



***SilverScript Employer PDP sponsored by REHP
(SilverScript)***

2025 Formulary (List of Covered Drugs or "Drug List")

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

This formulary was updated on 09/26/2025. For more recent information or other questions, please contact Customer Care at 1-866-329-2088, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID Number: 25103

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

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

This document includes a list of the drugs (formulary) for our plan, which is current as of September 26, 2025. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the SilverScript Formulary?

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

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

The additional coverage provided by REHP covers certain prescription drugs not covered under Medicare Part D. Payments made for these prescription drugs will not count toward your initial coverage limit or total out-of-pocket costs. These prescription drugs are not subject to the appeals and exceptions process.

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

Can the Formulary change?

Most changes in drug coverage happen on January 1, but SilverScript may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: rehp.silverscript.com.

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

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

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

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

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

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

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

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

This formulary is current as of September 26, 2025. To get updated information about the drugs covered by our plan, please contact us at the number on your member ID card. Our contact information also appears on the front and back cover pages.

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

How do I use the Formulary?

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

Alphabetical Listing

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

Medical Condition

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

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

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

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

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

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

Generally, the SilverScript formulary will not include a brand drug when a generic is available. However, your employer will pay a portion of the cost of those brand drugs. If a brand drug is dispensed when a generic is available, you will be responsible for the brand cost-share amount plus the difference in cost between the generic and brand drug. If a brand drug is dispensed when a generic is available and your prescriber has written the prescription to allow generic substitution, you will be responsible for the brand cost-share amount plus the difference in cost between the generic and brand drug. As these claims will pay under the additional coverage offered by your employer, they will not qualify for any Extra Help you might receive. If we are not covering these drugs in the way you would like us to cover them, you may request an exception. If you have any questions about your share of the cost for these drugs, please contact Customer Care.

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

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

What if my drug is not on the Formulary?

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

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

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.

- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

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

How do I request an exception to the SilverScript Formulary?

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

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

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

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

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

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

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

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

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

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has three Cost-Sharing Tiers

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

- Cost-Sharing Tier 1: Generic**
- Cost-Sharing Tier 2: Preferred Brand**
- Cost-Sharing Tier 3: Non-Preferred Brand**

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

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

	Network Retail Pharmacy (Up to a 30-day supply available at <u>any</u> network pharmacy)	Mail-Order Pharmacy (Up to a 30-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
Tier 1: Generic	\$12.00	\$12.00	\$12.00
Tier 2: Preferred Brand	\$30.00*	\$30.00*	\$30.00*
Tier 3: Non-Preferred Brand	\$60.00*	\$60.00*	\$60.00*

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

*Plus the cost difference between brand and generic, if one exists.

Costs shown in the table above reflect the additional coverage that may be provided by REHP. Drugs that are part of your standard Medicare plan, but do not have additional coverage from REHP would be covered under the 2025 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2025-Medicare-Part-D-Outlook.php> for more information about the 2025 Medicare Part D Defined Standard Benefit drug costs.

For more information

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

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

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

SilverScript's Formulary

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

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

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

PA	Prior Authorization
QL	Drug has Quantity Limits
ST	Step Therapy required
NM	Not available at our mail-order pharmacies.
NDS	Non-extended day supply. Not available for an extended (long-term) supply.
B/D	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

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

Drug Name	Drug Requirements/ Tier	Limits
<i>diclofenac w/ misoprostol tab</i> delayed release 50-0.2 mg (generic of ARTHROTEC 50)	1	
<i>diclofenac w/ misoprostol tab</i> delayed release 75-0.2 mg (generic of ARTHROTEC 75)	1	
<i>diflunisal</i> TABS 500mg	1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>ketorolac tromethamine</i> TABS 10mg QL (20 tabs / 30 days) PA applies if 70 years and older	1	QL PA
<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg	1	
<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1	
<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL
<i>naproxen dr</i> (generic of EC-NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL
<i>naproxen sodium</i> TABS 275mg	1	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
<i>oxaprozin</i> TABS 600mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	
<i>tolmetin sodium</i> CAPS 400mg; TABS 600mg	1	

Drug Name	Drug Requirements/ Tier	Limits
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)	3	NDS QL PA
<i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg QL (30 tabs / 30 days)	3	NDS QL PA
<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

Drug Name	Drug Requirements/ Tier	Limits
<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
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-15 mg QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-30 mg QL (360 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-60 mg QL (180 tabs / 30 days)	1	QL
<i>acetaminophen-caffeine-dihydrocodeine cap</i> 320.5-30-16 mg QL (300 caps / 30 days)	1	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	3	
<i>butorphanol tartrate</i> SOLN 10mg/ml QL (10 mL / 30 days)	1	QL
CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days)	3	QL
<i>codeine sulfate</i> TABS 30mg QL (180 tabs / 30 days)	1	QL
<i>endocet tab</i> 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>endocet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>endocet tab 10-325mg</i> (generic of PERCOCET) 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 soln 10-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 5-300 mg</i> QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 10-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 10-200 mg</i> QL (150 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL
<i>hydromorphone hcl</i> SOLN 4mg/ml, 10mg/ml, 50mg/5ml	3	B/D
<i>hydromorphone hcl</i> (generic of DILAUDID) SOLN .2mg/ml, 1mg/ml, 2mg/ml	3	B/D
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL
HYDROMORPHONE HYDROCHLORI SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	3	B/D
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	3	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL
<i>morphine sulfate</i> (generic of MORPHINE SULFATE) SOLN 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	3	
OXAYDO TABS 5mg QL (180 tabs / 30 days)	3	QL
OXAYDO TABS 7.5mg QL (360 tabs / 30 days)	3	NDS QL
<i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days)	1	QL
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen soln</i> 5-325 mg/5ml QL (1800 mL / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>oxymorphone hcl</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
<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)	3	NDS QL PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	1	QL PA
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	1	
CAYSTON SOLR 75mg	3	NDS NM PA
CLEOCIN PHOSPHATE SOLN 300mg/2ml, 600mg/4ml	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</i> 300 mg/50ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	1	
CLINDMYC/NAC INJ 300/50ML	3	
CLINDMYC/NAC INJ 600/50ML	3	
CLINDMYC/NAC INJ 900/50ML	3	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	1	
DALVANCE SOLR 500mg	3	NDS
dapsone TABS 25mg, 100mg	1	
DAPTOMY/NACL INJ 350/50ML	3	
DAPTOMY/NACL INJ 500/50ML	3	
DAPTOMYCIN SOLR 350mg	3	NDS
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	3	NDS
<i>daptomycin</i> SOLR 500mg	3	NDS
EMBLAVEO INJ 2GM	3	NDS

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

Drug Name	Drug Requirements/ Tier	Limits
<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	1	
<i>metronidazole</i> CAPS 375mg; TABS 125mg, 250mg, 500mg	1	
<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	1	
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days)	3	NDS QL
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg	2	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	2	
ORBACTIV SOLR 400mg	3	NDS
<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	
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	3	NDS QL PA
RECARBRIO INJ 1.25GM	3	NDS
SIVEXTRO SOLR 200mg; TABS 200mg	3	NDS
SOLOSEC PACK 2gm	3	
<i>streptomycin sulfate</i> SOLR 1gm	3	NDS
<i>sulfadiazine</i> TABS 500mg	3	NDS
<i>sulfamethoxazole-</i> <i>trimethoprim iv soln</i> 400-80 mg/5ml	1	
<i>sulfamethoxazole-</i> <i>trimethoprim susp</i> 200-40 mg/5ml	1	
<i>sulfamethoxazole-</i> <i>trimethoprim tab</i> 400-80 mg (generic of BACTRIM)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI PODHALER CAPS 28mg	3	NDS NM PA
<i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml	3	NDS NM PA
<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	3	NDS NM PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	
VABOMERE INJ 2GM(1-1)	3	NDS
VANCOMYC/D5W INJ 1.5/300	3	
VANCOMYC/D5W INJ 1.25/250	3	
VANCOMYCIN SOLN 2000mg/400ml	3	
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	1	QL
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	1	QL
<i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg	1	
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg	1	
<i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml, 250mg/5ml QL (1800 mL / 180 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1gm, 1.75gm, 2gm, 5gm, 10gm, 500mg, 750mg	3	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
VIBATIV SOLR 750mg	3	NDS
XACDURO INJ 1-1GM	3	NDS
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	3	QL
ZEMDRI SOLN 500mg/10ml	3	NDS
ZYVOX SOLN 200mg/100ml	3	NDS
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	3	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	3	NDS B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	3	NDS PA
ERAXIS SOLR 50mg	3	
ERAXIS SOLR 100mg	3	NDS
<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg, 100mg, 200mg	1	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml; TABS 150mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	3	NDS PA
<i>fulvicin p/g 165</i> TABS 165mg	3	NDS
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>griseofulvin ultramicrosize</i> TABS 165mg	3	NDS
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	PA
<i>itraconazole</i> SOLN 10mg/ml	3	NDS
<i>ketoconazole</i> TABS 200mg	1	PA
<i>miconazole sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	1	
MICAFUNGIN/NACL INJ 50MG/50ML	3	NDS
MICAFUNGIN/NACL INJ 100MG/100ML	3	NDS
MICAFUNGIN/NACL INJ 150MG/150ML	3	NDS
NOXAFIL PACK 300mg QL (32 packets / 30 days)	3	NDS QL PA
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> (generic of NOXAFIL) SOLN 300mg/16.7ml	3	NDS
<i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml QL (630 mL / 30 days)	3	NDS QL PA
<i>posaconazole</i> TBEC 100mg QL (93 tabs / 30 days)	3	NDS QL PA
REZZAYO SOLR 200mg	3	NDS
<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	3	NDS PA
VIVJOA CPPK 150mg QL (18 caps / 84 days)	3	NDS QL NM PA
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	1	PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)	3	NDS QL PA
<i>voriconazole</i> TABS 50mg QL (480 tabs / 30 days)	1	QL
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	1	QL
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
<i>mefloquine hcl</i> TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
<i>quinine sulfate</i> 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	3	NDS NM
<i>atazanavir sulfate</i> CAPS 150mg	1	NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	1	NM
<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	3	NDS QL NM
<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	3	NDS QL NM
EDURANT TABS 25mg	3	NDS NM
EDURANT PED TBSO 2.5mg	3	NDS NM
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	3	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	3	NDS NM
<i>fosamprenavir calcium</i> TABS 700mg	3	NDS NM
FUZEON SOLR 90mg	3	NDS NM
INTELENCE TABS 25mg	3	NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	3	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
ISENTRESS HD TABS 600mg	3	NDS NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	3	NDS NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg	3	NM
PIFELTRO TABS 100mg	3	NDS NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	3	NDS QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	3	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	3	NDS QL NM
REYATAZ PACK 50mg	3	NDS NM
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	1	NM
RUKOBIA TB12 600mg	3	NDS NM
SELZENTRY SOLN 20mg/ml	3	NDS NM
SUNLENCA TABS 300mg; TBPK 300mg	3	NDS NM
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	1	NM
TIVICAY TABS 10mg	2	NM
TIVICAY TABS 25mg, 50mg	3	NDS NM
TIVICAY PD TBSO 5mg	3	NDS NM
TROGARZO SOLN 200mg/1.33ml	3	NDS NM
TYBOST TABS 150mg	2	NM
VIRACEPT TABS 250mg, 625mg	3	NDS NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	3	NDS 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	3	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
BIKTARVY TAB 50-200-25 MG	3	NDS NM
CIMDUO TAB 300-300	3	NDS NM
COMPLERA TAB	3	NDS NM
DELSTRIGO TAB	3	NDS NM
DESCOVY TAB 120-15MG	3	NDS NM
DESCOVY TAB 200/25MG	3	NDS NM
DOVATO TAB 50-300MG	3	NDS NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	3	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	3	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	3	NDS NM
<i>emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg</i> (generic of COMPLERA)	3	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA)	3	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA)	3	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA)	3	NDS NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA)	1	NM
EVOTAZ TAB 300-150	3	NDS NM
GENVOYA TAB	3	NDS NM
JULUCA TAB 50-25MG	3	NDS NM
KALETRA SOL	3	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	1	NM
ODEFSEY TAB	3	NDS NM

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

Drug Name	Drug Requirements/ Tier	Limits
PREZCOBIX TAB 800-150	3	NDS NM
STRIBILD TAB	3	NDS NM
SYMTUZA TAB	3	NDS NM
TRIUMEQ PD TAB	2	NM
TRIUMEQ TAB	3	NDS NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	3	NDS
ethambutol hcl TABS 100mg, 400mg	1	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
pyrazinamide TABS 500mg	1	
rifabutin CAPS 150mg	1	
rifampin CAPS 150mg, 300mg	1	
rifampin (generic of RIFADIN) SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	3	NDS NM PA
ANTIVIRALS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
acyclovir sodium SOLN 50mg/ml	1	B/D
adefovir dipivoxil TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	3	NDS NM ST
cidofovir SOLN 75mg/ml	1	
entecavir (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	3	NDS NM PA
EPCLUSA PAK 200-50MG	3	NDS NM PA
EPCLUSA TAB 200-50MG	3	NDS NM PA
EPCLUSA TAB 400-100	3	NDS NM PA
famciclovir TABS 125mg, 250mg, 500mg	1	
foscarnet sodium (generic of FOSCAVIR) SOLN 6000mg/250ml	3	NDS B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
ganciclovir sodium SOLR 500mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
HARVONI PAK 33.75-150MG	3	NDS NM PA
HARVONI PAK 45-200MG	3	NDS NM PA
HARVONI TAB 45-200MG	3	NDS NM PA
HARVONI TAB 90-400MG	3	NDS NM PA
lamivudine (hbv) TABS 100mg	1	NM
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	3	NDS QL NM PA
MAVYRET PAK 50-20MG	3	NDS NM PA
MAVYRET TAB 100-40MG	3	NDS NM PA
oseltamivir phosphate (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	1	QL
oseltamivir phosphate (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	1	QL
oseltamivir phosphate (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	1	QL
PAXLOVID PAK QL (22 tabs / 90 days)	1	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	1	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	1	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	3	NDS NM PA
PREVYMIS PACK 20mg, 120mg QL (120 packets / 30 days)	3	NDS QL PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	3	NDS
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	3	NDS QL PA
RAPIVAB SOLN 200mg/20ml	3	NDS
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	2	QL
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	1	NM
rimantadine hydrochloride TABS 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	3	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	1	
VOSEVI TAB	3	NDS NM PA
XOFLUZA TBPk 40mg, 80mg	3	QL
QL (1 tab / 180 days)		
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	3	NDS
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACLOR ER TB12 500mg	3	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	
CEFAZOLIN SOLR 2gm, 3gm	3	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	3	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	3	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	3	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	3	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> (generic of CEFOTAN) SOLR 1gm, 2gm	1	
CEFOXITIN INJ 1GM	3	

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

Drug Name	Drug Requirements/ Tier	Limits
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1	
<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	3	NDS
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1	
<i>fidaxomicin</i> (generic of DIFICID) TABS 200mg	3	NDS
FLUOROQUINOLONES		
BAXDELA SOLR 300mg; TABS 450mg	3	NDS
CIPRO SUSR 5gm/100ml, 500mg/5ml	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	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin & k clavulanate for 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</i> (generic of AUGMENTIN ES- 600)	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</i> CAPS 500mg	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> (generic of UNASYN)	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i> (generic of UNASYN)	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</i> (generic of UNASYN BULK PACK)	1	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1	
AUGMENTIN SUS 125/5ML	3	
BICILLIN C-R INJ 900/300	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
BICILLIN C-R INJ 1200000	3	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3	
dicloxacillin sodium CAPS 250mg, 500mg	1	
NAFCILLIN INJ 2GM/100	3	NDS
nafcillin sodium SOLR 1gm, 2gm	1	
nafcillin sodium SOLR 10gm	3	NDS
OXACILLIN INJ 2GM	3	
oxacillin sodium SOLR 1gm, 2gm, 10gm	1	
PEN GK/DEXTR INJ 20000/ML	3	
PEN GK/DEXTR INJ 40000/ML	3	
PEN GK/DEXTR INJ 60000/ML	3	
penicillin g potassium SOLR 5000000unit, 20000000unit	1	
penicillin g sodium SOLR 5000000unit	1	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
pfizerpen SOLR 5000000unit, 20000000unit	1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	1	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	1	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	1	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	1	
ZOSYN SOL 2-0.25GM	3	
ZOSYN SOL 3-0.375G	3	
ZOSYN SOL 4-0.50GM	3	

Drug Name	Drug Requirements/ Tier	Limits
TETRACYCLINES		
demeclocycline hcl TABS 150mg, 300mg	1	
doxy 100 SOLR 100mg	1	
doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg	1	
doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
minocycline hcl CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg	3	NDS NM
NUZYRA TABS 150mg QL (30 tabs / 14 days)	3	NDS QL NM
tetracycline hcl CAPS 250mg, 500mg	1	
tigecycline (generic of TYGACIL) SOLR 50mg	3	NDS
XERAVA SOLR 50mg, 100mg	3	
ANTINEOPLASTIC AGENTS ALKYLATING AGENTS		
bendamustine hcl (generic of TREANDA) SOLR 25mg, 100mg	3	NDS B/D NM
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	3	NDS B/D NM
BENDEKA SOLN 100mg/4ml	3	NDS B/D NM
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
cyclophosphamide CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	3	NDS B/D NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	3	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>cyclophosphamide</i> SOLR 2gm	3	NDS B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	3	NDS B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	3	NDS B/D NM
GLEOSTINE CAPS 10mg, 40mg	3	NM
GLEOSTINE CAPS 100mg	3	NDS NM
GRAFAPEX SOLR 1gm, 5gm	3	NDS B/D NM
IFEX SOLR 3gm	3	B/D
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	1	B/D
IFOSFAMIDE SOLR 3gm	3	B/D
LEUKERAN TABS 2mg	3	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
<i>oxaliplatin</i> SOLR 100mg	3	NDS B/D
VIVIMUSTA SOLN 100mg/4ml	3	NDS B/D NM
ZEPZELCA SOLR 4mg	3	NDS NM PA
ANTIMETABOLITES		
AXTLE SOLR 100mg, 500mg	3	NDS B/D NM
<i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	3	NDS B/D NM
<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	1	B/D
<i>decitabine</i> SOLR 50mg	3	NDS B/D NM
<i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	3	NDS NM PA
<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D
<i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 2gm/20ml, 200mg/2ml	3	B/D
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	3	NDS QL NM PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	3	NDS QL NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	3	NDS QL NM PA
<i>mercaptopurine</i> (generic of PURIXAN) SUSP 2000mg/100ml	3	NDS NM
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	3	NDS QL NM PA
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml	3	NDS B/D
<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	3	NDS B/D
<i>pemetrexed disodium</i> SOLR 750mg, 1000mg	3	NDS B/D
PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml	3	NDS B/D
<i>pralatrexate</i> SOLN 20mg/ml, 40mg/2ml	3	NDS NM PA
PURIXAN SUSP 2000mg/100ml	3	NDS NM
TABLOID TABS 40mg	3	NDS
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	3	NDS QL NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	3	NDS QL NM PA
<i>abirtega</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	1	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	3	NDS QL NM PA
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	1	
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	3	NDS QL NM PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	3	NDS QL NM PA
EULEXIN CAPS 125mg	3	NDS
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1	
FIRMAGON SOLR 80mg	3	NM PA
FIRMAGON SOLR 120mg/vial	3	NDS NM PA
<i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml	3	NDS B/D
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
<i>leuprolide acetate</i> (3 month) INJ 22.5mg	1	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	3	NDS NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	3	NDS NM PA
LUPRON DEPOT (4-MONTH) KIT 30mg	3	NDS NM PA
LUPRON DEPOT (6-MONTH) KIT 45mg	3	NDS NM PA
LUTRATE DEPOT INJ 22.5mg	3	NM PA
LYSODREN TABS 500mg	3	NDS NM
<i>megestrol acetate</i> TABS 20mg, 40mg	2	
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	3	NDS
NUBEQA TABS 300mg QL (120 tabs / 30 days)	3	NDS QL NM PA
ORGOVYX TABS 120mg	3	NDS NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
ORSERDU TABS 345mg QL (30 tabs / 30 days)	3	NDS QL NM PA
SOLTAMOX SOLN 10mg/5ml	3	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	1	PA
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	3	NDS QL NM PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	3	NDS QL NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	3	NDS QL NM PA
YONSA TABS 125mg QL (120 tabs / 30 days)	3	NDS QL NM PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	3	NDS QL NM PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	3	NDS QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	3	NDS QL NM PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	3	NDS QL NM PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	3	NDS QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	3	NDS QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	3	NDS QL NM PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	3	NDS QL NM PA
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	3	NDS NM PA
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	3	NDS QL NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	3	NDS B/D NM
DOCETAXEL CONC 20mg/ml	3	B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D NM
<i>eribulin mesylate</i> (generic of HALAVEN) SOLN 1mg/2ml	3	NDS B/D NM
ETOPOPHOS SOLR 100mg	3	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
IXEMPRA KIT SOLR 15mg, 45mg	3	NDS B/D NM
JEVTANA SOLN 60mg/1.5ml	3	NDS NM PA
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
PACLITAXEL INJ 100MG	3	NDS B/D NM
<i>paclitaxel inj 100mg</i> (generic of ABRAXANE)	3	NDS B/D NM
<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg QL (240 caps / 30 days)	3	NDS QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	3	NDS QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	3	NDS QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	3	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
ARZERRA CONC 100mg/5ml, 1000mg/50ml	3	NDS B/D NM
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	3	NDS QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	3	NDS QL NM PA
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	3	NDS QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	3	NDS QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	3	NDS QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	3	NDS QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	3	NDS QL NM PA
BAVENCIO SOLN 200mg/10ml	3	NDS NM PA
BELEODAQ SOLR 500mg	3	NDS NM PA
BESPONSA SOLR .9mg	3	NDS NM PA
BORTEZOMIB SOLR 1mg, 2.5mg	3	NM PA
<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	3	NDS NM PA
BORUZU SOLN 3.5mg/1.4ml	3	NDS NM PA
BOSULIF CAPS 50mg QL (360 caps / 30 days)	3	NDS QL NM PA
BOSULIF CAPS 100mg QL (150 caps / 25 days)	3	NDS QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	3	NDS QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	3	NDS QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	3	NDS QL NM PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	3	NDS QL NM PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	3	NDS QL NM PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	3	NDS QL NM PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	3	NDS QL NM PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	3	NDS NM PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	3	NDS QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	3	NDS QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	3	NDS QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	3	NDS QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	3	NDS QL NM PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	3	NDS QL NM PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	3	NDS NM PA
DARZALEX INJ FASPRO <i>dasatinib</i> (generic of SPRYCEL) TABS 20mg QL (90 tabs / 30 days)	3	NDS NM PA NDS QL NM PA
<i>dasatinib</i> (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	3	NDS QL NM PA
DATROWAY SOLR 100mg	3	NDS NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	3	NDS QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	3	NDS QL NM PA
ELAHERE SOLN 100mg/20ml	3	NDS NM PA
EMPLICITI SOLR 300mg, 400mg	3	NDS NM PA
EMRELIS SOLR 20mg, 100mg	3	NDS NM PA
ENHERTU SOLR 100mg	3	NDS NM PA
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	3	NDS NM PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	3	NDS B/D NM
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	3	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	3	NDS QL NM PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg QL (30 tabs / 30 days)	3	NDS QL NM PA
<i>erlotinib hcl</i> TABS 150mg QL (30 tabs / 30 days)	3	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	3	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days)	3	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	3	NDS QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	3	NDS QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	3	NDS QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	3	NDS QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	3	NDS QL NM PA
FYARRO SUSR 100mg	3	NDS NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	3	NDS QL NM PA
GAZYVA SOLN 1000mg/40ml	3	NDS NM PA
<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	3	NDS QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	3	NDS QL NM PA
GOMEKLI CAPS 1mg QL (168 caps / 28 days)	3	NDS QL NM PA
GOMEKLI CAPS 2mg QL (84 caps / 28 days)	3	NDS QL NM PA
GOMEKLI TBSO 1mg QL (168 tabs / 28 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
HERCEP HYLEC SOL 60- 10000	3	NDS NM PA
HERCEPTIN SOLR 150mg	3	NDS NM PA
HERZUMA SOLR 150mg, 420mg	3	NDS NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	3	NDS QL NM PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	3	NDS QL NM PA
IBTROZI CAPS 200mg QL (90 caps / 30 days)	3	NDS QL NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	3	NDS QL NM PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	3	NDS QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	3	NDS QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	3	NDS QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	3	NDS QL NM PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	3	NDS QL NM PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	3	NDS QL NM PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	3	NDS QL NM PA
IMDELLTRA SOLR 1mg, 10mg	3	NDS NM PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	3	NDS NM PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	3	NDS NM PA
IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	3	NDS QL NM PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	3	NDS QL NM PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	3	NDS QL NM PA
INREBIC CAPS 100mg QL (120 caps / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
ITOVEBI TABS 3mg QL (56 tabs / 28 days)	3	NDS QL NM PA
ITOVEBI TABS 9mg QL (28 tabs / 28 days)	3	NDS QL NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	3	NDS QL NM PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	3	NDS QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	3	NDS QL NM PA
JEMPERLI SOLN 500mg/10ml	3	NDS NM PA
KADCYLA SOLR 100mg, 160mg	3	NDS B/D NM
KANJINTI SOLR 150mg, 420mg	3	NDS NM PA
KEYTRUDA SOLN 100mg/4ml	3	NDS NM PA
KIMMTRAK SOLN 100mcg/0.5ml	3	NDS NM PA
KISQALI 200 DOSE TBP 200mg QL (21 tabs / 28 days)	3	NDS QL NM PA
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	3	NDS QL NM PA
KISQALI 400 DOSE TBP 200mg QL (42 tabs / 28 days)	3	NDS QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	3	NDS QL NM PA
KISQALI 600 DOSE TBP 200mg QL (63 tabs / 28 days)	3	NDS QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	3	NDS QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	3	NDS QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	3	NDS QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	3	NDS QL NM PA
KYPROLIS SOLR 10mg, 30mg, 60mg	3	NDS NM PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	3	NDS QL NM PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	3	NDS QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	3	NDS QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	3	NDS QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	3	NDS QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	3	NDS QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	3	NDS QL NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	3	NDS QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	3	NDS QL NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	3	NDS QL NM PA
LIBTAYO SOLN 350mg/7ml	3	NDS NM PA
LOQTORZI SOLN 240mg/6ml	3	NDS NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	3	NDS QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	3	NDS QL NM PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	3	NDS QL NM PA
LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	3	NDS QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	3	NDS QL NM PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	3	NDS NM PA
LYNOZYFIC SOLN 5mg/2.5ml, 200mg/10ml	3	NDS NM PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	3	NDS QL NM PA
LYTGOBI (12 MG DAILY DOSE) TBP 4mg QL (84 tabs / 28 days)	3	NDS QL NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	3	NDS QL NM PA
ONTRUZANT SOLR 150mg, 420mg	3	NDS NM PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	3	NDS NM PA
OPDIVO INJ QVANTIG	3	NDS NM PA
OPDUALAG SOL	3	NDS NM PA
PADCEV SOLR 20mg, 30mg <i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	3	NDS NM PA NDS QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	3	NDS QL NM PA
PERJETA SOLN 420mg/14ml	3	NDS NM PA
PHESGO SOL	3	NDS NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	3	NDS QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	3	NDS QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	3	NDS QL NM PA
POLIVY SOLR 30mg, 140mg	3	NDS NM PA
POTELIGEO SOLN 20mg/5ml	3	NDS NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	3	NDS QL NM PA
RETEVMO CAPS 40mg QL (240 caps / 30 days)	3	NDS QL NM PA
RETEVMO CAPS 80mg QL (120 caps / 30 days)	3	NDS QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	3	NDS QL NM PA
RETEVMO TABS 80mg, 120mg, 160mg QL (60 tabs / 30 days)	3	NDS QL NM PA
REVUFORJ TABS 25mg QL (240 tabs / 30 days)	3	NDS QL NM PA
REVUFORJ TABS 110mg QL (120 tabs / 30 days)	3	NDS QL NM PA
REVUFORJ TABS 160mg QL (60 tabs / 30 days)	3	NDS QL NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	3	NDS QL NM PA
ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days)	3	NDS QL NM PA
ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	3	NDS QL NM PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	3	NDS QL NM PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	3	NDS QL NM PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	3	NDS QL NM PA
RYBREVA SOLN 350mg/7ml	3	NDS NM PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	3	NDS QL NM PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	3	NDS NM PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	3	NDS QL NM PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	3	NDS QL NM PA
SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	3	NDS QL NM PA
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	3	NDS QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	3	NDS QL NM PA
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	3	NDS QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	3	NDS QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	3	NDS QL NM PA
TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	3	NDS QL NM PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	3	NDS QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	3	NDS QL NM PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	3	NDS QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	3	NDS QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	3	NDS QL NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	3	NDS NM PA
TECENTRIQ INJ HYBREZA QL (1 vial / 21 days)	3	NDS QL NM PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	3	NDS NM PA
<i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	3	NDS B/D NM
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	3	NDS QL NM PA
TEVIMBRA SOLN 100mg/10ml	3	NDS NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	3	NDS QL NM PA
TIVDAK SOLR 40mg	3	NDS NM PA
<i>torpenz</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	3	NDS QL NM PA
TRAZIMERA SOLR 150mg, 420mg	3	NDS NM PA
TRODELVY SOLR 180mg	3	NDS NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	3	NDS QL NM PA
TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days)	3	NDS QL NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	3	NDS QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	3	NDS QL NM PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	3	NDS B/D NM
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	2	QL NM PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	3	NDS QL NM PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	3	NDS QL NM PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	3	NDS QL NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	3	NDS QL NM PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	3	NDS QL NM PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	3	NDS QL NM PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	3	NDS QL NM PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	3	NDS QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	3	NDS QL NM PA
VORANIGO TABS 10mg QL (60 tabs / 30 days)	3	NDS QL NM PA
VORANIGO TABS 40mg QL (30 tabs / 30 days)	3	NDS QL NM PA
VYLOY SOLR 100mg, 300mg	3	NDS NM PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	3	NDS QL NM PA
XALKORI CPSP 20mg QL (240 caps / 30 days)	3	NDS QL NM PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	3	NDS QL NM PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	3	NDS QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg QL (16 tabs / 28 days)	3	NDS QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	3	NDS QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	3	NDS QL NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	3	NDS QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	3	NDS QL NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	3	NDS QL NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days)	3	NDS QL NM PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	3	NDS NM PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	3	NDS NM PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	3	NDS QL NM PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	3	NDS QL NM PA
ZIIHERA SOLR 300mg	3	NDS NM PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	3	NDS NM PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	3	NDS QL NM PA
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	3	NDS QL NM PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	3	NDS QL NM PA
ZYNLONTA SOLR 10mg	3	NDS NM PA
ZYNYZ SOLN 500mg/20ml	3	NDS NM PA
PROTECTIVE AGENTS		
<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	3	NDS B/D
ELITEK SOLR 1.5mg, 7.5mg	3	NDS B/D
KHAPZORY SOLR 175mg	3	NDS B/D NM
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D NM
<i>mesna</i> (generic of MESNEX) TABS 400mg	3	NDS
MESNEX TABS 400mg	3	NDS
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg</i> (generic of LOTENSIN HCT)	1	
<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg</i> (generic of LOTENSIN HCT)	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT)	1	

Drug Name	Drug Requirements/ Tier	Limits
<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</i> (generic of VASERETIC)	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of ZESTORETIC)	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC)	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> (generic of ACCURETIC)	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> (generic of ACCURETIC)	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	

Drug Name	Drug Requirements/ Tier	Limits
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
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	
<i>lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>QBRELIS SOLN 1mg/ml</i>	3	NDS
<i>quinapril hcl (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone (generic of INSPRA) TABS 25mg, 50mg</i>	1	
<i>KERENDIA TABS 10mg, 20mg, 40mg</i>	2	QL
QL (30 tabs / 30 days)		
<i>spironolactone (generic of CAROSPIR) SUSP 25mg/5ml</i>	1	
<i>spironolactone (generic of ALDACTONE) TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg</i>	1	

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

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ARBLI SUSP 10mg/ml QL (330 mL / 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
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	QL
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	1	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1	
<i>fenofibrate</i> TABS 54mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1	
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
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)	3	QL ST
FLOLIPID SUSP 20mg/5ml, 40mg/5ml QL (300 mL / 30 days)	3	QL ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg QL (60 caps / 30 days)	1	QL ST
<i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg QL (30 tabs / 30 days)	1	QL ST
<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

Drug Name	Drug Requirements/ Tier	Limits
<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	3	QL ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm	1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; TABS 1gm	1	
<i>colestipol hcl</i> PACK 5gm	1	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	3	NDS NM PA
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10- 10 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10- 20 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10- 40 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10- 80 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	3	NDS NM PA
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	2	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	1	QL
<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	1	PA
<i>prevalite</i> PACK 4gm	1	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	2	NM PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	2	NM PA
REPATHA SURECLICK SOAJ 140mg/ml	2	NM PA
VASCEPA CAPS .5gm, 1gm	2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5- 6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10- 6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100- 25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100- 50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	
<i>bisoprolol fumarate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>carvedilol phosphate</i> (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	1	QL
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3	
<i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg, 400mg	1	
LOPRESSOR SOLN 10mg/ml	3	
<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg	1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	1	QL
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1	
<i>propranolol hcl</i> SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.9%</i> (generic of NICARDIPINE HYDROCHLORIDE)	1	
NICARDIPINE SOL 20/200ML	3	
NICARDIPINE SOL 40/200ML	3	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>nimodipine</i> SOLN 60mg/20ml	3	NDS
<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1	
<i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg	1	
NORLIQVA SOLN 1mg/ml	3	
NYMALIZE SOLN 6mg/ml	3	NDS
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
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	3	NDS NM PA
DIURIL SUSP 250mg/5ml	3	
<i>ethacrynic acid</i> (generic of EDECRIN) TABS 25mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	1	
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
HEMICLOR TABS 12.5mg	3	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
INZIRQO SUSR 10mg/ml QL (320 mL / 30 days)	3	QL
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>ormarvi</i> (generic of KEVEYIS) TABS 50mg	3	NDS NM PA
SOAANZ TABS 20mg, 40mg, 60mg	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
THALITONE TABS 15mg	3	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> (generic of TEKTRINA) TABS 150mg, 300mg	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	

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>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg (generic of CADUET)</i>	1	
ASPRUZYU SPRINKLE PACK 1000mg	3	PA
ATTRUBY TBPK 356mg QL (112 tabs / 28 days)	3	NDS QL NM PA
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg QL (30 caps / 30 days)	3	NDS QL NM PA
<i>clonidine (generic of CATAPRES-TTS-1)</i> PTWK .1mg/24hr	1	
<i>clonidine (generic of CATAPRES-TTS-2)</i> PTWK .2mg/24hr	1	
<i>clonidine (generic of CATAPRES-TTS-3)</i> PTWK .3mg/24hr	1	
<i>clonidine</i> TB24 .17mg	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>digoxin</i> SOLN .05mg/ml	1	
<i>digoxin (generic of LANOXIN)</i> SOLN .25mg/ml; TABS 62.5mcg	1	
<i>digoxin (generic of LANOXIN)</i> TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1	QL
<i>droxidopa (generic of NORTHERA)</i> CAPS 100mg QL (90 caps / 30 days)	3	NDS QL NM PA
<i>droxidopa (generic of NORTHERA)</i> CAPS 200mg, 300mg QL (180 caps / 30 days)	3	NDS QL NM PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg PA applies if 70 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 (generic of BIDIL)</i>	1	
<i>ivabradine hcl (generic of CORLANOR)</i> TABS 5mg, 7.5mg QL (60 tabs / 30 days)	1	QL
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
LODOCO TABS .5mg QL (30 tabs / 30 days)	3	QL PA
<i>methyldopa</i> TABS 250mg, 500mg PA applies if 70 years and older	3	PA
<i>metirosine (generic of DEMSER)</i> CAPS 250mg	3	NDS NM PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg	3	NDS PA
<i>ranolazine</i> TB12 500mg, 1000mg	1	
TRYNGOLZA SOAJ 80mg/0.8ml QL (1 autoinjector / 30 days)	3	NDS QL NM PA
TRYVIO TABS 12.5mg QL (30 tabs / 30 days)	3	QL PA
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	2	QL PA
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	3	NDS QL NM PA
VYNDAQEL CAPS 20mg QL (120 caps / 30 days)	3	NDS QL NM PA
NITRATES		
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	1	
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	1	
ISOSORBIDE MONONITRATE TABS 10mg, 20mg	3	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	3	NDS
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
<i>nitroglycerin</i> (generic of NITROLINGUAL) SOLN .4mg/spray	1	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	3	NDS QL NM PA
<i>alyq</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	3	NDS QL NM PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	3	NDS QL NM PA
<i>bosentan</i> (generic of TRACLEER) TBSO 32mg QL (120 tabs / 30 days)	3	NDS QL NM PA
<i>epoprostenol sodium</i> (generic of VELETRI) SOLR .5mg, 1.5mg	3	NDS B/D NM
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	3	NDS QL NM PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	3	NDS NM PA
ORENITRAM TBCR .125mg	3	NM PA
ORENITRAM TAB MONTH 1	3	NDS NM PA
ORENITRAM TAB MONTH 2	3	NDS NM PA
ORENITRAM TAB MONTH 3	3	NDS NM PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SOLN 10mg/12.5ml	3	NDS NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> SUSR 10mg/ml QL (784 mL / 30 days)	3	NDS QL NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	1	QL NM PA
<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	3	NDS QL NM PA
TADLIQ SUSP 20mg/5ml QL (300 mL / 30 days)	3	NDS QL NM PA
TRACLEER TBSO 32mg QL (120 tabs / 30 days)	3	NDS QL NM PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM PA
TYVASO SOLN .6mg/ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg QL (112 cartridges / 28 days)	3	NDS QL NM PA
TYVASO DPI POW 16-32-48 QL (252 cartridges / 28 days)	3	NDS QL NM PA
UPTRAVI SOLR 1800mcg	3	NDS NM PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	3	NDS QL NM PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	3	NDS QL NM PA
UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	3	NDS QL NM PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	3	NDS QL NM PA
YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	3	NDS QL NM PA
CENTRAL NERVOUS SYSTEM ANTIANXIETY		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>alprazolam</i> (generic of XANAX XR) TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	1	QL PA
<i>alprazolam</i> (generic of XANAX XR) TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older	1	QL PA
<i>alprazolam</i> TBDP .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>alprazolam</i> TBDP .25mg QL (120 tabs / 30 days)	1	QL
ALPRAZOLAM INTENSOL CONC 1mg/ml QL (300 mL / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>fluvoxamine maleate</i> CP24 100mg, 150mg QL (60 caps / 30 days)	1	QL
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	1	
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<i>oxazepam</i> CAPS 10mg, 15mg, 30mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA
ANTIDEMENTIA		
ADLARITY PTWK 5mg/day, 10mg/day QL (4 patches / 28 days)	3	QL PA
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg, 23mg	1	
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	1	QL
<i>donepezil hydrochloride</i> TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	1	QL
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	1	QL
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	1	PA
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> (generic of NAMENDA TITRATION PAK) PA applies if 29 years and younger	1	PA
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i> (generic of NAMZARIC)	1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i> (generic of NAMZARIC)	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i> (generic of NAMZARIC)	1	
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
NAMZARIC CAP PACK	3	
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	1	QL
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	1	QL
ZUNVEYL TBEC 5mg, 10mg, 15mg QL (60 tabs / 30 days)	3	QL PA
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2	

Drug Name	Drug Requirements/ Tier	Limits
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	3	QL PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	1	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	1	QL
<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	3	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3	
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	2	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	3	QL PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	3	NDS QL PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	3	QL PA
FETZIMA CAP TITRATIO QL (2 packs / year)	3	QL PA
<i>fluoxetine hcl</i> CAPS 10mg, 40mg; SOLN 20mg/5ml	1	
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 20mg	1	
<i>fluoxetine hcl</i> CPDR 90mg QL (4 caps / 28 days)	1	QL
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	3	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	3	QL
<i>mirtazapine</i> TABS 7.5mg, 45mg	1	
<i>mirtazapine</i> (generic of REMERTON) TABS 15mg, 30mg	1	
<i>mirtazapine</i> (generic of REMERTON SOLTAB) TBP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1	
<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	3	QL
<i>perphenazine-amitriptyline tab</i> 2-10 mg PA applies if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 2-25 mg PA applies if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-10 mg PA applies if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-25 mg PA applies if 70 years and older	2	PA
<i>perphenazine-amitriptyline tab</i> 4-50 mg PA applies if 70 years and older	2	PA
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	3	QL PA
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
SPRAVATO SOL 56MG DOS	3	NDS NM PA
SPRAVATO SOL 84MG DOS	3	NDS NM PA
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<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	
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	3	NDS QL NM PA
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	3	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	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 70 years and older	1	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab</i> 10-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-250mg	1	
<i>carbidopa</i> (generic of LODOSYN) TABS 25mg	1	
<i>carbidopa & levodopa tab</i> 10-100 mg (generic of SINEMET)	1	
<i>carbidopa & levodopa tab</i> 25-100 mg (generic of SINEMET)	1	
<i>carbidopa & levodopa tab</i> 25-250 mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>carbidopa & levodopa tab er</i> 25-100 mg	1	
<i>carbidopa & levodopa tab er</i> 50-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	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
DUOPA SUS 4.63-20 <i>entacapone</i> TABS 200mg	3	NDS B/D NM
GOCOVRI CP24 68.5mg QL (30 caps / 30 days)	3	NDS QL NM PA
GOCOVRI CP24 137mg QL (60 caps / 30 days)	3	NDS QL NM PA
INBRIJA CAPS 42mg QL (300 caps / 30 days)	3	NDS QL NM PA
NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days)	3	NDS QL NM
ONGENTYS CAPS 25mg, 50mg QL (30 caps / 30 days)	3	QL PA
<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	

Drug Name	Drug Requirements/ Tier	Limits
<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	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml PA applies if 70 years and older	2	PA
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA applies if 70 years and older	1	PA
VYALEV INJ 12-240MG	3	NDS NM PA
XADAGO TABS 50mg, 100mg	3	NDS
ZELAPAR TBDP 1.25mg	3	NDS
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	3	NDS QL
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	3	NDS QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	3	NDS QL
ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	NDS QL PA
ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	NDS QL PA
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	1	QL

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)	3	NDS QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	3	NDS QL
ARISTADA INITIO PRSY 675mg/2.4ml	3	NDS
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	3	NDS QL
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg	1	
<i>clozapine</i> TABS 50mg	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	1	QL
<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	1	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	1	QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	1	QL PA
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	1	QL PA
COBENFY CAP 50-20MG QL (60 caps / 30 days)	3	NDS QL PA
COBENFY CAP 100-20MG QL (60 caps / 30 days)	3	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
COBENFY CAP 125-30MG QL (60 caps / 30 days)	3	NDS QL PA
COBENFY STRT CAP PACK QL (2 packs / year)	3	NDS QL PA
ERZOFRI SUSY 39mg/0.25ml QL (1 syringe / 28 days)	3	QL
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	3	NDS QL
ERZOFRI SUSY 351mg/2.25ml QL (2 syringes / year)	3	NDS QL
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	3	NDS QL PA
FANAPT PAK PACK A QL (2 packs / year)	3	QL PA
FANAPT PAK PACK C QL (2 packs / year)	3	QL PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	3	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)	3	NDS QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	3	NDS QL

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL ST
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	1	QL ST
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	1	QL ST
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg QL (2 injections / 28 days)	1	QL
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg QL (2 injections / 28 days)	3	NDS QL
RYKINDO SRER 25mg, 37.5mg, 50mg QL (2 vials / 28 days)	3	NDS QL PA
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	3	NDS QL
<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)	3	NDS QL
UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml QL (1 syringe / 60 days)	3	NDS QL
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	3	NDS QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	3	NDS QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	3	NDS QL

Drug Name	Drug Requirements/ Tier	Limits
<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 RELPREVV SUSR 210mg QL (2 vials / 28 days)	3	QL NM PA
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	3	NDS QL NM PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	3	NDS QL NM PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	3	NDS QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	3	NDS QL
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	3	NDS QL PA
BRIVIACT SOLN 50mg/5ml	3	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	3	NDS QL PA
<i>carbamazepine</i> CHEW 100mg, 200mg	1	
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1	
<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

Drug Name	Drug Requirements/ Tier	Limits
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	1	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	3	NDS QL NM PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	3	NDS QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	3	NDS QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA

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

Drug Name	Drug Requirements/ Tier	Limits
<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
<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 ODT KIT BLUE	3	
LAMICTAL ODT KIT GREEN	3	
LAMICTAL XR KIT	3	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1	
<i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1	ST

Drug Name	Drug Requirements/ Tier	Limits
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	1	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i> (generic of LAMICTAL ODT)	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i> (generic of LAMICTAL ODT)	1	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	
LEVETIRACETAM TB3D 250mg QL (360 tabs / 30 days)	3	QL
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	1	
<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	1	
MOTPOLY XR CP24 100mg, 150mg, 200mg QL (60 caps / 30 days)	3	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units per 30 days)	3	QL
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 150mg, 300mg	1	PA
<i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 600mg	3	NDS PA
OXTELLAR XR TB24 150mg, 300mg	3	PA
OXTELLAR XR TB24 600mg	3	NDS PA
<i>perampanel</i> (generic of FYCOMPA) TABS 2mg QL (60 tabs / 30 days)	1	QL PA
<i>perampanel</i> (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	3	NDS QL PA
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 70 years and older	3	QL PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 70 years and older	2	QL PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 70 years and older	3	PA
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1	
<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	1	
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	1	QL PA
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	1	QL PA
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	1	QL PA
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	1	QL PA
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1	
<i>primidone</i> TABS 125mg	1	
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	1	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	3	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)	3	NDS QL 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
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
<i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)	1	
<i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	3	NDS QL PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
<i>topiramate</i> CPSP 50mg	1	
<i>topiramate</i> (generic of EPRONTIA) SOLN 25mg/ml QL (480 mL / 30 days)	1	QL PA
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs per 30 days)	3	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs per 30 days)	3	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs per 30 days)	3	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs per 30 days)	3	QL
<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	3	NDS QL NM PA
<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM PA
<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	3	NDS QL NM PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	3	NDS QL NM PA
<i>vigpoder</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM PA
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	NDS QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	3	NDS QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	3	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	3	NDS QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	3	NDS QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	3	NDS QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	3	NDS QL
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	3	NDS QL PA
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
<i>zonisamide</i> CAPS 50mg	1	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	3	NDS QL NM PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg QL (60 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days)	3	QL PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i> (generic of MYDAYIS) QL (30 caps / 30 days)	1	QL PA
<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

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

Drug Name	Drug Requirements/ Tier	Limits
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg QL (60 tabs / 30 days)	3	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	1	QL PA
<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

Drug Name	Drug Requirements/ Tier	Limits
DYANAVEL XR TBCR 5mg QL (60 tabs / 30 days)	3	QL PA
DYANAVEL XR TBCR 10mg, 15mg, 20mg QL (30 tabs / 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 70 years and older	2	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA applies if 70 years and older	2	QL PA
JORNAY PM CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA
JORNAY PM CP24 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL PA
<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
<i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	1	QL PA
<i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	1	QL PA
<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	1	QL PA
<i>methylphenidate</i> (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	1	QL PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days)	1	QL PA
<i>methylphenidate hcl</i> CP24 60mg QL (30 caps / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA
<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
QELBREE CP24 100mg QL (180 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
QELBREE CP24 150mg QL (60 caps / 30 days)	3	QL PA
QELBREE CP24 200mg QL (90 caps / 30 days)	3	QL PA
QUILLICHEW ER CHER 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
QUILLICHEW ER CHER 40mg QL (30 tabs / 30 days)	3	QL PA
QUILLIVANT XR SRER 25mg/5ml QL (360 mL / 30 days)	3	QL PA
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
HYPNOTICS		
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

Drug Name	Drug Requirements/ Tier	Limits
EDLUAR SUBL 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
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 70 years and older after a 90 day supply in a calendar year	3	QL PA
HETLIOZ LQ SUSP 4mg/ml QL (158 ml / 30 days)	3	NDS QL NM PA
QUVIVIQ TABS 25mg, 50mg QL (30 tabs / 30 days)	3	QL
ramelteon (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	1	QL
tasimelteon (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	3	NDS QL NM PA
temazepam (generic of RESTORIL) CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	1	QL PA
temazepam (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA
triazolam (generic of HALCION) TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
triazolam TABS .125mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>zaleplon</i> CAPS 5mg QL (30 caps / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
<i>zaleplon</i> CAPS 10mg QL (60 caps / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
ZOLPIDEM TARTRATE CAPS 7.5mg QL (30 caps / 30 days)	3	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	1	QL ST
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	3	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days)	3	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

Drug Name	Drug Requirements/ Tier	Limits
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	2	QL NM PA
ERGOMAR SUBL 2mg QL (20 tabs / 28 days)	3	NDS QL PA
<i>ergotamine w/ caffeine tab</i> 1-100 mg QL (40 tabs / 28 days)	1	QL PA
<i>frovatriptan succinate</i> (generic of FROVA) TABS 2.5mg QL (18 tabs / 30 days)	1	QL ST
<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
<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	1	QL
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	1	QL
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	1	QL
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	1	QL
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	1	QL
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	2	QL PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days)	3	NDS QL ST
<i>zolmitriptan</i> (generic of ZOMIG) SOLN 2.5mg, 5mg QL (12 units / 30 days)	1	QL ST
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	1	QL ST
<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)	3	NDS QL NM PA
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	3	NDS QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	3	NDS QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	3	NDS QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	3	NDS QL NM PA
AUSTEDO XR TB24 18mg, 24mg QL (60 tabs / 30 days)	3	NDS QL NM PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	3	NDS QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	3	NDS QL NM PA
DAYBUE SOLN 200mg/ml QL (3600 mL / 30 days)	3	NDS QL NM PA
DUVYZAT SUSP 8.86mg/ml QL (420 mL / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>edaravone</i> (generic of RADICAVA) SOLN 30mg/100ml	3	NDS NM PA
<i>edaravone</i> SOLN 60mg/100ml	3	NDS NM PA
ENSPRYNG SOSY 120mg/ml	3	NDS NM PA
EQUETRO CP12 100mg, 200mg, 300mg	3	
EVRYSDI SOLR .75mg/ml; TABS 5mg	3	NDS NM PA
FIRDAPSE TABS 10mg <i>gabapentin</i> (once-daily) (generic of GRALISE) TABS 300mg QL (180 tabs / 30 days)	3 1	NDS NM PA QL PA
<i>gabapentin</i> (once-daily) (generic of GRALISE) TABS 600mg QL (90 tabs / 30 days)	1	QL PA
GRALISE TABS 450mg QL (90 tabs / 30 days)	3	QL PA
GRALISE TABS 750mg, 900mg QL (60 tabs / 30 days)	3	QL PA
HORIZANT TBCR 300mg, 600mg QL (60 tabs / 30 days)	3	QL PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	3	NDS QL PA
<i>pregabalin</i> (once-daily) (generic of LYRICA CR) TB24 82.5mg, 165mg QL (90 tabs / 30 days)	1	QL PA
<i>pregabalin</i> (once-daily) (generic of LYRICA CR) TB24 330mg QL (60 tabs / 30 days)	1	QL PA
<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml; TABS 60mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>pyridostigmine bromide</i> TABS 30mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR 180mg	1	
RADICAVA ORS SUSP 105mg/5ml QL (70 mL / 28 days)	3	NDS QL NM PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml QL (70 mL / 28 days)	3	NDS QL NM PA
<i>riluzole</i> TABS 50mg	1	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	3	QL PA
SAVELLA MIS TITR PAK QL (2 packs / year)	3	QL PA
SKYCLARYS CAPS 50mg QL (90 caps / 30 days)	3	NDS QL NM PA
TEGSEDI SOSY 284mg/1.5ml QL (4 syringes / 28 days)	3	NDS QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	3	NDS QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	3	NDS QL NM PA
TIGLUTIK SUSP 50mg/10ml QL (600 mL / 30 days)	3	NDS QL NM PA
UPLIZNA SOLN 100mg/10ml	3	NDS NM PA
WAINUA SOAJ 45mg/0.8ml QL (1 pen / 30 days)	3	NDS QL NM PA
MULTIPLE SCLEROSIS AGENTS		
AVONEX PSKT 30mcg/0.5ml QL (4 syringes / 28 days)	3	NDS QL NM PA
AVONEX PEN AJKT 30mcg/0.5ml QL (4 injections / 28 days)	3	NDS QL NM PA
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	3	NDS QL NM PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	3	NDS QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	3	NDS QL NM PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	1	QL NM PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg QL (14 caps / 7 days)	3	NDS QL NM PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 240mg QL (60 caps / 30 days)	3	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)	3	NDS QL NM PA
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	3	NDS QL NM PA
GILENYA CAPS .25mg QL (30 caps / 30 days)	3	NDS QL NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	3	NDS QL NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	3	NDS QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	3	NDS QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	3	NDS QL NM PA
MAVENCLAD (4 TABS) TBPK 10mg QL (16 tabs per lifetime)	3	NDS QL NM PA
MAVENCLAD (5 TABS) TBPK 10mg QL (20 tabs per lifetime)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
MAVENCLAD (6 TABS) TBPK 10mg QL (24 tabs per lifetime)	3	NDS QL NM PA
MAVENCLAD (7 TABS) TBPK 10mg QL (28 tabs per lifetime)	3	NDS QL NM PA
MAVENCLAD (8 TABS) TBPK 10mg QL (32 tabs per lifetime)	3	NDS QL NM PA
MAVENCLAD (9 TABS) TBPK 10mg QL (36 tabs per lifetime)	3	NDS QL NM PA
MAVENCLAD (10 TABS) TBPK 10mg QL (40 tabs per lifetime)	3	NDS QL NM PA
MAYZENT TABS 1mg, 2mg QL (30 tabs / 30 days)	3	NDS QL NM PA
MAYZENT TABS .25mg QL (112 tabs / 28 days)	3	NDS QL NM PA
MAYZENT STARTER PACK (7) TBPK .25mg QL (2 packs / year)	3	NDS QL NM PA
MAYZENT STARTER PACK (12) TBPK .25mg QL (2 packs / year)	3	NDS QL NM PA
OCREVUS SOLN 300mg/10ml	3	NDS NM PA
OCREVUS INJ ZUNOVO QL (23 mL / 180 days)	3	NDS QL NM PA
PLEGRIDY SOAJ 125mcg/0.5ml QL (2 pens / 28 days)	3	NDS QL NM PA
PLEGRIDY SOSY 125mcg/0.5ml QL (2 syringes / 28 days)	3	NDS QL NM PA
PLEGRIDY INJ STARTER QL (2 packs / year)	3	NDS QL NM PA
PLEGRIDY PEN INJ STARTER QL (2 packs / year)	3	NDS QL NM PA
PONVORY TABS 20mg QL (30 tabs / 30 days)	3	NDS QL NM PA
PONVORY TAB STARTER QL (2 packs / year)	3	NDS QL NM PA
TASCENSO ODT TBDP .25mg, .5mg QL (30 tabs / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>teriflunomide</i> (generic of AUBAGIO) TABS 7mg, 14mg QL (30 tabs / 30 days)	3	NDS QL NM PA
VUMERITY CPDR 231mg QL (120 caps / 30 days)	3	NDS QL NM PA
ZEPOSIA CAPS .92mg QL (30 caps / 30 days)	3	NDS QL NM PA
ZEPOSIA 7DAY CAP STR PACK QL (2 packs / year)	3	NDS QL NM PA
ZEPOSIA CAP STR KIT QL (2 packs / year)	3	NDS QL NM PA
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	3	NDS PA
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	1	QL
<i>baclofen</i> TABS 10mg, 15mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	3	NDS PA
<i>carisoprodol</i> (generic of SOMA) TABS 350mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	1	
<i>dantrolene sodium</i> CAPS 50mg, 100mg	1	
DYSPORT SOLR 300unit	3	NM PA
DYSPORT SOLR 500unit	3	NDS NM PA
LYVISPAH PACK 5mg, 10mg, 20mg	3	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>metaxalone</i> TABS 800mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	3	QL PA
<i>methocarbamol</i> TABS 500mg QL (360 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA
<i>methocarbamol</i> TABS 750mg QL (240 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	2	QL PA
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA
MYOBLOC SOLN 10000unit/2ml	3	NDS NM PA
<i>tizanidine hcl</i> CAPS 2mg, 4mg, 6mg; TABS 2mg	1	
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	1	
XEOMIN SOLR 50unit	3	NM PA
XEOMIN SOLR 100unit, 200unit	3	NDS NM PA
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)	3	NDS QL NM PA
LUMRYZ PAK STARTER QL (2 packs / year)	3	NDS QL NM PA
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	3	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)	3	NDS QL NM PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	3	NDS QL NM PA
XYWAV SOL 0.5GM/ML QL (540 mL / 30 days)	3	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	3	NDS NM
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (60 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	1	QL
<i>disulfiram</i> TABS 250mg, 500mg	1	
KLOXXADO LIQD 8mg/0.1ml	2	
<i>lofexidine hcl</i> (generic of LUCEMYRA) TABS .18mg QL (228 tabs / 14 days)	3	NDS QL PA
LUCEMYRA TABS .18mg QL (228 tabs / 14 days)	3	NDS QL PA
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL INHALER INHA 10mg	3	
NICOTROL NS SOLN 10mg/ml	3	
OPVEE SOLN 2.7mg/0.1ml	3	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	3	NDS NM
<i>varenicline tartrate</i> 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	3	NDS NM
ZIMHI SOSY 5mg/0.5ml	3	
ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days)	3	QL
ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days)	3	QL
ENDOCRINE AND METABOLIC ANDROGENS		
AVEED SOLN 750mg/3ml	3	NM PA
AZMIRO SOSY 200mg/ml	3	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>danazol</i> CAPS 50mg, 100mg, 200mg		
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
JATENZO CAPS 158mg, 198mg QL (120 caps / 30 days)	3	QL PA
JATENZO CAPS 237mg QL (60 caps / 30 days)	3	NDS QL PA
<i>methyltestosterone</i> CAPS 10mg QL (600 caps / 30 days)	3	NDS QL PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	1	QL PA
<i>testosterone</i> GEL 10mg/act QL (120 gm / 30 days)	1	QL PA
<i>testosterone</i> GEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 gm / 30 days)	1	QL PA
<i>testosterone</i> SOLN 30mg/act QL (180 mL / 30 days)	1	QL PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
<i>testosterone pump</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	1	QL PA
TLANDO CAPS 112.5mg QL (120 caps / 30 days)	3	QL PA
UNDECATREX CAPS 200mg QL (120 caps / 30 days)	3	QL PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg		
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
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
<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml QL (765 mL / 30 days)	1	QL PA
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	1	QL
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>miglitol</i> TABS 25mg, 50mg, 100mg	1	
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	2	QL PA
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	2	QL PA
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> (generic of DUETACT) QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> QL (90 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	2	QL PA
SYMLINPEN 60 SOPN 1500mcg/1.5ml	3	NDS PA
SYMLINPEN 120 SOPN 2700mcg/2.7ml	3	NDS PA
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	2	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	2	QL

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

Drug Name	Drug Requirements/ Tier	Limits
BASAGLAR KWIKPEN SOPN 100unit/ml	2	
CEQUR SIMPL KIT PATCH 2U (3-DAY) QL (10 patches / 30 days)	3	QL PA
CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	3	QL PA
CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	3	QL PA
FIASP SOLN 100unit/ml	2	
FIASP FLEXTOUCH SOPN 100unit/ml	2	
FIASP PENFILL SOCT 100unit/ml	2	
FIASP PUMPCART SOCT 100unit/ml	2	B/D
GAUZE PADS 2X2	2	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	3	NDS B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	3	NDS
INSULIN PEN NEEDLES: BD- EMBECTA	2	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	2	PA
INSULIN SYRINGES: BD- EMBECTA	2	PA
NOVOLIN INJ 70/30 (brand RELION not covered)	2	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	2	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	2	
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	2	

Drug Name	Drug Requirements/ Tier	Limits
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	2	
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2	
NOVOLOG SOLN 100unit/ml (brand RELION not covered)	2	
NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	2	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	2	
NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered)	2	
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	3	QL PA
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	3	QL PA
OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	3	QL PA
OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	3	QL PA
OMNIPOD 5 L2 KIT INTRO G6 QL (1 kit / year)	3	QL PA
OMNIPOD 5 L2 MIS PODS G6 QL (15 pods / 30 days)	3	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	3	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	3	QL PA
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	3	QL PA
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	2	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
TRESIBA SOLN 100unit/ml	2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	2	QL
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
BINOSTO TBEF 70mg	3	ST
BONSITY SOPN 560mcg/2.24ml	3	NDS NM PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
EVENITY SOSY 105mg/1.17ml	3	NDS NM PA
FOSAMAX + D TAB 70-2800	3	ST
FOSAMAX + D TAB 70-5600	3	ST

Drug Name	Drug Requirements/ Tier	Limits
<i>ibandronate sodium</i> SOLN 3mg/3ml QL (1 injection / 90 days)	1	B/D QL
<i>ibandronate sodium</i> TABS 150mg	1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	3	QL NM
<i>risedronate sodium</i> TABS 5mg, 30mg, 150mg	1	
<i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg	1	
<i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1	ST
TERIPARATIDE SOPN 560mcg/2.24ml (ALVOGEN product)	3	NDS NM PA
<i>teriparatide</i> (generic of FORTEO) SOPN 560mcg/2.24ml (generic of Forteo)	3	NDS NM PA
TYMLOS SOPN 3120mcg/1.56ml	3	NDS NM PA
WYOST SOLN 120mg/1.7ml	3	NDS NM PA
XGEVA SOLN 120mg/1.7ml	3	NDS NM PA
YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml	3	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	3	NDS
CUVRIOR TABS 300mg	3	NDS NM PA
<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	3	NDS NM PA
<i>deferasirox</i> (generic of JADENU) TABS 90mg	1	NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	3	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg	1	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg	3	NDS NM PA
<i>deferiprone</i> TABS 500mg	3	NDS NM PA
<i>deferiprone</i> (generic of FERRIPROX) TABS 1000mg	3	NDS NM PA
<i>deferoxamine mesylate</i> SOLR 2gm	1	NM PA
<i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg	1	NM PA
FERRIPROX SOLN 100mg/ml	3	NDS NM PA
FERRIPROX TWICE-A-DAY TABS 1000mg	3	NDS NM PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	2	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	3	NDS NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>sps rectal</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	3	NDS NM PA
<i>trientine hcl</i> CAPS 500mg	3	NDS NM PA
VELTASSA PACK 1gm, 8.4gm, 16.8gm, 25.2gm	2	
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
ANNOVERA MIS	3	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
AVERI TAB	3	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	2	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> (generic of BEYAZ)	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (generic of SAFYRAL)	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	1	
<i>elinest</i>	1	
<i>eluryng</i> (generic of NUVARING)	1	
<i>emzahh</i> TABS .35mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>enilloring</i> (generic of NUVARING)	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin</i> TABS .35mg	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> (generic of NUVARING)	1	
<i>falmina</i>	1	
<i>feirza 1.5/30</i>	1	
<i>feirza 1/20</i>	1	
FEMLYV TAB 1/0.02MG	3	PA
<i>finzala</i>	1	
<i>galbriela</i>	1	
<i>gemmily</i> (generic of TAYTULLA)	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>haloette</i> (generic of NUVARING)	1	
<i>heather</i> TABS .35mg	1	
<i>iclevia</i>	1	
<i>incassia</i> TABS .35mg	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i> (generic of YAZ)	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth est 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>luteru</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	

Drug Name	Drug Requirements/ Tier	Limits
meleya TABS .35mg	1	
merzee (generic of TAYTULLA)	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
mono-lynyah	1	
NATAZIA TAB	3	
necon 0.5/35-28	1	
NEXPLANON IMPL 68mg	2	NM
NEXTSTELLIS TAB 3-14.2MG	3	PA
nikki (generic of YAZ)	1	
nora-be TABS .35mg	1	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	1	
norethindrone (contraceptive) TABS .35mg	1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 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	

Drug Name	Drug Requirements/ Tier	Limits
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
nylia 1/35	1	
nylia 7/7/7	1	
ocella (generic of YASMIN 28)	1	
orquidea TABS .35mg	1	
PHEXXI GEL	3	
philith	1	
pimtreea	1	
portia-28	1	
reclipsen	1	
rivelsa	1	
rosyrah	1	
setlakin	1	
sharobel TABS .35mg	1	
simliya	1	
simpesse	1	
sprintec 28	1	
sronyx	1	
syeda (generic of YASMIN 28)	1	
tarina 24 fe	1	
tarina fe 1/20 eq	1	
tilia fe	1	
tri-estarylla	1	
tri-legest fe	1	
tri-lynyah	1	
tri-lo-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	
tri-nymyo	1	
tri-sprintec	1	
tri-vylibra	1	
tri-vylibra lo	1	
turqoz	1	
tydemy (generic of SAFYRAL)	1	
valtya 1/50	1	
velivet	1	
vestura (generic of YAZ)	1	
vienva	1	
viorele	1	
vyfemla	1	

Drug Name	Drug Requirements/ Tier Limits
<i>vylibra</i>	1
<i>wera</i>	1
<i>wymzya fe</i>	1
<i>xarah fe</i>	1
<i>xelria fe</i>	1
<i>xulane</i>	1
<i>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
BIJUVA CAP 0.5-100	3
BIJUVA CAP 1-100MG	3
CLIMARA PRO DIS WEEKLY	3
COMBIPATCH DIS	3
DEPO-ESTRADIOL OIL 5mg/ml	3
<i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
ELESTRIN GEL .06%	3
<i>estradiol</i> (generic of ESTROGEL) GEL .06%	3
<i>estradiol</i> (generic of DIVIGEL) GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2
<i>estradiol</i> TABS .5mg, 1mg, 2mg	1
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	2

Drug Name	Drug Requirements/ Tier Limits
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml	1
<i>estradiol valerate</i> OIL 40mg/ml	1
ESTRING RING 7.5mcg/24hr	3
EVAMIST SOLN 1.53mg/spray	3
FEMRING RING .05mg/24hr, .1mg/24hr	3
<i>fyavolv tab 0.5mg-2.5mcg</i>	2
<i>fyavolv tab 1mg-5mcg</i>	2
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3 PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3 PA
<i>jinteli</i>	2
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	3
MENOSTAR PTWK 14mcg/24hr	3
<i>mimvey</i> (generic of ACTIVELLA)	2
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2
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
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	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
GLUCOCORTICOIDS		
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	3	NDS NM PA
ALKINDI SPRINKLE CPSP .5mg	3	NM PA
<i>betamethasone sod phosphate & acetate inj susp</i> 6 (3-3) mg/ml (generic of CELESTONE SOLUSPAN)	1	
DEPO-MEDROL SUSP 20mg/ml	3	B/D
<i>dexamethasone ELIX</i> .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
HEMADY TABS 20mg	3	PA
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	1	
<i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF) SOLR 100mg	1	
KENALOG-10 SUSP 10mg/ml	3	B/D
KENALOG-80 SUSP 80mg/ml	3	B/D
KHINDIVI SOLN 1mg/ml	3	NDS PA
MEDROL TABS 2mg	3	B/D
<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) TBP 4mg	1	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<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> (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBP 5mg, 10mg	1	
PREDNISON INTENSOL CONC 5mg/ml	3	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
<i>triamcinolone acetonide</i> (generic of KENALOG-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	3	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	3	NDS NM PA
AQNEURSA PACK 1gm QL (112 packets / 28 days)	3	NDS QL NM PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	3	NDS NM
<i>cabergoline</i> TABS .5mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	3	NDS NM PA
CERDELGA CAPS 84mg	3	NDS NM PA
CEREZYME SOLR 400unit	3	NDS NM PA
CHORIONIC	3	NM PA
GONADOTROPIN SOLR 10000unit		
<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)	3	NDS B/D QL NM
CRENESSITY CAPS 25mg, 50mg, 100mg QL (60 caps / 30 days)	3	NDS QL NM PA
CRENESSITY SOLN 50mg/ml QL (120 mL / 30 days)	3	NDS QL NM PA
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	3	NDS NM PA
CYSTAGON CAPS 50mg, 150mg	3	NM PA
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	3	NDS
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
DOJOLVI LIQD 100%	3	NDS NM PA
EGRIFTA SV SOLR 2mg	3	NDS NM PA
EGRIFTA WR KIT 11.6mg	3	NDS NM PA
ELAPRASE SOLN 6mg/3ml	3	NDS NM PA
ELELYSO SOLR 200unit	3	NDS NM PA
ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml	3	NDS NM PA
FABRAZYME SOLR 5mg, 35mg	3	NDS NM PA
FENSOLVI KIT 45mg	3	NDS NM PA
GALAFOLD CAPS 123mg	3	NDS NM PA
GENOTROPIN CART 5mg, 12mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
GENOTROPIN MINISQUICK PRSY .2mg	2	NM PA
GENOTROPIN MINISQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	3	NDS NM PA
HUMATROPE CART 6mg, 12mg, 24mg	3	NDS NM PA
INCRELEX SOLN 40mg/4ml	3	NDS NM PA
ISTURISA TABS 1mg QL (240 tabs / 30 days)	3	NDS QL NM PA
ISTURISA TABS 5mg QL (360 tabs / 30 days)	3	NDS QL NM PA
<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	3	NDS NM PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	3	NDS NM PA
JYNARQUE PAK 30-15MG	3	NDS NM PA
JYNARQUE PAK 45-15MG	3	NDS NM PA
JYNARQUE PAK 60-30MG	3	NDS NM PA
JYNARQUE PAK 90-30MG	3	NDS NM PA
KANUMA SOLN 20mg/10ml	3	NDS NM PA
LAMZEDE SOLR 10mg	3	NDS NM PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	3	NDS NM PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml, 200mg/ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	3	NDS NM PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	3	NDS NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	3	NDS NM PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	3	NDS NM PA
<i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg	3	NDS NM PA
<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	3	NDS QL NM PA
MIPLYFFA CAPS 47mg, 62mg, 93mg, 124mg QL (90 caps / 30 days)	3	NDS QL NM PA

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
MYALEPT SOLR 11.3mg	3	NDS NM PA
MYCAPSSA CPDR 20mg QL (112 caps / 28 days)	3	NDS QL NM PA
MYFEMBREE TAB	3	NDS PA
NAGLAZYME SOLN 1mg/ml	3	NDS NM PA
NEXVIAZYME SOLR 100mg	3	NDS NM PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	3	NDS NM PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	3	NDS NM PA
NITYR TABS 2mg, 5mg, 10mg	3	NDS NM PA
NORDITROPIN FLEXP SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	3	NDS NM PA
NOVAREL SOLR 5000unit	3	NM PA
NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml	3	NDS NM PA
NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml	3	NDS NM PA
NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml	3	NDS NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN LAR DEPOT) KIT 10mg, 20mg, 30mg	3	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	3	NDS NM PA
<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	3	NDS NM PA
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	3	NDS NM PA
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	3	NDS NM PA
OPFOLDA CAPS 65mg QL (8 caps / 28 days)	3	QL NM PA
ORFADIN SUSP 4mg/ml	3	NDS NM PA
ORIAHNN CAP	3	NDS PA

Drug Name	Drug Requirements/ Tier	Limits
ORILISSA TABS 150mg, 200mg	3	NDS PA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	3	NDS NM PA
PHEBURANE PLLT 483mg/gm	3	NDS NM PA
POMBILITI SOLR 105mg	3	NDS NM PA
PREGNYL W/DILUENT BENZYL SOLR 10000unit	3	NM PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	3	NDS NM PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1	
RAVICTI LIQD 1.1gm/ml	3	NDS NM PA
RECORLEV TABS 150mg QL (240 tabs / 30 days)	3	NDS QL NM PA
REVCIVI SOLN 2.4mg/1.5ml	3	NDS NM PA
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	3	NDS QL NM PA
SAMSCA TABS 15mg, 30mg	3	NDS NM PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	3	NDS NM PA
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	3	NDS NM PA
SEROSTIM SOLR 4mg, 5mg, 6mg	3	NDS NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	3	NDS NM PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	3	NDS NM PA
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	3	NDS NM PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	3	NDS NM PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	3	NDS NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	3	NDS NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	3	NDS NM PA
SYNAREL SOLN 2mg/ml	3	NDS PA
TEPEZZA SOLR 500mg	3	NDS NM PA
<i>tolvaptan</i> (generic of SAMSCA) TABS 15mg, 30mg	3	NDS NM PA
<i>tolvaptan</i> (generic of JYNARQUE) TBPK 15mg	3	NDS NM PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	3	NDS NM PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	3	NDS NM PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	3	NDS NM PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	3	NDS NM PA
VEOZAH TABS 45mg	3	PA
VIJOICE PACK 50mg QL (28 packets / 28 days)	3	NDS QL NM PA
VIJOICE TBPK 50mg, 125mg QL (28 tabs / 28 days)	3	NDS QL NM PA
VIJOICE TAB 250MG QL (56 tabs / 28 days)	3	NDS QL NM PA
VIMIZIM SOLN 5mg/5ml	3	NDS NM PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	3	NDS NM PA
VPRIV SOLR 400unit	3	NDS NM PA
VYKAT XR TB24 25mg QL (120 tabs / 30 days)	3	NDS QL NM PA
VYKAT XR TB24 75mg QL (30 tabs / 30 days)	3	NDS QL NM PA
VYKAT XR TB24 150mg QL (90 tabs / 30 days)	3	NDS QL NM PA
XENPOZYME SOLR 4mg, 20mg	3	NDS NM PA
<i>yargesa</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	3	NDS QL NM PA
ZOMACTON SOLR 5mg	3	NM PA
ZOMACTON SOLR 10mg	3	NDS NM PA
PROGESTINS		
CRINONE GEL 4%, 8%	3	PA
<i>gallifrey</i> TABS 5mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits
THYQUIDITY SOLN 100mcg/5ml	3	
TIROSINT CAPS 37.5mcg, 44mcg, 62.5mcg	3	ST
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	3	
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
<i>paricalcitol</i> CAPS 4mcg	1	B/D
RAYALDEE CPCR 30mcg	3	NDS
GASTROINTESTINAL ANTIEMETICS		
AKYNZEO CAP 300-0.5	3	B/D
AKYNZEO INJ 235-0.25	3	NM
AKYNZEO INJ 235- 0.25MG/20ML	3	NM
APONVIE EMUL 32mg/4.4ml	3	
<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D
<i>aprepitant</i> (generic of EMEND BIPACK) CAPS 80mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
BONJESTA TAB 20-20MG	3	

Drug Name	Drug Requirements/ Tier	Limits
CINVANTI EMUL 130mg/18ml	3	
<i>compro</i> SUPP 25mg	1	
<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 SUSR 125mg/5ml	3	NDS B/D
FOCINVEZ SOLN 150mg/50ml	3	
<i>fosaprepitant dimeglumine</i> (generic of EMEND) SOLR 150mg	1	
GIMOTI SOLN 15mg/act	3	NDS PA
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg, 16mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	1	
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3	
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	

Drug Name	Drug Requirements/ Tier	Limits
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	1	PA
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA
<i>promethazine hcl</i> SUPP 12.5mg, 25mg PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
PROMETHAZINE HYDROCHLORID SYRP 6.25mg/5ml PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
<i>promethgan</i> SUPP 12.5mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
SANCUSO PTCH 3.1mg/24hr QL (4 patches / 28 days)	3	NDS QL
<i>scopolamine</i> PT72 1mg/3days QL (10 patches / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	3	QL PA
SUSTOL PRSY 10mg/0.4ml	3	
<i>trimethobenzamide hcl</i> CAPS 300mg	1	
VARUBI TBPK 90mg	3	B/D NM
ANTISPASMODICS		
<i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY 1mg/10ml	3	
<i>atropine sulfate</i> SOSY .25mg/5ml	3	

Drug Name	Drug Requirements/ Tier	Limits
ATROPINE SULFATE SOSY .25mg/5ml	3	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	3	
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml	3	
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml	1	
<i>glycopyrrolate</i> (generic of GLYCOPYRROLATE) SOSY .2mg/ml, .4mg/2ml	1	
<i>glycopyrrolate</i> TABS 1mg QL (90 tabs / 30 days)	1	QL
<i>glycopyrrolate</i> TABS 2mg QL (120 tabs / 30 days)	1	QL
<i>glycopyrrolate (oral)</i> (generic of CUVPOSA) SOLN 1mg/5ml	1	
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg PA applies if 70 years and older	3	PA
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	
<i>cimetidine hcl</i> SOLN 300mg/5ml QL (1200 mL / 30 days)	1	QL
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	1	QL PA
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	3	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>budesonide (intrarectal)</i> (generic of UCERIS) FOAM 2mg	1	
DIPENTUM CAPS 250mg	3	NDS
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	1	
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	1	QL
<i>mesalamine</i> 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
SFROWASA ENEM 4gm/60ml QL (1680 mL / 28 days)	3	NDS QL
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
LAXATIVES		
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>gavilyte-n/flavor pack</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl- na sulfate for soln 236 gm</i> (generic of GOLYTELY)	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg-3350/electrolytes/asc</i> (generic of MOVIPREP)	1	
PLENVU SOL	3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT)	1	
SUFLAVE SOL	3	
SUTAB TAB	3	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	3	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	3	NDS NM PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	3	NDS NM PA
CHOLBAM CAPS 50mg, 250mg	3	NDS NM PA
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNIT	2	
CREON CAP 24000UNIT	2	
CREON CAP 36000UNIT	2	
<i>cromolyn sodium</i> (<i>mastocytosis</i>) (generic of GASTROCROM) CONC 100mg/5ml	1	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg (generic of LOMOTIL)	2	
EOHILIA SUSP 2mg/10ml QL (600 mL / 30 days)	3	NDS QL PA
GATTEX KIT 5mg	3	NDS NM PA
IQIRVO TABS 80mg QL (30 tabs / 30 days)	3	NDS QL NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	2	QL
LIVDELZI CAPS 10mg QL (30 caps / 30 days)	3	NDS QL NM PA
LIVMARLI SOLN 9.5mg/ml, 19mg/ml; TABS 10mg, 15mg, 20mg, 30mg	3	NDS NM PA
<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	
MOVANTI TABS 12.5mg, 25mg QL (30 tabs / 30 days)	2	QL
OCALIVA TABS 5mg, 10mg QL (30 tabs / 30 days)	3	NDS QL NM PA
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
REBYOTA SUSP 150ml QL (150 mL / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	3	NDS QL PA
RELISTOR TABS 150mg QL (90 tabs / 30 days)	3	NDS QL PA
SUCRAID SOLN 8500unit/ml <i>sucralfate</i> (generic of CARAFATE) TABS 1gm	3	NDS NM PA
SYMPROIC TABS .2mg QL (30 tabs / 30 days)	1	
TALICIA CAP	3	QL
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	3	NDS PA
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	3	NDS
VOQUEZNA PAK DUAL PAK QL (2 kits / year)	3	QL
VOQUEZNA PAK TRIP PK QL (2 kits / year)	3	QL
VOWST CAP QL (12 caps / 30 days)	3	NDS QL NM PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	3	NDS QL NM PA
XIFAXAN TABS 550mg	3	NDS PA
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg QL (30 caps / 30 days)	1	QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	1	QL ST

Drug Name	Drug Requirements/ Tier	Limits
<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 PACK 2.5mg, 5mg	3	
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
PANTOPR/NACL SOL 40MG/100	3	
PANTOPR/NACL SOL 80MG/100	3	
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1	
PANTOPRAZOLE SOL 40/50ML	3	
PRILOSEC PACK 2.5mg, 10mg	3	PA
<i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg QL (30 tabs / 30 days)	1	QL
VOQUEZNA TABS 10mg QL (30 tabs / 30 days)	3	QL
VOQUEZNA TABS 20mg QL (60 tabs / 30 days)	3	QL
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	1	QL
CARDURA XL TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL ST
<i>dutasteride</i> (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg (generic of JALYN) QL (30 caps / 30 days)	1	QL
ENTADFI CAP 5-5MG QL (30 caps / 30 days)	3	QL PA
<i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg QL (30 caps / 30 days)	1	QL
<i>tadalafil</i> (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)	1	QL PA
<i>tamsulosin hcl</i> CAPS .4mg QL (60 caps / 30 days)	1	QL
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg QL (90 caps / 30 days)	3	NDS QL
FILSPARI TABS 200mg, 400mg QL (30 tabs / 30 days)	3	NDS QL NM PA
INTRAROSA INST 6.5mg	3	PA
LITHOSTAT TABS 250mg	3	
<i>neomycin-polymyxin b gu irrigation soln</i>	1	
OXLUMO SOLN 94.5mg/0.5ml	3	NDS NM PA
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	
<i>potassium citrate (alkalinizer)</i> TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml	3	NDS NM PA
TARPEYO CPDR 4mg QL (120 caps / 30 days)	3	NDS QL NM PA
<i>tiopronin</i> (generic of THIOLA) TABS 100mg	3	NDS NM
<i>tiopronin</i> (generic of THIOLA EC) TBEC 100mg, 300mg	3	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
VANRAFIA TABS .75mg QL (30 tabs / 30 days)	3	NDS QL NM PA
venxxiva (generic of THIOLA EC) TBEC 100mg, 300mg	3	NDS NM
URINARY ANTISPASMODICS		
darifenacin hydrobromide TB24 7.5mg, 15mg QL (30 tabs / 30 days)	1	QL ST
fesoterodine fumarate (generic of TOVIAZ) TB24 4mg, 8mg QL (30 tabs / 30 days)	1	QL
GEMTESA TABS 75mg QL (30 tabs / 30 days)	3	QL
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	3	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	3	QL
oxybutynin chloride SOLN 5mg/5ml QL (600 mL / 30 days)	1	QL
oxybutynin chloride TABS 5mg QL (120 tabs / 30 days)	1	QL
oxybutynin chloride TB24 5mg QL (30 tabs / 30 days)	1	QL
oxybutynin chloride TB24 10mg, 15mg QL (60 tabs / 30 days)	1	QL
OXYTROL PTTW 3.9mg/24hr QL (8 patches / 28 days)	3	QL ST
solifenacin succinate (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL
tolterodine tartrate CP24 2mg, 4mg QL (30 caps / 30 days)	1	QL ST
tolterodine tartrate TABS 1mg QL (60 tabs / 30 days)	1	QL
tolterodine tartrate (generic of DETROL) TABS 2mg QL (60 tabs / 30 days)	1	QL
tropium chloride CP24 60mg QL (30 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
tropium chloride TABS 20mg QL (60 tabs / 30 days)	1	QL
VESICARE LS SUSP 5mg/5ml QL (300 mL / 30 days)	3	QL
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP 100mg	3	
clindamycin phosphate vaginal (generic of CLEOCIN) CREA 2%	1	
CLINDESSE CREA 2%	3	
GYNAZOLE-1 CREA 2%	3	
metronidazole vaginal GEL .75%	1	
miconazole 3 SUPP 200mg	1	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	1	
VANDAZOLE GEL .75%	3	
XACIATO GEL 2%	3	
HEMATOLOGIC ANTICOAGULANTS		
dabigatran etexilate mesylate (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	1	QL
dabigatran etexilate mesylate (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	1	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	2	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	2	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	2	QL
enoxaparin sodium (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	
fondaparinux sodium (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	NDS
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3	
FRAGMIN SOLN 95000unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unit/0.72ml	3	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</i> (porcine) 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	
PRADAXA CAPS 75mg QL (60 caps / 30 days)	3	QL
<i>rivaroxaban</i> (generic of XARELTO) SUSR 1mg/ml QL (620 mL / 30 days)	2	QL
<i>rivaroxaban</i> (generic of XARELTO) TABS 2.5mg QL (60 tabs / 30 days)	2	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)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	2	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	2	QL
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA
ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	3	NDS NM PA
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	3	NDS QL NM PA
LEUKINE SOLR 250mcg	3	NDS NM PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	3	NDS NM PA
<i>plerixafor</i> (generic of MOZOBIL) SOLN 24mg/1.2ml	3	NDS NM PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	3	NDS NM PA
XOLREMDI CAPS 100mg QL (120 caps / 30 days)	3	NDS QL NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM PA
MISCELLANEOUS		
ADAKVEO SOLN 100mg/10ml	3	NDS NM PA
ADZYNMA KIT 500unit, 1500unit	3	NDS NM PA
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	3	NDS QL NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>aminocaproic acid</i> SOLN .25gm/ml; TABS 500mg, 1000mg	3	NDS
<i>anagrelide hcl</i> CAPS 1mg	1	
<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	1	
ANDEMBRY SOAJ 200mg/1.2ml QL (13 pens / 365 days)	3	NDS QL NM PA
BERINERT KIT 500unit QL (24 boxes / 30 days)	3	NDS QL NM PA
BKEMV SOLN 300mg/30ml	3	NDS NM PA
CABLIVI KIT 11mg	3	NDS NM PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit QL (20 vials / 30 days)	3	NDS QL NM PA
DOPTLET TABS 20mg	3	NDS NM PA
EKTERLY TABS 300mg QL (12 tabs / 30 days)	3	NDS QL NM PA
EMPAVELI SOLN 1080mg/20ml QL (200 mL / 30 days)	3	NDS QL NM PA
ENJAYMO SOLN 1100mg/22ml	3	NDS NM PA
EPYSQLI SOLN 300mg/30ml	3	NDS NM PA
FABHALTA CAPS 200mg QL (60 caps / 30 days)	3	NDS QL NM PA
GIVLAARI SOLN 189mg/ml	3	NDS NM PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	3	NDS QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	3	NDS QL NM PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	3	NDS QL NM PA
KALBITOR SOLN 10mg/ml QL (18 mL / 30 days)	3	NDS QL NM PA
<i>L-glutamine (sickle cell)</i> (generic of ENDARI) PACK 5gm	3	NDS NM PA
MULPLETA TABS 3mg	3	NDS NM PA
ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days)	3	NDS QL NM PA
<i>pentoxifylline</i> TBCR 400mg	1	
PIASKY SOLN 340mg/2ml	3	NDS NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml QL (28 syringes / 28 days)	3	NDS QL NM PA
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	2	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1	
<i>clopidogrel bisulfate</i> TABS 300mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 70 years and older	2	PA
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1	
<i>ticagrelor</i> (generic of BRILINTA) TABS 60mg, 90mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	3	NDS QL NM PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml QL (56 syringes / 365 days)	3	NDS QL NM PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml QL (2 packs / year)	3	NDS QL NM PA
ADBRY SOAJ 300mg/2ml QL (28 injectors / 365 days)	3	NDS QL NM PA
ADBRY SOSY 150mg/ml QL (56 syringes / 365 days)	3	NDS QL NM PA
AVSOLA SOLR 100mg	3	NDS NM PA
CIBINQO TABS 50mg, 100mg, 200mg QL (30 tabs / 30 days)	3	NDS QL NM PA
COSENTYX SOLN 125mg/5ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
COSENTYX SOSY 75mg/0.5ml QL (16 syringes / 365 days)	3	NDS QL NM PA
COSENTYX SOSY 150mg/ml QL (32 syringes / 365 days)	3	NDS QL NM PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml QL (32 pens / 365 days)	3	NDS QL NM PA
COSENTYX UNOREADY SOAJ 300mg/2ml QL (16 pens / 365 days)	3	NDS QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	3	NDS QL NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	3	NDS QL NM PA
EBGLYSS SOAJ 250mg/2ml QL (20 pens / 365 days)	3	NDS QL NM PA
EBGLYSS SOSY 250mg/2ml QL (20 syringes / 365 days)	3	NDS QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	3	NDS QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	3	NDS QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	3	NDS QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	3	NDS QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	3	NDS QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	3	NDS QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	3	NDS QL NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	3	NDS QL NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	3	NDS QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	3	NDS QL NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	3	NDS QL NM PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml QL (4 pens / 28 days)	3	NDS QL NM PA
IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	3	NDS QL NM PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	3	NDS QL NM PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	3	NDS QL NM PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	3	NDS QL NM PA
NEMLUVIO AUIJ 30mg QL (2 pens / 28 days)	3	NDS QL NM PA
PYZCHIVA SOLN 45mg/0.5ml QL (1 vial / 28 days)	2	QL NM PA
PYZCHIVA SOLN 130mg/26ml	3	NDS NM PA
PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days)	2	QL NM PA
PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days)	3	NDS QL NM PA
RENFLEXIS SOLR 100mg	3	NDS NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
RINVOQ TB24 45mg QL (168 tabs / year)	3	NDS QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	3	NDS QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	3	NDS QL NM PA
SKYRIZI SOLN 600mg/10ml	3	NDS NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	3	NDS QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	3	NDS QL NM PA
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	3	NDS QL NM PA
SPEVIGO SOLN 450mg/7.5ml	3	NDS NM PA
SPEVIGO SOSY 150mg/ml QL (28 syringes / 365 days)	3	NDS QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	3	NDS QL NM PA
STELARA SOLN 130mg/26ml	3	NDS NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	3	NDS QL NM PA
TREMFYA SOAJ 100mg/ml QL (1 pen / 28 days)	3	NDS QL NM PA
TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days)	3	NDS QL NM PA
TREMFYA SOLN 200mg/20ml	3	NDS NM PA
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	3	NDS QL NM PA
TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days)	3	NDS QL NM PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days)	3	NDS QL NM PA
TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	3	NDS QL NM PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	3	NDS QL NM PA
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	3	NDS QL NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	3	NDS QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	3	NDS QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	3	NDS QL NM PA
YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	2	QL NM PA
YESINTEK SOLN 130mg/26ml	2	NM PA
YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	2	QL NM PA
YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	3	NDS QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 100mg, 300mg, 400mg	1	
hydroxychloroquine sulfate (generic of PLAQUENIL) TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	3	B/D
leflunomide (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	1	QL
methotrexate sodium TABS 2.5mg	1	
SOVUNA TABS 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	3	NDS NM PA
BIVIGAM SOLN 5gm/50ml, 10%	3	NDS NM PA
CUTAUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	3	NDS NM PA
CYTOGAM SOLN 50mg/ml	3	NDS B/D NM
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	3	NDS NM PA
GAMASTAN INJ	3	B/D NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	NDS NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	3	NDS NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	3	NDS NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	3	NDS NM PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3	NDS NM PA
HEPAGAM B SOLN 312unit/ml	3	NDS B/D NM
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	3	NDS NM PA
HYQVIA INJ 2.5-200	3	NDS NM PA
HYQVIA INJ 5-400	3	NDS NM PA
HYQVIA INJ 10-800	3	NDS NM PA
HYQVIA INJ 20-1600	3	NDS NM PA
HYQVIA INJ 30-2400	3	NDS NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	3	NDS NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	NDS NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
ATGAM SOLN 50mg/ml	3	NDS B/D
azasan TABS 75mg, 100mg	1	B/D
azathioprine (generic of IMURAN) TABS 50mg	1	B/D
azathioprine TABS 75mg, 100mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	3	NDS QL NM PA
BENLYSTA SOLR 120mg, 400mg	3	NDS NM PA
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg	1	B/D NM
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
cyclosporine modified (for microemulsion) CAPS 50mg	1	B/D NM
ENVARISUS XR TB24 4mg	3	NDS B/D NM
ENVARISUS XR TB24 .75mg, 1mg	3	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	3	NDS B/D NM
engraf (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
LUPKYNIS CAPS 7.9mg	3	NDS NM PA
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	3	NDS B/D NM
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM
MYHIBBIN SUSP 200mg/ml	3	NDS B/D NM
NIKTIMVO SOLN 9mg/0.18ml, 22mg/0.44ml	3	NDS NM PA
NULOJIX SOLR 250mg	3	NDS B/D NM
PROGRAF PACK .2mg, 1mg	3	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
REZUROCK TABS 200mg QL (30 tabs / 30 days)	3	NDS QL NM PA
SAPHNELO SOLN 300mg/2ml	3	NDS NM PA
<i>sirolimus</i> SOLN 1mg/ml	3	NDS B/D NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	1	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOLE INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	

Drug Name	Drug Requirements/ Tier	Limits
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1	QL
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	
NUTRITIONAL/SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	3	
D5W/LYTES INJ #48	3	
D10W/NACL INJ 0.2%	2	

Drug Name	Drug Requirements/ Tier Limits
<i>dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)</i>	1
<i>dextrose 5% in lactated ringers</i>	1
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1
<i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)</i>	1
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1
<i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	1
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1
ISOLYTE-P INJ /D5W	3
ISOLYTE-S INJ	3
ISOLYTE-S INJ PH 7.4	3
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	1
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)</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>	1

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

Drug Name	Drug Requirements/ Tier	Limits
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	1	
klor-con 8 TBCR 8meq	1	
klor-con 10 TBCR 10meq	1	
klor-con m10 TBCR 10meq	1	
klor-con m15 TBCR 15meq	1	
klor-con m20 TBCR 20meq	1	
M-NATAL PLUS TAB	2	
POKONZA PACK 10meq	3	
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 15meq, 20meq	1	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	1	
WESTAB PLUS TAB 27-1MG	2	
IV NUTRITION		
CLINIMIX E INJ 2.75/D5W	3	B/D
CLINIMIX E INJ 4.25/D5W	3	B/D
CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX E INJ 5%/D15W	3	B/D
CLINIMIX E INJ 5%/D20W	3	B/D
CLINIMIX E INJ 8/10	3	B/D
CLINIMIX E INJ 8/14	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 6/5	3	B/D
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
clinisol sf 15%	1	B/D
CLINOLIPID EMU 20%	3	B/D
dextrose SOLN 5%, 10%	1	
dextrose SOLN 50%, 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
KABIVEN EMU	3	NDS B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
plenamine	1	B/D
PREMASOL SOL 10%	3	NDS B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
neo-polycin hc ophth oint 1%	1	
neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)	1	
neomycin-polymyxin-hc ophth susp	1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
bacitracin (ophthalmic) OINT 500unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
ciprofloxacin hcl (ophth) SOLN .3%	1	
erythromycin (ophth) OINT 5mg/gm	1	
gatifloxacin (ophth) SOLN .5%	1	
gentamicin sulfate (ophth) SOLN .3%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>levofloxacin (ophth)</i> SOLN .5%, 1.5%	1	
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	1	QL
QL (12 mL / 30 days)		
<i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX) SOLN .5%	1	QL
QL (12 mL / 30 days)		
NATACYN SUSP 5%	3	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth)</i> (generic of OCUFLOX) SOLN .3%	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	1	
<i>tobramycin (ophth)</i> SOLN .3%	1	
TOBREX OINT .3%	3	
<i>trifluridine</i> SOLN 1%	1	
XDEMZY SOLN .25%	3	NDS NM PA
ZIRGAN GEL .15%	3	
ANTI-INFLAMMATORIES		
ACUVAIL SOLN .45%	3	
<i>bromfenac sodium (ophth)</i> (generic of PROLENSA) SOLN .07%	1	
<i>bromfenac sodium (ophth)</i> SOLN .09%	1	
<i>bromfenac sodium (ophth)</i> (generic of BROMSITE) SOLN .075%	1	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> (generic of DUREZOL) EMUL .05%	1	

Drug Name	Drug Requirements/ Tier	Limits
FLAREX SUSP .1%	3	
<i>fluorometholone (ophth)</i> (generic of FML LIQUIFILM) SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
FML FORTE SUSP .25%	3	
ILEVRO SUSP .3%	3	
INVELTYS SUSP 1%	3	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) SOLN .4%	1	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) SOLN .5%	1	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	2	
<i>loteprednol etabonate</i> (generic of LOTEMAX) GEL .5%; SUSP .5%	1	
<i>loteprednol etabonate</i> (generic of ALREX) SUSP .2%	1	
MAXIDEX SUSP .1%	3	
NEVANAC SUSP .1%	3	
PRED MILD SUSP .12%	3	
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
TRIESENCE SUSP 40mg/ml	3	PA
XIPERE SUSP 40mg/ml	3	NM PA
YUTIQ IMPL .18mg	3	NDS NM
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>bepotastine besilate</i> (generic of BEPREVE) SOLN 1.5%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>epinastine hcl (ophth)</i> SOLN .05%	1	
ZERVIAE SOLN .24%	3	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	

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

Drug Name	Drug Requirements/ Tier	Limits
BETIMOL SOLN .5%	3	
BETOPTIC-S SUSP .25%	3	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .1%, .15%	1	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i> (generic of COMBIGAN)	1	
<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> (generic of COSOPT)	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> (generic of COSOPT PF)	1	
IYUZEH SOLN .005%	3	ST
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	3	NDS NM
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol hemihydrate (ophth)</i> (generic of BETIMOL) SOLN .5%	1	
<i>timolol maleate (ophth)</i> SOLG 1 .25%, .5%; SOLN .25%, .5%	1	
<i>timolol maleate (ophth) once-daily</i> (generic of ISTALOL) SOLN .5%	1	
<i>timolol maleate (ophth) pf</i> (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5%	1	
<i>travoprost</i> (generic of TRAVATAN Z) SOLN .004%	1	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>flac</i> (generic of DERMOTIC) OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%	1	
<i>hydrocortisone w/ acetic acid otic soln</i> 1-2%	1	
<i>neomycin-polymyxin-hc otic soln</i> 1%	1	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	
RESPIRATORY ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	2	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	2	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	2	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	2	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	3	QL
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	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

Drug Name	Drug Requirements/ Tier	Limits
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	
SPIRIVA RESPIMAT 1.25mcg/act, 2.5mcg/act QL (1 inhaler / 30 days)	3	QL
<i>tiotropium bromide monohydrate</i> (generic of SPIRIVA HANDIHALER) CAPS 18mcg QL (30 caps / 30 days)	1	QL
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray</i> 137-50 mcg/act (generic of DYMISTA) QL (1 bottle / 30 days)	1	QL
CLARINEX-D TAB 2.5-120	3	
<i>promethazine & phenylephrine syrup</i> 6.25-5 mg/5ml PA applies if 70 years and older	2	PA
RYALTRIS SPR 665-25 QL (29 gm / 30 days)	3	QL
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	1	
<i>carbinoxamine maleate</i> SOLN 4mg/5ml; TABS 4mg PA applies if 70 years and older	2	PA
<i>cetirizine hcl</i> SOLN 5mg/5ml QL (300 mL / 30 days)	1	QL
<i>clemastine fumarate</i> TABS 2.68mg PA applies if 70 years and older	2	PA
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA
<i>desloratadine</i> (generic of CLARINEX) TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>desloratadine</i> TDBP 2.5mg, 5mg QL (30 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>formoterol fumarate</i> (generic of PERFOROMIST) NEBU 20mcg/2ml	1	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	1	QL ST
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
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	3	NDS QL NM PA
ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	3	NDS QL NM PA
ARALAST NP SOLR 500mg, 1000mg	3	NDS NM PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>elixophyllin</i> ELIX 80mg/15ml	3	NDS
<i>epinephrine</i> (anaphylaxis) (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	3	NDS QL NM PA
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	3	NDS QL NM PA
GLASSIA SOLN 4gm/200ml, 5gm/250ml, 1000mg/50ml	3	NDS NM PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	3	NDS QL NM PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	3	NDS QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	3	NDS QL NM PA
OHTUVAYRE SUSP 3mg/2.5ml	3	NDS NM PA
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	3	NDS QL NM PA
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	3	NDS QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	3	NDS QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	3	NDS QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	3	NDS QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) CAPS 267mg QL (270 caps / 30 days)	3	NDS QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	3	NDS QL NM PA
<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	3	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	3	NDS QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	3	NDS NM PA
PULMOZYME SOLN 2.5mg/2.5ml	3	NDS NM PA
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	1	QL
<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	1	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	3	NDS QL NM PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	3	NDS QL NM PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	3	NDS QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	3	NDS QL NM PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	3	NDS QL NM PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	3	NDS QL NM PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	3	NDS QL NM PA
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	3	NDS QL NM PA
XOLAIR SOLR 150mg QL (8 vials / 28 days)	3	NDS QL NM PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	3	NDS QL NM PA
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	3	NDS QL NM PA

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
<i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	1	QL
TOPICAL DERMATOLOGY, ACNE		
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	3	NDS PA
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>adapalene</i> (generic of DIFFERIN) CREA .1%; GEL .3% QL (45 gm / 30 days)	1	QL PA
ADAPALENE SOLN .1% QL (120 mL / 30 days)	3	QL PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> (generic of EPIDUO) QL (45 gm / 30 days)	1	QL PA
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> (generic of EPIDUO FORTE) QL (60 gm / 30 days)	1	QL PA
AKLIEF CREA .005% QL (45 gm / 30 days)	3	QL PA
ALTRENO LOTN .05% QL (45 gm / 30 days)	3	QL PA
<i>amnesteem</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
AMZEEQ FOAM 4% QL (30 gm / 30 days)	3	QL PA
ARAZLO LOTN .045% QL (45 gm / 30 days)	3	QL PA
AZELEX CREA 20% QL (50 gm / 30 days)	3	QL PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
CABTREO GEL QL (50 gm / 30 days)	3	NDS QL PA
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindacin</i> FOAM 1% QL (100 gm / 30 days)	1	QL
<i>clindacin etz pledgets</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL
<i>clindacin-p</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> QL (45 gm / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> FOAM 1% QL (100 gm / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> (generic of CLINDAGEL) GEL 1% QL (75 mL / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> SWAB 1% QL (69 pledgets / 30 days)	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA) QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i> (generic of ONEXTON) QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> QL (60 gm / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>dapsone (topical)</i> (generic of ACZONE) GEL 5%, 7.5% QL (90 gm / 30 days)	1	QL
DIFFERIN LOTN .1% QL (118 mL / 30 days)	3	QL PA
EPSOLAY CREA 5% QL (30 gm / 30 days)	3	QL PA
<i>ery</i> PADS 2% QL (60 pledgets / 30 days)	1	QL
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2% QL (60 gm / 30 days)	1	QL
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	1	QL
FABIOR FOAM .1% QL (100 gm / 30 days)	3	QL PA
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>isotretinoin</i> (generic of ABSORICA) CAPS 25mg, 35mg	3	NDS PA
<i>neuac gel</i> 1.2-5% QL (45 gm / 30 days)	1	QL
RETIN-A MICRO GEL .06% QL (50 gm / 30 days)	3	QL PA
<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	1	QL
TAZAROTENE FOAM .1% QL (100 gm / 30 days)	3	QL PA
<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	1	QL PA
<i>tretinoin</i> (generic of ATRALIN) GEL .05% QL (45 gm / 30 days)	1	QL PA
<i>tretinoin microsphere</i> GEL .04%, .1% QL (50 gm / 30 days)	1	QL PA
<i>tretinoin microsphere</i> (generic of RETIN-A MICRO PUMP) GEL .08% QL (50 gm / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1% QL (75 gm / 30 days)	1	QL
TWYNEO CRE 0.1-3% QL (30 gm / 30 days)	3	QL PA
WINLEVI CREA 1% QL (60 gm / 30 days)	3	QL PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	1	QL
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	1	QL
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	1	
<i>ssd</i> (generic of SILVADENE) CREA 1%	1	
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	3	QL
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> GEL .77% QL (100 gm / 30 days)	1	QL
<i>ciclopirox</i> SHAM 1% QL (120 mL / 30 days)	1	QL
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	1	QL
<i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days)	1	QL
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	1	QL
<i>clotrimazole (topical)</i> SOLN 1% QL (60 mL / 30 days)	1	QL
<i>clotrimazole w/ betamethasone cream</i> 1-0.05% QL (45 gm / 30 days)	1	QL
<i>econazole nitrate</i> CREA 1% QL (85 gm / 30 days)	1	QL
JUBLIA SOLN 10% QL (8 mL / 30 days)	3	NDS QL

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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone valerate</i> CREA .1%; FOAM .12%; OINT .1% QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	1	QL
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate</i> FOAM .05% QL (100 gm / 30 days)	1	QL
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05% QL (125 mL / 30 days)	1	QL
<i>clobetasol propionate</i> (generic of CLOBEX) LOTN .05%; SHAM .05% QL (118 mL / 30 days)	1	QL
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	1	QL
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate emulsion</i> FOAM .05% QL (100 gm / 30 days)	1	QL
<i>clodan</i> (generic of CLOBEX) SHAM .05% QL (118 mL / 30 days)	1	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
DUOBRII LOT QL (200 gm / 28 days)	3	NDS QL PA
EPIFOAM AER 1%	3	
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025% QL (120 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS BODY) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days)	1	QL
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	1	QL
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>fluticasone propionate</i> CREA .05%; OINT .005% QL (120 mL / 30 days)	1	QL
<i>fluticasone propionate</i> LOTN .05% QL (120 mL / 30 days)	1	QL
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	1	QL
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2% QL (60 mL / 30 days)	1	QL
<i>hydrocortisone (topical)</i> OINT 1% QL (30 gm / 30 days)	1	QL
<i>hydrocortisone butyrate</i> SOLN .1% QL (60 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocortisone valerate</i> CREA .2% QL (60 gm / 30 days)	1	QL
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<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> SOLN 4% QL (50 mL / 30 days)	1	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	1	B/D QL
<i>lidocan</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
QUTENZA KIT 8% 1-PCH QL (4 patches / 90 days)	3	NDS QL NM PA
QUTENZA KIT 8% 2-PCH QL (4 patches / 90 days)	3	NDS QL NM PA
QUTENZA KIT 8% 4-PCH QL (4 patches / 90 days)	3	NDS QL NM PA
<i>tridacaine ii</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
ZTLIDO PTCH 1.8% QL (3 patches / 1 day)	3	QL PA

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
<i>azelaic acid</i> (generic of FINACEA) GEL 15% QL (50 gm / 30 days)	1	QL
<i>bexarotene</i> (topical) (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	3	NDS QL NM PA
<i>brimonidine tartrate</i> (topical) (generic of MIRVASO) GEL .33% QL (30 gm / 30 days)	1	QL PA
CORTIFOAM FOAM 10%	3	
<i>diclofenac sodium</i> (actinic keratoses) GEL 3% QL (100 gm / 30 days)	1	QL PA
<i>diclofenac sodium</i> (topical) SOLN 1.5% QL (300 mL / 28 days)	1	QL
<i>doxycycline</i> (rosacea) (generic of ORACEA) CPDR 40mg EMROSI CP24 40mg QL (30 caps / 30 days)	1	
FINACEA FOAM 15% QL (50 gm / 30 days)	3	NDS QL PA
<i>fluorouracil</i> (topical) CREA 5% QL (40 gm / 30 days)	1	QL
<i>fluorouracil</i> (topical) SOLN 2%, 5% QL (10 mL / 30 days)	1	QL
<i>hydrocortisone</i> (rectal) CREA 1% <i>hydrocortisone</i> (rectal) (generic of ANUSOL-HC) CREA 2.5%	1	
HYFTOR GEL .2% QL (20 gm / 25 days)	3	NDS QL NM PA
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	1	QL
KLISYRI OINT 1% QL (5 packets / 30 days)	3	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>lactic acid (ammonium lactate)</i> 1 CREA 12%; LOTN 12%		
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	1	QL
<i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days)	1	QL
<i>metronidazole (topical)</i> LOTN .75% QL (59 mL / 30 days)	1	QL
<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)	3	NDS QL PA
OPZELURA CREA 1.5% QL (240 gm / 28 days)	3	NDS QL PA
PANRETIN GEL .1% QL (60 gm / 30 days)	3	NDS QL PA
<i>peniclovir</i> (generic of DENAVIR) CREA 1% QL (5 gm / 30 days)	1	QL
<i>pimecrolimus</i> (generic of ELIDEL) CREA 1% QL (100 gm / 30 days)	1	QL PA
<i>podofilox</i> (generic of CONDYLOX) 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	
QBREXZA PADS 2.4% QL (30 cloths / 30 days)	3	QL PA
RHOFADE CREA 1% QL (30 gm / 30 days)	3	QL
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
VALCHLOR GEL .016% QL (60 gm / 30 days)	3	NDS QL NM PA
XERESE CRE 5-1% QL (5 gm / 30 days)	3	NDS QL
YCANTH SOLN .7%	3	NM PA
ZELSUVMI GEL 10.3%	3	NDS PA
ZILXI FOAM 1.5% QL (30 gm / 30 days)	3	QL PA
ZORYVE CREA .15% QL (60 gm / 30 days)	3	QL PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i> LOTN 10% QL (454 gm / 30 days)	3	NDS QL PA
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	1	QL
<i>permethrin</i> (generic of ELIMITE) CREA 5% QL (60 gm / 30 days)	1	QL
<i>pruradik</i> LOTN 10% QL (454 gm / 30 days)	3	NDS QL PA
<i>spinosad</i> SUSP .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	3	QL
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX) SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	1	QL
<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	

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

Index

A		
abacavir sulfate.....7	acetaminophen-caffeine- dihydrocodeine cap 320.5-30-16 mg.....2	acyclovir topical.....90
abacavir sulfate-lamivudine tab 600-300 mg.....8	acetaminophen w/ codeine soln 120-12 mg/5ml.....2	ACZONE see dapsone (topical) ..87
ABELCET.....6	acetaminophen w/ codeine tab 300-15 mg.....2	ADACEL INJ.....77
abigale.....60	acetaminophen w/ codeine tab 300-30 mg.....2	ADAKVEO.....71
abigale lo.....60	acetaminophen w/ codeine tab 300-60 mg.....2	ADALIMUMAB-AACF (2 PEN).....73
ABILIFY see aripiprazole.....36	acetazolamide.....29	ADALIMUMAB-AACF (2 SYRING).....73
ABILIFY ASIMTUFII.....36	acetic acid.....69	ADALIMUMAB-AACF STARTER P.....73
ABILIFY MAINTENA.....36	acetic acid (otic).....81	adapalene.....86
ABILIFY MYCITE MAINTENANC.....36	acetylcysteine.....83	ADAPALENE.....86
ABILIFY MYCITE STARTER KI.....36	ACIPHEX see rabeprazole sodium.....69	adapalene-benzoyl peroxide gel 0.1-2.5% .86
abiraterone acetate.....13	acitretin.....88	adapalene-benzoyl peroxide gel 0.3-2.5% .86
abirtega.....13	ACTHIB INJ.....77	ADBRY.....73
ABRAXANE see paclitaxel inj 100mg.....15	ACTIMMUNE.....76	ADCIRCA see alyq.....31
ABRAXANE INJ 100MG .15	ACTIVELLA see abigale.....60	see alyq.....31
ABRYSVO.....77	see estradiol & norethindrone acetate tab 1-0.5 mg.....60	see tadalafil (pulmonary hypertension).....31
ABSORICA see isotretinoin.....87	see mimvey.....60	ADDERALL see amphetamine- dextroamphetamine tab 10 mg.....44
ABSORICA LD.....86	ACTONEL see risedronate sodium.....56	see amphetamine- dextroamphetamine tab 12.5 mg.....44
acamprosate calcium.....51	ACTOPLUS MET see pioglitazone hcl- metformin hcl tab 15- 850 mg.....54	see amphetamine- dextroamphetamine tab 15 mg.....44
ACANYA see clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% .....86	ACTOS see pioglitazone hcl.....54	see amphetamine- dextroamphetamine tab 20 mg.....44
acarbose.....52	ACULAR see ketorolac tromethamine (ophth) .....80	see amphetamine- dextroamphetamine tab 30 mg.....44
ACCOLATE see zafirlukast.....83	ACULAR LS see ketorolac tromethamine (ophth) .....80	see amphetamine- dextroamphetamine tab 5 mg.....44
ACCUPRIL see quinapril hcl.....23	ACUVAIL.....80	see amphetamine- dextroamphetamine tab 7.5 mg.....44
ACCURETIC see quinapril- hydrochlorothiazide tab 10-12.5 mg.....22	acyclovir.....9	ADDERALL XR
see quinapril- hydrochlorothiazide tab 20-12.5 mg.....22	acyclovir sodium.....9	
accutane.....86		
acebutolol hcl.....27		

see <i>amphetamine-dextroamphetamine</i> cap er 24hr 10 mg...43	see <i>anagrelide hcl</i> .....72	see <i>loteprednol etabonate</i>.....80
see <i>amphetamine-dextroamphetamine</i> cap er 24hr 15 mg...43	AIMOVIG.....47	<i>altavera</i> .....57
see <i>amphetamine-dextroamphetamine</i> cap er 24hr 20 mg...43	AIRSUPRA AER 90-80MCG .....85	ALTRENO .....86
see <i>amphetamine-dextroamphetamine</i> cap er 24hr 25 mg...43	AKEEGA TAB 100/500 ...14	ALUNBRIG.....15
see <i>amphetamine-dextroamphetamine</i> cap er 24hr 30 mg...44	AKEEGA TAB 50/500MG .....13	ALVAIZ.....71
see <i>amphetamine-dextroamphetamine</i> cap er 24hr 5 mg.....43	AKLIEF.....86	ALVESCO .....85
adefovir dipivoxil .....9	AKYNZEO CAP 300-0.5 .65	<i>alyacen 1/35</i>.....57
ADEMPAS .....31	AKYNZEO INJ 235-0.25 .65	<i>alyacen 7/7/7</i>.....57
ADLARITY .....32	AKYNZEO INJ 235-0.25MG/20ML.....65	ALYFTREK TAB 10-50-125 .....83
ADMELOG .....54	<i>ala-cort</i> .....88	ALYFTREK TAB 4-20-50 83
ADMELOG SOLOSTAR .54	<i>ala-scalp</i>.....88	ALYGLO.....75
ADVAIR DISKUS	<i>albendazole</i>.....4	<i>alyq</i> .....31
see <i>fluticasone-salmeterol aer powder</i> ba 100-50 mcg/act...85	<i>albuterol sulfate</i>.....83	<i>amantadine hcl</i>.....35
see <i>fluticasone-salmeterol aer powder</i> ba 250-50 mcg/act...85	ALCAINE	AMBIEN
see <i>fluticasone-salmeterol aer powder</i> ba 500-50 mcg/act...86	see <i>proparacaine hcl</i> ...81	see <i>zolpidem tartrate</i> ...47
see <i>wixela inhub</i>.....86	<i>alclometasone dipropionate</i> .....88	AMBIEN CR
ADVAIR HFA AER 115/21 .....85	ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY .....54	see <i>zolpidem tartrate</i> ...47
ADVAIR HFA AER 230/21 .....85	ALDACTONE	AMBISOME
ADVAIR HFA AER 45/21 85	see <i>spironolactone</i> .....23	see <i>amphotericin b liposome</i> .....6
ADZENYS XR-ODT .....43	ALDURAZYME .....61	<i>ambrisentan</i> .....31
ADZYNMA .....71	ALECENSA.....15	<i>amethia</i> .....57
AFINITOR	<i>alendronate sodium</i> .....56	<i>amethyst</i> .....57
see <i>everolimus</i> .....17	<i>alfuzosin hcl</i> .....69	<i>amikacin sulfate</i> .....4
see <i>torpenz</i>.....20	ALIMTA	<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg .....29
AFINITOR DISPERZ	see <i>pemetrexed disodium</i> .....13	<i>amiloride hcl</i>.....29
see <i>everolimus</i> .....17	<i>aliskiren fumarate</i>.....29	<i>aminocaproic acid</i> .....72
<i>afirmelle</i> .....57	ALKINDI SPRINKLE .....61	<i>amiodarone hcl</i> .....26
AGRYLIN	<i>allopurinol</i>.....1	AMITIZA
	<i>allopurinol sodium</i> .....1	see <i>lubiprostone</i> .....68
	<i>almotriptan malate</i> .....47	<i>amitriptyline hcl</i> .....33
	ALOPRIM	AMLODIPINE/OLMESARTAN MED
	see <i>allopurinol sodium</i> ...1	see <i>amlodipine besylate-olmesartan medoxomil tab</i> 10-20 mg.....23
	<i>alose tron hcl</i>.....67	see <i>amlodipine besylate-olmesartan medoxomil tab</i> 10-40 mg.....23
	ALPHAGAN P	see <i>amlodipine besylate-olmesartan medoxomil tab</i> 5-20 mg.....23
	see <i>brimonidine tartrate</i> .....81	
	<i>alprazolam</i> .....32	
	ALPRAZOLAM INTENSOL .....32	
	ALREX	

see amlodipine besylate- olmesartan medoxomil tab 5-40 mg.....23	amlodipine besylate- benazepril hcl cap 5-10 mg .....22	amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg.....67
amlodipine besylate .....28	amlodipine besylate- benazepril hcl cap 5-20 mg .....22	amoxicillin .....11
amlodipine besylate- atorvastatin calcium tab 10-10 mg .....30	amlodipine besylate- benazepril hcl cap 5-40 mg .....22	amoxicillin & k clavulanate for susp 200-28.5 mg/5ml.....11
amlodipine besylate- atorvastatin calcium tab 10-20 mg .....30	amlodipine besylate- olmesartan medoxomil tab 10-20 mg .....23	amoxicillin & k clavulanate for susp 250-62.5 mg/5ml.....11
amlodipine besylate- atorvastatin calcium tab 10-40 mg .....30	amlodipine besylate- olmesartan medoxomil tab 10-40 mg .....23	amoxicillin & k clavulanate for susp 400-57 mg/5ml.....11
amlodipine besylate- atorvastatin calcium tab 10-80 mg .....30	amlodipine besylate- olmesartan medoxomil tab 5-20 mg .....23	amoxicillin & k clavulanate for susp 600-42.9 mg/5ml.....11
amlodipine besylate- atorvastatin calcium tab 2.5-10 mg .....29	amlodipine besylate- olmesartan medoxomil tab 5-40 mg .....23	amoxicillin & k clavulanate tab 250-125 mg .....11
amlodipine besylate- atorvastatin calcium tab 2.5-20 mg .....29	amlodipine besylate- valsartan tab 10-160 mg.....23	amoxicillin & k clavulanate tab 500-125 mg .....11
amlodipine besylate- atorvastatin calcium tab 2.5-40 mg .....30	amlodipine besylate- valsartan tab 10-320 mg.....23	amoxicillin & k clavulanate tab 875-125 mg .....11
amlodipine besylate- atorvastatin calcium tab 5-10 mg .....30	amlodipine besylate- valsartan tab 5-160 mg23	amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg.....11
amlodipine besylate- atorvastatin calcium tab 5-20 mg .....30	amlodipine besylate- valsartan tab 5-320 mg23	amphetamine- dextroamphetamine 3- bead cap er 24hr 12.5 mg .....43
amlodipine besylate- atorvastatin calcium tab 5-40 mg .....30	amlodipine-valsartan- hydrochlorothiazide tab 10-160-12.5 mg .....24	amphetamine- dextroamphetamine 3- bead cap er 24hr 25 mg.....43
amlodipine besylate- atorvastatin calcium tab 5-80 mg .....30	amlodipine-valsartan- hydrochlorothiazide tab 10-160-25 mg .....24	amphetamine- dextroamphetamine 3- bead cap er 24hr 37.5 mg .....43
amlodipine besylate- benazepril hcl cap 10-20 mg .....22	amlodipine-valsartan- hydrochlorothiazide tab 10-320-25 mg .....24	amphetamine- dextroamphetamine 3- bead cap er 24hr 50 mg.....43
amlodipine besylate- benazepril hcl cap 10-40 mg .....22	amlodipine-valsartan- hydrochlorothiazide tab 5-160-12.5 mg .....24	amphetamine- dextroamphetamine cap er 24hr 10 mg .....43
amlodipine besylate- benazepril hcl cap 2.5-10 mg .....22	amlodipine-valsartan- hydrochlorothiazide tab 5-160-25 mg .....24	amphetamine- dextroamphetamine cap er 24hr 15 mg .....43
	amnestem .....86	
	amoxapine .....33	

<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 20 mg</i>.....43	<i>ampicillin & sulbactam</i> <i>sodium for iv soln 3 (2-1)</i> <i>gm</i> .....11	ARCALYST .....76
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 25 mg</i>.....43	<i>ampicillin sodium</i>.....11	AREXVY .....77
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 30 mg</i>.....44	AMPYRA see <i>dalfampridine</i> .....49	<i>arformoterol tartrate</i> .....83
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 5 mg</i>.....43	AMVUTTRA .....48	ARICEPT see <i>donepezil</i> <i>hydrochloride</i> .....32
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>10 mg</i> .....44	AMZEEQ.....86	ARIKAYCE.....4
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>12.5 mg</i> .....44	ANAFRANIL see <i>clomipramine hcl</i> ...33	ARIMIDEX see <i>anastrozole</i> .....14
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>15 mg</i> .....44	<i>anagrelide hcl</i>.....72	<i>aripiprazole</i> .....36
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>20 mg</i> .....44	ANAPROX DS see <i>naproxen sodium</i> ....1	ARISTADA.....36
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>30 mg</i> .....44	<i>anastrozole</i> .....14	ARISTADA INITIO .....36
<i>amphetamine-</i> <i>dextroamphetamine tab 5</i> <i>mg</i> .....44	ANCOBON see <i>flucytosine</i> .....6	ARIXTRA see <i>fondaparinux sodium</i>.....70, 71
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>7.5 mg</i> .....44	ANDEMBRY.....72	<i>armodafinil</i> .....51
<i>amphotericin b</i> .....6	ANDROGEL PUMP see <i>testosterone pump</i> 52	ARNUITY ELLIPTA.....85
<i>amphotericin b liposome</i> ...6	ANNOVERA MIS .....57	AROMASIN see <i>exemestane</i> .....14
<i>ampicillin</i> .....11	ANORO ELLIPT AER 62.5- 25 .....82	ARTHROTEC 50 see <i>diclofenac w/</i> <i>misoprostol tab</i> <i>delayed release 50-0.2</i> <i>mg</i>.....1
<i>ampicillin & sulbactam</i> <i>sodium for inj 1.5 (1-0.5)</i> <i>gm</i> .....11	ANUSOL-HC see <i>hydrocortisone</i> (rectal).....90	ARTHROTEC 75 see <i>diclofenac w/</i> <i>misoprostol tab</i> <i>delayed release 75-0.2</i> <i>mg</i>.....1
<i>ampicillin & sulbactam</i> <i>sodium for inj 3 (2-1) gm</i>.....11	see <i>procto-med hc</i>.....91	ARZERRA.....16
<i>ampicillin & sulbactam</i> <i>sodium for iv soln 1.5 (1-</i> <i>0.5) gm</i> .....11	see <i>proctosol hc</i> .....91	<i>asenapine maleate</i>.....36
<i>ampicillin & sulbactam</i> <i>sodium for iv soln 15 (10-</i> <i>5) gm</i> .....11	see <i>proctozone-hc</i>.....91	<i>ashlyna</i>.....57
	APONVIE .....65	ASPARLAS .....14
	<i>aprepitant</i> .....65	<i>aspirin-dipyridamole cap er</i> <i>12hr 25-200 mg</i> .....73
	<i>aprepitant capsule therapy</i> <i>pack 80 & 125 mg</i> .....65	ASPRUZYO SPRINKLE .30
	<i>apri</i> .....57	ASTAGRAF XL .....76
	APRISO see <i>mesalamine</i> .....67	ATACAND see <i>candesartan cilexetil</i>.....25
	APTOM .....39	ATACAND HCT see <i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab</i> <i>16-12.5 mg</i>.....24
	see <i>eslicarbazepine</i> <i>acetate</i> .....40	see <i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab</i> <i>32-12.5 mg</i>.....24
	APTIVUS.....7	
	AQNEURSA.....61	
	ARALAST NP.....83	
	<i>aranelle</i> .....57	
	ARANESP ALBUMIN FREE .....71	
	ARAVA see <i>leflunomide</i> .....75	
	ARAZLO.....86	
	ARBLI.....25	

see <i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-25 mg.....24	AUSTEDO XR.....48	AZSTARYS CAP 26.1-5.2.....44
<i>atazanavir sulfate</i>.....7	AUSTEDO XR TAB TITR KIT .....48	AZSTARYS CAP 39.2-7.8.....44
ATELVIA see <i>risedronate sodium</i>.....56	AUVELITY TAB 45-105MG.....33	AZSTARYS CAP 52.3-10. .....44
<i>atenolol</i> .....27	AVALIDE see <i>irbesartan-hydrochlorothiazide tab</i> 150-12.5 mg.....24	<i>aztreonam</i> .....4
<i>atenolol & chlorthalidone tab</i> 100-25 mg .....27	see <i>irbesartan-hydrochlorothiazide tab</i> 300-12.5 mg.....24	AZULFIDINE see <i>sulfasalazine</i> .....67
<i>atenolol & chlorthalidone tab</i> 50-25 mg .....27	AVAPRO see <i>irbesartan</i>.....25	AZULFIDINE EN-TABS see <i>sulfasalazine</i> .....67
ATGAM .....76	AVEED .....52	<i>azurette</i> .....57
ATIVAN see <i>lorazepam</i>.....32	AVERI TAB .....57	B
<i>atomoxetine hcl</i>.....44	<i>aviane</i> .....57	<i>bacitracin (ophthalmic)</i>....79
ATORVALIQ .....26	AVMAPKI PAK FAKZYNJA.....16	<i>bacitracin-polymyxin b ophth oint</i>.....79
<i>atorvastatin calcium</i> .....26	AVODART see <i>dutasteride</i>.....69	<i>bacitracin-polymyxin-neomycin-hc ophth oint</i> 1% .....79
<i>atovaquone</i> .....4	AVONEX .....49	<i>baclofen</i> .....50
<i>atovaquone-proguanil hcl tab</i> 250-100 mg .....7	AVONEX PEN.....49	BACTRIM see <i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg.....5
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg .....7	AVSOLA.....73	BACTRIM DS see <i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg.....6
ATRALIN see <i>tretinoin</i>.....87	AVYCAZ INJ 2-0.5GM ...10	BAFIERTAM .....49
<i>atropine sulfate</i> .....66	AXTLE.....13	<i>balsalazide disodium</i>.....66
ATROPINE SULFATE66, 81 see <i>atropine sulfate</i> ....66	<i>ayuna</i> .....57	BALVERSA.....16
<i>atropine sulfate (ophthalmic)</i>.....81	AYVAKIT.....16	<i>balziva</i> .....57
ATROVENT HFA .....82	<i>azacitidine</i> .....13	BANZEL see <i>rufinamide</i>.....42
ATTRUBY .....30	AZACTAM see <i>aztreonam</i>.....4	BARACLUDE .....9
AUBAGIO see <i>teriflunomide</i> .....50	<i>azasan</i> .....76	see <i>entecavir</i>.....9
<i>aubra eq</i>.....57	AZASITE .....79	BASAGLAR KWIKPEN ...55
AUGMENTIN ES-600 see <i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml.....11	<i>azathioprine</i> .....76	BAVENCIO .....16
AUGMENTIN SUS 125/5ML .....11	<i>azelaic acid</i> .....90	BAXDELA .....11
AUGTYRO .....16	<i>azelastine hcl</i> .....82	BCG VACCINE .....77
<i>aurovela 1/20</i> .....57	<i>azelastine hcl (ophth)</i>.....80	BELBUCA .....2
<i>aurovela 24 fe</i> .....57	<i>azelastine hcl-fluticasone prop nasal spray</i> 137-50 mcg/act.....82	BELEODAQ .....16
<i>aurovela fe 1/20</i> .....57	AZELEX .....86	BELSOMRA .....46
<i>aurovela fe 1.5/30</i> .....57	AZILECT see <i>rasagiline mesylate</i>.....36	<i>benazepril & hydrochlorothiazide tab</i> 10-12.5 mg .....22
AUSTEDO.....48	<i>azithromycin</i>.....10	
	AZMIRO .....52	
	AZOPT see <i>brinzolamide</i> .....81	

<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>.....22	BESREMI.....14	BIJUVA CAP 1-100MG...60
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>.....22	<i>betaine powder for oral solution</i>.....61	BIKTARVY TAB 30-120-15 MG.....8
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>.....22	<i>betamethasone dipropionate (topical)</i> ...88	BIKTARVY TAB 50-200-25 MG.....8
<i>benazepril hcl</i>.....23	<i>betamethasone dipropionate augmented</i>.....88	BINOSTO.....56
<i>bendamustine hcl</i>.....12	<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i>.....61	<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>.....27
BENDAMUSTINE HYDROCHLORID .....12	<i>betamethasone valerate</i> .89	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>.....27
BENDEKA.....12	BETAPACE see <i>sotalol hcl</i>.....26	<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>.....27
BENICAR see <i>olmesartan medoxomil</i> .....25, 26	BETAPACE AF see <i>sotalol hcl (afib/af)</i> 26	<i>bisoprolol fumarate</i> .....28
BENICAR HCT see <i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i>.....24	BETASERON.....49	BIVIGAM.....75
see <i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i>.....24	<i>betaxolol hcl</i>.....28	BKEMV .....72
see <i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i>.....24	<i>betaxolol hcl (ophth)</i>.....80	<i>bleomycin sulfate</i> .....15
BENLYSTA.....76	<i>bethanechol chloride</i>.....69	<i>blisovi 24 fe</i>.....57
BENTYL see <i>dicyclomine hcl</i> ....66	BETHKIS see <i>tobramycin</i> .....6	<i>blisovi fe 1.5/30</i>.....57
BENZAMYCIN see <i>benzoyl peroxide- erythromycin gel 5-3%</i> .....86	BETIMOL .....81 see <i>timolol hemihydrate (ophth)</i> .....81	BONJESTA TAB 20-20MG.....65
<i>benzoyl peroxide- erythromycin gel 5-3%</i> .86	BETOPTIC-S .....81	BONSITY .....56
<i>benztropine mesylate</i>.....35	BEVESPI AER 9-4.8MCG.....82	BOOSTRIX INJ.....77
BEOVU .....81	<i>bexarotene</i> .....15	<i>bortezomib</i> .....16
<i>bepotastine besilate</i> .....80	<i>bexarotene (topical)</i> .....90	BORTEZOMIB .....16
BEPREVE see <i>bepotastine besilate</i>.....80	BEXSERO.....77	BORUZU.....16
BERINERT.....72	BEYAZ see <i>drospirenone-ethinyl estradiol-levomefolate tab 3-0.02-0.451 mg</i> 57	<i>bosentan</i> .....31
BESIVANCE .....79	BIAXIN XL see <i>clarithromycin</i> .....10	BOSULIF.....16
BESPONSA.....16	<i>bicalutamide</i>.....14	BOTOX.....50
	BICILLIN C-R INJ 1200000.....12	BRAFTOVI.....16
	BICILLIN C-R INJ 900/300.....11	BREO ELLIPTA INH 100- 25 .....85
	BICILLIN L-A.....12	BREO ELLIPTA INH 200- 25 .....85
	BIDIL see <i>isosorbide dinitrate- hydralazine hcl tab 20- 37.5 mg</i>.....30	BREO ELLIPTA INH 50- 25MCG.....85
	BIJUVA CAP 0.5-100.....60	<i>breyana</i>.....85
		BREZTRI AERO AER SPHERE.....82
		BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) .....82
		<i>briellyn</i>.....57
		BRILINTA.....73
		see <i>ticagrelor</i>.....73

<i>brimonidine tartrate</i> .....81	<i>buprenorphine hcl-</i>	<i>calcipotriene</i> .....88
<i>brimonidine tartrate</i>	<i>naloxone hcl sl tab 2-0.5</i>	CALCIPOTRIENE .....88
(topical) .....90	<i>mg (base equiv).....51</i>	<i>calcitonin (salmon) spray</i> 56
<i>brimonidine tartrate-timolol</i>	<i>buprenorphine hcl-</i>	<i>calcitrene</i> .....88
<i>maleate ophth soln 0.2-</i>	<i>naloxone hcl sl tab 8-2</i>	<i>calcitriol</i> .....65
<i>0.5%</i> .....81	<i>mg (base equiv).....51</i>	<i>calcitriol (oral)</i> .....65
<i>brinzolamide</i> .....81	<i>bupropion hcl</i> .....33	CALQUENCE .....16
BRIVIACT .....39	<i>bupropion hcl (smoking</i>	<i>camila</i> .....57
BRIXADI .....51	<i>deterrent).....52</i>	CAMPTOSAR
<i>bromfenac sodium (ophth)</i>	<i>bupirone hcl</i> .....32	<i>see irinotecan hcl</i> .....15
.....80	<i>butorphanol tartrate</i> .....2	<i>camrese</i> .....57
<i>bromocriptine mesylate</i> ...35	BUTRANS	<i>camrese lo</i> .....57
BROMSITE	<i>see buprenorphine</i> .....2	CAMZYOS .....30
<i>see bromfenac sodium</i>	BYLVAY .....67	CANASA
(ophth) .....80	BYLVAY (PELLETS).....67	<i>see mesalamine</i> .....67
BROVANA	BYOOVIZ .....81	<i>candesartan cilexetil</i> .....25
<i>see arformoterol tartrate</i>	BYSTOLIC	<i>candesartan cilexetil-</i>
.....83	<i>see nebivolol hcl</i> .....28	<i>hydrochlorothiazide tab</i>
BRUKINSA .....16	C	<i>16-12.5 mg</i> .....24
<i>budesonide</i> .....66	<i>cabergoline</i> .....61	<i>candesartan cilexetil-</i>
<i>budesonide (inhalation)</i> ...85	CABLIVI .....72	<i>hydrochlorothiazide tab</i>
<i>budesonide (intrarectal)</i> ..67	CABOMETYX .....16	<i>32-12.5 mg</i> .....24
<i>budesonide-formoterol</i>	CABTREO GEL .....86	<i>candesartan cilexetil-</i>
<i>fumarate dihyd aerosol</i>	CADUET	<i>hydrochlorothiazide tab</i>
<i>160-4.5 mcg/act</i>.....85	<i>see amlodipine besylate-</i>	<i>32-25 mg</i> .....24
<i>budesonide-formoterol</i>	<i>atorvastatin calcium</i>	CAPLYTA .....36
<i>fumarate dihyd aerosol</i>	<i>tab 10-10 mg</i>.....30	CAPRELSA .....16
<i>80-4.5 mcg/act</i>.....85	<i>see amlodipine besylate-</i>	<i>captopril</i> .....23
<i>bumetanide</i> .....29	<i>atorvastatin calcium</i>	<i>captopril &</i>
BUMEX	<i>tab 10-20 mg</i>.....30	<i>hydrochlorothiazide tab</i>
<i>see bumetanide</i> .....29	<i>see amlodipine besylate-</i>	<i>25-15 mg</i> .....22
BUPHENYL	<i>atorvastatin calcium</i>	<i>captopril &</i>
<i>see sodium</i>	<i>tab 10-40 mg</i>.....30	<i>hydrochlorothiazide tab</i>
<i>phenylbutyrate</i> .....63	<i>see amlodipine besylate-</i>	<i>25-25 mg</i> .....22
<i>buprenorphine</i> .....2	<i>atorvastatin calcium</i>	<i>captopril &</i>
<i>buprenorphine hcl</i> .....51	<i>tab 10-80 mg</i>.....30	<i>hydrochlorothiazide tab</i>
<i>buprenorphine hcl-</i>	<i>see amlodipine besylate-</i>	<i>50-15 mg</i> .....22
<i>naloxone hcl sl film 12-3</i>	<i>atorvastatin calcium</i>	<i>captopril &</i>
<i>mg (base equiv).....51</i>	<i>tab 5-10 mg</i>.....30	<i>hydrochlorothiazide tab</i>
<i>buprenorphine hcl-</i>	<i>see amlodipine besylate-</i>	<i>50-25 mg</i> .....22
<i>naloxone hcl sl film 2-0.5</i>	<i>atorvastatin calcium</i>	CARAFATE
<i>mg (base equiv).....51</i>	<i>tab 5-20 mg</i>.....30	<i>see sucralfate</i> .....68
<i>buprenorphine hcl-</i>	<i>see amlodipine besylate-</i>	<i>carb/levo orally</i>
<i>naloxone hcl sl film 4-1</i>	<i>atorvastatin calcium</i>	<i>disintegrating tab 10-</i>
<i>mg (base equiv).....51</i>	<i>tab 5-40 mg</i>.....30	<i>100mg</i> .....35
<i>buprenorphine hcl-</i>	<i>see amlodipine besylate-</i>	<i>carb/levo orally</i>
<i>naloxone hcl sl film 8-2</i>	<i>atorvastatin calcium</i>	<i>disintegrating tab 25-</i>
<i>mg (base equiv).....51</i>	<i>tab 5-80 mg</i>.....30	<i>100mg</i> .....35

<i>carb/levo orally</i>	CARDURA	CEFEPIME/DEX INJ 2GM
<i>disintegrating tab 25-</i>	<i>see doxazosin mesylate</i>	10
<i>250mg</i> .....35	23	<i>cefepime hcl</i> .....10
CARBAGLU	CARDURA XL .....69	<i>cefixime</i> .....10
<i>see carglumic acid</i> .....62	<i>carglumic acid</i> .....62	CEFOTAN
carbamazepine .....39	<i>carisoprodol</i> .....50	<i>see cefotetan disodium</i>
CARBATROL	CARNITOR	10
<i>see carbamazepine</i> .....39	<i>see levocarnitine</i>	<i>cefotetan disodium</i> .....10
carbidopa .....35	<i>(metabolic modifiers)</i>	CEFOXITIN INJ 1GM .....10
<i>carbidopa & levodopa tab</i>	62	CEFOXITIN INJ 2GM .....10
<i>10-100 mg</i> .....35	CAROSPIR	<i>cefoxitin sodium</i> .....10
<i>carbidopa & levodopa tab</i>	<i>see spironolactone</i> .....23	<i>cefpodoxime proxetil</i> .....10
<i>25-100 mg</i> .....35	<i>carteolol hcl (ophth)</i> .....81	<i>cefprozil</i> .....10
<i>carbidopa & levodopa tab</i>	<i>cartia xt</i> .....28	<i>ceftazidime</i> .....10
<i>25-250 mg</i> .....35	<i>carvedilol</i> .....28	<i>ceftriaxone sodium</i> .....10
<i>carbidopa & levodopa tab</i>	<i>carvedilol phosphate</i> .....28	<i>cefuroxime axetil</i> .....10
<i>er 25-100 mg</i> .....35	CASODEX	<i>cefuroxime sodium</i> .....10
<i>carbidopa & levodopa tab</i>	<i>see bicalutamide</i> .....14	CELEBREX
<i>er 50-200 mg</i> .....35	<i>caspofungin acetate</i> .....6	<i>see celecoxib</i> .....1
<i>carbidopa-levodopa-</i>	CATAPRES-TTS-1	<i>celecoxib</i> .....1
<i>entacapone tabs 12.5-</i>	<i>see clonidine</i> .....30	CELESTONE SOLUSPAN
<i>50-200 mg</i> .....35	CATAPRES-TTS-2	<i>see betamethasone sod</i>
<i>carbidopa-levodopa-</i>	<i>see clonidine</i> .....30	<i>phosphate & acetate</i>
<i>entacapone tabs 18.75-</i>	CATAPRES-TTS-3	<i>inj susp 6 (3-3) mg/ml</i>
<i>75-200 mg</i> .....35	<i>see clonidine</i> .....30	61
<i>carbidopa-levodopa-</i>	CAYSTON .....4	CELEXA
<i>entacapone tabs 25-100-</i>	<i>cefaclor</i> .....10	<i>see citalopram</i>
<i>200 mg</i> .....35	CEFACTOR ER .....10	<i>hydrobromide</i> .....33
<i>carbidopa-levodopa-</i>	<i>cefadroxil</i> .....10	CELLCEPT
<i>entacapone tabs 31.25-</i>	CEFAZOLIN .....10	<i>see mycophenolate</i>
<i>125-200 mg</i> .....35	CEFAZOLIN/DEX SOL	<i>mofetil</i> .....76
<i>carbidopa-levodopa-</i>	<i>1GM/50ML-4%</i> .....10	CELONTIN
<i>entacapone tabs 37.5-</i>	CEFAZOLIN/DEX SOL	<i>see methsuximide</i> .....41
<i>150-200 mg</i> .....35	<i>2GM/50ML-3%</i> .....10	<i>cephalexin</i> .....10
<i>carbidopa-levodopa-</i>	CEFAZOLIN/DEX SOL	CEQUR SIMPL KIT PATCH
<i>entacapone tabs 50-200-</i>	<i>3GM/150ML-4%</i> .....10	<i>2U (3-DAY)</i> .....55
<i>200 mg</i> .....35	CEFAZOLIN/DEX SOL	CEQUR SIMPL KIT PATCH
<i>carbinoxamine maleate</i> .....82	<i>3GM/50ML-2%</i> .....10	<i>2U (4-DAY)</i> .....55
<i>carboplatin</i> .....12	CEFAZOLIN INJ	CEQUR SIMPL MIS
CARDIZEM	<i>1GM/50ML</i> .....10	<i>INSERTER</i> .....55
<i>see diltiazem hcl</i> .....28	<i>cefazolin sodium</i> .....10	CERDELGA .....62
CARDIZEM CD	CEFAZOLIN SOLN	CEREZYME .....62
<i>see cartia xt</i> .....28	<i>2GM/100ML-4%</i> .....10	<i>cetirizine hcl</i> .....82
<i>see diltiazem hcl coated</i>	<i>cefdinir</i> .....10	CETRAXAL
<i>beads</i> .....28	CEFEPIME .....10	<i>see ciprofloxacin hcl</i>
CARDIZEM LA	CEFEPIME/DEX INJ 1GM	<i>(otic)</i> .....81
<i>see diltiazem hcl</i> .....28	10	<i>cevimeline hcl</i> .....91
<i>see matzim la</i> .....28		<i>chateal eq</i> .....57

CHEMET.....	56	<i>clarithromycin</i>	10	<i>clindamycin phosphate in</i>	
<i>chlordiazepoxide hcl</i>	32	<i>clemastine fumarate</i>	82	<i>d5w iv soln 600 mg/50ml</i>	
<i>chlorhexidine gluconate</i>		CLENPIQ SOL 10 MG-3.5		.....	4
(mouth-throat).....	91	GM-12 GM/175ML.....	67	<i>clindamycin phosphate in</i>	
<i>chloroquine phosphate</i>	7	CLEOCIN	70	<i>d5w iv soln 900 mg/50ml</i>	
<i>chlorpromazine hcl</i>	36	see <i>clindamycin hcl</i>	4	.....	4
<i>chlorthalidone</i>	29	see <i>clindamycin</i>		<i>clindamycin phosphate-</i>	
CHOLBAM	67	<i>phosphate vaginal</i>	70	<i>tretinoin gel 1.2-0.025%</i>	
<i>cholestyramine</i>	27	CLEOCIN PEDIATRIC		.....	86
<i>cholestyramine light</i>	27	GRANULE		<i>clindamycin phosphate</i>	
<i>choline fenofibrate</i>	26	see <i>clindamycin</i>		<i>vaginal</i>	70
CHORIONIC		<i>palmitate hydrochloride</i>		<i>clindamycin phosph-</i>	
GONADOTROPIN.....	62	.....	4	<i>benzoyl peroxide (refrig)</i>	
CIALIS		CLEOCIN PHOSPHATE...4		<i>gel 1.2 (1)-5%</i>	86
see <i>tadalafil</i>	69	see <i>clindamycin</i>		CLINDESSE.....	70
CIBINQO	73	<i>phosphate</i>	4	CLINDMYC/NAC INJ	
<i>ciclopirox</i>	87	CLEOCIN-T		300/50ML	4
<i>ciclopirox olamine</i>	87	see <i>clindamycin</i>		CLINDMYC/NAC INJ	
<i>cidofovir</i>	9	<i>phosphate (topical)</i> ..	86	600/50ML	4
<i>cilostazol</i>	72	CLIMARA		CLINDMYC/NAC INJ	
CILOXAN	79	see <i>estradiol</i>	60	900/50ML	4
CIMDUO TAB 300-300	8	CLIMARA PRO DIS		CLINIMIX E INJ 2.75/D5W	
CIMERLI	81	WEEKLY	60	.....	79
<i>cimetidine</i>	66	<i>clindacin</i>	86	CLINIMIX E INJ 4.25/D10	
<i>cimetidine hcl</i>	66	<i>clindacin etz pledgets</i>	86	.....	79
<i>cinacalcet hcl</i>	62	<i>clindacin-p</i>	86	CLINIMIX E INJ 4.25/D5W	
CINRYZE	72	CLINDAGEL		.....	79
CINVANTI	65	see <i>clindamycin</i>		CLINIMIX E INJ 5%/D15W	
CIPRO.....	11	<i>phosphate (topical)</i> ..	86	.....	79
see <i>ciprofloxacin hcl</i>	11	<i>clindamycin hcl</i>	4	CLINIMIX E INJ 5%/D20W	
<i>ciprofloxacin 200 mg/100ml</i>		<i>clindamycin palmitate</i>		.....	79
<i>in d5w</i>	11	<i>hydrochloride</i>	4	CLINIMIX E INJ 8/10.....	79
<i>ciprofloxacin 400 mg/200ml</i>		<i>clindamycin phosphate</i>	4	CLINIMIX E INJ 8/14.....	79
<i>in d5w</i>	11	<i>clindamycin phosphate</i>		CLINIMIX INJ 4.25/D10 ..	79
<i>ciprofloxacin-</i>		(topical).....	86	CLINIMIX INJ 4.25/D5W..	79
<i>dexamethasone otic susp</i>		<i>clindamycin phosphate-</i>		CLINIMIX INJ 5%/D15W..	79
<i>0.3-0.1%</i>	81	<i>benzoyl peroxide gel 1.2-</i>		CLINIMIX INJ 5%/D20W..	79
<i>ciprofloxacin hcl</i>	11	<i>2.5%</i>	86	CLINIMIX INJ 6/5	79
<i>ciprofloxacin hcl (ophth)</i> ..	79	<i>clindamycin phosphate-</i>		CLINIMIX INJ 8/10	79
<i>ciprofloxacin hcl (otic)</i>	81	<i>benzoyl peroxide gel 1.2-</i>		CLINIMIX INJ 8/14	79
CIPRO HC SUS OTIC	81	<i>3.75%</i>	86	<i>clinisol sf 15%</i>	79
<i>cisplatin</i>	12	<i>clindamycin phosphate-</i>		CLINOLIPID EMU 20%...79	
<i>citalopram hydrobromide</i> 33		<i>benzoyl peroxide gel 1-</i>		<i>clobazam</i>	39
<i>claravis</i>	86	<i>5%</i>	86	<i>clobetasol propionate</i>	89
CLARINEX		<i>clindamycin phosphate in</i>		<i>clobetasol propionate e...</i>	89
see <i>desloratadine</i>	82	<i>d5w iv soln 300 mg/50ml</i>		<i>clobetasol propionate</i>	
CLARINEX-D TAB 2.5-120		.....	4	<i>emulsion</i>	89
.....	82			CLOBEX	

see <i>clobetasol propionate</i>	89	see <i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	81	COSOPT	
see <i>clodan</i>	89	COMBIGAN SOL 0.2/0.5%.....	81	see <i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	81
<i>clodan</i>	89	.....	81	COSOPT PF	
<i>clomipramine hcl</i>	33	COMBIPATCH DIS.....	60	see <i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	81
<i>clonazepam</i>	39	COMBIVENT AER 20-100.....	82	COTELLIC.....	16
<i>clonidine</i>	30	COMETRIQ (60MG DOSE).....	16	COTEMPLA XR-ODT.....	44
<i>clonidine hcl</i>	30	COMETRIQ KIT 100MG.....	16	COZAAR	
<i>clopidogrel bisulfate</i>	73	COMETRIQ KIT 140MG.....	16	see <i>losartan potassium</i>	25
<i>clorazepate dipotassium</i>	39	COMPLERA		CRENESSITY.....	62
<i>clotrimazole</i>	91	see <i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	8	CREON CAP 12000UNT.....	67
<i>clotrimazole (topical)</i>	87	COMPLERA TAB.....	8	CREON CAP 24000UNT.....	67
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	87	<i>compro</i>	65	CREON CAP 3000UNIT.....	67
<i>clozapine</i>	36	CONCERTA		CREON CAP 36000UNT.....	67
CLOZARIL		see <i>methylphenidate hcl</i>	45	CREON CAP 6000UNIT.....	67
see <i>clozapine</i>	36	CONDYLOX		CRESEMBA.....	6
COARTEM TAB 20-120MG.....	7	see <i>podofilox</i>	91	CRESTOR	
COBENFY CAP 100-20MG.....	36	<i>constulose</i>	67	see <i>rosuvastatin calcium</i>	26
COBENFY CAP 125-30MG.....	37	COPAXONE.....	49	CREXONT CAP 35-140MG.....	35
COBENFY CAP 50-20MG.....	36	see <i>glatiramer acetate</i>	49	CREXONT CAP 52.5-210.....	35
COBENFY STRT CAP PACK.....	37	see <i>glatopa</i>	49	CREXONT CAP 70-280MG.....	35
<i>codeine sulfate</i>	2	COPIKTRA.....	16	CREXONT CAP 87.5-350.....	35
CODEINE SULFATE.....	2	COREG		CRINONE.....	64
COLAZAL		see <i>carvedilol</i>	28	<i>cromolyn sodium</i>	83
see <i>balsalazide disodium</i>	66	COREG CR		<i>cromolyn sodium (mastocytosis)</i>	67
<i>colchicine</i>	1	see <i>carvedilol phosphate</i>	28	<i>cromolyn sodium (ophth)</i>	80
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	CORLANOR.....	30	<i>crotan</i>	91
<i>colesevelam hcl</i>	27	see <i>ivabradine hcl</i>	30	<i>cryselle-28</i>	57
COLESTID		CORTEF		CRYSVITA.....	62
see <i>colestipol hcl</i>	27	see <i>hydrocortisone</i>	61	CUTAQUIG.....	75
<i>colestipol hcl</i>	27	CORTENEMA		CUVITRU.....	75
<i>colistimethate sodium</i>	4	see <i>hydrocortisone (intrarectal)</i>	67	CUVPOSA	
COLUMVI.....	16	CORTIFOAM.....	90	see <i>glycopyrrolate (oral)</i>	66
COLY-MYCIN M		CORTISPORIN SUS -TC.....	81	CUVRIOR.....	56
see <i>colistimethate sodium</i>	4	OTIC.....	81	<i>cyclobenzaprine hcl</i>	50
COMBIGAN		COSENTYX.....	73	<i>cyclophosphamide</i>	12, 13
		SENSOREADY PEN...73			
		COSENTYX UNOREADY.....	73		

CYCLOPHOSPHAMIDE 12, 13	DAPTOMY/NACL INJ 500/50ML	DEPO-ESTRADIOL .....60
CYCLOPHOSPHAMIDE MONOHYDR .....13	<i>daptomycin</i>.....4	DEPO-MEDROL .....61
<i>cycloserine</i> .....9	DAPTOMYCIN .....4	see <i>methylprednisolone</i>
<i>cyclosporine</i> .....76	see <i>daptomycin</i> .....4	<i>acetate</i> .....61
<i>cyclosporine modified (for</i> <i>microemulsion)</i> .....76	DARAPRIM	DEPO-PROVERA
CYKLOKAPRON	see <i>pyrimethamine</i> .....5	CONTRACEPTIV
see <i>tranexamic acid</i> ...72	<i>darifenacin hydrobromide</i> .....70	see
<i>cyproheptadine hcl</i>.....82	<i>darunavir</i>.....7	<i>medroxyprogesterone</i>
CYRAMZA .....16	DARZALEX .....16	<i>acetate (contraceptive)</i> .....58
<i>cyred eq</i> .....57	DARZALEX INJ FASPRO .....16	DEPO-SUBQ PROVERA
CYSTADANE	<i>dasatinib</i>.....16	104 .....57
see <i>betaine powder for</i> <i>oral solution</i> .....61	<i>dasetta 1/35</i>.....57	<i>depo-testosterone</i> .....52
CYSTADROPS .....81	<i>dasetta 7/7/7</i> .....57	DERMA-SMOOTH/FS
CYSTAGON .....62	DATROWAY .....16	BODY
CYSTARAN .....81	DAURISMO .....16	see <i>fluocinolone</i>
<i>cytarabine</i> .....13	DAYBUE .....48	<i>acetonide</i> .....89
CYTOGAM .....75	<i>daysee</i> .....57	DERMA-SMOOTH/FS
CYTOMEL	DAYTRANA	SCALP
see <i>liothyronine sodium</i> .....64	see <i>methylphenidate</i> ...45	see <i>fluocinolone</i>
CYTOTEC	DAYVIGO .....46	<i>acetonide</i> .....89
see <i>misoprostol</i> .....68	DDAVP	DERMOTIC
D	see <i>desmopressin</i>	see <i>flac</i> .....82
D10W/NACL INJ 0.2% ....77	<i>acetate</i> .....62	see <i>fluocinolone</i>
D2.5W/NACL INJ 0.45% .77	<i>deblitane</i> .....57	<i>acetonide (otic)</i> .....82
D5W/LYTES INJ #48 ....77	<i>decitabine</i>.....13	DESCOVY TAB 120-15MG
<i>dabigatran etexilate</i>	<i>deferiasirox</i> .....56, 57	8
<i>mesylate</i> .....70	<i>deferiprone</i> .....57	DESCOVY TAB 200/25MG
<i>dacarbazine</i> .....15	<i>deferoxamine mesylate</i> ...57	8
<i>dalfampridine</i> .....49	DELESTROGEN	DESFERAL
DALIRESP	see <i>estradiol valerate</i> ..60	see <i>deferoxamine</i>
see <i>roflumilast</i> .....84	DELSTRIGO TAB .....8	<i>mesylate</i> .....57
DALVANCE .....4	<i>demeclocycline hcl</i>.....12	<i>desipramine hcl</i>.....33
<i>danazol</i> .....52	DEMSEER	<i>desloratadine</i> .....82
DANTRIUM	see <i>metyrosine</i> .....30	<i>desmopressin acetate</i>....62
see <i>dantrolene sodium</i> 50	DENAVIR	<i>desmopressin acetate</i> <i>spray</i>.....62
<i>dantrolene sodium</i> .....50	see <i>penciclovir</i>.....91	<i>desmopressin acetate</i> <i>spray refrigerated</i> .....62
DANZITEN .....16	DENG VAXIA SUS .....77	<i>desogest-eth estrad & eth</i>
<i>dapsone</i> .....4	DEPAKOTE	<i>estrad tab 0.15-0.02/0.01</i> <i>mg(21/5)</i> .....57
<i>dapsone (topical)</i> .....87	see <i>divalproex sodium</i> .40	<i>desonide</i> .....89
DAPTACEL INJ .....77	DEPAKOTE ER	<i>desoximetasone</i> .....89
DAPTOMY/NACL INJ	see <i>divalproex sodium</i> .40	DESVENLAFAXINE ER ..33
350/50ML .....4	DEPAKOTE SPRINKLES	<i>desvenlafaxine succinate</i> 33
	see <i>divalproex sodium</i> .40	DETROL
	DEPEN TITRATABS	see <i>tolterodine tartrate</i> 70
	see <i>penicillamine</i> .....57	

<i>dexamethasone</i> .....61	<i>dextrose 5% w/ sodium</i>	<i>see phenytoin</i> .....41
DEXAMETHASONE	<i>chloride 0.9%</i>.....78	DILANTIN INFATABS
INTENSOL .....61	DIACOMIT .....39	<i>see phenytoin</i> .....41
<i>dexamethasone sodium</i>	<i>diazepam</i> .....39	DILAUDID
<i>phosphate</i>.....61	<i>diazepam (anticonvulsant)</i>	<i>see hydromorphone hcl</i> .3
<i>dexamethasone sodium</i>	39	<i>diltiazem hcl</i> .....28
<i>phosphate (ophth)</i> .....80	<i>diazepam inj</i>.....39	<i>diltiazem hcl coated beads</i>
DEXEDRINE	<i>diazepam intensol</i> .....39	28
<i>see dextroamphetamine</i>	<i>diazoxide</i>.....61	<i>diltiazem hcl extended</i>
<i>sulfate</i> .....44	DIBENZYLINE	<i>release beads</i>.....28
DEXILANT	<i>see phenoxybenzamine</i>	<i>dilt-xr</i> .....28
<i>see dextlansoprazole</i> ...68	<i>hcl</i> .....31	<i>dimethyl fumarate</i> .....49
<i>dextlansoprazole</i>.....68	<i>dichlorphenamide</i>.....29	<i>dimethyl fumarate capsule</i>
<i>dexmethylphenidate hcl</i> .44	DICLEGIS	<i>dr starter pack 120 mg &</i>
<i>dextrazoxane hcl</i>.....21	<i>see doxylamine-</i>	<i>240 mg</i> .....49
<i>dextroamphetamine sulfate</i>	<i>pyridoxine tab delayed</i>	DIOVAN
.....44	<i>release 10-10 mg</i>....65	<i>see valsartan</i> .....26
<i>dextrose</i> .....79	<i>diclofenac potassium</i> .....1	DIOVAN HCT
DEXTROSE/SODIUM	<i>diclofenac sodium</i> .....1	<i>see valsartan-</i>
CHLORIDE	<i>diclofenac sodium (actinic</i>	<i>hydrochlorothiazide tab</i>
<i>see dextrose 5% w/</i>	<i>keratoses)</i>.....90	<i>160-12.5 mg</i>.....25
<i>sodium chloride</i>	<i>diclofenac sodium (ophth)</i>	<i>see valsartan-</i>
<i>0.225%</i>.....78	80	<i>hydrochlorothiazide tab</i>
<i>dextrose 10% w/ sodium</i>	<i>diclofenac sodium (topical)</i>	<i>160-25 mg</i>.....25
<i>chloride 0.45%</i>.....78	90	<i>see valsartan-</i>
DEXTROSE 2.5%/SODIUM	<i>diclofenac w/ misoprostol</i>	<i>hydrochlorothiazide tab</i>
CHLO	<i>tab delayed release 50-</i>	<i>320-12.5 mg</i>.....25
<i>see dextrose 2.5% w/</i>	<i>0.2 mg</i> .....1	<i>see valsartan-</i>
<i>sodium chloride 0.45%</i>	<i>diclofenac w/ misoprostol</i>	<i>hydrochlorothiazide tab</i>
.....78	<i>tab delayed release 75-</i>	<i>320-25 mg</i>.....25
<i>dextrose 2.5% w/ sodium</i>	<i>0.2 mg</i> .....1	<i>see valsartan-</i>
<i>chloride 0.45%</i>.....78	<i>dicloxacin sodium</i> .....12	<i>hydrochlorothiazide tab</i>
DEXTROSE 5%/SODIUM	<i>dicyclomine hcl</i>.....66	<i>80-12.5 mg</i>.....25
CHLORI	DIFFERIN .....87	DIP/TET PED INJ 25-5LFU
<i>see dextrose 5% w/</i>	<i>see adapalene</i>.....86	77
<i>sodium chloride 0.3%</i>	DIFICID .....10	DIPENTUM .....67
.....78	<i>see fidaxomicin</i>.....11	<i>diphenhydramine hcl</i>.....83
<i>dextrose 5% in lactated</i>	DIFLUCAN	<i>diphenoxylate w/ atropine</i>
<i>ringers</i> .....78	<i>see fluconazole</i> .....6	<i>liq 2.5-0.025 mg/5ml</i>....67
<i>dextrose 5% w/ sodium</i>	<i>diflunisal</i> .....1	<i>diphenoxylate w/ atropine</i>
<i>chloride 0.2%</i>.....78	<i>difluprednate</i> .....80	<i>tab 2.5-0.025 mg</i> .....68
<i>dextrose 5% w/ sodium</i>	<i>digoxin</i>.....30	DIPROLENE
<i>chloride 0.225%</i>.....78	<i>dihydroergotamine</i>	<i>see betamethasone</i>
<i>dextrose 5% w/ sodium</i>	<i>mesylate</i> .....47	<i>dipropionate</i>
<i>chloride 0.3%</i>.....78	DILANTIN.....40	<i>augmented</i>.....88
<i>dextrose 5% w/ sodium</i>	<i>see phenytoin sodium</i>	<i>dipyridamole</i>.....73
<i>chloride 0.45%</i>.....78	<i>extended</i> .....42	<i>disopyramide phosphate</i> .26
	DILANTIN-125	<i>disulfiram</i>.....52

DIURIL	29	<i>drospirenone-ethinyl</i>		EDARBI.....	25
<i>divalproex sodium</i>	40	<i>estradiol tab 3-0.02-0.451 mg</i>	57	EDARBYCLOR TAB 40-	
DIVIGEL		<i>drospirenone-ethinyl</i>		12.5	24
see <i>estradiol</i>	60	<i>estradiol tab 3-0.03-0.451 mg</i>	57	EDARBYCLOR TAB 40-	
<i>docetaxel</i>	15	<i>droxidopa</i>	30	25MG	24
DOCETAXEL	15	DUETACT		EDECRIIN	
see <i>docetaxel</i>	15	see <i>pioglitazone hcl-</i>		see <i>ethacrynic acid</i>	29
DOCIVYX	15	<i>glimepiride tab 30-2</i>		EDLUAR	46
<i>dofetilide</i>	26	<i>mg</i>	54	EDURANT	7
DOJOLVI	62	see <i>pioglitazone hcl-</i>		EDURANT PED	7
<i>dolishale</i>	57	<i>glimepiride tab 30-4</i>		<i>efavirenz</i>	7
<i>donepezil hydrochloride</i> ..	32	<i>mg</i>	54	<i>efavirenz-emtricitabine-</i>	
DOPTELET	72	DULERA AER 100-5MCG		<i>tenofovir df tab 600-200-</i>	
<i>dorzolamide hcl</i>	81	.....	85	300 mg	8
<i>dorzolamide hcl-timolol</i>		DULERA AER 200-5MCG		<i>efavirenz-lamivudine-</i>	
<i>maleate ophth soln 2-</i>		.....	85	<i>tenofovir df tab 400-300-</i>	
0.5%	81	DULERA AER 50-5MCG	85	300 mg	8
<i>dorzolamide hcl-timolol</i>		<i>duloxetine hcl</i>	33	<i>efavirenz-lamivudine-</i>	
<i>maleate pf ophth soln 2-</i>		DUOBRII LOT	89	<i>tenofovir df tab 600-300-</i>	
0.5%	81	DUOPA SUS 4.63-20.....	35	300 mg	8
<i>dotti</i>	60	DUPIXENT	73	EFFEXOR XR	
DOVATO TAB 50-300MG	8	DUREZOL		see <i>venlafaxine hcl</i>	35
<i>doxazosin mesylate</i>	23	see <i>difluprednate</i>	80	EFFIENT	
<i>doxepin hcl</i>	33	<i>dutasteride</i>	69	see <i>prasugrel hcl</i>	73
<i>doxepin hcl (sleep)</i>	46	<i>dutasteride-tamsulosin hcl</i>		EGRIFTA SV	62
<i>doxercalciferol</i>	65	<i>cap 0.5-0.4 mg</i>	69	EGRIFTA WR	62
DOXIL		DUVYZAT	48	EKTERLY	72
see <i>doxorubicin hcl</i>		DYANAVEL XR	44, 45	ELAHERE	16
<i>liposomal</i>	15	DYCLOPRO	90	ELAPRASE	62
<i>doxorubicin hcl</i>	15	DYMISTA		ELELYSO	62
<i>doxorubicin hcl liposomal</i>	15	see <i>azelastine hcl-</i>		ELEPSIA XR	40
DOXORUBICIN		<i>fluticasone prop nasal</i>		ELESTRIN	60
HYDROCHLORIDE		<i>spray 137-50 mcg/act</i>		<i>eletriptan hydrobromide</i> ..	47
see <i>doxorubicin hcl</i>	15	.....	82	ELFABRIO	62
<i>doxy 100</i>	12	DYSPORT	50	ELIDEL	
<i>doxycycline (monohydrate)</i>		E		see <i>pimecrolimus</i>	91
.....	12	<i>e.e.s. 400</i>	10	ELIGARD	14
<i>doxycycline (rosacea)</i>	90	E.E.S. GRANULES		ELIMITE	
<i>doxycycline hyclate</i>	12	see <i>erythromycin</i>		see <i>permethrin</i>	91
<i>doxylamine-pyridoxine tab</i>		<i>ethylsuccinate</i>	11	<i>elinest</i>	57
<i>delayed release 10-10</i>		EBGLYSS	73	ELIQUIS	70
<i>mg</i>	65	EC-NAPROSYN		ELIQUIS STARTER PACK	
DRIZALMA SPRINKLE ..	33	see <i>naproxen</i>	1	.....	70
<i>dronabinol</i>	65	see <i>naproxen dr</i>	1	ELITEK	21
<i>drospirenone-ethinyl</i>		<i>econazole nitrate</i>	87	<i>elixophyllin</i>	83
<i>estradiol tab 3-0.02 mg</i>	57	<i>edaravone</i>	48	ELLENCE	15
<i>drospirenone-ethinyl</i>				ELMIRON	69
<i>estradiol tab 3-0.03 mg</i>	57			<i>eluryng</i>	57

EMBLAVEO INJ 2GM.....4	<i>endocet tab 7.5-325mg</i>.....3	<i>see epinephrine</i>
EMEND.....65	ENERGIX-B.....77	(anaphylaxis).....83
<i>see fosaprepitant</i>	ENHERTU.....16	EPIPEN-JR 2-PAK
<i>dimeglumine</i>.....65	<i>enilloring</i>.....58	<i>see epinephrine</i>
EMEND BIPACK	ENJAYMO.....72	(anaphylaxis).....84
<i>see aprepitant</i>.....65	<i>enoxaparin sodium</i>.....70	<i>epitol</i>.....40
EMGALITY.....47	<i>enpresse-28</i>.....58	EPIVIR
EMPAVELI.....72	<i>enskyce</i>.....58	<i>see lamivudine</i>.....8
EMPLICITI.....16	ENSPRYNG.....48	EPKINLY.....16
EMRELIS.....16	ENSTILAR AER.....88	<i>eplerenone</i>.....23
EMROSI.....90	<i>entacapone</i>.....35	<i>epoprostenol sodium</i>.....31
EMSAM.....34	ENTADFI CAP 5-5MG...69	EPRONTIA.....40
<i>emtricitabine</i>.....7	<i>entecavir</i>.....9	<i>see topiramate</i>.....42
<i>emtricitabine-rilpivirine-</i>	ENTRESTO	EPSOLAY.....87
<i>tenofovir df tab 200-25-</i>	<i>see sacubitril-valsartan</i>	EPYSQLI.....72
300 mg.....8	<i>tab 24-26 mg</i>.....25	EQUETRO.....48
<i>emtricitabine-tenofovir</i>	<i>see sacubitril-valsartan</i>	ERAXIS.....6
<i>disoproxil fumarate tab</i>	<i>tab 49-51 mg</i>.....25	ERBITUX.....16
100-150 mg.....8	<i>see sacubitril-valsartan</i>	ERGOMAR.....47
<i>emtricitabine-tenofovir</i>	<i>tab 97-103 mg</i>.....25	<i>ergotamine w/ caffeine tab</i>
<i>disoproxil fumarate tab</i>	ENTRESTO CAP 15-16MG	1-100 mg.....47
133-200 mg.....8	24	<i>eribulin mesylate</i>.....15
<i>emtricitabine-tenofovir</i>	ENTRESTO CAP 6-6MG 24	ERIVEDGE.....16
<i>disoproxil fumarate tab</i>	<i>enulose</i>.....67	ERLEADA.....14
167-250 mg.....8	ENVARUSUS XR.....76	<i>erlotinib hcl</i>.....17
<i>emtricitabine-tenofovir</i>	EOHILIA.....68	ERMEZA.....64
<i>disoproxil fumarate tab</i>	EPANED	<i>errin</i>.....58
200-300 mg.....8	<i>see enalapril maleate</i> ..23	<i>ertapenem sodium</i>.....5
EMTRIVA.....7	EPCLUSA PAK 150-37.5..9	<i>ery</i>.....87
<i>see emtricitabine</i>.....7	EPCLUSA PAK 200-50MG	ERYGEL
EMVERM.....5	9	<i>see erythromycin (acne</i>
<i>emzahn</i>.....57	EPCLUSA TAB 200-50MG	<i>aid)</i>.....87
<i>enalapril maleate</i>.....23	9	ERYPED 400
<i>enalapril maleate &</i>	EPCLUSA TAB 400-100...9	<i>see erythromycin</i>
<i>hydrochlorothiazide tab</i>	EPIDIOLEX.....40	<i>ethylsuccinate</i>.....11
10-25 mg.....22	EPIDUO	<i>ery-tab</i>.....10
<i>enalapril maleate &</i>	<i>see adapalene-benzoyl</i>	ERYTHROCIN
<i>hydrochlorothiazide tab</i>	<i>peroxide gel 0.1-2.5%</i>	LACTOBIONATE.....11
5-12.5 mg.....22	86	<i>see erythromycin</i>
ENBREL.....73	EPIDUO FORTE	<i>lactobionate</i>.....11
ENBREL MINI.....73	<i>see adapalene-benzoyl</i>	<i>erythromycin (acne aid)</i> ..87
ENBREL SURECLICK...73	<i>peroxide gel 0.3-2.5%</i>	<i>erythromycin (ophth)</i>.....79
ENDARI	86	<i>erythromycin base</i>.....11
<i>see l-glutamine (sickle</i>	EPIFOAM AER 1%.....89	<i>erythromycin ethylsuccinate</i>
<i>cell)</i>.....72	<i>epinastine hcl (ophth)</i>.....80	11
<i>endocet tab 10-325mg</i>.....3	<i>epinephrine (anaphylaxis)</i>	<i>erythromycin lactobionate</i>
<i>endocet tab 2.5-325mg</i>.....2	30, 83, 84	11
<i>endocet tab 5-325mg</i>.....3	EPIPEN 2-PAK	ERZOFRI.....37

ESBRIET		ezetimibe-simvastatin tab	
see <i>pirfenidone</i>	84	10-10 mg	27
escitalopram oxalate	34	ezetimibe-simvastatin tab	
eslicarbazepine acetate ..	40	10-20 mg	27
esomeprazole magnesium		ezetimibe-simvastatin tab	
.....	68, 69	10-40 mg	27
esomeprazole sodium.....	69	ezetimibe-simvastatin tab	
estarylla.....	58	10-80 mg	27
estazolam.....	46	F	
ESTRACE		FABHALTA	72
see <i>estradiol vaginal</i> ...	60	FABIOR.....	87
estradiol	60	FABRAZYME	62
estradiol & norethindrone		<i>falmina</i>	58
acetate tab 0.5-0.1 mg	60	<i>famciclovir</i>	9
estradiol & norethindrone		<i>famotidine</i>	66
acetate tab 1-0.5 mg ...	60	<i>famotidine in nacl 0.9% iv</i>	
estradiol vaginal	60	soln 20 mg/50ml	66
estradiol valerate.....	60	FANAPT	37
ESTRING	60	FANAPT PAK PACK A ...	37
ESTROGEL		FANAPT PAK PACK C ...	37
see <i>estradiol</i>	60	FARESTON	
eszopiclone	46	see <i>toremifene citrate</i> ..	14
ethacrynic acid	29	FARXIGA	52
ethambutol hcl.....	9	FASENRA.....	84
ethosuximide.....	40	FASENRA PEN.....	84
ethynodiol diacetate &		FASLODEX	
ethinyl estradiol tab 1		see <i>fulvestrant</i>	14
mg-35 mcg	58	<i>febuxostat</i>	1
ethynodiol diacetate &		<i>feirza 1/20</i>	58
ethinyl estradiol tab 1		<i>feirza 1.5/30</i>	58
mg-50 mcg	58	<i>felbamate</i>	40
etodolac	1	FELBATOL	
etonogestrel-ethinyl		see <i>felbamate</i>	40
estradiol va ring 0.12-		<i>felodipine</i>	28
0.015 mg/24hr	58	FEMARA	
ETOPOPHOS	15	see <i>letrozole</i>	14
etoposide	15	FEMLYV TAB 1/0.02MG	58
etravirine	7	FEMRING	60
EULEXIN.....	14	<i>fenofibrate</i>	26
EVAMIST	60	<i>fenofibrate micronized</i> ...	26
EVENITY.....	56	FENSOLVI	62
everolimus.....	17	<i>fentanyl</i>	2
everolimus		FERRIPROX	57
(immunosuppressant)..	76	see <i>deferiprone</i>	57
EVISTA		FERRIPROX TWICE-A-	
see <i>raloxifene hcl</i>	63	DAY	57
EVKEEZA	27	<i>fesoterodine fumarate</i> ..	70
EVOTAZ TAB 300-150	8	FETROJA.....	10
EVOXAC			
see <i>cevimeline hcl</i>	91		
EVRYSDI	48		
EXELON			
see <i>rivastigmine</i>	33		
exemestane	14		
EXFORGE			
see <i>amlodipine besylate-</i>			
<i>valsartan tab 10-160</i>			
<i>mg</i>	23		
see <i>amlodipine besylate-</i>			
<i>valsartan tab 10-320</i>			
<i>mg</i>	23		
see <i>amlodipine besylate-</i>			
<i>valsartan tab 5-160 mg</i>			
.....	23		
see <i>amlodipine besylate-</i>			
<i>valsartan tab 5-320 mg</i>			
.....	23		
EXFORGE HCT			
see <i>amlodipine-</i>			
<i>valsartan-</i>			
<i>hydrochlorothiazide tab</i>			
<i>10-160-12.5 mg</i>	24		
see <i>amlodipine-</i>			
<i>valsartan-</i>			
<i>hydrochlorothiazide tab</i>			
<i>10-160-25 mg</i>	24		
see <i>amlodipine-</i>			
<i>valsartan-</i>			
<i>hydrochlorothiazide tab</i>			
<i>10-320-25 mg</i>	24		
see <i>amlodipine-</i>			
<i>valsartan-</i>			
<i>hydrochlorothiazide tab</i>			
<i>5-160-12.5 mg</i>	24		
see <i>amlodipine-</i>			
<i>valsartan-</i>			
<i>hydrochlorothiazide tab</i>			
<i>5-160-25 mg</i>	24		
EXJADE			
see <i>deferasirox</i>	57		
EYLEA	81		
EYLEA HD	81		
EYSUVIS	81		
EZALLOR SPRINKLE.....	26		
ezetimibe.....	27		

FETZIMA.....	34	<i>fluphenazine decanoate</i> ..	37	<i>fosinopril sodium &</i>	
FETZIMA CAP TITRATIO		<i>fluphenazine hcl</i>	37	<i>hydrochlorothiazide tab</i>	
.....	34	<i>flurbiprofen</i>	1	<i>10-12.5 mg</i>	22
FIASP.....	55	<i>flurbiprofen sodium</i>	80	<i>fosinopril sodium &</i>	
FIASP FLEXTOUCH.....	55	<i>fluticasone propionate</i>	89	<i>hydrochlorothiazide tab</i>	
FIASP PENFILL.....	55	<i>fluticasone propionate</i>		<i>20-12.5 mg</i>	22
FIASP PUMPCART	55	<i>(nasal)</i>	85	FOTIVDA	17
<i>fidaxomicin</i>	11	<i>fluticasone-salmeterol aer</i>		FRAGMIN	71
FILSPARI	69	<i>powder ba 100-50</i>		FRINDOVYX.....	13
FINACEA	90	<i>mcg/act</i>	85	FROVA	
see <i>azelaic acid</i>	90	<i>fluticasone-salmeterol aer</i>		see <i>frovatriptan</i>	
<i>finasteride</i>	69	<i>powder ba 250-50</i>		<i>succinate</i>	47
<i>fin golimod hcl</i>	49	<i>mcg/act</i>	85	<i>frovatriptan succinate</i>	47
FINTEPLA.....	40	<i>fluticasone-salmeterol aer</i>		FRUZAQLA.....	17
<i>finzala</i>	58	<i>powder ba 500-50</i>		FULPHILA.....	71
FIRAZYR		<i>mcg/act</i>	86	<i>fulvestrant</i>	14
see <i>icatibant acetate</i> ...	72	<i>fluvastatin sodium</i>	26	<i>fulvicin p/g 165</i>	6
see <i>sajazir</i>	72	<i>fluvoxamine maleate</i>	32	<i>furosemide</i>	29
FIRDAPSE	48	FML FORTE.....	80	<i>furosemide inj</i>	29
FIRMAGON.....	14	FML LIQUIFILM		FUZEON	7
FIRVANQ		see <i>fluorometholone</i>		FYARRO	17
see <i>vancomycin hcl</i>	6	<i>(ophth)</i>	80	<i>fyavolv tab 0.5mg-2.5mcg</i>	
<i>flac</i>	82	FOCALIN		.....	60
FLAREX.....	80	see <i>dexmethylphenidate</i>		<i>fyavolv tab 1mg-5mcg</i>	60
FLEBOGAMMA DIF.....	75	<i>hcl</i>	44	FYCOMPA	40
<i>flecainide acetate</i>	26	FOCALIN XR		see <i>perampanel</i>	41
FLEQSUVY		see <i>dexmethylphenidate</i>		G	
see <i>baclofen</i>	50	<i>hcl</i>	44	<i>gabapentin</i>	40
FLOLIPID	26	FOCINVEZ.....	65	<i>gabapentin (once-daily)</i> ..	48
<i>fluconazole</i>	6	FOLOTYN	13	GALAFOLD.....	62
<i>fluconazole in nacl 0.9% inj</i>		<i>fondaparinux sodium</i> ..	70, 71	<i>galantamine hydrobromide</i>	
<i>200 mg/100ml</i>	6	<i>formoterol fumarate</i>	83	.....	32, 33
<i>fluconazole in nacl 0.9% inj</i>		FORTEO		<i>galbriela</i>	58
<i>400 mg/200ml</i>	6	see <i>teriparatide</i>	56	<i>gallifrey</i>	64
<i>flucytosine</i>	6	FOSAMAX		GAMASTAN INJ	75
<i>fludarabine phosphate</i> ...	13	see <i>alendronate sodium</i>		GAMMAGARD LIQUID ..	75
<i>fludrocortisone acetate</i> ...	61	.....	56	GAMMAGARD S/D IGA	
<i>flunisolide (nasal)</i>	85	FOSAMAX + D TAB 70-		<i>LESS TH</i>	75
<i>fluocinolone acetonide</i> ...	89	<i>2800</i>	56	GAMMAKED	75
<i>fluocinolone acetonide</i>		FOSAMAX + D TAB 70-		GAMMAPLEX	75
<i>(otic)</i>	82	<i>5600</i>	56	GAMUNEX-C	75
<i>fluocinonide</i>	89	<i>fosamprenavir calcium</i>	7	GANCICLOVIR	9
<i>fluocinonide emulsified</i>		<i>fosaprepitant dimeglumine</i>		<i>ganciclovir sodium</i>	9
<i>base</i>	89	.....	65	GARDASIL 9.....	77
<i>fluorometholone (ophth)</i> ..	80	<i>foscarnet sodium</i>	9	GASTROCROM	
<i>fluorouracil</i>	13	FOSCAVIR		see <i>cromolyn sodium</i>	
<i>fluorouracil (topical)</i>	90	see <i>foscarnet sodium</i>	9	<i>(mastocytosis)</i>	67
<i>fluoxetine hcl</i>	34	<i>fosinopril sodium</i>	23	<i>gatifloxacin (ophth)</i>	79

GATTEX.....	68	GLEEVEC		HALAVEN	
GAUZE PADS 2X2	55	<i>see imatinib mesylate</i> ..	17	<i>see eribulin mesylate</i> ...	15
<i>gavilyte-c</i>	67	GLEOSTINE	13	HALCION	
<i>gavilyte-g</i>	67	<i>glimepiride</i>	52	<i>see triazolam</i>	46
<i>gavilyte-n/flavor pack</i>	67	<i>glipizide</i>	53	<i>halobetasol propionate</i>	89
GAVRETO	17	<i>glipizide-metformin hcl tab</i>		<i>haloette</i>	58
GAZYVA	17	2.5-250 mg	53	<i>haloperidol</i>	37
<i>gefitinib</i>	17	<i>glipizide-metformin hcl tab</i>		<i>haloperidol decanoate</i>	37
<i>gemcitabine hcl</i>	13	2.5-500 mg	53	<i>haloperidol lactate</i>	37
GEMCITABINE		<i>glipizide-metformin hcl tab</i>		HARVONI PAK 33.75-	
HYDROCHLORIDE.....	13	5-500 mg	53	150MG.....	9
<i>see gemcitabine hcl</i>	13	<i>glipizide xl</i>	53	HARVONI PAK 45-200MG	
<i>gemfibrozil</i>	26	GLOPERBA	1	.....	9
<i>gemmily</i>	58	GLUCOTROL XL		HARVONI TAB 45-200MG9	
GEMTESA	70	<i>see glipizide</i>	53	HARVONI TAB 90-400MG9	
<i>generlac</i>	67	<i>see glipizide xl</i>	53	HAVRIX.....	77
<i>gengraf</i>	76	<i>glycopyrrolate</i>	66	<i>heather</i>	58
GENOTROPIN.....	62	GLYCOPYRROLATE		HEMADY.....	61
GENOTROPIN MINIQUECK		<i>see glycopyrrolate</i>	66	HEMICLOR	29
.....	62	<i>glycopyrrolate (oral)</i>	66	HEPAGAM B.....	75
<i>gentamicin in saline inj 0.8</i>		<i>glydo</i>	90	HEPARIN/NACL INJ	
mg/ml.....	5	GLYXAMBI TAB 10-5 MG		25000UNT	71
<i>gentamicin in saline inj 1.2</i>		.....	53	HEPARIN SODIUM.....	71
mg/ml.....	5	GLYXAMBI TAB 25-5 MG		<i>heparin sodium (porcine)</i> 71	
<i>gentamicin in saline inj 1.6</i>		.....	53	HEPLISAV-B.....	77
mg/ml.....	5	GOCOVRI	35	HEP SOD/D5W INJ	
<i>gentamicin in saline inj 1</i>		GOLYTELY		20000UNT	71
mg/ml.....	5	<i>see gavilyte-g</i>	67	HEP SOD/D5W INJ	
<i>gentamicin in saline inj 2</i>		<i>see peg 3350-kcl-na</i>		25000UNT	71
mg/ml.....	5	<i>bicarb-nacl-na sulfate</i>		HEP SOD/NACL INJ	
<i>gentamicin sulfate</i>	5	<i>for soln 236 gm</i>	67	12500UNT	71
<i>gentamicin sulfate (ophth)</i>		GOMEKLI.....	17	HEP SOD/NACL INJ	
.....	79	GRAFAPEX	13	25000UNT	71
<i>gentamicin sulfate (topical)</i>		GRALISE	48	HERCEP HYLEC SOL 60-	
.....	87	<i>see gabapentin (once-</i>		10000	17
GENVOYA TAB	8	<i>daily)</i>	48	HERCEPTIN	17
GEODON		<i>granisetron hcl</i>	65	HERZUMA	17
<i>see ziprasidone hcl</i>	39	GRASTEK.....	76	HETLIOZ	
<i>see ziprasidone mesylate</i>		<i>griseofulvin microsize</i>	6	<i>see tasimelteon</i>	46
.....	39	<i>griseofulvin ultramicrosize</i> 6,		HETLIOZ LQ.....	46
GILENYA	49	7		HIBERIX.....	77
<i>see fingolimod hcl</i>	49	<i>guanfacine hcl</i>	30	HIPREX	
GILOTRIF	17	<i>guanfacine hcl (adhd)</i>	45	<i>see methenamine</i>	
GIMOTI	65	GYNAZOLE-1	70	<i>hippurate</i>	5
GIVLAARI	72	H		HIZENTRA.....	75
GLASSIA.....	84	HAEGARDA.....	72	HORIZANT.....	48
<i>glatiramer acetate</i>	49	<i>hailey 1.5/30</i>	58	HUMATIN.....	5
<i>glatopa</i>	49	<i>hailey 24 fe</i>	58	HUMATROPE	62

HUMIRA.....73, 74	<i>hydrocodone bitartrate</i> .....2	<i>icatibant acetate</i>.....72
HUMIRA PEN .....74	<i>hydrocodone-ibuprofen tab</i>	<i>iclevia</i> .....58
HUMIRA PEN-CD/UC/HS	10-200 mg .....3	ICLUSIG.....17
START.....74	<i>hydrocodone-ibuprofen tab</i>	IDACIO (2 PEN).....74
HUMIRA PEN KIT PS/UV	5-200 mg .....3	IDACIO (2 SYRINGE).....74
.....74	<i>hydrocodone-ibuprofen tab</i>	IDACIO CROHN INJ
HUMIRA PEN-PEDIATRIC	7.5-200 mg .....3	DISEASE.....74
UC S.....74	<i>hydrocortisone</i> .....61	IDACIO PLAQU INJ
HUMULIN R U-500	<i>hydrocortisone (intrarectal)</i>	PSORIASIS .....74
(CONCENTR.....55	67	IDHIFA .....17
HUMULIN R U-500	<i>hydrocortisone (rectal)</i> ...90	IFEX.....13
KWIKPEN.....55	<i>hydrocortisone (topical)</i> ...89	<i>ifosfamide</i>.....13
HYCANTIN	<i>hydrocortisone butyrate</i> ..89	IFOSFAMIDE .....13
see <i>topotecan hcl</i> .....15	<i>hydrocortisone sod</i>	ILARIS.....76
<i>hydralazine hcl</i>.....30	<i>succinate</i> .....61	ILEVRO.....80
HYDREA	<i>hydrocortisone valerate</i> ...90	<i>imatinib mesylate</i> .....17
see <i>hydroxyurea</i>.....15	<i>hydrocortisone w/ acetic</i>	IMBRUVICA .....17
<i>hydrochlorothiazide</i>.....29	<i>acid otic soln 1-2%</i> .....82	IMDELLTRA.....17
<i>hydrocodone-</i>	<i>hydromorphone hcl</i> .....2, 3	IMFINZI .....17
<i>acetaminophen soln 10-</i>	HYDROMORPHONE	<i>imipenem-cilastatin</i>
<i>300 mg/15ml</i>.....3	HYDROCHLORI.....3	<i>intravenous for soln 250</i>
<i>hydrocodone-</i>	<i>hydroxychloroquine sulfate</i>	<i>mg</i> .....5
<i>acetaminophen soln 10-</i>	75	<i>imipenem-cilastatin</i>
<i>325 mg/15ml</i>.....3	<i>hydroxyurea</i> .....15	<i>intravenous for soln 500</i>
<i>hydrocodone-</i>	<i>hydroxyzine hcl</i> .....83	<i>mg</i> .....5
<i>acetaminophen soln 7.5-</i>	<i>hydroxyzine pamoate</i> .....83	<i>imipramine hcl</i>.....34
<i>325 mg/15ml</i>.....3	HYFTOR .....90	<i>imipramine pamoate</i> .....34
<i>hydrocodone-</i>	HYQVIA INJ 10-800.....75	<i>imiquimod</i>.....90
<i>acetaminophen tab 10-</i>	HYQVIA INJ 2.5-200.....75	IMITREX
<i>300 mg</i> .....3	HYQVIA INJ 20-1600.....75	see <i>sumatriptan</i>
<i>hydrocodone-</i>	HYQVIA INJ 30-2400.....75	<i>succinate</i>.....48
<i>acetaminophen tab 10-</i>	HYQVIA INJ 5-400.....75	IMITREX STATDOSE
<i>325 mg</i> .....3	HYZAAR	REFILL
<i>hydrocodone-</i>	see <i>losartan potassium &</i>	see <i>sumatriptan</i>
<i>acetaminophen tab 2.5-</i>	<i>hydrochlorothiazide tab</i>	<i>succinate</i>.....47
<i>325 mg</i> .....3	100-12.5 mg.....24	IMITREX STATDOSE
<i>hydrocodone-</i>	see <i>losartan potassium &</i>	SYSTEM
<i>acetaminophen tab 5-300</i>	<i>hydrochlorothiazide tab</i>	see <i>sumatriptan</i>
<i>mg</i> .....3	100-25 mg.....24	<i>succinate</i>.....47
<i>hydrocodone-</i>	see <i>losartan potassium &</i>	IMJUDO .....17
<i>acetaminophen tab 5-325</i>	<i>hydrochlorothiazide tab</i>	IMKELDI.....17
<i>mg</i> .....3	50-12.5 mg.....24	IMOVAX RABIES
<i>hydrocodone-</i>	I	(H.D.C.V.).....77
<i>acetaminophen tab 7.5-</i>	<i>ibandronate sodium</i> .....56	IMPAVIDO .....5
<i>300 mg</i> .....3	IBRANCE .....17	IMURAN
<i>hydrocodone-</i>	IBTROZI.....17	see <i>azathioprine</i> .....76
<i>acetaminophen tab 7.5-</i>	<i>ibu</i> .....1	IMVEXXY MAINTENANCE
<i>325 mg</i> .....3	<i>ibuprofen</i> .....1	PACK.....60

IMVEXXY STARTER PACK	60	<i>irbesartan-</i>		JALYN	
INBRIJA	35	<i>hydrochlorothiazide tab</i>		<i>see dutasteride-</i>	
<i>incassia</i>	58	<i>150-12.5 mg</i>	24	<i>tamsulosin hcl cap 0.5-</i>	
INCRELEX	62	<i>irbesartan-</i>		<i>0.4 mg</i>	69
INCRUSE ELLIPTA	82	<i>hydrochlorothiazide tab</i>		<i>jantoven</i>	71
<i>indapamide</i>	29	<i>300-12.5 mg</i>	24	JANUMET TAB 50-1000	53
INDERAL LA		IRESSA		JANUMET TAB 50-500MG	53
<i>see propranolol hcl</i>	28	<i>see gefitinib</i>	17	JANUMET XR TAB 100-	
INFANRIX INJ	77	<i>irinotecan hcl</i>	15	<i>1000</i>	53
INLYTA	17	ISENTRESS	7	JANUMET XR TAB 50-	
INPEFA	30	ISENTRESS HD	8	<i>1000</i>	53
INQOVI TAB 35-100MG	13	<i>isibloom</i>	58	JANUMET XR TAB 50-	
INREBIC	17	ISOLYTE-P INJ /D5W	78	<i>500MG</i>	53
INSPIRA		ISOLYTE-S INJ	78	JANUVIA	53
<i>see eplerenone</i>	23	ISOLYTE-S INJ PH 7.4	78	JARDIANCE	53
INSULIN PEN NEEDLES:		<i>isoniazid</i>	9	<i>jasmiel</i>	58
<i>BD-EMBECTA</i>	55	ISORDIL TITRADOSE		JATENZO	52
INSULIN SAFETY		<i>see isosorbide dinitrate</i>		<i>javygtor</i>	62
NEEDLES: BD-		.....	31	JAYPIRCA	18
<i>EMBECTA</i>	55	<i>isosorbide dinitrate</i>	31	JEMPERLI	18
INSULIN SYRINGES: BD-		<i>isosorbide dinitrate-</i>		JENTADUETO TAB 2.5-	
<i>EMBECTA</i>	55	<i>hydralazine hcl tab 20-</i>		<i>1000</i>	53
INTELENCE	7	<i>37.5 mg</i>	30	JENTADUETO TAB 2.5-	
<i>see etravirine</i>	7	<i>isosorbide mononitrate</i>	31	<i>500</i>	53
INTRALIPID	79	ISOSORBIDE		JENTADUETO TAB 2.5-	
INTRAROSA	69	MONONITRATE	31	<i>850</i>	53
<i>introvale</i>	58	<i>isotretinoin</i>	87	JENTADUETO TAB XR	
INTUNIV		<i>isradipine</i>	28	<i>2.5-1000MG</i>	53
<i>see guanfacine hcl</i>		ISTALOL		JENTADUETO TAB XR 5-	
<i>(adhd)</i>	45	<i>see timolol maleate</i>		<i>1000MG</i>	53
INVEGA		<i>(ophth) once-daily</i>	81	JEVTANA	15
<i>see paliperidone</i>	38	ISTURISA	62	<i>jinteli</i>	60
INVEGA HAFYERA	37	ITOVEBI	18	JOENJA	76
INVEGA SUSTENNA	37	<i>itraconazole</i>	7	<i>jolessa</i>	58
INVEGA TRINZA	37	<i>ivabradine hcl</i>	30	JORNAY PM	45
INVELTYS	80	<i>ivermectin</i>	5	JOURNAVX	1
INZIRQO	29	IWILFIN	15	JUBLIA	87
IPOL INJ INACTIVE	77	IXEMPRA KIT	15	<i>juleber</i>	58
<i>ipratropium-albuterol nebu</i>		IXIARO INJ	77	JULUCA TAB 50-25MG	8
<i>soln 0.5-2.5(3) mg/3ml</i>	82	IYUZEH	81	<i>junel 1/20</i>	58
<i>ipratropium bromide</i>	82	IZERVAY	81	<i>junel 1.5/30</i>	58
<i>ipratropium bromide (nasal)</i>		J		<i>junel fe 1/20</i>	58
.....	82	JADENU		<i>junel fe 1.5/30</i>	58
IQIRVO	68	<i>see deferasirox</i>	56, 57	<i>junel fe 24</i>	58
<i>irbesartan</i>	25	JADENU SPRINKLE		JUXTAPID	27
		<i>see deferasirox</i>	56	JYLAMVO	75
		<i>jaimiess</i>	58	JYNARQUE	62
		JAKAFI	18		

see <i>tolvaptan</i>	64	<i>kcl 20 meq/l (0.15%) in</i>		KISQALI 200 DOSE.....	18
JYNARQUE PAK 30-15MG		<i>dextrose 5% & nacl 0.9%</i>		KISQALI 200 PAK	
.....	62	<i>inj.....</i>	78	FEMARA.....	18
JYNARQUE PAK 45-15MG		<i>kcl 20 meq/l (0.15%) in nacl</i>		KISQALI 400 DOSE.....	18
.....	62	<i>0.45% inj.....</i>	78	KISQALI 400 PAK	
JYNARQUE PAK 60-30MG		<i>kcl 20 meq/l (0.15%) in nacl</i>		FEMARA.....	18
.....	62	<i>0.9% inj.....</i>	78	KISQALI 600 DOSE.....	18
JYNARQUE PAK 90-30MG		<i>kcl 30 meq/l (0.224%) in</i>		KISQALI 600 PAK	
.....	62	<i>dextrose 5% & nacl</i>		FEMARA.....	18
JYNNEOS.....	77	<i>0.45% inj.....</i>	78	KITABIS PAK	
K		<i>kcl 40 meq/l (0.3%) in</i>		see <i>tobramycin</i>	6
KABIVEN EMU.....	79	<i>dextrose 5% & nacl</i>		KLARON	
KADCYLA.....	18	<i>0.45% inj.....</i>	78	see <i>sulfacetamide</i>	
<i>kaitlib fe</i>	58	<i>kcl 40 meq/l (0.3%) in</i>		sodium (acne).....	87
KALBITOR.....	72	<i>dextrose 5% & nacl 0.9%</i>		<i>klayesta</i>	88
KALETRA		<i>inj.....</i>	78	KLISYRI.....	90
see <i>lopinavir-ritonavir tab</i>		<i>kcl 40 meq/l (0.3%) in nacl</i>		KLONOPIN	
100-25 mg.....	8	<i>0.9% inj.....</i>	78	see <i>clonazepam</i>	39
see <i>lopinavir-ritonavir tab</i>		<i>kelnor 1/35.....</i>	58	<i>klor-con</i>	79
200-50 mg.....	8	<i>kelnor 1/50.....</i>	58	<i>klor-con 10</i>	79
KALETRA SOL.....	8	KENALOG-10.....	61	<i>klor-con 8</i>	79
KALYDECO.....	84	see <i>triamcinolone</i>		<i>klor-con m10</i>	79
KANJINTI.....	18	acetamide.....	61	<i>klor-con m15</i>	79
KANUMA.....	62	KENALOG-40		<i>klor-con m20</i>	79
KAPSPARGO SPRINKLE		see <i>triamcinolone</i>		KLOXXADO.....	52
.....	28	acetamide.....	61	KORLYM	
<i>kariva</i>	58	KENALOG-80.....	61	see <i>mifepristone</i>	
KATERZIA.....	28	KEPPRA		(hyperglycemia).....	62
KCL/D5W/LACT INJ		see <i>levetiracetam</i>	41	KOSELUGO.....	18
20MEQ/L.....	78	see <i>roweepra</i>	42	<i>kourzeq</i>	91
KCL/D5W/NACL INJ		KEPPRA XR		KRAZATI.....	18
0.3/0.9%.....	78	see <i>levetiracetam</i>	41	KRINTAFEL.....	7
KCL 0.3%/D5W/NACL		KERENDIA.....	23	KRYSTEXXA.....	1
0.9%		<i>ketoconazole</i>	7	<i>kurvelo</i>	58
see <i>kcl 40 meq/l (0.3%)</i>		<i>ketoconazole (topical)</i>	88	KUVAN	
in dextrose 5% & nacl		<i>ketorolac tromethamine</i>	1	see <i>javygtor</i>	62
0.9% inj.....	78	<i>ketorolac tromethamine</i>		see <i>sapropterin</i>	
<i>kcl 10 meq/l (0.075%) in</i>		(ophth).....	80	dihydrochloride.....	63
<i>dextrose 5% & nacl</i>		KEVEYIS		KYPROLIS.....	18
<i>0.45% inj.....</i>	78	see <i>dichlorphenamide</i>	29	L	
<i>kcl 20 meq/l (0.149%) in</i>		see <i>ormarvi</i>	29	<i>labetalol hcl</i>	28
<i>nacl 0.45% inj.....</i>	78	KEYTRUDA.....	18	<i>lacosamide</i>	40
<i>kcl 20 meq/l (0.15%) in</i>		KHAPZORY.....	21	<i>lacosamide oral</i>	40
<i>dextrose 5% & nacl 0.2%</i>		KHINDIVI.....	61	<i>lactated ringer's solution</i>	78
<i>inj.....</i>	78	KIMMTRAK.....	18	<i>lactic acid (ammonium</i>	
<i>kcl 20 meq/l (0.15%) in</i>		KIMYRSA.....	5	<i>lactate)</i>	91
<i>dextrose 5% & nacl</i>		KINRIX INJ.....	77	<i>lactulose</i>	67
<i>0.45% inj.....</i>	78	<i>kionex</i>	57		

<i>lactulose (encephalopathy)</i> .....67	<i>lamivudine-zidovudine tab</i> 150-300 mg .....8	LENVIMA CAP 14 MG ....18
LAMICTAL see <i>lamotrigine</i> .....40	<i>lamotrigine</i> .....40	LENVIMA CAP 18 MG ....18
see <i>subvenite</i> .....42	<i>lamotrigine tab 25 mg (42)</i> & 100 mg (7) starter kit 41	LENVIMA CAP 24 MG ....18
LAMICTAL CHEWABLE DISPERS see <i>lamotrigine</i> .....40	<i>lamotrigine tab 84 x 25 mg</i> & 14 x 100 mg starter kit.....41	LESCOL XL see <i>fluvastatin sodium</i> .26
LAMICTAL ODT see <i>lamotrigine</i> .....40	<i>lamotrigine tab disint 21 x</i> 25 mg & 7 x 50 mg titration kit .....41	<i>lessina</i> .....58
see <i>lamotrigine tab disint</i> 21 x 25 mg & 7 x 50 mg titration kit .....41	<i>lamotrigine tab disint 25</i> (14) & 50 mg (14) & 100 mg (7) kit .....41	LETAIRIS see <i>ambrisentan</i> .....31
see <i>lamotrigine tab disint</i> 25 (14) & 50 mg (14) & 100 mg (7) kit .....41	<i>lamotrigine tab disint 42 x</i> 50mg & 14 x 100mg titration kit .....41	<i>letrozole</i> .....14
see <i>lamotrigine tab disint</i> 42 x 50mg & 14 x 100mg titration kit ...41	LAMZEDE .....62	<i>leucovorin calcium</i> ....21, 22
LAMICTAL ODT KIT BLUE.....40	LANOXIN see <i>digoxin</i> .....30	LEUKERAN .....13
LAMICTAL ODT KIT GREEN .....40	LANOXIN PEDIATRIC ....30	LEUKINE .....71
LAMICTAL STARTER/NOT TAKI see <i>lamotrigine tab 25</i> mg (42) & 100 mg (7) starter kit .....41	<i>lanreotide acetate</i> .....62	<i>leuprolide acetate</i> .....14
see <i>subvenite starter</i> kit/ora .....42	<i>lansoprazole</i> .....69	<i>leuprolide acetate (3</i> month) .....14
LAMICTAL STARTER/TAKING C see <i>lamotrigine tab 84 x</i> 25 mg & 14 x 100 mg starter kit .....41	<i>lapatinib ditosylate</i> .....18	<i>levalbuterol hcl</i> .....83
see <i>subvenite starter</i> kit/gre .....42	<i>larin 1/20</i> .....58	<i>levalbuterol tartrate</i> .....83
LAMICTAL STARTER/TAKING V see <i>lamotrigine</i> .....40	<i>larin 1.5/30</i> .....58	<i>levetiracetam</i> .....41
see <i>subvenite starter</i> kit/blu .....42	<i>larin 24 fe</i> .....58	LEVETIRACETAM .....41
LAMICTAL XR see <i>lamotrigine</i> .....40	<i>larin fe 1/20</i> .....58	LEVETIRACETAM/SODIU M CHLO see <i>levetiracetam in</i> <i>sodium chloride iv soln</i> 1000 mg/100ml .....41
LAMICTAL XR KIT .....40	<i>larin fe 1.5/30</i> .....58	see <i>levetiracetam in</i> <i>sodium chloride iv soln</i> 1500 mg/100ml .....41
<i>lamivudine</i> .....8	LASIX see <i>furosemide</i> .....29	see <i>levetiracetam in</i> <i>sodium chloride iv soln</i> 500 mg/100ml .....41
<i>lamivudine (hbv)</i> .....9	<i>latanoprost</i> .....81	<i>levetiracetam in sodium</i> <i>chloride iv soln 1000</i> mg/100ml .....41
	LATUDA see <i>lurasidone hcl</i> .....37	<i>levetiracetam in sodium</i> <i>chloride iv soln 1500</i> mg/100ml .....41
	<i>layolis fe</i> .....58	<i>levetiracetam in sodium</i> <i>chloride iv soln 500</i> mg/100ml .....41
	LAZCLUZE .....18	<i>levobunolol hcl</i> .....81
	<i>leflunomide</i> .....75	<i>levocarnitine (metabolic</i> <i>modifiers)</i> .....62
	<i>lenalidomide</i> .....14	<i>levocetirizine</i> <i>dihydrochloride</i> .....83
	LENVIMA 10 MG DAILY DOSE .....18	<i>levofloxacin</i> .....11
	LENVIMA 12MG DAILY DOSE .....18	<i>levofloxacin (ophth)</i> .....80
	LENVIMA 20 MG DAILY DOSE .....18	<i>levofloxacin in d5w iv soln</i> 250 mg/50ml .....11
	LENVIMA 4 MG DAILY DOSE .....18	
	LENVIMA 8 MG DAILY DOSE .....18	

<i>levofloxacin in d5w iv soln</i> 500 mg/100ml.....11	see <i>lidocaine</i> .....90	LO LOESTRIN TAB 1-10- 10 .....58
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml.....11	see <i>lidocan</i> .....90	LOMOTIL
<i>levoleuovorin calcium</i>....22	see <i>tridacaine ii</i> .....90	see <i>diphenoxylate w/</i> <i>atropine tab 2.5-0.025</i> <i>mg</i>.....68
<i>levonest</i>.....58	LIKMEZ .....5	LONSURF TAB 15-6.14..13
<i>levonorgestrel & ethinyl</i> <i>estradiol (91-day) tab</i> 0.15-0.03 mg .....58	LILETTA.....58	LONSURF TAB 20-8.19..13
<i>levonorgestrel & ethinyl</i> <i>estradiol tab 0.15 mg-30</i> <i>mcg</i>.....58	<i>linezolid</i> .....5	<i>loperamide hcl</i>.....68
<i>levonorgestrel & ethinyl</i> <i>estradiol tab 0.1 mg-20</i> <i>mcg</i>.....58	LINEZOLID INJ 2MG/ML ..5	LOPID
<i>levonorgestrel-eth estra tab</i> 0.05-30/0.075-40/0.125- 30mg-mcg .....58	LINZESS .....68	see <i>gemfibrozil</i> .....26
<i>levonorgestrel-ethinyl</i> <i>estradiol (continuous) tab</i> 90-20 mcg .....58	<i>liothyronine sodium</i> .....64	<i>lopinavir-ritonavir soln 400-</i> <i>100 mg/5ml (80-20</i> <i>mg/ml)</i> .....8
<i>levonorg-eth est tab 0.1-</i> <i>0.02mg(84) & eth est tab</i> <i>0.01mg(7)</i> .....58	LIPITOR	<i>lopinavir-ritonavir tab 100-</i> <i>25 mg</i> .....8
<i>levonorg-eth est tab 0.15-</i> <i>0.03mg(84) & eth est tab</i> <i>0.01mg(7)</i> .....58	see <i>atorvastatin calcium</i>.....26	<i>lopinavir-ritonavir tab 200-</i> <i>50 mg</i> .....8
<i>levora 0.15/30-28</i>.....58	<i>liraglutide</i>.....53	LOPRESSOR.....28
<i>levo-t</i> .....64	<i>lisdexamphetamine</i> <i>dimesylate</i> .....45	see <i>metoprolol tartrate</i> 28
<i>levothyroxine sodium</i> .....64	<i>lisinopril</i> .....23	LOQTORZI.....18
<i>levoxyl</i> .....64	<i>lisinopril &</i> <i>hydrochlorothiazide tab</i> 10-12.5 mg .....22	<i>lorazepam</i> .....32
LEXAPRO	<i>lisinopril &</i> <i>hydrochlorothiazide tab</i> 20-12.5 mg .....22	<i>lorazepam intensol</i>.....32
see <i>escitalopram oxalate</i>.....34	<i>lisinopril &</i> <i>hydrochlorothiazide tab</i> 20-25 mg .....22	LORBRENA .....18
<i>l-glutamine (sickle cell)</i>....72	<i>lithium</i>.....48	<i>loryna</i> .....58
LIALDA	<i>lithium carbonate</i>.....48	<i>losartan potassium</i>.....25
see <i>mesalamine</i> .....67	LITHOBID	<i>losartan potassium &</i> <i>hydrochlorothiazide tab</i> 100-12.5 mg .....24
LIBTAYO.....18	see <i>lithium carbonate</i> ..48	<i>losartan potassium &</i> <i>hydrochlorothiazide tab</i> 50-12.5 mg .....24
<i>lidocaine</i> .....90	LITHOSTAT .....69	LOTEMAX.....80
<i>lidocaine hcl</i> .....90	LIVALO	see <i>loteprednol</i> <i>etabonate</i>.....80
<i>lidocaine hcl (local anesth.)</i> .....1	see <i>pitavastatin calcium</i>.....26	LOTEMAX SM .....80
<i>lidocaine hcl (mouth-throat)</i> .....91	LIVDELZI .....68	LOTENSIN
<i>lidocaine-prilocaine cream</i> 2.5-2.5% .....90	LIVMARLI.....68	see <i>benazepril hcl</i> .....23
<i>lidocan</i>.....90	LIVTENCITY .....9	LOTENSIN HCT
LIDODERM	LODINE	see <i>benazepril &</i> <i>hydrochlorothiazide tab</i> 10-12.5 mg.....22
	see <i>etodolac</i>.....1	see <i>benazepril &</i> <i>hydrochlorothiazide tab</i> 20-12.5 mg.....22
	LODOCO .....30	
	LODOSYN	
	see <i>carbidopa</i>.....35	
	<i>loestrin 1/20-21</i> .....58	
	<i>loestrin 1.5/30-21</i> .....58	
	<i>loestrin fe 1/20</i> .....58	
	<i>loestrin fe 1.5/30</i> .....58	
	<i>lofexidine hcl</i> .....52	
	<i>lojaimiess</i> .....58	
	LOKELMA.....57	

see <i>benazepril & hydrochlorothiazide tab</i>			see <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	78
20-25 mg.....	22		<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	78
<i>loteprednol etabonate</i>	80		MALARONE	
LOTREL			see <i>atovaquone-proguanil hcl tab 250-100 mg</i>	7
see <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	22	LUPRON DEPOT (6-MONTH).....	see <i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	7
see <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	22	LUPRON DEPOT-PED (1-MONTH).....	<i>malathion</i>	91
see <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	22	LUPRON DEPOT-PED (3-MONTH).....	<i>maraviroc</i>	8
see <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	22	LUPRON DEPOT-PED (6-MONTH).....	MARGENZA.....	19
LOTRONEX		<i>lurasidone hcl</i>	MARINOL	
see <i>alosetron hcl</i>	67	<i>lutra</i>	see <i>dronabinol</i>	65
<i>lovastatin</i>	26	LUTRATE DEPOT	<i>marlissa</i>	58
LOVAZA		LYBALVI TAB 10-10MG ..	MARPLAN.....	34
see <i>omega-3-acid ethyl esters cap 1 gm</i>	27	LYBALVI TAB 15-10MG ..	MATULANE	15
LOVENOX		LYBALVI TAB 20-10MG ..	<i>matzim la</i>	28
see <i>enoxaparin sodium</i>	70	LYBALVI TAB 5-10MG ..	MAVENCLAD (10 TABS)50	
<i>low-ogestrel</i>	58	<i>lyleq</i>	MAVENCLAD (4 TABS) ..	49
<i>loxapine succinate</i>	37	<i>lyllana</i>	MAVENCLAD (5 TABS) ..	49
<i>lubiprostone</i>	68	LYNOZYFIC.....	MAVENCLAD (6 TABS) ..	50
LUCEMYRA.....	52	LYNPARZA.....	MAVENCLAD (7 TABS) ..	50
see <i>lofexidine hcl</i>	52	LYRICA	MAVENCLAD (8 TABS) ..	50
LUCENTIS	81	see <i>pregabalin</i>	MAVENCLAD (9 TABS) ..	50
LUMAKRAS	18	LYRICA CR	MAVYRET PAK 50-20MG 9	
LUMIGAN.....	81	see <i>pregabalin (once-daily)</i>	MAVYRET TAB 100-40MG	9
LUMIZYME	62	LYSODREN	MAXALT	
LUMRYZ	51	LYTGOBI (12 MG DAILY DOSE).....	see <i>rizatriptan benzoate</i>	47
LUMRYZ PAK STARTER	51	LYTGOBI (16 MG DAILY DOSE).....	MAXALT-MLT	
LUNESTA		LYTGOBI (20 MG DAILY DOSE).....	see <i>rizatriptan benzoate</i>	47
see <i>eszopiclone</i>	46	LYVISPAH	MAXIDEX.....	80
LUNSUMIO	18	<i>lyza</i>	MAXITROL	
LUPKYNIS	76	M	see <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	79
LUPRON DEPOT (1-MONTH).....	14	MACROBID	see <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	79
LUPRON DEPOT (3-MONTH).....	14	see <i>nitrofurantoin monohyd macro</i>	MAYZENT	50
LUPRON DEPOT (4-MONTH).....	14	MACRODANTIN		
		see <i>nitrofurantoin macrocrystal</i>		
		<i>magnesium sulfate</i>		
		MAGNESIUM SULFATE.78		
		see <i>magnesium sulfate</i>		
		MAGNESIUM SULFATE IN D5W		

MAYZENT STARTER			
PACK (12)	50		
MAYZENT STARTER			
PACK (7)	50		
meclizine hcl	65		
meclofenamate sodium.....	1		
MEDROL.....	61		
see methylprednisolone			
.....	61		
MEDROL DOSEPAK			
see methylprednisolone			
.....	61		
medroxyprogesterone			
acetate.....	64		
medroxyprogesterone			
acetate (contraceptive).....	58		
mefloquine hcl.....	7		
megestrol acetate	14, 64		
megestrol acetate			
(appetite)	64		
MEKINIST	19		
MEKTOVI.....	19		
meleya	59		
meloxicam.....	1		
memantine hcl.....	33		
memantine hcl-donepezil			
hcl cap er 24hr 14-10 mg			
.....	33		
memantine hcl-donepezil			
hcl cap er 24hr 21-10 mg			
.....	33		
memantine hcl-donepezil			
hcl cap er 24hr 28-10 mg			
.....	33		
memantine hcl tab 28 x 5			
mg & 21 x 10 mg titration			
pack.....	33		
MENACTRA INJ	77		
MENEST	60		
MENOSTAR.....	60		
MENQUADFI	77		
MENVEO INJ	77		
MENVEO SOL	77		
MEPRON			
see atovaquone.....	4		
mercaptopurine	13		
MEROP/NACL INJ			
1GM/50ML.....	5		
MEROP/NACL INJ			
500/50ML	5		
meropenem.....	5		
MEROPENEM			
see meropenem	5		
merzee	59		
mesalamine.....	67		
mesalamine w/ cleanser	67		
mesna	22		
MESNEX.....	22		
see mesna.....	22		
MESTINON			
see pyridostigmine			
bromide.....	48		
MESTINON TIMESPAN			
see pyridostigmine			
bromide.....	49		
METADATE CD			
see methylphenidate hcl			
.....	45		
metaxalone	51		
metformin hcl	53		
methadone hcl	2		
METHADONE HCL INJ	2		
methadone hydrochloride i2			
METHADOSE			
see methadone			
hydrochloride i	2		
methazolamide.....	29		
methenamine hippurate	5		
methimazole.....	64		
methocarbamol	51		
methotrexate sodium 13, 75			
methoxsalen rapid.....	88		
methscopolamine bromide			
.....	66		
methsuximide.....	41		
methyl dopa	30		
METHYLIN			
see methylphenidate hcl			
.....	45		
methylphenidate.....	45		
methylphenidate hcl.....	45		
methylprednisolone.....	61		
methylprednisolone acetate			
.....	61		
methylprednisolone sod			
succ	61		
methyltestosterone.....	52		
metoclopramide hcl.....	65		
metolazone	29		
metoprolol &			
hydrochlorothiazide tab			
100-25 mg	27		
metoprolol &			
hydrochlorothiazide tab			
100-50 mg	27		
metoprolol &			
hydrochlorothiazide tab			
50-25 mg	27		
metoprolol succinate	28		
metoprolol tartrate	28		
METROCREAM			
see metronidazole			
(topical)	91		
metronidazole	5		
METRONIDAZOLE			
see metronidazole	5		
metronidazole (topical)....	91		
metronidazole vaginal	70		
metyrosine	30		
mibelas 24 fe.....	59		
MICAFUNGIN/NACL INJ			
100MG/100ML.....	7		
MICAFUNGIN/NACL INJ			
150MG/150ML.....	7		
MICAFUNGIN/NACL INJ			
50MG/50ML.....	7		
micafungin sodium	7		
MICARDIS			
see telmisartan	26		
MICARDIS HCT			
see telmisartan-			
hydrochlorothiazide tab			
40-12.5 mg.....	25		
see telmisartan-			
hydrochlorothiazide tab			
80-12.5 mg.....	25		
see telmisartan-			
hydrochlorothiazide tab			
80-25 mg.....	25		
miconazole 3.....	70		
miconazole-zinc oxide-			
white petrolatum oint			
0.25-15-81.35%.....	88		
microgestin 1/20.....	59		

<i>microgestin</i> 1.5/30.....59	see <i>peg-</i>	see <i>mycophenolate</i>
<i>microgestin fe</i> 1/20.....59	3350/electrolytes/asc	sodium .....76
<i>microgestin fe</i> 1.5/30.....59	67	MYHIBBIN.....76
<i>midodrine hcl</i>.....30	<i>moxifloxacin hcl</i>.....11	MYLOTARG.....19
MIEBO .....81	<i>moxifloxacin hcl (ophth)</i> ..80	MYOBLOC.....51
<i>mifepristone</i>	<i>moxifloxacin hcl</i> 400	MYRBETRIQ.....70
(hyperglycemia).....62	mg/250ml in sodium	MYSOLINE
<i>miglitol</i>.....53	chloride 0.8% inj.....11	see <i>primidone</i>.....42
<i>miglustat</i>.....62	MOXIFLOXACIN	N
<i>mili</i>.....59	HYDROCHLORID .....11	<i>nabumetone</i> .....1
<i>mimvey</i>.....60	MOZOBIL	<i>nadolol</i> .....28
MINIVELLE	see <i>plerixafor</i>.....71	NAFCILLIN INJ 2GM/100
see <i>lyllana</i> .....60	MRESVIA.....77	12
<i>minocycline hcl</i>.....12	MS CONTIN	<i>nafcillin sodium</i> .....12
<i>minoxidil</i>.....30	see <i>morphine sulfate</i> .....2	<i>naftifine hcl</i>.....88
MIPLYFFA .....62	MULPLETA.....72	NAFTIN
<i>mirtazapine</i> .....34	MULTAQ.....26	see <i>naftifine hcl</i> .....88
MIRVASO	<i>multiple electrolytes ph</i> 5.5	NAGLAZYME.....63
see <i>brimonidine tartrate</i>	78	<i>nalbuphine hcl</i>.....3
(topical).....90	<i>multiple electrolytes ph</i> 7.4	<i>naloxone hcl</i>.....52
<i>misoprostol</i>.....68	78	<i>naltrexone hcl</i>.....52
MITIGARE.....1	<i>mupirocin</i> .....87	NAMENDA TITRATION
see <i>colchicine</i>.....1	MYALEPT .....63	PAK
<i>mitomycin</i>.....15	MYCAMINE	see <i>memantine hcl tab</i>
<i>mitoxantrone hcl</i>.....15	see <i>micafungin sodium</i> ..7	28 x 5 mg & 21 x 10
M-M-R II INJ.....77	MYCAPSSA.....63	mg titration pack .....33
M-NATAL PLUS TAB.....79	<i>mycophenolate mofetil</i> ...76	NAMZARIC
<i>modafinil</i>.....51	<i>mycophenolate sodium</i> ...76	see <i>memantine hcl-</i>
<i>moexipril hcl</i>.....23	MYDAYIS	<i>donepezil hcl cap er</i>
<i>molindone hcl</i>.....37	see <i>amphetamine-</i>	24hr 14-10 mg .....33
<i>mometasone furoate</i> .....90	dextroamphetamine 3-	see <i>memantine hcl-</i>
<i>mometasone furoate</i>	bead cap er 24hr 12.5	<i>donepezil hcl cap er</i>
(nasal) .....85	mg.....43	24hr 21-10 mg .....33
MONJUVI.....19	see <i>amphetamine-</i>	see <i>memantine hcl-</i>
<i>mono-lynyah</i> .....59	dextroamphetamine 3-	<i>donepezil hcl cap er</i>
<i>montelukast sodium</i> .....83	bead cap er 24hr 25	24hr 28-10 mg .....33
<i>morphine sulfate</i> .....2, 3	mg.....43	NAMZARIC CAP 14-10MG
MORPHINE SULFATE .....3	see <i>amphetamine-</i>	33
see <i>morphine sulfate</i> .....3	dextroamphetamine 3-	NAMZARIC CAP 21-10MG
MORPHINE	bead cap er 24hr 37.5	33
SULFATE/SODIUM C ...3	mg.....43	NAMZARIC CAP 28-10MG
<i>morphine sulfate beads</i>.....2	see <i>amphetamine-</i>	33
MOTPOLY XR .....41	dextroamphetamine 3-	NAMZARIC CAP 7-10MG
MOUNJARO .....53	bead cap er 24hr 50	33
MOVANTIK .....68	mg.....43	NAMZARIC CAP PACK...33
MOVIPREP	MYFEMBREE TAB .....63	NAPROSYN
	MYFORTIC	see <i>naproxen</i>.....1
		<i>naproxen</i> .....1

<i>naproxen dr</i>.....1	<i>see gengraf</i> .....76	NILANDRON
<i>naproxen sodium</i> .....1	NERLYNX .....19	<i>see nilutamide</i> .....14
<i>naratriptan hcl</i> .....47	<i>neuac gel 1.2-5%</i> .....87	NILOTINIB .....19
NARDIL	NEURONTIN	<i>nilotinib hcl</i> .....19
<i>see phenelzine sulfate</i> .34	<i>see gabapentin</i> .....40	<i>nilutamide</i> .....14
NATACYN .....80	NEVANAC .....80	<i>nimodipine</i> .....29
NATAZIA TAB .....59	<i>nevirapine</i> .....8	NINLARO .....19
<i>nateglinide</i> .....53	NEXAVAR	NIPENT .....15
NAYZILAM .....41	<i>see sorafenib tosylate</i> .20	<i>nisoldipine</i> .....29
<i>nebivolol hcl</i> .....28	NEXIUM .....69	<i>nitazoxanide</i> .....5
NEBUPENT	<i>see esomeprazole</i>	<i>nitisinone</i> .....63
<i>see pentamidine</i>	<i>magnesium</i> .....68, 69	NITRO-BID .....31
<i>isethionate inh</i> .....5	NEXLETOL .....27	NITRO-DUR .....31
<i>necon 0.5/35-28</i> .....59	NEXLIZET TAB 180/10MG	<i>nitrofurantoin macrocrystal</i> 5
<i>nefazodone hcl</i> .....34	27	<i>nitrofurantoin monohyd</i>
NEMLUVIO .....74	NEXPLANON .....59	<i>macro</i> .....5
<i>neomycin-bacitrac zn-</i>	NEXTSTELLIS TAB 3-	<i>nitroglycerin</i> .....31
<i>polymyx 5(3.5)mg-</i>	14.2MG .....59	<i>nitroglycerin (intra-anal)</i> ..91
<i>400unt-10000unt op oin</i>	NEXVIAZYME .....63	NITROLINGUAL
.....80	NGENLA .....63	<i>see nitroglycerin</i> .....31
<i>neomycin-polymy-gramicid</i>	<i>niacin (antihyperlipidemic)</i>	NITROSTAT
<i>op sol 1.75-10000-</i>	27	<i>see nitroglycerin</i> .....31
<i>0.025mg-unt-mg/ml</i> ....80	<i>nicardipine hcl</i> .....28	NITYR .....63
<i>neomycin-polymyxin b gu</i>	<i>nicardipine hcl iv soln 20</i>	<i>nizatidine</i> .....66
<i>irrigation soln</i> .....69	<i>mg/200ml in sodium</i>	<i>nora-be</i> .....59
<i>neomycin-polymyxin-</i>	<i>chloride 0.9%</i> .....28	NORDITROPIN FLEXP
<i>dexamethasone ophth</i>	<i>nicardipine hcl iv soln 40</i>	63
<i>oint 0.1%</i> .....79	<i>mg/200ml in sodium</i>	<i>norelgestromin-ethinyl</i>
<i>neomycin-polymyxin-</i>	<i>chloride 0.9%</i> .....29	<i>estradiol td ptwk 150-35</i>
<i>dexamethasone ophth</i>	NICARDIPINE	<i>mcg/24hr</i> .....59
<i>susp 0.1%</i> .....79	HYDROCHLORIDE	<i>norethindrone</i>
<i>neomycin-polymyxin-hc</i>	<i>see nicardipine hcl iv</i>	<i>(contraceptive)</i> .....59
<i>ophth susp</i> .....79	<i>soln 20 mg/200ml in</i>	<i>norethindrone & ethinyl</i>
<i>neomycin-polymyxin-hc otic</i>	<i>sodium chloride 0.9%</i>	<i>estradiol-fe chew tab 0.4</i>
<i>soln 1%</i> .....82	28	<i>mg-35 mcg</i> .....59
<i>neomycin-polymyxin-hc otic</i>	<i>see nicardipine hcl iv</i>	<i>norethindrone ace & ethinyl</i>
<i>susp 3.5 mg/ml-10000</i>	<i>soln 40 mg/200ml in</i>	<i>estradiol tab 1.5 mg-30</i>
<i>unit/ml-1%</i> .....82	<i>sodium chloride 0.9%</i>	<i>mcg</i> .....59
<i>neomycin sulfate</i> .....5	29	<i>norethindrone ace & ethinyl</i>
<i>neo-polycin 5(3.5)mg-</i>	NICARDIPINE SOL	<i>estradiol tab 1 mg-20</i>
<i>400unt-10000unt op oin</i>	20/200ML .....29	<i>mcg</i> .....59
.....80	NICARDIPINE SOL	<i>norethindrone ace-eth</i>
<i>neo-polycin hc ophth oint</i>	40/200ML .....29	<i>estradiol-fe chew tab 1</i>
<i>1%</i> .....79	NICOTROL INHALER .....52	<i>mg-20 mcg (24)</i> .....59
NEORAL	NICOTROL NS .....52	<i>norethindrone ace-ethinyl</i>
<i>see cyclosporine</i>	<i>nifedipine</i> .....29	<i>estradiol-fe cap 1 mg-20</i>
<i>modified (for</i>	<i>nikki</i> .....59	<i>mcg (24)</i> .....59
<i>microemulsion)</i> .....76	NIKTIMVO .....76	<i>norethindrone acetate</i> .....64

<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	60	NOVOLOG MIX INJ FLEXPEN	55	<i>see ofloxacin (ophth)</i> ...	80
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	60	NOVOLOG PENFILL	55	ODACTRA SUB	76
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	59	NOXAFIL	7	ODEFSEY TAB	8
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	59	<i>see posaconazole</i>	7	ODOMZO	19
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	59	NPLATE	71	OFEV	84
NORITATE	91	NUBEQA	14	<i>ofloxacin (ophth)</i>	80
NORLIQVA	29	NUDEXTA CAP 20-10MG	48	<i>ofloxacin (otic)</i>	82
<i>norlyroc</i>	59	NULOJIX	76	OGIVRI	19
NORPACE		NUPLAZID	37	OGSIVEO	19
<i>see disopyramide phosphate</i>	26	NURTEC	47	OHTUVAYRE	84
NORPACE CR	26	NUTRILIPID	79	OJEMDA	19
NORPRAMIN		NUTROPIN AQ NUSPIN 10	63	OJJAARA	19
<i>see desipramine hcl</i>	33	NUTROPIN AQ NUSPIN 20	63	<i>olanzapine</i>	37
NORTHERA		NUTROPIN AQ NUSPIN 5	63	<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	24
<i>see droxidopa</i>	30	NUVARING		<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	25
<i>nortrel 0.5/35 (28)</i>	59	<i>see eluryng</i>	57	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	25
<i>nortrel 1/35 (21)</i>	59	<i>see enilloring</i>	58	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	24
<i>nortrel 1/35 (28)</i>	59	<i>see etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	58	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	24
<i>nortrel 7/7/7</i>	59	<i>see haloette</i>	58	<i>olmesartan medoxomil 25, 26</i>	26
<i>nortriptyline hcl</i>	34	NUVIGIL		<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	24
NORVASC		<i>see armodafinil</i>	51	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	24
<i>see amlodipine besylate</i>	28	NUZYRA	12	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	24
NORVIR	8	nyamyc	88	<i>olopatadine hcl (nasal)</i>	83
<i>see ritonavir</i>	8	nylia 1/35	59	OLPRUVA	63
NOURIANZ	35	nylia 7/7/7	59	<i>omega-3-acid ethyl esters cap 1 gm</i>	27
NOVAREL	63	NYMALIZE	29	omeprazole	69
NOVOLIN INJ 70/30	55	<i>nystatin</i>	7	OMNARIS	85
NOVOLIN INJ 70/30 FP	55	NYSTATIN		OMNIPOD 5 DX KIT INT G7G6	55
NOVOLIN N	55	<i>see nystatin (mouth-throat)</i>	91		
NOVOLIN N FLEXPEN	55	<i>nystatin (mouth-throat)</i>	91		
NOVOLIN R	55	<i>nystatin (topical)</i>	88		
NOVOLIN R FLEXPEN	55	<i>nystop</i>	88		
NOVOLOG	55	O			
NOVOLOG FLEXPEN	55	OCALIVA	68		
NOVOLOG MIX INJ 70/30	55	ocella	59		
		OCREVUS	50		
		OCREVUS INJ ZUNOVO50	75		
		OCTAGAM	75		
		<i>octreotide acetate</i>	63		
		OCUFLOX			

OMNIPOD 5 DX MIS POD G7G6.....	55	OPFOLDA.....	63	oxycodone w/ acetaminophen soln 5- 325 mg/5ml.....	4
OMNIPOD 5 G7 KIT INTRO	55	OPIPZA.....	37	oxycodone w/ acetaminophen tab 10- 325 mg	4
OMNIPOD 5 G7 MIS PODS	55	OPSUMIT.....	31	oxycodone w/ acetaminophen tab 2.5- 325 mg	4
OMNIPOD 5 L2 KIT INTRO G6.....	55	OPVEE.....	52	oxycodone w/ acetaminophen tab 5-325 mg	4
OMNIPOD 5 L2 MIS PODS G6.....	55	OPZELURA.....	91	oxycodone w/ acetaminophen tab 7.5- 325 mg	4
OMNIPOD DASH KIT INTRO	55	ORACEA see doxycycline (rosacea).....	90	oxymorphone hcl.....	4
OMNIPOD DASH MIS PODS	55	ORBACTIV.....	5	OXYTROL.....	70
OMNIPOD GO KIT 10UNT/DY	55	ORENITRAM	31	OZEMPIC (0.25 OR 0.5MG/DOSE)	54
OMNIPOD GO KIT 15UNT/DY	56	ORENITRAM TAB MONTH 1	31	OZEMPIC (1MG/DOSE) .	54
OMNIPOD GO KIT 20UNT/DY	56	ORENITRAM TAB MONTH 2	31	OZEMPIC (2MG/DOSE) .	54
OMNIPOD GO KIT 25UNT/DY	56	ORENITRAM TAB MONTH 3	31	OZOBAX DS see baclofen	50
OMNIPOD GO KIT 30UNT/DY	56	ORFADIN.....	63	P	
OMNIPOD GO KIT 35UNT/DY	56	see nitisinone	63	<i>pacerone</i>	26
OMNIPOD GO KIT 40UNT/DY	56	ORGOVYX.....	14	<i>paclitaxel</i>	15
OMNIPOD MIS CLASSIC	56	ORIAHNN CAP	63	<i>paclitaxel inj 100mg</i>	15
OMNITROPE	63	ORILISSA	63	PACLITAXEL INJ 100MG	15
ONCASPAR.....	15	ORKAMBI GRA 100-125	84	PADCEV	19
<i>ondansetron</i>	65	ORKAMBI GRA 150-188	84	PALFORZIA CAP ESCALAT	76
<i>ondansetron hcl</i>	65	ORKAMBI GRA 75-94MG	84	PALFORZIA CAP LEVEL 10	76
ONEXTON see clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	86	ORKAMBI TAB 100-125	84	PALFORZIA CAP LEVEL 3	76
ONFI see clobazam	39	ORKAMBI TAB 200-125	84	PALFORZIA CAP LEVEL 7	76
ONGENTYS.....	35	ORLADEYO	72	PALFORZIA CAP LEVEL 8	76
ONIVYDE.....	15	<i>ormarvi</i>	29	PALFORZIA LEVEL 1.....	76
ONTRUZANT.....	19	<i>orquidea</i>	59	PALFORZIA LEVEL 11 (MAINT.....	76
ONUREG	13	ORSERDU	14	PALFORZIA LEVEL 11 (TITRA.....	76
OPDIVO	19	<i>oseltamivir phosphate</i>	9	PALFORZIA LEVEL 2.....	76
OPDIVO INJ QVANTIG ..	19	OXACILLIN INJ 2GM	12	PALFORZIA LEVEL 4.....	76
OPDUALAG SOL.....	19	<i>oxacillin sodium</i>	12	PALFORZIA LEVEL 5.....	76
		<i>oxaliplatin</i>	13		
		<i>oxaprozin</i>	1		
		OXAYDO.....	3		
		<i>oxazepam</i>	32		
		<i>oxcarbazepine</i>	41		
		OXERVATE	81		
		OXISTAT.....	88		
		OXLUMO	69		
		OXTELLAR XR	41		
		see oxcarbazepine	41		
		<i>oxybutynin chloride</i>	70		
		<i>oxycodone hcl</i>	3, 4		

PALFORZIA LEVEL 6.....76	PAXLOVID TAB 300-100..9	see <i>endocet tab 2.5-</i>
PALFORZIA LEVEL 9.....76	<i>pazopanib hcl</i>.....19	325mg.....2
<i>paliperidone</i> .....38	PEDIAPRED	see <i>endocet tab 5-325mg</i>
<i>palonosetron hcl</i>.....65	see <i>prednisolone sodium</i>	3
PALONOSETRON	<i>phosphate</i> .....61	see <i>endocet tab 7.5-</i>
HYDROCHLORID .....65	PEDIARIX INJ 0.5ML.....77	325mg.....3
PALYNZIQ .....63	PEDVAX HIB .....77	see <i>oxycodone w/</i>
PAMELOR	<i>peg-3350/electrolytes/asc</i>	<i>acetaminophen tab 10-</i>
see <i>nortriptyline hcl</i> ....34	67	325 mg.....4
<i>pamidronate disodium</i>.....56	<i>peg 3350-kcl-na bicarb-</i>	see <i>oxycodone w/</i>
PAMIDRONATE	<i>nacl-na sulfate for soln</i>	<i>acetaminophen tab</i>
DISODIUM .....56	236 gm .....67	2.5-325 mg.....4
PANCREAZE CAP	<i>peg 3350-kcl-sod bicarb-</i>	see <i>oxycodone w/</i>
10500UNT .....68	<i>nacl for soln 420 gm</i> ....67	<i>acetaminophen tab 5-</i>
PANCREAZE CAP	PEGASYS.....9	325 mg.....4
16800UNT .....68	PEMAZYRE .....19	see <i>oxycodone w/</i>
PANCREAZE CAP	PEMETREXED .....13	<i>acetaminophen tab</i>
21000UNT .....68	<i>pemetrexed disodium</i>.....13	7.5-325 mg.....4
PANCREAZE CAP	PEMRYDI RTU .....13	PERFOROMIST
2600UNIT .....68	PENBRAYA INJ .....77	see <i>formoterol fumarate</i>
PANCREAZE CAP 37000	<i>penciclovir</i>.....91	83
.....68	PEN GK/DEXTR INJ	PERIDEX
PANCREAZE CAP	20000/ML .....12	see <i>chlorhexidine</i>
4200UNIT .....68	PEN GK/DEXTR INJ	<i>gluconate (mouth-</i>
PANRETIN.....91	40000/ML .....12	<i>throat)</i> .....91
PANTOPR/NACL SOL	PEN GK/DEXTR INJ	see <i>perigard</i> .....91
40MG/100.....69	60000/ML .....12	<i>perindopril erbumine</i> .....23
PANTOPR/NACL SOL	<i>penicillamine</i> .....57	<i>perigard</i>.....91
80MG/100.....69	<i>penicillin g potassium</i>.....12	PERJETA.....19
<i>pantoprazole sodium</i>.....69	<i>penicillin g sodium</i>.....12	<i>permethrin</i>.....91
PANTOPRAZOLE SOL	<i>penicillin v potassium</i> .....12	<i>perphenazine</i> .....38
40/50ML .....69	PENMENVY INJ .....77	<i>perphenazine-amitriptyline</i>
PANZYGA.....75	PENTACEL INJ.....77	<i>tab 2-10 mg</i> .....34
<i>paricalcitol</i>.....65	PENTAM 300	<i>perphenazine-amitriptyline</i>
PARLODEL	see <i>pentamidine</i>	<i>tab 2-25 mg</i> .....34
see <i>bromocriptine</i>	<i>isethionate inj</i>.....5	<i>perphenazine-amitriptyline</i>
<i>mesylate</i> .....35	<i>pentamidine isethionate inh</i>	<i>tab 4-10 mg</i> .....34
PARNATE	5	<i>perphenazine-amitriptyline</i>
see <i>tranylcypromine</i>	<i>pentamidine isethionate inj</i>	<i>tab 4-25 mg</i> .....34
<i>sulfate</i> .....34	5	<i>perphenazine-amitriptyline</i>
<i>paroxetine hcl</i>.....34	PENTASA .....67	<i>tab 4-50 mg</i> .....34
PAVBLU.....81	<i>pentoxifylline</i> .....72	PERSERIS.....38
PAXIL	PEPCID	PERTZYE CAP 16000U .68
see <i>paroxetine hcl</i> .....34	see <i>famotidine</i> .....66	PERTZYE CAP 24000U .68
PAXIL CR	<i>perampanel</i>.....41	PERTZYE CAP 4000UNIT
see <i>paroxetine hcl</i> .....34	PERCOCET	68
PAXLOVID PAK.....9	see <i>endocet tab 10-</i>	PERTZYE CAP 8000UNIT
PAXLOVID TAB 150-100..9	325mg.....3	68

<i>pfizerpen</i>	12	<i>piperacillin sod-tazobactam</i>		POTASSIUM	
PHEBURANE.....	63	<i>sod for inj 40.5 gm (36-4.5 gm)</i>	12	CHLORIDE/SODIUM	
<i>phenelzine sulfate</i>	34	PIQRAY 200MG DAILY		<i>see kcl 20 meq/l (0.15%)</i>	
PHENERGAN		DOSE	19	<i>in nacl 0.45% inj</i>	78
<i>see promethazine hcl</i> ..	66	PIQRAY 250MG TAB		<i>see kcl 20 meq/l (0.15%)</i>	
<i>phenobarbital</i>	41	DOSE	19	<i>in nacl 0.9% inj</i>	78
<i>phenobarbital sodium</i>	41	PIQRAY 300MG DAILY		<i>see kcl 40 meq/l (0.3%)</i>	
<i>phenoxybenzamine hcl</i> ...	31	DOSE	19	<i>in nacl 0.9% inj</i>	78
<i>phenytek</i>	41	<i>pirfenidone</i>	84	<i>potassium chloride 20</i>	
<i>phenytoin</i>	41	<i>piroxicam</i>	1	<i>meq/l (0.15%) in</i>	
<i>phenytoin sodium</i>	41	<i>pitavastatin calcium</i>	26	<i>dextrose 5% inj</i>	78
<i>phenytoin sodium extended</i>		PLAQUENIL		<i>potassium chloride</i>	
.....	42	<i>see hydroxychloroquine</i>		<i>microencapsulated</i>	
PHESGO SOL	19	<i>sulfate</i>	75	<i>crystals er</i>	79
PHEXXI GEL.....	59	PLASMA-LYTE A		<i>potassium citrate</i>	
<i>philith</i>	59	<i>see multiple electrolytes</i>		<i>(alkalinizer)</i>	69
PHOSPHOLINE IODIDE.	81	<i>ph 7.4</i>	78	POT CHL 20MEQ/L IN	
PIASKY	72	PLAVIX		NACL 0.45% INJ	78
PIFELTRO	8	<i>see clopidogrel bisulfate</i>		POT CHL 20MEQ/L IN	
<i>pilocarpine hcl</i>	81	.....	73	NACL 0.9% INJ	78
<i>pilocarpine hcl (oral)</i>	92	PLEGRIDY	50	POT CHL 40MEQ/L IN	
<i>pimecrolimus</i>	91	PLEGRIDY INJ STARTER		NACL 0.9% INJ	78
<i>pimozide</i>	38	.....	50	POTELIGEO	19
<i>pimtreea</i>	59	PLEGRIDY PEN INJ		PRADAXA.....	71
<i>pindolol</i>	28	STARTER.....	50	<i>see dabigatran etexilate</i>	
<i>pioglitazone hcl</i>	54	<i>plenamine</i>	79	<i>mesylate</i>	70
<i>pioglitazone hcl-glimepiride</i>		PLENVU SOL	67	<i>pralatrexate</i>	13
<i>tab 30-2 mg</i>	54	<i>plerixafor</i>	71	<i>pramipexole</i>	
<i>pioglitazone hcl-glimepiride</i>		<i>podofilox</i>	91	<i>dihydrochloride</i>	35
<i>tab 30-4 mg</i>	54	POKONZA	79	<i>prasugrel hcl</i>	73
<i>pioglitazone hcl-metformin</i>		POLIVY	19	<i>pravastatin sodium</i>	26
<i>hcl tab 15-500 mg</i>	54	<i>polycin ophth oint</i>	80	<i>praziquantel</i>	5
<i>pioglitazone hcl-metformin</i>		<i>polymyxin b sulfate</i>	5	<i>prazosin hcl</i>	23
<i>hcl tab 15-850 mg</i>	54	<i>polymyxin b-trimethoprim</i>		PRED FORTE	
<i>piperacillin sod-tazobactam</i>		<i>ophth soln 10000 unit/ml-</i>		<i>see prednisolone acetate</i>	
<i>na for inj 3.375 gm (3-0.375 gm)</i>	12	<i>0.1%</i>	80	<i>(ophth)</i>	80
<i>piperacillin sod-tazobactam</i>		POMALYST	14	PRED MILD	80
<i>sod for inj 13.5 gm (12-1.5 gm)</i>	12	POMBILITI	63	<i>prednisolone</i>	61
<i>piperacillin sod-tazobactam</i>		PONVORY	50	<i>prednisolone acetate</i>	
<i>sod for inj 2.25 gm (2-0.25 gm)</i>	12	PONVORY TAB STARTER		<i>(ophth)</i>	80
<i>piperacillin sod-tazobactam</i>		.....	50	PREDNISOLONE SODIUM	
<i>sod for inj 4.5 gm (4-0.5 gm)</i>	12	<i>portia-28</i>	59	PHOSP.....	80
		<i>posaconazole</i>	7	<i>prednisolone sodium</i>	
		POSFREA.....	65	<i>phosphate</i>	61
		<i>potassium chloride</i>	78, 79	<i>prednisone</i>	61
		POTASSIUM CHLORIDE		PREDNISONE INTENSOL	
		<i>see potassium chloride</i>	78	.....	61
				<i>pregabalin</i>	42

<i>pregabalin (once-daily)</i> ...48	PROCRT .....71	PULMICORT
PREGNYL W/DILUENT	<i>proctocort</i> .....91	<i>see budesonide</i>
BENZYL .....63	PROCTOFOAM AER HC	<i>(inhalation)</i> .....85
PREMARIN .....60	1% .....91	PULMOZYME .....84
PREMASOL SOL 10%....79	<i>procto-med hc</i> .....91	PURIXAN .....13
PREMPHASE TAB .....60	<i>proctosol hc</i> .....91	<i>see mercaptopurine</i>....13
PREMPRO TAB 0.3-1.5..60	<i>proctozone-hc</i> .....91	<i>pyrazinamide</i>.....9
PREMPRO TAB 0.45-1.560	PROCYSBI .....63	<i>pyridostigmine bromide</i> 48,
PREMPRO TAB 0.625-2.5	<i>progesterone</i> .....64	49
.....60	PROGLYCEM	<i>pyrimethamine</i> .....5
PREMPRO TAB 0.625-5.60	<i>see diazoxide</i> .....61	PYRUKYND .....72
PRENATAL TAB 27-1MG	PROGRAF .....76	PYRUKYND TAB
.....79	<i>see tacrolimus</i> .....77	20MGX5MG .....72
PRENATAL TAB PLUS...79	PROLASTIN-C.....84	PYRUKYND TAB
PRETOMANID .....9	PROLENSA	50MGX20M .....72
PREVACID	<i>see bromfenac sodium</i>	PYRUKYND TAPER PACK
<i>see lansoprazole</i> .....69	<i>(ophth)</i> .....80	72
<i>prevalite</i> .....27	PROLIA.....56	PYZCHIVA .....74
PREVYMIS .....9	<i>promethazine &</i>	Q
PREZCOBIX TAB 800-150	<i>phenylephrine syrup</i>	QBRELIS .....23
.....9	6.25-5 mg/5ml .....82	QBREXZA.....91
PREZISTA .....8	<i>promethazine hcl</i>.....66	QELBREE .....45, 46
<i>see darunavir</i>.....7	PROMETHAZINE	QINLOCK.....19
PRIFTIN .....9	HYDROCHLORID .....66	QNASL.....85
PRILOSEC.....69	<i>promethegan</i> .....66	QNASL CHILDRENS .....85
<i>primaquine phosphate</i> .....7	PROMETRIUM	QUADRACEL INJ 0.5ML 77
PRIMAQUINE	<i>see progesterone</i> .....64	QUESTRAN
PHOSPHATE .....7	<i>propafenone hcl</i> .....26	<i>see cholestyramine</i> .....27
<i>see primaquine</i>	<i>proparacaine hcl</i> .....81	QUESTRAN LIGHT
<i>phosphate</i> .....7	<i>propranolol hcl</i> .....28	<i>see cholestyramine light</i>
PRIMAXIN IV	<i>propylthiouracil</i>.....64	27
<i>see imipenem-cilastatin</i>	PROQUAD INJ .....77	<i>see prevalite</i> .....27
<i>intravenous for soln</i>	PROSCAR	<i>quetiapine fumarate</i> .....38
500 mg.....5	<i>see finasteride</i> .....69	QUILLICHEW ER.....46
<i>primidone</i> .....42	PROSOL INJ 20% .....79	QUILLIVANT XR.....46
PRIORIX INJ.....77	PROTONIX	<i>quinapril hcl</i>.....23
PRISTIQ	<i>see pantoprazole sodium</i>	<i>quinapril-</i>
<i>see desvenlafaxine</i>	69	<i>hydrochlorothiazide tab</i>
<i>succinate</i>.....33	<i>protriptyline hcl</i>.....34	10-12.5 mg .....22
PRIVIGEN.....76	PROVERA	<i>quinapril-</i>
<i>probenecid</i> .....1	<i>see</i>	<i>hydrochlorothiazide tab</i>
PROCARDIA XL	<i>medroxyprogesterone</i>	20-12.5 mg .....22
<i>see nifedipine</i> .....29	<i>acetate</i> .....64	<i>quinapril-</i>
<i>prochlorperazine</i> .....65	PROVIGIL	<i>hydrochlorothiazide tab</i>
<i>prochlorperazine edisylate</i>	<i>see modafinil</i> .....51	20-25 mg .....22
.....65	PROZAC	<i>quinidine sulfate</i> .....26
<i>prochlorperazine maleate</i>	<i>see fluoxetine hcl</i>.....34	<i>quinine sulfate</i>.....7
.....65	<i>pruradik</i>.....91	QULIPTA.....47

QUTENZA KIT 8% 1-PCH.....90	see <i>mirtazapine</i> .....34	RIOMET see <i>metformin hcl</i> .....53
QUTENZA KIT 8% 2-PCH.....90	REMERON SOLTAB see <i>mirtazapine</i> .....34	<i>risedronate sodium</i> .....56
QUTENZA KIT 8% 4-PCH.....90	REMODULIN .....31	RISPERDAL see <i>risperidone</i> .....38
QUVIVIQ .....46	RENFLEXIS .....74	RISPERDAL CONSTA see <i>risperidone</i> microspheres .....38
QUZYTIR .....83	<i>repaglinide</i> .....54	<i>risperidone</i> .....38
R	REPATHA .....27	<i>risperidone microspheres</i> 38
RABAVER INJ .....77	REPATHA PUSHTRONEX SYSTEM .....27	RITALIN see <i>methylphenidate hcl</i>.....45
<i>rabeprazole sodium</i> .....69	REPATHA SURECLICK .....27	RITALIN LA see <i>methylphenidate hcl</i>.....45
RADICAVA see <i>edaravone</i> .....48	RESTASIS .....81	<i>ritonavir</i> .....8
RADICAVA ORS .....49	RESTASIS MULTIDOSE .....81	<i>rivaroxaban</i> .....71
RADICAVA ORS STARTER KIT .....49	RESTORIL see <i>temazepam</i> .....46	<i>rivastigmine</i> .....33
RAGWITEK .....76	RETEVMO .....19	<i>rivastigmine tartrate</i> .....33
RALDESY .....34	RETIN-A see <i>tretinoin</i> .....87	<i>rivelsa</i> .....59
<i>raloxifene hcl</i> .....63	RETIN-A MICRO .....87	RIVFLOZA .....69
<i>ramelteon</i> .....46	RETIN-A MICRO PUMP see <i>tretinoin microsphere</i>.....87	<i>rizatriptan benzoate</i> .....47
<i>ramipril</i> .....23	RETROVIR see <i>zidovudine</i> .....8	ROCALTROL see <i>calcitriol</i> .....65
<i>ranolazine</i> .....31	REVATIO see <i>sildenafil citrate</i> (pulmonary hypertension) .....31	see <i>calcitriol (oral)</i> .....65
RAPAFLO see <i>silodosin</i> .....69	REVCIVI .....63	ROCKLATAN DRO .....81
RAPIVAB .....9	REVLIMID .....14	<i>roflumilast</i> .....84
<i>rasagiline mesylate</i> .....36	REVUFORJ .....19	ROMVIMZA .....20
RAVICTI .....63	REXULTI .....38	<i>ropinirole hydrochloride</i> .....36
RAYALDEE .....65	REYATAZ .....8	<i>rosuvastatin calcium</i> .....26
REBLOZYL .....72	see <i>atazanavir sulfate</i> ...7	<i>rosyrah</i> .....59
REBYOTA .....68	REZDIFFRA .....63	ROTARIX SUS .....77
RECARBRIO INJ 1.25GM 5	REZLIDHIA .....20	ROTATEQ SOL .....77
RECLAST see <i>zoledronic acid</i> .....56	REZUROCK .....77	ROWASA see <i>mesalamine w/</i> cleanser .....67
<i>reclipsen</i> .....59	REZZAYO .....7	<i>roweepra</i> .....42
RECOMBIVAX HB .....77	RHOFADE .....91	ROXICODONE see <i>oxycodone hcl</i> .....4
RECORLEV .....63	RHOPRESSA .....81	ROZEREM see <i>ramelteon</i> .....46
RECTIV see <i>nitroglycerin (intra-</i> <i>anal)</i> .....91	<i>ribavirin (hepatitis c)</i> .....9	ROZLYTREK .....20
REGLAN see <i>metoclopramide hcl</i>.....65	<i>rifabutin</i> .....9	RUBRACA .....20
RELENZA DISKHALER ....9	RIFADIN see <i>rifampin</i> .....9	RUCONEST .....72
RELISTOR .....68	<i>rifampin</i> .....9	<i>rufinamide</i> .....42
RELPAK see <i>eletriptan</i> <i>hydrobromide</i> .....47	<i>riluzole</i> .....49	RUKOBIA .....8
REMERON	<i>rimantadine hydrochloride</i> 9	RYALTRIS SPR 665-25..82
	RINVOQ .....74	
	RINVOQ LQ .....74	

RYBELSUS.....	54	SARCLISA.....	20	see <i>carbidopa &</i>	
RYBREVANT.....	20	SAVELLA.....	49	<i>levodopa tab 25-100</i>	
RYDAPT.....	20	SAVELLA MIS TITR PAK		<i>mg.....</i>	35
RYKINDO.....	38	.....	49	SINGULAIR	
RYLAZE.....	15	SCSEMBLIX.....	20	see <i>montelukast sodium</i>	
RYSTIGGO.....	76	<i>scopolamine.....</i>	66	.....	83
RYTARY CAP 145MG ...	36	SECUADO.....	38	<i>sirolimus.....</i>	77
RYTARY CAP 195MG ...	36	<i>selegiline hcl.....</i>	36	SIRTURO.....	9
RYTARY CAP 245MG ...	36	<i>selenium sulfide.....</i>	88	SIVEXTRO.....	5
RYTARY CAP 95MG.....	36	SELZENTRY.....	8	SKYCLARYS.....	49
RYTELO.....	72	see <i>maraviroc.....</i>	8	SKYRIZI.....	74
S		SENSIPAR		SKYRIZI PEN.....	74
SABRIL		see <i>cinacalcet hcl.....</i>	62	SKYTROFA.....	63
see <i>vigabatrin.....</i>	42, 43	SEREVENT DISKUS.....	83	SMOFLIPID EMU.....	79
see <i>vigadrone.....</i>	43	SEROQUEL		SOAAZ.....	29
see <i>vigpoder.....</i>	43	see <i>quetiapine fumarate</i>		<i>sodium chloride.....</i>	79
<i>sacubitril-valsartan tab 24-</i>		.....	38	<i>sodium chloride (gu</i>	
<i>26 mg.....</i>	25	SEROQUEL XR		<i>irrigant).....</i>	91
<i>sacubitril-valsartan tab 49-</i>		see <i>quetiapine fumarate</i>		<i>sodium fluoride chew; tab;</i>	
<i>51 mg.....</i>	25	.....	38	<i>1.1 (0.5 f) mg/ml soln...79</i>	
<i>sacubitril-valsartan tab 97-</i>		SEROSTIM.....	63	SODIUM OXYBATE.....	51
<i>103 mg.....</i>	25	<i>sertraline hcl.....</i>	34	<i>sodium phenylbutyrate....</i>	63
SAFYRAL		<i>setlakin.....</i>	59	<i>sodium polystyrene</i>	
see <i>drospirenone-ethinyl</i>		SFROWASA.....	67	<i>sulfonate powder.....</i>	57
<i>estrad-levomefolate</i>		<i>sharobel.....</i>	59	<i>sod sulfate-pot sulf-mg sulf</i>	
<i>tab 3-0.03-0.451 mg 57</i>		SHINGRIX.....	77	<i>oral sol 17.5-3.13-1.6</i>	
see <i>tydemy.....</i>	59	SIGNIFOR.....	63	<i>gm/177ml.....</i>	67
<i>sajazir.....</i>	72	SIGNIFOR LAR.....	63	SOGROYA.....	63
SALAGEN		SIKLOS.....	72	<i>solifenacin succinate.....</i>	70
see <i>pilocarpine hcl (oral)</i>		<i>sildenafil citrate (pulmonary</i>		SOLQUA INJ 100/33.....	56
.....	92	<i>hypertension).....</i>	31	SOLIRIS.....	72
SAMSCA.....	63	SILENOR		SOLOSEC.....	5
see <i>tolvaptan.....</i>	64	see <i>doxepin hcl (sleep)</i>		SOLTAMOX.....	14
SANCUSO.....	66	.....	46	SOLU-CORTEF.....	61
SANDIMMUNE		<i>silodosin.....</i>	69	see <i>hydrocortisone sod</i>	
see <i>cyclosporine.....</i>	76	SILVADENE		<i>succinate.....</i>	61
SANDOSTATIN		see <i>silver sulfadiazine.....</i>	87	SOLU-MEDROL.....	61
see <i>octreotide acetate.....</i>	63	see <i>ssd.....</i>	87	see <i>methyprednisolone</i>	
SANDOSTATIN LAR		<i>silver sulfadiazine.....</i>	87	<i>sod succ.....</i>	61
DEPOT.....	63	SIMBRINZA SUS 1-0.2%81		SOMA	
see <i>octreotide acetate.....</i>	63	<i>simliya.....</i>	59	see <i>carisoprodol.....</i>	50
SANTYL.....	91	<i>simpesse.....</i>	59	SOMATULINE DEPOT...63	
SAPHNELO.....	77	<i>simvastatin.....</i>	27	SOMAVERT.....	63
SAPHRIS		SINEMET		<i>sorafenib tosylate.....</i>	20
see <i>asenapine maleate</i>		see <i>carbidopa &</i>		SORILUX.....	88
.....	36	<i>levodopa tab 10-100</i>		<i>sotalol hcl.....</i>	26
<i>sapropterin dihydrochloride</i>		<i>mg.....</i>	35	<i>sotalol hcl (afib/afI).....</i>	26
.....	63			SOTYKTU.....	74

SOTYLIZE.....	26	subvenite.....	42	syeda	59
SOVUNA.....	75	subvenite starter kit/blu ...	42	SYFOVRE.....	81
SPEVIGO.....	74	subvenite starter kit/gre...42		SYMBICORT	
spinosad.....	91	subvenite starter kit/ora...42		see breyna.....	85
SPIRIVA HANDIHALER		SUCRAID.....	68	see budesonide-	
see tiotropium bromide		sucralfate	68	formoterol fumarate	
monohydrate.....	82	SUFLAVE SOL	67	dihyd aerosol 160-4.5	
SPIRIVA RESPIMAT	82	SULAR		mcg/act	85
spironolactone.....	23	see nisoldipine.....	29	see budesonide-	
spironolactone &		sulfacetamide sodium		formoterol fumarate	
hydrochlorothiazide tab		(acne)	87	dihyd aerosol 80-4.5	
25-25 mg	29	sulfacetamide sodium		mcg/act	85
SPORANOX		(opth)	80	SYMDEKO TAB 100-15084	
see itraconazole	7	sulfacetamide sodium-		SYMDEKO TAB 50-75MG	
SPRAVATO SOL 56MG		prednisolone ophth soln		.....	84
DOS.....	34	10-0.23(0.25)%.....	79	SYMFI	
SPRAVATO SOL 84MG		sulfadiazine	5	see efavirenz-	
DOS.....	34	sulfamethoxazole-		lamivudine-tenofovir df	
sprintec 28	59	trimethoprim iv soln 400-		tab 600-300-300 mg ..	8
SPRITAM	42	80 mg/5ml.....	5	SYMLINPEN 120	54
SPRYCEL		sulfamethoxazole-		SYMLINPEN 60	54
see dasatinib	16	trimethoprim susp 200-40		SYMPAZAN	42
sps	57	mg/5ml.....	5	SYMPROIC.....	68
sps rectal.....	57	sulfamethoxazole-		SYMTUZA TAB.....	9
sronyx	59	trimethoprim tab 400-80		SYNALAR	
ssd	87	mg	5	see fluocinolone	
STELARA.....	74	sulfamethoxazole-		acetonide	89
STIVARGA.....	20	trimethoprim tab 800-160		SYNAREL	64
STRENSIQ.....	64	mg	6	SYNJARDY TAB 12.5-	
streptomycin sulfate	5	SULFAMYLON.....	87	1000MG.....	54
STRIBILD TAB.....	9	sulfasalazine	67	SYNJARDY TAB 12.5-500	
STRIVERDI RESPIMAT .	83	sulindac.....	1	.....	54
STROMECTOL		sumatriptan	47	SYNJARDY TAB 5-	
see ivermectin	5	sumatriptan succinate47,		1000MG.....	54
SUBLOCADE.....	52	48		SYNJARDY TAB 5-500MG	
SUBOXONE		sunitinib malate	20	.....	54
see buprenorphine hcl-		SUNLENCA	8	SYNJARDY XR TAB 10-	
naloxone hcl sl film 12-		SUNOSI	51	1000	54
3 mg (base equiv) ...	51	SUPREP BOWEL PREP		SYNJARDY XR TAB 12.5-	
see buprenorphine hcl-		KIT		1000	54
naloxone hcl sl film 2-		see sod sulfate-pot sulf-		SYNJARDY XR TAB 25-	
0.5 mg (base equiv) .	51	mg sulf oral sol 17.5-		1000	54
see buprenorphine hcl-		3.13-1.6 gm/177ml...67		SYNJARDY XR TAB 5-	
naloxone hcl sl film 4-1		SUSTOL.....	66	1000MG.....	54
mg (base equiv)	51	SUSVIMO	81	SYNTHROID.....	64
see buprenorphine hcl-		SUTAB TAB.....	67	see levo-t.....	64
naloxone hcl sl film 8-2		SUTENT		see levothyroxine sodium	
mg (base equiv)	51	see sunitinib malate.....	20	.....	64

see <i>levoxyl</i>	64	see <i>tazarotene</i>	88	see <i>atenolol</i> &	
see <i>unithroid</i>	65	TAZVERIK	20	<i>chlorthalidone tab</i> 100-	
SYPRINE		TECENTRIQ	20	25 mg.....	27
see <i>trientine hcl</i>	57	TECENTRIQ INJ		TENORETIC 50	
T		HYBREZA	20	see <i>atenolol</i> &	
TABLOID.....	13	TECFIDERA		<i>chlorthalidone tab</i> 50-	
TABRECTA.....	20	see <i>dimethyl fumarate</i> .49		25 mg.....	27
<i>tacrolimus</i>	77	TECFIDERA STARTER		TENORMIN	
<i>tacrolimus (topical)</i>	91	PACK		see <i>atenolol</i>	27
<i>tadalafil</i>	69	see <i>dimethyl fumarate</i>		TEPEZZA.....	64
<i>tadalafil (pulmonary</i>		<i>capsule dr starter pack</i>		TEPMETKO	20
<i>hypertension</i>).....	31	120 mg & 240 mg	49	<i>terazosin hcl</i>	23
TADLIQ	31	TECVAYLI.....	20	<i>terbinafine hcl</i>	7
TAFINLAR.....	20	TEFLARO	10	<i>terbutaline sulfate</i>	83
TAGRISSE	20	TEGRETOL		<i>terconazole vaginal</i>	70
TAKHZYRO	72	see <i>carbamazepine</i>	39	<i>teriflunomide</i>	50
TALICIA CAP	68	see <i>epitol</i>	40	<i>teriparatide</i>	56
TALZENNA	20	TEGRETOL-XR		TERIPARATIDE.....	56
TAMIFLU		see <i>carbamazepine</i>	39	<i>testosterone</i>	52
see <i>oseltamivir</i>		TEGSEDI	49	<i>testosterone cypionate</i>	52
<i>phosphate</i>	9	TEKTURNA		<i>testosterone enanthate</i> ...	52
<i>tamoxifen citrate</i>	14	see <i>aliskiren fumarate</i> .29		<i>testosterone pump</i>	52
<i>tamsulosin hcl</i>	69	<i>telmisartan</i>	26	<i>tetrabenazine</i>	49
TARCEVA		<i>telmisartan-amlodipine tab</i>		<i>tetracycline hcl</i>	12
see <i>erlotinib hcl</i>	17	40-10 mg	25	TEVIMBRA.....	20
TARGRETIN		<i>telmisartan-amlodipine tab</i>		TEZRULY.....	23
see <i>bexarotene</i>	15	40-5 mg	25	THALITONE	29
see <i>bexarotene (topical)</i>		<i>telmisartan-amlodipine tab</i>		THALOMID	14
.....	90	80-10 mg	25	THEO-24.....	84
<i>tarina 24 fe</i>	59	<i>telmisartan-amlodipine tab</i>		<i>theophylline</i>	84
<i>tarina fe 1/20 eq</i>	59	80-5 mg	25	THIOLA	
TARPEYO.....	69	<i>telmisartan-</i>		see <i>tiopronin</i>	69
TASCENSO ODT.....	50	<i>hydrochlorothiazide tab</i>		THIOLA EC	
TASIGNA	20	40-12.5 mg	25	see <i>tiopronin</i>	69
see <i>nilotinib hcl</i>	19	<i>telmisartan-</i>		see <i>venxxiva</i>	70
<i>tasimelteon</i>	46	<i>hydrochlorothiazide tab</i>		<i>thioridazine hcl</i>	38
TAVALISSE	72	80-12.5 mg	25	<i>thiothixene</i>	38
TAVNEOS.....	72	<i>telmisartan-</i>		THYQUIDITY	65
TAYTULLA		<i>hydrochlorothiazide tab</i>		<i>tiadylt er</i>	29
see <i>gemmily</i>	58	80-25 mg	25	<i>tiagabine hcl</i>	42
see <i>merzee</i>	59	<i>temazepam</i>	46	TIAZAC	
see <i>norethindrone ace-</i>		<i>temsirolimus</i>	20	see <i>diltiazem hcl</i>	
<i>ethinyl estradiol-fe cap</i>		TENIVAC INJ 5-2LF.....	77	<i>extended release</i>	
1 mg-20 mcg (24)	59	<i>tenofovir disoproxil</i>		<i>beads</i>	28
<i>tazarotene</i>	88	<i>fumarate</i>	8	see <i>tiadylt er</i>	29
TAZAROTENE.....	87	TENORETIC 100		TIBSOVO	20
<i>tazicef</i>	10			<i>ticagrelor</i>	73
TAZORAC.....	88			TICOVAC	77

<i>tigecycline</i>	12	<i>tolvaptan tab therapy pack</i>		<i>travoprost</i>	81
TIGLUTIK	49	90 & 30 mg	64	TRAZIMERA	20
TIKOSYN		TOPAMAX		<i>trazodone hcl</i>	34
see <i>dofetilide</i>	26	see <i>topiramate</i>	42	TREANDA	
<i>tilia fe</i>	59	TOPAMAX SPRINKLE		see <i>bendamustine hcl</i> .	12
<i>timolol hemihydrate (ophth)</i>		see <i>topiramate</i>	42	TRELEGY AER ELLIPTA	
.....	81	TOPICORT		100-62.5-25 MCG	82
<i>timolol maleate</i>	28	see <i>desoximetasone</i> ...	89	TRELEGY AER ELLIPTA	
<i>timolol maleate (ophth)</i> ..	81	<i>topiramate</i>	42	200-62.5-25 MCG	82
<i>timolol maleate (ophth)</i>		<i>topotecan hcl</i>	15	TRELSTAR MIXJECT	14
once-daily	81	TOPOTECAN HCL		TREMFYA	74
<i>timolol maleate (ophth) pf</i>		see <i>topotecan hcl</i>	15	TREMFYA INDUCTION	
.....	81	TOPROL XL		PACK FO	74
TIMOPTIC OCUDOSE		see <i>metoprolol succinate</i>		<i>treprostinil</i>	31
see <i>timolol maleate</i>		.....	28	TRESIBA	56
(ophth) pf	81	<i>toremifene citrate</i>	14	TRESIBA FLEXTOUCH ..	56
<i>tinidazole</i>	6	TORISEL		<i>tretinoin</i>	87
<i>tiopronin</i>	69	see <i>temsirolimus</i>	20	<i>tretinoin (chemotherapy)</i> .	15
<i>tiotropium bromide</i>		<i>torpenz</i>	20	<i>tretinoin microsphere</i>	87
monohydrate	82	<i>torsemide</i>	29	TREXALL	75
TIROSINT	65	TOUJEO MAX SOLOSTAR		<i>trezix</i>	4
TIROSINT-SOL	65	.....	56	<i>triamcinolone acetonide</i> ..	61
TIVDAK	20	TOUJEO SOLOSTAR	56	<i>triamcinolone acetonide</i>	
TIVICAY	8	<i>tovet</i>	90	(mouth)	92
TIVICAY PD	8	TOVIAZ		<i>triamcinolone acetonide</i>	
<i>tizanidine hcl</i>	51	see <i>fesoterodine</i>		(topical)	90
TLANDO	52	fumarate	70	<i>triamterene &</i>	
TOBI PODHALER	6	TPN ELECTROL INJ	79	hydrochlorothiazide cap	
TOBRADEX OIN 0.3-0.1%		TRACLEER	31	37.5-25 mg	29
.....	79	see <i>bosentan</i>	31	<i>triamterene &</i>	
TOBRADEX ST SUS 0.3-		TRADJENTA	54	hydrochlorothiazide tab	
0.05	79	<i>tramadol-acetaminophen</i>		37.5-25 mg	29
<i>tobramycin</i>	6	tab 37.5-325 mg	4	<i>triamterene &</i>	
<i>tobramycin (ophth)</i>	80	<i>tramadol hcl</i>	2, 4	hydrochlorothiazide tab	
<i>tobramycin-dexamethasone</i>		<i>trandolapril</i>	23	75-50 mg	29
ophth susp 0.3-0.1% ...	79	<i>trandolapril-verapamil hcl</i>		<i>triazolam</i>	46
<i>tobramycin sulfate</i>	6	tab er 1-240 mg	22	TRIBENZOR	
TOBREX	80	<i>trandolapril-verapamil hcl</i>		see <i>olmesartan-</i>	
<i>tolmetin sodium</i>	1	tab er 2-180 mg	22	amlodipine-	
TOLSURA	7	<i>trandolapril-verapamil hcl</i>		hydrochlorothiazide tab	
<i>tolterodine tartrate</i>	70	tab er 2-240 mg	22	20-5-12.5 mg	24
<i>tolvaptan</i>	64	<i>trandolapril-verapamil hcl</i>		see <i>olmesartan-</i>	
<i>tolvaptan tab therapy pack</i>		tab er 4-240 mg	23	amlodipine-	
30 & 15 mg	64	<i>tranexamic acid</i>	72	hydrochlorothiazide tab	
<i>tolvaptan tab therapy pack</i>		<i>tranylcypromine sulfate</i> ...	34	40-10-12.5 mg	25
45 & 15 mg	64	TRAVASOL INJ 10%	79	see <i>olmesartan-</i>	
<i>tolvaptan tab therapy pack</i>		TRAVATAN Z		amlodipine-	
60 & 30 mg	64	see <i>travoprost</i>	81		

<i>hydrochlorothiazide tab</i>	<i>tri-nymyo</i>	TYMLOS
40-10-25 mg	<i>tri-sprintec</i>	TYPHIM VI
see <i>olmesartan-</i>	TRIUMEQ PD TAB	TYVASO
<i>amlodipine-</i>	TRIUMEQ TAB	TYVASO DPI
<i>hydrochlorothiazide tab</i>	<i>tri-vylibra</i>	MAINTENANCE KI.....
40-5-12.5 mg	<i>tri-vylibra lo</i>	TYVASO DPI POW 16-32-
see <i>olmesartan-</i>	TRODELVY.....	48
<i>amlodipine-</i>	TROGARZO.....	TZIELD.....
<i>hydrochlorothiazide tab</i>	TROPHAMINE INJ 10% ..	U
40-5-25 mg	<i>trospium chloride</i>	UBRELVY
TRICOR	TRULANCE.....	UCERIS
see <i>fenofibrate</i>	TRULICITY	see <i>budesonide</i>
<i>tridacaine ii</i>	TRUMENBA.....	see <i>budesonide</i>
<i>triderm</i>	TRUQAP	(<i>intrarectal</i>).....
<i>trientine hcl</i>	TRUVADA	ULORIC
TRIESENCE	see <i>emtricitabine-</i>	see <i>febuxostat</i>
<i>tri-estarylla</i>	<i>tenofovir disoproxil</i>	ULTOMIRIS
<i>trifluoperazine hcl</i>	<i>fumarate tab 100-150</i>	UNASYN
<i>trifluridine</i>	<i>mg</i>	see <i>ampicillin &</i>
<i>trihexyphenidyl hcl</i>	see <i>emtricitabine-</i>	<i>sulbactam sodium for</i>
TRIJARDY XR TAB ER	<i>tenofovir disoproxil</i>	<i>inj 1.5 (1-0.5) gm</i>
24HR 10-5-1000MG	<i>fumarate tab 133-200</i>	see <i>ampicillin &</i>
TRIJARDY XR TAB ER	<i>mg</i>	<i>sulbactam sodium for</i>
24HR 12.5-2.5-1000MG	see <i>emtricitabine-</i>	<i>inj 3 (2-1) gm</i>
.....	<i>tenofovir disoproxil</i>	UNASYN BULK PACK
TRIJARDY XR TAB ER	<i>fumarate tab 167-250</i>	see <i>ampicillin &</i>
24HR 25-5-1000MG	<i>mg</i>	<i>sulbactam sodium for</i>
TRIJARDY XR TAB ER	see <i>emtricitabine-</i>	<i>iv soln 15 (10-5) gm</i> ..
24HR 5-2.5-1000MG ...	<i>tenofovir disoproxil</i>	UNDECATREX
TRIKAFTA PAK 59.5MG.84	<i>fumarate tab 200-300</i>	<i>unithroid</i>
TRIKAFTA PAK 75MG....	<i>mg</i>	UPLIZNA.....
TRIKAFTA TAB 100-50-	TRUXIMA.....	UPTRAVI
75MG & 150MG	TRYNGOLZA.....	UPTRAVI PACK TAB
TRIKAFTA TAB 50-25-	TRYVIO.....	200/800
37.5MG & 75MG	TUKYSA.....	UROCIT-K 10
<i>tri-legest fe</i>	TURALIO	see <i>potassium citrate</i>
TRILEPTAL	<i>turqoz</i>	(<i>alkalinizer</i>)
see <i>oxcarbazepine</i>	<i>twice-daily clindamycin</i>	UROCIT-K 15
<i>tri-linyah</i>	<i>phosphate (topical)</i>	see <i>potassium citrate</i>
<i>tri-lo-estarylla</i>	TWINRIX INJ	(<i>alkalinizer</i>)
<i>tri-lo-marzia</i>	TWYNEO CRE 0.1-3% ...	UROXATRAL
<i>tri-lo-mili</i>	TYBOST.....	see <i>alfuzosin hcl</i>
<i>tri-lo-sprintec</i>	<i>tydemy</i>	<i>ursodiol</i>
<i>trimethobenzamide hcl</i>	TYENNE	URSO FORTE
<i>trimethoprim</i>	TYGACIL	see <i>ursodiol</i>
<i>tri-mili</i>	see <i>tigecycline</i>	UZEDY
<i>trimipramine maleate</i> 34, 35	TYKERB	
TRINTELLIX.....	see <i>lapatinib ditosylate</i> 18	

V		
VABOMERE INJ 2GM(1-1)		
.....	6	
VABYSMO	81	
VAGIFEM		
see <i>estradiol vaginal</i>	60	
see <i>yuvafem</i>	60	
<i>valacyclovir hcl</i>	10	
VALCHLOR.....	91	
VALCYTE		
see <i>valganciclovir hcl</i> ..	10	
<i>valganciclovir hcl</i>	10	
VALIUM		
see <i>diazepam</i>	39	
<i>valproate sodium</i>	42	
<i>valproic acid</i>	42	
<i>valrubicin</i>	15	
<i>valsartan</i>	26	
<i>valsartan-</i>		
<i>hydrochlorothiazide tab</i>		
160-12.5 mg	25	
<i>valsartan-</i>		
<i>hydrochlorothiazide tab</i>		
160-25 mg	25	
<i>valsartan-</i>		
<i>hydrochlorothiazide tab</i>		
320-12.5 mg	25	
<i>valsartan-</i>		
<i>hydrochlorothiazide tab</i>		
320-25 mg	25	
<i>valsartan-</i>		
<i>hydrochlorothiazide tab</i>		
80-12.5 mg	25	
VALSTAR		
see <i>valrubicin</i>	15	
VALTOCO 10 MG DOSE	42	
VALTOCO 15 MG DOSE	42	
VALTOCO 20 MG DOSE	42	
VALTOCO 5 MG DOSE	42	
VALTREX		
see <i>valacyclovir hcl</i>	10	
<i>valtya 1/50</i>	59	
VANCOCIN		
see <i>vancomycin hcl</i>	6	
VANCOMYC/D5W INJ		
1.25/250	6	
VANCOMYC/D5W INJ		
1.5/300	6	
VANCOMYCIN.....	6	
<i>vancomycin hcl</i>	6	
VANCOMYCIN		
HYDROCHLORIDE.....	6	
see <i>vancomycin hcl</i>	6	
VANCOMYCIN INJ 1 GM	6	
VANCOMYCIN INJ 500MG		
.....	6	
VANCOMYCIN INJ 750MG		
.....	6	
VANDAZOLE	70	
VANFLYTA	21	
VANRAFIA	70	
VAQTA.....	77	
<i>varenicline tartrate</i>	52	
<i>varenicline tartrate tab 11 x</i>		
0.5 mg & 42 x 1 mg start		
pack.....	52	
VARIVAX	77	
VARUBI.....	66	
VASCEPA.....	27	
VASERETIC		
see <i>enalapril maleate &</i>		
<i>hydrochlorothiazide tab</i>		
10-25 mg.....	22	
VASOTEC		
see <i>enalapril maleate</i> ..	23	
VAXCHORA SUS	77	
VECTIBIX.....	21	
VELCADE		
see <i>bortezomib</i>	16	
VELETRI		
see <i>epoprostenol sodium</i>		
.....	31	
<i>velivet</i>	59	
VELSIPITY	75	
VELTASSA	57	
VENCLEXTA.....	21	
VENCLEXTA TAB START		
PK.....	21	
<i>venlafaxine hcl</i>	35	
VENTOLIN HFA.....	83	
VENTOLIN HFA		
(INSTITUTIONAL PACK)		
.....	83	
<i>venxxiva</i>	70	
VEOZAH	64	
<i>verapamil hcl</i>	29	
VERQUVO	31	
VERSACLOZ	38	
VERZENIO.....	21	
VESICARE		
see <i>solifenacin succinate</i>		
.....	70	
VESICARE LS	70	
<i>vestura</i>	59	
VFEND		
see <i>voriconazole</i>	7	
VFEND IV		
see <i>voriconazole</i>	7	
VIBATIV	6	
VIBERZI	68	
VICTOZA		
see <i>liraglutide</i>	53	
VIDAZA		
see <i>azacitidine</i>	13	
<i>vienna</i>	59	
<i>vigabatrin</i>	42, 43	
<i>vigadrone</i>	43	
VIGAFYDE.....	43	
VIGAMOX		
see <i>moxifloxacin hcl</i>		
(<i>ophth</i>)	80	
<i>vigpoder</i>	43	
VIIIBRYD		
see <i>vilazodone hcl</i>	35	
VIJOICE	64	
VIJOICE TAB 250MG	64	
<i>vilazodone hcl</i>	35	
VIMIZIM	64	
VIMKUNYA	77	
VIMPAT		
see <i>lacosamide</i>	40	
see <i>lacosamide oral</i>	40	
<i>vinblastine sulfate</i>	15	
<i>vincristine sulfate</i>	15	
<i>vinorelbine tartrate</i>	15	
VIOKACE TAB 10440	68	
VIOKACE TAB 20880	68	
<i>viorele</i>	59	
VIRACEPT	8	
VIREAD.....	8	
see <i>tenofovir disoproxil</i>		
<i>fumarate</i>	8	
VITRAKVI.....	21	
VIVELLE-DOT		

see <i>dotti</i>	60	VYVGART.....	76	XCOPRI PAK 50-100MG	43
see <i>estradiol</i>	60	VYVGART INJ HYTRULO		XDEMVI.....	80
VIVIMUSTA.....	13	.....	76	XELJANZ.....	75
VIVITROL.....	52	VYZULTA.....	81	XELJANZ XR.....	75
VIVJOA.....	7	W		<i>xelria fe</i>	60
VIVOTIF CAP EC.....	77	WAINUA.....	49	XELSTRYM.....	46
VIZIMPRO.....	21	WAKIX.....	51	XEMBIFY.....	76
VONJO.....	21	<i>warfarin sodium</i>	71	XENAZINE	
VOQUEZNA.....	69	<i>water for irrigation, sterile</i>		see <i>tetrabenazine</i>	49
VOQUEZNA PAK DUAL		<i>irrigation soln</i>	91	XENPOZYME.....	64
PAK.....	68	WELCHOL		XEOMIN.....	51
VOQUEZNA PAK TRIP PK		see <i>colesevelam hcl</i>	27	XERAVA.....	12
.....	68	WELIREG.....	15	XERESE CRE 5-1%.....	91
VORANIGO.....	21	WELLBUTRIN SR		XERMELO.....	68
<i>voriconazole</i>	7	see <i>bupropion hcl</i>	33	XGEVA.....	56
VOSEVI TAB.....	10	WELLBUTRIN XL		XHANCE.....	85
VOTRIENT		see <i>bupropion hcl</i>	33	XIFAXAN.....	6, 68
see <i>pazopanib hcl</i>	19	<i>wera</i>	60	XIGDUO XR TAB 10-1000	
VOWST CAP.....	68	WESTAB PLUS TAB 27-		.....	54
VOXZOGO.....	64	1MG.....	79	XIGDUO XR TAB 10-	
VOYDEYA.....	72	WINLEVI.....	87	500MG.....	54
VOYDEYA TAB 50-100MG		<i>wixela inhub</i>	86	XIGDUO XR TAB 2.5-1000	
.....	72	<i>wymzya fe</i>	60	.....	54
VPRIV.....	64	WYOST.....	56	XIGDUO XR TAB 5-	
VRAYLAR.....	38	X		1000MG.....	54
VTAMA.....	88	XACDURO INJ 1-1GM.....	6	XIGDUO XR TAB 5-500MG	
VUMERITY.....	50	XACIATO.....	70	.....	54
VYALEV INJ 12-240MG.....	36	XADAGO.....	36	XIIDRA.....	81
<i>vyfemla</i>	59	XALATAN		XIPERE.....	80
VYKAT XR.....	64	see <i>latanoprost</i>	81	XOFLUZA.....	10
<i>vylibra</i>	60	XALKORI.....	21	XOLAIR.....	84
VYLOY.....	21	XANAX		XOLREMDI.....	71
VYNDAMAX.....	31	see <i>alprazolam</i>	32	XOSPATA.....	21
VYNDAQEL.....	31	XANAX XR		XPOVIO PAK (100 MG	
VYTORIN		see <i>alprazolam</i>	32	ONCE WEEKLY).....	21
see <i>ezetimibe-</i>		<i>xarah fe</i>	60	XPOVIO PAK (40 MG	
<i>simvastatin tab 10-10</i>		XARELTO.....	71	ONCE WEEKLY).....	21
<i>mg</i>	27	see <i>rivaroxaban</i>	71	XPOVIO PAK (40 MG	
see <i>ezetimibe-</i>		XARELTO STAR TAB		TWICE WEEKLY).....	21
<i>simvastatin tab 10-20</i>		15/20MG.....	71	XPOVIO PAK (60 MG	
<i>mg</i>	27	XATMEP.....	75	ONCE WEEKLY).....	21
see <i>ezetimibe-</i>		XCOPRI.....	43	XPOVIO PAK (60 MG	
<i>simvastatin tab 10-40</i>		XCOPRI PAK 100-150....	43	TWICE WEEKLY).....	21
<i>mg</i>	27	XCOPRI PAK 12.5-25....	43	XPOVIO PAK (80 MG	
see <i>ezetimibe-</i>		XCOPRI PAK 150-200MG		ONCE WEEKLY).....	21
<i>simvastatin tab 10-80</i>		(MAINTENANCE).....	43	XPOVIO PAK (80 MG	
<i>mg</i>	27	XCOPRI PAK 150-200MG		TWICE WEEKLY).....	21
VYVANSE.....	46	(TITRATION).....	43	XROMI.....	72

XTANDI.....	14	ZAVESCA		see <i>lisinopril</i>	23
<i>xulane</i>	60	see <i>miglustat</i>	62	ZETIA	
XULTOPHY INJ 100/3.6	.56	see <i>yargesa</i>	64	see <i>ezetimibe</i>	27
XYLOCAINE		ZEGALOGUE.....	61	ZEVERTA	10
see <i>lidocaine hcl (local</i>		ZEJULA.....	21	ZIAGEN	
<i>anesth.)</i>	1	ZELAPAR.....	36	see <i>abacavir sulfate</i>	7
XYLOCAINE-MPF		ZELBORAF	21	<i>zidovudine</i>	8
see <i>lidocaine hcl (local</i>		ZELSUVMI	91	ZIIHERA.....	21
<i>anesth.)</i>	1	ZEMAIRA	85	ZILBRYSQ	73
XYOSTED.....	52	ZEMBRACE SYMTOUCH		ZILRETTA.....	61
XYREM	51	.....	48	ZILXI	91
XYWAV SOL 0.5GM/ML	.51	ZEMDRI	6	ZIMHI	52
Y		ZEMPLAR		<i>ziprasidone hcl</i>	39
<i>yargesa</i>	64	see <i>paricalcitol</i>	65	<i>ziprasidone mesylate</i>	39
YASMIN 28		<i>zenatane</i>	87	ZIRABEV.....	21
see <i>drospirenone-ethinyl</i>		ZENPEP CAP 10000UNT		ZIRGAN	80
<i>estradiol tab 3-0.03 mg</i>		.....	68	ZITHROMAX	
.....	57	ZENPEP CAP 15000UNT		see <i>azithromycin</i>	10
see <i>ocella</i>	59	.....	68	ZOCOR	
see <i>syeda</i>	59	ZENPEP CAP 20000UNT		see <i>simvastatin</i>	27
see <i>zumandimine</i>	60	.....	68	ZOLADEX	14
YAZ		ZENPEP CAP 25000UNT		<i>zoledronic acid</i>	56
see <i>drospirenone-ethinyl</i>		.....	68	ZOLEDRONIC ACID.....	56
<i>estradiol tab 3-0.02 mg</i>		ZENPEP CAP 3000UNIT	68	ZOLINZA.....	21
.....	57	ZENPEP CAP 40000UNT		<i>zolmitriptan</i>	48
see <i>jasmiel</i>	58	.....	68	ZOLOFT	
see <i>loryna</i>	58	ZENPEP CAP 5000UNIT	68	see <i>sertraline hcl</i>	34
see <i>nikki</i>	59	ZENPEP CAP 60000UNT		<i>zolpidem tartrate</i>	47
see <i>vestura</i>	59	.....	68	ZOLPIDEM TARTRATE.....	47
YCANTH	91	<i>zenzedi</i>	46	ZOMACTON	64
YERVOY	21	ZEPOSIA	50	<i>zomig</i>	48
YESINTEK	75	ZEPOSIA 7DAY CAP STR		ZOMIG	
YF-VAX INJ.....	77	PACK.....	50	see <i>zolmitriptan</i>	48
YONSA	14	ZEPOSIA CAP STR KIT	.50	ZONEGRAN	
YORVIPATH	56	ZEPZELCA	13	see <i>zonisamide</i>	43
YUTIQ.....	80	ZERBAXA INJ 1.5GM	10	ZONISADE.....	43
YUTREPIA.....	32	ZERVIAE	80	<i>zonisamide</i>	43
<i>yuvaferm</i>	60	ZESTORETIC		ZORTRESS	
Z		see <i>lisinopril &</i>		see <i>everolimus</i>	
<i>zafemy</i>	60	<i>hydrochlorothiazide tab</i>		(<i>immunosuppressant</i>)	
<i>zafirlukast</i>	83	<i>10-12.5 mg</i>	22	.....	76
<i>zaleplon</i>	47	see <i>lisinopril &</i>		ZORYVE	88, 91
ZALTRAP.....	21	<i>hydrochlorothiazide tab</i>		ZOSYN SOL 2-0.25GM ..	12
ZANAFLEX		<i>20-12.5 mg</i>	22	ZOSYN SOL 3-0.375G ..	12
see <i>tizanidine hcl</i>	51	see <i>lisinopril &</i>		ZOSYN SOL 4-0.50GM ..	12
ZARONTIN		<i>hydrochlorothiazide tab</i>		<i>zovia 1/35</i>	60
see <i>ethosuximide</i>	40	<i>20-25 mg</i>	22	ZOVIRAX	
ZARXIO.....	71	ZESTRIL		see <i>acyclovir topical</i>	90

ZTALMY	43	ZUNVEYL	33	see <i>olanzapine</i>	37
ZTLIDO	90	ZURZUVAE.....	35	ZYPREXA RELPREVV ...	39
ZUBSOLV SUB 0.7-0.18.52		ZYDELIG.....	21	ZYTIGA	
ZUBSOLV SUB 1.4-0.36.52		ZYKADIA.....	21	see <i>abiraterone acetate</i>	
ZUBSOLV SUB 11.4-2.9.52		ZYLET SUS 0.5-0.3%	79	.....	13
ZUBSOLV SUB 2.9-0.71.52		ZYNLONTA.....	21	see <i>abirtega</i>	13
ZUBSOLV SUB 5.7-1.4...52		ZYNYZ	21	ZYVOX.....	6
ZUBSOLV SUB 8.6-2.1...52		ZYPITAMAG	27	see <i>linezolid</i>	5
<i>zumandimine</i>	60	ZYPREXA			



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



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

The SilverScript pharmacy network includes limited lower-cost, preferred pharmacies in Alaska; suburban and rural areas of Idaho, Puerto Rico, Washington, and Wyoming; and rural areas of Arkansas, Colorado, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, Oregon, and Wisconsin. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Customer Care at 1-866-329-2088 (TTY: 711), 24 hours a day, 7 days a week, or consult the online pharmacy directory at rehp.silverscript.com.

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. If you do not receive your mail-order drugs within this timeframe, you can call 1-866-329-2088 (TTY users should call 711). Hours are 24 hours a day, 7 days a week. Members may have the option to sign-up for automated mail-order delivery. Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

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

This formulary was updated on 09/26/2025. For more recent information or other questions, please contact Customer Care at 1-866-329-2088, 24 hours a day, 7 days a week. TTY users should call 711.

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

09/26/2025