

## ***SilverScript Employer PDP sponsored by The Group Insurance Commission (SilverScript)***

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

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

This formulary was updated on 02/24/2026. For more recent information or other questions, please contact Customer Care at 1-877-876-7214, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID Number: 26021

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

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

This document includes a Drug List (formulary) for our plan, which is current as of February 24, 2026. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

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

## What is the SilverScript formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by SilverScript 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*.

**Please note:** The Group Insurance Commission provides additional coverage that may cover prescription drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which prescription drugs may or may not be covered, please call Customer Care.

The additional coverage provided by the GIC covers certain prescription drugs not covered under Medicare Part D. Payments made for these prescription drugs will not count toward your total out-of-pocket costs.

Please contact Customer Care for any questions regarding your additional benefits. Customer Care also has free language interpreter services available for non-English speakers.

## Can the formulary change?

Most changes in drug coverage happen on January 1, but SilverScript may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [SilverScriptEmployerPDP.MemberDoc.com](https://www.silver-script.com/SilverScriptEmployerPDP.MemberDoc.com).

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

**Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking that brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the SilverScript's formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

**Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

**Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug to replace a brand name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. Or we may make changes based on new clinical guidelines.

If we remove drugs from our formulary, add quantity limits, prior authorization, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

This formulary is current as of February 24, 2026. To get updated information about the drugs covered by our plan, please contact us at the number on your member ID card. Our contact information also appears on the front and back cover pages.

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

### **How do I use the formulary?**

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

#### **Alphabetical Listing**

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

#### **Medical Condition**

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

### **What are generic drugs?**

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

### **What are original biological products and how are they related to biosimilars?**

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the *Evidence of Coverage*, Chapter 3 Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

## Are there any restrictions on my coverage?

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

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

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

**Step Therapy (ST):** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, SilverScript 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's formulary?" for information about how to request an exception.

## What if my drug is not on the formulary?

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

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

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

The Group Insurance Commission offers additional coverage on some prescription drugs not normally covered under a Medicare Part D prescription drug plan benefit. Payments made for these drugs will not count toward your total out-of-pocket costs. Please contact Customer Care for any questions regarding your additional benefit.

## How do I request an exception to the SilverScript's formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, SilverScript limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing tier. If approved, this would lower the amount you must pay for your drug.

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

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

## What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer than 30 days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

**For more information**

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

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

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

**Initial Coverage Stage Copayment/Coinsurance Levels**

**The plan has three Cost-Sharing Tiers**

Every drug on the plan’s drug list is in one of three 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**

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

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

	<b>Network Retail Pharmacy</b> (Up to a 30-day supply available at <b>any</b> network pharmacy)	<b>Mail-Order Pharmacy</b> (Up to a 30-day supply)	<b>Long-Term Care (LTC) Pharmacy</b> (Up to a 31-day supply)
<b>Tier 1: Generic</b>	\$10.00	\$25.00	\$10.00
<b>Tier 2: Preferred Brand</b>	\$30.00	\$75.00	\$30.00
<b>Tier 3: Non-Preferred Brand</b>	\$65.00	\$165.00	\$65.00

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

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

### **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. Drugs with this abbreviation are not typically available at CVS Caremark® Mail Service Pharmacy. Maintenance medications (drugs you take on a regular basis for a chronic or long-term condition) without this abbreviation are typically available at CVS Caremark® Mail Service Pharmacy. Actual availability may vary.
- NDS Non-extended day supply. Not available for an extended (long-term) supply.
- B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug Name	Drug Requirements/ Tier	Limits
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>allopurinol</i> TABS 200mg	1	ST
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	3	NDS
ALOPRIM SOLR 500mg	3	NDS
<i>colchicine</i> (generic of MITIGARE) CAPS .6mg QL (60 caps / 30 days)	1	QL
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	1	QL
<i>colchicine w/ probenecid tab</i> <i>0.5-500 mg</i>	1	
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1	PA
GLOPERBA SOLN .6mg/5ml QL (300 mL / 30 days)	3	QL
KRYSTEXXA SOLN 8mg/50ml, 8mg/ml	3	NDS NM PA
MITIGARE CAPS .6mg QL (60 caps / 30 days)	3	QL
<i>probenecid</i> TABS 500mg	1	
ULORIC TABS 40mg, 80mg	3	PA
<b>MISCELLANEOUS</b>		
JOURNAVX TABS 50mg QL (29 tabs / 14 days)	3	QL PA
<i>lidocaine hcl (local anesth.)</i> SOLN 4%	1	B/D
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D
<b>NSAIDS</b>		
ARTHROTEC 50 TAB	3	
ARTHROTEC 75 TAB	3	
CELEBREX CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
CELEBREX CAPS 400mg QL (30 caps / 30 days)	3	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	1	QL
DAYPRO TABS 600mg	3	
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diclofenac w/ misoprostol tab</i> <i>delayed release 50-0.2 mg</i> (generic of ARTHROTEC 50)	1	
<i>diclofenac w/ misoprostol tab</i> <i>delayed release 75-0.2 mg</i> (generic of ARTHROTEC 75)	1	
<i>diflunisal</i> TABS 500mg	1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>ketorolac tromethamine</i> TABS 10mg QL (20 tabs / 30 days) PA applies if 65 years and older	1	QL PA
<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>naproxen dr</i> TBEC 500mg QL (90 tabs / 30 days)	1	QL
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>oxaprozin</i> TABS 600mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	
<i>tolmetin sodium</i> CAPS 400mg	3	NDS
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	3	QL PA
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	3	NDS QL PA
<i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	3	QL PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg QL (30 tabs / 30 days)	3	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
METHADONE HCL INJ SOLN 10mg/ml	3	
<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA
<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg QL (90 tabs / 30 days)	1	QL PA
<i>morphine sulfate</i> TBCR 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)	1	QL PA
MS CONTIN TBCR 15mg, 30mg QL (90 tabs / 30 days)	3	QL PA
MS CONTIN TBCR 60mg QL (90 tabs / 30 days)	3	NDS QL PA
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen w/ codeine</i> <i>soln</i> 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> <i>tab</i> 300-15 mg QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> <i>tab</i> 300-30 mg QL (360 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>acetaminophen w/ codeine tab 300-60 mg</i> QL (180 tabs / 30 days)	1	QL	<i>hydrocodone-acetaminophen tab 5-300 mg</i> QL (240 tabs / 30 days)	1	QL
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i> QL (300 caps / 30 days)	1	QL	<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	3		<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>butorphanol tartrate SOLN 10mg/ml</i> QL (10 mL / 30 days)	1	QL	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	1	QL
CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days)	3	QL	<i>hydrocodone-acetaminophen tab 10-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>codeine sulfate TABS 30mg</i> QL (180 tabs / 30 days)	1	QL	<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>DILAUDID LIQD 1mg/ml</i> QL (600 mL / 30 days)	3	QL	<i>hydrocodone-ibuprofen tab 5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>DILAUDID SOLN .2mg/ml, 1mg/ml, 2mg/ml</i>	3	B/D	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>DILAUDID TABS 2mg, 4mg</i> QL (180 tabs / 30 days)	3	QL	<i>hydrocodone-ibuprofen tab 10-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>DILAUDID TABS 8mg</i> QL (180 tabs / 30 days)	3	NDS QL	<i>hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml</i> QL (600 mL / 30 days)	1	QL
<i>endocet tab 2.5-325mg</i> QL (360 tabs / 30 days)	1	QL	<i>hydromorphone hcl SOLN 4mg/ml, 10mg/ml, 50mg/5ml</i>	3	B/D
<i>endocet tab 5-325mg (generic of PERCOCET)</i> QL (360 tabs / 30 days)	1	QL	<i>hydromorphone hcl (generic of DILAUDID) SOLN .2mg/ml, 1mg/ml, 2mg/ml</i>	3	B/D
<i>endocet tab 7.5-325mg (generic of PERCOCET)</i> QL (240 tabs / 30 days)	1	QL	<i>hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg</i> QL (180 tabs / 30 days)	1	QL
<i>endocet tab 10-325mg (generic of PERCOCET)</i> QL (180 tabs / 30 days)	1	QL	HYDROMORPHONE SOLN HYDROCHLORI SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL	MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	3	B/D
<i>hydrocodone-acetaminophen soln 10-300 mg/15ml</i> QL (2700 mL / 30 days)	1	QL	<i>morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml</i>	3	B/D
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL			
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i> QL (240 tabs / 30 days)	1	QL			

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>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL
<i>morphine sulfate</i> SOLN 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	3	
<i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days)	1	QL
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i> QL (180 mL / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>oxymorphone hcl</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
PERCOCET TAB 5-325MG QL (360 tabs / 30 days)	3	NDS QL PA
PERCOCET TAB 7.5-325 QL (240 tabs / 30 days)	3	NDS QL PA
PERCOCET TAB 10-325MG QL (180 tabs / 30 days)	3	NDS QL PA
ROXICODONE TABS 15mg QL (180 tabs / 30 days)	3	QL
ROXICODONE TABS 30mg QL (180 tabs / 30 days)	3	NDS QL
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	1	QL
<i>tramadol-acetaminophen tab 37.5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>trezix</i> QL (300 caps / 30 days)	1	QL

**ANTI-INFECTIVES****ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole</i> TABS 200mg QL (672 tabs / year)	1	QL PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	3	NDS NM PA
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	1	QL PA
AZACTAM SOLR 1gm, 2gm	3	
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	1	
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
BETHKIS NEBU 300mg/4ml	3	NDS NM PA
BLUJEPa TABS 750mg	2	
CAYSTON SOLR 75mg	3	NDS NM PA
CLEOCIN CAPS 75mg, 150mg, 300mg	3	
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	3	
CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1		FIRVANQ SOLR 25mg/ml, 50mg/ml	3	QL
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1		QL (1800 mL / 180 days)		
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	1		<i>fosfomycin tromethamine</i> PACK 3gm	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1		<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1		<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1		<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	3		<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
CLINDMYC/NAC INJ 600/50ML	3		<i>gentamicin in saline inj 2 mg/ml</i>	1	
CLINDMYC/NAC INJ 900/50ML	3		<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	1		HUMATIN CAPS 250mg	3	NDS
COLY-MYCIN M SOLR 150mg	3		<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>dalbavancin hcl</i> (generic of DALVANCE) SOLR 500mg	3	NDS	<i>imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)</i>	1	
DALVANCE SOLR 500mg	3	NDS	IMPAVIDO CAPS 50mg	3	NDS PA
<i>dapsone</i> TABS 25mg, 100mg	1		<i>ivermectin</i> (generic of STROMEKTOL) TABS 3mg	1	QL PA
DAPTOMY/NAACL INJ 350/50ML	3		QL (20 tabs / 90 days)		
DAPTOMY/NAACL INJ 500/50ML	3		<i>ivermectin</i> TABS 6mg	1	QL PA
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	3	NDS	QL (10 tabs / 90 days)		
DAPTOMYCIN SOLR 350mg, 500mg	3	NDS	KIMYRSA SOLR 1200mg	3	NDS
<i>daptomycin</i> SOLR 500mg	3	NDS	KITABIS PAK NEBU 300mg/5ml	3	NDS NM PA
EMBLAVEO INJ 2GM	3	NDS	LIKMEZ SUSP 500mg/5ml	3	
EMVERM CHEW 100mg	3	NDS QL	<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml	1	
QL (12 tabs / year)			<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml	3	NDS QL
<i>ertapenem sodium</i> SOLR 1gm	1		QL (1800 mL / 30 days)		
			<i>linezolid</i> TABS 600mg	1	QL
			QL (60 tabs / 30 days)		
			LINEZOLID INJ 2MG/ML	3	
			MACROBID CAPS 100mg	3	
			MEPRON SUSP 750mg/5ml	3	NDS QL PA
			QL (300 mL / 30 days)		
			MEROP/NAACL INJ 1GM/50ML	3	
			MEROP/NAACL INJ 500/50ML	3	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>meropenem</i> (generic of MEROPENEM) SOLR 2gm	1	
<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	1	
<i>metronidazole</i> CAPS 375mg; TABS 125mg, 250mg, 500mg	1	
METRONIDAZOLE SOLN 500mg/100ml	3	
<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	1	
NEBUPENT SOLR 300mg	3	B/D
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days)	3	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	3	NDS
ORLYNVAH TAB 500-500	3	NDS NM
PENTAM 300 SOLR 300mg	3	
<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	1	
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>praziquantel</i> TABS 600mg	1	
PRIMAXIN IV INJ 500MG	3	
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	3	NDS QL PA
RECARBRIO INJ 1.25GM	3	NDS
SIVEXTRO SOLR 200mg; TABS 200mg	3	NDS
SOLOSEC PACK 2gm	3	
<i>streptomycin sulfate</i> SOLR 1gm	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
STROMEKTOL TABS 3mg QL (20 tabs / 90 days)	3	QL PA
<i>sulfadiazine</i> TABS 500mg	3	NDS
<i>sulfamethoxazole- trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole- trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole- trimethoprim tab 400-80 mg</i> (generic of BACTRIM)	1	
<i>sulfamethoxazole- trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI NEBU 300mg/5ml	3	NDS NM PA
TOBI PODHALER CAPS 28mg	3	NDS NM PA
<i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml	3	NDS NM PA
<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	3	NDS NM PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	
TYZAVAN SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml	3	
VABOMERE INJ 2GM(1-1)	3	NDS
VANCOCIN CAPS 125mg QL (80 caps / 180 days)	3	NDS QL
VANCOCIN CAPS 250mg QL (160 caps / 180 days)	3	NDS QL
VANCOMYC/D5W INJ 1.5/300	3	
VANCOMYC/D5W INJ 1.25/250	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>vancomycin hcl</i> (generic of VANCOGIN) CAPS 125mg QL (80 caps / 180 days)	1	QL
<i>vancomycin hcl</i> (generic of VANCOGIN) CAPS 250mg QL (160 caps / 180 days)	1	QL
<i>vancomycin hcl</i> SOLN 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml; SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg	1	
<i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg	1	
<i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml QL (1800 mL / 180 days)	1	QL
<i>vancomycin hcl</i> SOLR 250mg/5ml QL (1800 mL / 180 days)	1	QL
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml; SOLR 1gm, 1.25gm, 1.5gm, 1.75gm, 2gm, 5gm, 10gm, 500mg, 750mg	3	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
VIBATIV SOLR 750mg	3	NDS
XACDURO INJ 1-1GM	3	NDS
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	3	QL
ZEMDRI SOLN 500mg/10ml	3	NDS
ZYVOX SOLN 600mg/300ml	3	NDS
ZYVOX SUSR 100mg/5ml QL (1800 mL / 30 days)	3	NDS QL
ZYVOX TABS 600mg QL (60 tabs / 30 days)	3	NDS QL
<b>ANTIFUNGALS</b>		
AMBISOME SUSR 50mg	3	NDS B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	3	NDS B/D
ANCOBON CAPS 250mg, 500mg	3	NDS PA
CANCIDAS SOLR 50mg, 70mg	3	NDS
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	3	NDS
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	3	NDS PA
DIFLUCAN SUSR 40mg/ml	3	
ERAXIS SOLR 50mg	3	
ERAXIS SOLR 100mg	3	NDS
<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg, 100mg, 200mg	1	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml; TABS 150mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	3	NDS PA
<i>fulvicin p/g 165</i> TABS 165mg	3	NDS
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>griseofulvin ultramicrosize</i> TABS 165mg	3	NDS
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg QL (120 caps / 30 days)	1	QL
<i>itraconazole</i> SOLN 10mg/ml	3	NDS
<i>ketoconazole</i> TABS 200mg	1	PA
MICAFUNGIN SOLR 50mg, 100mg	3	NDS
<i>micafungin sodium</i> SOLR 50mg, 100mg	1	
MICAFUNGIN/NACL INJ 50MG/50ML	3	NDS
MICAFUNGIN/NACL INJ 100MG/100ML	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
MICAFUNGIN/NACL INJ 150MG/150ML	3	NDS
MYCAMINE SOLR 50mg, 100mg	3	NDS
NOXAFIL PACK 300mg QL (32 packets / 30 days)	3	NDS QL PA
NOXAFIL SOLN 300mg/16.7ml	3	NDS
NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	3	NDS QL PA
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> (generic of NOXAFIL) SOLN 300mg/16.7ml	3	NDS
<i>posaconazole</i> SUSP 40mg/ml QL (630 mL / 30 days)	3	NDS QL PA
<i>posaconazole</i> TBEC 100mg QL (93 tabs / 30 days)	3	NDS QL PA
REZZAYO SOLR 200mg	3	NDS
SPORANOX CAPS 100mg QL (120 caps / 30 days)	3	QL
<i>terbinafine hcl</i> TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	1	QL PA
TOLSURA CAPS 65mg QL (120 caps / 30 days)	3	NDS QL PA
VFEND SUSR 40mg/ml QL (600 mL / 28 days)	3	NDS QL PA
VFEND IV SOLR 200mg	3	PA
VIVJOA CPPK 150mg QL (18 caps / 84 days)	3	NDS QL NM PA
VORICONAZOLE SOLR 200mg	3	PA
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	1	PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)	3	NDS QL PA
<i>voriconazole</i> TABS 50mg QL (480 tabs / 30 days)	1	QL
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl tab</i> 1 62.5-25 mg (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab</i> 1 250-100 mg (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS 1 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
<i>mefloquine hcl</i> TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	1	NM
<i>abacavir sulfate</i> TABS 300mg	1	NM
APTIVUS CAPS 250mg	3	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)	1	QL NM
<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	1	QL NM
EDURANT TABS 25mg	3	NDS NM
EDURANT PED TBSO 2.5mg	3	NDS NM
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM

Drug Name	Drug Requirements/ Tier	Limits
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	3	NDS NM
<i>fosamprenavir calcium</i> TABS 700mg	3	NDS NM
INTELENCE TABS 25mg	3	NM
INTELENCE TABS 100mg, 200mg	3	NDS NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	3	NDS NM
ISENTRESS HD TABS 600mg	3	NDS NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	3	NDS NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg; TABS 100mg	3	NM
PIFELTRO TABS 100mg	3	NDS NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	3	NDS QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	3	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	3	NDS QL NM
PREZISTA TABS 600mg QL (60 tabs / 30 days)	3	NDS QL NM
PREZISTA TABS 800mg QL (30 tabs / 30 days)	3	NDS QL NM
RETROVIR CAPS 100mg; SYRP 50mg/5ml	3	NM
REYATAZ CAPS 200mg, 300mg; PACK 50mg	3	NDS NM
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	1	NM
RUKOBIA TB12 600mg	3	NDS NM
SELZENTRY SOLN 20mg/ml; TABS 150mg, 300mg	3	NDS NM
SUNLENCA TABS 300mg; TBPK 300mg	3	NDS NM

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

Drug Name	Drug Requirements/ Tier	Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA)	3	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA)	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA)	1	NM
EVOTAZ TAB 300-150	3	NDS NM
GENVOYA TAB	3	NDS NM
JULUCA TAB 50-25MG	3	NDS NM
KALETRA SOL	3	NM
KALETRA TAB 100-25MG	3	NM
KALETRA TAB 200-50MG	3	NDS NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	1	NM
ODEFSEY TAB	3	NDS NM
PREZCOBIX TAB 675/150	3	NDS NM
PREZCOBIX TAB 800-150	3	NDS NM
STRIBILD TAB	3	NDS NM
SYMFI TAB	3	NDS NM
SYMTUZA TAB	3	NDS NM
TRIUMEQ PD TAB	3	NM
TRIUMEQ TAB	3	NDS NM
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine</i> CAPS 250mg	3	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg	1	
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	1	

Drug Name	Drug Requirements/ Tier	Limits
SIRTURO TABS 20mg, 100mg	3	NDS NM PA
<b>ANTIVIRALS</b>		
<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	3	NDS NM ST
BARACLUDE TABS .5mg, 1mg	3	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	3	NDS NM PA
EPCLUSA PAK 200-50MG	3	NDS NM PA
EPCLUSA TAB 200-50MG	3	NDS NM PA
EPCLUSA TAB 400-100	3	NDS NM PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>foscarnet sodium</i> (generic of FOSCAVIR) SOLN 6000mg/250ml	3	NDS B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	3	NDS NM PA
HARVONI PAK 45-200MG	3	NDS NM PA
HARVONI TAB 45-200MG	3	NDS NM PA
HARVONI TAB 90-400MG	3	NDS NM PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	3	NDS QL NM PA
MAVYRET PAK 50-20MG	3	NDS NM PA
MAVYRET TAB 100-40MG	3	NDS NM PA
<i>oseltamivir phosphate</i> CAPS 30mg QL (168 caps / year)	1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	1	QL
PAXLOVID PAK QL (22 tabs / 90 days)	1	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	1	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	1	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	3	NDS NM PA
PREVYMIS PACK 20mg, 120mg QL (120 packets / 30 days)	3	NDS QL PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	3	NDS
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	3	NDS QL PA
RAPIVAB SOLN 200mg/20ml	3	NDS
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	2	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
TAMIFLU CAPS 30mg QL (168 caps / year)	3	QL
TAMIFLU CAPS 75mg QL (84 caps / year)	3	QL
TAMIFLU SUSR 6mg/ml QL (1080 mL / year)	3	QL
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	1	
VALCYTE SOLR 50mg/ml; TABS 450mg	3	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	3	NDS
<i>valganciclovir hcl</i> TABS 450mg	1	
VALTREX TABS 1gm, 500mg	3	
VOSEVI TAB	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
XOFLUZA TBPK 40mg, 80mg QL (1 tab / 180 days)	3	QL
<b>CEPHALOSPORINS</b>		
AVYCAZ INJ 2-0.5GM	3	NDS
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACTOR ER TB12 500mg	3	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	
CEFAZOLIN SOLR 2gm, 3gm	3	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	3	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	3	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	3	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	3	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml; TABS 400mg	1	
<i>cefotetan disodium</i> (generic of CEFOTAN) SOLR 1gm, 2gm	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	3	NDS
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1		<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1		<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1		<i>fidaxomicin</i> (generic of DIFICID) TABS 200mg	3	NDS
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1		ZITHROMAX SOLR 500mg; SUSR 200mg/5ml; TABS 250mg, 500mg	3	
<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		ZITHROMAX TRI-PAK TABS 500mg	3	
FETROJA SOLR 1gm	3	NDS	ZITHROMAX Z-PAK TABS 250mg	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1		<b>FLUOROQUINOLONES</b>		
TEFLARO SOLR 400mg, 600mg	3	NDS	BAXDELA SOLR 300mg; TABS 450mg	3	NDS
ZERBAXA INJ 1.5GM	3	NDS	CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3	
ZEVTERA SOLR 500mg	3	NDS	<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<b>ERYTHROMYCINS/MACROLIDES</b>			<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 200mg/5ml; TABS 250mg, 500mg	1		<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>azithromycin</i> SUSR 100mg/5ml; TABS 600mg	1		<i>ciprofloxacin hcl</i> TABS 750mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1		<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
DIFICID SUSR 40mg/ml; TABS 200mg	3	NDS	<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
e.e.s. 400 TABS 400mg	1		<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3		<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1		<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1				

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
MOXIFLOXACIN	3		BICILLIN C-R INJ 900/300	3	
HYDROCHLORID SOLN 400mg/250ml			BICILLIN C-R INJ 1200000	3	
<b>PENICILLINS</b>			BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3	
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1		<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	1		NAFCILLIN INJ 2GM/100	3	NDS
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	1		<i>nafcillin sodium</i> SOLR 1gm, 2gm	1	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	1		<i>nafcillin sodium</i> SOLR 10gm	3	NDS
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> (generic of AUGMENTIN ES- 600)	1		OXACILLIN INJ 2GM	3	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	1		<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	1		PEN GK/DEXTR INJ 40000/ML	3	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	1		PEN GK/DEXTR INJ 60000/ML	3	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	1		<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>ampicillin</i> CAPS 500mg	1		<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i> (generic of UNASYN)	1		<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i> (generic of UNASYN)	1		<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1		PIP/TAZ/NAACL INJ 2-0.25GM	3	
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	1		PIP/TAZ/NAACL INJ 3-0.375G	3	
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i> (generic of UNASYN BULK PACK)	1		PIP/TAZ/NAACL INJ 4-0.5GM	3	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1		<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
AUGMENTIN SUS 125/5ML	3		<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
AUGMENTIN SUS ES-600	3		<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
AUGMENTIN TAB 500MG	3		<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
			<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
			UNASYN INJ 1.5GM	3	
			UNASYN INJ 3GM	3	
			UNASYN INJ 15GM	3	

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
ZOSYN SOL 2-0.25GM	3	
ZOSYN SOL 3-0.375G	3	
ZOSYN SOL 4-0.50GM	3	
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl</i> TABS 150mg, 300mg	1	
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg	3	NDS NM
NUZYRA TABS 150mg QL (30 tabs / 14 days)	3	NDS QL NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
TIGECYCLINE SOLR 50mg	3	NDS
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	1	
TYGACIL SOLR 50mg	3	NDS
XERAVA SOLR 50mg, 100mg	3	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
<i>bendamustine hcl</i> (generic of TREANDA) SOLR 25mg, 100mg	3	NDS B/D NM
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	3	NDS B/D NM
BENDEKA SOLN 100mg/4ml	3	NDS B/D NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml	1	B/D
<i>cisplatin</i> (generic of CISPLATIN) SOLN 200mg/200ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	3	NDS B/D NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	3	NDS B/D
<i>cyclophosphamide</i> SOLR 2gm	3	NDS B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	3	NDS B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	3	NDS B/D NM
GLEOSTINE CAPS 10mg, 40mg	3	NM
GLEOSTINE CAPS 100mg	3	NDS NM
GRAFAPEX SOLR 1gm, 5gm	3	NDS B/D NM
IFEX SOLR 3gm	3	B/D
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	1	B/D
IFOSFAMIDE SOLR 3gm	3	B/D
KYXATA SOLN 80mg/8ml, 500mg/50ml	3	NDS B/D NM
LEUKERAN TABS 2mg	3	NDS PA
<i>lomustine</i> (generic of GLEOSTINE) CAPS 10mg, 40mg	1	NM
<i>lomustine</i> (generic of GLEOSTINE) CAPS 100mg	3	NDS NM
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	1	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	3	NDS B/D
TREANDA SOLR 25mg, 100mg	3	NDS B/D NM
VIVIMUSTA SOLN 100mg/4ml	3	NDS B/D NM
ZEPZELCA SOLR 4mg	3	NDS NM PA
<b>ANTIMETABOLITES</b>		
AVGEMSI SOLN 1gm/26.3ml, 2gm/52.6ml	3	NDS B/D NM
AXTLE SOLR 100mg, 500mg	3	NDS B/D 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
azacitidine (generic of VIDAZA) SUSR 100mg	3	NDS B/D NM
cytarabine SOLN 20mg/ml, 100mg/ml	1	B/D
decitabine SOLR 50mg	3	NDS B/D NM
fludarabine phosphate SOLN 50mg/2ml; SOLR 50mg	1	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	3	NDS NM PA
gemcitabine hcl (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D
gemcitabine hcl SOLR 1gm, 2gm, 200mg	1	B/D
GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml, 200mg/2ml, 200mg/5.26ml	3	B/D
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	3	NDS QL NM PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	3	NDS QL NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	3	NDS QL NM PA
mercaptopurine (generic of PURIXAN) SUSP 2000mg/100ml	3	NDS NM
mercaptopurine TABS 50mg	1	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	3	NDS QL NM PA
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml	3	NDS B/D
pemetrexed disodium (generic of ALIMTA) SOLR 100mg, 500mg	3	NDS B/D
pemetrexed disodium SOLR 750mg, 1000mg	3	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml	3	NDS B/D
PURIXAN SUSP 2000mg/100ml	3	NDS NM
TABLOID TABS 40mg	3	NDS PA
VIDAZA SUSR 100mg	3	NDS B/D NM
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
abiraterone acetate (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	3	NDS QL NM PA
abiraterone acetate (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	3	NDS QL NM PA
abirtega (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	1	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	3	NDS QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	3	NDS QL NM PA
anastrozole (generic of ARIMIDEX) TABS 1mg	1	
ARIMIDEX TABS 1mg	3	NDS
AROMASIN TABS 25mg	3	NDS
bicalutamide (generic of CASODEX) TABS 50mg	1	
CAMCEVI PRSY 42mg	3	NM PA
CASODEX TABS 50mg	3	NDS
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	3	NDS QL NM PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	3	NDS QL NM PA
EULEXIN CAPS 125mg	3	NDS
exemestane (generic of AROMASIN) TABS 25mg	1	
FARESTON TABS 60mg	3	NDS PA
FASLODEX SOSY 250mg/5ml	3	NDS B/D
FEMARA TABS 2.5mg	3	
FIRMAGON SOLR 80mg	3	NM PA
FIRMAGON SOLR 120mg/vial	3	NDS NM PA
fulvestrant (generic of FASLODEX) SOSY 250mg/5ml	3	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
INLURIYO TABS 200mg QL (56 tabs / 28 days)	3	NDS QL NM PA
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
<i>leuprolide acetate</i> (3 month) INJ 22.5mg	1	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	3	NDS NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	3	NDS NM PA
LUPRON DEPOT (4-MONTH) KIT 30mg	3	NDS NM PA
LUPRON DEPOT (6-MONTH) KIT 45mg	3	NDS NM PA
LUTRATE DEPOT INJ 22.5mg	3	NM PA
LYSODREN TABS 500mg	3	NDS NM
<i>megestrol acetate</i> TABS 20mg, 40mg	2	
<i>nilutamide</i> TABS 150mg	3	NDS
NUBEQA TABS 300mg QL (120 tabs / 30 days)	3	NDS QL NM PA
ORGOVYX TABS 120mg	3	NDS NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	3	NDS QL NM PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	3	NDS QL NM PA
SOLTAMOX SOLN 10mg/5ml	3	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	1	PA
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM PA
VABRINTY KIT 22.5mg, 30mg, 45mg	3	NDS NM PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	3	NDS QL NM PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	3	NDS QL NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	3	NDS QL NM PA
YONSA TABS 125mg QL (120 tabs / 30 days)	3	NDS QL NM PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
ZYTIGA TABS 250mg QL (120 tabs / 30 days)	3	NDS QL NM PA
ZYTIGA TABS 500mg QL (60 tabs / 30 days)	3	NDS QL NM PA
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	3	NDS QL NM PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	3	NDS QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	3	NDS QL NM PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	3	NDS QL NM PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	3	NDS QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	3	NDS QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	3	NDS QL NM PA
<b>MISCELLANEOUS</b>		
ASPARLAS SOLN 3750unit/5ml	3	NDS NM PA
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	3	NDS QL NM PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	3	NDS QL NM PA
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	B/D
CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	3	B/D
<i>dacarbazine</i> SOLR 100mg	1	B/D
<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	3	NDS B/D
DOXIL SUSP 2mg/ml	3	NDS B/D
<i>doxorubicin hcl</i> (generic of DOXORUBICIN HYDROCHLORIDE) SOLN 2mg/ml	1	B/D

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

Drug Name	Drug Requirements/ Tier	Limits
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) SUSP 2mg/ml	3	NDS B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	3	B/D
ELITEK SOLR 1.5mg, 7.5mg	3	NDS B/D
ELLECE SOLN 50mg/25ml, 200mg/100ml	3	B/D
HYDREA CAPS 500mg	3	
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	1	
<i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	1	B/D
<i>irinotecan hcl</i> SOLN 500mg/25ml	1	B/D
IWILFIN TABS 192mg QL (240 tabs / 30 days)	3	NDS QL NM PA
KHAPZORY SOLR 175mg	3	NDS B/D NM
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D NM
MATULANE CAPS 50mg	3	NDS NM
<i>mesna</i> (generic of MESNEX) TABS 400mg	3	NDS
MESNEX TABS 400mg	3	NDS
<i>mitomycin</i> SOLR 5mg	1	B/D
<i>mitomycin</i> SOLR 20mg, 40mg	3	NDS B/D
<i>mitoxantrone hcl</i> CONC 2mg/ml	1	B/D NM
MODEYSO CAPS 125mg QL (20 caps / 28 days)	3	NDS QL NM PA
NIPENT SOLR 10mg	3	NDS B/D
ONCASPASOLN 750unit/ml	3	NDS NM PA
ONIVYDE SUSP 43mg/10ml	3	NDS B/D NM
RYLAZE SOLN 10mg/0.5ml	3	NDS NM PA
TARGRETIN CAPS 75mg QL (300 caps / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
TOPOTECAN HCL SOLN 4mg/4ml	3	B/D
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml	1	B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg	3	NDS B/D
<i>tretinoin (chemotherapy)</i> CAPS 10mg	3	NDS
<i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml	3	NDS B/D NM
VALSTAR SOLN 40mg/ml	3	NDS B/D NM
WELIREG TABS 40mg QL (90 tabs / 30 days)	3	NDS QL NM PA
<b>MITOTIC INHIBITORS</b>		
ABRAXANE INJ 100MG	3	NDS B/D NM
BEIZRAY INJ 80MG/4ML	3	NDS B/D NM
BEIZRAY INJ 160/8ML	3	NDS B/D NM
DOCETAXEL CONC 20mg/ml	3	B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D NM
<i>eribulin mesylate</i> (generic of HALAVEN) SOLN 1mg/2ml	3	NDS B/D NM
ETOPOPHOS SOLR 100mg	3	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
HALAVEN SOLN 1mg/2ml	3	NDS B/D NM
IXEMPRA KIT SOLR 15mg, 45mg	3	NDS B/D NM
JEVTANA SOLN 60mg/1.5ml	3	NDS NM PA
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
PACLITAXEL INJ 100MG	3	NDS B/D 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
<i>paclitaxel inj 100mg</i> (generic of ABRAXANE)	3	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
<b>MOLECULAR TARGET AGENTS</b>		
AFINITOR DISPERZ 2mg, 5mg QL (60 tabs / 30 days)	TBSO 3	NDS QL NM PA
AFINITOR DISPERZ 3mg QL (90 tabs / 30 days)	TBSO 3	NDS QL NM PA
ALECENSA 150mg QL (240 caps / 30 days)	CAPS 3	NDS QL NM PA
ALUNBRIG 30mg QL (120 tabs / 30 days)	TABS 3	NDS QL NM PA
ALUNBRIG 90mg, 180mg QL (30 tabs / 30 days)	TABS 3	NDS QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	3	NDS QL NM PA
AUGTYRO 40mg QL (240 caps / 30 days)	CAPS 3	NDS QL NM PA
AUGTYRO 160mg QL (60 caps / 30 days)	CAPS 3	NDS QL NM PA
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	3	NDS QL NM PA
AYVAKIT 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	TABS 3	NDS QL NM PA
BALVERSA 3mg QL (84 tabs / 28 days)	TABS 3	NDS QL NM PA
BALVERSA 4mg QL (56 tabs / 28 days)	TABS 3	NDS QL NM PA
BALVERSA 5mg QL (28 tabs / 28 days)	TABS 3	NDS QL NM PA
BAVENCIO 200mg/10ml	SOLN 3	NDS NM PA
BELEODAQ 500mg	SOLR 3	NDS NM PA
BESPONSA .9mg	SOLR 3	NDS NM PA
BLENREP 70mg	SOLR 3	NDS NM PA
BORTEZOMIB 1mg, 2.5mg	SOLR 3	NM PA
<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
BORUZU SOLN 3.5mg/1.4ml	3	NDS NM PA
BOSULIF CAPS 50mg QL (30 caps / 30 days)	3	NDS QL NM PA
BOSULIF CAPS 100mg QL (300 caps / 30 days)	3	NDS QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	3	NDS QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	3	NDS QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	3	NDS QL NM PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	3	NDS QL NM PA
BRUKINSA TABS 160mg QL (60 tabs / 30 days)	3	NDS QL NM PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	3	NDS QL NM PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	3	NDS QL NM PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	3	NDS QL NM PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	3	NDS QL NM PA
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	3	NDS NM PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	3	NDS QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	3	NDS QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	3	NDS QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	3	NDS QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	3	NDS QL NM PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	3	NDS QL NM PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	3	NDS NM PA
DARZALEX INJ FASPRO	3	NDS NM PA

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>dasatinib</i> (generic of SPRYCEL) TABS 20mg QL (90 tabs / 30 days)	3	NDS QL NM PA	FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	3	NDS QL NM PA
<i>dasatinib</i> (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	3	NDS QL NM PA	FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	3	NDS QL NM PA
DATROWAY SOLR 100mg	3	NDS NM PA	FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	3	NDS QL NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	3	NDS QL NM PA	FYARRO SUSR 100mg	3	NDS NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	3	NDS QL NM PA	GAVRETO CAPS 100mg QL (120 caps / 30 days)	3	NDS QL NM PA
ELAHERE SOLN 100mg/20ml	3	NDS NM PA	GAZYVA SOLN 1000mg/40ml	3	NDS NM PA
EMPLICITI SOLR 300mg, 400mg	3	NDS NM PA	<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	3	NDS QL NM PA
EMRELIS SOLR 20mg, 100mg	3	NDS NM PA	GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	3	NDS QL NM PA
ENHERTU SOLR 100mg	3	NDS NM PA	GLEEVEC TABS 100mg QL (90 tabs / 30 days)	3	NDS QL NM PA
ENSACOVE CAPS 25mg QL (270 caps / 30 days)	3	NDS QL NM PA	GLEEVEC TABS 400mg QL (60 tabs / 30 days)	3	NDS QL NM PA
ENSACOVE CAPS 100mg QL (60 caps / 30 days)	3	NDS QL NM PA	GOMEKLI CAPS 1mg QL (168 caps / 28 days)	3	NDS QL NM PA
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	3	NDS NM PA	GOMEKLI CAPS 2mg QL (84 caps / 28 days)	3	NDS QL NM PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	3	NDS B/D NM	GOMEKLI TBSO 1mg QL (168 tabs / 28 days)	3	NDS QL NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	3	NDS QL NM PA	HERCEP HYLEC SOL 60- 10000	3	NDS NM PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	3	NDS QL NM PA	HERCEPTIN SOLR 150mg	3	NDS NM PA
<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	3	NDS QL NM PA	HERCESSI SOLR 150mg, 420mg	3	NDS NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	3	NDS QL NM PA	HERNEXEOS TABS 60mg QL (120 tabs / 30 days)	3	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg, 5mg QL (60 tabs / 30 days)	3	NDS QL NM PA	HERZUMA SOLR 150mg, 420mg	3	NDS NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	3	NDS QL NM PA	IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	3	NDS QL NM PA
			IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	3	NDS QL NM PA
			IBTROZI CAPS 200mg QL (90 caps / 30 days)	3	NDS QL NM PA
			ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	3	NDS QL NM PA	KANJINTI SOLR 150mg, 420mg	3	NDS NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	1	QL NM PA	KEYTRUDA SOLN	3	NDS NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	3	NDS QL NM PA	KEYTRUDA INJ QLEX 395- 4800 MG-UNIT/2.4ML QL (1 vial / 21 days)	3	NDS QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	3	NDS QL NM PA	KEYTRUDA INJ QLEX 790- 9600 MG-UNIT/4.8ML QL (1 vial / 42 days)	3	NDS QL NM PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	3	NDS QL NM PA	KIMMTRAK SOLN	3	NDS NM PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	3	NDS QL NM PA	KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	3	NDS QL NM PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	3	NDS QL NM PA	KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	3	NDS QL NM PA
IMDELLTRA SOLR 1mg, 10mg	3	NDS NM PA	KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	3	NDS QL NM PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	3	NDS NM PA	KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	3	NDS QL NM PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	3	NDS NM PA	KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	3	NDS QL NM PA
IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	3	NDS QL NM PA	KOMZIFTI CAPS 200mg QL (90 caps / 30 days)	3	NDS QL NM PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	3	NDS QL NM PA	KOSELUGO CAPS 10mg QL (240 caps / 30 days)	3	NDS QL NM PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	3	NDS QL NM PA	KOSELUGO CAPS 25mg QL (120 caps / 30 days)	3	NDS QL NM PA
INREBIC CAPS 100mg QL (120 caps / 30 days)	3	NDS QL NM PA	KOSELUGO CPSP 5mg QL (600 caps / 30 days)	3	NDS QL NM PA
IRESSA TABS 250mg QL (60 tabs / 30 days)	3	NDS QL NM PA	KOSELUGO CPSP 7.5mg QL (360 caps / 30 days)	3	NDS QL NM PA
ITOVEBI TABS 3mg QL (56 tabs / 28 days)	3	NDS QL NM PA	KRAZATI TABS 200mg QL (180 tabs / 30 days)	3	NDS QL NM PA
ITOVEBI TABS 9mg QL (28 tabs / 28 days)	3	NDS QL NM PA	KYPROLIS SOLR 10mg, 30mg, 60mg	3	NDS NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	3	NDS QL NM PA	<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	3	NDS QL NM PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	3	NDS QL NM PA	LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	3	NDS QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	3	NDS QL NM PA	LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	3	NDS QL NM PA
JEMPERLI SOLN 500mg/10ml	3	NDS NM PA			
KADCYLA SOLR 100mg, 160mg	3	NDS B/D 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	Drug Name	Drug Requirements/ Tier	Limits
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	3	NDS QL NM PA	LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	3	NDS QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	3	NDS QL NM PA	MARGENZA SOLN 250mg/10ml	3	NDS NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	3	NDS QL NM PA	MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	3	NDS QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	3	NDS QL NM PA	MEKINIST TABS 2mg QL (30 tabs / 30 days)	3	NDS QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	3	NDS QL NM PA	MEKINIST TABS .5mg QL (90 tabs / 30 days)	3	NDS QL NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	3	NDS QL NM PA	MEKTOVI TABS 15mg QL (180 tabs / 30 days)	3	NDS QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	3	NDS QL NM PA	MONJUVI SOLR 200mg	3	NDS NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	3	NDS QL NM PA	MYLOTARG SOLR 4.5mg	3	NDS NM PA
LIBTAYO SOLN 350mg/7ml	3	NDS NM PA	NERLYNX TABS 40mg QL (180 tabs / 30 days)	3	NDS QL NM PA
LOQTORZI SOLN 240mg/6ml	3	NDS NM PA	NEXAVAR TABS 200mg QL (120 tabs / 30 days)	3	NDS QL NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	3	NDS QL NM PA	NILOTINIB CAPS 50mg QL (120 caps / 30 days)	3	NDS QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	3	NDS QL NM PA	NILOTINIB CAPS 150mg, 200mg QL (112 caps / 28 days)	3	NDS QL NM PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	3	NDS QL NM PA	<i>nilotinib hcl</i> (generic of TASIGNA) CAPS 50mg QL (120 caps / 30 days)	3	NDS QL NM PA
LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	3	NDS QL NM PA	<i>nilotinib hcl</i> (generic of TASIGNA) CAPS 150mg, 200mg QL (112 caps / 28 days)	3	NDS QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	3	NDS QL NM PA	NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	3	NDS QL NM PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	3	NDS NM PA	ODOMZO CAPS 200mg QL (30 caps / 30 days)	3	NDS QL NM PA
LYNOZYFIC SOLN 5mg/2.5ml, 200mg/10ml	3	NDS NM PA	OGIVRI SOLR 150mg, 420mg	3	NDS NM PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	3	NDS QL NM PA	OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	3	NDS QL NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	3	NDS QL NM PA	OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	3	NDS QL NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	3	NDS QL NM PA	OJEMDA TABS 100mg QL (24 tabs / 28 days)	3	NDS QL NM PA
			OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	3	NDS QL NM PA

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ONTRUZANT SOLR 150mg, 420mg	3	NDS NM PA	REVUFORJ TABS 160mg QL (60 tabs / 30 days)	3	NDS QL NM PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	3	NDS NM PA	REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	3	NDS QL NM PA
OPDIVO INJ QVANTIG	3	NDS NM PA	ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days)	3	NDS QL NM PA
OPDUALAG SOL	3	NDS NM PA	ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	3	NDS QL NM PA
PADCEV SOLR 20mg, 30mg <i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	3	NDS QL NM PA	ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	3	NDS QL NM PA
<i>pazopanib hcl</i> TABS 400mg QL (60 tabs / 30 days)	3	NDS QL PA	ROZLYTREK PACK 50mg QL (336 packets / 28 days)	3	NDS QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	3	NDS QL NM PA	RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	3	NDS QL NM PA
PERJETA SOLN 420mg/14ml	3	NDS NM PA	RYBREVANT SOLN 350mg/7ml	3	NDS NM PA
PHESGO SOL	3	NDS NM PA	RYBREVANT INJ FASPRO	3	NDS NM PA
PHYRAGO TABS 20mg QL (90 tabs / 30 days)	3	NDS QL NM PA	RYDAPT CAPS 25mg QL (224 caps / 28 days)	3	NDS QL NM PA
PHYRAGO TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	3	NDS QL NM PA	SARCLISA SOLN 100mg/5ml, 500mg/25ml	3	NDS NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	3	NDS QL NM PA	SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	3	NDS QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	3	NDS QL NM PA	SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	3	NDS QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	3	NDS QL NM PA	SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	3	NDS QL NM PA
POLIVY SOLR 30mg, 140mg	3	NDS NM PA	<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	3	NDS QL NM PA
POTELIGEO SOLN 20mg/5ml	3	NDS NM PA	SPRYCEL TABS 20mg QL (90 tabs / 30 days)	3	NDS QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	3	NDS QL NM PA	SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	3	NDS QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	3	NDS QL NM PA	STIVARGA TABS 40mg QL (84 tabs / 28 days)	3	NDS QL NM PA
RETEVMO TABS 80mg QL (120 tabs / 30 days)	3	NDS QL NM PA	<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	3	NDS QL NM PA
RETEVMO TABS 120mg, 160mg QL (60 tabs / 30 days)	3	NDS QL NM PA	TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	3	NDS QL NM PA
REVUFORJ TABS 25mg QL (240 tabs / 30 days)	3	NDS QL NM PA			
REVUFORJ TABS 110mg QL (120 tabs / 30 days)	3	NDS QL NM PA			

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	3	NDS QL NM PA	TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days)	3	NDS QL NM PA
TAFINLAR TBSO 10mg QL (840 tabs / 28 days)	3	NDS QL NM PA	TRUXIMA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA
TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	3	NDS QL NM PA	TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	3	NDS QL NM PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	3	NDS QL NM PA	TURALIO CAPS 125mg QL (120 caps / 30 days)	3	NDS QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	3	NDS QL NM PA	TYKERB TABS 250mg QL (180 tabs / 30 days)	3	NDS QL NM PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	3	NDS QL NM PA	VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	3	NDS QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	3	NDS QL NM PA	VECTIBIX SOLN 100mg/5ml, 400mg/20ml	3	NDS B/D NM
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	3	NDS QL NM PA	VELCADE SOLR 3.5mg	3	NDS NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	3	NDS NM PA	VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	2	QL NM PA
TECENTRIQ INJ HYBREZA QL (1 vial / 21 days)	3	NDS QL NM PA	VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	3	NDS QL NM PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	3	NDS NM PA	VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	3	NDS QL NM PA
<i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	3	NDS B/D NM	VENCLEXTA TAB START PK QL (42 tabs / 28 days)	3	NDS QL NM PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	3	NDS QL NM PA	VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	3	NDS QL NM PA
TEVIMBRA SOLN 100mg/10ml	3	NDS NM PA	VITRAKVI CAPS 25mg QL (180 caps / 30 days)	3	NDS QL NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	3	NDS QL NM PA	VITRAKVI CAPS 100mg QL (60 caps / 30 days)	3	NDS QL NM PA
TIVDAK SOLR 40mg	3	NDS NM PA	VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	3	NDS QL NM PA
TORISEL SOLN 25mg/ml	3	NDS B/D NM	VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	3	NDS QL NM PA
<i>torpenz</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	3	NDS QL NM PA	VONJO CAPS 100mg QL (120 caps / 30 days)	3	NDS QL NM PA
TRAZIMERA SOLR 150mg, 420mg	3	NDS NM PA	VORANIGO TABS 10mg QL (60 tabs / 30 days)	3	NDS QL NM PA
TRODELVY SOLR 180mg	3	NDS NM PA	VORANIGO TABS 40mg QL (30 tabs / 30 days)	3	NDS QL NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	3	NDS QL NM PA	VOTRIENT TABS 200mg QL (120 tabs / 30 days)	3	NDS QL NM PA
			VYLOY SOLR 100mg, 300mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg QL (120 caps / 30 days)	3	NDS QL NM PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	3	NDS QL NM PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	3	NDS QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg QL (16 tabs / 28 days)	3	NDS QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days)	3	NDS QL NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	3	NDS QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	3	NDS QL NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	3	NDS QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	3	NDS QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg QL (4 tabs / 28 days)	3	NDS QL NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	3	NDS QL NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days)	3	NDS QL NM PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	3	NDS NM PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	3	NDS NM PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	3	NDS QL NM PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	3	NDS QL NM PA
ZIIHERA SOLR 300mg	3	NDS NM PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	3	NDS NM PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	3	NDS QL NM PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	3	NDS QL NM PA
ZYNLONTA SOLR 10mg	3	NDS NM PA
ZYNYZ SOLN 500mg/20ml	3	NDS NM PA
<b>CARDIOVASCULAR ACE INHIBITOR COMBINATIONS</b>		
<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 &amp; hydrochlorothiazide tab 5- 6.25mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 10- 12.5 mg</i> (generic of LOTENSIN HCT)	1	
<i>benazepril &amp; hydrochlorothiazide tab 20- 12.5 mg</i> (generic of LOTENSIN HCT)	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT)	1	

Drug Name	Drug Requirements/ Tier Limits
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	1
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	1
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	1
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	1
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	1
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	1
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	1
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	1
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	1
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1
VASERETIC TAB 10-25MG	3

Drug Name	Drug Requirements/ Tier Limits
ZESTORETIC TAB 10-12.5	3
ZESTORETIC TAB 20-12.5	3
ZESTORETIC TAB 20-25MG	3
<b>ACE INHIBITORS</b>	
<i>benazepril hcl</i> TABS 5mg	1
<i>benazepril hcl (generic of LOTENSIN)</i> TABS 10mg, 20mg, 40mg	1
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1
<i>enalapril maleate (generic of EPANED)</i> SOLN 1mg/ml	1
<i>enalapril maleate (generic of VASOTEC)</i> TABS 2.5mg, 5mg, 10mg, 20mg	1
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1
<i>lisinopril (generic of ZESTRIL)</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1
LOTENSIN TABS 10mg, 20mg, 40mg	3
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1
QBRELIS SOLN 1mg/ml	3 NDS
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1
VASOTEC TABS 2.5mg, 5mg, 10mg	3
VASOTEC TABS 20mg	3 NDS
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	3
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>	
ALDACTONE TABS 25mg, 50mg, 100mg	3
CAROSPIR SUSP 25mg/5ml	3
<i>eplerenone</i> TABS 25mg, 50mg	1
INSPIRA TABS 25mg, 50mg	3

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
KERENDIA TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	2	QL	<i>amlodipine besylate-valsartan</i> tab 5-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>spironolactone</i> (generic of CAROSPIR) SUSP 25mg/5ml	1		<i>amlodipine besylate-valsartan</i> tab 5-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1		<i>amlodipine besylate-valsartan</i> tab 10-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<b>ALPHA BLOCKERS</b>			<i>amlodipine besylate-valsartan</i> tab 10-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
CARDURA TABS 1mg, 2mg, 4mg, 8mg	3		<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 5-160-12.5 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1		<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 5-160-25 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1		<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 10-160-12.5 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1		<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 10-160-25 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
TEZRULY SOLN 1mg/ml QL (600 mL / 30 days)	3	QL ST	<i>amlodipine-valsartan</i> QL (30 tabs / 30 days)	1	QL
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>			<i>amlodipine-valsartan</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-20 mg (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL	<i>amlodipine-valsartan</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-40 mg (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL	<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 10-160-12.5 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-20 mg (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL	<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 10-160-25 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-40 mg (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL	<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 10-320-25 mg (generic of EXFORGE HCT) QL (30 tabs / 30 days)	1	QL
			ATACAND HCT TAB 16-12.5 QL (60 tabs / 30 days)	3	QL
			ATACAND HCT TAB 32-12.5 QL (30 tabs / 30 days)	3	QL
			ATACAND HCT TAB 32-25MG QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
AVALIDE TAB 150-12.5 QL (60 tabs / 30 days)	3	QL	ENTRESTO CAP 6-6MG QL (240 caps / 30 days)	2	QL
AVALIDE TAB 300-12.5 QL (30 tabs / 30 days)	3	QL	ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	2	QL
AZOR TAB 5-20MG QL (30 tabs / 30 days)	3	QL	ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	3	QL
AZOR TAB 5-40MG QL (30 tabs / 30 days)	3	QL	ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	3	QL
AZOR TAB 10-20MG QL (30 tabs / 30 days)	3	QL	ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	3	QL
AZOR TAB 10-40MG QL (30 tabs / 30 days)	3	QL	EXFORGE HCT TAB 5-160- 12.5MG QL (30 tabs / 30 days)	3	QL
BENICAR HCT TAB 20-12.5 QL (30 tabs / 30 days)	3	QL	EXFORGE HCT TAB 5-160- 25MG QL (30 tabs / 30 days)	3	QL
BENICAR HCT TAB 40-12.5 QL (30 tabs / 30 days)	3	QL	EXFORGE HCT TAB 10-160- 12.5MG QL (30 tabs / 30 days)	3	QL
BENICAR HCT TAB 40-25MG QL (30 tabs / 30 days)	3	QL	EXFORGE HCT TAB 10-160- 25MG QL (30 tabs / 30 days)	3	QL
<i>candesartan cilexetil- hydrochlorothiazide tab 16- 12.5 mg (generic of ATACAND HCT)</i> QL (60 tabs / 30 days)	1	QL	EXFORGE HCT TAB 10-320- 25MG QL (30 tabs / 30 days)	3	QL
<i>candesartan cilexetil- hydrochlorothiazide tab 32- 12.5 mg (generic of ATACAND HCT)</i> QL (30 tabs / 30 days)	1	QL	EXFORGE HCT TAB 10-320- 25MG QL (30 tabs / 30 days)	3	QL
<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)</i> QL (30 tabs / 30 days)	1	QL	EXFORGE TAB 5-160MG QL (30 tabs / 30 days)	3	QL
DIOVAN HCT TAB 80-12.5 QL (30 tabs / 30 days)	3	QL	EXFORGE TAB 5-320MG QL (30 tabs / 30 days)	3	QL
DIOVAN HCT TAB 160-12.5 QL (30 tabs / 30 days)	3	QL	EXFORGE TAB 10-160MG QL (30 tabs / 30 days)	3	QL
DIOVAN HCT TAB 160-25MG QL (30 tabs / 30 days)	3	QL	EXFORGE TAB 10-320MG QL (30 tabs / 30 days)	3	QL
DIOVAN HCT TAB 320-12.5 QL (30 tabs / 30 days)	3	QL	HYZAAR TAB 50-12.5	3	
DIOVAN HCT TAB 320-25MG QL (30 tabs / 30 days)	3	QL	HYZAAR TAB 100-12.5	3	
EDARBYCLOR TAB 40-12.5 QL (30 tabs / 30 days)	3	QL ST	HYZAAR TAB 100-25	3	
EDARBYCLOR TAB 40- 25MG QL (30 tabs / 30 days)	3	QL ST	<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 &amp; hydrochlorothiazide tab 50- 12.5 mg (generic of HYZAAR)</i>	1	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)</i> QL (30 tabs / 30 days)	1	QL
<i>sacubitril-valsartan tab 24-26 mg (generic of ENTRESTO)</i> QL (60 tabs / 30 days)	1	QL
<i>sacubitril-valsartan tab 49-51 mg (generic of ENTRESTO)</i> QL (60 tabs / 30 days)	1	QL
<i>sacubitril-valsartan tab 97-103 mg (generic of ENTRESTO)</i> QL (60 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 40-5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 40-10 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 80-5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 80-10 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)</i> QL (60 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)</i> QL (30 tabs / 30 days)	1	QL
TRIBENZOR TAB 20-5-12.5MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR TAB 40-5-12.5MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR TAB 40-5-25MG QL (30 tabs / 30 days)	3	QL

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
TRIBENZOR TAB 40-10-12.5MG QL (30 tabs / 30 days)	3	QL	<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	1	QL
TRIBENZOR TAB 40-10-25MG QL (30 tabs / 30 days)	3	QL	COZAAR TABS 25mg, 50mg, 100mg	3	
<i>valsartan-hydrochlorothiazide</i> tab 80-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL	DIOVAN TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	3	QL
<i>valsartan-hydrochlorothiazide</i> tab 160-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL	DIOVAN TABS 320mg QL (30 tabs / 30 days)	3	QL
<i>valsartan-hydrochlorothiazide</i> tab 160-25 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL	EDARBI TABS 40mg, 80mg QL (30 tabs / 30 days)	3	QL ST
<i>valsartan-hydrochlorothiazide</i> tab 320-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL	<i>irbesartan</i> TABS 75mg QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide</i> tab 320-25 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL	<i>irbesartan</i> (generic of AVAPRO) TABS 150mg, 300mg QL (30 tabs / 30 days)	1	QL
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>			<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	1	
ARBLI SUSP 10mg/ml QL (330 mL / 30 days)	3	QL	<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	QL
ATACAND TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	3	QL	<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ATACAND TABS 32mg QL (30 tabs / 30 days)	3	QL	<i>telmisartan</i> TABS 20mg QL (30 tabs / 30 days)	1	QL
AVAPRO TABS 150mg, 300mg QL (30 tabs / 30 days)	3	QL	<i>telmisartan</i> (generic of MICARDIS) TABS 40mg, 80mg QL (30 tabs / 30 days)	1	QL
BENICAR TABS 5mg QL (60 tabs / 30 days)	3	QL	<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL
BENICAR TABS 20mg, 40mg QL (30 tabs / 30 days)	3	QL	<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	1	QL
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	1	QL	<b>ANTIARRHYTHMICS</b>		
			<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	3		<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM	EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)	3	QL ST
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1		FLOLIPID SUSP 20mg/5ml, 40mg/5ml QL (300 mL / 30 days)	3	QL ST
MULTAQ TABS 400mg QL (60 tabs / 30 days)	3	QL	<i>fluvastatin sodium</i> CAPS 20mg, 40mg QL (60 caps / 30 days)	1	QL ST
NORPACE CAPS 100mg, 150mg	3		<i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg QL (30 tabs / 30 days)	1	QL ST
NORPACE CR CP12 100mg, 150mg	3		LESCOL XL TB24 80mg QL (30 tabs / 30 days)	3	QL ST
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1		LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1		<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
<i>quinidine sulfate</i> TABS 200mg, 300mg	1		<i>pitavastatin calcium</i> (generic of LIVALO) TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	1	QL ST
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1		<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>sotalol hcl</i> TABS 240mg	1		<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1		<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	1	QL
SOTYLIZE SOLN 5mg/ml	3		<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM	ZOCOR TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
<b>ANTILIPEMICS, FIBRATES</b>			ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST
<i>choline fenofibrate</i> CPDR 45mg, 135mg	1				
<i>fenofibrate</i> TABS 48mg, 54mg, 160mg	1				
<i>fenofibrate</i> (generic of TRICOR) TABS 145mg	1				
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg	1				
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1				
LOPID TABS 600mg	3				
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>					
ATORVALIQ SUSP 20mg/5ml QL (600 mL / 30 days)	3	QL ST			

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

Drug Name	Drug Requirements/ Tier	Limits
<i>prevalite</i> PACK 4gm	1	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
QUESTRAN PACK 4gm; POWD 4gm/dose	3	
QUESTRAN LIGHT POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml QL (6 syringes / 28 days)	2	QL NM PA
REPATHA SURECLICK SOAJ 140mg/ml QL (6 autoinjectors / 28 days)	2	QL NM PA
VASCEPA CAPS .5gm, 1gm	2	
VYTORIN TAB 10-10MG QL (30 tabs / 30 days)	3	QL
VYTORIN TAB 10-20MG QL (30 tabs / 30 days)	3	QL
VYTORIN TAB 10-40MG QL (30 tabs / 30 days)	3	QL
VYTORIN TAB 10-80MG QL (30 tabs / 30 days)	3	QL
WELCHOL PACK 3.75gm; TABS 625mg	3	
ZETIA TABS 10mg QL (30 tabs / 30 days)	3	QL
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)	1	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</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>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	1	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	1	
<i>atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl TABS 10mg, 20mg</i>	1	
<i>bisoprolol fumarate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>BYSTOLIC TABS 2.5mg, 5mg, 10mg</i> QL (30 tabs / 30 days)	3	QL
<i>BYSTOLIC TABS 20mg</i> QL (60 tabs / 30 days)	3	QL
<i>carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>carvedilol phosphate (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg</i> QL (30 caps / 30 days)	1	QL
<i>COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	3	
<i>COREG CR CP24 10mg, 20mg, 40mg, 80mg</i> QL (30 caps / 30 days)	3	NDS QL
<i>INDERAL LA CP24 60mg, 80mg, 120mg, 160mg</i>	3	NDS
<i>KASPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg</i>	3	
<i>labetalol hcl SOLN 5mg/ml; TABS 100mg, 200mg, 300mg, 400mg</i>	1	
<i>LOPRESSOR SOLN 10mg/ml; TABS 50mg, 100mg</i>	3	
<i>metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg</i>	1	
<i>metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hcl (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg</i> QL (30 tabs / 30 days)	1	QL
<i>nebivolol hcl (generic of BYSTOLIC) TABS 20mg</i> QL (60 tabs / 30 days)	1	QL
<i>pindolol TABS 5mg, 10mg</i>	1	
<i>propranolol hcl (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg</i>	1	
<i>propranolol hcl SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	1	
<i>TOPROL XL TB24 25mg, 50mg, 100mg, 200mg</i>	3	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate (generic of NORVASC) TABS 2.5mg, 5mg, 10mg</i>	1	
<i>CARDIZEM TABS 30mg, 60mg, 120mg</i>	3	
<i>CARDIZEM CD CP24 120mg</i>	3	
<i>CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg</i>	3	NDS
<i>CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	3	
<i>cartia xt (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg</i>	1	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1		<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1		<i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg	1	
<i>diltiazem hcl</i> (generic of CARDIZEM LA) TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1		NORLIQVA SOLN 1mg/ml	3	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1		NORVASC TABS 2.5mg, 5mg, 10mg	3	
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1		NYMALIZE SOLN 6mg/ml	3	NDS
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1		PROCARDIA XL TB24 30mg, 60mg, 90mg	3	
<i>isradipine</i> CAPS 2.5mg, 5mg	1		SULAR TB24 8.5mg, 17mg, 34mg	3	
KATERZIA SUSP 1mg/ml	3		<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1		TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1		<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
<i>nicardipine hcl iv soln 20 mg/200ml in sodium chloride 0.9%</i> (generic of NICARDIPINE HYDROCHLORIDE)	1		<b>DIURETICS</b>		
<i>nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.9%</i> (generic of NICARDIPINE HYDROCHLORIDE)	1		<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
NICARDIPINE SOL 20/200ML	3		<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	1	
NICARDIPINE SOL 40/200ML	3		<i>amiloride hcl</i> TABS 5mg	1	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg	1		<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1		<i>bumetanide</i> (generic of BUMEX) TABS .5mg	1	
<i>nimodipine</i> CAPS 30mg	1		<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>nimodipine</i> SOLN 60mg/20ml	3	NDS	<i>dichlorphenamide</i> (generic of KEVEYIS) TABS 50mg	3	NDS NM PA
			DIURIL SUSP 250mg/5ml	3	
			EDECIN TABS 25mg	3	NDS
			ENBUMYST SOLN .5mg/0.1ml	3	NDS
			<i>ethacrynic acid</i> (generic of EDECIN) TABS 25mg	1	
			<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	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>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1		<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>furosemide inj</i> SOLN 10mg/ml	1		<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
HEMICLOR TABS 12.5mg	3		<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> (generic of CADUET)	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1		<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> (generic of CADUET)	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1		<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> (generic of CADUET)	1	
INZIRQO SUSR 10mg/ml QL (320 mL / 30 days)	3	QL	<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> (generic of CADUET)	1	
KEVEYIS TABS 50mg	3	NDS NM PA	<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> (generic of CADUET)	1	
LASIX TABS 20mg, 40mg, 80mg	3		<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> (generic of CADUET)	1	
<i>methazolamide</i> TABS 25mg, 50mg	1		<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> (generic of CADUET)	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1		<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (generic of CADUET)	1	
<i>ormarvi</i> (generic of KEVEYIS) TABS 50mg	3	NDS NM PA	ATTRUBY TBPB 356mg QL (112 tabs / 28 days)	3	NDS QL NM PA
SOANZ TABS 40mg	3		BIDIL TAB	3	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	1		CADUET TAB 5-10MG	3	
THALITONE TABS 15mg	3		CADUET TAB 5-20MG	3	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1		CADUET TAB 5-40MG	3	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1		CADUET TAB 5-80MG	3	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1		CADUET TAB 10-10MG	3	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1		CADUET TAB 10-20MG	3	
<b>MISCELLANEOUS</b>			CADUET TAB 10-40MG	3	
ADRENALIN SOLN 1mg/ml	3		CADUET TAB 10-80MG	3	
<i>aliskiren fumarate</i> (generic of TEKTRUNA) TABS 150mg, 300mg QL (30 tabs / 30 days)	1	QL	CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg QL (30 caps / 30 days)	3	NDS QL NM PA
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1		<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
<i>clonidine</i> TB24 .17mg	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	2	QL
CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)	3	QL
DEMSER CAPS 250mg	3	NDS NM PA
<i>digoxin</i> SOLN .05mg/ml	1	
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg	1	
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1	QL
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	1	QL NM PA
<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	3	NDS QL NM PA
<i>epinephrine (anaphylaxis)</i> (generic of ADRENALIN) SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg PA applies if 65 years and older	2	PA
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
INPEFA TABS 200mg, 400mg QL (30 tabs / 30 days)	3	QL
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> (generic of BIDIL)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ivabradine hcl</i> (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)	1	QL
JAVADIN SOLN .02mg/ml	3	
LANOXIN SOLN .25mg/ml; TABS 62.5mcg	3	
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
LODOCO TABS .5mg QL (30 tabs / 30 days)	3	QL PA
<i>methyl dopa</i> TABS 250mg, 500mg PA applies if 65 years and older	3	PA
<i>metirosine</i> CAPS 250mg	3	NDS NM PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
NEXICLON XR TB24 .17mg	3	
NORTHERA CAPS 100mg QL (90 caps / 30 days)	3	NDS QL NM PA
NORTHERA CAPS 200mg, 300mg QL (180 caps / 30 days)	3	NDS QL NM PA
<i>phenoxybenzamine hcl</i> CAPS 10mg	3	NDS PA
<i>ranolazine</i> TB12 500mg, 1000mg	1	
TEKTRUNA TABS 150mg, 300mg QL (30 tabs / 30 days)	3	QL
TRYNGOLZA SOAJ 80mg/0.8ml QL (1 autoinjector / 30 days)	3	NDS QL NM PA
TRYVIO TABS 12.5mg QL (30 tabs / 30 days)	3	QL PA
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	2	QL PA
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	3	NDS QL NM PA
VYNDAQEL CAPS 20mg QL (120 caps / 30 days)	3	NDS QL NM PA
<b>NITRATES</b>		
ISORDIL TITRADOSE TABS 5mg	3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1		LETAIRIS TABS 5mg, 10mg QL (30 tabs / 30 days)	3	NDS QL NM PA
ISOSORBIDE MONONITRATE TABS 10mg, 20mg	3		OPSUMIT TABS 10mg QL (30 tabs / 30 days)	3	NDS QL NM PA
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1		ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	3	NDS NM PA
NITRO-BID OINT 2%	2		ORENITRAM TBCR .125mg	3	NM PA
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3		ORENITRAM TAB MONTH 1	3	NDS NM PA
NITRO-DUR PT24 .3mg/hr, .8mg/hr	3	NDS	ORENITRAM TAB MONTH 2	3	NDS NM PA
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1		ORENITRAM TAB MONTH 3	3	NDS NM PA
<i>nitroglycerin</i> (generic of NITROLINGUAL) SOLN .4mg/spray	1		REMODULIN SOLN 8mg/20ml, 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM PA
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1		REVATIO SOLN 10mg/12.5ml	3	NDS NM PA
NITROLINGUAL SOLN .4mg/spray	3		REVATIO TABS 20mg QL (360 tabs / 30 days)	3	NDS QL NM PA
NITROSTAT SUBL .3mg, .4mg, .6mg	3		<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SOLN 10mg/12.5ml	3	NDS NM PA
<b>PULMONARY ARTERIAL HYPERTENSION</b>					
ADCIRCA TABS 20mg QL (60 tabs / 30 days)	3	NDS QL NM PA	<i>sildenafil citrate (pulmonary hypertension)</i> SUSR 10mg/ml QL (784 mL / 30 days)	3	NDS QL NM PA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	3	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>alyq</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	3	NDS QL NM PA	<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	1	QL NM PA
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	3	NDS QL NM PA	TADLIQ SUSP 20mg/5ml QL (300 mL / 30 days)	3	NDS QL NM PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	3	NDS QL NM PA	TRACLEER TBSO 32mg QL (120 tabs / 30 days)	3	NDS QL NM PA
<i>bosentan</i> (generic of TRACLEER) TBSO 32mg QL (120 tabs / 30 days)	3	NDS QL NM PA	<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM PA
<i>epoprostenol sodium</i> (generic of VELETRI) SOLR .5mg, 1.5mg	3	NDS B/D NM	TYVASO SOLN .6mg/ml	3	NDS NM PA
FLOLAN SOLR .5mg, 1.5mg	3	NDS B/D NM	TYVASO DPI INSTITUTIONAL POWD 80mcg QL (112 cartridges / 28 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg, 80mcg QL (112 cartridges / 28 days)	3	NDS QL NM PA	<i>alprazolam</i> (generic of XANAX XR) TB24 2mg QL (90 tabs / 30 days) PA applies if 65 years and older	1	QL PA
TYVASO DPI POW 16-32-48 QL (252 cartridges / 28 days)	3	NDS QL NM PA	<i>alprazolam</i> TB24 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	1	QL PA
TYVASO DPI POW MAIN KIT 32-64MCG QL (224 cartridges / 28 days)	3	NDS QL NM PA	<i>alprazolam</i> TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older	1	QL PA
TYVASO DPI POW MAIN KIT 48-64MCG QL (224 cartridges / 28 days)	3	NDS QL NM PA	<i>alprazolam</i> TBDP .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
UPTRAVI SOLR 1800mcg	3	NDS NM PA	<i>alprazolam</i> TBDP .25mg QL (120 tabs / 30 days)	1	QL
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	3	NDS QL NM PA	ALPRAZOLAM INTENSOL CONC 1mg/ml QL (300 mL / 30 days)	3	QL
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	3	NDS QL NM PA	ATIVAN SOLN 2mg/ml, 4mg/ml	3	
UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	3	NDS QL NM PA	ATIVAN TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	3	NDS QL
VELETRI SOLR .5mg, 1.5mg	3	NDS B/D NM	<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	3	NDS QL NM PA	<i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA
WINREVAIR INJ 45MG QL (2 vials / 21 days)	3	NDS QL NM PA	<i>fluvoxamine maleate</i> CP24 100mg, 150mg QL (60 caps / 30 days)	1	QL
WINREVAIR INJ 60MG QL (2 vials / 21 days)	3	NDS QL NM PA	<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	3	NDS QL NM PA	<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	3	NDS QL NM PA	<i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	1	
<b>CENTRAL NERVOUS SYSTEM ANTI-ANXIETY</b>					
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL	<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<i>oxazepam</i> CAPS 10mg, 15mg, 30mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA
XANAX TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	3	QL
XANAX XR TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	3	QL PA
XANAX XR TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older	3	QL PA
<b>ANTIDEMENTIA</b>		
ARICEPT TABS 5mg QL (30 tabs / 30 days)	3	QL
ARICEPT TABS 10mg, 23mg <i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	3	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg, 23mg	1	QL
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	1	QL
<i>donepezil hydrochloride</i> TBDP 10mg	1	QL
EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	3	QL
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	1	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	1	QL
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	1	PA
<i>memantine hcl tab 28 x 5 mg</i> & 21 x 10 mg titration pack PA applies if 29 years and younger	1	PA
<i>memantine hcl-donepezil hcl</i> cap er 24hr 14-10 mg (generic of NAMZARIC)	1	QL
<i>memantine hcl-donepezil hcl</i> cap er 24hr 21-10 mg (generic of NAMZARIC)	1	QL
<i>memantine hcl-donepezil hcl</i> cap er 24hr 28-10 mg (generic of NAMZARIC)	1	QL
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	1	QL
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	1	QL
ZUNVEYL TBEC 5mg, 10mg, 15mg QL (60 tabs / 30 days)	3	QL PA
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	2	PA
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg PA applies if 65 years and older	2	PA
ANAFRANIL CAPS 25mg, 50mg, 75mg	3	NDS PA
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>bupropion hcl</i> TABS 75mg, 100mg	1		<i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	1	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL	EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	1	QL	EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	3	NDS QL PA
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	1	QL	ESCITALOPRAM OXALATE CAPS 15mg QL (30 caps / 30 days)	3	QL
CELEXA TABS 10mg, 20mg, 40mg	3		<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1		<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1		EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg QL (30 tabs / 30 days)	3	NDS QL PA
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	PA	EXXUA TITRATION PACK TB24 18.2mg QL (2 packs / year)	3	NDS QL PA
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg PA applies if 65 years and older	3	PA	FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	3	PA	FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	3	QL PA
DESVENLAFAXINE ER TB24 50mg, 100mg QL (30 tabs / 30 days)	3	QL	FETZIMA CAP TITRATIO QL (2 packs / year)	3	QL PA
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL	<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml PA applies if 65 years and older	2	PA	<i>fluoxetine hcl</i> CPDR 90mg QL (4 caps / 28 days)	1	QL
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	3	QL PA	<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg PA applies if 65 years and older	1	PA
			<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg PA applies if 65 years and older	3	PA
			LEXAPRO TABS 5mg, 10mg, 20mg	3	
			MARPLAN TABS 10mg QL (180 tabs / 30 days)	3	QL
			<i>mirtazapine</i> TABS 7.5mg, 45mg	1	

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>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1		<i>perphenazine-amitriptyline tab</i> 4-25 mg	2	PA
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	1		PA applies if 65 years and older		
NARDIL TABS 15mg	3		<i>perphenazine-amitriptyline tab</i> 4-50 mg	2	PA
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1		PA applies if 65 years and older		
NORPRAMIN TABS 10mg, 25mg	3	PA	<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
PA applies if 65 years and older			PRISTIQ TB24 25mg, 50mg, 100mg	3	QL
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1		QL (30 tabs / 30 days)		
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3		<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
PARNATE TABS 10mg	3	NDS	RALDESY SOLN 10mg/ml	3	QL PA
<i>paroxetine hcl</i> SUSP 10mg/5ml	3	QL PA	QL (1800 mL / 30 days)		
QL (900 mL / 30 days)			REMERON TABS 15mg, 30mg	3	
PA applies if 65 years and older			REMERON SOLTAB TBDP 15mg, 30mg, 45mg	3	
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1	PA	<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
PA applies if 65 years and older			SPRAVATO SOL 56MG DOS	3	NDS NM PA
<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg	3	QL PA	SPRAVATO SOL 84MG DOS	3	NDS NM PA
QL (60 tabs / 30 days)			<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	
PA applies if 65 years and older			<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	
<i>perphenazine-amitriptyline tab</i> 2-10 mg	2	PA	<i>trimipramine maleate</i> CAPS 25mg, 50mg	3	QL
PA applies if 65 years and older			QL (120 caps / 30 days)		
<i>perphenazine-amitriptyline tab</i> 2-25 mg	2	PA	<i>trimipramine maleate</i> CAPS 100mg	3	QL
PA applies if 65 years and older			QL (60 caps / 30 days)		
<i>perphenazine-amitriptyline tab</i> 4-10 mg	2	PA	TRINTELLIX TABS 5mg, 10mg, 20mg	3	QL PA
PA applies if 65 years and older			QL (30 tabs / 30 days)		
			<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1	
			<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
			VIIBRYD TABS 10mg, 20mg, 40mg	3	QL
			QL (30 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL	<i>carbidopa &amp; levodopa tab 25-250 mg</i>	1	
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	3		<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	1	
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	3	NDS QL NM PA	<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	1	
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	3	NDS QL NM PA	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<b>ANTIPARKINSONIAN AGENTS</b>			<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	1	QL	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1		<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
AZILECT TABS .5mg, 1mg QL (30 tabs / 30 days)	3	NDS QL	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1		<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 65 years and older	1	PA	CREXONT CAP 35-140MG	3	ST
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1		CREXONT CAP 52.5-210	3	ST
<i>carb/levo orally disintegrating tab 10-100mg</i>	1		CREXONT CAP 70-280MG	3	ST
<i>carb/levo orally disintegrating tab 25-100mg</i>	1		CREXONT CAP 87.5-350	3	ST
<i>carb/levo orally disintegrating tab 25-250mg</i>	1		DHIVY TAB 25-100MG	3	
<i>carbidopa</i> (generic of LODOSYN) TABS 25mg	1		DUOPA SUS 4.63-20 entacapone TABS 200mg	3 1	NDS B/D NM
<i>carbidopa &amp; levodopa cap er 23.75-95 mg</i>	1		GOCOVRI CP24 68.5mg QL (30 caps / 30 days)	3	NDS QL NM PA
<i>carbidopa &amp; levodopa cap er 36.25-145 mg</i>	1		GOCOVRI CP24 137mg QL (60 caps / 30 days)	3	NDS QL NM PA
<i>carbidopa &amp; levodopa cap er 48.75-195 mg</i>	1		INBRIJA CAPS 42mg QL (300 caps / 30 days)	3	NDS QL NM PA
<i>carbidopa &amp; levodopa cap er 61.25-245 mg</i>	1		LODOSYN TABS 25mg	3	NDS
<i>carbidopa &amp; levodopa tab 10-100 mg</i> (generic of SINEMET)	1		NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days)	3	NDS QL NM
<i>carbidopa &amp; levodopa tab 25-100 mg</i> (generic of SINEMET)	1		ONGENTYS CAPS 25mg, 50mg QL (30 caps / 30 days)	3	QL PA
			PARLODEL CAPS 5mg; TABS 2.5mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	1	QL
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1	
RYTARY CAP 95MG	3	ST
RYTARY CAP 145MG	3	ST
RYTARY CAP 195MG	3	ST
RYTARY CAP 245MG	3	ST
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	2	
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	1	
VYALEV INJ 12-240MG	3	NDS NM PA
XADAGO TABS 50mg, 100mg	3	NDS
ZELAPAR TBDP 1.25mg	3	NDS
<b>ANTIPSYCHOTICS</b>		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	QL
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	3	NDS QL
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	3	NDS QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	3	NDS QL
ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	NDS QL PA
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	1	QL
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	1	QL
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	1	QL ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	3	NDS QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	3	NDS QL
ARISTADA INITIO PRSY 675mg/2.4ml	3	NDS
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	3	NDS QL
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg	1	
<i>clozapine</i> TABS 50mg	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	1	QL
<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	1	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	1	QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	1	QL PA	<i>haloperidol</i> TABS .5mg, 1mg, 1 2mg, 5mg, 10mg, 20mg		
CLOZARIL TABS 25mg	3		<i>haloperidol decanoate</i> SOLN 1 50mg/ml, 100mg/ml		
CLOZARIL TABS 100mg QL (270 tabs / 30 days)	3	NDS QL	<i>haloperidol lactate</i> CONC 1 2mg/ml; SOLN 5mg/ml		
COBENFY CAP 50-20MG QL (60 caps / 30 days)	3	NDS QL PA	INVEGA TB24 3mg, 9mg 3 QL (30 tabs / 30 days)		QL
COBENFY CAP 100-20MG QL (60 caps / 30 days)	3	NDS QL PA	INVEGA TB24 6mg 3 QL (60 tabs / 30 days)		QL
COBENFY CAP 125-30MG QL (60 caps / 30 days)	3	NDS QL PA	INVEGA HAFYERA SUSY 3 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)		NDS QL
COBENFY STRT CAP PACK QL (2 packs / year)	3	NDS QL PA	INVEGA SUSTENNA SUSY 3 39mg/0.25ml QL (1 syringe / 28 days)		QL
ERZOFRI SUSY 3 39mg/0.25ml QL (1 syringe / 28 days)	3	QL	INVEGA SUSTENNA SUSY 3 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)		NDS QL
ERZOFRI SUSY 78mg/0.5ml, 3 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	3	NDS QL	INVEGA TRINZA SUSY 3 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)		NDS QL
ERZOFRI SUSY 3 351mg/2.25ml QL (2 syringes / year)	3	NDS QL	LATUDA TABS 20mg, 40mg, 3 60mg, 120mg QL (30 tabs / 30 days)		NDS QL
FANAPT TABS 1mg, 2mg, 3 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	3	NDS QL PA	LATUDA TABS 80mg 3 QL (60 tabs / 30 days)		NDS QL
FANAPT PAK PACK A 3 QL (2 packs / year)	3	QL PA	<i>loxapine succinate</i> CAPS 1 5mg, 10mg, 25mg, 50mg		
FANAPT PAK PACK B 3 QL (2 packs / year)	3	QL PA	<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)		QL
FANAPT PAK PACK C 3 QL (2 packs / year)	3	QL PA	<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)		QL
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1		LYBALVI TAB 5-10MG 3 QL (30 tabs / 30 days)		NDS QL
<i>fluphenazine hcl</i> CONC 1 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1		LYBALVI TAB 10-10MG 3 QL (30 tabs / 30 days)		NDS QL
GEODON CAPS 20mg, 3 40mg, 60mg, 80mg QL (60 caps / 30 days)	3	NDS QL	LYBALVI TAB 15-10MG 3 QL (30 tabs / 30 days)		NDS QL
GEODON SOLR 20mg 3 QL (6 injections / 3 days)	3	QL	LYBALVI TAB 20-10MG 3 QL (30 tabs / 30 days)		NDS QL
HALDOL DECANOATE 50 3 SOLN 50mg/ml	3				
HALDOL DECANOATE 100 3 SOLN 100mg/ml	3				

Drug Name	Drug Requirements/ Tier	Limits
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	3	NDS QL NM PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	3	NDS QL NM PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg QL (60 tabs / 30 days)	1	QL
<i>olanzapine</i> TABS 7.5mg, 15mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine</i> TABS 10mg QL (60 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 20mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL ST
<i>olanzapine</i> TBDP 10mg QL (60 tabs / 30 days)	1	QL ST
OPIPZA FILM 2mg, 5mg QL (30 films / 30 days)	3	NDS QL PA
OPIPZA FILM 10mg QL (90 films / 30 days)	3	NDS QL PA
<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	1	QL
<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	1	QL
<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	1	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	3	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

Drug Name	Drug Requirements/ Tier	Limits
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	1	QL PA
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	1	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	3	NDS QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	3	NDS QL
RISPERDAL SOLN 1mg/ml QL (240 mL / 30 days)	3	QL
RISPERDAL TABS .5mg, 1mg, 2mg, 3mg, 4mg	3	
RISPERDAL CONSTA SRER 12.5mg QL (2 injections / 28 days)	3	QL
RISPERDAL CONSTA SRER 25mg, 37.5mg, 50mg QL (2 injections / 28 days)	3	NDS QL
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	1	QL
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TABS .25mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL ST
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	1	QL ST

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	1	QL ST	UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml QL (1 syringe / 60 days)	3	NDS QL
<i>risperidone microspheres</i> (generic of RISPERSAL CONSTA) SRER 12.5mg, 25mg QL (2 injections / 28 days)	1	QL	VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	3	NDS QL PA
<i>risperidone microspheres</i> (generic of RISPERSAL CONSTA) SRER 37.5mg, 50mg QL (2 injections / 28 days)	3	NDS QL	VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	3	NDS QL
RYKINDO SRER 25mg, 37.5mg, 50mg QL (2 vials / 28 days)	3	NDS QL PA	VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	3	NDS QL
SAPHRIS SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	3	NDS QL	<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	3	NDS QL	<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	1	QL
SEROQUEL TABS 25mg QL (180 tabs / 30 days)	3	QL	ZYPREXA SOLR 10mg QL (3 vials / 1 day)	3	QL
SEROQUEL TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	3	QL	ZYPREXA TABS 2.5mg, 5mg QL (60 tabs / 30 days)	3	QL
SEROQUEL TABS 300mg, 400mg QL (60 tabs / 30 days)	3	QL	ZYPREXA TABS 20mg QL (30 tabs / 30 days)	3	NDS QL
SEROQUEL XR TB24 150mg, 200mg QL (30 tabs / 30 days)	3	QL PA	ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	3	QL NM PA
SEROQUEL XR TB24 300mg, 400mg QL (60 tabs / 30 days)	3	QL PA	ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	3	NDS QL NM PA
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1		ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	3	NDS QL NM PA
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1		<b>ANTIEPILEPTIC AGENTS</b>		
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1		APTOM TABS 200mg, 400mg QL (30 tabs / 30 days)	3	NDS QL
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml QL (1 syringe / 30 days)	3	NDS QL	APTOM TABS 600mg, 800mg QL (60 tabs / 30 days)	3	NDS QL
			BANZEL SUSP 40mg/ml QL (2400 mL / 30 days)	3	NDS QL PA
			BANZEL TABS 200mg QL (480 tabs / 30 days)	3	NDS QL PA
			BANZEL TABS 400mg QL (240 tabs / 30 days)	3	NDS QL PA

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

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

Drug Name	Drug Requirements/ Tier	Limits
DEPAKOTE SPRINKLES CSDR 125mg	3	
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	3	NDS QL NM PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	3	NDS QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	3	NDS QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
ELEPSIA XR TB24 1000mg	3	
ELEPSIA XR TB24 1500mg	3	NDS
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	3	NDS QL NM PA
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	3	QL PA
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 200mg, 400mg QL (30 tabs / 30 days)	1	QL
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 600mg, 800mg QL (60 tabs / 30 days)	1	QL
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml	1	
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
FELBATOL TABS 400mg, 600mg	3	NDS
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	3	NDS QL NM PA
FYCOMPA SUSP .5mg/ml QL (680 mL / 28 days)	3	NDS QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	3	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	3	NDS QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1		<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1		<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	1	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	1	
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1	ST	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	1	
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1		LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) PA applies if 65 years and older	3	QL PA
<i>lamotrigine tab 35 x 25 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1		LYRICA CAPS 200mg QL (90 caps / 30 days) PA applies if 65 years and older	3	QL PA
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	3	NDS	LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days) PA applies if 65 years and older	3	QL PA
<i>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit</i> (generic of LAMICTAL ODT)	1		LYRICA SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older	3	QL PA
<i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1		<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	1	
<i>lamotrigine tab disint 42 x 50mg &amp; 14 x 100mg titration kit</i> (generic of LAMICTAL ODT)	1		MOTPOLY XR CP24 100mg QL (60 caps / 30 days)	3	QL PA
LEVETIR/NACL INJ 5MG/ML	3		MOTPOLY XR CP24 150mg, 200mg QL (60 caps / 30 days)	3	NDS QL PA
LEVETIR/NACL INJ 10MG/ML	3		MYSOLINE TABS 50mg, 250mg	3	NDS
LEVETIR/NACL INJ 15MG/ML	3		NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units / 30 days)	3	QL
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1				
LEVETIRACETAM TB3D 250mg QL (360 tabs / 30 days)	3	QL			

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
NEURONTIN CAPS 100mg, 300mg QL (360 caps / 30 days)	3	QL	<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 65 years and older	2	QL PA
NEURONTIN CAPS 400mg QL (270 caps / 30 days)	3	QL	<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 65 years and older	3	PA
NEURONTIN SOLN 250mg/5ml QL (2160 mL / 30 days)	3	QL	<i>phenytek</i> CAPS 200mg, 300mg	1	
NEURONTIN TABS 600mg QL (180 tabs / 30 days)	3	NDS QL	<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1	
NEURONTIN TABS 800mg QL (120 tabs / 30 days)	3	NDS QL	<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1	
ONFI SUSP 2.5mg/ml QL (480 mL / 30 days)	3	NDS QL PA	<i>phenytoin sodium</i> SOLN 50mg/ml	1	
ONFI TABS 10mg, 20mg QL (60 tabs / 30 days)	3	NDS QL PA	<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1	
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1		<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	1	
<i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 150mg, 300mg	1	PA	<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 600mg	3	NDS PA	<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days) PA applies if 65 years and older	1	QL PA
OXTELLAR XR TB24 150mg	3	PA	<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA
OXTELLAR XR TB24 300mg, 600mg	3	NDS PA	<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older	1	QL PA
<i>perampanel</i> (generic of FYCOMPA) SUSP .5mg/ml QL (680 mL / 28 days)	3	NDS QL PA			
<i>perampanel</i> (generic of FYCOMPA) TABS 2mg QL (60 tabs / 30 days)	1	QL PA			
<i>perampanel</i> (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	1	QL PA			
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 65 years and older	3	QL PA			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1		TEGRETOL-XR TB12 100mg, 200mg, 400mg	3	
<i>primidone</i> TABS 125mg	1		<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	1		TOPAMAX TABS 25mg	3	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	3	NDS QL PA	TOPAMAX TABS 50mg, 100mg, 200mg	3	NDS
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	1	QL PA	TOPAMAX SPRINKLE CPSP 15mg	3	
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	3	NDS QL PA	TOPAMAX SPRINKLE CPSP 25mg	3	NDS
SABRIL PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM PA	<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
SABRIL TABS 500mg QL (180 tabs / 30 days)	3	NDS QL NM PA	<i>topiramate</i> CPSP 50mg	1	
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	3	QL	<i>topiramate</i> (generic of EPRONTIA) SOLN 25mg/ml QL (480 mL / 30 days)	1	QL PA
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	3	QL	<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	3	QL	TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	3	NDS
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	3	QL	TRILEPTAL TABS 150mg	3	
SUBVENITE SUSP 10mg/ml	3	NDS ST	VALIUM TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	3	QL PA
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1		<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1		<i>valproic acid</i> CAPS 250mg	1	
<i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)	3	NDS	VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs / 30 days)	3	QL
<i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)	1		VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days)	3	QL
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	3	NDS QL PA	VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days)	3	QL
TEGRETOL SUSP 100mg/5ml; TABS 200mg	3				

Drug Name	Drug Requirements/ Tier	Limits
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days)	3	QL
<i>vigabatin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM PA
<i>vigabatin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	3	NDS QL NM PA
<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM PA
<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	3	NDS QL NM PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	3	NDS QL NM PA
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	3	NDS QL
VIMPAT SOLN 200mg/20ml VIMPAT TABS 50mg QL (120 tabs / 30 days)	3	NDS QL
VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	3	NDS QL
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	NDS QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	3	NDS QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	3	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	3	NDS QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	3	NDS QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	3	NDS QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	3	NDS QL
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3	

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine</i> (generic of ADZENYS XR-ODT) TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days)	1	QL PA	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA	<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA	<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA	<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA	<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA	<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA	<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA	<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA	<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i> QL (120 caps / 30 days)	1	QL
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA	<i>atomoxetine hcl CAPS 40mg</i> QL (60 caps / 30 days)	1	QL
			<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i> QL (30 caps / 30 days)	1	QL
			AZSTARYS CAP 26.1-5.2 QL (30 caps / 30 days)	3	QL PA
			AZSTARYS CAP 39.2-7.8 QL (30 caps / 30 days)	3	QL PA
			AZSTARYS CAP 52.3-10. QL (30 caps / 30 days)	3	QL PA

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
INTUNIV TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	3	QL PA	<i>methylphenidate hcl</i> CP24 60mg QL (30 caps / 30 days)	1	QL PA
JORNAY PM CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
JORNAY PM CP24 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	1	QL PA
<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL PA
<i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	1	QL PA	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL PA
<i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	1	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN) 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	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL PA
METADATE CD CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA
METADATE CD CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> TB24 54mg; TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days)	1	QL PA
METHYLIN SOLN 5mg/5ml QL (1800 mL / 30 days)	3	QL PA	<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	1	QL PA
METHYLIN SOLN 10mg/5ml QL (900 mL / 30 days)	3	QL PA	<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA
<i>methylphenidate</i> (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	1	QL PA	<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 54mg QL (30 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA	MYDAYIS CAP 12.5MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA	MYDAYIS CAP 25MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days)	1	QL PA			

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

Drug Name	Drug Requirements/ Tier	Limits
MYDAYIS CAP 37.5MG QL (30 caps / 30 days)	3	QL PA
MYDAYIS CAP 50MG QL (30 caps / 30 days)	3	QL PA
QELBREE CP24 100mg QL (180 caps / 30 days)	3	QL PA
QELBREE CP24 150mg QL (60 caps / 30 days)	3	QL PA
QELBREE CP24 200mg QL (90 caps / 30 days)	3	QL PA
QUILLICHEW ER CHER 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
QUILLICHEW ER CHER 40mg QL (30 tabs / 30 days)	3	QL PA
QUILLIVANT XR SRER 25mg/5ml QL (360 mL / 30 days)	3	QL PA
RELEXXII TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL PA
RELEXXII TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days)	3	QL PA
RITALIN TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL PA
RITALIN TABS 20mg QL (90 tabs / 30 days)	3	QL PA
RITALIN LA CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
RITALIN LA CP24 40mg QL (30 caps / 30 days)	3	QL PA
VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	3	QL PA
VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr QL (30 patches / 30 days)	3	QL PA
<i>zenzedi</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
<i>zenzedi</i> TABS 15mg QL (120 tabs / 30 days)	1	QL PA
<i>zenzedi</i> TABS 20mg QL (90 tabs / 30 days)	1	QL PA
<i>zenzedi</i> TABS 30mg QL (60 tabs / 30 days)	1	QL PA
<b>HYPNOTICS</b>		
AMBIEN TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
AMBIEN CR TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL
EDLUAR SUBL 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
<i>estazolam</i> TABS 1mg, 2mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>eszopiclone</i> (generic of LUNESTA) TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
HALCION TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
HETLIOZ CAPS 20mg QL (30 caps / 30 days)	3	NDS QL NM PA
HETLIOZ LQ SUSP 4mg/ml QL (158 ml / 30 days)	3	NDS QL NM PA
LUNESTA TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	NDS QL PA
QUVIVIQ TABS 25mg, 50mg QL (30 tabs / 30 days)	3	QL
<i>ramelteon</i> (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	1	QL
RESTORIL CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	3	NDS QL PA
RESTORIL CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	3	NDS QL PA
SILENOR TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	3	NDS QL NM PA
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>triazolam</i> (generic of HALCION) TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>triazolam</i> TABS .125mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>zaleplon</i> CAPS 5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>zaleplon</i> CAPS 10mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
ZOLPIDEM TARTRATE CAPS 7.5mg QL (30 caps / 30 days)	3	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<b>MIGRAINE</b>		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	1	QL ST

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

Drug Name	Drug Requirements/ Tier	Limits
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days)	3	NDS QL ST
<i>zolmitriptan</i> (generic of ZOMIG) SOLN 2.5mg, 5mg QL (12 units / 30 days)	1	QL ST
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
ZOMIG SOLN 2.5mg, 5mg QL (12 units / 30 days)	3	QL ST
<i>zomig</i> TABS 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
<b>MISCELLANEOUS</b>		
AMVUTTRA SOSY 25mg/0.5ml QL (1 syringe / 90 days)	3	NDS QL NM PA
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	3	NDS QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	3	NDS QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	3	NDS QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	3	NDS QL NM PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	3	NDS QL NM PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	3	NDS QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	3	NDS QL NM PA
DAYBUE SOLN 200mg/ml QL (3600 mL / 30 days)	3	NDS QL NM PA
DAYBUE STIX PACK 5000mg, 6000mg QL (120 packets / 30 days)	3	NDS QL NM PA
DAYBUE STIX PACK 8000mg QL (60 packets / 30 days)	3	NDS QL NM PA
DUVYZAT SUSP 8.86mg/ml QL (420 mL / 30 days)	3	NDS QL NM PA
<i>edaravone</i> (generic of RADICAVA) SOLN 30mg/100ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>edaravone</i> SOLN 60mg/100ml	3	NDS NM PA
ENSPRYNG SOSY 120mg/ml	3	NDS NM PA
EQUETRO CP12 100mg, 200mg, 300mg	3	
EVRYSDI SOLR .75mg/ml; TABS 5mg	3	NDS NM PA
FIRDAPSE TABS 10mg QL (300 tabs / 30 days)	3	NDS QL NM PA
<i>gabapentin</i> (once-daily) (generic of GRALISE) TABS 300mg QL (180 tabs / 30 days)	1	QL PA
<i>gabapentin</i> (once-daily) (generic of GRALISE) TABS 450mg, 600mg QL (90 tabs / 30 days)	1	QL PA
<i>gabapentin</i> (once-daily) (generic of GRALISE) TABS 750mg, 900mg QL (60 tabs / 30 days)	1	QL PA
GRALISE TABS 300mg QL (180 tabs / 30 days)	3	QL PA
GRALISE TABS 450mg, 600mg QL (90 tabs / 30 days)	3	QL PA
GRALISE TABS 750mg, 900mg QL (60 tabs / 30 days)	3	QL PA
HORIZANT TBCR 300mg, 600mg QL (60 tabs / 30 days)	3	QL PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
LITHOBID TBCR 300mg	3	NDS
LYRICA CR TB24 82.5mg, 165mg QL (90 tabs / 30 days)	3	QL PA
LYRICA CR TB24 330mg QL (60 tabs / 30 days)	3	QL PA
MESTINON SOLN 60mg/5ml; TABS 60mg	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
MESTINON TIMESPAN TBCR 180mg	3	NDS
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	3	NDS QL PA
<i>pregabalin (once-daily)</i> (generic of LYRICA CR) TB24 82.5mg, 165mg QL (90 tabs / 30 days)	1	QL PA
<i>pregabalin (once-daily)</i> (generic of LYRICA CR) TB24 330mg QL (60 tabs / 30 days)	1	QL PA
<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml; TABS 60mg	1	
<i>pyridostigmine bromide</i> TABS 30mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR 180mg	1	
RADICAVA ORS SUSP 105mg/5ml QL (70 mL / 28 days)	3	NDS QL NM PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml QL (70 mL / 28 days)	3	NDS QL NM PA
<i>riluzole</i> TABS 50mg	1	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	3	QL PA
SAVELLA MIS TITR PAK QL (2 packs / year)	3	QL PA
SKYCLARYS CAPS 50mg QL (90 caps / 30 days)	3	NDS QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	1	QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	3	NDS QL NM PA
TIGLUTIK SUSP 50mg/10ml QL (600 mL / 30 days)	3	NDS QL NM PA
TONMYA SUBL 2.8mg QL (60 tabs / 30 days)	3	NDS QL PA
UPLIZNA SOLN 100mg/10ml	3	NDS NM PA
WAINUA SOAJ 45mg/0.8ml QL (1 pen / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
XENAZINE TABS 12.5mg QL (90 tabs / 30 days)	3	NDS QL NM PA
XENAZINE TABS 25mg QL (120 tabs / 30 days)	3	NDS QL NM PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA TB12 10mg QL (60 tabs / 30 days)	3	NDS QL NM PA
AVONEX PSKT 30mcg/0.5ml QL (4 syringes / 28 days)	3	NDS QL NM PA
AVONEX PEN AJKT 30mcg/0.5ml QL (4 injections / 28 days)	3	NDS QL NM PA
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	3	NDS QL NM PA
BETASERON KIT .3mg QL (14 kits / 28 days)	3	NDS QL NM PA
<i>cladribine (4 tabs)</i> (generic of MAVENCLAD) TBPK 10mg QL (16 tabs per lifetime)	3	NDS QL NM PA
<i>cladribine (5 tabs)</i> (generic of MAVENCLAD) TBPK 10mg QL (20 tabs per lifetime)	3	NDS QL NM PA
<i>cladribine (6 tabs)</i> (generic of MAVENCLAD) TBPK 10mg QL (24 tabs per lifetime)	3	NDS QL NM PA
<i>cladribine (7 tabs)</i> (generic of MAVENCLAD) TBPK 10mg QL (28 tabs per lifetime)	3	NDS QL NM PA
<i>cladribine (8 tabs)</i> (generic of MAVENCLAD) TBPK 10mg QL (32 tabs per lifetime)	3	NDS QL NM PA
<i>cladribine (9 tabs)</i> (generic of MAVENCLAD) TBPK 10mg QL (36 tabs per lifetime)	3	NDS QL NM PA
<i>cladribine (10 tabs)</i> (generic of MAVENCLAD) TBPK 10mg QL (40 tabs per lifetime)	3	NDS QL NM PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	3	NDS QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	3	NDS QL NM PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg QL (14 caps / 7 days)	3	NDS QL NM PA	MAVENCLAD (9 TABS) TBPK 10mg QL (36 tabs per lifetime)	3	NDS QL NM PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 240mg QL (60 caps / 30 days)	3	NDS QL NM PA	MAVENCLAD (10 TABS) TBPK 10mg QL (40 tabs per lifetime)	3	NDS QL NM PA
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> (generic of TECFIDERA STARTER PACK) QL (2 packs / year)	3	NDS QL NM PA	MAYZENT TABS 1mg, 2mg QL (30 tabs / 30 days)	3	NDS QL NM PA
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	3	NDS QL NM PA	MAYZENT TABS .25mg QL (112 tabs / 28 days)	3	NDS QL NM PA
GILENYA CAPS .25mg, .5mg QL (30 caps / 30 days)	3	NDS QL NM PA	MAYZENT STARTER PACK (7) TBPK .25mg QL (2 packs / year)	3	NDS QL NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	3	NDS QL NM PA	MAYZENT STARTER PACK (12) TBPK .25mg QL (2 packs / year)	3	NDS QL NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	3	NDS QL NM PA	OCREVUS SOLN 300mg/10ml	3	NDS NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	3	NDS QL NM PA	OCREVUS INJ ZUNOVO QL (23 mL / 180 days)	3	NDS QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	3	NDS QL NM PA	PLEGRIDY SOAJ 125mcg/0.5ml QL (2 pens / 28 days)	3	NDS QL NM PA
MAVENCLAD (4 TABS) TBPK 10mg QL (16 tabs per lifetime)	3	NDS QL NM PA	PLEGRIDY SOSY 125mcg/0.5ml QL (2 syringes / 28 days)	3	NDS QL NM PA
MAVENCLAD (5 TABS) TBPK 10mg QL (20 tabs per lifetime)	3	NDS QL NM PA	PLEGRIDY INJ STARTER QL (2 packs / year)	3	NDS QL NM PA
MAVENCLAD (6 TABS) TBPK 10mg QL (24 tabs per lifetime)	3	NDS QL NM PA	PLEGRIDY PEN INJ STARTER QL (2 packs / year)	3	NDS QL NM PA
MAVENCLAD (7 TABS) TBPK 10mg QL (28 tabs per lifetime)	3	NDS QL NM PA	PONVORY TABS 20mg QL (30 tabs / 30 days)	3	NDS QL NM PA
MAVENCLAD (8 TABS) TBPK 10mg QL (32 tabs per lifetime)	3	NDS QL NM PA	PONVORY TAB STARTER QL (2 packs / year)	3	NDS QL NM PA
			TASCENSO ODT TBPDP .25mg, .5mg QL (30 tabs / 30 days)	3	NDS QL NM PA
			<i>teriflunomide</i> (generic of AUBAGIO) TABS 7mg, 14mg QL (30 tabs / 30 days)	3	NDS QL NM PA
			VUMERITY CPDR 231mg QL (120 caps / 30 days)	3	NDS QL NM PA
			ZEPOSIA CAPS .92mg QL (30 caps / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
ZEPOSIA 7DAY CAP STR PACK QL (2 packs / year)	3	NDS QL NM PA
ZEPOSIA CAP STR KIT QL (2 packs / year)	3	NDS QL NM PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i> SOLN 5mg/5ml	1	PA
<i>baclofen</i> (generic of OZOBAX DS) SOLN 10mg/5ml	1	PA
<i>baclofen</i> (generic of FLEQSUVY) SUSP 25mg/5ml	3	NDS PA
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	1	QL
<i>baclofen</i> TABS 10mg, 15mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	3	NDS PA
<i>carisoprodol</i> (generic of SOMA) TABS 350mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
DANTRIUM CAPS 25mg	3	
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	1	
<i>dantrolene sodium</i> CAPS 50mg, 100mg	1	
DAXXIFY SOLR 100unit	3	NM PA
DYSPORT SOLR 300unit	3	NM PA
DYSPORT SOLR 500unit	3	NDS NM PA
FLEQSUVY SUSP 25mg/5ml	3	NDS PA
<i>metaxalone</i> TABS 800mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>methocarbamol</i> TABS 500mg QL (360 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
<i>methocarbamol</i> TABS 750mg QL (240 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA
MYOBLOC SOLN 10000unit/2ml	3	NDS NM PA
OZOBAX DS SOLN 10mg/5ml	3	NDS PA
SOMA TABS 350mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	NDS QL PA
<i>tizanidine hcl</i> CAPS 2mg, 4mg, 6mg; TABS 2mg	1	
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	1	
XEOMIN SOLR 50unit	3	NM PA
XEOMIN SOLR 100unit, 200unit	3	NDS NM PA
ZANAFLEX CAPS 8mg	3	NDS
ZANAFLEX TABS 4mg	3	
<b>NARCOLEPSY/CATAPLEXY</b>		
<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)	3	NDS QL NM PA
LUMRYZ PAK STARTER QL (2 packs / year)	3	NDS QL NM PA
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	1	QL PA	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
NUVIGIL TABS 50mg QL (60 tabs / 30 days)	3	QL PA	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (180 tabs / 30 days)	1	QL
NUVIGIL TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	3	NDS QL PA	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (120 tabs / 30 days)	1	QL
PROVIGIL TABS 100mg QL (30 tabs / 30 days)	3	NDS QL PA	<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	1	QL
PROVIGIL TABS 200mg QL (60 tabs / 30 days)	3	NDS QL PA	CHANTIX TABS .5mg, 1mg QL (56 tabs / 28 days)	3	QL
<i>sodium oxybate</i> SOLN 500mg/ml QL (540 mL / 30 days)	3	NDS QL NM PA	CHANTIX CONTINUING MONTH TABS 1mg QL (56 tabs / 28 days)	3	QL
SUNOSI TABS 75mg, 150mg QL (30 tabs / 30 days)	3	QL PA	CHANTIX TAB 0.5& 1MG QL (2 packs / year)	3	QL
WAKIX TABS 4.45mg, 17.8mg QL (60 tabs / 30 days)	3	NDS QL NM PA	<i>disulfiram</i> TABS 250mg, 500mg	1	
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	3	NDS QL NM PA	KLOXXADO LIQD 8mg/0.1ml	2	
XYWAV SOL 0.5GM/ML QL (540 mL / 30 days)	3	NDS QL NM PA	<i>lofexidine hcl</i> (generic of LUCEMYRA) TABS .18mg QL (228 tabs / 14 days)	3	NDS QL PA
<b>PSYCHOTHERAPEUTIC-MISC</b>			LUCEMYRA TABS .18mg QL (228 tabs / 14 days)	3	NDS QL PA
<i>acamprosate calcium</i> TBEC 333mg	1		<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml	3	NDS NM	<i>naltrexone hcl</i> TABS 50mg	1	
<i>buprenorphine hcl</i> SUBL 2mg QL (180 tabs / 30 days)	1	QL	NICOTROL NS SOLN 10mg/ml	3	
<i>buprenorphine hcl</i> SUBL 8mg QL (120 tabs / 30 days)	1	QL	OPVEE SOLN 2.7mg/0.1ml	3	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (180 films / 30 days)	1	QL	REXTOVY LIQD 4mg/0.25ml	3	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL	SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	3	NDS NM
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (120 films / 30 days)	1	QL	SUBOXONE MIS 2-0.5MG QL (180 films / 30 days)	3	QL
			SUBOXONE MIS 4-1MG QL (90 films / 30 days)	3	QL
			SUBOXONE MIS 8-2MG QL (120 films / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
SUBOXONE MIS 12-3MG QL (90 films / 30 days)	3	QL	<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
<i>varenicline tartrate</i> (generic of CHANTIX) TABS .5mg, 1mg QL (56 tabs / 28 days)	1	QL	<i>testosterone pump</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	1	QL PA
<i>varenicline tartrate tab</i> 11 x 0.5 mg & 42 x 1 mg start pack QL (2 packs / year)	1	QL	TLANDO CAPS 112.5mg QL (120 caps / 30 days)	3	QL PA
VIVITROL SUSR 380mg	3	NDS NM	VOGELXO GEL 50mg/5gm QL (300 gm / 30 days)	3	QL PA
ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days)	3	QL	VOGELXO PUMP GEL 1% QL (300 gm / 30 days)	3	QL PA
ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days)	3	QL	XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA
ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days)	3	QL	<b>ANTIDIABETICS</b>		
ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days)	3	QL	<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days)	3	QL	ACTOPLUS MET TAB 15- 850MG QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days)	3	QL	ACTOS TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	3	QL
ZURNAI SOAJ 1.5mg/0.5ml	3		<i>dapagliflozin propanediol</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
<b>ENDOCRINE AND METABOLIC ANDROGENS</b>			DUETACT TAB 30-2MG QL (30 tabs / 30 days)	3	QL
AVEED SOLN 750mg/3ml	3	NDS NM PA	DUETACT TAB 30-4MG QL (30 tabs / 30 days)	3	QL
AZMIRO SOSY 200mg/ml	3	PA	FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	PA	<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA	<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	1	QL
JATENZO CAPS 158mg, 198mg QL (120 caps / 30 days)	3	QL PA	<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	1	QL
JATENZO CAPS 237mg QL (60 caps / 30 days)	3	NDS QL PA	<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	1	QL
TESTIM GEL 1% QL (300 gm / 30 days)	3	QL PA	<i>glipizide</i> TB24 2.5mg QL (90 tabs / 30 days)	1	QL
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	1	QL PA	<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	1	QL
<i>testosterone</i> GEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 gm / 30 days)	1	QL PA	<i>glipizide</i> TB24 10mg QL (60 tabs / 30 days)	1	QL
<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			

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>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	1	QL	<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml QL (765 mL / 30 days)	1	QL ST
<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	1	QL	<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 5- 500 mg QL (120 tabs / 30 days)	1	QL	<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	1	QL
GLUCOTROL XL TB24 5mg QL (90 tabs / 30 days)	3	QL	<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	2	QL	<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	2	QL	<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	2	QL	<i>miglitol</i> TABS 25mg, 50mg, 100mg	1	
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	2	QL	MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	2	QL PA
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	2	QL	<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	2	QL	OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	2	QL PA
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	2	QL	OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL PA
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	2	QL	OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	2	QL PA
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	2	QL	<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	2	QL	<i>pioglitazone hcl-glimepiride</i> <i>tab</i> 30-2 mg (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	2	QL	<i>pioglitazone hcl-glimepiride</i> <i>tab</i> 30-4 mg (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL			
JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	2	QL			
JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	2	QL			
<i>liraglutide</i> (generic of VICTOZA) SOPN 6mg/ml QL (3 pens / 30 days)	1	QL PA			

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>pioglitazone hcl-metformin hcl</i> <i>tab 15-500 mg</i> QL (90 tabs / 30 days)	1	QL	TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	2	QL
<i>pioglitazone hcl-metformin hcl</i> <i>tab 15-850 mg (generic of</i> ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL	TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL PA
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL	TZIELD SOLN 2mg/2ml VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	3	NDS NM PA QL PA
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL	XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL PA	XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	2	QL
SYMLINPEN 60 SOPN 1500mcg/1.5ml	3	NDS PA	XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
SYMLINPEN 120 SOPN 2700mcg/2.7ml	3	NDS PA	XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	2	QL	XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	2	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	2	QL	<b>ANTIDIABETICS, INSULINS</b>		
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	2	QL	ADMELOG SOLN 100unit/ml	2	B/D
SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	2	QL	ADMELOG SOLOSTAR SOPN 100unit/ml	2	
SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	2	QL	ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	2	PA
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	2	QL	CEQUR SIMPL KIT PATCH 2U (3-DAY) QL (10 patches / 30 days)	3	QL PA
SYNJARDY XR TAB 12.5- 1000 QL (60 tabs / 30 days)	2	QL	CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	3	QL PA
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	2	QL	CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	3	QL PA
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	2	QL	FIASP SOLN 100unit/ml	2	B/D
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	2	QL	FIASP FLEXTOUCH SOPN 100unit/ml	2	
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	2	QL	FIASP PENFILL SOCT 100unit/ml	2	
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	2	QL	FIASP PUMPCART SOCT 100unit/ml	2	B/D
			GAUZE PADS 2X2	2	PA
			HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	3	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	3	NDS
INSULIN PEN NEEDLES: EMBECTA-BD	2	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	2	PA
INSULIN SYRINGES: EMBECTA-BD	2	PA
LANTUS SOLN 100unit/ml	2	
LANTUS SOLOSTAR SOPN 100unit/ml	2	
NOVOLIN INJ 70/30 (brand RELION not covered)	2	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	2	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	2	
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	2	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	2	B/D
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2	
NOVOLOG SOLN 100unit/ml	2	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	2	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	2	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	2	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	2	
NOVOLOG PENFILL SOCT 100unit/ml	2	

Drug Name	Drug Requirements/ Tier	Limits
NOVOLOG RELION SOLN 100unit/ml	2	B/D
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	3	QL PA
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	3	QL PA
OMNIPOD 5 L2 KIT INTRO G6 QL (1 kit / year)	3	QL PA
OMNIPOD 5 L2 MIS PODS G6 QL (15 pods / 30 days)	3	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	3	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	3	QL PA
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	2	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	2	QL
<b>CALCIUM REGULATORS</b>		
ACTONEL TABS 35mg, 150mg	3	
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
ATELVIA TBEC 35mg	3	ST
BILDYOS SOSY 60mg/ml QL (1 syringe / 180 days)	3	QL NM
BINOSTO TBEF 70mg	3	ST
BONSITY SOPN 560mcg/2.24ml QL (1 pen / 28 days)	3	NDS QL NM PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
EVENITY SOSY 105mg/1.17ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
FORTEO SOPN 560mcg/2.24ml QL (1 pen / 28 days)	3	NDS QL NM PA
FOSAMAX TABS 70mg	3	
FOSAMAX + D TAB 70-2800	3	ST
FOSAMAX + D TAB 70-5600	3	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml QL (1 injection / 90 days)	1	B/D QL
<i>ibandronate sodium</i> TABS 150mg	1	B/D
OSPOMYV SOSY 60mg/ml QL (1 syringe / 180 days)	3	QL NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	3	QL NM
RECLAST SOLN 5mg/100ml	3	B/D NM
<i>risedronate sodium</i> TABS 5mg, 30mg	1	
<i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg, 150mg	1	
<i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1	ST
TERIPARATIDE SOPN 560mcg/2.24ml QL (1 pen / 28 days) (ALVOGEN product)	3	NDS QL NM PA
<i>teriparatide</i> (generic of FORTEO) SOPN 560mcg/2.24ml QL (1 pen / 28 days)	3	NDS QL NM PA
TYMLOS SOPN 3120mcg/1.56ml QL (1 pen / 30 days)	3	NDS QL NM PA
WYOST SOLN 120mg/1.7ml	3	NDS NM PA
XTRENBO SOLN 120mg/1.7ml	3	PA
YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>zoledronic acid</i> CONC 4mg/5ml	1	B/D NM
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
<b>CHELATING AGENTS</b>		
CHEMET CAPS 100mg	3	NDS
CUVRIOR TABS 300mg	3	NDS NM PA
<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	3	NDS NM PA
<i>deferasirox</i> (generic of JADENU) TABS 90mg	1	NM PA
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	3	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg	1	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg	3	NDS NM PA
<i>deferiprone</i> TABS 500mg	3	NDS NM PA
<i>deferiprone</i> (generic of FERRIPROX) TABS 1000mg	3	NDS NM PA
<i>deferoxamine mesylate</i> SOLR 2gm	1	NM PA
<i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg	1	NM PA
DEPEN TITRATABS TABS 250mg	3	NDS NM
DESFERAL SOLR 500mg	3	NM PA
EXJADE TBSO 125mg, 250mg, 500mg	3	NDS NM PA
FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg	3	NDS NM PA
FERRIPROX TWICE-A-DAY TABS 1000mg	3	NDS NM PA
JADENU TABS 90mg, 180mg, 360mg	3	NDS NM PA
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	3	NDS NM PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	3	NDS NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>sps rectal</i> SUSP 15gm/60ml	1	
SYPRINE CAPS 250mg	3	NDS NM PA
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	3	NDS NM PA
<i>trientine hcl</i> CAPS 500mg	3	NDS NM PA
VELTASSA PACK 1gm, 8.4gm, 16.8gm, 25.2gm	2	
<b>CONTRACEPTIVES</b>		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethyst</i>	1	
ANNOVERA MIS	3	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
AVERI TAB	3	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	2	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> (generic of BEYAZ)	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (generic of SAFYRAL)	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	1	
<i>elinest</i>	1	
<i>eluryng</i> (generic of NUVARING)	1	
<i>emzahh</i> TABS .35mg	1	
<i>enilloring</i> (generic of NUVARING)	1	
<i>enskyce</i>	1	
<i>errin</i> TABS .35mg	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> (generic of NUVARING)	1	
<i>falmina</i>	1	
<i>feirza 1.5/30</i>	1	
<i>feirza 1/20</i>	1	
FEMLYV TAB 1/0.02MG	3	
<i>finzala</i>	1	
<i>galbriela</i>	1	
<i>gemmily</i> (generic of TAYTULLA)	1	
<i>hailey 1.5/30</i>	1	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
hailey 24 fe	1	levora 0.15/30-28	1
haloette (generic of NUVARING)	1	LILETTA IUD 20.1mcg/day	2 NM
heather TABS .35mg	1	LO LOESTRIN TAB 1-10-10	3
iclevia	1	loestrin 1.5/30-21	1
incassia TABS .35mg	1	loestrin 1/20-21	1
introvale	1	loestrin fe 1.5/30	1
isibloom	1	loestrin fe 1/20	1
jaimiess	1	lojaimiess	1
jasmiel (generic of YAZ)	1	loryna (generic of YAZ)	1
jolessa	1	low-ogestrel	1
juleber	1	luizza 1.5/30	1
junel 1.5/30	1	luizza 1/20	1
junel 1/20	1	lutera	1
junel fe 1.5/30	1	lyleq TABS .35mg	1
junel fe 1/20	1	lyza TABS .35mg	1
junel fe 24	1	marlissa	1
kaitlib fe	1	medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1
kariva	1	meleya TABS .35mg	1
kelnor 1/35	1	merzee (generic of TAYTULLA)	1
kurvelo	1	mibelas 24 fe	1
larin 1.5/30	1	microgestin 1.5/30	1
larin 1/20	1	microgestin 1/20	1
larin 24 fe	1	microgestin fe 1.5/30	1
larin fe 1.5/30	1	microgestin fe 1/20	1
larin fe 1/20	1	mili	1
lessina	1	mono-linyah	1
levonest	1	NATAZIA TAB	3
levonor-eth est tab 0.15- 0.02/0.025/0.03 mg & eth est 0.01 mg	1	necon 0.5/35-28	1
levonorg-eth est tab 0.1- 0.02mg(84) & eth est tab 0.01mg(7)	1	NEXPLANON IMPL 68mg	2 NM
levonorgestrel & ethinyl estradiol (91-day) tab 0.15- 0.03 mg	1	NEXTSTELLIS TAB 3- 14.2MG	3
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	nikki (generic of YAZ)	1
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg	1	nora-be TABS .35mg	1
levonorgestrel-ethinyl estradiol (continuous) tab 90- 20 mcg	1	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1
		norethindrone (contraceptive) TABS .35mg	1

Drug Name	Drug Requirements/ Tier Limits
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)</i>	1
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1
<i>norlyroc TABS .35mg</i>	1
<i>nortrel 0.5/35 (28)</i>	1
<i>nortrel 1/35 (21)</i>	1
<i>nortrel 1/35 (28)</i>	1
<i>nortrel 7/7/7</i>	1
<i>nylia 1/35</i>	1
<i>nylia 7/7/7</i>	1
<i>orquidea TABS .35mg</i>	1
<i>PHEXX GEL</i>	3
<i>PHEXXI GEL</i>	3
<i>philith</i>	1
<i>pimtrea</i>	1
<i>portia-28</i>	1
<i>reclipsen</i>	1
<i>rivelsa</i>	1
<i>rosyrah</i>	1
<i>SAFYRAL TAB</i>	3
<i>setlakin</i>	1
<i>sharobel TABS .35mg</i>	1
<i>simliya</i>	1
<i>simpesse</i>	1
<i>sprintec 28</i>	1
<i>sronyx</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>syeda (generic of YASMIN 28)</i>	1
<i>tarina 24 fe</i>	1
<i>tarina fe 1/20 eq</i>	1
<i>TAYTULLA CAP 1MG/20MC</i>	3
<i>tilia fe</i>	1
<i>tri-estarylla</i>	1
<i>tri-legest fe</i>	1
<i>tri-linyah</i>	1
<i>tri-lo-estarylla</i>	1
<i>tri-lo-marzia</i>	1
<i>tri-lo-mili</i>	1
<i>tri-lo-sprintec</i>	1
<i>tri-mili</i>	1
<i>tri-sprintec</i>	1
<i>tri-vylibra</i>	1
<i>tri-vylibra lo</i>	1
<i>turqoz</i>	1
<i>tydemy (generic of SAFYRAL)</i>	1
<i>valtya 1/35</i>	1
<i>valtya 1/50</i>	1
<i>velivet</i>	1
<i>vestura (generic of YAZ)</i>	1
<i>vienva</i>	1
<i>viorele</i>	1
<i>vyfemla</i>	1
<i>vylibra</i>	1
<i>wera</i>	1
<i>wymzya fe</i>	1
<i>xarah fe</i>	1
<i>xelria fe</i>	1
<i>xulane</i>	1
<i>YASMIN 28 TAB 3-0.03MG</i>	3
<i>YAZ TAB 3-0.02MG</i>	3
<i>zafemy</i>	1
<i>zovia 1/35</i>	1
<i>zumandimine (generic of YASMIN 28)</i>	1
<b>ESTROGENS</b>	
<i>abigale (generic of ACTIVELLA)</i>	2
<i>abigale lo</i>	2
<i>ACTIVELLA TAB 1-0.5MG</i>	3
<i>BIJUVA CAP 0.5-100</i>	3

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
BIJUVA CAP 1-100MG	3	<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml	1
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	<i>estradiol valerate</i> OIL 40mg/ml	1
CLIMARA PRO DIS WEEKLY	3	ESTRING RING 7.5mcg/24hr	3
COMBIPATCH DIS	3	<i>estrogens, conjugated</i> (generic of PREMARIN) TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2
DELESTROGEN OIL 10mg/ml, 20mg/ml	3	EVAMIST SOLN 1.53mg/spray	3
DEPO-ESTRADIOL OIL 5mg/ml	3	FEMRING RING .05mg/24hr, .1mg/24hr	3
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	<i>fyavolv tab 0.5mg-2.5mcg</i>	2
<i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	<i>fyavolv tab 1mg-5mcg</i>	2
ELESTRIN GEL .06%	3	IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3 PA
ESTRACE CREA .1mg/gm	3	IMVEXXY STARTER PACK INST 4mcg, 10mcg	3 PA
<i>estradiol</i> (generic of ESTROGEL) GEL .06%	3	<i>jinteli</i>	2
<i>estradiol</i> (generic of DIVIGEL) GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	MENEST TABS 1.25mg, 2.5mg	3
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2	MENOSTAR PTWK 14mcg/24hr	3
<i>estradiol</i> TABS .5mg, 1mg, 2mg	1	<i>mimvey</i> (generic of ACTIVELLA)	2
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	2	MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	2	<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1	<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1	PREMARIN CREA .625mg/gm; SOLR 25mg	3
		PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2
		PREMPHASE TAB	2
		PREMPRO TAB 0.3-1.5	2
		PREMPRO TAB 0.45-1.5	2

Drug Name	Drug Requirements/ Tier	Limits
PREMPRO TAB 0.625-2.5	2	
PREMPRO TAB 0.625-5	2	
VAGIFEM TABS 10mcg	3	
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	1	
<b>GLUCOCORTICOIDS</b>		
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	3	NDS NM PA
ALKINDI SPRINKLE CPSP .5mg	3	NM PA
<i>betamethasone sod phosphate &amp; acetate inj susp 6 (3-3) mg/ml</i> (generic of CELESTONE SOLUSPAN)	1	
CELESTONE INJ SOLUSPAN	3	
CORTEF TABS 5mg, 10mg, 20mg	3	
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	3	B/D
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
HEMADY TABS 20mg	3	PA
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	1	
<i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF) SOLR 100mg	1	
KENALOG-10 SUSP 10mg/ml	3	B/D
KENALOG-40 SUSP 40mg/ml	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
KENALOG-80 SUSP 80mg/ml	3	B/D
KHINDIVI SOLN 1mg/ml	3	NDS PA
MEDROL TABS 2mg, 4mg, 8mg, 16mg	3	B/D
MEDROL DOSEPAK TBPK 4mg	3	
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	1	B/D
<i>methylprednisolone</i> TABS 32mg	1	B/D
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	1	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	1	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	3	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
<i>triamcinolone acetonide</i> (generic of KENALOG-10) SUSP 10mg/ml	1	B/D
<i>triamcinolone acetonide</i> (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
ZILRETTA SRER 32mg	3	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	3	NDS
PROGLYCEM SUSP 50mg/ml	3	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2	
<b>MISCELLANEOUS</b>		
ALDURAZYME SOLN 2.9mg/5ml	3	NDS NM PA
AQNEURSA PACK 1gm QL (112 packets / 28 days)	3	NDS QL NM PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	3	NDS NM
BUPHENYL POWD 3gm/tsp; TABS 500mg	3	NDS NM PA
BYNFEZIA PEN SOPN 2500mcg/ml	3	NDS PA
<i>cabergoline</i> TABS .5mg	1	
CARBAGLU TBSO 200mg	3	NDS NM PA
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	3	NDS NM PA
CARNITOR SOLN 200mg/ml	3	B/D
CERDELGA CAPS 84mg	3	NDS NM PA
CEREZYME SOLR 400unit	3	NDS NM PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	1	B/D QL NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	1	B/D QL NM
CRENESSITY CAPS 25mg, 50mg, 100mg QL (60 caps / 30 days)	3	NDS QL NM PA
CRENESSITY SOLN 50mg/ml QL (120 mL / 30 days)	3	NDS QL NM PA
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	3	NDS NM PA
CYSTADANE POW	3	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
CYSTAGON CAPS 50mg, 150mg	3	NM PA
DDAVP SOLN 4mcg/ml; TABS .2mg	3	NDS
DDAVP TABS .1mg	3	
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	3	NDS
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
DOJOLVI LIQD 100%	3	NDS NM PA
EGRIFTA SV SOLR 2mg	3	NDS NM PA
EGRIFTA WR KIT 11.6mg	3	NDS NM PA
ELAPRASE SOLN 6mg/3ml	3	NDS NM PA
ELELYSO SOLR 200unit	3	NDS NM PA
ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml	3	NDS NM PA
EVISTA TABS 60mg	3	
FABRAZYME SOLR 5mg, 35mg	3	NDS NM PA
FENSOLVI KIT 45mg	3	NDS NM PA
GALAFOLD CAPS 123mg	3	NDS NM PA
GENOTROPIN CART 5mg, 12mg	3	NDS NM PA
GENOTROPIN MINIQUICK PRSY .2mg	2	NM PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	3	NDS NM PA
<i>glycerol phenylbutyrate</i> (generic of RAVICTI) LIQD 1.1gm/ml	3	NDS NM PA
INCRELEX SOLN 40mg/4ml	3	NDS NM PA
ISTURISA TABS 1mg QL (240 tabs / 30 days)	3	NDS QL NM PA
ISTURISA TABS 5mg QL (360 tabs / 30 days)	3	NDS QL NM PA
<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	3	NDS NM PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
JYNARQUE PAK 30-15MG	3	NDS NM PA
JYNARQUE PAK 45-15MG	3	NDS NM PA
JYNARQUE PAK 60-30MG	3	NDS NM PA
JYNARQUE PAK 90-30MG	3	NDS NM PA
KANUMA SOLN 20mg/10ml	3	NDS NM PA
KORLYM TABS 300mg	3	NDS NM PA
KUVAN PACK 100mg, 500mg; TABS 100mg	3	NDS NM PA
LAMZEDE SOLR 10mg	3	NDS NM PA
lanreotide acetate SOLN 120mg/0.5ml	3	NDS NM PA
LANREOTIDE ACETATE SOLN 120mg/0.5ml	3	NDS NM PA
levocarnitine (metabolic modifiers) (generic of CARNITOR) SOLN 1gm/10ml, 200mg/ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	3	NDS NM PA
LUPRON DEPOT-PED (1- MONTH KIT 7.5mg, 11.25mg, 15mg	3	NDS NM PA
LUPRON DEPOT-PED (3- MONTH KIT 11.25mg, 30mg	3	NDS NM PA
LUPRON DEPOT-PED (6- MONTH KIT 45mg	3	NDS NM PA
mifepristone (hyperglycemia) (generic of KORLYM) TABS 300mg	3	NDS NM PA
miglustat (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	3	NDS QL NM PA
MIPLYFFA CAPS 47mg, 62mg, 93mg, 124mg QL (90 caps / 30 days)	3	NDS QL NM PA
MYALEPT SOLR 11.3mg	3	NDS NM PA
MYCAPSSA CPDR 20mg QL (112 caps / 28 days)	3	NDS QL NM PA
MYFEMBREE TAB	3	NDS PA
NAGLAZYME SOLN 1mg/ml	3	NDS NM PA
NEXVIAZYME SOLR 100mg	3	NDS NM PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	3	NDS NM PA
nitisinone (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	3	NDS NM PA
NITYR TABS 2mg, 5mg, 10mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	3	NDS NM PA
NOVAREL SOLR 5000unit	3	NM PA
octreotide acetate (generic of SANDOSTATIN LAR DEPOT) KIT 10mg, 20mg, 30mg	3	NDS NM PA
octreotide acetate (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA
octreotide acetate SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM PA
octreotide acetate (generic of SANDOSTATIN) SOLN 500mcg/ml	3	NDS NM PA
octreotide acetate SOLN 1000mcg/ml; SOSY 500mcg/ml	3	NDS NM PA
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	3	NDS NM PA
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	3	NDS NM PA
OPFOLDA CAPS 65mg QL (8 caps / 28 days)	3	QL NM PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	3	NDS NM PA
ORIAHNN CAP	3	NDS PA
ORLISSA TABS 150mg, 200mg	3	NDS PA
PALSONIFY TABS 20mg QL (90 tabs / 30 days)	3	NDS QL NM PA
PALSONIFY TABS 30mg QL (120 tabs / 30 days)	3	NDS QL NM PA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	3	NDS NM PA
PHEBURANE PLLT	3	NDS NM PA
483mg/gm		
POMBILITI SOLR 105mg	3	NDS NM PA
PREGNYL W/DILUENT BENZYL SOLR 10000unit	3	NM PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	3	NDS NM PA
raloxifene hcl (generic of EVISTA) TABS 60mg	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
RAVICTI LIQD 1.1gm/ml	3	NDS NM PA
RECORLEV TABS 150mg QL (240 tabs / 30 days)	3	NDS QL NM PA
REVCIVI SOLN 2.4mg/1.5ml	3	NDS NM PA
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	3	NDS QL NM PA
SAMSCA TABS 15mg, 30mg	3	NDS NM PA
SANDOSTATIN SOLN 50mcg/ml	3	NM PA
SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	3	NDS NM PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	3	NDS NM PA
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	3	NDS NM PA
SEPHIENCE PACK 250mg, 1000mg	3	NDS NM PA
SEROSTIM SOLR 4mg, 5mg, 6mg	3	NDS NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	3	NDS NM PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	3	NDS NM PA
SKYTROFA CART .7mg, 1.4mg, 1.8mg, 2.1mg, 2.5mg, 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	3	NDS NM PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	3	NDS NM PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	3	NDS NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	3	NDS NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	3	NDS NM PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	3	NDS NM PA
SYNAREL SOLN 2mg/ml	3	NDS PA
TEPEZZA SOLR 500mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tolvaptan</i> (generic of JYNARQUE) TABS 15mg, 30mg (generic of JYNARQUE)	3	NDS NM PA
<i>tolvaptan</i> (generic of SAMSCA) TABS 15mg, 30mg (generic of SAMSCA)	3	NDS NM PA
<i>tolvaptan</i> (generic of JYNARQUE) TBPK 15mg	3	NDS NM PA
<i>tolvaptan tab therapy pack 30 &amp; 15 mg</i>	3	NDS NM PA
<i>tolvaptan tab therapy pack 45 &amp; 15 mg</i>	3	NDS NM PA
<i>tolvaptan tab therapy pack 60 &amp; 30 mg</i>	3	NDS NM PA
<i>tolvaptan tab therapy pack 90 &amp; 30 mg</i>	3	NDS NM PA
VEOZAH TABS 45mg QL (30 tabs / 30 days)	3	QL PA
VIJOICE PACK 50mg QL (28 packets / 28 days)	3	NDS QL NM PA
VIJOICE TBPK 50mg, 125mg QL (28 tabs / 28 days)	3	NDS QL NM PA
VIJOICE TAB 250MG QL (56 tabs / 28 days)	3	NDS QL NM PA
VIMIZIM SOLN 5mg/5ml	3	NDS NM PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	3	NDS NM PA
VPRIV SOLR 400unit	3	NDS NM PA
VYKAT XR TB24 25mg QL (120 tabs / 30 days)	3	NDS QL NM PA
VYKAT XR TB24 75mg QL (30 tabs / 30 days)	3	NDS QL NM PA
VYKAT XR TB24 150mg QL (90 tabs / 30 days)	3	NDS QL NM PA
XENPOZYME SOLR 4mg, 20mg	3	NDS NM PA
<i>yargesa</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	3	NDS QL NM PA
ZAVESCA CAPS 100mg QL (90 caps / 30 days)	3	NDS QL NM PA
<i>zelvysia</i> (generic of KUVAN) PACK 100mg, 500mg	3	NDS NM PA
ZOMACTON SOLR 5mg	3	NM PA
ZOMACTON SOLR 10mg	3	NDS NM PA

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

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 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	ST
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	3	
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<b>VITAMIN D ANALOGS</b>		
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
<i>paricalcitol</i> CAPS 4mcg	1	B/D
RAYALDEE CPCR 30mcg	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D
ZEMPLAR CAPS 1mcg, 2mcg	3	B/D
<b>GASTROINTESTINAL ANTIEMETICS</b>		
AKYNZEO CAP 300-0.5	3	B/D
AKYNZEO INJ 235-0.25	3	NM
AKYNZEO INJ 235- 0.25MG/20ML	3	NM
APONVIE EMUL 32mg/4.4ml	3	
<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D
<i>aprepitant</i> (generic of EMEND BIPACK) CAPS 80mg	1	B/D
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	1	B/D
BONJESTA TAB 20-20MG	3	
CINVANTI EMUL 130mg/18ml	3	
<i>compro</i> SUPP 25mg	1	
DICLEGIS TAB 10-10MG	3	
DIMENHYDRINATE SOLN 50mg/ml	3	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg (generic of DICLEGIS)</i>	3	
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	1	B/D QL
<i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL
EMEND SOLR 150mg	3	
EMEND SUSR 125mg/5ml	3	NDS B/D
EMEND BIPACK CAPS 80mg	3	B/D
EMEND TRIPAC PAK 125 & 80	3	B/D
FOCINVEZ SOLN 150mg/50ml	3	
<i>fosaprepitant dimeglumine (generic of EMEND) SOLR 150mg</i>	1	
GIMOTI SOLN 15mg/act	3	NDS PA
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
MARINOL CAPS 2.5mg QL (60 caps / 30 days)	3	B/D QL
<i>meclizine hcl</i> TABS 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	1	PA
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBP 5mg	1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
<i>ondansetron</i> TBP 4mg, 8mg	1	B/D
<i>ondansetron</i> TBP 16mg	3	NDS B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	1	
PHENERGAN SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
POSFREA SOLN .25mg/5ml	3	
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	1	PA
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml	1	
<i>glycopyrrolate</i> (generic of GLYCOPYRROLATE) SOSY .2mg/ml, .4mg/2ml	1	
<i>glycopyrrolate</i> TABS 1mg QL (90 tabs / 30 days)	1	QL
<i>glycopyrrolate</i> TABS 2mg QL (120 tabs / 30 days)	1	QL
<i>glycopyrrolate (oral)</i> (generic of CUVPOSA) SOLN 1mg/5ml	1	
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg PA applies if 65 years and older	3	PA
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	
<i>cimetidine hcl</i> SOLN 300mg/5ml QL (1200 mL / 30 days)	1	QL
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1	
FAMOTIDINE SOLN 20mg/5ml, 40mg/10ml, 200mg/50ml	3	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
PEPCID TABS 20mg, 40mg	3	
<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO CP24 .375gm QL (120 caps / 30 days)	3	QL
AZULFIDINE TABS 500mg	3	
AZULFIDINE EN-TABS TBEC 500mg	3	
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
SFROWASA ENEM 4gm/60ml QL (1680 mL / 28 days)	3	NDS QL
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
UCERIS FOAM 2mg/act	3	
UCERIS TB24 9mg QL (30 tabs / 30 days)	3	NDS QL PA
<b>LAXATIVES</b>		
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>gavilyte-n/ffavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
GOLYTELY SOL	3	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY)	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg-3350/electrolytes/asc</i> (generic of MOVIPREP)	1	
PLENVU SOL	3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT)	1	
SUFLAVE SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	3	
<b>MISCELLANEOUS</b>		
<i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	3	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>alose tron hcl</i> (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	1	QL PA	LOT RON EX TABS .5mg, 1mg QL (60 tabs / 30 days)	3	NDS QL PA
<i>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</i>	1		<i>lubiprostone</i> (generic of AMITIZA) CAPS 8mcg, 24mcg QL (60 caps / 30 days)	1	QL
BYLVAY CAPS 400mcg, 1200mcg	3	NDS NM PA	<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	1	
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	3	NDS NM PA	MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	2	QL
CHOLBAM CAPS 50mg, 250mg	3	NDS NM PA	PANCREAZE CAP 2600UNIT	3	
CREON CAP 3000UNIT	2		PANCREAZE CAP 4200UNIT	3	
CREON CAP 6000UNIT	2		PANCREAZE CAP 10500UNIT	3	
CREON CAP 12000UNIT	2		PANCREAZE CAP 16800UNIT	3	
CREON CAP 24000UNIT	2		PANCREAZE CAP 21000UNIT	3	
CREON CAP 36000UNIT	2		PANCREAZE CAP 37000	3	
<i>cromolyn sodium</i> ( <i>mastocytosis</i> ) (generic of GASTROCROM) CONC 100mg/5ml	1		PERTZYE CAP 4000UNIT	3	
CYTOTEC TABS 100mcg, 200mcg	3		PERTZYE CAP 8000UNIT	3	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	3		PERTZYE CAP 16000U	3	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg (generic of LOMOTIL)	3		PERTZYE CAP 24000U	3	
EOHILIA SUSP 2mg/10ml QL (600 mL / 30 days)	3	NDS QL PA	REBYOTA SUSP 150ml QL (150 mL / 30 days)	3	NDS QL NM PA
GASTROCROM CONC 100mg/5ml	3	NDS	RELISTOR SOLN 12mg/0.6ml QL (28 vials / 28 days)	3	NDS QL PA
GATTEX KIT 5mg	3	NDS NM PA	RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	3	NDS QL PA
IQIRVO TABS 80mg QL (30 tabs / 30 days)	3	NDS QL NM PA	RELISTOR TABS 150mg QL (90 tabs / 30 days)	3	NDS QL PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	2	QL	SUCRAID SOLN 8500unit/ml <i>sucralfate</i> (generic of CARAFATE) TABS 1gm	3	NDS NM PA
LIVDELZI CAPS 10mg QL (30 caps / 30 days)	3	NDS QL NM PA	SYMPROIC TABS .2mg QL (30 tabs / 30 days)	1	
LIVMARLI SOLN 9.5mg/ml, 19mg/ml; TABS 10mg, 15mg, 20mg, 30mg	3	NDS NM PA	TALICIA CAP	3	QL
LOMOTIL TAB 2.5MG	3		TRULANCE TABS 3mg QL (30 tabs / 30 days)	3	QL
<i>loperamide hcl</i> CAPS 2mg	1		<i>ursodiol</i> CAPS 300mg; TABS 250mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
VIBERZI TABS 75mg, 100mg	3	NDS PA
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	3	NDS
VOQUEZNA PAK DUAL PAK QL (2 kits / year)	2	QL PA
VOQUEZNA PAK TRIP PK QL (2 kits / year)	2	QL PA
VOWST CAP QL (12 caps / 30 days)	3	NDS QL NM PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	3	NDS QL NM PA
XIFAXAN TABS 550mg	3	NDS PA
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
<b>PROTON PUMP INHIBITORS</b>		
ACIPHEX TBEC 20mg QL (30 tabs / 30 days)	3	NDS QL ST
DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days)	3	QL
<i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg QL (30 caps / 30 days)	1	QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	1	QL ST
<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 2.5mg, 5mg	1	
<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	1	QL
<i>esomeprazole sodium</i> SOLR 40mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>lansoprazole</i> CPDR 15mg QL (60 caps / 30 days)	1	QL
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	1	QL
NEXIUM CPDR 20mg, 40mg QL (30 caps / 30 days)	3	QL ST
NEXIUM PACK 2.5mg, 5mg	3	
NEXIUM PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	3	QL
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
PANTOPR/NAACL SOL 40MG/100	3	
PANTOPR/NAACL SOL 80MG/100	3	
PANTOPRAZOLE SODIUM SOLR 40mg	3	
<i>pantoprazole sodium</i> (generic of PANTOPRAZOLE SODIUM) SOLR 40mg	1	
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC 20mg, 40mg	1	
PANTOPRAZOLE SOL 40/50ML	3	
PREVACID CPDR 30mg QL (60 caps / 30 days)	3	QL
PRILOSEC PACK 2.5mg, 10mg	3	PA
PROTONIX SOLR 40mg; TBEC 20mg, 40mg	3	
<i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg QL (30 tabs / 30 days)	1	QL
VOQUEZNA TABS 10mg QL (30 tabs / 30 days)	3	QL PA
VOQUEZNA TABS 20mg QL (60 tabs / 30 days)	3	QL PA
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	1	QL
AVODART CAPS .5mg QL (30 caps / 30 days)	3	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
CARDURA XL TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL ST
CIALIS TABS 5mg QL (30 tabs / 30 days)	3	QL PA
<i>dutasteride</i> (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	1	QL
<i>dutasteride-tamsulosin hcl cap</i> <i>0.5-0.4 mg</i> (generic of JALYN) QL (30 caps / 30 days)	1	QL
<i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	1	QL
JALYN CAP 0.5-0.4 QL (30 caps / 30 days)	3	QL
PROSCAR TABS 5mg QL (30 tabs / 30 days)	3	QL
<i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg QL (30 caps / 30 days)	1	QL
<i>tadalafil</i> (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)	1	QL PA
<i>tamsulosin hcl</i> CAPS .4mg QL (60 caps / 30 days)	1	QL
<b>MISCELLANEOUS</b>		
<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)	3	NDS QL
FILSPARI TABS 200mg, 400mg QL (30 tabs / 30 days)	3	NDS QL NM 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	3	NDS NM PA
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	
<i>potassium citrate (alkalinizer)</i> TBCR 540mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
OXYTROL PTTW 3.9mg/24hr QL (8 patches / 28 days)	3	QL ST	<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	1	QL
<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL	ELIQUIS CPSP .15mg QL (56 caps / 21 days)	2	QL
<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	1	QL	ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	2	QL
<i>tolterodine tartrate</i> TABS 1mg, 2mg QL (60 tabs / 30 days)	1	QL	ELIQUIS TABS 5mg QL (74 tabs / 30 days)	2	QL
<i>trospium chloride</i> CP24 60mg QL (30 caps / 30 days)	1	QL	ELIQUIS TBSO .5mg QL (588 tabs / 29 days)	2	QL
<i>trospium chloride</i> TABS 20mg QL (60 tabs / 30 days)	1	QL	ELIQUIS (1.5MG PACK) 3 X TBSO .5mg QL (591 tabs / 29 days)	2	QL
VESICARE TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL	ELIQUIS (2MG PACK) 4 X TBSO .5mg QL (592 tabs / 30 days)	2	QL
VESICARE LS SUSP 5mg/5ml QL (300 mL / 30 days)	3	QL	ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	2	QL
<b>VAGINAL ANTI-INFECTIVES</b>			<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	
CLEOCIN CREA 2%; SUPP 100mg	3		<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	
<i>clindamycin phosphate</i> <i>vaginal</i> (generic of CLEOCIN) CREA 2%	1		<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	NDS
CLINDESSE CREA 2%	3		FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3	
GYNAZOLE-1 CREA 2%	3		FRAGMIN SOLN 95000unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	3	NDS
<i>metronidazole vaginal</i> GEL .75%	1		HEP SOD/D5W INJ 20000UNT	3	
<i>miconazole 3</i> SUPP 200mg	1		HEP SOD/D5W INJ 25000UNT	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1				
VANAZOLE GEL .75%	3				
XACIATO GEL 2%	3				
<b>HEMATOLOGIC ANTICOAGULANTS</b>					
ARIXTRA SOLN 2.5mg/0.5ml	3				
ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	NDS			
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 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
HEP SOD/NAACL INJ 12500UNT	2	
HEP SOD/NAACL INJ 25000UNT	2	
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NAACL INJ 25000UNT	2	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml	3	
LOVENOX SOSY 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	3	NDS
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	3	QL
PRADAXA CAPS 110mg QL (120 caps / 30 days)	3	QL
<i>rivaroxaban</i> (generic of XARELTO) SUSR 1mg/ml QL (620 mL / 30 days)	1	QL
<i>rivaroxaban</i> (generic of XARELTO) TABS 2.5mg QL (60 tabs / 30 days)	1	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	3	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	2	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA
ARANESP ALBUMIN FREE SOLN 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	3	NDS NM PA
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	3	NDS QL NM PA
LEUKINE SOLR 250mcg	3	NDS NM PA
MOZOBIL SOLN 24mg/1.2ml	3	NDS NM PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	3	NDS NM PA
<i>plerixafor</i> (generic of MOZOBIL) SOLN 24mg/1.2ml	3	NDS NM PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	3	NDS NM PA
XOLREMDI CAPS 100mg QL (120 caps / 30 days)	3	NDS QL NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM PA
<b>MISCELLANEOUS</b>		
ADAKVEO SOLN 100mg/10ml	3	NDS NM PA
ADZYNMA KIT 500unit, 1500unit	3	NDS NM PA
AGRYLIN CAPS .5mg	3	
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	3	NDS QL NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	3	NDS QL NM PA
<i>aminocaproic acid</i> SOLN .25gm/ml; TABS 500mg, 1000mg	3	NDS
<i>anagrelide hcl</i> CAPS 1mg	1	
<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	1	

Drug Name	Tier	Drug Requirements/ Limits
ANDEMBRY SOAJ 200mg/1.2ml QL (13 pens / 365 days)	3	NDS QL NM PA
BERINERT KIT 500unit QL (24 boxes / 30 days)	3	NDS QL NM PA
BKEMV SOLN 300mg/30ml	3	NDS NM PA
CABLIVI KIT 11mg <i>cilostazol</i> TABS 50mg, 100mg	3 1	NDS NM PA
CINRYZE SOLR 500unit QL (20 vials / 30 days)	3	NDS QL NM PA
DAWNZERA SOAJ 80mg/0.8ml QL (1 pen / 28 days)	3	NDS QL NM PA
DOPTELET TABS 20mg	3	NDS NM PA
DOPTELET SPRINKLE CPSP 10mg	3	NDS NM PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
EKTERLY TABS 300mg QL (12 tabs / 30 days)	3	NDS QL NM PA
EMPAVELI SOLN 1080mg/20ml QL (200 mL / 30 days)	3	NDS QL NM PA
ENDARI PACK 5gm	3	NDS NM PA
ENJAYMO SOLN 1100mg/22ml	3	NDS NM PA
EPYSQLI SOLN 300mg/30ml	3	NDS NM PA
FABHALTA CAPS 200mg QL (60 caps / 30 days)	3	NDS QL NM PA
GIVLAARI SOLN 189mg/ml	3	NDS NM PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	3	NDS QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	3	NDS QL NM PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	3	NDS QL NM PA
KALBITOR SOLN 10mg/ml QL (18 mL / 30 days)	3	NDS QL NM PA
<i>l-glutamine (sickle cell)</i> (generic of ENDARI) PACK 5gm	3	NDS NM PA
MULPLETA TABS 3mg	3	NDS NM PA
ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days)	3	NDS QL NM PA

Drug Name	Tier	Drug Requirements/ Limits
<i>pentoxifylline</i> TBCR 400mg	1	
PIASKY SOLN 340mg/2ml	3	NDS NM PA
PYRUKYND TABS 5mg, 20mg, 50mg QL (56 tabs / 28 days)	3	NDS QL NM PA
PYRUKYND TAB 20MGX5MG QL (14 tabs / 14 days)	3	NDS QL NM PA
PYRUKYND TAB 50MGX20M QL (14 tabs / 14 days)	3	NDS QL NM PA
PYRUKYND TAPER PACK TBPK 5mg QL (7 tabs / 7 days)	3	NDS QL NM PA
REBLOZYL SOLR 25mg, 75mg	3	NDS NM PA
RUCONEST SOLR 2100unit QL (12 vials / 30 days)	3	NDS QL NM PA
RYTELO SOLR 47mg, 188mg	3	NDS NM PA
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	3	NDS QL NM PA
SIKLOS TABS 100mg	3	
SIKLOS TABS 1000mg	3	NDS
SOLIRIS SOLN 300mg/30ml	3	NDS NM PA
TAKHZYRO SOSY 150mg/ml, 300mg/2ml QL (2 syringes / 28 days)	3	NDS QL NM PA
TAVALLISSE TABS 100mg, 150mg QL (60 tabs / 30 days)	3	NDS QL NM PA
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	3	NDS QL NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml <i>tranexamic acid</i> TABS 650mg	1	
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	3	NDS NM PA
VOYDEYA TABS 100mg QL (180 tabs / 30 days)	3	NDS QL NM PA
VOYDEYA TAB 50-100MG QL (180 tabs / 30 days)	3	NDS QL NM PA
WAYRILZ TABS 400mg QL (60 tabs / 30 days)	3	NDS QL NM PA
XROMI SOLN 100mg/ml	3	NDS

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
<b>PLATELET AGGREGATION INHIBITORS</b>					
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1		DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	3	NDS QL NM PA
BRILINTA TABS 60mg, 90mg	3		EBGLYSS SOAJ 250mg/2ml QL (20 pens / 365 days)	3	NDS QL NM PA
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1		EBGLYSS SOSY 250mg/2ml QL (20 syringes / 365 days)	3	NDS QL NM PA
<i>clopidogrel bisulfate</i> TABS 300mg	1		ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	3	NDS QL NM PA
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 65 years and older	2	PA	ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	3	NDS QL NM PA
EFFIENT TABS 5mg, 10mg	3		ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	3	NDS QL NM PA
PLAVIX TABS 75mg	3		ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	3	NDS QL NM PA
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1		ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	3	NDS QL NM PA
<i>ticagrelor</i> (generic of BRILINTA) TABS 60mg, 90mg	1		HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	3	NDS QL NM PA
<b>IMMUNOLOGIC AGENTS</b>					
<b>AUTOIMMUNE AGENTS</b>					
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml QL (6 autoinjectors / 28 days)	3	NDS QL NM PA	HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml QL (6 autoinjectors / 28 days)	3	NDS QL NM PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml QL (6 syringes / 28 days)	3	NDS QL NM PA	HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	3	NDS QL NM PA
ADBRY SOAJ 300mg/2ml QL (28 pens / 365 days)	3	NDS QL NM PA	HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	3	NDS QL NM PA
ADBRY SOSY 150mg/ml QL (56 syringes / 365 days)	3	NDS QL NM PA	HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	3	NDS QL NM PA
AVSOLA SOLR 100mg	3	NDS NM PA	HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	3	NDS QL NM PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 pens / 28 days)	3	NDS QL NM PA	HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	3	NDS QL NM PA
BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	3	NDS QL NM PA			
CIBINQO TABS 50mg, 100mg, 200mg QL (30 tabs / 30 days)	3	NDS QL NM PA			
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	3	NDS QL NM PA			

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

Drug Name	Drug Requirements/ Tier	Limits
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	3	NDS QL NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	3	NDS QL NM PA
KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days)	3	NDS QL NM PA
NEMLUVIO AUIJ 30mg QL (2 pens / 28 days)	3	NDS QL NM PA
PYZCHIVA SOAJ 45mg/0.5ml QL (1 pen / 28 days)	2	QL NM PA
PYZCHIVA SOAJ 90mg/ml QL (1 pen / 28 days)	3	NDS QL NM PA
PYZCHIVA SOLN 45mg/0.5ml QL (1 vial / 28 days)	2	QL NM PA
PYZCHIVA SOLN 130mg/26ml	3	NDS NM PA
PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days)	2	QL NM PA
PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days)	3	NDS QL NM PA
RENFLEXIS SOLR 100mg	3	NDS NM PA
RHAPSIDO TABS 25mg QL (60 tabs / 30 days)	3	NDS QL NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	3	NDS QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	3	NDS QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	3	NDS QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	3	NDS QL NM PA
SKYRIZI SOLN 600mg/10ml	3	NDS NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	3	NDS QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	3	NDS QL NM PA
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	3	NDS QL NM PA

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	3	NDS QL NM PA	CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	3	NDS NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	3	NDS QL NM PA	CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	3	NDS NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	3	NDS QL NM PA	CYTOGAM SOLN 50mg/ml	3	NDS B/D NM
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	3	NDS QL NM PA	FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	3	NDS NM PA
YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	2	QL NM PA	GAMASTAN INJ	3	B/D NM
YESINTEK SOLN 130mg/26ml	2	NM PA	GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	NDS NM PA
YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	2	QL NM PA	GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	3	NDS NM PA
YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	3	NDS QL NM PA	GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	3	NDS NM PA
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>					
ARAVA TABS 10mg, 20mg QL (30 tabs / 30 days)	3	NDS QL	GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	3	NDS NM PA
<i>hydroxychloroquine sulfate</i> TABS 100mg, 300mg, 400mg	1		GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3	NDS NM PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	1		HEPAGAM B SOLN 312unit/ml	3	NDS B/D NM
JYLAMVO SOLN 2mg/ml	3	B/D	HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	3	NDS NM PA
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	1	QL	HYQVIA INJ 2.5-200	3	NDS NM PA
<i>methotrexate sodium</i> TABS 2.5mg	1		HYQVIA INJ 5-400	3	NDS NM PA
PLAQUENIL TABS 200mg	3		HYQVIA INJ 10-800	3	NDS NM PA
SOVUNA TABS 200mg, 300mg	3		HYQVIA INJ 20-1600	3	NDS NM PA
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D	HYQVIA INJ 30-2400	3	NDS NM PA
XATMEP SOLN 2.5mg/ml	3	B/D	OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	3	NDS NM PA
<b>IMMUNOGLOBULINS</b>					
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	3	NDS NM PA			
BIVIGAM SOLN 5gm/50ml, 10%	3	NDS NM PA			

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

Drug Name	Drug Requirements/ Tier	Limits
RYSTIGGO SOLN 280mg/2ml, 420mg/3ml, 560mg/4ml, 840mg/6ml	3	NDS NM PA
VYVGART SOLN 400mg/20ml	3	NDS NM PA
VYVGART INJ HYTRULO	3	NDS NM PA
ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml QL (28 syringes / 28 days)	3	NDS QL NM PA
<b>IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL CP24 5mg	3	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
ATGAM SOLN 50mg/ml	3	NDS B/D
azasan TABS 75mg, 100mg	1	B/D
azathioprine (generic of IMURAN) TABS 50mg	1	B/D
azathioprine TABS 75mg, 100mg	1	B/D
BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days)	3	NDS QL NM PA
BENLYSTA SOLR 120mg, 400mg	3	NDS NM PA
BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days)	3	NDS QL NM PA
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	3	NDS B/D NM
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg	1	B/D NM
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
cyclosporine modified (for microemulsion) CAPS 50mg	1	B/D NM
ENVARUSUS XR TB24 4mg	3	NDS B/D NM
ENVARUSUS XR TB24 .75mg, 1mg	3	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABs .5mg, .75mg, 1mg	3	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>everolimus</i> (immunosuppressant) (generic of ZORTRESS) TABS .25mg	1	B/D NM	AREXVY SUSR 120mcg/0.5ml	1	PA
<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg	1	B/D NM	BCG VACCINE SOLR 50mg	1	
IMURAN TABS 50mg	3	B/D	BEXSERO SUSY .5ml	1	
LUPKYNIS CAPS 7.9mg	3	NDS NM PA	BOOSTRIX INJ	1	
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM	DAPTACEL INJ	1	
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	3	NDS B/D NM	DENG VAXIA SUS	1	
<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM	ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
MYFORTIC TBEC 180mg	3	B/D NM	GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
MYFORTIC TBEC 360mg	3	NDS B/D NM	HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
MYHIBBIN SUSP 200mg/ml	3	NDS B/D NM	HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D NM	HIBERIX SOLR 10mcg	1	
NIKTIMVO SOLN 9mg/0.18ml, 22mg/0.44ml	3	NDS NM PA	IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
NULOJIX SOLR 250mg	3	NDS B/D NM	INFANRIX INJ	1	
PROGRAF CAPS 5mg	3	NDS B/D NM	I POL INJ INACTIVE	1	
PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg	3	B/D NM	IXIARO INJ	1	
REZUROCK TABS 200mg QL (30 tabs / 30 days)	3	NDS QL NM PA	JYNNEOS SUSP .5ml	1	B/D
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml	3	B/D NM	KINRIX INJ	1	
SANDIMMUNE CAPS 100mg	3	NDS B/D NM	M-M-R II INJ	1	
SAPHNELO SOLN 300mg/2ml	3	NDS NM PA	MENQUADFI SOLN .5ml	1	
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D NM	MENVEO INJ	1	
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM	MENVEO SOL	1	
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	3	NDS B/D NM	MRESVIA SUSY 50mcg/0.5ml	1	PA
<b>VACCINES</b>			PEDIARIX INJ 0.5ML	1	
ABRYSVO SOLR 120mcg/0.5ml	1	PA	PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
ACTHIB INJ	1		PENBRAYA INJ	1	
ADACEL INJ	1		PENMENVY INJ	1	
			PENTACEL INJ	1	
			PRIORIX INJ	1	
			PROQUAD INJ	1	
			QUADRACEL INJ 0.5ML	1	
			RABAVERT INJ	1	B/D
			RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
			ROTARIX SUS	1	

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

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

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

Drug Name	Drug Requirements/ Tier Limits
<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> (generic of POTASSIUM CHLORIDE/DEXTRO)	1
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1
TPN ELECTROL INJ	3 B/D
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>	
<i>klor-con</i> PACK 20meq	1
KLOR-CON 8 TBCR 8meq	1
<i>klor-con 10</i> TBCR 10meq	1
KLOR-CON 10 TBCR 10meq	1
<i>klor-con m10</i> TBCR 10meq	1
<i>klor-con m15</i> TBCR 15meq	1
<i>klor-con m20</i> TBCR 20meq	1
M-NATAL PLUS TAB	2
POKONZA PACK 10meq	3
POKONZA PACK 15meq	3 NDS
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 10meq, 15meq, 20meq	1
<i>potassium chloride</i> (generic of KLOR-CON 8) TBCR 8meq	1
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1
PRENATAL TAB 27-1MG	2
PRENATAL TAB PLUS	2
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1
WESTAB PLUS TAB 27-1MG	2
<b>IV NUTRITION</b>	
<i>aminosyn ii soln 15%</i>	1 B/D
AMINOSYN INJ 10%	3 B/D
AMINOSYN-PF INJ 7%	3 B/D
AMINOSYN-PF INJ 10%	3 B/D
CLINIMIX E INJ 2.75/D5W	3 B/D
CLINIMIX E INJ 4.25/D5W	3 B/D
CLINIMIX E INJ 4.25/D10	3 B/D

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%</i>	1	
LOTEMAX GEL .5%; SUSP .5%	3	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	2	
<i>loteprednol etabonate (generic of LOTE MAX) GEL .5%; SUSP .5%</i>	1	
<i>loteprednol etabonate (generic of ALREX) SUSP .2%</i>	1	
MAXIDEX SUSP .1%	3	
NEVANAC SUSP .1%	3	
PRED MILD SUSP .12%	3	
<i>prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%</i>	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
PROLENSA SOLN .07%	3	
TRIESENCE SUSP 40mg/ml	3	PA
XIPERE SUSP 40mg/ml	3	NM PA
YUTIQ IMPL .18mg	3	NDS NM
<b>ANTIALLERGICS</b>		
<i>azelastine hcl (ophth) SOLN .05%</i>	1	
<i>bepotastine besilate (generic of BEPREVE) SOLN 1.5%</i>	1	
BEPREVE SOLN 1.5%	3	
<i>cromolyn sodium (ophth) SOLN 4%</i>	1	
<i>epinastine hcl (ophth) SOLN .05%</i>	1	
ZERVIAE SOLN .24%	3	
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P SOLN .1%, .15%	3	
AZOPT SUSP 1%	3	ST
<i>betaxolol hcl (ophth) SOLN .5%</i>	1	
BETIMOL SOLN .5%	3	
<i>brimonidine tartrate (generic of ALPHAGAN P) SOLN .1%, .15%</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i> (generic of COMBIGAN)	1	
<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	1	ST
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> (generic of COSOPT)	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> (generic of COSOPT PF)	1	
ISTALOL SOLN .5%	3	
IYUZEH SOLN .005%	3	ST
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	3	NDS NM
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol hemihydrate (ophth)</i> (generic of BETIMOL) SOLN .5%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
<i>timolol maleate (ophth) once-daily</i> (generic of ISTALOL) SOLN .5%	1	
<i>timolol maleate (ophth) pf</i> (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5%	1	
TIMOPTIC OCUDOSE SOLN .25%, .5%	3	
TRAVATAN Z SOLN .004%	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>travoprost</i> (generic of TRAVATAN Z) SOLN .004%	1	
VYZULTA SOLN .024%	3	
XALATAN SOLN .005%	3	
<b>MISCELLANEOUS</b>		
ATROPINE SULFATE SOLN 1%	2	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
BEOVU SOSY 6mg/0.05ml	3	NDS NM PA
BYOOVIZ SOLN .5mg/0.05ml	3	NDS NM PA
CIMERLI SOLN .3mg/0.05ml, .5mg/0.05ml	3	NDS NM PA
CYSTADROPS SOLN .37%	3	NDS NM PA
CYSTARAN SOLN .44%	3	NDS NM PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	3	NDS NM PA
EYLEA HD SOLN 8mg/0.07ml	3	NDS NM PA
EYSUVIS SUSP .25%	3	
IZERVAY SOLN 2mg/0.1ml	3	NDS NM PA
LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	3	NDS NM PA
MIEBO SOLN 1.338gm/ml	2	
OXERVATE SOLN .002% QL (112 mL / year)	3	NDS QL NM PA
PAVBLU SOSY 2mg/0.05ml	3	NDS NM PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	1	
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
SUSVIMO SOLN 10mg/0.1ml	3	NDS NM PA
SYFOVRE SOLN 15mg/0.1ml	3	NDS NM PA
VABYSMO SOLN 6mg/0.05ml; SOSY 6mg/0.05ml	3	NDS NM PA
XIIDRA SOLN 5%	2	
<b>OTIC</b>		
<b>OTIC AGENTS</b>		
<i>acetic acid (otic)</i> SOLN 2%	1	
CIPRO HC SUS 0.2-1%OT	3	
<i>ciprofloxacin hcl (otic)</i> (generic of CETRAXAL) SOLN .2%	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</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>ciprofloxacin-hydrocortisone otic susp 0.2-1% (generic of CIPRO HC)</i>	1	
CORTISPORIN SUS -TC OTIC	3	
DERMOTIC OIL .01%	3	
<i>flac (generic of DERMOTIC) OIL .01%</i>	1	
<i>fluocinolone acetonide (otic) (generic of DERMOTIC) OIL .01%</i>	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) SOLN .3%</i>	1	
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
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

Drug Name	Drug Requirements/ Tier	Limits
<b>ANTICHOLINERGICS</b>		
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 SOLN .02%</i>	1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	1	
SPIRIVA HANDIHALER CAPS 18mcg QL (30 caps / 30 days)	3	QL
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act QL (1 inhaler / 30 days)	3	QL
<i>tiotropium bromide (generic of SPIRIVA HANDIHALER) CAPS 18mcg</i> QL (30 caps / 30 days)	1	QL
<b>ANTI-HISTAMINE COMBINATIONS</b>		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (generic of DYMISTA)</i> QL (1 bottle / 30 days)	1	QL
CLARINEX-D TAB 2.5-120 <i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i> PA applies if 65 years and older	3 2	PA
RYALTRIS SPR 665-25 QL (29 gm / 30 days)	3	QL
<b>ANTI-HISTAMINES</b>		
<i>azelastine hcl SOLN .1%</i>	1	
<i>carbinoxamine maleate SOLN 4mg/5ml; SUER 4mg/5ml</i> PA applies if 65 years and older	3	PA
<i>carbinoxamine maleate TABS 4mg</i> PA applies if 65 years and older	2	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>carbzah</i> SOLN 4mg/5ml PA applies if 65 years and older	3	PA
<i>cetirizine hcl</i> SOLN 5mg/5ml QL (300 mL / 30 days)	1	QL
CLARINEX TABS 5mg QL (30 tabs / 30 days)	3	QL
<i>clemastine fumarate</i> TABS 2.68mg PA applies if 65 years and older	2	PA
CLEMSZA TABS 2.68mg PA applies if 65 years and older	3	NDS PA
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
<i>desloratadine</i> (generic of CLARINEX) TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>desloratadine</i> TDBP 2.5mg, 5mg QL (30 tabs / 30 days)	1	QL
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older	3	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg, 100mg PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
KARBINAL ER SUER 4mg/5ml PA applies if 65 years and older	3	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml QL (300 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>olopatadine hcl (nasal)</i> SOLN .6%	1	
QUZYTIR SOLN 10mg/ml QL (30 mL / 30 days)	3	NDS QL PA
<b>BETA AGONISTS</b>		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	1	QL
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	1	B/D
<i>formoterol fumarate</i> (generic of PERFOROMIST) NEBU 20mcg/2ml	1	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	1	QL ST
PERFOROMIST NEBU 20mcg/2ml	3	NDS B/D
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	2	QL
STRIVERDI RESPIMAT AERS 2.5mcg/act QL (1 inhaler / 30 days)	3	QL
<i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	2	QL	<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of AdrenaClick)	1	
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	2	QL	EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	
XOPENEX HFA AERO 45mcg/act QL (2 inhalers / 30 days)	3	QL ST	EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	
<b>LEUKOTRIENE MODULATORS</b>			FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	3	NDS QL NM PA
ACCOLATE TABS 10mg, 20mg	3		FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	3	NDS QL NM PA
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1		GLASSIA SOLN 4gm/200ml, 5gm/250ml, 1000mg/50ml	3	NDS NM PA
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	3		KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	3	NDS QL NM PA
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	1		KALYDECO TABS 150mg QL (60 tabs / 30 days)	3	NDS QL NM PA
<b>MISCELLANEOUS</b>			OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	3	NDS QL NM PA
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D	OHTUVAYRE SUSP 3mg/2.5ml	3	NDS NM PA
ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	3	NDS QL NM PA	ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	3	NDS QL NM PA
ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	3	NDS QL NM PA	ORKAMBI GRA 100-125 QL (56 packets / 28 days)	3	NDS QL NM PA
ARALAST NP SOLR 500mg, 1000mg	3	NDS NM PA	ORKAMBI GRA 150-188 QL (56 packets / 28 days)	3	NDS QL NM PA
BRINSUPRI TABS 10mg, 25mg QL (30 tabs / 30 days)	3	NDS QL NM PA	ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	3	NDS QL NM PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D	ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	3	NDS QL NM PA
DALIRESP TABS 250mcg QL (56 tabs / year)	3	QL	<i>pirfenidone</i> CAPS 267mg QL (270 caps / 30 days)	3	NDS QL NM PA
DALIRESP TABS 500mcg QL (30 tabs / 30 days)	3	QL	<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	3	NDS QL NM PA
<i>elixophyllin</i> ELIX 80mg/15ml	3	NDS	<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	3	NDS QL NM PA
<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				

Drug Name	Drug Requirements/ Tier	Limits
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	3	NDS QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	3	NDS NM PA
PULMOZYME SOLN 2.5mg/2.5ml	3	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)	3	NDS QL NM PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	3	NDS QL NM PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	3	NDS QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	3	NDS QL NM PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	3	NDS QL NM PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	3	NDS QL NM PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	3	NDS QL NM PA
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	3	NDS QL NM PA
XOLAIR SOLR 150mg QL (8 vials / 28 days)	3	NDS QL NM PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	3	NDS QL NM PA
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	3	NDS NM PA
<b>NASAL STEROIDS</b>		
<i>flunisolide</i> (nasal) SOLN .025% QL (3 bottles / 30 days)	1	QL
<i>fluticasone propionate</i> (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	1	QL
<i>mometasone furoate</i> (nasal) SUSP 50mcg/act QL (2 bottles / 30 days)	1	QL
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNASL AERS 80mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNASL CHILDRENS AERS 40mcg/act QL (1 inhaler / 30 days)	3	QL ST
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	3	QL PA
<b>STEROID INHALANTS</b>		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	3	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	3	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	2	QL
<i>budesonide</i> (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	2	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	2	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	2	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	2	QL

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
BREO ELLIPTA INH 50-25MCG QL (60 blisters / 30 days)	2	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	2	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	2	QL
<i>brey-na</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	3	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	3	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	3	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL

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
<b>TOPICAL DERMATOLOGY, ACNE</b>		
ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	3	NDS PA
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	3	NDS PA
ACANYA GEL 1.2-2.5% QL (50 gm / 30 days)	3	QL
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ACZONE GEL 7.5% QL (90 gm / 30 days)	3	QL
<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) QL (45 gm / 30 days)	1	QL PA
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> (generic of EPIDUO FORTE) QL (60 gm / 30 days)	1	QL PA
AKLIEF CREA .005% QL (45 gm / 30 days)	3	QL PA
ALTRENO LOTN .05% QL (45 gm / 30 days)	3	QL PA
<i>amnesteem</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
AMZEEQ FOAM 4% QL (30 gm / 30 days)	3	QL PA
ARAZLO LOTN .045% QL (45 gm / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
ATRALIN GEL .05% QL (45 gm / 30 days)	3	QL PA
AZELEX CREA 20% QL (50 gm / 30 days)	3	QL PA
BENZAMYCIN GEL 5-3% QL (46.6 gm / 30 days)	3	QL
<i>benzoyl peroxide- erythromycin gel 5-3%</i> (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	1	QL
CABTREO GEL QL (50 gm / 30 days)	3	NDS QL PA
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
CLEOCIN-T LOTN 1% QL (60 mL / 30 days)	3	QL
<i>clindacin</i> FOAM 1% QL (100 gm / 30 days)	1	QL
<i>clindacin etz pledgets</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL
<i>clindacin-p</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)- 5%</i> QL (45 gm / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> FOAM 1% QL (100 gm / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> (generic of CLINDAGEL) GEL 1% QL (75 mL / 30 days)	1	QL PA
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin phosphate- benzoyl peroxide gel 1-5%</i> QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate- benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA) QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate- benzoyl peroxide gel 1.2- 3.75%</i> (generic of ONEXTON) QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate- tretinoin gel 1.2-0.025%</i> QL (60 gm / 30 days)	1	QL PA
<i>dapsone (topical)</i> GEL 5% QL (90 gm / 30 days)	1	QL
<i>dapsone (topical)</i> (generic of ACZONE) GEL 7.5% QL (90 gm / 30 days)	1	QL
DIFFERIN PUMP GEL .3% QL (45 gm / 30 days)	3	QL PA
EPIDUO FORTE GEL 0.3- 2.5% QL (60 gm / 30 days)	3	QL PA
EPIDUO GEL 0.1-2.5% QL (45 gm / 30 days)	3	QL PA
<i>ery</i> PADS 2% QL (60 pledgets / 30 days)	1	QL
<i>erythromycin (acne aid)</i> GEL 2% QL (60 gm / 30 days)	1	QL
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	1	QL
FABIOR FOAM .1% QL (100 gm / 30 days)	3	QL PA
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>isotretinoin</i> (generic of ABSORICA) CAPS 25mg, 35mg	1	PA
KLARON LOTN 10% QL (118 mL / 30 days)	3	QL
<i>neuac gel 1.2-5%</i> QL (45 gm / 30 days)	1	QL
ONEXTON GEL 1.2-3.75 QL (50 gm / 30 days)	3	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	1	
<i>ssd</i> (generic of SILVADENE) CREA 1%	1	
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	3	QL
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox</i> GEL .77% QL (100 gm / 30 days)	1	QL
<i>ciclopirox</i> SHAM 1% QL (120 mL / 30 days)	1	QL
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	1	QL
<i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days)	1	QL
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	1	QL
<i>clotrimazole (topical)</i> SOLN 1% QL (60 mL / 30 days)	1	QL
<i>clotrimazole w/ betamethasone cream 1- 0.05%</i> QL (45 gm / 30 days)	1	QL
<i>econazole nitrate</i> CREA 1% QL (85 gm / 30 days)	1	QL
EXELDERM CREA 1% QL (60 gm / 30 days)	3	QL PA
EXELDERM SOLN 1% QL (30 mL / 30 days)	3	QL PA
JUBLIA SOLN 10% QL (8 mL / 30 days)	3	NDS QL
<i>ketoconazole (topical)</i> CREA 2% QL (60 gm / 30 days)	1	QL
<i>ketoconazole (topical)</i> SHAM 2% QL (120 mL / 30 days)	1	QL
<i>klayesta</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i> QL (50 gm / 30 days)	1	QL PA
<i>naftifine hcl CREA 1%</i> QL (90 gm / 30 days)	1	QL
<i>naftifine hcl CREA 2%</i> QL (60 gm / 30 days)	1	QL
<i>naftifine hcl (generic of NAFTIN) GEL 2%</i> QL (60 gm / 30 days)	1	QL
NAFTIN GEL 2% QL (60 gm / 30 days)	3	QL
<i>nyamyc POWD 100000unit/gm</i> QL (60 gm / 30 days)	1	QL
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i> QL (30 gm / 30 days)	1	QL
<i>nystatin (topical) POWD 100000unit/gm</i> QL (60 gm / 30 days)	1	QL
<i>nystop POWD 100000unit/gm</i> QL (60 gm / 30 days)	1	QL
OXISTAT LOTN 1% QL (60 mL / 30 days)	3	QL PA
<i>selenium sulfide LOTN 2.5%</i> VUSION OIN QL (50 gm / 30 days)	1 3	QL PA
ZORYVE FOAM .3% QL (60 gm / 30 days)	3	QL PA
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	1	PA
<i>calcipotriene CREA .005%; OINT .005%</i> QL (120 gm / 30 days)	1	QL PA
CALCIPOTRIENE FOAM .005% QL (120 gm / 30 days)	3	NDS QL PA
<i>calcipotriene SOLN .005%</i> QL (120 mL / 30 days)	1	QL PA
<i>calcitrene OINT .005%</i> QL (120 gm / 30 days)	1	QL PA
ENSTILAR AER QL (120 gm / 30 days)	3	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>methoxsalen rapid CAPS 10mg</i>	3	NDS
SORILUX FOAM .005% QL (120 gm / 30 days)	3	NDS QL PA
<i>tazarotene (generic of TAZORAC) CREA .05%, .1%</i> QL (60 gm / 30 days)	1	QL PA
<i>tazarotene (generic of TAZORAC) GEL .05%, .1%</i> QL (100 gm / 30 days)	1	QL PA
TAZORAC CREA .05% QL (60 gm / 30 days)	3	QL PA
TAZORAC GEL .05%, .1% QL (100 gm / 30 days)	3	QL PA
VTAMA CREA 1% QL (60 gm / 30 days)	3	NDS QL PA
ZORYVE CREA .3% QL (60 gm / 30 days)	3	QL PA
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort CREA 1%</i>	1	
<i>ala-scalp LOTN 2%</i> QL (60 mL / 30 days)	3	NDS QL
<i>alclometasone dipropionate CREA .05%; OINT .05%</i> QL (60 gm / 30 days)	1	QL
<i>betamethasone dipropionate (topical) CREA .05%; OINT .05%</i> QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate (topical) LOTN .05%</i> QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate augmented CREA .05%; GEL .05%</i> QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate augmented LOTN .05%</i> QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate augmented (generic of DIPROLENE) OINT .05%</i> QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate CREA .1%; FOAM .12%; OINT .1%</i> QL (120 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	1	QL	<i>desonide</i> LOTN .05% QL (118 mL / 30 days)	1	QL
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (120 gm / 30 days)	1	QL	<i>desoximetasone</i> (generic of TOPICORT) LIQD .25% QL (100 mL / 30 days)	1	QL
<i>clobetasol propionate</i> FOAM .05% QL (100 gm / 30 days)	1	QL	DIPROLENE OINT .05% QL (120 gm / 30 days)	3	QL
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05% QL (125 mL / 30 days)	1	QL	DUOBRII LOT QL (200 gm / 28 days)	3	NDS QL PA
<i>clobetasol propionate</i> (generic of CLOBEX) LOTN .05% QL (118 mL / 30 days)	1	QL	EPIFOAM AER 1% 3	3	
<i>clobetasol propionate</i> (generic of CLOBEX) SHAM .05% QL (236 mL / 30 days)	1	QL	<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate</i> SOLN .05% QL (100 mL / 30 days)	1	QL	<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025% QL (120 gm / 30 days)	1	QL
<i>clobetasol propionate e</i> CREA .05% 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>clobetasol propionate emulsion</i> FOAM .05% QL (100 gm / 30 days)	1	QL	<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	1	QL
CLOBEX LIQD .05% QL (125 mL / 30 days)	3	QL	<i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days)	1	QL
CLOBEX LOTN .05% QL (118 mL / 30 days)	3	QL	<i>fluocinonide</i> (generic of VANOS) CREA .1% QL (120 gm / 30 days)	1	QL
CLOBEX SHAM .05% QL (236 mL / 30 days)	3	QL	<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>clodan</i> (generic of CLOBEX) SHAM .05% QL (236 mL / 30 days)	1	QL	<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
DERMA-SMOOTHIE/FS BODY OIL .01% QL (118.28 mL / 30 days)	3	QL	<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	1	QL
DERMA-SMOOTHIE/FS SCALP OIL .01% QL (118.28 mL / 30 days)	3	QL	<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>desonide</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL	<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>fluticasone propionate</i> LOTN .05% QL (120 mL / 30 days)	1	QL
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	1	QL
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2% QL (60 mL / 30 days)	3	NDS QL
<i>hydrocortisone (topical)</i> OINT 1% QL (30 gm / 30 days)	1	QL
<i>hydrocortisone butyrate</i> SOLN .1% QL (60 mL / 30 days)	1	QL
<i>hydrocortisone valerate</i> CREA .2% QL (60 gm / 30 days)	1	QL
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
PRAMOSONE LOT 1-1%	3	
PRAMOSONE LOT 2.5%	3	
SYNALAR CREA .025%; OINT .025% QL (120 gm / 30 days)	3	QL
<i>tovet</i> FOAM .05% QL (100 gm / 30 days)	1	QL
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5% QL (454 gm / 30 days)	1	QL
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5% QL (454 gm / 30 days)	1	QL
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
DYCLOPRO SOLN .5%	3	
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	1	QL PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	1	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	1	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	1	B/D QL
<i>lidocan</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
QUTENZA KIT 8% 1-PCH QL (4 patches / 90 days)	3	NDS QL NM PA
QUTENZA KIT 8% 2-PCH QL (4 patches / 90 days)	3	NDS QL NM PA
QUTENZA KIT 8% 4-PCH QL (4 patches / 90 days)	3	NDS QL NM PA
<i>tridacaine ii</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
ZTLIDO PTCH 1.8% QL (3 patches / 1 day)	3	QL PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5% QL (30 gm / 30 days)	1	QL
ANALPRAM HC LOT 2.5%	3	
ANUSOL-HC CREA 2.5%	3	
ANZUPGO CREA 20mg/gm QL (60 gm / 30 days)	3	NDS QL NM PA
<i>azelaic acid</i> (generic of FINACEA) GEL 15% QL (50 gm / 30 days)	1	QL
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	3	NDS QL NM PA
<i>brimonidine tartrate (topical)</i> (generic of MIRVASO) GEL .33% QL (30 gm / 30 days)	1	QL PA
CONDYLOX GEL .5% QL (7 gm / 28 days)	3	QL
CORTIFOAM FOAM 10%	3	
DENAVIR CREA 1% QL (5 gm / 30 days)	3	QL
<i>diclofenac sodium (actinic keratoses)</i> GEL 3% QL (100 gm / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	1	QL	<i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4% QL (30 gm / 30 days)	1	QL
<i>doxycycline (rosacea)</i> (generic of ORACEA) CPDR 40mg	1		NORITATE CREA 1% QL (60 gm / 30 days)	3	NDS QL PA
EMROSI CP24 40mg QL (30 caps / 30 days)	3	NDS QL PA	OPZELURA CREA 1.5% QL (240 gm / 28 days)	3	NDS QL PA
EPSOLAY CREA 5% QL (30 gm / 30 days)	3	QL PA	ORACEA CPDR 40mg	3	
EUCRISA OINT 2% QL (120 gm / 30 days)	3	QL PA	PANRETIN GEL .1% QL (60 gm / 30 days)	3	NDS QL PA
FINACEA FOAM 15% QL (50 gm / 30 days)	3	QL PA	<i> penciclovir (generic of DENAVIR) CREA 1% QL (5 gm / 30 days)</i>	1	QL
<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	1	QL	<i> pimecrolimus CREA 1% QL (100 gm / 30 days)</i>	1	QL PA
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	1	QL	<i> podofilox GEL .5% QL (7 gm / 28 days)</i>	1	QL
<i>hydrocortisone (rectal)</i> CREA 1% QL (10 mL / 30 days)	1		<i> podofilox SOLN .5% QL (7 mL / 28 days)</i>	1	QL
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1		<i> procto-med hc (generic of ANUSOL-HC) CREA 2.5%</i>	1	
HYFTOR GEL .2% QL (20 gm / 25 days)	3	NDS QL NM PA	<i> proctocort CREA 1%</i>	1	
<i> imiquimod CREA 5% QL (24 packets / 30 days)</i>	1	QL	PROCTOFOAM AER HC 1%	3	
KLISYRI OINT 1% QL (5 packets / 30 days)	3	NDS QL PA	<i> proctosol hc (generic of ANUSOL-HC) CREA 2.5%</i>	1	
<i> lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1		<i> proctozone-hc (generic of ANUSOL-HC) CREA 2.5%</i>	1	
METROCREAM CREA .75% QL (45 gm / 30 days)	3	QL PA	QBREXZA PADS 2.4% QL (30 cloths / 30 days)	3	QL PA
<i> metronidazole (topical)</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	1	QL	RECTIV OINT .4% QL (30 gm / 30 days)	3	QL
<i> metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days)	1	QL	RHOFADE CREA 1% QL (30 gm / 30 days)	3	QL
<i> metronidazole (topical)</i> LOTN .75% QL (59 mL / 30 days)	1	QL	SOFDRA GEL 12.45% QL (50 mL / 30 days)	3	QL NM PA
MIRVASO GEL .33% QL (30 gm / 30 days)	3	QL PA	<i> tacrolimus (topical) OINT .03%, .1% QL (100 gm / 30 days)</i>	1	QL PA
			TARGRETIN GEL 1% QL (60 gm / 30 days)	3	NDS QL NM PA
			VALCHLOR GEL .016% QL (60 gm / 30 days)	3	NDS QL NM PA
			XERESE CRE 5-1% QL (5 gm / 30 days)	3	NDS QL
			YCANATH SOLN .7% QL (30 gm / 30 days)	3	NM PA
			ZELSUVMI GEL 10.3% QL (30 gm / 30 days)	3	NDS PA

Drug Name	Drug Requirements/ Tier	Limits
ZILXI FOAM 1.5% QL (30 gm / 30 days)	3	QL PA
ZORYVE CREA .05%, .15% QL (60 gm / 30 days)	3	QL PA
ZOVIRAX OINT 5% QL (30 gm / 30 days)	3	QL

### **DERMATOLOGY, SCABICIDES AND PEDICULIDES**

<i>crotan</i> LOTN 10% QL (454 gm / 30 days)	3	NDS QL PA
ELIMITE CREA 5% QL (60 gm / 30 days)	3	QL
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	1	QL
NATROBA SUSP .9%	3	
OVIDE LOTN .5% QL (59 mL / 30 days)	3	QL
<i>permethrin</i> (generic of PERMETHRIN) CREA 5% QL (60 gm / 30 days)	1	QL
<i>pruradik</i> LOTN 10% QL (454 gm / 30 days)	3	NDS QL PA
<i>spinosad</i> SUSP .9%	1	

### **DERMATOLOGY, WOUND CARE AGENTS**

SANTYL OINT 250unit/gm QL (180 gm / 30 days)	3	QL PA
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	

### **MOUTH/THROAT/DENTAL AGENTS**

<i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX) SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	1	QL
EVOXAC CAPS 30mg	3	
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> (generic of NYSTATIN) SUSP 100000unit/ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	1	
SALAGEN TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	

## Index

<b>A</b>		
<i>abacavir sulfate</i> .....8	<i>acetazolamide</i> .....33	ADAPALENE .....100
<i>abacavir sulfate-lamivudine</i>	<i>acetic acid</i> .....82	<i>adapalene-benzoyl</i>
<i>tab 600-300 mg</i> .....9	<i>acetic acid (otic)</i> .....95	<i>peroxide gel 0.1-2.5%</i>
<i>abigale</i> .....70	<i>acetylcysteine</i> .....98	.....100
<i>abigale lo</i> .....70	ACIPHEX.....81	<i>adapalene-benzoyl</i>
ABILIFY.....42	<i>see rabeprazole sodium</i>	<i>peroxide gel 0.3-2.5%</i>
<i>see aripiprazole</i> .....42	.....81	.....100
ABILIFY ASIMTUFII.....42	<i>acitretin</i> .....103	ADBRY.....86
ABILIFY MAINTENA.....42	ACTHIB INJ.....90	ADCIRCA.....36
ABILIFY MYCITE	ACTIMMUNE.....89	<i>see alyq</i> .....36
MAINTENANC.....42	ACTIVELLA	<i>see tadalafil (pulmonary</i>
ABILIFY MYCITE	<i>see abigale</i> .....70	<i>hypertension)</i> .....36
STARTER KI.....42	<i>see estradiol &amp;</i>	ADDERALL
<i>abiraterone acetate</i> .....15	<i>norethindrone acetate</i>	<i>see amphetamine-</i>
<i>abirtega</i> .....15	<i>tab 1-0.5 mg</i> .....71	<i>dextroamphetamine</i>
ABRAXANE	<i>see mimvey</i> .....71	<i>tab 10 mg</i> .....52
<i>see paclitaxel inj 100mg</i>	ACTIVELLA TAB 1-0.5MG	<i>see amphetamine-</i>
.....18	.....70	<i>dextroamphetamine</i>
ABRAXANE INJ 100MG .17	ACTONEL.....66	<i>tab 12.5 mg</i> .....52
ABRYSVO.....90	<i>see risedronate sodium</i>	<i>see amphetamine-</i>
ABSORICA.....100	.....67	<i>dextroamphetamine</i>
<i>see isotretinoin</i> .....101	ACTOPLUS MET	<i>tab 15 mg</i> .....52
ABSORICA LD.....100	<i>see pioglitazone hcl-</i>	<i>see amphetamine-</i>
<i>acamprosate calcium</i> .....62	<i>metformin hcl tab 15-</i>	<i>dextroamphetamine</i>
ACANYA	<i>850 mg</i> .....65	<i>tab 20 mg</i> .....52
<i>see clindamycin</i>	ACTOPLUS MET TAB 15-	<i>see amphetamine-</i>
<i>phosphate-benzoyl</i>	850MG.....63	<i>dextroamphetamine</i>
<i>peroxide gel 1.2-2.5%</i>	ACTOS.....63	<i>tab 30 mg</i> .....52
.....101	<i>see pioglitazone hcl</i> ....64	<i>see amphetamine-</i>
ACANYA GEL 1.2-2.5%100	ACULAR.....94	<i>dextroamphetamine</i>
<i>acarbose</i> .....63	<i>see ketorolac</i>	<i>tab 5 mg</i> .....52
ACCOLATE.....98	<i>tromethamine (ophth)</i>	<i>see amphetamine-</i>
<i>see zafirlukast</i> .....98	.....94	<i>dextroamphetamine</i>
<i>accutane</i> .....100	ACULAR LS.....94	<i>tab 7.5 mg</i> .....52
<i>acebutolol hcl</i> .....32	<i>see ketorolac</i>	ADDERALL TAB 10MG ..51
<i>acetaminophen-caffeine-</i>	<i>tromethamine (ophth)</i>	ADDERALL TAB 12.5MG
<i>dihydrocodeine cap</i>	.....94	.....51
<i>320.5-30-16 mg</i> .....3	ACUVAIL.....94	ADDERALL TAB 15MG ..51
<i>acetaminophen w/ codeine</i>	<i>acyclovir</i> .....10	ADDERALL TAB 20MG ..51
<i>soln 120-12 mg/5ml</i> .....2	<i>acyclovir sodium</i> .....10	ADDERALL TAB 30MG ..51
<i>acetaminophen w/ codeine</i>	<i>acyclovir topical</i> .....105	ADDERALL TAB 5MG ....51
<i>tab 300-15 mg</i> .....2	ACZONE.....100	ADDERALL TAB 7.5MG .51
<i>acetaminophen w/ codeine</i>	<i>see dapson (topical)</i> 101	ADDERALL XR
<i>tab 300-30 mg</i> .....2	ADACEL INJ.....90	<i>see amphetamine-</i>
<i>acetaminophen w/ codeine</i>	ADAKVEO.....84	<i>dextroamphetamine</i>
<i>tab 300-60 mg</i> .....3	ADALIMUMAB-BWWD ...86	<i>cap er 24hr 10 mg</i> ....52
	<i>adapalene</i> .....100	

see <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> ....52	ADVAIR HFA AER 230/21 .....99	<i>allopurinol sodium</i> .....1
see <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> ....52	ADVAIR HFA AER 45/21 99	<i>almotriptan malate</i> .....56
see <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> ....52	ADZENYS XR-ODT .....51	ALOPRIM.....1
see <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> ....52	see <i>amphetamine</i> ..51, 52	see <i>allopurinol sodium</i> ...1
see <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> .....52	ADZYNMA .....84	<i>alose tron hcl</i> .....79, 80
ADDERALL XR CAP 10MG .....51	AFINITOR	ALPHAGAN P .....94
ADDERALL XR CAP 15MG .....51	see <i>everolimus</i> .....19	see <i>brimonidine tartrate</i> .....94
ADDERALL XR CAP 20MG .....51	see <i>torpenz</i> .....23	<i>alprazolam</i> .....37
ADDERALL XR CAP 25MG .....51	AFINITOR DISPERZ.....18	ALPRAZOLAM INTENSOL .....37
ADDERALL XR CAP 30MG .....51	see <i>everolimus</i> .....19	ALREX .....94
ADDERALL XR CAP 5MG .....51	<i>afirmelle</i> .....68	see <i>loteprednol etabonate</i> .....94
<i>adefovir dipivoxil</i> .....10	AGRYLIN .....84	<i>altavera</i> .....68
ADEMPAS .....36	see <i>anagrelide hcl</i> .....84	ALTRENO .....100
ADMELOG .....65	AIMOVIG.....56	ALUNBRIG.....18
ADMELOG SOLOSTAR .65	AIRSUPRA AER 90-80MCG .....99	ALUNBRIG PAK .....18
ADRENALIN .....34	AKEEGA TAB 100/500 ...15	ALVAIZ.....84
see <i>epinephrine (anaphylaxis)</i> .....35	AKEEGA TAB 50/500MG .....15	ALVESCO .....99
ADVAIR DISKUS	AKLIEF.....100	<i>alyacen 1/35</i> .....68
see <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> .100	AKYNZEO CAP 300-0.5 .77	<i>alyacen 7/7/7</i> .....68
see <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> .100	AKYNZEO INJ 235-0.25 .77	ALYFTREK TAB 10-50-125 .....98
see <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> .100	AKYNZEO INJ 235-0.25MG/20ML.....77	ALYFTREK TAB 4-20-50 98
see <i>wixela inhub</i> .....100	<i>ala-cort</i> .....103	ALYGLO.....88
ADVAIR HFA AER 115/21 .....99	<i>ala-scalp</i> .....103	<i>alyq</i> .....36
	<i>albendazole</i> .....4	<i>amantadine hcl</i> .....41
	<i>albuterol sulfate</i> .....97	AMBIEN .....55
	ALCAINE	see <i>zolpidem tartrate</i> ...56
	see <i>proparacaine hcl</i> ...95	AMBIEN CR .....55
	<i>alclometasone dipropionate</i> .....103	see <i>zolpidem tartrate</i> ...56
	ALCOHOL SWABS:	AMBISOME.....7
	EMBECTA-BD/MHC/RUGBY .....65	see <i>amphotericin b liposome</i> .....7
	ALDACTONE .....25	<i>ambrisentan</i> .....36
	see <i>spironolactone</i> .....26	<i>amethyst</i> .....68
	ALDURAZYME .....73	<i>amikacin sulfate</i> .....4
	ALECENSA.....18	<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i> .....33
	<i>alendronate sodium</i> .....66	<i>amiloride hcl</i> .....33
	<i>alfuzosin hcl</i> .....81	<i>aminocaproic acid</i> .....84
	ALIMTA	<i>aminosyn ii soln 15%</i> .....92
	see <i>pemetrexed disodium</i> .....15	AMINOSYN INJ 10% .....92
	<i>aliskiren fumarate</i> .....34	AMINOSYN-PF INJ 10% 92
	ALKINDI SPRINKLE .....72	AMINOSYN-PF INJ 7% ..92
	<i>allopurinol</i> .....1	<i>amiodarone hcl</i> .....29



<i>amphetamine-</i> <i>dextroamphetamine 3-</i> <i>bead cap er 24hr 37.5</i> <i>mg</i> .....52	<i>amphotericin b liposome</i> ...7	APRISO .....78 see <i>mesalamine</i> .....79
<i>amphetamine-</i> <i>dextroamphetamine 3-</i> <i>bead cap er 24hr 50 mg</i> .....52	<i>ampicillin</i> .....13	APTIOM .....45 see <i>eslicarbazepine</i> <i>acetate</i> .....47
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 10 mg</i> .....52	<i>ampicillin &amp; sulbactam</i> <i>sodium for inj 1.5 (1-0.5)</i> <i>gm</i> .....13	APTIVUS.....8
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 15 mg</i> .....52	<i>ampicillin &amp; sulbactam</i> <i>sodium for inj 3 (2-1) gm</i> .....13	AQNEURSA.....73
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 20 mg</i> .....52	<i>ampicillin &amp; sulbactam</i> <i>sodium for iv soln 1.5 (1-</i> <i>0.5) gm</i> .....13	ARALAST NP.....98
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 25 mg</i> .....52	<i>ampicillin &amp; sulbactam</i> <i>sodium for iv soln 15 (10-</i> <i>5) gm</i> .....13	<i>aranelle</i> .....68
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 30 mg</i> .....52	<i>ampicillin &amp; sulbactam</i> <i>sodium for iv soln 3 (2-1)</i> <i>gm</i> .....13	ARANESP ALBUMIN FREE .....84
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 5 mg</i> .....52	<i>ampicillin sodium</i> .....13	ARAVA.....88 see <i>leflunomide</i> .....88
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>10 mg</i> .....52	AMPYRA.....59 see <i>dalfampridine</i> .....59	ARAZLO.....100
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>12.5 mg</i> .....52	AMVUTTRA .....58	ARBLI.....29
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>15 mg</i> .....52	AMZEEQ.....100	ARCALYST .....89
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>20 mg</i> .....52	ANAFRANIL.....38 see <i>clomipramine hcl</i> ...39	AREXVY .....90
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>30 mg</i> .....52	<i>anagrelide hcl</i> .....84	<i>arformoterol tartrate</i> .....97
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>5 mg</i> .....52	ANALPRAM HC LOT 2.5% .....105	ARICEPT .....38 see <i>donepezil</i> <i>hydrochloride</i> .....38
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>7.5 mg</i> .....52	<i>anastrozole</i> .....15	ARIKAYCE.....4
<i>amphotericin b</i> .....7	ANCOBON.....7 see <i>flucytosine</i> .....7	ARIMIDEX.....15 see <i>anastrozole</i> .....15
	ANDEMBRY.....85	<i>aripiprazole</i> .....42
	ANDROGEL PUMP see <i>testosterone pump</i> 63	ARISTADA .....42
	ANNOVERA MIS .....68	ARISTADA INITIO .....42
	ANORO ELLIPT AER 62.5- 25 .....96	ARIXTRA .....83 see <i>fondaparinux sodium</i> .....83
	ANUSOL-HC.....105 see <i>hydrocortisone</i> ( <i>rectal</i> ).....106	<i>armodafinil</i> .....61
	see <i>procto-med hc</i> ....106	ARNUITY ELLIPTA.....99
	see <i>proctosol hc</i> .....106	AROMASIN.....15 see <i>exemestane</i> .....15
	see <i>proctozone-hc</i> ....106	ARTHROTEC 50 see <i>diclofenac w/</i> <i>misoprostol tab</i> <i>delayed release 50-0.2</i> <i>mg</i> .....1
	ANZUPGO .....105	ARTHROTEC 50 TAB.....1
	APONVIE .....77	ARTHROTEC 75 see <i>diclofenac w/</i> <i>misoprostol tab</i> <i>delayed release 75-0.2</i> <i>mg</i> .....1
	<i>aprepitant</i> .....77	ARTHROTEC 75 TAB.....1
	<i>aprepitant capsule therapy</i> <i>pack 80 &amp; 125 mg</i> .....77	<i>asenapine maleate</i> .....42
	<i>apri</i> .....68	<i>ashlyna</i> .....68

ASPARLAS.....16	see <i>atropine sulfate</i> .....78	AVONEX.....59
<i>aspirin-dipyridamole cap er</i>	<i>atropine sulfate</i>	AVONEX PEN.....59
12hr 25-200 mg.....86	( <i>ophthalmic</i> ).....95	AVSOLA.....86
ASTAGRAF XL.....89	ATROVENT HFA.....96	AVYCAZ INJ 2-0.5GM ....11
ATACAND.....29	ATTRUBY.....34	AXTLE.....14
see <i>candesartan cilexetil</i>	AUBAGIO	<i>ayuna</i> .....68
.....29	see <i>teriflunomide</i> .....60	AYVAKIT.....18
ATACAND HCT	<i>aubra eq</i> .....68	<i>azacitidine</i> .....15
see <i>candesartan cilexetil-</i>	AUGMENTIN ES-600	AZACTAM.....4
<i>hydrochlorothiazide tab</i>	see <i>amoxicillin &amp; k</i>	see <i>aztreonam</i> .....4
16-12.5 mg.....27	<i>clavulanate for susp</i>	<i>azasan</i> .....89
see <i>candesartan cilexetil-</i>	600-42.9 mg/5ml.....13	AZASITE.....93
<i>hydrochlorothiazide tab</i>	AUGMENTIN SUS	<i>azathioprine</i> .....89
32-12.5 mg.....27	125/5ML.....13	<i>azelaic acid</i> .....105
see <i>candesartan cilexetil-</i>	AUGMENTIN SUS ES-600	<i>azelastine hcl</i> .....96
<i>hydrochlorothiazide tab</i>	.....13	<i>azelastine hcl (ophth)</i> .....94
32-25 mg.....27	AUGMENTIN TAB 500MG	<i>azelastine hcl-fluticasone</i>
ATACAND HCT TAB 16-	.....13	<i>prop nasal spray 137-50</i>
12.5.....26	AUGTYRO.....18	<i>mcg/act</i> .....96
ATACAND HCT TAB 32-	<i>aurovela 1/20</i> .....68	AZELEX.....101
12.5.....26	<i>aurovela 24 fe</i> .....68	AZILECT.....41
ATACAND HCT TAB 32-	<i>aurovela fe 1/20</i> .....68	see <i>rasagiline mesylate</i>
25MG.....26	<i>aurovela fe 1.5/30</i> .....68	.....42
<i>atazanavir sulfate</i> .....8	AUSTEDO.....58	<i>azithromycin</i> .....12
ATELVIA.....66	AUSTEDO XR.....58	AZMIRO.....63
see <i>risedronate sodium</i>	AUSTEDO XR TAB TITR	AZOPT.....94
.....67	KIT.....58	see <i>brinzolamide</i> .....95
<i>atenolol</i> .....32	AUVELITY TAB 45-105MG	AZOR TAB 10-20MG.....27
<i>atenolol &amp; chlorthalidone</i>	.....38	AZOR TAB 10-40MG.....27
<i>tab 100-25 mg</i> .....31	AVALIDE	AZOR TAB 5-20MG.....27
<i>atenolol &amp; chlorthalidone</i>	see <i>irbesartan-</i>	AZOR TAB 5-40MG.....27
<i>tab 50-25 mg</i> .....31	<i>hydrochlorothiazide tab</i>	AZSTARYS CAP 26.1-5.2
ATGAM.....89	150-12.5 mg.....27	.....52
ATIVAN.....37	see <i>irbesartan-</i>	AZSTARYS CAP 39.2-7.8
see <i>lorazepam</i> .....37	<i>hydrochlorothiazide tab</i>	.....52
<i>atomoxetine hcl</i> .....52	300-12.5 mg.....27	AZSTARYS CAP 52.3-10.
ATORVALIQ.....30	AVALIDE TAB 150-12.5..27	.....52
<i>atorvastatin calcium</i> .....30	AVALIDE TAB 300-12.5..27	<i>aztreonam</i> .....4
<i>atovaquone</i> .....4	AVAPRO.....29	AZULFIDINE.....78
<i>atovaquone-proguanil hcl</i>	see <i>irbesartan</i> .....29	see <i>sulfasalazine</i> .....79
<i>tab 250-100 mg</i> .....8	AVEED.....63	AZULFIDINE EN-TABS ..78
<i>atovaquone-proguanil hcl</i>	AVERI TAB.....68	see <i>sulfasalazine</i> .....79
<i>tab 62.5-25 mg</i> .....8	AVGEMSI.....14	<i>azurette</i> .....68
ATRALIN.....101	<i>aviane</i> .....68	<b>B</b>
see <i>tretinoin</i> .....102	AVMAPKI PAK FAKZYNJA	<i>bacitracin (ophthalmic)</i> ....93
<i>atropine sulfate</i> .....78	.....18	<i>bacitracin-polymyxin b</i>
ATROPINE SULFATE78,	AVODART.....81	<i>ophth oint</i> .....93
95	see <i>dutasteride</i> .....82	

<i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i> .....93	BENDEKA.....14	<i>betamethasone dipropionate (topical)</i> .103
<i>baclofen</i> .....61	BENICAR .....29	<i>betamethasone dipropionate augmented</i> .....103
BACTRIM see <i>sulfamethoxazole- trimethoprim tab 400- 80 mg</i> .....6	see <i>olmesartan medoxomil</i> .....29	<i>betamethasone sod phosphate &amp; acetate inj susp 6 (3-3) mg/ml</i> .....72
BACTRIM DS see <i>sulfamethoxazole- trimethoprim tab 800- 160 mg</i> .....6	BENICAR HCT see <i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i> .....28	<i>betamethasone valerate</i> .....103, 104
BACTRIM DS TAB 800-160 .....4	see <i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i> .....28	BETAPACE see <i>sotalol hcl</i> .....30
BACTRIM TAB 400-80MG4	see <i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i> .....28	BETAPACE AF see <i>sotalol hcl (afib/af)</i> 30
BAFIERTAM .....59	see <i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i> .....28	BETASERON.....59
<i>balsalazide disodium</i> .....78	BENICAR HCT TAB 20- 12.5 .....27	<i>betaxolol hcl</i> .....32
BALVERSA .....18	BENICAR HCT TAB 40- 12.5 .....27	<i>betaxolol hcl (ophth)</i> .....94
<i>balziva</i> .....68	BENICAR HCT TAB 40- 25MG.....27	<i>bethanechol chloride</i> .....82
BANZEL .....45	BENLYSTA .....89	BETHKIS.....4
see <i>rufinamide</i> .....50	BENTYL see <i>dicyclomine hcl</i> .....78	see <i>tobramycin</i> .....6
BARACLUDGE .....10	BENZAMYCIN see <i>benzoyl peroxide- erythromycin gel 5-3%</i> .....101	BETIMOL .....94
see <i>entecavir</i> .....10	BENZAMYCIN GEL 5-3% .....101	see <i>timolol hemihydrate (ophth)</i> .....95
BAVENCIO .....18	<i>benzoyl peroxide- erythromycin gel 5-3%</i> .....101	BEVESPI AER 9-4.8MCG .....96
BAXDELA .....12	<i>benztropine mesylate</i> .....41	<i>bexarotene</i> .....16
BCG VACCINE .....90	BEOVU .....95	<i>bexarotene (topical)</i> .....105
BEIZRAY INJ 160/8ML ...17	<i>bepotastine besilate</i> .....94	BEXSERO.....90
BEIZRAY INJ 80MG/4ML .....17	BEPREVE .....94	BEYAZ see <i>drospirenone-ethinyl estradiol-levomefolate tab 3-0.02-0.451 mg</i> 68
BELBUCA .....2	see <i>bepotastine besilate</i> .....94	BIAXIN XL see <i>clarithromycin</i> .....12
BELEODAQ .....18	BERINERT .....85	<i>bicalutamide</i> .....15
BELSOMRA.....55	<i>besifloxacin hcl</i> .....93	BICILLIN C-R INJ 1200000 .....13
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....24	BESIVANCE .....93	BICILLIN C-R INJ 900/300 .....13
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....24	BESPONSA .....18	BICILLIN L-A.....13
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i> .....24	BESREMI.....16	BIDIL see <i>isosorbide dinitrate- hydralazine hcl tab 20- 37.5 mg</i> .....35
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25mg</i> .....24	<i>betaine powder for oral solution</i> .....73	BIDIL TAB .....34
<i>benazepril hcl</i> .....25		BIJUVA CAP 0.5-100.....70
<i>bendamustine hcl</i> .....14		BIJUVA CAP 1-100MG...71
BENDAMUSTINE HYDROCHLORID .....14		

BIKTARVY TAB 30-120-15 MG.....9	(INSTITUTIONAL PACK) .....96	<i>buprenorphine hcl- naloxone hcl sl film 8-2 mg (base equiv).....62</i>
BIKTARVY TAB 50-200-25 MG.....9	<i>briellyn.....68</i>	<i>buprenorphine hcl- naloxone hcl sl tab 2-0.5 mg (base equiv).....62</i>
BILDYOS .....66	BRILINTA.....86	<i>buprenorphine hcl- naloxone hcl sl tab 8-2 mg (base equiv).....62</i>
BIMZELX.....86	<i>see ticagrelor.....86</i>	<i>bupropion hcl .....39</i>
BINOSTO.....66	<i>brimonidine tartrate ...94, 95</i>	<i>bupropion hcl (smoking deterrent).....62</i>
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg .....31</i>	<i>brimonidine tartrate (topical).....105</i>	<i>buspirone hcl.....37</i>
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg .....31</i>	<i>brimonidine tartrate-timolol maleate ophth soln 0.2- 0.5% .....95</i>	<i>butorphanol tartrate.....3</i>
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg .....31</i>	BRINSUPRI .....98	BUTRANS.....2
<i>bisoprolol fumarate .....32</i>	<i>brinzolamide.....95</i>	<i>see buprenorphine .....2</i>
BIVIGAM .....88	BRIVIACT .....46	BYLVAY .....80
BKEMV .....85	BRIXADI.....62	BYLVAY (PELLETS).....80
BLENREP .....18	<i>bromfenac sodium (ophth) .....94</i>	BYNFEZIA PEN .....73
<i>bleomycin sulfate .....16</i>	<i>bromocriptine mesylate...41</i>	BYOOVIZ.....95
<i>blisovi 24 fe.....68</i>	BROMSITE .....94	BYSTOLIC .....32
<i>blisovi fe 1.5/30.....68</i>	<i>see bromfenac sodium (ophth) .....94</i>	<i>see nebivolol hcl.....32</i>
BLUJEP A.....4	BRUKINSA.....18	<b>C</b>
BONJESTA TAB 20-20MG .....77	<i>budesonide .....78, 79</i>	<i>cabergoline .....73</i>
BONSITY .....66	<i>budesonide (inhalation)...99</i>	CABLIVI .....85
BOOSTRIX INJ.....90	<i>budesonide (intrarectal) ..79</i>	CABOMETYX .....18
<i>bortezomib .....18</i>	<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act.....100</i>	CABTREGEL .....101
BORTEZOMIB .....18	<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act.....100</i>	CADUET
BORUZU.....18	<i>bumetanide .....33</i>	<i>see amlodipine besylate- atorvastatin calcium tab 10-10 mg.....34</i>
<i>bosentan .....36</i>	BUMEX	<i>see amlodipine besylate- atorvastatin calcium tab 10-20 mg.....34</i>
BOSULIF.....18	<i>see bumetanide.....33</i>	<i>see amlodipine besylate- atorvastatin calcium tab 10-40 mg.....34</i>
BOTOX .....61	BUPHENYL.....73	<i>see amlodipine besylate- atorvastatin calcium tab 10-80 mg.....34</i>
BRAFTOVI.....18	<i>see sodium</i>	<i>see amlodipine besylate- atorvastatin calcium tab 5-10 mg.....34</i>
BREKIYA .....57	<i>phenylbutyrate .....75</i>	<i>see amlodipine besylate- atorvastatin calcium tab 5-20 mg.....34</i>
BREO ELLIPTA INH 100- 25 .....100	<i>buprenorphine.....2</i>	
BREO ELLIPTA INH 200- 25 .....100	<i>buprenorphine hcl .....62</i>	
BREO ELLIPTA INH 50- 25MCG.....100	<i>buprenorphine hcl- naloxone hcl sl film 12-3 mg (base equiv).....62</i>	
<i>brey na.....100</i>	<i>buprenorphine hcl- naloxone hcl sl film 2-0.5 mg (base equiv).....62</i>	
BREZTRI AERO AER SPHERE.....96	<i>buprenorphine hcl- naloxone hcl sl film 4-1 mg (base equiv).....62</i>	
BREZTRI AERO AER SPHERE		

see <i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> .....	34	<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i> .....	25	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> .....	41
see <i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> .....	34	<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i> .....	25	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> .....	41
CADUET TAB 10-10MG	.34	<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i> .....	25	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> .....	41
CADUET TAB 10-20MG	.34	CARAFATE		<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> .....	41
CADUET TAB 10-40MG	.34	see <i>sucralfate</i> .....	80	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> .....	41
CADUET TAB 10-80MG	.34	<i>carb/levo orally disintegrating tab 10-100mg</i> .....	41	<i>carbinoxamine maleate</i> ...	96
CADUET TAB 5-10MG	...34	<i>carb/levo orally disintegrating tab 25-100mg</i> .....	41	<i>carboplatin</i> .....	14
CADUET TAB 5-20MG	...34	<i>carb/levo orally disintegrating tab 25-250mg</i> .....	41	<i>carbzah</i> .....	97
CADUET TAB 5-40MG	...34	CARBAGLU .....	73	CARDIZEM .....	32
CADUET TAB 5-80MG	...34	see <i>carglumic acid</i> .....	73	see <i>diltiazem hcl</i> .....	33
<i>calcipotriene</i> .....	103	<i>carbamazepine</i> .....	46	CARDIZEM CD .....	32
CALCIPOTRIENE .....	103	CARBATROL .....	46	see <i>cartia xt</i> .....	32
<i>calcitonin (salmon) spray</i>	66	see <i>carbamazepine</i> ....	46	see <i>diltiazem hcl coated beads</i> .....	33
<i>calcitrene</i> .....	103	<i>carbidopa</i> .....	41	CARDIZEM LA.....	32
<i>calcitriol</i> .....	76	<i>carbidopa &amp; levodopa cap er 23.75-95 mg</i> .....	41	see <i>diltiazem hcl</i> .....	33
<i>calcitriol (oral)</i> .....	76	<i>carbidopa &amp; levodopa cap er 36.25-145 mg</i> .....	41	see <i>matzim la</i> .....	33
CALQUENCE.....	18	<i>carbidopa &amp; levodopa cap er 48.75-195 mg</i> .....	41	CARDURA .....	26
CAMCEVI.....	15	<i>carbidopa &amp; levodopa cap er 61.25-245 mg</i> .....	41	see <i>doxazosin mesylate</i> .....	26
<i>camila</i> .....	68	<i>carbidopa &amp; levodopa tab 10-100 mg</i> .....	41	CARDURA XL.....	82
CAMPTOSAR .....	16	<i>carbidopa &amp; levodopa tab 25-100 mg</i> .....	41	<i>carglumic acid</i> .....	73
see <i>irinotecan hcl</i> .....	17	<i>carbidopa &amp; levodopa tab 25-250 mg</i> .....	41	<i>carisoprodol</i> .....	61
<i>camrese</i> .....	68	<i>carbidopa &amp; levodopa tab er 25-100 mg</i> .....	41	CARNITOR .....	73
<i>camrese lo</i> .....	68	<i>carbidopa &amp; levodopa tab er 50-200 mg</i> .....	41	see <i>levocarnitine (metabolic modifiers)</i> .....	74
CAMZYOS .....	34	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> .....	41	CAROSPIR .....	25
CANASA .....	79			see <i>spironolactone</i> .....	26
see <i>mesalamine</i> .....	79			<i>carteolol hcl (ophth)</i> .....	95
CANCIDAS .....	7			<i>cartia xt</i> .....	32
<i>candesartan cilexetil</i> .....	29			<i>carvedilol</i> .....	32
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> .....	27			<i>carvedilol phosphate</i> .....	32
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> .....	27			CASODEX .....	15
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> .....	27			see <i>bicalutamide</i> .....	15
CAPLYTA.....	42			<i>casprofungin acetate</i> .....	7
CAPRELSA.....	18			CASPOFUNGIN ACETATE .....	7
<i>captopril</i> .....	25				
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i> .....	25				

CATAPRES-TTS-1	CELESTONE INJ	CHORIONIC
see <i>clonidine</i> .....34	SOLUSPAN.....72	GONADOTROPIN.....73
CATAPRES-TTS-2	CELESTONE SOLUSPAN	CIALIS.....82
see <i>clonidine</i> .....35	see <i>betamethasone sod</i>	see <i>tadalafil</i> .....82
CATAPRES-TTS-3	<i>phosphate &amp; acetate</i>	CIBINQO.....86
see <i>clonidine</i> .....35	<i>inj susp 6 (3-3) mg/ml</i>	<i>ciclopirox</i> .....102
CAYSTON.....4	.....72	<i>ciclopirox olamine</i> .....102
<i>cefaclor</i> .....11	CELEXA.....39	<i>cidofovir</i> .....10
CEFACTOR ER .....11	see <i>citalopram</i>	<i>cilostazol</i> .....85
<i>cefadroxil</i> .....11	<i>hydrobromide</i> .....39	CILOXAN .....93
CEFAZOLIN.....11	CELLCEPT .....89	CIMDUO TAB 300-300 ....9
CEFAZOLIN/DEX SOL	see <i>mycophenolate</i>	CIMERLI .....95
1GM/50ML-4% .....11	<i>mofetil</i> .....90	<i>cimetidine</i> .....78
CEFAZOLIN/DEX SOL	CELONTIN.....46	<i>cimetidine hcl</i> .....78
2GM/50ML-3% .....11	see <i>methsuximide</i> .....48	<i>cinacalcet hcl</i> .....73
CEFAZOLIN/DEX SOL	<i>cephalexin</i> .....12	CINRYZE .....85
3GM/150ML-4% .....11	CEQUR SIMPL KIT PATCH	CINVANTI .....77
CEFAZOLIN/DEX SOL	2U (3-DAY).....65	CIPRO.....12
3GM/50ML-2% .....11	CEQUR SIMPL KIT PATCH	see <i>ciprofloxacin hcl</i> ....12
CEFAZOLIN INJ	2U (4-DAY).....65	<i>ciprofloxacin 200 mg/100ml</i>
1GM/50ML.....11	CEQUR SIMPL MIS	<i>in d5w</i> .....12
<i>cefazolin sodium</i> .....11	INSERTER .....65	<i>ciprofloxacin 400 mg/200ml</i>
CEFAZOLIN SOLN	CERDELGA .....73	<i>in d5w</i> .....12
2GM/100ML-4% .....11	CEREZYME .....73	<i>ciprofloxacin-</i>
<i>cefdinir</i> .....11	<i>cetirizine hcl</i> .....97	<i>dexamethasone otic susp</i>
CEFEPIME.....11	CETRAXAL	0.3-0.1% .....95
CEFEPIME/DEX INJ 1GM	see <i>ciprofloxacin hcl</i>	<i>ciprofloxacin hcl</i> .....12
.....11	( <i>otic</i> ).....95	<i>ciprofloxacin hcl (ophth)</i> ..93
CEFEPIME/DEX INJ 2GM	<i>cevimeline hcl</i> .....107	<i>ciprofloxacin hcl (otic)</i> ....95
.....11	CHANTIX .....62	<i>ciprofloxacin-</i>
<i>cefepime hcl</i> .....11	see <i>varenicline tartrate</i> 63	<i>hydrocortisone otic susp</i>
<i>cefixime</i> .....11	CHANTIX CONTINUING	0.2-1% .....96
CEFOTAN	MONTH .....62	CIPRO HC
see <i>cefotetan disodium</i>	CHANTIX TAB 0.5& 1MG	see <i>ciprofloxacin-</i>
.....11	.....62	<i>hydrocortisone otic</i>
<i>cefotetan disodium</i> .....11	<i>chateal eq</i> .....68	<i>susp 0.2-1%</i> .....96
CEFOXITIN INJ 1GM.....11	CHEMET .....67	CIPRO HC SUS 0.2-1%OT
CEFOXITIN INJ 2GM.....11	<i>chlordiazepoxide hcl</i> .....37	.....95
<i>cefoxitin sodium</i> .....11	<i>chlorhexidine gluconate</i>	<i>cisplatin</i> .....14
<i>cefpodoxime proxetil</i> .....11	( <i>mouth-throat</i> ).....107	CISPLATIN
<i>cefprozil</i> .....12	<i>chloroquine phosphate</i> .....8	see <i>cisplatin</i> .....14
<i>ceftazidime</i> .....12	<i>chlorpromazine hcl</i> .....42	<i>citalopram hydrobromide</i> 39
<i>ceftriaxone sodium</i> .....12	<i>chlorthalidone</i> .....33	<i>cladribine (10 tabs)</i> .....59
<i>cefuroxime axetil</i> .....12	CHOLBAM .....80	<i>cladribine (4 tabs)</i> .....59
<i>cefuroxime sodium</i> .....12	<i>cholestyramine</i> .....31	<i>cladribine (5 tabs)</i> .....59
CELEBREX.....1	<i>cholestyramine light</i> .....31	<i>cladribine (6 tabs)</i> .....59
see <i>celecoxib</i> .....1	<i>choline fenofibrate</i> .....30	<i>cladribine (7 tabs)</i> .....59
<i>celecoxib</i> .....1		<i>cladribine (8 tabs)</i> .....59

<i>cladribine (9 tabs)</i> .....	59	<i>clindamycin phosphate- benzoyl peroxide gel 1- 5%</i> .....	101	<i>clobazam</i> .....	46
<i>claravis</i> .....	101	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> .....	5	<i>clobetasol propionate</i> ....	104
CLARINEX.....	97	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> .....	5	<i>clobetasol propionate e</i> .....	104
see <i>desloratadine</i> .....	97	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> .....	5	<i>clobetasol propionate emulsion</i> .....	104
CLARINEX-D TAB 2.5-120 .....	96	<i>clindamycin phosphate- tretinoin gel 1.2-0.025%</i> .....	101	CLOBEX .....	104
<i>clarithromycin</i> .....	12	<i>clindamycin phosphate vaginal</i> .....	83	see <i>clobetasol propionate</i> .....	104
<i>clemastine fumarate</i> .....	97	<i>clindamycin phosph- benzoyl peroxide (refrig)</i> gel 1.2 (1)-5%.....	101	see <i>clodan</i> .....	104
CLEMSZA.....	97	CLINDESSE.....	83	<i>clodan</i> .....	104
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML.....	79	CLINDMYC/NAC INJ 300/50ML .....	5	<i>clomipramine hcl</i> .....	39
CLEOCIN.....	4, 83	CLINDMYC/NAC INJ 600/50ML .....	5	<i>clonazepam</i> .....	46
see <i>clindamycin hcl</i> .....	5	CLINDMYC/NAC INJ 900/50ML .....	5	<i>clonidine</i> .....	34, 35
see <i>clindamycin phosphate vaginal</i> .....	83	CLINIMIX E INJ 2.75/D5W .....	92	<i>clonidine hcl</i> .....	35
CLEOCIN PEDIATRIC GRANULE .....	4	CLINIMIX E INJ 4.25/D10 .....	92	<i>clonidine w/ probenecid tab 0.5-500 mg</i> .....	1
see <i>clindamycin palmitate hydrochloride</i> .....	5	CLINIMIX E INJ 4.25/D5W .....	92	<i>clopidogrel bisulfate</i> .....	86
CLEOCIN PHOSPHATE...4 see <i>clindamycin phosphate</i> .....	5	CLINIMIX E INJ 5%/D15W .....	93	<i>clorazepate dipotassium</i> .46	
CLEOCIN-T.....	101	CLINIMIX E INJ 5%/D20W .....	93	<i>clotrimazole</i> .....	107
see <i>clindamycin phosphate (topical)</i> .....	101	CLINIMIX E INJ 8/10.....	93	<i>clotrimazole (topical)</i> .....	102
CLIMARA.....	71	CLINIMIX E INJ 8/14.....	93	<i>clotrimazole w/ betamethasone cream 1- 0.05%</i> .....	102
see <i>estradiol</i> .....	71	CLINIMIX INJ 4.25/D10 .93		<i>clozapine</i> .....	42, 43
CLIMARA PRO DIS WEEKLY .....	71	CLINIMIX INJ 4.25/D5W .93		CLOZARIL .....	43
<i>clindacin</i> .....	101	CLINIMIX INJ 5%/D15W .93		see <i>clozapine</i> .....	42
<i>clindacin etz pledgets</i> ....	101	CLINIMIX INJ 5%/D20W .93		COARTEM TAB 20-120MG .....	8
<i>clindacin-p</i> .....	101	CLINIMIX INJ 6/5 .....	93	COBENFY CAP 100-20MG .....	43
CLINDAGEL see <i>clindamycin phosphate (topical)</i> .....	101	CLINIMIX INJ 8/10 .....	93	COBENFY CAP 125-30MG .....	43
<i>clindamycin hcl</i> .....	5	CLINIMIX INJ 8/14 .....	93	COBENFY CAP 50-20MG .....	43
<i>clindamycin palmitate hydrochloride</i> .....	5	CLINISOL SF 15% .....	93	COBENFY STRT CAP PACK.....	43
<i>clindamycin phosphate</i> .....	5	CLINOLIPID EMU 20%...93		<i>codeine sulfate</i> .....	3
<i>clindamycin phosphate (topical)</i> .....	101			CODEINE SULFATE .....	3
<i>clindamycin phosphate- benzoyl peroxide gel 1.2- 2.5%</i> .....	101			<i>colchicine</i> .....	1
<i>clindamycin phosphate- benzoyl peroxide gel 1.2- 3.75%</i> .....	101			<i>colchicine w/ probenecid tab 0.5-500 mg</i> .....	1
				<i>colesevelam hcl</i> .....	31
				COLESTID .....	31
				see <i>colestipol hcl</i> .....	31
				<i>colestipol hcl</i> .....	31
				<i>colistimethate sodium</i> .....	5
				COLUMVI.....	18
				COLY-MYCIN M .....	5
				see <i>colistimethate sodium</i> .....	5

COMBIGAN	see <i>dorzolamide hcl-</i>	CYCLOPHOSPHAMIDE
see <i>brimonidine tartrate-</i>	<i>timolol maleate pf</i>	MONOHYDR.....14
<i>timolol maleate ophth</i>	<i>ophth soln 2-0.5%.....95</i>	<i>cycloserine</i> .....10
<i>soln 0.2-0.5%.....95</i>	COSOPT PF SOL 2%-	<i>cyclosporine</i> .....89
COMBIGAN SOL 0.2/0.5%	0.5%.....95	<i>cyclosporine modified (for</i>
.....95	COSOPT SOL 2-0.5%OP	<i>microemulsion)</i> .....89
COMBIPATCH DIS.....71	.....95	CYKLOKAPRON
COMBIVENT AER 20-100	COTELIC.....18	see <i>tranexamic acid</i> ....85
.....96	COTEMPLA XR-ODT.....53	<i>cyproheptadine hcl</i> .....97
COMETRIQ (60MG DOSE)	COZAAR.....29	CYRAMZA.....18
.....18	see <i>losartan potassium</i>	<i>cyred eq</i> .....68
COMETRIQ KIT 100MG .18	.....29	CYSTADANE
COMETRIQ KIT 140MG .18	CRENESSITY.....73	see <i>betaine powder for</i>
COMPLERA	CREON CAP 12000UNT 80	<i>oral solution</i> .....73
see <i>emtricitabine-</i>	CREON CAP 24000UNT 80	CYSTADANE POW.....73
<i>rilpivirine-tenofovir df</i>	CREON CAP 3000UNIT .80	CYSTADROPS.....95
<i>tab 200-25-300 mg</i> ....9	CREON CAP 36000UNT 80	CYSTAGON.....73
COMPLERA TAB.....9	CREON CAP 6000UNIT .80	CYSTARAN.....95
<i>compro</i> .....77	CRESEMBA.....7	<i>cytarabine</i> .....15
CONCERTA.....53	CRESTOR	CYTOGAM.....88
see <i>methylphenidate hcl</i>	see <i>rosuvastatin calcium</i>	CYTOMEL.....76
.....54	.....30	see <i>liomny</i> .....76
CONDYLOX.....105	CREXONT CAP 35-140MG	see <i>liothyronine sodium</i>
<i>constulose</i> .....79	.....41	.....76
COPAXONE.....59	CREXONT CAP 52.5-210	CYTOTEC.....80
see <i>glatiramer acetate</i> .60	.....41	see <i>misoprostol</i> .....80
see <i>glatopa</i> .....60	CREXONT CAP 70-280MG	<b>D</b>
COPIKTRA.....18	.....41	D10W/NACL INJ 0.2%....91
COREG.....32	CREXONT CAP 87.5-350	D10W/NACL INJ 0.45%..91
see <i>carvedilol</i> .....32	.....41	D2.5W/NACL INJ 0.45%.91
COREG CR.....32	CRINONE.....76	D5W/LYTES INJ #48.....91
see <i>carvedilol phosphate</i>	<i>cromolyn sodium</i> .....98	D5W/NACL INJ 0.2%.....91
.....32	<i>cromolyn sodium</i>	D5W/NACL INJ 0.3%.....91
CORLANOR.....35	( <i>mastocytosis</i> ).....80	D5W/NACL INJ 0.45%....91
see <i>ivabradine hcl</i> .....35	<i>cromolyn sodium (ophth)</i> 94	D5W/NACL INJ 0.9%.....91
CORTEF.....72	<i>croton</i> .....107	<i>dabigatran etexilate</i>
see <i>hydrocortisone</i> .....72	<i>cryselle</i> .....68	<i>mesylate</i> .....83
CORTENEMA.....79	CRYSVITA.....73	<i>dacarbazine</i> .....16
see <i>hydrocortisone</i>	CUTAQUIG.....88	<i>dalbavancin hcl</i> .....5
( <i>intrarectal</i> ).....79	CUVITRU.....88	<i>dalfampridine</i> .....59
CORTIFOAM.....105	CUVPOSA.....78	DALIRESP.....98
CORTISPORIN SUS -TC	see <i>glycopyrrolate (oral)</i>	see <i>roflumilast</i> .....99
OTIC.....96	.....78	DALVANCE.....5
COSOPT	CUVRIOR.....67	see <i>dalbavancin hcl</i> .....5
see <i>dorzolamide hcl-</i>	<i>cyclobenzaprine hcl</i> .....61	<i>danazol</i> .....63
<i>timolol maleate ophth</i>	<i>cyclophosphamide</i> .....14	DANTRIUM.....61
<i>soln 2-0.5%.....95</i>	CYCLOPHOSPHAMIDE .14	see <i>dantrolene sodium</i> 61
COSOPT PF		<i>dantrolene sodium</i> .....61

DANZITEN .....	18	see <i>penciclovir</i> .....	106	<i>desmopressin acetate</i>	
<i>dapagliflozin propanediol</i>	63	DENGVAXIA SUS.....	90	<i>spray refrigerated</i> .....	73
<i>dapsone</i> .....	5	DEPAKOTE .....	46	<i>desogest-eth estrad &amp; eth</i>	
<i>dapsone (topical)</i> .....	101	see <i>divalproex sodium</i> .....	46	<i>estrad tab 0.15-0.02/0.01</i>	
DAPTACEL INJ.....	90	DEPAKOTE ER .....	46	<i>mg(21/5)</i> .....	68
DAPTOMY/NACL INJ		see <i>divalproex sodium</i> .....	46	<i>desonide</i> .....	104
350/50ML .....	5	DEPAKOTE SPRINKLES		<i>desoximetasone</i> .....	104
DAPTOMY/NACL INJ		.....	46	DESVENLAFAXINE ER..	39
500/50ML .....	5	see <i>divalproex sodium</i> .....	46	<i>desvenlafaxine succinate</i>	39
<i>daptomycin</i> .....	5	DEPEN TITRATABS.....	67	<i>dexamethasone</i> .....	72
DAPTOMYCIN .....	5	see <i>penicillamine</i> .....	68	DEXAMETHASONE	
see <i>daptomycin</i> .....	5	DEPO-ESTRADIOL .....	71	INTENSOL .....	72
DARAPRIM		DEPO-MEDROL .....	72	<i>dexamethasone sodium</i>	
see <i>pyrimethamine</i> .....	6	see <i>methylprednisolone</i>		<i>phosphate</i> .....	72
<i>darifenacin hydrobromide</i>		<i>acetate</i> .....	72	<i>dexamethasone sodium</i>	
.....	82	DEPO-PROVERA		<i>phosphate (ophth)</i> .....	94
<i>darunavir</i> .....	8	CONTRACEPTIV .....	68	DEXEDRINE .....	53
DARZALEX.....	18	see		see <i>dextroamphetamine</i>	
DARZALEX INJ FASPRO		<i>medroxyprogesterone</i>		<i>sulfate</i> .....	53
.....	18	<i>acetate (contraceptive)</i>		DEXILANT .....	81
<i>dasatinib</i> .....	19	.....	69	see <i>dexlansoprazole</i> ..	81
<i>dasetta 1/35</i> .....	68	DEPO-SUBQ PROVERA		<i>dexlansoprazole</i> .....	81
<i>dasetta 7/7/7</i> .....	68	104 .....	68	<i>dexmethylphenidate hcl</i> ..	53
DATROWAY .....	19	<i>depo-testosterone</i> .....	63	<i>dextrazoxane hcl</i> .....	16
DAURISMO.....	19	DERMA-SMOOTH/FS		<i>dextroamphetamine sulfate</i>	
DAWNZERA .....	85	BODY .....	104	.....	53
DAXXIFY.....	61	see <i>fluocinolone</i>		<i>dextrose</i> .....	93
DAYBUE .....	58	<i>acetamide</i> .....	104	DEXTROSE/SODIUM	
DAYBUE STIX .....	58	DERMA-SMOOTH/FS		CHLORIDE	
DAYPRO .....	1	SCALP.....	104	see <i>dextrose 5% w/</i>	
<i>daysee</i> .....	68	see <i>fluocinolone</i>		<i>sodium chloride</i>	
DAYTRANA .....	53	<i>acetamide</i> .....	104	0.225%.....	91
see <i>methylphenidate</i> ..	54	DERMOTIC.....	96	DEXTROSE 10%.....	93
DAYVIGO.....	55	see <i>flac</i> .....	96	see <i>dextrose</i> .....	93
DDAVP.....	73	see <i>fluocinolone</i>		DEXTROSE 2.5%/SODIUM	
see <i>desmopressin</i>		<i>acetamide (otic)</i> .....	96	CHLO	
<i>acetate</i> .....	73	DESCOVY TAB 120-15MG		see <i>dextrose 2.5% w/</i>	
<i>deblitane</i> .....	68	.....	9	<i>sodium chloride 0.45%</i>	
<i>decitabine</i> .....	15	DESCOVY TAB 200/25MG		.....	91
<i>deferasirox</i> .....	67	.....	9	<i>dextrose 2.5% w/ sodium</i>	
<i>deferiprone</i> .....	67	DEFERAL.....	67	<i>chloride 0.45%</i> .....	91
<i>deferoxamine mesylate</i> ..	67	see <i>deferoxamine</i>		DEXTROSE 5%	
DELESTROGEN.....	71	<i>mesylate</i> .....	67	see <i>dextrose</i> .....	93
see <i>estradiol valerate</i> ..	71	<i>desipramine hcl</i> .....	39	DEXTROSE 5%/SODIUM	
DELSTRIGO TAB .....	9	<i>desloratadine</i> .....	97	CHLORI	
<i>demeclocycline hcl</i> .....	14	<i>desmopressin acetate</i> .....	73	see <i>dextrose 5% w/</i>	
DEMSEK.....	35	<i>desmopressin acetate</i>		<i>sodium chloride 0.3%</i>	
DENAVIR.....	105	<i>spray</i> .....	73	.....	91

see dextrose 5% w/ sodium chloride 0.45% .....91	DIFFERIN see adapalene.....100	see valsartan- hydrochlorothiazide tab 80-12.5 mg.....29
see dextrose 5% w/ sodium chloride 0.9% .....91	DIFFERIN PUMP .....101	DIOVAN HCT TAB 160- 12.5 .....27
dextrose 5% in lactated ringers .....91	DIFICID .....12	DIOVAN HCT TAB 160- 25MG.....27
dextrose 5% w/ sodium chloride 0.225%.....91	see fidaxomicin.....12	DIOVAN HCT TAB 320- 12.5 .....27
dextrose 5% w/ sodium chloride 0.3%.....91	DIFLUCAN .....7	DIOVAN HCT TAB 320- 25MG.....27
dextrose 5% w/ sodium chloride 0.45%.....91	see fluconazole .....7	DIOVAN HCT TAB 80-12.5 .....27
dextrose 5% w/ sodium chloride 0.9%.....91	diflunisal .....1	DIPENTUM .....79
DEXTROSE 70% .....93	difluprednate .....94	diphenhydramine hcl.....97
DHIVY TAB 25-100MG...41	digoxin.....35	diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml....80
DIACOMIT .....46	dihydroergotamine mesylate .....57	diphenoxylate w/ atropine tab 2.5-0.025 mg .....80
diazepam .....46	DILANTIN.....46	DIPROLENE .....104
diazepam (anticonvulsant) .....46	see phenytoin sodium extended.....49	see betamethasone dipropionate augmented.....103
diazepam inj.....46	DILANTIN-125 .....46	dipyridamole.....86
diazepam intensol .....46	see phenytoin .....49	disopyramide phosphate.30
diazoxide.....73	DILANTIN INFATABS ....46	disulfiram.....62
dichlorphenamide.....33	see phenytoin .....49	DIURIL .....33
DICLEGIS see doxylamine- pyridoxine tab delayed release 10-10 mg....77	DILAUDID .....3	divalproex sodium .....46
DICLEGIS TAB 10-10MG .....77	see hydromorphone hcl.3	DIVIGEL.....71
diclofenac potassium .....1	diltiazem hcl .....33	see estradiol .....71
diclofenac sodium .....1	diltiazem hcl coated beads .....33	docetaxel.....17
diclofenac sodium (actinic keratoses).....105	diltiazem hcl extended release beads.....33	DOCETAXEL .....17
diclofenac sodium (ophth) .....94	dilt-xr .....32	see docetaxel .....17
diclofenac sodium (topical) .....106	DIMENHYDRINATE.....77	DOCIVYX.....17
diclofenac w/ misoprostol tab delayed release 50- 0.2 mg .....1	dimethyl fumarate .....60	dofetilide.....30
diclofenac w/ misoprostol tab delayed release 75- 0.2 mg .....1	dimethyl fumarate capsule dr starter pack 120 mg & 240 mg .....60	DOJOLVI.....73
dicloxacillin sodium .....13	DIOVAN .....29	dolishale .....68
dicyclomine hcl.....78	see valsartan .....29	donepezil hydrochloride ..38
	DIOVAN HCT see valsartan- hydrochlorothiazide tab 160-12.5 mg.....29	DOPTLET .....85
	see valsartan- hydrochlorothiazide tab 160-25 mg.....29	DOPTLET SPRINKLE ..85
	see valsartan- hydrochlorothiazide tab 320-12.5 mg.....29	dorzolamide hcl.....95
	see valsartan- hydrochlorothiazide tab 320-25 mg.....29	dorzolamide hcl-timolol maleate ophth soln 2- 0.5% .....95
		dorzolamide hcl-timolol maleate pf ophth soln 2- 0.5% .....95
		dotti .....71

DOVATO TAB 50-300MG.9	DULERA AER 50-5MCG	<i>efavirenz-lamivudine-</i>
<i>doxazosin mesylate</i> .....26	.....100	<i>tenofovir df tab 600-300-</i>
<i>doxepin hcl</i> .....39	<i>duloxetine hcl</i> .....39	<i>300 mg</i> .....9
<i>doxepin hcl (sleep)</i> .....55	DUOBRII LOT .....104	EFFEXOR XR .....39
<i>doxercalciferol</i> .....76	DUOPA SUS 4.63-20.....41	<i>see venlafaxine hcl</i> .....40
DOXIL .....16	DUPIXENT .....86	EFFIENT .....86
<i>see doxorubicin hcl</i>	DUREZOL.....94	<i>see prasugrel hcl</i> .....86
<i>liposomal</i> .....17	<i>see difluprednate</i> .....94	EGRIFTA SV.....73
<i>doxorubicin hcl</i> .....16	<i>dutasteride</i> .....82	EGRIFTA WR .....73
<i>doxorubicin hcl liposomal</i> 17	<i>dutasteride-tamsulosin hcl</i>	EKTERLY.....85
DOXORUBICIN	<i>cap 0.5-0.4 mg</i> .....82	ELAHERE .....19
HYDROCHLORIDE.....17	DUVYZAT .....58	ELAPRASE.....73
<i>see doxorubicin hcl</i> .....16	DW5-NACL INJ 0.225%..91	ELELYSO.....73
<i>doxy 100</i> .....14	DYANAVEL XR.....53	ELEPSIA XR.....47
<i>doxycycline (monohydrate)</i>	DYCLOPRO.....105	ELESTRIN .....71
.....14	DYMISTA	<i>eletriptan hydrobromide</i> ..57
<i>doxycycline (rosacea)</i> ...106	<i>see azelastine hcl-</i>	ELFABRIO .....73
<i>doxycycline hyclate</i> .....14	<i>fluticasone prop nasal</i>	ELIGARD .....15
<i>doxylamine-pyridoxine tab</i>	<i>spray 137-50 mcg/act</i>	ELIMITE .....107
<i>delayed release 10-10</i>	.....96	<i>elinest</i> .....68
<i>mg</i> .....77	DYSPORT.....61	ELIQUIS.....83
DRIZALMA SPRINKLE...39	E	ELIQUIS (1.5MG PACK) 3
<i>dronabinol</i> .....77	e.e.s. 400 .....12	X.....83
<i>drospirenone-ethinyl</i>	E.E.S. GRANULES	ELIQUIS (2MG PACK) 4 X
<i>estradiol tab 3-0.02 mg</i> 68	<i>see erythromycin</i>	.....83
<i>drospirenone-ethinyl</i>	<i>ethylsuccinate</i> .....12	ELIQUIS STARTER PACK
<i>estradiol tab 3-0.03 mg</i> 68	EBGLYSS .....86	.....83
<i>drospirenone-ethinyl</i>	<i>econazole nitrate</i> .....102	ELITEK.....17
<i>estrad-levomefolate tab</i>	<i>edaravone</i> .....58	<i>elixophyllin</i> .....98
3-0.02-0.451 mg .....68	EDARBI.....29	ELLENCE.....17
<i>drospirenone-ethinyl</i>	EDARBYCLOR TAB 40-	ELMIRON.....82
<i>estrad-levomefolate tab</i>	12.5 .....27	<i>eluryng</i> .....68
3-0.03-0.451 mg .....68	EDARBYCLOR TAB 40-	EMBLAVEO INJ 2GM.....5
DROXIA .....85	25MG.....27	EMEND .....77
<i>droxidopa</i> .....35	EDECRIN.....33	<i>see fosaprepitant</i>
DUETACT	<i>see ethacrynic acid</i> .....33	<i>dimeglumine</i> .....77
<i>see pioglitazone hcl-</i>	EDLUAR .....55	EMEND BIPACK.....77
<i>glimepiride tab 30-2</i>	EDURANT.....8	<i>see aprepitant</i> .....77
<i>mg</i> .....64	EDURANT PED .....8	EMEND TRIPAC PAK 125
<i>see pioglitazone hcl-</i>	<i>efavirenz</i> .....8	& 80 .....77
<i>glimepiride tab 30-4</i>	<i>efavirenz-emtricitabine-</i>	EMGALITY .....57
<i>mg</i> .....64	<i>tenofovir df tab 600-200-</i>	EMPAVELI .....85
DUETACT TAB 30-2MG .63	300 mg .....9	EMPLICITI .....19
DUETACT TAB 30-4MG .63	<i>efavirenz-lamivudine-</i>	EMRELIS .....19
DULERA AER 100-5MCG	<i>tenofovir df tab 400-300-</i>	EMROSI.....106
.....100	300 mg .....9	EMSAM.....39
DULERA AER 200-5MCG		<i>emtricitabine</i> .....8
.....100		

<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i> .....	9	ENTRESTO see <i>sacubitril-valsartan tab 24-26 mg</i> .....	28	see <i>epinephrine (anaphylaxis)</i> .....	98
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> .....	9	see <i>sacubitril-valsartan tab 49-51 mg</i> .....	28	EPIVIR .....	8
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> .....	10	see <i>sacubitril-valsartan tab 97-103 mg</i> .....	28	see <i>lamivudine</i> .....	9
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> .....	10	ENTRESTO CAP 15-16MG .....	27	EPKINLY .....	19
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> .....	10	ENTRESTO CAP 6-6MG	27	<i>eplerenone</i> .....	25
EMTRIVA .....	8	ENTRESTO TAB 24-26MG .....	27	<i>epoprostenol sodium</i> .....	36
see <i>emtricitabine</i> .....	8	ENTRESTO TAB 49-51MG .....	27	EPRONTIA.....	47
EMVERM .....	5	ENTRESTO TAB 97-103MG.....	27	see <i>topiramate</i> .....	50
<i>emzahn</i> .....	68	ENTRESTO TAB 97-103MG.....	27	EPSOLAY .....	106
<i>enalapril maleate</i> .....	25	<i>enulose</i> .....	79	EPYSQLI.....	85
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i> .....	25	ENVARUS XR .....	89	EQUETRO .....	58
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i> .....	25	EOHILIA.....	80	ERAXIS.....	7
ENBREL.....	86	EPANED see <i>enalapril maleate</i> ..	25	ERBITUX .....	19
ENBREL MINI .....	86	EPCLUSA PAK 150-37.5	10	ERGOMAR .....	57
ENBREL SURECLICK... ..	86	EPCLUSA PAK 200-50MG .....	10	<i>ergotamine w/ caffeine tab 1-100 mg</i> .....	57
ENBUMYST .....	33	EPCLUSA TAB 200-50MG .....	10	<i>eribulin mesylate</i> .....	17
ENDARI .....	85	EPCLUSA TAB 400-100	10	ERIVEDGE .....	19
see <i>l-glutamine (sickle cell)</i> .....	85	EPIDIOLEX.....	47	ERLEADA .....	15
<i>endocet tab 10-325mg</i> .....	3	EPIDUO see <i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> .....	100	<i>erlotinib hcl</i> .....	19
<i>endocet tab 2.5-325mg</i> .....	3	EPIDUO FORTE see <i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> .....	100	ERMEZA.....	76
<i>endocet tab 5-325mg</i> .....	3	EPIDUO FORTE GEL 0.3-2.5% .....	101	<i>errin</i> .....	68
<i>endocet tab 7.5-325mg</i> .....	3	EPIDUO GEL 0.1-2.5%.	101	<i>ertapenem sodium</i> .....	5
ENGERIX-B .....	90	EPIFOAM AER 1% .....	104	<i>ery</i> .....	101
ENHERTU.....	19	<i>epinastine hcl (ophth)</i> .....	94	ERYPED 400 see <i>erythromycin ethylsuccinate</i> .....	12
<i>enilloring</i> .....	68	<i>epinephrine (anaphylaxis)</i> .....	35, 98	ERYTHROCIN LACTOBIONATE.....	12
ENJAYMO.....	85	EIPEN 2-PAK .....	98	see <i>erythromycin lactobionate</i> .....	12
<i>enoxaparin sodium</i> .....	83	see <i>epinephrine (anaphylaxis)</i> .....	98	<i>erythromycin (acne aid)</i> 101	
ENSACOVE .....	19	EIPEN-JR 2-PAK.....	98	<i>erythromycin (ophth)</i> .....	93
<i>enskyce</i> .....	68			<i>erythromycin base</i> .....	12
ENSPRYNG.....	58			<i>erythromycin ethylsuccinate</i> .....	12
ENSTILAR AER .....	103			<i>erythromycin lactobionate</i> .....	12
<i>entacapone</i> .....	41			ERZOFRI .....	43
<i>entecavir</i> .....	10			ESBRIET see <i>pirfenidone</i> .....	98, 99

<i>esomeprazole sodium</i> .....81	<i>exemestane</i> .....15	EXFORGE TAB 10-320MG
<i>estarylla</i> .....68	EXFORGE	.....27
<i>estazolam</i> .....55	see <i>amlodipine besylate-</i>	EXFORGE TAB 5-160MG
ESTRACE.....71	<i>valsartan tab 10-160</i>	.....27
see <i>estradiol vaginal</i> ....71	<i>mg</i> .....26	EXFORGE TAB 5-320MG
<i>estradiol</i> .....71	see <i>amlodipine besylate-</i>	.....27
<i>estradiol &amp; norethindrone</i>	<i>valsartan tab 10-320</i>	EXJADE.....67
<i>acetate tab 0.5-0.1 mg</i> 71	<i>mg</i> .....26	see <i>deferasirox</i> .....67
<i>estradiol &amp; norethindrone</i>	see <i>amlodipine besylate-</i>	EXXUA.....39
<i>acetate tab 1-0.5 mg</i> ...71	<i>valsartan tab 5-160 mg</i>	EXXUA TITRATION PACK
<i>estradiol vaginal</i> .....71	.....26	.....39
<i>estradiol valerate</i> .....71	see <i>amlodipine besylate-</i>	EYLEA .....95
ESTRING.....71	<i>valsartan tab 5-320 mg</i>	EYLEA HD .....95
ESTROGEL	.....26	EYSUVIS .....95
see <i>estradiol</i> .....71	EXFORGE HCT	EZALLOR SPRINKLE....30
<i>estrogens, conjugated</i> ...71	see <i>amlodipine-</i>	<i>ezetimibe</i> .....31
<i>eszopiclone</i> .....56	<i>valsartan-</i>	<i>ezetimibe-simvastatin tab</i>
<i>ethacrynic acid</i> .....33	<i>hydrochlorothiazide tab</i>	10-10 mg .....31
<i>ethambutol hcl</i> .....10	10-160-12.5 mg .....26	<i>ezetimibe-simvastatin tab</i>
<i>ethosuximide</i> .....47	see <i>amlodipine-</i>	10-20 mg .....31
<i>ethynodiol diacetate &amp;</i>	<i>valsartan-</i>	<i>ezetimibe-simvastatin tab</i>
<i>ethinyl estradiol tab 1</i>	<i>hydrochlorothiazide tab</i>	10-40 mg .....31
<i>mg-50 mcg</i> .....68	10-160-25 mg .....26	<i>ezetimibe-simvastatin tab</i>
<i>etodolac</i> .....1	see <i>amlodipine-</i>	10-80 mg .....31
<i>etonogestrel-ethinyl</i>	<i>valsartan-</i>	<b>F</b>
<i>estradiol va ring 0.12-</i>	<i>hydrochlorothiazide tab</i>	FABHALTA .....85
0.015 mg/24hr .....68	10-320-25 mg .....26	FABIOR.....101
ETOPOPHOS .....17	see <i>amlodipine-</i>	FABRAZYME .....73
<i>etoposide</i> .....17	<i>valsartan-</i>	<i>falmina</i> .....68
<i>etravirine</i> .....9	<i>hydrochlorothiazide tab</i>	<i>famciclovir</i> .....10
EUCRISA.....106	5-160-12.5 mg .....26	<i>famotidine</i> .....78
EULEXIN.....15	see <i>amlodipine-</i>	FAMOTIDINE.....78
EVAMIST .....71	<i>valsartan-</i>	<i>famotidine in nacl 0.9% iv</i>
EVENITY.....66	<i>hydrochlorothiazide tab</i>	<i>soln 20 mg/50ml</i> .....78
<i>everolimus</i> .....19	5-160-25 mg .....26	FANAPT .....43
<i>everolimus</i>	EXFORGE HCT TAB 10-	FANAPT PAK PACK A ...43
( <i>immunosuppressant</i> )89,	160-12.5MG .....27	FANAPT PAK PACK B ...43
90	EXFORGE HCT TAB 10-	FANAPT PAK PACK C ...43
EVISTA .....73	160-25MG .....27	FARESTON .....15
see <i>raloxifene hcl</i> .....74	EXFORGE HCT TAB 10-	see <i>toremifene citrate</i> ..16
EVKEEZA .....31	320-25MG .....27	FARXIGA .....63
EVOTAZ TAB 300-150 ...10	EXFORGE HCT TAB 5-	FASENRA.....98
EVOXAC .....107	160-12.5MG .....27	FASENRA PEN.....98
see <i>cevimeline hcl</i> ....107	EXFORGE HCT TAB 5-	FASLODEX.....15
EVRYSDI .....58	160-25MG .....27	see <i>fulvestrant</i> .....15
EXELDERM .....102	EXFORGE TAB 10-160MG	<i>febuxostat</i> .....1
EXELON .....38	.....27	<i>feirza 1/20</i> .....68
see <i>rivastigmine</i> .....38		<i>feirza 1.5/30</i> .....68

<i>felbamate</i> .....	47	<i>fluconazole</i> .....	7	FOCINVEZ .....	77
FELBATOL .....	47	<i>fluconazole in nacl 0.9% inj</i>		FOLOTYN .....	15
<i>see felbamate</i> .....	47	200 mg/100ml .....	7	<i>fondaparinux sodium</i> .....	83
<i>felodipine</i> .....	33	<i>fluconazole in nacl 0.9% inj</i>		<i>formoterol fumarate</i> .....	97
FEMARA .....	15	400 mg/200ml .....	7	FORTEO .....	67
<i>see letrozole</i> .....	16	<i>flucytosine</i> .....	7	<i>see teriparatide</i> .....	67
FEMLYV TAB 1/0.02MG .....	68	<i>fludarabine phosphate</i> .....	15	FOSAMAX .....	67
FEMRING .....	71	<i>fludrocortisone acetate</i> .....	72	<i>see alendronate sodium</i>	
<i>fenofibrate</i> .....	30	<i>flunisolide (nasal)</i> .....	99	.....	66
<i>fenofibrate micronized</i> .....	30	<i>fluocinolone acetonide</i> .....	104	FOSAMAX + D TAB 70-	
FENSOLVI .....	73	<i>fluocinolone acetonide</i>		2800 .....	67
<i>fentanyl</i> .....	2	(otic) .....	96	FOSAMAX + D TAB 70-	
FERRIPROX .....	67	<i>fluocinonide</i> .....	104	5600 .....	67
<i>see deferiprone</i> .....	67	<i>fluocinonide emulsified</i>		<i>fosamprenavir calcium</i> .....	9
FERRIPROX TWICE-A-		base .....	104	<i>fosaprepitant dimeglumine</i>	
DAY .....	67	<i>fluorometholone (ophth)</i> .....	94	.....	77
<i>fesoterodine fumarate</i> .....	82	<i>fluorouracil</i> .....	15	<i>foscarnet sodium</i> .....	10
FETROJA .....	12	<i>fluorouracil (topical)</i> .....	106	FOSCAVIR	
FETZIMA .....	39	<i>fluoxetine hcl</i> .....	39	<i>see foscarnet sodium</i> .....	10
FETZIMA CAP TITRATIO		<i>fluphenazine decanoate</i> .....	43	<i>fosfomycin tromethamine</i> .....	5
.....	39	<i>fluphenazine hcl</i> .....	43	<i>fosinopril sodium</i> .....	25
FIASP .....	65	<i>flurbiprofen</i> .....	1	<i>fosinopril sodium &amp;</i>	
FIASP FLEXTOUCH .....	65	<i>flurbiprofen sodium</i> .....	94	<i>hydrochlorothiazide tab</i>	
FIASP PENFILL .....	65	<i>fluticasone propionate</i> .....	104,	10-12.5 mg .....	25
FIASP PUMPCART .....	65	105		<i>fosinopril sodium &amp;</i>	
<i>fidaxomicin</i> .....	12	<i>fluticasone propionate</i>		<i>hydrochlorothiazide tab</i>	
FILSPARI .....	82	(nasal) .....	99	20-12.5 mg .....	25
FINACEA .....	106	<i>fluticasone-salmeterol aer</i>		FOTIVDA .....	19
<i>see azelaic acid</i> .....	105	powder ba 100-50		FRAGMIN .....	83
<i>finasteride</i> .....	82	mcg/act .....	100	FRINDOVYX .....	14
<i>finngolimod hcl</i> .....	60	<i>fluticasone-salmeterol aer</i>		FROVA .....	57
FINTEPLA .....	47	powder ba 250-50		<i>see frovatriptan</i>	
<i>finzala</i> .....	68	mcg/act .....	100	succinate .....	57
FIRAZYR		<i>fluticasone-salmeterol aer</i>		<i>frovatriptan succinate</i> .....	57
<i>see icatibant acetate</i> .....	85	powder ba 500-50		FRUZAQLA .....	19
<i>see sajazir</i> .....	85	mcg/act .....	100	FULPHILA .....	84
FIRDAPSE .....	58	<i>fluvastatin sodium</i> .....	30	<i>fulvestrant</i> .....	15
FIRMAGON .....	15	<i>fluvoxamine maleate</i> .....	37	<i>fulvicin p/g 165</i> .....	7
FIRVANQ .....	5	FML FORTE .....	94	<i>furosemide</i> .....	33, 34
<i>see vancomycin hcl</i> .....	7	FML LIQUIFILM		<i>furosemide inj</i> .....	34
<i>flac</i> .....	96	<i>see fluorometholone</i>		FYARRO .....	19
FLAREX .....	94	(ophth) .....	94	<i>fyavolv tab 0.5mg-2.5mcg</i>	
FLEBOGAMMA DIF .....	88	FOCALIN .....	53	.....	71
<i>flecainide acetate</i> .....	30	<i>see dexmethylphenidate</i>		<i>fyavolv tab 1mg-5mcg</i> .....	71
FLEQSUVY .....	61	hcl .....	53	FYCOMPA .....	47
<i>see baclofen</i> .....	61	FOCALIN XR .....	53	<i>see perampanel</i> .....	49
FLOLAN .....	36	<i>see dexmethylphenidate</i>		<b>G</b>	
FLOLIPID .....	30	hcl .....	53	<i>gabapentin</i> .....	47

<i>gabapentin (once-daily)</i> ..58	<i>gentamicin in saline inj 2</i>	see <i>peg 3350-kcl-na</i>
GALAFOLD.....73	<i>mg/ml</i> .....5	<i>bicarb-nacl-na sulfate</i>
<i>galantamine hydrobromide</i>	<i>gentamicin sulfate</i> .....5	<i>for soln 236 gm</i> .....79
.....38	<i>gentamicin sulfate (ophth)</i>	GOLYTELY SOL.....79
<i>galbriela</i> .....68	.....93	GOMEKLI.....19
<i>gallifrey</i> .....76	<i>gentamicin sulfate (topical)</i>	GRAFAPEX .....14
GAMASTAN INJ .....88	.....102	GRALISE .....58
GAMMAGARD LIQUID...88	GENVOYA TAB .....10	see <i>gabapentin (once-</i>
GAMMAGARD S/D IGA	GEODON .....43	<i>daily)</i> .....58
LESS TH .....88	see <i>ziprasidone hcl</i> .....45	<i>granisetron hcl</i> .....77
GAMMAKED .....88	see <i>ziprasidone mesylate</i>	GRASTEK.....89
GAMMAPLEX .....88	.....45	<i>griseofulvin microsize</i> .....7
GAMUNEX-C .....88	GILENYA .....60	<i>griseofulvin ultramicrosize</i> .7
GANCICLOVIR .....10	see <i> fingolimod hcl</i> .....60	<i>guanfacine hcl</i> .....35
<i>ganciclovir sodium</i> .....10	GILOTRIF .....19	<i>guanfacine hcl (adhd)</i> .....53
GARDASIL 9.....90	GIMOTI .....77	GYNAZOLE-1 .....83
GASTROCROM.....80	GIVLAARI .....85	<b>H</b>
see <i>cromolyn sodium</i>	GLASSIA.....98	HADLIMA .....86
( <i>mastocytosis</i> ).....80	<i>glatiramer acetate</i> .....60	HADLIMA PUSH TOUCH 86
<i>gatifloxacin (ophth)</i> .....93	<i>glatopa</i> .....60	HAEGARDA.....85
GATTEX.....80	GLEEVEC .....19	<i>hailey 1.5/30</i> .....68
GAUZE PADS 2X2 .....65	see <i>imatinib mesylate</i> ..20	<i>hailey 24 fe</i> .....69
<i>gavilyte-c</i> .....79	GLEOSTINE .....14	HALAVEN .....17
<i>gavilyte-g</i> .....79	see <i>lomustine</i> .....14	see <i>eribulin mesylate</i> ...17
<i>gavilyte-n/flavor pack</i> .....79	<i>glimepiride</i> .....63	HALCION .....56
GAVRETO .....19	<i>glipizide</i> .....63	see <i>triazolam</i> .....56
GAZYVA .....19	<i>glipizide-metformin hcl tab</i>	HALDOL DECANOATE
<i>gefitinib</i> .....19	2.5-250 mg .....64	100 .....43
<i>gemcitabine hcl</i> .....15	<i>glipizide-metformin hcl tab</i>	HALDOL DECANOATE 50
GEMCITABINE	2.5-500 mg .....64	.....43
HYDROCHLORIDE.....15	<i>glipizide-metformin hcl tab</i>	<i>halobetasol propionate</i> ..105
see <i>gemcitabine hcl</i> .....15	5-500 mg .....64	<i>haloette</i> .....69
<i>gemfibrozil</i> .....30	GLOPERBA .....1	<i>haloperidol</i> .....43
<i>gemmily</i> .....68	GLUCOTROL XL .....64	<i>haloperidol decanoate</i> ....43
GEMTESA .....82	see <i>glipizide</i> .....63	<i>haloperidol lactate</i> .....43
<i>generlac</i> .....79	<i>glycerol phenylbutyrate</i> ...73	HARVONI PAK 33.75-
<i>gengraf</i> .....90	<i>glycopyrrolate</i> .....78	150MG.....10
GENOTROPIN.....73	GLYCOPYRROLATE	HARVONI PAK 45-200MG
GENOTROPIN MINIQUECK	see <i>glycopyrrolate</i> .....78	.....10
.....73	<i>glycopyrrolate (oral)</i> .....78	HARVONI TAB 45-200MG
<i>gentamicin in saline inj 0.8</i>	<i>glydo</i> .....105	.....10
<i>mg/ml</i> .....5	GLYXAMBI TAB 10-5 MG	HARVONI TAB 90-400MG
<i>gentamicin in saline inj 1.2</i>	.....64	.....10
<i>mg/ml</i> .....5	GLYXAMBI TAB 25-5 MG	HAVRIX.....90
<i>gentamicin in saline inj 1.6</i>	.....64	<i>heather</i> .....69
<i>mg/ml</i> .....5	GOCOVRI .....41	HEMADY.....72
<i>gentamicin in saline inj 1</i>	GOLYTELY	HEMICLOR.....34
<i>mg/ml</i> .....5	see <i>gavilyte-g</i> .....79	HEPAGAM B.....88

HEPARIN/NACL INJ		<i>hydrocodone-</i>	<i>hydroxychloroquine sulfate</i>
25000UNT .....	84	<i>acetaminophen soln 10-</i>	.....88
HEPARIN SODIUM.....	84	325 mg/15ml.....	<i>hydroxyurea</i> .....
<i>heparin sodium (porcine)</i>	84	<i>hydrocodone-</i>	<i>hydroxyzine hcl</i> .....
HEPLISAV-B.....	90	<i>acetaminophen soln 7.5-</i>	<i>hydroxyzine pamoate</i> .....
HEP SOD/D5W INJ		325 mg/15ml.....	3
20000UNT .....	83	<i>hydrocodone-</i>	HYFTOR .....
HEP SOD/D5W INJ		<i>acetaminophen tab 10-</i>	HYQVIA INJ 10-800.....
25000UNT .....	83	300 mg .....	HYQVIA INJ 2.5-200.....
HEP SOD/NACL INJ		<i>hydrocodone-</i>	HYQVIA INJ 20-1600.....
12500UNT .....	84	<i>acetaminophen tab 10-</i>	HYQVIA INJ 30-2400.....
HEP SOD/NACL INJ		325 mg .....	HYQVIA INJ 5-400.....
25000UNT .....	84	<i>hydrocodone-</i>	HYZAAR
HERCEP HYLEC SOL 60-		<i>acetaminophen tab 2.5-</i>	see <i>losartan potassium &amp;</i>
10000 .....	19	325 mg .....	<i>hydrochlorothiazide tab</i>
HERCEPTIN .....	19	<i>hydrocodone-</i>	100-12.5 mg.....
HERCESSI.....	19	<i>acetaminophen tab 5-300</i>	see <i>losartan potassium &amp;</i>
HERNEXEOS .....	19	mg .....	<i>hydrochlorothiazide tab</i>
HERZUMA .....	19	<i>hydrocodone-</i>	100-25 mg.....
HETLIOZ.....	56	<i>acetaminophen tab 5-325</i>	see <i>losartan potassium &amp;</i>
see <i>tasimelteon</i> .....	56	mg .....	<i>hydrochlorothiazide tab</i>
HETLIOZ LQ .....	56	<i>hydrocodone-</i>	50-12.5 mg.....
HIBERIX.....	90	<i>acetaminophen tab 7.5-</i>	HYZAAR TAB 100-12.5 ..
HIPREX		300 mg .....	HYZAAR TAB 100-25 .....
see <i>methenamine</i>		<i>hydrocodone-</i>	HYZAAR TAB 50-12.5 .....
<i>hippurate</i> .....	6	<i>acetaminophen tab 7.5-</i>	I
HIZENTRA.....	88	325 mg .....	<i>ibandronate sodium</i> .....
HORIZANT.....	58	<i>hydrocodone bitartrate</i> .....	IBRANCE .....
HUMATIN.....	5	<i>hydrocodone-ibuprofen tab</i>	IBTROZI.....
HUMIRA.....	86	10-200 mg .....	<i>ibu</i> .....
HUMIRA PEN .....	86	<i>hydrocodone-ibuprofen tab</i>	<i>ibuprofen</i> .....
HUMIRA PEN-CD/UC/HS		5-200 mg .....	<i>icatibant acetate</i> .....
START.....	87	<i>hydrocodone-ibuprofen tab</i>	<i>iclevia</i> .....
HUMIRA PEN KIT PS/UV		7.5-200 mg .....	ICLUSIG.....
.....	87	<i>hydrocortisone</i> .....	IDHIFA .....
HUMULIN R U-500		<i>hydrocortisone (intrarectal)</i>	IFEX.....
(CONCENTR.....	65	.....	<i>ifosfamide</i> .....
HUMULIN R U-500		<i>hydrocortisone (rectal)</i> ..	IFOSFAMIDE .....
KWIKPEN.....	66	<i>hydrocortisone (topical)</i> ..	ILARIS.....
HYCAMTIN		<i>hydrocortisone (topical)</i> ..	ILEVRO .....
see <i>topotecan hcl</i> .....	17	<i>hydrocortisone butyrate</i>	IMAAVY .....
<i>hydralazine hcl</i> .....	35	<i>hydrocortisone sod</i>	<i>imatinib mesylate</i> .....
HYDREA.....	17	<i>succinate</i> .....	IMBRUVICA .....
see <i>hydroxyurea</i> .....	17	<i>hydrocortisone valerate</i> ..	IMDELLTRA.....
<i>hydrochlorothiazide</i> .....	34	<i>hydrocortisone w/ acetic</i>	IMFINZI .....
<i>hydrocodone-</i>		<i>acid otic soln 1-2%</i> .....	<i>imipenem-cilastatin</i>
<i>acetaminophen soln 10-</i>		<i>hydromorphone hcl</i> .....	<i>intravenous for soln 250</i>
300 mg/15ml.....	3	HYDROMORPHONE	mg .....
		HYDROCHLORI.....	5

<i>imipenem-cilastatin</i>	see <i>etravirine</i> .....9	ISTALOL.....95
<i>intravenous for soln 500</i>	INTRALIPID.....93	see <i>timolol maleate</i>
mg.....5	INTRAROSA.....82	( <i>ophth</i> ) <i>once-daily</i> ....95
<i>imipramine hcl</i> .....39	<i>introvale</i> .....69	ISTURISA.....73
<i>imipramine pamoate</i> .....39	INTUNIV.....53, 54	ITOVEBI.....20
<i>imiquimod</i> .....106	see <i>guanfacine hcl</i>	<i>itraconazole</i> .....7
IMITREX.....57	( <i>adhd</i> ).....53	<i>ivabradine hcl</i> .....35
see <i>sumatriptan</i>	INVEGA.....43	<i>ivermectin</i> .....5
<i>succinate</i> .....57	see <i>paliperidone</i> .....44	IWILFIN.....17
IMITREX STATDOSE	INVEGA HAFYERA.....43	IXEMPRA KIT.....17
REFILL.....57	INVEGA SUSTENNA.....43	IXIARO INJ.....90
IMITREX STATDOSE	INVEGA TRINZA.....43	IYUZEH.....95
SYSTEM.....57	INVELTYS.....94	IZERVAY.....95
see <i>sumatriptan</i>	INZIRQO.....34	<b>J</b>
<i>succinate</i> .....57	IPOL INJ INACTIVE.....90	JADENU.....67
IMJUDO.....20	<i>ipratropium-albuterol nebu</i>	see <i>deferasirox</i> .....67
IMKELDI.....20	<i>soln 0.5-2.5(3) mg/3ml</i> 96	JADENU SPRINKLE.....67
IMOVAX RABIES	<i>ipratropium bromide</i> .....96	see <i>deferasirox</i> .....67
(H.D.C.V.).....90	<i>ipratropium bromide (nasal)</i>	<i>jaimiess</i> .....69
IMPAVIDO.....5	.....96	JAKAFI.....20
IMURAN.....90	IQIRVO.....80	JALYN
see <i>azathioprine</i> .....89	<i>irbesartan</i> .....29	see <i>dutasteride-</i>
IMVEXXY MAINTENANCE	<i>irbesartan-</i>	<i>tamsulosin hcl cap 0.5-</i>
PACK.....71	<i>hydrochlorothiazide tab</i>	0.4 mg.....82
IMVEXXY STARTER PACK	150-12.5 mg.....27	JALYN CAP 0.5-0.4.....82
.....71	<i>irbesartan-</i>	<i>jantoven</i> .....84
INBRIJA.....41	<i>hydrochlorothiazide tab</i>	JANUMET TAB 50-1000.64
<i>incassia</i> .....69	300-12.5 mg.....27	JANUMET TAB 50-500MG
INCRELEX.....73	IRESSA.....20	.....64
INCRUSE ELLIPTA.....96	see <i>gefitinib</i> .....19	JANUMET XR TAB 100-
<i>indapamide</i> .....34	<i>irinotecan hcl</i> .....17	1000.....64
INDERAL LA.....32	ISENTRESS.....9	JANUMET XR TAB 50-
see <i>propranolol hcl</i> .....32	ISENTRESS HD.....9	1000.....64
INFANRIX INJ.....90	<i>isibloom</i> .....69	JANUMET XR TAB 50-
INLURIYO.....16	ISOLYTE-P INJ /D5W.....91	500MG.....64
INLYTA.....20	ISOLYTE-S INJ.....91	JANUVIA.....64
INPEFA.....35	ISOLYTE-S INJ PH 7.4...91	JARDIANCE.....64
INQOVI TAB 35-100MG .15	<i>isoniazid</i> .....10	<i>jasmiel</i> .....69
INREBIC.....20	ISORDIL TITRADOSE...35	JATENZO.....63
INSPIRA.....25	<i>isosorbide dinitrate</i> .....36	JAVADIN.....35
INSULIN PEN NEEDLES:	<i>isosorbide dinitrate-</i>	<i>javygtor</i> .....73
EMBECTA-BD.....66	<i>hydralazine hcl tab 20-</i>	JAYPIRCA.....20
INSULIN SAFETY	37.5 mg.....35	JEMPERLI.....20
NEEDLES: EMBECTA-	<i>isosorbide mononitrate</i> ...36	JENTADUETO TAB 2.5-
BD.....66	ISOSORBIDE	1000.....64
INSULIN SYRINGES:	MONONITRATE.....36	JENTADUETO TAB 2.5-
EMBECTA-BD.....66	<i>isotretinoin</i> .....101	500.....64
INTELENCE.....9	<i>isradipine</i> .....33	

JENTADUETO TAB 2.5-850 .....	64	KALYDECO .....	98	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> .....	91
JENTADUETO TAB XR 2.5-1000MG .....	64	KANJINTI .....	20	<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	91
JENTADUETO TAB XR 5-1000MG.....	64	KANUMA.....	74	<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i> .....	92
JEVTANA.....	17	KAPSPARGO SPRINKLE .....	32	<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	91
<i>jinteli</i> .....	71	KARBINAL ER .....	97	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> .....	92
JOENJA .....	89	<i>kariva</i> .....	69	<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	91
<i>jolessa</i> .....	69	KATERZIA .....	33	<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	91
JORNAY PM .....	54	KCL/D5W/LACT INJ 20MEQ/L .....	92	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> .....	92
JOURNAVX .....	1	KCL/D5W/NACL INJ 0.15/0.2 .....	92	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> .....	92
JUBLIA.....	102	KCL/D5W/NACL INJ 0.15/0.45 .....	92	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> .....	92
<i>juleber</i> .....	69	KCL/D5W/NACL INJ 0.15/0.9 .....	92	<i>kelnor 1/35</i> .....	69
JULUCA TAB 50-25MG ..	10	KCL/D5W/NACL INJ 0.3/0.9% .....	92	KENALOG-10 .....	72
<i>junel 1/20</i> .....	69	KCL 0.075%/D5W/NACL 0.45% .....	92	see <i>triamcinolone acetonide</i> .....	72
<i>junel 1.5/30</i> .....	69	see <i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	91	KENALOG-40 .....	72
<i>junel fe 1/20</i> .....	69	KCL 0.3%/D5W/NACL 0.45% .....	91	see <i>triamcinolone acetonide</i> .....	72
<i>junel fe 1.5/30</i> .....	69	see <i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	91	KENALOG-80 .....	72
<i>junel fe 24</i> .....	69	KCL 0.3%/D5W/NACL 0.9% .....	91	KEPPRA .....	47
JUXTAPID.....	31	see <i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	91	see <i>levetiracetam</i> .....	48
JYLAMVO .....	88	<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	91	see <i>roweepra</i> .....	50
JYNARQUE .....	73	<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> .....	91	KEPPRA XR .....	47
see <i>tolvaptan</i> .....	75	<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i> .....	91	see <i>levetiracetam</i> .....	48
JYNARQUE PAK 30-15MG .....	74	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	91	KERENDIA.....	26
JYNARQUE PAK 45-15MG .....	74	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	91	<i>ketoconazole</i> .....	7
JYNARQUE PAK 60-30MG .....	74	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	91	<i>ketoconazole (topical)</i> ...	102
JYNARQUE PAK 90-30MG .....	74	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	91	<i>ketorolac tromethamine</i> ....	1
JYNNEOS .....	90	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	91	<i>ketorolac tromethamine (ophth)</i> .....	94
<b>K</b>		<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	91	KEVEYIS.....	34
KABIVEN EMU .....	93	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	91	see <i>dichlorphenamide</i> .....	33
KADCYLA .....	20	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	91	see <i>ormalvi</i> .....	34
<i>kaitlib fe</i> .....	69	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	91	KEYTRUDA .....	20
KALBITOR.....	85	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	91	KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML .....	20
KALETRA .....		<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	91	KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML .....	20
see <i>lopinavir-ritonavir tab 100-25 mg</i> .....	10	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	91	KHAPZORY .....	17
see <i>lopinavir-ritonavir tab 200-50 mg</i> .....	10	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	91	KHINDIVI .....	72
KALETRA SOL .....	10	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	91	KIMMTRAK.....	20
KALETRA TAB 100-25MG .....	10	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	91	KIMYRSA.....	5
KALETRA TAB 200-50MG .....	10				

KINERET .....	87	<i>lacosamide oral</i> .....	47	<i>see lamotrigine tab 35 x</i>	
KINRIX INJ.....	90	<i>lactated ringer's solution</i> .92		<i>25 mg starter kit</i> .....	48
<i>kionex</i> .....	67	LACTATED RIN INJ.....	92	<i>see subvenite starter</i>	
KISQALI 200 DOSE.....	20	<i>lactic acid (ammonium</i>		<i>kit/blu</i> .....	50
KISQALI 400 DOSE.....	20	<i>lactate)</i> .....	106	LAMICTAL STARTER KIT	
KISQALI 400 PAK		<i>lactulose</i> .....	79	(35 X 25MG TABS) .....	47
FEMARA .....	20	<i>lactulose (encephalopathy)</i>		LAMICTAL STARTER KIT	
KISQALI 600 DOSE.....	20	.....	79	(42 X 25MG TABS & 7 X	
KISQALI 600 PAK		LAMICTAL .....	47	100MG TAB) .....	47
FEMARA .....	20	<i>see lamotrigine</i> .....	48	LAMICTAL STARTER KIT	
KITABIS PAK.....	5	<i>see subvenite</i> .....	50	(84 X 25MG TABS & 14	
<i>see tobramycin</i> .....	6	LAMICTAL CHEWABLE		X 100MG TABS).....	47
KLARON .....	101	DISPERS.....	47	LAMICTAL XR .....	47
<i>see sulfacetamide</i>		<i>see lamotrigine</i> .....	48	<i>see lamotrigine</i> .....	48
<i>sodium (acne)</i> .....	102	LAMICTAL ODT.....	47	LAMICTAL XR KIT.....	47
<i>klayesta</i> .....	102	<i>see lamotrigine</i> .....	48	<i>lamivudine</i> .....	9
KLISYRI .....	106	<i>see lamotrigine tab disint</i>		<i>lamivudine (hbv)</i> .....	10
KLONOPIN .....	47	<i>21 x 25 mg &amp; 7 x 50</i>		<i>lamivudine-zidovudine tab</i>	
<i>see clonazepam</i> .....	46	<i>mg titration kit</i> .....	48	<i>150-300 mg</i> .....	10
<i>klor-con</i> .....	92	<i>see lamotrigine tab disint</i>		<i>lamotrigine</i> .....	48
<i>klor-con 10</i> .....	92	<i>25 (14) &amp; 50 mg (14) &amp;</i>		<i>lamotrigine tab 25 mg (42)</i>	
KLOR-CON 10.....	92	<i>100 mg (7) kit</i> .....	48	<i>&amp; 100 mg (7) starter kit</i>	48
KLOR-CON 8.....	92	<i>see lamotrigine tab disint</i>		<i>lamotrigine tab 35 x 25 mg</i>	
<i>see potassium chloride</i>	92	<i>42 x 50mg &amp; 14 x</i>		<i>starter kit</i> .....	48
<i>klor-con m10</i> .....	92	<i>100mg titration kit</i> ...	48	<i>lamotrigine tab 84 x 25 mg</i>	
<i>klor-con m15</i> .....	92	LAMICTAL ODT KIT BLUE		<i>&amp; 14 x 100 mg starter kit</i>	
<i>klor-con m20</i> .....	92	.....	47	.....	48
KLOXXADO .....	62	LAMICTAL ODT KIT		<i>lamotrigine tab disint 21 x</i>	
KOMZIFTI .....	20	GREEN.....	47	<i>25 mg &amp; 7 x 50 mg</i>	
KORLYM.....	74	LAMICTAL ODT KIT		<i>titration kit</i> .....	48
<i>see mifepristone</i>		ORANGE.....	47	<i>lamotrigine tab disint 25</i>	
<i>(hyperglycemia)</i> .....	74	LAMICTAL STARTER/NOT		<i>(14) &amp; 50 mg (14) &amp; 100</i>	
KOSELUGO.....	20	TAKI		<i>mg (7) kit</i> .....	48
<i>kourzeq</i> .....	107	<i>see lamotrigine tab 25</i>		<i>lamotrigine tab disint 42 x</i>	
KRAZATI.....	20	<i>mg (42) &amp; 100 mg (7)</i>		<i>50mg &amp; 14 x 100mg</i>	
KRINTAFEL .....	8	<i>starter kit</i> .....	48	<i>titration kit</i> .....	48
KRYSTEXXA .....	1	<i>see subvenite starter</i>		LAMZEDE .....	74
<i>kurvelo</i> .....	69	<i>kit/ora</i> .....	50	LANOXIN .....	35
KUVAN.....	74	LAMICTAL		<i>see digoxin</i> .....	35
<i>see javygtor</i> .....	73	STARTER/TAKING C		LANOXIN PEDIATRIC ...	35
<i>see sapropterin</i>		<i>see lamotrigine tab 84 x</i>		<i>lanreotide acetate</i> .....	74
<i>dihydrochloride</i> .....	75	<i>25 mg &amp; 14 x 100 mg</i>		LANREOTIDE ACETATE	
<i>see zelvysia</i> .....	75	<i>starter kit</i> .....	48	.....	74
KYPROLIS.....	20	<i>see subvenite starter</i>		<i>lansoprazole</i> .....	81
KYXATA.....	14	<i>kit/gre</i> .....	50	LANTUS.....	66
<b>L</b>		LAMICTAL		LANTUS SOLOSTAR .....	66
<i>labetalol hcl</i> .....	32	STARTER/TAKING V		<i>lapatinib ditosylate</i> .....	20
<i>lacosamide</i> .....	47			<i>larin 1/20</i> .....	69

<i>larin 1.5/30</i> .....69	LEVETIRACETAM/SODIU	<i>levonorgestrel-ethinyl</i>
<i>larin 24 fe</i> .....69	M CHLO	<i>estradiol (continuous) tab</i>
<i>larin fe 1/20</i> .....69	see <i>levetiracetam in</i>	<i>90-20 mcg</i> .....69
<i>larin fe 1.5/30</i> .....69	<i>sodium chloride iv soln</i>	<i>levonorg-eth est tab 0.1-</i>
LASIX.....34	<i>1000 mg/100ml</i> .....48	<i>0.02mg(84) &amp; eth est tab</i>
see <i>furosemide</i> .....34	see <i>levetiracetam in</i>	<i>0.01mg(7)</i> .....69
<i>latanoprost</i> .....95	<i>sodium chloride iv soln</i>	<i>levora 0.15/30-28</i> .....69
LATUDA.....43	<i>1500 mg/100ml</i> .....48	<i>levo-t</i> .....76
see <i>lurasidone hcl</i> .....43	see <i>levetiracetam in</i>	<i>levothyroxine sodium</i> .....76
LAZCLUZE.....20	<i>sodium chloride iv soln</i>	<i>levoxyl</i> .....76
<i>leflunomide</i> .....88	<i>500 mg/100ml</i> .....48	LEXAPRO.....39
<i>lenalidomide</i> .....16	<i>levetiracetam in sodium</i>	see <i>escitalopram oxalate</i>
LENVIMA 10 MG DAILY	<i>chloride iv soln 1000</i>	.....39
DOSE.....21	<i>mg/100ml</i> .....48	<i>l-glutamine (sickle cell)</i> ...85
LENVIMA 12MG DAILY	<i>levetiracetam in sodium</i>	LIALDA.....79
DOSE.....21	<i>chloride iv soln 1500</i>	see <i>mesalamine</i> .....79
LENVIMA 20 MG DAILY	<i>mg/100ml</i> .....48	LIBTAYO.....21
DOSE.....21	<i>levetiracetam in sodium</i>	<i>lidocaine</i> .....105
LENVIMA 4 MG DAILY	<i>chloride iv soln 500</i>	<i>lidocaine hcl</i> .....105
DOSE.....21	<i>mg/100ml</i> .....48	<i>lidocaine hcl (local anesth.)</i>
LENVIMA 8 MG DAILY	<i>levobunolol hcl</i> .....95	.....1
DOSE.....21	<i>levocarnitine (metabolic</i>	<i>lidocaine hcl (mouth-throat)</i>
LENVIMA CAP 14 MG...21	<i>modifiers)</i> .....74	.....107
LENVIMA CAP 18 MG...21	<i>levocetirizine</i>	<i>lidocaine-prilocaine cream</i>
LENVIMA CAP 24 MG...21	<i>dihydrochloride</i> .....97	<i>2.5-2.5%</i> .....105
LESCOL XL.....30	<i>levofloxacin</i> .....12	<i>lidocan</i> .....105
see <i>fluvastatin sodium</i> .30	<i>levofloxacin (ophth)</i> .....93	LIDODERM
<i>lessina</i> .....69	<i>levofloxacin in d5w iv soln</i>	see <i>lidocaine</i> .....105
LETAIRIS.....36	<i>250 mg/50ml</i> .....12	see <i>lidocan</i> .....105
see <i>ambrisentan</i> .....36	<i>levofloxacin in d5w iv soln</i>	see <i>tridacaine ii</i> .....105
<i>letrozole</i> .....16	<i>500 mg/100ml</i> .....12	LIKMEZ.....5
<i>leucovorin calcium</i> .....17	<i>levofloxacin in d5w iv soln</i>	LILETTA.....69
LEUKERAN.....14	<i>750 mg/150ml</i> .....12	<i>linezolid</i> .....5
LEUKINE.....84	<i>levoleucovorin calcium</i> ...17	LINEZOLID INJ 2MG/ML..5
<i>leuprolide acetate</i> .....16	<i>levonest</i> .....69	LINZESS.....80
<i>leuprolide acetate (3</i>	<i>levonor-eth est tab 0.15-</i>	<i>liomny</i> .....76
<i>month)</i> .....16	<i>0.02/0.025/0.03 mg &amp;eth</i>	<i>liothyronine sodium</i> .....76
<i>levalbuterol hcl</i> .....97	<i>est 0.01 mg</i> .....69	LIPITOR
<i>levalbuterol tartrate</i> .....97	<i>levonorgestrel &amp; ethinyl</i>	see <i>atorvastatin calcium</i>
LEVETIR/NACL INJ	<i>estradiol (91-day) tab</i>	.....30
10MG/ML.....48	<i>0.15-0.03 mg</i> .....69	<i>liraglutide</i> .....64
LEVETIR/NACL INJ	<i>levonorgestrel &amp; ethinyl</i>	<i>lisdexamfetamine</i>
15MG/ML.....48	<i>estradiol tab 0.1 mg-20</i>	<i>dimesylate</i> .....54
LEVETIR/NACL INJ	<i>mcg</i> .....69	<i>lisinopril</i> .....25
5MG/ML.....48	<i>levonorgestrel-eth estra tab</i>	<i>lisinopril &amp;</i>
<i>levetiracetam</i> .....48	<i>0.05-30/0.075-40/0.125-</i>	<i>hydrochlorothiazide tab</i>
LEVETIRACETAM.....48	<i>30mg-mcg</i> .....69	<i>10-12.5 mg</i> .....25

<i>lisinopril &amp;</i>	LOQTORZI.....21	LOTRONEX .....80
<i>hydrochlorothiazide tab</i>	<i>lorazepam</i> .....37	<i>see alosetron hcl</i> ...79, 80
20-12.5 mg .....25	<i>lorazepam intensol</i> .....38	<i>lovastatin</i> .....30
<i>lisinopril &amp;</i>	LORBRENA .....21	LOVAZA
<i>hydrochlorothiazide tab</i>	<i>loryna</i> .....69	<i>see omega-3-acid ethyl</i>
20-25 mg .....25	<i>losartan potassium</i> .....29	<i>esters cap 1 gm</i> .....31
<i>lithium</i> .....58	<i>losartan potassium &amp;</i>	LOVAZA CAP 1GM.....31
<i>lithium carbonate</i> .....58	<i>hydrochlorothiazide tab</i>	LOVENOX.....84
LITHOBID .....58	100-12.5 mg .....28	<i>see enoxaparin sodium</i>
<i>see lithium carbonate</i> ..58	<i>losartan potassium &amp;</i>	.....83
LITHOSTAT .....82	<i>hydrochlorothiazide tab</i>	<i>low-ogestrel</i> .....69
LIVALO .....30	100-25 mg .....28	<i>loxapine succinate</i> .....43
<i>see pitavastatin calcium</i>	<i>losartan potassium &amp;</i>	<i>lubiprostone</i> .....80
.....30	<i>hydrochlorothiazide tab</i>	LUCEMYRA .....62
LIVDELZI .....80	50-12.5 mg .....27	<i>see lofexidine hcl</i> .....62
LIVMARLI.....80	LOTEMAX.....94	LUCENTIS .....95
LIVTENCITY .....10	<i>see loteprednol</i>	<i>luizza 1/20</i> .....69
LODINE	<i>etabonate</i> .....94	<i>luizza 1.5/30</i> .....69
<i>see etodolac</i> .....1	LOTEMAX SM .....94	LUMAKRAS .....21
LODOCO .....35	LOTENSIN .....25	LUMIGAN.....95
LODOSYN .....41	<i>see benazepril hcl</i> .....25	LUMIZYME .....74
<i>see carbidopa</i> .....41	LOTENSIN HCT	LUMRYZ .....61
<i>loestrin 1/20-21</i> .....69	<i>see benazepril &amp;</i>	LUMRYZ PAK STARTER
<i>loestrin 1.5/30-21</i> .....69	<i>hydrochlorothiazide tab</i>	.....61
<i>loestrin fe 1/20</i> .....69	10-12.5 mg .....24	LUNESTA .....56
<i>loestrin fe 1.5/30</i> .....69	<i>see benazepril &amp;</i>	<i>see eszopiclone</i> .....56
<i>lofexidine hcl</i> .....62	<i>hydrochlorothiazide tab</i>	LUNSUMIO .....21
<i>lojaimiess</i> .....69	20-12.5 mg .....24	LUPKYNIS .....90
LOKELMA.....67	<i>see benazepril &amp;</i>	LUPRON DEPOT (1-
LO LOESTRIN TAB 1-10-	<i>hydrochlorothiazide tab</i>	MONTH).....16
10 .....69	20-25 mg .....24	LUPRON DEPOT (3-
LOMOTIL	<i>loteprednol etabonate</i> ....94	MONTH).....16
<i>see diphenoxylate w/</i>	<i>loteprednol etabonate-</i>	LUPRON DEPOT (4-
<i>atropine tab 2.5-0.025</i>	<i>tobramycin ophth susp</i>	MONTH).....16
<i>mg</i> .....80	0.5-0.3% .....93	LUPRON DEPOT (6-
LOMOTIL TAB 2.5MG ...80	LOTREL	MONTH).....16
<i>lomustine</i> .....14	<i>see amlodipine besylate-</i>	LUPRON DEPOT-PED (1-
LONSURF TAB 15-6.14..15	<i>benazepril hcl cap 10-</i>	MONTH).....74
LONSURF TAB 20-8.19..15	20 mg .....24	LUPRON DEPOT-PED (3-
<i>loperamide hcl</i> .....80	<i>see amlodipine besylate-</i>	MONTH).....74
LOPID .....30	<i>benazepril hcl cap 10-</i>	LUPRON DEPOT-PED (6-
<i>see gemfibrozil</i> .....30	40 mg .....24	MONTH).....74
<i>lopinavir-ritonavir tab 100-</i>	<i>see amlodipine besylate-</i>	<i>lurasidone hcl</i> .....43
25 mg .....10	<i>benazepril hcl cap 5-10</i>	<i>lutra</i> .....69
<i>lopinavir-ritonavir tab 200-</i>	mg .....24	LUTRATE DEPOT .....16
50 mg .....10	<i>see amlodipine besylate-</i>	LYBALVI TAB 10-10MG .43
LOPRESSOR.....32	<i>benazepril hcl cap 5-20</i>	LYBALVI TAB 15-10MG .43
<i>see metoprolol tartrate</i> 32	mg .....24	LYBALVI TAB 20-10MG .43

LYBALVI TAB 5-10MG ...43	MARGENZA.....21	MAYZENT STARTER
<i>lyleq</i> .....69	MARINOL.....77	PACK (7) .....60
<i>lyllana</i> .....71	see <i>dronabinol</i> .....77	<i>meclizine hcl</i> .....77
LYNOZYFIC.....21	<i>marlissa</i> .....69	<i>meclofenamate sodium</i> .....1
LYNPARZA.....21	MARPLAN.....39	MEDROL.....72
LYRICA.....48	MATULANE .....17	see <i>methylprednisolone</i>
see <i>pregabalin</i> .....49	<i>matzim la</i> .....33	.....72
LYRICA CR.....58	MAVENCLAD	MEDROL DOSEPAK .....72
see <i>pregabalin (once-</i>	see <i>cladribine (10 tabs)</i>	see <i>methylprednisolone</i>
<i>daily</i> ) .....59	.....59	.....72
LYSODREN .....16	see <i>cladribine (4 tabs)</i> .59	<i>medroxyprogesterone</i>
LYTGOBI (12 MG DAILY	see <i>cladribine (5 tabs)</i> .59	<i>acetate</i> .....76
DOSE).....21	see <i>cladribine (6 tabs)</i> .59	<i>medroxyprogesterone</i>
LYTGOBI (16 MG DAILY	see <i>cladribine (7 tabs)</i> .59	<i>acetate (contraceptive)</i> 69
DOSE).....21	see <i>cladribine (8 tabs)</i> .59	<i>mefloquine hcl</i> .....8
LYTGOBI (20 MG DAILY	see <i>cladribine (9 tabs)</i> .59	<i>megestrol acetate</i> .....16, 76
DOSE).....21	MAVENCLAD (10 TABS)60	<i>megestrol acetate</i>
<i>lyza</i> .....69	MAVENCLAD (4 TABS)..60	( <i>appetite</i> ) .....76
<b>M</b>	MAVENCLAD (5 TABS)..60	MEKINIST .....21
MACROBID.....5	MAVENCLAD (6 TABS)..60	MEKTOVI.....21
see <i>nitrofurantoin</i>	MAVENCLAD (7 TABS)..60	<i>meleya</i> .....69
<i>monohyd macro</i> .....6	MAVENCLAD (8 TABS)..60	<i>meloxicam</i> .....1
MACRODANTIN	MAVENCLAD (9 TABS)..60	<i>memantine hcl</i> .....38
see <i>nitrofurantoin</i>	MAVYRET PAK 50-20MG	<i>memantine hcl-donepezil</i>
<i>macrocrystal</i> .....6	.....10	<i>hcl cap er 24hr 14-10 mg</i>
<i>magnesium sulfate</i> .....92	MAVYRET TAB 100-40MG	.....38
MAGNESIUM SULFATE.92	.....10	<i>memantine hcl-donepezil</i>
see <i>magnesium sulfate</i>	MAXALT.....57	<i>hcl cap er 24hr 21-10 mg</i>
.....92	see <i>rizatriptan benzoate</i>	.....38
MAGNESIUM SULFATE IN	.....57	<i>memantine hcl-donepezil</i>
D5W	MAXALT-MLT .....57	<i>hcl cap er 24hr 28-10 mg</i>
see <i>magnesium sulfate in</i>	see <i>rizatriptan benzoate</i>	.....38
<i>dextrose 5% iv soln 1</i>	.....57	<i>memantine hcl tab 28 x 5</i>
<i>gm/100ml</i> .....92	MAXIDEX.....94	<i>mg &amp; 21 x 10 mg titration</i>
<i>magnesium sulfate in</i>	MAXITROL	<i>pack</i> .....38
<i>dextrose 5% iv soln 1</i>	see <i>neomycin-polymyxin-</i>	MENEST .....71
<i>gm/100ml</i> .....92	<i>dexamethasone ophth</i>	MENOSTAR.....71
MALARONE	<i>oint 0.1%</i> .....93	MENQUADFI .....90
see <i>atovaquone-</i>	see <i>neomycin-polymyxin-</i>	MENVEO INJ .....90
<i>proguanil hcl tab 250-</i>	<i>dexamethasone ophth</i>	MENVEO SOL .....90
<i>100 mg</i> .....8	<i>susp 0.1%</i> .....93	MEPRON .....5
see <i>atovaquone-</i>	MAXITROL OIN 0.1% OP	see <i>atovaquone</i> .....4
<i>proguanil hcl tab 62.5-</i>	.....93	<i>mercaptopurine</i> .....15
<i>25 mg</i> .....8	MAXITROL SUS 0.1% OP	MEROP/NAACL INJ
MALARONE TAB 250-1008	.....93	1GM/50ML.....5
MALARONE TAB 62.5-25.8	MAYZENT.....60	MEROP/NAACL INJ
<i>malathion</i> .....107	MAYZENT STARTER	500/50ML .....5
<i>maraviroc</i> .....9	PACK (12) .....60	<i>meropenem</i> .....6

MEROPENEM		MICARDIS HCT TAB 80-
see <i>meropenem</i> .....	6	25MG.....28
<i>merzee</i> .....	69	<i>miconazole 3</i> .....83
<i>mesalamine</i> .....	79	<i>miconazole-zinc oxide-</i>
<i>mesalamine w/ cleanser</i> .	79	<i>white petrolatum oint</i>
<i>mesna</i> .....	17	0.25-15-81.35%.....
MESNEX.....	17	103
see <i>mesna</i> .....	17	<i>microgestin 1/20</i> .....
MESTINON.....	58	<i>microgestin 1.5/30</i> .....
see <i>pyridostigmine</i>		<i>microgestin fe 1/20</i> .....
<i>bromide</i> .....	59	<i>microgestin fe 1.5/30</i> .....
MESTINON TIMESPAN..	59	<i>midodrine hcl</i> .....
see <i>pyridostigmine</i>		MIEBO .....
<i>bromide</i> .....	59	<i>mifepristone</i>
METADATE CD .....	54	( <i>hyperglycemia</i> ).....
see <i>methylphenidate hcl</i>		<i>miglitol</i> .....
.....	54	<i>miglustat</i> .....
<i>metaxalone</i> .....	61	<i>mili</i> .....
<i>metformin hcl</i> .....	64	<i>mimvey</i> .....
<i>methadone hcl</i> .....	2	MINIVELLE .....
METHADONE HCL INJ ....	2	see <i>lyllana</i> .....
<i>methadone hydrochloride i2</i>		<i>minocycline hcl</i> .....
METHADOSE		<i>minoxidil</i> .....
see <i>methadone</i>		MIPLYFFA .....
<i>hydrochloride i</i> .....	2	<i>mirabegron</i> .....
<i>methazolamide</i> .....	34	<i>mirtazapine</i> .....
<i>methenamine hippurate</i> ....	6	39, 40
<i>methimazole</i> .....	76	MIRVASO .....
<i>methocarbamol</i> .....	61	see <i>brimonidine tartrate</i>
<i>methotrexate sodium 15, 88</i>		( <i>topical</i> ) .....
<i>methoxsalen rapid</i> .....	103	105
<i>methscopolamine bromide</i>		<i>misoprostol</i> .....
.....	78	MITIGARE.....
<i>methsuximide</i> .....	48	see <i>colchicine</i> .....
<i>methyl dopa</i> .....	35	<i>mitomycin</i> .....
METHYLIN.....	54	<i>mitoxantrone hcl</i> .....
see <i>methylphenidate hcl</i>		M-M-R II INJ.....
.....	54	M-NATAL PLUS TAB.....
<i>methylphenidate</i> .....	54	<i>modafinil</i> .....
<i>methylphenidate hcl</i> .....	54	61, 62
<i>methylprednisolone</i> .....	72	MODEYSO.....
<i>methylprednisolone acetate</i>		<i>moexipril hcl</i> .....
.....	72	25
<i>methylprednisolone sod</i>		<i>molindone hcl</i> .....
<i>succ</i> .....	72	44
<i>metoclopramide hcl</i> .....	77	<i>mometasone furoate</i> ....
<i>metolazone</i> .....	34	105
		<i>mometasone furoate</i>
		( <i>nasal</i> ) .....
		99
		MONJUVI.....
		21
		<i>mono-lynyah</i> .....
		69
		<i>montelukast sodium</i> .....
		98
		<i>morphine sulfate</i> .....
		2, 3, 4
		MORPHINE SULFATE ....
		3
<i>metoprolol &amp;</i>		
<i>hydrochlorothiazide tab</i>		
100-25 mg .....	32	
<i>metoprolol &amp;</i>		
<i>hydrochlorothiazide tab</i>		
100-50 mg .....	32	
<i>metoprolol &amp;</i>		
<i>hydrochlorothiazide tab</i>		
50-25 mg .....	31	
<i>metoprolol succinate</i> .....	32	
<i>metoprolol tartrate</i> .....	32	
METROCREAM .....	106	
see <i>metronidazole</i>		
( <i>topical</i> ) .....	106	
<i>metronidazole</i> .....	6	
METRONIDAZOLE.....	6	
see <i>metronidazole</i> .....	6	
<i>metronidazole (topical)</i> ..	106	
<i>metronidazole vaginal</i> ....	83	
<i>metyrosine</i> .....	35	
MG SO4/D5W INJ		
10MG/ML.....	92	
<i>mibelas 24 fe</i> .....	69	
MICAFUNGIN .....	7	
MICAFUNGIN/NACL INJ		
100MG/100ML.....	7	
MICAFUNGIN/NACL INJ		
150MG/150ML.....	8	
MICAFUNGIN/NACL INJ		
50MG/50ML.....	7	
<i>micafungin sodium</i> .....	7	
MICARDIS		
see <i>telmisartan</i> .....	29	
MICARDIS HCT		
see <i>telmisartan-</i>		
<i>hydrochlorothiazide tab</i>		
40-12.5 mg.....	28	
see <i>telmisartan-</i>		
<i>hydrochlorothiazide tab</i>		
80-12.5 mg.....	28	
see <i>telmisartan-</i>		
<i>hydrochlorothiazide tab</i>		
80-25 mg.....	28	
MICARDIS HCT TAB		
40/12.5 .....	28	
MICARDIS HCT TAB		
80/12.5 .....	28	

MORPHINE	<i>bead cap er 24hr 50</i>	<i>naproxen</i> .....1
SULFATE/SODIUM C ...4	<i>mg</i> .....52	<i>naproxen dr</i> .....2
<i>morphine sulfate beads</i> ....2	MYDAYIS CAP 12.5MG..54	<i>naproxen sodium</i> .....2
MOTPOLY XR .....48	MYDAYIS CAP 25MG....54	<i>naratriptan hcl</i> .....57
MOUNJARO .....64	MYDAYIS CAP 37.5MG..55	NARDIL.....40
MOVANTIK .....80	MYDAYIS CAP 50MG....55	<i>see phenelzine sulfate</i> .40
MOVIPREP	MYFEMBREE TAB .....74	NATACYN.....93
<i>see peg-</i>	MYFORTIC .....90	NATAZIA TAB.....69
<i>3350/electrolytes/asc</i>	<i>see mycophenolate</i>	<i>nateglinide</i> .....64
.....79	<i>sodium</i> .....90	NATROBA.....107
<i>moxifloxacin hcl</i> .....12	MYHIBBIN.....90	NAYZILAM.....48
<i>moxifloxacin hcl (ophth)</i> ..93	MYLOTARG.....21	<i>nebivolol hcl</i> .....32
<i>moxifloxacin hcl 400</i>	MYOBLOC .....61	NEBUPENT .....6
<i>mg/250ml in sodium</i>	MYRBETRIQ	<i>see pentamidine</i>
<i>chloride 0.8% inj</i> .....12	<i>see mirabegron</i> .....82	<i>isethionate inh</i> .....6
MOXIFLOXACIN	MYSOLINE .....48	<i>necon 0.5/35-28</i> .....69
HYDROCHLORID .....13	<i>see primidone</i> .....50	<i>nefazodone hcl</i> .....40
MOZOBIL.....84	<b>N</b>	NEMLUVIO .....87
<i>see plerixafor</i> .....84	<i>nabumetone</i> .....1	<i>neomycin-bacitrac zn-</i>
MRESVIA.....90	<i>nadolol</i> .....32	<i>polymyx 5(3.5)mg-</i>
MS CONTIN.....2	NAFCILLIN INJ 2GM/100	<i>400unt-10000unt op oin</i>
<i>see morphine sulfate</i> ....2	.....13	.....93
MULPLETA.....85	<i>nafcillin sodium</i> .....13	<i>neomycin-polymy-gramicid</i>
MULTAQ.....30	<i>naftifine hcl</i> .....103	<i>op sol 1.75-10000-</i>
<i>multiple electrolytes ph 5.5</i>	NAFTIN .....103	<i>0.025mg-unt-mg/ml</i> .....93
.....92	<i>see naftifine hcl</i> .....103	<i>neomycin-polymyxin b gu</i>
<i>mupirocin</i> .....102	NAGLAZYME.....74	<i>irrigation soln</i> .....82
MYALEPT .....74	<i>nalbuphine hcl</i> .....4	<i>neomycin-polymyxin-</i>
MYCAMINE.....8	<i>naloxone hcl</i> .....62	<i>dexamethasone ophth</i>
MYCAPSSA.....74	<i>naltrexone hcl</i> .....62	<i>oint 0.1%</i> .....93
<i>mycophenolate mofetil</i> ....90	NAMZARIC	<i>neomycin-polymyxin-</i>
<i>mycophenolate sodium</i> ...90	<i>see memantine hcl-</i>	<i>dexamethasone ophth</i>
MYDAYIS	<i>donepezil hcl cap er</i>	<i>susp 0.1%</i> .....93
<i>see amphetamine-</i>	<i>24hr 14-10 mg</i> .....38	<i>neomycin-polymyxin-hc</i>
<i>dextroamphetamine 3-</i>	<i>see memantine hcl-</i>	<i>ophth susp</i> .....93
<i>bead cap er 24hr 12.5</i>	<i>donepezil hcl cap er</i>	<i>neomycin-polymyxin-hc otic</i>
<i>mg</i> .....52	<i>24hr 21-10 mg</i> .....38	<i>soln 1%</i> .....96
<i>see amphetamine-</i>	<i>see memantine hcl-</i>	<i>neomycin-polymyxin-hc otic</i>
<i>dextroamphetamine 3-</i>	<i>donepezil hcl cap er</i>	<i>susp 3.5 mg/ml-10000</i>
<i>bead cap er 24hr 25</i>	<i>24hr 28-10 mg</i> .....38	<i>unit/ml-1%</i> .....96
<i>mg</i> .....52	NAMZARIC CAP 14-10MG	<i>neomycin sulfate</i> .....6
<i>see amphetamine-</i>	.....38	NEORAL .....90
<i>dextroamphetamine 3-</i>	NAMZARIC CAP 21-10MG	<i>see cyclosporine</i>
<i>bead cap er 24hr 37.5</i>	.....38	<i>modified (for</i>
<i>mg</i> .....52	NAMZARIC CAP 28-10MG	<i>microemulsion)</i> .....89
<i>see amphetamine-</i>	.....38	<i>see gengraf</i> .....90
<i>dextroamphetamine 3-</i>	NAMZARIC CAP 7-10MG	NERLYNX.....21
	.....38	<i>neuac gel 1.2-5%</i> .....101

NEURONTIN.....	49	<i>nimodipine</i> .....	33	<i>norethindrone acetate-</i>	
<i>see gabapentin</i> .....	47	NINLARO .....	21	<i>ethinyl estradiol tab 1</i>	
NEVANAC.....	94	NIPENT .....	17	<i>mg-5 mcg</i> .....	71
<i>nevirapine</i> .....	9	<i>nisoldipine</i> .....	33	<i>norethindrone ac-ethinyl</i>	
NEXAVAR.....	21	<i>nitazoxanide</i> .....	6	<i>estrad-fe tab 1-20/1-30/1-</i>	
<i>see sorafenib tosylate</i> ..	22	<i>nitisinone</i> .....	74	<i>35 mg-mcg</i> .....	70
NEXICLON XR.....	35	NITRO-BID.....	36	<i>norgestimate &amp; ethinyl</i>	
NEXIUM .....	81	NITRO-DUR.....	36	<i>estradiol tab 0.25 mg-35</i>	
<i>see esomeprazole</i>		<i>nitrofurantoin macrocrystal</i>	6	<i>mcg</i> .....	70
<i>magnesium</i> .....	81	<i>nitrofurantoin monohyd</i>		<i>norgestimate-eth estrad tab</i>	
NEXLETOL .....	31	<i>macro</i> .....	6	<i>0.18-25/0.215-25/0.25-25</i>	
NEXLIZET TAB 180/10MG		<i>nitroglycerin</i> .....	36	<i>mg-mcg</i> .....	70
.....	31	<i>nitroglycerin (intra-anal)</i>	106	<i>norgestimate-eth estrad tab</i>	
NEXPLANON.....	69	NITROLINGUAL .....	36	<i>0.18-35/0.215-35/0.25-35</i>	
NEXTSTELLIS TAB 3-		<i>see nitroglycerin</i> .....	36	<i>mg-mcg</i> .....	70
14.2MG.....	69	NITROSTAT.....	36	NORITATE.....	106
NEXVIAZYME.....	74	<i>see nitroglycerin</i> .....	36	NORLIQVA .....	33
NGENLA .....	74	NITYR .....	74	<i>norlyroc</i> .....	70
<i>niacin (antihyperlipidemic)</i>		<i>nizatidine</i> .....	78	NORPACE .....	30
.....	31	<i>nora-be</i> .....	69	<i>see disopyramide</i>	
<i>nicardipine hcl</i> .....	33	NORDITROPIN FLEXP		<i>phosphate</i> .....	30
<i>nicardipine hcl iv soln 20</i>		.....	74	NORPACE CR.....	30
<i>mg/200ml in sodium</i>		<i>norelgestromin-ethinyl</i>		NORPRAMIN .....	40
<i>chloride 0.9%</i> .....	33	<i>estradiol td ptwk 150-35</i>		<i>see desipramine hcl</i> ...	39
<i>nicardipine hcl iv soln 40</i>		<i>mcg/24hr</i> .....	69	NORTHERA.....	35
<i>mg/200ml in sodium</i>		<i>norethindrone</i>		<i>see droxidopa</i> .....	35
<i>chloride 0.9%</i> .....	33	<i>(contraceptive)</i> .....	69	<i>nortrel 0.5/35 (28)</i> .....	70
NICARDIPINE		<i>norethindrone ace &amp; ethinyl</i>		<i>nortrel 1/35 (21)</i> .....	70
HYDROCHLORIDE		<i>estradiol-fe tab 1 mg-20</i>		<i>nortrel 1/35 (28)</i> .....	70
<i>see nicardipine hcl iv</i>		<i>mcg</i> .....	70	<i>nortrel 7/7/7</i> .....	70
<i>soln 20 mg/200ml in</i>		<i>norethindrone ace &amp; ethinyl</i>		<i>nortriptyline hcl</i> .....	40
<i>sodium chloride 0.9%</i>		<i>estradiol tab 1.5 mg-30</i>		NORVASC .....	33
.....	33	<i>mcg</i> .....	70	<i>see amlodipine besylate</i>	
<i>see nicardipine hcl iv</i>		<i>norethindrone ace &amp; ethinyl</i>		.....	32
<i>soln 40 mg/200ml in</i>		<i>estradiol tab 1 mg-20</i>		NORVIR.....	9
<i>sodium chloride 0.9%</i>		<i>mcg</i> .....	70	<i>see ritonavir</i> .....	9
.....	33	<i>norethindrone ace-eth</i>		NOURIANZ .....	41
NICARDIPINE SOL		<i>estradiol-fe chew tab 1</i>		NOVAREL.....	74
20/200ML .....	33	<i>mg-20 mcg (24)</i> .....	70	NOVOLIN INJ 70/30 .....	66
NICARDIPINE SOL		<i>norethindrone ace-ethinyl</i>		NOVOLIN INJ 70/30 FP..	66
40/200ML .....	33	<i>estradiol-fe cap 1 mg-20</i>		NOVOLIN N .....	66
NICOTROL NS .....	62	<i>mcg (24)</i> .....	70	NOVOLIN N FLEXPEN...66	
<i>nifedipine</i> .....	33	<i>norethindrone acetate</i> .....	76	NOVOLIN R .....	66
<i>nikki</i> .....	69	<i>norethindrone acetate-</i>		NOVOLIN R FLEXPEN...66	
NIKTIMVO.....	90	<i>ethinyl estradiol tab 0.5</i>		NOVOLOG.....	66
NILOTINIB .....	21	<i>mg-2.5 mcg</i> .....	71	NOVOLOG FLEXPEN ...66	
<i>nilotinib hcl</i> .....	21			NOVOLOG FLEXPEN	
<i>nilutamide</i> .....	16			RELION.....	66

NOVOLOG MIX INJ 70/30 .....66	<i>ofloxacin (ophth)</i> .....93	OMNIPOD DASH KIT INTRO .....66
NOVOLOG MIX INJ FLEXPEN .....66	<i>ofloxacin (otic)</i> .....96	OMNIPOD DASH MIS PODS .....66
NOVOLOG PENFILL .....66	OGIVRI .....21	OMNITROPE .....74
NOVOLOG RELION .....66	OGSIVEO .....21	ONCASPAR .....17
NOXAFIL .....8	OHTUVAYRE .....98	<i>ondansetron</i> .....77
see <i>posaconazole</i> .....8	OJEMDA .....21	<i>ondansetron hcl</i> .....77
NPLATE .....84	OJJAARA .....21	ONEXTON see <i>clindamycin</i>
NUBEQA .....16	<i>olanzapine</i> .....44	<i>phosphate-benzoyl</i>
NUDEXTA CAP 20-10MG .....59	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab</i> 20-5-12.5 mg .....28	<i>peroxide gel 1.2-3.75%</i> .....101
NULOJIX .....90	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-10-12.5 mg .....28	ONEXTON GEL 1.2-3.75 .....101
NUPLAZID .....44	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-10-25 mg .....28	ONFI .....49
NURTEC .....57	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-5-12.5 mg .....28	see <i>clobazam</i> .....46
NUTRILIPID .....93	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-5-25 mg .....28	ONGENTYS .....41
NUVARING see <i>eluryng</i> .....68	<i>olmesartan medoxomil</i> .....29	ONIVYDE .....17
see <i>enilloring</i> .....68	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab</i> 20-12.5 mg .....28	ONTRUZANT .....22
see <i>etonogestrel-ethinyl</i> <i>estradiol va ring 0.12-</i> <i>0.015 mg/24hr</i> .....68	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab</i> 40-12.5 mg .....28	ONUREG .....15
see <i>haloette</i> .....69	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab</i> 40-25 mg .....28	OPDIVO .....22
NUVIGIL .....62	<i>olopatadine hcl (nasal)</i> .....97	OPDIVO INJ QVANTIG ..22
see <i>armodafinil</i> .....61	OLPRUVA .....74	OPDUALAG SOL .....22
NUZYRA .....14	<i>omega-3-acid ethyl esters</i> <i>cap 1 gm</i> .....31	OPFOLDA .....74
<i>nyamyc</i> .....103	<i>omeprazole</i> .....81	OPIPZA .....44
<i>nylia 1/35</i> .....70	OMNARIS .....99	OPSUMIT .....36
<i>nylia 7/7/7</i> .....70	OMNIPOD 5 DX KIT INT G7G6 .....66	OPVEE .....62
NYMALIZE .....33	OMNIPOD 5 DX MIS POD G7G6 .....66	OPZELURA .....106
<i>nystatin</i> .....8	OMNIPOD 5 L2 KIT INTRO G6 .....66	ORACEA .....106
NYSTATIN see <i>nystatin (mouth-</i> <i>throat)</i> .....107	OMNIPOD 5 L2 MIS PODS G6 .....66	see <i>doxycycline</i> <i>(rosacea)</i> .....106
<i>nystatin (mouth-throat)</i> ..107		ORBACTIV .....6
<i>nystatin (topical)</i> .....103		ORENITRAM .....36
<i>nystop</i> .....103		ORENITRAM TAB MONTH 1 .....36
<b>O</b>		ORENITRAM TAB MONTH 2 .....36
OCREVUS .....60		ORENITRAM TAB MONTH 3 .....36
OCREVUS INJ ZUNOVO60		ORFADIN .....74
OCTAGAM .....88		see <i>nitisinone</i> .....74
<i>octreotide acetate</i> .....74		ORGOVYX .....16
OCUFLOX .....93		ORIAHNN CAP .....74
see <i>ofloxacin (ophth)</i> ...93		ORLISSA .....74
ODACTRA SUB .....89		ORKAMBI GRA 100-125 98
ODEFSEY TAB .....10		ORKAMBI GRA 150-188 98
ODOMZO .....21		
OFEV .....98		

ORKAMBI GRA 75-94MG	.....98	see <i>baclofen</i> .....61	PANCREAZE CAP	4200UNIT.....80
ORKAMBI TAB 100-125	.98	<b>P</b>	PANRETIN.....106	
ORKAMBI TAB 200-125	.98	<i>pacerone</i> .....30	PANTOPR/NACL SOL	40MG/100.....81
ORLADEYO	.....85	<i>paclitaxel</i> .....17	PANTOPR/NACL SOL	80MG/100.....81
ORLYNVAH TAB 500-5006		<i>paclitaxel inj 100mg</i> .....18	<i>pantoprazole sodium</i> .....81	
<i>ormalvi</i>	.....34	PACLITAXEL INJ 100MG	.....81	
<i>orquidea</i>	.....70	.....17	<i>see pantoprazole sodium</i>	.....81
ORSERDU	.....16	PADCEV.....22	.....81	
<i>oseltamivir phosphate</i> 10,		PALFORZIA CAP		
11		ESCALAT.....89		
OSPOMYV.....67		PALFORZIA CAP LEVEL		
OVIDE.....107		10.....89		
OXACILLIN INJ 2GM.....13		PALFORZIA CAP LEVEL 3		
<i>oxacillin sodium</i> .....13		.....89		
<i>oxaliplatin</i> .....14		PALFORZIA CAP LEVEL 7		
<i>oxaprozin</i> .....2		.....89		
<i>oxazepam</i> .....38		PALFORZIA CAP LEVEL 8		
<i>oxcarbazepine</i> .....49		.....89		
OXERVATE.....95		PALFORZIA LEVEL 1.....89		
OXISTAT.....103		PALFORZIA LEVEL 11		
OXLUMO.....82		(MAINT.....89		
OXTELLAR XR.....49		PALFORZIA LEVEL 11		
see <i>oxcarbazepine</i> .....49		(TITRA.....89		
<i>oxybutynin chloride</i> .....82		PALFORZIA LEVEL 2.....89		
<i>oxycodone hcl</i> .....4		PALFORZIA LEVEL 4.....89		
<i>oxycodone w/</i>		PALFORZIA LEVEL 5.....89		
<i>acetaminophen soln 5-</i>		PALFORZIA LEVEL 6.....89		
<i>325 mg/5ml</i> .....4		PALFORZIA LEVEL 9.....89		
<i>oxycodone w/</i>		<i>paliperidone</i> .....44		
<i>acetaminophen tab 10-</i>		<i>palonosetron hcl</i> .....77		
<i>325 mg</i> .....4		PALSONIFY.....74		
<i>oxycodone w/</i>		PALYNZIQ.....74		
<i>acetaminophen tab 2.5-</i>		PAMELOR		
<i>325 mg</i> .....4		see <i>nortriptyline hcl</i> .....40		
<i>oxycodone w/</i>		<i>pamidronate disodium</i> .....67		
<i>acetaminophen tab 5-325</i>		PAMIDRONATE		
<i>mg</i> .....4		DISODIUM.....67		
<i>oxycodone w/</i>		PANCREAZE CAP		
<i>acetaminophen tab 7.5-</i>		10500UNT.....80		
<i>325 mg</i> .....4		PANCREAZE CAP		
<i>oxymorphone hcl</i> .....4		16800UNT.....80		
OXYTROL.....83		PANCREAZE CAP		
OZEMPIC (0.25 OR		21000UNT.....80		
0.5MG/DOSE).....64		PANCREAZE CAP		
OZEMPIC (1MG/DOSE).64		2600UNIT.....80		
OZEMPIC (2MG/DOSE).64		PANCREAZE CAP 37000		
OZOBAX DS.....61		.....80		
			PANCREAZE CAP	4200UNIT.....80
			PANRETIN.....106	
			PANTOPR/NACL SOL	40MG/100.....81
			PANTOPR/NACL SOL	80MG/100.....81
			<i>pantoprazole sodium</i> .....81	
			PANTOPRAZOLE SODIUM	.....81
			.....81	
			see <i>pantoprazole sodium</i>	.....81
			.....81	
			PANTOPRAZOLE SOL	40/50ML.....81
			PANZYGA.....89	
			<i>paricalcitol</i> .....76	
			PARLODEL.....41	
			see <i>bromocriptine</i>	
			<i>mesylate</i> .....41	
			PARNATE.....40	
			see <i>tranylcypromine</i>	
			<i>sulfate</i> .....40	
			<i>paroxetine hcl</i> .....40	
			PAVBLU.....95	
			PAXIL	
			see <i>paroxetine hcl</i> .....40	
			PAXIL CR	
			see <i>paroxetine hcl</i> .....40	
			PAXLOVID PAK.....11	
			PAXLOVID TAB 150-10011	
			PAXLOVID TAB 300-10011	
			<i>pazopanib hcl</i> .....22	
			PEDIARIX INJ 0.5ML.....90	
			PEDVAX HIB.....90	
			<i>peg-3350/electrolytes/asc</i>	
			.....79	
			<i>peg 3350-kcl-na bicarb-</i>	
			<i>nacl-na sulfate for soln</i>	
			<i>236 gm</i> .....79	
			<i>peg 3350-kcl-sod bicarb-</i>	
			<i>nacl for soln 420 gm</i> ....79	
			PEGASYS.....11	
			PEMAZYRE.....22	
			PEMETREXED.....15	
			<i>pemetrexed disodium</i> .....15	
			PEMRYDI RTU.....15	
			PENBRAYA INJ.....90	
			<i>penciclovir</i> .....106	

PEN GK/DEXTR INJ	see <i>chlorhexidine</i>	PIFELTRO .....	9
40000/ML .....	<i>gluconate (mouth-</i>	<i>pilocarpine hcl</i> .....	95
PEN GK/DEXTR INJ	<i>throat)</i> .....	<i>pilocarpine hcl (oral)</i> .....	107
60000/ML .....	see <i>periogard</i> .....	<i>pimecrolimus</i> .....	106
<i>penicillamine</i> .....	<i>perindopril erbumine</i> .....	<i>pimozide</i> .....	44
<i>penicillin g potassium</i> .....	<i>periogard</i> .....	<i>pimtrex</i> .....	70
<i>penicillin g sodium</i> .....	PERJETA.....	<i>pindolol</i> .....	32
<i>penicillin v potassium</i> .....	<i>permethrin</i> .....	<i>pioglitazone hcl</i> .....	64
PENMENVY INJ .....	PERMETHRIN	<i>pioglitazone hcl-glimepiride</i>	
PENTACEL INJ.....	see <i>permethrin</i> .....	<i>tab 30-2 mg</i> .....	64
PENTAM 300 .....	<i>perphenazine</i> .....	<i>pioglitazone hcl-glimepiride</i>	
see <i>pentamidine</i>	<i>perphenazine-amitriptyline</i>	<i>tab 30-4 mg</i> .....	64
<i>isethionate inj</i> .....	<i>tab 2-10 mg</i> .....	<i>pioglitazone hcl-metformin</i>	
<i>pentamidine isethionate inh</i>	<i>perphenazine-amitriptyline</i>	<i>hcl tab 15-500 mg</i> .....	65
.....	<i>tab 2-25 mg</i> .....	<i>pioglitazone hcl-metformin</i>	
<i>pentamidine isethionate inj</i>	<i>perphenazine-amitriptyline</i>	<i>hcl tab 15-850 mg</i> .....	65
.....	<i>tab 4-10 mg</i> .....	PIP/TAZ/NAACL INJ 2-	
PENTASA .....	<i>perphenazine-amitriptyline</i>	0.25GM.....	13
see <i>mesalamine</i> .....	<i>tab 4-25 mg</i> .....	PIP/TAZ/NAACL INJ 3-	
<i>pentoxifylline</i> .....	<i>perphenazine-amitriptyline</i>	0.375G.....	13
PEPCID.....	<i>tab 4-50 mg</i> .....	PIP/TAZ/NAACL INJ 4-	
see <i>famotidine</i> .....	PERSERIS.....	0.5GM.....	13
<i>perampanel</i> .....	PERTZYE CAP 16000U .80	<i>piperacillin sod-tazobactam</i>	
PERCOCET	PERTZYE CAP 24000U .80	<i>na for inj 3.375 gm (3-</i>	
see <i>endocet tab 10-</i>	PERTZYE CAP 4000UNIT	<i>0.375 gm)</i> .....	13
<i>325mg</i> .....	.....	<i>piperacillin sod-tazobactam</i>	
see <i>endocet tab 5-325mg</i>	PERTZYE CAP 8000UNIT	<i>sod for inj 13.5 gm (12-</i>	
.....	.....	<i>1.5 gm)</i> .....	13
see <i>endocet tab 7.5-</i>	<i>pfizerpen</i> .....	<i>piperacillin sod-tazobactam</i>	
<i>325mg</i> .....	PHEBURANE.....	<i>sod for inj 2.25 gm (2-</i>	
see <i>oxycodone w/</i>	<i>phenelzine sulfate</i> .....	<i>0.25 gm)</i> .....	13
<i>acetaminophen tab 10-</i>	PHENERGAN .....	<i>piperacillin sod-tazobactam</i>	
<i>325 mg</i> .....	see <i>promethazine hcl</i> ..	<i>sod for inj 4.5 gm (4-0.5</i>	
see <i>oxycodone w/</i>	<i>phenobarbital</i> .....	<i>gm)</i> .....	13
<i>acetaminophen tab 5-</i>	<i>phenobarbital sodium</i> .....	<i>piperacillin sod-tazobactam</i>	
<i>325 mg</i> .....	<i>phenoxybenzamine hcl</i> ...	<i>sod for inj 40.5 gm (36-</i>	
see <i>oxycodone w/</i>	<i>phenytek</i> .....	<i>4.5 gm)</i> .....	13
<i>acetaminophen tab</i>	<i>phenytoin</i> .....	PIQRAY 200MG DAILY	
<i>7.5-325 mg</i> .....	<i>phenytoin sodium</i> .....	DOSE .....	22
PERCOCET TAB 10-	<i>phenytoin sodium extended</i>	PIQRAY 250MG TAB	
325MG.....	.....	DOSE .....	22
PERCOCET TAB 5-325MG	PHESGO SOL .....	PIQRAY 300MG DAILY	
.....	PHEXX GEL.....	DOSE .....	22
PERCOCET TAB 7.5-325.4	PHEXXI GEL.....	<i>pirfenidone</i> .....	98, 99
PERFOROMIST.....	<i>philit</i> .....	<i>piroxicam</i> .....	2
see <i>formoterol fumarate</i>	PHOSPHOLINE IODIDE.95	<i>pitavastatin calcium</i> .....	30
.....	PHYRAGO .....	PLAQUENIL.....	88
PERIDEX	PIASKY .....		

see <i>hydroxychloroquine sulfate</i> .....88	see <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> .....91	<i>pregabalin</i> .....49
PLASMA-LYTE A	see <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> .....92	<i>pregabalin (once-daily)</i> ...59
see <i>multiple electrolytes ph 5.5</i> .....92	<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> .....92	PREGNYL W/DILUENT
PLASMA-LYTE INJ -A...92	<i>potassium chloride microencapsulated crystals er</i> .....92	BENZYL.....74
PLAVIX.....86	<i>potassium citrate (alkalinizer)</i> .....82	PREMARIN.....71
see <i>clopidogrel bisulfate</i> .....86	POT CHL/D5W INJ	see <i>estrogens, conjugated</i> .....71
PLEGRIDY.....60	20MEQ/L.....92	PREMASOL SOL 10%...93
PLEGRIDY INJ STARTER.....60	POT CHL 20MEQ/L IN	PREMPHASE TAB.....71
PLEGRIDY PEN INJ STARTER.....60	NACL 0.45% INJ.....92	PREMPRO TAB 0.3-1.5..71
<i>plenamine</i> .....93	POT CHL 20MEQ/L IN	PREMPRO TAB 0.45-1.571
PLENVU SOL.....79	NACL 0.9% INJ.....92	PREMPRO TAB 0.625-2.5.....72
<i>plerixafor</i> .....84	POT CHL 40MEQ/L IN	PREMPRO TAB 0.625-5.72
<i>podofilox</i> .....106	NACL 0.9% INJ.....92	PRENATAL TAB 27-1MG.....92
POKONZA.....92	POTELIGEO.....22	PRENATAL TAB PLUS...92
POLIVY.....22	PRADAXA.....84	PRETOMANID.....10
<i>polymyxin b sulfate</i> .....6	see <i>dabigatran etexilate mesylate</i> .....83	PREVACID.....81
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> .....94	<i>pramipexole dihydrochloride</i> .....42	see <i>lansoprazole</i> .....81
POMALYST.....16	PRAMOSONE LOT 1-1%.....105	<i>prevalite</i> .....31
POMBILITI.....74	PRAMOSONE LOT 2.5%.....105	PREVYMIS.....11
PONVORY.....60	<i>prasugrel hcl</i> .....86	PREZCOBIX TAB 675/150.....10
PONVORY TAB STARTER.....60	<i>pravastatin sodium</i> .....30	PREZCOBIX TAB 800-150.....10
<i>portia-28</i> .....70	<i>praziquantel</i> .....6	PREZISTA.....9
<i>posaconazole</i> .....8	<i>prazosin hcl</i> .....26	see <i>darunavir</i> .....8
POSFREA.....77	PRED FORTE	PRIFTIN.....10
<i>potassium chloride</i> .....92	see <i>prednisolone acetate (ophth)</i> .....94	PRILOSEC.....81
POTASSIUM CHLORIDE.....92	PRED MILD.....94	<i>primaquine phosphate</i> .....8
see <i>potassium chloride</i> 92	<i>prednisolone</i> .....72	PRIMAQUINE PHOSPHATE.....8
POTASSIUM CHLORIDE/DEXTRO	<i>prednisolone acetate (ophth)</i> .....94	see <i>primaquine phosphate</i> .....8
see <i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i> .91	PREDNISOLONE SODIUM PHOSP.....94	PRIMAXIN IV
see <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> .....92	<i>prednisolone sodium phosphate</i> .....72	see <i>imipenem-cilastatin intravenous for soln 500 mg</i> .....5
POTASSIUM CHLORIDE/SODIUM	<i>prednisone</i> .....72	PRIMAXIN IV INJ 500MG.6
see <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....91	PREDNISONE INTENSOL.....72	<i>primidone</i> .....50
		PRIORIX INJ.....90
		PRISTIQ.....40
		see <i>desvenlafaxine succinate</i> .....39
		PRIVIGEN.....89
		<i>probenecid</i> .....1
		PROCARDIA XL.....33

see <i>nifedipine</i> .....	33	see <i>modafinil</i> .....	61, 62	QULIPTA.....	57
<i>prochlorperazine</i> .....	77	<i>pruradik</i> .....	107	QUTENZA KIT 8% 1-PCH	
<i>prochlorperazine edisylate</i>		PULMICORT .....	99	.....	105
.....	77	see <i>budesonide</i>		QUTENZA KIT 8% 2-PCH	
<i>prochlorperazine maleate</i>		( <i>inhalation</i> ) .....	99	.....	105
.....	77	PULMOZYME .....	99	QUTENZA KIT 8% 4-PCH	
PROCRIT .....	84	PURIXAN .....	15	.....	105
<i>proctocort</i> .....	106	see <i>mercaptapurine</i> .....	15	QUVIVIQ .....	56
PROCTOFOAM AER HC		<i>pyrazinamide</i> .....	10	QUZYTTR .....	97
1% .....	106	<i>pyridostigmine bromide</i> ...	59	<b>R</b>	
<i>procto-med hc</i> .....	106	<i>pyrimethamine</i> .....	6	RABAVERT INJ .....	90
<i>proctosol hc</i> .....	106	PYRUKYND .....	85	<i>rabeprazole sodium</i> .....	81
<i>proctozone-hc</i> .....	106	PYRUKYND TAB		RADICAVA	
PROCYSBI .....	74	20MGX5MG .....	85	see <i>edaravone</i> .....	58
<i>progesterone</i> .....	76	PYRUKYND TAB		RADICAVA ORS .....	59
PROGLYCEM .....	73	50MGX20M .....	85	RADICAVA ORS	
see <i>diazoxide</i> .....	73	PYRUKYND TAPER PACK		STARTER KIT .....	59
PROGRAF .....	90	.....	85	RAGWITEK.....	89
see <i>tacrolimus</i> .....	90	PYZCHIVA .....	87	RALDESY .....	40
PROLASTIN-C.....	99	<b>Q</b>		<i>raloxifene hcl</i> .....	74
PROLENSA .....	94	QBRELIS .....	25	<i>ramelteon</i> .....	56
see <i>bromfenac sodium</i>		QBREXZA.....	106	<i>ramipril</i> .....	25
( <i>ophth</i> ) .....	94	QELBREE .....	55	<i>ranolazine</i> .....	35
PROLIA.....	67	QINLOCK.....	22	RAPAFLO	
<i>promethazine &amp;</i>		QNASL.....	99	see <i>silodosin</i> .....	82
<i>phenylephrine syrup</i>		QNASL CHILDRENS .....	99	RAPIVAB .....	11
6.25-5 mg/5ml .....	96	QUADRACEL INJ 0.5ML	90	<i>rasagiline mesylate</i> .....	42
<i>promethazine hcl</i> .....	77, 78	QUESTRAN .....	31	RAVICTI.....	75
<i>promethegan</i> .....	78	see <i>cholestyramine</i> ....	31	see <i>glycerol</i>	
PROMETRIUM .....	76	QUESTRAN LIGHT .....	31	<i>phenylbutyrate</i> .....	73
see <i>progesterone</i> .....	76	see <i>cholestyramine light</i>		RAYALDEE.....	76
<i>propafenone hcl</i> .....	30	.....	31	REBLOZYL .....	85
<i>proparacaine hcl</i> .....	95	see <i>prevalite</i> .....	31	REBYOTA.....	80
<i>propranolol hcl</i> .....	32	<i>quetiapine fumarate</i> .....	44	RECARBRIO INJ 1.25GM	6
<i>propylthiouracil</i> .....	76	QUILLICHEW ER.....	55	RECLAST .....	67
PROQUAD INJ .....	90	QUILLIVANT XR .....	55	see <i>zoledronic acid</i> .....	67
PROSCAR .....	82	<i>quinapril hcl</i> .....	25	<i>reclipsen</i> .....	70
see <i>finasteride</i> .....	82	<i>quinapril-</i>		RECOMBIVAX HB .....	90
PROSOL INJ 20% .....	93	<i>hydrochlorothiazide tab</i>		RECORLEV .....	75
PROTONIX .....	81	10-12.5 mg .....	25	RECTIV .....	106
see <i>pantoprazole sodium</i>		<i>quinapril-</i>		see <i>nitroglycerin (intra-</i>	
.....	81	<i>hydrochlorothiazide tab</i>		<i>anal)</i> .....	106
<i>protriptyline hcl</i> .....	40	20-12.5 mg .....	25	REGLAN .....	78
PROVERA .....	76	<i>quinapril-</i>		see <i>metoclopramide hcl</i>	
see		<i>hydrochlorothiazide tab</i>		.....	77
<i>medroxyprogesterone</i>		20-25 mg .....	25	RELENZA DISKHALER ..	11
<i>acetate</i> .....	76	<i>quinidine sulfate</i> .....	30	RELEXXII.....	55
PROVIGIL .....	62	<i>quinine sulfate</i> .....	8	RELISTOR .....	80

RELPAK.....57	<i>rifampin</i> .....10	ROZLYTREK .....22
see <i>eletriptan</i>	<i>riluzole</i> .....59	RUBRACA .....22
<i>hydrobromide</i> .....57	<i>rimantadine hydrochloride</i>	RUCONEST .....85
REMERON.....40	.....11	<i>rufinamide</i> .....50
see <i>mirtazapine</i> .....40	RINVOQ.....87	RUKOBIA.....9
REMERON SOLTAB .....40	RINVOQ LQ.....87	RYALTRIS SPR 665-25..96
see <i>mirtazapine</i> .....40	RIOMET	RYBELSUS.....65
REMODULIN .....36	see <i>metformin hcl</i> .....64	RYBREVANT .....22
RENFLXIS .....87	<i>risedronate sodium</i> .....67	RYBREVANT INJ FASPRO
<i>repaglinide</i> .....65	RISPERDAL.....44	.....22
REPATHA.....31	see <i>risperidone</i> .....44	RYDAPT .....22
REPATHA SURECLICK .31	RISPERDAL CONSTA...44	RYKINDO.....45
RESTASIS .....95	see <i>risperidone</i>	RYLAZE .....17
RESTASIS MULTIDOSE 95	<i>microspheres</i> .....45	RYSTIGGO .....89
RESTORIL.....56	<i>risperidone</i> .....44, 45	RYTARY CAP 145MG ...42
see <i>temazepam</i> .....56	<i>risperidone microspheres</i> 45	RYTARY CAP 195MG ...42
RETEVMO .....22	RITALIN .....55	RYTARY CAP 245MG ...42
RETIN-A.....102	see <i>methylphenidate hcl</i>	RYTARY CAP 95MG .....42
see <i>tretinoin</i> .....102	.....54	RYTELO.....85
RETIN-A MICRO.....102	RITALIN LA.....55	<b>S</b>
RETIN-A MICRO PUMP	see <i>methylphenidate hcl</i>	SABRIL .....50
.....102	.....54	see <i>vigabatrin</i> .....51
see <i>tretinoin microsphere</i>	<i>ritonavir</i> .....9	see <i>vigadron</i> .....51
.....102	<i>rivaroxaban</i> .....84	<i>sacubitril-valsartan tab 24-</i>
RETROVIR .....9	<i>rivastigmine</i> .....38	26 mg .....28
see <i>zidovudine</i> .....9	<i>rivastigmine tartrate</i> .....38	<i>sacubitril-valsartan tab 49-</i>
REVATIO .....36	<i>rivelsa</i> .....70	51 mg .....28
see <i>sildenafil citrate</i>	RIVFLOZA .....82	<i>sacubitril-valsartan tab 97-</i>
( <i>pulmonary</i>	<i>rizatriptan benzoate</i> .....57	103 mg .....28
<i>hypertension</i> ).....36	ROCALTROL.....77	SAFYRAL
REVCIVI.....75	see <i>calcitriol</i> .....76	see <i>drospirenone-ethinyl</i>
REVLIMID .....16	see <i>calcitriol (oral)</i> .....76	<i>estradiol-levomefolate</i>
REVUFORJ.....22	ROCKLATAN DRO .....95	<i>tab 3-0.03-0.451 mg</i> 68
REXTOVY .....62	<i>roflumilast</i> .....99	see <i>tydemy</i> .....70
REXULTI.....44	ROMVIMZA.....22	SAFYRAL TAB.....70
REYATAZ .....9	<i>ropinirole hydrochloride</i> ...42	<i>sajazir</i> .....85
see <i>atazanavir sulfate</i> ...8	<i>rosuvastatin calcium</i> .....30	SALAGEN.....107
REZDIFFRA.....75	<i>rosyrah</i> .....70	see <i>pilocarpine hcl (oral)</i>
REZLIDHIA .....22	ROTARIX SUS.....90	.....107
REZUROCK.....90	ROTATEQ SOL .....91	SAMSCA.....75
REZZAYO .....8	ROWASA .....79	see <i>tolvaptan</i> .....75
RHAPSIDO .....87	see <i>mesalamine w/</i>	SANCUSO .....78
RHOFADE .....106	<i>cleanser</i> .....79	SANDIMMUNE .....90
RHOPRESSA .....95	<i>roweepra</i> .....50	see <i>cyclosporine</i> .....89
<i>ribavirin (hepatitis c)</i> .....11	ROXICODONE .....4	SANDOSTATIN .....75
<i>rifabutin</i> .....10	see <i>oxycodone hcl</i> .....4	see <i>octreotide acetate</i> .74
RIFADIN	ROZEREM	SANDOSTATIN LAR
see <i>rifampin</i> .....10	see <i>ramelteon</i> .....56	DEPOT .....75

see <i>octreotide acetate</i> .74	<i>silver sulfadiazine</i> .....102	see <i>hydrocortisone sod</i>
SANTYL.....107	SIMBRINZA SUS 1-0.2%95	<i>succinate</i> .....72
SAPHNELO.....90	<i>simliya</i> .....70	SOLU-MEDROL.....72
SAPHRIS.....45	<i>simpesse</i> .....70	see <i>methylprednisolone</i>
see <i>asenapine maleate</i>	<i>simvastatin</i> .....30	<i>sod succ</i> .....72
.....42	SINEMET	SOMA.....61
<i>sapropterin dihydrochloride</i>	see <i>carbidopa &amp;</i>	see <i>carisoprodol</i> .....61
.....75	<i>levodopa tab 10-100</i>	SOMATULINE DEPOT...75
SARCLISA.....22	<i>mg</i> .....41	SOMAVERT.....75
SAVELLA.....59	see <i>carbidopa &amp;</i>	<i>sorafenib tosylate</i> .....22
SAVELLA MIS TITR PAK	<i>levodopa tab 25-100</i>	SORILUX.....103
.....59	<i>mg</i> .....41	<i>sotalol hcl</i> .....30
SCEMBLIX.....22	SINEMET TAB 10-100MG	<i>sotalol hcl (afib/afI)</i> .....30
<i>scopolamine</i> .....78	.....42	SOTYKTU.....87
SECUADO.....45	SINEMET TAB 25-100MG	SOTYLIZE.....30
<i>selegiline hcl</i> .....42	.....42	SOVUNA.....88
<i>selenium sulfide</i> .....103	SINGULAIR.....98	SPEVIGO.....87
SELZENTRY.....9	see <i>montelukast sodium</i>	<i>spinosad</i> .....107
see <i>maraviroc</i> .....9	.....98	SPIRIVA HANDIHALER..96
SENSIPAR	<i>sirolimus</i> .....90	see <i>tiotropium bromide</i> 96
see <i>cinacalcet hcl</i> .....73	SIRTURO.....10	SPIRIVA RESPIMAT.....96
SEPHIENCE.....75	SIVEXTRO.....6	<i>spironolactone</i> .....26
SEREVENT DISKUS.....97	SKYCLARYS.....59	<i>spironolactone &amp;</i>
SEROQUEL.....45	SKYRIZI.....87	<i>hydrochlorothiazide tab</i>
see <i>quetiapine fumarate</i>	SKYRIZI PEN.....87	<i>25-25 mg</i> .....34
.....44	SKYTROFA.....75	SPORANOX.....8
SEROQUEL XR.....45	SMOFLIPID EMU.....93	see <i>itraconazole</i> .....7
see <i>quetiapine fumarate</i>	SOAANZ.....34	SPRAVATO SOL 56MG
.....44	<i>sodium chloride</i> .....92	DOS.....40
SEROSTIM.....75	<i>sodium chloride (gu</i>	SPRAVATO SOL 84MG
<i>sertraline hcl</i> .....40	<i>irrigant)</i> .....107	DOS.....40
<i>setlakin</i> .....70	<i>sodium fluoride chew; tab;</i>	<i>sprintec 28</i> .....70
SFROWASA.....79	1.1 (0.5 f) mg/ml soln...92	SPRITAM.....50
<i>sharobel</i> .....70	<i>sodium oxybate</i> .....62	SPRYCEL.....22
SHINGRIX.....91	<i>sodium phenylbutyrate</i> ...75	see <i>dasatinib</i> .....19
SIGNIFOR.....75	<i>sodium polystyrene</i>	<i>sps</i> .....68
SIGNIFOR LAR.....75	<i>sulfonate powder</i> .....68	<i>sps rectal</i> .....68
SIKLOS.....85	<i>sod sulfate-pot sulf-mg sulf</i>	<i>sronyx</i> .....70
<i>sildenafil citrate (pulmonary</i>	<i>oral sol 17.5-3.13-1.6</i>	<i>ssd</i> .....102
<i>hypertension)</i> .....36	<i>gm/177ml</i> .....79	STELARA.....87
SILENOR.....56	SOFDRA.....106	STIVARGA.....22
see <i>doxepin hcl (sleep)</i>	SOGROYA.....75	STRENSIQ.....75
.....55	<i>solifenacin succinate</i> .....83	<i>streptomycin sulfate</i> .....6
<i>silodosin</i> .....82	SOLQUA INJ 100/33.....66	STRIBILD TAB.....10
SILVADENE.....102	SOLIRIS.....85	STRIVERDI RESPIMAT .97
see <i>silver sulfadiazine</i>	SOLOSEC.....6	STROMEKTOL.....6
.....102	SOLTAMOX.....16	see <i>ivermectin</i> .....5
see <i>ssd</i> .....102	SOLU-CORTEF.....72	SUBLOCADE.....62

SUBOXONE		SYNALAR .....	105
see <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> ....	62	see <i>fluocinolone acetonide</i> .....	104
see <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> .	62	SYNAREL .....	75
see <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> .....	62	SYNJARDY TAB 12.5-1000MG.....	65
see <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> .....	62	SYNJARDY TAB 12.5-500 .....	65
SUBOXONE MIS 12-3MG .....	63	SYNJARDY TAB 5-1000MG.....	65
SUBOXONE MIS 2-0.5MG .....	62	SYNJARDY TAB 5-500MG .....	65
SUBOXONE MIS 4-1MG	62	SYNJARDY XR TAB 10-1000 .....	65
SUBOXONE MIS 8-2MG	62	SYNJARDY XR TAB 12.5-1000 .....	65
<i>subvenite</i> .....	50	SYNJARDY XR TAB 25-1000 .....	65
SUBVENITE.....	50	SYNJARDY XR TAB 5-1000MG.....	65
<i>subvenite starter kit/blu</i> ...50		SYNTHROID .....	76
<i>subvenite starter kit/gre</i> ...50		see <i>levo-t</i> .....	76
<i>subvenite starter kit/ora</i> ...50		see <i>levothyroxine sodium</i> .....	76
SUCRAID.....	80	see <i>levoxyl</i> .....	76
<i>sucrafate</i> .....	80	see <i>unithroid</i> .....	76
SUFLAVE SOL .....	79	SYPRINE .....	68
SULAR.....	33	see <i>trientine hcl</i> .....	68
see <i>nisoldipine</i> .....	33	T	
<i>sulfacetamide sodium (acne)</i> .....	102	TABLOID.....	15
<i>sulfacetamide sodium (ophth)</i> .....	94	TABRECTA.....	22
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> .....	93	<i>tacrolimus</i> .....	90
<i>sulfadiazine</i> .....	6	<i>tacrolimus (topical)</i> .....	106
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i> .....	6	<i>tadalafil</i> .....	82
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> .....	6	<i>tadalafil (pulmonary hypertension)</i> .....	36
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> .....	6	TADLIQ .....	36
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> .....	6	TAFINLAR.....	23
SULFAMYLON.....	102	TAGRISSO .....	23
<i>sulfasalazine</i> .....	79	TAKHZYRO .....	85
<i>sulindac</i> .....	2	TALICIA CAP .....	80
<i>sumatriptan</i> .....	57	TALZENNA.....	23
<i>sumatriptan succinate</i> .....	57	TAMIFLU.....	11
<i>sunitinib malate</i> .....	22	see <i>oseltamivir phosphate</i> .....	10, 11
SUNLENCA .....	9	<i>tamoxifen citrate</i> .....	16
SUNOSI .....	62	<i>tamsulosin hcl</i> .....	82
SUPREP BOWEL PREP KIT		TARGETIN .....	17, 106
see <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> ...79			
SUPREP BOWEL SOL PREP KIT .....	79		
SUSTOL.....	78		
SUSVIMO .....	95		
SUTAB TAB.....	79		
SUTENT			
see <i>sunitinib malate</i> .....	22		
<i>syeda</i> .....	70		
SYFOVRE.....	95		
SYMBICORT			
see <i>breyna</i> .....	100		
see <i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> .....	100		
see <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> .....	100		
SYMDEKO TAB 100-15099 .....	99		
SYMDEKO TAB 50-75MG .....	99		
SYMFI			
see <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> ..9			
SYMFI TAB .....	10		
SYMLINPEN 120 .....	65		
SYMLINPEN 60 .....	65		
SYMPAZAN .....	50		
SYMPROIC.....	80		
SYMITUZA TAB.....	10		

see <i>bexarotene</i> .....	16	<i>telmisartan-amlodipine tab</i>		THALITONE .....	34
see <i>bexarotene (topical)</i>		40-5 mg .....	28	THALOMID .....	16
.....	105	<i>telmisartan-amlodipine tab</i>		THEO-24 .....	99
<i>tarina 24 fe</i> .....	70	80-10 mg .....	28	<i>theophylline</i> .....	99
<i>tarina fe 1/20 eq</i> .....	70	<i>telmisartan-amlodipine tab</i>		THIOLA .....	82
TARPEYO .....	82	80-5 mg .....	28	see <i>tiopronin</i> .....	82
TASCENSO ODT .....	60	<i>telmisartan-</i>		THIOLA EC .....	82
TASIGNA .....	23	<i>hydrochlorothiazide tab</i>		see <i>tiopronin</i> .....	82
see <i>nilotinib hcl</i> .....	21	40-12.5 mg .....	28	see <i>venxxiva</i> .....	82
<i>tasimelteon</i> .....	56	<i>telmisartan-</i>		<i>thioridazine hcl</i> .....	45
TAVALISSE .....	85	<i>hydrochlorothiazide tab</i>		<i>thiothixene</i> .....	45
TAVNEOS .....	85	80-12.5 mg .....	28	THYQUIDITY .....	76
TAYTULLA		<i>telmisartan-</i>		<i>tiadylt er</i> .....	33
see <i>gemmily</i> .....	68	<i>hydrochlorothiazide tab</i>		<i>tiagabine hcl</i> .....	50
see <i>merzee</i> .....	69	80-25 mg .....	28	TIAZAC .....	33
see <i>norethindrone ace-</i>		<i>temazepam</i> .....	56	see <i>diltiazem hcl</i>	
<i>ethinyl estradiol-fe cap</i>		<i>temsirrolimus</i> .....	23	extended release	
1 mg-20 mcg (24) ....	70	TENIVAC INJ 5-2LF .....	91	beads .....	33
TAYTULLA CAP		<i>tenofovir disoproxil</i>		see <i>tiadylt er</i> .....	33
1MG/20MC .....	70	<i>fumarate</i> .....	9	TIBSOVO .....	23
<i>tazarotene</i> .....	103	TENORETIC 100		<i>ticagrelor</i> .....	86
TAZAROTENE .....	102	see <i>atenolol &amp;</i>		TICOVAC .....	91
<i>tazicef</i> .....	12	<i>chlorthalidone tab 100-</i>		<i>tigecycline</i> .....	14
TAZORAC .....	103	25 mg .....	31	TIGECYCLINE .....	14
see <i>tazarotene</i> .....	103	TENORETIC 50		TIGLUTIK .....	59
TAZVERIK .....	23	see <i>atenolol &amp;</i>		TIKOSYN .....	30
TECENTRIQ .....	23	<i>chlorthalidone tab 50-</i>		see <i>dofetilide</i> .....	30
TECENTRIQ INJ		25 mg .....	31	<i>tilia fe</i> .....	70
HYBREZA .....	23	TENORMIN		<i>timolol hemihydrate (ophth)</i>	
TECFIDERA		see <i>atenolol</i> .....	32	.....	95
see <i>dimethyl fumarate</i> .....	60	TEPEZZA .....	75	<i>timolol maleate</i> .....	32
TECFIDERA STARTER		TEPMETKO .....	23	<i>timolol maleate (ophth)</i> .....	95
PACK		<i>terazosin hcl</i> .....	26	<i>timolol maleate (ophth)</i>	
see <i>dimethyl fumarate</i>		<i>terbinafine hcl</i> .....	8	once-daily .....	95
<i>capsule dr starter pack</i>		<i>terbutaline sulfate</i> .....	97	<i>timolol maleate (ophth) pf</i>	
120 mg & 240 mg ....	60	<i>terconazole vaginal</i> .....	83	.....	95
TECVAYLI .....	23	<i>teriflunomide</i> .....	60	TIMOPTIC OCUDOSE .....	95
TEFLARO .....	12	<i>teriparatide</i> .....	67	see <i>timolol maleate</i>	
TEGRETOL .....	50	TERIPARATIDE .....	67	( <i>ophth</i> ) <i>pf</i> .....	95
see <i>carbamazepine</i> ....	46	TESTIM .....	63	<i>tinidazole</i> .....	6
TEGRETOL-XR .....	50	<i>testosterone</i> .....	63	<i>tiopronin</i> .....	82
see <i>carbamazepine</i> ....	46	<i>testosterone cypionate</i> .....	63	<i>tiotropium bromide</i> .....	96
TEKTURNA .....	35	<i>testosterone enanthate</i> .....	63	TIROSINT .....	76
see <i>aliskiren fumarate</i> .....	34	<i>testosterone pump</i> .....	63	TIROSINT-SOL .....	76
<i>telmisartan</i> .....	29	<i>tetrabenazine</i> .....	59	TIVDAK .....	23
<i>telmisartan-amlodipine tab</i>		<i>tetracycline hcl</i> .....	14	TIVICAY .....	9
40-10 mg .....	28	TEVIMBRA .....	23	TIVICAY PD .....	9
		TEZRULY .....	26	<i>tizanidine hcl</i> .....	61

TLANDO .....	63
TOBI.....	6
TOBI PODHALER.....	6
TOBRADEX OIN 0.3-0.1% .....	93
TOBRADEX ST SUS 0.3- 0.05 .....	93
<i>tobramycin</i> .....	6
<i>tobramycin (ophth)</i> .....	94
<i>tobramycin-dexamethasone ophth susp 0.3-0.1% ...</i>	93
<i>tobramycin sulfate</i> .....	6
TOBREX .....	94
<i>tolmetin sodium</i> .....	2
TOLSURA.....	8
<i>tolterodine tartrate</i> .....	83
<i>tolvaptan</i> .....	75
<i>tolvaptan tab therapy pack 30 &amp; 15 mg</i> .....	75
<i>tolvaptan tab therapy pack 45 &amp; 15 mg</i> .....	75
<i>tolvaptan tab therapy pack 60 &amp; 30 mg</i> .....	75
<i>tolvaptan tab therapy pack 90 &amp; 30 mg</i> .....	75
TONMYA.....	59
TOPAMAX .....	50
see <i>topiramate</i> .....	50
TOPAMAX SPRINKLE...50	
see <i>topiramate</i> .....	50
TOPICORT see <i>desoximetasone</i> .	104
<i>topiramate</i> .....	50
<i>topotecan hcl</i> .....	17
TOPOTECAN HCL .....	17
see <i>topotecan hcl</i> .....	17
TOPROL XL.....	32
see <i>metoprolol succinate</i> .....	32
<i>toremifene citrate</i> .....	16
TORISEL.....	23
see <i>temsirolimus</i> .....	23
<i>torpenz</i> .....	23
<i>torse mide</i> .....	34
TOUJEO MAX SOLOSTAR .....	66
TOUJEO SOLOSTAR....	66
<i>tovet</i> .....	105
TOVIAZ see <i>fesoterodine fumarate</i> .....	82
TPN ELECTROL INJ .....	92
TRACLEER.....	36
see <i>bosentan</i> .....	36
TRADJENTA.....	65
<i>tramadol-acetaminophen tab 37.5-325 mg</i> .....	4
<i>tramadol hcl</i> .....	2, 4
<i>trandolapril</i> .....	25
<i>trandolapril-verapamil hcl tab er 1-240 mg</i> .....	25
<i>trandolapril-verapamil hcl tab er 2-180 mg</i> .....	25
<i>trandolapril-verapamil hcl tab er 2-240 mg</i> .....	25
<i>trandolapril-verapamil hcl tab er 4-240 mg</i> .....	25
<i>tranexamic acid</i> .....	85
TRANSDERM SCOP .....	78
see <i>scopolamine</i> .....	78
<i>tranylcypromine sulfate</i> ...	40
TRAVASOL INJ 10% .....	93
TRAVATAN Z.....	95
see <i>travoprost</i> .....	95
<i>travoprost</i> .....	95
TRAZIMERA .....	23
<i>trazodone hcl</i> .....	40
TREANDA.....	14
see <i>bendamustine hcl</i> .	14
TRELEGY AER ELLIPTA 100-62.5-25 MCG.....	96
TRELEGY AER ELLIPTA 200-62.5-25 MCG.....	96
TRELSTAR MIXJECT ....	16
TREMFYA.....	87
TREMFYA INDUCTION PACK FO.....	87
TREMFYA PEN .....	87
<i>treprostinil</i> .....	36
<i>tretinoin</i> .....	102
<i>tretinoin (chemotherapy)</i> .	17
<i>tretinoin microsphere</i> ...	102
TREXALL .....	88
<i>trezix</i> .....	4
<i>triamcinolone acetonide</i> ..	72
<i>triamcinolone acetonide (mouth)</i> .....	107
<i>triamcinolone acetonide (topical)</i> .....	105
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i> .....	34
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i> .....	34
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i> .....	34
triazolam .....	56
TRIBENZOR see <i>olmesartan- amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i> .....	28
see <i>olmesartan- amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i> .....	28
see <i>olmesartan- amlodipine- hydrochlorothiazide tab 40-10-25 mg</i> .....	28
see <i>olmesartan- amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i> .....	28
see <i>olmesartan- amlodipine- hydrochlorothiazide tab 40-5-25 mg</i> .....	28
TRIBENZOR TAB 20-5- 12.5MG.....	28
TRIBENZOR TAB 40-10- 12.5MG.....	29
TRIBENZOR TAB 40-10- 25MG.....	29
TRIBENZOR TAB 40-5- 12.5MG.....	28
TRIBENZOR TAB 40-5- 25MG.....	28
TRICOR see <i>fenofibrate</i> .....	30
<i>tridacaine ii</i> .....	105



see <i>estradiol vaginal</i> .....71	VANCOMYCIN INJ 1 GM .7	VERSACLOZ .....45
see <i>yuvaferm</i> .....72	VANCOMYCIN INJ 500MG	VERZENIO.....23
<i>valacyclovir hcl</i> .....11	.....7	VESICARE.....83
VALCHLOR.....106	VANCOMYCIN INJ 750MG	see <i>solifenacin succinate</i>
VALCYTE.....11	.....7	.....83
see <i>valganciclovir hcl</i> ..11	VANDAZOLE .....83	VESICARE LS .....83
<i>valganciclovir hcl</i> .....11	VANFLYTA .....23	<i>vestura</i> .....70
VALIUM.....50	VANOS	VFEND.....8
see <i>diazepam</i> .....46	see <i>fluocinonide</i> .....104	see <i>voriconazole</i> .....8
<i>valproate sodium</i> .....50	VANRAFIA .....82	VFEND IV .....8
<i>valproic acid</i> .....50	VAQTA.....91	see <i>voriconazole</i> .....8
<i>valrubicin</i> .....17	<i>varenicline tartrate</i> .....63	VIBATIV .....7
<i>valsartan</i> .....29	<i>varenicline tartrate tab 11 x</i>	VIBERZI .....81
<i>valsartan-</i>	<i>0.5 mg &amp; 42 x 1 mg start</i>	VICTOZA .....65
<i>hydrochlorothiazide tab</i>	<i>pack</i> .....63	see <i>liraglutide</i> .....64
<i>160-12.5 mg</i> .....29	VARIVAX .....91	VIDAZA .....15
<i>valsartan-</i>	VARUBI.....78	see <i>azacitidine</i> .....15
<i>hydrochlorothiazide tab</i>	VASCEPA.....31	<i>vienna</i> .....70
<i>160-25 mg</i> .....29	VASERETIC	<i>vigabatrin</i> .....51
<i>valsartan-</i>	see <i>enalapril maleate &amp;</i>	<i>vigadrone</i> .....51
<i>hydrochlorothiazide tab</i>	<i>hydrochlorothiazide tab</i>	VIGAFYDE.....51
<i>320-12.5 mg</i> .....29	<i>10-25 mg</i> .....25	VIGAMOX.....94
<i>valsartan-</i>	VASERETIC TAB 10-25MG	see <i>moxifloxacin hcl</i>
<i>hydrochlorothiazide tab</i>	.....25	( <i>ophth</i> ) .....93
<i>320-25 mg</i> .....29	VASOTEC.....25	VIIBRYD.....40
<i>valsartan-</i>	see <i>enalapril maleate</i> ..25	see <i>vilazodone hcl</i> .....41
<i>hydrochlorothiazide tab</i>	VAXCHORA SUS .....91	VIJOICE .....75
<i>80-12.5 mg</i> .....29	VECTIBIX.....23	VIJOICE TAB 250MG ....75
VALSTAR.....17	VELCADE .....23	<i>vilazodone hcl</i> .....41
see <i>valrubicin</i> .....17	see <i>bortezomib</i> .....18	VIMIZIM .....75
VALTOCO 10 MG DOSE50	VELETRI .....37	VIMKUNYA .....91
VALTOCO 15 MG DOSE50	see <i>epoprostenol sodium</i>	VIMPAT.....51
VALTOCO 20 MG DOSE51	.....36	see <i>lacosamide</i> .....47
VALTOCO 5 MG DOSE..50	<i>velivet</i> .....70	see <i>lacosamide oral</i> ....47
VALTREX.....11	VELSIPITY.....88	<i>vinblastine sulfate</i> .....18
see <i>valacyclovir hcl</i> ....11	VELTASSA .....68	<i>vincristine sulfate</i> .....18
<i>valtya 1/35</i> .....70	VENCLEXTA.....23	<i>vinorelbine tartrate</i> .....18
<i>valtya 1/50</i> .....70	VENCLEXTA TAB START	VIOKACE TAB 10440 ....81
VANCOGIN.....6	PK.....23	VIOKACE TAB 20880 ....81
see <i>vancomycin hcl</i> .....7	<i>venlafaxine hcl</i> .....40	<i>viorele</i> .....70
VANCOMYC/D5W INJ	VENTOLIN HFA.....98	VIRACEPT .....9
1.25/250 .....6	VENTOLIN HFA	VIREAD.....9
VANCOMYC/D5W INJ	(INSTITUTIONAL PACK)	see <i>tenofovir disoproxil</i>
1.5/300 .....6	.....98	<i>fumarate</i> .....9
<i>vancomycin hcl</i> .....7	<i>venxxiva</i> .....82	VITRAKVI.....23
VANCOMYCIN	VEOZAH .....75	VIVELLE-DOT.....72
HYDROCHLORIDE.....7	<i>verapamil hcl</i> .....33	see <i>dotti</i> .....71
see <i>vancomycin hcl</i> .....7	VERQUVO .....35	see <i>estradiol</i> .....71



XPOVIO PAK (40 MG ONCE WEEKLY).....	24	YF-VAX INJ.....	91	ZEPOSIA .....	60
XPOVIO PAK (40 MG TWICE WEEKLY).....	24	YIMMUGO .....	89	ZEPOSIA 7DAY CAP STR PACK.....	61
XPOVIO PAK (60 MG ONCE WEEKLY).....	24	YONSA .....	16	ZEPOSIA CAP STR KIT .....	61
XPOVIO PAK (60 MG TWICE WEEKLY).....	24	YORVIPATH .....	67	ZEPZELCA .....	14
XPOVIO PAK (80 MG ONCE WEEKLY).....	24	YUTIQ.....	94	ZERBAXA INJ 1.5GM.....	12
XPOVIO PAK (80 MG TWICE WEEKLY).....	24	YUTREPIA .....	37	ZERVIATE .....	94
XROMI .....	85	yuvafem .....	72	ZESTORETIC	
XTANDI.....	16	<b>Z</b>		see <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	25
XTRENBO.....	67	<i>zafemy</i> .....	70	see <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	25
<i>xulane</i> .....	70	<i>zafirlukast</i> .....	98	see <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> .....	25
XULTOPHY INJ 100/3.6 .....	66	<i>zaleplon</i> .....	56	ZESTORETIC TAB 10-12.5 .....	25
XYLOCAINE .....	1	ZALTRAP .....	24	.....	25
see <i>lidocaine hcl (local anesth.)</i> .....	1	ZANAFLEX .....	61	ZESTORETIC TAB 20-12.5 .....	25
XYLOCAINE-MPF.....	1	see <i>tizanidine hcl</i> .....	61	.....	25
see <i>lidocaine hcl (local anesth.)</i> .....	1	ZARONTIN.....	51	ZESTORETIC TAB 20-25MG.....	25
XYOSTED.....	63	see <i>ethosuximide</i> .....	47	ZESTRIL .....	25
XYREM .....	62	ZARXIO.....	84	see <i>lisinopril</i> .....	25
XYWAV SOL 0.5GM/ML .....	62	ZAVESCA .....	75	ZETIA.....	31
<b>Y</b>		see <i>miglustat</i> .....	74	see <i>ezetimibe</i> .....	31
<i>yargesa</i> .....	75	see <i>yargesa</i> .....	75	ZEVTERA .....	12
YASMIN 28		ZEGALOGUE.....	73	ZIAGEN.....	9
see <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> .....	68	ZEJULA.....	24	see <i>abacavir sulfat</i> e .....	8
see <i>syeda</i> .....	70	ZELAPAR.....	42	ZIANA GEL .....	102
see <i>zumandimine</i> .....	70	ZELBORAF .....	24	<i>zidovudine</i> .....	9
YASMIN 28 TAB 3-0.03MG .....	70	ZELSUVMI .....	106	ZIIHERA.....	24
YAZ		<i>zelvysia</i> .....	75	ZILBRYSQ .....	89
see <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> .....	68	ZEMAIRA .....	99	ZILRETTA.....	72
see <i>jasmiel</i> .....	69	ZEMBRACE SYMTOUCH .....	58	ZILXI .....	107
see <i>loryna</i> .....	69	ZEMDRI .....	7	<i>ziprasidone hcl</i> .....	45
see <i>nikki</i> .....	69	ZEMPLAR.....	77	<i>ziprasidone mesylate</i> .....	45
see <i>vestura</i> .....	70	see <i>paricalcitol</i> .....	76	ZIRABEV.....	24
YAZ TAB 3-0.02MG .....	70	<i>zenatane</i> .....	102	ZIRGAN .....	94
YCANTH .....	106	ZENPEP CAP 10000UNT .....	81	ZITHROMAX.....	12
YERVOY .....	24	ZENPEP CAP 15000UNT .....	81	see <i>azithromycin</i> .....	12
YESINTEK .....	88	ZENPEP CAP 20000UNT .....	81	ZITHROMAX TRI-PAK....	12
		ZENPEP CAP 25000UNT .....	81	ZITHROMAX Z-PAK .....	12
		ZENPEP CAP 3000UNIT81 .....	81	ZOCOR .....	30
		ZENPEP CAP 40000UNT .....	81	see <i>simvastatin</i> .....	30
		ZENPEP CAP 5000UNIT81 .....	81	ZOLADEX .....	16
		ZENPEP CAP 60000UNT .....	81	<i>zoledronic acid</i> .....	67
		<i>zenzedi</i> .....	55		

ZOLEDRONIC ACID.....	67	ZORYVE .....	103, 107	ZYDELIG.....	24
ZOLINZA.....	24	ZOSYN SOL 2-0.25GM ..	14	ZYKADIA.....	24
<i>zolmitriptan</i> .....	58	ZOSYN SOL 3-0.375G ...	14	ZYLET SUS 0.5-0.3% .....	93
ZOLOFT .....	41	ZOSYN SOL 4-0.50GM ..	14	ZYNLONTA.....	24
<i>see sertraline hcl</i> .....	40	<i>zovia 1/35</i> .....	70	ZYNYZ .....	24
<i>zolpidem tartrate</i> .....	56	ZOVIRAX .....	107	ZYPITAMAG .....	30
ZOLPIDEM TARTRATE..	56	<i>see acyclovir topical</i> ..	105	ZYPREXA .....	45
ZOMACTON .....	75	ZTALMY .....	51	<i>see olanzapine</i> .....	44
<i>zomig</i> .....	58	ZTLIDO .....	105	ZYPREXA RELPREVV ..	45
ZOMIG .....	58	ZUBSOLV SUB 0.7-0.18.	63	ZYTIGA .....	16
<i>see zolmitriptan</i> .....	58	ZUBSOLV SUB 1.4-0.36.	63	<i>see abiraterone acetate</i>	
ZONEGRAN		ZUBSOLV SUB 11.4-2.9.	63	.....	15
<i>see zonisamide</i> .....	51	ZUBSOLV SUB 2.9-0.71.	63	<i>see abirtega</i> .....	15
ZONISADE.....	51	ZUBSOLV SUB 5.7-1.4...	63	ZYVOX.....	7
<i>zonisamide</i> .....	51	ZUBSOLV SUB 8.6-2.1...	63	<i>see linezolid</i> .....	5
ZORTRESS .....	90	<i>zumandimine</i> .....	70		
<i>see everolimus</i>		ZUNVEYL .....	38		
<i>(immunosuppressant)</i>		ZURNAL.....	63		
.....	89, 90	ZURZUVAE.....	41		

This page intentionally left blank.

# SilverScript®

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



Participating health care providers are independent contractors and are neither agents nor employees of SilverScript. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. If you do not receive your mail-order drugs within this timeframe, you can call 1-877-876-7214 (TTY users should call 711). Hours are 24 hours a day, 7 days a week. Members may have the option to sign-up for automated mail-order delivery. Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

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

This formulary was updated on 02/24/2026. For more recent information or other questions, please contact Customer Care at 1-877-876-7214, 24 hours a day, 7 days a week. TTY users should call 711.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

02/24/2026