



SilverScript Employer PDP sponsored by State of Louisiana Office of Group Benefits (SilverScript)

2024 Formulary (List of Covered Drugs)

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

This formulary was updated on 01/29/2024. For more recent information or other questions, please contact Customer Care at 1-888-996-0104, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID Number: 24194

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

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

This document includes a list of the drugs (formulary) for our plan, which is current as of January 29, 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the SilverScript Formulary?

A formulary is a list of covered drugs selected by SilverScript in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. SilverScript will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a SilverScript network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

The additional coverage provided by State of Louisiana Office of Group Benefits, which is called your “Non-Part D Supplemental Benefit,” covers certain prescription drugs not covered under Medicare Part D. Payments made for these prescription drugs will not count toward your initial coverage limit or total out-of-pocket costs.

Please contact Customer Care for any questions regarding your additional benefits.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but SilverScript may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

New generic drugs. We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the SilverScript Formulary?”

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add quantity limits, prior authorization, and/or step therapy restrictions on a drug; or move a drug to a higher

cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the SilverScript Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

This formulary is current as of January 29, 2024. To get updated information about the drugs covered by our plan, please contact us at the number on your member ID card. Our contact information also appears on the front and back cover pages.

If we have other types of midyear non-maintenance formulary changes unrelated to the reasons stated above (e.g., remove drugs from our formulary; add prior authorization requirements, quantity limits, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier), we will notify you by mail. We will also update our formulary with the new information. The updated formulary may be obtained by calling us.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the back of this document. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

Prior Authorization (PA): Some drugs require you or your physician to get prior authorization. You must get an approval from us before you can get your prescription filled. If you don't get approval, we may not cover the drug.

Quantity Limits (QL): For certain drugs, there is a quantity limit in the amount of the drug that we will cover. For example, our plan provides up to 30 tablets per 30-day prescription for *atorvastatin*. This may be in addition to a standard one-month or three-month supply.

Step Therapy (ST): In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, SilverScript will then cover Drug B.

There may be additional drugs that are not available at mail and not marked NM, including some hepatitis B medications, post-transplant medications, and oral medications used to treat HIV.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You may ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask SilverScript to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the SilverScript Formulary?" for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Care and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

SilverScript does not cover prescription drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover prescription drugs, vaccines, biological products, and medical supplies that are covered under the Medicare Part D prescription drug plan benefit and that are on our drug list.

How do I request an exception to the SilverScript Formulary?

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make:

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the Specialty (High Cost) Tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Also, you may not ask us to provide a lower tier level of coverage for drugs that are in the High Cost/Specialty Tier.

Generally, we will only approve your request for an exception if the alternative drug is included on the plan's formulary or if the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 93-day supply. If your prescription is written for fewer than 93 days, we'll allow refills to provide up to a maximum 93-day supply of medication. After your first 93-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days, unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has four Cost-Sharing Tiers

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

Cost-Sharing Tier 1: Generic

Cost-Sharing Tier 2: Preferred Brand

Cost-Sharing Tier 3: Non-Preferred Brand

Cost-Sharing Tier 4: High Cost/Specialty

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

Your share of the cost when you get a supply of a covered Part D prescription drug:

	Network Retail and Long-Term Care (LTC) Pharmacy (up to a 31 -day supply)	Network Retail Pharmacy (up to a 62 -day supply)	Network Retail Pharmacy (up to a 93 -day supply)	Mail-Order Pharmacy (up to a 93 -day supply)
Before you reach your \$1,500 OGB out-of-pocket threshold, your share of the cost will be:				
Tier 1: Generic Drugs	50% coinsurance \$30 maximum	50% coinsurance \$60 maximum	50% coinsurance \$75 maximum	50% coinsurance \$75 maximum
Tier 2: Preferred Brand Drugs	50% coinsurance \$55 maximum	50% coinsurance \$110 maximum	50% coinsurance \$137.50 maximum	50% coinsurance \$137.50 maximum
Tier 3: Non-Preferred Brand Drugs	65% coinsurance \$80 maximum	65% coinsurance \$160 maximum	65% coinsurance \$200 maximum	65% coinsurance \$200 maximum
Tier 4: Specialty Drugs	50% coinsurance \$80 maximum	Not available	Not available	50% coinsurance \$80 maximum Limited to 31 days
After you reach your \$1,500 OGB out-of-pocket threshold, your share of the cost will be:				
Tier 1: Generic Drugs	\$0	\$0	\$0	\$0
Tier 2: Preferred Brand Drugs	\$20	\$40	\$50	\$50
Tier 3: Non-Preferred Brand Drugs	\$40	\$80	\$100	\$100
Tier 4: Specialty Drugs	\$40	Not available	Not available	\$40 Limited to 31 days

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

Costs shown in the table above reflect the additional coverage that may be provided by State of Louisiana Office of Group Benefits. Drugs that are part of your standard Medicare plan, but do not have additional coverage from State of Louisiana Office of Group Benefits would be covered under the 2024 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2024-Medicare-Part-D-Outlook.php> for more information about the 2024 Medicare Part D Defined Standard Benefit drug costs.

For more information

For more detailed information about your SilverScript prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare Part D prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or visit www.medicare.gov.

SilverScript's Formulary

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

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

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

- PA Prior Authorization
- QL Drug has Quantity Limits
- ST Step Therapy required
- NM Not available at our mail-order pharmacies.
- NDS Non-extended day supply. Not available for an extended (long-term) supply.
- LA Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call Customer Care at 1-888-996-0104, 24 hours a day, 7 days a week. TTY users should call 711.
- B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- GC We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS			etodolac (generic of LODINE) TABS 400mg		
GOUT			flurbiprofen TABS 100mg		
<i>allopurinol</i> TABS 100mg, 300mg	1		<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
ALLOPURINOL TABS 200mg	3		<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	4	NDS	<i>ketorolac tromethamine</i> TABS 10mg	1	QL PA
<i>colchicine</i> TABS .6mg	1	QL	QL (20 tabs / 30 days) PA if 70 years and older		
QL (120 tabs / 30 days)			<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1		<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1	PA	<i>nabumetone</i> TABS 500mg, 750mg	1	
KRYSTEXXA SOLN 8mg/ml	4	NDS NM LA PA	<i>naproxen</i> TABS 250mg, 375mg	1	
MITIGARE CAPS .6mg	2	QL	<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1	
QL (60 caps / 30 days)			<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg	1	QL
<i>probenecid</i> TABS 500mg	1		QL (120 tabs / 30 days)		
NSAIDS			<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 500mg	1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg	1	QL	QL (90 tabs / 30 days)		
QL (60 caps / 30 days)			<i>naproxen sodium</i> TABS 275mg	1	
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg	1	QL	<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
QL (30 caps / 30 days)			<i>oxaprozin</i> (generic of DAYPRO) TABS 600mg	1	
<i>diclofenac potassium</i> TABS 50mg	1	QL	<i>piroxicam</i> (generic of FELDENE) CAPS 10mg, 20mg	1	
QL (120 tabs / 30 days)			<i>sulindac</i> TABS 150mg, 200mg	1	
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1		<i>tolmetin sodium</i> TABS 600mg	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> (generic of ARTHROTEC 50)	1		OPIOID ANALGESICS, LONG-ACTING		
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> (generic of ARTHROTEC 75)	1		BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg	3	QL PA
<i>diflunisal</i> TABS 500mg	1		QL (60 buccal films / 30 days)		
<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg	1	QL			
QL (120 tabs / 30 days)					
<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 500mg	1	QL			
QL (90 tabs / 30 days)					
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1				

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	4	NDS QL PA	<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
<i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA	<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)	1	QL PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA	OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg QL (60 tabs / 30 days)	2	QL PA
<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	1	QL PA	<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg QL (30 tabs / 30 days)	1	QL PA	OPIOID ANALGESICS, SHORT-ACTING		
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA	<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> QL (2700 mL / 30 days)	1	QL
<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA	<i>acetaminophen w/ codeine tab 300-15 mg</i> QL (400 tabs / 30 days)	1	QL
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA	<i>acetaminophen w/ codeine tab 300-30 mg</i> QL (360 tabs / 30 days)	1	QL
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA	<i>acetaminophen w/ codeine tab 300-60 mg</i> QL (180 tabs / 30 days)	1	QL
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA	<i>acetaminophen-caffeine- dihydrocodeine cap 320.5-30- 16 mg</i> QL (300 caps / 30 days)	1	QL
METHADONE HCL INJ SOLN 10mg/ml	3		<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	3	
<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA	<i>butorphanol tartrate</i> SOLN 10mg/ml QL (10 mL / 30 days)	1	QL
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA	CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days)	3	QL
			<i>codeine sulfate</i> TABS 30mg QL (180 tabs / 30 days)	1	QL
			<i>endocet tab 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
			<i>endocet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL	<i>hydrocodone-ibuprofen tab</i> <i>10-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL	<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL
<i>fentanyl citrate</i> LPOP 200mcg QL (120 lozenges / 30 days)	1	QL PA	<i>hydromorphone hcl</i> (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml	3	B/D
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	4	NDS QL PA	<i>hydromorphone hcl</i> SOLN 4mg/ml, 10mg/ml, 50mg/5ml	3	B/D
<i>fentanyl citrate</i> TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	4	NDS QL PA	<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> <i>soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL	HYDROMORPHONE HYDROCHLORI SOLN 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
<i>hydrocodone-acetaminophen</i> <i>tab 5-300 mg</i> (generic of XODOL) QL (240 tabs / 30 days)	1	QL	MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	3	B/D
<i>hydrocodone-acetaminophen</i> <i>tab 5-325 mg</i> QL (240 tabs / 30 days)	1	QL	<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	3	B/D
<i>hydrocodone-acetaminophen</i> <i>tab 7.5-300 mg</i> QL (180 tabs / 30 days)	1	QL	<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> <i>tab 7.5-325 mg</i> QL (180 tabs / 30 days)	1	QL	<i>morphine sulfate</i> SOLN 20mg/ml QL (180 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> <i>tab 10-300 mg</i> QL (180 tabs / 30 days)	1	QL	<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> <i>tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL	MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D
<i>hydrocodone-ibuprofen tab 5-</i> <i>200 mg</i> QL (150 tabs / 30 days)	1	QL	<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	3	
<i>hydrocodone-ibuprofen tab</i> <i>7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL	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

Drug Name	Drug Requirements/ Tier	Limits
<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 soln</i> 5-325 mg/5ml QL (1800 mL / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg (generic of PERCO CET) QL (240 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg (generic of PERCO CET) QL (180 tabs / 30 days)	1	QL
<i>oxymorphone hcl</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
SEGLENTIS TAB 56-44MG QL (120 tabs / 30 days)	3	QL PA
<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
ANESTHETICS		
LOCAL ANESTHETICS		
<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

Drug Name	Drug Requirements/ Tier	Limits
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
AEMCOLO TBEC 194mg QL (12 tabs / 30 days)	3	QL
<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 LA PA
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml	1	
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	1	
CAYSTON SOLR 75mg	4	NDS NM LA PA
<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 600mg/4ml, 900mg/6ml, 9000mg/60ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	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	
DALVANCE SOLR 500mg	4	NDS
<i>dapsone</i> TABS 25mg, 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
DAPTOMYCIN SOLR 350mg	4	NDS
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	4	NDS
<i>daptomycin</i> SOLR 500mg	4	NDS
EMVERM CHEW 100mg QL (12 tabs / year)	4	NDS QL
<i>ertapenem sodium</i> SOLR 1gm	1	
<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	
<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
<i>ivermectin</i> (generic of STROMEKTOL) TABS 3mg QL (12 tabs / 90 days)	1	QL PA
KIMYRSA SOLR 1200mg	4	NDS
<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	1	
MEROP/NAACL INJ 1GM/50ML	3	
MEROP/NAACL INJ 500/50ML	3	
<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>metronidazole</i> (generic of FLAGYL) CAPS 375mg	1	
<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	1	
<i>metronidazole</i> TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> (generic of ALINIA) TABS 500mg QL (6 tabs / 30 days)	4	NDS QL
<i>nitrofurantoin 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
<i>paromomycin sulfate</i> CAPS 250mg	1	
<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	1	
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>praziquantel</i> (generic of BILTRICIDE) TABS 600mg	1	
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg	4	NDS 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
<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	

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>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 PODHALER CAPS 28mg	4	NDS NM LA 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
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> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	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 1.25gm, 1.5gm, 750mg	3	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	

Drug Name	Drug Requirements/ Tier	Limits
VIBATIV SOLR 750mg	4	NDS
XENLETA SOLN 150mg/15ml; TABS 600mg	4	NDS NM
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	3	QL
ZEMDRI SOLN 500mg/10ml	4	NDS
ZYVOX SOLN 200mg/100ml	4	NDS
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	3	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
<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	1	
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	4	NDS PA
ERAXIS SOLR 50mg	3	
ERAXIS SOLR 100mg	4	NDS
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 100mg, 150mg, 200mg	1	
<i>fluconazole</i> TABS 50mg	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>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	PA
<i>itraconazole</i> (generic of SPORANOX) SOLN 10mg/ml	4	NDS
<i>ketconazole</i> TABS 200mg	1	PA
<i>micafungin sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	4	NDS
NOXAFIL PACK 300mg QL (32 packets / 30 days)	4	NDS QL PA
<i>nystatin</i> TABS 500000unit	1	

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Drug Name	Drug Requirements/ Tier	Limits
<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
<i>terbinafine hcl</i> TABS 250mg QL (90 tabs / year)	1	QL
TOLSURA CAPS 65mg	4	NDS PA
VIVJOA CPPK 150mg QL (18 caps / 84 days)	3	QL PA
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	1	PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml	4	NDS PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	1	QL PA
<i>voriconazole</i> (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)	1	QL PA
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	
<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> (generic of QUALAQUIN) CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	1	NM
<i>abacavir sulfate</i> TABS 300mg	1	NM

Drug Name	Drug Requirements/ Tier	Limits
APTIVUS CAPS 250mg	4	NDS NM
<i>atazanavir sulfate</i> CAPS 150mg	1	NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	1	NM
<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	4	NDS QL NM
<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	4	NDS QL NM
EDURANT TABS 25mg	4	NDS NM
<i>efavirenz</i> CAPS 50mg, 200mg	1	NM
<i>efavirenz</i> (generic of SUSTIVA) TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	3	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	4	NDS NM
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	4	NDS NM
FUZEON SOLR 90mg	4	NDS NM LA
INTELENCE TABS 25mg	3	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
LEXIVA SUSP 50mg/ml	3	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	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

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
PREZISTA TABS 150mg QL (240 tabs / 30 days)	4	NDS QL NM
REYATAZ PACK 50mg	4	NDS NM
ritonavir (generic of NORVIR) TABS 100mg	1	NM
RUKOBIA TB12 600mg	4	NDS NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	4	NDS NM
SELZENTRY TABS 25mg	3	NM
SUNLENCA TBPK 300mg	4	NDS NM LA
tenofovir disoproxil fumarate (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 LA
TYBOST TABS 150mg	2	NM
VIRACEPT TABS 250mg, 625mg	4	NDS NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	4	NDS NM
zidovudine (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM
zidovudine TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg (generic of EPZICOM)	1	NM
BIKTARVY TAB 30-120-15 MG	4	NDS NM
BIKTARVY TAB 50-200-25 MG	4	NDS NM
CIMDUO TAB 300-300	4	NDS NM
COMPLERA TAB	4	NDS NM
DELSTRIGO TAB	4	NDS NM
DESCOVY TAB 120-15MG QL (30 tabs / 30 days)	4	NDS QL NM
DESCOVY TAB 200/25MG QL (30 tabs / 30 days)	4	NDS QL NM
DOVATO TAB 50-300MG	4	NDS NM
efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg (generic of ATRIPLA)	4	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (generic of SYMFI LO)	4	NDS NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)	4	NDS NM
emtricitabine-tenofovir disoproxil fumarate tab 100- 150 mg (generic of TRUVADA) QL (30 tabs / 30 days)	4	NDS QL NM
emtricitabine-tenofovir disoproxil fumarate tab 133- 200 mg (generic of TRUVADA) QL (30 tabs / 30 days)	4	NDS QL NM
emtricitabine-tenofovir disoproxil fumarate tab 167- 250 mg (generic of TRUVADA) QL (30 tabs / 30 days)	4	NDS QL NM
emtricitabine-tenofovir disoproxil fumarate tab 200- 300 mg (generic of TRUVADA) QL (30 tabs / 30 days)	1	QL NM
EVOTAZ TAB 300-150	4	NDS NM
GENVOYA TAB	4	NDS NM
JULUCA TAB 50-25MG	4	NDS NM
lamivudine-zidovudine tab 150-300 mg	1	NM
lopinavir-ritonavir soln 400- 100 mg/5ml (80-20 mg/ml) (generic of KALETRA)	1	NM
lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)	1	NM
lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)	1	NM
ODEFSEY TAB	4	NDS NM
PREZCOBIX TAB 800-150	4	NDS NM
STRIBILD TAB	4	NDS NM
SYMTUZA TAB	4	NDS NM
TRIUMEQ PD TAB	4	NDS NM
TRIUMEQ TAB	4	NDS NM
TRIZIVIR TAB	4	NDS NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	4	NDS
ethambutol hcl TABS 100mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg	1	
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	4	NDS NM LA 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
<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

Drug Name	Drug Requirements/ Tier	Limits
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg QL (112 tabs / 28 days)	4	NDS QL NM LA PA
MAVYRET PAK 50-20MG	4	NDS NM PA
MAVYRET TAB 100-40MG	4	NDS NM PA
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	1	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	4	NDS NM PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	4	NDS
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	4	NDS QL PA
RAPIVAB SOLN 200mg/20ml	4	NDS
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	2	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
SITAVIG TABS 50mg QL (2 tabs / 30 days)	4	NDS QL PA
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	4	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	1	
VEMLIDY TABS 25mg	4	NDS NM
VOSEVI TAB	4	NDS NM PA
XOFLUZA TBPK 40mg, 80mg QL (1 tab / 180 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	4	NDS
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACLOR 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, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<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
<i>e.e.s. 400</i> TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>erythrocin stearate</i> TABS 250mg	1	
<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	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
FLUOROQUINOLONES					
BAXDELA SOLR 300mg; TABS 450mg	4	NDS	<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
CIPRO SUSR 5gm/100ml, 500mg/5ml	3		<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>ciprofloxacin</i> SUSR 5gm/100ml	1		<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> (generic of AUGMENTIN ES- 600)	1	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1		<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1		<i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	1	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1		<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>ciprofloxacin hcl</i> TABS 750mg	1		<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 500mg	1		<i>ampicillin</i> CAPS 500mg	1	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS 250mg, 750mg	1		<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)</i>	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1		<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1		<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1		<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1		<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i> (generic of UNASYN BULK PACK)	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1		<i>ampicillin sodium</i> SOLR 1gm, 1 2gm, 10gm, 125mg, 250mg, 500mg	1	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3		AUGMENTIN SUS 125/5ML	3	
PENICILLINS					
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1		BICILLIN C-R INJ 900/300	3	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1		BICILLIN C-R INJ 1200000	3	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1		BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1		<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
			NAFCILLIN INJ 1GM/50ML	4	NDS
			NAFCILLIN INJ 2GM/100	4	NDS
			<i>nafcillin sodium</i> SOLR 1gm, 2gm	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>nafcillin sodium</i> SOLR 10gm	4	NDS
OXACILLIN INJ 1GM	3	
OXACILLIN INJ 2GM	3	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
PEN GK/DEXTR INJ 20000/ML	3	
PEN GK/DEXTR INJ 40000/ML	3	
PEN GK/DEXTR INJ 60000/ML	3	
<i>penicillin g potassium</i> SOLR 5000000unit, 2000000unit	1	
PENICILLIN G PROCAINE SUSP 600000unit/ml	3	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	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	
<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	
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; TABS 50mg, 75mg, 100mg, 150mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>doxycycline (monohydrate)</i> (generic of VIBRAMYCIN) SUSR 25mg/5ml	1	
<i>doxycycline hyclate</i> CAPS 50mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	1	
MINOLIRA TB24 105mg, 135mg	3	PA
NUZYRA SOLR 100mg; TABS 150mg	4	NDS NM LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	PA
<i>tigecycline</i> (generic of 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
BENDEKA SOLN 100mg/4ml	4	NDS B/D NM LA
<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/5ml, 500mg/2.5ml, 500mg/ml	4	NDS B/D
<i>cyclophosphamide</i> SOLR 2gm	4	NDS B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	4	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
GLEOSTINE CAPS 10mg, 40mg	3	NM	<i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg	1	B/D
GLEOSTINE CAPS 100mg	4	NDS NM	GEMCITABINE	3	B/D
IFEX SOLR 3gm	3	B/D	HYDROCHLORIDE SOLN		
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	1	B/D	1gm/10ml, 2gm/20ml, 200mg/2ml		
IFOSFAMIDE SOLR 3gm	3	B/D	INQOVI TAB 35-100MG	4	NDS QL NM
LEUKERAN TABS 2mg	4	NDS	QL (5 tabs / 28 days)		LA PA
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D	LONSURF TAB 15-6.14	4	NDS QL NM
<i>oxaliplatin</i> SOLR 100mg	4	NDS B/D	QL (100 tabs / 28 days)		LA PA
<i>paraplatin</i> SOLN	1	B/D	LONSURF TAB 20-8.19	4	NDS QL NM
ZEPZELCA SOLR 4mg	4	NDS NM LA PA	QL (80 tabs / 28 days)		LA PA
ANTIBIOTICS			<i>mercaptopurine</i> TABS 50mg	1	
<i>bleomycin sulfate</i> SOLR	1	B/D	<i>methotrexate sodium</i> SOLN	1	B/D
15unit, 30unit			1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm		
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D	ONUREG TABS 200mg, 300mg	4	NDS QL NM LA PA
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) INJ	4	NDS B/D	QL (14 tabs / 28 days)		
2mg/ml			PEMETREXED SOLN	4	NDS B/D
ELLECE SOLN 50mg/25ml, 200mg/100ml	3	B/D	1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg		
<i>mitomycin</i> SOLR 5mg	1	B/D	<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	4	NDS B/D
<i>mitomycin</i> SOLR 20mg, 40mg	4	NDS B/D	<i>pemetrexed disodium</i> SOLR	4	NDS B/D
<i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml	4	NDS B/D NM	750mg, 1000mg		
ANTIMETABOLITES			<i>pralatrexate</i> SOLN 20mg/ml, 40mg/2ml	4	NDS NM PA
<i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	4	NDS B/D NM	PURIXAN SUSP	4	NDS NM LA
<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	1	B/D	2000mg/100ml		
<i>decitabine</i> SOLR 50mg	4	NDS B/D NM	TABLOID TABS 40mg	3	
<i>fludarabine phosphate</i> SOLN	1	B/D	HORMONAL ANTINEOPLASTIC AGENTS		
50mg/2ml; SOLR 50mg			<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg	4	NDS QL NM PA
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D	QL (120 tabs / 30 days)		
FOLOTYN SOLN 20mg/ml, 40mg/2ml	4	NDS NM PA	<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg	4	NDS QL NM PA
<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN	1	B/D	QL (60 tabs / 30 days)		
1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml			AKEEGA TAB 50/500MG	4	NDS QL NM LA PA
			QL (60 tabs / 30 days)		
			AKEEGA TAB 100/500	4	NDS QL NM LA PA
			QL (60 tabs / 30 days)		
			<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	1	
			<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM PA
EMCYT CAPS 140mg	4	NDS
ERLEADA TABS 60mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
EULEXIN CAPS 125mg	4	NDS
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1	
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>hydroxyprogesterone caproate (antineoplastic)</i> SOLN 1.25gm/5ml	4	NDS B/D
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	1	
LEUPROLIDE ACETATE INJ 22.5mg	3	NM PA
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	4	NDS NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	4	NDS NM PA
LUPRON DEPOT (4-MONTH) KIT 30mg	4	NDS NM PA
LUPRON DEPOT (6-MONTH) KIT 45mg	4	NDS NM PA
LYSODREN TABS 500mg	4	NDS NM LA
<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 LA PA
ORGOVYX TABS 120mg	4	NDS NM LA PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
SOLTAMOX SOLN 10mg/5ml	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	1	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
YONSA TABS 125mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM LA PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM LA PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	4	NDS QL NM LA PA
THALOMID CAPS 50mg, 100mg QL (28 caps / 28 days)	4	NDS QL NM LA PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	4	NDS QL NM LA PA
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	4	NDS NM LA PA
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	4	NDS QL NM LA PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	4	NDS QL NM PA
<i>dacarbazine</i> SOLR 100mg	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	1	
<i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	1	B/D
<i>irinotecan hcl</i> SOLN 500mg/25ml	1	B/D
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	4	NDS QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	4	NDS QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	4	NDS QL NM PA
MATULANE CAPS 50mg	4	NDS NM LA
<i>mitoxantrone hcl</i> CONC 2mg/ml	1	B/D NM
NIPENT SOLR 10mg	4	NDS B/D
ONCASPASOLN 750unit/ml	4	NDS NM PA
ONIVYDE INJ 43mg/10ml	4	NDS B/D NM LA
RYLAZE SOLN 10mg/0.5ml	4	NDS NM LA PA
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml	4	NDS B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg	4	NDS B/D
<i>tretinoin (chemotherapy)</i> CAPS 10mg	4	NDS
WELIREG TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	4	NDS B/D NM LA
DOCETAXEL CONC 20mg/ml	3	B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D
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 LA 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 protein-bound particles for iv susp 100 mg</i>	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		
ALECENSA CAPS 150mg QL (240 caps / 30 days)	4	NDS QL NM LA PA
ALIQOPA SOLR 60mg	4	NDS NM LA PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
ALUNBRIG PAK QL (30 tabs / 30 days)	4	NDS QL NM LA PA
ARZERRA CONC 100mg/5ml, 1000mg/50ml	4	NDS B/D NM LA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	4	NDS QL NM LA PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	4	NDS QL NM LA PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	4	NDS QL NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
BAVENCIO SOLN 200mg/10ml	4	NDS NM LA PA
BELEODAQ SOLR 500mg	4	NDS NM LA PA
BESPONSA SOLR .9mg	4	NDS NM LA PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	4	NDS NM PA
<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	4	NDS 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 LA PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	4	NDS NM LA PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	4	NDS QL NM LA PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	4	NDS QL NM LA PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	4	NDS QL NM LA PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	4	NDS QL NM LA PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	4	NDS QL NM LA PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM LA PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	4	NDS NM LA PA

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

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
GAZYVA SOLN 1000mg/40ml	4	NDS NM LA PA	INREBIC CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (30 tabs / 30 days)	4	NDS QL NM PA	JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
HERCEP HYLEC SOL 60- 10000	4	NDS NM LA PA	JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
HERCEPTIN SOLR 150mg	4	NDS NM LA PA	JEMPERLI SOLN 500mg/10ml	4	NDS NM LA PA
HERZUMA SOLR 150mg, 420mg	4	NDS NM PA	KADCYLA SOLR 100mg, 160mg	4	NDS B/D NM LA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	4	NDS QL NM LA PA	KANJINTI SOLR 150mg, 420mg	4	NDS NM LA PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	4	NDS QL NM LA PA	KEYTRUDA SOLN 100mg/4ml	4	NDS NM LA PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	KIMMTRAK SOLN 100mcg/0.5ml	4	NDS NM LA PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 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	KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 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	KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	4	NDS QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	4	NDS QL NM LA PA	KOSELUGO CAPS 10mg QL (240 caps / 30 days)	4	NDS QL NM LA PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	4	NDS QL NM LA PA	KOSELUGO CAPS 25mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	4	NDS QL NM LA PA	KRAZATI TABS 200mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	KYPROLIS SOLR 10mg, 30mg, 60mg	4	NDS NM LA PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	4	NDS NM LA PA	<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	4	NDS QL NM PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	4	NDS NM LA PA	LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA	LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA	LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	4	NDS QL NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	4	NDS QL NM LA PA	MYLOTARG SOLR 4.5mg	4	NDS NM LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	4	NDS QL NM LA PA	NERLYNX TABS 40mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	4	NDS QL NM LA PA	NEXAVAR TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	4	NDS QL NM LA PA	NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	4	NDS QL NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	4	NDS QL NM LA PA	ODOMZO CAPS 200mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
LIBTAYO SOLN 350mg/7ml	4	NDS NM LA PA	OGIVRI SOLR 150mg	4	NDS NM LA PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA	OGIVRI INJ 420MG	4	NDS NM LA PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	4	NDS QL NM LA PA	ONTRUZANT SOLR 150mg, 420mg	4	NDS NM LA PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA	OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	4	NDS NM LA PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	4	NDS NM LA PA	OPDUALAG SOL	4	NDS NM LA PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA	PADCEV SOLR 20mg, 30mg	4	NDS NM LA PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	4	NDS QL NM LA PA	<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	4	NDS QL NM LA PA	PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (14 tabs / 21 days)	4	NDS QL NM LA PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	4	NDS QL NM LA PA	PERJETA SOLN 420mg/14ml	4	NDS NM LA PA
MARGENZA SOLN 250mg/10ml	4	NDS NM LA PA	PHESGO SOL	4	NDS NM LA PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	4	NDS QL NM LA PA	PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	4	NDS QL NM PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	4	NDS QL NM PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA	PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	4	NDS QL NM PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA	POLIVY SOLR 30mg, 140mg	4	NDS NM LA PA
MONJUVI SOLR 200mg	4	NDS NM LA PA			

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Drug Name	Drug Requirements/ Tier	Limits
PORTRAZZA SOLN 800mg/50ml	4	NDS NM LA PA
POTELIGEO SOLN 20mg/5ml	4	NDS NM LA PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
RETEVMO CAPS 40mg QL (180 caps / 30 days)	4	NDS QL NM LA PA
RETEVMO CAPS 80mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
ROZLYTREK CAPS 100mg QL (150 caps / 30 days)	4	NDS QL NM LA PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	4	NDS QL NM LA PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	4	NDS QL NM LA PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
RYBREVANT SOLN 350mg/7ml	4	NDS NM LA PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	4	NDS QL NM PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	4	NDS NM LA 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
<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 LA PA
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
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 LA PA
TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	4	NDS QL NM LA PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	4	NDS QL NM LA 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 LA PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NDS NM LA PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml <i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	4	NDS NM LA PA NDS B/D NM
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
TIVDAK SOLR 40mg	4	NDS NM LA PA
TRAZIMERA SOLR 150mg, 420mg	4	NDS NM PA
TRODELVY SOLR 180mg	4	NDS NM LA PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	4	NDS QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	4	NDS QL NM LA PA	XPOVIO 60 MG TWICE WEEKLY TBPK 20mg QL (24 tabs / 28 days)	4	NDS QL NM LA PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	4	NDS B/D NM LA	XPOVIO 80 MG ONCE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	4	NDS QL NM LA PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	3	QL NM LA PA	XPOVIO 80 MG TWICE WEEKLY TBPK 20mg QL (32 tabs / 28 days)	4	NDS QL NM LA PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	4	NDS QL NM LA PA	XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days)	4	NDS QL NM LA PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA	YERVOY SOLN 50mg/10ml, 200mg/40ml	4	NDS NM LA PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	4	NDS QL NM LA PA	ZALTRAP SOLN 100mg/4ml, 200mg/8ml	4	NDS NM LA PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	4	NDS QL NM LA PA	ZEJULA CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM LA PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	4	NDS QL NM LA PA	ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM LA PA	ZELBORAF TABS 240mg QL (240 tabs / 30 days)	4	NDS QL NM LA PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	4	NDS QL NM LA PA	ZIRABEV SOLN 100mg/4ml, 400mg/16ml	4	NDS NM LA PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	ZOLINZA CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM LA PA	ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
VOTRIENT TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA	ZYKADIA TABS 150mg QL (84 tabs / 28 days)	4	NDS QL NM LA PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	4	NDS QL NM LA PA	ZYNLONTA SOLR 10mg	4	NDS NM LA PA
XALKORI CPSP 20mg QL (240 caps / 30 days)	4	NDS QL NM LA PA	ZYNYZ SOLN 500mg/20ml	4	NDS NM LA PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	4	NDS QL NM LA PA	PROTECTIVE AGENTS		
XOSPATA TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA	<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	4	NDS B/D
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg QL (4 tabs / 28 days)	4	NDS QL NM LA PA	ELITEK SOLR 1.5mg, 7.5mg	4	NDS B/D
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	4	NDS QL NM LA PA	KHAPZORY SOLR 175mg	4	NDS B/D NM LA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg QL (4 tabs / 28 days)	4	NDS QL NM LA PA	<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
			<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D NM
MESNEX TABS 400mg	4	NDS
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of LOTENSIN HCT)	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of LOTENSIN HCT)	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT)	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (generic of VASERETIC)	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of ZESTORETIC)	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC)	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)	1	
<i>trandolapril-verapamil hcl tab 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab 4-240 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg	1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	
<i>enalapril maleate</i> (generic of EPANED) SOLN 1mg/ml	1	

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) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
QBRELIS SOLN 1mg/ml	4	NDS
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
CAROSPIR SUSP 25mg/5ml	3	
<i>eplerenone</i> (generic of INSPRA) TABS 25mg, 50mg	1	
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		
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (generic of EXFORGE HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (generic of EXFORGE HCT)</i> QL (30 tabs / 30 days)	1	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
EDARBYCLOR TAB 40-12.5 QL (30 tabs / 30 days)	3	QL
EDARBYCLOR TAB 40-25MG QL (30 tabs / 30 days)	3	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
<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	

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

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

Drug Name	Drug Requirements/ Tier	Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil (generic of ATACAND) TABS 4mg, 8mg, 16mg</i>	1	QL
QL (60 tabs / 30 days)		
<i>candesartan cilexetil (generic of ATACAND) TABS 32mg</i>	1	QL
QL (30 tabs / 30 days)		
<i>EDARBI TABS 40mg, 80mg</i>	3	QL
QL (30 tabs / 30 days)		
<i>irbesartan (generic of AVAPRO) TABS 75mg, 150mg, 300mg</i>	1	QL
QL (30 tabs / 30 days)		
<i>losartan potassium (generic of COZAAR) TABS 25mg, 50mg, 100mg</i>	1	QL
<i>olmesartan medoxomil (generic of BENICAR) TABS 5mg</i>	1	QL
QL (60 tabs / 30 days)		
<i>olmesartan medoxomil (generic of BENICAR) TABS 20mg, 40mg</i>	1	QL
QL (30 tabs / 30 days)		
<i>telmisartan (generic of MICARDIS) TABS 20mg, 40mg, 80mg</i>	1	QL
QL (30 tabs / 30 days)		
<i>valsartan (generic of DIOVAN) TABS 40mg, 80mg, 160mg</i>	1	QL
QL (60 tabs / 30 days)		
<i>valsartan (generic of DIOVAN) TABS 320mg</i>	1	QL
QL (30 tabs / 30 days)		
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	1	
<i>disopyramide phosphate (generic of NORPACE) CAPS 100mg, 150mg</i>	3	
<i>dofetilide (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg</i>	1	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
MULTAQ TABS 400mg	3	
NORPACE CR CP12 100mg, 150mg	3	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12 225mg, 325mg, 425mg	1	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sorine</i> TABS 240mg	1	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sotalol hcl</i> TABS 240mg	1	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1	
SOTYLIZE SOLN 5mg/ml	3	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> (generic of TRILIPIX) 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	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg, 40mg, 60mg QL (30 tabs / 30 days)	4	NDS QL ST
ATORVALIQ SUSP 20mg/5ml QL (600 mL / 30 days)	3	QL ST

Drug Name	Drug Requirements/ Tier	Limits
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)	3	QL ST
FLOLIPID SUSP 20mg/5ml, 40mg/5ml QL (300 mL / 30 days)	3	QL ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg QL (60 caps / 30 days)	1	QL ST
<i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg QL (30 tabs / 30 days)	1	QL ST
LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
<i>pitavastatin calcium</i> (generic of LIVALO) TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	1	QL ST
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm	1	

Drug Name	Drug Requirements/ Tier	Limits
<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	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; PACK 5gm; TABS 1gm	1	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	4	NDS NM LA 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 LA PA
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	2	QL PA
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	2	QL PA
<i>niacin (antihyperlipidemic)</i> 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	
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	

Drug Name	Drug Requirements/ Tier	Limits
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 5mg, 10mg	1	
<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
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3	
<i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1		<i>diltiazem hcl</i> (generic of CARDIZEM LA) TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg	1		<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1		<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>nadolol</i> (generic of CORGARD) TABS 20mg, 40mg	1		<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>nadolol</i> TABS 80mg	1		<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	1	QL	KATERZIA SUSP 1mg/ml	3	
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	1	QL	<i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>pindolol</i> TABS 5mg, 10mg	1		<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1		NICARDIPINE SOL 20/200ML	3	
<i>propranolol hcl</i> SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1		NICARDIPINE SOL 40/200ML	3	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1		<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
CALCIUM CHANNEL BLOCKERS			<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1	
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1		<i>nimodipine</i> CAPS 30mg	1	
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1		<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1		<i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1		NORLIQVA SOLN 1mg/ml	3	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1		NYMALIZE SOLN 6mg/ml	4	NDS
			<i>taztia xt</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
			<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
			<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	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>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1	
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>dichlorphenamide</i> (generic of KEVEYIS) TABS 50mg	4	NDS NM PA
DIURIL SUSP 250mg/5ml	3	
<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	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
SOANZ TABS 20mg, 40mg, 60mg	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
THALITONE TABS 15mg	3	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> (generic of MAXZIDE-25)	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> (generic of MAXZIDE)	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> (generic of TEKTURNA) 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	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (generic of CADUET)	1	
ASPRUZYO SPRINKLE PACK 500mg, 1000mg	3	PA

Drug Name	Drug Requirements/ Tier	Limits
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	
<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	2	QL
CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)	2	QL
<i>digoxin</i> SOLN .05mg/ml	1	
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg	1	
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1	QL
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	4	NDS QL NM PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg PA if 70 years and older	2	PA
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
INPEFA TABS 200mg QL (60 tabs / 30 days)	3	QL
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> (generic of BIDIL)	1	
LANOXIN PEDIATRIC SOLN .1mg/ml	3	

Drug Name	Drug Requirements/ Tier	Limits
LODOCO TABS .5mg QL (30 tabs / 30 days)	3	QL PA
<i>metirosine</i> (generic of DEMSER) CAPS 250mg	4	NDS PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg	4	NDS PA
<i>ranolazine</i> TB12 500mg, 1000mg	1	
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	2	QL
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
VYNDAQEL CAPS 20mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
NITRATES		
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	1	
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	4	NDS
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
<i>nitroglycerin</i> (generic of NITROLINGUAL) SOLN .4mg/spray	1	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	4	NDS QL NM LA PA
<i>alyq</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
<i>epoprostenol sodium</i> (generic of FLOLAN) SOLR .5mg, 1.5mg	4	NDS B/D NM LA
LIQREV SUSP 10mg/ml QL (244 mL / 30 days)	4	NDS QL NM PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	4	NDS NM LA PA
ORENITRAM TBCR .125mg	3	NM LA PA
ORENITRAM TAB MONTH 1	4	NDS NM LA PA
ORENITRAM TAB MONTH 2	4	NDS NM LA PA
ORENITRAM TAB MONTH 3	4	NDS NM LA PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM LA PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SOLN 10mg/12.5ml	4	NDS NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SUSR 10mg/ml QL (784 mL / 30 days)	4	NDS QL NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	1	QL NM PA
<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	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 LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM LA PA
TYVASO SOLN .6mg/ml	4	NDS NM LA PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg QL (112 cartridges / 28 days)	4	NDS QL NM LA PA
TYVASO DPI POW 16-32-48 QL (252 cartridges / 28 days)	4	NDS QL NM LA PA
TYVASO DPI POW 16- 32MCG QL (196 cartridges / 28 days)	4	NDS QL NM LA PA
TYVASO DPI POW 32- 48MCG QL (224 cartridges / 28 days)	4	NDS QL NM LA PA
UPTRAVI SOLR 1800mcg	4	NDS NM LA PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	4	NDS QL NM LA PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	4	NDS QL NM LA PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	4	NDS NM LA PA
CENTRAL NERVOUS SYSTEM ANTI-ANXIETY		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>alprazolam</i> (generic of XANAX XR) TB24 2mg, 3mg QL (90 tabs / 30 days) PA if 65 years and older	1	QL PA
<i>alprazolam</i> (generic of XANAX XR) TB24 .5mg, 1mg QL (150 tabs / 30 days) PA if 65 years and older	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<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
<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 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 2mg/ml, 4mg/ml	1	
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<i>oxazepam</i> CAPS 10mg, 15mg, 30mg QL (120 caps / 30 days) PA if 65 years and older	1	QL PA
ANTIDEMENTIA		
ADLARITY PTWK 5mg/day, 10mg/day QL (4 patches / 28 days)	3	QL PA
<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	

Drug Name	Drug Requirements/ Tier	Limits
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	1	QL
<i>donepezil hydrochloride</i> TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	1	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	1	QL
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	1	QL
<i>memantine hcl</i> CP24 7mg; SOLN 2mg/ml PA applies if 29 years and younger	1	PA
<i>memantine hcl</i> (generic of NAMENDA XR) CP24 14mg, 21mg, 28mg PA applies if 29 years and younger	1	PA
<i>memantine hcl</i> (generic of NAMENDA) 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
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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ANTIDEPRESSANTS					
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2		<i>duloxetine hcl</i> CPEP 40mg QL (60 caps / 30 days)	1	QL
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2		EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	4	NDS QL PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1		<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL	<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	1	QL	FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	1	QL	FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	3	QL PA
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1		FETZIMA CAP TITRATIO QL (2 packs / year)	3	QL PA
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1		<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	PA	<i>fluoxetine hcl</i> CPDR 90mg QL (4 caps / 28 days)	1	QL
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	3		<i>fluoxetine hcl</i> SOLN 20mg/5ml	1	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3		<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
DESVENLAFAXINE ER TB24 50mg, 100mg QL (30 tabs / 30 days)	3	QL PA	<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	3	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL PA	MARPLAN TABS 10mg QL (180 tabs / 30 days)	3	QL
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	2		<i>mirtazapine</i> TABS 7.5mg, 45mg	1	
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	1	QL	<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1	
			<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	1	
			<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
			<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
			<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>paroxetine hcl</i> (generic of PAXIL) 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 if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 2-25 mg PA if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-10 mg PA if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-25 mg PA if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-50 mg PA if 70 years and older	2	PA
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
SPRAVATO SOL 56MG DOS	4	NDS NM LA PA
SPRAVATO SOL 84MG DOS	4	NDS NM LA 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

Drug Name	Drug Requirements/ Tier	Limits
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	3	QL
<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	
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	4	NDS QL NM LA PA
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	4	NDS QL NM LA 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	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA 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	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> (generic of STALEVO 50)	1		<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 1.5mg	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> (generic of STALEVO 75)	1		<i>pramipexole dihydrochloride</i> (generic of MIRAPEX ER) TB24 .375mg, .75mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> (generic of STALEVO 100)	1		<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	1	QL
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> (generic of STALEVO 125)	1		<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> (generic of STALEVO 150)	1		RYTARY CAP 95MG	3	ST
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> (generic of STALEVO 200)	1		RYTARY CAP 145MG	3	ST
DUOPA SUS 4.63-20	4	NDS B/D NM LA	RYTARY CAP 195MG	3	ST
<i>entacapone</i> (generic of COMTAN) TABS 200mg	1		RYTARY CAP 245MG	3	ST
GOCOVRI CP24 68.5mg QL (30 caps / 30 days)	4	NDS QL NM LA PA	<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
GOCOVRI CP24 137mg QL (60 caps / 30 days)	4	NDS QL NM LA PA	<i>trihexyphenidyl hcl</i> SOLN .4mg/ml PA if 70 years and older	2	PA
INBRIJA CAPS 42mg QL (300 caps / 30 days)	4	NDS QL NM LA PA	<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA if 70 years and older	1	PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3		XADAGO TABS 50mg, 100mg	4	NDS
NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days)	4	NDS QL NM LA	ZELAPAR TBDP 1.25mg	4	NDS
ONGENTYS CAPS 25mg, 50mg QL (30 caps / 30 days)	3	QL PA	ANTIPSYCHOTICS		
OSMOLEX ER TB24 129mg, 193mg QL (30 tabs / 30 days)	3	QL NM LA PA	ABILIFY ASIMTUFII PRSY 4 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	4	NDS QL PA
			ABILIFY MAINTENA PRSY 4 300mg, 400mg QL (1 syringe / 28 days)	4	NDS QL
			ABILIFY MAINTENA SRER 4 300mg, 400mg QL (1 injection / 28 days)	4	NDS QL
			ABILIFY MYCITE 4 MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ABILIFY MYCITE STARTER KI TBPk 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	NDS QL PA	<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	4	NDS QL PA
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	1	QL	FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	1	QL	FANAPT PAK QL (2 packs / year)	3	QL PA
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	1	QL	<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	4	NDS QL	<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	4	NDS QL	<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
ARISTADA INITIO PRSY 675mg/2.4ml	4	NDS	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	4	NDS QL	<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1		INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	4	NDS QL
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg	1		INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	3	QL
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	1	QL	INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	4	NDS QL
<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (120 tabs / 30 days)	1	QL	INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	4	NDS QL
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA	<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	1	QL PA	<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	1	QL
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	1	QL PA	<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	4	NDS QL NM LA PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM LA 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, 10mg QL (60 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 10mg QL (60 tabs / 30 days)	1	QL
<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	1	QL
<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	1	QL
<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	1	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	4	NDS QL
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<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 CONSTA SRER 12.5mg, 25mg QL (2 injections / 28 days)	3	QL
RISPERDAL CONSTA SRER 37.5mg, 50mg QL (2 injections / 28 days)	4	NDS QL
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	1	QL
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TABS .25mg	1	
<i>risperidone</i> TBP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL
<i>risperidone</i> TBP 4mg QL (120 tabs / 30 days)	1	QL
<i>risperidone</i> TBP .25mg, .5mg QL (90 tabs / 30 days)	1	QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1		BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1		<i>carbamazepine</i> CHEW 100mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1		<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1	
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml QL (1 syringe / 30 days)	4	NDS QL PA	<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1	
UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml QL (1 syringe / 60 days)	4	NDS QL PA	<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	4	NDS QL PA	<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	1	QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	4	NDS QL	<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL PA
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	4	NDS QL	<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
VRAYLAR CAP 1.5-3MG QL (2 packs / year)	3	QL	<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL	<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	1	QL
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	1	QL	<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL
ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days)	4	NDS QL NM PA	<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	1	QL PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	4	NDS QL NM PA	DIACOMIT CAPS 250mg QL (360 caps / 30 days)	4	NDS QL NM LA PA
ANTISEIZURE AGENTS			DIACOMIT CAPS 500mg QL (180 caps / 30 days)	4	NDS QL NM LA PA
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL	DIACOMIT PACK 250mg QL (360 packets / 30 days)	4	NDS QL NM LA PA
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	4	NDS QL	DIACOMIT PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	4	NDS QL PA			
BRIVIACT SOLN 50mg/5ml	3	PA			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	1	QL PA	<i>felbamate</i> SUSP 600mg/5ml	4	NDS
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	1	QL PA	<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 20mg	1		FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	4	NDS QL NM LA PA
<i>diazepam (anticonvulsant)</i> (generic of DIASTAT ACUDIAL) GEL 10mg	1		FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	4	NDS QL PA
<i>diazepam inj</i> SOLN 5mg/ml	1		FYCOMPA TABS 2mg QL (60 tabs / 30 days)	3	QL PA
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	1	QL PA	FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4	NDS QL PA
DILANTIN CAPS 30mg, 100mg	3		<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	1	QL
DILANTIN INFATABS CHEW 50mg	3		<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	1	QL
DILANTIN-125 SUSP 125mg/5ml	3		<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1		<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1		<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	1	QL
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1		<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	1	QL
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	4	NDS QL NM LA PA	<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	1		<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	1	QL
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	3	QL PA	LAMICTAL XR KIT	3	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1		<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1	
			<i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	OXTELLAR XR TB24 150mg, 300mg	3
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1	OXTELLAR XR TB24 600mg	4 NDS
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA if 70 years and older	3 QL PA
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	1	<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA if 70 years and older	2 QL PA
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	1	<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	3 PA
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1	<i>phenytek</i> CAPS 200mg, 300mg	1
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	1	<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1	<i>phenytoin sodium</i> SOLN 50mg/ml	1
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	1	<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	1	<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	1
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	1	<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	1 QL PA
<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	1	<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	1 QL PA
NAYZILAM SOLN 5mg/0.1ml	3	<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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1		<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>primidone</i> TABS 125mg	1		<i>valproic acid</i> CAPS 250mg	1	
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	1		VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	3	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA	VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	3	
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	1	QL PA	VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	3	
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA	VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	3	
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	3	QL	<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	3	QL	<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	3	QL	<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM LA PA
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	3	QL	<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM LA PA
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1		XCOPRI TABS 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL
<i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1		XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	4	NDS QL
<i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)	1		XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	3	QL
<i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)	1		XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	4	NDS QL
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	4	NDS QL PA	XCOPRI PAK 100-150 QL (56 tabs / 28 days)	4	NDS QL
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1		XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	4	NDS QL
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1		XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	4	NDS QL
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1		ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	4	NDS QL PA
			<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
zonisamide CAPS 50mg	1	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	4	NDS QL NM LA PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
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
<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

Drug Name	Drug Requirements/ Tier	Limits
<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
<i>amphetamine- dextroamphetamine tab 30 mg (generic of ADDERALL)</i> QL (60 tabs / 30 days)	1	QL PA
<i>atomoxetine hcl (generic of STRATTERA) CAPS 10mg, 18mg, 25mg</i> QL (120 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days)	1	QL	<i>dextroamphetamine sulfate</i> TABS 15mg QL (120 tabs / 30 days)	1	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	1	QL	<i>dextroamphetamine sulfate</i> TABS 20mg QL (90 tabs / 30 days)	1	QL PA
AZSTARYS CAP 26.1-5.2 QL (30 caps / 30 days)	3	QL PA	<i>dextroamphetamine sulfate</i> TABS 30mg QL (60 tabs / 30 days)	1	QL PA
AZSTARYS CAP 39.2-7.8 QL (30 caps / 30 days)	3	QL PA	DYANAVEL XR CHER 5mg QL (60 tabs / 30 days)	3	QL PA
AZSTARYS CAP 52.3-10. QL (30 caps / 30 days)	3	QL PA	DYANAVEL XR CHER 10mg, 15mg, 20mg 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	DYANAVEL XR SUER 2.5mg/ml QL (240 mL / 30 days)	3	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	1	QL PA	<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	2	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	1	QL PA	<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA if 70 years and older	2	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	1	QL PA	JORNAY PM CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	1	QL PA	JORNAY PM CP24 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL PA
<i>dextroamphetamine sulfate</i> CP24 5mg QL (150 caps / 30 days)	1	QL PA	<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 10mg QL (150 caps / 30 days)	1	QL PA	<i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> CP24 15mg QL (120 caps / 30 days)	1	QL PA	<i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA	<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits	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> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg QL (60 tabs / 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 CONCERTA) TBCR 54mg QL (30 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	METHYLPHENIDATE HYDROCHLO TBCR 45mg, 63mg, 72mg QL (30 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days)	1	QL PA	MYDAYIS CAP 12.5MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> CP24 60mg; CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	1	QL PA	MYDAYIS CAP 25MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA	MYDAYIS CAP 37.5MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL PA	MYDAYIS CAP 50MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL PA	QELBREE CP24 100mg QL (120 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA	QELBREE CP24 150mg QL (60 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL PA	QELBREE CP24 200mg QL (90 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA	QUILLICHEW ER CHER 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TB24 54mg QL (30 tabs / 30 days)	1	QL PA	QUILLICHEW ER CHER 40mg QL (30 tabs / 30 days)	3	QL PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	1	QL PA	QUILLIVANT XR SRER 25mg/5ml QL (360 mL / 30 days)	3	QL PA
			RELEXXII TBCR 45mg, 63mg QL (30 tabs / 30 days)	3	QL PA
			VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
			VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	3	QL PA
			VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	3	QL PA	<i>ramelteon</i> (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	1	QL
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr QL (30 patches / 30 days)	3	QL PA	<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM PA
<i>zenzedi</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA	<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA if 65 years and older	1	QL PA
<i>zenzedi</i> TABS 15mg QL (120 tabs / 30 days)	1	QL PA	<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA if 65 years and older	1	QL PA
<i>zenzedi</i> TABS 20mg QL (90 tabs / 30 days)	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>zenzedi</i> TABS 30mg QL (60 tabs / 30 days)	1	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
HYPNOTICS			<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
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL	<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
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL	ZOLPIDEM TARTRATE CAPS 7.5mg QL (30 caps / 30 days)	3	QL PA
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL	<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
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			
HETLIOZ LQ SUSP 4mg/ml QL (158 ml / 30 days)	4	NDS QL NM LA PA			
QUVIVIQ TABS 25mg, 50mg QL (30 tabs / 30 days)	3	QL			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<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	<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	1	QL
MIGRAINE			<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	1	QL
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA	<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBCP 10mg QL (18 tabs / 30 days)	1	QL
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	1	QL	<i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act QL (24 units / 30 days)	1	QL
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	4	NDS	<i>sumatriptan</i> (generic of IMITREX) SOLN 20mg/act QL (12 units / 30 days)	1	QL
<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days)	4	NDS QL PA	<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	1	QL
<i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg QL (12 tabs / 30 days)	1	QL	<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	1	QL
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	2	QL NM PA	<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	1	QL
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	2	QL NM PA	<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	2	QL NM PA	<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL
<i>ergotamine w/ caffeine tab 1-100 mg</i> QL (40 tabs / 28 days)	1	QL PA	UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	2	QL PA
<i>frovatriptan succinate</i> (generic of FROVA) TABS 2.5mg QL (18 tabs / 30 days)	1	QL	ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days)	4	NDS QL ST
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	1	QL	<i>zolmitriptan</i> SOLN 2.5mg QL (12 units / 30 days)	1	QL
NURTEC TBCP 75mg QL (16 tabs / 30 days)	2	QL PA			
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	2	QL PA			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
zolmitriptan (generic of ZOMIG) SOLN 5mg QL (12 units / 30 days)	1	QL	HORIZANT TBCR 300mg, 600mg QL (60 tabs / 30 days)	3	QL PA
zolmitriptan (generic of ZOMIG) TABS 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST	LITHIUM SOLN 8meq/5ml	3	
zolmitriptan TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST	<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
ZOMIG SOLN 2.5mg QL (12 units / 30 days)	3	QL	<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
MISCELLANEOUS			NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	3	QL PA
AMVUTTRA SOSY 25mg/0.5ml QL (1 syringe / 90 days)	4	NDS QL NM LA PA	<i>pregabalin</i> (once-daily) (generic of LYRICA CR) TB24 82.5mg, 165mg QL (90 tabs / 30 days)	1	QL PA
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA	<i>pregabalin</i> (once-daily) (generic of LYRICA CR) TB24 330mg QL (60 tabs / 30 days)	1	QL PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	4	NDS QL NM LA PA	<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml	4	NDS
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	4	NDS QL NM PA	<i>pyridostigmine bromide</i> TABS 30mg	1	
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA	<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	1	
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	4	NDS QL NM PA	<i>pyridostigmine bromide</i> (generic of MESTINON) TIMESPAN) TBCR 180mg	1	
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	4	NDS QL NM PA	RADICAVA SOLN 30mg/100ml	4	NDS NM LA PA
DAYBUE SOLN 200mg/ml QL (3600 mL / 30 days)	4	NDS QL NM LA PA	RADICAVA ORS SUSP 105mg/5ml QL (70 mL / 28 days)	4	NDS QL NM LA PA
ENSPRYNG SOSY 120mg/ml	4	NDS NM LA PA	RADICAVA ORS STARTER KIT SUSP 105mg/5ml QL (70 mL / 28 days)	4	NDS QL NM LA PA
EQUETRO CP12 100mg, 200mg, 300mg	3		RELYVRIO PAK 3-1GM QL (56 packets / 28 days)	4	NDS QL NM LA PA
EVRYSDI SOLR .75mg/ml	4	NDS NM LA PA	<i>riluzole</i> (generic of RILUTEK) TABS 50mg	1	
EXSERVAN FILM 50mg QL (60 films / 30 days)	4	NDS QL NM LA PA	SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	3	QL PA
FIRDAPSE TABS 10mg	4	NDS NM LA PA	SAVELLA MIS TITR PAK QL (2 packs / year)	3	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
SKYCLARYS CAPS 50mg QL (90 caps / 30 days)	4	NDS QL NM LA PA
TEGSEDI SOSY 284mg/1.5ml QL (4 syringes / 28 days)	4	NDS QL NM LA 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 LA PA
UPLIZNA SOLN 100mg/10ml	4	NDS NM LA PA
MULTIPLE SCLEROSIS AGENTS		
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 LA PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	4	NDS QL NM PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	1	QL NM PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg QL (14 caps / 7 days)	4	NDS QL NM PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 240mg QL (60 caps / 30 days)	4	NDS QL NM PA
<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>ingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	4	NDS QL NM PA
GILENYA CAPS .25mg QL (30 caps / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<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 LA PA
MAVENCLAD (5 TABS) TBPK 10mg QL (20 tabs per lifetime)	4	NDS QL NM LA PA
MAVENCLAD (6 TABS) TBPK 10mg QL (24 tabs per lifetime)	4	NDS QL NM LA PA
MAVENCLAD (7 TABS) TBPK 10mg QL (28 tabs per lifetime)	4	NDS QL NM LA PA
MAVENCLAD (8 TABS) TBPK 10mg QL (32 tabs per lifetime)	4	NDS QL NM LA PA
MAVENCLAD (9 TABS) TBPK 10mg QL (36 tabs per lifetime)	4	NDS QL NM LA PA
MAVENCLAD (10 TABS) TBPK 10mg QL (40 tabs per lifetime)	4	NDS QL NM LA PA
MAYZENT TABS 1mg, 2mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
MAYZENT TABS .25mg QL (112 tabs / 28 days)	4	NDS QL NM LA PA
MAYZENT STARTER PACK (7) TBPK .25mg QL (2 packs / year)	3	QL NM LA PA
MAYZENT STARTER PACK (12) TBPK .25mg QL (2 packs / year)	4	NDS QL NM LA PA
OCREVUS SOLN 300mg/10ml	4	NDS NM LA PA

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PLEGRIDY SOPN 125mcg/0.5ml QL (2 pens / 28 days)	4	NDS QL NM LA 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
PLEGRIDY SOSY 125mcg/0.5ml QL (2 syringes / 28 days)	4	NDS QL NM LA PA	<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	1	
PLEGRIDY INJ STARTER QL (2 packs / year)	4	NDS QL NM LA PA	<i>dantrolene sodium</i> CAPS 50mg, 100mg	1	
PLEGRIDY PEN INJ STARTER QL (2 packs / year)	4	NDS QL NM LA PA	DYSPORT SOLR 300unit	3	NM PA
PONVORY TABS 20mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	DYSPORT SOLR 500unit	4	NDS NM PA
PONVORY TAB STARTER QL (2 packs / year)	4	NDS QL NM LA PA	LYVISPAH PACK 5mg, 10mg	3	PA
TASCENSO ODT TBDP .25mg, .5mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA	LYVISPAH PACK 20mg	4	NDS PA
<i>teriflunomide</i> (generic of AUBAGIO) TABS 7mg, 14mg QL (30 tabs / 30 days)	4	NDS QL NM 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
VUMERITY CPDR 231mg QL (120 caps / 30 days)	4	NDS QL NM LA PA	<i>methocarbamol</i> TABS 500mg QL (360 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA
ZEPOSIA CAPS .92mg QL (30 caps / 30 days)	4	NDS QL NM LA 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
ZEPOSIA 7DAY CAP STR PACK QL (2 packs / year)	4	NDS QL NM LA PA	MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA
ZEPOSIA CAP STR KIT QL (2 packs / year)	4	NDS QL NM LA PA	MYOBLOC SOLN 10000unit/2ml	4	NDS NM PA
MUSCULOSKELETAL THERAPY AGENTS					
<i>baclofen</i> (generic of FLEQSUVY) SUSP 25mg/5ml	4	NDS PA	<i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg	1	
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	1	QL	<i>tizanidine hcl</i> TABS 2mg	1	
<i>baclofen</i> TABS 10mg, 20mg	1		<i>vanadom</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
BOTOX SOLR 100unit, 200unit	4	NDS PA	XEOMIN SOLR 50unit	3	NM LA 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	XEOMIN SOLR 100unit, 200unit	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
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 LA PA
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	1	QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM LA 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 LA PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM LA PA
XYWAV SOL 0.5GM/ML QL (540 mL / 30 days)	4	NDS QL NM LA 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 LA
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	1	QL PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (60 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	1	QL
<i>disulfiram</i> TABS 250mg, 500mg	1	
KLOXXADO LIQD 8mg/0.1ml	2	
LUCEMYRA TABS .18mg QL (228 tabs / 14 days)	4	NDS QL PA
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL INHALER INHA 10mg	3	
NICOTROL NS SOLN 10mg/ml	3	
OPVEE SOLN 2.7mg/0.1ml	3	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	4	NDS NM LA
<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	1	QL PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year)	1	QL PA
VIVITROL SUSR 380mg	4	NDS NM
ZIMHI SOSY 5mg/0.5ml	3	

Drug Name	Drug Requirements/ Tier	Limits
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 <i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	3	NM LA PA
JATENZO CAPS 158mg, 198mg QL (120 caps / 30 days)	3	QL PA
JATENZO CAPS 237mg QL (60 caps / 30 days)	4	NDS QL PA
<i>methyltestosterone</i> CAPS 10mg QL (600 caps / 30 days)	4	NDS QL PA
NATESTO GEL 5.5mg/act QL (21.96 gm / 30 days)	3	QL PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	1	QL PA
<i>testosterone</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	1	QL PA
<i>testosterone</i> (generic of FORTESTA) GEL 10mg/act QL (120 gm / 30 days)	1	QL PA
<i>testosterone</i> GEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 gm / 30 days)	1	QL PA
<i>testosterone</i> SOLN 30mg/act QL (180 mL / 30 days)	1	QL PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA

Drug Name	Drug Requirements/ Tier	Limits
TLANDO CAPS 112.5mg QL (120 caps / 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	
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	2	QL PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	3	QL PA
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
<i>glimepiride</i> TABS 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> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 2.5mg, 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

Drug Name	Drug Requirements/ Tier	Limits
<i>glipizide-metformin hcl tab 5-500 mg</i> QL (120 tabs / 30 days)	1	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, 100mg QL (30 tabs / 30 days)	2	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	2	QL
<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml QL (765 mL / 30 days)	1	QL
<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

Drug Name	Drug Requirements/ Tier	Limits
<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 SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	2	QL PA
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML QL (1 pen / 28 days)	2	QL PA
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> QL (90 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET)</i> QL (90 tabs / 30 days)	1	QL	TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL PA
<i>repaglinide TABS 2mg</i> QL (240 tabs / 30 days)	1	QL	TZIELD SOLN 2mg/2ml	4	NDS NM LA PA
<i>repaglinide TABS .5mg, 1mg</i> QL (120 tabs / 30 days)	1	QL	VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	2	QL PA
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL PA	XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
SYMLINPEN 60 SOPN 1500mcg/1.5ml	4	NDS PA	XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	2	QL
SYMLINPEN 120 SOPN 2700mcg/2.7ml	4	NDS PA	XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	2	QL	XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	2	QL	XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	2	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	2	QL	ANTIDIABETICS, INSULINS		
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	2	QL	ADMELOG SOLN 100unit/ml	2	
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL	ADMELOG SOLOSTAR SOPN 100unit/ml	2	
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	2	QL	BASAGLAR KWIKPEN SOPN 100unit/ml	2	
SYNJARDY XR TAB 12.5-1000 QL (60 tabs / 30 days)	2	QL	BD ALCOHOL SWABS	2	
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	2	QL	FIASP SOLN 100unit/ml	2	
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	2	QL	FIASP FLEXTOUCH SOPN 100unit/ml	2	
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	2	QL	FIASP PENFILL SOCT 100unit/ml	2	
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	2	QL	FIASP PUMPCART SOCT 100unit/ml	2	B/D
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	2	QL	GAUZE PADS 2X2	2	
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	2	QL	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/NOVO	2	
			INSULIN SAFETY NEEDLES	2	
			INSULIN SYRINGES: BD	2	
			LANTUS SOLN 100unit/ml	2	
			LANTUS SOLOSTAR SOPN 100unit/ml	2	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
NOVOLIN INJ 70/30 (brand RELION not covered)	2		OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	3	QL PA
NOVOLIN INJ 70/30 FP (brand RELION not covered)	2		OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	3	QL PA
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	2		OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	3	QL PA
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	2		OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	3	QL PA
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	2		SOLQUA INJ 100/33 QL (5 pens / 25 days)	2	QL
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2		TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	2		TOUJEO SOLOSTAR SOPN 300unit/ml	2	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	2		TRESIBA SOLN 100unit/ml	2	
OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	3	QL PA	TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	
OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	3	QL PA	V-GO 20 KIT QL (30 devices / 30 days)	3	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	3	QL PA	V-GO 30 KIT QL (30 devices / 30 days)	3	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	3	QL PA	V-GO 40 KIT QL (30 devices / 30 days)	3	QL PA
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	3	QL PA	XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	2	QL
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	3	QL PA	CALCIUM REGULATORS		
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	3	QL PA	<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg	1	
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	3	QL PA	<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
			BINOSTO TBEF 70mg	3	ST
			<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
			EVENITY SOSY 105mg/1.17ml	4	NDS NM PA
			FORTEO SOPN 600mcg/2.4ml	4	NDS NM PA
			FOSAMAX + D TAB 70-2800	3	ST
			FOSAMAX + D TAB 70-5600	3	ST

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Drug Name	Drug Requirements/ Tier	Limits
<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
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	4	NDS LA PA
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
<i>risedronate sodium</i> TABS 5mg, 30mg	1	
<i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg, 150mg	1	
<i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1	
TERIPARATIDE SOPN 620mcg/2.48ml	4	NDS NM PA
<i>teriparatide (recombinant)</i> (generic of FORTEO) SOPN 600mcg/2.4ml	4	NDS NM PA
TYMLOS SOPN 3120mcg/1.56ml	4	NDS NM PA
XGEVA SOLN 120mg/1.7ml	4	NDS NM PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml	1	B/D NM
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	4	NDS
CUVRIOR TABS 300mg	4	NDS NM LA 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	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg	1	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg	4	NDS NM PA
<i>deferiprone</i> (generic of FERRIPROX) TABS 500mg, 1000mg	4	NDS NM LA PA
<i>deferoxamine mesylate</i> SOLR 2gm	1	NM PA
<i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg	1	NM PA
FERRIPROX SOLN 100mg/ml	4	NDS NM LA PA
FERRIPROX TWICE-A-DAY TABS 1000mg	4	NDS NM LA PA
LOKELMA PACK 5gm, 10gm	2	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	4	NDS NM
<i>sodium polystyrene sulfonate powder</i>	1	
sps SUSP 15gm/60ml	1	
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	4	NDS NM PA
VELTASSA PACK 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	
<i>aviane</i>	1	
<i>ayuna</i>	1	

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>azurette</i>	1	<i>etonogestrel-ethinyl estradiol</i>	1
<i>balziva</i>	1	<i>va ring 0.120-0.015 mg/24hr</i> (generic of NUVARING)	
<i>blisovi 24 fe</i>	1	<i>falmina</i>	1
<i>blisovi fe 1.5/30</i>	1	<i>finzala</i> (generic of MINASTRIN 24 FE)	1
<i>briellyn</i>	1	<i>gemmily</i> (generic of TAYTULLA)	1
<i>camila</i> TABS .35mg	1	<i>hailey 1.5/30</i>	1
<i>camrese</i>	1	<i>hailey 24 fe</i>	1
<i>camrese lo</i>	1	<i>haloette</i> (generic of NUVARING)	1
<i>chateal</i>	1	<i>heather</i> TABS .35mg	1
<i>cryselle-28</i>	1	<i>iclevia</i>	1
<i>cyred eq</i>	1	<i>incassia</i> TABS .35mg	1
<i>dasetta 1/35</i>	1	<i>introvale</i>	1
<i>dasetta 7/7/7</i>	1	<i>isibloom</i>	1
<i>daysee</i>	1	<i>jasmiel</i> (generic of YAZ)	1
<i>deblitane</i> TABS .35mg	1	<i>jolessa</i>	1
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	<i>juleber</i>	1
<i>desogest-eth estrad & eth</i> <i>estradiol tab 0.15-0.02/0.01</i> <i>mg(21/5)</i>	1	<i>junel 1.5/30</i>	1
<i>desogestrel & ethinyl estradiol</i> <i>tab 0.15 mg-30 mcg</i>	1	<i>junel 1/20</i>	1
<i>dolishale</i>	1	<i>junel fe 1.5/30</i>	1
<i>drospirenone-ethinyl estrad-</i> <i>levomefolate tab 3-0.03-0.451</i> <i>mg</i> (generic of SAFYRAL)	1	<i>junel fe 1/20</i>	1
<i>drospirenone-ethinyl estradiol</i> <i>tab 3-0.02 mg</i> (generic of YAZ)	1	<i>junel fe 24</i>	1
<i>drospirenone-ethinyl estradiol</i> <i>tab 3-0.03 mg</i> (generic of YASMIN 28)	1	<i>kaitlib fe</i>	1
<i>elinest</i>	1	<i>kariva</i>	1
<i>eluryng</i> (generic of NUVARING)	1	<i>kelnor 1/35</i>	1
<i>enilloring</i> (generic of NUVARING)	1	<i>kelnor 1/50</i>	1
<i>enpresse-28</i>	1	<i>kurvelo</i>	1
<i>enskyce</i>	1	<i>larin 1.5/30</i>	1
<i>errin</i> TABS .35mg	1	<i>larin 1/20</i>	1
<i>estarylla</i>	1	<i>larin 24 fe</i>	1
<i>ethynodiol diacetate & ethinyl</i> <i>estradiol tab 1 mg-35 mcg</i>	1	<i>larin fe 1.5/30</i>	1
<i>ethynodiol diacetate & ethinyl</i> <i>estradiol tab 1 mg-50 mcg</i>	1	<i>larin fe 1/20</i>	1
		<i>layolis fe</i>	1
		<i>leena</i>	1
		<i>lessina</i>	1
		<i>levonest</i>	1
		<i>levonor-eth est tab 0.15-</i> <i>0.02/0.025/0.03 mg & eth est</i> <i>0.01 mg</i>	1
		<i>levonorg-eth est tab 0.1-</i> <i>0.02mg(84) & eth est tab</i> <i>0.01mg(7)</i>	1

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1	NEXTSTELLIS TAB 3-14.2MG	3 PA
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	nikki (generic of YAZ)	1
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	nora-be TABS .35mg	1
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	1
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1	norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	1
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1	norethindrone (contraceptive) TABS .35mg	1
levora 0.15/30-28	1	norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	1
LO LOESTRIN TAB 1-10-10	3	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1
loestrin 1.5/30-21	1	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1
loestrin 1/20-21	1	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1
loestrin fe 1.5/30	1	norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (generic of MINASTRIN 24 FE)	1
loestrin fe 1/20	1	norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)	1
loryna (generic of YAZ)	1	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1
low-ogestrel	1	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)	1
luteru	1	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1
lyleq TABS .35mg	1	norlyroc TABS .35mg	1
lyza TABS .35mg	1	nortrel 0.5/35 (28)	1
marlissa	1	nortrel 1/35 (21)	1
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1	nortrel 1/35 (28)	1
merzee (generic of TAYTULLA)	1	nortrel 7/7/7	1
mibelas 24 fe (generic of MINASTRIN 24 FE)	1	nylia 1/35	1
microgestin 1.5/30	1	nylia 7/7/7	1
microgestin 1/20	1	nymyo	1
microgestin 24 fe	1	ocella (generic of YASMIN 28)	1
microgestin fe 1.5/30	1	PHEXXI GEL	3
microgestin fe 1/20	1		
mili	1		
mono-lynyah	1		
NATAZIA TAB	3		
necon 0.5/35-28	1		

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Drug Name	Drug Requirements/ Tier Limits
<i>philith</i>	1
<i>pimtrea</i>	1
<i>portia-28</i>	1
<i>reclipsen</i>	1
<i>rivelsa</i>	1
<i>setlakin</i>	1
<i>sharobel</i> TABS .35mg	1
<i>simliya</i>	1
<i>simpesse</i>	1
SLYND TABS 4mg	3
<i>sprintec 28</i>	1
<i>sronyx</i>	1
<i>syeda</i> (generic of YASMIN 28)	1
<i>tarina 24 fe</i>	1
<i>tarina fe 1/20 eq</i>	1
<i>tilia fe</i>	1
<i>tri-estarylla</i>	1
<i>tri-legest fe</i>	1
<i>tri-linyah</i>	1
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-mili</i>	1
<i>tri-nymyo</i>	1
<i>tri-sprintec</i>	1
<i>tri-vylibra</i>	1
<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>trivora-28</i>	1
<i>turqoz</i>	1
TYBLUME CHW 0.1-0.02	3
<i>tydemy</i> (generic of SAFYRAL)	1
<i>velivet</i>	1
<i>vestura</i> (generic of YAZ)	1
<i>vienva</i>	1
<i>viorele</i>	1
<i>vyfemla</i>	1
<i>vylibra</i>	1
<i>wera</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>wymzya fe</i>	1
<i>xulane</i>	1
<i>zafemy</i>	1
<i>zovia 1/35</i>	1
<i>zumandimine</i> (generic of YASMIN 28)	1
ENDOMETRIOSIS	
<i>danazol</i> CAPS 50mg, 100mg, 200mg	
ORILISSA TABS 150mg, 200mg	4 NDS PA
SYNAREL SOLN 2mg/ml	4 NDS PA
ESTROGENS	
<i>amabelz</i>	2
BIJUVA CAP 1-100MG	3
CLIMARA PRO DIS WEEKLY	3
COMBIPATCH DIS	3
DEPO-ESTRADIOL OIL 5mg/ml	3
<i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
ELESTRIN 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

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Drug Name	Drug Requirements/ Tier	Limits
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1	
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
ESTRING RING 7.5mcg/24hr	3	
ESTROGEL GEL .06%	3	
EVAMIST SOLN 1.53mg/spray	3	
FEMRING RING .05mg/24hr, .1mg/24hr	3	
<i>fyavolv tab 0.5mg-2.5mcg</i>	2	
<i>fyavolv tab 1mg-5mcg</i>	2	
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3	PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3	PA
<i>jinteli</i>	2	
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	3	
MENOSTAR PTWK 14mcg/24hr	3	
<i>mimvey</i> (generic of ACTIVELLA)	2	
<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	
PREFEST TAB	3	
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	
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	1	

Drug Name	Drug Requirements/ Tier	Limits
GLUCOCORTICOIDS		
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	4	NDS NM LA PA
ALKINDI SPRINKLE CPSP .5mg	3	NM LA PA
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i> (generic of CELESTONE SOLUSPAN)	1	
DEPO-MEDROL SUSP 20mg/ml	3	B/D
<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	1	B/D
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	B/D
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</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	
KENALOG-10 SUSP 10mg/ml	3	B/D
KENALOG-80 SUSP 80mg/ml	3	B/D
MEDROL TABS 2mg	3	B/D
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	1	B/D
<i>methylprednisolone TABS 32mg</i>	1	B/D
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	1	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ SOLR 40mg, 125mg</i>	1	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D	CHORIONIC	3	NM PA
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D	GONADOTROPIN SOLR 10000unit		
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml, 25mg/5ml	1	B/D	<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	1	B/D QL NM
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D	<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	4	NDS B/D QL NM
<i>prednisone</i> TBPK 5mg, 10mg	1		CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	4	NDS NM LA PA
PREDNISON INTENSOL CONC 5mg/ml	3	B/D	CYSTAGON CAPS 50mg, 150mg	3	NM LA PA
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3		<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	4	NDS
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D	<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1	
<i>triamcinolone acetonide</i> (generic of KENALOG-40) SUSP 40mg/ml	1	B/D	<i>desmopressin acetate spray</i> SOLN .01%	1	
ZILRETTA SRER 32mg	3	B/D NM LA	<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
GLUCOSE ELEVATING AGENTS			DOJOLVI LIQD 100%	4	NDS NM LA PA
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	4	NDS	EGRIFTA SV SOLR 2mg	4	NDS NM LA PA
GVOKE HYOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2		ELAPRASE SOLN 6mg/3ml	4	NDS NM LA PA
GVOKE KIT SOLN 1mg/0.2ml	2		ELELYSO SOLR 200unit	4	NDS NM LA PA
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	2		ELFABRIO SOLN 20mg/10ml	4	NDS NM LA PA
MISCELLANEOUS			FABRAZYME SOLR 5mg, 35mg	4	NDS NM LA PA
ALDURAZYME SOLN 2.9mg/5ml	4	NDS NM LA PA	FENSOLVI KIT 45mg	4	NDS NM LA PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	4	NDS NM LA	GALAFOLD CAPS 123mg	4	NDS NM LA PA
<i>cabergoline</i> TABS .5mg	1		GENOTROPIN CART 5mg, 12mg	4	NDS NM PA
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	4	NDS NM LA PA	GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	NDS NM PA
CARNITOR SOLN 200mg/ml	3	B/D	HUMATROPE CART 6mg, 12mg, 24mg	4	NDS NM PA
CERDELGA CAPS 84mg	4	NDS NM LA PA			
CEREZYME SOLR 400unit	4	NDS NM LA PA			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
INCRELEX SOLN 40mg/4ml	4	NDS NM LA PA	NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	4	NDS NM LA PA
ISTURISA TABS 1mg, 5mg	4	NDS NM LA PA	<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	4	NDS NM PA
<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	4	NDS NM LA PA	<i>nitisinone</i> CAPS 20mg	4	NDS NM PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	4	NDS NM LA PA	NITYR TABS 2mg, 5mg, 10mg	4	NDS NM LA PA
JYNARQUE PAK 30-15MG	4	NDS NM LA PA	NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	4	NDS NM PA
JYNARQUE PAK 45-15MG	4	NDS NM LA PA	NOVAREL SOLR 5000unit, 10000unit	3	NM PA
JYNARQUE PAK 60-30MG	4	NDS NM LA PA	NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml	4	NDS NM LA PA
JYNARQUE PAK 90-30MG	4	NDS NM LA PA	NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml	4	NDS NM LA PA
KANUMA SOLN 20mg/10ml	4	NDS NM LA PA	NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml	4	NDS NM LA PA
KORLYM TABS 300mg	4	NDS NM LA PA	<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA
LAMZEDE SOLR 10mg	4	NDS NM LA PA	<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	1	B/D	<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	4	NDS NM PA
LUMIZYME SOLR 50mg	4	NDS NM LA PA	<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	4	NDS NM PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	4	NDS NM PA	OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	4	NDS NM LA PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	4	NDS NM PA	OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	4	NDS NM LA PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg)	4	NDS NM PA	OPFOLDA CAPS 65mg QL (8 caps / 28 days)	3	QL NM LA PA
<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA	ORFADIN SUSP 4mg/ml	4	NDS NM LA PA
MYALEPT SOLR 11.3mg	4	NDS NM LA PA	ORIAHNN CAP	4	NDS PA
MYCAPSSA CPDR 20mg QL (112 caps / 28 days)	4	NDS QL NM LA PA	PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	4	NDS NM LA PA
MYFEMBREE TAB	4	NDS PA	PHEBURANE PLLT 483mg/gm	4	NDS NM LA PA
NAGLAZYME SOLN 1mg/ml	4	NDS NM LA PA			
NEXVIAZYME SOLR 100mg	4	NDS NM LA PA			

Drug Name	Drug Requirements/ Tier	Limits
POMBILITI SOLR 105mg	4	NDS NM LA PA
PREGNYL W/DILUENT BENZYL SOLR 10000unit	3	NM PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	4	NDS NM LA PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1	
RAVICTI LIQD 1.1gm/ml	4	NDS NM LA PA
RECORLEV TABS 150mg	4	NDS NM LA PA
REVCOSI SOLN 2.4mg/1.5ml	4	NDS NM LA PA
SAMSCA TABS 15mg, 30mg	4	NDS NM LA PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	4	NDS NM PA
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	4	NDS NM PA
SEROSTIM SOLR 4mg, 5mg, 6mg	4	NDS NM LA PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	4	NDS NM LA PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	4	NDS NM LA PA
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	4	NDS NM LA 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 LA PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	4	NDS NM LA PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	4	NDS NM LA PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	4	NDS NM LA PA
TEPEZZA SOLR 500mg	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tolvaptan</i> (generic of SAMSCA) TABS 15mg, 30mg	4	NDS NM PA
VEOZAH TABS 45mg	3	PA
VIJOICE TBPK 50mg, 125mg QL (28 tabs / 28 days)	4	NDS QL NM LA PA
VIJOICE TAB 250MG QL (56 tabs / 28 days)	4	NDS QL NM LA PA
VIMIZIM SOLN 5mg/5ml	4	NDS NM LA PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	4	NDS NM LA PA
VPRIV SOLR 400unit	4	NDS NM LA PA
XENPOZYME SOLR 4mg, 20mg	4	NDS NM LA PA
<i>yargesa</i> (generic of 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
ZORBTIVE SOLR 8.8mg	4	NDS NM PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg QL (360 caps / 30 days)	1	QL
<i>calcium acetate (phosphate binder)</i> TABS 667mg QL (360 tabs / 30 days)	1	QL
<i>sevelamer carbonate</i> (generic of RENVELA) PACK 2.4gm QL (180 packets / 30 days)	1	QL
<i>sevelamer carbonate</i> (generic of RENVELA) PACK .8gm QL (540 packets / 30 days)	1	QL
<i>sevelamer carbonate</i> (generic of RENVELA) TABS 800mg QL (540 tabs / 30 days)	1	QL
<i>sevelamer hcl</i> TABS 400mg QL (540 tabs / 30 days)	1	QL
<i>sevelamer hcl</i> (generic of RENAGEL) TABS 800mg QL (540 tabs / 30 days)	1	QL
VELPHORO CHEW 500mg QL (180 tabs / 30 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
PROGESTINS		
CRINONE GEL 4%, 8%	3	PA
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1	
THYROID AGENTS		
ERMEZA SOLN 150mcg/5ml	3	
<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	ST
<i>levothyroxine sodium</i> (generic of TIROSINT) CAPS 112mcg	1	ST
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyI</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	
THYQUIDITY SOLN 100mcg/5ml	3	
TIROSINT CAPS 37.5mcg, 44mcg, 62.5mcg	3	ST
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	3	
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> (generic of ROCALTRON) CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> (generic of ROCALTRON) 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
GASTROINTESTINAL ANTIEMETICS		
AKYNZEO CAP 300-0.5	3	B/D
AKYNZEO INJ 235-0.25	3	NM LA

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Drug Name	Drug Requirements/ Tier	Limits
AKYNZEO INJ 235-0.25MG/20ML	3	NM LA
APONVIE EMUL 32mg/4.4ml	3	
aprepitant CAPS 40mg, 125mg	1	B/D
aprepitant (generic of EMEND) CAPS 80mg	1	B/D
aprepitant capsule therapy pack 80 & 125 mg	1	B/D
BONJESTA TAB 20-20MG	3	
CINVANTI EMUL 130mg/18ml	3	
compro SUPP 25mg	1	
doxylamine-pyridoxine tab delayed release 10-10 mg (generic of DICLEGIS)	3	
dronabinol (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	1	B/D QL
dronabinol CAPS 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL
EMEND SUSR 125mg/5ml	4	NDS B/D
fosaprepitant dimeglumine (generic of EMEND) SOLR 150mg	1	
GIMOTI SOLN 15mg/act	4	NDS PA
granisetron hcl SOLN 1mg/ml, 4mg/4ml	1	
granisetron hcl TABS 1mg	1	B/D
meclizine hcl TABS 12.5mg, 25mg	1	
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TBP 5mg	1	
metoclopramide hcl (generic of REGLAN) TABS 5mg, 10mg	1	
ondansetron TBP 4mg, 8mg	1	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
palonosetron hcl SOLN .25mg/5ml; SOSY .25mg/5ml	1	
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3	
prochlorperazine SUPP 25mg	1	

Drug Name	Drug Requirements/ Tier	Limits
prochlorperazine edisylate SOLN 10mg/2ml	1	
prochlorperazine maleate TABS 5mg, 10mg	1	
promethazine hcl (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA if 70 years and older	2	PA
promethazine hcl SUPP 12.5mg, 25mg PA if 70 years and older	3	PA
promethazine hcl SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	1	PA
promethegan SUPP 12.5mg, 25mg, 50mg PA if 70 years and older	3	PA
SANCUSO PTCH 3.1mg/24hr QL (4 patches / 28 days)	4	NDS QL
scopolamine (generic of TRANSDERM-SCOP) PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	3	QL PA
SUSTOL PRSY 10mg/0.4ml	3	
SYNDROS SOLN 5mg/ml QL (120 mL / 30 days)	4	NDS B/D QL
trimethobenzamide hcl CAPS 300mg	1	
VARUBI TBP 90mg	3	B/D NM
ANTISPASMODICS		
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3	
atropine sulfate (generic of ATROPINE SULFATE) SOSY .25mg/5ml, 1mg/10ml	3	
dicyclomine hcl CAPS 10mg; TABS 20mg	2	
dicyclomine hcl SOLN 10mg/5ml	3	
dicyclomine hcl (generic of BENTYL) SOLN 10mg/ml	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml	1	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg QL (90 tabs / 30 days)	1	QL
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg QL (120 tabs / 30 days)	1	QL
<i>glycopyrrolate (oral)</i> (generic of CUVPOSA) SOLN 1mg/5ml	1	
<i>methscopolamine bromide</i> TABs 2.5mg, 5mg PA if 70 years and older	3	PA
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	1	
<i>famotidine</i> SUSR 40mg/5ml QL (300 mL / 30 days)	1	QL
<i>famotidine</i> (generic of PEPCID) TABS 20mg QL (120 tabs / 30 days)	1	QL
<i>famotidine</i> (generic of PEPCID) TABS 40mg QL (60 tabs / 30 days)	1	QL
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
<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	
DIPENTUM CAPS 250mg	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	1	
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	1	QL
<i>mesalamine</i> (generic of PENTASA) CPCR 500mg QL (240 caps / 30 days)	1	QL
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	1	QL
<i>mesalamine</i> ENEM 4gm	1	
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg	1	
<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 PENTASA CPCR 250mg QL (480 caps / 30 days)	1	
SFROWASA ENEM 4gm/60ml	4	NDS
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
LAXATIVES		
CLENPIQ SOL 10 MG-3.5 GM-12 GM/160ML	3	
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)</i>	1	
<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	
SUTAB TAB	3	
MISCELLANEOUS		
<i>alosetron hcl (generic of LOTRONEX) TABS .5mg, 1mg</i> QL (60 tabs / 30 days)	4	NDS QL PA
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
BYLVAY CAPS 400mcg, 1200mcg	4	NDS NM LA PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	4	NDS NM LA PA
CHOLBAM CAPS 50mg, 250mg	4	NDS NM LA PA
<i>cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml</i>	1	
<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	
GATTEX KIT 5mg	4	NDS NM LA PA
HELIDAC MIS THERAPY	4	NDS
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	3	QL
LIVMARLI SOLN 9.5mg/ml	4	NDS NM LA PA
<i>loperamide hcl CAPS 2mg</i>	1	
<i>lubiprostone CAPS 8mcg</i> QL (60 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>lubiprostone (generic of AMITIZA) CAPS 24mcg</i> QL (60 caps / 30 days)	1	QL
<i>misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg</i>	1	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	2	QL
OCALIVA TABS 5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
REBYOTA SUSP 150ml	4	NDS NM LA PA
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	4	NDS QL PA
RELISTOR TABS 150mg QL (90 tabs / 30 days)	4	NDS QL PA
SUCRAID SOLN 8500unit/ml	4	NDS NM LA PA
<i>sucralfate (generic of CARAFATE) TABS 1gm</i>	1	
SYMPROIC TABS .2mg QL (30 tabs / 30 days)	3	QL
TALICIA CAP	3	
<i>ursodiol CAPS 300mg</i>	1	
<i>ursodiol (generic of URSO 250) TABS 250mg</i>	1	
<i>ursodiol (generic of URSO FORTE) TABS 500mg</i>	1	
VIBERZI TABS 75mg, 100mg	4	NDS PA
VOWST CAP	4	NDS NM LA PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	4	NDS QL NM LA PA
XIFAXAN TABS 550mg	4	NDS PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	

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Drug Name	Drug Requirements/ Tier	Limits
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	
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	4	NDS
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000UNT	3	
ZENPEP CAP 40000UNT	3	
PROTON PUMP INHIBITORS		
<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 10mg, 20mg, 40mg QL (30 packets / 30 days)	1	QL
<i>esomeprazole sodium</i> (generic of NEXIUM I.V.) 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 PACK 2.5mg, 5mg	3	
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1	

Drug Name	Drug Requirements/ Tier	Limits
PRILOSEC PACK 2.5mg, 10mg	3	PA
<i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg QL (30 tabs / 30 days)	1	QL
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	1	QL
CARDURA XL TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL ST
<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
<i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg QL (30 caps / 30 days)	1	QL
<i>tamsulosin hcl</i> (generic of FLOMAX) 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	
ELMIRON CAPS 100mg QL (90 caps / 30 days)	4	NDS QL
FILSPARI TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL NM LA PA
INTRAROSA INST 6.5mg	3	PA
LITHOSTAT TABS 250mg	3	
<i>neomycin-polymyxin b gu</i> <i>irrigation soln</i>	1	
OXLUMO SOLN 94.5mg/0.5ml	4	NDS NM LA PA
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 5) TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
TARPEYO CPDR 4mg QL (120 caps / 30 days)	4	NDS QL NM LA PA
THIOLA EC TBEC 100mg, 300mg	4	NDS NM LA
<i>tiopronin</i> (generic of THIOLA) TABS 100mg	4	NDS NM
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg QL (30 tabs / 30 days)	1	QL ST
<i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg QL (30 tabs / 30 days)	1	QL
GELNIQUE GEL 10% QL (30 gm / 30 days)	3	QL ST
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

Drug Name	Drug Requirements/ Tier	Limits
<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg QL (30 caps / 30 days)	1	QL ST
<i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg QL (60 tabs / 30 days)	1	QL
<i>tropium chloride</i> CP24 60mg QL (30 caps / 30 days)	1	QL
<i>tropium chloride</i> TABS 20mg QL (60 tabs / 30 days)	1	QL
VESICARE LS SUSP 5mg/5ml QL (300 mL / 30 days)	3	QL
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP 100mg	3	
<i>clindamycin phosphate</i> vaginal (generic of CLEOCIN) CREA 2%	1	
CLINDESSE CREA 2%	3	
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>miconazole</i> 3 SUPP 200mg	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
VANAZOLE GEL .75%	3	
XACIATO GEL 2%	3	
HEMATOLOGIC ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg QL (60 caps / 30 days)	1	QL
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 150mg QL (60 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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<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>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1		XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	2	QL
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS	XARELTO TABS 2.5mg QL (60 tabs / 30 days)	2	QL
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3		XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
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	XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	2	QL
HEP SOD/D5W INJ 20000UNT	3		HEMATOPOIETIC GROWTH FACTORS		
HEP SOD/D5W INJ 25000UNT	3		ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA
HEP SOD/NACL INJ 12500UNT	2		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
HEP SOD/NACL INJ 25000UNT	2		LEUKINE SOLR 250mcg	4	NDS NM PA
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D	MOZOBIL SOLN 24mg/1.2ml	4	NDS NM LA PA
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D	NPLATE SOLR 125mcg, 250mcg, 500mcg	4	NDS NM PA
HEPARIN/NACL INJ 25000UNT	2		<i>plerixafor</i> (generic of MOZOBIL) SOLN 24mg/1.2ml	4	NDS NM PA
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1		PROCRIT SOLN 2000unit/ml, 2 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PRADAXA CAPS 75mg QL (60 caps / 30 days)	3	QL	PROCRIT SOLN 20000unit/ml, 40000unit/ml	4	NDS NM PA
PRADAXA CAPS 110mg QL (120 caps / 30 days)	3	QL	ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
			ZIEXTENZO SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
			MISCELLANEOUS		
			ADAKVEO SOLN 100mg/10ml	4	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
<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 LA PA
CABLIVI KIT 11mg	4	NDS NM LA PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit QL (20 vials / 30 days)	4	NDS QL NM LA PA
DOPTELET TABS 20mg	4	NDS NM LA PA
DROXIA CAPS 200mg, 300mg, 400mg	2	
EMPAVELI SOLN 1080mg/20ml	4	NDS NM LA PA
ENDARI PACK 5gm	4	NDS NM LA PA
ENJAYMO SOLN 1100mg/22ml	4	NDS NM LA PA
GIVLAARI SOLN 189mg/ml	4	NDS NM LA PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	4	NDS QL NM LA PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	4	NDS QL NM LA 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 LA PA
MULPLETA TABS 3mg	4	NDS NM PA
ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days)	4	NDS QL NM LA PA
OXBRYTA TABS 300mg, 500mg; TBSO 300mg	4	NDS NM LA PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	4	NDS QL NM LA PA

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	4	NDS NM LA PA	ENTYVIO SOLR 300mg	4	NDS NM LA PA
PLATELET AGGREGATION INHIBITORS			PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1		HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 syringes / 28 days)	4	NDS QL NM PA
BRILINTA TABS 60mg, 90mg	2		HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	4	NDS QL NM PA
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1		HUMIRA PEDIA INJ CROHNS QL (2 syringes / 28 days)	4	NDS QL NM PA
<i>clopidogrel bisulfate</i> TABS 300mg	1		HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml QL (3 syringes / 28 days)	4	NDS QL NM PA
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA if 70 years and older	2	PA	HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	4	NDS QL NM PA
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1		HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA
ZONTIVITY TABS 2.08mg	3		HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	4	NDS QL NM PA
IMMUNOLOGIC AGENTS			IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS			AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF AJKT 40mg/0.8ml QL (56 pens / 365 days)	4	NDS QL NM PA	HUMIRA PEN PNKT 40mg/0.8ml QL (6 pens / 28 days)	4	NDS QL NM PA
ADBRY SOSY 150mg/ml QL (56 syringes / 365 days)	4	NDS QL NM LA PA	HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA
AVSOLA SOLR 100mg	4	NDS NM LA PA	HUMIRA PEN CD/UC/HS START PNKT 40mg/0.8ml QL (6 pens / 28 days)	4	NDS QL NM PA
CIBINQO TABS 50mg, 100mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA	HUMIRA PEN CD/UC/HS START PNKT 80mg/0.8ml QL (3 pens / 28 days)	4	NDS QL NM PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	4	NDS NM PA	HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	4	NDS QL NM PA	HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	4	NDS QL NM PA	IDACIO AJKT 40mg/0.8ml QL (56 pens / 365 days)	4	NDS QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA	IDACIO PSKT 40mg/0.8ml QL (56 syringes / 365 days)	4	NDS QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	4	NDS QL NM PA	IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	4	NDS QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	4	NDS QL NM PA			

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Drug Name	Drug Requirements/ Tier	Limits
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	4	NDS QL NM PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	4	NDS QL NM PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	4	NDS QL NM PA
OTEZLA TABS 30mg QL (60 tabs / 30 days)	4	NDS QL NM PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	4	NDS QL NM PA
RENFLEXIS SOLR 100mg	4	NDS NM LA 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
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	4	NDS QL NM PA
SKYRIZI SOLN 600mg/10ml QL (6 vials / year)	4	NDS QL 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
SPEVIGO SOLN 450mg/7.5ml QL (30 mL / 14 days)	4	NDS QL NM LA PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	4	NDS QL NM LA PA
STELARA SOLN 130mg/26ml	4	NDS NM LA PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	4	NDS QL NM LA 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
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate</i> TABS 100mg, 300mg, 400mg	1	
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	1	
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>methotrexate sodium</i> TABS 2.5mg	1	
TREXALL TABS 5mg, 7.5mg, 3 10mg, 15mg	3	B/D
XATMEP SOLN 2.5mg/ml	3	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml, 10%	4	NDS NM LA PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	4	NDS NM LA PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	4	NDS NM LA PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NDS NM PA
GAMASTAN INJ	3	B/D NM LA
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

Drug Name	Drug Requirements/ Tier	Limits
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NDS NM LA PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	4	NDS NM LA PA
HYQVIA INJ 2.5-200	4	NDS NM LA PA
HYQVIA INJ 5-400	4	NDS NM LA PA
HYQVIA INJ 10-800	4	NDS NM LA PA
HYQVIA INJ 20-1600	4	NDS NM LA PA
HYQVIA INJ 30-2400	4	NDS NM LA PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NDS NM LA PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	4	NDS NM LA PA
ARCALYST SOLR 220mg	4	NDS NM LA PA
GRASTEK SUBL 2800bau	3	PA
ILARIS SOLN 150mg/ml	4	NDS NM LA PA
JOENJA TABS 70mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
ODACTRA SUB	3	PA

Drug Name	Drug Requirements/ Tier	Limits
ORALAIR SUB 300 IR	3	NM LA PA
PALFORZIA CAP ESCALAT	4	NDS NM LA PA
PALFORZIA CAP LEVEL 3	4	NDS NM LA PA
PALFORZIA CAP LEVEL 7	4	NDS NM LA PA
PALFORZIA CAP LEVEL 8	4	NDS NM LA PA
PALFORZIA CAP LEVEL 10	4	NDS NM LA PA
PALFORZIA LEVEL 1 CSPK 1mg	4	NDS NM LA PA
PALFORZIA LEVEL 2 CSPK 1mg	4	NDS NM LA PA
PALFORZIA LEVEL 4 CSPK 20mg	4	NDS NM LA PA
PALFORZIA LEVEL 5 CSPK 20mg	4	NDS NM LA PA
PALFORZIA LEVEL 6 CSPK 20mg	4	NDS NM LA PA
PALFORZIA LEVEL 9 CSPK 100mg	4	NDS NM LA PA
PALFORZIA LEVEL 11 (MAINT PACK 300mg)	4	NDS NM LA PA
PALFORZIA LEVEL 11 (TITRA PACK 300mg)	4	NDS NM LA PA
RAGWITEK SUBL 12amba1- u	3	PA
RYSTIGGO SOLN 280mg/2ml	4	NDS NM LA PA
VYVGART SOLN 400mg/20ml	4	NDS NM LA PA
VYVGART INJ HYTRULO	4	NDS NM LA PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	4	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
ATGAM INJ 50mg/ml	4	NDS B/D
azasan TABS 75mg, 100mg	1	B/D
azathioprine (generic of IMURAN) TABS 50mg	1	B/D
azathioprine TABS 75mg, 100mg	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	4	NDS QL NM LA PA
BENLYSTA SOLR 120mg, 400mg	4	NDS NM LA PA
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg; SOLN 50mg/ml	1	B/D NM
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	1	B/D NM
ENVARUSUS XR TB24 4mg	4	NDS B/D NM
ENVARUSUS XR TB24 .75mg, 1mg	3	B/D NM
<i>everolimus</i> (<i>immunosuppressant</i>) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	4	NDS B/D NM
<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
LUPKYNIS CAPS 7.9mg	4	NDS NM LA PA
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	4	NDS B/D NM
<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM
NULOJIX SOLR 250mg	4	NDS B/D NM
PROGRAF PACK .2mg, 1mg	3	B/D NM
REZUROCK TABS 200mg	4	NDS NM LA PA
SANDIMMUNE SOLN 100mg/ml	3	B/D NM
SAPHNELO SOLN 300mg/2ml	4	NDS NM LA PA
<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml	4	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	1	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	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 INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PRIORIX INJ	1		dextrose 5% w/ sodium chloride 0.45%	1	
PROQUAD INJ	1		dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)	1	
QUADRACEL INJ	1		dextrose 10% w/ sodium chloride 0.45%	1	
QUADRACEL INJ 0.5ML	1		ISOLYTE-P INJ /D5W	3	
RBAVERT INJ	1	B/D	ISOLYTE-S INJ	3	
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D	ISOLYTE-S INJ PH 7.4	3	
ROTARIX SUS	1		kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1	
ROTATEQ SOL	1		kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1	QL	kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1	
TDVAX INJ 2-2 LF	1	B/D	kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1	
TENIVAC INJ 5-2LF	1	B/D	kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1	
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1		kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1	
TRUMENBA INJ	1		kcl 20 meq/l (0.149%) in nacl 0.45% inj	1	
TWINRIX INJ	1		kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1		kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1		kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1	
VARIVAX INJ 1350pfu/0.5ml	1		kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1	
YF-VAX INJ	1		KCL/D5W/LACT INJ 20MEQ/L	3	
NUTRITIONAL/SUPPLEMENTS			KCL/D5W/NACL INJ 0.3/0.9% lactated ringer's solution	3	
ELECTROLYTES/MINERALS, INJECTABLE				1	
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%/NACL 0.45%)	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%/NACL 0.3%)	1				
dextrose 5% w/ sodium chloride 0.9%	1				

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2		<i>klor-con 8</i> TBCR 8meq	1	
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2		<i>klor-con 10</i> TBCR 10meq	1	
<i>magnesium sulfate</i> SOLN 50%	2		<i>klor-con m10</i> TBCR 10meq	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W)	2		<i>klor-con m15</i> TBCR 15meq	1	
MG SO4/D5W INJ 10MG/ML	2		<i>klor-con m20</i> TBCR 20meq	1	
<i>multiple electrolytes ph 5.5</i> (generic of PLASMA-LYTE- 148)	1		M-NATAL PLUS TAB	2	
<i>multiple electrolytes ph 7.4</i> (generic of PLASMA-LYTE A)	1		<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq	1	
PLASMA-LYTE INJ -148	3		<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	1	
PLASMA-LYTE INJ -A	3		<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	3		PRENATAL TAB 27-1MG	2	
POT CHL 20MEQ/L IN NACL 0.45% INJ	3		PRENATAL TAB PLUS	2	
POT CHL 40MEQ/L IN NACL 0.9% INJ	3		<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
<i>potassium chloride</i> SOLN 2meq/ml	1		IV NUTRITION		
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml	3		CLINIMIX E INJ 2.75/D5W	3	B/D
<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1		CLINIMIX E INJ 4.25/D5W	3	B/D
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1		CLINIMIX E INJ 4.25/D10	3	B/D
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1		CLINIMIX E INJ 5%/D15W	3	B/D
TPN ELECTROL INJ	3	B/D	CLINIMIX E INJ 5%/D20W	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL			CLINIMIX E INJ 8/10	3	B/D
<i>klor-con</i> PACK 20meq	1		CLINIMIX E INJ 8/14	3	B/D
			CLINIMIX INJ 8/10	3	B/D
			CLINIMIX INJ 8/14	3	B/D
			<i>clinisol sf 15%</i>	1	B/D
			CLINOLIPID EMU 20%	3	B/D
			<i>dextrose</i> SOLN 5%, 10%	1	
			<i>dextrose</i> SOLN 50%, 70%	1	B/D
			INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
			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

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Drug Name	Drug Requirements/ Tier	Limits
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) (generic of ZYMAXID) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>levofloxacin (ophth) SOLN .5%, 1.5%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>	1	
NATACYN SUSP 5%	3	

Drug Name	Drug Requirements/ Tier	Limits
<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	
<i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
TOBREX OINT .3%	3	
<i>trifluridine SOLN 1%</i>	1	
XDEMVIY SOLN .25%	4	NDS NM LA PA
ZIRGAN GEL .15%	3	
ANTI-INFLAMMATORIES		
ACUVAIL SOLN .45%	3	
ALREX SUSP .2%	2	
<i>bromfenac sodium (ophth) SOLN .09%</i>	1	
BROMSITE SOLN .075%	3	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	
<i>difluprednate (generic of DUREZOL) EMUL .05%</i>	1	
EYSUVIS SUSP .25%	3	
FLAREX SUSP .1%	3	
<i>fluorometholone (ophth) (generic of FML LIQUIFILM) SUSP .1%</i>	1	
<i>flurbiprofen sodium SOLN .03%</i>	1	
FML FORTE SUSP .25%	3	
ILEVRO SUSP .3%	3	
INVELTYS SUSP 1%	3	
<i>ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) SOLN .5%	1	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	2	
<i>loteprednol etabonate</i> (generic of LOTEMAX) GEL .5%; SUSP .5%	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%	2	
XIPERE SUSP 40mg/ml	3	NM LA PA
YUTIQ IMPL .18mg	4	NDS NM LA
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>bepotastine besilate</i> (generic of BEPREVE) SOLN 1.5%	1	
<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%	2	
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETIMOL SOLN .25%, .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>brinzolamide</i> (generic of AZOPT) SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl</i> SOLN 2%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> (generic of COSOPT)	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> (generic of COSOPT PF)	1	
<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
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	3	
<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	
<i>travoprost</i> (generic of TRAVATAN Z) SOLN .004%	1	
VYZULTA SOLN .024%	3	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
BEOVU SOSY 6mg/0.05ml	4	NDS NM LA PA
BYOOVIZ SOLN .5mg/0.05ml	4	NDS NM LA PA
CIMERLI SOLN .3mg/0.05ml	3	NM LA PA
CIMERLI SOLN .5mg/0.05ml	4	NDS NM LA PA
CYSTADROPS SOLN .37%	4	NDS NM LA PA
CYSTARAN SOLN .44%	4	NDS NM LA PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
EYLEA HD SOLN 8mg/0.07ml	4	NDS NM LA PA
IZERVAY SOLN 2mg/0.1ml	4	NDS NM LA PA
LACRISERT INST 5mg	3	
LUCENTIS SOSY .3mg/0.05ml	4	NDS NM LA PA
OXERVATE SOLN .002%	4	NDS NM LA PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	1	
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
SUSVIMO SOLN 10mg/0.1ml	4	NDS NM LA PA
SYFOVRE SOLN 15mg/0.1ml	4	NDS NM LA PA
TYRVAYA SOLN .03mg/act	3	
VABYSMO SOLN 6mg/0.05ml	4	NDS NM LA 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> SOLN .2%	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
CORTISPORIN SUS -TC OTIC	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	
<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	

Drug Name	Drug Requirements/ Tier	Limits
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
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act QL (1 inhaler / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>tiotropium bromide monohydrate</i> (generic of SPIRIVA HANDIHALER) CAPS 18mcg QL (30 caps / 30 days)	1	QL
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> (generic of DYMISTA) QL (1 bottle / 30 days)	1	QL
CLARINEX-D TAB 2.5-120	3	
<i>promethazine vc</i> PA 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 if 70 years and older	2	PA
<i>cetirizine hcl</i> SOLN 1mg/ml QL (300 mL / 30 days)	1	QL
<i>clemastine fumarate</i> TABS 2.68mg PA if 70 years and older	2	PA
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA if 70 years and older	2	PA
<i>desloratadine</i> (generic of CLARINEX) TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>desloratadine</i> TBP 2.5mg, 5mg QL (30 tabs / 30 days)	1	QL
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA if 70 years and older	3	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA if 70 years and older	2	PA
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg PA if 70 years and older	2	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>hydroxyzine pamoate</i> CAPS 50mg, 100mg PA if 70 years and older	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	3	
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 Ventolin HFA)	1	QL
<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	1	QL
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>arformoterol tartrate</i> (generic of BROVANA) NEBU 15mcg/2ml	1	B/D
<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
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
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
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	4	NDS NM LA PA
BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	4	NDS QL NM LA PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<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	
FASENRA SOSY 30mg/ml	4	NDS NM LA PA
FASENRA PEN SOAJ 30mg/ml	4	NDS NM LA PA
GLASSIA SOLN 1000mg/50ml	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packs / 28 days)	4	NDS QL NM LA PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	4	NDS QL NM LA PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	4	NDS QL NM LA PA
ORKAMBI GRA 75-94MG QL (56 packs / 28 days)	4	NDS QL NM LA PA
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	4	NDS QL NM LA PA
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	4	NDS QL NM LA PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	4	NDS QL NM LA PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	4	NDS QL NM LA 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; SOLR 1000mg	4	NDS NM LA 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 LA PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	4	NDS QL NM LA PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<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 LA PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	4	NDS QL NM LA PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	4	NDS QL NM LA PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	4	NDS QL NM LA PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	4	NDS NM LA PA
ZEMAIRA SOLR 1000mg	4	NDS NM LA PA
NASAL STEROIDS		
BECONASE AQ SUSP 42mcg/spray QL (2 inhalers / 30 days)	3	QL ST
<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 ST
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNASL AERS 80mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNASL CHILDRENS AERS 40mcg/act QL (1 inhaler / 30 days)	3	QL ST
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	3	QL PA
ZETONNA AERS 37mcg/act QL (1 inhaler / 30 days)	3	QL ST

Drug Name	Drug Requirements/ Tier	Limits
STEROID INHALANTS		
ARNUIITY 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
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
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
DULERA AER 50-5MCG QL (1 inhaler / 30 days)	3	QL
DULERA AER 100-5MCG QL (1 inhaler / 30 days)	3	QL
DULERA AER 200-5MCG QL (1 inhaler / 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

Drug Name	Drug Requirements/ Tier	Limits
<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 LD CAPS 8mg, 16mg, 24mg, 32mg	4	NDS PA
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<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
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> (generic of EPIDUO)	1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> (generic of EPIDUO FORTE)	1	
AKLIEF CREA .005% QL (45 gm / 30 days)	3	QL PA
ALTRENO LOTN .05% QL (45 gm / 30 days)	3	QL PA
<i>amnesteem</i> CAPS 10mg, 20mg, 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
AZELEX CREA 20% QL (50 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

Drug Name	Drug Requirements/ Tier	Limits
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindacin</i> FOAM 1%	1	
<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
<i>clindamycin phosphate (topical)</i> FOAM 1%	1	
<i>clindamycin phosphate (topical)</i> GEL 1% QL (75 gm / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL
<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> (generic of ZIANA) QL (60 gm / 30 days)	1	QL
<i>dapsone (topical)</i> (generic of ACZONE) GEL 5%, 7.5% QL (90 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
DIFFERIN LOTN .1% QL (118 mL / 30 days)	3	QL PA
EPSOLAY CREA 5% QL (30 gm / 30 days)	3	QL PA
ery PADS 2% QL (60 pledgets / 30 days)	1	QL
<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
<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 MICRO GEL .06% QL (50 gm / 30 days)	4	NDS 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
TWYNEO CRE 0.1-3% QL (30 gm / 30 days)	3	QL PA
WINLEVI CREA 1% QL (60 gm / 30 days)	3	QL PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
DERMATOLOGY, ANTIBIOTICS		
ALTABAX OINT 1% QL (30 gm / 30 days)	3	QL
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	1	QL
<i>mafenide acetate</i> (generic of SULFAMYLON) PACK 5% QL (5 packets / 30 days)	1	QL
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	1	QL
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1% ssd (generic of SILVADENE) CREA 1%	1	
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	3	QL
DERMATOLOGY, ANTIFUNGALS		
<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 (30 mL / 30 days)	1	QL
<i>clotrimazole w/ betamethasone cream</i> 1- 0.05% QL (45 gm / 30 days)	1	QL
<i>econazole nitrate</i> CREA 1% QL (85 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
JUBLIA SOLN 10% QL (8 mL / 30 days)	4	NDS QL
<i>ketconazole (topical)</i> CREA 2% QL (60 gm / 30 days)	1	QL
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i> QL (50 gm / 30 days)	1	QL PA
<i>naftifine hcl</i> CREA 1% QL (90 gm / 30 days)	1	QL
<i>naftifine hcl</i> CREA 2% QL (60 gm / 30 days)	1	QL
<i>naftifine hcl</i> (generic of NAFTIN) GEL 2% QL (60 gm / 30 days)	1	QL
NAFTIN GEL 1% QL (90 gm / 30 days)	3	QL
<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	1	QL
<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
OXISTAT LOTN 1% QL (60 mL / 30 days)	3	QL PA
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005% QL (120 gm / 30 days)	1	QL PA
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	1	QL PA
<i>calcitrene</i> OINT .005% QL (120 gm / 30 days)	1	QL PA
<i>methoxsalen rapid</i> CAPS 10mg	4	NDS
SORILUX FOAM .005% QL (120 gm / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tazarotene</i> (generic of TAZORAC) CREA .1% QL (60 gm / 30 days)	1	QL PA
<i>tazarotene</i> (generic of TAZORAC) GEL .05%, .1% QL (100 gm / 30 days)	1	QL PA
TAZORAC CREA .05% QL (60 gm / 30 days)	3	QL PA
VTAMA CREA 1% QL (60 gm / 30 days)	4	NDS QL PA
ZORYVE CREA .3% QL (60 gm / 30 days)	3	QL PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketconazole (topical)</i> SHAM 2% QL (120 mL / 30 days)	1	QL
<i>selenium sulfide</i> LOTN 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	1	
ALA-SCALP LOTN 2% QL (60 mL / 30 days)	3	QL
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>amcinonide</i> LOTN .1%	1	
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate (topical)</i> LOTN .05% QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate augmented</i> LOTN .05% QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate</i> CREA .1%; FOAM .12%; OINT .1% QL (120 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	1	QL
CAPEX SHAM .01%	3	
<i>clobetazol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>clobetazol propionate</i> FOAM .05% QL (100 gm / 30 days)	1	QL
<i>clobetazol propionate</i> (generic of CLOBEX) LIQD .05% QL (125 mL / 30 days)	1	QL
<i>clobetazol propionate</i> (generic of CLOBEX) LOTN .05%; SHAM .05% QL (118 mL / 30 days)	1	QL
<i>clobetazol propionate</i> SOLN .05% QL (50 mL / 30 days)	1	QL
<i>clobetazol propionate e</i> CREA .05% QL (60 gm / 30 days)	1	QL
<i>clobetazol propionate emulsion</i> (generic of OLUX-E) FOAM .05% QL (100 gm / 30 days)	1	QL
<i>clodan</i> (generic of CLOBEX) SHAM .05% QL (118 mL / 30 days)	1	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
DUOBRII LOT QL (200 gm / 28 days)	4	NDS QL PA
ENSTILAR AER QL (120 gm / 30 days)	3	QL PA
EPIFOAM AER 1%	3	
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<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-SMOOTHIE/FS BODY) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> SOLN .01% QL (90 mL / 30 days)	1	QL
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	1	QL
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>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 butyrate</i> SOLN .1% QL (60 mL / 30 days)	1	QL
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
PANDEL CREA .1% QL (80 gm / 30 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
<i>tovet</i> (generic of OLUX-E) FOAM .05% QL (100 gm / 30 days)	1	QL
<i>triamcinolone acetonide</i> (topical) CREA .025%, .1%, .5% QL (454 gm / 30 days)	1	QL
<i>triamcinolone acetonide</i> (topical) LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<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
QUTENZA KIT 8% 1-PCH QL (4 patches / 90 days)	4	NDS QL NM LA PA
QUTENZA KIT 8% 2-PCH QL (4 patches / 90 days)	4	NDS QL NM LA PA
QUTENZA KIT 8% 4-PCH QL (4 patches / 90 days)	4	NDS QL NM LA 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
<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
CONDYLOX GEL .5% QL (7 gm / 28 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
CORTIFOAM FOAM 10% <i>diclofenac sodium (actinic keratoses)</i> GEL 3% QL (100 gm / 30 days)	3	
<i>diclofenac sodium (topical)</i> GEL 1% QL (1000 gm / 30 days)	1	QL PA
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	1	QL PA
<i>doxycycline (rosacea)</i> CPDR 40mg	1	
FINACEA FOAM 15% QL (50 gm / 30 days)	3	QL
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5% QL (40 gm / 30 days)	1	QL
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	1	QL
<i>hydrocortisone (rectal)</i> (generic of PROCTOCORT) CREA 1%	1	
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
HYFTOR GEL .2% QL (20 gm / 25 days)	4	NDS QL NM LA PA
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	1	QL
KLISYRI OINT 1% QL (5 packets / 30 days)	4	NDS QL PA
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	1	QL
<i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days)	1	QL
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75% QL (59 mL / 30 days)	1	QL
NORITATE CREA 1% QL (60 gm / 30 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
OPZELURA CREA 1.5% QL (240 gm / 28 days)	4	NDS QL PA	sodium chloride (gu irrigant) SOLN .9%	1	
PANRETIN GEL .1% QL (60 gm / 30 days)	4	NDS QL PA	water for irrigation, sterile irrigation soln	1	
<i>peniclovir</i> (generic of DENAVIR) CREA 1% QL (5 gm / 30 days)	1	QL	MOUTH/THROAT/DENTAL AGENTS		
<i>pimecrolimus</i> (generic of ELIDEL) CREA 1% QL (100 gm / 30 days)	1	QL PA	<i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg	1	
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	1	QL	<i>chlorhexidine gluconate</i> (<i>mouth-throat</i>) (generic of PERIDEX) SOLN .12%	1	
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	1		<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	1	QL
PROCTOFOAM AER HC 1%	3		<i>kourzeq</i> PSTE .1%	1	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	1		<i>lidocaine hcl</i> (<i>mouth-throat</i>) SOLN 2%	1	
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1		<i>nystatin</i> (<i>mouth-throat</i>) SUSP 100000unit/ml	1	
RECTIV OINT .4% QL (30 gm / 30 days)	3	QL	<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	
RHOFADE CREA 1% QL (30 gm / 30 days)	3	QL	<i>pilocarpine hcl</i> (<i>oral</i>) (generic of SALAGEN) TABS 5mg, 7.5mg	1	
<i>tacrolimus</i> (<i>topical</i>) OINT .03%, .1% QL (100 gm / 30 days)	1	QL	<i>triamcinolone acetonide</i> (<i>mouth</i>) PSTE .1%	1	
TOLAK CREA 4% QL (40 gm / 30 days)	3	QL			
VALCHLOR GEL .016% QL (60 gm / 30 days)	4	NDS QL NM LA PA			
XERESE CRE 5-1% QL (5 gm / 30 days)	4	NDS QL			
ZILXI FOAM 1.5% QL (30 gm / 30 days)	3	QL PA			
DERMATOLOGY, SCABICIDES AND PEDICULIDES					
<i>crotan</i> LOTN 10% QL (454 gm / 30 days)	1	QL			
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	1	QL			
<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	1	QL			
<i>spinosad</i> SUSP .9%	1				
DERMATOLOGY, WOUND CARE AGENTS					
REGANEX GEL .01% QL (30 gm / 30 days)	4	NDS QL PA			
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	3	QL			

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

Index

A		
<i>abacavir sulfate</i>	7	
<i>abacavir sulfate-lamivudine</i> <i>tab 600-300 mg</i>	8	
ABELCET.....	6	
ABILIFY <i>see aripiprazole</i>	35	
ABILIFY ASIMTUFII.....	34	
ABILIFY MAINTENA.....	34	
ABILIFY MYCITE MAINTENANC.....	34	
ABILIFY MYCITE STARTER KI.....	35	
<i>abiraterone acetate</i>	13	
ABRAXANE INJ 100MG.....	15	
ABRYSVO.....	73	
ABSORICA <i>see isotretinoin</i>	83	
ABSORICA LD.....	82	
<i>acamprosate calcium</i>	49	
ACANYA <i>see clindamycin</i> <i>phosphate-benzoyl</i> <i>peroxide gel 1.2-2.5%</i>	82	
<i>acarbose</i>	50	
ACCOLATE <i>see zafirlukast</i>	80	
ACCUPRIL <i>see quinapril hcl</i>	22	
<i>accutane</i>	82	
<i>acebutolol hcl</i>	26	
<i>acetaminophen-caffeine-</i> <i>dihydrocodeine cap</i> <i>320.5-30-16 mg</i>	2	
<i>acetaminophen w/ codeine</i> <i>soln 120-12 mg/5ml</i>	2	
<i>acetaminophen w/ codeine</i> <i>tab 300-15 mg</i>	2	
<i>acetaminophen w/ codeine</i> <i>tab 300-30 mg</i>	2	
<i>acetaminophen w/ codeine</i> <i>tab 300-60 mg</i>	2	
<i>acetazolamide</i>	28	
<i>acetic acid</i>	66	
<i>acetic acid (otic)</i>	78	
<i>acetylcysteine</i>	80	
ACIPHEX <i>see rabeprazole sodium</i>	66	
<i>acitretin</i>	84	
ACTHIB INJ.....	73	
ACTIMMUNE.....	72	
ACTIVELLA <i>see estradiol &</i> <i>norethindrone acetate</i> <i>tab 1-0.5 mg</i>	57	
<i>see mimvey</i>	58	
ACTONEL <i>see risedronate sodium</i>	54	
ACTOPLUS MET <i>see pioglitazone hcl-</i> <i>metformin hcl tab 15-</i> <i>850 mg</i>	52	
ACTOS <i>see pioglitazone hcl</i>	51	
ACULAR <i>see ketorolac</i> <i>tromethamine (ophth)</i>	77	
ACULAR LS <i>see ketorolac</i> <i>tromethamine (ophth)</i>	76	
ACUVAIL.....	76	
<i>acyclovir</i>	9	
<i>acyclovir sodium</i>	9	
<i>acyclovir topical</i>	86	
ACZONE <i>see dapsons (topical)</i>	82	
ADACEL INJ.....	73	
ADAKVEO.....	68	
ADALIMUMAB-AACF.....	70	
<i>adapalene</i>	82	
ADAPALENE.....	82	
<i>adapalene-benzoyl</i> <i>peroxide gel 0.1-2.5%</i>	82	
<i>adapalene-benzoyl</i> <i>peroxide gel 0.3-2.5%</i>	82	
ADBRY.....	70	
ADCIRCA <i>see alyq</i>	29	
<i>see tadalafil (pulmonary</i> <i>hypertension)</i>	30	
ADDERALL <i>see amphetamine-</i> <i>dextroamphetamine</i> <i>tab 10 mg</i>	41	
<i>see amphetamine-</i> <i>dextroamphetamine</i> <i>tab 12.5 mg</i>	41	
<i>see amphetamine-</i> <i>dextroamphetamine</i> <i>tab 15 mg</i>	41	
<i>see amphetamine-</i> <i>dextroamphetamine</i> <i>tab 20 mg</i>	41	
<i>see amphetamine-</i> <i>dextroamphetamine</i> <i>tab 30 mg</i>	41	
<i>see amphetamine-</i> <i>dextroamphetamine</i> <i>tab 5 mg</i>	41	
<i>see amphetamine-</i> <i>dextroamphetamine</i> <i>tab 7.5 mg</i>	41	
ADDERALL XR <i>see amphetamine-</i> <i>dextroamphetamine</i> <i>cap er 24hr 10 mg</i>	41	
<i>see amphetamine-</i> <i>dextroamphetamine</i> <i>cap er 24hr 15 mg</i>	41	
<i>see amphetamine-</i> <i>dextroamphetamine</i> <i>cap er 24hr 20 mg</i>	41	
<i>see amphetamine-</i> <i>dextroamphetamine</i> <i>cap er 24hr 25 mg</i>	41	
<i>see amphetamine-</i> <i>dextroamphetamine</i> <i>cap er 24hr 30 mg</i>	41	
<i>see amphetamine-</i> <i>dextroamphetamine</i> <i>cap er 24hr 5 mg</i>	41	
<i>adefovir dipivoxil</i>	9	
ADEMPAS.....	29	
ADLARITY.....	31	
ADMELOG.....	52	

ADMELOG SOLOSTAR .52	<i>alfuzosin hcl</i> .....66	<i>amiloride &</i>
ADVAIR DISKUS	ALIMTA	<i>hydrochlorothiazide tab</i>
see <i>fluticasone-</i>	see <i>pemetrexed</i>	5-50 mg .....28
<i>salmeterol aer powder</i>	<i>disodium</i> .....13	<i>amiloride hcl</i> .....28
<i>ba 100-50 mcg/act</i> ...81	ALINIA	<i>aminocaproic acid</i> .....69
see <i>fluticasone-</i>	see <i>nitazoxanide</i> .....5	<i>amiodarone hcl</i> .....24
<i>salmeterol aer powder</i>	ALIQOPA .....15	AMITIZA
<i>ba 250-50 mcg/act</i> ...81	<i>aliskiren fumarate</i>.....28	see <i>lubiprostone</i> .....65
see <i>fluticasone-</i>	ALKINDI SPRINKLE .....58	<i>amitriptyline hcl</i> .....32
<i>salmeterol aer powder</i>	<i>allopurinol</i>.....1	<i>amlodipine besylate</i> .....27
<i>ba 500-50 mcg/act</i> ...82	ALLOPURINOL .....1	<i>amlodipine besylate-</i>
see <i>wixela inhub</i> .....82	<i>allopurinol sodium</i> .....1	<i>atorvastatin calcium tab</i>
ADVAIR HFA AER 115/21	<i>almotriptan malate</i> .....45	10-10 mg .....28
.....81	ALOPRIM	<i>amlodipine besylate-</i>
ADVAIR HFA AER 230/21	see <i>allopurinol sodium</i> ...1	<i>atorvastatin calcium tab</i>
.....81	<i>alosectron hcl</i>.....65	10-20 mg .....28
ADVAIR HFA AER 45/21 81	ALPHAGAN P .....77	<i>amlodipine besylate-</i>
ADZENYS XR-ODT .....41	see <i>brimonidine tartrate</i>	<i>atorvastatin calcium tab</i>
ADZENYS XR-ODT .....41	.....77	10-40 mg .....28
AEMCOLO .....4	<i>aprazolam</i> .....30, 31	<i>amlodipine besylate-</i>
AFINITOR	ALPRAZOLAM INTENSOL	<i>atorvastatin calcium tab</i>
see <i>everolimus</i> .....16	.....31	10-80 mg .....28
AFINITOR DISPERZ	ALREX .....76	<i>amlodipine besylate-</i>
see <i>everolimus</i> .....16	ALTABAX .....83	<i>atorvastatin calcium tab</i>
<i>afirmelle</i> .....54	ALTACE	2.5-10 mg .....28
AGRYLIN	see <i>ramipril</i>.....22	<i>amlodipine besylate-</i>
see <i>anagrelide hcl</i> .....69	<i>altavera</i> .....54	<i>atorvastatin calcium tab</i>
AIMOVIG .....45	ALTOPREV .....25	2.5-20 mg .....28
AKEEGA TAB 100/500 ...13	ALTRENO .....82	<i>amlodipine besylate-</i>
AKEEGA TAB 50/500MG	ALUNBRIG .....15	<i>atorvastatin calcium tab</i>
.....13	ALUNBRIG PAK .....15	2.5-40 mg .....28
AKLIEF .....82	<i>alyacen 1/35</i>.....54	<i>amlodipine besylate-</i>
AKYNZEO CAP 300-0.5 .62	<i>alyacen 7/7/7</i>.....54	<i>atorvastatin calcium tab</i>
AKYNZEO INJ 235-0.25 .62	<i>alyq</i> .....29	5-10 mg .....28
AKYNZEO INJ 235-	<i>amabelz</i> .....57	<i>amlodipine besylate-</i>
0.25MG/20ML .....63	<i>amantadine hcl</i>.....33	<i>atorvastatin calcium tab</i>
<i>ala-cort</i> .....84	AMBIEN	5-20 mg .....28
ALA-SCALP .....84	see <i>zolpidem tartrate</i> ...44	<i>amlodipine besylate-</i>
<i>albendazole</i>.....4	AMBIEN CR	<i>atorvastatin calcium tab</i>
<i>albuterol sulfate</i>.....79	see <i>zolpidem tartrate</i> ...45	5-40 mg .....28
ALCAINE	AMBISOME	<i>amlodipine besylate-</i>
see <i>proparacaine hcl</i> ...78	see <i>amphotericin b</i>	<i>atorvastatin calcium tab</i>
<i>alclometasone dipropionate</i>	<i>liposome</i> .....6	5-80 mg .....28
.....84	<i>ambrisentan</i> .....30	<i>amlodipine besylate-</i>
ALDACTONE	<i>amcinonide</i>.....84	<i>benazepril hcl cap 10-20</i>
see <i>spironolactone</i> .....22	<i>amethia</i> .....54	<i>mg</i> .....21
ALDURAZYME .....59	<i>amethyst</i> .....54	
ALECENSA .....15	<i>amikacin sulfate</i> .....4	
<i>alendronate sodium</i> .....53		

<i>amlodipine besylate- benazepril hcl cap 10-40 mg .....21</i>	<i>amlodipine-valsartan- hydrochlorothiazide tab 5-160-12.5 mg .....22</i>	<i>bead cap er 24hr 37.5 mg .....41</i>
<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg .....21</i>	<i>amlodipine-valsartan- hydrochlorothiazide tab 5-160-25 mg .....22</i>	<i>amphetamine- dextroamphetamine 3- bead cap er 24hr 50 mg.....41</i>
<i>amlodipine besylate- benazepril hcl cap 5-10 mg .....21</i>	<i>amnestem .....82</i>	<i>amphetamine- dextroamphetamine cap er 24hr 10 mg .....41</i>
<i>amlodipine besylate- benazepril hcl cap 5-20 mg .....21</i>	<i>amoxapine .....32</i>	<i>amphetamine- dextroamphetamine cap er 24hr 15 mg .....41</i>
<i>amlodipine besylate- benazepril hcl cap 5-40 mg .....21</i>	<i>amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg.....65</i>	<i>amphetamine- dextroamphetamine cap er 24hr 20 mg .....41</i>
<i>amlodipine besylate- olmesartan medoxomil tab 10-20 mg .....22</i>	<i>amoxicillin .....11</i>	<i>amphetamine- dextroamphetamine cap er 24hr 25 mg .....41</i>
<i>amlodipine besylate- olmesartan medoxomil tab 10-40 mg .....22</i>	<i>amoxicillin & k clavulanate chew tab 200-28.5 mg.11</i>	<i>amphetamine- dextroamphetamine cap er 24hr 30 mg .....41</i>
<i>amlodipine besylate- olmesartan medoxomil tab 5-20 mg .....22</i>	<i>amoxicillin & k clavulanate chew tab 400-57 mg....11</i>	<i>amphetamine- dextroamphetamine cap er 24hr 5 mg .....41</i>
<i>amlodipine besylate- olmesartan medoxomil tab 5-40 mg .....22</i>	<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml.....11</i>	<i>amphetamine- dextroamphetamine tab 10 mg .....41</i>
<i>amlodipine besylate- valsartan tab 10-160 mg.....22</i>	<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml.....11</i>	<i>amphetamine- dextroamphetamine tab 12.5 mg .....41</i>
<i>amlodipine besylate- valsartan tab 10-320 mg.....22</i>	<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml.....11</i>	<i>amphetamine- dextroamphetamine tab 15 mg .....41</i>
<i>amlodipine besylate- valsartan tab 5-160 mg22</i>	<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml.....11</i>	<i>amphetamine- dextroamphetamine tab 20 mg .....41</i>
<i>amlodipine besylate- valsartan tab 5-320 mg22</i>	<i>amoxicillin & k clavulanate tab 250-125 mg .....11</i>	<i>amphetamine- dextroamphetamine tab 30 mg .....41</i>
<i>amlodipine-valsartan- hydrochlorothiazide tab 10-160-12.5 mg .....22</i>	<i>amoxicillin & k clavulanate tab 500-125 mg .....11</i>	<i>amphetamine- dextroamphetamine tab 5 mg .....41</i>
<i>amlodipine-valsartan- hydrochlorothiazide tab 10-160-25 mg .....23</i>	<i>amoxicillin & k clavulanate tab 875-125 mg .....11</i>	<i>amphetamine- dextroamphetamine tab 7.5 mg .....41</i>
<i>amlodipine-valsartan- hydrochlorothiazide tab 10-320-25 mg .....23</i>	<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg.....11</i>	<i>amphotericin b .....6</i>
	<i>amphetamine- dextroamphetamine 3- bead cap er 24hr 12.5 mg .....41</i>	<i>amphotericin b liposome...6</i>
	<i>amphetamine- dextroamphetamine 3- bead cap er 24hr 25 mg.....41</i>	<i>ampicillin .....11</i>
	<i>amphetamine- dextroamphetamine 3-</i>	

<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>.....11	ARALAST NP.....80	<i>see candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>.....23
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>.....11	ARANESP ALBUMIN FREE.....68	<i>see candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>.....23
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>.....11	ARAVA <i>see leflunomide</i>.....71	<i>see candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>.....23
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>.....11	ARAZLO.....82	atazanavir sulfate.....7
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>.....11	ARCALYST.....72	ATELVIA <i>see risedronate sodium</i>.....54
<i>ampicillin sodium</i>.....11	AREXVY.....73	atenolol.....26
AMPYRA <i>see dalfampridine</i>.....47	<i>arformoterol tartrate</i>.....79	<i>atenolol & chlorthalidone tab 100-25 mg</i>.....26
AMVUTTRA.....46	ARICEPT <i>see donepezil hydrochloride</i>.....31	<i>atenolol & chlorthalidone tab 50-25 mg</i>.....26
AMZEEQ.....82	ARIKAYCE.....4	ATGAM.....72
ANAFRANIL <i>see clomipramine hcl</i>.....32	ARIMIDEX <i>see anastrozole</i>.....13	ATIVAN <i>see lorazepam</i>.....31
<i>anagrelide hcl</i>.....69	<i>aripiprazole</i>.....35	<i>atomoxetine hcl</i>.....41, 42
ANAPROX DS <i>see naproxen sodium</i>.....1	ARISTADA.....35	ATORVALIQ.....25
<i>anastrozole</i>.....13	ARISTADA INITIO.....35	<i>atorvastatin calcium</i>.....25
ANCOBON <i>see flucytosine</i>.....6	ARIXTRA <i>see fondaparinux sodium</i>.....68	<i>atovaquone</i>.....4
ANDROGEL PUMP <i>see testosterone</i>.....50	<i>armodafinil</i>.....49	<i>atovaquone-proguanil hcl tab 250-100 mg</i>.....7
ANNOVERA MIS.....54	ARNUITY ELLIPTA.....81	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>.....7
ANORO ELLIPT AER 62.5-25.....78	AROMASIN <i>see exemestane</i>.....14	ATRALIN <i>see tretinoin</i>.....83
ANUSOL-HC <i>see hydrocortisone (rectal)</i>.....86	ARTHROTEC 50 <i>see diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>.....1	ATRIPLA <i>see efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>.....8
<i>see procto-med hc</i>.....87	ARTHROTEC 75 <i>see diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>.....1	<i>atropine sulfate</i>.....63
<i>see proctosol hc</i>.....87	ARZERRA.....15	ATROPINE SULFATE63, 77 <i>see atropine sulfate</i>.....63
<i>see proctozone-hc</i>.....87	<i>asenapine maleate</i>.....35	<i>atropine sulfate (ophthalmic)</i>.....77
APONVIE.....63	<i>ashlyna</i>.....54	ATROVENT HFA.....78
<i>aprepitant</i>.....63	ASPARLAS.....14	AUBAGIO <i>see teriflunomide</i>.....48
<i>aprepitant capsule therapy pack 80 & 125 mg</i>.....63	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>.....70	<i>abra eq</i>.....54
<i>apri</i>.....54	ASPRUZYO SPRINKLE.....28	AUGMENTIN
APRISO <i>see mesalamine</i>.....64	ASTAGRAF XL.....72	
APTIOM.....37	ATACAND <i>see candesartan cilexetil</i>.....24	
APTIVUS.....7	ATACAND HCT	

see <i>amoxicillin & k clavulanate tab 500- 125 mg</i>.....11	AZELEX .....82	BAFIERTAM .....47
AUGMENTIN ES-600	AZILECT	<i>balsalazide disodium</i>.....64
see <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>.....11	see <i>rasagiline mesylate</i> .....34	BALVERSA .....15
AUGMENTIN SUS	<i>azithromycin</i>.....10	<i>balziva</i>.....55
125/5ML .....11	AZOPT	BANZEL
<i>aurovela 1/20</i> .....54	see <i>brinzolamide</i> .....77	see <i>rufinamide</i> .....40
<i>aurovela 24 fe</i> .....54	AZOR	BARACLUDGE .....9
<i>aurovela fe 1/20</i> .....54	see <i>amlodipine besylate- olmesartan medoxomil tab 10-20 mg</i>.....22	see <i>entecavir</i> .....9
<i>aurovela fe 1.5/30</i> .....54	see <i>amlodipine besylate- olmesartan medoxomil tab 10-40 mg</i>.....22	BASAGLAR KWIKPEN...52
AUSTEDO.....46	see <i>amlodipine besylate- olmesartan medoxomil tab 5-20 mg</i>.....22	BAVENCIO .....16
AUSTEDO XR.....46	see <i>amlodipine besylate- olmesartan medoxomil tab 5-40 mg</i>.....22	BAXDELA .....11
AUSTEDO XR TAB TITR KIT.....46	AZSTARYS CAP 26.1-5.2 .....42	BCG VACCINE .....73
AVALIDE	AZSTARYS CAP 39.2-7.8 .....42	BD ALCOHOL SWABS...52
see <i>irbesartan- hydrochlorothiazide tab 150-12.5 mg</i>.....23	AZSTARYS CAP 52.3-10. .....42	BECONASE AQ.....81
see <i>irbesartan- hydrochlorothiazide tab 300-12.5 mg</i>.....23	<i>aztreonam</i> .....4	BELBUCA .....1, 2
AVAPRO	AZULFIDINE	BELEODAQ .....16
see <i>irbesartan</i>.....24	see <i>sulfasalazine</i>.....64	BELSOMRA .....44
AVEED .....50	AZULFIDINE EN-TABS	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> .....21
<i>aviane</i> .....54	see <i>sulfasalazine</i>.....64	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> .....21
AVODART	<i>azurette</i> .....55	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> .....21
see <i>dutasteride</i>.....66	B	<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i> .....21
AVONEX .....47	<i>bacitracin (ophthalmic)</i> ....76	<i>benazepril hcl</i>.....21
AVONEX PEN.....47	<i>bacitracin-polymyxin b ophth oint</i>.....76	<i>bendamustine hcl</i>.....12
AVSOLA.....70	<i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i> .....76	BENDEKA.....12
AVYCAZ INJ 2-0.5GM ....10	<i>baclofen</i> .....48	BENICAR
<i>ayuna</i> .....54	BACTRIM	see <i>olmesartan medoxomil</i> .....24
AYVAKIT .....15	see <i>sulfamethoxazole- trimethoprim tab 400- 80 mg</i>.....6	BENICAR HCT
<i>azacitidine</i> .....13	BACTRIM DS	see <i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i>.....23
AZACTAM	see <i>sulfamethoxazole- trimethoprim tab 800- 160 mg</i>.....6	<i>benazepril hcl</i>.....21
see <i>aztreonam</i>.....4		<i>bendamustine hcl</i>.....12
<i>azasan</i> .....72		BENDEKA.....12
AZASITE .....76		BENICAR
<i>azathioprine</i> .....72		see <i>olmesartan medoxomil</i> .....24
<i>azelaic acid</i> .....86		BENICAR HCT
<i>azelastine hcl</i> .....79		see <i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i>.....23
<i>azelastine hcl (ophth)</i>.....77		see <i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i>.....23
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>.....79		see <i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i>.....23

BENLYSTA	73	BEXSERO INJ	73	BREO ELLIPTA INH 50-	
BENTYL		BIAXIN XL		25MCG	81
see <i>dicyclomine hcl</i>	63	see <i>clarithromycin</i>	10	BREZTRI AERO AER	
BENZAMYCIN		<i>bicalutamide</i>	13	SPHERE.....	78
see <i>benzoyl peroxide-</i>		BICILLIN C-R INJ 1200000		BREZTRI AERO AER	
<i>erythromycin gel 5-3%</i>		.....	11	SPHERE	
.....	82	BICILLIN C-R INJ 900/300		(INSTITUTIONAL PACK)	
<i>benzoyl peroxide-</i>		.....	11	.....	78
<i>erythromycin gel 5-3%</i>	82	BICILLIN L-A.....	11	<i>brillyn</i>	55
<i>benztropine mesylate</i>	33	BIDIL		BRILINTA.....	70
BEOVU	77	see <i>isosorbide dinitrate-</i>		<i>brimonidine tartrate</i>	77
<i>bepotastine besilate</i>	77	<i>hydralazine hcl tab 20-</i>		<i>brimonidine tartrate</i>	
BEPREVE		37.5 mg.....	29	(topical).....	86
see <i>bepotastine besilate</i>		BIJUVA CAP 1-100MG ...	57	<i>brinzolamide</i>	77
.....	77	BIKTARVY TAB 30-120-15		BRIVIACT	37
BERINERT	69	MG.....	8	BRIXADI.....	49
BESIVANCE	76	BIKTARVY TAB 50-200-25		<i>bromfenac sodium (ophth)</i>	
BESPONSA	16	MG.....	8	.....	76
BESREMI.....	14	BILTRICIDE		<i>bromocriptine mesylate</i> ...33	
<i>betaine powder for oral</i>		see <i>praziquantel</i>	5	BROMSITE	76
<i>solution</i>	59	BINOSTO	53	BRONCHITOL	80
<i>betamethasone</i>		<i>bisoprolol &</i>		BROVANA	
<i>dipropionate (topical)</i> ...84		<i>hydrochlorothiazide tab</i>		see <i>arformoterol tartrate</i>	
<i>betamethasone</i>		10-6.25 mg	26	.....	79
<i>dipropionate augmented</i>		<i>bisoprolol &</i>		BRUKINSA.....	16
.....	84	<i>hydrochlorothiazide tab</i>		<i>budesonide</i>	64
<i>betamethasone sod</i>		2.5-6.25 mg	26	<i>budesonide (inhalation)</i> ...81	
<i>phosphate & acetate inj</i>		<i>bisoprolol &</i>		<i>budesonide (intrarectal)</i> ..64	
<i>susp 6 (3-3) mg/ml</i>	58	<i>hydrochlorothiazide tab</i>		<i>bumetanide</i>	28
<i>betamethasone valerate</i> 84,		5-6.25 mg	26	BUMEX	
85		<i>bisoprolol fumarate</i>	26	see <i>bumetanide</i>	28
BETAPACE		BIVIGAM.....	71	BUPHENYL	
see <i>sorine</i>	25	<i>bleomycin sulfate</i>	13	see <i>sodium</i>	
see <i>sotalol hcl</i>	25	<i>blisovi 24 fe</i>	55	<i>phenylbutyrate</i>	61
BETAPACE AF		<i>blisovi fe 1.5/30</i>	55	<i>buprenorphine</i>	2
see <i>sotalol hcl (afib/af)</i> 25		BONJESTA TAB 20-20MG		<i>buprenorphine hcl</i>	49
BETASERON.....	47	.....	63	<i>buprenorphine hcl-</i>	
<i>betaxolol hcl</i>	26	BOOSTRIX INJ	73	<i>naloxone hcl sl film 12-3</i>	
<i>betaxolol hcl (ophth)</i>	77	<i>bortezomib</i>	16	mg (base equiv).....	49
<i>bethanechol chloride</i>	66	BORTEZOMIB	16	<i>buprenorphine hcl-</i>	
BETHKIS		<i>bosentan</i>	30	<i>naloxone hcl sl film 2-0.5</i>	
see <i>tobramycin</i>	6	BOSULIF.....	16	mg (base equiv).....	49
BETIMOL	77	BOTOX	48	<i>buprenorphine hcl-</i>	
BETOPTIC-S	77	BRAFTOVI	16	<i>naloxone hcl sl film 4-1</i>	
BEVESPI AER 9-4.8MCG		BREO ELLIPTA INH 100-		mg (base equiv).....	49
.....	78	25	81	<i>buprenorphine hcl-</i>	
<i>bexarotene</i>	14	BREO ELLIPTA INH 200-		<i>naloxone hcl sl film 8-2</i>	
<i>bexarotene (topical)</i>	86	25	81	mg (base equiv).....	49

<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>.....49	see <i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>.....28	CARAFATE see <i>sucralfate</i>.....65
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>.....49	<i>calcipotriene</i>.....84	<i>carb/levo orally disintegrating tab 10-100mg</i>.....33
<i>bupropion hcl</i>.....32	<i>calcitonin (salmon) spray</i> 53	<i>carb/levo orally disintegrating tab 25-100mg</i>.....33
<i>bupropion hcl (smoking deterrent)</i>.....49	<i>calcitrene</i>.....84	<i>carb/levo orally disintegrating tab 25-250mg</i>.....33
<i>bupirone hcl</i>.....31	<i>calcitriol</i>.....62	CARBAGLU see <i>carglumic acid</i>.....59
<i>butorphanol tartrate</i>.....2	<i>calcitriol (oral)</i>.....62	<i>carbamazepine</i>.....37
BUTRANS see <i>buprenorphine</i>.....2	<i>calcium acetate (phosphate binder)</i>.....61	CARBATROL see <i>carbamazepine</i>.....37
BYDUREON BCISE.....50	CALQUENCE.....16	<i>carbidopa</i>.....33
BYETTA.....50	<i>camila</i>.....55	<i>carbidopa & levodopa tab 10-100 mg</i>.....33
BYLVAY.....65	CAMPTOSAR see <i>irinotecan hcl</i>.....15	<i>carbidopa & levodopa tab 25-100 mg</i>.....33
BYLVAY (PELLETS).....65	<i>camrese</i>.....55	<i>carbidopa & levodopa tab 25-250 mg</i>.....33
BYOOVIZ.....77	<i>camrese lo</i>.....55	<i>carbidopa & levodopa tab er 25-100 mg</i>.....33
BYSTOLIC see <i>nebivolol hcl</i>.....27	CAMZYOS.....29	<i>carbidopa & levodopa tab er 50-200 mg</i>.....33
C	CANASA see <i>mesalamine</i>.....64	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>.....34
<i>cabergoline</i>.....59	CANCIDAS see <i>caspofungin acetate</i>.....6	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>.....34
CABLIVI.....69	<i>candesartan cilexetil</i>.....24	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>.....34
CABOMETYX.....16	<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>.....23	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>.....34
CABTREEO GEL.....82	<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>.....23	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>.....34
CADUET see <i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>.....28	<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>.....23	<i>carbinoxamine maleate</i> ...79
see <i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>.....28	CAPEX.....85	<i>carboplatin</i>.....12
see <i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>.....28	CAPLYTA.....35	CARDIZEM
see <i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>.....28	CAPRELSA.....16	
see <i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>.....28	<i>captopril</i>.....21	
see <i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>.....28	<i>captopril & hydrochlorothiazide tab 25-15 mg</i>.....21	
see <i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>.....28	<i>captopril & hydrochlorothiazide tab 25-25 mg</i>.....21	
	<i>captopril & hydrochlorothiazide tab 50-15 mg</i>.....21	
	<i>captopril & hydrochlorothiazide tab 50-25 mg</i>.....21	

see <i>diltiazem hcl</i>.....27	CEFEPIME/DEX INJ 2GM	CHORIONIC
CARDIZEM CD	.....10	GONADOTROPIN.....59
see <i>cartia xt</i>.....27	<i>cefepime hcl</i>.....10	CIBINQO.....70
see <i>diltiazem hcl coated</i>	<i>cefixime</i>.....10	<i>ciclopirox olamine</i> .....83
<i>beads</i>.....27	<i>cefotetan disodium</i>.....10	<i>cidofovir</i>.....9
CARDIZEM LA	CEFOXITIN INJ 1GM.....10	<i>cilostazol</i> .....69
see <i>diltiazem hcl</i>.....27	CEFOXITIN INJ 2GM.....10	CILOXAN .....76
see <i>matzim la</i> .....27	<i>cefoxitin sodium</i> .....10	CIMDUO TAB 300-300 ....8
CARDURA	<i>cefpodoxime proxetil</i> .....10	CIMERLI .....77
see <i>doxazosin mesylate</i>	<i>cefprozil</i>.....10	<i>cimetidine</i>.....64
.....22	<i>ceftazidime</i>.....10	<i>cinacalcet hcl</i> .....59
CARDURA XL.....66	<i>ceftriaxone sodium</i>.....10	CINRYZE .....69
<i>carglumic acid</i> .....59	<i>cefuroxime axetil</i> .....10	CINVANTI .....63
<i>carisoprodol</i> .....48	<i>cefuroxime sodium</i>.....10	CIPRO.....11
CARNITOR.....59	CELEBREX	see <i>ciprofloxacin hcl</i> ....11
see <i>levocarnitine</i>	see <i>celecoxib</i>.....1	<i>ciprofloxacin</i> .....11
(<i>metabolic modifiers</i>)	<i>celecoxib</i> .....1	<i>ciprofloxacin 200 mg/100ml</i>
.....60	CELESTONE SOLUSPAN	<i>in d5w</i> .....11
CAROSPIR .....22	see <i>betamethasone sod</i>	<i>ciprofloxacin 400 mg/200ml</i>
see <i>spironolactone</i> .....22	<i>phosphate & acetate</i>	<i>in d5w</i> .....11
<i>carteolol hcl (ophth)</i> .....77	<i>inj susp 6 (3-3) mg/ml</i>	<i>ciprofloxacin-</i>
<i>cartia xt</i> .....27	.....58	<i>dexamethasone otic susp</i>
<i>carvedilol</i>.....26	CELEXA	0.3-0.1% .....78
<i>carvedilol phosphate</i> .....26	see <i>citalopram</i>	<i>ciprofloxacin hcl</i> .....11
CASODEX	<i>hydrobromide</i>.....32	<i>ciprofloxacin hcl (ophth)</i> ..76
see <i>bicalutamide</i> .....13	CELLCEPT	<i>ciprofloxacin hcl (otic)</i> .....78
<i>caspofungin acetate</i>.....6	see <i>mycophenolate</i>	CIPRO HC SUS OTIC ....78
CATAPRES-TTS-1	<i>mofetil</i> .....73	<i>cisplatin</i> .....12
see <i>clonidine</i> .....29	CELONTIN	<i>citalopram hydrobromide</i> 32
CATAPRES-TTS-2	see <i>methsuximide</i> .....39	<i>claravis</i>.....82
see <i>clonidine</i> .....29	<i>cephalexin</i>.....10	CLARINEX
CATAPRES-TTS-3	CERDELGA .....59	see <i>desloratadine</i> .....79
see <i>clonidine</i> .....29	CEREZYME .....59	CLARINEX-D TAB 2.5-120
CAYSTON.....4	<i>cetirizine hcl</i> .....79	.....79
<i>cefaclor</i> .....10	<i>cevimeline hcl</i> .....87	<i>clarithromycin</i>.....10
CEFACTOR ER .....10	<i>chateal</i> .....55	<i>clemastine fumarate</i>.....79
<i>cefadroxil</i>.....10	CHEMET .....54	CLENPIQ SOL 10 MG-3.5
CEFAZOLIN.....10	<i>chlordiazepoxide hcl</i> .....31	GM-12 GM/160ML.....64
CEFAZOLIN INJ	<i>chlorhexidine gluconate</i>	CLENPIQ SOL 10 MG-3.5
1GM/50ML.....10	(<i>mouth-throat</i>).....87	GM-12 GM/175ML.....64
<i>cefazolin sodium</i> .....10	<i>chloroquine phosphate</i>.....7	CLEOCIN .....67
CEFAZOLIN SOLN	<i>chlorpromazine hcl</i>.....35	see <i>clindamycin hcl</i> .....4
2GM/100ML-4% .....10	<i>chlorthalidone</i>.....28	see <i>clindamycin</i>
<i>cefdinir</i> .....10	CHOLBAM .....65	<i>phosphate vaginal</i> ...67
CEFEPIME.....10	<i>cholestyramine</i>.....25	CLEOCIN PEDIATRIC
CEFEPIME/DEX INJ 1GM	<i>cholestyramine light</i> ..25, 26	GRANULE
.....10	<i>choline fenofibrate</i>.....25	

see <i>clindamycin</i>	CLINDESSE.....67	<i>clotrimazole w/</i>
<i>palmitate hydrochloride</i>	CLINDMYC/NAC INJ	<i>betamethasone cream 1-</i>
.....4	300/50ML .....4	0.05% .....83
CLEOCIN PHOSPHATE	CLINDMYC/NAC INJ	<i>clozapine</i>.....35
see <i>clindamycin</i>	600/50ML .....4	CLOZARIL
<i>phosphate</i> .....4	CLINDMYC/NAC INJ	see <i>clozapine</i> .....35
CLEOCIN-T	900/50ML .....4	COARTEM TAB 20-120MG
see <i>clindamycin</i>	CLINIMIX E INJ 2.75/D5W	.....7
<i>phosphate (topical)</i> ..82	.....75	<i>codeine sulfate</i>.....2
CLIMARA	CLINIMIX E INJ 4.25/D10	CODEINE SULFATE .....2
see <i>estradiol</i> .....57	.....75	COLAZAL
CLIMARA PRO DIS	CLINIMIX E INJ 4.25/D5W	see <i>balsalazide disodium</i>
WEEKLY .....57	.....75	.....64
<i>clindacin</i> .....82	CLINIMIX E INJ 5%/D15W	<i>colchicine</i> .....1
<i>clindacin etz pledgets</i>.....82	.....75	<i>colchicine w/ probenecid</i>
<i>clindacin-p</i>.....82	CLINIMIX E INJ 5%/D20W	<i>tab 0.5-500 mg</i> .....1
<i>clindamycin hcl</i>.....4	.....75	<i>colesevelam hcl</i> .....26
<i>clindamycin palmitate</i>	CLINIMIX E INJ 8/10.....75	COLESTID
<i>hydrochloride</i>.....4	CLINIMIX E INJ 8/14.....75	see <i>colestipol hcl</i> .....26
<i>clindamycin phosphate</i> ....4	CLINIMIX INJ 4.25/D10 ..75	<i>colestipol hcl</i> .....26
<i>clindamycin phosphate</i>	CLINIMIX INJ 4.25/D5W .75	<i>colistimethate sodium</i> .....4
<i>(topical)</i>.....82	CLINIMIX INJ 5%/D15W .75	COLUMVI.....16
<i>clindamycin phosphate-</i>	CLINIMIX INJ 5%/D20W .75	COLY-MYCIN M
<i>benzoyl peroxide gel 1.2-</i>	CLINIMIX INJ 6/5 .....75	see <i>colistimethate</i>
2.5% .....82	CLINIMIX INJ 8/10 .....75	<i>sodium</i> .....4
<i>clindamycin phosphate-</i>	CLINIMIX INJ 8/14 .....75	COMBIGAN SOL 0.2/0.5%
<i>benzoyl peroxide gel 1.2-</i>	<i>clinisol sf 15%</i> .....75	.....77
3.75% .....82	CLINOLIPID EMU 20%...75	COMBIPATCH DIS .....57
<i>clindamycin phosphate-</i>	<i>clobazam</i>.....37	COMBIVENT AER 20-100
<i>benzoyl peroxide gel 1-</i>	<i>clobetasol propionate</i> .....85	.....78
5% .....82	<i>clobetasol propionate e</i> ...85	COMETRIQ (60MG DOSE)
<i>clindamycin phosphate in</i>	<i>clobetasol propionate</i>	.....16
<i>d5w iv soln 300 mg/50ml</i>	<i>emulsion</i> .....85	COMETRIQ KIT 100MG .16
.....4	CLOBEX	COMETRIQ KIT 140MG .16
<i>clindamycin phosphate in</i>	see <i>clobetasol</i>	COMPLERA TAB.....8
<i>d5w iv soln 600 mg/50ml</i>	<i>propionate</i>.....85	<i>compro</i> .....63
.....4	see <i>clodan</i> .....85	COMTAN
<i>clindamycin phosphate in</i>	<i>clodan</i> .....85	see <i>entacapone</i> .....34
<i>d5w iv soln 900 mg/50ml</i>	<i>clomipramine hcl</i> .....32	CONCERTA
.....4	<i>clonazepam</i>.....37	see <i>methylphenidate hcl</i>
<i>clindamycin phosphate-</i>	<i>clonidine</i>.....29	.....43
<i>tretinoin gel 1.2-0.025%</i>	<i>clonidine hcl</i> .....29	CONDYLOX.....86
.....82	<i>clopidogrel bisulfate</i> .....70	<i>constulose</i>.....64
<i>clindamycin phosphate</i>	<i>clorazepate dipotassium</i> .37	COPAXONE
<i>vaginal</i> .....67	<i>clotrimazole</i>.....87	see <i>glatiramer acetate</i> .47
<i>clindamycin phosph-</i>	<i>clotrimazole (topical)</i> .....83	see <i>glatopa</i> .....47
<i>benzoyl peroxide (refrig)</i>		COPIKTRA.....16
<i>gel 1.2 (1)-5%</i>.....82		COREG

see <i>carvedilol</i>	26	see <i>glycopyrrolate (oral)</i>		DAPTACEL INJ.....	73
COREG CR		.....	64	<i>daptomycin</i>	5
see <i>carvedilol phosphate</i>		CUVRIOR	54	DAPTOMYCIN	5
.....	26	<i>cyclobenzaprine hcl</i>	48	see <i>daptomycin</i>	5
CORGARD		<i>cyclophosphamide</i>	12	DARAPRIM	
see <i>nadolol</i>	27	CYCLOPHOSPHAMIDE	12	see <i>pyrimethamine</i>	5
CORLANOR.....	29	CYCLOPHOSPHAMIDE		<i>darifenacin hydrobromide</i>	
CORTEF		MONOHYDR	12	.....	67
see <i>hydrocortisone</i>	58	<i>cycloserine</i>	8	<i>darunavir</i>	7
CORTENEMA		<i>cyclosporine</i>	73	DARZALEX.....	16
see <i>hydrocortisone</i>		<i>cyclosporine modified (for</i>		DARZALEX SOL FASPRO	
(<i>intrarectal</i>).....	64	<i>microemulsion</i>)	73	.....	16
CORTIFOAM	86	CYKLOKAPRON		<i>dasetta 1/35</i>	55
CORTISPORIN SUS -TC		see <i>tranexamic acid</i>	69	<i>dasetta 7/7/7</i>	55
OTIC.....	78	CYMBALTA		DAURISMO.....	16
COSOPT		see <i>duloxetine hcl</i>	32	DAYBUE	46
see <i>dorzolamide hcl-</i>		<i>cyproheptadine hcl</i>	79	DAYPRO	
<i>timolol maleate ophth</i>		CYRAMZA	16	see <i>oxaprozin</i>	1
<i>soln 2-0.5%</i>	77	cyred eq	55	<i>daysee</i>	55
COSOPT PF		CYSTADANE		DAYTRANA	
see <i>dorzolamide hcl-</i>		see <i>betaine powder for</i>		see <i>methylphenidate</i> ...	43
<i>timolol maleate pf</i>		<i>oral solution</i>	59	DAYVIGO.....	44
<i>ophth soln 2-0.5%</i>	77	CYSTADROPS	77	DDAVP	
COTELLIC	16	CYSTAGON.....	59	see <i>desmopressin</i>	
COTEMPLA XR-ODT	42	CYSTARAN	77	<i>acetate</i>	59
COZAAR		<i>cytarabine</i>	13	<i>deblitane</i>	55
see <i>losartan potassium</i>		CYTOMEL		<i>decitabine</i>	13
.....	24	see <i>liothyronine sodium</i>		<i>deferasirox</i>	54
CREON CAP 12000UNT	65	.....	62	<i>deferiprone</i>	54
CREON CAP 24000UNT	65	CYTOTEC		<i>deferoxamine mesylate</i> ...54	
CREON CAP 3000UNIT	65	see <i>misoprostol</i>	65	DELESTROGEN	
CREON CAP 36000UNT	65	D		see <i>estradiol valerate</i> ..58	
CREON CAP 6000UNIT	65	D10W/NACL INJ 0.2%	74	DELSTRIGO TAB	8
CRESEMBA.....	6	D2.5W/NACL INJ 0.45%	74	DELZICOL	
CRESTOR		D5W/LYTES INJ #48	74	see <i>mesalamine</i>	64
see <i>rosuvastatin calcium</i>		<i>dabigatran etexilate</i>		<i>demeclocycline hcl</i>	12
.....	25	<i>mesylate</i>	67	DEMSEER	
CRINONE	62	<i>dacarbazine</i>	14	see <i>metyrosine</i>	29
<i>cromolyn sodium</i>	80	<i>dalfampridine</i>	47	DENAVIR	
<i>cromolyn sodium</i>		DALIRESP		see <i>penciclovir</i>	87
(<i>mastocytosis</i>)	65	see <i>roflumilast</i>	80	DENGVAXIA SUS.....	73
<i>cromolyn sodium (ophth)</i>	77	DALVANCE.....	4	DEPAKOTE	
<i>crotan</i>	87	<i>danazol</i>	57	see <i>divalproex sodium</i> ..38	
<i>cryselle-28</i>	55	DANTRIUM		DEPAKOTE ER	
CRYSVITA.....	59	see <i>dantrolene sodium</i>	48	see <i>divalproex sodium</i> ..38	
CUTAQUIG	71	<i>dantrolene sodium</i>	48	DEPAKOTE SPRINKLES	
CUVITRU	71	<i>dapsone</i>	4	see <i>divalproex sodium</i> ..38	
CUVPOSA		<i>dapsone (topical)</i>	82	DEPEN TITRATABS	

see <i>penicillamine</i>	54	see <i>desonide</i>	85	<i>dextrose 5% w/ sodium</i>	
DEPO-ESTRADIOL	57	<i>desoximetasone</i>	85	<i>chloride 0.2%</i>	74
DEPO-MEDROL	58	DESVENLAFAXINE ER..	32	<i>dextrose 5% w/ sodium</i>	
see <i>methylprednisolone</i>		<i>desvenlafaxine succinate</i>	32	<i>chloride 0.225%</i>	74
<i>acetate</i>	58	DETROL		<i>dextrose 5% w/ sodium</i>	
DEPO-PROVERA		see <i>tolterodine tartrate</i>	67	<i>chloride 0.3%</i>	74
CONTRACEPTIV		DETROL LA		<i>dextrose 5% w/ sodium</i>	
see		see <i>tolterodine tartrate</i>	67	<i>chloride 0.45%</i>	74
<i>medroxyprogesterone</i>		<i>dexamethasone</i>	58	<i>dextrose 5% w/ sodium</i>	
<i>acetate (contraceptive)</i>		DEXAMETHASONE		<i>chloride 0.9%</i>	74
.....	56	INTENSOL	58	DIACOMIT	37
DEPO-SUBQ PROVERA		<i>dexamethasone sodium</i>		DIASTAT ACUDIAL	
104	55	<i>phosphate</i>	58	see <i>diazepam</i>	
<i>depo-testosterone</i>	50	<i>dexamethasone sodium</i>		(<i>anticonvulsant</i>)	38
DERMA-SMOOTH/FS		<i>phosphate (ophth)</i>	76	<i>diazepam</i>	38
BODY		DEXEDRINE		<i>diazepam (anticonvulsant)</i>	
see <i>fluocinolone</i>		see <i>dextroamphetamine</i>		.....	38
<i>acetonide</i>	85	<i>sulfate</i>	42	<i>diazepam inj</i>	38
DERMA-SMOOTH/FS		DEXILANT		<i>diazepam intensol</i>	38
SCALP		see <i>dexlansoprazole</i> ...	66	<i>diazoxide</i>	59
see <i>fluocinolone</i>		<i>dexlansoprazole</i>	66	DIBENZYLIN	
<i>acetonide</i>	85	<i>dexmethylphenidate hcl</i> ..	42	see <i>phenoxybenzamine</i>	
DERMOTIC		<i>dexrazoxane hcl</i>	20	<i>hcl</i>	29
see <i>flac</i>	78	<i>dextroamphetamine sulfate</i>		<i>dichlorphenamide</i>	28
see <i>fluocinolone</i>		.....	42	DICLEGIS	
<i>acetonide (otic)</i>	78	<i>dextrose</i>	75	see <i>doxylamine-</i>	
DESCOVY TAB 120-15MG		DEXTROSE/SODIUM		<i>pyridoxine tab delayed</i>	
.....	8	CHLORIDE		<i>release 10-10 mg</i>	63
DESCOVY TAB 200/25MG		see <i>dextrose 5% w/</i>		<i>diclofenac potassium</i>	1
.....	8	<i>sodium chloride</i>		<i>diclofenac sodium</i>	1
DESFERAL		0.225%.....	74	<i>diclofenac sodium (actinic</i>	
see <i>deferoxamine</i>		<i>dextrose 10% w/ sodium</i>		<i>keratoses)</i>	86
<i>mesylate</i>	54	<i>chloride 0.45%</i>	74	<i>diclofenac sodium (ophth)</i>	
<i>desipramine hcl</i>	32	DEXTROSE 2.5%/NACL		.....	76
<i>desloratadine</i>	79	0.45%		<i>diclofenac sodium (topical)</i>	
<i>desmopressin acetate</i>	59	see <i>dextrose 2.5% w/</i>		.....	86
<i>desmopressin acetate</i>		<i>sodium chloride 0.45%</i>		<i>diclofenac w/ misoprostol</i>	
<i>spray</i>	59	.....	74	<i>tab delayed release 50-</i>	
<i>desmopressin acetate</i>		<i>dextrose 2.5% w/ sodium</i>		0.2 mg	1
<i>spray refrigerated</i>	59	<i>chloride 0.45%</i>	74	<i>diclofenac w/ misoprostol</i>	
<i>desogest-eth estrad & eth</i>		DEXTROSE 5%/NACL		<i>tab delayed release 75-</i>	
<i>estradiol tab 0.15-0.02/0.01</i>		0.3%		0.2 mg	1
<i>mg(21/5)</i>	55	see <i>dextrose 5% w/</i>		<i>dicloxacillin sodium</i>	11
<i>desogestrel & ethinyl</i>		<i>sodium chloride 0.3%</i>		<i>dicyclomine hcl</i>	63
<i>estradiol tab 0.15 mg-30</i>		.....	74	DIFFERIN	83
<i>mcg</i>	55	<i>dextrose 5% in lactated</i>		see <i>adapalene</i>	82
<i>desonide</i>	85	<i>ringers</i>	74	DIFICID	10
DESOWEN				DIFLUCAN	

see <i>fluconazole</i> .....6	<i>diphenoxylate w/ atropine</i>	<i>doxylamine-pyridoxine tab</i>
<i>diflunisal</i> .....1	<i>liq 2.5-0.025 mg/5ml</i>....65	<i>delayed release 10-10</i>
<i>difluprednate</i> .....76	<i>diphenoxylate w/ atropine</i>	<i>mg</i> .....63
<i>digoxin</i>.....29	<i>tab 2.5-0.025 mg</i> .....65	<i>dronabinol</i> .....63
<i>dihydroergotamine</i>	DIPROLENE	<i>drospirenone-ethinyl</i>
<i>mesylate</i> .....45	see <i>betamethasone</i>	<i>estradiol tab 3-0.02 mg</i> 55
DILANTIN.....38	<i>dipropionate</i>	<i>drospirenone-ethinyl</i>
see <i>phenytoin sodium</i>	<i>augmented</i> .....84	<i>estradiol tab 3-0.03 mg</i> 55
<i>extended</i> .....39	<i>dipyridamole</i>.....70	<i>drospirenone-ethinyl</i>
DILANTIN-125 .....38	<i>disopyramide phosphate</i> .24	<i>estradiol-levomefolate tab</i>
see <i>phenytoin</i> .....39	<i>disulfiram</i>.....49	<i>3-0.03-0.451 mg</i> .....55
DILANTIN INFATABS ....38	DIURIL .....28	DROXIA .....69
see <i>phenytoin</i> .....39	<i>divalproex sodium</i> .....38	<i>droxidopa</i> .....29
DILAUDID	DIVIGEL	DUETACT
see <i>hydromorphone hcl</i> .3	see <i>estradiol</i>.....57	see <i>pioglitazone hcl-</i>
<i>diltiazem hcl</i> .....27	<i>docetaxel</i>.....15	<i>glimepiride tab 30-2</i>
<i>diltiazem hcl coated beads</i>	DOCETAXEL .....15	<i>mg</i>.....51
.....27	see <i>docetaxel</i> .....15	see <i>pioglitazone hcl-</i>
<i>diltiazem hcl extended</i>	<i>dofetilide</i>.....24	<i>glimepiride tab 30-4</i>
<i>release beads</i>.....27	DOJOLVI.....59	<i>mg</i>.....51
<i>dilt-xr</i> .....27	<i>dolishale</i>.....55	DULERA AER 100-5MCG
<i>dimethyl fumarate</i> .....47	<i>donepezil hydrochloride</i> ..31	.....81
<i>dimethyl fumarate capsule</i>	DOPTELET .....69	DULERA AER 200-5MCG
<i>dr starter pack 120 mg &</i>	<i>dorzolamide hcl</i>.....77	.....81
<i>240 mg</i> .....47	<i>dorzolamide hcl-timolol</i>	DULERA AER 50-5MCG 81
DIOVAN	<i>maleate ophth soln 2-</i>	<i>duloxetine hcl</i> .....32
see <i>valsartan</i> .....24	<i>0.5%</i> .....77	DUOBRII LOT .....85
DIOVAN HCT	<i>dorzolamide hcl-timolol</i>	DUOPA SUS 4.63-20.....34
see <i>valsartan-</i>	<i>maleate pf ophth soln 2-</i>	DUPIXENT .....70
<i>hydrochlorothiazide tab</i>	<i>0.5%</i> .....77	DUREZOL
<i>160-12.5 mg</i>.....24	<i>dotti</i> .....57	see <i>difluprednate</i>.....76
see <i>valsartan-</i>	DOVATO TAB 50-300MG.8	<i>dutasteride</i> .....66
<i>hydrochlorothiazide tab</i>	<i>doxazosin mesylate</i> .....22	<i>dutasteride-tamsulosin hcl</i>
<i>160-25 mg</i>.....24	<i>doxepin hcl</i>.....32	<i>cap 0.5-0.4 mg</i> .....66
see <i>valsartan-</i>	<i>doxepin hcl (sleep)</i>.....44	DYANAVEL XR.....42
<i>hydrochlorothiazide tab</i>	<i>doxercalciferol</i>.....62	DYMISTA
<i>320-12.5 mg</i>.....24	DOXIL	see <i>azelastine hcl-</i>
see <i>valsartan-</i>	see <i>doxorubicin hcl</i>	<i>fluticasone prop nasal</i>
<i>hydrochlorothiazide tab</i>	<i>liposomal</i>.....13	<i>spray 137-50 mcg/act</i>
<i>320-25 mg</i>.....24	<i>doxorubicin hcl</i>.....13	.....79
see <i>valsartan-</i>	<i>doxorubicin hcl liposomal</i> 13	DYSPORT.....48
<i>hydrochlorothiazide tab</i>	<i>doxy 100</i> .....12	E
<i>80-12.5 mg</i>.....24	<i>doxycycline (monohydrate)</i>	<i>e.e.s. 400</i> .....10
DIP/TET PED INJ 25-5LFU	.....12	E.E.S. GRANULES
.....73	<i>doxycycline (rosacea)</i> ....86	see <i>erythromycin</i>
DIPENTUM .....64	<i>doxycycline hyclate</i> .....12	<i>ethylsuccinate</i> .....10
<i>diphenhydramine hcl</i>.....79		EC-NAPROSYN
		see <i>ec-naproxen</i>.....1

see <i>naproxen</i>	1	EMEND.....	63	<i>entacapone</i>	34
<i>ec-naproxen</i>	1	see <i>aprepitant</i>	63	ENTADFI CAP 5-5MG ...	66
<i>econazole nitrate</i>	83	see <i>fosaprepitant</i>		<i>entecavir</i>	9
EDARBI.....	24	<i>dimeglumine</i>	63	ENTRESTO TAB 24-26MG	
EDARBYCLOR TAB 40-		EMGALITY.....	45	.....	23
12.5.....	23	EMPAVELI.....	69	ENTRESTO TAB 49-51MG	
EDARBYCLOR TAB 40-		EMPLICITI.....	16	.....	23
25MG.....	23	EMSAM.....	32	ENTRESTO TAB 97-	
EDECRIN		<i>emtricitabine</i>	7	103MG.....	23
see <i>ethacrynic acid</i>	28	<i>emtricitabine-tenofovir</i>		ENTYVIO.....	70
EDLUAR.....	44	<i>disoproxil fumarate tab</i>		<i>enulose</i>	64
EDURANT.....	7	100-150 mg.....	8	ENVARBUS XR.....	73
<i>efavirenz</i>	7	<i>emtricitabine-tenofovir</i>		EPANED	
<i>efavirenz-emtricitabine-</i>		<i>disoproxil fumarate tab</i>		see <i>enalapril maleate</i> ..	21
<i>tenofovir df tab 600-200-</i>		133-200 mg.....	8	EPCLUSA PAK 150-37.5..	9
300 mg.....	8	<i>emtricitabine-tenofovir</i>		EPCLUSA PAK 200-50MG	
<i>efavirenz-lamivudine-</i>		<i>disoproxil fumarate tab</i>		.....	9
<i>tenofovir df tab 400-300-</i>		167-250 mg.....	8	EPCLUSA TAB 200-50MG	
300 mg.....	8	<i>emtricitabine-tenofovir</i>		.....	9
<i>efavirenz-lamivudine-</i>		<i>disoproxil fumarate tab</i>		EPCLUSA TAB 400-100...9	
<i>tenofovir df tab 600-300-</i>		200-300 mg.....	8	EPIDIOLEX.....	38
300 mg.....	8	EMTRIVA.....	7	EPIDUO	
EFFEXOR XR		see <i>emtricitabine</i>	7	see <i>adapalene-benzoyl</i>	
see <i>venlafaxine hcl</i>	33	EMVERM.....	5	<i>peroxide gel 0.1-2.5%</i>	
EFFIENT		<i>enalapril maleate</i>	21, 22	.....	82
see <i>prasugrel hcl</i>	70	<i>enalapril maleate &</i>		EPIDUO FORTE	
EFUDEX		<i>hydrochlorothiazide tab</i>		see <i>adapalene-benzoyl</i>	
see <i>fluorouracil (topical)</i>		10-25 mg.....	21	<i>peroxide gel 0.3-2.5%</i>	
.....	86	<i>enalapril maleate &</i>		.....	82
EGRIFTA SV.....	59	<i>hydrochlorothiazide tab</i>		EPIFOAM AER 1%.....	85
ELAPRASE.....	59	5-12.5 mg.....	21	<i>epinastine hcl (ophth)</i>	77
ELELYSO.....	59	ENBREL.....	70	<i>epinephrine (anaphylaxis)</i>	
ELESTRIN.....	57	ENBREL MINI.....	70	.....	29, 80
<i>eletriptan hydrobromide</i> ..	45	ENBREL SURECLICK...70		EPIPEN 2-PAK	
ELFABRIO.....	59	ENDARI.....	69	see <i>epinephrine</i>	
ELIDEL		<i>endocet tab 10-325mg</i>	3	<i>(anaphylaxis)</i>	80
see <i>pimecrolimus</i>	87	<i>endocet tab 2.5-325mg</i>	2	EPIPEN-JR 2-PAK	
ELIGARD.....	14	<i>endocet tab 5-325mg</i>	2	see <i>epinephrine</i>	
<i>elinest</i>	55	<i>endocet tab 7.5-325mg</i>	3	<i>(anaphylaxis)</i>	80
ELIQUIS.....	67	ENGERIX-B.....	73	<i>epitol</i>	38
ELIQUIS STARTER PACK		ENHERTU.....	16	EPIVIR	
.....	67	<i>enilloring</i>	55	see <i>lamivudine</i>	7
ELITEK.....	20	ENJAYMO.....	69	EPKINLY.....	16
<i>elixophyllin</i>	80	<i>enoxaparin sodium</i>	68	<i>eplerenone</i>	22
ELLENCE.....	13	<i>enpresse-28</i>	55	<i>epoprostenol sodium</i>	30
ELMIRON.....	66	<i>enskyce</i>	55	EPRONTIA.....	38
<i>eluryng</i>	55	ENSPRYNG.....	46	EPSOLAY.....	83
EMCYT.....	14	ENSTILAR AER.....	85	EPZICOM	

see <i>abacavir sulfate-lamivudine tab 600-300 mg</i>.....8	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> ...57	see <i>amlodipine besylate-valsartan tab 5-160 mg</i> .....22
EQUETRO .....46	<i>estradiol vaginal</i> .....57, 58	see <i>amlodipine besylate-valsartan tab 5-320 mg</i> .....22
ERAXIS .....6	ESTRING .....58	EXFORGE HCT
ERBITUX .....16	ESTROGEL .....58	see <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> .....22
<i>ergotamine w/ caffeine tab 1-100 mg</i> .....45	eszopiclone .....44	see <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> .....23
ERIVEDGE .....16	<i>ethacrynic acid</i> .....28	see <i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> .....23
ERLEADA .....14	<i>ethambutol hcl</i>.....8, 9	see <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> .....22
<i>erlotinib hcl</i>.....16	<i>ethosuximide</i>.....38	see <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> .....22
ERMEZA .....62	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> .....55	EXJADE
<i>errin</i>.....55	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> .....55	see <i>deferasirox</i> .....54
<i>ertapenem sodium</i> .....5	etodolac .....1	EXKIVITY .....16
ery .....83	<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> .....55	EXSERVAN .....46
ERYGEL	ETOPOPHOS .....15	EYLEA .....77
see <i>erythromycin (acne aid)</i>.....83	<i>etoposide</i> .....15	EYLEA HD .....78
ERYPED 400	<i>etravirine</i> .....7	EYSUVIS .....76
see <i>erythromycin ethylsuccinate</i> .....10	EULEXIN.....14	EZALLOR SPRINKLE.....25
<i>ery-tab</i>.....10	<i>euthyrox</i> .....62	<i>ezetimibe</i>.....26
ERYTHROCIN	EVAMIST .....58	<i>ezetimibe-simvastatin tab 10-10 mg</i> .....26
LACTOBIONATE.....10	EVENITY.....53	<i>ezetimibe-simvastatin tab 10-20 mg</i> .....26
see <i>erythromycin lactobionate</i> .....10	<i>everolimus</i>.....16	<i>ezetimibe-simvastatin tab 10-40 mg</i> .....26
<i>erythrocin stearate</i> .....10	<i>everolimus (immunosuppressant)</i> ..73	<i>ezetimibe-simvastatin tab 10-80 mg</i> .....26
<i>erythromycin (acne aid)</i> ..83	EVISTA	F
<i>erythromycin (ophth)</i> .....76	see <i>raloxifene hcl</i> .....61	FABIOR.....83
<i>erythromycin base</i>.....10	EVKEEZA .....26	FABRAZYME .....59
<i>erythromycin ethylsuccinate</i> .....10	EVOTAZ TAB 300-150 .....8	<i>falmina</i> .....55
<i>erythromycin lactobionate</i> .....10	EVOXAC	
ESBRIET	see <i>cevimeline hcl</i> .....87	
see <i>pirfenidone</i>.....80	EVRYSDI .....46	
<i>escitalopram oxalate</i> .....32	EXELON	
<i>esomeprazole magnesium</i> .....66	see <i>rivastigmine</i> .....31	
<i>esomeprazole sodium</i>.....66	<i>exemestane</i> .....14	
<i>estarylla</i>.....55	EXFORGE	
<i>estazolam</i>.....44	see <i>amlodipine besylate-valsartan tab 10-160 mg</i>.....22	
ESTRACE	see <i>amlodipine besylate-valsartan tab 10-320 mg</i>.....22	
see <i>estradiol</i> .....57		
see <i>estradiol vaginal</i>....57		
<i>estradiol</i> .....57		
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> 57		

<i>famciclovir</i>.....9	FIRAZYR	<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>.....81
<i>famotidine</i> .....64	see <i>icatibant acetate</i> ...69	<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>.....81
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>.....64	see <i>sajazir</i> .....69	<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>.....82
FANAPT.....35	FIRDAPSE.....46	<i>fluvastatin sodium</i> .....25
FANAPT PAK.....35	FIRMAGON.....14	<i>fluvoxamine maleate</i>.....31
FARESTON	FIRVANQ	FML FORTE.....76
see <i>toremifene citrate</i> ..14	see <i>vancomycin hcl</i>.....6	FML LIQUIFILM
FARXIGA.....50	<i>flac</i>.....78	see <i>fluorometholone (ophth)</i> .....76
FASENRA.....80	FLAGYL	FOCALIN
FASENRA PEN.....80	see <i>metronidazole</i> .....5	see <i>dexmethylphenidate hcl</i>.....42
FASLODEX	FLAREX.....76	FOCALIN XR
see <i>fulvestrant</i>.....14	FLEBOGAMMA DIF.....71	see <i>dexmethylphenidate hcl</i>.....42
<i>febuxostat</i> .....1	<i>flecainide acetate</i> .....24	FOLOTYN.....13
<i>felbamate</i>.....38	FLEQSUVY	<i>fondaparinux sodium</i>.....68
FELBATOL	see <i>baclofen</i>.....48	<i>formoterol fumarate</i>.....79
see <i>felbamate</i>.....38	FLOLAN	FORTEO.....53
FELDENE	see <i>epoprostenol sodium</i> .....30	see <i>teriparatide (recombinant)</i>.....54
see <i>piroxicam</i> .....1	FLOLIPID.....25	FORTESTA
<i>felodipine</i>.....27	FLOMAX	see <i>testosterone</i>.....50
FEMARA	see <i>tamsulosin hcl</i>.....66	FOSAMAX
see <i>letrozole</i> .....14	<i>fluconazole</i>.....6	see <i>alendronate sodium</i> .....53
FEMRING .....58	<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>.....6	FOSAMAX + D TAB 70-2800 .....53
<i>fenofibrate</i> .....25	<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>.....6	FOSAMAX + D TAB 70-5600 .....53
<i>fenofibrate micronized</i>.....25	<i>flucytosine</i> .....6	<i>fosamprenavir calcium</i>.....7
FENSOLVI.....59	<i>fludarabine phosphate</i> ....13	<i>fosaprepitant dimeglumine</i> .....63
<i>fentanyl</i> .....2	<i>fludrocortisone acetate</i>....58	<i>foscarnet sodium</i>.....9
<i>fentanyl citrate</i>.....3	<i>flunisolide (nasal)</i> .....81	FOSCAVIR
FERRIPROX.....54	<i>fluocinolone acetonide</i> ....85	see <i>foscarnet sodium</i> ....9
see <i>deferiprone</i> .....54	<i>fluocinolone acetonide (otic)</i> .....78	<i>fosinopril sodium</i> .....22
FERRIPROX TWICE-A-DAY.....54	<i>fluocinonide</i>.....85	<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i> .....21
<i>fesoterodine fumarate</i> ....67	<i>fluocinonide emulsified base</i>.....85	
FETROJA.....10	<i>fluorometholone (ophth)</i> ..76	
FETZIMA.....32	<i>fluorouracil</i> .....13	
FETZIMA CAP TITRATIO.....32	<i>fluorouracil (topical)</i>.....86	
FIASP.....52	<i>fluoxetine hcl</i>.....32	
FIASP FLEXTOUCH.....52	<i>fluphenazine decanoate</i> ..35	
FIASP PENFILL.....52	<i>fluphenazine hcl</i>.....35	
FIASP PUMPCART .....52	<i>flurbiprofen</i> .....1	
FILSPARI.....66	<i>flurbiprofen sodium</i> .....76	
FINACEA .....86	<i>fluticasone propionate</i>....85	
see <i>azelaic acid</i>.....86	<i>fluticasone propionate (nasal)</i> .....81	
<i>finasteride</i> .....66		
<i>finzala</i>.....55		

<i>fosinopril sodium & hydrochlorothiazide tab</i>	<i>see gemcitabine hcl</i>.....13	<i>glipizide xl</i> .....50
20-12.5 mg .....21	<i>gemfibrozil</i>.....25	GLUCOTROL XL
FOTIVDA .....16	<i>gemmily</i>.....55	<i>see glipizide</i>.....50
FRAGMIN .....68	GEMTESA .....67	<i>see glipizide xl</i>.....50
FROVA	<i>generlac</i> .....64	<i>glycopyrrolate</i>.....64
<i>see frovatriptan</i>	<i>gengraf</i>.....73	<i>glycopyrrolate (oral)</i> .....64
<i>succinate</i>.....45	GENOTROPIN.....59	<i>glydo</i> .....86
<i>frovatriptan succinate</i>.....45	GENOTROPIN MINIQUICK	GLYXAMBI TAB 10-5 MG
<i>fulvestrant</i> .....14	.....59	.....51
<i>furosemide</i> .....28	<i>gentamicin in saline inj 0.8</i>	GLYXAMBI TAB 25-5 MG
<i>furosemide inj</i>.....28	<i>mg/ml</i>.....5	.....51
FUZEON .....7	<i>gentamicin in saline inj 1.2</i>	GOCOVRI.....34
FYARRO .....16	<i>mg/ml</i>.....5	GOLYTELY
<i>fyavolv tab 0.5mg-2.5mcg</i>	<i>gentamicin in saline inj 1.6</i>	<i>see gavilyte-g</i>.....64
.....58	<i>mg/ml</i>.....5	<i>see peg 3350-kcl-na</i>
<i>fyavolv tab 1mg-5mcg</i>.....58	<i>gentamicin in saline inj 1</i>	<i>bicarb-nacl-na sulfate</i>
FYCOMPA .....38	<i>mg/ml</i>.....5	<i>for soln 236 gm</i> .....65
G	<i>gentamicin in saline inj 2</i>	GRALISE .....46
<i>gabapentin</i> .....38	<i>mg/ml</i>.....5	<i>granisetron hcl</i> .....63
GALAFOLD.....59	<i>gentamicin sulfate</i> .....5	GRASTEK.....72
<i>galantamine hydrobromide</i>	<i>gentamicin sulfate (ophth)</i>	<i>griseofulvin microsize</i>.....6
.....31	.....76	<i>griseofulvin ultramicrosize</i> .6
GAMASTAN INJ .....71	<i>gentamicin sulfate (topical)</i>	<i>guanfacine hcl</i>.....29
GAMMAGARD LIQUID...71	.....83	<i>guanfacine hcl (adhd)</i> .....42
GAMMAGARD S/D IGA	GENVOYA TAB .....8	GVOKE HYPOPEN 2-
LESS TH .....71	GEODON	PACK.....59
GAMMAKED .....71	<i>see ziprasidone hcl</i>.....37	GVOKE KIT.....59
GAMMAPLEX .....72	<i>see ziprasidone mesylate</i>	GVOKE PFS .....59
GAMUNEX-C.....72	.....37	GYNAZOLE-1 .....67
GANCICLOVIR .....9	GILENYA .....47	H
<i>ganciclovir sodium</i> .....9	<i>see fingolimod hcl</i>.....47	HAEGARDA.....69
GARDASIL 9 INJ .....73	GILOTRIF .....17	<i>hailey 1.5/30</i>.....55
GASTROCROM	GIMOTI .....63	<i>hailey 24 fe</i>.....55
<i>see cromolyn sodium</i>	GIVLAARI .....69	HALAVEN .....15
<i>(mastocytosis)</i>.....65	GLASSIA.....80	HALCION
<i>gatifloxacin (ophth)</i>.....76	<i>glatiramer acetate</i> .....47	<i>see triazolam</i>.....44
GATTEX.....65	<i>glatopa</i> .....47	HALDOL DECANOATE
GAUZE PADS 2X2 .....52	GLEEVEC	100
<i>gavilyte-c</i>.....64	<i>see imatinib mesylate</i> ..17	<i>see haloperidol</i>
<i>gavilyte-g</i>.....64	GLEOSTINE .....13	<i>decanoate</i> .....35
GAVRETO .....16	<i>glimepiride</i>.....50	HALDOL DECANOATE 50
GAZYVA .....17	<i>glipizide</i>.....50	<i>see haloperidol</i>
<i>gefitinib</i>.....17	<i>glipizide-metformin hcl tab</i>	<i>decanoate</i> .....35
GELNIQUE .....67	2.5-250 mg .....50	<i>halobetasol propionate</i> ...85
<i>gemcitabine hcl</i>.....13	<i>glipizide-metformin hcl tab</i>	<i>haloette</i> .....55
GEMCITABINE	2.5-500 mg .....50	<i>haloperidol</i> .....35
HYDROCHLORIDE.....13	<i>glipizide-metformin hcl tab</i>	<i>haloperidol decanoate</i>....35
	5-500 mg .....51	<i>haloperidol lactate</i>.....35

HARVONI PAK 33.75- 150MG.....9	HUMIRA PEN-PEDIATRIC UC S.....70	<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> .....78
HARVONI PAK 45-200MG.....9	HUMIRA PEN-PS/UV STARTER.....70	<i>hydromorphone hcl</i> .....2, 3
HARVONI TAB 45-200MG9	HUMULIN R U-500 (CONCENTR.....52	HYDROMORPHONE HYDROCHLORI.....3
HARVONI TAB 90-400MG9	HUMULIN R U-500 KWIKPEN.....52	<i>hydroxychloroquine sulfate</i>.....71
HAVRIX.....73	HYCAMTIN see <i>topotecan hcl</i> .....15	<i>hydroxyprogesterone caproate (antineoplastic)</i> .....14
<i>heather</i>.....55	<i>hydralazine hcl</i>.....29	<i>hydroxyurea</i> .....15
HELIDAC MIS THERAPY.....65	HYDREA see <i>hydroxyurea</i>.....15	<i>hydroxyzine hcl</i>.....79
HEMADY.....58	<i>hydrochlorothiazide</i>.....28	<i>hydroxyzine pamoate</i>.....79
HEPARIN/NACL INJ 25000UNT .....68	<i>hydrocodone- acetaminophen soln 7.5- 325 mg/15ml</i>.....3	HYFTOR .....86
HEPARIN SODIUM.....68	<i>hydrocodone- acetaminophen tab 10- 300 mg</i> .....3	HYQVIA INJ 10-800.....72
<i>heparin sodium (porcine)</i> 68	<i>hydrocodone- acetaminophen tab 10- 325 mg</i> .....3	HYQVIA INJ 2.5-200.....72
HEPLISAV-B.....73	<i>hydrocodone- acetaminophen tab 5-300 mg</i> .....3	HYQVIA INJ 20-1600.....72
HEP SOD/D5W INJ 20000UNT .....68	<i>hydrocodone- acetaminophen tab 5-325 mg</i> .....3	HYQVIA INJ 30-2400.....72
HEP SOD/D5W INJ 25000UNT .....68	<i>hydrocodone- acetaminophen tab 7.5- 300 mg</i> .....3	HYQVIA INJ 5-400.....72
HEP SOD/NACL INJ 12500UNT .....68	<i>hydrocodone- acetaminophen tab 7.5- 325 mg</i> .....3	HYSINGLA ER.....2
HEP SOD/NACL INJ 25000UNT .....68	<i>hydrocodone- acetaminophen tab 10-200 mg</i> .....3	HYZAAR see <i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>.....23
HERCEP HYLEC SOL 60- 10000 .....17	<i>hydrocodone- acetaminophen tab 5-300 mg</i> .....3	see <i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>.....23
HERCEPTIN .....17	<i>hydrocodone- acetaminophen tab 5-325 mg</i> .....3	see <i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>.....23
HERZUMA .....17	<i>hydrocodone- acetaminophen tab 7.5- 300 mg</i> .....3	
HETLIOZ see <i>tasimelteon</i> .....44	<i>hydrocodone- acetaminophen tab 7.5- 325 mg</i> .....3	I
HETLIOZ LQ .....44	<i>hydrocodone bitartrate</i> .....2	<i>ibandronate sodium</i> .....54
HIBERIX.....73	<i>hydrocodone-ibuprofen tab 10-200 mg</i> .....3	IBRANCE .....17
HIPREX see <i>methenamine hippurate</i>.....5	<i>hydrocodone-ibuprofen tab 5-200 mg</i> .....3	<i>ibu</i> .....1
HIZENTRA .....72	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .....3	<i>ibuprofen</i> .....1
HORIZANT.....46	<i>hydrocortisone</i> .....58	<i>icatibant acetate</i>.....69
HUMATROPE .....59	<i>hydrocortisone (intrarectal)</i> .....64	<i>iclevia</i> .....55
HUMIRA .....70	<i>hydrocortisone (rectal)</i> ....86	ICLUSIG.....17
HUMIRA PEDIA INJ CROHNS.....70	<i>hydrocortisone (topical)</i> ...85	IDACIO.....70
HUMIRA PEDIATRIC CROHNS D .....70	<i>hydrocortisone butyrate</i> ..85	IDACIO CROHN INJ DISEASE.....70
HUMIRA PEN .....70		IDACIO PLAQU INJ PSORIASIS .....71
HUMIRA PEN-CD/UC/HS START.....70		IDHIFA .....17
HUMIRA PEN KIT PS/UV.....70		IFEX.....13
		<i>ifosfamide</i>.....13
		IFOSFAMIDE .....13
		ILARIS.....72

ILEVRO.....	76	see <i>eplerenone</i>	22	<i>isosorbide dinitrate-</i>	
<i>imatinib mesylate</i>	17	INSULIN PEN NEEDLES:		<i>hydralazine hcl tab 20-</i>	
IMBRUVICA.....	17	BD/NOVO.....	52	37.5 mg	29
IMFINZI.....	17	INSULIN SAFETY		<i>isosorbide mononitrate</i>	29
<i>imipenem-cilastatin</i>		NEEDLES.....	52	<i>isotretinoin</i>	83
<i>intravenous for soln 250</i>		INSULIN SYRINGES: BD		<i>isradipine</i>	27
mg	5	.....	52	ISTALOL	
<i>imipenem-cilastatin</i>		INTELENCE.....	7	see <i>timolol maleate</i>	
<i>intravenous for soln 500</i>		see <i>etravirine</i>	7	(<i>ophth</i>) <i>once-daily</i>	77
mg	5	INTRALIPID	75	ISTURISA	60
<i>imipramine hcl</i>	32	INTRAROSA.....	66	<i>itraconazole</i>	6
<i>imipramine pamoate</i>	32	<i>introvale</i>	55	<i>ivermectin</i>	5
<i>imiquimod</i>	86	INTUNIV		IXEMPRA KIT	15
IMITREX		see <i>guanfacine hcl</i>		IXIARO INJ	73
see <i>sumatriptan</i>	45	(<i>adhd</i>)	42	IZERVAY.....	78
see <i>sumatriptan</i>		INVEGA		J	
<i>succinate</i>	45	see <i>paliperidone</i>	36	JADENU	
IMITREX STATDOSE		INVEGA HAFYERA	35	see <i>deferasirox</i>	54
REFILL		INVEGA SUSTENNA.....	35	JADENU SPRINKLE	
see <i>sumatriptan</i>		INVEGA TRINZA	35	see <i>deferasirox</i>	54
<i>succinate</i>	45	INVELTYS.....	76	JAKAFI.....	17
IMITREX STATDOSE		IPOL INJ INACTIVE.....	73	JALYN	
SYSTEM		<i>ipratropium-albuterol nebu</i>		see <i>dutasteride-</i>	
see <i>sumatriptan</i>		<i>soln 0.5-2.5(3) mg/3ml</i>	78	<i>tamsulosin hcl cap 0.5-</i>	
<i>succinate</i>	45	<i>ipratropium bromide</i>	78	0.4 mg.....	66
IMJUDO	17	<i>ipratropium bromide (nasal)</i>		<i>jantoven</i>	68
IMOVAX RABIES		.....	78	JANUMET TAB 50-1000.....	51
(H.D.C.V.).....	73	<i>irbesartan</i>	24	JANUMET TAB 50-500MG	
IMPAVIDO	5	<i>irbesartan-</i>		.....	51
IMURAN		<i>hydrochlorothiazide tab</i>		JANUMET XR TAB 100-	
see <i>azathioprine</i>	72	150-12.5 mg	23	1000	51
IMVEXXY MAINTENANCE		<i>irbesartan-</i>		JANUMET XR TAB 50-	
PACK.....	58	<i>hydrochlorothiazide tab</i>		1000	51
IMVEXXY STARTER PACK		300-12.5 mg	23	JANUMET XR TAB 50-	
.....	58	IRESSA		500MG.....	51
INBRIJA	34	see <i>gefitinib</i>	17	JANUVIA.....	51
<i>incassia</i>	55	<i>irinotecan hcl</i>	15	JARDIANCE.....	51
INCRELEX.....	60	ISENTRESS.....	7	<i>jasmiel</i>	55
INCRUSE ELLIPTA	78	ISENTRESS HD	7	JATENZO.....	50
<i>indapamide</i>	28	<i>isibloom</i>	55	<i>javygtor</i>	60
INDERAL LA		ISOLYTE-P INJ /D5W.....	74	JAYPIRCA	17
see <i>propranolol hcl</i>	27	ISOLYTE-S INJ.....	74	JEMPERLI	17
INFANRIX INJ.....	73	ISOLYTE-S INJ PH 7.4...74		JENTADUETO TAB 2.5-	
INLYTA	17	<i>isoniazid</i>	9	1000	51
INPEFA.....	29	ISORDIL TITRADOSE		JENTADUETO TAB 2.5-	
INQOVI TAB 35-100MG .13		see <i>isosorbide dinitrate</i>		500	51
INREBIC	17	.....	29	JENTADUETO TAB 2.5-	
INSPRA		<i>isosorbide dinitrate</i>	29	850	51

JENTADUETO TAB XR 2.5-1000MG	51	KCL/D5W/LACT INJ 20MEQ/L	74	KEPPRA XR see <i>levetiracetam</i>	39
JENTADUETO TAB XR 5- 1000MG.....	51	KCL/D5W/NACL INJ 0.3/0.9%	74	KERENDIA.....	22
JEVTANA.....	15	KCL 0.3%/D5W/NACL 0.9% see <i>kcl 40 meq/l (0.3%)</i> <i>in dextrose 5% & nacl</i> <i>0.9% inj</i>	74	<i>ketoconazole</i>	6
<i>jinteli</i>	58	<i>kcl 10 meq/l (0.075%) in</i> <i>dextrose 5% & nacl</i> <i>0.45% inj</i>	74	<i>ketoconazole (topical)</i>	84
JOENJA	72	<i>kcl 20 meq/l (0.149%) in</i> <i>nacl 0.45% inj</i>	74	<i>ketorolac tromethamine</i>	1
<i>jolessa</i>	55	<i>kcl 20 meq/l (0.15%) in</i> <i>dextrose 5% & nacl 0.2%</i> <i>inj</i>	74	<i>ketorolac tromethamine</i> <i>(ophth)</i>	76, 77
JORNAY PM.....	42	<i>kcl 20 meq/l (0.15%) in</i> <i>dextrose 5% & nacl</i> <i>0.45% inj</i>	74	KEVEYIS see <i>dichlorphenamide</i> ..	28
JUBLIA.....	84	<i>kcl 20 meq/l (0.15%) in</i> <i>dextrose 5% & nacl 0.9%</i> <i>inj</i>	74	KEVZARA	71
<i>juleber</i>	55	<i>kcl 20 meq/l (0.15%) in</i> <i>dextrose 5% & nacl 0.9%</i> <i>inj</i>	74	KEYTRUDA	17
JULUCA TAB 50-25MG ...	8	<i>kcl 20 meq/l (0.15%) in</i> <i>dextrose 5% & nacl 0.9%</i> <i>inj</i>	74	KHAPZORY	20
<i>junel 1/20</i>	55	<i>kcl 20 meq/l (0.15%) in</i> <i>dextrose 5% & nacl 0.9%</i> <i>inj</i>	74	KIMMTRAK.....	17
<i>junel 1.5/30</i>	55	<i>kcl 30 meq/l (0.224%) in</i> <i>dextrose 5% & nacl</i> <i>0.45% inj</i>	74	KIMYRSA.....	5
<i>junel fe 1/20</i>	55	<i>kcl 40 meq/l (0.3%) in</i> <i>dextrose 5% & nacl</i> <i>0.45% inj</i>	74	KINRIX INJ.....	73
<i>junel fe 1.5/30</i>	55	<i>kcl 40 meq/l (0.3%) in</i> <i>dextrose 5% & nacl</i> <i>0.45% inj</i>	74	KISQALI 200 DOSE.....	17
<i>junel fe 24</i>	55	<i>kcl 40 meq/l (0.3%) in</i> <i>dextrose 5% & nacl</i> <i>0.45% inj</i>	74	KISQALI 200 PAK FEMARA	15
JUXTAPID.....	26	<i>kcl 40 meq/l (0.3%) in</i> <i>dextrose 5% & nacl 0.9%</i> <i>inj</i>	74	KISQALI 400 DOSE.....	17
JYNARQUE	60	<i>kcl 40 meq/l (0.3%) in</i> <i>dextrose 5% & nacl 0.9%</i> <i>inj</i>	74	KISQALI 400 PAK FEMARA	15
JYNARQUE PAK 30-15MG	60	<i>kcl 40 meq/l (0.3%) in</i> <i>dextrose 5% & nacl 0.9%</i> <i>inj</i>	74	KISQALI 600 DOSE.....	17
JYNARQUE PAK 45-15MG	60	<i>kcl 40 meq/l (0.3%) in</i> <i>dextrose 5% & nacl 0.9%</i> <i>inj</i>	74	KISQALI 600 PAK FEMARA	15
JYNARQUE PAK 60-30MG	60	<i>kcl 40 meq/l (0.3%) in</i> <i>dextrose 5% & nacl 0.9%</i> <i>inj</i>	74	KITABIS PAK see <i>tobramycin</i>	6
JYNARQUE PAK 90-30MG	60	<i>kcl 40 meq/l (0.3%) in</i> <i>dextrose 5% & nacl 0.9%</i> <i>inj</i>	74	KLARON see <i>sulfacetamide</i> <i>sodium (acne)</i>	83
JYNNEOS	73	<i>kcl 40 meq/l (0.3%) in</i> <i>dextrose 5% & nacl 0.9%</i> <i>inj</i>	74	KLISYRI	86
K		<i>kcl 40 meq/l (0.3%) in</i> <i>dextrose 5% & nacl 0.9%</i> <i>inj</i>	74	KLONOPIN see <i>clonazepam</i>	37
KADCYLA	17	<i>kcl 40 meq/l (0.3%) in</i> <i>dextrose 5% & nacl 0.9%</i> <i>inj</i>	74	<i>klor-con</i>	75
<i>kaitlib fe</i>	55	<i>kcl 40 meq/l (0.3%) in</i> <i>dextrose 5% & nacl 0.9%</i> <i>inj</i>	74	<i>klor-con 10</i>	75
KALBITOR	69	<i>kcl 40 meq/l (0.3%) in</i> <i>dextrose 5% & nacl 0.9%</i> <i>inj</i>	74	<i>klor-con 8</i>	75
KALETRA see <i>lopinavir-ritonavir</i> <i>soln 400-100 mg/5ml</i> <i>(80-20 mg/ml)</i>	8	<i>kcl 40 meq/l (0.3%) in</i> <i>dextrose 5% & nacl 0.9%</i> <i>inj</i>	74	<i>klor-con m10</i>	75
see <i>lopinavir-ritonavir tab</i> <i>100-25 mg</i>	8	<i>kcl 40 meq/l (0.3%) in</i> <i>dextrose 5% & nacl 0.9%</i> <i>inj</i>	74	<i>klor-con m15</i>	75
see <i>lopinavir-ritonavir tab</i> <i>200-50 mg</i>	8	<i>kcl 40 meq/l (0.3%) in</i> <i>dextrose 5% & nacl 0.9%</i> <i>inj</i>	74	<i>klor-con m20</i>	75
KALYDECO	80	<i>kelnor 1/35</i>	55	KLOXXADO	49
KANJINTI.....	17	<i>kelnor 1/50</i>	55	KORLYM.....	60
KANUMA.....	60	KENALOG-10	58	KOSELUGO.....	17
KAPSPARGO SPRINKLE	26	KENALOG-40 see <i>triamcinolone</i> <i>acetamide</i>	59	<i>kourzeq</i>	87
<i>kariva</i>	55	KENALOG-80	58	KRAZATI.....	17
KATERZIA	27	KEPPRA see <i>levetiracetam</i>	39	KRINTAFEL	7
		see <i>roweepra</i>	40	KRYSTEXXA	1
				K-TAB see <i>potassium chloride</i>	75

<i>kurvelo</i>	55	<i>see lamotrigine</i>	39	LENVIMA 20 MG DAILY	
KUVAN		LAMICTAL XR KIT	38	DOSE	18
<i>see javygtor</i>	60	<i>lamivudine</i>	7	LENVIMA 4 MG DAILY	
<i>see sapropterin</i>		<i>lamivudine (hbv)</i>	9	DOSE	17
<i>dihydrochloride</i>	61	<i>lamivudine-zidovudine tab</i>		LENVIMA 8 MG DAILY	
KYPROLIS	17	150-300 mg	8	DOSE	17
L		<i>lamotrigine</i>	38, 39	LENVIMA CAP 14 MG ...	18
<i>labetalol hcl</i>	26	<i>lamotrigine tab 25 mg (42)</i>		LENVIMA CAP 18 MG ...	18
<i>lacosamide</i>	38	& 100 mg (7) starter kit	39	LENVIMA CAP 24 MG ...	18
<i>lacosamide oral</i>	38	<i>lamotrigine tab 84 x 25 mg</i>		LESCOL XL	
LACRISERT	78	& 14 x 100 mg starter kit		<i>see fluvastatin sodium</i> .	25
<i>lactated ringer's solution</i> .	74	.....	39	<i>lessina</i>	55
<i>lactic acid (ammonium</i>		<i>lamotrigine tab disint 21 x</i>		LETAIRIS	
<i>lactate)</i>	86	25 mg & 7 x 50 mg		<i>see ambrisentan</i>	30
<i>lactulose</i>	64	<i>titration kit</i>	39	<i>letrozole</i>	14
<i>lactulose (encephalopathy)</i>		<i>lamotrigine tab disint 25</i>		<i>leucovorin calcium</i>	20
.....	64	(14) & 50 mg (14) & 100		LEUKERAN	13
LAMICTAL		mg (7) kit	39	LEUKINE	68
<i>see lamotrigine</i>	39	<i>lamotrigine tab disint 42 x</i>		<i>leuprolide acetate</i>	14
<i>see subvenite</i>	40	50mg & 14 x 100mg		LEUPROLIDE ACETATE	14
LAMICTAL CHEWABLE		<i>titration kit</i>	39	<i>levalbuterol hcl</i>	79
DISPERS		LAMZEDE	60	<i>levalbuterol tartrate</i>	79
<i>see lamotrigine</i>	38	LANOXIN		LEVAQUIN	
LAMICTAL ODT		<i>see digoxin</i>	29	<i>see levofloxacin</i>	11
<i>see lamotrigine</i>	39	LANOXIN PEDIATRIC ...	29	<i>levetiracetam</i>	39
<i>see lamotrigine tab disint</i>		<i>lansoprazole</i>	66	LEVETIRACETAM	
25 (14) & 50 mg (14) &		LANTUS	52	<i>see levetiracetam in</i>	
100 mg (7) kit	39	LANTUS SOLOSTAR ...	52	<i>sodium chloride iv soln</i>	
LAMICTAL STARTER/NOT		<i>lapatinib ditosylate</i>	17	1000 mg/100ml	39
TAKI		<i>larin 1/20</i>	55	<i>see levetiracetam in</i>	
<i>see lamotrigine tab 25</i>		<i>larin 1.5/30</i>	55	<i>sodium chloride iv soln</i>	
<i>mg (42) & 100 mg (7)</i>		<i>larin 24 fe</i>	55	1500 mg/100ml	39
<i>starter kit</i>	39	<i>larin fe 1/20</i>	55	<i>see levetiracetam in</i>	
<i>see subvenite starter</i>		<i>larin fe 1.5/30</i>	55	<i>sodium chloride iv soln</i>	
<i>kit/ora</i>	40	LASIX		500 mg/100ml	39
LAMICTAL		<i>see furosemide</i>	28	<i>levetiracetam in sodium</i>	
STARTER/TAKING C		<i>latanoprost</i>	77	<i>chloride iv soln 1000</i>	
<i>see lamotrigine tab 84 x</i>		LATUDA		mg/100ml	39
25 mg & 14 x 100 mg		<i>see lurasidone hcl</i>	35	<i>levetiracetam in sodium</i>	
<i>starter kit</i>	39	<i>layolis fe</i>	55	<i>chloride iv soln 1500</i>	
<i>see subvenite starter</i>		<i>leena</i>	55	mg/100ml	39
<i>kit/gre</i>	40	<i>leflunomide</i>	71	<i>levetiracetam in sodium</i>	
LAMICTAL		<i>lenalidomide</i>	14	<i>chloride iv soln 500</i>	
STARTER/TAKING V		LENVIMA 10 MG DAILY		mg/100ml	39
<i>see lamotrigine</i>	38	DOSE	17	<i>levobunolol hcl</i>	77
<i>see subvenite starter</i>		LENVIMA 12MG DAILY		<i>levocarnitine (metabolic</i>	
<i>kit/blu</i>	40	DOSE	18	<i>modifiers)</i>	60
LAMICTAL XR					

<i>levocetirizine</i>	LIBTAYO.....	18	<i>loestrin fe 1/20</i>	56
<i>dihydrochloride</i>	<i>lidocaine</i>	86	<i>loestrin fe 1.5/30</i>	56
<i>levofloxacin</i>	<i>lidocaine hcl</i>	86	LOKELMA.....	54
<i>levofloxacin (ophth)</i>	<i>lidocaine hcl (local anesth.)</i>	4	LO LOESTRIN TAB 1-10-	
<i>levofloxacin in d5w iv soln</i>	.....	4	10	56
250 mg/50ml.....	<i>lidocaine hcl (mouth-throat)</i>	87	LOMOTIL	
<i>levofloxacin in d5w iv soln</i>	.....	87	see <i>diphenoxylate w/</i>	
500 mg/100ml.....	<i>lidocaine-prilocaine cream</i>	86	<i>atropine tab 2.5-0.025</i>	
<i>levofloxacin in d5w iv soln</i>	2.5-2.5%	86	<i>mg</i>	65
750 mg/150ml.....	LIDODERM		LONSURF TAB 15-6.14..	13
<i>levoleucovorin calcium</i>	see <i>lidocaine</i>	86	LONSURF TAB 20-8.19..	13
<i>levonest</i>	<i>linezolid</i>	5	<i>loperamide hcl</i>	65
<i>levonor-eth est tab 0.15-</i>	LINEZOLID INJ 2MG/ML ..	5	LOPID	
0.02/0.025/0.03 mg ð	LINZESS	65	see <i>gemfibrozil</i>	25
est 0.01 mg.....	<i>liothyronine sodium</i>	62	<i>lopinavir-ritonavir soln 400-</i>	
<i>levonorgestrel & ethinyl</i>	LIPITOR		100 mg/5ml (80-20	
<i>estradiol (91-day) tab</i>	see <i>atorvastatin calcium</i>	25	<i>mg/ml)</i>	8
0.15-0.03 mg	LIQREV	30	<i>lopinavir-ritonavir tab 100-</i>	
<i>levonorgestrel & ethinyl</i>	<i>lisdexamphetamine</i>		25 mg	8
<i>estradiol tab 0.15 mg-30</i>	<i>dimesylate</i>	42	<i>lopinavir-ritonavir tab 200-</i>	
<i>mcg</i>	<i>lisinopril</i>	22	50 mg	8
<i>levonorgestrel & ethinyl</i>	<i>lisinopril &</i>		LOPRESSOR	
<i>estradiol tab 0.1 mg-20</i>	<i>hydrochlorothiazide tab</i>	21	see <i>metoprolol tartrate</i> 27	
<i>mcg</i>	10-12.5 mg	21	<i>lorazepam</i>	31
<i>levonorgestrel-eth estra tab</i>	<i>lisinopril &</i>		<i>lorazepam intensol</i>	31
0.05-30/0.075-40/0.125-	<i>hydrochlorothiazide tab</i>	21	LORBRENA	18
30mg-mcg	20-12.5 mg	21	<i>loryna</i>	56
<i>levonorgestrel-ethinyl</i>	<i>lisinopril &</i>		<i>losartan potassium</i>	24
<i>estradiol (continuous) tab</i>	<i>hydrochlorothiazide tab</i>	21	<i>losartan potassium &</i>	
90-20 mcg	20-25 mg	21	<i>hydrochlorothiazide tab</i>	
<i>levonorg-eth est tab 0.1-</i>	LITHIUM.....	46	100-12.5 mg	23
0.02mg(84) & eth est tab	<i>lithium carbonate</i>	46	<i>losartan potassium &</i>	
0.01mg(7)	LITHOBID		<i>hydrochlorothiazide tab</i>	
<i>levonorg-eth est tab 0.15-</i>	see <i>lithium carbonate</i> ..	46	100-25 mg	23
0.03mg(84) & eth est tab	LITHOSTAT	66	<i>losartan potassium &</i>	
0.01mg(7)	LIVALO	25	<i>hydrochlorothiazide tab</i>	
<i>levora 0.15/30-28</i>	see <i>pitavastatin calcium</i>	25	50-12.5 mg	23
<i>levo-t</i>	LIVMARLI.....	65	LOTEMAX.....	77
<i>levothyroxine sodium</i>	LIVTENCITY	9	see <i>loteprednol</i>	
<i>levoxyl</i>	LODINE		<i>etabonate</i>	77
LEXAPRO	see <i>etodolac</i>	1	LOTEMAX SM	77
see <i>escitalopram oxalate</i>	LODOCO	29	LOTENSIN	
.....	LODOSYN		see <i>benazepril hcl</i>	21
LEXIVA	see <i>carbidopa</i>	33	LOTENSIN HCT	
see <i>fosamprenavir</i>	<i>loestrin 1/20-21</i>	56	see <i>benazepril &</i>	
<i>calcium</i>	<i>loestrin 1.5/30-21</i>	56	<i>hydrochlorothiazide tab</i>	
LIALDA			10-12.5 mg.....	21
see <i>mesalamine</i>				

see <i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	21	LUPRON DEPOT (6-MONTH).....	14	see <i>atovaquone-proguanil hcl tab 250-100 mg</i>	7
see <i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	21	LUPRON DEPOT-PED (1-MONTH).....	60	see <i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	7
<i>loteprednol etabonate</i>	77	LUPRON DEPOT-PED (3-MONTH).....	60	<i>malathion</i>	87
LOTREL		LUPRON DEPOT-PED (6-MONTH).....	60	<i>maraviroc</i>	7
see <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	21	<i>lurasidone hcl</i>	35	MARGENZA.....	18
see <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	21	<i>lutea</i>	56	MARINOL	
see <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	21	<i>lyleq</i>	56	see <i>dronabinol</i>	63
see <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	21	<i>lyllana</i>	58	<i>marlissa</i>	56
LOTRONEX		LYNPARZA.....	18	MARPLAN.....	32
see <i>alosetron hcl</i>	65	LYRICA		MATULANE	15
<i>lovastatin</i>	25	see <i>pregabalin</i>	39	<i>matzim la</i>	27
LOVAZA		LYRICA CR		MAVENCLAD (10 TABS).....	47
see <i>omega-3-acid ethyl esters cap 1 gm</i>	26	see <i>pregabalin (once-daily)</i>	46	MAVENCLAD (4 TABS).....	47
LOVENOX		LYSODREN	14	MAVENCLAD (5 TABS).....	47
see <i>enoxaparin sodium</i>	68	LYTGOBI (12 MG DAILY DOSE).....	18	MAVENCLAD (6 TABS).....	47
<i>low-ogestrel</i>	56	LYTGOBI (16 MG DAILY DOSE).....	18	MAVENCLAD (7 TABS).....	47
<i>loxapine succinate</i>	35	LYTGOBI (20 MG DAILY DOSE).....	18	MAVENCLAD (8 TABS).....	47
<i>lubiprostone</i>	65	LYVISPAN	48	MAVENCLAD (9 TABS).....	47
LUCEMYRA.....	49	<i>lyza</i>	56	MAVYRET PAK 50-20MG 9	9
LUCENTIS	78	M		MAVYRET TAB 100-40MG	9
LUMAKRAS	18	MACROBID		MAXALT	
LUMIGAN.....	77	see <i>nitrofurantoin monohyd macro</i>	5	see <i>rizatriptan benzoate</i>	45
LUMIZYME	60	MACRODANTIN		MAXALT-MLT	
LUMRYZ	49	see <i>nitrofurantoin macrocrystal</i>	5	see <i>rizatriptan benzoate</i>	45
LUNESTA		<i>mafenide acetate</i>	83	MAXIDEX.....	77
see <i>eszopiclone</i>	44	<i>magnesium sulfate</i>	75	MAXITROL	
LUNSUMIO.....	18	MAGNESIUM SULFATE.....	75	see <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	76
LUPKYNIS.....	73	see <i>magnesium sulfate</i>	75	see <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	76
LUPRON DEPOT (1-MONTH).....	14	MAGNESIUM SULFATE IN D5W		MAXZIDE	
LUPRON DEPOT (3-MONTH).....	14	see <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	75	see <i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	28
LUPRON DEPOT (4-MONTH).....	14	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	75	MAXZIDE-25	
		MALARONE		see <i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	28
				MAYZENT.....	47

MAYZENT STARTER PACK (12)	47	MESTINON TIMESPAN see <i>pyridostigmine</i> <i>bromide</i>	46	see <i>metronidazole</i> <i>(topical)</i>	86
MAYZENT STARTER PACK (7)	47	<i>metaxalone</i>	48	METROLOTION see <i>metronidazole</i> <i>(topical)</i>	86
<i>meclizine hcl</i>	63	<i>metformin hcl</i>	51	<i>metronidazole</i>	5
<i>meclofenamate sodium</i>	1	<i>methadone hcl</i>	2	METRONIDAZOLE see <i>metronidazole</i>	5
MEDROL	58	METHADONE HCL INJ	2	<i>metronidazole (topical)</i>	86
see <i>methylprednisolone</i>	58	<i>methadone hydrochloride i2</i>		<i>metronidazole vaginal</i>	67
MEDROL DOSEPAK see <i>methylprednisolone</i>	58	METHADOSE see <i>methadone</i> <i>hydrochloride i</i>	2	<i>metyrosine</i>	29
<i>medroxyprogesterone</i> <i>acetate</i>	62	<i>methazolamide</i>	28	MG SO4/D5W INJ 10MG/ML	75
<i>medroxyprogesterone</i> <i>acetate (contraceptive)</i>	56	<i>methenamine hippurate</i>	5	<i>mibelas 24 fe</i>	56
<i>mefloquine hcl</i>	7	<i>methimazole</i>	62	<i>micafungin sodium</i>	6
<i>megestrol acetate</i>	14, 62	<i>methocarbamol</i>	48	MICARDIS see <i>telmisartan</i>	24
<i>megestrol acetate</i> <i>(appetite)</i>	62	<i>methotrexate sodium 13, 71</i>		MICARDIS HCT see <i>telmisartan-</i> <i>hydrochlorothiazide tab</i> 40-12.5 mg	24
MEKINIST	18	<i>methoxsalen rapid</i>	84	see <i>telmisartan-</i> <i>hydrochlorothiazide tab</i> 80-12.5 mg	24
MEKTOVI	18	<i>methscopolamine bromide</i>	64	see <i>telmisartan-</i> <i>hydrochlorothiazide tab</i> 80-25 mg	24
<i>meloxicam</i>	1	<i>methsuximide</i>	39	<i>miconazole 3</i>	67
<i>memantine hcl</i>	31	METHYLIN see <i>methylphenidate hcl</i>	43	<i>miconazole-zinc oxide-</i> <i>white petrolatum oint</i> 0.25-15-81.35%	84
<i>memantine hcl tab 28 x 5</i> <i>mg & 21 x 10 mg titration</i> <i>pack</i>	31	<i>methylphenidate</i>	43	<i>microgestin 1/20</i>	56
MENACTRA INJ	73	<i>methylphenidate hcl</i>	43	<i>microgestin 1.5/30</i>	56
MENEST	58	METHYLPHENIDATE HYDROCHLO	43	<i>microgestin 24 fe</i>	56
MENOSTAR	58	<i>methylprednisolone</i>	58	<i>microgestin fe 1/20</i>	56
MENQUADFI INJ	73	<i>methylprednisolone acetate</i>	58	<i>microgestin fe 1.5/30</i>	56
MENVEO INJ	73	<i>methylprednisolone sod</i> <i>succ</i>	58	<i>microgestin hcl</i>	29
MENVEO SOL	73	<i>methyltestosterone</i>	50	<i>miglitol</i>	51
MEPRON see <i>atovaquone</i>	4	<i>metoclopramide hcl</i>	63	<i>miglustat</i>	60
<i>mercaptopurine</i>	13	<i>metolazone</i>	28	MIGRANAL see <i>dihydroergotamine</i> <i>mesylate</i>	45
MEROP/NAACL INJ 1GM/50ML	5	<i>metoprolol &</i> <i>hydrochlorothiazide tab</i> 100-25 mg	26	<i>mili</i>	56
MEROP/NAACL INJ 500/50ML	5	<i>metoprolol &</i> <i>hydrochlorothiazide tab</i> 100-50 mg	26	<i>mimvey</i>	58
<i>meropenem</i>	5	<i>metoprolol &</i> <i>hydrochlorothiazide tab</i> 50-25 mg	26	MINASTRIN 24 FE see <i>finzala</i>	55
<i>merzee</i>	56	<i>metoprolol succinate</i>	27	see <i>mibelas 24 fe</i>	56
<i>mesalamine</i>	64	<i>metoprolol tartrate</i>	27		
<i>mesalamine w/ cleanser</i> .	64	METROCREAM			
MESNEX	21				
MESTINON see <i>pyridostigmine</i> <i>bromide</i>	46				

see <i>norethindrone acetate estradiol-fe chew tab 1 mg-20 mcg (24)</i>.....56	<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>.....11	MYFORTIC see <i>mycophenolate sodium</i>.....73
MINIPRESS see <i>prazosin hcl</i> .....22	MOXIFLOXACIN HYDROCHLORID .....11	MYLOTARG .....18
MINIVELLE see <i>lyllana</i> .....58	MOZOBIL .....68	MYOBLOC .....48
<i>minocycline hcl</i>.....12	see <i>plerixafor</i>.....68	MYRBETRIQ.....67
MINOLIRA.....12	MS CONTIN see <i>morphine sulfate</i> ....2	MYSOLINE see <i>primidone</i>.....40
<i>minoxidil</i> .....29	MULPLETA .....69	N
MIRAPEX ER see <i>pramipexole dihydrochloride</i> .....34	MULTAQ .....25	<i>nabumetone</i> .....1
<i>mirtazapine</i> .....32	<i>multiple electrolytes ph 5.5</i> .....75	<i>nadolol</i> .....27
MIRVASO see <i>brimonidine tartrate (topical)</i> .....86	<i>multiple electrolytes ph 7.4</i> .....75	NAFCILLIN INJ 1GM/50ML.....11
<i>misoprostol</i>.....65	<i>mupirocin</i> .....83	NAFCILLIN INJ 2GM/100.....11
MITIGARE.....1	MYALEPT .....60	<i>nafcillin sodium</i> .....11, 12
<i>mitomycin</i>.....13	MYAMBUTOL see <i>ethambutol hcl</i> .....9	<i>naftifine hcl</i>.....84
<i>mitoxantrone hcl</i>.....15	MYCAMINE see <i>micafungin sodium</i> ..6	NAFTIN .....84
M-M-R II INJ.....73	MYCAPSSA.....60	see <i>naftifine hcl</i> .....84
M-NATAL PLUS TAB.....75	MYCOBUTIN see <i>rifabutin</i>.....9	NAGLAZYME.....60
<i>modafinil</i>.....49	<i>mycophenolate mofetil</i> ...73	<i>nalbuphine hcl</i>.....3
<i>moexipril hcl</i>.....22	<i>mycophenolate sodium</i> ...73	<i>naloxone hcl</i>.....49
<i>molindone hcl</i>.....36	MYDAYIS see <i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>.....41	<i>naltrexone hcl</i>.....49
<i>mometasone furoate</i> .....85	see <i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>.....41	NAMENDA see <i>memantine hcl</i> .....31
<i>mometasone furoate (nasal)</i> .....81	see <i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>.....41	NAMENDA TITRATION PAK see <i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> .....31
MONJUVI.....18	see <i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>.....41	NAMENDA XR see <i>memantine hcl</i> .....31
<i>mono-lynyah</i> .....56	MYDAYIS CAP 12.5MG..43	NAMZARIC CAP 14-10MG.....31
<i>montelukast sodium</i> .....80	MYDAYIS CAP 25MG....43	NAMZARIC CAP 21-10MG.....31
<i>morphine sulfate</i> .....2, 3	MYDAYIS CAP 37.5MG..43	NAMZARIC CAP 28-10MG.....31
MORPHINE SULFATE ....3	MYDAYIS CAP 50MG....43	NAMZARIC CAP 7-10MG.....31
MORPHINE SULFATE/SODIUM C ...3	MYFEMBREE TAB .....60	NAPROSYN see <i>naproxen</i>.....1
<i>morphine sulfate beads</i>....2		<i>naproxen</i> .....1
MOUNJARO .....51		<i>naproxen sodium</i> .....1
MOVANTIK .....65		<i>naratriptan hcl</i> .....45
MOVIPREP see <i>peg-3350/electrolytes/asc</i> .....65		NARDIL see <i>phenelzine sulfate</i> ..33
<i>moxifloxacin hcl</i>.....11		
<i>moxifloxacin hcl (ophth)</i> ..76		

NATACYN.....	76	NEURONTIN	see <i>gabapentin</i>	38	see <i>nitroglycerin</i>	29
NATAZIA TAB.....	56	NEVANAC.....	77	NITYR.....	60	
<i>nateglinide</i>	51	<i>nevirapine</i>	7	<i>nizatidine</i>	64	
NATESTO.....	50	NEXAVAR.....	18	<i>nora-be</i>	56	
NATPARA.....	54	see <i>sorafenib tosylate</i> .	19	NORDITROPIN FLEXPRO	.....	60
NAYZILAM.....	39	NEXIUM.....	66	<i>norethindrone</i>		
<i>nebivolol hcl</i>	27	see <i>esomeprazole</i>		(<i>contraceptive</i>).....	56	
NEBUPENT		<i>magnesium</i>	66	<i>norethindrone & ethinyl</i>		
see <i>pentamidine</i>		NEXIUM I.V.	see <i>esomeprazole</i>	<i>estradiol-fe chew tab 0.4</i>		
<i>isethionate inh</i>	5	<i>sodium</i>	66	<i>mg-35 mcg</i>	56	
<i>necon 0.5/35-28</i>	56	NEXLETOL.....	26	<i>norethindrone & ethinyl</i>		
<i>nefazodone hcl</i>	32	NEXLIZET TAB 180/10MG	.....	<i>estradiol-fe chew tab 0.8</i>		
<i>neomycin-bacitrac zn-</i>		.....	26	<i>mg-25 mcg</i>	56	
<i>polymyx 5(3.5)mg-</i>		NEXTSTELLIS TAB 3-		<i>norethindrone ace & ethinyl</i>		
<i>400unt-10000unt op oin</i>		14.2MG.....	56	<i>estradiol-fe tab 1 mg-20</i>		
.....	76	NEXVIAZYME.....	60	<i>mcg</i>	56	
<i>neomycin-polymy-gramicid</i>		NGENLA.....	60	<i>norethindrone ace & ethinyl</i>		
<i>op sol 1.75-10000-</i>		<i>niacin (antihyperlipidemic)</i>	.....	<i>estradiol tab 1.5 mg-30</i>		
<i>0.025mg-unt-mg/ml</i>	76	.....	26	<i>mcg</i>	56	
<i>neomycin-polymyxin b gu</i>		<i>nicardipine hcl</i>	27	<i>norethindrone ace & ethinyl</i>		
<i>irrigation soln</i>	66	NICARDIPINE SOL		<i>estradiol tab 1 mg-20</i>		
<i>neomycin-polymyxin-</i>		20/200ML.....	27	<i>mcg</i>	56	
<i>dexamethasone ophth</i>		NICARDIPINE SOL		<i>norethindrone ace-eth</i>		
<i>oint 0.1%</i>	76	40/200ML.....	27	<i>estradiol-fe chew tab 1</i>		
<i>neomycin-polymyxin-</i>		NICOTROL INHALER....	49	<i>mg-20 mcg (24)</i>	56	
<i>dexamethasone ophth</i>		NICOTROL NS.....	49	<i>norethindrone ace-ethinyl</i>		
<i>susp 0.1%</i>	76	<i>nifedipine</i>	27	<i>estradiol-fe cap 1 mg-20</i>		
<i>neomycin-polymyxin-hc</i>		<i>nikki</i>	56	<i>mcg (24)</i>	56	
<i>ophth susp</i>	76	NILANDRON		<i>norethindrone acetate</i>	62	
<i>neomycin-polymyxin-hc otic</i>		see <i>nilutamide</i>	14	<i>ethinyl estradiol tab 0.5</i>		
<i>soln 1%</i>	78	<i>nilutamide</i>	14	<i>mg-2.5 mcg</i>	58	
<i>neomycin-polymyxin-hc otic</i>		<i>nimodipine</i>	27	<i>norethindrone acetate-</i>		
<i>susp 3.5 mg/ml-10000</i>		NINLARO.....	18	<i>ethinyl estradiol tab 1</i>		
<i>unit/ml-1%</i>	78	NIPENT.....	15	<i>mg-5 mcg</i>	58	
<i>neomycin sulfate</i>	5	<i>nisoldipine</i>	27	<i>norethindrone ac-ethinyl</i>		
<i>neo-polycin 5(3.5)mg-</i>		<i>nitazoxanide</i>	5	<i>estrad-fe tab 1-20/1-30/1-</i>		
<i>400unt-10000unt op oin</i>		<i>nitisinone</i>	60	<i>35 mg-mcg</i>	56	
.....	76	NITRO-BID.....	29	<i>norgestimate & ethinyl</i>		
<i>neo-polycin hc ophth oint</i>		NITRO-DUR.....	29	<i>estradiol tab 0.25 mg-35</i>		
<i>1%</i>	76	<i>nitrofurantoin macrocrystal</i> 5		<i>mcg</i>	56	
NEORAL		<i>nitrofurantoin monohyd</i>		<i>norgestimate-eth estrad tab</i>		
see <i>cyclosporine</i>		<i>macro</i>	5	<i>0.18-25/0.215-25/0.25-25</i>		
<i>modified (for</i>		<i>nitroglycerin</i>	29	<i>mg-mcg</i>	56	
<i>microemulsion)</i>	73	NITROLINGUAL		<i>norgestimate-eth estrad tab</i>		
see <i>gengraf</i>	73	see <i>nitroglycerin</i>	29	<i>0.18-35/0.215-35/0.25-35</i>		
NERLYNX.....	18	NITROSTAT		<i>mg-mcg</i>	56	
<i>neuac gel 1.2-5%</i>	83					
NEUPRO.....	34					

NORITATE.....	86	NUTROPIN AQ NUSPIN 5	.....60	<i>olmesartan-amlodipine-</i>	
NORLIQVA	27	.....		<i>hydrochlorothiazide tab</i>	
<i>norlyroc</i>	56	NUVARING		<i>40-5-12.5 mg</i>	23
NORPACE		see <i>eluryng</i>	55	<i>olmesartan-amlodipine-</i>	
see <i>disopyramide</i>		see <i>enilloring</i>	55	<i>hydrochlorothiazide tab</i>	
<i>phosphate</i>	24	see <i>etonogestrel-ethinyl</i>		<i>40-5-25 mg</i>	23
NORPACE CR.....	25	<i>estradiol va ring 0.120-</i>		<i>olmesartan medoxomil</i>	24
NORPRAMIN		<i>0.015 mg/24hr</i>	55	<i>olmesartan medoxomil-</i>	
see <i>desipramine hcl</i> ...	32	see <i>haloette</i>	55	<i>hydrochlorothiazide tab</i>	
NORTHERA		NUVIGIL		<i>20-12.5 mg</i>	23
see <i>droxidopa</i>	29	see <i>armodafinil</i>	49	<i>olmesartan medoxomil-</i>	
<i>nortrel 0.5/35 (28)</i>	56	NUZYRA	12	<i>hydrochlorothiazide tab</i>	
<i>nortrel 1/35 (21)</i>	56	<i>nyamyc</i>	84	<i>40-12.5 mg</i>	23
<i>nortrel 1/35 (28)</i>	56	<i>nylia 1/35</i>	56	<i>olmesartan medoxomil-</i>	
<i>nortrel 7/7/7</i>	56	<i>nylia 7/7/7</i>	56	<i>hydrochlorothiazide tab</i>	
<i>nortriptyline hcl</i>	32	NYMALIZE	27	<i>40-25 mg</i>	23
NORVASC		<i>nymyo</i>	56	<i>olopatadine hcl (nasal)</i>	79
see <i>amlodipine besylate</i>		<i>nystatin</i>	6	OLPRUVA.....	60
.....	27	<i>nystatin (mouth-throat)</i>	87	OLUX-E	
NORVIR	7	<i>nystatin (topical)</i>	84	see <i>clobetasol</i>	
see <i>ritonavir</i>	8	<i>nystop</i>	84	<i>propionate emulsion</i> 85	
NOURIANZ	34	O		see <i>tovet</i>	86
NOVAREL.....	60	OCALIVA	65	<i>omega-3-acid ethyl esters</i>	
NOVOLIN INJ 70/30	53	<i>ocella</i>	56	<i>cap 1 gm</i>	26
NOVOLIN INJ 70/30 FP..	53	OCREVUS	47	<i>omeprazole</i>	66
NOVOLIN N	53	OCTAGAM.....	72	OMNARIS	81
NOVOLIN N FLEXPEN...	53	<i>octreotide acetate</i>	60	OMNIPOD 5 G6 KIT	
NOVOLIN R	53	OCUFLOX		INTRO	53
NOVOLIN R FLEXPEN...	53	see <i>ofloxacin (ophth)</i> ...	76	OMNIPOD 5 G6 MIS PODS	
NOVOLOG MIX INJ 70/30		ODACTRA SUB	72	.....	53
.....	53	ODEFSEY TAB	8	OMNIPOD DASH KIT	
NOVOLOG MIX INJ		ODOMZO	18	INTRO	53
FLEXPEN	53	OFEV	80	OMNIPOD DASH MIS	
NOXAFIL.....	6	<i>ofloxacin (ophth)</i>	76	PODS	53
see <i>posaconazole</i>	7	<i>ofloxacin (otic)</i>	78	OMNIPOD GO KIT	
NPLATE	68	OGIVRI	18	10UNT/DY	53
NUBEQA.....	14	OGIVRI INJ 420MG	18	OMNIPOD GO KIT	
NUDEXTA CAP 20-10MG		OJJAARA.....	18	15UNT/DY	53
.....	46	<i>olanzapine</i>	36	OMNIPOD GO KIT	
NULOJIX.....	73	<i>olmesartan-amlodipine-</i>		20UNT/DY	53
NUPLAZID	36	<i>hydrochlorothiazide tab</i>		OMNIPOD GO KIT	
NURTEC	45	<i>20-5-12.5 mg</i>	23	25UNT/DY	53
NUTRILIPID	75	<i>olmesartan-amlodipine-</i>		OMNIPOD GO KIT	
NUTROPIN AQ NUSPIN 10		<i>hydrochlorothiazide tab</i>		30UNT/DY	53
.....	60	<i>40-10-12.5 mg</i>	23	OMNIPOD GO KIT	
NUTROPIN AQ NUSPIN 20		<i>olmesartan-amlodipine-</i>		35UNT/DY	53
.....	60	<i>hydrochlorothiazide tab</i>		OMNIPOD GO KIT	
		<i>40-10-25 mg</i>	23	40UNT/DY	53

OMNIPOD MIS CLASSIC	see <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>.....56	OZEMPIC (0.25 OR 0.5 MG/DOSE).....51
.....53	see <i>tri-lo-estarylla</i>.....57	OZEMPIC (1MG/DOSE) .51
OMNITROPE.....60	see <i>tri-lo-marzia</i>.....57	OZEMPIC (2MG/DOSE) SOPN 8MG/3ML.....51
ONCASPAR.....15	see <i>tri-lo-mili</i>.....57	P
<i>ondansetron</i>.....63	see <i>tri-lo-sprintec</i>.....57	<i>pacerone</i>.....25
<i>ondansetron hcl</i>.....63	see <i>tri-vylibra lo</i>.....57	<i>paclitaxel</i>.....15
ONEXTON	<i>oseltamivir phosphate</i>.....9	PACLITAXEL INJ 100MG.....15
see <i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>.....82	OSMOLEX ER.....34	<i>paclitaxel protein-bound particles for iv susp 100 mg</i>.....15
ONEXTON GEL 1.2-3.7583	OTEZLA.....71	PADCEV.....18
ONFI	OTEZLA TAB 10/20/30...71	PALFORZIA CAP ESCALAT.....72
see <i>clobazam</i>.....37	OXACILLIN INJ 1GM.....12	PALFORZIA CAP LEVEL 10.....72
ONGENTYS.....34	OXACILLIN INJ 2GM.....12	PALFORZIA CAP LEVEL 3.....72
ONIVYDE.....15	<i>oxacillin sodium</i>.....12	PALFORZIA CAP LEVEL 7.....72
ONTRUZANT.....18	<i>oxaliplatin</i>.....13	PALFORZIA CAP LEVEL 8.....72
ONUREG.....13	<i>oxaprozin</i>.....1	PALFORZIA LEVEL 1.....72
OPDIVO.....18	OXAYDO.....3	PALFORZIA LEVEL 11 (MAINT.....72
OPDUALAG SOL.....18	<i>oxazepam</i>.....31	PALFORZIA LEVEL 11 (TITRA.....72
OPFOLDA.....60	OXBRYTA.....69	PALFORZIA LEVEL 2.....72
OPSUMIT.....30	<i>oxcarbazepine</i>.....39	PALFORZIA LEVEL 4.....72
OPVEE.....49	OXERVATE.....78	PALFORZIA LEVEL 5.....72
OPZELURA.....87	OXISTAT.....84	PALFORZIA LEVEL 6.....72
ORALAIR SUB 300 IR....72	OXLUMO.....66	PALFORZIA LEVEL 9.....72
ORBACTIV.....5	OXTELLAR XR.....39	<i>paliperidone</i>.....36
ORENITRAM.....30	<i>oxybutynin chloride</i>.....67	<i>palonosetron hcl</i>.....63
ORENITRAM TAB MONTH 1.....30	<i>oxycodone hcl</i>.....3, 4	PALONOSETRON HYDROCHLORID.....63
ORENITRAM TAB MONTH 2.....30	<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>.....4	PALYNZIQ.....60
ORENITRAM TAB MONTH 3.....30	<i>oxycodone w/ acetaminophen tab 10-325 mg</i>.....4	PAMELOR
ORFADIN.....60	<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>.....4	see <i>nortriptyline hcl</i>.....32
see <i>nitisinone</i>.....60	<i>oxycodone w/ acetaminophen tab 5-325 mg</i>.....4	<i>pamidronate disodium</i>.....54
ORGOVYX.....14	<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>.....4	PAMIDRONATE DISODIUM.....54
ORIAHNN CAP.....60	OXYCONTIN.....2	PANCREAZE CAP 10500UNT.....65
ORLISSA.....57	<i>oxymorphone hcl</i>.....4	PANCREAZE CAP 16800UNT.....66
ORKAMBI GRA 100-125 80	OXYTROL.....67	
ORKAMBI GRA 150-188 80	OZEMPIC (0.25 OR 0.5MG/DOSE).....51	
ORKAMBI GRA 75-94MG.....80		
ORKAMBI TAB 100-125 .80		
ORKAMBI TAB 200-125 .80		
ORLADEYO.....69		
ORSERDU.....14		
ORTHO TRI-CYCLEN LO		

PANCREAZE CAP 21000UNT	66	PEN GK/DEXTR INJ 60000/ML	12	see <i>chlorhexidine gluconate (mouth- throat)</i>	87
PANCREAZE CAP 2600UNIT	65	<i>penicillamine</i>	54	see <i>periogard</i>	87
PANCREAZE CAP 37000	66	<i>penicillin g potassium</i>	12	<i>perindopril erbumine</i>	22
PANCREAZE CAP 4200UNIT	65	PENICILLIN G PROCAINE	12	<i>periogard</i>	87
PANDEL.....	85	<i>penicillin g sodium</i>	12	PERJETA.....	18
PANRETIN.....	87	<i>penicillin v potassium</i>	12	<i>permethrin</i>	87
<i>pantoprazole sodium</i>	66	PENTACEL INJ.....	73	<i>perphenazine</i>	36
PANZYGA.....	72	PENTAM 300 see <i>pentamidine</i>		<i>perphenazine-amitriptyline tab 2-10 mg</i>	33
<i>paraplatin</i>	13	<i>isethionate inj</i>	5	<i>perphenazine-amitriptyline tab 2-25 mg</i>	33
<i>paricalcitol</i>	62	<i>pentamidine isethionate inh</i>	5	<i>perphenazine-amitriptyline tab 4-10 mg</i>	33
PARLODEL see <i>bromocriptine mesylate</i>	33	<i>pentamidine isethionate inj</i>	5	<i>perphenazine-amitriptyline tab 4-25 mg</i>	33
PARNATE see <i>tranylcypromine sulfate</i>	33	PENTASA	64	<i>perphenazine-amitriptyline tab 4-50 mg</i>	33
<i>paromomycin sulfate</i>	5	see <i>mesalamine</i>	64	PERSERIS.....	36
<i>paroxetine hcl</i>	33	<i>pentoxifylline</i>	69	PERTZYE CAP 16000U .	66
PAXIL see <i>paroxetine hcl</i>	33	PEPCID see <i>famotidine</i>	64	PERTZYE CAP 24000U .	66
PAXIL CR see <i>paroxetine hcl</i>	33	PERCOCET see <i>endocet tab 10- 325mg</i>	3	PERTZYE CAP 4000UNIT	66
<i>pazopanib hcl</i>	18	see <i>endocet tab 2.5- 325mg</i>	2	PERTZYE CAP 8000UNIT	66
PEDIAPRED see <i>prednisolone sodium phosphate</i>	59	see <i>endocet tab 5-325mg</i>	2	<i>pfizerpen</i>	12
PEDIARIX INJ 0.5ML.....	73	see <i>endocet tab 7.5- 325mg</i>	3	PHEBURANE.....	60
PEDVAX HIB	73	see <i>oxycodone w/ acetaminophen tab 10- 325 mg</i>	4	<i>phenelzine sulfate</i>	33
<i>peg-3350/electrolytes/asc</i>	65	see <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	4	PHENERGAN see <i>promethazine hcl</i> ..	63
<i>peg 3350-kcl-na bicarb- nacl-na sulfate for soln 236 gm</i>	65	see <i>oxycodone w/ acetaminophen tab 5- 325 mg</i>	4	<i>phenobarbital</i>	39
<i>peg 3350-kcl-sod bicarb- nacl for soln 420 gm</i> ..	65	see <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	4	<i>phenobarbital sodium</i>	39
PEGASYS.....	9	PERFOROMIST see <i>formoterol fumarate</i>	79	<i>phenoxybenzamine hcl</i> ...	29
PEMAZYRE	18	PERIDEX		<i>phenytek</i>	39
PEMETREXED	13			<i>phenytoin</i>	39
<i>pemetrexed disodium</i>	13			<i>phenytoin sodium</i>	39
<i>penciclovir</i>	87			<i>phenytoin sodium extended</i>	39
PEN GK/DEXTR INJ 20000/ML	12			PHESGO SOL	18
PEN GK/DEXTR INJ 40000/ML	12			PHEXXI GEL.....	56

<i>pimtrex</i>	57	<i>see clopidogrel bisulfate</i>		POT CHL 20MEQ/L IN	
<i>pindolol</i>	27	.....	70	NACL 0.9% INJ	75
<i>pioglitazone hcl</i>	51	PLEGRIDY	48	POT CHL 40MEQ/L IN	
<i>pioglitazone hcl-glimepiride</i>		PLEGRIDY INJ STARTER		NACL 0.9% INJ	75
<i>tab 30-2 mg</i>	51	.....	48	POTELIGEO	19
<i>pioglitazone hcl-glimepiride</i>		PLEGRIDY PEN INJ		PRADAXA.....	68
<i>tab 30-4 mg</i>	51	STARTER.....	48	<i>see dabigatran etexilate</i>	
<i>pioglitazone hcl-metformin</i>		<i>plenamine</i>	75	<i>mesylate</i>	67
<i>hcl tab 15-500 mg</i>	51	PLENVU SOL	65	<i>pralatrexate</i>	13
<i>pioglitazone hcl-metformin</i>		<i>plerixafor</i>	68	<i>pramipexole</i>	
<i>hcl tab 15-850 mg</i>	52	<i>podofilox</i>	87	<i>dihydrochloride</i>	34
<i>piperacillin sod-tazobactam</i>		POLIVY	18	<i>prasugrel hcl</i>	70
<i>na for inj 3.375 gm (3-</i>		<i>polycin ophth oint</i>	76	<i>pravastatin sodium</i>	25
<i>0.375 gm)</i>	12	<i>polymyxin b sulfate</i>	5	<i>praziquantel</i>	5
<i>piperacillin sod-tazobactam</i>		<i>polymyxin b-trimethoprim</i>		<i>prazosin hcl</i>	22
<i>sod for inj 13.5 gm (12-</i>		<i>ophth soln 10000 unit/ml-</i>		PRED FORTE	
<i>1.5 gm)</i>	12	<i>0.1%</i>	76	<i>see prednisolone acetate</i>	
<i>piperacillin sod-tazobactam</i>		POMALYST	14	(<i>ophth</i>)	77
<i>sod for inj 2.25 gm (2-</i>		POMBILITI	61	PRED MILD	77
<i>0.25 gm)</i>	12	PONVORY	48	<i>prednisolone</i>	59
<i>piperacillin sod-tazobactam</i>		PONVORY TAB STARTER		<i>prednisolone acetate</i>	
<i>sod for inj 4.5 gm (4-0.5</i>		.....	48	(<i>ophth</i>).....	77
<i>gm)</i>	12	<i>portia-28</i>	57	PREDNISOLONE SODIUM	
<i>piperacillin sod-tazobactam</i>		PORTRAZZA	19	PHOSP	77
<i>sod for inj 40.5 gm (36-</i>		<i>posaconazole</i>	7	<i>prednisolone sodium</i>	
<i>4.5 gm)</i>	12	<i>potassium chloride</i>	75	<i>phosphate</i>	59
PIQRAY 200MG DAILY		POTASSIUM CHLORIDE		<i>prednisone</i>	59
DOSE	18	.....	75	PREDNISONE INTENSOL	
PIQRAY 250MG TAB		<i>see potassium chloride</i>	75	.....	59
DOSE	18	POTASSIUM		PREFEST TAB	58
PIQRAY 300MG DAILY		CHLORIDE/SODIUM		<i>pregabalin</i>	39
DOSE	18	<i>see kcl 20 meq/l (0.15%)</i>		<i>pregabalin (once-daily)</i> ...	46
<i>pirfenidone</i>	80	<i>in nacl 0.45% inj</i>	74	PREGNYL W/DILUENT	
<i>piroxicam</i>	1	<i>see kcl 20 meq/l (0.15%)</i>		BENZYL	61
<i>pitavastatin calcium</i>	25	<i>in nacl 0.9% inj</i>	74	PREHEVBRIO	73
PLAQUENIL		<i>see kcl 40 meq/l (0.3%)</i>		PREMARIN	58
<i>see hydroxychloroquine</i>		<i>in nacl 0.9% inj</i>	74	PREMASOL SOL 10%....	75
<i>sulfate</i>	71	<i>potassium chloride 20</i>		PREMPHASE TAB	58
PLASMA-LYTE-148		<i>meq/l (0.15%) in</i>		PREMPRO TAB.....	58
<i>see multiple electrolytes</i>		<i>dextrose 5% inj</i>	75	PREMPRO TAB 0.3-1.5..	58
<i>ph 5.5</i>	75	<i>potassium chloride</i>		PREMPRO TAB 0.45-1.5	58
PLASMA-LYTE A		<i>microencapsulated</i>		PREMPRO TAB 0.625-5.	58
<i>see multiple electrolytes</i>		<i>crystals er</i>	75	PRENATAL TAB 27-1MG	
<i>ph 7.4</i>	75	<i>potassium citrate</i>		.....	75
PLASMA-LYTE INJ -148.	75	(<i>alkalinizer</i>)	66, 67	PRENATAL TAB PLUS...75	
PLASMA-LYTE INJ -A	75	POT CHL 20MEQ/L IN		PRETOMANID	9
PLAVIX		NACL 0.45% INJ	75	PREVACID	
				<i>see lansoprazole</i>	66

<i>prevalite</i>	26	PROLIA.....	54	QNASL.....	81
PREVYMIS	9	PROMACTA.....	69	QNASL CHILDRENS	81
PREZCOBIX TAB 800-150	8	<i>promethazine hcl</i>	63	QUADRACEL INJ	74
PREZISTA	7, 8	<i>promethazine vc</i>	79	QUADRACEL INJ 0.5ML 74	
see <i>darunavir</i>	7	<i>promethegan</i>	63	QUALAQUIN	
PRIFTIN	9	PROMETRIUM		see <i>quinine sulfate</i>	7
PRILOSEC.....	66	see <i>progesterone</i>	62	QUESTRAN	
<i>primaquine phosphate</i>	7	<i>propafenone hcl</i>	25	see <i>cholestyramine</i>	25
PRIMAQUINE		<i>proparacaine hcl</i>	78	QUESTRAN LIGHT	
PHOSPHATE	7	<i>propranolol hcl</i>	27	see <i>cholestyramine light</i>	
see <i>primaquine</i>		<i>propylthiouracil</i>	62	.....	26
<i>phosphate</i>	7	PROQUAD INJ	74	see <i>prevalite</i>	26
PRIMAXIN IV		PROSCAR		<i>quetiapine fumarate</i>	36
see <i>imipenem-cilastatin</i>		see <i>finasteride</i>	66	QUILLICHEW ER.....	43
<i>intravenous for soln</i>		PROSOL INJ 20%	75	QUILLIVANT XR.....	43
500 mg.....	5	PROTONIX		<i>quinapril hcl</i>	22
<i>primidone</i>	40	see <i>pantoprazole sodium</i>		<i>quinidine sulfate</i>	25
PRIORIX INJ.....	74	.....	66	<i>quinine sulfate</i>	7
PRISTIQ		<i>protriptyline hcl</i>	33	QULIPTA.....	45
see <i>desvenlafaxine</i>		PROVENTIL HFA		QUTENZA KIT 8% 1-PCH	
<i>succinate</i>	32	see <i>albuterol sulfate</i>	79	.....	86
PRIVIGEN.....	72	PROVERA		QUTENZA KIT 8% 2-PCH	
<i>probenecid</i>	1	see		.....	86
PROCARDIA XL		<i>medroxyprogesterone</i>		QUTENZA KIT 8% 4-PCH	
see <i>nifedipine</i>	27	<i>acetate</i>	62	.....	86
<i>prochlorperazine</i>	63	PROVIGIL		QUVIVIQ.....	44
<i>prochlorperazine edisylate</i>		see <i>modafinil</i>	49	QUZYTIR	79
.....	63	PROZAC		R	
<i>prochlorperazine maleate</i>		see <i>fluoxetine hcl</i>	32	RABAVERT INJ.....	74
.....	63	PULMICORT		<i>rabeprazole sodium</i>	66
PROCRIT.....	68	see <i>budesonide</i>		RADICAVA.....	46
PROCTOCORT		<i>(inhalation)</i>	81	RADICAVA ORS.....	46
see <i>hydrocortisone</i>		PULMOZYME	80	RADICAVA ORS	
<i>(rectal)</i>	86	PURIXAN	13	STARTER KIT	46
PROCTOFOAM AER HC		<i>pyrazinamide</i>	9	RAGWITEK.....	72
1%	87	<i>pyridostigmine bromide</i> ...46		<i>raloxifene hcl</i>	61
<i>procto-med hc</i>	87	<i>pyrimethamine</i>	5	<i>ramelteon</i>	44
<i>proctosol hc</i>	87	PYRUKYND	69	<i>ramipril</i>	22
<i>proctozone-hc</i>	87	PYRUKYND TAB		<i>ranolazine</i>	29
PROCYSBI	61	20MGX5MG	69	RAPAFLO	
<i>progesterone</i>	62	PYRUKYND TAB		see <i>silodosin</i>	66
PROGLYCEM		50MGX20M	69	RAPAMUNE	
see <i>diazoxide</i>	59	PYRUKYND TAPER PACK		see <i>sirolimus</i>	73
PROGRAF	73	.....	69	RAPIVAB	9
see <i>tacrolimus</i>	73	Q		<i>rasagiline mesylate</i>	34
PROLASTIN-C.....	80	QBRELIS	22	RAVICTI.....	61
PROLENSA	77	QELBREE.....	43	RAYALDEE.....	62
		QINLOCK.....	19	REBLOZYL	69

REBYOTA.....65	REVATIO	see <i>calcitriol (oral)</i> .....62
RECARBRIO INJ 1.25GM 5	see <i>sildenafil citrate</i>	ROCKLATAN DRO .....77
RECLAST	(<i>pulmonary</i>	<i>roflumilast</i>.....80
see <i>zoledronic acid</i>.....54	<i>hypertension</i>) .....30	<i>ropinirole hydrochloride</i> ...34
<i>reclipsen</i>.....57	REVCOVI.....61	<i>rosuvastatin calcium</i> .....25
RECOMBIVAX HB .....74	REVLIMID .....14	ROTARIX SUS.....74
RECORLEV .....61	REXULTI.....36	ROTATEQ SOL .....74
RECTIV.....87	REYATAZ .....8	ROWASA
REGLAN	see <i>atazanavir sulfate</i> ...7	see <i>mesalamine w/</i>
see <i>metoclopramide hcl</i>	REZLIDHIA .....19	<i>cleanser</i> .....64
.....63	REZUROCK.....73	<i>roweepa</i> .....40
REGRANEX.....87	REZZAYO .....7	ROXICODONE
RELENZA DISKHALER....9	RHOFADE .....87	see <i>oxycodone hcl</i>.....4
RELEXXII.....43	RHOPRESSA .....77	ROZEREM
RELISTOR.....65	<i>ribavirin (hepatitis c)</i>.....9	see <i>ramelteon</i>.....44
RELPAK	<i>rifabutin</i> .....9	ROZLYTREK .....19
see <i>eletriptan</i>	RIFADIN	RUBRACA .....19
<i>hydrobromide</i>.....45	see <i>rifampin</i>.....9	RUCONEST .....69
RELYVRIO PAK 3-1GM.46	<i>rifampin</i> .....9	<i>rufinamide</i> .....40
REMERON	RILUTEK	RUKOBIA.....8
see <i>mirtazapine</i>.....32	see <i>riluzole</i> .....46	RYALTRIS SPR 665-25..79
REMERON SOLTAB	<i>riluzole</i>.....46	RYBELSUS.....52
see <i>mirtazapine</i>.....32	<i>rimantadine hydrochloride</i> .9	RYBREVANT .....19
REMODULIN .....30	RINVOQ.....71	RYDAPT .....19
RENAGEL	RIOMET	RYLAZE .....15
see <i>sevelamer hcl</i> .....61	see <i>metformin hcl</i>.....51	RYSTIGGO.....72
RENFLEXIS .....71	<i>risedronate sodium</i> .....54	RYTARY CAP 145MG ....34
REVELA	RISPERDAL	RYTARY CAP 195MG ....34
see <i>sevelamer carbonate</i>	see <i>risperidone</i>.....36	RYTARY CAP 245MG ....34
.....61	RISPERDAL CONSTA...36	RYTARY CAP 95MG .....34
<i>repaglinide</i> .....52	<i>risperidone</i> .....36	RYTHMOL SR
REPATHA.....26	RITALIN	see <i>propafenone hcl</i> ...25
REPATHA PUSHTRONEX	see <i>methylphenidate hcl</i>	S
SYSTEM.....26	.....43	SABRIL
REPATHA SURECLICK .26	RITALIN LA	see <i>vigabatrin</i>.....40
RESTASIS .....78	see <i>methylphenidate hcl</i>	see <i>vigadrone</i>.....40
RESTASIS MULTIDOSE 78	.....43	SAFYRAL
RESTORIL	<i>ritonavir</i> .....8	see <i>drospirenone-ethinyl</i>
see <i>temazepam</i>.....44	<i>rivastigmine</i>.....31	<i>estradiol-levomefolate</i>
RETEVMO .....19	<i>rivastigmine tartrate</i> .....31	<i>tab 3-0.03-0.451 mg</i> 55
RETIN-A	<i>rivelsa</i>.....57	see <i>tydemy</i>.....57
see <i>tretinoin</i>.....83	<i>rizatriptan benzoate</i> .....45	<i>sajazir</i>.....69
RETIN-A MICRO.....83	ROBINUL	SALAGEN
RETIN-A MICRO PUMP .83	see <i>glycopyrrolate</i> .....64	see <i>pilocarpine hcl (oral)</i>
see <i>tretinoin microsphere</i>	ROBINUL FORTE	.....87
.....83	see <i>glycopyrrolate</i> .....64	SAMSCA.....61
RETROVIR	ROCALTROL	see <i>tolvaptan</i> .....61
see <i>zidovudine</i> .....8	see <i>calcitriol</i>.....62	SANCUSO .....63

SANDIMMUNE	73	SILENOR		SOLIRIS.....	69
see <i>cyclosporine</i>	73	see <i>doxepin hcl (sleep)</i>		SOLOSEC.....	5
SANDOSTATIN		.....	44	SOLTAMOX.....	14
see <i>octreotide acetate</i> .	60	<i>silodosin</i>	66	SOLU-CORTEF	59
SANDOSTATIN LAR		SILVADENE		SOLU-MEDROL.....	59
DEPOT	61	see <i>silver sulfadiazine</i> .	83	see <i>methylprednisolone</i>	
SANTYL.....	87	see <i>ssd</i>	83	<i>sod succ</i>	58
SAPHNELO	73	<i>silver sulfadiazine</i>	83	SOMA	
SAPHRIS		SIMBRINZA SUS 1-0.2%77		see <i>carisoprodol</i>	48
see <i>asenapine maleate</i>		<i>simliya</i>	57	see <i>vanadom</i>	48
.....	35	<i>simpesse</i>	57	SOMATULINE DEPOT ...	61
<i>sapropterin dihydrochloride</i>		<i>simvastatin</i>	25	SOMAVERT.....	61
.....	61	SINEMET		<i>sorafenib tosylate</i>	19
SARCLISA.....	19	see <i>carbidopa &</i>		SORILUX	84
SAVELLA.....	46	<i>levodopa tab 10-100</i>		<i>sorine</i>	25
SAVELLA MIS TITR PAK		<i>mg</i>	33	<i>sotalol hcl</i>	25
.....	46	see <i>carbidopa &</i>		<i>sotalol hcl (afib/afl)</i>	25
SCEMBLIX.....	19	<i>levodopa tab 25-100</i>		SOTYLIZE.....	25
<i>scopolamine</i>	63	<i>mg</i>	33	SPEVIGO.....	71
SECUADO	36	SINGULAIR		<i>spinosad</i>	87
SEGLENTIS TAB 56-44MG		see <i>montelukast sodium</i>		SPIRIVA HANDIHALER..	78
.....	4	.....	80	see <i>tiotropium bromide</i>	
<i>selegiline hcl</i>	34	<i>sirolimus</i>	73	<i>monohydrate</i>	79
<i>selenium sulfide</i>	84	SIRTURO.....	9	SPIRIVA RESPIMAT	78
SELZENTRY.....	8	SITAVIG.....	9	<i>spironolactone</i>	22
see <i>maraviroc</i>	7	SIVEXTRO.....	5	<i>spironolactone &</i>	
SENSIPAR		SKYCLARYS	47	<i>hydrochlorothiazide tab</i>	
see <i>cinacalcet hcl</i>	59	SKYRIZI.....	71	<i>25-25 mg</i>	28
SEREVENT DISKUS	79	SKYRIZI PEN.....	71	SPORANOX	
SEROQUEL		SKYTROFA.....	61	see <i>itraconazole</i>	6
see <i>quetiapine fumarate</i>		SLYND.....	57	SPRAVATO SOL 56MG	
.....	36	SMOFLIPID EMU.....	75	DOS.....	33
SEROQUEL XR		SOANZ.....	28	SPRAVATO SOL 84MG	
see <i>quetiapine fumarate</i>		<i>sodium chloride</i>	75	DOS.....	33
.....	36	<i>sodium chloride (gu</i>		<i>sprintec 28</i>	57
SEROSTIM	61	<i>irrigant)</i>	87	SPRITAM.....	40
<i>sertraline hcl</i>	33	<i>sodium fluoride chew; tab;</i>		SPRYCEL	19
<i>setlakin</i>	57	1.1 (0.5 f) mg/ml soln...75		<i>sps</i>	54
<i>sevelamer carbonate</i>	61	SODIUM OXYBATE.....	49	<i>sronyx</i>	57
<i>sevelamer hcl</i>	61	<i>sodium phenylbutyrate</i>	61	<i>ssd</i>	83
SFROWASA	64	<i>sodium polystyrene</i>		STALEVO 100	
<i>sharobel</i>	57	<i>sulfonate powder</i>	54	see <i>carbidopa-levodopa-</i>	
SHINGRIX.....	74	<i>sod sulfate-pot sulf-mg sulf</i>		<i>entacapone tabs 25-</i>	
SIGNIFOR.....	61	<i>oral sol 17.5-3.13-1.6</i>		<i>100-200 mg</i>	34
SIGNIFOR LAR.....	61	<i>gm/177ml</i>	65	STALEVO 125	
SIKLOS.....	69	SOGROYA.....	61	see <i>carbidopa-levodopa-</i>	
<i>sildenafil citrate (pulmonary</i>		<i>solifenacin succinate</i>	67	<i>entacapone tabs</i>	
<i>hypertension)</i>	30	SOLQUA INJ 100/33.....	53	<i>31.25-125-200 mg</i> ...	34

STALEVO 150 see <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>.....34	SULAR see <i>nisoldipine</i>.....27	SYMFI see <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> ..8
STALEVO 200 see <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>.....34	<i>sulfacetamide sodium (acne)</i> .....83	SYMFI LO see <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> ..8
STALEVO 50 see <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>.....34	<i>sulfacetamide sodium (ophth)</i> .....76	SYMLINPEN 120 .....52
STALEVO 75 see <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> ....34	<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>.....76	SYMLINPEN 60 .....52
STELARA.....71	<i>sulfadiazine</i> .....5	SYMPAZAN .....40
STIVARGA.....19	<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>.....5	SYMPROIC.....65
STRATTERA see <i>atomoxetine hcl</i> 41, 42	<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>.....5	SYMTUZA TAB.....8
STRENSIQ.....61	<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> .....6	SYNALAR see <i>fluocinolone acetonide</i> .....85
<i>streptomycin sulfate</i> .....5	<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> .....6	SYNAREL .....57
STRIBILD TAB.....8	SULFAMYLON.....83	SYNDROS .....63
STRIVERDI RESPIMAT .80	see <i>mafenide acetate</i> ..83	SYNJARDY TAB 12.5-1000MG.....52
STROMECTOL see <i>ivermectin</i> .....5	<i>sulfasalazine</i> .....64	SYNJARDY TAB 12.5-500 .....52
SUBLOCADE.....49	<i>sulindac</i>.....1	SYNJARDY TAB 5-1000MG.....52
SUBOXONE see <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> ....49	<i>sumatriptan</i> .....45	SYNJARDY TAB 5-500MG .....52
see <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> .49	<i>sumatriptan succinate</i> ....45	SYNJARDY XR TAB 10-1000 .....52
see <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> .....49	<i>sunitinib malate</i> .....19	SYNJARDY XR TAB 12.5-1000 .....52
see <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> .....49	SUNLENCA .....8	SYNJARDY XR TAB 25-1000 .....52
<i>subvenite</i>.....40	SUNOSI .....49	SYNJARDY XR TAB 5-1000MG.....52
<i>subvenite starter kit/blu</i> ...40	SUPREP BOWEL PREP KIT see <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> ...65	SYNTHROID.....62
<i>subvenite starter kit/gre</i> ...40	SUSTIVA see <i>efavirenz</i> .....7	see <i>euthyrox</i>.....62
<i>subvenite starter kit/ora</i> ...40	SUSTOL.....63	see <i>levo-t</i>.....62
SUCRAID.....65	SUSVIMO .....78	see <i>levothyroxine sodium</i> .....62
<i>sucralfate</i> .....65	SUTAB TAB.....65	.....62
SUFLAVE SOL .....65	SUTENT see <i>sunitinib malate</i>....19	see <i>levoxyl</i>.....62
	<i>syeda</i> .....57	see <i>unithroid</i>.....62
	SYFOVRE.....78	SYPRINE see <i>trientine hcl</i> .....54
	SYMDEKO TAB 100-15080	T
	SYMDEKO TAB 50-75MG	TABLOID.....13
	.....80	TABRECTA.....19
		<i>tacrolimus</i>.....73
		<i>tacrolimus (topical)</i>.....87

<i>tadalafil (pulmonary hypertension)</i>.....30	see <i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> ....47	<i>terazosin hcl</i>.....22
TADLIQ.....30	TECVAYLI.....19	<i>terbinafine hcl</i>.....7
TAFINLAR.....19	TEFLARO .....10	<i>terbutaline sulfate</i>.....80
TAGRISO .....19	TEGRETOL	<i>terconazole vaginal</i>.....67
TAKHZYRO .....69	see <i>carbamazepine</i> ....37	<i>teriflunomide</i> .....48
TALICIA CAP .....65	see <i>epitol</i>.....38	TERIPARATIDE.....54
TALTZ.....71	TEGRETOL-XR	<i>teriparatide (recombinant)</i>.....54
TALZENNA .....19	see <i>carbamazepine</i> ....37	<i>testosterone</i> .....50
TAMIFLU	TEGSEDI .....47	<i>testosterone cypionate</i> ...50
see <i>oseltamivir phosphate</i> .....9	TEKURNA	<i>testosterone enanthate</i> ...50
<i>tamoxifen citrate</i>.....14	see <i>aliskiren fumarate</i> .28	<i>tetrabenazine</i> .....47
<i>tamsulosin hcl</i> .....66	<i>telmisartan</i> .....24	<i>tetracycline hcl</i> .....12
TARCEVA	<i>telmisartan-amlodipine tab 40-10 mg</i> .....24	THALITONE .....28
see <i>erlotinib hcl</i> .....16	<i>telmisartan-amlodipine tab 40-5 mg</i> .....23	THALOMID .....14
TARGRETIN	<i>telmisartan-amlodipine tab 80-10 mg</i> .....24	THEO-24.....80
see <i>bexarotene</i>.....14	<i>telmisartan-amlodipine tab 80-5 mg</i> .....24	<i>theophylline</i>.....81
see <i>bexarotene (topical)</i> .....86	<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> .....24	THIOLA
<i>tarina 24 fe</i>.....57	<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> .....24	see <i>tiopronin</i>.....67
<i>tarina fe 1/20 eq</i>.....57	<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> .....24	THIOLA EC.....67
TARPEYO.....67	<i>temazepam</i> .....44	<i>thioridazine hcl</i>.....37
TASCENSO ODT.....48	<i>temsirolimus</i>.....19	<i>thiothixene</i>.....37
TASIGNA .....19	TENIVAC INJ 5-2LF.....74	THYQUIDITY .....62
<i>tasimelteon</i>.....44	<i>tenofovir disoproxil fumarate</i> .....8	<i>tiadylt er</i> .....27
TAVALISSE .....69	TENORETIC 100	<i>tiagabine hcl</i>.....40
TAVNEOS.....69	see <i>atenolol & chlorthalidone tab 100-25 mg</i>.....26	TIAZAC
TAYTULLA	TENORETIC 50	see <i>diltiazem hcl extended release beads</i>.....27
see <i>gemmily</i> .....55	see <i>atenolol & chlorthalidone tab 50-25 mg</i>.....26	see <i>taztia xt</i> .....27
see <i>merzee</i>.....56	TENORMIN	see <i>tiadylt er</i>.....27
see <i>norethindrone acetohinyl estradiol-fe cap 1 mg-20 mcg (24)</i> ....56	see <i>atenolol</i> .....26	TIBSOVO .....19
<i>tazarotene</i> .....84	TEPEZZA.....61	TICOVAC .....74
TAZAROTENE.....83	TEPMETKO .....19	<i>tigecycline</i> .....12
<i>tazicef</i>.....10		TIGLUTIK.....47
TAZORAC.....84		TIKOSYN
see <i>tazarotene</i>.....84		see <i>dofetilide</i> .....24
<i>taztia xt</i>.....27		<i>tilia fe</i>.....57
TAZVERIK .....19		<i>timolol maleate</i>.....27
TDVAX INJ 2-2 LF .....74		<i>timolol maleate (ophth)</i> ...77
TECENTRIQ .....19		<i>timolol maleate (ophth) once-daily</i> .....77
TECFIDERA		<i>timolol maleate (ophth) pf</i> .....77
see <i>dimethyl fumarate</i> .47		TIMOPTIC OCUDOSE
TECFIDERA STARTER PACK		see <i>timolol maleate (ophth) pf</i> .....77
		<i>tinidazole</i>.....6

<i>tiopronin</i>	67	<i>tovet</i>	86	<i>triamcinolone acetonide</i>	
<i>tiotropium bromide</i>		TOVIAZ		(mouth)	87
<i>monohydrate</i>	79	see <i>fesoterodine</i>		<i>triamcinolone acetonide</i>	
TIROSINT	62	<i>fumarate</i>	67	(topical)	86
see <i>levothyroxine sodium</i>		TPN ELECTROL INJ	75	<i>triamterene &</i>	
.....	62	TRACLEER	30	<i>hydrochlorothiazide cap</i>	
TIROSINT-SOL	62	see <i>bosentan</i>	30	37.5-25 mg	28
TIVDAK	19	TRADJENTA	52	<i>triamterene &</i>	
TIVICAY	8	<i>tramadol-acetaminophen</i>		<i>hydrochlorothiazide tab</i>	
TIVICAY PD	8	<i>tab 37.5-325 mg</i>	4	37.5-25 mg	28
<i>tizanidine hcl</i>	48	<i>tramadol hcl</i>	2, 4	<i>triamterene &</i>	
TLANDO	50	<i>trandolapril</i>	22	<i>hydrochlorothiazide tab</i>	
TOBI PODHALER	6	<i>trandolapril-verapamil hcl</i>		75-50 mg	28
TOBRADEX OIN 0.3-0.1%		<i>tab er 1-240 mg</i>	21	<i>triazolam</i>	44
.....	76	<i>trandolapril-verapamil hcl</i>		TRIBENZOR	
TOBRADEX ST SUS 0.3-		<i>tab er 2-180 mg</i>	21	see <i>olmesartan-</i>	
0.05	76	<i>trandolapril-verapamil hcl</i>		<i>amlodipine-</i>	
<i>tobramycin</i>	6	<i>tab er 2-240 mg</i>	21	<i>hydrochlorothiazide tab</i>	
<i>tobramycin (ophth)</i>	76	<i>trandolapril-verapamil hcl</i>		20-5-12.5 mg	23
<i>tobramycin-dexamethasone</i>		<i>tab er 4-240 mg</i>	21	see <i>olmesartan-</i>	
<i>ophth susp 0.3-0.1%</i> ...	76	<i>tranexamic acid</i>	69	<i>amlodipine-</i>	
<i>tobramycin sulfate</i>	6	TRANSDERM-SCOP		<i>hydrochlorothiazide tab</i>	
TOBREX	76	see <i>scopolamine</i>	63	40-10-12.5 mg	23
TOLAK	87	<i>tranylcypromine sulfate</i> ...	33	see <i>olmesartan-</i>	
<i>tolmetin sodium</i>	1	TRAVASOL INJ 10%	76	<i>amlodipine-</i>	
TOLSURA	7	TRAVATAN Z		<i>hydrochlorothiazide tab</i>	
<i>tolterodine tartrate</i>	67	see <i>travoprost</i>	77	40-10-25 mg	23
<i>tolvaptan</i>	61	<i>travoprost</i>	77	see <i>olmesartan-</i>	
TOPAMAX		TRAZIMERA	19	<i>amlodipine-</i>	
see <i>topiramate</i>	40	<i>trazodone hcl</i>	33	<i>hydrochlorothiazide tab</i>	
TOPAMAX SPRINKLE		TREANDA		40-5-12.5 mg	23
see <i>topiramate</i>	40	see <i>bendamustine hcl</i> .	12	see <i>olmesartan-</i>	
TOPICORT		TRECATOR	9	<i>amlodipine-</i>	
see <i>desoximetasone</i> ...	85	TRELEGY AER ELLIPTA		<i>hydrochlorothiazide tab</i>	
<i>topiramate</i>	40	100-62.5-25 MCG	78	40-5-25 mg	23
<i>topotecan hcl</i>	15	TRELEGY AER ELLIPTA		TRICOR	
TOPOTECAN HCL		200-62.5-25 MCG	78	see <i>fenofibrate</i>	25
see <i>topotecan hcl</i>	15	TRELSTAR MIXJECT	14	<i>trientine hcl</i>	54
TOPROL XL		<i>treprostinil</i>	30	<i>tri-estarylla</i>	57
see <i>metoprolol succinate</i>		TRESIBA	53	<i>trifluoperazine hcl</i>	37
.....	27	TRESIBA FLEXTOUCH ..	53	<i>trifluridine</i>	76
<i>toremifene citrate</i>	14	<i>tretinoin</i>	83	<i>trihexyphenidyl hcl</i>	34
TORISEL		<i>tretinoin (chemotherapy)</i> .	15	TRIJARDY XR TAB ER	
see <i>temsirolimus</i>	19	<i>tretinoin microsphere</i>	83	24HR 10-5-1000MG ...	52
<i>torse mide</i>	28	TREXALL	71	TRIJARDY XR TAB ER	
TOUJEO MAX SOLOSTAR		<i>trezix</i>	4	24HR 12.5-2.5-1000MG	
.....	53	<i>triamcinolone acetonide</i> ..	59	.....	52
TOUJEO SOLOSTAR	53				

TRIJARDY XR TAB ER 24HR 25-5-1000MG ...52	see <i>emtricitabine- tenofovir disoproxil fumarate tab 167-250 mg</i>.....8	see <i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>.....11
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG ...52	see <i>emtricitabine- tenofovir disoproxil fumarate tab 200-300 mg</i>.....8	UNASYN BULK PACK see <i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i> .11
TRIKAFTA PAK 59.5MG.81	TRUXIMA.....19	<i>unithroid</i> .....62
TRIKAFTA PAK 75MG...81	TUKYSA.....19	UPLIZNA.....47
TRIKAFTA TAB 100-50- 75MG & 150MG .....81	TURALIO .....19	UPTRAVI .....30
TRIKAFTA TAB 50-25- 37.5MG & 75MG .....81	<i>turqoz</i> .....57	UPTRAVI PACK TAB 200/800 .....30
<i>tri-legest fe</i> .....57	TWINRIX INJ .....74	UROCIT-K 10 see <i>potassium citrate (alkalinizer)</i> .....67
TRILEPTAL see <i>oxcarbazepine</i> .....39	TWYNEO CRE 0.1-3% ...83	UROCIT-K 15 see <i>potassium citrate (alkalinizer)</i> .....66
<i>tri-linyah</i> .....57	TYBLUME CHW 0.1-0.02.....57	UROCIT-K 5 see <i>potassium citrate (alkalinizer)</i> .....67
TRILIPIX see <i>choline fenofibrate</i> 25	TYBOST.....8	UROXATRAL see <i>alfuzosin hcl</i>.....66
<i>tri-lo-estarylla</i> .....57	<i>tydemy</i> .....57	URSO 250 see <i>ursodiol</i> .....65
<i>tri-lo-marzia</i> .....57	TYGACIL see <i>tigecycline</i> .....12	<i>ursodiol</i> .....65
<i>tri-lo-mili</i> .....57	TYKERB see <i>lapatinib ditosylate</i> 17	URSO FORTE see <i>ursodiol</i> .....65
<i>tri-lo-sprintec</i> .....57	TYMLOS .....54	UZEDY .....37
<i>trimethobenzamide hcl</i> ...63	TYPHIM VI .....74	V
<i>trimethoprim</i> .....6	TYRVAYA .....78	VABOMERE INJ 2GM(1-1) .....6
<i>tri-mili</i> .....57	TYVASO .....30	VABYSMO .....78
<i>trimipramine maleate</i> .....33	TYVASO DPI MAINTENANCE KI.....30	VAGIFEM see <i>estradiol vaginal</i> ...58
TRINTELLIX.....33	TYVASO DPI POW 16-32- 48 .....30	see <i>yuvafem</i> .....58
<i>tri-nymyo</i> .....57	TYVASO DPI POW 16- 32MCG .....30	<i>valacyclovir hcl</i>.....9
<i>tri-sprintec</i> .....57	TYVASO DPI POW 32- 48MCG .....30	VALCHLOR.....87
TRIUMEQ PD TAB .....8	TZIELD.....52	VALCYTE see <i>valganciclovir hcl</i> ....9
TRIUMEQ TAB .....8	U	<i>valganciclovir hcl</i>.....9
<i>trivora-28</i>.....57	UBRELVY .....45	VALIUM see <i>diazepam</i> .....38
<i>tri-vylibra</i> .....57	UCERIS see <i>budesonide</i> .....64	<i>valproate sodium</i>.....40
<i>tri-vylibra lo</i>.....57	see <i>budesonide (intrarectal)</i>.....64	<i>valproic acid</i> .....40
TRIZIVIR TAB .....8	ULORIC see <i>febuxostat</i> .....1	<i>valrubicin</i>.....13
TRODELVY.....19	ULTOMIRIS .....70	<i>valsartan</i> .....24
TROGARZO.....8	UNASYN see <i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>.....11	
TROPHAMINE INJ 10% .76		
<i>trospium chloride</i>.....67		
TRULICITY .....52		
TRUMENBA INJ .....74		
TRUVADA see <i>emtricitabine- tenofovir disoproxil fumarate tab 100-150 mg</i>.....8		
see <i>emtricitabine- tenofovir disoproxil fumarate tab 133-200 mg</i>.....8		

<i>valsartan-</i> <i>hydrochlorothiazide tab</i> 160-12.5 mg .....24	see <i>enalapril maleate &</i> <i>hydrochlorothiazide tab</i> 10-25 mg.....21	VIDAZA see <i>azacitidine</i>.....13
<i>valsartan-</i> <i>hydrochlorothiazide tab</i> 160-25 mg .....24	VASOTEC see <i>enalapril maleate</i> ..22	<i>vienna</i>.....57
<i>valsartan-</i> <i>hydrochlorothiazide tab</i> 320-12.5 mg .....24	VECTIBIX.....20	<i>vigabatrin</i> .....40
<i>valsartan-</i> <i>hydrochlorothiazide tab</i> 320-25 mg .....24	VELCADE see <i>bortezomib</i>.....16	<i>vigadron</i> .....40
<i>valsartan-</i> <i>hydrochlorothiazide tab</i> 80-12.5 mg .....24	<i>velivet</i>.....57	VIGAMOX see <i>moxifloxacin hcl</i> (<i>ophth</i>) .....76
VALSTAR see <i>valrubicin</i> .....13	VELPHORO .....61	VIIBRYD see <i>vilazodone hcl</i>.....33
VALTOCO 10 MG DOSE40	VELTASSA .....54	VIJOICE .....61
VALTOCO 15 MG DOSE40	VEMLIDY .....9	VIJOICE TAB 250MG ....61
VALTOCO 20 MG DOSE40	VENCLEXTA.....20	<i>vilazodone hcl</i> .....33
VALTOCO 5 MG DOSE..40	VENCLEXTA TAB START PK.....20	VIMIZIM .....61
VALTRES see <i>valacyclovir hcl</i> .....9	<i>venlafaxine hcl</i> .....33	VIMPAT see <i>lacosamide</i> .....38
<i>vanadom</i> .....48	VENTAVIS .....30	see <i>lacosamide oral</i> ....38
VANCOICIN see <i>vancomycin hcl</i> .....6	VENTOLIN HFA.....80	<i>vinblastine sulfate</i> .....15
VANCOMYCIN.....6	VENTOLIN HFA (INSTITUTIONAL PACK) .....80	<i>vincristine sulfate</i> .....15
<i>vancomycin hcl</i> .....6	VEOZAH .....61	<i>vinorelbine tartrate</i> .....15
VANCOMYCIN HYDROCHLORIDE.....6	<i>verapamil hcl</i>.....27, 28	VIOKACE TAB 10440 ....66
VANCOMYCIN INJ 1 GM .6	VERELAN see <i>verapamil hcl</i> .....28	VIOKACE TAB 20880 ....66
VANCOMYCIN INJ 500MG.....6	VERQUVO .....29	<i>viorele</i> .....57
VANCOMYCIN INJ 750MG.....6	VERSACLOZ .....37	VIRACEPT .....8
VANDAZOLE .....67	VERZENIO.....20	VIREAD.....8 see <i>tenofovir disoproxil</i> <i>fumarate</i>.....8
VANFLYTA .....20	VESICARE see <i>solifenacin succinate</i>.....67	VISTARIL see <i>hydroxyzine</i> <i>pamoate</i>.....79
VAQTA.....74	VESICARE LS .....67	VITRAKVI.....20
<i>varenicline tartrate</i> .....49	<i>vestura</i> .....57	VIVELLE-DOT see <i>dotti</i>.....57
<i>varenicline tartrate tab 11 x</i> <i>0.5 mg & 42 x 1 mg start</i> <i>pack</i>.....49	VFEND see <i>voriconazole</i> .....7	see <i>estradiol</i>.....57
VARIVAX .....74	VFEND IV see <i>voriconazole</i> .....7	VIVITROL.....49
VARUBI.....63	V-GO 20 KIT .....53	VIVJOA .....7
VASCEPA.....26	V-GO 30 KIT .....53	VIZIMPRO.....20
VASERETIC.....12	V-GO 40 KIT .....53	VONJO.....20
VICTOZA .....52	VIBATIV .....6	<i>voriconazole</i> .....7
	VIBERZI .....65	VOSEVI TAB.....9
	VIBRAMYCIN see <i>doxycycline</i> (<i>monohydrate</i>) .....12	VOTRIENT .....20 see <i>pazopanib hcl</i> .....18
	see <i>doxycycline hyclate</i>.....12	VOWST CAP .....65
		VOXZOGO .....61
		VPRIV .....61
		VRAYLAR .....37
		VRAYLAR CAP 1.5-3MG37
		VTAMA.....84

VUMERITY	48	see <i>alprazolam</i>	30	XPOVIO 100 MG ONCE	
<i>vyfemla</i>	57	XARELTO	68	WEEKLY	20
<i>vylibra</i>	57	XARELTO STAR TAB		XPOVIO 40 MG ONCE	
VYNDAMAX	29	15/20MG	68	WEEKLY	20
VYNDAQEL	29	XATMEP	71	XPOVIO 40 MG TWICE	
VYTORIN		XCOPRI	40	WEEKLY	20
see <i>ezetimibe-</i>		XCOPRI PAK 100-150	40	XPOVIO 60 MG ONCE	
<i>simvastatin tab 10-10</i>		XCOPRI PAK 12.5-25	40	WEEKLY	20
<i>mg</i>	26	XCOPRI PAK 150-200MG		XPOVIO 60 MG TWICE	
see <i>ezetimibe-</i>		(MAINTENANCE)	40	WEEKLY	20
<i>simvastatin tab 10-20</i>		XCOPRI PAK 150-200MG		XPOVIO 80 MG ONCE	
<i>mg</i>	26	(TITRATION)	40	WEEKLY	20
see <i>ezetimibe-</i>		XCOPRI PAK 50-100MG	40	XPOVIO 80 MG TWICE	
<i>simvastatin tab 10-40</i>		XDEMVI	76	WEEKLY	20
<i>mg</i>	26	XELJANZ	71	XTANDI	14
see <i>ezetimibe-</i>		XELJANZ XR	71	<i>xulane</i>	57
<i>simvastatin tab 10-80</i>		XELSTRYM	44	XULTOPHY INJ 100/3.6	53
<i>mg</i>	26	XEMBIFY	72	XYLOCAINE	
VYVANSE	43, 44	XENAZINE		see <i>lidocaine hcl (local</i>	
VYVGART	72	see <i>tetrabenazine</i>	47	<i>anesth.)</i>	4
VYVGART INJ HYTRULO		XENLETA	6	XYLOCAINE-MPF	
.....	72	XENPOZYME	61	see <i>lidocaine hcl (local</i>	
VYZULTA	77	XEOMIN	48	<i>anesth.)</i>	4
W		XERAVA	12	XYOSTED	50
WAKIX	49	XERESE CRE 5-1%	87	XYREM	49
<i>warfarin sodium</i>	68	XERMELO	65	XYWAV SOL 0.5GM/ML	49
<i>water for irrigation, sterile</i>		XGEVA	54	Y	
<i>irrigation soln</i>	87	XHANCE	81	<i>yargesa</i>	61
WELCHOL		XIFAXAN	6, 65	YASMIN 28	
see <i>colesevelam hcl</i>	26	XIGDUO XR TAB 10-1000		see <i>drospirenone-ethinyl</i>	
WELIREG	15	.....	52	<i>estradiol tab 3-0.03 mg</i>	
WELLBUTRIN SR		XIGDUO XR TAB 10-		.....	55
see <i>bupropion hcl</i>	32	500MG	52	see <i>ocella</i>	56
WELLBUTRIN XL		XIGDUO XR TAB 2.5-1000		see <i>syeda</i>	57
see <i>bupropion hcl</i>	32	.....	52	see <i>zumandimine</i>	57
<i>wera</i>	57	XIGDUO XR TAB 5-		YAZ	
WINLEVI	83	1000MG	52	see <i>drospirenone-ethinyl</i>	
<i>wixela inhub</i>	82	XIGDUO XR TAB 5-500MG		<i>estradiol tab 3-0.02 mg</i>	
<i>wymzya fe</i>	57	.....	52	.....	55
X		XIIDRA	78	see <i>jasmiel</i>	55
XACIATO	67	XIPERE	77	see <i>loryna</i>	56
XADAGO	34	XODOL		see <i>nikki</i>	56
XALATAN		see <i>hydrocodone-</i>		see <i>vestura</i>	57
see <i>latanoprost</i>	77	<i>acetaminophen tab 5-</i>		YERVOY	20
XALKORI	20	<i>300 mg</i>	3	YF-VAX INJ	74
XANAX		XOFLUZA	9	YONSA	14
see <i>alprazolam</i>	30	XOLAIR	81	YUTIQ	77
XANAX XR		XOSPATA	20	<i>yuvafem</i>	58

Z	
<i>zafemy</i>	57
<i>zafirlukast</i>	80
<i>zaleplon</i>	44
ZALTRAP	20
ZANAFLEX	
see <i>tizanidine hcl</i>	48
ZARONTIN	
see <i>ethosuximide</i>	38
ZARXIO	68
ZAVESCA	
see <i>miglustat</i>	60
see <i>yargesa</i>	61
ZEJULA	20
ZELAPAR	34
ZELBORAF	20
ZEMAIRA	81
ZEMBRACE SYMTOUCH	
.....	45
ZEMDRI	6
ZEMPLAR	
see <i>paricalcitol</i>	62
<i>zenatane</i>	83
ZENPEP CAP 10000UNT	
.....	66
ZENPEP CAP 15000UNT	
.....	66
ZENPEP CAP 20000UNT	
.....	66
ZENPEP CAP 25000UNT	
.....	66
ZENPEP CAP 3000UNIT	66
ZENPEP CAP 40000UNT	
.....	66
ZENPEP CAP 5000UNIT	66
<i>zenzedi</i>	44
ZEPOSIA	48
ZEPOSIA 7DAY CAP STR	
PACK	48
ZEPOSIA CAP STR KIT	48
ZEPZELCA	13
ZERBAXA INJ 1.5GM	10
ZERVIAE	77
ZESTORETIC	
see <i>lisinopril &</i>	
<i>hydrochlorothiazide tab</i>	
10-12.5 mg	21
see <i>lisinopril &</i>	
<i>hydrochlorothiazide tab</i>	
20-12.5 mg	21
see <i>lisinopril &</i>	
<i>hydrochlorothiazide tab</i>	
20-25 mg	21
ZESTRIL	
see <i>lisinopril</i>	22
ZETIA	
see <i>ezetimibe</i>	26
ZETONNA	81
ZIAGEN	
see <i>abacavir sulfate</i>	7
ZIANA	
see <i>clindamycin</i>	
<i>phosphate-tretinoin gel</i>	
1.2-0.025%	82
<i>zidovudine</i>	8
ZIEXTENZO	68
ZILRETTA	59
ZILXI	87
ZIMHI	49
<i>ziprasidone hcl</i>	37
<i>ziprasidone mesylate</i>	37
ZIRABEV	20
ZIRGAN	76
ZITHROMAX	
see <i>azithromycin</i>	10
ZOCOR	
see <i>simvastatin</i>	25
ZOLADEX	14
<i>zoledronic acid</i>	54
ZOLEDRONIC ACID	54
ZOLINZA	20
<i>zolmitriptan</i>	45, 46
ZOLOFT	
see <i>sertraline hcl</i>	33
<i>zolidem tartrate</i>	44, 45
ZOLPIDEM TARTRATE	44
ZOMACTON	61
ZOMIG	46
see <i>zolmitriptan</i>	46
ZONEGRAN	
see <i>zonisamide</i>	40
ZONISADE	40
<i>zonisamide</i>	40, 41
ZONTIVITY	70
ZORBTIVE	61
ZORTRESS	
see <i>everolimus</i>	
<i>(immunosuppressant)</i>	
.....	73
ZORYVE	84
ZOSYN SOL 2-0.25GM ..	12
ZOSYN SOL 3-0.375G ..	12
ZOSYN SOL 4-0.50GM ..	12
<i>zovia 1/35</i>	57
ZOVIRAX	
see <i>acyclovir topical</i>	86
ZTALMY	41
ZTLIDO	86
ZUBSOLV SUB 0.7-0.18.50	
ZUBSOLV SUB 1.4-0.36.50	
ZUBSOLV SUB 11.4-2.9.50	
ZUBSOLV SUB 2.9-0.71.50	
ZUBSOLV SUB 5.7-1.4..50	
ZUBSOLV SUB 8.6-2.1...50	
<i>zumandimine</i>	57
ZURZUVAE	33
ZYDELIG	20
ZYKADIA	20
ZYLET SUS 0.5-0.3%	76
ZYMAXID	
see <i>gatifloxacin (ophth)</i>	
.....	76
ZYNLONTA	20
ZYNYZ	20
ZYPITAMAG	25
ZYPREXA	
see <i>olanzapine</i>	36
ZYPREXA RELPREVV ...	37
ZYPREXA ZYDIS	
see <i>olanzapine</i>	36
ZYTIGA	
see <i>abiraterone acetate</i>	
.....	13
ZYVOX	6
see <i>linezolid</i>	5

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