

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

Drug Name	Drug Requirements/ Tier	Limits
CELEBREX CAPS 400mg QL (30 caps / 30 days)	3	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	1	QL
<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 delayed release 50-0.2 mg</i> (generic of ARTHROTEC 50)	1	
<i>diclofenac w/ misoprostol tab 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	4	NDS
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	3	QL PA
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	4	NDS QL PA
<i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	3	QL PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg QL (30 tabs / 30 days)	4	NDS QL PA

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)	4	NDS QL PA
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<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
<i>acetaminophen w/ codeine tab 300-60 mg</i> QL (180 tabs / 30 days)	1	QL
<i>acetaminophen-cafeine-dihydrocodeine cap 320.5-30-16 mg</i> QL (300 caps / 30 days)	1	QL
<i>butorphanol tartrate SOLN</i> 1mg/ml, 2mg/ml	3	
<i>butorphanol tartrate SOLN</i> 10mg/ml QL (10 mL / 30 days)	1	QL
<i>CODEINE SULFATE TABS</i> 15mg, 60mg QL (180 tabs / 30 days)	3	QL
<i>codeine sulfate TABS 30mg</i> QL (180 tabs / 30 days)	1	QL
<i>DILAUDID LIQD 1mg/ml</i> QL (600 mL / 30 days)	3	QL
<i>DILAUDID SOLN .2mg/ml, 1mg/ml, 2mg/ml</i>	3	B/D
<i>DILAUDID TABS 2mg, 4mg</i> QL (180 tabs / 30 days)	3	QL
<i>DILAUDID TABS 8mg</i> QL (180 tabs / 30 days)	4	NDS QL
<i>endocet tab 2.5-325mg</i> QL (360 tabs / 30 days)	1	QL
<i>endocet tab 5-325mg (generic of PERCOCET)</i> QL (360 tabs / 30 days)	1	QL
<i>endocet tab 7.5-325mg (generic of PERCOCET)</i> QL (240 tabs / 30 days)	1	QL
<i>endocet tab 10-325mg (generic of PERCOCET)</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen soln 10-300 mg/15ml</i> QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 5-300 mg</i> QL (240 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 10-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 10-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml</i> QL (600 mL / 30 days)	1	QL
<i>HYDROMORPHONE HCL SOLN</i> 4mg/ml	3	B/D
<i>hydromorphone hcl (generic of HYDROMORPHONE HYDROCHLORI) SOLN</i> 10mg/ml, 50mg/5ml	3	B/D
<i>hydromorphone hcl (generic of DILAUDID) SOLN .2mg/ml, 1mg/ml, 2mg/ml</i>	3	B/D
<i>hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg</i> QL (180 tabs / 30 days)	1	QL
<i>HYDROMORPHONE HYDROCHLORI SOLN</i> .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
<i>MORPHINE SULFATE SOLN</i> 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	3	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL
<i>morphine sulfate</i> SOLN 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	3	
<i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days)	1	QL
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>soln</i> 5-325 mg/5ml QL (1800 mL / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 2.5-325 mg QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>oxymorphone hcl</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
PERCOCET TAB 5-325MG QL (360 tabs / 30 days)	4	NDS QL PA
PERCOCET TAB 7.5-325 QL (240 tabs / 30 days)	4	NDS QL PA
PERCOCET TAB 10-325MG QL (180 tabs / 30 days)	4	NDS QL PA
ROXICODONE TABS 15mg QL (180 tabs / 30 days)	3	QL
ROXICODONE TABS 30mg QL (180 tabs / 30 days)	4	NDS QL
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	1	QL
<i>tramadol-acetaminophen tab</i> 37.5-325 mg QL (240 tabs / 30 days)	1	QL
<i>trexiz</i> QL (300 caps / 30 days)	1	QL
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg QL (672 tabs / year)	1	QL PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	4	NDS NM PA
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	1	QL PA
AZACTAM SOLR 1gm, 2gm	3	
<i>aztreonam</i> SOLR 1gm, 2gm	1	
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
BETHKIS NEBU 300mg/4ml	4	NDS NM PA
BLUJEPa TABS 750mg	2	
CAYSTON SOLR 75mg	4	NDS NM PA
CLEOCIN CAPS 75mg, 150mg, 300mg	3	
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	3	

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

Drug Name	Drug Requirements/ Tier	Limits
EMVERM CHEW 100mg QL (12 tabs / year)	4	NDS QL
<i>ertapenem sodium</i> SOLR 1gm	1	
FIRVANQ SOLR 25mg/ml, 50mg/ml QL (1800 mL / 180 days)	3	QL
<i>fosfomycin tromethamine</i> PACK 3gm	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
HUMATIN CAPS 250mg	4	NDS
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i> (generic of PRIMAXIN IV)	1	
IMPAVIDO CAPS 50mg	4	NDS PA
<i>ivermectin</i> (generic of STROMEKTOL) TABS 3mg QL (20 tabs / 90 days)	1	QL PA
<i>ivermectin</i> TABS 6mg QL (10 tabs / 90 days)	1	QL PA
KIMYRSA SOLR 1200mg	4	NDS
KITABIS PAK NEBU 300mg/5ml	4	NDS NM PA
LIKMEZ SUSP 500mg/5ml	3	
<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml	1	
<i>linezolid</i> SUSR 100mg/5ml QL (1800 mL / 30 days)	4	NDS QL
<i>linezolid</i> TABS 600mg QL (60 tabs / 30 days)	1	QL
LINEZOLID INJ 2MG/ML	3	
MACROBID CAPS 100mg	3	
MEPRON SUSP 750mg/5ml QL (300 mL / 30 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier Limits
MEROP/NACL INJ 1GM/50ML	3
MEROP/NACL INJ 500/50ML	3
<i>meropenem</i> SOLR 1gm, 500mg	1
<i>meropenem</i> (generic of MEROPENEM) SOLR 2gm	1
<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	1
<i>metronidazole</i> CAPS 375mg; TABS 125mg, 250mg, 500mg	1
METRONIDAZOLE SOLN 500mg/100ml	3
<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	1
NEBUPENT SOLR 300mg	3 B/D
<i>neomycin sulfate</i> TABS 500mg	1
<i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days)	4 NDS QL
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg	2
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	2
ORBACTIV SOLR 400mg	4 NDS
ORLYNVAH TAB 500-500	4 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)	4 NDS QL PA
RECARBRIO INJ 1.25GM	4 NDS
SIVEXTRO SOLR 200mg; TABS 200mg	4 NDS
SOLOSEC PACK 2gm	3

Drug Name	Drug Requirements/ Tier Limits
<i>streptomycin sulfate</i> SOLR 1gm	4 NDS
STROMECTOL TABS 3mg QL (20 tabs / 90 days)	3 QL PA
<i>sulfadiazine</i> TABS 500mg	4 NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> (generic of BACTRIM)	1
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	1
<i>tinidazole</i> TABS 250mg, 500mg	1
TOBI NEBU 300mg/5ml	4 NDS NM PA
TOBI PODHALER CAPS 28mg	4 NDS NM PA
<i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml	4 NDS NM PA
<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	4 NDS NM PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 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)	4 NDS
VANOCOCIN CAPS 125mg QL (80 caps / 180 days)	4 NDS QL
VANOCOCIN CAPS 250mg QL (160 caps / 180 days)	4 NDS QL
VANCOMYC/D5W INJ 1.5/300	3
VANCOMYC/D5W INJ 1.25/250	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>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	4	NDS
XACDURO INJ 1-1GM	4	NDS
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	3	QL
ZEMDRI SOLN 500mg/10ml	4	NDS
ZYVOX SOLN 600mg/300ml	4	NDS
ZYVOX SUSR 100mg/5ml QL (1800 mL / 30 days)	4	NDS QL
ZYVOX TABS 600mg QL (60 tabs / 30 days)	4	NDS QL
ANTIFUNGALS		
AMBISOME SUSR 50mg	4	NDS B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	4	NDS B/D
ANCOBON CAPS 250mg, 500mg	4	NDS PA
CANCIDAS SOLR 50mg, 70mg	4	NDS
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	4	NDS
<i>caspofungin acetate</i> (generic of CASPOFUNGIN ACETATE) SOLR 50mg, 70mg	1	
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	4	NDS PA
DIFLUCAN SUSR 40mg/ml	3	
ERAXIS SOLR 50mg	3	
ERAXIS SOLR 100mg	4	NDS
<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	4	NDS PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>griseofulvin ultramicrosize</i> TABS 165mg	4	NDS
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg QL (120 caps / 30 days)	1	QL
<i>itraconazole</i> SOLN 10mg/ml	4	NDS
<i>ketoconazole</i> TABS 200mg	1	PA
MICAFUNGIN SOLR 50mg, 100mg	4	NDS
<i>micalfungin sodium</i> SOLR 50mg, 100mg	1	
MICAFUNGIN/NACL INJ 50MG/50ML	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
MICAFUNGIN/NACL INJ 100MG/100ML	4	NDS
MICAFUNGIN/NACL INJ 150MG/150ML	4	NDS
MYCAMINE SOLR 50mg	4	NDS
NOXAFIL PACK 300mg QL (32 packets / 30 days)	4	NDS QL PA
NOXAFIL SOLN 300mg/16.7ml	4	NDS
NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> SOLN 300mg/16.7ml	4	NDS
<i>posaconazole</i> SUSP 40mg/ml QL (630 mL / 30 days)	4	NDS QL PA
<i>posaconazole</i> TBEC 100mg QL (93 tabs / 30 days)	4	NDS QL PA
REZZAYO SOLR 200mg	4	NDS
<i>terbinafine hcl</i> TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	1	QL PA
TOLSURA CAPS 65mg QL (120 caps / 30 days)	4	NDS QL PA
VFEND SUSR 40mg/ml QL (600 mL / 28 days)	4	NDS QL PA
VFEND IV SOLR 200mg	3	PA
VIVJOA CPPK 150mg QL (18 caps / 84 days)	4	NDS QL NM PA
VORICONAZOLE SOLN 200mg/20ml	4	NDS PA
VORICONAZOLE SOLR 200mg	3	PA
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	1	PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)	4	NDS QL PA
<i>voriconazole</i> TABS 50mg QL (480 tabs / 30 days)	1	QL
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
<i>mefloquine hcl</i> TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	1	NM
<i>abacavir sulfate</i> TABS 300mg	1	NM
APTIVUS CAPS 250mg	4	NDS NM
<i>atazanavir sulfate</i> CAPS 150mg	1	NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	1	NM
<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	1	QL NM
<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	1	QL NM
EDURANT TABS 25mg	4	NDS NM
EDURANT PED TBSO 2.5mg	4	NDS NM
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM

Drug Name	Drug Requirements/ Tier	Limits
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	4	NDS NM
<i>fosamprenavir calcium</i> TABS 700mg	4	NDS NM
INTELENCE TABS 25mg	3	NM
INTELENCE TABS 100mg, 200mg	4	NDS NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	4	NDS NM
ISENTRESS HD TABS 600mg	4	NDS NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	4	NDS NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg; TABS 100mg	3	NM
PIFELTRO TABS 100mg	4	NDS NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	4	NDS QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	3	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	4	NDS QL NM
PREZISTA TABS 600mg QL (60 tabs / 30 days)	4	NDS QL NM
PREZISTA TABS 800mg QL (30 tabs / 30 days)	4	NDS QL NM
RETROVIR CAPS 100mg; SYRP 50mg/5ml	3	NM
REYATAZ CAPS 200mg, 300mg; PACK 50mg	4	NDS NM
<i>rilpivirine hcl</i> (generic of EDURANT) TABS 25mg	4	NDS NM
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	1	NM
RUKOBIA TB12 600mg	4	NDS NM
SELZENTRY SOLN 20mg/ml; TABS 150mg, 300mg	4	NDS NM
SUNLENCA TABS 300mg; TBPK 300mg	4	NDS NM

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

Drug Name	Drug Requirements/ Tier	Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA)	4	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA)	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA)	1	NM
EVOTAZ TAB 300-150	4	NDS NM
GENVOYA TAB	4	NDS NM
IDVYNZO TAB 100-0.25	4	NDS NM
JULUCA TAB 50-25MG	4	NDS NM
KALETRA SOL	3	NM
KALETRA TAB 100-25MG	3	NM
KALETRA TAB 200-50MG	4	NDS NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	1	NM
ODEFSEY TAB	4	NDS NM
PREZCOBIX TAB 675/150	4	NDS NM
PREZCOBIX TAB 800-150	4	NDS NM
STRIBILD TAB	4	NDS NM
SYMFI TAB	4	NDS NM
SYMTUZA TAB	4	NDS NM
TRIUMEQ PD TAB	3	NM
TRIUMEQ TAB	4	NDS NM
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	4	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRETOMANID TABS 200mg	3	
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	4	NDS NM PA
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	4	NDS NM ST
BARACLUDE TABS .5mg, 1mg	4	NDS NM
<i>cidofovir</i> SOLN 75mg/ml	1	
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	4	NDS NM PA
EPCLUSA PAK 200-50MG	4	NDS NM PA
EPCLUSA TAB 200-50MG	4	NDS NM PA
EPCLUSA TAB 400-100	4	NDS NM PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>foscarnet sodium</i> (generic of FOSCAVIR) SOLN 6000mg/250ml	4	NDS B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	4	NDS NM PA
HARVONI PAK 45-200MG	4	NDS NM PA
HARVONI TAB 45-200MG	4	NDS NM PA
HARVONI TAB 90-400MG	4	NDS NM PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	4	NDS QL NM PA
MAVYRET PAK 50-20MG	4	NDS NM PA
MAVYRET TAB 100-40MG	4	NDS NM PA
<i>oseltamivir phosphate</i> CAPS 30mg QL (168 caps / year)	1	QL
<i>oseltamivir phosphate</i> CAPS 45mg QL (84 caps / year)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 75mg QL (84 caps / year)	1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	1	QL
PAXLOVID PAK QL (22 tabs / 90 days)	1	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	1	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	1	QL
PEGASYS SOLN 180mcg/ml; 4 SOSY 180mcg/0.5ml	4	NDS NM PA
PREVYMIS PACK 20mg, 120mg QL (120 packets / 30 days)	4	NDS QL PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	4	NDS
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	4	NDS QL PA
RAPIVAB SOLN 200mg/20ml	4	NDS
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	2	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
TAMIFLU CAPS 30mg QL (168 caps / year)	3	QL
TAMIFLU CAPS 75mg QL (84 caps / year)	3	QL
TAMIFLU SUSR 6mg/ml QL (1080 mL / year)	3	QL
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	1	
VALCYTE SOLR 50mg/ml; TABS 450mg	4	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	4	NDS
<i>valganciclovir hcl</i> TABS 450mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftaroline fosamil</i> (generic of TEFLARO) SOLR 400mg, 600mg	4	NDS
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
FETROJA SOLR 1gm	4	NDS
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	4	NDS
ZERBAXA INJ 1.5GM	4	NDS
ZEVTERA SOLR 667mg	4	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml; TABS 600mg	1	
<i>azithromycin</i> (generic of ZITHROMAX) SUSR 200mg/5ml; TABS 250mg, 500mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	4	NDS
e.e.s. 400 TABS 400mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1	
<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	4	NDS
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	1	
<i>fidaxomicin</i> (generic of DIFICID) TABS 200mg	4	NDS
ZITHROMAX SOLR 500mg; SUSR 200mg/5ml; TABS 250mg, 500mg	3	
ZITHROMAX TRI-PAK TABS 500mg	3	
ZITHROMAX Z-PAK TABS 250mg	3	
FLUOROQUINOLONES		
BAXDELA SOLR 300mg; TABS 450mg	4	NDS
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>ciprofloxacin hcl</i> TABS 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	

Drug Name	Drug Requirements/ Tier Limits
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3
PENICILLINS	
<i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	1
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	1
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1
<i>ampicillin CAPS 500mg</i>	1
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)</i>	1
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i>	1
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)</i>	1
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg</i>	1

Drug Name	Drug Requirements/ Tier Limits
AUGMENTIN SUS 125/5ML	3
AUGMENTIN SUS ES-600	3
AUGMENTIN TAB 500MG	3
BICILLIN C-R INJ 900/300	3
BICILLIN C-R INJ 1200000	3
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1
NAFCILLIN INJ 2GM/100	4 NDS
<i>naftacillin sodium SOLR 1gm, 2gm</i>	1
<i>naftacillin sodium SOLR 10gm</i>	4 NDS
OXACILLIN INJ 2GM	3
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1
PEN GK/DEXTR INJ 40000/ML	3
PEN GK/DEXTR INJ 60000/ML	3
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1
<i>penicillin g sodium SOLR 5000000unit</i>	1
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	1
PIP/TAZ/NACL INJ 2-0.25GM	3
PIP/TAZ/NACL INJ 3-0.375G	3
PIP/TAZ/NACL INJ 4-0.5GM	3
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1

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

Drug Name	Drug Requirements/ Tier	Limits
<i>cisplatin</i> (generic of CISPLATIN) SOLN 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	4	NDS B/D NM
<i>cyclophosphamide</i> (generic of CYCLOPHOSPHAMIDE) SOLN 1gm/5ml	4	NDS B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	4	NDS B/D
<i>cyclophosphamide</i> (generic of CYCLOPHOSPHAMIDE) SOLN 500mg/2.5ml	1	B/D
<i>cyclophosphamide</i> SOLR 2gm	4	NDS B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	4	NDS B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	4	NDS B/D NM
GLEOSTINE CAPS 10mg, 40mg	3	NM
GLEOSTINE CAPS 100mg	4	NDS NM
GRAFAPEX SOLR 1gm, 5gm	4	NDS B/D NM
IFEX SOLR 3gm	3	B/D
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	1	B/D
IFOSFAMIDE SOLR 3gm	3	B/D
KYXATA SOLN 80mg/8ml, 500mg/50ml	4	NDS B/D NM
LEUKERAN TABS 2mg	4	NDS PA
<i>lomustine</i> (generic of GLEOSTINE) CAPS 10mg, 40mg	1	NM
<i>lomustine</i> (generic of GLEOSTINE) CAPS 100mg	4	NDS NM
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	1	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	4	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
TREANDA SOLR 25mg, 100mg	4	NDS B/D NM
VIVIMUSTA SOLN 100mg/4ml	4	NDS B/D NM
ZEPZELCA SOLR 4mg	4	NDS NM PA
ANTIMETABOLITES		
AVGEMSI SOLN 1gm/26.3ml, 2gm/52.6ml	4	NDS B/D NM
AXTLE SOLR 100mg, 500mg	4	NDS B/D NM
azacitidine (generic of VIDAZA) SUSR 100mg	4	NDS B/D NM
cytarabine SOLN 20mg/ml, 100mg/ml	1	B/D
decitabine SOLR 50mg	4	NDS B/D NM
FAVLYXA SOLN 250mg/10ml	4	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	4	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)	4	NDS QL NM PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	4	NDS QL NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	4	NDS QL NM PA
mercaptopurine (generic of PURIXAN) SUSP 2000mg/100ml	4	NDS NM
mercaptopurine TABS 50mg	1	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	4	NDS QL NM PA
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml	4	NDS B/D
perimetrex disodium SOLR 100mg, 500mg, 750mg, 1000mg	4	NDS B/D
PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml	4	NDS B/D
pralatrexate (generic of FOLOTYN) SOLN 20mg/ml, 40mg/2ml	4	NDS NM PA
PURIXAN SUSP 2000mg/100ml	4	NDS NM
TABLOID TABS 40mg	4	NDS PA
VIDAZA SUSR 100mg	4	NDS B/D NM
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	4	NDS QL NM PA
abiraterone acetate (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	4	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)	4	NDS QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	4	NDS QL NM PA
anastrozole (generic of ARIMIDEX) TABS 1mg	1	
ARIMIDEX TABS 1mg	4	NDS
AROMASIN TABS 25mg	4	NDS
bicalutamide (generic of CASODEX) TABS 50mg	1	
CAMCEVI PRSY 42mg	3	NM PA
CASODEX TABS 50mg	4	NDS
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	4	NDS QL NM PA
EULEXIN CAPS 125mg	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1	
FARESTON TABS 60mg	4	NDS PA
FASLODEX SOSY 250mg/5ml	4	NDS B/D
FEMARA TABS 2.5mg	3	
FIRMAGON SOLR 80mg	3	NM PA
FIRMAGON SOLR 120mg/vial	4	NDS NM PA
<i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml	4	NDS B/D
INLURIYO TABS 200mg QL (56 tabs / 28 days)	4	NDS QL NM PA
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
<i>leuprolide acetate</i> (3 month) INJ 22.5mg	1	NM PA
LIFYORLI CAP 125MG DS QL (18 caps / 28 days)	4	NDS QL NM PA
LIFYORLI CAP 150MG DS QL (27 caps / 28 days)	4	NDS QL NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	4	NDS NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	4	NDS NM PA
LUPRON DEPOT (4-MONTH) KIT 30mg	4	NDS NM PA
LUPRON DEPOT (6-MONTH) KIT 45mg	4	NDS NM PA
LUTRATE DEPOT INJ 22.5mg	3	NM PA
LYSODREN TABS 500mg	4	NDS NM
<i>megestrol acetate</i> TABS 20mg, 40mg	2	
<i>nilutamide</i> TABS 150mg	4	NDS
NUBEQA TABS 300mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ORGOVYX TABS 120mg	4	NDS NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	4	NDS QL NM PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SOLTAMOX SOLN 10mg/5ml	4	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<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 7.5mg, 22.5mg, 30mg, 45mg	4	NDS NM PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	4	NDS QL NM PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	4	NDS QL NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	4	NDS QL NM PA
YONSA TABS 125mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA
ZYTIGA TABS 250mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ZYTIGA TABS 500mg QL (60 tabs / 30 days)	4	NDS QL NM PA
IMMUNOMODULATORS		
<i>lenalidomide</i> (generic of REVLIMID) CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM PA
<i>lenalidomide</i> (generic of REVLIMID) CAPS 20mg, 25mg QL (21 caps / 28 days)	4	NDS QL NM PA
<i>pomalidomide</i> (generic of POMALYST) CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	4	NDS QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	4	NDS QL NM PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	4	NDS QL NM PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	4	NDS QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	4	NDS QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
ASPARLAS SOLN	4	NDS NM PA
3750unit/5ml		
BESREMI SOSY 500mcg/ml	4	NDS QL NM
QL (2 syringes / 28 days)		PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg	4	NDS QL NM
QL (300 caps / 30 days)		PA
<i>bleomycin sulfate</i> SOLR	1	B/D
15unit, 30unit		
CAMPTOSAR SOLN	3	B/D
40mg/2ml, 100mg/5ml, 300mg/15ml		
<i>dacarbazine</i> SOLR 100mg	1	B/D
<i>dexrazoxane hcl</i> SOLR	4	NDS B/D
250mg, 500mg		
DOXIL SUSP 2mg/ml	4	NDS B/D
<i>doxorubicin hcl</i> (generic of DOXORUBICIN HYDROCHLORIDE) SOLN	1	B/D
2mg/ml		
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) SUSP	4	NDS B/D
2mg/ml		
DOXORUBICIN HYDROCHLORIDE SOLN	3	B/D
2mg/ml		
ELITEK SOLR 1.5mg, 7.5mg	4	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	1	B/D
40mg/2ml, 100mg/5ml, 300mg/15ml		
<i>irinotecan hcl</i> SOLN	1	B/D
500mg/25ml		
IWILFIN TABS 192mg	4	NDS QL NM
QL (240 tabs / 30 days)		PA
KHAPZORY SOLR 175mg	4	NDS B/D NM
<i>leucovorin calcium</i> SOLN	1	B/D
500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg		

Drug Name	Drug Requirements/ Tier	Limits
<i>leucovorin calcium</i> TABS	1	
5mg, 10mg, 15mg, 25mg		
<i>levoleucovorin calcium</i> SOLN	1	B/D NM
175mg/17.5ml, 250mg/25ml; SOLR 50mg		
MATULANE CAPS 50mg	4	NDS NM
<i>mesna</i> (generic of MESNEX) TABS 400mg	4	NDS
MESNEX TABS 400mg	4	NDS
<i>mitomycin</i> SOLR 5mg	1	B/D
<i>mitomycin</i> SOLR 20mg, 40mg	4	NDS B/D
<i>mitoxantrone hcl</i> CONC	1	B/D NM
20mg/10ml, 25mg/12.5ml, 30mg/15ml		
MODEYSO CAPS 125mg	4	NDS QL NM
QL (20 caps / 28 days)		PA
NIPENT SOLR 10mg	4	NDS B/D
ONCASPAR SOLN	4	NDS NM PA
750unit/ml		
ONIVYDE SUSP 43mg/10ml	4	NDS B/D NM
RYLAZE SOLN 10mg/0.5ml	4	NDS NM PA
TARGRETIN CAPS 75mg	4	NDS QL NM
QL (300 caps / 30 days)		PA
TOPOTECAN HCL SOLN	3	B/D
4mg/4ml		
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN	1	B/D
4mg/4ml		
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg	4	NDS B/D
<i>tretinoin (chemotherapy)</i> CAPS 10mg	4	NDS
<i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml	4	NDS B/D NM
VALSTAR SOLN 40mg/ml	4	NDS B/D NM
VYKOURA SOLN 50mg/5ml	3	B/D NM
VYKOURA SOLN	4	NDS B/D NM
350mg/35ml, 500mg/50ml		
WELIREG TABS 40mg	4	NDS QL NM
QL (90 tabs / 30 days)		PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	4	NDS B/D NM
AVOPEF SOLN 100mg/5ml	4	NDS B/D NM
BEIZRAY CONC 20mg/ml	3	B/D NM
BEIZRAY INJ 80MG/4ML	4	NDS B/D NM
BEIZRAY INJ 160/8ML	4	NDS B/D NM
<i>docetaxel</i> CONC 20mg/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
DOCETAXEL CONC 20mg/ml	3	B/D
<i>docetaxel</i> CONC 80mg/4ml	4	NDS B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D NM
<i>eribulin mesylate</i> (generic of HALAVEN) SOLN 1mg/2ml	4	NDS B/D NM
ETOPOPHOS SOLR 100mg	3	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
HALAVEN SOLN 1mg/2ml	4	NDS B/D NM
IXEMPRA KIT SOLR 15mg, 45mg	4	NDS B/D NM
JEVTANA SOLN 60mg/1.5ml	4	NDS NM PA
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
PACLITAXEL INJ 100MG	4	NDS B/D NM
<i>paclitaxel inj 100mg</i> (generic of ABRAXANE)	4	NDS B/D NM
<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
AFINITOR DISPERZ TBSO 2mg, 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days)	4	NDS QL NM PA
ALECENSA CAPS 150mg QL (240 caps / 30 days)	4	NDS QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	4	NDS QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
ALUNBRIG PAK QL (30 tabs / 30 days)	4	NDS QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	4	NDS QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	4	NDS QL NM PA
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	4	NDS QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	4	NDS QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	4	NDS QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	4	NDS QL NM PA
BAVENCIO SOLN 200mg/10ml	4	NDS NM PA
BELEODAQ SOLR 500mg	4	NDS NM PA
BESPONSA SOLR .9mg	4	NDS NM PA
BLENREP SOLR 70mg	4	NDS NM PA
BORTEZOMIB SOLR 1mg, 2.5mg	3	NM PA
<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	4	NDS NM PA
BORUZU SOLN 3.5mg/1.4ml	4	NDS NM PA
BOSULIF CAPS 50mg QL (30 caps / 30 days)	4	NDS QL NM PA
BOSULIF CAPS 100mg QL (300 caps / 30 days)	4	NDS QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	4	NDS QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	4	NDS QL NM PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	4	NDS QL NM PA
BRUKINSA TABS 160mg QL (60 tabs / 30 days)	4	NDS QL NM PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	4	NDS QL NM PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	4	NDS NM PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	4	NDS QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	4	NDS QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	4	NDS QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	4	NDS QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	4	NDS QL NM PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	4	NDS QL NM PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	4	NDS NM PA
DARZALEX INJ FASPRO <i>dasatinib</i> (generic of SPRYCEL) TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>dasatinib</i> (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4	NDS QL NM PA
DATROWAY SOLR 100mg	4	NDS NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	4	NDS QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ELAHERE SOLN 100mg/20ml	4	NDS NM PA
EMPLICITI SOLR 300mg, 400mg	4	NDS NM PA
EMRELIS SOLR 20mg, 100mg	4	NDS NM PA
ENHERTU SOLR 100mg	4	NDS NM PA
ENSACOVE CAPS 25mg QL (270 caps / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
ENSACOVE CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM PA
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	4	NDS NM PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	4	NDS B/D NM
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	4	NDS QL NM PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg, 5mg QL (60 tabs / 30 days)	4	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	4	NDS QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	4	NDS QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	4	NDS QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	4	NDS QL NM PA
FYARRO SUSR 100mg	4	NDS NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
GAZYVA SOLN 1000mg/40ml	4	NDS NM PA
<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	4	NDS QL NM PA
GLEEVEC TABS 100mg QL (90 tabs / 30 days)	4	NDS QL NM PA
GLEEVEC TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
GOMEKLI CAPS 1mg QL (168 caps / 28 days)	4	NDS QL NM PA
GOMEKLI CAPS 2mg QL (84 caps / 28 days)	4	NDS QL NM PA
GOMEKLI TBSO 1mg QL (168 tabs / 28 days)	4	NDS QL NM PA
HERCEP HYLEC SOL 60- 10000	4	NDS NM PA
HERCEPTIN SOLR 150mg	4	NDS NM PA
HERCESSI SOLR 150mg, 420mg	4	NDS NM PA
HERNEXEOS TABS 60mg QL (120 tabs / 30 days)	4	NDS QL NM PA
HERZUMA SOLR 150mg, 420mg	4	NDS NM PA
HYRNUO TABS 10mg QL (120 tabs / 30 days)	4	NDS QL NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	4	NDS QL NM PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	4	NDS QL NM PA
IBTROZI CAPS 200mg QL (90 caps / 30 days)	4	NDS QL NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	1	QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	4	NDS QL NM PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	4	NDS QL NM PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	4	NDS QL NM PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	4	NDS QL NM PA
IMDELLTRA SOLR 1mg, 10mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	4	NDS NM PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	4	NDS NM PA
IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	4	NDS QL NM PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	4	NDS QL NM PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	4	NDS QL NM PA
INREBIC CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
IRESSA TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ITOVEBI TABS 3mg QL (56 tabs / 28 days)	4	NDS QL NM PA
ITOVEBI TABS 9mg QL (28 tabs / 28 days)	4	NDS QL NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	4	NDS QL NM PA
JAKAFI XR TB24 11mg, 22mg, 33mg, 44mg, 55mg QL (30 tabs / 30 days)	4	NDS QL NM PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	4	NDS QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	4	NDS QL NM PA
JEMPERLI SOLN 500mg/10ml	4	NDS NM PA
KADCYLA SOLR 100mg, 160mg	4	NDS B/D NM
KANJINTI SOLR 150mg, 420mg	4	NDS NM PA
KEYTRUDA SOLN 100mg/4ml	4	NDS NM PA
KEYTRUDA INJ QLEX 395- 4800 MG-UNIT/2.4ML QL (1 vial / 21 days)	4	NDS QL NM PA
KEYTRUDA INJ QLEX 790- 9600 MG-UNIT/4.8ML QL (1 vial / 42 days)	4	NDS QL NM PA
KIMMTRAK SOLN 100mcg/0.5ml	4	NDS NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier Limits
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	4 NDS QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	4 NDS QL NM PA
KOMZIFTI CAPS 200mg QL (90 caps / 30 days)	4 NDS QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	4 NDS QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	4 NDS QL NM PA
KOSELUGO CPSP 5mg QL (600 caps / 30 days)	4 NDS QL NM PA
KOSELUGO CPSP 7.5mg QL (360 caps / 30 days)	4 NDS QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	4 NDS QL NM PA
KYPROLIS SOLR 10mg, 30mg, 60mg	4 NDS NM PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	4 NDS QL NM PA
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	4 NDS QL NM PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	4 NDS QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	4 NDS QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	4 NDS QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	4 NDS QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	4 NDS QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	4 NDS QL NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	4 NDS QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	4 NDS QL NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	4 NDS QL NM PA

Drug Name	Drug Requirements/ Tier Limits
LIBTAYO SOLN 350mg/7ml	4 NDS NM PA
LOQTORZI SOLN 240mg/6ml	4 NDS NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	4 NDS QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	4 NDS QL NM PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	4 NDS QL NM PA
LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	4 NDS QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	4 NDS QL NM PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	4 NDS NM PA
LUNSUMIO VELO SOLN 5mg/0.5ml, 45mg/ml	4 NDS NM PA
LYNOZYFIC SOLN 5mg/2.5ml, 200mg/10ml	4 NDS NM PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	4 NDS QL NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	4 NDS QL NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	4 NDS QL NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	4 NDS QL NM PA
MARGENZA SOLN 250mg/10ml	4 NDS NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	4 NDS QL NM PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	4 NDS QL NM PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	4 NDS QL NM PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	4 NDS QL NM PA
MONJUVI SOLR 200mg	4 NDS NM PA
MYLOTARG SOLR 4.5mg	4 NDS NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	4 NDS QL NM PA
NEXAVAR TABS 200mg QL (120 tabs / 30 days)	4 NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
NILOTINIB D-TARTRATE CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
NILOTINIB D-TARTRATE CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA
<i>nilotinib hcl</i> (generic of TASIGNA) CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
<i>nilotinib hcl</i> (generic of TASIGNA) CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	4	NDS QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	4	NDS QL NM PA
OGIVRI SOLR 150mg, 420mg	4	NDS NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	4	NDS QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	4	NDS QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	4	NDS QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ONTRUZANT SOLR 150mg, 420mg	4	NDS NM PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	4	NDS NM PA
OPDIVO INJ QVANTIG	4	NDS NM PA
OPDUALAG INJ	4	NDS NM PA
PADCEV SOLR 20mg, 30mg	4	NDS NM PA
<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
<i>pazopanib hcl</i> TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	4	NDS QL NM PA
PERJETA SOLN 420mg/14ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
PHESGO SOL	4	NDS NM PA
PHYRAGO TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA
PHYRAGO TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4	NDS QL NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	4	NDS QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	4	NDS QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	4	NDS QL NM PA
POLIVY SOLR 30mg, 140mg	4	NDS NM PA
POTELIGEO SOLN 20mg/5ml	4	NDS NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	4	NDS QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA
RETEVMO TABS 80mg QL (120 tabs / 30 days)	4	NDS QL NM PA
RETEVMO TABS 120mg, 160mg QL (60 tabs / 30 days)	4	NDS QL NM PA
REVUFORJ TABS 25mg QL (240 tabs / 30 days)	4	NDS QL NM PA
REVUFORJ TABS 110mg QL (120 tabs / 30 days)	4	NDS QL NM PA
REVUFORJ TABS 160mg QL (60 tabs / 30 days)	4	NDS QL NM PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	4	NDS QL NM PA
ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days)	4	NDS QL NM PA
ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	4	NDS QL NM PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	4	NDS QL NM PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	4	NDS QL NM PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
RYBREVA NT SOLN 350mg/7ml	4	NDS NM PA
RYBREVA NT INJ FASPRO	4	NDS NM PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	4	NDS QL NM PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	4	NDS NM PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	4	NDS QL NM PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	4	NDS QL NM PA
SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	4	NDS QL NM PA
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
SPRYCEL TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	4	NDS QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	4	NDS QL NM PA
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	4	NDS QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	4	NDS QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	4	NDS QL NM PA
TAFINLAR TBSO 10mg QL (840 tabs / 28 days)	4	NDS QL NM PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	4	NDS QL NM PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	4	NDS QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	4	NDS QL NM PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NDS NM PA
TECENTRIQ INJ HYBREZA QL (1 vial / 21 days)	4	NDS QL NM PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	4	NDS NM PA
<i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	4	NDS B/D NM
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	4	NDS QL NM PA
TEVIMBRA SOLN 100mg/10ml	4	NDS NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	4	NDS QL NM PA
TIVDAK SOLR 40mg	4	NDS NM PA
TORISEL SOLN 25mg/ml	4	NDS B/D NM
<i>torpenz</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
TRAZIMERA SOLR 150mg, 420mg	4	NDS NM PA
TRODELVY SOLR 180mg	4	NDS NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	4	NDS QL NM PA
TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days)	4	NDS QL NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	4	NDS QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	4	NDS QL NM PA
TYKERB TABS 250mg QL (180 tabs / 30 days)	4	NDS QL NM PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	4	NDS QL NM PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	4	NDS B/D NM
VELCADE SOLR 3.5mg	4	NDS NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	2	QL NM PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL NM PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	4	NDS QL NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	4	NDS QL NM PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	4	NDS QL NM PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	4	NDS QL NM PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	4	NDS QL NM PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	NDS QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
VORANIGO TABS 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
VORANIGO TABS 40mg QL (30 tabs / 30 days)	4	NDS QL NM PA
VOTRIENT TABS 200mg QL (120 tabs / 30 days)	4	NDS QL NM PA
VYLOY SOLR 100mg, 300mg	4	NDS NM PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg QL (120 caps / 30 days)	4	NDS QL NM PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	4	NDS QL NM PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	4	NDS QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 10mg QL (16 tabs / 28 days)	4	NDS QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 40mg QL (4 tabs / 28 days)	4	NDS QL NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPk 40mg QL (8 tabs / 28 days)	4	NDS QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPk 60mg QL (4 tabs / 28 days)	4	NDS QL NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPk 20mg QL (24 tabs / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 40mg QL (8 tabs / 28 days)	4	NDS QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 80mg QL (4 tabs / 28 days)	4	NDS QL NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPk 20mg QL (32 tabs / 28 days)	4	NDS QL NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPk 50mg QL (8 tabs / 28 days)	4	NDS QL NM PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	4	NDS NM PA
yulithira (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	1	QL NM PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	4	NDS NM PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	4	NDS QL NM PA
ZIIHERA SOLR 300mg	4	NDS NM PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	4	NDS NM PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	4	NDS QL NM PA
ZYNLONTA SOLR 10mg	4	NDS NM PA
ZYNYZ SOLN 500mg/20ml	4	NDS NM PA

CARDIOVASCULAR**ACE INHIBITOR COMBINATIONS**

amlodipine besylate- benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate- benazepril hcl cap 5-10 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<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	
ZESTORETIC TAB 10-12.5	3	
ZESTORETIC TAB 20-12.5	3	
ZESTORETIC TAB 20-25MG	3	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg</i>	1	
<i>benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate (generic of EPANED) SOLN 1mg/ml</i>	1	
<i>enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	

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

Drug Name	Drug Requirements/ Tier	Limits
TEZRULY SOLN 1mg/ml	3	QL ST
QL (600 mL / 30 days)		
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (generic of EXFORGE HCT)	1	QL
QL (30 tabs / 30 days)		

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

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>telmisartan-amlodipine tab 40-5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 40-10 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 80-5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 80-10 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (generic of MICARDIS HCT) QL (30 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of MICARDIS HCT) QL (60 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (generic of MICARDIS HCT) QL (30 tabs / 30 days)	1	QL
TRIBENZOR TAB 20-5-12.5MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR TAB 40-5-12.5MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR TAB 40-5-25MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR TAB 40-10-12.5MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR TAB 40-10-25MG QL (30 tabs / 30 days)	3	QL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
WIDAPLIK TAB 10-1.25-0.625 QL (30 tabs / 30 days)	3	QL
WIDAPLIK TAB 20-2.5-1.25 QL (30 tabs / 30 days)	3	QL
WIDAPLIK TAB 40-5-2.5 QL (30 tabs / 30 days)	3	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ARBLI SUSP 10mg/ml QL (330 mL / 30 days)	3	QL
ATACAND TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	3	QL
ATACAND TABS 32mg QL (30 tabs / 30 days)	3	QL
AVAPRO TABS 150mg, 300mg QL (30 tabs / 30 days)	3	QL
<i>azilsartan medoxomil</i> (generic of EDARBI) TABS 40mg, 80mg QL (30 tabs / 30 days)	3	QL ST
BENICAR TABS 5mg QL (60 tabs / 30 days)	3	QL
BENICAR TABS 20mg, 40mg QL (30 tabs / 30 days)	3	QL
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	1	QL
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	1	QL
COZAAR TABS 25mg, 50mg, 100mg	3	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg QL (60 tabs / 30 days)	3	QL
NORPACE CAPS 100mg, 150mg	3	
NORPACE CR CP12 100mg, 150mg	3	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sotalol hcl</i> TABS 240mg	1	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1	
SOTYLIZE SOLN 5mg/ml	3	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	1	
<i>fenofibrate</i> 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	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ATORVALIQ SUSP 20mg/5ml QL (600 mL / 30 days)	3	QL ST
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1	
COLESTID GRAN 5gm; TABS 1gm	3	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	1	
<i>colestipol hcl</i> (generic of COLESTID) TABS 1gm	1	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	4	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 2mg, 5mg, 10mg, 20mg, 30mg	4	NDS NM PA
LOVAZA CAP 1GM	3	PA
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	2	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	2	QL
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	1	QL
<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	1	
<i>prevalite</i> PACK 4gm	1	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
QUESTRAN PACK 4gm; POWD 4gm/dose	3	

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

Drug Name	Drug Requirements/ Tier Limits
BETA-BLOCKERS	
acebutolol hcl CAPS 200mg, 400mg	1
atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1
betaxolol hcl TABS 10mg, 20mg	1
bisoprolol fumarate TABS 2.5mg, 5mg, 10mg	1
BYSTOLIC TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3 QL
BYSTOLIC TABS 20mg QL (60 tabs / 30 days)	3 QL
carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1
carvedilol phosphate (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	1 QL
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	3
COREG CR CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	4 NDS QL
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	4 NDS
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3
labetalol hcl SOLN 5mg/ml; TABS 100mg, 200mg, 300mg, 400mg	1
LOPRESSOR SOLN 10mg/ml; TABS 12.5mg, 50mg, 100mg	3
metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1
metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg	1
metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg	1

Drug Name	Drug Requirements/ Tier	Limits
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	1	QL
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1	
<i>propranolol hcl</i> SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1	
CARDAMYST SOLN 70mg/dose	4	NDS
CARDIZEM TABS 30mg, 60mg, 120mg	3	
CARDIZEM CD CP24 120mg	3	
CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg	4	NDS
CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits
NORVASC TABS 2.5mg, 5mg, 10mg	3	
NYMALIZE SOLN 6mg/ml	4	NDS
PROCARDIA XL TB24 30mg, 60mg	3	
SULAR TB24 8.5mg, 17mg, 34mg	3	
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1	
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>dichlorphenamide</i> (generic of KEVEYIS) TABS 50mg	4	NDS NM PA
DIURIL SUSP 250mg/5ml	3	
EDECIN TABS 25mg	4	NDS
ENBUMYST SOLN .5mg/0.1ml	4	NDS
<i>ethacrynic acid</i> (generic of EDECIN) TABS 25mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	1	
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
HEMICLOR TABS 12.5mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
INZIRQO SUSR 10mg/ml QL (320 mL / 30 days)	3	QL
KEVEYIS TABS 50mg	4	NDS NM PA
LASIX TABS 20mg, 40mg, 80mg	3	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>ormarvi</i> (generic of KEVEYIS) TABS 50mg	4	NDS NM PA
SOANZ TABS 40mg	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
THALITONE TABS 15mg	3	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	3	
<i>aliskiren fumarate</i> (generic of TEKTRINA) TABS 150mg, 300mg QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	

Drug Name	Drug Requirements/ Tier Limits
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> (generic of CADUET)	1
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> (generic of CADUET)	1
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> (generic of CADUET)	1
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> (generic of CADUET)	1
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> (generic of CADUET)	1
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> (generic of CADUET)	1
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> (generic of CADUET)	1
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (generic of CADUET)	1
ATTRUBY TBPk 356mg QL (112 tabs / 28 days)	4 NDS QL NM PA
BIDIL TAB	3
CADUET TAB 5-10MG	3
CADUET TAB 5-20MG	3
CADUET TAB 5-40MG	3
CADUET TAB 5-80MG	3
CADUET TAB 10-10MG	3
CADUET TAB 10-20MG	3
CADUET TAB 10-40MG	3
CADUET TAB 10-80MG	3
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg QL (30 caps / 30 days)	4 NDS QL NM PA
<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1
<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1
<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1

Drug Name	Drug Requirements/ Tier Limits
<i>clonidine</i> TB24 .17mg	1
<i>clonidine hcl</i> TABS .05mg, .1mg, .2mg, .3mg	1
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	2 QL
CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)	3 QL
DEMSEER CAPS 250mg	4 NDS NM PA
<i>digoxin</i> SOLN .05mg/ml	1
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg	1
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1 QL
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	1 QL NM PA
<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	4 NDS QL NM PA
EPINEPHRINE SOLN 1mg/ml	3
<i>epinephrine</i> (generic of ADRENALIN) SOLN 1mg/ml	1
<i>guanfacine hcl</i> TABS 1mg, 2mg PA applies if 65 years and older	2 PA
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1
INPEFA TABS 200mg, 400mg QL (30 tabs / 30 days)	3 QL
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> (generic of BIDIL)	1
<i>ivabradine hcl</i> (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)	1 QL
JAVADIN SOLN .02mg/ml	3
LANOXIN SOLN .25mg/ml; TABS 62.5mcg	3

Drug Name	Drug Requirements/ Tier Limits
LANOXIN PEDIATRIC SOLN 3 .1mg/ml	
LODOCO TABS .5mg QL (30 tabs / 30 days)	3 QL PA
<i>methyldopa</i> TABS 250mg, 500mg PA applies if 65 years and older	3 PA
<i>metirosine</i> CAPS 250mg	4 NDS NM PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1
<i>minoxidil</i> TABS 2.5mg, 10mg	1
MYQORZO TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	4 NDS QL NM PA
NEXICLON XR TB24 .17mg	3
NORTHERA CAPS 100mg QL (90 caps / 30 days)	4 NDS QL NM PA
NORTHERA CAPS 200mg, 300mg QL (180 caps / 30 days)	4 NDS QL NM PA
<i>phenoxybenzamine hcl</i> CAPS 10mg	4 NDS PA
<i>ranolazine</i> TB12 500mg, 1000mg	1
REDEMPLO SOSY 25mg/0.5ml QL (1 syringe / 90 days)	4 NDS QL NM PA
TEKTURNA TABS 150mg, 300mg QL (30 tabs / 30 days)	3 QL
TRYNGOLZA SOAJ 80mg/0.8ml QL (1 autoinjector / 30 days)	4 NDS QL NM PA
TRYVIO TABS 12.5mg QL (30 tabs / 30 days)	3 QL PA
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	2 QL PA
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	4 NDS QL NM PA
VYNDAQEL CAPS 20mg QL (120 caps / 30 days)	4 NDS QL NM PA
NITRATES	
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1

Drug Name	Drug Requirements/ Tier Limits
<i>isosorbide mononitrate</i> TABS 1 10mg, 20mg; TB24 30mg, 60mg, 120mg	
<i>nitro-bid</i> OINT 2%	1
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3
NITRO-DUR PT24 .3mg/hr, .8mg/hr	4 NDS
<i>nitroglycerin</i> OINT 2%; PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1
<i>nitroglycerin</i> (generic of NITROLINGUAL) SOLN .4mg/spray	1
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1
NITROLINGUAL SOLN .4mg/spray	3
NITROSTAT SUBL .3mg, .4mg, .6mg	3
PULMONARY ARTERIAL HYPERTENSION	
ADCIRCA TABS 20mg QL (60 tabs / 30 days)	4 NDS QL NM PA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	4 NDS QL NM PA
<i>alyq</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	4 NDS QL NM PA
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	4 NDS QL NM PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	4 NDS QL NM PA
<i>bosentan</i> (generic of TRACLEER) TBSO 32mg QL (120 tabs / 30 days)	4 NDS QL NM PA
<i>epoprostenol sodium</i> (generic of VELETRI) SOLR .5mg, 1.5mg	4 NDS B/D NM
LETAIRIS TABS 5mg, 10mg QL (30 tabs / 30 days)	4 NDS QL NM PA
<i>macitentan</i> (generic of OPSUMIT) TABS 10mg QL (30 tabs / 30 days)	4 NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	4	NDS QL NM PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	4	NDS NM PA
ORENITRAM TBCR .125mg	3	NM PA
ORENITRAM TAB MONTH 1	4	NDS NM PA
ORENITRAM TAB MONTH 2	4	NDS NM PA
ORENITRAM TAB MONTH 3	4	NDS NM PA
REMODULIN SOLN 8mg/20ml, 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM PA
REVATIO SOLN 10mg/12.5ml	4	NDS NM PA
REVATIO TABS 20mg QL (360 tabs / 30 days)	4	NDS QL NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SOLN 10mg/12.5ml	4	NDS NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> SUSR 10mg/ml QL (784 mL / 30 days)	4	NDS QL NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	1	QL NM PA
<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	1	QL NM PA
TADLIQ SUSP 20mg/5ml QL (300 mL / 30 days)	4	NDS QL NM PA
TRACLEER TBSO 32mg QL (120 tabs / 30 days)	4	NDS QL NM PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM PA
TYVASO SOLN .6mg/ml	4	NDS NM PA
TYVASO DPI INSTITUTIONAL POWD 80mcg QL (112 cartridges / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg, 80mcg QL (112 cartridges / 28 days)	4	NDS QL NM PA
TYVASO DPI POW 16-32-48 QL (252 cartridges / 28 days)	4	NDS QL NM PA
TYVASO DPI POW MAIN KIT 32-64MCG QL (224 cartridges / 28 days)	4	NDS QL NM PA
TYVASO DPI POW MAIN KIT 48-64MCG QL (224 cartridges / 28 days)	4	NDS QL NM PA
TYVASO REFILL KIT SOLN .6mg/ml	4	NDS NM PA
TYVASO STARTER KIT SOLN .6mg/ml	4	NDS NM PA
UPTRAVI SOLR 1800mcg	4	NDS NM PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	4	NDS QL NM PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	4	NDS QL NM PA
UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	4	NDS QL NM PA
VELETTRI SOLR .5mg, 1.5mg	4	NDS B/D NM
WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	4	NDS QL NM PA
WINREVAIR INJ 45MG QL (2 vials / 21 days)	4	NDS QL NM PA
WINREVAIR INJ 60MG QL (2 vials / 21 days)	4	NDS QL NM PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	4	NDS QL NM PA
YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
CENTRAL NERVOUS SYSTEM ANTI-ANXIETY		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>alprazolam</i> TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	1	QL PA
<i>alprazolam</i> TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older	1	QL PA
<i>alprazolam</i> TBDP .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>alprazolam</i> TBDP .25mg QL (120 tabs / 30 days)	1	QL
ALPRAZOLAM INTENSOL CONC 1mg/ml QL (300 mL / 30 days)	3	QL
ATIVAN SOLN 2mg/ml, 4mg/ml	3	
ATIVAN TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	4	NDS QL
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>fluvoxamine maleate</i> CP24 100mg, 150mg QL (60 caps / 30 days)	1	QL
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	1	
<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
ANTIDEMENTIA		
ARICEPT TABS 5mg QL (30 tabs / 30 days)	3	QL
ARICEPT TABS 10mg, 23mg	3	
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg, 23mg	1	
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	1	QL
<i>donepezil hydrochloride</i> TBDP 10mg	1	
EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	3	QL
<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 & 21 x 10 mg titration pack</i> PA applies if 29 years and younger	1	PA
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i> (generic of NAMZARIC)	1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i> (generic of NAMZARIC)	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i> (generic of NAMZARIC)	1	
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
ANTIDEPRESSANTS		
<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	4	NDS PA
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	1	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	1	QL
CELEXA TABS 10mg, 20mg, 40mg	3	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	PA
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg PA applies if 65 years and older	3	PA
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	3	PA
DESVENLAFAXINE ER TB24 50mg, 100mg QL (30 tabs / 30 days)	3	QL
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml PA applies if 65 years and older	2	PA
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	3	QL PA

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>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	1	QL
EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	4	NDS QL PA
ESCITALOPRAM OXALATE CAPS 15mg QL (30 caps / 30 days)	3	QL
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg QL (30 tabs / 30 days)	4	NDS QL PA
EXXUA TITRATION PACK TB24 18.2mg QL (2 packs / year)	4	NDS QL PA
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	3	QL PA
FETZIMA CAP TITRATIO QL (2 packs / year)	3	QL PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>fluoxetine hcl</i> CPDR 90mg QL (4 caps / 28 days)	1	QL
<i>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	

Drug Name	Drug Requirements/ Tier	Limits
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	1	
NARDIL TABS 15mg	3	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
NORPRAMIN TABS 10mg, 25mg PA applies if 65 years and older	3	PA
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
PARNATE TABS 10mg	4	NDS
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days) PA applies if 65 years and older	3	QL PA
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	1	PA
<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days) PA applies if 65 years and older	3	QL PA
<i>perphenazine-amitriptyline tab</i> 2-10 mg PA applies if 65 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 2-25 mg PA applies if 65 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-10 mg PA applies if 65 years and older	2	PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	3	
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	4	NDS QL NM PA
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	4	NDS QL NM PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	1	QL
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
AZILECT TABS .5mg, 1mg QL (30 tabs / 30 days)	4	NDS QL
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 65 years and older	1	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab</i> 10-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-250mg	1	
<i>carbidopa</i> (generic of LODOSYN) TABS 25mg	1	
<i>carbidopa & levodopa cap er</i> 23.75-95 mg	1	
<i>carbidopa & levodopa cap er</i> 36.25-145 mg	1	
<i>carbidopa & levodopa cap er</i> 48.75-195 mg	1	
<i>carbidopa & levodopa cap er</i> 61.25-245 mg	1	
<i>carbidopa & levodopa tab</i> 10-100 mg (generic of SINEMET)	1	
<i>carbidopa & levodopa tab</i> 25-100 mg (generic of SINEMET)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
CREXONT CAP 35-140MG	3	ST
CREXONT CAP 52.5-210	3	ST
CREXONT CAP 70-280MG	3	ST
CREXONT CAP 87.5-350	3	ST
DHIVY TAB 25-100MG	3	
DUOPA SUS 4.63-20	4	NDS B/D NM
<i>entacapone TABS 200mg</i>	1	
GOCOVRI CP24 68.5mg QL (30 caps / 30 days)	4	NDS QL NM PA
GOCOVRI CP24 137mg QL (60 caps / 30 days)	4	NDS QL NM PA
INBRIJA CAPS 42mg QL (300 caps / 30 days)	4	NDS QL NM PA
LODOSYN TABS 25mg	4	NDS
NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days)	4	NDS QL NM
ONGENTYS CAPS 25mg, 50mg QL (30 caps / 30 days)	3	QL PA
PARLODEL CAPS 5mg; TABS 2.5mg	3	

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	4	NDS NM PA
XADAGO TABS 50mg, 100mg	4	NDS
ZELAPAR TBDP 1.25mg	4	NDS
ANTIPSYCHOTICS		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	QL
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	4	NDS QL
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	4	NDS QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	4	NDS QL
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	1	QL
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	1	QL ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	4	NDS QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	4	NDS QL
ARISTADA INITIO PRSY 675mg/2.4ml	4	NDS
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	4	NDS QL
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg	1	
<i>clozapine</i> TABS 50mg	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	1	QL
<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	1	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	1	QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	1	QL PA
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	1	QL PA
CLOZARIL TABS 25mg	3	
CLOZARIL TABS 100mg QL (270 tabs / 30 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
COBENFY CAP 50-20MG QL (60 caps / 30 days)	4	NDS QL
COBENFY CAP 100-20MG QL (60 caps / 30 days)	4	NDS QL
COBENFY CAP 125-30MG QL (60 caps / 30 days)	4	NDS QL
COBENFY STRT CAP PACK QL (2 packs / year)	4	NDS QL
ERZOFRI SUSY 39mg/0.25ml QL (1 syringe / 28 days)	3	QL
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	4	NDS QL
ERZOFRI SUSY 351mg/2.25ml QL (2 syringes / year)	4	NDS QL
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	4	NDS QL PA
FANAPT PAK PACK A QL (2 packs / year)	3	QL PA
FANAPT PAK PACK B QL (2 packs / year)	3	QL PA
FANAPT PAK PACK C QL (2 packs / year)	3	QL PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
GEODON CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	4	NDS QL
GEODON SOLR 20mg QL (6 injections / 3 days)	3	QL
HALDOL DECANOATE 50 SOLN 50mg/ml	3	
HALDOL DECANOATE 100 SOLN 100mg/ml	3	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	

Drug Name	Drug Requirements/ Tier Limits
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1
INVEGA TB24 3mg, 9mg QL (30 tabs / 30 days)	3 QL
INVEGA TB24 6mg QL (60 tabs / 30 days)	3 QL
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	4 NDS QL
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	3 QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	4 NDS QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	4 NDS QL
LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	4 NDS QL
LATUDA TABS 80mg QL (60 tabs / 30 days)	4 NDS QL
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1
<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	1 QL
<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	1 QL
LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	4 NDS QL
LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	4 NDS QL
LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	4 NDS QL
LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	4 NDS QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	4 NDS QL NM PA

Drug Name	Drug Requirements/ Tier Limits
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	4 NDS QL NM PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	1 QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1 QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	1 QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1 QL ST
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	1 QL ST
OPIPZA FILM 2mg, 5mg QL (30 films / 30 days)	4 NDS QL PA
OPIPZA FILM 10mg QL (90 films / 30 days)	4 NDS QL PA
<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	1 QL
<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	1 QL
<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	1 QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	4 NDS QL
<i>pimozide</i> TABS 1mg, 2mg	1
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	1 QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	1 QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg QL (2 injections / 28 days)	1	QL
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg QL (2 injections / 28 days)	4	NDS QL
RYKINDO SRER 25mg QL (2 vials / 28 days)	4	NDS QL PA
SAPHRIS SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	4	NDS QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	4	NDS QL
SEROQUEL TABS 25mg QL (180 tabs / 30 days)	3	QL
SEROQUEL TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	3	QL
SEROQUEL TABS 300mg, 400mg QL (60 tabs / 30 days)	3	QL
SEROQUEL XR TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	3	QL PA
SEROQUEL XR TB24 150mg, 200mg QL (30 tabs / 30 days)	3	QL PA
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml QL (1 syringe / 30 days)	4	NDS QL
UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml QL (1 syringe / 60 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	4	NDS QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	4	NDS QL
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	4	NDS QL
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	1	QL
ZYPREXA SOLR 10mg QL (3 vials / 1 day)	3	QL
ZYPREXA TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	3	QL
ZYPREXA TABS 7.5mg QL (30 tabs / 30 days)	3	QL
ZYPREXA TABS 15mg, 20mg QL (30 tabs / 30 days)	4	NDS QL
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	3	QL NM PA
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	4	NDS QL NM PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	4	NDS QL NM PA
ZYPREXA ZYDIS TBDP 5mg QL (30 tabs / 30 days)	3	QL ST
ZYPREXA ZYDIS TBDP 10mg QL (60 tabs / 30 days)	3	QL ST
ZYPREXA ZYDIS TBDP 15mg, 20mg QL (30 tabs / 30 days)	4	NDS QL ST
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	4	NDS QL
BANZEL SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
BANZEL TABS 200mg QL (480 tabs / 30 days)	4	NDS QL PA
BANZEL TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA
<i>brivaracetam</i> (generic of BRIVIACT) SOLN 10mg/ml QL (600 mL / 30 days)	1	QL PA
<i>brivaracetam</i> (generic of BRIVIACT) SOLN 50mg/5ml	1	PA
<i>brivaracetam</i> (generic of BRIVIACT) TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	1	QL PA
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	4	NDS QL PA
BRIVIACT SOLN 50mg/5ml	3	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	4	NDS QL PA
<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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	
ELEPSIA XR TB24 1000mg	3	
ELEPSIA XR TB24 1500mg	4	NDS
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	4	NDS QL NM PA
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	3	QL PA
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 200mg, 400mg QL (30 tabs / 30 days)	1	QL
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 600mg, 800mg QL (60 tabs / 30 days)	1	QL
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml	1	
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
FELBATOL TABS 400mg, 600mg	4	NDS
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	4	NDS QL NM PA
FYCOMPA SUSP .5mg/ml QL (680 mL / 28 days)	4	NDS QL PA

Drug Name	Drug Requirements/ Tier Limits
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	3 QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4 NDS QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	1 QL
<i>gabapentin</i> CAPS 200mg QL (60 caps / 30 days)	1 QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	1 QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	1 QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1 QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1 QL
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	4 NDS
KEPPRA TABS 250mg	3
KEPPRA XR TB24 500mg, 750mg	4 NDS
KLONOPIN TABS 2mg QL (300 tabs / 30 days)	3 QL
KLONOPIN TABS .5mg, 1mg QL (90 tabs / 30 days)	3 QL
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	1
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	1 QL
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1 QL
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	1 QL
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	3

Drug Name	Drug Requirements/ Tier Limits
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	4 NDS
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	4 NDS ST
LAMICTAL ODT KIT BLUE	3
LAMICTAL ODT KIT GREEN	3
LAMICTAL ODT KIT ORANGE	3
LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg	3
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	3
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	3
LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	4 NDS ST
LAMICTAL XR KIT	3
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1 ST
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1 ST
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1
<i>lamotrigine tab 35 x 25 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	4 NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit (generic of LAMICTAL ODT)</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (generic of LAMICTAL ODT)</i>	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit (generic of LAMICTAL ODT)</i>	1	
LEVETIR/NACL INJ 5MG/ML	3	
LEVETIR/NACL INJ 10MG/ML	3	
LEVETIR/NACL INJ 15MG/ML	3	
<i>levetiracetam (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg</i>	1	
<i>levetiracetam TB3D 250mg QL (360 tabs / 30 days)</i>	1	QL
<i>levetiracetam TB3D 500mg QL (180 tabs / 30 days)</i>	1	QL
<i>levetiracetam (generic of KEPPRA XR) TB24 500mg, 750mg</i>	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)</i>	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)</i>	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)</i>	1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) PA applies if 65 years and older	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
LYRICA CAPS 200mg QL (90 caps / 30 days) PA applies if 65 years and older	3	QL PA
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days) PA applies if 65 years and older	3	QL PA
LYRICA SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older	3	QL PA
<i>methsuximide (generic of CELONTIN) CAPS 300mg</i>	1	
MOTPOLY XR CP24 100mg QL (60 caps / 30 days)	3	QL PA
MOTPOLY XR CP24 150mg, 200mg QL (60 caps / 30 days)	4	NDS QL PA
MYSOLINE TABS 50mg, 250mg	4	NDS
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units / 30 days)	3	QL
NEURONTIN CAPS 100mg, 300mg QL (360 caps / 30 days)	3	QL
NEURONTIN CAPS 400mg QL (270 caps / 30 days)	3	QL
NEURONTIN SOLN 250mg/5ml QL (2160 mL / 30 days)	3	QL
NEURONTIN TABS 600mg QL (180 tabs / 30 days)	4	NDS QL
NEURONTIN TABS 800mg QL (120 tabs / 30 days)	4	NDS QL
ONFI SUSP 2.5mg/ml QL (480 mL / 30 days)	4	NDS QL PA
ONFI TABS 10mg, 20mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>oxcarbazepine (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg</i>	1	
<i>oxcarbazepine (generic of OXTELLAR XR) TB24 150mg, 300mg</i>	1	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 600mg	4	NDS PA
OXTELLAR XR TB24 150mg	3	PA
OXTELLAR XR TB24 300mg, 600mg	4	NDS PA
<i>perampanel</i> (generic of FYCOMPA) SUSP .5mg/ml QL (680 mL / 28 days)	4	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
<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
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 65 years and older	3	PA
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1	
<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<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>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days) PA applies if 65 years and older	1	QL 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
<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>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1	
<i>primidone</i> TABS 125mg	1	
<i>relgaabi</i> CAPS 200mg QL (60 caps / 30 days)	1	QL
<i>relgaabi</i> (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	1	QL
<i>relgaabi</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	1	QL
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	1	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	4	NDS QL PA
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	1	QL PA
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	4	NDS QL PA
SABRIL PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
SABRIL TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	3	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	3	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	3	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	3	QL
SUBVENITE SUSP 10mg/ml <i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	4 1	NDS ST
<i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
<i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)	4	NDS
<i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	4	NDS QL PA
TEGRETOL SUSP 100mg/5ml; TABS 200mg	3	
TEGRETOL-XR TB12 100mg, 200mg, 400mg	3	
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
TOPAMAX TABS 25mg	3	
TOPAMAX TABS 50mg, 100mg, 200mg	4	NDS
TOPAMAX SPRINKLE CPSP 15mg	3	
TOPAMAX SPRINKLE CPSP 25mg	4	NDS
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
<i>topiramate</i> CPSP 50mg	1	
<i>topiramate</i> (generic of EPRONTIA) SOLN 25mg/ml QL (480 mL / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	
TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	4	NDS
TRILEPTAL TABS 150mg	3	
VALIUM TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	3	QL PA
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs / 30 days)	3	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days)	3	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days)	3	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days)	3	QL
<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA
<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	4	NDS QL NM PA
<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	4	NDS QL NM PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier Limits	
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	4 NDS QL	
VIMPAT SOLN 200mg/20ml	4 NDS	
VIMPAT TABS 50mg QL (120 tabs / 30 days)	3 QL	
VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4 NDS QL	
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4 NDS QL	
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	4 NDS QL	
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	3 QL	
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	4 NDS QL	
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	4 NDS QL	
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	4 NDS QL	
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	4 NDS QL	
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3	
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	4 NDS QL PA	
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
<i>zonisamide</i> CAPS 50mg	1	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	4 NDS QL NM PA	
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL TAB 5MG QL (60 tabs / 30 days)	3 QL PA	
ADDERALL TAB 7.5MG QL (60 tabs / 30 days)	3 QL PA	
ADDERALL TAB 10MG QL (60 tabs / 30 days)	3 QL PA	
ADDERALL TAB 12.5MG QL (60 tabs / 30 days)	3 QL PA	

Drug Name	Drug Requirements/ Tier Limits	
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	
<i>amphetamine</i> (generic of ADZENYS XR-ODT) TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days)	1 QL PA	
<i>amphetamine- dextroamphetamine 3-bead cap er 24hr 12.5 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days)	1 QL PA	
<i>amphetamine- dextroamphetamine 3-bead cap er 24hr 25 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days)	1 QL PA	
<i>amphetamine- dextroamphetamine 3-bead cap er 24hr 37.5 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days)	1 QL PA	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 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 tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
ARYNTA SOLN 10mg/ml QL (240 mL / 30 days)	3	QL PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i> QL (120 caps / 30 days)	1	QL
<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
CONCERTA TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL PA
CONCERTA TBCR 54mg QL (30 tabs / 30 days)	3	QL PA
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg QL (60 tabs / 30 days)	3	QL PA
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	3	QL PA
DEXEDRINE CP24 10mg QL (150 caps / 30 days)	4	NDS QL PA

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

Drug Name	Drug Requirements/ Tier	Limits
DYANAVEL XR TBCR 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL PA
FOCALIN TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL PA
FOCALIN TABS 10mg QL (60 tabs / 30 days)	3	QL PA
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	3	QL PA
FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	3	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	2	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	2	QL PA
INTUNIV TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	3	QL PA
INTUNIV TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	3	QL PA
JORNAY PM CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
JORNAY PM CP24 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL PA
<i>lisdexamfetamine dimesylate</i> (generic of VYVANSE) CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
<i>lisdexamfetamine dimesylate</i> (generic of VYVANSE) CAPS 40mg, 50mg, 60mg, 70mg 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
<i>lisdexamfetamine dimesylate</i> (generic of VYVANSE) CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	1	QL PA
<i>lisdexamfetamine dimesylate</i> (generic of VYVANSE) CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	1	QL PA
METADATE CD CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
METADATE CD CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	3	QL PA
METHYLIN SOLN 5mg/5ml QL (1800 mL / 30 days)	3	QL PA
METHYLIN SOLN 10mg/5ml QL (900 mL / 30 days)	3	QL PA
<i>methylphenidate</i> (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	1	QL PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 30mg QL (60 caps / 30 days)	1	QL PA
<i>methylphenidate hcl</i> CP24 20mg QL (60 caps / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days)	1	QL PA
<i>methylphenidate hcl</i> CP24 60mg QL (30 caps / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	1	QL PA

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>ramelteon</i> (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	1	QL
RESTORIL CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	4	NDS QL PA
RESTORIL CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	4	NDS QL PA
SILENOR TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	4	NDS QL NM PA
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>triazolam</i> 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

Drug Name	Drug Requirements/ Tier	Limits
ZOLPIDEM TARTRATE CAPS 7.5mg QL (30 caps / 30 days)	3	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	1	QL ST
BREKIYA SOAJ 1mg/ml QL (24 pens / 28 days)	4	NDS QL NM PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	4	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days)	4	NDS QL PA
<i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg QL (12 tabs / 30 days)	1	QL ST
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	2	QL NM PA
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	2	QL NM PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	2	QL NM PA
ERGOMAR SUBL 2mg QL (20 tabs / 28 days)	4	NDS QL PA
<i>ergotamine w/ caffeine tab 1-100 mg</i> QL (40 tabs / 28 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>frovatriptan succinate</i> TABS 2.5mg QL (18 tabs / 30 days)	1	QL ST
IMITREX TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	3	QL
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL
IMITREX STATDOSE REFILL SOCT 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml QL (18 injections / 30 days)	4	NDS QL
IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml QL (12 injections / 30 days)	4	NDS QL
MAXALT TABS 10mg QL (18 tabs / 30 days)	3	QL
MAXALT-MLT TBDP 10mg QL (18 tabs / 30 days)	3	QL
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	1	QL
NURTEC TBDP 75mg QL (16 tabs / 30 days)	2	QL PA
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	2	QL PA
RELPAK TABS 20mg QL (12 tabs / 30 days)	3	QL ST
RELPAK TABS 40mg QL (12 tabs / 30 days)	4	NDS QL ST
<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	1	QL
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	1	QL
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	1	QL
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL
UBRELVIY TABS 50mg, 100mg QL (16 tabs / 30 days)	2	QL PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days)	4	NDS QL ST
<i>zolmitriptan</i> (generic of ZOMIG) SOLN 2.5mg, 5mg QL (12 units / 30 days)	1	QL ST
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
ZOMIG SOLN 2.5mg, 5mg QL (12 units / 30 days)	3	QL ST
<i>zomig</i> TABS 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
MISCELLANEOUS		
AMVUTTRA SOSY 25mg/0.5ml QL (1 syringe / 90 days)	4	NDS QL NM PA
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	4	NDS QL NM PA
DAYBUE SOLN 200mg/ml QL (3600 mL / 30 days)	4	NDS QL NM PA
DAYBUE STIX PACK 5000mg, 6000mg QL (120 packets / 30 days)	4	NDS QL NM PA
DAYBUE STIX PACK 8000mg QL (60 packets / 30 days)	4	NDS QL NM PA
DUVYZAT SUSP 8.86mg/ml QL (420 mL / 30 days)	4	NDS QL NM PA
edaravone SOLN 30mg/100ml, 60mg/100ml	4	NDS NM PA
ENSPRYNG SOSY 120mg/ml	4	NDS NM PA
EQUETRO CP12 100mg, 200mg, 300mg	3	
EVRYSDI SOLR .75mg/ml; TABS 5mg	4	NDS NM PA
FIRDAPSE TABS 10mg QL (300 tabs / 30 days)	4	NDS QL NM PA
<i>gabapentin (once-daily)</i> (generic of GRALISE) TABS 300mg QL (180 tabs / 30 days)	1	QL PA
<i>gabapentin (once-daily)</i> (generic of GRALISE) TABS 450mg, 600mg QL (90 tabs / 30 days)	1	QL PA
<i>gabapentin (once-daily)</i> (generic of GRALISE) TABS 750mg, 900mg QL (60 tabs / 30 days)	1	QL PA
GRALISE TABS 300mg QL (180 tabs / 30 days)	3	QL PA
GRALISE TABS 450mg, 600mg QL (90 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
GRALISE TABS 750mg, 900mg QL (60 tabs / 30 days)	3	QL PA
HORIZANT TBCR 300mg, 600mg QL (60 tabs / 30 days)	3	QL PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
LITHOBID TBCR 300mg	4	NDS
LYRICA CR TB24 82.5mg, 165mg QL (90 tabs / 30 days)	3	QL PA
LYRICA CR TB24 330mg QL (60 tabs / 30 days)	3	QL PA
MESTINON SOLN 60mg/5ml; TABS 60mg	4	NDS
MESTINON TIMESPAN TBCR 180mg	4	NDS
<i>milnacipran hcl</i> (generic of SAVELLA) TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	1	QL PA
<i>milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak</i> QL (2 packs / year)	1	QL PA
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	4	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	

Drug Name	Drug Requirements/ Tier	Limits
RADICAVA ORS SUSP 105mg/5ml QL (70 mL / 28 days)	4	NDS QL NM PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml QL (70 mL / 28 days)	4	NDS QL NM PA
<i>riluzole</i> TABS 50mg	1	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	3	QL PA
SAVELLA MIS TITR PAK QL (2 packs / year)	3	QL PA
SKYCLARYS CAPS 50mg QL (90 caps / 30 days)	4	NDS QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	1	QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
TIGLUTIK SUSP 50mg/10ml QL (600 mL / 30 days)	4	NDS QL NM PA
TONMYA SUBL 2.8mg QL (60 tabs / 30 days)	4	NDS QL PA
UPLIZNA SOLN 100mg/10ml	4	NDS NM PA
WAINUA SOAJ 45mg/0.8ml QL (1 pen / 30 days)	4	NDS QL NM PA
WAINUA SOSY 45mg/0.8ml QL (1 syringe / 30 days)	4	NDS QL NM PA
XENAZINE TABS 12.5mg QL (90 tabs / 30 days)	4	NDS QL NM PA
XENAZINE TABS 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10mg QL (60 tabs / 30 days)	4	NDS QL NM PA
AVONEX PSKT 30mcg/0.5ml QL (4 syringes / 28 days)	4	NDS QL NM PA
AVONEX PEN AJKT 30mcg/0.5ml QL (4 injections / 28 days)	4	NDS QL NM PA
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	4	NDS QL NM PA
BETASERON KIT .3mg QL (14 kits / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>cladribine</i> (4 tabs) (generic of MAVENCLAD) TBPK 10mg QL (16 tabs per lifetime)	4	NDS QL NM PA
<i>cladribine</i> (5 tabs) (generic of MAVENCLAD) TBPK 10mg QL (20 tabs per lifetime)	4	NDS QL NM PA
<i>cladribine</i> (6 tabs) (generic of MAVENCLAD) TBPK 10mg QL (24 tabs per lifetime)	4	NDS QL NM PA
<i>cladribine</i> (7 tabs) (generic of MAVENCLAD) TBPK 10mg QL (28 tabs per lifetime)	4	NDS QL NM PA
<i>cladribine</i> (8 tabs) (generic of MAVENCLAD) TBPK 10mg QL (32 tabs per lifetime)	4	NDS QL NM PA
<i>cladribine</i> (9 tabs) (generic of MAVENCLAD) TBPK 10mg QL (36 tabs per lifetime)	4	NDS QL NM PA
<i>cladribine</i> (10 tabs) (generic of MAVENCLAD) TBPK 10mg QL (40 tabs per lifetime)	4	NDS QL NM PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	1	QL NM PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg QL (14 caps / 7 days)	4	NDS QL NM PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 240mg QL (60 caps / 30 days)	4	NDS QL NM PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (generic of TECFIDERA STARTER PACK) QL (2 packs / year)	4	NDS QL NM PA
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	4	NDS QL NM PA
GILENYA CAPS .25mg, .5mg QL (30 caps / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	4	NDS QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	4	NDS QL NM PA
MAVENCLAD (4 TABS) TBPK 10mg QL (16 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (5 TABS) TBPK 10mg QL (20 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (6 TABS) TBPK 10mg QL (24 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (7 TABS) TBPK 10mg QL (28 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (8 TABS) TBPK 10mg QL (32 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (9 TABS) TBPK 10mg QL (36 tabs per lifetime)	4	NDS QL NM PA
MAVENCLAD (10 TABS) TBPK 10mg QL (40 tabs per lifetime)	4	NDS QL NM PA
MAYZENT TABS 1mg, 2mg QL (30 tabs / 30 days)	4	NDS QL NM PA
MAYZENT TABS .25mg QL (112 tabs / 28 days)	4	NDS QL NM PA
MAYZENT STARTER PACK (7) TBPK .25mg QL (2 packs / year)	4	NDS QL NM PA
MAYZENT STARTER PACK (12) TBPK .25mg QL (2 packs / year)	4	NDS QL NM PA
OCREVUS SOLN 300mg/10ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
OCREVUS INJ ZUNOVO QL (23 mL / 180 days)	4	NDS QL NM PA
PLEGRIDY SOAJ 125mcg/0.5ml QL (2 pens / 28 days)	4	NDS QL NM PA
PLEGRIDY SOSY 125mcg/0.5ml QL (2 syringes / 28 days)	4	NDS QL NM PA
PLEGRIDY INJ STARTER QL (2 packs / year)	4	NDS QL NM PA
PLEGRIDY PEN INJ STARTER QL (2 packs / year)	4	NDS QL NM PA
PONVORY TABS 20mg QL (30 tabs / 30 days)	4	NDS QL NM PA
PONVORY TAB STARTER QL (2 packs / year)	4	NDS QL NM PA
TASCENSO ODT TBDP .25mg, .5mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>teriflunomide</i> (generic of AUBAGIO) TABS 7mg, 14mg QL (30 tabs / 30 days)	4	NDS QL NM PA
VUMERITY CPDR 231mg QL (120 caps / 30 days)	4	NDS QL NM PA
ZEPOSIA CAPS .92mg QL (30 caps / 30 days)	4	NDS QL NM PA
ZEPOSIA 7DAY CAP STR PACK QL (2 packs / year)	4	NDS QL NM PA
ZEPOSIA CAP STR KIT QL (2 packs / year)	4	NDS QL NM PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> SOLN 5mg/5ml	1	PA
<i>baclofen</i> (generic of OZOBAX DS) SOLN 10mg/5ml	1	PA
<i>baclofen</i> (generic of FLEQSUVY) SUSP 25mg/5ml	4	NDS PA
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	1	QL
<i>baclofen</i> TABS 10mg, 15mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	4	NDS PA

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>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	4	NDS NM PA
FLEQSUVY SUSP 25mg/5ml	4	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
<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	4	NDS NM PA
ONTRALFY SOLN 2mg/5ml	3	
OZOBAX DS SOLN 10mg/5ml	4	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	4	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg	1	
<i>tizanidine hcl</i> CAPS 8mg	4	NDS
<i>tizanidine hcl</i> TABS 2mg	1	
XEOMIN SOLR 50unit	3	NM PA
XEOMIN SOLR 100unit, 200unit	4	NDS NM PA
ZANAFLEX CAPS 2mg, 4mg, 6mg; TABS 4mg	3	
ZANAFLEX CAPS 8mg	4	NDS
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	1	QL PA
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm QL (30 packets / 30 days)	4	NDS QL NM PA
LUMRYZ PAK STARTER QL (2 packs / year)	4	NDS QL NM PA
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	1	QL PA
NUVIGIL TABS 50mg QL (60 tabs / 30 days)	3	QL PA
NUVIGIL TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	4	NDS QL PA
PROVIGIL TABS 100mg QL (30 tabs / 30 days)	4	NDS QL PA
PROVIGIL TABS 200mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>sodium oxybate</i> (generic of XYREM) SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM PA
SUNOSI TABS 75mg, 150mg QL (30 tabs / 30 days)	3	QL PA
WAKIX TABS 4.45mg, 17.8mg QL (60 tabs / 30 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	4	NDS QL NM PA
XYWAV SOL 0.5GM/ML QL (540 mL / 30 days)	4	NDS QL NM PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml	4	NDS NM
<i>buprenorphine hcl</i> SUBL 2mg QL (180 tabs / 30 days)	1	QL
<i>buprenorphine hcl</i> SUBL 8mg QL (120 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE)</i> QL (180 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE)</i> QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE)</i> QL (120 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE)</i> QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (180 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (120 tabs / 30 days)	1	QL
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	1	QL
CHANTIX TABS .5mg, 1mg QL (56 tabs / 28 days)	3	QL
CHANTIX CONTINUING MONTH TABS 1mg QL (56 tabs / 28 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
CHANTIX TAB 0.5& 1MG QL (2 packs / year)	3	QL
<i>disulfiram</i> TABS 250mg, 500mg	1	
KLOXXADO LIQD 8mg/0.1ml	2	
<i>lofexidine hcl</i> (generic of LUCEMYRA) TABS .18mg QL (228 tabs / 14 days)	4	NDS QL PA
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL NS SOLN 10mg/ml	3	
OPVEE SOLN 2.7mg/0.1ml	3	
REXTOVY LIQD 4mg/0.25ml	3	
REZENOPY LIQD 10mg/0.11ml	3	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	4	NDS NM
SUBOXONE MIS 2-0.5MG QL (180 films / 30 days)	3	QL
SUBOXONE MIS 4-1MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 8-2MG QL (120 films / 30 days)	3	QL
SUBOXONE MIS 12-3MG QL (90 films / 30 days)	3	QL
<i>varenicline tartrate</i> (generic of CHANTIX) TABS .5mg, 1mg QL (56 tabs / 28 days)	1	QL
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year)	1	QL
VIVITROL SUSR 380mg	4	NDS NM
ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days)	3	QL
ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days)	3	QL
ZURNAI SOAJ 1.5mg/0.5ml	3	

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Drug Name	Drug Requirements/ Tier Limits	
ENDOCRINE AND METABOLIC ANDROGENS		
AVEED SOLN 750mg/3ml	4	NDS NM PA
AZMIRO SOSY 200mg/ml	3	PA
danazol CAPS 50mg, 100mg, 200mg	1	
depo-testosterone SOLN 100mg/ml, 200mg/ml	1	PA
JATENZO CAPS 158mg, 198mg	3	QL PA
QL (120 caps / 30 days)		
JATENZO CAPS 237mg	4	NDS QL PA
QL (60 caps / 30 days)		
TESTIM GEL 1%	3	QL PA
QL (300 gm / 30 days)		
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL PA
QL (300 gm / 30 days)		
testosterone GEL 20.25mg/1.25gm, 40.5mg/2.5gm	1	QL PA
QL (150 gm / 30 days)		
testosterone SOLN 30mg/act	1	QL PA
QL (180 mL / 30 days)		
testosterone cypionate SOLN 100mg/ml, 200mg/ml	1	PA
testosterone enanthate SOLN 200mg/ml	1	PA
testosterone pump (generic of ANDROGEL PUMP) GEL 1.62%	1	QL PA
QL (150 gm / 30 days)		
TLANDO CAPS 112.5mg	3	QL PA
QL (120 caps / 30 days)		
VOGELXO GEL 50mg/5gm	3	QL PA
QL (300 gm / 30 days)		
VOGELXO PUMP GEL 1%	3	QL PA
QL (300 gm / 30 days)		
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	1	
ACTOPLUS MET TAB 15-850MG	3	QL
QL (90 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier Limits	
ACTOS TABS 15mg, 30mg, 45mg	3	QL
QL (30 tabs / 30 days)		
dapagliflozin (generic of FARXIGA) TABS 5mg, 10mg	1	QL
QL (30 tabs / 30 days)		
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg (generic of XIGDUO XR)	1	QL
QL (60 tabs / 30 days)		
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg (generic of XIGDUO XR)	1	QL
QL (60 tabs / 30 days)		
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg (generic of XIGDUO XR)	1	QL
QL (30 tabs / 30 days)		
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg (generic of XIGDUO XR)	1	QL
QL (30 tabs / 30 days)		
DUETACT TAB 30-2MG	3	QL
QL (30 tabs / 30 days)		
DUETACT TAB 30-4MG	3	QL
QL (30 tabs / 30 days)		
FARXIGA TABS 5mg, 10mg	2	QL
QL (30 tabs / 30 days)		
glimepiride TABS 1mg, 2mg	1	QL
QL (90 tabs / 30 days)		
glimepiride TABS 4mg	1	QL
QL (60 tabs / 30 days)		
glipizide TABS 5mg	1	QL
QL (240 tabs / 30 days)		
glipizide TABS 10mg	1	QL
QL (120 tabs / 30 days)		
glipizide TB24 2.5mg	1	QL
QL (90 tabs / 30 days)		
glipizide (generic of GLUCOTROL XL) TB24 5mg	1	QL
QL (90 tabs / 30 days)		
glipizide TB24 10mg	1	QL
QL (60 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab 5-500 mg</i> QL (120 tabs / 30 days)	1	QL
GLUCOTROL XL TB24 5mg QL (90 tabs / 30 days)	3	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	2	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	2	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	2	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	2	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	2	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	2	QL
JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	2	QL
<i>liraglutide</i> (generic of VICTOZA) SOPN 6mg/ml QL (3 pens / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml QL (765 mL / 30 days)	1	QL ST
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	1	QL
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>miglitol</i> TABS 25mg, 50mg, 100mg	1	
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	2	QL PA
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
OZEMPIC TABS 1.5mg, 4mg, 9mg QL (30 tabs / 30 days)	2	QL PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	2	QL PA
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>pioglitazone hcl-glimepiride</i> <i>tab 30-4 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl</i> <i>tab 15-500 mg</i> QL (90 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl</i> <i>tab 15-850 mg</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
RYBELSUS TABS 3mg, 7mg, 2 14mg QL (30 tabs / 30 days)	2	QL PA
<i>sitagliptin phosphate</i> (generic of JANUVIA) TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL
<i>sitagliptin phosphate-</i> <i>metformin hcl tab 50-500 mg</i> (generic of JANUMET) QL (60 tabs / 30 days)	1	QL
<i>sitagliptin phosphate-</i> <i>metformin hcl tab 50-1000 mg</i> (generic of JANUMET) QL (60 tabs / 30 days)	1	QL
SYMLINPEN 60 SOPN 1500mcg/1.5ml	4	NDS PA
SYMLINPEN 120 SOPN 2700mcg/2.7ml	4	NDS PA
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	2	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	2	QL
SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
SYNJARDY XR TAB 12.5- 1000 QL (60 tabs / 30 days)	2	QL
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	2	QL
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	2	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	2	QL
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL PA
TZIELD SOLN 2mg/2ml	4	NDS NM PA
VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	3	QL PA
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	2	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	2	QL
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	2	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	2	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	2	PA
CEQUR SIMPL KIT PATCH 2U (3-DAY) QL (10 patches / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	3	QL PA
CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	3	QL PA
FIASP SOLN 100unit/ml	2	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	2	
FIASP PENFILL SOCT 100unit/ml	2	
FIASP PUMPCART SOCT 100unit/ml	2	B/D
GAUZE PADS 2X2	2	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	4	NDS B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	4	NDS
INSULIN PEN NEEDLES: 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

Drug Name	Drug Requirements/ Tier	Limits
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	
NOVOLOG RELION SOLN 100unit/ml	2	B/D
OMNIPOD5 LIB KIT INTRO QL (1 kit / year)	3	QL PA
OMNIPOD5 LIB MIS PODS QL (15 pods / 30 days)	3	QL PA
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 DASH KIT INTRO QL (1 kit / year)	3	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	3	QL PA
SOLQUA INJ 100/33 QL (5 pens / 25 days)	2	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	2	QL
CALCIUM REGULATORS		
ACTONEL TABS 35mg, 150mg	3	
alendronate sodium SOLN 70mg/75ml	1	ST

Drug Name	Drug Requirements/ Tier Limits
<i>alendronate sodium</i> TABS 10mg, 35mg	1
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1
ATELVIA TBEC 35mg	3 ST
BILDYOS SOSY 60mg/ml QL (1 syringe / 180 days)	3 QL NM
BINOSTO TBEF 70mg	3 ST
BONSITY SOPN 560mcg/2.24ml QL (1 pen / 28 days)	4 NDS QL NM PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1 B/D
EVENITY SOSY 105mg/1.17ml	4 NDS NM PA
FORTEO SOPN 560mcg/2.24ml QL (1 pen / 28 days)	4 NDS QL NM PA
FOSAMAX TABS 70mg	3
FOSAMAX + D TAB 70-2800	3 ST
FOSAMAX + D TAB 70-5600	3 ST
<i>ibandronate sodium</i> SOLN 3mg/3ml QL (1 injection / 90 days)	1 B/D QL
<i>ibandronate sodium</i> TABS 150mg	1 B/D
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

Drug Name	Drug Requirements/ Tier Limits
TERIPARATIDE SOPN 560mcg/2.24ml QL (1 pen / 28 days) (ALVOGEN product)	4 NDS QL NM PA
<i>teriparatide</i> (generic of FORTEO) SOPN 560mcg/2.24ml QL (1 pen / 28 days)	4 NDS QL NM PA
TYMLOS SOPN 3120mcg/1.56ml QL (1 pen / 30 days)	4 NDS QL NM PA
WYOST SOLN 120mg/1.7ml	4 NDS NM PA
XTRENBO SOLN 120mg/1.7ml	3 NM PA
YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml	4 NDS NM PA
<i>zoledronic acid</i> CONC 4mg/5ml	1 B/D NM
ZOLEDRONIC ACID SOLN 4mg/100ml	3 B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	1 B/D NM
CHELATING AGENTS	
CHEMET CAPS 100mg	4 NDS
CUVRIOR TABS 300mg	4 NDS NM PA
<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	4 NDS NM PA
<i>deferasirox</i> (generic of JADENU) TABS 90mg	1 NM PA
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	3 NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg	1 NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg	4 NDS NM PA
<i>deferiprone</i> TABS 500mg	4 NDS NM PA
<i>deferiprone</i> (generic of FERRIPROX) TABS 1000mg	4 NDS NM PA
<i>deferoxamine mesylate</i> SOLR 2gm	1 NM PA
<i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg	1 NM PA

Drug Name	Drug Requirements/ Tier Limits
DEPEN TITRATABS TABS 250mg	4 NDS NM
DESFERAL SOLR 500mg	3 NM PA
EXJADE TBSO 125mg, 250mg, 500mg	4 NDS NM PA
FERRIPROX SOLN 100mg/ml; TABS 1000mg	4 NDS NM PA
FERRIPROX TWICE-A-DAY TABS 1000mg	4 NDS NM PA
JADENU TABS 90mg, 180mg, 360mg	4 NDS NM PA
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	4 NDS NM PA
kionex SUSP 15gm/60ml	1
LOKELMA PACK 5gm, 10gm	2
penicillamine (generic of DEPEN TITRATABS) TABS 250mg	4 NDS NM
sodium polystyrene sulfonate SUSP 15gm/60ml	1
sodium polystyrene sulfonate powder	1
sps SUSP 15gm/60ml	1
sps rectal SUSP 15gm/60ml	1
SYPRINE CAPS 250mg	4 NDS NM PA
trientine hcl (generic of SYPRINE) CAPS 250mg	4 NDS NM PA
trientine hcl CAPS 500mg	4 NDS NM PA
VELTASSA PACK 1gm, 8.4gm, 16.8gm, 25.2gm	2
CONTRACEPTIVES	
afirmelle	1
altavera	1
alyacen 1/35	1
alyacen 7/7/7	1
amethyst	1
ANNOVERA MIS	3
apri	1
aranelle	1
ashlyna	1
aubra eq	1
aurovela 1/20	1
aurovela 24 fe	1
aurovela fe 1.5/30	1
aurovela fe 1/20	1
AVERI TAB	3

Drug Name	Drug Requirements/ Tier Limits
aviane	1
ayuna	1
azurette	1
balziva	1
blisovi 24 fe	1
blisovi fe 1.5/30	1
blisovi fe 1/20	1
briellyn	1
camila TABS .35mg	1
camrese	1
camrese lo	1
chateal eq	1
cryselle	1
cyred eq	1
dasetta 1/35	1
dasetta 7/7/7	1
daysee	1
deblitane TABS .35mg	1
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	2
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1
dolishale	1
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)	1
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)	1
drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)	1
drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)	1
elinest	1
eluryng (generic of NUVARING)	1
emzakh TABS .35mg	1
enilloring (generic of NUVARING)	1
enskyce	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>errin</i> TABS .35mg	1
<i>estarylla</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)</i>	1
<i>falmina</i>	1
<i>feirza 1.5/30</i>	1
<i>feirza 1/20</i>	1
FEMLYV TAB 1/0.02MG	3
<i>finzala</i>	1
<i>galbriela</i>	1
<i>gemmily</i> (generic of TAYTULLA)	1
<i>hailey 1.5/30</i>	1
<i>hailey 24 fe</i>	1
<i>hailey fe 1/20</i>	1
<i>heather</i> TABS .35mg	1
<i>iclevia</i>	1
<i>incassia</i> TABS .35mg	1
<i>introvale</i>	1
<i>isibloom</i>	1
<i>jaimiess</i>	1
<i>jasmiel</i> (generic of YAZ)	1
<i>jencycla</i> TABS .35mg	1
<i>jolessa</i>	1
<i>juleber</i>	1
<i>junel 1.5/30</i>	1
<i>junel 1/20</i>	1
<i>junel fe 1.5/30</i>	1
<i>junel fe 1/20</i>	1
<i>junel fe 24</i>	1
<i>kaitlib fe</i>	1
<i>kariva</i>	1
<i>kelnor 1/35</i>	1
<i>kurvelo</i>	1
<i>larin 1.5/30</i>	1
<i>larin 1/20</i>	1
<i>larin 24 fe</i>	1
<i>larin fe 1.5/30</i>	1
<i>larin fe 1/20</i>	1
<i>lessina</i>	1
<i>levonest</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>levonor-eth est tab 0.15- 0.02/0.025/0.03 mg &eth est 0.01 mg</i>	1
<i>levonorg-eth est tab 0.1- 0.02mg(84) & eth est tab 0.01mg(7)</i>	1
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15- 0.03 mg</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg</i>	1
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90- 20 mcg</i>	1
<i>levora 0.15/30-28</i>	1
LILETTA IUD 20.1mcg/day	2 NM
LO LOESTRIN TAB 1-10-10	3
<i>loestrin 1.5/30-21</i>	1
<i>loestrin 1/20-21</i>	1
<i>loestrin fe 1.5/30</i>	1
<i>loestrin fe 1/20</i>	1
<i>lojaimiess</i>	1
<i>loryna</i> (generic of YAZ)	1
<i>low-ogestrel</i>	1
<i>luizza 1.5/30</i>	1
<i>luizza 1/20</i>	1
<i>lutra</i>	1
<i>lyleq</i> TABS .35mg	1
<i>lyza</i> TABS .35mg	1
<i>marlissa</i>	1
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1
<i>meleya</i> TABS .35mg	1
<i>mibelas 24 fe</i>	1
<i>microgestin 1.5/30</i>	1
<i>microgestin 1/20</i>	1
<i>microgestin fe 1.5/30</i>	1
<i>microgestin fe 1/20</i>	1
<i>mili</i>	1
<i>mono-linyah</i>	1

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Drug Name	Drug Requirements/ Tier Limits
NATAZIA TAB	3
necon 0.5/35-28	1
NEXPLANON IMPL 68mg	2 NM
NEXTSTELLIS TAB 3-14.2MG	3
nikki (generic of YAZ)	1
nora-be TABS .35mg	1
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1
norethindrone (contraceptive) TABS .35mg	1
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	1
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)	1
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1
norlyroc TABS .35mg	1
nortrel 0.5/35 (28)	1
nortrel 1/35 (21)	1
nortrel 1/35 (28)	1
nortrel 7/7/7	1
nylia 1/35	1
nylia 7/7/7	1
orquidea TABS .35mg	1
PHEXX GEL	3
PHEXXI GEL	3
philith	1

Drug Name	Drug Requirements/ Tier Limits
pimtrea	1
portia-28	1
reclipsen	1
rivelsa	1
rosyrah	1
SAFYRAL TAB	3
setlakin	1
sharobel TABS .35mg	1
simliya	1
simpesse	1
SLYND TABS 4mg	3
sprintec 28	1
sronyx	1
syeda (generic of YASMIN 28)	1
tarina 24 fe	1
tarina fe 1/20 eq	1
TAYTULLA CAP 1MG/20MC	3
tilia fe	1
tri-estarylla	1
tri-legest fe	1
tri-linyah	1
tri-lo-estarylla	1
tri-lo-marzia	1
tri-lo-mili	1
tri-lo-sprintec	1
tri-mili	1
tri-sprintec	1
tri-vylibra	1
tri-vylibra lo	1
turqoz	1
TYBLUME CHW 0.1-0.02	3
tydemy (generic of SAFYRAL)	1
valtya 1/35	1
valtya 1/50	1
velivet	1
vestura (generic of YAZ)	1
vienva	1
viorele	1
vyfemla	1
vylibra	1
wera	1
wymzya fe	1
xarah fe	1

Drug Name	Drug Requirements/ Tier Limits
<i>xelria fe</i>	1
<i>xulane</i>	1
YASMIN 28 TAB 3-0.03MG	3
YAZ TAB 3-0.02MG	3
<i>zafemy</i>	1
<i>zovia 1/35</i>	1
<i>zumandimine</i> (generic of YASMIN 28)	1
ESTROGENS	
<i>abigale</i> (generic of ACTIVELLA)	2
<i>abigale lo</i>	2
ACTIVELLA TAB 1-0.5MG	3
BIJUVA CAP 0.5-100	3
BIJUVA CAP 1-100MG	3
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3
CLIMARA PRO DIS WEEKLY	3
COMBIPATCH DIS	3
DELESTROGEN OIL 10mg/ml, 20mg/ml	3
DEPO-ESTRADIOL OIL 5mg/ml	3
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3
<i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
ELESTRIN GEL .06%	3
ESTRACE CREA .1mg/gm	3
<i>estradiol</i> (generic of ESTROGEL) GEL .06%	3
<i>estradiol</i> (generic of DIVIGEL) GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2

Drug Name	Drug Requirements/ Tier Limits
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2
<i>estradiol</i> TABS .5mg, 1mg, 2mg	1
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	2
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml	1
<i>estradiol valerate</i> OIL 40mg/ml	1
ESTRING RING 7.5mcg/24hr	3
<i>estrogens, conjugated</i> (generic of PREMARIN) TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2
EVAMIST SOLN 1.53mg/spray	3
FEMRING RING .05mg/24hr, .1mg/24hr	3
<i>fyavolv tab 0.5mg-2.5mcg</i>	2
<i>fyavolv tab 1mg-5mcg</i>	2
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3 PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3 PA
<i>jinteli</i>	2
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
MENOSTAR PTWK 14mcg/24hr	3
<i>mimvey</i> (generic of ACTIVELLA)	2

Drug Name	Drug Requirements/ Tier Limits
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2
PREMARIN CREA .625mg/gm; SOLR 25mg	3
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2
PREMPHASE TAB	2
PREMPRO TAB 0.3-1.5	2
PREMPRO TAB 0.45-1.5	2
PREMPRO TAB 0.625-2.5	2
PREMPRO TAB 0.625-5	2
VAGIFEM TABS 10mcg	3
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	1
GLUCOCORTICOIDS	
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	4 NDS NM PA
ALKINDI SPRINKLE CPSP .5mg	3 NM PA
<i>betamethasone sod phosphate & acetate inj susp 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

Drug Name	Drug Requirements/ Tier Limits
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	1
DEXLYT TABS .25mg	4 NDS
<i>fludrocortisone acetate</i> TABS .1mg	1
HEMADY TABS 20mg	3 PA
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	1
<i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF) SOLR 100mg	1
KENALOG-10 SUSP 10mg/ml	3 B/D
KENALOG-40 SUSP 40mg/ml	3 B/D
KENALOG-80 SUSP 80mg/ml	3 B/D
KHINDIVI SOLN 1mg/ml	4 NDS PA
MEDROL TABS 2mg, 4mg, 8mg, 16mg	3 B/D
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

Drug Name	Drug Requirements/ Tier	Limits
<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
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	4	NDS
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE KIT SOLN 1mg/0.2ml	2	
GVOKE PFS SOSY 1mg/0.2ml	2	
PROGLYCEM SUSP 50mg/ml	4	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	4	NDS NM PA
AQNEURSA PACK 1gm QL (112 packets / 28 days)	4	NDS QL NM PA
AVLAYAH SOLR 150mg	4	NDS NM PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	4	NDS NM
BUPHENYL POWD 3gm/tsp; TABS 500mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
BYNFEZIA PEN SOPN 2500mcg/ml	4	NDS PA
<i>cabergoline</i> TABS .5mg	1	
CARBAGLU TBSO 200mg	4	NDS NM PA
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	4	NDS NM PA
CARNITOR SOLN 200mg/ml	3	B/D
CERDELGA CAPS 84mg	4	NDS NM PA
CEREZYME SOLR 400unit	4	NDS NM PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	1	B/D QL NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	1	B/D QL NM
CRENESSITY CAPS 25mg, 50mg, 100mg QL (60 caps / 30 days)	4	NDS QL NM PA
CRENESSITY SOLN 50mg/ml QL (120 mL / 30 days)	4	NDS QL NM PA
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	4	NDS NM PA
CYSTADANE POW	4	NDS NM
CYSTAGON CAPS 50mg, 150mg	3	NM PA
DDAVP SOLN 4mcg/ml; TABS .2mg	4	NDS
DDAVP TABS .1mg	3	
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	4	NDS
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
DOJOLVI LIQD 100%	4	NDS NM PA
EGRIFTA SV SOLR 2mg	4	NDS NM PA
EGRIFTA WR KIT 11.6mg	4	NDS NM PA
ELAPRASE SOLN 6mg/3ml	4	NDS NM PA
ELELYSO SOLR 200unit	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml	4	NDS NM PA
EVISTA TABS 60mg	3	
FABRAZYME SOLR 5mg, 35mg	4	NDS NM PA
FENSOLVI KIT 45mg	4	NDS NM PA
GALAFOLD CAPS 123mg	4	NDS NM PA
GENOTROPIN CART 5mg, 12mg	4	NDS NM PA
GENOTROPIN MINISQUICK PRSY .2mg	2	NM PA
GENOTROPIN MINISQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	NDS NM PA
<i>glycerol phenylbutyrate</i> (generic of RAVICTI) LIQD 1.1gm/ml	4	NDS NM PA
INCRELEX SOLN 40mg/4ml	4	NDS NM PA
ISTURISA TABS 1mg QL (240 tabs / 30 days)	4	NDS QL NM PA
ISTURISA TABS 5mg QL (360 tabs / 30 days)	4	NDS QL NM PA
<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	4	NDS NM PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	4	NDS NM PA
JYNARQUE PAK 30-15MG	4	NDS NM PA
JYNARQUE PAK 45-15MG	4	NDS NM PA
JYNARQUE PAK 60-30MG	4	NDS NM PA
JYNARQUE PAK 90-30MG	4	NDS NM PA
KANUMA SOLN 20mg/10ml	4	NDS NM PA
KORLYM TABS 300mg	4	NDS NM PA
KUVAN PACK 100mg, 500mg; TABS 100mg	4	NDS NM PA
LAMZEDE SOLR 10mg	4	NDS NM PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	4	NDS NM PA
LANREOTIDE ACETATE SOLN 120mg/0.5ml	4	NDS NM PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml, 200mg/ml; TABS 330mg	1	B/D
LOARGYS SOLN 2mg/0.4ml	4	NDS NM PA
LUMIZYME SOLR 50mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	4	NDS NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	4	NDS NM PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg)	4	NDS NM PA
LYNKUET CAPS 60mg QL (60 caps / 30 days)	3	QL PA
<i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg	4	NDS NM PA
<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
MIPLYFFA CAPS 47mg, 62mg, 93mg, 124mg QL (90 caps / 30 days)	4	NDS QL NM PA
MYALEPT SOLR 11.3mg	4	NDS NM PA
MYCAPSSA CPDR 20mg QL (112 caps / 28 days)	4	NDS QL NM PA
MYFEMBREE TAB	4	NDS PA
NAGLAZYME SOLN 1mg/ml	4	NDS NM PA
NEXVIAZYME SOLR 100mg	4	NDS NM PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	4	NDS NM PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	4	NDS NM PA
NITYR TABS 2mg, 5mg, 10mg	4	NDS NM PA
NORDITROPIN FLEXPLO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	4	NDS NM PA
NOVAREL SOLR 5000unit	3	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN LAR DEPOT) KIT 10mg, 20mg, 30mg	4	NDS NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	4	NDS NM PA
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	4	NDS NM PA
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	4	NDS NM PA
OPFOLDA CAPS 65mg QL (8 caps / 28 days)	3	QL NM PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	4	NDS NM PA
ORIAHNN CAP	4	NDS PA
ORLISSA TABS 150mg, 200mg	4	NDS PA
PALSONIFY TABS 20mg QL (90 tabs / 30 days)	4	NDS QL NM PA
PALSONIFY TABS 30mg QL (120 tabs / 30 days)	4	NDS QL NM PA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	4	NDS NM PA
PHEBURANE PLLT 483mg/gm	4	NDS NM PA
POMBILITI SOLR 105mg	4	NDS NM PA
PREGNYL W/DILUENT BENZYL SOLR 10000unit	3	NM PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	4	NDS NM PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1	
RAVICTI LIQD 1.1gm/ml	4	NDS NM PA
RECORLEV TABS 150mg QL (240 tabs / 30 days)	4	NDS QL NM PA
REVCIVI SOLN 2.4mg/1.5ml	4	NDS NM PA
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SAMSCA TABS 15mg, 30mg	4	NDS NM PA
SANDOSTATIN SOLN 50mcg/ml	3	NM PA
SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	4	NDS NM PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	4	NDS NM PA
SEPHIENCE PACK 250mg, 1000mg	4	NDS NM PA
SEROSTIM SOLR 4mg, 5mg, 6mg	4	NDS NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	4	NDS NM PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	4	NDS NM PA
SKYTROFA CART .7mg, 1.4mg, 1.8mg, 2.1mg, 2.5mg, 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	4	NDS NM PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp	4	NDS NM PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) TABS 500mg	4	NDS NM PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	4	NDS NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	4	NDS NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	4	NDS NM PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	4	NDS NM PA
SYNAREL SOLN 2mg/ml	4	NDS PA
TEPEZZA SOLR 500mg	4	NDS NM PA
<i>tolvaptan</i> (generic of JYNARQUE) TABS 15mg, 30mg (generic of JYNARQUE)	4	NDS NM PA
<i>tolvaptan</i> (generic of JYNARQUE) TBPK 15mg	4	NDS NM PA
<i>tolvaptan (hyponatremia)</i> (generic of SAMSCA) TABS 15mg, 30mg (generic of SAMSCA)	4	NDS NM PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	4	NDS NM PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	4	NDS NM PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	4	NDS NM PA
VEOZAH TABS 45mg QL (30 tabs / 30 days)	3	QL PA
VIJOICE PACK 50mg QL (28 packets / 28 days)	4	NDS QL NM PA
VIJOICE TBPk 50mg, 125mg QL (28 tabs / 28 days)	4	NDS QL NM PA
VIJOICE TAB 250MG QL (56 tabs / 28 days)	4	NDS QL NM PA
VIMIZIM SOLN 5mg/5ml	4	NDS NM PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	4	NDS NM PA
VPRIV SOLR 400unit	4	NDS NM PA
VYKAT XR TB24 25mg QL (120 tabs / 30 days)	4	NDS QL NM PA
VYKAT XR TB24 75mg QL (30 tabs / 30 days)	4	NDS QL NM PA
VYKAT XR TB24 150mg QL (90 tabs / 30 days)	4	NDS QL NM PA
XENPOZYME SOLR 4mg, 20mg	4	NDS NM PA
<i>yargesa</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
YUWIWEL SOLR 1.3mg, 2.8mg, 5.5mg	4	NDS NM PA
ZAVESCA CAPS 100mg QL (90 caps / 30 days)	4	NDS QL NM PA
<i>zelvysia</i> (generic of KUVAN) PACK 100mg, 500mg	4	NDS NM PA
ZOMACTON SOLR 5mg	3	NM PA
ZOMACTON SOLR 10mg	4	NDS NM PA
PROGESTINS		
CRINONE GEL 4%, 8%	3	PA
<i>gallifrey</i> TABS 5mg	1	
<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	

Drug Name	Drug Requirements/ Tier	Limits
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1	
PROMETRIUM CAPS 100mg, 200mg	3	
PROVERA TABS 2.5mg, 5mg, 10mg	3	
THYROID AGENTS		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3	
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	ST
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liomny</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	1	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	1	
<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	

Drug Name	Drug Requirements/ Tier	Limits
TIROSINT CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	ST
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	3	
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
<i>paricalcitol</i> CAPS 4mcg	1	B/D
RAYALDEE CPCR 30mcg	4	NDS
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D
ZEMPLAR CAPS 1mcg, 2mcg	3	B/D
GASTROINTESTINAL ANTIEMETICS		
AKYNZEO CAP 300-0.5	3	B/D
AKYNZEO INJ 235-0.25	3	NM
AKYNZEO INJ 235-0.25MG/20ML	3	NM
APONVIE EMUL 32mg/4.4ml	3	
<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>aprepitant</i> (generic of EMEND BIPACK) CAPS 80mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
BONJESTA TAB 20-20MG	3	
CINVANTI EMUL 130mg/18ml	3	
<i>compro</i> SUPP 25mg	1	
DICLEGIS TAB 10-10MG	3	
DIMENHYDRINATE SOLN 50mg/ml	3	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i> (generic of DICLEGIS)	3	
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	1	B/D QL
<i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL
EMEND SOLR 150mg	3	
EMEND SUSR 125mg/5ml	4	NDS B/D
EMEND BIPACK CAPS 80mg	3	B/D
EMEND TRIPAC CAP 125 & 80	3	B/D
FOCINVEZ SOLN 150mg/50ml	3	
<i>fosaprepitant dimeglumine</i> (generic of EMEND) SOLR 150mg	1	
GIMOTI SOLN 15mg/act	4	NDS PA
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
GRANISOL SOLN 2mg/10ml	4	NDS B/D
MARINOL CAPS 2.5mg QL (60 caps / 30 days)	3	B/D QL
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	PA
PA applies if 65 years and older after a 30 day supply in a calendar year		
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	

Drug Name	Drug Requirements/ Tier	Limits
NEREUS CAPS 85mg QL (16 caps / 30 days)	4	NDS QL
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron</i> TBDP 16mg	4	NDS B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	1	
PHENERGAN SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
POSFREA SOLN .25mg/5ml	3	
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	1	PA
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
<i>promethazine hcl</i> SUPP 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
REGLAN TABS 5mg, 10mg	3	
SANCUSO PTCH 3.1mg/24hr QL (4 patches / 28 days)	4	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
<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 TBPB 90mg	3	B/D NM
ANTISPASMODICS		
<i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY 1mg/10ml	3	
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3	
CUVPOSA SOLN 1mg/5ml	3	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg PA applies if 65 years and older	2	PA
<i>dicyclomine hcl</i> SOLN 10mg/5ml PA applies if 65 years and older	3	PA
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml PA applies if 65 years and older	3	PA
<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	

Drug Name	Drug Requirements/ Tier	Limits
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg PA applies if 65 years and older	3	PA
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	
<i>cimetidine hcl</i> SOLN 300mg/5ml QL (1200 mL / 30 days)	1	QL
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1	
FAMOTIDINE SOLN 20mg/5ml, 40mg/10ml, 200mg/50ml	3	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
PEPCID TABS 20mg, 40mg	3	
<i>ranitidine hcl</i> TABS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
APRISO CP24 .375gm QL (120 caps / 30 days)	3	QL
AZULFIDINE TABS 500mg	3	
AZULFIDINE EN-TABS TBEC 500mg	3	
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	1	QL
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
<i>budesonide (intrarectal)</i> (generic of UCERIS) FOAM 2mg	1	
CANASA SUPP 1000mg QL (30 suppositories / 30 days)	4	NDS QL
CORTENEMA ENEM 100mg/60ml	3	
DIPENTUM CAPS 250mg	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
<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)	4	NDS QL
ROWASA KIT 4gm QL (28 bottles / 28 days)	4	NDS QL
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
UCERIS FOAM 2mg/act	3	
UCERIS TB24 9mg QL (30 tabs / 30 days)	4	NDS QL PA
LAXATIVES		
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>gavilyte-n/</i> flavor pack	1	
<i>generlac</i> SOLN 10gm/15ml	1	
GOLYTELY SOL	3	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose</i> (encephalopathy) 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	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	4	NDS QL PA
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	1	QL PA
<i>amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg</i>	1	
BYLVAY CAPS 400mcg, 1200mcg	4	NDS NM PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	4	NDS NM PA
CHOLBAM CAPS 50mg, 250mg	4	NDS NM PA
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>cromolyn sodium</i> (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	1	
CYTOTEC TABS 100mcg, 200mcg	3	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (generic of LOMOTIL)	3	
EOHILIA SUSP 2mg/10ml QL (600 mL / 30 days)	4	NDS QL PA
GASTROCROM CONC 100mg/5ml	4	NDS
GATTEX KIT 5mg	4	NDS NM PA
IQIRVO TABS 80mg QL (30 tabs / 30 days)	4	NDS QL NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	2	QL
LIVDELZI CAPS 10mg QL (30 caps / 30 days)	4	NDS QL NM PA
LIVMARLI SOLN 9.5mg/ml, 19mg/ml; TABS 10mg, 15mg, 20mg, 30mg	4	NDS NM PA
LOMOTIL TAB 2.5MG	3	
<i>loperamide hcl</i> CAPS 2mg	1	
<i>lubiprostone</i> (generic of AMITIZA) CAPS 8mcg, 24mcg QL (60 caps / 30 days)	1	QL
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	2	QL
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	

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
PERTZYE CAP 8000UNIT	3
PERTZYE CAP 16000U	3
PERTZYE CAP 24000U	3
REBYOTA SUSP 150ml QL (150 mL / 30 days)	4 NDS QL NM PA
RELISTOR SOLN 12mg/0.6ml QL (28 vials / 28 days)	4 NDS QL PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	4 NDS QL PA
RELISTOR TABS 150mg QL (90 tabs / 30 days)	4 NDS QL PA
SUCRAID SOLN 8500unit/ml <i>sucralfate</i> (generic of CARAFATE) TABS 1gm	4 NDS NM PA 1
SYMPROIC TABS .2mg QL (30 tabs / 30 days)	3 QL
TALICIA CAP	3
TRULANCE TABS 3mg QL (30 tabs / 30 days)	3 QL
<i>ursodiol</i> CAPS 300mg; TABS 250mg	1
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1
VIBERZI TABS 75mg, 100mg	4 NDS PA
VIOKACE TAB 10440	3
VIOKACE TAB 20880	4 NDS
VOQUEZNA PAK DUAL PAK QL (2 kits / year)	2 QL PA
VOQUEZNA PAK TRIP PK QL (2 kits / year)	2 QL PA
VOWST CAP QL (12 caps / 30 days)	4 NDS QL NM PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	4 NDS QL NM PA
XIFAXAN TABS 550mg	4 NDS PA
ZENPEP CAP 3000UNIT	2
ZENPEP CAP 5000UNIT	2
ZENPEP CAP 10000UNT	2
ZENPEP CAP 15000UNT	2
ZENPEP CAP 20000UNT	2
ZENPEP CAP 25000UNT	2
ZENPEP CAP 40000UNT	2
ZENPEP CAP 60000UNT	2

Drug Name	Drug Requirements/ Tier Limits
PROTON PUMP INHIBITORS	
ACIPHEX TBEC 20mg QL (30 tabs / 30 days)	4 NDS QL ST
DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days)	3 QL
<i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg QL (30 caps / 30 days)	1 QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	1 QL ST
<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 2.5mg, 5mg	1
<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	1 QL
<i>esomeprazole sodium</i> SOLR 40mg	1
<i>lansoprazole</i> CPDR 15mg QL (60 caps / 30 days)	1 QL
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	1 QL
NEXIUM CPDR 20mg, 40mg QL (30 caps / 30 days)	3 QL ST
NEXIUM PACK 2.5mg, 5mg	3
NEXIUM PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	3 QL
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1
PANTOPR/NACL SOL 40MG/100	3
PANTOPR/NACL SOL 80MG/100	3
PANTOPRAZOLE SODIUM SOLR 40mg	3
<i>pantoprazole sodium</i> (generic of PANTOPRAZOLE SODIUM) SOLR 40mg	1

Drug Name	Drug Requirements/ Tier	Limits
<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
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	1	QL
AVODART CAPS .5mg QL (30 caps / 30 days)	4	NDS QL
CARDURA XL TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL ST
CIALIS TABS 5mg QL (30 tabs / 30 days)	3	QL PA
<i>dutasteride</i> (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	1	QL
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg (generic of JALYN) QL (30 caps / 30 days)	1	QL
<i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	1	QL
JALYN CAP 0.5-0.4 QL (30 caps / 30 days)	3	QL
PROSCAR TABS 5mg QL (30 tabs / 30 days)	3	QL
<i>silodosin</i> 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

Drug Name	Drug Requirements/ Tier	Limits
<i>tamsulosin hcl</i> CAPS .4mg QL (60 caps / 30 days)	1	QL
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg QL (90 caps / 30 days)	4	NDS QL
FILSPARI TABS 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA
FILSPARI TABS 400mg QL (60 tabs / 30 days)	4	NDS QL NM PA
INTRAROSA INST 6.5mg	3	PA
LITHOSTAT TABS 250mg	3	
<i>neomycin-polymyxin b gu irrigation soln</i>	1	
OXLUMO SOLN 94.5mg/0.5ml	4	NDS NM PA
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	
<i>potassium citrate (alkalinizer)</i> TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml	4	NDS NM PA
TARPEYO CPDR 4mg QL (120 caps / 30 days)	4	NDS QL NM PA
THIOLA TABS 100mg	4	NDS NM
THIOLA EC TBEC 100mg, 300mg	4	NDS NM
<i>tiopronin</i> (generic of THIOLA) TABS 100mg	4	NDS NM
<i>tiopronin</i> (generic of THIOLA EC) TBEC 100mg, 300mg	4	NDS NM
UROCIT-K 10 TBCR 1080mg	3	
UROCIT-K 15 TBCR 15meq	3	
VANRAFIA TABS .75mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>venxxiva</i> (generic of THIOLA EC) TBEC 100mg, 300mg	4	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg QL (30 tabs / 30 days)	1	QL ST
<i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg QL (30 tabs / 30 days)	1	QL
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
OXYTROL PTTW 3.9mg/24hr QL (8 patches / 28 days)	3	QL ST
<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	1	QL
<i>tolterodine tartrate</i> TABS 1mg, 2mg QL (60 tabs / 30 days)	1	QL
<i>trospium chloride</i> CP24 60mg QL (30 caps / 30 days)	1	QL
<i>trospium chloride</i> TABS 20mg QL (60 tabs / 30 days)	1	QL
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREA 2%; SUPP 100mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2%	1	
CLINDESSE CREA 2%	3	
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>miconazole</i> 3 SUPP 200mg	1	
NUVESSA GEL 1.3%	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
VANDAZOLE GEL .75%	3	
XACIATO GEL 2%	3	
HEMATOLOGIC ANTICOAGULANTS		
ARIXTRA SOLN 2.5mg/0.5ml	3	
ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	1	QL
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	1	QL
ELIQUIS CPSP .15mg QL (56 caps / 21 days)	2	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	2	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	2	QL
ELIQUIS TBSO .5mg QL (588 tabs / 29 days)	2	QL
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg QL (591 tabs / 29 days)	2	QL
ELIQUIS (2MG PACK) 4 X TBSO .5mg QL (592 tabs / 30 days)	2	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	2	QL

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

Drug Name	Drug Requirements/ Tier	Limits
LOVENOX SOSY 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	NDS
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	3	QL
PRADAXA CAPS 110mg QL (120 caps / 30 days)	3	QL
<i>rivaroxaban</i> (generic of XARELTO) SUSR 1mg/ml QL (620 mL / 30 days)	1	QL
<i>rivaroxaban</i> (generic of XARELTO) TABS 2.5mg QL (60 tabs / 30 days)	1	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	3	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	2	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	2	QL
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA
ARANESP ALBUMIN FREE SOLN 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	4	NDS NM PA
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	4	NDS QL NM PA
LEUKINE SOLR 250mcg	4	NDS NM PA
MOZOBIL SOLN 24mg/1.2ml	4	NDS NM PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>plerixafor</i> (generic of MOZOBIL) SOLN 24mg/1.2ml	4	NDS NM PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	4	NDS NM PA
XOLREMDI CAPS 100mg QL (120 caps / 30 days)	4	NDS QL NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
MISCELLANEOUS		
ADAKVEO SOLN 100mg/10ml	4	NDS NM PA
ADZYNMA KIT 500unit, 1500unit	4	NDS NM PA
AGRYLIN CAPS .5mg	3	
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	4	NDS QL NM PA
<i>aminocaproic acid</i> SOLN .25gm/ml; TABS 500mg, 1000mg	4	NDS
<i>anagrelide hcl</i> CAPS 1mg	1	
<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	1	
ANDEMBRY SOAJ 200mg/1.2ml QL (13 pens / 365 days)	4	NDS QL NM PA
AQVESME TABS 100mg QL (56 tabs / 28 days)	4	NDS QL NM PA
BERINERT KIT 500unit QL (24 boxes / 30 days)	4	NDS QL NM PA
BKEMV SOLN 300mg/30ml	4	NDS NM PA
CABLIVI KIT 11mg	4	NDS NM PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit QL (20 vials / 30 days)	4	NDS QL NM PA
DAWNZERA SOAJ 80mg/0.8ml QL (1 pen / 28 days)	4	NDS QL NM PA
DOPTELET TABS 20mg	4	NDS NM PA
DOPTELET SPRINKLE CPSP 10mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
DROXIA CAPS 200mg, 300mg, 400mg	3	
EKTERLY TABS 300mg QL (12 tabs / 30 days)	4	NDS QL NM PA
EMPAVELI SOLN 1080mg/20ml QL (200 mL / 30 days)	4	NDS QL NM PA
ENDARI PACK 5gm	4	NDS NM PA
ENJAYMO SOLN 1100mg/22ml	4	NDS NM PA
EPYSQLI SOLN 300mg/30ml	4	NDS NM PA
FABHALTA CAPS 200mg QL (60 caps / 30 days)	4	NDS QL NM PA
GIVLAARI SOLN 189mg/ml	4	NDS NM PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	4	NDS QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	4	NDS QL NM PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	4	NDS QL NM PA
KALBITOR SOLN 10mg/ml QL (18 mL / 30 days)	4	NDS QL NM PA
<i>L-glutamine (sickle cell)</i> (generic of ENDARI) PACK 5gm	4	NDS NM PA
MULPLETA TABS 3mg	4	NDS NM PA
ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days)	4	NDS QL NM PA
ORLADEYO PACK 72mg, 96mg, 108mg, 132mg QL (28 packets / 28 days)	4	NDS QL NM PA
<i>pentoxifylline</i> TBCR 400mg	1	
PIASKY SOLN 340mg/2ml	4	NDS NM PA
PYRUKYND TABS 5mg, 20mg, 50mg QL (56 tabs / 28 days)	4	NDS QL NM PA
PYRUKYND TAB 20MGX5MG QL (14 tabs / 14 days)	4	NDS QL NM PA
PYRUKYND TAB 50MGX20M QL (14 tabs / 14 days)	4	NDS QL NM PA
PYRUKYND TAPER PACK TBPK 5mg QL (7 tabs / 7 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier Limits
REBLOZYL SOLR 25mg, 75mg	4 NDS NM PA
RUCONEST SOLR 2100unit QL (12 vials / 30 days)	4 NDS QL NM PA
RYTELO SOLR 47mg, 188mg	4 NDS NM PA
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	4 NDS QL NM PA
SIKLOS TABS 100mg	3
SIKLOS TABS 1000mg	4 NDS
SOLIRIS SOLN 300mg/30ml	4 NDS NM PA
TAKHZYRO SOSY 150mg/ml, 300mg/2ml QL (2 syringes / 28 days)	4 NDS QL NM PA
TAVALISSE TABS 100mg, 150mg QL (60 tabs / 30 days)	4 NDS QL NM PA
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	4 NDS QL NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1
<i>tranexamic acid</i> TABS 650mg	1
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	4 NDS NM PA
VOYDEYA TABS 100mg QL (180 tabs / 30 days)	4 NDS QL NM PA
VOYDEYA TAB 50-100MG QL (180 tabs / 30 days)	4 NDS QL NM PA
WAYRILZ TABS 400mg QL (60 tabs / 30 days)	4 NDS QL NM PA
XROMI SOLN 100mg/ml	4 NDS
PLATELET AGGREGATION INHIBITORS	
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1
BRILINTA TABS 60mg, 90mg	3
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1
<i>clopidogrel bisulfate</i> TABS 300mg	1
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 65 years and older	2 PA
EFFIENT TABS 5mg, 10mg	3

Drug Name	Drug Requirements/ Tier Limits
PLAVIX TABS 75mg	3
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1
<i>ticagrelor</i> (generic of BRILINTA) TABS 60mg, 90mg	1
IMMUNOLOGIC AGENTS	
AUTOIMMUNE AGENTS	
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml QL (6 autoinjectors / 28 days)	4 NDS QL NM PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml QL (6 syringes / 28 days)	4 NDS QL NM PA
ADBRY SOAJ 300mg/2ml QL (28 pens / 365 days)	4 NDS QL NM PA
ADBRY SOSY 150mg/ml QL (56 syringes / 365 days)	4 NDS QL NM PA
AVSOLA SOLR 100mg	4 NDS NM PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 pens / 28 days)	4 NDS QL NM PA
BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	4 NDS QL NM PA
CIBINQO TABS 50mg, 100mg, 200mg QL (30 tabs / 30 days)	4 NDS QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	4 NDS QL NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	4 NDS QL NM PA
EBGLYSS SOAJ 250mg/2ml QL (20 pens / 365 days)	4 NDS QL NM PA
EBGLYSS SOSY 250mg/2ml QL (20 syringes / 365 days)	4 NDS QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	4 NDS QL NM PA

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	
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	4	NDS QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	4	NDS QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	4	NDS QL NM PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	4	NDS QL NM PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml QL (6 autoinjectors / 28 days)	4	NDS QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	4	NDS QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	4	NDS QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	4	NDS QL NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	4	NDS QL NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	4	NDS QL NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	4	NDS QL NM PA
KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days)	4	NDS QL NM PA
NEMLUVIO AUIJ 30mg QL (2 pens / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier Limits	
PYZCHIVA SOAJ 45mg/0.5ml QL (1 pen / 28 days)	2	QL NM PA
PYZCHIVA SOAJ 90mg/ml QL (1 pen / 28 days)	4	NDS QL NM PA
PYZCHIVA SOLN 45mg/0.5ml QL (1 vial / 28 days)	2	QL NM PA
PYZCHIVA SOLN 130mg/26ml	4	NDS NM PA
PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days)	2	QL NM PA
PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
RENFLEXIS SOLR 100mg	4	NDS NM PA
RHAPSIDO TABS 25mg QL (60 tabs / 30 days)	4	NDS QL NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	4	NDS QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	4	NDS QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	4	NDS QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	4	NDS QL NM PA
SKYRIZI SOLN 600mg/10ml	4	NDS NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	4	NDS QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	4	NDS QL NM PA
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SPEVIGO SOLN 450mg/7.5ml	4	NDS NM PA
SPEVIGO SOSY 150mg/ml QL (28 syringes / 365 days)	4	NDS QL NM PA
SPEVIGO SOSY 300mg/2ml QL (14 syringes / 365 days)	4	NDS QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	4	NDS QL NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	2	QL NM PA
YESINTEK SOLN 130mg/26ml	2	NM PA
YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	2	QL NM PA
YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ARAVA TABS 10mg, 20mg QL (30 tabs / 30 days)	4	NDS QL
<i>hydroxychloroquine sulfate</i> TABs 100mg, 300mg, 400mg	1	
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABs 200mg	1	
JYLAMVO SOLN 2mg/ml	3	B/D
<i>leflunomide</i> (generic of ARAVA) TABs 10mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>methotrexate sodium</i> TABs 2.5mg	1	
PLAQUENIL TABs 200mg	3	
SOVUNA TABs 200mg, 300mg	3	
TREXALL TABs 5mg, 7.5mg, 10mg, 15mg	3	B/D
XATMEP SOLN 2.5mg/ml	3	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA
BIVIGAM SOLN 5gm/50ml, 10%	4	NDS NM PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	4	NDS NM PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	4	NDS NM PA
CYTOGAM SOLN 50mg/ml	4	NDS B/D NM
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	4	NDS NM PA
GAMASTAN INJ	3	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	4	NDS NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	4	NDS NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NDS NM PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA
HEPAGAM B SOLN 312unit/ml	4	NDS B/D NM
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NDS NM PA
HYQVIA INJ 2.5-200	4	NDS NM PA
HYQVIA INJ 5-400	4	NDS NM PA
HYQVIA INJ 10-800	4	NDS NM PA
HYQVIA INJ 20-1600	4	NDS NM PA
HYQVIA INJ 30-2400	4	NDS NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA
QIVIGY SOLN 5gm/50ml, 10gm/100ml	4	NDS NM PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
YIMMUGO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	4	NDS NM PA
ARCALYST SOLR 220mg	4	NDS NM PA
GRASTEK SUBL 2800bau	3	PA
ILARIS SOLN 150mg/ml	4	NDS NM PA
IMAAVY SOLN 300mg/1.62ml, 1200mg/6.5ml	4	NDS NM PA
JOENJA TABS 70mg QL (60 tabs / 30 days)	4	NDS QL NM PA
ODACTRA SUB	3	PA
RAGWITEK SUBL 12amba1-u	3	PA
RYSTIGGO SOLN 280mg/2ml, 420mg/3ml, 560mg/4ml, 840mg/6ml	4	NDS NM PA
VYVGART SOLN 400mg/20ml	4	NDS NM PA
VYVGART INJ HYTRULO	4	NDS NM PA
ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml QL (28 syringes / 28 days)	4	NDS QL NM PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	4	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
ATGAM SOLN 50mg/ml	4	NDS B/D
azasan TABS 75mg, 100mg	1	B/D
azathioprine (generic of IMURAN) TABS 50mg	1	B/D
azathioprine TABS 75mg, 100mg	1	B/D
BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days)	4	NDS QL NM PA
BENLYSTA SOLR 120mg, 400mg	4	NDS NM PA
BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days)	4	NDS QL NM PA
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	4	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits
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	4	NDS B/D NM
ENVARUSUS XR TB24 .75mg, 1mg	3	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .5mg, .75mg, 1mg	4	NDS B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg	1	B/D NM
gengraf (generic of NEORAL) CAPS 25mg, 100mg	1	B/D NM
IMURAN TABS 50mg	3	B/D
LUPKYNIS CAPS 7.9mg	4	NDS NM PA
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	4	NDS B/D NM
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM
MYFORTIC TBEC 180mg	3	B/D NM
MYFORTIC TBEC 360mg	4	NDS B/D NM
MYHIBBIN SUSP 200mg/ml	4	NDS B/D NM
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D NM
NIKTIMVO SOLN 9mg/0.18ml, 22mg/0.44ml	4	NDS NM PA
NULOJIX SOLR 250mg	4	NDS B/D NM
PROGRAF CAPS 5mg	4	NDS B/D NM
PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg	3	B/D NM
REZUROCK TABS 200mg QL (30 tabs / 30 days)	4	NDS QL NM PA
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml	3	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
SANDIMMUNE CAPS 100mg	4	NDS B/D NM
SAPHNELO SOLN 300mg/2ml	4	NDS NM PA
SAPHNELO SOSY 120mg/0.8ml QL (4 syringes / 28 days)	4	NDS QL NM PA
SAPHNELO PEN SOAJ 120mg/0.8ml QL (4 pens / 28 days)	4	NDS QL NM PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D NM
tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
tacrolimus (generic of ASTAGRAF XL) CP24 5mg	4	NDS B/D NM
tacrolimus (generic of ASTAGRAF XL) CP24 .5mg, 1mg	1	B/D NM
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	4	NDS B/D NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	

Drug Name	Drug Requirements/ Tier	Limits
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1	QL
SHINGRIX SUSY 50mcg/0.5ml QL (2 syringes 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	

Drug Name	Drug Requirements/ Tier	Limits
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	
NUTRITIONAL/SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	3	
D5W/LYTES INJ #48	3	
D5W/NACL INJ 0.2%	1	
D5W/NACL INJ 0.3%	3	
D5W/NACL INJ 0.9%	3	
D5W/NACL INJ 0.45%	1	
D10W/NACL INJ 0.2%	2	
D10W/NACL INJ 0.45%	1	
dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)	1	
dextrose 5% in lactated ringers	1	
dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)	1	
dextrose 5% w/ sodium chloride 0.9% (generic of DEXTROSE 5%/SODIUM CHLORI)	1	
dextrose 5% w/ sodium chloride 0.45% (generic of DEXTROSE 5%/SODIUM CHLORI)	1	
dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)	1	
DW5-NACL INJ 0.225%	3	
ISOLYTE-P INJ /D5W	3	
ISOLYTE-S INJ	3	
ISOLYTE-S INJ PH 7.4	3	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj (generic of KCL 0.075%/D5W/NACL 0.45%)	1	

Drug Name	Drug Requirements/ Tier Limits
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i> (generic of KCL 0.15%/D5W/NACL 0.9%)	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i> (generic of KCL 0.15%/D5W/NACL 0.45%)	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% & nacl 0.45% inj</i> (generic of POTASSIUM CHLORIDE/DEXTRO)	1
<i>kcl 40 meq/l (0.3%) in dextrose 5% & 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% & nacl 0.45% inj</i> (generic of KCL 0.3%/D5W/NACL 0.45%)	1
<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

Drug Name	Drug Requirements/ Tier Limits
<i>lactated ringer's solution</i> (generic of LACTATED RINGERS)	1
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml	2
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml, 50%	2
<i>magnesium sulfate SOLN</i> 3gm/100ml, 4gm/50ml	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 SOLN</i> 2meq/ml	1
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3
<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> (generic of POTASSIUM CHLORIDE/DEXTRO)	1
<i>sodium chloride SOLN</i> .45%, .9%, 2.5meq/ml, 3%, 5%	1
TPN ELECTROL INJ	3 B/D

Drug Name	Drug Requirements/ Tier	Limits
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	1	
KLOR-CON 8 TBCR 8meq	1	
<i>klor-con</i> 8 (generic of KLOR- CON 8) TBCR 8meq	1	
<i>klor-con</i> 10 TBCR 10meq	1	
KLOR-CON 10 TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	2	
POKONZA PACK 10meq	3	
POKONZA PACK 15meq	4	NDS
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 10meq, 15meq, 20meq	1	
<i>potassium chloride</i> (generic of KLOR-CON 8) TBCR 8meq	1	
<i>potassium chloride</i> <i>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</i> <i>(0.5 f) mg/ml soln</i>	1	
WESTAB PLUS TAB 27-1MG	2	
IV NUTRITION		
<i>aminosyn ii soln 15%</i>	1	B/D
AMINOSYN INJ 10%	3	B/D
AMINOSYN-PF INJ 7%	3	B/D
AMINOSYN-PF INJ 10%	3	B/D
CLINIMIX E INJ 2.75/D5W	3	B/D
CLINIMIX E INJ 4.25/D5W	3	B/D
CLINIMIX E INJ 4.25/D10	3	B/D
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

Drug Name	Drug Requirements/ Tier	Limits
CLINIMIX INJ 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose</i> SOLN 5%	1	
<i>dextrose</i> (generic of DEXTROSE 10%) SOLN 10%	1	
<i>dextrose</i> SOLN 50%	1	B/D
DEXTROSE 10% SOLN 10%	1	
DEXTROSE 70% SOLN 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
KABIVEN EMU	4	NDS B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	4	NDS B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i>	1	
<i>loteprednol etabonate- tobramycin ophth susp 0.5- 0.3% (generic of ZYLET)</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	
<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	

Drug Name	Drug Requirements/ Tier	Limits
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
<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	
<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	
trifluridine SOLN 1%	1	
VIGAMOX SOLN .5%	3	QL
QL (12 mL / 30 days)		
XDEMVIY SOLN .25%	4	NDS NM PA
ZIRGAN GEL .15%	3	

Drug Name	Drug Requirements/ Tier	Limits
ANTI-INFLAMMATORIES		
ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
ACUVAIL SOLN .45%	3	
ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth) (generic of PROLENSA) SOLN .07%</i>	1	
<i>bromfenac sodium (ophth) SOLN .09%</i>	1	
<i>bromfenac sodium (ophth) (generic of BROMSITE) SOLN .075%</i>	1	
BROMSITE SOLN .075%	3	
BYQLOVI SUSP .05%	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) SOLN .4%</i>	1	
<i>ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%</i>	1	
LOTEMAX GEL .5%; SUSP .5%	3	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	2	
<i>loteprednol etabonate (generic of LOTEMAX) GEL .5%; SUSP .5%</i>	1	
<i>loteprednol etabonate (generic of ALREX) SUSP .2%</i>	1	
MAXIDEX SUSP .1%	3	

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
NEVANAC SUSP .1%	3	
PRED MILD SUSP .12%	3	
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
PROLENSA SOLN .07%	3	
TRIESENCE SUSP 40mg/ml	3	PA
XIPERE SUSP 40mg/ml	3	NM PA
YUTIQ IMPL .18mg	4	NDS NM
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>bepotastine besilate</i> (generic of BEPREVE) SOLN 1.5%	1	
BEPREVE SOLN 1.5%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>epinastine hcl (ophth)</i> SOLN .05%	1	
ZERVIAE SOLN .24%	3	
ANTI GLAUCOMA		
ALPHAGAN P SOLN .1%, .15%	3	
AZOPT SUSP 1%	3	ST
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETIMOL SOLN .5%	3	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .1%, .15%	1	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate-timolol maleate ophth soln 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	

Drug Name	Drug Requirements/ Tier	Limits
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> (generic of COSOPT)	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> (generic of COSOPT PF)	1	
ISTALOL SOLN .5%	3	
IYUZEH SOLN .005%	3	ST
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	4	NDS NM
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol hemihydrate (ophth)</i> (generic of BETIMOL) SOLN .5%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
<i>timolol maleate (ophth) once- daily</i> (generic of ISTALOL) SOLN .5%	1	
<i>timolol maleate (ophth) pf</i> (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5%	1	
TIMOPTIC OCUDOSE SOLN .25%, .5%	3	
TRAVATAN Z SOLN .004%	3	
<i>travoprost</i> (generic of TRAVATAN Z) SOLN .004%	1	
VYZULTA SOLN .024%	3	
XALATAN SOLN .005%	3	
ZOLYMBUS GEL .01%	3	ST
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
BEOVU SOSY 6mg/0.05ml	4	NDS NM PA
BYOOVIZ SOLN .5mg/0.05ml	4	NDS NM PA
CIMERLI SOLN .3mg/0.05ml, .5mg/0.05ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier Limits
CYSTADROPS SOLN .37%	4 NDS NM PA
CYSTARAN SOLN .44%	4 NDS NM PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	4 NDS NM PA
EYLEA HD SOLN 8mg/0.07ml	4 NDS NM PA
EYSUVIS SUSP .25%	3
IZERVAY SOLN 2mg/0.1ml	4 NDS NM PA
LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	4 NDS NM PA
MIEBO SOLN 1.338gm/ml	2
OXERVATE SOLN .002% QL (112 mL / year)	4 NDS QL NM PA
PAVBLU SOSY 2mg/0.05ml	4 NDS NM PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	1
RESTASIS EMUL .05%	2
RESTASIS MULTIDOSE EMUL .05%	2
SUSVIMO SOLN 10mg/0.1ml	4 NDS NM PA
SYFOVRE SOLN 15mg/0.1ml	4 NDS NM PA
VABYSMO SOLN 6mg/0.05ml; SOSY 6mg/0.05ml	4 NDS NM PA
XIIDRA SOLN 5%	2
OTIC	
OTIC AGENTS	
<i>acetic acid (otic)</i> SOLN 2%	1
CIPRO HC SUS 0.2-1%OT	3
<i>ciprofloxacin hcl (otic)</i> (generic of CETRAXAL) SOLN .2%	1
<i>ciprofloxacin-dexamethasone</i> <i>otic susp 0.3-0.1%</i>	1
<i>ciprofloxacin-hydrocortisone</i> <i>otic susp 0.2-1%</i> (generic of CIPRO HC)	1
CORTISPORIN SUS -TC OTIC	3
DERMOTIC OIL .01%	3
<i>flac</i> (generic of DERMOTIC) OIL .01%	1
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%	1
<i>hydrocortisone w/ acetic acid</i> <i>otic soln 1-2%</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>neomycin-polymyxin-hc otic</i> <i>soln 1%</i>	1
<i>neomycin-polymyxin-hc otic</i> <i>susp 3.5 mg/ml-10000 unit/ml-</i> <i>1%</i>	1
<i>ofloxacin (otic)</i> SOLN .3%	1
RESPIRATORY	
ANTICHOLINERGIC/BETA AGONIST	
COMBINATIONS	
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	2 QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	2 QL
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</i> <i>soln 0.5-2.5(3) mg/3ml</i>	1 B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	2 QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	2 QL
ANTICHOLINERGICS	
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	3 QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	2 QL
<i>ipratropium bromide</i> SOLN .02%	1 B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1

Drug Name	Drug Requirements/ Tier	Limits
<i>ipratropium bromide hfa</i> (generic of ATROVENT HFA) AERS 17mcg/act QL (2 inhalers / 30 days)	1	QL
SPIRIVA HANDIHALER CAPS 18mcg QL (30 caps / 30 days)	3	QL
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act QL (1 inhaler / 30 days)	3	QL
<i>tiotropium bromide</i> (generic of SPIRIVA HANDIHALER) CAPS 18mcg QL (30 caps / 30 days)	1	QL
ANTI HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop</i> <i>nasal spray 137-50 mcg/act</i> (generic of DYMISTA) QL (1 bottle / 30 days)	1	QL
CLARINEX-D TAB 2.5-120	3	
<i>promethazine &</i> <i>phenylephrine syrup 6.25-5</i> <i>mg/5ml</i> PA applies if 65 years and older	2	PA
RYALTRIS SPR 665-25 QL (31 gm / 30 days)	3	QL
ANTI HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	1	
<i>carbinoxamine maleate</i> SOLN 4mg/5ml; SUER 4mg/5ml PA applies if 65 years and older	3	PA
<i>carbinoxamine maleate</i> TABS 4mg PA applies if 65 years and older	2	PA
<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

Drug Name	Drug Requirements/ Tier	Limits
<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	4	NDS PA
<i>cycloheptadine 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> TBDP 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
<i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>olopatadine hcl (nasal)</i> SOLN .6%	1	
QUZYTIR SOLN 10mg/ml QL (30 mL / 30 days)	4	NDS QL PA

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

Drug Name	Drug Requirements/ Tier	Limits
XOPENEX HFA AERO 45mcg/act QL (2 inhalers / 30 days)	3	QL ST
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	3	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	4	NDS QL NM PA
ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	4	NDS QL NM PA
ARALAST NP SOLR 500mg, 1000mg	4	NDS NM PA
BRINSUPRI TABS 10mg, 25mg QL (30 tabs / 30 days)	4	NDS QL NM PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg QL (56 tabs / year)	3	QL
DALIRESP TABS 500mcg QL (30 tabs / 30 days)	3	QL
<i>elixophyllin</i> ELIX 80mg/15ml	4	NDS
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	4	NDS QL NM PA

Drug Name	Drug Requirements/ Tier Limits
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	4 NDS QL NM PA
GLASSIA SOLN 4gm/200ml, 5gm/250ml, 1000mg/50ml	4 NDS NM PA
JASCAYD TABS 9mg, 18mg QL (60 tabs / 30 days)	4 NDS QL NM PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	4 NDS QL NM PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	4 NDS QL NM PA
<i>nintedanib esylate</i> (generic of OFEV) CAPS 100mg, 150mg QL (60 caps / 30 days)	4 NDS QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	4 NDS QL NM PA
OHTUVAYRE SUSP 3mg/2.5ml	4 NDS NM PA
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	4 NDS QL NM PA
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	4 NDS QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	4 NDS QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	4 NDS QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	4 NDS QL NM PA
<i>pirfenidone</i> CAPS 267mg QL (270 caps / 30 days)	4 NDS QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	4 NDS QL NM PA
<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	4 NDS QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	4 NDS QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	4 NDS NM PA
PULMOZYME SOLN 2.5mg/2.5ml	4 NDS NM PA

Drug Name	Drug Requirements/ Tier Limits
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	1 QL
<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	1 QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	4 NDS QL NM PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	4 NDS QL NM PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	4 NDS QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	4 NDS QL NM PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	4 NDS QL NM PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	4 NDS QL NM PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	4 NDS QL NM PA
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	4 NDS QL NM PA
XOLAIR SOLR 150mg QL (8 vials / 28 days)	4 NDS QL NM PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	4 NDS QL NM PA
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	4 NDS QL NM PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	4 NDS NM PA
NASAL STEROIDS	
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	1 QL

Drug Name	Drug Requirements/ Tier	Limits
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	1	QL
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act QL (2 bottles / 30 days)	1	QL
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNASL AERS 80mcg/act QL (1 inhaler / 30 days)	3	QL ST
QNASL CHILDRENS AERS 40mcg/act QL (1 inhaler / 30 days)	3	QL ST
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	3	QL PA
STEROID INHALANTS		
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 (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	2	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	2	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	2	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	2	QL
BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	2	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	2	QL
<i>breyana</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 160- 4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
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)	1	QL
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	1	QL
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	1	QL
<i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
TOPICAL DERMATOLOGY, ACNE		
ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	4	NDS PA
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	4	NDS PA
ACANYA GEL 1.2-2.5% QL (50 gm / 30 days)	3	QL
accutane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ACZONE GEL 7.5% QL (90 gm / 30 days)	3	QL
adapalene CREA .1% QL (45 gm / 30 days)	1	QL PA
adapalene (generic of DIFFERIN) GEL .3% QL (45 gm / 30 days)	1	QL PA
ADAPALENE SOLN .1% QL (120 mL / 30 days)	3	QL PA
adapalene-benzoyl peroxide gel 0.1-2.5% QL (45 gm / 30 days)	1	QL PA
adapalene-benzoyl peroxide gel 0.3-2.5% (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
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	1	PA
AMZEEQ FOAM 4% QL (30 gm / 30 days)	3	QL PA
ARAZLO LOTN .045% QL (45 gm / 30 days)	3	QL PA
ATRALIN GEL .05% QL (45 gm / 30 days)	3	QL PA
AZELEX CREA 20% QL (50 gm / 30 days)	3	QL PA
BENZAMYCIN GEL 5-3% QL (46.6 gm / 30 days)	3	QL
benzoyl peroxide-erythromycin gel 5-3% (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
CABTREO GEL QL (50 gm / 30 days)	4	NDS QL PA
claravis CAPS 10mg, 20mg, 30mg, 40mg	1	PA
CLEOCIN-T LOTN 1% QL (60 mL / 30 days)	3	QL
clindacin FOAM 1% QL (100 gm / 30 days)	1	QL
clindacin etz pledgets 1% QL (69 pledgets / 30 days)	1	QL
clindacin-p SWAB 1% QL (69 pledgets / 30 days)	1	QL
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% QL (45 gm / 30 days)	1	QL
clindamycin phosphate (topical) FOAM 1% QL (100 gm / 30 days)	1	QL
clindamycin phosphate (topical) (generic of CLINDAGEL) GEL 1% QL (75 mL / 30 days)	1	QL PA
clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	1	QL
clindamycin phosphate (topical) SOLN 1% QL (60 mL / 30 days)	1	QL
clindamycin phosphate (topical) SWAB 1% QL (69 pledgets / 30 days)	1	QL
clindamycin phosphate-benzoyl peroxide gel 1-5% QL (50 gm / 30 days)	1	QL
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (generic of ACANYA) QL (50 gm / 30 days)	1	QL
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (generic of ONEXTON) QL (50 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> QL (60 gm / 30 days)	1	QL PA
<i>dapsone (topical) GEL 5%</i> QL (90 gm / 30 days)	1	QL
<i>dapsone (topical) (generic of ACZONE) GEL 7.5%</i> 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
ery PADS 2% QL (60 pledgets / 30 days)	1	QL
<i>erythromycin (acne aid) GEL 2%</i> QL (60 gm / 30 days)	1	QL
<i>erythromycin (acne aid) SOLN 2%</i> QL (60 mL / 30 days)	1	QL
FABIOR FOAM .1% QL (100 gm / 30 days)	3	QL PA
<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	1	PA
<i>isotretinoin (generic of ABSORICA) CAPS 25mg, 35mg</i>	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
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	3	QL PA
RETIN-A MICRO GEL .06% 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) (generic of KLARON) LOTN 10%</i> QL (118 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
TAZAROTENE FOAM .1% QL (100 gm / 30 days)	3	QL PA
<i>tretinoin (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025%</i> QL (45 gm / 30 days)	1	QL PA
<i>tretinoin (generic of ATRALIN) GEL .05%</i> QL (45 gm / 30 days)	1	QL PA
<i>tretinoin microsphere GEL .04%, .1%</i> QL (50 gm / 30 days)	1	QL PA
<i>tretinoin microsphere (generic of RETIN-A MICRO PUMP) GEL .08%</i> QL (50 gm / 30 days)	1	QL PA
<i>twice-daily clindamycin phosphate (topical) GEL 1%</i> 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 CAPS 10mg, 20mg, 30mg, 40mg</i>	1	PA
ZIANA GEL QL (60 gm / 30 days)	3	QL PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i> QL (30 gm / 30 days)	1	QL
<i>mupirocin OINT 2%</i> QL (220 gm / 30 days)	1	QL
SILVADENE CREA 1%	3	
<i>silver sulfadiazine (generic of SILVADENE) CREA 1%</i>	1	
<i>ssd (generic of SILVADENE) CREA 1%</i>	1	
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	3	QL
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox GEL .77%</i> QL (100 gm / 30 days)	1	QL
<i>ciclopirox SHAM 1%</i> QL (120 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<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)	4	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
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15- 81.35%</i> QL (50 gm / 30 days)	1	QL PA
<i>naftifine hcl</i> CREA 1% QL (90 gm / 30 days)	1	QL
<i>naftifine hcl</i> CREA 2% QL (60 gm / 30 days)	1	QL
<i>naftifine hcl</i> (generic of NAFTIN) GEL 2% QL (60 gm / 30 days)	1	QL
NAFTIN GEL 2% QL (60 gm / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	1	QL
<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
OXISTAT LOTN 1% QL (60 mL / 30 days)	3	QL PA
<i>selenium sulfide</i> LOTN 2.5% VUSION OIN QL (50 gm / 30 days)	1	QL PA
ZORYVE FOAM .3% QL (60 gm / 30 days)	3	QL PA
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005% QL (120 gm / 30 days)	1	QL PA
CALCIPOTRIENE FOAM .005% QL (120 gm / 30 days)	4	NDS QL PA
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	1	QL PA
<i>calcitrene</i> OINT .005% QL (120 gm / 30 days)	1	QL PA
ENSTILAR AER QL (120 gm / 30 days)	4	NDS QL PA
<i>methoxsalen rapid</i> CAPS 10mg	4	NDS
SORILUX FOAM .005% QL (120 gm / 30 days)	4	NDS QL PA
<i>tazarotene</i> (generic of TAZORAC) CREA .05%, .1% QL (60 gm / 30 days)	1	QL PA
<i>tazarotene</i> (generic of TAZORAC) GEL .05%, .1% QL (100 gm / 30 days)	1	QL PA
TAZORAC CREA .05% QL (60 gm / 30 days)	3	QL PA
TAZORAC GEL .05%, .1% QL (100 gm / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
VTAMA CREA 1% QL (60 gm / 30 days)	4	NDS QL PA
ZORYVE CREA .3% QL (60 gm / 30 days)	3	QL PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	
<i>ala-scalp</i> LOTN 2% QL (60 mL / 30 days)	4	NDS QL
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>betamethasone dipropionate</i> (topical) CREA .05%; OINT .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate</i> (topical) LOTN .05% QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate</i> augmented CREA .05%; GEL .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate</i> augmented LOTN .05% QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate</i> augmented (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate</i> CREA .1%; FOAM .12%; OINT .1% QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	1	QL
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (120 gm / 30 days)	1	QL
<i>clobetasol propionate</i> FOAM .05% QL (100 gm / 30 days)	1	QL
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05% QL (125 mL / 30 days)	1	QL
<i>clobetasol propionate</i> LOTN .05% QL (118 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clobetasol propionate</i> SHAM .05% QL (236 mL / 30 days)	1	QL
<i>clobetasol propionate</i> SOLN .05% QL (100 mL / 30 days)	1	QL
<i>clobetasol propionate e</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>clobetasol propionate</i> emulsion FOAM .05% QL (100 gm / 30 days)	1	QL
<i>clodan</i> SHAM .05% QL (236 mL / 30 days)	1	QL
DERMA-SMOOTH/FS BODY OIL .01% QL (118.28 mL / 30 days)	3	QL
DERMA-SMOOTH/FS SCALP OIL .01% QL (118.28 mL / 30 days)	3	QL
<i>desonide</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>desonide</i> LOTN .05% QL (118 mL / 30 days)	1	QL
<i>desoximetasone</i> (generic of TOPICORT) LIQD .25% QL (100 mL / 30 days)	1	QL
DIPROLENE OINT .05% QL (120 gm / 30 days)	3	QL
DUOBRII LOT QL (200 gm / 28 days)	4	NDS QL PA
EPIFOAM AER 1%	3	
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025% QL (120 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTH/FS BODY) OIL .01% QL (118.28 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days)	1	QL
<i>fluocinonide</i> (generic of VANOS) CREA .1% QL (120 gm / 30 days)	1	QL
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	1	QL
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>fluticasone propionate</i> LOTN .05% QL (120 mL / 30 days)	1	QL
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	1	QL
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2% QL (60 mL / 30 days)	4	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 CRE 1-1%	3	

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

Drug Name	Drug Requirements/ Tier	Limits
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5% QL (30 gm / 30 days)	1	QL
ANALPRAM HC LOT 2.5%	3	
ANUSOL-HC CREA 2.5%	3	
ANZUPGO CREA 20mg/gm QL (60 gm / 30 days)	4	NDS QL NM PA
<i>azelaic acid</i> (generic of FINACEA) GEL 15% QL (50 gm / 30 days)	1	QL
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA
<i>brimonidine tartrate (topical)</i> (generic of MIRVASO) GEL .33% QL (30 gm / 30 days)	1	QL PA
CORTIFOAM FOAM 10%	3	
DENAVIR CREA 1% QL (5 gm / 30 days)	3	QL
<i>diclofenac sodium (actinic keratoses)</i> GEL 3% QL (100 gm / 30 days)	1	QL PA
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	1	QL
<i>doxycycline (rosacea)</i> (generic of ORACEA) CPDR 40mg	1	
EMROSI CP24 40mg QL (30 caps / 30 days)	4	NDS QL PA
EPSOLAY CREA 5% QL (30 gm / 30 days)	3	QL PA
EUCRISA OINT 2% QL (120 gm / 30 days)	3	QL PA
FINACEA FOAM 15% QL (50 gm / 30 days)	3	QL PA
<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	1	QL
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	1	QL
<i>hydrocortisone (rectal)</i> CREA 1%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
HYFTOR GEL .2% QL (20 gm / 25 days)	4	NDS QL NM PA
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	1	QL
KLISYRI OINT 1% QL (5 packets / 30 days)	4	NDS QL PA
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75% QL (45 gm / 30 days)	1	QL
<i>metronidazole (topical)</i> LOTN .75% QL (59 mL / 30 days)	1	QL
MIRVASO GEL .33% QL (30 gm / 30 days)	3	QL PA
<i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4% QL (30 gm / 30 days)	1	QL
NORITATE CREA 1% QL (60 gm / 30 days)	4	NDS QL PA
OPZELURA CREA 1.5% QL (240 gm / 28 days)	4	NDS QL PA
ORACEA CPDR 40mg	3	
PANRETIN GEL .1% QL (60 gm / 30 days)	4	NDS QL PA
<i>penciclovir</i> (generic of DENAVIR) CREA 1% QL (5 gm / 30 days)	1	QL
<i>pimecrolimus</i> CREA 1% QL (100 gm / 30 days)	1	QL PA
<i>podofilox</i> GEL .5% QL (7 gm / 28 days)	1	QL
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	1	QL
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
PROCTOFOAM AER HC 1%	3	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	

Drug Name	Drug Requirements/ Tier	Limits
QBREXZA PADS 2.4% QL (30 cloths / 30 days)	3	QL PA
RECTIV OINT .4% QL (30 gm / 30 days)	3	QL
RHOFADE CREA 1% QL (30 gm / 30 days)	3	QL
SOFDRA GEL 12.45% QL (50 mL / 30 days)	3	QL NM PA
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	1	QL PA
TARGRETIN GEL 1% QL (60 gm / 30 days)	4	NDS QL NM PA
VALCHLOR GEL .016% QL (60 gm / 30 days)	4	NDS QL NM PA
XERESE CRE 5-1% QL (5 gm / 30 days)	4	NDS QL
YCANTH SOLN .7%	3	NM PA
ZELSUVMI GEL 10.3%	4	NDS PA
ZILXI FOAM 1.5% QL (30 gm / 30 days)	3	QL PA
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)	4	NDS QL PA
ELIMITE CREA 5% QL (60 gm / 30 days)	3	QL
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	1	QL
NATROBA SUSP .9%	3	
OVIDE LOTN .5% QL (59 mL / 30 days)	3	QL
<i>permethrin</i> (generic of PERMETHRIN) CREA 5% QL (60 gm / 30 days)	1	QL
<i>pruradik</i> LOTN 10% QL (454 gm / 30 days)	4	NDS QL PA
<i>spinosad</i> SUSP .9%	1	
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	

Drug Name	Drug Requirements/ Tier	Limits
<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	
<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

A		
abacavir sulfate.....8	see <i>rabeprazole sodium</i>	ADCIRCA.....36
abacavir sulfate-lamivudine	83	see <i>alyq</i>.....36
tab 600-300 mg.....9	<i>acitretin</i>.....104	see <i>tadalafil (pulmonary hypertension)</i>.....37
abigale.....72	ACTHIB INJ.....91	ADDERALL
abigale lo.....72	ACTIMMUNE.....90	see <i>amphetamine-dextroamphetamine</i>
ABILIFY.....42	ACTIVELLA	tab 10 mg.....53
see <i>aripiprazole</i>.....43	see <i>abigale</i>.....72	see <i>amphetamine-dextroamphetamine</i>
ABILIFY ASIMTUFII.....42	see <i>estradiol & norethindrone acetate</i>	tab 12.5 mg.....53
ABILIFY MAINTENA.....42	tab 1-0.5 mg.....72	see <i>amphetamine-dextroamphetamine</i>
abiraterone acetate.....15	see <i>mimvey</i>.....72	tab 15 mg.....53
abirtega.....15	ACTIVELLA TAB 1-0.5MG	see <i>amphetamine-dextroamphetamine</i>
ABRAXANE	72	tab 15 mg.....53
see <i>paclitaxel inj 100mg</i>	ACTONEL.....67	see <i>amphetamine-dextroamphetamine</i>
.....18	see <i>risedronate sodium</i>	tab 20 mg.....53
ABRAXANE INJ 100MG.....17	68	see <i>amphetamine-dextroamphetamine</i>
ABRYSVO.....91	ACTOPLUS MET	tab 30 mg.....53
ABSORICA.....102	see <i>pioglitazone hcl-metformin hcl</i> tab 15-	see <i>amphetamine-dextroamphetamine</i>
see <i>isotretinoin</i>.....103	850 mg.....66	tab 5 mg.....53
ABSORICA LD.....102	ACTOPLUS MET TAB 15-	see <i>amphetamine-dextroamphetamine</i>
acamprosate calcium.....63	850MG.....64	tab 7.5 mg.....53
ACANYA	ACTOS.....64	ADDERALL TAB 10MG.....52
see <i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	see <i>pioglitazone hcl</i>.....65	ADDERALL TAB 12.5MG.....52
.....102	ACULAR.....95	ADDERALL TAB 15MG.....52
ACANYA GEL 1.2-2.5%.....102	see <i>ketorolac tromethamine (ophth)</i>	ADDERALL TAB 20MG.....52
acarbose.....64	95	ADDERALL TAB 30MG.....52
accutane.....102	ACULAR LS.....95	ADDERALL TAB 5MG.....52
acebutolol hcl.....32	ACUVAIL.....95	ADDERALL TAB 7.5MG.....52
acetaminophen-caffeine-dihydrocodeine cap	acyclovir.....10	ADDERALL XR
320.5-30-16 mg.....3	acyclovir sodium.....10	see <i>amphetamine-dextroamphetamine</i>
acetaminophen w/ codeine	acyclovir topical.....107	cap er 24hr 10 mg.....53
soln 120-12 mg/5ml.....2	ACZONE.....102	see <i>amphetamine-dextroamphetamine</i>
acetaminophen w/ codeine	see <i>dapsone (topical)</i> 103	cap er 24hr 15 mg.....53
tab 300-15 mg.....2	ADACEL INJ.....91	see <i>amphetamine-dextroamphetamine</i>
acetaminophen w/ codeine	ADAKVEO.....86	cap er 24hr 20 mg.....53
tab 300-30 mg.....2	ADALIMUMAB-BWWD.....87	see <i>amphetamine-dextroamphetamine</i>
acetaminophen w/ codeine	adapalene.....102	cap er 24hr 25 mg.....53
tab 300-60 mg.....3	ADAPALENE.....102	
acetazolamide.....34	adapalene-benzoyl peroxide gel 0.1-2.5%	
acetic acid.....83	102	
acetic acid (otic).....97	adapalene-benzoyl peroxide gel 0.3-2.5%	
acetylcysteine.....99	102	
ACIPHEX.....82	ADBRY.....87	

see <i>amphetamine-dextroamphetamine</i> cap er 24hr 30 mg.....53	AFINITOR DISPERZ.....18	see <i>loteprednol etabonate</i>.....95
see <i>amphetamine-dextroamphetamine</i> cap er 24hr 5 mg.....53	see <i>everolimus</i> .....19	<i>altavera</i> .....69
ADDERALL XR CAP 10MG.....52	<i>afirmelle</i> .....69	ALTRENO .....102
ADDERALL XR CAP 15MG.....52	AGRYLIN .....86	ALUNBRIG.....18
ADDERALL XR CAP 20MG.....52	see <i>anagrelide hcl</i> .....86	ALUNBRIG PAK .....18
ADDERALL XR CAP 25MG.....52	AIMOVIG.....57	ALVAIZ.....86
ADDERALL XR CAP 30MG.....52	AIRSUPRA AER 90- 80MCG .....101	ALVESCO .....101
ADDERALL XR CAP 5MG.....52	AKEEGA TAB 100/500 ...15	<i>alyacen 1/35</i>.....69
<i>adefovir dipivoxil</i> .....10	AKEEGA TAB 50/500MG.....15	<i>alyacen 7/7/7</i>.....69
ADEMPAS .....36	AKLIEF.....102	ALYFTREK TAB 10-50-125.....99
ADMELOG .....66	AKYNZEO CAP 300-0.5 .78	ALYFTREK TAB 4-20-50 99
ADMELOG SOLOSTAR .66	AKYNZEO INJ 235-0.25 .78	ALYGLO.....89
ADRENALIN .....34	AKYNZEO INJ 235- 0.25MG/20ML.....78	<i>alyq</i> .....36
see <i>epinephrine</i>.....35	<i>ala-cort</i>.....105	<i>amantadine hcl</i>.....41
ADVAIR DISKUS	<i>ala-scalp</i>.....105	AMBIEN .....56
see <i>fluticasone-salmeterol aer powder</i> <i>ba 100-50 mcg/act</i> .101	<i>albendazole</i>.....4	see <i>zolpidem tartrate</i> ...57
see <i>fluticasone-salmeterol aer powder</i> <i>ba 250-50 mcg/act</i> .101	<i>albuterol sulfate</i>.....99	AMBIEN CR .....56
see <i>fluticasone-salmeterol aer powder</i> <i>ba 500-50 mcg/act</i> .101	ALCAINE	see <i>zolpidem tartrate</i> ...57
see <i>wixela inhub</i>.....101	see <i>proparacaine hcl</i> ...97	AMBISOME.....7
ADVAIR HFA AER 115/21.....101	<i>alclometasone dipropionate</i>.....105	see <i>amphotericin b liposome</i> .....7
ADVAIR HFA AER 230/21.....101	ALCOHOL SWABS:	<i>ambrisentan</i> .....36
ADVAIR HFA AER 45/21.....101	EMBECTA- BD/MHC/RUGBY .....66	<i>amethyst</i> .....69
ADZENYS XR-ODT .....52	ALDACTONE .....26	<i>amikacin sulfate</i> .....4
see <i>amphetamine</i>.....52	see <i>spironolactone</i> .....26	<i>amiloride & hydrochlorothiazide tab</i> <i>5-50 mg</i> .....34
ADZYNMA .....86	ALDURAZYME .....74	<i>amiloride hcl</i>.....34
AFINITOR	ALECENSA.....18	<i>aminocaproic acid</i> .....86
see <i>everolimus</i> .....19	<i>alendronate sodium</i> ..67, 68	<i>aminosyn ii soln 15%</i> .....94
see <i>torpenz</i>.....23	<i>alfuzosin hcl</i> .....83	AMINOSYN INJ 10% .....94
see <i>yulithira</i> .....24	<i>aliskiren fumarate</i>.....34	AMINOSYN-PF INJ 10% 94
	ALKINDI SPRINKLE .....73	AMINOSYN-PF INJ 7% ..94
	<i>allopurinol</i>.....1	<i>amiodarone hcl</i> .....30
	<i>allopurinol sodium</i>.....1	AMITIZA
	<i>almotriptan malate</i> .....57	see <i>lubiprostone</i> .....81
	ALOPRIM.....1	<i>amitriptyline hcl</i> .....39
	see <i>allopurinol sodium</i> ...1	AMLODIPINE/OLMESART AN MED
	<i>alose tron hcl</i>.....81	see <i>amlodipine besylate-olmesartan medoxomil</i> <i>tab 10-20 mg</i>.....26
	ALPHAGAN P .....96	see <i>amlodipine besylate-olmesartan medoxomil</i> <i>tab 10-40 mg</i>.....26
	see <i>brimonidine tartrate</i>.....96	
	<i>alprazolam</i> .....38	
	ALPRAZOLAM INTENSOL.....38	
	ALREX .....95	

see amlodipine besylate- olmesartan medoxomil tab 5-20 mg.....26	amlodipine besylate- benazepril hcl cap 2.5-10 mg .....24	amlodipine-valsartan- hydrochlorothiazide tab 5-160-25 mg .....27
see amlodipine besylate- olmesartan medoxomil tab 5-40 mg.....26	amlodipine besylate- benazepril hcl cap 5-10 mg .....24	amnestem .....102
amlodipine besylate .....33	amlodipine besylate- benazepril hcl cap 5-20 mg .....25	amoxapine .....39
amlodipine besylate- atorvastatin calcium tab 10-10 mg .....35	amlodipine besylate- benazepril hcl cap 5-40 mg .....25	amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg .....81
amlodipine besylate- atorvastatin calcium tab 10-20 mg .....35	amlodipine besylate- olmesartan medoxomil tab 10-20 mg .....26	amoxicillin .....13
amlodipine besylate- atorvastatin calcium tab 10-40 mg .....35	amlodipine besylate- olmesartan medoxomil tab 10-40 mg .....26	amoxicillin & k clavulanate for susp 200-28.5 mg/5ml.....13
amlodipine besylate- atorvastatin calcium tab 10-80 mg .....35	amlodipine besylate- olmesartan medoxomil tab 5-20 mg .....26	amoxicillin & k clavulanate for susp 250-62.5 mg/5ml.....13
amlodipine besylate- atorvastatin calcium tab 2.5-10 mg .....34	amlodipine besylate- olmesartan medoxomil tab 5-40 mg .....26	amoxicillin & k clavulanate for susp 400-57 mg/5ml.....13
amlodipine besylate- atorvastatin calcium tab 2.5-20 mg .....34	amlodipine besylate- valsartan tab 10-160 mg.....26	amoxicillin & k clavulanate for susp 600-42.9 mg/5ml.....13
amlodipine besylate- atorvastatin calcium tab 2.5-40 mg .....34	amlodipine besylate- valsartan tab 10-320 mg.....26	amoxicillin & k clavulanate tab 250-125 mg .....13
amlodipine besylate- atorvastatin calcium tab 5-10 mg .....35	amlodipine besylate- valsartan tab 5-160 mg 26	amoxicillin & k clavulanate tab 500-125 mg .....13
amlodipine besylate- atorvastatin calcium tab 5-20 mg .....35	amlodipine besylate- valsartan tab 5-320 mg 26	amoxicillin & k clavulanate tab 875-125 mg .....13
amlodipine besylate- atorvastatin calcium tab 5-40 mg .....35	amlodipine-valsartan- hydrochlorothiazide tab 10-160-12.5 mg .....27	amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg.....13
amlodipine besylate- atorvastatin calcium tab 5-80 mg .....35	amlodipine-valsartan- hydrochlorothiazide tab 10-160-25 mg .....27	amphetamine .....52
amlodipine besylate- benazepril hcl cap 10-20 mg .....25	amlodipine-valsartan- hydrochlorothiazide tab 5-160-12.5 mg .....26	amphetamine- dextroamphetamine 3- bead cap er 24hr 12.5 mg .....52
amlodipine besylate- benazepril hcl cap 10-40 mg .....25		amphetamine- dextroamphetamine 3- bead cap er 24hr 25 mg.....52
		amphetamine- dextroamphetamine 3- bead cap er 24hr 37.5 mg .....52
		amphetamine- dextroamphetamine 3- bead cap er 24hr 50 mg.....53

<i>amphetamine-</i>	<i>ampicillin & sulbactam</i>	ARALAST NP.....99
<i>dextroamphetamine cap</i>	<i>sodium for iv soln 1.5 (1-</i>	<i>aranelle</i> .....69
<i>er 24hr 10 mg</i>.....53	<i>0.5) gm</i> .....13	ARANESP ALBUMIN
<i>amphetamine-</i>	<i>ampicillin & sulbactam</i>	FREE.....85
<i>dextroamphetamine cap</i>	<i>sodium for iv soln 15 (10-</i>	ARAVA.....89
<i>er 24hr 15 mg</i>.....53	<i>5) gm</i> .....13	<i>see leflunomide</i> .....89
<i>amphetamine-</i>	<i>ampicillin & sulbactam</i>	ARAZLO.....102
<i>dextroamphetamine cap</i>	<i>sodium for iv soln 3 (2-1)</i>	ARBLI.....29
<i>er 24hr 20 mg</i>.....53	<i>gm</i> .....13	ARCALYST .....90
<i>amphetamine-</i>	<i>ampicillin sodium</i>.....13	AREXVY .....91
<i>dextroamphetamine cap</i>	AMPYRA.....60	<i>arformoterol tartrate</i> .....99
<i>er 24hr 25 mg</i>.....53	<i>see dalfampridine</i> .....60	ARICEPT .....38
<i>amphetamine-</i>	AMVUTTRA .....58	<i>see donepezil</i>
<i>dextroamphetamine cap</i>	AMZEEQ.....102	<i>hydrochloride</i> .....38
<i>er 24hr 30 mg</i>.....53	ANAFRANIL.....39	ARIKAYCE.....4
<i>amphetamine-</i>	<i>see clomipramine hcl</i> ...39	ARIMIDEX.....15
<i>dextroamphetamine cap</i>	<i>anagrelide hcl</i>.....86	<i>see anastrozole</i> .....15
<i>er 24hr 5 mg</i>.....53	ANALPRAM HC LOT 2.5%	<i>aripiprazole</i> .....42, 43
<i>amphetamine-</i>	107	ARISTADA.....43
<i>dextroamphetamine tab</i>	<i>anastrozole</i> .....15	ARISTADA INITIO .....43
<i>10 mg</i> .....53	ANCOBON.....7	ARIXTRA .....84
<i>amphetamine-</i>	<i>see flucytosine</i>.....7	<i>see fondaparinux sodium</i>
<i>dextroamphetamine tab</i>	ANDEMBRY.....86	85
<i>12.5 mg</i> .....53	ANDROGEL PUMP	<i>armodafinil</i> .....62
<i>amphetamine-</i>	<i>see testosterone pump</i> 64	ARNUITY ELLIPTA.....101
<i>dextroamphetamine tab</i>	ANNOVERA MIS .....69	AROMASIN.....15
<i>15 mg</i> .....53	ANORO ELLIPT AER 62.5-	<i>see exemestane</i> .....16
<i>amphetamine-</i>	25 .....97	ARTHROTEC 50
<i>dextroamphetamine tab</i>	ANUSOL-HC.....107	<i>see diclofenac w/</i>
<i>20 mg</i> .....53	<i>see hydrocortisone</i>	<i>misoprostol tab</i>
<i>amphetamine-</i>	<i>(rectal)</i>.....107	<i>delayed release 50-0.2</i>
<i>dextroamphetamine tab</i>	<i>see procto-med hc</i>....107	<i>mg</i>.....1
<i>30 mg</i> .....53	<i>see proctosol hc</i> .....107	ARTHROTEC 50 TAB.....1
<i>amphetamine-</i>	<i>see proctozone-hc</i>....107	ARTHROTEC 75
<i>dextroamphetamine tab 5</i>	ANZUPGO .....107	<i>see diclofenac w/</i>
<i>mg</i> .....53	APONVIE .....78	<i>misoprostol tab</i>
<i>amphetamine-</i>	<i>aprepitant</i> .....78	<i>delayed release 75-0.2</i>
<i>dextroamphetamine tab</i>	<i>aprepitant capsule therapy</i>	<i>mg</i>.....1
<i>7.5 mg</i> .....53	<i>pack 80 & 125 mg</i> .....78	ARTHROTEC 75 TAB.....1
<i>amphotericin b</i> .....7	<i>apri</i>.....69	ARYNTA .....53
<i>amphotericin b liposome</i> ...7	APRISO .....80	<i>asenapine maleate</i>.....43
<i>ampicillin</i> .....13	<i>see mesalamine</i> .....80	<i>ashlyna</i>.....69
<i>ampicillin & sulbactam</i>	APTIOM .....46	ASPARLAS .....17
<i>sodium for inj 1.5 (1-0.5)</i>	<i>see eslicarbazepine</i>	<i>aspirin-dipyridamole cap er</i>
<i>gm</i> .....13	<i>acetate</i> .....47	<i>12hr 25-200 mg</i> .....87
<i>ampicillin & sulbactam</i>	APTIVUS.....8	ASTAGRAF XL .....90
<i>sodium for inj 3 (2-1) gm</i>	AQNEURSA.....74	<i>see tacrolimus</i> .....91
.....13	AQVESME .....86	ATACAND.....29

see <i>candesartan cilexetil</i> .....29	see <i>ipratropium bromide</i> <i>hfa</i>.....98	AVONEX PEN.....60
ATACAND HCT	ATTRUBY .....35	AVOPEF .....17
see <i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab</i> 16-12.5 mg.....27	AUBAGIO	AVSOLA.....87
see <i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab</i> 32-12.5 mg.....27	see <i>teriflunomide</i>.....61	AVYCAZ INJ 2-0.5GM ....11
see <i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab</i> 32-25 mg.....27	aubra eq.....69	AXTLE.....15
ATACAND HCT TAB 16-	AUGMENTIN ES-600	ayuna .....69
12.5 .....27	see <i>amoxicillin & k</i> <i>clavulanate for susp</i> 600-42.9 mg/5ml.....13	AYVAKIT.....18
ATACAND HCT TAB 32-	AUGMENTIN SUS	azacitidine .....15
12.5 .....27	125/5ML .....13	AZACTAM.....4
ATACAND HCT TAB 32-	AUGMENTIN SUS ES-600	azasan .....90
25MG.....27	13	AZASITE .....95
atazanavir sulfate.....8	AUGMENTIN TAB 500MG	azathioprine .....90
ATELVIA .....68	13	azelaic acid .....107
see <i>risedronate sodium</i> .....68	AUGTYRO .....18	azelastine hcl .....98
atenolol .....32	aurovela 1/20 .....69	azelastine hcl (ophth).....96
atenolol & chlorthalidone	aurovela 24 fe .....69	azelastine hcl-fluticasone
tab 100-25 mg .....32	aurovela fe 1/20 .....69	prop nasal spray 137-50
atenolol & chlorthalidone	aurovela fe 1.5/30 .....69	mcg/act.....98
tab 50-25 mg .....32	AUSTEDO.....58	AZELEX .....102
ATGAM .....90	AUSTEDO XR.....58, 59	AZILECT .....41
ATIVAN .....38	AUSTEDO XR TAB TITR	see <i>rasagiline mesylate</i> .....42
see <i>lorazepam</i>.....38	KIT .....59	azilsartan medoxomil .....29
atomoxetine hcl.....53	AUVELITY TAB 45-105MG	azithromycin.....12
ATORVALIQ .....30	39	AZMIRO .....64
atorvastatin calcium .....30	AVALIDE	AZOPT .....96
atovaquone .....4	see <i>irbesartan-</i> <i>hydrochlorothiazide tab</i> 150-12.5 mg.....28	see <i>brinzolamide</i> .....96
atovaquone-proguanil hcl	see <i>irbesartan-</i> <i>hydrochlorothiazide tab</i> 300-12.5 mg.....28	AZOR TAB 10-20MG .....27
tab 250-100 mg .....8	AVALIDE TAB 150-12.5..27	AZOR TAB 10-40MG .....27
atovaquone-proguanil hcl	AVALIDE TAB 300-12.5..27	AZOR TAB 5-20MG .....27
tab 62.5-25 mg .....8	AVAPRO .....29	AZOR TAB 5-40MG .....27
ATRALIN.....102	see <i>irbesartan</i>.....30	AZSTARYS CAP 26.1-5.2
see <i>tretinoin</i>.....103	AVEED .....64	53
atropine sulfate .....79	AVERI TAB .....69	AZSTARYS CAP 39.2-7.8
ATROPINE SULFATE79,	AVGEMSI.....15	53
96	aviane .....69	AZSTARYS CAP 52.3-10.
see <i>atropine sulfate</i>.....79	AVLAYAH .....74	53
atropine sulfate	AVMAPKI PAK FAKZYNJA	aztreonam .....4
(<i>ophthalmic</i>).....96	18	AZULFIDINE .....80
ATROVENT HFA .....97	AVODART.....83	see <i>sulfasalazine</i>.....80
	see <i>dutasteride</i>.....83	AZULFIDINE EN-TABS ..80
	AVONEX.....60	see <i>sulfasalazine</i>.....80
		azurette .....69
		B
		<i>bacitracin-polymyxin b</i>
		ophth oint.....95

<i>bacitracin-polymyxin-neomycin-hc ophth oint</i>		BENDAMUSTINE		<i>betaine powder for oral solution</i>	74
1%	94	HYDROCHLORID	14	<i>betamethasone dipropionate (topical)</i>	105
<i>baclofen</i>	61	BENDEKA	14	<i>betamethasone dipropionate augmented</i>	105
BACTRIM		BENICAR	29	<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i>	73
see <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	6	see <i>olmesartan medoxomil</i>	30	<i>betamethasone valerate</i>	105
BACTRIM DS		BENICAR HCT		BETAPACE	
see <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	6	see <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	28	see <i>sotalol hcl</i>	30
BACTRIM DS TAB 800-160	4	see <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	28	BETAPACE AF	
BACTRIM TAB 400-80MG4		see <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	28	see <i>sotalol hcl (afib/af)</i>	30
BAFIERTAM	60	BENICAR HCT TAB 20-12.5	27	BETASERON	60
<i>balsalazide disodium</i>	80	BENICAR HCT TAB 40-12.5	27	<i>betaxolol hcl</i>	32
BALVERSA	18	BENICAR HCT TAB 40-25MG	27	<i>betaxolol hcl (ophth)</i>	96
<i>balziva</i>	69	BENLYSTA	90	<i>bethanechol chloride</i>	83
BANZEL	46	BENTYL		BETHKIS	4
see <i>rufinamide</i>	50	see <i>dicyclomine hcl</i>	79	see <i>tobramycin</i>	6
BARACLUDE	10	BENZAMYCIN		BETIMOL	96
see <i>entecavir</i>	10	see <i>benzoyl peroxide-erythromycin gel 5-3%</i>	102	see <i>timolol hemihydrate (ophth)</i>	96
BAVENCIO	18	BENZAMYCIN GEL 5-3%	102	BEVESPI AER 9-4.8MCG	97
BAXDELA	12	benzoyl peroxide-erythromycin gel 5-3%	102	<i>bexarotene</i>	17
BCG VACCINE	91	benztropine mesylate	41	<i>bexarotene (topical)</i>	107
BEIZRAY	17	BEOVU	96	BEXSERO	91
BEIZRAY INJ 160/8ML	17	<i>bepotastine besilate</i>	96	BEYAZ	
BEIZRAY INJ 80MG/4ML	17	BEPREVE	96	see <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	69
BELBUCA	2	see <i>bepotastine besilate</i>	96	BIAXIN XL	
BELEODAQ	18	BERINERT	86	see <i>clarithromycin</i>	12
BELSOMRA	56	<i>besifloxacin hcl</i>	95	<i>bicalutamide</i>	15
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	25	BESIVANCE	95	BICILLIN C-R INJ 1200000	13
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	25	BESPONSA	18	BICILLIN C-R INJ 900/300	13
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	25	BESREMI	17	BICILLIN L-A	13
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	25			BIDIL	
<i>benazepril hcl</i>	25			see <i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	35
<i>bendamustine hcl</i>	14			BIDIL TAB	35
				BIJUVA CAP 0.5-100	72

BIJUVA CAP 1-100MG...72	BREZTRI AERO AER	<i>buprenorphine hcl-</i>
BIKTARVY TAB 30-120-15	SPHERE	<i>naloxone hcl sl film 2-0.5</i>
MG.....9	(INSTITUTIONAL PACK)	<i>mg (base equiv).....63</i>
BIKTARVY TAB 50-200-25	97	<i>buprenorphine hcl-</i>
MG.....9	<i>bielllyn.....69</i>	<i>naloxone hcl sl film 4-1</i>
BILDYOS .....68	BRILINTA.....87	<i>mg (base equiv).....63</i>
BIMZELX.....87	see <i>ticagrelor.....87</i>	<i>buprenorphine hcl-</i>
BINOSTO .....68	<i>brimonidine tartrate .....96</i>	<i>naloxone hcl sl film 8-2</i>
<i>bisoprolol &</i>	<i>brimonidine tartrate</i>	<i>mg (base equiv).....63</i>
<i>hydrochlorothiazide tab</i>	<i>(topical).....107</i>	<i>buprenorphine hcl-</i>
<i>10-6.25 mg .....32</i>	<i>brimonidine tartrate-timolol</i>	<i>naloxone hcl sl tab 2-0.5</i>
<i>bisoprolol &</i>	<i>maleate ophth soln 0.2-</i>	<i>mg (base equiv).....63</i>
<i>hydrochlorothiazide tab</i>	<i>0.5% .....96</i>	<i>buprenorphine hcl-</i>
<i>2.5-6.25 mg .....32</i>	BRINSUPRI .....99	<i>naloxone hcl sl tab 8-2</i>
<i>bisoprolol &</i>	<i>brinzolamide.....96</i>	<i>mg (base equiv).....63</i>
<i>hydrochlorothiazide tab</i>	<i>brivaracetam .....46</i>	<i>bupropion hcl .....39</i>
<i>5-6.25 mg .....32</i>	BRIVIACT .....46	<i>bupropion hcl (smoking</i>
<i>bisoprolol fumarate .....32</i>	see <i>brivaracetam.....46</i>	<i>deterrent).....63</i>
BIVIGAM .....89	BRIXADI.....63	<i>buspirone hcl.....38</i>
BKEMV .....86	<i>bromfenac sodium (ophth)</i>	<i>butorphanol tartrate.....3</i>
BLENREP .....18	95	BUTRANS.....2
<i>bleomycin sulfate .....17</i>	<i>bromocriptine mesylate...41</i>	see <i>buprenorphine .....2</i>
<i>blisovi 24 fe.....69</i>	BROMSITE .....95	BYLVAY .....81
<i>blisovi fe 1/20.....69</i>	see <i>bromfenac sodium</i>	BYLVAY (PELLETS).....81
<i>blisovi fe 1.5/30.....69</i>	<i>(ophth) .....95</i>	BYNFEZIA PEN.....74
BLUJEPa.....4	BRUKINSA.....18	BYOOVIZ.....96
BONJESTA TAB 20-20MG	<i>budesonide .....80</i>	BYQLOVI .....95
.....78	<i>budesonide (inhalation).101</i>	BYSTOLIC .....32
BONSITY .....68	<i>budesonide (intrarectal) .80</i>	see <i>nebivolol hcl.....33</i>
BOOSTRIX INJ .....91	<i>budesonide-formoterol</i>	C
<i>bortezomib .....18</i>	<i>fumarate dihyd aerosol</i>	<i>cabergoline .....74</i>
BORTEZOMIB .....18	<i>160-4.5 mcg/act.....101</i>	CABLIVI .....86
BORUZU.....18	<i>budesonide-formoterol</i>	CABOMETYX .....18
<i>bosentan .....36</i>	<i>fumarate dihyd aerosol</i>	CABTREO GEL .....102
BOSULIF.....18	<i>80-4.5 mcg/act.....101</i>	CADUET
BOTOX .....61	<i>bumetanide .....34</i>	see <i>amlodipine besylate-</i>
BRAFTOVI.....18	BUMEX	<i>atorvastatin calcium</i>
BREKIYA .....57	see <i>bumetanide.....34</i>	<i>tab 10-10 mg.....35</i>
BREO ELLIPTA INH 100-	BUPHENYL.....74	see <i>amlodipine besylate-</i>
25 .....101	see <i>sodium</i>	<i>atorvastatin calcium</i>
BREO ELLIPTA INH 200-	<i>phenylbutyrate .....76</i>	<i>tab 10-20 mg.....35</i>
25 .....101	<i>buprenorphine.....2</i>	see <i>amlodipine besylate-</i>
BREO ELLIPTA INH 50-	<i>buprenorphine hcl .....63</i>	<i>atorvastatin calcium</i>
25MCG.....101	<i>buprenorphine hcl-</i>	<i>tab 10-40 mg.....35</i>
<i>breyana.....101</i>	<i>naloxone hcl sl film 12-3</i>	see <i>amlodipine besylate-</i>
BREZTRI AERO AER	<i>mg (base equiv).....63</i>	<i>atorvastatin calcium</i>
SPHERE.....97		<i>tab 10-80 mg.....35</i>

see <i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	35	CAPRELSA.....	19	<i>carbidopa & levodopa tab er 50-200 mg</i>	42
see <i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	35	<i>captopril</i>	25	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	42
see <i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	35	<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	25	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	42
see <i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	35	<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	25	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	42
CADUET TAB 10-10MG .	35	<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	25	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	42
CADUET TAB 10-20MG .	35	<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	25	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	42
CADUET TAB 10-40MG .	35	CARAFATE		<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	42
CADUET TAB 10-80MG .	35	see <i>sucralfate</i>	82	<i>carbinoxamine maleate</i> ...	98
CADUET TAB 5-10MG ...	35	<i>carb/levo orally disintegrating tab 10-100mg</i>	41	<i>carboplatin</i>	14
CADUET TAB 5-20MG ...	35	<i>carb/levo orally disintegrating tab 25-100mg</i>	41	<i>carbzah</i>	98
CADUET TAB 5-40MG ...	35	<i>carb/levo orally disintegrating tab 25-250mg</i>	41	CARDAMYST	33
CADUET TAB 5-80MG ...	35	CARBAGLU	74	see <i>diltiazem hcl</i>	33
<i>calcipotriene</i>	104	see <i>carglumic acid</i>	74	CARDIZEM CD	33
CALCIPOTRIENE	104	<i>carbamazepine</i>	46	see <i>cartia xt</i>	33
<i>calcitonin (salmon) spray</i>	68	CARBATROL	46	see <i>diltiazem hcl coated beads</i>	33
<i>calcitrene</i>	104	see <i>carbamazepine</i>	46	CARDIZEM LA.....	33
<i>calcitriol</i>	78	<i>carbidopa</i>	41	see <i>diltiazem hcl</i>	33
<i>calcitriol (oral)</i>	78	<i>carbidopa & levodopa cap er 23.75-95 mg</i>	41	see <i>matzim la</i>	33
CALQUENCE.....	18	<i>carbidopa & levodopa cap er 36.25-145 mg</i>	41	CARDURA	26
CAMCEVI.....	15	<i>carbidopa & levodopa cap er 48.75-195 mg</i>	41	see <i>doxazosin mesylate</i>	26
<i>camila</i>	69	<i>carbidopa & levodopa cap er 61.25-245 mg</i>	41	CARDURA XL.....	83
CAMPTOSAR	17	<i>carbidopa & levodopa tab 10-100 mg</i>	41	<i>carglumic acid</i>	74
see <i>irinotecan hcl</i>	17	<i>carbidopa & levodopa tab 25-100 mg</i>	41	<i>carisoprodol</i>	62
<i>camrese</i>	69	<i>carbidopa & levodopa tab 25-250 mg</i>	42	CARNITOR	74
<i>camrese lo</i>	69	<i>carbidopa & levodopa tab er 25-100 mg</i>	42	see <i>levocarnitine (metabolic modifiers)</i>	75
CAMZYOS	35			CAROSPIR	26
CANASA	80			see <i>spironolactone</i>	26
see <i>mesalamine</i>	80			<i>carteolol hcl (ophth)</i>	96
CANCIDAS	7			<i>cartia xt</i>	33
<i>candesartan cilexetil</i>	29			<i>carvedilol</i>	32
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	27				
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	27				
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	27				
CAPLYTA.....	43				

<i>carvedilol phosphate</i>.....32	<i>cefprozil</i>.....12	<i>chlorhexidine gluconate</i> (mouth-throat).....108
CASODEX .....15	<i>ceftaroline fosamil</i> .....12	<i>chloroquine phosphate</i>.....8
<i>see bicalutamide</i> .....15	<i>ceftazidime</i>.....12	<i>chlorpromazine hcl</i>.....43
<i>caspofungin acetate</i>.....7	<i>ceftriaxone sodium</i>.....12	<i>chlorthalidone</i>.....34
CASPOFUNGIN ACETATE.....7	<i>cefuroxime axetil</i>.....12	CHOLBAM .....81
<i>see caspofungin acetate</i>.....7	<i>cefuroxime sodium</i>.....12	<i>cholestyramine</i>.....31
CATAPRES-TTS-1	CELEBREX.....1	<i>cholestyramine light</i> .....31
<i>see clonidine</i> .....35	<i>see celecoxib</i>.....1	<i>choline fenofibrate</i>.....30
CATAPRES-TTS-2	<i>celecoxib</i>.....1	CHORIONIC
<i>see clonidine</i> .....35	CELESTONE INJ	GONADOTROPIN.....74
CATAPRES-TTS-3	SOLUSPAN.....73	CIALIS.....83
<i>see clonidine</i> .....35	CELESTONE SOLUSPAN	<i>see tadalafil</i> .....83
CAYSTON.....4	<i>see betamethasone sod</i> <i>phosphate & acetate</i> <i>inj susp 6 (3-3) mg/ml</i> .....73	CIBINQO.....87
<i>cefaclor</i> .....11	CELEXA.....39	<i>ciclopirox</i> .....103
CEFACTOR ER .....11	<i>see citalopram</i>	<i>ciclopirox olamine</i> .....104
<i>cefadroxil</i>.....11	<i>hydrobromide</i>.....39	<i>cidofovir</i>.....10
CEFAZOLIN.....11	CELLCEPT .....90	<i>cilostazol</i> .....86
CEFAZOLIN/DEX SOL	<i>see mycophenolate</i>	CILOXAN .....95
1GM/50ML-4% .....11	<i>mofetil</i> .....91	CIMDUO TAB 300-300 ....9
CEFAZOLIN/DEX SOL	CELONTIN.....46	CIMERLI .....96
2GM/50ML-3% .....11	<i>see methsuximide</i> .....49	<i>cimetidine</i>.....80
CEFAZOLIN/DEX SOL	<i>cephalexin</i>.....12	<i>cimetidine hcl</i> .....80
3GM/150ML-4% .....11	CEQUR SIMPL KIT PATCH	<i>cinacalcet hcl</i> .....74
CEFAZOLIN/DEX SOL	2U (3-DAY).....66	CINRYZE .....86
3GM/50ML-2% .....11	CEQUR SIMPL KIT PATCH	CINVANTI .....78
CEFAZOLIN INJ	2U (4-DAY).....67	CIPRO.....12
1GM/50ML.....11	CEQUR SIMPL MIS	<i>see ciprofloxacin hcl</i>....12
<i>cefazolin sodium</i> .....11	INSERTER .....67	<i>ciprofloxacin 200 mg/100ml</i> <i>in d5w</i> .....12
CEFAZOLIN SOLN	CERDELGA .....74	<i>ciprofloxacin 400 mg/200ml</i> <i>in d5w</i> .....12
2GM/100ML-4% .....11	CEREZYME .....74	<i>ciprofloxacin-</i> <i>dexamethasone otic susp</i> <i>0.3-0.1%</i>.....97
<i>cefdinir</i> .....11	<i>cetirizine hcl</i> .....98	<i>ciprofloxacin hcl</i> .....12
CEFEPIME.....11	CETRAXAL	<i>ciprofloxacin hcl (ophth)</i> ..95
CEFEPIME/DEX INJ 1GM	<i>see ciprofloxacin hcl</i> <i>(otic)</i>.....97	<i>ciprofloxacin hcl (otic)</i> .....97
.....11	<i>cevimeline hcl</i> .....108	<i>ciprofloxacin-</i> <i>hydrocortisone otic susp</i> <i>0.2-1%</i>.....97
CEFEPIME/DEX INJ 2GM	CHANTIX .....63	CIPRO HC
.....11	<i>see varenicline tartrate</i> 63	<i>see ciprofloxacin-</i> <i>hydrocortisone otic</i> <i>susp 0.2-1%</i>.....97
<i>cefepime hcl</i>.....11	CHANTIX CONTINUING	CIPRO HC SUS 0.2-1%OT
<i>cefixime</i>.....11	MONTH .....63	97
CEFOTAN	CHANTIX TAB 0.5& 1MG	<i>cisplatin</i> .....14
<i>see cefotetan disodium</i> .....11	63	
<i>cefotetan disodium</i>.....11	<i>chateal eq</i> .....69	
CEFOXITIN INJ 1GM.....11	CHEMET .....68	
CEFOXITIN INJ 2GM.....11	<i>chlordiazepoxide hcl</i> .....38	
<i>cefoxitin sodium</i> .....11		
<i>cefpodoxime proxetil</i>.....12		

CISPLATIN			
see <i>cisplatin</i>	14		
<i>citalopram hydrobromide</i>	39		
<i>cladribine (10 tabs)</i>	60		
<i>cladribine (4 tabs)</i>	60		
<i>cladribine (5 tabs)</i>	60		
<i>cladribine (6 tabs)</i>	60		
<i>cladribine (7 tabs)</i>	60		
<i>cladribine (8 tabs)</i>	60		
<i>cladribine (9 tabs)</i>	60		
<i>claravis</i>	102		
CLARINEX.....	98		
see <i>desloratadine</i>	98		
CLARINEX-D TAB 2.5-120			
.....	98		
<i>clarithromycin</i>	12		
<i>clemastine fumarate</i>	98		
CLEMSZA.....	98		
CLENPIQ SOL 10 MG-3.5			
GM-12 GM/175ML.....	80		
CLEOCIN	4, 84		
see <i>clindamycin hcl</i>	5		
see <i>clindamycin</i>			
<i>phosphate vaginal</i>	84		
CLEOCIN PEDIATRIC			
GRANULE	4		
see <i>clindamycin</i>			
<i>palmitate hydrochloride</i>			
.....	5		
CLEOCIN PHOSPHATE...5			
see <i>clindamycin</i>			
<i>phosphate</i>	5		
CLEOCIN-T.....	102		
see <i>clindamycin</i>			
<i>phosphate (topical)</i>	102		
CLIMARA.....	72		
see <i>estradiol</i>	72		
CLIMARA PRO DIS			
WEEKLY	72		
<i>clindacin</i>	102		
<i>clindacin etz pledgets</i>	102		
<i>clindacin-p</i>	102		
CLINDAGEL			
see <i>clindamycin</i>			
<i>phosphate (topical)</i>	102		
<i>clindamycin hcl</i>	5		
<i>clindamycin palmitate</i>			
<i>hydrochloride</i>	5		
<i>clindamycin phosphate</i>	5		
<i>clindamycin phosphate</i>			
(<i>topical</i>).....	102		
<i>clindamycin phosphate-</i>			
<i>benzoyl peroxide gel 1.2-</i>			
<i>2.5%</i>	102		
<i>clindamycin phosphate-</i>			
<i>benzoyl peroxide gel 1.2-</i>			
<i>3.75%</i>	102		
<i>clindamycin phosphate-</i>			
<i>benzoyl peroxide gel 1-</i>			
<i>5%</i>	102		
<i>clindamycin phosphate in</i>			
<i>d5w iv soln 300 mg/50ml</i>			
.....	5		
<i>clindamycin phosphate in</i>			
<i>d5w iv soln 600 mg/50ml</i>			
.....	5		
<i>clindamycin phosphate in</i>			
<i>d5w iv soln 900 mg/50ml</i>			
.....	5		
<i>clindamycin phosphate-</i>			
<i>tretinoin gel 1.2-0.025%</i>			
.....	103		
<i>clindamycin phosphate</i>			
<i>vaginal</i>	84		
<i>clindamycin phosph-</i>			
<i>benzoyl peroxide (refrig)</i>			
<i>gel 1.2 (1)-5%</i>	102		
CLINDESSE.....	84		
CLINDMYC/NAC INJ			
300/50ML	5		
CLINDMYC/NAC INJ			
600/50ML	5		
CLINDMYC/NAC INJ			
900/50ML	5		
CLINIMIX E INJ 2.75/D5W			
.....	94		
CLINIMIX E INJ 4.25/D10			
.....	94		
CLINIMIX E INJ 4.25/D5W			
.....	94		
CLINIMIX E INJ 5%/D15W			
.....	94		
CLINIMIX E INJ 5%/D20W			
.....	94		
CLINIMIX E INJ 8/10.....	94		
CLINIMIX E INJ 8/14.....	94		
CLINIMIX INJ 4.25/D10 ..	94		
CLINIMIX INJ 4.25/D5W ..	94		
CLINIMIX INJ 5%/D15W ..	94		
CLINIMIX INJ 5%/D20W ..	94		
CLINIMIX INJ 6/5	94		
CLINIMIX INJ 8/10	94		
CLINIMIX INJ 8/14	94		
<i>clinisol sf 15%</i>	94		
CLINOLIPID EMU 20%...94			
<i>clobazam</i>	46		
<i>clobetasol propionate</i>	105		
<i>clobetasol propionate e</i>	105		
<i>clobetasol propionate</i>			
<i>emulsion</i>	105		
CLOBEX			
see <i>clobetasol</i>			
<i>propionate</i>	105		
<i>clodan</i>	105		
<i>clomipramine hcl</i>	39		
<i>clonazepam</i>	46, 47		
<i>clonidine</i>	35		
<i>clonidine hcl</i>	35		
<i>clopidogrel bisulfate</i>	87		
<i>clorazepate dipotassium</i> ..	47		
<i>clotrimazole</i>	108		
<i>clotrimazole (topical)</i>	104		
<i>clotrimazole w/</i>			
<i>betamethasone cream 1-</i>			
<i>0.05%</i>	104		
<i>clozapine</i>	43		
CLOZARIL	43		
see <i>clozapine</i>	43		
COARTEM TAB 20-120MG			
.....	8		
COBENFY CAP 100-20MG			
.....	43		
COBENFY CAP 125-30MG			
.....	43		
COBENFY CAP 50-20MG			
.....	43		
COBENFY STRT CAP			
PACK.....	43		
<i>codeine sulfate</i>	3		
CODEINE SULFATE	3		
<i>colchicine</i>	1		
<i>colchicine w/ probenecid</i>			
<i>tab 0.5-500 mg</i>	1		
<i>colesevelam hcl</i>	31		

COLESTID	31	CORTIFOAM	107	CUVPOSA	79
see <i>colestipol hcl</i>	31	CORTISPORIN SUS -TC		see <i>glycopyrrolate (oral)</i>	
<i>colestipol hcl</i>	31	OTIC	97	.....	79
<i>colistimethate sodium</i>	5	COSOPT		CUVRIOR	68
COLUMVI	19	see <i>dorzolamide hcl-</i>		<i>cyclobenzaprine hcl</i>	62
COLY-MYCIN M	5	<i>timolol maleate ophth</i>		<i>cyclophosphamide</i>	14
see <i>colistimethate</i>		<i>soln 2-0.5%</i>	96	CYCLOPHOSPHAMIDE .14	
<i>sodium</i>	5	COSOPT PF		see <i>cyclophosphamide</i> 14	
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%</i>	96	<i>cycloserine</i>	10
<i>soln 0.2-0.5%</i>	96	COSOPT PF SOL 2%-		<i>cyclosporine</i>	91
COMBIGAN SOL 0.2/0.5%		0.5%	96	<i>cyclosporine modified (for</i>	
.....	96	COSOPT SOL 2-0.5%OP		<i>microemulsion)</i>	91
COMBIPATCH DIS	72	.....	96	CYKLOKAPRON	
COMBIVENT AER 20-100		COTELIC	19	see <i>tranexamic acid</i>	87
.....	97	COTEMPLA XR-ODT	53	<i>ciproheptadine hcl</i>	98
COMETRIQ (60MG DOSE)		COZAAR	29	CYRAMZA	19
.....	19	see <i>losartan potassium</i>		<i>cyred eq</i>	69
COMETRIQ KIT 100MG .19		.....	30	CYSTADANE	
COMETRIQ KIT 140MG .19		CRENESSITY	74	see <i>betaine powder for</i>	
COMPLERA		CREON CAP 12000UNT 81		<i>oral solution</i>	74
see <i>emtricitabine-</i>		CREON CAP 24000UNT 81		CYSTADANE POW	74
<i>rilpivirine-tenofovir df</i>		CREON CAP 3000UNIT .81		CYSTADROPS	97
<i>tab 200-25-300 mg</i>	9	CREON CAP 36000UNT 81		CYSTAGON	74
COMPLERA TAB	9	CREON CAP 6000UNIT .81		CYSTARAN	97
<i>compro</i>	78	CRESEMBA	7	<i>cytarabine</i>	15
CONCERTA	53	CRESTOR		CYTOGAM	89
see <i>methylphenidate hcl</i>		see <i>rosuvastatin calcium</i>		CYTOMEL	77
.....	55	.....	31	see <i>liomny</i>	77
<i>constulose</i>	80	CREXONT CAP 35-140MG		see <i>liothyronine sodium</i>	
CONTEPO	5	.....	42	.....	77
COPAXONE	60	CREXONT CAP 52.5-210		CYTOTEC	81
see <i>glatiramer acetate</i> .61		.....	42	see <i>misoprostol</i>	81
see <i>glatopa</i>	61	CREXONT CAP 70-280MG		D	
COPIKTRA	19	.....	42	D10W/NACL INJ 0.2%	92
COREG	32	CREXONT CAP 87.5-350		D10W/NACL INJ 0.45% ..	92
see <i>carvedilol</i>	32	.....	42	D2.5W/NACL INJ 0.45% .92	
COREG CR	32	CRINONE	77	D5W/LYTES INJ #48	92
see <i>carvedilol phosphate</i>		<i>cromolyn sodium</i>	99	D5W/NACL INJ 0.2%	92
.....	32	<i>cromolyn sodium</i>		D5W/NACL INJ 0.3%	92
CORLANOR	35	(<i>mastocytosis</i>)	81	D5W/NACL INJ 0.45%	92
see <i>ivabradine hcl</i>	35	<i>cromolyn sodium (ophth)</i> 96		D5W/NACL INJ 0.9%	92
CORTEF	73	<i>crotan</i>	108	<i>dabigatran etexilate</i>	
see <i>hydrocortisone</i>	73	<i>cryselle</i>	69	<i>mesylate</i>	84
CORTENEMA	80	CRYSVITA	74	<i>dacarbazine</i>	17
see <i>hydrocortisone</i>		CUTAQUIG	89	<i>dalbavancin hcl</i>	5
(<i>intrarectal</i>)	80	CUVITRU	89	<i>dalfampridine</i>	60

DALIRESP	99	DAYBUE STIX	59	DERMA-SMOOTH/FS	
see <i>roflumilast</i>	100	<i>daysee</i>	69	SCALP	105
DALVANCE	5	DAYTRANA	53	see <i>fluocinolone</i>	
see <i>dalbavancin hcl</i>	5	see <i>methyphenidate</i>	55	<i>acetonide</i>	106
<i>danazol</i>	64	DAYVIGO	56	DERMOTIC	97
DANTRIUM	62	DDAVP	74	see <i>flac</i>	97
see <i>dantrolene sodium</i>	62	see <i>desmopressin</i>		see <i>fluocinolone</i>	
<i>dantrolene sodium</i>	62	<i>acetate</i>	74	<i>acetonide (otic)</i>	97
DANZITEN	19	<i>deblitane</i>	69	DESCOVY TAB 120-15MG	
<i>dapagliflozin</i>	64	<i>decitabine</i>	15	.....	9
<i>dapagliflozin free base-</i>		<i>deferasirox</i>	68	DESCOVY TAB 200/25MG	
<i>metformin hcl tab er 24hr</i>		<i>deferiprone</i>	68	.....	9
10-1000 mg	64	<i>deferoxamine mesylate</i>	68	DESFERAL	69
<i>dapagliflozin free base-</i>		DELESTROGEN	72	see <i>deferoxamine</i>	
<i>metformin hcl tab er 24hr</i>		see <i>estradiol valerate</i>	72	<i>mesylate</i>	68
10-500 mg	64	DELSTRIGO TAB	9	<i>desipramine hcl</i>	39
<i>dapagliflozin free base-</i>		<i>demeclocycline hcl</i>	14	<i>desloratadine</i>	98
<i>metformin hcl tab er 24hr</i>		DEMSE	35	<i>desmopressin acetate</i>	74
5-1000 mg	64	DENAVIR	107	<i>desmopressin acetate</i>	
<i>dapagliflozin free base-</i>		see <i>penciclovir</i>	107	<i>spray</i>	74
<i>metformin hcl tab er 24hr</i>		DENG VAXIA SUS	91	<i>desmopressin acetate</i>	
5-500 mg	64	DEPAKOTE	47	<i>spray refrigerated</i>	74
<i>dapsone</i>	5	see <i>divalproex sodium</i>	47	<i>desogest-eth estrad & eth</i>	
<i>dapsone (topical)</i>	103	DEPAKOTE ER	47	<i>estrad tab 0.15-0.02/0.01</i>	
DAPTACEL INJ	91	see <i>divalproex sodium</i>	47	mg(21/5)	69
DAPTOMY/NACL INJ		DEPAKOTE SPRINKLES		<i>desonide</i>	105
350/50ML	5	.....	47	<i>desoximetasone</i>	105
DAPTOMY/NACL INJ		see <i>divalproex sodium</i>	47	DESVENLAFAXINE ER	39
500/50ML	5	DEPEN TITRATABS	69	<i>desvenlafaxine succinate</i>	39
<i>daptomycin</i>	5	see <i>penicillamine</i>	69	<i>dexamethasone</i>	73
DAPTOMYCIN	5	DEPO-ESTRADIOL	72	DEXAMETHASONE	
see <i>daptomycin</i>	5	DEPO-MEDROL	73	INTENSOL	73
DARAPRIM		see <i>methylprednisolone</i>		<i>dexamethasone sodium</i>	
see <i>pyrimethamine</i>	6	<i>acetate</i>	73	<i>phosphate</i>	73
<i>darifenacin hydrobromide</i>		DEPO-PROVERA		<i>dexamethasone sodium</i>	
.....	84	CONTRACEPTIV	69	<i>phosphate (ophth)</i>	95
<i>darunavir</i>	8	see		DEXEDRINE	53, 54
DARZALEX	19	<i>medroxyprogesterone</i>		see <i>dextroamphetamine</i>	
DARZALEX INJ FASPRO		<i>acetate (contraceptive)</i>		<i>sulfate</i>	54
.....	19	.....	70	DEXILANT	82
<i>dasatinib</i>	19	DEPO-SUBQ PROVERA		see <i>dexlansoprazole</i>	82
<i>dasetta 1/35</i>	69	104	69	<i>dexlansoprazole</i>	82
<i>dasetta 7/7/7</i>	69	<i>depo-testosterone</i>	64	DEXLYT	73
DATROWAY	19	DERMA-SMOOTH/FS		<i>dexmethylphenidate hcl</i>	54
DAURISMO	19	BODY	105	<i>dexrazoxane hcl</i>	17
DAWNZERA	86	see <i>fluocinolone</i>		<i>dextroamphetamine sulfate</i>	
DAXXIFY	62	<i>acetonide</i>	105	.....	54
DAYBUE	59			<i>dextrose</i>	94

DEXTROSE/SODIUM CHLORIDE see dextrose 5% w/ sodium chloride 0.225%.....92	see doxylamine- pyridoxine tab delayed release 10-10 mg.....78	DIMENHYDRINATE.....78
DEXTROSE 10%.....94 see dextrose.....94	DICLEGIS TAB 10-10MG.....78	dimethyl fumarate .....60
DEXTROSE 2.5%/SODIUM CHLO see dextrose 2.5% w/ sodium chloride 0.45% .....92	diclofenac potassium .....1	dimethyl fumarate capsule dr starter pack 120 mg & 240 mg .....60
dextrose 2.5% w/ sodium chloride 0.45%.....92	diclofenac sodium .....1	DIOVAN .....30 see valsartan .....30
DEXTROSE 5%/SODIUM CHLORI see dextrose 5% w/ sodium chloride 0.3% .....92	diclofenac sodium (actinic keratoses).....107	DIOVAN HCT see valsartan- hydrochlorothiazide tab 160-12.5 mg.....29
see dextrose 5% w/ sodium chloride 0.45% .....92	diclofenac sodium (ophth) .....95	see valsartan- hydrochlorothiazide tab 160-25 mg.....29
see dextrose 5% w/ sodium chloride 0.9% .....92	diclofenac sodium (topical) .....107	see valsartan- hydrochlorothiazide tab 320-12.5 mg.....29
dextrose 5% in lactated ringers .....92	diclofenac w/ misoprostol tab delayed release 50- 0.2 mg .....1	see valsartan- hydrochlorothiazide tab 320-12.5 mg.....29
dextrose 5% w/ sodium chloride 0.225%.....92	diclofenac w/ misoprostol tab delayed release 75- 0.2 mg .....1	see valsartan- hydrochlorothiazide tab 80-12.5 mg.....29
dextrose 5% w/ sodium chloride 0.3%.....92	dicloxacin sodium .....13	DIOVAN HCT TAB 160- 12.5 .....27
dextrose 5% w/ sodium chloride 0.45%.....92	dicyclomine hcl.....79	DIOVAN HCT TAB 160- 25MG.....27
dextrose 5% w/ sodium chloride 0.9%.....92	DIFFERIN see adapalene .....102	DIOVAN HCT TAB 320- 12.5 .....27
DEXTROSE 70%.....94	DIFFERIN PUMP .....103	DIOVAN HCT TAB 320- 25MG.....27
DHIVY TAB 25-100MG...42	DIFICID .....12 see fidaxomicin.....12	DIOVAN HCT TAB 80-12.5.....27
DIACOMIT .....47	DIFLUCAN .....7 see fluconazole .....7	DIPENTUM .....80
diazepam .....47	diflunisal .....1	diphenhydramine hcl.....98
diazepam (anticonvulsant) .....47	difluprednate .....95	diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml....81
diazepam inj.....47	digoxin.....35	diphenoxylate w/ atropine tab 2.5-0.025 mg .....81
diazepam intensol .....47	dihydroergotamine mesylate .....57	DIPROLENE .....105 see betamethasone dipropionate augmented.....105
diazoxide.....74	DILANTIN.....47 see phenytoin sodium extended .....50	dipyridamole.....87
dichlorphenamide.....34	DILANTIN-125 .....47 see phenytoin .....50	disopyramide phosphate.30
DICLEGIS	DILANTIN INFATABS .....47 see phenytoin .....50	disulfiram.....63
	DILAUDID .....3 see hydromorphone hcl.3	DIURIL .....34
	diltiazem hcl .....33	divalproex sodium .....47
	diltiazem hcl coated beads.....33	
	diltiazem hcl extended release beads.....33	
	dilt-xr .....33	

DIVIGEL.....72	<i>drospirenone-ethinyl</i>	<i>econazole nitrate</i>.....104
see <i>estradiol</i>.....72	<i>estrad-levomefolate tab</i>	<i>edaravone</i>.....59
<i>docetaxel</i>.....17, 18	3-0.02-0.451 mg.....69	EDARBI.....30
DOCETAXEL.....18	<i>drospirenone-ethinyl</i>	see <i>azilsartan medoxomil</i>
see <i>docetaxel</i>.....18	<i>estrad-levomefolate tab</i>	29
DOCIVYX.....18	3-0.03-0.451 mg.....69	EDARBYCLOR TAB 40-
<i>dofetilide</i>.....30	DROXIA.....86	12.5.....27
DOJOLVI.....74	<i>droxidopa</i>.....35	EDARBYCLOR TAB 40-
<i>dolishale</i>.....69	DUETACT	25MG.....27
<i>donepezil hydrochloride</i> ..38	see <i>pioglitazone hcl-</i>	EDECRIIN.....34
DOPTelet.....86	<i>glimepiride tab 30-2</i>	see <i>ethacrynic acid</i>.....34
DOPTelet SPRINKLE..86	mg.....65	EDLUAR.....56
<i>dorzolamide hcl</i>.....96	see <i>pioglitazone hcl-</i>	EDURANT.....8
<i>dorzolamide hcl-timolol</i>	<i>glimepiride tab 30-4</i>	see <i>rilpivirine hcl</i>.....9
<i>maleate ophth soln 2-</i>	mg.....66	EDURANT PED.....8
0.5%.....96	DUETACT TAB 30-2MG.64	<i>efavirenz</i>.....8
<i>dorzolamide hcl-timolol</i>	DUETACT TAB 30-4MG.64	<i>efavirenz-emtricitabine-</i>
<i>maleate pf ophth soln 2-</i>	DULERA AER 100-5MCG	<i>tenofovir df tab 600-200-</i>
0.5%.....96	101	300 mg.....9
<i>dotti</i>.....72	DULERA AER 200-5MCG	<i>efavirenz-lamivudine-</i>
DOVATO TAB 50-300MG.9	101	<i>tenofovir df tab 400-300-</i>
<i>doxazosin mesylate</i>.....26	DULERA AER 50-5MCG	300 mg.....9
<i>doxepin hcl</i>.....39	101	<i>efavirenz-lamivudine-</i>
<i>doxepin hcl (sleep)</i>.....56	<i>duloxetine hcl</i>.....40	<i>tenofovir df tab 600-300-</i>
<i>doxercalciferol</i>.....78	DUOBRII LOT.....105	300 mg.....9
DOXIL.....17	DUOPA SUS 4.63-20.....42	EFFEXOR XR.....40
see <i>doxorubicin hcl</i>	DUPIXENT.....87	see <i>venlafaxine hcl</i>.....41
<i>liposomal</i>.....17	DUREZOL.....95	EFFIENT.....87
<i>doxorubicin hcl</i>.....17	see <i>difluprednate</i>.....95	see <i>prasugrel hcl</i>.....87
<i>doxorubicin hcl liposomal</i> 17	<i>dutasteride</i>.....83	EGRIFTA SV.....74
DOXORUBICIN	<i>dutasteride-tamsulosin hcl</i>	EGRIFTA WR.....74
HYDROCHLORIDE.....17	<i>cap 0.5-0.4 mg</i>.....83	EKTERLY.....86
see <i>doxorubicin hcl</i>.....17	DUVYZAT.....59	ELAHERE.....19
<i>doxy 100</i>.....14	DW5-NACL INJ 0.225%..92	ELAPRASE.....74
<i>doxycycline (monohydrate)</i>	DYANAVEL XR.....54	ELELYSO.....74
.....14	DYCLOPRO.....106	ELEPSIA XR.....47
<i>doxycycline (rosacea)</i> ...107	DYMISTA	ELESTRIN.....72
<i>doxycycline hyclate</i>.....14	see <i>azelastine hcl-</i>	<i>eletriptan hydrobromide</i> ..57
<i>doxylamine-pyridoxine tab</i>	<i>fluticasone prop nasal</i>	ELFABRIO.....75
<i>delayed release 10-10</i>	<i>spray 137-50 mcg/act</i>	ELIGARD.....15
mg.....78	98	ELIMITE.....108
DRIZALMA SPRINKLE...39	DYSPORT.....62	<i>elinest</i>.....69
<i>dronabinol</i>.....78	E	ELIQUIS.....84
<i>drospirenone-ethinyl</i>	<i>e.e.s. 400</i>.....12	ELIQUIS (1.5MG PACK) 3
<i>estradiol tab 3-0.02 mg</i> 69	E.E.S. GRANULES	X.....84
<i>drospirenone-ethinyl</i>	see <i>erythromycin</i>	ELIQUIS (2MG PACK) 4 X
<i>estradiol tab 3-0.03 mg</i> 69	<i>ethylsuccinate</i>.....12	84
	EBGLYSS.....87	

ELIQUIS STARTER PACK	ENBREL.....87, 88	EPCLUSA TAB 400-100.10
.....84	ENBREL MINI.....88	EPIDIOLEX.....47
ELITEK.....17	ENBREL SURECLICK...88	EPIDUO FORTE
<i>elixophyllin</i>.....99	ENBUMYST.....34	<i>see adapalene-benzoyl</i>
ELLENCE.....17	ENDARI.....86	<i>peroxide gel 0.3-2.5%</i>
ELMIRON.....83	<i>see l-glutamine (sickle</i>	102
<i>eluryng</i>.....69	<i>cell)</i>.....86	EPIDUO FORTE GEL 0.3-
EMBLAVEO INJ 2GM.....5	<i>endocet tab 10-325mg</i>.....3	2.5%.....103
EMEND.....78	<i>endocet tab 2.5-325mg</i>.....3	EPIFOAM AER 1%.....105
<i>see fosaprepitant</i>	<i>endocet tab 5-325mg</i>.....3	<i>epinastine hcl (ophth)</i>.....96
<i>dimeglumine</i>.....78	<i>endocet tab 7.5-325mg</i>.....3	<i>epinephrine</i>.....35
EMEND BIPACK.....78	ENERGIX-B.....91	EPINEPHRINE.....35
<i>see aprepitant</i>.....78	ENHERTU.....19	<i>epinephrine (anaphylaxis)</i>
EMEND TRIPAC CAP 125	<i>enilloring</i>.....69	99
& 80.....78	ENJAYMO.....86	EPIPEN 2-PAK.....99
EMGALITY.....57	<i>enoxaparin sodium</i>.....85	<i>see epinephrine</i>
EMPAVELI.....86	ENSACOVE.....19	<i>(anaphylaxis)</i>.....99
EMPLICITI.....19	<i>enskyce</i>.....69	EPIPEN-JR 2-PAK.....99
EMRELIS.....19	ENSPRYNG.....59	<i>see epinephrine</i>
EMROSI.....107	ENSTILAR AER.....104	<i>(anaphylaxis)</i>.....99
EMSAM.....40	<i>entacapone</i>.....42	EPIVIR.....8
<i>emtricitabine</i>.....8	<i>entecavir</i>.....10	<i>see lamivudine</i>.....9
<i>emtricitabine- rilpivirine-</i>	ENTRESTO	EPKINLY.....19
<i>tenofovir df tab 200-25-</i>	<i>see sacubitril-valsartan</i>	<i>eplerenone</i>.....26
300 mg.....9	<i>tab 24-26 mg</i>.....28	<i>epoprostenol sodium</i>.....36
<i>emtricitabine-tenofovir</i>	<i>see sacubitril-valsartan</i>	EPRONTIA.....47
<i>disoproxil fumarate tab</i>	<i>tab 49-51 mg</i>.....28	<i>see topiramate</i>.....51
100-150 mg.....9	<i>see sacubitril-valsartan</i>	EPSOLAY.....107
<i>emtricitabine-tenofovir</i>	<i>tab 97-103 mg</i>.....28	EPYSQLI.....86
<i>disoproxil fumarate tab</i>	ENTRESTO CAP 15-16MG	EQUETRO.....59
133-200 mg.....10	27	ERAXIS.....7
<i>emtricitabine-tenofovir</i>	ENTRESTO CAP 6-6MG27	ERBITUX.....19
<i>disoproxil fumarate tab</i>	ENTRESTO TAB 24-26MG	ERGOMAR.....57
167-250 mg.....10	27	<i>ergotamine w/ caffeine tab</i>
<i>emtricitabine-tenofovir</i>	ENTRESTO TAB 49-51MG	1-100 mg.....57
<i>disoproxil fumarate tab</i>	27	<i>eribulin mesylate</i>.....18
200-300 mg.....10	ENTRESTO TAB 97-	ERIVEDGE.....19
EMTRIVA.....8	103MG.....27	ERLEADA.....15
<i>see emtricitabine</i>.....8	<i>enulose</i>.....80	<i>erlotinib hcl</i>.....19
EMVERM.....5	ENVARUSUS XR.....91	<i>errin</i>.....70
<i>emzahn</i>.....69	EOHILIA.....81	<i>ertapenem sodium</i>.....5
<i>enalapril maleate</i>.....25	EPANED	<i>ery</i>.....103
<i>enalapril maleate &</i>	<i>see enalapril maleate</i> ..25	ERYPED 400
<i>hydrochlorothiazide tab</i>	EPCLUSA PAK 150-37.510	<i>see erythromycin</i>
10-25 mg.....25	EPCLUSA PAK 200-50MG	<i>ethylsuccinate</i>.....12
<i>enalapril maleate &</i>	10	ERYTHROCIN
<i>hydrochlorothiazide tab</i>	EPCLUSA TAB 200-50MG	LACTOBIONATE.....12
5-12.5 mg.....25	10	<i>erythromycin (acne aid)</i> 103

<i>erythromycin (ophth)</i>.....95	EVENITY.....68	<i>hydrochlorothiazide tab</i>
<i>erythromycin base</i>.....12	<i>everolimus</i>.....19	5-160-25 mg .....27
<i>erythromycin ethylsuccinate</i>	<i>everolimus</i>	EXFORGE HCT TAB 10-
.....12	(immunosuppressant)..91	160-12.5MG .....28
<i>erythromycin lactobionate</i>	EVISTA .....75	EXFORGE HCT TAB 10-
.....12	see <i>raloxifene hcl</i> .....76	160-25MG .....28
ERZOFRI .....43	EVKEEZA .....31	EXFORGE HCT TAB 10-
ESBRIET	EVOTAZ TAB 300-150 ...10	320-25MG .....28
see <i>pirfenidone</i>.....100	EVOXAC .....108	EXFORGE HCT TAB 5-
<i>escitalopram oxalate</i> .....40	see <i>cevimeline hcl</i>.....108	160-12.5MG .....27
ESCITALOPRAM	EVRYSDI .....59	EXFORGE HCT TAB 5-
OXALATE .....40	EXELDERM .....104	160-25MG .....27
<i>eslicarbazepine acetate</i> ..47	EXELON .....38	EXFORGE TAB 10-160MG
<i>esomeprazole magnesium</i>	see <i>rivastigmine</i> .....39	28
.....82	<i>exemestane</i> .....16	EXFORGE TAB 10-320MG
<i>esomeprazole sodium</i>.....82	EXFORGE	28
<i>estarylla</i>.....70	see <i>amlodipine besylate-</i>	EXFORGE TAB 5-160MG
<i>estazolam</i>.....56	<i>valsartan tab 10-160</i>	28
ESTRACE .....72	mg.....26	EXFORGE TAB 5-320MG
see <i>estradiol vaginal</i>....72	see <i>amlodipine besylate-</i>	28
<i>estradiol</i> .....72	<i>valsartan tab 10-320</i>	EXJADE .....69
<i>estradiol & norethindrone</i>	mg.....26	see <i>deferiasirox</i>.....68
<i>acetate tab 0.5-0.1 mg</i> 72	see <i>amlodipine besylate-</i>	EXXUA.....40
<i>estradiol & norethindrone</i>	<i>valsartan tab 5-160 mg</i>	EXXUA TITRATION PACK
<i>acetate tab 1-0.5 mg</i> ...72	26	40
<i>estradiol vaginal</i>.....72	see <i>amlodipine besylate-</i>	EYLEA .....97
<i>estradiol valerate</i>.....72	<i>valsartan tab 5-320 mg</i>	EYLEA HD .....97
ESTRING .....72	26	EYSUVIS .....97
ESTROGEL	EXFORGE HCT	<i>ezetimibe</i>.....31
see <i>estradiol</i>.....72	see <i>amlodipine-</i>	<i>ezetimibe-simvastatin tab</i>
<i>estrogens, conjugated</i> ...72	<i>valsartan-</i>	10-10 mg .....31
<i>eszopiclone</i> .....56	<i>hydrochlorothiazide tab</i>	<i>ezetimibe-simvastatin tab</i>
<i>ethacrynic acid</i> .....34	10-160-12.5 mg .....27	10-20 mg .....31
<i>ethambutol hcl</i>.....10	see <i>amlodipine-</i>	<i>ezetimibe-simvastatin tab</i>
<i>ethosuximide</i>.....47	<i>valsartan-</i>	10-40 mg .....31
<i>ethynodiol diacetate &</i>	<i>hydrochlorothiazide tab</i>	<i>ezetimibe-simvastatin tab</i>
<i>ethinyl estradiol tab 1</i>	10-160-25 mg .....27	10-80 mg .....31
<i>mg-50 mcg</i> .....70	see <i>amlodipine-</i>	F
<i>etodolac</i> .....1	<i>valsartan-</i>	FABHALTA .....86
<i>etonogestrel-ethinyl</i>	<i>hydrochlorothiazide tab</i>	FABIOR.....103
<i>estradiol va ring 0.12-</i>	10-320-25 mg .....27	FABRAZYME .....75
<i>0.015 mg/24hr</i> .....70	see <i>amlodipine-</i>	<i>falmina</i> .....70
ETOPOPHOS .....18	<i>valsartan-</i>	<i>famciclovir</i>.....10
<i>etoposide</i> .....18	<i>hydrochlorothiazide tab</i>	<i>famotidine</i> .....80
<i>etravirine</i> .....9	5-160-12.5 mg .....26	FAMOTIDINE.....80
EUCRISA .....107	see <i>amlodipine-</i>	<i>famotidine in nacl 0.9% iv</i>
EULEXIN.....15	<i>valsartan-</i>	<i>soln 20 mg/50ml</i>.....80
EVAMIST .....72		FANAPT .....43

FANAPT PAK PACK A ...43	FIRAZYR	<i>fluticasone-salmeterol aer</i>
FANAPT PAK PACK B ...43	see <i>icatibant acetate</i> ...86	<i>powder ba 500-50</i>
FANAPT PAK PACK C ...43	see <i>sajazir</i> .....87	<i>mcg/act</i>.....101
FARESTON .....16	FIRDAPSE .....59	<i>fluvastatin sodium</i> .....31
see <i>toremifene citrate</i> ..16	FIRMAGON.....16	<i>fluvoxamine maleate</i> .....38
FARXIGA .....64	FIRVANQ .....5	FML FORTE.....95
see <i>dapagliflozin</i>.....64	see <i>vancomycin hcl</i> .....7	FML LIQUIFILM
FASENRA .....99	<i>flac</i> .....97	see <i>fluorometholone</i>
FASENRA PEN.....100	FLAREX .....95	(<i>ophth</i>) .....95
FASLODEX.....16	FLEBOGAMMA DIF .....89	FOCALIN .....54
see <i>fulvestrant</i> .....16	<i>flecainide acetate</i> .....30	see <i>dexmethylphenidate</i>
FAVLYXA .....15	FLEQSUVY .....62	<i>hcl</i> .....54
<i>febuxostat</i> .....1	see <i>baclofen</i> .....61	FOCALIN XR .....54
<i>feirza 1/20</i> .....70	FLOLIPID .....31	see <i>dexmethylphenidate</i>
<i>feirza 1.5/30</i> .....70	<i>fluconazole</i> .....7	<i>hcl</i> .....54
<i>felbamate</i> .....47	<i>fluconazole in nacl 0.9% inj</i>	FOCINVEZ.....78
FELBATOL.....47	200 mg/100ml.....7	FOLOTYN.....15
see <i>felbamate</i>.....47	<i>fluconazole in nacl 0.9% inj</i>	see <i>pralatrexate</i>.....15
<i>felodipine</i>.....33	400 mg/200ml.....7	<i>fondaparinux sodium</i>.....85
FEMARA .....16	<i>flucytosine</i> .....7	<i>formoterol fumarate</i>.....99
see <i>letrozole</i> .....16	<i>fludarabine phosphate</i> ....15	FORTEO .....68
FEMLYV TAB 1/0.02MG.70	<i>fludrocortisone acetate</i> ...73	see <i>teriparatide</i>.....68
FEMRING .....72	<i>flunisolide (nasal)</i> .....100	FOSAMAX .....68
<i>fenofibrate</i> .....30	<i>fluocinolone acetonide</i> 105,	see <i>alendronate sodium</i>
<i>fenofibrate micronized</i>....30	106	68
FENSOLVI .....75	<i>fluocinolone acetonide</i>	FOSAMAX + D TAB 70-
<i>fentanyl</i> .....2	(<i>otic</i>) .....97	2800 .....68
FERRIPROX .....69	<i>fluocinonide</i>.....106	FOSAMAX + D TAB 70-
see <i>deferiprone</i> .....68	<i>fluocinonide emulsified</i>	5600 .....68
FERRIPROX TWICE-A-	<i>base</i>.....106	<i>fosamprenavir calcium</i>.....9
DAY .....69	<i>fluorometholone (ophth)</i> ..95	<i>fosaprepitant dimeglumine</i>
<i>fesoterodine fumarate</i> ....84	<i>fluorouracil</i> .....15	78
FETROJA.....12	<i>fluorouracil (topical)</i>.....107	<i>foscarnet sodium</i>.....10
FETZIMA.....40	<i>fluoxetine hcl</i> .....40	FOSCAVIR
FETZIMA CAP TITRATIO	<i>fluphenazine decanoate</i> ..43	see <i>foscarnet sodium</i> ..10
.....40	<i>fluphenazine hcl</i> .....43	<i>fosfomycin tromethamine</i> ..5
FIASP.....67	<i>flurbiprofen</i> .....1	<i>fosinopril sodium</i> .....25
FIASP FLEXTOUCH.....67	<i>flurbiprofen sodium</i> .....95	<i>fosinopril sodium &</i>
FIASP PENFILL.....67	<i>fluticasone propionate</i> ...106	<i>hydrochlorothiazide tab</i>
FIASP PUMPCART .....67	<i>fluticasone propionate</i>	10-12.5 mg .....25
<i>fidaxomicin</i> .....12	(<i>nasal</i>) .....101	<i>fosinopril sodium &</i>
FILSPARI .....83	<i>fluticasone-salmeterol aer</i>	<i>hydrochlorothiazide tab</i>
FINACEA .....107	<i>powder ba 100-50</i>	20-12.5 mg .....25
see <i>azelaic acid</i>.....107	<i>mcg/act</i>.....101	FOTIVDA .....19
<i>finasteride</i> .....83	<i>fluticasone-salmeterol aer</i>	FRAGMIN .....85
<i>fingolimod hcl</i> .....60	<i>powder ba 250-50</i>	FRINDOVYX .....14
FINTEPLA.....47	<i>mcg/act</i>.....101	<i>frovatriptan succinate</i>.....58
<i>finzala</i>.....70		FRUZAQLA.....19

FULPHILA.....	85	GEMTESA	84	see <i>glipizide</i>	64
<i>fulvestrant</i>	16	<i>generlac</i>	81	<i>glycerol phenylbutyrate</i> ...	75
<i>furosemide</i>	34	<i>gengraf</i>	91	<i>glycopyrrolate</i>	79
<i>furosemide inj</i>	34	GENOTROPIN.....	75	GLYCOPYRROLATE	
FYARRO	19	GENOTROPIN MINIQUICK		see <i>glycopyrrolate</i>	79
<i>fyavolv tab 0.5mg-2.5mcg</i>		.....	75	<i>glycopyrrolate (oral)</i>	79
.....	72	<i>gentamicin in saline inj 0.8</i>		<i>glydo</i>	106
<i>fyavolv tab 1mg-5mcg</i>	72	<i>mg/ml</i>	5	GLYXAMBI TAB 10-5 MG	
FYCOMPA	47, 48	<i>gentamicin in saline inj 1.2</i>		.....	65
see <i>perampanel</i>	50	<i>mg/ml</i>	5	GLYXAMBI TAB 25-5 MG	
G		<i>gentamicin in saline inj 1.6</i>		.....	65
<i>gabapentin</i>	48	<i>mg/ml</i>	5	GOCOVRI	42
<i>gabapentin (once-daily)</i> ..	59	<i>gentamicin in saline inj 1</i>		GOLYTELY	
GALAFOLD.....	75	<i>mg/ml</i>	5	see <i>gavilyte-g</i>	81
<i>galantamine hydrobromide</i>		<i>gentamicin in saline inj 2</i>		see <i>peg 3350-kcl-na</i>	
.....	38	<i>mg/ml</i>	5	<i>bicarb-nacl-na sulfate</i>	
<i>galbriela</i>	70	<i>gentamicin sulfate</i>	5	<i>for soln 236 gm</i>	81
<i>gallifrey</i>	77	<i>gentamicin sulfate (ophth)</i>		GOLYTELY SOL.....	81
GAMASTAN INJ	89	.....	95	GOMEKLI.....	20
GAMMAGARD LIQUID ...	90	<i>gentamicin sulfate (topical)</i>		GRAFAPEX	14
GAMMAGARD LIQUID		.....	103	GRALISE	59
ERC.....	90	GENVOYA TAB	10	see <i>gabapentin (once-</i>	
GAMMAGARD S/D IGA		GEODON	43	<i>daily)</i>	59
LESS TH	90	see <i>ziprasidone hcl</i>	46	<i>granisetron hcl</i>	78
GAMMAKED	90	see <i>ziprasidone mesylate</i>		GRANISOL	78
GAMMAPLEX	90	.....	46	GRASTEK.....	90
GAMUNEX-C	90	GILENYA	60	<i>griseofulvin microsize</i>	7
GANCICLOVIR	10	see <i> fingolimod hcl</i>	60	<i>griseofulvin ultramicrosize</i> .	7
<i>ganciclovir sodium</i>	10	GILOTRIF	19	<i>guanfacine hcl</i>	35
GARDASIL 9.....	91	GIMOTI	78	<i>guanfacine hcl (adhd)</i>	54
GASTROCROM.....	81	GIVLAARI	86	GVOKE HYPOPEN 1-	
see <i>cromolyn sodium</i>		GLASSIA.....	100	PACK.....	74
(<i>mastocytosis</i>).....	81	<i>glatiramer acetate</i>	61	GVOKE HYPOPEN 2-	
<i>gatifloxacin (ophth)</i>	95	<i>glatopa</i>	61	PACK.....	74
GATTEX.....	81	GLEEVEC	19	GVOKE KIT.....	74
GAUZE PADS 2X2	67	see <i>imatinib mesylate</i> ..	20	GVOKE PFS	74
<i>gavilyte-c</i>	80	GLEOSTINE	14	GYNAZOLE-1	84
<i>gavilyte-g</i>	81	see <i>lomustine</i>	14	H	
<i>gavilyte-n/flavor pack</i>	81	<i>glimepiride</i>	64	HADLIMA	88
GAVRETO	19	<i>glipizide</i>	64	HADLIMA PUSHTOUCH	88
GAZYVA	19	<i>glipizide-metformin hcl tab</i>		HAEGARDA.....	86
<i>gefitinib</i>	19	<i>2.5-250 mg</i>	65	<i>hailey 1.5/30</i>	70
<i>gemcitabine hcl</i>	15	<i>glipizide-metformin hcl tab</i>		<i>hailey 24 fe</i>	70
GEMCITABINE		<i>2.5-500 mg</i>	65	<i>hailey fe 1/20</i>	70
HYDROCHLORIDE.....	15	<i>glipizide-metformin hcl tab</i>		HALAVEN	18
see <i>gemcitabine hcl</i>	15	<i>5-500 mg</i>	65	see <i>eribulin mesylate</i> ...	18
<i>gemfibrozil</i>	30	GLOPERBA	1	HALDOL DECANOATE	
<i>gemmily</i>	70	GLUCOTROL XL	65	100	43

HALDOL DECANOATE 50	HUMIRA.....88	<i>hydrocodone-ibuprofen tab</i>
.....43	HUMIRA PEN .....88	7.5-200 mg .....3
<i>halobetasol propionate</i> ..106	HUMIRA PEN-CD/UC/HS	<i>hydrocortisone</i> .....73
<i>haloperidol</i> .....43	START.....88	<i>hydrocortisone (intrarectal)</i>
<i>haloperidol decanoate</i>....43	HUMIRA PEN KIT PS/UV	80
<i>haloperidol lactate</i>.....44	88	<i>hydrocortisone (rectal)</i> ..107
HARVONI PAK 33.75-	HUMULIN R U-500	<i>hydrocortisone (topical)</i> .106
150MG.....10	(CONCENTR.....67	<i>hydrocortisone butyrate</i> 106
HARVONI PAK 45-200MG	HUMULIN R U-500	<i>hydrocortisone sod</i>
.....10	KWIKPEN.....67	<i>succinate</i> .....73
HARVONI TAB 45-200MG	HYCANTIN	<i>hydrocortisone valerate</i> .106
.....10	see <i>topotecan hcl</i> .....17	<i>hydrocortisone w/ acetic</i>
HARVONI TAB 90-400MG	<i>hydralazine hcl</i> .....35	<i>acid otic soln 1-2%</i> .....97
.....10	HYDREA.....17	<i>hydromorphone hcl</i> .....2, 3
HAVRIX.....91	see <i>hydroxyurea</i>.....17	HYDROMORPHONE HCL3
<i>heather</i>.....70	<i>hydrochlorothiazide</i>.....34	HYDROMORPHONE
HEMADY.....73	<i>hydrocodone-</i>	HYDROCHLORI.....3
HEMICLOR.....34	<i>acetaminophen soln 10-</i>	see <i>hydromorphone hcl</i> .3
HEPAGAM B.....90	<i>300 mg/15ml</i>.....3	<i>hydroxychloroquine sulfate</i>
HEPARIN/NACL INJ	<i>hydrocodone-</i>	89
25000UNT .....85	<i>acetaminophen soln 7.5-</i>	<i>hydroxyurea</i> .....17
HEPARIN SODIUM.....85	<i>325 mg/15ml</i>.....3	<i>hydroxyzine hcl</i> .....98
<i>heparin sodium (porcine)</i> 85	<i>hydrocodone-</i>	<i>hydroxyzine pamoate</i>.....98
HEPLISAV-B.....91	<i>acetaminophen tab 10-</i>	HYFTOR .....107
HEP SOD/D5W INJ	<i>300 mg</i> .....3	HYQVIA INJ 10-800.....90
20000UNT .....85	<i>hydrocodone-</i>	HYQVIA INJ 2.5-200.....90
HEP SOD/D5W INJ	<i>acetaminophen tab 10-</i>	HYQVIA INJ 20-1600.....90
25000UNT .....85	<i>325 mg</i> .....3	HYQVIA INJ 30-2400.....90
HEP SOD/NACL INJ	<i>hydrocodone-</i>	HYQVIA INJ 5-400.....90
12500UNT .....85	<i>acetaminophen tab 2.5-</i>	HYRNUO .....20
HEP SOD/NACL INJ	<i>325 mg</i> .....3	HYZAAR
25000UNT .....85	<i>hydrocodone-</i>	see <i>losartan potassium &</i>
HERCEP HYLEC SOL 60-	<i>acetaminophen tab 5-300</i>	<i>hydrochlorothiazide tab</i>
10000 .....20	<i>mg</i> .....3	100-12.5 mg.....28
HERCEPTIN .....20	<i>hydrocodone-</i>	see <i>losartan potassium &</i>
HERCESSI.....20	<i>acetaminophen tab 5-325</i>	<i>hydrochlorothiazide tab</i>
HERNEXEOS .....20	<i>mg</i> .....3	100-25 mg.....28
HERZUMA .....20	<i>hydrocodone-</i>	see <i>losartan potassium &</i>
HETLIOZ.....56	<i>acetaminophen tab 7.5-</i>	<i>hydrochlorothiazide tab</i>
see <i>tasimelteon</i> .....57	<i>300 mg</i> .....3	50-12.5 mg.....28
HETLIOZ LQ.....56	<i>hydrocodone-</i>	HYZAAR TAB 100-12.5 ..28
HIBERIX.....91	<i>acetaminophen tab 7.5-</i>	HYZAAR TAB 100-25 .....28
HIPREX	<i>325 mg</i> .....3	HYZAAR TAB 50-12.5 ....28
see <i>methenamine</i>	<i>hydrocodone bitartrate</i> .....2	I
<i>hippurate</i>.....6	<i>hydrocodone-ibuprofen tab</i>	<i>ibandronate sodium</i> .....68
HIZENTRA.....90	<i>10-200 mg</i> .....3	IBRANCE .....20
HORIZANT.....59	<i>hydrocodone-ibuprofen tab</i>	IBTROZI.....20
HUMATIN.....5	<i>5-200 mg</i> .....3	<i>ibu</i> .....1

<i>ibuprofen</i>	1	INCRUSE ELLIPTA	97	IRESSA.....	20
<i>icatibant acetate</i>	86	<i>indapamide</i>	34	<i>see gefitinib</i>	19
<i>iclevia</i>	70	INDERAL LA.....	32	<i>irinotecan hcl</i>	17
ICLUSIG.....	20	<i>see propranolol hcl</i>	33	ISENTRESS.....	9
IDHIFA	20	INFANRIX INJ.....	91	ISENTRESS HD	9
IDVYNZO TAB 100-0.25.....	10	INLURIYO	16	<i>isibloom</i>	70
IFEX.....	14	INLYTA	20	ISOLYTE-P INJ /D5W.....	92
<i>ifosfamide</i>	14	INPEFA.....	35	ISOLYTE-S INJ.....	92
IFOSFAMIDE	14	INQOVI TAB 35-100MG ..	15	ISOLYTE-S INJ PH 7.4...92	
ILARIS.....	90	INREBIC	20	<i>isoniazid</i>	10
ILEVRO.....	95	INSPIRA.....	26	<i>isosorbide dinitrate</i>	36
IMAAVY	90	INSULIN PEN NEEDLES:		<i>isosorbide dinitrate-</i>	
<i>imatinib mesylate</i>	20	EMBECTA-BD.....	67	<i>hydralazine hcl tab 20-</i>	
IMBRUVICA.....	20	INSULIN SAFETY		37.5 mg	35
IMDELLTRA.....	20	NEEDLES: EMBECTA-		<i>isosorbide mononitrate</i>	36
IMFINZI.....	20	BD	67	<i>isotretinoin</i>	103
<i>imipenem-cilastatin</i>		INSULIN SYRINGES:		<i>isradipine</i>	33
<i>intravenous for soln 250</i>		EMBECTA-BD.....	67	ISTALOL	96
mg	5	INTELENCE.....	9	<i>see timolol maleate</i>	
<i>imipenem-cilastatin</i>		<i>see etravirine</i>	9	(<i>ophth</i>) <i>once-daily</i>	96
<i>intravenous for soln 500</i>		INTRALIPID	94	ISTURISA	75
mg	5	INTRAROSA.....	83	ITOVEBI.....	20
<i>imipramine hcl</i>	40	<i>introvale</i>	70	<i>itraconazole</i>	7
<i>imipramine pamoate</i>	40	INTUNIV.....	54	<i>ivabradine hcl</i>	35
<i>imiquimod</i>	107	<i>see guanfacine hcl</i>		<i>ivermectin</i>	5
IMITREX	58	(<i>adhd</i>)	54	IWILFIN.....	17
<i>see sumatriptan</i>		INVEGA	44	IXEMPRA KIT	18
<i>succinate</i>	58	<i>see paliperidone</i>	44	IXIARO INJ	92
IMITREX STATDOSE		INVEGA HAFYERA	44	IYUZEH.....	96
REFILL	58	INVEGA SUSTENNA.....	44	IZERVAY.....	97
IMITREX STATDOSE		INVEGA TRINZA	44	J	
SYSTEM.....	58	INVELTYS.....	95	JADENU.....	69
<i>see sumatriptan</i>		INZIRQO	34	<i>see deferasirox</i>	68
<i>succinate</i>	58	IPOL INJ INACTIVE.....	92	JADENU SPRINKLE.....	69
IMJUDO	20	<i>ipratropium-albuterol nebu</i>		<i>see deferasirox</i>	68
IMKELDI.....	20	<i>soln 0.5-2.5(3) mg/3ml</i> 97		<i>jaimiess</i>	70
IMOVAX RABIES		<i>ipratropium bromide</i>	97	JAKAFI.....	20
(H.D.C.V.).....	91	<i>ipratropium bromide (nasal)</i>		JAKAFI XR.....	20
IMPAVIDO	5	.....	97	JALYN	
IMURAN.....	91	<i>ipratropium bromide hfa</i> ..	98	<i>see dutasteride-</i>	
<i>see azathioprine</i>	90	IQIRVO	81	<i>tamsulosin hcl cap 0.5-</i>	
IMVEXXY MAINTENANCE		<i>irbesartan</i>	30	0.4 mg.....	83
PACK.....	72	<i>irbesartan-</i>		JALYN CAP 0.5-0.4	83
IMVEXXY STARTER PACK		<i>hydrochlorothiazide tab</i>		<i>jantoven</i>	85
.....	72	150-12.5 mg	28	JANUMET	
INBRIJA	42	<i>irbesartan-</i>		<i>see sitagliptin phosphate-</i>	
<i>incassia</i>	70	<i>hydrochlorothiazide tab</i>		<i>metformin hcl tab 50-</i>	
INCRELEX.....	75	300-12.5 mg	28	1000 mg.....	66

see <i>sitagliptin phosphate-metformin hcl tab 50-500 mg</i>.....66	JUXTAPID.....31	see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92
JANUMET TAB 50-1000.....65	JYLAMVO .....89	KCL 0.15%/D5W/NACL 0.45% see <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>.....93
JANUMET TAB 50-500MG.....65	JYNARQUE .....75 see <i>tolvaptan</i>.....76	KCL 0.15%/D5W/NACL 0.9% see <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>.....93
JANUMET XR TAB 100-1000 .....65	JYNARQUE PAK 30-15MG.....75	KCL 0.3%/D5W/NACL 0.45% see <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>.....93
JANUMET XR TAB 50-1000 .....65	JYNARQUE PAK 45-15MG.....75	KCL 0.3%/D5W/NACL 0.9% see <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>.....93
JANUMET XR TAB 50-500MG.....65	JYNARQUE PAK 60-30MG.....75	kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj.....92
JANUVIA.....65 see <i>sitagliptin phosphate</i>.....66	JYNARQUE PAK 90-30MG.....75	kcl 20 meq/l (0.149%) in nacl 0.45% inj.....93
JARDIANCE.....65	JYNNEOS .....92	kcl 20 meq/l (0.149%) in nacl 0.9% inj.....93
JASCAYD .....100	K	kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj.....93
<i>jasmiel</i>.....70	KABIVEN EMU .....94	kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj.....93
JATENZO.....64	KADCYLA .....20	kcl 40 meq/l (0.298%) in nacl 0.9% inj.....93
JAVADIN.....35	<i>kaitlib fe</i>.....70	see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92
<i>javygtor</i> .....75	KALBITOR .....86	see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92
JAYPIRCA .....20	KALETRA see <i>lopinavir-ritonavir tab 100-25 mg</i>.....10	see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92
JEMPERLI .....20	see <i>lopinavir-ritonavir tab 200-50 mg</i>.....10	see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92
<i>jencycla</i>.....70	KALETRA SOL .....10	see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92
JENTADUETO TAB 2.5-1000 .....65	KALETRA TAB 100-25MG.....10	see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92
JENTADUETO TAB 2.5-500 .....65	KALETRA TAB 200-50MG.....10	see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92
JENTADUETO TAB 2.5-850 .....65	KALYDECO .....100	see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92
JENTADUETO TAB XR 2.5-1000MG .....65	KANJINTI .....20	see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92
JENTADUETO TAB XR 5-1000MG.....65	KANUMA.....75	see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92
JEVTANA.....18	KAPSPARGO SPRINKLE.....32	see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92
<i>jinteli</i>.....72	KARBINAL ER.....98	see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92
JOENJA .....90	<i>kariva</i> .....70	see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92
<i>jolessa</i>.....70	KATERZIA .....33	see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92
JORNAY PM.....54	KCL/D5W/LACT INJ 20MEQ/L .....93	see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92
JOURNAVX .....1	KCL/D5W/NACL INJ 0.15/0.2 .....93	see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92
JUBLIA.....104	KCL/D5W/NACL INJ 0.15/0.45 .....93	see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92
<i>juleber</i>.....70	KCL/D5W/NACL INJ 0.15/0.9 .....93	see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92
JULUCA TAB 50-25MG ..10	KCL/D5W/NACL INJ 0.3/0.9% .....93	see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92
<i>junel 1/20</i> .....70	KCL 0.075%/D5W/NACL 0.45%	see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92
<i>junel 1.5/30</i> .....70		see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92
<i>junel fe 1/20</i> .....70		see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92
<i>junel fe 1.5/30</i> .....70		see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92
<i>junel fe 24</i> .....70		see <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>.....92

<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>.....93	<i>see sulfacetamide sodium (acne)</i> .....103	LAMICTAL .....48
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>.....93	<i>klayesta</i>.....104	<i>see lamotrigine</i> .....48
<i>kelnor 1/35</i> .....70	KLISYRI .....107	<i>see subvenite</i> .....51
KENALOG-10 .....73	KLONOPIN .....48	LAMICTAL CHEWABLE DISPERS.....48
<i>see triamcinolone acetonide</i> .....74	<i>see clonazepam</i> ....46, 47	<i>see lamotrigine</i> .....48
KENALOG-40 .....73	<i>klor-con</i> .....94	LAMICTAL ODT .....48
<i>see triamcinolone acetonide</i> .....74	<i>klor-con 10</i> .....94	<i>see lamotrigine</i> .....48
KENALOG-80 .....73	KLOR-CON 10 .....94	<i>see lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i> .....49
KEPPRA .....48	<i>klor-con 8</i> .....94	<i>see lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>.....49
<i>see levetiracetam</i> .....49	KLOR-CON 8 .....94	<i>see lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i> ....49
<i>see roweepra</i>.....50	<i>see klor-con 8</i>.....94	LAMICTAL ODT KIT BLUE .....48
KEPPRA XR .....48	<i>see potassium chloride</i> 94	LAMICTAL ODT KIT GREEN.....48
<i>see levetiracetam</i> .....49	<i>klor-con m10</i> .....94	LAMICTAL ODT KIT ORANGE.....48
KERENDIA .....26	<i>klor-con m15</i> .....94	LAMICTAL STARTER/NOT TAKI
<i>ketoconazole</i> .....7	<i>klor-con m20</i> .....94	<i>see lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> .....48
<i>ketoconazole (topical)</i> ...104	KLOXXADO .....63	<i>see subvenite starter kit/ora</i> .....51
<i>ketorolac tromethamine</i> ....1	KOMZIFTI .....21	LAMICTAL STARTER/TAKING C
<i>ketorolac tromethamine (ophth)</i> .....95	KORLYM .....75	<i>see lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> .....48
KEYEYIS .....34	<i>see mifepristone (hyperglycemia)</i> .....75	<i>see subvenite starter kit/gre</i> .....51
<i>see dichlorphenamide</i> .34	KOSELUGO .....21	LAMICTAL STARTER/TAKING V
<i>see ormalvi</i> .....34	<i>kourzeq</i> .....108	<i>see lamotrigine tab 35 x 25 mg starter kit</i> .....48
KEYTRUDA .....20	KRAZATI .....21	<i>see subvenite starter kit/blu</i> .....51
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML .....20	KRINTAFEL .....8	LAMICTAL STARTER KIT (35 X 25MG TABS) .....48
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML .....20	KRYSTEXXA .....1	LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB) .....48
KHAPZORY .....17	<i>kurvelo</i> .....70	
KHINDIVI .....73	KUVAN .....75	
KIMMTRAK .....20	<i>see javygtor</i> .....75	
KIMYRSA .....5	<i>see sapropterin dihydrochloride</i> .....76	
KINERET .....88	<i>see zelvysia</i> .....77	
KINRIX INJ .....92	KYPROLIS .....21	
<i>kionex</i>.....69	KYXATA .....14	
KISQALI 200 DOSE .....20	L	
KISQALI 400 DOSE .....21	<i>labetalol hcl</i> .....32	
KISQALI 600 DOSE .....21	<i>lacosamide</i> .....48	
KITABIS PAK .....5	<i>lacosamide oral</i> .....48	
<i>see tobramycin</i> .....6	<i>lactated ringer's solution</i> .93	
KLARON .....103	LACTATED RINGERS	
	<i>see lactated ringer's solution</i> .....93	
	LACTATED RIN INJ .....93	
	<i>lactic acid (ammonium lactate)</i> .....107	
	<i>lactulose</i> .....81	
	<i>lactulose (encephalopathy)</i> .....81	

LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS).....48	LAZCLUZE.....21	levetiracetam in sodium chloride iv soln 1000 mg/100ml.....49
LAMICTAL XR .....48	leflunomide.....89	levetiracetam in sodium chloride iv soln 1500 mg/100ml.....49
see lamotrigine.....48	lenalidomide.....16	levetiracetam in sodium chloride iv soln 500 mg/100ml.....49
LAMICTAL XR KIT.....48	LENVIMA 10 MG DAILY DOSE .....21	levobunolol hcl .....96
lamivudine.....9	LENVIMA 12MG DAILY DOSE .....21	levocarnitine (metabolic modifiers).....75
lamivudine (hbv).....10	LENVIMA 20 MG DAILY DOSE .....21	levocetirizine dihydrochloride .....98
lamivudine-zidovudine tab 150-300 mg .....10	LENVIMA 4 MG DAILY DOSE .....21	levofloxacin .....12
lamotrigine .....48	LENVIMA 8 MG DAILY DOSE .....21	levofloxacin (ophth).....95
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit.....48	LENVIMA CAP 14 MG .....21	levofloxacin in d5w iv soln 250 mg/50ml.....12
lamotrigine tab 35 x 25 mg starter kit.....48	LENVIMA CAP 18 MG .....21	levofloxacin in d5w iv soln 500 mg/100ml.....12
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit.....48	LENVIMA CAP 24 MG .....21	levofloxacin in d5w iv soln 750 mg/150ml.....12
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit.....49	LESCOL XL .....31	levoleucovorin calcium....17
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit .....49	see fluvastatin sodium.31	levonest.....70
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit.....49	lessina.....70	levonor-eth est tab 0.15- 0.02/0.025/0.03 mg & eth est 0.01 mg.....70
LAMZEDE.....75	LETAIRIS .....36	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg .....70
LANOXIN .....35	see ambrisentan.....36	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....70
see digoxin .....35	letrozole .....16	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg .....70
LANOXIN PEDIATRIC...36	leucovorin calcium .....17	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg .....70
lanreotide acetate .....75	LEUKERAN.....14	levonorg-eth est tab 0.1- 0.02mg(84) & eth est tab 0.01mg(7) .....70
LANREOTIDE ACETATE.....75	LEUKINE.....85	levora 0.15/30-28.....70
lansoprazole.....82	leuprolide acetate.....16	levo-t .....77
LANTUS.....67	leuprolide acetate (3 month) .....16	levothyroxine sodium .....77
LANTUS SOLOSTAR .....67	levalbuterol hcl.....99	levoxyl .....77
lapatinib ditosylate .....21	levalbuterol tartrate .....99	LEXAPRO .....40
larin 1/20 .....70	LEVETIR/NACL INJ 10MG/ML.....49	
larin 1.5/30 .....70	LEVETIR/NACL INJ 15MG/ML.....49	
larin 24 fe .....70	LEVETIR/NACL INJ 5MG/ML.....49	
larin fe 1/20 .....70	levetiracetam.....49	
larin fe 1.5/30 .....70	LEVETIRACETAM/SODIU M CHLO see levetiracetam in sodium chloride iv soln 1000 mg/100ml.....49	
LASIX.....34	see levetiracetam in sodium chloride iv soln 1500 mg/100ml.....49	
see furosemide.....34	see levetiracetam in sodium chloride iv soln 500 mg/100ml.....49	
latanoprost .....96		
LATUDA.....44		
see lurasidone hcl .....44		

see escitalopram oxalate	LITHOBID	59	losartan potassium &	
.....40	see lithium carbonate	59	hydrochlorothiazide tab	
<i>l-glutamine (sickle cell)</i>	LITHOSTAT	83	100-12.5 mg	28
LIALDA.....	LIVALO	31	losartan potassium &	
see mesalamine	see pitavastatin calcium	31	hydrochlorothiazide tab	
LIBTAYO.....	31		100-25 mg	28
<i>lidocaine</i>	LIVDELZI	81	losartan potassium &	
<i>lidocaine hcl</i>	LIVMARLI.....	81	hydrochlorothiazide tab	
<i>lidocaine hcl (local anesth.)</i>	LIVTENCITY	10	50-12.5 mg	28
.....1	LOARGYS.....	75	LOTEMAX.....	95
<i>lidocaine hcl (mouth-throat)</i>	LODINE		see loteprednol	
.....108	see etodolac	1	etabonate	95
<i>lidocaine-prilocaine cream</i>	LODOCO	36	LOTEMAX SM	95
2.5-2.5%.....	LODOSYN	42	LOTENSIN.....	26
<i>lidocan</i>	see carbidopa.....	41	see benazepril hcl	25
LIDODERM	<i>loestrin 1/20-21</i>	70	LOTENSIN HCT	
see lidocaine	<i>loestrin 1.5/30-21</i>	70	see benazepril &	
see lidocan	<i>loestrin fe 1/20</i>	70	hydrochlorothiazide tab	
see tridacaine iii.....	<i>loestrin fe 1.5/30</i>	70	10-12.5 mg.....	25
LIFYORLI CAP 125MG DS	<i>lofexidine hcl</i>	63	see benazepril &	
.....16	<i>lojaimiess</i>	70	hydrochlorothiazide tab	
LIFYORLI CAP 150MG DS	LOKELMA.....	69	20-12.5 mg.....	25
.....16	LO LOESTRIN TAB 1-10-		see benazepril &	
LIKMEZ	10	70	hydrochlorothiazide tab	
LILETTA.....	LOMOTIL		20-25 mg.....	25
<i>linezolid</i>	see diphenoxylate w/		loteprednol etabonate	95
LINEZOLID INJ 2MG/ML ..	atropine tab 2.5-0.025		loteprednol etabonate-	
LINZESS	mg.....	81	tobramycin ophth susp	
<i>liomny</i>	LOMOTIL TAB 2.5MG ...	81	0.5-0.3%	94
<i>liothyronine sodium</i>	<i>lomustine</i>	14	LOTREL	
LIPITOR	LONSURF TAB 15-6.14..	15	see amlodipine besylate-	
see atorvastatin calcium	LONSURF TAB 20-8.19..	15	benazepril hcl cap 10-	
.....30	<i>loperamide hcl</i>	81	20 mg	25
<i>liraglutide</i>	LOPID	30	see amlodipine besylate-	
<i>lisdexamfetamine</i>	see gemfibrozil	30	benazepril hcl cap 10-	
dimesylate	<i>lopinavir-ritonavir tab 100-</i>		40 mg	25
54, 55	25 mg	10	see amlodipine besylate-	
<i>lisinopril</i>	<i>lopinavir-ritonavir tab 200-</i>		benazepril hcl cap 5-10	
26	50 mg	10	mg.....	24
<i>lisinopril &</i>	LOPRESSOR.....	32	LOTRONEX	
hydrochlorothiazide tab	see metoprolol tartrate	32	see alosetron hcl	81
10-12.5 mg	LOQTORZI.....	21	<i>lovastatin</i>	31
25	<i>lorazepam</i>	38	LOVAZA	
<i>lisinopril &</i>	<i>lorazepam intensol</i>	38	see omega-3-acid ethyl	
hydrochlorothiazide tab	LORBRENA	21	esters cap 1 gm	31
20-12.5 mg	<i>loryna</i>	70	LOVAZA CAP 1GM.....	31
25	<i>losartan potassium</i>	30	LOVENOX.....	85
<i>lisinopril &</i>				
hydrochlorothiazide tab				
20-25 mg				
25				
<i>lithium</i>				
59				
<i>lithium carbonate</i>				
59				

see <i>enoxaparin sodium</i>	see <i>pregabalin</i>.....50	MATULANE	17
.....85	LYRICA CR.....59	<i>matzim la</i>.....33	
<i>low-ogestrel</i>.....70	see <i>pregabalin (once-</i>	MAVENCLAD	
<i>loxapine succinate</i> .....44	<i>daily</i>) .....59	see <i>cladribine (10 tabs)</i>	
<i>lubiprostone</i> .....81	LYSODREN .....16	60	
LUCEMYRA	LYTGOBI (12 MG DAILY	see <i>cladribine (4 tabs)</i> .60	
see <i>lofexidine hcl</i>.....63	DOSE).....21	see <i>cladribine (5 tabs)</i> .60	
LUCENTIS .....97	LYTGOBI (16 MG DAILY	see <i>cladribine (6 tabs)</i> .60	
<i>luizza 1/20</i>.....70	DOSE).....21	see <i>cladribine (7 tabs)</i> .60	
<i>luizza 1.5/30</i>.....70	LYTGOBI (20 MG DAILY	see <i>cladribine (8 tabs)</i> .60	
LUMAKRAS .....21	DOSE).....21	see <i>cladribine (9 tabs)</i> .60	
LUMIGAN.....96	<i>lyza</i>.....70	MAVENCLAD (10 TABS)61	
LUMIZYME .....75	M	MAVENCLAD (4 TABS)..61	
LUMRYZ .....62	<i>macitentan</i> .....36	MAVENCLAD (5 TABS)..61	
LUMRYZ PAK STARTER	MACROBID.....5	MAVENCLAD (6 TABS)..61	
.....62	see <i>nitrofurantoin</i>	MAVENCLAD (7 TABS)..61	
LUNESTA .....56	<i>monohyd macro</i> .....6	MAVENCLAD (8 TABS)..61	
see <i>eszopiclone</i>.....56	MACRODANTIN	MAVENCLAD (9 TABS)..61	
LUNSUMIO .....21	see <i>nitrofurantoin</i>	MAVYRET PAK 50-20MG	
LUNSUMIO VELO .....21	<i>macrocrystal</i> .....6	10	
LUPKYNIS .....91	<i>magnesium sulfate</i>.....93	MAVYRET TAB 100-40MG	
LUPRON DEPOT (1-	MAGNESIUM SULFATE.93	10	
MONTH).....16	see <i>magnesium sulfate</i>	MAXALT.....58	
LUPRON DEPOT (3-	93	see <i>rizatriptan benzoate</i>	
MONTH).....16	MAGNESIUM SULFATE IN	58	
LUPRON DEPOT (4-	D5W	MAXALT-MLT .....58	
MONTH).....16	see <i>magnesium sulfate in</i>	see <i>rizatriptan benzoate</i>	
LUPRON DEPOT (6-	<i>dextrose 5% iv soln 1</i>	58	
MONTH).....16	<i>gm/100ml</i>.....93	MAXIDEX.....95	
LUPRON DEPOT-PED (1-	<i>magnesium sulfate in</i>	MAXITROL	
MONTH .....75	<i>dextrose 5% iv soln 1</i>	see <i>neomycin-polymyxin-</i>	
LUPRON DEPOT-PED (3-	<i>gm/100ml</i>.....93	<i>dexamethasone ophth</i>	
MONTH .....75	MALARONE	<i>oint 0.1%</i>.....94	
LUPRON DEPOT-PED (6-	see <i>atovaquone-</i>	see <i>neomycin-polymyxin-</i>	
MONTH .....75	<i>proguanil hcl tab 250-</i>	<i>dexamethasone ophth</i>	
<i>lurasidone hcl</i>.....44	<i>100 mg</i>.....8	<i>susp 0.1%</i>.....94	
<i>lutea</i>.....70	see <i>atovaquone-</i>	MAXITROL OIN 0.1% OP	
LUTRATE DEPOT .....16	<i>proguanil hcl tab 62.5-</i>	94	
LYBALVI TAB 10-10MG .44	<i>25 mg</i>.....8	MAXITROL SUS 0.1% OP	
LYBALVI TAB 15-10MG .44	MALARONE TAB 250-1008	94	
LYBALVI TAB 20-10MG .44	MALARONE TAB 62.5-25.8	MAYZENT.....61	
LYBALVI TAB 5-10MG ...44	<i>malathion</i> .....108	MAYZENT STARTER	
<i>lyleq</i>.....70	<i>maraviroc</i> .....9	PACK (12) .....61	
<i>lyllana</i>.....72	MARGENZA.....21	MAYZENT STARTER	
LYNKUET .....75	MARINOL.....78	PACK (7) .....61	
LYNOZYFIC.....21	see <i>dronabinol</i>.....78	<i>meclizine hcl</i> .....78	
LYNPARZA.....21	<i>marlissa</i>.....70	<i>meclofenamate sodium</i>.....1	
LYRICA.....49	MARPLAN.....40	MEDROL.....73	

see <i>methylprednisolone</i>	see <i>mesna</i>.....17	<i>metoprolol &</i>
.....73	MESTINON.....59	<i>hydrochlorothiazide tab</i>
MEDROL DOSEPAK.....73	see <i>pyridostigmine</i>	<i>50-25 mg</i>.....32
see <i>methylprednisolone</i>	<i>bromide</i>.....59	<i>metoprolol succinate</i>.....32
.....73	MESTINON TIMESPAN.....59	<i>metoprolol tartrate</i>.....32
<i>medroxyprogesterone</i>	see <i>pyridostigmine</i>	<i>metronidazole</i>.....6
<i>acetate</i>.....77	<i>bromide</i>.....59	METRONIDAZOLE.....6
<i>medroxyprogesterone</i>	METADATE CD.....55	see <i>metronidazole</i>.....6
<i>acetate (contraceptive)</i> 70	see <i>methylphenidate hcl</i>	<i>metronidazole (topical)</i> ..107
<i>mefloquine hcl</i>.....8	55	<i>metronidazole vaginal</i>.....84
<i>megestrol acetate</i>.....16, 77	<i>metaxalone</i>.....62	<i>metyrosine</i>.....36
<i>megestrol acetate</i>	<i>metformin hcl</i>.....65	MG SO4/D5W INJ
<i>(appetite)</i>.....77	<i>methadone hcl</i>.....2	<i>10MG/ML</i>.....93
MEKINIST.....21	METHADONE HCL INJ....2	<i>mibelas 24 fe</i>.....70
MEKTOVI.....21	<i>methadone hydrochloride i2</i>	MICAFUNGIN.....7
<i>meleya</i>.....70	METHADOSE	MICAFUNGIN/NACL INJ
<i>meloxicam</i>.....1	see <i>methadone</i>	<i>100MG/100ML</i>.....8
<i>memantine hcl</i>.....39	<i>hydrochloride i</i>.....2	MICAFUNGIN/NACL INJ
<i>memantine hcl-donepezil</i>	<i>methazolamide</i>.....34	<i>150MG/150ML</i>.....8
<i>hcl cap er 24hr 14-10 mg</i>	<i>methenamine hippurate</i>....6	MICAFUNGIN/NACL INJ
.....39	<i>methimazole</i>.....77	<i>50MG/50ML</i>.....7
<i>memantine hcl-donepezil</i>	<i>methocarbamol</i>.....62	<i>micafungin sodium</i>.....7
<i>hcl cap er 24hr 21-10 mg</i>	<i>methotrexate sodium</i> 15, 89	MICARDIS
.....39	<i>methoxsalen rapid</i>.....104	see <i>telmisartan</i>.....30
<i>memantine hcl-donepezil</i>	<i>methscopolamine bromide</i>	MICARDIS HCT
<i>hcl cap er 24hr 28-10 mg</i>	80	see <i>telmisartan-</i>
.....39	<i>methsuximide</i>.....49	<i>hydrochlorothiazide tab</i>
<i>memantine hcl tab 28 x 5</i>	<i>methyldopa</i>.....36	<i>40-12.5 mg</i>.....29
<i>mg & 21 x 10 mg titration</i>	METHYLIN.....55	see <i>telmisartan-</i>
<i>pack</i>.....39	see <i>methylphenidate hcl</i>	<i>hydrochlorothiazide tab</i>
MENOSTAR.....72	55	<i>80-12.5 mg</i>.....29
MENQUADFI.....92	<i>methylphenidate</i>.....55	see <i>telmisartan-</i>
MENVEO INJ.....92	<i>methylphenidate hcl</i>.....55	<i>hydrochlorothiazide tab</i>
MENVEO SOL.....92	<i>methylprednisolone</i>.....73	<i>80-25 mg</i>.....29
MEPRON.....5	<i>methylprednisolone acetate</i>	MICARDIS HCT TAB
see <i>atovaquone</i>.....4	73	<i>40/12.5</i>.....28
<i>mercaptapurine</i>.....15	<i>methylprednisolone sod</i>	MICARDIS HCT TAB
MEROP/NACL INJ	<i>succ</i>.....73	<i>80/12.5</i>.....28
<i>1GM/50ML</i>.....6	<i>metoclopramide hcl</i>.....78	MICARDIS HCT TAB 80-
MEROP/NACL INJ	<i>metolazone</i>.....34	<i>25MG</i>.....28
<i>500/50ML</i>.....6	<i>metoprolol &</i>	<i>miconazole 3</i>.....84
<i>meropenem</i>.....6	<i>hydrochlorothiazide tab</i>	<i>miconazole-zinc oxide-</i>
MEROPENEM	<i>100-25 mg</i>.....32	<i>white petrolatum oint</i>
see <i>meropenem</i>.....6	<i>metoprolol &</i>	<i>0.25-15-81.35%</i>.....104
<i>mesalamine</i>.....80	<i>hydrochlorothiazide tab</i>	<i>microgestin 1/20</i>.....70
<i>mesalamine w/ cleanser</i> .80	<i>100-50 mg</i>.....32	<i>microgestin 1.5/30</i>.....70
<i>mesna</i>.....17		<i>microgestin fe 1/20</i>.....70
MESNEX.....17		<i>microgestin fe 1.5/30</i>.....70

<i>midodrine hcl</i>	36	see <i>peg-</i>	see <i>mycophenolate</i>
MIEBO	97	3350/electrolytes/asc	sodium
<i>mifepristone</i>		81	91
(hyperglycemia).....	75	<i>moxifloxacin hcl</i>	MYHIBBIN.....
<i>miglitol</i>	65	12	91
<i>miglustat</i>	75	<i>moxifloxacin hcl (ophth)</i> ..	MYLOTARG.....
<i>mili</i>	70	95	21
<i>milnacipran hcl</i>	59	<i>moxifloxacin hcl 400</i>	MYOBLOC
<i>milnacipran hcl tab 12.5 mg</i>		<i>mg/250ml in sodium</i>	62
(5) & 25 mg (8) & 50 mg		<i>chloride 0.8% inj</i>	MYQORZO
(42) pak	59	13	36
<i>mimvey</i>	72	MOXIFLOXACIN	MYRBETRIQ
MINIVELLE	73	HYDROCHLORID	see <i>mirabegron</i>
see <i>lyllana</i>	72	13	84
<i>minocycline hcl</i>	14	MOZOBIL.....	MYSOLINE
<i>minoxidil</i>	36	85	49
MIPLYFFA	75	see <i>plerixafor</i>	see <i>primidone</i>
<i>mirabegron</i>	84	86	50
<i>mirtazapine</i>	40	MRESVIA.....	N
MIRVASO	107	92	<i>nabumetone</i>
see <i>brimonidine tartrate</i>		MS CONTIN.....	1
(topical).....	107	2	<i>nadolol</i>
<i>misoprostol</i>	81	see <i>morphine sulfate</i>	33
MITIGARE.....	1	MULPLETA.....	NAFCILLIN INJ 2GM/100
see <i>colchicine</i>	1	86	13
<i>mitomycin</i>	17	MULTAQ.....	<i>nafcillin sodium</i>
<i>mitoxantrone hcl</i>	17	30	13
M-M-R II INJ.....	92	<i>multiple electrolytes ph 5.5</i>	<i>naftifine hcl</i>
M-NATAL PLUS TAB.....	94	93	104
<i>modafinil</i>	62	<i>mupirocin</i>	NAFTIN
MODEYSO.....	17	103	104
<i>moexipril hcl</i>	26	MYALEPT	see <i>naftifine hcl</i>
<i>molindone hcl</i>	44	75	104
<i>mometasone furoate</i>	106	MYCAMINE.....	NAGLAZYME.....
<i>mometasone furoate</i>		8	75
(nasal)	101	MYCAPSSA.....	<i>nalbuphine hcl</i>
MONJUVI.....	21	75	4
<i>mono-lynyah</i>	70	<i>mycophenolate mofetil</i>	<i>naloxone hcl</i>
<i>montelukast sodium</i>	99	91	63
<i>morphine sulfate</i>	2, 4	<i>mycophenolate sodium</i> ...91	<i>naltrexone hcl</i>
MORPHINE SULFATE	3	MYDAYIS	63
MORPHINE		see <i>amphetamine-</i>	NAMZARIC
SULFATE/SODIUM C...4		dextroamphetamine 3-	see <i>memantine hcl-</i>
<i>morphine sulfate beads</i>	2	bead cap er 24hr 12.5	donepezil hcl cap er
MOTPOLY XR	49	mg.....	24hr 14-10 mg
MOUNJARO	65	52	39
MOVANTIK	81	see <i>amphetamine-</i>	see <i>memantine hcl-</i>
MOVIPREP		dextroamphetamine 3-	donepezil hcl cap er
		bead cap er 24hr 25	24hr 21-10 mg
		mg.....	39
		see <i>amphetamine-</i>	see <i>memantine hcl-</i>
		dextroamphetamine 3-	donepezil hcl cap er
		bead cap er 24hr 37.5	24hr 28-10 mg
		mg.....	39
		see <i>amphetamine-</i>	NAMZARIC CAP 14-10MG
		dextroamphetamine 3-	39
		bead cap er 24hr 50	NAMZARIC CAP 21-10MG
		mg.....	39
		53	NAMZARIC CAP 28-10MG
		MYDAYIS CAP 12.5MG.....	39
		55	NAMZARIC CAP 7-10MG
		MYDAYIS CAP 25MG.....	39
		55	<i>naproxen</i>
		MYDAYIS CAP 37.5MG.....	1
		55	<i>naproxen dr</i>
		MYDAYIS CAP 50MG.....	2
		55	<i>naproxen sodium</i>
		MYFEMBREE TAB	2
		75	<i>naratriptan hcl</i>
		MYFORTIC	58
		91	NARDIL.....
			see <i>phenelzine sulfate</i> ..41
			NATACYN.....
			95

NATAZIA TAB.....	71	see <i>sorafenib tosylate</i>	23	<i>nisoldipine</i>	33
<i>nateglinide</i>	65	NEXICLON XR.....	36	<i>nitazoxanide</i>	6
NATROBA.....	108	NEXIUM.....	82	<i>nitisinone</i>	75
NAYZILAM.....	49	see <i>esomeprazole</i>		<i>nitro-bid</i>	36
<i>nebivolol hcl</i>	33	<i>magnesium</i>	82	NITRO-DUR.....	36
NEBUPENT	6	NEXLETOL	31	<i>nitrofurantoin macrocrystal</i> 6	
see <i>pentamidine</i>		NEXLIZET TAB 180/10MG		<i>nitrofurantoin monohyd</i>	
<i>isethionate inh</i>	6	.....	31	<i>macro</i>	6
<i>necon 0.5/35-28</i>	71	NEXPLANON.....	71	<i>nitroglycerin</i>	36
<i>nefazodone hcl</i>	40	NEXTSTELLIS TAB 3-		<i>nitroglycerin (intra-anal)</i> 107	
NEMLUVIO	88	14.2MG.....	71	NITROLINGUAL	36
<i>neomycin-bacitrac zn-</i>		NEXVIAZYME.....	75	see <i>nitroglycerin</i>	36
<i>polymyx 5(3.5)mg-</i>		NGENLA	75	NITROSTAT.....	36
400unt-10000unt op oin		<i>niacin (antihyperlipidemic)</i>		see <i>nitroglycerin</i>	36
.....	95	.....	31	NITYR	75
<i>neomycin-polymy-gramicid</i>		<i>nicardipine hcl</i>	33	<i>nizatidine</i>	80
op sol 1.75-10000-		<i>nicardipine hcl iv soln 20</i>		<i>nora-be</i>	71
0.025mg-unt-mg/ml	95	mg/200ml in sodium		NORDITROPIN FLEXP	
<i>neomycin-polymyxin b gu</i>		chloride 0.9%.....	33	.....	75
irrigation soln	83	<i>nicardipine hcl iv soln 40</i>		<i>norelgestromin-ethinyl</i>	
<i>neomycin-polymyxin-</i>		mg/200ml in sodium		<i>estradiol td ptwk 150-35</i>	
<i>dexamethasone ophth</i>		chloride 0.9%.....	33	mcg/24hr	71
oint 0.1%	94	NICARDIPINE		<i>norethindrone</i>	
<i>neomycin-polymyxin-</i>		HYDROCHLORIDE		(contraceptive).....	71
<i>dexamethasone ophth</i>		see <i>nicardipine hcl iv</i>		<i>norethindrone ace & ethinyl</i>	
susp 0.1%.....	94	soln 20 mg/200ml in		<i>estradiol-fe tab 1 mg-20</i>	
<i>neomycin-polymyxin-hc</i>		sodium chloride 0.9%		mcg.....	71
ophth susp.....	94	.....	33	<i>norethindrone ace & ethinyl</i>	
<i>neomycin-polymyxin-hc otic</i>		see <i>nicardipine hcl iv</i>		<i>estradiol tab 1.5 mg-30</i>	
soln 1%.....	97	soln 40 mg/200ml in		mcg.....	71
<i>neomycin-polymyxin-hc otic</i>		sodium chloride 0.9%		<i>norethindrone ace & ethinyl</i>	
susp 3.5 mg/ml-10000		.....	33	<i>estradiol tab 1 mg-20</i>	
unit/ml-1%	97	NICARDIPINE SOL		mcg.....	71
<i>neomycin sulfate</i>	6	20/200ML	33	<i>norethindrone ace-eth</i>	
NEORAL	91	NICARDIPINE SOL		<i>estradiol-fe chew tab 1</i>	
see <i>cyclosporine</i>		40/200ML	33	mg-20 mcg (24)	71
<i>modified (for</i>		NICOTROL NS	63	<i>norethindrone ace-ethinyl</i>	
<i>microemulsion)</i>	91	<i>nifedipine</i>	33	<i>estradiol-fe cap 1 mg-20</i>	
see <i>gengraf</i>	91	<i>nikki</i>	71	mcg (24)	71
NEREUS	79	NIKTIMVO.....	91	<i>norethindrone acetate</i>	77
NERLYNX.....	21	NILOTINIB D-TARTRATE		<i>norethindrone acetate-</i>	
<i>neuac gel 1.2-5%</i>	103	.....	22	<i>ethinyl estradiol tab 0.5</i>	
NEURONTIN.....	49	<i>nilotinib hcl</i>	22	mg-2.5 mcg	73
see <i>gabapentin</i>	48	<i>nilutamide</i>	16	<i>norethindrone acetate-</i>	
see <i>relgaabi</i>	50	<i>nimodipine</i>	33	<i>ethinyl estradiol tab 1</i>	
NEVANAC.....	96	NINLARO	22	mg-5 mcg	73
<i>nevirapine</i>	9	<i>nintedanib esylate</i>	100		
NEXAVAR.....	21	NIPENT	17		

<i>norethindrone ac-ethinyl</i>	NOVOLOG MIX INJ	<i>ofloxacin (otic)</i>.....97
<i>estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> .....71	FLEXPEN .....67	OGIVRI .....22
<i>norgestimate & ethinyl</i>	NOVOLOG PENFILL .....67	OGSIVEO .....22
<i>estradiol tab 0.25 mg-35 mcg</i>.....71	NOVOLOG RELION .....67	OHTUVAYRE.....100
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> .....71	NOXAFIL.....8	OJEMDA .....22
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> .....71	NPLATE .....85	OJJAARA.....22
NORITATE.....107	NUBEQA.....16	<i>olanzapine</i>.....44
NORLIQVA .....33	NUDEXTA CAP 20-10MG .....59	<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> .....28
<i>norlyroc</i> .....71	NULOJIX.....91	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> .....28
NORPACE .....30	NUPLAZID .....44	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> .....28
<i>see disopyramide phosphate</i> .....30	NURTEC .....58	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> .....28
NORPACE CR.....30	NUTRILIPID .....94	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> .....28
NORPRAMIN .....40	NUVARING	<i>olmesartan medoxomil</i>....30
<i>see desipramine hcl</i> ...39	<i>see eluryng</i>.....69	<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> .....28
NORTHERA.....36	<i>see enilloring</i> .....69	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> .....28
<i>see droxidopa</i>.....35	<i>see etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>.....70	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> .....28
<i>nortrel 0.5/35 (28)</i> .....71	NUVESSA.....84	<i>olopatadine hcl (nasal)</i>....98
<i>nortrel 1/35 (21)</i> .....71	NUVIGIL.....62	OLPRUVA.....76
<i>nortrel 1/35 (28)</i> .....71	<i>see armodafinil</i> .....62	<i>omega-3-acid ethyl esters cap 1 gm</i>.....31
<i>nortrel 7/7/7</i>.....71	NUZYRA .....14	<i>omeprazole</i> .....82
<i>nortriptyline hcl</i>.....40	<i>nyamyc</i>.....104	OMNARIS .....101
NORVASC .....34	<i>nylia 1/35</i>.....71	OMNIPOD 5 DX KIT INT G7G6.....67
<i>see amlodipine besylate</i> .....33	<i>nylia 7/7/7</i>.....71	OMNIPOD 5 DX MIS POD G7G6.....67
NORVIR.....9	NYMALIZE .....34	OMNIPOD5 LIB KIT INTRO .....67
<i>see ritonavir</i>.....9	<i>nystatin</i>.....8	OMNIPOD5 LIB MIS PODS .....67
NOURIANZ .....42	NYSTATIN	OMNIPOD DASH KIT INTRO .....67
NOVAREL.....75	<i>see nystatin (mouth-throat)</i> .....108	
NOVOLIN INJ 70/30 .....67	<i>nystatin (mouth-throat)</i> ..108	
NOVOLIN INJ 70/30 FP..67	<i>nystatin (topical)</i>.....104	
NOVOLIN N .....67	<i>nystop</i> .....104	
NOVOLIN N FLEXPEN...67	O	
NOVOLIN R .....67	OCREVUS .....61	
NOVOLIN R FLEXPEN...67	OCREVUS INJ ZUNOVO61	
NOVOLOG.....67	OCTAGAM.....90	
NOVOLOG FLEXPEN ....67	<i>octreotide acetate</i> ....75, 76	
NOVOLOG FLEXPEN RELION.....67	OCUFLOX.....95	
NOVOLOG MIX INJ 70/30 .....67	<i>see ofloxacin (ophth)</i> ...95	
	ODACTRA SUB .....90	
	ODEFSEY TAB.....10	
	ODOMZO.....22	
	OFEV .....100	
	<i>see nintedanib esylate</i> .....100	
	100	
	<i>ofloxacin (ophth)</i> .....95	

OMNIPOD DASH MIS		ORKAMBI GRA 150-188		OZEMPIC (0.25 OR	
PODS	67	.....	100	0.5MG/DOSE)	65
OMNITROPE	76	ORKAMBI GRA 75-94MG		OZEMPIC (1MG/DOSE)	65
ONCASPAR.....	17	.....	100	OZEMPIC (2MG/DOSE)	65
ondansetron	79	ORKAMBI TAB 100-125		OZOBAX DS	62
ondansetron hcl	79	.....	100	see <i>baclofen</i>	61
ONEXTON		ORKAMBI TAB 200-125		P	
see <i>clindamycin</i>		.....	100	<i>pacerone</i>	30
phosphate-benzoyl		ORLADEYO	86	<i>paclitaxel</i>	18
peroxide gel 1.2-3.75%		ORLYNVAH TAB 500-5006		<i>paclitaxel inj 100mg</i>	18
.....	102	<i>ormalvi</i>	34	PACLITAXEL INJ 100MG	
ONEXTON GEL 1.2-3.75		<i>orquidea</i>	71	.....	18
.....	103	ORSERDU	16	PADCEV	22
ONFI	49	<i>oseltamivir phosphate</i> 10,		<i>paliperidone</i>	44
see <i>clobazam</i>	46	11		<i>palonosetron hcl</i>	79
ONGENTYS.....	42	OSPOMYV	68	PALSONIFY	76
ONIVYDE.....	17	OVIDE.....	108	PALYNZIQ	76
ONTRALFY.....	62	OXACILLIN INJ 2GM	13	PAMELOR	
ONTRUZANT	22	<i>oxacillin sodium</i>	13	see <i>nortriptyline hcl</i>	40
ONUREG	15	<i>oxaliplatin</i>	14	<i>pamidronate disodium</i>	68
OPDIVO	22	<i>oxaprozin</i>	2	PAMIDRONATE	
OPDIVO INJ QVANTIG ..	22	<i>oxazepam</i>	38	DISODIUM	68
OPDUALAG INJ.....	22	<i>oxcarbazepine</i>	49, 50	PANCREAZE CAP	
OPFOLDA.....	76	OXERVATE	97	10500UNT	81
OPIPZA.....	44	OXISTAT.....	104	PANCREAZE CAP	
OPSUMIT.....	37	OXLUMO	83	16800UNT	81
see <i>macitentan</i>	36	OXTELLAR XR	50	PANCREAZE CAP	
OPVEE.....	63	see <i>oxcarbazepine</i> 49, 50		21000UNT	81
OPZELURA.....	107	<i>oxybutynin chloride</i>	84	PANCREAZE CAP	
ORACEA.....	107	<i>oxycodone hcl</i>	4	2600UNIT	81
see <i>doxycycline</i>		<i>oxycodone w/</i>		PANCREAZE CAP 37000	
(<i>rosacea</i>).....	107	<i>acetaminophen soln 5-</i>		.....	81
ORBACTIV.....	6	<i>325 mg/5ml</i>	4	PANCREAZE CAP	
ORENITRAM	37	<i>oxycodone w/</i>		4200UNIT	81
ORENITRAM TAB MONTH		<i>acetaminophen tab 10-</i>		PANRETIN.....	107
1	37	<i>325 mg</i>	4	PANTOPR/NACL SOL	
ORENITRAM TAB MONTH		<i>oxycodone w/</i>		40MG/100.....	82
2	37	<i>acetaminophen tab 2.5-</i>		PANTOPR/NACL SOL	
ORENITRAM TAB MONTH		<i>325 mg</i>	4	80MG/100.....	82
3	37	<i>oxycodone w/</i>		<i>pantoprazole sodium</i>	82, 83
ORFADIN.....	76	<i>acetaminophen tab 5-325</i>		PANTOPRAZOLE SODIUM	
see <i>nitisinone</i>	75	<i>mg</i>	4	.....	82
ORGOVYX.....	16	<i>oxycodone w/</i>		see <i>pantoprazole sodium</i>	
ORIAHNN CAP	76	<i>acetaminophen tab 7.5-</i>		.....	82
ORILISSA	76	<i>325 mg</i>	4	PANTOPRAZOLE SOL	
ORKAMBI GRA 100-125		<i>oxymorphone hcl</i>	4	40/50ML	83
.....	100	OXYTROL.....	84	PANZYGA.....	90
		OZEMPIC.....	65	<i>paricalcitol</i>	78

PARLODEL.....42	<i>pentamidine isethionate inj</i>.....6	<i>perphenazine-amitriptyline</i> <i>tab 4-10 mg</i>.....40
see <i>bromocriptine</i>	PENTASA.....80	<i>perphenazine-amitriptyline</i> <i>tab 4-25 mg</i>.....41
<i>mesylate</i>.....41	see <i>mesalamine</i>.....80	<i>perphenazine-amitriptyline</i> <i>tab 4-50 mg</i>.....41
PARNATE.....40	<i>pentoxifylline</i>.....86	PERSERIS.....44
see <i>tranylcypromine</i>	PEPCID.....80	PERTZYE CAP 16000U .82
<i>sulfate</i>.....41	see <i>famotidine</i>.....80	PERTZYE CAP 24000U .82
<i>paroxetine hcl</i>.....40	<i>perampanel</i>.....50	PERTZYE CAP 4000UNIT
PAVBLU.....97	PERCOCET	81
PAXIL	see <i>endocet tab 10-</i>	PERTZYE CAP 8000UNIT
see <i>paroxetine hcl</i>.....40	325mg.....3	82
PAXIL CR	see <i>endocet tab 5-325mg</i>	<i>pfizerpen</i>.....13
see <i>paroxetine hcl</i>.....40	3	PHEBURANE.....76
PAXLOVID PAK.....11	see <i>endocet tab 7.5-</i>	<i>phenelzine sulfate</i>.....41
PAXLOVID TAB 150-10011	325mg.....3	PHENERGAN.....79
PAXLOVID TAB 300-10011	see <i>oxycodone w/</i>	see <i>promethazine hcl</i> ..79
<i>pazopanib hcl</i>.....22	<i>acetaminophen tab 10-</i>	<i>phenobarbital</i>.....50
PEDIARIX INJ 0.5ML.....92	325 mg.....4	<i>phenobarbital sodium</i>.....50
PEDVAX HIB.....92	see <i>oxycodone w/</i>	<i>phenoxybenzamine hcl</i> ...36
<i>peg-3350/electrolytes/asc</i>	<i>acetaminophen tab 5-</i>	<i>phenytek</i>.....50
.....81	325 mg.....4	<i>phenytoin</i>.....50
<i>peg 3350-kcl-na bicarb-</i>	see <i>oxycodone w/</i>	<i>phenytoin sodium</i>.....50
<i>nacl-na sulfate for soln</i>	<i>acetaminophen tab</i>	<i>phenytoin sodium extended</i>
236 gm.....81	7.5-325 mg.....4	50
<i>peg 3350-kcl-sod bicarb-</i>	PERCOCET TAB 10-	PHESGO SOL.....22
<i>nacl for soln 420 gm</i> ...81	325MG.....4	PHEXX GEL.....71
PEGASYS.....11	PERCOCET TAB 5-325MG	PHEXXI GEL.....71
PEMAZYRE.....22	4	<i>philith</i>.....71
PEMETREXED.....15	PERCOCET TAB 7.5-325.4	PHOSPHOLINE IODIDE.96
<i>pemetrexed disodium</i>.....15	PERFOROMIST.....99	PHYRAGO.....22
PEMRYDI RTU.....15	see <i>formoterol fumarate</i>	PIASKY.....86
PENBRAYA INJ.....92	99	PIFELTRO.....9
<i>penciclovir</i>.....107	PERIDEX	<i>pilocarpine hcl</i>.....96
PEN GK/DEXTR INJ	see <i>chlorhexidine</i>	<i>pilocarpine hcl (oral)</i>.....108
40000/ML.....13	<i>gluconate (mouth-</i>	<i>pimecrolimus</i>.....107
PEN GK/DEXTR INJ	<i>throat)</i>.....108	<i>pimozide</i>.....44
60000/ML.....13	see <i>periogard</i>.....108	<i>pimtrea</i>.....71
<i>penicillamine</i>.....69	<i>perindopril erbumine</i>.....26	<i>pindolol</i>.....33
<i>penicillin g potassium</i>.....13	<i>periogard</i>.....108	<i>pioglitazone hcl</i>.....65
<i>penicillin g sodium</i>.....13	PERJETA.....22	<i>pioglitazone hcl-glimepiride</i>
<i>penicillin v potassium</i>.....13	<i>permethrin</i>.....108	<i>tab 30-2 mg</i>.....65
PENMENVY INJ.....92	PERMETHRIN	<i>pioglitazone hcl-glimepiride</i>
PENTACEL INJ.....92	see <i>permethrin</i>.....108	<i>tab 30-4 mg</i>.....66
PENTAM 300.....6	<i>perphenazine</i>.....44	<i>pioglitazone hcl-metformin</i>
see <i>pentamidine</i>	<i>perphenazine-amitriptyline</i>	<i>hcl tab 15-500 mg</i>.....66
<i>isethionate inj</i>.....6	<i>tab 2-10 mg</i>.....40	
<i>pentamidine isethionate inh</i>	<i>perphenazine-amitriptyline</i>	
.....6	<i>tab 2-25 mg</i>.....40	

<i>pioglitazone hcl-metformin</i>	PLENVU SOL	81	POT CHL/D5W INJ	
<i>hcl tab 15-850 mg</i>.....66	<i>plerixafor</i>	86	20MEQ/L	93
PIP/TAZ/NACL INJ 2-	<i>podofilox</i>	107	POT CHL 20MEQ/L IN	
0.25GM.....	POKONZA	94	NACL 0.45% INJ	93
PIP/TAZ/NACL INJ 3-	POLIVY	22	POT CHL 20MEQ/L IN	
0.375G.....	<i>polymyxin b sulfate</i>	6	NACL 0.9% INJ	93
PIP/TAZ/NACL INJ 4-	<i>polymyxin b-trimethoprim</i>		POT CHL 40MEQ/L IN	
0.5GM.....	<i>ophth soln 10000 unit/ml-</i>		NACL 0.9% INJ	93
<i>piperacillin sod-tazobactam</i>	0.1%	95	POTELIGEO	22
<i>na for inj 3.375 gm (3-</i>	<i>pomalidomide</i>	16	PRADAXA.....	85
<i>0.375 gm)</i>	POMALYST	16	<i>see dabigatran etexilate</i>	
<i>piperacillin sod-tazobactam</i>	<i>see pomalidomide</i>	16	<i>mesylate</i>	84
<i>sod for inj 13.5 gm (12-</i>	POMBILITI	76	<i>pralatrexate</i>	15
<i>1.5 gm)</i>	PONVORY	61	<i>pramipexole</i>	
<i>piperacillin sod-tazobactam</i>	PONVORY TAB STARTER		<i>dihydrochloride</i>	42
<i>sod for inj 2.25 gm (2-</i>	.....	61	PRAMOSONE CRE 1-1%	
<i>0.25 gm)</i>	<i>portia-28</i>	71	.....	106
<i>piperacillin sod-tazobactam</i>	<i>posaconazole</i>	8	PRAMOSONE LOT 1-1%	
<i>sod for inj 4.5 gm (4-0.5</i>	POSFREA.....	79	.....	106
<i>gm)</i>	<i>potassium chloride</i>	93, 94	PRAMOSONE LOT 2.5%	
<i>piperacillin sod-tazobactam</i>	POTASSIUM CHLORIDE		.....	106
<i>sod for inj 40.5 gm (36-</i>	.....	93	<i>prasugrel hcl</i>	87
<i>4.5 gm)</i>	<i>see potassium chloride</i>	93	<i>pravastatin sodium</i>	31
PIQRAY 200MG DAILY	POTASSIUM		<i>praziquantel</i>	6
DOSE	CHLORIDE/DEXTRO		<i>prazosin hcl</i>	26
PIQRAY 250MG TAB	<i>see kcl 30 meq/l</i>		PRED FORTE	
DOSE	(0.224%) <i>in dextrose</i>		<i>see prednisolone acetate</i>	
PIQRAY 300MG DAILY	5% & <i>nacl 0.45% inj</i>	93	(<i>ophth</i>)	96
DOSE	<i>see potassium chloride</i>		PRED MILD	96
<i>pirfenidone</i>	20 meq/l (0.15%) <i>in</i>		<i>prednisolone</i>	73
<i>piroxicam</i>	<i>dextrose 5% inj</i>	93	<i>prednisolone acetate</i>	
<i>pitavastatin calcium</i>	POTASSIUM		(<i>ophth</i>)	96
PLAQUENIL.....	CHLORIDE/SODIUM		PREDNISOLONE SODIUM	
<i>see hydroxychloroquine</i>	<i>see kcl 20 meq/l (0.15%)</i>		PHOSP	96
<i>sulfate</i>	<i>in nacl 0.45% inj</i>	93	<i>prednisolone sodium</i>	
PLASMA-LYTE A	<i>see kcl 20 meq/l (0.15%)</i>		<i>phosphate</i>	73
<i>see multiple electrolytes</i>	<i>in nacl 0.9% inj</i>	93	<i>prednisone</i>	74
<i>ph 5.5</i>	<i>see kcl 40 meq/l (0.3%)</i>		PREDNISONE INTENSOL	
PLASMA-LYTE INJ -A	<i>in nacl 0.9% inj</i>	93	.....	74
PLAVIX	<i>potassium chloride 20</i>		<i>pregabalin</i>	50
<i>see clopidogrel bisulfate</i>	<i>meq/l (0.15%) in</i>		<i>pregabalin (once-daily)</i> ...	59
.....	<i>dextrose 5% inj</i>	93	PREGNYL W/DILUENT	
PLEGRIDY.....	<i>potassium chloride</i>		BENZYL	76
PLEGRIDY INJ STARTER	<i>microencapsulated</i>		PREMARIN.....	73
.....	<i>crystals er</i>	94	<i>see estrogens,</i>	
PLEGRIDY PEN INJ	<i>potassium citrate</i>		<i>conjugated</i>	72
STARTER.....	(<i>alkalinizer</i>)	83	PREMASOL SOL 10%....	94
<i>plenamine</i>			PREMPHASE TAB	73

PREMPRO TAB 0.3-1.5..73	PROCTOFOAM AER HC	<i>pyrazinamide</i>.....10
PREMPRO TAB 0.45-1.573	1% .....107	<i>pyridostigmine bromide</i> ...59
PREMPRO TAB 0.625-2.5	<i>procto-med hc</i>.....107	<i>pyrimethamine</i> .....6
.....73	<i>proctosol hc</i>.....107	PYRUKYND .....86
PREMPRO TAB 0.625-5.73	<i>proctozone-hc</i> .....107	PYRUKYND TAB
PRENATAL TAB 27-1MG	PROCYSBI .....76	20MGX5MG .....86
.....94	<i>progesterone</i>.....77	PYRUKYND TAB
PRENATAL TAB PLUS...94	PROGLYCEM.....74	50MGX20M .....86
PRETOMANID .....10	see <i>diazoxide</i> .....74	PYRUKYND TAPER PACK
PREVACID.....83	PROGRAF .....91	86
see <i>lansoprazole</i> .....82	see <i>tacrolimus</i> .....91	PYZCHIVA.....88
<i>prevalite</i> .....31	PROLASTIN-C.....100	Q
PREVYMIS .....11	PROLENSA .....96	QBRELIS .....26
PREZCOBIX TAB 675/150	see <i>bromfenac sodium</i>	QBREXZA.....108
.....10	(<i>ophth</i>) .....95	QELBREE .....55
PREZCOBIX TAB 800-150	PROLIA.....68	QINLOCK.....22
.....10	<i>promethazine &</i>	QIVIGY.....90
PREZISTA .....9	<i>phenylephrine syrup</i>	QNASL.....101
see <i>darunavir</i>.....8	6.25-5 mg/5ml .....98	QNASL CHILDRENS...101
PRIFTIN .....10	<i>promethazine hcl</i>.....79	QUADRACEL INJ 0.5ML 92
PRILOSEC.....83	<i>promethegan</i>.....79	QUESTRAN .....31
<i>primaquine phosphate</i> .....8	PROMETRIUM .....77	see <i>cholestyramine</i> .....31
PRIMAQUINE	see <i>progesterone</i> .....77	QUESTRAN LIGHT .....32
PHOSPHATE .....8	<i>propafenone hcl</i> .....30	see <i>cholestyramine light</i>
see <i>primaquine</i>	<i>proparacaine hcl</i> .....97	31
<i>phosphate</i> .....8	<i>propranolol hcl</i> .....33	see <i>prevalite</i> .....31
PRIMAXIN IV	<i>propylthiouracil</i>.....77	<i>quetiapine fumarate</i> ..44, 45
see <i>imipenem-cilastatin</i>	PROQUAD INJ .....92	QUILLICHEW ER.....56
<i>intravenous for soln</i>	PROSCAR .....83	QUILLIVANT XR .....56
500 mg.....5	see <i>finasteride</i> .....83	<i>quinapril hcl</i>.....26
PRIMAXIN IV INJ 500MG.6	PROSOL INJ 20% .....94	<i>quinapril-</i>
<i>primidone</i> .....50	PROTONIX .....83	<i>hydrochlorothiazide tab</i>
PRIORIX INJ.....92	see <i>pantoprazole sodium</i>	10-12.5 mg .....25
PRISTIQ.....41	83	<i>quinapril-</i>
see <i>desvenlafaxine</i>	<i>protriptyline hcl</i>.....41	<i>hydrochlorothiazide tab</i>
<i>succinate</i>.....39	PROVERA .....77	20-12.5 mg .....25
PRIVIGEN.....90	see	<i>quinapril-</i>
<i>probenecid</i> .....1	<i>medroxyprogesterone</i>	<i>hydrochlorothiazide tab</i>
PROCARDIA XL .....34	<i>acetate</i> .....77	20-25 mg .....25
see <i>nifedipine</i> .....33	PROVIGIL.....62	<i>quinidine sulfate</i> .....30
<i>prochlorperazine</i> .....79	see <i>modafinil</i> .....62	<i>quinine sulfate</i>.....8
<i>prochlorperazine edisylate</i>	<i>pruradik</i>.....108	QULIPTA.....58
.....79	PULMICORT .....101	QUTENZA KIT 8% 1-PCH
<i>prochlorperazine maleate</i>	see <i>budesonide</i>	106
.....79	(<i>inhalation</i>) .....101	QUTENZA KIT 8% 2-PCH
PROCRIT .....86	PULMOZYME .....100	106
<i>proctocort</i>.....107	PURIXAN .....15	QUTENZA KIT 8% 4-PCH
	see <i>mercaptopurine</i>.....15	106

QUVIVIQ	56	RENFLEXIS	88	RINVOQ LQ	88
QUZYTIR	98	<i>repaglinide</i>	66	RIOMET	
R		REPATHA	32	<i>see metformin hcl</i>	65
RABAVERT INJ	92	REPATHA SURECLICK	32	<i>risedronate sodium</i>	68
<i>rabeprazole sodium</i>	83	RESTASIS	97	RISPERDAL	45
RADICAVA ORS	60	RESTASIS MULTIDOSE	97	<i>see risperidone</i>	45
RADICAVA ORS		RESTORIL	57	RISPERDAL CONSTA	45
STARTER KIT	60	<i>see temazepam</i>	57	<i>see risperidone</i>	
RAGWITEK	90	RETEVMO	22	<i>microspheres</i>	45
RALDESY	41	RETIN-A	103	<i>risperidone</i>	45
<i>raloxifene hcl</i>	76	<i>see tretinoin</i>	103	<i>risperidone microspheres</i>	45
<i>ramelteon</i>	57	RETIN-A MICRO	103	RITALIN	56
<i>ramipril</i>	26	RETIN-A MICRO PUMP		<i>see methylphenidate hcl</i>	
<i>ranitidine hcl</i>	80	.....	103	.....	55
<i>ranolazine</i>	36	<i>see tretinoin microsphere</i>		RITALIN LA	
RAPIVAB	11	.....	103	<i>see methylphenidate hcl</i>	
<i>rasagiline mesylate</i>	42	RETROVIR	9	.....	55
RAVICTI	76	<i>see zidovudine</i>	9	<i>ritonavir</i>	9
<i>see glycerol</i>		REVATIO	37	<i>rivaroxaban</i>	85
<i>phenylbutyrate</i>	75	<i>see sildenafil citrate</i>		<i>rivastigmine</i>	39
RAYALDEE	78	(<i>pulmonary</i>		<i>rivastigmine tartrate</i>	39
REBLOZYL	87	<i>hypertension</i>)	37	<i>rivelsa</i>	71
REBYOTA	82	REVCovi	76	RIVFLOZA	83
RECARBRIo INJ 1.25GM 6		REVLIMID	16	<i>rizatriptan benzoate</i>	58
RECLAST	68	<i>see lenalidomide</i>	16	ROCALTRoL	78
<i>see zoledronic acid</i>	68	REVUFORJ	22	<i>see calcitriol</i>	78
<i>reclipsen</i>	71	REXTovY	63	<i>see calcitriol (oral)</i>	78
RECOMBIVAX HB	92	REXULTI	45	ROCKLATAN DRO	96
RECORLEV	76	REYATAZ	9	<i>roflumilast</i>	100
RECTIV	108	<i>see atazanavir sulfate</i>	8	ROMVIMZA	22
<i>see nitroglycerin (intra-</i>		REZDIFFRA	76	<i>ropinirole hydrochloride</i>	42
<i>anal</i>)	107	REZENOPY	63	<i>rosuvastatin calcium</i>	31
REDEMPLO	36	REZLIDHIA	22	<i>rosyrah</i>	71
REGLAN	79	REZUROCK	91	ROTARIX SUS	92
<i>see metoclopramide hcl</i>		REZZAYO	8	ROTATEQ SOL	92
.....	78	RHAPSIDo	88	ROWASA	80
RELENZA DISKHALER	11	RHOFADe	108	<i>see mesalamine w/</i>	
RELEXXII	56	RHOPRESSA	96	<i>cleanser</i>	80
<i>relgaabi</i>	50	<i>ribavirin (hepatitis c)</i>	11	<i>roweepra</i>	50
RELISTOR	82	<i>rifabutin</i>	10	ROXICoDOne	4
RELPAx	58	RIFADIN		<i>see oxycodone hcl</i>	4
<i>see eletriptan</i>		<i>see rifampin</i>	10	ROZEREM	
<i>hydrobromide</i>	57	<i>rifampin</i>	10	<i>see ramelteon</i>	57
REMERON	41	<i>rilpivirine hcl</i>	9	ROZLYTREK	22
<i>see mirtazapine</i>	40	<i>riluzole</i>	60	RUBRACA	22
REMERON SOLTAB	41	<i>rimantadine hydrochloride</i>		RUCoNESt	87
<i>see mirtazapine</i>	40	.....	11	<i>rufinamide</i>	50
REMoDULIN	37	RINVoQ	88	RUKoBIA	9

RYALTRIS SPR 665-25	98	SAPHRIS	45	<i>simpesse</i>	71
RYBELSUS	66	<i>see asenapine maleate</i>		<i>simvastatin</i>	31
RYBREVANT	23	.....	43	SINEMET	
RYBREVANT INJ FASPRO		<i>sapropterin dihydrochloride</i>		<i>see carbidopa &</i>	
.....	23	.....	76	<i>levodopa tab 10-100</i>	
RYDAPT	23	SARCLISA	23	<i>mg</i>	41
RYKINDO	45	SAVELLA	60	<i>see carbidopa &</i>	
RYLAZE	17	<i>see milnacipran hcl</i>	59	<i>levodopa tab 25-100</i>	
RYSTIGGO	90	SAVELLA MIS TITR PAK		<i>mg</i>	41
RYTARY CAP 145MG	42	.....	60	SINEMET TAB 10-100MG	
RYTARY CAP 195MG	42	SCEMBLIX	23	.....	42
RYTARY CAP 245MG	42	<i>scopolamine</i>	79	SINEMET TAB 25-100MG	
RYTARY CAP 95MG	42	SECUADO	45	.....	42
RYTELO	87	<i>selegiline hcl</i>	42	SINGULAIR	99
S		<i>selenium sulfide</i>	104	<i>see montelukast sodium</i>	
SABRIL	50, 51	SELZENTRY	9	.....	99
<i>see vigabatrin</i>	51	<i>see maraviroc</i>	9	<i>sirolimus</i>	91
<i>see vigadrone</i>	51	SENSIPAR		SIRTURO	10
<i>sacubitril-valsartan tab 24-</i>		<i>see cinacalcet hcl</i>	74	<i>sitagliptin phosphate</i>	66
<i>26 mg</i>	28	SEPHIENCE	76	<i>sitagliptin phosphate-</i>	
<i>sacubitril-valsartan tab 49-</i>		SEREVENT DISKUS	99	<i>metformin hcl tab 50-</i>	
<i>51 mg</i>	28	SEROQUEL	45	<i>1000 mg</i>	66
<i>sacubitril-valsartan tab 97-</i>		<i>see quetiapine fumarate</i>		<i>sitagliptin phosphate-</i>	
<i>103 mg</i>	28	.....	44, 45	<i>metformin hcl tab 50-500</i>	
SAFYRAL		SEROQUEL XR	45	<i>mg</i>	66
<i>see drospirenone-ethinyl</i>		<i>see quetiapine fumarate</i>		SIVEXTRO	6
<i>estradiol-levomefolate</i>		.....	45	SKYCLARYS	60
<i>tab 3-0.03-0.451 mg</i>	69	SEROSTIM	76	SKYRIZI	88
<i>see tydemy</i>	71	<i>sertraline hcl</i>	41	SKYRIZI PEN	88
SAFYRAL TAB	71	<i>setlakin</i>	71	SKYTROFA	76
<i>sajazir</i>	87	<i>sharobel</i>	71	SLYND	71
SALAGEN	108	SHINGRIX	92	SMOFLIPID EMU	94
<i>see pilocarpine hcl (oral)</i>		SIGNIFOR	76	SOANZ	34
.....	108	SIGNIFOR LAR	76	<i>sodium chloride</i>	93
SAMSCA	76	SIKLOS	87	<i>sodium chloride (gu</i>	
<i>see tolcapten</i>		<i>sildenafil citrate (pulmonary</i>		<i>irrigant)</i>	108
<i>(hyponatremia)</i>	76	<i>hypertension)</i>	37	<i>sodium fluoride chew; tab;</i>	
SANCUSO	79	SILENOR	57	<i>1.1 (0.5 f) mg/ml soln</i>	94
SANDIMMUNE	91	<i>see doxepin hcl (sleep)</i>		<i>sodium oxybate</i>	62
<i>see cyclosporine</i>	91	.....	56	<i>sodium phenylbutyrate</i>	76
SANDOSTATIN	76	<i>silodosin</i>	83	<i>sodium polystyrene</i>	
<i>see octreotide acetate</i>	75	SILVADENE	103	<i>sulfonate</i>	69
SANDOSTATIN LAR		<i>see silver sulfadiazine</i>		<i>sodium polystyrene</i>	
DEPOT	76	.....	103	<i>sulfonate powder</i>	69
<i>see octreotide acetate</i>	75	<i>see ssd</i>	103	<i>sod sulfate-pot sulf-mg sulf</i>	
SANTYL	108	<i>silver sulfadiazine</i>	103	<i>oral sol 17.5-3.13-1.6</i>	
SAPHNELO	91	SIMBRINZA SUS 1-0.2%	96	<i>gm/177ml</i>	81
SAPHNELO PEN	91	<i>simliya</i>	71	SOFDRA	108

SOGROYA.....	76	STRENSIQ.....	76	sulfamethoxazole-	
solifenacin succinate.....	84	streptomycin sulfate.....	6	trimethoprim susp 200-40	
SOLQUA INJ 100/33.....	67	STRIBILD TAB.....	10	mg/5ml.....	6
SOLIRIS.....	87	STRIVERDI RESPIMAT.....	99	sulfamethoxazole-	
SOLOSEC.....	6	STROMECTOL.....	6	trimethoprim tab 400-80	
SOLTAMOX.....	16	see ivermectin.....	5	mg.....	6
SOLU-CORTEF.....	74	SUBLOCADE.....	63	sulfamethoxazole-	
see hydrocortisone sod		SUBOXONE		trimethoprim tab 800-160	
succinate.....	73	see buprenorphine hcl-		mg.....	6
SOLU-MEDROL.....	74	naloxone hcl sl film 12-		SULFAMYLON.....	103
see methylprednisolone		3 mg (base equiv)....	63	sulfasalazine.....	80
sod succ.....	73	see buprenorphine hcl-		sulindac.....	2
SOMA.....	62	naloxone hcl sl film 2-		sumatriptan.....	58
see carisoprodol.....	62	0.5 mg (base equiv).....	63	sumatriptan succinate.....	58
SOMATULINE DEPOT.....	76	see buprenorphine hcl-		sunitinib malate.....	23
SOMAVERT.....	76	naloxone hcl sl film 4-1		SUNLENCA.....	9
sorafenib tosylate.....	23	mg (base equiv).....	63	SUNOSI.....	62
SORILUX.....	104	see buprenorphine hcl-		SUPREP BOWEL PREP	
sotalol hcl.....	30	naloxone hcl sl film 8-2		KIT	
sotalol hcl (afib/af).....	30	mg (base equiv).....	63	see sod sulfate-pot sulf-	
SOTYKTU.....	88	SUBOXONE MIS 12-3MG		mg sulf oral sol 17.5-	
SOTYLIZE.....	30	.....	63	3.13-1.6 gm/177ml....	81
SOVUNA.....	89	SUBOXONE MIS 2-0.5MG		SUPREP BOWEL SOL	
SPEVIGO.....	88	.....	63	PREP KIT.....	81
spinosad.....	108	SUBOXONE MIS 4-1MG	63	SUSTOL.....	79
SPIRIVA HANDIHALER.....	98	SUBOXONE MIS 8-2MG	63	SUSVIMO.....	97
see tiotropium bromide.....	98	subvenite.....	51	SUTAB TAB.....	81
SPIRIVA RESPIMAT.....	98	SUBVENITE.....	51	SUTENT	
spironolactone.....	26	subvenite starter kit/blu.....	51	see sunitinib malate.....	23
spironolactone &		subvenite starter kit/gre.....	51	syeda.....	71
hydrochlorothiazide tab		subvenite starter kit/ora.....	51	SYFOVRE.....	97
25-25 mg.....	34	SUCRAID.....	82	SYMBICORT	
SPORANOX		sucrafate.....	82	see breyna.....	101
see itraconazole.....	7	SUFLAVE SOL.....	81	see budesonide-	
SPRAVATO SOL 56MG		SULAR.....	34	formoterol fumarate	
DOS.....	41	see nisoldipine.....	33	dihyd aerosol 160-4.5	
SPRAVATO SOL 84MG		sulfacetamide sodium		mcg/act.....	101
DOS.....	41	(acne).....	103	see budesonide-	
sprintec 28.....	71	sulfacetamide sodium		formoterol fumarate	
SPRITAM.....	51	(ophth).....	95	dihyd aerosol 80-4.5	
SPRYCEL.....	23	sulfacetamide sodium-		mcg/act.....	101
see dasatinib.....	19	prednisolone ophth soln		SYMDEKO TAB 100-150	
sps.....	69	10-0.23(0.25)%.....	94	.....	100
sps rectal.....	69	sulfadiazine.....	6	SYMDEKO TAB 50-75MG	
sronyx.....	71	sulfamethoxazole-		.....	100
ssd.....	103	trimethoprim iv soln 400-		SYMFI	
STELARA.....	88, 89	80 mg/5ml.....	6		
STIVARGA.....	23				

see <i>efavirenz-</i>		
<i>lamivudine-tenofovir df</i>		
<i>tab 600-300-300 mg</i> ..9		
SYMFI TAB.....10	TAKHZYRO .....87	TEGRETOL-XR .....51
SYMLINPEN 120 .....66	TALICIA CAP .....82	see <i>carbamazepine</i> ....46
SYMLINPEN 60 .....66	TALZENNA .....23	TEKURNA.....36
SYMPAZAN .....51	TAMIFLU.....11	see <i>aliskiren fumarate</i> .34
SYMPROIC.....82	see <i>oseltamivir</i>	<i>telmisartan</i> .....30
SYMTUZA TAB.....10	<i>phosphate</i> .....11	<i>telmisartan-amlodipine tab</i>
SYNALAR .....106	<i>tamoxifen citrate</i>.....16	40-10 mg .....29
see <i>fluocinolone</i>	<i>tamsulosin hcl</i> .....83	<i>telmisartan-amlodipine tab</i>
<i>acetonide</i> .....105	TARGRETIN .....17, 108	40-5 mg .....29
SYNAREL .....76	see <i>bexarotene</i>.....17	<i>telmisartan-amlodipine tab</i>
SYNJARDY TAB 12.5-	see <i>bexarotene (topical)</i>	80-10 mg .....29
1000MG.....66	107	<i>telmisartan-amlodipine tab</i>
SYNJARDY TAB 12.5-500	<i>tarina 24 fe</i> .....71	80-5 mg .....29
.....66	<i>tarina fe 1/20 eq</i> .....71	<i>telmisartan-</i>
SYNJARDY TAB 5-	TARPEYO .....83	<i>hydrochlorothiazide tab</i>
1000MG.....66	TASCENSO ODT.....61	40-12.5 mg .....29
SYNJARDY TAB 5-500MG	TASIGNA .....23	<i>telmisartan-</i>
.....66	see <i>nilotinib hcl</i>.....22	<i>hydrochlorothiazide tab</i>
SYNJARDY TAB 5-	<i>tasimelteon</i>.....57	80-12.5 mg .....29
1000MG.....66	TAVALISSE .....87	<i>telmisartan-</i>
SYNJARDY TAB 5-500MG	TAVNEOS.....87	<i>hydrochlorothiazide tab</i>
.....66	TAYTULLA	80-25 mg .....29
SYNJARDY XR TAB 10-	see <i>gemmily</i> .....70	<i>temazepam</i> .....57
1000 .....66	see <i>norethindrone ace-</i>	<i>temsirolimus</i>.....23
SYNJARDY XR TAB 12.5-	<i>ethinyl estradiol-fe cap</i>	TENIVAC INJ 5-2LF.....92
1000 .....66	1 mg-20 mcg (24) ...71	<i>tenofovir disoproxil</i>
SYNJARDY XR TAB 25-	TAYTULLA CAP	<i>fumarate</i> .....9
1000 .....66	1MG/20MC .....71	TENORMIN
SYNJARDY XR TAB 5-	<i>tazarotene</i> .....104	see <i>atenolol</i> .....32
1000MG.....66	TAZAROTENE.....103	TEPEZZA.....76
SYNTHROID.....77	<i>tazicef</i>.....12	TEPMETKO .....23
see <i>levo-t</i>.....77	TAZORAC.....104	<i>terazosin hcl</i>.....26
see <i>levothyroxine sodium</i>	see <i>tazarotene</i>.....104	<i>terbinafine hcl</i>.....8
.....77	TECENTRIQ .....23	<i>terbutaline sulfate</i>.....99
see <i>levoxyl</i>.....77	TECENTRIQ INJ	<i>terconazole vaginal</i> .....84
see <i>unithroid</i>.....78	HYBREZA .....23	<i>teriflunomide</i> .....61
SYPRINE .....69	TECFIDERA	<i>teriparatide</i> .....68
see <i>trientine hcl</i> .....69	see <i>dimethyl fumarate</i> .60	TERIPARATIDE.....68
T	TECFIDERA STARTER	TESTIM.....64
TABLOID.....15	PACK	<i>testosterone</i> .....64
TABRECTA.....23	see <i>dimethyl fumarate</i>	<i>testosterone cypionate</i> ...64
<i>tacrolimus</i>.....91	<i>capsule dr starter pack</i>	<i>testosterone enanthate</i> ...64
<i>tacrolimus (topical)</i>.....108	120 mg & 240 mg ...60	<i>testosterone pump</i> .....64
<i>tadalafil</i>.....83	TECVAYLI.....23	<i>tetrabenazine</i> .....60
<i>tadalafil (pulmonary</i>	TEFLARO .....12	<i>tetracycline hcl</i> .....14
<i>hypertension)</i>.....37	see <i>ceftaroline fosamil</i> .12	TEVIMBRA.....23
TADLIQ.....37	TEGRETOL.....51	TEZRULY.....26
TAFINLAR.....23	see <i>carbamazepine</i> ....46	THALITONE.....34
TAGRISSO .....23		

THALOMID	16	TOBI.....	6	TOVIAZ	
THEO-24.....	100	TOBI PODHALER.....	6	see <i>fesoterodine</i>	
<i>theophylline</i>	100	TOBRADEX OIN 0.3-0.1%	94	<i>fumarate</i>	84
THIOLA.....	83	TOBRADEX ST SUS 0.3-0.05	94	TPN ELECTROL INJ	93
see <i>tiopronin</i>	83	<i>tobramycin</i>	6	TRACLEER.....	37
THIOLA EC.....	83	<i>tobramycin (ophth)</i>	95	see <i>bosentan</i>	36
see <i>tiopronin</i>	83	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	94	TRADJENTA.....	66
see <i>venxxiva</i>	83	<i>tobramycin sulfate</i>	6	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	4
<i>thioridazine hcl</i>	45	TOBREX.....	95	<i>tramadol hcl</i>	2, 4
<i>thiothixene</i>	45	<i>tolmetin sodium</i>	2	<i>trandolapril</i>	26
THYQUIDITY	77	TOLSURA.....	8	<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	25
<i>tiadylt er</i>	34	<i>tolterodine tartrate</i>	84	<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	25
<i>tiagabine hcl</i>	51	<i>tolvaptan</i>	76	<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	25
TIAZAC	34	<i>tolvaptan (hyponatremia)</i>	76	<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	25
see <i>diltiazem hcl extended release beads</i>	33	<i>tolvaptan tab therapy pack 30 & 15 mg</i>	76	<i>tranexamic acid</i>	87
see <i>tiadylt er</i>	34	<i>tolvaptan tab therapy pack 45 & 15 mg</i>	76	TRANSDERM SCOP	79
TIBSOVO	23	<i>tolvaptan tab therapy pack 60 & 30 mg</i>	77	see <i>scopolamine</i>	79
<i>ticagrelor</i>	87	<i>tolvaptan tab therapy pack 90 & 30 mg</i>	77	<i>tranylcypromine sulfate</i>	41
TICOVAC	92	TONMYA.....	60	TRAVASOL INJ 10%	94
<i>tigecycline</i>	14	TOPAMAX	51	TRAVATAN Z.....	96
TIGECYCLINE	14	see <i>topiramate</i>	51	see <i>travoprost</i>	96
TIGLUTIK.....	60	TOPAMAX SPRINKLE.....	51	<i>travoprost</i>	96
TIKOSYN	30	see <i>topiramate</i>	51	TRAZIMERA	23
see <i>dofetilide</i>	30	TOPICORT	105	<i>trazodone hcl</i>	41
<i>tilia fe</i>	71	see <i>desoximetasone</i>	105	TREANDA.....	15
<i>timolol hemihydrate (ophth)</i>	96	<i>topiramate</i>	51	see <i>bendamustine hcl</i>	14
<i>timolol maleate</i>	33	<i>topotecan hcl</i>	17	TRELEGY AER ELLIPTA 100-62.5-25 MCG.....	97
<i>timolol maleate (ophth)</i>	96	TOPOTECAN HCL	17	TRELEGY AER ELLIPTA 200-62.5-25 MCG.....	97
<i>timolol maleate (ophth) once-daily</i>	96	see <i>topotecan hcl</i>	17	TRELSTAR MIXJECT	16
<i>timolol maleate (ophth) pf</i>	96	TOPROL XL.....	33	TREMFYA.....	89
TIMOPTIC OCUDOSE.....	96	see <i>metoprolol succinate</i>	32	TREMFYA INDUCTION PACK FO.....	89
see <i>timolol maleate (ophth) pf</i>	96	<i>toremifene citrate</i>	16	TREMFYA PEN	89
<i>tinidazole</i>	6	TORISEL.....	23	<i>treprostinil</i>	37
<i>tiopronin</i>	83	see <i>temsirolimus</i>	23	<i>tretinoin</i>	103
<i>tiotropium bromide</i>	98	<i>torpenz</i>	23	<i>tretinoin (chemotherapy)</i>	17
TIROSINT	78	<i>torsemide</i>	34	<i>tretinoin microsphere</i>	103
TIROSINT-SOL.....	78	TOUJEO MAX SOLOSTAR	67	TREXALL	89
TIVDAK.....	23	see <i>metoprolol succinate</i>	32	<i>trezix</i>	4
TIVICAY	9	<i>tover</i>	106	<i>triamcinolone acetonide</i>	74
TIVICAY PD	9				
<i>tizanidine hcl</i>	62				
TLANDO	64				

<i>triamcinolone acetonide</i> (mouth).....108	<i>triderm</i>.....106	TRUQAP.....23
<i>triamcinolone acetonide</i> (topical).....106	<i>trientine hcl</i>.....69	TRUVADA
<i>triamterene &</i> <i>hydrochlorothiazide cap</i> 37.5-25 mg.....34	TRIESENCE.....96	see <i>emtricitabine-</i> <i>tenofovir disoproxil</i> <i>fumarate tab 100-150</i> <i>mg</i>.....9
<i>triamterene &</i> <i>hydrochlorothiazide tab</i> 37.5-25 mg.....34	<i>tri-estarylla</i>.....71	see <i>emtricitabine-</i> <i>tenofovir disoproxil</i> <i>fumarate tab 133-200</i> <i>mg</i>.....10
<i>triamterene &</i> <i>hydrochlorothiazide tab</i> 75-50 mg.....34	<i>trifluoperazine hcl</i>.....45	see <i>emtricitabine-</i> <i>tenofovir disoproxil</i> <i>fumarate tab 167-250</i> <i>mg</i>.....10
<i>triazolam</i>.....57	<i>trifluridine</i>.....95	see <i>emtricitabine-</i> <i>tenofovir disoproxil</i> <i>fumarate tab 200-300</i> <i>mg</i>.....10
TRIBENZOR	<i>trihexyphenidyl hcl</i>.....42	TRUXIMA.....23
see <i>olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 20-5-12.5 mg.....28	TRIJARDY XR TAB ER 24HR 10-5-1000MG....66	TRYNGOLZA.....36
see <i>olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-10-12.5 mg.....28	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG.....66	TRYVIO.....36
see <i>olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-10-25 mg.....28	TRIJARDY XR TAB ER 24HR 25-5-1000MG....66	TUKYSA.....23
see <i>olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-5-12.5 mg.....28	TRIJARDY XR TAB ER 24HR 5-2.5-1000MG...66	TURALIO.....23
see <i>olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-5-25 mg.....28	TRIKAFTA PAK 59.5MG.....100	<i>turqoz</i>.....71
TRIBENZOR TAB 20-5- 12.5MG.....29	TRIKAFTA PAK 75MG..100	<i>twice-daily clindamycin</i> <i>phosphate (topical)</i>....103
TRIBENZOR TAB 40-10- 12.5MG.....29	TRIKAFTA TAB 100-50- 75MG & 150MG.....100	TWINRIX INJ.....92
TRIBENZOR TAB 40-10- 25MG.....29	TRIKAFTA TAB 50-25- 37.5MG & 75MG.....100	TWYNEO CRE 0.1-3% .103
TRIBENZOR TAB 40-5- 12.5MG.....29	<i>tri-legest fe</i>.....71	TYBLUME CHW 0.1-0.02.....71
TRIBENZOR TAB 40-5- 25MG.....29	TRILEPTAL.....51	TYBOST.....9
TRICOR	see <i>oxcarbazepine</i>.....49	<i>tydemy</i>.....71
see <i>fenofibrate</i>.....30	<i>tri-linyah</i>.....71	TYENNE.....89
<i>tridacaine iii</i>.....106	<i>tri-lo-estarylla</i>.....71	TYGACIL.....14
	<i>tri-lo-marzia</i>.....71	see <i>tigecycline</i>.....14
	<i>tri-lo-mili</i>.....71	TYKERB.....23
	<i>tri-lo-sprintec</i>.....71	see <i>lapatinib ditosylate</i> 21
	<i>trimethobenzamide hcl</i> ...79	TYMLOS.....68
	<i>trimethoprim</i>.....6	TYPHIM VI.....92
	<i>tri-mili</i>.....71	TYVASO.....37
	<i>trimipramine maleate</i>.....41	TYVASO DPI
	TRINTELLIX.....41	INSTITUTIONAL.....37
	<i>tri-sprintec</i>.....71	TYVASO DPI
	TRIUMEQ PD TAB.....10	MAINTENANCE KI.....37
	TRIUMEQ TAB.....10	TYVASO DPI POW 16-32- 48.....37
	<i>tri-vylibra</i>.....71	TYVASO DPI POW MAIN KIT 32-64MCG.....37
	<i>tri-vylibra lo</i>.....71	
	TRODELVY.....23	
	TROGARZO.....9	
	TROPHAMINE INJ 10% .94	
	<i>trospium chloride</i>.....84	
	TRULANCE.....82	
	TRULICITY.....66	
	TRUMENBA.....92	

TYVASO DPI POW MAIN KIT 48-64MCG .....37	V	VANCOMYC/D5W INJ 1.5/300 .....6
TYVASO REFILL KIT.....37	VABOMERE INJ 2GM(1-1) .....6	<i>vancomycin hcl</i> .....7
TYVASO STARTER KIT .37	VABRINTY .....16	VANCOMYCIN HYDROCHLORIDE.....7
TYZAVAN .....6	VABYSMO .....97	see <i>vancomycin hcl</i>.....7
TZIELD.....66	VAGIFEM.....73	VANCOMYCIN INJ 1 GM .7
U	see <i>estradiol vaginal</i> ...72	VANCOMYCIN INJ 500MG.....7
UBRELVY .....58	see <i>yuvaferm</i> .....73	VANCOMYCIN INJ 750MG.....7
UCERIS .....80	<i>valacyclovir hcl</i>.....11	VANDAZOLE .....84
see <i>budesonide</i> .....80	VALCHLOR.....108	VANFLYTA .....23
see <i>budesonide</i> (<i>intrarectal</i>).....80	VALCYTE.....11	VANOS see <i>fluocinonide</i> .....106
ULORIC .....1	see <i>valganciclovir hcl</i> ..11	VANRAFIA .....83
see <i>febuxostat</i>.....1	<i>valganciclovir hcl</i>.....11	VAQTA.....92
ULTOMIRIS .....87	VALIUM.....51	<i>varenicline tartrate</i> .....63
UNASYN see <i>ampicillin &</i> <i>sulbactam sodium for</i> <i>inj 1.5 (1-0.5) gm</i>.....13	see <i>diazepam</i> .....47	<i>varenicline tartrate tab 11 x</i> <i>0.5 mg & 42 x 1 mg start</i> <i>pack</i>.....63
see <i>ampicillin &</i> <i>sulbactam sodium for</i> <i>inj 3 (2-1) gm</i>.....13	<i>valproate sodium</i>.....51	VARIVAX .....92
UNASYN BULK PACK see <i>ampicillin &</i> <i>sulbactam sodium for</i> <i>iv soln 15 (10-5) gm</i> .13	<i>valproic acid</i> .....51	VARUBI.....79
UNASYN INJ 1.5GM.....14	<i>valrubicin</i>.....17	VASCEPA.....32
UNASYN INJ 15GM.....14	<i>valsartan</i> .....30	VASERETIC see <i>enalapril maleate &</i> <i>hydrochlorothiazide tab</i> <i>10-25 mg</i>.....25
UNASYN INJ 3GM.....14	<i>valsartan-</i> <i>hydrochlorothiazide tab</i> <i>160-12.5 mg</i> .....29	VASERETIC TAB 10-25MG.....25
<i>unithroid</i> .....78	<i>valsartan-</i> <i>hydrochlorothiazide tab</i> <i>160-25 mg</i> .....29	VASOTEC.....26
UPLIZNA.....60	<i>valsartan-</i> <i>hydrochlorothiazide tab</i> <i>320-12.5 mg</i> .....29	see <i>enalapril maleate</i> ..25
UPTRAVI .....37	<i>valsartan-</i> <i>hydrochlorothiazide tab</i> <i>320-25 mg</i> .....29	VAXCHORA SUS .....92
UPTRAVI PACK TAB 200/800 .....37	<i>valsartan-</i> <i>hydrochlorothiazide tab</i> <i>80-12.5 mg</i> .....29	VECTIBIX.....23
UROCIT-K 10.....83	VALSTAR.....17	VELCADE .....23
see <i>potassium citrate</i> (<i>alkalinizer</i>) .....83	see <i>valrubicin</i> .....17	see <i>bortezomib</i>.....18
UROCIT-K 15.....83	VALTOCO 10 MG DOSE51	VELETRI.....37
see <i>potassium citrate</i> (<i>alkalinizer</i>) .....83	VALTOCO 15 MG DOSE51	see <i>epoprostenol sodium</i>.....36
UROXATRAL see <i>alfuzosin hcl</i>.....83	VALTOCO 20 MG DOSE51	<i>velivet</i>.....71
<i>ursodiol</i> .....82	VALTOCO 5 MG DOSE .51	VELSIPITY .....89
URSO FORTE see <i>ursodiol</i> .....82	VALTREX.....11	VELTASSA .....69
USTEKINUMAB .....89	see <i>valacyclovir hcl</i> ....11	VENCLEXTA.....23, 24
UZEDY .....45	<i>valtya 1/35</i>.....71	VENCLEXTA TAB START PK.....24
	<i>valtya 1/50</i>.....71	<i>venlafaxine hcl</i> .....41
	VANOCIN .....6	VENTOLIN HFA.....99
	see <i>vancomycin hcl</i>.....7	see <i>albuterol sulfate</i> ....99
	VANCOMYC/D5W INJ 1.25/250 .....6	

VENTOLIN HFA (INSTITUTIONAL PACK)	see <i>tenofovir disoproxil fumarate</i>.....9	see <i>ezetimibe-simvastatin tab 10-20 mg</i>.....31
.....99	VITRAKVI.....24	see <i>ezetimibe-simvastatin tab 10-40 mg</i>.....31
venxxiva.....83	VIVELLE-DOT.....73	see <i>ezetimibe-simvastatin tab 10-80 mg</i>.....31
VEOZAH.....77	see <i>dotti</i>.....72	VYTORIN TAB 10-10MG 32
verapamil hcl.....34	see <i>estradiol</i>.....72	VYTORIN TAB 10-20MG 32
VERQUVO.....36	VIVIMUSTA.....15	VYTORIN TAB 10-40MG 32
VERSACLOZ.....46	VIVITROL.....63	VYTORIN TAB 10-80MG 32
VERZENIO.....24	VIVJOA.....8	VYVANSE.....56
VESICARE	VIVOTIF CAP EC.....92	see <i>lisdexamfetamine dimesylate</i>.....54, 55
see <i>solifenacin succinate</i>	VIZIMPRO.....24	VYVGART.....90
.....84	VOGELXO.....64	VYVGART INJ HYTRULO
vestura.....71	VOGELXO PUMP.....64	90
VFEND.....8	VONJO.....24	VYZULTA.....96
see <i>voriconazole</i>.....8	VOQUEZNA.....83	W
VFEND IV.....8	VOQUEZNA PAK DUAL	WAINUA.....60
see <i>voriconazole</i>.....8	PAK.....82	WAKIX.....62
VIBATIV.....7	VOQUEZNA PAK TRIP PK	<i>warfarin sodium</i>.....85
VIBERZI.....82	82	<i>water for irrigation, sterile irrigation soln</i>.....108
VICTOZA.....66	VORANIGO.....24	WAYRILZ.....87
see <i>liraglutide</i>.....65	<i>voriconazole</i>.....8	WELCHOL.....32
VIDAZA.....15	VORICONAZOLE.....8	see <i>colesevelam hcl</i>....31
see <i>azacitidine</i>.....15	VOSEVI TAB.....11	WELIREG.....17
vienva.....71	VOTRIENT.....24	WELLBUTRIN SR
vigabatrin.....51	see <i>pazopanib hcl</i>.....22	see <i>bupropion hcl</i>.....39
vigadrone.....51	VOWST CAP.....82	WELLBUTRIN XL
VIGAFYDE.....51	VOXZOGO.....77	see <i>bupropion hcl</i>.....39
VIGAMOX.....95	VOYDEYA.....87	wera.....71
see <i>moxifloxacin hcl (ophth)</i>.....95	VOYDEYA TAB 50-100MG	WESTAB PLUS TAB 27-
VIIBRYD.....41	87	1MG.....94
see <i>vilazodone hcl</i>.....41	VPRIV.....77	WIDAPLIK TAB 10-1.25-
VIJOICE.....77	VRAYLAR.....46	0.625.....29
VIJOICE TAB 250MG.....77	VTAMA.....105	WIDAPLIK TAB 20-2.5-
<i>vilazodone hcl</i>.....41	VUMERITY.....61	1.25.....29
VIMIZIM.....77	VUSION OIN.....104	WIDAPLIK TAB 40-5-2.5 29
VIMKUNYA.....92	VYALEV INJ 12-240MG.....42	WINLEVI.....103
VIMPAT.....52	<i>vyfemla</i>.....71	WINREVAIR.....37
see <i>lacosamide</i>.....48	VYKAT XR.....77	WINREVAIR INJ 45MG ..37
see <i>lacosamide oral</i>....48	VYKOURA.....17	WINREVAIR INJ 60MG ..37
<i>vinblastine sulfate</i>.....18	<i>vylibra</i>.....71	<i>wixela inhub</i>.....101
<i>vincristine sulfate</i>.....18	VYLOY.....24	<i>wymzya fe</i>.....71
<i>vinorelbine tartrate</i>.....18	VYNDAMAX.....36	
VIOKACE TAB 10440.....82	VYNDAAQEL.....36	
VIOKACE TAB 20880.....82	VYTORIN	
<i>viorele</i>.....71	see <i>ezetimibe-simvastatin tab 10-10 mg</i>.....31	
VIRACEPT.....9		
VIREAD.....9		

WYOST.....	68				
X					
XACDURO INJ 1-1GM.....	7				
XACIATO.....	84				
XADAGO.....	42				
XALATAN.....	96				
see <i>latanoprost</i>	96				
XALKORI.....	24				
XANAX.....	38				
see <i>alprazolam</i>	38				
XANAX XR.....	38				
<i>xarah fe</i>	71				
XARELTO.....	85				
see <i>rivaroxaban</i>	85				
XARELTO STAR TAB					
15/20MG.....	85				
XATMEP.....	89				
XCOPRI.....	52				
XCOPRI PAK 100-150.....	52				
XCOPRI PAK 12.5-25.....	52				
XCOPRI PAK 150-200MG					
(MAINTENANCE).....	52				
XCOPRI PAK 150-200MG					
(TITRATION).....	52				
XCOPRI PAK 50-100MG	52				
XDEMVY.....	95				
XELJANZ.....	89				
XELJANZ XR.....	89				
<i>xelria fe</i>	72				
XELSTRYM.....	56				
XEMBIFY.....	90				
XENAZINE.....	60				
see <i>tetrabenazine</i>	60				
XENPOZYME.....	77				
XEOMIN.....	62				
XERAVA.....	14				
XERESE CRE 5-1%.....	108				
XERMELO.....	82				
XHANCE.....	101				
XIFAXAN.....	7, 82				
XIGDUO XR					
see <i>dapagliflozin free</i>					
<i>base-metformin hcl tab</i>					
<i>er 24hr 10-1000 mg</i>	64				
see <i>dapagliflozin free</i>					
<i>base-metformin hcl tab</i>					
<i>er 24hr 10-500 mg</i>	64				
see <i>dapagliflozin free</i>					
<i>base-metformin hcl tab</i>					
<i>er 24hr 5-1000 mg</i>	64				
see <i>dapagliflozin free</i>					
<i>base-metformin hcl tab</i>					
<i>er 24hr 5-500 mg</i>	64				
XIGDUO XR TAB 10-1000					
.....	66				
XIGDUO XR TAB 10-					
500MG.....	66				
XIGDUO XR TAB 2.5-1000					
.....	66				
XIGDUO XR TAB 5-					
1000MG.....	66				
XIGDUO XR TAB 5-500MG					
.....	66				
XIIDRA.....	97				
XIPERE.....	96				
XOFLUZA.....	11				
XOLAIR.....	100				
XOLREMDI.....	86				
XOPENEX HFA.....	99				
XOSPATA.....	24				
XPOVIO PAK (100 MG					
ONCE WEEKLY).....	24				
XPOVIO PAK (40 MG					
ONCE WEEKLY).....	24				
XPOVIO PAK (40 MG					
TWICE WEEKLY).....	24				
XPOVIO PAK (60 MG					
ONCE WEEKLY).....	24				
XPOVIO PAK (60 MG					
TWICE WEEKLY).....	24				
XPOVIO PAK (80 MG					
ONCE WEEKLY).....	24				
XPOVIO PAK (80 MG					
TWICE WEEKLY).....	24				
XROMI.....	87				
XTANDI.....	16				
XTRENBO.....	68				
<i>xulane</i>	72				
XULTOPHY INJ 100/3.6.....	67				
XYLOCAINE.....	1				
see <i>lidocaine hcl (local</i>					
<i>anesth.)</i>	1				
XYLOCAINE-MPF.....	1				
see <i>lidocaine hcl (local</i>					
<i>anesth.)</i>	1				
XYOSTED.....	64				
XYREM.....	63				
see <i>sodium oxybate</i>	62				
XYWAV SOL 0.5GM/ML.....	63				
Y					
<i>yargesa</i>	77				
YASMIN 28					
see <i>drospirenone-ethinyl</i>					
<i>estradiol tab 3-0.03 mg</i>					
.....	69				
see <i>syeda</i>	71				
see <i>zumandimine</i>	72				
YASMIN 28 TAB 3-0.03MG					
.....	72				
YAZ					
see <i>drospirenone-ethinyl</i>					
<i>estradiol tab 3-0.02 mg</i>					
.....	69				
see <i>jasmiel</i>	70				
see <i>loryna</i>	70				
see <i>nikki</i>	71				
see <i>vestura</i>	71				
YAZ TAB 3-0.02MG.....	72				
YCANTH.....	108				
YERVOY.....	24				
YESINTEK.....	89				
YF-VAX INJ.....	92				
YIMMUGO.....	90				
YONSA.....	16				
YORVIPATH.....	68				
<i>yulithira</i>	24				
YUTIQ.....	96				
YUTREPIA.....	37				
<i>yuvaferm</i>	73				
YUVIWEL.....	77				
Z					
<i>zafemy</i>	72				
<i>zafirlukast</i>	99				
<i>zaleplon</i>	57				
ZALTRAP.....	24				
ZANAFLEX.....	62				
see <i>tizanidine hcl</i>	62				
ZARONTIN.....	52				
see <i>ethosuximide</i>	47				
ZARXIO.....	86				
ZAVESCA.....	77				
see <i>miglustat</i>	75				
see <i>yargesa</i>	77				

ZEGALOGUE.....	74	ZESTORETIC TAB 10-12.5	25	zonisamide.....	52
ZEJULA.....	24	.....	25	ZORTRESS	91
ZELAPAR.....	42	ZESTORETIC TAB 20-12.5	25	see <i>everolimus</i>	
ZELBORAF	24	.....	25	(<i>immunosuppressant</i>)	
ZELSUVMI	108	ZESTORETIC TAB 20-		.....	91
zelvysia	77	25MG.....	25	ZORYVE	104, 105, 108
ZEMAIRA.....	100	ZESTRIL	26	ZOSYN SOL 2-0.25GM ..	14
ZEMBRACE SYMTOUCH		see <i>lisinopril</i>	26	ZOSYN SOL 3-0.375G ...	14
.....	58	ZETIA.....	32	ZOSYN SOL 4-0.50GM ..	14
ZEMDRI	7	see <i>ezetimibe</i>	31	zovia 1/35.....	72
ZEMPLAR.....	78	ZEVERTA	12	ZOVIRAX	108
see <i>paricalcitol</i>	78	ZIAGEN.....	9	see <i>acyclovir topical</i> ..	107
zenatane	103	see <i>abacavir sulfate</i>	8	ZTALMY	52
ZENPEP CAP 10000UNT		ZIANA GEL	103	ZTLIDO	106
.....	82	zidovudine.....	9	ZUBSOLV SUB 0.7-0.18.63	
ZENPEP CAP 15000UNT		ZIIHERA.....	24	ZUBSOLV SUB 1.4-0.36.63	
.....	82	ZILBRYSQ	90	ZUBSOLV SUB 11.4-2.9.63	
ZENPEP CAP 20000UNT		ZILRETTA	74	ZUBSOLV SUB 2.9-0.71.63	
.....	82	ZILXI	108	ZUBSOLV SUB 5.7-1.4...63	
ZENPEP CAP 25000UNT		ziprasidone hcl.....	46	ZUBSOLV SUB 8.6-2.1...63	
.....	82	ziprasidone mesylate	46	zumandimine.....	72
ZENPEP CAP 3000UNIT82		ZIRABEV.....	24	ZUNVEYL	39
ZENPEP CAP 40000UNT		ZIRGAN	95	ZURNAL.....	63
.....	82	ZITHROMAX.....	12	ZURZUVAE.....	41
ZENPEP CAP 5000UNIT82		see <i>azithromycin</i>	12	ZYDELIG.....	24
ZENPEP CAP 60000UNT		ZITHROMAX TRI-PAK...12		ZYKADIA.....	24
.....	82	ZITHROMAX Z-PAK.....12		ZYLET	
zenzedi.....	56	ZOCOR.....	31	see <i>loteprednol</i>	
ZEPOSIA	61	see <i>simvastatin</i>	31	<i>etabonate-tobramycin</i>	
ZEPOSIA 7DAY CAP STR		ZOLADEX	16	<i>ophth susp 0.5-0.3%</i> 94	
PACK.....	61	zoledronic acid	68	ZYLET SUS 0.5-0.3%	94
ZEPOSIA CAP STR KIT .61		ZOLEDRONIC ACID.....68		ZYNLONTA.....	24
ZEPZELCA	15	ZOLINZA.....	24	ZYNYZ	24
ZERBAXA INJ 1.5GM.....12		zolmitriptan.....	58	ZYPITAMAG	31
ZERVIAE	96	ZOLOFT.....	41	ZYPREXA	46
ZESTORETIC		see <i>sertraline hcl</i>	41	see <i>olanzapine</i>	44
see <i>lisinopril</i> &		zolpidem tartrate	57	ZYPREXA RELPREVV ...	46
<i>hydrochlorothiazide tab</i>		ZOLPIDEM TARTRATE..57		ZYPREXA ZYDIS.....	46
10-12.5 mg.....	25	ZOLYMBUS	96	see <i>olanzapine</i>	44
see <i>lisinopril</i> &		ZOMACTON	77	ZYTIGA	16
<i>hydrochlorothiazide tab</i>		zomig	58	see <i>abiraterone acetate</i>	
20-12.5 mg.....	25	ZOMIG	58	.....	15
see <i>lisinopril</i> &		see <i>zolmitriptan</i>	58	see <i>abirtega</i>	15
<i>hydrochlorothiazide tab</i>		ZONEGRAN		ZYVOX.....	7
20-25 mg.....	25	see <i>zonisamide</i>	52	see <i>linezolid</i>	5
		ZONISADE.....	52		