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***SilverScript (EGWP) Employer PDP for MHBP Consumer  
Option (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 02/24/2026. 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 February 24, 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 February 24, 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 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.

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](http://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:**

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

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. Drugs with this abbreviation are not typically available at CVS Caremark® Mail Service Pharmacy. Maintenance medications (drugs you take on a regular basis for a chronic or long-term condition) without this abbreviation are typically available at CVS Caremark® Mail Service Pharmacy. Actual availability may vary. |
| 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/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------|----------------------------|-----------|
| <b>ANALGESICS</b>                                                                      |                            |           |
| <b>GOUT</b>                                                                            |                            |           |
| <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<br>QL (60 caps / 30 days)            | 1                          | QL        |
| <i>colchicine</i> TABS .6mg<br>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<br>QL (300 mL / 30 days)                                        | 3                          | QL        |
| KRYSTEXXA SOLN 8mg/50ml, 8mg/ml                                                        | 4                          | NDS NM PA |
| MITIGARE CAPS .6mg<br>QL (60 caps / 30 days)                                           | 3                          | QL        |
| <i>probenecid</i> TABS 500mg                                                           | 1                          |           |
| ULORIC TABS 40mg, 80mg                                                                 | 3                          | PA        |
| <b>MISCELLANEOUS</b>                                                                   |                            |           |
| <i>acetaminophen</i> SOLN 10mg/ml                                                      | 1                          |           |
| <i>clonidine hcl</i> (analgesia) (generic of DURACLON) SOLN 100mcg/ml                  | 1                          | B/D       |
| DURACLON SOLN 100mcg/ml                                                                | 3                          | B/D       |
| JOURNAVX TABS 50mg<br>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/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------|----------------------------|-----------|
| <b>NSAIDS</b>                                                                            |                            |           |
| ARTHROTEC 50 TAB                                                                         | 3                          |           |
| ARTHROTEC 75 TAB                                                                         | 3                          |           |
| CELEBREX CAPS 50mg, 100mg, 200mg<br>QL (60 caps / 30 days)                               | 3                          | QL        |
| CELEBREX CAPS 400mg<br>QL (30 caps / 30 days)                                            | 3                          | QL        |
| <i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg<br>QL (60 caps / 30 days) | 1                          | QL        |
| <i>celecoxib</i> (generic of CELEBREX) CAPS 400mg<br>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<br>QL (120 caps / 30 days)     | 4                          | NDS QL PA |
| <i>diclofenac potassium</i> TABS 25mg<br>QL (120 tabs / 30 days)                         | 4                          | NDS QL PA |
| <i>diclofenac potassium</i> TABS 50mg<br>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<br>QL (180 tabs / 30 days)                                            | 4                          | NDS QL PA |
| DOLOBID TABS 375mg<br>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<br>QL (240 caps / 30 days)                          | 1                          | QL PA     |

| Drug Name                                                                                            | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| FENOPRON CAPS 300mg<br>QL (240 caps / 30 days)                                                       | 4                          | NDS QL PA |
| flurbiprofen TABS 100mg                                                                              | 1                          |           |
| ibu TABS 400mg, 600mg,<br>800mg                                                                      | 1                          |           |
| ibuprofen SUSP 100mg/5ml;<br>TABS 400mg, 600mg, 800mg                                                | 1                          |           |
| ibuprofen TABS 300mg<br>QL (120 tabs / 30 days)                                                      | 4                          | NDS QL    |
| ibuprofen-famotidine tab 800-<br>26.6 mg<br>QL (90 tabs / 30 days)                                   | 1                          | QL PA     |
| ketoprofen CAPS 25mg<br>QL (120 caps / 30 days)                                                      | 4                          | NDS QL PA |
| ketoprofen CAPS 50mg<br>QL (180 caps / 30 days)                                                      | 4                          | NDS QL PA |
| ketoprofen CP24 200mg<br>QL (30 caps / 30 days)                                                      | 1                          | QL PA     |
| ketorolac tromethamine<br>TABS 10mg<br>QL (20 tabs / 30 days)<br>PA applies if 65 years and<br>older | 1                          | QL PA     |
| lofena TABS 25mg<br>QL (120 tabs / 30 days)                                                          | 4                          | NDS QL PA |
| LURBIRO TABS 100mg                                                                                   | 4                          | NDS       |
| meclofenamate sodium<br>CAPS 50mg, 100mg                                                             | 1                          |           |
| mefenamic acid CAPS<br>250mg                                                                         | 1                          |           |
| meloxicam CAPS 5mg, 10mg<br>QL (30 caps / 30 days)                                                   | 1                          | QL PA     |
| meloxicam TABS 7.5mg,<br>15mg                                                                        | 1                          |           |
| nabumetone TABS 500mg,<br>750mg                                                                      | 1                          |           |
| NAPRELAN TB24 375mg<br>QL (120 tabs / 30 days)                                                       | 4                          | NDS QL PA |
| NAPRELAN TB24 500mg<br>QL (90 tabs / 30 days)                                                        | 4                          | NDS QL PA |
| NAPRELAN TB24 750mg<br>QL (60 tabs / 30 days)                                                        | 4                          | NDS QL PA |
| naproxen SUSP 125mg/5ml<br>QL (1800 mL / 30 days)                                                    | 1                          | QL PA     |
| naproxen TABS 250mg,<br>375mg, 500mg                                                                 | 1                          |           |
| naproxen TBEC 375mg<br>QL (120 tabs / 30 days)                                                       | 1                          | QL        |

| Drug Name                                                                                     | Drug Requirements/<br>Tier | Limits          |
|-----------------------------------------------------------------------------------------------|----------------------------|-----------------|
| naproxen dr TBEC 500mg<br>QL (90 tabs / 30 days)                                              | 1                          | QL              |
| naproxen sodium TABS<br>275mg, 550mg                                                          | 1                          |                 |
| naproxen sodium (generic of<br>NAPRELAN) TB24 375mg<br>QL (120 tabs / 30 days)                | 1                          | QL PA           |
| naproxen sodium (generic of<br>NAPRELAN) TB24 500mg<br>QL (90 tabs / 30 days)                 | 1                          | QL PA           |
| naproxen sodium (generic of<br>NAPRELAN) TB24 750mg<br>QL (60 tabs / 30 days)                 | 1                          | QL PA           |
| naproxen-esomeprazole<br>magnesium tab dr 375-20 mg<br>QL (60 tabs / 30 days)                 | 4                          | NDS QL PA       |
| naproxen-esomeprazole<br>magnesium tab dr 500-20 mg<br>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<br>QL (5 bottles / 30 days)                                          | 4                          | NDS QL NM<br>PA |
| sulindac TABS 150mg,<br>200mg                                                                 | 1                          |                 |
| tolectin 600 TABS 600mg<br>QL (90 tabs / 30 days)                                             | 4                          | NDS QL PA       |
| tolmetin sodium CAPS<br>400mg                                                                 | 4                          | NDS             |
| tolmetin sodium TABS 600mg<br>QL (90 tabs / 30 days)                                          | 4                          | NDS QL PA       |
| VYSCOXIA SUSP 10mg/ml<br>QL (946 mL / 21 days)                                                | 4                          | NDS QL PA       |
| XIFYRM SOLN 30mg/ml                                                                           | 3                          |                 |
| ZIPSOR CAPS 25mg<br>QL (120 caps / 30 days)                                                   | 4                          | NDS QL PA       |
| <b>OPIOID ANALGESICS, LONG-ACTING</b>                                                         |                            |                 |
| BELBUCA FILM 75mcg,<br>150mcg, 300mcg, 450mcg,<br>600mcg<br>QL (60 buccal films / 30<br>days) | 3                          | QL PA           |
| BELBUCA FILM 750mcg,<br>900mcg<br>QL (60 buccal films / 30<br>days)                           | 4                          | NDS 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/<br>Tier | Limits    |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr<br>QL (4 patches / 28 days)             | 1                          | QL PA     |
| BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr<br>QL (4 patches / 28 days)                                               | 3                          | QL PA     |
| CONZIP CP24 100mg, 200mg, 300mg<br>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<br>QL (10 patches / 30 days) | 1                          | QL PA     |
| <i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg<br>QL (60 caps / 30 days)                                         | 1                          | QL PA     |
| <i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg<br>QL (30 tabs / 30 days)                                               | 1                          | QL PA     |
| <i>hydrocodone bitartrate</i> T24A 100mg, 120mg<br>QL (30 tabs / 30 days)                                                               | 4                          | NDS QL PA |
| <i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg<br>QL (30 tabs / 30 days)                                                           | 1                          | QL PA     |
| HYSINGLA ER T24A 20mg, 30mg, 40mg<br>QL (30 tabs / 30 days)                                                                             | 3                          | QL PA     |
| HYSINGLA ER T24A 60mg, 80mg, 100mg<br>QL (30 tabs / 30 days)                                                                            | 4                          | NDS QL PA |
| <i>levorphanol tartrate</i> TABS 2mg, 3mg<br>QL (120 tabs / 30 days)                                                                    | 4                          | NDS QL PA |
| <i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml<br>QL (450 mL / 30 days)                                                                    | 1                          | QL PA     |
| <i>methadone hcl</i> TABS 5mg, 10mg<br>QL (90 tabs / 30 days)                                                                           | 1                          | QL PA     |

| Drug Name                                                                                        | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------|----------------------------|-----------|
| METHADONE HCL INJ SOLN 10mg/ml                                                                   | 3                          |           |
| <i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml<br>QL (90 mL / 30 days)     | 1                          | QL PA     |
| <i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg<br>QL (60 caps / 30 days) | 1                          | QL PA     |
| <i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg<br>QL (90 tabs / 30 days)   | 1                          | QL PA     |
| <i>morphine sulfate</i> TBCR 100mg, 200mg<br>QL (90 tabs / 30 days)                              | 1                          | QL PA     |
| <i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg<br>QL (30 caps / 30 days) | 1                          | QL PA     |
| MS CONTIN TBCR 15mg, 30mg<br>QL (90 tabs / 30 days)                                              | 3                          | QL PA     |
| MS CONTIN TBCR 60mg<br>QL (90 tabs / 30 days)                                                    | 4                          | NDS QL PA |
| NUCYNTA ER TB12 50mg<br>QL (60 tabs / 30 days)                                                   | 3                          | QL PA     |
| NUCYNTA ER TB12 100mg, 150mg, 200mg, 250mg<br>QL (60 tabs / 30 days)                             | 4                          | NDS QL PA |
| OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg<br>QL (60 tabs / 30 days)                                  | 3                          | QL PA     |
| OXYCONTIN T12A 40mg, 60mg, 80mg<br>QL (60 tabs / 30 days)                                        | 4                          | NDS QL PA |
| <i>oxymorphone hcl</i> TB12 5mg, 7.5mg, 10mg, 15mg, 20mg<br>QL (60 tabs / 30 days)               | 1                          | QL PA     |
| <i>oxymorphone hcl</i> TB12 30mg, 40mg<br>QL (60 tabs / 30 days)                                 | 4                          | NDS QL PA |
| <i>tramadol hcl</i> CP24 100mg, 200mg, 300mg<br>QL (30 caps / 30 days)                           | 1                          | QL PA     |
| <i>tramadol hcl</i> TB24 100mg, 200mg, 300mg<br>QL (30 tabs / 30 days)                           | 1                          | QL PA     |

| Drug Name                                                                                   | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------------|----------------------------|-----------|
| XTAMPZA ER C12A 9mg,<br>13.5mg, 18mg, 27mg<br>QL (60 caps / 30 days)                        | 3                          | QL PA     |
| XTAMPZA ER C12A 36mg<br>QL (60 caps / 30 days)                                              | 4                          | NDS QL PA |
| <b>OPIOID ANALGESICS, SHORT-ACTING</b>                                                      |                            |           |
| acetaminophen w/ codeine<br>soln 120-12 mg/5ml<br>QL (2700 mL / 30 days)                    | 1                          | QL        |
| acetaminophen w/ codeine<br>tab 300-15 mg<br>QL (400 tabs / 30 days)                        | 1                          | QL        |
| acetaminophen w/ codeine<br>tab 300-30 mg<br>QL (360 tabs / 30 days)                        | 1                          | QL        |
| acetaminophen w/ codeine<br>tab 300-60 mg<br>QL (180 tabs / 30 days)                        | 1                          | QL        |
| acetaminophen-caffeine-<br>dihydrocodeine cap 320.5-30-<br>16 mg<br>QL (300 caps / 30 days) | 1                          | QL        |
| butorphanol tartrate SOLN<br>1mg/ml, 2mg/ml                                                 | 3                          |           |
| butorphanol tartrate SOLN<br>10mg/ml<br>QL (10 mL / 30 days)                                | 1                          | QL        |
| CODEINE SULFATE TABS<br>15mg, 60mg<br>QL (180 tabs / 30 days)                               | 3                          | QL        |
| codeine sulfate TABS 30mg<br>QL (180 tabs / 30 days)                                        | 1                          | QL        |
| DILAUDID LIQD 1mg/ml<br>QL (600 mL / 30 days)                                               | 3                          | QL        |
| DILAUDID SOLN .2mg/ml,<br>1mg/ml, 2mg/ml                                                    | 3                          | B/D       |
| DILAUDID TABS 2mg, 4mg<br>QL (180 tabs / 30 days)                                           | 3                          | QL        |
| DILAUDID TABS 8mg<br>QL (180 tabs / 30 days)                                                | 4                          | NDS QL    |
| endocet tab 2.5-325mg<br>QL (360 tabs / 30 days)                                            | 1                          | QL        |
| endocet tab 5-325mg (generic<br>of PERCOCET)<br>QL (360 tabs / 30 days)                     | 1                          | QL        |
| endocet tab 7.5-325mg<br>(generic of PERCOCET)<br>QL (240 tabs / 30 days)                   | 1                          | QL        |

| Drug Name                                                                       | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------|----------------------------|--------|
| endocet tab 10-325mg<br>(generic of PERCOCET)<br>QL (180 tabs / 30 days)        | 1                          | QL     |
| hydrocodone-acetaminophen<br>soln 7.5-325 mg/15ml<br>QL (2700 mL / 30 days)     | 1                          | QL     |
| hydrocodone-acetaminophen<br>soln 10-300 mg/15ml<br>QL (2700 mL / 30 days)      | 1                          | QL     |
| hydrocodone-acetaminophen<br>soln 10-325 mg/15ml<br>QL (2700 mL / 30 days)      | 1                          | QL     |
| hydrocodone-acetaminophen<br>tab 2.5-325 mg<br>QL (240 tabs / 30 days)          | 1                          | QL     |
| hydrocodone-acetaminophen<br>tab 5-300 mg<br>QL (240 tabs / 30 days)            | 1                          | QL     |
| hydrocodone-acetaminophen<br>tab 5-325 mg<br>QL (240 tabs / 30 days)            | 1                          | QL     |
| hydrocodone-acetaminophen<br>tab 7.5-300 mg<br>QL (180 tabs / 30 days)          | 1                          | QL     |
| hydrocodone-acetaminophen<br>tab 7.5-325 mg<br>QL (180 tabs / 30 days)          | 1                          | QL     |
| hydrocodone-acetaminophen<br>tab 10-300 mg<br>QL (180 tabs / 30 days)           | 1                          | QL     |
| hydrocodone-acetaminophen<br>tab 10-325 mg<br>QL (180 tabs / 30 days)           | 1                          | QL     |
| hydrocodone-ibuprofen tab 5-<br>200 mg<br>QL (150 tabs / 30 days)               | 1                          | QL     |
| hydrocodone-ibuprofen tab<br>7.5-200 mg<br>QL (150 tabs / 30 days)              | 1                          | QL     |
| hydrocodone-ibuprofen tab<br>10-200 mg<br>QL (150 tabs / 30 days)               | 1                          | QL     |
| hydromorphone hcl (generic<br>of DILAUDID) LIQD 1mg/ml<br>QL (600 mL / 30 days) | 1                          | QL     |
| hydromorphone hcl SOLN<br>4mg/ml, 10mg/ml, 50mg/5ml                             | 3                          | B/D    |

| Drug Name                                                                                    | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------|----------------------------|-----------|
| <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<br>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<br>QL (900 mL / 30 days)                     | 1                          | QL        |
| <i>morphine sulfate</i> SOLN 100mg/5ml<br>QL (180 mL / 30 days)                              | 1                          | QL        |
| <i>morphine sulfate</i> TABS 15mg, 30mg<br>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<br>QL (360 tabs / 30 days)                                               | 4                          | NDS QL PA |
| NUCYNTA TABS 50mg<br>QL (180 tabs / 30 days)                                                 | 3                          | QL        |
| NUCYNTA TABS 75mg, 100mg<br>QL (180 tabs / 30 days)                                          | 4                          | NDS QL    |
| OXY-ACETAMIN TAB 7.5-300<br>QL (240 tabs / 30 days)                                          | 4                          | NDS QL PA |
| OXYCOD-APAP TAB 2.5-300<br>QL (360 tabs / 30 days)                                           | 4                          | NDS QL PA |
| OXYCOD/ACETA SOL 10/300MG<br>QL (900 mL / 30 days)                                           | 4                          | NDS QL PA |
| OXYCOD/APAP TAB 5-300MG<br>QL (360 tabs / 30 days)                                           | 4                          | NDS QL PA |

| Drug Name                                                                                         | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------------------|----------------------------|-----------|
| OXYCOD/APAP TAB 10-300MG<br>QL (180 tabs / 30 days)                                               | 4                          | NDS QL PA |
| <i>oxycodone hcl</i> CAPS 5mg<br>QL (180 caps / 30 days)                                          | 1                          | QL        |
| <i>oxycodone hcl</i> CONC 100mg/5ml<br>QL (180 mL / 30 days)                                      | 1                          | QL        |
| <i>oxycodone hcl</i> SOLN 5mg/5ml<br>QL (900 mL / 30 days)                                        | 1                          | QL        |
| <i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg<br>QL (180 tabs / 30 days)                              | 1                          | QL        |
| <i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg<br>QL (180 tabs / 30 days)           | 1                          | QL        |
| OXYCODONE HYDROCHLORIDE TABA 5mg, 10mg, 15mg, 30mg<br>QL (180 tabs / 30 days)                     | 4                          | NDS QL    |
| <i>oxycodone w/ acetaminophen soln</i> 5-325 mg/5ml<br>QL (1800 mL / 30 days)                     | 1                          | QL        |
| <i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg<br>QL (360 tabs / 30 days)                       | 1                          | QL        |
| <i>oxycodone w/ acetaminophen tab</i> 5-325 mg (generic of PERCOCET)<br>QL (360 tabs / 30 days)   | 1                          | QL        |
| <i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg (generic of PERCOCET)<br>QL (240 tabs / 30 days) | 1                          | QL        |
| <i>oxycodone w/ acetaminophen tab</i> 10-325 mg (generic of PERCOCET)<br>QL (180 tabs / 30 days)  | 1                          | QL        |
| <i>oxymorphone hcl</i> TABS 5mg, 10mg<br>QL (180 tabs / 30 days)                                  | 1                          | QL        |
| PERCOCET TAB 5-325MG<br>QL (360 tabs / 30 days)                                                   | 4                          | NDS QL PA |
| PERCOCET TAB 7.5-325<br>QL (240 tabs / 30 days)                                                   | 4                          | NDS QL PA |
| PERCOCET TAB 10-325MG<br>QL (180 tabs / 30 days)                                                  | 4                          | NDS 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/<br>Tier | Limits    |
|----------------------------------------------------------------------------------|----------------------------|-----------|
| PROLATE SOL 10/300MG<br>QL (900 mL / 30 days)                                    | 4                          | NDS QL PA |
| PROLATE TAB 5-300MG<br>QL (360 tabs / 30 days)                                   | 4                          | NDS QL PA |
| PROLATE TAB 7.5-300<br>QL (240 tabs / 30 days)                                   | 4                          | NDS QL PA |
| PROLATE TAB 10-300MG<br>QL (180 tabs / 30 days)                                  | 4                          | NDS QL PA |
| ROXICODONE TABS 15mg<br>QL (180 tabs / 30 days)                                  | 3                          | QL        |
| ROXICODONE TABS 30mg<br>QL (180 tabs / 30 days)                                  | 4                          | NDS QL    |
| ROXYBOND TABA 5mg,<br>10mg, 15mg, 30mg<br>QL (180 tabs / 30 days)                | 4                          | NDS QL    |
| <i>tramadol hcl</i> SOLN 5mg/ml<br>QL (2400 mL / 30 days)                        | 1                          | QL PA     |
| <i>tramadol hcl</i> TABS 25mg<br>QL (120 tabs / 30 days)                         | 1                          | QL        |
| <i>tramadol hcl</i> TABS 50mg<br>QL (240 tabs / 30 days)                         | 1                          | QL        |
| <i>tramadol hcl</i> TABS 75mg<br>QL (150 tabs / 30 days)                         | 1                          | QL PA     |
| <i>tramadol hcl</i> TABS 100mg<br>QL (120 tabs / 30 days)                        | 1                          | QL PA     |
| TRAMADOL<br>HYDROCHLORIDE SOLN<br>5mg/ml<br>QL (2400 mL / 30 days)               | 3                          | QL PA     |
| <i>tramadol-acetaminophen tab</i><br>37.5-325 mg<br>QL (240 tabs / 30 days)      | 1                          | QL        |
| <i>trexix</i><br>QL (300 caps / 30 days)                                         | 1                          | QL        |
| <b>ANTI-INFECTIVES</b>                                                           |                            |           |
| <b>ANTI-INFECTIVES - MISCELLANEOUS</b>                                           |                            |           |
| <i>albendazole</i> TABS 200mg<br>QL (672 tabs / year)                            | 1                          | QL PA     |
| <i>amikacin sulfate</i> SOLN<br>1gm/4ml, 500mg/2ml                               | 1                          |           |
| ARIKAYCE SUSP<br>590mg/8.4ml                                                     | 4                          | NDS NM PA |
| <i>atovaquone</i> (generic of<br>MEPRON) SUSP 750mg/5ml<br>QL (300 mL / 30 days) | 1                          | QL PA     |
| AZACTAM SOLR 1gm, 2gm                                                            | 3                          |           |
| <i>aztreonam</i> (generic of<br>AZACTAM) SOLR 1gm, 2gm                           | 1                          |           |

| Drug Name                                                                                                    | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| BACTRIM DS TAB 800-160                                                                                       | 3                          |           |
| BACTRIM TAB 400-80MG                                                                                         | 3                          |           |
| BETHKIS NEBU 300mg/4ml                                                                                       | 4                          | NDS NM PA |
| BLUJEPA TABS 750mg                                                                                           | 2                          |           |
| CAYSTON SOLR 75mg                                                                                            | 4                          | NDS NM PA |
| CLEOCIN CAPS 75mg,<br>150mg, 300mg                                                                           | 3                          |           |
| CLEOCIN PEDIATRIC<br>GRANULE SOLR 75mg/5ml                                                                   | 3                          |           |
| CLEOCIN PHOSPHATE<br>SOLN 9gm/60ml, 300mg/2ml,<br>600mg/4ml, 900mg/6ml                                       | 3                          |           |
| <i>clindamycin hcl</i> (generic of<br>CLEOCIN) CAPS 75mg,<br>150mg, 300mg                                    | 1                          |           |
| <i>clindamycin palmitate<br/>hydrochloride</i> (generic of<br>CLEOCIN PEDIATRIC<br>GRANULE) SOLR 75mg/5ml    | 1                          |           |
| <i>clindamycin phosphate</i><br>(generic of CLEOCIN<br>PHOSPHATE) SOLN<br>300mg/2ml, 600mg/4ml,<br>900mg/6ml | 1                          |           |
| <i>clindamycin phosphate in d5w<br/>iv soln 300 mg/50ml</i>                                                  | 1                          |           |
| <i>clindamycin phosphate in d5w<br/>iv soln 600 mg/50ml</i>                                                  | 1                          |           |
| <i>clindamycin phosphate in d5w<br/>iv soln 900 mg/50ml</i>                                                  | 1                          |           |
| CLINDMYC/NAC INJ<br>300/50ML                                                                                 | 3                          |           |
| CLINDMYC/NAC INJ<br>600/50ML                                                                                 | 3                          |           |
| CLINDMYC/NAC INJ<br>900/50ML                                                                                 | 3                          |           |
| <i>colistimethate sodium</i> (generic<br>of COLY-MYCIN M) SOLR<br>150mg                                      | 1                          |           |
| COLY-MYCIN M SOLR<br>150mg                                                                                   | 3                          |           |
| <i>dalbavancin hcl</i> (generic of<br>DALVANCE) SOLR 500mg                                                   | 4                          | NDS       |
| DALVANCE SOLR 500mg                                                                                          | 4                          | NDS       |
| <i>dapsone</i> TABS 25mg, 100mg                                                                              | 1                          |           |
| DAPTOMY/NACL INJ<br>350/50ML                                                                                 | 3                          |           |

| Drug Name                                                                       | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------|----------------------------|-----------|
| 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<br>QL (90 tabs / 30 days)                                    | 4                          | NDS QL PA |
| EMBLAVEO INJ 2GM                                                                | 4                          | NDS       |
| EMVERM CHEW 100mg<br>QL (12 tabs / year)                                        | 4                          | NDS QL    |
| <i>ertapenem sodium</i> SOLR 1gm                                                | 1                          |           |
| FIRVANQ SOLR 25mg/ml, 50mg/ml<br>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<br>QL (20 tabs / 90 days)    | 1                          | QL PA     |
| <i>ivermectin</i> TABS 6mg<br>QL (10 tabs / 90 days)                            | 1                          | QL PA     |
| KIMYRSA SOLR 1200mg                                                             | 4                          | NDS       |
| KITABIS PAK NEBU 300mg/5ml                                                      | 4                          | NDS NM PA |

| Drug Name                                                                          | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------|----------------------------|-----------|
| LIKMEZ SUSP 500mg/5ml                                                              | 3                          |           |
| <i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml                               | 1                          |           |
| <i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml<br>QL (1800 mL / 30 days)       | 4                          | NDS QL    |
| <i>linezolid</i> TABS 600mg<br>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<br>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<br>QL (6 tabs / 30 days)                            | 4                          | NDS QL    |
| <i>nitrofurantoin</i> SUSP 25mg/5ml                                                | 4                          | NDS PA    |
| NITROFURANTOIN SUSP 50mg/5ml                                                       | 4                          | NDS PA    |
| <i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg | 2                          |           |
| <i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg               | 2                          |           |
| ORBACTIV SOLR 400mg                                                                | 4                          | NDS       |
| ORLYNVAH TAB 500-500                                                               | 4                          | NDS NM    |

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



| Drug Name                                                                   | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------------|----------------------------|-----------|
| PENTAM 300 SOLR 300mg                                                       | 3                          |           |
| <i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg         | 1                          | B/D       |
| <i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg       | 1                          |           |
| <i>polymyxin b sulfate</i> SOLR 500000unit                                  | 1                          |           |
| <i>praziquantel</i> TABS 600mg                                              | 1                          |           |
| PRIMAXIN IV INJ 500MG                                                       | 3                          |           |
| <i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days) | 4                          | NDS QL PA |
| RECARBRIO INJ 1.25GM                                                        | 4                          | NDS       |
| SIVEXTRO SOLR 200mg; TABS 200mg                                             | 4                          | NDS       |
| SOLOSEC PACK 2gm                                                            | 3                          |           |
| <i>streptomycin sulfate</i> SOLR 1gm                                        | 4                          | NDS       |
| STROMEKTOL 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 |
| <i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml                   | 4                          | NDS NM PA |
| <i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml                | 1                          |           |

| Drug Name                                                                                                                                       | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>tobramycin sulfate</i> SOLR 1.2gm                                                                                                            | 4                          | NDS PA |
| <i>trimethoprim</i> TABS 100mg                                                                                                                  | 1                          |        |
| TYZAVAN SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml                                     | 3                          |        |
| 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                          |        |
| <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> SOLN 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml; SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg | 1                          |        |
| <i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg                                                                  | 1                          |        |
| <i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml QL (1800 mL / 180 days)                                                                 | 1                          | QL     |
| <i>vancomycin hcl</i> SOLR 250mg/5ml QL (1800 mL / 180 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/<br>Tier | Limits  |
|----------------------------------------------------------------------------------------------------------------------|----------------------------|---------|
| VANCOMYCIN<br>HYDROCHLORIDE SOLN<br>500mg/100ml; SOLR 1gm,<br>1.25gm, 1.5gm, 1.75gm, 2gm,<br>5gm, 10gm, 500mg, 750mg | 3                          |         |
| 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<br>QL (9 tabs / 30 days)                                                                          | 3                          | QL      |
| ZEMDRI SOLN 500mg/10ml                                                                                               | 4                          | NDS     |
| ZYVOX SOLN 600mg/300ml                                                                                               | 4                          | NDS     |
| ZYVOX SUSR 100mg/5ml<br>QL (1800 mL / 30 days)                                                                       | 4                          | NDS QL  |
| ZYVOX TABS 600mg<br>QL (60 tabs / 30 days)                                                                           | 4                          | NDS QL  |
| <b>ANTIFUNGALS</b>                                                                                                   |                            |         |
| AMBISOME SUSR 50mg                                                                                                   | 4                          | NDS B/D |
| <i>amphotericin b</i> SOLR 50mg                                                                                      | 1                          | B/D     |
| <i>amphotericin b liposome</i><br>(generic of AMBISOME)<br>SUSR 50mg                                                 | 4                          | NDS B/D |
| ANCOBON CAPS 250mg,<br>500mg                                                                                         | 4                          | NDS PA  |
| CANCIDAS SOLR 50mg,<br>70mg                                                                                          | 4                          | NDS     |
| <i>caspofungin acetate</i> SOLR<br>50mg, 70mg                                                                        | 1                          |         |
| CASPOFUNGIN ACETATE<br>SOLR 50mg, 70mg                                                                               | 4                          | NDS     |
| CRESEMBA CAPS 74.5mg,<br>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;<br>TABS 50mg, 100mg, 200mg                                                          | 1                          |         |
| <i>fluconazole</i> (generic of<br>DIFLUCAN) SUSR 40mg/ml;<br>TABS 150mg                                              | 1                          |         |
| <i>fluconazole in nacl 0.9% inj</i><br>200 mg/100ml                                                                  | 1                          |         |
| <i>fluconazole in nacl 0.9% inj</i><br>400 mg/200ml                                                                  | 1                          |         |

| Drug Name                                                                          | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>flucytosine</i> (generic of<br>ANCOBON) CAPS 250mg,<br>500mg                    | 4                          | NDS PA    |
| <i>fulvicin p/g 165</i> TABS 165mg                                                 | 4                          | NDS       |
| <i>griseofulvin microsize</i> SUSP<br>125mg/5ml; TABS 500mg                        | 1                          |           |
| <i>griseofulvin ultramicrosize</i><br>TABS 125mg, 250mg                            | 1                          |           |
| <i>griseofulvin ultramicrosize</i><br>TABS 165mg                                   | 4                          | NDS       |
| <i>itraconazole</i> (generic of<br>SPORANOX) CAPS 100mg<br>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,<br>100mg                                                     | 4                          | NDS       |
| <i>micafungin sodium</i> SOLR<br>50mg, 100mg                                       | 1                          |           |
| MICAFUNGIN/NACL INJ<br>50MG/50ML                                                   | 4                          | NDS       |
| MICAFUNGIN/NACL INJ<br>100MG/100ML                                                 | 4                          | NDS       |
| MICAFUNGIN/NACL INJ<br>150MG/150ML                                                 | 4                          | NDS       |
| MYCAMINE SOLR 50mg,<br>100mg                                                       | 4                          | NDS       |
| NOXAFIL PACK 300mg<br>QL (32 packets / 30<br>days)                                 | 4                          | NDS QL PA |
| NOXAFIL SOLN<br>300mg/16.7ml                                                       | 4                          | NDS       |
| NOXAFIL SUSP 40mg/ml<br>QL (630 mL / 30 days)                                      | 4                          | NDS QL PA |
| <i>nystatin</i> TABS 500000unit                                                    | 1                          |           |
| <i>posaconazole</i> (generic of<br>NOXAFIL) SOLN<br>300mg/16.7ml                   | 4                          | NDS       |
| <i>posaconazole</i> SUSP<br>40mg/ml<br>QL (630 mL / 30 days)                       | 4                          | NDS QL PA |
| <i>posaconazole</i> TBEC 100mg<br>QL (93 tabs / 30 days)                           | 4                          | NDS QL PA |
| REZZAYO SOLR 200mg                                                                 | 4                          | NDS       |
| SPORANOX CAPS 100mg<br>QL (120 caps / 30 days)                                     | 3                          | QL        |

| Drug Name                                                                                                             | Drug Requirements/<br>Tier | Limits          |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>terbinafine hcl</i> TABS 250mg<br>QL (30 tabs / 30 days)<br>PA applies after a 90 day<br>supply in a calendar year | 1                          | QL PA           |
| TOLSURA CAPS 65mg<br>QL (120 caps / 30 days)                                                                          | 4                          | NDS QL PA       |
| VFEND SUSR 40mg/ml<br>QL (600 mL / 28 days)                                                                           | 4                          | NDS QL PA       |
| VFEND IV SOLR 200mg                                                                                                   | 3                          | PA              |
| VIVJOA CPPK 150mg<br>QL (18 caps / 84 days)                                                                           | 4                          | NDS QL NM<br>PA |
| VORICONAZOLE SOLR<br>200mg                                                                                            | 3                          | PA              |
| <i>voriconazole</i> (generic of<br>VFEND IV) SOLR 200mg                                                               | 1                          | PA              |
| <i>voriconazole</i> (generic of<br>VFEND) SUSR 40mg/ml<br>QL (600 mL / 28 days)                                       | 4                          | NDS QL PA       |
| <i>voriconazole</i> TABS 50mg<br>QL (480 tabs / 30 days)                                                              | 1                          | QL              |
| <i>voriconazole</i> TABS 200mg<br>QL (120 tabs / 30 days)                                                             | 1                          | QL              |
| <b>ANTIMALARIALS</b>                                                                                                  |                            |                 |
| <i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of<br>MALARONE)                                               | 1                          |                 |
| <i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of<br>MALARONE)                                               | 1                          |                 |
| <i>chloroquine phosphate</i> TABS 250mg, 500mg                                                                        | 1                          |                 |
| COARTEM TAB 20-120MG                                                                                                  | 3                          |                 |
| KRINTAFEL TABS 150mg                                                                                                  | 3                          |                 |
| MALARONE TAB 62.5-25                                                                                                  | 3                          |                 |
| MALARONE TAB 250-100                                                                                                  | 3                          |                 |
| <i>mefloquine hcl</i> TABS 250mg                                                                                      | 1                          |                 |
| PRIMAQUINE PHOSPHATE<br>TABS 26.3mg                                                                                   | 2                          |                 |
| <i>primaquine phosphate</i><br>(generic of PRIMAQUINE<br>PHOSPHATE) TABS 26.3mg                                       | 1                          |                 |
| <i>quinine sulfate</i> CAPS 324mg                                                                                     | 1                          | PA              |
| <b>ANTI-RETROVIRAL AGENTS</b>                                                                                         |                            |                 |
| <i>abacavir sulfate</i> (generic of<br>ZIAGEN) SOLN 20mg/ml                                                           | 1                          | NM              |
| <i>abacavir sulfate</i> TABS 300mg                                                                                    | 1                          | NM              |
| APTIVUS CAPS 250mg                                                                                                    | 4                          | NDS NM          |

| Drug Name                                                                      | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------|----------------------------|-----------|
| <i>atazanavir sulfate</i> CAPS 150mg                                           | 1                          | NM        |
| <i>atazanavir sulfate</i> (generic of<br>REYATAZ) CAPS 200mg,<br>300mg         | 1                          | NM        |
| <i>darunavir</i> (generic of<br>PREZISTA) TABS 600mg<br>QL (60 tabs / 30 days) | 1                          | QL NM     |
| <i>darunavir</i> (generic of<br>PREZISTA) TABS 800mg<br>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<br>EMTRIVA) CAPS 200mg                        | 1                          | NM        |
| EMTRIVA CAPS 200mg;<br>SOLN 10mg/ml                                            | 3                          | NM        |
| EPIVIR SOLN 10mg/ml;<br>TABS 150mg, 300mg                                      | 3                          | NM        |
| <i>etravirine</i> (generic of<br>INTELENCE) TABS 100mg,<br>200mg               | 4                          | NDS NM    |
| <i>fosamprenavir calcium</i> TABS 700mg                                        | 4                          | NDS NM    |
| INTELENCE TABS 25mg                                                            | 3                          | NM        |
| INTELENCE TABS 100mg,<br>200mg                                                 | 4                          | NDS NM    |
| ISENTRESS CHEW 25mg                                                            | 3                          | NM        |
| ISENTRESS CHEW 100mg;<br>PACK 100mg; TABS 400mg                                | 4                          | NDS NM    |
| ISENTRESS HD TABS 600mg                                                        | 4                          | NDS NM    |
| <i>lamivudine</i> (generic of<br>EPIVIR) SOLN 10mg/ml;<br>TABS 150mg, 300mg    | 1                          | NM        |
| <i>maraviroc</i> (generic of<br>SELZENTRY) TABS 150mg,<br>300mg                | 4                          | NDS NM    |
| <i>nevirapine</i> SUSP 50mg/5ml;<br>TABS 200mg; TB24 400mg                     | 1                          | NM        |
| NORVIR PACK 100mg;<br>TABS 100mg                                               | 3                          | NM        |
| PIFELTRO TABS 100mg                                                            | 4                          | NDS NM    |
| PREZISTA SUSP 100mg/ml<br>QL (400 mL / 30 days)                                | 4                          | NDS QL NM |
| PREZISTA TABS 75mg<br>QL (480 tabs / 30 days)                                  | 3                          | QL NM     |

| Drug Name                                                          | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------|----------------------------|-----------|
| PREZISTA TABS 150mg<br>QL (240 tabs / 30 days)                     | 4                          | NDS QL NM |
| PREZISTA TABS 600mg<br>QL (60 tabs / 30 days)                      | 4                          | NDS QL NM |
| PREZISTA TABS 800mg<br>QL (30 tabs / 30 days)                      | 4                          | NDS QL NM |
| RETROVIR CAPS 100mg;<br>SYRP 50mg/5ml                              | 3                          | NM        |
| REYATAZ CAPS 200mg,<br>300mg; PACK 50mg                            | 4                          | NDS NM    |
| ritonavir (generic of NORVIR)<br>TABS 100mg                        | 1                          | NM        |
| RUKOBIA TB12 600mg                                                 | 4                          | NDS NM    |
| SELZENTRY SOLN<br>20mg/ml; TABS 150mg,<br>300mg                    | 4                          | NDS NM    |
| SUNLENCA TABS 300mg;<br>TBPk 300mg                                 | 4                          | NDS NM    |
| tenofovir disoproxil fumarate<br>(generic of VIREAD) TABS<br>300mg | 1                          | NM        |
| TIVICAY TABS 50mg                                                  | 4                          | NDS NM    |
| TIVICAY PD TBSO 5mg                                                | 4                          | NDS NM    |
| TROGARZO SOLN<br>200mg/1.33ml                                      | 4                          | NDS NM    |
| TYBOST TABS 150mg                                                  | 2                          | NM        |
| VIRACEPT TABS 250mg,<br>625mg                                      | 4                          | NDS NM    |
| VIREAD POWD 40mg/gm;<br>TABS 150mg, 200mg, 250mg,<br>300mg         | 4                          | NDS NM    |
| ZIAGEN SOLN 20mg/ml                                                | 3                          | NM        |
| zidovudine (generic of<br>RETROVIR) CAPS 100mg;<br>SYRP 50mg/5ml   | 1                          | NM        |
| zidovudine TABS 300mg                                              | 1                          | NM        |
| <b>ANTIRETROVIRAL COMBINATION<br/>AGENTS</b>                       |                            |           |
| abacavir sulfate-lamivudine<br>tab 600-300 mg                      | 1                          | NM        |
| BIKTARVY TAB 30-120-15<br>MG                                       | 4                          | NDS NM    |
| BIKTARVY TAB 50-200-25<br>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    |

| Drug Name                                                                                 | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------|----------------------------|--------|
| DESCOVY TAB 200/25MG                                                                      | 4                          | NDS NM |
| DOVATO TAB 50-300MG                                                                       | 4                          | NDS NM |
| efavirenz-emtricitabine-<br>tenofovir df tab 600-200-300<br>mg                            | 1                          | NM     |
| efavirenz-lamivudine-tenofovir<br>df tab 400-300-300 mg                                   | 4                          | NDS NM |
| efavirenz-lamivudine-tenofovir<br>df tab 600-300-300 mg<br>(generic of SYMFI)             | 4                          | NDS NM |
| emtricitabine-rilpivirine-<br>tenofovir df tab 200-25-300<br>mg (generic of COMPLERA)     | 4                          | NDS NM |
| emtricitabine-tenofovir<br>disoproxil fumarate tab 100-<br>150 mg (generic of<br>TRUVADA) | 1                          | NM     |
| emtricitabine-tenofovir<br>disoproxil fumarate tab 133-<br>200 mg (generic of<br>TRUVADA) | 4                          | NDS NM |
| emtricitabine-tenofovir<br>disoproxil fumarate tab 167-<br>250 mg (generic of<br>TRUVADA) | 1                          | NM     |
| emtricitabine-tenofovir<br>disoproxil fumarate tab 200-<br>300 mg (generic of<br>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<br>150-300 mg                                                   | 1                          | NM     |
| lopinavir-ritonavir tab 100-25<br>mg (generic of KALETRA)                                 | 1                          | NM     |
| lopinavir-ritonavir tab 200-50<br>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     |

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/<br>Tier | Limits    |
|-----------------------------------------------------------------------|----------------------------|-----------|
| TRIUMEQ TAB                                                           | 4                          | NDS NM    |
| TRUVADA TAB 100-150                                                   | 4                          | NDS NM    |
| TRUVADA TAB 133-200                                                   | 4                          | NDS NM    |
| TRUVADA TAB 167-250                                                   | 4                          | NDS NM    |
| TRUVADA TAB 200-300                                                   | 4                          | NDS NM    |
| <b>ANTITUBERCULAR AGENTS</b>                                          |                            |           |
| <i>cycloserine</i> CAPS 250mg                                         | 4                          | NDS       |
| <i>ethambutol hcl</i> TABS 100mg, 1<br>400mg                          | 1                          |           |
| <i>isoniazid</i> SYRP 50mg/5ml;<br>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,<br>300mg                                  | 1                          |           |
| <i>rifampin</i> (generic of RIFADIN) SOLR 600mg                       | 1                          |           |
| SIRTURO TABS 20mg,<br>100mg                                           | 4                          | NDS NM PA |
| <b>ANTIVIRALS</b>                                                     |                            |           |
| <i>acyclovir</i> CAPS 200mg;<br>SUSP 200mg/5ml; TABS<br>400mg, 800mg  | 1                          |           |
| <i>acyclovir sodium</i> SOLN<br>50mg/ml                               | 1                          | B/D       |
| <i>adefovir dipivoxil</i> TABS 10mg                                   | 1                          | NM        |
| BARACLUDE SOLN<br>.05mg/ml                                            | 4                          | NDS NM ST |
| BARACLUDE TABS .5mg,<br>1mg                                           | 4                          | NDS NM    |
| <i>cidofovir</i> SOLN 75mg/ml                                         | 1                          |           |
| <i>entecavir</i> (generic of<br>BARACLUDE) TABS .5mg,<br>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,<br>250mg, 500mg                        | 1                          |           |
| <i>foscarnet sodium</i> (generic of<br>FOSCAVIR) SOLN<br>6000mg/250ml | 4                          | NDS B/D   |
| GANCICLOVIR SOLN<br>500mg/10ml                                        | 3                          | B/D       |

| Drug Name                                                                                      | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>ganciclovir sodium</i> SOLR<br>500mg                                                        | 1                          | B/D             |
| HARVONI PAK 33.75-150MG                                                                        | 4                          | NDS NM PA       |
| HARVONI PAK 45-200MG                                                                           | 4                          | NDS NM PA       |
| HARVONI TAB 45-200MG                                                                           | 4                          | NDS NM PA       |
| HARVONI TAB 90-400MG                                                                           | 4                          | NDS NM PA       |
| <i>lamivudine (hbv)</i> TABS<br>100mg                                                          | 1                          | NM              |
| LIVTENCITY TABS 200mg<br>QL (336 tabs / 28 days)                                               | 4                          | NDS QL NM<br>PA |
| MAVYRET PAK 50-20MG                                                                            | 4                          | NDS NM PA       |
| MAVYRET TAB 100-40MG                                                                           | 4                          | NDS NM PA       |
| <i>oseltamivir phosphate</i> CAPS<br>30mg<br>QL (168 caps / year)                              | 1                          | QL              |
| <i>oseltamivir phosphate</i><br>(generic of TAMIFLU) CAPS<br>45mg, 75mg<br>QL (84 caps / year) | 1                          | QL              |
| <i>oseltamivir phosphate</i><br>(generic of TAMIFLU) SUSR<br>6mg/ml<br>QL (1080 mL / year)     | 1                          | QL              |
| PAXLOVID PAK<br>QL (22 tabs / 90 days)                                                         | 1                          | QL              |
| PAXLOVID TAB 150-100<br>QL (40 tabs / 90 days)                                                 | 1                          | QL              |
| PAXLOVID TAB 300-100<br>QL (60 tabs / 90 days)                                                 | 1                          | QL              |
| PEGASYS SOLN 180mcg/ml;<br>SOSY 180mcg/0.5ml                                                   | 4                          | NDS NM PA       |
| PREVYMIS PACK 20mg,<br>120mg<br>QL (120 packets / 30<br>days)                                  | 4                          | NDS QL PA       |
| PREVYMIS SOLN<br>240mg/12ml, 480mg/24ml                                                        | 4                          | NDS             |
| PREVYMIS TABS 240mg,<br>480mg<br>QL (28 tabs / 28 days)                                        | 4                          | NDS QL PA       |
| RAPIVAB SOLN 200mg/20ml                                                                        | 4                          | NDS             |
| RELENZA DISKHALER<br>AEPB 5mg/blister<br>QL (6 inhalers / year)                                | 2                          | QL              |
| <i>ribavirin (hepatitis c)</i> CAPS<br>200mg; TABS 200mg                                       | 1                          | NM              |
| <i>rimantadine hydrochloride</i><br>TABS 100mg                                                 | 1                          |                 |

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

| Drug Name                                                               | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------|----------------------------|-----------|
| TAMIFLU CAPS 30mg<br>QL (168 caps / year)                               | 3                          | QL        |
| TAMIFLU CAPS 75mg<br>QL (84 caps / year)                                | 3                          | QL        |
| TAMIFLU SUSR 6mg/ml<br>QL (1080 mL / year)                              | 3                          | QL        |
| <i>valacyclovir hcl</i> (generic of<br>VALTREX) TABS 1gm,<br>500mg      | 1                          |           |
| VALCYTE SOLR 50mg/ml;<br>TABS 450mg                                     | 4                          | NDS       |
| <i>valganciclovir hcl</i> (generic of<br>VALCYTE) SOLR 50mg/ml          | 4                          | NDS       |
| <i>valganciclovir hcl</i> TABS<br>450mg                                 | 1                          |           |
| VALTREX TABS 1gm,<br>500mg                                              | 3                          |           |
| VEMLIDY TABS 25mg                                                       | 4                          | NDS NM PA |
| VOSEVI TAB                                                              | 4                          | NDS NM PA |
| XOFLUZA TBPk 40mg,<br>80mg<br>QL (1 tab / 180 days)                     | 3                          | QL        |
| <b>CEPHALOSPORINS</b>                                                   |                            |           |
| AVYCAZ INJ 2-0.5GM                                                      | 4                          | NDS       |
| <i>cefaclor</i> CAPS 250mg,<br>500mg; SUSR 250mg/5ml                    | 1                          |           |
| CEFACTOR ER TB12 500mg                                                  | 3                          |           |
| <i>cefadroxil</i> CAPS 500mg;<br>SUSR 250mg/5ml,<br>500mg/5ml; TABS 1gm | 1                          |           |
| CEFAZOLIN SOLR 2gm,<br>3gm                                              | 3                          |           |
| CEFAZOLIN INJ 1GM/50ML                                                  | 3                          |           |
| <i>cefazolin sodium</i> SOLR 1gm,<br>2gm, 3gm, 10gm, 500mg              | 1                          |           |
| CEFAZOLIN SOLN<br>2GM/100ML-4%                                          | 3                          |           |
| CEFAZOLIN/DEX SOL<br>1GM/50ML-4%                                        | 3                          |           |
| CEFAZOLIN/DEX SOL<br>2GM/50ML-3%                                        | 3                          |           |
| CEFAZOLIN/DEX SOL<br>3GM/50ML-2%                                        | 3                          |           |
| CEFAZOLIN/DEX SOL<br>3GM/150ML-4%                                       | 3                          |           |
| <i>cefdinir</i> CAPS 300mg; SUSR<br>125mg/5ml, 250mg/5ml                | 1                          |           |

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

| Drug Name                                                                                 | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>clarithromycin</i> SUSR<br>125mg/5ml, 250mg/5ml;<br>TABS 250mg, 500mg                  | 1                          |        |
| <i>clarithromycin</i> (generic of<br>BIAXIN XL) TB24 500mg                                | 1                          |        |
| DIFICID SUSR 40mg/ml;<br>TABS 200mg                                                       | 4                          | NDS    |
| e.e.s. 400 TABS 400mg                                                                     | 1                          |        |
| ERYTHROCIN<br>LACTOBIONATE SOLR<br>500mg                                                  | 3                          |        |
| <i>erythromycin base</i> CPEP<br>250mg; TABS 250mg, 500mg;<br>TBEC 250mg, 333mg, 500mg    | 1                          |        |
| <i>erythromycin ethylsuccinate</i><br>(generic of E.E.S.<br>GRANULES) SUSR<br>200mg/5ml   | 1                          |        |
| <i>erythromycin ethylsuccinate</i><br>(generic of ERYPED 400)<br>SUSR 400mg/5ml           | 4                          | NDS    |
| <i>erythromycin ethylsuccinate</i><br>TABS 400mg                                          | 1                          |        |
| <i>erythromycin lactobionate</i><br>(generic of ERYTHROCIN<br>LACTOBIONATE) SOLR<br>500mg | 1                          |        |
| <i>fidaxomicin</i> (generic of<br>DIFICID) TABS 200mg                                     | 4                          | NDS    |
| ZITHROMAX SOLR 500mg;<br>SUSR 200mg/5ml; TABS<br>250mg, 500mg                             | 3                          |        |
| ZITHROMAX TRI-PAK TABS<br>500mg                                                           | 3                          |        |
| ZITHROMAX Z-PAK TABS<br>250mg                                                             | 3                          |        |
| <b>FLUOROQUINOLONES</b>                                                                   |                            |        |
| BAXDELA SOLR 300mg;<br>TABS 450mg                                                         | 4                          | NDS    |
| CIPRO SUSR 5gm/100ml,<br>500mg/5ml; TABS 250mg,<br>500mg                                  | 3                          |        |
| <i>ciprofloxacin</i> 200 mg/100ml in<br>d5w                                               | 1                          |        |
| <i>ciprofloxacin</i> 400 mg/200ml in<br>d5w                                               | 1                          |        |

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

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

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



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

| Drug Name                                                            | Drug Requirements/<br>Tier | Limits     |
|----------------------------------------------------------------------|----------------------------|------------|
| FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml                            | 4                          | NDS B/D NM |
| GLEOSTINE CAPS 10mg, 40mg                                            | 3                          | NM         |
| GLEOSTINE CAPS 100mg                                                 | 4                          | NDS NM     |
| GRAFAPEX SOLR 1gm, 5gm                                               | 4                          | NDS B/D NM |
| IFEX SOLR 3gm                                                        | 3                          | B/D        |
| <i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml                            | 1                          | B/D        |
| IFOSFAMIDE SOLR 3gm                                                  | 3                          | B/D        |
| KYXATA SOLN 80mg/8ml, 500mg/50ml                                     | 4                          | NDS B/D NM |
| LEUKERAN TABS 2mg                                                    | 4                          | NDS PA     |
| <i>lomustine</i> (generic of GLEOSTINE) CAPS 10mg, 40mg              | 1                          | NM         |
| <i>lomustine</i> (generic of GLEOSTINE) CAPS 100mg                   | 4                          | NDS NM     |
| <i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml            | 1                          | B/D        |
| <i>oxaliplatin</i> SOLR 50mg, 100mg                                  | 4                          | NDS B/D    |
| TREANDA SOLR 25mg, 100mg                                             | 4                          | NDS B/D NM |
| VIVIMUSTA SOLN 100mg/4ml                                             | 4                          | NDS B/D NM |
| ZEPZELCA SOLR 4mg                                                    | 4                          | NDS NM PA  |
| <b>ANTIMETABOLITES</b>                                               |                            |            |
| ALIMTA SOLR 100mg, 500mg                                             | 4                          | NDS B/D    |
| AVGEMSI SOLN 1gm/26.3ml, 2gm/52.6ml                                  | 4                          | NDS B/D NM |
| AXTLE SOLR 100mg, 500mg                                              | 4                          | NDS B/D NM |
| <i>azacitidine</i> (generic of VIDAZA) SUSR 100mg                    | 4                          | NDS B/D NM |
| <i>cytarabine</i> SOLN 20mg/ml, 100mg/ml                             | 1                          | B/D        |
| <i>decitabine</i> SOLR 50mg                                          | 4                          | NDS B/D NM |
| <i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg                | 1                          | B/D        |
| <i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml | 1                          | B/D        |
| FOLOTYN SOLN 20mg/ml, 40mg/2ml                                       | 4                          | NDS NM PA  |

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

| Drug Name                                                                                               | Drug Requirements/<br>Tier | Limits       |
|---------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml | 1                          | B/D          |
| <i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg                                                             | 1                          | B/D          |
| GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml, 200mg/2ml, 200mg/5.26ml      | 3                          | B/D          |
| INQOVI TAB 35-100MG QL (5 tabs / 28 days)                                                               | 4                          | NDS QL NM PA |
| LONSURF TAB 15-6.14 QL (100 tabs / 28 days)                                                             | 4                          | NDS QL NM PA |
| LONSURF TAB 20-8.19 QL (80 tabs / 28 days)                                                              | 4                          | NDS QL NM PA |
| <i>mercaptopurine</i> (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   |
| <b>HORMONAL ANTINEOPLASTIC AGENTS</b>                                                                   |                            |              |
| <i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)                       | 4                          | NDS QL NM PA |

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits       |
|----------------------------------------------------------------------------------|----------------------------|--------------|
| <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                          |              |
| CAMCEVI PRSY 42mg                                                                | 3                          | NM PA        |
| CASODEX TABS 50mg                                                                | 4                          | NDS          |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg                                            | 2                          | NM PA        |
| ERLEADA TABS 60mg QL (120 tabs / 30 days)                                        | 4                          | NDS QL NM PA |
| ERLEADA TABS 240mg QL (30 tabs / 30 days)                                        | 4                          | NDS QL NM PA |
| EULEXIN CAPS 125mg                                                               | 4                          | NDS          |
| <i>exemestane</i> (generic of AROMASIN) TABS 25mg                                | 1                          |              |
| FARESTON TABS 60mg                                                               | 4                          | NDS PA       |
| FASLODEX SOSY 250mg/5ml                                                          | 4                          | NDS B/D      |
| FEMARA TABS 2.5mg                                                                | 3                          |              |
| FIRMAGON SOLR 80mg                                                               | 3                          | NM PA        |
| FIRMAGON SOLR 120mg/vial                                                         | 4                          | NDS NM PA    |
| <i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml                          | 4                          | NDS B/D      |
| INLURIYO TABS 200mg QL (56 tabs / 28 days)                                       | 4                          | NDS QL NM PA |
| <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    |

| Drug Name                                                                 | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------|----------------------------|-----------------|
| 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                          |                 |
| <i>nilutamide</i> TABS 150mg                                              | 4                          | NDS             |
| NUBEQA TABS 300mg<br>QL (120 tabs / 30 days)                              | 4                          | NDS QL NM<br>PA |
| ORGOVYX TABS 120mg                                                        | 4                          | NDS NM PA       |
| ORSERDU TABS 86mg<br>QL (90 tabs / 30 days)                               | 4                          | NDS QL NM<br>PA |
| ORSERDU TABS 345mg<br>QL (30 tabs / 30 days)                              | 4                          | NDS QL NM<br>PA |
| SOLTAMOX SOLN 10mg/5ml                                                    | 4                          | NDS             |
| <i>tamoxifen citrate</i> TABS 10mg, 20mg                                  | 1                          |                 |
| <i>toremifene citrate</i> (generic of FARESTON) TABS 60mg                 | 1                          | PA              |
| TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg                             | 2                          | NM PA           |
| VABRINTY KIT 22.5mg, 30mg, 45mg                                           | 4                          | NDS NM PA       |
| XTANDI CAPS 40mg<br>QL (120 caps / 30 days)                               | 4                          | NDS QL NM<br>PA |
| XTANDI TABS 40mg<br>QL (120 tabs / 30 days)                               | 4                          | NDS QL NM<br>PA |
| XTANDI TABS 80mg<br>QL (60 tabs / 30 days)                                | 4                          | NDS QL NM<br>PA |
| YONSA TABS 125mg<br>QL (120 tabs / 30 days)                               | 4                          | NDS QL NM<br>PA |
| ZOLADEX IMPL 3.6mg, 10.8mg                                                | 3                          | NM PA           |
| ZYTIGA TABS 250mg<br>QL (120 tabs / 30 days)                              | 4                          | NDS QL NM<br>PA |
| ZYTIGA TABS 500mg<br>QL (60 tabs / 30 days)                               | 4                          | NDS QL NM<br>PA |
| <b>IMMUNOMODULATORS</b>                                                   |                            |                 |
| <i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg<br>QL (28 caps / 28 days) | 4                          | NDS QL NM<br>PA |

| Drug Name                                                                     | Drug Requirements/<br>Tier | Limits          |
|-------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>lenalidomide</i> CAPS 20mg, 25mg<br>QL (21 caps / 28 days)                 | 4                          | NDS QL NM<br>PA |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg<br>QL (21 caps / 28 days)                    | 4                          | NDS QL NM<br>PA |
| REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg<br>QL (28 caps / 28 days)                | 4                          | NDS QL NM<br>PA |
| REVLIMID CAPS 20mg, 25mg<br>QL (21 caps / 28 days)                            | 4                          | NDS QL NM<br>PA |
| THALOMID CAPS 50mg<br>QL (84 caps / 28 days)                                  | 4                          | NDS QL NM<br>PA |
| THALOMID CAPS 100mg<br>QL (112 caps / 28 days)                                | 4                          | NDS QL NM<br>PA |
| <b>MISCELLANEOUS</b>                                                          |                            |                 |
| ASPARLAS SOLN 3750unit/5ml                                                    | 4                          | NDS NM PA       |
| BESREMI SOSY 500mcg/ml<br>QL (2 syringes / 28 days)                           | 4                          | NDS QL NM<br>PA |
| <i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg<br>QL (300 caps / 30 days) | 4                          | NDS QL NM<br>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                          |                 |

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------------------------|----------------------------|--------------|
| <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       |
| <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      |
| ONCASPASOLN 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      |

| Drug Name                                                                                             | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>tretinoin (chemotherapy)</i> CAPS 10mg                                                             | 4                          | NDS          |
| <i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml                                                   | 4                          | NDS B/D NM   |
| VALSTAR SOLN 40mg/ml                                                                                  | 4                          | NDS B/D NM   |
| WELIREG TABS 40mg QL (90 tabs / 30 days)                                                              | 4                          | NDS QL NM PA |
| <b>MITOTIC INHIBITORS</b>                                                                             |                            |              |
| ABRAXANE INJ 100MG                                                                                    | 4                          | NDS B/D NM   |
| BEIZRAY INJ 80MG/4ML                                                                                  | 4                          | NDS B/D NM   |
| BEIZRAY INJ 160/8ML                                                                                   | 4                          | NDS B/D NM   |
| DOCETAXEL CONC 20mg/ml                                                                                | 3                          | B/D          |
| <i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml                                                  | 1                          | B/D          |
| DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml                               | 4                          | NDS B/D      |
| <i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 4                          | NDS B/D      |
| 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          |

| Drug Name                                                              | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------|----------------------------|-----------------|
| <b>MOLECULAR TARGET AGENTS</b>                                         |                            |                 |
| AFINITOR TABS 2.5mg, 5mg, 7.5mg, 10mg<br>QL (30 tabs / 30 days)        | 4                          | NDS QL NM<br>PA |
| AFINITOR DISPERZ TBSO 2mg, 5mg<br>QL (60 tabs / 30 days)               | 4                          | NDS QL NM<br>PA |
| AFINITOR DISPERZ TBSO 3mg<br>QL (90 tabs / 30 days)                    | 4                          | NDS QL NM<br>PA |
| ALECENSA CAPS 150mg<br>QL (240 caps / 30 days)                         | 4                          | NDS QL NM<br>PA |
| ALUNBRIG TABS 30mg<br>QL (120 tabs / 30 days)                          | 4                          | NDS QL NM<br>PA |
| ALUNBRIG TABS 90mg, 180mg<br>QL (30 tabs / 30 days)                    | 4                          | NDS QL NM<br>PA |
| ALUNBRIG PAK<br>QL (30 tabs / 30 days)                                 | 4                          | NDS QL NM<br>PA |
| ALYMSYS SOLN 100mg/4ml, 400mg/16ml                                     | 4                          | NDS NM PA       |
| AUGTYRO CAPS 40mg<br>QL (240 caps / 30 days)                           | 4                          | NDS QL NM<br>PA |
| AUGTYRO CAPS 160mg<br>QL (60 caps / 30 days)                           | 4                          | NDS QL NM<br>PA |
| AVASTIN SOLN 100mg/4ml, 400mg/16ml                                     | 4                          | NDS NM PA       |
| AVMAPKI PAK FAKZYNJA<br>QL (1 pack / 28 days)                          | 4                          | NDS QL NM<br>PA |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg<br>QL (30 tabs / 30 days) | 4                          | NDS QL NM<br>PA |
| BALVERSA TABS 3mg<br>QL (84 tabs / 28 days)                            | 4                          | NDS QL NM<br>PA |
| BALVERSA TABS 4mg<br>QL (56 tabs / 28 days)                            | 4                          | NDS QL NM<br>PA |
| BALVERSA TABS 5mg<br>QL (28 tabs / 28 days)                            | 4                          | NDS QL NM<br>PA |
| BAVENCIO SOLN 200mg/10ml                                               | 4                          | NDS NM PA       |
| BELEODAQ SOLR 500mg                                                    | 4                          | NDS NM PA       |
| BESPONSA SOLR .9mg                                                     | 4                          | NDS NM PA       |
| BLENREP SOLR 70mg                                                      | 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       |

| Drug Name                                                 | Drug Requirements/<br>Tier | Limits          |
|-----------------------------------------------------------|----------------------------|-----------------|
| BOSULIF CAPS 50mg<br>QL (30 caps / 30 days)               | 4                          | NDS QL NM<br>PA |
| BOSULIF CAPS 100mg<br>QL (300 caps / 30 days)             | 4                          | NDS QL NM<br>PA |
| BOSULIF TABS 100mg<br>QL (180 tabs / 30 days)             | 4                          | NDS QL NM<br>PA |
| BOSULIF TABS 400mg, 500mg<br>QL (30 tabs / 30 days)       | 4                          | NDS QL NM<br>PA |
| BRAFTOVI CAPS 75mg<br>QL (180 caps / 30 days)             | 4                          | NDS QL NM<br>PA |
| BRUKINSA CAPS 80mg<br>QL (120 caps / 30 days)             | 4                          | NDS QL NM<br>PA |
| BRUKINSA TABS 160mg<br>QL (60 tabs / 30 days)             | 4                          | NDS QL NM<br>PA |
| CABOMETYX TABS 20mg, 40mg, 60mg<br>QL (30 tabs / 30 days) | 4                          | NDS QL NM<br>PA |
| CALQUENCE TABS 100mg<br>QL (60 tabs / 30 days)            | 4                          | NDS QL NM<br>PA |
| CAPRELSA TABS 100mg<br>QL (60 tabs / 30 days)             | 4                          | NDS QL NM<br>PA |
| CAPRELSA TABS 300mg<br>QL (30 tabs / 30 days)             | 4                          | NDS QL NM<br>PA |
| COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml                       | 4                          | NDS NM PA       |
| COMETRIQ (60MG DOSE) KIT 20mg<br>QL (84 caps / 28 days)   | 4                          | NDS QL NM<br>PA |
| COMETRIQ KIT 100MG<br>QL (56 caps / 28 days)              | 4                          | NDS QL NM<br>PA |
| COMETRIQ KIT 140MG<br>QL (112 caps / 28 days)             | 4                          | NDS QL NM<br>PA |
| COPIKTRA CAPS 15mg, 25mg<br>QL (56 caps / 28 days)        | 4                          | NDS QL NM<br>PA |
| COTELLIC TABS 20mg<br>QL (63 tabs / 28 days)              | 4                          | NDS QL NM<br>PA |
| CYRAMZA SOLN 100mg/10ml, 500mg/50ml                       | 4                          | NDS NM PA       |
| DANZITEN TABS 71mg, 95mg<br>QL (112 tabs / 28 days)       | 4                          | NDS QL NM<br>PA |
| DARZALEX SOLN 100mg/5ml, 400mg/20ml                       | 4                          | NDS NM PA       |
| DARZALEX INJ FASPRO                                       | 4                          | NDS NM PA       |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>dasatinib</i> (generic of SPRYCEL) TABS 20mg<br>QL (90 tabs / 30 days)                              | 4                          | NDS QL NM<br>PA |
| <i>dasatinib</i> (generic of SPRYCEL) TABS 50mg,<br>70mg, 80mg, 100mg, 140mg<br>QL (30 tabs / 30 days) | 4                          | NDS QL NM<br>PA |
| DATROWAY SOLR 100mg                                                                                    | 4                          | NDS NM PA       |
| DAURISMO TABS 25mg<br>QL (60 tabs / 30 days)                                                           | 4                          | NDS QL NM<br>PA |
| DAURISMO TABS 100mg<br>QL (30 tabs / 30 days)                                                          | 4                          | NDS QL NM<br>PA |
| ELAHERE SOLN<br>100mg/20ml                                                                             | 4                          | NDS NM PA       |
| EMPLICITI SOLR 300mg,<br>400mg                                                                         | 4                          | NDS NM PA       |
| EMRELIS SOLR 20mg,<br>100mg                                                                            | 4                          | NDS NM PA       |
| ENHERTU SOLR 100mg                                                                                     | 4                          | NDS NM PA       |
| ENSACOVE CAPS 25mg<br>QL (270 caps / 30 days)                                                          | 4                          | NDS QL NM<br>PA |
| ENSACOVE CAPS 100mg<br>QL (60 caps / 30 days)                                                          | 4                          | NDS QL NM<br>PA |
| EPKINLY SOLN 4mg/0.8ml,<br>48mg/0.8ml                                                                  | 4                          | NDS NM PA       |
| ERBITUX SOLN<br>100mg/50ml, 200mg/100ml                                                                | 4                          | NDS B/D NM      |
| ERIVEDGE CAPS 150mg<br>QL (30 caps / 30 days)                                                          | 4                          | NDS QL NM<br>PA |
| <i>erlotinib hcl</i> TABS 25mg<br>QL (90 tabs / 30 days)                                               | 4                          | NDS QL NM<br>PA |
| <i>erlotinib hcl</i> TABS 100mg,<br>150mg<br>QL (30 tabs / 30 days)                                    | 4                          | NDS QL NM<br>PA |
| <i>everolimus</i> (generic of AFINITOR) TABS 2.5mg,<br>5mg, 7.5mg, 10mg<br>QL (30 tabs / 30 days)      | 4                          | NDS QL NM<br>PA |
| <i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO<br>2mg, 5mg<br>QL (60 tabs / 30 days)             | 4                          | NDS QL NM<br>PA |
| <i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO<br>3mg<br>QL (90 tabs / 30 days)                  | 4                          | NDS QL NM<br>PA |

| Drug Name                                                                 | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------|----------------------------|-----------------|
| FOTIVDA CAPS .89mg,<br>1.34mg<br>QL (21 caps / 28 days)                   | 4                          | NDS QL NM<br>PA |
| FRUZAQLA CAPS 1mg<br>QL (84 caps / 28 days)                               | 4                          | NDS QL NM<br>PA |
| FRUZAQLA CAPS 5mg<br>QL (21 caps / 28 days)                               | 4                          | NDS QL NM<br>PA |
| FYARRO SUSR 100mg                                                         | 4                          | NDS NM PA       |
| GAVRETO CAPS 100mg<br>QL (120 caps / 30 days)                             | 4                          | NDS QL NM<br>PA |
| GAZYVA SOLN<br>1000mg/40ml                                                | 4                          | NDS NM PA       |
| <i>gefitinib</i> (generic of IRESSA) TABS 250mg<br>QL (60 tabs / 30 days) | 4                          | NDS QL NM<br>PA |
| GILOTRIF TABS 20mg,<br>30mg, 40mg<br>QL (30 tabs / 30 days)               | 4                          | NDS QL NM<br>PA |
| GLEEVEC TABS 100mg<br>QL (90 tabs / 30 days)                              | 4                          | NDS QL NM<br>PA |
| GLEEVEC TABS 400mg<br>QL (60 tabs / 30 days)                              | 4                          | NDS QL NM<br>PA |
| GOMEKLI CAPS 1mg<br>QL (168 caps / 28 days)                               | 4                          | NDS QL NM<br>PA |
| GOMEKLI CAPS 2mg<br>QL (84 caps / 28 days)                                | 4                          | NDS QL NM<br>PA |
| GOMEKLI TBSO 1mg<br>QL (168 tabs / 28 days)                               | 4                          | NDS QL NM<br>PA |
| HERCEP HYLEC SOL 60-<br>10000                                             | 4                          | NDS NM PA       |
| HERCEPTIN SOLR 150mg                                                      | 4                          | NDS NM PA       |
| HERCESSI SOLR 150mg,<br>420mg                                             | 4                          | NDS NM PA       |
| HERNEXEOS TABS 60mg<br>QL (120 tabs / 30 days)                            | 4                          | NDS QL NM<br>PA |
| HERZUMA SOLR 150mg,<br>420mg                                              | 4                          | NDS NM PA       |
| IBRANCE CAPS 75mg,<br>100mg, 125mg<br>QL (21 caps / 28 days)              | 4                          | NDS QL NM<br>PA |
| IBRANCE TABS 75mg,<br>100mg, 125mg<br>QL (21 tabs / 28 days)              | 4                          | NDS QL NM<br>PA |
| IBTROZI CAPS 200mg<br>QL (90 caps / 30 days)                              | 4                          | NDS QL NM<br>PA |
| ICLUSIG TABS 10mg, 15mg,<br>30mg, 45mg<br>QL (30 tabs / 30 days)          | 4                          | NDS QL NM<br>PA |

| Drug Name                                                                             | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------------------|----------------------------|-----------------|
| IDHIFA TABS 50mg, 100mg<br>QL (30 tabs / 30 days)                                     | 4                          | NDS QL NM<br>PA |
| <i>imatinib mesylate</i> (generic of<br>GLEEVEC) TABS 100mg<br>QL (90 tabs / 30 days) | 1                          | QL NM PA        |
| <i>imatinib mesylate</i> (generic of<br>GLEEVEC) TABS 400mg<br>QL (60 tabs / 30 days) | 4                          | NDS QL NM<br>PA |
| IMBRUVICA CAPS 70mg<br>QL (30 caps / 30 days)                                         | 4                          | NDS QL NM<br>PA |
| IMBRUVICA CAPS 140mg<br>QL (120 caps / 30 days)                                       | 4                          | NDS QL NM<br>PA |
| IMBRUVICA SUSP 70mg/ml<br>QL (216 mL / 27 days)                                       | 4                          | NDS QL NM<br>PA |
| IMBRUVICA TABS 140mg,<br>280mg, 420mg<br>QL (30 tabs / 30 days)                       | 4                          | NDS QL NM<br>PA |
| IMDELLTRA SOLR 1mg,<br>10mg                                                           | 4                          | NDS NM PA       |
| IMFINZI SOLN 120mg/2.4ml,<br>500mg/10ml                                               | 4                          | NDS NM PA       |
| IMJUDO SOLN 25mg/1.25ml,<br>300mg/15ml                                                | 4                          | NDS NM PA       |
| IMKELDI SOLN 80mg/ml<br>QL (280 mL / 28 days)                                         | 4                          | NDS QL NM<br>PA |
| INLYTA TABS 1mg<br>QL (180 tabs / 30 days)                                            | 4                          | NDS QL NM<br>PA |
| INLYTA TABS 5mg<br>QL (120 tabs / 30 days)                                            | 4                          | NDS QL NM<br>PA |
| INREBIC CAPS 100mg<br>QL (120 caps / 30 days)                                         | 4                          | NDS QL NM<br>PA |
| IRESSA TABS 250mg<br>QL (60 tabs / 30 days)                                           | 4                          | NDS QL NM<br>PA |
| ITOVEBI TABS 3mg<br>QL (56 tabs / 28 days)                                            | 4                          | NDS QL NM<br>PA |
| ITOVEBI TABS 9mg<br>QL (28 tabs / 28 days)                                            | 4                          | NDS QL NM<br>PA |
| JAKAFI TABS 5mg, 10mg,<br>15mg, 20mg, 25mg<br>QL (60 tabs / 30 days)                  | 4                          | NDS QL NM<br>PA |
| JAYPIRCA TABS 50mg<br>QL (30 tabs / 30 days)                                          | 4                          | NDS QL NM<br>PA |
| JAYPIRCA TABS 100mg<br>QL (60 tabs / 30 days)                                         | 4                          | NDS QL NM<br>PA |
| JEMPERLI SOLN<br>500mg/10ml                                                           | 4                          | NDS NM PA       |
| JOBEVNE SOLN 100mg/4ml,<br>400mg/16ml                                                 | 4                          | NDS NM PA       |

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------------|----------------------------|-----------------|
| KADCYLA SOLR 100mg,<br>160mg                                                             | 4                          | NDS B/D NM      |
| KANJINTI SOLR 150mg,<br>420mg                                                            | 4                          | NDS NM PA       |
| KEYTRUDA SOLN<br>100mg/4ml                                                               | 4                          | NDS NM PA       |
| KEYTRUDA INJ QLEX 395-<br>4800 MG-UNIT/2.4ML<br>QL (1 vial / 21 days)                    | 4                          | NDS QL NM<br>PA |
| KEYTRUDA INJ QLEX 790-<br>9600 MG-UNIT/4.8ML<br>QL (1 vial / 42 days)                    | 4                          | NDS QL NM<br>PA |
| KIMMTRAK SOLN<br>100mcg/0.5ml                                                            | 4                          | NDS NM PA       |
| KISQALI 200 DOSE TBPK<br>200mg<br>QL (21 tabs / 28 days)                                 | 4                          | NDS QL NM<br>PA |
| KISQALI 400 DOSE TBPK<br>200mg<br>QL (42 tabs / 28 days)                                 | 4                          | NDS QL NM<br>PA |
| KISQALI 400 PAK FEMARA<br>QL (70 tabs / 28 days)                                         | 4                          | NDS QL NM<br>PA |
| KISQALI 600 DOSE TBPK<br>200mg<br>QL (63 tabs / 28 days)                                 | 4                          | NDS QL NM<br>PA |
| KISQALI 600 PAK FEMARA<br>QL (91 tabs / 28 days)                                         | 4                          | NDS QL NM<br>PA |
| KOMZIFTI CAPS 200mg<br>QL (90 caps / 30 days)                                            | 4                          | NDS QL NM<br>PA |
| KOSELUGO CAPS 10mg<br>QL (240 caps / 30 days)                                            | 4                          | NDS QL NM<br>PA |
| KOSELUGO CAPS 25mg<br>QL (120 caps / 30 days)                                            | 4                          | NDS QL NM<br>PA |
| KOSELUGO CPSP 5mg<br>QL (600 caps / 30 days)                                             | 4                          | NDS QL NM<br>PA |
| KOSELUGO CPSP 7.5mg<br>QL (360 caps / 30 days)                                           | 4                          | NDS QL NM<br>PA |
| KRAZATI TABS 200mg<br>QL (180 tabs / 30 days)                                            | 4                          | NDS QL NM<br>PA |
| KYPROLIS SOLR 10mg,<br>30mg, 60mg                                                        | 4                          | NDS NM PA       |
| <i>lapatinib ditosylate</i> (generic of<br>TYKERB) TABS 250mg<br>QL (180 tabs / 30 days) | 4                          | NDS QL NM<br>PA |
| LAZCLUZE TABS 80mg<br>QL (60 tabs / 30 days)                                             | 4                          | NDS QL NM<br>PA |
| LAZCLUZE TABS 240mg<br>QL (30 tabs / 30 days)                                            | 4                          | NDS QL NM<br>PA |

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

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits          |
|----------------------------------------------------------------------------------------|----------------------------|-----------------|
| LYTGOBI (20 MG DAILY DOSE) TBPk 4mg<br>QL (140 tabs / 28 days)                         | 4                          | NDS QL NM<br>PA |
| MARGENZA SOLN 250mg/10ml                                                               | 4                          | NDS NM PA       |
| MEKINIST SOLR .05mg/ml<br>QL (1260 mL / 30 days)                                       | 4                          | NDS QL NM<br>PA |
| MEKINIST TABS 2mg<br>QL (30 tabs / 30 days)                                            | 4                          | NDS QL NM<br>PA |
| MEKINIST TABS .5mg<br>QL (90 tabs / 30 days)                                           | 4                          | NDS QL NM<br>PA |
| MEKTOVI TABS 15mg<br>QL (180 tabs / 30 days)                                           | 4                          | NDS QL NM<br>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<br>QL (180 tabs / 30 days)                                           | 4                          | NDS QL NM<br>PA |
| NEXAVAR TABS 200mg<br>QL (120 tabs / 30 days)                                          | 4                          | NDS QL NM<br>PA |
| NILOTINIB CAPS 50mg<br>QL (120 caps / 30 days)                                         | 4                          | NDS QL NM<br>PA |
| NILOTINIB CAPS 150mg, 200mg<br>QL (112 caps / 28 days)                                 | 4                          | NDS QL NM<br>PA |
| <i>nilotinib hcl</i> (generic of TASIGNA) CAPS 50mg<br>QL (120 caps / 30 days)         | 4                          | NDS QL NM<br>PA |
| <i>nilotinib hcl</i> (generic of TASIGNA) CAPS 150mg, 200mg<br>QL (112 caps / 28 days) | 4                          | NDS QL NM<br>PA |
| NINLARO CAPS 2.3mg, 3mg, 4mg<br>QL (3 caps / 28 days)                                  | 4                          | NDS QL NM<br>PA |
| ODOMZO CAPS 200mg<br>QL (30 caps / 30 days)                                            | 4                          | NDS QL NM<br>PA |
| OGIVRI SOLR 150mg, 420mg                                                               | 4                          | NDS NM PA       |
| OGSIVEO TABS 100mg, 150mg<br>QL (56 tabs / 28 days)                                    | 4                          | NDS QL NM<br>PA |
| OJEMDA SUSR 25mg/ml<br>QL (96 mL / 28 days)                                            | 4                          | NDS QL NM<br>PA |
| OJEMDA TABS 100mg<br>QL (24 tabs / 28 days)                                            | 4                          | NDS QL NM<br>PA |



| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits          |
|----------------------------------------------------------------------------------|----------------------------|-----------------|
| OJJAARA TABS 100mg, 150mg, 200mg<br>QL (30 tabs / 30 days)                       | 4                          | NDS QL NM<br>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<br>QL (120 tabs / 30 days) | 4                          | NDS QL NM<br>PA |
| <i>pazopanib hcl</i> TABS 400mg<br>QL (60 tabs / 30 days)                        | 4                          | NDS QL PA       |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg<br>QL (28 tabs / 28 days)                       | 4                          | NDS QL NM<br>PA |
| PERJETA SOLN 420mg/14ml                                                          | 4                          | NDS NM PA       |
| PHESGO SOL                                                                       | 4                          | NDS NM PA       |
| PHYRAGO TABS 20mg<br>QL (90 tabs / 30 days)                                      | 4                          | NDS QL NM<br>PA |
| PHYRAGO TABS 50mg, 70mg, 80mg, 100mg, 140mg<br>QL (30 tabs / 30 days)            | 4                          | NDS QL NM<br>PA |
| PIQRAY 200MG DAILY DOSE TBPK 200mg<br>QL (28 tabs / 28 days)                     | 4                          | NDS QL NM<br>PA |
| PIQRAY 250MG TAB DOSE<br>QL (56 tabs / 28 days)                                  | 4                          | NDS QL NM<br>PA |
| PIQRAY 300MG DAILY DOSE TBPK 150mg<br>QL (56 tabs / 28 days)                     | 4                          | NDS QL NM<br>PA |
| POLIVY SOLR 30mg, 140mg                                                          | 4                          | NDS NM PA       |
| POTELIGEO SOLN 20mg/5ml                                                          | 4                          | NDS NM PA       |
| QINLOCK TABS 50mg<br>QL (90 tabs / 30 days)                                      | 4                          | NDS QL NM<br>PA |
| RETEVMO TABS 40mg<br>QL (90 tabs / 30 days)                                      | 4                          | NDS QL NM<br>PA |
| RETEVMO TABS 80mg<br>QL (120 tabs / 30 days)                                     | 4                          | NDS QL NM<br>PA |
| RETEVMO TABS 120mg, 160mg<br>QL (60 tabs / 30 days)                              | 4                          | NDS QL NM<br>PA |

| Drug Name                                                                            | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------------------|----------------------------|-----------------|
| REVUFORJ TABS 25mg<br>QL (240 tabs / 30 days)                                        | 4                          | NDS QL NM<br>PA |
| REVUFORJ TABS 110mg<br>QL (120 tabs / 30 days)                                       | 4                          | NDS QL NM<br>PA |
| REVUFORJ TABS 160mg<br>QL (60 tabs / 30 days)                                        | 4                          | NDS QL NM<br>PA |
| REZLIDHIA CAPS 150mg<br>QL (60 caps / 30 days)                                       | 4                          | NDS QL NM<br>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<br>QL (8 caps / 28 days)                              | 4                          | NDS QL NM<br>PA |
| ROZLYTREK CAPS 100mg<br>QL (180 caps / 30 days)                                      | 4                          | NDS QL NM<br>PA |
| ROZLYTREK CAPS 200mg<br>QL (90 caps / 30 days)                                       | 4                          | NDS QL NM<br>PA |
| ROZLYTREK PACK 50mg<br>QL (336 packets / 28 days)                                    | 4                          | NDS QL NM<br>PA |
| RUBRACA TABS 200mg, 250mg, 300mg<br>QL (120 tabs / 30 days)                          | 4                          | NDS QL NM<br>PA |
| RUXIENCE SOLN 100mg/10ml, 500mg/50ml                                                 | 4                          | NDS NM PA       |
| RYBREVENT SOLN 350mg/7ml                                                             | 4                          | NDS NM PA       |
| RYBREVENT INJ FASPRO                                                                 | 4                          | NDS NM PA       |
| RYDAPT CAPS 25mg<br>QL (224 caps / 28 days)                                          | 4                          | NDS QL NM<br>PA |
| SARCLISA SOLN 100mg/5ml, 500mg/25ml                                                  | 4                          | NDS NM PA       |
| SCEMBLIX TABS 20mg<br>QL (60 tabs / 30 days)                                         | 4                          | NDS QL NM<br>PA |
| SCEMBLIX TABS 40mg<br>QL (300 tabs / 30 days)                                        | 4                          | NDS QL NM<br>PA |
| SCEMBLIX TABS 100mg<br>QL (120 tabs / 30 days)                                       | 4                          | NDS QL NM<br>PA |
| <i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg<br>QL (120 tabs / 30 days) | 4                          | NDS QL NM<br>PA |
| SPRYCEL TABS 20mg<br>QL (90 tabs / 30 days)                                          | 4                          | NDS QL NM<br>PA |
| SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg<br>QL (30 tabs / 30 days)                | 4                          | NDS QL NM<br>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/<br>Tier | Limits          |
|-------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| STIVARGA TABS 40mg<br>QL (84 tabs / 28 days)                                                                | 4                          | NDS QL NM<br>PA |
| <i>sunitinib malate</i> (generic of<br>SUTENT) CAPS 12.5mg,<br>25mg, 37.5mg, 50mg<br>QL (30 caps / 30 days) | 4                          | NDS QL NM<br>PA |
| SUTENT CAPS 12.5mg,<br>25mg, 37.5mg, 50mg<br>QL (30 caps / 30 days)                                         | 4                          | NDS QL NM<br>PA |
| TABRECTA TABS 150mg,<br>200mg<br>QL (112 tabs / 28 days)                                                    | 4                          | NDS QL NM<br>PA |
| TAFINLAR CAPS 50mg,<br>75mg<br>QL (120 caps / 30 days)                                                      | 4                          | NDS QL NM<br>PA |
| TAFINLAR TBSO 10mg<br>QL (840 tabs / 28 days)                                                               | 4                          | NDS QL NM<br>PA |
| TAGRISSE TABS 40mg,<br>80mg<br>QL (30 tabs / 30 days)                                                       | 4                          | NDS QL NM<br>PA |
| TALZENNA CAPS .1mg,<br>.35mg, .5mg, .75mg, 1mg<br>QL (30 caps / 30 days)                                    | 4                          | NDS QL NM<br>PA |
| TALZENNA CAPS .25mg<br>QL (90 caps / 30 days)                                                               | 4                          | NDS QL NM<br>PA |
| TASIGNA CAPS 50mg<br>QL (120 caps / 30 days)                                                                | 4                          | NDS QL NM<br>PA |
| TASIGNA CAPS 150mg,<br>200mg<br>QL (112 caps / 28 days)                                                     | 4                          | NDS QL NM<br>PA |
| TAZVERIK TABS 200mg<br>QL (240 tabs / 30 days)                                                              | 4                          | NDS QL NM<br>PA |
| TECENTRIQ SOLN<br>840mg/14ml, 1200mg/20ml                                                                   | 4                          | NDS NM PA       |
| TECENTRIQ INJ HYBREZA<br>QL (1 vial / 21 days)                                                              | 4                          | NDS QL NM<br>PA |
| TECVAYLI SOLN 30mg/3ml,<br>153mg/1.7ml                                                                      | 4                          | NDS NM PA       |
| <i>temsirolimus</i> (generic of<br>TORISEL) SOLN 25mg/ml                                                    | 4                          | NDS B/D NM      |
| TEPMETKO TABS 225mg<br>QL (60 tabs / 30 days)                                                               | 4                          | NDS QL NM<br>PA |
| TEVIMBRA SOLN<br>100mg/10ml                                                                                 | 4                          | NDS NM PA       |
| TIBSOVO TABS 250mg<br>QL (60 tabs / 30 days)                                                                | 4                          | NDS QL NM<br>PA |
| TIVDAK SOLR 40mg                                                                                            | 4                          | NDS NM PA       |
| TORISEL SOLN 25mg/ml                                                                                        | 4                          | NDS B/D NM      |

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

| Drug Name                                                                | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------|----------------------------|-----------------|
| VIZIMPRO TABS 15mg,<br>30mg, 45mg<br>QL (30 tabs / 30 days)              | 4                          | NDS QL NM<br>PA |
| VONJO CAPS 100mg<br>QL (120 caps / 30 days)                              | 4                          | NDS QL NM<br>PA |
| VORANIGO TABS 10mg<br>QL (60 tabs / 30 days)                             | 4                          | NDS QL NM<br>PA |
| VORANIGO TABS 40mg<br>QL (30 tabs / 30 days)                             | 4                          | NDS QL NM<br>PA |
| VOTRIENT TABS 200mg<br>QL (120 tabs / 30 days)                           | 4                          | NDS QL NM<br>PA |
| VYLOY SOLR 100mg,<br>300mg                                               | 4                          | NDS NM PA       |
| XALKORI CAPS 200mg,<br>250mg; CPSP 20mg, 50mg<br>QL (120 caps / 30 days) | 4                          | NDS QL NM<br>PA |
| XALKORI CPSP 150mg<br>QL (180 caps / 30 days)                            | 4                          | NDS QL NM<br>PA |
| XOSPATA TABS 40mg<br>QL (90 tabs / 30 days)                              | 4                          | NDS QL NM<br>PA |
| XPOVIO PAK (40 MG ONCE<br>WEEKLY) TBPK 10mg<br>QL (16 tabs / 28 days)    | 4                          | NDS QL NM<br>PA |
| XPOVIO PAK (40 MG ONCE<br>WEEKLY) TBPK 40mg<br>QL (4 tabs / 28 days)     | 4                          | NDS QL NM<br>PA |
| XPOVIO PAK (40 MG TWICE<br>WEEKLY) TBPK 40mg<br>QL (8 tabs / 28 days)    | 4                          | NDS QL NM<br>PA |
| XPOVIO PAK (60 MG ONCE<br>WEEKLY) TBPK 60mg<br>QL (4 tabs / 28 days)     | 4                          | NDS QL NM<br>PA |
| XPOVIO PAK (60 MG TWICE<br>WEEKLY) TBPK 20mg<br>QL (24 tabs / 28 days)   | 4                          | NDS QL NM<br>PA |
| XPOVIO PAK (80 MG ONCE<br>WEEKLY) TBPK 40mg<br>QL (8 tabs / 28 days)     | 4                          | NDS QL NM<br>PA |
| XPOVIO PAK (80 MG ONCE<br>WEEKLY) TBPK 80mg<br>QL (4 tabs / 28 days)     | 4                          | NDS QL NM<br>PA |
| XPOVIO PAK (80 MG TWICE<br>WEEKLY) TBPK 20mg<br>QL (32 tabs / 28 days)   | 4                          | NDS QL NM<br>PA |
| XPOVIO PAK (100 MG ONCE<br>WEEKLY) TBPK 50mg<br>QL (8 tabs / 28 days)    | 4                          | NDS QL NM<br>PA |

| Drug Name                                                    | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------|----------------------------|-----------------|
| YERVOY SOLN 50mg/10ml,<br>200mg/40ml                         | 4                          | NDS NM PA       |
| ZALTRAP SOLN 100mg/4ml,<br>200mg/8ml                         | 4                          | NDS NM PA       |
| ZEJULA TABS 100mg,<br>200mg, 300mg<br>QL (30 tabs / 30 days) | 4                          | NDS QL NM<br>PA |
| ZELBORAF TABS 240mg<br>QL (240 tabs / 30 days)               | 4                          | NDS QL NM<br>PA |
| ZIIHERA SOLR 300mg                                           | 4                          | NDS NM PA       |
| ZIRABEV SOLN 100mg/4ml,<br>400mg/16ml                        | 4                          | NDS NM PA       |
| ZOLINZA CAPS 100mg<br>QL (120 caps / 30 days)                | 4                          | NDS QL NM<br>PA |
| ZYDELIG TABS 100mg,<br>150mg<br>QL (60 tabs / 30 days)       | 4                          | NDS QL NM<br>PA |
| ZYKADIA TABS 150mg<br>QL (84 tabs / 28 days)                 | 4                          | NDS QL NM<br>PA |
| ZYNLONTA SOLR 10mg                                           | 4                          | NDS NM PA       |
| ZYNYZ SOLN 500mg/20ml                                        | 4                          | NDS NM PA       |

**CARDIOVASCULAR****ACE INHIBITOR COMBINATIONS**

|                                                                                                              |   |    |
|--------------------------------------------------------------------------------------------------------------|---|----|
| <i>amlodipine besylate-<br/>benazepril hcl cap 2.5-10 mg</i><br>QL (30 caps / 30 days)                       | 1 | QL |
| <i>amlodipine besylate-<br/>benazepril hcl cap 5-10 mg</i><br>(generic of LOTREL)<br>QL (30 caps / 30 days)  | 1 | QL |
| <i>amlodipine besylate-<br/>benazepril hcl cap 5-20 mg</i><br>(generic of LOTREL)<br>QL (30 caps / 30 days)  | 1 | QL |
| <i>amlodipine besylate-<br/>benazepril hcl cap 5-40 mg</i><br>QL (30 caps / 30 days)                         | 1 | QL |
| <i>amlodipine besylate-<br/>benazepril hcl cap 10-20 mg</i><br>(generic of LOTREL)<br>QL (30 caps / 30 days) | 1 | QL |
| <i>amlodipine besylate-<br/>benazepril hcl cap 10-40 mg</i><br>(generic of LOTREL)<br>QL (30 caps / 30 days) | 1 | QL |
| <i>benazepril &amp;<br/>hydrochlorothiazide tab 5-<br/>6.25mg</i>                                            | 1 |    |

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

| Drug Name                                                                      | Drug Requirements/<br>Tier Limits |
|--------------------------------------------------------------------------------|-----------------------------------|
| <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                                 |
| <b>ACE INHIBITORS</b>                                                          |                                   |
| <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> TABS 5mg, 10mg, 20mg, 40mg                                | 1                                 |
| <i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg                                  | 1                                 |
| <i>trandolapril</i> TABS 1mg, 2mg, 4mg                                         | 1                                 |
| VASOTEC TABS 2.5mg, 5mg, 10mg                                                  | 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/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------|----------------------------|--------|
| VASOTEC TABS 20mg                                                                           | 4                          | NDS    |
| ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg                                             | 3                          |        |
| <b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>                                                     |                            |        |
| ALDACTONE TABS 25mg, 50mg, 100mg                                                            | 3                          |        |
| CAROSPIR SUSP 25mg/5ml                                                                      | 3                          |        |
| eplerenone TABS 25mg, 50mg                                                                  | 1                          |        |
| INSPIRA TABS 25mg, 50mg                                                                     | 3                          |        |
| KERENDIA TABS 10mg, 20mg, 40mg                                                              | 2                          | QL     |
| QL (30 tabs / 30 days)                                                                      |                            |        |
| spironolactone (generic of CAROSPIR) SUSP 25mg/5ml                                          | 1                          |        |
| spironolactone (generic of ALDACTONE) TABS 25mg, 50mg, 100mg                                | 1                          |        |
| <b>ALPHA BLOCKERS</b>                                                                       |                            |        |
| CARDURA TABS 1mg, 2mg, 4mg, 8mg                                                             | 3                          |        |
| doxazosin mesylate (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg                             | 1                          |        |
| prazosin hcl CAPS 1mg, 2mg, 5mg                                                             | 1                          |        |
| terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg                                                      | 1                          |        |
| TEZRULY SOLN 1mg/ml                                                                         | 3                          | QL ST  |
| QL (600 mL / 30 days)                                                                       |                            |        |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>                                      |                            |        |
| amlodipine besylate-olmesartan medoxomil tab 5-20 mg (generic of AMLODIPINE/OLMESARTAN MED) | 1                          | QL     |
| QL (30 tabs / 30 days)                                                                      |                            |        |
| amlodipine besylate-olmesartan medoxomil tab 5-40 mg (generic of AMLODIPINE/OLMESARTAN MED) | 1                          | QL     |
| QL (30 tabs / 30 days)                                                                      |                            |        |

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

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

| Drug Name                                               | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------|----------------------------|--------|
| DIOVAN HCT TAB 160-12.5<br>QL (30 tabs / 30 days)       | 3                          | QL     |
| DIOVAN HCT TAB 160-25MG<br>QL (30 tabs / 30 days)       | 3                          | QL     |
| DIOVAN HCT TAB 320-12.5<br>QL (30 tabs / 30 days)       | 3                          | QL     |
| DIOVAN HCT TAB 320-25MG<br>QL (30 tabs / 30 days)       | 3                          | QL     |
| EDARBYCLOR TAB 40-12.5<br>QL (30 tabs / 30 days)        | 3                          | QL ST  |
| EDARBYCLOR TAB 40-25MG<br>QL (30 tabs / 30 days)        | 3                          | QL ST  |
| ENTRESTO CAP 6-6MG<br>QL (240 caps / 30 days)           | 2                          | QL     |
| ENTRESTO CAP 15-16MG<br>QL (240 caps / 30 days)         | 2                          | QL     |
| ENTRESTO TAB 24-26MG<br>QL (60 tabs / 30 days)          | 3                          | QL     |
| ENTRESTO TAB 49-51MG<br>QL (60 tabs / 30 days)          | 3                          | QL     |
| ENTRESTO TAB 97-103MG<br>QL (60 tabs / 30 days)         | 3                          | QL     |
| EXFORGE HCT TAB 5-160-12.5MG<br>QL (30 tabs / 30 days)  | 3                          | QL     |
| EXFORGE HCT TAB 5-160-25MG<br>QL (30 tabs / 30 days)    | 3                          | QL     |
| EXFORGE HCT TAB 10-160-12.5MG<br>QL (30 tabs / 30 days) | 3                          | QL     |
| EXFORGE HCT TAB 10-160-25MG<br>QL (30 tabs / 30 days)   | 3                          | QL     |
| EXFORGE HCT TAB 10-320-25MG<br>QL (30 tabs / 30 days)   | 3                          | QL     |
| EXFORGE TAB 5-160MG<br>QL (30 tabs / 30 days)           | 3                          | QL     |
| EXFORGE TAB 5-320MG<br>QL (30 tabs / 30 days)           | 3                          | QL     |
| EXFORGE TAB 10-160MG<br>QL (30 tabs / 30 days)          | 3                          | QL     |
| EXFORGE TAB 10-320MG<br>QL (30 tabs / 30 days)          | 3                          | QL     |
| HYZAAR TAB 50-12.5                                      | 3                          |        |
| HYZAAR TAB 100-12.5                                     | 3                          |        |

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

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

| Drug Name                                                                                                 | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of MICARDIS HCT)<br>QL (60 tabs / 30 days) | 1                          | QL     |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (generic of MICARDIS HCT)<br>QL (30 tabs / 30 days)   | 1                          | QL     |
| TRIBENZOR TAB 20-5-12.5MG<br>QL (30 tabs / 30 days)                                                       | 3                          | QL     |
| TRIBENZOR TAB 40-5-12.5MG<br>QL (30 tabs / 30 days)                                                       | 3                          | QL     |
| TRIBENZOR TAB 40-5-25MG<br>QL (30 tabs / 30 days)                                                         | 3                          | QL     |
| TRIBENZOR TAB 40-10-12.5MG<br>QL (30 tabs / 30 days)                                                      | 3                          | QL     |
| TRIBENZOR TAB 40-10-25MG<br>QL (30 tabs / 30 days)                                                        | 3                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days)     | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days)    | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days)      | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days)    | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days)      | 1                          | QL     |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>                                                                |                            |        |
| ARB LI SUSP 10mg/ml<br>QL (330 mL / 30 days)                                                              | 3                          | QL     |

| Drug Name                                                                                       | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------|----------------------------|--------|
| ATACAND TABS 4mg, 8mg, 16mg<br>QL (60 tabs / 30 days)                                           | 3                          | QL     |
| ATACAND TABS 32mg<br>QL (30 tabs / 30 days)                                                     | 3                          | QL     |
| AVAPRO TABS 150mg, 300mg<br>QL (30 tabs / 30 days)                                              | 3                          | QL     |
| BENICAR TABS 5mg<br>QL (60 tabs / 30 days)                                                      | 3                          | QL     |
| BENICAR TABS 20mg, 40mg<br>QL (30 tabs / 30 days)                                               | 3                          | QL     |
| <i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg<br>QL (60 tabs / 30 days) | 1                          | QL     |
| <i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg<br>QL (30 tabs / 30 days)           | 1                          | QL     |
| COZAAR TABS 25mg, 50mg, 100mg                                                                   | 3                          |        |
| DIOVAN TABS 40mg, 80mg, 160mg<br>QL (60 tabs / 30 days)                                         | 3                          | QL     |
| DIOVAN TABS 320mg<br>QL (30 tabs / 30 days)                                                     | 3                          | QL     |
| EDARBI TABS 40mg, 80mg<br>QL (30 tabs / 30 days)                                                | 3                          | QL ST  |
| <i>irbesartan</i> TABS 75mg<br>QL (30 tabs / 30 days)                                           | 1                          | QL     |
| <i>irbesartan</i> (generic of AVAPRO) TABS 150mg, 300mg<br>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<br>QL (60 tabs / 30 days)             | 1                          | QL     |
| <i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg<br>QL (30 tabs / 30 days)      | 1                          | QL     |
| <i>telmisartan</i> TABS 20mg<br>QL (30 tabs / 30 days)                                          | 1                          | QL     |



| Drug Name                                                                             | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>telmisartan</i> (generic of MICARDIS) TABS 40mg, 80mg<br>QL (30 tabs / 30 days)    | 1                          | QL        |
| <i>valsartan</i> SOLN 4mg/ml<br>QL (2400 mL / 30 days)                                | 4                          | NDS QL PA |
| <i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg<br>QL (60 tabs / 30 days) | 1                          | QL        |
| <i>valsartan</i> (generic of DIOVAN) TABS 320mg<br>QL (30 tabs / 30 days)             | 1                          | QL        |
| <b>ANTIARRHYTHMICS</b>                                                                |                            |           |
| <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<br>QL (60 tabs / 30 days)                                           | 3                          | QL        |
| NORPACE CAPS 100mg, 150mg                                                             | 3                          |           |
| NORPACE CR CP12 100mg, 150mg                                                          | 3                          |           |
| <i>pacerone</i> TABS 100mg, 200mg, 400mg                                              | 1                          |           |
| <i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg             | 1                          |           |
| <i>quinidine sulfate</i> TABS 200mg, 300mg                                            | 1                          |           |
| <i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg                      | 1                          |           |
| <i>sotalol hcl</i> TABS 240mg                                                         | 1                          |           |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg                          | 1                          |        |
| SOTYLIZE SOLN 5mg/ml                                                                                   | 3                          |        |
| TIKOSYN CAPS 125mcg, 250mcg, 500mcg                                                                    | 3                          | NM     |
| <b>ANTILIPEMICS, FIBRATES</b>                                                                          |                            |        |
| <i>choline fenofibrate</i> CPDR 45mg, 135mg                                                            | 1                          |        |
| <i>fenofibrate</i> CAPS 50mg<br>QL (60 caps / 30 days)                                                 | 1                          | QL ST  |
| <i>fenofibrate</i> CAPS 150mg<br>QL (30 caps / 30 days)                                                | 1                          | QL ST  |
| <i>fenofibrate</i> TABS 40mg<br>QL (60 tabs / 30 days)                                                 | 1                          | QL ST  |
| <i>fenofibrate</i> TABS 48mg, 54mg, 160mg                                                              | 1                          |        |
| <i>fenofibrate</i> TABS 120mg<br>QL (30 tabs / 30 days)                                                | 1                          | QL ST  |
| <i>fenofibrate</i> (generic of TRICOR) TABS 145mg                                                      | 1                          |        |
| <i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg                                            | 1                          |        |
| <i>fenofibrate micronized</i> CAPS 130mg<br>QL (30 caps / 30 days)                                     | 1                          | QL ST  |
| <i>fenofibric acid</i> TABS 35mg<br>QL (60 tabs / 30 days)                                             | 1                          | QL ST  |
| <i>fenofibric acid</i> TABS 105mg<br>QL (30 tabs / 30 days)                                            | 1                          | QL ST  |
| <i>gemfibrozil</i> (generic of LOPID) TABS 600mg                                                       | 1                          |        |
| LIPOFEN CAPS 50mg<br>QL (60 caps / 30 days)                                                            | 3                          | QL ST  |
| LIPOFEN CAPS 150mg<br>QL (30 caps / 30 days)                                                           | 3                          | QL ST  |
| LOPID TABS 600mg                                                                                       | 3                          |        |
| <b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>                                                      |                            |        |
| ATORVALIQ SUSP 20mg/5ml<br>QL (600 mL / 30 days)                                                       | 3                          | QL ST  |
| <i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days) | 1                          | QL     |

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

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------------------|----------------------------|-----------|
| <b>ANTILIPEMICS, MISCELLANEOUS</b>                                                |                            |           |
| cholestyramine (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose                      | 1                          |           |
| cholestyramine light PACK 4gm                                                     | 1                          |           |
| cholestyramine light (generic of QUESTRAN LIGHT) POWD 4gm/dose                    | 1                          |           |
| colesevelam hcl (generic of WELCHOL) PACK 3.75gm; TABS 625mg                      | 1                          |           |
| COLESTID GRAN 5gm; TABS 1gm                                                       | 3                          |           |
| colestipol hcl (generic of COLESTID) GRAN 5gm; TABS 1gm                           | 1                          |           |
| colestipol hcl PACK 5gm                                                           | 1                          |           |
| EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml                                              | 4                          | NDS NM PA |
| ezetimibe (generic of ZETIA) TABS 10mg<br>QL (30 tabs / 30 days)                  | 1                          | QL        |
| ezetimibe-simvastatin tab 10-10 mg (generic of VYTORIN)<br>QL (30 tabs / 30 days) | 1                          | QL        |
| ezetimibe-simvastatin tab 10-20 mg (generic of VYTORIN)<br>QL (30 tabs / 30 days) | 1                          | QL        |
| ezetimibe-simvastatin tab 10-40 mg (generic of VYTORIN)<br>QL (30 tabs / 30 days) | 1                          | QL        |
| ezetimibe-simvastatin tab 10-80 mg (generic of VYTORIN)<br>QL (30 tabs / 30 days) | 1                          | QL        |
| JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg                                               | 4                          | NDS NM PA |
| LOVAZA CAP 1GM                                                                    | 3                          | PA        |
| NEXLETOL TABS 180mg<br>QL (30 tabs / 30 days)                                     | 2                          | QL        |
| NEXLIZET TAB 180/10MG<br>QL (30 tabs / 30 days)                                   | 2                          | QL        |
| niacin (antihyperlipidemic) TABS 500mg                                            | 1                          |           |
| niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg<br>QL (60 tabs / 30 days)   | 1                          | QL        |

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

| Drug Name                                                                     | Drug Requirements/<br>Tier | Limits   |
|-------------------------------------------------------------------------------|----------------------------|----------|
| <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       |
| <b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>                                     |                            |          |
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)   | 1                          |          |
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100) | 1                          |          |
| <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>                   | 1                          |          |
| <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>                     | 1                          |          |
| <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>                    | 1                          |          |

| Drug Name                                                                                            | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>                                             | 1                          |        |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>                                            | 1                          |        |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>                                            | 1                          |        |
| TENORETIC TAB 50                                                                                     | 3                          |        |
| TENORETIC TAB 100                                                                                    | 3                          |        |
| <b>BETA-BLOCKERS</b>                                                                                 |                            |        |
| <i>acebutolol hcl</i> CAPS 200mg, 400mg                                                              | 1                          |        |
| <i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg                                         | 1                          |        |
| <i>betaxolol hcl</i> TABS 10mg, 20mg                                                                 | 1                          |        |
| <i>bisoprolol fumarate</i> TABS 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                          |        |
| 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                          |        |

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| Drug Name                                                                                          | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------|----------------------------|--------|
| LABELALOL<br>HYDROCHLORIDE SOLN<br>10mg/2ml                                                        | 3                          |        |
| LOPRESSOR SOLN<br>10mg/ml; TABS 50mg, 100mg                                                        | 3                          |        |
| <i>metoprolol succinate</i> (generic<br>of TOPROL XL) TB24 25mg,<br>50mg, 100mg, 200mg             | 1                          |        |
| <i>metoprolol tartrate</i> SOLN<br>5mg/5ml; TABS 25mg,<br>37.5mg, 75mg                             | 1                          |        |
| <i>metoprolol tartrate</i> (generic of<br>LOPRESSOR) TABS 50mg,<br>100mg                           | 1                          |        |
| <i>nadolol</i> TABS 20mg, 40mg,<br>80mg                                                            | 1                          |        |
| <i>nebivolol hcl</i> (generic of<br>BYSTOLIC) TABS 2.5mg,<br>5mg, 10mg<br>QL (30 tabs / 30 days)   | 1                          | QL     |
| <i>nebivolol hcl</i> (generic of<br>BYSTOLIC) TABS 20mg<br>QL (60 tabs / 30 days)                  | 1                          | QL     |
| <i>pindolol</i> TABS 5mg, 10mg                                                                     | 1                          |        |
| <i>propranolol hcl</i> (generic of<br>INDERAL LA) CP24 60mg,<br>80mg, 120mg, 160mg                 | 1                          |        |
| <i>propranolol hcl</i> SOLN<br>1mg/ml, 20mg/5ml, 40mg/5ml;<br>TABS 10mg, 20mg, 40mg,<br>60mg, 80mg | 1                          |        |
| TENORMIN TABS 25mg,<br>50mg, 100mg                                                                 | 3                          |        |
| <i>timolol maleate</i> TABS 5mg,<br>10mg, 20mg                                                     | 1                          |        |
| TOPROL XL TB24 25mg,<br>50mg, 100mg, 200mg                                                         | 3                          |        |
| <b>CALCIUM CHANNEL BLOCKERS</b>                                                                    |                            |        |
| <i>amlodipine besylate</i> (generic<br>of NORVASC) TABS 2.5mg,<br>5mg, 10mg                        | 1                          |        |
| CARDIZEM TABS 30mg,<br>60mg, 120mg                                                                 | 3                          |        |
| CARDIZEM CD CP24 120mg                                                                             | 3                          |        |
| CARDIZEM CD CP24<br>180mg, 240mg, 300mg,<br>360mg                                                  | 4                          | NDS    |

| Drug Name                                                                                                                     | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| CARDIZEM LA TB24 120mg,<br>180mg, 240mg, 300mg,<br>360mg, 420mg                                                               | 3                          |        |
| <i>cartia xt</i> (generic of<br>CARDIZEM CD) CP24<br>120mg, 180mg, 240mg,<br>300mg                                            | 1                          |        |
| <i>dilt-xr</i> CP24 120mg, 180mg,<br>240mg                                                                                    | 1                          |        |
| <i>diltiazem hcl</i> CP12 60mg,<br>90mg, 120mg; SOLN<br>25mg/5ml, 50mg/10ml,<br>125mg/25ml; TABS 90mg                         | 1                          |        |
| <i>diltiazem hcl</i> (generic of<br>CARDIZEM) TABS 30mg,<br>60mg, 120mg                                                       | 1                          |        |
| <i>diltiazem hcl</i> (generic of<br>CARDIZEM LA) TB24<br>120mg, 180mg, 240mg,<br>300mg, 360mg, 420mg                          | 1                          |        |
| <i>diltiazem hcl coated beads</i><br>(generic of CARDIZEM CD)<br>CP24 120mg, 180mg, 240mg,<br>300mg, 360mg                    | 1                          |        |
| <i>diltiazem hcl extended release</i><br><i>beads</i> (generic of TIAZAC)<br>CP24 120mg, 180mg, 240mg,<br>300mg, 360mg, 420mg | 1                          |        |
| <i>felodipine</i> TB24 2.5mg, 5mg,<br>10mg                                                                                    | 1                          |        |
| <i>isradipine</i> CAPS 2.5mg, 5mg                                                                                             | 1                          |        |
| KATERZIA SUSP 1mg/ml                                                                                                          | 3                          |        |
| <i>matzim la</i> (generic of<br>CARDIZEM LA) TB24<br>180mg, 240mg, 300mg,<br>360mg, 420mg                                     | 1                          |        |
| <i>nicardipine hcl</i> CAPS 20mg,<br>30mg                                                                                     | 1                          |        |
| <i>nicardipine hcl iv soln 20</i><br><i>mg/200ml in sodium chloride</i><br>0.9% (generic of<br>NICARDIPINE<br>HYDROCHLORIDE)  | 1                          |        |
| <i>nicardipine hcl iv soln 40</i><br><i>mg/200ml in sodium chloride</i><br>0.9% (generic of<br>NICARDIPINE<br>HYDROCHLORIDE)  | 1                          |        |

| Drug Name                                                                                                                                  | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| NICARDIPINE SOL 20/200ML                                                                                                                   | 3                          |        |
| NICARDIPINE SOL 40/200ML                                                                                                                   | 3                          |        |
| <i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg                                                                                | 1                          |        |
| <i>nifedipine</i> 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                          |        |
| <b>DIURETICS</b>                                                                                                                           |                            |        |
| <i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg                                                                                         | 1                          |        |
| <i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>                                                                                     | 1                          |        |
| <i>amiloride hcl</i> TABS 5mg                                                                                                              | 1                          |        |
| <i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg                                                                                             | 1                          |        |
| <i>bumetanide</i> (generic of BUMEX) TABS .5mg                                                                                             | 1                          |        |
| <i>chlorthalidone</i> TABS 25mg, 50mg                                                                                                      | 1                          |        |

| Drug Name                                                       | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------|----------------------------|-----------|
| <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       |
| ENBUMYST SOLN .5mg/0.1ml                                        | 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                          |           |
| LASIX ONYU CTKT 80mg/2.67ml                                     | 4                          | NDS       |
| <i>methazolamide</i> TABS 25mg, 50mg                            | 1                          |           |
| <i>metolazone</i> TABS 2.5mg, 5mg, 10mg                         | 1                          |           |
| <i>ormarvi</i> (generic of KEVEYIS) TABS 50mg                   | 4                          | NDS NM PA |
| SOAANZ TABS 40mg                                                | 3                          |           |
| <i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>    | 1                          |           |
| THALITONE TABS 15mg                                             | 3                          |           |
| <i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg                   | 1                          |           |
| <i>triamterene</i> (generic of DYRENIUM) CAPS 50mg, 100mg       | 1                          |           |

| Drug Name                                                                                  | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>                                | 1                          |        |
| <i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>                                | 1                          |        |
| <i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>                                  | 1                          |        |
| <b>MISCELLANEOUS</b>                                                                       |                            |        |
| ADRENALIN SOLN 1mg/ml                                                                      | 3                          |        |
| <i>aliskiren fumarate (generic of TEKTURN) TABS 150mg, 300mg</i><br>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 (generic of CADUET)</i>            | 1                          |        |
| <i>amlodipine besylate-atorvastatin calcium tab 5-20 mg (generic of CADUET)</i>            | 1                          |        |
| <i>amlodipine besylate-atorvastatin calcium tab 5-40 mg (generic of CADUET)</i>            | 1                          |        |
| <i>amlodipine besylate-atorvastatin calcium tab 5-80 mg (generic of CADUET)</i>            | 1                          |        |
| <i>amlodipine besylate-atorvastatin calcium tab 10-10 mg (generic of CADUET)</i>           | 1                          |        |
| <i>amlodipine besylate-atorvastatin calcium tab 10-20 mg (generic of CADUET)</i>           | 1                          |        |
| <i>amlodipine besylate-atorvastatin calcium tab 10-40 mg (generic of CADUET)</i>           | 1                          |        |
| <i>amlodipine besylate-atorvastatin calcium tab 10-80 mg (generic of CADUET)</i>           | 1                          |        |

| Drug Name                                                                           | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------------------------|----------------------------|--------------|
| ATTRUBY TBP 356mg<br>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<br>QL (30 caps / 30 days)                       | 4                          | NDS QL NM PA |
| <i>clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr</i>                         | 1                          |              |
| <i>clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr</i>                         | 1                          |              |
| <i>clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr</i>                         | 1                          |              |
| <i>clonidine TB24 .17mg</i>                                                         | 1                          |              |
| <i>clonidine hcl TABS .1mg, .2mg, .3mg</i>                                          | 1                          |              |
| CORLANOR SOLN 5mg/5ml<br>QL (450 mL / 30 days)                                      | 2                          | QL           |
| CORLANOR TABS 5mg, 7.5mg<br>QL (60 tabs / 30 days)                                  | 3                          | QL           |
| DEMSEER CAPS 250mg                                                                  | 4                          | NDS NM PA    |
| <i>digoxin SOLN .05mg/ml</i>                                                        | 1                          |              |
| <i>digoxin (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg</i>                     | 1                          |              |
| <i>digoxin (generic of LANOXIN) TABS 125mcg, 250mcg</i><br>QL (30 tabs / 30 days)   | 1                          | QL           |
| <i>droxidopa (generic of NORTHERA) CAPS 100mg</i><br>QL (90 caps / 30 days)         | 1                          | QL NM PA     |
| <i>droxidopa (generic of NORTHERA) CAPS 200mg, 300mg</i><br>QL (180 caps / 30 days) | 4                          | NDS QL NM PA |

| Drug Name                                                                                   | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>epinephrine (anaphylaxis)</i><br>(generic of ADRENALIN)<br>SOLN 1mg/ml                   | 1                          |                 |
| <i>guanfacine hcl</i> TABS 1mg,<br>2mg<br>PA applies if 65 years and<br>older               | 2                          | PA              |
| <i>hydralazine hcl</i> SOLN<br>20mg/ml; TABS 10mg, 25mg,<br>50mg, 100mg                     | 1                          |                 |
| INPEFA TABS 200mg,<br>400mg<br>QL (30 tabs / 30 days)                                       | 3                          | QL              |
| <i>isosorbide dinitrate-<br/>hydralazine hcl tab 20-37.5<br/>mg</i> (generic of BIDIL)      | 1                          |                 |
| <i>ivabradine hcl</i> (generic of<br>CORLANOR) TABS 5mg,<br>7.5mg<br>QL (60 tabs / 30 days) | 1                          | QL              |
| JAVADIN SOLN .02mg/ml                                                                       | 3                          |                 |
| LANOXIN SOLN .25mg/ml;<br>TABS 62.5mcg                                                      | 3                          |                 |
| LANOXIN TABS 125mcg,<br>250mcg<br>QL (30 tabs / 30 days)                                    | 3                          | QL              |
| LANOXIN PEDIATRIC SOLN<br>.1mg/ml                                                           | 3                          |                 |
| LODOCO TABS .5mg<br>QL (30 tabs / 30 days)                                                  | 3                          | QL PA           |
| <i>methyldopa</i> TABS 250mg,<br>500mg<br>PA applies if 65 years and<br>older               | 3                          | PA              |
| <i>metyrosine</i> CAPS 250mg                                                                | 4                          | NDS NM PA       |
| <i>midodrine hcl</i> TABS 2.5mg,<br>5mg, 10mg                                               | 1                          |                 |
| <i>minoxidil</i> TABS 2.5mg, 10mg                                                           | 1                          |                 |
| NEXICLON XR TB24 .17mg                                                                      | 3                          |                 |
| NORTHERA CAPS 100mg<br>QL (90 caps / 30 days)                                               | 4                          | NDS QL NM<br>PA |
| NORTHERA CAPS 200mg,<br>300mg<br>QL (180 caps / 30 days)                                    | 4                          | NDS QL NM<br>PA |
| <i>phenoxybenzamine hcl</i> CAPS<br>10mg                                                    | 4                          | NDS PA          |
| <i>ranolazine</i> TB12 500mg,<br>1000mg                                                     | 1                          |                 |

| Drug Name                                                                  | Drug Requirements/<br>Tier | Limits          |
|----------------------------------------------------------------------------|----------------------------|-----------------|
| TEKTURNA TABS 150mg,<br>300mg<br>QL (30 tabs / 30 days)                    | 3                          | QL              |
| TRYNGOLZA SOAJ<br>80mg/0.8ml<br>QL (1 autoinjector / 30<br>days)           | 4                          | NDS QL NM<br>PA |
| TRYVIO TABS 12.5mg<br>QL (30 tabs / 30 days)                               | 3                          | QL PA           |
| VERQUVO TABS 2.5mg,<br>5mg, 10mg<br>QL (30 tabs / 30 days)                 | 2                          | QL PA           |
| VYNDAMAX CAPS 61mg<br>QL (30 caps / 30 days)                               | 4                          | NDS QL NM<br>PA |
| VYNDAQEL CAPS 20mg<br>QL (120 caps / 30 days)                              | 4                          | NDS QL NM<br>PA |
| <b>NITRATES</b>                                                            |                            |                 |
| ISORDIL TITRADOSE TABS<br>5mg                                              | 3                          |                 |
| ISORDIL TITRADOSE TABS<br>40mg                                             | 4                          | NDS ST          |
| <i>isosorbide dinitrate</i> TABS<br>5mg, 10mg, 20mg, 30mg                  | 1                          |                 |
| <i>isosorbide dinitrate</i> (generic of<br>ISORDIL TITRADOSE) TABS<br>40mg | 1                          | ST              |
| ISOSORBIDE<br>MONONITRATE TABS<br>10mg, 20mg                               | 3                          |                 |
| <i>isosorbide mononitrate</i> TB24<br>30mg, 60mg, 120mg                    | 1                          |                 |
| NITRO-BID OINT 2%                                                          | 2                          |                 |
| NITRO-DUR PT24 .1mg/hr,<br>.2mg/hr, .4mg/hr, .6mg/hr                       | 3                          |                 |
| NITRO-DUR PT24 .3mg/hr,<br>.8mg/hr                                         | 4                          | NDS             |
| <i>nitroglycerin</i> PT24 .1mg/hr,<br>.2mg/hr, .4mg/hr, .6mg/hr            | 1                          |                 |
| <i>nitroglycerin</i> (generic of<br>NITROLINGUAL) SOLN<br>.4mg/spray       | 1                          |                 |
| <i>nitroglycerin</i> (generic of<br>NITROSTAT) SUBL .3mg,<br>.4mg, .6mg    | 1                          |                 |
| NITROLINGUAL SOLN<br>.4mg/spray                                            | 3                          |                 |
| NITROSTAT SUBL .3mg,<br>.4mg, .6mg                                         | 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/<br>Tier | Limits          |
|-----------------------------------------------------------------------------|----------------------------|-----------------|
| <b>PULMONARY ARTERIAL HYPERTENSION</b>                                      |                            |                 |
| ADCIRCA TABS 20mg<br>QL (60 tabs / 30 days)                                 | 4                          | NDS QL NM<br>PA |
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg<br>QL (90 tabs / 30 days)         | 4                          | NDS QL NM<br>PA |
| alyq (generic of ADCIRCA) TABS 20mg<br>QL (60 tabs / 30 days)               | 4                          | NDS QL NM<br>PA |
| ambrisentan (generic of LETAIRIS) TABS 5mg, 10mg<br>QL (30 tabs / 30 days)  | 4                          | NDS QL NM<br>PA |
| bosentan (generic of TRACLEER) TABS 62.5mg, 125mg<br>QL (60 tabs / 30 days) | 4                          | NDS QL NM<br>PA |
| bosentan (generic of TRACLEER) TBSO 32mg<br>QL (120 tabs / 30 days)         | 4                          | NDS QL NM<br>PA |
| epoprostenol sodium (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<br>QL (30 tabs / 30 days)                           | 4                          | NDS QL NM<br>PA |
| OPSUMIT TABS 10mg<br>QL (30 tabs / 30 days)                                 | 4                          | NDS QL NM<br>PA |
| OPSYNVI TAB 10-20MG<br>QL (30 tabs / 30 days)                               | 4                          | NDS QL NM<br>PA |
| OPSYNVI TAB 10-40MG<br>QL (30 tabs / 30 days)                               | 4                          | NDS QL NM<br>PA |
| ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg                                       | 4                          | NDS NM PA       |
| ORENITRAM TBCR .125mg                                                       | 3                          | NM PA           |
| ORENITRAM TAB MONTH 1                                                       | 4                          | NDS NM PA       |
| ORENITRAM TAB MONTH 2                                                       | 4                          | NDS NM PA       |
| ORENITRAM TAB MONTH 3                                                       | 4                          | NDS NM PA       |
| REMODULIN SOLN<br>8mg/20ml, 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml    | 4                          | NDS NM PA       |
| REVATIO SOLN<br>10mg/12.5ml                                                 | 4                          | NDS NM PA       |
| REVATIO TABS 20mg<br>QL (360 tabs / 30 days)                                | 4                          | NDS QL NM<br>PA |

| Drug Name                                                                                               | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| sildenafil citrate (pulmonary hypertension) (generic of REVATIO) SOLN<br>10mg/12.5ml                    | 4                          | NDS NM PA       |
| sildenafil citrate (pulmonary hypertension) SUSR 10mg/ml<br>QL (784 mL / 30 days)                       | 4                          | NDS QL NM<br>PA |
| sildenafil citrate (pulmonary hypertension) (generic of REVATIO) TABS 20mg<br>QL (360 tabs / 30 days)   | 1                          | QL NM PA        |
| tadalafil (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg<br>QL (60 tabs / 30 days)             | 1                          | QL NM PA        |
| TADLIQ SUSP 20mg/5ml<br>QL (300 mL / 30 days)                                                           | 4                          | NDS QL NM<br>PA |
| TRACLEER TABS 62.5mg, 125mg<br>QL (60 tabs / 30 days)                                                   | 4                          | NDS QL NM<br>PA |
| TRACLEER TBSO 32mg<br>QL (120 tabs / 30 days)                                                           | 4                          | NDS QL NM<br>PA |
| treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml                                          | 4                          | NDS NM PA       |
| TYVASO SOLN .6mg/ml                                                                                     | 4                          | NDS NM PA       |
| TYVASO DPI<br>INSTITUTIONAL POWD<br>80mcg<br>QL (112 cartridges / 28 days)                              | 4                          | NDS QL NM<br>PA |
| TYVASO DPI<br>MAINTENANCE KI POWD<br>16mcg, 32mcg, 48mcg, 64mcg, 80mcg<br>QL (112 cartridges / 28 days) | 4                          | NDS QL NM<br>PA |
| TYVASO DPI POW 16-32-48<br>QL (252 cartridges / 28 days)                                                | 4                          | NDS QL NM<br>PA |
| TYVASO DPI POW MAIN KIT 32-64MCG<br>QL (224 cartridges / 28 days)                                       | 4                          | NDS QL NM<br>PA |
| TYVASO DPI POW MAIN KIT 48-64MCG<br>QL (224 cartridges / 28 days)                                       | 4                          | NDS QL NM<br>PA |
| UPTRAVI SOLR 1800mcg                                                                                    | 4                          | NDS NM PA       |



| Drug Name                                                                                                            | Drug Requirements/<br>Tier | Limits          |
|----------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| UPTRAVI TABS 200mcg<br>QL (140 tabs / 28 days)                                                                       | 4                          | NDS QL NM<br>PA |
| UPTRAVI TABS 400mcg,<br>600mcg, 800mcg, 1000mcg,<br>1200mcg, 1400mcg, 1600mcg<br>QL (60 tabs / 30 days)              | 4                          | NDS QL NM<br>PA |
| UPTRAVI PACK TAB 200/800<br>QL (1 pack / 28 days)                                                                    | 4                          | NDS QL NM<br>PA |
| VELETTRI SOLR .5mg, 1.5mg                                                                                            | 4                          | NDS B/D NM      |
| WINREVAIR KIT 45mg,<br>60mg<br>QL (2 vials / 21 days)                                                                | 4                          | NDS QL NM<br>PA |
| WINREVAIR INJ 45MG<br>QL (2 vials / 21 days)                                                                         | 4                          | NDS QL NM<br>PA |
| WINREVAIR INJ 60MG<br>QL (2 vials / 21 days)                                                                         | 4                          | NDS QL NM<br>PA |
| YUTREPIA CAPS 26.5mcg,<br>53mcg, 79.5mcg<br>QL (140 caps / 28 days)                                                  | 4                          | NDS QL NM<br>PA |
| YUTREPIA CAPS 106mcg<br>QL (224 caps / 28 days)                                                                      | 4                          | NDS QL NM<br>PA |
| <b>CENTRAL NERVOUS SYSTEM<br/>ANTIANXIETY</b>                                                                        |                            |                 |
| <i>alprazolam</i> (generic of<br>XANAX) TABS .25mg, .5mg,<br>1mg, 2mg<br>QL (150 tabs / 30 days)                     | 1                          | QL              |
| <i>alprazolam</i> (generic of<br>XANAX XR) TB24 2mg<br>QL (90 tabs / 30 days)<br>PA applies if 65 years and<br>older | 1                          | QL PA           |
| <i>alprazolam</i> TB24 3mg<br>QL (90 tabs / 30 days)<br>PA applies if 65 years and<br>older                          | 1                          | QL PA           |
| <i>alprazolam</i> TB24 .5mg, 1mg<br>QL (150 tabs / 30 days)<br>PA applies if 65 years and<br>older                   | 1                          | QL PA           |
| <i>alprazolam</i> TBDP .5mg, 1mg,<br>2mg<br>QL (150 tabs / 30 days)                                                  | 1                          | QL              |
| <i>alprazolam</i> TBDP .25mg<br>QL (120 tabs / 30 days)                                                              | 1                          | QL              |
| ALPRAZOLAM INTENSOL<br>CONC 1mg/ml<br>QL (300 mL / 30 days)                                                          | 3                          | QL              |

| Drug Name                                                                                                             | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| ATIVAN SOLN 2mg/ml,<br>4mg/ml                                                                                         | 3                          |        |
| ATIVAN TABS .5mg, 1mg,<br>2mg<br>QL (150 tabs / 30 days)                                                              | 4                          | NDS QL |
| BUCAPSOL CAPS 7.5mg,<br>10mg<br>QL (60 caps / 30 days)                                                                | 4                          | NDS QL |
| BUCAPSOL CAPS 15mg<br>QL (120 caps / 30 days)                                                                         | 4                          | NDS QL |
| <i>buspirone hcl</i> TABS 5mg,<br>7.5mg, 10mg, 15mg, 30mg                                                             | 1                          |        |
| <i>chlordiazepoxide hcl</i> CAPS<br>5mg, 10mg, 25mg<br>QL (120 caps / 30 days)<br>PA applies if 65 years and<br>older | 1                          | QL PA  |
| <i>fluvoxamine maleate</i> CP24<br>100mg, 150mg<br>QL (60 caps / 30 days)                                             | 1                          | QL     |
| <i>fluvoxamine maleate</i> TABS<br>25mg, 50mg, 100mg                                                                  | 1                          |        |
| <i>lorazepam</i> CONC 2mg/ml<br>QL (150 mL / 30 days)                                                                 | 1                          | QL     |
| <i>lorazepam</i> (generic of<br>ATIVAN) SOLN 4mg/ml,<br>20mg/10ml                                                     | 1                          |        |
| <i>lorazepam</i> (generic of<br>ATIVAN) TABS .5mg, 1mg,<br>2mg<br>QL (150 tabs / 30 days)                             | 1                          | QL     |
| <i>lorazepam intensol</i> CONC<br>2mg/ml<br>QL (150 mL / 30 days)                                                     | 1                          | QL     |
| LOREEV XR CS24 1mg,<br>1.5mg, 2mg<br>QL (150 caps / 30 days)<br>PA applies if 65 years and<br>older                   | 3                          | QL PA  |
| LOREEV XR CS24 3mg<br>QL (90 caps / 30 days)<br>PA applies if 65 years and<br>older                                   | 3                          | QL PA  |
| <i>oxazepam</i> CAPS 10mg,<br>15mg, 30mg<br>QL (120 caps / 30 days)<br>PA applies if 65 years and<br>older            | 1                          | QL PA  |

| Drug Name                                                                                                   | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| XANAX TABS .25mg, .5mg, 1mg, 2mg<br>QL (150 tabs / 30 days)                                                 | 3                          | QL           |
| XANAX XR TB24 2mg, 3mg<br>QL (90 tabs / 30 days)<br>PA applies if 65 years and older                        | 3                          | QL PA        |
| XANAX XR TB24 .5mg, 1mg<br>QL (150 tabs / 30 days)<br>PA applies if 65 years and older                      | 3                          | QL PA        |
| <b>ANTIDEMENTIA</b>                                                                                         |                            |              |
| ARICEPT TABS 5mg<br>QL (30 tabs / 30 days)                                                                  | 3                          | QL           |
| ARICEPT TABS 10mg, 23mg                                                                                     | 3                          |              |
| donepezil hydrochloride (generic of ARICEPT) TABS 5mg<br>QL (30 tabs / 30 days)                             | 1                          | QL           |
| donepezil hydrochloride (generic of ARICEPT) TABS 10mg, 23mg                                                | 1                          |              |
| donepezil hydrochloride TBDP 5mg<br>QL (30 tabs / 30 days)                                                  | 1                          | QL           |
| donepezil hydrochloride TBDP 10mg                                                                           | 1                          |              |
| EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr<br>QL (30 patches / 30 days)                                | 3                          | QL           |
| galantamine hydrobromide CP24 8mg, 16mg, 24mg<br>QL (30 caps / 30 days)                                     | 1                          | QL           |
| galantamine hydrobromide SOLN 4mg/ml<br>QL (200 mL / 30 days)                                               | 1                          | QL           |
| galantamine hydrobromide TABS 4mg, 8mg, 12mg<br>QL (60 tabs / 30 days)                                      | 1                          | QL           |
| LEQEMBI IQLIK SOAJ 360mg/1.8ml<br>QL (4 pens / 28 days)                                                     | 4                          | NDS QL NM PA |
| memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg<br>PA applies if 29 years and younger | 1                          | PA           |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack<br>PA applies if 29 years and younger          | 1                          | PA        |
| memantine hcl-donepezil hcl cap er 24hr 14-10 mg (generic of NAMZARIC)                                 | 1                          |           |
| memantine hcl-donepezil hcl cap er 24hr 21-10 mg (generic of NAMZARIC)                                 | 1                          |           |
| memantine hcl-donepezil hcl cap er 24hr 28-10 mg (generic of NAMZARIC)                                 | 1                          |           |
| NAMZARIC CAP 7-10MG                                                                                    | 3                          |           |
| NAMZARIC CAP 14-10MG                                                                                   | 3                          |           |
| NAMZARIC CAP 21-10MG                                                                                   | 3                          |           |
| NAMZARIC CAP 28-10MG                                                                                   | 3                          |           |
| rivastigmine (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr<br>QL (30 patches / 30 days) | 1                          | QL        |
| rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg<br>QL (60 caps / 30 days)                            | 1                          | QL        |
| ZUNVEYL TBEC 5mg, 10mg, 15mg<br>QL (60 tabs / 30 days)                                                 | 3                          | QL PA     |
| <b>ANTIDEPRESSANTS</b>                                                                                 |                            |           |
| amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg<br>PA applies if 65 years and older        | 2                          | PA        |
| amoxapine TABS 25mg, 50mg, 100mg, 150mg<br>PA applies if 65 years and older                            | 2                          | PA        |
| ANAFRANIL CAPS 25mg, 50mg, 75mg                                                                        | 4                          | NDS PA    |
| APLENZIN TB24 174mg<br>QL (60 tabs / 30 days)                                                          | 4                          | NDS QL ST |
| APLENZIN TB24 348mg, 522mg<br>QL (30 tabs / 30 days)                                                   | 4                          | NDS QL ST |
| AUVELITY TAB 45-105MG<br>QL (60 tabs / 30 days)                                                        | 3                          | QL PA     |

| Drug Name                                                                                             | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>bupropion hcl</i> TABS 75mg, 100mg                                                                 | 1                          |        |
| <i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg<br>QL (60 tabs / 30 days)    | 1                          | QL     |
| <i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg<br>QL (60 tabs / 30 days)                  | 1                          | QL     |
| <i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg<br>QL (30 tabs / 30 days)                  | 1                          | QL     |
| <i>bupropion hcl</i> TB24 450mg<br>QL (30 tabs / 30 days)                                             | 1                          | QL ST  |
| CELEXA TABS 10mg, 20mg, 40mg                                                                          | 3                          |        |
| CITALOPRAM HYDROBROMIDE CAPS 30mg<br>QL (30 caps / 30 days)                                           | 3                          | QL ST  |
| <i>citalopram hydrobromide</i> SOLN 10mg/5ml                                                          | 1                          |        |
| <i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg                              | 1                          |        |
| <i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg                                  | 3                          | PA     |
| <i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg<br>PA applies if 65 years and older     | 3                          | PA     |
| <i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg<br>PA applies if 65 years and older              | 3                          | PA     |
| DESVENLAFAXINE ER TB24 50mg, 100mg<br>QL (30 tabs / 30 days)                                          | 3                          | QL     |
| <i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days) | 1                          | QL     |

| Drug Name                                                                                                      | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml<br>PA applies if 65 years and older | 2                          | PA        |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg<br>QL (60 caps / 30 days)                                        | 3                          | QL PA     |
| <i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg<br>QL (60 caps / 30 days)                                    | 1                          | QL        |
| EFFEXOR XR CP24 37.5mg, 75mg, 150mg                                                                            | 3                          |           |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr<br>QL (30 patches / 30 days)                                          | 4                          | NDS QL PA |
| ESCITALOPRAM OXALATE CAPS 15mg<br>QL (30 caps / 30 days)                                                       | 3                          | QL        |
| <i>escitalopram oxalate</i> SOLN 5mg/5ml                                                                       | 1                          |           |
| <i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg                                          | 1                          |           |
| EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg<br>QL (30 tabs / 30 days)                                            | 4                          | NDS QL PA |
| EXXUA TITRATION PACK TB24 18.2mg<br>QL (2 packs / year)                                                        | 4                          | NDS QL PA |
| FETZIMA CP24 20mg, 40mg<br>QL (60 caps / 30 days)                                                              | 3                          | QL PA     |
| FETZIMA CP24 80mg, 120mg<br>QL (30 caps / 30 days)                                                             | 3                          | QL PA     |
| FETZIMA CAP TITRATION<br>QL (2 packs / year)                                                                   | 3                          | QL PA     |
| <i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml                                                     | 1                          |           |
| <i>fluoxetine hcl</i> CPDR 90mg<br>QL (4 caps / 28 days)                                                       | 1                          | QL        |
| <i>fluoxetine hcl</i> TABS 10mg<br>QL (30 tabs / 30 days)                                                      | 1                          | QL        |
| <i>fluoxetine hcl</i> TABS 20mg<br>QL (120 tabs / 30 days)                                                     | 1                          | QL        |

| Drug Name                                                                                       | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>fluoxetine hcl</i> (generic of FLUOXETINE HYDROCHLORIDE) TABS 60mg<br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>fluoxetine hcl (pmd)</i> TABS 10mg<br>QL (30 tabs / 30 days)<br>(generic of SARAFEM)         | 1                          | QL     |
| <i>fluoxetine hcl (pmd)</i> TABS 20mg<br>QL (120 tabs / 30 days)<br>(generic of SARAFEM)        | 1                          | QL     |
| FORFIVO XL TB24 450mg<br>QL (30 tabs / 30 days)                                                 | 3                          | QL ST  |
| <i>imipramine hcl</i> TABS 10mg, 25mg, 50mg<br>PA applies if 65 years and older                 | 1                          | PA     |
| <i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg<br>PA applies if 65 years and older    | 3                          | PA     |
| LEXAPRO TABS 5mg, 10mg, 20mg                                                                    | 3                          |        |
| MARPLAN TABS 10mg<br>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) TBDP 15mg, 30mg, 45mg                            | 1                          |        |
| NARDIL TABS 15mg                                                                                | 3                          |        |
| <i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg                                     | 1                          |        |
| NORPRAMIN TABS 10mg, 25mg<br>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                          |        |

| Drug Name                                                                                                                           | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| PARNATE TABS 10mg                                                                                                                   | 4                          | NDS    |
| <i>paroxetine hcl</i> SUSP 10mg/5ml<br>QL (900 mL / 30 days)<br>PA applies if 65 years and older                                    | 3                          | QL PA  |
| <i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg<br>PA applies if 65 years and older                            | 1                          | PA     |
| <i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg<br>QL (60 tabs / 30 days)<br>PA applies if 65 years and older | 3                          | QL PA  |
| PAXIL TABS 10mg, 20mg, 30mg, 40mg<br>PA applies if 65 years and older                                                               | 3                          | PA     |
| PAXIL CR TB24 12.5mg, 25mg, 37.5mg<br>QL (60 tabs / 30 days)<br>PA applies if 65 years and older                                    | 3                          | QL PA  |
| <i>perphenazine-amitriptyline tab</i> 2-10 mg<br>PA applies if 65 years and older                                                   | 2                          | PA     |
| <i>perphenazine-amitriptyline tab</i> 2-25 mg<br>PA applies if 65 years and older                                                   | 2                          | PA     |
| <i>perphenazine-amitriptyline tab</i> 4-10 mg<br>PA applies if 65 years and older                                                   | 2                          | PA     |
| <i>perphenazine-amitriptyline tab</i> 4-25 mg<br>PA applies if 65 years and older                                                   | 2                          | PA     |
| <i>perphenazine-amitriptyline tab</i> 4-50 mg<br>PA applies if 65 years and older                                                   | 2                          | PA     |
| <i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg                                                                             | 1                          |        |

| Drug Name                                                                                               | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| PRISTIQ TB24 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days)                                                | 3                          | QL        |
| <i>protriptyline hcl</i> TABS 5mg, 10mg                                                                 | 3                          |           |
| RALDESY SOLN 10mg/ml<br>QL (1800 mL / 30 days)                                                          | 3                          | QL PA     |
| REMERON TABS 15mg, 30mg                                                                                 | 3                          |           |
| REMERON SOLTAB TB24 15mg, 30mg, 45mg                                                                    | 3                          |           |
| <i>sertraline hcl</i> (generic of SERTRALINE HYDROCHLORIDE) CAPS 150mg, 200mg<br>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<br>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<br>QL (120 caps / 30 days)                                  | 3                          | QL        |
| <i>trimipramine maleate</i> CAPS 100mg<br>QL (60 caps / 30 days)                                        | 3                          | QL        |
| TRINTELLIX TABS 5mg, 10mg, 20mg<br>QL (30 tabs / 30 days)                                               | 3                          | QL PA     |
| VENLAFAXINE BESYLATE ER TB24 112.5mg<br>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                          |           |

| Drug Name                                                                                  | Drug Requirements/<br>Tier | Limits       |
|--------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>venlafaxine hcl</i> TB24 225mg<br>QL (30 tabs / 30 days)                                | 1                          | QL ST        |
| VIIBRYD TABS 10mg, 20mg, 40mg<br>QL (30 tabs / 30 days)                                    | 3                          | QL           |
| <i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg<br>QL (30 tabs / 30 days) | 1                          | QL           |
| WELLBUTRIN SR TB12 100mg, 150mg, 200mg<br>QL (60 tabs / 30 days)                           | 3                          | QL ST        |
| WELLBUTRIN XL TB24 150mg<br>QL (60 tabs / 30 days)                                         | 4                          | NDS QL ST    |
| WELLBUTRIN XL TB24 300mg<br>QL (30 tabs / 30 days)                                         | 4                          | NDS QL ST    |
| ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg                                                | 3                          |              |
| ZURZUVAE CAPS 20mg, 25mg<br>QL (28 caps / 14 days)                                         | 4                          | NDS QL NM PA |
| ZURZUVAE CAPS 30mg<br>QL (14 caps / 14 days)                                               | 4                          | NDS QL NM PA |
| <b>ANTIPARKINSONIAN AGENTS</b>                                                             |                            |              |
| <i>amantadine hcl</i> CAPS 100mg<br>QL (120 caps / 30 days)                                | 1                          | QL           |
| <i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg                                            | 1                          |              |
| APOKYN SOCT 30mg/3ml<br>QL (20 cartridges / 30 days)                                       | 4                          | NDS QL NM PA |
| <i>apomorphine hydrochloride</i> SOCT 30mg/3ml<br>QL (20 cartridges / 30 days)             | 4                          | NDS QL NM PA |
| AZILECT TABS .5mg, 1mg<br>QL (30 tabs / 30 days)                                           | 4                          | NDS QL       |
| <i>benztropine mesylate</i> SOLN 1mg/ml                                                    | 1                          |              |
| <i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg<br>PA applies if 65 years and older        | 1                          | PA           |
| <i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg                   | 1                          |              |

| Drug Name                                                          | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------|----------------------------|--------|
| <i>carb/levo orally disintegrating tab 10-100mg</i>                | 1                          |        |
| <i>carb/levo orally disintegrating tab 25-100mg</i>                | 1                          |        |
| <i>carb/levo orally disintegrating tab 25-250mg</i>                | 1                          |        |
| <i>carbidopa (generic of LODOSYN) TABS 25mg</i>                    | 1                          |        |
| <i>carbidopa &amp; levodopa cap er 23.75-95 mg</i>                 | 1                          |        |
| <i>carbidopa &amp; levodopa cap er 36.25-145 mg</i>                | 1                          |        |
| <i>carbidopa &amp; levodopa cap er 48.75-195 mg</i>                | 1                          |        |
| <i>carbidopa &amp; levodopa cap er 61.25-245 mg</i>                | 1                          |        |
| <i>carbidopa &amp; levodopa tab 10-100 mg (generic of SINEMET)</i> | 1                          |        |
| <i>carbidopa &amp; levodopa tab 25-100 mg (generic of SINEMET)</i> | 1                          |        |
| <i>carbidopa &amp; levodopa tab 25-250 mg</i>                      | 1                          |        |
| <i>carbidopa &amp; levodopa tab er 25-100 mg</i>                   | 1                          |        |
| <i>carbidopa &amp; levodopa tab er 50-200 mg</i>                   | 1                          |        |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>           | 1                          |        |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>          | 1                          |        |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>            | 1                          |        |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>         | 1                          |        |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>          | 1                          |        |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>            | 1                          |        |
| 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     |

| Drug Name                                                                                                                             | Drug Requirements/<br>Tier | Limits       |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| DHIVY TAB 25-100MG                                                                                                                    | 3                          |              |
| DUOPA SUS 4.63-20                                                                                                                     | 4                          | NDS B/D NM   |
| <i>entacapone TABS 200mg</i>                                                                                                          | 1                          |              |
| GOCOVRI CP24 68.5mg QL (30 caps / 30 days)                                                                                            | 4                          | NDS QL NM PA |
| GOCOVRI CP24 137mg QL (60 caps / 30 days)                                                                                             | 4                          | NDS QL NM PA |
| INBRIJA CAPS 42mg QL (300 caps / 30 days)                                                                                             | 4                          | NDS QL NM PA |
| LODOSYN TABS 25mg                                                                                                                     | 4                          | NDS          |
| NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr                                                                | 3                          | PA           |
| NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days)                                                                                       | 4                          | NDS QL NM    |
| 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 TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i> | 1                          |              |
| <i>rasagiline mesylate (generic of AZILECT) TABS .5mg, 1mg</i>                                                                        | 1                          | QL           |
| QL (30 tabs / 30 days)                                                                                                                |                            |              |
| <i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg</i>                              | 1                          |              |
| RYTARY CAP 95MG                                                                                                                       | 3                          | ST           |
| RYTARY CAP 145MG                                                                                                                      | 3                          | ST           |
| RYTARY CAP 195MG                                                                                                                      | 3                          | ST           |
| RYTARY CAP 245MG                                                                                                                      | 3                          | ST           |
| <i>selegiline hcl CAPS 5mg; TABS 5mg</i>                                                                                              | 1                          |              |
| SINEMET TAB 10-100MG                                                                                                                  | 3                          |              |
| SINEMET TAB 25-100MG                                                                                                                  | 3                          |              |
| <i>trihexyphenidyl hcl SOLN .4mg/ml</i>                                                                                               | 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/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <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       |
| <b>ANTIPSYCHOTICS</b>                                                                                    |                            |           |
| ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg<br>QL (30 tabs / 30 days)                                  | 3                          | QL        |
| ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml<br>QL (1 syringe / 56 days)                              | 4                          | NDS QL    |
| ABILIFY MAINTENA PRSY 300mg, 400mg<br>QL (1 syringe / 28 days)                                           | 4                          | NDS QL    |
| ABILIFY MAINTENA SRER 300mg, 400mg<br>QL (1 injection / 28 days)                                         | 4                          | NDS QL    |
| ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg<br>QL (30 tabs / 30 days)                | 4                          | NDS QL PA |
| ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg<br>QL (30 tabs / 30 days)                | 4                          | NDS QL PA |
| <i>aripiprazole</i> SOLN 1mg/ml<br>QL (900 mL / 30 days)                                                 | 1                          | QL        |
| <i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg<br>QL (30 tabs / 30 days) | 1                          | QL        |
| <i>aripiprazole</i> TBDP 10mg, 15mg<br>QL (60 tabs / 30 days)                                            | 1                          | QL ST     |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml<br>QL (1 syringe / 28 days)                          | 4                          | NDS QL    |
| ARISTADA PRSY 1064mg/3.9ml<br>QL (1 syringe / 56 days)                                                   | 4                          | NDS QL    |
| ARISTADA INITIO PRSY 675mg/2.4ml                                                                         | 4                          | NDS       |

| Drug Name                                                                                                     | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg<br>QL (60 tabs / 30 days)                 | 1                          | QL        |
| CAPLYTA CAPS 10.5mg, 21mg, 42mg<br>QL (30 caps / 30 days)                                                     | 4                          | NDS QL    |
| <i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | 1                          |           |
| <i>clozapine</i> (generic of CLOZARIL) TABS 25mg                                                              | 1                          |           |
| <i>clozapine</i> TABS 50mg                                                                                    | 1                          |           |
| <i>clozapine</i> (generic of CLOZARIL) TABS 100mg<br>QL (270 tabs / 30 days)                                  | 1                          | QL        |
| <i>clozapine</i> TABS 200mg<br>QL (120 tabs / 30 days)                                                        | 1                          | QL        |
| <i>clozapine</i> TBDP 12.5mg, 25mg                                                                            | 1                          | PA        |
| <i>clozapine</i> TBDP 100mg<br>QL (270 tabs / 30 days)                                                        | 1                          | QL PA     |
| <i>clozapine</i> TBDP 150mg<br>QL (180 tabs / 30 days)                                                        | 1                          | QL PA     |
| <i>clozapine</i> TBDP 200mg<br>QL (120 tabs / 30 days)                                                        | 1                          | QL PA     |
| CLOZARIL TABS 25mg                                                                                            | 3                          |           |
| CLOZARIL TABS 100mg<br>QL (270 tabs / 30 days)                                                                | 4                          | NDS QL    |
| COBENFY CAP 50-20MG<br>QL (60 caps / 30 days)                                                                 | 4                          | NDS QL PA |
| COBENFY CAP 100-20MG<br>QL (60 caps / 30 days)                                                                | 4                          | NDS QL PA |
| COBENFY CAP 125-30MG<br>QL (60 caps / 30 days)                                                                | 4                          | NDS QL PA |
| COBENFY STRT CAP PACK<br>QL (2 packs / year)                                                                  | 4                          | NDS QL PA |
| ERZOFRI SUSY 39mg/0.25ml<br>QL (1 syringe / 28 days)                                                          | 3                          | QL        |
| ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml<br>QL (1 syringe / 28 days)                      | 4                          | NDS QL    |

| Drug Name                                                                                               | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| ERZOFRI SUSY<br>351mg/2.25ml<br>QL (2 syringes / year)                                                  | 4                          | NDS QL    |
| FANAPT TABS 1mg, 2mg,<br>4mg, 6mg, 8mg, 10mg, 12mg<br>QL (60 tabs / 30 days)                            | 4                          | NDS QL PA |
| FANAPT PAK PACK A<br>QL (2 packs / year)                                                                | 3                          | QL PA     |
| FANAPT PAK PACK B<br>QL (2 packs / year)                                                                | 3                          | QL PA     |
| FANAPT PAK PACK C<br>QL (2 packs / year)                                                                | 3                          | QL PA     |
| <i>fluphenazine decanoate</i><br>SOLN 25mg/ml                                                           | 1                          |           |
| <i>fluphenazine hcl</i> CONC<br>5mg/ml; ELIX 2.5mg/5ml;<br>SOLN 2.5mg/ml; TABS 1mg,<br>2.5mg, 5mg, 10mg | 1                          |           |
| GEODON CAPS 20mg,<br>40mg, 60mg, 80mg<br>QL (60 caps / 30 days)                                         | 4                          | NDS QL    |
| GEODON SOLR 20mg<br>QL (6 injections / 3<br>days)                                                       | 3                          | QL        |
| HALDOL DECANOATE 50<br>SOLN 50mg/ml                                                                     | 3                          |           |
| HALDOL DECANOATE 100<br>SOLN 100mg/ml                                                                   | 3                          |           |
| <i>haloperidol</i> TABS .5mg, 1mg, 1<br>2mg, 5mg, 10mg, 20mg                                            | 1                          |           |
| <i>haloperidol decanoate</i> SOLN<br>50mg/ml, 100mg/ml                                                  | 1                          |           |
| <i>haloperidol lactate</i> CONC<br>2mg/ml; SOLN 5mg/ml                                                  | 1                          |           |
| INVEGA TB24 3mg, 9mg<br>QL (30 tabs / 30 days)                                                          | 3                          | QL        |
| INVEGA TB24 6mg<br>QL (60 tabs / 30 days)                                                               | 3                          | QL        |
| INVEGA HAFYERA SUSY<br>1092mg/3.5ml, 1560mg/5ml<br>QL (1 injection / 180<br>days)                       | 4                          | NDS QL    |
| INVEGA SUSTENNA SUSY<br>39mg/0.25ml<br>QL (1 syringe / 28 days)                                         | 3                          | QL        |

| Drug Name                                                                                                   | Drug Requirements/<br>Tier | Limits          |
|-------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| INVEGA SUSTENNA SUSY<br>78mg/0.5ml, 117mg/0.75ml,<br>156mg/ml, 234mg/1.5ml<br>QL (1 syringe / 28 days)      | 4                          | NDS QL          |
| INVEGA TRINZA SUSY<br>273mg/0.88ml, 410mg/1.32ml,<br>546mg/1.75ml, 819mg/2.63ml<br>QL (1 syringe / 90 days) | 4                          | NDS QL          |
| LATUDA TABS 20mg, 40mg, 4<br>60mg, 120mg<br>QL (30 tabs / 30 days)                                          | 4                          | NDS QL          |
| LATUDA TABS 80mg<br>QL (60 tabs / 30 days)                                                                  | 4                          | NDS QL          |
| <i>loxapine succinate</i> CAPS<br>5mg, 10mg, 25mg, 50mg                                                     | 1                          |                 |
| <i>lurasidone hcl</i> (generic of<br>LATUDA) TABS 20mg,<br>40mg, 60mg, 120mg<br>QL (30 tabs / 30 days)      | 1                          | QL              |
| <i>lurasidone hcl</i> (generic of<br>LATUDA) TABS 80mg<br>QL (60 tabs / 30 days)                            | 1                          | QL              |
| LYBALVI TAB 5-10MG<br>QL (30 tabs / 30 days)                                                                | 4                          | NDS QL          |
| LYBALVI TAB 10-10MG<br>QL (30 tabs / 30 days)                                                               | 4                          | NDS QL          |
| LYBALVI TAB 15-10MG<br>QL (30 tabs / 30 days)                                                               | 4                          | NDS QL          |
| LYBALVI TAB 20-10MG<br>QL (30 tabs / 30 days)                                                               | 4                          | NDS QL          |
| <i>molindone hcl</i> TABS 5mg,<br>10mg, 25mg                                                                | 1                          |                 |
| NUPLAZID CAPS 34mg<br>QL (30 caps / 30 days)                                                                | 4                          | NDS QL NM<br>PA |
| NUPLAZID TABS 10mg<br>QL (30 tabs / 30 days)                                                                | 4                          | NDS QL NM<br>PA |
| <i>olanzapine</i> (generic of<br>ZYPREXA) SOLR 10mg<br>QL (3 vials / 1 day)                                 | 1                          | QL              |
| <i>olanzapine</i> (generic of<br>ZYPREXA) TABS 2.5mg,<br>5mg<br>QL (60 tabs / 30 days)                      | 1                          | QL              |
| <i>olanzapine</i> TABS 7.5mg,<br>15mg<br>QL (30 tabs / 30 days)                                             | 1                          | QL              |
| <i>olanzapine</i> TABS 10mg<br>QL (60 tabs / 30 days)                                                       | 1                          | QL              |



| Drug Name                                                                                             | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>olanzapine</i> (generic of ZYPREXA) TABS 20mg<br>QL (30 tabs / 30 days)                            | 1                          | QL        |
| <i>olanzapine</i> TBDP 5mg, 15mg, 20mg<br>QL (30 tabs / 30 days)                                      | 1                          | QL ST     |
| <i>olanzapine</i> TBDP 10mg<br>QL (60 tabs / 30 days)                                                 | 1                          | QL ST     |
| OPIPZA FILM 2mg, 5mg<br>QL (30 films / 30 days)                                                       | 4                          | NDS QL PA |
| OPIPZA FILM 10mg<br>QL (90 films / 30 days)                                                           | 4                          | NDS QL PA |
| <i>paliperidone</i> TB24 1.5mg<br>QL (30 tabs / 30 days)                                              | 1                          | QL        |
| <i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg<br>QL (30 tabs / 30 days)                       | 1                          | QL        |
| <i>paliperidone</i> (generic of INVEGA) TB24 6mg<br>QL (60 tabs / 30 days)                            | 1                          | QL        |
| <i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg                                                          | 1                          |           |
| PERSERIS PRSY 90mg, 120mg<br>QL (1 syringe / 30 days)                                                 | 4                          | NDS QL    |
| <i>pimozide</i> TABS 1mg, 2mg                                                                         | 1                          |           |
| <i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg<br>QL (180 tabs / 30 days)                 | 1                          | QL        |
| <i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg<br>QL (90 tabs / 30 days)    | 1                          | QL        |
| <i>quetiapine fumarate</i> TABS 150mg<br>QL (90 tabs / 30 days)                                       | 1                          | QL        |
| <i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg<br>QL (60 tabs / 30 days)          | 1                          | QL        |
| <i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg<br>QL (60 tabs / 30 days) | 1                          | QL PA     |
| <i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg<br>QL (30 tabs / 30 days)       | 1                          | QL PA     |

| Drug Name                                                                                                      | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| REXULTI TABS 3mg, 4mg<br>QL (30 tabs / 30 days)                                                                | 4                          | NDS QL    |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg<br>QL (60 tabs / 30 days)                                                   | 4                          | NDS QL    |
| RISPERDAL SOLN 1mg/ml<br>QL (240 mL / 30 days)                                                                 | 3                          | QL        |
| RISPERDAL TABS .5mg, 1mg, 2mg, 3mg, 4mg                                                                        | 3                          |           |
| RISPERDAL CONSTA SRER 12.5mg<br>QL (2 injections / 28 days)                                                    | 3                          | QL        |
| RISPERDAL CONSTA SRER 25mg, 37.5mg, 50mg<br>QL (2 injections / 28 days)                                        | 4                          | NDS QL    |
| <i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml<br>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<br>QL (60 tabs / 30 days)                                                | 1                          | QL ST     |
| <i>risperidone</i> TBDP 4mg<br>QL (120 tabs / 30 days)                                                         | 1                          | QL ST     |
| <i>risperidone</i> TBDP .25mg, .5mg<br>QL (90 tabs / 30 days)                                                  | 1                          | QL ST     |
| <i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg<br>QL (2 injections / 28 days) | 1                          | QL        |
| <i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg<br>QL (2 injections / 28 days) | 4                          | NDS QL    |
| RYKINDO SRER 25mg, 37.5mg, 50mg<br>QL (2 vials / 28 days)                                                      | 4                          | NDS QL PA |

| Drug Name                                                                                   | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------------|----------------------------|-----------|
| SAPHRIS SUBL 2.5mg, 5mg, 10mg<br>QL (60 tabs / 30 days)                                     | 4                          | NDS QL    |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr<br>QL (30 patches / 30 days)                | 4                          | NDS QL    |
| SEROQUEL TABS 25mg<br>QL (180 tabs / 30 days)                                               | 3                          | QL        |
| SEROQUEL TABS 50mg, 100mg, 200mg<br>QL (90 tabs / 30 days)                                  | 3                          | QL        |
| SEROQUEL TABS 300mg, 400mg<br>QL (60 tabs / 30 days)                                        | 3                          | QL        |
| SEROQUEL XR TB24 150mg, 200mg<br>QL (30 tabs / 30 days)                                     | 3                          | QL PA     |
| SEROQUEL XR TB24 300mg, 400mg<br>QL (60 tabs / 30 days)                                     | 3                          | QL PA     |
| thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg                                               | 1                          |           |
| thiothixene CAPS 1mg, 2mg, 5mg, 10mg                                                        | 1                          |           |
| trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg                                                | 1                          |           |
| UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml<br>QL (1 syringe / 30 days) | 4                          | NDS QL    |
| UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml<br>QL (1 syringe / 60 days)              | 4                          | NDS QL    |
| VERSACLOZ SUSP 50mg/ml<br>QL (600 mL / 30 days)                                             | 4                          | NDS QL PA |
| VRAYLAR CAPS 1.5mg<br>QL (60 caps / 30 days)                                                | 4                          | NDS QL    |
| VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg<br>QL (30 caps / 30 days)                         | 4                          | NDS QL    |
| ziprasidone hcl (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg<br>QL (60 caps / 30 days)   | 1                          | QL        |

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits       |
|----------------------------------------------------------------------------------|----------------------------|--------------|
| ziprasidone mesylate (generic of GEODON) SOLR 20mg<br>QL (6 injections / 3 days) | 1                          | QL           |
| ZYPREXA SOLR 10mg<br>QL (3 vials / 1 day)                                        | 3                          | QL           |
| ZYPREXA TABS 2.5mg, 5mg<br>QL (60 tabs / 30 days)                                | 3                          | QL           |
| ZYPREXA TABS 20mg<br>QL (30 tabs / 30 days)                                      | 4                          | NDS QL       |
| ZYPREXA RELPREVV SUSR 210mg<br>QL (2 vials / 28 days)                            | 3                          | QL NM PA     |
| ZYPREXA RELPREVV SUSR 300mg<br>QL (2 vials / 28 days)                            | 4                          | NDS QL NM PA |
| ZYPREXA RELPREVV SUSR 405mg<br>QL (1 vial / 28 days)                             | 4                          | NDS QL NM PA |
| <b>ANTISEIZURE AGENTS</b>                                                        |                            |              |
| APTIOM TABS 200mg, 400mg<br>QL (30 tabs / 30 days)                               | 4                          | NDS QL       |
| APTIOM TABS 600mg, 800mg<br>QL (60 tabs / 30 days)                               | 4                          | NDS QL       |
| BANZEL SUSP 40mg/ml<br>QL (2400 mL / 30 days)                                    | 4                          | NDS QL PA    |
| BANZEL TABS 200mg<br>QL (480 tabs / 30 days)                                     | 4                          | NDS QL PA    |
| BANZEL TABS 400mg<br>QL (240 tabs / 30 days)                                     | 4                          | NDS QL PA    |
| BRIVIACT SOLN 10mg/ml<br>QL (600 mL / 30 days)                                   | 4                          | NDS QL PA    |
| BRIVIACT SOLN 50mg/5ml                                                           | 3                          | PA           |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg<br>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                          |              |

| Drug Name                                                                                                              | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg                                                 | 1                          |              |
| CARBATROL CP12 100mg, 200mg, 300mg                                                                                     | 3                          |              |
| CELONTIN CAPS 300mg                                                                                                    | 3                          |              |
| <i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml<br>QL (480 mL / 30 days)                                               | 1                          | QL PA        |
| <i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg<br>QL (60 tabs / 30 days)                                            | 1                          | QL PA        |
| <i>clonazepam</i> (generic of KLONOPIN) TABS 2mg<br>QL (300 tabs / 30 days)                                            | 1                          | QL           |
| <i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg<br>QL (90 tabs / 30 days)                                       | 1                          | QL           |
| <i>clonazepam</i> TBDP 2mg<br>QL (300 tabs / 30 days)                                                                  | 1                          | QL           |
| <i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg<br>QL (90 tabs / 30 days)                                              | 1                          | QL           |
| <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg<br>QL (180 tabs / 30 days)<br>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<br>QL (360 caps / 30 days)                                                                         | 4                          | NDS QL NM PA |
| DIACOMIT CAPS 500mg<br>QL (180 caps / 30 days)                                                                         | 4                          | NDS QL NM PA |
| DIACOMIT PACK 250mg<br>QL (360 packets / 30 days)                                                                      | 4                          | NDS QL NM PA |
| DIACOMIT PACK 500mg<br>QL (180 packets / 30 days)                                                                      | 4                          | NDS QL NM PA |

| Drug Name                                                                                                                                             | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>diazepam</i> SOLN 5mg/5ml<br>QL (1200 mL / 30 days)<br>PA applies if 65 years and older when greater than 5 day supply                             | 1                          | QL PA        |
| <i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older when greater than 5 day supply | 1                          | QL PA        |
| <i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg                                                                                                | 1                          |              |
| <i>diazepam inj</i> SOLN 5mg/ml                                                                                                                       | 1                          |              |
| <i>diazepam intensol</i> CONC 5mg/ml<br>QL (240 mL / 30 days)<br>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<br>QL (600 mL / 30 days)                                                                                                      | 4                          | NDS QL NM PA |
| EPRONTIA SOLN 25mg/ml<br>QL (480 mL / 30 days)                                                                                                        | 3                          | QL PA        |
| <i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 200mg, 400mg<br>QL (30 tabs / 30 days)                                                        | 1                          | QL           |

| Drug Name                                                                                      | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 600mg, 800mg<br>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<br>QL (360 mL / 30 days)                                                | 4                          | NDS QL NM PA |
| FYCOMPA SUSP .5mg/ml<br>QL (680 mL / 28 days)                                                  | 4                          | NDS QL PA    |
| FYCOMPA TABS 2mg<br>QL (60 tabs / 30 days)                                                     | 3                          | QL PA        |
| FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg<br>QL (30 tabs / 30 days)                               | 4                          | NDS QL PA    |
| <i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg<br>QL (360 caps / 30 days)          | 1                          | QL           |
| <i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg<br>QL (270 caps / 30 days)                 | 1                          | QL           |
| <i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml<br>QL (2160 mL / 30 days)   | 1                          | QL           |
| <i>gabapentin</i> (generic of NEURONTIN) TABS 600mg<br>QL (180 tabs / 30 days)                 | 1                          | QL           |
| <i>gabapentin</i> (generic of NEURONTIN) TABS 800mg<br>QL (120 tabs / 30 days)                 | 1                          | QL           |
| GABARONE TABS 100mg<br>QL (360 tabs / 30 days)                                                 | 4                          | NDS QL PA    |
| GABARONE TABS 400mg<br>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                          |              |

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------|----------------------------|--------|
| KEPPRA XR TB24 500mg, 750mg                                                              | 4                          | NDS    |
| KLONOPIN TABS 2mg<br>QL (300 tabs / 30 days)                                             | 3                          | QL     |
| KLONOPIN TABS .5mg, 1mg<br>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<br>QL (120 tabs / 30 days)               | 1                          | QL     |
| <i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg<br>QL (60 tabs / 30 days) | 1                          | QL     |
| <i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml<br>QL (1200 mL / 30 days)        | 1                          | QL     |
| LAMICTAL TABS 25mg, 100mg, 150mg, 200mg                                                  | 3                          |        |
| LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg                                                 | 4                          | NDS    |
| LAMICTAL ODT TBP 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                          |        |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg                | 1                          | ST     |
| <i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg                             | 1                          | ST     |
| <i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)  | 1                          |        |
| <i>lamotrigine tab 35 x 25 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg          | 1                          |        |
| <i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C) | 4                          | NDS    |
| <i>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit</i> (generic of LAMICTAL ODT)       | 1                          |        |
| <i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i> (generic of LAMICTAL ODT)  | 1                          |        |
| <i>lamotrigine tab disint 42 x 50mg &amp; 14 x 100mg titration kit</i> (generic of LAMICTAL ODT)       | 1                          |        |
| 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<br>QL (360 tabs / 30 days)                                                    | 3                          | QL     |
| <i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg                                          | 1                          |        |

| Drug Name                                                                                                 | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <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<br>QL (120 caps / 30 days)<br>PA applies if 65 years and older | 3                          | QL PA     |
| LYRICA CAPS 200mg<br>QL (90 caps / 30 days)<br>PA applies if 65 years and older                           | 3                          | QL PA     |
| LYRICA CAPS 225mg, 300mg<br>QL (60 caps / 30 days)<br>PA applies if 65 years and older                    | 3                          | QL PA     |
| LYRICA SOLN 20mg/ml<br>QL (900 mL / 30 days)<br>PA applies if 65 years and older                          | 3                          | QL PA     |
| <i>methsuximide</i> (generic of CELONTIN) CAPS 300mg                                                      | 1                          |           |
| MOTPOLY XR CP24 100mg<br>QL (60 caps / 30 days)                                                           | 3                          | QL PA     |
| MOTPOLY XR CP24 150mg, 200mg<br>QL (60 caps / 30 days)                                                    | 4                          | NDS QL PA |
| MYSOLINE TABS 50mg, 250mg                                                                                 | 4                          | NDS       |
| NAYZILAM SOLN 5mg/0.1ml<br>QL (10 nasal units / 30 days)                                                  | 3                          | QL        |
| NEURONTIN CAPS 100mg, 300mg<br>QL (360 caps / 30 days)                                                    | 3                          | QL        |

| Drug Name                                                                                                                                             | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| NEURONTIN CAPS 400mg<br>QL (270 caps / 30 days)                                                                                                       | 3                          | QL        |
| NEURONTIN SOLN<br>250mg/5ml<br>QL (2160 mL / 30 days)                                                                                                 | 3                          | QL        |
| NEURONTIN TABS 600mg<br>QL (180 tabs / 30 days)                                                                                                       | 4                          | NDS QL    |
| NEURONTIN TABS 800mg<br>QL (120 tabs / 30 days)                                                                                                       | 4                          | NDS QL    |
| ONFI SUSP 2.5mg/ml<br>QL (480 mL / 30 days)                                                                                                           | 4                          | NDS QL PA |
| ONFI TABS 10mg, 20mg<br>QL (60 tabs / 30 days)                                                                                                        | 4                          | NDS QL PA |
| oxcarbazepine (generic of<br>TRILEPTAL) SUSP<br>300mg/5ml; TABS 150mg,<br>300mg, 600mg                                                                | 1                          |           |
| oxcarbazepine (generic of<br>OXTELLAR XR) TB24<br>150mg, 300mg                                                                                        | 1                          | PA        |
| oxcarbazepine (generic of<br>OXTELLAR XR) TB24 600mg                                                                                                  | 4                          | NDS PA    |
| OXTELLAR XR TB24 150mg                                                                                                                                | 3                          | PA        |
| OXTELLAR XR TB24 300mg,<br>600mg                                                                                                                      | 4                          | NDS PA    |
| perampanel (generic of<br>FYCOMPA) SUSP .5mg/ml<br>QL (680 mL / 28 days)                                                                              | 4                          | NDS QL PA |
| perampanel (generic of<br>FYCOMPA) TABS 2mg<br>QL (60 tabs / 30 days)                                                                                 | 1                          | QL PA     |
| perampanel (generic of<br>FYCOMPA) TABS 4mg, 6mg,<br>8mg, 10mg, 12mg<br>QL (30 tabs / 30 days)                                                        | 1                          | QL PA     |
| phenobarbital ELIX 20mg/5ml<br>QL (1500 mL / 30 days)<br>PA applies if 65 years and<br>older                                                          | 3                          | QL PA     |
| phenobarbital TABS 15mg,<br>16.2mg, 30mg, 32.4mg,<br>60mg, 64.8mg, 97.2mg,<br>100mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and<br>older | 2                          | QL PA     |

| Drug Name                                                                                                                                  | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| phenobarbital sodium SOLN<br>65mg/ml, 130mg/ml<br>PA applies if 65 years and<br>older                                                      | 3                          | PA     |
| phenytek CAPS 200mg,<br>300mg                                                                                                              | 1                          |        |
| phenytoin (generic of<br>DILANTIN INFATABS)<br>CHEW 50mg                                                                                   | 1                          |        |
| phenytoin (generic of<br>DILANTIN-125) SUSP<br>125mg/5ml                                                                                   | 1                          |        |
| phenytoin sodium SOLN<br>50mg/ml                                                                                                           | 1                          |        |
| phenytoin sodium extended<br>(generic of DILANTIN) CAPS<br>100mg                                                                           | 1                          |        |
| phenytoin sodium extended<br>CAPS 200mg, 300mg                                                                                             | 1                          |        |
| pregabalin (generic of<br>LYRICA) CAPS 25mg, 50mg,<br>75mg, 100mg, 150mg<br>QL (120 caps / 30 days)<br>PA applies if 65 years and<br>older | 1                          | QL PA  |
| pregabalin (generic of<br>LYRICA) CAPS 200mg<br>QL (90 caps / 30 days)<br>PA applies if 65 years and<br>older                              | 1                          | QL PA  |
| pregabalin (generic of<br>LYRICA) CAPS 225mg,<br>300mg<br>QL (60 caps / 30 days)<br>PA applies if 65 years and<br>older                    | 1                          | QL PA  |
| pregabalin (generic of<br>LYRICA) SOLN 20mg/ml<br>QL (900 mL / 30 days)<br>PA applies if 65 years and<br>older                             | 1                          | QL PA  |
| primidone (generic of<br>MYSOLINE) TABS 50mg,<br>250mg                                                                                     | 1                          |        |
| primidone TABS 125mg                                                                                                                       | 1                          |        |
| roweepra (generic of<br>KEPPRA) TABS 500mg                                                                                                 | 1                          |        |

| Drug Name                                                                                       | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml<br>QL (2400 mL / 30 days)                    | 4                          | NDS QL PA    |
| <i>rufinamide</i> (generic of BANZEL) TABS 200mg<br>QL (480 tabs / 30 days)                     | 1                          | QL PA        |
| <i>rufinamide</i> (generic of BANZEL) TABS 400mg<br>QL (240 tabs / 30 days)                     | 4                          | NDS QL PA    |
| SABRIL PACK 500mg<br>QL (180 packets / 30 days)                                                 | 4                          | NDS QL NM PA |
| SABRIL TABS 500mg<br>QL (180 tabs / 30 days)                                                    | 4                          | NDS QL NM PA |
| SPRITAM TB3D 250mg<br>QL (360 tabs / 30 days)                                                   | 3                          | QL           |
| SPRITAM TB3D 500mg<br>QL (180 tabs / 30 days)                                                   | 3                          | QL           |
| SPRITAM TB3D 750mg<br>QL (120 tabs / 30 days)                                                   | 3                          | QL           |
| SPRITAM TB3D 1000mg<br>QL (90 tabs / 30 days)                                                   | 3                          | QL           |
| SUBVENITE SUSP 10mg/ml<br><i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg | 4                          | NDS ST       |
| <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<br>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          |

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------|----------------------------|-----------|
| TOPAMAX SPRINKLE CPSP 15mg                                                       | 3                          |           |
| TOPAMAX SPRINKLE CPSP 25mg                                                       | 4                          | NDS       |
| <i>topiramate</i> (generic of TROKENDI XR) CP24 25mg<br>QL (480 caps / 30 days)  | 1                          | QL PA     |
| <i>topiramate</i> (generic of TROKENDI XR) CP24 50mg<br>QL (240 caps / 30 days)  | 1                          | QL PA     |
| <i>topiramate</i> (generic of TROKENDI XR) CP24 100mg<br>QL (120 caps / 30 days) | 1                          | QL PA     |
| <i>topiramate</i> (generic of TROKENDI XR) CP24 200mg<br>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<br>QL (480 caps / 30 days)                           | 1                          | QL PA     |
| <i>topiramate</i> CS24 50mg<br>QL (240 caps / 30 days)                           | 1                          | QL PA     |
| <i>topiramate</i> CS24 100mg<br>QL (120 caps / 30 days)                          | 1                          | QL PA     |
| <i>topiramate</i> CS24 150mg, 200mg<br>QL (60 caps / 30 days)                    | 1                          | QL PA     |
| <i>topiramate</i> (generic of EPRONTIA) SOLN 25mg/ml<br>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<br>QL (480 caps / 30 days)                                 | 3                          | QL PA     |
| TROKENDI XR CP24 50mg<br>QL (240 caps / 30 days)                                 | 3                          | QL PA     |
| TROKENDI XR CP24 100mg<br>QL (120 caps / 30 days)                                | 4                          | NDS QL PA |

| Drug Name                                                                                                                         | Drug Requirements/<br>Tier | Limits          |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| TROKENDI XR CP24 200mg<br>QL (60 caps / 30 days)                                                                                  | 4                          | NDS QL PA       |
| VALIUM TABS 2mg, 5mg,<br>10mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and<br>older when greater than 5<br>day supply | 3                          | QL PA           |
| <i>valproate sodium</i> SOLN<br>100mg/ml, 250mg/5ml                                                                               | 1                          |                 |
| <i>valproic acid</i> CAPS 250mg                                                                                                   | 1                          |                 |
| VALTOCO 5 MG DOSE LIQD<br>5mg/0.1ml<br>QL (10 blister packs / 30<br>days)                                                         | 3                          | QL              |
| VALTOCO 10 MG DOSE<br>LIQD 10mg/0.1ml<br>QL (10 blister packs / 30<br>days)                                                       | 3                          | QL              |
| VALTOCO 15 MG DOSE<br>LQPK 7.5mg/0.1ml<br>QL (10 blister packs / 30<br>days)                                                      | 3                          | QL              |
| VALTOCO 20 MG DOSE<br>LQPK 10mg/0.1ml<br>QL (10 blister packs / 30<br>days)                                                       | 3                          | QL              |
| <i>vigabatrin</i> (generic of SABRIL)<br>PACK 500mg<br>QL (180 packets / 30<br>days)                                              | 4                          | NDS QL NM<br>PA |
| <i>vigabatrin</i> (generic of SABRIL)<br>TABS 500mg<br>QL (180 tabs / 30 days)                                                    | 4                          | NDS QL NM<br>PA |
| <i>vigadrone</i> (generic of<br>SABRIL) PACK 500mg<br>QL (180 packets / 30<br>days)                                               | 4                          | NDS QL NM<br>PA |
| <i>vigadrone</i> (generic of<br>SABRIL) TABS 500mg<br>QL (180 tabs / 30 days)                                                     | 4                          | NDS QL NM<br>PA |
| VIGAFYDE SOLN 100mg/ml<br>QL (900 mL / 30 days)                                                                                   | 4                          | NDS QL NM<br>PA |
| VIMPAT SOLN 10mg/ml<br>QL (1200 mL / 30 days)                                                                                     | 4                          | NDS QL          |
| VIMPAT SOLN 200mg/20ml                                                                                                            | 4                          | NDS             |
| VIMPAT TABS 50mg<br>QL (120 tabs / 30 days)                                                                                       | 3                          | QL              |

| Drug Name                                                       | Drug Requirements/<br>Tier | Limits          |
|-----------------------------------------------------------------|----------------------------|-----------------|
| VIMPAT TABS 100mg,<br>150mg, 200mg<br>QL (60 tabs / 30 days)    | 4                          | NDS QL          |
| XCOPRI TABS 25mg, 50mg,<br>100mg<br>QL (30 tabs / 30 days)      | 4                          | NDS QL          |
| XCOPRI TABS 150mg,<br>200mg<br>QL (60 tabs / 30 days)           | 4                          | NDS QL          |
| XCOPRI PAK 12.5-25<br>QL (28 tabs / 28 days)                    | 3                          | QL              |
| XCOPRI PAK 50-100MG<br>QL (28 tabs / 28 days)                   | 4                          | NDS QL          |
| XCOPRI PAK 100-150<br>QL (56 tabs / 28 days)                    | 4                          | NDS QL          |
| XCOPRI PAK 150-200MG<br>(MAINTENANCE)<br>QL (56 tabs / 28 days) | 4                          | NDS QL          |
| XCOPRI PAK 150-200MG<br>(TITRATION)<br>QL (28 tabs / 28 days)   | 4                          | NDS QL          |
| ZARONTIN CAPS 250mg;<br>SOLN 250mg/5ml                          | 3                          |                 |
| ZONEGRAN CAPS 25mg,<br>100mg                                    | 4                          | NDS             |
| ZONISADE SUSP<br>100mg/5ml<br>QL (900 mL / 30 days)             | 4                          | NDS QL PA       |
| <i>zonisamide</i> (generic of<br>ZONEGRAN) CAPS 25mg,<br>100mg  | 1                          |                 |
| <i>zonisamide</i> CAPS 50mg                                     | 1                          |                 |
| ZTALMY SUSP 50mg/ml<br>QL (1100 mL / 30 days)                   | 4                          | NDS QL NM<br>PA |
| <b>ATTENTION DEFICIT HYPERACTIVITY<br/>DISORDER</b>             |                            |                 |
| ADDERALL TAB 5MG<br>QL (60 tabs / 30 days)                      | 3                          | QL PA           |
| ADDERALL TAB 7.5MG<br>QL (60 tabs / 30 days)                    | 3                          | QL PA           |
| ADDERALL TAB 10MG<br>QL (60 tabs / 30 days)                     | 3                          | QL PA           |
| ADDERALL TAB 12.5MG<br>QL (60 tabs / 30 days)                   | 3                          | QL PA           |
| ADDERALL TAB 15MG<br>QL (60 tabs / 30 days)                     | 3                          | QL PA           |
| ADDERALL TAB 20MG<br>QL (90 tabs / 30 days)                     | 3                          | QL PA           |

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



| Drug Name                                                                                                                  | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| ADDERALL TAB 30MG<br>QL (60 tabs / 30 days)                                                                                | 3                          | QL PA  |
| ADDERALL XR CAP 5MG<br>QL (30 caps / 30 days)                                                                              | 3                          | QL PA  |
| ADDERALL XR CAP 10MG<br>QL (30 caps / 30 days)                                                                             | 3                          | QL PA  |
| ADDERALL XR CAP 15MG<br>QL (30 caps / 30 days)                                                                             | 3                          | QL PA  |
| ADDERALL XR CAP 20MG<br>QL (30 caps / 30 days)                                                                             | 3                          | QL PA  |
| ADDERALL XR CAP 25MG<br>QL (30 caps / 30 days)                                                                             | 3                          | QL PA  |
| ADDERALL XR CAP 30MG<br>QL (30 caps / 30 days)                                                                             | 3                          | QL PA  |
| ADZENYS XR-ODT TBED<br>3.1mg, 6.3mg, 9.4mg<br>QL (60 tabs / 30 days)                                                       | 3                          | QL PA  |
| ADZENYS XR-ODT TBED<br>12.5mg, 15.7mg, 18.8mg<br>QL (30 tabs / 30 days)                                                    | 3                          | QL PA  |
| <i>amphetamine</i> (generic of<br>ADZENYS XR-ODT) TBED<br>3.1mg, 6.3mg, 9.4mg<br>QL (60 tabs / 30 days)                    | 1                          | QL PA  |
| <i>amphetamine</i> (generic of<br>ADZENYS XR-ODT) TBED<br>12.5mg, 15.7mg, 18.8mg<br>QL (30 tabs / 30 days)                 | 1                          | QL PA  |
| <i>amphetamine-<br/>dextroamphetamine 3-bead<br/>cap er 24hr 12.5 mg</i> (generic<br>of MYDAYIS)<br>QL (30 caps / 30 days) | 1                          | QL PA  |
| <i>amphetamine-<br/>dextroamphetamine 3-bead<br/>cap er 24hr 25 mg</i> (generic of<br>MYDAYIS)<br>QL (30 caps / 30 days)   | 1                          | QL PA  |
| <i>amphetamine-<br/>dextroamphetamine 3-bead<br/>cap er 24hr 37.5 mg</i> (generic<br>of MYDAYIS)<br>QL (30 caps / 30 days) | 1                          | QL PA  |
| <i>amphetamine-<br/>dextroamphetamine 3-bead<br/>cap er 24hr 50 mg</i> (generic of<br>MYDAYIS)<br>QL (30 caps / 30 days)   | 1                          | QL PA  |

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

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

| Drug Name                                                                                                      | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| DEXEDRINE CP24 15mg<br>QL (120 caps / 30 days)                                                                 | 4                          | NDS QL PA |
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN XR)<br>CP24 5mg, 10mg, 15mg, 20mg<br>QL (60 caps / 30 days)  | 1                          | QL PA     |
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN XR)<br>CP24 25mg, 30mg, 35mg, 40mg<br>QL (30 caps / 30 days) | 1                          | QL PA     |
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg<br>QL (120 tabs / 30 days)                  | 1                          | QL PA     |
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg<br>QL (60 tabs / 30 days)                         | 1                          | QL PA     |
| <i>dextroamphetamine sulfate</i> CP24 5mg<br>QL (150 caps / 30 days)                                           | 1                          | QL PA     |
| <i>dextroamphetamine sulfate</i> (generic of DEXEDRINE)<br>CP24 10mg<br>QL (150 caps / 30 days)                | 1                          | QL PA     |
| <i>dextroamphetamine sulfate</i> (generic of DEXEDRINE)<br>CP24 15mg<br>QL (120 caps / 30 days)                | 1                          | QL PA     |
| <i>dextroamphetamine sulfate</i> TABS 2.5mg, 5mg, 7.5mg, 10mg<br>QL (180 tabs / 30 days)                       | 1                          | QL PA     |
| <i>dextroamphetamine sulfate</i> TABS 15mg<br>QL (120 tabs / 30 days)                                          | 1                          | QL PA     |
| <i>dextroamphetamine sulfate</i> TABS 20mg<br>QL (90 tabs / 30 days)                                           | 1                          | QL PA     |
| <i>dextroamphetamine sulfate</i> TABS 30mg<br>QL (60 tabs / 30 days)                                           | 1                          | QL PA     |
| DYANAVEL XR SUER 2.5mg/ml<br>QL (240 mL / 30 days)                                                             | 3                          | QL PA     |
| DYANAVEL XR TBCR 5mg<br>QL (60 tabs / 30 days)                                                                 | 3                          | QL PA     |

| Drug Name                                                                                                                          | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| DYANAVEL XR TBCR 10mg, 15mg, 20mg<br>QL (30 tabs / 30 days)                                                                        | 3                          | QL PA  |
| FOCALIN TABS 2.5mg, 5mg<br>QL (120 tabs / 30 days)                                                                                 | 3                          | QL PA  |
| FOCALIN TABS 10mg<br>QL (60 tabs / 30 days)                                                                                        | 3                          | QL PA  |
| FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg<br>QL (60 caps / 30 days)                                                                    | 3                          | QL PA  |
| FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg<br>QL (30 caps / 30 days)                                                                   | 3                          | QL PA  |
| <i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older | 2                          | QL PA  |
| <i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg<br>QL (60 tabs / 30 days)<br>PA applies if 65 years and older           | 2                          | QL PA  |
| INTUNIV TB24 1mg, 2mg, 4mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older                                           | 3                          | QL PA  |
| INTUNIV TB24 3mg<br>QL (60 tabs / 30 days)<br>PA applies if 65 years and older                                                     | 3                          | QL PA  |
| JORNAY PM CP24 20mg, 40mg<br>QL (60 caps / 30 days)                                                                                | 3                          | QL PA  |
| JORNAY PM CP24 60mg, 80mg, 100mg<br>QL (30 caps / 30 days)                                                                         | 3                          | QL PA  |
| <i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg<br>QL (60 caps / 30 days)                                                 | 1                          | QL PA  |
| <i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg<br>QL (30 caps / 30 days)                                           | 1                          | QL PA  |
| <i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg<br>QL (60 tabs / 30 days)                                                 | 1                          | QL PA  |

| Drug Name                                                                                                             | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg<br>QL (30 tabs / 30 days)                                    | 1                          | QL PA  |
| METADATE CD CPCR 10mg, 20mg, 30mg<br>QL (60 caps / 30 days)                                                           | 3                          | QL PA  |
| METADATE CD CPCR 40mg, 50mg, 60mg<br>QL (30 caps / 30 days)                                                           | 3                          | QL PA  |
| METHYLIN SOLN 5mg/5ml<br>QL (1800 mL / 30 days)                                                                       | 3                          | QL PA  |
| METHYLIN SOLN 10mg/5ml<br>QL (900 mL / 30 days)                                                                       | 3                          | QL PA  |
| <i>methylphenidate</i> (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr<br>QL (30 patches / 30 days) | 1                          | QL PA  |
| <i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg<br>QL (180 tabs / 30 days)                                           | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of APTENSIO XR) CP24 10mg, 15mg, 20mg, 30mg<br>QL (60 caps / 30 days)             | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 20mg, 30mg<br>QL (60 caps / 30 days)                    | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg<br>QL (30 caps / 30 days)                                | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of APTENSIO XR) CP24 40mg, 50mg, 60mg<br>QL (30 caps / 30 days)                   | 1                          | QL PA  |
| <i>methylphenidate hcl</i> CP24 60mg<br>QL (30 caps / 30 days)                                                        | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 10mg, 20mg, 30mg<br>QL (60 caps / 30 days)                   | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 40mg, 50mg, 60mg<br>QL (30 caps / 30 days)                   | 1                          | QL PA  |

| Drug Name                                                                                        | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml<br>QL (1800 mL / 30 days)          | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml<br>QL (900 mL / 30 days)          | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg<br>QL (180 tabs / 30 days)        | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg<br>QL (90 tabs / 30 days)              | 1                          | QL PA  |
| <i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 27mg, 36mg<br>QL (60 tabs / 30 days)      | 1                          | QL PA  |
| <i>methylphenidate hcl</i> TB24 54mg; TBCR 45mg, 54mg, 63mg, 72mg<br>QL (30 tabs / 30 days)      | 1                          | QL PA  |
| <i>methylphenidate hcl</i> TBCR 10mg, 20mg<br>QL (90 tabs / 30 days)                             | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg<br>QL (60 tabs / 30 days) | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 54mg<br>QL (30 tabs / 30 days)             | 1                          | QL PA  |
| MYDAYIS CAP 12.5MG<br>QL (30 caps / 30 days)                                                     | 3                          | QL PA  |
| MYDAYIS CAP 25MG<br>QL (30 caps / 30 days)                                                       | 3                          | QL PA  |
| MYDAYIS CAP 37.5MG<br>QL (30 caps / 30 days)                                                     | 3                          | QL PA  |
| MYDAYIS CAP 50MG<br>QL (30 caps / 30 days)                                                       | 3                          | QL PA  |
| QELBREE CP24 100mg<br>QL (180 caps / 30 days)                                                    | 3                          | QL PA  |
| QELBREE CP24 150mg<br>QL (60 caps / 30 days)                                                     | 3                          | QL PA  |
| QELBREE CP24 200mg<br>QL (90 caps / 30 days)                                                     | 3                          | QL PA  |

| Drug Name                                                                           | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------|----------------------------|--------|
| QUILLICHEW ER CHER 20mg, 30mg<br>QL (60 tabs / 30 days)                             | 3                          | QL PA  |
| QUILLICHEW ER CHER 40mg<br>QL (30 tabs / 30 days)                                   | 3                          | QL PA  |
| QUILLIVANT XR SRER 25mg/5ml<br>QL (360 mL / 30 days)                                | 3                          | QL PA  |
| RELEXXII TBCR 18mg, 27mg, 36mg<br>QL (60 tabs / 30 days)                            | 3                          | QL PA  |
| RELEXXII TBCR 45mg, 54mg, 63mg, 72mg<br>QL (30 tabs / 30 days)                      | 3                          | QL PA  |
| RITALIN TABS 5mg, 10mg<br>QL (180 tabs / 30 days)                                   | 3                          | QL PA  |
| RITALIN TABS 20mg<br>QL (90 tabs / 30 days)                                         | 3                          | QL PA  |
| RITALIN LA CP24 10mg, 20mg, 30mg<br>QL (60 caps / 30 days)                          | 3                          | QL PA  |
| RITALIN LA CP24 40mg<br>QL (30 caps / 30 days)                                      | 3                          | QL PA  |
| VYVANSE CAPS 10mg, 20mg, 30mg<br>QL (60 caps / 30 days)                             | 3                          | QL PA  |
| VYVANSE CAPS 40mg, 50mg, 60mg, 70mg<br>QL (30 caps / 30 days)                       | 3                          | QL PA  |
| VYVANSE CHEW 10mg, 20mg, 30mg<br>QL (60 tabs / 30 days)                             | 3                          | QL PA  |
| VYVANSE CHEW 40mg, 50mg, 60mg<br>QL (30 tabs / 30 days)                             | 3                          | QL PA  |
| XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr<br>QL (30 patches / 30 days) | 3                          | QL PA  |
| zenzedi TABS 2.5mg, 5mg, 7.5mg, 10mg<br>QL (180 tabs / 30 days)                     | 1                          | QL PA  |
| zenzedi TABS 15mg<br>QL (120 tabs / 30 days)                                        | 1                          | QL PA  |
| zenzedi TABS 20mg<br>QL (90 tabs / 30 days)                                         | 1                          | QL PA  |

| Drug Name                                                                                                                                                              | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| zenzedi TABS 30mg<br>QL (60 tabs / 30 days)                                                                                                                            | 1                          | QL PA           |
| <b>HYPNOTICS</b>                                                                                                                                                       |                            |                 |
| AMBIEN TABS 5mg, 10mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year                                     | 3                          | QL PA           |
| AMBIEN CR TBCR 6.25mg,<br>12.5mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year                          | 3                          | QL PA           |
| BELSOMRA TABS 5mg,<br>10mg, 15mg, 20mg<br>QL (30 tabs / 30 days)                                                                                                       | 2                          | QL              |
| DAYVIGO TABS 5mg, 10mg<br>QL (30 tabs / 30 days)                                                                                                                       | 2                          | QL              |
| doxepin hcl (sleep) (generic of<br>SILENOR) TABS 3mg, 6mg<br>QL (30 tabs / 30 days)                                                                                    | 1                          | QL              |
| EDLUAR SUBL 5mg, 10mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year                                     | 3                          | QL PA           |
| estazolam TABS 1mg, 2mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year                                   | 1                          | QL PA           |
| eszopiclone (generic of<br>LUNESTA) TABS 1mg, 2mg,<br>3mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year | 3                          | QL PA           |
| HALCION TABS .25mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year                                        | 3                          | QL PA           |
| HETLIOZ CAPS 20mg<br>QL (30 caps / 30 days)                                                                                                                            | 4                          | NDS QL NM<br>PA |
| HETLIOZ LQ SUSP 4mg/ml<br>QL (158 ml / 30 days)                                                                                                                        | 4                          | NDS QL NM<br>PA |

| Drug Name                                                                                                                                                 | Drug Requirements/<br>Tier | Limits          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| LUNESTA TABS 1mg, 2mg,<br>3mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year                | 4                          | NDS QL PA       |
| QUVIVIQ TABS 25mg, 50mg<br>QL (30 tabs / 30 days)                                                                                                         | 3                          | QL              |
| ramelteon (generic of<br>ROZEREM) TABS 8mg<br>QL (30 tabs / 30 days)                                                                                      | 1                          | QL              |
| RESTORIL CAPS 7.5mg,<br>22.5mg, 30mg<br>QL (30 caps / 30 days)<br>PA applies if 65 years and<br>older                                                     | 4                          | NDS QL PA       |
| RESTORIL CAPS 15mg<br>QL (60 caps / 30 days)<br>PA applies if 65 years and<br>older                                                                       | 4                          | NDS QL PA       |
| ROZEREM TABS 8mg<br>QL (30 tabs / 30 days)                                                                                                                | 3                          | QL              |
| SILENOR TABS 3mg, 6mg<br>QL (30 tabs / 30 days)                                                                                                           | 3                          | QL              |
| tasimelteon (generic of<br>HETLIOZ) CAPS 20mg<br>QL (30 caps / 30 days)                                                                                   | 4                          | NDS QL NM<br>PA |
| temazepam (generic of<br>RESTORIL) CAPS 7.5mg,<br>22.5mg, 30mg<br>QL (30 caps / 30 days)<br>PA applies if 65 years and<br>older                           | 1                          | QL PA           |
| temazepam (generic of<br>RESTORIL) CAPS 15mg<br>QL (60 caps / 30 days)<br>PA applies if 65 years and<br>older                                             | 1                          | QL PA           |
| triazolam (generic of<br>HALCION) TABS .25mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year | 2                          | QL PA           |
| triazolam TABS .125mg<br>QL (60 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year                        | 2                          | 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/<br>Tier | Limits       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>zaleplon</i> CAPS 5mg<br>QL (30 caps / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year                                            | 2                          | QL PA        |
| <i>zaleplon</i> CAPS 10mg<br>QL (60 caps / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year                                           | 2                          | QL PA        |
| ZOLPIDEM TARTRATE CAPS 7.5mg<br>QL (30 caps / 30 days)                                                                                                                     | 3                          | QL PA        |
| <i>zolpidem tartrate</i> SUBL 1.75mg, 3.5mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year                         | 3                          | QL PA        |
| <i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg<br>QL (30 tabs / 30 days)<br>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<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 2                          | QL PA        |
| <b>MIGRAINE</b>                                                                                                                                                            |                            |              |
| AIMOVIG SOAJ 70mg/ml, 140mg/ml<br>QL (1 pen / 30 days)                                                                                                                     | 2                          | QL NM PA     |
| AJOVY SOAJ 225mg/1.5ml<br>QL (3 pens / 90 days)                                                                                                                            | 3                          | QL NM PA     |
| AJOVY SOSY 225mg/1.5ml<br>QL (3 syringes / 90 days)                                                                                                                        | 3                          | QL NM PA     |
| <i>almotriptan malate</i> TABS 6.25mg, 12.5mg<br>QL (12 tabs / 30 days)                                                                                                    | 1                          | QL ST        |
| BREKIYA SOAJ 1mg/ml<br>QL (24 pens / 28 days)                                                                                                                              | 4                          | NDS QL NM PA |
| CAMBIA PACK 50mg<br>QL (9 packets / 30 days)                                                                                                                               | 4                          | NDS QL PA    |

| Drug Name                                                                                        | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>diclofenac potassium (migraine)</i> (generic of CAMBIA) PACK 50mg<br>QL (9 packets / 30 days) | 1                          | QL PA     |
| <i>dihydroergotamine mesylate</i> SOLN 1mg/ml                                                    | 4                          | NDS       |
| <i>dihydroergotamine mesylate</i> SOLN 4mg/ml<br>QL (8 mL / 30 days)                             | 4                          | NDS QL PA |
| <i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg<br>QL (12 tabs / 30 days)     | 1                          | QL ST     |
| ELYXYB SOLN 120mg/4.8ml<br>QL (28.8 mL / 21 days)                                                | 4                          | NDS QL PA |
| EMGALITY SOAJ 120mg/ml<br>QL (2 pens / 30 days)                                                  | 2                          | QL NM PA  |
| EMGALITY SOSY 100mg/ml<br>QL (3 syringes / 30 days)                                              | 2                          | QL NM PA  |
| EMGALITY SOSY 120mg/ml<br>QL (2 syringes / 30 days)                                              | 2                          | QL NM PA  |
| ERGOMAR SUBL 2mg<br>QL (20 tabs / 28 days)                                                       | 4                          | NDS QL PA |
| <i>ergotamine w/ caffeine tab 1-100 mg</i><br>QL (40 tabs / 28 days)                             | 1                          | QL PA     |
| FROVA TABS 2.5mg<br>QL (18 tabs / 30 days)                                                       | 4                          | NDS QL ST |
| <i>frovatriptan succinate</i> (generic of FROVA) TABS 2.5mg<br>QL (18 tabs / 30 days)            | 1                          | QL ST     |
| IMITREX TABS 25mg, 50mg, 100mg<br>QL (12 tabs / 30 days)                                         | 3                          | QL        |
| IMITREX STATDOSE REFILL SOCT 4mg/0.5ml<br>QL (18 injections / 30 days)                           | 4                          | NDS QL    |
| IMITREX STATDOSE REFILL SOCT 6mg/0.5ml<br>QL (12 injections / 30 days)                           | 4                          | NDS QL    |
| IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml<br>QL (18 injections / 30 days)                           | 4                          | NDS QL    |

| Drug Name                                                                                     | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------------------------------|----------------------------|-----------|
| IMITREX STATDOSE<br>SYSTEM SOAJ 6mg/0.5ml<br>QL (12 injections / 30<br>days)                  | 4                          | NDS QL    |
| MAXALT TABS 10mg<br>QL (18 tabs / 30 days)                                                    | 3                          | QL        |
| MAXALT-MLT TBDP 10mg<br>QL (18 tabs / 30 days)                                                | 3                          | QL        |
| <i>migergot</i><br>QL (20 suppositories /<br>28 days)                                         | 4                          | NDS QL PA |
| <i>naratriptan hcl</i> TABS 1mg,<br>2.5mg<br>QL (12 tabs / 30 days)                           | 1                          | QL        |
| NURTEC TBDP 75mg<br>QL (16 tabs / 30 days)                                                    | 2                          | QL PA     |
| ONZETRA XSAIL EXHP<br>11mg/nosepc<br>QL (16 nosepieces / 30<br>days)                          | 4                          | NDS QL ST |
| QULIPTA TABS 10mg,<br>30mg, 60mg<br>QL (30 tabs / 30 days)                                    | 2                          | QL PA     |
| RELPAK TABS 20mg<br>QL (12 tabs / 30 days)                                                    | 3                          | QL ST     |
| RELPAK TABS 40mg<br>QL (12 tabs / 30 days)                                                    | 4                          | NDS QL ST |
| REYVOW TABS 50mg<br>QL (4 tabs / 30 days)                                                     | 3                          | QL PA     |
| REYVOW TABS 100mg<br>QL (8 tabs / 30 days)                                                    | 3                          | QL PA     |
| <i>rizatriptan benzoate</i> TABS<br>5mg; TBDP 5mg<br>QL (18 tabs / 30 days)                   | 1                          | QL        |
| <i>rizatriptan benzoate</i> (generic<br>of MAXALT) TABS 10mg<br>QL (18 tabs / 30 days)        | 1                          | QL        |
| <i>rizatriptan benzoate</i> (generic<br>of MAXALT-MLT) TBDP<br>10mg<br>QL (18 tabs / 30 days) | 1                          | QL        |
| <i>sumatriptan</i> SOLN 5mg/act<br>QL (24 units / 30 days)                                    | 1                          | QL        |
| <i>sumatriptan</i> SOLN 20mg/act<br>QL (12 units / 30 days)                                   | 1                          | QL        |

| Drug Name                                                                                                                    | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>sumatriptan succinate</i><br>(generic of IMITREX<br>STATDOSE SYSTEM) SOAJ<br>6mg/0.5ml<br>QL (12 injections / 30<br>days) | 1                          | QL        |
| <i>sumatriptan succinate</i> SOLN<br>6mg/0.5ml<br>QL (12 injections / 30<br>days)                                            | 1                          | QL        |
| <i>sumatriptan succinate</i><br>(generic of IMITREX) TABS<br>25mg, 50mg, 100mg<br>QL (12 tabs / 30 days)                     | 1                          | QL        |
| <i>sumatriptan-naproxen sodium</i><br><i>tab 85-500 mg</i> (generic of<br>TREXIMET)<br>QL (9 tabs / 30 days)                 | 1                          | QL ST     |
| SYMBRAVO TAB 20-10MG<br>QL (9 tabs / 30 days)                                                                                | 3                          | QL ST     |
| TOSYMRA SOLN 10mg/act<br>QL (18 units / 30 days)                                                                             | 3                          | QL ST     |
| TREXIMET TAB 85-500MG<br>QL (9 tabs / 30 days)                                                                               | 4                          | NDS QL ST |
| TRUDHESA AERS<br>.725mg/act<br>QL (12 mL / 28 days)                                                                          | 4                          | NDS QL PA |
| UBRELVY TABS 50mg,<br>100mg<br>QL (16 tabs / 30 days)                                                                        | 2                          | QL PA     |
| VYEPTI SOLN 100mg/ml                                                                                                         | 4                          | NDS NM PA |
| ZAVZPRET SOLN 10mg/act<br>QL (6 nasal units / 21<br>days)                                                                    | 4                          | NDS QL PA |
| ZEMBRACE SYMTOUCH<br>SOAJ 3mg/0.5ml<br>QL (24 pens / 30 days)                                                                | 4                          | NDS QL ST |
| <i>zolmitriptan</i> (generic of<br>ZOMIG) SOLN 2.5mg, 5mg<br>QL (12 units / 30 days)                                         | 1                          | QL ST     |
| <i>zolmitriptan</i> TABS 2.5mg,<br>5mg; TBDP 2.5mg, 5mg<br>QL (12 tabs / 30 days)                                            | 1                          | QL ST     |
| ZOMIG SOLN 2.5mg, 5mg<br>QL (12 units / 30 days)                                                                             | 3                          | QL ST     |
| <i>zomig</i> TABS 2.5mg, 5mg<br>QL (12 tabs / 30 days)                                                                       | 1                          | QL ST     |

| Drug Name                                                                                       | Drug Requirements/<br>Tier | Limits          |
|-------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <b>MISCELLANEOUS</b>                                                                            |                            |                 |
| AMVUTTRA SOSY<br>25mg/0.5ml<br>QL (1 syringe / 90 days)                                         | 4                          | NDS QL NM<br>PA |
| AUSTEDO TABS 6mg<br>QL (60 tabs / 30 days)                                                      | 4                          | NDS QL NM<br>PA |
| AUSTEDO TABS 9mg, 12mg<br>QL (120 tabs / 30 days)                                               | 4                          | NDS QL NM<br>PA |
| AUSTEDO XR TB24 6mg<br>QL (90 tabs / 30 days)                                                   | 4                          | NDS QL NM<br>PA |
| AUSTEDO XR TB24 12mg<br>QL (120 tabs / 30 days)                                                 | 4                          | NDS QL NM<br>PA |
| AUSTEDO XR TB24 18mg,<br>30mg, 36mg, 42mg, 48mg<br>QL (30 tabs / 30 days)                       | 4                          | NDS QL NM<br>PA |
| AUSTEDO XR TB24 24mg<br>QL (60 tabs / 30 days)                                                  | 4                          | NDS QL NM<br>PA |
| AUSTEDO XR TAB TITR KIT<br>QL (2 packs / year)                                                  | 4                          | NDS QL NM<br>PA |
| DAYBUE SOLN 200mg/ml<br>QL (3600 mL / 30 days)                                                  | 4                          | NDS QL NM<br>PA |
| DAYBUE STIX PACK<br>5000mg, 6000mg<br>QL (120 packets / 30<br>days)                             | 4                          | NDS QL NM<br>PA |
| DAYBUE STIX PACK<br>8000mg<br>QL (60 packets / 30<br>days)                                      | 4                          | NDS QL NM<br>PA |
| DUVYZAT SUSP 8.86mg/ml<br>QL (420 mL / 30 days)                                                 | 4                          | NDS QL NM<br>PA |
| edaravone (generic of<br>RADICAVA) SOLN<br>30mg/100ml                                           | 4                          | NDS NM PA       |
| edaravone SOLN<br>60mg/100ml                                                                    | 4                          | NDS NM PA       |
| ENSPRYNG SOSY<br>120mg/ml                                                                       | 4                          | NDS NM PA       |
| EQUETRO CP12 100mg,<br>200mg, 300mg                                                             | 3                          |                 |
| EVRYSDI SOLR .75mg/ml;<br>TABS 5mg                                                              | 4                          | NDS NM PA       |
| FIRDAPSE TABS 10mg<br>QL (300 tabs / 30 days)                                                   | 4                          | NDS QL NM<br>PA |
| <i>gabapentin (once-daily)</i><br>(generic of GRALISE) TABS<br>300mg<br>QL (180 tabs / 30 days) | 1                          | QL PA           |

| Drug Name                                                                                                                      | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>gabapentin (once-daily)</i><br>(generic of GRALISE) TABS<br>450mg, 600mg<br>QL (90 tabs / 30 days)                          | 1                          | QL PA     |
| <i>gabapentin (once-daily)</i><br>(generic of GRALISE) TABS<br>750mg, 900mg<br>QL (60 tabs / 30 days)                          | 1                          | QL PA     |
| GRALISE TABS 300mg<br>QL (180 tabs / 30 days)                                                                                  | 3                          | QL PA     |
| GRALISE TABS 450mg,<br>600mg<br>QL (90 tabs / 30 days)                                                                         | 3                          | QL PA     |
| GRALISE TABS 750mg,<br>900mg<br>QL (60 tabs / 30 days)                                                                         | 3                          | QL PA     |
| HORIZANT TBCR 300mg,<br>600mg<br>QL (60 tabs / 30 days)                                                                        | 3                          | QL PA     |
| <i>lithium</i> SOLN 8meq/5ml                                                                                                   | 1                          |           |
| <i>lithium carbonate</i> CAPS<br>150mg, 300mg, 600mg; TABS<br>300mg; TBCR 450mg                                                | 1                          |           |
| <i>lithium carbonate</i> (generic of<br>LITHOBID) TBCR 300mg                                                                   | 1                          |           |
| LITHOBID TBCR 300mg                                                                                                            | 4                          | NDS       |
| LYRICA CR TB24 82.5mg,<br>165mg<br>QL (90 tabs / 30 days)                                                                      | 3                          | QL PA     |
| LYRICA CR TB24 330mg<br>QL (60 tabs / 30 days)                                                                                 | 3                          | QL PA     |
| MESTINON SOLN 60mg/5ml; TABS<br>60mg                                                                                           | 4                          | NDS       |
| MESTINON TIMESPAN<br>TBCR 180mg                                                                                                | 4                          | NDS       |
| NUEDEXTA CAP 20-10MG<br>QL (60 caps / 30 days)                                                                                 | 4                          | NDS QL PA |
| <i>paroxetine mesylate</i><br>( <i>vasomotor</i> ) CAPS 7.5mg<br>QL (30 caps / 30 days)<br>PA applies if 65 years and<br>older | 3                          | QL PA     |
| <i>pregabalin (once-daily)</i><br>(generic of LYRICA CR)<br>TB24 82.5mg, 165mg<br>QL (90 tabs / 30 days)                       | 1                          | QL PA     |



| Drug Name                                                                                        | Drug Requirements/<br>Tier | Limits       |
|--------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>pregabalin (once-daily)</i><br>(generic of LYRICA CR)<br>TB24 330mg<br>QL (60 tabs / 30 days) | 1                          | QL PA        |
| <i>pyridostigmine bromide</i><br>(generic of MESTINON)<br>SOLN 60mg/5ml; TABS 60mg               | 1                          |              |
| <i>pyridostigmine bromide</i> TABS 30mg                                                          | 1                          |              |
| <i>pyridostigmine bromide</i><br>(generic of MESTINON<br>TIMESPAN) TBCR 180mg                    | 1                          |              |
| RADICAVA ORS SUSP 105mg/5ml<br>QL (70 mL / 28 days)                                              | 4                          | NDS QL NM PA |
| RADICAVA ORS STARTER KIT SUSP 105mg/5ml<br>QL (70 mL / 28 days)                                  | 4                          | NDS QL NM PA |
| <i>riluzole</i> TABS 50mg                                                                        | 1                          |              |
| SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg<br>QL (60 tabs / 30 days)                                 | 3                          | QL PA        |
| SAVELLA MIS TITR PAK<br>QL (2 packs / year)                                                      | 3                          | QL PA        |
| SKYCLARYS CAPS 50mg<br>QL (90 caps / 30 days)                                                    | 4                          | NDS QL NM PA |
| <i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg<br>QL (90 tabs / 30 days)                 | 1                          | QL NM PA     |
| <i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg<br>QL (120 tabs / 30 days)                  | 4                          | NDS QL NM PA |
| TIGLUTIK SUSP 50mg/10ml<br>QL (600 mL / 30 days)                                                 | 4                          | NDS QL NM PA |
| TONMYA SUBL 2.8mg<br>QL (60 tabs / 30 days)                                                      | 4                          | NDS QL PA    |
| UPLIZNA SOLN 100mg/10ml                                                                          | 4                          | NDS NM PA    |
| WAINUA SOAJ 45mg/0.8ml<br>QL (1 pen / 30 days)                                                   | 4                          | NDS QL NM PA |
| XENAZINE TABS 12.5mg<br>QL (90 tabs / 30 days)                                                   | 4                          | NDS QL NM PA |
| XENAZINE TABS 25mg<br>QL (120 tabs / 30 days)                                                    | 4                          | NDS QL NM PA |
| <b>MULTIPLE SCLEROSIS AGENTS</b>                                                                 |                            |              |
| AMPYRA TB12 10mg<br>QL (60 tabs / 30 days)                                                       | 4                          | NDS QL NM PA |
| AUBAGIO TABS 7mg, 14mg<br>QL (30 tabs / 30 days)                                                 | 4                          | NDS QL NM PA |

| Drug Name                                                                                                          | Drug Requirements/<br>Tier | Limits                    |
|--------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| AVONEX PSKT 30mcg/0.5ml<br>QL (4 syringes / 28 days)                                                               | 4                          | NDS QL NM PA              |
| AVONEX PEN AJKT 30mcg/0.5ml<br>QL (4 injections / 28 days)                                                         | 4                          | NDS QL NM PA              |
| BAFIERTAM CPDR 95mg<br>QL (120 caps / 30 days)                                                                     | 4                          | NDS QL NM PA              |
| BETASERON KIT .3mg<br>QL (14 kits / 28 days)                                                                       | 4                          | NDS QL NM PA              |
| BRIUMVI SOLN 150mg/6ml<br><i>cladribine (4 tabs)</i> (generic of MAVENCLAD) TBPK 10mg<br>QL (16 tabs per lifetime) | 4                          | NDS NM PA<br>NDS QL NM PA |
| <i>cladribine (5 tabs)</i> (generic of MAVENCLAD) TBPK 10mg<br>QL (20 tabs per lifetime)                           | 4                          | NDS QL NM PA              |
| <i>cladribine (6 tabs)</i> (generic of MAVENCLAD) TBPK 10mg<br>QL (24 tabs per lifetime)                           | 4                          | NDS QL NM PA              |
| <i>cladribine (7 tabs)</i> (generic of MAVENCLAD) TBPK 10mg<br>QL (28 tabs per lifetime)                           | 4                          | NDS QL NM PA              |
| <i>cladribine (8 tabs)</i> (generic of MAVENCLAD) TBPK 10mg<br>QL (32 tabs per lifetime)                           | 4                          | NDS QL NM PA              |
| <i>cladribine (9 tabs)</i> (generic of MAVENCLAD) TBPK 10mg<br>QL (36 tabs per lifetime)                           | 4                          | NDS QL NM PA              |
| <i>cladribine (10 tabs)</i> (generic of MAVENCLAD) TBPK 10mg<br>QL (40 tabs per lifetime)                          | 4                          | NDS QL NM PA              |
| COPAXONE SOSY 20mg/ml<br>QL (30 syringes / 30 days)                                                                | 4                          | NDS QL NM PA              |
| COPAXONE SOSY 40mg/ml<br>QL (12 syringes / 28 days)                                                                | 4                          | NDS QL NM PA              |
| <i>dalfampridine</i> (generic of AMPYRA) TB12 10mg<br>QL (60 tabs / 30 days)                                       | 1                          | QL NM PA                  |
| <i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg<br>QL (14 caps / 7 days)                                | 4                          | NDS QL NM PA              |
| <i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 240mg<br>QL (60 caps / 30 days)                               | 4                          | NDS QL NM PA              |

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

| Drug Name                                                                       | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------------|----------------------------|-----------------|
| MAVENCLAD (10 TABS)<br>TBPK 10mg<br>QL (40 tabs per lifetime)                   | 4                          | NDS QL NM<br>PA |
| MAYZENT TABS 1mg, 2mg<br>QL (30 tabs / 30 days)                                 | 4                          | NDS QL NM<br>PA |
| MAYZENT TABS .25mg<br>QL (112 tabs / 28 days)                                   | 4                          | NDS QL NM<br>PA |
| MAYZENT STARTER PACK (7) TBPK .25mg<br>QL (2 packs / year)                      | 4                          | NDS QL NM<br>PA |
| MAYZENT STARTER PACK (12) TBPK .25mg<br>QL (2 packs / year)                     | 4                          | NDS QL NM<br>PA |
| OCREVUS SOLN<br>300mg/10ml                                                      | 4                          | NDS NM PA       |
| OCREVUS INJ ZUNOVO<br>QL (23 mL / 180 days)                                     | 4                          | NDS QL NM<br>PA |
| PLEGRIDY SOAJ<br>125mcg/0.5ml<br>QL (2 pens / 28 days)                          | 4                          | NDS QL NM<br>PA |
| PLEGRIDY SOSY<br>125mcg/0.5ml<br>QL (2 syringes / 28 days)                      | 4                          | NDS QL NM<br>PA |
| PLEGRIDY INJ STARTER<br>QL (2 packs / year)                                     | 4                          | NDS QL NM<br>PA |
| PLEGRIDY PEN INJ<br>STARTER<br>QL (2 packs / year)                              | 4                          | NDS QL NM<br>PA |
| PONVORY TABS 20mg<br>QL (30 tabs / 30 days)                                     | 4                          | NDS QL NM<br>PA |
| PONVORY TAB STARTER<br>QL (2 packs / year)                                      | 4                          | NDS QL NM<br>PA |
| REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml<br>QL (12 syringes / 28 days)               | 4                          | NDS QL NM<br>PA |
| REBIF REBIDO INJ TITRATN<br>QL (12 injections / 28 days)                        | 4                          | NDS QL NM<br>PA |
| REBIF REBIDOSE SOAJ<br>22mcg/0.5ml, 44mcg/0.5ml<br>QL (12 injections / 28 days) | 4                          | NDS QL NM<br>PA |
| REBIF TITRTN INJ PACK<br>QL (12 syringes / 28 days)                             | 4                          | NDS QL NM<br>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/<br>Tier | Limits          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| TASCENSO ODT TBDP<br>.25mg, .5mg<br>QL (30 tabs / 30 days)                                                                                                        | 4                          | NDS QL NM<br>PA |
| TECFIDERA CPDR 120mg<br>QL (14 caps / 7 days)                                                                                                                     | 4                          | NDS QL NM<br>PA |
| TECFIDERA CPDR 240mg<br>QL (60 caps / 30 days)                                                                                                                    | 4                          | NDS QL NM<br>PA |
| TECFIDERA CAP STARTER<br>QL (2 packs / year)                                                                                                                      | 4                          | NDS QL NM<br>PA |
| <i>teriflunomide</i> (generic of<br>AUBAGIO) TABS 7mg, 14mg<br>QL (30 tabs / 30 days)                                                                             | 4                          | NDS QL NM<br>PA |
| TYRUKO CONC 300mg/15ml                                                                                                                                            | 4                          | NDS NM PA       |
| TYSABRI CONC<br>300mg/15ml                                                                                                                                        | 4                          | NDS NM PA       |
| VUMERITY CPDR 231mg<br>QL (120 caps / 30 days)                                                                                                                    | 4                          | NDS QL NM<br>PA |
| ZEPOSIA CAPS .92mg<br>QL (30 caps / 30 days)                                                                                                                      | 4                          | NDS QL NM<br>PA |
| ZEPOSIA 7DAY CAP STR<br>PACK<br>QL (2 packs / year)                                                                                                               | 4                          | NDS QL NM<br>PA |
| ZEPOSIA CAP STR KIT<br>QL (2 packs / year)                                                                                                                        | 4                          | NDS QL NM<br>PA |
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>                                                                                                                             |                            |                 |
| <i>baclofen</i> SOLN 5mg/5ml                                                                                                                                      | 1                          | PA              |
| <i>baclofen</i> (generic of OZOBAX<br>DS) SOLN 10mg/5ml                                                                                                           | 1                          | PA              |
| <i>baclofen</i> (generic of<br>FLEQSUVY) SUSP<br>25mg/5ml                                                                                                         | 4                          | NDS PA          |
| <i>baclofen</i> TABS 5mg<br>QL (90 tabs / 30 days)                                                                                                                | 1                          | QL              |
| <i>baclofen</i> TABS 10mg, 15mg,<br>20mg                                                                                                                          | 1                          |                 |
| BOTOX SOLR 100unit,<br>200unit                                                                                                                                    | 4                          | NDS PA          |
| <i>carisoprodol</i> (generic of<br>SOMA) TABS 250mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year | 3                          | QL PA           |

| Drug Name                                                                                                                                                         | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>carisoprodol</i> (generic of<br>SOMA) TABS 350mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year | 2                          | QL PA     |
| <i>cyclobenzaprine hcl</i> TABS<br>5mg, 7.5mg, 10mg<br>QL (90 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year  | 2                          | QL PA     |
| DANTRIUM CAPS 25mg                                                                                                                                                | 3                          |           |
| <i>dantrolene sodium</i> (generic of<br>DANTRIUM) CAPS 25mg                                                                                                       | 1                          |           |
| <i>dantrolene sodium</i> CAPS<br>50mg, 100mg                                                                                                                      | 1                          |           |
| DAXXIFY SOLR 100unit                                                                                                                                              | 3                          | NM PA     |
| DYSPORT SOLR 300unit                                                                                                                                              | 3                          | NM PA     |
| DYSPORT SOLR 500unit                                                                                                                                              | 4                          | NDS NM PA |
| <i>fexmid</i> TABS 7.5mg<br>QL (90 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year                             | 2                          | QL PA     |
| FLEQSUVY SUSP 25mg/5ml                                                                                                                                            | 4                          | NDS PA    |
| <i>metaxalone</i> TABS 400mg<br>QL (240 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year                        | 3                          | QL PA     |
| <i>metaxalone</i> TABS 800mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year                        | 3                          | QL PA     |
| <i>methocarbamol</i> TABS 500mg<br>QL (360 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year                     | 2                          | QL PA     |
| <i>methocarbamol</i> TABS 750mg<br>QL (240 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year                     | 2                          | QL PA     |

| Drug Name                                                                                                                                | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>methocarbamol</i> TABS 1000mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 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<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year                  | 3                          | QL PA        |
| SOMA TABS 350mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year                  | 4                          | NDS QL PA    |
| <i>tanlor</i> TABS 1000mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year        | 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 CAPS 8mg                                                                                                                        | 4                          | NDS          |
| ZANAFLEX TABS 4mg                                                                                                                        | 3                          |              |
| <b>NARCOLEPSY/CATAPLEXY</b>                                                                                                              |                            |              |
| <i>armodafinil</i> (generic of NUVIGIL) TABS 50mg<br>QL (60 tabs / 30 days)                                                              | 1                          | QL PA        |
| <i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg<br>QL (30 tabs / 30 days)                                               | 1                          | QL PA        |
| LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm<br>QL (30 packets / 30 days)                                                                          | 4                          | NDS QL NM PA |

| Drug Name                                                                                                             | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| LUMRYZ PAK STARTER<br>QL (2 packs / year)                                                                             | 4                          | NDS QL NM PA |
| <i>modafinil</i> (generic of PROVIGIL) TABS 100mg<br>QL (30 tabs / 30 days)                                           | 1                          | QL PA        |
| <i>modafinil</i> (generic of PROVIGIL) TABS 200mg<br>QL (60 tabs / 30 days)                                           | 1                          | QL PA        |
| NUVIGIL TABS 50mg<br>QL (60 tabs / 30 days)                                                                           | 3                          | QL PA        |
| NUVIGIL TABS 150mg, 200mg, 250mg<br>QL (30 tabs / 30 days)                                                            | 4                          | NDS QL PA    |
| PROVIGIL TABS 100mg<br>QL (30 tabs / 30 days)                                                                         | 4                          | NDS QL PA    |
| PROVIGIL TABS 200mg<br>QL (60 tabs / 30 days)                                                                         | 4                          | NDS QL PA    |
| <i>sodium oxybate</i> SOLN 500mg/ml<br>QL (540 mL / 30 days)                                                          | 4                          | NDS QL NM PA |
| SUNOSI TABS 75mg, 150mg<br>QL (30 tabs / 30 days)                                                                     | 3                          | QL PA        |
| WAKIX TABS 4.45mg, 17.8mg<br>QL (60 tabs / 30 days)                                                                   | 4                          | NDS QL NM PA |
| XYREM SOLN 500mg/ml<br>QL (540 mL / 30 days)                                                                          | 4                          | NDS QL NM PA |
| XYWAV SOL 0.5GM/ML<br>QL (540 mL / 30 days)                                                                           | 4                          | NDS QL NM PA |
| <b>PSYCHOTHERAPEUTIC-MISC</b>                                                                                         |                            |              |
| <i>acamprosate calcium</i> TBEC 333mg                                                                                 | 1                          |              |
| BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml                | 4                          | NDS NM       |
| <i>buprenorphine hcl</i> SUBL 2mg<br>QL (180 tabs / 30 days)                                                          | 1                          | QL           |
| <i>buprenorphine hcl</i> SUBL 8mg<br>QL (120 tabs / 30 days)                                                          | 1                          | QL           |
| <i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv) (generic of SUBOXONE)<br>QL (180 films / 30 days) | 1                          | QL           |

| Drug Name                                                                                                           | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE)<br>QL (90 films / 30 days)  | 1                          | QL        |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE)<br>QL (120 films / 30 days) | 1                          | QL        |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE)<br>QL (90 films / 30 days) | 1                          | QL        |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i><br>QL (180 tabs / 30 days)                       | 1                          | QL        |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i><br>QL (120 tabs / 30 days)                         | 1                          | QL        |
| <i>bupropion hcl (smoking deterrent)</i> TB12 150mg<br>QL (60 tabs / 30 days)                                       | 1                          | QL        |
| CHANTIX TABS .5mg, 1mg<br>QL (56 tabs / 28 days)                                                                    | 3                          | QL        |
| CHANTIX CONTINUING MONTH TABS 1mg<br>QL (56 tabs / 28 days)                                                         | 3                          | QL        |
| CHANTIX TAB 0.5& 1MG<br>QL (2 packs / year)                                                                         | 3                          | QL        |
| <i>disulfiram</i> TABS 250mg, 500mg                                                                                 | 1                          |           |
| KLOXXADO LIQD 8mg/0.1ml                                                                                             | 2                          |           |
| <i>lofexidine hcl</i> (generic of LUCEMYRA) TABS .18mg<br>QL (228 tabs / 14 days)                                   | 4                          | NDS QL PA |
| LUCEMYRA TABS .18mg<br>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                          |           |
| REXTOVY LIQD 4mg/0.25ml                                                                                             | 3                          |           |

| Drug Name                                                                                     | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------------------------------|----------------------------|-----------|
| SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml                                                       | 4                          | NDS NM    |
| SUBOXONE MIS 2-0.5MG<br>QL (180 films / 30 days)                                              | 3                          | QL        |
| SUBOXONE MIS 4-1MG<br>QL (90 films / 30 days)                                                 | 3                          | QL        |
| SUBOXONE MIS 8-2MG<br>QL (120 films / 30 days)                                                | 3                          | QL        |
| SUBOXONE MIS 12-3MG<br>QL (90 films / 30 days)                                                | 3                          | QL        |
| <i>varenicline tartrate</i> (generic of CHANTIX) TABS .5mg, 1mg<br>QL (56 tabs / 28 days)     | 1                          | QL        |
| <i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i><br>QL (2 packs / year) | 1                          | QL        |
| VIVITROL SUSR 380mg                                                                           | 4                          | NDS NM    |
| ZUBSOLV SUB 0.7-0.18<br>QL (90 tabs / 30 days)                                                | 3                          | QL        |
| ZUBSOLV SUB 1.4-0.36<br>QL (90 tabs / 30 days)                                                | 3                          | QL        |
| ZUBSOLV SUB 2.9-0.71<br>QL (90 tabs / 30 days)                                                | 3                          | QL        |
| ZUBSOLV SUB 5.7-1.4<br>QL (90 tabs / 30 days)                                                 | 3                          | QL        |
| ZUBSOLV SUB 8.6-2.1<br>QL (60 tabs / 30 days)                                                 | 3                          | QL        |
| ZUBSOLV SUB 11.4-2.9<br>QL (30 tabs / 30 days)                                                | 3                          | QL        |
| ZURNAI SOAJ 1.5mg/0.5ml                                                                       | 3                          |           |
| <b>ENDOCRINE AND METABOLIC ANDROGENS</b>                                                      |                            |           |
| AVEED SOLN 750mg/3ml                                                                          | 4                          | NDS NM PA |
| AZMIRO SOSY 200mg/ml                                                                          | 3                          | PA        |
| <i>danazol</i> CAPS 50mg, 100mg, 200mg                                                        | 1                          |           |
| <i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml                                              | 1                          | PA        |
| JATENZO CAPS 158mg, 198mg<br>QL (120 caps / 30 days)                                          | 3                          | QL PA     |
| JATENZO CAPS 237mg<br>QL (60 caps / 30 days)                                                  | 4                          | NDS QL PA |
| TESTIM GEL 1%<br>QL (300 gm / 30 days)                                                        | 3                          | QL PA     |
| <i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm<br>QL (300 gm / 30 days)                     | 1                          | QL PA     |

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------|----------------------------|--------|
| <i>testosterone GEL</i><br>20.25mg/1.25gm,<br>40.5mg/2.5gm<br>QL (150 gm / 30 days)    | 1                          | QL PA  |
| <i>testosterone SOLN</i> 30mg/act<br>QL (180 mL / 30 days)                             | 1                          | QL PA  |
| <i>testosterone cypionate SOLN</i> 100mg/ml, 200mg/ml                                  | 1                          | PA     |
| <i>testosterone enanthate SOLN</i> 200mg/ml                                            | 1                          | PA     |
| <i>testosterone pump</i> (generic of ANDROGEL PUMP) GEL 1.62%<br>QL (150 gm / 30 days) | 1                          | QL PA  |
| TLANDO CAPS 112.5mg<br>QL (120 caps / 30 days)                                         | 3                          | QL PA  |
| VOGELXO GEL 50mg/5gm<br>QL (300 gm / 30 days)                                          | 3                          | QL PA  |
| VOGELXO PUMP GEL 1%<br>QL (300 gm / 30 days)                                           | 3                          | QL PA  |
| XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml                                       | 3                          | PA     |
| <b>ANTIDIABETICS</b>                                                                   |                            |        |
| <i>acarbose TABS</i> 25mg, 50mg, 100mg                                                 | 1                          |        |
| ACTOPLUS MET TAB 15-850MG<br>QL (90 tabs / 30 days)                                    | 3                          | QL     |
| ACTOS TABS 15mg, 30mg, 45mg<br>QL (30 tabs / 30 days)                                  | 3                          | QL     |
| <i>alogliptin benzoate TABS</i> 6.25mg, 12.5mg, 25mg<br>QL (30 tabs / 30 days)         | 3                          | QL ST  |
| <i>alogliptin-metformin hcl tab</i> 12.5-500 mg<br>QL (60 tabs / 30 days)              | 3                          | QL ST  |
| <i>alogliptin-metformin hcl tab</i> 12.5-1000 mg<br>QL (60 tabs / 30 days)             | 3                          | QL ST  |
| <i>alogliptin-pioglitazone tab</i> 12.5-30 mg<br>QL (30 tabs / 30 days)                | 3                          | QL ST  |
| <i>alogliptin-pioglitazone tab</i> 25-15 mg<br>QL (30 tabs / 30 days)                  | 3                          | QL ST  |

| Drug Name                                                                     | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------|----------------------------|--------|
| <i>alogliptin-pioglitazone tab</i> 25-30 mg<br>QL (30 tabs / 30 days)         | 3                          | QL ST  |
| <i>alogliptin-pioglitazone tab</i> 25-45 mg<br>QL (30 tabs / 30 days)         | 3                          | QL ST  |
| BRYNOVIN SOLN 25mg/ml<br>QL (120 mL / 30 days)                                | 3                          | QL ST  |
| <i>dapagliflozin propanediol TABS</i> 5mg, 10mg<br>QL (30 tabs / 30 days)     | 2                          | QL     |
| DUETACT TAB 30-2MG<br>QL (30 tabs / 30 days)                                  | 3                          | QL     |
| DUETACT TAB 30-4MG<br>QL (30 tabs / 30 days)                                  | 3                          | QL     |
| <i>exenatide SOPN</i> 5mcg/0.02ml, 10mcg/0.04ml<br>QL (1 pen / 30 days)       | 1                          | QL PA  |
| FARXIGA TABS 5mg, 10mg<br>QL (30 tabs / 30 days)                              | 2                          | QL     |
| <i>glimepiride TABS</i> 1mg, 2mg<br>QL (90 tabs / 30 days)                    | 1                          | QL     |
| <i>glimepiride TABS</i> 3mg, 4mg<br>QL (60 tabs / 30 days)                    | 1                          | QL     |
| <i>glipizide TABS</i> 2.5mg<br>QL (480 tabs / 30 days)                        | 1                          | QL     |
| <i>glipizide TABS</i> 5mg<br>QL (240 tabs / 30 days)                          | 1                          | QL     |
| <i>glipizide TABS</i> 10mg<br>QL (120 tabs / 30 days)                         | 1                          | QL     |
| <i>glipizide TB24</i> 2.5mg<br>QL (90 tabs / 30 days)                         | 1                          | QL     |
| <i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg<br>QL (90 tabs / 30 days) | 1                          | QL     |
| <i>glipizide TB24</i> 10mg<br>QL (60 tabs / 30 days)                          | 1                          | QL     |
| <i>glipizide-metformin hcl tab</i> 2.5-250 mg<br>QL (240 tabs / 30 days)      | 1                          | QL     |
| <i>glipizide-metformin hcl tab</i> 2.5-500 mg<br>QL (120 tabs / 30 days)      | 1                          | QL     |
| <i>glipizide-metformin hcl tab</i> 5-500 mg<br>QL (120 tabs / 30 days)        | 1                          | QL     |
| GLUCOTROL XL TB24 5mg<br>QL (90 tabs / 30 days)                               | 3                          | QL     |

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

| Drug Name                                                                                   | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------------|----------------------------|-----------|
| JENTADUETO TAB 2.5-850<br>QL (60 tabs / 30 days)                                            | 2                          | QL        |
| JENTADUETO TAB 2.5-1000<br>QL (60 tabs / 30 days)                                           | 2                          | QL        |
| JENTADUETO TAB XR 2.5-<br>1000MG<br>QL (60 tabs / 30 days)                                  | 2                          | QL        |
| JENTADUETO TAB XR 5-<br>1000MG<br>QL (30 tabs / 30 days)                                    | 2                          | QL        |
| <i>liraglutide</i> (generic of<br>VICTOZA) SOPN 6mg/ml<br>QL (3 pens / 30 days)             | 1                          | QL PA     |
| <i>metformin hcl</i> (generic of<br>RIOMET) SOLN 500mg/5ml<br>QL (765 mL / 30 days)         | 1                          | QL ST     |
| <i>metformin hcl</i> TABS 500mg<br>QL (150 tabs / 30 days)                                  | 1                          | QL        |
| <i>metformin hcl</i> TABS 625mg<br>QL (120 tabs / 30 days)                                  | 4                          | NDS QL ST |
| <i>metformin hcl</i> TABS 750mg<br>QL (90 tabs / 30 days)                                   | 4                          | NDS QL ST |
| <i>metformin hcl</i> TABS 850mg<br>QL (90 tabs / 30 days)                                   | 1                          | QL        |
| <i>metformin hcl</i> TABS 1000mg<br>QL (75 tabs / 30 days)                                  | 1                          | QL        |
| <i>metformin hcl</i> TB24 500mg<br>QL (120 tabs / 30 days)<br>(generic of GLUCOPHAGE<br>XR) | 1                          | QL        |
| <i>metformin hcl</i> TB24 500mg<br>QL (120 tabs / 30 days)<br>(generic of FORTAMET)         | 1                          | QL PA     |
| <i>metformin hcl</i> TB24 500mg<br>QL (120 tabs / 30 days)<br>(generic of GLUMETZA)         | 1                          | QL PA     |
| <i>metformin hcl</i> TB24 750mg<br>QL (60 tabs / 30 days)<br>(generic of GLUCOPHAGE<br>XR)  | 1                          | QL        |
| <i>metformin hcl</i> TB24 1000mg<br>QL (60 tabs / 30 days)<br>(generic of FORTAMET)         | 1                          | QL PA     |
| <i>metformin hcl</i> TB24 1000mg<br>QL (60 tabs / 30 days)<br>(generic of GLUMETZA)         | 1                          | QL PA     |
| <i>migliitol</i> TABS 25mg, 50mg,<br>100mg                                                  | 1                          |           |

| Drug Name                                                                                                                 | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| MOUNJARO SOAJ<br>2.5mg/0.5ml, 5mg/0.5ml,<br>7.5mg/0.5ml, 10mg/0.5ml,<br>12.5mg/0.5ml, 15mg/0.5ml<br>QL (4 pens / 28 days) | 2                          | QL PA  |
| nateglinide TABS 60mg,<br>120mg<br>QL (90 tabs / 30 days)                                                                 | 1                          | QL     |
| OZEMPIC (0.25 OR<br>0.5MG/DOSE) SOPN<br>2mg/3ml<br>QL (1 pen / 28 days)                                                   | 2                          | QL PA  |
| OZEMPIC (1MG/DOSE)<br>SOPN 4mg/3ml<br>QL (1 pen / 28 days)                                                                | 2                          | QL PA  |
| OZEMPIC (2MG/DOSE)<br>SOPN 8mg/3ml<br>QL (1 pen / 28 days)                                                                | 2                          | QL PA  |
| pioglitazone hcl (generic of<br>ACTOS) TABS 15mg, 30mg,<br>45mg<br>QL (30 tabs / 30 days)                                 | 1                          | QL     |
| pioglitazone hcl-glimepiride<br>tab 30-2 mg (generic of<br>DUETACT)<br>QL (30 tabs / 30 days)                             | 1                          | QL     |
| pioglitazone hcl-glimepiride<br>tab 30-4 mg (generic of<br>DUETACT)<br>QL (30 tabs / 30 days)                             | 1                          | QL     |
| pioglitazone hcl-metformin hcl<br>tab 15-500 mg<br>QL (90 tabs / 30 days)                                                 | 1                          | QL     |
| pioglitazone hcl-metformin hcl<br>tab 15-850 mg (generic of<br>ACTOPLUS MET)<br>QL (90 tabs / 30 days)                    | 1                          | QL     |
| repaglinide TABS 2mg<br>QL (240 tabs / 30 days)                                                                           | 1                          | QL     |
| repaglinide TABS .5mg, 1mg<br>QL (120 tabs / 30 days)                                                                     | 1                          | QL     |
| RYBELSUS TABS 3mg, 7mg, 2<br>14mg<br>QL (30 tabs / 30 days)                                                               | 2                          | QL PA  |
| saxagliptin hcl TABS 2.5mg<br>QL (30 tabs / 30 days)                                                                      | 1                          | QL     |
| saxagliptin hcl (generic of<br>ONGLYZA) TABS 5mg<br>QL (30 tabs / 30 days)                                                | 1                          | QL     |

| Drug Name                                                                      | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------|----------------------------|--------|
| saxagliptin-metformin hcl tab<br>er 24hr 2.5-1000 mg<br>QL (60 tabs / 30 days) | 1                          | QL     |
| saxagliptin-metformin hcl tab<br>er 24hr 5-500 mg<br>QL (30 tabs / 30 days)    | 1                          | QL     |
| saxagliptin-metformin hcl tab<br>er 24hr 5-1000 mg<br>QL (30 tabs / 30 days)   | 1                          | QL     |
| SEGLUROMET TAB 2.5-500<br>QL (120 tabs / 30 days)                              | 3                          | QL     |
| SEGLUROMET TAB 2.5-1000<br>QL (60 tabs / 30 days)                              | 3                          | QL     |
| SEGLUROMET TAB 7.5-500<br>QL (60 tabs / 30 days)                               | 3                          | QL     |
| SEGLUROMET TAB 7.5-1000<br>QL (60 tabs / 30 days)                              | 3                          | QL     |
| SITAG/METFOR TAB 50-<br>500MG<br>QL (60 tabs / 30 days)                        | 3                          | QL ST  |
| SITAG/METFOR TAB 50-<br>1000<br>QL (60 tabs / 30 days)                         | 3                          | QL ST  |
| SITAG/METFOR TAB 100-<br>1000<br>QL (30 tabs / 30 days)                        | 3                          | QL ST  |
| SITAGLIPTIN TABS 25mg,<br>50mg, 100mg<br>QL (30 tabs / 30 days)                | 3                          | QL ST  |
| STEGLATRO TABS 5mg<br>QL (90 tabs / 30 days)                                   | 3                          | QL     |
| STEGLATRO TABS 15mg<br>QL (30 tabs / 30 days)                                  | 3                          | QL     |
| STEGLUJAN TAB 5-100MG<br>QL (30 tabs / 30 days)                                | 3                          | QL     |
| STEGLUJAN TAB 15-100MG<br>QL (30 tabs / 30 days)                               | 3                          | QL     |
| SYMLINPEN 60 SOPN<br>1500mcg/1.5ml                                             | 4                          | NDS PA |
| SYMLINPEN 120 SOPN<br>2700mcg/2.7ml                                            | 4                          | NDS PA |
| SYNJARDY TAB 5-500MG<br>QL (120 tabs / 30 days)                                | 2                          | QL     |
| SYNJARDY TAB 5-1000MG<br>QL (60 tabs / 30 days)                                | 2                          | QL     |
| SYNJARDY TAB 12.5-500<br>QL (60 tabs / 30 days)                                | 2                          | 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/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------------|----------------------------|-----------|
| SYNJARDY TAB 12.5-1000MG<br>QL (60 tabs / 30 days)                                             | 2                          | QL        |
| SYNJARDY XR TAB 5-1000MG<br>QL (60 tabs / 30 days)                                             | 2                          | QL        |
| SYNJARDY XR TAB 10-1000<br>QL (60 tabs / 30 days)                                              | 2                          | QL        |
| SYNJARDY XR TAB 12.5-1000<br>QL (60 tabs / 30 days)                                            | 2                          | QL        |
| SYNJARDY XR TAB 25-1000<br>QL (30 tabs / 30 days)                                              | 2                          | QL        |
| TRADJENTA TABS 5mg<br>QL (30 tabs / 30 days)                                                   | 2                          | QL        |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG<br>QL (60 tabs / 30 days)                                 | 2                          | QL        |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG<br>QL (30 tabs / 30 days)                                  | 2                          | QL        |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG<br>QL (60 tabs / 30 days)                              | 2                          | QL        |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG<br>QL (30 tabs / 30 days)                                  | 2                          | QL        |
| TRULICITY SOAJ<br>.75mg/0.5ml, 1.5mg/0.5ml,<br>3mg/0.5ml, 4.5mg/0.5ml<br>QL (4 pens / 28 days) | 2                          | QL PA     |
| TZIELD SOLN 2mg/2ml<br>QL (3 pens / 30 days)                                                   | 4                          | NDS NM PA |
| VICTOZA SOPN 18mg/3ml<br>QL (3 pens / 30 days)                                                 | 3                          | QL PA     |
| XIGDUO XR TAB 2.5-1000<br>QL (60 tabs / 30 days)                                               | 2                          | QL        |
| XIGDUO XR TAB 5-500MG<br>QL (60 tabs / 30 days)                                                | 2                          | QL        |
| XIGDUO XR TAB 5-1000MG<br>QL (60 tabs / 30 days)                                               | 2                          | QL        |
| XIGDUO XR TAB 10-500MG<br>QL (30 tabs / 30 days)                                               | 2                          | QL        |
| XIGDUO XR TAB 10-1000<br>QL (30 tabs / 30 days)                                                | 2                          | QL        |
| ZITUVIMET TAB 50-500MG<br>QL (60 tabs / 30 days)                                               | 3                          | QL ST     |
| ZITUVIMET TAB 50-1000<br>QL (60 tabs / 30 days)                                                | 3                          | QL ST     |

| Drug Name                                                     | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------|----------------------------|--------|
| ZITUVIMET XR TAB 50-500MG<br>QL (60 tabs / 30 days)           | 3                          | QL ST  |
| ZITUVIMET XR TAB 50-1000<br>QL (60 tabs / 30 days)            | 3                          | QL ST  |
| ZITUVIMET XR TAB 100-1000<br>QL (30 tabs / 30 days)           | 3                          | QL ST  |
| ZITUVIO TABS 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days)      | 3                          | QL ST  |
| <b>ANTIDIABETICS, INSULINS</b>                                |                            |        |
| ADMELOG SOLN 100unit/ml                                       | 2                          | B/D    |
| ADMELOG SOLOSTAR<br>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:<br>EMBECTA-BD/MHC/RUGBY                        | 2                          | PA     |
| APIDRA SOLN 100unit/ml                                        | 3                          | B/D    |
| APIDRA SOLOSTAR SOPN 100unit/ml                               | 3                          |        |
| BASAGLAR KWIKPEN<br>SOPN 100unit/ml                           | 2                          |        |
| BASAGLAR TEMPO PEN<br>SOPN 100unit/ml                         | 2                          |        |
| CEQUR SIMPL KIT PATCH 2U (3-DAY)<br>QL (10 patches / 30 days) | 3                          | QL PA  |
| CEQUR SIMPL KIT PATCH 2U (4-DAY)<br>QL (8 patches / 24 days)  | 3                          | QL PA  |
| CEQUR SIMPL MIS<br>INSERTER<br>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                          |        |

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/<br>Tier | Limits  |
|--------------------------------------------------------------|----------------------------|---------|
| HUMALOG SOLN 100unit/ml                                      | 3                          | B/D     |
| HUMALOG JUNIOR<br>KWIKPEN SOPN 100unit/ml                    | 3                          |         |
| HUMALOG KWIKPEN SOPN<br>100unit/ml, 200unit/ml               | 3                          |         |
| HUMALOG MIX INJ<br>50/50KWP                                  | 3                          |         |
| HUMALOG MIX INJ<br>75/25KWP                                  | 3                          |         |
| HUMALOG MIX SUS 75/25                                        | 3                          |         |
| HUMALOG TEMPO PEN<br>SOPN 100unit/ml                         | 3                          |         |
| HUMULIN INJ 70/30                                            | 3                          |         |
| HUMULIN INJ 70/30KWP                                         | 3                          |         |
| HUMULIN N SUSP<br>100unit/ml                                 | 3                          |         |
| HUMULIN N KWIKPEN<br>SUPN 100unit/ml                         | 3                          |         |
| HUMULIN R SOLN<br>100unit/ml                                 | 3                          | B/D     |
| HUMULIN R U-500<br>(CONCENTR SOLN<br>500unit/ml              | 4                          | NDS B/D |
| HUMULIN R U-500 KWIKPEN<br>SOPN 500unit/ml                   | 4                          | NDS     |
| INSULIN GLARGINE MAX<br>SOLO SOPN 300unit/ml                 | 3                          |         |
| INSULIN GLARGINE<br>SOLOSTAR SOPN<br>300unit/ml              | 3                          |         |
| INSULIN GLARGINE-YFGN<br>SOLN 100unit/ml; SOPN<br>100unit/ml | 3                          |         |
| INSULIN LISIP INJ<br>PROTAMIN                                | 3                          |         |
| INSULIN LISPRO SOLN<br>100unit/ml                            | 3                          | B/D     |
| INSULIN LISPRO JUNIOR<br>KWI SOPN 100unit/ml                 | 3                          |         |
| INSULIN LISPRO KWIKPEN<br>SOPN 100unit/ml                    | 3                          |         |
| INSULIN PEN NEEDLES:<br>EMBECTA-BD                           | 2                          | PA      |
| INSULIN SAFETY NEEDLES:<br>EMBECTA-BD                        | 2                          | PA      |
| INSULIN SYRINGES:<br>EMBECTA-BD                              | 2                          | PA      |
| KIRSTY SOLN 100unit/ml                                       | 3                          | B/D     |

| Drug Name                                      | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------|----------------------------|--------|
| KIRSTY SOPN 100unit/ml                         | 3                          |        |
| LANTUS SOLN 100unit/ml                         | 2                          |        |
| LANTUS SOLOSTAR SOPN<br>100unit/ml             | 2                          |        |
| LYUMJEV SOLN 100unit/ml                        | 3                          | B/D    |
| LYUMJEV KWIKPEN SOPN<br>100unit/ml, 200unit/ml | 3                          |        |
| LYUMJEV TEMPO PEN<br>SOPN 100unit/ml           | 3                          |        |
| MERILOG SOLN 100unit/ml                        | 3                          | B/D    |
| MERILOG SOLOSTAR<br>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<br>RELION                 | 3                          |        |
| NOVOLIN N SUSP<br>100unit/ml                   | 2                          |        |
| NOVOLIN N FLEXPEN<br>SUPN 100unit/ml           | 2                          |        |
| NOVOLIN N FLEXPEN<br>RELION SUPN 100unit/ml    | 3                          |        |
| NOVOLIN N RELION SUSP<br>100unit/ml            | 3                          |        |
| NOVOLIN R SOLN<br>100unit/ml                   | 2                          | B/D    |
| NOVOLIN R FLEXPEN<br>SOPN 100unit/ml           | 2                          |        |
| NOVOLIN R FLEXPEN<br>RELION SOPN 100unit/ml    | 3                          |        |
| NOVOLIN R RELION SOLN<br>100unit/ml            | 3                          | B/D    |
| NOVOLOG SOLN 100unit/ml                        | 2                          | B/D    |
| NOVOLOG FLEXPEN SOPN<br>100unit/ml             | 2                          |        |
| NOVOLOG FLEXPEN<br>RELION SOPN 100unit/ml      | 2                          |        |
| NOVOLOG MIX INJ 70/30                          | 2                          |        |
| NOVOLOG MIX INJ FLEX<br>REL                    | 3                          |        |
| NOVOLOG MIX INJ<br>FLEXPEN                     | 2                          |        |
| NOVOLOG PENFILL SOCT<br>100unit/ml             | 2                          |        |
| NOVOLOG RELI INJ 70/30                         | 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/<br>Tier | Limits |
|-----------------------------------------------------|----------------------------|--------|
| NOVOLOG RELION SOLN 100unit/ml                      | 2                          | B/D    |
| OMNIPOD 5 DX KIT INT G7G6<br>QL (1 kit / year)      | 3                          | QL PA  |
| OMNIPOD 5 DX MIS POD G7G6<br>QL (15 pods / 30 days) | 3                          | QL PA  |
| OMNIPOD 5 L2 KIT INTRO G6<br>QL (1 kit / year)      | 3                          | QL PA  |
| OMNIPOD 5 L2 MIS PODS G6<br>QL (15 pods / 30 days)  | 3                          | QL PA  |
| OMNIPOD DASH KIT INTRO<br>QL (1 kit / year)         | 3                          | QL PA  |
| OMNIPOD DASH MIS PODS<br>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<br>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                          |        |
| V-GO 20 KIT<br>QL (30 devices / 30 days)            | 3                          | QL PA  |
| V-GO 30 KIT<br>QL (30 devices / 30 days)            | 3                          | QL PA  |
| V-GO 40 KIT<br>QL (30 devices / 30 days)            | 3                          | QL PA  |
| XULTOPHY INJ 100/3.6<br>QL (5 pens / 30 days)       | 2                          | QL     |
| <b>CALCIUM REGULATORS</b>                           |                            |        |
| ACTONEL TABS 35mg, 150mg                            | 3                          |        |
| <i>alendronate sodium</i> SOLN 70mg/75ml            | 1                          | ST     |

| Drug Name                                                             | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------------|----------------------------|--------------|
| <i>alendronate sodium</i> TABS 10mg, 35mg                             | 1                          |              |
| <i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg              | 1                          |              |
| ATELVIA TBEC 35mg                                                     | 3                          | ST           |
| BILDYOS SOSY 60mg/ml<br>QL (1 syringe / 180 days)                     | 3                          | QL NM        |
| BINOSTO TBEF 70mg                                                     | 3                          | ST           |
| BONSITY SOPN 560mcg/2.24ml<br>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<br>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<br>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      |
| OSPOMYV SOSY 60mg/ml<br>QL (1 syringe / 180 days)                     | 3                          | QL NM        |
| PAMIDRONATE DISODIUM SOLN 6mg/ml                                      | 2                          | B/D          |
| <i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml                 | 1                          | B/D          |
| PROLIA SOSY 60mg/ml<br>QL (1 syringe / 180 days)                      | 3                          | QL NM        |
| RECLAST SOLN 5mg/100ml                                                | 3                          | B/D NM       |
| <i>risedronate sodium</i> TABS 5mg, 30mg                              | 1                          |              |

| Drug Name                                                                          | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg, 150mg                    | 1                          |              |
| <i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg                           | 1                          | ST           |
| TERIPARATIDE SOPN 560mcg/2.24ml<br>QL (1 pen / 28 days)<br>(ALVOGEN product)       | 4                          | NDS QL NM PA |
| <i>teriparatide</i> (generic of FORTEO) SOPN 560mcg/2.24ml<br>QL (1 pen / 28 days) | 4                          | NDS QL NM PA |
| TYMLOS SOPN 3120mcg/1.56ml<br>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    |
| XTRENBO SOLN 120mg/1.7ml                                                           | 3                          | 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       |
| <b>CHELATING AGENTS</b>                                                            |                            |              |
| CHEMET CAPS 100mg                                                                  | 4                          | NDS          |
| CUVRIOR TABS 300mg                                                                 | 4                          | NDS NM PA    |
| <i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg            | 4                          | NDS NM PA    |
| <i>deferasirox</i> (generic of JADENU) TABS 90mg                                   | 1                          | NM PA        |
| <i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg                           | 3                          | NM PA        |
| <i>deferasirox</i> (generic of EXJADE) TBSO 125mg                                  | 1                          | NM PA        |
| <i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg                           | 4                          | NDS NM PA    |
| <i>deferiprone</i> TABS 500mg                                                      | 4                          | NDS NM PA    |

| Drug Name                                                     | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------|----------------------------|-----------|
| <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                          |           |
| <b>CONTRACEPTIVES</b>                                         |                            |           |
| <i>afirmelle</i>                                              | 1                          |           |
| <i>altavera</i>                                               | 1                          |           |
| <i>alyacen 1/35</i>                                           | 1                          |           |
| <i>alyacen 7/7/7</i>                                          | 1                          |           |
| <i>amethyst</i>                                               | 1                          |           |
| ANNOVERA MIS                                                  | 3                          |           |
| <i>apri</i>                                                   | 1                          |           |
| <i>aranella</i>                                               | 1                          |           |
| <i>ashlyna</i>                                                | 1                          |           |

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

| Drug Name                                                                                      | Drug Requirements/<br>Tier Limits |
|------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>drospirenone-ethinyl estradiol<br/>tab 3-0.03 mg (generic of<br/>YASMIN 28)</i>             | 1                                 |
| <i>elinest</i>                                                                                 | 1                                 |
| <i>eluryng</i> (generic of<br>NUVARING)                                                        | 1                                 |
| <i>emzahh</i> TABS .35mg                                                                       | 1                                 |
| <i>enilloring</i> (generic of<br>NUVARING)                                                     | 1                                 |
| <i>enskyce</i>                                                                                 | 1                                 |
| <i>errin</i> TABS .35mg                                                                        | 1                                 |
| <i>estarylla</i>                                                                               | 1                                 |
| <i>ethynodiol diacetate &amp; ethinyl<br/>estradiol tab 1 mg-50 mcg</i>                        | 1                                 |
| <i>etonogestrel-ethinyl estradiol<br/>va ring 0.12-0.015 mg/24hr<br/>(generic of NUVARING)</i> | 1                                 |
| <i>falmina</i>                                                                                 | 1                                 |
| <i>feirza 1.5/30</i>                                                                           | 1                                 |
| <i>feirza 1/20</i>                                                                             | 1                                 |
| FEMLYV TAB 1/0.02MG                                                                            | 3                                 |
| <i>finzala</i>                                                                                 | 1                                 |
| <i>galbriela</i>                                                                               | 1                                 |
| <i>gemmily</i> (generic of<br>TAYTULLA)                                                        | 1                                 |
| <i>hailey 1.5/30</i>                                                                           | 1                                 |
| <i>hailey 24 fe</i>                                                                            | 1                                 |
| <i>haloette</i> (generic of<br>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<br>BALCOLTRA)                                                       | 1                                 |
| <i>juleber</i>                                                                                 | 1                                 |
| <i>junel 1.5/30</i>                                                                            | 1                                 |
| <i>junel 1/20</i>                                                                              | 1                                 |
| <i>junel fe 1.5/30</i>                                                                         | 1                                 |
| <i>junel fe 1/20</i>                                                                           | 1                                 |
| <i>junel fe 24</i>                                                                             | 1                                 |

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

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

| Drug Name                                                                                        | Drug Requirements/<br>Tier Limits |
|--------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>norethindrone ace-ethinyl<br/>estradiol-fe cap 1 mg-20 mcg<br/>(24) (generic of TAYTULLA)</i> | 1                                 |
| <i>norgestimate &amp; ethinyl<br/>estradiol tab 0.25 mg-35 mcg</i>                               | 1                                 |
| <i>norgestimate-eth estrad tab<br/>0.18-25/0.215-25/0.25-25 mg-<br/>mcg</i>                      | 1                                 |
| <i>norgestimate-eth estrad tab<br/>0.18-35/0.215-35/0.25-35 mg-<br/>mcg</i>                      | 1                                 |
| <i>norlyroc TABS .35mg</i>                                                                       | 1                                 |
| <i>nortrel 0.5/35 (28)</i>                                                                       | 1                                 |
| <i>nortrel 1/35 (21)</i>                                                                         | 1                                 |
| <i>nortrel 1/35 (28)</i>                                                                         | 1                                 |
| <i>nortrel 7/7/7</i>                                                                             | 1                                 |
| <i>NUVARING MIS</i>                                                                              | 3                                 |
| <i>nylia 1/35</i>                                                                                | 1                                 |
| <i>nylia 7/7/7</i>                                                                               | 1                                 |
| <i>orquidea TABS .35mg</i>                                                                       | 1                                 |
| <i>PHEXX GEL</i>                                                                                 | 3                                 |
| <i>PHEXXI GEL</i>                                                                                | 3                                 |
| <i>philith</i>                                                                                   | 1                                 |
| <i>pimtrea</i>                                                                                   | 1                                 |
| <i>portia-28</i>                                                                                 | 1                                 |
| <i>reclipsen</i>                                                                                 | 1                                 |
| <i>rivelsa</i>                                                                                   | 1                                 |
| <i>rosyrah</i>                                                                                   | 1                                 |
| <i>SAFYRAL TAB</i>                                                                               | 3                                 |
| <i>setlakin</i>                                                                                  | 1                                 |
| <i>sharobel TABS .35mg</i>                                                                       | 1                                 |
| <i>simliya</i>                                                                                   | 1                                 |
| <i>simpesse</i>                                                                                  | 1                                 |
| <i>sprintec 28</i>                                                                               | 1                                 |
| <i>sronyx</i>                                                                                    | 1                                 |
| <i>syeda (generic of YASMIN 28)</i>                                                              | 1                                 |
| <i>tarina 24 fe</i>                                                                              | 1                                 |
| <i>tarina fe 1/20 eq</i>                                                                         | 1                                 |
| <i>TAYTULLA CAP 1MG/20MC</i>                                                                     | 3                                 |
| <i>tilia fe</i>                                                                                  | 1                                 |
| <i>tri-estarylla</i>                                                                             | 1                                 |
| <i>tri-legest fe</i>                                                                             | 1                                 |
| <i>tri-linyah</i>                                                                                | 1                                 |
| <i>tri-lo-estarylla</i>                                                                          | 1                                 |

| Drug Name                                                                                                 | Drug Requirements/<br>Tier Limits |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>tri-lo-marzia</i>                                                                                      | 1                                 |
| <i>tri-lo-mili</i>                                                                                        | 1                                 |
| <i>tri-lo-sprintec</i>                                                                                    | 1                                 |
| <i>tri-mili</i>                                                                                           | 1                                 |
| <i>tri-sprintec</i>                                                                                       | 1                                 |
| <i>tri-vylibra</i>                                                                                        | 1                                 |
| <i>tri-vylibra lo</i>                                                                                     | 1                                 |
| <i>turqoz</i>                                                                                             | 1                                 |
| <i>tydemy (generic of SAFYRAL)</i>                                                                        | 1                                 |
| <i>valtya 1/35</i>                                                                                        | 1                                 |
| <i>valtya 1/50</i>                                                                                        | 1                                 |
| <i>velivet</i>                                                                                            | 1                                 |
| <i>vestura (generic of YAZ)</i>                                                                           | 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                                 |
| <i>YASMIN 28 TAB 3-0.03MG</i>                                                                             | 3                                 |
| <i>YAZ TAB 3-0.02MG</i>                                                                                   | 3                                 |
| <i>zafemy</i>                                                                                             | 1                                 |
| <i>zovia 1/35</i>                                                                                         | 1                                 |
| <i>zumandimine (generic of<br/>YASMIN 28)</i>                                                             | 1                                 |
| <b>ESTROGENS</b>                                                                                          |                                   |
| <i>abigale (generic of<br/>ACTIVEVILLA)</i>                                                               | 2                                 |
| <i>abigale lo</i>                                                                                         | 2                                 |
| <i>ACTIVEVILLA TAB 1-0.5MG</i>                                                                            | 3                                 |
| <i>BIJUVA CAP 0.5-100</i>                                                                                 | 3                                 |
| <i>BIJUVA CAP 1-100MG</i>                                                                                 | 3                                 |
| <i>CLIMARA PTWK<br/>.025mg/24hr, .05mg/24hr,<br/>.06mg/24hr, .075mg/24hr,<br/>.1mg/24hr, 37.5mcg/24hr</i> | 3                                 |
| <i>CLIMARA PRO DIS WEEKLY</i>                                                                             | 3                                 |
| <i>COMBIPATCH DIS</i>                                                                                     | 3                                 |
| <i>DELESTROGEN OIL<br/>10mg/ml, 20mg/ml</i>                                                               | 3                                 |

| Drug Name                                                                                                            | Drug Requirements/<br>Tier Limits |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| DEPO-ESTRADIOL OIL 5mg/ml                                                                                            | 3                                 |
| DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm                                            | 3                                 |
| <i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr              | 2                                 |
| ELESTRIN GEL .06%                                                                                                    | 3                                 |
| ESTRACE CREA .1mg/gm                                                                                                 | 3                                 |
| <i>estradiol</i> (generic of ESTROGEL) GEL .06%                                                                      | 3                                 |
| <i>estradiol</i> (generic of DIVIGEL) GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm              | 3                                 |
| <i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr          | 2                                 |
| <i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr | 2                                 |
| <i>estradiol</i> TABS .5mg, 1mg, 2mg                                                                                 | 1                                 |
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>                                                          | 2                                 |
| <i>estradiol &amp; 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                                 |
| <i>estrogens, conjugated</i> (generic of PREMARIN) TABS .3mg, .45mg, .625mg, .9mg, 1.25mg                            | 2                                 |

| Drug Name                                                                                               | Drug Requirements/<br>Tier Limits |
|---------------------------------------------------------------------------------------------------------|-----------------------------------|
| EVAMIST SOLN 1.53mg/spray                                                                               | 3                                 |
| FEMRING RING .05mg/24hr, .1mg/24hr                                                                      | 3                                 |
| <i>fyavolv tab 0.5mg-2.5mcg</i>                                                                         | 2                                 |
| <i>fyavolv tab 1mg-5mcg</i>                                                                             | 2                                 |
| IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg                                                               | 3 PA                              |
| IMVEXXY STARTER PACK INST 4mcg, 10mcg                                                                   | 3 PA                              |
| <i>jinteli</i>                                                                                          | 2                                 |
| <i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 2                                 |
| MENEST TABS 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>yuvafem</i> (generic of VAGIFEM) TABS 10mcg                                                          | 1                                 |



| Drug Name                                                                                                          | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <b>GLUCOCORTICOIDS</b>                                                                                             |                            |           |
| ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg                                                                                | 4                          | NDS NM PA |
| ALKINDI SPRINKLE CPSP .5mg                                                                                         | 3                          | NM PA     |
| <i>betamethasone sod phosphate &amp; acetate inj susp</i> 6 (3-3) mg/ml (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       |
| <i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; TBPK 1.5mg         | 1                          |           |
| DEXAMETHASONE INTENSOL CONC 1mg/ml                                                                                 | 3                          |           |
| <i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 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       |

| Drug Name                                                                                 | Drug Requirements/<br>Tier | Limits  |
|-------------------------------------------------------------------------------------------|----------------------------|---------|
| MEDROL DOSEPAK TBPK 4mg                                                                   | 3                          |         |
| <i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg                         | 1                          | B/D     |
| <i>methylprednisolone</i> TABS 32mg                                                       | 1                          | B/D     |
| <i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg                            | 1                          |         |
| <i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml          | 1                          | B/D     |
| <i>methylprednisolone sod succ</i> SOLR 40mg, 125mg                                       | 1                          | B/D     |
| <i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg            | 1                          | B/D     |
| ORAPRED ODT TBDP 10mg, 15mg, 30mg                                                         | 3                          | B/D     |
| <i>prednisolone</i> SOLN 15mg/5ml; TABS 5mg                                               | 1                          | B/D     |
| PREDNISOLONE SODIUM PHOSP TBDP 10mg, 15mg, 30mg                                           | 3                          | B/D     |
| <i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 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> TBEC 1mg, 2mg                                                           | 4                          | NDS B/D |
| <i>prednisone</i> TBPK 5mg, 10mg                                                          | 1                          |         |
| PREDNISONE INTENSOL CONC 5mg/ml                                                           | 3                          | B/D     |
| SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg                                              | 3                          |         |
| SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg                                          | 3                          | B/D     |
| <i>taperdex</i> 6-day TBPK 1.5mg                                                          | 1                          |         |
| <i>taperdex</i> 7-day TBPK 1.5mg                                                          | 1                          |         |
| <i>taperdex</i> 12-day TBPK 1.5mg                                                         | 1                          |         |
| <i>triamcinolone acetonide</i> (generic of KENALOG-10) SUSP 10mg/ml                       | 1                          | B/D     |

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

| Drug Name                                                                 | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------|----------------------------|-----------|
| <i>triamcinolone acetonide</i><br>(generic of KENALOG-40)<br>SUSP 40mg/ml | 1                          | B/D       |
| ZILRETTA SRER 32mg                                                        | 3                          | B/D NM    |
| <b>GLUCOSE ELEVATING AGENTS</b>                                           |                            |           |
| BAQSIMI ONE PACK POWD                                                     | 3                          |           |
| 3mg/dose                                                                  |                            |           |
| BAQSIMI TWO PACK POWD                                                     | 3                          |           |
| 3mg/dose                                                                  |                            |           |
| <i>diazoxide</i> (generic of<br>PROGLYCEM) SUSP                           | 4                          | NDS       |
| 50mg/ml                                                                   |                            |           |
| <i>glucagon</i> SOLR 1mg                                                  | 1                          |           |
| GVOKE HYPOPEN 1-PACK                                                      | 2                          |           |
| SOAJ .5mg/0.1ml, 1mg/0.2ml                                                |                            |           |
| GVOKE HYPOPEN 2-PACK                                                      | 2                          |           |
| SOAJ .5mg/0.1ml, 1mg/0.2ml                                                |                            |           |
| GVOKE KIT SOLN                                                            | 2                          |           |
| 1mg/0.2ml                                                                 |                            |           |
| GVOKE PFS SOSY                                                            | 2                          |           |
| 1mg/0.2ml                                                                 |                            |           |
| PROGLYCEM SUSP                                                            | 4                          | NDS       |
| 50mg/ml                                                                   |                            |           |
| ZEGALOGUE SOAJ                                                            | 2                          |           |
| .6mg/0.6ml; SOSY .6mg/0.6ml                                               |                            |           |
| <b>MISCELLANEOUS</b>                                                      |                            |           |
| ACTHAR GEL 80unit/ml                                                      | 4                          | NDS QL NM |
| QL (1.5 mL / 1 day)                                                       |                            | PA        |
| ACTHAR GEL PEN                                                            | 4                          | NDS QL NM |
| 40unit/0.5ml                                                              |                            | PA        |
| QL (28 injectors / 28<br>days)                                            |                            |           |
| ACTHAR GEL PEN 80unit/ml                                                  | 4                          | NDS QL NM |
| QL (30 injectors / 30<br>days)                                            |                            | PA        |
| ALDURAZYME SOLN                                                           | 4                          | NDS NM PA |
| 2.9mg/5ml                                                                 |                            |           |
| AQNEURSA PACK 1gm                                                         | 4                          | NDS QL NM |
| QL (112 packets / 28<br>days)                                             |                            | PA        |
| <i>betaine powder for oral<br/>solution</i> (generic of<br>CYSTADANE)     | 4                          | NDS NM    |
| BUPHENYL POWD 3gm/tsp;                                                    | 4                          | NDS NM PA |
| TABS 500mg                                                                |                            |           |
| BYNFEZIA PEN SOPN                                                         | 4                          | NDS PA    |
| 2500mcg/ml                                                                |                            |           |
| <i>cabergoline</i> TABS .5mg                                              | 1                          |           |

| Drug Name                                                          | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------|----------------------------|-----------|
| CARBAGLU TBSO 200mg                                                | 4                          | NDS NM PA |
| <i>carglumic acid</i> (generic of<br>CARBAGLU) TBSO 200mg          | 4                          | NDS NM PA |
| CARNITOR SOLN 1gm/10ml,                                            | 3                          | B/D       |
| 200mg/ml; TABS 330mg                                               |                            |           |
| CERDELGA CAPS 84mg                                                 | 4                          | NDS NM PA |
| CEREZYME SOLR 400unit                                              | 4                          | NDS NM PA |
| CHORIONIC                                                          | 3                          | NM PA     |
| GONADOTROPIN SOLR                                                  |                            |           |
| 10000unit                                                          |                            |           |
| <i>cinacalcet hcl</i> (generic of<br>SENSIPAR) TABS 30mg,          | 1                          | B/D QL NM |
| 60mg                                                               |                            |           |
| QL (60 tabs / 30 days)                                             |                            |           |
| <i>cinacalcet hcl</i> (generic of<br>SENSIPAR) TABS 90mg           | 1                          | B/D QL NM |
| QL (120 tabs / 30 days)                                            |                            |           |
| CORTROPHIN GEL                                                     | 4                          | NDS QL NM |
| 80unit/ml                                                          |                            | PA        |
| QL (1.5 mL / 1 day)                                                |                            |           |
| CORTROPHIN PRSY                                                    | 4                          | NDS QL NM |
| 40unit/0.5ml, 80unit/ml                                            |                            | PA        |
| QL (28 syringes / 28<br>days)                                      |                            |           |
| CRENESSITY CAPS 25mg,                                              | 4                          | NDS QL NM |
| 50mg, 100mg                                                        |                            | PA        |
| QL (60 caps / 30 days)                                             |                            |           |
| CRENESSITY SOLN                                                    | 4                          | NDS QL NM |
| 50mg/ml                                                            |                            | PA        |
| QL (120 mL / 30 days)                                              |                            |           |
| CRYSVITA SOLN 10mg/ml,                                             | 4                          | NDS NM PA |
| 20mg/ml, 30mg/ml                                                   |                            |           |
| CYSTADANE POW                                                      | 4                          | NDS NM    |
| CYSTAGON CAPS 50mg,                                                | 3                          | NM PA     |
| 150mg                                                              |                            |           |
| DDAVP SOLN 4mcg/ml;                                                | 4                          | NDS       |
| TABS .2mg                                                          |                            |           |
| DDAVP TABS .1mg                                                    | 3                          |           |
| <i>desmopressin acetate</i><br>(generic of DDAVP) SOLN             | 4                          | NDS       |
| 4mcg/ml                                                            |                            |           |
| <i>desmopressin acetate</i><br>(generic of DDAVP) TABS             | 1                          |           |
| .1mg, .2mg                                                         |                            |           |
| <i>desmopressin acetate spray</i>                                  | 1                          |           |
| SOLN .01%                                                          |                            |           |
| <i>desmopressin acetate spray</i><br><i>refrigerated</i> SOLN .01% | 1                          |           |

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| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------------------------|----------------------------|--------------|
| 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 MINISQUICK PRSY .2mg                                                   | 2                          | NM PA        |
| GENOTROPIN MINISQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg | 4                          | NDS NM PA    |
| glycerol phenylbutyrate (generic of RAVICTI) LIQD 1.1gm/ml                        | 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 |
| javygtor (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    |
| lanreotide acetate SOLN 120mg/0.5ml                                               | 4                          | NDS NM PA    |
| LANREOTIDE ACETATE SOLN 120mg/0.5ml                                               | 4                          | NDS NM PA    |

| Drug Name                                                                                     | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------------------------------------|----------------------------|--------------|
| levocarnitine (metabolic modifiers) (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    |
| methergine TABS .2mg                                                                          | 4                          | NDS PA       |
| methylergonovine maleate TABS .2mg                                                            | 4                          | NDS PA       |
| mifepristone (hyperglycemia) (generic of KORLYM) TABS 300mg                                   | 4                          | NDS NM PA    |
| miglustat (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    |
| nitisinone (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg                                     | 4                          | NDS NM PA    |
| NITYR TABS 2mg, 5mg, 10mg                                                                     | 4                          | NDS NM PA    |
| NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml                          | 4                          | NDS NM PA    |
| NOVAREL SOLR 5000unit                                                                         | 3                          | NM PA        |
| octreotide acetate (generic of SANDOSTATIN LAR DEPOT) KIT 10mg, 20mg, 30mg                    | 4                          | NDS NM PA    |

| Drug Name                                                                   | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------------------|----------------------------|--------------|
| <i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml | 1                          | NM PA        |
| <i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml          | 1                          | NM PA        |
| <i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml           | 4                          | NDS NM PA    |
| <i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml                   | 4                          | NDS NM PA    |
| OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm                                | 4                          | NDS NM PA    |
| OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg                            | 4                          | NDS NM PA    |
| OPFOLDA CAPS 65mg QL (8 caps / 28 days)                                     | 3                          | QL NM PA     |
| ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml                              | 4                          | NDS NM PA    |
| ORIAHNN CAP                                                                 | 4                          | NDS PA       |
| ORLISSA TABS 150mg, 200mg                                                   | 4                          | NDS PA       |
| OSPHEHA TABS 60mg                                                           | 3                          | PA           |
| PALSONIFY TABS 20mg QL (90 tabs / 30 days)                                  | 4                          | NDS QL NM PA |
| PALSONIFY TABS 30mg QL (120 tabs / 30 days)                                 | 4                          | NDS QL NM 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    |

| Drug Name                                                                                                   | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)                                                     | 4                          | NDS QL NM PA |
| SAMSCA TABS 15mg, 30mg                                                                                      | 4                          | NDS NM PA    |
| SANDOSTATIN SOLN 50mcg/ml                                                                                   | 3                          | NM PA        |
| SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml                                                                       | 4                          | NDS NM PA    |
| SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg                                                                  | 4                          | NDS NM PA    |
| <i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg                         | 4                          | NDS NM PA    |
| SEPHIENCE PACK 250mg, 1000mg                                                                                | 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 .7mg, 1.4mg, 1.8mg, 2.1mg, 2.5mg, 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg | 4                          | NDS NM PA    |
| <i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg                                 | 4                          | NDS NM PA    |
| SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml                                                              | 4                          | NDS NM PA    |
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml                                                   | 4                          | NDS NM PA    |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg                                                                  | 4                          | NDS NM PA    |
| STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml                                                  | 4                          | NDS NM PA    |
| SYNAREL SOLN 2mg/ml                                                                                         | 4                          | NDS PA       |
| TEPEZZA SOLR 500mg                                                                                          | 4                          | NDS NM PA    |
| <i>tolvaptan</i> (generic of JYNARQUE) TABS 15mg, 30mg (generic of JYNARQUE)                                | 4                          | NDS NM PA    |

| Drug Name                                                                   | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------------------|----------------------------|--------------|
| <i>tolvaptan</i> (generic of SAMSCA) TABS 15mg, 30mg<br>(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 &amp; 15 mg</i>                            | 4                          | NDS NM PA    |
| <i>tolvaptan tab therapy pack 45 &amp; 15 mg</i>                            | 4                          | NDS NM PA    |
| <i>tolvaptan tab therapy pack 60 &amp; 30 mg</i>                            | 4                          | NDS NM PA    |
| <i>tolvaptan tab therapy pack 90 &amp; 30 mg</i>                            | 4                          | NDS NM PA    |
| VEOZAH TABS 45mg<br>QL (30 tabs / 30 days)                                  | 3                          | QL PA        |
| VIJOICE PACK 50mg<br>QL (28 packets / 28 days)                              | 4                          | NDS QL NM PA |
| VIJOICE TBPk 50mg, 125mg<br>QL (28 tabs / 28 days)                          | 4                          | NDS QL NM PA |
| VIJOICE TAB 250MG<br>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<br>QL (120 tabs / 30 days)                               | 4                          | NDS QL NM PA |
| VYKAT XR TB24 75mg<br>QL (30 tabs / 30 days)                                | 4                          | NDS QL NM PA |
| VYKAT XR TB24 150mg<br>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<br>QL (90 caps / 30 days)    | 4                          | NDS QL NM PA |
| ZAVESCA CAPS 100mg<br>QL (90 caps / 30 days)                                | 4                          | NDS QL NM PA |
| <i>zelvysia</i> (generic of KUVAN) PACK 100mg, 500mg                        | 4                          | NDS NM PA    |
| ZOMACTON SOLR 5mg                                                           | 3                          | NM PA        |
| ZOMACTON SOLR 10mg                                                          | 4                          | NDS NM PA    |
| <b>PROGESTINS</b>                                                           |                            |              |
| CRINONE GEL 4%, 8%                                                          | 3                          | PA           |
| <i>gallifrey</i> TABS 5mg                                                   | 1                          |              |

| Drug Name                                                                                                                                          | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>medroxyprogesterone acetate</i> 1<br>(generic of PROVERA) TABS 2.5mg, 5mg, 10mg                                                                 | 1                          |        |
| <i>megestrol acetate</i> SUSP 40mg/ml                                                                                                              | 2                          |        |
| <i>megestrol acetate (appetite)</i> SUSP 625mg/5ml                                                                                                 | 3                          | PA     |
| <i>norethindrone acetate</i> TABS 5mg                                                                                                              | 1                          |        |
| <i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg                                                                                      | 1                          |        |
| PROMETRIUM CAPS 100mg, 200mg                                                                                                                       | 3                          |        |
| PROVERA TABS 2.5mg, 5mg, 10mg                                                                                                                      | 3                          |        |
| <b>THYROID AGENTS</b>                                                                                                                              |                            |        |
| CYTOMEL TABS 5mcg, 25mcg, 50mcg                                                                                                                    | 3                          |        |
| ERMEZA SOLN 150mcg/5ml                                                                                                                             | 3                          |        |
| <i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg               | 1                          |        |
| <i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg                         | 1                          | ST     |
| <i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1                          |        |
| <i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg                      | 1                          |        |
| <i>liomny</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg                                                                                         | 1                          |        |
| <i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg                                                                            | 1                          |        |

| Drug Name                                                                                                                                                                         | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <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                          |        |
| <b>VITAMIN D ANALOGS</b>                                                                                                                                                          |                            |        |
| <i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg                                                                                                                       | 1                          | B/D    |
| <i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml                                                                                                                      | 1                          | B/D    |
| <i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg                                                                                                                                   | 1                          | B/D    |
| <i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg                                                                                                                          | 1                          | B/D    |
| <i>paricalcitol</i> CAPS 4mcg                                                                                                                                                     | 1                          | B/D    |
| RAYALDEE CPCR 30mcg                                                                                                                                                               | 4                          | NDS    |
| ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml                                                                                                                                        | 3                          | B/D    |

| Drug Name                                                                       | Drug Requirements/<br>Tier | Limits  |
|---------------------------------------------------------------------------------|----------------------------|---------|
| ZEMPLAR CAPS 1mcg, 2mcg                                                         | 3                          | B/D     |
| <b>GASTROINTESTINAL ANTIEMETICS</b>                                             |                            |         |
| AKYNZEO CAP 300-0.5                                                             | 3                          | B/D     |
| AKYNZEO INJ 235-0.25                                                            | 3                          | NM      |
| AKYNZEO INJ 235-0.25MG/20ML                                                     | 3                          | NM      |
| 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 &amp; 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                          |         |
| DIMENHYDRINATE SOLN 50mg/ml                                                     | 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 |
| 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  |

| Drug Name                                                                                                                                         | Drug Requirements/<br>Tier | Limits  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|
| <i>meclizine hcl</i> TABS 12.5mg, 25mg<br>PA applies if 65 years and older after a 30 day supply in a calendar year                               | 1                          | PA      |
| <i>meclizine hcl</i> TABS 50mg<br>QL (60 tabs / 30 days)<br>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                          |         |
| PHENERGAN SOLN 25mg/ml, 50mg/ml<br>PA applies if 65 years and older after a 30 day supply in a calendar year                                      | 3                          | PA      |
| POSFREA SOLN .25mg/5ml                                                                                                                            | 3                          |         |
| <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<br>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<br>PA applies if 65 years and older after a 30 day supply in a calendar year | 2                          | PA      |

| Drug Name                                                                                                               | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>promethazine hcl</i> SUPP 12.5mg, 25mg<br>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<br>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<br>QL (4 patches / 28 days)                                                                     | 4                          | NDS QL |
| <i>scopolamine</i> (generic of TRANSDERM SCOP) PT72 1mg/3days<br>QL (10 patches / 30 days)                              | 3                          | QL     |
| SUSTOL PRSY 10mg/0.4ml                                                                                                  | 3                          |        |
| TRANSDERM SCOP PT72 1mg/3days<br>QL (10 patches / 30 days)                                                              | 3                          | QL     |
| <i>trimethobenzamide hcl</i> CAPS 300mg                                                                                 | 1                          |        |
| VARUBI TBPK 90mg                                                                                                        | 3                          | B/D NM |
| <b>ANTISPASMODICS</b>                                                                                                   |                            |        |
| <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<br>PA applies if 65 years and older                                         | 2                          | PA     |
| <i>dicyclomine hcl</i> SOLN 10mg/5ml<br>PA applies if 65 years and older                                                | 3                          | PA     |
| <i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml<br>PA applies if 65 years and older                             | 3                          | PA     |

| Drug Name                                                                             | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>dicyclomine hcl</i> TABS 40mg<br>PA applies if 65 years and older                  | 4                          | NDS PA    |
| GLYCATATE TABS 1.5mg<br>QL (90 tabs / 30 days)                                        | 4                          | NDS QL ST |
| <i>glycopyrrolate</i> SOLN<br>.2mg/ml, .4mg/2ml, 1mg/5ml,<br>4mg/20ml                 | 1                          |           |
| <i>glycopyrrolate</i> (generic of<br>GLYCOPYRROLATE) SOSY<br>.2mg/ml, .4mg/2ml        | 1                          |           |
| GLYCOPYRROLATE TABS 1.5mg<br>QL (90 tabs / 30 days)                                   | 4                          | NDS QL ST |
| <i>glycopyrrolate</i> TABS 1mg<br>QL (90 tabs / 30 days)                              | 1                          | QL        |
| <i>glycopyrrolate</i> TABS 2mg<br>QL (120 tabs / 30 days)                             | 1                          | QL        |
| <i>glycopyrrolate</i> (oral) (generic<br>of CUVPOSA) SOLN<br>1mg/5ml                  | 1                          |           |
| <i>methscopolamine bromide</i><br>TABS 2.5mg, 5mg<br>PA applies if 65 years and older | 3                          | PA        |
| <b>H2-RECEPTOR ANTAGONISTS</b>                                                        |                            |           |
| <i>cimetidine</i> TABS 200mg,<br>300mg, 400mg, 800mg                                  | 1                          |           |
| <i>cimetidine hcl</i> SOLN<br>300mg/5ml<br>QL (1200 mL / 30 days)                     | 1                          | QL        |
| <i>famotidine</i> SOLN 20mg/2ml,<br>40mg/4ml, 200mg/20ml;<br>SUSR 40mg/5ml            | 1                          |           |
| FAMOTIDINE SOLN<br>20mg/5ml, 40mg/10ml,<br>200mg/50ml                                 | 3                          |           |
| <i>famotidine</i> (generic of<br>PEPCID) TABS 20mg, 40mg                              | 1                          |           |
| <i>famotidine in nacl 0.9% iv soln</i><br>20 mg/50ml                                  | 1                          |           |
| <i>nizatidine</i> CAPS 150mg,<br>300mg                                                | 1                          |           |
| PEPCID TABS 20mg, 40mg                                                                | 3                          |           |
| <b>INFLAMMATORY BOWEL DISEASE</b>                                                     |                            |           |
| APRISO CP24 .375gm<br>QL (120 caps / 30 days)                                         | 3                          | QL        |
| AZULFIDINE TABS 500mg                                                                 | 3                          |           |

| Drug Name                                                                                    | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------|----------------------------|-----------|
| AZULFIDINE EN-TABS<br>TBEC 500mg                                                             | 3                          |           |
| <i>balsalazide disodium</i> CAPS<br>750mg                                                    | 1                          |           |
| <i>budesonide</i> CPEP 3mg<br>QL (90 caps / 30 days)                                         | 1                          | QL        |
| <i>budesonide</i> (generic of<br>UCERIS) TB24 9mg<br>QL (30 tabs / 30 days)                  | 4                          | NDS QL PA |
| <i>budesonide (intrarectal)</i><br>(generic of UCERIS) FOAM<br>2mg                           | 1                          |           |
| CANASA SUPP 1000mg<br>QL (30 suppositories /<br>30 days)                                     | 4                          | NDS QL    |
| CORTENEMA ENEM<br>100mg/60ml                                                                 | 3                          |           |
| DIPENTUM CAPS 250mg                                                                          | 4                          | NDS       |
| <i>hydrocortisone (intrarectal)</i><br>(generic of CORTENEMA)<br>ENEM 100mg/60ml             | 1                          |           |
| LIALDA TBEC 1.2gm<br>QL (120 tabs / 30 days)                                                 | 3                          | QL        |
| <i>mesalamine</i> (generic of<br>APRISO) CP24 .375gm<br>QL (120 caps / 30 days)              | 1                          | QL        |
| <i>mesalamine</i> (generic of<br>PENTASA) CPCR 500mg<br>QL (240 caps / 30 days)              | 1                          | QL        |
| <i>mesalamine</i> CPDR 400mg<br>QL (180 caps / 30 days)                                      | 1                          | QL        |
| <i>mesalamine</i> ENEM 4gm<br>QL (1680 mL / 28 days)                                         | 1                          | QL        |
| <i>mesalamine</i> (generic of<br>CANASA) SUPP 1000mg<br>QL (30 suppositories /<br>30 days)   | 1                          | QL        |
| <i>mesalamine</i> (generic of<br>LIALDA) TBEC 1.2gm<br>QL (120 tabs / 30 days)               | 1                          | QL        |
| <i>mesalamine</i> TBEC 800mg<br>QL (180 tabs / 30 days)                                      | 1                          | QL        |
| <i>mesalamine w/ cleanser</i><br>(generic of ROWASA) KIT<br>4gm<br>QL (28 bottles / 28 days) | 1                          | QL        |
| PENTASA CPCR 250mg<br>QL (480 caps / 30 days)                                                | 3                          | QL        |



| Drug Name                                                                                   | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------------|----------------------------|-----------|
| PENTASA CPCR 500mg<br>QL (240 caps / 30 days)                                               | 4                          | NDS QL    |
| ROWASA KIT 4gm<br>QL (28 bottles / 28 days)                                                 | 4                          | NDS QL    |
| SFROWASA ENEM<br>4gm/60ml<br>QL (1680 mL / 28 days)                                         | 4                          | NDS QL    |
| <i>sulfasalazine</i> (generic of<br>AZULFIDINE) TABS 500mg                                  | 1                          |           |
| <i>sulfasalazine</i> (generic of<br>AZULFIDINE EN-TABS)<br>TBEC 500mg                       | 1                          |           |
| UCERIS FOAM 2mg/act                                                                         | 3                          |           |
| UCERIS TB24 9mg<br>QL (30 tabs / 30 days)                                                   | 4                          | NDS QL PA |
| <b>LAXATIVES</b>                                                                            |                            |           |
| CLENPIQ SOL 10 MG-3.5<br>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<br>GOLYTELY)                                                  | 1                          |           |
| <i>gavilyte-n/flavor pack</i>                                                               | 1                          |           |
| <i>generlac</i> SOLN 10gm/15ml                                                              | 1                          |           |
| GOLYTELY SOL                                                                                | 3                          |           |
| <i>kristalose</i> PACK 10gm<br>QL (30 packets / 30<br>days)                                 | 1                          | QL PA     |
| <i>kristalose</i> PACK 20gm<br>QL (60 packets / 30<br>days)                                 | 1                          | QL PA     |
| <i>lactulose</i> PACK 10gm<br>QL (30 packets / 30<br>days)                                  | 4                          | NDS QL PA |
| <i>lactulose</i> PACK 20gm<br>QL (60 packets / 30<br>days)                                  | 1                          | QL PA     |
| <i>lactulose</i> SOLN 10gm/15ml                                                             | 1                          |           |
| <i>lactulose (encephalopathy)</i><br>SOLN 10gm/15ml                                         | 1                          |           |
| MOVIPREP SOL                                                                                | 3                          |           |
| <i>peg 3350-kcl-na bicarb-nacl-<br/>na sulfate for soln 236 gm</i><br>(generic of GOLYTELY) | 1                          |           |
| <i>peg 3350-kcl-sod bicarb-nacl<br/>for soln 420 gm</i>                                     | 1                          |           |

| Drug Name                                                                                                         | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>peg-3350/electrolytes/asc</i><br>(generic of MOVIPREP)                                                         | 1                          |           |
| PLENVU SOL                                                                                                        | 3                          |           |
| <i>sod sulfate-pot sulf-mg sulf<br/>oral sol 17.5-3.13-1.6<br/>gm/177ml</i> (generic of<br>SUPREP BOWEL PREP KIT) | 1                          |           |
| SUFLAVE SOL                                                                                                       | 3                          |           |
| SUPREP BOWEL SOL PREP<br>KIT                                                                                      | 3                          |           |
| SUTAB TAB                                                                                                         | 3                          |           |
| <b>MISCELLANEOUS</b>                                                                                              |                            |           |
| <i>alosetron hcl</i> (generic of<br>LOTRONEX) TABS 1mg<br>QL (60 tabs / 30 days)                                  | 4                          | NDS QL PA |
| <i>alosetron hcl</i> (generic of<br>LOTRONEX) TABS .5mg<br>QL (60 tabs / 30 days)                                 | 1                          | QL PA     |
| AMITIZA CAPS 8mcg, 24mcg<br>QL (60 caps / 30 days)                                                                | 3                          | QL        |
| <i>amoxicil cap &amp;clarithro tab<br/>&amp;lansopraz cap dr 500 &amp;500<br/>&amp;30mg</i>                       | 1                          |           |
| <i>bismuth subcit-metronidazole-<br/>tetracycline cap 140-125-125<br/>mg</i> (generic of PYLERA)                  | 1                          |           |
| BYLVAY CAPS 400mcg,<br>1200mcg                                                                                    | 4                          | NDS NM PA |
| BYLVAY (PELLETS) CPSP<br>200mcg, 600mcg                                                                           | 4                          | NDS NM PA |
| CARAFATE SUSP 1gm/10ml                                                                                            | 3                          | ST        |
| CARAFATE TABS 1gm                                                                                                 | 3                          |           |
| CHOLBAM CAPS 50mg,<br>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><br>( <i>mastocytosis</i> ) (generic of<br>GASTROCROM) CONC<br>100mg/5ml                    | 1                          |           |
| CYTOTEC TABS 100mcg,<br>200mcg                                                                                    | 3                          |           |
| <i>diphenoxylate w/ atropine liq</i><br>2.5-0.025 mg/5ml                                                          | 3                          |           |

| Drug Name                                                    | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------|----------------------------|-----------|
| <i>diphenoxylate w/ atropine tab</i> 3                       |                            |           |
| 2.5-0.025 mg (generic of LOMOTIL)                            |                            |           |
| EOHILIA SUSP 2mg/10ml                                        | 4                          | NDS QL PA |
| QL (600 mL / 30 days)                                        |                            |           |
| GASTROCROM CONC                                              | 4                          | NDS       |
| 100mg/5ml                                                    |                            |           |
| GATTEX KIT 5mg                                               | 4                          | NDS NM PA |
| IBSRELA TABS 50mg                                            | 4                          | NDS QL NM |
| QL (60 tabs / 30 days)                                       |                            | PA        |
| IQIRVO TABS 80mg                                             | 4                          | NDS QL NM |
| QL (30 tabs / 30 days)                                       |                            | PA        |
| LINZESS CAPS 72mcg, 145mcg, 290mcg                           | 2                          | QL        |
| QL (30 caps / 30 days)                                       |                            |           |
| LIVDELZI CAPS 10mg                                           | 4                          | NDS QL NM |
| QL (30 caps / 30 days)                                       |                            | 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                                      | 4                          | NDS QL PA |
| QL (60 tabs / 30 days)                                       |                            |           |
| <i>lubiprostone</i> (generic of AMITIZA) CAPS 8mcg, 24mcg    | 1                          | QL        |
| QL (60 caps / 30 days)                                       |                            |           |
| <i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg  | 1                          |           |
| MOTEGRITY TABS 1mg, 2mg                                      | 3                          |           |
| MOVANTI TABS 12.5mg, 25mg                                    | 2                          | QL        |
| QL (30 tabs / 30 days)                                       |                            |           |
| 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                          |           |

| Drug Name                                                          | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------|----------------------------|-----------|
| 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                                                 | 4                          | NDS QL NM |
| QL (150 mL / 30 days)                                              |                            | PA        |
| RELISTOR SOLN 12mg/0.6ml                                           | 4                          | NDS QL PA |
| QL (28 vials / 28 days)                                            |                            |           |
| RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml                                | 4                          | NDS QL PA |
| QL (28 syringes / 28 days)                                         |                            |           |
| RELISTOR TABS 150mg                                                | 4                          | NDS QL PA |
| QL (90 tabs / 30 days)                                             |                            |           |
| RELSTONE CAPS 200mg, 400mg                                         | 4                          | NDS PA    |
| SUCRAID SOLN 8500unit/ml                                           | 4                          | NDS NM PA |
| <i>sucralfate</i> SUSP 1gm/10ml                                    | 1                          | ST        |
| <i>sucralfate</i> (generic of CARAFATE) TABS 1gm                   | 1                          |           |
| SYMPROIC TABS .2mg                                                 | 3                          | QL        |
| QL (30 tabs / 30 days)                                             |                            |           |
| TALICIA CAP                                                        | 3                          |           |
| TRULANCE TABS 3mg                                                  | 3                          | QL        |
| QL (30 tabs / 30 days)                                             |                            |           |
| URSODIOL CAPS 200mg, 400mg                                         | 4                          | NDS PA    |
| <i>ursodiol</i> CAPS 300mg; TABS 250mg                             | 1                          |           |
| <i>ursodiol</i> (generic of URSO FORTE) TABS 500mg                 | 1                          |           |
| VIBERZI TABS 75mg, 100mg                                           | 4                          | NDS PA    |
| VIOKACE TAB 10440                                                  | 3                          |           |
| VIOKACE TAB 20880                                                  | 4                          | NDS       |
| VOQUEZNA PAK DUAL PAK                                              | 2                          | QL PA     |
| QL (2 kits / year)                                                 |                            |           |
| VOQUEZNA PAK TRIP PK                                               | 2                          | QL PA     |
| QL (2 kits / year)                                                 |                            |           |
| VOWST CAP                                                          | 4                          | NDS QL NM |
| QL (12 caps / 30 days)                                             |                            | PA        |
| XERMELO TABS 250mg                                                 | 4                          | NDS QL NM |
| QL (84 tabs / 28 days)                                             |                            | PA        |
| XIFAXAN TABS 550mg                                                 | 4                          | NDS PA    |

| Drug Name                                                                                                     | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| ZENPEP CAP 3000UNIT                                                                                           | 2                          |           |
| ZENPEP CAP 5000UNIT                                                                                           | 2                          |           |
| ZENPEP CAP 10000UNIT                                                                                          | 2                          |           |
| ZENPEP CAP 15000UNIT                                                                                          | 2                          |           |
| ZENPEP CAP 20000UNIT                                                                                          | 2                          |           |
| ZENPEP CAP 25000UNIT                                                                                          | 2                          |           |
| ZENPEP CAP 40000UNIT                                                                                          | 2                          |           |
| ZENPEP CAP 60000UNIT                                                                                          | 2                          |           |
| <b>PROTON PUMP INHIBITORS</b>                                                                                 |                            |           |
| ACIPHEX TBEC 20mg<br>QL (30 tabs / 30 days)                                                                   | 4                          | NDS QL ST |
| DEXILANT CPDR 30mg,<br>60mg<br>QL (30 caps / 30 days)                                                         | 3                          | QL        |
| <i>dexlansoprazole</i> (generic of<br>DEXILANT) CPDR 30mg,<br>60mg<br>QL (30 caps / 30 days)                  | 1                          | QL        |
| <i>esomeprazole magnesium</i><br>(generic of NEXIUM) CPDR<br>20mg, 40mg<br>QL (30 caps / 30 days)             | 1                          | QL ST     |
| <i>esomeprazole magnesium</i><br>(generic of NEXIUM) PACK<br>2.5mg, 5mg                                       | 1                          |           |
| <i>esomeprazole magnesium</i><br>(generic of NEXIUM) PACK<br>10mg, 20mg, 40mg<br>QL (30 packets / 30<br>days) | 1                          | QL        |
| <i>esomeprazole sodium</i> SOLR<br>40mg                                                                       | 1                          |           |
| KONVOMEF SUS 2-84/ML<br>QL (600 mL / 30 days)                                                                 | 3                          | QL PA     |
| <i>lansoprazole</i> CPDR 15mg<br>QL (60 caps / 30 days)                                                       | 1                          | QL        |
| <i>lansoprazole</i> (generic of<br>PREVACID) CPDR 30mg<br>QL (60 caps / 30 days)                              | 1                          | QL        |
| <i>lansoprazole</i> (generic of<br>PREVACID SOLUTAB)<br>TBDD 15mg, 30mg<br>QL (60 tabs / 30 days)             | 1                          | QL ST     |
| NEXIUM CPDR 20mg, 40mg<br>QL (30 caps / 30 days)                                                              | 3                          | QL ST     |
| NEXIUM PACK 2.5mg, 5mg                                                                                        | 3                          |           |

| Drug Name                                                                                                  | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| NEXIUM PACK 10mg, 20mg, 40mg<br>QL (30 packets / 30<br>days)                                               | 3                          | QL        |
| <i>omeprazole</i> CPDR 10mg,<br>20mg, 40mg                                                                 | 1                          |           |
| <i>omeprazole-sodium<br/>bicarbonate cap 20-1100 mg</i><br>QL (30 caps / 30 days)                          | 1                          | QL PA     |
| <i>omeprazole-sodium<br/>bicarbonate cap 40-1100 mg</i><br>QL (30 caps / 30 days)                          | 1                          | QL PA     |
| <i>omeprazole-sodium<br/>bicarbonate powd pack for<br/>susp 20-1680 mg</i><br>QL (30 packets / 30<br>days) | 4                          | NDS QL PA |
| <i>omeprazole-sodium<br/>bicarbonate powd pack for<br/>susp 40-1680 mg</i><br>QL (30 packets / 30<br>days) | 4                          | NDS QL PA |
| PANTOPR/NACL SOL<br>40MG/100                                                                               | 3                          |           |
| PANTOPR/NACL SOL<br>80MG/100                                                                               | 3                          |           |
| <i>pantoprazole sodium</i> (generic<br>of PROTONIX) PACK 40mg<br>QL (30 packets / 30<br>days)              | 1                          | QL ST     |
| PANTOPRAZOLE SODIUM<br>SOLR 40mg                                                                           | 3                          |           |
| <i>pantoprazole sodium</i> (generic<br>of PANTOPRAZOLE<br>SODIUM) SOLR 40mg                                | 1                          |           |
| <i>pantoprazole sodium</i> (generic<br>of PROTONIX) TBEC 20mg,<br>40mg                                     | 1                          |           |
| PANTOPRAZOLE SOL<br>40/50ML                                                                                | 3                          |           |
| PREVACID CPDR 30mg<br>QL (60 caps / 30 days)                                                               | 3                          | QL        |
| PREVACID SOLUTAB TBDD<br>15mg, 30mg<br>QL (60 tabs / 30 days)                                              | 3                          | QL ST     |
| PRILOSEC PACK 2.5mg,<br>10mg                                                                               | 3                          | PA        |

| Drug Name                                                                                     | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------|----------------------------|--------|
| PROTONIX PACK 40mg<br>QL (30 packets / 30 days)                                               | 3                          | QL ST  |
| PROTONIX SOLR 40mg;<br>TBEC 20mg, 40mg                                                        | 3                          |        |
| <i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg<br>QL (30 tabs / 30 days)            | 1                          | QL     |
| VOQUEZNA TABS 10mg<br>QL (30 tabs / 30 days)                                                  | 3                          | QL PA  |
| VOQUEZNA TABS 20mg<br>QL (60 tabs / 30 days)                                                  | 3                          | QL PA  |
| <b>GENITOURINARY</b>                                                                          |                            |        |
| <b>BENIGN PROSTATIC HYPERPLASIA</b>                                                           |                            |        |
| <i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg<br>QL (30 tabs / 30 days)               | 1                          | QL     |
| AVODART CAPS .5mg<br>QL (30 caps / 30 days)                                                   | 4                          | NDS QL |
| CARDURA XL TB24 4mg, 8mg<br>QL (30 tabs / 30 days)                                            | 3                          | QL ST  |
| CIALIS TABS 5mg<br>QL (30 tabs / 30 days)                                                     | 3                          | QL PA  |
| <i>dutasteride</i> (generic of AVODART) CAPS .5mg<br>QL (30 caps / 30 days)                   | 1                          | QL     |
| <i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg (generic of JALYN)<br>QL (30 caps / 30 days) | 1                          | QL     |
| <i>finasteride</i> (generic of PROSCAR) TABS 5mg<br>QL (30 tabs / 30 days)                    | 1                          | QL     |
| JALYN CAP 0.5-0.4<br>QL (30 caps / 30 days)                                                   | 3                          | QL     |
| PROSCAR TABS 5mg<br>QL (30 tabs / 30 days)                                                    | 3                          | QL     |
| <i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg<br>QL (30 caps / 30 days)                 | 1                          | QL     |
| <i>tadalafil</i> (generic of CIALIS) TABS 5mg<br>QL (30 tabs / 30 days)                       | 1                          | QL PA  |
| <i>tamsulosin hcl</i> CAPS .4mg<br>QL (60 caps / 30 days)                                     | 1                          | QL     |
| UROXATRAL TB24 10mg<br>QL (30 tabs / 30 days)                                                 | 3                          | QL     |

| Drug Name                                                                   | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------------------|----------------------------|--------------|
| <b>MISCELLANEOUS</b>                                                        |                            |              |
| <i>acetic acid</i> SOLN .25%                                                | 1                          |              |
| <i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg                      | 1                          |              |
| ELMIRON CAPS 100mg<br>QL (90 caps / 30 days)                                | 4                          | NDS QL       |
| FILSPARI TABS 200mg, 400mg<br>QL (30 tabs / 30 days)                        | 4                          | NDS QL NM PA |
| INTRAROSA INST 6.5mg                                                        | 3                          | PA           |
| LITHOSTAT TABS 250mg                                                        | 3                          |              |
| <i>neomycin-polymyxin b gu irrigation soln</i>                              | 1                          |              |
| OXLUMO SOLN 94.5mg/0.5ml                                                    | 4                          | NDS NM PA    |
| <i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq  | 1                          |              |
| <i>potassium citrate (alkalinizer)</i> TBCR 540mg                           | 1                          |              |
| <i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg | 1                          |              |
| RIMSO-50 SOLN 50%                                                           | 3                          |              |
| RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml                        | 4                          | NDS NM PA    |
| TARPEYO CPDR 4mg<br>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<br>QL (30 tabs / 30 days)                               | 4                          | NDS QL NM PA |
| <i>venxxiva</i> (generic of THIOLA EC) TBEC 100mg, 300mg                    | 4                          | NDS NM       |
| <b>URINARY ANTISPASMODICS</b>                                               |                            |              |
| <i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg<br>QL (30 tabs / 30 days)  | 1                          | QL ST        |

| Drug Name                                                                                         | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>fesoterodine fumarate</i><br>(generic of TOVIAZ) TB24<br>4mg, 8mg<br>QL (30 tabs / 30 days)    | 1                          | QL     |
| GEMTESA TABS 75mg<br>QL (30 tabs / 30 days)                                                       | 2                          | QL     |
| <i>mirabegron</i> (generic of<br>MYRBETRIQ) TB24 25mg,<br>50mg<br>QL (30 tabs / 30 days)          | 1                          | QL     |
| MYRBETRIQ SRER 8mg/ml<br>QL (300 mL / 28 days)                                                    | 3                          | QL     |
| MYRBETRIQ TB24 25mg,<br>50mg<br>QL (30 tabs / 30 days)                                            | 3                          | QL     |
| <i>oxybutynin chloride</i> SOLN<br>5mg/5ml<br>QL (600 mL / 30 days)                               | 1                          | QL     |
| <i>oxybutynin chloride</i> TABS<br>2.5mg<br>QL (90 tabs / 30 days)                                | 1                          | QL     |
| <i>oxybutynin chloride</i> TABS<br>5mg<br>QL (120 tabs / 30 days)                                 | 1                          | QL     |
| <i>oxybutynin chloride</i> TB24<br>5mg<br>QL (30 tabs / 30 days)                                  | 1                          | QL     |
| <i>oxybutynin chloride</i> TB24<br>10mg, 15mg<br>QL (60 tabs / 30 days)                           | 1                          | QL     |
| OXYTROL PTTW 3.9mg/24hr<br>QL (8 patches / 28 days)                                               | 3                          | QL ST  |
| <i>solifenacin succinate</i> (generic<br>of VESICARE) TABS 5mg,<br>10mg<br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>tolterodine tartrate</i> CP24<br>2mg, 4mg<br>QL (30 caps / 30 days)                            | 1                          | QL     |
| <i>tolterodine tartrate</i> TABS<br>1mg, 2mg<br>QL (60 tabs / 30 days)                            | 1                          | QL     |
| TOVIAZ TB24 4mg, 8mg<br>QL (30 tabs / 30 days)                                                    | 3                          | QL     |
| <i>tropium chloride</i> CP24 60mg<br>QL (30 caps / 30 days)                                       | 1                          | QL     |

| Drug Name                                                                                                  | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>tropium chloride</i> TABS<br>20mg<br>QL (60 tabs / 30 days)                                             | 1                          | QL     |
| VESICARE TABS 5mg, 10mg<br>QL (30 tabs / 30 days)                                                          | 3                          | QL     |
| VESICARE LS SUSP<br>5mg/5ml<br>QL (300 mL / 30 days)                                                       | 3                          | QL     |
| <b>VAGINAL ANTI-INFECTIVES</b>                                                                             |                            |        |
| CLEOCIN CREA 2%; SUPP<br>100mg                                                                             | 3                          |        |
| <i>clindamycin phosphate</i><br><i>vaginal</i> (generic of CLEOCIN)<br>CREA 2%                             | 1                          |        |
| CLINDESSE CREA 2%                                                                                          | 3                          |        |
| GYNAZOLE-1 CREA 2%                                                                                         | 3                          |        |
| <i>metronidazole vaginal</i> GEL<br>.75%                                                                   | 1                          |        |
| <i>miconazole</i> 3 SUPP 200mg                                                                             | 1                          |        |
| <i>terconazole vaginal</i> CREA<br>.4%, .8%; SUPP 80mg                                                     | 1                          |        |
| VANDAZOLE GEL .75%                                                                                         | 3                          |        |
| XACIATO GEL 2%                                                                                             | 3                          |        |
| <b>HEMATOLOGIC<br/>ANTICOAGULANTS</b>                                                                      |                            |        |
| ARIXTRA SOLN 2.5mg/0.5ml                                                                                   | 3                          |        |
| ARIXTRA SOLN 5mg/0.4ml,<br>7.5mg/0.6ml, 10mg/0.8ml                                                         | 4                          | NDS    |
| <i>dabigatran etexilate mesylate</i><br>(generic of PRADAXA) CAPS<br>75mg, 150mg<br>QL (60 caps / 30 days) | 1                          | QL     |
| <i>dabigatran etexilate mesylate</i><br>(generic of PRADAXA) CAPS<br>110mg<br>QL (120 caps / 30 days)      | 1                          | QL     |
| ELIQUIS CPSP .15mg<br>QL (56 caps / 21 days)                                                               | 2                          | QL     |
| ELIQUIS TABS 2.5mg<br>QL (60 tabs / 30 days)                                                               | 2                          | QL     |
| ELIQUIS TABS 5mg<br>QL (74 tabs / 30 days)                                                                 | 2                          | QL     |
| ELIQUIS TBSO .5mg<br>QL (588 tabs / 29 days)                                                               | 2                          | QL     |
| ELIQUIS (1.5MG PACK) 3 X<br>TBSO .5mg<br>QL (591 tabs / 29 days)                                           | 2                          | QL     |

| Drug Name                                                                                                                                                            | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| ELIQUIS (2MG PACK) 4 X<br>TBSO .5mg<br>QL (592 tabs / 30 days)                                                                                                       | 2                          | QL     |
| ELIQUIS STARTER PACK<br>TBPK 5mg<br>QL (74 tabs / 30 days)                                                                                                           | 2                          | QL     |
| <i>enoxaparin sodium</i> (generic of<br>LOVENOX) SOLN<br>300mg/3ml; SOSY<br>30mg/0.3ml, 40mg/0.4ml,<br>60mg/0.6ml, 80mg/0.8ml,<br>100mg/ml, 120mg/0.8ml,<br>150mg/ml | 1                          |        |
| <i>fondaparinux sodium</i> (generic<br>of ARIXTRA) SOLN<br>2.5mg/0.5ml                                                                                               | 1                          |        |
| <i>fondaparinux sodium</i> (generic<br>of ARIXTRA) SOLN<br>5mg/0.4ml, 7.5mg/0.6ml,<br>10mg/0.8ml                                                                     | 4                          | NDS    |
| FRAGMIN SOLN<br>10000unit/4ml; SOSY<br>2500unit/0.2ml                                                                                                                | 3                          |        |
| FRAGMIN SOLN<br>95000unit/3.8ml; SOSY<br>5000unit/0.2ml,<br>7500unit/0.3ml, 10000unit/ml,<br>12500unit/0.5ml,<br>15000unit/0.6ml,<br>18000unit/0.72ml                | 4                          | NDS    |
| HEP SOD/D5W INJ<br>20000UNT                                                                                                                                          | 3                          |        |
| HEP SOD/D5W INJ<br>25000UNT                                                                                                                                          | 3                          |        |
| HEP SOD/NACL INJ<br>12500UNT                                                                                                                                         | 2                          |        |
| HEP SOD/NACL INJ<br>25000UNT                                                                                                                                         | 2                          |        |
| HEPARIN SODIUM SOLN<br>5000unit/ml; SOSY<br>5000unit/0.5ml                                                                                                           | 3                          | B/D    |
| <i>heparin sodium (porcine)</i><br>SOLN 1000unit/ml,<br>5000unit/0.5ml, 5000unit/ml,<br>10000unit/ml, 20000unit/ml                                                   | 1                          | B/D    |
| HEPARIN/NACL INJ<br>25000UNT                                                                                                                                         | 2                          |        |

| Drug Name                                                                                                       | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>jantoven</i> TABS 1mg, 2mg,<br>2.5mg, 3mg, 4mg, 5mg, 6mg,<br>7.5mg, 10mg                                     | 1                          |           |
| LOVENOX SOLN<br>300mg/3ml; SOSY<br>30mg/0.3ml, 40mg/0.4ml                                                       | 3                          |           |
| LOVENOX SOSY<br>60mg/0.6ml, 80mg/0.8ml,<br>100mg/ml, 120mg/0.8ml,<br>150mg/ml                                   | 4                          | NDS       |
| PRADAXA CAPS 75mg,<br>150mg<br>QL (60 caps / 30 days)                                                           | 3                          | QL        |
| PRADAXA CAPS 110mg<br>QL (120 caps / 30 days)                                                                   | 3                          | QL        |
| PRADAXA PACK 20mg,<br>150mg<br>QL (60 packets / 30<br>days)                                                     | 4                          | NDS QL PA |
| PRADAXA PACK 30mg,<br>40mg, 50mg, 110mg<br>QL (120 packets / 30<br>days)                                        | 4                          | NDS QL PA |
| <i>rivaroxaban</i> (generic of<br>XARELTO) SUSR 1mg/ml<br>QL (620 mL / 30 days)                                 | 1                          | QL        |
| <i>rivaroxaban</i> (generic of<br>XARELTO) TABS 2.5mg<br>QL (60 tabs / 30 days)                                 | 1                          | QL        |
| <i>warfarin sodium</i> TABS 1mg,<br>2mg, 2.5mg, 3mg, 4mg, 5mg,<br>6mg, 7.5mg, 10mg                              | 1                          |           |
| XARELTO SUSR 1mg/ml<br>QL (620 mL / 30 days)                                                                    | 3                          | QL        |
| XARELTO TABS 2.5mg<br>QL (60 tabs / 30 days)                                                                    | 2                          | QL        |
| XARELTO TABS 10mg,<br>15mg, 20mg<br>QL (30 tabs / 30 days)                                                      | 2                          | QL        |
| XARELTO STAR TAB<br>15/20MG<br>QL (51 tabs / 30 days)                                                           | 2                          | QL        |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>                                                                             |                            |           |
| ARANESP ALBUMIN FREE<br>SOLN 25mcg/ml, 40mcg/ml,<br>60mcg/ml; SOSY<br>10mcg/0.4ml, 25mcg/0.42ml,<br>40mcg/0.4ml | 2                          | NM PA     |

| Drug Name                                                                                                                           | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| 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 |
| 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    |
| NYPOZI SOSY 300mcg/0.5ml, 480mcg/0.8ml                                                                                              | 4                          | NDS NM PA    |

| Drug Name                                                                                      | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------------------------|----------------------------|--------------|
| NYVEPRIA SOSY 6mg/0.6ml QL (2 syringes / 28 days)                                              | 4                          | NDS QL NM PA |
| plerixafor (generic of MOZOBIL) SOLN 24mg/1.2ml                                                | 4                          | NDS NM PA    |
| PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml                               | 2                          | NM PA        |
| PROCRIT SOLN 20000unit/ml, 40000unit/ml                                                        | 4                          | NDS NM PA    |
| RELEUKO SOSY 300mcg/0.5ml, 480mcg/0.8ml                                                        | 4                          | NDS NM PA    |
| RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/2ml, 20000unit/ml | 3                          | NM PA        |
| RETACRIT SOLN 40000unit/ml                                                                     | 4                          | NDS NM PA    |
| ROLVEDON SOSY 13.2mg/0.6ml QL (2 syringes / 28 days)                                           | 4                          | NDS QL NM PA |
| RYZNEUTA SOSY 20mg/ml QL (2 syringes / 28 days)                                                | 4                          | NDS QL NM PA |
| STIMUFEND SOSY 6mg/0.6ml QL (2 syringes / 28 days)                                             | 4                          | NDS QL NM PA |
| UDENYCA SOAJ 6mg/0.6ml QL (2 pens / 28 days)                                                   | 4                          | NDS QL NM PA |
| UDENYCA SOSY 6mg/0.6ml QL (2 syringes / 28 days)                                               | 4                          | NDS QL NM PA |
| UDENYCA ONBODY SOSY 6mg/0.6ml QL (2 syringes / 28 days)                                        | 4                          | NDS QL NM PA |
| XOLREMDI CAPS 100mg QL (120 caps / 30 days)                                                    | 4                          | NDS QL NM PA |
| ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml                                                         | 4                          | NDS NM PA    |
| ZIEXTENZO SOSY 6mg/0.6ml QL (2 syringes / 28 days)                                             | 4                          | NDS QL NM PA |

| Drug Name                                                                                    | Drug Requirements/<br>Tier | Limits          |
|----------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <b>MISCELLANEOUS</b>                                                                         |                            |                 |
| ADAKVEO SOLN<br>100mg/10ml                                                                   | 4                          | NDS NM PA       |
| ADZYNMA KIT 500unit,<br>1500unit                                                             | 4                          | NDS NM PA       |
| AGRYLIN CAPS .5mg                                                                            | 3                          |                 |
| ALVAIZ TABS 9mg, 54mg<br>QL (60 tabs / 30 days)                                              | 4                          | NDS QL NM<br>PA |
| ALVAIZ TABS 18mg, 36mg<br>QL (90 tabs / 30 days)                                             | 4                          | NDS QL NM<br>PA |
| aminocaproic acid SOLN<br>.25gm/ml; TABS 500mg,<br>1000mg                                    | 4                          | NDS             |
| anagrelide hcl CAPS 1mg                                                                      | 1                          |                 |
| anagrelide hcl (generic of<br>AGRYLIN) CAPS .5mg                                             | 1                          |                 |
| ANDEMBRY SOAJ<br>200mg/1.2ml<br>QL (13 pens / 365 days)                                      | 4                          | NDS QL NM<br>PA |
| BERINERT KIT 500unit<br>QL (24 boxes / 30 days)                                              | 4                          | NDS QL NM<br>PA |
| BKEMV SOLN 300mg/30ml                                                                        | 4                          | NDS NM PA       |
| CABLIVI KIT 11mg                                                                             | 4                          | NDS NM PA       |
| cilostazol TABS 50mg,<br>100mg                                                               | 1                          |                 |
| CINRYZE SOLR 500unit<br>QL (20 vials / 30 days)                                              | 4                          | NDS QL NM<br>PA |
| DAWNZERA SOAJ<br>80mg/0.8ml<br>QL (1 pen / 28 days)                                          | 4                          | NDS QL NM<br>PA |
| DOPTELET TABS 20mg                                                                           | 4                          | NDS NM PA       |
| DOPTELET SPRINKLE<br>CPSP 10mg                                                               | 4                          | NDS NM PA       |
| DROXIA CAPS 200mg,<br>300mg, 400mg                                                           | 3                          |                 |
| EKTERLY TABS 300mg<br>QL (12 tabs / 30 days)                                                 | 4                          | NDS QL NM<br>PA |
| eltrombopag olamine (generic<br>of PROMACTA) PACK<br>12.5mg<br>QL (360 packets / 30<br>days) | 4                          | NDS QL NM<br>PA |
| eltrombopag olamine (generic<br>of PROMACTA) PACK 25mg<br>QL (180 packets / 30<br>days)      | 4                          | NDS QL NM<br>PA |

| Drug Name                                                                                   | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------------------------|----------------------------|-----------------|
| eltrombopag olamine (generic<br>of PROMACTA) TABS<br>12.5mg, 25mg<br>QL (30 tabs / 30 days) | 4                          | NDS QL NM<br>PA |
| eltrombopag olamine (generic<br>of PROMACTA) TABS 50mg,<br>75mg<br>QL (60 tabs / 30 days)   | 4                          | NDS QL NM<br>PA |
| EMPAVELI SOLN<br>1080mg/20ml<br>QL (200 mL / 30 days)                                       | 4                          | NDS QL NM<br>PA |
| ENDARI PACK 5gm                                                                             | 4                          | NDS NM PA       |
| ENJAYMO SOLN<br>1100mg/22ml                                                                 | 4                          | NDS NM PA       |
| EPYSQLI SOLN 300mg/30ml                                                                     | 4                          | NDS NM PA       |
| FABHALTA CAPS 200mg<br>QL (60 caps / 30 days)                                               | 4                          | NDS QL NM<br>PA |
| FIRAZYR SOSY 30mg/3ml<br>QL (9 syringes / 30<br>days)                                       | 4                          | NDS QL NM<br>PA |
| GIVLAARI SOLN 189mg/ml                                                                      | 4                          | NDS NM PA       |
| HAEGARDA SOLR 2000unit<br>QL (30 vials / 30 days)                                           | 4                          | NDS QL NM<br>PA |
| HAEGARDA SOLR 3000unit<br>QL (20 vials / 30 days)                                           | 4                          | NDS QL NM<br>PA |
| icatibant acetate (generic of<br>FIRAZYR) SOSY 30mg/3ml<br>QL (9 syringes / 30<br>days)     | 4                          | NDS QL NM<br>PA |
| KALBITOR SOLN 10mg/ml<br>QL (18 mL / 30 days)                                               | 4                          | NDS QL NM<br>PA |
| L-glutamine (sickle cell)<br>(generic of ENDARI) PACK<br>5gm                                | 4                          | NDS NM PA       |
| MULPLETA TABS 3mg                                                                           | 4                          | NDS NM PA       |
| ORLADEYO CAPS 110mg,<br>150mg<br>QL (28 caps / 28 days)                                     | 4                          | NDS QL NM<br>PA |
| pentoxifylline TBCR 400mg                                                                   | 1                          |                 |
| PIASKY SOLN 340mg/2ml                                                                       | 4                          | NDS NM PA       |
| PROMACTA PACK 12.5mg<br>QL (360 packets / 30<br>days)                                       | 4                          | NDS QL NM<br>PA |
| PROMACTA PACK 25mg<br>QL (180 packets / 30<br>days)                                         | 4                          | NDS QL NM<br>PA |



| Drug Name                                                                                                | Drug Requirements/<br>Tier | Limits       |
|----------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| PROMACTA TABS 12.5mg, 25mg<br>QL (30 tabs / 30 days)                                                     | 4                          | NDS QL NM PA |
| PROMACTA TABS 50mg, 75mg<br>QL (60 tabs / 30 days)                                                       | 4                          | NDS QL NM PA |
| PYRUKYND TABS 5mg, 20mg, 50mg<br>QL (56 tabs / 28 days)                                                  | 4                          | NDS QL NM PA |
| PYRUKYND TAB 20MGX5MG<br>QL (14 tabs / 14 days)                                                          | 4                          | NDS QL NM PA |
| PYRUKYND TAB 50MGX20M<br>QL (14 tabs / 14 days)                                                          | 4                          | NDS QL NM PA |
| PYRUKYND TAPER PACK TBPK 5mg<br>QL (7 tabs / 7 days)                                                     | 4                          | NDS QL NM PA |
| REBLOZYL SOLR 25mg, 75mg                                                                                 | 4                          | NDS NM PA    |
| RUCONEST SOLR 2100unit<br>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<br>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<br>QL (2 syringes / 28 days)                                           | 4                          | NDS QL NM PA |
| TAVALLISSE TABS 100mg, 150mg<br>QL (60 tabs / 30 days)                                                   | 4                          | NDS QL NM PA |
| TAVNEOS CAPS 10mg<br>QL (180 caps / 30 days)                                                             | 4                          | NDS QL NM PA |
| <i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml                                         | 1                          |              |
| <i>tranexamic acid</i> TABS 650mg                                                                        | 1                          |              |
| <i>tranexamic acid-sodium chloride iv soln 1000 mg/100ml-0.7%</i> (generic of TRANEXAMIC ACID/SODIUM CH) | 1                          |              |

| Drug Name                                                                     | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------------------|----------------------------|--------------|
| ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml                                         | 4                          | NDS NM PA    |
| VOYDEYA TABS 100mg<br>QL (180 tabs / 30 days)                                 | 4                          | NDS QL NM PA |
| VOYDEYA TAB 50-100MG<br>QL (180 tabs / 30 days)                               | 4                          | NDS QL NM PA |
| WAYRILZ TABS 400mg<br>QL (60 tabs / 30 days)                                  | 4                          | NDS QL NM PA |
| XROMI SOLN 100mg/ml                                                           | 4                          | NDS          |
| <b>PLATELET AGGREGATION INHIBITORS</b>                                        |                            |              |
| <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<br>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                          |              |
| <b>IMMUNOLOGIC AGENTS</b>                                                     |                            |              |
| <b>AUTOIMMUNE AGENTS</b>                                                      |                            |              |
| ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml                                 | 4                          | NDS NM PA    |
| ACTEMRA SOSY 162mg/0.9ml<br>QL (4 syringes / 28 days)                         | 4                          | NDS QL NM PA |
| ACTEMRA ACTPEN SOAJ 162mg/0.9ml<br>QL (4 pens / 28 days)                      | 4                          | NDS QL NM PA |
| ADALIMUMAB-BWWD SOAJ 40mg/0.4ml<br>QL (6 autoinjectors / 28 days)             | 4                          | NDS QL NM PA |
| ADALIMUMAB-BWWD SOSY 40mg/0.4ml<br>QL (6 syringes / 28 days)                  | 4                          | NDS QL NM PA |

| Drug Name                                                                | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------|----------------------------|-----------------|
| ADBRY SOAJ 300mg/2ml<br>QL (28 pens / 365 days)                          | 4                          | NDS QL NM<br>PA |
| ADBRY SOSY 150mg/ml<br>QL (56 syringes / 365<br>days)                    | 4                          | NDS QL NM<br>PA |
| AVSOLA SOLR 100mg                                                        | 4                          | NDS NM PA       |
| AVTOZMA SOLN 80mg/4ml,<br>200mg/10ml, 400mg/20ml                         | 4                          | NDS NM PA       |
| BIMZELX SOAJ 160mg/ml,<br>320mg/2ml<br>QL (2 pens / 28 days)             | 4                          | NDS QL NM<br>PA |
| BIMZELX SOSY 160mg/ml,<br>320mg/2ml<br>QL (2 syringes / 28<br>days)      | 4                          | NDS QL NM<br>PA |
| CIBINQO TABS 50mg,<br>100mg, 200mg<br>QL (30 tabs / 30 days)             | 4                          | NDS QL NM<br>PA |
| CIMZIA KIT 200mg<br>QL (2 kits / 28 days)                                | 4                          | NDS QL NM<br>PA |
| CIMZIA PSKT 200mg/ml<br>QL (4 syringes / 28<br>days)                     | 4                          | NDS QL NM<br>PA |
| CIMZIA STARTER KIT PSKT<br>200mg/ml<br>QL (2 kits / year)                | 4                          | NDS QL NM<br>PA |
| COSENTYX SOLN<br>125mg/5ml                                               | 4                          | NDS NM PA       |
| COSENTYX SOSY<br>75mg/0.5ml<br>QL (16 syringes / 365<br>days)            | 4                          | NDS QL NM<br>PA |
| COSENTYX SOSY 150mg/ml<br>QL (32 syringes / 365<br>days)                 | 4                          | NDS QL NM<br>PA |
| COSENTYX SENSOREADY<br>PEN SOAJ 150mg/ml<br>QL (32 pens / 365 days)      | 4                          | NDS QL NM<br>PA |
| COSENTYX UNOREADY<br>SOAJ 300mg/2ml<br>QL (16 pens / 365 days)           | 4                          | NDS QL NM<br>PA |
| DUPIXENT SOAJ<br>200mg/1.14ml, 300mg/2ml<br>QL (4 pens / 28 days)        | 4                          | NDS QL NM<br>PA |
| DUPIXENT SOSY<br>200mg/1.14ml, 300mg/2ml<br>QL (4 syringes / 28<br>days) | 4                          | NDS QL NM<br>PA |

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------------|----------------------------|-----------------|
| EBGLYSS SOAJ 250mg/2ml<br>QL (20 pens / 365 days)                                        | 4                          | NDS QL NM<br>PA |
| EBGLYSS SOSY 250mg/2ml<br>QL (20 syringes / 365<br>days)                                 | 4                          | NDS QL NM<br>PA |
| ENBREL SOLN 25mg/0.5ml<br>QL (16 vials / 28 days)                                        | 4                          | NDS QL NM<br>PA |
| ENBREL SOSY 25mg/0.5ml<br>QL (16 syringes / 28<br>days)                                  | 4                          | NDS QL NM<br>PA |
| ENBREL SOSY 50mg/ml<br>QL (8 syringes / 28<br>days)                                      | 4                          | NDS QL NM<br>PA |
| ENBREL MINI SOCT<br>50mg/ml<br>QL (8 cartridges / 28<br>days)                            | 4                          | NDS QL NM<br>PA |
| ENBREL SURECLICK SOAJ<br>50mg/ml<br>QL (8 pens / 28 days)                                | 4                          | NDS QL NM<br>PA |
| HADLIMA SOSY<br>40mg/0.4ml, 40mg/0.8ml<br>QL (6 syringes / 28<br>days)                   | 4                          | NDS QL NM<br>PA |
| HADLIMA PUSHTOUCH<br>SOAJ 40mg/0.4ml,<br>40mg/0.8ml<br>QL (6 autoinjectors / 28<br>days) | 4                          | NDS QL NM<br>PA |
| HUMIRA PSKT 10mg/0.1ml<br>QL (2 syringes / 28<br>days)                                   | 4                          | NDS QL NM<br>PA |
| HUMIRA PSKT 20mg/0.2ml<br>QL (4 syringes / 28<br>days)                                   | 4                          | NDS QL NM<br>PA |
| HUMIRA PSKT 40mg/0.4ml,<br>40mg/0.8ml<br>QL (6 syringes / 28<br>days)                    | 4                          | NDS QL NM<br>PA |
| HUMIRA PEN AJKT<br>40mg/0.4ml, 40mg/0.8ml<br>QL (6 pens / 28 days)                       | 4                          | NDS QL NM<br>PA |
| HUMIRA PEN AJKT<br>80mg/0.8ml<br>QL (4 pens / 28 days)                                   | 4                          | NDS QL NM<br>PA |
| HUMIRA PEN KIT PS/UV<br>QL (3 pens / 28 days)                                            | 4                          | NDS QL NM<br>PA |

| Drug Name                                                                  | Drug Requirements/<br>Tier | Limits          |
|----------------------------------------------------------------------------|----------------------------|-----------------|
| HUMIRA PEN-CD/UC/HS<br>START AJKT 80mg/0.8ml<br>QL (3 pens / 28 days)      | 4                          | NDS QL NM<br>PA |
| ILUMYA SOSY 100mg/ml<br>QL (6 syringes / 365<br>days)                      | 4                          | NDS QL NM<br>PA |
| INFLECTRA SOLR 100mg                                                       | 4                          | NDS NM PA       |
| INFLIXIMAB SOLR 100mg                                                      | 4                          | NDS NM PA       |
| KEVZARA SOAJ<br>150mg/1.14ml, 200mg/1.14ml<br>QL (2 pens / 28 days)        | 4                          | NDS QL NM<br>PA |
| KEVZARA SOSY<br>150mg/1.14ml, 200mg/1.14ml<br>QL (2 syringes / 28<br>days) | 4                          | NDS QL NM<br>PA |
| KINERET SOSY<br>100mg/0.67ml<br>QL (28 syringes / 28<br>days)              | 4                          | NDS QL NM<br>PA |
| LEQSELVI TABS 8mg<br>QL (60 tabs / 30 days)                                | 4                          | NDS QL NM<br>PA |
| LITFULO CAPS 50mg<br>QL (28 caps / 28 days)                                | 4                          | NDS QL NM<br>PA |
| NEMLUVIO AUIJ 30mg<br>QL (2 pens / 28 days)                                | 4                          | NDS QL NM<br>PA |
| OLUMIANT TABS 1mg, 2mg, 4mg<br>QL (30 tabs / 30 days)                      | 4                          | NDS QL NM<br>PA |
| OMVOH SOAJ 100mg/ml<br>QL (2 pens / 28 days)                               | 4                          | NDS QL NM<br>PA |
| OMVOH SOAJ 200mg/2ml<br>QL (1 pen / 28 days)                               | 4                          | NDS QL NM<br>PA |
| OMVOH SOLN 300mg/15ml                                                      | 4                          | NDS NM PA       |
| OMVOH SOSY 100mg/ml<br>QL (2 syringes / 28<br>days)                        | 4                          | NDS QL NM<br>PA |
| OMVOH SOSY 200mg/2ml<br>QL (1 syringe / 28 days)                           | 4                          | NDS QL NM<br>PA |
| OMVOH SOAJ 100/200<br>QL (2 pens / 28 days)                                | 4                          | NDS QL NM<br>PA |
| OMVOH SOSY 100/200<br>QL (2 syringes / 28<br>days)                         | 4                          | NDS QL NM<br>PA |
| ORENCIA SOLR 250mg                                                         | 4                          | NDS NM PA       |

| Drug Name                                                                             | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------------------|----------------------------|-----------------|
| ORENCIA SOSY<br>50mg/0.4ml, 87.5mg/0.7ml,<br>125mg/ml<br>QL (4 syringes / 28<br>days) | 4                          | NDS QL NM<br>PA |
| ORENCIA CLICKJECT SOAJ<br>125mg/ml<br>QL (4 autoinjectors / 28<br>days)               | 4                          | NDS QL NM<br>PA |
| OTEZLA TABS 20mg, 30mg<br>QL (60 tabs / 30 days)                                      | 4                          | NDS QL NM<br>PA |
| OTEZLA TAB 10/20<br>QL (110 tabs / year)                                              | 4                          | NDS QL NM<br>PA |
| OTEZLA TAB 10/20/30<br>QL (110 tabs / year)                                           | 4                          | NDS QL NM<br>PA |
| OTEZLA XR TB24 75mg<br>QL (30 tabs / 30 days)                                         | 4                          | NDS QL NM<br>PA |
| OTEZLA/XR TAB 28 DAY<br>QL (2 packs / year)                                           | 4                          | NDS QL NM<br>PA |
| PYZCHIVA SOAJ<br>45mg/0.5ml<br>QL (1 pen / 28 days)                                   | 2                          | QL NM PA        |
| PYZCHIVA SOAJ 90mg/ml<br>QL (1 pen / 28 days)                                         | 4                          | NDS QL NM<br>PA |
| PYZCHIVA SOLN<br>45mg/0.5ml<br>QL (1 vial / 28 days)                                  | 2                          | QL NM PA        |
| PYZCHIVA SOLN<br>130mg/26ml                                                           | 4                          | NDS NM PA       |
| PYZCHIVA SOSY<br>45mg/0.5ml<br>QL (1 syringe / 28 days)                               | 2                          | QL NM PA        |
| PYZCHIVA SOSY 90mg/ml<br>QL (1 syringe / 28 days)                                     | 4                          | NDS QL NM<br>PA |
| REMICADE SOLR 100mg                                                                   | 4                          | NDS NM PA       |
| RENFLEXIS SOLR 100mg                                                                  | 4                          | NDS NM PA       |
| RHAPSIDO TABS 25mg<br>QL (60 tabs / 30 days)                                          | 4                          | NDS QL NM<br>PA |
| RINVOQ TB24 15mg, 30mg<br>QL (30 tabs / 30 days)                                      | 4                          | NDS QL NM<br>PA |
| RINVOQ TB24 45mg<br>QL (168 tabs / year)                                              | 4                          | NDS QL NM<br>PA |
| RINVOQ LQ SOLN 1mg/ml<br>QL (360 mL / 30 days)                                        | 4                          | NDS QL NM<br>PA |
| SILIQ SOSY 210mg/1.5ml<br>QL (3 syringes / 28<br>days)                                | 4                          | NDS QL NM<br>PA |

| Drug Name                                                                 | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------|----------------------------|-----------------|
| SIMPONI SOAJ 50mg/0.5ml<br>QL (6 autoinjectors / 28<br>days)              | 4                          | NDS QL NM<br>PA |
| SIMPONI SOAJ 100mg/ml<br>QL (3 autoinjectors / 28<br>days)                | 4                          | NDS QL NM<br>PA |
| SIMPONI SOSY 50mg/0.5ml<br>QL (6 syringes / 28<br>days)                   | 4                          | NDS QL NM<br>PA |
| SIMPONI SOSY 100mg/ml<br>QL (3 syringes / 28<br>days)                     | 4                          | NDS QL NM<br>PA |
| SIMPONI ARIA SOLN<br>50mg/4ml                                             | 4                          | NDS NM PA       |
| SKYRIZI SOCT<br>180mg/1.2ml, 360mg/2.4ml<br>QL (1 cartridge / 56<br>days) | 4                          | NDS QL NM<br>PA |
| SKYRIZI SOLN 600mg/10ml                                                   | 4                          | NDS NM PA       |
| SKYRIZI SOSY 150mg/ml<br>QL (6 syringes / 365<br>days)                    | 4                          | NDS QL NM<br>PA |
| SKYRIZI PEN SOAJ<br>150mg/ml<br>QL (6 pens / 365 days)                    | 4                          | NDS QL NM<br>PA |
| SOTYKTU TABS 6mg<br>QL (30 tabs / 30 days)                                | 4                          | NDS QL NM<br>PA |
| SPEVIGO SOLN<br>450mg/7.5ml                                               | 4                          | NDS NM PA       |
| SPEVIGO SOSY 150mg/ml<br>QL (28 syringes / 365<br>days)                   | 4                          | NDS QL NM<br>PA |
| SPEVIGO SOSY 300mg/2ml<br>QL (14 syringes / 365<br>days)                  | 4                          | NDS QL NM<br>PA |
| STELARA SOLN 45mg/0.5ml<br>QL (1 vial / 28 days)                          | 4                          | NDS QL NM<br>PA |
| STELARA SOLN<br>130mg/26ml                                                | 4                          | NDS NM PA       |
| STELARA SOSY<br>45mg/0.5ml, 90mg/ml<br>QL (1 syringe / 28 days)           | 4                          | NDS QL NM<br>PA |
| TALTZ SOAJ 80mg/ml<br>QL (3 pens / 28 days)                               | 4                          | NDS QL NM<br>PA |
| TALTZ SOSY 20mg/0.25ml,<br>40mg/0.5ml<br>QL (1 syringe / 28 days)         | 4                          | NDS QL NM<br>PA |

| Drug Name                                                            | Drug Requirements/<br>Tier | Limits          |
|----------------------------------------------------------------------|----------------------------|-----------------|
| TALTZ SOSY 80mg/ml<br>QL (3 syringes / 28<br>days)                   | 4                          | NDS QL NM<br>PA |
| TOFIDENCE SOLN<br>80mg/4ml, 200mg/10ml,<br>400mg/20ml                | 4                          | NDS NM PA       |
| TREMFYA SOAJ 200mg/2ml<br>QL (2 pens / 28 days)                      | 4                          | NDS QL NM<br>PA |
| TREMFYA SOLN<br>200mg/20ml                                           | 4                          | NDS NM PA       |
| TREMFYA SOPN 100mg/ml<br>QL (1 pen / 28 days)                        | 4                          | NDS QL NM<br>PA |
| TREMFYA SOSY 100mg/ml<br>QL (1 syringe / 28 days)                    | 4                          | NDS QL NM<br>PA |
| TREMFYA SOSY 200mg/2ml<br>QL (2 syringes / 28<br>days)               | 4                          | NDS QL NM<br>PA |
| TREMFYA INDUCTION<br>PACK FO SOAJ 200mg/2ml<br>QL (2 pens / 28 days) | 4                          | NDS QL NM<br>PA |
| TREMFYA PEN SOAJ<br>100mg/ml<br>QL (1 pen / 28 days)                 | 4                          | NDS QL NM<br>PA |
| TYENNE SOAJ 162mg/0.9ml<br>QL (4 pens / 28 days)                     | 4                          | NDS QL NM<br>PA |
| TYENNE SOLN 80mg/4ml,<br>200mg/10ml, 400mg/20ml                      | 4                          | NDS NM PA       |
| TYENNE SOSY 162mg/0.9ml<br>QL (4 syringes / 28<br>days)              | 4                          | NDS QL NM<br>PA |
| USTEKINUMAB SOLN<br>45mg/0.5ml<br>QL (1 vial / 28 days)              | 4                          | NDS QL NM<br>PA |
| USTEKINUMAB SOLN<br>130mg/26ml                                       | 4                          | NDS NM PA       |
| USTEKINUMAB SOSY<br>45mg/0.5ml, 90mg/ml<br>QL (1 syringe / 28 days)  | 4                          | NDS QL NM<br>PA |
| VELSIPITY TABS 2mg<br>QL (30 tabs / 30 days)                         | 4                          | NDS QL NM<br>PA |
| XELJANZ SOLN 1mg/ml<br>QL (480 mL / 24 days)                         | 4                          | NDS QL NM<br>PA |
| XELJANZ TABS 5mg, 10mg<br>QL (60 tabs / 30 days)                     | 4                          | NDS QL NM<br>PA |
| XELJANZ XR TB24 11mg,<br>22mg<br>QL (30 tabs / 30 days)              | 4                          | NDS QL NM<br>PA |

| Drug Name                                                                                                                         | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| YESINTEK SOLN 45mg/0.5ml<br>QL (1 vial / 28 days)                                                                                 | 2                          | QL NM PA     |
| YESINTEK SOLN 130mg/26ml                                                                                                          | 2                          | NM PA        |
| YESINTEK SOSY 45mg/0.5ml<br>QL (1 syringe / 28 days)                                                                              | 2                          | QL NM PA     |
| YESINTEK SOSY 90mg/ml<br>QL (1 syringe / 28 days)                                                                                 | 4                          | NDS QL NM PA |
| <b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>                                                                            |                            |              |
| ARAVA TABS 10mg, 20mg<br>QL (30 tabs / 30 days)                                                                                   | 4                          | NDS QL       |
| hydroxychloroquine sulfate TABS 100mg, 300mg, 400mg                                                                               | 1                          |              |
| hydroxychloroquine sulfate (generic of PLAQUENIL) TABS 200mg                                                                      | 1                          |              |
| JYLAMVO SOLN 2mg/ml                                                                                                               | 3                          | B/D          |
| leflunomide (generic of ARAVA) TABS 10mg, 20mg<br>QL (30 tabs / 30 days)                                                          | 1                          | QL           |
| methotrexate sodium TABS 2.5mg                                                                                                    | 1                          |              |
| OTREXUP SOAJ 10mg/0.4ml, 12.5mg/0.4ml, 15mg/0.4ml, 17.5mg/0.4ml, 20mg/0.4ml, 22.5mg/0.4ml, 25mg/0.4ml                             | 3                          | NM PA        |
| PLAQUENIL TABS 200mg                                                                                                              | 3                          |              |
| RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml | 3                          | NM PA        |
| SOVUNA TABS 200mg, 300mg                                                                                                          | 3                          |              |
| TREXALL TABS 5mg, 7.5mg, 10mg, 15mg                                                                                               | 3                          | B/D          |
| XATMEP SOLN 2.5mg/ml                                                                                                              | 3                          | B/D          |
| <b>IMMUNOGLOBULINS</b>                                                                                                            |                            |              |
| ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml                                                                                      | 4                          | NDS NM PA    |
| BIVIGAM SOLN 5gm/50ml, 10%                                                                                                        | 4                          | NDS NM PA    |

| Drug Name                                                                                                        | Drug Requirements/<br>Tier | Limits     |
|------------------------------------------------------------------------------------------------------------------|----------------------------|------------|
| CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml                                     | 4                          | NDS NM PA  |
| CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml                                                    | 4                          | NDS NM PA  |
| CYTOGAM SOLN 50mg/ml                                                                                             | 4                          | NDS B/D NM |
| FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml                                                            | 4                          | NDS NM PA  |
| GAMASTAN INJ                                                                                                     | 3                          | B/D NM     |
| GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml                         | 4                          | NDS NM PA  |
| GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm                                                                         | 4                          | NDS NM PA  |
| GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml                                                         | 4                          | NDS NM PA  |
| GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml                               | 4                          | NDS NM PA  |
| GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml                                | 4                          | NDS NM PA  |
| HEPAGAM B SOLN 312unit/ml                                                                                        | 4                          | NDS B/D NM |
| HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml                | 4                          | NDS NM PA  |
| HYQVIA INJ 2.5-200                                                                                               | 4                          | NDS NM PA  |
| HYQVIA INJ 5-400                                                                                                 | 4                          | NDS NM PA  |
| HYQVIA INJ 10-800                                                                                                | 4                          | NDS NM PA  |
| HYQVIA INJ 20-1600                                                                                               | 4                          | NDS NM PA  |
| HYQVIA INJ 30-2400                                                                                               | 4                          | NDS NM PA  |
| OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml | 4                          | NDS NM PA  |

| Drug Name                                                                       | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------------|----------------------------|-----------------|
| PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 4                          | NDS NM PA       |
| PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml                      | 4                          | NDS NM PA       |
| XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml                             | 4                          | NDS NM PA       |
| YIMMUGO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml                                   | 4                          | NDS NM PA       |
| <b>IMMUNOMODULATORS</b>                                                         |                            |                 |
| ACTIMMUNE SOLN 100mcg/0.5ml                                                     | 4                          | NDS NM PA       |
| ARCALYST SOLR 220mg                                                             | 4                          | NDS NM PA       |
| GRASSTK SUBL 2800bau                                                            | 3                          | PA              |
| ILARIS SOLN 150mg/ml                                                            | 4                          | NDS NM PA       |
| IMAAVY SOLN 300mg/1.62ml, 1200mg/6.5ml                                          | 4                          | NDS NM PA       |
| JOENJA TABS 70mg<br>QL (60 tabs / 30 days)                                      | 4                          | NDS QL NM<br>PA |
| ODACTRA SUB                                                                     | 3                          | PA              |
| PALFORZIA CAP ESCALAT                                                           | 4                          | NDS NM PA       |
| PALFORZIA CAP LEVEL 3                                                           | 4                          | NDS NM PA       |
| PALFORZIA CAP LEVEL 7                                                           | 4                          | NDS NM PA       |
| PALFORZIA CAP LEVEL 8                                                           | 4                          | NDS NM PA       |
| PALFORZIA CAP LEVEL 10                                                          | 4                          | NDS NM PA       |
| PALFORZIA LEVEL 1 CSPK 1mg                                                      | 4                          | NDS NM PA       |
| PALFORZIA LEVEL 2 CSPK 1mg                                                      | 4                          | NDS NM PA       |
| PALFORZIA LEVEL 4 CSPK 20mg                                                     | 4                          | NDS NM PA       |
| PALFORZIA LEVEL 5 CSPK 20mg                                                     | 4                          | NDS NM PA       |
| PALFORZIA LEVEL 6 CSPK 20mg                                                     | 4                          | NDS NM PA       |
| PALFORZIA LEVEL 9 CSPK 100mg                                                    | 4                          | NDS NM PA       |
| PALFORZIA LEVEL 11 (MAINT PACK 300mg)                                           | 4                          | NDS NM PA       |
| PALFORZIA LEVEL 11 (TITRA PACK 300mg)                                           | 4                          | NDS NM PA       |
| RAGWITEK SUBL 12amba1-u                                                         | 3                          | PA              |

| Drug Name                                                                                     | Drug Requirements/<br>Tier | Limits          |
|-----------------------------------------------------------------------------------------------|----------------------------|-----------------|
| 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<br>QL (28 syringes / 28 days)       | 4                          | NDS QL NM<br>PA |
| <b>IMMUNOSUPPRESSANTS</b>                                                                     |                            |                 |
| 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<br>QL (8 pens / 28 days)                                               | 4                          | NDS QL NM<br>PA |
| BENLYSTA SOLR 120mg, 400mg                                                                    | 4                          | NDS NM PA       |
| BENLYSTA SOSY 200mg/ml<br>QL (8 syringes / 28 days)                                           | 4                          | NDS QL NM<br>PA |
| CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg                                                | 4                          | NDS B/D NM      |
| cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg                                         | 1                          | B/D NM          |
| cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml | 1                          | B/D NM          |
| cyclosporine modified (for microemulsion) CAPS 50mg                                           | 1                          | B/D NM          |
| ENVARISUS XR TB24 4mg                                                                         | 4                          | NDS B/D NM      |
| ENVARISUS XR TB24 .75mg, 1mg                                                                  | 3                          | B/D NM          |
| everolimus (immunosuppressant) (generic of ZORTRESS) TABS .5mg, .75mg, 1mg                    | 4                          | NDS B/D NM      |

| Drug Name                                                                       | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>everolimus</i><br>(immunosuppressant)<br>(generic of ZORTRESS)<br>TABS .25mg | 1                          | B/D NM          |
| <i>gengraf</i> (generic of NEORAL)<br>CAPS 25mg, 100mg                          | 1                          | B/D NM          |
| IMURAN TABS 50mg                                                                | 3                          | B/D             |
| LUPKYNIS CAPS 7.9mg                                                             | 4                          | NDS NM PA       |
| <i>mycophenolate mofetil</i><br>(generic of CELLCEPT)<br>CAPS 250mg; TABS 500mg | 1                          | B/D NM          |
| <i>mycophenolate mofetil</i><br>(generic of CELLCEPT)<br>SUSR 200mg/ml          | 4                          | NDS B/D NM      |
| <i>mycophenolate sodium</i><br>(generic of MYFORTIC)<br>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,<br>100mg; SOLN 100mg/ml                                       | 3                          | B/D NM          |
| NIKTIMVO SOLN<br>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; 3<br>PACK .2mg, 1mg                                     |                            | B/D NM          |
| REZUROCK TABS 200mg<br>QL (30 tabs / 30 days)                                   | 4                          | NDS QL NM<br>PA |
| SANDIMMUNE CAPS 25mg;<br>SOLN 50mg/ml                                           | 3                          | B/D NM          |
| SANDIMMUNE CAPS 100mg                                                           | 4                          | NDS B/D NM      |
| SAPHNELO SOLN<br>300mg/2ml                                                      | 4                          | NDS NM PA       |
| <i>sirolimus</i> SOLN 1mg/ml;<br>TABS .5mg, 1mg, 2mg                            | 1                          | B/D NM          |
| <i>tacrolimus</i> (generic of<br>PROGRAF) CAPS .5mg,<br>1mg, 5mg                | 1                          | B/D NM          |
| ZORTRESS TABS .25mg,<br>.5mg, .75mg, 1mg                                        | 4                          | NDS B/D NM      |
| <b>VACCINES</b>                                                                 |                            |                 |
| ABRYSVO SOLR<br>120mcg/0.5ml                                                    | 1                          | PA              |
| ACTHIB INJ                                                                      | 1                          |                 |
| ADACEL INJ                                                                      | 1                          |                 |

| Drug Name                                                                             | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------|----------------------------|--------|
| AREXVY SUSR<br>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<br>20mcg/ml; SUSY<br>10mcg/0.5ml, 20mcg/ml                             | 1                          | B/D    |
| GARDASIL 9 SUSP .5ml;<br>SUSY .5ml                                                    | 1                          |        |
| HAVRIX SUSY 720elu/0.5ml,<br>1440unit/ml                                              | 1                          |        |
| HEPLISAV-B SOSY<br>20mcg/0.5ml                                                        | 1                          | B/D    |
| HIBERIX SOLR 10mcg                                                                    | 1                          |        |
| IMOVAX RABIES (H.D.C.V.)<br>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                          |        |
| MENVEO SOL                                                                            | 1                          |        |
| MRESVIA SUSY<br>50mcg/0.5ml                                                           | 1                          | PA     |
| PEDIARIX INJ 0.5ML                                                                    | 1                          |        |
| PEDVAX HIB SUSP<br>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<br>5mcg/0.5ml, 10mcg/ml,<br>40mcg/ml; SUSY 5mcg/0.5ml,<br>10mcg/ml | 1                          | B/D    |
| ROTARIX SUS                                                                           | 1                          |        |

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------|----------------------------|--------|
| ROTATEQ SOL                                                                            | 1                          |        |
| SHINGRIX SUSR<br>50mcg/0.5ml<br>QL (2 vials per lifetime)                              | 1                          | QL     |
| TENIVAC INJ 5-2LF                                                                      | 1                          | B/D    |
| TICOVAC SUSY<br>1.2mcg/0.25ml, 2.4mcg/0.5ml                                            | 1                          |        |
| TRUMENBA SUSY .5ml                                                                     | 1                          |        |
| TWINRIX INJ                                                                            | 1                          |        |
| TYPHIM VI SOLN<br>25mcg/0.5ml; SOSY<br>25mcg/0.5ml                                     | 1                          |        |
| VAQTA SUSP 25unit/0.5ml,<br>50unit/ml; SUSY 25unit/0.5ml,<br>50unit/ml                 | 1                          |        |
| VARIVAX SUSR<br>1350pfu/0.5ml                                                          | 1                          |        |
| VAXCHORA SUS                                                                           | 1                          |        |
| VIMKUNYA SUSY<br>40mcg/0.8ml                                                           | 1                          |        |
| VIVOTIF CAP EC                                                                         | 1                          |        |
| YF-VAX INJ                                                                             | 1                          |        |
| <b>NUTRITIONAL/SUPPLEMENTS<br/>ELECTROLYTES/MINERALS,<br/>INJECTABLE</b>               |                            |        |
| D2.5W/NACL INJ 0.45%                                                                   | 3                          |        |
| D5W/LYTES INJ #48                                                                      | 3                          |        |
| D5W/NACL INJ 0.2%                                                                      | 1                          |        |
| D5W/NACL INJ 0.3%                                                                      | 3                          |        |
| D5W/NACL INJ 0.9%                                                                      | 3                          |        |
| D5W/NACL INJ 0.45%                                                                     | 1                          |        |
| D10W/NACL INJ 0.2%                                                                     | 2                          |        |
| D10W/NACL INJ 0.45%                                                                    | 1                          |        |
| dextrose 2.5% w/ sodium<br>chloride 0.45% (generic of<br>DEXTROSE 2.5%/SODIUM<br>CHLO) | 1                          |        |
| dextrose 5% in lactated<br>ringers                                                     | 1                          |        |
| dextrose 5% w/ sodium<br>chloride 0.3% (generic of<br>DEXTROSE 5%/SODIUM<br>CHLORI)    | 1                          |        |

| Drug Name                                                                                             | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------|----------------------------|--------|
| dextrose 5% w/ sodium<br>chloride 0.9% (generic of<br>DEXTROSE 5%/SODIUM<br>CHLORI)                   | 1                          |        |
| dextrose 5% w/ sodium<br>chloride 0.45% (generic of<br>DEXTROSE 5%/SODIUM<br>CHLORI)                  | 1                          |        |
| dextrose 5% w/ sodium<br>chloride 0.225% (generic of<br>DEXTROSE/SODIUM<br>CHLORIDE)                  | 1                          |        |
| DW5-NACL INJ 0.225%                                                                                   | 3                          |        |
| ISOLYTE-P INJ /D5W                                                                                    | 3                          |        |
| ISOLYTE-S INJ                                                                                         | 3                          |        |
| ISOLYTE-S INJ PH 7.4                                                                                  | 3                          |        |
| kcl 10 meq/l (0.075%) in<br>dextrose 5% & nacl 0.45% inj<br>(generic of KCL<br>0.075%/D5W/NACL 0.45%) | 1                          |        |
| kcl 20 meq/l (0.15%) in<br>dextrose 5% & nacl 0.9% inj                                                | 1                          |        |
| kcl 20 meq/l (0.15%) in<br>dextrose 5% & nacl 0.45% inj                                               | 1                          |        |
| kcl 20 meq/l (0.15%) in nacl<br>0.9% inj (generic of<br>POTASSIUM<br>CHLORIDE/SODIUM)                 | 1                          |        |
| kcl 20 meq/l (0.15%) in nacl<br>0.45% inj (generic of<br>POTASSIUM<br>CHLORIDE/SODIUM)                | 1                          |        |
| kcl 20 meq/l (0.149%) in nacl<br>0.9% inj                                                             | 1                          |        |
| kcl 20 meq/l (0.149%) in nacl<br>0.45% inj                                                            | 1                          |        |
| kcl 30 meq/l (0.224%) in<br>dextrose 5% & nacl 0.45% inj<br>(generic of POTASSIUM<br>CHLORIDE/DEXTRO) | 1                          |        |
| kcl 40 meq/l (0.3%) in<br>dextrose 5% & nacl 0.9% inj<br>(generic of KCL<br>0.3%/D5W/NACL 0.9%)       | 1                          |        |
| kcl 40 meq/l (0.3%) in<br>dextrose 5% & nacl 0.45% inj<br>(generic of KCL<br>0.3%/D5W/NACL 0.45%)     | 1                          |        |



| Drug Name                                                                                                                | Drug Requirements/<br>Tier Limits |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)                                       | 1                                 |
| <i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>                                                                            | 1                                 |
| KCL/D5W/LACT INJ 20MEQ/L                                                                                                 | 3                                 |
| KCL/D5W/NACL INJ 0.3/0.9%                                                                                                | 3                                 |
| KCL/D5W/NACL INJ 0.15/0.2                                                                                                | 1                                 |
| KCL/D5W/NACL INJ 0.15/0.9                                                                                                | 3                                 |
| KCL/D5W/NACL INJ 0.15/0.45                                                                                               | 3                                 |
| LACTATED RIN INJ                                                                                                         | 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</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50% | 2                                 |
| <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W)                         | 2                                 |
| MG SO4/D5W INJ 10MG/ML                                                                                                   | 2                                 |
| <i>multiple electrolytes ph 5.5</i> (generic of PLASMA-LYTE A)                                                           | 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                                 |
| POT CHL/D5W INJ 20MEQ/L                                                                                                  | 3                                 |
| <i>potassium chloride</i> SOLN 2meq/ml                                                                                   | 1                                 |
| POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml                                    | 3                                 |

| Drug Name                                                                                                                    | Drug Requirements/<br>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 20 meq/l (0.15%) in dextrose 5% inj</i> (generic of POTASSIUM CHLORIDE/DEXTRO)                         | 1                                 |
| <i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%                                                                     | 1                                 |
| TPN ELECTROL INJ                                                                                                             | 3 B/D                             |
| <b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>                                                                                  |                                   |
| <i>klor-con</i> PACK 20meq                                                                                                   | 1                                 |
| KLOR-CON 8 TBCR 8meq                                                                                                         | 1                                 |
| <i>klor-con 10</i> TBCR 10meq                                                                                                | 1                                 |
| KLOR-CON 10 TBCR 10meq                                                                                                       | 1                                 |
| <i>klor-con m10</i> TBCR 10meq                                                                                               | 1                                 |
| <i>klor-con m15</i> TBCR 15meq                                                                                               | 1                                 |
| <i>klor-con m20</i> TBCR 20meq                                                                                               | 1                                 |
| M-NATAL PLUS TAB                                                                                                             | 2                                 |
| POKONZA PACK 10meq                                                                                                           | 3                                 |
| POKONZA PACK 15meq                                                                                                           | 4 NDS                             |
| <i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 10meq, 15meq, 20meq                              | 1                                 |
| <i>potassium chloride</i> (generic of KLOR-CON 8) TBCR 8meq                                                                  | 1                                 |
| <i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq                                             | 1                                 |
| PRENATAL TAB 27-1MG                                                                                                          | 2                                 |
| PRENATAL TAB PLUS                                                                                                            | 2                                 |
| <i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>                                                                     | 1                                 |
| WESTAB PLUS TAB 27-1MG                                                                                                       | 2                                 |
| <b>IV NUTRITION</b>                                                                                                          |                                   |
| <i>aminosyn ii soln 15%</i>                                                                                                  | 1 B/D                             |
| AMINOSYN INJ 10%                                                                                                             | 3 B/D                             |
| AMINOSYN-PF INJ 7%                                                                                                           | 3 B/D                             |
| AMINOSYN-PF INJ 10%                                                                                                          | 3 B/D                             |
| 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                             |

| Drug Name                                                                     | Drug Requirements/<br>Tier | Limits  |
|-------------------------------------------------------------------------------|----------------------------|---------|
| CLINIMIX E INJ 5%/D15W                                                        | 3                          | B/D     |
| CLINIMIX E INJ 5%/D20W                                                        | 3                          | B/D     |
| CLINIMIX E INJ 8/10                                                           | 3                          | B/D     |
| CLINIMIX E INJ 8/14                                                           | 3                          | B/D     |
| CLINIMIX INJ 4.25/D5W                                                         | 3                          | B/D     |
| CLINIMIX INJ 4.25/D10                                                         | 3                          | B/D     |
| CLINIMIX INJ 5%/D15W                                                          | 3                          | B/D     |
| CLINIMIX INJ 5%/D20W                                                          | 3                          | B/D     |
| CLINIMIX INJ 6/5                                                              | 3                          | B/D     |
| CLINIMIX INJ 8/10                                                             | 3                          | B/D     |
| CLINIMIX INJ 8/14                                                             | 3                          | B/D     |
| <i>clinisol sf 15%</i>                                                        | 1                          | B/D     |
| CLINOLIPID EMU 20%                                                            | 3                          | B/D     |
| <i>dextrose (generic of DEXTROSE 5%) SOLN 5%</i>                              | 1                          |         |
| <i>dextrose (generic of DEXTROSE 10%) SOLN 10%</i>                            | 1                          |         |
| <i>dextrose SOLN 50%</i>                                                      | 1                          | B/D     |
| DEXTROSE 10% SOLN 10%                                                         | 1                          |         |
| DEXTROSE 70% SOLN 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     |
| <b>OPHTHALMIC</b>                                                             |                            |         |
| <b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>                                       |                            |         |
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>                         | 1                          |         |
| <i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>                   | 1                          |         |
| MAXITROL OIN 0.1% OP                                                          | 3                          |         |
| MAXITROL SUS 0.1% OP                                                          | 3                          |         |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i> | 1                          |         |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i> | 1                          |         |

| Drug Name                                                           | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------|----------------------------|--------|
| <i>neomycin-polymyxin-hc ophth susp</i>                             | 1                          |        |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>  | 1                          |        |
| TOBRADEX OIN 0.3-0.1%                                               | 2                          |        |
| TOBRADEX ST SUS 0.3-0.05                                            | 3                          |        |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>                 | 1                          |        |
| ZYLET SUS 0.5-0.3%                                                  | 2                          |        |
| <b>ANTI-INFECTIVES</b>                                              |                            |        |
| AZASITE SOLN 1%                                                     | 3                          |        |
| <i>bacitracin (ophthalmic) 500unit/gm</i>                           | OINT 1                     |        |
| <i>bacitracin-polymyxin b ophth oint</i>                            | 1                          |        |
| <i>besifloxacin hcl SUSP .6%</i>                                    | 1                          |        |
| BESIVANCE SUSP .6%                                                  | 2                          |        |
| CILOXAN OINT .3%                                                    | 2                          |        |
| <i>ciprofloxacin hcl (ophth) SOLN .3%</i>                           | 1                          |        |
| <i>erythromycin (ophth) OINT 5mg/gm</i>                             | 1                          |        |
| <i>gatifloxacin (ophth) SOLN .5%</i>                                | 1                          |        |
| <i>gentamicin sulfate (ophth) SOLN .3%</i>                          | 1                          |        |
| <i>levofloxacin (ophth) SOLN .5%, 1.5%</i>                          | 1                          |        |
| <i>moxifloxacin hcl (ophth) SOLN .5%</i>                            | 1                          | QL     |
| QL (12 mL / 30 days)                                                |                            |        |
| <i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>       | 1                          | QL     |
| QL (12 mL / 30 days)                                                |                            |        |
| NATACYN SUSP 5%                                                     | 3                          |        |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 1                          |        |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | 1                          |        |
| OCUFLOX SOLN .3%                                                    | 3                          |        |
| <i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>              | 1                          |        |

| Drug Name                                                          | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------|----------------------------|-----------|
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>      | 1                          |           |
| <i>sulfacetamide sodium (ophth) SOLN 10%</i>                       | 1                          |           |
| <i>tobramycin (ophth) SOLN .3%</i>                                 | 1                          |           |
| TOBREX OINT .3%                                                    | 3                          |           |
| <i>trifluridine SOLN 1%</i>                                        | 1                          |           |
| VIGAMOX SOLN .5%<br>QL (12 mL / 30 days)                           | 3                          | QL        |
| XDEMZY SOLN .25%                                                   | 4                          | NDS NM PA |
| ZIRGAN GEL .15%                                                    | 3                          |           |
| <b>ANTI-INFLAMMATORIES</b>                                         |                            |           |
| ACULAR SOLN .5%                                                    | 3                          |           |
| ACULAR LS SOLN .4%                                                 | 3                          |           |
| ACUVAIL SOLN .45%                                                  | 3                          |           |
| ALREX SUSP .2%                                                     | 3                          |           |
| <i>bromfenac sodium (ophth) (generic of PROLENSA) SOLN .07%</i>    | 1                          |           |
| <i>bromfenac sodium (ophth) SOLN .09%</i>                          | 1                          |           |
| <i>bromfenac sodium (ophth) (generic of BROMSITE) SOLN .075%</i>   | 1                          |           |
| BROMSITE SOLN .075%                                                | 3                          |           |
| <i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>             | 1                          |           |
| DEXYCU SUSP 9%                                                     | 3                          |           |
| <i>diclofenac sodium (ophth) SOLN .1%</i>                          | 1                          |           |
| <i>difluprednate (generic of DUREZOL) EMUL .05%</i>                | 1                          |           |
| DUREZOL EMUL .05%                                                  | 3                          |           |
| FLAREX SUSP .1%                                                    | 3                          |           |
| <i>fluorometholone (ophth) (generic of FML LIQUIFILM) SUSP .1%</i> | 1                          |           |
| <i>flurbiprofen sodium SOLN .03%</i>                               | 1                          |           |
| FML FORTE SUSP .25%                                                | 3                          |           |
| FML LIQUIFILM SUSP .1%                                             | 3                          |           |
| ILEVRO SUSP .3%                                                    | 3                          |           |
| INVELTYS SUSP 1%                                                   | 3                          |           |

| Drug Name                                                             | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------|----------------------------|--------|
| <i>ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%</i> | 1                          |        |
| <i>ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%</i>    | 1                          |        |
| LOTEMAX GEL .5%; SUSP .5%                                             | 3                          |        |
| LOTEMAX OINT .5%                                                      | 2                          |        |
| LOTEMAX SM GEL .38%                                                   | 2                          |        |
| <i>loteprednol etabonate (generic of LOTEMAX) GEL .5%; SUSP .5%</i>   | 1                          |        |
| <i>loteprednol etabonate (generic of ALREX) SUSP .2%</i>              | 1                          |        |
| MAXIDEX SUSP .1%                                                      | 3                          |        |
| NEVANAC SUSP .1%                                                      | 3                          |        |
| PRED FORTE SUSP 1%                                                    | 3                          |        |
| PRED MILD SUSP .12%                                                   | 3                          |        |
| <i>prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%</i>   | 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 |
| <b>ANTIALLERGICS</b>                                                  |                            |        |
| <i>azelastine hcl (ophth) SOLN .05%</i>                               | 1                          |        |
| <i>bepotastine besilate (generic of BEPREVE) SOLN 1.5%</i>            | 1                          |        |
| BEPREVE SOLN 1.5%                                                     | 3                          |        |
| <i>cromolyn sodium (ophth) SOLN 4%</i>                                | 1                          |        |
| <i>epinastine hcl (ophth) SOLN .05%</i>                               | 1                          |        |
| ZERVATE SOLN .24%                                                     | 3                          |        |
| <b>ANTIGLAUCOMA</b>                                                   |                            |        |
| ALPHAGAN P SOLN .1%, .15%                                             | 3                          |        |
| AZOPT SUSP 1%                                                         | 3                          | ST     |
| <i>betaxolol hcl (ophth) SOLN .5%</i>                                 | 1                          |        |
| BETIMOL SOLN .5%                                                      | 3                          |        |

| Drug Name                                                                             | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------|----------------------------|--------|
| <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 0.2-0.5%</i> (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                          |        |
| <i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> (generic of COSOPT)          | 1                          |        |
| <i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> (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                          |        |

| Drug Name                                                                      | Drug Requirements/<br>Tier | Limits       |
|--------------------------------------------------------------------------------|----------------------------|--------------|
| <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           |
| <b>MISCELLANEOUS</b>                                                           |                            |              |
| ATROPINE SULFATE SOLN 1%                                                       | 2                          |              |
| <i>atropine sulfate (ophthalmic)</i> SOLN 1%                                   | 1                          |              |
| BEOVU SOSY 6mg/0.05ml                                                          | 4                          | NDS NM PA    |
| BYOOVIZ SOLN .5mg/0.05ml                                                       | 4                          | NDS NM PA    |
| CEQUA SOLN .09%<br>QL (60 single use vials / 30 days)                          | 3                          | QL PA        |
| 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%<br>QL (112 mL / year)                                      | 4                          | NDS QL NM PA |
| PAVBLU SOSY 2mg/0.05ml                                                         | 4                          | NDS NM PA    |
| <i>proparacaine hcl</i> (generic of ALCANE) 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    |

| Drug Name                                                                               | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------------------------|----------------------------|-----------|
| TRYPTYR SOLN .003%<br>QL (60 single use vials /<br>30 days)                             | 3                          | QL PA     |
| TYRVAYA SOLN .03mg/act                                                                  | 3                          | PA        |
| VABYSMO SOLN<br>6mg/0.05ml; SOSY<br>6mg/0.05ml                                          | 4                          | NDS NM PA |
| VERKAZIA EMUL .1%<br>QL (120 single use vials<br>/ 30 days)                             | 4                          | NDS QL PA |
| VEVYE SOLN .1%                                                                          | 4                          | NDS PA    |
| XIIDRA SOLN 5%                                                                          | 2                          |           |
| <b>OTIC</b>                                                                             |                            |           |
| <b>OTIC AGENTS</b>                                                                      |                            |           |
| <i>acetic acid (otic)</i> SOLN 2%                                                       | 1                          |           |
| CIPRO HC SUS 0.2-1%OT                                                                   | 3                          |           |
| <i>ciprofloxacin hcl (otic)</i> (generic<br>of CETRAXAL) SOLN .2%                       | 1                          |           |
| <i>ciprofloxacin-dexamethasone</i><br><i>otic susp 0.3-0.1%</i>                         | 1                          |           |
| <i>ciprofloxacin-hydrocortisone</i><br><i>otic susp 0.2-1%</i> (generic of<br>CIPRO HC) | 1                          |           |
| CORTISPORIN SUS -TC<br>OTIC                                                             | 3                          |           |
| DERMOTIC OIL .01%                                                                       | 3                          |           |
| <i>flac</i> (generic of DERMOTIC)<br>OIL .01%                                           | 1                          |           |
| <i>fluocinolone acetonide (otic)</i><br>(generic of DERMOTIC) OIL<br>.01%               | 1                          |           |
| <i>hydrocortisone w/ acetic acid</i><br><i>otic soln 1-2%</i>                           | 1                          |           |
| <i>neomycin-polymyxin-hc otic</i><br><i>soln 1%</i>                                     | 1                          |           |
| <i>neomycin-polymyxin-hc otic</i><br><i>susp 3.5 mg/ml-10000 unit/ml-</i><br><i>1%</i>  | 1                          |           |
| <i>ofloxacin (otic)</i> SOLN .3%                                                        | 1                          |           |
| <b>RESPIRATORY</b>                                                                      |                            |           |
| <b>ANTICHOLINERGIC/BETA AGONIST<br/>COMBINATIONS</b>                                    |                            |           |
| ANORO ELLIPT AER 62.5-25<br>QL (60 blisters / 30<br>days)                               | 2                          | QL        |
| BEVESPI AER 9-4.8MCG<br>QL (1 inhaler / 30 days)                                        | 2                          | QL        |

| Drug Name                                                                                            | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------|----------------------------|--------|
| BREZTRI AERO AER<br>SPHERE<br>QL (1 inhaler / 30 days)                                               | 2                          | QL     |
| BREZTRI AERO AER<br>SPHERE (INSTITUTIONAL<br>PACK)<br>QL (4 inhalers / 28 days)                      | 2                          | QL     |
| COMBIVENT AER 20-100<br>QL (2 inhalers / 30 days)                                                    | 3                          | QL     |
| DUAKLIR AER 400/12<br>QL (1 inhaler / 30 days)                                                       | 3                          | QL     |
| <i>ipratropium-albuterol nebu</i><br><i>soln 0.5-2.5(3) mg/3ml</i>                                   | 1                          | B/D    |
| STIOLTO AER 2.5-2.5<br>QL (1 inhaler / 30 days)                                                      | 3                          | QL     |
| TRELEGY AER ELLIPTA<br>100-62.5-25 MCG<br>QL (60 blisters / 30<br>days)                              | 2                          | QL     |
| TRELEGY AER ELLIPTA<br>200-62.5-25 MCG<br>QL (60 blisters / 30<br>days)                              | 2                          | QL     |
| <b>ANTICHOLINERGICS</b>                                                                              |                            |        |
| ATROVENT HFA AERS<br>17mcg/act<br>QL (2 inhalers / 30 days)                                          | 3                          | QL     |
| INCRUSE ELLIPTA AEPB<br>62.5mcg/inh<br>QL (30 blisters / 30<br>days)                                 | 2                          | QL     |
| <i>ipratropium bromide</i> SOLN<br>.02%                                                              | 1                          | B/D    |
| <i>ipratropium bromide (nasal)</i><br>SOLN .03%, .06%                                                | 1                          |        |
| SPIRIVA HANDIHALER<br>CAPS 18mcg<br>QL (30 caps / 30 days)                                           | 3                          | QL     |
| SPIRIVA RESPIMAT AERS<br>1.25mcg/act, 2.5mcg/act<br>QL (1 inhaler / 30 days)                         | 3                          | QL     |
| <i>tiotropium bromide</i> (generic of<br>SPIRIVA HANDIHALER)<br>CAPS 18mcg<br>QL (30 caps / 30 days) | 1                          | QL     |
| TUDORZA PRESSAIR AEPB<br>400mcg/act<br>QL (1 inhaler / 30 days)                                      | 3                          | QL     |

| Drug Name                                                                                                        | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| TUDORZA PRESSAIR<br>(INSTITUTIONAL PACK)<br>AEPB 400mcg/act<br>QL (2 inhalers / 30 days)                         | 3                          | QL        |
| YUPELRI SOLN 175mcg/3ml                                                                                          | 4                          | NDS PA    |
| <b>ANTI-HISTAMINE COMBINATIONS</b>                                                                               |                            |           |
| azelastine hcl-fluticasone prop<br>nasal spray 137-50 mcg/act<br>(generic of DYMISTA)<br>QL (1 bottle / 30 days) | 1                          | QL        |
| CLARINEX-D TAB 2.5-120                                                                                           | 3                          |           |
| DYMISTA SPR 137-50<br>QL (1 bottle / 30 days)                                                                    | 3                          | QL        |
| promethazine &<br>phenylephrine syrup 6.25-5<br>mg/5ml<br>PA applies if 65 years and<br>older                    | 2                          | PA        |
| RYALTRIS SPR 665-25<br>QL (29 gm / 30 days)                                                                      | 3                          | QL        |
| <b>ANTI-HISTAMINES</b>                                                                                           |                            |           |
| azelastine hcl SOLN .1%                                                                                          | 1                          |           |
| carbinoxamine maleate<br>SOLN 4mg/5ml; SUER<br>4mg/5ml; TABS 6mg<br>PA applies if 65 years and<br>older          | 3                          | PA        |
| carbinoxamine maleate TABS 4mg<br>PA applies if 65 years and<br>older                                            | 2                          | PA        |
| carbzah SOLN 4mg/5ml<br>PA applies if 65 years and<br>older                                                      | 3                          | PA        |
| cetirizine hcl SOLN 5mg/5ml<br>QL (300 mL / 30 days)                                                             | 1                          | QL        |
| CLARINEX TABS 5mg<br>QL (30 tabs / 30 days)                                                                      | 3                          | QL        |
| clemastine fumarate SYRP<br>.67mg/5ml<br>QL (1800 mL / 30 days)                                                  | 4                          | NDS QL PA |
| clemastine fumarate TABS 2.68mg<br>PA applies if 65 years and<br>older                                           | 2                          | PA        |
| CLEMSZA TABS 2.68mg<br>PA applies if 65 years and<br>older                                                       | 4                          | NDS PA    |

| Drug Name                                                                                                                                     | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| cyproheptadine hcl SYRP<br>2mg/5ml; TABS 4mg<br>PA applies if 65 years and<br>older after a 30 day supply<br>in a calendar year               | 2                          | PA        |
| desloratadine (generic of<br>CLARINEX) TABS 5mg<br>QL (30 tabs / 30 days)                                                                     | 1                          | QL        |
| desloratadine TBDP 2.5mg,<br>5mg<br>QL (30 tabs / 30 days)                                                                                    | 1                          | QL        |
| diphenhydramine hcl SOLN 50mg/ml                                                                                                              | 1                          |           |
| hydroxyzine hcl SOLN 25mg/ml, 50mg/ml<br>PA applies if 65 years and<br>older                                                                  | 3                          | PA        |
| hydroxyzine hcl SYRP<br>10mg/5ml; TABS 10mg,<br>25mg, 50mg<br>PA applies if 65 years and<br>older after a 30 day supply<br>in a calendar year | 2                          | PA        |
| hydroxyzine pamoate CAPS 25mg, 50mg, 100mg<br>PA applies if 65 years and<br>older after a 30 day supply<br>in a calendar year                 | 2                          | PA        |
| KARBINAL ER SUER 4mg/5ml<br>PA applies if 65 years and<br>older                                                                               | 3                          | PA        |
| levocetirizine dihydrochloride<br>SOLN 2.5mg/5ml<br>QL (300 mL / 30 days)                                                                     | 1                          | QL        |
| levocetirizine dihydrochloride<br>TABS 5mg<br>QL (30 tabs / 30 days)                                                                          | 1                          | QL        |
| olopatadine hcl (nasal) SOLN .6%                                                                                                              | 1                          |           |
| QUZYTIR SOLN 10mg/ml<br>QL (30 mL / 30 days)                                                                                                  | 4                          | NDS QL PA |
| ryclora SOLN 2mg/5ml<br>PA applies if 65 years and<br>older                                                                                   | 1                          | PA        |
| ryvent TABS 6mg<br>PA applies if 65 years and<br>older                                                                                        | 3                          | PA        |

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

| Drug Name                                                                                               | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| VENTOLIN HFA<br>(INSTITUTIONAL PACK)<br>AERS 108mcg/act<br>QL (6 inhalers / 30 days)                    | 2                          | QL              |
| XOPENEX HFA AERO<br>45mcg/act<br>QL (2 inhalers / 30 days)                                              | 3                          | QL ST           |
| <b>LEUKOTRIENE MODULATORS</b>                                                                           |                            |                 |
| ACCOLATE TABS 10mg,<br>20mg                                                                             | 3                          |                 |
| <i>montelukast sodium</i> (generic<br>of SINGULAIR) CHEW 4mg,<br>5mg; PACK 4mg; TABS 10mg               | 1                          |                 |
| SINGULAIR CHEW 4mg,<br>5mg; PACK 4mg; TABS 10mg                                                         | 3                          |                 |
| <i>zafirlukast</i> (generic of<br>ACCOLATE) TABS 10mg,<br>20mg                                          | 1                          |                 |
| <i>zileuton</i> TB12 600mg<br>QL (120 tabs / 30 days)                                                   | 4                          | NDS QL ST       |
| ZYFLO TABS 600mg<br>QL (120 tabs / 30 days)                                                             | 4                          | NDS QL ST       |
| <b>MISCELLANEOUS</b>                                                                                    |                            |                 |
| <i>acetylcysteine</i> SOLN 10%,<br>20%                                                                  | 1                          | B/D             |
| ALYFTREK TAB 4-20-50<br>QL (84 tabs / 28 days)                                                          | 4                          | NDS QL NM<br>PA |
| ALYFTREK TAB 10-50-125<br>QL (56 tabs / 28 days)                                                        | 4                          | NDS QL NM<br>PA |
| ARALAST NP SOLR 500mg,<br>1000mg                                                                        | 4                          | NDS NM PA       |
| BRINSUPRI TABS 10mg,<br>25mg<br>QL (30 tabs / 30 days)                                                  | 4                          | NDS QL NM<br>PA |
| CINQAIR SOLN 100mg/10ml<br><i>cromolyn sodium</i> NEBU<br>20mg/2ml                                      | 4                          | NDS NM PA       |
| DALIRESP TABS 250mcg<br>QL (56 tabs / year)                                                             | 3                          | QL              |
| DALIRESP TABS 500mcg<br>QL (30 tabs / 30 days)                                                          | 3                          | QL              |
| <i>elixophyllin</i> ELIX 80mg/15ml                                                                      | 4                          | NDS             |
| <i>epinephrine</i> (anaphylaxis)<br>(generic of EPIPEN 2-PAK)<br>SOAJ .3mg/0.3ml<br>(generic of EpiPen) | 1                          |                 |

| Drug Name                                                                                                | Drug Requirements/<br>Tier | Limits          |
|----------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>epinephrine (anaphylaxis)</i><br>(generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml<br>(generic of EpiPen) | 1                          |                 |
| <i>epinephrine (anaphylaxis)</i><br>SOAJ .15mg/0.15ml,<br>.3mg/0.3ml<br>(generic of Adrenaclick)         | 1                          |                 |
| EPIPEN 2-PAK SOAJ<br>.3mg/0.3ml                                                                          | 3                          |                 |
| EPIPEN-JR 2-PAK SOAJ<br>.15mg/0.3ml                                                                      | 3                          |                 |
| ESBRIET TABS 267mg<br>QL (270 tabs / 30 days)                                                            | 4                          | NDS QL NM<br>PA |
| ESBRIET TABS 801mg<br>QL (90 tabs / 30 days)                                                             | 4                          | NDS QL NM<br>PA |
| FASENRA SOSY<br>10mg/0.5ml, 30mg/ml<br>QL (1 syringe / 28 days)                                          | 4                          | NDS QL NM<br>PA |
| FASENRA PEN SOAJ<br>30mg/ml<br>QL (1 pen / 28 days)                                                      | 4                          | NDS QL NM<br>PA |
| GLASSIA SOLN 4gm/200ml,<br>5gm/250ml, 1000mg/50ml                                                        | 4                          | NDS NM PA       |
| KALYDECO PACK 5.8mg,<br>13.4mg, 25mg, 50mg, 75mg<br>QL (56 packets / 28<br>days)                         | 4                          | NDS QL NM<br>PA |
| KALYDECO TABS 150mg<br>QL (60 tabs / 30 days)                                                            | 4                          | NDS QL NM<br>PA |
| NUCALA SOAJ 100mg/ml<br>QL (3 pens / 28 days)                                                            | 4                          | NDS QL NM<br>PA |
| NUCALA SOLR 100mg<br>QL (3 vials / 28 days)                                                              | 4                          | NDS QL NM<br>PA |
| NUCALA SOSY 40mg/0.4ml<br>QL (1 syringe / 28 days)                                                       | 4                          | NDS QL NM<br>PA |
| NUCALA SOSY 100mg/ml<br>QL (3 syringes / 28<br>days)                                                     | 4                          | NDS QL NM<br>PA |
| OFEV CAPS 100mg, 150mg<br>QL (60 caps / 30 days)                                                         | 4                          | NDS QL NM<br>PA |
| OHTUVAYRE SUSP<br>3mg/2.5ml                                                                              | 4                          | NDS NM PA       |
| ORKAMBI GRA 75-94MG<br>QL (56 packets / 28<br>days)                                                      | 4                          | NDS QL NM<br>PA |

| Drug Name                                                                                                          | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| ORKAMBI GRA 100-125<br>QL (56 packets / 28<br>days)                                                                | 4                          | NDS QL NM<br>PA |
| ORKAMBI GRA 150-188<br>QL (56 packets / 28<br>days)                                                                | 4                          | NDS QL NM<br>PA |
| ORKAMBI TAB 100-125<br>QL (112 tabs / 28 days)                                                                     | 4                          | NDS QL NM<br>PA |
| ORKAMBI TAB 200-125<br>QL (112 tabs / 28 days)                                                                     | 4                          | NDS QL NM<br>PA |
| <i>pirfenidone</i> CAPS 267mg<br>QL (270 caps / 30 days)                                                           | 4                          | NDS QL NM<br>PA |
| <i>pirfenidone</i> (generic of<br>ESBRIET) TABS 267mg<br>QL (270 tabs / 30 days)                                   | 4                          | NDS QL NM<br>PA |
| <i>pirfenidone</i> TABS 534mg<br>QL (90 tabs / 30 days)                                                            | 4                          | NDS QL NM<br>PA |
| <i>pirfenidone</i> (generic of<br>ESBRIET) TABS 801mg<br>QL (90 tabs / 30 days)                                    | 4                          | NDS QL NM<br>PA |
| PROLASTIN-C SOLN<br>1000mg/20ml                                                                                    | 4                          | NDS NM PA       |
| PULMOZYME SOLN<br>2.5mg/2.5ml                                                                                      | 4                          | NDS NM PA       |
| <i>roflumilast</i> (generic of<br>DALIRESP) TABS 250mcg<br>QL (56 tabs / year)                                     | 1                          | QL              |
| <i>roflumilast</i> (generic of<br>DALIRESP) TABS 500mcg<br>QL (30 tabs / 30 days)                                  | 1                          | QL              |
| SYMDEKO TAB 50-75MG<br>QL (56 tabs / 28 days)                                                                      | 4                          | NDS QL NM<br>PA |
| SYMDEKO TAB 100-150<br>QL (56 tabs / 28 days)                                                                      | 4                          | NDS QL NM<br>PA |
| TEZSPIRE SOAJ<br>210mg/1.91ml<br>QL (1 pen / 28 days)                                                              | 4                          | NDS QL NM<br>PA |
| TEZSPIRE SOSY<br>210mg/1.91ml<br>QL (1 syringe / 28 days)                                                          | 4                          | NDS QL NM<br>PA |
| THEO-24 CP24 100mg,<br>200mg, 300mg, 400mg                                                                         | 3                          |                 |
| <i>theophylline</i> ELIX<br>80mg/15ml; SOLN<br>80mg/15ml; TB12 100mg,<br>200mg, 300mg, 450mg; TB24<br>400mg, 600mg | 1                          |                 |



| Drug Name                                                                          | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------|----------------------------|-----------------|
| TRIKAFTA PAK 59.5MG<br>QL (56 packs / 28 days)                                     | 4                          | NDS QL NM<br>PA |
| TRIKAFTA PAK 75MG<br>QL (56 packs / 28 days)                                       | 4                          | NDS QL NM<br>PA |
| TRIKAFTA TAB 50-25-<br>37.5MG & 75MG<br>QL (84 tabs / 28 days)                     | 4                          | NDS QL NM<br>PA |
| TRIKAFTA TAB 100-50-75MG<br>& 150MG<br>QL (84 tabs / 28 days)                      | 4                          | NDS QL NM<br>PA |
| XOLAIR SOAJ 75mg/0.5ml,<br>300mg/2ml<br>QL (4 pens / 28 days)                      | 4                          | NDS QL NM<br>PA |
| XOLAIR SOAJ 150mg/ml<br>QL (8 pens / 28 days)                                      | 4                          | NDS QL NM<br>PA |
| XOLAIR SOLR 150mg<br>QL (8 vials / 28 days)                                        | 4                          | NDS QL NM<br>PA |
| XOLAIR SOSY 75mg/0.5ml,<br>300mg/2ml<br>QL (4 syringes / 28<br>days)               | 4                          | NDS QL NM<br>PA |
| XOLAIR SOSY 150mg/ml<br>QL (8 syringes / 28<br>days)                               | 4                          | NDS QL NM<br>PA |
| ZEMAIRA SOLR 1000mg,<br>4000mg, 5000mg                                             | 4                          | NDS NM PA       |
| <b>NASAL STEROIDS</b>                                                              |                            |                 |
| <i>flunisolide (nasal)</i> SOLN<br>.025%<br>QL (3 bottles / 30 days)               | 1                          | QL              |
| <i>fluticasone propionate (nasal)</i><br>SUSP 50mcg/act<br>QL (1 bottle / 30 days) | 1                          | QL              |
| <i>mometasone furoate (nasal)</i><br>SUSP 50mcg/act<br>QL (2 bottles / 30 days)    | 1                          | QL              |
| OMNARIS SUSP 50mcg/act<br>QL (1 inhaler / 30 days)                                 | 3                          | QL ST           |
| QNASL AERS 80mcg/act<br>QL (1 inhaler / 30 days)                                   | 3                          | QL ST           |
| QNASL CHILDRENS AERS<br>40mcg/act<br>QL (1 inhaler / 30 days)                      | 3                          | QL ST           |
| XHANCE EXHU 93mcg/act<br>QL (32 mL / 30 days)                                      | 3                          | QL PA           |
| <b>STERIOD INHALANTS</b>                                                           |                            |                 |
| ALVESCO AERS 80mcg/act<br>QL (3 inhalers / 30 days)                                | 3                          | QL              |

| Drug Name                                                                                                         | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| ALVESCO AERS 160mcg/act<br>QL (2 inhalers / 30 days)                                                              | 3                          | QL     |
| ARNUITY ELLIPTA AEPB<br>50mcg/act, 100mcg/act,<br>200mcg/act<br>QL (30 inhalations / 30<br>days)                  | 2                          | QL     |
| ASMANEX HFA AERO<br>50mcg/act, 100mcg/act,<br>200mcg/act<br>QL (1 inhaler / 30 days)                              | 3                          | QL     |
| ASMANEX TWISTHALER 14<br>MET AEPB 220mcg/inh<br>QL (8 inhalers / 28 days)                                         | 3                          | QL     |
| ASMANEX TWISTHALER 30<br>MET AEPB 110mcg/inh<br>QL (2 inhalers / 30 days)                                         | 3                          | QL     |
| ASMANEX TWISTHALER 30<br>MET AEPB 220mcg/inh<br>QL (4 inhalers / 30 days)                                         | 3                          | QL     |
| ASMANEX TWISTHALER 60<br>MET AEPB 220mcg/inh<br>QL (2 inhalers / 30 days)                                         | 3                          | QL     |
| ASMANEX TWISTHALER<br>120 ME AEPB 220mcg/inh<br>QL (1 inhaler / 30 days)                                          | 3                          | QL     |
| <i>budesonide (inhalation)</i><br>(generic of PULMICORT)<br>SUSP .25mg/2ml, .5mg/2ml,<br>1mg/2ml                  | 1                          | B/D    |
| <i>fluticasone propionate</i><br>(inhalation) AEPB 50mcg/act<br>QL (180 inhalations / 30<br>days)                 | 2                          | QL     |
| <i>fluticasone propionate</i><br>(inhalation) AEPB<br>100mcg/act, 250mcg/act<br>QL (240 inhalations / 30<br>days) | 2                          | QL     |
| <i>fluticasone propionate hfa</i><br>AERO 44mcg/act,<br>110mcg/act, 220mcg/act<br>QL (2 inhalers / 30 days)       | 2                          | QL     |
| PULMICORT SUSP<br>.25mg/2ml, .5mg/2ml,<br>1mg/2ml                                                                 | 3                          | B/D    |
| PULMICORT FLEXHALER<br>AEPB 90mcg/act<br>QL (3 inhalers / 30 days)                                                | 3                          | QL     |

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

| Drug Name                                                                                                                           | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| PULMICORT FLEXHALER<br>AEPB 180mcg/act<br>QL (2 inhalers / 30 days)                                                                 | 3                          | QL     |
| QVAR REDIHALER AERB<br>40mcg/act, 80mcg/act<br>QL (2 inhalers / 30 days)                                                            | 3                          | QL     |
| <b>STEROID/BETA-AGONIST<br/>COMBINATIONS</b>                                                                                        |                            |        |
| ADVAIR DISKU AER 100/50<br>QL (60 inhalations / 30<br>days)                                                                         | 3                          | QL PA  |
| ADVAIR DISKU AER 250/50<br>QL (60 inhalations / 30<br>days)                                                                         | 3                          | QL PA  |
| ADVAIR DISKU AER 500/50<br>QL (60 inhalations / 30<br>days)                                                                         | 3                          | QL PA  |
| ADVAIR HFA AER 45/21<br>QL (1 inhaler / 30 days)                                                                                    | 2                          | QL     |
| ADVAIR HFA AER 115/21<br>QL (1 inhaler / 30 days)                                                                                   | 2                          | QL     |
| ADVAIR HFA AER 230/21<br>QL (1 inhaler / 30 days)                                                                                   | 2                          | QL     |
| AIRSUPRA AER 90-80MCG<br>QL (3 inhalers / 30 days)                                                                                  | 2                          | QL     |
| BREO ELLIPTA INH 50-<br>25MCG<br>QL (60 blisters / 30<br>days)                                                                      | 2                          | QL     |
| BREO ELLIPTA INH 100-25<br>QL (60 blisters / 30<br>days)                                                                            | 2                          | QL     |
| BREO ELLIPTA INH 200-25<br>QL (60 blisters / 30<br>days)                                                                            | 2                          | QL     |
| <i>breyana</i> (generic of<br>SYMBICORT)<br>QL (3 inhalers / 30 days)                                                               | 1                          | QL     |
| <i>budesonide-formoterol<br/>fumarate dihyd aerosol 80-4.5<br/>mcg/act</i> (generic of<br>SYMBICORT)<br>QL (3 inhalers / 30 days)   | 1                          | QL     |
| <i>budesonide-formoterol<br/>fumarate dihyd aerosol 160-<br/>4.5 mcg/act</i> (generic of<br>SYMBICORT)<br>QL (3 inhalers / 30 days) | 1                          | QL     |

| Drug Name                                                                                                                                                           | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| DULERA AER 50-5MCG<br>QL (3 inhalers / 30 days)                                                                                                                     | 3                          | QL     |
| DULERA AER 100-5MCG<br>QL (3 inhalers / 30 days)                                                                                                                    | 3                          | QL     |
| DULERA AER 200-5MCG<br>QL (3 inhalers / 30 days)                                                                                                                    | 3                          | QL     |
| <i>fluticasone-salmeterol aer<br/>powder ba 100-50 mcg/act</i><br>(generic of ADVAIR DISKUS)<br>QL (60 inhalations / 30<br>days)<br>(generic PRASCO not<br>covered) | 1                          | QL     |
| <i>fluticasone-salmeterol aer<br/>powder ba 250-50 mcg/act</i><br>(generic of ADVAIR DISKUS)<br>QL (60 inhalations / 30<br>days)<br>(generic PRASCO not<br>covered) | 1                          | QL     |
| <i>fluticasone-salmeterol aer<br/>powder ba 500-50 mcg/act</i><br>(generic of ADVAIR DISKUS)<br>QL (60 inhalations / 30<br>days)<br>(generic PRASCO not<br>covered) | 1                          | QL     |
| SYMBICORT AER 80-4.5<br>QL (3 inhalers / 30 days)                                                                                                                   | 3                          | QL PA  |
| SYMBICORT AER 160-4.5<br>QL (3 inhalers / 30 days)                                                                                                                  | 3                          | QL PA  |
| <i>wixela inhub</i> (generic of<br>ADVAIR DISKUS)<br>QL (60 inhalations / 30<br>days)                                                                               | 1                          | QL     |
| <b>TOPICAL<br/>DERMATOLOGY, ACNE</b>                                                                                                                                |                            |        |
| ABSORICA CAPS 10mg,<br>20mg, 25mg, 30mg, 35mg,<br>40mg                                                                                                              | 4                          | NDS PA |
| ABSORICA LD CAPS 8mg,<br>16mg, 24mg, 32mg                                                                                                                           | 4                          | NDS PA |
| ACANYA GEL 1.2-2.5%<br>QL (50 gm / 30 days)                                                                                                                         | 3                          | QL     |
| <i>accutane</i> CAPS 10mg, 20mg,<br>30mg, 40mg                                                                                                                      | 1                          | PA     |
| ACZONE GEL 7.5%<br>QL (90 gm / 30 days)                                                                                                                             | 3                          | QL     |

| Drug Name                                                                                        | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>adapalene</i> (generic of DIFFERIN) CREA .1%; GEL .3%<br>QL (45 gm / 30 days)                 | 1                          | QL PA     |
| <i>adapalene</i> PADS .1%<br>QL (28 swabs / 28 days)                                             | 4                          | NDS QL PA |
| ADAPALENE SOLN .1%<br>QL (120 mL / 30 days)                                                      | 3                          | QL PA     |
| <i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> (generic of EPIDUO)<br>QL (45 gm / 30 days)       | 1                          | QL PA     |
| <i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> (generic of EPIDUO FORTE)<br>QL (60 gm / 30 days) | 1                          | QL PA     |
| AKLIEF CREA .005%<br>QL (45 gm / 30 days)                                                        | 3                          | QL PA     |
| ALTRENO LOTN .05%<br>QL (45 gm / 30 days)                                                        | 3                          | QL PA     |
| <i>amnesteam</i> CAPS 10mg, 20mg, 30mg, 40mg                                                     | 1                          | PA        |
| AMZEEQ FOAM 4%<br>QL (30 gm / 30 days)                                                           | 3                          | QL PA     |
| ARAZLO LOTN .045%<br>QL (45 gm / 30 days)                                                        | 3                          | QL PA     |
| ATRALIN GEL .05%<br>QL (45 gm / 30 days)                                                         | 3                          | QL PA     |
| AZELEX CREA 20%<br>QL (50 gm / 30 days)                                                          | 3                          | QL PA     |
| BENZAMYCIN GEL 5-3%<br>QL (46.6 gm / 30 days)                                                    | 3                          | QL        |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN)<br>QL (46.6 gm / 30 days)  | 1                          | QL        |
| CABTREO GEL<br>QL (50 gm / 30 days)                                                              | 4                          | NDS QL PA |
| <i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg                                                      | 1                          | PA        |
| CLEOCIN-T LOTN 1%<br>QL (60 mL / 30 days)                                                        | 3                          | QL        |
| <i>clindacin</i> FOAM 1%<br>QL (100 gm / 30 days)                                                | 1                          | QL        |
| <i>clindacin etz pledgets</i> SWAB 1%<br>QL (69 pledgets / 30 days)                              | 1                          | QL        |

| Drug Name                                                                                                | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>clindacin-p</i> SWAB 1%<br>QL (69 pledgets / 30 days)                                                 | 1                          | QL        |
| CLINDAGEL GEL 1%<br>QL (75 mL / 30 days)                                                                 | 4                          | NDS QL PA |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i><br>QL (45 gm / 30 days)               | 1                          | QL        |
| <i>clindamycin phosphate (topical)</i> FOAM 1%<br>QL (100 gm / 30 days)                                  | 1                          | QL        |
| <i>clindamycin phosphate (topical)</i> (generic of CLINDAGEL) GEL 1%<br>QL (75 mL / 30 days)             | 1                          | QL PA     |
| <i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1%<br>QL (60 mL / 30 days)            | 1                          | QL        |
| <i>clindamycin phosphate (topical)</i> SOLN 1%<br>QL (60 mL / 30 days)                                   | 1                          | QL        |
| <i>clindamycin phosphate (topical)</i> SWAB 1%<br>QL (69 pledgets / 30 days)                             | 1                          | QL        |
| <i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i><br>QL (50 gm / 30 days)                           | 1                          | QL        |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA)<br>QL (50 gm / 30 days)   | 1                          | QL        |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i> (generic of ONEXTON)<br>QL (50 gm / 30 days) | 1                          | QL        |
| <i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i><br>QL (60 gm / 30 days)                            | 1                          | QL PA     |
| <i>dapsone (topical)</i> GEL 5%<br>QL (90 gm / 30 days)                                                  | 1                          | QL        |
| <i>dapsone (topical)</i> (generic of ACZONE) GEL 7.5%<br>QL (90 gm / 30 days)                            | 1                          | QL        |
| DIFFERIN CREA .1%<br>QL (45 gm / 30 days)                                                                | 3                          | QL PA     |

| Drug Name                                                                                           | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------|----------------------------|--------|
| DIFFERIN PUMP GEL .3%<br>QL (45 gm / 30 days)                                                       | 3                          | QL PA  |
| EPIDUO FORTE GEL 0.3-<br>2.5%<br>QL (60 gm / 30 days)                                               | 3                          | QL PA  |
| EPIDUO GEL 0.1-2.5%<br>QL (45 gm / 30 days)                                                         | 3                          | QL PA  |
| ery PADS 2%<br>QL (60 pledgets / 30<br>days)                                                        | 1                          | QL     |
| erythromycin (acne aid) GEL<br>2%<br>QL (60 gm / 30 days)                                           | 1                          | QL     |
| erythromycin (acne aid)<br>SOLN 2%<br>QL (60 mL / 30 days)                                          | 1                          | QL     |
| FABIOR FOAM .1%<br>QL (100 gm / 30 days)                                                            | 3                          | QL PA  |
| isotretinoin CAPS 10mg,<br>20mg, 30mg, 40mg                                                         | 1                          | PA     |
| isotretinoin (generic of<br>ABSORICA) CAPS 25mg,<br>35mg                                            | 1                          | PA     |
| KLARON LOTN 10%<br>QL (118 mL / 30 days)                                                            | 3                          | QL     |
| neuac gel 1.2-5%<br>QL (45 gm / 30 days)                                                            | 1                          | QL     |
| ONEXTON GEL 1.2-3.75<br>QL (50 gm / 30 days)                                                        | 3                          | QL     |
| RETIN-A CREA .025%,<br>.05%, .1%; GEL .01%, .025%<br>QL (45 gm / 30 days)                           | 3                          | QL PA  |
| RETIN-A MICRO GEL .04%,<br>.06%, .1%<br>QL (50 gm / 30 days)                                        | 3                          | QL PA  |
| RETIN-A MICRO PUMP GEL<br>.08%<br>QL (50 gm / 30 days)                                              | 3                          | QL PA  |
| sulfacetamide sodium (acne)<br>(generic of KLARON) LOTN<br>10%<br>QL (118 mL / 30 days)             | 1                          | QL     |
| TAZAROTENE FOAM .1%<br>QL (100 gm / 30 days)                                                        | 3                          | QL PA  |
| tretinoin (generic of RETIN-A)<br>CREA .025%, .05%, .1%;<br>GEL .01%, .025%<br>QL (45 gm / 30 days) | 1                          | QL PA  |

| Drug Name                                                                                    | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------|----------------------------|--------|
| tretinoin (generic of ATRALIN)<br>GEL .05%<br>QL (45 gm / 30 days)                           | 1                          | QL PA  |
| tretinoin microsphere GEL<br>.04%, .1%<br>QL (50 gm / 30 days)                               | 1                          | QL PA  |
| tretinoin microsphere (generic<br>of RETIN-A MICRO PUMP)<br>GEL .08%<br>QL (50 gm / 30 days) | 1                          | QL PA  |
| twice-daily clindamycin<br>phosphate (topical) GEL 1%<br>QL (60 gm / 30 days)                | 1                          | QL     |
| TWYNEO CRE 0.1-3%<br>QL (30 gm / 30 days)                                                    | 3                          | QL PA  |
| WINLEVI CREA 1%<br>QL (60 gm / 30 days)                                                      | 3                          | QL PA  |
| zenatane CAPS 10mg, 20mg, 30mg,<br>40mg                                                      | 1                          | PA     |
| ZIANA GEL<br>QL (60 gm / 30 days)                                                            | 3                          | QL PA  |
| <b>DERMATOLOGY, ANTIBIOTICS</b>                                                              |                            |        |
| gentamicin sulfate (topical)<br>CREA .1%; OINT .1%<br>QL (30 gm / 30 days)                   | 1                          | QL     |
| mupirocin OINT 2%<br>QL (220 gm / 30 days)                                                   | 1                          | QL     |
| mupirocin calcium (topical)<br>CREA 2%<br>QL (30 gm / 30 days)                               | 1                          | QL PA  |
| SILVADENE CREA 1%                                                                            | 3                          |        |
| silver sulfadiazine (generic of<br>SILVADENE) CREA 1%                                        | 1                          |        |
| ssd (generic of SILVADENE)<br>CREA 1%                                                        | 1                          |        |
| SULFAMYLON CREA<br>85mg/gm<br>QL (453.6 gm / 30 days)                                        | 3                          | QL     |
| <b>DERMATOLOGY, ANTIFUNGALS</b>                                                              |                            |        |
| ciclopirox GEL .77%<br>QL (100 gm / 30 days)                                                 | 1                          | QL     |
| ciclopirox SHAM 1%<br>QL (120 mL / 30 days)                                                  | 1                          | QL     |
| ciclopirox olamine CREA<br>.77%<br>QL (90 gm / 30 days)                                      | 1                          | QL     |

| Drug Name                                                                                 | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>ciclopirox olamine</i> SUSP .77%<br>QL (60 mL / 30 days)                               | 1                          | QL        |
| <i>clotrimazole (topical)</i> CREA 1%<br>QL (45 gm / 30 days)                             | 1                          | QL        |
| <i>clotrimazole (topical)</i> SOLN 1%<br>QL (60 mL / 30 days)                             | 1                          | QL        |
| <i>clotrimazole w/ betamethasone cream</i> 1-0.05%<br>QL (45 gm / 30 days)                | 1                          | QL        |
| <i>econazole nitrate</i> CREA 1%<br>QL (85 gm / 30 days)                                  | 1                          | QL        |
| ECONAZOLE NITRATE FOAM 1%<br>QL (70 gm / 28 days)                                         | 3                          | QL ST     |
| ERTACZO CREA 2%<br>QL (60 gm / 30 days)                                                   | 4                          | NDS QL ST |
| EXELDERM CREA 1%<br>QL (60 gm / 30 days)                                                  | 3                          | QL PA     |
| EXELDERM SOLN 1%<br>QL (30 mL / 30 days)                                                  | 3                          | QL PA     |
| JUBLIA SOLN 10%<br>QL (8 mL / 30 days)                                                    | 4                          | NDS QL    |
| <i>ketoconazole (topical)</i> CREA 2%<br>QL (60 gm / 30 days)                             | 1                          | QL        |
| <i>ketoconazole (topical)</i> FOAM 2%<br>QL (100 gm / 30 days)                            | 1                          | QL PA     |
| <i>ketoconazole (topical)</i> SHAM 2%<br>QL (120 mL / 30 days)                            | 1                          | QL        |
| <i>ketodan</i> FOAM 2%<br>QL (100 gm / 30 days)                                           | 1                          | QL PA     |
| <i>klayesta</i> POWD 100000unit/gm<br>QL (60 gm / 30 days)                                | 1                          | QL        |
| <i>luliconazole</i> CREA 1%<br>QL (60 gm / 30 days)                                       | 1                          | QL ST     |
| LUZU CREA 1%<br>QL (60 gm / 30 days)                                                      | 3                          | QL ST     |
| <i>miconazole-zinc oxide-white petrolatum oint</i> 0.25-15-81.35%<br>QL (50 gm / 30 days) | 1                          | QL PA     |

| Drug Name                                                                                  | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>naftifine hcl</i> CREA 1%<br>QL (90 gm / 30 days)                                       | 1                          | QL        |
| <i>naftifine hcl</i> CREA 2%<br>QL (60 gm / 30 days)                                       | 1                          | QL        |
| <i>naftifine hcl</i> (generic of NAFTIN) GEL 2%<br>QL (60 gm / 30 days)                    | 1                          | QL        |
| NAFTIN GEL 2%<br>QL (60 gm / 30 days)                                                      | 3                          | QL        |
| <i>nyamyc</i> POWD 100000unit/gm<br>QL (60 gm / 30 days)                                   | 1                          | QL        |
| <i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm<br>QL (30 gm / 30 days)   | 1                          | QL        |
| <i>nystatin (topical)</i> POWD 100000unit/gm<br>QL (60 gm / 30 days)                       | 1                          | QL        |
| <i>nystop</i> POWD 100000unit/gm<br>QL (60 gm / 30 days)                                   | 1                          | QL        |
| <i>oxiconazole nitrate</i> CREA 1%<br>QL (90 gm / 30 days)                                 | 1                          | QL PA     |
| OXISTAT LOTN 1%<br>QL (60 mL / 30 days)                                                    | 3                          | QL PA     |
| <i>selenium sulfide</i> LOTN 2.5%<br>VUSION OIN<br>QL (50 gm / 30 days)                    | 1                          | QL PA     |
| ZORYVE FOAM .3%<br>QL (60 gm / 30 days)                                                    | 3                          | QL PA     |
| <b>DERMATOLOGY, ANTIPSORIATICS</b>                                                         |                            |           |
| <i>acitretin</i> CAPS 10mg, 17.5mg, 25mg                                                   | 1                          | PA        |
| <i>calcipotriene</i> CREA .005%; OINT .005%<br>QL (120 gm / 30 days)                       | 1                          | QL PA     |
| CALCIPOTRIENE FOAM .005%<br>QL (120 gm / 30 days)                                          | 4                          | NDS QL PA |
| <i>calcipotriene</i> SOLN .005%<br>QL (120 mL / 30 days)                                   | 1                          | QL PA     |
| <i>calcipotriene-betamethasone dipropionate oint</i> 0.005-0.064%<br>QL (400 gm / 28 days) | 1                          | QL PA     |

| Drug Name                                                                                                        | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>calcipotriene-betamethasone dipropionate susp 0.005-0.064% (generic of TACLONEX)</i><br>QL (420 gm / 28 days) | 1                          | QL PA     |
| <i>calcitrene OINT .005%</i><br>QL (120 gm / 30 days)                                                            | 1                          | QL PA     |
| <i>calcitriol (topical) OINT 3mcg/gm</i><br>QL (800 gm / 28 days)                                                | 1                          | QL PA     |
| ENSTILAR AER<br>QL (120 gm / 30 days)                                                                            | 4                          | NDS QL PA |
| <i>methoxsalen rapid CAPS 10mg</i>                                                                               | 4                          | NDS       |
| SORILUX FOAM .005%<br>QL (120 gm / 30 days)                                                                      | 4                          | NDS QL PA |
| TACLONEX SUS<br>QL (420 gm / 28 days)                                                                            | 4                          | NDS QL PA |
| <i>tazarotene (generic of TAZORAC) CREA .05%, .1%</i><br>QL (60 gm / 30 days)                                    | 1                          | QL PA     |
| <i>tazarotene (generic of TAZORAC) GEL .05%, .1%</i><br>QL (100 gm / 30 days)                                    | 1                          | QL PA     |
| TAZORAC CREA .05%, .1%<br>QL (60 gm / 30 days)                                                                   | 3                          | QL PA     |
| TAZORAC GEL .05%, .1%<br>QL (100 gm / 30 days)                                                                   | 3                          | QL PA     |
| VECTICAL OINT 3mcg/gm<br>QL (800 gm / 28 days)                                                                   | 4                          | NDS QL PA |
| VTAMA CREA 1%<br>QL (60 gm / 30 days)                                                                            | 4                          | NDS QL PA |
| ZORYVE CREA .3%<br>QL (60 gm / 30 days)                                                                          | 3                          | QL PA     |
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>                                                                              |                            |           |
| <i>ala-cort CREA 1%</i>                                                                                          | 1                          |           |
| <i>ala-scalp LOTN 2%</i><br>QL (60 mL / 30 days)                                                                 | 4                          | NDS QL    |
| <i>alclometasone dipropionate CREA .05%; OINT .05%</i><br>QL (60 gm / 30 days)                                   | 1                          | QL        |
| <i>amcinonide CREA .1%; OINT .1%</i><br>QL (60 gm / 30 days)                                                     | 4                          | NDS QL PA |
| <i>betamethasone dipropionate (topical) CREA .05%; OINT .05%</i><br>QL (120 gm / 30 days)                        | 1                          | QL        |

| Drug Name                                                                                             | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>betamethasone dipropionate (topical) LOTN .05%</i><br>QL (120 mL / 30 days)                        | 1                          | QL     |
| <i>betamethasone dipropionate augmented CREA .05%; GEL .05%</i><br>QL (120 gm / 30 days)              | 1                          | QL     |
| <i>betamethasone dipropionate augmented LOTN .05%</i><br>QL (120 mL / 30 days)                        | 1                          | QL     |
| <i>betamethasone dipropionate augmented (generic of DIPROLENE) OINT .05%</i><br>QL (120 gm / 30 days) | 1                          | QL     |
| <i>betamethasone valerate CREA .1%; FOAM .12%; OINT .1%</i><br>QL (120 gm / 30 days)                  | 1                          | QL     |
| <i>betamethasone valerate LOTN .1%</i><br>QL (120 mL / 30 days)                                       | 1                          | QL     |
| BRYHALI LOTN .01%<br>QL (100 gm / 30 days)                                                            | 3                          | QL PA  |
| <i>clobetasol propionate CREA .05%; GEL .05%; OINT .05%</i><br>QL (120 gm / 30 days)                  | 1                          | QL     |
| <i>clobetasol propionate FOAM .05%</i><br>QL (100 gm / 30 days)                                       | 1                          | QL     |
| <i>clobetasol propionate (generic of CLOBEX) LIQD .05%</i><br>QL (125 mL / 30 days)                   | 1                          | QL     |
| <i>clobetasol propionate (generic of CLOBEX) LOTN .05%</i><br>QL (118 mL / 30 days)                   | 1                          | QL     |
| <i>clobetasol propionate (generic of CLOBEX) SHAM .05%</i><br>QL (236 mL / 30 days)                   | 1                          | QL     |
| <i>clobetasol propionate SOLN .05%</i><br>QL (100 mL / 30 days)                                       | 1                          | QL     |
| <i>clobetasol propionate e CREA .05%</i><br>QL (120 gm / 30 days)                                     | 1                          | QL     |
| <i>clobetasol propionate emulsion FOAM .05%</i><br>QL (100 gm / 30 days)                              | 1                          | QL     |
| CLOBEX LIQD .05%<br>QL (125 mL / 30 days)                                                             | 3                          | QL     |

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

| Drug Name                                                                      | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------|----------------------------|--------|
| CLOBEX LOTN .05%<br>QL (118 mL / 30 days)                                      | 3                          | QL     |
| CLOBEX SHAM .05%<br>QL (236 mL / 30 days)                                      | 3                          | QL     |
| <i>clocortolone pivalate</i> CREA .1%<br>QL (90 gm / 30 days)                  | 1                          | QL PA  |
| <i>clodan</i> (generic of CLOBEX) SHAM .05%<br>QL (236 mL / 30 days)           | 1                          | QL     |
| CORDRAN TAPE<br>4mcg/sqcm<br>QL (1 roll / 30 days)                             | 3                          | QL PA  |
| DERMA-SMOOTH/FS<br>BODY OIL .01%<br>QL (118.28 mL / 30 days)                   | 3                          | QL     |
| DERMA-SMOOTH/FS<br>SCALP OIL .01%<br>QL (118.28 mL / 30 days)                  | 3                          | QL     |
| <i>desonide</i> CREA .05%; OINT .05%<br>QL (60 gm / 30 days)                   | 1                          | QL     |
| <i>desonide</i> GEL .05%<br>QL (60 gm / 30 days)                               | 1                          | QL PA  |
| <i>desonide</i> LOTN .05%<br>QL (118 mL / 30 days)                             | 1                          | QL     |
| <i>desoximetasone</i> CREA .05%<br>QL (100 gm / 30 days)                       | 1                          | QL PA  |
| <i>desoximetasone</i> CREA .25%<br>QL (100 gm / 30 days)                       | 1                          | QL     |
| <i>desoximetasone</i> GEL .05%<br>QL (60 gm / 30 days)                         | 1                          | QL PA  |
| <i>desoximetasone</i> (generic of TOPICORT) LIQD .25%<br>QL (100 mL / 30 days) | 1                          | QL     |
| <i>desoximetasone</i> (generic of TOPICORT) OINT .05%<br>QL (100 gm / 30 days) | 1                          | QL PA  |
| <i>desoximetasone</i> (generic of TOPICORT) OINT .25%<br>QL (100 gm / 30 days) | 1                          | QL     |
| <i>diflorasone diacetate</i> CREA .05%; OINT .05%<br>QL (60 gm / 30 days)      | 1                          | QL PA  |
| DIPROLENE OINT .05%<br>QL (120 gm / 30 days)                                   | 3                          | QL     |

| Drug Name                                                                                                               | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| DUOBRII LOT<br>QL (200 gm / 28 days)                                                                                    | 4                          | NDS QL PA |
| EPIFOAM AER 1%<br><i>fluocinolone acetonide</i> CREA .01%<br>QL (60 gm / 30 days)                                       | 3                          | QL        |
| <i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025%<br>QL (120 gm / 30 days)                      | 1                          | QL        |
| <i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL .01%<br>QL (118.28 mL / 30 days)                    | 1                          | QL        |
| <i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS SCALP) OIL .01%<br>QL (118.28 mL / 30 days)                   | 1                          | QL        |
| <i>fluocinolone acetonide</i> SOLN .01%<br>QL (60 mL / 30 days)                                                         | 1                          | QL        |
| <i>fluocinonide</i> (generic of VANOS) CREA .1%<br>QL (120 gm / 30 days)                                                | 1                          | QL        |
| <i>fluocinonide</i> CREA .05%<br>QL (120 gm / 30 days)                                                                  | 1                          | QL        |
| <i>fluocinonide</i> GEL .05%; OINT .05%<br>QL (60 gm / 30 days)                                                         | 1                          | QL        |
| <i>fluocinonide</i> SOLN .05%<br>QL (60 mL / 30 days)                                                                   | 1                          | QL        |
| <i>fluocinonide emulsified base</i> CREA .05%<br>QL (120 gm / 30 days)                                                  | 1                          | QL        |
| <i>flurandrenolide</i> LOTN .05%<br>QL (120 mL / 30 days)                                                               | 1                          | QL PA     |
| <i>fluticasone propionate</i> CREA .05%; OINT .005%<br><i>fluticasone propionate</i> LOTN .05%<br>QL (120 mL / 30 days) | 1                          | QL        |
| <i>halcinonide</i> (generic of HALOG) CREA .1%<br>QL (240 gm / 30 days)                                                 | 1                          | QL PA     |

| Drug Name                                                                      | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------|----------------------------|-----------|
| <i>halcinonide</i> (generic of HALOG) SOLN .1%<br>QL (120 mL / 30 days)        | 1                          | QL PA     |
| <i>halobetasol propionate</i> CREA .05%; OINT .05%<br>QL (50 gm / 30 days)     | 1                          | QL        |
| <i>halobetasol propionate</i> FOAM .05%<br>QL (200 gm / 28 days)               | 1                          | QL PA     |
| HALOG CREA .1%<br>QL (240 gm / 30 days)                                        | 3                          | QL PA     |
| HALOG SOLN .1%<br>QL (120 mL / 30 days)                                        | 4                          | NDS 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%<br>QL (60 mL / 30 days)                | 4                          | NDS QL    |
| <i>hydrocortisone (topical)</i> OINT 1%<br>QL (30 gm / 30 days)                | 1                          | QL        |
| <i>hydrocortisone butyrate</i> CREA .1%; OINT .1%<br>QL (45 gm / 30 days)      | 1                          | QL        |
| <i>hydrocortisone butyrate</i> LOTN .1%<br>QL (118 mL / 30 days)               | 1                          | QL PA     |
| <i>hydrocortisone butyrate</i> SOLN .1%<br>QL (60 mL / 30 days)                | 1                          | QL        |
| <i>hydrocortisone valerate</i> CREA .2%; OINT .2%<br>QL (60 gm / 30 days)      | 1                          | QL        |
| <i>lexette</i> FOAM .05%<br>QL (200 gm / 28 days)                              | 1                          | QL PA     |
| <i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%                         | 1                          |           |
| PRAMOSONE LOT 1-1%                                                             | 3                          |           |
| PRAMOSONE LOT 2.5%                                                             | 3                          |           |
| SYNALAR CREA .025%; OINT .025%<br>QL (120 gm / 30 days)                        | 3                          | QL        |
| <i>texacort</i> SOLN 2.5%                                                      | 1                          |           |
| TOPICORT LIQD .25%<br>QL (100 mL / 30 days)                                    | 3                          | QL PA     |
| TOPICORT OINT .05%<br>QL (100 gm / 30 days)                                    | 3                          | QL PA     |

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits       |
|----------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>tovet</i> FOAM .05%<br>QL (100 gm / 30 days)                                        | 1                          | QL           |
| <i>triamcinolone acetonide</i> (topical) AERS .147mg/gm<br>QL (100 gm / 30 days)       | 1                          | QL PA        |
| <i>triamcinolone acetonide</i> (topical) CREA .025%, .1%, .5%<br>QL (454 gm / 30 days) | 1                          | QL           |
| <i>triamcinolone acetonide</i> (topical) LOTN .025%, .1%; OINT .025%, .1%, .5%         | 1                          |              |
| <i>triamcinolone acetonide</i> (topical) OINT .05%<br>QL (430 gm / 30 days)            | 1                          | QL PA        |
| <i>triderm</i> CREA .5%<br>QL (454 gm / 30 days)                                       | 1                          | QL           |
| ULTRAVATE LOTN .05%<br>QL (120 mL / 30 days)                                           | 4                          | NDS QL PA    |
| VANOS CREA .1%<br>QL (120 gm / 30 days)                                                | 4                          | NDS QL PA    |
| <b>DERMATOLOGY, LOCAL ANESTHETICS</b>                                                  |                            |              |
| DYCLOPRO SOLN .5%                                                                      | 3                          |              |
| <i>glydo</i> PRSY 2%<br>QL (60 mL / 30 days)                                           | 1                          | QL PA        |
| <i>lidocaine</i> OINT 5%<br>QL (50 gm / 30 days)                                       | 1                          | QL PA        |
| <i>lidocaine</i> (generic of LIDODERM) PTCH 5%<br>QL (3 patches / 1 day)               | 1                          | QL PA        |
| <i>lidocaine hcl</i> GEL 2%<br>QL (30 mL / 30 days)                                    | 1                          | QL PA        |
| <i>lidocaine hcl</i> SOLN 4%<br>QL (50 mL / 30 days)                                   | 1                          | QL PA        |
| <i>lidocaine-prilocaine cream</i> 2.5-2.5%<br>QL (30 gm / 30 days)                     | 1                          | B/D QL       |
| <i>lidocan</i> (generic of LIDODERM) PTCH 5%<br>QL (3 patches / 1 day)                 | 1                          | QL PA        |
| QUTENZA KIT 8% 1-PCH<br>QL (4 patches / 90 days)                                       | 4                          | NDS QL NM PA |
| QUTENZA KIT 8% 2-PCH<br>QL (4 patches / 90 days)                                       | 4                          | NDS QL NM PA |
| QUTENZA KIT 8% 4-PCH<br>QL (4 patches / 90 days)                                       | 4                          | NDS QL NM PA |



| Drug Name                                                                                   | Drug Requirements/<br>Tier | Limits       |
|---------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>tridacaine ii</i> (generic of LIDODERM) PTCH 5%<br>QL (3 patches / 1 day)                | 1                          | QL PA        |
| ZTLIDO PTCH 1.8%<br>QL (3 patches / 1 day)                                                  | 3                          | QL PA        |
| <b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>                                  |                            |              |
| <i>acyclovir topical</i> (generic of ZOVIRAX) CREA 5%<br>QL (5 gm / 30 days)                | 1                          | QL PA        |
| <i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5%<br>QL (30 gm / 30 days)               | 1                          | QL           |
| ANALPRAM HC LOT 2.5%                                                                        | 3                          |              |
| ANUSOL-HC CREA 2.5%                                                                         | 3                          |              |
| ANZUPGO CREA 20mg/gm<br>QL (60 gm / 30 days)                                                | 4                          | NDS QL NM PA |
| <i>azelaic acid</i> (generic of FINACEA) GEL 15%<br>QL (50 gm / 30 days)                    | 1                          | QL           |
| <i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1%<br>QL (60 gm / 30 days)           | 4                          | NDS QL NM PA |
| <i>brimonidine tartrate (topical)</i> (generic of MIRVASO) GEL .33%<br>QL (30 gm / 30 days) | 1                          | QL PA        |
| CONDYLOX GEL .5%<br>QL (7 gm / 28 days)                                                     | 3                          | QL           |
| CORTIFOAM FOAM 10%                                                                          | 3                          |              |
| DENAVIR CREA 1%<br>QL (5 gm / 30 days)                                                      | 3                          | QL           |
| <i>diclofenac sodium (actinic keratoses)</i> GEL 3%<br>QL (100 gm / 30 days)                | 1                          | QL PA        |
| <i>diclofenac sodium (topical)</i> SOLN 1.5%<br>QL (300 mL / 28 days)                       | 1                          | QL           |
| <i>diclofenac sodium (topical)</i> SOLN 2%<br>QL (224 gm / 28 days)                         | 1                          | QL PA        |
| <i>doxepin hcl (antipruritic)</i> (generic of PRUDOXIN) CREA 5%<br>QL (45 gm / 30 days)     | 1                          | QL PA        |
| <i>doxycycline (rosacea)</i> (generic of ORACEA) CPDR 40mg                                  | 1                          |              |

| Drug Name                                                                                                 | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| EMROSI CP24 40mg<br>QL (30 caps / 30 days)                                                                | 4                          | NDS QL PA    |
| EPSOLAY CREA 5%<br>QL (30 gm / 30 days)                                                                   | 3                          | QL PA        |
| EUCRISA OINT 2%<br>QL (120 gm / 30 days)                                                                  | 3                          | QL PA        |
| FINACEA FOAM 15%<br>QL (50 gm / 30 days)                                                                  | 3                          | QL PA        |
| <i>fluorouracil (topical)</i> CREA 5%<br>QL (40 gm / 30 days)                                             | 1                          | QL           |
| <i>fluorouracil (topical)</i> CREA .5%<br>QL (30 gm / 30 days)                                            | 4                          | NDS QL       |
| <i>fluorouracil (topical)</i> SOLN 2%, 5%<br>QL (10 mL / 30 days)                                         | 1                          | QL           |
| <i>hydrocortisone (rectal)</i> CREA 1%<br><i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5% | 1                          |              |
| HYFTOR GEL .2%<br>QL (20 gm / 25 days)                                                                    | 4                          | NDS QL NM PA |
| <i>imiquimod</i> (generic of ZYCLARA) CREA 3.75%<br>QL (28 packets / 28 days)                             | 1                          | QL           |
| <i>imiquimod</i> CREA 5%<br>QL (24 packets / 30 days)                                                     | 1                          | QL           |
| <i>imiquimod pump</i> (generic of ZYCLARA) CREA 3.75%<br>QL (7.5 gm / 28 days)                            | 1                          | QL           |
| <i>ivermectin (rosacea)</i> (generic of SOOLANTRA) CREA 1%<br>QL (45 gm / 30 days)                        | 1                          | QL PA        |
| KLISYRI OINT 1%<br>QL (5 packets / 30 days)                                                               | 4                          | NDS QL PA    |
| <i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%                                                  | 1                          |              |
| METROCREAM CREA .75%<br>QL (45 gm / 30 days)                                                              | 3                          | QL PA        |
| <i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75%<br>QL (45 gm / 30 days)                  | 1                          | QL           |

| Drug Name                                                                                    | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>metronidazole (topical)</i><br>(generic of METROGEL) GEL<br>1%<br>QL (60 gm / 30 days)    | 1                          | QL        |
| <i>metronidazole (topical)</i> GEL<br>.75%<br>QL (45 gm / 30 days)                           | 1                          | QL        |
| <i>metronidazole (topical)</i> LOTN<br>.75%<br>QL (59 mL / 30 days)                          | 1                          | QL        |
| MIRVASO GEL .33%<br>QL (30 gm / 30 days)                                                     | 3                          | QL PA     |
| <i>nitroglycerin (intra-anal)</i><br>(generic of RECTIV) OINT<br>.4%<br>QL (30 gm / 30 days) | 1                          | QL        |
| NORITATE CREA 1%<br>QL (60 gm / 30 days)                                                     | 4                          | NDS QL PA |
| OPZELURA CREA 1.5%<br>QL (240 gm / 28 days)                                                  | 4                          | NDS QL PA |
| ORACEA CPDR 40mg                                                                             | 3                          |           |
| PANRETIN GEL .1%<br>QL (60 gm / 30 days)                                                     | 4                          | NDS QL PA |
| <i>penciclovir</i> (generic of<br>DENAVIR) CREA 1%<br>QL (5 gm / 30 days)                    | 1                          | QL        |
| <i>pimecrolimus</i> CREA 1%<br>QL (100 gm / 30 days)                                         | 1                          | QL PA     |
| <i>podofilox</i> GEL .5%<br>QL (7 gm / 28 days)                                              | 1                          | QL        |
| <i>podofilox</i> SOLN .5%<br>QL (7 mL / 28 days)                                             | 1                          | QL        |
| <i>procto-med hc</i> (generic of<br>ANUSOL-HC) CREA 2.5%                                     | 1                          |           |
| <i>proctocort</i> CREA 1%                                                                    | 1                          |           |
| PROCTOFOAM AER HC 1%                                                                         | 3                          |           |
| <i>proctosol hc</i> (generic of<br>ANUSOL-HC) CREA 2.5%                                      | 1                          |           |
| <i>proctozone-hc</i> (generic of<br>ANUSOL-HC) CREA 2.5%                                     | 1                          |           |
| PRUDOXIN CREA 5%<br>QL (45 gm / 30 days)                                                     | 3                          | QL PA     |
| QBREXZA PADS 2.4%<br>QL (30 cloths / 30 days)                                                | 3                          | QL PA     |
| RECTIV OINT .4%<br>QL (30 gm / 30 days)                                                      | 3                          | QL        |
| RHOFADE CREA 1%<br>QL (30 gm / 30 days)                                                      | 3                          | QL        |

| Drug Name                                                                    | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------|----------------------------|-----------------|
| SOFDRA GEL 12.45%<br>QL (50 mL / 30 days)                                    | 3                          | QL NM PA        |
| SOOLANTRA CREA 1%<br>QL (45 gm / 30 days)                                    | 3                          | QL PA           |
| <i>tacrolimus (topical)</i> OINT<br>.03%, .1%<br>QL (100 gm / 30 days)       | 1                          | QL PA           |
| TARGRETIN GEL 1%<br>QL (60 gm / 30 days)                                     | 4                          | NDS QL NM<br>PA |
| VALCHLOR GEL .016%<br>QL (60 gm / 30 days)                                   | 4                          | NDS QL NM<br>PA |
| XERESE CRE 5-1%<br>QL (5 gm / 30 days)                                       | 4                          | NDS QL          |
| YCANTH SOLN .7%                                                              | 3                          | NM PA           |
| ZELSUVMI GEL 10.3%                                                           | 4                          | NDS PA          |
| ZILXI FOAM 1.5%<br>QL (30 gm / 30 days)                                      | 3                          | QL PA           |
| ZONALON CREA 5%<br>QL (45 gm / 30 days)                                      | 3                          | QL PA           |
| ZORYVE CREA .05%, .15%<br>QL (60 gm / 30 days)                               | 3                          | QL PA           |
| ZOVIRAX CREA 5%<br>QL (5 gm / 30 days)                                       | 3                          | QL PA           |
| ZOVIRAX OINT 5%<br>QL (30 gm / 30 days)                                      | 3                          | QL              |
| ZYCLARA CREA 3.75%<br>QL (28 packets / 28<br>days)                           | 4                          | NDS QL          |
| ZYCLARA PUMP CREA<br>2.5%, 3.75%<br>QL (7.5 gm / 28 days)                    | 4                          | NDS QL          |
| <b>DERMATOLOGY, SCABICIDES AND<br/>PEDICULIDES</b>                           |                            |                 |
| <i>crotan</i> LOTN 10%<br>QL (454 gm / 30 days)                              | 4                          | NDS QL PA       |
| ELIMITE CREA 5%<br>QL (60 gm / 30 days)                                      | 3                          | QL              |
| <i>malathion</i> LOTN .5%<br>QL (59 mL / 30 days)                            | 1                          | QL              |
| NATROBA SUSP .9%                                                             | 3                          |                 |
| OVIDE LOTN .5%<br>QL (59 mL / 30 days)                                       | 3                          | QL              |
| <i>permethrin</i> (generic of<br>PERMETHRIN) CREA 5%<br>QL (60 gm / 30 days) | 1                          | QL              |
| <i>pruradik</i> LOTN 10%<br>QL (454 gm / 30 days)                            | 4                          | NDS QL PA       |
| <i>spinosad</i> SUSP .9%                                                     | 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/<br>Tier | Limits          |
|-----------------------------------------------------------------------------|----------------------------|-----------------|
| <b><i>DERMATOLOGY, WOUND CARE AGENTS</i></b>                                |                            |                 |
| FILSUEVZ GEL 10%<br>QL (30 tubes / 30 days)                                 | 4                          | NDS QL NM<br>PA |
| SANTYL OINT 250unit/gm<br>QL (180 gm / 30 days)                             | 3                          | QL PA           |
| sodium chloride (gu irrigant)<br>SOLN .9%                                   | 1                          |                 |
| water for irrigation, sterile<br>irrigation soln                            | 1                          |                 |
| <b><i>MOUTH/THROAT/DENTAL AGENTS</i></b>                                    |                            |                 |
| cevimeline hcl (generic of<br>EVOXAC) CAPS 30mg                             | 1                          |                 |
| chlorhexidine gluconate<br>(mouth-throat) (generic of<br>PERIDEX) SOLN .12% | 1                          |                 |
| clotrimazole TROC 10mg<br>QL (150 lozenges / 30<br>days)                    | 1                          | QL              |
| EVOXAC CAPS 30mg                                                            | 3                          |                 |
| kourzeq PSTE .1%                                                            | 1                          |                 |
| lidocaine hcl (mouth-throat)<br>SOLN 2%                                     | 1                          |                 |
| nystatin (mouth-throat)<br>(generic of NYSTATIN)<br>SUSP 100000unit/ml      | 1                          |                 |
| periogard (generic of<br>PERIDEX) SOLN .12%                                 | 1                          |                 |
| pilocarpine hcl (oral) (generic<br>of SALAGEN) TABS 5mg,<br>7.5mg           | 1                          |                 |
| SALAGEN TABS 5mg, 7.5mg                                                     | 3                          |                 |
| triamcinolone acetonide<br>(mouth) PSTE .1%                                 | 1                          |                 |

## Index

- A**
- abacavir sulfate .....10
  - abacavir sulfate-lamivudine  
tab 600-300 mg .....11
  - abigale .....78
  - abigale lo.....78
  - ABILIFY.....46
  - see aripiprazole .....46
  - ABILIFY ASIMTUFII.....46
  - ABILIFY MAINTENA.....46
  - ABILIFY MYCITE  
    MAINTENANC.....46
  - ABILIFY MYCITE  
    STARTER KI .....46
  - abiraterone acetate .....17
  - abirtega .....17
  - ABRAXANE  
    see paclitaxel inj 100mg  
        .....19
  - ABRAXANE INJ 100MG .19
  - ABRYSVO.....102
  - ABSORICA .....113
  - see isotretinoin .....115
  - ABSORICA LD.....113
  - acamprosate calcium .....67
  - ACANYA  
    see clindamycin  
        phosphate-benzoyl  
        peroxide gel 1.2-2.5%  
            .....114
  - ACANYA GEL 1.2-2.5%113
  - acarbose .....69
  - ACCOLATE.....110
  - see zafirlukast .....110
  - accutane .....113
  - 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.....36
  - acetic acid .....91
  - acetic acid (otic) .....108
  - acetylcysteine .....110
  - ACIPHEX .....90
  - see rabeprazole sodium  
        .....91
  - acitretin .....116
  - ACTEMRA .....96
  - ACTEMRA ACTPEN.....96
  - ACTHAR .....81
  - ACTHAR GEL .....81
  - ACTHIB INJ .....102
  - ACTIMMUNE .....101
  - ACTIVELLA  
    see abigale .....78
  - see estradiol &  
        norethindrone acetate  
        tab 1-0.5 mg .....79
  - see mimvey .....79
  - ACTIVELLA TAB 1-0.5MG  
    .....78
  - ACTONEL .....74
  - see risedronate sodium  
        .....75
  - ACTOPLUS MET  
    see pioglitazone hcl-  
        metformin hcl tab 15-  
        850 mg .....71
  - ACTOPLUS MET TAB 15-  
    850MG.....69
  - ACTOS.....69
  - see pioglitazone hcl.....71
  - ACULAR .....106
  - see ketorolac  
        tromethamine (ophth)  
        .....106
  - ACULAR LS.....106
  - see ketorolac  
        tromethamine (ophth)  
        .....106
  - ACUVAIL.....106
  - acyclovir .....12
  - acyclovir sodium .....12
  - acyclovir topical.....120
  - ACZONE .....113
  - see dapsone (topical) 114
  - ADACEL INJ .....102
  - ADAKVEO.....95
  - ADALIMUMAB-BWWD ...96
  - adapalene .....114
  - ADAPALENE .....114
  - adapalene-benzoyl  
    peroxide gel 0.1-2.5%  
        .....114
  - adapalene-benzoyl  
    peroxide gel 0.3-2.5%  
        .....114
  - ADBRY.....97
  - ADCIRCA.....39
  - see alyq .....39
  - 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 .....57
  - see amphetamine-  
        dextroamphetamine  
        tab 20 mg .....57
  - see amphetamine-  
        dextroamphetamine  
        tab 30 mg .....57
  - see amphetamine-  
        dextroamphetamine  
        tab 5 mg .....56
  - see amphetamine-  
        dextroamphetamine  
        tab 7.5 mg .....56
  - ADDERALL TAB 10MG ..55
  - ADDERALL TAB 12.5MG  
    .....55
  - ADDERALL TAB 15MG ..55
  - ADDERALL TAB 20MG ..55
  - ADDERALL TAB 30MG ..56
  - ADDERALL TAB 5MG ....55

|                                          |                                              |                                     |
|------------------------------------------|----------------------------------------------|-------------------------------------|
| ADDERALL TAB 7.5MG .55                   | see <i>fluticasone-salmeterol aer powder</i> | <i>albuterol sulfate</i> .....110   |
| ADDERALL XR                              | <i>ba 100-50 mcg/act</i> .113                | ALCAINE                             |
| see <i>amphetamine-dextroamphetamine</i> | see <i>fluticasone-salmeterol aer powder</i> | see <i>proparacaine hcl</i> .107    |
| <i>cap er 24hr 10 mg</i> ....56          | <i>ba 250-50 mcg/act</i> .113                | <i>alclometasone dipropionate</i>   |
| see <i>amphetamine-dextroamphetamine</i> | see <i>fluticasone-salmeterol aer powder</i> | .....117                            |
| <i>cap er 24hr 15 mg</i> ....56          | <i>ba 500-50 mcg/act</i> .113                | ALCOHOL SWABS:                      |
| see <i>amphetamine-dextroamphetamine</i> | see <i>wixela inhub</i> .....113             | EMBECTA-                            |
| <i>cap er 24hr 20 mg</i> ....56          | ADVAIR HFA AER 115/21                        | BD/MHC/RUGBY .....72                |
| see <i>amphetamine-dextroamphetamine</i> | .....113                                     | ALDACTONE .....28                   |
| <i>cap er 24hr 25 mg</i> ....56          | ADVAIR HFA AER 230/21                        | see <i>spironolactone</i> .....28   |
| see <i>amphetamine-dextroamphetamine</i> | .....113                                     | ALDURAZYME .....81                  |
| <i>cap er 24hr 30 mg</i> ....56          | ADVAIR HFA AER 45/21                         | ALECENSA.....20                     |
| see <i>amphetamine-dextroamphetamine</i> | .....113                                     | <i>alendronate sodium</i> .....74   |
| <i>cap er 24hr 5 mg</i> .....56          | ADZENYS XR-ODT .....56                       | <i>alfuzosin hcl</i> .....91        |
| ADDERALL XR CAP 10MG                     | see <i>amphetamine</i> .....56               | ALIMTA.....16                       |
| .....56                                  | ADZYNMA .....95                              | see <i>pemetrexed</i>               |
| ADDERALL XR CAP 15MG                     | AFINITOR .....20                             | <i>disodium</i> .....17             |
| .....56                                  | see <i>everolimus</i> .....21                | <i>aliskiren fumarate</i> .....37   |
| ADDERALL XR CAP 20MG                     | see <i>torpenz</i> .....25                   | ALKINDI SPRINKLE .....80            |
| .....56                                  | AFINITOR DISPERZ.....20                      | <i>allopurinol</i> .....1           |
| ADDERALL XR CAP 25MG                     | see <i>everolimus</i> .....21                | <i>allopurinol sodium</i> .....1    |
| .....56                                  | <i>afirmelle</i> .....75                     | <i>almotriptan malate</i> .....61   |
| ADDERALL XR CAP 30MG                     | AFREZZA.....72                               | <i>alogliptin benzoate</i> .....69  |
| .....56                                  | AFREZZA POW 4-8-12...72                      | <i>alogliptin-metformin hcl tab</i> |
| ADDERALL XR CAP 5MG                      | AFREZZA POW 4-8 UNIT                         | 12.5-1000 mg .....69                |
| .....56                                  | .....72                                      | <i>alogliptin-metformin hcl tab</i> |
| <i>adefovir dipivoxil</i> .....12        | AFREZZA POW 8-12UNIT                         | 12.5-500 mg .....69                 |
| ADEMPAS .....39                          | .....72                                      | <i>alogliptin-pioglitazone tab</i>  |
| ADMELOG .....72                          | AGRYLIN .....95                              | 12.5-30 mg .....69                  |
| ADMELOG SOLOSTAR .72                     | see <i>anagrelide hcl</i> .....95            | <i>alogliptin-pioglitazone tab</i>  |
| ADRENALIN .....37                        | AIMOVIG.....61                               | 25-15 mg .....69                    |
| see <i>epinephrine</i>                   | AIRSUPRA AER 90-                             | <i>alogliptin-pioglitazone tab</i>  |
| ( <i>anaphylaxis</i> ) .....38           | 80MCG .....113                               | 25-30 mg .....69                    |
| ADVAIR DISKU AER                         | AJOVY .....61                                | <i>alogliptin-pioglitazone tab</i>  |
| 100/50 .....113                          | AKEEGA TAB 100/500 ...17                     | 25-45 mg .....69                    |
| ADVAIR DISKU AER                         | AKEEGA TAB 50/500MG                          | ALOPRIM.....1                       |
| 250/50 .....113                          | .....17                                      | see <i>allopurinol sodium</i> ...1  |
| ADVAIR DISKU AER                         | AKLIEF.....114                               | <i>alosetron hcl</i> .....88        |
| 500/50 .....113                          | AKYNZEO CAP 300-0.5 .85                      | ALPHAGAN P .....106                 |
| ADVAIR DISKUS                            | AKYNZEO INJ 235-0.25 .85                     | see <i>brimonidine tartrate</i>     |
|                                          | 0.25MG/20ML.....85                           | .....107                            |
|                                          | <i>ala-cort</i> .....117                     | <i>alprazolam</i> .....40           |
|                                          | <i>ala-scalp</i> .....117                    | ALPRAZOLAM INTENSOL                 |
|                                          | <i>albendazole</i> .....6                    | .....40                             |
|                                          |                                              | ALREX .....106                      |
|                                          |                                              | see <i>loteprednol</i>              |
|                                          |                                              | <i>etabonate</i> .....106           |
|                                          |                                              | <i>altavera</i> .....75             |

|                                  |            |                                  |                                  |
|----------------------------------|------------|----------------------------------|----------------------------------|
| ALTRENO .....                    | 114        | see <i>amlodipine besylate-</i>  | <i>amlodipine besylate-</i>      |
| ALUNBRIG.....                    | 20         | <i>olmesartan medoxomil</i>      | <i>benazepril hcl cap 2.5-10</i> |
| ALUNBRIG PAK .....               | 20         | <i>tab 5-20 mg.....</i>          | <i>mg .....26</i>                |
| ALVAIZ.....                      | 95         | see <i>amlodipine besylate-</i>  | <i>amlodipine besylate-</i>      |
| ALVESCO .....                    | 112        | <i>olmesartan medoxomil</i>      | <i>benazepril hcl cap 5-10</i>   |
| <i>alyacen 1/35.....</i>         | <i>75</i>  | <i>tab 5-40 mg.....</i>          | <i>mg .....26</i>                |
| <i>alyacen 7/7/7.....</i>        | <i>75</i>  | <i>amlodipine besylate .....</i> | <i>amlodipine besylate-</i>      |
| ALYFTREK TAB 10-50-125           |            | <i>amlodipine besylate-</i>      | <i>benazepril hcl cap 5-20</i>   |
| .....                            | 110        | <i>atorvastatin calcium tab</i>  | <i>mg .....26</i>                |
| ALYFTREK TAB 4-20-50             |            | <i>10-10 mg .....</i>            | <i>amlodipine besylate-</i>      |
| .....                            | 110        | <i>amlodipine besylate-</i>      | <i>benazepril hcl cap 5-40</i>   |
| ALYGLO.....                      | 100        | <i>atorvastatin calcium tab</i>  | <i>mg .....26</i>                |
| ALYMSYS .....                    | 20         | <i>10-20 mg .....</i>            | <i>amlodipine besylate-</i>      |
| <i>alyq .....</i>                | <i>39</i>  | <i>amlodipine besylate-</i>      | <i>olmesartan medoxomil</i>      |
| <i>amantadine hcl.....</i>       | <i>44</i>  | <i>atorvastatin calcium tab</i>  | <i>tab 10-20 mg .....</i>        |
| AMBIEN .....                     | 60         | <i>10-40 mg .....</i>            | <i>28</i>                        |
| see <i>zolpidem tartrate...</i>  | <i>61</i>  | <i>amlodipine besylate-</i>      | <i>amlodipine besylate-</i>      |
| AMBIEN CR.....                   | 60         | <i>atorvastatin calcium tab</i>  | <i>olmesartan medoxomil</i>      |
| see <i>zolpidem tartrate...</i>  | <i>61</i>  | <i>10-80 mg .....</i>            | <i>tab 10-40 mg .....</i>        |
| AMBISOME.....                    | 9          | <i>37</i>                        | <i>28</i>                        |
| see <i>amphotericin b</i>        |            | <i>amlodipine besylate-</i>      | <i>amlodipine besylate-</i>      |
| <i>liposome .....</i>            | <i>9</i>   | <i>atorvastatin calcium tab</i>  | <i>olmesartan medoxomil</i>      |
| <i>ambrisentan .....</i>         | <i>39</i>  | <i>2.5-10 mg .....</i>           | <i>tab 5-20 mg .....</i>         |
| <i>amcinonide.....</i>           | <i>117</i> | <i>37</i>                        | <i>28</i>                        |
| <i>amethyst .....</i>            | <i>75</i>  | <i>amlodipine besylate-</i>      | <i>amlodipine besylate-</i>      |
| <i>amikacin sulfate .....</i>    | <i>6</i>   | <i>atorvastatin calcium tab</i>  | <i>olmesartan medoxomil</i>      |
| <i>amiloride &amp;</i>           |            | <i>2.5-20 mg .....</i>           | <i>tab 5-40 mg .....</i>         |
| <i>hydrochlorothiazide tab</i>   |            | <i>37</i>                        | <i>28</i>                        |
| <i>5-50 mg .....</i>             | <i>36</i>  | <i>amlodipine besylate-</i>      | <i>amlodipine besylate-</i>      |
| <i>amiloride hcl.....</i>        | <i>36</i>  | <i>atorvastatin calcium tab</i>  | <i>valsartan tab 10-160 mg</i>   |
| <i>aminocaproic acid .....</i>   | <i>95</i>  | <i>5-10 mg .....</i>             | <i>.....28</i>                   |
| <i>aminosyn ii soln 15% ....</i> | <i>104</i> | <i>37</i>                        | <i>amlodipine besylate-</i>      |
| AMINOSYN INJ 10% ....            | 104        | <i>amlodipine besylate-</i>      | <i>valsartan tab 10-320 mg</i>   |
| AMINOSYN-PF INJ 10%              |            | <i>atorvastatin calcium tab</i>  | <i>.....28</i>                   |
| .....                            | 104        | <i>5-40 mg .....</i>             | <i>amlodipine besylate-</i>      |
| AMINOSYN-PF INJ 7%               | 104        | <i>37</i>                        | <i>valsartan tab 5-160 mg28</i>  |
| <i>amiodarone hcl .....</i>      | <i>32</i>  | <i>amlodipine besylate-</i>      | <i>amlodipine besylate-</i>      |
| AMITIZA.....                     | 88         | <i>atorvastatin calcium tab</i>  | <i>valsartan tab 5-320 mg28</i>  |
| see <i>lubiprostone .....</i>    | <i>89</i>  | <i>5-80 mg .....</i>             | <i>amlodipine-valsartan-</i>     |
| <i>amitriptyline hcl .....</i>   | <i>41</i>  | <i>37</i>                        | <i>hydrochlorothiazide tab</i>   |
| AMLODIPINE/OLMESART              |            | <i>amlodipine besylate-</i>      | <i>10-160-12.5 mg .....</i>      |
| AN MED                           |            | <i>benazepril hcl cap 10-20</i>  | <i>28</i>                        |
| see <i>amlodipine besylate-</i>  |            | <i>mg .....</i>                  | <i>amlodipine-valsartan-</i>     |
| <i>olmesartan medoxomil</i>      |            | <i>26</i>                        | <i>hydrochlorothiazide tab</i>   |
| <i>tab 10-20 mg.....</i>         | <i>28</i>  | <i>amlodipine besylate-</i>      | <i>10-160-25 mg .....</i>        |
| see <i>amlodipine besylate-</i>  |            | <i>benazepril hcl cap 10-40</i>  | <i>29</i>                        |
| <i>olmesartan medoxomil</i>      |            | <i>mg .....</i>                  | <i>amlodipine-valsartan-</i>     |
| <i>tab 10-40 mg.....</i>         | <i>28</i>  | <i>26</i>                        | <i>hydrochlorothiazide tab</i>   |
|                                  |            |                                  | <i>5-160-12.5 mg .....</i>       |
|                                  |            |                                  | <i>28</i>                        |

|                                                                                                         |                                                                                   |                                                                                      |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <i>amlodipine-valsartan-<br/>hydrochlorothiazide tab<br/>5-160-25 mg</i> .....28                        | <i>amphetamine-<br/>dextroamphetamine cap<br/>er 24hr 10 mg</i> .....56           | <i>ampicillin &amp; sulbactam<br/>sodium for iv soln 1.5 (1-<br/>0.5) gm</i> .....15 |
| <i>amnestem</i> .....114                                                                                | <i>amphetamine-<br/>dextroamphetamine cap<br/>er 24hr 15 mg</i> .....56           | <i>ampicillin &amp; sulbactam<br/>sodium for iv soln 15 (10-<br/>5) gm</i> .....15   |
| <i>amoxapine</i> .....41                                                                                | <i>amphetamine-<br/>dextroamphetamine cap<br/>er 24hr 20 mg</i> .....56           | <i>ampicillin &amp; sulbactam<br/>sodium for iv soln 3 (2-1)<br/>gm</i> .....15      |
| <i>amoxicil cap &amp; clarithro tab<br/>&amp; lansopraz cap dr 500<br/>&amp; 500 &amp; 30mg</i> .....88 | <i>amphetamine-<br/>dextroamphetamine cap<br/>er 24hr 25 mg</i> .....56           | <i>ampicillin sodium</i> .....15                                                     |
| <i>amoxicillin</i> .....14                                                                              | <i>amphetamine-<br/>dextroamphetamine cap<br/>er 24hr 30 mg</i> .....56           | <i>AMPYRA</i> .....64                                                                |
| <i>amoxicillin &amp; k clavulanate<br/>for susp 200-28.5 mg/5ml<br/>.....</i> .....14                   | <i>amphetamine-<br/>dextroamphetamine cap<br/>er 24hr 5 mg</i> .....56            | <i>see dalfampridine</i> .....64                                                     |
| <i>amoxicillin &amp; k clavulanate<br/>for susp 250-62.5 mg/5ml<br/>.....</i> .....14                   | <i>amphetamine-<br/>dextroamphetamine tab<br/>10 mg</i> .....56                   | <i>AMVUTTRA</i> .....63                                                              |
| <i>amoxicillin &amp; k clavulanate<br/>for susp 400-57 mg/5ml<br/>.....</i> .....14                     | <i>amphetamine-<br/>dextroamphetamine tab<br/>12.5 mg</i> .....56                 | <i>AMZEEQ</i> .....114                                                               |
| <i>amoxicillin &amp; k clavulanate<br/>for susp 600-42.9 mg/5ml<br/>.....</i> .....14                   | <i>amphetamine-<br/>dextroamphetamine tab<br/>15 mg</i> .....57                   | <i>ANAFRANIL</i> .....41                                                             |
| <i>amoxicillin &amp; k clavulanate<br/>tab 250-125 mg</i> .....14                                       | <i>amphetamine-<br/>dextroamphetamine tab<br/>20 mg</i> .....57                   | <i>see clomipramine hcl</i> ...42                                                    |
| <i>amoxicillin &amp; k clavulanate<br/>tab 500-125 mg</i> .....14                                       | <i>amphetamine-<br/>dextroamphetamine tab<br/>30 mg</i> .....57                   | <i>anagrelide hcl</i> .....95                                                        |
| <i>amoxicillin &amp; k clavulanate<br/>tab 875-125 mg</i> .....14                                       | <i>amphetamine-<br/>dextroamphetamine tab<br/>5 mg</i> .....56                    | <i>ANALPRAM HC LOT 2.5%<br/>.....</i> .....120                                       |
| <i>amoxicillin &amp; k clavulanate<br/>tab er 12hr 1000-62.5 mg<br/>.....</i> .....14                   | <i>amphetamine-<br/>dextroamphetamine tab<br/>7.5 mg</i> .....56                  | <i>anastrozole</i> .....17                                                           |
| <i>amphetamine</i> .....56                                                                              | <i>amphotericin b</i> .....9                                                      | <i>ANCOBON</i> .....9                                                                |
| <i>amphetamine-<br/>dextroamphetamine 3-<br/>bead cap er 24hr 12.5<br/>mg</i> .....56                   | <i>amphotericin b liposome</i> ...9                                               | <i>see flucytosine</i> .....9                                                        |
| <i>amphetamine-<br/>dextroamphetamine 3-<br/>bead cap er 24hr 25 mg<br/>.....</i> .....56               | <i>ampicillin</i> .....14                                                         | <i>ANDEMBRY</i> .....95                                                              |
| <i>amphetamine-<br/>dextroamphetamine 3-<br/>bead cap er 24hr 37.5<br/>mg</i> .....56                   | <i>ampicillin &amp; sulbactam<br/>sodium for inj 1.5 (1-0.5)<br/>gm</i> .....15   | <i>ANDROGEL PUMP<br/>see testosterone pump</i> 69                                    |
| <i>amphetamine-<br/>dextroamphetamine 3-<br/>bead cap er 24hr 50 mg<br/>.....</i> .....56               | <i>ampicillin &amp; sulbactam<br/>sodium for inj 3 (2-1) gm<br/>.....</i> .....15 | <i>ANNOVERA MIS</i> .....75                                                          |
|                                                                                                         |                                                                                   | <i>ANORO ELLIPT AER 62.5-<br/>25</i> .....108                                        |
|                                                                                                         |                                                                                   | <i>ANUSOL-HC</i> .....120                                                            |
|                                                                                                         |                                                                                   | <i>see hydrocortisone<br/>(rectal)</i> .....120                                      |
|                                                                                                         |                                                                                   | <i>see procto-med hc</i> ....121                                                     |
|                                                                                                         |                                                                                   | <i>see proctosol hc</i> .....121                                                     |
|                                                                                                         |                                                                                   | <i>see proctozone-hc</i> ....121                                                     |
|                                                                                                         |                                                                                   | <i>ANZUPGO</i> .....120                                                              |
|                                                                                                         |                                                                                   | <i>APIDRA</i> .....72                                                                |
|                                                                                                         |                                                                                   | <i>APIDRA SOLOSTAR</i> .....72                                                       |
|                                                                                                         |                                                                                   | <i>APLENZIN</i> .....41                                                              |
|                                                                                                         |                                                                                   | <i>APOKYN</i> .....44                                                                |
|                                                                                                         |                                                                                   | <i>apomorphine hydrochloride<br/>.....</i> .....44                                   |
|                                                                                                         |                                                                                   | <i>APONVIE</i> .....85                                                               |
|                                                                                                         |                                                                                   | <i>aprepitant</i> .....85                                                            |
|                                                                                                         |                                                                                   | <i>aprepitant capsule therapy<br/>pack 80 &amp; 125 mg</i> .....85                   |
|                                                                                                         |                                                                                   | <i>apri</i> .....75                                                                  |
|                                                                                                         |                                                                                   | <i>APRISO</i> .....87                                                                |
|                                                                                                         |                                                                                   | <i>see mesalamine</i> .....87                                                        |

|                                       |                                      |                                     |
|---------------------------------------|--------------------------------------|-------------------------------------|
| APTENSIO XR.....57                    | <i>ashlyna</i> .....75               | <i>atovaquone</i> .....6            |
| see <i>methylphenidate hcl</i>        | ASMANEX HFA .....112                 | <i>atovaquone-proguanil hcl</i>     |
| .....58                               | ASMANEX TWISTHALER                   | <i>tab 250-100 mg</i> .....10       |
| APTIOM .....49                        | 120 ME .....112                      | <i>atovaquone-proguanil hcl</i>     |
| see <i>eslicarbazepine</i>            | ASMANEX TWISTHALER                   | <i>tab 62.5-25 mg</i> .....10       |
| <i>acetate</i> .....50, 51            | 14 MET .....112                      | ATRALIN.....114                     |
| APTIVUS.....10                        | ASMANEX TWISTHALER                   | see <i>tretinoin</i> .....115       |
| AQNEURSA.....81                       | 30 MET .....112                      | <i>atropine sulfate</i> .....86     |
| ARALAST NP.....110                    | ASMANEX TWISTHALER                   | ATROPINE SULFATE86,                 |
| <i>aranella</i> .....75               | 60 MET .....112                      | 107                                 |
| ARANESP ALBUMIN                       | ASPARLAS .....18                     | see <i>atropine sulfate</i> .....86 |
| FREE.....93, 94                       | <i>aspirin-dipyridamole cap er</i>   | <i>atropine sulfate</i>             |
| ARAVA.....100                         | 12hr 25-200 mg .....96               | ( <i>ophthalmic</i> ).....107       |
| see <i>leflunomide</i> .....100       | ASTAGRAF XL .....101                 | ATROVENT HFA .....108               |
| ARAZLO.....114                        | ATACAND.....31                       | ATTRUBY .....37                     |
| ARBLI.....31                          | see <i>candesartan cilexetil</i>     | AUBAGIO.....64                      |
| ARCALYST .....101                     | .....31                              | see <i>teriflunomide</i> .....66    |
| AREXVY .....102                       | ATACAND HCT                          | <i>aubra eq</i> .....76             |
| <i>arformoterol tartrate</i> .....110 | see <i>candesartan cilexetil-</i>    | AUGMENTIN ES-600                    |
| ARICEPT .....41                       | <i>hydrochlorothiazide tab</i>       | see <i>amoxicillin &amp; k</i>      |
| see <i>donepezil</i>                  | 16-12.5 mg .....29                   | <i>clavulanate for susp</i>         |
| <i>hydrochloride</i> .....41          | see <i>candesartan cilexetil-</i>    | 600-42.9 mg/5ml.....14              |
| ARIKAYCE.....6                        | <i>hydrochlorothiazide tab</i>       | AUGMENTIN SUS                       |
| ARIMIDEX.....17                       | 32-12.5 mg .....29                   | 125/5ML .....15                     |
| see <i>anastrozole</i> .....17        | see <i>candesartan cilexetil-</i>    | AUGMENTIN SUS ES-600                |
| <i>aripiprazole</i> .....46           | <i>hydrochlorothiazide tab</i>       | .....15                             |
| ARISTADA.....46                       | 32-25 mg .....29                     | AUGMENTIN TAB 500MG                 |
| ARISTADA INITIO .....46               | ATACAND HCT TAB 16-                  | .....15                             |
| ARIXTRA .....92                       | 12.5 .....29                         | AUGTYRO .....20                     |
| see <i>fondaparinux sodium</i>        | ATACAND HCT TAB 32-                  | <i>aurovela 1/20</i> .....76        |
| .....93                               | 12.5 .....29                         | <i>aurovela 24 fe</i> .....76       |
| <i>armodafinil</i> .....67            | ATACAND HCT TAB 32-                  | <i>aurovela fe 1/20</i> .....76     |
| ARNUITY ELLIPTA.....112               | 25MG.....29                          | <i>aurovela fe 1.5/30</i> .....76   |
| AROMASIN.....17                       | <i>atazanavir sulfate</i> .....10    | AUSTEDO.....63                      |
| see <i>exemestane</i> .....17         | ATELVIA .....74                      | AUSTEDO XR.....63                   |
| ARTHROTEC 50                          | see <i>risedronate sodium</i>        | AUSTEDO XR TAB TITR                 |
| see <i>diclofenac w/</i>              | .....75                              | KIT .....63                         |
| <i>misoprostol tab</i>                | <i>atenolol</i> .....34              | AUVELITY TAB 45-105MG               |
| <i>delayed release 50-0.2</i>         | <i>atenolol &amp; chlorthalidone</i> | .....41                             |
| <i>mg</i> .....1                      | <i>tab 100-25 mg</i> .....34         | AVALIDE                             |
| ARTHROTEC 50 TAB.....1                | <i>atenolol &amp; chlorthalidone</i> | see <i>irbesartan-</i>              |
| ARTHROTEC 75                          | <i>tab 50-25 mg</i> .....34          | <i>hydrochlorothiazide tab</i>      |
| see <i>diclofenac w/</i>              | ATGAM .....101                       | 150-12.5 mg .....30                 |
| <i>misoprostol tab</i>                | ATIVAN .....40                       | see <i>irbesartan-</i>              |
| <i>delayed release 75-0.2</i>         | see <i>lorazepam</i> .....40         | <i>hydrochlorothiazide tab</i>      |
| <i>mg</i> .....1                      | <i>atomoxetine hcl</i> .....57       | 300-12.5 mg .....30                 |
| ARTHROTEC 75 TAB.....1                | ATORVALIQ .....32                    | AVALIDE TAB 150-12.5..29            |
| <i>asenapine maleate</i> .....46      | <i>atorvastatin calcium</i> .....32  | AVALIDE TAB 300-12.5..29            |



|                                                                  |     |                                                               |     |                                                         |     |
|------------------------------------------------------------------|-----|---------------------------------------------------------------|-----|---------------------------------------------------------|-----|
| AVAPRO .....                                                     | 31  | AZSTARYS CAP 52.3-10. ....                                    | 57  | BAVENCIO .....                                          | 20  |
| <i>see irbesartan</i> .....                                      | 31  | <i>aztreonam</i> .....                                        | 6   | BAXDELA .....                                           | 14  |
| AVASTIN .....                                                    | 20  | AZULFIDINE .....                                              | 87  | BCG VACCINE .....                                       | 102 |
| AVEED .....                                                      | 68  | <i>see sulfasalazine</i> .....                                | 88  | BEIZRAY INJ 160/8ML ...                                 | 19  |
| AVERI TAB .....                                                  | 76  | AZULFIDINE EN-TABS ..                                         | 87  | BEIZRAY INJ 80MG/4ML .....                              | 19  |
| AVGEMSI .....                                                    | 16  | <i>see sulfasalazine</i> .....                                | 88  | BELBUCA .....                                           | 2   |
| <i>aviane</i> .....                                              | 76  | azurette .....                                                | 76  | BELEODAQ .....                                          | 20  |
| AVMAPKI PAK FAKZYNJA .....                                       | 20  | <b>B</b>                                                      |     | BELSOMRA .....                                          | 60  |
| AVODART .....                                                    | 91  | <i>bacitracin (ophthalmic)</i> ..                             | 105 | <i>benazepril &amp; hydrochlorothiazide tab</i>         |     |
| <i>see dutasteride</i> .....                                     | 91  | <i>bacitracin-polymyxin b ophth oint.</i> .....               | 105 | 10-12.5 mg .....                                        | 27  |
| AVONEX .....                                                     | 64  | <i>bacitracin-polymyxin-neomycin-hc ophth oint</i>            |     | <i>benazepril &amp; hydrochlorothiazide tab</i>         |     |
| AVONEX PEN .....                                                 | 64  | 1% .....                                                      | 105 | 20-12.5 mg .....                                        | 27  |
| AVSOLA .....                                                     | 97  | <i>baclofen</i> .....                                         | 66  | <i>benazepril &amp; hydrochlorothiazide tab</i>         |     |
| AVTOZMA .....                                                    | 97  | BACTRIM                                                       |     | 20-25 mg .....                                          | 27  |
| AVYCAZ INJ 2-0.5GM ...                                           | 13  | <i>see sulfamethoxazole-trimethoprim tab 400-80 mg</i> .....  | 8   | <i>benazepril &amp; hydrochlorothiazide tab</i>         |     |
| AXTLE .....                                                      | 16  | BACTRIM DS                                                    |     | 5-6.25mg .....                                          | 26  |
| <i>ayuna</i> .....                                               | 76  | <i>see sulfamethoxazole-trimethoprim tab 800-160 mg</i> ..... | 8   | <i>benazepril hcl</i> .....                             | 27  |
| AYVAKIT .....                                                    | 20  | BACTRIM DS TAB 800-160 .....                                  | 6   | <i>bendamustine hcl</i> .....                           | 16  |
| <i>azacitidine</i> .....                                         | 16  | BACTRIM TAB 400-80MG6 .....                                   | 6   | BENDAMUSTINE HYDROCHLORID .....                         | 16  |
| AZACTAM .....                                                    | 6   | BAFIERTAM .....                                               | 64  | BENDEKA .....                                           | 16  |
| <i>see aztreonam</i> .....                                       | 6   | BALCOLTRA                                                     |     | BENICAR .....                                           | 31  |
| azasan .....                                                     | 101 | <i>see joyeaux</i> .....                                      | 76  | <i>see olmesartan medoxomil</i> .....                   | 31  |
| AZASITE .....                                                    | 105 | <i>see levonorgestrel-ethinyl estradiol-fe tab</i>            |     | BENICAR HCT                                             |     |
| azathioprine .....                                               | 101 | 0.1 mg-20 mcg (21) .                                          | 77  | <i>see olmesartan medoxomil-hydrochlorothiazide tab</i> |     |
| azelaic acid .....                                               | 120 | <i>see minzoya</i> .....                                      | 77  | 20-12.5 mg .....                                        | 30  |
| azelastine hcl .....                                             | 109 | BALCOLTRA TAB 0.1-20 .....                                    | 76  | <i>see olmesartan medoxomil-hydrochlorothiazide tab</i> |     |
| azelastine hcl (ophth) ...                                       | 106 | .....                                                         | 76  | 40-12.5 mg .....                                        | 30  |
| azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act ..... | 109 | <i>balsalazide disodium</i> .....                             | 87  | <i>see olmesartan medoxomil-hydrochlorothiazide tab</i> |     |
| AZELEX .....                                                     | 114 | BALVERSA .....                                                | 20  | 40-25 mg .....                                          | 30  |
| AZILECT .....                                                    | 44  | <i>balziva</i> .....                                          | 76  | BENICAR HCT TAB 20-12.5 .....                           | 29  |
| <i>see rasagiline mesylate</i> .....                             | 45  | BANZEL .....                                                  | 49  | BENICAR HCT TAB 40-12.5 .....                           | 29  |
| azithromycin .....                                               | 13  | <i>see rufinamide</i> .....                                   | 54  | BENICAR HCT TAB 40-25MG .....                           | 29  |
| AZMIRO .....                                                     | 68  | BAQSIMI ONE PACK ....                                         | 81  |                                                         |     |
| AZOPT .....                                                      | 106 | BAQSIMI TWO PACK ....                                         | 81  |                                                         |     |
| <i>see brinzolamide</i> .....                                    | 107 | BARACLUDE .....                                               | 12  |                                                         |     |
| AZOR TAB 10-20MG ....                                            | 29  | <i>see entecavir</i> .....                                    | 12  |                                                         |     |
| AZOR TAB 10-40MG ....                                            | 29  | BASAGLAR KWIKPEN ...                                          | 72  |                                                         |     |
| AZOR TAB 5-20MG ....                                             | 29  | BASAGLAR TEMPO PEN .....                                      | 72  |                                                         |     |
| AZOR TAB 5-40MG ....                                             | 29  |                                                               |     |                                                         |     |
| AZSTARYS CAP 26.1-5.2 .....                                      | 57  |                                                               |     |                                                         |     |
| AZSTARYS CAP 39.2-7.8 .....                                      | 57  |                                                               |     |                                                         |     |

|                                    |     |                                   |     |                                     |     |
|------------------------------------|-----|-----------------------------------|-----|-------------------------------------|-----|
| BENLYSTA .....                     | 101 | BEVESPI AER 9-4.8MCG .....        | 108 | BKEMV .....                         | 95  |
| BENTYL                             |     | .....                             | 108 | BLNREP .....                        | 20  |
| see <i>dicyclomine hcl</i> ....    | 86  | <i>bexarotene</i> .....           | 18  | <i>bleomycin sulfate</i> .....      | 18  |
| BENZAMYCIN                         |     | <i>bexarotene (topical)</i> ..... | 120 | <i>blisovi 24 fe</i> .....          | 76  |
| see <i>benzoyl peroxide-</i>       |     | BEXSERO.....                      | 102 | <i>blisovi fe 1.5/30</i> .....      | 76  |
| <i>erythromycin gel 5-3%</i>       |     | BEYAZ                             |     | BLUJEPa.....                        | 6   |
| .....                              | 114 | see <i>drospirenone-ethinyl</i>   |     | BONJESTA TAB 20-20MG                |     |
| BENZAMYCIN GEL 5-3%                |     | <i>estradiol-levomefolate</i>     |     | .....                               | 85  |
| .....                              | 114 | <i>tab 3-0.02-0.451 mg</i>        | 76  | BONSITY .....                       | 74  |
| <i>benzoyl peroxide-</i>           |     | BEYAZ TAB .....                   | 76  | BOOSTRIX INJ .....                  | 102 |
| <i>erythromycin gel 5-3%</i>       |     | BIAXIN XL                         |     | <i>bortezomib</i> .....             | 20  |
| .....                              | 114 | see <i>clarithromycin</i> .....   | 14  | BORTEZOMIB .....                    | 20  |
| <i>benztropine mesylate</i> .....  | 44  | <i>bicalutamide</i> .....         | 17  | BORUZU .....                        | 20  |
| BEOVU .....                        | 107 | BICILLIN C-R INJ 1200000          |     | <i>bosentan</i> .....               | 39  |
| <i>bepotastine besilate</i> .....  | 106 | .....                             | 15  | BOSULIF.....                        | 20  |
| BEPREVE .....                      | 106 | BICILLIN C-R INJ 900/300          |     | BOTOX .....                         | 66  |
| see <i>bepotastine besilate</i>    |     | .....                             | 15  | BRAFTOVI.....                       | 20  |
| .....                              | 106 | BICILLIN L-A.....                 | 15  | BREKIYA .....                       | 61  |
| BERINERT .....                     | 95  | BIDIL                             |     | BREO ELLIPTA INH 100-               |     |
| <i>besifloxacin hcl</i> .....      | 105 | see <i>isosorbide dinitrate-</i>  |     | 25 .....                            | 113 |
| BESIVANCE .....                    | 105 | <i>hydralazine hcl tab 20-</i>    |     | BREO ELLIPTA INH 200-               |     |
| BESPONSA .....                     | 20  | 37.5 mg.....                      | 38  | 25 .....                            | 113 |
| BESREMI.....                       | 18  | BIDIL TAB .....                   | 37  | BREO ELLIPTA INH 50-                |     |
| <i>betaine powder for oral</i>     |     | BIJUVA CAP 0.5-100.....           | 78  | 25MCG .....                         | 113 |
| <i>solution</i> .....              | 81  | BIJUVA CAP 1-100MG ..             | 78  | <i>breyana</i> .....                | 113 |
| <i>betamethasone</i>               |     | BIKTARVY TAB 30-120-15            |     | BREZTRI AERO AER                    |     |
| <i>dipropionate (topical)</i> ..   | 117 | MG.....                           | 11  | SPHERE.....                         | 108 |
| <i>betamethasone</i>               |     | BIKTARVY TAB 50-200-25            |     | BREZTRI AERO AER                    |     |
| <i>dipropionate augmented</i>      |     | MG.....                           | 11  | SPHERE                              |     |
| .....                              | 117 | BILDYOS .....                     | 74  | (INSTITUTIONAL PACK)                |     |
| <i>betamethasone sod</i>           |     | <i>bimatoprost</i> .....          | 107 | .....                               | 108 |
| <i>phosphate &amp; acetate inj</i> |     | BIMZELX.....                      | 97  | <i>briellyn</i> .....               | 76  |
| <i>susp 6 (3-3) mg/ml</i> ....     | 80  | BINOSTO.....                      | 74  | BRILINTA.....                       | 96  |
| <i>betamethasone valerate</i>      |     | <i>bismuth subcit-</i>            |     | see <i>ticagrelor</i> .....         | 96  |
| .....                              | 117 | <i>metronidazole-</i>             |     | <i>brimonidine tartrate</i> .....   | 107 |
| BETAPACE.....                      | 32  | <i>tetracycline cap 140-125-</i>  |     | <i>brimonidine tartrate</i>         |     |
| see <i>sotalol hcl</i> .....       | 32  | 125 mg .....                      | 88  | <i>(topical)</i> .....              | 120 |
| BETAPACE AF .....                  | 32  | <i>bisoprolol &amp;</i>           |     | <i>brimonidine tartrate-timolol</i> |     |
| see <i>sotalol hcl (afib/afl)</i>  | 32  | <i>hydrochlorothiazide tab</i>    |     | <i>maleate ophth soln 0.2-</i>      |     |
| BETASERON.....                     | 64  | 10-6.25 mg .....                  | 34  | 0.5% .....                          | 107 |
| <i>betaxolol hcl</i> .....         | 34  | <i>bisoprolol &amp;</i>           |     | BRINSUPRI .....                     | 110 |
| <i>betaxolol hcl (ophth)</i> ..... | 106 | <i>hydrochlorothiazide tab</i>    |     | <i>brinzolamide</i> .....           | 107 |
| <i>bethanechol chloride</i> .....  | 91  | 2.5-6.25 mg .....                 | 34  | BRIUMVI .....                       | 64  |
| BETHKIS.....                       | 6   | <i>bisoprolol &amp;</i>           |     | BRIUMVI .....                       | 49  |
| see <i>tobramycin</i> .....        | 8   | <i>hydrochlorothiazide tab</i>    |     | BRIXADI.....                        | 67  |
| BETIMOL .....                      | 106 | 5-6.25 mg .....                   | 34  | <i>bromfenac sodium (ophth)</i>     |     |
| see <i>timolol hemihydrate</i>     |     | <i>bisoprolol fumarate</i> .....  | 34  | .....                               | 106 |
| <i>(ophth)</i> .....               | 107 | BIVIGAM .....                     | 100 | <i>bromocriptine mesylate</i> ...   | 44  |

|                                    |     |                                 |     |                                     |     |
|------------------------------------|-----|---------------------------------|-----|-------------------------------------|-----|
| BROMSITE .....                     | 106 | see <i>buprenorphine</i> .....  | 3   | <i>calcipotriene-</i>               |     |
| see <i>bromfenac sodium</i>        |     | BYLVAY .....                    | 88  | <i>betamethasone</i>                |     |
| ( <i>ophth</i> ) .....             | 106 | BYLVAY (PELLETS) .....          | 88  | <i>dipropionate oint 0.005-</i>     |     |
| BRUKINSA .....                     | 20  | BYNFEZIA PEN .....              | 81  | 0.064% .....                        | 116 |
| BRYHALI .....                      | 117 | BYOOVIZ .....                   | 107 | <i>calcipotriene-</i>               |     |
| BRYNOVIN .....                     | 69  | BYSTOLIC .....                  | 34  | <i>betamethasone</i>                |     |
| BUCAPSOL .....                     | 40  | see <i>nebivolol hcl</i> .....  | 35  | <i>dipropionate susp 0.005-</i>     |     |
| <i>budesonide</i> .....            | 87  | <b>C</b>                        |     | 0.064% .....                        | 117 |
| <i>budesonide (inhalation)</i> ..  | 112 | <i>cabergoline</i> .....        | 81  | <i>calcitonin (salmon) inj</i> .... | 74  |
| <i>budesonide (intrarectal)</i> .. | 87  | CABLIV .....                    | 95  | <i>calcitonin (salmon) spray</i> .. | 74  |
| <i>budesonide-formoterol</i>       |     | CABOMETYX .....                 | 20  | <i>calcitrene</i> .....             | 117 |
| <i>fumarate dihyd aerosol</i>      |     | CABTREGEL .....                 | 114 | <i>calcitriol</i> .....             | 85  |
| 160-4.5 mcg/act .....              | 113 | CADUET                          |     | <i>calcitriol (oral)</i> .....      | 85  |
| <i>budesonide-formoterol</i>       |     | see <i>amlodipine besylate-</i> |     | <i>calcitriol (topical)</i> .....   | 117 |
| <i>fumarate dihyd aerosol</i>      |     | <i>atorvastatin calcium</i>     |     | CALQUENCE .....                     | 20  |
| 80-4.5 mcg/act .....               | 113 | <i>tab 10-10 mg</i> .....       | 37  | CAMBIA .....                        | 61  |
| bumetanide .....                   | 36  | see <i>amlodipine besylate-</i> |     | see <i>diclofenac potassium</i>     |     |
| BUMEX                              |     | <i>atorvastatin calcium</i>     |     | ( <i>migraine</i> ) .....           | 61  |
| see <i>bumetanide</i> .....        | 36  | <i>tab 10-20 mg</i> .....       | 37  | CAMCEVI .....                       | 17  |
| BUPHENYL .....                     | 81  | see <i>amlodipine besylate-</i> |     | <i>camila</i> .....                 | 76  |
| see <i>sodium</i>                  |     | <i>atorvastatin calcium</i>     |     | CAMPTOSAR .....                     | 18  |
| <i>phenylbutyrate</i> .....        | 83  | <i>tab 10-40 mg</i> .....       | 37  | see <i>irinotecan hcl</i> .....     | 19  |
| <i>buprenorphine</i> .....         | 3   | see <i>amlodipine besylate-</i> |     | <i>camrese</i> .....                | 76  |
| <i>buprenorphine hcl</i> .....     | 67  | <i>atorvastatin calcium</i>     |     | <i>camrese lo</i> .....             | 76  |
| <i>buprenorphine hcl-</i>          |     | <i>tab 10-80 mg</i> .....       | 37  | CAMZYOS .....                       | 37  |
| <i>naloxone hcl sl film 12-3</i>   |     | see <i>amlodipine besylate-</i> |     | CANASA .....                        | 87  |
| <i>mg (base equiv)</i> .....       | 68  | <i>atorvastatin calcium</i>     |     | see <i>mesalamine</i> .....         | 87  |
| <i>buprenorphine hcl-</i>          |     | <i>tab 5-10 mg</i> .....        | 37  | CANCIDAS .....                      | 9   |
| <i>naloxone hcl sl film 2-0.5</i>  |     | see <i>amlodipine besylate-</i> |     | <i>candesartan cilexetil</i> .....  | 31  |
| <i>mg (base equiv)</i> .....       | 67  | <i>atorvastatin calcium</i>     |     | <i>candesartan cilexetil-</i>       |     |
| <i>buprenorphine hcl-</i>          |     | <i>tab 5-20 mg</i> .....        | 37  | <i>hydrochlorothiazide tab</i>      |     |
| <i>naloxone hcl sl film 4-1</i>    |     | see <i>amlodipine besylate-</i> |     | 16-12.5 mg .....                    | 29  |
| <i>mg (base equiv)</i> .....       | 68  | <i>atorvastatin calcium</i>     |     | <i>candesartan cilexetil-</i>       |     |
| <i>buprenorphine hcl-</i>          |     | <i>tab 5-40 mg</i> .....        | 37  | <i>hydrochlorothiazide tab</i>      |     |
| <i>naloxone hcl sl film 8-2</i>    |     | see <i>amlodipine besylate-</i> |     | 32-12.5 mg .....                    | 29  |
| <i>mg (base equiv)</i> .....       | 68  | <i>atorvastatin calcium</i>     |     | <i>candesartan cilexetil-</i>       |     |
| <i>buprenorphine hcl-</i>          |     | <i>tab 5-80 mg</i> .....        | 37  | <i>hydrochlorothiazide tab</i>      |     |
| <i>naloxone hcl sl tab 2-0.5</i>   |     | CADUET TAB 10-10MG ..           | 37  | 32-25 mg .....                      | 29  |
| <i>mg (base equiv)</i> .....       | 68  | CADUET TAB 10-20MG ..           | 37  | CAPLYTA .....                       | 46  |
| <i>buprenorphine hcl-</i>          |     | CADUET TAB 10-40MG ..           | 37  | CAPRELSA .....                      | 20  |
| <i>naloxone hcl sl tab 8-2</i>     |     | CADUET TAB 10-80MG ..           | 37  | <i>captopril</i> .....              | 27  |
| <i>mg (base equiv)</i> .....       | 68  | CADUET TAB 5-10MG ...           | 37  | <i>captopril &amp;</i>              |     |
| <i>bupropion hcl</i> .....         | 42  | CADUET TAB 5-20MG ...           | 37  | <i>hydrochlorothiazide tab</i>      |     |
| <i>bupropion hcl (smoking</i>      |     | CADUET TAB 5-40MG ...           | 37  | 25-15 mg .....                      | 27  |
| <i>deterrent)</i> .....            | 68  | CADUET TAB 5-80MG ...           | 37  | <i>captopril &amp;</i>              |     |
| <i>buspirone hcl</i> .....         | 40  | <i>calcipotriene</i> .....      | 116 | <i>hydrochlorothiazide tab</i>      |     |
| <i>butorphanol tartrate</i> .....  | 4   | CALCIPOTRIENE .....             | 116 | 25-25 mg .....                      | 27  |
| BUTRANS .....                      | 3   |                                 |     |                                     |     |

|                                                                    |                                                                            |                                                  |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------|
| <i>captopril &amp; hydrochlorothiazide tab</i><br>50-15 mg .....27 | <i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg .....45            | <i>see clonidine</i> .....37                     |
| <i>captopril &amp; hydrochlorothiazide tab</i><br>50-25 mg .....27 | <i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg .....45         | CATAPRES-TTS-3<br><i>see clonidine</i> .....37   |
| CARAFATE .....88<br><i>see sucralfate</i> .....89                  | <i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg .....45          | CAYSTON .....6                                   |
| <i>carb/levo orally disintegrating tab</i> 10-100mg .....45        | <i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg .....45            | <i>cefaclor</i> .....13                          |
| <i>carb/levo orally disintegrating tab</i> 25-100mg .....45        | <i>carbinoxamine maleate</i> .....109                                      | CEFACTOR ER .....13                              |
| <i>carb/levo orally disintegrating tab</i> 25-250mg .....45        | <i>carboplatin</i> .....16                                                 | <i>cefadroxil</i> .....13                        |
| CARBAGLU .....81<br><i>see carglumic acid</i> .....81              | <i>carbzah</i> .....109                                                    | CEFAZOLIN .....13                                |
| <i>carbamazepine</i> .....49, 50                                   | CARDIZEM .....35<br><i>see diltiazem hcl</i> .....35                       | CEFAZOLIN/DEX SOL<br>1GM/50ML-4% .....13         |
| CARBATROL .....50<br><i>see carbamazepine</i> .....49              | CARDIZEM CD .....35<br><i>see cartia xt</i> .....35                        | CEFAZOLIN/DEX SOL<br>2GM/50ML-3% .....13         |
| <i>carbidopa</i> .....45                                           | <i>see diltiazem hcl coated beads</i> .....35                              | CEFAZOLIN/DEX SOL<br>3GM/150ML-4% .....13        |
| <i>carbidopa &amp; levodopa cap er</i> 23.75-95 mg .....45         | CARDIZEM LA .....35<br><i>see diltiazem hcl</i> .....35                    | CEFAZOLIN/DEX SOL<br>3GM/50ML-2% .....13         |
| <i>carbidopa &amp; levodopa cap er</i> 36.25-145 mg .....45        | CARDURA .....28<br><i>see doxazosin mesylate</i> .....28                   | CEFAZOLIN INJ<br>1GM/50ML .....13                |
| <i>carbidopa &amp; levodopa cap er</i> 48.75-195 mg .....45        | CARDURA XL .....91                                                         | <i>cefazolin sodium</i> .....13                  |
| <i>carbidopa &amp; levodopa cap er</i> 61.25-245 mg .....45        | <i>carglumic acid</i> .....81                                              | CEFAZOLIN SOLN<br>2GM/100ML-4% .....13           |
| <i>carbidopa &amp; levodopa tab</i> 10-100 mg .....45              | <i>carisoprodol</i> .....66                                                | <i>cefdinir</i> .....13                          |
| <i>carbidopa &amp; levodopa tab</i> 25-100 mg .....45              | CARNITOR .....81<br><i>see levocarnitine (metabolic modifiers)</i> .....82 | CEFEPIME .....13                                 |
| <i>carbidopa &amp; levodopa tab</i> 25-250 mg .....45              | CAROSPIR .....28<br><i>see spironolactone</i> .....28                      | CEFEPIME/DEX INJ 1GM .....13                     |
| <i>carbidopa &amp; levodopa tab er</i> 25-100 mg .....45           | <i>carteolol hcl (ophth)</i> .....107                                      | CEFEPIME/DEX INJ 2GM .....13                     |
| <i>carbidopa &amp; levodopa tab er</i> 50-200 mg .....45           | <i>cartia xt</i> .....35                                                   | <i>cefepime hcl</i> .....13                      |
| <i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg .....45   | <i>carvedilol</i> .....34                                                  | <i>cefixime</i> .....13                          |
| <i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg .....45  | <i>carvedilol phosphate</i> .....34                                        | CEFOTAN<br><i>see cefotetan disodium</i> .....13 |
|                                                                    | CASODEX .....17<br><i>see bicalutamide</i> .....17                         | <i>cefotetan disodium</i> .....13                |
|                                                                    | <i>caspofungin acetate</i> .....9                                          | CEFOXITIN INJ 1GM .....13                        |
|                                                                    | CASPOFUNGIN ACETATE .....9                                                 | CEFOXITIN INJ 2GM .....13                        |
|                                                                    | CATAPRES-TTS-1<br><i>see clonidine</i> .....37                             | <i>cefoxitin sodium</i> .....13                  |
|                                                                    | CATAPRES-TTS-2                                                             | <i>cefprozil</i> .....13                         |
|                                                                    |                                                                            | <i>ceftazidime</i> .....13                       |
|                                                                    |                                                                            | <i>ceftriaxone sodium</i> .....13                |
|                                                                    |                                                                            | <i>cefuroxime axetil</i> .....13                 |
|                                                                    |                                                                            | <i>cefuroxime sodium</i> .....13                 |
|                                                                    |                                                                            | CELEBREX .....1                                  |
|                                                                    |                                                                            | <i>see celecoxib</i> .....1                      |
|                                                                    |                                                                            | <i>celecoxib</i> .....1                          |
|                                                                    |                                                                            | CELESTONE INJ<br>SOLUSPAN .....80                |
|                                                                    |                                                                            | CELESTONE SOLUSPAN                               |

|                                                                                   |     |                                                                                 |     |                                                                  |       |
|-----------------------------------------------------------------------------------|-----|---------------------------------------------------------------------------------|-----|------------------------------------------------------------------|-------|
| see <i>betamethasone sod phosphate &amp; acetate inj susp 6 (3-3) mg/ml</i> ..... | 80  | see <i>tadalafil</i> .....                                                      | 91  | <i>cladribine (7 tabs)</i> .....                                 | 64    |
| CELEXA .....                                                                      | 42  | CIBINQO .....                                                                   | 97  | <i>cladribine (8 tabs)</i> .....                                 | 64    |
| see <i>citalopram hydrobromide</i> .....                                          | 42  | <i>ciclopirox</i> .....                                                         | 115 | <i>cladribine (9 tabs)</i> .....                                 | 64    |
| CELLCEPT .....                                                                    | 101 | <i>ciclopirox olamine</i> .115, 116                                             |     | <i>claravis</i> .....                                            | 114   |
| see <i>mycophenolate mofetil</i> .....                                            | 102 | <i>cidofovir</i> .....                                                          | 12  | CLARINEX .....                                                   | 109   |
| CELONTIN .....                                                                    | 50  | <i>cilostazol</i> .....                                                         | 95  | see <i>desloratadine</i> .....                                   | 109   |
| see <i>methsuximide</i> .....                                                     | 52  | CILOXAN .....                                                                   | 105 | CLARINEX-D TAB 2.5-120 .....                                     | 109   |
| <i>cephalexin</i> .....                                                           | 13  | CIMDUO TAB 300-300 ...                                                          | 11  | <i>clarithromycin</i> .....                                      | 14    |
| CEQUA .....                                                                       | 107 | CIMERLI .....                                                                   | 107 | <i>clemastine fumarate</i> .....                                 | 109   |
| CEQUR SIMPL KIT PATCH 2U (3-DAY) .....                                            | 72  | <i>cimetidine</i> .....                                                         | 87  | CLEMSZA .....                                                    | 109   |
| CEQUR SIMPL KIT PATCH 2U (4-DAY) .....                                            | 72  | <i>cimetidine hcl</i> .....                                                     | 87  | CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML .....                       | 88    |
| CEQUR SIMPL MIS INSERTER .....                                                    | 72  | CIMZIA .....                                                                    | 97  | CLEOCIN .....                                                    | 6, 92 |
| CERDELGA .....                                                                    | 81  | CIMZIA STARTER KIT ...                                                          | 97  | see <i>clindamycin hcl</i> .....                                 | 6     |
| CEREZYME .....                                                                    | 81  | <i>cinacalcet hcl</i> .....                                                     | 81  | see <i>clindamycin phosphate vaginal</i> .....                   | 92    |
| <i>cetirizine hcl</i> .....                                                       | 109 | CINQAIR .....                                                                   | 110 | CLEOCIN PEDIATRIC GRANULE .....                                  | 6     |
| CETRAXAL see <i>ciprofloxacin hcl (otic)</i> .....                                | 108 | CINRYZE .....                                                                   | 95  | see <i>clindamycin palmitate hydrochloride</i> .....             | 6     |
| <i>cevimeline hcl</i> .....                                                       | 122 | CINVANTI .....                                                                  | 85  | CLEOCIN PHOSPHATE ...                                            | 6     |
| CHANTIX .....                                                                     | 68  | CIPRO .....                                                                     | 14  | see <i>clindamycin phosphate</i> .....                           | 6     |
| see <i>varenicline tartrate</i> .....                                             | 68  | see <i>ciprofloxacin hcl</i> ...                                                | 14  | CLEOCIN-T .....                                                  | 114   |
| CHANTIX CONTINUING MONTH .....                                                    | 68  | <i>ciprofloxacin 200 mg/100ml in d5w</i> .....                                  | 14  | see <i>clindamycin phosphate (topical)</i> .....                 | 114   |
| CHANTIX TAB 0.5& 1MG .....                                                        | 68  | <i>ciprofloxacin 400 mg/200ml in d5w</i> .....                                  | 14  | CLIMARA .....                                                    | 78    |
| <i>chateal eq</i> .....                                                           | 76  | <i>ciprofloxacin-</i> <i>dexamethasone otic susp 0.3-0.1%</i> .....             | 108 | see <i>estradiol</i> .....                                       | 79    |
| CHEMET .....                                                                      | 75  | <i>ciprofloxacin hcl</i> .....                                                  | 14  | CLIMARA PRO DIS WEEKLY .....                                     | 78    |
| <i>chlordiazepoxide hcl</i> .....                                                 | 40  | <i>ciprofloxacin hcl (ophth)</i> .....                                          | 105 | <i>clindacin</i> .....                                           | 114   |
| <i>chlorhexidine gluconate (mouth-throat)</i> .....                               | 122 | <i>ciprofloxacin hcl (otic)</i> ...                                             | 108 | <i>clindacin etz pledgets</i> .....                              | 114   |
| <i>chloroquine phosphate</i> ...                                                  | 10  | <i>ciprofloxacin-</i> <i>hydrocortisone otic susp 0.2-1%</i> .....              | 108 | <i>clindacin-p</i> .....                                         | 114   |
| <i>chlorpromazine hcl</i> .....                                                   | 46  | CIPRO HC see <i>ciprofloxacin-</i> <i>hydrocortisone otic susp 0.2-1%</i> ..... | 108 | CLINDAGEL .....                                                  | 114   |
| <i>chlorthalidone</i> .....                                                       | 36  | CIPRO HC SUS 0.2-1%OT .....                                                     | 108 | see <i>clindamycin phosphate (topical)</i> .....                 | 114   |
| CHOLBAM .....                                                                     | 88  | <i>cisplatin</i> .....                                                          | 16  | <i>clindamycin hcl</i> .....                                     | 6     |
| <i>cholestyramine</i> .....                                                       | 33  | CISPLATIN see <i>cisplatin</i> .....                                            | 16  | <i>clindamycin palmitate hydrochloride</i> .....                 | 6     |
| <i>cholestyramine light</i> .....                                                 | 33  | <i>citalopram hydrobromide</i> .....                                            | 42  | <i>clindamycin phosphate</i> .....                               | 6     |
| <i>choline fenofibrate</i> .....                                                  | 32  | CITALOPRAM HYDROBROMIDE .....                                                   | 42  | <i>clindamycin phosphate (topical)</i> .....                     | 114   |
| CHORIONIC GONADOTROPIN .....                                                      | 81  | <i>cladribine (10 tabs)</i> .....                                               | 64  | <i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> ..... | 114   |
| CIALIS .....                                                                      | 91  | <i>cladribine (4 tabs)</i> .....                                                | 64  |                                                                  |       |
|                                                                                   |     | <i>cladribine (5 tabs)</i> .....                                                | 64  |                                                                  |       |
|                                                                                   |     | <i>cladribine (6 tabs)</i> .....                                                | 64  |                                                                  |       |

|                                                                                   |     |                                                                   |          |                                                                                                |     |
|-----------------------------------------------------------------------------------|-----|-------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------|-----|
| <i>clindamycin phosphate-<br/>benzoyl peroxide gel 1.2-<br/>3.75% .....</i>       | 114 | CLINIMIX INJ 5%/D20W<br>.....                                     | 105      | <i>colesevelam hcl .....</i>                                                                   | 33  |
| <i>clindamycin phosphate-<br/>benzoyl peroxide gel 1-<br/>5% .....</i>            | 114 | CLINIMIX INJ 6/5 .....                                            | 105      | COLESTID .....                                                                                 | 33  |
| <i>clindamycin phosphate in<br/>d5w iv soln 300 mg/50ml<br/>.....</i>             | 6   | CLINIMIX INJ 8/10 .....                                           | 105      | <i>see colestipol hcl .....</i>                                                                | 33  |
| <i>clindamycin phosphate in<br/>d5w iv soln 600 mg/50ml<br/>.....</i>             | 6   | CLINIMIX INJ 8/14 .....                                           | 105      | <i>colestipol hcl .....</i>                                                                    | 33  |
| <i>clindamycin phosphate in<br/>d5w iv soln 900 mg/50ml<br/>.....</i>             | 6   | <i>clinisol sf 15% .....</i>                                      | 105      | <i>colistimethate sodium .....</i>                                                             | 6   |
| <i>clindamycin phosphate-<br/>tretinoin gel 1.2-0.025%<br/>.....</i>              | 114 | CLINOLIPID EMU 20% .....                                          | 105      | COLUMVI .....                                                                                  | 20  |
| <i>clindamycin phosphate<br/>vaginal .....</i>                                    | 92  | <i>clobazam .....</i>                                             | 50       | COLY-MYCIN M .....                                                                             | 6   |
| <i>clindamycin phosph-<br/>benzoyl peroxide (refrig)<br/>gel 1.2 (1)-5% .....</i> | 114 | <i>clobetasol propionate ....</i>                                 | 117      | <i>see colistimethate<br/>sodium .....</i>                                                     | 6   |
| CLINDESSE .....                                                                   | 92  | <i>clobetasol propionate e.</i>                                   | 117      | COMBIGAN<br><i>see brimonidine tartrate-<br/>timolol maleate ophth<br/>soln 0.2-0.5% .....</i> | 107 |
| CLINDMYC/NAC INJ<br>300/50ML .....                                                | 6   | <i>clobetasol propionate<br/>emulsion .....</i>                   | 117      | COMBIGAN SOL 0.2/0.5%<br>.....                                                                 | 107 |
| CLINDMYC/NAC INJ<br>600/50ML .....                                                | 6   | CLOBEX .....                                                      | 117, 118 | COMBIPATCH DIS .....                                                                           | 78  |
| CLINDMYC/NAC INJ<br>900/50ML .....                                                | 6   | <i>see clobetasol<br/>propionate .....</i>                        | 117      | COMBIVENT AER 20-100<br>.....                                                                  | 108 |
| CLINIMIX E INJ 2.75/D5W<br>.....                                                  | 104 | <i>see clodan .....</i>                                           | 118      | COMBOGESIC INJ 300-<br>1000 .....                                                              | 1   |
| CLINIMIX E INJ 4.25/D10<br>.....                                                  | 104 | <i>clocortolone pivalate ....</i>                                 | 118      | COMETRIQ (60MG DOSE)<br>.....                                                                  | 20  |
| CLINIMIX E INJ 4.25/D5W<br>.....                                                  | 104 | <i>clodan .....</i>                                               | 118      | COMETRIQ KIT 100MG .....                                                                       | 20  |
| CLINIMIX E INJ 5%/D15W<br>.....                                                   | 105 | <i>clomipramine hcl .....</i>                                     | 42       | COMETRIQ KIT 140MG .....                                                                       | 20  |
| CLINIMIX E INJ 5%/D20W<br>.....                                                   | 105 | <i>clonazepam .....</i>                                           | 50       | COMPLERA<br><i>see emtricitabine-<br/>rilpivirine-tenofovir df<br/>tab 200-25-300 mg ..</i>    | 11  |
| CLINIMIX E INJ 8/10 .....                                                         | 105 | <i>clonidine .....</i>                                            | 37       | COMPLERA TAB .....                                                                             | 11  |
| CLINIMIX E INJ 8/14 .....                                                         | 105 | <i>clonidine hcl .....</i>                                        | 37       | <i>compro .....</i>                                                                            | 85  |
| CLINIMIX INJ 4.25/D10 .....                                                       | 105 | <i>clonidine hcl (analgesia) ...</i>                              | 1        | CONCERTA .....                                                                                 | 57  |
| CLINIMIX INJ 4.25/D5W<br>.....                                                    | 105 | <i>clopidogrel bisulfate .....</i>                                | 96       | <i>see methylphenidate hcl<br/>.....</i>                                                       | 59  |
| CLINIMIX INJ 5%/D15W<br>.....                                                     | 105 | <i>clorazepate dipotassium .</i>                                  | 50       | CONDYLOX .....                                                                                 | 120 |
| CLINIMIX INJ 5%/D20W<br>.....                                                     | 105 | <i>clotrimazole .....</i>                                         | 122      | <i>constulose .....</i>                                                                        | 88  |
|                                                                                   |     | <i>clotrimazole (topical) ....</i>                                | 116      | CONZIP .....                                                                                   | 3   |
|                                                                                   |     | <i>clotrimazole w/<br/>betamethasone cream 1-<br/>0.05% .....</i> | 116      | COPAXONE .....                                                                                 | 64  |
|                                                                                   |     | <i>clozapine .....</i>                                            | 46       | <i>see glatiramer acetate.</i>                                                                 | 65  |
|                                                                                   |     | CLOZARIL .....                                                    | 46       | <i>see glatopa .....</i>                                                                       | 65  |
|                                                                                   |     | <i>see clozapine .....</i>                                        | 46       | COPIKTRA .....                                                                                 | 20  |
|                                                                                   |     | COARTEM TAB 20-120MG<br>.....                                     | 10       | CORDRAN .....                                                                                  | 118 |
|                                                                                   |     | COBENFY CAP 100-20MG<br>.....                                     | 46       | COREG .....                                                                                    | 34  |
|                                                                                   |     | COBENFY CAP 125-30MG<br>.....                                     | 46       | <i>see carvedilol .....</i>                                                                    | 34  |
|                                                                                   |     | COBENFY CAP 50-20MG<br>.....                                      | 46       | COREG CR .....                                                                                 | 34  |
|                                                                                   |     | COBENFY STRT CAP<br>PACK .....                                    | 46       | <i>see carvedilol phosphate<br/>.....</i>                                                      | 34  |
|                                                                                   |     | <i>codeine sulfate .....</i>                                      | 4        | CORLANOR .....                                                                                 | 37  |
|                                                                                   |     | CODEINE SULFATE .....                                             | 4        | <i>see ivabradine hcl .....</i>                                                                | 38  |
|                                                                                   |     | <i>colchicine .....</i>                                           | 1        |                                                                                                |     |
|                                                                                   |     | <i>colchicine w/ probenecid<br/>tab 0.5-500 mg .....</i>          | 1        |                                                                                                |     |

|                                   |                                    |                                     |
|-----------------------------------|------------------------------------|-------------------------------------|
| CORTEF .....80                    | CREXONT CAP 87.5-350               | D10W/NACL INJ 0.45% 103             |
| see <i>hydrocortisone</i> .....80 | .....45                            | D2.5W/NACL INJ 0.45%                |
| CORTENEMA .....87                 | CRINONE .....84                    | .....103                            |
| see <i>hydrocortisone</i>         | <i>cromolyn sodium</i> .....110    | D5W/LYTES INJ #48 ....103           |
| ( <i>intrarectal</i> ).....87     | <i>cromolyn sodium</i>             | D5W/NACL INJ 0.2%....103            |
| CORTIFOAM .....120                | ( <i>mastocytosis</i> ) .....88    | D5W/NACL INJ 0.3%....103            |
| CORTISONE ACETATE .80             | <i>cromolyn sodium (ophth)</i>     | D5W/NACL INJ 0.45%..103             |
| CORTISPORIN SUS -TC               | .....106                           | D5W/NACL INJ 0.9%....103            |
| OTIC.....108                      | <i>crotan</i> .....121             | <i>dabigatran etexilate</i>         |
| CORTROPHIN.....81                 | <i>cryselle</i> .....76            | <i>mesylate</i> .....92             |
| COSENTYX .....97                  | CRYSVITA .....81                   | <i>dacarbazine</i> .....18          |
| COSENTYX                          | CUTAQUIG .....100                  | <i>dalbavancin hcl</i> .....6       |
| SENSOREADY PEN...97               | CUVITRU .....100                   | <i>dalfampridine</i> .....64        |
| COSENTYX UNOREADY                 | CUVPOSA .....86                    | DALIRESP .....110                   |
| .....97                           | see <i>glycopyrrolate (oral)</i>   | see <i>roflumilast</i> .....111     |
| COSOPT                            | .....87                            | DALVANCE.....6                      |
| see <i>dorzolamide hcl-</i>       | CUVROR .....75                     | see <i>dalbavancin hcl</i> .....6   |
| <i>timolol maleate ophth</i>      | <i>cyclobenzaprine hcl</i> .....66 | <i>danazol</i> .....68              |
| <i>soln 2-0.5%</i> .....107       | <i>cyclophosphamide</i> .....16    | DANTRIUM .....66                    |
| COSOPT PF                         | CYCLOPHOSPHAMIDE .16               | see <i>dantrolene sodium</i> 66     |
| see <i>dorzolamide hcl-</i>       | CYCLOPHOSPHAMIDE                   | <i>dantrolene sodium</i> .....66    |
| <i>timolol maleate pf</i>         | MONOHYDR .....16                   | DANZITEN .....20                    |
| <i>ophth soln 2-0.5%</i> ..107    | <i>cycloserine</i> .....12         | <i>dapagliflozin propanediol</i> 69 |
| COSOPT PF SOL 2%-                 | <i>cyclosporine</i> .....101       | <i>dapsone</i> .....6               |
| 0.5% .....107                     | <i>cyclosporine modified (for</i>  | <i>dapsone (topical)</i> .....114   |
| COSOPT SOL 2-0.5%OP               | <i>microemulsion</i> ) .....101    | DAPTACEL INJ.....102                |
| .....107                          | CYKLOKAPRON                        | DAPTOMY/NACL INJ                    |
| COTELLIC .....20                  | see <i>tranexamic acid</i> ...96   | 350/50ML .....6                     |
| COTEMPLA XR-ODT ....57            | <i>cypheptadine hcl</i> .....109   | DAPTOMY/NACL INJ                    |
| COZAAR .....31                    | CYRAMZA .....20                    | 500/50ML .....7                     |
| see <i>losartan potassium</i>     | <i>cyred eq</i> .....76            | <i>daptomycin</i> .....7            |
| .....31                           | CYSTADANE                          | DAPTOMYCIN .....7                   |
| CRENESSITY .....81                | see <i>betaine powder for</i>      | see <i>daptomycin</i> .....7        |
| CREON CAP 12000UNT 88             | <i>oral solution</i> .....81       | DARAPRIM .....7                     |
| CREON CAP 24000UNT 88             | CYSTADANE POW .....81              | see <i>pyrimethamine</i> .....8     |
| CREON CAP 3000UNIT .88            | CYSTADROPS .....107                | <i>darifenacin hydrobromide</i>     |
| CREON CAP 36000UNT 88             | CYSTAGON.....81                    | .....91                             |
| CREON CAP 6000UNIT .88            | CYSTARAN .....107                  | <i>darunavir</i> .....10            |
| CRESEMBA.....9                    | <i>cytarabine</i> .....16          | DARZALEX.....20                     |
| CRESTOR .....33                   | CYTOGAM.....100                    | DARZALEX INJ FASPRO                 |
| see <i>rosuvastatin calcium</i>   | CYTOMEL.....84                     | .....20                             |
| .....33                           | see <i>liomny</i> .....84          | <i>dasatinib</i> .....21            |
| CREXONT CAP 35-140MG              | see <i>liothyronine sodium</i>     | <i>dasetta 1/35</i> .....76         |
| .....45                           | .....84                            | <i>dasetta 7/7/7</i> .....76        |
| CREXONT CAP 52.5-210              | CYTOTEC.....88                     | DATROWAY .....21                    |
| .....45                           | see <i>misoprostol</i> .....89     | DAURISMO.....21                     |
| CREXONT CAP 70-280MG              | D                                  | DAWNZERA .....95                    |
| .....45                           | D10W/NACL INJ 0.2%..103            | DAXXIFY.....66                      |

|                                  |     |                                      |     |                                       |     |
|----------------------------------|-----|--------------------------------------|-----|---------------------------------------|-----|
| DAYBUE .....                     | 63  | see <i>fluocinolone</i>              |     | <i>dextrose</i> .....                 | 105 |
| DAYBUE STIX .....                | 63  | <i>acetonide</i> .....               | 118 | DEXTROSE/SODIUM                       |     |
| DAYPRO .....                     | 1   | DERMA-SMOOTH/FS                      |     | CHLORIDE                              |     |
| daysee .....                     | 76  | SCALP .....                          | 118 | see <i>dextrose</i> 5% w/             |     |
| DAYTRANA .....                   | 57  | see <i>fluocinolone</i>              |     | <i>sodium chloride</i>                |     |
| see <i>methylphenidate</i> ..    | 58  | <i>acetonide</i> .....               | 118 | 0.225% .....                          | 103 |
| DAYVIGO .....                    | 60  | DERMOTIC .....                       | 108 | DEXTROSE 10% .....                    | 105 |
| DDAVP .....                      | 81  | see <i>flac</i> .....                | 108 | see <i>dextrose</i> .....             | 105 |
| see <i>desmopressin</i>          |     | see <i>fluocinolone</i>              |     | DEXTROSE 2.5%/SODIUM                  |     |
| <i>acetate</i> .....             | 81  | <i>acetonide (otic)</i> .....        | 108 | CHLO                                  |     |
| deblitane .....                  | 76  | DESCOVY TAB 120-15MG                 |     | see <i>dextrose</i> 2.5% w/           |     |
| decitabine .....                 | 16  | .....                                | 11  | <i>sodium chloride</i> 0.45%          |     |
| deferasirox .....                | 75  | DESCOVY TAB 200/25MG                 |     | .....                                 | 103 |
| deferiprone .....                | 75  | .....                                | 11  | <i>dextrose</i> 2.5% w/ <i>sodium</i> |     |
| deferoxamine mesylate ..         | 75  | DESFERAL .....                       | 75  | <i>chloride</i> 0.45% .....           | 103 |
| DELESTROGEN .....                | 78  | see <i>deferoxamine</i>              |     | DEXTROSE 5%                           |     |
| see <i>estradiol valerate</i> .. | 79  | <i>mesylate</i> .....                | 75  | see <i>dextrose</i> .....             | 105 |
| DELSTRIGO TAB .....              | 11  | <i>desipramine hcl</i> .....         | 42  | DEXTROSE 5%/SODIUM                    |     |
| demeclocycline hcl .....         | 15  | <i>desloratadine</i> .....           | 109 | CHLORI                                |     |
| DEMSE .....                      | 37  | <i>desmopressin acetate</i> .....    | 81  | see <i>dextrose</i> 5% w/             |     |
| DENAVIR .....                    | 120 | <i>desmopressin acetate</i>          |     | <i>sodium chloride</i> 0.3%           |     |
| see <i>penciclovir</i> .....     | 121 | <i>spray</i> .....                   | 81  | .....                                 | 103 |
| DENG VAXIA SUS .....             | 102 | <i>desmopressin acetate</i>          |     | see <i>dextrose</i> 5% w/             |     |
| DEPAKOTE .....                   | 50  | <i>spray refrigerated</i> .....      | 81  | <i>sodium chloride</i> 0.45%          |     |
| see <i>divalproex sodium</i> ..  | 50  | <i>desogest-eth estrad &amp; eth</i> |     | .....                                 | 103 |
| DEPAKOTE ER .....                | 50  | <i>estrad tab</i> 0.15-0.02/0.01     |     | see <i>dextrose</i> 5% w/             |     |
| see <i>divalproex sodium</i> ..  | 50  | <i>mg</i> (21/5) .....               | 76  | <i>sodium chloride</i> 0.9%           |     |
| DEPAKOTE SPRINKLES               |     | <i>desonide</i> .....                | 118 | .....                                 | 103 |
| .....                            | 50  | <i>desoximetasone</i> .....          | 118 | <i>dextrose</i> 5% in <i>lactated</i> |     |
| see <i>divalproex sodium</i> ..  | 50  | DESVENLAFAXINE ER ..                 | 42  | <i>ringers</i> .....                  | 103 |
| DEPEN TITRATABS .....            | 75  | <i>desvenlafaxine succinate</i> ..   | 42  | <i>dextrose</i> 5% w/ <i>sodium</i>   |     |
| see <i>penicillamine</i> .....   | 75  | <i>dexamethasone</i> .....           | 80  | <i>chloride</i> 0.225% .....          | 103 |
| DEPO-ESTRADIOL .....             | 79  | DEXAMETHASONE                        |     | <i>dextrose</i> 5% w/ <i>sodium</i>   |     |
| DEPO-MEDROL .....                | 80  | INTENSOL .....                       | 80  | <i>chloride</i> 0.3% .....            | 103 |
| see <i>methylprednisolone</i>    |     | <i>dexamethasone sodium</i>          |     | <i>dextrose</i> 5% w/ <i>sodium</i>   |     |
| <i>acetate</i> .....             | 80  | <i>phosphate</i> .....               | 80  | <i>chloride</i> 0.45% .....           | 103 |
| DEPO-PROVERA                     |     | <i>dexamethasone sodium</i>          |     | <i>dextrose</i> 5% w/ <i>sodium</i>   |     |
| CONTRACEPTIV .....               | 76  | <i>phosphate (ophth)</i> .....       | 106 | <i>chloride</i> 0.9% .....            | 103 |
| see                              |     | DEXEDRINE .....                      | 57  | DEXTROSE 70% .....                    | 105 |
| <i>medroxyprogesterone</i>       |     | see <i>dextroamphetamine</i>         |     | DEXYCU .....                          | 106 |
| <i>acetate (contraceptive)</i>   |     | <i>sulfate</i> .....                 | 57  | DHIVY TAB 25-100MG ..                 | 45  |
| .....                            | 77  | DEXILANT .....                       | 90  | DIACOMIT .....                        | 50  |
| DEPO-SUBQ PROVERA                |     | see <i>dexlansoprazole</i> ..        | 90  | <i>diazepam</i> .....                 | 50  |
| 104 .....                        | 76  | <i>dexlansoprazole</i> .....         | 90  | <i>diazepam (anticonvulsant)</i>      |     |
| depo-testosterone .....          | 68  | <i>dexmethylphenidate hcl</i> ..     | 57  | .....                                 | 50  |
| DERMA-SMOOTH/FS                  |     | <i>dextrazoxane hcl</i> .....        | 18  | <i>diazepam inj</i> .....             | 50  |
| BODY .....                       | 118 | <i>dextroamphetamine sulfate</i>     |     | <i>diazepam intensol</i> .....        | 50  |
|                                  |     | .....                                | 57  | <i>diazoxide</i> .....                | 81  |



|                                      |                                     |                                       |
|--------------------------------------|-------------------------------------|---------------------------------------|
| <i>dichlorphenamide</i> .....36      | <i>diltiazem hcl</i> .....35        | <i>see betamethasone</i>              |
| DICLEGIS                             | <i>diltiazem hcl coated beads</i>   | <i>dipropionate</i>                   |
| <i>see doxylamine-</i>               | .....35                             | <i>augmented</i> .....117             |
| <i>pyridoxine tab delayed</i>        | <i>diltiazem hcl extended</i>       | <i>dipyridamole</i> .....96           |
| <i>release 10-10 mg</i> ....85       | <i>release beads</i> .....35        | <i>disopyramide phosphate</i> .32     |
| DICLEGIS TAB 10-10MG                 | <i>dilt-xr</i> .....35              | <i>disulfiram</i> .....68             |
| .....85                              | DIMENHYDRINATE.....85               | DIURIL .....36                        |
| <i>diclofenac potassium</i> .....1   | <i>dimethyl fumarate</i> .....64    | <i>divalproex sodium</i> .....50      |
| <i>diclofenac potassium</i>          | <i>dimethyl fumarate capsule</i>    | DIVIGEL.....79                        |
| <i>(migraine)</i> .....61            | <i>dr starter pack 120 mg &amp;</i> | <i>see estradiol</i> .....79          |
| <i>diclofenac sodium</i> .....1      | 240 mg .....65                      | <i>docetaxel</i> .....19              |
| <i>diclofenac sodium (actinic</i>    | DIOVAN .....31                      | DOCETAXEL .....19                     |
| <i>keratoses)</i> .....120           | <i>see valsartan</i> .....32        | <i>see docetaxel</i> .....19          |
| <i>diclofenac sodium (ophth)</i>     | DIOVAN HCT                          | DOCIVYX.....19                        |
| .....106                             | <i>see valsartan-</i>               | <i>dofetilide</i> .....32             |
| <i>diclofenac sodium (topical)</i>   | <i>hydrochlorothiazide tab</i>      | DOJOLVI.....82                        |
| .....120                             | 160-12.5 mg.....31                  | <i>dolishale</i> .....76              |
| <i>diclofenac w/ misoprostol</i>     | <i>see valsartan-</i>               | DOLOBID.....1                         |
| <i>tab delayed release 50-</i>       | <i>hydrochlorothiazide tab</i>      | <i>donepezil hydrochloride</i> ..41   |
| 0.2 mg .....1                        | 160-25 mg.....31                    | DOPTLET .....95                       |
| <i>diclofenac w/ misoprostol</i>     | <i>see valsartan-</i>               | DOPTLET SPRINKLE ..95                 |
| <i>tab delayed release 75-</i>       | <i>hydrochlorothiazide tab</i>      | DORYX MPC .....15                     |
| 0.2 mg .....1                        | 320-12.5 mg.....31                  | <i>dorzolamide hcl</i> .....107       |
| <i>dicloxacillin sodium</i> .....15  | <i>see valsartan-</i>               | <i>dorzolamide hcl-timolol</i>        |
| <i>dicyclomine hcl</i> .....86, 87   | <i>hydrochlorothiazide tab</i>      | <i>maleate ophth soln 2-</i>          |
| DIFFERIN .....114                    | 320-25 mg.....31                    | 0.5% .....107                         |
| <i>see adapalene</i> .....114        | <i>see valsartan-</i>               | <i>dorzolamide hcl-timolol</i>        |
| DIFFERIN PUMP .....115               | <i>hydrochlorothiazide tab</i>      | <i>maleate pf ophth soln 2-</i>       |
| DIFICID .....14                      | 80-12.5 mg.....31                   | 0.5% .....107                         |
| <i>see fidaxomicin</i> .....14       | DIOVAN HCT TAB 160-                 | <i>dotti</i> .....79                  |
| <i>diflorasone diacetate</i> ....118 | 12.5 .....29                        | DOVATO TAB 50-300MG                   |
| DIFLUCAN .....9                      | DIOVAN HCT TAB 160-                 | .....11                               |
| <i>see fluconazole</i> .....9        | 25MG.....29                         | <i>doxazosin mesylate</i> .....28     |
| <i>diflunisal</i> .....1             | DIOVAN HCT TAB 320-                 | <i>doxepin hcl</i> .....42            |
| <i>difluprednate</i> .....106        | 12.5 .....29                        | <i>doxepin hcl (antipruritic)</i> 120 |
| <i>digoxin</i> .....37               | DIOVAN HCT TAB 320-                 | <i>doxepin hcl (sleep)</i> .....60    |
| <i>dihydroergotamine</i>             | 25MG.....29                         | <i>doxercalciferol</i> .....85        |
| <i>mesylate</i> .....61              | DIOVAN HCT TAB 80-12.5              | DOXIL .....18                         |
| DILANTIN.....50                      | .....29                             | <i>see doxorubicin hcl</i>            |
| <i>see phenytoin sodium</i>          | DIPENTUM .....87                    | <i>liposomal</i> .....18              |
| <i>extended</i> .....53              | <i>diphenhydramine hcl</i> ....109  | <i>doxorubicin hcl</i> .....18        |
| DILANTIN-125 .....50                 | <i>diphenoxylate w/ atropine</i>    | <i>doxorubicin hcl liposomal</i> 18   |
| <i>see phenytoin</i> .....53         | <i>liq 2.5-0.025 mg/5ml</i> ....88  | DOXORUBICIN                           |
| DILANTIN INFATABS .....50            | <i>diphenoxylate w/ atropine</i>    | HYDROCHLORIDE.....18                  |
| <i>see phenytoin</i> .....53         | <i>tab 2.5-0.025 mg</i> .....89     | <i>see doxorubicin hcl</i> .....18    |
| DILAUDID .....4                      | DIPROLENE .....118                  | <i>doxy 100</i> .....15               |
| <i>see hydromorphone hcl</i> 4,      |                                     | <i>doxycycline (monohydrate)</i>      |
| 5                                    |                                     | .....15                               |

|                                     |                                    |                                     |
|-------------------------------------|------------------------------------|-------------------------------------|
| <i>doxycycline (rosacea)</i> ...120 | DW5-NACL INJ 0.225%103             | EKTERLY.....95                      |
| <i>doxycycline hyclate</i> .....15  | DYANAVEL XR.....57, 58             | ELAHERE .....21                     |
| <i>doxylamine-pyridoxine tab</i>    | DYCLOPRO .....119                  | ELAPRASE .....82                    |
| <i>delayed release 10-10</i>        | DYMISTA                            | ELELYSO.....82                      |
| <i>mg</i> .....85                   | <i>see azelastine hcl-</i>         | ELEPSIA XR.....50                   |
| DRIZALMA SPRINKLE...42              | <i>fluticasone prop nasal</i>      | ELESTRIN .....79                    |
| dronabinol .....85                  | <i>spray 137-50 mcg/act</i>        | <i>eletriptan hydrobromide</i> ..61 |
| <i>drospirenone-ethinyl</i>         | .....109                           | ELFABRIO .....82                    |
| <i>estradiol tab 3-0.02 mg</i> 76   | DYMISTA SPR 137-50 .109            | ELIGARD .....17                     |
| <i>drospirenone-ethinyl</i>         | DYRENIUM.....36                    | ELIMITE .....121                    |
| <i>estradiol tab 3-0.03 mg</i> 76   | <i>see triamterene</i> .....36     | <i>elinest</i> .....76              |
| <i>drospirenone-ethinyl</i>         | DYSPORT.....66                     | ELIQUIS.....92                      |
| <i>estrad-levomefolate tab</i>      | E                                  | ELIQUIS (1.5MG PACK) 3              |
| <i>3-0.02-0.451 mg</i> .....76      | <i>e.e.s. 400</i> .....14          | X.....92                            |
| <i>drospirenone-ethinyl</i>         | E.E.S. GRANULES                    | ELIQUIS (2MG PACK) 4 X              |
| <i>estrad-levomefolate tab</i>      | <i>see erythromycin</i>            | .....93                             |
| <i>3-0.03-0.451 mg</i> .....76      | <i>ethylsuccinate</i> .....14      | ELIQUIS STARTER PACK                |
| DROXIA .....95                      | EBGLYSS .....97                    | .....93                             |
| <i>droxidopa</i> .....37            | <i>econazole nitrate</i> .....116  | ELITEK.....18                       |
| DUAKLIR AER 400/12 ..108            | ECONAZOLE NITRATE                  | <i>elixophyllin</i> .....110        |
| DUETACT                             | .....116                           | ELLENC.....18                       |
| <i>see pioglitazone hcl-</i>        | <i>edaravone</i> .....63           | ELMIRON.....91                      |
| <i>glimepiride tab 30-2</i>         | EDARBI.....31                      | <i>eltrombopag olamine</i> .....95  |
| <i>mg</i> .....71                   | EDARBYCLOR TAB 40-                 | <i>eluryng</i> .....76              |
| <i>see pioglitazone hcl-</i>        | 12.5 .....29                       | ELYXYB .....61                      |
| <i>glimepiride tab 30-4</i>         | EDARBYCLOR TAB 40-                 | EMBLAVEO INJ 2GM .....7             |
| <i>mg</i> .....71                   | 25MG.....29                        | EMEND .....85                       |
| DUETACT TAB 30-2MG .69              | EDECRIN.....36                     | <i>see fosaprepitant</i>            |
| DUETACT TAB 30-4MG .69              | <i>see ethacrynic acid</i> .....36 | <i>dimeglumine</i> .....85          |
| DULERA AER 100-5MCG                 | EDLUAR .....60                     | EMEND BIPACK.....85                 |
| .....113                            | EDURANT.....10                     | <i>see aprepitant</i> .....85       |
| DULERA AER 200-5MCG                 | EDURANT PED .....10                | EMEND TRIPAC PAK 125                |
| .....113                            | <i>efavirenz</i> .....10           | & 80 .....85                        |
| DULERA AER 50-5MCG                  | <i>efavirenz-emtricitabine-</i>    | EMGALITY.....61                     |
| .....113                            | <i>tenofovir df tab 600-200-</i>   | EMPAVELI .....95                    |
| <i>duloxetine hcl</i> .....42       | 300 mg .....11                     | EMPLICITI .....21                   |
| DUOBRII LOT .....118                | <i>efavirenz-lamivudine-</i>       | EMRELIS .....21                     |
| DUOPA SUS 4.63-20.....45            | <i>tenofovir df tab 400-300-</i>   | EMROSI.....120                      |
| DUPIXENT .....97                    | 300 mg .....11                     | EMSAM.....42                        |
| DURACLON.....1                      | <i>efavirenz-lamivudine-</i>       | <i>emtricitabine</i> .....10        |
| <i>see clonidine hcl</i>            | <i>tenofovir df tab 600-300-</i>   | <i>emtricitabine-rilpivirine-</i>   |
| <i>(analgesia)</i> .....1           | 300 mg .....11                     | <i>tenofovir df tab 200-25-</i>     |
| DUREZOL.....106                     | EFFEXOR XR.....42                  | 300 mg .....11                      |
| <i>see difluprednate</i> .....106   | <i>see venlafaxine hcl</i> .....44 | <i>emtricitabine-tenofovir</i>      |
| <i>dutasteride</i> .....91          | EFFIENT .....96                    | <i>disoproxil fumarate tab</i>      |
| <i>dutasteride-tamsulosin hcl</i>   | <i>see prasugrel hcl</i> .....96   | 100-150 mg .....11                  |
| <i>cap 0.5-0.4 mg</i> .....91       | EGRIFTA SV.....82                  |                                     |
| DUVYZAT .....63                     | EGRIFTA WR .....82                 |                                     |

|                                    |                                      |                                      |
|------------------------------------|--------------------------------------|--------------------------------------|
| <i>emtricitabine-tenofovir</i>     | see <i>sacubitril-valsartan</i>      | EPOGEN.....94                        |
| <i>disoproxil fumarate tab</i>     | <i>tab 97-103 mg.....30</i>          | <i>epoprostenol sodium.....39</i>    |
| 133-200 mg .....11                 | ENTRESTO CAP 15-16MG                 | EPRONTIA.....50                      |
| <i>emtricitabine-tenofovir</i>     | .....29                              | see <i>topiramate.....54</i>         |
| <i>disoproxil fumarate tab</i>     | ENTRESTO CAP 6-6MG 29                | EPSOLAY .....120                     |
| 167-250 mg .....11                 | ENTRESTO TAB 24-26MG                 | EPYSQLI.....95                       |
| <i>emtricitabine-tenofovir</i>     | .....29                              | EQUETRO .....63                      |
| <i>disoproxil fumarate tab</i>     | ENTRESTO TAB 49-51MG                 | ERAXIS.....9                         |
| 200-300 mg .....11                 | .....29                              | ERBITUX .....21                      |
| EMTRIVA .....10                    | ENTRESTO TAB 97-                     | ERGOMAR .....61                      |
| see <i>emtricitabine .....10</i>   | 103MG.....29                         | <i>ergotamine w/ caffeine tab</i>    |
| EMVERM .....7                      | <i>enulose .....88</i>               | 1-100 mg .....61                     |
| emzahh .....76                     | ENVARUS XR .....101                  | <i>eribulin mesylate .....19</i>     |
| enalapril maleate.....27           | EOHILIA.....89                       | ERIVEDGE .....21                     |
| enalapril maleate &                | EPANED .....27                       | ERLEADA.....17                       |
| <i>hydrochlorothiazide tab</i>     | see <i>enalapril maleate ..27</i>    | <i>erlotinib hcl.....21</i>          |
| 10-25 mg .....27                   | EPCLUSA PAK 150-37.5 12              | ERMEZA.....84                        |
| enalapril maleate &                | EPCLUSA PAK 200-50MG                 | <i>errin.....76</i>                  |
| <i>hydrochlorothiazide tab</i>     | .....12                              | ERTACZO.....116                      |
| 5-12.5 mg .....27                  | EPCLUSA TAB 200-50MG                 | <i>ertapenem sodium .....7</i>       |
| ENBREL.....97                      | .....12                              | <i>ery .....115</i>                  |
| ENBREL MINI .....97                | EPCLUSA TAB 400-100.12               | ERYPED 400                           |
| ENBREL SURECLICK...97              | EPIDIOLEX.....50                     | see <i>erythromycin</i>              |
| ENBUMYST .....36                   | EPIDUO                               | <i>ethylsuccinate .....14</i>        |
| ENDARI .....95                     | see <i>adapalene-benzoyl</i>         | ERYTHROCIN                           |
| see <i>L-glutamine (sickle</i>     | <i>peroxide gel 0.1-2.5%</i>         | LACTOBIONATE.....14                  |
| <i>cell) .....95</i>               | .....114                             | see <i>erythromycin</i>              |
| <i>endocet tab 10-325mg.....4</i>  | EPIDUO FORTE                         | <i>lactobionate .....14</i>          |
| <i>endocet tab 2.5-325mg.....4</i> | see <i>adapalene-benzoyl</i>         | <i>erythromycin (acne aid) 115</i>   |
| <i>endocet tab 5-325mg.....4</i>   | <i>peroxide gel 0.3-2.5%</i>         | <i>erythromycin (ophth) .....105</i> |
| <i>endocet tab 7.5-325mg.....4</i> | .....114                             | <i>erythromycin base.....14</i>      |
| ENGERIX-B .....102                 | EPIDUO FORTE GEL 0.3-                | <i>erythromycin ethylsuccinate</i>   |
| ENHERTU.....21                     | 2.5% .....115                        | .....14                              |
| <i>enilloring.....76</i>           | EPIDUO GEL 0.1-2.5%.115              | <i>erythromycin lactobionate</i>     |
| ENJAYMO.....95                     | EPIFOAM AER 1% .....118              | .....14                              |
| <i>enoxaparin sodium.....93</i>    | <i>epinastine hcl (ophth)....106</i> | ERZOFRI .....46, 47                  |
| ENSACOVE .....21                   | <i>epinephrine (anaphylaxis)</i>     | ESBRIET .....111                     |
| <i>enskyce.....76</i>              | .....38, 110, 111                    | see <i>pirfenidone.....111</i>       |
| ENSPRYNG.....63                    | EIPEN 2-PAK .....111                 | <i>escitalopram oxalate .....42</i>  |
| ENSTILAR AER.....117               | see <i>epinephrine</i>               | ESCITALOPRAM                         |
| <i>entacapone .....45</i>          | <i>(anaphylaxis) .....110</i>        | OXALATE.....42                       |
| <i>entecavir .....12</i>           | EIPEN-JR 2-PAK.....111               | <i>eslicarbazepine acetate50,</i>    |
| ENTRESTO                           | see <i>epinephrine</i>               | 51                                   |
| see <i>sacubitril-valsartan</i>    | <i>(anaphylaxis) .....111</i>        | <i>esomeprazole magnesium</i>        |
| <i>tab 24-26 mg.....30</i>         | EPIVIR .....10                       | .....90                              |
| see <i>sacubitril-valsartan</i>    | see <i>lamivudine .....10</i>        | <i>esomeprazole sodium.....90</i>    |
| <i>tab 49-51 mg.....30</i>         | EPKINLY.....21                       | <i>estarylla.....76</i>              |
|                                    | <i>eplerenone .....28</i>            | <i>estazolam.....60</i>              |

|                                     |                                 |                                    |
|-------------------------------------|---------------------------------|------------------------------------|
| ESTRACE.....79                      | see <i>amlodipine besylate-</i> | EXFORGE TAB 5-160MG                |
| see <i>estradiol vaginal</i> ....79 | <i>valsartan tab 10-160</i>     | .....29                            |
| estradiol .....79                   | mg.....28                       | EXFORGE TAB 5-320MG                |
| estradiol & norethindrone           | see <i>amlodipine besylate-</i> | .....29                            |
| acetate tab 0.5-0.1 mg 79           | <i>valsartan tab 10-320</i>     | EXJADE .....75                     |
| estradiol & norethindrone           | mg.....28                       | see <i>deferiasirox</i> .....75    |
| acetate tab 1-0.5 mg ...79          | see <i>amlodipine besylate-</i> | EXXUA.....42                       |
| estradiol vaginal .....79           | <i>valsartan tab 5-160 mg</i>   | EXXUA TITRATION PACK               |
| estradiol valerate.....79           | .....28                         | .....42                            |
| ESTRING .....79                     | see <i>amlodipine besylate-</i> | EYLEA .....107                     |
| ESTROGEL                            | <i>valsartan tab 5-320 mg</i>   | EYLEA HD .....107                  |
| see <i>estradiol</i> .....79        | .....28                         | EYSUVIS .....107                   |
| estrogens, conjugated...79          | EXFORGE HCT                     | EZALLOR SPRINKLE....33             |
| eszopiclone .....60                 | see <i>amlodipine-</i>          | ezetimibe.....33                   |
| ethacrynic acid .....36             | <i>valsartan-</i>               | ezetimibe-simvastatin tab          |
| ethambutol hcl.....12               | <i>hydrochlorothiazide tab</i>  | 10-10 mg .....33                   |
| ethosuximide .....51                | 10-160-12.5 mg .....28          | ezetimibe-simvastatin tab          |
| ethynodiol diacetate &              | see <i>amlodipine-</i>          | 10-20 mg .....33                   |
| ethinyl estradiol tab 1             | <i>valsartan-</i>               | ezetimibe-simvastatin tab          |
| mg-50 mcg .....76                   | <i>hydrochlorothiazide tab</i>  | 10-40 mg .....33                   |
| etodolac .....1                     | 10-160-25 mg .....28            | ezetimibe-simvastatin tab          |
| etonogestrel-ethinyl                | see <i>amlodipine-</i>          | 10-80 mg .....33                   |
| estradiol va ring 0.12-             | <i>valsartan-</i>               | <b>F</b>                           |
| 0.015 mg/24hr .....76               | <i>hydrochlorothiazide tab</i>  | FABHALTA .....95                   |
| ETOPOPHOS .....19                   | 10-320-25 mg .....29            | FABIOR.....115                     |
| etoposide .....19                   | see <i>amlodipine-</i>          | FABRAZYME .....82                  |
| etravirine .....10                  | <i>valsartan-</i>               | <i>falmina</i> .....76             |
| EUCRISA .....120                    | <i>hydrochlorothiazide tab</i>  | <i>famciclovir</i> .....12         |
| EULEXIN.....17                      | 5-160-12.5 mg .....28           | <i>famotidine</i> .....87          |
| EVAMIST .....79                     | see <i>amlodipine-</i>          | FAMOTIDINE.....87                  |
| EVENITY.....74                      | <i>valsartan-</i>               | <i>famotidine in nacl 0.9% iv</i>  |
| everolimus.....21                   | <i>hydrochlorothiazide tab</i>  | soln 20 mg/50ml .....87            |
| everolimus                          | 5-160-25 mg .....28             | FANAPT.....47                      |
| (immunosuppressant)                 | EXFORGE HCT TAB 10-             | FANAPT PAK PACK A ...47            |
| .....101, 102                       | 160-12.5MG .....29              | FANAPT PAK PACK B ...47            |
| EVISTA .....82                      | EXFORGE HCT TAB 10-             | FANAPT PAK PACK C ...47            |
| see <i>raloxifene hcl</i> .....83   | 160-25MG .....29                | FARESTON .....17                   |
| EVKEEZA .....33                     | EXFORGE HCT TAB 10-             | see <i>toremifene citrate</i> ..18 |
| EVOTAZ TAB 300-150 ...11            | 320-25MG .....29                | FARXIGA .....69                    |
| EVOXAC .....122                     | EXFORGE HCT TAB 5-              | FASENRA .....111                   |
| see <i>cevimeline hcl</i> ....122   | 160-12.5MG .....29              | FASENRA PEN.....111                |
| EVRYSDI .....63                     | EXFORGE HCT TAB 5-              | FASLODEX.....17                    |
| EXELDERM .....116                   | 160-25MG .....29                | see <i>fulvestrant</i> .....17     |
| EXELON .....41                      | EXFORGE TAB 10-160MG            | <i>febuxostat</i> .....1           |
| see <i>rivastigmine</i> .....41     | .....29                         | <i>feirza 1/20</i> .....76         |
| exemestane .....17                  | EXFORGE TAB 10-320MG            | <i>feirza 1.5/30</i> .....76       |
| exenatide .....69                   | .....29                         | <i>felbamate</i> .....51           |
| EXFORGE                             |                                 | FELBATOL.....51                    |

|                                     |     |                                     |        |                                    |     |
|-------------------------------------|-----|-------------------------------------|--------|------------------------------------|-----|
| see <i>felbamate</i> .....          | 51  | see <i>baclofen</i> .....           | 66     | <i>fluvoxamine maleate</i> .....   | 40  |
| <i>felodipine</i> .....             | 35  | FLOLAN.....                         | 39     | FML FORTE.....                     | 106 |
| FEMARA.....                         | 17  | FLOLIPID.....                       | 33     | FML LIQUIFILM.....                 | 106 |
| see <i>letrozole</i> .....          | 17  | <i>fluconazole</i> .....            | 9      | see <i>fluorometholone</i>         |     |
| FEMLYV TAB 1/0.02MG.....            | 76  | <i>fluconazole in nacl 0.9% inj</i> |        | ( <i>ophth</i> ).....              | 106 |
| FEMRING.....                        | 79  | 200 mg/100ml.....                   | 9      | FOCALIN.....                       | 58  |
| <i>fenofibrate</i> .....            | 32  | <i>fluconazole in nacl 0.9% inj</i> |        | see <i>dexmethylphenidate</i>      |     |
| <i>fenofibrate micronized</i> ..... | 32  | 400 mg/200ml.....                   | 9      | <i>hcl</i> .....                   | 57  |
| <i>fenofibric acid</i> .....        | 32  | <i>flucytosine</i> .....            | 9      | FOCALIN XR.....                    | 58  |
| <i>fenoprofen calcium</i> .....     | 1   | <i>fludarabine phosphate</i> ....   | 16     | see <i>dexmethylphenidate</i>      |     |
| FENOPRON.....                       | 2   | <i>fludrocortisone acetate</i> .... | 80     | <i>hcl</i> .....                   | 57  |
| FENSOLVI.....                       | 82  | <i>flunisolide (nasal)</i> .....    | 112    | FOCINVEZ.....                      | 85  |
| <i>fentanyl</i> .....               | 3   | <i>fluocinolone acetonide</i> ..    | 118    | FOLOTYN.....                       | 16  |
| FERRIPROX.....                      | 75  | <i>fluocinolone acetonide</i>       |        | <i>fondaparinux sodium</i> .....   | 93  |
| see <i>deferiprone</i> .....        | 75  | ( <i>otic</i> ).....                | 108    | FORFIVO XL.....                    | 43  |
| FERRIPROX TWICE-A-                  |     | <i>fluocinonide</i> .....           | 118    | <i>formoterol fumarate</i> .....   | 110 |
| DAY.....                            | 75  | <i>fluocinonide emulsified</i>      |        | FORTEO.....                        | 74  |
| <i>fesoterodine fumarate</i> ....   | 92  | base.....                           | 118    | see <i>teriparatide</i> .....      | 75  |
| FETROJA.....                        | 13  | <i>fluorometholone (ophth)</i>      | 106    | FOSAMAX.....                       | 74  |
| FETZIMA.....                        | 42  | <i>fluorouracil</i> .....           | 16     | see <i>alendronate sodium</i>      |     |
| FETZIMA CAP TITRATIO                |     | <i>fluorouracil (topical)</i> ..... | 120    | .....                              | 74  |
| .....                               | 42  | <i>fluoxetine hcl</i> .....         | 42, 43 | FOSAMAX + D TAB 70-                |     |
| <i>fexmid</i> .....                 | 66  | <i>fluoxetine hcl (pmdd)</i> .....  | 43     | 2800.....                          | 74  |
| FIASP.....                          | 72  | FLUOXETINE                          |        | FOSAMAX + D TAB 70-                |     |
| FIASP FLEXTOUCH.....                | 72  | HYDROCHLORIDE                       |        | 5600.....                          | 74  |
| FIASP PENFILL.....                  | 72  | see <i>fluoxetine hcl</i> .....     | 43     | <i>fosamprenavir calcium</i> ....  | 10  |
| FIASP PUMPCART.....                 | 72  | <i>fluphenazine decanoate</i> ..    | 47     | <i>fosaprepitant dimeglumine</i>   |     |
| <i>fidaxomicin</i> .....            | 14  | <i>fluphenazine hcl</i> .....       | 47     | .....                              | 85  |
| FILSPARI.....                       | 91  | <i>flurandrenolide</i> .....        | 118    | <i>foscarnet sodium</i> .....      | 12  |
| FILSUVEZ.....                       | 122 | <i>flurbiprofen</i> .....           | 2      | FOSCAVIR                           |     |
| FINACEA.....                        | 120 | <i>flurbiprofen sodium</i> .....    | 106    | see <i>foscarnet sodium</i> ..     | 12  |
| see <i>azelaic acid</i> .....       | 120 | <i>fluticasone propionate</i> ...   | 118    | <i>fosfomycin tromethamine</i> ..  | 7   |
| <i>finasteride</i> .....            | 91  | <i>fluticasone propionate</i>       |        | <i>fosinopril sodium</i> .....     | 27  |
| <i>ingolimod hcl</i> .....          | 65  | ( <i>inhalation</i> ).....          | 112    | <i>fosinopril sodium &amp;</i>     |     |
| FINTEPLA.....                       | 51  | <i>fluticasone propionate</i>       |        | <i>hydrochlorothiazide tab</i>     |     |
| <i>finzala</i> .....                | 76  | ( <i>nasal</i> ).....               | 112    | 10-12.5 mg.....                    | 27  |
| FIRAZYR.....                        | 95  | <i>fluticasone propionate hfa</i>   |        | <i>fosinopril sodium &amp;</i>     |     |
| see <i>icatibant acetate</i> ....   | 95  | .....                               | 112    | <i>hydrochlorothiazide tab</i>     |     |
| see <i>sajazir</i> .....            | 96  | <i>fluticasone-salmeterol aer</i>   |        | 20-12.5 mg.....                    | 27  |
| FIRDAPSE.....                       | 63  | powder ba 100-50                    |        | FOTIVDA.....                       | 21  |
| FIRMAGON.....                       | 17  | mcg/act.....                        | 113    | FRAGMIN.....                       | 93  |
| FIRVANQ.....                        | 7   | <i>fluticasone-salmeterol aer</i>   |        | FRINDOVYX.....                     | 16  |
| see <i>vancomycin hcl</i> .....     | 8   | powder ba 250-50                    |        | FROVA.....                         | 61  |
| <i>flac</i> .....                   | 108 | mcg/act.....                        | 113    | see <i>frovatriptan</i>            |     |
| FLAREX.....                         | 106 | <i>fluticasone-salmeterol aer</i>   |        | <i>succinate</i> .....             | 61  |
| FLEBOGAMMA DIF.....                 | 100 | powder ba 500-50                    |        | <i>frovatriptan succinate</i> .... | 61  |
| <i>flecainide acetate</i> .....     | 32  | mcg/act.....                        | 113    | FRUZAQLA.....                      | 21  |
| FLEQSUVY.....                       | 66  | <i>fluvastatin sodium</i> .....     | 33     | FULPHILA.....                      | 94  |

|                                                           |     |                                                           |     |                                                                                             |     |
|-----------------------------------------------------------|-----|-----------------------------------------------------------|-----|---------------------------------------------------------------------------------------------|-----|
| <i>fulvestrant</i> .....                                  | 17  | <i>gemmily</i> .....                                      | 76  | <i>glucagon</i> .....                                                                       | 81  |
| <i>fulvicin p/g 165</i> .....                             | 9   | GEMTESA .....                                             | 92  | GLUCOTROL XL .....                                                                          | 69  |
| FUROSCIX .....                                            | 36  | <i>generlac</i> .....                                     | 88  | <i>see glipizide</i> .....                                                                  | 69  |
| <i>furosemide</i> .....                                   | 36  | <i>gengraf</i> .....                                      | 102 | GLYCATE .....                                                                               | 87  |
| <i>furosemide inj</i> .....                               | 36  | GENOTROPIN.....                                           | 82  | <i>glycerol phenylbutyrate</i> ...                                                          | 82  |
| FYARRO .....                                              | 21  | GENOTROPIN MINIQUICK .....                                | 82  | <i>glycopyrrolate</i> .....                                                                 | 87  |
| <i>fyavolv tab 0.5mg-2.5mcg</i><br>.....                  | 79  | <i>gentamicin in saline inj 0.8</i><br><i>mg/ml</i> ..... | 7   | GLYCOPYRROLATE.....                                                                         | 87  |
| <i>fyavolv tab 1mg-5mcg</i> ....                          | 79  | <i>gentamicin in saline inj 1.2</i><br><i>mg/ml</i> ..... | 7   | <i>see glycopyrrolate</i> .....                                                             | 87  |
| FYCOMPA .....                                             | 51  | <i>gentamicin in saline inj 1.6</i><br><i>mg/ml</i> ..... | 7   | <i>glycopyrrolate (oral)</i> .....                                                          | 87  |
| <i>see perampanel</i> .....                               | 53  | <i>gentamicin in saline inj 1</i><br><i>mg/ml</i> .....   | 7   | <i>glydo</i> .....                                                                          | 119 |
| FYLNETRA .....                                            | 94  | <i>gentamicin in saline inj 1</i><br><i>mg/ml</i> .....   | 7   | GLYXAMBI TAB 10-5 MG<br>.....                                                               | 70  |
| <b>G</b>                                                  |     | <i>gentamicin in saline inj 1</i><br><i>mg/ml</i> .....   | 7   | GLYXAMBI TAB 25-5 MG<br>.....                                                               | 70  |
| <i>gabapentin</i> .....                                   | 51  | <i>gentamicin in saline inj 2</i><br><i>mg/ml</i> .....   | 7   | GOCOVRI .....                                                                               | 45  |
| <i>gabapentin (once-daily)</i> ..                         | 63  | <i>gentamicin sulfate</i> .....                           | 7   | GOLYTELY<br><i>see gavilyte-g</i> .....                                                     | 88  |
| GABARONE.....                                             | 51  | <i>gentamicin sulfate (ophth)</i><br>.....                | 105 | <i>see peg 3350-kcl-na</i><br><i>bicarb-nacl-na sulfate</i><br><i>for soln 236 gm</i> ..... | 88  |
| GALAFOLD .....                                            | 82  | <i>gentamicin sulfate (topical)</i><br>.....              | 115 | GOLYTELY SOL .....                                                                          | 88  |
| <i>galantamine hydrobromide</i><br>.....                  | 41  | GENVOYA TAB .....                                         | 11  | GOMEKLI.....                                                                                | 21  |
| <i>galbriela</i> .....                                    | 76  | GEODON .....                                              | 47  | GRAFAPEX .....                                                                              | 16  |
| <i>gallifrey</i> .....                                    | 84  | <i>see ziprasidone hcl</i> .....                          | 49  | GRALISE .....                                                                               | 63  |
| GAMASTAN INJ .....                                        | 100 | <i>see ziprasidone mesylate</i><br>.....                  | 49  | <i>see gabapentin (once-</i><br><i>daily)</i> .....                                         | 63  |
| GAMMAGARD LIQUID .....                                    | 100 | GILENYA .....                                             | 65  | <i>granisetron hcl</i> .....                                                                | 85  |
| GAMMAGARD S/D IGA<br>LESS TH .....                        | 100 | <i>see fingolimod hcl</i> .....                           | 65  | GRANIX .....                                                                                | 94  |
| GAMMAKED .....                                            | 100 | GILOTRIF .....                                            | 21  | GRASTEK.....                                                                                | 101 |
| GAMMAPLEX .....                                           | 100 | GIMOTI .....                                              | 85  | <i>griseofulvin microsize</i> .....                                                         | 9   |
| GAMUNEX-C .....                                           | 100 | GIVLAARI .....                                            | 95  | <i>griseofulvin ultramicrosize</i> ..                                                       | 9   |
| GANCICLOVIR .....                                         | 12  | GLASSIA.....                                              | 111 | <i>guanfacine hcl</i> .....                                                                 | 38  |
| <i>ganciclovir sodium</i> .....                           | 12  | <i>glatiramer acetate</i> .....                           | 65  | <i>guanfacine hcl (adhd)</i> .....                                                          | 58  |
| GARDASIL 9.....                                           | 102 | <i>glatopa</i> .....                                      | 65  | GVOKE HYOPEN 1-<br>PACK.....                                                                | 81  |
| GASTROCROM.....                                           | 89  | GLEEVEC .....                                             | 21  | GVOKE HYOPEN 2-<br>PACK.....                                                                | 81  |
| <i>see cromolyn sodium</i><br><i>(mastocytosis)</i> ..... | 88  | <i>see imatinib mesylate</i> ..                           | 22  | GVOKE KIT.....                                                                              | 81  |
| <i>gatifloxacin (ophth)</i> .....                         | 105 | GLEOSTINE .....                                           | 16  | GVOKE PFS .....                                                                             | 81  |
| GATTEX.....                                               | 89  | <i>see lomustine</i> .....                                | 16  | GYNAZOLE-1 .....                                                                            | 92  |
| GAUZE PADS 2X2 .....                                      | 72  | <i>glimepiride</i> .....                                  | 69  | <b>H</b>                                                                                    |     |
| <i>gavilyte-c</i> .....                                   | 88  | <i>glipizide</i> .....                                    | 69  | HADLIMA .....                                                                               | 97  |
| <i>gavilyte-g</i> .....                                   | 88  | <i>glipizide-metformin hcl tab</i><br>2.5-250 mg .....    | 69  | HADLIMA PUSH TOUCH .....                                                                    | 97  |
| <i>gavilyte-n/flavor pack</i> .....                       | 88  | <i>glipizide-metformin hcl tab</i><br>2.5-500 mg .....    | 69  | HAEGARDA.....                                                                               | 95  |
| GAVRETO .....                                             | 21  | <i>glipizide-metformin hcl tab</i><br>5-500 mg .....      | 69  | <i>hailey 1.5/30</i> .....                                                                  | 76  |
| GAZYVA .....                                              | 21  | GLOPERBA .....                                            | 1   | <i>hailey 24 fe</i> .....                                                                   | 76  |
| <i>gefitinib</i> .....                                    | 21  |                                                           |     | HALAVEN .....                                                                               | 19  |
| <i>gemcitabine hcl</i> .....                              | 17  |                                                           |     | <i>see eribulin mesylate</i> ...                                                            | 19  |
| GEMCITABINE<br>HYDROCHLORIDE .....                        | 17  |                                                           |     |                                                                                             |     |
| <i>see gemcitabine hcl</i> ....                           | 17  |                                                           |     |                                                                                             |     |
| <i>gemfibrozil</i> .....                                  | 32  |                                                           |     |                                                                                             |     |

|                                     |                                    |                                      |
|-------------------------------------|------------------------------------|--------------------------------------|
| <i>halcinonide</i> .....118, 119    | HETLIOZ LQ.....60                  | <i>hydrocodone-</i>                  |
| HALCION.....60                      | HIBERIX.....102                    | <i>acetaminophen soln 7.5-</i>       |
| <i>see triazolam</i> .....60        | HIPREX                             | 325 mg/15ml.....4                    |
| HALDOL DECANOATE                    | <i>see methenamine</i>             | <i>hydrocodone-</i>                  |
| 100.....47                          | <i>hippurate</i> .....7            | <i>acetaminophen tab 10-</i>         |
| HALDOL DECANOATE 50                 | HIZENTRA.....100                   | 300 mg.....4                         |
| .....47                             | HORIZANT.....63                    | <i>hydrocodone-</i>                  |
| <i>halobetasol propionate</i> ..119 | HUMALOG.....72, 73                 | <i>acetaminophen tab 10-</i>         |
| <i>haloette</i> .....76             | HUMALOG JUNIOR                     | 325 mg.....4                         |
| HALOG.....119                       | KWIKPEN.....73                     | <i>hydrocodone-</i>                  |
| <i>see halcinonide</i> .118, 119    | HUMALOG KWIKPEN ....73             | <i>acetaminophen tab 2.5-</i>        |
| <i>haloperidol</i> .....47          | HUMALOG MIX INJ                    | 325 mg.....4                         |
| <i>haloperidol decanoate</i> ....47 | 50/50KWP.....73                    | <i>hydrocodone-</i>                  |
| <i>haloperidol lactate</i> .....47  | HUMALOG MIX INJ                    | <i>acetaminophen tab 5-300</i>       |
| HARVONI PAK 33.75-                  | 75/25KWP.....73                    | mg.....4                             |
| 150MG.....12                        | HUMALOG MIX SUS 75/25              | <i>hydrocodone-</i>                  |
| HARVONI PAK 45-200MG                | .....73                            | <i>acetaminophen tab 5-325</i>       |
| .....12                             | HUMALOG TEMPO PEN73                | mg.....4                             |
| HARVONI TAB 45-200MG                | HUMATIN.....7                      | <i>hydrocodone-</i>                  |
| .....12                             | HUMIRA.....97                      | <i>acetaminophen tab 7.5-</i>        |
| HARVONI TAB 90-400MG                | HUMIRA PEN.....97                  | 300 mg.....4                         |
| .....12                             | HUMIRA PEN-CD/UC/HS                | <i>hydrocodone-</i>                  |
| HAVRIX.....102                      | START.....98                       | <i>acetaminophen tab 7.5-</i>        |
| <i>heather</i> .....76              | HUMIRA PEN KIT PS/UV               | 325 mg.....4                         |
| HEMADY.....80                       | .....97                            | <i>hydrocodone bitartrate</i> .....3 |
| HEMICLOR.....36                     | HUMULIN INJ 70/30.....73           | <i>hydrocodone-ibuprofen tab</i>     |
| HEPAGAM B.....100                   | HUMULIN INJ 70/30KWP               | 10-200 mg.....4                      |
| HEPARIN/NACL INJ                    | .....73                            | <i>hydrocodone-ibuprofen tab</i>     |
| 25000UNT.....93                     | HUMULIN N.....73                   | 5-200 mg.....4                       |
| HEPARIN SODIUM.....93               | HUMULIN N KWIKPEN ..73             | <i>hydrocodone-ibuprofen tab</i>     |
| <i>heparin sodium (porcine)</i> 93  | HUMULIN R.....73                   | 7.5-200 mg.....4                     |
| HEPLISAV-B.....102                  | HUMULIN R U-500                    | <i>hydrocortisone</i> .....80        |
| HEP SOD/D5W INJ                     | (CONCENTR.....73                   | <i>hydrocortisone (intrarectal)</i>  |
| 20000UNT.....93                     | HUMULIN R U-500                    | .....87                              |
| HEP SOD/D5W INJ                     | KWIKPEN.....73                     | <i>hydrocortisone (rectal)</i> ..120 |
| 25000UNT.....93                     | HYCANTIN                           | <i>hydrocortisone (topical)</i> .119 |
| HEP SOD/NACL INJ                    | <i>see topotecan hcl</i> .....19   | <i>hydrocortisone butyrate</i> 119   |
| 12500UNT.....93                     | <i>hydralazine hcl</i> .....38     | <i>hydrocortisone sod</i>            |
| HEP SOD/NACL INJ                    | HYDREA.....18                      | <i>succinate</i> .....80             |
| 25000UNT.....93                     | <i>see hydroxyurea</i> .....19     | <i>hydrocortisone valerate</i> .119  |
| HERCEP HYLEC SOL 60-                | <i>hydrochlorothiazide</i> .....36 | <i>hydrocortisone w/ acetic</i>      |
| 10000.....21                        | <i>hydrocodone-</i>                | <i>acid otic soln 1-2%</i> ....108   |
| HERCEPTIN.....21                    | <i>acetaminophen soln 10-</i>      | <i>hydromorphone hcl</i> ...3, 4, 5  |
| HERCESSI.....21                     | 300 mg/15ml.....4                  | HYDROMORPHONE                        |
| HERNEXEOS.....21                    | <i>hydrocodone-</i>                | HYDROCHLORI.....5                    |
| HERZUMA.....21                      | <i>acetaminophen soln 10-</i>      | <i>hydroxychloroquine sulfate</i>    |
| HETLIOZ.....60                      | 325 mg/15ml.....4                  | .....100                             |
| <i>see tasimelteon</i> .....60      |                                    | <i>hydroxyurea</i> .....19           |

|                                     |     |                                  |        |                               |     |
|-------------------------------------|-----|----------------------------------|--------|-------------------------------|-----|
| <i>hydroxyzine hcl</i> .....        | 109 | <i>imipenem-cilastatin</i>       |        | INSULIN GLARGINE              |     |
| <i>hydroxyzine pamoate</i> ....     | 109 | <i>intravenous for soln 250</i>  |        | SOLOSTAR.....                 | 73  |
| HYFTOR .....                        | 120 | <i>mg</i> .....                  | 7      | INSULIN GLARGINE-             |     |
| HYQVIA INJ 10-800 .....             | 100 | <i>imipenem-cilastatin</i>       |        | YFGN .....                    | 73  |
| HYQVIA INJ 2.5-200 .....            | 100 | <i>intravenous for soln 500</i>  |        | INSULIN LISP INJ              |     |
| HYQVIA INJ 20-1600 .....            | 100 | <i>mg</i> .....                  | 7      | PROTAMIN .....                | 73  |
| HYQVIA INJ 30-2400 .....            | 100 | <i>imipramine hcl</i> .....      | 43     | INSULIN LISPRO.....           | 73  |
| HYQVIA INJ 5-400 .....              | 100 | <i>imipramine pamoate</i> .....  | 43     | INSULIN LISPRO JUNIOR         |     |
| HYSINGLA ER.....                    | 3   | <i>imiquimod</i> .....           | 120    | KWI.....                      | 73  |
| HYZAAR                              |     | <i>imiquimod pump</i> .....      | 120    | INSULIN LISPRO                |     |
| see <i>losartan potassium &amp;</i> |     | IMITREX .....                    | 61     | KWIKPEN.....                  | 73  |
| <i>hydrochlorothiazide tab</i>      |     | see <i>sumatriptan</i>           |        | INSULIN PEN NEEDLES:          |     |
| 100-12.5 mg.....                    | 30  | <i>succinate</i> .....           | 62     | EMBECTA-BD.....               | 73  |
| see <i>losartan potassium &amp;</i> |     | IMITREX STATDOSE                 |        | INSULIN SAFETY                |     |
| <i>hydrochlorothiazide tab</i>      |     | REFILL .....                     | 61     | NEEDLES: EMBECTA-             |     |
| 100-25 mg.....                      | 30  | IMITREX STATDOSE                 |        | BD .....                      | 73  |
| see <i>losartan potassium &amp;</i> |     | SYSTEM.....                      | 61, 62 | INSULIN SYRINGES:             |     |
| <i>hydrochlorothiazide tab</i>      |     | see <i>sumatriptan</i>           |        | EMBECTA-BD.....               | 73  |
| 50-12.5 mg.....                     | 30  | <i>succinate</i> .....           | 62     | INTELENCE .....               | 10  |
| HYZAAR TAB 100-12.5 .....           | 29  | IMJUDO .....                     | 22     | see <i>etravirine</i> .....   | 10  |
| HYZAAR TAB 100-25 .....             | 30  | IMKELDI.....                     | 22     | INTRALIPID .....              | 105 |
| HYZAAR TAB 50-12.5 .....            | 29  | IMOVAX RABIES                    |        | INTRAROSA .....               | 91  |
| I                                   |     | (H.D.C.V.).....                  | 102    | <i>introvale</i> .....        | 76  |
| <i>ibandronate sodium</i> .....     | 74  | IMPAVIDO .....                   | 7      | INTUNIV.....                  | 58  |
| IBRANCE .....                       | 21  | IMURAN.....                      | 102    | see <i>guanfacine hcl</i>     |     |
| IBSRELA.....                        | 89  | see <i>azathioprine</i> .....    | 101    | ( <i>adhd</i> ) .....         | 58  |
| IBTROZI.....                        | 21  | IMVEXXY MAINTENANCE              |        | INVEGA .....                  | 47  |
| <i>ibu</i> .....                    | 2   | PACK.....                        | 79     | see <i>paliperidone</i> ..... | 48  |
| <i>ibuprofen</i> .....              | 2   | IMVEXXY STARTER PACK             |        | INVEGA HAFYERA .....          | 47  |
| <i>ibuprofen-famotidine tab</i>     |     | .....                            | 79     | INVEGA SUSTENNA.....          | 47  |
| 800-26.6 mg .....                   | 2   | INBRIJA .....                    | 45     | INVEGA TRINZA .....           | 47  |
| <i>icatibant acetate</i> .....      | 95  | <i>incassia</i> .....            | 76     | INVELTYS.....                 | 106 |
| <i>iclevia</i> .....                | 76  | INCRELEX .....                   | 82     | INVOKAMET TAB 150-            |     |
| ICLUSIG.....                        | 21  | INCRUSE ELLIPTA .....            | 108    | 1000 .....                    | 70  |
| IDHIFA .....                        | 22  | <i>indapamide</i> .....          | 36     | INVOKAMET TAB 150-500         |     |
| IFEX.....                           | 16  | INDERAL LA.....                  | 34     | .....                         | 70  |
| <i>ifosfamide</i> .....             | 16  | see <i>propranolol hcl</i> ..... | 35     | INVOKAMET TAB 50-1000         |     |
| IFOSFAMIDE .....                    | 16  | INFANRIX INJ.....                | 102    | .....                         | 70  |
| ILARIS.....                         | 101 | INFLECTRA.....                   | 98     | INVOKAMET TAB 50-             |     |
| ILEVRO.....                         | 106 | INFLIXIMAB .....                 | 98     | 500MG.....                    | 70  |
| ILUMYA.....                         | 98  | INLURIYO .....                   | 17     | INVOKAMET XR TAB 150-         |     |
| IMAAVY .....                        | 101 | INLYTA .....                     | 22     | 1000 .....                    | 70  |
| <i>imatinib mesylate</i> .....      | 22  | INPEFA.....                      | 38     | INVOKAMET XR TAB 150-         |     |
| IMBRUVICA.....                      | 22  | INQOVI TAB 35-100MG .....        | 17     | 500 .....                     | 70  |
| IMDELLTRA.....                      | 22  | INREBIC .....                    | 22     | INVOKAMET XR TAB 50-          |     |
| IMFINZI .....                       | 22  | INSPIRA.....                     | 28     | 1000 .....                    | 70  |
|                                     |     | INSULIN GLARGINE MAX             |        | INVOKAMET XR TAB 50-          |     |
|                                     |     | SOLO .....                       | 73     | 500MG.....                    | 70  |



|                                    |     |                                |     |                                    |        |
|------------------------------------|-----|--------------------------------|-----|------------------------------------|--------|
| INVOKANA .....                     | 70  | IWILFIN .....                  | 19  | JOENJA .....                       | 101    |
| INZIRQO .....                      | 36  | IXEMPRA KIT .....              | 19  | <i>jolessa</i> .....               | 76     |
| IPOL INJ INACTIVE .....            | 102 | IXIARO INJ .....               | 102 | JORNAY PM .....                    | 58     |
| <i>ipratropium-albuterol nebu</i>  |     | IYUZEH .....                   | 107 | JOURNAVX .....                     | 1      |
| <i>soln 0.5-2.5(3) mg/3ml</i>      |     | IZERVAY .....                  | 107 | <i>joyeaux</i> .....               | 76     |
| .....                              | 108 | <b>J</b>                       |     | JUBLIA .....                       | 116    |
| <i>ipratropium bromide</i> .....   | 108 | JADENU .....                   | 75  | <i>juleber</i> .....               | 76     |
| <i>ipratropium bromide (nasal)</i> |     | <i>see deferasirox</i> .....   | 75  | JULUCA TAB 50-25MG ..              | 11     |
| .....                              | 108 | JADENU SPRINKLE .....          | 75  | <i>junel 1/20</i> .....            | 76     |
| IQIRVO .....                       | 89  | <i>see deferasirox</i> .....   | 75  | <i>junel 1.5/30</i> .....          | 76     |
| <i>irbesartan</i> .....            | 31  | <i>jaimiess</i> .....          | 76  | <i>junel fe 1/20</i> .....         | 76     |
| <i>irbesartan-</i>                 |     | JAKAFI .....                   | 22  | <i>junel fe 1.5/30</i> .....       | 76     |
| <i>hydrochlorothiazide tab</i>     |     | JALYN                          |     | <i>junel fe 24</i> .....           | 76     |
| 150-12.5 mg .....                  | 30  | <i>see dutasteride-</i>        |     | JUXTAPID .....                     | 33     |
| <i>irbesartan-</i>                 |     | <i>tamsulosin hcl cap 0.5-</i> |     | JYLAMVO .....                      | 100    |
| <i>hydrochlorothiazide tab</i>     |     | 0.4 mg .....                   | 91  | JYNARQUE .....                     | 82     |
| 300-12.5 mg .....                  | 30  | JALYN CAP 0.5-0.4 .....        | 91  | <i>see tolvaptan</i> .....         | 83, 84 |
| IRESSA .....                       | 22  | <i>jantoven</i> .....          | 93  | JYNARQUE PAK 30-15MG               |        |
| <i>see gefitinib</i> .....         | 21  | JANUMET TAB 50-1000.           | 70  | .....                              | 82     |
| <i>irinotecan hcl</i> .....        | 19  | JANUMET TAB 50-500MG           |     | JYNARQUE PAK 45-15MG               |        |
| ISENTRESS .....                    | 10  | .....                          | 70  | .....                              | 82     |
| ISENTRESS HD .....                 | 10  | JANUMET XR TAB 100-            |     | JYNARQUE PAK 60-30MG               |        |
| <i>isibloom</i> .....              | 76  | 1000 .....                     | 70  | .....                              | 82     |
| ISOLYTE-P INJ /D5W ...             | 103 | JANUMET XR TAB 50-             |     | JYNARQUE PAK 90-30MG               |        |
| ISOLYTE-S INJ .....                | 103 | 1000 .....                     | 70  | .....                              | 82     |
| ISOLYTE-S INJ PH 7.4.              | 103 | JANUMET XR TAB 50-             |     | JYNNEOS .....                      | 102    |
| <i>isoniazid</i> .....             | 12  | 500MG .....                    | 70  | <b>K</b>                           |        |
| ISORDIL TITRADOSE ...              | 38  | JANUVIA .....                  | 70  | KABIVEN EMU .....                  | 105    |
| <i>see isosorbide dinitrate</i>    |     | JARDIANCE .....                | 70  | KADCYLA .....                      | 22     |
| .....                              | 38  | <i>jasmiel</i> .....           | 76  | <i>kaitlib fe</i> .....            | 77     |
| <i>isosorbide dinitrate</i> .....  | 38  | JATENZO .....                  | 68  | KALBITOR .....                     | 95     |
| <i>isosorbide dinitrate-</i>       |     | JAVADIN .....                  | 38  | KALETRA                            |        |
| <i>hydralazine hcl tab 20-</i>     |     | <i>javygtor</i> .....          | 82  | <i>see lopinavir-ritonavir tab</i> |        |
| 37.5 mg .....                      | 38  | JAYPIRCA .....                 | 22  | 100-25 mg .....                    | 11     |
| <i>isosorbide mononitrate</i> ...  | 38  | JEMPERLI .....                 | 22  | <i>see lopinavir-ritonavir tab</i> |        |
| ISOSORBIDE                         |     | JENTADUETO TAB 2.5-            |     | 200-50 mg .....                    | 11     |
| MONONITRATE .....                  | 38  | 1000 .....                     | 70  | KALETRA SOL .....                  | 11     |
| <i>isotretinoin</i> .....          | 115 | JENTADUETO TAB 2.5-            |     | KALETRA TAB 100-25MG               |        |
| <i>isradipine</i> .....            | 35  | 500 .....                      | 70  | .....                              | 11     |
| ISTALOL .....                      | 107 | JENTADUETO TAB 2.5-            |     | KALETRA TAB 200-50MG               |        |
| <i>see timolol maleate</i>         |     | 850 .....                      | 70  | .....                              | 11     |
| ( <i>ophth</i> ) once-daily ..     | 107 | JENTADUETO TAB XR              |     | KALYDECO .....                     | 111    |
| ISTURISA .....                     | 82  | 2.5-1000MG .....               | 70  | KANJINTI .....                     | 22     |
| ITOVEBI .....                      | 22  | JENTADUETO TAB XR 5-           |     | KANUMA .....                       | 82     |
| <i>itraconazole</i> .....          | 9   | 1000MG .....                   | 70  | KAPSPARGO SPRINKLE                 |        |
| <i>ivabradine hcl</i> .....        | 38  | JEVTANA .....                  | 19  | .....                              | 34     |
| <i>ivermectin</i> .....            | 7   | <i>jinteli</i> .....           | 79  | KARBINAL ER .....                  | 109    |
| <i>ivermectin (rosacea)</i> ....   | 120 | JOBEVNE .....                  | 22  | <i>kariva</i> .....                | 77     |

|                                     |     |                                    |                               |     |
|-------------------------------------|-----|------------------------------------|-------------------------------|-----|
| KATERZIA .....                      | 35  | <i>kcl 40 meq/l (0.298%) in</i>    | KINRIX INJ.....               | 102 |
| KCL/D5W/LACT INJ                    |     | <i>nacl 0.9% inj.....</i>          | <i>kionex.....</i>            | 75  |
| 20MEQ/L .....                       | 104 | <i>kcl 40 meq/l (0.3%) in</i>      | KIRSTY .....                  | 73  |
| KCL/D5W/NACL INJ                    |     | <i>dextrose 5% &amp; nacl</i>      | KISQALI 200 DOSE.....         | 22  |
| 0.15/0.2 .....                      | 104 | <i>0.45% inj.....</i>              | KISQALI 400 DOSE.....         | 22  |
| KCL/D5W/NACL INJ                    |     | <i>kcl 40 meq/l (0.3%) in</i>      | KISQALI 400 PAK               |     |
| 0.15/0.45 .....                     | 104 | <i>dextrose 5% &amp; nacl 0.9%</i> | FEMARA .....                  | 22  |
| KCL/D5W/NACL INJ                    |     | <i>inj.....</i>                    | KISQALI 600 DOSE.....         | 22  |
| 0.15/0.9 .....                      | 104 | <i>kcl 40 meq/l (0.3%) in nacl</i> | KISQALI 600 PAK               |     |
| KCL/D5W/NACL INJ                    |     | <i>0.9% inj.....</i>               | FEMARA .....                  | 22  |
| 0.3/0.9% .....                      | 104 | <i>kelnor 1/35 .....</i>           | KITABIS PAK.....              | 7   |
| KCL 0.075%/D5W/NACL                 |     | KENALOG-10 .....                   | <i>see tobramycin .....</i>   | 8   |
| 0.45%                               |     | <i>see triamcinolone</i>           | KLARON .....                  | 115 |
| <i>see kcl 10 meq/l</i>             |     | <i>acetonide .....</i>             | <i>see sulfacetamide</i>      |     |
| <i>(0.075%) in dextrose</i>         |     | KENALOG-40 .....                   | <i>sodium (acne) .....</i>    | 115 |
| <i>5% &amp; nacl 0.45% inj</i>      |     | <i>see triamcinolone</i>           | <i>klayesta.....</i>          | 116 |
| <i>.....</i>                        | 103 | <i>acetonide .....</i>             | KLISYRI .....                 | 120 |
| KCL 0.3%/D5W/NACL                   |     | KENALOG-80 .....                   | KLONOPIN .....                | 51  |
| 0.45%                               |     | KEPPRA .....                       | <i>see clonazepam .....</i>   | 50  |
| <i>see kcl 40 meq/l (0.3%)</i>      |     | <i>see levetiracetam .....</i>     | <i>klor-con .....</i>         | 104 |
| <i>in dextrose 5% &amp; nacl</i>    |     | <i>see roweepra.....</i>           | <i>klor-con 10 .....</i>      | 104 |
| <i>0.45% inj.....</i>               | 103 | KEPPRA XR .....                    | KLOR-CON 10 .....             | 104 |
| KCL 0.3%/D5W/NACL                   |     | <i>see levetiracetam .....</i>     | KLOR-CON 8 .....              | 104 |
| 0.9%                                |     | KERENDIA.....                      | <i>see potassium chloride</i> |     |
| <i>see kcl 40 meq/l (0.3%)</i>      |     | KESIMPTA.....                      | <i>.....</i>                  | 104 |
| <i>in dextrose 5% &amp; nacl</i>    |     | <i>ketoconazole.....</i>           | <i>klor-con m10 .....</i>     | 104 |
| <i>0.9% inj.....</i>                | 103 | <i>ketoconazole (topical) ...</i>  | <i>klor-con m15 .....</i>     | 104 |
| <i>kcl 10 meq/l (0.075%) in</i>     |     | <i>ketodan .....</i>               | <i>klor-con m20 .....</i>     | 104 |
| <i>dextrose 5% &amp; nacl</i>       |     | <i>ketoprofen .....</i>            | KLOXXADO .....                | 68  |
| <i>0.45% inj.....</i>               | 103 | <i>ketorolac tromethamine ....</i> | KOMZIFTI .....                | 22  |
| <i>kcl 20 meq/l (0.149%) in</i>     |     | <i>ketorolac tromethamine</i>      | KONVOMEPSUS 2-84/ML           |     |
| <i>nacl 0.45% inj.....</i>          | 103 | <i>(ophth) .....</i>               | <i>.....</i>                  | 90  |
| <i>kcl 20 meq/l (0.149%) in</i>     |     | KEVEYIS.....                       | KORLYM.....                   | 82  |
| <i>nacl 0.9% inj.....</i>           | 103 | <i>see dichlorphenamide .</i>      | <i>see mifepristone</i>       |     |
| <i>kcl 20 meq/l (0.15%) in</i>      |     | <i>see ormalvi.....</i>            | <i>(hyperglycemia) .....</i>  | 82  |
| <i>dextrose 5% &amp; nacl</i>       |     | KEVZARA .....                      | KOSELUGO.....                 | 22  |
| <i>0.45% inj.....</i>               | 103 | KEYTRUDA .....                     | <i>kourzeq .....</i>          | 122 |
| <i>kcl 20 meq/l (0.15%) in</i>      |     | KEYTRUDA INJ QLEX                  | KRAZATI.....                  | 22  |
| <i>dextrose 5% &amp; nacl 0.9%</i>  |     | 395-4800 MG-                       | KRINTAFEL .....               | 10  |
| <i>inj.....</i>                     | 103 | UNIT/2.4ML .....                   | <i>kristalose.....</i>        | 88  |
| <i>kcl 20 meq/l (0.15%) in nacl</i> |     | KEYTRUDA INJ QLEX                  | KRYSTEXXA .....               | 1   |
| <i>0.45% inj.....</i>               | 103 | 790-9600 MG-                       | <i>kurvelo .....</i>          | 77  |
| <i>kcl 20 meq/l (0.15%) in nacl</i> |     | UNIT/4.8ML .....                   | KUVAN.....                    | 82  |
| <i>0.9% inj.....</i>                | 103 | KHAPZORY .....                     | <i>see javygtor .....</i>     | 82  |
| <i>kcl 30 meq/l (0.224%) in</i>     |     | KHINDIVI .....                     | <i>see sapropterin</i>        |     |
| <i>dextrose 5% &amp; nacl</i>       |     | KIMMTRAK.....                      | <i>dihydrochloride .....</i>  | 83  |
| <i>0.45% inj.....</i>               | 103 | KIMYRSA.....                       | <i>see zelvysia.....</i>      | 84  |
|                                     |     | KINERET .....                      | KYPROLIS .....                | 22  |

|                                   |     |                                    |        |                                     |     |
|-----------------------------------|-----|------------------------------------|--------|-------------------------------------|-----|
| KYXATA.....                       | 16  | see <i>lamotrigine tab 84 x</i>    |        | LANREOTIDE ACETATE                  |     |
| <b>L</b>                          |     | 25 mg & 14 x 100 mg                |        | .....                               | 82  |
| <i>labetalol hcl</i> .....        | 34  | starter kit.....                   | 52     | <i>lansoprazole</i> .....           | 90  |
| <b>LABETALOL</b>                  |     | see <i>subvenite starter</i>       |        | <b>LANTUS</b> .....                 | 73  |
| HYDROCHLORIDE.....                | 35  | kit/gre.....                       | 54     | <b>LANTUS SOLOSTAR</b> .....        | 73  |
| <i>lacosamide</i> .....           | 51  | <b>LAMICTAL</b>                    |        | <i>lapatinib ditosylate</i> .....   | 22  |
| <i>lacosamide oral</i> .....      | 51  | STARTER/TAKING V                   |        | <i>larin 1/20</i> .....             | 77  |
| <i>lactated ringer's solution</i> |     | see <i>lamotrigine tab 35 x</i>    |        | <i>larin 1.5/30</i> .....           | 77  |
| .....                             | 104 | 25 mg starter kit.....             | 52     | <i>larin 24 fe</i> .....            | 77  |
| <b>LACTATED RIN INJ</b> .....     | 104 | see <i>subvenite starter</i>       |        | <i>larin fe 1/20</i> .....          | 77  |
| <i>lactic acid (ammonium</i>      |     | kit/blu.....                       | 54     | <i>larin fe 1.5/30</i> .....        | 77  |
| <i>lactate</i> ).....             | 120 | <b>LAMICTAL STARTER KIT</b>        |        | <b>LASIX</b> .....                  | 36  |
| <i>lactulose</i> .....            | 88  | (35 X 25MG TABS).....              | 51     | see <i>furosemide</i> .....         | 36  |
| <i>lactulose (encephalopathy)</i> |     | <b>LAMICTAL STARTER KIT</b>        |        | <b>LASIX ONYU</b> .....             | 36  |
| .....                             | 88  | (42 X 25MG TABS & 7 X              |        | <i>latanoprost</i> .....            | 107 |
| <b>LAMICTAL</b> .....             | 51  | 100MG TAB).....                    | 51     | <b>LATUDA</b> .....                 | 47  |
| see <i>lamotrigine</i> .....      | 51  | <b>LAMICTAL STARTER KIT</b>        |        | see <i>lurasidone hcl</i> .....     | 47  |
| see <i>subvenite</i> .....        | 54  | (84 X 25MG TABS & 14               |        | <b>LAZCLUZE</b> .....               | 22  |
| <b>LAMICTAL CHEWABLE</b>          |     | X 100MG TABS).....                 | 51     | <i>leflunomide</i> .....            | 100 |
| <b>DISPERS</b> .....              | 51  | <b>LAMICTAL XR</b> .....           | 51     | <b>LEMTRADA</b> .....               | 65  |
| see <i>lamotrigine</i> .....      | 51  | see <i>lamotrigine</i> .....       | 52     | <i>lenalidomide</i> .....           | 18  |
| <b>LAMICTAL ODT</b> .....         | 51  | <b>LAMICTAL XR KIT</b> .....       | 51     | <b>LENVIMA 10 MG DAILY</b>          |     |
| see <i>lamotrigine</i> .....      | 52  | <i>lamivudine</i> .....            | 10     | DOSE.....                           | 23  |
| see <i>lamotrigine tab disint</i> |     | <i>lamivudine (hbv)</i> .....      | 12     | <b>LENVIMA 12MG DAILY</b>           |     |
| 21 x 25 mg & 7 x 50               |     | <i>lamivudine-zidovudine tab</i>   |        | DOSE.....                           | 23  |
| mg titration kit.....             | 52  | 150-300 mg.....                    | 11     | <b>LENVIMA 20 MG DAILY</b>          |     |
| see <i>lamotrigine tab disint</i> |     | <i>lamotrigine</i> .....           | 51, 52 | DOSE.....                           | 23  |
| 25 (14) & 50 mg (14) &            |     | <i>lamotrigine tab 25 mg (42)</i>  |        | <b>LENVIMA 4 MG DAILY</b>           |     |
| 100 mg (7) kit.....               | 52  | & 100 mg (7) starter kit           | 52     | DOSE.....                           | 23  |
| see <i>lamotrigine tab disint</i> |     | <i>lamotrigine tab 35 x 25 mg</i>  |        | <b>LENVIMA 8 MG DAILY</b>           |     |
| 42 x 50mg & 14 x                  |     | starter kit.....                   | 52     | DOSE.....                           | 23  |
| 100mg titration kit....           | 52  | <i>lamotrigine tab 84 x 25 mg</i>  |        | <b>LENVIMA CAP 14 MG</b> ....       | 23  |
| <b>LAMICTAL ODT KIT BLUE</b>      |     | & 14 x 100 mg starter kit          |        | <b>LENVIMA CAP 18 MG</b> ....       | 23  |
| .....                             | 51  | .....                              | 52     | <b>LENVIMA CAP 24 MG</b> ....       | 23  |
| <b>LAMICTAL ODT KIT</b>           |     | <i>lamotrigine tab disint 21 x</i> |        | <b>LEQEMBI IQLIK</b> .....          | 41  |
| <b>GREEN</b> .....                | 51  | 25 mg & 7 x 50 mg                  |        | <b>LEQSELVI</b> .....               | 98  |
| <b>LAMICTAL ODT KIT</b>           |     | titration kit.....                 | 52     | <b>LESCOL XL</b> .....              | 33  |
| <b>ORANGE</b> .....               | 51  | <i>lamotrigine tab disint 25</i>   |        | see <i>fluvastatin sodium</i> ..... | 33  |
| <b>LAMICTAL STARTER/NOT</b>       |     | (14) & 50 mg (14) & 100            |        | <i>lessina</i> .....                | 77  |
| <b>TAKI</b>                       |     | mg (7) kit.....                    | 52     | <b>LETAIRIS</b> .....               | 39  |
| see <i>lamotrigine tab 25</i>     |     | <i>lamotrigine tab disint 42 x</i> |        | see <i>ambrisentan</i> .....        | 39  |
| mg (42) & 100 mg (7)              |     | 50mg & 14 x 100mg                  |        | <i>letrozole</i> .....              | 17  |
| starter kit.....                  | 52  | titration kit.....                 | 52     | <i>leucovorin calcium</i> .....     | 19  |
| see <i>subvenite starter</i>      |     | <b>LAMZEDE</b> .....               | 82     | <b>LEUKERAN</b> .....               | 16  |
| kit/ora.....                      | 54  | <b>LANOXIN</b> .....               | 38     | <b>LEUKINE</b> .....                | 94  |
| <b>LAMICTAL</b>                   |     | see <i>digoxin</i> .....           | 37     | <i>leuprolide acetate</i> .....     | 17  |
| <b>STARTER/TAKING C</b>           |     | <b>LANOXIN PEDIATRIC</b> ....      | 38     | <i>leuprolide acetate (3</i>        |     |
|                                   |     | <i>lanreotide acetate</i> .....    | 82     | month).....                         | 17  |

|                                                                                  |                                                                                 |                                                                    |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <i>levalbuterol hcl</i> .....110                                                 | <i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> .....77 | LINZESS.....89                                                     |
| <i>levalbuterol tartrate</i> .....110                                            | <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> .....77         | <i>liomny</i> .....84                                              |
| LEVETIR/NACL INJ 10MG/ML.....52                                                  | <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> .....77     | <i>liothyronine sodium</i> .....84                                 |
| LEVETIR/NACL INJ 15MG/ML.....52                                                  | <i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> .....77      | LIPITOR.....33                                                     |
| LEVETIR/NACL INJ 5MG/ML.....52                                                   | <i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i> .....77       | <i>see atorvastatin calcium</i> .....32                            |
| <i>levetiracetam</i> .....52                                                     | <i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i> .....77  | LIPOFEN.....32                                                     |
| LEVETIRACETAM.....52                                                             | <i>levora 0.15/30-28</i> .....77                                                | <i>liraglutide</i> .....70                                         |
| LEVETIRACETAM/SODIUM CHLO                                                        | <i>levorphanol tartrate</i> .....3                                              | <i>lisdexamfetamine dimesylate</i> .....58                         |
| <i>see levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> .....52        | <i>levo-t</i> .....84                                                           | <i>lisinopril</i> .....27                                          |
| <i>see levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> .....52        | <i>levothyroxine sodium</i> .....84                                             | <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....27 |
| <i>see levetiracetam in sodium chloride iv soln 500 mg/100ml</i> .....52         | <i>levoxyl</i> .....84                                                          | <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....27 |
| <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> .....52            | LEXAPRO.....43                                                                  | <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> .....27   |
| <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> .....52            | <i>see escitalopram oxalate</i> .....42                                         | LITFULO.....98                                                     |
| <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> .....52             | <i>lexette</i> .....119                                                         | <i>lithium</i> .....63                                             |
| <i>levobunolol hcl</i> .....107                                                  | <i>l-glutamine (sickle cell)</i> .....95                                        | <i>lithium carbonate</i> .....63                                   |
| <i>levocarnitine (metabolic modifiers)</i> .....82                               | LIALDA.....87                                                                   | LITHOBID.....63                                                    |
| <i>levocetirizine dihydrochloride</i> .....109                                   | <i>see mesalamine</i> .....87                                                   | <i>see lithium carbonate</i> .....63                               |
| <i>levofloxacin</i> .....14                                                      | LIBTAYO.....23                                                                  | LITHOSTAT.....91                                                   |
| <i>levofloxacin (ophth)</i> .....105                                             | <i>lidocaine</i> .....119                                                       | LIVALO.....33                                                      |
| <i>levofloxacin in d5w iv soln 250 mg/50ml</i> .....14                           | <i>lidocaine hcl</i> .....119                                                   | <i>see pitavastatin calcium</i> .....33                            |
| <i>levofloxacin in d5w iv soln 500 mg/100ml</i> .....14                          | <i>lidocaine hcl (local anesth.)</i> .....1                                     | LIVDELZI.....89                                                    |
| <i>levofloxacin in d5w iv soln 750 mg/150ml</i> .....14                          | <i>lidocaine hcl (mouth-throat)</i> .....122                                    | LIVMARLI.....89                                                    |
| <i>levoleucovorin calcium</i> .....19                                            | <i>lidocaine-prilocaine cream 2.5-2.5%</i> .....119                             | LIVTENCITY.....12                                                  |
| <i>levonest</i> .....77                                                          | <i>lidocan</i> .....119                                                         | LODINE                                                             |
| <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i> .....77 | LIDODERM                                                                        | <i>see etodolac</i> .....1                                         |
|                                                                                  | <i>see lidocaine</i> .....119                                                   | LODOCO.....38                                                      |
|                                                                                  | <i>see lidocan</i> .....119                                                     | LODOSYN.....45                                                     |
|                                                                                  | <i>see tridacaine ii</i> .....120                                               | <i>see carbidopa</i> .....45                                       |
|                                                                                  | LIKMEZ.....7                                                                    | <i>loestrin 1/20-21</i> .....77                                    |
|                                                                                  | LILETTA.....77                                                                  | <i>loestrin 1.5/30-21</i> .....77                                  |
|                                                                                  | <i>linezolid</i> .....7                                                         | <i>loestrin fe 1/20</i> .....77                                    |
|                                                                                  | LINEZOLID INJ 2MG/ML..7                                                         | <i>loestrin fe 1.5/30</i> .....77                                  |
|                                                                                  |                                                                                 | <i>lofena</i> .....2                                               |
|                                                                                  |                                                                                 | <i>lofexidine hcl</i> .....68                                      |
|                                                                                  |                                                                                 | <i>lojaimiess</i> .....77                                          |
|                                                                                  |                                                                                 | LOKELMA.....75                                                     |
|                                                                                  |                                                                                 | LO LOESTRIN TAB 1-10-10.....77                                     |
|                                                                                  |                                                                                 | LOMOTIL                                                            |

|                                                                             |                                                                      |                                                |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------|
| see <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> .....89               | <i>loteprednol etabonate</i> ...106                                  | LUPRON DEPOT (3-MONTH).....18                  |
| LOMOTIL TAB 2.5MG ....89                                                    | <i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i> .....105 | LUPRON DEPOT (4-MONTH).....18                  |
| <i>lomustine</i> .....16                                                    | LOTREL                                                               | LUPRON DEPOT (6-MONTH).....18                  |
| LONSURF TAB 15-6.14..17                                                     | see <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> .....26   | LUPRON DEPOT-PED (1-MONTH).....82              |
| LONSURF TAB 20-8.19..17                                                     | see <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> .....26   | LUPRON DEPOT-PED (3-MONTH).....82              |
| <i>loperamide hcl</i> .....89                                               | see <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> .....26    | LUPRON DEPOT-PED (6-MONTH).....82              |
| LOPID .....32                                                               | see <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> .....26    | <i>lurasidone hcl</i> .....47                  |
| see <i>gemfibrozil</i> .....32                                              | LOTRONEX .....89                                                     | LURBIRO .....2                                 |
| <i>lopinavir-ritonavir tab 100-25 mg</i> .....11                            | see <i>alosetron hcl</i> .....88                                     | <i>lutra</i> .....77                           |
| <i>lopinavir-ritonavir tab 200-50 mg</i> .....11                            | <i>lovastatin</i> .....33                                            | LUTRATE DEPOT .....18                          |
| LOPRESSOR.....35                                                            | LOVAZA                                                               | LUZU.....116                                   |
| see <i>metoprolol tartrate</i> 35                                           | see <i>omega-3-acid ethyl esters cap 1 gm</i> .....34                | LYBALVI TAB 10-10MG .47                        |
| LOQTORZI.....23                                                             | LOVAZA CAP 1GM.....33                                                | LYBALVI TAB 15-10MG .47                        |
| <i>lorazepam</i> .....40                                                    | LOVENOX.....93                                                       | LYBALVI TAB 20-10MG .47                        |
| <i>lorazepam intensol</i> .....40                                           | see <i>enoxaparin sodium</i> .....93                                 | LYBALVI TAB 5-10MG ...47                       |
| LORBRENA .....23                                                            | <i>low-ogestrel</i> .....77                                          | <i>lyleq</i> .....77                           |
| LOREEV XR .....40                                                           | <i>loxapine succinate</i> .....47                                    | <i>lyllana</i> .....79                         |
| <i>loryna</i> .....77                                                       | <i>lubiprostone</i> .....89                                          | LYNOZYFIC.....23                               |
| <i>losartan potassium</i> .....31                                           | LUCEMYRA.....68                                                      | LYNPARZA.....23                                |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> .....30 | see <i>lofexidine hcl</i> .....68                                    | LYRICA.....52                                  |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> .....30   | LUCENTIS .....107                                                    | see <i>pregabalin</i> .....53                  |
| <i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> .....30  | <i>luizza 1/20</i> .....77                                           | LYRICA CR.....63                               |
| LOTEMAX.....106                                                             | <i>luizza 1.5/30</i> .....77                                         | see <i>pregabalin (once-daily)</i> .....63, 64 |
| see <i>loteprednol etabonate</i> .....106                                   | <i>luliconazole</i> .....116                                         | LYSODREN .....18                               |
| LOTEMAX SM .....106                                                         | LUMAKRAS .....23                                                     | LYTGOBI (12 MG DAILY DOSE).....23              |
| LOTENSIN .....27                                                            | LUMIGAN.....107                                                      | LYTGOBI (16 MG DAILY DOSE).....23              |
| see <i>benazepril hcl</i> .....27                                           | LUMIZYME .....82                                                     | LYTGOBI (20 MG DAILY DOSE).....23              |
| LOTENSIN HCT                                                                | LUMRYZ .....67                                                       | LYUMJEV .....73                                |
| see <i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....27      | LUMRYZ PAK STARTER .....67                                           | LYUMJEV KWIKPEN.....73                         |
| see <i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....27      | LUNESTA .....60                                                      | LYUMJEV TEMPO PEN .73                          |
| see <i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i> .....27        | see <i>eszopiclone</i> .....60                                       | <i>lyza</i> .....77                            |
|                                                                             | LUNSUMIO .....23                                                     | <b>M</b>                                       |
|                                                                             | LUPKYNIS .....102                                                    | MACROBID.....7                                 |
|                                                                             | LUPRON DEPOT (1-MONTH).....17                                        | see <i>nitrofurantoin monohyd macro</i> .....7 |
|                                                                             |                                                                      | MACRODANTIN .....7                             |
|                                                                             |                                                                      | see <i>nitrofurantoin macrocrystal</i> .....7  |

|                                    |                                     |                                   |
|------------------------------------|-------------------------------------|-----------------------------------|
| <i>magnesium sulfate</i> .....104  | MAVENCLAD (9 TABS)..65              | <i>meloxicam</i> .....2           |
| MAGNESIUM SULFATE                  | MAVYRET PAK 50-20MG                 | <i>memantine hcl</i> .....41      |
| .....104                           | .....12                             | <i>memantine hcl-donepezil</i>    |
| see <i>magnesium sulfate</i>       | MAVYRET TAB 100-40MG                | hcl cap er 24hr 14-10 mg          |
| .....104                           | .....12                             | .....41                           |
| MAGNESIUM SULFATE IN               | MAXALT.....62                       | <i>memantine hcl-donepezil</i>    |
| D5W                                | see <i>rizatriptan benzoate</i>     | hcl cap er 24hr 21-10 mg          |
| see <i>magnesium sulfate in</i>    | .....62                             | .....41                           |
| dextrose 5% iv soln 1              | MAXALT-MLT .....62                  | <i>memantine hcl-donepezil</i>    |
| gm/100ml.....104                   | see <i>rizatriptan benzoate</i>     | hcl cap er 24hr 28-10 mg          |
| <i>magnesium sulfate in</i>        | .....62                             | .....41                           |
| dextrose 5% iv soln 1              | MAXIDEX.....106                     | <i>memantine hcl tab 28 x 5</i>   |
| gm/100ml.....104                   | MAXITROL                            | mg & 21 x 10 mg titration         |
| MALARONE                           | see <i>neomycin-polymyxin-</i>      | pack.....41                       |
| see <i>atovaquone-</i>             | dexamethasone ophth                 | MENEST.....79                     |
| proguanil hcl tab 250-             | oint 0.1%.....105                   | MENOSTAR.....79                   |
| 100 mg.....10                      | see <i>neomycin-polymyxin-</i>      | MENQUADFI .....102                |
| see <i>atovaquone-</i>             | dexamethasone ophth                 | MENVEO INJ .....102               |
| proguanil hcl tab 62.5-            | susp 0.1%.....105                   | MENVEO SOL .....102               |
| 25 mg.....10                       | MAXITROL OIN 0.1% OP                | MEPRON .....7                     |
| MALARONE TAB 250-100               | .....105                            | see <i>atovaquone</i> .....6      |
| .....10                            | MAXITROL SUS 0.1% OP                | <i>mercaptopurine</i> .....17     |
| MALARONE TAB 62.5-25               | .....105                            | MERILOG .....73                   |
| .....10                            | MAYZENT.....65                      | MERILOG SOLOSTAR...73             |
| <i>malathion</i> .....121          | MAYZENT STARTER                     | MEROP/NACL INJ                    |
| <i>maraviroc</i> .....10           | PACK (12).....65                    | 1GM/50ML.....7                    |
| MARGENZA.....23                    | MAYZENT STARTER                     | MEROP/NACL INJ                    |
| MARINOL.....85                     | PACK (7).....65                     | 500/50ML .....7                   |
| see <i>dronabinol</i> .....85      | <i>meclizine hcl</i> .....86        | <i>meropenem</i> .....7           |
| <i>marlissa</i> .....77            | <i>meclofenamate sodium</i> ....2   | MEROPENEM                         |
| MARPLAN.....43                     | MEDROL.....80                       | see <i>meropenem</i> .....7       |
| MATULANE .....19                   | see <i>methylprednisolone</i>       | <i>merzee</i> .....77             |
| <i>matzim la</i> .....35           | .....80                             | <i>mesalamine</i> .....87         |
| MAVENCLAD                          | MEDROL DOSEPAK .....80              | <i>mesalamine w/ cleanser</i> .87 |
| see <i>cladribine (10 tabs)</i>    | see <i>methylprednisolone</i>       | <i>mesna</i> .....19              |
| .....64                            | .....80                             | MESNEX.....19                     |
| see <i>cladribine (4 tabs)</i> .64 | <i>medroxyprogesterone</i>          | see <i>mesna</i> .....19          |
| see <i>cladribine (5 tabs)</i> .64 | acetate.....84                      | MESTINON.....63                   |
| see <i>cladribine (6 tabs)</i> .64 | <i>medroxyprogesterone</i>          | see <i>pyridostigmine</i>         |
| see <i>cladribine (7 tabs)</i> .64 | acetate (contraceptive)77           | bromide.....64                    |
| see <i>cladribine (8 tabs)</i> .64 | <i>mefenamic acid</i> .....2        | MESTINON TIMESPAN..63             |
| see <i>cladribine (9 tabs)</i> .64 | <i>mefloquine hcl</i> .....10       | see <i>pyridostigmine</i>         |
| MAVENCLAD (10 TABS)65              | <i>megestrol acetate</i> ....18, 84 | bromide.....64                    |
| MAVENCLAD (4 TABS)..65             | <i>megestrol acetate</i>            | METADATE CD .....58               |
| MAVENCLAD (5 TABS)..65             | (appetite) .....84                  | see <i>methylphenidate hcl</i>    |
| MAVENCLAD (6 TABS)..65             | MEKINIST .....23                    | .....58                           |
| MAVENCLAD (7 TABS)..65             | MEKTOVI.....23                      | <i>metaxalone</i> .....66         |
| MAVENCLAD (8 TABS)..65             | <i>meleya</i> .....77               | <i>metformin hcl</i> .....70      |

|                                     |        |                                     |     |                                    |      |
|-------------------------------------|--------|-------------------------------------|-----|------------------------------------|------|
| <i>methadone hcl</i> .....          | 3      | <i>see metronidazole</i>            |     | <i>microgestin fe 1.5/30</i> ..... | 77   |
| METHADONE HCL INJ ....              | 3      | (topical) .....                     | 121 | <i>midodrine hcl</i> .....         | 38   |
| <i>methadone hydrochloride i</i> 3  |        | <i>metronidazole</i> .....          | 7   | MIEBO .....                        | 107  |
| METHADOSE                           |        | METRONIDAZOLE .....                 | 7   | <i>mifepristone</i>                |      |
| <i>see methadone</i>                |        | <i>see metronidazole</i> .....      | 7   | (hyperglycemia) .....              | 82   |
| <i>hydrochloride i</i> .....        | 3      | <i>metronidazole (topical)</i> 120, |     | <i>migergot</i> .....              | 62   |
| <i>methazolamide</i> .....          | 36     | 121                                 |     | <i>miglitol</i> .....              | 70   |
| <i>methenamine hippurate</i> ....   | 7      | <i>metronidazole vaginal</i> ....   | 92  | <i>miglustat</i> .....             | 82   |
| <i>methergine</i> .....             | 82     | <i>metyrosine</i> .....             | 38  | <i>mili</i> .....                  | 77   |
| <i>methimazole</i> .....            | 85     | MG SO4/D5W INJ                      |     | <i>mimvey</i> .....                | 79   |
| <i>methocarbamol</i> .....          | 66, 67 | 10MG/ML.....                        | 104 | MINIVELLE .....                    | 79   |
| <i>methotrexate sodium</i> 17,      |        | MIACALCIN .....                     | 74  | <i>see lyllana</i> .....           | 79   |
| 100                                 |        | <i>see calcitonin (salmon)</i>      |     | <i>minocycline hcl</i> .....       | 15   |
| <i>methoxsalen rapid</i> .....      | 117    | <i>inj</i> .....                    | 74  | <i>minoxidil</i> .....             | 38   |
| <i>methscopolamine bromide</i>      |        | <i>mibelas 24 fe</i> .....          | 77  | <i>minzoya</i> .....               | 77   |
| .....                               | 87     | MICAFUNGIN .....                    | 9   | MIPLYFFA .....                     | 82   |
| <i>methsuximide</i> .....           | 52     | MICAFUNGIN/NACL INJ                 |     | <i>mirabegron</i> .....            | 92   |
| <i>methyldopa</i> .....             | 38     | 100MG/100ML.....                    | 9   | MIRCERA .....                      | 94   |
| <i>methylergonovine maleate</i>     |        | MICAFUNGIN/NACL INJ                 |     | <i>mirtazapine</i> .....           | 43   |
| .....                               | 82     | 150MG/150ML.....                    | 9   | MIRVASO .....                      | 121  |
| METHYLIN.....                       | 58     | MICAFUNGIN/NACL INJ                 |     | <i>see brimonidine tartrate</i>    |      |
| <i>see methylphenidate hcl</i>      |        | 50MG/50ML.....                      | 9   | (topical) .....                    | 120  |
| .....                               | 59     | <i>micafungin sodium</i> .....      | 9   | <i>misoprostol</i> .....           | 89   |
| <i>methylphenidate</i> .....        | 58     | MICARDIS                            |     | MITIGARE.....                      | 1    |
| <i>methylphenidate hcl</i> ..58, 59 |        | <i>see telmisartan</i> .....        | 32  | <i>see colchicine</i> .....        | 1    |
| <i>methylprednisolone</i> .....     | 80     | MICARDIS HCT                        |     | <i>mitomycin</i> .....             | 19   |
| <i>methylprednisolone acetate</i>   |        | <i>see telmisartan-</i>             |     | <i>mitoxantrone hcl</i> .....      | 19   |
| .....                               | 80     | <i>hydrochlorothiazide tab</i>      |     | M-M-R II INJ.....                  | 102  |
| <i>methylprednisolone sod</i>       |        | 40-12.5 mg.....                     | 30  | M-NATAL PLUS TAB...104             |      |
| <i>succ</i> .....                   | 80     | <i>see telmisartan-</i>             |     | <i>modafinil</i> .....             | 67   |
| <i>metoclopramide hcl</i> .....     | 86     | <i>hydrochlorothiazide tab</i>      |     | MODEYSO.....                       | 19   |
| <i>metolazone</i> .....             | 36     | 80-12.5 mg.....                     | 31  | <i>moexipril hcl</i> .....         | 27   |
| <i>metoprolol &amp;</i>             |        | <i>see telmisartan-</i>             |     | <i>molindone hcl</i> .....         | 47   |
| <i>hydrochlorothiazide tab</i>      |        | <i>hydrochlorothiazide tab</i>      |     | <i>mometasone furoate</i> ....     | 119  |
| 100-25 mg .....                     | 34     | 80-25 mg.....                       | 31  | <i>mometasone furoate</i>          |      |
| <i>metoprolol &amp;</i>             |        | MICARDIS HCT TAB                    |     | (nasal) .....                      | 112  |
| <i>hydrochlorothiazide tab</i>      |        | 40/12.5 .....                       | 30  | MONJUVI.....                       | 23   |
| 100-50 mg .....                     | 34     | MICARDIS HCT TAB                    |     | <i>mono-lynyah</i> .....           | 77   |
| <i>metoprolol &amp;</i>             |        | 80/12.5 .....                       | 30  | <i>montelukast sodium</i> .....    | 110  |
| <i>hydrochlorothiazide tab</i>      |        | MICARDIS HCT TAB 80-                |     | <i>morphine sulfate</i> .....      | 3, 5 |
| 50-25 mg .....                      | 34     | 25MG.....                           | 30  | MORPHINE SULFATE ....              | 5    |
| <i>metoprolol succinate</i> .....   | 35     | <i>miconazole 3</i> .....           | 92  | MORPHINE                           |      |
| <i>metoprolol tartrate</i> .....    | 35     | <i>miconazole-zinc oxide-</i>       |     | SULFATE/SODIUM C ...               | 5    |
| METROCREAM .....                    | 120    | <i>white petrolatum oint</i>        |     | <i>morphine sulfate beads</i> .... | 3    |
| <i>see metronidazole</i>            |        | 0.25-15-81.35%.....                 | 116 | MOTEGRITY.....                     | 89   |
| (topical) .....                     | 120    | <i>microgestin 1/20</i> .....       | 77  | <i>see prucalopride</i>            |      |
| METROGEL                            |        | <i>microgestin 1.5/30</i> .....     | 77  | <i>succinate</i> .....             | 89   |
|                                     |        | <i>microgestin fe 1/20</i> .....    | 77  | MOTPOLY XR .....                   | 52   |

|                                     |     |                                |     |                                     |     |
|-------------------------------------|-----|--------------------------------|-----|-------------------------------------|-----|
| MOUNJARO .....                      | 71  | <i>bead cap er 24hr 50</i>     |     | NAMZARIC CAP 7-10MG                 |     |
| MOVANTIK .....                      | 89  | <i>mg.....</i>                 | 56  | .....                               | 41  |
| MOVIPREP                            |     | MYDAYIS CAP 12.5MG..           | 59  | NAPRELAN.....                       | 2   |
| see <i>peg-</i>                     |     | MYDAYIS CAP 25MG....           | 59  | see <i>naproxen sodium</i> ....     | 2   |
| <i>3350/electrolytes/asc</i>        |     | MYDAYIS CAP 37.5MG..           | 59  | <i>naproxen</i> .....               | 2   |
| .....                               | 88  | MYDAYIS CAP 50MG....           | 59  | <i>naproxen dr</i> .....            | 2   |
| MOVIPREP SOL.....                   | 88  | MYFEMBREE TAB .....            | 82  | <i>naproxen-esomeprazole</i>        |     |
| <i>moxifloxacin hcl</i> .....       | 14  | MYFORTIC .....                 | 102 | <i>magnesium tab dr 375-</i>        |     |
| <i>moxifloxacin hcl (ophth)</i>     | 105 | see <i>mycophenolate</i>       |     | <i>20 mg</i> .....                  | 2   |
| <i>moxifloxacin hcl 400</i>         |     | <i>sodium</i> .....            | 102 | <i>naproxen-esomeprazole</i>        |     |
| <i>mg/250ml in sodium</i>           |     | MYHIBBIN.....                  | 102 | <i>magnesium tab dr 500-</i>        |     |
| <i>chloride 0.8% inj</i> .....      | 14  | MYLOTARG.....                  | 23  | <i>20 mg</i> .....                  | 2   |
| MOXIFLOXACIN                        |     | MYOBLOC .....                  | 67  | <i>naproxen sodium</i> .....        | 2   |
| HYDROCHLORID .....                  | 14  | MYRBETRIQ.....                 | 92  | <i>naratriptan hcl</i> .....        | 62  |
| MOZOBIL.....                        | 94  | see <i>mirabegron</i> .....    | 92  | NARDIL.....                         | 43  |
| see <i>plerixafor</i> .....         | 94  | MYSOLINE .....                 | 52  | see <i>phenelzine sulfate</i> ..... | 43  |
| MRESVIA.....                        | 102 | see <i>primidone</i> .....     | 53  | NATACYN.....                        | 105 |
| MS CONTIN.....                      | 3   | <b>N</b>                       |     | NATAZIA TAB.....                    | 77  |
| see <i>morphine sulfate</i> ....    | 3   | <i>nabumetone</i> .....        | 2   | <i>nateglinide</i> .....            | 71  |
| MULPLETA.....                       | 95  | <i>nadolol</i> .....           | 35  | NATROBA.....                        | 121 |
| MULTAQ .....                        | 32  | NAFCILLIN INJ 2GM/100          |     | NAYZILAM.....                       | 52  |
| <i>multiple electrolytes ph 5.5</i> |     | .....                          | 15  | <i>nebivolol hcl</i> .....          | 35  |
| .....                               | 104 | <i>nafcillin sodium</i> .....  | 15  | NEBUPENT .....                      | 7   |
| <i>mupirocin</i> .....              | 115 | <i>naftifine hcl</i> .....     | 116 | see <i>pentamidine</i>              |     |
| <i>mupirocin calcium (topical)</i>  |     | NAFTIN .....                   | 116 | <i>isethionate inh</i> .....        | 8   |
| .....                               | 115 | see <i>naftifine hcl</i> ..... | 116 | <i>necon 0.5/35-28</i> .....        | 77  |
| MVASI.....                          | 23  | NAGLAZYME.....                 | 82  | <i>nefazodone hcl</i> .....         | 43  |
| MYALEPT .....                       | 82  | <i>nalbuphine hcl</i> .....    | 5   | NEMLUVIO .....                      | 98  |
| MYCAMINE.....                       | 9   | NALOCET TAB 2.5-300....        | 5   | <i>neomycin-bacitrac zn-</i>        |     |
| MYCAPSSA.....                       | 82  | <i>naloxone hcl</i> .....      | 68  | <i>polymyx 5(3.5)mg-</i>            |     |
| <i>mycophenolate mofetil</i> ..     | 102 | <i>naltrexone hcl</i> .....    | 68  | <i>400unt-10000unt op oin</i>       |     |
| <i>mycophenolate sodium</i> ..      | 102 | NAMZARIC                       |     | .....                               | 105 |
| MYDAYIS                             |     | see <i>memantine hcl-</i>      |     | <i>neomycin-polymy-gramicid</i>     |     |
| see <i>amphetamine-</i>             |     | <i>donepezil hcl cap er</i>    |     | <i>op sol 1.75-10000-</i>           |     |
| <i>dextroamphetamine 3-</i>         |     | <i>24hr 14-10 mg</i> .....     | 41  | <i>0.025mg-unt-mg/ml</i> ...        | 105 |
| <i>bead cap er 24hr 12.5</i>        |     | see <i>memantine hcl-</i>      |     | <i>neomycin-polymyxin b gu</i>      |     |
| <i>mg</i> .....                     | 56  | <i>donepezil hcl cap er</i>    |     | <i>irrigation soln</i> .....        | 91  |
| see <i>amphetamine-</i>             |     | <i>24hr 21-10 mg</i> .....     | 41  | <i>neomycin-polymyxin-</i>          |     |
| <i>dextroamphetamine 3-</i>         |     | see <i>memantine hcl-</i>      |     | <i>dexamethasone ophth</i>          |     |
| <i>bead cap er 24hr 25</i>          |     | <i>donepezil hcl cap er</i>    |     | <i>oint 0.1%</i> .....              | 105 |
| <i>mg</i> .....                     | 56  | <i>24hr 28-10 mg</i> .....     | 41  | <i>neomycin-polymyxin-</i>          |     |
| see <i>amphetamine-</i>             |     | NAMZARIC CAP 14-10MG           |     | <i>dexamethasone ophth</i>          |     |
| <i>dextroamphetamine 3-</i>         |     | .....                          | 41  | <i>susp 0.1%</i> .....              | 105 |
| <i>bead cap er 24hr 37.5</i>        |     | NAMZARIC CAP 21-10MG           |     | <i>neomycin-polymyxin-hc</i>        |     |
| <i>mg</i> .....                     | 56  | .....                          | 41  | <i>ophth susp</i> .....             | 105 |
| see <i>amphetamine-</i>             |     | NAMZARIC CAP 28-10MG           |     | <i>neomycin-polymyxin-hc otic</i>   |     |
| <i>dextroamphetamine 3-</i>         |     | .....                          | 41  | <i>soln 1%</i> .....                | 108 |



|                                                                            |                                                                                |                                                                             |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> .....108 | <i>sodium chloride 0.9%</i> .....35                                            | <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> .....77 |
| <i>neomycin sulfate</i> .....7                                             | see <i>nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.9%</i> .....35 | <i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i> .....77  |
| NEORAL .....102                                                            | NICARDIPINE SOL 20/200ML .....36                                               | <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i> .....77    |
| see <i>cyclosporine modified (for microemulsion)</i> .....101              | NICARDIPINE SOL 40/200ML .....36                                               | <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> .....77 |
| see <i>gengraf</i> .....102                                                | NICOTROL NS .....68                                                            | <i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> .....78  |
| NERLYNX .....23                                                            | <i>nifedipine</i> .....36                                                      | <i>norethindrone acetate</i> .....84                                        |
| <i>neuac gel 1.2-5%</i> .....115                                           | <i>nikki</i> .....77                                                           | <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> .....79   |
| NEULASTA .....94                                                           | NIKTIMVO .....102                                                              | <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> .....79       |
| NEULASTA ONPRO KIT 94                                                      | NILOTINIB .....23                                                              | <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> .....77 |
| NEUPOGEN .....94                                                           | <i>nilotinib hcl</i> .....23                                                   | <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> .....78      |
| NEUPRO .....45                                                             | <i>nilutamide</i> .....18                                                      | <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> .....78  |
| NEURONTIN .....52, 53                                                      | <i>nimodipine</i> .....36                                                      | <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> .....78  |
| see <i>gabapentin</i> .....51                                              | NINLARO .....23                                                                | NORITATE .....121                                                           |
| NEVANAC .....106                                                           | NIPENT .....19                                                                 | NORLIQVA .....36                                                            |
| <i>nevirapine</i> .....10                                                  | <i>nisoldipine</i> .....36                                                     | <i>norlyroc</i> .....78                                                     |
| NEXAVAR .....23                                                            | <i>nitazoxanide</i> .....7                                                     | NORPACE .....32                                                             |
| see <i>sorafenib tosylate</i> .24                                          | <i>nitisinone</i> .....82                                                      | see <i>disopyramide phosphate</i> .....32                                   |
| NEXICLON XR .....38                                                        | NITRO-BID .....38                                                              | NORPACE CR .....32                                                          |
| NEXIUM .....90                                                             | NITRO-DUR .....38                                                              | NORPRAMIN .....43                                                           |
| see <i>esomeprazole magnesium</i> .....90                                  | <i>nitrofurantoin</i> .....7                                                   | see <i>desipramine hcl</i> ....42                                           |
| NEXLETOL .....33                                                           | NITROFURANTOIN .....7                                                          | NORTHERA .....38                                                            |
| NEXLIZET TAB 180/10MG .....33                                              | <i>nitrofurantoin macrocrystal</i> 7                                           | see <i>droxidopa</i> .....37                                                |
| NEXPLANON .....77                                                          | <i>nitrofurantoin monohyd macro</i> .....7                                     | <i>nortrel 0.5/35 (28)</i> .....78                                          |
| NEXTSTELLIS TAB 3-14.2MG .....77                                           | <i>nitroglycerin</i> .....38                                                   | <i>nortrel 1/35 (21)</i> .....78                                            |
| NEXVIAZYME .....82                                                         | <i>nitroglycerin (intra-anal)</i> 121                                          | <i>nortrel 1/35 (28)</i> .....78                                            |
| NGENLA .....82                                                             | NITROLINGUAL .....38                                                           |                                                                             |
| <i>niacin (antihyperlipidemic)</i> .....33                                 | see <i>nitroglycerin</i> .....38                                               |                                                                             |
| <i>niacor</i> .....34                                                      | NITROSTAT .....38                                                              |                                                                             |
| <i>nicardipine hcl</i> .....35                                             | see <i>nitroglycerin</i> .....38                                               |                                                                             |
| <i>nicardipine hcl iv soln 20 mg/200ml in sodium chloride 0.9%</i> .....35 | NITYR .....82                                                                  |                                                                             |
| <i>nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.9%</i> .....35 | NIVESTYM .....94                                                               |                                                                             |
| NICARDIPINE HYDROCHLORIDE                                                  | <i>nizatidine</i> .....87                                                      |                                                                             |
| see <i>nicardipine hcl iv soln 20 mg/200ml in</i>                          | <i>nora-be</i> .....77                                                         |                                                                             |
|                                                                            | NORDITROPIN FLEXP                                                              |                                                                             |
|                                                                            | .....82                                                                        |                                                                             |
|                                                                            | <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> .....77        |                                                                             |
|                                                                            | <i>norethindrone (contraceptive)</i> .....77                                   |                                                                             |

|                                           |                                                                                       |                                                                                     |
|-------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <i>nortrel 7/7/7</i> .....78              | NULOJIX.....102                                                                       | <i>olmesartan-amlodipine-<br/>hydrochlorothiazide tab<br/>20-5-12.5 mg</i> .....30  |
| <i>nortriptyline hcl</i> .....43          | NUPLAZID .....47                                                                      | <i>olmesartan-amlodipine-<br/>hydrochlorothiazide tab<br/>40-10-12.5 mg</i> .....30 |
| NORVASC.....36                            | NURTEC.....62                                                                         | <i>olmesartan-amlodipine-<br/>hydrochlorothiazide tab<br/>40-10-25 mg</i> .....30   |
| <i>see amlodipine besylate</i><br>.....35 | NUTRILIPID .....105                                                                   | <i>olmesartan-amlodipine-<br/>hydrochlorothiazide tab<br/>40-5-12.5 mg</i> .....30  |
| NORVIR.....10                             | NUVARING                                                                              | <i>olmesartan-amlodipine-<br/>hydrochlorothiazide tab<br/>40-5-25 mg</i> .....30    |
| <i>see ritonavir</i> .....11              | <i>see eluryng</i> .....76                                                            | <i>olmesartan medoxomil</i> ....31                                                  |
| NOURIANZ.....45                           | <i>see enilloring</i> .....76                                                         | <i>olmesartan medoxomil-<br/>hydrochlorothiazide tab<br/>20-12.5 mg</i> .....30     |
| NOVAREL.....82                            | <i>see etonogestrel-ethinyl<br/>estradiol va ring 0.12-<br/>0.015 mg/24hr</i> .....76 | <i>olmesartan medoxomil-<br/>hydrochlorothiazide tab<br/>40-12.5 mg</i> .....30     |
| NOVOLIN70/30 INJ                          | <i>see haloette</i> .....76                                                           | <i>olmesartan medoxomil-<br/>hydrochlorothiazide tab<br/>40-25 mg</i> .....30       |
| RELION.....73                             | NUVARING MIS.....78                                                                   | <i>olopatadine hcl (nasal)</i> ..109                                                |
| NOVOLIN INJ 70/30 .....73                 | NUVIGIL.....67                                                                        | OLPRUVA.....83                                                                      |
| NOVOLIN INJ 70/30 FP ..73                 | <i>see armodafinil</i> .....67                                                        | OLUMIANT .....98                                                                    |
| NOVOLIN INJ 70/30 FP                      | NUZYRA.....15                                                                         | <i>omega-3-acid ethyl esters<br/>cap 1 gm</i> .....34                               |
| RELION.....73                             | <i>nyamyc</i> .....116                                                                | <i>omeprazole</i> .....90                                                           |
| NOVOLIN N.....73                          | <i>nylia 1/35</i> .....78                                                             | <i>omeprazole-sodium<br/>bicarbonate cap 20-1100<br/>mg</i> .....90                 |
| NOVOLIN N FLEXPEN...73                    | <i>nylia 7/7/7</i> .....78                                                            | <i>omeprazole-sodium<br/>bicarbonate cap 40-1100<br/>mg</i> .....90                 |
| NOVOLIN N FLEXPEN                         | NYMALIZE.....36                                                                       | <i>omeprazole-sodium<br/>bicarbonate powd pack<br/>for susp 20-1680 mg</i> ...90    |
| RELION.....73                             | NYPOZI.....94                                                                         | <i>omeprazole-sodium<br/>bicarbonate powd pack<br/>for susp 40-1680 mg</i> ...90    |
| NOVOLIN N RELION.....73                   | <i>nystatin</i> .....9                                                                | OMNARIS.....112                                                                     |
| NOVOLIN R.....73                          | NYSTATIN                                                                              | OMNIPOD 5 DX KIT INT                                                                |
| NOVOLIN R FLEXPEN...73                    | <i>see nystatin (mouth-<br/>throat)</i> .....122                                      | G7G6.....74                                                                         |
| NOVOLIN R FLEXPEN                         | <i>nystatin (mouth-throat)</i> ..122                                                  | OMNIPOD 5 DX MIS POD                                                                |
| RELION.....73                             | <i>nystatin (topical)</i> .....116                                                    | G7G6.....74                                                                         |
| NOVOLIN R RELION.....73                   | <i>nystop</i> .....116                                                                |                                                                                     |
| NOVOLOG.....73                            | NYVEPRIA.....94                                                                       |                                                                                     |
| NOVOLOG FLEXPEN ....73                    | <b>O</b>                                                                              |                                                                                     |
| NOVOLOG FLEXPEN                           | OCREVUS.....65                                                                        |                                                                                     |
| RELION.....73                             | OCREVUS INJ ZUNOVO65                                                                  |                                                                                     |
| NOVOLOG MIX INJ 70/30                     | OCTAGAM.....100                                                                       |                                                                                     |
| .....73                                   | <i>octreotide acetate</i> ....82, 83                                                  |                                                                                     |
| NOVOLOG MIX INJ                           | OCUFLOX.....105                                                                       |                                                                                     |
| FLEXPEN.....73                            | <i>see ofloxacin (ophth)</i> ..105                                                    |                                                                                     |
| NOVOLOG MIX INJ FLEX                      | ODACTRA SUB.....101                                                                   |                                                                                     |
| REL.....73                                | ODEFSEY TAB.....11                                                                    |                                                                                     |
| NOVOLOG PENFILL .....73                   | ODOMZO.....23                                                                         |                                                                                     |
| NOVOLOG RELI INJ 70/30                    | OFEV.....111                                                                          |                                                                                     |
| .....73                                   | <i>ofloxacin (ophth)</i> .....105                                                     |                                                                                     |
| NOVOLOG RELION .....74                    | <i>ofloxacin (otic)</i> .....108                                                      |                                                                                     |
| NOXAFIL.....9                             | OGIVRI.....23                                                                         |                                                                                     |
| <i>see posaconazole</i> .....9            | OGSIVEO.....23                                                                        |                                                                                     |
| NPLATE.....94                             | OHTUVAYRE.....111                                                                     |                                                                                     |
| NUBEQA.....18                             | OJEMDA.....23                                                                         |                                                                                     |
| NUCALA.....111                            | OJJAARA.....24                                                                        |                                                                                     |
| NUCYNTA.....5                             | <i>olanzapine</i> .....47, 48                                                         |                                                                                     |
| NUCYNTA ER.....3                          |                                                                                       |                                                                                     |
| NUDEXTA CAP 20-10MG                       |                                                                                       |                                                                                     |
| .....63                                   |                                                                                       |                                                                                     |

|                                                                                                         |     |                                               |     |                                                                                |      |
|---------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------|-----|--------------------------------------------------------------------------------|------|
| OMNIPOD 5 L2 KIT INTRO<br>G6.....                                                                       | 74  | ORENCIA CLICKJECT ...                         | 98  | OXLUMO .....                                                                   | 91   |
| OMNIPOD 5 L2 MIS PODS<br>G6.....                                                                        | 74  | ORENITRAM .....                               | 39  | OXTELLAR XR .....                                                              | 53   |
| OMNIPOD DASH KIT<br>INTRO .....                                                                         | 74  | ORENITRAM TAB MONTH<br>1 .....                | 39  | see <i>oxcarbazepine</i> .....                                                 | 53   |
| OMNIPOD DASH MIS<br>PODS .....                                                                          | 74  | ORENITRAM TAB MONTH<br>2 .....                | 39  | OXY-ACETAMIN TAB 7.5-<br>300 .....                                             | 5    |
| OMNITROPE .....                                                                                         | 83  | ORENITRAM TAB MONTH<br>3 .....                | 39  | <i>oxybutynin chloride</i> .....                                               | 92   |
| OMVOH .....                                                                                             | 98  | ORFADIN.....                                  | 83  | OXYCOD/ACETA SOL<br>10/300MG.....                                              | 5    |
| OMVOH SOAJ 100/200 ..                                                                                   | 98  | see <i>nitisinone</i> .....                   | 82  | OXYCOD/APAP TAB 10-<br>300MG.....                                              | 5    |
| OMVOH SOSY 100/200 ..                                                                                   | 98  | ORGOVYX.....                                  | 18  | OXYCOD/APAP TAB 5-<br>300MG.....                                               | 5    |
| ONAPGO .....                                                                                            | 45  | ORIAHNN CAP .....                             | 83  | OXYCOD-APAP TAB 2.5-<br>300 .....                                              | 5    |
| ONCASPAR.....                                                                                           | 19  | ORILISSA .....                                | 83  | <i>oxycodone hcl</i> .....                                                     | 5    |
| <i>ondansetron</i> .....                                                                                | 86  | ORKAMBI GRA 100-125<br>.....                  | 111 | OXYCODONE<br>HYDROCHLORIDE.....                                                | 5    |
| <i>ondansetron hcl</i> .....                                                                            | 86  | ORKAMBI GRA 150-188<br>.....                  | 111 | <i>oxycodone w/</i><br><i>acetaminophen soln 5-</i><br><i>325 mg/5ml</i> ..... | 5    |
| ONEXTON<br>see <i>clindamycin</i><br><i>phosphate-benzoyl</i><br><i>peroxide gel 1.2-3.75%</i><br>..... | 114 | ORKAMBI GRA 75-94MG<br>.....                  | 111 | <i>oxycodone w/</i><br><i>acetaminophen tab 10-</i><br><i>325 mg</i> .....     | 5    |
| ONEXTON GEL 1.2-3.75<br>.....                                                                           | 115 | ORKAMBI TAB 100-125<br>.....                  | 111 | <i>oxycodone w/</i><br><i>acetaminophen tab 2.5-</i><br><i>325 mg</i> .....    | 5    |
| ONFI .....                                                                                              | 53  | ORKAMBI TAB 200-125<br>.....                  | 111 | <i>oxycodone w/</i><br><i>acetaminophen tab 5-325</i><br><i>mg</i> .....       | 5    |
| see <i>clobazam</i> .....                                                                               | 50  | ORLADEYO .....                                | 95  | OXYCONTIN.....                                                                 | 3    |
| ONGENTYS.....                                                                                           | 45  | ORLYNVAH TAB 500-5007<br><i>ormarvi</i> ..... | 36  | <i>oxymorphone hcl</i> .....                                                   | 3, 5 |
| ONGLYZA<br>see <i>saxagliptin hcl</i> .....                                                             | 71  | <i>orquidea</i> .....                         | 78  | OXYTROL.....                                                                   | 92   |
| ONIVYDE.....                                                                                            | 19  | ORSERDU .....                                 | 18  | OZEMPIC (0.25 OR<br>0.5MG/DOSE) .....                                          | 71   |
| ONTRUZANT .....                                                                                         | 24  | <i>oseltamivir phosphate</i> .....            | 12  | OZEMPIC (1MG/DOSE) ..                                                          | 71   |
| ONUREG .....                                                                                            | 17  | OSPHERA .....                                 | 83  | OZEMPIC (2MG/DOSE) ..                                                          | 71   |
| ONZETRA XSAIL.....                                                                                      | 62  | OSPOMYV .....                                 | 74  | OZOBAX DS .....                                                                | 67   |
| OPDIVO .....                                                                                            | 24  | OTEZLA.....                                   | 98  | see <i>baclofen</i> .....                                                      | 66   |
| OPDIVO INJ QVANTIG ..                                                                                   | 24  | OTEZLA/XR TAB 28 DAY<br>.....                 | 98  | <b>P</b>                                                                       |      |
| OPDUALAG SOL.....                                                                                       | 24  | OTEZLA TAB 10/20 .....                        | 98  | <i>pacerone</i> .....                                                          | 32   |
| OPFOLDA.....                                                                                            | 83  | OTEZLA TAB 10/20/30 ..                        | 98  | <i>paclitaxel</i> .....                                                        | 19   |
| OPIPZA.....                                                                                             | 48  | OTEZLA XR .....                               | 98  | <i>paclitaxel inj 100mg</i> .....                                              | 19   |
| OPSUMIT.....                                                                                            | 39  | OTREXUP.....                                  | 100 | PACLITAXEL INJ 100MG<br>.....                                                  | 19   |
| OPSYNVI TAB 10-20MG                                                                                     | 39  | OVIDE.....                                    | 121 | PADCEV .....                                                                   | 24   |
| OPSYNVI TAB 10-40MG                                                                                     | 39  | OXACILLIN INJ 2GM .....                       | 15  |                                                                                |      |
| OPVEE.....                                                                                              | 68  | <i>oxacillin sodium</i> .....                 | 15  |                                                                                |      |
| OPZELURA.....                                                                                           | 121 | <i>oxaliplatin</i> .....                      | 16  |                                                                                |      |
| ORACEA.....                                                                                             | 121 | <i>oxaprozin</i> .....                        | 2   |                                                                                |      |
| see <i>doxycycline</i><br>( <i>rosacea</i> ).....                                                       | 120 | <i>oxazepam</i> .....                         | 40  |                                                                                |      |
| ORAPRED ODT.....                                                                                        | 80  | <i>oxcarbazepine</i> .....                    | 53  |                                                                                |      |
| ORBACTIV.....                                                                                           | 7   | OXERVATE .....                                | 107 |                                                                                |      |
| ORENCIA.....                                                                                            | 98  | <i>oxiconazole nitrate</i> .....              | 116 |                                                                                |      |
|                                                                                                         |     | OXISTAT.....                                  | 116 |                                                                                |      |

|                                     |        |  |  |
|-------------------------------------|--------|--|--|
| PALFORZIA CAP                       |        |  |  |
| ESCALAT .....                       | 101    |  |  |
| PALFORZIA CAP LEVEL                 |        |  |  |
| 10 .....                            | 101    |  |  |
| PALFORZIA CAP LEVEL 3               |        |  |  |
| .....                               | 101    |  |  |
| PALFORZIA CAP LEVEL 7               |        |  |  |
| .....                               | 101    |  |  |
| PALFORZIA CAP LEVEL 8               |        |  |  |
| .....                               | 101    |  |  |
| PALFORZIA LEVEL 1...                | 101    |  |  |
| PALFORZIA LEVEL 11                  |        |  |  |
| (MAINT .....                        | 101    |  |  |
| PALFORZIA LEVEL 11                  |        |  |  |
| (TITRA.....                         | 101    |  |  |
| PALFORZIA LEVEL 2...                | 101    |  |  |
| PALFORZIA LEVEL 4...                | 101    |  |  |
| PALFORZIA LEVEL 5...                | 101    |  |  |
| PALFORZIA LEVEL 6...                | 101    |  |  |
| PALFORZIA LEVEL 9...                | 101    |  |  |
| <i>paliperidone</i> .....           | 48     |  |  |
| <i>palonosetron hcl</i> .....       | 86     |  |  |
| PALSONIFY .....                     | 83     |  |  |
| PALYNZIQ .....                      | 83     |  |  |
| PAMELOR                             |        |  |  |
| see <i>nortriptyline hcl</i> ....   | 43     |  |  |
| <i>pamidronate disodium</i> .....   | 74     |  |  |
| PAMIDRONATE                         |        |  |  |
| DISODIUM .....                      | 74     |  |  |
| PANCREAZE CAP                       |        |  |  |
| 10500UNT .....                      | 89     |  |  |
| PANCREAZE CAP                       |        |  |  |
| 16800UNT .....                      | 89     |  |  |
| PANCREAZE CAP                       |        |  |  |
| 21000UNT .....                      | 89     |  |  |
| PANCREAZE CAP                       |        |  |  |
| 2600UNIT .....                      | 89     |  |  |
| PANCREAZE CAP 37000                 |        |  |  |
| .....                               | 89     |  |  |
| PANCREAZE CAP                       |        |  |  |
| 4200UNIT .....                      | 89     |  |  |
| PANRETIN.....                       | 121    |  |  |
| PANTOPR/NACL SOL                    |        |  |  |
| 40MG/100.....                       | 90     |  |  |
| PANTOPR/NACL SOL                    |        |  |  |
| 80MG/100.....                       | 90     |  |  |
| <i>pantoprazole sodium</i> .....    | 90     |  |  |
| PANTOPRAZOLE SODIUM                 |        |  |  |
| .....                               | 90     |  |  |
| see <i>pantoprazole sodium</i>      |        |  |  |
| .....                               | 90     |  |  |
| PANTOPRAZOLE SOL                    |        |  |  |
| 40/50ML .....                       | 90     |  |  |
| PANZYGA.....                        | 101    |  |  |
| <i>paricalcitol</i> .....           | 85     |  |  |
| PARLODEL.....                       | 45     |  |  |
| see <i>bromocriptine</i>            |        |  |  |
| <i>mesylate</i> .....               | 44     |  |  |
| PARNATE .....                       | 43     |  |  |
| see <i>tranylcypromine</i>          |        |  |  |
| <i>sulfate</i> .....                | 44     |  |  |
| <i>paroxetine hcl</i> .....         | 43     |  |  |
| <i>paroxetine mesylate</i>          |        |  |  |
| ( <i>vasomotor</i> ) .....          | 63     |  |  |
| PAVBLU.....                         | 107    |  |  |
| PAXIL.....                          | 43     |  |  |
| see <i>paroxetine hcl</i> .....     | 43     |  |  |
| PAXIL CR.....                       | 43     |  |  |
| see <i>paroxetine hcl</i> .....     | 43     |  |  |
| PAXLOVID PAK.....                   | 12     |  |  |
| PAXLOVID TAB 150-100                | 12     |  |  |
| PAXLOVID TAB 300-100                | 12     |  |  |
| <i>pazopanib hcl</i> .....          | 24     |  |  |
| PEDIARIX INJ 0.5ML...               | 102    |  |  |
| PEDVAX HIB .....                    | 102    |  |  |
| <i>peg-3350/electrolytes/asc</i>    |        |  |  |
| .....                               | 88     |  |  |
| <i>peg 3350-kcl-na bicarb-</i>      |        |  |  |
| <i>nacl-na sulfate for soln</i>     |        |  |  |
| 236 gm .....                        | 88     |  |  |
| <i>peg 3350-kcl-sod bicarb-</i>     |        |  |  |
| <i>nacl for soln 420 gm</i> ....    | 88     |  |  |
| PEGASYS.....                        | 12     |  |  |
| PEMAZYRE .....                      | 24     |  |  |
| PEMETREXED .....                    | 17     |  |  |
| <i>pemetrexed disodium</i> .....    | 17     |  |  |
| PEMRYDI RTU .....                   | 17     |  |  |
| PENBRAYA INJ .....                  | 102    |  |  |
| <i>penciclovir</i> .....            | 121    |  |  |
| PEN GK/DEXTR INJ                    |        |  |  |
| 40000/ML .....                      | 15     |  |  |
| PEN GK/DEXTR INJ                    |        |  |  |
| 60000/ML .....                      | 15     |  |  |
| <i>penicillamine</i> .....          | 75     |  |  |
| <i>penicillin g potassium</i> ..... | 15     |  |  |
| <i>penicillin g sodium</i> .....    | 15     |  |  |
| <i>penicillin v potassium</i> ..... | 15     |  |  |
| PENMENVY INJ .....                  | 102    |  |  |
| PENTACEL INJ.....                   | 102    |  |  |
| PENTAM 300 .....                    | 8      |  |  |
| see <i>pentamidine</i>              |        |  |  |
| <i>isethionate inj</i> .....        | 8      |  |  |
| <i>pentamidine isethionate inh</i>  |        |  |  |
| .....                               | 8      |  |  |
| <i>pentamidine isethionate inj</i>  |        |  |  |
| .....                               | 8      |  |  |
| PENTASA .....                       | 87, 88 |  |  |
| see <i>mesalamine</i> .....         | 87     |  |  |
| <i>pentoxifylline</i> .....         | 95     |  |  |
| PEPCID.....                         | 87     |  |  |
| see <i>famotidine</i> .....         | 87     |  |  |
| <i>perampanel</i> .....             | 53     |  |  |
| PERCOCET                            |        |  |  |
| see <i>endocet tab 10-</i>          |        |  |  |
| 325mg.....                          | 4      |  |  |
| see <i>endocet tab 5-325mg</i>      |        |  |  |
| .....                               | 4      |  |  |
| see <i>endocet tab 7.5-</i>         |        |  |  |
| 325mg.....                          | 4      |  |  |
| see <i>oxycodone w/</i>             |        |  |  |
| <i>acetaminophen tab 10-</i>        |        |  |  |
| 325 mg.....                         | 5      |  |  |
| see <i>oxycodone w/</i>             |        |  |  |
| <i>acetaminophen tab 5-</i>         |        |  |  |
| 325 mg.....                         | 5      |  |  |
| see <i>oxycodone w/</i>             |        |  |  |
| <i>acetaminophen tab</i>            |        |  |  |
| 7.5-325 mg.....                     | 5      |  |  |
| PERCOCET TAB 10-                    |        |  |  |
| 325MG.....                          | 5      |  |  |
| PERCOCET TAB 5-325MG                |        |  |  |
| .....                               | 5      |  |  |
| PERCOCET TAB 7.5-325.5              |        |  |  |
| PERFOROMIST.....                    | 110    |  |  |
| see <i>formoterol fumarate</i>      |        |  |  |
| .....                               | 110    |  |  |
| PERIDEX                             |        |  |  |
| see <i>chlorhexidine</i>            |        |  |  |
| <i>gluconate (mouth-</i>            |        |  |  |
| <i>throat)</i> .....                | 122    |  |  |
| see <i>periogard</i> .....          | 122    |  |  |
| <i>perindopril erbumine</i> .....   | 27     |  |  |
| <i>periogard</i> .....              | 122    |  |  |

|                                     |     |                                     |     |                                  |     |
|-------------------------------------|-----|-------------------------------------|-----|----------------------------------|-----|
| PERJETA.....                        | 24  | <i>pimtree</i> .....                | 78  | PLAVIX .....                     | 96  |
| <i>permethrin</i> .....             | 121 | <i>pindolol</i> .....               | 35  | <i>see clopidogrel bisulfate</i> |     |
| PERMETHRIN                          |     | <i>pioglitazone hcl</i> .....       | 71  | .....                            | 96  |
| <i>see permethrin</i> .....         | 121 | <i>pioglitazone hcl-glimepiride</i> |     | PLEGRIDY .....                   | 65  |
| <i>perphenazine</i> .....           | 48  | <i>tab 30-2 mg</i> .....            | 71  | PLEGRIDY INJ STARTER             |     |
| <i>perphenazine-amitriptyline</i>   |     | <i>pioglitazone hcl-glimepiride</i> |     | .....                            | 65  |
| <i>tab 2-10 mg</i> .....            | 43  | <i>tab 30-4 mg</i> .....            | 71  | PLEGRIDY PEN INJ                 |     |
| <i>perphenazine-amitriptyline</i>   |     | <i>pioglitazone hcl-metformin</i>   |     | STARTER.....                     | 65  |
| <i>tab 2-25 mg</i> .....            | 43  | <i>hcl tab 15-500 mg</i> .....      | 71  | <i>plenamine</i> .....           | 105 |
| <i>perphenazine-amitriptyline</i>   |     | <i>pioglitazone hcl-metformin</i>   |     | PLENVU SOL .....                 | 88  |
| <i>tab 4-10 mg</i> .....            | 43  | <i>hcl tab 15-850 mg</i> .....      | 71  | <i>plerixafor</i> .....          | 94  |
| <i>perphenazine-amitriptyline</i>   |     | PIP/TAZ/NACL INJ 2-                 |     | <i>podofilox</i> .....           | 121 |
| <i>tab 4-25 mg</i> .....            | 43  | 0.25GM.....                         | 15  | POKONZA .....                    | 104 |
| <i>perphenazine-amitriptyline</i>   |     | PIP/TAZ/NACL INJ 3-                 |     | POLIVY .....                     | 24  |
| <i>tab 4-50 mg</i> .....            | 43  | 0.375G.....                         | 15  | <i>polymyxin b sulfate</i> ..... | 8   |
| PERSERIS.....                       | 48  | PIP/TAZ/NACL INJ 4-                 |     | <i>polymyxin b-trimethoprim</i>  |     |
| PERTZYE CAP 16000U .                | 89  | 0.5GM.....                          | 15  | <i>ophth soln 10000 unit/ml-</i> |     |
| PERTZYE CAP 24000U .                | 89  | <i>piperacillin sod-tazobactam</i>  |     | 0.1% .....                       | 106 |
| PERTZYE CAP 4000UNIT                |     | <i>na for inj 3.375 gm (3-</i>      |     | POMALYST .....                   | 18  |
| .....                               | 89  | 0.375 gm) .....                     | 15  | POMBILITI .....                  | 83  |
| PERTZYE CAP 8000UNIT                |     | <i>piperacillin sod-tazobactam</i>  |     | PONVORY .....                    | 65  |
| .....                               | 89  | <i>sod for inj 13.5 gm (12-</i>     |     | PONVORY TAB STARTER              |     |
| <i>pfizerpen</i> .....              | 15  | 1.5 gm) .....                       | 15  | .....                            | 65  |
| PHEBURANE.....                      | 83  | <i>piperacillin sod-tazobactam</i>  |     | <i>portia-28</i> .....           | 78  |
| <i>phenelzine sulfate</i> .....     | 43  | <i>sod for inj 2.25 gm (2-</i>      |     | <i>posaconazole</i> .....        | 9   |
| PHENERGAN .....                     | 86  | 0.25 gm) .....                      | 15  | POSFREA.....                     | 86  |
| <i>see promethazine hcl</i> .       | 86  | <i>piperacillin sod-tazobactam</i>  |     | <i>potassium chloride</i> .....  | 104 |
| <i>phenobarbital</i> .....          | 53  | <i>sod for inj 4.5 gm (4-0.5</i>    |     | POTASSIUM CHLORIDE               |     |
| <i>phenobarbital sodium</i> .....   | 53  | gm) .....                           | 15  | .....                            | 104 |
| <i>phenoxybenzamine hcl</i> ...     | 38  | <i>piperacillin sod-tazobactam</i>  |     | <i>see potassium chloride</i>    |     |
| <i>phenytek</i> .....               | 53  | <i>sod for inj 40.5 gm (36-</i>     |     | .....                            | 104 |
| <i>phenytoin</i> .....              | 53  | 4.5 gm) .....                       | 15  | POTASSIUM                        |     |
| <i>phenytoin sodium</i> .....       | 53  | PIQRAY 200MG DAILY                  |     | CHLORIDE/DEXTRO                  |     |
| <i>phenytoin sodium extended</i>    |     | DOSE .....                          | 24  | <i>see kcl 30 meq/l</i>          |     |
| .....                               | 53  | PIQRAY 250MG TAB                    |     | (0.224%) <i>in dextrose</i>      |     |
| PHESGO SOL .....                    | 24  | DOSE .....                          | 24  | 5% & <i>nacl 0.45% inj</i>       |     |
| PHEXX GEL.....                      | 78  | PIQRAY 300MG DAILY                  |     | .....                            | 103 |
| PHEXXI GEL.....                     | 78  | DOSE .....                          | 24  | <i>see potassium chloride</i>    |     |
| <i>philith</i> .....                | 78  | <i>pirfenidone</i> .....            | 111 | 20 meq/l (0.15%) <i>in</i>       |     |
| PHOSPHOLINE IODIDE                  |     | <i>piroxicam</i> .....              | 2   | <i>dextrose 5% inj</i> .....     | 104 |
| .....                               | 107 | <i>pitavastatin calcium</i> .....   | 33  | POTASSIUM                        |     |
| PHYRAGO .....                       | 24  | PLAQUENIL.....                      | 100 | CHLORIDE/SODIUM                  |     |
| PIASKY .....                        | 95  | <i>see hydroxychloroquine</i>       |     | <i>see kcl 20 meq/l (0.15%)</i>  |     |
| PIFELTRO .....                      | 10  | <i>sulfate</i> .....                | 100 | <i>in nacl 0.45% inj</i> .....   | 103 |
| <i>pilocarpine hcl</i> .....        | 107 | PLASMA-LYTE A                       |     | <i>see kcl 20 meq/l (0.15%)</i>  |     |
| <i>pilocarpine hcl (oral)</i> ..... | 122 | <i>see multiple electrolytes</i>    |     | <i>in nacl 0.9% inj</i> .....    | 103 |
| <i>pimecrolimus</i> .....           | 121 | <i>ph 5.5</i> .....                 | 104 | <i>see kcl 40 meq/l (0.3%)</i>   |     |
| <i>pimozide</i> .....               | 48  | PLASMA-LYTE INJ -A ..               | 104 | <i>in nacl 0.9% inj</i> .....    | 104 |

|                                                                                             |                                                                                              |                                                                                   |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <i>potassium chloride</i> 20<br><i>meq/l (0.15%) in</i><br><i>dextrose 5% inj.</i> .....104 | PREGNYL W/DILUENT<br>BENZYL .....83                                                          | PROCARDIA XL .....36<br><i>see nifedipine</i> .....36                             |
| <i>potassium chloride</i><br><i>microencapsulated</i><br><i>crystals er</i> .....104        | PREMARIN .....79<br><i>see estrogens,</i><br><i>conjugated</i> .....79                       | <i>prochlorperazine</i> .....86<br><i>prochlorperazine edisylate</i><br>.....86   |
| <i>potassium citrate</i><br><i>(alkalinizer)</i> .....91                                    | PREMASOL SOL 10%..105                                                                        | <i>prochlorperazine maleate</i><br>.....86                                        |
| POT CHL/D5W INJ<br>20MEQ/L .....104                                                         | PREMPHASE TAB .....79                                                                        | PROCRIT .....94                                                                   |
| POT CHL 20MEQ/L IN<br>NACL 0.45% INJ .....104                                               | PREMPRO TAB 0.3-1.5..79                                                                      | <i>proctocort</i> .....121                                                        |
| POT CHL 20MEQ/L IN<br>NACL 0.9% INJ .....104                                                | PREMPRO TAB 0.45-1.579                                                                       | PROCTOFOAM AER HC<br>1% .....121                                                  |
| POT CHL 40MEQ/L IN<br>NACL 0.9% INJ .....104                                                | PREMPRO TAB 0.625-2.5<br>.....79                                                             | <i>procto-med hc</i> .....121                                                     |
| POTELIGEO .....24                                                                           | PREMPRO TAB 0.625-5.79                                                                       | <i>proctosol hc</i> .....121                                                      |
| PRADAXA.....93<br><i>see dabigatran etexilate</i><br><i>mesylate</i> .....92                | PRENATAL TAB 27-1MG<br>.....104                                                              | <i>proctozone-hc</i> .....121                                                     |
| <i>pramipexole</i><br><i>dihydrochloride</i> .....45                                        | PRENATAL TAB PLUS.104                                                                        | PROCYSBI .....83                                                                  |
| PRAMOSONE LOT 1-1%<br>.....119                                                              | PRETOMANID .....12                                                                           | <i>progesterone</i> .....84                                                       |
| PRAMOSONE LOT 2.5%<br>.....119                                                              | PREVACID .....90<br><i>see lansoprazole</i> .....90                                          | PROGLYCEM .....81<br><i>see diazoxide</i> .....81                                 |
| <i>prasugrel hcl</i> .....96                                                                | PREVACID SOLUTAB...90<br><i>see lansoprazole</i> .....90                                     | PROGRAF .....102<br><i>see tacrolimus</i> .....102                                |
| <i>pravastatin sodium</i> .....33                                                           | <i>prevalite</i> .....34                                                                     | PROLASTIN-C.....111                                                               |
| <i>praziquantel</i> .....8                                                                  | PREVYMIS .....12                                                                             | PROLATE SOL 10/300MG<br>.....6                                                    |
| <i>prazosin hcl</i> .....28                                                                 | PREZCOBIX TAB 675/150<br>.....11                                                             | PROLATE TAB 10-300MG<br>.....6                                                    |
| PRED FORTE .....106<br><i>see prednisolone acetate</i><br><i>(ophth)</i> .....106           | PREZCOBIX TAB 800-150<br>.....11                                                             | PROLATE TAB 5-300MG .6                                                            |
| PRED MILD .....106                                                                          | PREZISTA .....10, 11<br><i>see darunavir</i> .....10                                         | PROLATE TAB 7.5-300 ....6                                                         |
| <i>prednisolone</i> .....80                                                                 | PRIFTIN .....12                                                                              | PROLENSA .....106<br><i>see bromfenac sodium</i><br><i>(ophth)</i> .....106       |
| <i>prednisolone acetate</i><br><i>(ophth)</i> .....106                                      | PRILOSEC .....90                                                                             | PROLIA.....74                                                                     |
| PREDNISOLONE SODIUM<br>PHOSP.....80, 106                                                    | <i>primaquine phosphate</i> ....10                                                           | PROMACTA.....95, 96<br><i>see eltrombopag olamine</i><br>.....95                  |
| <i>prednisolone sodium</i><br><i>phosphate</i> .....80                                      | PRIMAQUINE<br>PHOSPHATE .....10<br><i>see primaquine</i><br><i>phosphate</i> .....10         | <i>promethazine &amp;</i><br><i>phenylephrine syrup</i><br>6.25-5 mg/5ml .....109 |
| <i>prednisone</i> .....80                                                                   | PRIMAXIN IV<br><i>see imipenem-cilastatin</i><br><i>intravenous for soln</i><br>500 mg.....7 | <i>promethazine hcl</i> .....86                                                   |
| PREDNISONE INTENSOL<br>.....80                                                              | PRIMAXIN IV INJ 500MG .8                                                                     | <i>promethegan</i> .....86                                                        |
| <i>pregabalin</i> .....53                                                                   | <i>primidone</i> .....53                                                                     | PROMETRIUM .....84<br><i>see progesterone</i> .....84                             |
| <i>pregabalin (once-daily)</i> 63,<br>64                                                    | PRIORIX INJ.....102                                                                          | <i>propafenone hcl</i> .....32                                                    |
|                                                                                             | PRISTIQ.....44<br><i>see desvenlafaxine</i><br><i>succinate</i> .....42                      | <i>proparacaine hcl</i> .....107                                                  |
|                                                                                             | PRIVIGEN.....101                                                                             | <i>propranolol hcl</i> .....35                                                    |
|                                                                                             | PROAIR RESPICLICK..110                                                                       | <i>propylthiouracil</i> .....85                                                   |
|                                                                                             | <i>probenecid</i> .....1                                                                     | PROQUAD INJ .....102                                                              |
|                                                                                             |                                                                                              | PROSCAR .....91<br><i>see finasteride</i> .....91                                 |

|                                   |          |                                  |     |                                  |     |
|-----------------------------------|----------|----------------------------------|-----|----------------------------------|-----|
| PROSOL INJ 20% .....              | 105      | QUADRACEL INJ 0.5ML .....        | 102 | see <i>silodosin</i> .....       | 91  |
| PROTONIX .....                    | 91       | .....                            | 102 | RAPIVAB .....                    | 12  |
| see <i>pantoprazole sodium</i>    |          | QUESTRAN .....                   | 34  | <i>rasagiline mesylate</i> ..... | 45  |
| .....                             | 90       | see <i>cholestyramine</i> .....  | 33  | RASUVO .....                     | 100 |
| <i>protriptyline hcl</i> .....    | 44       | QUESTRAN LIGHT .....             | 34  | RAVICTI.....                     | 83  |
| PROVERA .....                     | 84       | see <i>cholestyramine light</i>  |     | see <i>glycerol</i>              |     |
| see                               |          | .....                            | 33  | <i>phenylbutyrate</i> .....      | 82  |
| <i>medroxyprogesterone</i>        |          | see <i>prevalite</i> .....       | 34  | RAYALDEE.....                    | 85  |
| <i>acetate</i> .....              | 84       | <i>quetiapine fumarate</i> ..... | 48  | REBIF .....                      | 65  |
| PROVIGIL .....                    | 67       | QUILLICHEW ER.....               | 59  | REBIF REBIDO INJ                 |     |
| see <i>modafinil</i> .....        | 67       | QUILLIVANT XR.....               | 59  | TITRATN .....                    | 65  |
| <i>prucalopride succinate</i> ... | 89       | <i>quinapril hcl</i> .....       | 27  | REBIF REBIDOSE .....             | 65  |
| PRUDOXIN .....                    | 121      | <i>quinapril-</i>                |     | REBIF TITRTN INJ PACK            |     |
| see <i>doxepin hcl</i>            |          | <i>hydrochlorothiazide tab</i>   |     | .....                            | 65  |
| ( <i>antipruritic</i> ).....      | 120      | 10-12.5 mg .....                 | 27  | REBLOZYL .....                   | 96  |
| <i>pruradik</i> .....             | 121      | <i>quinapril-</i>                |     | REBYOTA.....                     | 89  |
| PULMICORT .....                   | 112      | <i>hydrochlorothiazide tab</i>   |     | RECARBRIO INJ 1.25GM 8           |     |
| see <i>budesonide</i>             |          | 20-12.5 mg .....                 | 27  | RECLAST .....                    | 74  |
| ( <i>inhalation</i> ) .....       | 112      | <i>quinapril-</i>                |     | see <i>zoledronic acid</i> ..... | 75  |
| PULMICORT FLEXHALER               |          | <i>hydrochlorothiazide tab</i>   |     | <i>reclipsen</i> .....           | 78  |
| .....                             | 112, 113 | 20-25 mg .....                   | 27  | RECOMBIVAX HB .....              | 102 |
| PULMOZYME .....                   | 111      | <i>quinidine sulfate</i> .....   | 32  | RECORLEV .....                   | 83  |
| PURIXAN .....                     | 17       | <i>quinine sulfate</i> .....     | 10  | RECTIV .....                     | 121 |
| see <i>mercaptopurine</i> .....   | 17       | QULIPTA.....                     | 62  | see <i>nitroglycerin (intra-</i> |     |
| PYLERA                            |          | QUTENZA KIT 8% 1-PCH             |     | <i>anal</i> ).....               | 121 |
| see <i>bismuth subcit-</i>        |          | .....                            | 119 | REGLAN .....                     | 86  |
| <i>metronidazole-</i>             |          | QUTENZA KIT 8% 2-PCH             |     | see <i>metoclopramide hcl</i>    |     |
| <i>tetracycline cap 140-</i>      |          | .....                            | 119 | .....                            | 86  |
| 125-125 mg.....                   | 88       | QUTENZA KIT 8% 4-PCH             |     | RELAFEN DS .....                 | 2   |
| PYLERA CAP .....                  | 89       | .....                            | 119 | RELENZA DISKHALER ..             | 12  |
| <i>pyrazinamide</i> .....         | 12       | QUVIVIQ .....                    | 60  | RELEUKO .....                    | 94  |
| <i>pyridostigmine bromide</i> ... | 64       | QUZYTIR .....                    | 109 | RELEXXII.....                    | 59  |
| <i>pyrimethamine</i> .....        | 8        | QVAR REDHALER .....              | 113 | RELISTOR .....                   | 89  |
| PYRUKYND .....                    | 96       | <b>R</b>                         |     | RELPAK.....                      | 62  |
| PYRUKYND TAB                      |          | RABAVERT INJ .....               | 102 | see <i>eletriptan</i>            |     |
| 20MGX5MG .....                    | 96       | <i>rabeprazole sodium</i> .....  | 91  | <i>hydrobromide</i> .....        | 61  |
| PYRUKYND TAB                      |          | RADICAVA                         |     | RELTON .....                     | 89  |
| 50MGX20M .....                    | 96       | see <i>edaravone</i> .....       | 63  | REMERON.....                     | 44  |
| PYRUKYND TAPER PACK               |          | RADICAVA ORS .....               | 64  | see <i>mirtazapine</i> .....     | 43  |
| .....                             | 96       | RADICAVA ORS                     |     | REMERON SOLTAB .....             | 44  |
| PYZCHIVA.....                     | 98       | STARTER KIT .....                | 64  | see <i>mirtazapine</i> .....     | 43  |
| <b>Q</b>                          |          | RAGWITEK.....                    | 101 | REMICADE .....                   | 98  |
| QBRELIS .....                     | 27       | RALDESY .....                    | 44  | REMODULIN .....                  | 39  |
| QBREXZA.....                      | 121      | <i>raloxifene hcl</i> .....      | 83  | RENFLEXIS .....                  | 98  |
| QELBREE .....                     | 59       | <i>ramelteon</i> .....           | 60  | <i>repaglinide</i> .....         | 71  |
| QINLOCK.....                      | 24       | <i>ramipril</i> .....            | 27  | REPATHA .....                    | 34  |
| QNASL.....                        | 112      | <i>ranolazine</i> .....          | 38  | REPATHA SURECLICK ..             | 34  |
| QNASL CHILDRENS ....              | 112      | RAPAFLO                          |     | RESTASIS .....                   | 107 |

|                                      |     |                                    |        |                                     |     |
|--------------------------------------|-----|------------------------------------|--------|-------------------------------------|-----|
| RESTASIS MULTIDOSE .....             | 107 | see <i>metformin hcl</i> .....     | 70     | <i>rufinamide</i> .....             | 54  |
| RESTORIL .....                       | 60  | <i>risedronate sodium</i> ...      | 74, 75 | RUKOBIA .....                       | 11  |
| see <i>temazepam</i> .....           | 60  | RISPERDAL .....                    | 48     | RUXIENCE .....                      | 24  |
| RETACRIT .....                       | 94  | see <i>risperidone</i> .....       | 48     | RYALTRIS SPR 665-25                 | 109 |
| RETEVMO .....                        | 24  | RISPERDAL CONSTA ...               | 48     | RYBELSUS .....                      | 71  |
| RETIN-A .....                        | 115 | see <i>risperidone</i>             |        | RYBREVANT .....                     | 24  |
| see <i>tretinoin</i> .....           | 115 | <i>microspheres</i> .....          | 48     | RYBREVANT INJ FASPRO                |     |
| RETIN-A MICRO .....                  | 115 | <i>risperidone</i> .....           | 48     | .....                               | 24  |
| RETIN-A MICRO PUMP                   |     | <i>risperidone microspheres</i>    | 48     | <i>ryclora</i> .....                | 109 |
| .....                                | 115 | RITALIN .....                      | 59     | RYDAPT .....                        | 24  |
| see <i>tretinoin microsphere</i>     |     | see <i>methylphenidate hcl</i>     |        | RYKINDO .....                       | 48  |
| .....                                | 115 | .....                              | 59     | RYLAZE .....                        | 19  |
| RETROVIR .....                       | 11  | RITALIN LA .....                   | 59     | RYSTIGGO .....                      | 101 |
| see <i>zidovudine</i> .....          | 11  | see <i>methylphenidate hcl</i>     |        | RYTARY CAP 145MG ...                | 45  |
| REVATIO .....                        | 39  | .....                              | 58     | RYTARY CAP 195MG ...                | 45  |
| see <i>sildenafil citrate</i>        |     | <i>ritonavir</i> .....             | 11     | RYTARY CAP 245MG ...                | 45  |
| ( <i>pulmonary</i>                   |     | RITUXAN .....                      | 24     | RYTARY CAP 95MG ....                | 45  |
| <i>hypertension</i> ) .....          | 39  | RITUXAN INJ HYCELA ..              | 24     | RYTELO .....                        | 96  |
| REVCovi .....                        | 83  | <i>rivaroxaban</i> .....           | 93     | <i>ryvent</i> .....                 | 109 |
| REVLIMID .....                       | 18  | <i>rivastigmine</i> .....          | 41     | RYZNEUTA .....                      | 94  |
| REVUFORJ .....                       | 24  | <i>rivastigmine tartrate</i> ..... | 41     | <b>S</b>                            |     |
| REXTOVY .....                        | 68  | <i>rivelsa</i> .....               | 78     | SABRIL .....                        | 54  |
| REXULTI .....                        | 48  | RIVFLOZA .....                     | 91     | see <i>vigabatrin</i> .....         | 55  |
| REYATAZ .....                        | 11  | <i>rizatriptan benzoate</i> .....  | 62     | see <i>vigadrone</i> .....          | 55  |
| see <i>atazanavir sulfate</i> ..     | 10  | ROCALTROL .....                    | 85     | <i>sacubitril-valsartan tab 24-</i> |     |
| REYVOW .....                         | 62  | see <i>calcitriol</i> .....        | 85     | 26 mg .....                         | 30  |
| REZDIFFRA .....                      | 83  | see <i>calcitriol (oral)</i> ..... | 85     | <i>sacubitril-valsartan tab 49-</i> |     |
| REZLIDHIA .....                      | 24  | ROCKLATAN DRO .....                | 107    | 51 mg .....                         | 30  |
| REZUROCK .....                       | 102 | <i>roflumilast</i> .....           | 111    | <i>sacubitril-valsartan tab 97-</i> |     |
| REZVOGLAR KWIKPEN                    | 74  | ROLVEDON .....                     | 94     | 103 mg .....                        | 30  |
| REZZAYO .....                        | 9   | ROMVIMZA .....                     | 24     | SAFYRAL                             |     |
| RHAPSIDO .....                       | 98  | <i>ropinirole hydrochloride</i> .. | 45     | see <i>drospirenone-ethinyl</i>     |     |
| RHOFADE .....                        | 121 | <i>rosuvastatin calcium</i> .....  | 33     | <i>estradiol-levomefolate</i>       |     |
| RHOPRESSA .....                      | 107 | <i>rosyrah</i> .....               | 78     | <i>tab 3-0.03-0.451 mg</i>          | 76  |
| RIABNI .....                         | 24  | ROTARIX SUS .....                  | 102    | see <i>tydemy</i> .....             | 78  |
| <i>ribavirin (hepatitis c)</i> ..... | 12  | ROTATEQ SOL .....                  | 103    | SAFYRAL TAB .....                   | 78  |
| <i>rifabutin</i> .....               | 12  | ROWASA .....                       | 88     | <i>sajazir</i> .....                | 96  |
| RIFADIN                              |     | see <i>mesalamine w/</i>           |        | SALAGEN .....                       | 122 |
| see <i>rifampin</i> .....            | 12  | <i>cleanser</i> .....              | 87     | see <i>pilocarpine hcl (oral)</i>   |     |
| <i>rifampin</i> .....                | 12  | <i>roweepra</i> .....              | 53     | .....                               | 122 |
| <i>riluzole</i> .....                | 64  | ROXICODONE .....                   | 6      | SAMSCA .....                        | 83  |
| <i>rimantadine hydrochloride</i>     |     | see <i>oxycodone hcl</i> .....     | 5      | see <i>tolvaptan</i> .....          | 84  |
| .....                                | 12  | ROXYBOND .....                     | 6      | SANCUSO .....                       | 86  |
| RIMSO-50 .....                       | 91  | ROZEREM .....                      | 60     | SANDIMMUNE .....                    | 102 |
| RINVOQ .....                         | 98  | see <i>ramelteon</i> .....         | 60     | see <i>cyclosporine</i> .....       | 101 |
| RINVOQ LQ .....                      | 98  | ROZLYTREK .....                    | 24     | SANDOSTATIN .....                   | 83  |
| RIOMET                               |     | RUBRACA .....                      | 24     | see <i>octreotide acetate</i> ..    | 83  |
|                                      |     | RUCONEST .....                     | 96     |                                     |     |



|                                     |                                      |                                     |
|-------------------------------------|--------------------------------------|-------------------------------------|
| SANDOSTATIN LAR                     | SEROSTIM .....                       | SITAG/METFOR TAB 100-               |
| DEPOT .....                         | <i>sertraline hcl</i> .....          | 1000 .....                          |
| see <i>octreotide acetate</i> ..... | SERTRALINE                           | SITAG/METFOR TAB 50-                |
| SANTYL .....                        | HYDROCHLORIDE.....                   | 1000 .....                          |
| SAPHNELO .....                      | see <i>sertraline hcl</i> .....      | SITAG/METFOR TAB 50-                |
| SAPHRIS .....                       | <i>setlakin</i> .....                | 500MG.....                          |
| see <i>asenapine maleate</i>        | SEYSARA.....                         | SITAGLIPTIN .....                   |
| .....                               | SFROWASA .....                       | SIVEXTRO.....                       |
| <i>sapropterin dihydrochloride</i>  | <i>sharobel</i> .....                | SKYCLARYS .....                     |
| .....                               | SHINGRIX.....                        | SKYRIZI .....                       |
| SARCLISA .....                      | SIGNIFOR.....                        | SKYRIZI PEN.....                    |
| SAVELLA.....                        | SIGNIFOR LAR.....                    | SKYTROFA.....                       |
| SAVELLA MIS TITR PAK                | SIKLOS .....                         | SMOFLIPID EMU.....                  |
| .....                               | <i>sildenafil citrate (pulmonary</i> | SOAANZ .....                        |
| <i>saxagliptin hcl</i> .....        | <i>hypertension)</i> .....           | <i>sodium chloride</i> .....        |
| <i>saxagliptin-metformin hcl</i>    | SILENOR .....                        | <i>sodium chloride (gu</i>          |
| <i>tab er 24hr 2.5-1000 mg</i>      | see <i>doxepin hcl (sleep)</i>       | <i>irrigant)</i> .....              |
| .....                               | .....                                | <i>sodium fluoride chew; tab;</i>   |
| <i>saxagliptin-metformin hcl</i>    | SILIQ.....                           | 1.1 (0.5 f) mg/ml soln.....         |
| <i>tab er 24hr 5-1000 mg</i> .....  | <i>silodosin</i> .....               | <i>sodium oxybate</i> .....         |
| <i>saxagliptin-metformin hcl</i>    | SILVADENE.....                       | <i>sodium phenylbutyrate</i> ....   |
| <i>tab er 24hr 5-500 mg</i> .....   | see <i>silver sulfadiazine</i>       | <i>sodium polystyrene</i>           |
| SCSEMBLIX.....                      | .....                                | <i>sulfonate powder</i> .....       |
| <i>scopolamine</i> .....            | see <i>ssd</i> .....                 | <i>sod sulfate-pot sulf-mg sulf</i> |
| SECUADO .....                       | <i>silver sulfadiazine</i> .....     | <i>oral sol 17.5-3.13-1.6</i>       |
| SEGLUROMET TAB 2.5-                 | SIMBRINZA SUS 1-0.2%                 | <i>gm/177ml</i> .....               |
| 1000 .....                          | .....                                | SOFDRA.....                         |
| SEGLUROMET TAB 2.5-                 | <i>simliya</i> .....                 | SOGROYA.....                        |
| 500 .....                           | <i>simpesse</i> .....                | <i>solifenacin succinate</i> .....  |
| SEGLUROMET TAB 7.5-                 | SIMPONI.....                         | SOLQUA INJ 100/33.....              |
| 1000 .....                          | SIMPONI ARIA .....                   | SOLIRIS.....                        |
| SEGLUROMET TAB 7.5-                 | <i>simvastatin</i> .....             | SOLOSEC.....                        |
| 500 .....                           | SINEMET                              | SOLTAMOX .....                      |
| <i>selegiline hcl</i> .....         | see <i>carbidopa &amp;</i>           | SOLU-CORTEF .....                   |
| <i>selenium sulfide</i> .....       | <i>levodopa tab 10-100</i>           | see <i>hydrocortisone sod</i>       |
| SELZENTRY.....                      | <i>mg</i> .....                      | <i>succinate</i> .....              |
| see <i>maraviroc</i> .....          | see <i>carbidopa &amp;</i>           | SOLU-MEDROL.....                    |
| SEMGLEE.....                        | <i>levodopa tab 25-100</i>           | see <i>methyprednisolone</i>        |
| SENSIPAR                            | <i>mg</i> .....                      | <i>sod succ</i> .....               |
| see <i>cinacalcet hcl</i> .....     | SINEMET TAB 10-100MG                 | SOMA .....                          |
| SEPHIENCE .....                     | .....                                | see <i>carisoprodol</i> .....       |
| SEREVENT DISKUS ....                | SINEMET TAB 25-100MG                 | SOMATULINE DEPOT ...                |
| SEROQUEL .....                      | .....                                | SOMAVERT .....                      |
| see <i>quetiapine fumarate</i>      | SINGULAIR.....                       | SOOLANTRA.....                      |
| .....                               | see <i>montelukast sodium</i>        | see <i>ivermectin (rosacea)</i>     |
| SEROQUEL XR.....                    | .....                                | .....                               |
| see <i>quetiapine fumarate</i>      | <i>sirolimus</i> .....               | <i>sorafenib tosylate</i> .....     |
| .....                               | SIRTURO .....                        | SORILUX .....                       |

|                                    |     |                                        |                                    |     |
|------------------------------------|-----|----------------------------------------|------------------------------------|-----|
| <i>sotalol hcl</i> .....           | 32  | <i>see buprenorphine hcl-</i>          | SULFAMYLON.....                    | 115 |
| <i>sotalol hcl (afib/af)</i> ..... | 32  | <i>naloxone hcl sl film 12-</i>        | <i>sulfasalazine</i> .....         | 88  |
| SOTYKTU.....                       | 99  | <i>3 mg (base equiv) ....</i>          | <i>sulindac</i> .....              | 2   |
| SOTYLIZE.....                      | 32  | <i>see buprenorphine hcl-</i>          | <i>sumatriptan</i> .....           | 62  |
| SOVUNA.....                        | 100 | <i>naloxone hcl sl film 2-</i>         | <i>sumatriptan-naproxen</i>        |     |
| SPEVIGO.....                       | 99  | <i>0.5 mg (base equiv) .67</i>         | <i>sodium tab 85-500 mg.62</i>     |     |
| <i>spinosad</i> .....              | 121 | <i>see buprenorphine hcl-</i>          | <i>sumatriptan succinate</i> ..... | 62  |
| SPIRIVA HANDIHALER                 | 108 | <i>naloxone hcl sl film 4-1</i>        | <i>sunitinib malate</i> .....      | 25  |
| <i>see tiotropium bromide</i>      |     | <i>mg (base equiv) .....</i>           | SUNLENCA .....                     | 11  |
| .....                              | 108 | <i>see buprenorphine hcl-</i>          | SUNOSI .....                       | 67  |
| SPIRIVA RESPIMAT ....              | 108 | <i>naloxone hcl sl film 8-2</i>        | SUPREP BOWEL PREP                  |     |
| <i>spironolactone</i> .....        | 28  | <i>mg (base equiv) .....</i>           | KIT                                |     |
| <i>spironolactone &amp;</i>        |     | SUBOXONE MIS 12-3MG                    | <i>see sod sulfate-pot sulf-</i>   |     |
| <i>hydrochlorothiazide tab</i>     |     | .....                                  | <i>mg sulf oral sol 17.5-</i>      |     |
| <i>25-25 mg</i> .....              | 36  | .....                                  | <i>3.13-1.6 gm/177ml...88</i>      |     |
| SPORANOX.....                      | 9   | .....                                  | SUPREP BOWEL SOL                   |     |
| <i>see itraconazole</i> .....      | 9   | SUBOXONE MIS 2-0.5MG                   | PREP KIT .....                     | 88  |
| SPRAVATO SOL 56MG                  |     | .....                                  | SUSTOL.....                        | 86  |
| DOS.....                           | 44  | SUBOXONE MIS 4-1MG                     | SUSVIMO .....                      | 107 |
| SPRAVATO SOL 84MG                  |     | 68                                     | SUTAB TAB .....                    | 88  |
| DOS.....                           | 44  | SUBOXONE MIS 8-2MG                     | SUTENT.....                        | 25  |
| <i>sprintec 28</i> .....           | 78  | 68                                     | <i>see sunitinib malate....</i>    | 25  |
| SPRITAM .....                      | 54  | <i>subvenite</i> .....                 | <i>syeda</i> .....                 | 78  |
| SPRIX .....                        | 2   | 54                                     | SYFOVRE.....                       | 107 |
| SPRYCEL .....                      | 24  | SUBVENITE.....                         | SYLVANT.....                       | 19  |
| <i>see dasatinib</i> .....         | 21  | 54                                     | SYMBICORT                          |     |
| <i>sps</i> .....                   | 75  | <i>subvenite starter kit/blu</i> ...54 | <i>see breyna</i> .....            | 113 |
| <i>sps rectal</i> .....            | 75  | <i>subvenite starter kit/gre</i> ...54 | <i>see budesonide-</i>             |     |
| <i>sronyx</i> .....                | 78  | <i>subvenite starter kit/ora</i> ...54 | <i>formoterol fumarate</i>         |     |
| <i>ssd</i> .....                   | 115 | SUCRAID .....                          | <i>dihyd aerosol 160-4.5</i>       |     |
| STEGLATRO .....                    | 71  | 89                                     | <i>mcg/act</i> .....               | 113 |
| STEGLUJAN TAB 15-                  |     | <i>sucralfate</i> .....                | <i>see budesonide-</i>             |     |
| 100MG.....                         | 71  | 89                                     | <i>formoterol fumarate</i>         |     |
| STEGLUJAN TAB 5-                   |     | SUFLAVE SOL .....                      | <i>dihyd aerosol 80-4.5</i>        |     |
| 100MG.....                         | 71  | 88                                     | <i>mcg/act</i> .....               | 113 |
| STELARA.....                       | 99  | SULAR .....                            | SYMBICORT AER 160-4.5              |     |
| STIMUFEND .....                    | 94  | 36                                     | .....                              | 113 |
| STIOLTO AER 2.5-2.5..              | 108 | <i>see nisoldipine</i> .....           | SYMBICORT AER 80-4.5               |     |
| STIVARGA.....                      | 25  | 36                                     | .....                              | 113 |
| STRENSIQ.....                      | 83  | <i>sulfacetamide sodium</i>            | SYMBRAVO TAB 20-10MG               |     |
| <i>streptomycin sulfate</i> .....  | 8   | <i>(acne)</i> .....                    | .....                              | 62  |
| STRIBILD TAB.....                  | 11  | 115                                    | SYMDEKO TAB 100-150                |     |
| STRIVERDI RESPIMAT                 |     | <i>sulfacetamide sodium</i>            | .....                              | 111 |
| .....                              | 110 | <i>(ophth)</i> .....                   | SYMDEKO TAB 50-75MG                |     |
| STROMECTOL .....                   | 8   | 106                                    | .....                              | 111 |
| <i>see ivermectin</i> .....        | 7   | <i>sulfacetamide sodium-</i>           | SYMFI                              |     |
| SUBLOCADE.....                     | 68  | <i>prednisolone ophth soln</i>         |                                    |     |
| SUBOXONE                           |     | <i>10-0.23(0.25)%.....</i>             |                                    |     |
|                                    |     | 105                                    |                                    |     |
|                                    |     | <i>sulfadiazine</i> .....              |                                    |     |
|                                    |     | 8                                      |                                    |     |
|                                    |     | <i>sulfamethoxazole-</i>               |                                    |     |
|                                    |     | <i>trimethoprim iv soln 400-</i>       |                                    |     |
|                                    |     | <i>80 mg/5ml.....</i>                  |                                    |     |
|                                    |     | 8                                      |                                    |     |
|                                    |     | <i>sulfamethoxazole-</i>               |                                    |     |
|                                    |     | <i>trimethoprim susp 200-40</i>        |                                    |     |
|                                    |     | <i>mg/5ml.....</i>                     |                                    |     |
|                                    |     | 8                                      |                                    |     |
|                                    |     | <i>sulfamethoxazole-</i>               |                                    |     |
|                                    |     | <i>trimethoprim tab 400-80</i>         |                                    |     |
|                                    |     | <i>mg</i> .....                        |                                    |     |
|                                    |     | 8                                      |                                    |     |
|                                    |     | <i>sulfamethoxazole-</i>               |                                    |     |
|                                    |     | <i>trimethoprim tab 800-160</i>        |                                    |     |
|                                    |     | <i>mg</i> .....                        |                                    |     |
|                                    |     | 8                                      |                                    |     |

|                                                                           |     |                                                 |         |                                   |        |
|---------------------------------------------------------------------------|-----|-------------------------------------------------|---------|-----------------------------------|--------|
| see <i>efavirenz-lamivudine-tenofovir df</i><br><i>tab 600-300-300 mg</i> | 11  | <i>tadalafil</i> .....                          | 91      | TECENTRIQ .....                   | 25     |
| SYMFI TAB .....                                                           | 11  | <i>tadalafil (pulmonary hypertension)</i> ..... | 39      | TECENTRIQ INJ                     |        |
| SYMLINPEN 120 .....                                                       | 71  | TADLIQ .....                                    | 39      | HYBREZA .....                     | 25     |
| SYMLINPEN 60 .....                                                        | 71  | TAFINLAR.....                                   | 25      | TECFIDERA.....                    | 66     |
| SYMPAZAN .....                                                            | 54  | <i>tafluprost</i> .....                         | 107     | see <i>dimethyl fumarate</i>      | 64     |
| SYMPROIC.....                                                             | 89  | TAGRISSO .....                                  | 25      | TECFIDERA CAP                     |        |
| SYMTUZA TAB.....                                                          | 11  | TAKHZYRO .....                                  | 96      | STARTER.....                      | 66     |
| SYNALAR .....                                                             | 119 | TALICIA CAP .....                               | 89      | TECFIDERA STARTER                 |        |
| see <i>fluocinolone</i>                                                   |     | TALTZ .....                                     | 99      | PACK                              |        |
| <i>acetonide</i> .....                                                    | 118 | TALZENNA .....                                  | 25      | see <i>dimethyl fumarate</i>      |        |
| SYNAREL .....                                                             | 83  | TAMIFLU.....                                    | 13      | <i>capsule dr starter pack</i>    |        |
| SYNJARDY TAB 12.5-                                                        |     | see <i>oseltamivir</i>                          |         | <i>120 mg &amp; 240 mg</i> ....   | 65     |
| 1000MG.....                                                               | 72  | <i>phosphate</i> .....                          | 12      | TECVAYLI.....                     | 25     |
| SYNJARDY TAB 12.5-500                                                     |     | <i>tamoxifen citrate</i> .....                  | 18      | TEFLARO .....                     | 13     |
| .....                                                                     | 71  | <i>tamsulosin hcl</i> .....                     | 91      | TEGRETOL.....                     | 54     |
| SYNJARDY TAB 5-                                                           |     | <i>tanlor</i> .....                             | 67      | see <i>carbamazepine</i> ....     | 49     |
| 1000MG.....                                                               | 71  | <i>taperdex 12-day</i> .....                    | 80      | TEGRETOL-XR .....                 | 54     |
| SYNJARDY TAB 5-500MG                                                      |     | <i>taperdex 6-day</i> .....                     | 80      | see <i>carbamazepine</i> ....     | 50     |
| .....                                                                     | 71  | <i>taperdex 7-day</i> .....                     | 80      | TEKTURNA.....                     | 38     |
| SYNJARDY XR TAB 10-                                                       |     | <i>targadox</i> .....                           | 16      | see <i>aliskiren fumarate</i>     | 37     |
| 1000 .....                                                                | 72  | TARGRETIN .....                                 | 19, 121 | <i>telmisartan</i> .....          | 31, 32 |
| SYNJARDY XR TAB 12.5-                                                     |     | see <i>bexarotene</i> .....                     | 18      | <i>telmisartan-amlodipine tab</i> |        |
| 1000 .....                                                                | 72  | see <i>bexarotene (topical)</i>                 |         | <i>40-10 mg</i> .....             | 30     |
| SYNJARDY XR TAB 25-                                                       |     | .....                                           | 120     | <i>telmisartan-amlodipine tab</i> |        |
| 1000 .....                                                                | 72  | <i>tarina 24 fe</i> .....                       | 78      | <i>40-5 mg</i> .....              | 30     |
| SYNJARDY XR TAB 5-                                                        |     | <i>tarina fe 1/20 eq</i> .....                  | 78      | <i>telmisartan-amlodipine tab</i> |        |
| 1000MG.....                                                               | 72  | TARPEYO .....                                   | 91      | <i>80-10 mg</i> .....             | 30     |
| SYNTHROID.....                                                            | 85  | TASCENSO ODT.....                               | 66      | <i>telmisartan-amlodipine tab</i> |        |
| see <i>levo-t</i> .....                                                   | 84  | TASIGNA .....                                   | 25      | <i>80-5 mg</i> .....              | 30     |
| see <i>levothyroxine sodium</i>                                           |     | see <i>nilotinib hcl</i> .....                  | 23      | <i>telmisartan-</i>               |        |
| .....                                                                     | 84  | <i>tasimelteon</i> .....                        | 60      | <i>hydrochlorothiazide tab</i>    |        |
| see <i>levoxyl</i> .....                                                  | 84  | TAVALISSE .....                                 | 96      | <i>40-12.5 mg</i> .....           | 30     |
| see <i>unithroid</i> .....                                                | 85  | TAVNEOS.....                                    | 96      | <i>telmisartan-</i>               |        |
| SYPRINE .....                                                             | 75  | TAYTULLA                                        |         | <i>hydrochlorothiazide tab</i>    |        |
| see <i>trientine hcl</i> .....                                            | 75  | see <i>gemmily</i> .....                        | 76      | <i>80-12.5 mg</i> .....           | 31     |
| <b>T</b>                                                                  |     | see <i>merzee</i> .....                         | 77      | <i>telmisartan-</i>               |        |
| TABLOID.....                                                              | 17  | see <i>norethindrone ace-</i>                   |         | <i>hydrochlorothiazide tab</i>    |        |
| TABRECTA.....                                                             | 25  | <i>ethinyl estradiol-fe cap</i>                 |         | <i>80-25 mg</i> .....             | 31     |
| TACLONEX                                                                  |     | <i>1 mg-20 mcg (24)</i> ....                    | 78      | temazepam .....                   | 60     |
| see <i>calcipotriene-</i>                                                 |     | TAYTULLA CAP                                    |         | temsirolimus.....                 | 25     |
| <i>betamethasone</i>                                                      |     | <i>1MG/20MC</i> .....                           | 78      | TENIVAC INJ 5-2LF.....            | 103    |
| <i>dipropionate susp</i>                                                  |     | <i>tazarotene</i> .....                         | 117     | <i>tenofovir disoproxil</i>       |        |
| <i>0.005-0.064%</i> .....                                                 | 117 | TAZAROTENE.....                                 | 115     | <i>fumarate</i> .....             | 11     |
| TACLONEX SUS .....                                                        | 117 | <i>tazicef</i> .....                            | 13      | TENORETIC 100                     |        |
| <i>tacrolimus</i> .....                                                   | 102 | TAZORAC.....                                    | 117     | see <i>atenolol &amp;</i>         |        |
| <i>tacrolimus (topical)</i> .....                                         | 121 | see <i>tazarotene</i> .....                     | 117     | <i>chlorthalidone tab 100-</i>    |        |
|                                                                           |     | TAZVERIK .....                                  | 25      | <i>25 mg</i> .....                | 34     |

|                                                                        |        |                                                                 |        |                                                             |      |
|------------------------------------------------------------------------|--------|-----------------------------------------------------------------|--------|-------------------------------------------------------------|------|
| see <i>atenolol</i> &<br><i>chlorthalidone tab 50-<br/>25 mg</i> ..... | 34     | TIBSOVO .....                                                   | 25     | <i>tolvaptan tab therapy pack<br/>30 &amp; 15 mg</i> .....  | 84   |
| TENORETIC TAB 100 .....                                                | 34     | <i>ticagrelor</i> .....                                         | 96     | <i>tolvaptan tab therapy pack<br/>45 &amp; 15 mg</i> .....  | 84   |
| TENORETIC TAB 50 .....                                                 | 34     | TICOVAC .....                                                   | 103    | <i>tolvaptan tab therapy pack<br/>60 &amp; 30 mg</i> .....  | 84   |
| TENORMIN.....                                                          | 35     | <i>tigecycline</i> .....                                        | 16     | <i>tolvaptan tab therapy pack<br/>90 &amp; 30 mg</i> .....  | 84   |
| see <i>atenolol</i> .....                                              | 34     | TIGECYCLINE .....                                               | 16     | TONMYA.....                                                 | 64   |
| TEPEZZA.....                                                           | 83     | TIGLUTIK.....                                                   | 64     | TOPAMAX .....                                               | 54   |
| TEPMETKO .....                                                         | 25     | TIKOSYN .....                                                   | 32     | see <i>topiramate</i> .....                                 | 54   |
| <i>terazosin hcl</i> .....                                             | 28     | see <i>dofetilide</i> .....                                     | 32     | TOPAMAX SPRINKLE....                                        | 54   |
| <i>terbinafine hcl</i> .....                                           | 10     | <i>tilia fe</i> .....                                           | 78     | see <i>topiramate</i> .....                                 | 54   |
| <i>terbutaline sulfate</i> .....                                       | 110    | <i>timolol hemihydrate (ophth)</i><br>.....                     | 107    | TOPICORT .....                                              | 119  |
| <i>terconazole vaginal</i> .....                                       | 92     | <i>timolol maleate</i> .....                                    | 35     | see <i>desoximetasone</i> .                                 | 118  |
| <i>teriflunomide</i> .....                                             | 66     | <i>timolol maleate (ophth)</i> .                                | 107    | <i>topiramate</i> .....                                     | 54   |
| <i>teriparatide</i> .....                                              | 75     | <i>timolol maleate (ophth)</i><br>once-daily.....               | 107    | <i>topotecan hcl</i> .....                                  | 19   |
| TERIPARATIDE.....                                                      | 75     | <i>timolol maleate (ophth) pf</i><br>.....                      | 107    | TOPOTECAN HCL .....                                         | 19   |
| TESTIM.....                                                            | 68     | TIMOPTIC OCUDOSE..                                              | 107    | see <i>topotecan hcl</i> .....                              | 19   |
| <i>testosterone</i> .....                                              | 68, 69 | see <i>timolol maleate</i><br>( <i>ophth</i> ) <i>pf</i> .....  | 107    | TOPROL XL.....                                              | 35   |
| <i>testosterone cypionate</i> ...                                      | 69     | <i>tinidazole</i> .....                                         | 8      | see <i>metoprolol succinate</i><br>.....                    | 35   |
| <i>testosterone enanthate</i> ...                                      | 69     | <i>tiopronin</i> .....                                          | 91     | <i>toremifene citrate</i> .....                             | 18   |
| <i>testosterone pump</i> .....                                         | 69     | <i>tiotropium bromide</i> .....                                 | 108    | TORISEL.....                                                | 25   |
| <i>tetrabenazine</i> .....                                             | 64     | TIROSINT .....                                                  | 85     | see <i>temsirolimus</i> .....                               | 25   |
| <i>tetracycline hcl</i> .....                                          | 16     | TIROSINT-SOL.....                                               | 85     | <i>torpenz</i> .....                                        | 25   |
| TETRACYCLINE<br>HYDROCHLORID .....                                     | 16     | TIVDAK.....                                                     | 25     | <i>torsemide</i> .....                                      | 36   |
| TEVIMBRA.....                                                          | 25     | TIVICAY .....                                                   | 11     | TOSYMRA .....                                               | 62   |
| <i>texacort</i> .....                                                  | 119    | TIVICAY PD .....                                                | 11     | TOUJEO MAX SOLOSTAR<br>.....                                | 74   |
| TEZRULY.....                                                           | 28     | <i>tizanidine hcl</i> .....                                     | 67     | TOUJEO SOLOSTAR....                                         | 74   |
| TEZSPIRE .....                                                         | 111    | TLANDO .....                                                    | 69     | <i>tovet</i> .....                                          | 119  |
| THALITONE.....                                                         | 36     | TOBI.....                                                       | 8      | TOVIAZ .....                                                | 92   |
| THALOMID .....                                                         | 18     | TOBI PODHALER.....                                              | 8      | see <i>fesoterodine</i><br><i>fumarate</i> .....            | 92   |
| THEO-24.....                                                           | 111    | TOBRADEX OIN 0.3-0.1%<br>.....                                  | 105    | TPN ELECTROL INJ ...                                        | 104  |
| <i>theophylline</i> .....                                              | 111    | TOBRADEX ST SUS 0.3-<br>0.05 .....                              | 105    | TRACLEER.....                                               | 39   |
| THIOLA.....                                                            | 91     | <i>tobramycin</i> .....                                         | 8      | see <i>bosentan</i> .....                                   | 39   |
| see <i>tiopronin</i> .....                                             | 91     | <i>tobramycin (ophth)</i> .....                                 | 106    | TRADJENTA.....                                              | 72   |
| THIOLA EC .....                                                        | 91     | <i>tobramycin-dexamethasone</i><br><i>ophth susp 0.3-0.1%</i> . | 105    | <i>tramadol-acetaminophen<br/>tab 37.5-325 mg</i> .....     | 6    |
| see <i>tiopronin</i> .....                                             | 91     | <i>tobramycin sulfate</i> .....                                 | 8      | <i>tramadol hcl</i> .....                                   | 3, 6 |
| see <i>venxxiva</i> .....                                              | 91     | TOBREX .....                                                    | 106    | TRAMADOL<br>HYDROCHLORIDE.....                              | 6    |
| <i>thioridazine hcl</i> .....                                          | 49     | TOFIDENCE .....                                                 | 99     | <i>trandolapril</i> .....                                   | 27   |
| <i>thiothixene</i> .....                                               | 49     | <i>tolectin 600</i> .....                                       | 2      | <i>trandolapril-verapamil hcl<br/>tab er 1-240 mg</i> ..... | 27   |
| THYQUIDITY .....                                                       | 85     | <i>tolmetin sodium</i> .....                                    | 2      |                                                             |      |
| <i>tiadylt er</i> .....                                                | 36     | TOLSURA.....                                                    | 10     |                                                             |      |
| <i>tiagabine hcl</i> .....                                             | 54     | <i>tolterodine tartrate</i> .....                               | 92     |                                                             |      |
| TIAZAC .....                                                           | 36     | <i>tolvaptan</i> .....                                          | 83, 84 |                                                             |      |
| see <i>diltiazem hcl</i><br>extended release<br>beads .....            | 35     |                                                                 |        |                                                             |      |
| see <i>tiadylt er</i> .....                                            | 36     |                                                                 |        |                                                             |      |

|                                                                                                                                       |                                                                                                                |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <i>trandolapril-verapamil hcl</i><br><i>tab er 2-180 mg</i> .....27                                                                   | TREXIMET TAB 85-500MG<br>.....62                                                                               | TRIBENZOR TAB 40-5-<br>12.5MG.....31                  |
| <i>trandolapril-verapamil hcl</i><br><i>tab er 2-240 mg</i> .....27                                                                   | <i>trexiz</i> .....6                                                                                           | TRIBENZOR TAB 40-5-<br>25MG.....31                    |
| <i>trandolapril-verapamil hcl</i><br><i>tab er 4-240 mg</i> .....27                                                                   | <i>triamcinolone acetonide</i> 80,<br>81                                                                       | TRICOR<br><i>see fenofibrate</i> .....32              |
| <i>tranexamic acid</i> .....96                                                                                                        | <i>triamcinolone acetonide</i><br>(mouth) .....122                                                             | <i>tridacaine ii</i> .....120                         |
| TRANEXAMIC<br>ACID/SODIUM CH<br><i>see tranexamic acid-</i><br><i>sodium chloride iv soln</i><br><i>1000 mg/100ml-0.7%</i><br>.....96 | <i>triamcinolone acetonide</i><br>(topical).....119                                                            | <i>triderm</i> .....119                               |
| <i>tranexamic acid-sodium</i><br><i>chloride iv soln 1000</i><br><i>mg/100ml-0.7%</i> .....96                                         | <i>triamterene</i> .....36                                                                                     | <i>trientine hcl</i> .....75                          |
| TRANSDERM SCOP .....86                                                                                                                | <i>triamterene &amp;</i><br><i>hydrochlorothiazide cap</i><br><i>37.5-25 mg</i> .....37                        | TRIESENCE .....106                                    |
| <i>see scopolamine</i> .....86                                                                                                        | <i>triamterene &amp;</i><br><i>hydrochlorothiazide tab</i><br><i>37.5-25 mg</i> .....37                        | <i>tri-estarylla</i> .....78                          |
| <i>tranylcypromine sulfate</i> ...44                                                                                                  | <i>triamterene &amp;</i><br><i>hydrochlorothiazide tab</i><br><i>75-50 mg</i> .....37                          | <i>trifluoperazine hcl</i> .....49                    |
| TRAVASOL INJ 10% ....105                                                                                                              | <i>triazolam</i> .....60                                                                                       | <i>trifluridine</i> .....106                          |
| TRAVATAN Z.....107                                                                                                                    | TRIBENZOR                                                                                                      | <i>trihexyphenidyl hcl</i> ....45, 46                 |
| <i>see travoprost</i> .....107                                                                                                        | <i>see olmesartan-</i><br><i>amlodipine-</i><br><i>hydrochlorothiazide tab</i><br><i>20-5-12.5 mg</i> .....30  | TRIJARDY XR TAB ER<br>24HR 10-5-1000MG ....72         |
| <i>travoprost</i> .....107                                                                                                            | <i>see olmesartan-</i><br><i>amlodipine-</i><br><i>hydrochlorothiazide tab</i><br><i>40-10-12.5 mg</i> .....30 | TRIJARDY XR TAB ER<br>24HR 12.5-2.5-1000MG<br>.....72 |
| TRAZIMERA .....25                                                                                                                     | <i>see olmesartan-</i><br><i>amlodipine-</i><br><i>hydrochlorothiazide tab</i><br><i>40-10-25 mg</i> .....30   | TRIJARDY XR TAB ER<br>24HR 25-5-1000MG ....72         |
| <i>trazodone hcl</i> .....44                                                                                                          | <i>see olmesartan-</i><br><i>amlodipine-</i><br><i>hydrochlorothiazide tab</i><br><i>40-5-12.5 mg</i> .....30  | TRIJARDY XR TAB ER<br>24HR 5-2.5-1000MG ...72         |
| TREANDA.....16                                                                                                                        | <i>see olmesartan-</i><br><i>amlodipine-</i><br><i>hydrochlorothiazide tab</i><br><i>40-10-25 mg</i> .....30   | TRIKAFTA PAK 59.5MG<br>.....112                       |
| <i>see bendamustine hcl</i> .16                                                                                                       | <i>see olmesartan-</i><br><i>amlodipine-</i><br><i>hydrochlorothiazide tab</i><br><i>40-5-25 mg</i> .....30    | TRIKAFTA PAK 75MG..112                                |
| TRELEGY AER ELLIPTA<br>100-62.5-25 MCG.....108                                                                                        | TRIBENZOR TAB 20-5-<br>12.5MG.....31                                                                           | TRIKAFTA TAB 100-50-<br>75MG & 150MG .....112         |
| TRELEGY AER ELLIPTA<br>200-62.5-25 MCG.....108                                                                                        | TRIBENZOR TAB 40-10-<br>12.5MG.....31                                                                          | TRIKAFTA TAB 50-25-<br>37.5MG & 75MG .....112         |
| TRELSTAR MIXJECT ....18                                                                                                               | TRIBENZOR TAB 40-10-<br>25MG.....31                                                                            | <i>tri-legest fe</i> .....78                          |
| TREMFYA.....99                                                                                                                        |                                                                                                                | TRILEPTAL.....54                                      |
| TREMFYA INDUCTION<br>PACK FO.....99                                                                                                   |                                                                                                                | <i>see oxcarbazepine</i> .....53                      |
| TREMFYA PEN .....99                                                                                                                   |                                                                                                                | <i>tri-lynyah</i> .....78                             |
| <i>treprostinil</i> .....39                                                                                                           |                                                                                                                | <i>tri-lo-estarylla</i> .....78                       |
| TRESIBA.....74                                                                                                                        |                                                                                                                | <i>tri-lo-marzia</i> .....78                          |
| TRESIBA FLEXTOUCH..74                                                                                                                 |                                                                                                                | <i>tri-lo-mili</i> .....78                            |
| <i>tretinoin</i> .....115                                                                                                             |                                                                                                                | <i>tri-lo-sprintec</i> .....78                        |
| <i>tretinoin (chemotherapy)</i> .19                                                                                                   |                                                                                                                | <i>trimethobenzamide hcl</i> ....86                   |
| <i>tretinoin microsphere</i> ....115                                                                                                  |                                                                                                                | <i>trimethoprim</i> .....8                            |
| TREXALL.....100                                                                                                                       |                                                                                                                | <i>tri-mili</i> .....78                               |
| TREXIMET<br><i>see sumatriptan-</i><br><i>naproxen sodium tab</i><br><i>85-500 mg</i> .....62                                         |                                                                                                                | <i>trimipramine maleate</i> ....44                    |

|                                      |        |                                       |     |                                      |        |
|--------------------------------------|--------|---------------------------------------|-----|--------------------------------------|--------|
| TRODELVY.....                        | 25     | TYBOST.....                           | 11  | UNASYN INJ 1.5GM.....                | 15     |
| TROGARZO.....                        | 11     | <i>tydemy</i> .....                   | 78  | UNASYN INJ 15GM.....                 | 15     |
| TROKENDI XR .....                    | 54, 55 | TYENNE .....                          | 99  | UNASYN INJ 3GM.....                  | 15     |
| see <i>topiramate</i> .....          | 54     | TYGACIL.....                          | 16  | <i>unithroid</i> .....               | 85     |
| TROPHAMINE INJ 10% .....             | 105    | see <i>tigecycline</i> .....          | 16  | UPLIZNA.....                         | 64     |
| <i>trospium chloride</i> .....       | 92     | TYKERB.....                           | 25  | UPTRAVI .....                        | 39, 40 |
| TRUDHESA .....                       | 62     | see <i>lapatinib ditosylate</i> ..... | 22  | UPTRAVI PACK TAB .....               |        |
| TRULANCE.....                        | 89     | TYMLOS .....                          | 75  | 200/800 .....                        | 40     |
| TRULICITY .....                      | 72     | TYPHIM VI .....                       | 103 | UROCIT-K 10.....                     | 91     |
| TRUMENBA.....                        | 103    | TYRUKO .....                          | 66  | see <i>potassium citrate</i> .....   |        |
| TRUQAP .....                         | 25     | TYRVAYA .....                         | 108 | ( <i>alkalinizer</i> ) .....         | 91     |
| TRUVADA .....                        |        | TYSABRI.....                          | 66  | UROCIT-K 15.....                     | 91     |
| see <i>emtricitabine-</i> .....      |        | TYVASO .....                          | 39  | see <i>potassium citrate</i> .....   |        |
| <i>tenofovir disoproxil</i> .....    |        | TYVASO DPI .....                      |     | ( <i>alkalinizer</i> ) .....         | 91     |
| <i>fumarate tab 100-150</i> .....    |        | INSTITUTIONAL .....                   | 39  | UROXATRAL .....                      | 91     |
| <i>mg</i> .....                      | 11     | TYVASO DPI .....                      |     | see <i>alfuzosin hcl</i> .....       | 91     |
| see <i>emtricitabine-</i> .....      |        | MAINTENANCE KI.....                   | 39  | <i>ursodiol</i> .....                | 89     |
| <i>tenofovir disoproxil</i> .....    |        | TYVASO DPI POW 16-32- .....           |     | URSODIOL .....                       | 89     |
| <i>fumarate tab 133-200</i> .....    |        | 48 .....                              | 39  | URSO FORTE .....                     |        |
| <i>mg</i> .....                      | 11     | TYVASO DPI POW MAIN .....             |     | see <i>ursodiol</i> .....            | 89     |
| see <i>emtricitabine-</i> .....      |        | KIT 32-64MCG .....                    | 39  | USTEKINUMAB .....                    | 99     |
| <i>tenofovir disoproxil</i> .....    |        | TYVASO DPI POW MAIN .....             |     | UZEDY .....                          | 49     |
| <i>fumarate tab 167-250</i> .....    |        | KIT 48-64MCG .....                    | 39  | <b>V</b> .....                       |        |
| <i>mg</i> .....                      | 11     | TYZAVAN .....                         | 8   | VABOMERE INJ 2GM(1-1) .....          | 8      |
| see <i>emtricitabine-</i> .....      |        | TZIELD.....                           | 72  | VABRINTY .....                       | 18     |
| <i>tenofovir disoproxil</i> .....    |        | <b>U</b> .....                        |     | VABYSMO .....                        | 108    |
| <i>fumarate tab 200-300</i> .....    |        | UBRELVY .....                         | 62  | VAGIFEM.....                         | 79     |
| <i>mg</i> .....                      | 11     | UCERIS .....                          | 88  | see <i>estradiol vaginal</i> ....    | 79     |
| TRUVADA TAB 100-150.....             | 12     | see <i>budesonide</i> .....           | 87  | see <i>yuvafem</i> .....             | 79     |
| TRUVADA TAB 133-200.....             | 12     | see <i>budesonide</i> .....           |     | <i>valacyclovir hcl</i> .....        | 13     |
| TRUVADA TAB 167-250.....             | 12     | ( <i>intrarectal</i> ).....           | 87  | VALCHLOR.....                        | 121    |
| TRUVADA TAB 200-300.....             | 12     | UDENYCA .....                         | 94  | VALCYTE.....                         | 13     |
| TRUXIMA.....                         | 25     | UDENYCA ONBODY.....                   | 94  | see <i>valganciclovir hcl</i> ..     | 13     |
| TRYNGOLZA .....                      | 38     | ULORIC .....                          | 1   | <i>valganciclovir hcl</i> .....      | 13     |
| TRYPTYR .....                        | 108    | see <i>febuxostat</i> .....           | 1   | VALIUM.....                          | 55     |
| TRYVIO.....                          | 38     | ULTOMIRIS .....                       | 96  | see <i>diazepam</i> .....            | 50     |
| TUDORZA PRESSAIR ..                  | 108    | ULTRAVATE.....                        | 119 | <i>valproate sodium</i> .....        | 55     |
| TUDORZA PRESSAIR .....               |        | UNASYN .....                          |     | <i>valproic acid</i> .....           | 55     |
| (INSTITUTIONAL PACK) .....           | 109    | see <i>ampicillin &amp;</i> .....     |     | <i>valrubicin</i> .....              | 19     |
| TUKYSA.....                          | 25     | <i>sulbactam sodium for</i> .....     |     | <i>valsartan</i> .....               | 32     |
| TURALIO .....                        | 25     | <i>inj 1.5 (1-0.5) gm</i> .....       | 15  | <i>valsartan-</i> .....              |        |
| <i>turqoz</i> .....                  | 78     | see <i>ampicillin &amp;</i> .....     |     | <i>hydrochlorothiazide tab</i> ..... | 31     |
| <i>twice-daily clindamycin</i> ..... |        | <i>sulbactam sodium for</i> .....     |     | 160-12.5 mg .....                    | 31     |
| <i>phosphate (topical)</i> ....      | 115    | <i>inj 3 (2-1) gm</i> .....           | 15  | <i>valsartan-</i> .....              |        |
| TWINRIX INJ .....                    | 103    | UNASYN BULK PACK .....                |     | <i>hydrochlorothiazide tab</i> ..... |        |
| TWYNEO CRE 0.1-3% ..                 | 115    | see <i>ampicillin &amp;</i> .....     |     | 160-25 mg .....                      | 31     |
|                                      |        | <i>sulbactam sodium for</i> .....     |     |                                      |        |
|                                      |        | <i>iv soln 15 (10-5) gm</i> .....     | 15  |                                      |        |

|                                                                                 |                                                                                         |                                                            |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------|
| <i>valsartan-</i><br><i>hydrochlorothiazide tab</i><br>320-12.5 mg .....31      | see <i>enalapril maleate &amp;</i><br><i>hydrochlorothiazide tab</i><br>10-25 mg.....27 | V-GO 30 KIT .....74                                        |
| <i>valsartan-</i><br><i>hydrochlorothiazide tab</i><br>320-25 mg .....31        | VASERETIC TAB 10-25MG<br>.....27                                                        | V-GO 40 KIT .....74                                        |
| <i>valsartan-</i><br><i>hydrochlorothiazide tab</i><br>80-12.5 mg .....31       | VASOTEC.....27, 28                                                                      | VIBATIV .....9                                             |
| VALSTAR.....19                                                                  | see <i>enalapril maleate</i> ..27                                                       | VIBERZI .....89                                            |
| see <i>valrubicin</i> .....19                                                   | VAXCHORA SUS .....103                                                                   | VICTOZA .....72                                            |
| VALTOCO 10 MG DOSE55                                                            | VECTIBIX.....25                                                                         | see <i>liraglutide</i> .....70                             |
| VALTOCO 15 MG DOSE55                                                            | VECTICAL .....117                                                                       | VIDAZA .....17                                             |
| VALTOCO 20 MG DOSE55                                                            | VEGZELMA .....25                                                                        | see <i>azacitidine</i> .....16                             |
| VALTOCO 5 MG DOSE..55                                                           | VELCADE .....25                                                                         | <i>vienna</i> .....78                                      |
| VALTREX.....13                                                                  | see <i>bortezomib</i> .....20                                                           | <i>vigabatrin</i> .....55                                  |
| see <i>valacyclovir hcl</i> ....13                                              | VELETRI .....40                                                                         | <i>vigadrone</i> .....55                                   |
| <i>valtya</i> 1/35.....78                                                       | see <i>epoprostenol sodium</i><br>.....39                                               | VIGAFYDE.....55                                            |
| <i>valtya</i> 1/50.....78                                                       | <i>velivet</i> .....78                                                                  | VIGAMOX .....106                                           |
| VANOCOCIN .....8                                                                | VELSIPITY .....99                                                                       | see <i>moxifloxacin hcl</i><br>( <i>ophth</i> ) .....105   |
| see <i>vancomycin hcl</i> .....8                                                | VELTASSA .....75                                                                        | VIIBRYD.....44                                             |
| VANCOMYC/D5W INJ<br>1.25/250 .....8                                             | VEMLIDY .....13                                                                         | see <i>vilazodone hcl</i> .....44                          |
| VANCOMYC/D5W INJ<br>1.5/300 .....8                                              | VENCLEXTA.....25                                                                        | VIJOICE .....84                                            |
| <i>vancomycin hcl</i> .....8                                                    | VENCLEXTA TAB START<br>PK.....25                                                        | VIJOICE TAB 250MG ....84                                   |
| VANCOMYCIN<br>HYDROCHLORIDE.....9                                               | VENLAFAXINE BESYLATE<br>ER .....44                                                      | <i>vilazodone hcl</i> .....44                              |
| see <i>vancomycin hcl</i> .....8                                                | <i>venlafaxine hcl</i> .....44                                                          | VIMIZIM .....84                                            |
| VANCOMYCIN INJ 1 GM .9                                                          | VENTOLIN HFA.....110                                                                    | VIMKUNYA .....103                                          |
| VANCOMYCIN INJ 500MG<br>.....9                                                  | VENTOLIN HFA<br>(INSTITUTIONAL PACK)<br>.....110                                        | VIMPAT .....55                                             |
| VANCOMYCIN INJ 750MG<br>.....9                                                  | <i>venxxiva</i> .....91                                                                 | see <i>lacosamide</i> .....51                              |
| VANDAZOLE .....92                                                               | VEOZAH .....84                                                                          | see <i>lacosamide oral</i> ....51                          |
| VANFLYTA .....25                                                                | <i>verapamil hcl</i> .....36                                                            | <i>vinblastine sulfate</i> .....19                         |
| VANOS .....119                                                                  | VERKAZIA .....108                                                                       | <i>vincristine sulfate</i> .....19                         |
| see <i>fluocinonide</i> .....118                                                | VERQUVO .....38                                                                         | <i>vinorelbine tartrate</i> .....19                        |
| VANRAFIA.....91                                                                 | VERSACLOZ .....49                                                                       | VIOKACE TAB 10440 ....89                                   |
| VAQTA.....103                                                                   | VERZENIO .....25                                                                        | VIOKACE TAB 20880 ....89                                   |
| <i>varenicline tartrate</i> .....68                                             | VESICARE.....92                                                                         | <i>viorele</i> .....78                                     |
| <i>varenicline tartrate tab</i> 11 x<br>0.5 mg & 42 x 1 mg start<br>pack.....68 | see <i>solifenacin succinate</i><br>.....92                                             | VIRACEPT .....11                                           |
| VARIVAX .....103                                                                | VESICARE LS .....92                                                                     | VIREAD.....11                                              |
| VARUBI.....86                                                                   | <i>vestura</i> .....78                                                                  | see <i>tenofovir disoproxil</i><br><i>fumarate</i> .....11 |
| VASCEPA.....34                                                                  | VEVYE .....108                                                                          | VITRAKVI.....25                                            |
| VASERETIC                                                                       | VFEND .....10                                                                           | VIVELLE-DOT.....79                                         |
|                                                                                 | see <i>voriconazole</i> .....10                                                         | see <i>dotti</i> .....79                                   |
|                                                                                 | VFEND IV .....10                                                                        | see <i>estradiol</i> .....79                               |
|                                                                                 | see <i>voriconazole</i> .....10                                                         | VIVIMUSTA.....16                                           |
|                                                                                 | V-GO 20 KIT .....74                                                                     | VIVITROL.....68                                            |
|                                                                                 |                                                                                         | VIVJOA .....10                                             |
|                                                                                 |                                                                                         | VIVOTIF CAP EC.....103                                     |
|                                                                                 |                                                                                         | VIZIMPRO.....26                                            |
|                                                                                 |                                                                                         | VOGELXO .....69                                            |
|                                                                                 |                                                                                         | VOGELXO PUMP .....69                                       |
|                                                                                 |                                                                                         | VONJO.....26                                               |
|                                                                                 |                                                                                         | VOQUEZNA.....91                                            |

|                                  |                                                                   |                                              |
|----------------------------------|-------------------------------------------------------------------|----------------------------------------------|
| VOQUEZNA PAK DUAL<br>PAK.....89  | VYVGART INJ HYTRULO<br>.....101                                   | XCOPRI PAK 150-200MG<br>(MAINTENANCE).....55 |
| VOQUEZNA PAK TRIP PK<br>.....89  | VYZULTA.....107                                                   | XCOPRI PAK 150-200MG<br>(TITRATION).....55   |
| VORANIGO.....26                  | <b>W</b>                                                          | XCOPRI PAK 50-100MG 55                       |
| <i>voriconazole</i> .....10      | WAINUA.....64                                                     | XDEMVI.....106                               |
| VORICONAZOLE.....10              | WAKIX.....67                                                      | XELJANZ.....99                               |
| VOSEVI TAB.....13                | <i>warfarin sodium</i> .....93                                    | XELJANZ XR.....99                            |
| VOTRIENT.....26                  | <i>water for irrigation, sterile<br/>irrigation soln</i> .....122 | XELPROS.....107                              |
| <i>see pazopanib hcl</i> .....24 | WAYRILZ.....96                                                    | <i>xelria fe</i> .....78                     |
| VOWST CAP.....89                 | WELCHOL.....34                                                    | XELSTRYM.....59                              |
| VOXZOGO.....84                   | <i>see colesevelam hcl</i> .....33                                | XEMBIFY.....101                              |
| VOYDEYA.....96                   | WELIREG.....19                                                    | XENAZINE.....64                              |
| VOYDEYA TAB 50-100MG<br>.....96  | WELLBUTRIN SR.....44                                              | <i>see tetrabenazine</i> .....64             |
| VPRIV.....84                     | <i>see bupropion hcl</i> .....42                                  | XENPOZYME.....84                             |
| VRAYLAR.....49                   | WELLBUTRIN XL.....44                                              | XEOMIN.....67                                |
| VTAMA.....117                    | <i>see bupropion hcl</i> .....42                                  | XERAVA.....16                                |
| VUMERITY.....66                  | <i>wera</i> .....78                                               | XERESE CRE 5-1%.....121                      |
| VUSION OIN.....116               | WESTAB PLUS TAB 27-<br>1MG.....104                                | XERMELO.....89                               |
| VYALEV INJ 12-240MG.46           | WINLEVI.....115                                                   | XGEVA.....75                                 |
| VYEPTI.....62                    | WINREVAIR.....40                                                  | XHANCE.....112                               |
| <i>vyfemla</i> .....78           | WINREVAIR INJ 45MG .40                                            | XIFAXAN.....9, 89                            |
| VYKAT XR.....84                  | WINREVAIR INJ 60MG .40                                            | XIFYRM.....2                                 |
| <i>vylibra</i> .....78           | <i>wixela inhub</i> .....113                                      | XIGDUO XR TAB 10-1000<br>.....72             |
| VYLOY.....26                     | <i>wymzya fe</i> .....78                                          | XIGDUO XR TAB 10-<br>500MG.....72            |
| VYNDAMAX.....38                  | WYOST.....75                                                      | XIGDUO XR TAB 2.5-1000<br>.....72            |
| VYNDAQEL.....38                  | <b>X</b>                                                          | XIGDUO XR TAB 5-<br>1000MG.....72            |
| VYSCOXIA.....2                   | XACDURO INJ 1-1GM.....9                                           | XIGDUO XR TAB 5-500MG<br>.....72             |
| VYTORIN                          | XACIATO.....92                                                    | XIIDRA.....108                               |
| <i>see ezetimibe-</i>            | XADAGO.....46                                                     | XIPERE.....106                               |
| <i>simvastatin tab 10-10</i>     | XALATAN.....107                                                   | XOFLUZA.....13                               |
| <i>mg</i> .....33                | <i>see latanoprost</i> .....107                                   | XOLAIR.....112                               |
| <i>see ezetimibe-</i>            | XALKORI.....26                                                    | XOLREMDI.....94                              |
| <i>simvastatin tab 10-20</i>     | XANAX.....41                                                      | XOPENEX HFA.....110                          |
| <i>mg</i> .....33                | <i>see alprazolam</i> .....40                                     | XOSPATA.....26                               |
| <i>see ezetimibe-</i>            | XANAX XR.....41                                                   | XPOVIO PAK (100 MG<br>ONCE WEEKLY).....26    |
| <i>simvastatin tab 10-40</i>     | <i>see alprazolam</i> .....40                                     | XPOVIO PAK (40 MG<br>ONCE WEEKLY).....26     |
| <i>mg</i> .....33                | <i>xarah fe</i> .....78                                           | XPOVIO PAK (40 MG<br>TWICE WEEKLY).....26    |
| <i>see ezetimibe-</i>            | XARELTO.....93                                                    | XPOVIO PAK (60 MG<br>ONCE WEEKLY).....26     |
| <i>simvastatin tab 10-80</i>     | <i>see rivaroxaban</i> .....93                                    |                                              |
| <i>mg</i> .....33                | XARELTO STAR TAB<br>15/20MG.....93                                |                                              |
| VYTORIN TAB 10-10MG 34           | XATMEP.....100                                                    |                                              |
| VYTORIN TAB 10-20MG 34           | XCOPRI.....55                                                     |                                              |
| VYTORIN TAB 10-40MG 34           | XCOPRI PAK 100-150.....55                                         |                                              |
| VYTORIN TAB 10-80MG 34           | XCOPRI PAK 12.5-25.....55                                         |                                              |
| VYVANSE.....59                   |                                                                   |                                              |
| VYVGART.....101                  |                                                                   |                                              |



|                                           |                           |                             |
|-------------------------------------------|---------------------------|-----------------------------|
| XPOVIO PAK (60 MG<br>TWICE WEEKLY).....26 | YUTIQ.....106             | ZEPOSIA CAP STR KIT .66     |
| XPOVIO PAK (80 MG<br>ONCE WEEKLY).....26  | YUTREPIA.....40           | ZEPZELCA.....16             |
| XPOVIO PAK (80 MG<br>TWICE WEEKLY).....26 | yuvaferm.....79           | ZERBAXA INJ 1.5GM.....13    |
| XROMI.....96                              | <b>Z</b>                  | ZERVIAE.....106             |
| XTAMPZA ER.....4                          | zafemy.....78             | ZESTORETIC                  |
| XTANDI.....18                             | zafirlukast.....110       | see lisinopril &            |
| XTRENBO.....75                            | zaleplon.....61           | hydrochlorothiazide tab     |
| xulane.....78                             | ZALTRAP.....26            | 10-12.5 mg.....27           |
| XULTOPHY INJ 100/3.6 .74                  | ZANAFLEX.....67           | see lisinopril &            |
| XYLOCAINE.....1                           | see tizanidine hcl.....67 | hydrochlorothiazide tab     |
| see lidocaine hcl (local                  | ZARONTIN.....55           | 20-12.5 mg.....27           |
| anesth.).....1                            | see ethosuximide.....51   | see lisinopril &            |
| XYLOCAINE-MPF.....1                       | ZARXIO.....94             | hydrochlorothiazide tab     |
| see lidocaine hcl (local                  | ZAVESCA.....84            | 20-25 mg.....27             |
| anesth.).....1                            | see miglustat.....82      | ZESTORETIC TAB 10-12.5      |
| XYOSTED.....69                            | see yargesa.....84        | .....27                     |
| XYREM.....67                              | ZAVZPRET.....62           | ZESTORETIC TAB 20-12.5      |
| XYWAV SOL 0.5GM/ML .67                    | ZEGALOGUE.....81          | .....27                     |
| <b>Y</b>                                  | ZEJULA.....26             | ZESTORETIC TAB 20-          |
| yargesa.....84                            | ZELAPAR.....46            | 25MG.....27                 |
| YASMIN 28                                 | ZELBORAF.....26           | ZESTRIL.....28              |
| see drospirenone-ethinyl                  | ZELSUVMI.....121          | see lisinopril.....27       |
| estradiol tab 3-0.03 mg                   | zelvysia.....84           | ZETIA.....34                |
| .....76                                   | ZEMAIRA.....112           | see ezetimibe.....33        |
| see syeda.....78                          | ZEMBRACE SYMTOUCH         | ZEVTERA.....13              |
| see zumandimine.....78                    | .....62                   | ZIAGEN.....11               |
| YASMIN 28 TAB 3-0.03MG                    | ZEMDRI.....9              | see abacavir sulfate ....10 |
| .....78                                   | ZEMPLAR.....85            | ZIANA GEL.....115           |
| YAZ                                       | see paricalcitol.....85   | zidovudine.....11           |
| see drospirenone-ethinyl                  | zenatane.....115          | ZIEXTENZO.....94            |
| estradiol tab 3-0.02 mg                   | ZENPEP CAP 10000UNT       | ZIIHERA.....26              |
| .....76                                   | .....90                   | ZILBRYSQ.....101            |
| see jasmie.....76                         | ZENPEP CAP 15000UNT       | zileuton.....110            |
| see loryna.....77                         | .....90                   | ZILRETTA.....81             |
| see nikki.....77                          | ZENPEP CAP 20000UNT       | ZILXI.....121               |
| see vestura.....78                        | .....90                   | ZIOPTAN.....107             |
| YAZ TAB 3-0.02MG.....78                   | ZENPEP CAP 25000UNT       | see tafluprost.....107      |
| YCANTH.....121                            | .....90                   | ziprasidone hcl.....49      |
| YERVOY.....26                             | ZENPEP CAP 3000UNIT90     | ziprasidone mesylate.....49 |
| YESINTEK.....100                          | ZENPEP CAP 40000UNT       | ZIPSOR.....2                |
| YF-VAX INJ.....103                        | .....90                   | see diclofenac potassium    |
| YIMMUGO.....101                           | ZENPEP CAP 5000UNIT90     | .....1                      |
| YONSA.....18                              | ZENPEP CAP 60000UNT       | ZIRABEV.....26              |
| YORVIPATH.....75                          | .....90                   | ZIRGAN.....106              |
| YUPELRI.....109                           | zenzedi.....59, 60        | ZITHROMAX.....14            |
|                                           | ZEPOSIA.....66            | see azithromycin.....13     |
|                                           | ZEPOSIA 7DAY CAP STR      | ZITHROMAX TRI-PAK....14     |
|                                           | PACK.....66               | ZITHROMAX Z-PAK.....14      |

|                                       |                                                                        |                                           |
|---------------------------------------|------------------------------------------------------------------------|-------------------------------------------|
| ZITUVIMET TAB 50-1000<br>.....72      | see <i>zolmitriptan</i> .....62                                        | zumandimine.....78                        |
| ZITUVIMET TAB 50-<br>500MG.....72     | ZONALON.....121                                                        | ZUNVEYL .....41                           |
| ZITUVIMET XR TAB 100-<br>1000 .....72 | ZONEGRAN.....55                                                        | ZURNAL.....68                             |
| ZITUVIMET XR TAB 50-<br>1000 .....72  | see <i>zonisamide</i> .....55                                          | ZURZUVAE.....44                           |
| ZITUVIMET XR TAB 50-<br>500MG.....72  | ZONISADE.....55                                                        | ZYCLARA .....121                          |
| ZITUVIO.....72                        | <i>zonisamide</i> .....55                                              | see <i>imiquimod</i> .....120             |
| ZOCOR.....33                          | ZORTRESS .....102                                                      | see <i>imiquimod pump</i> .120            |
| see <i>simvastatin</i> .....33        | see <i>everolimus</i><br>( <i>immunosuppressant</i> )<br>.....101, 102 | ZYCLARA PUMP .....121                     |
| ZOLADEx .....18                       | ZORYVE .....116, 117, 121                                              | ZYDELIG.....26                            |
| <i>zoledronic acid</i> .....75        | ZOSYN SOL 2-0.25GM ..15                                                | ZYFLO .....110                            |
| ZOLEDRONIC ACID .....75               | ZOSYN SOL 3-0.375G ...15                                               | ZYKADIA.....26                            |
| ZOLINZA.....26                        | ZOSYN SOL 4-0.50GM ..15                                                | ZYLET SUS 0.5-0.3%...105                  |
| <i>zolmitriptan</i> .....62           | <i>zovia 1/35</i> .....78                                              | ZYNLONTA.....26                           |
| ZOLOFT .....44                        | ZOVIRAX .....121                                                       | ZYNYZ .....26                             |
| see <i>sertraline hcl</i> .....44     | see <i>acyclovir topical</i> ..120                                     | ZYPITAMAG .....33                         |
| <i>zolpidem tartrate</i> .....61      | ZTALMY .....55                                                         | ZYPREXA .....49                           |
| ZOLPIDEM TARTRATE..61                 | ZTLIDO .....120                                                        | see <i>olanzapine</i> .....47, 48         |
| ZOMACTON .....84                      | ZUBSOLV SUB 0.7-0.18.68                                                | ZYPREXA RELPREVV...49                     |
| <i>zomig</i> .....62                  | ZUBSOLV SUB 1.4-0.36.68                                                | ZYTIGA .....18                            |
| ZOMIG .....62                         | ZUBSOLV SUB 11.4-2.9.68                                                | see <i>abiraterone acetate</i><br>.....17 |
|                                       | ZUBSOLV SUB 2.9-0.71.68                                                | see <i>abirtega</i> .....17               |
|                                       | ZUBSOLV SUB 5.7-1.4...68                                               | ZYVOX.....9                               |
|                                       | ZUBSOLV SUB 8.6-2.1...68                                               | see <i>linezolid</i> .....7               |

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For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. If you do not receive your mail-order drugs within this timeframe, you can call 1-833-825-6755 (TTY users should call 711). Hours are 24 hours a day, 7 days a week. Members may have the option to sign-up for automated mail-order delivery. Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

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

This formulary was updated on 02/24/2026. 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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02/24/2026