



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



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

**2026 Formulary
(List of Covered Drugs or "Drug List")**

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

This formulary was updated on 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.

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has four Cost-Sharing Tiers

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

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

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

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

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

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

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

Costs shown in the table above reflect the additional coverage that may be provided by MHBP. Drugs that are part of your standard Medicare plan, but do not have additional coverage from MHBP would be covered under the 2026 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2026-Medicare-Part-D-Outlook.php> for more information about the 2026 Medicare Part D Defined Standard Benefit drug costs.

SilverScript (EGWP)'s formulary

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

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

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

PA	Prior Authorization
QL	Drug has Quantity Limits
ST	Step Therapy required
NM	Not available at our mail-order pharmacies. 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/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>allopurinol</i> TABS 200mg	1	ST
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	4	NDS
ALOPRIM SOLR 500mg	4	NDS
<i>colchicine</i> (generic of MITIGARE) CAPS .6mg QL (60 caps / 30 days)	1	QL
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	1	QL
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	1	
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1	PA
GLOPERBA SOLN .6mg/5ml QL (300 mL / 30 days)	3	QL
KRYSTEXXA SOLN 8mg/50ml, 8mg/ml	4	NDS NM PA
MITIGARE CAPS .6mg QL (60 caps / 30 days)	3	QL
<i>probenecid</i> TABS 500mg	1	
ULORIC TABS 40mg, 80mg	3	PA
MISCELLANEOUS		
<i>acetaminophen</i> SOLN 10mg/ml	1	
<i>clonidine hcl</i> (analgesia) (generic of DURACLON) SOLN 100mcg/ml	1	B/D
DURACLON SOLN 100mcg/ml	3	B/D
JOURNAVX TABS 50mg QL (29 tabs / 14 days)	3	QL PA
<i>lidocaine hcl</i> (local anesth.) SOLN 4%	1	B/D
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D

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

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

Drug Name	Drug Requirements/ Tier	Limits
naproxen dr TBEC 500mg QL (90 tabs / 30 days)	1	QL
naproxen sodium TABS 275mg, 550mg	1	
naproxen sodium (generic of NAPRELAN) TB24 375mg QL (120 tabs / 30 days)	1	QL PA
naproxen sodium (generic of NAPRELAN) TB24 500mg QL (90 tabs / 30 days)	1	QL PA
naproxen sodium (generic of NAPRELAN) TB24 750mg QL (60 tabs / 30 days)	1	QL PA
naproxen-esomeprazole magnesium tab dr 375-20 mg QL (60 tabs / 30 days)	4	NDS QL PA
naproxen-esomeprazole magnesium tab dr 500-20 mg QL (60 tabs / 30 days)	4	NDS QL PA
oxaprozin TABS 600mg	1	
piroxicam CAPS 10mg, 20mg	1	
RELAFEN DS TABS 1000mg	4	NDS PA
SPRIX SOLN 15.75mg/spray QL (5 bottles / 30 days)	4	NDS QL NM PA
sulindac TABS 150mg, 200mg	1	
tolectin 600 TABS 600mg QL (90 tabs / 30 days)	4	NDS QL PA
tolmetin sodium CAPS 400mg	4	NDS
tolmetin sodium TABS 600mg QL (90 tabs / 30 days)	4	NDS QL PA
VYSCOXIA SUSP 10mg/ml QL (946 mL / 21 days)	4	NDS QL PA
XIFYRM SOLN 30mg/ml	3	
ZIPSOR CAPS 25mg QL (120 caps / 30 days)	4	NDS QL PA
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	3	QL PA
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	4	NDS QL PA

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

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

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

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

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

Drug Name	Drug Requirements/ 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 QL (180 tabs / 30 days)	1	QL
HYDROMORPHONE HYDROCHLORI SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	3	B/D
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	3	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL
<i>morphine sulfate</i> SOLN 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	3	
NALOCET TAB 2.5-300 QL (360 tabs / 30 days)	4	NDS QL PA
NUCYNTA TABS 50mg QL (180 tabs / 30 days)	3	QL
NUCYNTA TABS 75mg, 100mg QL (180 tabs / 30 days)	4	NDS QL
OXY-ACETAMIN TAB 7.5-300 QL (240 tabs / 30 days)	4	NDS QL PA
OXYCOD-APAP TAB 2.5-300 QL (360 tabs / 30 days)	4	NDS QL PA
OXYCOD/ACETA SOL 10/300MG QL (900 mL / 30 days)	4	NDS QL PA
OXYCOD/APAP TAB 5-300MG QL (360 tabs / 30 days)	4	NDS QL PA

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

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

Drug Name	Drug Requirements/ 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, 150mg, 300mg	3	
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	3	
CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	3	
CLINDMYC/NAC INJ 600/50ML	3	
CLINDMYC/NAC INJ 900/50ML	3	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	1	
COLY-MYCIN M SOLR 150mg	3	
<i>dalbavancin hcl</i> (generic of DALVANCE) SOLR 500mg	4	NDS
DALVANCE SOLR 500mg	4	NDS
<i>dapsone</i> TABS 25mg, 100mg	1	
DAPTOMY/NACL INJ 350/50ML	3	

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Drug Name	Drug Requirements/ 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 QL (90 tabs / 30 days)	4	NDS QL PA
EMBLAVEO INJ 2GM	4	NDS
EMVERM CHEW 100mg QL (12 tabs / year)	4	NDS QL
<i>ertapenem sodium</i> SOLR 1gm	1	
FIRVANQ SOLR 25mg/ml, 50mg/ml QL (1800 mL / 180 days)	3	QL
<i>fosfomycin tromethamine</i> PACK 3gm	1	
<i>gentamicin in saline inj</i> 0.8 mg/ml	1	
<i>gentamicin in saline inj</i> 1 mg/ml	1	
<i>gentamicin in saline inj</i> 1.2 mg/ml	1	
<i>gentamicin in saline inj</i> 1.6 mg/ml	1	
<i>gentamicin in saline inj</i> 2 mg/ml	1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
HUMATIN CAPS 250mg	4	NDS
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	1	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg (generic of PRIMAXIN IV)	1	
IMPAVIDO CAPS 50mg	4	NDS PA
<i>ivermectin</i> (generic of STROMECTOL) TABS 3mg QL (20 tabs / 90 days)	1	QL PA
<i>ivermectin</i> TABS 6mg QL (10 tabs / 90 days)	1	QL PA
KIMYRSA SOLR 1200mg	4	NDS
KITABIS PAK NEBU 300mg/5ml	4	NDS NM PA

Drug Name	Drug Requirements/ 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 QL (1800 mL / 30 days)	4	NDS QL
<i>linezolid</i> TABS 600mg QL (60 tabs / 30 days)	1	QL
LINEZOLID INJ 2MG/ML	3	
MACROBID CAPS 100mg	3	
MACRODANTIN CAPS 25mg, 50mg, 100mg	3	
MEPRON SUSP 750mg/5ml QL (300 mL / 30 days)	4	NDS QL PA
MEROP/NACL INJ 1GM/50ML	3	
MEROP/NACL INJ 500/50ML	3	
<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>meropenem</i> (generic of MEROPENEM) SOLR 2gm	1	
<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	1	
<i>metronidazole</i> CAPS 375mg; TABS 125mg, 250mg, 500mg	1	
METRONIDAZOLE SOLN 500mg/100ml	3	
<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	1	
NEBUPENT SOLR 300mg	3	B/D
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days)	4	NDS QL
<i>nitrofurantoin</i> SUSP 25mg/5ml	4	NDS PA
NITROFURANTOIN SUSP 50mg/5ml	4	NDS PA
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg	2	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	2	
ORBACTIV SOLR 400mg	4	NDS
ORLYNVAH TAB 500-500	4	NDS NM

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Drug Name	Drug Requirements/ 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/ 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/ Tier	Limits
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml; SOLR 1gm, 1.25gm, 1.5gm, 1.75gm, 2gm, 5gm, 10gm, 500mg, 750mg	3	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
VIBATIV SOLR 750mg	4	NDS
XACDURO INJ 1-1GM	4	NDS
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	3	QL
ZEMDRI SOLN 500mg/10ml	4	NDS
ZYVOX SOLN 600mg/300ml	4	NDS
ZYVOX SUSR 100mg/5ml QL (1800 mL / 30 days)	4	NDS QL
ZYVOX TABS 600mg QL (60 tabs / 30 days)	4	NDS QL
ANTIFUNGALS		
AMBISOME SUSR 50mg	4	NDS B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	4	NDS B/D
ANCOBON CAPS 250mg, 500mg	4	NDS PA
CANCIDAS SOLR 50mg, 70mg	4	NDS
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	4	NDS
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	4	NDS PA
DIFLUCAN SUSR 40mg/ml	3	
ERAXIS SOLR 50mg	3	
ERAXIS SOLR 100mg	4	NDS
<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg, 100mg, 200mg	1	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml; TABS 150mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	4	NDS PA
<i>fulvicin p/g 165</i> TABS 165mg	4	NDS
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>griseofulvin ultramicrosize</i> TABS 165mg	4	NDS
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg QL (120 caps / 30 days)	1	QL
<i>itraconazole</i> SOLN 10mg/ml	4	NDS
<i>ketoconazole</i> TABS 200mg	1	PA
MICAFUNGIN SOLR 50mg, 100mg	4	NDS
<i>micafungin sodium</i> SOLR 50mg, 100mg	1	
MICAFUNGIN/NACL INJ 50MG/50ML	4	NDS
MICAFUNGIN/NACL INJ 100MG/100ML	4	NDS
MICAFUNGIN/NACL INJ 150MG/150ML	4	NDS
MYCAMINE SOLR 50mg, 100mg	4	NDS
NOXAFIL PACK 300mg QL (32 packets / 30 days)	4	NDS QL PA
NOXAFIL SOLN 300mg/16.7ml	4	NDS
NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> (generic of NOXAFIL) SOLN 300mg/16.7ml	4	NDS
<i>posaconazole</i> SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA
<i>posaconazole</i> TBEC 100mg QL (93 tabs / 30 days)	4	NDS QL PA
REZZAYO SOLR 200mg	4	NDS
SPORANOX CAPS 100mg QL (120 caps / 30 days)	3	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>atazanavir sulfate</i> CAPS 150mg	1	NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	1	NM
<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	1	QL NM
<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	1	QL NM
EDURANT TABS 25mg	4	NDS NM
EDURANT PED TBSO 2.5mg	4	NDS NM
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	4	NDS NM
<i>fosamprenavir calcium</i> TABS 700mg	4	NDS NM
INTELENCE TABS 25mg	3	NM
INTELENCE TABS 100mg, 200mg	4	NDS NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	4	NDS NM
ISENTRESS HD TABS 600mg	4	NDS NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	4	NDS NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg; TABS 100mg	3	NM
PIFELTRO TABS 100mg	4	NDS NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	4	NDS QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	3	QL NM

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Requirements/ 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	
ANTINEOPLASTIC AGENTS ALKYLATING AGENTS		
<i>bendamustine hcl</i> (generic of TREANDA) SOLR 25mg, 100mg	4	NDS B/D NM
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	4	NDS B/D NM
BENDEKA SOLN 100mg/4ml	4	NDS B/D NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<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/ 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
ANTIMETABOLITES		
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/ 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
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	4	NDS QL NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	4	NDS QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	4	NDS QL NM PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	4	NDS QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	4	NDS QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	4	NDS QL NM PA
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	4	NDS NM PA
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	4	NDS QL NM PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	4	NDS QL NM PA
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	B/D
CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	3	B/D
<i>dacarbazine</i> SOLR 100mg	1	B/D
<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	4	NDS B/D
DOXIL SUSP 2mg/ml	4	NDS B/D
<i>doxorubicin hcl</i> (generic of DOXORUBICIN HYDROCHLORIDE) SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) SUSP 2mg/ml	4	NDS B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	3	B/D
ELITEK SOLR 1.5mg, 7.5mg	4	NDS B/D
ELLECE SOLN 50mg/25ml, 200mg/100ml	3	B/D
HYDREA CAPS 500mg	3	

Drug Name	Drug Requirements/ 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
ONCASPAR SOLN 750unit/ml	4	NDS NM PA
ONIVYDE SUSP 43mg/10ml	4	NDS B/D NM
RYLAZE SOLN 10mg/0.5ml	4	NDS NM PA
SYLVANT SOLR 100mg, 400mg	4	NDS NM PA
TARGRETIN CAPS 75mg QL (300 caps / 30 days)	4	NDS QL NM PA
TOPOTECAN HCL SOLN 4mg/4ml	3	B/D
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml	1	B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg	4	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>tretinoin</i> (chemotherapy) CAPS 10mg	4	NDS
<i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml	4	NDS B/D NM
VALSTAR SOLN 40mg/ml	4	NDS B/D NM
WELIREG TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	4	NDS B/D NM
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/ Tier	Limits
MOLECULAR TARGET AGENTS		
AFINITOR TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ TBSO 2mg, 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days)	4	NDS QL NM PA
ALECENSA CAPS 150mg QL (240 caps / 30 days)	4	NDS QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	4	NDS QL NM PA
ALYMSYS SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	4	NDS QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	4	NDS QL NM PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	4	NDS QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	4	NDS QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	4	NDS QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	4	NDS QL NM PA
BAVENCIO SOLN 200mg/10ml	4	NDS NM PA
BELEODAQ SOLR 500mg	4	NDS NM PA
BESPONSA SOLR .9mg	4	NDS NM PA
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/ Tier	Limits
BOSULIF CAPS 50mg QL (30 caps / 30 days)	4	NDS QL NM PA
BOSULIF CAPS 100mg QL (300 caps / 30 days)	4	NDS QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	4	NDS QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	4	NDS QL NM PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	4	NDS QL NM PA
BRUKINSA TABS 160mg QL (60 tabs / 30 days)	4	NDS QL NM PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	4	NDS QL NM PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	4	NDS NM PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	4	NDS QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	4	NDS QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	4	NDS QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	4	NDS QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	4	NDS QL NM PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	4	NDS QL NM PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	4	NDS NM PA
DARZALEX INJ FASPRO	4	NDS NM PA

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

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	4	NDS QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	4	NDS QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	4	NDS QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	4	NDS QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	4	NDS QL NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	4	NDS QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	4	NDS QL NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	4	NDS QL NM PA
LIBTAYO SOLN 350mg/7ml	4	NDS NM PA
LOQTORZI SOLN 240mg/6ml	4	NDS NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	4	NDS QL NM PA
LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	4	NDS QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	4	NDS QL NM PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	4	NDS NM PA
LYNOZYFIC SOLN 5mg/2.5ml, 200mg/10ml	4	NDS NM PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM PA
LYTGOBI (12 MG DAILY DOSE) TBPk 4mg QL (84 tabs / 28 days)	4	NDS QL NM PA
LYTGOBI (16 MG DAILY DOSE) TBPk 4mg QL (112 tabs / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
LYTGOBI (20 MG DAILY DOSE) TBPk 4mg QL (140 tabs / 28 days)	4	NDS QL NM PA
MARGENZA SOLN 250mg/10ml	4	NDS NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	4	NDS QL NM PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	4	NDS QL NM PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	4	NDS QL NM PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	4	NDS QL NM PA
MONJUVI SOLR 200mg	4	NDS NM PA
MVASI SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA
MYLOTARG SOLR 4.5mg	4	NDS NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	4	NDS QL NM PA
NEXAVAR TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
NILOTINIB CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
NILOTINIB CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA
<i>nilotinib hcl</i> (generic of TASIGNA) CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
<i>nilotinib hcl</i> (generic of TASIGNA) CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	4	NDS QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	4	NDS QL NM PA
OGIVRI SOLR 150mg, 420mg	4	NDS NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	4	NDS QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	4	NDS QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ONTRUZANT SOLR 150mg, 420mg	4	NDS NM PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	4	NDS NM PA
OPDIVO INJ QVANTIG	4	NDS NM PA
OPDUALAG SOL	4	NDS NM PA
PADCEV SOLR 20mg, 30mg	4	NDS NM PA
<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
<i>pazopanib hcl</i> TABS 400mg QL (60 tabs / 30 days)	4	NDS QL PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	4	NDS QL NM PA
PERJETA SOLN 420mg/14ml	4	NDS NM PA
PHESGO SOL	4	NDS NM PA
PHYRAGO TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA
PHYRAGO TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4	NDS QL NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	4	NDS QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	4	NDS QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	4	NDS QL NM PA
POLIVY SOLR 30mg, 140mg	4	NDS NM PA
POTELIGEO SOLN 20mg/5ml	4	NDS NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	4	NDS QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA
RETEVMO TABS 80mg QL (120 tabs / 30 days)	4	NDS QL NM PA
RETEVMO TABS 120mg, 160mg QL (60 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
REVUFORJ TABS 25mg QL (240 tabs / 30 days)	4	NDS QL NM PA
REVUFORJ TABS 110mg QL (120 tabs / 30 days)	4	NDS QL NM PA
REVUFORJ TABS 160mg QL (60 tabs / 30 days)	4	NDS QL NM PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	4	NDS QL NM PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
RITUXAN SOLN 500mg/50ml	4	NDS NM PA
RITUXAN INJ HYCELA	4	NDS NM PA
ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days)	4	NDS QL NM PA
ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	4	NDS QL NM PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	4	NDS QL NM PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	4	NDS QL NM PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	4	NDS QL NM PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
RYBREVENT SOLN 350mg/7ml	4	NDS NM PA
RYBREVENT INJ FASPRO	4	NDS NM PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	4	NDS QL NM PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	4	NDS NM PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	4	NDS QL NM PA
SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	4	NDS QL NM PA
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
SPRYCEL TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
STIVARGA TABS 40mg QL (84 tabs / 28 days)	4	NDS QL NM PA
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	4	NDS QL NM PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	4	NDS QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	4	NDS QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	4	NDS QL NM PA
TAFINLAR TBSO 10mg QL (840 tabs / 28 days)	4	NDS QL NM PA
TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	4	NDS QL NM PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	4	NDS QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	4	NDS QL NM PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	4	NDS QL NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NDS NM PA
TECENTRIQ INJ HYBREZA QL (1 vial / 21 days)	4	NDS QL NM PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	4	NDS NM PA
<i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	4	NDS B/D NM
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	4	NDS QL NM PA
TEVIMBRA SOLN 100mg/10ml	4	NDS NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA
TIVDAK SOLR 40mg	4	NDS NM PA
TORISEL SOLN 25mg/ml	4	NDS B/D NM

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

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

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

CARDIOVASCULAR**ACE INHIBITOR COMBINATIONS**

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

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

Drug Name	Drug Requirements/ 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
ACE INHIBITORS	
<i>benazepril hcl TABS 5mg</i>	1
<i>benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg</i>	1
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1
<i>enalapril maleate (generic of EPANED) SOLN 1mg/ml</i>	1
<i>enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg</i>	1
EPANED SOLN 1mg/ml	4 NDS
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1
<i>lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1
LOTENSIN TABS 10mg, 20mg, 40mg	3
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1
QBRELIS SOLN 1mg/ml	4 NDS
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	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/ Tier	Limits
VASOTEC TABS 20mg	4	NDS
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	3	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE TABS 25mg, 50mg, 100mg	3	
CAROSPIR SUSP 25mg/5ml	3	
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	
ALPHA BLOCKERS		
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)		
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
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/ 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/ Tier	Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
ATACAND HCT TAB 16-12.5 QL (60 tabs / 30 days)	3	QL
ATACAND HCT TAB 32-12.5 QL (30 tabs / 30 days)	3	QL
ATACAND HCT TAB 32-25MG QL (30 tabs / 30 days)	3	QL
AVALIDE TAB 150-12.5 QL (60 tabs / 30 days)	3	QL
AVALIDE TAB 300-12.5 QL (30 tabs / 30 days)	3	QL
AZOR TAB 5-20MG QL (30 tabs / 30 days)	3	QL
AZOR TAB 5-40MG QL (30 tabs / 30 days)	3	QL
AZOR TAB 10-20MG QL (30 tabs / 30 days)	3	QL
AZOR TAB 10-40MG QL (30 tabs / 30 days)	3	QL
BENICAR HCT TAB 20-12.5 QL (30 tabs / 30 days)	3	QL
BENICAR HCT TAB 40-12.5 QL (30 tabs / 30 days)	3	QL
BENICAR HCT TAB 40-25MG QL (30 tabs / 30 days)	3	QL
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (generic of ATACAND HCT) QL (60 tabs / 30 days)	1	QL
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> (generic of ATACAND HCT) QL (30 tabs / 30 days)	1	QL
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> (generic of ATACAND HCT) QL (30 tabs / 30 days)	1	QL
DIOVAN HCT TAB 80-12.5 QL (30 tabs / 30 days)	3	QL

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

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

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>telmisartan</i> (generic of MICARDIS) TABS 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>valsartan</i> SOLN 4mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL
<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	1	QL
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
BETAPACE TABS 80mg, 120mg, 160mg	4	NDS
BETAPACE AF TABS 80mg	3	
BETAPACE AF TABS 120mg, 160mg	4	NDS
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	3	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg QL (60 tabs / 30 days)	3	QL
NORPACE CAPS 100mg, 150mg	3	
NORPACE CR CP12 100mg, 150mg	3	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<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/ 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
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	1	
<i>fenofibrate</i> CAPS 50mg QL (60 caps / 30 days)	1	QL ST
<i>fenofibrate</i> CAPS 150mg QL (30 caps / 30 days)	1	QL ST
<i>fenofibrate</i> TABS 40mg QL (60 tabs / 30 days)	1	QL ST
<i>fenofibrate</i> TABS 48mg, 54mg, 160mg	1	
<i>fenofibrate</i> TABS 120mg 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 QL (30 caps / 30 days)	1	QL ST
<i>fenofibric acid</i> TABS 35mg QL (60 tabs / 30 days)	1	QL ST
<i>fenofibric acid</i> TABS 105mg QL (30 tabs / 30 days)	1	QL ST
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1	
LIPOFEN CAPS 50mg QL (60 caps / 30 days)	3	QL ST
LIPOFEN CAPS 150mg QL (30 caps / 30 days)	3	QL ST
LOPID TABS 600mg	3	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ATORVALIQ SUSP 20mg/5ml QL (600 mL / 30 days)	3	QL ST
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
ANTILIPEMICS, MISCELLANEOUS		
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 QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-10 mg (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-20 mg (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-40 mg (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-80 mg (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	4	NDS NM PA
LOVAZA CAP 1GM	3	PA
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	2	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	2	QL
niacin (antihyperlipidemic) TABS 500mg	1	
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>niacor</i> TABS 500mg	1	
<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	1	PA
<i>prevalite</i> PACK 4gm	1	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
QUESTRAN PACK 4gm; POWD 4gm/dose	3	
QUESTRAN LIGHT POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml QL (6 syringes / 28 days)	2	QL NM PA
REPATHA SURECLICK SOAJ 140mg/ml QL (6 autoinjectors / 28 days)	2	QL NM PA
VASCEPA CAPS .5gm, 1gm	2	
VYTORIN TAB 10-10MG QL (30 tabs / 30 days)	3	QL
VYTORIN TAB 10-20MG QL (30 tabs / 30 days)	3	QL
VYTORIN TAB 10-40MG QL (30 tabs / 30 days)	3	QL
VYTORIN TAB 10-80MG QL (30 tabs / 30 days)	3	QL
WELCHOL PACK 3.75gm; TABS 625mg	3	
ZETIA TABS 10mg QL (30 tabs / 30 days)	3	QL
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	

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

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

Drug Name	Drug Requirements/ 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	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1	
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits
ATTRUBY TBP 356mg QL (112 tabs / 28 days)	4	NDS QL NM PA
BIDIL TAB	3	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg QL (30 caps / 30 days)	4	NDS QL NM PA
<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	
<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
<i>clonidine</i> TB24 .17mg	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	2	QL
CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)	3	QL
DEMSEER CAPS 250mg	4	NDS NM PA
<i>digoxin</i> SOLN .05mg/ml	1	
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg	1	
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1	QL
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	1	QL NM PA
<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	4	NDS QL NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
TEKTURNA TABS 150mg, 300mg QL (30 tabs / 30 days)	3	QL
TRYNGOLZA SOAJ 80mg/0.8ml QL (1 autoinjector / 30 days)	4	NDS QL NM PA
TRYVIO TABS 12.5mg QL (30 tabs / 30 days)	3	QL PA
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	2	QL PA
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	4	NDS QL NM PA
VYNDAQEL CAPS 20mg QL (120 caps / 30 days)	4	NDS QL NM PA
NITRATES		
ISORDIL TITRADOSE TABS 5mg	3	
ISORDIL TITRADOSE TABS 40mg	4	NDS ST
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 40mg	1	ST
ISOSORBIDE MONONITRATE TABS 10mg, 20mg	3	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	4	NDS
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
<i>nitroglycerin</i> (generic of NITROLINGUAL) SOLN .4mg/spray	1	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
NITROLINGUAL SOLN .4mg/spray	3	
NITROSTAT SUBL .3mg, .4mg, .6mg	3	

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

Drug Name	Drug Requirements/ Tier	Limits
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	4	NDS QL NM PA
alyq (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ambrisentan (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
bosentan (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	4	NDS QL NM PA
bosentan (generic of TRACLEER) TBSO 32mg QL (120 tabs / 30 days)	4	NDS QL NM 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 QL (30 tabs / 30 days)	4	NDS QL NM PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
OPSYNVI TAB 10-20MG QL (30 tabs / 30 days)	4	NDS QL NM PA
OPSYNVI TAB 10-40MG QL (30 tabs / 30 days)	4	NDS QL NM PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	4	NDS NM PA
ORENITRAM TBCR .125mg	3	NM PA
ORENITRAM TAB MONTH 1	4	NDS NM PA
ORENITRAM TAB MONTH 2	4	NDS NM PA
ORENITRAM TAB MONTH 3	4	NDS NM PA
REMODULIN SOLN 8mg/20ml, 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM PA
REVATIO SOLN 10mg/12.5ml	4	NDS NM PA
REVATIO TABS 20mg QL (360 tabs / 30 days)	4	NDS QL NM PA

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

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack 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 QL (30 patches / 30 days)	1	QL
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	1	QL
ZUNVEYL TBEC 5mg, 10mg, 15mg QL (60 tabs / 30 days)	3	QL PA
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	2	PA
amoxapine TABS 25mg, 50mg, 100mg, 150mg PA applies if 65 years and older	2	PA
ANAFRANIL CAPS 25mg, 50mg, 75mg	4	NDS PA
APLENZIN TB24 174mg QL (60 tabs / 30 days)	4	NDS QL ST
APLENZIN TB24 348mg, 522mg QL (30 tabs / 30 days)	4	NDS QL ST
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	3	QL PA

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>fluoxetine hcl</i> (generic of FLUOXETINE HYDROCHLORIDE) TABS 60mg QL (30 tabs / 30 days)	1	QL
<i>fluoxetine hcl (pmd)</i> TABS 10mg QL (30 tabs / 30 days) (generic of SARAFEM)	1	QL
<i>fluoxetine hcl (pmd)</i> TABS 20mg QL (120 tabs / 30 days) (generic of SARAFEM)	1	QL
FORFIVO XL TB24 450mg QL (30 tabs / 30 days)	3	QL ST
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg PA applies if 65 years and older	1	PA
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg PA applies if 65 years and older	3	PA
LEXAPRO TABS 5mg, 10mg, 20mg	3	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	3	QL
<i>mirtazapine</i> TABS 7.5mg, 45mg	1	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	1	
NARDIL TABS 15mg	3	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
NORPRAMIN TABS 10mg, 25mg PA applies if 65 years and older	3	PA
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	

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

Drug Name	Drug Requirements/ Tier	Limits
PRISTIQ TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL
<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	3	QL PA
REMERON TABS 15mg, 30mg	3	
REMERON SOLTAB TB24 15mg, 30mg, 45mg	3	
<i>sertraline hcl</i> (generic of SERTRALINE HYDROCHLORIDE) CAPS 150mg, 200mg QL (30 caps / 30 days)	1	QL ST
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg QL (30 caps / 30 days)	3	QL ST
SPRAVATO SOL 56MG DOS	4	NDS NM PA
SPRAVATO SOL 84MG DOS	4	NDS NM PA
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	3	QL
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	3	QL
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	3	QL PA
VENLAFAXINE BESYLATE ER TB24 112.5mg QL (30 tabs / 30 days)	3	QL ST
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 37.5mg, 75mg, 150mg	1	

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

Drug Name	Drug Requirements/ 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 & levodopa cap er 23.75-95 mg</i>	1	
<i>carbidopa & levodopa cap er 36.25-145 mg</i>	1	
<i>carbidopa & levodopa cap er 48.75-195 mg</i>	1	
<i>carbidopa & levodopa cap er 61.25-245 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg (generic of SINEMET)</i>	1	
<i>carbidopa & levodopa tab 25-100 mg (generic of SINEMET)</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
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/ 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 QL (30 tabs / 30 days)</i>	1	QL
<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/ 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
ANTIPSYCHOTICS		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	QL
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	4	NDS QL
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	4	NDS QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	4	NDS QL
ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	NDS QL PA
ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	1	QL
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	1	QL
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	1	QL ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	4	NDS QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	4	NDS QL
ARISTADA INITIO PRSY 675mg/2.4ml	4	NDS

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

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

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

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
ziprasidone mesylate (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	1	QL
ZYPREXA SOLR 10mg QL (3 vials / 1 day)	3	QL
ZYPREXA TABS 2.5mg, 5mg QL (60 tabs / 30 days)	3	QL
ZYPREXA TABS 20mg QL (30 tabs / 30 days)	4	NDS QL
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	3	QL NM PA
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	4	NDS QL NM PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	4	NDS QL NM PA
ANTISEIZURE AGENTS		
APTOM TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL
APTOM TABS 600mg, 800mg QL (60 tabs / 30 days)	4	NDS QL
BANZEL SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
BANZEL TABS 200mg QL (480 tabs / 30 days)	4	NDS QL PA
BANZEL TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	4	NDS QL PA
BRIVIACT SOLN 50mg/5ml	3	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	4	NDS QL PA
carbamazepine CHEW 100mg, 200mg	1	
carbamazepine (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1	
carbamazepine (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1	

Drug Name	Drug Requirements/ 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 QL (480 mL / 30 days)	1	QL PA
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL PA
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	1	QL PA
DEPAKOTE TBEC 125mg, 250mg, 500mg	3	
DEPAKOTE ER TB24 250mg, 500mg	3	
DEPAKOTE SPRINKLES CSDR 125mg	3	
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	4	NDS QL NM PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	4	NDS QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	4	NDS QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	
ELEPSIA XR TB24 1000mg	3	
ELEPSIA XR TB24 1500mg	4	NDS
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	4	NDS QL NM PA
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	3	QL PA
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 200mg, 400mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 600mg, 800mg QL (60 tabs / 30 days)	1	QL
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml	1	
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
FELBATOL TABS 400mg, 600mg	4	NDS
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	4	NDS QL NM PA
FYCOMPA SUSP .5mg/ml QL (680 mL / 28 days)	4	NDS QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	3	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
GABARONE TABS 100mg QL (360 tabs / 30 days)	4	NDS QL PA
GABARONE TABS 400mg QL (270 tabs / 30 days)	4	NDS QL PA
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	4	NDS
KEPPRA TABS 250mg	3	

Drug Name	Drug Requirements/ Tier	Limits
KEPPRA XR TB24 500mg, 750mg	4	NDS
KLONOPIN TABS 2mg QL (300 tabs / 30 days)	3	QL
KLONOPIN TABS .5mg, 1mg QL (90 tabs / 30 days)	3	QL
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	1	
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	1	QL
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	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/ 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) & 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 & 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	4	NDS
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i> (generic of LAMICTAL ODT)	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i> (generic of LAMICTAL ODT)	1	
LEVETIR/NACL INJ 5MG/ML	3	
LEVETIR/NACL INJ 10MG/ML	3	
LEVETIR/NACL INJ 15MG/ML	3	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	
LEVETIRACETAM TB3D 250mg QL (360 tabs / 30 days)	3	QL
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1	

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	1	QL PA
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA
SABRIL PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
SABRIL TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	3	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	3	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	3	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	3	QL
SUBVENITE SUSP 10mg/ml <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 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/ Tier	Limits
TOPAMAX SPRINKLE CPSP 3 15mg	3	
TOPAMAX SPRINKLE CPSP 4 25mg	4	NDS
<i>topiramate</i> (generic of TROKENDI XR) CP24 25mg QL (480 caps / 30 days)	1	QL PA
<i>topiramate</i> (generic of TROKENDI XR) CP24 50mg QL (240 caps / 30 days)	1	QL PA
<i>topiramate</i> (generic of TROKENDI XR) CP24 100mg QL (120 caps / 30 days)	1	QL PA
<i>topiramate</i> (generic of TROKENDI XR) CP24 200mg QL (60 caps / 30 days)	1	QL PA
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
<i>topiramate</i> CPSP 50mg	1	
<i>topiramate</i> CS24 25mg QL (480 caps / 30 days)	1	QL PA
<i>topiramate</i> CS24 50mg QL (240 caps / 30 days)	1	QL PA
<i>topiramate</i> CS24 100mg QL (120 caps / 30 days)	1	QL PA
<i>topiramate</i> CS24 150mg, 200mg QL (60 caps / 30 days)	1	QL PA
<i>topiramate</i> (generic of EPRONTIA) SOLN 25mg/ml QL (480 mL / 30 days)	1	QL PA
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	
TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	4	NDS
TRILEPTAL TABS 150mg	3	
TROKENDI XR CP24 25mg QL (480 caps / 30 days)	3	QL PA
TROKENDI XR CP24 50mg QL (240 caps / 30 days)	3	QL PA
TROKENDI XR CP24 100mg QL (120 caps / 30 days)	4	NDS QL PA

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
LUNESTA TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	4	NDS QL PA
QUVIVIQ TABS 25mg, 50mg QL (30 tabs / 30 days)	3	QL
ramelteon (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	1	QL
RESTORIL CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	4	NDS QL PA
RESTORIL CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	4	NDS QL PA
ROZEREM TABS 8mg QL (30 tabs / 30 days)	3	QL
SILENOR TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
tasimelteon (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM PA
temazepam (generic of RESTORIL) CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	1	QL PA
temazepam (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA
triazolam (generic of HALCION) TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
triazolam TABS .125mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>zaleplon</i> CAPS 5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>zaleplon</i> CAPS 10mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
ZOLPIDEM TARTRATE CAPS 7.5mg QL (30 caps / 30 days)	3	QL PA
<i>zolpidem tartrate</i> SUBL 1.75mg, 3.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA
AJOVY SOAJ 225mg/1.5ml QL (3 pens / 90 days)	3	QL NM PA
AJOVY SOSY 225mg/1.5ml QL (3 syringes / 90 days)	3	QL NM PA
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	1	QL ST
BREKIYA SOAJ 1mg/ml QL (24 pens / 28 days)	4	NDS QL NM PA
CAMBIA PACK 50mg QL (9 packets / 30 days)	4	NDS QL PA

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

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

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

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

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

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

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

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

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

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Drug Name	Drug Requirements/ Tier	Limits
TASCENSO ODT TBDP .25mg, .5mg QL (30 tabs / 30 days)	4	NDS QL NM PA
TECFIDERA CPDR 120mg QL (14 caps / 7 days)	4	NDS QL NM PA
TECFIDERA CPDR 240mg QL (60 caps / 30 days)	4	NDS QL NM PA
TECFIDERA CAP STARTER QL (2 packs / year)	4	NDS QL NM PA
<i>teriflunomide</i> (generic of AUBAGIO) TABS 7mg, 14mg QL (30 tabs / 30 days)	4	NDS QL NM PA
TYRUKO CONC 300mg/15ml	4	NDS NM PA
TYSABRI CONC 300mg/15ml	4	NDS NM PA
VUMERITY CPDR 231mg QL (120 caps / 30 days)	4	NDS QL NM PA
ZEPOSIA CAPS .92mg QL (30 caps / 30 days)	4	NDS QL NM PA
ZEPOSIA 7DAY CAP STR PACK QL (2 packs / year)	4	NDS QL NM PA
ZEPOSIA CAP STR KIT QL (2 packs / year)	4	NDS QL NM PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> SOLN 5mg/5ml	1	PA
<i>baclofen</i> (generic of OZOBAX DS) SOLN 10mg/5ml	1	PA
<i>baclofen</i> (generic of FLEQSUVY) SUSP 25mg/5ml	4	NDS PA
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	1	QL
<i>baclofen</i> TABS 10mg, 15mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	4	NDS PA
<i>carisoprodol</i> (generic of SOMA) TABS 250mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE)</i> QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE)</i> QL (120 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE)</i> QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (180 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (120 tabs / 30 days)	1	QL
<i>bupropion hcl (smoking deterrent) TB12 150mg</i> QL (60 tabs / 30 days)	1	QL
CHANTIX TABS .5mg, 1mg QL (56 tabs / 28 days)	3	QL
CHANTIX CONTINUING MONTH TABS 1mg QL (56 tabs / 28 days)	3	QL
CHANTIX TAB 0.5& 1MG 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 QL (228 tabs / 14 days)	4	NDS QL PA
LUCEMYRA TABS .18mg QL (228 tabs / 14 days)	4	NDS QL PA
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL NS SOLN 10mg/ml	3	
OPVEE SOLN 2.7mg/0.1ml	3	
REXTOVY LIQD 4mg/0.25ml	3	

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

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

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

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg QL (60 tabs / 30 days)	1	QL
saxagliptin-metformin hcl tab er 24hr 5-500 mg QL (30 tabs / 30 days)	1	QL
saxagliptin-metformin hcl tab er 24hr 5-1000 mg QL (30 tabs / 30 days)	1	QL
SEGLUROMET TAB 2.5-500 QL (120 tabs / 30 days)	3	QL
SEGLUROMET TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
SEGLUROMET TAB 7.5-500 QL (60 tabs / 30 days)	3	QL
SEGLUROMET TAB 7.5-1000 QL (60 tabs / 30 days)	3	QL
SITAG/METFOR TAB 50- 500MG QL (60 tabs / 30 days)	3	QL ST
SITAG/METFOR TAB 50- 1000 QL (60 tabs / 30 days)	3	QL ST
SITAG/METFOR TAB 100- 1000 QL (30 tabs / 30 days)	3	QL ST
SITAGLIPTIN TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL ST
STEGLATRO TABS 5mg QL (90 tabs / 30 days)	3	QL
STEGLATRO TABS 15mg QL (30 tabs / 30 days)	3	QL
STEGLUJAN TAB 5-100MG QL (30 tabs / 30 days)	3	QL
STEGLUJAN TAB 15-100MG QL (30 tabs / 30 days)	3	QL
SYMLINPEN 60 SOPN 1500mcg/1.5ml	4	NDS PA
SYMLINPEN 120 SOPN 2700mcg/2.7ml	4	NDS PA
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	2	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 12.5-1000 QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	2	QL
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	2	QL
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL PA
TZIELD SOLN 2mg/2ml QL (3 pens / 30 days)	4	NDS NM PA
VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	3	QL PA
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	2	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	2	QL
ZITUVIMET TAB 50-500MG QL (60 tabs / 30 days)	3	QL ST
ZITUVIMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL ST

Drug Name	Drug Requirements/ Tier	Limits
ZITUVIMET XR TAB 50-500MG QL (60 tabs / 30 days)	3	QL ST
ZITUVIMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL ST
ZITUVIMET XR TAB 100-1000 QL (30 tabs / 30 days)	3	QL ST
ZITUVIO TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL ST
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	2	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	2	
AFREZZA POWD 4unit, 8unit	3	
AFREZZA POWD 12unit	4	NDS
AFREZZA POW 4-8 UNIT	4	NDS
AFREZZA POW 4-8-12	4	NDS
AFREZZA POW 8-12UNIT	4	NDS
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	2	PA
APIDRA SOLN 100unit/ml	3	B/D
APIDRA SOLOSTAR SOPN 100unit/ml	3	
BASAGLAR KWIKPEN SOPN 100unit/ml	2	
BASAGLAR TEMPO PEN SOPN 100unit/ml	2	
CEQUR SIMPL KIT PATCH 2U (3-DAY) QL (10 patches / 30 days)	3	QL PA
CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	3	QL PA
CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	3	QL PA
FIASP SOLN 100unit/ml	2	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	2	
FIASP PENFILL SOCT 100unit/ml	2	
FIASP PUMPCART SOCT 100unit/ml	2	B/D
GAUZE PADS 2X2	2	PA
HUMALOG SOCT 100unit/ml	3	

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

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

Drug Name	Drug Requirements/ Tier	Limits
KIRSTY SOPN 100unit/ml	3	
LANTUS SOLN 100unit/ml	2	
LANTUS SOLOSTAR SOPN 100unit/ml	2	
LYUMJEV SOLN 100unit/ml	3	B/D
LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml	3	
LYUMJEV TEMPO PEN SOPN 100unit/ml	3	
MERIOLOG SOLN 100unit/ml	3	B/D
MERIOLOG SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN70/30 INJ RELION	3	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	
NOVOLIN INJ 70/30 FP RELION	3	
NOVOLIN N SUSP 100unit/ml	2	
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	
NOVOLIN N FLEXPEN RELION SUPN 100unit/ml	3	
NOVOLIN N RELION SUSP 100unit/ml	3	
NOVOLIN R SOLN 100unit/ml	2	B/D
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	
NOVOLIN R FLEXPEN RELION SOPN 100unit/ml	3	
NOVOLIN R RELION SOLN 100unit/ml	3	B/D
NOVOLOG SOLN 100unit/ml	2	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	2	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEX REL	3	
NOVOLOG MIX INJ FLEXPEN	2	
NOVOLOG PENFILL SOCT 100unit/ml	2	
NOVOLOG RELI INJ 70/30	3	

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Drug Name	Drug Requirements/ Tier	Limits
NOVOLOG RELION SOLN 100unit/ml	2	B/D
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	3	QL PA
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	3	QL PA
OMNIPOD 5 L2 KIT INTRO G6 QL (1 kit / year)	3	QL PA
OMNIPOD 5 L2 MIS PODS G6 QL (15 pods / 30 days)	3	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	3	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	3	QL PA
REZVOGLAR KWIKPEN SOPN 100unit/ml	3	
SEMGLEE SOLN 100unit/ml; SOPN 100unit/ml	3	
SOLQUA INJ 100/33 QL (5 pens / 25 days)	2	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
V-GO 20 KIT QL (30 devices / 30 days)	3	QL PA
V-GO 30 KIT QL (30 devices / 30 days)	3	QL PA
V-GO 40 KIT QL (30 devices / 30 days)	3	QL PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	2	QL
CALCIUM REGULATORS		
ACTONEL TABS 35mg, 150mg	3	
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST

Drug Name	Drug Requirements/ 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 QL (1 syringe / 180 days)	3	QL NM
BINOSTO TBEF 70mg	3	ST
BONSITY SOPN 560mcg/2.24ml QL (1 pen / 28 days)	4	NDS QL NM PA
<i>calcitonin (salmon) inj</i> (generic of MIACALCIN) SOLN 200unit/ml	4	NDS B/D
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
EVENITY SOSY 105mg/1.17ml	4	NDS NM PA
FORTEO SOPN 560mcg/2.24ml QL (1 pen / 28 days)	4	NDS QL NM PA
FOSAMAX TABS 70mg	3	
FOSAMAX + D TAB 70-2800	3	ST
FOSAMAX + D TAB 70-5600	3	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml QL (1 injection / 90 days)	1	B/D QL
<i>ibandronate sodium</i> TABS 150mg	1	B/D
MIACALCIN SOLN 200unit/ml	4	NDS B/D
OSPOMYV SOSY 60mg/ml 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 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/ 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 QL (1 pen / 28 days) (ALVOGEN product)	4	NDS QL NM PA
<i>teriparatide</i> (generic of FORTEO) SOPN 560mcg/2.24ml QL (1 pen / 28 days)	4	NDS QL NM PA
TYMLOS SOPN 3120mcg/1.56ml QL (1 pen / 30 days)	4	NDS QL NM PA
WYOST SOLN 120mg/1.7ml	4	NDS NM PA
XGEVA SOLN 120mg/1.7ml	4	NDS NM PA
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
CHELATING AGENTS		
CHEMET CAPS 100mg	4	NDS
CUVRIOR TABS 300mg	4	NDS NM PA
<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	4	NDS NM PA
<i>deferasirox</i> (generic of JADENU) TABS 90mg	1	NM PA
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	3	NM PA
<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/ 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	
CONTRACEPTIVES		
<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>aranelle</i>	1	
<i>ashlyna</i>	1	

Drug Name	Drug Requirements/ 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 CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	2
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1
<i>dolishale</i>	1
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)</i>	1
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)</i>	1
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	1
<i>elinest</i>	1
<i>eluryng</i> (generic of NUVARING)	1
<i>emzahh</i> TABS .35mg	1
<i>enilloring</i> (generic of NUVARING)	1
<i>enskyce</i>	1
<i>errin</i> TABS .35mg	1
<i>estarylla</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (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 TAYTULLA)	1
<i>hailey 1.5/30</i>	1
<i>hailey 24 fe</i>	1
<i>haloette</i> (generic of NUVARING)	1
<i>heather</i> TABS .35mg	1
<i>iclevia</i>	1
<i>incassia</i> TABS .35mg	1
<i>introvale</i>	1
<i>isibloom</i>	1
<i>jaimiess</i>	1
<i>jasmiel</i> (generic of YAZ)	1
<i>jolessa</i>	1
<i>joyeaux</i> (generic of BALCOLTRA)	1
<i>juleber</i>	1
<i>junel 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/ 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 & eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel-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/ 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 & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	

Drug Name	Drug Requirements/ Tier Limits
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)</i>	1
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg- mcg</i>	1
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg- mcg</i>	1
<i>norlyroc TABS .35mg</i>	1
<i>nortrel 0.5/35 (28)</i>	1
<i>nortrel 1/35 (21)</i>	1
<i>nortrel 1/35 (28)</i>	1
<i>nortrel 7/7/7</i>	1
<i>NUVARING MIS</i>	3
<i>nylia 1/35</i>	1
<i>nylia 7/7/7</i>	1
<i>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/ 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 YASMIN 28)</i>	1
ESTROGENS	
<i>abigale (generic of 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 .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i>	3
<i>CLIMARA PRO DIS WEEKLY</i>	3
<i>COMBIPATCH DIS</i>	3
<i>DELESTROGEN OIL 10mg/ml, 20mg/ml</i>	3

Drug Name	Drug Requirements/ Tier Limits
DEPO-ESTRADIOL OIL 5mg/ml	3
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3
<i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
ELESTRIN GEL .06%	3
ESTRACE CREA .1mg/gm	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 & norethindrone acetate tab 0.5-0.1 mg</i>	2
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	2
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml	1
<i>estradiol valerate</i> OIL 40mg/ml	1
ESTRING RING 7.5mcg/24hr	3
<i>estrogens, conjugated</i> (generic of PREMARIN) TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2

Drug Name	Drug Requirements/ 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/ Tier	Limits
GLUCOCORTICOIDS		
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	4	NDS NM PA
ALKINDI SPRINKLE CPSP .5mg	3	NM PA
<i>betamethasone sod phosphate & acetate inj susp</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/ 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

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
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/ 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/ 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/ 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/ Tier	Limits
<i>tolvaptan</i> (generic of SAMSCA) TABS 15mg, 30mg (generic of SAMSCA)	4	NDS NM PA
<i>tolvaptan</i> (generic of JYNARQUE) TBPk 15mg	4	NDS NM PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	4	NDS NM PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	4	NDS NM PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	4	NDS NM PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	4	NDS NM PA
VEOZAH TABS 45mg QL (30 tabs / 30 days)	3	QL PA
VIJOICE PACK 50mg QL (28 packets / 28 days)	4	NDS QL NM PA
VIJOICE TBPk 50mg, 125mg QL (28 tabs / 28 days)	4	NDS QL NM PA
VIJOICE TAB 250MG QL (56 tabs / 28 days)	4	NDS QL NM PA
VIMIZIM SOLN 5mg/5ml	4	NDS NM PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	4	NDS NM PA
VPRIV SOLR 400unit	4	NDS NM PA
VYKAT XR TB24 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
VYKAT XR TB24 75mg QL (30 tabs / 30 days)	4	NDS QL NM PA
VYKAT XR TB24 150mg QL (90 tabs / 30 days)	4	NDS QL NM PA
XENPOZYME SOLR 4mg, 20mg	4	NDS NM PA
<i>yargesa</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
ZAVESCA CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
<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
PROGESTINS		
CRINONE GEL 4%, 8%	3	PA
<i>gallifrey</i> TABS 5mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>medroxyprogesterone acetate</i> 1 (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1	
PROMETRIUM CAPS 100mg, 200mg	3	
PROVERA TABS 2.5mg, 5mg, 10mg	3	
THYROID AGENTS		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3	
ERMEZA SOLN 150mcg/5ml	3	
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	ST
<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/ 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	
VITAMIN D ANALOGS		
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
<i>paricalcitol</i> CAPS 4mcg	1	B/D
RAYALDEE CPCR 30mcg	4	NDS
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
ZEMPLAR CAPS 1mcg, 2mcg	3	B/D
GASTROINTESTINAL ANTIEMETICS		
AKYNZEO CAP 300-0.5	3	B/D
AKYNZEO INJ 235-0.25	3	NM
AKYNZEO INJ 235-0.25MG/20ML	3	NM
APONVIE EMUL 32mg/4.4ml	3	
<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D
<i>aprepitant</i> (generic of EMEND BIPACK) CAPS 80mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
BONJESTA TAB 20-20MG	3	
CINVANTI EMUL 130mg/18ml	3	
<i>compro</i> SUPP 25mg	1	
DICLEGIS TAB 10-10MG	3	
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/ Tier	Limits
<i>meclizine hcl</i> TABS 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	1	PA
<i>meclizine hcl</i> TABS 50mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year	1	QL PA
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron</i> TBDP 16mg	4	NDS B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	1	
PHENERGAN SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
POSFREA SOLN .25mg/5ml	3	
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	1	PA
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>promethazine hcl</i> SUPP 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
REGLAN TABS 5mg, 10mg	3	
SANCUSO PTCH 3.1mg/24hr QL (4 patches / 28 days)	4	NDS QL
<i>scopolamine</i> (generic of TRANSDERM SCOP) PT72 1mg/3days QL (10 patches / 30 days)	3	QL
SUSTOL PRSY 10mg/0.4ml	3	
TRANSDERM SCOP PT72 1mg/3days QL (10 patches / 30 days)	3	QL
<i>trimethobenzamide hcl</i> CAPS 300mg	1	
VARUBI TBPK 90mg	3	B/D NM
ANTISPASMODICS		
<i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY 1mg/10ml	3	
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3	
CUVPOSA SOLN 1mg/5ml	3	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg PA applies if 65 years and older	2	PA
<i>dicyclomine hcl</i> SOLN 10mg/5ml PA applies if 65 years and older	3	PA
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml PA applies if 65 years and older	3	PA

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

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

Drug Name	Drug Requirements/ Tier	Limits
PENTASA CPCR 500mg QL (240 caps / 30 days)	4	NDS QL
ROWASA KIT 4gm QL (28 bottles / 28 days)	4	NDS QL
SFROWASA ENEM 4gm/60ml QL (1680 mL / 28 days)	4	NDS QL
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
UCERIS FOAM 2mg/act	3	
UCERIS TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
LAXATIVES		
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
GOLYTELY SOL	3	
<i>kristalose</i> PACK 10gm QL (30 packets / 30 days)	1	QL PA
<i>kristalose</i> PACK 20gm QL (60 packets / 30 days)	1	QL PA
<i>lactulose</i> PACK 10gm QL (30 packets / 30 days)	4	NDS QL PA
<i>lactulose</i> PACK 20gm QL (60 packets / 30 days)	1	QL PA
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
MOVIPREP SOL	3	
<i>peg 3350-kcl-na bicarb-nacl- na sulfate for soln 236 gm</i> (generic of GOLYTELY)	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>peg-3350/electrolytes/asc</i> (generic of MOVIPREP)	1	
PLENVU SOL	3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT)	1	
SUFLAVE SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	3	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	1	QL PA
AMITIZA CAPS 8mcg, 24mcg QL (60 caps / 30 days)	3	QL
<i>amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg</i>	1	
<i>bismuth subcit-metronidazole- tetracycline cap 140-125-125 mg</i> (generic of PYLERA)	1	
BYLVAY CAPS 400mcg, 1200mcg	4	NDS NM PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	4	NDS NM PA
CARAFATE SUSP 1gm/10ml	3	ST
CARAFATE TABS 1gm	3	
CHOLBAM CAPS 50mg, 250mg	4	NDS NM PA
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
<i>cromolyn sodium</i> (<i>mastocytosis</i>) (generic of GASTROCROM) CONC 100mg/5ml	1	
CYTOTEC TABS 100mcg, 200mcg	3	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	3	

Drug Name	Drug Requirements/ 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 K 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/ 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/ 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	
PROTON PUMP INHIBITORS		
ACIPHEX TBEC 20mg QL (30 tabs / 30 days)	4	NDS QL ST
DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days)	3	QL
<i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg QL (30 caps / 30 days)	1	QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	1	QL ST
<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 2.5mg, 5mg	1	
<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	1	QL
<i>esomeprazole sodium</i> SOLR 40mg	1	
KONVOMEF SUS 2-84/ML QL (600 mL / 30 days)	3	QL PA
<i>lansoprazole</i> CPDR 15mg QL (60 caps / 30 days)	1	QL
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	1	QL
<i>lansoprazole</i> (generic of PREVACID SOLUTAB) TBDD 15mg, 30mg QL (60 tabs / 30 days)	1	QL ST
NEXIUM CPDR 20mg, 40mg QL (30 caps / 30 days)	3	QL ST
NEXIUM PACK 2.5mg, 5mg	3	

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

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

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg QL (90 caps / 30 days)	4	NDS QL
FILSPARI TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL NM PA
INTRAROSA INST 6.5mg	3	PA
LITHOSTAT TABS 250mg	3	
<i>neomycin-polymyxin b gu irrigation soln</i>	1	
OXLUMO SOLN 94.5mg/0.5ml	4	NDS NM PA
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	
<i>potassium citrate (alkalinizer)</i> TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
RIMSO-50 SOLN 50%	3	
RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml	4	NDS NM PA
TARPEYO CPDR 4mg QL (120 caps / 30 days)	4	NDS QL NM PA
THIOLA TABS 100mg	4	NDS NM
THIOLA EC TBEC 100mg, 300mg	4	NDS NM
<i>tiopronin</i> (generic of THIOLA) TABS 100mg	4	NDS NM
<i>tiopronin</i> (generic of THIOLA EC) TBEC 100mg, 300mg	4	NDS NM
UROCIT-K 10 TBCR 1080mg	3	
UROCIT-K 15 TBCR 15meq	3	
VANRAFIA TABS .75mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>venxxiva</i> (generic of THIOLA EC) TBEC 100mg, 300mg	4	NDS NM
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg QL (30 tabs / 30 days)	1	QL ST

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

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

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

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	4	NDS QL NM PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	4	NDS QL NM PA
PYRUKYND TABS 5mg, 20mg, 50mg QL (56 tabs / 28 days)	4	NDS QL NM PA
PYRUKYND TAB 20MGX5MG QL (14 tabs / 14 days)	4	NDS QL NM PA
PYRUKYND TAB 50MGX20M QL (14 tabs / 14 days)	4	NDS QL NM PA
PYRUKYND TAPER PACK TBPK 5mg QL (7 tabs / 7 days)	4	NDS QL NM PA
REBLOZYL SOLR 25mg, 75mg	4	NDS NM PA
RUCONEST SOLR 2100unit QL (12 vials / 30 days)	4	NDS QL NM PA
RYTELO SOLR 47mg, 188mg	4	NDS NM PA
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM PA
SIKLOS TABS 100mg	3	
SIKLOS TABS 1000mg	4	NDS
SOLIRIS SOLN 300mg/30ml	4	NDS NM PA
TAKHZYRO SOSY 150mg/ml, 300mg/2ml QL (2 syringes / 28 days)	4	NDS QL NM PA
TAVALLISSE TABS 100mg, 150mg QL (60 tabs / 30 days)	4	NDS QL NM PA
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	4	NDS QL NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1	
<i>tranexamic acid</i> TABS 650mg	1	
<i>tranexamic acid-sodium chloride iv soln 1000 mg/100ml-0.7%</i> (generic of TRANEXAMIC ACID/SODIUM CH)	1	

Drug Name	Drug Requirements/ Tier	Limits
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	4	NDS NM PA
VOYDEYA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA
VOYDEYA TAB 50-100MG QL (180 tabs / 30 days)	4	NDS QL NM PA
WAYRILZ TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA
XROMI SOLN 100mg/ml	4	NDS
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1	
<i>clopidogrel bisulfate</i> TABS 300mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 65 years and older	2	PA
EFFIENT TABS 5mg, 10mg	3	
PLAVIX TABS 75mg	3	
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1	
<i>ticagrelor</i> (generic of BRILINTA) TABS 60mg, 90mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NDS NM PA
ACTEMRA SOSY 162mg/0.9ml QL (4 syringes / 28 days)	4	NDS QL NM PA
ACTEMRA ACTPEN SOAJ 162mg/0.9ml QL (4 pens / 28 days)	4	NDS QL NM PA
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml QL (6 autoinjectors / 28 days)	4	NDS QL NM PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml QL (6 syringes / 28 days)	4	NDS QL NM PA

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

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

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

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	2	QL NM PA
YESINTEK SOLN 130mg/26ml	2	NM PA
YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	2	QL NM PA
YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ARAVA TABS 10mg, 20mg 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 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
IMMUNOGLOBULINS		
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/ 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/ 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
IMMUNOMODULATORS		
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 QL (60 tabs / 30 days)	4	NDS QL NM PA
ODACTRA SUB	3	PA
PALFORZIA CAP ESCALAT	4	NDS NM PA
PALFORZIA CAP LEVEL 3	4	NDS NM PA
PALFORZIA CAP LEVEL 7	4	NDS NM PA
PALFORZIA CAP LEVEL 8	4	NDS NM PA
PALFORZIA CAP LEVEL 10	4	NDS NM PA
PALFORZIA LEVEL 1 CSPK 1mg	4	NDS NM PA
PALFORZIA LEVEL 2 CSPK 1mg	4	NDS NM PA
PALFORZIA LEVEL 4 CSPK 20mg	4	NDS NM PA
PALFORZIA LEVEL 5 CSPK 20mg	4	NDS NM PA
PALFORZIA LEVEL 6 CSPK 20mg	4	NDS NM PA
PALFORZIA LEVEL 9 CSPK 100mg	4	NDS NM PA
PALFORZIA LEVEL 11 (MAINT PACK 300mg)	4	NDS NM PA
PALFORZIA LEVEL 11 (TITRA PACK 300mg)	4	NDS NM PA
RAGWITEK SUBL 12amba1-u	3	PA

Drug Name	Drug Requirements/ 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 QL (28 syringes / 28 days)	4	NDS QL NM PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	4	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
ATGAM SOLN 50mg/ml	4	NDS B/D
azasan TABS 75mg, 100mg	1	B/D
azathioprine (generic of IMURAN) TABS 50mg	1	B/D
azathioprine TABS 75mg, 100mg	1	B/D
BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days)	4	NDS QL NM PA
BENLYSTA SOLR 120mg, 400mg	4	NDS NM PA
BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA
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/ Tier	Limits
<i>everolimus</i> (immunosuppressant) (generic of ZORTRESS) TABS .25mg	1	B/D NM
<i>gengraf</i> (generic of NEORAL) 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> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	4	NDS B/D NM
<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM
MYFORTIC TBEC 180mg	3	B/D NM
MYFORTIC TBEC 360mg	4	NDS B/D NM
MYHIBBIN SUSP 200mg/ml	4	NDS B/D NM
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D NM
NIKTIMVO SOLN 9mg/0.18ml, 22mg/0.44ml	4	NDS NM PA
NULOJIX SOLR 250mg	4	NDS B/D NM
PROGRAF CAPS 5mg	4	NDS B/D NM
PROGRAF CAPS .5mg, 1mg; 3 PACK .2mg, 1mg		B/D NM
REZUROCK TABS 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml	3	B/D NM
SANDIMMUNE CAPS 100mg	4	NDS B/D NM
SAPHNELO SOLN 300mg/2ml	4	NDS NM PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	4	NDS B/D NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	

Drug Name	Drug Requirements/ Tier	Limits
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
I POL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	

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

Drug Name	Drug Requirements/ Tier	Limits
dextrose 5% w/ sodium chloride 0.9% (generic of DEXTROSE 5%/SODIUM CHLORI)	1	
dextrose 5% w/ sodium chloride 0.45% (generic of DEXTROSE 5%/SODIUM CHLORI)	1	
dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM 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 dextrose 5% & nacl 0.45% inj (generic of KCL 0.075%/D5W/NACL 0.45%)	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1	
kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1	
kcl 20 meq/l (0.149%) in nacl 0.9% inj	1	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	1	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj (generic of POTASSIUM CHLORIDE/DEXTRO)	1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)	1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj (generic of KCL 0.3%/D5W/NACL 0.45%)	1	

Drug Name	Drug Requirements/ 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/ 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
ELECTROLYTES/MINERALS/VITAMINS, ORAL	
<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
IV NUTRITION	
<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/ 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
dextrose (generic of DEXTROSE 5%) SOLN 5%	1	
dextrose (generic of DEXTROSE 10%) SOLN 10%	1	
dextrose SOLN 50%	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
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<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/ 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	
ANTI-INFECTIVES		
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/ 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% QL (12 mL / 30 days)	3	QL
XDEMVI SOLN .25%	4	NDS NM PA
ZIRGAN GEL .15%	3	
ANTI-INFLAMMATORIES		
ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
ACUVAIL SOLN .45%	3	
ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth) (generic of PROLENSA) SOLN .07%</i>	1	
<i>bromfenac sodium (ophth) SOLN .09%</i>	1	
<i>bromfenac sodium (ophth) (generic of BROMSITE) SOLN .075%</i>	1	
BROMSITE SOLN .075%	3	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	
DEXYCU SUSP 9%	3	
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	
<i>difluprednate (generic of DUREZOL) EMUL .05%</i>	1	
DUREZOL EMUL .05%	3	
FLAREX SUSP .1%	3	
<i>fluorometholone (ophth) (generic of FML LIQUIFILM) SUSP .1%</i>	1	
<i>flurbiprofen sodium SOLN .03%</i>	1	
FML FORTE SUSP .25%	3	
FML LIQUIFILM SUSP .1%	3	
ILEVRO SUSP .3%	3	
INVELTYS SUSP 1%	3	

Drug Name	Drug Requirements/ 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
ANTIALLERGICS		
<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	
ZERVIAE SOLN .24%	3	
ANTIGLAUCOMA		
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/ 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</i> 0.2-0.5% (generic of COMBIGAN)	1
<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	1 ST
<i>carteolol hcl (ophth)</i> SOLN 1%	1
COMBIGAN SOL 0.2/0.5%	2
COSOPT PF SOL 2%-0.5%	3
COSOPT SOL 2-0.5%OP	3
<i>dorzolamide hcl</i> SOLN 2%	1
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5% (generic of COSOPT)	1
<i>dorzolamide hcl-timolol maleate pf ophth soln</i> 2-0.5% (generic of COSOPT PF)	1
ISTALOL SOLN .5%	3
IYUZEH SOLN .005%	3 ST
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1
<i>levobunolol hcl</i> SOLN .5%	1
LUMIGAN SOLN .01%	2
PHOSPHOLINE IODIDE SOLR .125%	4 NDS NM
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1
RHOPRESSA SOLN .02%	2
ROCKLATAN DRO	2
SIMBRINZA SUS 1-0.2%	3
<i>tafluprost</i> (generic of ZIOPTAN) SOLN .015mg/ml	1
<i>timolol hemihydrate (ophth)</i> (generic of BETIMOL) SOLN .5%	1
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1
<i>timolol maleate (ophth) once-daily</i> (generic of ISTALOL) SOLN .5%	1

Drug Name	Drug Requirements/ 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
MISCELLANEOUS	
ATROPINE SULFATE SOLN 1%	2
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1
BEOVU SOSY 6mg/0.05ml	4 NDS NM PA
BYOOVIZ SOLN .5mg/0.05ml	4 NDS NM PA
CEQUA SOLN .09% 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% QL (112 mL / year)	4 NDS QL NM PA
PAVBLU SOSY 2mg/0.05ml	4 NDS NM PA
<i>proparacaine hcl</i> (generic of ALCaine) SOLN .5%	1
RESTASIS EMUL .05%	2
RESTASIS MULTIDOSE EMUL .05%	2
SUSVIMO SOLN 10mg/0.1ml	4 NDS NM PA
SYFOVRE SOLN 15mg/0.1ml	4 NDS NM PA

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone dipropionate (topical) LOTN .05%</i> QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate augmented CREA .05%; GEL .05%</i> QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate augmented LOTN .05%</i> QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate augmented (generic of DIPROLENE) OINT .05%</i> QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate CREA .1%; FOAM .12%; OINT .1%</i> QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate LOTN .1%</i> QL (120 mL / 30 days)	1	QL
BRYHALI LOTN .01% QL (100 gm / 30 days)	3	QL PA
<i>clobetasol propionate CREA .05%; GEL .05%; OINT .05%</i> QL (120 gm / 30 days)	1	QL
<i>clobetasol propionate FOAM .05%</i> QL (100 gm / 30 days)	1	QL
<i>clobetasol propionate (generic of CLOBEX) LIQD .05%</i> QL (125 mL / 30 days)	1	QL
<i>clobetasol propionate (generic of CLOBEX) LOTN .05%</i> QL (118 mL / 30 days)	1	QL
<i>clobetasol propionate (generic of CLOBEX) SHAM .05%</i> QL (236 mL / 30 days)	1	QL
<i>clobetasol propionate SOLN .05%</i> QL (100 mL / 30 days)	1	QL
<i>clobetasol propionate e CREA .05%</i> QL (120 gm / 30 days)	1	QL
<i>clobetasol propionate emulsion FOAM .05%</i> QL (100 gm / 30 days)	1	QL
CLOBEX LIQD .05% 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/ Tier	Limits
CLOBEX LOTN .05% QL (118 mL / 30 days)	3	QL
CLOBEX SHAM .05% QL (236 mL / 30 days)	3	QL
<i>clocortolone pivalate</i> CREA .1% QL (90 gm / 30 days)	1	QL PA
<i>clodan</i> (generic of CLOBEX) SHAM .05% QL (236 mL / 30 days)	1	QL
CORDRAN TAPE 4mcg/sqcm QL (1 roll / 30 days)	3	QL PA
DERMA-SMOOTH/FS BODY OIL .01% QL (118.28 mL / 30 days)	3	QL
DERMA-SMOOTH/FS SCALP OIL .01% QL (118.28 mL / 30 days)	3	QL
<i>desonide</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>desonide</i> GEL .05% QL (60 gm / 30 days)	1	QL PA
<i>desonide</i> LOTN .05% QL (118 mL / 30 days)	1	QL
<i>desoximetasone</i> CREA .05% QL (100 gm / 30 days)	1	QL PA
<i>desoximetasone</i> CREA .25% QL (100 gm / 30 days)	1	QL
<i>desoximetasone</i> GEL .05% QL (60 gm / 30 days)	1	QL PA
<i>desoximetasone</i> (generic of TOPICORT) LIQD .25% QL (100 mL / 30 days)	1	QL
<i>desoximetasone</i> (generic of TOPICORT) OINT .05% QL (100 gm / 30 days)	1	QL PA
<i>desoximetasone</i> (generic of TOPICORT) OINT .25% QL (100 gm / 30 days)	1	QL
<i>diflorasone diacetate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL PA
DIPROLENE OINT .05% QL (120 gm / 30 days)	3	QL

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

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

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

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
SOFDRA GEL 12.45% QL (50 mL / 30 days)	3	QL NM PA
SOOLANTRA CREA 1% QL (45 gm / 30 days)	3	QL PA
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	1	QL PA
TARGRETIN GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA
VALCHLOR GEL .016% QL (60 gm / 30 days)	4	NDS QL NM PA
XERESE CRE 5-1% QL (5 gm / 30 days)	4	NDS QL
YCANTH SOLN .7%	3	NM PA
ZELSUVMI GEL 10.3%	4	NDS PA
ZILXI FOAM 1.5% QL (30 gm / 30 days)	3	QL PA
ZONALON CREA 5% QL (45 gm / 30 days)	3	QL PA
ZORYVE CREA .05%, .15% QL (60 gm / 30 days)	3	QL PA
ZOVIRAX CREA 5% QL (5 gm / 30 days)	3	QL PA
ZOVIRAX OINT 5% QL (30 gm / 30 days)	3	QL
ZYCLARA CREA 3.75% QL (28 packets / 28 days)	4	NDS QL
ZYCLARA PUMP CREA 2.5%, 3.75% QL (7.5 gm / 28 days)	4	NDS QL
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i> LOTN 10% QL (454 gm / 30 days)	4	NDS QL PA
ELIMITE CREA 5% QL (60 gm / 30 days)	3	QL
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	1	QL
NATROBA SUSP .9%	3	
OVIDE LOTN .5% QL (59 mL / 30 days)	3	QL
<i>permethrin</i> (generic of PERMETHRIN) CREA 5% QL (60 gm / 30 days)	1	QL
<i>pruradik</i> LOTN 10% QL (454 gm / 30 days)	4	NDS QL PA
<i>spinosad</i> SUSP .9%	1	

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

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

Index

- A**
- abacavir sulfate10
 - abacavir sulfate-lamivudine
tab 600-300 mg11
 - abigale78
 - abigale lo.....78
 - ABILIFY.....46
 - see aripiprazole46
 - ABILIFY ASIMTUFII.....46
 - ABILIFY MAINTENA.....46
 - ABILIFY MYCITE
 MAINTENANC.....46
 - ABILIFY MYCITE
 STARTER KI46
 - abiraterone acetate17
 - abirtega17
 - ABRAXANE
 see paclitaxel inj 100mg
 19
 - ABRAXANE INJ 100MG .19
 - ABRYSVO.....102
 - ABSORICA113
 - see isotretinoin115
 - ABSORICA LD.....113
 - acamprosate calcium67
 - ACANYA
 see clindamycin
 phosphate-benzoyl
 peroxide gel 1.2-2.5%
 114
 - ACANYA GEL 1.2-2.5%113
 - acarbose69
 - ACCOLATE.....110
 - see zafirlukast110
 - accutane113
 - acebutolol hcl34
 - acetaminophen1
 - acetaminophen-caffeine-
 dihydrocodeine cap
 320.5-30-16 mg4
 - acetaminophen w/ codeine
 soln 120-12 mg/5ml.....4
 - acetaminophen w/ codeine
 tab 300-15 mg4
 - acetaminophen w/ codeine
 tab 300-30 mg4
 - acetaminophen w/ codeine
 tab 300-60 mg4
 - acetazolamide.....36
 - acetic acid91
 - acetic acid (otic)108
 - acetylcysteine110
 - ACIPHEX90
 - see rabeprazole sodium
 91
 - acitretin116
 - ACTEMRA96
 - ACTEMRA ACTPEN.....96
 - ACTHAR81
 - ACTHAR GEL81
 - ACTHIB INJ102
 - ACTIMMUNE101
 - ACTIVELLA
 see abigale78
 - see estradiol &
 norethindrone acetate
 tab 1-0.5 mg79
 - see mimvey79
 - ACTIVELLA TAB 1-0.5MG
 78
 - ACTONEL74
 - see risedronate sodium
 75
 - ACTOPLUS MET
 see pioglitazone hcl-
 metformin hcl tab 15-
 850 mg71
 - ACTOPLUS MET TAB 15-
 850MG.....69
 - ACTOS.....69
 - see pioglitazone hcl.....71
 - ACULAR106
 - see ketorolac
 tromethamine (ophth)
 106
 - ACULAR LS.....106
 - see ketorolac
 tromethamine (ophth)
 106
 - ACUVAIL.....106
 - acyclovir12
 - acyclovir sodium12
 - acyclovir topical.....120
 - ACZONE113
 - see dapsone (topical) 114
 - ADACEL INJ102
 - ADAKVEO.....95
 - ADALIMUMAB-BWWD ...96
 - adapalene114
 - ADAPALENE114
 - adapalene-benzoyl
 peroxide gel 0.1-2.5%
 114
 - adapalene-benzoyl
 peroxide gel 0.3-2.5%
 114
 - ADBRY.....97
 - ADCIRCA.....39
 - see alyq39
 - see tadalafil (pulmonary
 hypertension)39
 - ADDERALL
 see amphetamine-
 dextroamphetamine
 tab 10 mg56
 - see amphetamine-
 dextroamphetamine
 tab 12.5 mg56
 - see amphetamine-
 dextroamphetamine
 tab 15 mg57
 - see amphetamine-
 dextroamphetamine
 tab 20 mg57
 - see amphetamine-
 dextroamphetamine
 tab 30 mg57
 - see amphetamine-
 dextroamphetamine
 tab 5 mg56
 - see amphetamine-
 dextroamphetamine
 tab 7.5 mg56
 - ADDERALL TAB 10MG ..55
 - ADDERALL TAB 12.5MG
 55
 - ADDERALL TAB 15MG ..55
 - ADDERALL TAB 20MG ..55
 - ADDERALL TAB 30MG ..56
 - ADDERALL TAB 5MG55

ADDERALL TAB 7.5MG .55	see <i>fluticasone-</i>	<i>albuterol sulfate</i>.....110
ADDERALL XR	<i>salmeterol aer powder</i>	ALCAINE
see <i>amphetamine-</i>	<i>ba 100-50 mcg/act</i> .113	see <i>proparacaine hcl</i> .107
<i>dextroamphetamine</i>	see <i>fluticasone-</i>	<i>alclometasone dipropionate</i>
<i>cap er 24hr 10 mg</i>....56	<i>salmeterol aer powder</i>	117
see <i>amphetamine-</i>	<i>ba 250-50 mcg/act</i> .113	ALCOHOL SWABS:
<i>dextroamphetamine</i>	see <i>fluticasone-</i>	EMBECTA-
<i>cap er 24hr 15 mg</i>....56	<i>salmeterol aer powder</i>	BD/MHC/RUGBY .....72
see <i>amphetamine-</i>	<i>ba 500-50 mcg/act</i> .113	ALDACTONE .....28
<i>dextroamphetamine</i>	see <i>wixela inhub</i>.....113	see <i>spironolactone</i> .....28
<i>cap er 24hr 20 mg</i>....56	ADVAIR HFA AER 115/21	ALDURAZYME .....81
see <i>amphetamine-</i>	113	ALECENSA.....20
<i>dextroamphetamine</i>	ADVAIR HFA AER 230/21	<i>alendronate sodium</i> .....74
<i>cap er 24hr 25 mg</i>....56	113	<i>alfuzosin hcl</i> .....91
see <i>amphetamine-</i>	ADVAIR HFA AER 45/21	ALIMTA.....16
<i>dextroamphetamine</i>	113	see <i>pemetrexed</i>
<i>cap er 24hr 30 mg</i>....56	ADZENYS XR-ODT .....56	<i>disodium</i> .....17
see <i>amphetamine-</i>	see <i>amphetamine</i>.....56	<i>aliskiren fumarate</i>.....37
<i>dextroamphetamine</i>	ADZYNMA .....95	ALKINDI SPRINKLE .....80
<i>cap er 24hr 5 mg</i>.....56	AFINITOR .....20	<i>allopurinol</i>.....1
ADDERALL XR CAP 10MG	see <i>everolimus</i> .....21	<i>allopurinol sodium</i> .....1
.....56	see <i>torpenz</i>.....25	<i>almotriptan malate</i> .....61
ADDERALL XR CAP 15MG	AFINITOR DISPERZ.....20	<i>alogliptin benzoate</i> .....69
.....56	see <i>everolimus</i> .....21	<i>alogliptin-metformin hcl tab</i>
ADDERALL XR CAP 20MG	<i>afirmelle</i> .....75	<i>12.5-1000 mg</i> .....69
.....56	AFREZZA.....72	<i>alogliptin-metformin hcl tab</i>
ADDERALL XR CAP 25MG	AFREZZA POW 4-8-12...72	<i>12.5-500 mg</i> .....69
.....56	AFREZZA POW 4-8 UNIT	<i>alogliptin-pioglitazone tab</i>
ADDERALL XR CAP 30MG	72	<i>12.5-30 mg</i> .....69
.....56	AFREZZA POW 8-12UNIT	<i>alogliptin-pioglitazone tab</i>
ADDERALL XR CAP 5MG	72	<i>25-15 mg</i> .....69
.....56	AGRYLIN .....95	<i>alogliptin-pioglitazone tab</i>
<i>adefovir dipivoxil</i> .....12	see <i>anagrelide hcl</i> .....95	<i>25-30 mg</i> .....69
ADEMPAS .....39	AIMOVIG.....61	<i>alogliptin-pioglitazone tab</i>
ADMELOG .....72	AIRSUPRA AER 90-	<i>25-45 mg</i> .....69
ADMELOG SOLOSTAR .72	80MCG .....113	ALOPRIM.....1
ADRENALIN .....37	AJOVY .....61	see <i>allopurinol sodium</i> ...1
see <i>epinephrine</i>	AKEEGA TAB 100/500 ...17	<i>alosetron hcl</i>.....88
<i>(anaphylaxis)</i> .....38	AKEEGA TAB 50/500MG	ALPHAGAN P .....106
ADVAIR DISKU AER	17	see <i>brimonidine tartrate</i>
100/50 .....113	AKLIEF.....114	107
ADVAIR DISKU AER	AKYNZEO CAP 300-0.5 .85	<i>alprazolam</i> .....40
250/50 .....113	AKYNZEO INJ 235-0.25 .85	ALPRAZOLAM INTENSOL
ADVAIR DISKU AER	AKYNZEO INJ 235-	40
500/50 .....113	0.25MG/20ML.....85	ALREX .....106
ADVAIR DISKUS	<i>ala-cort</i>.....117	see <i>loteprednol</i>
	<i>ala-scalp</i>.....117	<i>etabonate</i>.....106
	<i>albendazole</i>.....6	<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>37</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>amlodipine besylate-</i>
see <i>amphotericin b</i>		<i>amlodipine besylate-</i>	<i>olmesartan medoxomil</i>
<i>liposome</i>	<i>9</i>	<i>atorvastatin calcium tab</i>	<i>tab 5-20 mg</i>
<i>ambrisentan</i>	<i>39</i>	<i>2.5-10 mg</i>	<i>37</i>
<i>amcinonide.....</i>	<i>117</i>	<i>amlodipine besylate-</i>	<i>amlodipine besylate-</i>
<i>amethyst</i>	<i>75</i>	<i>atorvastatin calcium tab</i>	<i>olmesartan medoxomil</i>
<i>amikacin sulfate</i>	<i>6</i>	<i>2.5-20 mg</i>	<i>tab 5-40 mg</i>
<i>amiloride &</i>		<i>37</i>	<i>amlodipine besylate-</i>
<i>hydrochlorothiazide tab</i>		<i>amlodipine besylate-</i>	<i>valsartan tab 10-160 mg</i>
<i>5-50 mg</i>	<i>36</i>	<i>atorvastatin calcium tab</i>	<i>.....28</i>
<i>amiloride hcl.....</i>	<i>36</i>	<i>2.5-40 mg</i>	<i>amlodipine besylate-</i>
<i>aminocaproic acid</i>	<i>95</i>	<i>37</i>	<i>valsartan tab 10-320 mg</i>
<i>aminosyn ii soln 15%</i>	<i>104</i>	<i>amlodipine besylate-</i>	<i>.....28</i>
AMINOSYN INJ 10%	104	<i>atorvastatin calcium tab</i>	<i>amlodipine besylate-</i>
AMINOSYN-PF INJ 10%		<i>5-10 mg</i>	<i>valsartan tab 5-160 mg28</i>
.....	104	<i>37</i>	<i>amlodipine besylate-</i>
AMINOSYN-PF INJ 7% 104		<i>amlodipine besylate-</i>	<i>valsartan tab 5-320 mg28</i>
<i>amiodarone hcl</i>	<i>32</i>	<i>atorvastatin calcium tab</i>	<i>amlodipine-valsartan-</i>
AMITIZA.....	88	<i>5-40 mg</i>	<i>hydrochlorothiazide tab</i>
see <i>lubiprostone</i>	<i>89</i>	<i>37</i>	<i>10-160-12.5 mg</i>
<i>amitriptyline hcl</i>	<i>41</i>	<i>amlodipine besylate-</i>	<i>28</i>
AMLODIPINE/OLMESART		<i>atorvastatin calcium tab</i>	<i>amlodipine-valsartan-</i>
AN MED		<i>5-80 mg</i>	<i>hydrochlorothiazide tab</i>
see <i>amlodipine besylate-</i>		<i>37</i>	<i>10-160-25 mg</i>
<i>olmesartan medoxomil</i>		<i>amlodipine besylate-</i>	<i>28</i>
<i>tab 10-20 mg.....</i>	<i>28</i>	<i>benazepril hcl cap 10-20</i>	<i>amlodipine-valsartan-</i>
see <i>amlodipine besylate-</i>		<i>mg</i>	<i>hydrochlorothiazide tab</i>
<i>olmesartan medoxomil</i>		<i>26</i>	<i>10-320-25 mg</i>
<i>tab 10-40 mg.....</i>	<i>28</i>	<i>amlodipine besylate-</i>	<i>29</i>
		<i>benazepril hcl cap 10-40</i>	<i>amlodipine-valsartan-</i>
		<i>mg</i>	<i>hydrochlorothiazide tab</i>
		<i>26</i>	<i>5-160-12.5 mg</i>
			<i>28</i>

<i>amlodipine-valsartan- hydrochlorothiazide tab 5-160-25 mg</i> .....28	<i>amphetamine- dextroamphetamine cap er 24hr 10 mg</i> .....56	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1- 0.5) gm</i> .....15
<i>amnestem</i> .....114	<i>amphetamine- dextroamphetamine cap er 24hr 15 mg</i> .....56	<i>ampicillin & sulbactam sodium for iv soln 15 (10- 5) gm</i> .....15
<i>amoxapine</i> .....41	<i>amphetamine- dextroamphetamine cap er 24hr 20 mg</i> .....56	<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i> .....15
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i> .....88	<i>amphetamine- dextroamphetamine cap er 24hr 25 mg</i> .....56	<i>ampicillin sodium</i> .....15
<i>amoxicillin</i> .....14	<i>amphetamine- dextroamphetamine cap er 24hr 30 mg</i> .....56	<i>AMPYRA</i> .....64
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml .....</i> .....14	<i>amphetamine- dextroamphetamine cap er 24hr 5 mg</i> .....56	<i>see dalfampridine</i> .....64
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml .....</i> .....14	<i>amphetamine- dextroamphetamine tab 10 mg</i> .....56	<i>AMVUTTRA</i> .....63
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml .....</i> .....14	<i>amphetamine- dextroamphetamine tab 12.5 mg</i> .....56	<i>AMZEEQ</i> .....114
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml .....</i> .....14	<i>amphetamine- dextroamphetamine tab 15 mg</i> .....57	<i>ANAFRANIL</i> .....41
<i>amoxicillin & k clavulanate tab 250-125 mg</i> .....14	<i>amphetamine- dextroamphetamine tab 20 mg</i> .....57	<i>see clomipramine hcl</i> ...42
<i>amoxicillin & k clavulanate tab 500-125 mg</i> .....14	<i>amphetamine- dextroamphetamine tab 30 mg</i> .....57	<i>anagrelide hcl</i> .....95
<i>amoxicillin & k clavulanate tab 875-125 mg</i> .....14	<i>amphetamine- dextroamphetamine tab 5 mg</i> .....56	<i>ANALPRAM HC LOT 2.5% .....</i> .....120
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg .....</i> .....14	<i>amphetamine- dextroamphetamine tab 7.5 mg</i> .....56	<i>anastrozole</i> .....17
<i>amphetamine</i> .....56	<i>amphotericin b</i> .....9	<i>ANCOBON</i> .....9
<i>amphetamine- dextroamphetamine 3- bead cap er 24hr 12.5 mg</i> .....56	<i>amphotericin b liposome</i> ...9	<i>see flucytosine</i> .....9
<i>amphetamine- dextroamphetamine 3- bead cap er 24hr 25 mg .....</i> .....56	<i>ampicillin</i> .....14	<i>ANDEMBRY</i> .....95
<i>amphetamine- dextroamphetamine 3- bead cap er 24hr 37.5 mg</i> .....56	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> .....15	<i>ANDROGEL PUMP see testosterone pump</i> 69
<i>amphetamine- dextroamphetamine 3- bead cap er 24hr 50 mg .....</i> .....56	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm .....</i> .....15	<i>ANNOVERA MIS</i> .....75
		<i>ANORO ELLIPT AER 62.5- 25</i> .....108
		<i>ANUSOL-HC</i> .....120
		<i>see hydrocortisone (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 .....</i> .....44
		<i>APONVIE</i> .....85
		<i>aprepitant</i> .....85
		<i>aprepitant capsule therapy pack 80 & 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 & 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 & chlorthalidone</i>	41
<i>mg</i> .....1	<i>tab 100-25 mg</i> .....34	AVALIDE
ARTHROTEC 50 TAB.....1	<i>atenolol & 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	<i>azurette</i>	76	BELEODAQ	20
AVMAPKI PAK FAKZYNJA	20	B		BELSOMRA	60
AVODART	91	<i>bacitracin (ophthalmic)</i> ..	105	<i>benazepril & 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 & hydrochlorothiazide tab</i>	
AVONEX PEN	64	1%	105	20-12.5 mg	27
AVSOLA	97	<i>baclofen</i>	66	<i>benazepril & 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 & 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
<i>azasan</i>	101	<i>see joyeaux</i>	76	<i>see olmesartan medoxomil</i>	31
AZASITE	105	<i>see levonorgestrel-ethinyl estradiol-fe tab</i>		BENICAR HCT	
<i>azathioprine</i>	101	0.1 mg-20 mcg (21) ..	77	<i>see olmesartan medoxomil-hydrochlorothiazide tab</i>	
<i>azelaic acid</i>	120	<i>see minzoya</i>	77	20-12.5 mg	30
<i>azelastine hcl</i>	109	BALCOLTRA TAB 0.1-20	76	<i>see olmesartan medoxomil-hydrochlorothiazide tab</i>	
<i>azelastine hcl (ophth)</i> ...	106	.....	76	40-12.5 mg	30
<i>azelastine hcl-fluticasone prop nasal spray</i>		<i>balsalazide disodium</i>	87	<i>see olmesartan medoxomil-hydrochlorothiazide tab</i>	
137-50 mcg/act	109	BALVERSA	20	40-25 mg	30
AZELEX	114	<i>balziva</i>	76	BENICAR HCT TAB 20-12.5	29
AZILECT	44	BANZEL	49	BENICAR HCT TAB 40-12.5	29
<i>see rasagiline mesylate</i>	45	<i>see rufinamide</i>	54	BENICAR HCT TAB 40-25MG	29
<i>azithromycin</i>	13	BAQSIMI ONE PACK	81		
AZMIRO	68	BAQSIMI TWO PACK	81		
AZOPT	106	BARACLUDE	12		
<i>see brinzolamide</i>	107	<i>see entecavir</i>	12		
AZOR TAB 10-20MG	29	BASAGLAR KWIKPEN ...	72		
AZOR TAB 10-40MG	29	BASAGLAR TEMPO PEN	72		
AZOR TAB 5-20MG	29				
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 & 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>(topical)</i>	120
see <i>sotalol hcl</i>	32	125 mg	88	<i>brimonidine tartrate-timolol</i>	
BETAPACE AF	32	<i>bisoprolol &</i>		<i>maleate ophth soln 0.2-</i>	
see <i>sotalol hcl (afib/afl)</i>	32	<i>hydrochlorothiazide tab</i>		0.5%	107
BETASERON.....	64	10-6.25 mg	34	BRINSUPRI	110
<i>betaxolol hcl</i>	34	<i>bisoprolol &</i>		<i>brinzolamide</i>	107
<i>betaxolol hcl (ophth)</i>	106	<i>hydrochlorothiazide tab</i>		BRIUMVI	64
<i>bethanechol chloride</i>	91	2.5-6.25 mg	34	BRIUMVI	64
BETHKIS.....	6	<i>bisoprolol &</i>		BRIUMVI	64
see <i>tobramycin</i>	8	<i>hydrochlorothiazide tab</i>		BRIUMVI	64
BETIMOL	106	5-6.25 mg	34	BRIUMVI	64
see <i>timolol hemihydrate</i>		<i>bisoprolol fumarate</i>	34	BRIUMVI	64
<i>(ophth)</i>	107	BIVIGAM	100	BRIUMVI	64

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

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

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>	CUVRIOR .....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 & 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 &</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>	DYSPOST.....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>deferasirox</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>	F
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	FOLAN.....	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 &</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 &</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>	79	<i>gentamicin in saline inj 0.8 mg/ml</i>	7	GLYCOPYRROLATE.....	87
<i>fyavolv tab 1mg-5mcg</i>	79	<i>gentamicin in saline inj 1.2 mg/ml</i>	7	<i>see glycopyrrolate</i>	87
FYCOMPA	51	<i>gentamicin in saline inj 1.6 mg/ml</i>	7	<i>glycopyrrolate (oral)</i>	87
<i>see perampanel</i>	53	<i>gentamicin in saline inj 1 mg/ml</i>	7	<i>glydo</i>	119
FYLNETRA	94	<i>gentamicin in saline inj 1 mg/ml</i>	7	GLYXAMBI TAB 10-5 MG	70
G		<i>gentamicin in saline inj 1 mg/ml</i>	7	GLYXAMBI TAB 25-5 MG	70
<i>gabapentin</i>	51	<i>gentamicin in saline inj 2 mg/ml</i>	7	GOCOVRI	45
<i>gabapentin (once-daily)</i> ..	63	<i>gentamicin sulfate</i>	7	GOLYTELY	
GABARONE.....	51	<i>gentamicin sulfate (ophth)</i>	105	<i>see gavilyte-g</i>	88
GALAFOLD	82	<i>gentamicin sulfate (topical)</i>	115	<i>see peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	88
<i>galantamine hydrobromide</i>	41	GENVOYA TAB	11	GOLYTELY SOL	88
<i>galbriela</i>	76	GEODON	47	GOMEKLI.....	21
<i>gallifrey</i>	84	<i>see ziprasidone hcl</i>	49	GRAFAPEX	16
GAMASTAN INJ	100	<i>see ziprasidone mesylate</i>	49	GRALISE	63
GAMMAGARD LIQUID ..	100	GILENYA	65	<i>see gabapentin (once-daily)</i>	63
GAMMAGARD S/D IGA LESS TH	100	<i>see fingolimod hcl</i>	65	<i>granisetron hcl</i>	85
GAMMAKED	100	GILOTRIF	21	GRANIX	94
GAMMAPLEX	100	GIMOTI	85	GRASTEK.....	101
GAMUNEX-C	100	GIVLAARI	95	<i>griseofulvin microsize</i>	9
GANCICLOVIR	12	GLASSIA.....	111	<i>griseofulvin ultramicrosize</i> ..	9
<i>ganciclovir sodium</i>	12	<i>glatiramer acetate</i>	65	<i>guanfacine hcl</i>	38
GARDASIL 9.....	102	<i>glatopa</i>	65	<i>guanfacine hcl (adhd)</i>	58
GASTROCROM.....	89	GLEEVEC	21	GVOKE HYOPEN 1-PACK.....	81
<i>see cromolyn sodium (mastocytosis)</i>	88	<i>see imatinib mesylate</i> ..	22	GVOKE HYOPEN 2-PACK.....	81
<i>gatifloxacin (ophth)</i>	105	GLEOSTINE	16	GVOKE KIT.....	81
GATTEX.....	89	<i>see lomustine</i>	16	GVOKE PFS	81
GAUZE PADS 2X2	72	<i>glimepiride</i>	69	GYNAZOLE-1	92
<i>gavilyte-c</i>	88	<i>glipizide</i>	69	H	
<i>gavilyte-g</i>	88	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	69	HADLIMA	97
<i>gavilyte-n/flavor pack</i>	88	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	69	HADLIMA PUSH TOUCH ..	97
GAVRETO	21	<i>glipizide-metformin hcl tab 5-500 mg</i>	69	HAEGARDA.....	95
GAZYVA	21	GLOPERBA	1	<i>hailey 1.5/30</i>	76
<i>gefitinib</i>	21			<i>hailey 24 fe</i>	76
<i>gemcitabine hcl</i>	17			HALAVEN	19
GEMCITABINE HYDROCHLORIDE	17			<i>see eribulin mesylate</i> ...	19
<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 &</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 &</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 &</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	INSPRA.....	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	J		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	K	
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% & 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% & 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% & 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% & 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% & 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% & 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% & 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% & 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% & 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	
L		25 mg & 14 x 100 mg		.....	82
<i>labetalol hcl</i>	34	starter kit.....	52	<i>lansoprazole</i>	90
LABETALOL		see <i>subvenite starter</i>		LANTUS	73
HYDROCHLORIDE.....	35	kit/gre.....	54	LANTUS SOLOSTAR	73
<i>lacosamide</i>	51	LAMICTAL		<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
LACTATED RIN INJ	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	LAMICTAL STARTER KIT		LASIX	36
<i>lactulose</i>	88	(35 X 25MG TABS).....	51	see <i>furosemide</i>	36
<i>lactulose (encephalopathy)</i>		LAMICTAL STARTER KIT		LASIX ONYU	36
.....	88	(42 X 25MG TABS & 7 X		<i>latanoprost</i>	107
LAMICTAL	51	100MG TAB).....	51	LATUDA	47
see <i>lamotrigine</i>	51	LAMICTAL STARTER KIT		see <i>lurasidone hcl</i>	47
see <i>subvenite</i>	54	(84 X 25MG TABS & 14		LAZCLUZE	22
LAMICTAL CHEWABLE		X 100MG TABS).....	51	<i>leflunomide</i>	100
DISPERS	51	LAMICTAL XR	51	LEMTRADA	65
see <i>lamotrigine</i>	51	see <i>lamotrigine</i>	52	<i>lenalidomide</i>	18
LAMICTAL ODT	51	LAMICTAL XR KIT	51	LENVIMA 10 MG DAILY	
see <i>lamotrigine</i>	52	<i>lamivudine</i>	10	DOSE.....	23
see <i>lamotrigine tab disint</i>		<i>lamivudine (hbv)</i>	12	LENVIMA 12MG DAILY	
21 x 25 mg & 7 x 50		<i>lamivudine-zidovudine tab</i>		DOSE.....	23
mg titration kit.....	52	150-300 mg.....	11	LENVIMA 20 MG DAILY	
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>		LENVIMA 4 MG DAILY	
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>		LENVIMA 8 MG DAILY	
42 x 50mg & 14 x		starter kit.....	52	DOSE.....	23
100mg titration kit....	52	<i>lamotrigine tab 84 x 25 mg</i>		LENVIMA CAP 14 MG	23
LAMICTAL ODT KIT BLUE		& 14 x 100 mg starter kit		LENVIMA CAP 18 MG	23
.....	51	.....	52	LENVIMA CAP 24 MG	23
LAMICTAL ODT KIT		<i>lamotrigine tab disint 21 x</i>		LEQEMBI IQLIK	41
GREEN	51	25 mg & 7 x 50 mg		LEQSELVI	98
LAMICTAL ODT KIT		titration kit.....	52	LESCOL XL	33
ORANGE	51	<i>lamotrigine tab disint 25</i>		see <i>fluvastatin sodium</i>	33
LAMICTAL STARTER/NOT		(14) & 50 mg (14) & 100		<i>lessina</i>	77
TAKI		mg (7) kit.....	52	LETAIRIS	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>		LAMZEDE	82	LEUKERAN	16
kit/ora.....	54	LANOXIN	38	LEUKINE	94
LAMICTAL		see <i>digoxin</i>	37	<i>leuprolide acetate</i>	17
STARTER/TAKING C		LANOXIN PEDIATRIC	38	<i>leuprolide acetate (3</i>	
		<i>lanreotide acetate</i>	82	month).....	17

<i>levalbuterol hcl</i>.....110	<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>.....77	LINZESS.....89
<i>levalbuterol tartrate</i> .....110	<i>levonorgestrel & 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 see <i>atorvastatin calcium</i>.....32
LEVETIR/NACL INJ 5MG/ML.....52	<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg- 20 mcg (21)</i>.....77	LIPOFEN.....32
<i>levetiracetam</i>.....52	<i>levonorg-eth est tab 0.1- 0.02mg(84) & eth est tab 0.01mg(7)</i>.....77	<i>liraglutide</i>.....70
LEVETIRACETAM.....52	<i>levora 0.15/30-28</i>.....77	<i>lisdexamfetamine dimesylate</i>.....58
LEVETIRACETAM/SODIU M CHLO see <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>.....52	<i>levorphanol tartrate</i>.....3	<i>lisinopril</i>.....27
see <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>.....52	<i>levo-t</i>.....84	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>.....27
see <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>.....52	<i>levothyroxine sodium</i>.....84	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>.....27
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>.....52	LEXAPRO.....43 see <i>escitalopram oxalate</i>.....42	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>.....27
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>.....52	<i>lexette</i>.....119	LITFULO.....98
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>.....52	<i>l-glutamine (sickle cell)</i>....95	<i>lithium</i>.....63
<i>levobunolol hcl</i>.....107	LIALDA.....87 see <i>mesalamine</i>.....87	<i>lithium carbonate</i>.....63
<i>levocarnitine (metabolic modifiers)</i>.....82	LIBTAYO.....23	LITHOBID.....63 see <i>lithium carbonate</i> ..63
<i>levocetirizine dihydrochloride</i>.....109	<i>lidocaine</i>.....119	LITHOSTAT.....91
<i>levofloxacin</i>.....14	<i>lidocaine hcl</i>.....119	LIVALO.....33 see <i>pitavastatin calcium</i>.....33
<i>levofloxacin (ophth)</i>.....105	<i>lidocaine hcl (local anesth.)</i> .....1	LIVDELZI.....89
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>.....14	<i>lidocaine hcl (mouth-throat)</i> .....122	LIVMARLI.....89
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>.....14	<i>lidocaine-prilocaine cream 2.5-2.5%</i>.....119	LIVTENCITY.....12
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>.....14	lidocan.....119	LODINE see <i>etodolac</i>.....1
<i>levoleucovorin calcium</i>....19	LIDODERM see <i>lidocaine</i>.....119	LODOCO.....38
<i>levonest</i>.....77	see <i>lidocan</i>.....119	LODOSYN.....45 see <i>carbidopa</i>.....45
<i>levonor-eth est tab 0.15- 0.02/0.025/0.03 mg &eth est 0.01 mg</i>.....77	see <i>tridacaine ii</i>.....120	<i>loestrin 1/20-21</i>.....77
	LIKMEZ.....7	<i>loestrin 1.5/30-21</i>.....77
	LILETTA.....77	<i>loestrin fe 1/20</i>.....77
	<i>linezolid</i>.....7	<i>loestrin fe 1.5/30</i>.....77
	LINEZOLID INJ 2MG/ML..7	<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	93	<i>lyleq</i>.....77
LOREEV XR .....40	<i>low-ogestrel</i>.....77	<i>lyllana</i>.....79
<i>loryna</i> .....77	<i>loxapine succinate</i> .....47	LYNOZYFIC.....23
<i>losartan potassium</i>.....31	<i>lubiprostone</i> .....89	LYNPARZA.....23
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> .....30	LUCEMYRA.....68	LYRICA.....52
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> .....30	see <i>lofexidine hcl</i>.....68	see <i>pregabalin</i>.....53
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> .....30	LUCENTIS .....107	LYRICA CR.....63
LOTEMAX.....106	<i>luizza 1/20</i>.....77	see <i>pregabalin (once-daily)</i> .....63, 64
see <i>loteprednol etabonate</i>.....106	<i>luizza 1.5/30</i>.....77	LYSODREN .....18
LOTEMAX SM .....106	<i>luliconazole</i> .....116	LYTGOBI (12 MG DAILY DOSE).....23
LOTENSIN .....27	LUMAKRAS .....23	LYTGOBI (16 MG DAILY DOSE).....23
see <i>benazepril hcl</i> .....27	LUMIGAN.....107	LYTGOBI (20 MG DAILY DOSE).....23
LOTENSIN HCT	LUMIZYME .....82	LYUMJEV .....73
see <i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>.....27	LUMRYZ .....67	LYUMJEV KWIKPEN.....73
see <i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>.....27	LUMRYZ PAK STARTER .....67	LYUMJEV TEMPO PEN .73
see <i>benazepril & hydrochlorothiazide tab 20-25 mg</i>.....27	LUNESTA .....60	<i>lyza</i>.....77
	see <i>eszopiclone</i>.....60	M
	LUNSUMIO .....23	MACROBID.....7
	LUPKYNIS .....102	see <i>nitrofurantoin monohyd macro</i> .....7
	LUPRON DEPOT (1-MONTH).....17	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	MERIOLOG .....73
.....10	MAYZENT.....65	MERIOLOG 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 &</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 &</i>		<i>see telmisartan-</i>		(nasal)	112
<i>hydrochlorothiazide tab</i>		<i>hydrochlorothiazide tab</i>		MONJUVI.....	23
100-50 mg	34	80-12.5	30	<i>mono-lynyah</i>	77
<i>metoprolol &</i>		MICARDIS HCT TAB		<i>montelukast sodium</i>	110
<i>hydrochlorothiazide tab</i>		40/12.5	30	<i>morphine sulfate</i>	3, 5
50-25 mg	34	MICARDIS HCT TAB		MORPHINE SULFATE	5
<i>metoprolol succinate</i>	35	80/12.5	30	MORPHINE	
<i>metoprolol tartrate</i>	35	MICARDIS HCT TAB 80-		SULFATE/SODIUM C ...	5
METROCREAM	120	25MG.....	30	<i>morphine sulfate beads</i>	3
<i>see metronidazole</i>		<i>miconazole 3</i>	92	MOTEGRITY.....	89
(topical)	120	<i>miconazole-zinc oxide-</i>		<i>see prucalopride</i>	
METROGEL		<i>white petrolatum oint</i>		<i>succinate</i>	89
		0.25-15-81.35%.....	116	MOTPOLY XR	52
		<i>microgestin 1/20</i>	77		
		<i>microgestin 1.5/30</i>	77		
		<i>microgestin fe 1/20</i>	77		

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

<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 & 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 & ethinyl estradiol tab 1.5 mg-30 mcg</i>.....77
NEORAL .....102	NICARDIPINE SOL 20/200ML .....36	<i>norethindrone ace & 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 & 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- hydrochlorothiazide tab 20-5-12.5 mg</i>.....30
<i>nortriptyline hcl</i>.....43	NUPLAZID .....47	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>.....30
NORVASC.....36	NURTEC.....62	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>.....30
<i>see amlodipine besylate</i> .....35	NUTRILIPID .....105	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>.....30
NORVIR.....10	NUVARING	<i>olmesartan-amlodipine- hydrochlorothiazide tab 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- hydrochlorothiazide tab 20-12.5 mg</i>.....30
NOVAREL.....82	<i>see etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>.....76	<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i>.....30
NOVOLIN70/30 INJ	<i>see haloette</i>.....76	<i>olmesartan medoxomil- hydrochlorothiazide tab 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 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 bicarbonate cap 20-1100 mg</i>.....90
NOVOLIN N FLEXPEN...73	<i>nylia 7/7/7</i>.....78	<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>.....90
NOVOLIN N FLEXPEN	NYMALIZE.....36	<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i> ...90
RELION.....73	NYPOZI.....94	<i>omeprazole-sodium bicarbonate powd pack 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- 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	O	
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 G6.....74	ORENCIA CLICKJECT ...98	OXLUMO .....91
OMNIPOD 5 L2 MIS PODS G6.....74	ORENITRAM .....39	OXTELLAR XR .....53
OMNIPOD DASH KIT INTRO .....74	ORENITRAM TAB MONTH 1 .....39	see <i>oxcarbazepine</i> .....53
OMNIPOD DASH MIS PODS .....74	ORENITRAM TAB MONTH 2 .....39	OXY-ACETAMIN TAB 7.5- 300 .....5
OMNITROPE .....83	ORENITRAM TAB MONTH 3 .....39	<i>oxybutynin chloride</i> .....92
OMVOH .....98	ORFADIN .....83	OXYCOD/ACETA SOL 10/300MG.....5
OMVOH SOAJ 100/200 ..98	see <i>nitisinone</i> .....82	OXYCOD/APAP TAB 10- 300MG.....5
OMVOH SOSY 100/200 ..98	ORGOVYX.....18	OXYCOD/APAP TAB 5- 300MG.....5
ONAPGO .....45	ORIAHNN CAP .....83	OXYCOD-APAP TAB 2.5- 300 .....5
ONCASPAR.....19	ORILISSA .....83	<i>oxycodone hcl</i>.....5
<i>ondansetron</i> .....86	ORKAMBI GRA 100-125.....111	OXYCODONE HYDROCHLORIDE.....5
<i>ondansetron hcl</i> .....86	ORKAMBI GRA 150-188.....111	<i>oxycodone w/ acetaminophen soln 5- 325 mg/5ml</i>.....5
ONEXTON see <i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i> .....114	ORKAMBI GRA 75-94MG.....111	<i>oxycodone w/ acetaminophen tab 10- 325 mg</i> .....5
ONEXTON GEL 1.2-3.75.....115	ORKAMBI TAB 100-125.....111	<i>oxycodone w/ acetaminophen tab 2.5- 325 mg</i> .....5
ONFI .....53	ORKAMBI TAB 200-125.....111	<i>oxycodone w/ acetaminophen tab 5-325 mg</i> .....5
see <i>clobazam</i> .....50	ORLADEYO .....95	<i>oxycodone w/ acetaminophen tab 7.5- 325 mg</i> .....5
ONGENTYS.....45	ORLYNVAH TAB 500-5007 <i>ormarvi</i> .....36	OXYCONTIN.....3
ONGLYZA see <i>saxagliptin hcl</i>.....71	<i>orquidea</i> .....78	<i>oxymorphone hcl</i>.....3, 5
ONIVYDE.....19	ORSERDU .....18	OXYTROL.....92
ONTRUZANT .....24	<i>oseltamivir phosphate</i> .....12	OZEMPIC (0.25 OR 0.5MG/DOSE) .....71
ONUREG .....17	OSPHERA .....83	OZEMPIC (1MG/DOSE) .71
ONZETRA XSAIL.....62	OSPOMYV .....74	OZEMPIC (2MG/DOSE) .71
OPDIVO .....24	OTEZLA .....98	OZOBAX DS .....67
OPDIVO INJ QVANTIG ..24	OTEZLA/XR TAB 28 DAY.....98	see <i>baclofen</i> .....66
OPDUALAG SOL.....24	OTEZLA TAB 10/20 .....98	P
OPFOLDA.....83	OTEZLA TAB 10/20/30 ...98	<i>pacerone</i> .....32
OPIPZA.....48	OTEZLA XR .....98	<i>paclitaxel</i> .....19
OPSUMIT.....39	OTREXUP.....100	<i>paclitaxel inj 100mg</i> .....19
OPSYNVI TAB 10-20MG 39	OVIDE.....121	PACLITAXEL INJ 100MG.....19
OPSYNVI TAB 10-40MG 39	OXACILLIN INJ 2GM .....15	PADCEV .....24
OPVEE.....68	<i>oxacillin sodium</i>.....15	
OPZELURA.....121	<i>oxaliplatin</i> .....16	
ORACEA.....121	<i>oxaprozin</i> .....2	
see <i>doxycycline (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</i> 420 gm....	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		
PERAMPANEL	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 <i>meq/l (0.15%) in</i> <i>dextrose 5% inj.</i>.....104	PREGNYL W/DILUENT BENZYL .....83	PROCARDIA XL .....36 <i>see nifedipine</i> .....36
<i>potassium chloride</i> <i>microencapsulated</i> <i>crystals er</i>.....104	PREMARIN .....79 <i>see estrogens,</i> <i>conjugated</i> .....79	<i>prochlorperazine</i> .....86 <i>prochlorperazine edisylate</i> .....86
<i>potassium citrate</i> <i>(alkalinizer)</i> .....91	PREMASOL SOL 10%..105	<i>prochlorperazine maleate</i> .....86
POT CHL/D5W INJ 20MEQ/L .....104	PREMPHASE TAB .....79	PROCRIT .....94
POT CHL 20MEQ/L IN NACL 0.45% INJ .....104	PREMPRO TAB 0.3-1.5..79	<i>proctocort</i>.....121
POT CHL 20MEQ/L IN NACL 0.9% INJ .....104	PREMPRO TAB 0.45-1.579	PROCTOFOAM AER HC 1% .....121
POT CHL 40MEQ/L IN NACL 0.9% INJ .....104	PREMPRO TAB 0.625-2.5 .....79	<i>procto-med hc</i>.....121
POTELIGEO .....24	PREMPRO TAB 0.625-5.79	<i>proctosol hc</i>.....121
PRADAXA.....93 <i>see dabigatran etexilate</i> <i>mesylate</i> .....92	PRENATAL TAB 27-1MG .....104	<i>proctozone-hc</i> .....121
<i>pramipexole</i> <i>dihydrochloride</i> .....45	PRENATAL TAB PLUS.104	PROCYSBI .....83
PRAMOSONE LOT 1-1% .....119	PRETOMANID .....12	<i>progesterone</i>.....84
PRAMOSONE LOT 2.5% .....119	PREVACID .....90 <i>see lansoprazole</i> .....90	PROGLYCEM .....81 <i>see diazoxide</i> .....81
<i>prasugrel hcl</i> .....96	PREVACID SOLUTAB...90 <i>see lansoprazole</i> .....90	PROGRAF .....102 <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 .....6
<i>prazosin hcl</i>.....28	PREZCOBIX TAB 675/150 .....11	PROLATE TAB 10-300MG .....6
PRED FORTE.....106 <i>see prednisolone acetate</i> <i>(ophth)</i> .....106	PREZCOBIX TAB 800-150 .....11	PROLATE TAB 5-300MG .6
PRED MILD .....106	PREZISTA .....10, 11 <i>see darunavir</i>.....10	PROLATE TAB 7.5-300 ....6
<i>prednisolone</i> .....80	PRIFTIN.....12	PROLENSA .....106 <i>see bromfenac sodium</i> <i>(ophth)</i> .....106
<i>prednisolone acetate</i> <i>(ophth)</i> .....106	PRILOSEC .....90	PROLIA.....74
PREDNISOLONE SODIUM PHOSP.....80, 106	<i>primaquine phosphate</i> ....10	PROMACTA.....95, 96 <i>see eltrombopag olamine</i> .....95
<i>prednisolone sodium</i> <i>phosphate</i>.....80	PRIMAQUINE PHOSPHATE .....10 <i>see primaquine</i> <i>phosphate</i> .....10	<i>promethazine &</i> <i>phenylephrine syrup</i> 6.25-5 mg/5ml .....109
<i>prednisone</i> .....80	PRIMAXIN IV <i>see imipenem-cilastatin</i> <i>intravenous for soln</i> 500 mg.....7	<i>promethazine hcl</i>.....86
PREDNISON INTENSOL .....80	PRIMAXIN IV INJ 500MG .8	<i>promethegan</i>.....86
<i>pregabalin</i> .....53	<i>primidone</i> .....53	PROMETRIUM .....84 <i>see progesterone</i> .....84
<i>pregabalin (once-daily)</i> 63, 64	PRIORIX INJ.....102	<i>propafenone hcl</i> .....32
	PRISTIQ.....44 <i>see desvenlafaxine</i> <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 <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	R		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
Q		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	S	
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>
.....	.....	sodium fluoride chew; tab;
<i>saxagliptin-metformin hcl</i>	SILIQ.....	1.1 (0.5 f) mg/ml soln.104
<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> ...71	see <i>silver sulfadiazine</i>	<i>sodium polystyrene</i>
SCEMBLIX.....	.....	<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 &</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 &</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) ....68</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 HANDIHALER108	<i>naloxone hcl sl film 4-1</i>	<i>sunitinib malate</i> .....25
<i>see tiotropium bromide</i>	<i>mg (base equiv) .....68</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) .....68</i>	KIT
<i>spironolactone &</i>	SUBOXONE MIS 12-3MG	<i>see sod sulfate-pot sulf-</i>
<i>hydrochlorothiazide tab</i>	68	<i>mg sulf oral sol 17.5-</i>
<i>25-25 mg</i> .....36	SUBOXONE MIS 2-0.5MG	<i>3.13-1.6 gm/177ml...88</i>
SPORANOX.....9	68	SUPREP BOWEL SOL
<i>see itraconazole</i> .....9	SUBOXONE MIS 4-1MG 68	PREP KIT .....88
SPRAVATO SOL 56MG	SUBOXONE MIS 8-2MG 68	SUSTOL.....86
DOS.....44	<i>subvenite</i>.....54	SUSVIMO .....107
SPRAVATO SOL 84MG	SUBVENITE.....54	SUTAB TAB .....88
DOS.....44	<i>subvenite starter kit/blu</i> ...54	SUTENT.....25
<i>sprintec 28</i> .....78	<i>subvenite starter kit/gre</i> ...54	<i>see sunitinib malate</i>....25
SPRITAM .....54	<i>subvenite starter kit/ora</i> ...54	<i>syeda</i> .....78
SPRIX .....2	SUCRAID .....89	SYFOVRE.....107
SPRYCEL .....24	<i>sucralfate</i> .....89	SYLVANT.....19
<i>see dasatinib</i> .....21	SUFLAVE SOL .....88	SYMBICORT
<i>sps</i> .....75	SULAR .....36	<i>see breyna</i>.....113
<i>sps rectal</i>.....75	<i>see nisoldipine</i>.....36	<i>see budesonide-</i>
<i>sronyx</i> .....78	<i>sulfacetamide sodium</i>	<i>formoterol fumarate</i>
<i>ssd</i> .....115	<i>(acne)</i> .....115	<i>dihyd aerosol 160-4.5</i>
STEGLATRO .....71	<i>sulfacetamide sodium</i>	<i>mcg/act</i> .....113
STEGLUJAN TAB 15-	<i>(ophth)</i> .....106	<i>see budesonide-</i>
100MG.....71	<i>sulfacetamide sodium-</i>	<i>formoterol fumarate</i>
STEGLUJAN TAB 5-	<i>prednisolone ophth soln</i>	<i>dihyd aerosol 80-4.5</i>
100MG.....71	<i>10-0.23(0.25)%.....105</i>	<i>mcg/act</i> .....113
STELARA.....99	<i>sulfadiazine</i> .....8	SYMBICORT AER 160-4.5
STIMUFEND .....94	<i>sulfamethoxazole-</i>	113
STIOLTO AER 2.5-2.5..108	<i>trimethoprim iv soln 400-</i>	SYMBICORT AER 80-4.5
STIVARGA.....25	<i>80 mg/5ml.....8</i>	113
STRENSIQ.....83	<i>sulfamethoxazole-</i>	SYMBRAVO TAB 20-10MG
<i>streptomycin sulfate</i> .....8	<i>trimethoprim susp 200-40</i>	62
STRIBILD TAB.....11	<i>mg/5ml.....8</i>	SYMDEKO TAB 100-150
STRIVERDI RESPIMAT	<i>sulfamethoxazole-</i>	111
.....110	<i>trimethoprim tab 400-80</i>	SYMDEKO TAB 50-75MG
STROMECTOL.....8	<i>mg</i> .....8	111
<i>see ivermectin</i> .....7	<i>sulfamethoxazole-</i>	SYMFI
SUBLOCADE.....68	<i>trimethoprim tab 800-160</i>	
SUBOXONE	<i>mg</i> .....8	

see <i>efavirenz-</i> <i>lamivudine-tenofovir df</i> <i>tab 600-300-300 mg</i>	11	<i>tadalafil</i>	91	TECENTRIQ	25
SYMFI TAB	11	<i>tadalafil (pulmonary</i> <i>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 & 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
T		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 &</i>	
<i>tacrolimus (topical)</i>	121	see <i>tazarotene</i>	117	<i>chlorthalidone tab 100-</i>	
		TAZVERIK	25	<i>25 mg</i>	34
				TENORETIC 50	

see <i>atenolol</i> & <i>chlorthalidone tab 50- 25 mg</i>	34	TIBSOVO	25	<i>tolvaptan tab therapy pack 30 & 15 mg</i>	84
TENORETIC TAB 100	34	<i>ticagrelor</i>	96	<i>tolvaptan tab therapy pack 45 & 15 mg</i>	84
TENORETIC TAB 50	34	TICOVAC	103	<i>tolvaptan tab therapy pack 60 & 30 mg</i>	84
TENORMIN.....	35	<i>tigecycline</i>	16	<i>tolvaptan tab therapy pack 90 & 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>	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> once-daily.....	107	<i>topotecan hcl</i>	19
TERIPARATIDE.....	75	<i>timolol maleate (ophth) pf</i>	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> (<i>ophth</i>) <i>pf</i>	107	TOPROL XL.....	35
<i>testosterone cypionate</i> ...	69	<i>tinidazole</i>	8	see <i>metoprolol succinate</i>	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 HYDROCHLORID	16	TIVDAK.....	25	<i>torsemide</i>	36
TEVIMBRA.....	25	TIVICAY	11	TOSYMRA	62
<i>texacort</i>	119	TIVICAY PD	11	TOUJEO MAX SOLOSTAR	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> <i>fumarate</i>	92
THEO-24.....	111	TOBRADEX OIN 0.3-0.1%	105	TPN ELECTROL INJ ...	104
<i>theophylline</i>	111	TOBRADEX ST SUS 0.3- 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> <i>ophth susp 0.3-0.1%</i> .	105	<i>tramadol-acetaminophen 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 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 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> extended release beads	35				
see <i>tiadylt er</i>	36				

<i>trandolapril-verapamil hcl</i> <i>tab er 2-180 mg</i>.....27	TREXIMET TAB 85-500MG.....62	TRIBENZOR TAB 40-5- 12.5MG.....31
<i>trandolapril-verapamil hcl</i> <i>tab er 2-240 mg</i>.....27	<i>trexiz</i> .....6	TRIBENZOR TAB 40-5- 25MG.....31
<i>trandolapril-verapamil hcl</i> <i>tab er 4-240 mg</i>.....27	<i>triamcinolone acetonide</i> 80, 81	TRICOR <i>see fenofibrate</i>.....32
<i>tranexamic acid</i>.....96	<i>triamcinolone acetonide</i> <i>(mouth)</i> .....122	<i>tridacaine ii</i>.....120
TRANEXAMIC ACID/SODIUM CH <i>see tranexamic acid-</i> <i>sodium chloride iv soln</i> <i>1000 mg/100ml-0.7%</i> .....96	<i>triamcinolone acetonide</i> <i>(topical)</i>.....119	<i>triderm</i>.....119
<i>tranexamic acid-sodium</i> <i>chloride iv soln 1000</i> <i>mg/100ml-0.7%</i> .....96	<i>triamterene</i> .....36	<i>trientine hcl</i>.....75
TRANSDERM SCOP .....86	<i>triamterene &</i> <i>hydrochlorothiazide cap</i> <i>37.5-25 mg</i> .....37	TRIESENCE .....106
<i>see scopolamine</i> .....86	<i>triamterene &</i> <i>hydrochlorothiazide tab</i> <i>37.5-25 mg</i> .....37	<i>tri-estarylla</i> .....78
<i>tranylcypromine sulfate</i> ...44	<i>triamterene &</i> <i>hydrochlorothiazide tab</i> <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> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> <i>20-5-12.5 mg</i> .....30	TRIJARDY XR TAB ER 24HR 10-5-1000MG ....72
<i>travoprost</i>.....107	<i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> <i>40-10-12.5 mg</i> .....30	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG.....72
TRAZIMERA .....25	<i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> <i>40-10-25 mg</i> .....30	TRIJARDY XR TAB ER 24HR 25-5-1000MG ....72
<i>trazodone hcl</i> .....44	<i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> <i>40-5-12.5 mg</i> .....30	TRIKAFTA PAK 59.5MG.....112
TREANDA.....16	<i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> <i>40-10-25 mg</i> .....30	TRIKAFTA PAK 75MG..112
<i>see bendamustine hcl</i> .16	<i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> <i>40-5-12.5 mg</i> .....30	TRIKAFTA TAB 100-50- 75MG & 150MG .....112
TRELEGY AER ELLIPTA 100-62.5-25 MCG.....108	<i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> <i>40-10-25 mg</i> .....30	TRIKAFTA TAB 50-25- 37.5MG & 75MG .....112
TRELEGY AER ELLIPTA 200-62.5-25 MCG.....108	<i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> <i>40-5-12.5 mg</i> .....30	<i>tri-legest fe</i> .....78
TRELSTAR MIXJECT ....18	<i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> <i>40-5-12.5 mg</i> .....30	TRILEPTAL.....54
TREMFYA.....99	<i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> <i>40-5-12.5 mg</i> .....30	<i>see oxcarbazepine</i> .....53
TREMFYA INDUCTION PACK FO.....99	<i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> <i>40-5-12.5 mg</i> .....30	<i>tri-lynyah</i> .....78
TREMFYA PEN .....99	<i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> <i>40-5-12.5 mg</i> .....30	<i>tri-lo-estarylla</i> .....78
<i>treprostinil</i> .....39	<i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> <i>40-5-12.5 mg</i> .....30	<i>tri-lo-marzia</i> .....78
TRESIBA.....74	<i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> <i>40-5-12.5 mg</i> .....30	<i>tri-lo-mili</i> .....78
TRESIBA FLEXTOUCH..74	<i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> <i>40-5-12.5 mg</i> .....30	<i>tri-lo-sprintec</i> .....78
<i>tretinoin</i> .....115	<i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> <i>40-5-12.5 mg</i> .....30	<i>trimethobenzamide hcl</i>....86
<i>tretinoin (chemotherapy)</i> .19	<i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> <i>40-5-12.5 mg</i> .....30	<i>trimethoprim</i> .....8
<i>tretinoin microsphere</i> ....115	<i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> <i>40-5-12.5 mg</i> .....30	<i>tri-mili</i> .....78
TREXALL.....100	TRIBENZOR TAB 20-5- 12.5MG.....31	<i>trimipramine maleate</i> ....44
TREXIMET <i>see sumatriptan-</i> <i>naproxen sodium tab</i> <i>85-500 mg</i>.....62	TRIBENZOR TAB 40-10- 12.5MG.....31	TRINTELLIX.....44
	TRIBENZOR TAB 40-10- 25MG.....31	<i>tri-sprintec</i> .....78
		TRIUMEQ PD TAB .....11
		TRIUMEQ TAB .....12
		<i>tri-vylibra</i> .....78
		<i>tri-vylibra lo</i>.....78

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	V	
<i>mg</i>	11	TYZAVAN	8	VABOMERE INJ 2GM(1-1)	8
see <i>emtricitabine-</i>		TZIELD.....	72	VABRINTY	18
<i>tenofovir disoproxil</i>		U		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 &</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 &</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>	31
TWYNEO CRE 0.1-3% ..	115	see <i>ampicillin &</i>		160-25 mg	31
		<i>sulbactam sodium for</i>			
		<i>iv soln 15 (10-5) gm</i>	15		

<i>valsartan-</i> <i>hydrochlorothiazide tab</i> 320-12.5 mg .....31	see <i>enalapril maleate &</i> <i>hydrochlorothiazide tab</i> 10-25 mg.....27	V-GO 30 KIT .....74
<i>valsartan-</i> <i>hydrochlorothiazide tab</i> 320-25 mg .....31	VASERETIC TAB 10-25MG.....27	V-GO 40 KIT .....74
<i>valsartan-</i> <i>hydrochlorothiazide tab</i> 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>.....39	VIGAFYDE.....55
<i>valtya</i> 1/50.....78	<i>velivet</i>.....78	VIGAMOX .....106
VANOCOCIN .....8	VELSIPITY .....99	see <i>moxifloxacin hcl</i> (<i>ophth</i>) .....105
see <i>vancomycin hcl</i>.....8	VELTASSA .....75	VIIBRYD.....44
VANCOMYC/D5W INJ 1.25/250 .....8	VEMLIDY .....13	see <i>vilazodone hcl</i>.....44
VANCOMYC/D5W INJ 1.5/300 .....8	VENCLEXTA.....25	VIJOICE .....84
<i>vancomycin hcl</i> .....8	VENCLEXTA TAB START PK.....25	VIJOICE TAB 250MG ....84
VANCOMYCIN HYDROCHLORIDE.....9	VENLAFAXINE BESYLATE 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.....9	VENTOLIN HFA (INSTITUTIONAL PACK) .....110	VIMPAT .....55
VANCOMYCIN INJ 750MG.....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>violele</i> .....78
<i>varenicline tartrate tab</i> 11 x 0.5 mg & 42 x 1 mg start pack.....68	see <i>solifenacin succinate</i>.....92	VIRACEPT .....11
VARIVAX .....103	VESICARE LS .....92	VIREAD.....11
VARUBI.....86	<i>vestura</i> .....78	see <i>tenofovir disoproxil</i> <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 PAK.....89	VYVGART INJ HYTRULO.....101	XCOPRI PAK 150-200MG (MAINTENANCE).....55
VOQUEZNA PAK TRIP PK.....89	VYZULTA.....107	XCOPRI PAK 150-200MG (TITRATION).....55
VORANIGO.....26	W	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 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.....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- 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.....72
VYLOY.....26	<i>wymzya fe</i>.....78	XIGDUO XR TAB 10- 500MG.....72
VYNDAMAX.....38	WYOST.....75	XIGDUO XR TAB 2.5-1000.....72
VYNDAQEL.....38	X	XIGDUO XR TAB 5- 1000MG.....72
VYSCOXIA.....2	XACDURO INJ 1-1GM.....9	XIGDUO XR TAB 5-500MG.....72
VYTORIN	XACIATO.....92	XIIDRA.....108
<i>see ezetimibe- simvastatin tab 10-10 mg</i>.....33	XADAGO.....46	XIPERE.....106
<i>see ezetimibe- simvastatin tab 10-20 mg</i>.....33	XALATAN.....107	XOFLUZA.....13
<i>see ezetimibe- simvastatin tab 10-40 mg</i>.....33	<i>see latanoprost</i>.....107	XOLAIR.....112
<i>see ezetimibe- simvastatin tab 10-80 mg</i>.....33	XALKORI.....26	XOLREMDI.....94
VYTORIN TAB 10-10MG 34	XANAX.....41	XOPENEX HFA.....110
VYTORIN TAB 10-20MG 34	<i>see alprazolam</i>.....40	XOSPATA.....26
VYTORIN TAB 10-40MG 34	XANAX XR.....41	XPOVIO PAK (100 MG ONCE WEEKLY).....26
VYTORIN TAB 10-80MG 34	<i>see alprazolam</i>.....40	XPOVIO PAK (40 MG ONCE WEEKLY).....26
VYVANSE.....59	<i>xarah fe</i>.....78	XPOVIO PAK (40 MG TWICE WEEKLY).....26
VYVGART.....101	XARELTO.....93	XPOVIO PAK (60 MG ONCE WEEKLY).....26
	<i>see rivaroxaban</i>.....93	
	XARELTO STAR TAB 15/20MG.....93	
	XATMEP.....100	
	XCOPRI.....55	
	XCOPRI PAK 100-150.....55	
	XCOPRI PAK 12.5-25.....55	

XPOVIO PAK (60 MG TWICE WEEKLY).....26	YUTIQ.....106	ZEPOSIA CAP STR KIT .66
XPOVIO PAK (80 MG ONCE WEEKLY).....26	YUTREPIA.....40	ZEPZELCA.....16
XPOVIO PAK (80 MG TWICE WEEKLY).....26	yuvaferm.....79	ZERBAXA INJ 1.5GM.....13
XROMI.....96	Z	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
Y	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.....72	see <i>zolmitriptan</i> .....62	zumandimine.....78
ZITUVIMET TAB 50- 500MG.....72	ZONALON.....121	ZUNVEYL .....41
ZITUVIMET XR TAB 100- 1000 .....72	ZONEGRAN.....55	ZURNAL.....68
ZITUVIMET XR TAB 50- 1000 .....72	see <i>zonisamide</i> .....55	ZURZUVAE.....44
ZITUVIMET XR TAB 50- 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> (<i>immunosuppressant</i>) .....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>.....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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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