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	4	NDS QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	4	NDS QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	4	NDS QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	4	NDS QL NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	4	NDS QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	4	NDS QL NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	4	NDS QL NM PA
LIBTAYO SOLN 350mg/7ml	4	NDS NM PA
LOQTORZI SOLN 240mg/6ml	4	NDS NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	4	NDS QL NM PA
LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	4	NDS QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	4	NDS QL NM PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	4	NDS NM PA
LYNOZYFIC SOLN 5mg/2.5ml, 200mg/10ml	4	NDS NM PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	4	NDS QL NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	4	NDS QL NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	4	NDS QL NM PA
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
NILOTINIB CAPS 50mg QL (120 caps / 30 days)	4	NDS QL PA
NILOTINIB CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL PA
<i>nilotinib hcl</i> CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
<i>nilotinib hcl</i> (generic of TASIGNA) CAPS 150mg, 200mg QL (112 caps / 28 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

Drug Name	Drug Requirements/ Tier	Limits
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	4	NDS QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	4	NDS QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	4	NDS QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ONTRUZANT SOLR 150mg, 420mg	4	NDS NM PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	4	NDS NM PA
OPDIVO INJ QVANTIG	4	NDS NM PA
OPDUALAG SOL	4	NDS NM PA
PADCEV SOLR 20mg, 30mg	4	NDS NM PA
<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 TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA
RETEVMO TABS 80mg QL (120 tabs / 30 days)	4	NDS QL NM PA
RETEVMO TABS 120mg, 160mg QL (60 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
REVUFORJ TABS 25mg QL (240 tabs / 30 days)	4	NDS QL NM PA
REVUFORJ TABS 110mg QL (120 tabs / 30 days)	4	NDS QL NM PA
REVUFORJ TABS 160mg QL (60 tabs / 30 days)	4	NDS QL NM PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	4	NDS QL NM PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
RITUXAN SOLN 500mg/50ml	4	NDS NM PA
RITUXAN INJ HYCELA	4	NDS NM PA
ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days)	4	NDS QL 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
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

Drug Name	Drug Requirements/ Tier	Limits
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 (840 tabs / 28 days)	4	NDS QL NM PA
TAGRISSE 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
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	4	NDS QL NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NDS NM PA
TECENTRIQ INJ HYBREZA QL (1 vial / 21 days)	4	NDS QL NM PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	4	NDS NM PA
<i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	4	NDS B/D NM
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	4	NDS QL NM PA
TEVIMBRA SOLN 100mg/10ml	4	NDS NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA
TIVDAK SOLR 40mg	4	NDS NM PA
TORISEL SOLN 25mg/ml	4	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits
torpenz (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
TRAZIMERA SOLR 150mg, 420mg	4	NDS NM PA
TRODELVY SOLR 180mg	4	NDS NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	4	NDS QL NM PA
TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days)	4	NDS QL NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	4	NDS QL NM PA
TYKERB TABS 250mg QL (180 tabs / 30 days)	4	NDS QL NM PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	4	NDS QL NM PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	4	NDS B/D NM
VEGZELMA SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA
VELCADE SOLR 3.5mg	4	NDS NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	2	QL NM PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	4	NDS QL NM PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	4	NDS QL NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	4	NDS QL NM PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	4	NDS QL NM PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
VORANIGO TABS 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
VORANIGO TABS 40mg QL (30 tabs / 30 days)	4	NDS QL NM PA
VOTRIENT TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
VYLOY SOLR 100mg, 300mg	4	NDS NM PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg QL (120 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 10mg QL (16 tabs / 28 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
ZIIHERA SOLR 300mg	4	NDS NM PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	4	NDS QL NM PA
ZYNLONTA SOLR 10mg	4	NDS NM PA
ZYNYZ SOLN 500mg/20ml	4	NDS NM PA
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
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
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	1	

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

Drug Name	Drug Requirements/ Tier Limits
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> (generic of ACCURETIC)	1
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1
<i>trandolapril-verapamil hcl tab 1-240 mg</i>	1
<i>trandolapril-verapamil hcl tab 2-180 mg</i>	1
<i>trandolapril-verapamil hcl tab 2-240 mg</i>	1
<i>trandolapril-verapamil hcl tab 4-240 mg</i>	1
VASERETIC TAB 10-25MG	3
ZESTORETIC TAB 10-12.5	3
ZESTORETIC TAB 20-12.5	3
ZESTORETIC TAB 20-25MG	3
ACE INHIBITORS	
<i>benazepril hcl</i> TABS 5mg	1
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1
<i>enalapril maleate</i> (generic of EPANED) SOLN 1mg/ml	1
<i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	1
EPANED SOLN 1mg/ml	4 NDS
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1
LOTENSIN TABS 10mg, 20mg, 40mg	3
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1
QBRELIS SOLN 1mg/ml	4 NDS
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	1
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1

Drug Name	Drug Requirements/ Tier Limits
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1
VASOTEC TABS 2.5mg, 5mg, 10mg	3
VASOTEC TABS 20mg	4 NDS
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	3
ALDOSTERONE RECEPTOR ANTAGONISTS	
ALDACTONE TABS 25mg, 50mg, 100mg	3
CAROSPIR SUSP 25mg/5ml	3
<i>eplerenone</i> (generic of INSPRA) TABS 25mg, 50mg	1
INSPRA TABS 25mg, 50mg	3
KERENDIA TABS 10mg, 20mg, 40mg	2 QL
QL (30 tabs / 30 days)	
<i>spironolactone</i> (generic of CAROSPIR) SUSP 25mg/5ml	1
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1
ALPHA BLOCKERS	
CARDURA TABS 1mg, 2mg, 4mg, 8mg	3
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1
TEZRULY SOLN 1mg/ml	3 QL ST
QL (600 mL / 30 days)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1 QL
QL (30 tabs / 30 days)	

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>sacubitril-valsartan tab 24-26 mg (generic of ENTRESTO)</i> QL (60 tabs / 30 days)	1	QL
<i>sacubitril-valsartan tab 49-51 mg (generic of ENTRESTO)</i> QL (60 tabs / 30 days)	1	QL
<i>sacubitril-valsartan tab 97-103 mg (generic of ENTRESTO)</i> QL (60 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 40-5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 40-10 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 80-5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 80-10 mg</i> QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)</i> QL (60 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)</i> QL (30 tabs / 30 days)	1	QL
TRIBENZOR TAB 20-5-12.5MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR TAB 40-5-12.5MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR TAB 40-5-25MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR TAB 40-10-12.5MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR TAB 40-10-25MG QL (30 tabs / 30 days)	3	QL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i> QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ARBLI SUSP 10mg/ml QL (330 mL / 30 days)	3	QL
ATACAND TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	3	QL
ATACAND TABS 32mg QL (30 tabs / 30 days)	3	QL
AVAPRO TABS 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> TABS 75mg QL (30 tabs / 30 days)	1	QL
<i>irbesartan</i> (generic of AVAPRO) TABS 150mg, 300mg QL (30 tabs / 30 days)	1	QL
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	1	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>telmisartan</i> TABS 20mg QL (30 tabs / 30 days)	1	QL
<i>telmisartan</i> (generic of MICARDIS) TABS 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
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
BETAPACE TABS 80mg, 120mg, 160mg	4	NDS
BETAPACE AF TABS 80mg	3	
BETAPACE AF TABS 120mg, 160mg	4	NDS
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	3	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg QL (60 tabs / 30 days)	3	QL
NORPACE CAPS 100mg, 150mg	3	
NORPACE CR CP12 100mg, 150mg	3	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	

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
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	1	
<i>fenofibrate</i> CAPS 50mg QL (60 caps / 30 days)	1	QL ST
<i>fenofibrate</i> CAPS 150mg QL (30 caps / 30 days)	1	QL ST
<i>fenofibrate</i> TABS 40mg QL (60 tabs / 30 days)	1	QL ST
<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 ST
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg	1	
<i>fenofibrate micronized</i> CAPS 130mg QL (30 caps / 30 days)	1	QL ST
<i>fenofibric acid</i> TABS 35mg QL (60 tabs / 30 days)	1	QL ST
<i>fenofibric acid</i> TABS 105mg QL (30 tabs / 30 days)	1	QL ST
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1	
LIPOFEN CAPS 50mg QL (60 caps / 30 days)	3	QL ST
LIPOFEN CAPS 150mg QL (30 caps / 30 days)	3	QL ST
LOPID TABS 600mg	3	

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

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

Drug Name	Drug Requirements/ Tier	Limits
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	2	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	2	QL
<i>niacin</i> (antihyperlipidemic) TABS 500mg	1	
<i>niacin</i> (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	1	QL
<i>niacor</i> TABS 500mg	1	
<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 QL (6 syringes / 28 days)	2	QL NM PA
REPATHA SURECLICK SOAJ 140mg/ml QL (6 autoinjectors / 28 days)	2	QL NM PA
VASCEPA CAPS .5gm, 1gm	2	
VYTORIN TAB 10-10MG QL (30 tabs / 30 days)	3	QL
VYTORIN TAB 10-20MG QL (30 tabs / 30 days)	3	QL
VYTORIN TAB 10-40MG QL (30 tabs / 30 days)	3	QL
VYTORIN TAB 10-80MG QL (30 tabs / 30 days)	3	QL
WELCHOL PACK 3.75gm; TABS 625mg	3	
ZETIA TABS 10mg QL (30 tabs / 30 days)	3	QL
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)	1	

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

Drug Name	Drug Requirements/ Tier	Limits
COREG CR CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	4	NDS 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, 400mg	1	
LABETALOL HYDROCHLORIDE SOLN 10mg/2ml	3	
LOPRESSOR SOLN 10mg/ml; 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> TABS 20mg, 40mg, 80mg	1	
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	1	QL
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1	
<i>propranolol hcl</i> SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
TENORMIN TABS 25mg, 50mg, 100mg	3	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3	

Drug Name	Drug Requirements/ Tier	Limits
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 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	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
KATERZIA SUSP 1mg/ml	3	
<i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>nicardipine hcl iv soln</i> 20 mg/200ml in sodium chloride 0.9% (generic of NICARDIPINE HYDROCHLORIDE)	1	
<i>nicardipine hcl iv soln</i> 40 mg/200ml in sodium chloride 0.9% (generic of NICARDIPINE HYDROCHLORIDE)	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>nimodipine</i> SOLN 60mg/20ml	4	NDS
<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1	
<i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg	1	
NORLIQVA SOLN 1mg/ml	3	
NORVASC TABS 2.5mg, 5mg, 10mg	3	
NYMALIZE SOLN 6mg/ml	4	NDS
PROCARDIA XL TB24 30mg, 60mg, 90mg	3	
SULAR TB24 8.5mg, 17mg, 34mg	3	
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1	
<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	
HEMICLOR TABS 12.5mg	3	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
INZIRQO SUSR 10mg/ml QL (320 mL / 30 days)	3	QL
KEVEYIS TABS 50mg	4	NDS NM PA
LASIX TABS 20mg, 40mg, 80mg	3	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>ormolvi</i> (generic of KEVEYIS) TABS 50mg	4	NDS NM PA
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
THALITONE TABS 15mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene</i> (generic of DYRENIUM) CAPS 50mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	3	
<i>aliskiren fumarate</i> (generic of TEKTURN) TABS 150mg, 300mg QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> (generic of CADUET)	1	

Drug Name	Drug Requirements/ Tier	Limits
<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	
ATTRUBY TBPK 356mg QL (112 tabs / 28 days)	4	NDS QL NM 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</i> TB24 .17mg	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	2	QL
CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)	3	QL
DEMSEER 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

Drug Name	Drug Requirements/ Tier	Limits
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	1	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 65 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	
<i>ivabradine hcl</i> (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)	1	QL
LANOXIN SOLN .25mg/ml; TABS 62.5mcg	3	
LANOXIN TABS 125mcg, 250mcg QL (30 tabs / 30 days)	3	QL
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
LODOCO TABS .5mg QL (30 tabs / 30 days)	3	QL PA
<i>methyl dopa</i> TABS 250mg, 500mg PA applies if 65 years and older	3	PA
<i>metyrosine</i> (generic of DEMSEER) CAPS 250mg	4	NDS NM PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
NEXICLON XR TB24 .17mg	3	
NORTHERA CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
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 QL (30 tabs / 30 days)	3	QL
TRYNGOLZA SOAJ 80mg/0.8ml QL (1 autoinjector / 30 days)	4	NDS QL NM PA
TRYVIO TABS 12.5mg QL (30 tabs / 30 days)	3	QL PA
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	2	QL PA
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	4	NDS QL NM PA
VYNDAQEL CAPS 20mg QL (120 caps / 30 days)	4	NDS QL NM PA
NITRATES		
ISORDIL TITRADOSE TABS 5mg	3	
ISORDIL TITRADOSE TABS 40mg	4	NDS ST
<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	ST
ISOSORBIDE MONONITRATE TABS 10mg, 20mg	3	
<i>isosorbide mononitrate</i> 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

Drug Name	Drug Requirements/ Tier	Limits
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
<i>nitroglycerin</i> (generic of NITROLINGUAL) SOLN .4mg/spray	1	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
NITROLINGUAL SOLN .4mg/spray	3	
NITROSTAT SUBL .3mg, .4mg, .6mg	3	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>alyq</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>bosentan</i> (generic of TRACLEER) TBSO 32mg QL (120 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

Drug Name	Drug Requirements/ Tier	Limits
ORENITRAM TAB MONTH 3	4	NDS NM PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM PA
REVATIO SOLN 10mg/12.5ml	4	NDS NM PA
REVATIO TABS 20mg QL (360 tabs / 30 days)	4	NDS QL NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SOLN 10mg/12.5ml	4	NDS NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> SUSR 10mg/ml QL (784 mL / 30 days)	4	NDS QL NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	1	QL NM PA
<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	1	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

Drug Name	Drug Requirements/ Tier	Limits
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	4	NDS QL NM PA
UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	4	NDS QL NM PA
VELETRI SOLR .5mg, 1.5mg	4	NDS B/D NM
WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	4	NDS QL NM PA
WINREVAIR INJ 45MG QL (2 vials / 21 days)	4	NDS QL NM PA
WINREVAIR INJ 60MG QL (2 vials / 21 days)	4	NDS QL NM PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	4	NDS QL NM PA
YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	4	NDS QL NM PA
CENTRAL NERVOUS SYSTEM ANTI-ANXIETY		
<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

Drug Name	Drug Requirements/ Tier	Limits
BUCAPSOL CAPS 7.5mg, 10mg QL (60 caps / 30 days)	4	NDS QL
BUCAPSOL CAPS 15mg QL (120 caps / 30 days)	4	NDS QL
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>fluvoxamine maleate</i> CP24 100mg, 150mg QL (60 caps / 30 days)	1	QL
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	1	
<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

Drug Name	Drug Requirements/ Tier	Limits
XANAX XR TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	3	QL PA
XANAX XR TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older	3	QL PA
ANTIDEMENTIA		
ADLARITY PTWK 5mg/day, 10mg/day QL (4 patches / 28 days)	3	QL PA
ARICEPT TABS 5mg QL (30 tabs / 30 days)	3	QL
ARICEPT TABS 10mg, 23mg <i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	3	
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg, 23mg	1	QL
<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, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	1	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> (generic of NAMENDA TITRATION PAK) PA applies if 29 years and younger	1	PA
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i> (generic of NAMZARIC)	1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i> (generic of NAMZARIC)	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i> (generic of NAMZARIC)	1	
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	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 CAPS</i> 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	1	QL
ZUNVEYL TBEC 5mg, 10mg, 15mg QL (60 tabs / 30 days)	3	QL PA
ANTIDEPRESSANTS		
<i>amitriptyline hcl TABS</i> 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	2	PA
<i>amoxapine TABS</i> 25mg, 50mg, 100mg, 150mg PA applies if 65 years and older	2	PA
ANAFRANIL CAPS 25mg, 50mg, 75mg	4	NDS PA
APLENZIN TB24 174mg QL (60 tabs / 30 days)	4	NDS QL ST
APLENZIN TB24 348mg, 522mg QL (30 tabs / 30 days)	4	NDS QL ST

Drug Name	Drug Requirements/ Tier	Limits
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	3	QL PA
<i>bupropion hcl TABS</i> 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 TB24</i> 450mg QL (30 tabs / 30 days)	1	QL ST
CELEXA TABS 10mg, 20mg, 40mg	3	
CITALOPRAM HYDROBROMIDE CAPS 30mg QL (30 caps / 30 days)	3	QL ST
<i>citalopram hydrobromide SOLN</i> 10mg/5ml	1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	PA
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg PA applies if 65 years and older	3	PA
<i>desipramine hcl TABS</i> 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	3	PA
DESVENLAFAXINE ER TB24 50mg, 100mg QL (30 tabs / 30 days)	3	QL
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml PA applies if 65 years and older	2	PA
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	3	QL PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	1	QL
EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	4	NDS QL PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	3	QL PA
FETZIMA CAP TITRATIO QL (2 packs / year)	3	QL PA
<i>fluoxetine hcl</i> CAPS 10mg, 40mg; SOLN 20mg/5ml	1	
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 20mg	1	
<i>fluoxetine hcl</i> CPDR 90mg QL (4 caps / 28 days)	1	QL
<i>fluoxetine hcl</i> TABS 10mg QL (30 tabs / 30 days)	1	QL
<i>fluoxetine hcl</i> TABS 20mg QL (120 tabs / 30 days)	1	QL
<i>fluoxetine hcl</i> (generic of FLUOXETINE HYDROCHLORIDE) TABS 60mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>fluoxetine hcl (padded)</i> TABS 10mg QL (30 tabs / 30 days) (generic of SARAFEM)	1	QL
<i>fluoxetine hcl (padded)</i> TABS 20mg QL (120 tabs / 30 days) (generic of SARAFEM)	1	QL
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg PA applies if 65 years and older	1	PA
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg PA applies if 65 years and older	3	PA
LEXAPRO TABS 5mg, 10mg, 20mg	3	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	3	QL
<i>mirtazapine</i> TABS 7.5mg, 45mg	1	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBP 15mg, 30mg, 45mg	1	
NARDIL TABS 15mg	3	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
NORPRAMIN TABS 10mg, 25mg PA applies if 65 years and older	3	PA
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
PARNATE TABS 10mg	4	NDS
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days) PA applies if 65 years and older	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	1	PA
<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days) PA applies if 65 years and older	3	QL PA
PAXIL TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	3	PA
PAXIL CR TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days) PA applies if 65 years and older	3	QL PA
<i>perphenazine-amitriptyline tab</i> 2-10 mg PA applies if 65 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 2-25 mg PA applies if 65 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-10 mg PA applies if 65 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-25 mg PA applies if 65 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-50 mg PA applies if 65 years and older	2	PA
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
PRISTIQ TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL
<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
REMERON TABS 15mg, 30mg	3	
REMERON SOLTAB TBDP 15mg, 30mg, 45mg	3	
<i>sertraline hcl</i> (generic of SERTRALINE HYDROCHLORIDE) CAPS 150mg, 200mg QL (30 caps / 30 days)	1	QL ST
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg QL (30 caps / 30 days)	3	QL ST
SPRAVATO SOL 56MG DOS	4	NDS NM PA
SPRAVATO SOL 84MG DOS	4	NDS NM PA
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg 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 ST
<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 ST
VIIBRYD TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<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 ST
WELLBUTRIN XL TB24 150mg QL (60 tabs / 30 days)	4	NDS QL ST
WELLBUTRIN XL TB24 300mg QL (30 tabs / 30 days)	4	NDS QL ST
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
ANTIPARKINSONIAN AGENTS		
<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	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 65 years and older	1	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab</i> 10-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-100mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits
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
ONAPGO SOCT 98mg/20ml QL (30 cartridges / 30 days)	4	NDS QL NM PA
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 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	1	QL
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1	
RYTARY CAP 95MG	3	ST
RYTARY CAP 145MG	3	ST
RYTARY CAP 195MG	3	ST
RYTARY CAP 245MG	3	ST
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	2	
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	1	
VYALEV INJ 12-240MG	4	NDS NM PA
XADAGO TABS 50mg, 100mg	4	NDS
ZELAPAR TBDP 1.25mg	4	NDS
ANTIPSYCHOTICS		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	4	NDS QL
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	4	NDS QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	4	NDS QL
ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	NDS QL PA
ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	1	QL
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	1	QL
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	1	QL ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	4	NDS QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	4	NDS QL
ARISTADA INITIO PRSY 675mg/2.4ml	4	NDS
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	4	NDS QL
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	

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>clozapine</i> (generic of CLOZARIL) TABS 25mg	1	
<i>clozapine</i> TABS 50mg	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	1	QL
<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	1	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	1	QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	1	QL PA
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	1	QL PA
CLOZARIL TABS 25mg	3	
CLOZARIL TABS 100mg QL (270 tabs / 30 days)	4	NDS QL
COBENFY CAP 50-20MG QL (60 caps / 30 days)	4	NDS QL PA
COBENFY CAP 100-20MG QL (60 caps / 30 days)	4	NDS QL PA
COBENFY CAP 125-30MG QL (60 caps / 30 days)	4	NDS QL PA
COBENFY STRT CAP PACK QL (2 packs / year)	4	NDS QL PA
ERZOFRI SUSY 39mg/0.25ml QL (1 syringe / 28 days)	3	QL
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	4	NDS QL
ERZOFRI SUSY 351mg/2.25ml QL (2 syringes / year)	4	NDS QL
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	4	NDS QL PA
FANAPT PAK PACK A QL (2 packs / year)	3	QL PA
FANAPT PAK PACK B QL (2 packs / year)	3	QL PA
FANAPT PAK PACK C QL (2 packs / year)	3	QL PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
GEODON CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	4	NDS QL
GEODON SOLR 20mg QL (6 injections / 3 days)	3	QL
HALDOL DECANOATE 50 SOLN 50mg/ml	3	
HALDOL DECANOATE 100 SOLN 100mg/ml	3	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA TB24 3mg, 9mg QL (30 tabs / 30 days)	3	QL
INVEGA TB24 6mg QL (60 tabs / 30 days)	3	QL
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	4	NDS QL
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	3	QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	4	NDS QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	4	NDS QL
LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	4	NDS QL
LATUDA TABS 80mg QL (60 tabs / 30 days)	4	NDS QL
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
SEROQUEL XR TB24 150mg, 200mg QL (30 tabs / 30 days)	3	QL PA
SEROQUEL XR TB24 300mg, 400mg QL (60 tabs / 30 days)	3	QL PA
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml QL (1 syringe / 30 days)	4	NDS QL
UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml QL (1 syringe / 60 days)	4	NDS QL
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	4	NDS QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	4	NDS QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	4	NDS QL
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	1	QL
ZYPREXA SOLR 10mg QL (3 vials / 1 day)	3	QL
ZYPREXA TABS 2.5mg, 5mg QL (60 tabs / 30 days)	3	QL
ZYPREXA TABS 20mg QL (30 tabs / 30 days)	4	NDS QL
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	3	QL NM PA
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 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
ZYPREXA RELPREVV SUSP 405mg QL (1 vial / 28 days)	4	NDS QL NM PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	4	NDS QL
BANZEL SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
BANZEL TABS 200mg QL (480 tabs / 30 days)	4	NDS QL PA
BANZEL TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	4	NDS QL PA
BRIVIACT SOLN 50mg/5ml	3	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	4	NDS QL PA
carbamazepine CHEW 100mg, 200mg	1	
carbamazepine (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1	
carbamazepine (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1	
carbamazepine (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1	
CARBATROL CP12 100mg, 200mg, 300mg	3	
CELONTIN CAPS 300mg	3	
clobazam (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	1	QL PA
clobazam (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL PA
clonazepam (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
clonazepam (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL
clonazepam TBDP 2mg QL (300 tabs / 30 days)	1	QL
clonazepam TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	1	QL PA
DEPAKOTE TBEC 125mg, 250mg, 500mg	3	
DEPAKOTE ER TB24 250mg, 500mg	3	
DEPAKOTE SPRINKLES CSDR 125mg	3	
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	4	NDS QL NM PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	4	NDS QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	4	NDS QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
diazepam SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
diazepam (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
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	
diazepam inj SOLN 5mg/ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	
ELEPSIA XR TB24 1000mg	3	
ELEPSIA XR TB24 1500mg	4	NDS
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	4	NDS QL NM PA
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	3	QL PA
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 200mg, 400mg QL (30 tabs / 30 days)	1	QL
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 600mg, 800mg QL (60 tabs / 30 days)	1	QL
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml	1	
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
FELBATOL TABS 400mg, 600mg	4	NDS
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	4	NDS QL NM PA
FYCOMPA SUSP .5mg/ml QL (680 mL / 28 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	3	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
GABARONE TABS 100mg QL (360 tabs / 30 days)	4	NDS QL PA
GABARONE TABS 400mg QL (270 tabs / 30 days)	4	NDS QL PA
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	4	NDS
KEPPRA TABS 250mg	3	
KEPPRA XR TB24 500mg, 750mg	4	NDS
KLONOPIN TABS 2mg QL (300 tabs / 30 days)	3	QL
KLONOPIN TABS .5mg, 1mg QL (90 tabs / 30 days)	3	QL
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	1	
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	3	
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) TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1	ST
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	4	NDS
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i> (generic of LAMICTAL ODT)	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i> (generic of LAMICTAL ODT)	1	
LEVETIR/NACL INJ 5MG/ML	3	
LEVETIR/NACL INJ 10MG/ML	3	
LEVETIR/NACL INJ 15MG/ML	3	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	
LEVETIRACETAM TB3D 250mg QL (360 tabs / 30 days)	3	QL
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) PA applies if 65 years and older	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
LYRICA CAPS 200mg QL (90 caps / 30 days) PA applies if 65 years and older	3	QL PA
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days) PA applies if 65 years and older	3	QL PA
LYRICA SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older	3	QL PA
<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	1	
MOTPOLY XR CP24 100mg QL (60 caps / 30 days)	3	QL PA
MOTPOLY XR CP24 150mg, 200mg QL (60 caps / 30 days)	4	NDS QL PA
MYSOLINE TABS 50mg, 250mg	4	NDS
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units / 30 days)	3	QL
NEURONTIN CAPS 100mg, 300mg QL (360 caps / 30 days)	3	QL
NEURONTIN CAPS 400mg QL (270 caps / 30 days)	3	QL
NEURONTIN SOLN 250mg/5ml QL (2160 mL / 30 days)	3	QL
NEURONTIN TABS 600mg QL (180 tabs / 30 days)	4	NDS QL
NEURONTIN TABS 800mg QL (120 tabs / 30 days)	4	NDS QL
ONFI SUSP 2.5mg/ml QL (480 mL / 30 days)	4	NDS QL PA
ONFI TABS 10mg, 20mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 150mg, 300mg	1	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 600mg	4	NDS PA
OXTELLAR XR TB24 150mg	3	PA
OXTELLAR XR TB24 300mg, 600mg	4	NDS PA
<i>perampanel</i> (generic of FYCOMPA) TABS 2mg QL (60 tabs / 30 days)	1	QL PA
<i>perampanel</i> (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	1	QL PA
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 65 years and older	3	QL PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 65 years and older	2	QL PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 65 years and older	3	PA
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1	
<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	1	
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older	1	QL PA
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1	
<i>primidone</i> TABS 125mg	1	
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	1	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	1	QL PA
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA
SABRIL PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
SABRIL TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	3	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	3	QL
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	

Drug Name	Drug Requirements/ Tier	Limits
<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)	4	NDS
<i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	4	NDS QL PA
TEGRETOL SUSP 100mg/5ml; TABS 200mg	3	
TEGRETOL-XR TB12 100mg, 200mg, 400mg	3	
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
TOPAMAX TABS 25mg	3	
TOPAMAX TABS 50mg, 100mg, 200mg	4	NDS
TOPAMAX SPRINKLE CPSP 15mg	3	
TOPAMAX SPRINKLE CPSP 25mg	4	NDS
<i>topiramate</i> (generic of TROKENDI XR) CP24 25mg QL (480 caps / 30 days)	1	QL PA
<i>topiramate</i> (generic of TROKENDI XR) CP24 50mg QL (240 caps / 30 days)	1	QL PA
<i>topiramate</i> (generic of TROKENDI XR) CP24 100mg QL (120 caps / 30 days)	1	QL PA
<i>topiramate</i> (generic of TROKENDI XR) CP24 200mg QL (60 caps / 30 days)	1	QL PA
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
<i>topiramate</i> CPSP 50mg	1	
<i>topiramate</i> CS24 25mg QL (480 caps / 30 days)	1	QL PA
<i>topiramate</i> CS24 50mg QL (240 caps / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>topiramate</i> CS24 100mg QL (120 caps / 30 days)	1	QL PA
<i>topiramate</i> CS24 150mg, 200mg QL (60 caps / 30 days)	1	QL PA
<i>topiramate</i> (generic of EPRONTIA) SOLN 25mg/ml QL (480 mL / 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
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 / 30 days)	3	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days)	3	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days)	3	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA
<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	4	NDS QL NM PA
<i>vigpoder</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	4	NDS QL
VIMPAT SOLN 200mg/20ml	4	NDS
VIMPAT TABS 50mg QL (120 tabs / 30 days)	3	QL
VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	3	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	4	NDS QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	4	NDS QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	4	NDS QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	4	NDS QL
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3	

Drug Name	Drug Requirements/ Tier	Limits
ZONEGRAN CAPS 25mg, 100mg	4	NDS
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	4	NDS QL PA
zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
zonisamide CAPS 50mg	1	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	4	NDS QL NM PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL TAB 5MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 7.5MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 10MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 12.5MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 15MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 20MG QL (90 tabs / 30 days)	3	QL PA
ADDERALL TAB 30MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL XR CAP 5MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 10MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 15MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 20MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 25MG QL (30 caps / 30 days)	3	QL PA
ADDERALL XR CAP 30MG QL (30 caps / 30 days)	3	QL PA
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg QL (60 tabs / 30 days)	3	QL PA
ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days)	3	QL PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine cap er</i> 24hr 30 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
APTENSIO XR CP24 10mg, 15mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
APTENSIO XR CP24 40mg, 50mg, 60mg QL (30 caps / 30 days)	3	QL PA
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	1	QL
<i>atomoxetine hcl</i> CAPS 40mg QL (60 caps / 30 days)	1	QL
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	1	QL
AZSTARYS CAP 26.1-5.2 QL (30 caps / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
AZSTARYS CAP 39.2-7.8 QL (30 caps / 30 days)	3	QL PA
AZSTARYS CAP 52.3-10. QL (30 caps / 30 days)	3	QL PA
CONCERTA TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL PA
CONCERTA TBCR 54mg QL (30 tabs / 30 days)	3	QL PA
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg QL (60 tabs / 30 days)	3	QL PA
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	3	QL PA
DEXEDRINE CP24 10mg QL (150 caps / 30 days)	4	NDS QL PA
DEXEDRINE CP24 15mg QL (120 caps / 30 days)	4	NDS QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	1	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	1	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	1	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> CP24 5mg QL (150 caps / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 10mg QL (150 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
<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 15mg QL (120 caps / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> TABS 15mg QL (120 tabs / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> TABS 20mg QL (90 tabs / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> TABS 30mg QL (60 tabs / 30 days)	1	QL PA
DYANAVEL XR SUER 2.5mg/ml QL (240 mL / 30 days)	3	QL PA
DYANAVEL XR TBCR 5mg QL (60 tabs / 30 days)	3	QL PA
DYANAVEL XR TBCR 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL PA
FOCALIN TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL PA
FOCALIN TABS 10mg QL (60 tabs / 30 days)	3	QL PA
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	3	QL PA
FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	3	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	2	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	2	QL PA

Drug Name	Drug Requirements/ Tier	Limits
INTUNIV TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	3	QL PA
INTUNIV TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	3	QL PA
JORNAY PM CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
JORNAY PM CP24 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL PA
<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
<i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	1	QL PA
<i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	1	QL PA
<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	1	QL PA
METADATE CD CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
METADATE CD CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	3	QL PA
METHYLIN SOLN 5mg/5ml QL (1800 mL / 30 days)	3	QL PA
METHYLIN SOLN 10mg/5ml QL (900 mL / 30 days)	3	QL PA
<i>methylphenidate</i> (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	1	QL PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA

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

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

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
VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	3	QL PA
VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	3	QL PA
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr QL (30 patches / 30 days)	3	QL PA
zenzedi TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
zenzedi TABS 15mg QL (120 tabs / 30 days)	1	QL PA
zenzedi TABS 20mg QL (90 tabs / 30 days)	1	QL PA
zenzedi TABS 30mg QL (60 tabs / 30 days)	1	QL PA
HYPNOTICS		
AMBIEN TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 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 65 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

Drug Name	Drug Requirements/ Tier	Limits
EDLUAR SUBL 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 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 65 years and older after a 90 day supply in a calendar year	3	QL PA
HALCION TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
HETLIOZ CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM PA
HETLIOZ LQ SUSP 4mg/ml QL (158 ml / 30 days)	4	NDS QL NM PA
LUNESTA TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	4	NDS 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

Drug Name	Drug Requirements/ Tier	Limits
SILENOR TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM PA
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>triazolam</i> (generic of HALCION) TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>triazolam</i> TABS .125mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>zaleplon</i> CAPS 5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>zaleplon</i> CAPS 10mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
ZOLPIDEM TARTRATE CAPS 7.5mg QL (30 caps / 30 days)	3	QL PA
<i>zolpidem tartrate</i> SUBL 1.75mg, 3.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA
AJOVY SOAJ 225mg/1.5ml QL (3 pens / 90 days)	3	QL NM PA
AJOVY SOSY 225mg/1.5ml QL (3 syringes / 90 days)	3	QL NM PA
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	1	QL ST
CAMBIA PACK 50mg QL (9 packets / 30 days)	4	NDS QL PA
<i>diclofenac potassium</i> (<i>migraine</i>) (generic of CAMBIA) PACK 50mg QL (9 packets / 30 days)	1	QL PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	4	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days)	4	NDS QL PA
<i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg QL (12 tabs / 30 days)	1	QL ST
ELYXYB SOLN 120mg/4.8ml QL (28.8 mL / 21 days)	4	NDS QL PA
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	2	QL NM PA
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	2	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	2	QL NM PA
ERGOMAR SUBL 2mg QL (20 tabs / 28 days)	4	NDS QL PA
ergotamine w/ caffeine tab 1- 100 mg QL (40 tabs / 28 days)	1	QL PA
FROVA TABS 2.5mg QL (18 tabs / 30 days)	4	NDS QL ST
frovatriptan succinate (generic of FROVA) TABS 2.5mg QL (18 tabs / 30 days)	1	QL ST
IMITREX TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	3	QL
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL
IMITREX STATDOSE REFILL SOCT 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL
IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
MAXALT TABS 10mg QL (18 tabs / 30 days)	3	QL
MAXALT-MLT TBDP 10mg QL (18 tabs / 30 days)	3	QL
migergot QL (20 suppositories / 28 days)	4	NDS QL PA
naratriptan hcl TABS 1mg, 2.5mg QL (12 tabs / 30 days)	1	QL
NURTEC TBDP 75mg QL (16 tabs / 30 days)	2	QL PA
ONZETRA XSAIL EXHP 11mg/nosepc QL (16 nosepieces / 30 days)	4	NDS QL ST

Drug Name	Drug Requirements/ Tier	Limits
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	2	QL PA
RELPAK TABS 20mg QL (12 tabs / 30 days)	3	QL ST
RELPAK TABS 40mg QL (12 tabs / 30 days)	4	NDS QL ST
REYVOW TABS 50mg QL (4 tabs / 30 days)	3	QL PA
REYVOW TABS 100mg QL (8 tabs / 30 days)	3	QL PA
rizatriptan benzoate TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	1	QL
rizatriptan benzoate (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	1	QL
rizatriptan benzoate (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	1	QL
sumatriptan SOLN 5mg/act QL (24 units / 30 days)	1	QL
sumatriptan SOLN 20mg/act QL (12 units / 30 days)	1	QL
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	1	QL
sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	1	QL
sumatriptan succinate (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	1	QL
sumatriptan succinate SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL
sumatriptan succinate (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>sumatriptan-naproxen sodium</i> tab 85-500 mg (generic of TREXIMET) QL (9 tabs / 30 days)	1	QL ST
SYMBRAVO TAB 20-10MG QL (9 tabs / 30 days)	3	QL ST
TOSYMRA SOLN 10mg/act QL (18 units / 30 days)	3	QL ST
TREXIMET TAB 85-500MG QL (9 tabs / 30 days)	4	NDS QL ST
TRUDHESA AERS .725mg/act QL (12 mL / 28 days)	4	NDS QL PA
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	2	QL PA
VYEPTI SOLN 100mg/ml	4	NDS NM PA
ZAVZPRET SOLN 10mg/act QL (6 nasal units / 21 days)	4	NDS QL PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days)	4	NDS QL ST
<i>zolmitriptan</i> (generic of ZOMIG) SOLN 2.5mg, 5mg QL (12 units / 30 days)	1	QL ST
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
ZOMIG SOLN 2.5mg, 5mg QL (12 units / 30 days)	3	QL ST
<i>zomig</i> TABS 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
MISCELLANEOUS		
AMVUTTRA SOSY 25mg/0.5ml QL (1 syringe / 90 days)	4	NDS QL NM PA
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	4	NDS QL NM PA
DAYBUE SOLN 200mg/ml QL (3600 mL / 30 days)	4	NDS QL NM PA
DUVYZAT SUSP 8.86mg/ml QL (420 mL / 30 days)	4	NDS QL NM PA
<i>edaravone</i> (generic of RADICAVA) SOLN 30mg/100ml	4	NDS NM PA
<i>edaravone</i> SOLN 60mg/100ml	4	NDS NM PA
ENSPRYNG SOSY 120mg/ml	4	NDS NM PA
EQUETRO CP12 100mg, 200mg, 300mg	3	
EVRYSDI SOLR .75mg/ml; TABS 5mg	4	NDS NM PA
FIRDAPSE TABS 10mg QL (300 tabs / 30 days)	4	NDS QL NM PA
<i>gabapentin (once-daily)</i> (generic of GRALISE) TABS 300mg QL (180 tabs / 30 days)	1	QL PA
<i>gabapentin (once-daily)</i> (generic of GRALISE) TABS 600mg QL (90 tabs / 30 days)	1	QL PA
GRALISE TABS 300mg QL (180 tabs / 30 days)	3	QL PA
GRALISE TABS 450mg, 600mg QL (90 tabs / 30 days)	3	QL PA
GRALISE TABS 750mg, 900mg QL (60 tabs / 30 days)	3	QL PA
HORIZANT TBCR 300mg, 600mg QL (60 tabs / 30 days)	3	QL PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
LITHOBID TBCR 300mg	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
LYRICA CR TB24 82.5mg, 165mg QL (90 tabs / 30 days)	3	QL PA
LYRICA CR TB24 330mg QL (60 tabs / 30 days)	3	QL PA
MESTINON SOLN 60mg/5ml; 4 TABS 60mg	4	NDS
MESTINON TIMESPAN TBCR 180mg	4	NDS
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	4	NDS QL PA
<i>paroxetine mesylate</i> (<i>vasomotor</i>) CAPS 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older	3	QL PA
<i>pregabalin (once-daily)</i> (generic of LYRICA CR) TB24 82.5mg, 165mg QL (90 tabs / 30 days)	1	QL PA
<i>pregabalin (once-daily)</i> (generic of LYRICA CR) TB24 330mg QL (60 tabs / 30 days)	1	QL PA
<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml; TABS 60mg	1	
<i>pyridostigmine bromide</i> TABS 1 30mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR 180mg	1	
RADICAVA ORS SUSP 105mg/5ml QL (70 mL / 28 days)	4	NDS QL NM PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml QL (70 mL / 28 days)	4	NDS QL NM PA
<i>riluzole</i> TABS 50mg	1	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	3	QL PA
SAVELLA MIS TITR PAK QL (2 packs / year)	3	QL PA
SKYCLARYS CAPS 50mg QL (90 caps / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	1	QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
TIGLUTIK SUSP 50mg/10ml QL (600 mL / 30 days)	4	NDS QL NM PA
UPLIZNA SOLN 100mg/10ml	4	NDS NM PA
WAINUA SOAJ 45mg/0.8ml QL (1 pen / 30 days)	4	NDS QL NM PA
XENAZINE TABS 12.5mg QL (90 tabs / 30 days)	4	NDS QL NM PA
XENAZINE TABS 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AUBAGIO TABS 7mg, 14mg QL (30 tabs / 30 days)	4	NDS QL NM PA
AVONEX PSKT 30mcg/0.5ml QL (4 syringes / 28 days)	4	NDS QL NM PA
AVONEX PEN AJKT 30mcg/0.5ml QL (4 injections / 28 days)	4	NDS QL NM PA
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	4	NDS QL NM PA
BETASERON KIT .3mg QL (14 kits / 28 days)	4	NDS QL NM PA
BRIUMVI SOLN 150mg/6ml	4	NDS NM PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	1	QL NM PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg QL (14 caps / 7 days)	4	NDS QL NM PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 240mg QL (60 caps / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (generic of TECFIDERA STARTER PACK) QL (2 packs / year)	4	NDS QL NM PA
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	4	NDS QL NM PA
GILENYA CAPS .25mg, .5mg QL (30 caps / 30 days)	4	NDS QL NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / 365 days)	4	NDS QL NM PA
LEMTRADA SOLN 12mg/1.2ml	4	NDS NM PA
MAVENCLAD (4 TABS) TBPK 10mg QL (16 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (5 TABS) TBPK 10mg QL (20 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (6 TABS) TBPK 10mg QL (24 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (7 TABS) TBPK 10mg QL (28 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (8 TABS) TBPK 10mg QL (32 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (9 TABS) TBPK 10mg QL (36 tabs per lifetime)	4	NDS QL NM PA

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

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Drug Name	Drug Requirements/ Tier	Limits
TASCENSO ODT TBDP .25mg, .5mg QL (30 tabs / 30 days)	4	NDS QL NM PA
TECFIDERA CPDR 120mg QL (14 caps / 7 days)	4	NDS QL NM PA
TECFIDERA CPDR 240mg QL (60 caps / 30 days)	4	NDS QL NM PA
TECFIDERA CAP STARTER QL (2 packs / year)	4	NDS QL NM PA
<i>teriflunomide</i> (generic of AUBAGIO) TABS 7mg, 14mg QL (30 tabs / 30 days)	4	NDS QL NM PA
TYSABRI CONC 300mg/15ml	4	NDS NM PA
VUMERITY CPDR 231mg QL (120 caps / 30 days)	4	NDS QL NM PA
ZEPOSIA CAPS .92mg QL (30 caps / 30 days)	4	NDS QL NM PA
ZEPOSIA 7DAY CAP STR PACK QL (2 packs / year)	4	NDS QL NM PA
ZEPOSIA CAP STR KIT QL (2 packs / year)	4	NDS QL NM PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> SOLN 5mg/5ml	1	PA
<i>baclofen</i> (generic of OZOBAX DS) SOLN 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 65 years and older	3	QL PA
<i>carisoprodol</i> (generic of SOMA) TABS 350mg QL (120 tabs / 30 days) PA applies if 65 years and older	2	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>cyclobenzaprine hcl</i> TABS 5mg, 7.5mg, 10mg QL (90 tabs / 30 days) PA applies if 65 years and older	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
<i>metaxalone</i> TABS 400mg QL (240 tabs / 30 days) PA applies if 65 years and older	3	QL PA
<i>metaxalone</i> TABS 800mg QL (120 tabs / 30 days) PA applies if 65 years and older	3	QL PA
<i>methocarbamol</i> TABS 500mg QL (360 tabs / 30 days) PA applies if 65 years and older	2	QL PA
<i>methocarbamol</i> TABS 750mg QL (240 tabs / 30 days) PA applies if 65 years and older	2	QL PA
<i>methocarbamol</i> TABS 1000mg QL (120 tabs / 30 days) PA applies if 65 years and older	4	NDS 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	4	NDS PA
SOMA TABS 250mg QL (120 tabs / 30 days) PA applies if 65 years and older	3	QL PA
SOMA TABS 350mg QL (120 tabs / 30 days) PA applies if 65 years and older	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tanlor</i> TABS 1000mg QL (120 tabs / 30 days) PA applies if 65 years and older	4	NDS QL PA
<i>tizanidine hcl</i> CAPS 2mg, 4mg, 6mg; TABS 2mg	1	
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	1	
XEOMIN SOLR 50unit	3	NM PA
XEOMIN SOLR 100unit, 200unit	4	NDS NM PA
ZANAFLEX TABS 4mg	3	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	1	QL PA
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm QL (30 packets / 30 days)	4	NDS QL NM PA
LUMRYZ PAK STARTER QL (2 packs / year)	4	NDS QL NM PA
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	1	QL PA
NUVIGIL TABS 50mg QL (60 tabs / 30 days)	3	QL PA
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

Drug Name	Drug Requirements/ Tier	Limits
WAKIX TABS 4.45mg, 17.8mg QL (60 tabs / 30 days)	4	NDS QL NM PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM PA
XYWAV SOL 0.5GM/ML QL (540 mL / 30 days)	4	NDS QL NM PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml	4	NDS NM
<i>buprenorphine hcl</i> SUBL 2mg QL (180 tabs / 30 days)	1	QL
<i>buprenorphine hcl</i> SUBL 8mg QL (120 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (180 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (120 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (180 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (120 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	

Drug Name	Drug Requirements/ Tier	Limits
KLOXXADO LIQD 8mg/0.1ml	2	
<i>lofexidine hcl</i> (generic of LUCEMYRA) TABS .18mg QL (228 tabs / 14 days)	4	NDS QL PA
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 .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
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 (180 films / 30 days)	3	QL
SUBOXONE MIS 4-1MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 8-2MG QL (120 films / 30 days)	3	QL
SUBOXONE MIS 12-3MG QL (90 films / 30 days)	3	QL
<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	1	QL
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year)	1	QL
VIVITROL SUSR 380mg	4	NDS NM
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
ENDOCRINE AND METABOLIC ANDROGENS		
AVEED SOLN 750mg/3ml	4	NDS NM PA
AZMIRO SOSY 200mg/ml	3	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>danazol</i> CAPS 50mg, 100mg, 1 200mg		
<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
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
<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
<i>testosterone pump</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	1	QL PA
TLANDO CAPS 112.5mg QL (120 caps / 30 days)	3	QL PA
UNDECATREX CAPS 200mg QL (120 caps / 30 days)	3	QL PA
VOGELXO GEL 50mg/5gm QL (300 gm / 30 days)	3	QL PA
VOGELXO PUMP GEL 1% QL (300 gm / 30 days)	3	QL PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 1 100mg		
ACTOPLUS MET TAB 15- 850MG QL (90 tabs / 30 days)	3	QL
ACTOS TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>alogliptin benzoate</i> TABS 6.25mg, 12.5mg, 25mg QL (30 tabs / 30 days)	3	QL ST
<i>alogliptin-metformin hcl tab</i> 12.5-500 mg QL (60 tabs / 30 days)	3	QL ST
<i>alogliptin-metformin hcl tab</i> 12.5-1000 mg QL (60 tabs / 30 days)	3	QL ST
<i>alogliptin-pioglitazone tab</i> 12.5-30 mg QL (30 tabs / 30 days)	3	QL ST
<i>alogliptin-pioglitazone tab</i> 25-15 mg QL (30 tabs / 30 days)	3	QL ST
<i>alogliptin-pioglitazone tab</i> 25-30 mg QL (30 tabs / 30 days)	3	QL ST
<i>alogliptin-pioglitazone tab</i> 25-45 mg QL (30 tabs / 30 days)	3	QL ST
<i>dapagliflozin propanediol</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
DUETACT TAB 30-2MG QL (30 tabs / 30 days)	3	QL
DUETACT TAB 30-4MG QL (30 tabs / 30 days)	3	QL
<i>exenatide</i> SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	1	QL PA
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
<i>glimepiride</i> TABS 3mg, 4mg QL (60 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 2.5mg QL (480 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	1	QL
<i>glipizide</i> TB24 2.5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 5-500 mg QL (120 tabs / 30 days)	1	QL
GLUCOTROL XL TB24 5mg QL (90 tabs / 30 days)	3	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	2	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	2	QL
INVOKAMET TAB 50-500MG QL (120 tabs / 30 days)	3	QL
INVOKAMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL
INVOKAMET TAB 150-500 QL (60 tabs / 30 days)	3	QL
INVOKAMET TAB 150-1000 QL (60 tabs / 30 days)	3	QL
INVOKAMET XR TAB 50-500MG QL (120 tabs / 30 days)	3	QL
INVOKAMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL
INVOKAMET XR TAB 150-500 QL (60 tabs / 30 days)	3	QL
INVOKAMET XR TAB 150-1000 QL (60 tabs / 30 days)	3	QL
INVOKANA TABS 100mg QL (60 tabs / 30 days)	3	QL
INVOKANA TABS 300mg QL (30 tabs / 30 days)	3	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	2	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
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 ST
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
<i>liraglutide</i> (generic of VICTOZA) SOPN 6mg/ml QL (3 pens / 30 days)	1	QL PA
<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml QL (765 mL / 30 days)	1	QL ST
<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 ST
<i>metformin hcl</i> TABS 750mg QL (90 tabs / 30 days)	4	NDS QL ST
<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

Drug Name	Drug Requirements/ Tier	Limits
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUMETZA)	1	QL PA
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>metformin hcl</i> TB24 1000mg QL (60 tabs / 30 days) (generic of FORTAMET)	1	QL PA
<i>metformin hcl</i> TB24 1000mg QL (60 tabs / 30 days) (generic of GLUMETZA)	1	QL PA
<i>miglitol</i> TABS 25mg, 50mg, 100mg	1	
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	2	QL PA
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	2	QL PA
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> QL (90 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL
<i>repaglinide TABS 2mg</i> QL (240 tabs / 30 days)	1	QL
<i>repaglinide TABS .5mg, 1mg</i> QL (120 tabs / 30 days)	1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL PA
<i>saxagliptin hcl TABS 2.5mg</i> QL (30 tabs / 30 days)	1	QL
<i>saxagliptin hcl</i> (generic of ONGLYZA) TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i> QL (60 tabs / 30 days)	1	QL
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i> QL (30 tabs / 30 days)	1	QL
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i> QL (30 tabs / 30 days)	1	QL
SEGLUROMET TAB 2.5-500 QL (120 tabs / 30 days)	3	QL
SEGLUROMET TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
SEGLUROMET TAB 7.5-500 QL (60 tabs / 30 days)	3	QL
SEGLUROMET TAB 7.5-1000 QL (60 tabs / 30 days)	3	QL
SITAG/METFOR TAB 50-500MG QL (60 tabs / 30 days)	3	QL ST
SITAG/METFOR TAB 50-1000 QL (60 tabs / 30 days)	3	QL ST
SITAG/METFOR TAB 100-1000 QL (30 tabs / 30 days)	3	QL ST
SITAGLIPTIN TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL ST
STEGLATRO TABS 5mg QL (90 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
STEGLATRO TABS 15mg QL (30 tabs / 30 days)	3	QL
STEGLUJAN TAB 5-100MG QL (30 tabs / 30 days)	3	QL
STEGLUJAN TAB 15-100MG QL (30 tabs / 30 days)	3	QL
SYMLINPEN 60 SOPN 1500mcg/1.5ml	4	NDS PA
SYMLINPEN 120 SOPN 2700mcg/2.7ml	4	NDS PA
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	2	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	2	QL
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 12.5-1000 QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	2	QL
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	2	QL
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL PA
TZIELD SOLN 2mg/2ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	3	QL PA
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	2	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	2	QL
ZITUVIMET TAB 50-500MG QL (60 tabs / 30 days)	3	QL ST
ZITUVIMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL ST
ZITUVIMET XR TAB 50- 500MG QL (60 tabs / 30 days)	3	QL ST
ZITUVIMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL ST
ZITUVIMET XR TAB 100- 1000 QL (30 tabs / 30 days)	3	QL ST
ZITUVIO TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL ST
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	2	B/D
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:	2	PA
EMBECTA-BD/MHC/RUGBY		
APIDRA SOLN 100unit/ml	3	B/D
APIDRA SOLOSTAR SOPN 100unit/ml	3	
BASAGLAR KWIKPEN SOPN 100unit/ml	2	
BASAGLAR TEMPO PEN SOPN 100unit/ml	2	

Drug Name	Drug Requirements/ Tier	Limits
CEQUR SIMPL KIT PATCH 2U (3-DAY) QL (10 patches / 30 days)	3	QL PA
CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	3	QL PA
CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	3	QL PA
FIASP SOLN 100unit/ml	2	B/D
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	3	
HUMALOG SOLN 100unit/ml	3	B/D
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	B/D
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	4	NDS B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	4	NDS
INSULIN GLARGINE MAX SOLO SOPN 300unit/ml	3	

Drug Name	Drug Requirements/ Tier	Limits
INSULIN GLARGINE SOLOSTAR SOPN 300unit/ml	3	
INSULIN GLARGINE-YFGN SOLN 100unit/ml; SOPN 100unit/ml	3	
INSULIN LISP INJ PROTAMIN	3	
INSULIN LISPRO SOLN 100unit/ml	3	B/D
INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml	3	
INSULIN LISPRO KWIKPEN SOPN 100unit/ml	3	
INSULIN PEN NEEDLES: EMBECTA-BD	2	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	2	PA
INSULIN SYRINGES: EMBECTA-BD	2	PA
LANTUS SOLN 100unit/ml	2	
LANTUS SOLOSTAR SOPN 100unit/ml	2	
LYUMJEV SOLN 100unit/ml	3	B/D
LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml	3	
LYUMJEV TEMPO PEN SOPN 100unit/ml	3	
MERILOG SOLN 100unit/ml	3	B/D
MERILOG SOLOSTAR 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	B/D
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	

Drug Name	Drug Requirements/ Tier	Limits
NOVOLIN R FLEXPEN RELION SOPN 100unit/ml	3	
NOVOLIN R RELION SOLN 100unit/ml	3	B/D
NOVOLOG SOLN 100unit/ml	2	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	2	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	2	
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	2	B/D
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	3	QL PA
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	3	QL PA
OMNIPOD 5 L2 KIT INTRO G6 QL (1 kit / year)	3	QL PA
OMNIPOD 5 L2 MIS PODS G6 QL (15 pods / 30 days)	3	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	3	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	3	QL PA
REZVOGLAR KWIKPEN SOPN 100unit/ml	3	
SEMGLEE SOLN 100unit/ml; SOPN 100unit/ml	3	
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	2	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/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
V-GO 20 KIT QL (30 devices / 30 days)	3	QL PA
V-GO 30 KIT QL (30 devices / 30 days)	3	QL PA
V-GO 40 KIT QL (30 devices / 30 days)	3	QL PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	2	QL
CALCIUM REGULATORS		
ACTONEL TABS 35mg, 150mg	3	
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
ATELVIA TBEC 35mg	3	ST
BINOSTO TBEF 70mg	3	ST
BONSITY SOPN 560mcg/2.24ml QL (1 pen / 28 days)	4	NDS QL NM PA
<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 560mcg/2.24ml QL (1 pen / 28 days)	4	NDS QL 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

Drug Name	Drug Requirements/ Tier	Limits
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	3	QL NM
RECLAST SOLN 5mg/100ml	3	B/D NM
<i>risedronate sodium</i> TABS 5mg, 30mg, 150mg	1	
<i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg	1	
<i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1	ST
TERIPARATIDE SOPN 560mcg/2.24ml QL (1 pen / 28 days) (ALVOGEN product)	4	NDS QL NM PA
<i>teriparatide</i> (generic of FORTEO) SOPN 560mcg/2.24ml QL (1 pen / 28 days) (generic of Forteo)	4	NDS QL NM PA
TYMLOS SOPN 3120mcg/1.56ml QL (1 pen / 30 days)	4	NDS QL NM PA
WYOST SOLN 120mg/1.7ml	4	NDS NM PA
XGEVA SOLN 120mg/1.7ml	4	NDS NM PA
YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml	4	NDS NM PA
<i>zoledronic acid</i> CONC 4mg/5ml	1	B/D NM
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	4	NDS
CUVRIOR TABS 300mg	4	NDS NM PA
<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	4	NDS NM PA
<i>deferasirox</i> (generic of JADENU) TABS 90mg	1	NM PA
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
<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> TABS 500mg	4	NDS NM PA
<i>deferiprone</i> (generic of FERRIPROX) TABS 1000mg	4	NDS NM PA
<i>deferoxamine mesylate</i> SOLR 2gm	1	NM PA
<i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg	1	NM PA
DEPEN TITRATABS TABS 250mg	4	NDS NM
DESFERAL SOLR 500mg	3	NM PA
EXJADE TBSO 125mg, 250mg, 500mg	4	NDS NM PA
FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg	4	NDS NM PA
FERRIPROX TWICE-A-DAY TABS 1000mg	4	NDS NM PA
JADENU TABS 90mg, 180mg, 360mg	4	NDS NM PA
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	4	NDS NM PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	2	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	4	NDS NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>sps rectal</i> SUSP 15gm/60ml	1	
SYPRINE CAPS 250mg	4	NDS NM PA
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	4	NDS NM PA
<i>trientine hcl</i> CAPS 500mg	4	NDS NM PA
VELTASSA PACK 1gm, 8.4gm, 16.8gm, 25.2gm	2	
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen</i> 1/35	1	
<i>alyacen</i> 7/7/7	1	

Drug Name	Drug Requirements/ Tier	Limits
<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</i> 1/20	1	
<i>aurovela</i> 24 fe	1	
<i>aurovela</i> fe 1.5/30	1	
<i>aurovela</i> fe 1/20	1	
AVERI TAB	3	
<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</i> 24 fe	1	
<i>blisovi</i> fe 1.5/30	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta</i> 1/35	1	
<i>dasetta</i> 7/7/7	1	
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	2	
<i>desogest-eth estrad & eth estrad tab</i> 0.15-0.02/0.01 mg(21/5)	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab</i> 3-0.02-0.451 mg (generic of BEYAZ)	1	
<i>drospirenone-ethinyl estrad-levomefolate tab</i> 3-0.03-0.451 mg (generic of SAFYRAL)	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>drospirenone-ethinyl estradiol</i> tab 3-0.02 mg (generic of YAZ)	1
<i>drospirenone-ethinyl estradiol</i> tab 3-0.03 mg (generic of YASMIN 28)	1
<i>elinest</i>	1
<i>eluryng</i> (generic of NUVARING)	1
<i>emzahh</i> TABS .35mg	1
<i>enilloring</i> (generic of NUVARING)	1
<i>enskyce</i>	1
<i>errin</i> TABS .35mg	1
<i>estarylla</i>	1
<i>etonogestrel-ethinyl estradiol</i> va ring 0.12-0.015 mg/24hr (generic of NUVARING)	1
<i>falmina</i>	1
<i>feirza</i> 1.5/30	1
<i>feirza</i> 1/20	1
FEMLYV TAB 1/0.02MG	3
<i>finzala</i>	1
<i>galbriela</i>	1
<i>gemmily</i> (generic of TAYTULLA)	1
<i>hailey</i> 1.5/30	1
<i>hailey</i> 24 fe	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>jaimiess</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</i> 1.5/30	1
<i>junel</i> 1/20	1
<i>junel fe</i> 1.5/30	1
<i>junel fe</i> 1/20	1

Drug Name	Drug Requirements/ Tier Limits
<i>junel fe</i> 24	1
<i>kaitlib fe</i>	1
<i>kariva</i>	1
<i>kelnor</i> 1/35	1
<i>kurvelo</i>	1
<i>larin</i> 1.5/30	1
<i>larin</i> 1/20	1
<i>larin</i> 24 fe	1
<i>larin fe</i> 1.5/30	1
<i>larin fe</i> 1/20	1
<i>lessina</i>	1
<i>levonest</i>	1
<i>levonor-eth est</i> tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	1
<i>levonorg-eth est</i> tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1
<i>levonorgestrel & ethinyl estradiol</i> (91-day) tab 0.15-0.03 mg	1
<i>levonorgestrel & ethinyl estradiol</i> tab 0.1 mg-20 mcg	1
<i>levonorgestrel-eth estra</i> tab 0.05-30/0.075-40/0.125-30mg-mcg	1
<i>levonorgestrel-ethinyl estradiol</i> (continuous) tab 90-20 mcg	1
<i>levonorgestrel-ethinyl estradiol-fe</i> tab 0.1 mg-20 mcg (21) (generic of BALCOLTRA)	1
<i>levora</i> 0.15/30-28	1
LILETTA IUD 20.1mcg/day	2 NM
LO LOESTRIN TAB 1-10-10	3
<i>loestrin</i> 1.5/30-21	1
<i>loestrin</i> 1/20-21	1
<i>loestrin fe</i> 1.5/30	1
<i>loestrin fe</i> 1/20	1
<i>lojaimiess</i>	1
<i>loryna</i> (generic of YAZ)	1
<i>low-ogestrel</i>	1
<i>luteru</i>	1
<i>lyleq</i> TABS .35mg	1

Drug Name	Drug Requirements/ Tier	Limits
lyza TABS .35mg	1	
marlissa	1	
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1	
meleya TABS .35mg	1	
merzee (generic of TAYTULLA)	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
minzoya (generic of BALCOLTRA)	1	
mono-lynyah	1	
NATAZIA TAB	3	
necon 0.5/35-28	1	
NEXPLANON IMPL 68mg	2	NM
NEXTSTELLIS TAB 3-14.2MG	3	
nikki (generic of YAZ)	1	
nora-be TABS .35mg	1	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1	
norethindrone (contraceptive) TABS .35mg	1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)	1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1	

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

Drug Name	Drug Requirements/ Tier Limits
<i>turqoz</i>	1
<i>valtya 1/50</i>	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>xarah fe</i>	1
<i>xelria fe</i>	1
<i>xulane</i>	1
YASMIN 28 TAB 3-0.03MG	3
YAZ TAB 3-0.02MG	3
<i>zafemy</i>	1
<i>zovia 1/35</i>	1
<i>zumandimine</i> (generic of YASMIN 28)	1
ESTROGENS	
<i>abigale</i> (generic of ACTIVELLA)	2
<i>abigale lo</i>	2
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	
<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
<i>estradiol</i> (generic of ESTROGEL) GEL .06%	3
<i>estradiol</i> (generic of DIVIGEL) 3 GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	
<i>estradiol</i> (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2
<i>estradiol</i> TABS .5mg, 1mg, 2mg	1
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	2
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml	1
<i>estradiol valerate</i> OIL 40mg/ml	1
ESTRING RING 7.5mcg/24hr	3
EVAMIST SOLN 1.53mg/spray	3
FEMRING RING .05mg/24hr, 3 .1mg/24hr	
<i>fyavolv tab 0.5mg-2.5mcg</i>	2
<i>fyavolv tab 1mg-5mcg</i>	2
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3 PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3 PA
<i>jinteli</i>	2
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2

Drug Name	Drug Requirements/ Tier Limits
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	3
MENOSTAR PTWK 14mcg/24hr	3
<i>mimvey</i> (generic of ACTIVELLA)	2
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2
PREMARIN CREA .625mg/gm; SOLR 25mg	3
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2
PREMPHASE TAB	2
PREMPRO TAB 0.3-1.5	2
PREMPRO TAB 0.45-1.5	2
PREMPRO TAB 0.625-2.5	2
PREMPRO TAB 0.625-5	2
VAGIFEM TABS 10mcg	3
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3
<i>yuvaferm</i> (generic of VAGIFEM) TABS 10mcg	1
GLUCOCORTICOIDS	
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	4 NDS NM PA
ALKINDI SPRINKLE CPSP .5mg	3 NM PA
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i> (generic of CELESTONE SOLUSPAN)	1
CELESTONE INJ SOLUSPAN	3
CORTEF TABS 5mg, 10mg, 20mg	3
CORTISONE ACETATE TABS 25mg	3
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	3 B/D

Drug Name	Drug Requirements/ Tier Limits
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; TBPB 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, 10mg/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
<i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF) SOLR 100mg	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
KHINDIVI SOLN 1mg/ml	4 NDS PA
MEDROL TABS 2mg, 4mg, 8mg, 16mg	3 B/D
MEDROL DOSEPAK TBPB 4mg	3
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	1 B/D
<i>methylprednisolone</i> TABS 32mg	1 B/D
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPB 4mg	1
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1 B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	1 B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	1 B/D

Drug Name	Drug Requirements/ Tier	Limits
ORAPRED ODT TBDP 10mg, 15mg, 30mg	3	B/D
PEDIAPRED SOLN 5mg/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	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 acetonide</i> (generic of KENALOG-10) SUSP 10mg/ml	1	B/D
<i>triamcinolone acetonide</i> (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
ZILRETTA SRER 32mg	3	B/D NM
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE PACK POWD 3mg/dose	3	
BAQSIMI TWO PACK POWD 3mg/dose	3	
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	4	NDS
<i>glucagon</i> SOLR 1mg	1	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	

Drug Name	Drug Requirements/ Tier	Limits
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE KIT SOLN 1mg/0.2ml	2	
GVOKE PFS SOSY 1mg/0.2ml	2	
PROGLYCEM SUSP 50mg/ml	4	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2	
MISCELLANEOUS		
ACTHAR GEL 80unit/ml QL (1.5 mL / 1 day)	4	NDS QL NM PA
ACTHAR GEL PEN 40unit/0.5ml QL (28 injectors / 28 days)	4	NDS QL NM PA
ACTHAR GEL PEN 80unit/ml QL (30 injectors / 30 days)	4	NDS QL NM PA
ALDURAZYME SOLN 2.9mg/5ml	4	NDS NM PA
AQNEURSA PACK 1gm QL (112 packets / 28 days)	4	NDS QL NM PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	4	NDS NM
BUPHENYL POWD 3gm/tsp; TABS 500mg	4	NDS NM PA
<i>cabergoline</i> TABS .5mg	1	
CARBAGLU TBSO 200mg <i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	4	NDS NM PA
CARNITOR SOLN 1gm/10ml, 200mg/ml; TABS 330mg	3	B/D
CERDELGA CAPS 84mg	4	NDS NM PA
CEREZYME SOLR 400unit	4	NDS NM PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	1	B/D QL NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	1	B/D QL NM

Drug Name	Drug Requirements/ Tier	Limits
CORTROPHIN GEL 80unit/ml QL (1.5 mL / 1 day)	4	NDS QL NM PA
CORTROPHIN PRSY 40unit/0.5ml, 80unit/ml QL (28 syringes / 28 days)	4	NDS QL NM PA
CRENESSITY CAPS 25mg, 50mg, 100mg QL (60 caps / 30 days)	4	NDS QL NM PA
CRENESSITY SOLN 50mg/ml QL (120 mL / 30 days)	4	NDS QL NM PA
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	4	NDS NM PA
CYSTADANE POW	4	NDS NM
CYSTAGON CAPS 50mg, 150mg	3	NM PA
DDAVP SOLN 4mcg/ml; TABS .2mg	4	NDS
DDAVP TABS .1mg	3	
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	4	NDS
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray</i> <i>refrigerated</i> SOLN .01%	1	
DOJOLVI LIQD 100%	4	NDS NM PA
EGRIFTA SV SOLR 2mg	4	NDS NM PA
EGRIFTA WR KIT 11.6mg	4	NDS NM PA
ELAPRASE SOLN 6mg/3ml	4	NDS NM PA
ELELYSO SOLR 200unit	4	NDS NM PA
ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml	4	NDS NM PA
EVISTA TABS 60mg	3	
FABRAZYME SOLR 5mg, 35mg	4	NDS NM PA
FENSOLVI KIT 45mg	4	NDS NM PA
GALAFOLD CAPS 123mg	4	NDS NM PA
GENOTROPIN CART 5mg, 12mg	4	NDS NM PA
GENOTROPIN MINIUICK PRSY .2mg	2	NM PA

Drug Name	Drug Requirements/ Tier	Limits
GENOTROPIN MINIUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	NDS NM PA
INCRELEX SOLN 40mg/4ml	4	NDS NM PA
ISTURISA TABS 1mg QL (240 tabs / 30 days)	4	NDS QL NM PA
ISTURISA TABS 5mg QL (360 tabs / 30 days)	4	NDS QL NM PA
<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	4	NDS NM PA
JYNARQUE TABS 15mg, 30mg; TBPk 15mg	4	NDS NM PA
JYNARQUE PAK 30-15MG	4	NDS NM PA
JYNARQUE PAK 45-15MG	4	NDS NM PA
JYNARQUE PAK 60-30MG	4	NDS NM PA
JYNARQUE PAK 90-30MG	4	NDS NM PA
KANUMA SOLN 20mg/10ml	4	NDS NM PA
KORLYM TABS 300mg	4	NDS NM PA
KUVAN PACK 100mg, 500mg; TABS 100mg	4	NDS NM PA
LAMZEDE SOLR 10mg	4	NDS NM PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	4	NDS NM PA
LANREOTIDE ACETATE SOLN 120mg/0.5ml	4	NDS NM PA
<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

Drug Name	Drug Requirements/ Tier	Limits
<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
MIPLYFFA CAPS 47mg, 62mg, 93mg, 124mg QL (90 caps / 30 days)	4	NDS QL NM PA
MYALEPT SOLR 11.3mg	4	NDS NM PA
MYCAPSSA CPDR 20mg QL (112 caps / 28 days)	4	NDS QL NM PA
MYFEMBREE TAB	4	NDS PA
NAGLAZYME SOLN 1mg/ml	4	NDS NM PA
NEXVIAZYME SOLR 100mg	4	NDS NM PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	4	NDS NM PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	4	NDS NM PA
NITYR TABS 2mg, 5mg, 10mg	4	NDS NM PA
NORDITROPIN FLEXPOR SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	4	NDS NM PA
NOVAREL SOLR 5000unit	3	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN LAR DEPOT) KIT 10mg, 20mg, 30mg	4	NDS NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	4	NDS NM PA
<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	4	NDS NM PA
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	4	NDS NM PA
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	4	NDS NM PA
OPFOLDA CAPS 65mg QL (8 caps / 28 days)	3	QL NM PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
ORIAHNN CAP	4	NDS PA
ORILISSA TABS 150mg, 200mg	4	NDS PA
OSPHEHA 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	3	NM PA
BENZYL SOLR 10000unit		
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	4	NDS NM PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1	
RAVICTI LIQD 1.1gm/ml	4	NDS NM PA
RECORLEV TABS 150mg QL (240 tabs / 30 days)	4	NDS QL NM PA
REVCIVI SOLN 2.4mg/1.5ml	4	NDS NM PA
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SAMSCA TABS 15mg, 30mg	4	NDS NM PA
SANDOSTATIN SOLN 50mcg/ml	3	NM PA
SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	4	NDS NM PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	4	NDS NM PA
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	4	NDS NM PA
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

Drug Name	Drug Requirements/ Tier	Limits
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 JYNARQUE) TABS 15mg, 30mg (generic of JYNARQUE)	4	NDS NM PA
<i>tolvaptan</i> (generic of SAMSCA) TABS 15mg, 30mg (generic of SAMSCA)	4	NDS NM PA
<i>tolvaptan</i> (generic of JYNARQUE) TBPK 15mg	4	NDS NM PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	4	NDS NM PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	4	NDS NM PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	4	NDS NM PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	4	NDS NM PA
VEOZAH TABS 45mg QL (30 tabs / 30 days)	3	QL PA
VIJOICE PACK 50mg QL (28 packets / 28 days)	4	NDS QL NM PA
VIJOICE TBPK 50mg, 125mg QL (28 tabs / 28 days)	4	NDS QL NM PA
VIJOICE TAB 250MG QL (56 tabs / 28 days)	4	NDS QL NM PA
VIMIZIM SOLN 5mg/5ml	4	NDS NM PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	4	NDS NM PA
VPRIV SOLR 400unit	4	NDS NM PA
VYKAT XR TB24 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
VYKAT XR TB24 75mg QL (30 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
VYKAT XR TB24 150mg QL (90 tabs / 30 days)	4	NDS QL NM PA
XENPOZYME SOLR 4mg, 20mg	4	NDS NM PA
<i>yargesa</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
ZAVESCA CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
ZOMACTON SOLR 5mg	3	NM PA
ZOMACTON SOLR 10mg	4	NDS NM PA
PROGESTINS		
CRINONE GEL 4%, 8%	3	PA
<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1	
PROMETRIUM CAPS 100mg, 200mg	3	
PROVERA TABS 2.5mg, 5mg, 10mg	3	
THYROID AGENTS		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3	
ERMEZA SOLN 150mcg/5ml	3	
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	ST

Drug Name	Drug Requirements/ Tier	Limits
<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
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	

Drug Name	Drug Requirements/ Tier	Limits
VITAMIN D ANALOGS		
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
<i>paricalcitol</i> CAPS 4mcg	1	B/D
RAYALDEE CPCR 30mcg	4	NDS
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D
ZEMPLAR CAPS 1mcg, 2mcg	3	B/D
GASTROINTESTINAL ANTIEMETICS		
AKYNZEO CAP 300-0.5	3	B/D
AKYNZEO INJ 235-0.25	3	NM
AKYNZEO INJ 235-0.25MG/20ML	3	NM
APONVIE EMUL 32mg/4.4ml	3	
<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D
<i>aprepitant</i> (generic of EMEND BIPACK) CAPS 80mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
BONJESTA TAB 20-20MG	3	
CINVANTI EMUL 130mg/18ml	3	
<i>compro</i> SUPP 25mg	1	
DICLEGIS TAB 10-10MG	3	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i> (generic of DICLEGIS)	3	
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	1	B/D QL
<i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL
EMEND SOLR 150mg	3	
EMEND SUSR 125mg/5ml	4	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
EMEND BIPACK CAPS 80mg	3	B/D
EMEND TRIPAC PAK 125 & 80	3	B/D
FOCINVEZ SOLN 150mg/50ml	3	
<i>fosaprepitant dimeglumine</i> (generic of EMEND) SOLR 150mg	1	
GIMOTI SOLN 15mg/act	4	NDS PA
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
MARINOL CAPS 2.5mg QL (60 caps / 30 days)	3	B/D QL
<i>meclizine hcl</i> TABS 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	1	PA
<i>meclizine hcl</i> TABS 50mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year	1	QL PA
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron</i> TBDP 16mg	4	NDS B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	1	
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3	
PHENERGAN SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
POSFREA SOLN .25mg/5ml	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	1	PA
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
<i>promethazine hcl</i> SUPP 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
PROMETHAZINE HYDROCHLORID SOLN 6.25mg/5ml PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
REGLAN TABS 5mg, 10mg	3	
SANCUSO PTCH 3.1mg/24hr QL (4 patches / 28 days)	4	NDS QL
<i>scopolamine</i> PT72 1mg/3days QL (10 patches / 30 days)	3	QL
SUSTOL PRSY 10mg/0.4ml	3	
<i>trimethobenzamide hcl</i> CAPS 300mg	1	
VARUBI TBPK 90mg	3	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
ANTISPASMODICS		
<i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY 1mg/10ml	3	
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3	
CUVPOSA SOLN 1mg/5ml	3	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg PA applies if 65 years and older	2	PA
<i>dicyclomine hcl</i> SOLN 10mg/5ml PA applies if 65 years and older	3	PA
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml PA applies if 65 years and older	3	PA
<i>dicyclomine hcl</i> TABS 40mg PA applies if 65 years and older	4	NDS PA
GLYCATE TABS 1.5mg QL (90 tabs / 30 days)	4	NDS QL ST
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml	1	
<i>glycopyrrolate</i> (generic of GLYCOPYRROLATE) SOSY .2mg/ml, .4mg/2ml	1	
GLYCOPYRROLATE TABS 1.5mg QL (90 tabs / 30 days)	4	NDS QL ST
<i>glycopyrrolate</i> TABS 1mg QL (90 tabs / 30 days)	1	QL
<i>glycopyrrolate</i> 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 65 years and older	3	PA
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<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	
INFLAMMATORY BOWEL DISEASE		
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
<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
CORTENEMA ENEM 100mg/60ml	3	
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
<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> CPDR 400mg QL (180 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<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</i> w/ cleanser (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	1	QL
PENTASA CPCR 250mg QL (480 caps / 30 days)	3	QL
PENTASA CPCR 500mg QL (240 caps / 30 days)	4	NDS QL
ROWASA KIT 4gm QL (28 bottles / 28 days)	4	NDS QL
SFROWASA ENEM 4gm/60ml QL (1680 mL / 28 days)	4	NDS QL
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
UCERIS FOAM 2mg/act	3	
UCERIS TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
LAXATIVES		
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
GOLYTELY SOL	3	
<i>kristalose</i> PACK 10gm QL (30 packets / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>kristalose</i> PACK 20gm QL (60 packets / 30 days)	1	QL PA
<i>lactulose</i> PACK 10gm QL (30 packets / 30 days)	4	NDS QL PA
<i>lactulose</i> PACK 20gm QL (60 packets / 30 days)	1	QL PA
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose</i> (encephalopathy) SOLN 10gm/15ml	1	
MOVIPREP SOL	3	
<i>peg 3350-kcl-na bicarb-nacl- na sulfate for soln 236 gm</i> (generic of GOLYTELY)	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg-3350/electrolytes/asc</i> (generic of MOVIPREP)	1	
PLENVU SOL	3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT)	1	
SUFLAVE SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	3	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	1	QL PA
AMITIZA CAPS 8mcg, 24mcg QL (60 caps / 30 days)	3	QL
<i>amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg</i>	1	
<i>bismuth subcit-metronidazole- tetracycline cap 140-125-125 mg</i> (generic of PYLERA)	1	
BYLVAY CAPS 400mcg, 1200mcg	4	NDS NM PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
CARAFATE SUSP 1gm/10ml	3	ST
CARAFATE TABS 1gm	3	
CHOLBAM CAPS 50mg, 250mg	4	NDS NM PA
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
<i>cromolyn sodium</i> (generic of GASTROCROM) CONC 100mg/5ml	1	
CYTOTEC TABS 100mcg, 200mcg	3	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	3	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg (generic of LOMOTIL)	3	
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
IBSRELA TABS 50mg QL (60 tabs / 30 days)	4	NDS QL PA
IQIRVO TABS 80mg QL (30 tabs / 30 days)	4	NDS QL NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	2	QL
LIVDELZI CAPS 10mg QL (30 caps / 30 days)	4	NDS QL NM PA
LIVMARLI SOLN 9.5mg/ml, 19mg/ml; TABS 10mg, 15mg, 20mg, 30mg	4	NDS NM PA
LOMOTIL TAB 2.5MG	3	
<i>loperamide hcl</i> CAPS 2mg	1	
LOTRONEX TABS .5mg, 1mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>lubiprostone</i> (generic of AMITIZA) CAPS 8mcg, 24mcg QL (60 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	1	
MOTEGRITY TABS 1mg, 2mg	3	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	2	QL
OALIVA TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
<i>prucalopride succinate</i> (generic of MOTEGRITY) TABS 1mg, 2mg	1	
PYLERA CAP	3	
REBYOTA SUSP 150ml QL (150 mL / 30 days)	4	NDS QL NM PA
RELISTOR SOLN 12mg/0.6ml QL (28 vials / 28 days)	4	NDS QL PA
RELISTOR SOSY 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</i> (generic of CARAFATE) SUSP 1gm/10ml	1	ST
<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	1	

Drug Name	Drug Requirements/ Tier	Limits
SYMPROIC TABS .2mg QL (30 tabs / 30 days)	3	QL
TALICIA CAP	3	
TRULANCE TABS 3mg QL (30 tabs / 30 days)	3	QL
URSODIOL CAPS 200mg, 400mg	4	NDS PA
ursodiol CAPS 300mg; TABS 250mg	1	
ursodiol (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)	2	QL PA
VOQUEZNA PAK TRIP PK QL (2 kits / year)	2	QL PA
VOWST CAP QL (12 caps / 30 days)	4	NDS QL NM PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	4	NDS QL NM PA
XIFAXAN TABS 550mg	4	NDS PA
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
PROTON PUMP INHIBITORS		
ACIPHEX TBEC 20mg QL (30 tabs / 30 days)	4	NDS QL ST
DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days)	3	QL
dexlansoprazole (generic of DEXILANT) CPDR 30mg, 60mg QL (30 caps / 30 days)	1	QL
esomeprazole magnesium (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	1	QL ST

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

Drug Name	Drug Requirements/ Tier	Limits
PANTOPR/NACL SOL 80MG/100	3	
<i>pantoprazole sodium</i> (generic of PROTONIX) PACK 40mg QL (30 packets / 30 days)	1	QL ST
PANTOPRAZOLE SODIUM SOLR 40mg	3	
<i>pantoprazole sodium</i> (generic of PANTOPRAZOLE SODIUM) SOLR 40mg	1	
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC 20mg, 40mg	1	
PANTOPRAZOLE SOL 40/50ML	3	
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 PA
VOQUEZNA TABS 20mg QL (60 tabs / 30 days)	3	QL PA
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	1	QL
AVODART CAPS .5mg QL (30 caps / 30 days)	4	NDS 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

Drug Name	Drug Requirements/ Tier	Limits
<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 (generic of JALYN) QL (30 caps / 30 days)	1	QL
<i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	1	QL
JALYN CAP 0.5-0.4 QL (30 caps / 30 days)	3	QL
PROSCAR TABS 5mg QL (30 tabs / 30 days)	3	QL
<i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg QL (30 caps / 30 days)	1	QL
<i>tadalafil</i> (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)	1	QL PA
<i>tamsulosin hcl</i> CAPS .4mg QL (60 caps / 30 days)	1	QL
UROXATRAL TB24 10mg QL (30 tabs / 30 days)	3	QL
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg QL (90 caps / 30 days)	4	NDS QL
FILSPARI TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL NM PA
INTRAROSA INST 6.5mg	3	PA
LITHOSTAT TABS 250mg	3	
<i>neomycin-polymyxin b gu irrigation soln</i>	1	
OXLUMO SOLN 94.5mg/0.5ml	4	NDS NM PA
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	
<i>potassium citrate (alkalinizer)</i> TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
RIMSO-50 SOLN 50%	3	

Drug Name	Drug Requirements/ Tier	Limits
RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml	4	NDS NM PA
TARPEYO CPDR 4mg QL (120 caps / 30 days)	4	NDS QL NM PA
THIOLA TABS 100mg	4	NDS NM
THIOLA EC TBEC 100mg, 300mg	4	NDS NM
<i>tiopronin</i> (generic of THIOLA) TABS 100mg	4	NDS NM
<i>tiopronin</i> (generic of THIOLA EC) TBEC 100mg, 300mg	4	NDS NM
UROCIT-K 10 TBCR 1080mg	3	
UROCIT-K 15 TBCR 15meq	3	
VANRAFIA TABS .75mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>venxxiva</i> (generic of THIOLA EC) TBEC 100mg, 300mg	4	NDS NM
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg QL (30 tabs / 30 days)	1	QL ST
<i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg QL (30 tabs / 30 days)	1	QL
GEMTESA TABS 75mg QL (30 tabs / 30 days)	2	QL
<i>mirabegron</i> (generic of MYRBETRIQ) TB24 25mg, 50mg QL (30 tabs / 30 days)	1	QL
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	3	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	3	QL
<i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)	1	QL
<i>oxybutynin chloride</i> TABS 2.5mg QL (90 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	1	QL
OXYTROL PTTW 3.9mg/24hr QL (8 patches / 28 days)	3	QL ST
<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	1	QL
<i>tolterodine tartrate</i> TABS 1mg QL (60 tabs / 30 days)	1	QL
<i>tolterodine tartrate</i> (generic of DETROL) TABS 2mg QL (60 tabs / 30 days)	1	QL
TOVIAZ TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL
<i>trospium chloride</i> CP24 60mg QL (30 caps / 30 days)	1	QL
<i>trospium chloride</i> TABS 20mg QL (60 tabs / 30 days)	1	QL
VESICARE TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
VESICARE LS SUSP 5mg/5ml QL (300 mL / 30 days)	3	QL
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREA 2%; SUPP 100mg	3	
<i>clindamycin phosphate</i> vaginal (generic of CLEOCIN) CREA 2%	1	
CLINDESSE CREA 2%	3	
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>miconazole</i> 3 SUPP 200mg	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
VANDAZOLE GEL .75%	3	
XACIATO GEL 2%	3	

Drug Name	Drug Requirements/ Tier	Limits
HEMATOLOGIC ANTICOAGULANTS		
ARIXTRA SOLN 2.5mg/0.5ml	3	
ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	1	QL
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	1	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	2	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	2	QL
ELIQUIS STARTER PACK TBPB 5mg QL (74 tabs / 30 days)	2	QL
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3	
FRAGMIN SOLN 95000unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unit/0.72ml	4	NDS
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	

Drug Name	Drug Requirements/ Tier	Limits
HEP SOD/NACL INJ 12500UNT	2	
HEP SOD/NACL INJ 25000UNT	2	
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	2	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml	3	
LOVENOX SOSY 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	NDS
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	3	QL
PRADAXA CAPS 110mg QL (120 caps / 30 days)	3	QL
PRADAXA PACK 20mg, 150mg QL (60 packets / 30 days)	4	NDS QL PA
PRADAXA PACK 30mg, 40mg, 50mg, 110mg QL (120 packets / 30 days)	4	NDS QL PA
<i>rivaroxaban</i> (generic of XARELTO) SUSR 1mg/ml QL (620 mL / 30 days)	1	QL
<i>rivaroxaban</i> (generic of XARELTO) TABS 2.5mg QL (60 tabs / 30 days)	1	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	2	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	2	QL
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA
ARANESP ALBUMIN FREE SOLN 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; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
LEUKINE SOLR 250mcg	4	NDS NM PA
MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 120mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml	3	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

Drug Name	Drug Requirements/ Tier	Limits
NEULASTA ONPRO KIT SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
NEUPOGEN SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	4	NDS NM PA
NYVEPRIA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
<i>plerixafor</i> (generic of MOZOBIL) SOLN 24mg/1.2ml	4	NDS NM PA
PROCRIT SOLN 2000unit/ml, 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
RYZNEUTA SOSY 20mg/ml QL (2 syringes / 28 days)	4	NDS QL 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

Drug Name	Drug Requirements/ Tier	Limits
UDENYCA ONBODY SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
XOLREMDI CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
ZIEXTENZO SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
MISCELLANEOUS		
ADAKVEO SOLN 100mg/10ml	4	NDS NM PA
ADZYNMA KIT 500unit, 1500unit	4	NDS NM PA
AGRYLIN CAPS .5mg	3	
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
aminocaproic acid SOLN .25gm/ml; TABS 500mg, 1000mg	4	NDS
anagrelide hcl CAPS 1mg	1	
anagrelide hcl (generic of AGRYLIN) CAPS .5mg	1	
ANDEMBRY SOAJ 200mg/1.2ml QL (13 pens / 365 days)	4	NDS QL NM PA
BERINERT KIT 500unit QL (24 boxes / 30 days)	4	NDS QL NM PA
BKEMV SOLN 300mg/30ml	4	NDS NM PA
CABLIVI KIT 11mg	4	NDS NM PA
cilostazol TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit QL (20 vials / 30 days)	4	NDS QL NM PA
DOPTLET TABS 20mg	4	NDS NM PA
EKTERLY TABS 300mg QL (12 tabs / 30 days)	4	NDS QL NM PA
eltrombopag olamine (generic of PROMACTA) PACK 12.5mg QL (360 packets / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
eltrombopag olamine (generic of PROMACTA) PACK 25mg QL (180 packets / 30 days)	4	NDS QL NM PA
eltrombopag olamine (generic of PROMACTA) TABS 12.5mg, 25mg QL (30 tabs / 30 days)	4	NDS QL NM PA
eltrombopag olamine (generic of PROMACTA) TABS 50mg, 75mg QL (60 tabs / 30 days)	4	NDS QL NM PA
EMPAVELI SOLN 1080mg/20ml QL (200 mL / 30 days)	4	NDS QL NM PA
ENDARI PACK 5gm	4	NDS NM PA
ENJAYMO SOLN 1100mg/22ml	4	NDS NM PA
EPYSQLI SOLN 300mg/30ml	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
icatibant acetate (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</i> -glutamine (sickle cell) (generic of ENDARI) PACK 5gm	4	NDS NM PA
MULPLETA TABS 3mg	4	NDS NM PA
ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days)	4	NDS QL NM PA
pentoxifylline TBCR 400mg	1	
PIASKY SOLN 340mg/2ml	4	NDS NM PA
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
PROMACTA PACK 25mg QL (180 packets / 30 days)	4	NDS QL NM PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	4	NDS QL NM PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	4	NDS QL NM PA
PYRUKYND TABS 5mg, 20mg, 50mg QL (56 tabs / 28 days)	4	NDS QL NM PA
PYRUKYND TAB 20MGX5MG QL (14 tabs / 14 days)	4	NDS QL NM PA
PYRUKYND TAB 50MGX20M QL (14 tabs / 14 days)	4	NDS QL NM PA
PYRUKYND TAPER PACK TBPK 5mg QL (7 tabs / 7 days)	4	NDS QL NM PA
REBLOZYL SOLR 25mg, 75mg	4	NDS NM PA
RUCONEST SOLR 2100unit QL (12 vials / 30 days)	4	NDS QL NM PA
RYTELO SOLR 47mg, 188mg	4	NDS NM PA
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM PA
SIKLOS TABS 100mg	3	
SIKLOS TABS 1000mg	4	NDS
SOLIRIS SOLN 300mg/30ml	4	NDS NM PA
TAKHZYRO SOSY 150mg/ml, 300mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM PA
TAVALISSE TABS 100mg, 150mg QL (60 tabs / 30 days)	4	NDS QL NM PA
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	4	NDS QL NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1	
<i>tranexamic acid</i> TABS 650mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>tranexamic acid-sodium chloride iv soln 1000 mg/100ml-0.7%</i> (generic of TRANEXAMIC ACID/SODIUM CH)	1	
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	4	NDS NM PA
VOYDEYA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA
VOYDEYA TAB 50-100MG QL (180 tabs / 30 days)	4	NDS QL NM PA
XROMI SOLN 100mg/ml	4	NDS
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1	
<i>clopidogrel bisulfate</i> TABS 300mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 65 years and older	2	PA
EFFIENT TABS 5mg, 10mg	3	
PLAVIX TABS 75mg	3	
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1	
<i>ticagrelor</i> (generic of BRILINTA) TABS 60mg, 90mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM PA
ACTEMRA SOSY 162mg/0.9ml QL (4 syringes / 28 days)	4	NDS QL NM PA
ACTEMRA ACTPEN SOAJ 162mg/0.9ml QL (4 pens / 28 days)	4	NDS QL NM PA
ADBRY SOAJ 300mg/2ml QL (28 pens / 365 days)	4	NDS QL NM PA
ADBRY SOSY 150mg/ml QL (56 syringes / 365 days)	4	NDS QL NM PA
AVSOLA SOLR 100mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 pens / 28 days)	4	NDS QL NM PA
BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM PA
CIBINQO TABS 50mg, 100mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA
CIMZIA KIT 200mg; PSKT 200mg/ml QL (2 kits / 28 days)	4	NDS QL NM PA
CIMZIA STARTER KIT PSKT 200mg/ml QL (2 kits / year)	4	NDS QL NM PA
COSENTYX SOLN 125mg/5ml	4	NDS NM PA
COSENTYX SOSY 75mg/0.5ml QL (16 syringes / 365 days)	4	NDS QL NM PA
COSENTYX SOSY 150mg/ml QL (32 syringes / 365 days)	4	NDS QL NM PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml QL (32 pens / 365 days)	4	NDS QL NM PA
COSENTYX UNOREADY SOAJ 300mg/2ml QL (16 pens / 365 days)	4	NDS QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	4	NDS QL NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	4	NDS QL NM PA
EBGLYSS SOAJ 250mg/2ml QL (20 pens / 365 days)	4	NDS QL NM PA
EBGLYSS SOSY 250mg/2ml QL (20 syringes / 365 days)	4	NDS QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	4	NDS QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	4	NDS QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	4	NDS QL NM PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	4	NDS QL NM PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml QL (6 autoinjectors / 28 days)	4	NDS QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	4	NDS QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	4	NDS QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	4	NDS QL NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	4	NDS QL NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	4	NDS QL NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	4	NDS QL NM PA
ILUMYA SOSY 100mg/ml QL (6 syringes / 365 days)	4	NDS QL NM PA
INFLECTRA SOLR 100mg	4	NDS NM PA
INFLIXIMAB SOLR 100mg	4	NDS NM PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	4	NDS QL NM PA
KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days)	4	NDS QL NM PA
LEQSELVI TABS 8mg QL (60 tabs / 30 days)	4	NDS QL NM PA
LITFULO CAPS 50mg QL (28 caps / 28 days)	4	NDS QL NM PA
NEMLUVIO AUIJ 30mg QL (2 pens / 28 days)	4	NDS QL NM PA
OLUMIANT TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	4	NDS QL NM PA
OMVOH SOAJ 100mg/ml QL (2 pens / 28 days)	4	NDS QL NM PA
OMVOH SOLN 300mg/15ml	4	NDS NM PA
OMVOH SOSY 100mg/ml QL (2 syringes / 28 days)	4	NDS QL NM PA
OMVOH SOAJ 100/200 QL (2 pens / 28 days)	4	NDS QL NM PA
OMVOH SOSY 100/200 QL (2 syringes / 28 days)	4	NDS QL NM PA
ORENCIA SOLR 250mg	4	NDS NM PA
ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml QL (4 syringes / 28 days)	4	NDS QL NM PA
ORENCIA CLICKJECT SOAJ 125mg/ml QL (4 autoinjectors / 28 days)	4	NDS QL NM PA
OTEZLA TABS 20mg, 30mg QL (60 tabs / 30 days)	4	NDS QL NM PA
OTEZLA TAB 10/20 QL (110 tabs / year)	4	NDS QL NM PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	4	NDS QL NM PA
PYZCHIVA SOAJ 45mg/0.5ml QL (1 pen / 28 days)	2	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
PYZCHIVA SOAJ 90mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA
PYZCHIVA SOLN 45mg/0.5ml QL (1 vial / 28 days)	2	QL NM PA
PYZCHIVA SOLN 130mg/26ml	4	NDS NM PA
PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days)	2	QL NM PA
PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
REMICADE SOLR 100mg	4	NDS NM PA
RENFLEXIS SOLR 100mg	4	NDS NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	4	NDS QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	4	NDS QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	4	NDS QL NM PA
SILIQ SOSY 210mg/1.5ml QL (3 syringes / 28 days)	4	NDS QL NM PA
SIMPONI SOAJ 50mg/0.5ml QL (6 autoinjectors / 28 days)	4	NDS QL NM PA
SIMPONI SOAJ 100mg/ml QL (3 autoinjectors / 28 days)	4	NDS QL NM PA
SIMPONI SOSY 50mg/0.5ml QL (6 syringes / 28 days)	4	NDS QL NM PA
SIMPONI SOSY 100mg/ml QL (3 syringes / 28 days)	4	NDS QL NM PA
SIMPONI ARIA SOLN 50mg/4ml	4	NDS NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	4	NDS QL NM PA
SKYRIZI SOLN 600mg/10ml	4	NDS NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	4	NDS QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SPEVIGO SOLN 450mg/7.5ml	4	NDS NM PA
SPEVIGO SOSY 150mg/ml QL (28 syringes / 365 days)	4	NDS QL NM PA
SPEVIGO SOSY 300mg/2ml QL (14 syringes / 365 days)	4	NDS QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	4	NDS QL NM PA
STELARA SOLN 130mg/26ml	4	NDS NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
TALTZ SOAJ 80mg/ml QL (3 pens / 28 days)	4	NDS QL NM PA
TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml QL (1 syringe / 28 days)	4	NDS QL NM PA
TALTZ SOSY 80mg/ml QL (3 syringes / 28 days)	4	NDS QL NM PA
TOFIDENCE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM PA
TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days)	4	NDS QL NM PA
TREMFYA SOLN 200mg/20ml	4	NDS NM PA
TREMFYA SOPN 100mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days)	4	NDS QL NM PA
TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	4	NDS QL NM PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	4	NDS QL NM PA
USTEKINUMAB SOLN 45mg/0.5ml QL (1 vial / 28 days)	4	NDS QL NM PA
USTEKINUMAB SOLN 130mg/26ml	4	NDS NM PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	4	NDS QL NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	4	NDS QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	4	NDS QL NM PA
YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	2	QL NM PA
YESINTEK SOLN 130mg/26ml	2	NM PA
YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	2	QL NM PA
YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
ARAVA TABS 10mg, 20mg QL (30 tabs / 30 days)	4	NDS QL
<i>hydroxychloroquine sulfate</i> TABS 100mg, 300mg, 400mg	1	
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	3	B/D
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>methotrexate sodium</i> TABS 2.5mg	1	

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
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM 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 SOLN 50mg/ml	4	NDS B/D NM
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	4	NDS NM PA
GAMASTAN INJ	3	B/D NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	4	NDS NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NDS NM PA

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, 10gm/50ml	4	NDS NM PA
HYQVIA INJ 2.5-200	4	NDS NM PA
HYQVIA INJ 5-400	4	NDS NM PA
HYQVIA INJ 10-800	4	NDS NM PA
HYQVIA INJ 20-1600	4	NDS NM PA
HYQVIA INJ 30-2400	4	NDS NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NDS NM PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	4	NDS NM PA
ARCALYST SOLR 220mg	4	NDS NM PA
GRASTEK SUBL 2800bau	3	PA
ILARIS SOLN 150mg/ml	4	NDS NM PA
IMAAVY SOLN 1200mg/6.5ml	4	NDS NM PA
JOENJA TABS 70mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ODACTRA SUB	3	PA
PALFORZIA CAP ESCALAT	4	NDS NM PA
PALFORZIA CAP LEVEL 3	4	NDS NM PA
PALFORZIA CAP LEVEL 7	4	NDS NM PA
PALFORZIA CAP LEVEL 8	4	NDS NM PA
PALFORZIA CAP LEVEL 10	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
PALFORZIA LEVEL 1 CSPK 4 NDS NM PA 1mg		
PALFORZIA LEVEL 2 CSPK 4 NDS NM PA 1mg		
PALFORZIA LEVEL 4 CSPK 4 NDS NM PA 20mg		
PALFORZIA LEVEL 5 CSPK 4 NDS NM PA 20mg		
PALFORZIA LEVEL 6 CSPK 4 NDS NM PA 20mg		
PALFORZIA LEVEL 9 CSPK 4 NDS NM PA 100mg		
PALFORZIA LEVEL 11 (MAINT PACK 300mg	4	NDS NM PA
PALFORZIA LEVEL 11 (TITRA PACK 300mg	4	NDS NM PA
RAGWITEK SUBL 12amba1- u	3	PA
RYSTIGGO SOLN 280mg/2ml, 420mg/3ml, 560mg/4ml, 840mg/6ml	4	NDS NM PA
VYVGART SOLN 400mg/20ml	4	NDS NM PA
VYVGART INJ HYTRULO	4	NDS NM PA
ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml	4	NDS QL NM PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	4	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
ATGAM SOLN 50mg/ml	4	NDS B/D
azasan TABS 75mg, 100mg	1	B/D
azathioprine (generic of IMURAN) TABS 50mg	1	B/D
azathioprine TABS 75mg, 100mg	1	B/D
BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days)	4	NDS QL NM PA
BENLYSTA SOLR 120mg, 400mg	4	NDS NM PA
BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	4	NDS B/D NM
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg	1	B/D NM
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
cyclosporine modified (for microemulsion) CAPS 50mg	1	B/D NM
ENVARUSUS XR TB24 4mg	4	NDS B/D NM
ENVARUSUS XR TB24 .75mg, 1mg	3	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .5mg, .75mg, 1mg	4	NDS B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg	1	B/D NM
gengraf (generic of NEORAL) CAPS 25mg, 100mg	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
NIKTIMVO SOLN 9mg/0.18ml, 22mg/0.44ml	4	NDS NM PA
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

Drug Name	Drug Requirements/ Tier	Limits
REZUROCK TABS 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml	3	B/D NM
SANDIMMUNE CAPS 100mg	4	NDS B/D NM
SAPHNELO SOLN 300mg/2ml	4	NDS NM PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	4	NDS B/D NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/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	
I POL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	

Drug Name	Drug Requirements/ Tier	Limits
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1	QL
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS,		
INJECTABLE		
D2.5W/NAACL INJ 0.45%	3	
D5W/LYTES INJ #48	3	
D10W/NAACL INJ 0.2%	2	

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>dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)</i>	1
<i>dextrose 5% in lactated ringers</i>	1
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1
<i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)</i>	1
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1
<i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	1
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1
ISOLYTE-P INJ /D5W	3
ISOLYTE-S INJ	3
ISOLYTE-S INJ PH 7.4	3
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	1
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	1
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1

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

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

Drug Name	Drug Requirements/ Tier	Limits
CLINIMIX INJ 8/14	3	B/D
<i>clinisol</i> sf 15%	1	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%, 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
KABIVEN EMU	4	NDS B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	4	NDS B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin- neomycin-hc</i> ophth oint 1%	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neo-polycin</i> hc ophth oint 1%	1	
<i>neomycin-polymyxin- dexamethasone</i> ophth oint 0.1% (generic of MAXITROL)	1	
<i>neomycin-polymyxin- dexamethasone</i> ophth susp 0.1% (generic of MAXITROL)	1	
<i>neomycin-polymyxin-hc</i> ophth susp	1	
<i>sulfacetamide</i> sodium- <i>prednisolone</i> ophth soln 10- 0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone</i> ophth susp 0.3-0.1%	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
<i>bacitracin</i> (ophthalmic) OINT 500unit/gm	1	
<i>bacitracin-polymyxin</i> b ophth oint	1	
BESIVANCE SUSP .6%	2	

Drug Name	Drug Requirements/ Tier	Limits
CILOXAN OINT .3%	2	
<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	1	
<i>erythromycin (ophth)</i> OINT 5mg/gm	1	
<i>gatifloxacin (ophth)</i> SOLN .5%	1	
<i>gentamicin sulfate (ophth)</i> SOLN .3%	1	
<i>levofloxacin (ophth)</i> SOLN .5%, 1.5%	1	
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	1	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	
<i>trifluridine</i> SOLN 1%	1	
VIGAMOX SOLN .5%	3	QL
QL (12 mL / 30 days)		
XDEMVEY SOLN .25%	4	NDS NM PA
ZIRGAN GEL .15%	3	
ANTI-INFLAMMATORIES		
ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
ACUVAIL SOLN .45%	3	

Drug Name	Drug Requirements/ Tier	Limits
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	
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 LOTEMAX) GEL .5%; SUSP .5%	1	
<i>loteprednol etabonate</i> (generic of ALREX) SUSP .2%	1	
MAXIDEX SUSP .1%	3	
NEVANAC SUSP .1%	3	
PRED FORTE SUSP 1%	3	

Drug Name	Drug Requirements/ Tier	Limits
PRED MILD SUSP .12%	3	
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
PROLENSA SOLN .07%	3	
TRIESENCE SUSP 40mg/ml	3	PA
XIPERE SUSP 40mg/ml	3	NM PA
YUTIQ IMPL .18mg	4	NDS NM
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>bepotastine besilate</i> (generic of BEPREVE) SOLN 1.5%	1	
BEPREVE SOLN 1.5%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>epinastine hcl (ophth)</i> SOLN .05%	1	
ZERVIAE SOLN .24%	3	
ANTI GLAUCOMA		
ALPHAGAN P SOLN .1%, .15%	3	
AZOPT SUSP 1%	3	ST
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETIMOL SOLN .5%	3	
<i>bimatoprost</i> SOLN .03%	1	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .1%, .15%	1	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate-timolol maleate ophth soln</i> 0.2-0.5% (generic of COMBIGAN)	1	
<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	1	ST
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
<i>dorzolamide hcl</i> SOLN 2%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5% (generic of COSOPT)	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln</i> 2-0.5% (generic of COSOPT PF)	1	
ISTALOL SOLN .5%	3	
IYUZEH SOLN .005%	3	ST
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	4	NDS NM
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	3	
<i>tafluprost</i> (generic of ZIOPTAN) SOLN .015mg/ml	1	
<i>timolol hemihydrate (ophth)</i> (generic of BETIMOL) SOLN .5%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
<i>timolol maleate (ophth) once-daily</i> (generic of ISTALOL) SOLN .5%	1	
<i>timolol maleate (ophth) pf</i> (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5%	1	
TIMOPTIC OCUDOSE SOLN .25%, .5%	3	
TRAVATAN Z SOLN .004%	3	
<i>travoprost</i> (generic of TRAVATAN Z) SOLN .004%	1	
VYZULTA SOLN .024%	3	
XALATAN SOLN .005%	3	
XELPROS EMUL .005%	3	ST
ZIOPTAN SOLN .015mg/ml	3	ST
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
BEOVU SOSY 6mg/0.05ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
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, .5mg/0.05ml	4	NDS NM PA
CYSTADROPS SOLN .37%	4	NDS NM PA
CYSTARAN SOLN .44%	4	NDS NM PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	4	NDS NM PA
EYLEA HD SOLN 8mg/0.07ml	4	NDS NM PA
EYSUVIS SUSP .25%	3	
IZERVAY SOLN 2mg/0.1ml	4	NDS NM PA
LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	4	NDS NM PA
MIEBO SOLN 1.338gm/ml	2	
OXERVATE SOLN .002%	4	NDS QL NM PA
QL (112 mL / year)		
PAVBLU SOSY 2mg/0.05ml	4	NDS NM PA
proparacaine hcl (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
TRYPTYR SOLN .003%	3	QL PA
QL (60 single use vials / 30 days)		
TYRVAYA SOLN .03mg/act	3	PA
VABYSMO SOLN 6mg/0.05ml; SOSY 6mg/0.05ml	4	NDS NM PA
VERKAZIA EMUL .1%	4	NDS QL PA
QL (120 single use vials / 30 days)		
VEVYE SOLN .1%	4	NDS PA
XIIDRA SOLN 5%	2	
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	1	
CIPRO HC SUS OTIC	3	
ciprofloxacin hcl (otic) (generic of CETRAXAL) SOLN .2%		

Drug Name	Drug Requirements/ Tier	Limits
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
CORTISPORIN SUS -TC OTIC	3	
DERMOTIC OIL .01%	3	
flac (generic of DERMOTIC) OIL .01%	1	
fluocinolone acetonide (otic) (generic of DERMOTIC) OIL .01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
ofloxacin (otic) SOLN .3%	1	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	2	QL
QL (60 blisters / 30 days)		
BEVESPI AER 9-4.8MCG	2	QL
QL (1 inhaler / 30 days)		
BREZTRI AERO AER SPHERE	2	QL
QL (1 inhaler / 30 days)		
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	2	QL
QL (4 inhalers / 28 days)		
COMBIVENT AER 20-100	3	QL
QL (2 inhalers / 30 days)		
DUAKLIR AER 400/12	3	QL
QL (1 inhaler / 30 days)		
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	B/D
STIOLTO AER 2.5-2.5	3	QL
QL (1 inhaler / 30 days)		
TRELEGY AER ELLIPTA 100-62.5-25 MCG	2	QL
QL (60 blisters / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	2	QL
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	3	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	2	QL
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	
SPIRIVA HANDIHALER CAPS 18mcg QL (30 caps / 30 days)	3	QL
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act QL (1 inhaler / 30 days)	3	QL
<i>tiotropium bromide</i> (generic of SPIRIVA HANDIHALER) CAPS 18mcg QL (30 caps / 30 days)	1	QL
TUDORZA PRESSAIR AEPB 400mcg/act QL (1 inhaler / 30 days)	3	QL
TUDORZA PRESSAIR (INSTITUTIONAL PACK) AEPB 400mcg/act QL (2 inhalers / 30 days)	3	QL
YUPELRI SOLN 175mcg/3ml	4	NDS PA
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop</i> <i>nasal spray</i> 137-50 mcg/act (generic of DYMISTA) QL (1 bottle / 30 days)	1	QL
CLARINEX-D TAB 2.5-120	3	
DYMISTA SPR 137-50 QL (1 bottle / 30 days)	3	QL
<i>promethazine &</i> <i>phenylephrine syrup</i> 6.25-5 mg/5ml PA applies if 65 years and older	2	PA

Drug Name	Drug Requirements/ Tier	Limits
RYALTRIS SPR 665-25 QL (29 gm / 30 days)	3	QL
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	1	
<i>carbinoxamine maleate</i> SOLN 4mg/5ml; TABS 6mg PA applies if 65 years and older	3	PA
<i>carbinoxamine maleate</i> TABS 4mg PA applies if 65 years and older	2	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 65 years and older	2	PA
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA applies if 65 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> TBP 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 65 years and older	3	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg, 100mg PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml QL (300 mL / 30 days)	1	QL
<i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>olopatadine hcl (nasal)</i> SOLN .6%	1	
QUZYTIR SOLN 10mg/ml QL (30 mL / 30 days)	4	NDS QL PA
<i>ryclora</i> SOLN 2mg/5ml PA applies if 65 years and older	1	PA
<i>ryvent</i> TABS 6mg PA applies if 65 years and older	3	PA
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	1	QL
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>arformoterol tartrate</i> (generic of BROVANA) NEBU 15mcg/2ml	1	B/D
BROVANA NEBU 15mcg/2ml	4	NDS B/D
<i>formoterol fumarate</i> (generic of PERFOROMIST) NEBU 20mcg/2ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	1	QL ST
PERFOROMIST NEBU 20mcg/2ml	4	NDS B/D
PROAIR RESPICLICK AEPB 108mcg/act QL (2 inhalers / 30 days)	3	QL
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	2	QL
STRIVERDI RESPIMAT AERS 2.5mcg/act QL (1 inhaler / 30 days)	3	QL
<i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	2	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	2	QL
XOPENEX HFA AERO 45mcg/act QL (2 inhalers / 30 days)	3	QL ST
LEUKOTRIENE MODULATORS		
ACCOLATE TABS 10mg, 20mg	3	
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	3	
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	1	
<i>zileuton</i> TB12 600mg QL (120 tabs / 30 days)	4	NDS QL ST
ZYFLO TABS 600mg QL (120 tabs / 30 days)	4	NDS QL ST
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	4	NDS QL NM PA
ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	4	NDS QL NM PA
ARALAST NP SOLR 500mg, 1000mg	4	NDS NM PA
CINQAIR SOLN 100mg/10ml <i>cromolyn sodium</i> NEBU 20mg/2ml	4 1	NDS NM PA B/D
DALIRESP TABS 250mcg QL (56 tabs / year)	3	QL
DALIRESP TABS 500mcg QL (30 tabs / 30 days)	3	QL
<i>elixophyllin</i> ELIX 80mg/15ml	4	NDS
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	
ESBRIET 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 4gm/200ml, 5gm/250ml, 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
OHTUVAYRE SUSP 3mg/2.5ml	4	NDS NM PA
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	4	NDS QL NM PA
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	4	NDS QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	4	NDS QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	4	NDS QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	4	NDS QL NM PA
<i>pirfenidone</i> 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

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	3	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	4	NDS QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	4	NDS QL NM PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	4	NDS QL NM PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	4	NDS QL NM PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	4	NDS QL NM PA
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	4	NDS QL NM PA
XOLAIR SOLR 150mg QL (8 vials / 28 days)	4	NDS QL NM PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	4	NDS QL NM PA
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	4	NDS NM PA
NASAL STEROIDS		
<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 bottles / 30 days)	1	QL
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNASL AERS 80mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNASL CHILDRENS AERS 40mcg/act QL (1 inhaler / 30 days)	3	QL ST
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	3	QL PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	3	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	3	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	2	QL
ASMANEX HFA AERO 50mcg/act, 100mcg/act, 200mcg/act QL (1 inhaler / 30 days)	3	QL
ASMANEX TWISTHALER 14 MET AEPB 220mcg/inh QL (8 inhalers / 28 days)	3	QL
ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh QL (2 inhalers / 30 days)	3	QL
ASMANEX TWISTHALER 30 MET AEPB 220mcg/inh QL (4 inhalers / 30 days)	3	QL
ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh QL (2 inhalers / 30 days)	3	QL
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
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	3	QL PA
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	3	QL PA
ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	3	QL PA
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	2	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	2	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	2	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	2	QL
BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days)	2	QL

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</i> <i>fumarate dihyd aerosol 80-4.5</i> <i>mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
<i>budesonide-formoterol</i> <i>fumarate dihyd aerosol 160-</i> <i>4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	3	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	3	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	3	QL
<i>fluticasone-salmeterol aer</i> <i>powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
<i>fluticasone-salmeterol aer</i> <i>powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
<i>fluticasone-salmeterol aer</i> <i>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
TOPICAL DERMATOLOGY, ACNE		
ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	4	NDS PA
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	4	NDS PA
ACANYA GEL 1.2-2.5% QL (50 gm / 30 days)	3	QL
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ACZONE GEL 5%, 7.5% QL (90 gm / 30 days)	3	QL
<i>adapalene</i> (generic of DIFFERIN) CREA .1%; GEL .3% QL (45 gm / 30 days)	1	QL PA
<i>adapalene</i> PADS .1% QL (28 swabs / 28 days)	4	NDS QL PA
ADAPALENE SOLN .1% QL (120 mL / 30 days)	3	QL PA
<i>adapalene-benzoyl peroxide</i> gel 0.1-2.5% (generic of EPIDUO) QL (45 gm / 30 days)	1	QL PA
<i>adapalene-benzoyl peroxide</i> gel 0.3-2.5% (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>amnesteem</i> CAPS 10mg, 20mg, 30mg, 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</i> 5-3% (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</i> 1.2 (1)- 5% 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 PA
<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
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA) QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i> (generic of ONEXTON) QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> QL (60 gm / 30 days)	1	QL PA
<i>dapsone (topical)</i> (generic of ACZONE) GEL 5%, 7.5% QL (90 gm / 30 days)	1	QL
DIFFERIN CREA .1% QL (45 gm / 30 days)	3	QL PA
DIFFERIN PUMP GEL .3% QL (45 gm / 30 days)	3	QL PA
EPIDUO FORTE GEL 0.3-2.5% QL (60 gm / 30 days)	3	QL PA
EPIDUO GEL 0.1-2.5% QL (45 gm / 30 days)	3	QL PA
ery PADS 2% QL (60 pledgets / 30 days)	1	QL
<i>erythromycin (acne aid)</i> GEL 2% QL (60 gm / 30 days)	1	QL
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	1	QL
FABIOR FOAM .1% QL (100 gm / 30 days)	3	QL PA
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>isotretinoin</i> (generic of ABSORICA) CAPS 25mg, 35mg	1	PA
KLARON LOTN 10% QL (118 mL / 30 days)	3	QL
<i>neuac gel 1.2-5%</i> QL (45 gm / 30 days)	1	QL
ONEXTON GEL 1.2-3.75 QL (50 gm / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	3	QL PA
RETIN-A MICRO GEL .04%, .06%, .1% QL (50 gm / 30 days)	3	QL PA
RETIN-A MICRO PUMP GEL .08% QL (50 gm / 30 days)	3	QL PA
<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	1	QL
TAZAROTENE FOAM .1% QL (100 gm / 30 days)	3	QL PA
<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	1	QL PA
<i>tretinoin</i> (generic of ATRALIN) GEL .05% QL (45 gm / 30 days)	1	QL PA
<i>tretinoin microsphere</i> GEL .04%, .1% QL (50 gm / 30 days)	1	QL PA
<i>tretinoin microsphere</i> (generic of RETIN-A MICRO PUMP) GEL .08% QL (50 gm / 30 days)	1	QL PA
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1% QL (60 gm / 30 days)	1	QL
TWYNEO CRE 0.1-3% QL (30 gm / 30 days)	3	QL PA
WINLEVI CREA 1% QL (60 gm / 30 days)	3	QL PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ZIANA GEL QL (60 gm / 30 days)	3	QL PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	1	QL
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>mupirocin calcium (topical)</i> CREA 2% QL (30 gm / 30 days)	1	QL PA
SILVADENE CREA 1%	3	
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	1	
<i>ssd</i> (generic of SILVADENE) CREA 1%	1	
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	3	QL
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> GEL .77% QL (100 gm / 30 days)	1	QL
<i>ciclopirox</i> SHAM 1% QL (120 mL / 30 days)	1	QL
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	1	QL
<i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days)	1	QL
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	1	QL
<i>clotrimazole (topical)</i> SOLN 1% QL (60 mL / 30 days)	1	QL
<i>clotrimazole w/ betamethasone cream</i> 1-0.05% QL (45 gm / 30 days)	1	QL
<i>econazole nitrate</i> CREA 1% QL (85 gm / 30 days)	1	QL
ERTACZO CREA 2% QL (60 gm / 30 days)	4	NDS QL ST
EXELDERM CREA 1% QL (60 gm / 30 days)	3	QL PA
EXELDERM SOLN 1% QL (30 mL / 30 days)	3	QL PA
JUBLIA SOLN 10% QL (8 mL / 30 days)	4	NDS QL
<i>ketoconazole (topical)</i> CREA 2% QL (60 gm / 30 days)	1	QL
<i>ketoconazole (topical)</i> FOAM 2% QL (100 gm / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>ketoconazole (topical)</i> SHAM 2% QL (120 mL / 30 days)	1	QL
<i>ketodan</i> FOAM 2% QL (100 gm / 30 days)	1	QL PA
<i>klayesta</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>luliconazole</i> CREA 1% QL (60 gm / 30 days)	1	QL ST
LUZU CREA 1% QL (60 gm / 30 days)	3	QL ST
<i>miconazole-zinc oxide-white petrolatum oint</i> 0.25-15-81.35% QL (50 gm / 30 days)	1	QL PA
<i>naftifine hcl</i> CREA 1% QL (90 gm / 30 days)	1	QL
<i>naftifine hcl</i> CREA 2% QL (60 gm / 30 days)	1	QL
<i>naftifine hcl</i> (generic of NAFTIN) GEL 2% QL (60 gm / 30 days)	1	QL
NAFTIN GEL 2% QL (60 gm / 30 days)	3	QL
<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	1	QL
<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>oxiconazole nitrate</i> CREA 1% QL (90 gm / 30 days)	1	QL PA
OXISTAT LOTN 1% QL (60 mL / 30 days)	3	QL PA
<i>selenium sulfide</i> LOTN 2.5% VUSION OIN QL (50 gm / 30 days)	1	
ZORYVE FOAM .3% QL (60 gm / 30 days)	3	QL PA

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

Drug Name	Drug Requirements/ Tier	Limits
ZORYVE CREA .3% QL (60 gm / 30 days)	3	QL PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1% QL (60 gm / 30 days)	1	QL
<i>ala-scalp</i> LOTN 2% QL (60 mL / 30 days)	4	NDS 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
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (120 gm / 30 days)	1	QL
<i>clobetasol propionate</i> FOAM .05% QL (100 gm / 30 days)	1	QL
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05% QL (125 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clobetasol propionate</i> (generic of CLOBEX) LOTN .05% QL (118 mL / 30 days)	1	QL
<i>clobetasol propionate</i> (generic of CLOBEX) SHAM .05% QL (236 mL / 30 days)	1	QL
<i>clobetasol propionate</i> SOLN .05% QL (100 mL / 30 days)	1	QL
<i>clobetasol propionate</i> e CREA .05% QL (120 gm / 30 days)	1	QL
<i>clobetasol propionate emulsion</i> FOAM .05% QL (100 gm / 30 days)	1	QL
CLOBEX LIQD .05% QL (125 mL / 30 days)	3	QL
CLOBEX LOTN .05% QL (118 mL / 30 days)	3	QL
CLOBEX SHAM .05% QL (236 mL / 30 days)	3	QL
<i>clocortolone pivalate</i> (generic of CLODERM) CREA .1% QL (90 gm / 30 days)	1	QL PA
<i>clodan</i> (generic of CLOBEX) SHAM .05% QL (236 mL / 30 days)	1	QL
CORDRAN TAPE 4mcg/sqcm QL (1 roll / 30 days)	3	QL PA
DERMA-SMOOTH/FS BODY OIL .01% QL (118.28 mL / 30 days)	3	QL
DERMA-SMOOTH/FS SCALP OIL .01% QL (118.28 mL / 30 days)	3	QL
<i>desonide</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>desonide</i> GEL .05% QL (60 gm / 30 days)	1	QL PA
<i>desonide</i> LOTN .05% QL (118 mL / 30 days)	1	QL
<i>desoximetasone</i> CREA .05% QL (100 gm / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>desoximetasone</i> CREA .25% QL (100 gm / 30 days)	1	QL
<i>desoximetasone</i> GEL .05% QL (60 gm / 30 days)	1	QL PA
<i>desoximetasone</i> (generic of TOPICORT) LIQD .25% QL (100 mL / 30 days)	1	QL
<i>desoximetasone</i> (generic of TOPICORT) OINT .05% QL (100 gm / 30 days)	1	QL PA
<i>desoximetasone</i> (generic of TOPICORT) OINT .25% QL (100 gm / 30 days)	1	QL
<i>diflorasone diacetate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL PA
DIPROLENE OINT .05% QL (120 gm / 30 days)	3	QL
DUOBRII LOT QL (200 gm / 28 days)	4	NDS QL PA
EPIFOAM AER 1% QL (100 gm / 30 days)	3	
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025% QL (120 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days)	1	QL
<i>fluocinonide</i> (generic of VANOS) CREA .1% QL (120 gm / 30 days)	1	QL
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	1	QL
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>flurandrenolide</i> LOTN .05% QL (120 mL / 30 days)	1	QL PA
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>fluticasone propionate</i> LOTN .05% QL (120 mL / 30 days)	1	QL
<i>halcinonide</i> (generic of HALOG) CREA .1% QL (240 gm / 30 days)	1	QL PA
<i>halcinonide</i> SOLN .1% QL (120 mL / 30 days)	1	QL PA
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	1	QL
<i>halobetasol propionate</i> (generic of LEXETTE) FOAM .05% QL (200 gm / 28 days)	1	QL PA
HALOG CREA .1% QL (240 gm / 30 days)	3	QL PA
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%; SOLN 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2% QL (60 mL / 30 days)	4	NDS QL
<i>hydrocortisone (topical)</i> OINT 1% QL (30 gm / 30 days)	1	QL
<i>hydrocortisone butyrate</i> CREA .1%; OINT .1% QL (45 gm / 30 days)	1	QL
<i>hydrocortisone butyrate</i> LOTN .1% QL (118 mL / 30 days)	1	QL PA
<i>hydrocortisone butyrate</i> SOLN .1% QL (60 mL / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	1	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	1	B/D QL
<i>lidocan</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
QUTENZA KIT 8% 1-PCH QL (4 patches / 90 days)	4	NDS QL NM PA
QUTENZA KIT 8% 2-PCH QL (4 patches / 90 days)	4	NDS QL NM PA
QUTENZA KIT 8% 4-PCH QL (4 patches / 90 days)	4	NDS QL NM PA
<i>tridacaine ii</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
ZTLIDO PTCH 1.8% QL (3 patches / 1 day)	3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> (generic of ZOVIRAX) CREA 5% QL (5 gm / 30 days)	1	QL PA
<i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5% QL (30 gm / 30 days)	1	QL
ANUSOL-HC CREA 2.5%	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
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

Drug Name	Drug Requirements/ Tier	Limits
<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)	1	QL PA
<i>doxepin hcl (antipruritic)</i> (generic of PRUDOXIN) CREA 5% QL (45 gm / 30 days)	1	QL PA
<i>doxycycline (rosacea)</i> (generic of ORACEA) CPDR 40mg	1	
ELIDEL CREA 1% QL (100 gm / 30 days)	3	QL PA
EMROSI CP24 40mg QL (30 caps / 30 days)	4	NDS QL PA
EPSOLAY CREA 5% QL (30 gm / 30 days)	3	QL PA
EUCRISA OINT 2% QL (120 gm / 30 days)	3	QL PA
FINACEA FOAM 15% QL (50 gm / 30 days)	3	QL PA
<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	1	QL
<i>fluorouracil (topical)</i> 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

Drug Name	Drug Requirements/ Tier	Limits
<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
<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> 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
<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

Drug Name	Drug Requirements/ Tier	Limits
<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	
PROCTOFOAM AER HC 1%	3	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
PRUDOXIN CREA 5% QL (45 gm / 30 days)	3	QL PA
QBREXZA PADS 2.4% QL (30 cloths / 30 days)	3	QL PA
RECTIV OINT .4% QL (30 gm / 30 days)	3	QL
RHOFADE CREA 1% QL (30 gm / 30 days)	3	QL
SOOLANTRA CREA 1% QL (45 gm / 30 days)	3	QL PA
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	1	QL PA
TARGETRETIN GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA
VALCHLOR GEL .016% QL (60 gm / 30 days)	4	NDS QL NM PA
XERESE CRE 5-1% QL (5 gm / 30 days)	4	NDS QL
YCANATH SOLN .7%	3	NM PA
ZELSUVMI GEL 10.3%	4	NDS PA
ZILXI FOAM 1.5% QL (30 gm / 30 days)	3	QL PA
ZONALON CREA 5% QL (45 gm / 30 days)	3	QL PA
ZORYVE CREA .15% QL (60 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

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

Drug Name	Drug Requirements/ Tier	Limits
SALAGEN TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide</i> (mouth) PSTE .1%	1	

Index

A		
abacavir sulfate	10	
abacavir sulfate-lamivudine tab 600-300 mg	11	
abigale	77	
abigale lo.....	77	
ABILIFY.....	45	
see aripiprazole	45	
ABILIFY ASIMTUFII.....	45	
ABILIFY MAINTENA.....	45	
ABILIFY MYCITE MAINTENANC.....	45	
ABILIFY MYCITE STARTER KI	45	
abiraterone acetate	17	
abirtega	17	
ABRAXANE see paclitaxel inj 100mg	19	
ABRAXANE INJ 100MG	19	
ABRYSVO.....	100	
ABSORICA	111	
see isotretinoin	112	
ABSORICA LD.....	111	
acamprosate calcium	66	
ACANYA see clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	112	
ACANYA GEL 1.2-2.5%.....	111	
acarbose	67	
ACCOLATE.....	107	
see zafirlukast	107	
ACCUPRIL see quinapril hcl	27	
ACCURETIC see quinapril- hydrochlorothiazide tab 10-12.5 mg.....	26	
see quinapril- hydrochlorothiazide tab 20-12.5 mg.....	27	
ACCURETIC TAB 10-12.5	26	
ACCURETIC TAB 20-12.5	26	
accutane	111	
acebutolol hcl	34	
acetaminophen	1	
acetaminophen-caffeine- dihydrocodeine cap 320.5-30-16 mg	4	
acetaminophen w/ codeine soln 120-12 mg/5ml.....	4	
acetaminophen w/ codeine tab 300-15 mg	4	
acetaminophen w/ codeine tab 300-30 mg	4	
acetaminophen w/ codeine tab 300-60 mg	4	
acetazolamide.....	35	
acetic acid	89	
acetic acid (otic)	105	
acetylcysteine	107	
ACIPHEX	88	
see rabeprazole sodium	89	
acitretin	114	
ACTEMRA	94	
ACTEMRA ACTPEN.....	94	
ACTHAR	79	
ACTHAR GEL	79	
ACTHIB INJ	100	
ACTIMMUNE	98	
ACTIVELLA see abigale	77	
see estradiol & norethindrone acetate tab 1-0.5 mg.....	77	
see mimvey	78	
ACTIVELLA TAB 1-0.5MG	77	
ACTONEL	73	
see risedronate sodium	73	
ACTOPLUS MET see pioglitazone hcl- metformin hcl tab 15- 850 mg.....	70	
ACTOPLUS MET TAB 15- 850MG.....	67	
ACTOS.....	67	
see pioglitazone hcl.....	69	
ACULAR	103	
see ketorolac tromethamine (ophth)	103	
ACULAR LS	103	
see ketorolac tromethamine (ophth)	103	
ACUVAIL.....	103	
acyclovir	12	
acyclovir sodium	12	
acyclovir topical.....	117	
ACZONE	111	
see dapson (topical)	112	
ADACEL INJ	100	
ADAKVEO.....	93	
adapalene	111	
ADAPALENE	111	
adapalene-benzoyl peroxide gel 0.1-2.5%	111	
adapalene-benzoyl peroxide gel 0.3-2.5%	111	
ADBRY.....	94	
ADCIRCA.....	38	
see alyq	38	
see tadalafil (pulmonary hypertension)	39	
ADDERALL see amphetamine- dextroamphetamine tab 10 mg.....	56	
see amphetamine- dextroamphetamine tab 12.5 mg.....	56	
see amphetamine- dextroamphetamine tab 15 mg.....	56	
see amphetamine- dextroamphetamine tab 20 mg.....	56	
see amphetamine- dextroamphetamine tab 30 mg.....	56	

see <i>amphetamine-dextroamphetamine</i> <i>tab 5 mg</i>.....56	ADMELOG .....71	AKEEGA TAB 50/500MG.....17
see <i>amphetamine-dextroamphetamine</i> <i>tab 7.5 mg</i>.....56	ADMELOG SOLOSTAR .71	AKLIEF.....111
ADDERALL TAB 10MG ..55	ADRENALIN .....36	AKYNZEO CAP 300-0.5 .83
ADDERALL TAB 12.5MG.....55	ADVAIR DISKU AER 100/50 .....110	AKYNZEO INJ 235-0.25 .83
ADDERALL TAB 15MG ..55	ADVAIR DISKU AER 250/50 .....110	AKYNZEO INJ 235- 0.25MG/20ML.....83
ADDERALL TAB 20MG ..55	ADVAIR DISKU AER 500/50 .....110	<i>ala-cort</i>.....114
ADDERALL TAB 30MG ..55	ADVAIR DISKUS see <i>fluticasone-</i> <i>salmeterol aer powder</i> <i>ba 100-50 mcg/act</i> .110	<i>ala-scalp</i>.....114
ADDERALL TAB 5MG ....55	see <i>fluticasone-</i> <i>salmeterol aer powder</i> <i>ba 250-50 mcg/act</i> .110	<i>albendazole</i>.....6
ADDERALL TAB 7.5MG .55	see <i>fluticasone-</i> <i>salmeterol aer powder</i> <i>ba 500-50 mcg/act</i> .110	<i>albuterol sulfate</i>.....107
ADDERALL XR see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 10 mg</i>....55	see <i>wixela inhub</i>.....111	ALCAINE see <i>proparacaine hcl</i> .105
see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 15 mg</i>....55	ADVAIR HFA AER 115/21.....110	<i>alclometasone dipropionate</i>.....114
see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 20 mg</i>....55	ADVAIR HFA AER 230/21.....110	ALCOHOL SWABS: EMBECTA- BD/MHC/RUGBY .....71
see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 25 mg</i>....55	ADVAIR HFA AER 45/21.....110	ALDACTONE .....27
see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 30 mg</i>....56	ADZENYS XR-ODT .....55	see <i>spironolactone</i> .....27
see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 5 mg</i>.....55	ADZYNMA .....93	ALDURAZYME .....79
ADDERALL XR CAP 10MG.....55	AFINITOR .....19	ALECENSA.....19
ADDERALL XR CAP 15MG.....55	see <i>everolimus</i> .....21	<i>alendronate sodium</i> .....73
ADDERALL XR CAP 20MG.....55	see <i>torpenz</i>.....25	<i>alfuzosin hcl</i> .....89
ADDERALL XR CAP 25MG.....55	AFINITOR DISPERZ.....19	ALIMTA.....16
ADDERALL XR CAP 30MG.....55	see <i>everolimus</i> .....21	see <i>pemetrexed</i> <i>disodium</i> .....17
ADDERALL XR CAP 5MG.....55	<i>afirmelle</i> .....74	<i>aliskiren fumarate</i>.....36
<i>adefovir dipivoxil</i> .....12	AFREZZA.....71	ALKINDI SPRINKLE .....78
ADEMPAS .....38	AFREZZA POW 4-8-12...71	<i>allopurinol</i>.....1
ADLARITY .....40	AFREZZA POW 4-8 UNIT.....71	<i>allopurinol sodium</i> .....1
	AFREZZA POW 8-12UNIT.....71	<i>almotriptan malate</i> .....60
	AGRYLIN .....93	<i>alogliptin benzoate</i> .....68
	see <i>anagrelide hcl</i> .....93	<i>alogliptin-metformin hcl tab</i> <i>12.5-1000 mg</i> .....68
	AIMOVIG.....60	<i>alogliptin-metformin hcl tab</i> <i>12.5-500 mg</i> .....68
	AIRSUPRA AER 90- 80MCG .....110	<i>alogliptin-pioglitazone tab</i> <i>12.5-30 mg</i> .....68
	AJOVY .....60	<i>alogliptin-pioglitazone tab</i> <i>25-15 mg</i> .....68
	AKEEGA TAB 100/500 ...17	<i>alogliptin-pioglitazone tab</i> <i>25-30 mg</i> .....68
		<i>alogliptin-pioglitazone tab</i> <i>25-45 mg</i> .....68
		ALOPRIM.....1
		see <i>allopurinol sodium</i> ...1
		<i>alosetron hcl</i>.....86

ALPHAGAN P	104	see <i>amlodipine besylate-olmesartan medoxomil</i>		<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	26
<i>see brimonidine tartrate</i>		<i>tab 10-20 mg</i>	28	<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	26
.....	104	see <i>amlodipine besylate-olmesartan medoxomil</i>		<i>tab 10-40 mg</i>	28
<i>alprazolam</i>	39	see <i>amlodipine besylate-olmesartan medoxomil</i>		<i>tab 5-20 mg</i>	27
ALPRAZOLAM INTENSOL	39	see <i>amlodipine besylate-olmesartan medoxomil</i>		<i>tab 5-40 mg</i>	28
ALREX	103	<i>amlodipine besylate</i>	35	<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	26
<i>see loteprednol etabonate</i>	103	<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	36	<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	26
<i>altavera</i>	74	<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	36	<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	28
ALTRENO	111	<i>10-40 mg</i>	37	<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	28
ALUNBRIG	19	<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	37	<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	27
ALUNBRIG PAK	19	<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	36	<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	28
ALVAIZ	93	<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	36	<i>amlodipine besylate-valsartan tab 10-160 mg</i>	28
ALVESCO	109	<i>2.5-40 mg</i>	36	<i>tab 5-160 mg</i>	28
<i>alyacen 1/35</i>	74	<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	36	<i>amlodipine besylate-valsartan tab 5-320 mg</i>	28
<i>alyacen 7/7/7</i>	74	<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	36	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	28
ALYFTREK TAB 10-50-125	108	<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	36		
ALYFTREK TAB 4-20-50	108				
ALYGLO	98				
ALYMSYS	20				
<i>alyq</i>	38				
<i>amantadine hcl</i>	44				
AMBIEN	59				
<i>see zolpidem tartrate</i>	60				
AMBIEN CR	59				
<i>see zolpidem tartrate</i>	60				
AMBISOME	9				
<i>see amphotericin b liposome</i>	9				
<i>ambrisentan</i>	38				
<i>amcinonide</i>	114				
<i>amethyst</i>	74				
<i>amikacin sulfate</i>	6				
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	36				
<i>amiloride hcl</i>	36				
<i>aminocaproic acid</i>	93				
<i>amiodarone hcl</i>	31				
AMITIZA	86				
<i>see lubiprostone</i>	87				
<i>amitriptyline hcl</i>	41				
AMLODIPINE/OLMESARTAN MED					

<i>amlodipine-valsartan- hydrochlorothiazide tab 10-320-25 mg</i>.....28	<i>amphetamine- dextroamphetamine 3- bead cap er 24hr 50 mg</i>.....55	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> .....15
<i>amlodipine-valsartan- hydrochlorothiazide tab 5-160-12.5 mg</i>.....28	<i>amphetamine- dextroamphetamine cap er 24hr 10 mg</i>.....55	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>.....15
<i>amlodipine-valsartan- hydrochlorothiazide tab 5-160-25 mg</i>.....28	<i>amphetamine- dextroamphetamine cap er 24hr 15 mg</i>.....55	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1- 0.5) gm</i> .....15
<i>amnestem</i> .....111	<i>amphetamine- dextroamphetamine cap er 24hr 20 mg</i>.....55	<i>ampicillin & sulbactam sodium for iv soln 15 (10- 5) gm</i> .....15
<i>amoxapine</i> .....41	<i>amphetamine- dextroamphetamine cap er 24hr 25 mg</i>.....55	<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i> .....15
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>.....86	<i>amphetamine- dextroamphetamine cap er 24hr 30 mg</i>.....56	<i>ampicillin sodium</i>.....15
<i>amoxicillin</i> .....14	<i>amphetamine- dextroamphetamine cap er 24hr 5 mg</i>.....55	<i>AMPYRA</i>.....63
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>.....14	<i>amphetamine- dextroamphetamine tab 10 mg</i> .....56	<i>see dalfampridine</i> .....63
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>.....14	<i>amphetamine- dextroamphetamine tab 12.5 mg</i> .....56	<i>AMVUTTRA</i> .....62
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>.....14	<i>amphetamine- dextroamphetamine tab 15 mg</i> .....56	<i>AMZEEQ</i>.....111
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>.....14	<i>amphetamine- dextroamphetamine tab 20 mg</i> .....56	<i>ANAFRANIL</i>.....41
<i>amoxicillin & k clavulanate tab 250-125 mg</i> .....14	<i>amphetamine- dextroamphetamine tab 30 mg</i> .....56	<i>see clomipramine hcl</i> ...41
<i>amoxicillin & k clavulanate tab 500-125 mg</i> .....14	<i>amphetamine- dextroamphetamine tab 5 mg</i> .....56	<i>anagrelide hcl</i>.....93
<i>amoxicillin & k clavulanate tab 875-125 mg</i> .....14	<i>amphetamine- dextroamphetamine tab 7.5 mg</i> .....56	<i>anastrozole</i> .....17
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>.....14	<i>amphotericin b</i> .....9	<i>ANCOBON</i>.....9
<i>amphetamine- dextroamphetamine 3- bead cap er 24hr 12.5 mg</i> .....55	<i>amphotericin b liposome</i> ...9	<i>see flucytosine</i>.....9
<i>amphetamine- dextroamphetamine 3- bead cap er 24hr 25 mg</i>.....55	<i>ampicillin</i> .....14	<i>ANDEMBRY</i>.....93
<i>amphetamine- dextroamphetamine 3- bead cap er 24hr 37.5 mg</i> .....55		<i>ANDROGEL PUMP</i> <i>see testosterone pump</i> 67
		<i>ANNOVERA MIS</i> .....74
		<i>ANORO ELLIPT AER 62.5- 25</i> .....105
		<i>ANUSOL-HC</i>.....117
		<i>see hydrocortisone (rectal)</i>.....117
		<i>see procto-med hc</i>....118
		<i>see proctosol hc</i> .....118
		<i>see proctozone-hc</i>....118
		<i>APIDRA</i>.....71
		<i>APIDRA SOLOSTAR</i>.....71
		<i>APLENZIN</i> .....41
		<i>APOKYN</i>.....44
		<i>apomorphine hydrochloride</i>.....44
		<i>APONVIE</i> .....83
		<i>aprepitant</i>.....83
		<i>aprepitant capsule therapy pack 80 & 125 mg</i> .....83

<i>apri</i>	74	<i>delayed release 75-0.2</i>	<i>see lorazepam</i>	40
APRISO	85	<i>mg</i>	<i>atomoxetine hcl</i>	56
<i>see mesalamine</i>	85	ARTHROTEC 75 TAB.....	ATORVALIQ	32
APTENSIO XR.....	56	<i>asenapine maleate</i>	<i>atorvastatin calcium</i>	32
<i>see methylphenidate hcl</i>		<i>ashlyna</i>	<i>atovaquone</i>	6
.....	58	ASMANEX HFA	<i>atovaquone-proguanil hcl</i>	
APTIOM	49	ASMANEX TWISTHALER	<i>tab 250-100 mg</i>	10
<i>see eslicarbazepine</i>		120 ME	<i>atovaquone-proguanil hcl</i>	
<i>acetate</i>	50	ASMANEX TWISTHALER	<i>tab 62.5-25 mg</i>	10
APTIVUS.....	10	14 MET	ATRALIN.....	111
AQNEURSA.....	79	ASMANEX TWISTHALER	<i>see tretinoin</i>	112
ARALAST NP.....	108	30 MET	<i>atropine sulfate</i>	85
<i>aranelle</i>	74	ASMANEX TWISTHALER	ATROPINE SULFATE85,	
ARANESP ALBUMIN		60 MET	104	
FREE.....	92	ASPARLAS	<i>see atropine sulfate</i>	85
ARAVA.....	97	<i>aspirin-dipyridamole cap er</i>	<i>atropine sulfate</i>	
<i>see leflunomide</i>	97	12hr 25-200 mg	<i>(ophthalmic)</i>	104
ARAZLO.....	111	ASTAGRAF XL	ATROVENT HFA	106
ARBLI.....	31	ATACAND	ATTRUBY	37
ARCALYST	98	<i>see candesartan cilexetil</i>	AUBAGIO.....	63
AREXVY	100	.....	<i>see teriflunomide</i>	65
<i>arformoterol tartrate</i>	107	ATACAND HCT	<i>aubra eq</i>	74
ARICEPT	40	<i>see candesartan cilexetil-</i>	AUGMENTIN ES-600	
<i>see donepezil</i>		<i>hydrochlorothiazide tab</i>	<i>see amoxicillin & k</i>	
<i>hydrochloride</i>	40	16-12.5 mg	<i>clavulanate for susp</i>	
ARIKAYCE.....	6	<i>see candesartan cilexetil-</i>	600-42.9 mg/5ml.....	14
ARIMIDEX.....	17	<i>hydrochlorothiazide tab</i>	AUGMENTIN SUS	
<i>see anastrozole</i>	17	32-12.5 mg	125/5ML	15
<i>aripiprazole</i>	45	<i>see candesartan cilexetil-</i>	AUGMENTIN SUS ES-600	
ARISTADA.....	45	<i>hydrochlorothiazide tab</i>	.....	15
ARISTADA INITIO	45	32-25 mg	AUGMENTIN TAB 500MG	
ARIXTRA	91	32-25 mg .....	.....	15
<i>see fondaparinux sodium</i>		ATACAND HCT TAB 16-	AUGTYRO	20
.....	91	12.5	<i>aurovela 1/20</i>	74
<i>armodafinil</i>	66	ATACAND HCT TAB 32-	<i>aurovela 24 fe</i>	74
ARNUITY ELLIPTA.....	109	12.5	<i>aurovela fe 1/20</i>	74
AROMASIN.....	17	ATACAND HCT TAB 32-	<i>aurovela fe 1.5/30</i>	74
<i>see exemestane</i>	17	25MG.....	AUSTEDO.....	62
ARTHROTEC 50		<i>atazanavir sulfate</i>	AUSTEDO XR.....	62
<i>see diclofenac w/</i>		ATELVIA	AUSTEDO XR TAB TITR	
<i>misoprostol tab</i>		<i>see risedronate sodium</i>	KIT	62
<i>delayed release 50-0.2</i>		.....	AUVELITY TAB 45-105MG	
<i>mg</i>	1	<i>atenolol</i> .....	.....	41
ARTHROTEC 50 TAB.....	1	<i>atenolol & chlorthalidone</i>	AVALIDE	
ARTHROTEC 75		<i>tab 100-25 mg</i>	<i>see irbesartan-</i>	
<i>see diclofenac w/</i>		<i>atenolol & chlorthalidone</i>	<i>hydrochlorothiazide tab</i>	
<i>misoprostol tab</i>		<i>tab 50-25 mg</i>	150-12.5 mg.....	29
		ATGAM		
		ATIVAN		

see <i>irbesartan-</i> <i>hydrochlorothiazide tab</i> 300-12.5 mg.....29	AZSTARYS CAP 26.1-5.2.....56	see <i>entecavir</i>.....12
AVALIDE TAB 150-12.5..28	AZSTARYS CAP 39.2-7.8.....56	BASAGLAR KWIKPEN...71
AVALIDE TAB 300-12.5..28	AZSTARYS CAP 52.3-10. .....56	BASAGLAR TEMPO PEN.....71
AVAPRO.....31	<i>aztreonam</i>.....6	BAVENCIO .....20
see <i>irbesartan</i>.....31	AZULFIDINE.....85	BAXDELA .....14
AVASTIN.....20	see <i>sulfasalazine</i>.....86	BCG VACCINE .....100
AVEED.....67	AZULFIDINE EN-TABS ..85	BELBUCA .....2
AVERI TAB .....74	see <i>sulfasalazine</i>.....86	BELEODAQ .....20
AVGEMSI.....16	<i>azurette</i>.....74	BELSOMRA .....59
<i>aviane</i> .....74	B	<i>benazepril &</i> <i>hydrochlorothiazide tab</i> 10-12.5 mg .....26
AVMAPKI PAK FAKZYNJA.....20	<i>bacitracin (ophthalmic)</i> ..102	<i>benazepril &</i> <i>hydrochlorothiazide tab</i> 20-12.5 mg .....26
AVODART.....89	<i>bacitracin-polymyxin b</i> <i>ophth oint</i>.....102	<i>benazepril &</i> <i>hydrochlorothiazide tab</i> 20-25 mg .....26
see <i>dutasteride</i>.....89	<i>bacitracin-polymyxin-</i> <i>neomycin-hc ophth oint</i> 1% .....102	<i>benazepril &</i> <i>hydrochlorothiazide tab</i> 5-6.25mg .....26
AVONEX.....63	<i>baclofen</i> .....65	<i>benazepril hcl</i>.....27
AVONEX PEN.....63	BACTRIM	<i>bendamustine hcl</i>.....16
AVSOLA.....94	see <i>sulfamethoxazole-</i> <i>trimethoprim tab 400-</i> 80 mg.....8	BENDAMUSTINE
AVYCAZ INJ 2-0.5GM ...13	BACTRIM DS	HYDROCHLORID .....16
AXTLE.....16	see <i>sulfamethoxazole-</i> <i>trimethoprim tab 800-</i> 160 mg.....8	BENDEKA.....16
<i>ayuna</i> .....74	BACTRIM DS TAB 800-160.....6	BENICAR.....31
AYVAKIT .....20	BACTRIM TAB 400-80MG6	see <i>olmesartan</i>
<i>azacitidine</i> .....16	BAFIERTAM .....63	<i>medoxomil</i> .....31
AZACTAM.....6	BALCOLTRA	BENICAR HCT
see <i>aztreonam</i>.....6	see <i>joyeaux</i> .....75	see <i>olmesartan</i>
<i>azasan</i> .....99	see <i>levonorgestrel-</i> <i>ethinyl estradiol-fe tab</i> 0.1 mg-20 mcg (21) .75	<i>medoxomil-</i> <i>hydrochlorothiazide tab</i> 20-12.5 mg.....29
AZASITE.....102	see <i>minzoya</i> .....76	see <i>olmesartan</i>
<i>azathioprine</i> .....99	BALCOLTRA TAB 0.1-20.....74	<i>medoxomil-</i> <i>hydrochlorothiazide tab</i> 40-12.5 mg.....29
<i>azelaic acid</i> .....117	<i>balsalazide disodium</i>.....85	see <i>olmesartan</i>
<i>azelastine hcl</i> .....106	BALVERSA .....20	<i>medoxomil-</i> <i>hydrochlorothiazide tab</i> 40-25 mg.....29
<i>azelastine hcl (ophth)</i>....104	<i>balziva</i>.....74	BENICAR HCT TAB 20- 12.5 .....28
<i>azelastine hcl-fluticasone</i> <i>prop nasal spray 137-50</i> <i>mcg/act</i>.....106	BANZEL .....49	BENICAR HCT TAB 40- 12.5 .....28
AZELEX.....111	see <i>rufinamide</i>.....53	
AZILECT .....44	BAQSIMI ONE PACK .....79	
see <i>rasagiline mesylate</i>.....45	BAQSIMI TWO PACK.....79	
<i>azithromycin</i>.....13	BARACLUDE .....12	
AZMIRO .....67		
AZOPT .....104		
see <i>brinzolamide</i> .....104		
AZOR TAB 10-20MG .....28		
AZOR TAB 10-40MG .....28		
AZOR TAB 5-20MG .....28		
AZOR TAB 5-40MG .....28		

BENICAR HCT TAB 40-25MG.....	28	see <i>timolol hemihydrate (ophth)</i>	104	BIVIGAM.....	98
BENLYSTA	99	BEVESPI AER 9-4.8MCG	105	BKEMV	93
BENTYL		<i>bexarotene</i>	18	<i>bleomycin sulfate</i>	18
see <i>dicyclomine hcl</i>	85	<i>bexarotene (topical)</i>	117	<i>blisovi 24 fe</i>	74
BENZAMYCIN		BEXSERO.....	100	<i>blisovi fe 1.5/30</i>	74
see <i>benzoyl peroxide-erythromycin gel 5-3%</i>	111	BEYAZ		BONJESTA TAB 20-20MG	83
BENZAMYCIN GEL 5-3%	111	see <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	74	BONSITY	73
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	111	BEYAZ TAB	74	BOOSTRIX INJ	100
<i>benztropine mesylate</i>	44	BIAXIN XL		<i>bortezomib</i>	20
BEOVU	104	see <i>clarithromycin</i>	14	BORTEZOMIB	20
<i>bepotastine besilate</i>	104	<i>bicalutamide</i>	17	BORUZU.....	20
BEPREVE	104	BICILLIN C-R INJ 1200000	15	<i>bosentan</i>	38
see <i>bepotastine besilate</i>	104	BICILLIN C-R INJ 900/300	15	BOSULIF.....	20
BERINERT	93	BICILLIN L-A.....	15	BOTOX	65
BESIVANCE	102	BIDIL		BRAFTOVI.....	20
BESPONSA	20	see <i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	37	BREO ELLIPTA INH 100-25	110
BESREMI.....	18	BIDIL TAB	37	BREO ELLIPTA INH 200-25	110
<i>betaine powder for oral solution</i>	79	BIJUVA CAP 0.5-100.....	77	BREO ELLIPTA INH 50-25MCG	110
<i>betamethasone dipropionate (topical)</i>	114	BIJUVA CAP 1-100MG ...	77	<i>breyana</i>	110
<i>betamethasone dipropionate augmented</i>	114	BIKTARVY TAB 30-120-15 MG.....	11	BREZTRI AERO AER SPHERE.....	105
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i>	78	BIKTARVY TAB 50-200-25 MG.....	11	BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	105
<i>betamethasone valerate</i>	114	<i>bimatoprost</i>	104	<i>briellyn</i>	74
BETAPACE.....	31	BIMZELX.....	95	BRILINTA.....	94
see <i>sotalol hcl</i>	32	BINOSTO.....	73	see <i>ticagrelor</i>	94
BETAPACE AF	31	<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	86	<i>brimonidine tartrate</i>	104
BETASERON.....	63	<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	34	<i>brimonidine tartrate (topical)</i>	117
<i>betaxolol hcl</i>	34	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	34	<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	104
<i>betaxolol hcl (ophth)</i>	104	<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	34	<i>brinzolamide</i>	104
<i>bethanechol chloride</i>	89	<i>bisoprolol fumarate</i>	34	BRIUMVI	63
BETHKIS.....	6			BRIVIACT	49
see <i>tobramycin</i>	8			BRIXADI.....	66
BETIMOL	104			<i>bromfenac sodium (ophth)</i>	103

BROVANA .....107	BYLVAY .....86	<i>dipropionate oint 0.005-</i>
<i>see arformoterol tartrate</i>	BYLVAY (PELLETS).....86	0.064% .....114
.....107	BYOOVIZ .....105	<i>calcipotriene-</i>
BRUKINSA.....20	BYSTOLIC .....34	<i>betamethasone</i>
BRYHALI.....114	<i>see nebivolol hcl</i>.....34	<i>dipropionate susp 0.005-</i>
BUCAPSOL .....40	C	0.064% .....114
<i>budesonide</i> .....85	<i>cabergoline</i> .....79	<i>calcitonin (salmon) inj</i> .....73
<i>budesonide (inhalation)</i> .109	CABLIV .....93	<i>calcitonin (salmon) spray</i> 73
<i>budesonide (intrarectal)</i> .85	CABOMETYX .....20	<i>calcitrene</i>.....114
<i>budesonide-formoterol</i>	CABTREO GEL .....111	<i>calcitriol</i> .....83
<i>fumarate dihyd aerosol</i>	CADUET	<i>calcitriol (oral)</i>.....83
160-4.5 mcg/act.....110	<i>see amlodipine besylate-</i>	<i>calcitriol (topical)</i> .....114
<i>budesonide-formoterol</i>	<i>atorvastatin calcium</i>	CALQUENCE.....20
<i>fumarate dihyd aerosol</i>	<i>tab 10-10 mg</i>.....36	CAMBIA .....60
80-4.5 mcg/act.....110	<i>see amlodipine besylate-</i>	<i>see diclofenac potassium</i>
<i>bumetanide</i> .....36	<i>atorvastatin calcium</i>	<i>(migraine)</i>.....60
BUMEX	<i>tab 10-20 mg</i>.....36	<i>camila</i>.....74
<i>see bumetanide</i>.....36	<i>see amlodipine besylate-</i>	CAMPTOSAR .....18
BUPHENYL.....79	<i>atorvastatin calcium</i>	<i>see irinotecan hcl</i> .....18
<i>see sodium</i>	<i>tab 10-40 mg</i>.....37	<i>camrese</i> .....74
<i>phenylbutyrate</i> .....81	<i>see amlodipine besylate-</i>	<i>camrese lo</i> .....74
<i>buprenorphine</i>.....3	<i>atorvastatin calcium</i>	CAMZYOS .....37
<i>buprenorphine hcl</i> .....66	<i>tab 10-80 mg</i>.....37	CANASA .....85
<i>buprenorphine hcl-</i>	<i>see amlodipine besylate-</i>	<i>see mesalamine</i> .....86
<i>naloxone hcl sl film 12-3</i>	<i>atorvastatin calcium</i>	CANCIDAS .....9
<i>mg (base equiv)</i>.....66	<i>tab 5-10 mg</i>.....36	<i>candesartan cilexetil</i> .....31
<i>buprenorphine hcl-</i>	<i>see amlodipine besylate-</i>	<i>candesartan cilexetil-</i>
<i>naloxone hcl sl film 2-0.5</i>	<i>atorvastatin calcium</i>	<i>hydrochlorothiazide tab</i>
<i>mg (base equiv)</i>.....66	<i>tab 5-20 mg</i>.....36	16-12.5 mg .....28
<i>buprenorphine hcl-</i>	<i>see amlodipine besylate-</i>	<i>candesartan cilexetil-</i>
<i>naloxone hcl sl film 4-1</i>	<i>atorvastatin calcium</i>	<i>hydrochlorothiazide tab</i>
<i>mg (base equiv)</i>.....66	<i>tab 5-40 mg</i>.....36	32-12.5 mg .....28
<i>buprenorphine hcl-</i>	<i>see amlodipine besylate-</i>	<i>candesartan cilexetil-</i>
<i>naloxone hcl sl film 8-2</i>	<i>atorvastatin calcium</i>	<i>hydrochlorothiazide tab</i>
<i>mg (base equiv)</i>.....66	<i>tab 5-80 mg</i>.....36	32-25 mg .....29
<i>buprenorphine hcl-</i>	CADUET TAB 10-10MG .37	CAPLYTA.....45
<i>naloxone hcl sl tab 2-0.5</i>	CADUET TAB 10-20MG .37	CAPRELSA.....20
<i>mg (base equiv)</i>.....66	CADUET TAB 10-40MG .37	<i>captopril</i> .....27
<i>buprenorphine hcl-</i>	CADUET TAB 10-80MG .37	<i>captopril &</i>
<i>naloxone hcl sl tab 8-2</i>	CADUET TAB 5-10MG ...37	<i>hydrochlorothiazide tab</i>
<i>mg (base equiv)</i>.....66	CADUET TAB 5-20MG ...37	25-15 mg .....26
<i>bupropion hcl</i> .....41	CADUET TAB 5-40MG ...37	<i>captopril &</i>
<i>bupropion hcl (smoking</i>	CADUET TAB 5-80MG ...37	<i>hydrochlorothiazide tab</i>
<i>deterrent)</i>.....66	<i>calcipotriene</i> .....114	25-25 mg .....26
<i>buspirone hcl</i>.....40	CALCIPOTRIENE .....114	<i>captopril &</i>
<i>butorphanol tartrate</i>.....4	<i>calcipotriene-</i>	<i>hydrochlorothiazide tab</i>
BUTRANS.....3	<i>betamethasone</i>	50-15 mg .....26
<i>see buprenorphine</i> .....3		

<i>captopril & hydrochlorothiazide tab</i>	<i>carbinoxamine maleate</i>	CEFAZOLIN/DEX SOL
50-25 mg.....26	<i>carboplatin</i> .....16	3GM/150ML-4% .....13
CARAFATE.....87	CARDIZEM .....35	CEFAZOLIN/DEX SOL
see <i>sucralfate</i> .....87	see <i>diltiazem hcl</i>.....35	3GM/50ML-2% .....13
<i>carb/levo orally</i>	CARDIZEM CD .....35	CEFAZOLIN INJ
<i>disintegrating tab 10-</i>	see <i>cartia xt</i>.....35	1GM/50ML.....13
100mg .....44	see <i>diltiazem hcl coated</i>	<i>cefazolin sodium</i> .....13
<i>carb/levo orally</i>	<i>beads</i>.....35	CEFAZOLIN SOLN
<i>disintegrating tab 25-</i>	CARDIZEM LA.....35	2GM/100ML-4% .....13
100mg .....44	see <i>diltiazem hcl</i>.....35	<i>cefdinir</i> .....13
<i>carb/levo orally</i>	see <i>matzim la</i> .....35	CEFEPIME.....13
<i>disintegrating tab 25-</i>	CARDURA .....27	CEFEPIME/DEX INJ 1GM
250mg .....44	see <i>doxazosin mesylate</i>	13
CARBAGLU .....79	27	CEFEPIME/DEX INJ 2GM
see <i>carglumic acid</i>.....79	CARDURA XL.....89	13
<i>carbamazepine</i> .....49	<i>carglumic acid</i> .....79	<i>cefepime hcl</i>.....13
CARBATROL.....49	<i>carisoprodol</i> .....65	<i>cefixime</i> .....13
see <i>carbamazepine</i> ....49	CARNITOR .....79	CEFOTAN
<i>carbidopa</i> .....44	see <i>levocarnitine</i>	see <i>cefotetan disodium</i>
<i>carbidopa & levodopa tab</i>	(<i>metabolic modifiers</i>)	13
10-100 mg .....44	80	<i>cefotetan disodium</i>.....13
<i>carbidopa & levodopa tab</i>	CAROSPIR .....27	CEFOXITIN INJ 1GM.....13
25-100 mg .....44	see <i>spironolactone</i> .....27	CEFOXITIN INJ 2GM.....13
<i>carbidopa & levodopa tab</i>	<i>carteolol hcl (ophth)</i> .....104	<i>cefoxitin sodium</i> .....13
25-250 mg .....44	<i>cartia xt</i> .....35	<i>cefpodoxime proxetil</i>.....13
<i>carbidopa & levodopa tab</i>	<i>carvedilol</i>.....34	<i>cefprozil</i>.....13
er 25-100 mg .....44	<i>carvedilol phosphate</i> .....34	<i>ceftazidime</i>.....13
<i>carbidopa & levodopa tab</i>	CASODEX .....17	<i>ceftriaxone sodium</i>.....13
er 50-200 mg .....44	see <i>bicalutamide</i> .....17	<i>cefuroxime axetil</i>.....13
<i>carbidopa-levodopa-</i>	<i>caspofungin acetate</i>.....9	<i>cefuroxime sodium</i>.....13
<i>entacapone tabs 12.5-</i>	CASPOFUNGIN ACETATE	CELEBREX.....1
50-200 mg .....44	9	see <i>celecoxib</i>.....1
<i>carbidopa-levodopa-</i>	CATAPRES-TTS-1	<i>celecoxib</i> .....1
<i>entacapone tabs 18.75-</i>	see <i>clonidine</i> .....37	CELESTONE INJ
75-200 mg .....44	CATAPRES-TTS-2	SOLUSPAN.....78
<i>carbidopa-levodopa-</i>	see <i>clonidine</i> .....37	CELESTONE SOLUSPAN
<i>entacapone tabs 25-100-</i>	CATAPRES-TTS-3	see <i>betamethasone sod</i>
200 mg .....44	see <i>clonidine</i> .....37	<i>phosphate & acetate</i>
<i>carbidopa-levodopa-</i>	CAYSTON.....6	<i>inj susp 6 (3-3) mg/ml</i>
<i>entacapone tabs 31.25-</i>	<i>cefaclor</i> .....13	78
125-200 mg .....44	CEFACLOR ER .....13	CELEXA.....41
<i>carbidopa-levodopa-</i>	<i>cefadroxil</i>.....13	see <i>citalopram</i>
<i>entacapone tabs 37.5-</i>	CEFAZOLIN.....13	<i>hydrobromide</i>.....41
150-200 mg .....44	CEFAZOLIN/DEX SOL	CELLCEPT .....99
<i>carbidopa-levodopa-</i>	1GM/50ML-4% .....13	see <i>mycophenolate</i>
<i>entacapone tabs 50-200-</i>	CEFAZOLIN/DEX SOL	<i>mofetil</i> .....99
200 mg .....44	2GM/50ML-3% .....13	CELONTIN.....49
		see <i>methsuximide</i> .....52

<i>cephalexin</i>.....13	see <i>ciprofloxacin hcl</i>....14	see <i>clindamycin</i>
CEQUA .....105	<i>ciprofloxacin 200 mg/100ml</i>	<i>phosphate (topical)</i> 111
CEQUR SIMPL KIT PATCH	<i>in d5w</i>.....14	<i>clindamycin hcl</i>.....6
2U (3-DAY).....71	<i>ciprofloxacin 400 mg/200ml</i>	<i>clindamycin palmitate</i>
CEQUR SIMPL KIT PATCH	<i>in d5w</i>.....14	<i>hydrochloride</i>.....6
2U (4-DAY).....71	<i>ciprofloxacin-</i>	<i>clindamycin phosphate</i> ....6
CEQUR SIMPL MIS	<i>dexamethasone otic susp</i>	<i>clindamycin phosphate</i>
INSERTER .....71	0.3-0.1% .....105	<i>(topical)</i>.....111
CERDELGA .....79	<i>ciprofloxacin hcl</i> .....14	<i>clindamycin phosphate-</i>
CEREZYME .....79	<i>ciprofloxacin hcl (ophth)</i> 103	<i>benzoyl peroxide gel 1.2-</i>
<i>cetirizine hcl</i> .....106	<i>ciprofloxacin hcl (otic)</i> ..105	2.5% .....112
CETRAXAL	CIPRO HC SUS OTIC ..105	<i>clindamycin phosphate-</i>
see <i>ciprofloxacin hcl</i>	<i>cisplatin</i> .....16	<i>benzoyl peroxide gel 1.2-</i>
<i>(otic)</i>.....105	<i>citalopram hydrobromide</i> 41	3.75% .....112
<i>cevimeline hcl</i> .....119	CITALOPRAM	<i>clindamycin phosphate-</i>
<i>chateal eq</i> .....74	HYDROBROMIDE.....41	<i>benzoyl peroxide gel 1-</i>
CHEMET .....73	<i>claravis</i>.....111	5% .....112
<i>chlordiazepoxide hcl</i> .....40	CLARINEX .....106	<i>clindamycin phosphate in</i>
<i>chlorhexidine gluconate</i>	see <i>desloratadine</i> .....106	<i>d5w iv soln 300 mg/50ml</i>
<i>(mouth-throat)</i>.....119	CLARINEX-D TAB 2.5-120	6
<i>chloroquine phosphate</i>....10	106	<i>clindamycin phosphate in</i>
<i>chlorpromazine hcl</i>.....45	<i>clarithromycin</i>.....14	<i>d5w iv soln 600 mg/50ml</i>
<i>chlorthalidone</i>.....36	<i>clemastine fumarate</i>.....106	6
CHOLBAM .....87	CLENPIQ SOL 10 MG-3.5	<i>clindamycin phosphate in</i>
<i>cholestyramine</i>.....33	GM-12 GM/175ML.....86	<i>d5w iv soln 900 mg/50ml</i>
<i>cholestyramine light</i> .....33	CLEOCIN .....6, 90	6
<i>choline fenofibrate</i>.....32	see <i>clindamycin hcl</i> .....6	<i>clindamycin phosphate-</i>
CHORIONIC	see <i>clindamycin</i>	<i>tretinoin gel 1.2-0.025%</i>
GONADOTROPIN.....79	<i>phosphate vaginal</i>....90	112
CIALIS.....89	CLEOCIN PEDIATRIC	<i>clindamycin phosphate</i>
see <i>tadalafil</i> .....89	GRANULE .....6	<i>vaginal</i> .....90
CIBINQO.....95	see <i>clindamycin</i>	<i>clindamycin phosph-</i>
<i>ciclopirox</i>.....113	<i>palmitate hydrochloride</i>	<i>benzoyl peroxide (refrig)</i>
<i>ciclopirox olamine</i> .....113	6	<i>gel 1.2 (1)-5%</i>.....111
<i>cidofovir</i>.....12	CLEOCIN PHOSPHATE...6	CLINDESSE.....90
<i>cilostazol</i> .....93	see <i>clindamycin</i>	CLINDMYC/NAC INJ
CILOXAN .....103	<i>phosphate</i> .....6	300/50ML .....6
CIMDUO TAB 300-300 ...11	CLEOCIN-T.....111	CLINDMYC/NAC INJ
CIMERLI .....105	see <i>clindamycin</i>	600/50ML .....6
<i>cimetidine</i>.....85	<i>phosphate (topical)</i> 111	CLINDMYC/NAC INJ
<i>cimetidine hcl</i> .....85	CLIMARA .....77	900/50ML .....6
CIMZIA.....95	see <i>estradiol</i>.....77	CLINIMIX E INJ 2.75/D5W
CIMZIA STARTER KIT ...95	CLIMARA PRO DIS	102
<i>cinacalcet hcl</i> .....79	WEEKLY .....77	CLINIMIX E INJ 4.25/D10
CINQAIR .....108	<i>clindacin</i> .....111	102
CINRYZE .....93	<i>clindacin etz pledgets</i> ...111	CLINIMIX E INJ 4.25/D5W
CINVANTI .....83	<i>clindacin-p</i>.....111	102
CIPRO.....14	CLINDAGEL.....111	

CLINIMIX E INJ 5%/D15W.....102	COARTEM TAB 20-120MG.....10	CONCERTA.....56 see <i>methylphenidate hcl</i>.....58
CLINIMIX E INJ 5%/D20W.....102	COBENFY CAP 100-20MG.....46	CONDYLOX.....117 see <i>podofilox</i> .....118
CLINIMIX E INJ 8/10.....102	COBENFY CAP 125-30MG.....46	<i>constulose</i>.....86
CLINIMIX E INJ 8/14.....102	COBENFY CAP 50-20MG.....46	CONZIP .....3
CLINIMIX INJ 4.25/D10 102	COBENFY STRT CAP PACK.....46	COPAXONE.....63 see <i>glatiramer acetate</i> .64
CLINIMIX INJ 4.25/D5W.....102	<i>codeine sulfate</i>.....4	see <i>glatopa</i>.....64
CLINIMIX INJ 5%/D15W.....102	CODEINE SULFATE .....4	COPIKTRA.....20
CLINIMIX INJ 5%/D20W.....102	COLAZAL see <i>balsalazide disodium</i>.....85	CORDRAN.....115
CLINIMIX INJ 6/5.....102	<i>colchicine</i> .....1	COREG.....34 see <i>carvedilol</i> .....34
CLINIMIX INJ 8/10.....102	<i>colchicine w/ probenecid</i> tab 0.5-500 mg .....1	COREG CR.....34 see <i>carvedilol phosphate</i>.....34
CLINIMIX INJ 8/14.....102	<i>colesevelam hcl</i> .....33	CORLANOR.....37 see <i>ivabradine hcl</i> .....37
<i>clinisol sf 15%</i> .....102	COLESTID .....33 see <i>colestipol hcl</i> .....33	CORTEF .....78 see <i>hydrocortisone</i> .....78
CLINOLIPID EMU 20%.102	<i>colestipol hcl</i> .....33	CORTENEMA.....85 see <i>hydrocortisone</i> (<i>intrarectal</i>).....85
<i>clobazam</i>.....49	<i>colistimethate sodium</i> .....6	CORTIFOAM .....117
<i>clobetasol propionate</i> 114, 115	COLUMVI.....20	CORTISONE ACETATE.78
<i>clobetasol propionate e</i> .115	COLY-MYCIN M .....6 see <i>colistimethate</i> <i>sodium</i> .....6	CORTISPORIN SUS -TC OTIC.....105
<i>clobetasol propionate</i> <i>emulsion</i> .....115	COMBIGAN see <i>brimonidine tartrate-</i> <i>timolol maleate ophth</i> <i>soln 0.2-0.5%</i>.....104	CORTROPHIN.....80
CLOBEX .....115 see <i>clobetasol</i> <i>propionate</i>.....114, 115 see <i>clodan</i> .....115	COMBIGAN SOL 0.2/0.5% .....104	COSENTYX .....95
<i>clocortolone pivalate</i> ....115	COMBIPATCH DIS.....77	COSENTYX SENSOREADY PEN...95
<i>clodan</i> .....115	COMBIVENT AER 20-100.....105	COSENTYX UNOREADY.....95
CLODERM see <i>clocortolone pivalate</i>.....115	COMBOGESIC INJ 300- 1000 .....1	COSOPT see <i>dorzolamide hcl-</i> <i>timolol maleate ophth</i> <i>soln 2-0.5%</i>.....104
<i>clomipramine hcl</i>.....41	COMETRIQ (60MG DOSE) .....20	COSOPT PF see <i>dorzolamide hcl-</i> <i>timolol maleate pf</i> <i>ophth soln 2-0.5%</i> ..104
<i>clonazepam</i>.....49	COMETRIQ KIT 100MG .20	COSOPT PF SOL 2%- 0.5% .....104
<i>clonidine</i>.....37	COMETRIQ KIT 140MG .20	COSOPT SOL 2-0.5%OP.....104
<i>clonidine hcl</i> .....37	COMPLERA see <i>emtricitabine-</i> <i>rilpivirine-tenofovir df</i> tab 200-25-300 mg ..11	COTELLIC .....20
<i>clonidine hcl (analgesia)</i> ..1	COMPLERA TAB.....11	COTEMPLA XR-ODT .....56
<i>clopidogrel bisulfate</i> .....94	<i>compro</i>.....83	
<i>clorazepate dipotassium</i> .49		
<i>clotrimazole</i>.....119		
<i>clotrimazole (topical)</i> .....113		
<i>clotrimazole w/</i> <i>betamethasone cream 1-</i> <i>0.05%</i> .....113		
<i>clozapine</i>.....46		
CLOZARIL .....46 see <i>clozapine</i> .....46		

COZAAR.....31	CYRAMZA .....20	<i>darunavir</i>.....10
<i>see losartan potassium</i>	<i>cyred eq</i> .....74	DARZALEX.....20
.....31	CYSTADANE	DARZALEX INJ FASPRO
CRENESSITY .....80	<i>see betaine powder for</i>	20
CREON CAP 12000UNT 87	<i>oral solution</i> .....79	<i>dasatinib</i>.....20
CREON CAP 24000UNT 87	CYSTADANE POW .....80	<i>dasetta 1/35</i> .....74
CREON CAP 3000UNIT .87	CYSTADROPS .....105	<i>dasetta 7/7/7</i> .....74
CREON CAP 36000UNT 87	CYSTAGON.....80	DATROWAY .....20
CREON CAP 6000UNIT .87	CYSTARAN .....105	DAURISMO.....20
CRESEMBA.....9	<i>cytarabine</i> .....16	DAYBUE .....62
CRESTOR .....32	CYTOGAM.....98	DAYPRO.....1
<i>see rosuvastatin calcium</i>	CYTOMEL.....82	<i>daysee</i> .....74
.....32	<i>see liothyronine sodium</i>	DAYTRANA .....56
CREXONT CAP 35-140MG	83	<i>see methylphenidate</i> ...57
.....44	CYTOTEC.....87	DAYVIGO.....59
CREXONT CAP 52.5-210	<i>see misoprostol</i> .....87	DDAVP.....80
.....44	D	<i>see desmopressin</i>
CREXONT CAP 70-280MG	D10W/NACL INJ 0.2%..100	<i>acetate</i> .....80
.....44	D2.5W/NACL INJ 0.45%	<i>deblitane</i> .....74
CREXONT CAP 87.5-350	100	<i>decitabine</i>.....16
.....44	D5W/LYTES INJ #48 ....100	<i>deferasirox</i> .....73, 74
CRINONE .....82	<i>dabigatran etexilate</i>	<i>deferiprone</i>.....74
<i>cromolyn sodium</i>.....108	<i>mesylate</i> .....91	<i>deferoxamine mesylate</i> ...74
<i>cromolyn sodium</i>	<i>dacarbazine</i> .....18	DELESTROGEN.....77
(<i>mastocytosis</i>) .....87	<i>dalfampridine</i> .....63	<i>see estradiol valerate</i> ..77
<i>cromolyn sodium (ophth)</i>	DALIRESP .....108	DELSTRIGO TAB .....11
.....104	<i>see roflumilast</i> .....108	<i>demeclocycline hcl</i>.....15
<i>crotan</i>.....119	DALVANCE.....6	DEMSEER.....37
<i>cryselle-28</i>.....74	<i>danazol</i> .....67	<i>see metyrosine</i> .....37
CRYSVITA.....80	DANTRIUM.....65	DENAVIR.....117
CUTAQUIG.....98	<i>see dantrolene sodium</i> 65	<i>see penciclovir</i>.....118
CUVITRU.....98	<i>dantrolene sodium</i> .....65	DENG VAXIA SUS.....100
CUVPOSA .....85	DANZITEN .....20	DEPAKOTE .....49
<i>see glycopyrrolate (oral)</i>	<i>dapagliflozin propanediol</i> 68	<i>see divalproex sodium</i> .50
.....85	<i>dapsone</i> .....6	DEPAKOTE ER .....49
CUVRIOR .....73	<i>dapsone (topical)</i> .....112	<i>see divalproex sodium</i> .50
<i>cyclobenzaprine hcl</i> .....65	DAPTACEL INJ.....100	DEPAKOTE SPRINKLES
<i>cyclophosphamide</i> .....16	DAPTOMY/NACL INJ	49
CYCLOPHOSPHAMIDE .16	350/50ML .....7	<i>see divalproex sodium</i> .50
CYCLOPHOSPHAMIDE	DAPTOMY/NACL INJ	DEPEN TITRATABS.....74
MONOHYDR .....16	500/50ML .....7	<i>see penicillamine</i>.....74
<i>cycloserine</i> .....12	<i>daptomycin</i>.....7	DEPO-ESTRADIOL .....77
<i>cyclosporine</i> .....99	DAPTOMYCIN .....7	DEPO-MEDROL .....78
<i>cyclosporine modified (for</i>	<i>see daptomycin</i> .....7	<i>see methylprednisolone</i>
<i>microemulsion</i>) .....99	DARAPRIM .....7	<i>acetate</i> .....78
CYKLOKAPRON	<i>see pyrimethamine</i> .....8	DEPO-PROVERA
<i>see tranexamic acid</i> ....94	<i>darifenacin hydrobromide</i>	CONTRACEPTIV .....74
<i>ciproheptadine hcl</i>.....106	90	

see			
<i>medroxyprogesterone</i>		<i>dexamethasone sodium</i>	
<i>acetate (contraceptive)</i>		<i>phosphate (ophth)</i>	103
.....	76	DEXEDRINE	56
DEPO-SUBQ PROVERA		see <i>dextroamphetamine</i>	
104	74	<i>sulfate</i>	56, 57
<i>depo-testosterone</i>	67	DEXILANT	88
DERMA-SMOOTH/FS		see <i>dexlansoprazole</i> ...	88
BODY	115	<i>dexlansoprazole</i>	88
see <i>fluocinolone</i>		<i>dexmethylphenidate hcl</i> ..	56
<i>acetonide</i>	115	<i>dextrazoxane hcl</i>	18
DERMA-SMOOTH/FS		<i>dextroamphetamine sulfate</i>	
SCALP	115	.....	56, 57
see <i>fluocinolone</i>		<i>dextrose</i>	102
<i>acetonide</i>	115	DEXTROSE/SODIUM	
DERMOTIC	105	CHLORIDE	
see <i>flac</i>	105	see <i>dextrose 5% w/</i>	
see <i>fluocinolone</i>		<i>sodium chloride</i>	
<i>acetonide (otic)</i>	105	0.225%	101
DESCOVY TAB 120-15MG		<i>dextrose 10% w/ sodium</i>	
.....	11	<i>chloride 0.45%</i>	101
DESCOVY TAB 200/25MG		DEXTROSE 2.5%/SODIUM	
.....	11	CHLO	
DESFERAL	74	see <i>dextrose 2.5% w/</i>	
see <i>deferroxamine</i>		<i>sodium chloride 0.45%</i>	
<i>mesylate</i>	74	.....	101
<i>desipramine hcl</i>	41	<i>dextrose 2.5% w/ sodium</i>	
<i>desloratadine</i>	106	<i>chloride 0.45%</i>	101
<i>desmopressin acetate</i>	80	DEXTROSE 5%/SODIUM	
<i>desmopressin acetate</i>		CHLORI	
<i>spray</i>	80	see <i>dextrose 5% w/</i>	
<i>desmopressin acetate</i>		<i>sodium chloride 0.3%</i>	
<i>spray refrigerated</i>	80	.....	101
<i>desogest-eth estrad & eth</i>		<i>dextrose 5% in lactated</i>	
<i>estrad tab 0.15-0.02/0.01</i>		<i>ringers</i>	101
<i>mg(21/5)</i>	74	<i>dextrose 5% w/ sodium</i>	
<i>desonide</i>	115	<i>chloride 0.2%</i>	101
<i>desoximetasone</i>	115	<i>dextrose 5% w/ sodium</i>	
DESVENLAFAXINE ER ..	41	<i>chloride 0.225%</i>	101
<i>desvenlafaxine succinate</i>	41	<i>dextrose 5% w/ sodium</i>	
DETROL		<i>chloride 0.3%</i>	101
see <i>tolterodine tartrate</i>	90	<i>dextrose 5% w/ sodium</i>	
<i>dexamethasone</i>	78	<i>chloride 0.45%</i>	101
DEXAMETHASONE		<i>dextrose 5% w/ sodium</i>	
INTENSOL	78	<i>chloride 0.9%</i>	101
<i>dexamethasone sodium</i>		DEXYCU	103
<i>phosphate</i>	78	DHIVY TAB 25-100MG ...	44
		DIACOMIT	49
		<i>diazepam</i>	49
		<i>diazepam (anticonvulsant)</i>	
		.....	49
		<i>diazepam inj</i>	49
		<i>diazepam intensol</i>	50
		<i>diazoxide</i>	79
		DIBENZYLINE	37
		see <i>phenoxybenzamine</i>	
		<i>hcl</i>	38
		<i>dichlorphenamide</i>	36
		DICLEGIS	
		see <i>doxylamine-</i>	
		<i>pyridoxine tab delayed</i>	
		<i>release 10-10 mg</i>	83
		DICLEGIS TAB 10-10MG	
		.....	83
		<i>diclofenac potassium</i>	1
		<i>diclofenac potassium</i>	
		<i>(migraine)</i>	60
		<i>diclofenac sodium</i>	1
		<i>diclofenac sodium (actinic</i>	
		<i>keratoses)</i>	117
		<i>diclofenac sodium (ophth)</i>	
		.....	103
		<i>diclofenac sodium (topical)</i>	
		.....	117
		<i>diclofenac w/ misoprostol</i>	
		<i>tab delayed release 50-</i>	
		<i>0.2 mg</i>	1
		<i>diclofenac w/ misoprostol</i>	
		<i>tab delayed release 75-</i>	
		<i>0.2 mg</i>	1
		<i>dicloxacillin sodium</i>	15
		<i>dicyclomine hcl</i>	85
		DIFFERIN	112
		see <i>adapalene</i>	111
		DIFFERIN PUMP	112
		DIFICID	14
		see <i>fidaxomicin</i>	14
		<i>diflorasone diacetate</i>	115
		DIFLUCAN	9
		see <i>fluconazole</i>	9
		<i>diflunisal</i>	1
		<i>difluprednate</i>	103
		<i>digoxin</i>	37
		<i>dihydroergotamine</i>	
		<i>mesylate</i>	60
		DILANTIN	50

see <i>phenytoin sodium</i>	<i>diphenhydramine hcl</i>.....106	DOXORUBICIN
extended .....52	<i>diphenoxylate w/ atropine</i>	HYDROCHLORIDE.....18
DILANTIN-125 .....50	liq 2.5-0.025 mg/5ml....87	see <i>doxorubicin hcl</i>.....18
see <i>phenytoin</i> .....52	<i>diphenoxylate w/ atropine</i>	<i>doxy 100</i> .....15
DILANTIN INFATABS .....50	tab 2.5-0.025 mg .....87	<i>doxycycline (monohydrate)</i>
see <i>phenytoin</i> .....52	DIPROLENE .....115	15
DILAUDID .....4	see <i>betamethasone</i>	<i>doxycycline (rosacea)</i> ...117
see <i>hydromorphone hcl</i> 4,	<i>dipropionate</i>	<i>doxycycline hyclate</i> .....15
5	<i>augmented</i>.....114	<i>doxylamine-pyridoxine tab</i>
<i>diltiazem hcl</i> .....35	<i>dipyridamole</i>.....94	delayed release 10-10
<i>diltiazem hcl coated beads</i>	<i>disopyramide phosphate</i> .31	mg .....83
.....35	<i>disulfiram</i>.....66	DRIZALMA SPRINKLE...42
<i>diltiazem hcl extended</i>	DIURIL .....36	<i>dronabinol</i> .....83
release beads.....35	<i>divalproex sodium</i> .....50	<i>drospirenone-ethinyl</i>
<i>dilt-xr</i> .....35	DIVIGEL.....77	estradiol tab 3-0.02 mg75
<i>dimethyl fumarate</i> .....63	see <i>estradiol</i> .....77	<i>drospirenone-ethinyl</i>
<i>dimethyl fumarate capsule</i>	<i>docetaxel</i>.....19	estradiol tab 3-0.03 mg75
dr starter pack 120 mg &	DOCETAXEL .....19	<i>drospirenone-ethinyl</i>
240 mg .....64	see <i>docetaxel</i> .....19	estrad-levomefolate tab
DIOVAN .....31	DOCIVYX.....19	3-0.02-0.451 mg .....74
see <i>valsartan</i> .....31	<i>dofetilide</i>.....31	<i>drospirenone-ethinyl</i>
DIOVAN HCT	DOJOLVI.....80	estrad-levomefolate tab
see <i>valsartan-</i>	<i>dolishale</i>.....74	3-0.03-0.451 mg .....74
hydrochlorothiazide tab	DOLOBID .....1	<i>droxidopa</i> .....37
160-12.5 mg.....30	<i>donepezil hydrochloride</i> ..40	DUAKLIR AER 400/12..105
see <i>valsartan-</i>	DOPTelet .....93	DUETACT
hydrochlorothiazide tab	DORYX MPC .....15	see <i>pioglitazone hcl-</i>
160-25 mg.....30	<i>dorzolamide hcl</i>.....104	glimepiride tab 30-2
see <i>valsartan-</i>	<i>dorzolamide hcl-timolol</i>	mg.....69
hydrochlorothiazide tab	maleate ophth soln 2-	see <i>pioglitazone hcl-</i>
320-12.5 mg.....30	0.5% .....104	glimepiride tab 30-4
see <i>valsartan-</i>	<i>dorzolamide hcl-timolol</i>	mg.....69
hydrochlorothiazide tab	maleate pf ophth soln 2-	DUETACT TAB 30-2MG.68
320-25 mg.....30	0.5% .....104	DUETACT TAB 30-4MG.68
see <i>valsartan-</i>	<i>dotti</i> .....77	DULERA AER 100-5MCG
hydrochlorothiazide tab	DOVATO TAB 50-300MG	110
80-12.5 mg.....30	11	DULERA AER 200-5MCG
DIOVAN HCT TAB 160-	<i>doxazosin mesylate</i> .....27	110
12.5 .....29	<i>doxepin hcl</i>.....42	DULERA AER 50-5MCG
DIOVAN HCT TAB 160-	<i>doxepin hcl (antipruritic)</i> 117	110
25MG.....29	<i>doxepin hcl (sleep)</i>.....59	<i>duloxetine hcl</i> .....42
DIOVAN HCT TAB 320-	<i>doxercalciferol</i>.....83	DUOBRII LOT .....115
12.5 .....29	DOXIL .....18	DUOPA SUS 4.63-20.....44
DIOVAN HCT TAB 320-	see <i>doxorubicin hcl</i>	DUPIXENT .....95
25MG.....29	liposomal.....18	DURACLON.....1
DIOVAN HCT TAB 80-12.5	<i>doxorubicin hcl</i>.....18	see <i>clonidine hcl</i>
.....29	<i>doxorubicin hcl liposomal</i> 18	(analgesia) .....1
DIPENTUM .....85		DUREZOL.....103

see <i>difluprednate</i>	103	EGRIFTA SV.....	80	<i>emtricitabine-tenofovir</i>	
<i>dutasteride</i>	89	EGRIFTA WR	80	<i>disoproxil fumarate tab</i>	
<i>dutasteride-tamsulosin hcl</i>		EKTERLY	93	133-200 mg	11
<i>cap 0.5-0.4 mg</i>	89	ELAHERE	20	<i>emtricitabine-tenofovir</i>	
DUVYZAT	62	ELAPRASE	80	<i>disoproxil fumarate tab</i>	
DYANAVEL XR.....	57	ELELYSO.....	80	167-250 mg	11
DYCLOPRO.....	116	ELEPSIA XR.....	50	<i>emtricitabine-tenofovir</i>	
DYMISTA		ELESTRIN	77	<i>disoproxil fumarate tab</i>	
see <i>azelastine hcl-</i>		<i>eletriptan hydrobromide</i> ..	60	200-300 mg	11
<i>fluticasone prop nasal</i>		ELFABRIO	80	EMTRIVA.....	10
<i>spray 137-50 mcg/act</i>		ELIDEL.....	117	see <i>emtricitabine</i>	10
.....	106	see <i>pimecrolimus</i>	118	EMVERM	7
DYMISTA SPR 137-50 ..	106	ELIGARD	17	<i>emzahh</i>	75
DYRENIUM.....	36	ELIMITE	119	<i>enalapril maleate</i>	27
see <i>triamterene</i>	36	see <i>permethrin</i>	119	<i>enalapril maleate &</i>	
DYSPORT.....	65	<i>elinest</i>	75	<i>hydrochlorothiazide tab</i>	
E		ELIQUIS.....	91	10-25 mg	26
<i>e.e.s. 400</i>	14	ELIQUIS STARTER PACK		<i>enalapril maleate &</i>	
E.E.S. GRANULES		.....	91	<i>hydrochlorothiazide tab</i>	
see <i>erythromycin</i>		ELITEK.....	18	5-12.5 mg	26
<i>ethylsuccinate</i>	14	<i>elixophyllin</i>	108	ENBREL.....	95
EBGLYSS	95	ELLENCÉ.....	18	ENBREL MINI	95
<i>econazole nitrate</i>	113	ELMIRON.....	89	ENBREL SURECLICK....	95
<i>edaravone</i>	62	<i>eltrombopag olamine</i>	93	ENDARI	93
EDARBI.....	31	<i>eluryng</i>	75	see <i>L-glutamine (sickle</i>	
EDARBYCLOR TAB 40-		ELYXYB.....	60	<i>cell)</i>	93
12.5	29	EMBLAVEO INJ 2GM.....	7	<i>endocet tab 10-325mg</i>	4
EDARBYCLOR TAB 40-		EMEND	83	<i>endocet tab 2.5-325mg</i>	4
25MG.....	29	see <i>fosaprepitant</i>		<i>endocet tab 5-325mg</i>	4
EDECRIN.....	36	<i>dimeglumine</i>	84	<i>endocet tab 7.5-325mg</i>	4
see <i>ethacrynic acid</i>	36	EMEND BIPACK.....	84	ENERGIX-B	100
EDLUAR	59	see <i>aprepitant</i>	83	ENHERTU.....	20
EDURANT.....	10	EMEND TRIPAC PAK 125		<i>enilloring</i>	75
EDURANT PED	10	& 80	84	ENJAYMO.....	93
<i>efavirenz</i>	10	EMGALITY.....	60, 61	<i>enoxaparin sodium</i>	91
<i>efavirenz-emtricitabine-</i>		EMPAVELI	93	<i>enskyce</i>	75
<i>tenofovir df tab 600-200-</i>		EMPLICITI	20	ENSPRYNG.....	62
<i>300 mg</i>	11	EMRELIS	20	ENSTILAR AER.....	114
<i>efavirenz-lamivudine-</i>		EMROSI.....	117	<i>entacapone</i>	44
<i>tenofovir df tab 400-300-</i>		EMSAM.....	42	<i>entecavir</i>	12
<i>300 mg</i>	11	<i>emtricitabine</i>	10	ENTRESTO	
<i>efavirenz-lamivudine-</i>		<i>emtricitabine-rilpivirine-</i>		see <i>sacubitril-valsartan</i>	
<i>tenofovir df tab 600-300-</i>		<i>tenofovir df tab 200-25-</i>		<i>tab 24-26 mg</i>	30
<i>300 mg</i>	11	<i>300 mg</i>	11	see <i>sacubitril-valsartan</i>	
EFFEXOR XR	42	<i>emtricitabine-tenofovir</i>		<i>tab 49-51 mg</i>	30
see <i>venlafaxine hcl</i>	43	<i>disoproxil fumarate tab</i>		see <i>sacubitril-valsartan</i>	
EFFIENT	94	100-150 mg	11	<i>tab 97-103 mg</i>	30
see <i>prasugrel hcl</i>	94				

ENTRESTO CAP 15-16MG.....29	EPRONTIA.....50 see <i>topiramate</i>.....54	<i>estradiol & norethindrone</i> <i>acetate tab 1-0.5 mg</i> ...77
ENTRESTO CAP 6-6MG 29	EPSOLAY .....117	<i>estradiol vaginal</i> .....77
ENTRESTO TAB 24-26MG.....29	EPYSQLI.....93	<i>estradiol valerate</i>.....77
ENTRESTO TAB 49-51MG.....29	EQUETRO .....62	ESTRING .....77
ENTRESTO TAB 97- 103MG.....29	ERAXIS.....9	ESTROGEL see <i>estradiol</i> .....77
<i>enulose</i> .....86	ERBITUX .....20	<i>eszopiclone</i> .....59
ENVARUSUS XR .....99	ERGOMAR .....61	<i>ethacrynic acid</i> .....36
EOHILIA.....87	<i>ergotamine w/ caffeine tab</i> <i>1-100 mg</i> .....61	<i>ethambutol hcl</i>.....12
EPANED .....27	<i>eribulin mesylate</i> .....19	<i>ethosuximide</i>.....50
see <i>enalapril maleate</i> ..27	ERIVEDGE .....21	<i>etodolac</i> .....1
EPCLUSA PAK 150-37.512	ERLEADA .....17	<i>etonogestrel-ethinyl</i> <i>estradiol va ring 0.12-</i> <i>0.015 mg/24hr</i> .....75
EPCLUSA PAK 200-50MG.....12	<i>erlotinib hcl</i>.....21	ETOPOPHOS .....19
EPCLUSA TAB 200-50MG.....12	ERMEZA.....82	<i>etoposide</i> .....19
EPCLUSA TAB 400-100.12	<i>errin</i>.....75	<i>etravirine</i> .....10
EPIDIOLEX.....50	ERTACZO .....113	EUCRISA.....117
EPIDUO see <i>adapalene-benzoyl</i> <i>peroxide gel 0.1-2.5%</i> .....111	<i>ertapenem sodium</i> .....7	EULEXIN.....17
EPIDUO FORTE see <i>adapalene-benzoyl</i> <i>peroxide gel 0.3-2.5%</i> .....111	<i>ery</i>.....112	EVAMIST .....77
EPIDUO FORTE GEL 0.3- 2.5% .....112	ERYPED 400 see <i>erythromycin</i> <i>ethylsuccinate</i> .....14	EVENITY.....73
EPIDUO GEL 0.1-2.5%.112	ERYTHROCIN LACTOBIONATE.....14 see <i>erythromycin</i> <i>lactobionate</i> .....14	<i>everolimus</i>.....21
EPIFOAM AER 1% .....115	<i>erythromycin (acne aid)</i> 112	<i>everolimus</i> (<i>immunosuppressant</i>)..99
<i>epinastine hcl (ophth)</i>....104	<i>erythromycin (ophth)</i> ....103	EVISTA .....80
<i>epinephrine (anaphylaxis)</i> .....37, 108	<i>erythromycin base</i>.....14	see <i>raloxifene hcl</i> .....81
EPIPEN 2-PAK .....108	<i>erythromycin ethylsuccinate</i> .....14	EVKEEZA .....33
see <i>epinephrine</i> (<i>anaphylaxis</i>) .....108	<i>erythromycin lactobionate</i> .....14	EVOTAZ TAB 300-150 ...11
EPIPEN-JR 2-PAK.....108	ERZOFRI .....46	EVOXAC .....119
see <i>epinephrine</i> (<i>anaphylaxis</i>) .....108	ESBRIET.....108	see <i>cevimeline hcl</i> ....119
EPIVIR .....10	see <i>pirfenidone</i>.....108	EVRYSDI .....62
see <i>lamivudine</i> .....10	<i>escitalopram oxalate</i> .....42	EXELDERM .....113
EPKINLY .....20	<i>eslicarbazepine acetate</i> ..50	EXELON .....40
<i>eplerenone</i> .....27	<i>esomeprazole magnesium</i> .....88	see <i>rivastigmine</i> .....41
EPOGEN.....92	<i>esomeprazole sodium</i>....88	<i>exemestane</i> .....17
<i>epoprostenol sodium</i>.....38	<i>estarylla</i>.....75	<i>exenatide</i> .....68
	<i>estazolam</i>.....59	EXFORGE see <i>amlodipine besylate-</i> <i>valsartan tab 10-160</i> <i>mg</i>.....28
	ESTRACE .....77	see <i>amlodipine besylate-</i> <i>valsartan tab 10-320</i> <i>mg</i>.....28
	see <i>estradiol vaginal</i> ...77	see <i>amlodipine besylate-</i> <i>valsartan tab 5-160 mg</i> .....28
	<i>estradiol</i> .....77	
	<i>estradiol & norethindrone</i> <i>acetate tab 0.5-0.1 mg</i> 77	

see <i>amlodipine besylate-valsartan tab 5-320 mg</i> .....28	<i>ezetimibe</i>.....33	see <i>deferiprone</i> .....74
EXFORGE HCT	<i>ezetimibe-simvastatin tab 10-10 mg</i> .....33	FERRIPROX TWICE-A-DAY .....74
see <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> .....28	<i>ezetimibe-simvastatin tab 10-20 mg</i> .....33	<i>fesoterodine fumarate</i> .....90
see <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> .....28	<i>ezetimibe-simvastatin tab 10-40 mg</i> .....33	FETROJA.....13
see <i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> .....28	<i>ezetimibe-simvastatin tab 10-80 mg</i> .....33	FETZIMA.....42
see <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> .....28	F	FETZIMA CAP TITRATIO .....42
see <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> .....28	FABHALTA .....93	FIASP.....71
EXFORGE HCT TAB 10-160-12.5MG .....29	FABIOR.....112	FIASP FLEXTOUCH.....71
EXFORGE HCT TAB 10-160-25MG .....29	FABRAZYME .....80	FIASP PENFILL .....71
EXFORGE HCT TAB 10-320-25MG .....29	<i>falmina</i> .....75	FIASP PUMPCART .....71
EXFORGE HCT TAB 5-160-12.5MG .....29	<i>famciclovir</i> .....12	<i>fidaxomicin</i> .....14
EXFORGE HCT TAB 5-160-25MG .....29	<i>famotidine</i> .....85	FILSPARI.....89
EXFORGE TAB 10-160MG .....29	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> .....85	FILSUVEZ.....119
EXFORGE TAB 10-320MG .....29	FANAPT.....46	FINACEA .....117
EXFORGE TAB 5-160MG .....29	FANAPT PAK PACK A ...46	see <i>azelaic acid</i>.....117
EXFORGE TAB 5-320MG .....29	FANAPT PAK PACK B ...46	<i>finasteride</i> .....89
EXJADE .....74	FANAPT PAK PACK C ...46	<i>fin golimod hcl</i> .....64
see <i>deferasirox</i>.....74	FARESTON .....17	FINTEPLA.....50
EYLEA .....105	see <i>toremifene citrate</i> ..18	<i>finzala</i>.....75
EYLEA HD .....105	FARXIGA .....68	FIRAZYR.....93
EYSUVIS .....105	FASENRA .....108	see <i>icatibant acetate</i> ...93
EZALLOR SPRINKLE.....32	FASENRA PEN.....108	see <i>sajazir</i> .....94
	FASLODEX.....17	FIRDAPSE .....62
	see <i>fulvestrant</i>.....17	FIRMAGON.....17
	<i>febuxostat</i> .....1	FIRVANQ .....7
	<i>feirza 1/20</i> .....75	see <i>vancomycin hcl</i>.....8
	<i>feirza 1.5/30</i> .....75	<i>flac</i> .....105
	<i>felbamate</i> .....50	FLAREX.....103
	FELBATOL.....50	FLEBOGAMMA DIF .....98
	see <i>felbamate</i>.....50	<i>flecainide acetate</i> .....31
	<i>felodipine</i>.....35	FLEQSUVY .....65
	FEMARA .....17	see <i>baclofen</i> .....65
	see <i>letrozole</i> .....17	FLOLAN .....38
	FEMLYV TAB 1/0.02MG.75	FLOLIPID .....32
	FEMRING .....77	<i>fluconazole</i>.....9
	<i>fenofibrate</i> .....32	<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>.....9
	<i>fenofibrate micronized</i>....32	<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>.....9
	<i>fenofibric acid</i>.....32	<i>flucytosine</i> .....9
	<i>fenoprofen calcium</i>.....1	<i>fludarabine phosphate</i> ....16
	FENOPRON.....2	<i>fludrocortisone acetate</i>....78
	FENSOLVI .....80	<i>flunisolide (nasal)</i> .....109
	<i>fentanyl</i> .....3	<i>fluocinolone acetoneide</i> ..115
	FERRIPROX .....74	<i>fluocinolone acetoneide (otic)</i> .....105

<i>fluocinonide</i>.....115, 116	FORTEO .....73	GALAFOLD.....80
<i>fluocinonide emulsified</i>	<i>see teriparatide</i>.....73	<i>galantamine hydrobromide</i>
<i>base</i>.....116	FOSAMAX .....73	40
<i>fluorometholone (ophth)</i> 103	<i>see alendronate sodium</i>	<i>galbriela</i> .....75
<i>fluorouracil</i> .....16	73	<i>gallifrey</i>.....82
<i>fluorouracil (topical)</i>.....117	FOSAMAX + D TAB 70-	GAMASTAN INJ .....98
<i>fluoxetine hcl</i> .....42	2800 .....73	GAMMAGARD LIQUID ...98
<i>fluoxetine hcl (pmdd)</i>.....42	FOSAMAX + D TAB 70-	GAMMAGARD S/D IGA
FLUOXETINE	5600 .....73	LESS TH .....98
HYDROCHLORIDE	<i>fosamprenavir calcium</i> ...10	GAMMAKED .....98
<i>see fluoxetine hcl</i>.....42	<i>fosaprepitant dimeglumine</i>	GAMMAPLEX .....98
<i>fluphenazine decanoate</i> ..46	84	GAMUNEX-C .....98
<i>fluphenazine hcl</i>.....46	<i>foscarnet sodium</i>.....12	GANCICLOVIR .....12
<i>flurandrenolide</i> .....116	FOSCAVIR	<i>ganciclovir sodium</i> .....12
<i>flurbiprofen</i> .....2	<i>see foscarnet sodium</i> ..12	GARDASIL 9.....100
<i>flurbiprofen sodium</i> .....103	<i>fosfomycin tromethamine</i> ..7	GASTROCROM.....87
<i>fluticasone propionate</i> ...116	<i>fosinopril sodium</i> .....27	<i>see cromolyn sodium</i>
<i>fluticasone propionate</i>	<i>fosinopril sodium &</i>	<i>(mastocytosis)</i>.....87
<i>(inhalation)</i>.....110	<i>hydrochlorothiazide tab</i>	<i>gatifloxacin (ophth)</i>.....103
<i>fluticasone propionate</i>	10-12.5 mg .....26	GATTEX.....87
<i>(nasal)</i> .....109	<i>fosinopril sodium &</i>	GAUZE PADS 2X2 .....71
<i>fluticasone propionate hfa</i>	<i>hydrochlorothiazide tab</i>	<i>gavilyte-c</i>.....86
.....110	20-12.5 mg .....26	<i>gavilyte-g</i>.....86
<i>fluticasone-salmeterol aer</i>	FOTIVDA .....21	<i>gavilyte-n/flavor pack</i> .....86
<i>powder ba 100-50</i>	FRAGMIN .....91	GAVRETO .....21
<i>mcg/act</i>.....110	FRINDOVYX.....16	GAZYVA .....21
<i>fluticasone-salmeterol aer</i>	FROVA.....61	<i>gefitinib</i>.....21
<i>powder ba 250-50</i>	<i>see frovatriptan</i>	<i>gemcitabine hcl</i>.....16
<i>mcg/act</i>.....110	<i>succinate</i>.....61	GEMCITABINE
<i>fluticasone-salmeterol aer</i>	<i>frovatriptan succinate</i>.....61	HYDROCHLORIDE.....16
<i>powder ba 500-50</i>	FRUZAQLA.....21	<i>see gemcitabine hcl</i>....16
<i>mcg/act</i>.....110	FULPHILA.....92	<i>gemfibrozil</i>.....32
<i>fluvastatin sodium</i> .....32	<i>fulvestrant</i> .....17	<i>gemmily</i>.....75
<i>fluvoxamine maleate</i> .....40	<i>fulvicin p/g 165</i>.....9	GEMTESA .....90
FML FORTE.....103	FUROSCIX .....36	<i>generlac</i> .....86
FML LIQUIFILM .....103	<i>furosemide</i> .....36	<i>gengraf</i>.....99
<i>see fluorometholone</i>	<i>furosemide inj</i>.....36	GENOTROPIN.....80
<i>(ophth)</i> .....103	FYARRO .....21	GENOTROPIN MINISQUICK
FOCALIN .....57	<i>fyavolv tab 0.5mg-2.5mcg</i>	80
<i>see dexmethylphenidate</i>	77	<i>gentamicin in saline inj 0.8</i>
<i>hcl</i> .....56	<i>fyavolv tab 1mg-5mcg</i>....77	<i>mg/ml</i>.....7
FOCALIN XR .....57	FYCOMPA .....50	<i>gentamicin in saline inj 1.2</i>
<i>see dexmethylphenidate</i>	<i>see perampanel</i>.....52	<i>mg/ml</i>.....7
<i>hcl</i> .....56	FYLNETRA .....92	<i>gentamicin in saline inj 1.6</i>
FOCINVEZ.....84	G	<i>mg/ml</i>.....7
FOLOTYN.....16	<i>gabapentin</i> .....50	<i>gentamicin in saline inj 1</i>
<i>fondaparinux sodium</i>.....91	<i>gabapentin (once-daily)</i> ..62	<i>mg/ml</i>.....7
<i>formoterol fumarate</i>.....107	GABARONE.....50	

<i>gentamicin in saline inj 2 mg/ml</i>.....7	<i>see peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>.....86	HARVONI PAK 45-200MG.....12
<i>gentamicin sulfate</i>.....7	GOLYTELY SOL.....86	HARVONI TAB 45-200MG.....12
<i>gentamicin sulfate (ophth)</i>.....103	GOMEKLI.....21	HARVONI TAB 90-400MG.....12
<i>gentamicin sulfate (topical)</i>.....112	GRAFAPEX.....16	HAVRIX.....100
GENVOYA TAB.....11	GRALISE.....62	<i>heather</i>.....75
GEODON.....46	<i>see gabapentin (once-daily)</i>.....62	HEMADY.....78
<i>see ziprasidone hcl</i>.....48	<i>granisetron hcl</i>.....84	HEMICLOR.....36
<i>see ziprasidone mesylate</i>.....48	GRANIX.....92	HEPAGAM B.....98
GILENYA.....64	GRASTEK.....98	HEPARIN/NACL INJ 25000UNT.....91
<i>see fingolimod hcl</i>.....64	<i>griseofulvin microsize</i>.....9	HEPARIN SODIUM.....91
GILOTRIF.....21	<i>griseofulvin ultramicrosize</i>.....9	<i>heparin sodium (porcine)</i>.....91
GIMOTI.....84	<i>guanfacine hcl</i>.....37	HEPLISAV-B.....100
GIVLAARI.....93	<i>guanfacine hcl (adhd)</i>.....57	HEP SOD/D5W INJ 20000UNT.....91
GLASSIA.....108	GVOKE HYOPEN 1-PACK.....79	HEP SOD/D5W INJ 25000UNT.....91
<i>glatiramer acetate</i>.....64	GVOKE HYOPEN 2-PACK.....79	HEP SOD/NACL INJ 12500UNT.....91
<i>glatopa</i>.....64	GVOKE KIT.....79	HEP SOD/NACL INJ 25000UNT.....91
GLEEVEC.....21	GVOKE PFS.....79	HERCEP HYLEC SOL 60-10000.....21
<i>see imatinib mesylate</i>.....21	GYNAZOLE-1.....90	HERCEPTIN.....21
GLEOSTINE.....16	H	HERNEXEOS.....21
<i>glimepiride</i>.....68	HADLIMA.....95	HERZUMA.....21
<i>glipizide</i>.....68	HADLIMA PUSHTOUCH.....95	HETLIOZ.....59
<i>glipizide-metformin hcl tab 2.5-250 mg</i>.....68	HAEGARDA.....93	<i>see tasimelteon</i>.....60
<i>glipizide-metformin hcl tab 2.5-500 mg</i>.....68	<i>hailey 1.5/30</i>.....75	HETLIOZ LQ.....59
<i>glipizide-metformin hcl tab 5-500 mg</i>.....68	<i>hailey 24 fe</i>.....75	HIBERIX.....100
GLOPERBA.....1	HALAVEN.....19	HIPREX
<i>glucagon</i>.....79	<i>see eribulin mesylate</i>.....19	<i>see methenamine hippurate</i>.....7
GLUCOTROL XL.....68	<i>halcinonide</i>.....116	HIZENTRA.....98
<i>see glipizide</i>.....68	HALCION.....59	HORIZANT.....62
GLYCATE.....85	<i>see triazolam</i>.....60	HUMALOG.....71
<i>glycopyrrolate</i>.....85	HALDOL DECANOATE 100.....46	HUMALOG JUNIOR KWIKPEN.....71
GLYCOPYRROLATE.....85	HALDOL DECANOATE 50.....46	HUMALOG KWIKPEN.....71
<i>see glycopyrrolate</i>.....85	<i>halobetasol propionate</i>.....116	HUMALOG MIX INJ 50/50KWP.....71
<i>glycopyrrolate (oral)</i>.....85	<i>haloette</i>.....75	HUMALOG MIX INJ 75/25KWP.....71
<i>glydo</i>.....116	HALOG.....116	HUMALOG MIX SUS 75/25.....71
GLYXAMBI TAB 10-5 MG.....68	<i>see halcinonide</i>.....116	
GLYXAMBI TAB 25-5 MG.....68	<i>haloperidol</i>.....46	
GOCOVRI.....44	<i>haloperidol decanoate</i>.....46	
GOLYTELY	<i>haloperidol lactate</i>.....46	
<i>see gavilyte-g</i>.....86	HARVONI PAK 33.75-150MG.....12	

HUMALOG TEMPO PEN71		
HUMATIN.....7		
HUMIRA.....95		
HUMIRA PEN .....95		
HUMIRA PEN-CD/UC/HS START.....95		
HUMIRA PEN KIT PS/UV.....95		
HUMULIN INJ 70/30 .....71		
HUMULIN INJ 70/30KWP.....71		
HUMULIN N .....71		
HUMULIN N KWIKPEN ..71		
HUMULIN R .....71		
HUMULIN R U-500 (CONCENTR.....71		
HUMULIN R U-500 KWIKPEN.....71		
HYCANTIN see <i>topotecan hcl</i> .....19		
<i>hydralazine hcl</i> .....37		
HYDREA .....18		
see <i>hydroxyurea</i> .....18		
<i>hydrochlorothiazide</i> .....36		
<i>hydrocodone-</i> <i>acetaminophen soln 10-</i> <i>300 mg/15ml</i>.....4	<i>hydrocodone-</i> <i>acetaminophen tab 7.5-</i> <i>300 mg</i> .....4	see <i>losartan potassium &</i> <i>hydrochlorothiazide tab</i> <i>50-12.5 mg</i>.....29
<i>hydrocodone-</i> <i>acetaminophen soln 10-</i> <i>325 mg/15ml</i>.....4	<i>hydrocodone-</i> <i>acetaminophen tab 7.5-</i> <i>325 mg</i> .....4	HYZAAR TAB 100-12.5 ..29
<i>hydrocodone-</i> <i>acetaminophen soln 7.5-</i> <i>325 mg/15ml</i>.....4	<i>hydrocodone bitartrate</i> .....3	HYZAAR TAB 100-25 .....29
<i>hydrocodone-</i> <i>acetaminophen tab 10-</i> <i>300 mg</i> .....4	<i>hydrocodone-ibuprofen tab</i> <i>10-200 mg</i> .....4	HYZAAR TAB 50-12.5 ....29
<i>hydrocodone-</i> <i>acetaminophen tab 10-</i> <i>325 mg</i> .....4	<i>hydrocodone-ibuprofen tab</i> <i>5-200 mg</i> .....4	I
<i>hydrocodone-</i> <i>acetaminophen tab 2.5-</i> <i>325 mg</i> .....4	<i>hydrocodone-ibuprofen tab</i> <i>7.5-200 mg</i> .....4	<i>ibandronate sodium</i> .....73
<i>hydrocodone-</i> <i>acetaminophen tab 5-300</i> <i>mg</i> .....4	<i>hydrocortisone</i> .....78	IBRANCE .....21
<i>hydrocodone-</i> <i>acetaminophen tab 5-325</i> <i>mg</i> .....4	<i>hydrocortisone (intrarectal)</i> .....85	IBSRELA.....87
	<i>hydrocortisone (rectal)</i> ..117	IBTROZI.....21
	<i>hydrocortisone (topical)</i> .116	<i>ibu</i> .....2
	<i>hydrocortisone butyrate</i> 116	<i>ibuprofen</i> .....2
	<i>hydrocortisone sod</i> <i>succinate</i> .....78	<i>ibuprofen-famotidine tab</i> <i>800-26.6 mg</i> .....2
	<i>hydrocortisone valerate</i> .116	<i>icatibant acetate</i>.....93
	<i>hydrocortisone w/ acetic</i> <i>acid otic soln 1-2%</i> ...105	<i>iclevia</i> .....75
	<i>hydromorphone hcl</i> ...3, 4, 5	ICLUSIG.....21
	HYDROMORPHONE	IDHIFA .....21
	HYDROCHLORI.....5	IFEX.....16
	<i>hydroxychloroquine sulfate</i>.....97	<i>ifosfamide</i>.....16
	<i>hydroxyurea</i> .....18	IFOSFAMIDE .....16
	<i>hydroxyzine hcl</i> .....106	ILARIS.....98
	<i>hydroxyzine pamoate</i>....107	ILEVRO .....103
	HYFTOR .....117	ILUMYA.....95
	HYQVIA INJ 10-800.....98	IMAAVY .....98
	HYQVIA INJ 2.5-200.....98	<i>imatinib mesylate</i> .....21
	HYQVIA INJ 20-1600.....98	IMBRUVICA .....21
	HYQVIA INJ 30-2400.....98	IMDELLTRA.....21
	HYQVIA INJ 5-400.....98	IMFINZI .....21
	HYSINGLA ER.....3	<i>imipenem-cilastatin</i> <i>intravenous for soln 250</i> <i>mg</i> .....7
	HYZAAR	<i>imipenem-cilastatin</i> <i>intravenous for soln 500</i> <i>mg</i> .....7
	see <i>losartan potassium &</i> <i>hydrochlorothiazide tab</i> <i>100-12.5 mg</i>.....29	<i>imipramine hcl</i>.....42
	see <i>losartan potassium &</i> <i>hydrochlorothiazide tab</i> <i>100-25 mg</i>.....29	<i>imipramine pamoate</i> .....42
		<i>imiquimod</i>.....117
		<i>imiquimod pump</i>.....118
		IMITREX .....61
		see <i>sumatriptan</i> <i>succinate</i>.....61
		IMITREX STATDOSE
		REFILL .....61
		see <i>sumatriptan</i> <i>succinate</i>.....61

IMITREX STATDOSE SYSTEM.....61	INSULIN SAFETY NEEDLES: EMBECTA-BD .....72	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> .....29
<i>see sumatriptan succinate</i>.....61	INSULIN SYRINGES: EMBECTA-BD.....72	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> .....29
IMJUDO .....21	INTELENCE.....10	IRESSA.....22
IMKELDI.....21	<i>see etravirine</i>.....10	<i>see gefitinib</i> .....21
IMOVAX RABIES (H.D.C.V.).....100	INTRALIPID .....102	<i>irinotecan hcl</i>.....18
IMPAVIDO .....7	INTRAROSA.....89	ISENTRESS.....10
IMURAN.....99	<i>introvale</i> .....75	ISENTRESS HD .....10
<i>see azathioprine</i> .....99	INTUNIV.....57	<i>isibloom</i>.....75
IMVEXXY MAINTENANCE PACK.....77	<i>see guanfacine hcl (adhd)</i> .....57	ISOLYTE-P INJ /D5W...101
IMVEXXY STARTER PACK .....77	INVEGA .....46	ISOLYTE-S INJ.....101
INBRIJA .....44	<i>see paliperidone</i> .....47	ISOLYTE-S INJ PH 7.4.101
<i>incassia</i> .....75	INVEGA HAFYERA .....46	<i>isoniazid</i> .....12
INCRELEX.....80	INVEGA SUSTENNA.....46	ISORDIL TITRADOSE ....38
INCRUSE ELLIPTA .....106	INVEGA TRINZA .....46	<i>see isosorbide dinitrate</i> .....38
<i>indapamide</i> .....36	INVELTYS.....103	<i>isosorbide dinitrate</i> .....38
INDERAL LA .....34	INVOKAMET TAB 150-1000 .....68	<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> .....37
<i>see propranolol hcl</i>.....34	INVOKAMET TAB 150-500 .....68	<i>isosorbide mononitrate</i>....38
INFANRIX INJ .....100	INVOKAMET TAB 50-1000 .....68	ISOSORBIDE MONONITRATE.....38
INFLECTRA.....95	INVOKAMET TAB 50-500MG.....68	<i>isotretinoin</i>.....112
INFLIXIMAB.....95	INVOKAMET XR TAB 150-1000 .....68	<i>isradipine</i>.....35
INLYTA .....21, 22	INVOKAMET XR TAB 150-500 .....68	ISTALOL .....104
INPEFA.....37	INVOKAMET XR TAB 50-1000 .....68	<i>see timolol maleate (ophth) once-daily</i> ..104
INQOVI TAB 35-100MG .16	INVOKAMET XR TAB 50-500MG.....68	ISTURISA .....80
INREBIC .....22	INVOKANA .....68	ITOVEBI.....22
INSPIRA.....27	INZIRQO .....36	<i>itraconazole</i>.....9
<i>see eplerenone</i>.....27	IPOLE INJ INACTIVE.....100	<i>ivabradine hcl</i>.....37
INSULIN GLARGINE MAX SOLO .....71	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> .....105	<i>ivermectin</i>.....7
INSULIN GLARGINE SOLOSTAR.....72	<i>ipratropium bromide</i> .....106	<i>ivermectin (rosacea)</i> .....118
INSULIN GLARGINE-YFGN .....72	<i>ipratropium bromide (nasal)</i> .....106	IWILFIN.....18
INSULIN LISP INJ PROTAMIN .....72	IQIRVO .....87	IXEMPRA KIT .....19
INSULIN LISPRO.....72	<i>irbesartan</i> .....31	IXIARO INJ .....100
INSULIN LISPRO JUNIOR KWI.....72		IYUZEH.....104
INSULIN LISPRO KWIKPEN.....72		IZERVAY.....105
INSULIN PEN NEEDLES: EMBECTA-BD .....72		J

JAKAFI.....	22	JUXTAPID.....	33	<i>kcl 20 meq/l (0.149%) in</i>	
JALYN		JYLAMVO	97	<i>nacl 0.45% inj.....</i>	101
<i>see dutasteride-</i>		JYNARQUE	80	<i>kcl 20 meq/l (0.15%) in</i>	
<i>tamsulosin hcl cap 0.5-</i>		<i>see tolervaptan</i>	82	<i>dextrose 5% & nacl 0.2%</i>	
<i>0.4 mg.....</i>	89	JYNARQUE PAK 30-15MG	80	<i>inj.....</i>	101
JALYN CAP 0.5-0.4	89	.....	80	<i>kcl 20 meq/l (0.15%) in</i>	
<i>jantoven</i>	91	JYNARQUE PAK 45-15MG	80	<i>dextrose 5% & nacl</i>	
JANUMET TAB 50-1000.68		.....	80	<i>0.45% inj.....</i>	101
JANUMET TAB 50-500MG	68	JYNARQUE PAK 60-30MG	80	<i>kcl 20 meq/l (0.15%) in</i>	
.....	68	.....	80	<i>dextrose 5% & nacl 0.9%</i>	
JANUMET XR TAB 100-		JYNARQUE PAK 90-30MG	80	<i>inj.....</i>	101
1000	69	.....	80	<i>kcl 20 meq/l (0.15%) in nacl</i>	
JANUMET XR TAB 50-		JYNNEOS	100	<i>0.45% inj.....</i>	101
1000	69	K		<i>kcl 20 meq/l (0.15%) in nacl</i>	
JANUMET XR TAB 50-		KABIVEN EMU	102	<i>0.9% inj.....</i>	101
500MG.....	69	KADCYLA	22	<i>kcl 30 meq/l (0.224%) in</i>	
JANUVIA.....	69	<i>kaitlib fe.....</i>	75	<i>dextrose 5% & nacl</i>	
JARDIANCE.....	69	KALBITOR	93	<i>0.45% inj.....</i>	101
<i>jasmiel.....</i>	75	KALETRA		<i>kcl 40 meq/l (0.3%) in</i>	
JATENZO.....	67	<i>see lopinavir-ritonavir tab</i>		<i>dextrose 5% & nacl</i>	
<i>javygtor</i>	80	100-25 mg.....	11	<i>0.45% inj.....</i>	101
JAYPIRCA	22	<i>see lopinavir-ritonavir tab</i>		<i>kcl 40 meq/l (0.3%) in</i>	
JEMPERLI	22	200-50 mg.....	11	<i>dextrose 5% & nacl 0.9%</i>	
JENTADUETO TAB 2.5-		KALETRA SOL	11	<i>inj.....</i>	101
1000	69	KALETRA TAB 100-25MG	11	<i>kcl 40 meq/l (0.3%) in nacl</i>	
JENTADUETO TAB 2.5-		.....	11	<i>0.9% inj.....</i>	101
500	69	KALETRA TAB 200-50MG	11	<i>kelnor 1/35.....</i>	75
JENTADUETO TAB 2.5-		.....	11	KENALOG-10	78
850	69	KALYDECO	108	<i>see triamcinolone</i>	
JENTADUETO TAB XR		KANJINTI	22	<i>acetonide</i>	79
2.5-1000MG	69	KANUMA.....	80	KENALOG-40	78
JENTADUETO TAB XR 5-		KAPSPARGO SPRINKLE		<i>see triamcinolone</i>	
1000MG.....	69	.....	34	<i>acetonide</i>	79
JEVTANA.....	19	<i>kariva</i>	75	KENALOG-80	78
<i>jinteli.....</i>	77	KATERZIA	35	KEPPRA	50
JOENJA	98	KCL/D5W/LACT INJ		<i>see levetiracetam</i>	51
<i>jolessa.....</i>	75	20MEQ/L	101	<i>see roweepra.....</i>	53
JORNAY PM	57	KCL/D5W/NACL INJ		KEPPRA XR	50
JOURNAVX	1	0.3/0.9%	101	<i>see levetiracetam</i>	51
<i>joyeaux.....</i>	75	KCL 0.3%/D5W/NACL		KERENDIA.....	27
JUBLIA.....	113	0.9%		KESIMPTA.....	64
<i>juleber</i>	75	<i>see kcl 40 meq/l (0.3%)</i>		<i>ketoconazole.....</i>	9
JULUCA TAB 50-25MG ..	11	<i>in dextrose 5% & nacl</i>		<i>ketoconazole (topical) ...</i>	113
<i>junel 1/20</i>	75	0.9% inj	101	<i>ketodan</i>	113
<i>junel 1.5/30</i>	75	<i>kcl 10 meq/l (0.075%) in</i>		<i>ketoprofen.....</i>	2
<i>junel fe 1/20</i>	75	<i>dextrose 5% & nacl</i>		<i>ketorolac tromethamine</i>	2
<i>junel fe 1.5/30</i>	75	0.45% inj.....	101	<i>ketorolac tromethamine</i>	
<i>junel fe 24</i>	75			(<i>ophth</i>)	103

KEVEYIS.....	36	see <i>javygtor</i>	80	LAMICTAL	
see <i>dichlorphenamide</i>	36	see <i>sapropterin</i>		STARTER/TAKING C	
see <i>ormalvi</i>	36	<i>dihydrochloride</i>	81	see <i>lamotrigine tab 84 x</i>	
KEVZARA.....	95, 96	KYPROLIS.....	22	25 mg & 14 x 100 mg	
KEYTRUDA.....	22	L		starter kit.....	51
KHAPZORY.....	18	<i>labetalol hcl</i>	34	see <i>subvenite starter</i>	
KHINDIVI.....	78	LABETALOL		<i>kit/gre</i>	53
KIMMTRAK.....	22	HYDROCHLORIDE.....	34	LAMICTAL	
KIMYRSA.....	7	<i>lacosamide</i>	50	STARTER/TAKING V	
KINERET.....	96	<i>lacosamide oral</i>	50	see <i>lamotrigine tab 35 x</i>	
KINRIX INJ.....	100	<i>lactated ringer's solution</i>		25 mg starter kit.....	51
<i>kionex</i>	74	.....	101	see <i>subvenite starter</i>	
KISQALI 200 DOSE.....	22	<i>lactic acid (ammonium</i>		<i>kit/blu</i>	53
KISQALI 400 DOSE.....	22	<i>lactate</i>).....	118	LAMICTAL STARTER KIT	
KISQALI 400 PAK		<i>lactulose</i>	86	(35 X 25MG TABS).....	51
FEMARA.....	22	<i>lactulose (encephalopathy)</i>		LAMICTAL STARTER KIT	
KISQALI 600 DOSE.....	22	.....	86	(42 X 25MG TABS & 7 X	
KISQALI 600 PAK		LAMICTAL.....	51	100MG TAB).....	51
FEMARA.....	22	see <i>lamotrigine</i>	51	LAMICTAL STARTER KIT	
KITABIS PAK.....	7	see <i>subvenite</i>	53	(84 X 25MG TABS & 14	
see <i>tobramycin</i>	8	LAMICTAL CHEWABLE		X 100MG TABS).....	51
KLARON.....	112	DISPERS.....	51	LAMICTAL XR.....	51
see <i>sulfacetamide</i>		see <i>lamotrigine</i>	51	see <i>lamotrigine</i>	51
<i>sodium (acne)</i>	112	LAMICTAL ODT.....	51	LAMICTAL XR KIT.....	51
<i>klayesta</i>	113	see <i>lamotrigine</i>	51	<i>lamivudine</i>	10
KLISYRI.....	118	see <i>lamotrigine tab disint</i>		<i>lamivudine (hbv)</i>	12
KLONOPIN.....	50	21 x 25 mg & 7 x 50		<i>lamivudine-zidovudine tab</i>	
see <i>clonazepam</i>	49	mg titration kit.....	51	150-300 mg.....	11
<i>klor-con</i>	102	see <i>lamotrigine tab disint</i>		<i>lamotrigine</i>	51
<i>klor-con 10</i>	102	25 (14) & 50 mg (14) &		<i>lamotrigine tab 25 mg (42)</i>	
<i>klor-con 8</i>	102	100 mg (7) kit.....	51	& 100 mg (7) starter kit.....	51
<i>klor-con m10</i>	102	see <i>lamotrigine tab disint</i>		<i>lamotrigine tab 35 x 25 mg</i>	
<i>klor-con m15</i>	102	42 x 50mg & 14 x		starter kit.....	51
<i>klor-con m20</i>	102	100mg titration kit....	51	<i>lamotrigine tab 84 x 25 mg</i>	
KLOXXADO.....	67	LAMICTAL ODT KIT BLUE		& 14 x 100 mg starter kit	
KONVOMEF SUS 2-84/ML		.....	51	.....	51
.....	88	LAMICTAL ODT KIT		<i>lamotrigine tab disint 21 x</i>	
KORLYM.....	80	GREEN.....	51	25 mg & 7 x 50 mg	
see <i>mifepristone</i>		LAMICTAL ODT KIT		titration kit.....	51
(<i>hyperglycemia</i>).....	80	ORANGE.....	51	<i>lamotrigine tab disint 25</i>	
KOSELUGO.....	22	LAMICTAL STARTER/NOT		(14) & 50 mg (14) & 100	
<i>kourzeq</i>	119	TAKI		mg (7) kit.....	51
KRAZATI.....	22	see <i>lamotrigine tab 25</i>		<i>lamotrigine tab disint 42 x</i>	
KRINTAFEL.....	10	mg (42) & 100 mg (7)		50mg & 14 x 100mg	
<i>kristalose</i>	86	starter kit.....	51	titration kit.....	51
KRYSTEXXA.....	1	see <i>subvenite starter</i>		LAMZEDE.....	80
<i>kurvelo</i>	75	<i>kit/ora</i>	53	LANOXIN.....	37
KUVAN.....	80			see <i>digoxin</i>	37

LANOXIN PEDIATRIC ....37	<i>levalbuterol hcl</i> .....107	<i>levonorgestrel & ethinyl</i>
<i>lanreotide acetate</i> .....80	<i>levalbuterol tartrate</i> .....107	<i>estradiol (91-day) tab</i>
LANREOTIDE ACETATE	LEVETIR/NACL INJ	<i>0.15-0.03 mg</i> .....75
.....80	10MG/ML.....51	<i>levonorgestrel & ethinyl</i>
<i>lansoprazole</i>.....88	LEVETIR/NACL INJ	<i>estradiol tab 0.1 mg-20</i>
LANTUS.....72	15MG/ML.....51	<i>mcg</i>.....75
LANTUS SOLOSTAR ....72	LEVETIR/NACL INJ	<i>levonorgestrel-eth estra tab</i>
<i>lapatinib ditosylate</i> .....22	5MG/ML.....51	<i>0.05-30/0.075-40/0.125-</i>
<i>larin 1/20</i> .....75	<i>levetiracetam</i>.....51	<i>30mg-mcg</i> .....75
<i>larin 1.5/30</i> .....75	LEVETIRACETAM .....51	<i>levonorgestrel-ethinyl</i>
<i>larin 24 fe</i> .....75	LEVETIRACETAM/SODIU	<i>estradiol (continuous) tab</i>
<i>larin fe 1/20</i> .....75	M CHLO	<i>90-20 mcg</i> .....75
<i>larin fe 1.5/30</i> .....75	<i>see levetiracetam in</i>	<i>levonorgestrel-ethinyl</i>
LASIX.....36	<i>sodium chloride iv soln</i>	<i>estradiol-fe tab 0.1 mg-</i>
<i>see furosemide</i>.....36	<i>1000 mg/100ml</i>.....51	<i>20 mcg (21)</i> .....75
<i>latanoprost</i> .....104	<i>see levetiracetam in</i>	<i>levonorg-eth est tab 0.1-</i>
LATUDA.....46	<i>sodium chloride iv soln</i>	<i>0.02mg(84) & eth est tab</i>
<i>see lurasidone hcl</i> .....47	<i>1500 mg/100ml</i>.....51	<i>0.01mg(7)</i> .....75
LAZCLUZE.....22	<i>see levetiracetam in</i>	<i>levora 0.15/30-28</i> .....75
<i>leflunomide</i>.....97	<i>sodium chloride iv soln</i>	<i>levorphanol tartrate</i> .....3
LEMTRADA .....64	<i>500 mg/100ml</i>.....51	<i>levo-t</i> .....82
<i>lenalidomide</i>.....18	<i>levetiracetam in sodium</i>	<i>levothyroxine sodium 82, 83</i>
LENVIMA 10 MG DAILY	<i>chloride iv soln 1000</i>	<i>levoxyl</i> .....83
DOSE .....22	<i>mg/100ml</i>.....51	LEXAPRO .....42
LENVIMA 12MG DAILY	<i>levetiracetam in sodium</i>	<i>see escitalopram oxalate</i>
DOSE .....22	<i>chloride iv soln 1500</i>	42
LENVIMA 20 MG DAILY	<i>mg/100ml</i>.....51	LEXETTE .....116
DOSE .....22	<i>levetiracetam in sodium</i>	<i>see halobetasol</i>
LENVIMA 4 MG DAILY	<i>chloride iv soln 500</i>	<i>propionate</i>.....116
DOSE .....22	<i>mg/100ml</i>.....51	<i>l-glutamine (sickle cell)</i>....93
LENVIMA 8 MG DAILY	<i>levobunolol hcl</i> .....104	LIALDA.....85
DOSE .....22	<i>levocarnitine (metabolic</i>	<i>see mesalamine</i> .....86
LENVIMA CAP 14 MG ....22	<i>modifiers)</i>.....80	LIBTAYO.....22
LENVIMA CAP 18 MG ....22	<i>levocetirizine</i>	<i>lidocaine</i>.....116
LENVIMA CAP 24 MG ....22	<i>dihydrochloride</i> .....107	<i>lidocaine hcl</i> .....117
LEQSELVI.....96	<i>levofloxacin</i> .....14	<i>lidocaine hcl (local anesth.)</i>
LESCOL XL .....32	<i>levofloxacin (ophth)</i>.....103	1
<i>see fluvastatin sodium</i>.....32	<i>levofloxacin in d5w iv soln</i>	<i>lidocaine hcl (mouth-throat)</i>
<i>lessina</i>.....75	<i>250 mg/50ml</i>.....14	119
LETAIRIS .....38	<i>levofloxacin in d5w iv soln</i>	<i>lidocaine-prilocaine cream</i>
<i>see ambrisentan</i>.....38	<i>500 mg/100ml</i>.....14	<i>2.5-2.5%</i> .....117
<i>letrozole</i> .....17	<i>levofloxacin in d5w iv soln</i>	<i>lidocan</i>.....117
<i>leucovorin calcium</i> .....18	<i>750 mg/150ml</i>.....14	LIDODERM
LEUKERAN.....16	<i>levoleucovorin calcium</i>....18	<i>see lidocaine</i> .....116
LEUKINE.....92	<i>levonest</i>.....75	<i>see lidocan</i> .....117
<i>leuprolide acetate</i>.....17	<i>levonor-eth est tab 0.15-</i>	<i>see tridacaine ii</i> .....117
<i>leuprolide acetate (3</i>	<i>0.02/0.025/0.03 mg &eth</i>	LIKMEZ .....7
<i>month)</i> .....17	<i>est 0.01 mg</i>.....75	LILETTA.....75

<i>linezolid</i>	7	LO LOESTRIN TAB 1-10-		see <i>benazepril &</i>	
LINEZOLID INJ 2MG/ML ..	7	10	75	<i>hydrochlorothiazide tab</i>	
LINZESS	87	LOMOTIL		20-25 mg	26
<i>liothyronine sodium</i>	83	see <i>diphenoxylate w/</i>		<i>loteprednol etabonate</i> ...	103
LIPITOR	32	<i>atropine tab 2.5-0.025</i>		LOTREL	
see <i>atorvastatin calcium</i>		<i>mg</i>	87	see <i>amlodipine besylate-</i>	
.....	32	LOMOTIL TAB 2.5MG	87	<i>benazepril hcl cap 10-</i>	
LIPOFEN	32	LONSURF TAB 15-6.14..	16	20 mg	26
<i>liraglutide</i>	69	LONSURF TAB 20-8.19..	17	see <i>amlodipine besylate-</i>	
<i>lisdexamfetamine</i>		<i>loperamide hcl</i>	87	<i>benazepril hcl cap 10-</i>	
<i>dimesylate</i>	57	LOPID	32	40 mg	26
<i>lisinopril</i>	27	see <i>gemfibrozil</i>	32	see <i>amlodipine besylate-</i>	
<i>lisinopril &</i>		<i>lopinavir-ritonavir tab 100-</i>		<i>benazepril hcl cap 5-10</i>	
<i>hydrochlorothiazide tab</i>		25 mg	11	<i>mg</i>	26
10-12.5 mg	26	<i>lopinavir-ritonavir tab 200-</i>		see <i>amlodipine besylate-</i>	
<i>lisinopril &</i>		50 mg	11	<i>benazepril hcl cap 5-20</i>	
<i>hydrochlorothiazide tab</i>		LOPRESSOR	34	<i>mg</i>	26
20-12.5 mg	26	see <i>metoprolol tartrate</i>	34	LOTRONEX	87
<i>lisinopril &</i>		LOQTORZI	22	see <i>alosetron hcl</i>	86
<i>hydrochlorothiazide tab</i>		<i>lorazepam</i>	40	<i>lovastatin</i>	32
20-25 mg	26	<i>lorazepam intensol</i>	40	LOVAZA	
LITFULO	96	LORBRENA	22	see <i>omega-3-acid ethyl</i>	
<i>lithium</i>	62	LOREEV XR	40	<i>esters cap 1 gm</i>	33
<i>lithium carbonate</i>	62	<i>loryna</i>	75	LOVAZA CAP 1GM	33
LITHOBID	62	<i>losartan potassium</i>	31	LOVENOX	91
see <i>lithium carbonate</i> ..	62	<i>losartan potassium &</i>		see <i>enoxaparin sodium</i>	
LITHOSTAT	89	<i>hydrochlorothiazide tab</i>		.....	91
LIVALO	32	100-12.5 mg	29	<i>low-ogestrel</i>	75
see <i>pitavastatin calcium</i>		<i>losartan potassium &</i>		<i>loxapine succinate</i>	46
.....	32	<i>hydrochlorothiazide tab</i>		<i>lubiprostone</i>	87
LIVDELZI	87	100-25 mg	29	LUCEMYRA	67
LIVMARLI	87	<i>losartan potassium &</i>		see <i>lofexidine hcl</i>	67
LIVTENCITY	12	<i>hydrochlorothiazide tab</i>		LUCENTIS	105
LOCOID	116	50-12.5 mg	29	<i>luliconazole</i>	113
LODINE		LOTEMAX	103	LUMAKRAS	22
see <i>etodolac</i>	1	see <i>loteprednol</i>		LUMIGAN	104
LODOCO	37	<i>etabonate</i>	103	LUMIZYME	80
LODOSYN	44	LOTEMAX SM	103	LUMRYZ	66
see <i>carbidopa</i>	44	LOTENSIN	27	LUMRYZ PAK STARTER	
<i>loestrin 1/20-21</i>	75	see <i>benazepril hcl</i>	27	.....	66
<i>loestrin 1.5/30-21</i>	75	LOTENSIN HCT		LUNESTA	59
<i>loestrin fe 1/20</i>	75	see <i>benazepril &</i>		see <i>eszopiclone</i>	59
<i>loestrin fe 1.5/30</i>	75	<i>hydrochlorothiazide tab</i>		LUNSUMIO	22
<i>lofena</i>	2	10-12.5 mg	26	LUPKYNIS	99
<i>lofexidine hcl</i>	67	see <i>benazepril &</i>		LUPRON DEPOT (1-	
<i>lojaimiess</i>	75	<i>hydrochlorothiazide tab</i>		MONTH)	17
LOKELMA	74	20-12.5 mg	26	LUPRON DEPOT (3-	
				MONTH)	17

LUPRON DEPOT (4-MONTH).....	17	see <i>magnesium sulfate</i>	101	MAXITROL	
LUPRON DEPOT (6-MONTH).....	17	MAGNESIUM SULFATE IN D5W		see <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	102
LUPRON DEPOT-PED (1-MONTH).....	80	see <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	101	see <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	102
LUPRON DEPOT-PED (3-MONTH).....	80	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	101	MAXITROL OIN 0.1% OP	102
LUPRON DEPOT-PED (6-MONTH).....	80	MALARONE		MAXITROL SUS 0.1% OP	102
<i>lurasidone hcl</i>	47	see <i>atovaquone-proguanil hcl tab 250-100 mg</i>	10	MAYZENT.....	64
<i>luteal</i>	75	see <i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	10	MAYZENT STARTER PACK (12).....	64
LUTRATE DEPOT	17	MALARONE TAB 250-100	10	MAYZENT STARTER PACK (7).....	64
LUZU.....	113	MALARONE TAB 62.5-25	10	<i>meclizine hcl</i>	84
LYBALVI TAB 10-10MG .47		malathion	119	<i>meclofenamate sodium</i>	2
LYBALVI TAB 15-10MG .47		maraviroc	10	MEDROL.....	78
LYBALVI TAB 20-10MG .47		MARGENZA.....	23	see <i>methylprednisolone</i>	78
LYBALVI TAB 5-10MG ...47		MARINOL.....	84	MEDROL DOSEPAK	78
<i>lyleq</i>	75	see <i>dronabinol</i>	83	see <i>methylprednisolone</i>	78
<i>lyllana</i>	77	marlissa.....	76	<i>medroxyprogesterone acetate</i>	82
LYNOZYFIC.....	22	MARPLAN.....	42	<i>medroxyprogesterone acetate (contraceptive)</i>	76
LYNPARZA.....	22	MATULANE	18	<i>mefenamic acid</i>	2
LYRICA.....	51, 52	matzim la.....	35	<i>mefloquine hcl</i>	10
see <i>pregabalin</i>	52, 53	MAVENCLAD (10 TABS).....	64	<i>megestrol acetate</i>	17, 82
LYRICA CR.....	63	MAVENCLAD (4 TABS).....	64	<i>megestrol acetate (appetite)</i>	82
see <i>pregabalin (once-daily)</i>	63	MAVENCLAD (5 TABS).....	64	MEKINIST	23
LYSODREN	17	MAVENCLAD (6 TABS).....	64	MEKTOVI.....	23
LYTGOBI (12 MG DAILY DOSE).....	23	MAVENCLAD (7 TABS).....	64	<i>meleya</i>	76
LYTGOBI (16 MG DAILY DOSE).....	23	MAVENCLAD (8 TABS).....	64	<i>meloxicam</i>	2
LYTGOBI (20 MG DAILY DOSE).....	23	MAVENCLAD (9 TABS).....	64	<i>memantine hcl</i>	40
LYUMJEV	72	MAVYRET PAK 50-20MG	12	<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	41
LYUMJEV KWIKPEN.....	72	MAVYRET TAB 100-40MG	12	<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	41
LYUMJEV TEMPO PEN	72	MAXALT.....	61	<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	41
<i>lyza</i>	76	see <i>rizatriptan benzoate</i>	61		
M		MAXALT-MLT	61		
MACROBID.....	7	see <i>rizatriptan benzoate</i>	61		
see <i>nitrofurantoin monohyd macro</i>	8	MAXIDEX.....	103		
MACRODANTIN	7				
see <i>nitrofurantoin macrocrystal</i>	7				
<i>magnesium sulfate</i>	101				
MAGNESIUM SULFATE	101				

<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>.....41	<i>methotrexate sodium</i> 17, 97	<i>mibelas 24 fe</i>.....76
MENEST.....78	<i>methoxsalen rapid</i>.....114	MICAFUNGIN.....9
MENOSTAR.....78	<i>methscopolamine bromide</i>.....85	MICAFUNGIN/NACL INJ 100MG/100ML.....9
MENQUADFI.....100	<i>methsuximide</i>.....52	MICAFUNGIN/NACL INJ 150MG/150ML.....9
MENVEO INJ.....100	<i>methyldopa</i>.....37	MICAFUNGIN/NACL INJ 50MG/50ML.....9
MENVEO SOL.....100	<i>methylergonovine maleate</i>.....80	<i>micalfungin sodium</i>.....9
MEPRON.....7	METHYLIN.....57	MICARDIS
see <i>atovaquone</i>.....6	see <i>methylphenidate hcl</i>.....58	see <i>telmisartan</i>.....31
<i>mercaptapurine</i>.....17	<i>methylphenidate</i>.....57	MICARDIS HCT
MERILOG.....72	<i>methylphenidate hcl</i> ..57, 58	see <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>.....30
MERILOG SOLOSTAR...72	<i>methylprednisolone</i>.....78	see <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>.....30
MEROP/NACL INJ 1GM/50ML.....7	<i>methylprednisolone acetate</i>.....78	see <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>.....30
MEROP/NACL INJ 500/50ML.....7	<i>methylprednisolone sod succ</i>.....78	MICARDIS HCT TAB 40/12.5.....29
<i>meropenem</i>.....7	<i>metoclopramide hcl</i>.....84	MICARDIS HCT TAB 80/12.5.....29
MEROPENEM	<i>metolazone</i>.....36	MICARDIS HCT TAB 80-25MG.....29
see <i>meropenem</i>.....7	<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>.....34	<i>miconazole 3</i>.....90
<i>merzee</i>.....76	<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>.....34	<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>.....113
<i>mesalamine</i>.....85, 86	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>.....34	<i>microgestin 1/20</i>.....76
<i>mesalamine w/ cleanser</i> 86	<i>metoprolol succinate</i>.....34	<i>microgestin 1.5/30</i>.....76
<i>mesna</i>.....19	<i>metoprolol tartrate</i>.....34	<i>microgestin fe 1/20</i>.....76
MESNEX.....19	METROCREAM.....118	<i>microgestin fe 1.5/30</i>.....76
see <i>mesna</i>.....19	see <i>metronidazole (topical)</i>.....118	<i>midodrine hcl</i>.....37
MESTINON.....63	METROGEL	MIEBO.....105
see <i>pyridostigmine bromide</i>.....63	see <i>metronidazole (topical)</i>.....118	<i>mifepristone (hyperglycemia)</i>.....80
MESTINON TIMESPAN..63	<i>metronidazole</i>.....7	<i>migergot</i>.....61
see <i>pyridostigmine bromide</i>.....63	METRONIDAZOLE.....7	<i>miglitol</i>.....69
METADATE CD.....57	see <i>metronidazole</i>.....7	<i>miglustat</i>.....81
see <i>methylphenidate hcl</i>.....58	<i>metronidazole (topical)</i> ..118	<i>mili</i>.....76
<i>metaxalone</i>.....65	<i>metronidazole vaginal</i>....90	<i>mimvey</i>.....78
<i>metformin hcl</i>.....69	<i>metyrosine</i>.....37	MINIVELLE.....78
<i>methadone hcl</i>.....3	MG SO4/D5W INJ 10MG/ML.....101	see <i>lyllana</i>.....77
METHADONE HCL INJ ....3	MIACALCIN.....73	<i>minocycline hcl</i>.....15
<i>methadone hydrochloride i3</i>	see <i>calcitonin (salmon) inj</i>.....73	<i>minoxidil</i>.....37
METHADOSE		
see <i>methadone hydrochloride i</i>.....3		
<i>methazolamide</i>.....36		
<i>methenamine hippurate</i> ...7		
<i>methergine</i>.....80		
<i>methimazole</i>.....83		
<i>methocarbamol</i>.....65		

<i>minzoya</i>	76	MOZOBIL.....	92	<i>see mirabegron</i>	90
MIPLYFFA	81	<i>see plerixafor</i>	92	MYSOLINE	52
<i>mirabegron</i>	90	MRESVIA.....	100	<i>see primidone</i>	53
MIRCERA	92	MS CONTIN.....	3	N	
<i>mirtazapine</i>	42	<i>see morphine sulfate</i>	3	<i>nabumetone</i>	2
MIRVASO	118	MULPLETA.....	93	<i>nadolol</i>	34
<i>see brimonidine tartrate</i>		MULTAQ.....	31	NAFCILLIN INJ 2GM/100	
<i>(topical)</i>	117	<i>multiple electrolytes ph 5.5</i>		.....	15
<i>misoprostol</i>	87	.....	101	<i>nafcillin sodium</i>	15
MITIGARE.....	1	<i>mupirocin</i>	112	<i>naftifine hcl</i>	113
<i>see colchicine</i>	1	<i>mupirocin calcium (topical)</i>		NAFTIN	113
<i>mitomycin</i>	19	.....	113	<i>see naftifine hcl</i>	113
<i>mitoxantrone hcl</i>	19	MVASI.....	23	NAGLAZYME.....	81
M-M-R II INJ.....	100	MYALEPT	81	<i>nalbuphine hcl</i>	5
M-NATAL PLUS TAB....	102	MYCAMINE.....	9	NALOCET TAB 2.5-300....	5
<i>modafinil</i>	66	<i>see micafungin sodium</i> ..	9	<i>naloxone hcl</i>	67
MODEYSO.....	19	MYCAPSSA.....	81	<i>naltrexone hcl</i>	67
<i>moexipril hcl</i>	27	<i>mycophenolate mofetil</i>	99	NAMENDA TITRATION	
<i>molindone hcl</i>	47	<i>mycophenolate sodium</i> ...99		PAK	
<i>mometasone furoate</i>	116	MYDAYIS		<i>see memantine hcl tab</i>	
<i>mometasone furoate</i>		<i>see amphetamine-</i>		<i>28 x 5 mg & 21 x 10</i>	
<i>(nasal)</i>	109	<i>dextroamphetamine 3-</i>		<i>mg titration pack</i>	41
MONJUVI.....	23	<i>bead cap er 24hr 12.5</i>		NAMZARIC	
<i>mono-lynyah</i>	76	<i>mg</i>	55	<i>see memantine hcl-</i>	
<i>montelukast sodium</i>	107	<i>see amphetamine-</i>		<i>donepezil hcl cap er</i>	
<i>morphine sulfate</i>	3, 5	<i>dextroamphetamine 3-</i>		<i>24hr 14-10 mg</i>	41
MORPHINE SULFATE	5	<i>bead cap er 24hr 25</i>		<i>see memantine hcl-</i>	
MORPHINE		<i>mg</i>	55	<i>donepezil hcl cap er</i>	
SULFATE/SODIUM C ...5		<i>see amphetamine-</i>		<i>24hr 21-10 mg</i>	41
<i>morphine sulfate beads</i>	3	<i>dextroamphetamine 3-</i>		<i>see memantine hcl-</i>	
MOTEGRITY.....	87	<i>bead cap er 24hr 37.5</i>		<i>donepezil hcl cap er</i>	
<i>see prucalopride</i>		<i>mg</i>	55	<i>24hr 28-10 mg</i>	41
<i>succinate</i>	87	<i>see amphetamine-</i>		NAMZARIC CAP 14-10MG	
MOTPOLY XR	52	<i>dextroamphetamine 3-</i>		.....	41
MOUNJARO	69	<i>bead cap er 24hr 50</i>		NAMZARIC CAP 21-10MG	
MOVANTIK	87	<i>mg</i>	55	.....	41
MOVIPREP		MYDAYIS CAP 12.5MG..58		NAMZARIC CAP 28-10MG	
<i>see peg-</i>		MYDAYIS CAP 25MG....58		.....	41
<i>3350/electrolytes/asc</i>		MYDAYIS CAP 37.5MG..58		NAMZARIC CAP 7-10MG	
.....	86	MYDAYIS CAP 50MG....58		.....	41
MOVIPREP SOL.....	86	MYFEMBREE TAB	81	NAPRELAN.....	2
<i>moxifloxacin hcl</i>	14	MYFORTIC	99	<i>see naproxen sodium</i>	2
<i>moxifloxacin hcl (ophth)</i> 103		<i>see mycophenolate</i>		<i>naproxen</i>	2
<i>moxifloxacin hcl 400</i>		<i>sodium</i>	99	<i>naproxen dr</i>	2
<i>mg/250ml in sodium</i>		MYHIBBIN.....	99	<i>naproxen-esomeprazole</i>	
<i>chloride 0.8% inj</i>	14	MYLOTARG.....	23	<i>magnesium tab dr 375-</i>	
MOXIFLOXACIN		MYOBLOC	65	<i>20 mg</i>	2
HYDROCHLORID	14	MYRBETRIQ.....	90		

<i>naproxen-esomeprazole magnesium tab dr 500- 20 mg</i>.....2	see <i>cyclosporine modified (for microemulsion)</i> .....99	NICARDIPINE SOL 20/200ML .....35
<i>naproxen sodium</i> .....2	see <i>gengraf</i> .....99	NICARDIPINE SOL 40/200ML .....35
<i>naratriptan hcl</i> .....61	NERLYNX .....23	NICOTROL NS .....67
NARDIL.....42	<i>neuac gel 1.2-5%</i>.....112	<i>nifedipine</i>.....35
see <i>phenelzine sulfate</i> .43	NEULASTA.....92	<i>nikki</i>.....76
NATACYN.....103	NEULASTA ONPRO KIT 92	NIKTIMVO.....99
NATAZIA TAB.....76	NEUPOGEN .....92	NILANDRON.....17
<i>nateglinide</i>.....69	NEUPRO.....45	see <i>nilutamide</i> .....17
NATROBA.....119	NEURONTIN.....52	NILOTINIB .....23
NAYZILAM.....52	see <i>gabapentin</i>.....50	<i>nilotinib hcl</i> .....23
<i>nebivolol hcl</i> .....34	NEVANAC.....103	<i>nilutamide</i>.....17
NEBUPENT .....7	<i>nevirapine</i> .....10	<i>nimodipine</i>.....35
see <i>pentamidine isethionate inh</i>.....8	NEXAVAR.....23	NINLARO.....23
<i>necon 0.5/35-28</i>.....76	see <i>sorafenib tosylate</i> .24	NIPENT .....19
<i>nefazodone hcl</i>.....42	NEXICLON XR.....37	<i>nisoldipine</i> .....35
NEMLUVIO .....96	NEXIUM.....88	<i>nitazoxanide</i> .....7
<i>neomycin-bacitrac zn- polymyx 5(3.5)mg- 400unt-10000unt op oin</i>.....103	see <i>esomeprazole magnesium</i> .....88	<i>nitisinone</i>.....81
<i>neomycin-polymy-gramicid op sol 1.75-10000- 0.025mg-unt-mg/ml ...103</i>	NEXLETOL .....33	NITRO-BID.....38
<i>neomycin-polymyxin b gu irrigation soln</i> .....89	NEXLIZET TAB 180/10MG.....33	NITRO-DUR.....38
<i>neomycin-polymyxin- dexamethasone ophth oint 0.1%</i> .....102	NEXPLANON.....76	<i>nitrofurantoin</i> .....7
<i>neomycin-polymyxin- dexamethasone ophth susp 0.1%</i>.....102	NEXTSTELLIS TAB 3- 14.2MG.....76	NITROFURANTOIN.....7
<i>neomycin-polymyxin-hc ophth susp</i>.....102	NEXVIAZYME.....81	<i>nitrofurantoin macrocrystal</i> 7
<i>neomycin-polymyxin-hc otic soln 1%</i>.....105	NGENLA .....81	<i>nitrofurantoin monohyd macro</i> .....8
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> .....105	<i>niacin (antihyperlipidemic)</i> .....33	<i>nitroglycerin</i>.....38
<i>neomycin sulfate</i>.....7	<i>niacor</i> .....33	<i>nitroglycerin (intra-anal)</i> 118
<i>neo-polycin 5(3.5)mg- 400unt-10000unt op oin</i>.....103	<i>nicardipine hcl</i>.....35	NITROLINGUAL .....38
<i>neo-polycin hc ophth oint 1%</i> .....102	<i>nicardipine hcl iv soln 20 mg/200ml in sodium chloride 0.9%</i>.....35	see <i>nitroglycerin</i> .....38
NEORAL .....99	<i>nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.9%</i>.....35	NITROSTAT.....38
	NICARDIPINE HYDROCHLORIDE see <i>nicardipine hcl iv soln 20 mg/200ml in sodium chloride 0.9%</i> .....35	see <i>nitroglycerin</i> .....38
	see <i>nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.9%</i> .....35	NITYR .....81
		NIVESTYM.....92
		<i>nizatidine</i>.....85
		<i>nora-be</i>.....76
		NORDITROPIN FLEXP.....81
		<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> .....76
		<i>norethindrone (contraceptive)</i>.....76
		<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>.....76

<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>.....76	NOVOLIN70/30 INJ RELION .....72	<i>see etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>.....75
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> .....76	NOVOLIN INJ 70/30 .....72	<i>see haloette</i>.....75
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> .....76	NOVOLIN INJ 70/30 FP .....72	NUVARING MIS.....76
<i>norethindrone acetate</i> .....82	RELION .....72	NUVIGIL.....66
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> .....78	NOVOLIN N .....72	<i>see armodafinil</i> .....66
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> .....78	NOVOLIN N FLEXPEN...72	NUZYRA .....15
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>.....76	NOVOLIN N FLEXPEN RELION .....72	<i>nyamyc</i>.....113
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> .....76	NOVOLIN N RELION.....72	<i>nylia 1/35</i>.....76
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> .....76	NOVOLIN R .....72	<i>nylia 7/7/7</i>.....76
NORITATE.....118	NOVOLIN R FLEXPEN...72	NYMALIZE .....35
NORLIQVA .....35	NOVOLIN R FLEXPEN RELION .....72	<i>nystatin</i>.....9
<i>norlyroc</i> .....76	NOVOLIN R RELION.....72	NYSTATIN
NORPACE .....31	NOVOLOG .....72	<i>see nystatin (mouth-throat)</i> .....119
<i>see disopyramide phosphate</i> .....31	NOVOLOG FLEXPEN ...72	<i>nystatin (mouth-throat)</i> ..119
NORPACE CR.....31	RELION .....72	<i>nystatin (topical)</i>.....113
NORPRAMIN .....42	NOVOLOG MIX INJ 70/30 .....72	<i>nystop</i> .....113
<i>see desipramine hcl</i> ...41	NOVOLOG MIX INJ FLEX FLEXPEN .....72	NYVEPRIA.....92
NORTHERA.....37, 38	REL .....72	O
<i>see droxidopa</i>.....37	NOVOLOG PENFILL .....72	OCALIVA .....87
<i>nortrel 0.5/35 (28)</i> .....76	NOVOLOG RELI INJ 70/30 .....72	<i>ocella</i>.....76
<i>nortrel 1/35 (21)</i> .....76	NOVOLOG RELION .....72	OCREVUS .....64
<i>nortrel 1/35 (28)</i> .....76	NOXAFIL.....9	OCREVUS INJ ZUNOVO64
<i>nortrel 7/7/7</i>.....76	<i>see posaconazole</i> .....9	OCTAGAM.....98
<i>nortriptyline hcl</i>.....42	NPLATE.....92	<i>octreotide acetate</i> .....81
NORVASC .....35	NUBEQA.....17	OCUFLOX.....103
<i>see amlodipine besylate</i> .....35	NUCALA .....108	<i>see ofloxacin (ophth)</i> .103
NORVIR.....10	NUCYNTA.....5	ODACTRA SUB .....98
<i>see ritonavir</i> .....11	NUCYNTA ER.....3	ODEFSEY TAB.....11
NOURIANZ .....45	NUEDEXTA CAP 20-10MG .....63	ODOMZO.....23
NOVAREL.....81	NULOJIX.....99	OFEV .....108
	NUPLAZID .....47	<i>ofloxacin (ophth)</i> .....103
	NURTEC.....61	<i>ofloxacin (otic)</i>.....105
	NUTRILIPID .....102	OGIVRI .....23
	NUVARING	OGSIVEO .....23
	<i>see eluryng</i>.....75	OHTUVAYRE.....108
	<i>see enilloring</i> .....75	OJEMDA.....23
		OJJAARA.....23
		<i>olanzapine</i>.....47
		<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>.....30
		<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>.....30

<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>.....30	OMNIPOD DASH MIS PODS .....72	ORENITRAM TAB MONTH 3 .....39
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>.....30	OMNITROPE .....81	ORFADIN.....81
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>.....30	OMVOH .....96	<i>see nitisinone</i> .....81
<i>olmesartan medoxomil</i>....31	OMVOH SOAJ 100/200 ..96	ORGOVYX.....17
<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i> .....29	OMVOH SOSY 100/200 .96	ORIAHNN CAP .....81
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i> .....29	ONAPGO .....45	ORILISSA .....81
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i> .....29	ONCASPAR.....19	ORKAMBI GRA 100-125.....108
<i>olopatadine hcl (nasal)</i> ..107	<i>ondansetron</i> .....84	ORKAMBI GRA 150-188.....108
OLPRUVA.....81	<i>ondansetron hcl</i> .....84	ORKAMBI GRA 75-94MG.....108
OLUMIANT .....96	ONEXTON <i>see clindamycin</i> <i>phosphate-benzoyl</i> <i>peroxide gel 1.2-3.75%</i> .....112	ORKAMBI TAB 100-125.....108
<i>omega-3-acid ethyl esters cap 1 gm</i>.....33	ONEXTON GEL 1.2-3.75.....112	ORKAMBI TAB 200-125.....108
<i>omeprazole</i> .....88	ONFI .....52	ORLADEYO .....93
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i> .....88	<i>see clobazam</i> .....49	ORLYNVAH TAB 500-5008
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i> .....88	ONGENTYS.....45	<i>ormalvi</i> .....36
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i> ...88	ONGLYZA <i>see saxagliptin hcl</i> .....70	<i>orquidea</i> .....76
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i> ...88	ONIVYDE.....19	ORSERDU .....17
OMNARIS .....109	ONTRUZANT .....23	<i>oseltamivir phosphate</i> ....12
OMNIPOD 5 DX KIT INT G7G6.....72	ONUREG .....17	OSPHERA .....81
OMNIPOD 5 DX MIS POD G7G6.....72	ONZETRA XSAIL.....61	OTEZLA .....96
OMNIPOD 5 L2 KIT INTRO G6.....72	OPDIVO .....23	OTEZLA TAB 10/20 .....96
OMNIPOD 5 L2 MIS PODS G6.....72	OPDIVO INJ QVANTIG ..23	OTEZLA TAB 10/20/30 ...96
OMNIPOD DASH KIT INTRO .....72	OPDUALAG SOL.....23	OTREXUP.....98
	OPFOLDA.....81	OVIDE.....119
	OPIPZA.....47	OXACILLIN INJ 2GM .....15
	OPSUMIT.....38	<i>oxacillin sodium</i>.....15
	OPSYNVI TAB 10-20MG 38	<i>oxaliplatin</i> .....16
	OPSYNVI TAB 10-40MG 38	<i>oxaprozin</i> .....2
	OPVEE.....67	<i>oxazepam</i> .....40
	OPZELURA.....118	<i>oxcarbazepine</i>.....52
	ORACEA.....118	OXERVATE .....105
	<i>see doxycycline</i> <i>(rosacea)</i>.....117	<i>oxiconazole nitrate</i> .....113
	ORAPRED ODT.....79	OXISTAT.....113
	ORBACTIV.....8	OXLUMO .....89
	ORENCIA.....96	OXTELLAR XR .....52
	ORENCIA CLICKJECT ...96	<i>see oxcarbazepine</i> .....52
	ORENITRAM .....38	OXY-ACETAMIN TAB 7.5- 300 .....5
	ORENITRAM TAB MONTH 1 .....38	<i>oxybutynin chloride</i> .....90
	ORENITRAM TAB MONTH 2 .....38	OXYCOD/ACETA SOL 10/300MG.....5
		OXYCOD/APAP TAB 10- 300MG.....5

OXYCOD/APAP TAB 5-300MG.....5	PALFORZIA LEVEL 1.....99	see <i>bromocriptine mesylate</i> .....44
OXYCOD-APAP TAB 2.5-300 .....5	PALFORZIA LEVEL 11 (MAINT .....99	PARNATE .....42
<i>oxycodone hcl</i> .....5	PALFORZIA LEVEL 11 (TITRA .....99	see <i>tranylcypromine sulfate</i> .....43
OXYCODONE HYDROCHLORIDE.....5	PALFORZIA LEVEL 2.....99	<i>paroxetine hcl</i>.....42, 43
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>.....5	PALFORZIA LEVEL 4.....99	<i>paroxetine mesylate (vasomotor)</i> .....63
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> .....5	PALFORZIA LEVEL 5.....99	PAVBLU .....105
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> .....5	PALFORZIA LEVEL 6.....99	PAXIL .....43
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> .....5	PALFORZIA LEVEL 9.....99	see <i>paroxetine hcl</i> .....43
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> .....5	<i>paliperidone</i> .....47	PAXIL CR.....43
OXYCONTIN.....3	<i>palonosetron hcl</i>.....84	see <i>paroxetine hcl</i> .....43
<i>oxymorphone hcl</i>.....3, 5	PALONOSETRON HYDROCHLORID .....84	PAXLOVID PAK.....12
OXYTROL.....90	PALYNZIQ .....81	PAXLOVID TAB 150-10012
OZEMPIC (0.25 OR 0.5MG/DOSE) .....69	PAMELOR see <i>nortriptyline hcl</i> ....42	PAXLOVID TAB 300-10012
OZEMPIC (1MG/DOSE) .69	<i>pamidronate disodium</i>.....73	<i>pazopanib hcl</i>.....23
OZEMPIC (2MG/DOSE) .69	PAMIDRONATE DISODIUM .....73	PEDIAPRED .....79
OZOBAX DS .....65	PANCREAZE CAP 10500UNT .....87	see <i>prednisolone sodium phosphate</i> .....79
see <i>baclofen</i> .....65	PANCREAZE CAP 16800UNT .....87	PEDIARIX INJ 0.5ML....100
P	PANCREAZE CAP 21000UNT .....87	PEDVAX HIB .....100
<i>pacerone</i> .....31	PANCREAZE CAP 2600UNIT .....87	<i>peg-3350/electrolytes/asc</i> .....86
<i>paclitaxel</i> .....19	PANCREAZE CAP 37000 .....87	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> .....86
<i>paclitaxel inj 100mg</i> .....19	PANCREAZE CAP 4200UNIT .....87	<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>....86
PACLITAXEL INJ 100MG .....19	PANRETIN .....118	PEGASYS .....12
PADCEV .....23	PANTOPR/NACL SOL 40MG/100.....88	PEMAZYRE .....23
PALFORZIA CAP ESCALAT .....98	PANTOPR/NACL SOL 80MG/100.....89	PEMETREXED .....17
PALFORZIA CAP LEVEL 10 .....98	<i>pantoprazole sodium</i>.....89	<i>pemetrexed disodium</i>.....17
PALFORZIA CAP LEVEL 3 .....98	PANTOPRAZOLE SODIUM .....89	PEMRYDI RTU .....17
PALFORZIA CAP LEVEL 7 .....98	see <i>pantoprazole sodium</i> .....89	PENBRAYA INJ .....100
PALFORZIA CAP LEVEL 8 .....98	PANTOPRAZOLE SOL 40/50ML .....89	<i>penciclovir</i> .....118
	PANZYGA.....98	PEN GK/DEXTR INJ 40000/ML .....15
	<i>paricalcitol</i> .....83	PEN GK/DEXTR INJ 60000/ML .....15
	PARLODEL.....45	<i>penicillamine</i> .....74
		<i>penicillin g potassium</i>.....15
		<i>penicillin g sodium</i>.....15
		<i>penicillin v potassium</i>.....15
		PENMENVY INJ .....100
		PENNSAID see <i>diclofenac sodium (topical)</i> .....117

PENTACEL INJ.....	100	<i>perindopril erbumine</i>	27	<i>pioglitazone hcl</i>	69
PENTAM 300	8	<i>periogard</i>	119	<i>pioglitazone hcl-glimepiride</i>	
<i>see pentamidine</i>		PERJETA.....	23	<i>tab 30-2 mg</i>	69
<i>isethionate inj</i>	8	<i>permethrin</i>	119	<i>pioglitazone hcl-glimepiride</i>	
<i>pentamidine isethionate inh</i>		<i>perphenazine</i>	47	<i>tab 30-4 mg</i>	69
.....	8	<i>perphenazine-amitriptyline</i>		<i>pioglitazone hcl-metformin</i>	
<i>pentamidine isethionate inj</i>		<i>tab 2-10 mg</i>	43	<i>hcl tab 15-500 mg</i>	69
.....	8	<i>perphenazine-amitriptyline</i>		<i>pioglitazone hcl-metformin</i>	
PENTASA	86	<i>tab 2-25 mg</i>	43	<i>hcl tab 15-850 mg</i>	70
<i>see mesalamine</i>	85	<i>perphenazine-amitriptyline</i>		<i>piperacillin sod-tazobactam</i>	
<i>pentoxifylline</i>	93	<i>tab 4-10 mg</i>	43	<i>na for inj 3.375 gm (3-</i>	
PEPCID.....	85	<i>perphenazine-amitriptyline</i>		<i>0.375 gm)</i>	15
<i>see famotidine</i>	85	<i>tab 4-25 mg</i>	43	<i>piperacillin sod-tazobactam</i>	
<i>perampanel</i>	52	<i>perphenazine-amitriptyline</i>		<i>sod for inj 13.5 gm (12-</i>	
PERCOCET		<i>tab 4-50 mg</i>	43	<i>1.5 gm)</i>	15
<i>see endocet tab 10-</i>		PERSERIS.....	47	<i>piperacillin sod-tazobactam</i>	
<i>325mg</i>	4	PERTZYE CAP 16000U .	87	<i>sod for inj 2.25 gm (2-</i>	
<i>see endocet tab 2.5-</i>		PERTZYE CAP 24000U .	87	<i>0.25 gm)</i>	15
<i>325mg</i>	4	PERTZYE CAP 4000UNIT		<i>piperacillin sod-tazobactam</i>	
<i>see endocet tab 5-325mg</i>		.....	87	<i>sod for inj 4.5 gm (4-0.5</i>	
.....	4	PERTZYE CAP 8000UNIT		<i>gm)</i>	15
<i>see endocet tab 7.5-</i>		.....	87	<i>piperacillin sod-tazobactam</i>	
<i>325mg</i>	4	<i>pfizerpen</i>	15	<i>sod for inj 40.5 gm (36-</i>	
<i>see oxycodone w/</i>		PHEBURANE.....	81	<i>4.5 gm)</i>	15
<i>acetaminophen tab 10-</i>		<i>phenelzine sulfate</i>	43	PIQRAY 200MG DAILY	
<i>325 mg</i>	5	PHENERGAN	84	DOSE	23
<i>see oxycodone w/</i>		<i>see promethazine hcl</i> .	84	PIQRAY 250MG TAB	
<i>acetaminophen tab</i>		<i>phenobarbital</i>	52	DOSE	23
<i>2.5-325 mg</i>	5	<i>phenobarbital sodium</i>	52	PIQRAY 300MG DAILY	
<i>see oxycodone w/</i>		<i>phenoxybenzamine hcl</i> ...	38	DOSE	23
<i>acetaminophen tab 5-</i>		<i>phenytek</i>	52	<i>pirfenidone</i>	108
<i>325 mg</i>	5	<i>phenytoin</i>	52	<i>piroxicam</i>	2
<i>see oxycodone w/</i>		<i>phenytoin sodium</i>	52	<i>pitavastatin calcium</i>	32
<i>acetaminophen tab</i>		<i>phenytoin sodium extended</i>		PLAQUENIL.....	98
<i>7.5-325 mg</i>	5	.....	52	<i>see hydroxychloroquine</i>	
PERCOCET TAB 10-		PHESGO SOL	23	<i>sulfate</i>	97
325MG.....	6	PHEXXI GEL.....	76	PLASMA-LYTE A	
PERCOCET TAB 5-325MG		<i>philit</i>	76	<i>see multiple electrolytes</i>	
.....	5	PHOSPHOLINE IODIDE		<i>ph 5.5</i>	101
PERCOCET TAB 7.5-325.6		.....	104	PLASMA-LYTE INJ -A ..	101
PERFOROMIST.....	107	PIASKY	93	PLAVIX	94
<i>see formoterol fumarate</i>		PIFELTRO	10	<i>see clopidogrel bisulfate</i>	
.....	107	<i>pilocarpine hcl</i>	104	.....	94
PERIDEX		<i>pilocarpine hcl (oral)</i>	119	PLEGRIDY	64
<i>see chlorhexidine</i>		<i>pimecrolimus</i>	118	PLEGRIDY INJ STARTER	
<i>gluconate (mouth-</i>		<i>pimozide</i>	47	.....	64
<i>throat)</i>	119	<i>pimtrea</i>	76	PLEGRIDY PEN INJ	
<i>see periogard</i>	119	<i>pindolol</i>	34	STARTER.....	64

<i>plenamine</i>	102	<i>see dabigatran etexilate</i>		PREZISTA	10, 11
PLENVU SOL	86	<i>mesylate</i>	91	<i>see darunavir</i>	10
<i>plerixafor</i>	92	<i>pramipexole</i>		PRIFTIN	12
<i>podofilox</i>	118	<i>dihydrochloride</i>	45	PRIOSEC	89
POKONZA	102	<i>prasugrel hcl</i>	94	<i>primaquine phosphate</i>	10
POLIVY	23	<i>pravastatin sodium</i>	32	PRIMAQUINE	
<i>polycin ophth oint</i>	103	<i>praziquantel</i>	8	PHOSPHATE	10
<i>polymyxin b sulfate</i>	8	<i>prazosin hcl</i>	27	<i>see primaquine</i>	
<i>polymyxin b-trimethoprim</i>		PRED FORTE	103	<i>phosphate</i>	10
<i>ophth soln 10000 unit/ml-</i>		<i>see prednisolone acetate</i>		PRIMAXIN IV	
<i>0.1%</i>	103	<i>(ophth)</i>	104	<i>see imipenem-cilastatin</i>	
POMALYST	18	PRED MILD	104	<i>intravenous for soln</i>	
POMBILITI	81	<i>prednisolone</i>	79	<i>500 mg</i>	7
PONVORY	64	<i>prednisolone acetate</i>		PRIMAXIN IV INJ 500MG .	8
PONVORY TAB STARTER		<i>(ophth)</i>	104	<i>primidone</i>	53
.....	64	PREDNISOLONE SODIUM		PRIORIX INJ	100
<i>portia-28</i>	76	PHOSP	104	PRISTIQ	43
<i>posaconazole</i>	9	<i>prednisolone sodium</i>		<i>see desvenlafaxine</i>	
POSFREA	84	<i>phosphate</i>	79	<i>succinate</i>	41
<i>potassium chloride</i> 101, 102		<i>prednisone</i>	79	PRIVIGEN	98
POTASSIUM CHLORIDE		PREDNISONE INTENSOL		PROAIR RESPICLICK ..	107
.....	101	.....	79	<i>probenecid</i>	1
<i>see potassium chloride</i>		<i>pregabalin</i>	52, 53	PROCARDIA XL	35
.....	102	<i>pregabalin (once-daily)</i> ...	63	<i>see nifedipine</i>	35
POTASSIUM		PREGNYL W/DILUENT		<i>prochlorperazine</i>	84
CHLORIDE/SODIUM		BENZYL	81	<i>prochlorperazine edisylate</i>	
<i>see kcl 20 meq/l (0.15%)</i>		PREMARIN	78	.....	84
<i>in nacl 0.45% inj</i>	101	PREMASOL SOL 10% ..	102	<i>prochlorperazine maleate</i>	
<i>see kcl 20 meq/l (0.15%)</i>		PREMPHASE TAB	78	.....	84
<i>in nacl 0.9% inj</i>	101	PREMPRO TAB 0.3-1.5 ..	78	PROCRIT	92
<i>see kcl 40 meq/l (0.3%)</i>		PREMPRO TAB 0.45-1.5 ..	78	<i>proctocort</i>	118
<i>in nacl 0.9% inj</i>	101	PREMPRO TAB 0.625-2.5		PROCTOFOAM AER HC	
<i>potassium chloride 20</i>		.....	78	<i>1%</i>	118
<i>meq/l (0.15%) in</i>		PREMPRO TAB 0.625-5 ..	78	<i>procto-med hc</i>	118
<i>dextrose 5% inj</i>	102	PRENATAL TAB 27-1MG		<i>proctosol hc</i>	118
<i>potassium chloride</i>		.....	102	<i>proctozone-hc</i>	118
<i>microencapsulated</i>		PRENATAL TAB PLUS ..	102	PROCYSBI	81
<i>crystals er</i>	102	PRETOMANID	12	<i>progesterone</i>	82
<i>potassium citrate</i>		PREVACID	89	PROGLYCEM	79
<i>(alkalinizer)</i>	89	<i>see lansoprazole</i>	88	<i>see diazoxide</i>	79
POT CHL 20MEQ/L IN		PREVACID SOLUTAB ...	89	PROGRAF	99
NACL 0.45% INJ	101	<i>see lansoprazole</i>	88	<i>see tacrolimus</i>	100
POT CHL 20MEQ/L IN		<i>prevalite</i>	33	PROLASTIN-C	108
NACL 0.9% INJ	101	PREVYMIS	12	PROLATE SOL 10/300MG	
POT CHL 40MEQ/L IN		PREZCOBIX TAB 675/150		.....	6
NACL 0.9% INJ	101	.....	11	PROLATE TAB 10-300MG	
POTELIGEO	23	PREZCOBIX TAB 800-150		.....	6
PRADAXA	91	.....	11	PROLATE TAB 5-300MG .	6

PROLATE TAB 7.5-300 ....6	PURIXAN .....17	<i>quinine sulfate</i>.....10
PROLENSA .....104	<i>see mercaptopurine</i>.....17	QULIPTA.....61
<i>see bromfenac sodium</i>	PYLERA	QUTENZA KIT 8% 1-PCH
(<i>ophth</i>) .....103	<i>see bismuth subcit-</i>	117
PROLIA.....73	<i>metronidazole-</i>	QUTENZA KIT 8% 2-PCH
PROMACTA.....93, 94	<i>tetracycline cap 140-</i>	117
<i>see eltrombopag olamine</i>	125-125 mg.....86	QUTENZA KIT 8% 4-PCH
.....93	PYLERA CAP .....87	117
<i>promethazine &</i>	<i>pyrazinamide</i>.....12	QUVIVIQ .....59
<i>phenylephrine syrup</i>	<i>pyridostigmine bromide</i> ...63	QUZYTIR .....107
6.25-5 mg/5ml .....106	<i>pyrimethamine</i> .....8	QVAR REDHALER .....110
<i>promethazine hcl</i>.....84	PYRUKYND .....94	R
PROMETHAZINE	PYRUKYND TAB	RABAVERT INJ .....100
HYDROCHLORID .....84	20MGX5MG .....94	<i>rabeprazole sodium</i> .....89
<i>promethegan</i> .....84	PYRUKYND TAB	RADICAVA
PROMETRIUM .....82	50MGX20M .....94	<i>see edaravone</i>.....62
<i>see progesterone</i> .....82	PYRUKYND TAPER PACK	RADICAVA ORS .....63
<i>propafenone hcl</i> .....31	94	RADICAVA ORS
<i>proparacaine hcl</i> .....105	PYZCHIVA .....96	STARTER KIT .....63
<i>propranolol hcl</i> .....34	Q	RAGWITEK .....99
<i>propylthiouracil</i>.....83	QBRELIS .....27	RALDESY .....43
PROQUAD INJ .....100	QBREXZA.....118	<i>raloxifene hcl</i>.....81
PROSCAR .....89	QELBREE .....58	<i>ramelteon</i> .....59
<i>see finasteride</i> .....89	QINLOCK .....23	<i>ramipril</i> .....27
PROSOL INJ 20% .....102	QNASL .....109	<i>ranolazine</i> .....38
PROTONIX .....89	QNASL CHILDRENS ....109	RAPAFLO
<i>see pantoprazole sodium</i>	QUADRACEL INJ 0.5ML	<i>see silodosin</i>.....89
.....89	100	RAPIVAB .....12
<i>protriptyline hcl</i>.....43	QUESTRAN .....33	<i>rasagiline mesylate</i> .....45
PROVERA .....82	<i>see cholestyramine</i> .....33	RASUVO .....98
<i>see</i>	QUESTRAN LIGHT .....33	RAVICTI .....81
<i>medroxyprogesterone</i>	<i>see cholestyramine light</i>	RAYALDEE .....83
<i>acetate</i> .....82	33	RAYOS .....79
PROVIGIL .....66	<i>see prevailite</i> .....33	REBIF .....64
<i>see modafinil</i> .....66	<i>quetiapine fumarate</i> .....47	REBIF REBIDO INJ
PROZAC	QUILLICHEW ER.....58	TITRATN .....64
<i>see fluoxetine hcl</i>.....42	QUILLIVANT XR .....58	REBIF REBIDOSE .....64
<i>prucalopride succinate</i> ....87	<i>quinapril hcl</i>.....27	REBIF TITRTN INJ PACK
PRUDOXIN .....118	<i>quinapril-</i>	64
<i>see doxepin hcl</i>	<i>hydrochlorothiazide tab</i>	REBLOZYL .....94
(<i>antipruritic</i>) .....117	10-12.5 mg .....26	REBYOTA.....87
<i>pruradik</i> .....119	<i>quinapril-</i>	RECARBRIO INJ 1.25GM 8
PULMICORT .....110	<i>hydrochlorothiazide tab</i>	RECLAST .....73
<i>see budesonide</i>	20-12.5 mg .....27	<i>see zoledronic acid</i>.....73
(<i>inhalation</i>) .....109	<i>quinapril-</i>	<i>reclipsen</i>.....76
PULMICORT FLEXHALER	<i>hydrochlorothiazide tab</i>	RECOMBIVAX HB .....100
.....110	20-25 mg .....27	RECORLEV .....81
PULMOZYME .....108	<i>quinidine sulfate</i> .....32	RECTIV .....118

see <i>nitroglycerin (intra-anal)</i>.....118	REYATAZ .....11	ROCALTROL .....83
REGLAN .....84	see <i>atazanavir sulfate</i> .10	see <i>calcitriol</i>.....83
see <i>metoclopramide hcl</i>.....84	REYVOW .....61	see <i>calcitriol (oral)</i> .....83
RELAFEN DS .....2	REZDIFFRA.....81	ROCKLATAN DRO .....104
RELENZA DISKHALER ..12	REZLIDHIA .....24	<i>roflumilast</i>.....108
RELEUKO.....92	REZUROCK.....100	ROLVEDON.....92
RELEXII.....58	REZVOGLAR KWIKPEN 72	ROMVIMZA.....24
RELISTOR.....87	REZZAYO .....9	<i>ropinirole hydrochloride</i> ...45
RELPAK.....61	RHOFADE .....118	<i>rosuvastatin calcium</i> .....32
see <i>eletriptan hydrobromide</i>.....60	RHOPRESSA .....104	<i>rosyrah</i> .....76
RELTONE .....87	RIABNI .....24	ROTARIX SUS.....100
REMERON.....43	<i>ribavirin (hepatitis c)</i>.....12	ROTATEQ SOL .....100
see <i>mirtazapine</i> .....42	<i>rifabutin</i> .....12	ROWASA.....86
REMERON SOLTAB .....43	RIFADIN	see <i>mesalamine w/ cleanser</i> .....86
see <i>mirtazapine</i> .....42	see <i>rifampin</i> .....12	<i>roweepra</i> .....53
REMICADE.....96	<i>rifampin</i> .....12	ROXICODONE .....6
REMODULIN .....39	<i>riluzole</i>.....63	see <i>oxycodone hcl</i>.....5
RENFLEXIS .....96	<i>rimantadine hydrochloride</i>.....12	ROXYBOND .....6
<i>repaglinide</i> .....70	RIMSO-50 .....89	ROZEREM.....59
REPATHA.....33	RINVOQ.....96	see <i>ramelteon</i>.....59
REPATHA SURECLICK .33	RINVOQ LQ.....96	ROZLYTREK .....24
RESTASIS .....105	RIOMET	RUBRACA .....24
RESTASIS MULTIDOSE .....105	see <i>metformin hcl</i>.....69	RUCONEST.....94
RESTORIL .....59	<i>risedronate sodium</i> .....73	<i>rufinamide</i> .....53
see <i>temazepam</i>.....60	RISPERDAL.....47	RUKOBIA.....11
RETACRIT .....92	see <i>risperidone</i>.....48	RUXIENCE .....24
RETEVMO .....23	RISPERDAL CONSTA47, 48	RYALTRIS SPR 665-25106
RETIN-A.....112	see <i>risperidone microspheres</i> .....48	RYBELSUS.....70
see <i>tretinoin</i>.....112	<i>risperidone</i> .....48	RYBREVANT .....24
RETIN-A MICRO.....112	<i>risperidone microspheres</i> 48	<i>ryclora</i> .....107
RETIN-A MICRO PUMP .....112	RITALIN .....58	RYDAPT .....24
see <i>tretinoin microsphere</i> .....112	see <i>methylphenidate hcl</i>.....58	RYKINDO.....48
RETROVIR .....11	RITALIN LA.....58	RYLAZE .....19
see <i>zidovudine</i> .....11	see <i>methylphenidate hcl</i>.....58	RYSTIGGO.....99
REVATIO .....39	<i>ritonavir</i> .....11	RYTARY CAP 145MG ....45
see <i>sildenafil citrate (pulmonary hypertension)</i> .....39	RITUXAN .....24	RYTARY CAP 195MG ....45
REVCovi.....81	RITUXAN INJ HYCELA ..24	RYTARY CAP 245MG ....45
REVLIMID .....18	<i>rivaroxaban</i> .....91	RYTARY CAP 95MG .....45
REVUFORJ.....24	<i>rivastigmine</i>.....41	RYTELO.....94
REXULTI.....47	<i>rivastigmine tartrate</i> .....41	<i>ryvent</i> .....107
	<i>rivelsa</i>.....76	RYZNEUTA.....92
	RIVFLOZA .....90	S
	<i>rizatriptan benzoate</i> .....61	SABRIL .....53
		see <i>vigabatrin</i> .....54
		see <i>vigadrone</i>.....54
		see <i>vigpoder</i>.....54

<i>sacubitril-valsartan tab 24-26 mg</i>.....30	SEGLUROMET TAB 2.5-1000 .....70	SIMBRINZA SUS 1-0.2% .....104
<i>sacubitril-valsartan tab 49-51 mg</i>.....30	SEGLUROMET TAB 2.5-500 .....70	<i>simliya</i> .....76
<i>sacubitril-valsartan tab 97-103 mg</i>.....30	SEGLUROMET TAB 7.5-1000 .....70	<i>simpesse</i> .....76
SAFYRAL	SEGLUROMET TAB 7.5-500 .....70	SIMPONI.....96
<i>see drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> 74	<i>selegiline hcl</i> .....45	SIMPONI ARIA .....96
SAFYRAL TAB.....76	<i>selenium sulfide</i> .....113	<i>simvastatin</i> .....32, 33
<i>sajazir</i>.....94	SELZENTRY.....11	SINEMET
SALAGEN.....119	<i>see maraviroc</i>.....10	<i>see carbidopa & levodopa tab 10-100 mg</i>.....44
<i>see pilocarpine hcl (oral)</i> .....119	SEMGLEE.....72	<i>see carbidopa & levodopa tab 25-100 mg</i>.....44
SAMSCA.....81	SENSIPAR	SINEMET TAB 10-100MG .....45
<i>see tolvaptan</i> .....82	<i>see cinacalcet hcl</i> .....79	SINEMET TAB 25-100MG .....45
SANCUSO .....84	SEREVENT DISKUS ....107	SINGULAIR.....107
SANDIMMUNE .....100	SEROQUEL .....48	<i>see montelukast sodium</i> .....107
<i>see cyclosporine</i>.....99	<i>see quetiapine fumarate</i> .....47	<i>sirolimus</i>.....100
SANDOSTATIN .....81	SEROQUEL XR.....48	SIRTURO.....12
<i>see octreotide acetate</i> .81	<i>see quetiapine fumarate</i> .....47	SITAG/METFOR TAB 100-1000 .....70
SANDOSTATIN LAR DEPOT .....81	SEROSTIM .....81	SITAG/METFOR TAB 50-1000 .....70
<i>see octreotide acetate</i> .81	<i>sertraline hcl</i>.....43	SITAG/METFOR TAB 50-500MG.....70
SANTYL.....119	SERTRALINE	SITAGLIPTIN .....70
SAPHNELO .....100	HYDROCHLORIDE....43	SIVEXTRO.....8
SAPHRIS .....48	<i>see sertraline hcl</i> .....43	SKYCLARYS .....63
<i>see asenapine maleate</i> .....45	<i>setlakin</i>.....76	SKYRIZI .....96
<i>sapropterin dihydrochloride</i> .....81	SEYSARA.....15	SKYRIZI PEN.....96
SARCLISA .....24	SFROWASA .....86	SKYTROFA.....81
SAVELLA.....63	<i>sharobel</i>.....76	SMOFLIPID EMU.....102
SAVELLA MIS TITR PAK .....63	SHINGRIX.....100	<i>sodium chloride</i>.....102
<i>saxagliptin hcl</i> .....70	SIGNIFOR.....81	<i>sodium chloride (gu irrigant)</i> .....119
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i> .....70	SIGNIFOR LAR.....81	<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> .102
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i> .70	SIKLOS.....94	SODIUM OXYBATE.....66
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i> ...70	<i>sildenafil citrate (pulmonary hypertension)</i>.....39	<i>sodium phenylbutyrate</i>....81
SCEMBLIX.....24	SILENOR .....60	<i>sodium polystyrene sulfonate powder</i> .....74
<i>scopolamine</i>.....84	<i>see doxepin hcl (sleep)</i> .....59	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>.....86
SECUADO .....48	SILIQ.....96	
	<i>silodosin</i> .....89	
	SILVADENE.....113	
	<i>see silver sulfadiazine</i> .....113	
	<i>see ssd</i>.....113	
	<i>silver sulfadiazine</i>.....113	

SOGROYA.....	82	<i>sps rectal</i>	74	<i>sulfacetamide sodium</i>	
<i>solifenacin succinate</i>	90	<i>sronyx</i>	76	(<i>acne</i>)	112
SOLQUA INJ 100/33.....	72	<i>ssd</i>	113	<i>sulfacetamide sodium</i>	
SOLIRIS.....	94	STEGLATRO	70	(<i>ophth</i>)	103
SOLOSEC.....	8	STEGLUJAN TAB 15-		<i>sulfacetamide sodium-</i>	
SOLTAMOX.....	18	100MG.....	70	<i>prednisolone ophth soln</i>	
SOLU-CORTEF	79	STEGLUJAN TAB 5-		10-0.23(0.25)%.....	102
see <i>hydrocortisone sod</i>		100MG.....	70	<i>sulfadiazine</i>	8
<i>succinate</i>	78	STELARA.....	97	<i>sulfamethoxazole-</i>	
SOLU-MEDROL.....	79	STIMUFEND	92	<i>trimethoprim iv soln 400-</i>	
see <i>methylprednisolone</i>		STIOLTO AER 2.5-2.5 ..	105	80 mg/5ml.....	8
<i>sod succ</i>	78	STIVARGA.....	24	<i>sulfamethoxazole-</i>	
SOMA	65	STRENSIQ.....	82	<i>trimethoprim susp 200-40</i>	
see <i>carisoprodol</i>	65	<i>streptomycin sulfate</i>	8	mg/5ml.....	8
SOMATULINE DEPOT ..	82	STRIBILD TAB.....	11	<i>sulfamethoxazole-</i>	
SOMAVERT	82	STRIVERDI RESPIMAT		<i>trimethoprim tab 400-80</i>	
SOOLANTRA.....	118	.....	107	mg	8
see <i>ivermectin (rosacea)</i>		STROMECTOL	8	<i>sulfamethoxazole-</i>	
.....	118	see <i>ivermectin</i>	7	<i>trimethoprim tab 800-160</i>	
<i>sorafenib tosylate</i>	24	SUBLOCADE.....	67	mg	8
SORILUX	114	SUBOXONE		SULFAMYLON.....	113
<i>sotalol hcl</i>	32	see <i>buprenorphine hcl-</i>		<i>sulfasalazine</i>	86
<i>sotalol hcl (afib/af)</i>	32	<i>naloxone hcl sl film 12-</i>		<i>sulindac</i>	2
SOTYKTU	97	3 mg (base equiv)	66	<i>sumatriptan</i>	61
SOTYLIZE.....	32	see <i>buprenorphine hcl-</i>		<i>sumatriptan-naproxen</i>	
SOVUNA.....	98	<i>naloxone hcl sl film 2-</i>		<i>sodium tab 85-500 mg</i>	62
SPEVIGO	97	0.5 mg (base equiv) ..	66	<i>sumatriptan succinate</i>	61
<i>spinosad</i>	119	see <i>buprenorphine hcl-</i>		<i>sunitinib malate</i>	24
SPIRIVA HANDIHALER	106	<i>naloxone hcl sl film 4-1</i>		SUNLENCA	11
see <i>tiotropium bromide</i>		mg (base equiv)	66	SUNOSI	66
.....	106	see <i>buprenorphine hcl-</i>		SUPREP BOWEL PREP	
SPIRIVA RESPIMAT ...	106	<i>naloxone hcl sl film 8-2</i>		KIT	
<i>spironolactone</i>	27	mg (base equiv)	66	see <i>sod sulfate-pot sulf-</i>	
<i>spironolactone &</i>		SUBOXONE MIS 12-3MG		<i>mg sulf oral sol 17.5-</i>	
<i>hydrochlorothiazide tab</i>		.....	67	3.13-1.6 gm/177ml...86	
25-25 mg	36	SUBOXONE MIS 2-0.5MG		SUPREP BOWEL SOL	
SPORANOX.....	9	.....	67	PREP KIT	86
see <i>itraconazole</i>	9	SUBOXONE MIS 4-1MG	67	SUSTOL.....	84
SPRAVATO SOL 56MG		SUBOXONE MIS 8-2MG	67	SUSVIMO	105
DOS.....	43	<i>subvenite</i>	53	SUTAB TAB	86
SPRAVATO SOL 84MG		<i>subvenite starter kit/blu</i> ...	53	SUTENT.....	24
DOS.....	43	<i>subvenite starter kit/gre</i> ...53		see <i>sunitinib malate</i>	24
<i>sprintec 28</i>	76	<i>subvenite starter kit/ora</i> ...53		<i>syeda</i>	76
SPRITAM	53	SUCRAID	87	SYFOVRE.....	105
SPRIX	2	<i>sucralfate</i>	87	SYLVANT.....	19
SPRYCEL	24	SUFLAVE SOL	86	SYMBICORT	
see <i>dasatinib</i>	20	SULAR	35	see <i>breyna</i>	110
<i>sps</i>	74	see <i>nisoldipine</i>	35		

see <i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	110	SYNTHROID	83	TARPEYO	90
see <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	110	see <i>levo-t</i>	82	TASCENSO ODT	65
SYMBICORT AER 160-4.5	111	see <i>levothyroxine sodium</i>	83	TASIGNA	24
SYMBICORT AER 80-4.5	110	see <i>levoxyl</i>	83	see <i>nilotinib hcl</i>	23
SYMBRAVO TAB 20-10MG	62	see <i>unithroid</i>	83	<i>tasimelteon</i>	60
SYMDEKO TAB 100-150	109	SYPRINE	74	TAVALISSE	94
SYMDEKO TAB 50-75MG	108	see <i>trientine hcl</i>	74	TAVNEOS	94
SYMFI		T		TAYTULLA	
see <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	11	TABLOID	17	see <i>gemmily</i>	75
SYMFI TAB	11	TABRECTA	24	see <i>merzee</i>	76
SYMLINPEN 120	70	TACLONEX		see <i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	76
SYMLINPEN 60	70	see <i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	114	TAYTULLA CAP 1MG/20MC	76
SYMPAZAN	53	TACLONEX SUS	114	<i>tazarotene</i>	114
SYMPROIC	88	<i>tacrolimus</i>	100	TAZAROTENE	112
SYMTUZA TAB	11	<i>tacrolimus (topical)</i>	118	<i>tazicef</i>	13
SYNALAR	116	<i>tadalafil</i>	89	TAZORAC	114
see <i>fluocinolone acetone</i>	115	<i>tadalafil (pulmonary hypertension)</i>	39	see <i>tazarotene</i>	114
SYNAREL	82	TADLIQ	39	TAZVERIK	24
SYNJARDY TAB 12.5-1000MG	70	TAFINLAR	24	TECENTRIQ	24
SYNJARDY TAB 12.5-500	70	<i>tafluprost</i>	104	TECENTRIQ INJ HYBREZA	24
SYNJARDY TAB 5-1000MG	70	TAGRISSO	24	TECFIDERA	65
SYNJARDY TAB 5-500MG	70	TAKHZYRO	94	see <i>dimethyl fumarate</i>	63
SYNJARDY XR TAB 10-1000	70	TALICIA CAP	88	TECFIDERA CAP STARTER	65
SYNJARDY XR TAB 12.5-1000	70	TALTZ	97	TECFIDERA STARTER PACK	
SYNJARDY XR TAB 25-1000	70	TALZENNA	24	see <i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	64
SYNJARDY XR TAB 5-1000MG	70	TAMIFLU	13	TECVAYLI	24
		see <i>oseltamivir phosphate</i>	12	TEFLARO	13
		<i>tamoxifen citrate</i>	18	TEGRETOL	53
		<i>tamsulosin hcl</i>	89	see <i>carbamazepine</i>	49
		<i>tanlor</i>	66	TEGRETOL-XR	53
		<i>taperdex 12-day</i>	79	see <i>carbamazepine</i>	49
		<i>taperdex 6-day</i>	79	TEKTRNA	38
		<i>taperdex 7-day</i>	79	see <i>aliskiren fumarate</i>	36
		TARCEVA		<i>telmisartan</i>	31
		see <i>erlotinib hcl</i>	21	<i>telmisartan-amlodipine tab 40-10 mg</i>	30
		<i>targadox</i>	15	<i>telmisartan-amlodipine tab 40-5 mg</i>	30
		TARGRETIN	19, 118	<i>telmisartan-amlodipine tab 80-10 mg</i>	30
		see <i>bexarotene</i>	18		
		see <i>bexarotene (topical)</i>	117		
		<i>tarina 24 fe</i>	76		
		<i>tarina fe 1/20 eq</i>	76		

<i>telmisartan-amlodipine tab</i>	TEZRULY	TIVICAY PD
80-5 mg	TEZSPIRE	<i>tizanidine hcl</i>
<i>telmisartan-</i>	THALITONE	TLANDO
<i>hydrochlorothiazide tab</i>	THALOMID	TOBI
40-12.5 mg	THEO-24	TOBI PODHALER
<i>telmisartan-</i>	<i>theophylline</i>	TOBRADEX OIN 0.3-0.1%
<i>hydrochlorothiazide tab</i>	THIOLA	102
80-12.5 mg	see <i>tiopronin</i>	TOBRADEX ST SUS 0.3-0.05
<i>telmisartan-</i>	THIOLA EC	102
<i>hydrochlorothiazide tab</i>	see <i>tiopronin</i>	<i>tobramycin</i>
80-25 mg	see <i>venxxiva</i>	8
<i>temazepam</i>	<i>thioridazine hcl</i>	<i>tobramycin (ophth)</i>
.....60	48	103
<i>temsirolimus</i>	<i>thiothixene</i>	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>
.....24	48	102
TENIVAC INJ 5-2LF	THYQUIDITY	<i>tobramycin sulfate</i>
.....100	83	8
<i>tenofovir disoproxil fumarate</i>	<i>tiadylt er</i>	TOBREX
.....11	35	103
TENORETIC 100	<i>tiagabine hcl</i>	TOFIDENCE
see <i>atenolol & chlorthalidone tab 100-25 mg</i>	TIAZAC	97
.....34	see <i>diltiazem hcl extended release beads</i>	<i>tolectin 600</i>
TENORETIC 50	see <i>tiadylt er</i>	2
see <i>atenolol & chlorthalidone tab 50-25 mg</i>	TIBSOVO	<i>tolmetin sodium</i>
.....33	24	2
TENORETIC TAB 100	<i>ticagrelor</i>	TOLSURA
.....34	94	9
TENORETIC TAB 50	TICOVAC	<i>tolterodine tartrate</i>
.....34	100	90
TENORMIN	<i>tigecycline</i>	<i>tolvaptan</i>
.....34	16	82
see <i>atenolol</i>	TIGECYCLINE	<i>tolvaptan tab therapy pack 30 & 15 mg</i>
.....34	16	82
TEPEZZA	TIGLUTIK	<i>tolvaptan tab therapy pack 45 & 15 mg</i>
.....82	63	82
TEPMETKO	TIKOSYN	<i>tolvaptan tab therapy pack 60 & 30 mg</i>
.....24	see <i>dofetilide</i>	82
<i>terazosin hcl</i>	<i>tilia fe</i>	<i>tolvaptan tab therapy pack 90 & 30 mg</i>
.....27	76	82
<i>terbinafine hcl</i>	<i>timolol hemihydrate (ophth)</i>	TOPAMAX
.....9	104	53
<i>terbutaline sulfate</i>	<i>timolol maleate</i>	see <i>topiramate</i>
.....107	34	54
<i>terconazole vaginal</i>	<i>timolol maleate (ophth)</i>	TOPAMAX SPRINKLE
.....90	104	53
<i>teriflunomide</i>	<i>timolol maleate (ophth) once-daily</i>	see <i>topiramate</i>
.....65	104	53
<i>teriparatide</i>	<i>timolol maleate (ophth) pf</i>	TOPICORT
.....73	104	116
TERIPARATIDE	TIMOPTIC OCUDOSE	see <i>desoximetasone</i>
.....73	see <i>timolol maleate (ophth) pf</i>	115
TESTIM	104	<i>topiramate</i>
.....67	104	53, 54
<i>testosterone</i>	see <i>timolol maleate (ophth) pf</i>	<i>topotecan hcl</i>
.....67	104	19
<i>testosterone cypionate</i>	104	TOPOTECAN HCL
.....67	104	see <i>topotecan hcl</i>
<i>testosterone enanthate</i>	104	19
.....67	104	TOPROL XL
<i>testosterone pump</i>	104	see <i>metoprolol succinate</i>
.....67	104	34
<i>tetrabenazine</i>	104	<i>toremifene citrate</i>
.....63	104	18
<i>tetracycline hcl</i>	104	TORISEL
.....16	104	24
TETRACYCLINE	104	see <i>temsirolimus</i>
HYDROCHLORID	104	24
.....16	104	<i>torpenz</i>
TEVIMBRA	104	25
.....24	104	<i>torsemide</i>
<i>texacort</i>	104	36
.....116	104	TOSYMRA
	104	62

TOUJEO MAX SOLOSTAR.....72	TRELSTAR MIXJECT.....18	see <i>olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-5-12.5 mg .....30
TOUJEO SOLOSTAR.....72	TREMFYA.....97	see <i>olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-5-25 mg .....30
tovet .....116	TREMFYA INDUCTION PACK FO.....97	TRIBENZOR TAB 20-5- 12.5MG.....30
TOVIAZ.....90	<i>treprostinil</i> .....39	TRIBENZOR TAB 40-10- 12.5MG.....30
see <i>fesoterodine</i> <i>fumarate</i>.....90	TRESIBA.....72	TRIBENZOR TAB 40-10- 25MG.....30
TPN ELECTROL INJ ....102	TRESIBA FLEXTOUCH..72	TRIBENZOR TAB 40-5- 12.5MG.....30
TRACLEER.....39	<i>tretinoin</i> .....112	TRIBENZOR TAB 40-5- 25MG.....30
see <i>bosentan</i>.....38	<i>tretinoin (chemotherapy)</i> .19	TRICOR see <i>fenofibrate</i>.....32
TRADJENTA.....70	<i>tretinoin microsphere</i> ....112	<i>tridacaine ii</i>.....117
<i>tramadol-acetaminophen</i> <i>tab</i> 37.5-325 mg .....6	TREXALL .....98	<i>triderm</i>.....116
<i>tramadol hcl</i> .....3, 6	TREXIMET see <i>sumatriptan-</i> <i>naproxen sodium tab</i> 85-500 mg.....62	<i>trientine hcl</i>.....74
TRAMADOL HYDROCHLORIDE.....6	TREXIMET TAB 85-500MG.....62	TRIESENCE .....104
<i>trandolapril</i> .....27	<i>trezix</i> .....6	<i>tri-estarylla</i> .....76
<i>trandolapril-verapamil hcl</i> <i>tab er</i> 1-240 mg .....27	<i>triamcinolone acetonide</i> ..79	<i>trifluoperazine hcl</i>.....48
<i>trandolapril-verapamil hcl</i> <i>tab er</i> 2-180 mg .....27	<i>triamcinolone acetonide</i> (mouth) .....119	<i>trifluridine</i> .....103
<i>trandolapril-verapamil hcl</i> <i>tab er</i> 2-240 mg .....27	<i>triamcinolone acetonide</i> (topical).....116	<i>trihexyphenidyl hcl</i> .....45
<i>trandolapril-verapamil hcl</i> <i>tab er</i> 4-240 mg .....27	<i>triamterene</i> .....36	TRIJARDY XR TAB ER 24HR 10-5-1000MG ....70
<i>tranexamic acid</i>.....94	<i>triamterene &</i> <i>hydrochlorothiazide cap</i> 37.5-25 mg .....36	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG .....70
TRANEXAMIC ACID/SODIUM CH see <i>tranexamic acid-</i> <i>sodium chloride iv soln</i> 1000 mg/100ml-0.7% .....94	<i>triamterene &</i> <i>hydrochlorothiazide tab</i> 37.5-25 mg .....36	TRIJARDY XR TAB ER 24HR 25-5-1000MG ....70
<i>tranexamic acid-sodium</i> <i>chloride iv soln</i> 1000 mg/100ml-0.7% .....94	<i>triamterene &</i> <i>hydrochlorothiazide tab</i> 75-50 mg .....36	TRIJARDY XR TAB ER 24HR 5-2.5-1000MG ...70
<i>tranylcypromine sulfate</i> ...43	<i>triazolam</i> .....60	TRIKAFTA PAK 59.5MG .....109
TRAVASOL INJ 10% ....102	TRIBENZOR see <i>olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 20-5-12.5 mg .....30	TRIKAFTA PAK 75MG..109
TRAVATAN Z.....104	see <i>olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-10-12.5 mg .....30	TRIKAFTA TAB 100-50- 75MG & 150MG .....109
see <i>travoprost</i>.....104	see <i>olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-10-25 mg .....30	TRIKAFTA TAB 50-25- 37.5MG & 75MG .....109
<i>travoprost</i> .....104		<i>tri-legest fe</i> .....76
TRAZIMERA .....25		TRILEPTAL.....54
<i>trazodone hcl</i> .....43		see <i>oxcarbazepine</i> .....52
TREANDA.....16		<i>tri-linyah</i> .....76
see <i>bendamustine hcl</i> .16		
TRELEGY AER ELLIPTA 100-62.5-25 MCG.....105		
TRELEGY AER ELLIPTA 200-62.5-25 MCG.....106		

<i>tri-lo-estarylla</i>	76	TRYNGOLZA	38	see <i>ampicillin &</i>	
<i>tri-lo-marzia</i>	76	TRYPTYR	105	<i>sulbactam sodium for</i>	
<i>tri-lo-mili</i>	76	TRYVIO	38	<i>inj 3 (2-1) gm</i>	15
<i>tri-lo-sprintec</i>	76	TUDORZA PRESSAIR .	106	UNASYN BULK PACK	
<i>trimethobenzamide hcl</i>	84	TUDORZA PRESSAIR		see <i>ampicillin &</i>	
<i>trimethoprim</i>	8	(INSTITUTIONAL PACK)		<i>sulbactam sodium for</i>	
<i>tri-mili</i>	76	.....	106	<i>iv soln 15 (10-5) gm</i> .	15
<i>trimipramine maleate</i>	43	TUKYSA	25	UNASYN INJ 1.5GM	15
TRINTELLIX	43	TURALIO	25	UNASYN INJ 15GM	15
<i>tri-sprintec</i>	76	<i>turqoz</i>	77	UNASYN INJ 3GM	15
TRIUMEQ PD TAB	11	<i>twice-daily clindamycin</i>		UNDECATREX	67
TRIUMEQ TAB	11	<i>phosphate (topical)</i>	112	<i>unithroid</i>	83
<i>tri-vylibra</i>	76	TWINRIX INJ	100	UPLIZNA	63
<i>tri-vylibra lo</i>	76	TWYNEO CRE 0.1-3% .	112	UPTRAVI	39
TRODELVY	25	TYBOST	11	UPTRAVI PACK TAB	
TROGARZO	11	TYENNE	97	200/800	39
TROKENDI XR	54	TYGACIL	16	UROCIT-K 10	90
see <i>topiramate</i>	53	see <i>tigecycline</i>	16	see <i>potassium citrate</i>	
TROPHAMINE INJ 10%		TYKERB	25	(<i>alkalinizer</i>)	89
.....	102	see <i>lapatinib ditosylate</i>	22	UROCIT-K 15	90
<i>trospium chloride</i>	90	TYMLOS	73	see <i>potassium citrate</i>	
TRUDHESA	62	TYPHIM VI	100	(<i>alkalinizer</i>)	89
TRULANCE	88	TYRVAYA	105	UROXATRAL	89
TRULICITY	70	TYSABRI	65	see <i>alfuzosin hcl</i>	89
TRUMENBA	100	TYVASO	39	<i>ursodiol</i>	88
TRUQAP	25	TYVASO DPI		URSODIOL	88
TRUVADA		MAINTENANCE KI	39	URSO FORTE	
see <i>emtricitabine-</i>		TYVASO DPI POW 16-32-		see <i>ursodiol</i>	88
<i>tenofovir disoproxil</i>		48	39	USTEKINUMAB	97
<i>fumarate tab 100-150</i>		TZIELD	70	UZEDY	48
<i>mg</i>	11	U		V	
see <i>emtricitabine-</i>		UBRELVY	62	VABOMERE INJ 2GM(1-1)	
<i>tenofovir disoproxil</i>		UCERIS	86	.....	8
<i>fumarate tab 133-200</i>		see <i>budesonide</i>	85	VABYSMO	105
<i>mg</i>	11	see <i>budesonide</i>		VAGIFEM	78
see <i>emtricitabine-</i>		(<i>intrarectal</i>)	85	see <i>estradiol vaginal</i>	77
<i>tenofovir disoproxil</i>		UDENYCA	92	see <i>yuvafem</i>	78
<i>fumarate tab 167-250</i>		UDENYCA ONBODY	93	<i>valacyclovir hcl</i>	13
<i>mg</i>	11	ULORIC	1	VALCHLOR	118
see <i>emtricitabine-</i>		see <i>febuxostat</i>	1	VALCYTE	13
<i>tenofovir disoproxil</i>		ULTOMIRIS	94	see <i>valganciclovir hcl</i> ..	13
<i>fumarate tab 200-300</i>		ULTRAVATE	116	<i>valganciclovir hcl</i>	13
<i>mg</i>	11	UNASYN		VALIUM	54
TRUVADA TAB 100-150.	11	see <i>ampicillin &</i>		see <i>diazepam</i>	49
TRUVADA TAB 133-200.	12	<i>sulbactam sodium for</i>		<i>valproate sodium</i>	54
TRUVADA TAB 167-250.	12	<i>inj 1.5 (1-0.5) gm</i>	15	<i>valproic acid</i>	54
TRUVADA TAB 200-300.	12			<i>valrubicin</i>	19
TRUXIMA	25			<i>valsartan</i>	31

<i>valsartan-</i> <i>hydrochlorothiazide tab</i> 160-12.5 mg .....30	<i>varenicline tartrate tab 11 x</i> <i>0.5 mg & 42 x 1 mg start</i> <i>pack</i>.....67	<i>vestura</i> .....77
<i>valsartan-</i> <i>hydrochlorothiazide tab</i> 160-25 mg .....30	VARIVAX .....100	VEVYE .....105
<i>valsartan-</i> <i>hydrochlorothiazide tab</i> 320-12.5 mg .....30	VARUBI.....84	VFEND .....10
<i>valsartan-</i> <i>hydrochlorothiazide tab</i> 320-25 mg .....30	VASCEPA.....33	<i>see voriconazole</i> .....10
<i>valsartan-</i> <i>hydrochlorothiazide tab</i> 80-12.5 mg .....30	VASERETIC <i>see enalapril maleate &</i> <i>hydrochlorothiazide tab</i> 10-25 mg.....26	VFEND IV .....10
VALSTAR.....19	VASERETIC TAB 10-25MG .....27	<i>see voriconazole</i> .....10
<i>see valrubicin</i> .....19	VASOTEC.....27	V-GO 20 KIT .....73
VALTOCO 10 MG DOSE54	<i>see enalapril maleate</i> ..27	V-GO 30 KIT .....73
VALTOCO 15 MG DOSE54	VAXCHORA SUS .....100	V-GO 40 KIT .....73
VALTOCO 20 MG DOSE54	VECTIBIX.....25	VIBATIV .....9
VALTOCO 5 MG DOSE..54	VECTICAL .....114	VIBERZI .....88
VALTREX.....13	VEGZELMA .....25	VICTOZA .....71
<i>see valacyclovir hcl</i> ....13	VELCADE .....25	<i>see liraglutide</i> .....69
<i>valtya 1/50</i>.....77	<i>see bortezomib</i>.....20	VIDAZA.....17
VANOCOCIN.....8	VELETRI .....39	<i>see azacitidine</i>.....16
<i>see vancomycin hcl</i>.....8	<i>see epoprostenol sodium</i> .....38	<i>vienva</i>.....77
VANCOMYC/D5W INJ 1.25/250 .....8	<i>velivet</i>.....77	<i>vigabatrin</i> .....54
VANCOMYC/D5W INJ 1.5/300 .....8	VELSIPTITY.....97	<i>vigadrone</i> .....54
VANCOMYCIN.....8	VELTASSA .....74	VIGAFYDE.....54
<i>vancomycin hcl</i> .....8	VEMLIDY .....13	VIGAMOX .....103
VANCOMYCIN HYDROCHLORIDE.....8	VENCLEXTA.....25	<i>see moxifloxacin hcl</i> (<i>ophth</i>) .....103
<i>see vancomycin hcl</i>.....8	VENCLEXTA TAB START PK.....25	<i>vigpoder</i> .....54
VANCOMYCIN INJ 1 GM .9	VENLAFAXINE BESYLATE ER .....43	VIIBRYD.....43
VANCOMYCIN INJ 500MG .....9	<i>venlafaxine hcl</i> .....43	<i>see vilazodone hcl</i>.....44
VANCOMYCIN INJ 750MG .....9	VENTOLIN HFA.....107	VIJOICE .....82
VANDAZOLE .....90	VENTOLIN HFA (INSTITUTIONAL PACK) .....107	VIJOICE TAB 250MG ....82
VANFLYTA .....25	<i>venxxiva</i> .....90	<i>vilazodone hcl</i> .....44
VANOS .....116	VEOZAH .....82	VIMIZIM .....82
<i>see fluocinonide</i> .....115	<i>verapamil hcl</i>.....35	VIMKUNYA .....100
VANRAFIA.....90	VERKAZIA .....105	VIMOVO <i>see naproxen-</i> <i>esomeprazole</i> <i>magnesium tab dr 500-</i> <i>20 mg</i>.....2
VAQTA.....100	VERQUVO .....38	VIMPAT.....54
<i>varenicline tartrate</i> .....67	VERSACLOZ .....48	<i>see lacosamide</i> .....50
	VERZENIO.....25	<i>see lacosamide oral</i> ....50
	VESICARE.....90	<i>vinblastine sulfate</i> .....19
	<i>see solifenacin succinate</i> .....90	<i>vincristine sulfate</i> .....19
	VESICARE LS .....90	<i>vinorelbine tartrate</i> .....19
		VIOKACE TAB 10440 ....88
		VIOKACE TAB 20880 ....88
		<i>viorele</i> .....77
		VIRACEPT .....11
		VIREAD.....11
		<i>see tenofovir disoproxil</i> <i>fumarate</i>.....11

VITRAKVI.....	25	see ezetimibe-	see alprazolam.....	39
VIVELLE-DOT.....	78	simvastatin tab 10-40	xarah fe.....	77
see dotted.....	77	mg.....	XARELTO.....	91, 92
see estradiol.....	77	see ezetimibe-	see rivaroxaban.....	91
VIVIMUSTA.....	16	simvastatin tab 10-80	XARELTO STAR TAB	
VIVITROL.....	67	mg.....	15/20MG.....	92
VIVJOA.....	10	VYTORIN TAB 10-10MG	XATMEP.....	98
VIVOTIF CAP EC.....	100	33	XCOPRI.....	54
VIZIMPRO.....	25	VYTORIN TAB 10-20MG	XCOPRI PAK 100-150....	54
VOGELXO.....	67	33	XCOPRI PAK 12.5-25....	54
VOGELXO PUMP.....	67	VYTORIN TAB 10-80MG	XCOPRI PAK 150-200MG	
VONJO.....	25	33	(MAINTENANCE).....	54
VOQUEZNA.....	89	VYVANSE.....	XCOPRI PAK 150-200MG	
VOQUEZNA PAK DUAL		VYVGART.....	(TITRATION).....	54
PAK.....	88	99	XCOPRI PAK 50-100MG	54
VOQUEZNA PAK TRIP PK		VYZULTA.....	XDEMVY.....	103
.....	88	104	XELJANZ.....	97
VORANIGO.....	25	W	XELJANZ XR.....	97
voriconazole.....	10	WAINUA.....	XELPROS.....	104
VORICONAZOLE.....	10	63	xelria fe.....	77
VOSEVI TAB.....	13	WAKIX.....	XELSTRYM.....	59
VOTRIENT.....	25	66	XEMBIFY.....	98
see pazopanib hcl.....	23	warfarin sodium.....	XENAZINE.....	63
VOWST CAP.....	88	91	see tetrabenazine.....	63
VOXZOGO.....	82	water for irrigation, sterile	XENPOZYME.....	82
VOYDEYA.....	94	irrigation soln.....	XEOMIN.....	66
VOYDEYA TAB 50-100MG		119	XERAVA.....	16
.....	94	WELCHOL.....	XERESE CRE 5-1%.....	118
VPRIV.....	82	33	XERMELO.....	88
VRAYLAR.....	48	see colesevelam hcl....	XGEVA.....	73
VTAMA.....	114	33	XHANCE.....	109
VUMERITY.....	65	WELIREG.....	XIFAXAN.....	9, 88
VUSION OIN.....	113	19	XIFYRM.....	2
VYALEV INJ 12-240MG	45	WELLBUTRIN SR.....	XIGDUO XR TAB 10-1000	
VYEPTI.....	62	44	.....	71
vyfemla.....	77	see bupropion hcl.....	XIGDUO XR TAB 10-	
VYKAT XR.....	82	41	500MG.....	71
vylibra.....	77	WELLBUTRIN XL.....	XIGDUO XR TAB 2.5-1000	
VYLOY.....	25	41	.....	71
VYNDAMAX.....	38	wera.....	XIGDUO XR TAB 5-	
VYNDAQEL.....	38	77	1000MG.....	71
VYTORIN		WESTAB PLUS TAB 27-	XIGDUO XR TAB 5-500MG	
see ezetimibe-		1MG.....	.....	71
simvastatin tab 10-10		102	XIIDRA.....	105
mg.....	33	WINLEVI.....	XIPERE.....	104
see ezetimibe-		112	XOFLUZA.....	13
simvastatin tab 10-20		WINREVAIR.....	XOLAIR.....	109
mg.....	33	39	XOLREMDI.....	93
		WINREVAIR INJ 45MG		
		39		
		WINREVAIR INJ 60MG		
		39		
		wixela inhub.....		
		111		
		wymzya fe.....		
		77		
		WYOST.....		
		73		
		X		
		XACDURO INJ 1-1GM.....		
		9		
		XACIATO.....		
		90		
		XADAGO.....		
		45		
		XALATAN.....		
		104		
		see latanoprost.....		
		104		
		XALKORI.....		
		25		
		XANAX.....		
		40		
		see alprazolam.....		
		39		
		XANAX XR.....		
		40		

XOPENEX HFA	107	see <i>vestura</i>	77	ZENPEP CAP 40000UNT	88
XOSPATA	25	YAZ TAB 3-0.02MG	77	ZENPEP CAP 5000UNIT	88
XPOVIO PAK (100 MG		YCANTH	118	ZENPEP CAP 60000UNT	88
ONCE WEEKLY)	25	YERVOY	25	.....	88
XPOVIO PAK (40 MG		YESINTEK	97	<i>zenzedi</i>	59
ONCE WEEKLY)	25	YF-VAX INJ	100	ZEPOSIA	65
XPOVIO PAK (40 MG		YONSA	18	ZEPOSIA 7DAY CAP STR	
TWICE WEEKLY)	25	YORVIPATH	73	PACK	65
XPOVIO PAK (60 MG		YUPELRI	106	ZEPOSIA CAP STR KIT	65
ONCE WEEKLY)	25	YUTIQ	104	ZEPZELCA	16
XPOVIO PAK (60 MG		YUTREPIA	39	ZERBAXA INJ 1.5GM	13
TWICE WEEKLY)	25	<i>yuvaferm</i>	78	ZERVIAE	104
XPOVIO PAK (80 MG		Z		ZESTORETIC	
ONCE WEEKLY)	25	<i>zafemy</i>	77	see <i>lisinopril &</i>	
XPOVIO PAK (80 MG		<i>zafirlukast</i>	107	<i>hydrochlorothiazide tab</i>	
TWICE WEEKLY)	25	<i>zaleplon</i>	60	10-12.5 mg	26
XROMI	94	ZALTRAP	25	see <i>lisinopril &</i>	
XTAMPZA ER	4	ZANAFLEX	66	<i>hydrochlorothiazide tab</i>	
XTANDI	18	see <i>tizanidine hcl</i>	66	20-12.5 mg	26
<i>xulane</i>	77	ZARONTIN	54	see <i>lisinopril &</i>	
XULTOPHY INJ 100/3.6	73	see <i>ethosuximide</i>	50	<i>hydrochlorothiazide tab</i>	
XYLOCAINE	1	ZARXIO	93	20-25 mg	26
see <i>lidocaine hcl (local</i>		ZAVESCA	82	ZESTORETIC TAB 10-12.5	
<i>anesth.)</i>	1	see <i>miglustat</i>	81	.....	27
XYLOCAINE-MPF	1	see <i>yargesa</i>	82	ZESTORETIC TAB 20-12.5	
see <i>lidocaine hcl (local</i>		ZAVZPRET	62	.....	27
<i>anesth.)</i>	1	ZEGALOGUE	79	ZESTORETIC TAB 20-	
XYOSTED	67	ZEJULA	26	25MG	27
XYREM	66	ZELAPAR	45	ZESTRIL	27
XYWAV SOL 0.5GM/ML	66	ZELBORAF	26	see <i>lisinopril</i>	27
Y		ZELSUVMI	118	ZETIA	33
<i>yargesa</i>	82	ZEMAIRA	109	see <i>ezetimibe</i>	33
YASMIN 28		ZEMBRACE SYMTOUCH		ZEVTERA	13
see <i>drospirenone-ethinyl</i>		.....	62	ZIAGEN	11
<i>estradiol tab 3-0.03 mg</i>		ZEMDRI	9	see <i>abacavir sulfate</i>	10
.....	75	ZEMPLAR	83	ZIANA GEL	112
see <i>ocella</i>	76	see <i>paricalcitol</i>	83	<i>zidovudine</i>	11
see <i>syeda</i>	76	<i>zenatane</i>	112	ZIEXTENZO	93
see <i>zumandimine</i>	77	ZENPEP CAP 10000UNT		ZIIHERA	26
YASMIN 28 TAB 3-0.03MG		.....	88	ZILBRYSQ	99
.....	77	ZENPEP CAP 15000UNT		<i>zileuton</i>	107
YAZ		.....	88	ZILRETTA	79
see <i>drospirenone-ethinyl</i>		ZENPEP CAP 20000UNT		ZILXI	118
<i>estradiol tab 3-0.02 mg</i>		.....	88	ZIOPTAN	104
.....	75	ZENPEP CAP 25000UNT		see <i>tafluprost</i>	104
see <i>jasmiel</i>	75	.....	88	<i>ziprasidone hcl</i>	48
see <i>loryna</i>	75	ZENPEP CAP 3000UNIT	88	<i>ziprasidone mesylate</i>	48
see <i>nikki</i>	76				

ZIPSOR.....2	see <i>sertraline hcl</i> .....43	ZUBSOLV SUB 2.9-0.71.67
see <i>diclofenac potassium</i>	<i>zolpidem tartrate</i> .....60	ZUBSOLV SUB 5.7-1.4...67
.....1	ZOLPIDEM TARTRATE..60	ZUBSOLV SUB 8.6-2.1...67
ZIRABEV.....26	ZOMACTON .....82	<i>zumandimine</i>.....77
ZIRGAN .....103	<i>zomig</i> .....62	ZUNVEYL .....41
ZITHROMAX.....14	ZOMIG .....62	ZURZUVAE.....44
see <i>azithromycin</i> .....13	see <i>zolmitriptan</i> .....62	ZYCLARA .....118
ZITHROMAX TRI-PAK....14	ZONALON.....118	see <i>imiquimod</i> .....117
ZITHROMAX Z-PAK .....14	ZONEGRAN.....55	see <i>imiquimod pump</i> .118
ZITUVIMET TAB 50-1000	see <i>zonisamide</i> .....55	ZYCLARA PUMP .....118
.....71	ZONISADE.....55	ZYDELIG.....26
ZITUVIMET TAB 50-	<i>zonisamide</i>.....55	ZYFLO .....107
500MG.....71	ZORTRESS .....100	ZYKADIA.....26
ZITUVIMET XR TAB 100-	see <i>everolimus</i>	ZYLET SUS 0.5-0.3% ...102
1000 .....71	(<i>immunosuppressant</i>)	ZYNLONTA.....26
ZITUVIMET XR TAB 50-	99	ZYNYZ .....26
1000 .....71	ZORYVE .....113, 114, 118	ZYPITAMAG .....33
ZITUVIMET XR TAB 50-	ZOSYN SOL 2-0.25GM ..15	ZYPREXA .....48
500MG.....71	ZOSYN SOL 3-0.375G ...15	see <i>olanzapine</i> .....47
ZITUVIO.....71	ZOSYN SOL 4-0.50GM ..15	ZYPREXA RELPREVV48,
ZOCOR.....33	<i>zovia 1/35</i>.....77	49
see <i>simvastatin</i>.....33	ZOVIRAX .....118	ZYTIGA .....18
ZOLADEX .....18	see <i>acyclovir topical</i> ..117	see <i>abiraterone acetate</i>
<i>zoledronic acid</i> .....73	ZTALMY .....55	17
ZOLEDRONIC ACID.....73	ZTLIDO .....117	see <i>abirtega</i>.....17
ZOLINZA.....26	ZUBSOLV SUB 0.7-0.18.67	ZYVOX.....9
<i>zolmitriptan</i>62	ZUBSOLV SUB 1.4-0.36.67	see <i>linezolid</i>7
ZOLOFT44	ZUBSOLV SUB 11.4-2.9.67	

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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 10/15/2025. 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.

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10/15/2025