

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 200mg, 300mg	1	
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	4	NDS
ALOPRIM SOLR 500mg	4	NDS
<i>colchicine</i> (generic of MITIGARE) CAPS .6mg QL (60 caps / 30 days)	1	QL
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	1	QL
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	1	
COLCRYS TABS .6mg QL (120 tabs / 30 days)	3	QL
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1	PA
GLOPERBA SOLN .6mg/5ml QL (300 mL / 30 days)	3	QL
KRYSTEXXA SOLN 8mg/ml	4	NDS NM PA
MITIGARE CAPS .6mg QL (60 caps / 30 days)	2	QL
<i>probenecid</i> TABS 500mg	1	
ULORIC TABS 40mg, 80mg	3	PA
MISCELLANEOUS		
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
NSAIDS		
ARTHROTEC 50 TAB	3	
ARTHROTEC 75 TAB	3	
CELEBREX CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
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
DAYPRO TABS 600mg	3	
<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	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>ketorolac tromethamine</i> TABS 10mg QL (20 tabs / 30 days) PA applies if 70 years and older	1	QL PA
<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg	1	
<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL
<i>naproxen dr</i> (generic of EC-NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL
<i>naproxen sodium</i> TABS 275mg	1	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
<i>oxaprozin</i> TABS 600mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	
<i>tolmetin sodium</i> CAPS 400mg; TABS 600mg	1	
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	3	QL PA
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	4	NDS QL PA
<i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	3	QL PA
<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

Drug Name	Drug Requirements/ Tier	Limits
<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
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
METHADONE HCL INJ SOLN 10mg/ml	3	
<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA
<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg 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
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 5-300 mg</i> QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 10-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 10-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml</i> QL (600 mL / 30 days)	1	QL
<i>hydromorphone hcl SOLN 4mg/ml, 10mg/ml, 50mg/5ml</i>	3	B/D
<i>hydromorphone hcl (generic of DILAUDID) SOLN .2mg/ml, 1mg/ml, 2mg/ml</i>	3	B/D
<i>hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg</i> QL (180 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
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	
OXAYDO TABS 5mg QL (180 tabs / 30 days)	3	QL
OXAYDO TABS 7.5mg QL (360 tabs / 30 days)	4	NDS QL
<i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days)	1	QL
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>soln</i> 5-325 mg/5ml QL (1800 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 2.5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>oxymorphone hcl</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
PERCOCET TAB 2.5-325 QL (360 tabs / 30 days)	4	NDS QL PA
PERCOCET TAB 5-325MG QL (360 tabs / 30 days)	4	NDS QL PA
PERCOCET TAB 7.5-325 QL (240 tabs / 30 days)	4	NDS QL PA
PERCOCET TAB 10-325MG QL (180 tabs / 30 days)	4	NDS QL PA
ROXICODONE TABS 15mg QL (180 tabs / 30 days)	3	QL
ROXICODONE TABS 30mg QL (180 tabs / 30 days)	4	NDS QL
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	1	QL
<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)	4	NDS QL PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	4	NDS NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>dapsone</i> TABS 25mg, 100mg	1	
DAPTOMY/NACL INJ 350/50ML	3	
DAPTOMY/NACL INJ 500/50ML	3	
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	4	NDS
DAPTOMYCIN SOLR 350mg, 500mg	4	NDS
<i>daptomycin</i> SOLR 500mg	4	NDS
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>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
HIPREX TABS 1gm	3	
HUMATIN CAPS 250mg	4	NDS
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i> (generic of PRIMAXIN IV)	1	
IMPAVIDO CAPS 50mg	4	NDS PA
INVANZ SOLR 1gm	3	
<i>ivermectin</i> (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days)	1	QL PA
<i>ivermectin</i> TABS 6mg QL (10 tabs / 90 days)	1	QL PA
KIMYRSA SOLR 1200mg	4	NDS

Drug Name	Drug Requirements/ Tier Limits
KITABIS PAK NEBU 300mg/5ml	4 NDS NM PA
LIKMEZ SUSP 500mg/5ml	3
<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml	1
<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	4 NDS QL
<i>linezolid</i> (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)	1 QL
LINEZOLID INJ 2MG/ML	3
MACROBID CAPS 100mg	3
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 macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg	2
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	2
ORBACTIV SOLR 400mg	4 NDS
PENTAM 300 SOLR 300mg	3
<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	1 B/D

Drug Name	Drug Requirements/ Tier Limits
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	1
<i>polymyxin b sulfate</i> SOLR 500000unit	1
<i>praziquantel</i> TABS 600mg	1
PRIMAXIN IV INJ 500MG	3
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	4 NDS QL PA
RECARBRIO INJ 1.25GM	4 NDS
SIVEXTRO SOLR 200mg; TABS 200mg	4 NDS
SOLOSEC PACK 2gm	3
<i>streptomycin sulfate</i> SOLR 1gm	4 NDS
STROMECTOL TABS 3mg QL (12 tabs / 90 days)	3 QL PA
<i>sulfadiazine</i> TABS 500mg	4 NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> (generic of BACTRIM)	1
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	1
<i>tinidazole</i> TABS 250mg, 500mg	1
TOBI NEBU 300mg/5ml	4 NDS NM PA
TOBI PODHALER CAPS 28mg	4 NDS NM PA
<i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml	4 NDS NM PA
<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	4 NDS NM PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1
<i>trimethoprim</i> TABS 100mg	1
VABOMERE INJ 2GM(1-1)	4 NDS
VANCOCIN CAPS 125mg QL (80 caps / 180 days)	4 NDS QL

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

Drug Name	Drug Requirements/ Tier	Limits
VANCOCIN CAPS 250mg QL (160 caps / 180 days)	4	NDS QL
VANCOMYC/D5W INJ 1.5/300	3	
VANCOMYC/D5W INJ 1.25/250	3	
VANCOMYCIN SOLN 2000mg/400ml	3	
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	1	QL
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	1	QL
<i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg	1	
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg	1	
<i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml, 250mg/5ml QL (1800 mL / 180 days)	1	QL
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1gm, 1.25gm, 1.5gm, 1.75gm, 2gm, 5gm, 10gm, 500mg, 750mg	3	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
VIBATIV SOLR 750mg	4	NDS
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	3	QL
ZEMDRI SOLN 500mg/10ml	4	NDS
ZYVOX SOLN 200mg/100ml, 600mg/300ml	4	NDS
ZYVOX SUSR 100mg/5ml QL (1800 mL / 30 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
ZYVOX TABS 600mg QL (60 tabs / 30 days)	4	NDS QL
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	3	B/D
AMBISOME SUSR 50mg	4	NDS B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	4	NDS B/D
ANCOBON CAPS 250mg, 500mg	4	NDS PA
CANCIDAS SOLR 50mg, 70mg	4	NDS
<i>caspofungin acetate</i> SOLR 50mg	1	
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	4	NDS
<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 70mg	1	
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	4	NDS PA
DIFLUCAN SUSR 40mg/ml; TABs 100mg	3	
ERAXIS SOLR 50mg	3	
ERAXIS SOLR 100mg	4	NDS
<i>fluconazole</i> SUSR 10mg/ml; TABs 50mg, 100mg, 200mg	1	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml; TABs 150mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	4	NDS PA
<i>fulvicin p/g 165</i> TABs 165mg	4	NDS
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABs 500mg	1	
<i>griseofulvin ultramicrosize</i> TABs 125mg, 250mg	1	
<i>griseofulvin ultramicrosize</i> TABs 165mg	4	NDS
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	PA
<i>itraconazole</i> SOLN 10mg/ml	4	NDS
<i>ketconazole</i> TABs 200mg	1	PA

Drug Name	Drug Requirements/ Tier	Limits
MICAFUNGIN SOLR 50mg, 100mg	4	NDS
<i>micafungin sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	1	
MICAFUNGIN/NACL INJ 50MG/50ML	4	NDS
MICAFUNGIN/NACL INJ 100MG/100ML	4	NDS
MICAFUNGIN/NACL INJ 150MG/150ML	4	NDS
MYCAMINE SOLR 50mg, 100mg	4	NDS
NOXAFIL PACK 300mg QL (32 packets / 30 days)	4	NDS QL PA
NOXAFIL SOLN 300mg/16.7ml	4	NDS
NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA
NOXAFIL TBEC 100mg QL (93 tabs / 30 days)	4	NDS QL PA
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> (generic of NOXAFIL) SOLN 300mg/16.7ml	4	NDS
<i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA
<i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	4	NDS QL PA
REZZAYO SOLR 200mg	4	NDS
SPORANOX CAPS 100mg	3	PA
<i>terbinafine hcl</i> TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	1	QL PA
TOLSURA CAPS 65mg	4	NDS PA
VFEND SUSR 40mg/ml QL (600 mL / 28 days)	4	NDS QL PA
VFEND TABS 50mg QL (480 tabs / 30 days)	3	QL
VFEND IV SOLR 200mg	3	PA
VIVJOA CPPK 150mg QL (18 caps / 84 days)	4	NDS QL NM PA
VORICONAZOLE SOLR 200mg	3	PA

Drug Name	Drug Requirements/ Tier	Limits
<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> 62.5-25 mg (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
<i>mefloquine hcl</i> TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA
ANTI-RETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	1	NM
<i>abacavir sulfate</i> TABS 300mg	1	NM
APTIVUS CAPS 250mg	4	NDS NM
<i>atazanavir sulfate</i> CAPS 150mg	1	NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	1	NM
<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	4	NDS QL NM
<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	4	NDS QL NM
EDURANT TABS 25mg	4	NDS NM
EDURANT PED TBSO 2.5mg	4	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	4	NDS NM
<i>fosamprenavir calcium</i> TABS 700mg	4	NDS NM
FUZEON SOLR 90mg	4	NDS NM
INTELENCE TABS 25mg	3	NM
INTELENCE TABS 100mg, 200mg	4	NDS NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	4	NDS NM
ISENTRESS HD TABS 600mg	4	NDS NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	4	NDS NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg; TABS 100mg	3	NM
PIFELTRO TABS 100mg	4	NDS NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	4	NDS QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	3	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	4	NDS QL NM
PREZISTA TABS 600mg QL (60 tabs / 30 days)	4	NDS QL NM
PREZISTA TABS 800mg QL (30 tabs / 30 days)	4	NDS QL NM
RETROVIR CAPS 100mg; SYRP 50mg/5ml	3	NM
REYATAZ CAPS 200mg, 300mg; PACK 50mg	4	NDS NM
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	1	NM

Drug Name	Drug Requirements/ Tier	Limits
RUKOBIA TB12 600mg	4	NDS NM
SELZENTRY SOLN 20mg/ml; TABS 150mg, 300mg	4	NDS NM
SUNLENCA TABS 300mg; TBPK 300mg	4	NDS NM
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	1	NM
TIVICAY TABS 10mg	2	NM
TIVICAY TABS 25mg, 50mg	4	NDS NM
TIVICAY PD TBSO 5mg	4	NDS NM
TROGARZO SOLN 200mg/1.33ml	4	NDS NM
TYBOST TABS 150mg	2	NM
VIRACEPT TABS 250mg, 625mg	4	NDS NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg	4	NDS NM
ZIAGEN SOLN 20mg/ml	3	NM
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM
<i>zidovudine</i> TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	NM
BIKTARVY TAB 30-120-15 MG	4	NDS NM
BIKTARVY TAB 50-200-25 MG	4	NDS NM
CIMDUO TAB 300-300	4	NDS NM
COMPLERA TAB	4	NDS NM
DELSTRIGO TAB	4	NDS NM
DESCOVY TAB 120-15MG	4	NDS NM
DESCOVY TAB 200/25MG	4	NDS NM
DOVATO TAB 50-300MG	4	NDS NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	4	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	4	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	4	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
<i>emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg</i> (generic of COMPLERA)	4	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA)	4	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA)	4	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA)	4	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA)	1	NM
EVOTAZ TAB 300-150	4	NDS NM
GENVOYA TAB	4	NDS NM
JULUCA TAB 50-25MG	4	NDS NM
KALETRA SOL	3	NM
KALETRA TAB 100-25MG	3	NM
KALETRA TAB 200-50MG	4	NDS NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	1	NM
ODEFSEY TAB	4	NDS NM
PREZCOBIX TAB 800-150	4	NDS NM
STRIBILD TAB	4	NDS NM
SYMFI LO TAB	4	NDS NM
SYMFI TAB	4	NDS NM
SYMTUZA TAB	4	NDS NM
TRIUMEQ PD TAB	2	NM
TRIUMEQ TAB	4	NDS NM
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	4	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRETOMANID TABS 200mg	3	

Drug Name	Drug Requirements/ Tier	Limits
PRIFTIN TABS 150mg	3	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> CAPS 150mg	1	
RIFADIN SOLR 600mg	4	NDS
<i>rifampin</i> CAPS 150mg, 300mg	1	
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	4	NDS NM PA
TRECTOR TABS 250mg	3	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	4	NDS NM ST
BARACLUDE TABS .5mg, 1mg	4	NDS NM
<i>cidofovir</i> SOLN 75mg/ml	1	
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	4	NDS NM PA
EPCLUSA PAK 200-50MG	4	NDS NM PA
EPCLUSA TAB 200-50MG	4	NDS NM PA
EPCLUSA TAB 400-100	4	NDS NM PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>foscarnet sodium</i> (generic of FOSCAVIR) SOLN 6000mg/250ml	4	NDS B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	4	NDS NM PA
HARVONI PAK 45-200MG	4	NDS NM PA
HARVONI TAB 45-200MG	4	NDS NM PA
HARVONI TAB 90-400MG	4	NDS NM PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	4	NDS QL NM PA

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
MAVYRET PAK 50-20MG	4	NDS NM PA
MAVYRET TAB 100-40MG	4	NDS NM PA
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	1	QL
PAXLOVID PAK QL (22 tabs / 90 days)	1	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	1	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	1	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	4	NDS NM PA
PREVYMIS PACK 20mg, 120mg QL (120 packets / 30 days)	4	NDS QL PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	4	NDS
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	4	NDS QL PA
RAPIVAB SOLN 200mg/20ml	4	NDS
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	2	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
TAMIFLU CAPS 30mg QL (168 caps / year)	3	QL
TAMIFLU CAPS 45mg, 75mg QL (84 caps / year)	3	QL
TAMIFLU SUSR 6mg/ml QL (1080 mL / year)	3	QL
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
VALCYTE SOLR 50mg/ml; TABS 450mg	4	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	4	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	1	
VALTREX TABS 1gm, 500mg	3	
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	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> (generic of CEFOTAN) SOLR 1gm, 2gm	1	

Drug Name	Drug Requirements/ Tier	Limits
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
<i>cefloxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
FETROJA SOLR 1gm	4	NDS
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	4	NDS
ZERBAXA INJ 1.5GM	4	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; TABS 600mg	1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	4	NDS
e.e.s. 400 TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
ERYTHROCIN	3	
LACTOBIONATE SOLR 500mg		
<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	
ZITHROMAX PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	3	
ZITHROMAX TRI-PAK TABS 500mg	3	
ZITHROMAX Z-PAK TABS 250mg	3	
FLUOROQUINOLONES		
BAXDELA SOLR 300mg; TABS 450mg	4	NDS
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>ciprofloxacin hcl</i> TABS 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	

Drug Name	Drug Requirements/ Tier Limits
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1
<i>moxifloxacin hcl TABS 400mg</i>	1
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3
PENICILLINS	
<i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	1
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	1
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1
<i>ampicillin CAPS 500mg</i>	1
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)</i>	1
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i>	1
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)</i>	1
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1
AUGMENTIN SUS 125/5ML	3
AUGMENTIN SUS ES-600	3
AUGMENTIN TAB 500MG	3
BICILLIN C-R INJ 900/300	3
BICILLIN C-R INJ 1200000	3
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1
NAFCILLIN INJ 2GM/100	4 NDS
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1
<i>nafcillin sodium SOLR 10gm</i>	4 NDS
OXACILLIN INJ 2GM	3
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1
PEN GK/DEXTR INJ 20000/ML	3
PEN GK/DEXTR INJ 40000/ML	3
PEN GK/DEXTR INJ 60000/ML	3
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1
<i>penicillin g sodium SOLR 5000000unit</i>	1
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	1
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1

Drug Name	Drug Requirements/ Tier	Limits
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
UNASYN INJ 1.5GM	3	
UNASYN INJ 3GM	3	
UNASYN INJ 15GM	3	
ZOSYN SOL 2-0.25GM	3	
ZOSYN SOL 3-0.375G	3	
ZOSYN SOL 4-0.50GM	3	
TETRACYCLINES		
<i>demeclocycline hcl</i> TABS 150mg, 300mg	1	
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg	4	NDS NM
NUZYRA TABS 150mg QL (30 tabs / 14 days)	4	NDS QL NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
TIGECYCLINE SOLR 50mg	4	NDS
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	4	NDS
TYGACIL SOLR 50mg	4	NDS
XERAVA SOLR 50mg, 100mg	3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>bendamustine hcl</i> (generic of TREANDA) SOLR 25mg, 100mg	4	NDS B/D NM
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	4	NDS B/D NM
BENDEKA SOLN 100mg/4ml	4	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	4	NDS B/D NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	4	NDS B/D
<i>cyclophosphamide</i> SOLR 2gm	4	NDS B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	4	NDS B/D
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
LEUKERAN TABS 2mg	4	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
<i>oxaliplatin</i> SOLR 100mg	4	NDS B/D
TREANDA SOLR 25mg, 100mg	4	NDS B/D NM
VIVIMUSTA SOLN 100mg/4ml	4	NDS B/D NM
ZEPZELCA SOLR 4mg	4	NDS NM PA
ANTIMETABOLITES		
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

Drug Name	Drug Requirements/ Tier Limits
<i>decitabine</i> SOLR 50mg	4 NDS B/D NM
<i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg	1 B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1 B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	4 NDS NM PA
<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1 B/D
<i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg	1 B/D
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; SOLR 100mg, 500mg	4 NDS B/D
<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	4 NDS B/D
<i>pemetrexed disodium</i> SOLR 750mg, 1000mg	4 NDS B/D
PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml	4 NDS B/D

Drug Name	Drug Requirements/ Tier Limits
<i>pralatrexate</i> SOLN 20mg/ml, 40mg/2ml	4 NDS NM PA
PURIXAN SUSP 2000mg/100ml	4 NDS NM
TABLOID TABS 40mg	4 NDS
VIDAZA SUSR 100mg	4 NDS B/D NM
HORMONAL ANTINEOPLASTIC AGENTS	
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	4 NDS QL NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	4 NDS QL NM PA
<i>abirtega</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	1 QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	4 NDS QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	4 NDS QL NM PA
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	1
ARIMIDEX TABS 1mg	4 NDS
AROMASIN TABS 25mg	4 NDS
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	1
CASODEX TABS 50mg	4 NDS
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2 NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	4 NDS QL NM PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	4 NDS QL NM PA
EULEXIN CAPS 125mg	4 NDS
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1
FARESTON TABS 60mg	4 NDS PA
FASLODEX SOSY 250mg/5ml	4 NDS B/D
FEMARA TABS 2.5mg	3
FIRMAGON SOLR 80mg	3 NM PA
FIRMAGON SOLR 120mg/vial	4 NDS NM PA
<i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml	4 NDS B/D
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	1

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>leuprolide acetate</i> KIT 1mg/0.2ml	1 NM PA
<i>leuprolide acetate</i> (3 month) INJ 22.5mg	1 NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	4 NDS NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	4 NDS NM PA
LUPRON DEPOT (4-MONTH) KIT 30mg	4 NDS NM PA
LUPRON DEPOT (6-MONTH) KIT 45mg	4 NDS NM PA
LUTRATE DEPOT INJ 22.5mg	3 NM PA
LYSODREN TABS 500mg	4 NDS NM
<i>megestrol acetate</i> TABS 20mg, 40mg	2
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	4 NDS
NUBEQA TABS 300mg QL (120 tabs / 30 days)	4 NDS QL NM PA
ORGOVYX TABS 120mg	4 NDS NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	4 NDS QL NM PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	4 NDS QL NM PA
SOLTAMOX SOLN 10mg/5ml	4 NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	1 PA
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2 NM PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	4 NDS QL NM PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	4 NDS QL NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	4 NDS QL NM PA
YONSA TABS 125mg QL (120 tabs / 30 days)	4 NDS QL NM PA
ZOLADEX IMPL 3.6mg, 10.8mg	3 NM PA
ZYTIGA TABS 250mg QL (120 tabs / 30 days)	4 NDS QL NM PA
ZYTIGA TABS 500mg QL (60 tabs / 30 days)	4 NDS QL NM PA

Drug Name	Drug Requirements/ Tier Limits
IMMUNOMODULATORS	
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4 NDS QL NM PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	4 NDS QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	4 NDS QL NM PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4 NDS QL NM PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	4 NDS QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	4 NDS QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	4 NDS QL NM PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	4 NDS QL NM PA
MISCELLANEOUS	
ASPARLAS SOLN 3750unit/5ml	4 NDS NM PA
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	4 NDS QL NM PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	4 NDS QL NM PA
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1 B/D
CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	3 B/D
<i>dacarbazine</i> SOLR 100mg	1 B/D
DOXIL SUSP 2mg/ml	4 NDS B/D
<i>doxorubicin hcl</i> (generic of DOXORUBICIN HYDROCHLORIDE) SOLN 2mg/ml	1 B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) SUSP 2mg/ml	4 NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	3	B/D
ELLECE SOLN 50mg/25ml, 200mg/100ml	3	B/D
HYDREA CAPS 500mg	3	
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	1	
<i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	1	B/D
<i>irinotecan hcl</i> SOLN 500mg/25ml	1	B/D
IWILFIN TABS 192mg QL (240 tabs / 30 days)	4	NDS QL NM PA
MATULANE CAPS 50mg	4	NDS NM
<i>mitomycin</i> SOLR 5mg	1	B/D
<i>mitomycin</i> SOLR 20mg, 40mg	4	NDS B/D
<i>mitoxantrone hcl</i> CONC 2mg/ml	1	B/D NM
NIPENT SOLR 10mg	4	NDS B/D
ONCASPAR SOLN 750unit/ml	4	NDS NM PA
ONIVYDE INJ 43mg/10ml	4	NDS B/D NM
RYLAZE SOLN 10mg/0.5ml	4	NDS NM PA
TARGRETIN CAPS 75mg QL (300 caps / 30 days)	4	NDS QL NM PA
TOPOTECAN HCL SOLN 4mg/4ml	3	B/D
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml	1	B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg	4	NDS B/D
<i>tretinoin (chemotherapy)</i> CAPS 10mg	4	NDS
<i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml	4	NDS B/D NM
VALSTAR SOLN 40mg/ml	4	NDS B/D NM
WELIREG TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	4	NDS B/D NM
DOCETAXEL CONC 20mg/ml	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
<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
MOLECULAR TARGET AGENTS		
AFINITOR DISPERZ TBSO 2mg QL (150 tabs / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ TBSO 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ALECENSA CAPS 150mg QL (240 caps / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
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
ARZERRA CONC 100mg/5ml, 1000mg/50ml	4	NDS B/D NM
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	4	NDS QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	4	NDS QL NM PA
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	4	NDS QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	4	NDS QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	4	NDS QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	4	NDS QL NM PA
BAVENCIO SOLN 200mg/10ml	4	NDS NM PA
BELEODAQ SOLR 500mg	4	NDS NM PA
BESPONSA SOLR .9mg	4	NDS NM PA
BORTEZOMIB SOLR 1mg, 2.5mg	3	NM PA
<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	4	NDS NM PA
BORUZU SOLN 3.5mg/1.4ml	4	NDS NM PA
BOSULIF CAPS 50mg QL (360 caps / 30 days)	4	NDS QL NM PA
BOSULIF CAPS 100mg QL (150 caps / 25 days)	4	NDS QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	4	NDS QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	4	NDS QL NM PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	4	NDS QL NM PA
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	4	NDS NM PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	4	NDS QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	4	NDS QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	4	NDS QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	4	NDS QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	4	NDS QL NM PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	4	NDS QL NM PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	4	NDS NM PA
DARZALEX INJ FASPRO <i>dasatinib</i> (generic of SPRYCEL) TABS 20mg QL (90 tabs / 30 days)	4	NDS NM PA NDS QL NM PA
<i>dasatinib</i> (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4	NDS QL NM PA
DATROWAY SOLR 100mg	4	NDS NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	4	NDS QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ELAHERE SOLN 100mg/20ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier Limits
EMPLICITI SOLR 300mg, 400mg	4 NDS NM PA
ENHERTU SOLR 100mg	4 NDS NM PA
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	4 NDS NM PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	4 NDS B/D NM
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	4 NDS QL NM PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	4 NDS QL NM PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg QL (30 tabs / 30 days)	4 NDS QL NM PA
<i>erlotinib hcl</i> TABS 150mg QL (30 tabs / 30 days)	4 NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4 NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days)	4 NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	4 NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	4 NDS QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	4 NDS QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	4 NDS QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	4 NDS QL NM PA
FYARRO SUSR 100mg	4 NDS NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	4 NDS QL NM PA
GAZYVA SOLN 1000mg/40ml	4 NDS NM PA
<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	4 NDS QL NM PA

Drug Name	Drug Requirements/ Tier Limits
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
HERZUMA SOLR 150mg, 420mg	4 NDS NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	4 NDS QL NM PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	4 NDS QL NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4 NDS QL NM PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	4 NDS QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	4 NDS QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	4 NDS QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	4 NDS QL NM PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	4 NDS QL NM PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	4 NDS QL NM PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	4 NDS QL NM PA
IMDELLTRA SOLR 1mg, 10mg	4 NDS NM PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	4 NDS NM PA

Drug Name	Drug Requirements/ Tier Limits
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
KADCYLA SOLR 100mg, 160mg	4 NDS B/D NM
KANJINTI SOLR 150mg, 420mg	4 NDS NM PA
KEYTRUDA SOLN 100mg/4ml	4 NDS NM PA
KIMMTRAK SOLN 100mcg/0.5ml	4 NDS NM PA
KISQALI 200 DOSE TBPK QL (21 tabs / 28 days)	4 NDS QL NM PA
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	4 NDS QL NM PA
KISQALI 400 DOSE TBPK 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 QL (63 tabs / 28 days)	4 NDS QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	4 NDS QL NM PA

Drug Name	Drug Requirements/ Tier Limits
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	4 NDS QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	4 NDS QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	4 NDS QL NM PA
KYPROLIS SOLR 10mg, 30mg, 60mg	4 NDS NM PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	4 NDS QL NM PA
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	4 NDS QL NM PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	4 NDS QL NM PA
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

Drug Name	Drug Requirements/ Tier	Limits
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	4	NDS QL NM PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	4	NDS NM PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	4	NDS QL NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	4	NDS QL NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	4	NDS QL NM PA
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
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
<i>nilotinib hcl</i> CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
<i>nilotinib hcl</i> (generic of TASIGNA) CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	4	NDS QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	4	NDS QL NM PA
OGIVRI SOLR 150mg, 420mg	4	NDS NM PA
OGSIVEO TABS 50mg QL (180 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	4	NDS QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	4	NDS QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	4	NDS QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ONTRUZANT SOLR 150mg, 420mg	4	NDS NM PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	4	NDS NM PA
OPDIVO INJ QVANTIG	4	NDS NM PA
OPDUALAG SOL	4	NDS NM PA
PADCEV SOLR 20mg, 30mg <i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	4	NDS NM PA NDS QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	4	NDS QL NM PA
PERJETA SOLN 420mg/14ml	4	NDS NM PA
PHESGO SOL	4	NDS NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	4	NDS QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	4	NDS QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	4	NDS QL NM PA
POLIVY SOLR 30mg, 140mg	4	NDS NM PA
POTELIGEO SOLN 20mg/5ml	4	NDS NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	4	NDS QL NM PA
RETEVMO CAPS 40mg QL (240 caps / 30 days)	4	NDS QL NM PA
RETEVMO CAPS 80mg QL (120 caps / 30 days)	4	NDS QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
RETEVMO TABS 80mg, 120mg, 160mg QL (60 tabs / 30 days)	4	NDS QL NM PA
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
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
RYBREVANT SOLN 350mg/7ml	4	NDS NM PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	4	NDS QL NM PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	4	NDS NM PA
SCSEMBLIX TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
SCSEMBLIX TABS 40mg QL (300 tabs / 30 days)	4	NDS QL NM PA
SCSEMBLIX TABS 100mg QL (120 tabs / 30 days)	4	NDS QL NM PA
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
SPRYCEL TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4	NDS QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	4	NDS QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	4	NDS QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	4	NDS QL NM PA
TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	4	NDS QL NM PA
TAGRISSO 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
<i>torpenz</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier Limits
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
VELCADE SOLR 3.5mg	4 NDS NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	2 QL NM PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	4 NDS QL NM PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	4 NDS QL NM PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	4 NDS QL NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	4 NDS QL NM PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	4 NDS QL NM PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	4 NDS QL NM PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	4 NDS QL NM PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4 NDS QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	4 NDS QL NM PA
VORANIGO TABS 10mg QL (60 tabs / 30 days)	4 NDS QL NM PA

Drug Name	Drug Requirements/ Tier Limits
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 50mg QL (120 caps / 30 days)	4 NDS QL NM PA
XALKORI CPSP 20mg QL (240 caps / 30 days)	4 NDS QL NM PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	4 NDS QL NM PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	4 NDS QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg QL (16 tabs / 28 days)	4 NDS QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days)	4 NDS QL NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	4 NDS QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	4 NDS QL NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	4 NDS QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	4 NDS QL NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	4 NDS QL NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days)	4 NDS QL NM PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	4 NDS NM PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	4 NDS NM PA
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

Drug Name	Drug Requirements/ Tier	Limits
ZIIHERA SOLR 300mg	4	NDS NM PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	4	NDS QL NM PA
ZYNLONTA SOLR 10mg	4	NDS NM PA
ZYNYZ SOLN 500mg/20ml	4	NDS NM PA
PROTECTIVE AGENTS		
dexrazoxane hcl SOLR 250mg, 500mg	4	NDS B/D
ELITEK SOLR 1.5mg, 7.5mg	4	NDS B/D
KHAPZORY SOLR 175mg	4	NDS B/D NM
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	1	
levoleucovorin calcium SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D NM
mesna (generic of MESNEX) TABS 400mg	4	NDS
MESNEX TABS 400mg	4	NDS
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
amlodipine besylate- benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate- benazepril hcl cap 5-10 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
amlodipine besylate- benazepril hcl cap 5-20 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
amlodipine besylate- benazepril hcl cap 5-40 mg QL (30 caps / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>lisinopril & hydrochlorothiazide</i> 1 <i>tab 10-12.5 mg</i> (generic of ZESTORETIC)		
<i>lisinopril & hydrochlorothiazide</i> 1 <i>tab 20-12.5 mg</i> (generic of ZESTORETIC)		
<i>lisinopril & hydrochlorothiazide</i> 1 <i>tab 20-25 mg</i> (generic of ZESTORETIC)		
LOTREL CAP 5-10MG	3	QL
QL (30 caps / 30 days)		
LOTREL CAP 5-20MG	3	QL
QL (30 caps / 30 days)		
LOTREL CAP 10-20MG	3	QL
QL (30 caps / 30 days)		
LOTREL CAP 10-40MG	3	QL
QL (30 caps / 30 days)		
<i>quinapril-hydrochlorothiazide</i> 1 <i>tab 10-12.5 mg</i> (generic of ACCURETIC)		
<i>quinapril-hydrochlorothiazide</i> 1 <i>tab 20-12.5 mg</i> (generic of ACCURETIC)		
<i>quinapril-hydrochlorothiazide</i> 1 <i>tab 20-25 mg</i>		
<i>trandolapril-verapamil hcl tab</i> 1 <i>er 1-240 mg</i>		
<i>trandolapril-verapamil hcl tab</i> 1 <i>er 2-180 mg</i>		
<i>trandolapril-verapamil hcl tab</i> 1 <i>er 2-240 mg</i>		
<i>trandolapril-verapamil hcl tab</i> 1 <i>er 4-240 mg</i>		
VASERETIC TAB 10-25MG	3	
ZESTORETIC TAB 10-12.5	3	
ZESTORETIC TAB 20-12.5	3	
ZESTORETIC TAB 20-25MG	3	
ACE INHIBITORS		
ALTACE CAPS 10mg	3	
<i>benazepril hcl</i> TABS 5mg	1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	
<i>enalapril maleate</i> (generic of EPANED) SOLN 1mg/ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	1	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	
<i>lisinopril</i> (generic of ZESTRIL) 1 TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg		
LOTENSIN TABS 10mg, 20mg, 40mg	3	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
QBRELIS SOLN 1mg/ml	4	NDS
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 5mg, 10mg	1	
<i>ramipril</i> (generic of ALTACE) CAPS 2.5mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
VASOTEC TABS 2.5mg, 5mg, 10mg	3	
VASOTEC TABS 20mg	4	NDS
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	3	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE TABS 25mg, 50mg, 100mg	3	
CAROSPIR SUSP 25mg/5ml	3	
<i>eplerenone</i> (generic of INSPIRA) TABS 25mg, 50mg	1	
INSPIRA TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg	2	QL
QL (30 tabs / 30 days)		
<i>spironolactone</i> (generic of CAROSPIR) SUSP 25mg/5ml	1	
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
CARDURA TABS 1mg, 2mg, 4mg, 8mg	3	

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>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
TEZRULY SOLN 1mg/ml QL (600 mL / 30 days)	3	QL ST
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
MICARDIS HCT TAB 80/12.5 QL (60 tabs / 30 days)	3	QL
olmesartan medoxomil- hydrochlorothiazide tab 20- 12.5 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL
olmesartan medoxomil- hydrochlorothiazide tab 40- 12.5 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL
olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine- hydrochlorothiazide tab 20-5- 12.5 mg (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine- hydrochlorothiazide tab 40-5- 12.5 mg (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine- hydrochlorothiazide tab 40-5- 25 mg (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine- hydrochlorothiazide tab 40-10- 12.5 mg (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine- hydrochlorothiazide tab 40-10- 25 mg (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
telmisartan-amlodipine tab 40- 5 mg QL (30 tabs / 30 days)	1	QL
telmisartan-amlodipine tab 40- 10 mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
telmisartan-amlodipine tab 80- 5 mg QL (30 tabs / 30 days)	1	QL
telmisartan-amlodipine tab 80- 10 mg QL (30 tabs / 30 days)	1	QL
telmisartan- hydrochlorothiazide tab 40- 12.5 mg (generic of MICARDIS HCT) QL (30 tabs / 30 days)	1	QL
telmisartan- hydrochlorothiazide tab 80- 12.5 mg (generic of MICARDIS HCT) QL (60 tabs / 30 days)	1	QL
telmisartan- hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT) QL (30 tabs / 30 days)	1	QL
TRIBENZOR20- TAB 5- 12.5MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR40- TAB 5- 12.5MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR40- TAB 5-25MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR40- TAB 10-12.5 QL (30 tabs / 30 days)	3	QL
TRIBENZOR40- TAB 10- 25MG QL (30 tabs / 30 days)	3	QL
valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>valsartan-hydrochlorothiazide</i> tab 320-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide</i> tab 320-25 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	3	QL
ATACAND TABS 32mg QL (30 tabs / 30 days)	3	QL
AVAPRO TABS 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	

Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	QL
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>telmisartan</i> TABS 20mg QL (30 tabs / 30 days)	1	QL
<i>telmisartan</i> (generic of MICARDIS) TABS 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>valsartan</i> (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	
<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	

Drug Name	Drug Requirements/ Tier	Limits
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sotalol hcl</i> TABS 240mg	1	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1	
SOTYLIZE SOLN 5mg/ml	3	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM
ANTIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	1	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1	
<i>fenofibrate</i> TABS 54mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1	
LOPID TABS 600mg	3	
TRICOR TABS 48mg, 145mg	3	
ANTIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ATORVALIQ SUSP 20mg/5ml	3	QL ST
QL (600 mL / 30 days)		
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg	1	QL
QL (30 tabs / 30 days)		
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	3	QL ST
QL (30 caps / 30 days)		
FLOLIPID SUSP 20mg/5ml, 40mg/5ml	3	QL ST
QL (300 mL / 30 days)		
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	QL ST
QL (60 caps / 30 days)		
<i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg	1	QL ST
QL (30 tabs / 30 days)		
LESCOL XL TB24 80mg	3	QL ST
QL (30 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
LIVALO TABS 1mg, 2mg, 4mg	3	QL ST
QL (30 tabs / 30 days)		
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL
QL (60 tabs / 30 days)		
<i>pitavastatin calcium</i> (generic of LIVALO) TABS 1mg, 2mg, 4mg	1	QL ST
QL (30 tabs / 30 days)		
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL
QL (30 tabs / 30 days)		
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg	1	QL
QL (30 tabs / 30 days)		
<i>simvastatin</i> TABS 5mg, 80mg	1	QL
QL (30 tabs / 30 days)		
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg	1	QL
QL (30 tabs / 30 days)		
ZOCOR TABS 10mg, 20mg, 40mg	3	QL
QL (30 tabs / 30 days)		
ZYPITAMAG TABS 2mg, 4mg	3	QL ST
QL (30 tabs / 30 days)		
ANTIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm	1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1	
COLESTID GRAN 5gm; TABS 1gm	3	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; TABS 1gm	1	
<i>colestipol hcl</i> PACK 5gm	1	

Drug Name	Drug Requirements/ Tier	Limits
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	4	NDS NM PA
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	4	NDS NM PA
LOVAZA CAP 1GM	3	PA
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	2	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	2	QL
<i>niacin</i> (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	1	QL
<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	1	PA
<i>prevalite</i> PACK 4gm	1	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
QUESTRAN PACK 4gm; POWD 4gm/dose	3	
QUESTRAN LIGHT POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml	2	NM PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	2	NM PA
REPATHA SURECLICK SOAJ 140mg/ml	2	NM PA
VASCEPA CAPS .5gm, 1gm	2	
VYTORIN TAB 10-10MG QL (30 tabs / 30 days)	3	QL
VYTORIN TAB 10-20MG QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
VYTORIN TAB 10-40MG QL (30 tabs / 30 days)	3	QL
VYTORIN TAB 10-80MG QL (30 tabs / 30 days)	3	QL
WELCHOL PACK 3.75gm; TABS 625mg	3	
ZETIA TABS 10mg	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
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

Drug Name	Drug Requirements/ Tier	Limits
<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	
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	

Drug Name	Drug Requirements/ Tier	Limits
<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
CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1	
<i>diltiazem hcl</i> (generic of CARDIZEM LA) TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
KATERZIA SUSP 1mg/ml	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nicardipine hcl iv soln 20 mg/200ml in sodium chloride 0.9%</i> (generic of NICARDIPINE HYDROCHLORIDE)	1	
<i>nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.9%</i> (generic of NICARDIPINE HYDROCHLORIDE)	1	
NICARDIPINE SOL 20/200ML	3	
NICARDIPINE SOL 40/200ML	3	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>nimodipine</i> SOLN 60mg/20ml	4	NDS
<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1	
<i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg	1	
NORLIQVA SOLN 1mg/ml	3	
NORVASC TABS 2.5mg, 5mg, 10mg	3	
NYMALIZE SOLN 6mg/ml	4	NDS
PROCARDIA XL TB24 30mg, 60mg, 90mg	3	
SULAR TB24 8.5mg, 17mg, 34mg	3	
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<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	
VERELAN CP24 120mg, 180mg, 240mg, 360mg	3	
VERELAN PM CP24 100mg, 200mg, 300mg	3	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1	
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>dichlorphenamide</i> (generic of KEVEYIS) TABS 50mg	4	NDS NM PA
DIURIL SUSP 250mg/5ml	3	
EDECRIN TABS 25mg	4	NDS
<i>ethacrynic acid</i> (generic of EDECRIN) TABS 25mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	1	
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
HEMICLOR TABS 12.5mg	3	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
INZIRQO SUSR 10mg/ml QL (320 mL / 30 days)	3	QL
KEVEYIS TABS 50mg	4	NDS NM PA
LASIX TABS 20mg, 40mg, 80mg	3	
<i>methazolamide</i> TABS 25mg, 50mg	1	

Drug Name	Drug Requirements/ Tier Limits
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1
<i>ormarvi</i> (generic of KEVEYIS) TABS 50mg	4 NDS NM PA
<i>SOAANZ</i> TABS 20mg, 40mg, 60mg	3
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1
<i>THALITONE</i> TABS 15mg	3
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1
MISCELLANEOUS	
<i>ADRENALIN</i> SOLN 1mg/ml	3
<i>aliskiren fumarate</i> (generic of TEKTRNA) TABS 150mg, 300mg	1
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> (generic of CADUET)	1
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> (generic of CADUET)	1
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> (generic of CADUET)	1
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> (generic of CADUET)	1

Drug Name	Drug Requirements/ Tier Limits
<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
ASPRUZYU SPRINKLE PACK 1000mg	3 PA
ATTRUBY TBPK 356mg QL (112 tabs / 28 days)	4 NDS QL NM PA
BIDIL TAB	3
CADUET TAB 5-10MG	3
CADUET TAB 5-20MG	3
CADUET TAB 5-40MG	3
CADUET TAB 5-80MG	3
CADUET TAB 10-10MG	3
CADUET TAB 10-20MG	3
CADUET TAB 10-40MG	3
CADUET TAB 10-80MG	3
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg QL (30 caps / 30 days)	4 NDS QL NM PA
<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1
<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1
<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1
<i>clonidine</i> TB24 .17mg	1
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	2 QL
CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)	3 QL
DEMSEER CAPS 250mg	4 NDS NM PA
DIBENZYLIN CAPS 10mg	4 NDS PA

Drug Name	Drug Requirements/ Tier Limits
<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	1 QL
QL (30 tabs / 30 days)	
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg	4 NDS QL NM PA
QL (90 caps / 30 days)	
<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg	4 NDS QL NM PA
QL (180 caps / 30 days)	
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1
<i>guanfacine hcl</i> TABS 1mg, 2mg	2 PA
PA applies if 70 years and older	
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1
INPEFA TABS 200mg, 400mg	3 QL
QL (30 tabs / 30 days)	
<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	1 QL
QL (60 tabs / 30 days)	
LANOXIN SOLN .25mg/ml; TABS 62.5mcg	3
LANOXIN PEDIATRIC SOLN .1mg/ml	3
LODOCO TABS .5mg	3 QL PA
QL (30 tabs / 30 days)	
<i>methyldopa</i> TABS 250mg, 500mg	3 PA
PA applies if 70 years and older	
<i>metirosine</i> (generic of DEMSER) CAPS 250mg	4 NDS NM PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1
<i>minoxidil</i> TABS 2.5mg, 10mg	1

Drug Name	Drug Requirements/ Tier Limits
NEXICLON XR TB24 .17mg	3
NORTHERA CAPS 100mg	4 NDS QL NM PA
QL (90 caps / 30 days)	
NORTHERA CAPS 200mg, 300mg	4 NDS QL NM PA
QL (180 caps / 30 days)	
<i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg	4 NDS PA
<i>ranolazine</i> TB12 500mg, 1000mg	1
TEKTURNA TABS 150mg, 300mg	3
TRYNGOLZA SOAJ 80mg/0.8ml	4 NDS QL NM PA
QL (1 autoinjector / 30 days)	
TRYVIO TABS 12.5mg	3 QL PA
QL (30 tabs / 30 days)	
VERQUVO TABS 2.5mg, 5mg, 10mg	2 QL PA
QL (30 tabs / 30 days)	
VYNDAMAX CAPS 61mg	4 NDS QL NM PA
QL (30 caps / 30 days)	
VYNDAQEL CAPS 20mg	4 NDS QL NM PA
QL (120 caps / 30 days)	
NITRATES	
ISORDIL TITRADOSE TABS 5mg	3
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	1
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	1
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

Drug Name	Drug Requirements/ Tier	Limits
<i>nitroglycerin</i> (generic of NITROLINGUAL) SOLN .4mg/spray	1	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
NITROLINGUAL SOLN .4mg/spray	3	
NITROSTAT SUBL .3mg, .4mg, .6mg	3	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>alyq</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>epoprostenol sodium</i> (generic of VELETRI) SOLR .5mg, 1.5mg	4	NDS B/D NM
FLOLAN SOLR .5mg, 1.5mg	4	NDS B/D NM
LETAIRIS TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	4	NDS NM PA
ORENITRAM TBCR .125mg	3	NM PA
ORENITRAM TAB MONTH 1	4	NDS NM PA
ORENITRAM TAB MONTH 2	4	NDS NM PA
ORENITRAM TAB MONTH 3	4	NDS NM PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM PA
REVATIO SOLN 10mg/12.5ml	4	NDS NM PA
REVATIO TABS 20mg QL (360 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) SOLN 10mg/12.5ml	4	NDS NM PA
<i>sildenafil citrate</i> (pulmonary hypertension) SUSR 10mg/ml QL (784 mL / 30 days)	4	NDS QL NM PA
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	1	QL NM PA
<i>tadalafil</i> (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
TADLIQ SUSP 20mg/5ml QL (300 mL / 30 days)	4	NDS QL NM PA
TRACLEER TBSO 32mg QL (120 tabs / 30 days)	4	NDS QL NM PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM PA
TYVASO SOLN .6mg/ml	4	NDS NM PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg QL (112 cartridges / 28 days)	4	NDS QL NM PA
TYVASO DPI POW 16-32-48 QL (252 cartridges / 28 days)	4	NDS QL NM PA
UPTRAVI SOLR 1800mcg	4	NDS NM PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	4	NDS QL NM PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	4	NDS QL NM PA
UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	4	NDS QL NM PA
VELETRI SOLR .5mg, 1.5mg	4	NDS B/D NM
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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<i>oxazepam</i> CAPS 10mg, 15mg, 30mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA
XANAX TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	3	QL
XANAX XR TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	3	QL PA
XANAX XR TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older	3	QL PA
ANTIDEMENTIA		
ADLARITY PTWK 5mg/day, 10mg/day QL (4 patches / 28 days)	3	QL PA
ARICEPT TABS 5mg QL (30 tabs / 30 days)	3	QL
ARICEPT TABS 10mg, 23mg	3	
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg, 23mg	1	
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	1	QL
<i>donepezil hydrochloride</i> TBDP 10mg	1	
EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	1	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	1	QL
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	1	QL
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	1	PA
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> (generic of NAMENDA TITRATION PAK) PA applies if 29 years and younger	1	PA
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i> (generic of NAMZARIC)	1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i> (generic of NAMZARIC)	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i> (generic of NAMZARIC)	1	
NAMENDA TAB 5-10MG PA applies if 29 years and younger	3	PA
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
NAMZARIC CAP PACK	3	
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	1	QL
<i>rivastigmine tartrate</i> 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

Drug Name	Drug Requirements/ Tier	Limits
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2	
ANAFRANIL CAPS 25mg, 50mg, 75mg	4	NDS PA
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	3	QL PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	1	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	1	QL
CELEXA TABS 10mg, 20mg, 40mg	3	
<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
CYMBALTA CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	3	QL
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	3	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3	
DESVENLAFAXINE ER TB24 50mg, 100mg QL (30 tabs / 30 days)	3	QL

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>perphenazine-amitriptyline tab</i> 4-50 mg PA applies if 70 years and older	2	PA
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
PRISTIQ TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL
<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
PROZAC CAPS 10mg, 20mg, 40mg	3	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	3	QL PA
REMERON TABS 15mg, 30mg	3	
REMERON SOLTAB TBDP 15mg, 30mg, 45mg	3	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
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
<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	1	
VIIBRYD TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
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	
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 70 years and older	1	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab</i> 10-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-250mg	1	
<i>carbidopa</i> (generic of LODOSYN) TABS 25mg	1	
<i>carbidopa & levodopa tab</i> 10-100 mg (generic of SINEMET)	1	
<i>carbidopa & levodopa tab</i> 25-100 mg (generic of SINEMET)	1	
<i>carbidopa & levodopa tab</i> 25-250 mg	1	
<i>carbidopa & levodopa tab er</i> 25-100 mg	1	
<i>carbidopa & levodopa tab er</i> 50-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
COMTAN TABS 200mg	3	
CREXONT CAP 35-140MG	3	ST
CREXONT CAP 52.5-210	3	ST
CREXONT CAP 70-280MG	3	ST
CREXONT CAP 87.5-350	3	ST
DHIVY TAB 25-100MG	3	
DUOPA SUS 4.63-20	4	NDS B/D NM
<i>entacapone TABS 200mg</i>	1	
GOCOVRI CP24 68.5mg 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
NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days)	4	NDS QL NM
ONGENTYS CAPS 25mg, 50mg QL (30 caps / 30 days)	3	QL PA
PARLODEL CAPS 5mg; TABS 2.5mg	3	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1	
RYTARY CAP 95MG	3	ST
RYTARY CAP 145MG	3	ST
RYTARY CAP 195MG	3	ST
RYTARY CAP 245MG	3	ST
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml PA applies if 70 years and older	2	PA
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA applies if 70 years and older	1	PA
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

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

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

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TABS .25mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL ST
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	1	QL ST
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	1	QL ST
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg QL (2 injections / 28 days)	1	QL
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg QL (2 injections / 28 days)	4	NDS QL
RYKINDO SRER 25mg, 37.5mg, 50mg QL (2 vials / 28 days)	4	NDS QL PA
SAPHRIS SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	4	NDS QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	4	NDS QL
SEROQUEL TABS 25mg QL (180 tabs / 30 days)	3	QL
SEROQUEL TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	3	QL
SEROQUEL TABS 300mg, 400mg QL (60 tabs / 30 days)	3	QL
SEROQUEL XR TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	3	QL PA
SEROQUEL XR TB24 150mg, 200mg QL (30 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier Limits	
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml QL (1 syringe / 30 days)	4	NDS QL
UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml QL (1 syringe / 60 days)	4	NDS QL
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	4	NDS QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	4	NDS QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	4	NDS QL
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	1	QL
ZYPREXA SOLR 10mg QL (3 vials / 1 day)	3	QL
ZYPREXA TABS 2.5mg, 5mg QL (60 tabs / 30 days)	3	QL
ZYPREXA TABS 20mg QL (30 tabs / 30 days)	4	NDS QL
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	4	NDS QL
BANZEL SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
BANZEL TABS 200mg QL (480 tabs / 30 days)	4	NDS QL PA
BANZEL TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier Limits	
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	4	NDS QL PA
BRIVIACT SOLN 50mg/5ml	3	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>carbamazepine</i> CHEW 100mg, 200mg	1	
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1	
CARBATROL CP12 100mg, 200mg, 300mg	3	
CELONTIN CAPS 300mg	3	
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	1	QL PA
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL PA
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	1	QL PA
DEPAKOTE TBEC 125mg, 250mg, 500mg	3	
DEPAKOTE ER TB24 250mg, 500mg	3	

Drug Name	Drug Requirements/ Tier Limits
DEPAKOTE SPRINKLES CSDR 125mg	3
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	4 NDS QL NM PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	4 NDS QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	4 NDS QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	4 NDS QL NM PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	1 QL PA
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	1 QL PA
<i>diazepam</i> (anticonvulsant) 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

Drug Name	Drug Requirements/ Tier Limits
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
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	1
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	3 QL PA
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 200mg, 400mg QL (30 tabs / 30 days)	1 QL
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 600mg, 800mg QL (60 tabs / 30 days)	1 QL
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1
<i>felbamate</i> SUSP 600mg/5ml	1
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1
FELBATOL TABS 400mg, 600mg	4 NDS
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	4 NDS QL NM PA
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	4 NDS QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	3 QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4 NDS QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	1 QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	1 QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	1 QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1 QL

Drug Name	Drug Requirements/ Tier	Limits
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	4	NDS
KEPPRA TABS 250mg	3	
KEPPRA XR TB24 500mg, 750mg	4	NDS
KLONOPIN TABS 2mg QL (300 tabs / 30 days)	3	QL
KLONOPIN TABS .5mg, 1mg QL (90 tabs / 30 days)	3	QL
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	1	
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	1	QL
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	4	NDS
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	4	NDS
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	4	NDS ST
LAMICTAL ODT KIT BLUE	3	
LAMICTAL ODT KIT GREEN	3	
LAMICTAL ODT KIT ORANGE	3	
LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg	3	
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	3	
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	3	
LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	4	NDS ST
LAMICTAL XR KIT	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1	
<i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1	ST
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	1	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i> (generic of LAMICTAL ODT)	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i> (generic of LAMICTAL ODT)	1	
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

Drug Name	Drug Requirements/ Tier	Limits
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL PA
LYRICA CAPS 200mg QL (90 caps / 30 days)	3	QL PA
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	3	QL PA
LYRICA SOLN 20mg/ml QL (900 mL / 30 days)	3	QL PA
<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	1	
MOTPOLY XR CP24 100mg, 150mg, 200mg QL (60 caps / 30 days)	4	NDS QL PA
MYSOLINE TABS 50mg, 250mg	4	NDS
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units per 30 days)	3	QL
NEURONTIN CAPS 100mg, 300mg QL (360 caps / 30 days)	3	QL
NEURONTIN CAPS 400mg QL (270 caps / 30 days)	3	QL
NEURONTIN SOLN 250mg/5ml QL (2160 mL / 30 days)	3	QL
NEURONTIN TABS 600mg QL (180 tabs / 30 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
NEURONTIN TABS 800mg QL (120 tabs / 30 days)	4	NDS QL
ONFI SUSP 2.5mg/ml QL (480 mL / 30 days)	4	NDS QL PA
ONFI TABS 10mg, 20mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 150mg, 300mg	1	PA
<i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 600mg	4	NDS PA
OXTELLAR XR TB24 150mg, 300mg	3	PA
OXTELLAR XR TB24 600mg	4	NDS PA
<i>perampanel</i> (generic of FYCOMPA) TABS 2mg QL (60 tabs / 30 days)	1	QL PA
<i>perampanel</i> (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 70 years and older	3	QL PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 70 years and older	2	QL PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 70 years and older	3	PA
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1	
<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	1	
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	1	QL PA
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	1	QL PA
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	1	QL PA
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	1	QL PA
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1	
<i>primidone</i> TABS 125mg	1	
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	1	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	1	QL PA
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA
SABRIL PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
SABRIL TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	3	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	3	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	3	QL
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
<i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
<i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)	1	
<i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	4	NDS QL PA
TEGRETOL SUSP 100mg/5ml; TABS 200mg	3	
TEGRETOL-XR TB12 100mg, 200mg, 400mg	3	
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
TOPAMAX TABS 25mg	3	
TOPAMAX TABS 50mg, 100mg, 200mg	4	NDS
TOPAMAX SPRINKLE CPSP 15mg	3	
TOPAMAX SPRINKLE CPSP 25mg	4	NDS
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
<i>topiramate</i> CPSP 50mg	1	
<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	

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

Drug Name	Drug Requirements/ Tier	Limits
VIMPAT TABS 50mg QL (120 tabs / 30 days)	3	QL
VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	3	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	4	NDS QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	4	NDS QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	4	NDS QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	4	NDS QL
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3	
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

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	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
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

Drug Name	Drug Requirements/ Tier	Limits
<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
DYANAVAL XR SUER 2.5mg/ml QL (240 mL / 30 days)	3	QL PA
DYANAVAL XR TBCR 5mg QL (60 tabs / 30 days)	3	QL PA
DYANAVAL 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

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

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

Drug Name	Drug Requirements/ Tier Limits
<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
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

Drug Name	Drug Requirements/ Tier Limits
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
STRATTERA CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	3 QL
STRATTERA CAPS 40mg QL (60 caps / 30 days)	3 QL
STRATTERA CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	3 QL
VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	3 QL PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	3 QL PA
VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	3 QL PA
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	3 QL PA
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr QL (30 patches / 30 days)	3 QL PA
<i>zenzedi</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1 QL PA
<i>zenzedi</i> TABS 15mg QL (120 tabs / 30 days)	1 QL PA
<i>zenzedi</i> TABS 20mg QL (90 tabs / 30 days)	1 QL PA
<i>zenzedi</i> TABS 30mg QL (60 tabs / 30 days)	1 QL PA
HYPNOTICS	
AMBIEN TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3 QL PA

Drug Name	Drug Requirements/ Tier	Limits
AMBIEN CR TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL
EDLUAR SUBL 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
<i>estazolam</i> TABS 1mg, 2mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
<i>eszopiclone</i> (generic of LUNESTA) TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
HALCION TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
HETLIOZ CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM PA
HETLIOZ LQ SUSP 4mg/ml QL (158 ml / 30 days)	4	NDS QL NM PA
LUNESTA TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	4	NDS QL PA
QUVIVIQ TABS 25mg, 50mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>ramelteon</i> (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	1	QL
RESTORIL CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	4	NDS QL PA
RESTORIL CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	4	NDS QL PA
SILENOR TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM PA
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>triazolam</i> (generic of HALCION) TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>triazolam</i> TABS .125mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>zaleplon</i> CAPS 5mg QL (30 caps / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
<i>zaleplon</i> CAPS 10mg QL (60 caps / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA

Drug Name	Drug Requirements/ Tier	Limits
ZOLPIDEM TARTRATE CAPS 7.5mg QL (30 caps / 30 days)	3	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	1	QL ST
<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
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

Drug Name	Drug Requirements/ Tier	Limits
<i>frovatriptan succinate</i> (generic of FROVA) TABS 2.5mg QL (18 tabs / 30 days)	1	QL ST
IMITREX TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	3	QL
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL
IMITREX STATDOSE REFILL SOCT 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL
IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
MAXALT TABS 10mg QL (18 tabs / 30 days)	3	QL
MAXALT-MLT TBDP 10mg QL (18 tabs / 30 days)	3	QL
<i>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
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	2	QL PA
RELPAX TABS 20mg QL (12 tabs / 30 days)	3	QL ST
RELPAX TABS 40mg QL (12 tabs / 30 days)	4	NDS QL ST
<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

Drug Name	Drug Requirements/ Tier	Limits
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	1	QL
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	1	QL
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	2	QL PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days)	4	NDS QL ST
<i>zolmitriptan</i> (generic of ZOMIG) SOLN 2.5mg, 5mg QL (12 units / 30 days)	1	QL ST
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
ZOMIG SOLN 2.5mg, 5mg QL (12 units / 30 days)	3	QL ST
<i>zomig</i> TABS 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
MISCELLANEOUS		
AMVUTTRA SOSY 25mg/0.5ml QL (1 syringe / 90 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 18mg, 24mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	4	NDS QL NM PA
DAYBUE SOLN 200mg/ml QL (3600 mL / 30 days)	4	NDS QL NM PA
DUVYZAT SUSP 8.86mg/ml QL (420 mL / 30 days)	4	NDS QL NM PA
<i>edaravone</i> (generic of RADICAVA) SOLN 30mg/100ml	4	NDS NM PA
<i>edaravone</i> SOLN 60mg/100ml	4	NDS NM PA
ENSPRYNG SOSY 120mg/ml	4	NDS NM PA
EQUETRO CP12 100mg, 200mg, 300mg	3	
EVRYSDI SOLR .75mg/ml; TABS 5mg	4	NDS NM PA
FIRDAPSE TABS 10mg <i>gabapentin</i> (once-daily) (generic of GRALISE) TABS 300mg QL (180 tabs / 30 days)	4	NDS NM PA
<i>gabapentin</i> (once-daily) (generic of GRALISE) TABS 600mg QL (90 tabs / 30 days)	1	QL PA
GRALISE TABS 300mg QL (180 tabs / 30 days)	3	QL PA
GRALISE TABS 450mg, 600mg QL (90 tabs / 30 days)	3	QL PA
GRALISE TABS 750mg, 900mg QL (60 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
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
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	4	NDS QL PA
<i>pregabalin</i> (once-daily) (generic of LYRICA CR) TB24 82.5mg, 165mg QL (90 tabs / 30 days)	1	QL PA
<i>pregabalin</i> (once-daily) (generic of LYRICA CR) TB24 330mg QL (60 tabs / 30 days)	1	QL PA
<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml; TABS 60mg	1	
<i>pyridostigmine bromide</i> TABS 30mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR 180mg	1	
RADICAVA SOLN 30mg/100ml	4	NDS NM PA
RADICAVA ORS SUSP 105mg/5ml QL (70 mL / 28 days)	4	NDS QL NM PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml QL (70 mL / 28 days)	4	NDS QL NM PA
<i>riluzole</i> TABS 50mg	1	

Drug Name	Drug Requirements/ Tier	Limits
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
TEGSEDI SOSY 284mg/1.5ml QL (4 syringes / 28 days)	4	NDS QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
TIGLUTIK SUSP 50mg/10ml QL (600 mL / 30 days)	4	NDS QL NM PA
UPLIZNA SOLN 100mg/10ml	4	NDS NM PA
WAINUA SOAJ 45mg/0.8ml QL (1 pen / 30 days)	4	NDS QL NM PA
XENAZINE TABS 12.5mg QL (90 tabs / 30 days)	4	NDS QL NM PA
XENAZINE TABS 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AVONEX PSKT 30mcg/0.5ml QL (4 syringes / 28 days)	4	NDS QL NM PA
AVONEX PEN AJKT 30mcg/0.5ml QL (4 injections / 28 days)	4	NDS QL NM PA
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	4	NDS QL NM PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	4	NDS QL NM PA
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

Drug Name	Drug Requirements/ Tier	Limits
<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
<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
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

Drug Name	Drug Requirements/ Tier	Limits
MAVENCLAD (8 TABS) TBPK 10mg QL (32 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (9 TABS) TBPK 10mg QL (36 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (10 TABS) TBPK 10mg QL (40 tabs per lifetime)	4	NDS QL NM PA
MAYZENT TABS 1mg, 2mg QL (30 tabs / 30 days)	4	NDS QL NM PA
MAYZENT TABS .25mg QL (112 tabs / 28 days)	4	NDS QL NM PA
MAYZENT STARTER PACK (7) TBPK .25mg QL (2 packs / year)	4	NDS QL NM PA
MAYZENT STARTER PACK (12) TBPK .25mg QL (2 packs / year)	4	NDS QL NM PA
OCREVUS SOLN 300mg/10ml	4	NDS NM PA
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
TASCENSO ODT TBDP .25mg, .5mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>teriflunomide</i> (generic of AUBAGIO) TABS 7mg, 14mg QL (30 tabs / 30 days)	4	NDS QL NM PA
VUMERITY CPDR 231mg QL (120 caps / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
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 350mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA
DANTRIUM CAPS 25mg	3	
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	1	
<i>dantrolene sodium</i> CAPS 50mg, 100mg	1	
DYSPORT SOLR 300unit	3	NM PA
DYSPORT SOLR 500unit	4	NDS NM PA
FLEQSUVY SUSP 25mg/5ml	4	NDS PA
LYVISPAH PACK 5mg, 10mg, 20mg	3	PA
<i>metaxalone</i> TABS 800mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>methocarbamol</i> TABS 500mg QL (360 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA
<i>methocarbamol</i> TABS 750mg QL (240 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA
MYOBLOC SOLN 10000unit/2ml	4	NDS NM PA
OZOBAX DS SOLN 10mg/5ml	3	PA
SOMA TABS 350mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	4	NDS QL PA
<i>tizanidine hcl</i> CAPS 2mg, 4mg, 6mg; TABS 2mg	1	
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	1	
XEOMIN SOLR 50unit	3	NM PA
XEOMIN SOLR 100unit, 200unit	4	NDS NM PA
ZANAFLEX TABS 4mg	3	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	1	QL PA
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm QL (30 packets / 30 days)	4	NDS QL NM PA
LUMRYZ PAK STARTER QL (2 packs / year)	4	NDS QL NM PA
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	1	QL PA
NUVIGIL TABS 50mg QL (60 tabs / 30 days)	3	QL PA
NUVIGIL TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	4	NDS QL PA
PROVIGIL TABS 100mg QL (30 tabs / 30 days)	4	NDS QL PA
PROVIGIL TABS 200mg QL (60 tabs / 30 days)	4	NDS QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM PA
SUNOSI TABS 75mg, 150mg QL (30 tabs / 30 days)	3	QL PA
WAKIX TABS 4.45mg, 17.8mg QL (60 tabs / 30 days)	4	NDS QL NM PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM PA
XYWAV SOL 0.5GM/ML QL (540 mL / 30 days)	4	NDS QL NM PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml	4	NDS NM
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (60 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	1	QL
<i>disulfiram</i> TABS 250mg, 500mg	1	
KLOXXADO LIQD 8mg/0.1ml	2	
<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 INHALER INHA 10mg	3	
NICOTROL NS SOLN 10mg/ml	3	
OPVEE SOLN 2.7mg/0.1ml	3	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	4	NDS NM
SUBOXONE MIS 2-0.5MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 4-1MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 8-2MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 12-3MG QL (60 films / 30 days)	3	QL
<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<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
ZIMHI SOSY 5mg/0.5ml	3	
ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days)	3	QL
ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days)	3	QL
ENDOCRINE AND METABOLIC ANDROGENS		
AVEED SOLN 750mg/3ml	3	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
<i>methyltestosterone</i> CAPS 10mg QL (600 caps / 30 days)	4	NDS QL PA
TESTIM GEL 1% QL (300 gm / 30 days)	3	QL PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	1	QL PA
<i>testosterone</i> GEL 10mg/act QL (120 gm / 30 days)	1	QL PA
<i>testosterone</i> GEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 gm / 30 days)	1	QL PA
<i>testosterone</i> SOLN 30mg/act QL (180 mL / 30 days)	1	QL PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
<i>testosterone pump</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	1	QL PA
TLANDO CAPS 112.5mg QL (120 caps / 30 days)	3	QL PA
UNDECATREX CAPS 200mg QL (120 caps / 30 days)	3	QL PA
VOGELXO GEL 50mg/5gm QL (300 gm / 30 days)	3	QL PA
VOGELXO PUMP GEL 1% QL (300 gm / 30 days)	3	QL PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 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
DUETACT TAB 30-2MG QL (30 tabs / 30 days)	3	QL
DUETACT TAB 30-4MG QL (30 tabs / 30 days)	3	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	1	QL
<i>glipizide</i> TB24 2.5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL
<i>glipizide xl</i> TB24 2.5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 5- 500 mg QL (120 tabs / 30 days)	1	QL
GLUCOTROL XL TB24 5mg QL (90 tabs / 30 days)	3	QL
GLUCOTROL XL TB24 10mg QL (60 tabs / 30 days)	3	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	2	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	2	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

Drug Name	Drug Requirements/ Tier	Limits
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	2	QL
<i>liraglutide</i> (generic of VICTOZA) SOPN 6mg/ml QL (3 pens / 30 days)	1	QL PA
<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml QL (765 mL / 30 days)	1	QL PA
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	1	QL
<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 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>miglitol</i> TABS 25mg, 50mg, 100mg	1	
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	2	QL PA
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	2	QL PA

Drug Name	Drug Requirements/ Tier	Limits
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	2	QL PA
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> QL (90 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL PA
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	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
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	2	
ADMELOG SOLOSTAR SOPN 100unit/ml	2	

Drug Name	Drug Requirements/ Tier	Limits
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	2	PA
BASAGLAR KWIKPEN 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	
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
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	4	NDS B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	4	NDS
INSULIN PEN NEEDLES: BD-EMBECTA	2	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	2	PA
INSULIN SYRINGES: BD-EMBECTA	2	PA
NOVOLIN INJ 70/30 (brand RELION not covered)	2	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	2	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	2	
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	2	

Drug Name	Drug Requirements/ Tier	Limits
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	2	
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2	
NOVOLOG SOLN 100unit/ml (brand RELION not covered)	2	
NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	2	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	2	
NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered)	2	
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 G7 KIT INTRO QL (1 kit / year)	3	QL PA
OMNIPOD 5 G7 MIS PODS 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
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	3	QL PA
SOLQUA INJ 100/33 QL (5 pens / 25 days)	2	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
TRESIBA SOLN 100unit/ml	2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	2	QL
CALCIUM REGULATORS		
ACTONEL TABS 35mg, 150mg	3	
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
ATELVIA TBEC 35mg	3	ST
BINOSTO TBEF 70mg	3	ST
BONSITY SOPN 560mcg/2.24ml	4	NDS NM PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
EVENITY SOSY 105mg/1.17ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
FORTEO SOPN 560mcg/2.24ml	4	NDS NM PA
FOSAMAX TABS 70mg	3	
FOSAMAX + D TAB 70-2800	3	ST
FOSAMAX + D TAB 70-5600	3	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml QL (1 injection / 90 days)	1	B/D QL
<i>ibandronate sodium</i> TABS 150mg	1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	3	QL NM
RECLAST SOLN 5mg/100ml	3	B/D NM
<i>risedronate sodium</i> TABS 5mg, 30mg, 150mg	1	
<i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg	1	
<i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1	ST
TERIPARATIDE SOPN 560mcg/2.24ml (ALVOGEN product)	4	NDS NM PA
<i>teriparatide</i> (generic of FORTEO) SOPN 560mcg/2.24ml (generic of Forteo)	4	NDS NM PA
TYMLOS SOPN 3120mcg/1.56ml	4	NDS NM PA
WYOST SOLN 120mg/1.7ml	4	NDS NM PA
XGEVA SOLN 120mg/1.7ml	4	NDS NM PA
YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml	4	NDS NM PA
<i>zoledronic acid</i> CONC 4mg/5ml	1	B/D NM
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
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
<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 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

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

Drug Name	Drug Requirements/ Tier Limits
<i>dolishale</i>	1
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.02-0.451 mg</i> (generic of BEYAZ)	1
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg</i> (generic of SAFYRAL)	1
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	1
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	1
<i>elinest</i>	1
<i>eluryng</i> (generic of NUVARING)	1
<i>emzahh</i> TABS .35mg	1
<i>enilloring</i> (generic of NUVARING)	1
<i>enpresse-28</i>	1
<i>enskyce</i>	1
<i>errin</i> TABS .35mg	1
<i>estarylla</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> (generic of NUVARING)	1
<i>falmina</i>	1
<i>feirza 1.5/30</i>	1
<i>feirza 1/20</i>	1
FEMLYV TAB 1/0.02MG	3 PA
<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

Drug Name	Drug Requirements/ Tier Limits
<i>isibloom</i>	1
<i>jaimiess</i>	1
<i>jasmiel</i> (generic of YAZ)	1
<i>jolessa</i>	1
<i>juleber</i>	1
<i>junel 1.5/30</i>	1
<i>junel 1/20</i>	1
<i>junel fe 1.5/30</i>	1
<i>junel fe 1/20</i>	1
<i>junel fe 24</i>	1
<i>kaitlib fe</i>	1
<i>kariva</i>	1
<i>kelnor 1/35</i>	1
<i>kelnor 1/50</i>	1
<i>kurvelo</i>	1
<i>larin 1.5/30</i>	1
<i>larin 1/20</i>	1
<i>larin 24 fe</i>	1
<i>larin fe 1.5/30</i>	1
<i>larin fe 1/20</i>	1
<i>layolis fe</i>	1
<i>lessina</i>	1
<i>levonest</i>	1
<i>levonorg-eth est tab 0.1- 0.02mg(84) & eth est tab 0.01mg(7)</i>	1
<i>levonorg-eth est tab 0.15- 0.03mg(84) & eth est tab 0.01mg(7)</i>	1
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15- 0.03 mg</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg</i>	1
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90- 20 mcg</i>	1
<i>levora 0.15/30-28</i>	1
LILETTA IUD 20.1mcg/day	2 NM
LO LOESTRIN TAB 1-10-10	3

Drug Name	Drug Requirements/ Tier	Limits
<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</i> (generic of YAZ)	1	
<i>low-ogestrel</i>	1	
<i>luteru</i>	1	
<i>lyleq</i> TABS .35mg	1	
<i>lyza</i> TABS .35mg	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate</i> 1 (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1	
<i>meleya</i> TABS .35mg	1	
<i>merzee</i> (generic of TAYTULLA)	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>mono-linyah</i>	1	
NATAZIA TAB	3	
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMPL 68mg	2	NM
NEXTSTELLIS TAB 3- 14.2MG	3	PA
<i>nikki</i> (generic of YAZ)	1	
<i>nora-be</i> TABS .35mg	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg- 35 mcg</i>	1	
<i>norethindrone</i> (contraceptive) TABS .35mg	1	
<i>norethindrone ac-ethinyl estradiol-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (generic of TAYTULLA)	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</i> TABS .35mg	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>ocella</i> (generic of YASMIN 28)	1	
<i>orquidea</i> TABS .35mg	1	
PHEXXI GEL	3	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>rosyrah</i>	1	
SAFYRAL TAB	3	
<i>setlakin</i>	1	
<i>sharobel</i> TABS .35mg	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i> (generic of YASMIN 28)	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
TAYTULLA CAP 1MG/20MC	3	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	

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>tri-legest fe</i>	1
<i>tri-lynyah</i>	1
<i>tri-lo-estarylla</i>	1
<i>tri-lo-marzia</i>	1
<i>tri-lo-mili</i>	1
<i>tri-lo-sprintec</i>	1
<i>tri-mili</i>	1
<i>tri-nymyo</i>	1
<i>tri-sprintec</i>	1
<i>tri-vylibra</i>	1
<i>tri-vylibra lo</i>	1
<i>turqoz</i>	1
<i>tydemy</i> (generic of SAFYRAL)	1
<i>valtya 1/50</i>	1
<i>velivet</i>	1
<i>vestura</i> (generic of YAZ)	1
<i>vienva</i>	1
<i>viorele</i>	1
<i>vyfemla</i>	1
<i>vylibra</i>	1
<i>wera</i>	1
<i>wymzya fe</i>	1
<i>xarah fe</i>	1
<i>xelria fe</i>	1
<i>xulane</i>	1
YASMIN 28 TAB 3-0.03MG	3
YAZ TAB 3-0.02MG	3
<i>zafemy</i>	1
<i>zovia 1/35</i>	1
<i>zumandimine</i> (generic of YASMIN 28)	1
ESTROGENS	
<i>abigale</i> (generic of ACTIVELLA)	2
<i>abigale lo</i>	2
ACTIVELLA TAB 1-0.5MG	3
BIJUVA CAP 0.5-100	3
BIJUVA CAP 1-100MG	3
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3
CLIMARA PRO DIS WEEKLY	3
COMBIPATCH DIS	3

Drug Name	Drug Requirements/ Tier Limits
DELESTROGEN OIL 10mg/ml, 20mg/ml	3
DEPO-ESTRADIOL OIL 5mg/ml	3
DIVIGEL GEL .25mg/0.25gm, 3 .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3
<i>dotti</i> (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
ELESTRIN GEL .06%	3
ESTRACE CREA .1mg/gm	3
<i>estradiol</i> (generic of ESTROGEL) GEL .06%	3
<i>estradiol</i> (generic of DIVIGEL) GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3
<i>estradiol</i> (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	2
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml	1
<i>estradiol valerate</i> OIL 40mg/ml	1
ESTRING RING 7.5mcg/24hr	3
EVAMIST SOLN 1.53mg/spray	3

Drug Name	Drug Requirements/ Tier Limits
FEMRING RING .05mg/24hr, .1mg/24hr	3
<i>fyavolv tab 0.5mg-2.5mcg</i>	2
<i>fyavolv tab 1mg-5mcg</i>	2
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3 PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3 PA
<i>jinteli</i>	2
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	3
MENOSTAR PTWK 14mcg/24hr	3
<i>mimvey</i> (generic of ACTIVELLA)	2
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2
PREMARIN CREA .625mg/gm; SOLR 25mg	3
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2
PREMPHASE TAB	2
PREMPRO TAB	2
PREMPRO TAB 0.3-1.5	2
PREMPRO TAB 0.45-1.5	2
PREMPRO TAB 0.625-5	2
VAGIFEM TABS 10mcg	3
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	1
GLUCOCORTICOIDS	
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	4 NDS NM PA

Drug Name	Drug Requirements/ Tier Limits
ALKINDI SPRINKLE CPSP .5mg	3 NM PA
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i> (generic of CELESTONE SOLUSPAN)	1
CELESTONE INJ SOLUSPAN	3
CORTEF TABS 5mg, 10mg, 20mg	3
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	3 B/D
<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	1
DEXAMETHASONE INTENSOL CONC 1mg/ml	3
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml</i>	1
<i>fludrocortisone acetate TABS .1mg</i>	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
MEDROL TABS 2mg, 4mg, 8mg, 16mg	3 B/D
MEDROL DOSEPAK TBPK 4mg	3
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	1 B/D
<i>methylprednisolone TABS 32mg</i>	1 B/D

Drug Name	Drug Requirements/ Tier	Limits
<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
PEDIAPRED SOLN 5mg/5ml	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISON INTENSOL CONC 5mg/ml	3	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
<i>triamcinolone acetonide</i> (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
ZILRETTA SRER 32mg	3	B/D NM
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	4	NDS
PROGLYCEM SUSP 50mg/ml	4	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
AQNEURSA PACK 1gm QL (112 packets / 28 days)	4	NDS QL NM PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	4	NDS NM
BUPHENYL POWD 3gm/tsp; TABS 500mg	4	NDS NM PA
<i>cabergoline</i> TABS .5mg	1	
CARBAGLU TBSO 200mg	4	NDS NM PA
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	4	NDS NM PA
CARNITOR SOLN 200mg/ml	3	B/D
CERDELGA CAPS 84mg	4	NDS NM PA
CEREZYME SOLR 400unit	4	NDS NM PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	1	B/D QL NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	4	NDS B/D QL NM
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	

Drug Name	Drug Requirements/ Tier Limits
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1
DOJOLVI LIQD 100%	4 NDS NM PA
EGRIFTA SV SOLR 2mg	4 NDS NM PA
ELAPRASE SOLN 6mg/3ml	4 NDS NM PA
ELELYSO SOLR 200unit	4 NDS NM PA
ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml	4 NDS NM PA
EVISTA TABS 60mg	3
FABRAZYME SOLR 5mg, 35mg	4 NDS NM PA
FENSOLVI KIT 45mg	4 NDS NM PA
GALAFOLD CAPS 123mg	4 NDS NM PA
GENOTROPIN CART 5mg, 12mg	4 NDS NM PA
GENOTROPIN MINIUICK PRSY .2mg	2 NM PA
GENOTROPIN MINIUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4 NDS NM PA
HUMATROPE CART 6mg, 12mg, 24mg	4 NDS NM PA
INCRELEX SOLN 40mg/4ml	4 NDS NM PA
ISTURISA TABS 1mg QL (240 tabs / 30 days)	4 NDS QL NM PA
ISTURISA TABS 5mg QL (360 tabs / 30 days)	4 NDS QL NM PA
<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	4 NDS NM PA
JYNARQUE TABS 15mg, 30mg; TBPk 15mg	4 NDS NM PA
JYNARQUE PAK 30-15MG	4 NDS NM PA
JYNARQUE PAK 45-15MG	4 NDS NM PA
JYNARQUE PAK 60-30MG	4 NDS NM PA
JYNARQUE PAK 90-30MG	4 NDS NM PA
KANUMA SOLN 20mg/10ml	4 NDS NM PA
KORLYM TABS 300mg	4 NDS NM PA
KUVAN PACK 100mg, 500mg; TABS 100mg	4 NDS NM PA
LAMZEDE SOLR 10mg	4 NDS NM PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	4 NDS NM PA

Drug Name	Drug Requirements/ Tier Limits
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml, 200mg/ml; TABS 330mg	1 B/D
LUMIZYME SOLR 50mg	4 NDS NM PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	4 NDS NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	4 NDS NM PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	4 NDS NM PA
<i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg	4 NDS NM PA
<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	4 NDS QL NM PA
MIPLYFFA CAPS 47mg, 62mg, 93mg, 124mg QL (90 caps / 30 days)	4 NDS QL NM PA
MYALEPT SOLR 11.3mg	4 NDS NM PA
MYCAPSSA CPDR 20mg QL (112 caps / 28 days)	4 NDS QL NM PA
MYFEMBREE TAB	4 NDS PA
NAGLAZYME SOLN 1mg/ml	4 NDS NM PA
NEXVIAZYME SOLR 100mg	4 NDS NM PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	4 NDS NM PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	4 NDS NM PA
NITYR TABS 2mg, 5mg, 10mg	4 NDS NM PA
NORDITROPIN FLEXPPO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	4 NDS NM PA
NOVAREL SOLR 5000unit	3 NM PA
NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml	4 NDS NM PA
NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml	4 NDS NM PA
NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml	4 NDS NM PA

Drug Name	Drug Requirements/ Tier Limits
<i>octreotide acetate</i> (generic of SANDOSTATIN LAR DEPOT) KIT 10mg, 20mg, 30mg	4 NDS NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1 NM PA
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1 NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	4 NDS NM PA
<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	4 NDS NM PA
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	4 NDS NM PA
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	4 NDS NM PA
OPFOLDA CAPS 65mg QL (8 caps / 28 days)	3 QL NM PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	4 NDS NM PA
ORIAHNN CAP	4 NDS PA
ORLISSA TABS 150mg, 200mg	4 NDS PA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	4 NDS NM PA
PHEBURANE PLLT 483mg/gm	4 NDS NM PA
POMBILITI SOLR 105mg	4 NDS NM PA
PREGNYL W/DILUENT BENZYL SOLR 10000unit	3 NM PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	4 NDS NM PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1
RAVICTI LIQD 1.1gm/ml	4 NDS NM PA
RECORLEV TABS 150mg QL (240 tabs / 30 days)	4 NDS QL NM PA
REVCIVI SOLN 2.4mg/1.5ml	4 NDS NM PA
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	4 NDS QL NM PA
SAMSCA TABS 15mg, 30mg	4 NDS NM PA

Drug Name	Drug Requirements/ Tier Limits
SANDOSTATIN SOLN 50mcg/ml	3 NM PA
SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	4 NDS NM PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	4 NDS NM PA
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	4 NDS NM PA
SENSIPAR TABS 30mg QL (60 tabs / 30 days)	3 B/D QL NM
SENSIPAR TABS 60mg QL (60 tabs / 30 days)	4 NDS B/D QL NM
SENSIPAR TABS 90mg QL (120 tabs / 30 days)	4 NDS B/D QL NM
SEROSTIM SOLR 4mg, 5mg, 6mg	4 NDS NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	4 NDS NM PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	4 NDS NM PA
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	4 NDS NM PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	4 NDS NM PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	4 NDS NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	4 NDS NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	4 NDS NM PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	4 NDS NM PA
SYNAREL SOLN 2mg/ml	4 NDS PA
TEPEZZA SOLR 500mg	4 NDS NM PA
<i>tolvaptan</i> (generic of SAMSCA) TABS 15mg, 30mg	4 NDS NM PA
<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

Drug Name	Drug Requirements/ Tier	Limits
<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	3	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
ZOMACTON SOLR 5mg	3	NM PA
ZOMACTON SOLR 10mg	4	NDS NM PA
PROGESTINS		
CRINONE GEL 4%, 8%	3	PA
<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	3	
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
<i>paricalcitol</i> CAPS 4mcg	1	B/D
RAYALDEE CPCR 30mcg	4	NDS
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D
ZEMPLAR CAPS 1mcg, 2mcg	3	B/D
GASTROINTESTINAL ANTIEMETICS		
AKYNZEO CAP 300-0.5	3	B/D
AKYNZEO INJ 235-0.25	3	NM
AKYNZEO INJ 235- 0.25MG/20ML	3	NM
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	

Drug Name	Drug Requirements/ Tier	Limits
CINVANTI EMUL 130mg/18ml	3	
<i>compro</i> SUPP 25mg	1	
DICLEGIS TAB 10-10MG	3	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg (generic of DICLEGIS)</i>	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 (generic of EMEND) SOLR 150mg</i>	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
MARINOL CAPS 5mg, 10mg QL (60 caps / 30 days)	4	NDS B/D QL
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<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, 16mg	1	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	

Drug Name	Drug Requirements/ Tier	Limits
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3	
PHENERGAN SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
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 70 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 70 years and older after a 30 day supply in a calendar year	2	PA
<i>promethazine hcl</i> SUPP 12.5mg, 25mg PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
PROMETHAZINE HYDROCHLORID SYRP 6.25mg/5ml PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
<i>promethgan</i> SUPP 12.5mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
REGLAN TABS 5mg, 10mg	3	
SANCUSO PTCH 3.1mg/24hr QL (4 patches / 28 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
<i>scopolamine</i> PT72 1mg/3days QL (10 patches / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	3	QL PA
SUSTOL PRSY 10mg/0.4ml	3	
<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	
<i>atropine sulfate</i> SOSY .25mg/5ml	3	
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3	
CUVPOSA SOLN 1mg/5ml	3	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	3	
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml	3	
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml	1	
<i>glycopyrrolate</i> TABS 1mg QL (90 tabs / 30 days)	1	QL
<i>glycopyrrolate</i> TABS 2mg QL (120 tabs / 30 days)	1	QL
<i>glycopyrrolate (oral)</i> (generic of CUVPOSA) SOLN 1mg/5ml	1	
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg PA applies if 70 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

Drug Name	Drug Requirements/ Tier	Limits
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
PEPCID TABS 20mg, 40mg	3	
INFLAMMATORY BOWEL DISEASE		
APRISO CP24 .375gm QL (120 caps / 30 days)	3	QL
AZULFIDINE TABS 500mg	3	
AZULFIDINE EN-TABS TBEC 500mg	3	
<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	1	QL PA
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>budesonide (intrarectal)</i> (generic of UCERIS) FOAM 2mg	1	
CANASA SUPP 1000mg QL (30 suppositories / 30 days)	4	NDS QL
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> 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

Drug Name	Drug Requirements/ Tier	Limits
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	1	QL
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	1	QL
<i>mesalamine</i> TBEC 800mg QL (180 tabs / 30 days)	1	QL
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	1	QL
PENTASA CPCR 250mg QL (480 caps / 30 days)	3	QL
PENTASA CPCR 500mg QL (240 caps / 30 days)	4	NDS QL
ROWASA KIT 4gm QL (28 bottles / 28 days)	4	NDS QL
SFROWASA ENEM 4gm/60ml QL (1680 mL / 28 days)	4	NDS QL
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
UCERIS FOAM 2mg/act	3	
UCERIS TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
LAXATIVES		
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>gavilyte-n/ flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
GOLYTELY SOL	3	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm (generic of GOLYTELY)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg-3350/electrolytes/asc (generic of MOVIPREP)</i>	1	
PLENVU SOL	3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)</i>	1	
SUFLAVE SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	3	
MISCELLANEOUS		
<i>alosetron hcl (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)</i>	4	NDS QL PA
<i>alosetron hcl (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)</i>	1	QL PA
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
BYLVAY CAPS 400mcg, 1200mcg	4	NDS NM PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	4	NDS NM PA
CHOLBAM CAPS 50mg, 250mg	4	NDS NM PA
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
<i>cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml</i>	1	
CYTOTEC TABS 100mcg, 200mcg	3	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)</i>	2	
EOHILIA SUSP 2mg/10ml QL (600 mL / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
GASTROCROM CONC 100mg/5ml	4	NDS
GATTEX KIT 5mg	4	NDS NM PA
HELIDAC MIS THERAPY	4	NDS
IQIRVO TABS 80mg QL (30 tabs / 30 days)	4	NDS QL NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	2	QL
LIVDELZI CAPS 10mg QL (30 caps / 30 days)	4	NDS QL NM PA
LIVMARLI SOLN 9.5mg/ml, 19mg/ml; TABS 10mg, 15mg, 20mg, 30mg	4	NDS NM PA
LOMOTIL TAB 2.5MG	3	
<i>loperamide hcl CAPS 2mg</i>	1	
LOTRONEX TABS .5mg, 1mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>lubiprostone (generic of AMITIZA) CAPS 8mcg, 24mcg QL (60 caps / 30 days)</i>	1	QL
<i>misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg</i>	1	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	2	QL
OALIVA TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
REBYOTA SUSP 150ml QL (150 mL / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
RELISTOR SOLN 8mg/0.4ml, 4 12mg/0.6ml QL (28 syringes / 28 days)	4	NDS QL PA
RELISTOR TABS 150mg QL (90 tabs / 30 days)	4	NDS QL PA
SUCRAID SOLN 8500unit/ml <i>sucralfate</i> (generic of CARAFATE) TABS 1gm	4 1	NDS NM PA
SYMPROIC TABS .2mg QL (30 tabs / 30 days)	3	QL
TALICIA CAP	3	
TRULANCE TABS 3mg QL (30 tabs / 30 days)	3	QL
URSO 250 TABS 250mg	3	
URSO FORTE TABS 500mg	3	
<i>ursodiol</i> CAPS 300mg; TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
VIBERZI TABS 75mg, 100mg	4	NDS PA
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	4	NDS
VOQUEZNA PAK DUAL PAK QL (2 kits / year)	3	QL
VOQUEZNA PAK TRIP PK QL (2 kits / year)	3	QL
VOWST CAP QL (12 caps / 30 days)	4	NDS QL NM PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	4	NDS QL NM PA
XIFAXAN TABS 550mg	4	NDS PA
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
PROTON PUMP INHIBITORS		
ACIPHEX TBEC 20mg QL (30 tabs / 30 days)	4	NDS QL ST
DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<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	
<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
NEXIUM CPDR 20mg, 40mg QL (30 caps / 30 days)	3	QL ST
NEXIUM PACK 2.5mg, 5mg	3	
NEXIUM PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	3	QL
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
PANTOPR/NACL SOL 40MG/100	3	
PANTOPR/NACL SOL 80MG/100	3	
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1	
PANTOPRAZOLE SOL 40/50ML	3	
PREVACID CPDR 30mg QL (60 caps / 30 days)	3	QL
PRILOSEC PACK 2.5mg, 10mg	3	PA
PROTONIX SOLR 40mg; TBEC 20mg, 40mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg QL (30 tabs / 30 days)	1	QL
VOQUEZNA TABS 10mg QL (30 tabs / 30 days)	3	QL
VOQUEZNA TABS 20mg QL (60 tabs / 30 days)	3	QL
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
ENTADFI CAP 5-5MG QL (30 caps / 30 days)	3	QL PA
<i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	1	QL
JALYN CAP 0.5-0.4 QL (30 caps / 30 days)	3	QL
PROSCAR TABS 5mg QL (30 tabs / 30 days)	3	QL
RAPAFLO CAPS 4mg, 8mg QL (30 caps / 30 days)	3	QL
<i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg QL (30 caps / 30 days)	1	QL
<i>tadalafil</i> (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)	1	QL PA
<i>tamsulosin hcl</i> CAPS .4mg QL (60 caps / 30 days)	1	QL
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	

Drug Name	Drug Requirements/ Tier	Limits
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	
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
UROKIT-K 5 TBCR 540mg	3	
UROKIT-K 10 TBCR 1080mg	3	
UROKIT-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
DETROL TABS 1mg, 2mg QL (60 tabs / 30 days)	3	QL
DETROL LA CP24 2mg QL (30 caps / 30 days)	3	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)	3	QL
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	3	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	3	QL
<i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)	1	QL
<i>oxybutynin chloride</i> TABS 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 ST
<i>tolterodine tartrate</i> TABS 1mg QL (60 tabs / 30 days)	1	QL
<i>tolterodine tartrate</i> (generic of DETROL) TABS 2mg QL (60 tabs / 30 days)	1	QL
<i>trospium chloride</i> CP24 60mg QL (30 caps / 30 days)	1	QL
<i>trospium chloride</i> TABS 20mg QL (60 tabs / 30 days)	1	QL
VESICARE TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
VESICARE LS SUSP 5mg/5ml QL (300 mL / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
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	
VANAZOLE 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 TABS 2.5mg QL (60 tabs / 30 days)	2	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	2	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	2	QL
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3	
FRAGMIN SOLN 95000unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	4	NDS
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NACL INJ 12500UNT	2	
HEP SOD/NACL INJ 25000UNT	2	
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	2	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml	3	
LOVENOX SOSY 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	NDS
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	3	QL
PRADAXA CAPS 110mg QL (120 caps / 30 days)	3	QL
<i>rivaroxaban</i> (generic of XARELTO) TABS 2.5mg QL (60 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	2	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	2	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	2	QL
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA
ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	4	NDS NM PA
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
LEUKINE SOLR 250mcg	4	NDS NM PA
MOZOBIL SOLN 24mg/1.2ml	4	NDS NM PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	4	NDS NM PA
<i>plerixafor</i> (generic of MOZOBIL) SOLN 24mg/1.2ml	4	NDS NM PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	4	NDS NM PA
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
MISCELLANEOUS		
ADAKVEO SOLN 100mg/10ml	4	NDS NM PA
ADZYNMA KIT 500unit, 1500unit	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
AGRYLIN CAPS .5mg	3
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	4 NDS QL NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	4 NDS QL NM PA
<i>aminocaproic acid</i> SOLN .25gm/ml; TABS 500mg, 1000mg	4 NDS
<i>anagrelide hcl</i> CAPS 1mg	1
<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	1
BERINERT KIT 500unit QL (24 boxes / 30 days)	4 NDS QL NM PA
BKEMV SOLN 300mg/30ml	4 NDS NM PA
CABLIVI KIT 11mg	4 NDS NM PA
<i>cilostazol</i> TABS 50mg, 100mg	1
CINRYZE SOLR 500unit QL (20 vials / 30 days)	4 NDS QL NM PA
DOPTLET TABS 20mg	4 NDS NM PA
EMPAVELI SOLN 1080mg/20ml QL (200 mL / 30 days)	4 NDS QL NM PA
ENDARI PACK 5gm	4 NDS NM PA
ENJAYMO SOLN 1100mg/22ml	4 NDS NM PA
EPYSQLI SOLN 300mg/30ml	4 NDS NM PA
FABHALTA CAPS 200mg QL (60 caps / 30 days)	4 NDS QL NM PA
GIVLAARI SOLN 189mg/ml	4 NDS NM PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	4 NDS QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	4 NDS QL NM PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	4 NDS QL NM PA
KALBITOR SOLN 10mg/ml QL (18 mL / 30 days)	4 NDS QL NM PA
<i>l-glutamine (sickle cell)</i> (generic of ENDARI) PACK 5gm	4 NDS NM PA
MULPLETA TABS 3mg	4 NDS NM PA
ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days)	4 NDS QL NM PA
<i>pentoxifylline</i> TBCR 400mg	1

Drug Name	Drug Requirements/ Tier Limits
PIASKY SOLN 340mg/2ml	4 NDS NM PA
PYRUKYND TABS 5mg, 20mg, 50mg QL (56 tabs / 28 days)	4 NDS QL NM PA
PYRUKYND TAB 20MGX5MG QL (14 tabs / 14 days)	4 NDS QL NM PA
PYRUKYND TAB 50MGX20M QL (14 tabs / 14 days)	4 NDS QL NM PA
PYRUKYND TAPER PACK TBPK 5mg QL (7 tabs / 7 days)	4 NDS QL NM PA
REBLOZYL SOLR 25mg, 75mg	4 NDS NM PA
RUCONEST SOLR 2100unit QL (12 vials / 30 days)	4 NDS QL NM PA
RYTELO SOLR 47mg, 188mg	4 NDS NM PA
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	4 NDS QL NM PA
SIKLOS TABS 100mg	3
SIKLOS TABS 1000mg	4 NDS
SOLIRIS SOLN 300mg/30ml	4 NDS NM PA
TAKHZYRO SOLN 300mg/2ml QL (2 vials / 28 days)	4 NDS QL NM PA
TAKHZYRO SOSY 150mg/ml, 300mg/2ml QL (2 syringes / 28 days)	4 NDS QL NM PA
TAVALISSE TABS 100mg, 150mg QL (60 tabs / 30 days)	4 NDS QL NM PA
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
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	4 NDS NM PA
VOYDEYA TABS 100mg QL (180 tabs / 30 days)	4 NDS QL NM PA
VOYDEYA TAB 50-100MG QL (180 tabs / 30 days)	4 NDS QL NM PA
XROMI SOLN 100mg/ml	4 NDS

Drug Name	Drug Requirements/ Tier	Limits
ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml QL (28 syringes / 28 days)	4	NDS QL NM PA
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	2	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1	
<i>clopidogrel bisulfate</i> TABS 300mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 70 years and older	2	PA
EFFIENT TABS 5mg, 10mg	3	
PLAVIX TABS 75mg	3	
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1	
<i>ticagrelor</i> (generic of BRILINTA) TABS 60mg, 90mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) 40mg/0.8ml QL (56 pens / 365 days)	4	NDS QL NM PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml QL (56 syringes / 365 days)	4	NDS QL NM PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml QL (2 packs / year)	4	NDS QL NM PA
ADBRY SOAJ 300mg/2ml QL (28 injectors / 365 days)	4	NDS QL NM PA
ADBRY SOSY 150mg/ml QL (56 syringes / 365 days)	4	NDS QL NM PA
AVSOLA SOLR 100mg	4	NDS NM PA
CIBINQO TABS 50mg, 100mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
COSENTYX SOLN 125mg/5ml	4	NDS NM PA
COSENTYX SOSY 75mg/0.5ml QL (16 syringes / 365 days)	4	NDS QL NM PA
COSENTYX SOSY 150mg/ml QL (32 syringes / 365 days)	4	NDS QL NM PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml QL (32 pens / 365 days)	4	NDS QL NM PA
COSENTYX UNOREADY SOAJ 300mg/2ml QL (16 pens / 365 days)	4	NDS QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	4	NDS QL NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	4	NDS QL NM PA
EBGLYSS SOAJ 250mg/2ml QL (20 pens / 365 days)	4	NDS QL NM PA
EBGLYSS SOSY 250mg/2ml QL (20 syringes / 365 days)	4	NDS QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	4	NDS QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	4	NDS QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	4	NDS QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	4	NDS QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	4	NDS QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	4	NDS QL NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	4	NDS QL NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	4	NDS QL NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	4	NDS QL NM PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA
IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	4	NDS QL NM PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	4	NDS QL NM PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	4	NDS QL NM PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	4	NDS QL NM PA
NEMLUVIO AUIJ 30mg QL (2 pens / 28 days)	4	NDS 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
RENFLEXIS SOLR 100mg	4	NDS NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	4	NDS QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	4	NDS QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	4	NDS QL NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	4	NDS QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	4	NDS QL NM PA
YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	2	QL NM PA
YESINTEK SOLN 130mg/26ml	2	NM PA
YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	2	QL NM PA
YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ARAVA TABS 10mg, 20mg QL (30 tabs / 30 days)	4	NDS QL
<i>hydroxychloroquine sulfate</i> TABS 100mg, 300mg, 400mg	1	
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	3	B/D
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>methotrexate sodium</i> TABS 2.5mg	1	
PLAQUENIL TABS 200mg	3	
SOVUNA TABS 200mg, 300mg	3	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D
XATMEP SOLN 2.5mg/ml	3	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA
BIVIGAM SOLN 5gm/50ml, 10%	4	NDS NM PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
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
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NDS NM PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	4	NDS NM PA
ARCALYST SOLR 220mg	4	NDS NM PA
GRASTEK SUBL 2800bau	3	PA
ILARIS SOLN 150mg/ml	4	NDS NM PA
JOENJA TABS 70mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ODACTRA SUB	3	PA
PALFORZIA CAP ESCALAT	4	NDS NM PA
PALFORZIA CAP LEVEL 3	4	NDS NM PA
PALFORZIA CAP LEVEL 7	4	NDS NM PA
PALFORZIA CAP LEVEL 8	4	NDS NM PA
PALFORZIA CAP LEVEL 10	4	NDS NM PA
PALFORZIA LEVEL 1 CSPK 1mg	4	NDS NM PA
PALFORZIA LEVEL 2 CSPK 1mg	4	NDS NM PA
PALFORZIA LEVEL 4 CSPK 20mg	4	NDS NM PA
PALFORZIA LEVEL 5 CSPK 20mg	4	NDS NM PA
PALFORZIA LEVEL 6 CSPK 20mg	4	NDS NM PA
PALFORZIA LEVEL 9 CSPK 100mg	4	NDS NM PA
PALFORZIA LEVEL 11 (MAINT PACK 300mg)	4	NDS NM PA
PALFORZIA LEVEL 11 (TITRA PACK 300mg)	4	NDS NM PA
RAGWITEK SUBL 12amba1- u	3	PA
RYSTIGGO SOLN 280mg/2ml, 420mg/3ml, 560mg/4ml, 840mg/6ml	4	NDS NM PA
VYVGART SOLN 400mg/20ml	4	NDS NM PA
VYVGART INJ HYTRULO	4	NDS NM PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	4	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
ATGAM SOLN 50mg/ml	4	NDS B/D
azasan TABS 75mg, 100mg	1	B/D
azathioprine (generic of IMURAN) TABS 50mg	1	B/D
azathioprine TABS 75mg, 100mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA
BENLYSTA SOLR 120mg, 400mg	4	NDS NM PA
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	4	NDS B/D NM
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg	1	B/D NM
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
cyclosporine modified (for microemulsion) CAPS 50mg	1	B/D NM
ENVARISUS XR TB24 4mg	4	NDS B/D NM
ENVARISUS XR TB24 .75mg, 1mg	3	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	4	NDS B/D NM
engraf (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
IMURAN TABS 50mg	3	B/D
LUPKYNIS CAPS 7.9mg	4	NDS NM PA
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	4	NDS B/D NM
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM
MYFORTIC TBEC 180mg	3	B/D NM
MYFORTIC TBEC 360mg	4	NDS B/D NM

Drug Name	Drug Requirements/ Tier Limits
MYHIBBIN SUSP 200mg/ml	4 NDS B/D NM
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	3 B/D NM
NIKTIMVO SOLN 9mg/0.18ml, 22mg/0.44ml	4 NDS NM PA
NULOJIX SOLR 250mg	4 NDS B/D NM
PROGRAF CAPS 5mg	4 NDS B/D NM
PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg	3 B/D NM
REZUROCK TABS 200mg QL (30 tabs / 30 days)	4 NDS QL NM PA
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml	3 B/D NM
SANDIMMUNE CAPS 100mg	4 NDS B/D NM
SAPHNELO SOLN 300mg/2ml	4 NDS NM PA
<i>sirolimus</i> SOLN 1mg/ml	4 NDS B/D NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	1 B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1 B/D NM
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	4 NDS B/D NM
VACCINES	
ABRYSVO SOLR 120mcg/0.5ml	1
ACTHIB INJ	1
ADACEL INJ	1
AREXVY SUSR 120mcg/0.5ml	1
BCG VACCINE SOLR 50mg	1
BEXSERO SUSY .5ml	1
BOOSTRIX INJ	1
DAPTACEL INJ	1
DENG VAXIA SUS	1
DIP/TET PED INJ 25-5LFU	1 B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1 B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	1
HEPLISAV-B SOSY 20mcg/0.5ml	1 B/D
HIBERIX SOLR 10mcg	1

Drug Name	Drug Requirements/ Tier Limits
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1 B/D
INFANRIX INJ	1
IPOL INJ INACTIVE	1
IXCHIQ INJ	1
IXIARO INJ	1
JYNNEOS SUSP .5ml	1 B/D
KINRIX INJ	1
M-M-R II INJ	1
MENACTRA INJ	1
MENQUADFI SOLN .5ml	1
MENVEO INJ	1
MENVEO SOL	1
MRESVIA SUSY 50mcg/0.5ml	1
PEDIARIX INJ 0.5ML	1
PEDVAX HIB SUSP 7.5mcg/0.5ml	1
PENBRAYA INJ	1
PENTACEL INJ	1
PRIORIX INJ	1
PROQUAD INJ	1
QUADRACEL INJ 0.5ML	1
RABAVERT INJ	1 B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1 B/D
ROTARIX SUS	1
ROTATEQ SOL	1
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1 QL
TENIVAC INJ 5-2LF	1 B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1
TRUMENBA SUSY .5ml	1
TWINRIX INJ	1
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1
VARIVAX SUSR 1350pfu/0.5ml	1
VAXCHORA SUS	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
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
D10W/NACL INJ 0.2%	2
dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)	1
dextrose 5% in lactated ringers	1
dextrose 5% w/ sodium chloride 0.2%	1
dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)	1
dextrose 5% w/ sodium chloride 0.9%	1
dextrose 5% w/ sodium chloride 0.45%	1
dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)	1
dextrose 10% w/ sodium chloride 0.45%	1
ISOLYTE-P INJ /D5W	3
ISOLYTE-S INJ	3
ISOLYTE-S INJ PH 7.4	3
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1
kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1

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

Drug Name	Drug Requirements/ Tier	Limits
POT CHL 40MEQ/L IN NACL 0.9% INJ	3	
<i>potassium chloride</i> SOLN 2meq/ml	1	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1	
<i>potassium chloride</i> 20 meq/l (0.15%) in dextrose 5% inj	1	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	1	
<i>klor-con 8</i> TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	2	
POKONZA PACK 10meq	3	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 15meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
<i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln	1	
WESTAB PLUS TAB 27-1MG	2	
IV NUTRITION		
CLINIMIX E INJ 2.75/D5W	3	B/D
CLINIMIX E INJ 4.25/D5W	3	B/D
CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX E INJ 5%/D15W	3	B/D
CLINIMIX E INJ 5%/D20W	3	B/D
CLINIMIX E INJ 8/10	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
CLINIMIX E INJ 8/14	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 6/5	3	B/D
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
<i>clinisol sf</i> 15%	1	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%, 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
KABIVEN EMU	4	NDS B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	4	NDS B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint</i> 1%	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neo-polycin hc ophth oint</i> 1%	1	
<i>neomycin-polymyxin-dexamethasone ophth oint</i> 0.1% (generic of MAXITROL)	1	
<i>neomycin-polymyxin-dexamethasone ophth susp</i> 0.1% (generic of MAXITROL)	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln</i> 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%	1	
ZYLET SUS 0.5-0.3%	2	

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Drug Name	Drug Requirements/ Tier	Limits
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
<i>bacitracin (ophthalmic)</i> OINT 500unit/gm	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	1	
<i>erythromycin (ophth)</i> OINT 5mg/gm	1	
<i>gatifloxacin (ophth)</i> SOLN .5%	1	
<i>gentamicin sulfate (ophth)</i> SOLN .3%	1	
<i>levofloxacin (ophth)</i> SOLN .5%, 1.5%	1	
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	1	QL
QL (12 mL / 30 days)		
<i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX) SOLN .5%	1	QL
QL (12 mL / 30 days)		
NATACYN SUSP 5%	3	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX SOLN .3%	3	
<i>ofloxacin (ophth)</i> (generic of OCUFLOX) SOLN .3%	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	1	
<i>tobramycin (ophth)</i> SOLN .3%	1	
TOBREX OINT .3%	3	
<i>trifluridine</i> SOLN 1%	1	

Drug Name	Drug Requirements/ Tier	Limits
VIGAMOX SOLN .5%	3	QL
QL (12 mL / 30 days)		
XDEMVEY SOLN .25%	4	NDS NM PA
ZIRGAN GEL .15%	3	
ANTI-INFLAMMATORIES		
ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
ACUVAIL SOLN .45%	3	
ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth)</i> (generic of PROLENSA) SOLN .07%	1	
<i>bromfenac sodium (ophth)</i> SOLN .09%	1	
<i>bromfenac sodium (ophth)</i> (generic of BROMSITE) SOLN .075%	1	
BROMSITE SOLN .075%	3	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> (generic of DUREZOL) EMUL .05%	1	
DUREZOL EMUL .05%	3	
FLAREX SUSP .1%	3	
<i>fluorometholone (ophth)</i> (generic of FML LIQUIFILM) SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
FML FORTE SUSP .25%	3	
ILEVRO SUSP .3%	3	
INVELTYS SUSP 1%	3	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) SOLN .4%	1	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) SOLN .5%	1	
LOTEMAX GEL .5%; SUSP .5%	3	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	2	
<i>loteprednol etabonate</i> (generic of LOTE MAX) GEL .5%; SUSP .5%	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>loteprednol etabonate</i> (generic of ALREX) SUSP .2%	1
MAXIDEX SUSP .1%	3
NEVANAC SUSP .1%	3
PRED MILD SUSP .12%	3
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1%	1
PREDNISOLONE SODIUM PHOSP SOLN 1%	2
PROLENSA SOLN .07%	3
TRIESENCE SUSP 40mg/ml	3 PA
XIPERE SUSP 40mg/ml	3 NM PA
YUTIQ IMPL .18mg	4 NDS NM
ANTIALLERGICS	
<i>azelastine hcl (ophth)</i> SOLN .05%	1
<i>bepotastine besilate</i> (generic of BEPREVE) SOLN 1.5%	1
BEPREVE SOLN 1.5%	3
<i>cromolyn sodium (ophth)</i> SOLN 4%	1
<i>epinastine hcl (ophth)</i> SOLN .05%	1
ZERVIAE SOLN .24%	3
ANTI GLAUCOMA	
ALPHAGAN P SOLN .1%, .15%	3
AZOPT SUSP 1%	3
<i>betaxolol hcl (ophth)</i> SOLN .5%	1
BETIMOL SOLN .5%	3
BETOPTIC-S SUSP .25%	3
<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
<i>carteolol hcl (ophth)</i> SOLN 1%	1
COMBIGAN SOL 0.2/0.5%	2

Drug Name	Drug Requirements/ Tier Limits
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>timolol hemihydrate (ophth)</i> (generic of BETIMOL) SOLN .5%	1
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1
<i>timolol maleate (ophth) once-daily</i> (generic of ISTALOL) SOLN .5%	1
<i>timolol maleate (ophth) pf</i> (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5%	1
TIMOPTIC OCUDOSE SOLN .25%, .5%	3
TRAVATAN Z SOLN .004%	3
<i>travoprost</i> (generic of TRAVATAN Z) SOLN .004%	1
VYZULTA SOLN .024%	3
XALATAN SOLN .005%	3
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

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Drug Name	Drug Requirements/ Tier Limits
CIMERLI SOLN .3mg/0.05ml	3 NM PA
CIMERLI SOLN .5mg/0.05ml	4 NDS NM PA
CYSTADROPS SOLN .37%	4 NDS NM PA
CYSTARAN SOLN .44%	4 NDS NM PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	4 NDS NM PA
EYLEA HD SOLN 8mg/0.07ml	4 NDS NM PA
EYSUVIS SUSP .25%	3
IZERVAY SOLN 2mg/0.1ml	4 NDS NM PA
LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	4 NDS NM PA
MIEBO SOLN 1.338gm/ml	2
OXERVATE SOLN .002% QL (112 mL / year)	4 NDS QL NM PA
PAVBLU SOSY 2mg/0.05ml <i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	4 NDS NM PA 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
VABYSMO SOLN 6mg/0.05ml; SOSY 6mg/0.05ml	4 NDS NM PA
XIIDRA SOLN 5%	2
OTIC	
OTIC AGENTS	
<i>acetic acid (otic)</i> SOLN 2%	1
CIPRO HC SUS OTIC	3
<i>ciprofloxacin hcl (otic)</i> (generic of CETRAXAL) SOLN .2%	1
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1
CORTISPORIN SUS -TC OTIC	3
DERMOTIC OIL .01%	3
<i>flac</i> (generic of DERMOTIC) OIL .01%	1
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%	1
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>neomycin-polymyxin-hc otic soln 1%</i>	1
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml- 1%</i>	1
<i>ofloxacin (otic)</i> SOLN .3%	1
RESPIRATORY	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	2 QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	2 QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	2 QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	2 QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	3 QL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1 B/D
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

Drug Name	Drug Requirements/ Tier	Limits
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act QL (1 inhaler / 30 days)	3	QL
<i>tiotropium bromide</i> <i>monohydrate</i> (generic of SPIRIVA HANDIHALER) CAPS 18mcg QL (30 caps / 30 days)	1	QL
ANTI HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop</i> <i>nasal spray</i> 137-50 mcg/act (generic of DYMISTA) QL (1 bottle / 30 days)	1	QL
CLARINEX-D TAB 2.5-120	3	
<i>promethazine &</i> <i>phenylephrine syrup</i> 6.25-5 <i>mg/5ml</i> PA applies if 70 years and older	2	PA
RYALTRIS SPR 665-25 QL (29 gm / 30 days)	3	QL
ANTI HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	1	
<i>carbinoxamine maleate</i> SOLN 4mg/5ml; TABS 4mg PA applies if 70 years and older	2	PA
<i>cetirizine hcl</i> SOLN 5mg/5ml QL (300 mL / 30 days)	1	QL
CLARINEX TABS 5mg QL (30 tabs / 30 days)	3	QL
<i>clemastine fumarate</i> TABS 2.68mg PA applies if 70 years and older	2	PA
<i>cypheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA
<i>desloratadine</i> (generic of CLARINEX) TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>desloratadine</i> TBP 2.5mg, 5mg QL (30 tabs / 30 days)	1	QL
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older	3	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg, 100mg PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml QL (300 mL / 30 days)	1	QL
<i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>olopatadine hcl (nasal)</i> SOLN .6%	1	
QUZYTIR SOLN 10mg/ml QL (30 mL / 30 days)	4	NDS QL PA
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	1	QL
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>arformoterol tartrate</i> (generic of BROVANA) NEBU 15mcg/2ml	1	B/D
BROVANA NEBU 15mcg/2ml	4	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
<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
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	2	QL
STRIVERDI RESPIMAT AERS 2.5mcg/act QL (1 inhaler / 30 days)	3	QL
<i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	2	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	2	QL
XOPENEX HFA AERO 45mcg/act QL (2 inhalers / 30 days)	3	QL ST
LEUKOTRIENE MODULATORS		
ACCOLATE TABS 10mg, 20mg	3	
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	3	
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	1	
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

Drug Name	Drug Requirements/ Tier	Limits
ARALAST NP SOLR 500mg, 1000mg	4	NDS NM PA
BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	4	NDS QL NM PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg QL (56 tabs / year)	3	QL
DALIRESP TABS 500mcg QL (30 tabs / 30 days)	3	QL
<i>elixophyllin</i> ELIX 80mg/15ml	4	NDS
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	
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
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> (generic of ESBRIET) CAPS 267mg QL (270 caps / 30 days)	4	NDS QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	4	NDS QL NM PA
<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	4	NDS QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	4	NDS NM PA
PULMOZYME SOLN 2.5mg/2.5ml	4	NDS NM PA
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	1	QL
<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	1	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	4	NDS QL NM PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	4	NDS QL NM PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	4	NDS QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
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 inhalers / 30 days)	1	QL
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNASL AERS 80mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNASL CHILDRENS AERS 40mcg/act QL (1 inhaler / 30 days)	3	QL ST
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	3	QL PA
STERIOD INHALANTS		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	3	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	2	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
STEROID/BETA-AGONIST COMBINATIONS		
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>breynd</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 160- 4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
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
<i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	1	QL
TOPICAL DERMATOLOGY, ACNE		
ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	4	NDS PA
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	4	NDS PA
ACANYA GEL 1.2-2.5% QL (50 gm / 30 days)	3	QL
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ACZONE GEL 5%, 7.5% QL (90 gm / 30 days)	3	QL
<i>adapalene</i> (generic of DIFFERIN) CREA .1%; GEL .3% QL (45 gm / 30 days)	1	QL PA
ADAPALENE SOLN .1% QL (120 mL / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<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>amnestem</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
<i>clindacin-p</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> QL (45 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin phosphate (topical) FOAM 1%</i> QL (100 gm / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> (generic of CLINDAGEL) GEL 1% QL (75 mL / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	1	QL
<i>clindamycin phosphate (topical) SOLN 1%</i> QL (60 mL / 30 days)	1	QL
<i>clindamycin phosphate (topical) SWAB 1%</i> QL (69 pledgets / 30 days)	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA) QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i> (generic of ONEXTON) QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> QL (60 gm / 30 days)	1	QL PA
<i>dapsone (topical)</i> (generic of ACZONE) GEL 5%, 7.5% QL (90 gm / 30 days)	1	QL
DIFFERIN LOTN .1% QL (118 mL / 30 days)	3	QL PA
DIFFERIN PUMP GEL .3% QL (45 gm / 30 days)	3	QL PA
EPIDUO FORTE GEL 0.3-2.5% QL (60 gm / 30 days)	3	QL PA
EPIDUO GEL 0.1-2.5% QL (45 gm / 30 days)	3	QL PA
EPSOLAY CREA 5% QL (30 gm / 30 days)	3	QL PA
<i>ery</i> PADS 2% QL (60 pledgets / 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>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2% QL (60 gm / 30 days)	1	QL
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	1	QL
FABIOR FOAM .1% QL (100 gm / 30 days)	3	QL PA
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>isotretinoin</i> (generic of ABSORICA) CAPS 25mg, 35mg	4	NDS PA
KLARON LOTN 10% QL (118 mL / 30 days)	3	QL
<i>neuac gel</i> 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
<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	1	QL
TAZAROTENE FOAM .1% QL (100 gm / 30 days)	3	QL PA
<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	1	QL PA
<i>tretinoin</i> (generic of ATRALIN) GEL .05% QL (45 gm / 30 days)	1	QL PA
<i>tretinoin microsphere</i> GEL .04%, .1% QL (50 gm / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tretinoin microsphere</i> (generic of RETIN-A MICRO PUMP) GEL .08% QL (50 gm / 30 days)	1	QL PA
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1% QL (75 gm / 30 days)	1	QL
TWYNEO CRE 0.1-3% QL (30 gm / 30 days)	3	QL PA
VELTIN GEL QL (60 gm / 30 days)	3	QL PA
WINLEVI CREA 1% QL (60 gm / 30 days)	3	QL PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ZIANA GEL QL (60 gm / 30 days)	3	QL PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	1	QL
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	1	QL
SILVADENE CREA 1%	3	
<i>silver sulfadiazine</i> (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		
<i>ciclopirox</i> GEL .77% QL (100 gm / 30 days)	1	QL
<i>ciclopirox</i> SHAM 1% QL (120 mL / 30 days)	1	QL
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	1	QL
<i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days)	1	QL
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	1	QL
<i>clotrimazole (topical)</i> SOLN 1% QL (60 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clotrimazole w/ betamethasone cream 1- 0.05%</i>	1	QL
QL (45 gm / 30 days)		
<i>econazole nitrate CREA 1%</i>	1	QL
QL (85 gm / 30 days)		
<i>JUBLIA SOLN 10%</i>	4	NDS QL
QL (8 mL / 30 days)		
<i>ketoconazole (topical) CREA 2%</i>	1	QL
QL (60 gm / 30 days)		
<i>ketoconazole (topical) SHAM 2%</i>	1	QL
QL (120 mL / 30 days)		
<i>klayesta POWD 100000unit/gm</i>	1	QL
QL (60 gm / 30 days)		
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15- 81.35%</i>	1	QL PA
QL (50 gm / 30 days)		
<i>naftifine hcl CREA 1%</i>	1	QL
QL (90 gm / 30 days)		
<i>naftifine hcl CREA 2%</i>	1	QL
QL (60 gm / 30 days)		
<i>naftifine hcl (generic of NAFTIN) GEL 2%</i>	1	QL
QL (60 gm / 30 days)		
<i>NAFTIN GEL 2%</i>	3	QL
QL (60 gm / 30 days)		
<i>nyamyc POWD 100000unit/gm</i>	1	QL
QL (60 gm / 30 days)		
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i>	1	QL
QL (30 gm / 30 days)		
<i>nystatin (topical) POWD 100000unit/gm</i>	1	QL
QL (60 gm / 30 days)		
<i>nystop POWD 100000unit/gm</i>	1	QL
QL (60 gm / 30 days)		
<i>OXISTAT LOTN 1%</i>	3	QL PA
QL (60 mL / 30 days)		
<i>selenium sulfide LOTN 2.5%</i>	1	
<i>VUSION OIN</i>	3	QL PA
QL (50 gm / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
<i>ZORYVE FOAM .3%</i>	3	QL PA
QL (60 gm / 30 days)		
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	1	PA
<i>calcipotriene CREA .005%; OINT .005%</i>	1	QL PA
QL (120 gm / 30 days)		
<i>CALCIPOTRIENE FOAM .005%</i>	4	NDS QL PA
QL (120 gm / 30 days)		
<i>calcipotriene SOLN .005%</i>	1	QL PA
QL (120 mL / 30 days)		
<i>calcitrene OINT .005%</i>	1	QL PA
QL (120 gm / 30 days)		
<i>ENSTILAR AER</i>	4	NDS QL PA
QL (120 gm / 30 days)		
<i>methoxsalen rapid CAPS 10mg</i>	4	NDS
<i>SORILUX FOAM .005%</i>	4	NDS QL PA
QL (120 gm / 30 days)		
<i>tazarotene (generic of TAZORAC) CREA .05%, .1%</i>	1	QL PA
QL (60 gm / 30 days)		
<i>tazarotene (generic of TAZORAC) GEL .05%, .1%</i>	1	QL PA
QL (100 gm / 30 days)		
<i>TAZORAC CREA .05%</i>	3	QL PA
QL (60 gm / 30 days)		
<i>TAZORAC GEL .05%, .1%</i>	3	QL PA
QL (100 gm / 30 days)		
<i>VTAMA CREA 1%</i>	4	NDS QL PA
QL (60 gm / 30 days)		
<i>ZORYVE CREA .3%</i>	3	QL PA
QL (60 gm / 30 days)		
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort CREA 1%</i>	1	
<i>ala-scalp LOTN 2%</i>	1	QL
QL (60 mL / 30 days)		
<i>alclometasone dipropionate CREA .05%; OINT .05%</i>	1	QL
QL (60 gm / 30 days)		
<i>betamethasone dipropionate (topical) CREA .05%; OINT .05%</i>	1	QL
QL (120 gm / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone dipropionate</i> (topical) LOTN .05% QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate augmented</i> LOTN .05% QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate</i> CREA .1%; FOAM .12%; OINT .1% QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	1	QL
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate</i> FOAM .05% QL (100 gm / 30 days)	1	QL
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05% QL (125 mL / 30 days)	1	QL
<i>clobetasol propionate</i> (generic of CLOBEX) LOTN .05%; SHAM .05% QL (118 mL / 30 days)	1	QL
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	1	QL
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate emulsion</i> FOAM .05% QL (100 gm / 30 days)	1	QL
CLOBEX LIQD .05% QL (125 mL / 30 days)	3	QL
CLOBEX LOTN .05%; SHAM .05% QL (118 mL / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clodan</i> (generic of CLOBEX) SHAM .05% QL (118 mL / 30 days)	1	QL
DERMA-SMOOTH/FS BODY OIL .01% QL (118.28 mL / 30 days)	3	QL
DERMA-SMOOTH/FS SCALP OIL .01% QL (118.28 mL / 30 days)	3	QL
<i>desonide</i> (generic of DESOWEN) CREA .05% QL (60 gm / 30 days)	1	QL
<i>desonide</i> LOTN .05% QL (118 mL / 30 days)	1	QL
<i>desonide</i> OINT .05% QL (60 gm / 30 days)	1	QL
<i>desoximetasone</i> (generic of TOPICORT) LIQD .25% QL (100 mL / 30 days)	1	QL
DIPROLENE OINT .05% QL (120 gm / 30 days)	3	QL
DUOBRII LOT QL (200 gm / 28 days)	4	NDS QL PA
EPIFOAM AER 1% QL (100 gm / 30 days)	3	
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025% QL (120 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<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>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>fluticasone propionate</i> LOTN .05% QL (120 mL / 30 days)	1	QL
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	1	QL
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2% QL (60 mL / 30 days)	1	QL
<i>hydrocortisone (topical)</i> OINT 1% QL (30 gm / 30 days)	1	QL
<i>hydrocortisone butyrate</i> SOLN .1% QL (60 mL / 30 days)	1	QL
<i>hydrocortisone valerate</i> CREA .2% QL (60 gm / 30 days)	1	QL
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
SYNALAR CREA .025%; OINT .025% QL (120 gm / 30 days)	3	QL
<i>tovet</i> FOAM .05% QL (100 gm / 30 days)	1	QL
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5% QL (454 gm / 30 days)	1	QL
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>triderm</i> CREA .5% QL (454 gm / 30 days)	1	QL
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> SOLN 4% QL (50 mL / 30 days)	1	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	1	B/D QL
<i>lidocan</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
QUTENZA KIT 8% 1-PCH QL (4 patches / 90 days)	4	NDS QL NM PA
QUTENZA KIT 8% 2-PCH QL (4 patches / 90 days)	4	NDS QL NM PA
QUTENZA KIT 8% 4-PCH QL (4 patches / 90 days)	4	NDS QL NM PA
<i>tridacaine ii</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
ZTLIDO PTCH 1.8% QL (3 patches / 1 day)	3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5% QL (30 gm / 30 days)	1	QL
ANUSOL-HC CREA 2.5%	3	
<i>azelaic acid</i> (generic of FINACEA) GEL 15% QL (50 gm / 30 days)	1	QL
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA
<i>brimonidine tartrate (topical)</i> (generic of MIRVASO) GEL .33% QL (30 gm / 30 days)	1	QL PA
CONDYLOX GEL .5% QL (7 gm / 28 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
CORTIFOAM FOAM 10%	3	
DENAVIR CREA 1%	3	QL
QL (5 gm / 30 days)		
<i>diclofenac sodium (actinic keratoses)</i> GEL 3%	1	QL PA
QL (100 gm / 30 days)		
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL
QL (300 mL / 28 days)		
<i>doxycycline (rosacea)</i> (generic of ORACEA) CPDR 40mg	1	
ELIDEL CREA 1%	3	QL PA
QL (100 gm / 30 days)		
FINACEA FOAM 15%; GEL 15%	3	QL PA
QL (50 gm / 30 days)		
<i>fluorouracil (topical)</i> CREA 5%	1	QL
QL (40 gm / 30 days)		
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL
QL (10 mL / 30 days)		
<i>hydrocortisone (rectal)</i> CREA 1%	1	
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
HYFTOR GEL .2%	4	NDS QL NM
QL (20 gm / 25 days)		PA
<i>imiquimod</i> CREA 5%	1	QL
QL (24 packets / 30 days)		
KLISYRI OINT 1%	4	NDS QL PA
QL (5 packets / 30 days)		
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
METROCREAM CREA .75%	3	QL PA
QL (45 gm / 30 days)		
METROLOTION LOTN .75%	3	QL PA
QL (59 mL / 30 days)		
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75%	1	QL
QL (45 gm / 30 days)		
<i>metronidazole (topical)</i> GEL .75%	1	QL
QL (45 gm / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75%	1	QL
QL (59 mL / 30 days)		
MIRVASO GEL .33%	3	QL PA
QL (30 gm / 30 days)		
<i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4%	1	QL
QL (30 gm / 30 days)		
NORITATE CREA 1%	4	NDS QL PA
QL (60 gm / 30 days)		
OPZELURA CREA 1.5%	4	NDS QL PA
QL (240 gm / 28 days)		
ORACEA CPDR 40mg	3	
PANRETIN GEL .1%	4	NDS QL PA
QL (60 gm / 30 days)		
<i>penciclovir</i> (generic of DENAVIR) CREA 1%	1	QL
QL (5 gm / 30 days)		
<i>pimecrolimus</i> (generic of ELIDEL) CREA 1%	1	QL PA
QL (100 gm / 30 days)		
<i>podofilox</i> (generic of CONDYLOX) GEL .5%	1	QL
QL (7 gm / 28 days)		
<i>podofilox</i> SOLN .5%	1	QL
QL (7 mL / 28 days)		
<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	
RECTIV OINT .4%	3	QL
QL (30 gm / 30 days)		
RHOFADE CREA 1%	3	QL
QL (30 gm / 30 days)		
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL PA
QL (100 gm / 30 days)		
TARGRETIN GEL 1%	4	NDS QL NM
QL (60 gm / 30 days)		PA
VALCHLOR GEL .016%	4	NDS QL NM
QL (60 gm / 30 days)		PA

Drug Name	Drug Requirements/ Tier	Limits
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
ZORYVE CREA .15% QL (60 gm / 30 days)	3	QL PA
ZOVIRAX OINT 5% QL (30 gm / 30 days)	3	QL
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i> LOTN 10% QL (454 gm / 30 days)	4	NDS QL PA
ELIMITE CREA 5% QL (60 gm / 30 days)	3	QL
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	1	QL
NATROBA SUSP .9%	3	
OVIDE LOTN .5% QL (59 mL / 30 days)	3	QL
<i>permethrin</i> (generic of ELIMITE) CREA 5% QL (60 gm / 30 days)	1	QL
<i>pruradik</i> LOTN 10% QL (454 gm / 30 days)	4	NDS QL PA
<i>spinosad</i> SUSP .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01% QL (30 gm / 30 days)	4	NDS QL PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	3	QL
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg	1	
<i>chlorhexidine gluconate</i> (<i>mouth-throat</i>) (generic of PERIDEX) SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	1	QL
EVOXAC CAPS 30mg	3	
<i>kourzeq</i> PSTE .1%	1	

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

Index

A		
abacavir sulfate.....	8	
abacavir sulfate-lamivudine tab 600-300 mg.....	9	
ABELCET.....	7	
abigale.....	70	
abigale lo.....	70	
ABILIFY.....	41	
see aripiprazole.....	42	
ABILIFY ASIMTUFII.....	41	
ABILIFY MAINTENA.....	41	
ABILIFY MYCITE MAINTENANC.....	42	
ABILIFY MYCITE STARTER KI.....	42	
abiraterone acetate.....	15	
abirtega.....	15	
ABRAXANE see paclitaxel inj 100mg	17	
ABRAXANE INJ 100MG.....	17	
ABRYSVO.....	89	
ABSORICA.....	98	
see isotretinoin.....	100	
ABSORICA LD.....	98	
acamprosate calcium.....	61	
ACANYA see clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	99	
ACANYA GEL 1.2-2.5%.....	98	
acarbose.....	62	
ACCOLATE.....	96	
see zafirlukast.....	96	
ACCUPRIL see quinapril hcl.....	25	
ACCURETIC see quinapril- hydrochlorothiazide tab 10-12.5 mg.....	25	
see quinapril- hydrochlorothiazide tab 20-12.5 mg.....	25	
ACCURETIC TAB 10-12.5	24	
ACCURETIC TAB 20-12.5	24	
accutane.....	98	
acebutolol hcl.....	31	
acetaminophen-caffeine- dihydrocodeine cap 320.5-30-16 mg.....	3	
acetaminophen w/ codeine soln 120-12 mg/5ml.....	3	
acetaminophen w/ codeine tab 300-15 mg.....	3	
acetaminophen w/ codeine tab 300-30 mg.....	3	
acetaminophen w/ codeine tab 300-60 mg.....	3	
acetazolamide.....	33	
acetic acid.....	81	
acetic acid (otic).....	94	
acetylcysteine.....	96	
ACIPHEX.....	80	
see rabeprazole sodium	81	
acitretin.....	101	
ACTHIB INJ.....	89	
ACTIMMUNE.....	88	
ACTIVELLA see abigale.....	70	
see estradiol & norethindrone acetate tab 1-0.5 mg.....	70	
see mimvey.....	71	
ACTIVELLA TAB 1-0.5MG	70	
ACTONEL.....	66	
see risedronate sodium	66	
ACTOPLUS MET see pioglitazone hcl- metformin hcl tab 15- 850 mg.....	64	
ACTOPLUS MET TAB 15- 850MG.....	62	
ACTOS.....	62	
see pioglitazone hcl.....	64	
ACULAR.....	92	
see ketorolac tromethamine (ophth)	92	
ACULAR LS.....	92	
see ketorolac tromethamine (ophth)	92	
ACUVAIL.....	92	
acyclovir.....	10	
acyclovir sodium.....	10	
acyclovir topical.....	103	
ACZONE.....	98	
see dapsone (topical).....	99	
ADACEL INJ.....	89	
ADAKVEO.....	83	
ADALIMUMAB-AACF (2 PEN).....	85	
ADALIMUMAB-AACF (2 SYRING.....	85	
ADALIMUMAB-AACF STARTER P.....	85	
adapalene.....	98	
ADAPALENE.....	98	
adapalene-benzoyl peroxide gel 0.1-2.5%.....	99	
adapalene-benzoyl peroxide gel 0.3-2.5%.....	99	
ADBRY.....	85	
ADCIRCA.....	36	
see alyq.....	36	
see tadalafil (pulmonary hypertension).....	36	
ADDERALL see amphetamine- dextroamphetamine tab 10 mg.....	51	
see amphetamine- dextroamphetamine tab 12.5 mg.....	51	
see amphetamine- dextroamphetamine tab 15 mg.....	51	
see amphetamine- dextroamphetamine tab 20 mg.....	51	

see <i>amphetamine-dextroamphetamine</i> <i>tab 30 mg</i>.....52	<i>adefovir dipivoxil</i> .....10	see <i>proparacaine hcl</i> ...94
see <i>amphetamine-dextroamphetamine</i> <i>tab 5 mg</i>.....51	ADEMPAS .....36	<i>alclometasone dipropionate</i>.....101
see <i>amphetamine-dextroamphetamine</i> <i>tab 7.5 mg</i>.....51	ADLARITY .....37	ALCOHOL SWABS: BD- EMBECTA/MHC/RUGBY.....65
ADDERALL TAB 10MG ..50	ADMELOG .....64	ALDACTONE .....25
ADDERALL TAB 12.5MG.....50	ADMELOG SOLOSTAR ..64	see <i>spironolactone</i> .....25
ADDERALL TAB 15MG ..50	ADRENALIN .....34	ALDURAZYME .....72
ADDERALL TAB 20MG ..50	ADVAIR DISKUS see <i>fluticasone-</i> <i>salmeterol aer powder</i> <i>ba 100-50 mcg/act</i> ...98	ALECENSA.....17
ADDERALL TAB 30MG ..51	see <i>fluticasone-</i> <i>salmeterol aer powder</i> <i>ba 250-50 mcg/act</i> ...98	<i>alendronate sodium</i> .....66
ADDERALL TAB 5MG ....50	see <i>fluticasone-</i> <i>salmeterol aer powder</i> <i>ba 500-50 mcg/act</i> ...98	<i>alfuzosin hcl</i> .....81
ADDERALL TAB 7.5MG ..50	see <i>wixela inhub</i>.....98	ALIMTA see <i>pemetrexed</i> <i>disodium</i> .....15
ADDERALL XR see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 10 mg</i> ...51	ADVAIR HFA AER 115/21.....98	<i>aliskiren fumarate</i>.....34
see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 15 mg</i> ...51	ADVAIR HFA AER 230/21.....98	ALKINDI SPRINKLE .....71
see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 20 mg</i> ...51	ADVAIR HFA AER 45/21 98	<i>allopurinol</i>.....1
see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 25 mg</i> ...51	ADZENYS XR-ODT .....51	<i>allopurinol sodium</i> .....1
see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 30 mg</i> ...51	ADZYNMA .....83	<i>almotriptan malate</i> .....56
see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 30 mg</i> ...51	AFINITOR see <i>everolimus</i> .....19	ALOPRIM.....1
see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 5 mg</i>.....51	see <i>torpenz</i>.....22	see <i>allopurinol sodium</i> ...1
ADDERALL XR CAP 10MG.....51	AFINITOR DISPERZ.....17	<i>alosetron hcl</i>.....79
ADDERALL XR CAP 15MG.....51	see <i>everolimus</i> .....19	ALPHAGAN P .....93
ADDERALL XR CAP 20MG.....51	<i>afirmelle</i> .....67	see <i>brimonidine tartrate</i>.....93
ADDERALL XR CAP 25MG.....51	AGRYLIN .....84	<i>alprazolam</i> .....37
ADDERALL XR CAP 30MG.....51	see <i>anagrelide hcl</i> .....84	ALPRAZOLAM INTENSOL.....37
ADDERALL XR CAP 5MG.....51	AIMOVIG.....56	ALREX .....92
	AIRSUPRA AER 90- 80MCG .....98	see <i>loteprednol</i> <i>etabonate</i>.....93
	AKEEGA TAB 100/500 ...15	ALTACE .....25
	AKEEGA TAB 50/500MG.....15	see <i>ramipril</i>.....25
	AKLIEF.....99	<i>altavera</i> .....67
	AKYNZEO CAP 300-0.5 ..76	ALTRENO .....99
	AKYNZEO INJ 235-0.25 ..76	ALUNBRIG.....18
	AKYNZEO INJ 235- 0.25MG/20ML.....76	ALUNBRIG PAK .....18
	<i>ala-cort</i>.....101	ALVAIZ.....84
	<i>ala-scalp</i>.....101	ALVESCO .....97
	<i>albendazole</i>.....4	<i>alyacen 1/35</i>.....67
	<i>albuterol sulfate</i>.....95	<i>alyacen 7/7/7</i>.....67
	ALCAINE	ALYFTREK TAB 10-50-125.....96
		ALYFTREK TAB 4-20-50 96
		ALYGLO.....87
		<i>alyq</i> .....36
		<i>amantadine hcl</i>.....40

AMBIEN	54	amlodipine besylate-	amlodipine besylate-	amlodipine besylate-
see zolpidem tartrate...	56	atorvastatin calcium tab	atorvastatin calcium tab	olmesartan medoxomil
AMBIEN CR	55	2.5-10 mg	2.5-10 mg	tab 5-40 mg
see zolpidem tartrate...	56	amlodipine besylate-	amlodipine besylate-	amlodipine besylate-
AMBISOME	7	atorvastatin calcium tab	atorvastatin calcium tab	valsartan tab 10-160 mg
see amphotericin b		2.5-20 mg	2.5-20 mg	26
liposome	7	amlodipine besylate-	amlodipine besylate-	amlodipine besylate-
ambrisentan	36	atorvastatin calcium tab	atorvastatin calcium tab	valsartan tab 10-320 mg
amethia	67	2.5-40 mg	2.5-40 mg	26
amethyst	67	amlodipine besylate-	amlodipine besylate-	amlodipine besylate-
amikacin sulfate	4	atorvastatin calcium tab	atorvastatin calcium tab	valsartan tab 5-160 mg
amiloride &		5-10 mg	5-10 mg	amlodipine besylate-
hydrochlorothiazide tab		amlodipine besylate-	amlodipine besylate-	valsartan tab 5-320 mg
5-50 mg	33	atorvastatin calcium tab	atorvastatin calcium tab	amlodipine-valsartan-
amiloride hcl	33	5-20 mg	5-20 mg	hydrochlorothiazide tab
aminocaproic acid	84	amlodipine besylate-	amlodipine besylate-	10-160-12.5 mg
amiodarone hcl	29	atorvastatin calcium tab	atorvastatin calcium tab	amlodipine-valsartan-
AMITIZA		5-40 mg	5-40 mg	hydrochlorothiazide tab
see lubiprostone	79	amlodipine besylate-	amlodipine besylate-	10-160-25 mg
amitriptyline hcl	38	atorvastatin calcium tab	atorvastatin calcium tab	amlodipine-valsartan-
AMLODIPINE/OLMESART		5-80 mg	5-80 mg	hydrochlorothiazide tab
AN MED		amlodipine besylate-	amlodipine besylate-	10-320-25 mg
see amlodipine besylate-		benazepril hcl cap 10-20	benazepril hcl cap 10-20	amlodipine-valsartan-
olmesartan medoxomil		mg	mg	hydrochlorothiazide tab
tab 10-20 mg.....	26	amlodipine besylate-	amlodipine besylate-	5-160-12.5 mg
see amlodipine besylate-		benazepril hcl cap 10-40	benazepril hcl cap 10-40	amlodipine-valsartan-
olmesartan medoxomil		mg	mg	hydrochlorothiazide tab
tab 10-40 mg.....	26	amlodipine besylate-	amlodipine besylate-	5-160-25 mg
see amlodipine besylate-		benazepril hcl cap 2.5-10	benazepril hcl cap 2.5-10	amnestem
olmesartan medoxomil		mg	mg	amoxapine
tab 5-20 mg.....	26	amlodipine besylate-	amlodipine besylate-	amoxicil cap &clarithro tab
see amlodipine besylate-		benazepril hcl cap 5-10	benazepril hcl cap 5-10	&lansopraz cap dr 500
olmesartan medoxomil		mg	mg	&500 &30mg.....
tab 5-40 mg.....	26	amlodipine besylate-	amlodipine besylate-	amoxicillin
amlodipine besylate	32	benazepril hcl cap 5-20	benazepril hcl cap 5-20	amoxicillin & k clavulanate
amlodipine besylate-		mg	mg	for susp 200-28.5 mg/5ml
atorvastatin calcium tab		amlodipine besylate-	amlodipine besylate-	13
10-10 mg	34	benazepril hcl cap 5-40	benazepril hcl cap 5-40	amoxicillin & k clavulanate
amlodipine besylate-		mg	mg	for susp 250-62.5 mg/5ml
atorvastatin calcium tab		amlodipine besylate-	amlodipine besylate-	13
10-20 mg	34	olmesartan medoxomil	olmesartan medoxomil	amoxicillin & k clavulanate
amlodipine besylate-		tab 10-20 mg	tab 10-20 mg	for susp 400-57 mg/5ml
atorvastatin calcium tab		amlodipine besylate-	amlodipine besylate-	13
10-40 mg	34	olmesartan medoxomil	olmesartan medoxomil	amoxicillin & k clavulanate
amlodipine besylate-		tab 10-40 mg	tab 10-40 mg	for susp 600-42.9 mg/5ml
atorvastatin calcium tab		amlodipine besylate-	amlodipine besylate-	13
10-80 mg	34	olmesartan medoxomil	olmesartan medoxomil	amoxicillin & k clavulanate
		tab 5-20 mg	tab 5-20 mg	tab 250-125 mg
				13

<i>amoxicillin & k clavulanate</i> <i>tab 500-125 mg</i> .....13	<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>15 mg</i> .....51	ANNOVERA MIS .....67
<i>amoxicillin & k clavulanate</i> <i>tab 875-125 mg</i> .....13	<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>20 mg</i> .....51	ANORO ELLIPT AER 62.5- 25 .....94
<i>amoxicillin & k clavulanate</i> <i>tab er 12hr 1000-62.5 mg</i>.....13	<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>30 mg</i> .....52	ANUSOL-HC.....103 see <i>hydrocortisone</i> (<i>rectal</i>).....104 see <i>procto-med hc</i>.....104 see <i>proctosol hc</i> .....104 see <i>proctozone-hc</i>.....104
<i>amphetamine-</i> <i>dextroamphetamine 3-</i> <i>bead cap er 24hr 12.5</i> <i>mg</i> .....51	<i>amphetamine-</i> <i>dextroamphetamine tab 5</i> <i>mg</i> .....51	APONVIE .....76
<i>amphetamine-</i> <i>dextroamphetamine 3-</i> <i>bead cap er 24hr 25 mg</i>.....51	<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>7.5 mg</i> .....51	<i>aprepitant</i>.....76
<i>amphetamine-</i> <i>dextroamphetamine 3-</i> <i>bead cap er 24hr 37.5</i> <i>mg</i> .....51	<i>amphotericin b</i> .....7	<i>aprepitant capsule therapy</i> <i>pack 80 & 125 mg</i> .....76
<i>amphetamine-</i> <i>dextroamphetamine 3-</i> <i>bead cap er 24hr 50 mg</i>.....51	<i>amphotericin b liposome</i> ...7	<i>apri</i>.....67
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 10 mg</i>.....51	<i>ampicillin</i> .....13	APRISO .....78 see <i>mesalamine</i> .....78
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 15 mg</i>.....51	<i>ampicillin & sulbactam</i> <i>sodium for inj 1.5 (1-0.5)</i> <i>gm</i> .....13	APTOM .....45 see <i>eslicarbazepine</i> <i>acetate</i> .....46
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 20 mg</i>.....51	<i>ampicillin & sulbactam</i> <i>sodium for inj 3 (2-1) gm</i>.....13	APTIVUS.....8
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 25 mg</i>.....51	<i>ampicillin & sulbactam</i> <i>sodium for iv soln 1.5 (1-</i> <i>0.5) gm</i> .....13	AQNEURSA.....72
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 30 mg</i>.....51	<i>ampicillin & sulbactam</i> <i>sodium for iv soln 15 (10-</i> <i>5) gm</i> .....13	ARALAST NP.....96
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 5 mg</i>.....51	<i>ampicillin & sulbactam</i> <i>sodium for iv soln 3 (2-1)</i> <i>gm</i> .....13	<i>aranelle</i> .....67
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>10 mg</i> .....51	<i>ampicillin sodium</i>.....13	ARANESP ALBUMIN FREE.....83
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>12.5 mg</i> .....51	AMPYRA.....58 see <i>dalfampridine</i> .....59	ARAVA.....87 see <i>leflunomide</i> .....87
	AMVUTTRA .....57	ARAZLO.....99
	AMZEEQ.....99	ARCALYST .....88
	ANAFRANIL.....38 see <i>clomipramine hcl</i> ...38	AREXVY .....89
	<i>anagrelide hcl</i>.....84	<i>arformoterol tartrate</i> .....95
	ANAPROX DS see <i>naproxen sodium</i> ....2	ARICEPT .....37 see <i>donepezil</i> <i>hydrochloride</i> .....37
	<i>anastrozole</i> .....15	ARIKAYCE.....4
	ANCOBON.....7 see <i>flucytosine</i>.....7	ARIMIDEX.....15 see <i>anastrozole</i> .....15
	ANDROGEL PUMP see <i>testosterone pump</i> 62	<i>aripiprazole</i> .....42
		ARISTADA .....42
		ARISTADA INITIO .....42
		ARIXTRA .....82 see <i>fondaparinux sodium</i>.....82, 83
		<i>armodafinil</i> .....60
		ARNUITY ELLIPTA.....98
		AROMASIN.....15 see <i>exemestane</i> .....15
		ARTHROTEC 50

see diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....1	ATIVAN .....37	see irbesartan- hydrochlorothiazide tab 300-12.5 mg.....27
ARTHROTEC 50 TAB.....1	see lorazepam.....37	AVALIDE TAB 150-12.5..26
ARTHROTEC 75	atomoxetine hcl.....52	AVALIDE TAB 300-12.5..26
see diclofenac w/ misoprostol tab delayed release 75-0.2 mg.....1	ATORVALIQ .....30	AVAPRO .....29
ARTHROTEC 75 TAB.....1	atorvastatin calcium .....30	see irbesartan.....29
ARZERRA.....18	atovaquone .....5	AVEED.....62
asenapine maleate.....42	atovaquone-proguanil hcl tab 250-100 mg .....8	AVERI TAB .....67
ashlyna.....67	atovaquone-proguanil hcl tab 62.5-25 mg .....8	aviane .....67
ASPARLAS .....16	ATRALIN.....99	AVMAPKI PAK FAKZYNJA.....18
aspirin-dipyridamole cap er 12hr 25-200 mg .....85	see tretinoin.....100	AVODART.....81
ASPRUZYO SPRINKLE .34	atropine sulfate .....77	see dutasteride.....81
ASTAGRAF XL .....88	ATROPINE SULFATE77, 93	AVONEX.....58
ATACAND.....29	see atropine sulfate ....77	AVONEX PEN.....58
see candesartan cilexetil.....29	atropine sulfate (ophthalmic).....93	AVSOLA.....85
ATACAND HCT	ATROVENT HFA .....94	AVYCAZ INJ 2-0.5GM ....11
see candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg.....27	ATTRUBY .....34	AXTLE.....14
see candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg.....27	AUBAGIO	ayuna .....67
see candesartan cilexetil- hydrochlorothiazide tab 32-25 mg.....27	see teriflunomide .....59	AYVAKIT.....18
ATACAND HCT TAB 16- 12.5 .....26	aubra eq.....67	azacitidine .....14
ATACAND HCT TAB 32- 12.5 .....26	AUGMENTIN ES-600	AZACTAM.....5
ATACAND HCT TAB 32- 25MG.....26	see amoxicillin & k clavulanate for susp 600-42.9 mg/5ml.....13	see aztreonam.....5
atazanavir sulfate.....8	AUGMENTIN SUS	azasan .....88
ATELVIA .....66	125/5ML .....13	AZASITE .....92
see risedronate sodium.....66	AUGMENTIN SUS ES-600.....13	azathioprine .....88
atenolol .....31	AUGMENTIN TAB 500MG.....13	azelaic acid .....103
atenolol & chlorthalidone tab 100-25 mg .....31	AUGTYRO .....18	azelastine hcl .....95
atenolol & chlorthalidone tab 50-25 mg .....31	aurovela 1/20 .....67	azelastine hcl (ophth).....93
ATGAM .....88	aurovela 24 fe .....67	azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act.....95
	aurovela fe 1/20 .....67	AZELEX .....99
	aurovela fe 1.5/30 .....67	AZILECT .....40
	AUSTEDO.....57	see rasagiline mesylate.....41
	AUSTEDO XR.....57	azithromycin.....12
	AUSTEDO XR TAB TITR KIT .....57	AZMIRO .....62
	AUVELITY TAB 45-105MG.....38	AZOPT .....93
	AVALIDE	see brinzolamide .....93
	see irbesartan- hydrochlorothiazide tab 150-12.5 mg.....27	AZOR TAB 10-20MG .....26
		AZOR TAB 10-40MG .....26
		AZOR TAB 5-20MG .....26
		AZOR TAB 5-40MG .....26
		AZSTARYS CAP 26.1-5.2.....52

AZSTARYS CAP 39.2-7.8		
.....52		
AZSTARYS CAP 52.3-10.		
.....52		
aztreonam	5	
AZULFIDINE	78	
see sulfasalazine	78	
AZULFIDINE EN-TABS ..	78	
see sulfasalazine	78	
azurette	67	
B		
bacitracin (ophthalmic) ..	92	
bacitracin-polymyxin b		
ophth oint.....	92	
bacitracin-polymyxin-		
neomycin-hc ophth oint		
1%	91	
baclofen	60	
BACTRIM		
see sulfamethoxazole-		
trimethoprim tab 400-		
80 mg.....	6	
BACTRIM DS		
see sulfamethoxazole-		
trimethoprim tab 800-		
160 mg.....	6	
BACTRIM DS TAB 800-160		
.....	5	
BACTRIM TAB 400-80MG5		
BAFIERTAM	58	
balsalazide disodium.....	78	
BALVERSA	18	
balziva	67	
BANZEL	45	
see rufinamide	49	
BARACLUDE	10	
see entecavir	10	
BASAGLAR KWIKPEN ..	65	
BAVENCIO	18	
BAXDELA	12	
BCG VACCINE	89	
BELBUCA	2	
BELEODAQ	18	
BELSOMRA	55	
benazepril &		
hydrochlorothiazide tab		
10-12.5 mg	24	
benazepril &		
hydrochlorothiazide tab		
20-25 mg	24	
benazepril &		
hydrochlorothiazide tab		
5-6.25mg	24	
benazepril hcl.....	25	
bendamustine hcl.....	14	
BENDAMUSTINE		
HYDROCHLORID	14	
BENDEKA	14	
BENICAR	29	
see olmesartan		
medoxomil	29	
BENICAR HCT		
see olmesartan		
medoxomil-		
hydrochlorothiazide tab		
20-12.5 mg.....	28	
see olmesartan		
medoxomil-		
hydrochlorothiazide tab		
40-12.5 mg.....	28	
see olmesartan		
medoxomil-		
hydrochlorothiazide tab		
40-25 mg.....	28	
BENICAR HCT TAB 20-		
12.5	27	
BENICAR HCT TAB 40-		
12.5	27	
BENICAR HCT TAB 40-		
25MG.....	27	
BENLYSTA	88	
BENTYL		
see dicyclomine hcl	77	
BENZAMYCIN		
see benzoyl peroxide-		
erythromycin gel 5-3%		
.....	99	
BENZAMYCIN GEL 5-3%		
.....	99	
benzoyl peroxide-		
erythromycin gel 5-3%.99		
benztropine mesylate	40	
BEOVU	93	
bepotastine besilate	93	
BEPREVE	93	
see bepotastine besilate		
.....	93	
BERINERT	84	
BESIVANCE	92	
BESPONSA	18	
BESREMI	16	
betaine powder for oral		
solution	72	
betamethasone		
dipropionate (topical)101,		
102		
betamethasone		
dipropionate augmented		
.....	102	
betamethasone sod		
phosphate & acetate inj		
susp 6 (3-3) mg/ml	71	
betamethasone valerate		
.....	102	
BETAPACE		
see sotalol hcl.....	30	
BETAPACE AF		
see sotalol hcl (afib/af)30		
BETASERON	58	
betaxolol hcl	31	
betaxolol hcl (ophth).....	93	
bethanechol chloride	81	
BETHKIS	5	
see tobramycin	6	
BETIMOL	93	
see timolol hemihydrate		
(ophth)	93	
BETOPTIC-S	93	
BEVESPI AER 9-4.8MCG		
.....	94	
bexarotene	16	
bexarotene (topical)	103	
BEXSERO	89	
BEYAZ		
see drospirenone-ethinyl		
estradiol-levomefolate		
tab 3-0.02-0.451 mg 68		
BIAXIN XL		
see clarithromycin	12	
bicalutamide	15	

BICILLIN C-R INJ 1200000.....13	BREO ELLIPTA INH 50- 25MCG .....98	<i>buprenorphine hcl</i> .....61
BICILLIN C-R INJ 900/300.....13	<i>breyana</i> .....98	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film 12-3</i> <i>mg (base equiv)</i>.....61
BICILLIN L-A .....13	BREZTRI AERO AER SPHERE .....94	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film 2-0.5</i> <i>mg (base equiv)</i>.....61
BIDIL see <i>isosorbide dinitrate-</i> <i>hydralazine hcl tab 20-</i> <i>37.5 mg</i> .....35	BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) .....94	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film 4-1</i> <i>mg (base equiv)</i>.....61
BIDIL TAB .....34	<i>brillyn</i> .....67	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film 8-2</i> <i>mg (base equiv)</i>.....61
BIJUVA CAP 0.5-100 .....70	BRILINTA .....85	<i>buprenorphine hcl-</i> <i>naloxone hcl sl tab 2-0.5</i> <i>mg (base equiv)</i>.....61
BIJUVA CAP 1-100MG .....70	see <i>ticagrelor</i> .....85	<i>buprenorphine hcl-</i> <i>naloxone hcl sl tab 8-2</i> <i>mg (base equiv)</i>.....61
BIKTARVY TAB 30-120-15 MG .....9	<i>brimonidine tartrate</i> .....93	<i>bupropion hcl</i> .....38
BIKTARVY TAB 50-200-25 MG .....9	<i>brimonidine tartrate</i> (topical) .....103	<i>bupropion hcl (smoking</i> <i>deterrent)</i> .....61
BILTRICIDE .....5	<i>brimonidine tartrate-timolol</i> <i>maleate ophth soln 0.2-</i> <i>0.5%</i> .....93	<i>buspirone hcl</i> .....37
BINOSTO .....66	<i>brinzolamide</i> .....93	<i>butorphanol tartrate</i> .....3
<i>bisoprolol &</i> <i>hydrochlorothiazide tab</i> <i>10-6.25 mg</i> .....31	BRIVIACT .....45	BUTRANS .....2
<i>bisoprolol &</i> <i>hydrochlorothiazide tab</i> <i>2.5-6.25 mg</i> .....31	BRIXADI .....61	see <i>buprenorphine</i> .....2
<i>bisoprolol &</i> <i>hydrochlorothiazide tab</i> <i>5-6.25 mg</i> .....31	<i>bromfenac sodium (ophth)</i> .....92	BYLVAY .....79
<i>bisoprolol fumarate</i> .....31	<i>bromocriptine mesylate</i> ...40	BYLVAY (PELLETS) .....79
BIVIGAM .....87	BROMSITE .....92	BYOOVIZ .....93
BKEMV .....84	see <i>bromfenac sodium</i> (ophth) .....92	BYSTOLIC .....31
<i>bleomycin sulfate</i> .....16	BRONCHITOL .....96	see <i>nebivolol hcl</i> .....32
<i>blisovi 24 fe</i> .....67	BROVANA .....95	C
<i>blisovi fe 1.5/30</i> .....67	see <i>arformoterol tartrate</i>.....95	<i>cabergoline</i> .....72
BONJESTA TAB 20-20MG.....76	BRUKINSA .....18	CABLIVI .....84
BONSITY .....66	<i>budesonide</i> .....78	CABOMETYX .....18
BOOSTRIX INJ .....89	<i>budesonide (inhalation)</i> ...98	CABTREO GEL .....99
<i>bortezomib</i> .....18	<i>budesonide (intrarectal)</i> ..78	CADUET
BORTEZOMIB .....18	<i>budesonide-formoterol</i> <i>fumarate dihyd aerosol</i> <i>160-4.5 mcg/act</i>.....98	see <i>amlodipine besylate-</i> <i>atorvastatin calcium</i> <i>tab 10-10 mg</i>.....34
BORUZU .....18	<i>budesonide-formoterol</i> <i>fumarate dihyd aerosol</i> <i>80-4.5 mcg/act</i>.....98	see <i>amlodipine besylate-</i> <i>atorvastatin calcium</i> <i>tab 10-20 mg</i>.....34
<i>bosentan</i> .....36	<i>bumetanide</i> .....33	see <i>amlodipine besylate-</i> <i>atorvastatin calcium</i> <i>tab 10-40 mg</i>.....34
BOSULIF .....18	BUMEX see <i>bumetanide</i> .....33	
BOTOX .....60	BUPHENYL .....72	
BRAFTOVI .....18	see <i>sodium</i> <i>phenylbutyrate</i> .....74	
BREO ELLIPTA INH 100- 25 .....98	<i>buprenorphine</i> .....2	
BREO ELLIPTA INH 200- 25 .....98		

see <i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-80 mg</i>.....34	<i>candesartan cilexetil- hydrochlorothiazide tab</i> 32-25 mg .....27	<i>carbidopa-levodopa- entacapone tabs 18.75- 75-200 mg</i> .....41
see <i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-10 mg</i>.....34	CAPLYTA.....42	<i>carbidopa-levodopa- entacapone tabs 25-100- 200 mg</i> .....41
see <i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-20 mg</i>.....34	CAPRELSA.....18	<i>carbidopa-levodopa- entacapone tabs 31.25- 125-200 mg</i> .....41
see <i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-40 mg</i>.....34	<i>captopril</i> .....25	<i>carbidopa-levodopa- entacapone tabs 37.5- 150-200 mg</i> .....41
see <i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-80 mg</i>.....34	<i>captopril & hydrochlorothiazide tab</i> 25-15 mg .....24	<i>carbidopa-levodopa- entacapone tabs 50-200- 200 mg</i> .....41
CADUET TAB 10-10MG .34	<i>captopril & hydrochlorothiazide tab</i> 25-25 mg .....24	<i>carbinoxamine maleate</i> ...95
CADUET TAB 10-20MG .34	<i>captopril & hydrochlorothiazide tab</i> 50-15 mg .....24	<i>carboplatin</i> .....14
CADUET TAB 10-40MG .34	<i>captopril & hydrochlorothiazide tab</i> 50-25 mg .....24	CARDIZEM .....32
CADUET TAB 10-80MG .34	CARAFATE	see <i>diltiazem hcl</i>.....32
CADUET TAB 5-10MG ...34	see <i>sucralfate</i> .....80	CARDIZEM CD .....32
CADUET TAB 5-20MG ...34	<i>carb/levo orally</i>	see <i>cartia xt</i>.....32
CADUET TAB 5-40MG ...34	<i>disintegrating tab 10- 100mg</i> .....40	see <i>diltiazem hcl coated beads</i>.....32
CADUET TAB 5-80MG ...34	<i>carb/levo orally</i>	CARDIZEM LA.....32
<i>calcipotriene</i>.....101	<i>disintegrating tab 25- 100mg</i> .....40	see <i>diltiazem hcl</i>.....32
CALCIPOTRIENE .....101	<i>carb/levo orally</i>	see <i>matzim la</i> .....33
<i>calcitonin (salmon) spray</i> 66	<i>disintegrating tab 25- 250mg</i> .....40	CARDURA .....25
<i>calcitrene</i>.....101	CARBAGLU .....72	see <i>doxazosin mesylate</i>.....26
<i>calcitriol</i> .....76	see <i>carglumic acid</i>.....72	CARDURA XL.....81
<i>calcitriol (oral)</i>.....76	<i>carbamazepine</i> .....45	<i>carglumic acid</i> .....72
CALQUENCE.....18	CARBATROL .....45	<i>carisoprodol</i> .....60
<i>camila</i>.....67	see <i>carbamazepine</i> ....45	CARNITOR .....72
CAMPTOSAR .....16	<i>carbidopa</i> .....40	see <i>levocarnitine</i> (<i>metabolic modifiers</i>) .....73
see <i>irinotecan hcl</i> .....17	<i>carbidopa & levodopa tab</i> 10-100 mg .....40	CAROSPIR .....25
<i>camrese</i> .....67	<i>carbidopa & levodopa tab</i> 25-100 mg .....40	see <i>spironolactone</i> .....25
<i>camrese lo</i> .....67	<i>carbidopa & levodopa tab</i> 25-250 mg .....40	<i>carteolol hcl (ophth)</i> .....93
CAMZYOS .....34	<i>carbidopa & levodopa tab</i> er 25-100 mg .....40	<i>cartia xt</i> .....32
CANASA .....78	<i>carbidopa & levodopa tab</i> er 50-200 mg .....40	<i>carvedilol</i>.....32
see <i>mesalamine</i> .....78	<i>carbidopa-levodopa- entacapone tabs 12.5- 50-200 mg</i> .....40	<i>carvedilol phosphate</i> .....32
CANCIDAS .....7		CASODEX .....15
see <i>caspofungin acetate</i>.....7		see <i>bicalutamide</i> .....15
<i>candesartan cilexetil</i> .....29		<i>caspofungin acetate</i>.....7
<i>candesartan cilexetil- hydrochlorothiazide tab</i> 16-12.5 mg .....27		CASPOFUNGIN ACETATE.....7
<i>candesartan cilexetil- hydrochlorothiazide tab</i> 32-12.5 mg .....27		CATAPRES-TTS-1

see <i>clonidine</i>	34	CELESTONE INJ		<i>cidofovir</i>	10
CATAPRES-TTS-2		SOLUSPAN	71	<i>cilostazol</i>	84
see <i>clonidine</i>	34	CELESTONE SOLUSPAN		CILOXAN	92
CATAPRES-TTS-3		see <i>betamethasone sod</i>		CIMDUO TAB 300-300	9
see <i>clonidine</i>	34	phosphate & acetate		CIMERLI	94
CAYSTON	5	inj susp 6 (3-3) mg/ml		<i>cimetidine</i>	77
<i>cefaclor</i>	11	.....	71	<i>cimetidine hcl</i>	77
CEFACLOR ER	11	CELEXA	38	<i>cinacalcet hcl</i>	72
<i>cefadroxil</i>	11	see <i>citalopram</i>		CINRYZE	84
CEFAZOLIN	11	hydrobromide	38	CINVANTI	76
CEFAZOLIN/DEX SOL		CELLCEPT	88	CIPRO	12
1GM/50ML-4%	11	see <i>mycophenolate</i>		see <i>ciprofloxacin hcl</i>	12
CEFAZOLIN/DEX SOL		<i>mofetil</i>	88	<i>ciprofloxacin 200 mg/100ml</i>	
2GM/50ML-3%	11	CELONTIN	45	in d5w	12
CEFAZOLIN/DEX SOL		see <i>methsuximide</i>	48	<i>ciprofloxacin 400 mg/200ml</i>	
3GM/150ML-4%	11	<i>cephalexin</i>	12	in d5w	12
CEFAZOLIN/DEX SOL		CEQUR SIMPL KIT PATCH		<i>ciprofloxacin-</i>	
3GM/50ML-2%	11	2U (3-DAY)	65	<i>dexamethasone otic susp</i>	
CEFAZOLIN INJ		CEQUR SIMPL KIT PATCH		0.3-0.1%	94
1GM/50ML	11	2U (4-DAY)	65	<i>ciprofloxacin hcl</i>	12
<i>cefazolin sodium</i>	11	CEQUR SIMPL MIS		<i>ciprofloxacin hcl (ophth)</i>	92
CEFAZOLIN SOLN		INSERTER	65	<i>ciprofloxacin hcl (otic)</i>	94
2GM/100ML-4%	11	CERDELGA	72	CIPRO HC SUS OTIC	94
<i>cefdinir</i>	11	CEREZYME	72	<i>cisplatin</i>	14
CEFEPIME	11	<i>cetirizine hcl</i>	95	<i>citalopram hydrobromide</i>	38
CEFEPIME/DEX INJ 1GM		CETRAXAL		<i>claravis</i>	99
.....	11	see <i>ciprofloxacin hcl</i>		CLARINEX	95
CEFEPIME/DEX INJ 2GM		(<i>otic</i>)	94	see <i>desloratadine</i>	95
.....	11	<i>cevimeline hcl</i>	105	CLARINEX-D TAB 2.5-120	
<i>cefepime hcl</i>	11	<i>chateal eq</i>	67	.....	95
<i>cefixime</i>	11	CHEMET	66	<i>clarithromycin</i>	12
CEFOTAN		<i>chlordiazepoxide hcl</i>	37	<i>clemastine fumarate</i>	95
see <i>cefotetan disodium</i>		<i>chlorhexidine gluconate</i>		CLENPIQ SOL 10 MG-3.5	
.....	11	(<i>mouth-throat</i>)	105	GM-12 GM/175ML	78
<i>cefotetan disodium</i>	11	<i>chloroquine phosphate</i>	8	CLEOCIN	5, 82
CEFOXITIN INJ 1GM	12	<i>chlorpromazine hcl</i>	42	see <i>clindamycin hcl</i>	5
CEFOXITIN INJ 2GM	12	<i>chlorthalidone</i>	33	see <i>clindamycin</i>	
<i>cefoxitin sodium</i>	12	CHOLBAM	79	phosphate vaginal	82
<i>cefpodoxime proxetil</i>	12	cholestyramine	30	CLEOCIN PEDIATRIC	
<i>cefprozil</i>	12	<i>cholestyramine light</i>	30	GRANULE	5
<i>ceftazidime</i>	12	<i>choline fenofibrate</i>	30	see <i>clindamycin</i>	
<i>ceftriaxone sodium</i>	12	CHORIONIC		<i>palmitate hydrochloride</i>	
<i>cefuroxime axetil</i>	12	GONADOTROPIN	72	.....	5
<i>cefuroxime sodium</i>	12	CIALIS	81	CLEOCIN PHOSPHATE	5
CELEBREX	1	see <i>tadalafil</i>	81	see <i>clindamycin</i>	
see <i>celecoxib</i>	1	CIBINQO	85	phosphate	5
<i>celecoxib</i>	1	<i>ciclopirox</i>	100	CLEOCIN-T	99
		<i>ciclopirox olamine</i>	100		

see <i>clindamycin</i>	CLINDMYC/NAC INJ	see <i>clozapine</i>	42
phosphate (topical) ..99	600/50ML	COARTEM TAB 20-120MG	
CLIMARA	5	.....	8
see <i>estradiol</i>	CLINDMYC/NAC INJ	COBENFY CAP 100-20MG	
70	900/50ML .....	.....	42
CLIMARA PRO DIS	CLINIMIX E INJ 2.75/D5W	COBENFY CAP 125-30MG	
WEEKLY .....	.....	.....	42
70	CLINIMIX E INJ 4.25/D10	COBENFY CAP 50-20MG	
<i>clindacin</i> .....	.....	.....	42
99	CLINIMIX E INJ 4.25/D5W	COBENFY STRT CAP	
<i>clindacin etz pledgets</i>.....99	.....	PACK.....	42
<i>clindacin-p</i>.....99	CLINIMIX E INJ 5%/D15W	<i>codeine sulfate</i>	3
CLINDAGEL	.....	CODEINE SULFATE	3
see <i>clindamycin</i>	CLINIMIX E INJ 5%/D20W	COLAZAL	
phosphate (topical) ..99	.....	see <i>balsalazide disodium</i>	
<i>clindamycin hcl</i>.....5	CLINIMIX E INJ 8/10.....91	.....	78
<i>clindamycin palmitate</i>	CLINIMIX E INJ 8/14.....91	<i>colchicine</i>	1
hydrochloride	CLINIMIX INJ 4.25/D10 ..91	<i>colchicine w/ probenecid</i>	
5	CLINIMIX INJ 4.25/D5W .91	tab 0.5-500 mg	1
<i>clindamycin phosphate</i>	CLINIMIX INJ 5%/D15W .91	COLCRYS.....	1
5	CLINIMIX INJ 5%/D20W .91	<i>colesevelam hcl</i>	30
<i>clindamycin phosphate</i>	CLINIMIX INJ 6/5	COLESTID	30
(topical).....99	91	see <i>colestipol hcl</i>	30
<i>clindamycin phosphate-</i>	CLINIMIX INJ 8/10	<i>colestipol hcl</i>	30
<i>benzoyl peroxide gel 1.2-</i>	CLINIMIX INJ 8/14	<i>colistimethate sodium</i>	5
<i>2.5%</i>	91	COLUMVI.....	18
99	<i>clinisol sf 15%</i>	COLY-MYCIN M	5
<i>clindamycin phosphate-</i>	91	see <i>colistimethate</i>	
<i>benzoyl peroxide gel 1.2-</i>	CLINOLIPID EMU 20%...91	sodium	5
<i>3.75%</i>	<i>clobazam</i>	COMBIGAN	
99	45	see <i>brimonidine tartrate-</i>	
<i>clindamycin phosphate in</i>	<i>clobetasol propionate</i> ...102	<i>timolol maleate ophth</i>	
<i>d5w iv soln 300 mg/50ml</i>	<i>clobetasol propionate e</i> .102	soln 0.2-0.5%.....93	
.....	<i>clobetasol propionate</i>	COMBIGAN SOL 0.2/0.5%	
5	emulsion .....	.....	93
<i>clindamycin phosphate in</i>	102	COMBIPATCH DIS	70
<i>d5w iv soln 600 mg/50ml</i>	CLOBEX	COMBIVENT AER 20-100	
.....	see <i>clobetasol</i>	.....	94
5	propionate.....	COMETRIQ (60MG DOSE)	
<i>clindamycin phosphate in</i>	see <i>clodan</i> .....	.....	18
<i>d5w iv soln 900 mg/50ml</i>	102	COMETRIQ KIT 100MG .18	
.....	<i>clodan</i>	COMETRIQ KIT 140MG .18	
5	102	COMPLERA	
<i>clindamycin phosphate-</i>	<i>clomipramine hcl</i>	see <i>emtricitabine-</i>	
<i>tretinoin gel 1.2-0.025%</i>	38	<i>rilpivirine-tenofovir df</i>	
.....	<i>clonazepam</i>	tab 200-25-300 mg ..10	
99	45	COMPLERA TAB.....	9
<i>clindamycin phosphate</i>	<i>clonidine</i>	<i>compro</i>	76
<i>vaginal</i>	34		
82	<i>clonidine hcl</i>		
<i>clindamycin phosph-</i>	34		
<i>benzoyl peroxide (refrig)</i>	<i>clopidogrel bisulfate</i>		
<i>gel 1.2 (1)-5%</i>.....99	85		
CLINDESSE.....	<i>clorazepate dipotassium</i> .45		
82	<i>clotrimazole</i>		
CLINDMYC/NAC INJ	105		
300/50ML	<i>clotrimazole (topical)</i>		
5	100		
	<i>clotrimazole w/</i>		
	<i>betamethasone cream 1-</i>		
	<i>0.05%</i>		
	101		
	<i>clozapine</i>		
	42		
	CLOZARIL		
	42		

COMTAN	41	CRENESSITY	72	see <i>betaine powder for</i>	
CONCERTA.....	52	CREON CAP 12000UNT	79	<i>oral solution</i>	72
see <i>methylphenidate hcl</i>		CREON CAP 24000UNT	79	CYSTADANE POW	72
.....	54	CREON CAP 3000UNIT	79	CYSTADROPS	94
CONDYLOX.....	103	CREON CAP 36000UNT	79	CYSTAGON	72
see <i>podofilox</i>	104	CREON CAP 6000UNIT	79	CYSTARAN	94
<i>constulose</i>	78	CRESEMBA.....	7	<i>cytarabine</i>	14
COPAXONE.....	58	CRESTOR		CYTOGAM.....	87
see <i>glatiramer acetate</i>	59	see <i>rosuvastatin calcium</i>		CYTOMEL.....	75
see <i>glatopa</i>	59	.....	30	see <i>liothyronine sodium</i>	
COPIKTRA.....	18	CREXONT CAP 35-140MG		.....	75
COREG.....	32	.....	41	CYTOTEC.....	79
see <i>carvedilol</i>	32	CREXONT CAP 52.5-210		see <i>misoprostol</i>	79
COREG CR.....	32	.....	41	D	
see <i>carvedilol phosphate</i>		CREXONT CAP 70-280MG		D10W/NACL INJ 0.2%....	90
.....	32	.....	41	D2.5W/NACL INJ 0.45%.	90
CORLANOR.....	34	CREXONT CAP 87.5-350		D5W/LYTES INJ #48	90
see <i>ivabradine hcl</i>	35	.....	41	<i>dabigatran etexilate</i>	
CORTEF	71	CRINONE	75	<i>mesylate</i>	82
see <i>hydrocortisone</i>	71	<i>cromolyn sodium</i>	96	<i>dacarbazine</i>	16
CORTENEMA	78	<i>cromolyn sodium</i>		<i>dalfampridine</i>	59
see <i>hydrocortisone</i>		(<i>mastocytosis</i>)	79	DALIRESP	96
(<i>intrarectal</i>).....	78	<i>cromolyn sodium (ophth)</i>	93	see <i>roflumilast</i>	97
CORTIFOAM	104	<i>crotan</i>	105	DALVANCE.....	5
CORTISPORIN SUS -TC		<i>cryselle-28</i>	67	<i>danazol</i>	62
OTIC.....	94	CRYSVITA	72	DANTRIUM	60
COSENTYX	85	CUTAQUIG	87	see <i>dantrolene sodium</i>	60
COSENTYX		CUVITRU	87	<i>dantrolene sodium</i>	60
SENSOREADY PEN ...	85	CUVPOSA	77	DANZITEN	18
COSENTYX UNOREADY		see <i>glycopyrrolate (oral)</i>		<i>dapsone</i>	5
.....	85	.....	77	<i>dapsone (topical)</i>	99
COSOPT		CUVRIOR	67	DAPTACEL INJ.....	89
see <i>dorzolamide hcl-</i>		<i>cyclobenzaprine hcl</i>	60	DAPTOMY/NACL INJ	
<i>timolol maleate ophth</i>		<i>cyclophosphamide</i>	14	350/50ML	5
<i>soln 2-0.5%</i>	93	CYCLOPHOSPHAMIDE	14	DAPTOMY/NACL INJ	
COSOPT PF		CYCLOPHOSPHAMIDE		500/50ML	5
see <i>dorzolamide hcl-</i>		MONOHYDR	14	<i>daptomycin</i>	5
<i>timolol maleate pf</i>		<i>cycloserine</i>	10	DAPTOMYCIN	5
<i>ophth soln 2-0.5%</i>	93	<i>cyclosporine</i>	88	see <i>daptomycin</i>	5
COSOPT PF SOL 2%-		<i>cyclosporine modified (for</i>		DARAPRIM	
0.5%	93	<i>microemulsion</i>)	88	see <i>pyrimethamine</i>	6
COSOPT SOL 2-0.5%OP		CYKLOKAPRON		<i>darifenacin hydrobromide</i>	
.....	93	see <i>tranexamic acid</i> ...	84	.....	81
COTELLIC	18	CYMBALTA.....	38	<i>darunavir</i>	8
COTEMPLA XR-ODT	52	<i>cyproheptadine hcl</i>	95	DARZALEX	18
COZAAR.....	29	CYRAMZA	18	DARZALEX INJ FASPRO	
see <i>losartan potassium</i>		<i>cyred eq</i>	67	.....	18
.....	29	CYSTADANE		<i>dasatinib</i>	18

<i>dasetta</i> 1/35	67	<i>depo-testosterone</i>	62	see <i>dextroamphetamine</i>	
<i>dasetta</i> 7/7/7	67	DERMA-SMOOTH/FS		sulfate	52
DATROWAY	18	BODY	102	DEXILANT	80
DAURISMO	18	see <i>fluocinolone</i>		see <i>dexlansoprazole</i> ..	80
DAYBUE	57	acetone	102	<i>dexlansoprazole</i>	80
DAYPRO	1	DERMA-SMOOTH/FS		<i>dexmethylphenidate hcl</i> ..	52
<i>daysee</i>	67	SCALP	102	<i>dextrazoxane hcl</i>	24
DAYTRANA	52	see <i>fluocinolone</i>		<i>dextroamphetamine sulfate</i>	
see <i>methylphenidate</i> ..	53	acetone	102	.....	52
DAYVIGO	55	DERMOTIC	94	<i>dextrose</i>	91
DDAVP	72	see <i>flac</i>	94	DEXTROSE/SODIUM	
see <i>desmopressin</i>		see <i>fluocinolone</i>		CHLORIDE	
acetate	72	acetone (<i>otic</i>)	94	see <i>dextrose</i> 5% w/	
<i>deblitane</i>	67	DESCOVY TAB 120-15MG		sodium chloride	
<i>decitabine</i>	15	.....	9	0.225%	90
<i>deferasirox</i>	67	DESCOVY TAB 200/25MG		<i>dextrose</i> 10% w/ sodium	
<i>deferiprone</i>	67	.....	9	chloride 0.45%	90
<i>deferoxamine mesylate</i> ..	67	DESFERAL	67	DEXTROSE 2.5%/SODIUM	
DELESTROGEN	70	see <i>deferoxamine</i>		CHLO	
see <i>estradiol valerate</i> ..	70	mesylate	67	see <i>dextrose</i> 2.5% w/	
DELSTRIGO TAB	9	<i>desipramine hcl</i>	38	sodium chloride 0.45%	
<i>demeclocycline hcl</i>	14	<i>desloratadine</i>	95	.....	90
DEMSE	34	<i>desmopressin acetate</i>	72	<i>dextrose</i> 2.5% w/ sodium	
see <i>metirosine</i>	35	<i>desmopressin acetate</i>		chloride 0.45%	90
DENAVIR	104	spray	72	DEXTROSE 5%/SODIUM	
see <i>penciclovir</i>	104	<i>desmopressin acetate</i>		CHLORI	
DENG VAXIA SUS	89	spray refrigerated	73	see <i>dextrose</i> 5% w/	
DEPAKOTE	45	<i>desogest-eth estrad & eth</i>		sodium chloride 0.3%	
see <i>divalproex sodium</i> ..	46	estrade tab 0.15-0.02/0.01		.....	90
DEPAKOTE ER	45	mg(21/5)	67	<i>dextrose</i> 5% in lactated	
see <i>divalproex sodium</i> ..	46	<i>desonide</i>	102	ringers	90
DEPAKOTE SPRINKLES		DESOWEN		<i>dextrose</i> 5% w/ sodium	
.....	46	see <i>desonide</i>	102	chloride 0.2%	90
see <i>divalproex sodium</i> ..	46	<i>desoximetasone</i>	102	<i>dextrose</i> 5% w/ sodium	
DEPEN TITRATABS	67	DESVENLAFAXINE ER ..	38	chloride 0.225%	90
see <i>penicillamine</i>	67	<i>desvenlafaxine succinate</i> ..	39	<i>dextrose</i> 5% w/ sodium	
DEPO-ESTRADIOL	70	DETROL	81	chloride 0.3%	90
DEPO-MEDROL	71	see <i>tolterodine tartrate</i> ..	82	<i>dextrose</i> 5% w/ sodium	
see <i>methylprednisolone</i>		DETROL LA	81	chloride 0.45%	90
acetate	72	<i>dexamethasone</i>	71	<i>dextrose</i> 5% w/ sodium	
DEPO-PROVERA		DEXAMETHASONE		chloride 0.9%	90
CONTRACEPTIV	67	INTENSOL	71	DHIVY TAB 25-100MG ..	41
see		<i>dexamethasone sodium</i>		DIACOMIT	46
<i>medroxyprogesterone</i>		phosphate	71	<i>diazepam</i>	46
acetate (<i>contraceptive</i>)		<i>dexamethasone sodium</i>		<i>diazepam (anticonvulsant)</i>	
.....	69	phosphate (<i>ophth</i>)	92	.....	46
DEPO-SUBQ PROVERA		DEXEDRINE	52	<i>diazepam inj</i>	46
104	67			<i>diazepam intensol</i>	46

<i>diazoxide</i>.....72	<i>diltiazem hcl coated beads</i>.....32	<i>see betamethasone</i> <i>dipropionate</i> <i>augmented</i>.....102
DIBENZYLINE .....34	<i>diltiazem hcl extended</i> <i>release beads</i>.....32	<i>dipyridamole</i>.....85
<i>see phenoxybenzamine</i> <i>hcl</i>.....35	<i>dilt-xr</i> .....32	<i>disopyramide phosphate</i> ..29
<i>dichlorphenamide</i>.....33	<i>dimethyl fumarate</i> .....59	<i>disulfiram</i>.....61
DICLEGIS <i>see doxylamine-</i> <i>pyridoxine tab delayed</i> <i>release 10-10 mg</i>.....76	<i>dimethyl fumarate capsule</i> <i>dr starter pack 120 mg &</i> <i>240 mg</i> .....59	DIURIL .....33
DICLEGIS TAB 10-10MG.....76	DIOVAN .....29	<i>divalproex sodium</i> .....46
<i>diclofenac potassium</i> .....1	<i>see valsartan</i> .....29	DIVIGEL.....70
<i>diclofenac sodium</i> .....1	DIOVAN HCT <i>see valsartan-</i> <i>hydrochlorothiazide tab</i> <i>160-12.5 mg</i>.....28	<i>docetaxel</i>.....17
<i>diclofenac sodium (actinic</i> <i>keratoses)</i>.....104	<i>see valsartan-</i> <i>hydrochlorothiazide tab</i> <i>160-25 mg</i>.....28	DOCETAXEL .....17
<i>diclofenac sodium (ophth)</i> .....92	<i>see valsartan-</i> <i>hydrochlorothiazide tab</i> <i>320-12.5 mg</i>.....29	<i>see docetaxel</i> .....17
<i>diclofenac sodium (topical)</i> .....104	<i>see valsartan-</i> <i>hydrochlorothiazide tab</i> <i>320-25 mg</i>.....29	DOCIVYX.....17
<i>diclofenac w/ misoprostol</i> <i>tab delayed release 50-</i> <i>0.2 mg</i> .....1	<i>see valsartan-</i> <i>hydrochlorothiazide tab</i> <i>80-12.5 mg</i>.....28	<i>dofetilide</i>.....29
<i>diclofenac w/ misoprostol</i> <i>tab delayed release 75-</i> <i>0.2 mg</i> .....1	DIOVAN HCT TAB 160- 12.5 .....27	DOJOLVI.....73
<i>dicloxacillin sodium</i> .....13	DIOVAN HCT TAB 160- 25MG.....27	<i>dolishale</i>.....68
<i>dicyclomine hcl</i>.....77	DIOVAN HCT TAB 320- 12.5 .....27	<i>donepezil hydrochloride</i> ..37
DIFFERIN .....99	DIOVAN HCT TAB 320- 25MG.....27	DOPTLET .....84
<i>see adapalene</i>.....98	DIOVAN HCT TAB 80-12.5.....27	<i>dorzolamide hcl</i>.....93
DIFFERIN PUMP .....99	DIP/TET PED INJ 25-5LFU.....89	<i>dorzolamide hcl-timolol</i> <i>maleate ophth soln 2-</i> <i>0.5%</i> .....93
DIFICID .....12	DIPENTUM .....78	<i>dorzolamide hcl-timolol</i> <i>maleate pf ophth soln 2-</i> <i>0.5%</i> .....93
DIFLUCAN .....7	<i>diphenhydramine hcl</i>.....95	<i>dotti</i> .....70
<i>see fluconazole</i> .....7	<i>diphenoxylate w/ atropine</i> <i>liq 2.5-0.025 mg/5ml</i>....79	DOVATO TAB 50-300MG.9
<i>diflunisal</i>.....1	<i>diphenoxylate w/ atropine</i> <i>tab 2.5-0.025 mg</i>.....79	<i>doxazosin mesylate</i> .....26
<i>difluprednate</i> .....92	DIPROLENE .....102	<i>doxepin hcl</i>.....39
<i>digoxin</i>.....35		<i>doxepin hcl (sleep)</i>.....55
<i>dihydroergotamine</i> <i>mesylate</i>.....56		<i>doxercalciferol</i>.....76
DILANTIN.....46		DOXIL .....16
<i>see phenytoin sodium</i> <i>extended</i>.....49		<i>see doxorubicin hcl</i> <i>liposomal</i>.....16
DILANTIN-125 .....46		<i>doxorubicin hcl</i>.....16
<i>see phenytoin</i> .....48		<i>doxorubicin hcl liposomal</i> 16
DILANTIN INFATABS .....46		DOXORUBICIN HYDROCHLORIDE.....17
<i>see phenytoin</i> .....48		<i>see doxorubicin hcl</i>.....16
DILAUDID .....3		<i>doxy 100</i> .....14
<i>see hydromorphone hcl</i> ..3		<i>doxycycline (monohydrate)</i> .....14
<i>diltiazem hcl</i> .....32		<i>doxycycline (rosacea)</i> ...104
		<i>doxycycline hyclate</i> .....14
		<i>doxylamine-pyridoxine tab</i> <i>delayed release 10-10</i> <i>mg</i> .....76

DRIZALMA SPRINKLE...	39	see <i>erythromycin</i>		ELIQUIS STARTER PACK	
dronabinol	76	ethylsuccinate	12	.....	82
drospirenone-ethinyl		EBGLYSS	85	ELITEK.....	24
estradiol tab 3-0.02 mg	68	EC-NAPROSYN		elixophyllin	96
drospirenone-ethinyl		see <i>naproxen</i>	2	ELLENCE.....	17
estradiol tab 3-0.03 mg	68	see <i>naproxen dr</i>	2	ELMIRON.....	81
drospirenone-ethinyl		econazole nitrate.....	101	eluryng	68
estrad-levomefolate tab		edaravone	57	EMBLAVEO INJ 2GM	5
3-0.02-0.451 mg	68	EDARBI.....	29	EMEND	76
drospirenone-ethinyl		EDARBYCLOR TAB 40-		see <i>fosaprepitant</i>	
estrad-levomefolate tab		12.5	27	dimeglumine	76
3-0.03-0.451 mg	68	EDARBYCLOR TAB 40-		EMEND BIPACK.....	76
droxidopa	35	25MG.....	27	see <i>aprepitant</i>	76
DUETACT		EDECRIN.....	33	EMEND TRIPAC PAK 125	
see <i>pioglitazone hcl-</i>		see <i>ethacrynic acid</i>	33	& 80	76
glimepiride tab 30-2		EDLUAR	55	EMGALITY	56
mg	64	EDURANT.....	8	EMPAVELI	84
see <i>pioglitazone hcl-</i>		EDURANT PED	8	EMPLICITI	19
glimepiride tab 30-4		efavirenz	9	EMSAM	39
mg	64	efavirenz-emtricitabine-		emtricitabine.....	9
DUETACT TAB 30-2MG	62	tenofovir df tab 600-200-		emtricitabine-rilpivirine-	
DUETACT TAB 30-4MG	62	300 mg	9	tenofovir df tab 200-25-	
DULERA AER 100-5MCG		efavirenz-lamivudine-		300 mg	10
.....	98	tenofovir df tab 400-300-		emtricitabine-tenofovir	
DULERA AER 200-5MCG		300 mg	9	disoproxil fumarate tab	
.....	98	efavirenz-lamivudine-		100-150 mg	10
DULERA AER 50-5MCG	98	tenofovir df tab 600-300-		emtricitabine-tenofovir	
duloxetine hcl	39	300 mg	9	disoproxil fumarate tab	
DUOBRII LOT	102	EFFEXOR XR	39	133-200 mg	10
DUOPA SUS 4.63-20.....	41	see <i>venlafaxine hcl</i>	40	emtricitabine-tenofovir	
DUPIXENT	85	EFFIENT	85	disoproxil fumarate tab	
DUREZOL	92	see <i>prasugrel hcl</i>	85	167-250 mg	10
see <i>difluprednate</i>	92	EGRIFTA SV.....	73	emtricitabine-tenofovir	
dutasteride	81	ELAHERE	18	disoproxil fumarate tab	
dutasteride-tamsulosin hcl		ELAPRASE	73	200-300 mg	10
cap 0.5-0.4 mg	81	ELELYSO.....	73	EMTRIVA	9
DUVYZAT	57	ELEPSIA XR	46	see <i>emtricitabine</i>	9
DYANAVEL XR.....	52	ELESTRIN	70	EMVERM	5
DYCLOPRO	103	eletriptan hydrobromide ..	56	emzahh	68
DYMISTA		ELFABRIO	73	enalapril maleate.....	25
see <i>azelastine hcl-</i>		ELIDEL.....	104	enalapril maleate &	
fluticasone prop nasal		see <i>pimecrolimus</i>	104	hydrochlorothiazide tab	
spray 137-50 mcg/act		ELIGARD	15	10-25 mg	24
.....	95	ELIMITE	105	enalapril maleate &	
DYSPORE	60	see <i>permethrin</i>	105	hydrochlorothiazide tab	
E		elinest.....	68	5-12.5 mg	24
e.e.s. 400	12	ELIQUIS.....	82	ENBREL.....	85
E.E.S. GRANULES				ENBREL MINI	85

ENBREL SURECLICK....85	see <i>adapalene-benzoyl</i>	ERYTHROCIN
ENDARI .....84	<i>peroxide gel 0.3-2.5%</i>	LACTOBIONATE.....12
see <i>l-glutamine (sickle</i>	99	see <i>erythromycin</i>
<i>cell)</i> .....84	EPIDUO FORTE GEL 0.3-	<i>lactobionate</i> .....12
<i>endocet tab 10-325mg</i>.....3	2.5% .....99	<i>erythromycin (acne aid)</i> 100
<i>endocet tab 2.5-325mg</i>.....3	EPIDUO GEL 0.1-2.5%...99	<i>erythromycin (ophth)</i> .....92
<i>endocet tab 5-325mg</i>.....3	EPIFOAM AER 1% .....102	<i>erythromycin base</i>.....12
<i>endocet tab 7.5-325mg</i>.....3	<i>epinastine hcl (ophth)</i>.....93	<i>erythromycin ethylsuccinate</i>
ENGERIX-B .....89	<i>epinephrine (anaphylaxis)</i>	12
ENHERTU.....19	35, 96	<i>erythromycin lactobionate</i>
<i>enilloring</i>.....68	EPIPEN 2-PAK .....96	12
ENJAYMO.....84	see <i>epinephrine</i>	ERZOFRI .....42
<i>enoxaparin sodium</i>.....82	<i>(anaphylaxis)</i> .....96	ESBRIET
<i>enpresse-28</i>.....68	EPIPEN-JR 2-PAK.....96	see <i>pirfenidone</i>.....97
<i>enskyce</i>.....68	see <i>epinephrine</i>	<i>escitalopram oxalate</i> .....39
ENSPRYNG.....57	<i>(anaphylaxis)</i> .....96	<i>eslicarbazepine acetate</i> ..46
ENSTILAR AER .....101	<i>epitol</i> .....46	<i>esomeprazole magnesium</i>
<i>entacapone</i> .....41	EPIVIR .....9	80
ENTADFI CAP 5-5MG ....81	see <i>lamivudine</i> .....9	<i>esomeprazole sodium</i>.....80
<i>entecavir</i> .....10	EPKINLY .....19	<i>estarylla</i>.....68
ENTRESTO CAP 15-16MG	<i>eplerenone</i> .....25	<i>estazolam</i>.....55
.....27	<i>epoprostenol sodium</i>.....36	ESTRACE .....70
ENTRESTO CAP 6-6MG 27	EPRONTIA.....46	see <i>estradiol</i> .....70
ENTRESTO TAB 24-26MG	see <i>topiramate</i>.....49	see <i>estradiol vaginal</i> ...70
.....27	EPSOLAY .....99	<i>estradiol</i> .....70
ENTRESTO TAB 49-51MG	EPYSQLI.....84	<i>estradiol & norethindrone</i>
.....27	EQUETRO .....57	<i>acetate tab 0.5-0.1 mg</i> 70
ENTRESTO TAB 97-	ERAXIS.....7	<i>estradiol & norethindrone</i>
103MG.....27	ERBITUX .....19	<i>acetate tab 1-0.5 mg</i> ...70
<i>enulose</i> .....78	ERGOMAR .....56	<i>estradiol vaginal</i> .....70
ENVARUSUS XR .....88	<i>ergotamine w/ caffeine tab</i>	<i>estradiol valerate</i>.....70
EOHILIA.....79	1-100 mg .....56	ESTRING .....70
EPANED	<i>eribulin mesylate</i> .....17	ESTROGEL
see <i>enalapril maleate</i> ..25	ERIVEDGE .....19	see <i>estradiol</i> .....70
EPCLUSA PAK 150-37.510	ERLEADA .....15	<i>eszopiclone</i> .....55
EPCLUSA PAK 200-50MG	<i>erlotinib hcl</i>.....19	<i>ethacrynic acid</i> .....33
.....10	ERMEZA.....75	<i>ethambutol hcl</i>.....10
EPCLUSA TAB 200-50MG	<i>errin</i>.....68	<i>ethosuximide</i>.....46
.....10	<i>ertapenem sodium</i> .....5	<i>ethynodiol diacetate &</i>
EPCLUSA TAB 400-100.10	<i>ery</i>.....99	<i>ethinyl estradiol tab 1</i>
EPIDIOLEX.....46	ERYGEL	<i>mg-35 mcg</i> .....68
EPIDUO	see <i>erythromycin (acne</i>	<i>ethynodiol diacetate &</i>
see <i>adapalene-benzoyl</i>	<i>aid)</i>.....100	<i>ethinyl estradiol tab 1</i>
<i>peroxide gel 0.1-2.5%</i>	ERYPED 400	<i>mg-50 mcg</i> .....68
.....99	see <i>erythromycin</i>	<i>etodolac</i> .....1
EPIDUO FORTE	<i>ethylsuccinate</i> .....12	<i>etonogestrel-ethinyl</i>
	<i>ery-tab</i>.....12	<i>estradiol va ring 0.12-</i>
		<i>0.015 mg/24hr</i> .....68

ETOPOPHOS	17	<i>hydrochlorothiazide tab</i>		FANAPT	42
etoposide	17	5-160-12.5 mg	26	FANAPT PAK PACK A ...	42
etravirine	9	see <i>amlodipine-</i>		FANAPT PAK PACK C ...	42
EULEXIN.....	15	<i>valsartan-</i>		FARESTON	15
EVAMIST	70	<i>hydrochlorothiazide tab</i>		see <i>toremifene citrate</i> ..	16
EVENITY.....	66	5-160-25 mg	26	FARXIGA	62
everolimus.....	19	EXFORGE HCT TAB 10-		FASENRA.....	96
everolimus		160-12.5MG	27	FASENRA PEN.....	96
(<i>immunosuppressant</i>) ..	88	EXFORGE HCT TAB 10-		FASLODEX.....	15
EVISTA	73	160-25MG	27	see <i>fulvestrant</i>	15
see <i>raloxifene hcl</i>	74	EXFORGE HCT TAB 10-		<i>febuxostat</i>	1
EVKEEZA	31	320-25MG	27	<i>feirza 1/20</i>	68
EVOTAZ TAB 300-150 ...	10	EXFORGE HCT TAB 5-		<i>feirza 1.5/30</i>	68
EVOXAC.....	105	160-12.5MG	27	<i>felbamate</i>	46
see <i>cevimeline hcl</i>	105	EXFORGE HCT TAB 5-		FELBATOL.....	46
EVRYSDI	57	160-25MG	27	see <i>felbamate</i>	46
EXELON	37	EXFORGE TAB 10-160MG		<i>felodipine</i>	32
see <i>rivastigmine</i>	38	.....	27	FEMARA	15
exemestane	15	EXFORGE TAB 10-320MG		see <i>letrozole</i>	15
EXFORGE		.....	27	FEMLYV TAB 1/0.02MG.	68
see <i>amlodipine besylate-</i>		EXFORGE TAB 5-160MG		FEMRING	71
<i>valsartan tab 10-160</i>		.....	27	<i>fenofibrate</i>	30
<i>mg</i>	26	EXFORGE TAB 5-320MG		<i>fenofibrate micronized</i>	30
see <i>amlodipine besylate-</i>		.....	27	FENSOLVI	73
<i>valsartan tab 10-320</i>		EXJADE	67	<i>fentanyl</i>	2
<i>mg</i>	26	see <i>deferasirox</i>	67	FERRIPROX	67
see <i>amlodipine besylate-</i>		EYLEA	94	see <i>deferiprone</i>	67
<i>valsartan tab 5-160 mg</i>		EYLEA HD	94	FERRIPROX TWICE-A-	
.....	26	EYSUVIS	94	DAY	67
see <i>amlodipine besylate-</i>		EZALLOR SPRINKLE....	30	<i>fesoterodine fumarate</i>	82
<i>valsartan tab 5-320 mg</i>		<i>ezetimibe</i>	31	FETROJA.....	12
.....	26	<i>ezetimibe-simvastatin tab</i>		FETZIMA.....	39
EXFORGE HCT		10-10 mg	31	FETZIMA CAP TITRATIO	
see <i>amlodipine-</i>		<i>ezetimibe-simvastatin tab</i>		.....	39
<i>valsartan-</i>		10-20 mg	31	FIASP.....	65
<i>hydrochlorothiazide tab</i>		<i>ezetimibe-simvastatin tab</i>		FIASP FLEXTOUCH.....	65
10-160-12.5 mg	26	10-40 mg	31	FIASP PENFILL.....	65
see <i>amlodipine-</i>		<i>ezetimibe-simvastatin tab</i>		FIASP PUMPCART	65
<i>valsartan-</i>		10-80 mg	31	FILSPARI	81
<i>hydrochlorothiazide tab</i>		F		FINACEA	104
10-160-25 mg	26	FABHALTA	84	see <i>azelaic acid</i>	103
see <i>amlodipine-</i>		FABIOR.....	100	<i>finasteride</i>	81
<i>valsartan-</i>		FABRAZYME	73	<i>finolimod hcl</i>	59
<i>hydrochlorothiazide tab</i>		<i>falmina</i>	68	FINTEPLA.....	46
10-320-25 mg	26	<i>famciclovir</i>	10	<i>finzala</i>	68
see <i>amlodipine-</i>		<i>famotidine</i>	78	FIRAZYR	
<i>valsartan-</i>		<i>famotidine in nacl 0.9% iv</i>		see <i>icatibant acetate</i> ...	84
		<i>soln 20 mg/50ml</i>	78	see <i>sajazir</i>	84

FIRDAPSE	57	<i>fluvoxamine maleate</i>	37	<i>furosemide</i>	33
FIRMAGON	15	FML FORTE	92	<i>furosemide inj</i>	33
FIRVANQ	5	FML LIQUIFILM		FUZEON	9
see <i>vancomycin hcl</i>	7	see <i>fluorometholone</i>		FYARRO	19
<i>flac</i>	94	(<i>ophth</i>)	92	<i>fyavolv tab 0.5mg-2.5mcg</i>	
FLAREX	92	FOCALIN	52	.....	71
FLEBOGAMMA DIF	87	see <i>dexmethylphenidate</i>		<i>fyavolv tab 1mg-5mcg</i>	71
<i>flecainide acetate</i>	29	<i>hcl</i>	52	FYCOMPA	46
FLEQSUVY	60	FOCALIN XR	52	see <i>perampanel</i>	48
see <i>baclofen</i>	60	see <i>dexmethylphenidate</i>		G	
FLOLAN	36	<i>hcl</i>	52	<i>gabapentin</i>	46, 47
FLOLIPID	30	FOCINVEZ	76	<i>gabapentin (once-daily)</i> ..	57
<i>fluconazole</i>	7	FOLOTYN	15	GALAFOLD	73
<i>fluconazole in nacl 0.9% inj</i>		<i>fondaparinux sodium</i> ..	82, 83	<i>galantamine hydrobromide</i>	
200 mg/100ml	7	<i>formoterol fumarate</i>	96	.....	38
<i>fluconazole in nacl 0.9% inj</i>		FORTEO	66	<i>galbriela</i>	68
400 mg/200ml	7	see <i>teriparatide</i>	66	<i>gallifrey</i>	75
<i>flucytosine</i>	7	FOSAMAX	66	GAMASTAN INJ	87
<i>fludarabine phosphate</i>	15	see <i>alendronate sodium</i>		GAMMAGARD LIQUID ..	87
<i>fludrocortisone acetate</i> ..	71	.....	66	GAMMAGARD S/D IGA	
<i>flunisolide (nasal)</i>	97	FOSAMAX + D TAB 70-		LESS TH	87
<i>fluocinolone acetonide</i> ..	102	2800	66	GAMMAKED	87
<i>fluocinolone acetonide</i>		FOSAMAX + D TAB 70-		GAMMAPLEX	87
(<i>otic</i>)	94	5600	66	GAMUNEX-C	87
<i>fluocinonide</i>	103	<i>fosamprenavir calcium</i>	9	GANCICLOVIR	10
<i>fluocinonide emulsified</i>		<i>fosaprepitant dimeglumine</i>		<i>ganciclovir sodium</i>	10
<i>base</i>	103	.....	76	GARDASIL 9	89
<i>fluorometholone (ophth)</i> ..	92	<i>foscarnet sodium</i>	10	GASTROCROM	79
<i>fluorouracil</i>	15	FOSCAVIR		see <i>cromolyn sodium</i>	
<i>fluorouracil (topical)</i>	104	see <i>foscarnet sodium</i> ..	10	(<i>mastocytosis</i>)	79
<i>fluoxetine hcl</i>	39	<i>fosinopril sodium</i>	25	<i>gatifloxacin (ophth)</i>	92
<i>fluphenazine decanoate</i> ..	42	<i>fosinopril sodium &</i>		GATTEX	79
<i>fluphenazine hcl</i>	42	<i>hydrochlorothiazide tab</i>		GAUZE PADS 2X2	65
<i>flurbiprofen</i>	1	10-12.5 mg	24	<i>gavilyte-c</i>	78
<i>flurbiprofen sodium</i>	92	<i>fosinopril sodium &</i>		<i>gavilyte-g</i>	78
<i>fluticasone propionate</i> ...	103	<i>hydrochlorothiazide tab</i>		<i>gavilyte-n/flavor pack</i>	78
<i>fluticasone propionate</i>		20-12.5 mg	24	GAVRETO	19
(<i>nasal</i>)	97	FOTIVDA	19	GAZYVA	19
<i>fluticasone-salmeterol aer</i>		FRAGMIN	83	<i>gefitinib</i>	19
<i>powder ba 100-50</i>		FRINDOVYX	14	<i>gemcitabine hcl</i>	15
<i>mcg/act</i>	98	FROVA	56	GEMCITABINE	
<i>fluticasone-salmeterol aer</i>		see <i>frovatriptan</i>		HYDROCHLORIDE	15
<i>powder ba 250-50</i>		<i>succinate</i>	56	see <i>gemcitabine hcl</i> ..	15
<i>mcg/act</i>	98	<i>frovatriptan succinate</i>	56	<i>gemfibrozil</i>	30
<i>fluticasone-salmeterol aer</i>		FRUZAQLA	19	<i>gemmily</i>	68
<i>powder ba 500-50</i>		FULPHILA	83	GEMTESA	82
<i>mcg/act</i>	98	<i>fulvestrant</i>	15	<i>generlac</i>	78
<i>fluvastatin sodium</i>	30	<i>fulvicin p/g 165</i>	7	<i>gengraf</i>	88

GENOTROPIN.....	73	<i>glycopyrrolate (oral)</i>	77	HARVONI TAB 45-200MG	
GENOTROPIN MINISQUICK		<i>glydo</i>	103	.....	10
.....	73	GLYXAMBI TAB 10-5 MG		HARVONI TAB 90-400MG	
<i>gentamicin in saline inj 0.8</i>		.....	63	.....	10
<i>mg/ml</i>	5	GLYXAMBI TAB 25-5 MG		HAVRIX.....	89
<i>gentamicin in saline inj 1.2</i>		.....	63	<i>heather</i>	68
<i>mg/ml</i>	5	GOCOVRI	41	HELIDAC MIS THERAPY	
<i>gentamicin in saline inj 1.6</i>		GOLYTELY		.....	79
<i>mg/ml</i>	5	see <i>gavilyte-g</i>	78	HEMADY.....	71
<i>gentamicin in saline inj 1</i>		see <i>peg 3350-kcl-na</i>		HEMICLOR.....	33
<i>mg/ml</i>	5	<i>bicarb-nacl-na sulfate</i>		HEPAGAM B.....	87
<i>gentamicin in saline inj 2</i>		<i>for soln 236 gm</i>	78	HEPARIN/NACL INJ	
<i>mg/ml</i>	5	GOLYTELY SOL.....	78	25000UNT	83
<i>gentamicin sulfate</i>	5	GOMEKLI.....	19	HEPARIN SODIUM.....	83
<i>gentamicin sulfate (ophth)</i>		GRAFAPEX	14	<i>heparin sodium (porcine)</i> 83	
.....	92	GRALISE	57	HEPLISAV-B.....	89
<i>gentamicin sulfate (topical)</i>		see <i>gabapentin (once-</i>		HEP SOD/D5W INJ	
.....	100	<i>daily)</i>	57	20000UNT	83
GENVOYA TAB	10	<i>granisetron hcl</i>	76	HEP SOD/D5W INJ	
GEODON	42	GRASTEK.....	88	25000UNT	83
see <i>ziprasidone hcl</i>	45	<i>griseofulvin microsize</i>	7	HEP SOD/NACL INJ	
see <i>ziprasidone mesylate</i>		<i>griseofulvin ultramicrosize</i>	7	12500UNT	83
.....	45	<i>guanfacine hcl</i>	35	HEP SOD/NACL INJ	
GILENYA	59	<i>guanfacine hcl (adhd)</i>	53	25000UNT	83
see <i> fingolimod hcl</i>	59	GYNAZOLE-1	82	HERCEP HYLEC SOL 60-	
GILOTRIF	19	H		10000	19
GIMOTI	76	HAEGARDA.....	84	HERCEPTIN	19
GIVLAARI	84	<i>hailey 1.5/30</i>	68	HERZUMA	19
GLASSIA.....	96	<i>hailey 24 fe</i>	68	HETLIOZ.....	55
<i>glatiramer acetate</i>	59	HALAVEN	17	see <i>tasimelteon</i>	55
<i>glatopa</i>	59	see <i>eribulin mesylate</i>	17	HETLIOZ LQ	55
GLEEVEC	19	HALCION	55	HIBERIX.....	89
see <i>imatinib mesylate</i>	19	see <i>triazolam</i>	55	HIPREX.....	5
GLEOSTINE	14	HALDOL DECANOATE		see <i>methenamine</i>	
<i>glimepiride</i>	62	100	43	<i>hippurate</i>	6
<i>glipizide</i>	62, 63	see <i>haloperidol</i>		HIZENTRA	87
<i>glipizide-metformin hcl tab</i>		<i>decanoate</i>	43	HORIZANT.....	58
2.5-250 mg	63	HALDOL DECANOATE 50		HUMATIN.....	5
<i>glipizide-metformin hcl tab</i>		.....	43	HUMATROPE	73
2.5-500 mg	63	<i>halobetasol propionate</i>	103	HUMIRA.....	85, 86
<i>glipizide-metformin hcl tab</i>		<i>haloette</i>	68	HUMIRA PEN	86
5-500 mg	63	<i>haloperidol</i>	43	HUMIRA PEN-CD/UC/HS	
<i>glipizide xl</i>	63	<i>haloperidol decanoate</i>	43	START.....	86
GLOPERBA	1	<i>haloperidol lactate</i>	43	HUMIRA PEN KIT PS/UV	
GLUCOTROL XL	63	HARVONI PAK 33.75-		.....	86
see <i>glipizide</i>	62, 63	150MG.....	10	HUMIRA PEN-PEDIATRIC	
see <i>glipizide xl</i>	63	HARVONI PAK 45-200MG		UC S.....	86
<i>glycopyrrolate</i>	77	.....	10		

HUMULIN R U-500 (CONCENTR.....65	hydrocortisone (topical).103	IDHIFA .....19
HUMULIN R U-500 KWIKPEN.....65	hydrocortisone butyrate 103	IFEX.....14
HYCANTIN see topotecan hcl .....17	hydrocortisone sod succinate .....71	ifosfamide.....14
hydralazine hcl .....35	hydrocortisone valerate.103	IFOSFAMIDE .....14
HYDREA.....17	hydrocortisone w/ acetic acid otic soln 1-2% .....94	ILARIS.....88
see hydroxyurea .....17	hydromorphone hcl .....2, 3	ILEVRO.....92
hydrochlorothiazide.....33	HYDROMORPHONE HYDROCHLORI.....4	imatinib mesylate .....19
hydrocodone- acetaminophen soln 10- 325 mg/15ml.....3	hydroxychloroquine sulfate.....87	IMBRUVICA.....19
hydrocodone- acetaminophen soln 7.5- 325 mg/15ml.....3	hydroxyurea .....17	IMDELLTRA.....19
hydrocodone- acetaminophen tab 10- 300 mg .....3	hydroxyzine hcl .....95	IMFINZI .....19
hydrocodone- acetaminophen tab 10- 325 mg .....3	hydroxyzine pamoate .....95	imipenem-cilastatin intravenous for soln 250 mg .....5
hydrocodone- acetaminophen tab 2.5- 325 mg .....3	HYFTOR .....104	imipenem-cilastatin intravenous for soln 500 mg .....5
hydrocodone- acetaminophen tab 5-300 mg .....3	HYQVIA INJ 10-800.....87	imipramine hcl.....39
hydrocodone- acetaminophen tab 5-325 mg .....3	HYQVIA INJ 2.5-200.....87	imipramine pamoate .....39
hydrocodone- acetaminophen tab 7.5- 300 mg .....3	HYQVIA INJ 20-1600.....87	imiquimod.....104
hydrocodone- acetaminophen tab 7.5- 325 mg .....3	HYQVIA INJ 30-2400.....87	IMITREX .....56
hydrocodone bitartrate .....2	HYQVIA INJ 5-400.....87	see sumatriptan succinate.....57
hydrocodone-ibuprofen tab 10-200 mg .....3	HYZAAR see losartan potassium & hydrochlorothiazide tab 100-12.5 mg.....27	IMITREX STATDOSE REFILL .....56
hydrocodone-ibuprofen tab 5-200 mg .....3	see losartan potassium & hydrochlorothiazide tab 100-25 mg.....27	see sumatriptan succinate.....57
hydrocodone-ibuprofen tab 7.5-200 mg .....3	see losartan potassium & hydrochlorothiazide tab 50-12.5 mg.....27	IMITREX STATDOSE SYSTEM.....56
hydrocortisone .....71	HYZAAR TAB 100-12.5 ..27	see sumatriptan succinate.....57
hydrocortisone (intrarectal) .....78	HYZAAR TAB 100-25 ....27	IMJUDO .....20
hydrocortisone (rectal) ..104	HYZAAR TAB 50-12.5 ....27	IMKELDI.....20
	I	IMOVAX RABIES (H.D.C.V.).....89
	ibandronate sodium .....66	IMPAVIDO .....5
	IBRANCE .....19	IMURAN.....88
	ibu .....1	see azathioprine .....88
	ibuprofen .....1	IMVEXXY MAINTENANCE PACK.....71
	icatibant acetate.....84	IMVEXXY STARTER PACK.....71
	iclevia .....68	INBRIJA .....41
	ICLUSIG.....19	incassia .....68
	IDACIO (2 PEN).....86	INCRELEX.....73
	IDACIO (2 SYRINGE).....86	INCRUSE ELLIPTA .....94
	IDACIO CROHN INJ DISEASE.....86	indapamide .....33
	IDACIO PLAQU INJ PSORIASIS.....86	INDERAL LA .....32
		see propranolol hcl .....32

INFANRIX INJ.....	89	ISENTRESS HD	9	JANUMET XR TAB 100-	
INLYTA	20	<i>isibloom</i>	68	1000	63
INPEFA.....	35	ISOLYTE-P INJ /D5W.....	90	JANUMET XR TAB 50-	
INQOVI TAB 35-100MG ..	15	ISOLYTE-S INJ.....	90	1000	63
INREBIC	20	ISOLYTE-S INJ PH 7.4...	90	JANUMET XR TAB 50-	
INSPIRA.....	25	<i>isoniazid</i>	10	500MG.....	63
<i>see eplerenone</i>	25	ISORDIL TITRADOSE ...	35	JANUVIA.....	63
INSULIN PEN NEEDLES:		<i>see isosorbide dinitrate</i>		JARDIANCE.....	63
BD-EMBECTA.....	65	.....	35	<i>jasmiel</i>	68
INSULIN SAFETY		<i>isosorbide dinitrate</i>	35	JATENZO.....	62
NEEDLES: BD-		<i>isosorbide dinitrate-</i>		<i>javygtor</i>	73
EMBECTA	65	<i>hydralazine hcl tab 20-</i>		JAYPIRCA	20
INSULIN SYRINGES: BD-		37.5 mg	35	JEMPERLI	20
EMBECTA	65	<i>isosorbide mononitrate</i> ...	35	JENTADUETO TAB 2.5-	
INTELENCE.....	9	ISOSORBIDE		1000	63
<i>see etravirine</i>	9	MONONITRATE.....	35	JENTADUETO TAB 2.5-	
INTRALIPID	91	<i>isotretinoin</i>	100	500	63
INTRAROSA.....	81	<i>isradipine</i>	32	JENTADUETO TAB 2.5-	
<i>introvale</i>	68	ISTALOL	93	850	63
INTUNIV.....	53	<i>see timolol maleate</i>		JENTADUETO TAB XR	
<i>see guanfacine hcl</i>		(<i>ophth</i>) <i>once-daily</i>	93	2.5-1000MG	63
(<i>adhd</i>)	53	ISTURISA	73	JENTADUETO TAB XR 5-	
INVANZ.....	5	ITOVEBI.....	20	1000MG.....	63
INVEGA	43	<i>itraconazole</i>	7	JEVTANA.....	17
<i>see paliperidone</i>	43	<i>ivabradine hcl</i>	35	<i>jinteli</i>	71
INVEGA HAFYERA	43	<i>ivermectin</i>	5	JOENJA	88
INVEGA SUSTENNA.....	43	IWILFIN.....	17	<i>jolessa</i>	68
INVEGA TRINZA	43	IXCHIQ INJ	89	JORNAY PM	53
INVELTYS.....	92	IXEMPRA KIT	17	JOURNAVX	1
INZIRQO	33	IXIARO INJ	89	JUBLIA.....	101
IPOL INJ INACTIVE.....	89	IYUZEH.....	93	<i>juleber</i>	68
<i>ipratropium-albuterol nebu</i>		IZERVAY.....	94	JULUCA TAB 50-25MG ..	10
<i>soln 0.5-2.5(3) mg/3ml</i>	94	J		<i>junel 1/20</i>	68
<i>ipratropium bromide</i>	94	JADENU.....	67	<i>junel 1.5/30</i>	68
<i>ipratropium bromide (nasal)</i>		<i>see deferasirox</i>	67	<i>junel fe 1/20</i>	68
.....	94	JADENU SPRINKLE.....	67	<i>junel fe 1.5/30</i>	68
IQIRVO	79	<i>see deferasirox</i>	67	<i>junel fe 24</i>	68
<i>irbesartan</i>	29	<i>jaimiess</i>	68	JUXTAPID.....	31
<i>irbesartan-</i>		JAKAFI.....	20	JYLAMVO	87
<i>hydrochlorothiazide tab</i>		JALYN		JYNARQUE	73
150-12.5 mg	27	<i>see dutasteride-</i>		<i>see tolvaptan</i>	74
<i>irbesartan-</i>		<i>tamsulosin hcl cap 0.5-</i>		JYNARQUE PAK 30-15MG	
<i>hydrochlorothiazide tab</i>		0.4 mg	81	.....	73
300-12.5 mg	27	JALYN CAP 0.5-0.4	81	JYNARQUE PAK 45-15MG	
IRESSA.....	20	<i>jantoven</i>	83	.....	73
<i>see gefitinib</i>	19	JANUMET TAB 50-1000.	63	JYNARQUE PAK 60-30MG	
<i>irinotecan hcl</i>	17	JANUMET TAB 50-500MG		.....	73
ISENTRESS.....	9	.....	63		

JYNARQUE PAK 90-30MG	<i>kcl 20 meq/l (0.15%) in nacl</i>	KISQALI 600 DOSE.....20
.....73	<i>0.45% inj.....90</i>	KISQALI 600 PAK
JYNNEOS .....89	<i>kcl 20 meq/l (0.15%) in nacl</i>	FEMARA .....20
K	<i>0.9% inj.....90</i>	KITABIS PAK.....6
KABIVEN EMU .....91	<i>kcl 30 meq/l (0.224%) in</i>	see <i>tobramycin</i> .....6
KADCYLA .....20	<i>dextrose 5% & nacl</i>	KLARON .....100
<i>kaitlib fe</i>.....68	<i>0.45% inj.....90</i>	see <i>sulfacetamide</i>
KALBITOR .....84	<i>kcl 40 meq/l (0.3%) in</i>	<i>sodium (acne)</i> .....100
KALETRA	<i>dextrose 5% & nacl</i>	<i>klayesta</i>.....101
see <i>lopinavir-ritonavir tab</i>	<i>0.45% inj.....90</i>	KLISYRI .....104
100-25 mg.....10	<i>kcl 40 meq/l (0.3%) in</i>	KLONOPIN .....47
see <i>lopinavir-ritonavir tab</i>	<i>dextrose 5% & nacl 0.9%</i>	see <i>clonazepam</i> .....45
200-50 mg.....10	<i>inj.....90</i>	<i>klor-con</i> .....91
KALETRA SOL .....10	<i>kcl 40 meq/l (0.3%) in nacl</i>	<i>klor-con 10</i>.....91
KALETRA TAB 100-25MG	<i>0.9% inj.....90</i>	<i>klor-con 8</i> .....91
.....10	<i>kelnor 1/35</i> .....68	<i>klor-con m10</i> .....91
KALETRA TAB 200-50MG	<i>kelnor 1/50</i> .....68	<i>klor-con m15</i> .....91
.....10	KENALOG-10 .....71	<i>klor-con m20</i> .....91
KALYDECO .....96	KENALOG-40 .....71	KLOXXADO .....61
KANJINTI .....20	see <i>triamcinolone</i>	KORLYM.....73
KANUMA.....73	<i>acetonide</i> .....72	see <i>mifepristone</i>
KAPSPARGO SPRINKLE	KENALOG-80 .....71	(<i>hyperglycemia</i>) .....73
.....32	KEPPRA .....47	KOSELUGO.....20
<i>kariva</i> .....68	see <i>levetiracetam</i> .....47	<i>kourzeq</i> .....105
KATERZIA .....32	see <i>roweepra</i>.....49	KRAZATI.....20
KCL/D5W/LACT INJ	KEPPRA XR .....47	KRINTAFEL .....8
20MEQ/L .....90	see <i>levetiracetam</i> .....48	KRYSTEXXA .....1
KCL/D5W/NACL INJ	KERENDIA.....25	<i>kurvelo</i> .....68
0.3/0.9% .....90	<i>ketoconazole</i>.....7	KUVAN.....73
KCL 0.3%/D5W/NACL	<i>ketoconazole (topical)</i> ...101	see <i>javygtor</i>.....73
0.9%	<i>ketorolac tromethamine</i> ....1	see <i>sapropterin</i>
see <i>kcl 40 meq/l (0.3%)</i>	<i>ketorolac tromethamine</i>	<i>dihydrochloride</i> .....74
<i>in dextrose 5% & nacl</i>	(<i>ophth</i>) .....92	KYPROLIS.....20
<i>0.9% inj.....90</i>	KEYEYIS.....33	L
<i>kcl 10 meq/l (0.075%) in</i>	see <i>dichlorphenamide</i> .33	<i>labetalol hcl</i> .....32
<i>dextrose 5% & nacl</i>	see <i>ormalvi</i>.....34	<i>lacosamide</i>.....47
<i>0.45% inj.....90</i>	KEYTRUDA .....20	<i>lacosamide oral</i>.....47
<i>kcl 20 meq/l (0.149%) in</i>	KHAPZORY .....24	<i>lactated ringer's solution</i> .90
<i>nacl 0.45% inj.....90</i>	KIMMTRAK .....20	<i>lactic acid (ammonium</i>
<i>kcl 20 meq/l (0.15%) in</i>	KIMYRSA.....5	<i>lactate)</i>.....104
<i>dextrose 5% & nacl 0.2%</i>	KINRIX INJ.....89	<i>lactulose</i>.....78
<i>inj.....90</i>	<i>kionex</i>.....67	<i>lactulose (encephalopathy)</i>
<i>kcl 20 meq/l (0.15%) in</i>	KISQALI 200 DOSE.....20	78
<i>dextrose 5% & nacl</i>	KISQALI 200 PAK	LAMICTAL .....47
<i>0.45% inj.....90</i>	FEMARA .....20	see <i>lamotrigine</i> .....47
<i>kcl 20 meq/l (0.15%) in</i>	KISQALI 400 DOSE.....20	see <i>subvenite</i> .....49
<i>dextrose 5% & nacl 0.9%</i>	KISQALI 400 PAK	LAMICTAL CHEWABLE
<i>inj.....90</i>	FEMARA .....20	DISPERS.....47

see <i>lamotrigine</i>.....47	<i>lamivudine</i>.....9	LENVIMA 8 MG DAILY
LAMICTAL ODT.....47	<i>lamivudine (hbv)</i>.....10	DOSE .....20
see <i>lamotrigine</i>.....47	<i>lamivudine-zidovudine tab</i>	LENVIMA CAP 14 MG....20
see <i>lamotrigine tab disint</i>	150-300 mg .....10	LENVIMA CAP 18 MG....20
21 x 25 mg & 7 x 50	<i>lamotrigine</i> .....47	LENVIMA CAP 24 MG....20
mg titration kit .....47	<i>lamotrigine tab 25 mg (42)</i>	LESCOL XL .....30
see <i>lamotrigine tab disint</i>	& 100 mg (7) starter kit47	see <i>fluvastatin sodium</i> .30
25 (14) & 50 mg (14) &	<i>lamotrigine tab 84 x 25 mg</i>	<i>lessina</i>.....68
100 mg (7) kit.....47	& 14 x 100 mg starter kit	LETAIRIS.....36
see <i>lamotrigine tab disint</i>	47	see <i>ambrisentan</i>.....36
42 x 50mg & 14 x	<i>lamotrigine tab disint 21 x</i>	<i>letrozole</i> .....15
100mg titration kit ....47	25 mg & 7 x 50 mg	<i>leucovorin calcium</i> .....24
LAMICTAL ODT KIT BLUE	<i>titration kit</i>.....47	LEUKERAN.....14
.....47	<i>lamotrigine tab disint 25</i>	LEUKINE.....83
LAMICTAL ODT KIT	(14) & 50 mg (14) & 100	<i>leuprolide acetate</i>.....16
GREEN.....47	mg (7) kit .....47	<i>leuprolide acetate (3</i>
LAMICTAL ODT KIT	<i>lamotrigine tab disint 42 x</i>	month) .....16
ORANGE.....47	50mg & 14 x 100mg	<i>levalbuterol hcl</i> .....96
LAMICTAL STARTER/NOT	<i>titration kit</i>.....47	<i>levalbuterol tartrate</i> .....96
TAKI	LAMZEDE .....73	LEVETIR/NACL INJ
see <i>lamotrigine tab 25</i>	LANOXIN .....35	10MG/ML.....47
mg (42) & 100 mg (7)	see <i>digoxin</i> .....35	LEVETIR/NACL INJ
starter kit .....47	LANOXIN PEDIATRIC ....35	15MG/ML.....47
see <i>subvenite starter</i>	<i>lanreotide acetate</i> .....73	LEVETIR/NACL INJ
<i>kit/ora</i> .....49	<i>lansoprazole</i>.....80	5MG/ML.....47
LAMICTAL	<i>lapatinib ditosylate</i> .....20	<i>levetiracetam</i>.....47, 48
STARTER/TAKING C	<i>larin 1/20</i> .....68	LEVETIRACETAM .....47
see <i>lamotrigine tab 84 x</i>	<i>larin 1.5/30</i> .....68	LEVETIRACETAM/SODIU
25 mg & 14 x 100 mg	<i>larin 24 fe</i> .....68	M CHLO
starter kit .....47	<i>larin fe 1/20</i> .....68	see <i>levetiracetam in</i>
see <i>subvenite starter</i>	<i>larin fe 1.5/30</i> .....68	<i>sodium chloride iv soln</i>
<i>kit/gre</i> .....49	LASIX.....33	1000 mg/100ml.....48
LAMICTAL	see <i>furosemide</i>.....33	see <i>levetiracetam in</i>
STARTER/TAKING V	<i>latanoprost</i> .....93	<i>sodium chloride iv soln</i>
see <i>lamotrigine</i>.....47	LATUDA.....43	1500 mg/100ml.....48
see <i>subvenite starter</i>	see <i>lurasidone hcl</i> .....43	see <i>levetiracetam in</i>
<i>kit/blu</i> .....49	<i>layolis fe</i> .....68	<i>sodium chloride iv soln</i>
LAMICTAL STARTER KIT	LAZCLUZE.....20	500 mg/100ml.....48
(35 X 25MG TABS) ....47	<i>leflunomide</i>.....87	<i>levetiracetam in sodium</i>
LAMICTAL STARTER KIT	<i>lenalidomide</i>.....16	<i>chloride iv soln 1000</i>
(42 X 25MG TABS & 7 X	LENVIMA 10 MG DAILY	mg/100ml.....48
100MG TAB) .....47	DOSE .....20	<i>levetiracetam in sodium</i>
LAMICTAL STARTER KIT	LENVIMA 12MG DAILY	<i>chloride iv soln 1500</i>
(84 X 25MG TABS & 14	DOSE .....20	mg/100ml.....48
X 100MG TABS).....47	LENVIMA 20 MG DAILY	<i>levetiracetam in sodium</i>
LAMICTAL XR .....47	DOSE .....20	<i>chloride iv soln 500</i>
see <i>lamotrigine</i>.....47	LENVIMA 4 MG DAILY	mg/100ml.....48
LAMICTAL XR KIT.....47	DOSE .....20	<i>levobunolol hcl</i> .....93

<i>levocarnitine (metabolic modifiers)</i>.....73	<i>lidocaine hcl (local anesth.)</i> .....1	<i>see carbidopa</i>.....40
<i>levocetirizine dihydrochloride</i>.....95	<i>lidocaine hcl (mouth-throat)</i> .....105	<i>loestrin 1/20-21</i> .....69
<i>levofloxacin</i> .....12	<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....103	<i>loestrin 1.5/30-21</i> .....69
<i>levofloxacin (ophth)</i>.....92	<i>lidocan</i>.....103	<i>loestrin fe 1/20</i> .....69
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>.....12	LIDODERM	<i>loestrin fe 1.5/30</i> .....69
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>.....12	<i>see lidocaine</i> .....103	<i>lofexidine hcl</i> .....61
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>.....13	<i>see lidocan</i> .....103	<i>lojaimiess</i> .....69
<i>levoleuovorin calcium</i> ...24	<i>see tridacaine ii</i> .....103	LOKELMA .....67
<i>levonest</i>.....68	LIKMEZ .....6	LO LOESTRIN TAB 1-10-10 .....68
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> .....68	LILETTA .....68	LOMOTIL
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>.....68	<i>linezolid</i> .....6	<i>see diphenoxylate w/ atropine tab 2.5-0.025 mg</i>.....79
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>.....68	LINEZOLID INJ 2MG/ML ..6	LOMOTIL TAB 2.5MG ....79
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> .....68	LINZESS .....79	LONSURF TAB 15-6.14..15
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> .....68	<i>liothyronine sodium</i> .....75	LONSURF TAB 20-8.19..15
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> .....68	LIPITOR	<i>loperamide hcl</i>.....79
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> .....68	<i>see atorvastatin calcium</i> .....30	LOPID .....30
<i>levora 0.15/30-28</i>.....68	<i>liraglutide</i>.....63	<i>see gemfibrozil</i> .....30
<i>levo-t</i> .....75	<i>lisdexamphetamine dimesylate</i> .....53	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> .....10
<i>levothyroxine sodium</i> .....75	<i>lisinopril</i> .....25	<i>lopinavir-ritonavir tab 100-25 mg</i> .....10
<i>levoxyl</i> .....75	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> .....25	<i>lopinavir-ritonavir tab 200-50 mg</i> .....10
LEXAPRO .....39	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> .....25	LOPRESSOR.....32
<i>see escitalopram oxalate</i> .....39	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> .....25	<i>see metoprolol tartrate</i> 32
<i>l-glutamine (sickle cell)</i> ...84	<i>lithium</i>.....58	LOQTORZI.....20
LIALDA.....78	<i>lithium carbonate</i>.....58	<i>lorazepam</i> .....37
<i>see mesalamine</i> .....78	LITHOBID .....58	<i>lorazepam intensol</i>.....37
LIBTAYO .....20	<i>see lithium carbonate</i> ..58	LORBRENA .....20
<i>lidocaine</i> .....103	LITHOSTAT .....81	<i>loryna</i> .....69
<i>lidocaine hcl</i> .....103	LIVALO .....30	<i>losartan potassium</i>.....29
	<i>see pitavastatin calcium</i> .....30	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> .....27
	LIVDELZI .....79	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> .....27
	LIVMARLI.....79	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> .....27
	LIVTENCITY .....10	LOTEMAX.....92
	LODINE	<i>see loteprednol etabonate</i>.....92
	<i>see etodolac</i> .....1	LOTEMAX SM .....92
	LODOCO .....35	
	LODOSYN .....41	

LOTENSIN.....25	LUMIGAN.....93	M
see <i>benazepril hcl</i> .....25	LUMIZYME .....73	MACROBID.....6
LOTENSIN HCT	LUMRYZ .....60	see <i>nitrofurantoin</i>
see <i>benazepril &</i>	LUMRYZ PAK STARTER	<i>monohyd macro</i> .....6
<i>hydrochlorothiazide tab</i>	60	MACRODANTIN
10-12.5 mg.....24	LUNESTA .....55	see <i>nitrofurantoin</i>
see <i>benazepril &</i>	see <i>eszopiclone</i>.....55	<i>macrocrystal</i> .....6
<i>hydrochlorothiazide tab</i>	LUNSUMIO .....21	<i>magnesium sulfate</i> .....90
20-12.5 mg.....24	LUPKYNIS .....88	MAGNESIUM SULFATE.90
see <i>benazepril &</i>	LUPRON DEPOT (1-	see <i>magnesium sulfate</i>
<i>hydrochlorothiazide tab</i>	MONTH).....16	90
20-25 mg.....24	LUPRON DEPOT (3-	MAGNESIUM SULFATE IN
<i>loteprednol etabonate</i> 92,	MONTH).....16	D5W
93	LUPRON DEPOT (4-	see <i>magnesium sulfate in</i>
LOTREL	MONTH).....16	<i>dextrose 5% iv soln 1</i>
see <i>amlodipine besylate-</i>	LUPRON DEPOT (6-	<i>gm/100ml</i> .....90
<i>benazepril hcl cap 10-</i>	MONTH).....16	<i>magnesium sulfate in</i>
20 mg.....24	LUPRON DEPOT-PED (1-	<i>dextrose 5% iv soln 1</i>
see <i>amlodipine besylate-</i>	MONTH .....73	<i>gm/100ml</i> .....90
<i>benazepril hcl cap 10-</i>	LUPRON DEPOT-PED (3-	MALARONE
40 mg.....24	MONTH .....73	see <i>atovaquone-</i>
see <i>amlodipine besylate-</i>	LUPRON DEPOT-PED (6-	<i>proguanil hcl tab 250-</i>
<i>benazepril hcl cap 5-10</i>	MONTH .....73	<i>100 mg</i> .....8
mg.....24	<i>lurasidone hcl</i>.....43	see <i>atovaquone-</i>
see <i>amlodipine besylate-</i>	<i>lutra</i> .....69	<i>proguanil hcl tab 62.5-</i>
<i>benazepril hcl cap 5-20</i>	LUTRATE DEPOT .....16	<i>25 mg</i> .....8
mg.....24	LYBALVI TAB 10-10MG .43	MALARONE TAB 250-1008
LOTREL CAP 10-20MG..25	LYBALVI TAB 15-10MG .43	MALARONE TAB 62.5-25.8
LOTREL CAP 10-40MG..25	LYBALVI TAB 20-10MG .43	<i>malathion</i> .....105
LOTREL CAP 5-10MG...25	LYBALVI TAB 5-10MG ...43	<i>maraviroc</i> .....9
LOTREL CAP 5-20MG...25	<i>lyleq</i>.....69	MARGENZA.....21
LOTRONEX.....79	<i>lyllana</i>.....71	MARINOL.....76
see <i>alosetron hcl</i> .....79	LYNPARZA.....21	see <i>dronabinol</i>.....76
<i>lovastatin</i>.....30	LYRICA.....48	<i>marlissa</i>.....69
LOVAZA	see <i>pregabalin</i>.....49	MARPLAN.....39
see <i>omega-3-acid ethyl</i>	LYRICA CR.....58	MATULANE .....17
<i>esters cap 1 gm</i> .....31	see <i>pregabalin (once-</i>	<i>matzim la</i>.....33
LOVAZA CAP 1GM.....31	<i>daily</i>) .....58	MAVENCLAD (10 TABS)59
LOVENOX.....83	LYSODREN .....16	MAVENCLAD (4 TABS)..59
see <i>enoxaparin sodium</i>	LYTGOBI (12 MG DAILY	MAVENCLAD (5 TABS)..59
.....82	DOSE).....21	MAVENCLAD (6 TABS)..59
<i>low-ogestrel</i>.....69	LYTGOBI (16 MG DAILY	MAVENCLAD (7 TABS)..59
<i>loxapine succinate</i> .....43	DOSE).....21	MAVENCLAD (8 TABS)..59
<i>lubiprostone</i> .....79	LYTGOBI (20 MG DAILY	MAVENCLAD (9 TABS)..59
LUCEMYRA.....61	DOSE).....21	MAVYRET PAK 50-20MG
see <i>lofexidine hcl</i>.....61	LYVISPAH .....60	11
LUCENTIS.....94	<i>lyza</i>.....69	MAVYRET TAB 100-40MG
LUMAKRAS .....20, 21		11

MAXALT.....56	<i>memantine hcl-donepezil</i>	<i>methazolamide</i>.....33
see <i>rizatriptan benzoate</i>	<i>hcl cap er 24hr 21-10 mg</i>	<i>methenamine hippurate</i> ....6
.....56	38	<i>methimazole</i>.....75
MAXALT-MLT .....56	<i>memantine hcl-donepezil</i>	<i>methocarbamol</i> .....60
see <i>rizatriptan benzoate</i>	<i>hcl cap er 24hr 28-10 mg</i>	<i>methotrexate sodium</i> 15, 87
.....56	38	<i>methoxsalen rapid</i>.....101
MAXIDEX.....93	<i>memantine hcl tab 28 x 5</i>	<i>methscopolamine bromide</i>
MAXITROL	<i>mg & 21 x 10 mg titration</i>	77
see <i>neomycin-polymyxin-</i>	<i>pack</i>.....38	<i>methsuximide</i>.....48
<i>dexamethasone ophth</i>	MENACTRA INJ .....89	<i>methyl dopa</i> .....35
<i>oint 0.1%</i>.....91	MENEST .....71	METHYLIN.....53
see <i>neomycin-polymyxin-</i>	MENOSTAR.....71	see <i>methylphenidate hcl</i>
<i>dexamethasone ophth</i>	MENQUADFI .....89	53
<i>susp 0.1%</i>.....91	MENVEO INJ .....89	<i>methylphenidate</i>.....53
MAXITROL OIN 0.1% OP	MENVEO SOL .....89	<i>methylphenidate hcl</i> .53, 54
.....91	MEPRON .....6	<i>methylprednisolone</i> ...71, 72
MAXITROL SUS 0.1% OP	see <i>atovaquone</i>.....5	<i>methylprednisolone acetate</i>
.....91	<i>mercaptopurine</i> .....15	72
MAYZENT .....59	MEROP/NACL INJ	<i>methylprednisolone sod</i>
MAYZENT STARTER	1GM/50ML.....6	<i>succ</i> .....72
PACK (12) .....59	MEROP/NACL INJ	<i>methyltestosterone</i>.....62
MAYZENT STARTER	500/50ML .....6	<i>metoclopramide hcl</i>.....76
PACK (7) .....59	<i>meropenem</i>.....6	<i>metolazone</i> .....34
<i>meclizine hcl</i> .....76	MEROPENEM	<i>metoprolol &</i>
<i>meclofenamate sodium</i>....1	see <i>meropenem</i> .....6	<i>hydrochlorothiazide tab</i>
MEDROL.....71	<i>merzee</i> .....69	100-25 mg .....31
see <i>methylprednisolone</i>	<i>mesalamine</i>.....78	<i>metoprolol &</i>
.....71	<i>mesalamine w/ cleanser</i> .78	<i>hydrochlorothiazide tab</i>
MEDROL DOSEPAK .....71	<i>mesna</i> .....24	100-50 mg .....31
see <i>methylprednisolone</i>	MESNEX.....24	<i>metoprolol &</i>
.....72	see <i>mesna</i>.....24	<i>hydrochlorothiazide tab</i>
<i>medroxyprogesterone</i>	MESTINON .....58	50-25 mg .....31
<i>acetate</i>.....75	see <i>pyridostigmine</i>	<i>metoprolol succinate</i> .....32
<i>medroxyprogesterone</i>	<i>bromide</i>.....58	<i>metoprolol tartrate</i>.....32
<i>acetate (contraceptive)</i> 69	MESTINON TIMESPAN.....58	METROCREAM .....104
<i>mefloquine hcl</i>.....8	see <i>pyridostigmine</i>	see <i>metronidazole</i>
<i>megestrol acetate</i> ....16, 75	<i>bromide</i>.....58	<i>(topical)</i> .....104
<i>megestrol acetate</i>	METADATE CD .....53	METROLOTION.....104
<i>(appetite)</i> .....75	see <i>methylphenidate hcl</i>	see <i>metronidazole</i>
MEKINIST .....21	53	<i>(topical)</i> .....104
MEKTOVI.....21	<i>metaxalone</i> .....60	<i>metronidazole</i> .....6
<i>meleya</i> .....69	<i>metformin hcl</i> .....63	METRONIDAZOLE .....6
<i>meloxicam</i>.....1	<i>methadone hcl</i> .....2	see <i>metronidazole</i> .....6
<i>memantine hcl</i>.....38	METHADONE HCL INJ ....2	<i>metronidazole (topical)</i> ..104
<i>memantine hcl-donepezil</i>	<i>methadone hydrochloride i2</i>	<i>metronidazole vaginal</i>....82
<i>hcl cap er 24hr 14-10 mg</i>	METHADOSE	<i>metyrosine</i> .....35
.....38	see <i>methadone</i>	MG SO4/D5W INJ
	<i>hydrochloride i</i> .....2	10MG/ML.....90

<i>mibelas 24 fe</i>.....69	<i>mirtazapine</i> .....39	<i>multiple electrolytes ph 7.4</i>.....90
MICAFUNGIN .....8	MIRVASO .....104	<i>mupirocin</i> .....100
MICAFUNGIN/NACL INJ 100MG/100ML.....8	<i>see brimonidine tartrate</i> <i>(topical)</i> .....103	MYALEPT .....73
MICAFUNGIN/NACL INJ 150MG/150ML.....8	<i>misoprostol</i>.....79	MYCAMINE.....8
MICAFUNGIN/NACL INJ 50MG/50ML.....8	MITIGARE.....1	<i>see micafungin sodium</i> ..8
<i>micafungin sodium</i> .....8	<i>see colchicine</i>.....1	MYCAPSSA .....73
MICARDIS <i>see telmisartan</i> .....29	<i>mitomycin</i>.....17	<i>mycophenolate mofetil</i>....88
MICARDIS HCT <i>see telmisartan-</i> <i>hydrochlorothiazide tab</i> 40-12.5 mg.....28	<i>mitoxantrone hcl</i>.....17	<i>mycophenolate sodium</i> ...88
<i>see telmisartan-</i> <i>hydrochlorothiazide tab</i> 80-12.5 mg.....28	M-M-R II INJ.....89	MYDAYIS <i>see amphetamine-</i> <i>dextroamphetamine 3-</i> <i>bead cap er 24hr 12.5</i> <i>mg</i>.....51
<i>see telmisartan-</i> <i>hydrochlorothiazide tab</i> 80-25 mg.....28	M-NATAL PLUS TAB.....91	<i>see amphetamine-</i> <i>dextroamphetamine 3-</i> <i>bead cap er 24hr 25</i> <i>mg</i>.....51
MICARDIS HCT TAB 40/12.5 .....27	<i>modafinil</i>.....60, 61	<i>see amphetamine-</i> <i>dextroamphetamine 3-</i> <i>bead cap er 24hr 37.5</i> <i>mg</i>.....51
MICARDIS HCT TAB 80/12.5 .....28	<i>moexipril hcl</i> .....25	<i>see amphetamine-</i> <i>dextroamphetamine 3-</i> <i>bead cap er 24hr 50</i> <i>mg</i>.....51
MICARDIS HCT TAB 80- 25MG.....27	<i>molindone hcl</i>.....43	MYDAYIS CAP 12.5MG..54
<i>miconazole 3</i>.....82	<i>mometasone furoate</i> ....103	MYDAYIS CAP 25MG....54
<i>miconazole-zinc oxide-</i> <i>white petrolatum oint</i> 0.25-15-81.35%.....101	<i>mometasone furoate</i> <i>(nasal)</i> .....97	MYDAYIS CAP 37.5MG..54
<i>microgestin 1/20</i>.....69	MONJUVI.....21	MYDAYIS CAP 50MG....54
<i>microgestin 1.5/30</i>.....69	<i>mono-lynyah</i> .....69	MYFEMBREE TAB .....73
<i>microgestin fe 1/20</i>.....69	<i>montelukast sodium</i>.....96	MYFORTIC .....88
<i>microgestin fe 1.5/30</i>.....69	<i>morphine sulfate</i> .....2, 4	<i>see mycophenolate</i> <i>sodium</i> .....88
<i>midodrine hcl</i>.....35	MORPHINE SULFATE ....4	MYHIBBIN.....89
MIEBO .....94	MORPHINE SULFATE/SODIUM C...4	MYLOTARG .....21
<i>mifepristone</i> <i>(hyperglycemia)</i>.....73	<i>morphine sulfate beads</i>....2	MYOBLOC .....60
<i>miglitol</i>.....63	MOTPOLY XR .....48	MYRBETRIQ.....82
<i>miglustat</i>.....73	MOUNJARO .....63	MYSOLINE .....48
<i>mili</i>.....69	MOVANTIK .....79	<i>see primidone</i>.....49
<i>mimvey</i>.....71	MOVIPREP <i>see peg-</i> 3350/electrolytes/asc .....79	N
MINIVELLE .....71	<i>moxifloxacin hcl</i>.....13	<i>nabumetone</i> .....1
<i>see lyllana</i> .....71	<i>moxifloxacin hcl (ophth)</i> ..92	<i>nadolol</i> .....32
<i>minocycline hcl</i>.....14	<i>moxifloxacin hcl 400</i> <i>mg/250ml in sodium</i> <i>chloride 0.8% inj</i>.....13	NAFCILLIN INJ 2GM/100 .....13
<i>minoxidil</i>.....35	MOXIFLOXACIN HYDROCHLORID .....13	<i>nafcillin sodium</i> .....13
MIPLYFFA .....73	MOZOBIL .....83	<i>naftifine hcl</i>.....101
	<i>see plerixafor</i>.....83	NAFTIN .....101
	MRESVIA.....89	
	MS CONTIN.....2	
	<i>see morphine sulfate</i>....2	
	MULPLETA .....84	
	MULTAQ .....29	
	<i>multiple electrolytes ph 5.5</i> .....90	

see <i>naftifine hcl</i>	101	<i>nefazodone hcl</i>	39	NEXLIZET TAB 180/10MG	
NAGLAZYME.....	73	NEMLUVIO	86	.....	31
<i>nalbuphine hcl</i>	4	<i>neomycin-bacitrac zn-</i>		NEXPLANON.....	69
<i>naloxone hcl</i>	61	<i>polymyx 5(3.5)mg-</i>		NEXTSTELLIS TAB 3-	
<i>naltrexone hcl</i>	61	400unt-10000unt op oin		14.2MG.....	69
NAMENDA TAB 5-10MG	38	.....	92	NEXVIAZYME.....	73
NAMENDA TITRATION		<i>neomycin-polymy-gramicid</i>		NGENLA	73
PAK		op sol 1.75-10000-		<i>niacin (antihyperlipidemic)</i>	
see <i>memantine hcl tab</i>		0.025mg-unt-mg/ml	92	.....	31
28 x 5 mg & 21 x 10		<i>neomycin-polymyxin b gu</i>		<i>nicardipine hcl</i>	33
mg titration pack	38	irrigation soln	81	<i>nicardipine hcl iv soln 20</i>	
NAMZARIC		<i>neomycin-polymyxin-</i>		mg/200ml in sodium	
see <i>memantine hcl-</i>		<i>dexamethasone ophth</i>		chloride 0.9%.....	33
<i>donepezil hcl cap er</i>		oint 0.1%	91	<i>nicardipine hcl iv soln 40</i>	
24hr 14-10 mg	38	<i>neomycin-polymyxin-</i>		mg/200ml in sodium	
see <i>memantine hcl-</i>		<i>dexamethasone ophth</i>		chloride 0.9%.....	33
<i>donepezil hcl cap er</i>		susp 0.1%.....	91	NICARDIPINE	
24hr 21-10 mg	38	<i>neomycin-polymyxin-hc</i>		HYDROCHLORIDE	
see <i>memantine hcl-</i>		ophth susp.....	91	see <i>nicardipine hcl iv</i>	
<i>donepezil hcl cap er</i>		<i>neomycin-polymyxin-hc otic</i>		soln 20 mg/200ml in	
24hr 28-10 mg	38	soln 1%.....	94	sodium chloride 0.9%	
NAMZARIC CAP 14-10MG		<i>neomycin-polymyxin-hc otic</i>		.....	33
.....	38	susp 3.5 mg/ml-10000		see <i>nicardipine hcl iv</i>	
NAMZARIC CAP 21-10MG		unit/ml-1%	94	soln 40 mg/200ml in	
.....	38	<i>neomycin sulfate</i>	6	sodium chloride 0.9%	
NAMZARIC CAP 28-10MG		<i>neo-polycin 5(3.5)mg-</i>		.....	33
.....	38	400unt-10000unt op oin		NICARDIPINE SOL	
NAMZARIC CAP 7-10MG		.....	92	20/200ML	33
.....	38	<i>neo-polycin hc ophth oint</i>		NICARDIPINE SOL	
NAMZARIC CAP PACK..	38	1%	91	40/200ML	33
NAPROSYN		NEORAL	89	NICOTROL INHALER....	61
see <i>naproxen</i>	1	see <i>cyclosporine</i>		NICOTROL NS	61
<i>naproxen</i>	1, 2	modified (for		<i>nifedipine</i>	33
<i>naproxen dr</i>	2	microemulsion)	88	<i>nikki</i>	69
<i>naproxen sodium</i>	2	see <i>gengraf</i>	88	NIKTIMVO.....	89
<i>naratriptan hcl</i>	56	NERLYNX.....	21	NILANDRON	
NARDIL.....	39	<i>neuac gel 1.2-5%</i>	100	see <i>nilutamide</i>	16
see <i>phenelzine sulfate</i> .	40	NEURONTIN.....	48	<i>nilotinib hcl</i>	21
NATACYN.....	92	see <i>gabapentin</i>	46, 47	<i>nilutamide</i>	16
NATAZIA TAB.....	69	NEVANAC.....	93	<i>nimodipine</i>	33
<i>nateglinide</i>	63	<i>nevirapine</i>	9	NINLARO	21
NATROBA.....	105	NEXAVAR.....	21	NIPENT	17
NAYZILAM	48	see <i>sorafenib tosylate</i> .	22	<i>nisoldipine</i>	33
<i>nebivolol hcl</i>	32	NEXICLON XR.....	35	<i>nitazoxanide</i>	6
NEBUPENT	6	NEXIUM.....	80	<i>nitisinone</i>	73
see <i>pentamidine</i>		see <i>esomeprazole</i>		NITRO-BID.....	35
<i>isethionate inh</i>	6	magnesium	80	NITRO-DUR.....	35
<i>necon 0.5/35-28</i>	69	NEXLETOL	31	<i>nitrofurantoin macrocrystal</i>	6

<i>nitrofurantoin monohyd</i>		<i>norgestimate-eth estrad tab</i>		NULOJIX.....	89
<i>macro</i>	6	0.18-25/0.215-25/0.25-25		NUPLAZID	43
<i>nitroglycerin</i>	35, 36	<i>mg-mcg</i>	69	NURTEC	56
<i>nitroglycerin (intra-anal)</i>	104	<i>norgestimate-eth estrad tab</i>		NUTRILIPID	91
NITROLINGUAL	36	0.18-35/0.215-35/0.25-35		NUTROPIN AQ NUSPIN 10	
<i>see nitroglycerin</i>	36	<i>mg-mcg</i>	69	.....	73
NITROSTAT.....	36	NORITATE	104	NUTROPIN AQ NUSPIN 20	
<i>see nitroglycerin</i>	36	NORLIQVA	33	.....	73
NITYR	73	<i>norlyroc</i>	69	NUTROPIN AQ NUSPIN 5	
<i>nizatidine</i>	78	NORPACE	29	.....	73
<i>nora-be</i>	69	<i>see disopyramide</i>		NUVARING	
NORDITROPIN FLEXPOR		<i>phosphate</i>	29	<i>see eluryng</i>	68
.....	73	NORPACE CR.....	29	<i>see enilloring</i>	68
<i>norelgestromin-ethinyl</i>		NORPRAMIN	39	<i>see etonogestrel-ethinyl</i>	
<i>estradiol td ptwk 150-35</i>		<i>see desipramine hcl</i>	38	<i>estradiol va ring 0.12-</i>	
<i>mcg/24hr</i>	69	NORTHERA.....	35	0.015 mg/24hr.....	68
<i>norethindrone</i>		<i>see droxidopa</i>	35	<i>see haloette</i>	68
<i>(contraceptive)</i>	69	<i>nortrel 0.5/35 (28)</i>	69	NUVIGIL.....	61
<i>norethindrone & ethinyl</i>		<i>nortrel 1/35 (21)</i>	69	<i>see armodafinil</i>	60
<i>estradiol-fe chew tab 0.4</i>		<i>nortrel 1/35 (28)</i>	69	NUZYRA	14
<i>mg-35 mcg</i>	69	<i>nortrel 7/7/7</i>	69	<i>nyamyc</i>	101
<i>norethindrone ace & ethinyl</i>		<i>nortriptyline hcl</i>	39	<i>nylia 1/35</i>	69
<i>estradiol-fe tab 1 mg-20</i>		NORVASC	33	<i>nylia 7/7/7</i>	69
<i>mcg</i>	69	<i>see amlodipine besylate</i>		NYMALIZE	33
<i>norethindrone ace & ethinyl</i>		.....	32	<i>nystatin</i>	8
<i>estradiol tab 1 mg-20</i>		NORVIR.....	9	NYSTATIN	
<i>mcg</i>	69	<i>see ritonavir</i>	9	<i>see nystatin (mouth-</i>	
<i>norethindrone ace-eth</i>		NOURIANZ	41	<i>throat)</i>	105
<i>estradiol-fe chew tab 1</i>		NOVAREL.....	73	<i>nystatin (mouth-throat)</i> ..	105
<i>mg-20 mcg (24)</i>	69	NOVOLIN INJ 70/30	65	<i>nystatin (topical)</i>	101
<i>norethindrone ace-ethinyl</i>		NOVOLIN INJ 70/30 FP ..	65	<i>nystop</i>	101
<i>estradiol-fe cap 1 mg-20</i>		NOVOLIN N	65	O	
<i>mcg (24)</i>	69	NOVOLIN N FLEXPEN ..	65	OCALIVA	79
<i>norethindrone acetate</i>	75	NOVOLIN R	65	<i>ocella</i>	69
<i>norethindrone acetate-</i>		NOVOLIN R FLEXPEN ..	65	OCREVUS	59
<i>ethinyl estradiol tab 0.5</i>		NOVOLOG	65	OCREVUS INJ ZUNOVO	59
<i>mg-2.5 mcg</i>	71	NOVOLOG FLEXPEN	65	OCTAGAM.....	87
<i>norethindrone acetate-</i>		NOVOLOG MIX INJ 70/30		<i>octreotide acetate</i>	74
<i>ethinyl estradiol tab 1</i>		.....	65	OCUFLOX.....	92
<i>mg-5 mcg</i>	71	NOVOLOG MIX INJ		<i>see ofloxacin (ophth)</i> ...	92
<i>norethindrone ac-ethinyl</i>		FLEXPEN	65	ODACTRA SUB	88
<i>estrad-fe tab 1-20/1-30/1-</i>		NOVOLOG PENFILL	65	ODEFSEY TAB.....	10
35 mg-mcg	69	NOXAFIL.....	8	ODOMZO	21
<i>norgestimate & ethinyl</i>		<i>see posaconazole</i>	8	OFEV	96
<i>estradiol tab 0.25 mg-35</i>		NPLATE	83	<i>ofloxacin (ophth)</i>	92
<i>mcg</i>	69	NUBEQA.....	16	<i>ofloxacin (otic)</i>	94
		NUDEXTA CAP 20-10MG		OGIVRI	21
		.....	58	OGSIVEO	21

OHTUVAYRE.....	96	OMNIPOD DASH KIT		ORBACTIV.....	6
OJEMDA.....	21	INTRO.....	65	ORENITRAM.....	36
OJJAARA.....	21	OMNIPOD DASH MIS		ORENITRAM TAB MONTH	
<i>olanzapine</i>	43	PODS.....	65	1.....	36
<i>olmesartan-amlodipine-</i>		OMNIPOD GO KIT		ORENITRAM TAB MONTH	
<i>hydrochlorothiazide tab</i>		10UNT/DY.....	65	2.....	36
<i>20-5-12.5 mg</i>	28	OMNIPOD GO KIT		ORENITRAM TAB MONTH	
<i>olmesartan-amlodipine-</i>		15UNT/DY.....	66	3.....	36
<i>hydrochlorothiazide tab</i>		OMNIPOD GO KIT		ORFADIN.....	74
<i>40-10-12.5 mg</i>	28	20UNT/DY.....	66	<i>see nitisinone</i>	73
<i>olmesartan-amlodipine-</i>		OMNIPOD GO KIT		ORGOVYX.....	16
<i>hydrochlorothiazide tab</i>		25UNT/DY.....	66	ORIAHNN CAP.....	74
<i>40-10-25 mg</i>	28	OMNIPOD GO KIT		ORILISSA.....	74
<i>olmesartan-amlodipine-</i>		30UNT/DY.....	66	ORKAMBI GRA 100-125	97
<i>hydrochlorothiazide tab</i>		OMNIPOD GO KIT		ORKAMBI GRA 150-188	97
<i>40-5-12.5 mg</i>	28	35UNT/DY.....	66	ORKAMBI GRA 75-94MG	
<i>olmesartan-amlodipine-</i>		OMNIPOD GO KIT		.....	96
<i>hydrochlorothiazide tab</i>		40UNT/DY.....	66	ORKAMBI TAB 100-125	97
<i>40-5-25 mg</i>	28	OMNIPOD MIS CLASSIC		ORKAMBI TAB 200-125	97
<i>olmesartan medoxomil</i>	29	.....	66	ORLADEYO.....	84
<i>olmesartan medoxomil-</i>		OMNITROPE.....	74	<i>ormalvi</i>	34
<i>hydrochlorothiazide tab</i>		ONCASPAR.....	17	<i>orquidea</i>	69
<i>20-12.5 mg</i>	28	<i>ondansetron</i>	76	ORSERDU.....	16
<i>olmesartan medoxomil-</i>		<i>ondansetron hcl</i>	76	<i>oseltamivir phosphate</i>	11
<i>hydrochlorothiazide tab</i>		ONEXTON		OVIDE.....	105
<i>40-12.5 mg</i>	28	<i>see clindamycin</i>		OXACILLIN INJ 2GM.....	13
<i>olmesartan medoxomil-</i>		<i>phosphate-benzoyl</i>		<i>oxacillin sodium</i>	13
<i>hydrochlorothiazide tab</i>		<i>peroxide gel 1.2-3.75%</i>		<i>oxaliplatin</i>	14
<i>40-25 mg</i>	28	.....	99	<i>oxaprozin</i>	2
<i>olopatadine hcl (nasal)</i>	95	ONEXTON GEL 1.2-3.75		OXAYDO.....	4
OLPRUVA.....	74	.....	100	<i>oxazepam</i>	37
<i>omega-3-acid ethyl esters</i>		ONFI.....	48	<i>oxcarbazepine</i>	48
<i>cap 1 gm</i>	31	<i>see clobazam</i>	45	OXERVATE.....	94
<i>omeprazole</i>	80	ONGENTYS.....	41	OXISTAT.....	101
OMNARIS.....	97	ONIVYDE.....	17	OXLUMO.....	81
OMNIPOD 5 DX KIT INT		ONTRUZANT.....	21	OXTELLAR XR.....	48
G7G6.....	65	ONUREG.....	15	<i>see oxcarbazepine</i>	48
OMNIPOD 5 DX MIS POD		OPDIVO.....	21	<i>oxybutynin chloride</i>	82
G7G6.....	65	OPDIVO INJ QVANTIG.....	21	<i>oxycodone hcl</i>	4
OMNIPOD 5 G7 KIT		OPDUALAG SOL.....	21	<i>oxycodone w/</i>	
INTRO.....	65	OPFOLDA.....	74	<i>acetaminophen soln 5-</i>	
OMNIPOD 5 G7 MIS PODS		OPIPZA.....	43	<i>325 mg/5ml</i>	4
.....	65	OPSUMIT.....	36	<i>oxycodone w/</i>	
OMNIPOD 5 L2 KIT INTRO		OPVEE.....	61	<i>acetaminophen tab 10-</i>	
G6.....	65	OPZELURA.....	104	<i>325 mg</i>	4
OMNIPOD 5 L2 MIS PODS		ORACEA.....	104	<i>oxycodone w/</i>	
G6.....	65	<i>see doxycycline</i>		<i>acetaminophen tab 2.5-</i>	
		<i>(rosacea)</i>	104	<i>325 mg</i>	4

<i>oxycodone w/</i>	PAMELOR	39	<i>peg-3350/electrolytes/asc</i>		
<i>acetaminophen tab 5-325</i>	<i>see nortriptyline hcl</i>	39	.....	79	
<i>mg</i>	<i>pamidronate disodium</i>	66	<i>peg 3350-kcl-na bicarb-</i>		
<i>oxycodone w/</i>	PAMIDRONATE		<i>nacl-na sulfate for soln</i>		
<i>acetaminophen tab 7.5-</i>	DISODIUM	66	<i>236 gm</i>	78	
<i>325 mg</i>	PANCREAZE CAP		<i>peg 3350-kcl-sod bicarb-</i>		
<i>oxymorphone hcl</i>	10500UNT	79	<i>nacl for soln 420 gm</i>	79	
OXYTROL	PANCREAZE CAP		PEGASYS	11	
OZEMPIC (0.25 OR	16800UNT	79	PEMAZYRE	21	
0.5MG/DOSE)	PANCREAZE CAP		PEMETREXED	15	
OZEMPIC (0.25 OR 0.5	21000UNT	79	<i>pemetrexed disodium</i>	15	
MG/DOSE)	PANCREAZE CAP		PEMRYDI RTU	15	
OZEMPIC (1MG/DOSE) .	2600UNIT	79	PENBRAYA INJ	89	
OZEMPIC (2MG/DOSE) .	PANCREAZE CAP 37000		<i>penciclovir</i>	104	
OZOBAX DS .....	.....	79	PEN GK/DEXTR INJ		
<i>see baclofen</i>	PANCREAZE CAP		20000/ML	13	
P	4200UNIT	79	PEN GK/DEXTR INJ		
<i>pacerone</i>	PANRETIN	104	40000/ML	13	
<i>paclitaxel</i>	PANTOPR/NACL SOL		PEN GK/DEXTR INJ		
<i>paclitaxel inj 100mg</i>	40MG/100.....	80	60000/ML	13	
PACLITAXEL INJ 100MG	PANTOPR/NACL SOL		<i>penicillamine</i>	67	
.....	80MG/100.....	80	<i>penicillin g potassium</i>	13	
PADCEV	<i>pantoprazole sodium</i>	80	<i>penicillin g sodium</i>	13	
PALFORZIA CAP	PANTOPRAZOLE SOL		<i>penicillin v potassium</i>	13	
ESCALAT	40/50ML	80	PENTACEL INJ.....	89	
PALFORZIA CAP LEVEL	PANZYGA	87	PENTAM 300	6	
10	<i>paricalcitol</i>	76	<i>see pentamidine</i>		
PALFORZIA CAP LEVEL 3	PARLODEL	41	<i>isethionate inj</i>	6	
.....	<i>see bromocriptine</i>		<i>pentamidine isethionate inh</i>		
PALFORZIA CAP LEVEL 7	<i>mesylate</i>	40	.....	6	
.....	PARNATE	39	<i>pentamidine isethionate inj</i>		
PALFORZIA CAP LEVEL 8	<i>see tranylcypromine</i>		.....	6	
.....	<i>sulfate</i>	40	PENTASA	78	
PALFORZIA LEVEL 1	<i>paroxetine hcl</i>	39	<i>pentoxifylline</i>	84	
PALFORZIA LEVEL 11	PAVBLU	94	PEPCID	78	
(MAINT	PAXIL		<i>see famotidine</i>	78	
PALFORZIA LEVEL 11	<i>see paroxetine hcl</i>	39	<i>perampanel</i>	48	
(TITRA.....	PAXIL CR		PERCOCET		
PALFORZIA LEVEL 2	<i>see paroxetine hcl</i>	39	<i>see endocet tab 10-</i>		
PALFORZIA LEVEL 4	PAXLOVID PAK.....	11	<i>325mg</i>	3	
PALFORZIA LEVEL 5	PAXLOVID TAB 150-100	11	<i>see endocet tab 2.5-</i>		
PALFORZIA LEVEL 6	PAXLOVID TAB 300-100	11	<i>325mg</i>	3	
PALFORZIA LEVEL 9	<i>pazopanib hcl</i>	21	<i>see endocet tab 5-325mg</i>		
<i>paliperidone</i>	PEDIAPRED	72	.....	3	
<i>palonosetron hcl</i>	<i>see prednisolone sodium</i>		<i>see endocet tab 7.5-</i>		
PALONOSETRON	<i>phosphate</i>	72	<i>325mg</i>	3	
HYDROCHLORID	PEDIARIX INJ 0.5ML	89			
PALYNZIQ	PEDVAX HIB	89			

see oxycodone w/ acetaminophen tab 10- 325 mg.....4	pfizerpen .....13	piperacillin sod-tazobactam sod for inj 40.5 gm (36- 4.5 gm) .....14
see oxycodone w/ acetaminophen tab 2.5-325 mg.....4	PHEBURANE.....74	PIQRAY 200MG DAILY DOSE .....21
see oxycodone w/ acetaminophen tab 5- 325 mg.....4	phenelzine sulfate .....40	PIQRAY 250MG TAB DOSE .....21
see oxycodone w/ acetaminophen tab 7.5-325 mg.....4	PHENERGAN .....77	PIQRAY 300MG DAILY DOSE .....21
PERCOCET TAB 10- 325MG.....4	see promethazine hcl ..77	pirfenidone .....97
PERCOCET TAB 2.5-325.4	phenobarbital .....48	piroxicam.....2
PERCOCET TAB 5-325MG.....4	phenobarbital sodium.....48	pitavastatin calcium.....30
PERCOCET TAB 7.5-325.4	phenoxybenzamine hcl ...35	PLAQUENIL .....87
PERFOROMIST .....96	phenytek .....48	see hydroxychloroquine sulfate .....87
see formoterol fumarate.....96	phenytoin .....48	PLASMA-LYTE A see multiple electrolytes ph 7.4.....90
PERIDEX	phenytoin sodium.....49	PLASMA-LYTE INJ -A ....90
see chlorhexidine gluconate (mouth- throat) .....105	phenytoin sodium extended.....49	PLAVIX .....85
see periogard .....105	PHESGO SOL .....21	see clopidogrel bisulfate.....85
perindopril erbumine .....25	PHEXXI GEL.....69	PLEGRIDY .....59
periogard.....105	philith.....69	PLEGRIDY INJ STARTER.....59
PERJETA.....21	PHOSPHOLINE IODIDE.93	PLEGRIDY PEN INJ STARTER.....59
permethrin.....105	PIASKY .....84	plenamine .....91
perphenazine .....43	PIFELTRO .....9	PLENVU SOL .....79
perphenazine-amitriptyline tab 2-10 mg .....39	pilocarpine hcl.....93	plerixafor .....83
perphenazine-amitriptyline tab 2-25 mg .....39	pilocarpine hcl (oral).....105	podofilox.....104
perphenazine-amitriptyline tab 4-10 mg .....39	pimecrolimus.....104	POKONZA .....91
perphenazine-amitriptyline tab 4-25 mg .....39	pimozide.....44	POLIVY .....21
perphenazine-amitriptyline tab 4-50 mg .....40	pimtrea .....69	polycin ophth oint.....92
PERSERIS.....44	pindolol.....32	polymyxin b sulfate .....6
PERTZYE CAP 16000U .79	pioglitazone hcl .....64	polymyxin b-trimethoprim ophth soln 10000 unit/ml- 0.1% .....92
PERTZYE CAP 24000U .79	pioglitazone hcl-glimepiride tab 30-2 mg .....64	POMALYST .....16
PERTZYE CAP 4000UNIT.....79	pioglitazone hcl-glimepiride tab 30-4 mg .....64	POMBILITI .....74
PERTZYE CAP 8000UNIT.....79	pioglitazone hcl-metformin hcl tab 15-500 mg.....64	PONVORY .....59
	pioglitazone hcl-metformin hcl tab 15-850 mg.....64	PONVORY TAB STARTER.....59
	piperacillin sod-tazobactam na for inj 3.375 gm (3- 0.375 gm) .....13	portia-28.....69
	piperacillin sod-tazobactam sod for inj 13.5 gm (12- 1.5 gm) .....14	posaconazole .....8
	piperacillin sod-tazobactam sod for inj 2.25 gm (2- 0.25 gm) .....13	POSFREA.....77
	piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm) .....13	potassium chloride .....91

POTASSIUM CHLORIDE		PREDNISONE INTENSOL		<i>prochlorperazine edisylate</i>	
.....91		72		77	
see <i>potassium chloride</i> 91		<i>pregabalin</i>.....49		<i>prochlorperazine maleate</i>	
POTASSIUM		<i>pregabalin (once-daily)</i> ...58		77	
CHLORIDE/SODIUM		PREGNYL W/DILUENT		PROCRIT.....83	
see <i>kcl 20 meq/l (0.15%)</i>		BENZYL.....74		<i>proctocort</i>.....104	
<i>in nacl 0.45% inj</i>.....90		PREMARIN.....71		PROCTOFOAM AER HC	
see <i>kcl 20 meq/l (0.15%)</i>		PREMASOL SOL 10%...91		1%.....104	
<i>in nacl 0.9% inj</i>.....90		PREMPHASE TAB.....71		<i>procto-med hc</i>.....104	
see <i>kcl 40 meq/l (0.3%)</i>		PREMPRO TAB.....71		<i>proctosol hc</i>.....104	
<i>in nacl 0.9% inj</i>.....90		PREMPRO TAB 0.3-1.5..71		<i>proctozone-hc</i>.....104	
<i>potassium chloride 20</i>		PREMPRO TAB 0.45-1.571		PROCYSBI.....74	
<i>meq/l (0.15%) in</i>		PREMPRO TAB 0.625-5.71		<i>progesterone</i>.....75	
<i>dextrose 5% inj</i>.....91		PRENATAL TAB 27-1MG		PROGLYCEM.....72	
<i>potassium chloride</i>		91		see <i>diazoxide</i>.....72	
<i>microencapsulated</i>		PRENATAL TAB PLUS...91		PROGRAF.....89	
<i>crystals er</i>.....91		PRETOMANID.....10		see <i>tacrolimus</i>.....89	
<i>potassium citrate</i>		PREVACID.....80		PROLASTIN-C.....97	
<i>(alkalinizer)</i>.....81		see <i>lansoprazole</i>.....80		PROLENSA.....93	
POT CHL 20MEQ/L IN		<i>prevalite</i>.....31		see <i>bromfenac sodium</i>	
NACL 0.45% INJ.....90		PREVYMIS.....11		<i>(ophth)</i>.....92	
POT CHL 20MEQ/L IN		PREZCOBIX TAB 800-150		PROLIA.....66	
NACL 0.9% INJ.....90		10		<i>promethazine &</i>	
POT CHL 40MEQ/L IN		PREZISTA.....9		<i>phenylephrine syrup</i>	
NACL 0.9% INJ.....91		see <i>darunavir</i>.....8		6.25-5 mg/5ml.....95	
POTELIGEO.....21		PRIFTIN.....10		<i>promethazine hcl</i>.....77	
PRADAXA.....83		PRIOSEC.....80		PROMETHAZINE	
see <i>dabigatran etexilate</i>		<i>primaquine phosphate</i>.....8		HYDROCHLORID.....77	
<i>mesylate</i>.....82		PRIMAQUINE		<i>promethegan</i>.....77	
<i>pralatrexate</i>.....15		PHOSPHATE.....8		PROMETRIUM.....75	
<i>pramipexole</i>		see <i>primaquine</i>		see <i>progesterone</i>.....75	
<i>dihydrochloride</i>.....41		<i>phosphate</i>.....8		<i>propafenone hcl</i>.....29	
<i>prasugrel hcl</i>.....85		PRIMAXIN IV		<i>proparacaine hcl</i>.....94	
<i>pravastatin sodium</i>.....30		see <i>imipenem-cilastatin</i>		<i>propranolol hcl</i>.....32	
<i>praziquantel</i>.....6		<i>intravenous for soln</i>		<i>propylthiouracil</i>.....75	
<i>prazosin hcl</i>.....26		500 mg.....5		PROQUAD INJ.....89	
PRED FORTE		PRIMAXIN IV INJ 500MG.6		PROSCAR.....81	
see <i>prednisolone acetate</i>		<i>primidone</i>.....49		see <i>finasteride</i>.....81	
<i>(ophth)</i>.....93		PRIORIX INJ.....89		PROSOL INJ 20%.....91	
PRED MILD.....93		PRISTIQ.....40		PROTONIX.....80	
<i>prednisolone</i>.....72		see <i>desvenlafaxine</i>		see <i>pantoprazole sodium</i>	
<i>prednisolone acetate</i>		<i>succinate</i>.....39		80	
<i>(ophth)</i>.....93		PRIVIGEN.....88		<i>protriptyline hcl</i>.....40	
PREDNISOLONE SODIUM		<i>probenecid</i>.....1		PROVERA.....75	
PHOSP.....93		PROCARDIA XL.....33		see	
<i>prednisolone sodium</i>		see <i>nifedipine</i>.....33		<i>medroxyprogesterone</i>	
<i>phosphate</i>.....72		<i>prochlorperazine</i>.....77		<i>acetate</i>.....75	
<i>prednisone</i>.....72				PROVIGIL.....61	

see <i>modafinil</i> .....60, 61	<i>quinine sulfate</i>.....8	RELPAK.....56
PROZAC .....40	QULIPTA.....56	see <i>eletriptan</i>
see <i>fluoxetine hcl</i>.....39	QUTENZA KIT 8% 1-PCH	<i>hydrobromide</i>.....56
<i>pruradik</i>.....105	103	REMERON.....40
PULMICORT.....98	QUTENZA KIT 8% 2-PCH	see <i>mirtazapine</i> .....39
see <i>budesonide</i>	103	REMERON SOLTAB .....40
(<i>inhalation</i>).....98	QUTENZA KIT 8% 4-PCH	see <i>mirtazapine</i> .....39
PULMOZYME .....97	103	REMODULIN .....36
PURIXAN .....15	QUVIVIQ .....55	RENFLEXIS .....86
see <i>mercaptopurine</i>.....15	QUZYTIR .....95	<i>repaglinide</i> .....64
<i>pyrazinamide</i>.....10	R	REPATHA .....31
<i>pyridostigmine bromide</i> ...58	RABAVERT INJ .....89	REPATHA PUSHTRONEX
<i>pyrimethamine</i> .....6	<i>rabeprazole sodium</i> .....81	SYSTEM.....31
PYRUKYND .....84	RADICAVA.....58	REPATHA SURECLICK .31
PYRUKYND TAB	see <i>edaravone</i>.....57	RESTASIS .....94
20MGX5MG .....84	RADICAVA ORS .....58	RESTASIS MULTIDOSE 94
PYRUKYND TAB	RADICAVA ORS	RESTORIL .....55
50MGX20M .....84	STARTER KIT .....58	see <i>temazepam</i>.....55
PYRUKYND TAPER PACK	RAGWITEK.....88	RETEVMO .....21, 22
.....84	RALDESY .....40	RETIN-A.....100
PYZCHIVA.....86	<i>raloxifene hcl</i>.....74	see <i>tretinoin</i>.....100
Q	<i>ramelteon</i> .....55	RETIN-A MICRO.....100
QBRELIS .....25	<i>ramipril</i> .....25	RETIN-A MICRO PUMP
QELBREE .....54	<i>ranolazine</i> .....35	100
QINLOCK.....21	RAPAFLO .....81	see <i>tretinoin microsphere</i>
QNASL.....97	see <i>silodosin</i>.....81	100
QNASL CHILDRENS .....97	RAPIVAB .....11	RETROVIR .....9
QUADRACEL INJ 0.5ML 89	<i>rasagiline mesylate</i> .....41	see <i>zidovudine</i> .....9
QUESTRAN.....31	RAVICTI.....74	REVATIO .....36
see <i>cholestyramine</i> .....30	RAYALDEE.....76	see <i>sildenafil citrate</i>
QUESTRAN LIGHT .....31	REBLOZYL .....84	(<i>pulmonary</i>
see <i>cholestyramine light</i>	REBYOTA.....79	<i>hypertension</i>) .....36
.....30	RECARBRIO INJ 1.25GM 6	REVCIVI.....74
see <i>prevalite</i> .....31	RECLAST .....66	REVLIMID .....16
<i>quetiapine fumarate</i> .....44	see <i>zoledronic acid</i>.....66	REVUFORJ.....22
QUILLICHEW ER.....54	<i>reclipsen</i>.....69	REXULTI.....44
QUILLIVANT XR.....54	RECOMBIVAX HB .....89	REYATAZ .....9
<i>quinapril hcl</i>.....25	RECORLEV .....74	see <i>atazanavir sulfate</i> ...8
<i>quinapril-</i>	RECTIV.....104	REZDIFFRA.....74
<i>hydrochlorothiazide tab</i>	see <i>nitroglycerin (intra-</i>	REZLIDHIA .....22
10-12.5 mg .....25	<i>anal</i>).....104	REZUROCK.....89
<i>quinapril-</i>	REGLAN .....77	REZZAYO .....8
<i>hydrochlorothiazide tab</i>	see <i>metoclopramide hcl</i>	RHOFADE .....104
20-12.5 mg .....25	76	RHOPRESSA .....93
<i>quinapril-</i>	REGANEX.....105	<i>ribavirin (hepatitis c)</i>.....11
<i>hydrochlorothiazide tab</i>	RELENZA DISKHALER..11	<i>rifabutin</i> .....10
20-25 mg .....25	RELEXXII.....54	RIFADIN.....10
<i>quinidine sulfate</i>.....29	RELISTOR.....80	see <i>rifampin</i>.....10

<i>rifampin</i>	10	ROZLYTREK	22	<i>sapropterin dihydrochloride</i>	
<i>riluzole</i>	58	RUBRACA	22	.....	74
<i>rimantadine hydrochloride</i>		RUCONEST	84	SARCLISA	22
.....	11	<i>rufinamide</i>	49	SAVELLA	58
RINVOQ	86	RUKOBIA	9	SAVELLA MIS TITR PAK	
RINVOQ LQ	86	RYALTRIS SPR 665-25 ..	95	.....	58
RIOMET		RYBELSUS	64	SCEMBLIX	22
see <i>metformin hcl</i>	63	RYBREVANT	22	<i>scopolamine</i>	77
<i>risedronate sodium</i>	66	RYDAPT	22	SECUADO	44
RISPERDAL	44	RYKINDO	44	<i>selegiline hcl</i>	41
see <i>risperidone</i>	44	RYLAZE	17	<i>selenium sulfide</i>	101
RISPERDAL CONSTA ..	44	RYSTIGGO	88	SELZENTRY	9
see <i>risperidone</i>		RYTARY CAP 145MG ...	41	see <i>maraviroc</i>	9
<i>microspheres</i>	44	RYTARY CAP 195MG ...	41	SENSIPAR	74
<i>risperidone</i>	44	RYTARY CAP 245MG ...	41	see <i>cinacalcet hcl</i>	72
<i>risperidone microspheres</i>	44	RYTARY CAP 95MG	41	SEREVENT DISKUS	96
RITALIN	54	RYTELO	84	SEROQUEL	44
see <i>methylphenidate hcl</i>		S		see <i>quetiapine fumarate</i>	
.....	53	SABRIL	49	.....	44
RITALIN LA	54	see <i>vigabatrin</i>	50	SEROQUEL XR	44
see <i>methylphenidate hcl</i>		see <i>vigadrone</i>	50	see <i>quetiapine fumarate</i>	
.....	53	see <i>vigoder</i>	50	.....	44
<i>ritonavir</i>	9	SAFYRAL		SEROSTIM	74
<i>rivaroxaban</i>	83	see <i>drospirenone-ethinyl</i>		<i>sertraline hcl</i>	40
<i>rivastigmine</i>	38	<i>estradiol-levomefolate</i>		<i>setlakin</i>	69
<i>rivastigmine tartrate</i>	38	<i>tab 3-0.03-0.451 mg</i>	68	SFROWASA	78
<i>rivelsa</i>	69	see <i>tydemy</i>	70	<i>sharobel</i>	69
RIVFLOZA	81	SAFYRAL TAB	69	SHINGRIX	89
<i>rizatriptan benzoate</i>	56	<i>sajazir</i>	84	SIGNIFOR	74
ROCALTROL	76	SALAGEN	105	SIGNIFOR LAR	74
see <i>calcitriol</i>	76	see <i>pilocarpine hcl (oral)</i>		SIKLOS	84
see <i>calcitriol (oral)</i>	76	.....	105	<i>sildenafil citrate (pulmonary</i>	
ROCKLATAN DRO	93	SAMSCA	74	<i>hypertension)</i>	36
<i>roflumilast</i>	97	see <i>tolvaptan</i>	74	SILENOR	55
ROMVIMZA	22	SANCUSO	77	see <i>doxepin hcl (sleep)</i>	
<i>ropinirole hydrochloride</i> ..	41	SANDIMMUNE	89	.....	55
<i>rosuvastatin calcium</i>	30	see <i>cyclosporine</i>	88	<i>silodosin</i>	81
<i>rosyrah</i>	69	SANDOSTATIN	74	SILVADENE	100
ROTARIX SUS	89	see <i>octreotide acetate</i> ..	74	see <i>silver sulfadiazine</i>	
ROTATEQ SOL	89	SANDOSTATIN LAR		.....	100
ROWASA	78	DEPOT	74	see <i>ssd</i>	100
see <i>mesalamine w/</i>		see <i>octreotide acetate</i> ..	74	<i>silver sulfadiazine</i>	100
<i>cleanser</i>	78	SANTYL	105	SIMBRINZA SUS 1-0.2% ..	93
<i>roweepra</i>	49	SAPHNELO	89	<i>simliya</i>	69
ROXICODONE	4	SAPHRIS	44	<i>simpesse</i>	69
see <i>oxycodone hcl</i>	4	see <i>asenapine maleate</i>		<i>simvastatin</i>	30
ROZEREM		.....	42	SINEMET	
see <i>ramelteon</i>	55				

see <i>carbidopa & levodopa tab 10-100 mg</i>.....40	SOMATULINE DEPOT ...74	SUBLOCADE.....61
see <i>carbidopa & levodopa tab 25-100 mg</i>.....40	SOMAVERT .....74	SUBOXONE
SINEMET TAB 10-100MG .....41	<i>sorafenib tosylate</i>.....22	see <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> ....61
SINEMET TAB 25-100MG .....41	SORILUX .....101	see <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> .61
SINGULAIR.....96	<i>sotalol hcl</i>.....30	see <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> .....61
see <i>montelukast sodium</i> .....96	<i>sotalol hcl (afib/af)</i> .....30	see <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> .....61
<i>sirolimus</i>.....89	SOTYKTU .....86	SUBOXONE MIS 12-3MG .....61
SIRTURO .....10	SOTYLIZE.....30	SUBOXONE MIS 2-0.5MG .....61
SIVEXTRO .....6	SOVUNA.....87	SUBOXONE MIS 4-1MG 61
SKYCLARYS .....58	SPEVIGO.....86	SUBOXONE MIS 8-2MG 61
SKYRIZI .....86	<i>spinosad</i>.....105	<i>subvenite</i>.....49
SKYRIZI PEN.....86	SPIRIVA HANDIHALER.94	<i>subvenite starter kit/blu</i> ...49
SKYTROFA.....74	see <i>tiotropium bromide monohydrate</i>.....95	<i>subvenite starter kit/gre</i> ...49
SMOFLIPID EMU.....91	SPIRIVA RESPIMAT .....95	<i>subvenite starter kit/ora</i> ...49
SOAANZ .....34	<i>spironolactone</i>.....25	SUCRAID .....80
<i>sodium chloride</i>.....91	<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> .....34	<i>sucralfate</i> .....80
<i>sodium chloride (gu irrigant)</i> .....105	SPORANOX.....8	SUFLAVE SOL .....79
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> ...91	see <i>itraconazole</i> .....7	SULAR.....33
SODIUM OXYBATE.....61	SPRAVATO SOL 56MG DOS.....40	see <i>nisoldipine</i>.....33
<i>sodium phenylbutyrate</i> ...74	SPRAVATO SOL 84MG DOS.....40	<i>sulfacetamide sodium (acne)</i> .....100
<i>sodium polystyrene sulfonate powder</i> .....67	<i>sprintec 28</i> .....69	<i>sulfacetamide sodium (ophth)</i> .....92
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>.....79	SPRITAM.....49	<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>.....91
SOGROYA.....74	SPRYCEL .....22	<i>sulfadiazine</i> .....6
<i>solifenacin succinate</i>.....82	see <i>dasatinib</i> .....18	<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>.....6
SOLIQUE INJ 100/33.....66	<i>sps</i> .....67	<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>.....6
SOLIRIS.....84	<i>sps rectal</i>.....67	<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> .....6
SOLOSEC.....6	<i>sronyx</i> .....69	
SOLTAMOX.....16	<i>ssd</i> .....100	
SOLU-CORTEF .....72	STALEVO 100 TAB .....41	
see <i>hydrocortisone sod succinate</i>.....71	STALEVO 125 TAB .....41	
SOLU-MEDROL.....72	STALEVO 150 TAB .....41	
see <i>methylprednisolone sod succ</i>.....72	STALEVO 200 TAB .....41	
SOMA .....60	STALEVO 50 TAB .....41	
see <i>carisoprodol</i>.....60	STALEVO 75 TAB .....41	
	STELARA.....86	
	STIVARGA.....22	
	STRATTERA.....54	
	STRENSIQ.....74	
	<i>streptomycin sulfate</i> .....6	
	STRIBILD TAB.....10	
	STRIVERDI RESPIMAT .96	
	STROMECTOL .....6	
	see <i>ivermectin</i> .....5	

<i>sulfamethoxazole-</i>	SYMTUZA TAB.....10	TARCEVA
<i>trimethoprim tab 800-160</i>	SYNALAR .....103	see <i>erlotinib hcl</i> .....19
<i>mg</i> .....6	see <i>fluocinolone</i>	TARGRETIN .....17, 104
SULFAMYLLON.....100	<i>acetonide</i> .....102	see <i>bexarotene</i>.....16
<i>sulfasalazine</i> .....78	SYNAREL .....74	see <i>bexarotene (topical)</i>
<i>sulindac</i>.....2	SYNJARDY TAB 12.5-	103
<i>sumatriptan</i> .....57	1000MG.....64	<i>tarina 24 fe</i> .....69
<i>sumatriptan succinate</i> ....57	SYNJARDY TAB 12.5-500	<i>tarina fe 1/20 eq</i> .....69
<i>sunitinib malate</i> .....22	64	TARPEYO.....81
SUNLENCA .....9	SYNJARDY TAB 5-	TASCENSO ODT.....59
SUNOSI .....61	1000MG.....64	TASIGNA .....22
SUPREP BOWEL PREP	SYNJARDY TAB 5-500MG	see <i>nilotinib hcl</i>.....21
KIT	64	<i>tasimelteon</i>.....55
see <i>sod sulfate-pot sulf-</i>	SYNJARDY XR TAB 10-	TAVALISSE .....84
<i>mg sulf oral sol 17.5-</i>	1000 .....64	TAVNEOS.....84
<i>3.13-1.6 gm/177ml</i> ...79	SYNJARDY XR TAB 12.5-	TAYTULLA
SUPREP BOWEL SOL	1000 .....64	see <i>gemmily</i> .....68
PREP KIT .....79	SYNJARDY XR TAB 25-	see <i>merzee</i>.....69
SUSTOL.....77	1000 .....64	see <i>norethindrone ace-</i>
SUSVIMO .....94	SYNJARDY XR TAB 5-	<i>ethinyl estradiol-fe cap</i>
SUTAB TAB .....79	1000MG.....64	<i>1 mg-20 mcg (24)</i> ....69
SUTENT	SYNTHROID.....75	TAYTULLA CAP
see <i>sunitinib malate</i>....22	see <i>levo-t</i>.....75	1MG/20MC .....69
<i>syeda</i> .....69	see <i>levothyroxine sodium</i>	<i>tazarotene</i> .....101
SYFOVRE.....94	75	TAZAROTENE .....100
SYMBICORT	see <i>levoxyl</i>.....75	<i>tazicef</i>.....12
see <i>breyna</i>.....98	see <i>unithroid</i>.....76	TAZORAC.....101
see <i>budesonide-</i>	SYPRINE .....67	see <i>tazarotene</i>.....101
<i>formoterol fumarate</i>	see <i>trientine hcl</i> .....67	TAZVERIK .....22
<i>dihyd aerosol 160-4.5</i>	T	TECENTRIQ .....22
<i>mcg/act</i> .....98	TABLOID.....15	TECENTRIQ INJ
see <i>budesonide-</i>	TABRECTA.....22	HYBREZA .....22
<i>formoterol fumarate</i>	<i>tacrolimus</i>.....89	TECFIDERA
<i>dihyd aerosol 80-4.5</i>	<i>tacrolimus (topical)</i>.....104	see <i>dimethyl fumarate</i> .59
<i>mcg/act</i> .....98	<i>tadalafil</i>.....81	TECFIDERA STARTER
SYMDEKO TAB 100-15097	<i>tadalafil (pulmonary</i>	PACK
SYMDEKO TAB 50-75MG	<i>hypertension)</i>.....36	see <i>dimethyl fumarate</i>
.....97	TADLIQ.....36	<i>capsule dr starter pack</i>
SYMFI	TAFINLAR.....22	<i>120 mg & 240 mg</i> ....59
see <i>efavirenz-</i>	TAGRISSO .....22	TECVAYLI.....22
<i>lamivudine-tenofovir df</i>	TAKHZYRO .....84	TEFLARO .....12
<i>tab 600-300-300 mg</i> ..9	TALICIA CAP .....80	TEGRETOL.....49
SYMFI LO TAB .....10	TALZENNA .....22	see <i>carbamazepine</i> ....45
SYMFI TAB .....10	TAMIFLU.....11	see <i>epitol</i>.....46
SYMLINPEN 120 .....64	see <i>oseltamivir</i>	TEGRETOL-XR .....49
SYMLINPEN 60 .....64	<i>phosphate</i>.....11	see <i>carbamazepine</i> ....45
SYMPAZAN .....49	<i>tamoxifen citrate</i>.....16	TEGSEDI .....58
SYMPROIC.....80	<i>tamsulosin hcl</i> .....81	TEKURNA.....35

see <i>aliskiren fumarate</i> .34	<i>tetrabenazine</i> .....58	TIVDAK .....22
<i>telmisartan</i> .....29	<i>tetracycline hcl</i> .....14	TIVICAY .....9
<i>telmisartan-amlodipine tab</i>	TEVIMBRA.....22	TIVICAY PD .....9
40-10 mg .....28	TEZRULY.....26	<i>tizanidine hcl</i> .....60
<i>telmisartan-amlodipine tab</i>	THALITONE.....34	TLANDO .....62
40-5 mg .....28	THALOMID .....16	TOBI.....6
<i>telmisartan-amlodipine tab</i>	THEO-24.....97	TOBI PODHALER.....6
80-10 mg .....28	<i>theophylline</i>.....97	TOBRADEX OIN 0.3-0.1% .....91
<i>telmisartan-amlodipine tab</i>	THIOLA.....81	TOBRADEX ST SUS 0.3- 0.05 .....91
80-5 mg .....28	see <i>tiopronin</i>.....81	<i>tobramycin</i> .....6
<i>telmisartan-</i>	THIOLA EC.....81	<i>tobramycin (ophth)</i> .....92
<i>hydrochlorothiazide tab</i>	see <i>tiopronin</i>.....81	<i>tobramycin-dexamethasone</i> <i>ophth susp 0.3-0.1%</i> ...91
40-12.5 mg .....28	see <i>venxxiva</i>.....81	<i>tobramycin sulfate</i> .....6
<i>telmisartan-</i>	<i>thioridazine hcl</i> .....45	TOBREX .....92
<i>hydrochlorothiazide tab</i>	<i>thiothixene</i>.....45	<i>tolmetin sodium</i>.....2
80-12.5 mg .....28	<i>tiadylt er</i> .....33	TOLSURA.....8
<i>telmisartan-</i>	<i>tiagabine hcl</i>.....49	<i>tolterodine tartrate</i> .....82
<i>hydrochlorothiazide tab</i>	TIAZAC .....33	<i>tolvaptan</i> .....74
80-25 mg .....28	see <i>diltiazem hcl</i>	<i>tolvaptan tab therapy pack</i> 30 & 15 mg .....74
<i>temazepam</i> .....55	extended release	<i>tolvaptan tab therapy pack</i> 45 & 15 mg .....75
<i>temsirrolimus</i>.....22	beads .....32	<i>tolvaptan tab therapy pack</i> 60 & 30 mg .....75
TENIVAC INJ 5-2LF.....89	see <i>tiadylt er</i> .....33	<i>tolvaptan tab therapy pack</i> 90 & 30 mg .....75
<i>tenofovir disoproxil</i>	TIBSOVO .....22	TOPAMAX .....49
<i>fumarate</i> .....9	<i>ticagrelor</i> .....85	see <i>topiramate</i>.....49
TENORETIC 100	TICOVAC .....89	TOPAMAX SPRINKLE...49
see <i>atenolol &</i>	<i>tigecycline</i> .....14	see <i>topiramate</i>.....49
<i>chlorthalidone tab 100-</i>	TIGECYCLINE.....14	TOPICORT
25 mg .....31	TIGLUTIK.....58	see <i>desoximetasone</i> .102
TENORETIC 50	TIKOSYN .....30	<i>topiramate</i> .....49
see <i>atenolol &</i>	see <i>dofetilide</i> .....29	<i>topotecan hcl</i>.....17
<i>chlorthalidone tab 50-</i>	<i>tilia fe</i>.....69	TOPOTECAN HCL .....17
25 mg .....31	<i>timolol hemihydrate (ophth)</i> .....93	see <i>topotecan hcl</i> .....17
TENORMIN	<i>timolol maleate</i>.....32	TOPROL XL.....32
see <i>atenolol</i>.....31	<i>timolol maleate (ophth)</i> ...93	see <i>metoprolol succinate</i>.....32
TEPEZZA.....74	<i>timolol maleate (ophth)</i> once-daily .....93	<i>toremifene citrate</i> .....16
TEPMETKO .....22	<i>timolol maleate (ophth) pf</i>.....93	TORISEL.....22
<i>terazosin hcl</i>.....26	TIMOPTIC OCUDOSE...93	see <i>temsirrolimus</i> .....22
<i>terbinafine hcl</i>.....8	see <i>timolol maleate</i> (<i>ophth</i>) <i>pf</i> .....93	<i>torpenz</i> .....22
<i>terbutaline sulfate</i>.....96	<i>tinidazole</i>.....6	<i>torseamide</i> .....34
<i>terconazole vaginal</i> .....82	<i>tiopronin</i> .....81	
<i>teriflunomide</i> .....59	<i>tiotropium bromide</i> <i>monohydrate</i> .....95	
<i>teriparatide</i> .....66	TIROSINT .....75	
TERIPARATIDE.....66	TIROSINT-SOL.....76	
TESTIM.....62		
<i>testosterone</i> .....62		
<i>testosterone cypionate</i> ...62		
<i>testosterone enanthate</i> ...62		
<i>testosterone pump</i> .....62		

TOUJEO MAX SOLOSTAR.....66	TREXALL .....87	TRICOR .....30
TOUJEO SOLOSTAR.....66	<i>trezix</i> .....4	<i>see fenofibrate</i>.....30
<i>tovet</i> .....103	<i>triamcinolone acetonide</i> ..72	<i>tridacaine ii</i>.....103
TOVIAZ	<i>triamcinolone acetonide</i>	<i>triderm</i>.....103
<i>see fesoterodine</i>	(<i>mouth</i>) .....105	<i>trientine hcl</i>.....67
<i>fumarate</i>.....82	<i>triamcinolone acetonide</i>	TRIESENCE .....93
TPN ELECTROL INJ .....91	(<i>topical</i>).....103	<i>tri-estarylla</i> .....69
TRACLEER.....36	<i>triamterene &</i>	<i>trifluoperazine hcl</i>.....45
<i>see bosentan</i>.....36	<i>hydrochlorothiazide cap</i>	<i>trifluridine</i> .....92
TRADJENTA.....64	37.5-25 mg .....34	<i>trihexyphenidyl hcl</i> .....41
<i>tramadol-acetaminophen</i>	<i>triamterene &</i>	TRIJARDY XR TAB ER
<i>tab 37.5-325 mg</i> .....4	<i>hydrochlorothiazide tab</i>	24HR 10-5-1000MG ....64
<i>tramadol hcl</i> .....2, 4	37.5-25 mg .....34	TRIJARDY XR TAB ER
<i>trandolapril</i> .....25	<i>triamterene &</i>	24HR 12.5-2.5-1000MG
<i>trandolapril-verapamil hcl</i>	<i>hydrochlorothiazide tab</i>	64
<i>tab er 1-240 mg</i> .....25	75-50 mg .....34	TRIJARDY XR TAB ER
<i>trandolapril-verapamil hcl</i>	<i>triazolam</i> .....55	24HR 25-5-1000MG ....64
<i>tab er 2-180 mg</i> .....25	TRIBENZOR	TRIJARDY XR TAB ER
<i>trandolapril-verapamil hcl</i>	<i>see olmesartan-</i>	24HR 5-2.5-1000MG ..64
<i>tab er 2-240 mg</i> .....25	<i>amlodipine-</i>	TRIKAFTA PAK 59.5MG.97
<i>trandolapril-verapamil hcl</i>	<i>hydrochlorothiazide tab</i>	TRIKAFTA PAK 75MG...97
<i>tab er 4-240 mg</i> .....25	20-5-12.5 mg .....28	TRIKAFTA TAB 100-50-
<i>tranexamic acid</i>.....84	<i>see olmesartan-</i>	75MG & 150MG .....97
<i>tranylcypromine sulfate</i> ...40	<i>amlodipine-</i>	TRIKAFTA TAB 50-25-
TRAVASOL INJ 10% .....91	<i>hydrochlorothiazide tab</i>	37.5MG & 75MG .....97
TRAVATAN Z.....93	40-10-12.5 mg .....28	<i>tri-legest fe</i> .....70
<i>see travoprost</i>.....93	<i>see olmesartan-</i>	TRILEPTAL.....49
<i>travoprost</i>.....93	<i>amlodipine-</i>	<i>see oxcarbazepine</i> .....48
TRAZIMERA .....23	<i>hydrochlorothiazide tab</i>	<i>tri-lynyah</i> .....70
<i>trazodone hcl</i> .....40	40-10-25 mg .....28	<i>tri-lo-estarylla</i> .....70
TREANDA.....14	<i>see olmesartan-</i>	<i>tri-lo-marzia</i> .....70
<i>see bendamustine hcl</i> .14	<i>amlodipine-</i>	<i>tri-lo-mili</i> .....70
TRECATOR .....10	<i>hydrochlorothiazide tab</i>	<i>tri-lo-sprintec</i> .....70
TRELEGY AER ELLIPTA	40-5-12.5 mg .....28	<i>trimethobenzamide hcl</i> ...77
100-62.5-25 MCG.....94	<i>see olmesartan-</i>	<i>trimethoprim</i> .....6
TRELEGY AER ELLIPTA	<i>amlodipine-</i>	<i>tri-mili</i> .....70
200-62.5-25 MCG.....94	<i>hydrochlorothiazide tab</i>	<i>trimipramine maleate</i> .....40
TRELSTAR MIXJECT ....16	40-5-25 mg .....28	TRINTELLIX.....40
TREMFYA.....86	TRIBENZOR20- TAB 5-	<i>tri-nymyo</i> .....70
TREMFYA INDUCTION	12.5MG.....28	<i>tri-sprintec</i> .....70
PACK FO.....86	TRIBENZOR40- TAB 10-	TRIUMEQ PD TAB .....10
<i>treprostinil</i> .....36	12.5 .....28	TRIUMEQ TAB .....10
TRESIBA.....66	TRIBENZOR40- TAB 10-	<i>tri-vylibra</i> .....70
TRESIBA FLEXTOUCH..66	25MG.....28	<i>tri-vylibra lo</i>.....70
<i>tretinoin</i> .....100	TRIBENZOR40- TAB 5-	TRODELVY.....23
<i>tretinoin (chemotherapy)</i> .17	12.5MG.....28	TROGARZO.....9
<i>tretinoin microsphere</i> ....100	TRIBENZOR40- TAB 5-	TROPHAMINE INJ 10% .91
	25MG.....28	<i>tropium chloride</i>.....82

TRULANCE.....	80	UCERIS	78	<i>valacyclovir hcl</i>	11
TRULICITY	64	see <i>budesonide</i>	78	VALCHLOR.....	104
TRUMENBA.....	89	see <i>budesonide</i>		VALCYTE.....	11
TRUQAP	23	(<i>intrarectal</i>).....	78	see <i>valganciclovir hcl</i> ..	11
TRUVADA		ULORIC	1	<i>valganciclovir hcl</i>	11
see <i>emtricitabine-</i>		see <i>febuxostat</i>	1	VALIUM.....	50
<i>tenofovir disoproxil</i>		ULTOMIRIS	84	see <i>diazepam</i>	46
<i>fumarate tab 100-150</i>		UNASYN		<i>valproate sodium</i>	50
<i>mg</i>	10	see <i>ampicillin &</i>		<i>valproic acid</i>	50
see <i>emtricitabine-</i>		<i>sulbactam sodium for</i>		<i>valrubicin</i>	17
<i>tenofovir disoproxil</i>		<i>inj 1.5 (1-0.5) gm</i>	13	<i>valsartan</i>	29
<i>fumarate tab 133-200</i>		see <i>ampicillin &</i>		<i>valsartan-</i>	
<i>mg</i>	10	<i>sulbactam sodium for</i>		<i>hydrochlorothiazide tab</i>	
see <i>emtricitabine-</i>		<i>inj 3 (2-1) gm</i>	13	<i>160-12.5 mg</i>	28
<i>tenofovir disoproxil</i>		UNASYN BULK PACK		<i>valsartan-</i>	
<i>fumarate tab 167-250</i>		see <i>ampicillin &</i>		<i>hydrochlorothiazide tab</i>	
<i>mg</i>	10	<i>sulbactam sodium for</i>		<i>160-25 mg</i>	28
see <i>emtricitabine-</i>		<i>iv soln 15 (10-5) gm</i>	13	<i>valsartan-</i>	
<i>tenofovir disoproxil</i>		UNASYN INJ 1.5GM.....	14	<i>hydrochlorothiazide tab</i>	
<i>fumarate tab 200-300</i>		UNASYN INJ 15GM.....	14	<i>320-12.5 mg</i>	29
<i>mg</i>	10	UNASYN INJ 3GM.....	14	<i>valsartan-</i>	
TRUXIMA.....	23	UNDECATREX	62	<i>hydrochlorothiazide tab</i>	
TRYNGOLZA.....	35	<i>unithroid</i>	76	<i>320-25 mg</i>	29
TRYVIO.....	35	UPLIZNA.....	58	<i>valsartan-</i>	
TUKYSA.....	23	UPTRAVI	36	<i>hydrochlorothiazide tab</i>	
TURALIO	23	UPTRAVI PACK TAB		<i>80-12.5 mg</i>	28
<i>turqoz</i>	70	200/800	36	VALSTAR.....	17
<i>twice-daily clindamycin</i>		UROCIT-K 10.....	81	see <i>valrubicin</i>	17
<i>phosphate (topical)</i>	100	see <i>potassium citrate</i>		VALTOCO 10 MG DOSE	50
TWINRIX INJ	89	(<i>alkalinizer</i>)	81	VALTOCO 15 MG DOSE	50
TWYNEO CRE 0.1-3% ..	100	UROCIT-K 15.....	81	VALTOCO 20 MG DOSE	50
TYBOST.....	9	see <i>potassium citrate</i>		VALTOCO 5 MG DOSE ..	50
<i>tydemy</i>	70	(<i>alkalinizer</i>)	81	VALTREX.....	11
TYENNE	86	UROCIT-K 5.....	81	see <i>valacyclovir hcl</i>	11
TYGACIL.....	14	UROXATRAL		<i>valtya 1/50</i>	70
see <i>tigecycline</i>	14	see <i>alfuzosin hcl</i>	81	VANCOCIN	6, 7
TYKERB.....	23	URSO 250.....	80	see <i>vancomycin hcl</i>	7
see <i>lapatinib ditosylate</i>	20	<i>ursodiol</i>	80	VANCOMYC/D5W INJ	
TYMLOS	66	URSO FORTE	80	1.25/250	7
TYPHIM VI.....	89	see <i>ursodiol</i>	80	VANCOMYC/D5W INJ	
TYVASO	36	UZEDY	45	1.5/300	7
TYVASO DPI		V		VANCOMYCIN.....	7
MAINTENANCE KI.....	36	VABOMERE INJ 2GM(1-1)		<i>vancomycin hcl</i>	7
TYVASO DPI POW 16-32-		.....	6	VANCOMYCIN	
48	36	VABYSMO	94	HYDROCHLORIDE.....	7
TZIELD.....	64	VAGIFEM.....	71	see <i>vancomycin hcl</i>	7
U		see <i>estradiol vaginal</i>	70	VANCOMYCIN INJ 1 GM .	7
UBRELVY	57	see <i>yuvafem</i>	71		

VANCOMYCIN INJ 500MG	VERSACLOZ	45	see <i>estradiol</i>	70
.....7	VERZENIO	23	VIVIMUSTA	14
VANCOMYCIN INJ 750MG	VESICARE	82	VIVITROL	62
.....7	see <i>solifenacin succinate</i>		VIVJOA	8
VANDAZOLE	82		VIVOTIF CAP EC	90
VANFLYTA	VESICARE LS	82	VIZIMPRO	23
VANRAFIA	<i>vestura</i>	70	VOGELXO	62
VAQTA	VFEND	8	VOGELXO PUMP	62
<i>varenicline tartrate</i>	see <i>voriconazole</i>	8	VONJO	23
<i>varenicline tartrate tab 11 x</i>	VFEND IV	8	VOQUEZNA	81
<i>0.5 mg & 42 x 1 mg start</i>	see <i>voriconazole</i>	8	VOQUEZNA PAK DUAL	
<i>pack</i>	VIBATIV	7	PAK	80
VARIVAX	VIBERZI	80	VOQUEZNA PAK TRIP PK	
VARUBI	VICTOZA	64	80	
VASCEPA	see <i>liraglutide</i>	63	VORANIGO	23
VASERETIC	VIDAZA	15	<i>voriconazole</i>	8
see <i>enalapril maleate &</i>	see <i>azacitidine</i>	14	VORICONAZOLE	8
<i>hydrochlorothiazide tab</i>	<i>vienva</i>	70	VOSEVI TAB	11
<i>10-25 mg</i>	<i>vigabatrin</i>	50	VOTRIENT	23
VASERETIC TAB 10-25MG	<i>vigadrone</i>	50	see <i>pazopanib hcl</i>	21
.....25	VIGAFYDE	50	VOWST CAP	80
VASOTEC	VIGAMOX	92	VOXZOGO	75
see <i>enalapril maleate</i>	see <i>moxifloxacin hcl</i>		VOYDEYA	84
VAXCHORA SUS	(<i>ophth</i>)	92	VOYDEYA TAB 50-100MG	
VECTIBIX	<i>vigpoder</i>	50	84	
VELCADE	VIIBRYD	40	VPRIV	75
see <i>bortezomib</i>	see <i>vilazodone hcl</i>	40	VRAYLAR	45
VELETRI	VIJOICE	75	VTAMA	101
see <i>epoprostenol sodium</i>	VIJOICE TAB 250MG	75	VUMERITY	59
.....36	<i>vilazodone hcl</i>	40	VUSION OIN	101
<i>velivet</i>	VIMIZIM	75	VYALEV INJ 12-240MG	41
VELSIPITY	VIMKUNYA	90	<i>vyfemla</i>	70
VELTASSA	VIMPAT	50	VYKAT XR	75
VELTIN GEL	see <i>lacosamide</i>	47	<i>vylibra</i>	70
VENCLEXTA	see <i>lacosamide oral</i>	47	VYLOY	23
VENCLEXTA TAB START	<i>vinblastine sulfate</i>	17	VYNDAMAX	35
PK	<i>vincristine sulfate</i>	17	VYNDAQEL	35
<i>venlafaxine hcl</i>	<i>vinorelbine tartrate</i>	17	VYTORIN	
VENTOLIN HFA	VIOKACE TAB 10440	80	see <i>ezetimibe-</i>	
VENTOLIN HFA	VIOKACE TAB 20880	80	<i>simvastatin tab 10-10</i>	
(INSTITUTIONAL PACK)	<i>violele</i>	70	<i>mg</i>	31
.....96	VIRACEPT	9	see <i>ezetimibe-</i>	
<i>venxxiva</i>	VIREAD	9	<i>simvastatin tab 10-20</i>	
VEOZAH	see <i>tenofovir disoproxil</i>		<i>mg</i>	31
<i>verapamil hcl</i>	<i>fumarate</i>	9	see <i>ezetimibe-</i>	
VERELAN	VITRAKVI	23	<i>simvastatin tab 10-40</i>	
VERELAN PM	VIVELLE-DOT	71	<i>mg</i>	31
VERQUVO	see <i>dotti</i>	70		

see <i>ezetimibe-simvastatin tab 10-80 mg</i>	31
VYTORIN TAB 10-10MG	31
VYTORIN TAB 10-20MG	31
VYTORIN TAB 10-40MG	31
VYTORIN TAB 10-80MG	31
VYVANSE.....	54
VYVGART.....	88
VYVGART INJ HYTRULO.....	88
VYZULTA.....	93
W	
WAINUA.....	58
WAKIX.....	61
warfarin sodium.....	83
water for irrigation, sterile irrigation soln.....	105
WELCHOL.....	31
see <i>colesevelam hcl</i>	30
WELIREG.....	17
WELLBUTRIN SR	
see <i>bupropion hcl</i>	38
WELLBUTRIN XL	
see <i>bupropion hcl</i>	38
wera.....	70
WESTAB PLUS TAB 27-1MG.....	91
WINLEVI.....	100
wixela inhub.....	98
wymzya fe.....	70
WYOST.....	66
X	
XACIATO.....	82
XADAGO.....	41
XALATAN.....	93
see <i>latanoprost</i>	93
XALKORI.....	23
XANAX.....	37
see <i>alprazolam</i>	37
XANAX XR.....	37
see <i>alprazolam</i>	37
xarah fe.....	70
XARELTO.....	83
see <i>rivaroxaban</i>	83
XARELTO STAR TAB 15/20MG.....	83
XATMEP.....	87

XCOPRI.....	50
XCOPRI PAK 100-150.....	50
XCOPRI PAK 12.5-25.....	50
XCOPRI PAK 150-200MG (MAINTENANCE).....	50
XCOPRI PAK 150-200MG (TITRATION).....	50
XCOPRI PAK 50-100MG	50
XDEMVY.....	92
XELJANZ.....	87
XELJANZ XR.....	87
xelria fe.....	70
XELSTRYM.....	54
XEMBIFY.....	88
XENAZINE.....	58
see <i>tetrabenazine</i>	58
XENPOZYME.....	75
XEOMIN.....	60
XERAVA.....	14
XERESE CRE 5-1%.....	105
XERMELO.....	80
XGEVA.....	66
XHANCE.....	97
XIFAXAN.....	7, 80
XIGDUO XR TAB 10-1000.....	64
XIGDUO XR TAB 10-500MG.....	64
XIGDUO XR TAB 2.5-1000.....	64
XIGDUO XR TAB 5-1000MG.....	64
XIGDUO XR TAB 5-500MG.....	64
XIIDRA.....	94
XIPERE.....	93
XOFLUZA.....	11
XOLAIR.....	97
XOLREMDI.....	83
XOPENEX HFA.....	96
XOSPATA.....	23
XPOVIO PAK (100 MG ONCE WEEKLY).....	23
XPOVIO PAK (40 MG ONCE WEEKLY).....	23
XPOVIO PAK (40 MG TWICE WEEKLY).....	23

XPOVIO PAK (60 MG ONCE WEEKLY).....	23
XPOVIO PAK (60 MG TWICE WEEKLY).....	23
XPOVIO PAK (80 MG ONCE WEEKLY).....	23
XPOVIO PAK (80 MG TWICE WEEKLY).....	23
XROMI.....	84
XTANDI.....	16
xulane.....	70
XULTOPHY INJ 100/3.6	66
XYLOCAINE.....	1
see <i>lidocaine hcl (local anesth.)</i>	1
XYLOCAINE-MPF.....	1
see <i>lidocaine hcl (local anesth.)</i>	1
XYOSTED.....	62
XYREM.....	61
XYWAV SOL 0.5GM/ML	61
Y	
yargesa.....	75
YASMIN 28	
see <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	68
see <i>ocella</i>	69
see <i>syeda</i>	69
see <i>zumandimine</i>	70
YASMIN 28 TAB 3-0.03MG.....	70
YAZ	
see <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	68
see <i>jasmie</i>	68
see <i>loryna</i>	69
see <i>nikki</i>	69
see <i>vestura</i>	70
YAZ TAB 3-0.02MG.....	70
YCANTH.....	105
YERVOY.....	23
YESINTEK.....	87
YF-VAX INJ.....	90
YONSA.....	16
YORVIPATH.....	66
YUTIQ.....	93

YUTREPIA.....	36	ZERBAXA INJ 1.5GM	12	see <i>sertraline hcl</i>	40
yuvaferm	71	ZERVIAE	93	zolidem tartrate	56
Z		ZESTORETIC		ZOLPIDEM TARTRATE..	56
zafemy	70	see <i>lisinopril &</i>		ZOMACTON	75
zafirlukast.....	96	hydrochlorothiazide tab		zomig	57
zaleplon.....	55	10-12.5 mg.....	25	ZOMIG	57
ZALTRAP	23	see <i>lisinopril &</i>		see <i>zolmitriptan</i>	57
ZANAFLEX	60	hydrochlorothiazide tab		ZONEGRAN	
see <i>tizanidine hcl</i>	60	20-12.5 mg.....	25	see <i>zonisamide</i>	50
ZARONTIN.....	50	see <i>lisinopril &</i>		ZONISADE.....	50
see <i>ethosuximide</i>	46	hydrochlorothiazide tab		zonisamide.....	50
ZARXIO.....	83	20-25 mg.....	25	ZORTRESS	89
ZAVESCA	75	ZESTORETIC TAB 10-12.5		see <i>everolimus</i>	
see <i>miglustat</i>	73	.....	25	(<i>immunosuppressant</i>)	
see <i>yargesa</i>	75	ZESTORETIC TAB 20-12.5		.....	88
ZEGALOGUE.....	72	.....	25	ZORYVE	101, 105
ZEJULA.....	23	ZESTORETIC TAB 20-		ZOSYN SOL 2-0.25GM ..	14
ZELAPAR.....	41	25MG.....	25	ZOSYN SOL 3-0.375G ..	14
ZELBORAF	23	ZESTORETIC TAB 20-		ZOSYN SOL 4-0.50GM ..	14
ZELSUVMI	105	see <i>lisinopril</i>	25	zovia 1/35.....	70
ZEMAIRA.....	97	ZETIA.....	31	ZOVIRAX	105
ZEMBRACE SYMTOUCH		see <i>ezetimibe</i>	31	see <i>acyclovir topical</i> ..	103
.....	57	ZIAGEN.....	9	ZTALMY	50
ZEMDRI	7	see <i>abacavir sulfate</i>	8	ZTLIDO	103
ZEMPLAR.....	76	ZIANA GEL	100	ZUBSOLV SUB 0.7-0.18.62	
see <i>paricalcitol</i>	76	zidovudine.....	9	ZUBSOLV SUB 1.4-0.36.62	
zenatane	100	ZIIHERA.....	24	ZUBSOLV SUB 11.4-2.9.62	
ZENPEP CAP 10000UNT		ZILBRYSQ	85	ZUBSOLV SUB 2.9-0.71.62	
.....	80	ZILRETTA.....	72	ZUBSOLV SUB 5.7-1.4...62	
ZENPEP CAP 15000UNT		ZILXI	105	ZUBSOLV SUB 8.6-2.1...62	
.....	80	ZIMHI	62	zumandimine.....	70
ZENPEP CAP 20000UNT		ziprasidone hcl.....	45	ZUNVEYL	38
.....	80	ziprasidone mesylate	45	ZURZUVAE.....	40
ZENPEP CAP 25000UNT		ZIRABEV.....	24	ZYDELIG.....	24
.....	80	ZIRGAN	92	ZYKADIA.....	24
ZENPEP CAP 3000UNIT	80	ZITHROMAX.....	12	ZYLET SUS 0.5-0.3%	91
ZENPEP CAP 40000UNT		see <i>azithromycin</i>	12	ZYNLONTA.....	24
.....	80	ZITHROMAX TRI-PAK....	12	ZYNYZ	24
ZENPEP CAP 5000UNIT	80	ZITHROMAX Z-PAK	12	ZYPITAMAG	30
ZENPEP CAP 60000UNT		ZOCOR.....	30	ZYPREXA	45
.....	80	see <i>simvastatin</i>	30	see <i>olanzapine</i>	43
zenzedi.....	54	ZOLADEX	16	ZYTIGA	16
ZEPOSIA	60	zoledronic acid	66	see <i>abiraterone acetate</i>	
ZEPOSIA 7DAY CAP STR		ZOLEDRONIC ACID.....	66	.....	15
PACK.....	60	ZOLINZA.....	24	see <i>abirtega</i>	15
ZEPOSIA CAP STR KIT .	60	zolmitriptan.....	57	ZYVOX.....	7
ZEPZELCA	14	ZOLOFT.....	40	see <i>linezolid</i>	6