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***SilverScript Employer PDP* sponsored by Los Angeles
Unified School District (LAUSD) (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 08/19/2024. For more recent information or other questions, please contact Customer Care at 1-844-819-3075, 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 January 1, 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: Los Angeles Unified School District (LAUSD) 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 Los Angeles Unified School District (LAUSD) 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: [Caremark.com](https://www.caremark.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 and/or prior authorization 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 34-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 January 1, 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.

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

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

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

What if my drug is not on the Formulary?

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

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

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

Los Angeles Unified School District (LAUSD) 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 34-day supply available at any network pharmacy)	Mail-Order Pharmacy (Up to a 34-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
Tier 1: Generic	\$10.00	\$20.00	\$10.00
Tier 2: Preferred Brand	\$30.00	\$60.00	\$30.00
Tier 3: Non-Preferred Brand	\$50.00	\$100.00	\$50.00

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

Costs shown in the table above reflect the additional coverage that may be provided by Los Angeles Unified School District (LAUSD). Drugs that are part of your standard Medicare plan, but do not have additional coverage from Los Angeles Unified School District (LAUSD) 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
- 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	Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS			ANALGESICS		
GOUT			GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1		COMBOGESIC INJ 300-1000	3	
ALLOPURINOL TABS 200mg	3		DAYPRO TABS 600mg	3	
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	3	NDS	<i>diclofenac potassium</i> (generic of ZIPSOR) CAPS 25mg	3	NDS
ALOPRIM SOLR 500mg	3	NDS	<i>diclofenac potassium</i> TABS 25mg	3	NDS
<i>colchicine</i> TABS .6mg	1		<i>diclofenac potassium</i> TABS 50mg	1	
<i>colchicine w/ probenecid tab</i> <i>0.5-500 mg</i>	1		<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
COLCRYS TABS .6mg	3		<i>diclofenac w/ misoprostol tab</i> <i>delayed release 50-0.2 mg</i> (generic of ARTHROTEC 50)	1	
<i>febuxostat</i> TABS 40mg	1		<i>diclofenac w/ misoprostol tab</i> <i>delayed release 75-0.2 mg</i> (generic of ARTHROTEC 75)	1	
<i>febuxostat</i> (generic of ULORIC) TABS 80mg	1		<i>diflunisal</i> TABS 500mg	1	
KRYSTEXXA SOLN 8mg/ml	3	NDS NM PA	<i>ec-naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg, 500mg	1	
MITIGARE CAPS .6mg	2		<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
<i>probenecid</i> TABS 500mg	1		<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
ULORIC TABS 40mg, 80mg	3		<i>fenopropfen calcium</i> (generic of NALFON) CAPS 400mg	1	
MISCELLANEOUS			<i>fenopropfen calcium</i> TABS 600mg	1	
<i>acetaminophen</i> SOLN 10mg/ml	1		<i>flurbiprofen</i> TABS 100mg	1	
<i>clonidine hcl</i> (analgesia) (generic of DURACLON) SOLN 100mcg/ml	1	B/D	<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
DURACLON SOLN 100mcg/ml	3	B/D	<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>lidocaine hcl</i> (local anesth.) SOLN 4%	1	B/D	<i>ibuprofen-famotidine tab</i> 800- 26.6 mg (generic of DUEXIS)	1	
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D	<i>ketoprofen</i> CAPS 25mg, 50mg	3	NDS
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D	<i>ketoprofen</i> CP24 200mg	1	
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D	<i>ketorolac tromethamine</i> TABS 10mg	1	
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D	<i>kiprofen</i> CAPS 25mg	3	NDS
NSAIDS			<i>lofena</i> TABS 25mg	3	NDS
ARTHROTEC 50 TAB	3		<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
ARTHROTEC 75 TAB	3		<i>mefenamic acid</i> CAPS 250mg	1	
CELEBREX CAPS 50mg, 100mg, 200mg, 400mg	3				
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg, 400mg	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>meloxicam</i> CAPS 5mg, 10mg; TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
NALFON CAPS 400mg; TABS 600mg	3	
NAPRELAN TB24 375mg, 500mg, 750mg	3	NDS
NAPROSYN SUSP 125mg/5ml	3	
<i>naproxen</i> (generic of NAPROSYN) SUSP 125mg/5ml; TABS 500mg	1	
<i>naproxen</i> TABS 250mg, 375mg	1	
<i>naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg, 500mg	1	
<i>naproxen sodium</i> TABS 275mg	1	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
<i>naproxen sodium</i> (generic of NAPRELAN) TB24 375mg, 500mg, 750mg	1	
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i> (generic of VIMOVO)	3	NDS
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i> (generic of VIMOVO)	3	NDS
<i>oxaprozin</i> (generic of DAYPRO) TABS 600mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
RELAFEN DS TABS 1000mg	3	NDS
SPRIX SOLN 15.75mg/spray	3	NDS NM
<i>sulindac</i> TABS 150mg, 200mg	1	
<i>tolmetin sodium</i> CAPS 400mg; TABS 600mg	1	
VIMOVO TAB 375-20MG	3	NDS
VIMOVO TAB 500-20MG	3	NDS
ZIPSOR CAPS 25mg	3	NDS

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
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	3	QL PA
CONZIP CP24 100mg, 200mg, 300mg QL (30 caps / 30 days)	3	QL PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg QL (30 tabs / 30 days)	3	NDS QL PA
<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA
HYSINGLA ER T24A 20mg, 30mg, 40mg QL (30 tabs / 30 days)	3	QL PA
HYSINGLA ER T24A 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	3	NDS QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>levorphanol tartrate</i> TABS 2mg, 3mg QL (120 tabs / 30 days)	3	NDS QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
METHADONE HCL INJ SOLN 10mg/ml	3	
<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA
<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)	1	QL PA
MS CONTIN TBCR 15mg, 30mg QL (90 tabs / 30 days)	3	QL PA
MS CONTIN TBCR 60mg, 100mg, 200mg QL (90 tabs / 30 days)	3	NDS QL PA
NUCYNTA ER TB12 50mg QL (60 tabs / 30 days)	3	QL PA
NUCYNTA ER TB12 100mg, 150mg, 200mg, 250mg QL (60 tabs / 30 days)	3	NDS QL PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA
OXYCONTIN T12A 40mg, 60mg, 80mg QL (60 tabs / 30 days)	3	NDS QL PA
<i>oxymorphone hcl</i> TB12 5mg, 7.5mg, 10mg, 15mg, 20mg QL (60 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>oxymorphone hcl</i> TB12 30mg, 40mg QL (60 tabs / 30 days)	3	NDS QL PA
<i>tramadol hcl</i> CP24 100mg, 200mg, 300mg QL (30 caps / 30 days)	1	QL PA
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA
XTAMPZA ER C12A 9mg, 13.5mg, 18mg QL (60 caps / 30 days)	3	QL PA
XTAMPZA ER C12A 27mg, 36mg QL (60 caps / 30 days)	3	NDS QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine</i> <i>soln 120-12 mg/5ml</i> QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-15 mg</i> QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-30 mg</i> QL (360 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-60 mg</i> QL (180 tabs / 30 days)	1	QL
<i>acetaminophen-caffeine-</i> <i>dihydrocodeine cap 320.5-30-</i> <i>16 mg</i> 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
DILAUDID LIQD 1mg/ml QL (600 mL / 30 days)	3	QL
DILAUDID SOLN 1mg/ml, 2mg/ml	3	B/D
DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
DILAUDID TABS 8mg QL (180 tabs / 30 days)	3	NDS QL
endocet tab 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
endocet tab 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
endocet tab 7.5-325mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
endocet tab 10-325mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
fentanyl citrate LPOP 200mcg QL (120 lozenges / 30 days)	1	QL PA
fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	3	NDS QL PA
fentanyl citrate TABS 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	3	NDS QL PA
FENTORA TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	3	NDS QL PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)	1	QL
hydrocodone-acetaminophen tab 5-300 mg (generic of XODOL) QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 5-325 mg QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 7.5-300 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
hydrocodone-acetaminophen tab 10-300 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-ibuprofen tab 5- 200 mg QL (150 tabs / 30 days)	1	QL
hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)	1	QL
hydrocodone-ibuprofen tab 10-200 mg QL (150 tabs / 30 days)	1	QL
hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL
hydromorphone hcl (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml	3	B/D
hydromorphone hcl SOLN 4mg/ml, 10mg/ml, 50mg/5ml	3	B/D
hydromorphone hcl (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
morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml	3	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL
morphine sulfate SOLN 100mg/5ml QL (180 mL / 30 days)	1	QL
morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	3	
NALOCET TAB 2.5-300 QL (360 tabs / 30 days)	3	NDS QL PA
NUCYNTA TABS 50mg QL (180 tabs / 30 days)	3	QL
NUCYNTA TABS 75mg, 100mg QL (180 tabs / 30 days)	3	NDS QL
OXAYDO TABS 5mg QL (180 tabs / 30 days)	3	QL
OXAYDO TABS 7.5mg QL (360 tabs / 30 days)	3	NDS QL
OXY-ACETAMIN TAB 7.5-300 QL (240 tabs / 30 days)	3	NDS QL PA
OXYCOD-APAP TAB 2.5-300 QL (360 tabs / 30 days)	3	NDS QL PA
OXYCOD/ACETA SOL 10/300MG QL (900 mL / 30 days)	3	NDS QL PA
OXYCOD/APAP TAB 5- 300MG QL (360 tabs / 30 days)	3	NDS QL PA
OXYCOD/APAP TAB 10- 300MG QL (180 tabs / 30 days)	3	NDS QL PA
<i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days)	1	QL
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>soln</i> 5-325 mg/5ml QL (1800 mL / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 2.5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>oxymorphone hcl</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
PERCOCET TAB 2.5-325 QL (360 tabs / 30 days)	3	NDS QL PA
PERCOCET TAB 5-325MG QL (360 tabs / 30 days)	3	NDS QL PA
PERCOCET TAB 7.5-325 QL (240 tabs / 30 days)	3	NDS QL PA
PERCOCET TAB 10-325MG QL (180 tabs / 30 days)	3	NDS QL PA
PROLATE SOL 10/300MG QL (900 mL / 30 days)	3	NDS QL PA
PROLATE TAB 5-300MG QL (360 tabs / 30 days)	3	NDS QL PA
PROLATE TAB 7.5-300 QL (240 tabs / 30 days)	3	NDS QL PA
PROLATE TAB 10-300MG QL (180 tabs / 30 days)	3	NDS QL PA
QDOLO SOLN 5mg/ml QL (2400 mL / 30 days)	3	QL PA
ROXICODONE TABS 15mg QL (180 tabs / 30 days)	3	QL
ROXICODONE TABS 30mg QL (180 tabs / 30 days)	3	NDS QL
ROXYBOND TABA 5mg, 15mg, 30mg QL (180 tabs / 30 days)	3	NDS QL
SEGLENTIS TAB 56-44MG QL (120 tabs / 30 days)	3	QL PA
<i>tramadol hcl</i> SOLN 5mg/ml QL (2400 mL / 30 days)	1	QL PA
<i>tramadol hcl</i> TABS 25mg, 100mg QL (120 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	1	QL	<i>clindamycin phosphate in d5w</i> 1 <i>iv soln 300 mg/50ml</i>		
TRAMADOL HYDROCHLORIDE SOLN 5mg/ml QL (2400 mL / 30 days)	3	QL PA	<i>clindamycin phosphate in d5w</i> 1 <i>iv soln 600 mg/50ml</i>		
<i>tramadol-acetaminophen tab</i> 37.5-325 mg QL (240 tabs / 30 days)	1	QL	<i>clindamycin phosphate in d5w</i> 1 <i>iv soln 900 mg/50ml</i>		
<i>trezix</i> QL (300 caps / 30 days)	1	QL	CLINDMYC/NAC INJ 300/50ML	3	
ANTI-INFECTIVES			CLINDMYC/NAC INJ 600/50ML	3	
ANTI-INFECTIVES - MISCELLANEOUS			CLINDMYC/NAC INJ 900/50ML	3	
AEMCOLO TBEC 194mg	3		<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	1	
<i>albendazole</i> TABS 200mg	3	NDS	COLY-MYCIN M SOLR 150mg	3	
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1		CUBICIN RF SOLR 500mg	3	NDS
ARIKAYCE SUSP 590mg/8.4ml	3	NDS NM PA	DALVANCE SOLR 500mg	3	NDS
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml	1		<i>dapsone</i> TABS 25mg, 100mg	1	
AZACTAM SOLR 1gm, 2gm	3		DAPTOMY/NAACL INJ 350/50ML	3	
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	1		DAPTOMY/NAACL INJ 500/50ML	3	
BACTRIM DS TAB 800-160	3		<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	3	NDS
BACTRIM TAB 400-80MG	3		DAPTOMYCIN SOLR 350mg, 500mg	3	NDS
BETHKIS NEBU 300mg/4ml	3	NDS NM PA	<i>daptomycin</i> SOLR 500mg	3	NDS
BILTRICIDE TABS 600mg	3		DARAPRIM TABS 25mg	3	NDS
CAYSTON SOLR 75mg	3	NDS NM PA	EMVERM CHEW 100mg	3	NDS
CLEOCIN CAPS 75mg, 150mg, 300mg	3		<i>ertapenem sodium</i> SOLR 1gm	1	
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	3		FIRVANQ SOLR 25mg/ml, 50mg/ml	3	
CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	3		FLAGYL CAPS 375mg	3	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1		<i>gentamicin in saline inj 0.8</i> <i>mg/ml</i>	1	
<i>clindamycin palmitate</i> <i>hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1		<i>gentamicin in saline inj 1</i> <i>mg/ml</i>	1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 900mg/6ml, 9000mg/60ml	1		<i>gentamicin in saline inj 1.2</i> <i>mg/ml</i>	1	
			<i>gentamicin in saline inj 1.6</i> <i>mg/ml</i>	1	
			<i>gentamicin in saline inj 2</i> <i>mg/ml</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
HIPREX TABS 1gm	3	
HUMATIN CAPS 250mg	3	NDS
<i>imipenem-cilastatin</i> <i>intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin</i> <i>intravenous for soln 500 mg</i> (generic of PRIMAXIN IV)	1	
IMPAVIDO CAPS 50mg	3	NDS
INVANZ SOLR 1gm	3	
<i>ivermectin</i> (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days)	1	QL PA
KIMYRSA SOLR 1200mg	3	NDS
KITABIS PAK NEBU 300mg/5ml	3	NDS NM PA
<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml; TABS 600mg	1	
<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml	3	NDS
LINEZOLID INJ 2MG/ML	3	
MACROBID CAPS 100mg	3	
MACRODANTIN CAPS 25mg, 50mg, 100mg	3	
MEPRON SUSP 750mg/5ml	3	NDS
MEROP/NACL INJ 1GM/50ML	3	
MEROP/NACL INJ 500/50ML	3	
<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	1	
<i>metronidazole</i> (generic of FLAGYL) CAPS 375mg	1	
METRONIDAZOLE SOLN 500mg/100ml	3	
<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	1	
<i>metronidazole</i> TABS 250mg, 500mg	1	
NEBUPENT SOLR 300mg	3	B/D
<i>neomycin sulfate</i> TABS 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>nitazoxanide</i> (generic of ALINIA) TABS 500mg	3	NDS
<i>nitrofurantoin</i> SUSP 25mg/5ml	3	NDS
NITROFURANTOIN SUSP 50mg/5ml	3	NDS
<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
PENTAM 300 SOLR 300mg	3	
<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	1	
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>praziquantel</i> (generic of BILTRICIDE) TABS 600mg	1	
PRIMAXIN IV INJ 500MG	3	
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg	3	NDS
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
STROMECTOL TABS 3mg QL (12 tabs / 90 days)	3	QL PA
<i>sulfadiazine</i> TABS 500mg	3	NDS
<i>sulfamethoxazole-</i> <i>trimethoprim iv soln 400-80</i> <i>mg/5ml</i>	1	
<i>sulfamethoxazole-</i> <i>trimethoprim susp 200-40</i> <i>mg/5ml</i>	1	
<i>sulfamethoxazole-</i> <i>trimethoprim tab 400-80 mg</i> (generic of BACTRIM)	1	
<i>sulfamethoxazole-</i> <i>trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI NEBU 300mg/5ml	3	NDS NM PA
TOBI PODHALER CAPS 28mg	3	NDS NM PA
<i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml	3	NDS NM PA
<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	3	NDS NM PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>tobramycin sulfate</i> SOLR 1.2gm	3	NDS
<i>trimethoprim</i> TABS 100mg	1	
VABOMERE INJ 2GM(1-1)	3	NDS
VANCOCIN CAPS 125mg, 250mg	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, 250mg	1	
<i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm	1	
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
<i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml, 250mg/5ml	1	
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	3	
VANCOMYCIN INJ 1 GM	3	

Drug Name	Drug Requirements/ Tier	Limits
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
VIBATIV SOLR 750mg	3	NDS
XIFAXAN TABS 200mg	3	
ZEMDRI SOLN 500mg/10ml	3	NDS
ZYVOX SOLN 200mg/100ml, 600mg/300ml; SUSR 100mg/5ml; TABS 600mg	3	NDS
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	3	B/D
AMBISOME SUSR 50mg	3	NDS 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
ANCOBON CAPS 250mg, 500mg	3	NDS
CANCIDAS SOLR 50mg, 70mg	3	NDS
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	3	NDS
<i>casposfungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	1	
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	3	NDS PA
DIFLUCAN SUSR 40mg/ml; TABS 100mg	3	
DIFLUCAN TABS 200mg	3	NDS
ERAXIS SOLR 50mg	3	
ERAXIS SOLR 100mg	3	NDS
<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg	1	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml; TABS 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	3	NDS
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicronsize</i> TABS 125mg, 250mg	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>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	
<i>itraconazole</i> (generic of SPORANOX) SOLN 10mg/ml	3	NDS
<i>ketoconazole</i> TABS 200mg	1	
MICAFUNGIN SOLR 50mg, 100mg	3	NDS
<i>micafungin sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	1	
MICAFUNGIN/NACL INJ 50MG/50ML	3	NDS
MICAFUNGIN/NACL INJ 100MG/100ML	3	NDS
MYCAMINE SOLR 50mg, 100mg	3	NDS
NOXAFIL PACK 300mg; SUSP 40mg/ml; TBEC 100mg	3	NDS PA
NOXAFIL SOLN 300mg/16.7ml	3	NDS
<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; TBEC 100mg	3	NDS PA
REZZAYO SOLR 200mg	3	NDS
SPORANOX CAPS 100mg	3	
SPORANOX SOLN 10mg/ml	3	NDS
<i>terbinafine hcl</i> TABS 250mg	1	
TOLSURA CAPS 65mg	3	NDS
VFEND SUSR 40mg/ml	3	NDS PA
VFEND TABS 50mg, 200mg	3	
VFEND IV SOLR 200mg	3	PA
VIVJOA CPPK 150mg	3	NDS NM
VORICONAZOLE SOLR 200mg	3	PA
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	1	PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml	3	NDS PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg, 200mg	1	

Drug Name	Drug Requirements/ Tier	Limits
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
<i>mefloquine hcl</i> TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
QUALAQUIN CAPS 324mg	3	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	1	
ANTI-RETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	1	NM
<i>abacavir sulfate</i> TABS 300mg	1	NM
APTIVUS CAPS 250mg	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, 800mg	3	NDS NM
EDURANT TABS 25mg	3	NDS NM
<i>efavirenz</i> (generic of SUSTIVA) TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	3	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	3	NDS NM
FUZEON SOLR 90mg	3	NDS NM
INTELENCE TABS 25mg	3	NM
INTELENCE TABS 100mg, 200mg	3	NDS NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	3	NDS NM
ISENTRESS HD TABS 600mg	3	NDS NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	3	NDS NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg; TABS 100mg	3	NM
PIFELTRO TABS 100mg	3	NDS NM
PREZISTA SUSP 100mg/ml; TABS 150mg, 600mg, 800mg	3	NDS NM
PREZISTA TABS 75mg	3	NM
RETROVIR CAPS 100mg; SYRP 50mg/5ml	3	NM
REYATAZ CAPS 200mg, 300mg; PACK 50mg	3	NDS NM
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	1	NM
RUKOBIA TB12 600mg	3	NDS NM
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	3	NDS NM
SELZENTRY TABS 25mg	3	NM
SUNLENCA 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

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

Drug Name	Drug Requirements/ Tier	Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA)	1	NM
EVOTAZ TAB 300-150	3	NDS NM
GENVOYA TAB	3	NDS NM
JULUCA TAB 50-25MG	3	NDS NM
KALETRA SOL	3	NM
KALETRA TAB 100-25MG	3	NM
KALETRA TAB 200-50MG	3	NDS NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	1	NM
ODEFSEY TAB	3	NDS NM
PREZCOBIX TAB 800-150	3	NDS NM
STRIBILD TAB	3	NDS NM
SYMFI LO TAB	3	NDS NM
SYMFI TAB	3	NDS NM
SYMTUZA TAB	3	NDS NM
TRIUMEQ PD TAB	2	NM
TRIUMEQ TAB	3	NDS NM
TRUVADA TAB 100-150	3	NDS NM
TRUVADA TAB 133-200	3	NDS NM
TRUVADA TAB 167-250	3	NDS NM
TRUVADA TAB 200-300	3	NDS NM
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	3	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
MYAMBUTOL TABS 400mg	3	
MYCOBUTIN CAPS 150mg	3	NDS
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	1	
RIFADIN SOLR 600mg	3	NDS
<i>rifampin</i> CAPS 150mg, 300mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	3	NDS NM
TRECTOR TABS 250mg	3	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml; TABS .5mg, 1mg	3	NDS NM
<i>cidofovir</i> SOLN 75mg/ml	1	
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	3	NDS NM PA
EPCLUSA PAK 200-50MG	3	NDS NM PA
EPCLUSA TAB 200-50MG	3	NDS NM PA
EPCLUSA TAB 400-100	3	NDS NM PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>foscarnet sodium</i> (generic of FOSCAVIR) SOLN 6000mg/250ml	3	NDS B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	3	NDS NM PA
HARVONI PAK 45-200MG	3	NDS NM PA
HARVONI TAB 45-200MG	3	NDS NM PA
HARVONI TAB 90-400MG	3	NDS NM PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg	3	NDS NM PA
MAVYRET PAK 50-20MG	3	NDS NM PA
MAVYRET TAB 100-40MG	3	NDS NM PA
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg, 45mg, 75mg; SUSR 6mg/ml	1	
PAXLOVID TAB 150-100	2	
PAXLOVID TAB 300-100	2	

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Drug Name	Drug Requirements/ Tier	Limits
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	3	NDS NM PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml; TABS 240mg, 480mg	3	NDS
RAPIVAB SOLN 200mg/20ml	3	NDS
RELENZA DISKHALER AEPB 5mg/blister	2	
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
TAMIFLU CAPS 30mg, 45mg, 75mg; SUSR 6mg/ml	3	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	1	
VALCYTE SOLR 50mg/ml; TABS 450mg	3	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	3	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	1	
VALTREX TABS 1gm, 500mg	3	
VEMLIDY TABS 25mg	3	NDS NM
VOSEVI TAB	3	NDS NM PA
XOFLUZA TBPK 40mg, 80mg	3	
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	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	

Drug Name	Drug Requirements/ Tier	Limits
<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	
CEFOXITIN INJ 2GM	3	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<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
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	

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Drug Name	Drug Requirements/ Tier	Limits
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	3	NDS
<i>e.e.s. 400</i> TABS 400mg	1	
E.E.S. GRANULES SUSR 200mg/5ml	3	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYPED 200 SUSR 200mg/5ml	3	
ERYPED 400 SUSR 400mg/5ml	3	NDS
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>erythrocine stearate</i> TABS 250mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1	
<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	3	NDS
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1	
ZITHROMAX PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	3	
ZITHROMAX TRI-PAK TABS 500mg	3	
ZITHROMAX Z-PAK TABS 250mg	3	
FLUOROQUINOLONES		
BAXDELA SOLR 300mg; TABS 450mg	3	NDS
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<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	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml; TABS 500mg, 875mg	1	
AMOXICILLIN SUSR 400mg/5ml	3	
<i>amoxicillin</i> (generic of AMOXICILLIN) SUSR 400mg/5ml	1	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> (generic of AUGMENTIN ES-600)	1		OXACILLIN INJ 1GM	3	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1		OXACILLIN INJ 2GM	3	
<i>amoxicillin & k clavulanate tab 500-125 mg</i> (generic of AUGMENTIN)	1		<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1		PEN GK/DEXTR INJ 20000/ML	3	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1		PEN GK/DEXTR INJ 40000/ML	3	
<i>ampicillin CAPS 500mg</i>	1		PEN GK/DEXTR INJ 60000/ML	3	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> (generic of UNASYN)	1		<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i> (generic of UNASYN)	1		<i>penicillin g sodium SOLR 5000000unit</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1		<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1		<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i> (generic of UNASYN BULK PACK)	1		<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1		<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
AUGMENTIN SUS 125/5ML	3		<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
AUGMENTIN SUS ES-600	3		<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
AUGMENTIN TAB 500MG	3		<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
BICILLIN C-R INJ 900/300	3		UNASYN INJ 1.5GM	3	
BICILLIN C-R INJ 1200000	3		UNASYN INJ 3GM	3	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3		UNASYN INJ 15GM	3	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1		ZOSYN SOL 2-0.25GM	3	
NAFCILLIN INJ 1GM/50ML	3	NDS	ZOSYN SOL 3-0.375G	3	
NAFCILLIN INJ 2GM/100	3	NDS	ZOSYN SOL 4-0.50GM	3	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1		TETRACYCLINES		
<i>nafcillin sodium SOLR 10gm</i>	3	NDS	<i>demeclocycline hcl TABS 150mg, 300mg</i>	1	
			DORYX MPC TBEC 60mg	3	
			<i>doxy 100 SOLR 100mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>doxycycline (monohydrate)</i> CAPS 50mg, 75mg, 100mg, 150mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg	1		CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	3	NDS B/D
<i>doxycycline hyclate</i> CAPS 50mg; SOLR 100mg; TABS 20mg, 50mg, 75mg, 100mg, 150mg; TBEC 50mg, 75mg, 80mg, 100mg, 150mg, 200mg	1		<i>cyclophosphamide</i> SOLR 2gm	3	NDS B/D
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	1		CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg; TB24 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg	1		CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	3	NDS B/D
NUZYRA SOLR 100mg; TABS 150mg	3	NDS NM	GLEOSTINE CAPS 10mg, 40mg	3	NM
SEYSARA TABS 60mg, 100mg, 150mg	3	NDS	GLEOSTINE CAPS 100mg	3	NDS NM
<i>targadox</i> TABS 50mg	1		IFEX SOLR 3gm	3	B/D
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1		<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	1	B/D
TETRACYCLINE HYDROCHLORID TABS 250mg, 500mg	3	NDS	IFOSFAMIDE SOLR 3gm	3	B/D
TIGECYCLINE SOLR 50mg	3	NDS	LEUKERAN TABS 2mg	3	NDS
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	3	NDS	<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
TYGACIL SOLR 50mg	3	NDS	<i>oxaliplatin</i> SOLR 100mg	3	NDS B/D
XERAVAL SOLR 50mg, 100mg	3		TREANDA SOLR 25mg, 100mg	3	NDS B/D NM
ANTINEOPLASTIC AGENTS			ZEPZELCA SOLR 4mg	3	NDS NM PA
ALKYLATING AGENTS			ANTIMETABOLITES		
<i>bendamustine hcl</i> (generic of TREANDA) SOLR 25mg, 100mg	3	NDS B/D NM	ALIMTA SOLR 100mg, 500mg	3	NDS B/D
BENDEKA SOLN 100mg/4ml	3	NDS B/D NM	<i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	3	NDS B/D NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D	<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D	<i>decitabine</i> SOLR 50mg	3	NDS B/D NM
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D	<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

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Drug Name	Drug Requirements/ Tier	Limits
GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml, 200mg/2ml, 200mg/5.26ml	3	B/D
INQOVI TAB 35-100MG	3	NDS NM PA
LONSURF TAB 15-6.14	3	NDS NM PA
LONSURF TAB 20-8.19	3	NDS NM PA
<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	3	NDS NM PA
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg	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
VIDAZA SUSR 100mg	3	NDS B/D NM
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg, 500mg	3	NDS NM PA
AKEEGA TAB 50/500MG	3	NDS NM PA
AKEEGA TAB 100/500	3	NDS NM PA
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	1	
ARIMIDEX TABS 1mg	3	NDS
AROMASIN TABS 25mg	3	NDS
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	1	
CASODEX TABS 50mg	3	NDS
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM PA
ERLEADA TABS 60mg, 240mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
EULEXIN CAPS 125mg	3	NDS
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1	
FARESTON TABS 60mg	3	NDS
FASLODEX SOSY 250mg/5ml	3	NDS B/D
FEMARA TABS 2.5mg	3	
FIRMAGON SOLR 80mg	3	NM PA
FIRMAGON SOLR 120mg/vial	3	NDS NM PA
<i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml	3	NDS B/D
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	1	
LEUPROLIDE ACETATE INJ 22.5mg	3	NM PA
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	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
LYSODREN TABS 500mg	3	NDS NM
<i>megestrol acetate</i> TABS 20mg, 40mg	2	
NILANDRON TABS 150mg	3	NDS
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	3	NDS
NUBEQA TABS 300mg	3	NDS NM PA
ORGOVYX TABS 120mg	3	NDS NM PA
ORSERDU TABS 86mg, 345mg	3	NDS 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	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	3	NDS NM PA
YONSA TABS 125mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA
ZYTIGA TABS 250mg, 500mg	3	NDS NM PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	3	NDS NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	3	NDS NM PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	3	NDS NM PA
THALOMID CAPS 50mg, 100mg, 150mg, 200mg	3	NDS NM PA
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	3	NDS NM PA
BESREMI SOSY 500mcg/ml <i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg	3	NDS NM PA
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	B/D
<i>dacarbazine</i> SOLR 100mg	1	B/D
DOXIL INJ 2mg/ml	3	NDS B/D
<i>doxorubicin hcl</i> (generic of DOXORUBICIN HCL) SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) INJ 2mg/ml	3	NDS B/D
ELLECE SOLN 50mg/25ml, 200mg/100ml	3	B/D
HYDREA CAPS 500mg	3	
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	1	
<i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	1	B/D
<i>irinotecan hcl</i> SOLN 500mg/25ml	1	B/D
IWILFIN TABS 192mg	3	NDS 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

Drug Name	Drug Requirements/ Tier	Limits
<i>mitoxantrone hcl</i> CONC 2mg/ml	1	B/D NM
NIPENT SOLR 10mg	3	NDS B/D
ONCASPAR SOLN 750unit/ml	3	NDS NM PA
ONIVYDE INJ 43mg/10ml	3	NDS B/D NM
RYLAZE SOLN 10mg/0.5ml	3	NDS NM PA
SYLVANT SOLR 100mg, 400mg	3	NDS NM PA
TARGRETIN CAPS 75mg	3	NDS NM PA
TOPOTECAN HCL SOLN 4mg/4ml	3	B/D
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml	1	B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg	3	NDS B/D
<i>tretinoin (chemotherapy)</i> CAPS 10mg	3	NDS
<i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml	3	NDS B/D NM
VALSTAR SOLN 40mg/ml	3	NDS B/D NM
WELIREG TABS 40mg	3	NDS NM PA
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
<i>eribulin mesylate</i> (generic of HALAVEN) SOLN 1mg/2ml	3	NDS B/D NM
ETOPOPHOS SOLR 100mg	3	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
HALAVEN SOLN 1mg/2ml	3	NDS B/D NM
IXEMPRA KIT SOLR 15mg, 45mg	3	NDS B/D NM
JEVTANA SOLN 60mg/1.5ml	3	NDS NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
PACLITAXEL INJ 100MG	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		
AFINITOR TABS 2.5mg, 5mg, 7.5mg, 10mg	3	NDS NM PA
AFINITOR DISPERZ TBSO 2mg, 3mg, 5mg	3	NDS NM PA
ALECENSA CAPS 150mg	3	NDS NM PA
ALUNBRIG TABS 30mg, 90mg, 180mg	3	NDS NM PA
ALUNBRIG PAK	3	NDS NM PA
ALYMSYS SOLN 100mg/4ml, 400mg/16ml	3	NDS NM PA
ARZERRA CONC 100mg/5ml, 1000mg/50ml	3	NDS B/D NM
AUGTYRO CAPS 40mg	3	NDS NM PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	3	NDS NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	3	NDS NM PA
BALVERSA TABS 3mg, 4mg, 5mg	3	NDS 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
BOSULIF CAPS 50mg, 100mg; TABS 100mg, 400mg, 500mg	3	NDS NM PA
BRAFTOVI CAPS 75mg	3	NDS NM PA
BRUKINSA CAPS 80mg	3	NDS NM PA
CABOMETYX TABS 20mg, 40mg, 60mg	3	NDS NM PA
CALQUENCE CAPS 100mg; TABS 100mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
CAPRELSA TABS 100mg, 300mg	3	NDS NM PA
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	3	NDS NM PA
COMETRIQ (60MG DOSE) KIT 20mg	3	NDS NM PA
COMETRIQ KIT 100MG	3	NDS NM PA
COMETRIQ KIT 140MG	3	NDS NM PA
COPIKTRA CAPS 15mg, 25mg	3	NDS NM PA
COTELLIC TABS 20mg	3	NDS NM PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	3	NDS NM PA
DARZALEX SOL FASPRO	3	NDS NM PA
DAURISMO TABS 25mg, 100mg	3	NDS NM PA
EMPLICITI SOLR 300mg, 400mg	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	3	NDS NM PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg, 100mg, 150mg	3	NDS NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg	3	NDS NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg, 3mg, 5mg	3	NDS NM PA
FOTIVDA CAPS .89mg, 1.34mg	3	NDS NM PA
FRUZAQLA CAPS 1mg, 5mg	3	NDS NM PA
FYARRO SUSR 100mg	3	NDS NM PA
GAVRETO CAPS 100mg	3	NDS NM PA
GAZYVA SOLN 1000mg/40ml	3	NDS NM PA
<i>gefitinib</i> (generic of IRESSA) TABS 250mg	3	NDS NM PA
GILOTRIF TABS 20mg, 30mg, 40mg	3	NDS NM PA
GLEEVEC TABS 100mg, 400mg	3	NDS 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; TABS 75mg, 100mg, 125mg	3	NDS NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	3	NDS NM PA
IDHIFA TABS 50mg, 100mg	3	NDS NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg, 400mg	3	NDS NM PA
IMBRUVICA CAPS 70mg, 140mg; SUSP 70mg/ml; TABS 140mg, 280mg, 420mg	3	NDS 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
INLYTA TABS 1mg, 5mg	3	NDS NM PA
INREBIC CAPS 100mg	3	NDS NM PA
IRESSA TABS 250mg	3	NDS NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	3	NDS NM PA
JAYPIRCA TABS 50mg, 100mg	3	NDS 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 TBPK 200mg	3	NDS NM PA
KISQALI 200 PAK FEMARA	3	NDS NM PA
KISQALI 400 DOSE TBPK 200mg	3	NDS NM PA
KISQALI 400 PAK FEMARA	3	NDS NM PA
KISQALI 600 DOSE TBPK 200mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
KISQALI 600 PAK FEMARA	3	NDS NM PA
KOSELUGO CAPS 10mg, 25mg	3	NDS NM PA
KRAZATI TABS 200mg	3	NDS NM PA
KYPROLIS SOLR 10mg, 30mg, 60mg	3	NDS NM PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg	3	NDS NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	3	NDS NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	3	NDS NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	3	NDS NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	3	NDS NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	3	NDS NM PA
LENVIMA CAP 14 MG	3	NDS NM PA
LENVIMA CAP 18 MG	3	NDS NM PA
LENVIMA CAP 24 MG	3	NDS NM PA
LIBTAYO SOLN 350mg/7ml	3	NDS NM PA
LOQTORZI SOLN 240mg/6ml	3	NDS NM PA
LORBRENA TABS 25mg, 100mg	3	NDS NM PA
LUMAKRAS TABS 120mg, 320mg	3	NDS NM PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	3	NDS NM PA
LYNPARZA TABS 100mg, 150mg	3	NDS NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	3	NDS NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	3	NDS NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	3	NDS NM PA
MARGENZA SOLN 250mg/10ml	3	NDS NM PA
MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg	3	NDS NM PA
MEKTOVI TABS 15mg	3	NDS NM PA
MONJUVI SOLR 200mg	3	NDS NM PA
MVASI SOLN 100mg/4ml, 400mg/16ml	3	NDS NM PA
MYLOTARG SOLR 4.5mg	3	NDS NM PA
NERLYNX TABS 40mg	3	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
NEXAVAR TABS 200mg	3	NDS NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg	3	NDS NM PA
ODOMZO CAPS 200mg	3	NDS NM PA
OGIVRI SOLR 150mg, 420mg	3	NDS NM PA
OGSIVEO TABS 50mg, 100mg, 150mg	3	NDS NM PA
OJEMDA SUSR 25mg/ml; TABS 100mg	3	NDS NM PA
OJJAARA TABS 100mg, 150mg, 200mg	3	NDS NM PA
ONTRUZANT SOLR 150mg, 420mg	3	NDS NM PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	3	NDS NM PA
OPDUALAG SOL	3	NDS NM PA
PADCEV SOLR 20mg, 30mg	3	NDS NM PA
<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg	3	NDS NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	3	NDS NM PA
PERJETA SOLN 420mg/14ml	3	NDS NM PA
PHESGO SOL	3	NDS NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	3	NDS NM PA
PIQRAY 250MG TAB DOSE	3	NDS NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	3	NDS NM PA
POLIVY SOLR 30mg, 140mg	3	NDS NM PA
POTELIGEO SOLN 20mg/5ml	3	NDS NM PA
QINLOCK TABS 50mg	3	NDS NM PA
RETEVMO CAPS 40mg, 80mg	3	NDS NM PA
REZLIDHIA CAPS 150mg	3	NDS NM PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA
RITUXAN INJ HYCELA	3	NDS NM PA
ROZLYTREK CAPS 100mg, 200mg; PACK 50mg	3	NDS NM PA
RUBRACA TABS 200mg, 250mg, 300mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA
RYBREVANT SOLN 350mg/7ml	3	NDS NM PA
RYDAPT CAPS 25mg	3	NDS NM PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	3	NDS NM PA
SCEMBLIX TABS 20mg, 40mg, 100mg	3	NDS NM PA
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg	3	NDS NM PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	3	NDS NM PA
STIVARGA TABS 40mg	3	NDS NM PA
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg	3	NDS NM PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	3	NDS NM PA
TABRECTA TABS 150mg, 200mg	3	NDS NM PA
TAFINLAR CAPS 50mg, 75mg; TBSO 10mg	3	NDS NM PA
TAGRISO TABS 40mg, 80mg	3	NDS NM PA
TALZENNA CAPS .1mg, .25mg, .35mg, .5mg, .75mg, 1mg	3	NDS NM PA
TASIGNA CAPS 50mg, 150mg, 200mg	3	NDS NM PA
TAZVERIK TABS 200mg	3	NDS NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	3	NDS 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	3	NDS NM PA
TIBSOVO TABS 250mg	3	NDS NM PA
TIVDAK SOLR 40mg	3	NDS NM PA
TORISEL SOLN 25mg/ml	3	NDS B/D NM
TRAZIMERA SOLR 150mg, 420mg	3	NDS NM PA
TRODELVY SOLR 180mg	3	NDS NM PA
TRUQAP TABS 160mg, 200mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA
TUKYSA TABS 50mg, 150mg	3	NDS NM PA
TURALIO CAPS 125mg	3	NDS NM PA
TYKERB TABS 250mg	3	NDS NM PA
VANFLYTA TABS 17.7mg, 26.5mg	3	NDS NM PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	3	NDS B/D NM
VEGZELMA SOLN 100mg/4ml, 400mg/16ml	3	NDS NM PA
VELCADE SOLR 3.5mg	3	NDS NM PA
VENCLEXTA TABS 10mg	2	NM PA
VENCLEXTA TABS 50mg, 100mg	3	NDS NM PA
VENCLEXTA TAB START PK	3	NDS NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	3	NDS NM PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	3	NDS NM PA
VIZIMPRO TABS 15mg, 30mg, 45mg	3	NDS NM PA
VONJO CAPS 100mg	3	NDS NM PA
VOTRIENT TABS 200mg	3	NDS NM PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg, 150mg	3	NDS NM PA
XOSPATA TABS 40mg	3	NDS NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	3	NDS NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	3	NDS NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	3	NDS NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	3	NDS NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	3	NDS NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	3	NDS NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	3	NDS NM PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	3	NDS NM PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
ZEJULA TABS 100mg, 200mg, 300mg	3	NDS NM PA
ZELBORAF TABS 240mg	3	NDS NM PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	3	NDS NM PA
ZOLINZA CAPS 100mg	3	NDS NM PA
ZYDELIG TABS 100mg, 150mg	3	NDS NM PA
ZYKADIA TABS 150mg	3	NDS 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
<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
MESNEX TABS 400mg	3	NDS
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate- benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	1	
<i>amlodipine besylate- benazepril hcl cap 5-20 mg (generic of LOTREL)</i>	1	
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate- benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	1	
<i>amlodipine besylate- benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	1	

Drug Name	Drug Requirements/ Tier Limits
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)</i>	1
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	1
<i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	1
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	1
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	1
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	1
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	1

Drug Name	Drug Requirements/ Tier Limits
LOTREL CAP 5-10MG	3
LOTREL CAP 5-20MG	3
LOTREL CAP 10-20MG	3
LOTREL CAP 10-40MG	3
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)</i>	1
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	1
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1
VASERETIC TAB 10-25MG	3
ZESTORETIC TAB 10-12.5	3
ZESTORETIC TAB 20-12.5	3
ZESTORETIC TAB 20-25MG	3
ACE INHIBITORS	
ALTACE CAPS 1.25mg, 2.5mg, 5mg, 10mg	3
<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
EPANED SOLN 1mg/ml	3 NDS
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1
<i>lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1
LOTENSIN TABS 10mg, 20mg, 40mg	3

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

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

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> (generic of EXFORGE HCT)	1	EXFORGE HCT TAB 5-160-25MG	3
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> (generic of EXFORGE HCT)	1	EXFORGE HCT TAB 10-160-12.5MG	3
ATACAND HCT TAB 16-12.5	3	EXFORGE HCT TAB 10-160-25MG	3
ATACAND HCT TAB 32-12.5	3	EXFORGE HCT TAB 10-320-25MG	3
ATACAND HCT TAB 32-25MG	3	EXFORGE TAB 5-160MG	3
AVALIDE TAB 150-12.5	3	EXFORGE TAB 5-320MG	3
AVALIDE TAB 300-12.5	3	EXFORGE TAB 10-160MG	3
AZOR TAB 5-20MG	3	EXFORGE TAB 10-320MG	3
AZOR TAB 5-40MG	3	HYZAAR TAB 50-12.5	3
AZOR TAB 10-20MG	3	HYZAAR TAB 100-12.5	3
AZOR TAB 10-40MG	3	HYZAAR TAB 100-25	3
BENICAR HCT TAB 20-12.5	3	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE)	1
BENICAR HCT TAB 40-12.5	3	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE)	1
BENICAR HCT TAB 40-25MG	3	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	1
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (generic of ATACAND HCT)	1	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	1
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> (generic of ATACAND HCT)	1	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> (generic of HYZAAR)	1
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> (generic of ATACAND HCT)	1	MICARDIS HCT TAB 40/12.5	3
DIOVAN HCT TAB 80/12.5	3	MICARDIS HCT TAB 80-25MG	3
DIOVAN HCT TAB 160-12.5	3	MICARDIS HCT TAB 80/12.5	3
DIOVAN HCT TAB 160-25MG	3	<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (generic of BENICAR HCT)	1
DIOVAN HCT TAB 320-12.5	3	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (generic of BENICAR HCT)	1
DIOVAN HCT TAB 320-25MG	3	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (generic of BENICAR HCT)	1
EDARBYCLOR TAB 40-12.5	3		
EDARBYCLOR TAB 40-25MG	3		
ENTRESTO TAB 24-26MG	2		
ENTRESTO TAB 49-51MG	2		
ENTRESTO TAB 97-103MG	2		
EXFORGE HCT TAB 5-160-12.5MG	3		

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

Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> (generic of TRIBENZOR)	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> (generic of TRIBENZOR)	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> (generic of TRIBENZOR)	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> (generic of TRIBENZOR)	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (generic of TRIBENZOR)	1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (generic of MICARDIS HCT)	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of MICARDIS HCT)	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (generic of MICARDIS HCT)	1	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	
TRIBENZOR40- TAB 10-12.5	3	
TRIBENZOR40- TAB 10-25MG	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT)	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT)	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT)	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT)	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT)	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND TABS 4mg, 8mg, 16mg, 32mg	3	
AVAPRO TABS 75mg, 150mg, 300mg	3	
BENICAR TABS 5mg, 20mg, 40mg	3	
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg, 32mg	1	
COZAAR TABS 25mg, 50mg, 100mg	3	
DIOVAN TABS 40mg, 80mg, 160mg, 320mg	3	
EDARBI TABS 40mg, 80mg	3	
<i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg	1	
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	1	
MICARDIS TABS 20mg, 40mg, 80mg	3	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg, 20mg, 40mg	1	
<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg	1	
<i>valsartan</i> SOLN 4mg/ml	3	NDS

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg, 320mg	1		<i>fenofibrate</i> CAPS 50mg, 150mg; TABS 40mg, 54mg, 120mg, 160mg	1	
ANTIARRHYTHMICS			<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1	
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1		<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 130mg, 134mg, 200mg	1	
BETAPACE TABS 80mg, 120mg, 160mg	3	NDS	<i>fenofibric acid</i> TABS 35mg, 105mg	1	
BETAPACE AF TABS 80mg	3		FENOGLIDE TABS 40mg	3	
BETAPACE AF TABS 120mg, 160mg	3	NDS	FENOGLIDE TABS 120mg	3	NDS
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	3		FIBRICOR TABS 35mg	3	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM	FIBRICOR TABS 105mg	3	NDS
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1		<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1	
MULTAQ TABS 400mg	3		LIPOFEN CAPS 50mg, 150mg	3	
NORPACE CAPS 100mg, 150mg	3		LOPID TABS 600mg	3	
NORPACE CR CP12 100mg, 150mg	3		TRICOR TABS 48mg, 145mg	3	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1		TRILIPIX CPDR 45mg, 135mg	3	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1		ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>quinidine sulfate</i> TABS 200mg, 300mg	1		ALTOPREV TB24 20mg, 40mg, 60mg	3	NDS
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1		ATORVALIQ SUSP 20mg/5ml	3	
<i>sotalol hcl</i> TABS 240mg	1		<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg	1	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1		CRESTOR TABS 5mg, 10mg, 20mg, 40mg	3	
SOTYLIZE SOLN 5mg/ml	3		EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	3	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM	FLOLIPID SUSP 20mg/5ml, 40mg/5ml	3	
ANTILIPEMICS, FIBRATES			<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	
<i>choline fenofibrate</i> (generic of TRILIPIX) CPDR 45mg, 135mg	1		<i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg	1	
			LESCOL XL TB24 80mg	3	
			LIPITOR TABS 10mg, 20mg, 40mg, 80mg	3	
			LIVALO TABS 1mg, 2mg, 4mg	3	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>lovastatin</i> TABS 10mg, 20mg, 40mg			<i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN)	1	
<i>pitavastatin calcium</i> (generic of LIVALO) TABS 1mg, 2mg, 4mg	1		JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	3	NDS NM PA
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1		LOVAZA CAP 1GM	3	
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg	1		NEXLETOL TABS 180mg	2	
<i>simvastatin</i> TABS 5mg	1		NEXLIZET TAB 180/10MG	2	
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg	1		<i>niacin</i> (antihyperlipidemic) TABS 500mg; TBCR 500mg, 750mg, 1000mg	1	
<i>simvastatin</i> TABS 80mg	1	QL	<i>niacor</i> TABS 500mg	1	
QL (30 tabs / 30 days)			<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	1	
ZOCOR TABS 10mg, 20mg, 40mg	3		<i>prevalite</i> PACK 4gm	1	
ZYPITAMAG TABS 2mg, 4mg	3		<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
ANTILIPEMICS, MISCELLANEOUS			QUESTRAN PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1		QUESTRAN LIGHT POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 4gm	1		REPATHA SOSY 140mg/ml	2	NM PA
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1		REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	2	NM PA
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1		REPATHA SURECLICK SOAJ 140mg/ml	2	NM PA
COLESTID GRAN 5gm; TABS 1gm	3		VASCEPA CAPS .5gm, 1gm	2	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; TABS 1gm	1		VYTORIN TAB 10-10MG	3	
<i>colestipol hcl</i> PACK 5gm	1		VYTORIN TAB 10-20MG	3	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	3	NDS NM PA	VYTORIN TAB 10-40MG	3	
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	1		VYTORIN TAB 10-80MG	3	
<i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN)	1		WELCHOL PACK 3.75gm; TABS 625mg	3	
<i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN)	1		ZETIA TABS 10mg	3	
<i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN)	1		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	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1		<i>labetalol hcl SOLN 5mg/ml; TABS 100mg, 200mg, 300mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1		LABETALOL HYDROCHLORIDE SOSY 10mg/2ml	3	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1		LOPRESSOR TABS 50mg, 100mg	3	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1		<i>metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1		<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg</i>	1	
TENORETIC TAB 50	3		<i>metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg</i>	1	
TENORETIC TAB 100	3		<i>nadolol (generic of CORGARD) TABS 20mg, 40mg</i>	1	
ZIAC TAB 2.5/6.25	3		<i>nadolol TABS 80mg</i>	1	
ZIAC TAB 5-6.25MG	3		<i>nebivolol hcl (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
ZIAC TAB 10/6.25	3		<i>pindolol TABS 5mg, 10mg</i>	1	
BETA-BLOCKERS			<i>propranolol hcl (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg</i>	1	
<i>acebutolol hcl CAPS 200mg, 400mg</i>	1		<i>propranolol hcl SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg</i>	1		TENORMIN TABS 25mg, 50mg, 100mg	3	
<i>betaxolol hcl TABS 10mg, 20mg</i>	1		<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1		TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3	
BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg	3		CALCIUM CHANNEL BLOCKERS		
<i>carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1		<i>amlodipine besylate (generic of NORVASC) TABS 2.5mg, 5mg</i>	1	
<i>carvedilol phosphate (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg</i>	1		<i>amlodipine besylate TABS 10mg</i>	1	
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	3		CARDIZEM TABS 30mg, 60mg, 120mg	3	
COREG CR CP24 10mg, 20mg, 40mg, 80mg	3		CARDIZEM CD CP24 120mg	3	
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	3	NDS			
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3				

Drug Name	Drug Requirements/ Tier	Limits
CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg	3	NDS
CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1	
<i>diltiazem hcl</i> (generic of CARDIZEM LA) TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release</i> <i>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>levamlodipine maleate</i> TABS 2.5mg, 5mg	1	
<i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
NICARDIPINE SOL 20/200ML	3	
NICARDIPINE SOL 40/200ML	3	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1	
<i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg	1	
NORLIQVA SOLN 1mg/ml	3	
NORVASC TABS 2.5mg, 5mg, 10mg	3	
NYMALIZE SOLN 6mg/ml	3	NDS
PROCARDIA XL TB24 30mg, 60mg, 90mg	3	
SULAR TB24 8.5mg, 17mg, 34mg	3	
<i>tiadytl er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
VERELAN CP24 120mg, 180mg, 240mg, 360mg	3	
VERELAN PM CP24 100mg, 200mg, 300mg	3	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	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	

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Drug Name	Drug Requirements/ Tier	Limits
<i>dichlorphenamide</i> (generic of KEVEYIS) TABS 50mg	3	NDS NM PA
DIURIL SUSP 250mg/5ml	3	
DYRENIUM CAPS 50mg, 100mg	3	
EDECRIIN TABS 25mg	3	NDS
<i>ethacrynic acid</i> (generic of EDECRIIN) TABS 25mg	1	
FUROSCIX CTKT 80mg/10ml	3	NDS
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	1	
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
KEVEYIS TABS 50mg	3	NDS NM PA
LASIX TABS 20mg, 40mg, 80mg	3	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>ormalvi</i> (generic of KEVEYIS) TABS 50mg	3	NDS NM PA
SOANZ TABS 20mg, 40mg, 60mg	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
THALITONE TABS 15mg	3	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene</i> (generic of DYRENIUM) CAPS 50mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	3	
<i>aliskiren fumarate</i> (generic of TEKTRUNA) TABS 150mg, 300mg	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> (generic of CADUET)	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (generic of CADUET)	1	
ASPRUZYO SPRINKLE PACK 500mg, 1000mg	3	
BIDIL TAB	3	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	

Drug Name	Drug Requirements/ Tier	Limits
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	3	NDS NM PA
<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	
<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg; TB24 .17mg	1	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	2	
DEMSEER CAPS 250mg	3	NDS NM
DIBENZYLINE CAPS 10mg	3	NDS
<i>digoxin</i> SOLN .05mg/ml	1	
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg, 125mcg, 250mcg	1	
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg, 200mg, 300mg	3	NDS NM PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	2	
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
INPEFA TABS 200mg, 400mg	3	
<i>isosorbide dinitrate- hydralazine hcl tab 20-37.5 mg</i> (generic of BIDIL)	1	
LANOXIN SOLN .25mg/ml; TABS 62.5mcg, 125mcg, 250mcg	3	
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
LODOCO TABS .5mg	3	
<i>metirosine</i> (generic of DEMSEER) CAPS 250mg	3	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
NEXICLON XR TB24 .17mg	3	
NORTHERA CAPS 100mg, 200mg, 300mg	3	NDS NM PA
<i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg	3	NDS
<i>ranolazine</i> TB12 500mg, 1000mg	1	
TEKTURNA TABS 150mg, 300mg	3	
VERQUVO TABS 2.5mg, 5mg, 10mg	2	
VYNDAMAX CAPS 61mg	3	NDS NM PA
VYNDAQEL CAPS 20mg	3	NDS NM PA
NITRATES		
ISORDIL TITRADOSE TABS 5mg	3	
ISORDIL TITRADOSE TABS 40mg	3	NDS
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg, 40mg	1	
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
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	
NITROLINGUAL SOLN .4mg/spray	3	
NITROSTAT SUBL .3mg, .4mg, .6mg	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
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA TABS 20mg	3	NDS NM PA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	3	NDS NM PA
<i>alyq</i> (generic of ADCIRCA) TABS 20mg	3	NDS NM PA
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg	3	NDS NM PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg	3	NDS NM PA
<i>epoprostenol sodium</i> (generic of VELETRI) SOLR .5mg, 1.5mg	3	NDS B/D NM
FLOLAN SOLR .5mg, 1.5mg	3	NDS B/D NM
LETAIRIS TABS 5mg, 10mg	3	NDS NM PA
OPSUMIT TABS 10mg	3	NDS NM PA
OPSYNVI TAB 10-20MG	3	NDS NM PA
OPSYNVI TAB 10-40MG	3	NDS 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
REVATIO SOLN 10mg/12.5ml; SUSR 10mg/ml; TABS 20mg	3	NDS NM PA
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) SOLN 10mg/12.5ml; SUSR 10mg/ml	3	NDS NM PA
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) TABS 20mg	1	NM PA
<i>tadalafil</i> (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg	3	NDS NM PA
TADLIQ SUSP 20mg/5ml	3	NDS NM PA
TRACLEER TABS 62.5mg, 125mg; TBSO 32mg	3	NDS 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	3	NDS NM PA
TYVASO DPI POW 16-32-48	3	NDS NM PA
UPTRAVI SOLR 1800mcg; TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	3	NDS NM PA
UPTRAVI PACK TAB 200/800	3	NDS NM PA
VELETRI SOLR .5mg, 1.5mg	3	NDS B/D NM
WINREVAIR KIT 45mg, 60mg	3	NDS NM PA
WINREVAIR INJ 45MG	3	NDS NM PA
WINREVAIR INJ 60MG	3	NDS NM PA
CENTRAL NERVOUS SYSTEM ANTI-ANXIETY		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg	1	
<i>alprazolam</i> (generic of XANAX XR) TB24 .5mg, 1mg, 2mg, 3mg	1	
<i>alprazolam</i> TBDP .25mg, .5mg, 1mg, 2mg	1	
ALPRAZOLAM INTENSOL CONC 1mg/ml	3	
ATIVAN SOLN 2mg/ml, 4mg/ml	3	
ATIVAN TABS .5mg, 1mg, 2mg	3	NDS
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg	1	
<i>fluvoxamine maleate</i> CP24 100mg, 150mg; TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml	1	
<i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml; TABS .5mg, 1mg, 2mg	1	
<i>lorazepam intensol</i> CONC 2mg/ml	1	
LOREEV XR CS24 1mg, 1.5mg, 2mg, 3mg	3	

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Drug Name	Drug Requirements/ Tier	Limits
oxazepam CAPS 10mg, 15mg, 30mg	1	
XANAX TABS .25mg, .5mg, 1mg, 2mg	3	
XANAX XR TB24 .5mg, 1mg, 2mg, 3mg	3	
ANTIDEMENTIA		
ADLARITY PTWK 5mg/day, 10mg/day	3	
ARICEPT TABS 5mg, 10mg, 23mg	3	
donepezil hydrochloride (generic of ARICEPT) TABS 5mg, 10mg, 23mg	1	
donepezil hydrochloride TBDP 5mg, 10mg	1	
EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	3	
galantamine hydrobromide CP24 8mg, 16mg, 24mg; SOLN 4mg/ml; TABS 4mg, 8mg, 12mg	1	
memantine hcl CP24 7mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	1	PA
memantine hcl (generic of NAMENDA XR) CP24 14mg, 21mg, 28mg PA applies if 29 years and younger	1	PA
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK) PA applies if 29 years and younger	1	PA
NAMENDA TAB 5-10MG PA applies if 29 years and younger	3	PA
NAMENDA XR CP24 14mg, 21mg, 28mg PA applies if 29 years and younger	3	PA
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	

Drug Name	Drug Requirements/ Tier	Limits
NAMZARIC CAP 28-10MG	3	
NAMZARIC CAP PACK	3	
rivastigmine (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	2	
ANAFRANIL CAPS 25mg, 50mg, 75mg	3	NDS
APLENZIN TB24 174mg, 348mg, 522mg	3	NDS
AUVELITY TAB 45-105MG	3	
bupropion hcl TABS 75mg, 100mg; TB24 450mg	1	
bupropion hcl (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg	1	
bupropion hcl (generic of WELLBUTRIN XL) TB24 150mg, 300mg	1	
CELEXA TABS 10mg, 20mg, 40mg	3	
CITALOPRAM HYDROBROMIDE CAPS 30mg	3	
citalopram hydrobromide SOLN 10mg/5ml	1	
citalopram hydrobromide (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
clomipramine hcl (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	
CYMBALTA CPEP 20mg, 30mg, 60mg	3	
desipramine hcl (generic of NORPRAMIN) TABS 10mg, 25mg	3	
desipramine hcl TABS 50mg, 75mg, 100mg, 150mg	3	
DESVENLAFAXINE ER TB24 50mg, 100mg	3	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg	1		<i>mirtazapine</i> TABS 7.5mg, 45mg	1	
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	2		<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	3		<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	1	
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg	1		NARDIL TABS 15mg	3	
<i>duloxetine hcl</i> CPEP 40mg	1		<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3		NORPRAMIN TABS 10mg, 25mg	3	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	3	NDS	<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1		<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1		PAMELOR CAPS 10mg, 25mg, 50mg, 75mg	3	NDS
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	3		PARNATE TABS 10mg	3	NDS
FETZIMA CAP TITRATIO	3		<i>paroxetine hcl</i> (generic of PAXIL) SUSP 10mg/5ml	3	
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1		<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1	
<i>fluoxetine hcl</i> CPDR 90mg; SOLN 20mg/5ml; TABS 10mg, 20mg	1		<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg	3	
<i>fluoxetine hcl</i> (generic of FLUOXETINE HYDROCHLORIDE) TABS 60mg	1		PAXIL SUSP 10mg/5ml; TABS 10mg, 20mg, 30mg, 40mg	3	
<i>fluoxetine hcl (pmd)</i> TABS 10mg, 20mg (generic of SARAFEM)	1		PAXIL CR TB24 12.5mg, 25mg, 37.5mg	3	
FLUOXETINE HYDROCHLORIDE TABS 60mg	3		<i>perphenazine-amitriptyline tab</i> 2-10 mg	2	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1		<i>perphenazine-amitriptyline tab</i> 2-25 mg	2	
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	3		<i>perphenazine-amitriptyline tab</i> 4-10 mg	2	
LEXAPRO TABS 5mg, 10mg, 20mg	3		<i>perphenazine-amitriptyline tab</i> 4-25 mg	2	
MARPLAN TABS 10mg	3		<i>perphenazine-amitriptyline tab</i> 4-50 mg	2	
			<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
PRISTIQ TB24 25mg, 50mg, 100mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
PROZAC CAPS 10mg, 20mg, 40mg	3	
REMERON TABS 15mg, 30mg	3	
REMERON SOLTAB TBDP 15mg, 30mg, 45mg	3	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg	3	
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, 100mg	3	
TRINTELLIX TABS 5mg, 10mg, 20mg	3	
VENLAFAXINE BESYLATE ER TB24 112.5mg	3	
<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; TB24 37.5mg, 75mg, 150mg, 225mg	1	
VIIBRYD TABS 10mg, 20mg, 40mg	3	
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg	1	
WELLBUTRIN SR TB12 100mg, 150mg, 200mg	3	
WELLBUTRIN XL TB24 150mg, 300mg	3	NDS
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	3	

Drug Name	Drug Requirements/ Tier	Limits
ZURZUVAE CAPS 20mg, 25mg, 30mg	3	NDS NM PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg; SOLN 50mg/5ml; TABS 100mg	1	
APOKYN SOCT 30mg/3ml	3	NDS NM PA
<i>apomorphine hydrochloride</i> SOCT 30mg/3ml	3	NDS NM PA
AZILECT TABS .5mg, 1mg	3	NDS
<i>benztropine mesylate</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa</i> (generic of LODOSYN) TABS 25mg	1	
<i>carbidopa & levodopa tab 10-100 mg</i> (generic of SINEMET)	1	
<i>carbidopa & levodopa tab 25-100 mg</i> (generic of SINEMET)	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
COMTAN TABS 200mg	3	
DHIVY TAB 25-100MG	3	
DUOPA SUS 4.63-20 <i>entacapone</i> TABS 200mg	3 1	NDS B/D NM
GOCOVRI CP24 68.5mg, 137mg	3	NDS NM
INBRIJA CAPS 42mg	3	NDS NM PA
LODOSYN TABS 25mg	3	NDS
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3	
NOURIANZ TABS 20mg, 40mg	3	NDS NM
ONGENTYS CAPS 25mg, 50mg	3	
PARLODEL CAPS 5mg; TABS 2.5mg	3	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 1.5mg, 4.5mg	1	
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX ER) TB24 .375mg, .75mg, 2.25mg, 3mg, 3.75mg	1	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg	1	
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1	
RYTARY CAP 95MG	3	
RYTARY CAP 145MG	3	
RYTARY CAP 195MG	3	
RYTARY CAP 245MG	3	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	

Drug Name	Drug Requirements/ Tier	Limits
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	2	
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	1	
XADAGO TABS 50mg, 100mg	3	NDS
ZELAPAR TBDP 1.25mg	3	NDS
ANTIPSYCHOTICS		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	3	NDS
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	3	NDS
ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	NDS
ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	NDS
<i>aripiprazole</i> SOLN 1mg/ml; TBDP 10mg, 15mg	1	
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	3	NDS
ARISTADA INITIO PRSY 675mg/2.4ml	3	NDS
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg	1	
CAPLYTA CAPS 10.5mg, 21mg, 42mg	3	NDS
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	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>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TBDP 12.5mg, 25mg, 100mg, 150mg, 200mg	1	
CLOZARIL TABS 25mg, 50mg	3	
CLOZARIL TABS 100mg, 200mg	3	NDS
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	3	NDS
FANAPT PAK	3	
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
GEODON CAPS 20mg, 40mg, 60mg, 80mg	3	NDS
GEODON SOLR 20mg	3	
HALDOL DECANOATE 50 SOLN 50mg/ml	3	
HALDOL DECANOATE 100 SOLN 100mg/ml	3	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA TB24 3mg, 6mg, 9mg	3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	3	NDS
INVEGA SUSTENNA SUSY 39mg/0.25ml	3	
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	3	NDS
LATUDA TABS 20mg, 40mg, 60mg, 80mg, 120mg	3	NDS
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 80mg, 120mg	1	
LYBALVI TAB 5-10MG	3	NDS
LYBALVI TAB 10-10MG	3	NDS
LYBALVI TAB 15-10MG	3	NDS
LYBALVI TAB 20-10MG	3	NDS
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg; TABS 10mg	3	NDS NM PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg; TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg	1	
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 10mg, 15mg, 20mg	1	
<i>paliperidone</i> TB24 1.5mg	1	
<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 6mg, 9mg	1	
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg	3	NDS
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	1	
<i>quetiapine fumarate</i> TABS 150mg	1	
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 150mg, 200mg, 300mg, 400mg	1	
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
RISPERDAL SOLN 1mg/ml; TABS .5mg, 1mg, 2mg, 3mg, 4mg	3	
RISPERDAL CONSTA SRER 12.5mg	3	
RISPERDAL CONSTA SRER 25mg, 37.5mg, 50mg	3	NDS
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml; TABS .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TABS .25mg; TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg	1	
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg	3	NDS
SAPHRIS SUBL 2.5mg, 5mg, 10mg	3	NDS
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	3	NDS
SEROQUEL TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	3	
SEROQUEL XR TB24 50mg, 150mg, 200mg, 300mg, 400mg	3	
<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, 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml	3	NDS
VERSACLOZ SUSP 50mg/ml	3	NDS
VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg	3	NDS
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg	1	
ZYPREXA SOLR 10mg; TABS 2.5mg, 5mg, 7.5mg, 10mg	3	
ZYPREXA TABS 15mg, 20mg	3	NDS
ZYPREXA RELPREVV SUSR 210mg	3	NM
ZYPREXA RELPREVV SUSR 300mg, 405mg	3	NDS NM
ZYPREXA ZYDIS TBDP 5mg, 10mg	3	
ZYPREXA ZYDIS TBDP 15mg, 20mg	3	NDS
ANTIEPILEPTIC AGENTS		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	3	NDS
BANZEL SUSP 40mg/ml; TABS 200mg, 400mg	3	NDS
BRIVIACT SOLN 10mg/ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	3	NDS
BRIVIACT SOLN 50mg/5ml	3	
<i>carbamazepine</i> CHEW 100mg	1	
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1	
CARBATROL CP12 100mg, 200mg, 300mg	3	
CELONTIN CAPS 300mg	3	
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml; TABS 10mg, 20mg	1	
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg, 2mg	1	
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg, 2mg	1	
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
DEPAKOTE TBEC 125mg, 250mg, 500mg	3		FYCOMPA SUSP .5mg/ml; TABS 4mg, 6mg, 8mg, 10mg, 12mg	3	NDS
DEPAKOTE ER TB24 250mg, 500mg	3		FYCOMPA TABS 2mg	3	
DEPAKOTE SPRINKLES CSDR 125mg	3		<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml, 300mg/6ml; TABS 600mg, 800mg	1	
DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	3	NDS NM PA	KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	3	NDS
<i>diazepam</i> SOLN 5mg/5ml	1		KEPPRA TABS 250mg	3	
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg	1		KEPPRA XR TB24 500mg, 750mg	3	NDS
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1		KLONOPIN TABS .5mg, 1mg, 2mg	3	
<i>diazepam inj</i> SOLN 5mg/ml	1		<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>diazepam intensol</i> CONC 5mg/ml	1		<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml	1	
DILANTIN CAPS 30mg, 100mg	3		LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	3	NDS
DILANTIN INFATABS CHEW 50mg	3		LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	3	NDS
DILANTIN-125 SUSP 125mg/5ml	3		LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	3	NDS
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1		LAMICTAL ODT KIT BLUE LAMICTAL ODT KIT GREEN LAMICTAL ODT KIT ORANGE	3 3 3	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1		LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg	3	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1		LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	3	
EPIDIOLEX SOLN 100mg/ml	3	NDS NM PA	LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	3	
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	1		LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	3	NDS
EPRONTIA SOLN 25mg/ml	3		LAMICTAL XR KIT	3	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1				
<i>felbamate</i> SUSP 600mg/5ml	1				
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1				
FELBATOL TABS 400mg, 600mg	3	NDS			
FINTEPLA SOLN 2.2mg/ml	3	NDS NM PA			

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	1
<i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	1
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	1
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	3
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1	LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml	3
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	1
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	1	MOTPOLY XR CP24 100mg, 150mg, 200mg	3 NDS
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i> (generic of LAMICTAL ODT)	1	MYSOLINE TABS 50mg, 250mg	3 NDS
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1	NAYZILAM SOLN 5mg/0.1ml	3
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i> (generic of LAMICTAL ODT)	1	NEURONTIN CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml	3
LEVETIRACETA INJ 5MG/ML	3	NEURONTIN TABS 600mg, 800mg	3 NDS
LEVETIRACETA INJ 10MG/ML	3	ONFI SUSP 2.5mg/ml; TABS 10mg, 20mg	3 NDS
LEVETIRACETA INJ 15MG/ML	3	<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	OXTELLAR XR TB24 150mg, 300mg	3
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1	OXTELLAR XR TB24 600mg	3 NDS
		<i>phenobarbital</i> ELIX 20mg/5ml	3
		<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	2
		<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	3
		<i>phenytek</i> CAPS 200mg, 300mg	1

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1		<i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1		SYMPAZAN FILM 5mg, 10mg, 20mg	3	NDS
<i>phenytoin sodium</i> SOLN 50mg/ml	1		TEGRETOL SUSP 100mg/5ml; TABS 200mg	3	
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1		TEGRETOL-XR TB12 100mg, 200mg, 400mg	3	
<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	1		<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml	1		TOPAMAX TABS 25mg	3	
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1		TOPAMAX TABS 50mg, 100mg, 200mg	3	NDS
<i>primidone</i> TABS 125mg	1		TOPAMAX SPRINKLE CPSP 15mg	3	
QUDEXY XR CS24 25mg, 50mg, 100mg	3		TOPAMAX SPRINKLE CPSP 25mg	3	NDS
QUDEXY XR CS24 150mg, 200mg	3	NDS	<i>topiramate</i> (generic of TROKENDI XR) CP24 25mg, 50mg, 100mg, 200mg	1	
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	1		<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml; TABS 400mg	3	NDS	<i>topiramate</i> (generic of QUDEXY XR) CS24 25mg, 50mg, 100mg, 150mg, 200mg	1	
<i>rufinamide</i> (generic of BANZEL) TABS 200mg	1		<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	
SABRIL PACK 500mg; TABS 500mg	3	NDS NM PA	TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	3	NDS
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	3		TRILEPTAL TABS 150mg	3	
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1		TROKENDI XR CP24 25mg, 50mg	3	
<i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1		TROKENDI XR CP24 100mg, 200mg	3	NDS
<i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)	1		VALIUM TABS 2mg, 5mg, 10mg	3	
			<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	3	
			VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	3	

Drug Name	Drug Requirements/ Tier	Limits
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	3	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	3	
<i>vigabatrin</i> (generic of SABRIL) PACK 500mg; TABS 500mg	3	NDS NM PA
<i>vigadrone</i> (generic of SABRIL) PACK 500mg; TABS 500mg	3	NDS NM PA
<i>vigpoder</i> (generic of SABRIL) PACK 500mg	3	NDS NM PA
VIMPAT SOLN 10mg/ml, 200mg/20ml; TABS 100mg, 150mg, 200mg	3	NDS
VIMPAT TABS 50mg	3	
XCOPRI TABS 25mg, 50mg, 100mg, 150mg, 200mg	3	NDS
XCOPRI PAK 12.5-25	3	
XCOPRI PAK 50-100MG	3	NDS
XCOPRI PAK 100-150	3	NDS
XCOPRI PAK 150-200MG (MAINTENANCE)	3	NDS
XCOPRI PAK 150-200MG (TITRATION)	3	NDS
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3	
ZONEGRAN CAPS 25mg, 100mg	3	NDS
ZONISADE SUSP 100mg/5ml	3	NDS
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
<i>zonisamide</i> CAPS 50mg	1	
ZTALMY SUSP 50mg/ml	3	NDS NM PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL TAB 5MG	3	
ADDERALL TAB 7.5MG	3	
ADDERALL TAB 10MG	3	
ADDERALL TAB 12.5MG	3	
ADDERALL TAB 15MG	3	
ADDERALL TAB 20MG	3	
ADDERALL TAB 30MG	3	
ADDERALL XR CAP 5MG	3	
ADDERALL XR CAP 10MG	3	

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)</i>	1		<i>dextroamphetamine sulfate</i> CP24 5mg, 15mg; TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg	1	
<i>amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)</i>	1		<i>dextroamphetamine sulfate (generic of DEXEDRINE)</i> CP24 10mg	1	
<i>amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)</i>	1		DYANAVEL XR CHER 5mg, 10mg, 15mg, 20mg; SUER 2.5mg/ml	3	
<i>amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)</i>	1		FOCALIN TABS 2.5mg, 5mg, 10mg	3	
<i>amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)</i>	1		FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	3	
<i>amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)</i>	1		<i>guanfacine hcl (adhd) (generic of INTUNIV)</i> TB24 1mg, 2mg, 3mg, 4mg	2	
<i>amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)</i>	1		INTUNIV TB24 1mg, 2mg, 3mg, 4mg	3	
APTENSIO XR CP24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg	3		JORNAY PM CP24 20mg, 40mg, 60mg, 80mg, 100mg	3	
<i>atomoxetine hcl (generic of STRATTERA)</i> CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	1		<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	1	
AZSTARYS CAP 26.1-5.2	3		METADATE CD CPCR 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	3	
AZSTARYS CAP 39.2-7.8	3		METHYLIN SOLN 5mg/5ml, 10mg/5ml	3	
AZSTARYS CAP 52.3-10.	3		<i>methylphenidate (generic of DAYTRANA)</i> PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	1	
CONCERTA TBCR 18mg, 27mg, 36mg, 54mg	3		<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; CP24 60mg; TB24 18mg, 27mg, 36mg, 54mg; TBCR 10mg, 20mg, 27mg, 36mg, 45mg, 54mg, 63mg, 72mg	1	
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg	3		<i>methylphenidate hcl (generic of APTENSIO XR)</i> CP24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg	1	
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	3		<i>methylphenidate hcl (generic of RITALIN LA)</i> CP24 10mg, 20mg, 30mg, 40mg	1	
DEXEDRINE CP24 10mg, 15mg	3	NDS			
<i>dexmethylphenidate hcl (generic of FOCALIN XR)</i> CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	1				
<i>dexmethylphenidate hcl (generic of FOCALIN)</i> TABS 2.5mg, 5mg, 10mg	1				

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>methylphenidate hcl</i> (generic of METADATE CD) CPCP 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	1		BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	2	
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml, 10mg/5ml	1		DAYVIGO TABS 5mg, 10mg	2	
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg, 20mg	1		<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg	1	
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg, 54mg	1		EDLUAR SUBL 5mg, 10mg	3	
MYDAYIS CAP 12.5MG	3		<i>estazolam</i> TABS 1mg, 2mg	1	
MYDAYIS CAP 25MG	3		<i>eszopiclone</i> (generic of LUNESTA) TABS 1mg, 2mg, 3mg	3	
MYDAYIS CAP 37.5MG	3		HALCION TABS .25mg	3	
MYDAYIS CAP 50MG	3		HETLIOZ CAPS 20mg	3	NDS NM PA
QELBREE CP24 100mg, 150mg, 200mg	3		HETLIOZ LQ SUSP 4mg/ml	3	NDS NM PA
QUILLICHEW ER CHER 20mg, 30mg, 40mg	3		LUNESTA TABS 1mg, 2mg, 3mg	3	
QUILLIVANT XR SRER 25mg/5ml	3		QUVIVIQ TABS 25mg, 50mg	3	
RELEXXII TBCR 18mg, 27mg, 36mg, 45mg, 54mg, 63mg, 72mg	3		<i>ramelteon</i> (generic of ROZEREM) TABS 8mg	1	
RITALIN TABS 5mg, 10mg, 20mg	3		RESTORIL CAPS 7.5mg, 15mg, 22.5mg, 30mg	3	NDS
RITALIN LA CP24 10mg, 20mg, 30mg, 40mg	3		ROZEREM TABS 8mg	3	
STRATTERA CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	3		SILENOR TABS 3mg, 6mg	3	
VYVANSE CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	3		<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg	3	NDS NM PA
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr	3		<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 15mg, 22.5mg, 30mg	1	
<i>zenedi</i> TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg	1		<i>triazolam</i> (generic of HALCION) TABS .25mg	2	
HYPNOTICS			<i>triazolam</i> TABS .125mg	2	
AMBIEN TABS 5mg, 10mg	3		<i>zaleplon</i> CAPS 5mg, 10mg	2	
AMBIEN CR TBCR 6.25mg, 12.5mg	3		ZOLPIDEM TARTRATE CAPS 7.5mg	3	
			<i>zolpidem tartrate</i> SUBL 1.75mg, 3.5mg	3	
			<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg	1	
			<i>zolpidem tartrate</i> (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg	2	
			MIGRAINE		
			AIMOVIG SOAJ 70mg/ml, 140mg/ml	2	NM
			AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml	3	NM
			<i>almotriptan malate</i> TABS 6.25mg, 12.5mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
CAMBIA PACK 50mg	3	NDS
<i>diclofenac potassium (migraine)</i> (generic of CAMBIA) PACK 50mg	1	
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	3	NDS
<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml	3	NDS
<i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg	1	
ELYXYB SOLN 120mg/4.8ml	3	NDS
EMGALITY SOAJ 120mg/ml; SOSY 100mg/ml, 120mg/ml	2	NM
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	
FROVA TABS 2.5mg	3	NDS
<i>frovatriptan succinate</i> (generic of FROVA) TABS 2.5mg	1	
IMITREX TABS 25mg, 50mg, 100mg	3	
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml, 6mg/0.5ml	3	NDS
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml, 6mg/0.5ml	3	NDS
MAXALT TABS 10mg	3	
MAXALT-MLT TBDP 10mg	3	
<i>migergot</i>	3	NDS
MIGRANAL SOLN 4mg/ml	3	NDS
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	
NURTEC TBDP 75mg	2	
ONZETRA XSAIL EXHP 11mg/nosepc	3	NDS
QULIPTA TABS 10mg, 30mg, 60mg	2	
RELPAX TABS 20mg	3	
RELPAX TABS 40mg	3	NDS
REYVOW TABS 50mg, 100mg	3	
<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg	1	
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg	1	
<i>sumatriptan</i> SOLN 5mg/act, 20mg/act	1	
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml; SOLN 6mg/0.5ml	1	
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml	1	
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml	1	
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg	1	
<i>sumatriptan-naproxen sodium tab 85-500 mg</i> (generic of TREXIMET)	1	
TOSYMRA SOLN 10mg/act	3	
TREXIMET TAB 85-500MG	3	NDS
TRUDHESA AERS .725mg/act	3	NDS
UBRELVY TABS 50mg, 100mg	2	
VYEPTI SOLN 100mg/ml	3	NDS NM
ZAVZPRET SOLN 10mg/act	3	NDS
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml	3	NDS
<i>zolmitriptan</i> (generic of ZOMIG) SOLN 5mg	1	
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	1	
MISCELLANEOUS		
AMVUTTRA SOSY 25mg/0.5ml	3	NDS NM PA
AUSTEDO TABS 6mg, 9mg, 12mg	3	NDS NM PA
AUSTEDO XR TB24 6mg, 12mg, 24mg, 30mg, 36mg, 42mg, 48mg	3	NDS NM PA
AUSTEDO XR TAB TITR KIT	3	NDS NM PA
DAYBUE SOLN 200mg/ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>edaravone</i> (generic of RADICAVA) SOLN 30mg/100ml	3	NDS NM PA
ENSPRYNG SOSY 120mg/ml	3	NDS NM PA
EQUETRO CP12 100mg, 200mg, 300mg	3	
EVRYSDI SOLR .75mg/ml	3	NDS NM PA
EXSERVAN FILM 50mg	3	NDS NM
FIRDAPSE TABS 10mg	3	NDS NM PA
<i>gabapentin</i> (once-daily) (generic of GRALISE) TABS 300mg, 600mg	1	PA
GRALISE TABS 300mg, 450mg, 600mg, 750mg, 900mg	3	PA
HORIZANT TBCR 300mg, 600mg	3	PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
LITHOBID TBCR 300mg	3	NDS
LYRICA CR TB24 82.5mg, 165mg, 330mg	3	PA
MESTINON SOLN 60mg/5ml; TABS 60mg	3	NDS
MESTINON TIMESPAN TBCR 180mg	3	NDS
NUDEXTA CAP 20-10MG	3	NDS PA
<i>paroxetine mesylate</i> (vasomotor) CAPS 7.5mg	3	
<i>pregabalin</i> (once-daily) (generic of LYRICA CR) TB24 82.5mg, 165mg, 330mg	1	PA
<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml; TABS 60mg	1	
<i>pyridostigmine bromide</i> TABS 30mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR 180mg	1	
RADICAVA SOLN 30mg/100ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
RADICAVA ORS SUSP 105mg/5ml	3	NDS NM PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	3	NDS NM PA
<i>riluzole</i> TABS 50mg	1	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3	
SAVELLA MIS TITR PAK	3	
SKYCLARYS CAPS 50mg	3	NDS NM PA
TEGLUTIK SUSP 50mg/10ml	3	NDS NM
TEGSEDI SOSY 284mg/1.5ml	3	NDS NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg, 25mg	3	NDS NM PA
UPLIZNA SOLN 100mg/10ml	3	NDS NM PA
WAINUA SOAJ 45mg/0.8ml	3	NDS NM PA
XENAZINE TABS 12.5mg, 25mg	3	NDS NM PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10mg	3	NDS NM PA
AUBAGIO TABS 7mg, 14mg	3	NDS NM PA
AVONEX PSKT 30mcg/0.5ml	3	NDS NM PA
AVONEX PEN AJKT 30mcg/0.5ml	3	NDS NM PA
BAFIERTAM CPDR 95mg	3	NDS NM PA
BETASERON KIT .3mg	3	NDS NM PA
BRIUMVI SOLN 150mg/6ml	3	NDS NM PA
COPAXONE SOSY 20mg/ml, 40mg/ml	3	NDS NM PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg	1	NM PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg, 240mg	3	NDS NM PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (generic of TECFIDERA STARTER PACK)	3	NDS NM PA
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg	3	NDS NM PA
GILENYA CAPS .25mg, .5mg	3	NDS NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml	3	NDS NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml	3	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
KESIMPTA SOAJ 20mg/0.4ml	3	NDS NM PA
LEMTRADA SOLN 12mg/1.2ml	3	NDS NM PA
MAVENCLAD (4 TABS) TBPK 10mg	3	NDS NM PA
MAVENCLAD (5 TABS) TBPK 10mg	3	NDS NM PA
MAVENCLAD (6 TABS) TBPK 10mg	3	NDS NM PA
MAVENCLAD (7 TABS) TBPK 10mg	3	NDS NM PA
MAVENCLAD (8 TABS) TBPK 10mg	3	NDS NM PA
MAVENCLAD (9 TABS) TBPK 10mg	3	NDS NM PA
MAVENCLAD (10 TABS) TBPK 10mg	3	NDS NM PA
MAYZENT TABS .25mg, 1mg, 2mg	3	NDS NM PA
MAYZENT STARTER PACK (7) TBPK .25mg	3	NDS NM PA
MAYZENT STARTER PACK (12) TBPK .25mg	3	NDS NM PA
OCREVUS SOLN 300mg/10ml	3	NDS NM PA
PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml	3	NDS NM PA
PLEGRIDY INJ STARTER	3	NDS NM PA
PLEGRIDY PEN INJ STARTER	3	NDS NM PA
PONVORY TABS 20mg	3	NDS NM PA
PONVORY TAB STARTER	3	NDS NM PA
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	3	NDS NM PA
REBIF REBIDO INJ TITRATN	3	NDS NM PA
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	3	NDS NM PA
REBIF TITRTN INJ PACK	3	NDS NM PA
TASCENSO ODT TBDP .25mg, .5mg	3	NDS NM PA
TECFIDERA CPDR 120mg, 240mg	3	NDS NM PA
TECFIDERA CAP STARTER <i>teriflunomide</i> (generic of AUBAGIO) TABS 7mg, 14mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
TYSABRI CONC 300mg/15ml	3	NDS NM PA
VUMERITY CPDR 231mg	3	NDS NM PA
ZEPOSIA CAPS .92mg	3	NDS NM PA
ZEPOSIA 7DAY CAP STR PACK	3	NDS NM PA
ZEPOSIA CAP STR KIT	3	NDS NM PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> SOLN 5mg/5ml, 10mg/5ml; TABS 5mg, 10mg, 15mg, 20mg	1	
<i>baclofen</i> (generic of FLEQSUVY) SUSP 25mg/5ml	3	NDS
BOTOX SOLR 100unit, 200unit	3	NDS PA
<i>carisoprodol</i> (generic of SOMA) TABS 250mg	3	
<i>carisoprodol</i> (generic of SOMA) TABS 350mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 7.5mg, 10mg	2	
DANTRIUM CAPS 25mg	3	
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	1	
<i>dantrolene sodium</i> CAPS 50mg, 100mg	1	
DYSPORT SOLR 300unit	3	NM PA
DYSPORT SOLR 500unit	3	NDS NM PA
FLEQSUVY SUSP 25mg/5ml	3	NDS
LYVISPAH PACK 5mg, 10mg, 20mg	3	
<i>metaxalone</i> TABS 400mg, 800mg	3	
<i>methocarbamol</i> TABS 500mg, 750mg	2	
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA
MYOBLOC SOLN 10000unit/2ml	3	NDS NM PA
OZOBAX DS SOLN 10mg/5ml	3	
SOMA TABS 250mg	3	
SOMA TABS 350mg	3	NDS
<i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>tizanidine hcl</i> TABS 2mg	1	
XEOMIN SOLR 50unit	3	NM PA
XEOMIN SOLR 100unit, 200unit	3	NDS NM PA
ZANAFLEX CAPS 2mg, 4mg, 3 6mg; TABS 4mg	3	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg, 150mg, 200mg, 250mg	1	PA
LUMRYZ PACK 4.5gm, 6gm, 3 7.5gm, 9gm	3	NDS NM PA
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg, 200mg	1	PA
NUVIGIL TABS 50mg	3	PA
NUVIGIL TABS 150mg, 200mg, 250mg	3	NDS PA
PROVIGIL TABS 100mg, 200mg	3	NDS PA
SODIUM OXYBATE SOLN 500mg/ml	3	NDS NM PA
SUNOSI TABS 75mg, 150mg	3	PA
WAKIX TABS 4.45mg, 17.8mg	3	NDS NM PA
XYREM SOLN 500mg/ml	3	NDS NM PA
XYWAV SOL 0.5GM/ML	3	NDS 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

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

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days)	3	QL	ACTOPLUS MET TAB 15- 850MG	3	
ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days)	3	QL	ACTOS TABS 15mg, 30mg, 45mg	3	
ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days)	3	QL	<i>alogliptin benzoate</i> TABS 6.25mg, 12.5mg, 25mg	3	
ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days)	3	QL	<i>alogliptin-metformin hcl tab</i> 12.5-500 mg	3	
ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days)	3	QL	<i>alogliptin-metformin hcl tab</i> 12.5-1000 mg	3	
ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days)	3	QL	<i>alogliptin-pioglitazone tab</i> 12.5-30 mg	3	
ENDOCRINE AND METABOLIC					
ANDROGENS					
ANDROGEL PUMP GEL 1.62%	3	PA	<i>alogliptin-pioglitazone tab 25- 15 mg</i>	3	
AVEED SOLN 750mg/3ml <i>danazol</i> CAPS 50mg, 100mg, 200mg	3	NM PA	<i>alogliptin-pioglitazone tab 25- 30 mg</i>	3	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA	<i>alogliptin-pioglitazone tab 25- 45 mg</i>	3	
JATENZO CAPS 158mg, 198mg	3	PA	BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	3	QL PA
JATENZO CAPS 237mg	3	NDS PA	BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	3	QL PA
<i>methyltestosterone</i> CAPS 10mg	3	NDS PA	DUETACT TAB 30-2MG	3	
NATESTO GEL 5.5mg/act	3	PA	DUETACT TAB 30-4MG	3	
TESTIM GEL 1%	3	PA	FARXIGA TABS 5mg, 10mg	2	
<i>testosterone</i> GEL 1%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; SOLN 30mg/act	1	PA	<i>glimepiride</i> TABS 1mg, 2mg, 4mg	1	
<i>testosterone</i> (generic of ANDROGEL PUMP) GEL 1.62%	1	PA	<i>glipizide</i> TABS 2.5mg, 5mg, 10mg; TB24 2.5mg	1	
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA	<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg, 10mg	1	
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA	<i>glipizide xl</i> TB24 2.5mg	1	
TLANDO CAPS 112.5mg	3	PA	<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 5mg, 10mg	1	
VOGELXO GEL 50mg/5gm	3	PA	<i>glipizide-metformin hcl tab</i> 2.5-250 mg	1	
VOGELXO PUMP GEL 1%	3	PA	<i>glipizide-metformin hcl tab</i> 2.5-500 mg	1	
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA	<i>glipizide-metformin hcl tab 5- 500 mg</i>	1	
ANTIDIABETICS					
<i>acarbose</i> TABS 25mg, 50mg, 100mg	1		GLUCOTROL XL TB24 5mg, 10mg	3	
			GLUMETZA TB24 500mg, 1000mg	3	NDS

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
GLYXAMBI TAB 10-5 MG	2		<i>metformin hcl</i> TABS 500mg, 850mg, 1000mg	1	
GLYXAMBI TAB 25-5 MG	2		<i>metformin hcl</i> TABS 625mg	3	NDS
INVOKAMET TAB 50-500MG	3		<i>metformin hcl</i> TB24 500mg, 750mg	1	
INVOKAMET TAB 50-1000	3		(generic of GLUCOPHAGE XR)		
INVOKAMET TAB 150-500	3		<i>metformin hcl</i> TB24 500mg, 1000mg	1	
INVOKAMET TAB 150-1000	3		(generic of FORTAMET)		
INVOKAMET XR TAB 50- 500MG	3		<i>metformin hcl</i> (generic of GLUMETZA) TB24 500mg, 1000mg	1	
INVOKAMET XR TAB 50- 1000	3		(generic of GLUMETZA)		
INVOKAMET XR TAB 150- 500	3		<i>migliitol</i> TABS 25mg, 50mg, 100mg	1	
INVOKAMET XR TAB 150- 1000	3		MOUNJARO SOPN	2	QL PA
INVOKANA TABS 100mg, 300mg	3		2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml		
JANUMET TAB 50-500MG	2		QL (4 pens / 28 days)		
JANUMET TAB 50-1000	2		<i>nateglinide</i> TABS 60mg, 120mg	1	
JANUMET XR TAB 50- 500MG	2		NESINA TABS 6.25mg, 12.5mg, 25mg	3	
JANUMET XR TAB 50-1000	2		ONGLYZA TABS 2.5mg, 5mg	3	
JANUMET XR TAB 100-1000	2		OSENI TAB 12.5-30	3	
JANUVIA TABS 25mg, 50mg, 100mg	2		OSENI TAB 25-15MG	3	
JARDIANCE TABS 10mg, 25mg	2		OSENI TAB 25-30MG	3	
JENTADUETO TAB 2.5-500	2		OSENI TAB 25-45MG	3	
JENTADUETO TAB 2.5-850	2		OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	2	QL PA
JENTADUETO TAB 2.5-1000	2		QL (1 pen / 28 days)		
JENTADUETO TAB XR 2.5- 1000MG	2		OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN	2	QL PA
JENTADUETO TAB XR 5- 1000MG	2		2mg/3ml		
KAZANO 12.5- TAB 500MG	3		QL (1 pen / 28 days)		
KAZANO 12.5- TAB 1000MG	3		OZEMPIC (1MG/DOSE)	2	QL PA
KOMBIGLYZ XR TAB 2.5- 1000	3		SOPN 4mg/3ml		
KOMBIGLYZ XR TAB 5- 500MG	3		QL (1 pen / 28 days)		
KOMBIGLYZ XR TAB 5- 1000MG	3		OZEMPIC (2MG/DOSE)	2	QL PA
<i>liraglutide</i> SOPN 18mg/3ml QL (3 pens / 30 days)	1	QL PA	SOPN 8mg/3ml		
<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml	1		QL (1 pen / 28 days)		
			<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> (generic of DUETACT)	1		SYNJARDY XR TAB 5-1000MG	2	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> (generic of DUETACT)	1		SYNJARDY XR TAB 10-1000	2	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1		SYNJARDY XR TAB 12.5-1000	2	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> (generic of ACTOPLUS MET)	1		SYNJARDY XR TAB 25-1000	2	
QTERN TAB 5-5MG	3		TRADJENTA TABS 5mg	2	
QTERN TAB 10-5MG	3		TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	2	
<i>repaglinide</i> TABS .5mg, 1mg, 2mg	1		TRIJARDY XR TAB ER 24HR 10-5-1000MG	2	
RYBELSUS TABS 3mg, 7mg, 14mg	2	QL PA	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	2	
QL (30 tabs / 30 days)			TRIJARDY XR TAB ER 24HR 25-5-1000MG	2	
<i>saxagliptin hcl</i> TABS 2.5mg	1		TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	2	QL PA
<i>saxagliptin hcl</i> (generic of ONGLYZA) TABS 5mg	1		QL (4 pens / 28 days)		
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	1		TZIELD SOLN 2mg/2ml	3	NDS NM PA
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	1		VICTOZA SOPN 18mg/3ml	3	QL PA
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	1		QL (3 pens / 30 days)		
SEGLUROMET TAB 2.5-500	3		XIGDUO XR TAB 2.5-1000	2	
SEGLUROMET TAB 2.5-1000	3		XIGDUO XR TAB 5-500MG	2	
SEGLUROMET TAB 7.5-500	3		XIGDUO XR TAB 5-1000MG	2	
SEGLUROMET TAB 7.5-1000	3		XIGDUO XR TAB 10-500MG	2	
SITAGLIPTIN TABS 25mg, 50mg, 100mg	3		XIGDUO XR TAB 10-1000	2	
STEGLATRO TABS 5mg, 15mg	3		ZITUVIO TABS 25mg, 50mg, 100mg	3	
STEGLUJAN TAB 5-100MG	3		ANTIDIABETICS, INSULINS		
STEGLUJAN TAB 15-100MG	3		ADMELOG SOLN 100unit/ml	2	
SYMLINPEN 60 SOPN 1500mcg/1.5ml	3	NDS	ADMELOG SOLOSTAR SOPN 100unit/ml	2	
SYMLINPEN 120 SOPN 2700mcg/2.7ml	3	NDS	AFREZZA POWD 4unit, 8unit	3	
SYNJARDY TAB 5-500MG	2		AFREZZA POWD 12unit	3	NDS
SYNJARDY TAB 5-1000MG	2		AFREZZA POW 4-8 UNIT	3	NDS
SYNJARDY TAB 12.5-500	2		AFREZZA POW 4-8-12	3	NDS
SYNJARDY TAB 12.5-1000MG	2		AFREZZA POW 8-12UNIT	3	NDS
			ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	2	PA
			APIDRA SOLN 100unit/ml	3	
			APIDRA SOLOSTAR SOPN 100unit/ml	3	
			BASAGLAR KWIKPEN SOPN 100unit/ml	2	
			BASAGLAR TEMPO PEN SOPN 100unit/ml	3	

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Drug Name	Drug Requirements/ Tier	Limits
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
HUMALOG SOCT 100unit/ml; SOLN 100unit/ml	3	
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	3	
HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	3	
HUMALOG MIX INJ 50/50KWP	3	
HUMALOG MIX INJ 75/25KWP	3	
HUMALOG MIX SUS 75/25	3	
HUMALOG TEMPO PEN SOPN 100unit/ml	3	
HUMULIN INJ 70/30	3	
HUMULIN INJ 70/30KWP	3	
HUMULIN N SUSP 100unit/ml	3	
HUMULIN N KWIKPEN SUPN 100unit/ml	3	
HUMULIN R SOLN 100unit/ml	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	3	NDS B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	3	NDS
INS ASP PROT INJ FLEXPEN	3	
INSULIN ASPA INJ 70/30	3	
INSULIN ASPART SOLN 100unit/ml	3	
INSULIN ASPART FLEXPEN SOPN 100unit/ml	3	
INSULIN ASPART PENFILL SOCT 100unit/ml	3	
INSULIN DEGLUDEC SOLN 100unit/ml	3	
INSULIN DEGLUDEC FLEXTOU C SOPN 100unit/ml, 200unit/ml	3	

Drug Name	Drug Requirements/ Tier	Limits
INSULIN GLARGINE MAX SOLO SOPN 300unit/ml	3	
INSULIN GLARGINE SOLOSTAR SOPN 300unit/ml	3	
INSULIN GLARGINE-YFGN SOLN 100unit/ml; SOPN 100unit/ml	3	
INSULIN LISP INJ PROTAMIN	3	
INSULIN LISPRO SOLN 100unit/ml	3	
INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml	3	
INSULIN LISPRO KWIKPEN SOPN 100unit/ml	3	
INSULIN PEN NEEDLES: BD- EMBECTA	2	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	2	PA
INSULIN SYRINGES: BD- EMBECTA	2	PA
LANTUS SOLN 100unit/ml	2	
LANTUS SOLOSTAR SOPN 100unit/ml	2	
LYUMJEV SOLN 100unit/ml	3	
LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml	3	
LYUMJEV TEMPO PEN SOPN 100unit/ml	3	
NOVOLIN70/30 INJ RELION	3	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	
NOVOLIN INJ 70/30 FP RELION	3	
NOVOLIN N SUSP 100unit/ml	2	
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	
NOVOLIN N FLEXPEN RELION SUPN 100unit/ml	3	
NOVOLIN N RELION SUSP 100unit/ml	3	
NOVOLIN R SOLN 100unit/ml	2	
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	

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
NOVOLIN R FLEXPEN RELION SOPN 100unit/ml	3
NOVOLIN R RELION SOLN 100unit/ml	3
NOVOLOG SOLN 100unit/ml	2
NOVOLOG FLEXPEN SOPN 100unit/ml	2
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	3
NOVOLOG MIX INJ 70/30	2
NOVOLOG MIX INJ FLEX REL	3
NOVOLOG MIX INJ FLEXPEN	2
NOVOLOG PENFILL SOCT 100unit/ml	2
NOVOLOG RELI INJ 70/30	3
NOVOLOG RELION SOLN 100unit/ml	3
OMNIPOD 5 G6 KIT INTRO	3
OMNIPOD 5 G6 MIS PODS	3
OMNIPOD 5 G7 KIT INTRO	3
OMNIPOD 5 G7 MIS PODS	3
OMNIPOD DASH KIT INTRO	3
OMNIPOD DASH MIS PODS	3
OMNIPOD GO KIT 10UNT/DY	3
OMNIPOD GO KIT 15UNT/DY	3
OMNIPOD GO KIT 20UNT/DY	3
OMNIPOD GO KIT 25UNT/DY	3
OMNIPOD GO KIT 30UNT/DY	3
OMNIPOD GO KIT 35UNT/DY	3
OMNIPOD GO KIT 40UNT/DY	3
OMNIPOD MIS CLASSIC	3
REZVOGLAR KWIKPEN SOPN 100unit/ml	3
SEMGLEE SOLN 100unit/ml; SOPN 100unit/ml	3
SOLIQUA INJ 100/33	2
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2

Drug Name	Drug Requirements/ Tier Limits
TOUJEO SOLOSTAR SOPN 300unit/ml	2
TRESIBA SOLN 100unit/ml	2
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2
V-GO 20 KIT	3
V-GO 30 KIT	3
V-GO 40 KIT	3
XULTOPHY INJ 100/3.6	2
CALCIUM REGULATORS	
ACTONEL TABS 35mg, 150mg	3
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg	1
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1
ATELVIA TBEC 35mg	3
BINOSTO TBEF 70mg	3
<i>calcitonin (salmon) inj</i> (generic of MIACALCIN) SOLN 200unit/ml	3 NDS B/D
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1 B/D
EVENITY SOSY 105mg/1.17ml	3 NDS NM PA
FORTEO SOPN 600mcg/2.4ml	3 NDS NM PA
FOSAMAX TABS 70mg	3
FOSAMAX + D TAB 70-2800	3
FOSAMAX + D TAB 70-5600	3
<i>ibandronate sodium</i> SOLN 3mg/3ml; TABS 150mg	1 B/D
MIACALCIN SOLN 200unit/ml	3 NDS 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	3 NM
RECLAST SOLN 5mg/100ml	3 B/D NM
<i>risedronate sodium</i> TABS 5mg, 30mg, 150mg	1
<i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg	1
<i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1

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
TERIPARATIDE SOPN 620mcg/2.48ml	3	NDS NM PA
<i>teriparatide (recombinant)</i> (generic of FORTEO) SOPN 600mcg/2.4ml	3	NDS NM PA
TYMLOS SOPN 3120mcg/1.56ml	3	NDS NM PA
XGEVA SOLN 120mg/1.7ml <i>zoledronic acid</i> CONC 4mg/5ml	3	NDS NM PA
ZOLEDRONIC ACID SOLN 4mg/100ml	1	B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	3	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	3	NDS
CUVRIOR TABS 300mg	3	NDS NM
<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	3	NDS NM PA
<i>deferasirox</i> (generic of JADENU) TABS 90mg	1	NM PA
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	3	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg	1	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg	3	NDS NM PA
<i>deferiprone</i> (generic of FERRIPROX) TABS 500mg, 1000mg	3	NDS NM PA
<i>deferoxamine mesylate</i> SOLR 2gm	1	NM PA
<i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg	1	NM PA
DEPEN TITRATABS TABS 250mg	3	NDS NM
DESFERAL SOLR 500mg	3	NM PA
EXJADE TBSO 125mg, 250mg, 500mg	3	NDS NM PA
FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg	3	NDS NM PA
FERRIPROX TWICE-A-DAY TABS 1000mg	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
JADENU TABS 90mg, 180mg, 360mg	3	NDS NM PA
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	3	NDS NM PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	2	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	3	NDS NM
<i>sodium polystyrene sulfonate</i> <i>powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
SYPRINE CAPS 250mg	3	NDS NM
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	3	NDS NM
<i>trientine hcl</i> CAPS 500mg	3	NDS NM
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	2	
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
ANNOVERA MIS	3	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
BALCOLTRA TAB 0.1-20	3	
<i>balziva</i>	1	
BEYAZ TAB	3	
<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	

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>camrese lo</i>	1
<i>chateal eq</i>	1
<i>cryselle-28</i>	1
<i>cyred eq</i>	1
<i>dasetta 1/35</i>	1
<i>dasetta 7/7/7</i>	1
<i>daysee</i>	1
<i>deblitane</i> TABS .35mg	1
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	2
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1
<i>dolishale</i>	1
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)</i>	1
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)</i>	1
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	1
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	1
<i>elinest</i>	1
<i>eluryng</i> (generic of NUVARING)	1
<i>emzahh</i> TABS .35mg	1
<i>enilloring</i> (generic of NUVARING)	1
<i>enpresse-28</i>	1
<i>enskyce</i>	1
<i>errin</i> TABS .35mg	1
<i>estarylla</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>falmina</i>	1
<i>finzala</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>jasmiel</i> (generic of YAZ)	1
<i>jolessa</i>	1
<i>joyeaux</i> (generic of BALCOLTRA)	1
<i>juleber</i>	1
<i>junel 1.5/30</i>	1
<i>junel 1/20</i>	1
<i>junel fe 1.5/30</i>	1
<i>junel fe 1/20</i>	1
<i>junel fe 24</i>	1
<i>kaitlib fe</i>	1
<i>kariva</i>	1
<i>kelnor 1/35</i>	1
<i>kelnor 1/50</i>	1
<i>kurvelo</i>	1
<i>larin 1.5/30</i>	1
<i>larin 1/20</i>	1
<i>larin 24 fe</i>	1
<i>larin fe 1.5/30</i>	1
<i>larin fe 1/20</i>	1
<i>layolis fe</i>	1
<i>leena</i>	1
<i>lessina</i>	1
<i>levonest</i>	1
<i>levonor-eth est tab 0.15- 0.02/0.025/0.03 mg &eth est 0.01 mg</i>	1
<i>levonorg-eth est tab 0.1- 0.02mg(84) & eth est tab 0.01mg(7)</i>	1

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1		mili	1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1		mono-linyah	1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1		NATAZIA TAB	3	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1		necon 0.5/35-28	1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1		NEXPLANON IMPL 68mg	2	NM
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1		NEXTSTELLIS TAB 3-14.2MG	3	
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (generic of BALCOLTRA)	1		nikki (generic of YAZ)	1	
levora 0.15/30-28	1		nora-be TABS .35mg	1	
LILETTA IUD 20.1mcg/day	2	NM	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1	
LO LOESTRIN TAB 1-10-10	3		norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	1	
loestrin 1.5/30-21	1		norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	1	
loestrin 1/20-21	1		norethindrone (contraceptive) TABS .35mg	1	
loestrin fe 1.5/30	1		norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	1	
loestrin fe 1/20	1		norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	
loryna (generic of YAZ)	1		norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	
low-ogestrel	1		norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	
lutura	1		norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	
lyleq TABS .35mg	1		norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)	1	
lyza TABS .35mg	1		norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
marlissa	1		norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)	1	
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1		norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	
merzee (generic of TAYTULLA)	1		norlyroc TABS .35mg	1	
mibelas 24 fe	1		nortrel 0.5/35 (28)	1	
microgestin 1.5/30	1		nortrel 1/35 (21)	1	
microgestin 1/20	1				
microgestin 24 fe	1				
microgestin fe 1.5/30	1				
microgestin fe 1/20	1				

Drug Name	Drug Requirements/ Tier Limits
<i>nortrel 1/35 (28)</i>	1
<i>nortrel 7/7/7</i>	1
NUVARING MIS	3
<i>nylia 1/35</i>	1
<i>nylia 7/7/7</i>	1
<i>nymyo</i>	1
<i>ocella (generic of YASMIN 28)</i>	1
PHEXXI GEL	3
<i>philith</i>	1
<i>pimtrea</i>	1
<i>portia-28</i>	1
<i>reclipsen</i>	1
<i>rivelsa</i>	1
SAFYRAL TAB	3
<i>setlakin</i>	1
<i>sharobel TABS .35mg</i>	1
<i>simliya</i>	1
<i>simpesse</i>	1
SLYND TABS 4mg	3
<i>sprintec 28</i>	1
<i>sronyx</i>	1
<i>syeda (generic of YASMIN 28)</i>	1
<i>tarina 24 fe</i>	1
<i>tarina fe 1/20 eq</i>	1
TAYTULLA CAP 1MG/20MC	3
<i>tilia fe</i>	1
<i>tri-estarylla</i>	1
<i>tri-legest fe</i>	1
<i>tri-linyah</i>	1
<i>tri-lo-estarylla (generic of ORTHO TRI-CYCLEN LO)</i>	1
<i>tri-lo-marzia (generic of ORTHO TRI-CYCLEN LO)</i>	1
<i>tri-lo-mili (generic of ORTHO TRI-CYCLEN LO)</i>	1
<i>tri-lo-sprintec (generic of ORTHO TRI-CYCLEN LO)</i>	1
<i>tri-mili</i>	1
<i>tri-nymyo</i>	1
<i>tri-sprintec</i>	1
<i>tri-vylibra</i>	1
<i>tri-vylibra lo (generic of ORTHO TRI-CYCLEN LO)</i>	1
<i>trivora-28</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>turqoz</i>	1
TYBLUME CHW 0.1-0.02	3
<i>tydemy (generic of SAFYRAL)</i>	1
<i>velivet</i>	1
<i>vestura (generic of YAZ)</i>	1
<i>vienva</i>	1
<i>viorele</i>	1
<i>vyfemla</i>	1
<i>vylibra</i>	1
<i>wera</i>	1
<i>wymzya fe</i>	1
<i>xulane</i>	1
YASMIN 28 TAB 3-0.03MG	3
YAZ TAB 3-0.02MG	3
<i>zafemy</i>	1
<i>zovia 1/35</i>	1
<i>zumandimine (generic of YASMIN 28)</i>	1
ESTROGENS	
ACTIVELLA TAB 1-0.5MG	3
BIJUVA CAP 0.5-100	3
BIJUVA CAP 1-100MG	3
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3
CLIMARA PRO DIS WEEKLY	3
COMBIPATCH DIS	3
DELESTROGEN OIL 10mg/ml, 20mg/ml	3
DEPO-ESTRADIOL OIL 5mg/ml	3
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3
<i>dotti (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	2
ELESTRIN GEL .06%	3
ESTRACE CREA .1mg/gm	3
<i>estradiol (generic of ESTROGEL) GEL .06%</i>	3

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>estradiol</i> (generic of DIVIGEL) GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3		MENOSTAR PTWK 14mcg/24hr	3	
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2		<i>mimvey</i> (generic of ACTIVELLA)	2	
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2		MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1		<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2		<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	2		PREMARIN CREA .625mg/gm; SOLR 25mg	3	
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1		PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2	
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1		PREMPHASE TAB	2	
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml, 40mg/ml	1		PREMPRO TAB	2	
ESTRING RING 7.5mcg/24hr	3		PREMPRO TAB 0.3-1.5	2	
ESTROGEL GEL .06%	3		PREMPRO TAB 0.45-1.5	2	
EVAMIST SOLN 1.53mg/spray	3		PREMPRO TAB 0.625-5	2	
FEMRING RING .05mg/24hr, .1mg/24hr	3		VAGIFEM TABS 10mcg	3	
<i>fyavolv tab 0.5mg-2.5mcg</i>	2		VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>fyavolv tab 1mg-5mcg</i>	2		<i>yuvaferm</i> (generic of VAGIFEM) TABS 10mcg	1	
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3	PA	GLUCOCORTICOIDS		
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3	PA	ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	3	NDS NM
<i>jinteli</i>	2		ALKINDI SPRINKLE CPSP .5mg	3	NM
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2		<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i> (generic of CELESTONE SOLUSPAN)	1	
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	3		CELESTONE INJ SOLUSPAN	3	
			CORTEF TABS 5mg, 10mg, 20mg	3	
			CORTISONE ACETATE TABS 25mg	3	
			DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	3	B/D
			DEXABLISS TBPK 1.5mg	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; TBPK 1.5mg	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	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
HEMADY TABS 20mg	3	
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	1	
KENALOG-10 SUSP 10mg/ml	3	B/D
KENALOG-40 SUSP 40mg/ml	3	B/D
KENALOG-80 SUSP 80mg/ml	3	B/D
MEDROL TABS 2mg, 4mg, 8mg, 16mg	3	B/D
MEDROL DOSEPAK TBPK 4mg	3	
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	1	B/D
<i>methylprednisolone</i> TABS 32mg	1	B/D
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	1	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	1	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	1	B/D
ORAPRED ODT TBDP 10mg, 15mg, 30mg	3	B/D
PEDIAPRED SOLN 6.7mg/5ml	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>prednisolone</i> SOLN 15mg/5ml; TABS 5mg	1	B/D
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml; TBDP 10mg, 15mg, 30mg	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISON INTENSOL CONC 5mg/ml	3	B/D
RAYOS TBEC 1mg, 2mg, 5mg	3	NDS B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
<i>taperdex 6-day</i> TBPK 1.5mg	1	
<i>taperdex 7-day</i> TBPK 1.5mg	1	
<i>taperdex 12-day</i> TBPK 1.5mg	1	
<i>triamcinolone acetonide</i> (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
ZILRETTA SRER 32mg	3	B/D NM
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE PACK POWD 3mg/dose	3	
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	3	NDS
<i>glucagon (rdna)</i> KIT 1mg	1	
GVOKE HYOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE KIT SOLN 1mg/0.2ml	2	
GVOKE PFS SOSY 1mg/0.2ml	2	
PROGLYCEM SUSP 50mg/ml	3	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2	

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
MISCELLANEOUS		
ACTHAR GEL 80unit/ml	3	NDS NM PA
ALDURAZYME SOLN 2.9mg/5ml	3	NDS NM PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	3	NDS NM
BUPHENYL POWD 3gm/tsp; TABS 500mg	3	NDS NM PA
<i>cabergoline</i> TABS .5mg	1	
CARBAGLU TBSO 200mg	3	NDS NM PA
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	3	NDS NM PA
CARNITOR SOLN 1gm/10ml, 200mg/ml; TABS 330mg	3	B/D
CERDELGA CAPS 84mg	3	NDS NM PA
CEREZYME SOLR 400unit	3	NDS NM PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg	1	B/D NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg	3	NDS B/D NM
CORTROPHIN GEL 80unit/ml	3	NDS NM PA
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	3	NDS NM PA
CYSTADANE POW	3	NDS NM
CYSTAGON CAPS 50mg, 150mg	3	NM PA
DDAVP SOLN 4mcg/ml; TABS .2mg	3	NDS
DDAVP TABS .1mg	3	
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	3	NDS
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray</i> <i>refrigerated</i> SOLN .01%	1	
DOJOLVI LIQD 100%	3	NDS NM PA
EGRIFTA SV SOLR 2mg	3	NDS NM PA
ELAPRASE SOLN 6mg/3ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
ELELYSO SOLR 200unit	3	NDS NM PA
ELFABRIO SOLN 20mg/10ml	3	NDS NM PA
EVISTA TABS 60mg	3	
FABRAZYME SOLR 5mg, 35mg	3	NDS NM PA
FENSOLVI KIT 45mg	3	NDS NM PA
GALAFOLD CAPS 123mg	3	NDS NM PA
GENOTROPIN CART 5mg, 12mg	3	NDS NM PA
GENOTROPIN MINIQUICK PRSY .2mg	2	NM PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	3	NDS NM PA
HUMATROPE CART 6mg, 12mg, 24mg	3	NDS NM PA
INCRELEX SOLN 40mg/4ml	3	NDS NM PA
ISTURISA TABS 1mg, 5mg	3	NDS 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
KORLYM TABS 300mg	3	NDS NM PA
KUVAN PACK 100mg, 500mg; TABS 100mg	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

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Drug Name	Drug Requirements/ Tier	Limits
<i>methergine</i> TABS .2mg	3	NDS PA
<i>methylergonovine maleate</i> TABS .2mg	3	NDS PA
<i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg	3	NDS NM PA
<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg	3	NDS NM PA
MYALEPT SOLR 11.3mg	3	NDS NM PA
MYCAPSSA CPDR 20mg	3	NDS NM PA
MYFEMBREE TAB	3	NDS
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 FLEXPRO 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) 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

Drug Name	Drug Requirements/ Tier	Limits
OPFOLDA CAPS 65mg	3	NM PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	3	NDS NM PA
ORIAHNN CAP	3	NDS
ORLISSA TABS 150mg, 200mg	3	NDS
OSPHENA TABS 60mg	3	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	3	NDS NM PA
REVCIVI SOLN 2.4mg/1.5ml	3	NDS NM
REZDIFFRA TABS 60mg, 80mg, 100mg	3	NDS NM PA
SAMSCA TABS 15mg, 30mg	3	NDS NM PA
SANDOSTATIN SOLN 50mcg/ml	3	NM PA
SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	3	NDS NM PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	3	NDS NM PA
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	3	NDS NM PA
SENSIPAR TABS 30mg	3	B/D NM
SENSIPAR TABS 60mg, 90mg	3	NDS B/D NM
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

Drug Name	Drug Requirements/ Tier	Limits
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	3	NDS NM PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	3	NDS NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	3	NDS NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	3	NDS NM PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	3	NDS NM PA
SYNAREL SOLN 2mg/ml	3	NDS PA
TEPEZZA SOLR 500mg	3	NDS NM PA
<i>tolvaptan</i> (generic of SAMSCA) TABS 15mg, 30mg	3	NDS NM PA
VEOZAH TABS 45mg	3	
VIJOICE PACK 50mg; TBP 50mg, 125mg	3	NDS NM PA
VIJOICE TAB 250MG	3	NDS 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
XENPOZYME SOLR 4mg, 20mg	3	NDS NM PA
<i>yargesa</i> (generic of ZAVESCA) CAPS 100mg	3	NDS NM PA
ZAVESCA CAPS 100mg	3	NDS NM PA
ZOMACTON SOLR 5mg	3	NM PA
ZOMACTON SOLR 10mg	3	NDS NM PA
PROGESTINS		
CRINONE GEL 4%, 8%	3	PA
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1	

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

Drug Name	Drug Requirements/ Tier	Limits
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	
THYQUIDITY SOLN 100mcg/5ml	3	
TIROSINT CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	
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
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D
ZEMPLAR CAPS 1mcg, 2mcg	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
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
ANTIVERT CHEW 25mg; TABS 50mg	3	
APONVIE EMUL 32mg/4.4ml	3	
<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D
<i>aprepitant</i> (generic of EMEND) CAPS 80mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
BONJESTA TAB 20-20MG	3	
CINVANTI EMUL 130mg/18ml	3	
<i>compro</i> SUPP 25mg	1	
DICLEGIS TAB 10-10MG	3	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i> (generic of DICLEGIS)	3	
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg, 5mg, 10mg	1	B/D
EMEND CAPS 80mg	3	B/D
EMEND SOLR 150mg	3	
EMEND SUSR 125mg/5ml	3	NDS B/D
EMEND TRIPAC PAK 80 & 125	3	B/D
FOCINVEZ SOLN 150mg/50ml	3	
<i>fosaprepitant dimeglumine</i> (generic of EMEND) SOLR 150mg	1	
GIMOTI SOLN 15mg/act	3	NDS
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
MARINOL CAPS 2.5mg	3	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>meclizine hcl</i> (generic of ANTIVERT) TABS 50mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1		BENTYL SOLN 10mg/ml	3	
<i>ondansetron</i> TDBP 4mg, 8mg	1	B/D	CUVPOSA SOLN 1mg/5ml	3	
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1		<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D	<i>dicyclomine hcl</i> SOLN 10mg/5ml	3	
<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	1		<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml	3	
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3		GLYCATE TABS 1.5mg	3	NDS
PHENERGAN SOLN 25mg/ml, 50mg/ml	3		<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml	1	
<i>prochlorperazine</i> SUPP 25mg	1		GLYCOPYRROLATE TABS 1.5mg	3	NDS
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1		<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1		<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	1		<i>glycopyrrolate (oral)</i> (generic of CUVPOSA) SOLN 1mg/5ml	1	
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml	2		<i>methscopolamine bromide</i> TABS 2.5mg, 5mg	3	
<i>promethazine hcl</i> SUPP 12.5mg, 25mg	3		ROBINUL TABS 1mg	3	
<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg	3		ROBINUL FORTE TABS 2mg	3	NDS
REGLAN TABS 5mg, 10mg	3		H2-RECEPTOR ANTAGONISTS		
<i>scopolamine</i> (generic of TRANSDERM-SCOP) PT72 1mg/3days	3		<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	
SUSTOL PRSY 10mg/0.4ml	3		<i>cimetidine hcl</i> SOLN 300mg/5ml	1	
SYNDROS SOLN 5mg/ml	3	NDS B/D	<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1	
<i>trimethobenzamide hcl</i> CAPS 300mg	1		<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1	
VARUBI TBPK 90mg	3	B/D NM	<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
ANTISPASMODICS			<i>nizatidine</i> CAPS 150mg, 300mg	1	
<i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY 1mg/10ml	3		PEPCID TABS 20mg, 40mg	3	
<i>atropine sulfate</i> SOSY .25mg/5ml	3		INFLAMMATORY BOWEL DISEASE		
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3		APRISO CP24 .375gm	3	
			AZULFIDINE TABS 500mg	3	
			AZULFIDINE EN-TABS 500mg	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	
<i>budesonide</i> (generic of UCERIS) TB24 9mg	3	NDS
<i>budesonide</i> (intrarectal) (generic of UCERIS) FOAM 2mg	1	
CANASA SUPP 1000mg	3	NDS
COLAZAL CAPS 750mg	3	NDS
CORTENEMA ENEM 100mg/60ml	3	
DELZICOL CPDR 400mg	3	
DIPENTUM CAPS 250mg	3	NDS
<i>hydrocortisone</i> (intrarectal) (generic of CORTENEMA) ENEM 100mg/60ml	1	
LIALDA TBEC 1.2gm	3	
<i>mesalamine</i> (generic of APRISO) CP24 .375gm	1	
<i>mesalamine</i> (generic of PENTASA) CPCR 500mg	1	
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg	1	
<i>mesalamine</i> ENEM 4gm; TBEC 800mg	1	
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg	1	
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm	1	
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm	1	
PENTASA CPCR 250mg	3	
PENTASA CPCR 500mg	3	NDS
ROWASA KIT 4gm	3	NDS
SFROWASA ENEM 4gm/60ml	3	NDS
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
UCERIS FOAM 2mg/act	3	
UCERIS TB24 9mg	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
LAXATIVES		
CLENPIQ SOL 10 MG-3.5 GM-12 GM/160ML	3	
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>generlac</i> SOLN 10gm/15ml	1	
GOLYTELY SOL	3	
KRISTALOSE PACK 10gm, 20gm	3	
LACTULOSE PACK 10gm	3	NDS
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose</i> (encephalopathy) SOLN 10gm/15ml	1	
MOVIPREP SOL	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY)	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg-3350/electrolytes/asc</i> (generic of MOVIPREP)	1	
PLENVU SOL	3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT)	1	
SUFLAVE SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	3	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg	3	NDS
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg	1	
AMITIZA CAPS 8mcg, 24mcg	3	
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i> (generic of PYLERA)	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
BYLVAY CAPS 400mcg, 1200mcg	3	NDS NM PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	3	NDS NM PA
CARAFATE SUSP 1gm/10ml; TABS 1gm	3	
CHOLBAM CAPS 50mg, 250mg	3	NDS NM PA
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
<i>cromolyn sodium</i> (<i>mastocytosis</i>) (generic of GASTROCROM) CONC 100mg/5ml	1	
CYTOTEC TABS 100mcg, 200mcg	3	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	3	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg (generic of LOMOTIL)	2	
EOHILIA SUSP 2mg/10ml	3	NDS
GASTROCROM CONC 100mg/5ml	3	NDS
GATTEX KIT 5mg	3	NDS NM PA
HELIDAC MIS THERAPY	3	NDS
IBSRELA TABS 50mg	3	NDS
LINZESS CAPS 72mcg, 145mcg, 290mcg	2	
LIVMARLI SOLN 9.5mg/ml	3	NDS NM PA
LOMOTIL TAB 2.5MG	3	
<i>loperamide hcl</i> CAPS 2mg	1	
LOTRONEX TABS .5mg, 1mg	3	NDS
<i>lubiprostone</i> (generic of AMITIZA) CAPS 8mcg, 24mcg	1	
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	1	
MOTEGRITY TABS 1mg, 2mg	3	
MOVANTI TABS 12.5mg, 25mg	2	

Drug Name	Drug Requirements/ Tier	Limits
OCALIVA TABS 5mg, 10mg	3	NDS 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	
PYLERA CAP	3	
REBYOTA SUSP 150ml	3	NDS NM PA
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml; TABS 150mg	3	NDS
RELTONE CAPS 200mg, 400mg	3	NDS
SUCRAID SOLN 8500unit/ml	3	NDS NM
<i>sucralfate</i> (generic of CARAFATE) SUSP 1gm/10ml; TABS 1gm	1	
SYMPROIC TABS .2mg	3	
TALICIA CAP	3	
TRULANCE TABS 3mg	3	
URSO 250 TABS 250mg	3	
URSO FORTE TABS 500mg	3	
URSODIOL CAPS 200mg, 400mg	3	NDS
<i>ursodiol</i> CAPS 300mg; TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
VIBERZI TABS 75mg, 100mg	3	NDS
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	3	NDS
VOQUEZNA PAK DUAL PAK	3	
VOQUEZNA PAK TRIP PK	3	
VOWST CAP	3	NDS NM PA
XERMELO TABS 250mg	3	NDS NM PA
XIFAXAN TABS 550mg	3	NDS
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	

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
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
PROTON PUMP INHIBITORS		
ACIPHEX TBEC 20mg	3	
DEXILANT CPDR 30mg, 60mg	3	
<i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg	1	
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg; PACK 10mg, 20mg, 40mg	1	
<i>esomeprazole sodium</i> (generic of NEXIUM I.V.) SOLR 40mg	1	
KONVOMEF SUS 2-84/ML	3	
<i>lansoprazole</i> CPDR 15mg	1	
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg	1	
<i>lansoprazole</i> (generic of PREVACID SOLUTAB) TBDD 15mg, 30mg	1	
NEXIUM CPDR 20mg, 40mg; 3 PACK 2.5mg, 5mg, 10mg, 20mg, 40mg	3	
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>omeprazole-sodium</i> <i>bicarbonate cap 20-1100 mg</i> (generic of ZEGERID)	3	NDS
<i>omeprazole-sodium</i> <i>bicarbonate cap 40-1100 mg</i> (generic of ZEGERID)	3	NDS
<i>omeprazole-sodium</i> <i>bicarbonate powd pack for</i> <i>susp 20-1680 mg</i> (generic of ZEGERID)	3	NDS
<i>omeprazole-sodium</i> <i>bicarbonate powd pack for</i> <i>susp 40-1680 mg</i> (generic of ZEGERID)	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>pantoprazole sodium</i> (generic of PROTONIX) PACK 40mg; SOLR 40mg; TBEC 20mg, 40mg	1	
PREVACID CPDR 30mg	3	
PREVACID SOLUTAB TBDD 15mg, 30mg	3	
PRILOSEC PACK 2.5mg, 10mg	3	
PROTONIX PACK 40mg; SOLR 40mg; TBEC 20mg, 40mg	3	
<i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg	1	
VOQUEZNA TABS 10mg, 20mg	3	
ZEGERID CAP 20-1100	3	NDS
ZEGERID CAP 40-1100	3	NDS
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg	1	
AVODART CAPS .5mg	3	
CARDURA XL TB24 4mg, 8mg	3	
CIALIS TABS 5mg QL (30 tabs / 30 days)	3	QL PA
<i>dutasteride</i> (generic of AVODART) CAPS .5mg	1	
<i>dutasteride-tamsulosin hcl cap</i> <i>0.5-0.4 mg</i>	1	
ENTADFI CAP 5-5MG	3	PA
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	1	
FLOMAX CAPS .4mg	3	
PROSCAR TABS 5mg	3	
RAPAFLO CAPS 4mg, 8mg	3	
<i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg	1	
<i>tadalafil</i> (generic of CIALIS) TABs 5mg QL (30 tabs / 30 days)	1	QL PA
<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg	1	
UROXATRAL TB24 10mg	3	
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	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>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg	3	NDS
FILSPARI TABS 200mg, 400mg	3	NDS 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> (generic of UROCIT-K 5) TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
RIMSO-50 SOLN 50%	3	
RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml	3	NDS NM PA
TARPEYO CPDR 4mg	3	NDS NM PA
THIOLA TABS 100mg	3	NDS NM
THIOLA EC TBEC 100mg, 300mg	3	NDS NM
<i>tiopronin</i> (generic of THIOLA) TABS 100mg	3	NDS NM
<i>tiopronin</i> (generic of THIOLA EC) TBEC 100mg, 300mg	3	NDS NM
UROCIT-K 5 TBCR 540mg	3	
UROCIT-K 10 TBCR 1080mg	3	
UROCIT-K 15 TBCR 15meq	3	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	1	
DETROL TABS 1mg, 2mg	3	
DETROL LA CP24 2mg, 4mg	3	
<i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg	1	
GELNIQUE GEL 10%	3	
GEMTESA TABS 75mg	3	
MYRBETRIQ SRER 8mg/ml; TB24 25mg, 50mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>oxybutynin chloride</i> SOLN 5mg/5ml; TABS 2.5mg, 5mg; TB24 5mg, 10mg, 15mg	1	
OXYTROL PTTW 3.9mg/24hr	3	
<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg	1	
<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg	1	
<i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg	1	
TOVIAZ TB24 4mg, 8mg	3	
<i>tropium chloride</i> CP24 60mg; TABS 20mg	1	
VESICARE TABS 5mg, 10mg	3	
VESICARE LS SUSP 5mg/5ml	3	
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREA 2%; SUPP 100mg	3	
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2%	1	
CLINDESSE CREA 2%	3	
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>miconazole 3</i> SUPP 200mg	1	
NUVESSA GEL 1.3%	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
VANAZOLE GEL .75%	3	
XACIATO GEL 2%	3	
HEMATOLOGIC ANTICOAGULANTS		
ARIXTRA SOLN 2.5mg/0.5ml	3	
ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	NDS
<i>dabigatran etexilate mesylate</i> CAPS 75mg	1	
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg, 150mg	1	
ELIQUIS TABS 2.5mg, 5mg	2	
ELIQUIS STARTER PACK TBPK 5mg	2	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1		LOVENOX SOSY 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	3	NDS
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1		PRADAXA CAPS 75mg, 110mg, 150mg	3	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	NDS	PRADAXA PACK 20mg, 30mg, 40mg, 50mg, 110mg, 150mg	3	NDS
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3		<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
FRAGMIN SOLN 9500unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	3	NDS	XARELTO SUSR 1mg/ml; TABS 2.5mg, 10mg, 15mg, 20mg	2	
HEP SOD/D5W INJ 20000UNT	3		XARELTO STAR TAB 15/20MG	2	
HEP SOD/D5W INJ 25000UNT	3		HEMATOPOIETIC GROWTH FACTORS		
HEP SOD/NACL INJ 12500UNT	2		ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA
HEP SOD/NACL INJ 25000UNT	2		ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	3	NDS NM PA
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D	EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D	EPOGEN SOLN 20000unit/ml	3	NDS NM PA
HEPARIN/NACL INJ 25000UNT	2		FULPHILA SOSY 6mg/0.6ml	3	NDS NM PA
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1		FYLNETRA SOSY 6mg/0.6ml	3	NDS NM PA
LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml	3		GRANIX SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM PA
			LEUKINE SOLR 250mcg	3	NDS NM PA
			MOZOBIL SOLN 24mg/1.2ml	3	NDS NM PA
			NEULASTA SOSY 6mg/0.6ml	3	NDS NM PA
			NEULASTA ONPRO KIT PSKT 6mg/0.6ml	3	NDS NM PA
			NEUPOGEN SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM PA	<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	1	
NPLATE SOLR 125mcg, 250mcg, 500mcg	3	NDS NM PA	BERINERT KIT 500unit	3	NDS NM PA
NYVEPRIA SOSY 6mg/0.6ml	3	NDS NM PA	CABLIVI KIT 11mg	3	NDS NM PA
<i>plerixafor</i> (generic of MOZOBIL) SOLN 24mg/1.2ml	3	NDS NM PA	<i>cilostazol</i> TABS 50mg, 100mg	1	
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA	CINRYZE SOLR 500unit	3	NDS NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	3	NDS NM PA	DOPTELET TABS 20mg	3	NDS NM PA
RELEUKO SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM PA	DROXIA CAPS 200mg, 300mg, 400mg	2	
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/2ml, 20000unit/ml	3	NM PA	EMPAVELI SOLN 1080mg/20ml	3	NDS NM PA
RETACRIT SOLN 40000unit/ml	3	NDS NM PA	ENDARI PACK 5gm	3	NDS NM PA
ROLVEDON SOSY 13.2mg/0.6ml	3	NDS NM PA	ENJAYMO SOLN 1100mg/22ml	3	NDS NM PA
STIMUFEND SOSY 6mg/0.6ml	3	NDS NM PA	FABHALTA CAPS 200mg	3	NDS NM PA
UDENYCA SOAJ 6mg/0.6ml; SOSY 6mg/0.6ml	3	NDS NM PA	FIRAZYR SOSY 30mg/3ml	3	NDS NM PA
UDENYCA ONBODY SOSY 6mg/0.6ml	3	NDS NM PA	GIVLAARI SOLN 189mg/ml	3	NDS NM PA
XOLREMDI CAPS 100mg	3	NDS NM PA	HAEGARDA SOLR 2000unit, 3000unit	3	NDS NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM PA	<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml	3	NDS NM PA
ZIEXTENZO SOSY 6mg/0.6ml	3	NDS NM PA	KALBITOR SOLN 10mg/ml	3	NDS NM PA
MISCELLANEOUS			<i>l-glutamine (sickle cell)</i> (generic of ENDARI) PACK 5gm	3	NDS NM PA
ADAKVEO SOLN 100mg/10ml	3	NDS NM PA	MULPLETA TABS 3mg	3	NDS NM PA
ADZYNMA KIT 500unit, 1500unit	3	NDS NM PA	ORLADEYO CAPS 110mg, 150mg	3	NDS NM PA
AGRYLIN CAPS .5mg	3		OXBRYTA TABS 300mg, 500mg; TBSO 300mg	3	NDS NM PA
ALVAIZ TABS 9mg, 18mg, 36mg, 54mg	3	NDS NM PA	<i>pentoxifylline</i> TBCR 400mg	1	
<i>aminocaproic acid</i> SOLN .25gm/ml; TABS 500mg, 1000mg	3	NDS	PROMACTA PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg	3	NDS NM PA
<i>anagrelide hcl</i> CAPS 1mg	1		PYRUKYND TABS 5mg, 20mg, 50mg	3	NDS NM PA
			PYRUKYND TAB 20MGX5MG	3	NDS NM PA
			PYRUKYND TAB 50MGX20M	3	NDS NM PA
			PYRUKYND TAPER PACK TBPK 5mg	3	NDS NM PA
			REBLOZYL SOLR 25mg, 75mg	3	NDS NM PA
			RUCONEST SOLR 2100unit	3	NDS NM PA
			<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml	3	NDS NM PA
			SIKLOS TABS 100mg	3	

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Drug Name	Drug Requirements/ Tier	Limits
SIKLOS TABS 1000mg	3	NDS
SOLIRIS SOLN 300mg/30ml	3	NDS NM PA
TAKHZYRO SOLN 300mg/2ml; SOSY 150mg/ml, 300mg/2ml	3	NDS NM PA
TAVALISSE TABS 100mg, 150mg	3	NDS NM PA
TAVNEOS CAPS 10mg	3	NDS NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1	
<i>tranexamic acid</i> TABS 650mg	1	
<i>tranexamic acid-sodium chloride iv soln 1000 mg/100ml-0.7%</i> (generic of TRANEXAMIC ACID/SODIUM CH)	1	
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	3	NDS NM PA
VOYDEYA TABS 100mg	3	NDS NM PA
VOYDEYA TAB 50-100MG	3	NDS NM PA
ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml	3	NDS NM PA
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	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	2	
EFFIENT TABS 5mg, 10mg	3	
PLAVIX TABS 75mg	3	
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1	
ZONTIVITY TABS 2.08mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml; SOSY 162mg/0.9ml	3	NDS NM PA
ACTEMRA ACTPEN SOAJ 162mg/0.9ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	3	NDS NM PA
ADBRY SOSY 150mg/ml	3	NDS NM PA
AVSOLA SOLR 100mg	3	NDS NM PA
BIMZELX SOAJ 160mg/ml; SOSY 160mg/ml	3	NDS NM PA
CIBINQO TABS 50mg, 100mg, 200mg	3	NDS NM PA
CIMZIA KIT 200mg; PSKT 200mg/ml	3	NDS NM PA
CIMZIA STARTER KIT 200mg/ml	3	NDS NM PA
COSENTYX SOLN 125mg/5ml; SOSY 75mg/0.5ml, 150mg/ml	3	NDS NM PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	3	NDS NM PA
COSENTYX UNOREADY SOAJ 300mg/2ml	3	NDS NM PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	3	NDS NM PA
ENBREL SOLN 25mg/0.5ml; SOSY 25mg/0.5ml, 50mg/ml	3	NDS NM PA
ENBREL MINI SOCT 50mg/ml	3	NDS NM PA
ENBREL SURECLICK SOAJ 50mg/ml	3	NDS NM PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml	3	NDS NM PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	3	NDS NM PA
HUMIRA PEN KIT PS/UV	3	NDS NM PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	3	NDS NM PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	3	NDS NM PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	3	NDS NM PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	3	NDS NM PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	3	NDS NM PA
ILUMYA SOSY 100mg/ml	3	NDS NM PA
INFLECTRA SOLR 100mg	3	NDS NM PA
INFLIXIMAB SOLR 100mg	3	NDS NM PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml; SOSY 150mg/1.14ml, 200mg/1.14ml	3	NDS NM PA
KINERET SOSY 100mg/0.67ml	3	NDS NM PA
LITFULO CAPS 50mg	3	NDS NM PA
OLUMIANT TABS 1mg, 2mg, 4mg	3	NDS NM PA
OMVOH SOAJ 100mg/ml; SOLN 300mg/15ml; SOSY 100mg/ml	3	NDS NM PA
ORENCIA SOLR 250mg; SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml	3	NDS NM PA
ORENCIA CLICKJECT SOAJ 125mg/ml	3	NDS NM PA
OTEZLA TABS 30mg	3	NDS NM PA
OTEZLA TAB 10/20/30	3	NDS NM PA
REMICADE SOLR 100mg	3	NDS NM PA
RENFLEXIS SOLR 100mg	3	NDS NM PA
RINVOQ TB24 15mg, 30mg, 45mg	3	NDS NM PA
RINVOQ LQ SOLN 1mg/ml	3	NDS NM PA
SILIQ SOSY 210mg/1.5ml	3	NDS NM PA
SIMPONI SOAJ 50mg/0.5ml, 100mg/ml; SOSY 50mg/0.5ml, 100mg/ml	3	NDS NM PA
SIMPONI ARIA SOLN 50mg/4ml	3	NDS NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml; SOLN 600mg/10ml; SOSY 150mg/ml	3	NDS NM PA
SKYRIZI PEN SOAJ 150mg/ml	3	NDS NM PA
SOTYKTU TABS 6mg	3	NDS NM PA
SPEVIGO SOLN 450mg/7.5ml; SOSY 150mg/ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
STELARA SOLN 45mg/0.5ml, 130mg/26ml; SOSY 45mg/0.5ml, 90mg/ml	3	NDS NM PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	3	NDS NM PA
TREMFYA SOPN 100mg/ml; SOSY 100mg/ml	3	NDS NM PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	3	NDS NM PA
VELSIPITY TABS 2mg	3	NDS NM PA
XELJANZ SOLN 1mg/ml; TABS 5mg, 10mg	3	NDS NM PA
XELJANZ XR TB24 11mg, 22mg	3	NDS NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ARAVAL TABS 10mg, 20mg <i>hydroxychloroquine sulfate</i> TABS 100mg, 300mg, 400mg	3	NDS
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	1	
JYLAMVO SOLN 2mg/ml <i>leflunomide</i> (generic of ARAVAL) TABS 10mg, 20mg	3	B/D
<i>methotrexate sodium</i> TABS 2.5mg	1	
OTREXUP SOAJ 10mg/0.4ml, 12.5mg/0.4ml, 15mg/0.4ml, 17.5mg/0.4ml, 20mg/0.4ml, 22.5mg/0.4ml, 25mg/0.4ml	3	NM PA
PLAQUENIL TABS 200mg	3	
RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml	3	NM PA
SOVUNA TABS 200mg, 300mg	3	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D
XATMEP SOLN 2.5mg/ml	3	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	3	NDS PA

Drug Name	Drug Requirements/ Tier	Limits
BIVIGAM SOLN 5gm/50ml, 10%	3	NDS NM PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	3	NDS NM PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	3	NDS NM PA
CYTOGAM INJ 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	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

Drug Name	Drug Requirements/ Tier	Limits
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	NDS NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3	NDS NM PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	3	NDS NM PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	3	NDS NM PA
ARCALYST SOLR 220mg	3	NDS NM PA
GRASTEK SUBL 2800bau	3	
ILARIS SOLN 150mg/ml	3	NDS NM PA
JOENJA TABS 70mg	3	NDS NM PA
ODACTRA SUB	3	
ORALAIR SUB 300 IR	3	NM
PALFORZIA CAP ESCALAT	3	NDS NM
PALFORZIA CAP LEVEL 3	3	NDS NM
PALFORZIA CAP LEVEL 7	3	NDS NM
PALFORZIA CAP LEVEL 8	3	NDS NM
PALFORZIA CAP LEVEL 10	3	NDS NM
PALFORZIA LEVEL 1 CSPK 1mg	3	NDS NM
PALFORZIA LEVEL 2 CSPK 1mg	3	NDS NM
PALFORZIA LEVEL 4 CSPK 20mg	3	NDS NM
PALFORZIA LEVEL 5 CSPK 20mg	3	NDS NM
PALFORZIA LEVEL 6 CSPK 20mg	3	NDS NM
PALFORZIA LEVEL 9 CSPK 100mg	3	NDS NM
PALFORZIA LEVEL 11 (MAINT PACK 300mg)	3	NDS NM
PALFORZIA LEVEL 11 (TITRA PACK 300mg)	3	NDS NM
RAGWITEK SUBL 12amba1- u	3	
RYSTIGGO SOLN 280mg/2ml	3	NDS NM PA
VYVGART SOLN 400mg/20ml	3	NDS NM PA
VYVGART INJ HYTRULO	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	3	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
ATGAM INJ 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; SOLR 120mg, 400mg; SOSY 200mg/ml	3	NDS NM PA
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	3	NDS B/D NM
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg	1	B/D NM
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
cyclosporine modified (for microemulsion) CAPS 50mg	1	B/D NM
ENVARUSUS XR TB24 4mg	3	NDS B/D NM
ENVARUSUS XR TB24 .75mg, 1mg	3	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	3	NDS B/D NM
gengraf (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
IMURAN TABS 50mg	3	B/D
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
MYFORTIC TBEC 180mg	3	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
MYFORTIC TBEC 360mg	3	NDS B/D NM
MYHIBBIN SUSP 200mg/ml	3	NDS B/D NM
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D NM
NULOJIX SOLR 250mg	3	NDS B/D NM
PROGRAF CAPS 5mg	3	NDS B/D NM
PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg	3	B/D NM
RAPAMUNE SOLN 1mg/ml; TABS 1mg, 2mg	3	NDS B/D NM
REZUROCK TABS 200mg	3	NDS NM PA
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml, 100mg/ml	3	B/D NM
SANDIMMUNE CAPS 100mg	3	NDS B/D NM
SAPHNELO SOLN 300mg/2ml	3	NDS NM PA
sirolimus (generic of RAPAMUNE) SOLN 1mg/ml	3	NDS B/D NM
sirolimus (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	1	B/D NM
tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	3	NDS B/D NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL 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	1	
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	

Drug Name	Drug Requirements/ Tier	Limits
VARIVAX INJ 1350pfu/0.5ml	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	
<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	

Drug Name	Drug Requirements/ Tier Limits
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	1
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i> (generic of KCL 0.3%/D5W/NACL 0.9%)	1
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	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</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2
<i>magnesium sulfate</i> SOLN 50%	2
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W)	2
MG SO4/D5W INJ 10MG/ML	2
<i>multiple electrolytes ph 5.5</i>	1
<i>multiple electrolytes ph 7.4</i> (generic of PLASMA-LYTE A)	1
PLASMA-LYTE INJ -148	3
PLASMA-LYTE INJ -A	3
POT CHL 20MEQ/L IN NACL 0.9% INJ	3
POT CHL 20MEQ/L IN NACL 0.45% INJ	3

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

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

Drug Name	Drug Requirements/ Tier	Limits
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>levofloxacin (ophth) SOLN 1.5%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>	1	
NATACYN SUSP 5%	3	
<i>neo-polycin 5(3.5)mg-400unt- 10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt- mg/ml</i>	1	
OCUFLOX SOLN .3%	3	
<i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
TOBREX OINT .3%	3	
<i>trifluridine SOLN 1%</i>	1	
VIGAMOX SOLN .5%	3	
XDEMVIY SOLN .25%	3	NDS NM
ZIRGAN GEL .15%	3	

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Drug Name	Drug Requirements/ Tier	Limits
ANTI-INFLAMMATORIES		
ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
ACUVAIL SOLN .45%	3	
ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth)</i> (generic of PROLENSA) SOLN .07%	1	
<i>bromfenac sodium (ophth)</i> SOLN .09%	1	
<i>bromfenac sodium (ophth)</i> (generic of BROMSITE) SOLN .075%	1	
BROMSITE SOLN .075%	3	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
DEXYCU SUSP 9%	3	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> (generic of DUREZOL) EMUL .05%	1	
DUREZOL EMUL .05%	3	
FLAREX SUSP .1%	3	
<i>fluorometholone (ophth)</i> (generic of FML LIQUIFILM) SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
FML FORTE SUSP .25%	3	
FML LIQUIFILM SUSP .1%	3	
ILEVRO SUSP .3%	3	
INVELTYS SUSP 1%	3	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) SOLN .4%	1	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) SOLN .5%	1	
LOTEMAX GEL .5%; SUSP .5%	3	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	2	
<i>loteprednol etabonate</i> (generic of LOTE MAX) GEL .5%; SUSP .5%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>loteprednol etabonate</i> (generic of ALREX) SUSP .2%	1	
MAXIDEX SUSP .1%	3	
NEVANAC SUSP .1%	3	
PRED FORTE SUSP 1%	3	
PRED MILD SUSP .12%	3	
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
PROLENSA SOLN .07%	3	
XIPERE SUSP 40mg/ml	3	NM PA
YUTIQ IMPL .18mg	3	NDS NM
ANTIALLERGICS		
ALOMIDE SOLN .1%	3	
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>bepotastine besilate</i> (generic of BEPREVE) SOLN 1.5%	1	
BEPREVE SOLN 1.5%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>epinastine hcl (ophth)</i> SOLN .05%	1	
ZERVIATE SOLN .24%	3	
ANTI GLAUCOMA		
ALPHAGAN P SOLN .1%, .15%	3	
AZOPT SUSP 1%	3	
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	3	
<i>bimatoprost</i> SOLN .03%	1	
<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	

Drug Name	Drug Requirements/ Tier	Limits
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> (generic of COSOPT)	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> (generic of COSOPT PF)	1	
ISTALOL SOLN .5%	3	
IYUZEH SOLN .005%	3	
<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>tafluprost</i> (generic of ZIOPTAN) SOLN .015mg/ml	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	
TIMOPTIC OCUDOSE SOLN .25%, .5%	3	
TRAVATAN Z SOLN .004%	3	
<i>travoprost</i> (generic of TRAVATAN Z) SOLN .004%	1	
VYZULTA SOLN .024%	3	
XALATAN SOLN .005%	3	
XELPROS EMUL .005%	3	
ZIOPTAN SOLN .015mg/ml	3	

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
BEOVU SOSY 6mg/0.05ml	3	NDS NM PA
BYOOVIZ SOLN .5mg/0.05ml	3	NDS NM PA
CEQUA SOLN .09%	3	
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
LACRISERT INST 5mg	3	
LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	3	NDS NM PA
MIEBO SOLN 1.338gm/ml	2	
OXERVATE SOLN .002%	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
TYRVAYA SOLN .03mg/act	3	
VABYSMO SOLN 6mg/0.05ml	3	NDS NM PA
VERKAZIA EMUL .1%	3	NDS
VEVYE SOLN .1%	3	NDS
XIIDRA SOLN 5%	2	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
CETRAXAL SOLN .2%	3	
CIPRO HC SUS OTIC	3	
<i>ciprofloxacin hcl (otic)</i> SOLN .2%	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3- 0.025%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
DERMOTIC OIL .01%	3	
<i>flac</i> (generic of DERMOTIC) OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%	1	
<i>hydrocortisone w/ acetic acid</i> <i>otic soln 1-2%</i> (generic of HYDROCORTISONE/ACETIC ACI)	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml- 1%</i>	1	
<i>ofloxacin (otic) SOLN .3%</i> OTOVEL DRO	1 3	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	2	
BEVESPI AER 9-4.8MCG	2	
BREZTRI AERO AER SPHERE	2	
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	2	
COMBIVENT AER 20-100	3	
DUAKLIR AER 400/12	3	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> STIOLTO AER 2.5-2.5	1 3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	2	
TRELEGY AER ELLIPTA 200-62.5-25 MCG	2	
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	3	
INCRUSE ELLIPTA AEPB 62.5mcg/inh	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>ipratropium bromide SOLN .02%</i>	1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	1	
SPIRIVA HANDIHALER CAPS 18mcg	3	
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	3	
<i>tiotropium bromide monohydrate</i> (generic of SPIRIVA HANDIHALER) CAPS 18mcg	1	
TUDORZA PRESSAIR AEPB 400mcg/act	3	
TUDORZA PRESSAIR (INSTITUTIONAL PACK) AEPB 400mcg/act	3	
YUPELRI SOLN 175mcg/3ml	3	NDS B/D
ANTIHISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> (generic of DYMISTA)	1	
CLARINEX-D TAB 2.5-120	3	
DYMISTA SPR 137-50	3	
<i>promethazine vc</i>	2	
RYALTRIS SPR 665-25	3	
ANTIHISTAMINES		
<i>azelastine hcl SOLN .1%</i>	1	
<i>carbinoxamine maleate SOLN 4mg/5ml; TABS 4mg</i>	2	
CARBINOXAMINE MALEATE TABS 6mg	3	
<i>cetirizine hcl SOLN 5mg/5ml</i>	1	
CLARINEX TABS 5mg	3	
<i>clemastine fumarate SYRP .67mg/5ml</i>	3	NDS
<i>clemastine fumarate TABS 2.68mg</i>	2	
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	2	
<i>desloratadine</i> (generic of CLARINEX) TABS 5mg	1	
<i>desloratadine TBDP 2.5mg, 5mg</i>	1	
<i>diphenhydramine hcl SOLN 50mg/ml</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	3	
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	2	
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg	2	
<i>hydroxyzine pamoate</i> CAPS 50mg, 100mg	2	
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	1	
<i>olopatadine hcl (nasal)</i> SOLN .6%	1	
QUZYTIR SOLN 10mg/ml	3	NDS
<i>ryclora</i> SOLN 2mg/5ml	1	
RYVENT TABS 6mg	3	
VISTARIL CAPS 25mg	3	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act (generic of Proair HFA)	1	
<i>albuterol sulfate</i> AERS 108mcg/act (generic of Ventolin HFA)	1	
<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act (generic of Proventil HFA)	1	
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>arformoterol tartrate</i> (generic of BROVANA) NEBU 15mcg/2ml	1	B/D
BROVANA NEBU 15mcg/2ml	3	NDS B/D
<i>formoterol fumarate</i> (generic of PERFOROMIST) NEBU 20mcg/2ml	1	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	
PERFOROMIST NEBU 20mcg/2ml	3	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
PROAIR RESPICLICK AEPB 108mcg/act	3	
SEREVENT DISKUS AEPB 50mcg/dose	2	
STRIVERDI RESPIMAT AERS 2.5mcg/act	3	
<i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	2	
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	2	
XOPENEX HFA AERO 45mcg/act	3	
LEUKOTRIENE MODULATORS		
ACCOLATE TABS 10mg, 20mg	3	
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	3	
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	1	
<i>zileuton</i> TB12 600mg	3	NDS
ZYFLO TABS 600mg	3	NDS
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	3	NDS NM PA
BRONCHITOL CAPS 40mg	3	NDS NM PA
CINQAIR SOLN 100mg/10ml	3	NDS NM PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg, 500mcg	3	
<i>elixophyllin</i> ELIX 80mg/15ml	3	NDS
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	
ESBRIET CAPS 267mg; TABS 267mg, 801mg	3	NDS NM PA
FASENRA SOSY 10mg/0.5ml, 30mg/ml	3	NDS NM PA
FASENRA PEN SOAJ 30mg/ml	3	NDS NM PA
GLASSIA SOLN 1000mg/50ml	3	NDS NM PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg; TABS 150mg	3	NDS NM PA
NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 40mg/0.4ml, 100mg/ml	3	NDS NM PA
OFEV CAPS 100mg, 150mg	3	NDS NM PA
ORKAMBI GRA 75-94MG	3	NDS NM PA
ORKAMBI GRA 100-125	3	NDS NM PA
ORKAMBI GRA 150-188	3	NDS NM PA
ORKAMBI TAB 100-125	3	NDS NM PA
ORKAMBI TAB 200-125	3	NDS NM PA
<i>pirfenidone</i> (generic of ESBRIET) CAPS 267mg; TABS 267mg, 801mg	3	NDS NM PA
<i>pirfenidone</i> TABS 534mg	3	NDS 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, 500mcg	1	
SYMDEKO TAB 50-75MG	3	NDS NM PA
SYMDEKO TAB 100-150	3	NDS NM PA
TEZSPIRE SOAJ 210mg/1.91ml; SOSY 210mg/1.91ml	3	NDS NM PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	3	NDS NM PA
TRIKAFTA PAK 75MG	3	NDS NM PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG	3	NDS NM PA
TRIKAFTA TAB 100-50-75MG & 150MG	3	NDS NM PA
XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml	3	NDS NM PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	3	NDS NM PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	1	
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	1	
OMNARIS SUSP 50mcg/act	3	
QNASL AERS 80mcg/act	3	
QNASL CHILDRENS AERS 40mcg/act	3	
XHANCE EXHU 93mcg/act	3	
ZETONNA AERS 37mcg/act	3	
STEROID INHALANTS		
ALVESCO AERS 80mcg/act, 160mcg/act	3	
ARNUIITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	2	
ASMANEX HFA AERO 50mcg/act, 100mcg/act, 200mcg/act	3	
ASMANEX TWISTHALER 14 MET AEPB 220mcg/inh	3	
ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh, 220mcg/inh	3	
ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh	3	
ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh	3	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
<i>fluticasone propionate</i> (inhalation) AEPB 50mcg/act, 100mcg/act, 250mcg/act	2	
<i>fluticasone propionate hfa</i> AERO 44mcg/act, 110mcg/act, 220mcg/act	2	
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
PULMICORT FLEXHALER AEPB 90mcg/act, 180mcg/act	3	
QVAR REDHALER AERB 40mcg/act, 80mcg/act	3	
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	3	
ADVAIR DISKU AER 250/50	3	
ADVAIR DISKU AER 500/50	3	
ADVAIR HFA AER 45/21	2	
ADVAIR HFA AER 115/21	2	
ADVAIR HFA AER 230/21	2	
AIRSUPRA AER 90-80MCG	3	
BREO ELLIPTA INH 50- 25MCG	2	
BREO ELLIPTA INH 100-25	2	
BREO ELLIPTA INH 200-25	2	
<i>brey-na</i> (generic of SYMBICORT)	1	
<i>budesonide-formoterol</i> <i>fumarate dihyd aerosol 80-4.5</i> <i>mcg/act</i> (generic of SYMBICORT)	1	
<i>budesonide-formoterol</i> <i>fumarate dihyd aerosol 160-</i> <i>4.5 mcg/act</i> (generic of SYMBICORT)	1	
DULERA AER 50-5MCG	3	
DULERA AER 100-5MCG	3	
DULERA AER 200-5MCG	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>fluticasone-salmeterol aer</i> <i>powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) (generic PRASCO not covered)	1	
<i>fluticasone-salmeterol aer</i> <i>powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) (generic PRASCO not covered)	1	
<i>fluticasone-salmeterol aer</i> <i>powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) (generic PRASCO not covered)	1	
SYMBICORT AER 80-4.5	3	
SYMBICORT AER 160-4.5	3	
<i>wixela inhub</i> (generic of ADVAIR DISKUS)	1	
TOPICAL DERMATOLOGY, ACNE		
ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	3	NDS
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	3	NDS
ACANYA GEL 1.2-2.5%	3	
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	
ACZONE GEL 5%, 7.5%	3	
<i>adapalene</i> (generic of DIFFERIN) CREA .1%; GEL .3%	1	
<i>adapalene</i> PADS .1%	3	NDS
ADAPALENE SOLN .1%	3	
<i>adapalene-benzoyl peroxide</i> <i>gel 0.1-2.5%</i> (generic of EPIDUO)	1	
<i>adapalene-benzoyl peroxide</i> <i>gel 0.3-2.5%</i> (generic of EPIDUO FORTE)	1	
AKLIEF CREA .005%	3	
ALTRENO LOTN .05%	3	
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	1	
AMZEEQ FOAM 4%	3	
ARAZLO LOTN .045%	3	

Drug Name	Drug Requirements/ Tier	Limits
ATRALIN GEL .05%	3	
AZELEX CREA 20%	3	
BENZAMYCIN GEL 5-3%	3	
<i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN)	1	
CABTREO GEL	3	NDS
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	
CLEOCIN-T LOTN 1%	3	
<i>clindacin</i> FOAM 1%	1	
<i>clindacin etz pledgets</i> SWAB 1%	1	
<i>clindacin-p</i> SWAB 1%	1	
CLINDAGEL GEL 1%	3	NDS
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate (topical)</i> FOAM 1%; SOLN 1%; SWAB 1%	1	
<i>clindamycin phosphate (topical)</i> (generic of CLINDAGEL) GEL 1%	1	
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1%	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA)	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i> (generic of ONEXTON)	1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	
<i>dapsone (topical)</i> (generic of ACZONE) GEL 5%, 7.5%	1	
DIFFERIN CREA .1%; GEL .3%; LOTN .1%	3	
EPIDUO FORTE GEL 0.3-2.5%	3	
EPIDUO GEL 0.1-2.5%	3	
EPSOLAY CREA 5%	3	
ery PADS 2%	1	
ERYGEL GEL 2%	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2%	1	
<i>erythromycin (acne aid)</i> SOLN 2%	1	
FABIOR FOAM .1%	3	
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	
<i>isotretinoin</i> (generic of ABSORICA) CAPS 25mg, 35mg	3	NDS
KLARON LOTN 10%	3	
<i>neuac gel 1.2-5%</i>	1	
ONEXTON GEL 1.2-3.75	3	
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	3	
RETIN-A MICRO GEL .04%, .06%, .1%	3	
RETIN-A MICRO PUMP GEL .08%	3	
<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10%	1	
TAZAROTENE FOAM .1%	3	
<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025%	1	
<i>tretinoin</i> (generic of ATRALIN) GEL .05%	1	
<i>tretinoin microsphere</i> GEL .04%, .1%	1	
<i>tretinoin microsphere</i> (generic of RETIN-A MICRO PUMP) GEL .08%	1	
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1%	1	
TWYNEO CRE 0.1-3%	3	
VELTIN GEL	3	
WINLEVI CREA 1%	3	
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	
ZIANA GEL	3	
DERMATOLOGY, ANTIBIOTICS		
ALTABAX OINT 1%	3	
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	1	
<i>mupirocin</i> OINT 2%	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>mupirocin calcium (topical)</i> CREA 2%	1	
SILVADENE CREA 1%	3	
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	1	
ssd (generic of SILVADENE) CREA 1%	1	
SULFAMYLYN CREA 85mg/gm	3	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> GEL .77%; SHAM 1%	1	
<i>ciclopirox olamine</i> CREA .77%; SUSP .77%	1	
<i>clotrimazole (topical)</i> CREA 1%; SOLN 1%	1	
<i>clotrimazole w/ betamethasone cream 1- 0.05%</i>	1	
<i>econazole nitrate</i> CREA 1%	1	
ERTACZO CREA 2%	3	NDS
EXELDERM CREA 1%; SOLN 1%	3	
JUBLIA SOLN 10%	3	NDS
<i>ketoconazole (topical)</i> CREA 2%; FOAM 2%; SHAM 2%	1	
<i>ketodan</i> FOAM 2%	1	
<i>klayesta</i> POWD 100000unit/gm	1	
<i>luliconazole</i> CREA 1%	1	
LUZU CREA 1%	3	
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15- 81.35%</i>	1	
<i>naftifine hcl</i> CREA 1%, 2%	1	
<i>naftifine hcl</i> (generic of NAFTIN) GEL 2%	1	
NAFTIN GEL 1%, 2%	3	
<i>nyamyc</i> POWD 100000unit/gm	1	
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm; POWD 100000unit/gm	1	
<i>nystop</i> POWD 100000unit/gm	1	
<i>oxiconazole nitrate</i> CREA 1%	1	PA

Drug Name	Drug Requirements/ Tier	Limits
OXISTAT CREA 1%; LOTN 1%	3	PA
<i>selenium sulfide</i> LOTN 2.5%	1	
VUSION OIN	3	
ZORYVE FOAM .3%	3	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	
<i>calcipotriene</i> CREA .005%; OINT .005%; SOLN .005%	1	PA
<i>calcipotriene-betamethasone dipropionate oint 0.005- 0.064%</i>	1	PA
<i>calcipotriene-betamethasone dipropionate susp 0.005- 0.064%</i> (generic of TACLONEX)	1	PA
<i>calcitrene</i> OINT .005%	1	PA
<i>calcitriol (topical)</i> OINT 3mcg/gm	1	PA
ENSTILAR AER	3	NDS PA
<i>methoxsalen rapid</i> CAPS 10mg	3	NDS
SORILUX FOAM .005%	3	NDS PA
TACLONEX SUS	3	NDS PA
<i>tazarotene</i> (generic of TAZORAC) CREA .1%; GEL .05%, .1%	1	
TAZORAC CREA .05%, .1%; GEL .05%, .1%	3	
VECTICAL OINT 3mcg/gm	3	NDS PA
VTAMA CREA 1%	3	NDS
ZORYVE CREA .3%	3	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	
<i>ala-scalp</i> LOTN 2%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	
<i>amcinonide</i> CREA .1%; OINT .1%	3	NDS
<i>betamethasone dipropionate (topical)</i> CREA .05%; LOTN .05%; OINT .05%	1	
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; LOTN .05%	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05%	1		<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025%	1	
<i>betamethasone valerate</i> CREA .1%; FOAM .12%; LOTN .1%; OINT .1%	1		<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS BODY) OIL .01%	1	
BRYHALI LOTN .01%	3		<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS SCALP) OIL .01%	1	
<i>clobetasol propionate</i> CREA .05%; FOAM .05%; GEL .05%; OINT .05%; SOLN .05%	1		<i>fluocinonide</i> (generic of VANOS) CREA .1%	1	
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05%; LOTN .05%; SHAM .05%	1		<i>fluocinonide</i> CREA .05%; GEL .05%; OINT .05%; SOLN .05%	1	
<i>clobetasol propionate e</i> CREA .05%	1		<i>fluocinonide emulsified base</i> CREA .05%	1	
<i>clobetasol propionate emulsion</i> FOAM .05%	1		<i>flurandrenolide</i> CREA .05%; LOTN .05%	1	
CLOBEX LIQD .05%; LOTN .05%; SHAM .05%	3		<i>fluticasone propionate</i> CREA .05%; LOTN .05%; OINT .005%	1	
<i>clocortolone pivalate</i> (generic of CLODERM) CREA .1%	1		<i>halcinonide</i> (generic of HALOG) CREA .1%	1	
<i>clodan</i> (generic of CLOBEX) SHAM .05%	1		<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	
CORDRAN CREA .05%; LOTN .05%	3	NDS	<i>halobetasol propionate</i> (generic of LEXETTE) FOAM .05%	1	
CORDRAN TAPE 4mcg/sqcm	3		HALOG CREA .1%; OINT .1%; SOLN .1%	3	
DERMA-SMOOTHIE/FS BODY OIL .01%	3		<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2%, 2.5%; OINT 1%, 2.5%	1	
DERMA-SMOOTHIE/FS SCALP OIL .01%	3		<i>hydrocortisone butyrate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>desonide</i> (generic of DESOWEN) CREA .05%	1		<i>hydrocortisone butyrate</i> (generic of LOCOID) LOTN .1%	1	
<i>desonide</i> GEL .05%; LOTN .05%; OINT .05%	1		<i>hydrocortisone butyrate hydrophilic lipo base</i> CREA .1%	1	
DESOWEN CREA .05%	3		<i>hydrocortisone valerate</i> CREA .2%; OINT .2%	1	
<i>desoximetasone</i> (generic of TOPICORT) CREA .05%, .25%; GEL .05%; LIQD .25%; OINT .05%, .25%	1		KENALOG AERS .147mg/gm	3	
<i>diflorasone diacetate</i> CREA .05%; OINT .05%	1		LEXETTE FOAM .05%	3	
DIPROLENE OINT .05%	3				
DUOBRII LOT	3	NDS			
EPIFOAM AER 1%	3				
<i>fluocinolone acetonide</i> CREA .01%; SOLN .01%	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
LOCOID LOTN .1%	3	
LOCOID LIPOCREAM CREA .1%	3	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
PANDEL CREA .1%	3	NDS
SYNALAR CREA .025%; OINT .025%	3	
TEXACORT SOLN 2.5%	3	
TOPICORT CREA .05%, .25%; GEL .05%; LIQD .25%; OINT .05%	3	
<i>tovet</i> FOAM .05%	1	
<i>triamcinolone acetonide (topical)</i> (generic of KENALOG) AERS .147mg/gm	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%; LOTN .025%, .1%; OINT .025%, .05%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	
ULTRAVATE LOTN .05%	3	NDS
VANOS CREA .1%	3	NDS
VERDESO FOAM .05%	3	NDS
DERMATOLOGY, LOCAL ANESTHETICS		
DYCLOPRO SOLN .5%	3	
<i>glydo</i> PRSY 2%	1	PA
<i>lidocaine</i> OINT 5%	1	PA
<i>lidocaine</i> (generic of LIDODERM) PTCH 5%	1	PA
<i>lidocaine hcl</i> SOLN 4%	1	PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	B/D
<i>lidocan</i> (generic of LIDODERM) PTCH 5%	1	PA
PLIAGLIS CRE 7-7%	3	PA
QUTENZA KIT 8% 1-PCH	3	NDS B/D NM
QUTENZA KIT 8% 2-PCH	3	NDS B/D NM
QUTENZA KIT 8% 4-PCH	3	NDS B/D NM
ZTLIDO PTCH 1.8%	3	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> (generic of ZOVIRAX) CREA 5%; OINT 5%	1	
ANUSOL-HC CREA 2.5%	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>azelaic acid</i> (generic of FINACEA) GEL 15%	1	
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1%	3	NDS NM PA
<i>brimonidine tartrate (topical)</i> (generic of MIRVASO) GEL .33%	1	
CARAC CREA .5%	3	NDS
CONDYLOX GEL .5%	3	
CORTIFOAM FOAM 10%	3	
DENAVIR CREA 1%	3	
<i>diclofenac sodium (actinic keratoses)</i> GEL 3%	1	PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	
<i>diclofenac sodium (topical)</i> (generic of PENNSAID) SOLN 2%	3	NDS PA
<i>doxepin hcl (antipruritic)</i> (generic of PRUDOXIN) CREA 5%	1	PA
<i>doxycycline (rosacea)</i> (generic of ORACEA) CPDR 40mg	1	
EFUDEX CREA 5%	3	
ELIDEL CREA 1%	3	
EUCRISA OINT 2%	3	
FINACEA FOAM 15%; GEL 15%	3	
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5%	1	
<i>fluorouracil (topical)</i> CREA .5%	3	NDS
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	
<i>hydrocortisone (rectal)</i> CREA 1%	1	
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
HYFTOR GEL .2%	3	NDS NM
<i>imiquimod</i> (generic of ZYCLARA) CREA 3.75%	1	
<i>imiquimod</i> CREA 5%	1	
<i>imiquimod pump</i> (generic of ZYCLARA) CREA 3.75%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ivermectin (rosacea)</i> (generic of SOOLANTRA) CREA 1%	1	
KLISYRI OINT 1%	3	NDS
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
METROCREAM CREA .75%	3	
METROGEL GEL 1%	3	
METROLOTION LOTN .75%	3	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75%	1	
<i>metronidazole (topical)</i> (generic of METROGEL) GEL 1%	1	
<i>metronidazole (topical)</i> GEL .75%	1	
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75%	1	
MIRVASO GEL .33%	3	
<i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4%	1	
NORITATE CREA 1%	3	NDS
OPZELURA CREA 1.5%	3	NDS PA
ORACEA CPDR 40mg	3	
PANRETIN GEL .1%	3	NDS PA
<i>penciclovir</i> (generic of DENAVIR) CREA 1%	1	
PENNSAID SOLN 2%	3	NDS PA
<i>pimecrolimus</i> (generic of ELIDEL) CREA 1%	1	
<i>podofilox</i> (generic of CONDYLOX) GEL .5%	1	
<i>podofilox</i> SOLN .5%	1	
<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	
PRUDOXIN CREA 5%	3	PA
QBREXZA PADS 2.4%	3	
RECTIV OINT .4%	3	
SOOLANTRA CREA 1%	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	
TARGETIN GEL 1%	3	NDS NM PA
TOLAK CREA 4%	3	
VALCHLOR GEL .016%	3	NDS NM PA
XERESE CRE 5-1%	3	NDS
YCANTH SOLN .7%	3	NM
ZILXI FOAM 1.5%	3	
ZONALON CREA 5%	3	PA
ZOVIRAX CREA 5%; OINT 5%	3	
ZYCLARA CREA 3.75%	3	NDS
ZYCLARA PUMP CREA 2.5%, 3.75%	3	NDS
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i> LOTN 10%	3	NDS
<i>malathion</i> LOTN .5%	1	
NATROBA SUSP .9%	3	
OVIDE LOTN .5%	3	
<i>permethrin</i> CREA 5%	1	
<i>spinosad</i> SUSP .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
FILSUVEZ GEL 10%	3	NDS NM PA
REGRANEX GEL .01%	3	NDS
SANTYL OINT 250unit/gm	3	
<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	1	
EVOXAC CAPS 30mg	3	
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> (generic of NYSTATIN) SUSP 100000unit/ml	1	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	

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

Index

A		
abacavir sulfate.....9	acetaminophen-caffeine- dihydrocodeine cap 320.5-30-16 mg.....3	see ketorolac tromethamine (ophth) .....78
abacavir sulfate-lamivudine tab 600-300 mg.....10	acetaminophen w/ codeine soln 120-12 mg/5ml.....3	ACUVAIL.....78
ABELCET.....8	acetaminophen w/ codeine tab 300-15 mg.....3	acyclovir.....11
ABILIFY.....36	acetaminophen w/ codeine tab 300-30 mg.....3	acyclovir sodium.....11
see aripiprazole.....36	acetaminophen w/ codeine tab 300-60 mg.....3	acyclovir topical.....87
ABILIFY ASIMTUFII.....36	acetazolamide.....29	ACZONE.....83
ABILIFY MAINTENA.....36	acetic acid.....67	see dapsone (topical) ..84
ABILIFY MYCITE MAINTENANC.....36	acetic acid (otic).....79	ADACEL INJ.....74
ABILIFY MYCITE STARTER KI.....36	acetylcysteine.....81	ADAKVEO.....70
abiraterone acetate.....16	ACIPHEX.....67	ADALIMUMAB-AACF (2 PEN).....71
ABRAXANE INJ 100MG .17	see rabeprazole sodium.....67	adapalene.....83
ABRYSVO.....74	acitretin.....85	ADAPALENE.....83
ABSORICA.....83	ACTEMRA.....71	adapalene-benzoyl peroxide gel 0.1-2.5% .83
see isotretinoin.....84	ACTEMRA ACTPEN.....71	adapalene-benzoyl peroxide gel 0.3-2.5% .83
ABSORICA LD.....83	ACTHAR.....60	ADBRY.....71
acamprosate calcium.....48	ACTHIB INJ.....74	ADCIRCA.....32
ACANYA	ACTIMMUNE.....73	see alyq.....32
see clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% .....84	ACTIVELLA	see tafalafil (pulmonary hypertension).....32
ACANYA GEL 1.2-2.5%..83	see estradiol & norethindrone acetate tab 1-0.5 mg.....58	ADDERALL
acarbose.....49	see mimvey.....58	see amphetamine- dextroamphetamine tab 10 mg.....43
ACCOLATE.....81	ACTIVELLA TAB 1-0.5MG.....57	see amphetamine- dextroamphetamine tab 12.5 mg.....43
see zafirlukast.....81	ACTONEL.....53	see amphetamine- dextroamphetamine tab 15 mg.....43
ACCUPRIL	see risedronate sodium.....53	see amphetamine- dextroamphetamine tab 20 mg.....43
see quinapril hcl.....23	ACTOPLUS MET	see amphetamine- dextroamphetamine tab 30 mg.....43
ACCURETIC	see pioglitazone hcl- metformin hcl tab 15- 850 mg.....51	see amphetamine- dextroamphetamine tab 5 mg.....43
see quinapril- hydrochlorothiazide tab 10-12.5 mg.....22	ACTOPLUS MET TAB 15- 850MG.....49	see amphetamine- dextroamphetamine tab 7.5 mg.....43
see quinapril- hydrochlorothiazide tab 20-12.5 mg.....22	ACTOS.....49	ADDERALL TAB 10MG .42
ACCURETIC TAB 10-12.5.....21	see pioglitazone hcl.....50	
ACCURETIC TAB 20-12.5.....21	ACULAR.....78	
accutane.....83	see ketorolac tromethamine (ophth) .....78	
acebutolol hcl.....28	ACULAR LS.....78	
acetaminophen.....1		

ADDERALL TAB 12.5MG.....42	ADVAIR DISKU AER 500/50 .....83	<i>albendazole</i>.....6
ADDERALL TAB 15MG ..42	ADVAIR DISKUS see <i>fluticasone-</i>	<i>albuterol sulfate</i>.....81
ADDERALL TAB 20MG ..42	<i>salmeterol aer powder</i>	ALCAINE see <i>proparacaine hcl</i> ...79
ADDERALL TAB 30MG ..42	<i>ba 100-50 mcg/act</i> ...83	<i>alclometasone dipropionate</i>.....85
ADDERALL TAB 5MG ....42	see <i>fluticasone-</i>	ALCOHOL SWABS: BD-
ADDERALL TAB 7.5MG .42	<i>salmeterol aer powder</i>	EMBECTA/MHC/RUGBY.....51
ADDERALL XR see <i>amphetamine-</i>	<i>ba 250-50 mcg/act</i> ...83	ALDACTONE .....23
<i>dextroamphetamine</i>	see <i>fluticasone-</i>	see <i>spironolactone</i> .....23
<i>cap er 24hr 10 mg</i> ...42	<i>salmeterol aer powder</i>	ALDURAZYME .....60
see <i>amphetamine-</i>	<i>ba 500-50 mcg/act</i> ...83	ALECENSA.....18
<i>dextroamphetamine</i>	see <i>wixela inhub</i>.....83	<i>alendronate sodium</i> .....53
<i>cap er 24hr 15 mg</i> ...42	ADVAIR HFA AER 115/21.....83	<i>alfuzosin hcl</i> .....67
see <i>amphetamine-</i>	ADVAIR HFA AER 230/21.....83	ALIMTA .....15
<i>dextroamphetamine</i>	ADVAIR HFA AER 45/21 83	see <i>pemetrexed</i>
<i>cap er 24hr 20 mg</i> ...42	ADZENYS XR-ODT .....42	<i>disodium</i> .....16
see <i>amphetamine-</i>	ADZYNMA .....70	ALINIA
<i>dextroamphetamine</i>	AEMCOLO .....6	see <i>nitazoxanide</i> .....7
<i>cap er 24hr 25 mg</i> ...42	AFINITOR .....18	<i>aliskiren fumarate</i>.....30
see <i>amphetamine-</i>	see <i>everolimus</i> .....18	ALKINDI SPRINKLE .....58
<i>dextroamphetamine</i>	AFINITOR DISPERZ.....18	<i>allopurinol</i>.....1
<i>cap er 24hr 30 mg</i> ...42	see <i>everolimus</i> .....18	ALLOPURINOL.....1
see <i>amphetamine-</i>	<i>afirmelle</i> .....54	<i>allopurinol sodium</i> .....1
<i>dextroamphetamine</i>	AFREZZA.....51	<i>almotriptan malate</i> .....44
<i>cap er 24hr 5 mg</i>.....42	AFREZZA POW 4-8-12...51	<i>alogliptin benzoate</i> .....49
ADDERALL XR CAP 10MG.....42	AFREZZA POW 4-8 UNIT.....51	<i>alogliptin-metformin hcl tab</i> 12.5-1000 mg .....49
ADDERALL XR CAP 15MG.....42	AFREZZA POW 8-12UNIT.....51	<i>alogliptin-metformin hcl tab</i> 12.5-500 mg .....49
ADDERALL XR CAP 20MG.....42	AGRYLIN .....70	<i>alogliptin-pioglitazone tab</i> 12.5-30 mg .....49
ADDERALL XR CAP 25MG.....42	see <i>anagrelide hcl</i> .....70	<i>alogliptin-pioglitazone tab</i> 25-15 mg .....49
ADDERALL XR CAP 30MG.....42	AIMOVIG.....44	<i>alogliptin-pioglitazone tab</i> 25-30 mg .....49
ADDERALL XR CAP 5MG.....42	AIRSUPRA AER 90- 80MCG .....83	<i>alogliptin-pioglitazone tab</i> 25-45 mg .....49
<i>adefovir dipivoxil</i> .....11	AJOVY .....44	ALOMIDE.....78
ADEMPAS .....32	AKEEGA TAB 100/500 ...16	ALOPRIM.....1
ADLARITY .....33	AKEEGA TAB 50/500MG.....16	see <i>allopurinol sodium</i> ...1
ADMELOG .....51	AKLIEF.....83	<i>alose tron hcl</i>.....65
ADMELOG SOLOSTAR .51	AKYNZEO CAP 300-0.5 .63	ALPHAGAN P .....78
ADRENALIN .....30	AKYNZEO INJ 235-0.25 .63	see <i>brimonidine tartrate</i>.....78
ADVAIR DISKU AER 100/50 .....83	AKYNZEO INJ 235- 0.25MG/20ML.....63	<i>alprazolam</i> .....32
ADVAIR DISKU AER 250/50 .....83	<i>ala-cort</i> .....85	
	<i>ala-scalp</i>.....85	

ALPRAZOLAM INTENSOL	32	see <i>amlodipine besylate- olmesartan medoxomil tab 10-40 mg</i>	23	<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i>	21
ALREX	78	see <i>amlodipine besylate- olmesartan medoxomil tab 5-20 mg</i>	23	<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i>	21
see <i>loteprednol etabonate</i>	78	see <i>amlodipine besylate- olmesartan medoxomil tab 5-40 mg</i>	23	<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i>	21
ALTABAX.....	84	<i>amlodipine besylate</i>	28	<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i>	21
ALTACE	22	<i>amlodipine besylate- atorvastatin calcium tab 10-10 mg</i>	30	<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i>	21
see <i>ramipril</i>	23	<i>amlodipine besylate- atorvastatin calcium tab 10-20 mg</i>	30	<i>amlodipine besylate- olmesartan medoxomil tab 10-20 mg</i>	23
<i>altavera</i>	54	<i>amlodipine besylate- atorvastatin calcium tab 10-40 mg</i>	30	<i>amlodipine besylate- olmesartan medoxomil tab 10-40 mg</i>	23
ALTOPREV	26	<i>amlodipine besylate- atorvastatin calcium tab 10-80 mg</i>	30	<i>amlodipine besylate- olmesartan medoxomil tab 5-20 mg</i>	23
ALTRENO	83	<i>amlodipine besylate- atorvastatin calcium tab 2.5-10 mg</i>	30	<i>amlodipine besylate- olmesartan medoxomil tab 5-40 mg</i>	23
ALUNBRIG.....	18	<i>amlodipine besylate- atorvastatin calcium tab 2.5-20 mg</i>	30	<i>amlodipine besylate- valsartan tab 10-160 mg</i>	23
ALUNBRIG PAK	18	<i>amlodipine besylate- atorvastatin calcium tab 2.5-40 mg</i>	30	<i>amlodipine besylate- valsartan tab 10-320 mg</i>	23
ALVAIZ.....	70	<i>amlodipine besylate- atorvastatin calcium tab 5-10 mg</i>	30	<i>amlodipine besylate- valsartan tab 5-160 mg</i> 23	
ALVESCO	82	<i>amlodipine besylate- atorvastatin calcium tab 5-20 mg</i>	30	<i>amlodipine besylate- valsartan tab 5-320 mg</i> 23	
<i>alyacen 1/35</i>	54	<i>amlodipine besylate- atorvastatin calcium tab 5-40 mg</i>	30	<i>amlodipine-valsartan- hydrochlorothiazide tab 10-160-12.5 mg</i>	23
<i>alyacen 7/7/7</i>	54	<i>amlodipine besylate- atorvastatin calcium tab 5-80 mg</i>	30	<i>amlodipine-valsartan- hydrochlorothiazide tab 10-160-25 mg</i>	24
ALYGLO.....	72	<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i>	21	<i>amlodipine-valsartan- hydrochlorothiazide tab 10-320-25 mg</i>	24
ALYMSYS	18				
<i>alyq</i>	32				
<i>amantadine hcl</i>	35				
AMBIEN	44				
see <i>zolpidem tartrate</i> ...44					
AMBIEN CR.....	44				
see <i>zolpidem tartrate</i> ...44					
AMBISOME.....	8				
see <i>amphotericin b liposome</i>	8				
<i>ambrisentan</i>	32				
<i>amcinonide</i>	85				
<i>amethia</i>	54				
<i>amethyst</i>	54				
<i>amikacin sulfate</i>	6				
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	29				
<i>amiloride hcl</i>	29				
<i>aminocaproic acid</i>	70				
<i>amiodarone hcl</i>	26				
AMITIZA.....	65				
see <i>lubiprostone</i>	66				
<i>amitriptyline hcl</i>	33				
AMLODIPINE/OLMESART AN MED see <i>amlodipine besylate- olmesartan medoxomil tab 10-20 mg</i>	23				

<i>amlodipine-valsartan- hydrochlorothiazide tab 5-160-12.5 mg</i>.....23	<i>amphetamine- dextroamphetamine 3- bead cap er 24hr 37.5 mg</i> .....42	<i>amphotericin b liposome</i> ...8
<i>amlodipine-valsartan- hydrochlorothiazide tab 5-160-25 mg</i> .....23	<i>amphetamine- dextroamphetamine 3- bead cap er 24hr 50 mg</i>.....42	<i>ampicillin</i> .....14
<i>amnestem</i> .....83	<i>amphetamine- dextroamphetamine 3- bead cap er 24hr 50 mg</i>.....42	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> .....14
<i>amoxapine</i> .....33	<i>amphetamine- dextroamphetamine cap er 24hr 10 mg</i> .....42	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>.....14
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>.....65	<i>amphetamine- dextroamphetamine cap er 24hr 15 mg</i> .....42	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1- 0.5) gm</i> .....14
<i>amoxicillin</i> .....13	<i>amphetamine- dextroamphetamine cap er 24hr 20 mg</i> .....42	<i>ampicillin & sulbactam sodium for iv soln 15 (10- 5) gm</i> .....14
<i>AMOXICILLIN</i> .....13	<i>amphetamine- dextroamphetamine cap er 24hr 25 mg</i> .....42	<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i> .....14
<i>see amoxicillin</i> .....13	<i>amphetamine- dextroamphetamine cap er 24hr 30 mg</i> .....42	<i>ampicillin sodium</i>.....14
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i> .13	<i>amphetamine- dextroamphetamine cap er 24hr 5 mg</i> .....42	<i>AMPYRA</i>.....46
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>....13	<i>amphetamine- dextroamphetamine tab 10 mg</i> .....43	<i>see dalfampridine</i> .....46
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>.....13	<i>amphetamine- dextroamphetamine tab 12.5 mg</i> .....43	<i>AMVUTTRA</i> .....45
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>.....13	<i>amphetamine- dextroamphetamine tab 15 mg</i> .....43	<i>AMZEEQ</i>.....83
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>.....13	<i>amphetamine- dextroamphetamine tab 20 mg</i> .....43	<i>ANAFRANIL</i>.....33
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>.....14	<i>amphetamine- dextroamphetamine tab 30 mg</i> .....43	<i>see clomipramine hcl</i> ...33
<i>amoxicillin & k clavulanate tab 250-125 mg</i> .....14	<i>amphetamine- dextroamphetamine tab 5</i> mg .....43	<i>anagrelide hcl</i>.....70
<i>amoxicillin & k clavulanate tab 500-125 mg</i> .....14	<i>amphetamine- dextroamphetamine tab 7.5 mg</i> .....43	<i>ANAPROX DS</i> <i>see naproxen sodium</i> ...2
<i>amoxicillin & k clavulanate tab 875-125 mg</i> .....14	<i>amphotericin b</i> .....8	<i>anastrozole</i> .....16
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>.....14		<i>ANCOBON</i>.....8
<i>amphetamine- dextroamphetamine 3- bead cap er 24hr 12.5 mg</i> .....42		<i>see flucytosine</i>.....8
<i>amphetamine- dextroamphetamine 3- bead cap er 24hr 25 mg</i>.....42		<i>ANDROGEL PUMP</i> .....49
		<i>see testosterone</i>.....49
		<i>ANNOVERA MIS</i> .....54
		<i>ANORO ELLIPT AER 62.5- 25</i> .....80
		<i>ANTIVERT</i> .....63
		<i>see meclizine hcl</i> .....63
		<i>ANUSOL-HC</i>.....87
		<i>see hydrocortisone (rectal)</i>.....87
		<i>see procto-med hc</i>.....88
		<i>see proctosol hc</i> .....88
		<i>see proctozone-hc</i>.....88
		<i>APIDRA</i>.....51
		<i>APIDRA SOLOSTAR</i> .....51
		<i>APLENZIN</i> .....33
		<i>APOKYN</i> .....35

<i>apomorphine hydrochloride</i>	see <i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	<i>atenolol & chlorthalidone tab 50-25 mg</i>
.....35	.....1	.....27
APONVIE	ARTHROTEC 75 TAB	ATGAM
.....63	.....1	.....74
<i>aprepitant</i>	ARZERRA	ATIVAN
.....63	.....18	.....32
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	<i>asenapine maleate</i>	see <i>lorazepam</i>
.....63	.....36	.....32
<i>apri</i>	<i>ashlyna</i>	<i>atomoxetine hcl</i>
.....54	.....54	.....43
APRISO	ASMANEX HFA	ATORVALIQ
.....64	.....82	.....26
see <i>mesalamine</i>	ASMANEX TWISTHALER 120 ME	<i>atorvastatin calcium</i>
.....65	.....82	.....26
APTENSIO XR	ASMANEX TWISTHALER 14 MET	<i>atovaquone</i>
.....43	.....82	.....6
see <i>methylphenidate hcl</i>	ASMANEX TWISTHALER 30 MET	<i>atovaquone-proguanil hcl tab 250-100 mg</i>
.....43	.....82	.....9
APTIOM	ASMANEX TWISTHALER 60 MET	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>
.....38	.....82	.....9
APTIVUS	ASPARLAS	ATRALIN
.....9	.....17	.....84
ARALAST NP	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	see <i>tretinoin</i>
.....81	.....71	.....84
<i>aranelle</i>	ASPRUZYO SPRINKLE	ATRIPLA
.....54	.....30	see <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>
ARANESP ALBUMIN FREE	ASTAGRAF XL	.....10
.....69	.....74	<i>atropine sulfate</i>
ARAVA	ATACAND	.....64
.....72	.....25	ATROPINE SULFATE64, 79
see <i>leflunomide</i>	see <i>candesartan cilexetil</i>	see <i>atropine sulfate</i>
.....72	.....25	.....64
ARAZLO	ATACAND HCT	<i>atropine sulfate (ophthalmic)</i>
.....83	see <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	.....79
ARCALYST	see <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	ATROVENT HFA
.....73	.....24	.....80
AREXVY	see <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	AUBAGIO
.....74	.....24	.....46
<i>arformoterol tartrate</i>	ATACAND HCT TAB 16-12.5	see <i>teriflunomide</i>
.....81	.....24	.....47
ARICEPT	ATACAND HCT TAB 32-12.5	<i>abra eq</i>
.....33	.....24	.....54
see <i>donepezil hydrochloride</i>	ATACAND HCT TAB 32-25MG	AUGMENTIN
.....33	.....24	see <i>amoxicillin & k clavulanate tab 500-125 mg</i>
ARIKAYCE	ATACAND HCT TAB 32-12.5	.....14
.....6	.....24	AUGMENTIN ES-600
ARIMIDEX	ATACAND HCT TAB 32-12.5	see <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>
.....16	.....24	.....14
see <i>anastrozole</i>	ATACAND HCT TAB 32-25MG	AUGMENTIN SUS
.....16	.....24	125/5ML
<i>aripiprazole</i>	<i>atazanavir sulfate</i>	.....14
.....36	.....9	AUGMENTIN SUS ES-600
ARISTADA	ATELVIA	.....14
.....36	.....53	AUGMENTIN TAB 500MG
ARISTADA INITIO	see <i>risedronate sodium</i>	.....14
.....36	.....53	AUGTYRO
ARIXTRA	<i>atenolol</i>	.....18
.....68	.....28	<i>aurovela 1/20</i>
see <i>fondaparinux sodium</i>	<i>atenolol & chlorthalidone tab 100-25 mg</i>	.....54
.....69	.....27	<i>aurovela 24 fe</i>
<i>armodafinil</i>		.....54
.....48		<i>aurovela fe 1/20</i>
ARNUITY ELLIPTA		.....54
.....82		
AROMASIN		
.....16		
see <i>exemestane</i>		
.....16		
ARTHROTEC 50		
see <i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>		
.....1		
ARTHROTEC 50 TAB		
.....1		
ARTHROTEC 75		

<i>aurovela fe 1.5/30</i>.....54	AZOR TAB 10-20MG .....24	BAQSIMI ONE PACK .....59
AUSTEDO.....45	AZOR TAB 10-40MG .....24	BARACLUDGE .....11
AUSTEDO XR.....45	AZOR TAB 5-20MG .....24	see <i>entecavir</i>.....11
AUSTEDO XR TAB TITR KIT.....45	AZOR TAB 5-40MG .....24	BASAGLAR KWIKPEN...51
AUVELITY TAB 45-105MG.....33	AZSTARYS CAP 26.1-5.2.....43	BASAGLAR TEMPO PEN.....51
AVALIDE see <i>irbesartan-</i> <i>hydrochlorothiazide tab</i> 150-12.5 mg.....24	AZSTARYS CAP 39.2-7.8.....43	BAVENCIO .....18
see <i>irbesartan-</i> <i>hydrochlorothiazide tab</i> 300-12.5 mg.....24	AZSTARYS CAP 52.3-10. .....43	BAXDELA .....13
AVALIDE TAB 150-12.5..24	<i>aztreonam</i> .....6	BCG VACCINE .....74
AVALIDE TAB 300-12.5..24	AZULFIDINE .....64	BELBUCA .....2
AVAPRO .....25	see <i>sulfasalazine</i>.....65	BELEODAQ .....18
see <i>irbesartan</i>.....25	AZULFIDINE EN-TABS ..64	BELSOMRA .....44
AVASTIN.....18	see <i>sulfasalazine</i>.....65	<i>benazepril &</i> <i>hydrochlorothiazide tab</i> 10-12.5 mg .....22
AVEED .....49	<i>azurette</i> .....54	<i>benazepril &</i> <i>hydrochlorothiazide tab</i> 20-12.5 mg .....22
<i>aviane</i> .....54	B	<i>benazepril &</i> <i>hydrochlorothiazide tab</i> 20-25 mg .....22
AVODART.....67	<i>bacitracin (ophthalmic)</i> ...77	<i>benazepril &</i> <i>hydrochlorothiazide tab</i> 5-6.25mg .....22
see <i>dutasteride</i>.....67	<i>bacitracin-polymyxin b</i> <i>ophth oint</i>.....77	<i>benazepril hcl</i>.....22
AVONEX.....46	<i>bacitracin-polymyxin-</i> <i>neomycin-hc ophth oint</i> 1% .....77	<i>bendamustine hcl</i>.....15
AVONEX PEN.....46	<i>baclofen</i> .....47	BENDEKA.....15
AVSOLA.....71	BACTRIM	BENICAR .....25
AVYCAZ INJ 2-0.5GM ....12	see <i>sulfamethoxazole-</i> <i>trimethoprim tab 400-</i> 80 mg.....7	see <i>olmesartan</i> <i>medoxomil</i> .....25
<i>ayuna</i> .....54	BACTRIM DS	BENICAR HCT
AYVAKIT .....18	see <i>sulfamethoxazole-</i> <i>trimethoprim tab 800-</i> 160 mg.....7	see <i>olmesartan</i> <i>medoxomil-</i> <i>hydrochlorothiazide tab</i> 20-12.5 mg.....24
<i>azacitidine</i> .....15	BACTRIM DS TAB 800-160.....6	see <i>olmesartan</i> <i>medoxomil-</i> <i>hydrochlorothiazide tab</i> 40-12.5 mg.....24
AZACTAM.....6	BACTRIM TAB 400-80MG6	see <i>olmesartan</i> <i>medoxomil-</i> <i>hydrochlorothiazide tab</i> 40-25 mg.....24
see <i>aztreonam</i>.....6	BAFIERTAM .....46	see <i>olmesartan</i> <i>medoxomil-</i> <i>hydrochlorothiazide tab</i> 40-25 mg.....24
<i>azasan</i> .....74	BALCOLTRA	see <i>olmesartan</i> <i>medoxomil-</i> <i>hydrochlorothiazide tab</i> 40-25 mg.....24
AZASITE .....77	see <i>joyeaux</i> .....55	BENICAR HCT TAB 20- 12.5 .....24
<i>azathioprine</i> .....74	see <i>levonorgestrel-</i> <i>ethinyl estradiol-fe tab</i> 0.1 mg-20 mcg (21) .56	BENICAR HCT TAB 40- 12.5 .....24
<i>azelaic acid</i> .....87	BALCOLTRA TAB 0.1-20.....54	
<i>azelastine hcl</i> .....80	<i>balsalazide disodium</i>.....65	
<i>azelastine hcl (ophth)</i>.....78	BALVERSA .....18	
<i>azelastine hcl-fluticasone</i> <i>prop nasal spray 137-50</i> <i>mcg/act</i>.....80	<i>balziva</i>.....54	
AZELEX .....84	BANZEL .....38	
AZILECT .....35	see <i>rufinamide</i>.....41	
see <i>rasagiline mesylate</i> .....36		
<i>azithromycin</i>.....12		
AZOPT .....78		
see <i>brinzolamide</i> .....78		

BENICAR HCT TAB 40- 25MG.....	24	<i>bexarotene</i>	17	<i>blisovi 24 fe</i>	54
BENLYSTA	74	<i>bexarotene (topical)</i>	87	<i>blisovi fe 1.5/30</i>	54
BENTYL	64	BEXSERO INJ	74	BONJESTA TAB 20-20MG	63
see <i>dicyclomine hcl</i>	64	BEYAZ see <i>drospirenone-ethinyl estradiol-levomefolate tab 3-0.02-0.451 mg</i> 55		BOOSTRIX INJ	74
BENZAMYCIN see <i>benzoyl peroxide- erythromycin gel 5-3%</i>	84	BEYAZ TAB	54	<i>bortezomib</i>	18
BENZAMYCIN GEL 5-3%	84	BIAXIN XL see <i>clarithromycin</i>	13	BORTEZOMIB	18
<i>benzoyl peroxide- erythromycin gel 5-3%</i>	84	<i>bicalutamide</i>	16	<i>bosentan</i>	32
<i>benztropine mesylate</i>	35	BICILLIN C-R INJ 1200000	14	BOSULIF.....	18
BEOVU	79	BICILLIN C-R INJ 900/300	14	BOTOX	47
<i>bepotastine besilate</i>	78	BICILLIN L-A.....	14	BRAFTOVI.....	18
BEPREVE	78	BIDIL see <i>isosorbide dinitrate- hydralazine hcl tab 20- 37.5 mg</i>	31	BREO ELLIPTA INH 100- 25	83
see <i>bepotastine besilate</i>	78	BIDIL TAB	30	BREO ELLIPTA INH 200- 25	83
BERINERT	70	BIJUVA CAP 0.5-100.....	57	BREO ELLIPTA INH 50- 25MCG	83
BESIVANCE	77	BIJUVA CAP 1-100MG	57	<i>breyana</i>	83
BESPONSA	18	BIKTARVY TAB 30-120-15 MG.....	10	BREZTRI AERO AER SPHERE.....	80
BESREMI.....	17	BIKTARVY TAB 50-200-25 MG.....	10	BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	80
<i>betaine powder for oral solution</i>	60	BILTRICIDE	6	<i>briellyn</i>	54
<i>betamethasone dipropionate (topical)</i>	85	see <i>praziquantel</i>	7	BRILINTA.....	71
<i>betamethasone dipropionate augmented</i>	85, 86	<i>bimatoprost</i>	78	<i>brimonidine tartrate</i>	78
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i>	58	BIMZELX.....	71	<i>brimonidine tartrate</i> (topical).....	87
<i>betamethasone valerate</i>	86	BINOSTO.....	53	<i>brimonidine tartrate-timolol maleate ophth soln 0.2- 0.5%</i>	78
BETAPACE.....	26	<i>bismuth subcit- metronidazole- tetracycline cap 140-125- 125 mg</i>	65	<i>brinzolamide</i>	78
see <i>sotalol hcl</i>	26	<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	28	BRIUMVI	46
BETAPACE AF	26	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	27	BRIVIACT	38
see <i>sotalol hcl (afib/af)</i>	26	<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	28	BRIXADI.....	48
BETASERON.....	46	<i>bisoprolol fumarate</i>	28	<i>bromfenac sodium (ophth)</i>	78
<i>betaxolol hcl</i>	28	BIVIGAM	73	<i>bromocriptine mesylate</i>	35
<i>betaxolol hcl (ophth)</i>	78	<i>bleomycin sulfate</i>	17	BROMSITE	78
<i>bethanechol chloride</i>	68			see <i>bromfenac sodium (ophth)</i>	78
BETHKIS.....	6			BRONCHITOL	81
see <i>tobramycin</i>	8			BROVANA	81
BETIMOL	78			see <i>arformoterol tartrate</i>	81
BETOPTIC-S	78			BRUKINSA.....	18
BEVESPI AER 9-4.8MCG	80			BRYHALI.....	86

<i>budesonide</i>	65	<i>see neбиволол hcl</i>	28	<i>calcitonin (salmon) inj</i>	53
<i>budesonide (inhalation)</i> ...	83	C		<i>calcitonin (salmon) spray</i>	53
<i>budesonide (intrarectal)</i> ..	65	<i>cabergoline</i>	60	<i>calcitrene</i>	85
<i>budesonide-formoterol</i>		CABLIVI	70	<i>calcitriol</i>	63
<i>fumarate dihyd aerosol</i>		CABOMETRYX	18	<i>calcitriol (oral)</i>	63
160-4.5 mcg/act.....	83	CABTREO GEL	84	<i>calcitriol (topical)</i>	85
<i>budesonide-formoterol</i>		CADUET		CALQUENCE.....	18
<i>fumarate dihyd aerosol</i>		<i>see amlodipine besylate-</i>		CAMBIA	45
80-4.5 mcg/act.....	83	<i>atorvastatin calcium</i>		<i>see diclofenac potassium</i>	
<i>bumetanide</i>	29	<i>tab 10-10 mg</i>	30	<i>(migraine)</i>	45
BUMEX		<i>see amlodipine besylate-</i>		<i>camila</i>	54
<i>see bumetanide</i>	29	<i>atorvastatin calcium</i>		CAMPTOSAR	
BUPHENYL.....	60	<i>tab 10-20 mg</i>	30	<i>see irinotecan hcl</i>	17
<i>see sodium</i>		<i>see amlodipine besylate-</i>		<i>camrese</i>	54
<i>phenylbutyrate</i>	62	<i>atorvastatin calcium</i>		<i>camrese lo</i>	55
<i>buprenorphine</i>	2	<i>tab 10-40 mg</i>	30	CAMZYOS	31
<i>buprenorphine hcl</i>	48	<i>see amlodipine besylate-</i>		CANASA	65
<i>buprenorphine hcl-</i>		<i>atorvastatin calcium</i>		<i>see mesalamine</i>	65
<i>naloxone hcl sl film 12-3</i>		<i>tab 10-80 mg</i>	30	CANCIDAS	8
<i>mg (base equiv)</i>	48	<i>see amlodipine besylate-</i>		<i>see caspofungin acetate</i>	
<i>buprenorphine hcl-</i>		<i>atorvastatin calcium</i>		.....	8
<i>naloxone hcl sl film 2-0.5</i>		<i>tab 5-10 mg</i>	30	<i>candesartan cilexetil</i>	25
<i>mg (base equiv)</i>	48	<i>see amlodipine besylate-</i>		<i>candesartan cilexetil-</i>	
<i>buprenorphine hcl-</i>		<i>atorvastatin calcium</i>		<i>hydrochlorothiazide tab</i>	
<i>naloxone hcl sl film 4-1</i>		<i>tab 5-20 mg</i>	30	16-12.5 mg	24
<i>mg (base equiv)</i>	48	<i>see amlodipine besylate-</i>		<i>candesartan cilexetil-</i>	
<i>buprenorphine hcl-</i>		<i>atorvastatin calcium</i>		<i>hydrochlorothiazide tab</i>	
<i>naloxone hcl sl film 8-2</i>		<i>tab 5-40 mg</i>	30	32-12.5 mg	24
<i>mg (base equiv)</i>	48	<i>see amlodipine besylate-</i>		<i>candesartan cilexetil-</i>	
<i>buprenorphine hcl-</i>		<i>atorvastatin calcium</i>		<i>hydrochlorothiazide tab</i>	
<i>naloxone hcl sl tab 2-0.5</i>		<i>tab 5-80 mg</i>	30	32-25 mg	24
<i>mg (base equiv)</i>	48	CADUET TAB 10-10MG .	31	CAPLYTA.....	36
<i>buprenorphine hcl-</i>		CADUET TAB 10-20MG .	31	CAPRELSA.....	18
<i>naloxone hcl sl tab 8-2</i>		CADUET TAB 10-40MG .	31	<i>captopril</i>	22
<i>mg (base equiv)</i>	48	CADUET TAB 10-80MG .	31	<i>captopril &</i>	
<i>bupropion hcl</i>	33	CADUET TAB 5-10MG ...	30	<i>hydrochlorothiazide tab</i>	
<i>bupropion hcl (smoking</i>		CADUET TAB 5-20MG ...	30	25-15 mg	22
<i>deterrent)</i>	48	CADUET TAB 5-40MG ...	30	<i>captopril &</i>	
<i>buspironе hcl</i>	32	CADUET TAB 5-80MG ...	30	<i>hydrochlorothiazide tab</i>	
<i>butorphanol tartrate</i>	3	<i>calcipotriene</i>	85	25-25 mg	22
BUTRANS.....	2	<i>calcipotriene-</i>		<i>captopril &</i>	
<i>see buprenorphine</i>	2	<i>betamethasone</i>		<i>hydrochlorothiazide tab</i>	
BYDUREON BCISE.....	49	<i>dipropionate oint 0.005-</i>		50-15 mg	22
BYETTA	49	0.064%	85	<i>captopril &</i>	
BYLVAY	66	<i>calcipotriene-</i>		<i>hydrochlorothiazide tab</i>	
BYLVAY (PELLETS).....	66	<i>betamethasone</i>		50-25 mg	22
BYOOVIZ.....	79	<i>dipropionate susp 0.005-</i>		CARAC	87
BYSTOLIC	28	0.064%	85	CARAFATE.....	66

see <i>sucralfate</i>	66	CARDIZEM	28	CEFEPIME/DEX INJ 1GM	.....12
<i>carb/levo orally</i>		see <i>diltiazem hcl</i>	29	.....	12
<i>disintegrating tab 10-</i>		CARDIZEM CD	28, 29	CEFEPIME/DEX INJ 2GM	.....12
100mg	35	see <i>cartia xt</i>	29	.....	12
<i>carb/levo orally</i>		see <i>diltiazem hcl coated</i>		<i>cefepime hcl</i>	12
<i>disintegrating tab 25-</i>		<i>beads</i>	29	<i>cefixime</i>	12
100mg	35	CARDIZEM LA.....	29	CEFOTAN	
<i>carb/levo orally</i>		see <i>diltiazem hcl</i>	29	see <i>cefotetan disodium</i>	
<i>disintegrating tab 25-</i>		see <i>matzim la</i>	29	.....	12
250mg	35	CARDURA	23	<i>cefotetan disodium</i>	12
CARBAGLU	60	see <i>doxazosin mesylate</i>		CEFOXITIN INJ 1GM.....	12
see <i>carglumic acid</i>	60	.....	23	CEFOXITIN INJ 2GM.....	12
<i>carbamazepine</i>	38	CARDURA XL.....	67	<i>cefoxitin sodium</i>	12
CARBATROL.....	38	<i>carglumic acid</i>	60	<i>cefpodoxime proxetil</i>	12
see <i>carbamazepine</i>	38	<i>carisoprodol</i>	47	<i>cefprozil</i>	12
<i>carbidopa</i>	35	CARNITOR	60	<i>ceftazidime</i>	12
<i>carbidopa & levodopa tab</i>		see <i>levocarnitine</i>		<i>ceftriaxone sodium</i>	12
10-100 mg	35	(<i>metabolic modifiers</i>)		<i>cefuroxime axetil</i>	12
<i>carbidopa & levodopa tab</i>		.....	60	<i>cefuroxime sodium</i>	12
25-100 mg	35	CAROSPIR	23	CELEBREX.....	1
<i>carbidopa & levodopa tab</i>		see <i>spironolactone</i>	23	see <i>celecoxib</i>	1
25-250 mg	35	<i>carteolol hcl (ophth)</i>	79	<i>celecoxib</i>	1
<i>carbidopa & levodopa tab</i>		<i>cartia xt</i>	29	CELESTONE INJ	
er 25-100 mg.....	35	<i>carvedilol</i>	28	SOLUSPAN.....	58
<i>carbidopa & levodopa tab</i>		<i>carvedilol phosphate</i>	28	CELESTONE SOLUSPAN	
er 50-200 mg.....	35	CASODEX	16	see <i>betamethasone sod</i>	
<i>carbidopa-levodopa-</i>		see <i>bicalutamide</i>	16	<i>phosphate & acetate</i>	
<i>entacapone tabs 12.5-</i>		<i>casprofungin acetate</i>	8	<i>inj susp 6 (3-3) mg/ml</i>	
50-200 mg	35	CASPOFUNGIN ACETATE		.....	58
<i>carbidopa-levodopa-</i>		.....	8	CELEXA.....	33
<i>entacapone tabs 18.75-</i>		CATAPRES-TTS-1		see <i>citalopram</i>	
75-200 mg	35	see <i>clonidine</i>	31	<i>hydrobromide</i>	33
<i>carbidopa-levodopa-</i>		CATAPRES-TTS-2		CELLCEPT	74
<i>entacapone tabs 25-100-</i>		see <i>clonidine</i>	31	see <i>mycophenolate</i>	
200 mg	35	CATAPRES-TTS-3		<i>mofetil</i>	74
<i>carbidopa-levodopa-</i>		see <i>clonidine</i>	31	CELONTIN.....	38
<i>entacapone tabs 31.25-</i>		CAYSTON.....	6	see <i>methsuximide</i>	40
125-200 mg	35	<i>cefaclor</i>	12	<i>cephalexin</i>	12
<i>carbidopa-levodopa-</i>		CEFACLOR ER	12	CEQUA	79
<i>entacapone tabs 37.5-</i>		<i>cefadroxil</i>	12	CERDELGA	60
150-200 mg	36	CEFAZOLIN.....	12	CEREZYME	60
<i>carbidopa-levodopa-</i>		CEFAZOLIN INJ		<i>cetirizine hcl</i>	80
<i>entacapone tabs 50-200-</i>		1GM/50ML.....	12	CETRAXAL.....	79
200 mg	36	<i>cefazolin sodium</i>	12	<i>cevimeline hcl</i>	88
<i>carbinoxamine maleate</i> ...80		CEFAZOLIN SOLN		<i>chateal eq</i>	55
CARBINOXAMINE		2GM/100ML-4%	12	CHEMET	54
MALEATE.....	80	<i>cefdinir</i>	12	<i>chlordiazepoxide hcl</i>	32
<i>carboplatin</i>	15	CEFEPIME.....	12		

<i>chlorhexidine gluconate</i> (mouth-throat).....88	CITALOPRAM HYDROBROMIDE.....33	<i>clindamycin phosphate- benzoyl peroxide gel 1.2- 3.75%</i> .....84
<i>chloroquine phosphate</i>.....9	<i>claravis</i>.....84	<i>clindamycin phosphate- benzoyl peroxide gel 1- 5%</i> .....84
<i>chlorpromazine hcl</i>.....36	CLARINEX .....80	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>.....6
<i>chlorthalidone</i>.....29	<i>see desloratadine</i> .....80	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>.....6
CHOLBAM .....66	CLARINEX-D TAB 2.5-120.....80	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>.....6
<i>cholestyramine</i>.....27	<i>clarithromycin</i>.....12, 13	<i>clindamycin phosphate- tretinoin gel 1.2-0.025%</i> .....84
<i>cholestyramine light</i> .....27	<i>clemastine fumarate</i>.....80	<i>clindamycin phosphate vaginal</i>.....68
<i>choline fenofibrate</i>.....26	CLENPIQ SOL 10 MG-3.5 GM-12 GM/160ML.....65	<i>clindamycin phosph- benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>.....84
CHORIONIC	CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML.....65	CLINDESSE.....68
GONADOTROPIN.....60	CLEOCIN .....6, 68	CLINDMYC/NAC INJ 300/50ML .....6
CIALIS.....67	<i>see clindamycin hcl</i> .....6	CLINDMYC/NAC INJ 600/50ML .....6
<i>see tadalafil</i> .....67	<i>see clindamycin</i> <i>phosphate vaginal</i> ...68	CLINDMYC/NAC INJ 900/50ML .....6
CIBINQO .....71	CLEOCIN PEDIATRIC GRANULE .....6	CLINIMIX E INJ 2.75/D5W.....76
<i>ciclopirox</i> .....85	<i>see clindamycin</i> <i>palmitate hydrochloride</i> .....6	CLINIMIX E INJ 4.25/D10.....76
<i>ciclopirox olamine</i> .....85	CLEOCIN PHOSPHATE...6	CLINIMIX E INJ 4.25/D5W.....76
<i>cidofovir</i>.....11	<i>see clindamycin</i> <i>phosphate</i> .....6	CLINIMIX E INJ 5%/D15W.....76
<i>cilostazol</i> .....70	CLEOCIN-T.....84	CLINIMIX E INJ 5%/D20W.....76
CILOXAN .....77	<i>see clindamycin</i> <i>phosphate (topical)</i> ..84	CLINIMIX E INJ 8/10.....77
CIMDUO TAB 300-300 ...10	CLIMARA .....57	CLINIMIX E INJ 8/14.....77
CIMERLI .....79	<i>see estradiol</i>.....58	CLINIMIX INJ 4.25/D10 ..77
<i>cimetidine</i>.....64	CLIMARA PRO DIS WEEKLY .....57	CLINIMIX INJ 4.25/D5W .77
<i>cimetidine hcl</i> .....64	<i>clindacin</i> .....84	CLINIMIX INJ 5%/D15W.77
CIMZIA.....71	<i>clindacin etz pledgets</i>.....84	CLINIMIX INJ 5%/D20W.77
CIMZIA STARTER KIT ...71	<i>clindacin-p</i>.....84	CLINIMIX INJ 6/5.....77
<i>cinacalcet hcl</i> .....60	CLINDAGEL.....84	CLINIMIX INJ 8/10.....77
CINQAIR.....81	<i>see clindamycin</i> <i>phosphate (topical)</i> ..84	
CINRYZE .....70	<i>clindamycin hcl</i>.....6	
CINVANTI .....63	<i>clindamycin palmitate</i> <i>hydrochloride</i>.....6	
CIPRO.....13	<i>clindamycin phosphate</i> .....6	
<i>see ciprofloxacin hcl</i>....13	<i>clindamycin phosphate</i> <i>(topical)</i>.....84	
<i>ciprofloxacin 200 mg/100ml</i> <i>in d5w</i> .....13	<i>clindamycin phosphate- benzoyl peroxide gel 1.2- 2.5%</i> .....84	
<i>ciprofloxacin 400 mg/200ml</i> <i>in d5w</i> .....13		
<i>ciprofloxacin- dexamethasone otic susp</i> <i>0.3-0.1%</i>.....79		
<i>ciprofloxacin-fluocinolone</i> <i>acetone (pf) otic soln 0.3- 0.025%</i> .....80		
<i>ciprofloxacin hcl</i> .....13		
<i>ciprofloxacin hcl (ophth)</i> ..77		
<i>ciprofloxacin hcl (otic)</i> .....79		
CIPRO HC SUS OTIC ....79		
<i>cisplatin</i> .....15		
<i>citalopram hydrobromide</i> 33		

CLINIMIX INJ 8/14	77	COLUMVI.....	18	CORTISONE ACETATE .58	
<i>clinisol sf 15%</i>	77	COLY-MYCIN M	6	CORTISPORIN SUS -TC	
CLINOLIPID EMU 20%...77		<i>see colistimethate</i>		OTIC.....	80
<i>clobazam</i>	38	<i>sodium</i>	6	CORTROPHIN.....	60
<i>clobetasol propionate</i>	86	COMBIGAN		COSENTYX	71
<i>clobetasol propionate e</i> ...86		<i>see brimonidine tartrate-</i>		COSENTYX	
<i>clobetasol propionate</i>		<i>timolol maleate ophth</i>		SENSOREADY PEN...71	
<i>emulsion</i>	86	<i>soln 0.2-0.5%</i>	78	COSENTYX UNOREADY	
CLOBEX	86	COMBIGAN SOL 0.2/0.5%		.....	71
<i>see clobetasol</i>		.....	79	COSOPT	
<i>propionate</i>	86	COMBIPATCH DIS.....	57	<i>see dorzolamide hcl-</i>	
<i>see clodan</i>	86	COMBIVENT AER 20-100		<i>timolol maleate ophth</i>	
<i>clocortolone pivalate</i>	86	.....	80	<i>soln 2-0.5%</i>	79
<i>clodan</i>	86	COMBOGESIC INJ 300-		COSOPT PF	
CLODERM		1000	1	<i>see dorzolamide hcl-</i>	
<i>see clocortolone pivalate</i>		COMETRIQ (60MG DOSE)		<i>timolol maleate pf</i>	
.....	86	.....	18	<i>ophth soln 2-0.5%</i>	79
<i>clomipramine hcl</i>	33	COMETRIQ KIT 100MG .18		COSOPT PF SOL 2%-	
<i>clonazepam</i>	38	COMETRIQ KIT 140MG .18		0.5%	79
<i>clonidine</i>	31	COMPLERA TAB.....	10	COSOPT SOL 2-0.5%OP	
<i>clonidine hcl</i>	31	<i>compro</i>	63	.....	79
<i>clonidine hcl (analgesia)</i> ...1		COMTAN	36	COTELLIC	18
<i>clopidogrel bisulfate</i>	71	CONCERTA.....	43	COTEMPLA XR-ODT	43
<i>clorazepate dipotassium</i> .38		<i>see methylphenidate hcl</i>		COZAAR.....	25
<i>clotrimazole</i>	88	.....	44	<i>see losartan potassium</i>	
<i>clotrimazole (topical)</i>	85	CONDYLOX.....	87	.....	25
<i>clotrimazole w/</i>		<i>see podofilox</i>	88	CREON CAP 12000UNT 66	
<i>betamethasone cream 1-</i>		<i>constulose</i>	65	CREON CAP 24000UNT 66	
0.05%	85	CONZIP	2	CREON CAP 3000UNIT .66	
<i>clozapine</i>	37	COPAXONE.....	46	CREON CAP 36000UNT 66	
CLOZARIL	37	<i>see glatiramer acetate</i> .46		CREON CAP 6000UNIT .66	
<i>see clozapine</i>	37	<i>see glatopa</i>	46	CRESEMBA.....	8
COARTEM TAB 20-120MG		COPIKTRA.....	18	CRESTOR	26
.....	9	CORDRAN.....	86	<i>see rosuvastatin calcium</i>	
<i>codeine sulfate</i>	3	COREG.....	28	.....	27
CODEINE SULFATE	3	<i>see carvedilol</i>	28	CRINONE	62
COLAZAL.....	65	COREG CR.....	28	<i>cromolyn sodium</i>	81
<i>see balsalazide disodium</i>		<i>see carvedilol phosphate</i>		<i>cromolyn sodium</i>	
.....	65	.....	28	(<i>mastocytosis</i>)	66
<i>colchicine</i>	1	CORGARD		<i>cromolyn sodium (ophth)</i> 78	
<i>colchicine w/ probenecid</i>		<i>see nadolol</i>	28	<i>crotan</i>	88
<i>tab 0.5-500 mg</i>	1	CORLANOR.....	31	<i>cryselle-28</i>	55
COLCRYS.....	1	CORTEF	58	CRYSVITA	60
<i>colesevelam hcl</i>	27	<i>see hydrocortisone</i>	59	CUBICIN RF	6
COLESTID.....	27	CORTENEMA.....	65	CUTAQUIG.....	73
<i>see colestipol hcl</i>	27	<i>see hydrocortisone</i>		CUVITRU	73
<i>colestipol hcl</i>	27	(<i>intrarectal</i>).....	65	CUVPOSA	64
<i>colistimethate sodium</i>	6	CORTIFOAM	87		

see <i>glycopyrrolate (oral)</i>	<i>dapsone</i>	see <i>divalproex sodium</i> .39
.....64	<i>dapsone (topical)</i>	DEPAKOTE ER
CUVRIOR .....	.....84	see <i>divalproex sodium</i> .39
<i>cyclobenzaprine hcl</i>	DAPTACEL INJ.....74	DEPAKOTE SPRINKLES
.....47	DAPTOMY/NACL INJ	.....39
<i>cyclophosphamide</i>	350/50ML	see <i>divalproex sodium</i> .39
.....15	.....6	DEPEN TITRATABS.....54
CYCLOPHOSPHAMIDE.15	DAPTOMY/NACL INJ	see <i>penicillamine</i>.....54
CYCLOPHOSPHAMIDE	500/50ML	DEPO-ESTRADIOL
MONOHYDR.....15	<i>daptomycin</i>.....6	.....58
<i>cycloserine</i>	DAPTOMYCIN	see <i>methylprednisolone</i>
.....11	see <i>daptomycin</i>	<i>acetate</i>
<i>cyclosporine</i>.....74	DARAPRIM .....	.....59
<i>cyclosporine modified (for</i>	see <i>pyrimethamine</i>	DEPO-PROVERA
<i>microemulsion)</i>.....74	<i>darifenacin hydrobromide</i>	CONTRACEPTIV
CYKLOKAPRON	.....68	see
see <i>tranexamic acid</i> ....71	<i>darunavir</i>.....9	<i>medroxyprogesterone</i>
CYMBALTA.....33	DARZALEX.....18	<i>acetate (contraceptive)</i>
see <i>duloxetine hcl</i>.....34	DARZALEX SOL FASPRO	.....56
<i>cyproheptadine hcl</i>.....80	.....18	DEPO-SUBQ PROVERA
CYRAMZA	<i>dasetta 1/35</i>	104
.....18	.....55	.....55
<i>cyred eq</i>	<i>dasetta 7/7/7</i>	<i>depo-testosterone</i>
.....55	.....55	.....49
CYSTADANE	DAURISMO.....18	DERMA-SMOOTH/FS
see <i>betaine powder for</i>	DAYBUE	BODY
<i>oral solution</i>	DAYPRO.....1	.....86
.....60	see <i>oxaprozin</i>	see <i>fluocinolone</i>
CYSTADANE POW .....	.....2	<i>acetamide</i>
.....60	<i>daysee</i> .....	.....86
CYSTADROPS .....	.....55	DERMA-SMOOTH/FS
.....79	DAYTRANA	SCALP
CYSTAGON.....60	see <i>methylphenidate</i> ...43	.....86
CYSTARAN	DAYVIGO.....44	see <i>fluocinolone</i>
.....79	DDAVP.....60	<i>acetamide</i>
<i>cytarabine</i>	see <i>desmopressin</i>	.....86
.....15	<i>acetate</i>	DERMOTIC.....80
CYTOGAM.....73	.....60	see <i>flac</i>.....80
CYTOMEL.....62	<i>deblitane</i>	see <i>fluocinolone</i>
see <i>liothyronine sodium</i>	.....55	<i>acetamide (otic)</i>
.....62	<i>decitabine</i>.....15	.....80
CYTOTEC.....66	<i>deferasirox</i>	DESCOVY TAB 120-15MG
see <i>misoprostol</i> .....	.....54	.....10
.....66	<i>deferiprone</i>.....54	DESCOVY TAB 200/25MG
D	<i>deferoxamine mesylate</i> ...54	.....10
D10W/NACL INJ 0.2%....75	DELESTROGEN.....57	DESFERAL.....54
D2.5W/NACL INJ 0.45%.75	see <i>estradiol valerate</i> ..58	see <i>deferoxamine</i>
D5W/LYTES INJ #48	DELSTRIGO TAB	<i>mesylate</i>
.....75	.....10	.....54
<i>dabigatran etexilate</i>	DELZICOL	<i>desipramine hcl</i>.....33
<i>mesylate</i>.....68	see <i>mesalamine</i>	<i>desloratadine</i>
<i>dacarbazine</i> .....	.....65	.....80
.....17	<i>demeclocycline hcl</i>.....14	<i>desmopressin acetate</i>....60
<i>dalfampridine</i>	DEM SER.....31	<i>desmopressin acetate</i>
.....46	see <i>metyrosine</i>	<i>spray</i>.....60
DALIRESP	DENAVIR	<i>desmopressin acetate</i>
.....81	see <i>penciclovir</i>.....88	<i>spray refrigerated</i>
see <i>roflumilast</i>	DENG VAXIA SUS.....74	.....60
.....82	DEPAKOTE	
DALVANCE.....6	.....39	
<i>danazol</i>		
.....49		
DANTRIUM.....47		
see <i>dantrolene sodium</i> 47		
<i>dantrolene sodium</i>		
.....47		

<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>.....55	<i>see dextrose 5% w/ sodium chloride 0.3%</i> .....75	<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> .....1
<i>desonide</i> .....86	<i>dextrose 5% in lactated ringers</i> .....75	<i>dicloxacillin sodium</i> .....14
DESOWEN .....86	<i>dextrose 5% w/ sodium chloride 0.2%</i>.....75	<i>dicyclomine hcl</i>.....64
<i>see desonide</i> .....86	<i>dextrose 5% w/ sodium chloride 0.225%</i>.....75	DIFFERIN .....84
<i>desoximetasone</i>.....86	<i>dextrose 5% w/ sodium chloride 0.3%</i>.....75	<i>see adapalene</i>.....83
DESVENLAFAXINE ER..33	<i>dextrose 5% w/ sodium chloride 0.45%</i>.....75	DIFICID .....13
<i>desvenlafaxine succinate</i> 34	<i>dextrose 5% w/ sodium chloride 0.9%</i>.....75	<i>diflorasone diacetate</i>.....86
DETROL .....68	DEXYCU .....78	DIFLUCAN .....8
<i>see tolterodine tartrate</i> 68	DHIVY TAB 25-100MG ...36	<i>see fluconazole</i> .....8
DETROL LA.....68	DIACOMIT .....39	<i>diflunisal</i> .....1
<i>see tolterodine tartrate</i> 68	<i>diazepam</i> .....39	<i>difluprednate</i> .....78
DEXABLISS .....58	<i>diazepam (anticonvulsant)</i> .....39	<i>digoxin</i>.....31
<i>dexamethasone</i> .....59	<i>diazepam inj</i>.....39	<i>dihydroergotamine mesylate</i> .....45
DEXAMETHASONE INTENSOL .....59	<i>diazepam intensol</i>.....39	DILANTIN.....39
<i>dexamethasone sodium phosphate</i>.....59	<i>diazoxide</i>.....59	<i>see phenytoin sodium extended</i> .....41
<i>dexamethasone sodium phosphate (ophth)</i> .....78	DIBENZYLINE .....31	DILANTIN-125 .....39
DEXEDRINE .....43	<i>see phenoxybenzamine hcl</i> .....31	<i>see phenytoin</i> .....41
<i>see dextroamphetamine sulfate</i> .....43	<i>dichlorphenamide</i>.....30	DILANTIN INFATABS ....39
DEXILANT .....67	DICLEGIS	<i>see phenytoin</i> .....41
<i>see dexlansoprazole</i> ...67	<i>see doxylamine-pyridoxine tab delayed release 10-10 mg</i>....63	DILAUDID .....3, 4
<i>dexlansoprazole</i>.....67	DICLEGIS TAB 10-10MG .....63	<i>see hydromorphone hcl</i> .4
<i>dexmethylphenidate hcl</i> .43	<i>diclofenac potassium</i> .....1	<i>diltiazem hcl</i> .....29
<i>dexrazoxane hcl</i>.....21	<i>diclofenac potassium (migraine)</i> .....45	<i>diltiazem hcl coated beads</i> .....29
<i>dextroamphetamine sulfate</i> .....43	<i>diclofenac sodium</i> .....1	<i>diltiazem hcl extended release beads</i>.....29
<i>dextrose</i> .....77	<i>diclofenac sodium (actinic keratoses)</i>.....87	<i>dilt-xr</i> .....29
DEXTROSE/SODIUM CHLORIDE	<i>diclofenac sodium (ophth)</i> .....78	<i>dimethyl fumarate</i> .....46
<i>see dextrose 5% w/ sodium chloride 0.225%</i>.....75	<i>diclofenac sodium (topical)</i> .....87	<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> .....46
<i>dextrose 10% w/ sodium chloride 0.45%</i>.....75	<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> .....1	DIOVAN .....25
DEXTROSE 2.5%/SODIUM CHLO		<i>see valsartan</i> .....26
<i>see dextrose 2.5% w/ sodium chloride 0.45%</i> .....75		DIOVAN HCT
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>.....75		<i>see valsartan-hydrochlorothiazide tab 160-12.5 mg</i>.....25
DEXTROSE 5%/SODIUM CHLORI		<i>see valsartan-hydrochlorothiazide tab 160-25 mg</i>.....25
		<i>see valsartan-hydrochlorothiazide tab 320-12.5 mg</i>.....25

see <i>valsartan-hydrochlorothiazide tab</i> 320-25 mg.....25	<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> .....79	DUETACT TAB 30-2MG .49
see <i>valsartan-hydrochlorothiazide tab</i> 80-12.5 mg.....25	<i>dotti</i> .....57	DUETACT TAB 30-4MG .49
DIOVAN HCT TAB 160-12.5 .....24	DOVATO TAB 50-300MG .....10	DUEXIS see <i>ibuprofen-famotidine tab 800-26.6 mg</i>.....1
DIOVAN HCT TAB 160-25MG.....24	<i>doxazosin mesylate</i> .....23	DULERA AER 100-5MCG .....83
DIOVAN HCT TAB 320-12.5 .....24	<i>doxepin hcl</i>.....34	DULERA AER 200-5MCG .....83
DIOVAN HCT TAB 320-25MG.....24	<i>doxepin hcl (antipruritic)</i> ..87	DULERA AER 50-5MCG 83
DIOVAN HCT TAB 80/12.5 .....24	<i>doxepin hcl (sleep)</i>.....44	<i>duloxetine hcl</i>.....34
DIP/TET PED INJ 25-5LFU .....74	<i>doxercalciferol</i>.....63	DUOBRII LOT .....86
DIPENTUM .....65	DOXIL .....17	DUOPA SUS 4.63-20.....36
<i>diphenhydramine hcl</i>.....80	see <i>doxorubicin hcl liposomal</i>.....17	DUPIXENT .....71
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>....66	<i>doxorubicin hcl</i>.....17	DURACLON.....1
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> .....66	DOXORUBICIN HCL see <i>doxorubicin hcl</i>.....17	see <i>clonidine hcl (analgesia)</i> .....1
DIPROLENE .....86	<i>doxorubicin hcl liposomal</i> 17	DUREZOL.....78
see <i>betamethasone dipropionate augmented</i>.....86	<i>doxy 100</i> .....14	see <i>difluprednate</i> .....78
<i>dipyridamole</i>.....71	<i>doxycycline (monohydrate)</i> .....15	<i>dutasteride</i> .....67
<i>disopyramide phosphate</i> ..26	<i>doxycycline (rosacea)</i> ....87	<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> .....67
<i>disulfiram</i>.....48	<i>doxycycline hyclate</i>.....15	DYANAVEL XR.....43
DIURIL .....30	<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i> .....63	DYCLOPRO .....87
<i>divalproex sodium</i> .....39	DRIZALMA SPRINKLE ...34	DYMISTA see <i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> .....80
DIVIGEL.....57	<i>dronabinol</i> .....63	DYMISTA SPR 137-50 ...80
see <i>estradiol</i> .....58	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> 55	DYRENIUM.....30
<i>docetaxel</i>.....17	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> 55	see <i>triamterene</i> .....30
DOCETAXEL .....17	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>.....55	DYSPORT.....47
see <i>docetaxel</i> .....17	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>.....55	E
<i>dofetilide</i>.....26	DROXIA .....70	<i>e.e.s. 400</i> .....13
DOJOLVI.....60	<i>droxidopa</i> .....31	E.E.S. GRANULES .....13
<i>dolishale</i>.....55	DUAKLIR AER 400/12 ...80	see <i>erythromycin ethylsuccinate</i> .....13
<i>donepezil hydrochloride</i> ..33	DUETACT see <i>pioglitazone hcl-glimepiride tab 30-2 mg</i>.....51	EC-NAPROSYN see <i>ec-naproxen</i>.....1
DOPTELET .....70	see <i>pioglitazone hcl-glimepiride tab 30-4 mg</i>.....51	see <i>naproxen</i>.....2
DORYX MPC .....14		<i>ec-naproxen</i> .....1
<i>dorzolamide hcl</i>.....79		<i>econazole nitrate</i>.....85
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> .....79		<i>edaravone</i> .....46
		EDARBI.....25
		EDARBYCLOR TAB 40-12.5 .....24

EDARBYCLOR TAB 40-25MG.....	24	EMGALITY.....	45	ENTADFI CAP 5-5MG	67
EDECIN.....	30	EMPAVELI.....	70	<i>entecavir</i>	11
see <i>ethacrynic acid</i>	30	EMPLICITI.....	18	ENTRESTO TAB 24-26MG	
EDLUAR.....	44	EMSAM.....	34	.....	24
EDURANT.....	9	<i>emtricitabine</i>	9	ENTRESTO TAB 49-51MG	
<i>efavirenz</i>	9	<i>emtricitabine-tenofovir</i>		.....	24
<i>efavirenz-emtricitabine-</i>		<i>disoproxil fumarate tab</i>		ENTRESTO TAB 97-	
<i>tenofovir df tab 600-200-</i>		<i>100-150 mg</i>	10	103MG.....	24
<i>300 mg</i>	10	<i>emtricitabine-tenofovir</i>		<i>enulose</i>	65
<i>efavirenz-lamivudine-</i>		<i>disoproxil fumarate tab</i>		ENVARBUS XR.....	74
<i>tenofovir df tab 400-300-</i>		<i>133-200 mg</i>	10	EOHILIA.....	66
<i>300 mg</i>	10	<i>emtricitabine-tenofovir</i>		EPANED.....	22
<i>efavirenz-lamivudine-</i>		<i>disoproxil fumarate tab</i>		see <i>enalapril maleate</i> ..	22
<i>tenofovir df tab 600-300-</i>		<i>167-250 mg</i>	10	EPCLUSA PAK 150-37.5 11	
<i>300 mg</i>	10	<i>emtricitabine-tenofovir</i>		EPCLUSA PAK 200-50MG	
EFFEXOR XR.....	34	<i>disoproxil fumarate tab</i>		.....	11
see <i>venlafaxine hcl</i>	35	<i>200-300 mg</i>	11	EPCLUSA TAB 200-50MG	
EFFIENT.....	71	EMTRIVA.....	9	.....	11
see <i>prasugrel hcl</i>	71	see <i>emtricitabine</i>	9	EPCLUSA TAB 400-100.11	
EFUDEX.....	87	EMVERM.....	6	EPIDIOLEX.....	39
see <i>fluorouracil (topical)</i>		<i>emzahh</i>	55	EPIDUO	
.....	87	<i>enalapril maleate</i>	22	see <i>adapalene-benzoyl</i>	
EGRIFTA SV.....	60	<i>enalapril maleate &</i>		<i>peroxide gel 0.1-2.5%</i>	
ELAPRASE.....	60	<i>hydrochlorothiazide tab</i>		.....	83
ELELYSO.....	60	<i>10-25 mg</i>	22	EPIDUO FORTE	
ELESTRIN.....	57	<i>enalapril maleate &</i>		see <i>adapalene-benzoyl</i>	
<i>eletriptan hydrobromide</i> ..	45	<i>hydrochlorothiazide tab</i>		<i>peroxide gel 0.3-2.5%</i>	
ELFABRIO.....	60	<i>5-12.5 mg</i>	22	.....	83
ELIDEL.....	87	ENBREL.....	71	EPIDUO FORTE GEL 0.3-	
see <i>pimecrolimus</i>	88	ENBREL MINI.....	71	2.5%.....	84
ELIGARD.....	16	ENBREL SURECLICK...71		EPIDUO GEL 0.1-2.5%...84	
<i>elinest</i>	55	ENDARI.....	70	EPIFOAM AER 1%.....	86
ELIQUIS.....	68	see <i>l-glutamine (sickle</i>		<i>epinastine hcl (ophth)</i>	78
ELIQUIS STARTER PACK		<i>cell)</i>	70	<i>epinephrine (anaphylaxis)</i>	
.....	68	<i>endocet tab 10-325mg</i>	4	.....	31, 81, 82
ELITEK.....	21	<i>endocet tab 2.5-325mg</i>	4	EPIPEN 2-PAK.....	82
<i>elixophyllin</i>	81	<i>endocet tab 5-325mg</i>	4	see <i>epinephrine</i>	
ELLENCES.....	17	<i>endocet tab 7.5-325mg</i>	4	<i>(anaphylaxis)</i>	81
ELMIRON.....	68	ENGERIX-B.....	74	EPIPEN-JR 2-PAK.....	82
<i>eluryng</i>	55	ENHERTU.....	18	see <i>epinephrine</i>	
ELYXYB.....	45	<i>enilloring</i>	55	<i>(anaphylaxis)</i>	81
EMEND.....	63	ENJAYMO.....	70	<i>epitol</i>	39
see <i>aprepitant</i>	63	<i>enoxaparin sodium</i>	69	EPIVIR.....	9
see <i>fosaprepitant</i>		<i>enpresse-28</i>	55	see <i>lamivudine</i>	10
<i>dimeglumine</i>	63	<i>enskyce</i>	55	EPKINLY.....	18
EMEND TRIPAC PAK 80 &		ENSPRYNG.....	46	<i>eplerenone</i>	23
125.....	63	ENSTILAR AER.....	85	EPOGEN.....	69
		<i>entacapone</i>	36	<i>epoprostenol sodium</i>	32

EPRONTIA.....	39	ESTRACE	57	exemestane	16
EPSOLAY	84	see estradiol.....	58	EXFORGE	
EPZICOM		see estradiol vaginal....	58	see amlodipine besylate-	
see abacavir sulfate-		estradiol	57, 58	valsartan tab 10-160	
lamivudine tab 600-		estradiol & norethindrone		mg.....	23
300 mg.....	10	acetate tab 0.5-0.1 mg	58	see amlodipine besylate-	
EQUETRO	46	estradiol & norethindrone		valsartan tab 10-320	
ERAXIS.....	8	acetate tab 1-0.5 mg ...	58	mg.....	23
ERBITUX	18	estradiol vaginal	58	see amlodipine besylate-	
ergotamine w/ caffeine tab		estradiol valerate.....	58	valsartan tab 5-160 mg	
1-100 mg.....	45	ESTRING	58	.....	23
eribulin mesylate	17	ESTROGEL	58	see amlodipine besylate-	
ERIVEDGE	18	see estradiol.....	57	valsartan tab 5-320 mg	
ERLEADA	16	eszopiclone	44	.....	23
erlotinib hcl.....	18	ethacrynic acid.....	30	EXFORGE HCT	
ERMEZA.....	62	ethambutol hcl.....	11	see amlodipine-	
errin.....	55	ethosuximide.....	39	valsartan-	
ERTACZO.....	85	ethynodiol diacetate &		hydrochlorothiazide tab	
ertapenem sodium	6	ethinyl estradiol tab 1		10-160-12.5 mg	23
ery.....	84	mg-35 mcg	55	see amlodipine-	
ERYGEL	84	ethynodiol diacetate &		valsartan-	
see erythromycin (acne		ethinyl estradiol tab 1		hydrochlorothiazide tab	
aid).....	84	mg-50 mcg	55	10-160-25 mg	24
ERYPED 200	13	etodolac	1	see amlodipine-	
ERYPED 400	13	etonogestrel-ethinyl		valsartan-	
see erythromycin		estradiol va ring 0.12-		hydrochlorothiazide tab	
ethylsuccinate	13	0.015 mg/24hr	55	10-320-25 mg	24
ery-tab.....	13	ETOPOPHOS	17	see amlodipine-	
ERYTHROCIN		etoposide	17	valsartan-	
LACTOBIONATE.....	13	etravirine	9	hydrochlorothiazide tab	
see erythromycin		EUCRISA	87	5-160-12.5 mg	23
lactobionate	13	EULEXIN.....	16	see amlodipine-	
erythrocin stearate	13	euthyrox	62	valsartan-	
erythromycin (acne aid) ..	84	EVAMIST	58	hydrochlorothiazide tab	
erythromycin (ophth)	77	EVERENITY.....	53	5-160-25 mg	23
erythromycin base.....	13	everolimus.....	18	EXFORGE HCT TAB 10-	
erythromycin ethylsuccinate		everolimus		160-12.5MG	24
.....	13	(immunosuppressant) ..	74	EXFORGE HCT TAB 10-	
erythromycin lactobionate		EVISTA	60	160-25MG	24
.....	13	see raloxifene hcl	61	EXFORGE HCT TAB 10-	
ESBRIET.....	82	EVKEEZA	27	320-25MG	24
see pirfenidone.....	82	EVOTAZ TAB 300-150 ...	11	EXFORGE HCT TAB 5-	
escitalopram oxalate	34	EVOXAC	88	160-12.5MG	24
esomeprazole magnesium		see cevimeline hcl.....	88	EXFORGE HCT TAB 5-	
.....	67	EVRYSDI	46	160-25MG	24
esomeprazole sodium.....	67	EXELDERM	85	EXFORGE TAB 10-160MG	
estarylla.....	55	EXELON	33	.....	24
estazolam.....	44	see rivastigmine	33		

EXFORGE TAB 10-320MG.....24	<i>fenofibrate</i> .....26	FLOMAX .....67
EXFORGE TAB 5-160MG.....24	<i>fenofibrate micronized</i>....26	see <i>tamsulosin hcl</i>.....67
EXFORGE TAB 5-320MG.....24	<i>fenofibric acid</i>.....26	<i>fluconazole</i>.....8
EXJADE .....54	FENOGLIDE .....26	<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml.....8
see <i>deferasirox</i>.....54	<i>fenoprofen calcium</i>.....1	<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml.....8
EXSERVAN .....46	FENSOLVI .....60	<i>flucytosine</i> .....8
EYLEA .....79	<i>fentanyl</i> .....2	<i>fludarabine phosphate</i> ...15
EYLEA HD .....79	<i>fentanyl citrate</i>.....4	<i>fludrocortisone acetate</i> ...59
EYSUVIS .....79	FENTORA.....4	<i>flunisolide (nasal)</i>.....82
EZALLOR SPRINKLE....26	FERRIPROX.....54	<i>fluocinolone acetonide</i> ...86
<i>ezetimibe</i>.....27	see <i>deferiprone</i> .....54	<i>fluocinolone acetonide</i> (otic) .....80
<i>ezetimibe-simvastatin tab</i> 10-10 mg .....27	FERRIPROX TWICE-A- DAY .....54	<i>fluocinonide</i>.....86
<i>ezetimibe-simvastatin tab</i> 10-20 mg .....27	<i>fesoterodine fumarate</i> ....68	<i>fluocinonide emulsified</i> base.....86
<i>ezetimibe-simvastatin tab</i> 10-40 mg .....27	FETROJA.....12	<i>fluorometholone (ophth)</i> ..78
<i>ezetimibe-simvastatin tab</i> 10-80 mg .....27	FETZIMA.....34	<i>fluorouracil</i> .....15
F	FETZIMA CAP TITRATIO .....34	<i>fluorouracil (topical)</i>.....87
FABHALTA .....70	FIASP.....52	<i>fluoxetine hcl</i>.....34
FABIOR.....84	FIASP FLEXTOUCH.....52	<i>fluoxetine hcl (pmdd)</i>.....34
FABRAZYME .....60	FIASP PENFILL.....52	FLUOXETINE
<i>falmina</i> .....55	FIASP PUMPCART .....52	HYDROCHLORIDE.....34
<i>famciclovir</i> .....11	FIBRICOR.....26	see <i>fluoxetine hcl</i>.....34
<i>famotidine</i> .....64	FILSPARI.....68	<i>fluphenazine decanoate</i> ..37
<i>famotidine in nacl 0.9% iv</i> soln 20 mg/50ml.....64	FILSUVEZ.....88	<i>fluphenazine hcl</i>.....37
FANAPT.....37	FINACEA .....87	<i>flurandrenolide</i> .....86
FANAPT PAK.....37	see <i>azelaic acid</i>.....87	<i>flurbiprofen</i> .....1
FARESTON .....16	<i>finasteride</i> .....67	<i>flurbiprofen sodium</i> .....78
see <i>toremifene citrate</i> ..16	<i>finolimonod hcl</i> .....46	<i>fluticasone propionate</i>.....86
FARXIGA .....49	FINTEPLA.....39	<i>fluticasone propionate</i> (inhalation).....83
FASENRA .....82	<i>finzala</i>.....55	<i>fluticasone propionate</i> (nasal) .....82
FASENRA PEN.....82	FIRAZYR.....70	<i>fluticasone propionate hfa</i> .....83
FASLODEX.....16	see <i>icatibant acetate</i> ...70	<i>fluticasone-salmeterol aer</i> powder ba 100-50 mcg/act.....83
see <i>fulvestrant</i>.....16	see <i>sajazir</i> .....70	<i>fluticasone-salmeterol aer</i> powder ba 250-50 mcg/act.....83
<i>febuxostat</i> .....1	FIRDAPSE .....46	<i>fluticasone-salmeterol aer</i> powder ba 500-50 mcg/act.....83
<i>felbamate</i> .....39	FIRMAGON.....16	<i>fluvastatin sodium</i> .....26
FELBATOL.....39	FIRVANQ .....6	<i>fluvoxamine maleate</i>.....32
see <i>felbamate</i>.....39	see <i>vancomycin hcl</i>.....8	
<i>felodipine</i>.....29	<i>flac</i> .....80	
FEMARA .....16	FLAGYL .....6	
see <i>letrozole</i> .....16	see <i>metronidazole</i> .....7	
FEMRING .....58	FLAREX.....78	
	FLEBOGAMMA DIF.....73	
	<i>flecainide acetate</i> .....26	
	FLEQSUVY .....47	
	see <i>baclofen</i> .....47	
	FLOLAN .....32	
	FLOLIPID .....26	

FML FORTE.....	78	<i>furosemide inj</i>	30	<i>gentamicin in saline inj 0.8</i>	
FML LIQUIFILM	78	FUZEON	10	<i>mg/ml</i>	6
see <i>fluorometholone</i>		FYARRO	18	<i>gentamicin in saline inj 1.2</i>	
(<i>ophth</i>)	78	<i>fyavolv tab 0.5mg-2.5mcg</i>		<i>mg/ml</i>	6
FOCALIN	43	.....	58	<i>gentamicin in saline inj 1.6</i>	
see <i>dexmethylphenidate</i>		<i>fyavolv tab 1mg-5mcg</i>	58	<i>mg/ml</i>	6
<i>hcl</i>	43	FYCOMPA	39	<i>gentamicin in saline inj 1</i>	
FOCALIN XR	43	FYLNTRTA	69	<i>mg/ml</i>	6
see <i>dexmethylphenidate</i>		G		<i>gentamicin in saline inj 2</i>	
<i>hcl</i>	43	<i>gabapentin</i>	39	<i>mg/ml</i>	6
FOCINVEZ.....	63	<i>gabapentin (once-daily)</i> ..	46	<i>gentamicin sulfate</i>	7
FOLOTYN.....	15	GALAFOLD.....	60	<i>gentamicin sulfate (ophth)</i>	
<i>fondaparinux sodium</i>	69	<i>galantamine hydrobromide</i>		.....	77
<i>formoterol fumarate</i>	81	.....	33	<i>gentamicin sulfate (topical)</i>	
FORTEO.....	53	GAMASTAN INJ	73	.....	84
see <i>teriparatide</i>		GAMMAGARD LIQUID ...	73	GENVOYA TAB	11
(<i>recombinant</i>).....	54	GAMMAGARD S/D IGA		GEODON	37
FOSAMAX	53	LESS TH	73	see <i>ziprasidone hcl</i>	38
see <i>alendronate sodium</i>		GAMMAKED	73	see <i>ziprasidone mesylate</i>	
.....	53	GAMMAPLEX	73	.....	38
FOSAMAX + D TAB 70-		GAMUNEX-C	73	GILENYA	46
2800	53	GANCICLOVIR	11	see <i>ingolimod hcl</i>	46
FOSAMAX + D TAB 70-		<i>ganciclovir sodium</i>	11	GILOTRIF	18
5600	53	GARDASIL 9 INJ	74	GIMOTI	63
<i>fosamprenavir calcium</i>	10	GASTROCROM.....	66	GIVLAARI	70
<i>fosaprepitant dimeglumine</i>		see <i>cromolyn sodium</i>		GLASSIA.....	82
.....	63	(<i>mastocytosis</i>).....	66	<i>glatiramer acetate</i>	46
<i>foscarnet sodium</i>	11	<i>gatifloxacin (ophth)</i>	77	<i>glatopa</i>	46
FOSCAVIR		GATTEX.....	66	GLEEVEC	18
see <i>foscarnet sodium</i> ..	11	GAUZE PADS 2X2	52	see <i>imatinib mesylate</i> ..	19
<i>fosinopril sodium</i>	22	<i>gavilyte-c</i>	65	GLEOSTINE	15
<i>fosinopril sodium &</i>		<i>gavilyte-g</i>	65	<i>glimepiride</i>	49
<i>hydrochlorothiazide tab</i>		GAVRETO	18	<i>glipizide</i>	49
10-12.5 mg	22	GAZYVA	18	<i>glipizide-metformin hcl tab</i>	
<i>fosinopril sodium &</i>		<i>gefitinib</i>	18	2.5-250 mg	49
<i>hydrochlorothiazide tab</i>		GELNIQUE	68	<i>glipizide-metformin hcl tab</i>	
20-12.5 mg	22	<i>gemcitabine hcl</i>	15	2.5-500 mg	49
FOTIVDA	18	GEMCITABINE		<i>glipizide-metformin hcl tab</i>	
FRAGMIN	69	HYDROCHLORIDE.....	16	5-500 mg	49
FROVA.....	45	see <i>gemcitabine hcl</i>	15	<i>glipizide xl</i>	49
see <i>rovatriptan</i>		<i>gemfibrozil</i>	26	<i>glucagon (rdna)</i>	59
<i>succinate</i>	45	<i>gemmily</i>	55	GLUCOTROL XL	49
<i>frovatriptan succinate</i>	45	GEMTESA	68	see <i>glipizide</i>	49
FRUZAQLA.....	18	<i>generlac</i>	65	see <i>glipizide xl</i>	49
FULPHILA.....	69	<i>gengraf</i>	74	GLUMETZA	49
<i>fulvestrant</i>	16	GENOTROPIN.....	60	see <i>metformin hcl</i>	50
FUROSCIX	30	GENOTROPIN MINIQUICK		GLYCATE	64
<i>furosemide</i>	30	.....	60	<i>glycopyrrolate</i>	64

GLYCOPYRROLATE.....64	HALOG .....86	HUMALOG KWIKPEN ....52
<i>glycopyrrolate (oral)</i> .....64	<i>see halcinonide</i> .....86	HUMALOG MIX INJ
<i>glydo</i> .....87	<i>haloperidol</i> .....37	50/50KWP .....52
GLYXAMBI TAB 10-5 MG	<i>haloperidol decanoate</i>.....37	HUMALOG MIX INJ
.....50	<i>haloperidol lactate</i>.....37	75/25KWP .....52
GLYXAMBI TAB 25-5 MG	HARVONI PAK 33.75-	HUMALOG MIX SUS 75/25
.....50	150MG.....11	.....52
GOCOVRI .....36	HARVONI PAK 45-200MG	HUMALOG TEMPO PEN52
GOLYTELY	.....11	HUMATIN.....7
<i>see gavilyte-g</i> .....65	HARVONI TAB 45-200MG	HUMATROPE .....60
<i>see peg 3350-kcl-na</i>	.....11	HUMIRA.....71
<i>bicarb-nacl-na sulfate</i>	HARVONI TAB 90-400MG	HUMIRA PEN .....71
<i>for soln 236 gm</i> .....65	.....11	HUMIRA PEN-CD/UC/HS
GOLYTELY SOL.....65	HAVRIX.....74	START.....71
GRALISE .....46	<i>heather</i>.....55	HUMIRA PEN KIT PS/UV
<i>see gabapentin (once-</i>	HELIDAC MIS THERAPY	.....71
<i>daily)</i> .....46	.....66	HUMIRA PEN-PEDIATRIC
<i>granisetron hcl</i> .....63	HEMADY.....59	UC S.....71
GRANIX .....69	HEPAGAM B.....73	HUMULIN INJ 70/30 .....52
GRASTEK.....73	HEPARIN/NACL INJ	HUMULIN INJ 70/30KWP
<i>griseofulvin microsize</i>.....8	25000UNT .....69	.....52
<i>griseofulvin ultramicrosize</i> 8	HEPARIN SODIUM.....69	HUMULIN N .....52
<i>guanfacine hcl</i>.....31	<i>heparin sodium (porcine)</i> 69	HUMULIN N KWIKPEN ..52
<i>guanfacine hcl (adhd)</i> ....43	HEPLISAV-B.....74	HUMULIN R .....52
GVOKE HYOPEN 2-	HEP SOD/D5W INJ	HUMULIN R U-500
PACK.....59	20000UNT .....69	(CONCENTR.....52
GVOKE KIT.....59	HEP SOD/D5W INJ	HUMULIN R U-500
GVOKE PFS .....59	25000UNT .....69	KWIKPEN.....52
GYNAZOLE-1 .....68	HEP SOD/NACL INJ	HYCAMTIN
H	12500UNT .....69	<i>see topotecan hcl</i> .....17
HAEGARDA.....70	HEP SOD/NACL INJ	<i>hydralazine hcl</i>.....31
<i>hailey 1.5/30</i>.....55	25000UNT .....69	HYDREA.....17
<i>hailey 24 fe</i>.....55	HERCEP HYLEC SOL 60-	<i>see hydroxyurea</i>.....17
HALAVEN .....17	10000 .....19	<i>hydrochlorothiazide</i>.....30
<i>see eribulin mesylate</i> ...17	HERCEPTIN .....19	<i>hydrocodone-</i>
<i>halcinonide</i>.....86	HERZUMA .....19	<i>acetaminophen soln 7.5-</i>
HALCION .....44	HETLIOZ.....44	325 mg/15ml.....4
<i>see triazolam</i>.....44	<i>see tasimelteon</i> .....44	<i>hydrocodone-</i>
HALDOL DECANOATE	HETLIOZ LQ.....44	<i>acetaminophen tab 10-</i>
100 .....37	HIBERIX.....75	300 mg .....4
<i>see haloperidol</i>	HIPREX.....7	<i>hydrocodone-</i>
<i>decanoate</i> .....37	<i>see methenamine</i>	<i>acetaminophen tab 10-</i>
HALDOL DECANOATE 50	<i>hippurate</i>.....7	325 mg .....4
.....37	HIZENTRA .....73	<i>hydrocodone-</i>
<i>see haloperidol</i>	HORIZANT.....46	<i>acetaminophen tab 5-300</i>
<i>decanoate</i> .....37	HUMALOG.....52	mg .....4
<i>halobetasol propionate</i> ...86	HUMALOG JUNIOR	
<i>haloette</i> .....55	KWIKPEN.....52	

<i>hydrocodone- acetaminophen tab 5-325 mg</i>.....4	see <i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>.....24	<i>imiquimod</i>.....87
<i>hydrocodone- acetaminophen tab 7.5- 300 mg</i>.....4	see <i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>.....24	<i>imiquimod pump</i>.....87
<i>hydrocodone- acetaminophen tab 7.5- 325 mg</i>.....4	see <i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>.....24	IMITREX.....45
<i>hydrocodone bitartrate</i>.....2	HYZAAR TAB 100-12.5 ..24	see <i>sumatriptan succinate</i>.....45
<i>hydrocodone-ibuprofen tab 10-200 mg</i>.....4	HYZAAR TAB 100-25 ..24	IMITREX STATDOSE REFILL.....45
<i>hydrocodone-ibuprofen tab 5-200 mg</i>.....4	HYZAAR TAB 50-12.5 ....24	see <i>sumatriptan succinate</i>.....45
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>.....4	I	IMITREX STATDOSE SYSTEM.....45
<i>hydrocortisone</i>.....59	<i>ibandronate sodium</i>.....53	see <i>sumatriptan succinate</i>.....45
HYDROCORTISONE/ACE TIC ACI	IBRANCE.....19	IMJUDO.....19
see <i>hydrocortisone w/ acetic acid otic soln 1- 2%</i>.....80	IBSRELA.....66	IMOVAX RABIES (H.D.C.V.).....75
<i>hydrocortisone (intrarectal)</i> .....65	<i>ibu</i>.....1	IMPAVIDO.....7
<i>hydrocortisone (rectal)</i>....87	<i>ibuprofen</i>.....1	IMURAN.....74
<i>hydrocortisone (topical)</i> ...86	<i>ibuprofen-famotidine tab 800-26.6 mg</i>.....1	see <i>azathioprine</i>.....74
<i>hydrocortisone butyrate</i> ..86	<i>icatibant acetate</i>.....70	IMVEXXY MAINTENANCE PACK.....58
<i>hydrocortisone butyrate hydrophilic lipo base</i> ...86	<i>iclevia</i>.....55	IMVEXXY STARTER PACK.....58
<i>hydrocortisone valerate</i> ...86	ICLUSIG.....19	INBRIJA.....36
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>.....80	IDACIO (2 PEN).....71	<i>incassia</i>.....55
<i>hydromorphone hcl</i>.....2, 4	IDACIO (2 SYRINGE).....71	INCRELEX.....60
HYDROMORPHONE	IDACIO CROHN INJ DISEASE.....71	INCRUSE ELLIPTA.....80
HYDROCHLORI.....4	IDACIO PLAQU INJ PSORIASIS.....72	<i>indapamide</i>.....30
<i>hydroxychloroquine sulfate</i>.....72	IDHIFA.....19	INDERAL LA.....28
<i>hydroxyurea</i>.....17	IFEX.....15	see <i>propranolol hcl</i>.....28
<i>hydroxyzine hcl</i>.....81	<i>ifosfamide</i>.....15	INFANRIX INJ.....75
<i>hydroxyzine pamoate</i>.....81	IFOSFAMIDE.....15	INFLECTRA.....72
HYFTOR.....87	ILARIS.....73	INFLIXIMAB.....72
HYQVIA INJ 10-800.....73	ILEVRO.....78	INLYTA.....19
HYQVIA INJ 2.5-200.....73	ILUMYA.....72	INPEFA.....31
HYQVIA INJ 20-1600.....73	<i>imatinib mesylate</i>.....19	INQOVI TAB 35-100MG .16
HYQVIA INJ 30-2400.....73	IMBRUVICA.....19	INREBIC.....19
HYQVIA INJ 5-400.....73	IMDELLTRA.....19	INS ASP PROT INJ FLEXPEN.....52
HYSINGLA ER.....2	IMFINZI.....19	INSPIRA.....23
HYZAAR	<i>imipenem-cilastatin intravenous for soln 250 mg</i>.....7	see <i>eplerenone</i>.....23
	<i>imipenem-cilastatin intravenous for soln 500 mg</i>.....7	INSULIN ASPA INJ 70/30.....52
	<i>imipramine hcl</i>.....34	INSULIN ASPART.....52
	<i>imipramine pamoate</i>.....34	INSULIN ASPART FLEXPEN.....52
		INSULIN ASPART PENFILL.....52

INSULIN DEGLUDEC.....52	INVOKAMET XR TAB 150-500 .....50	IXCHIQ INJ .....75
INSULIN DEGLUDEC FLEXTUOC .....52	INVOKAMET XR TAB 50-1000 .....50	IXEMPRA KIT .....17
INSULIN GLARGINE MAX SOLO .....52	INVOKAMET XR TAB 50-500MG.....50	IXIARO INJ .....75
INSULIN GLARGINE SOLOSTAR.....52	INVOKANA .....50	IYUZEH.....79
INSULIN GLARGINE-YFGN .....52	IPOL INJ INACTIVE.....75	IZERVAY.....79
INSULIN LISP INJ PROTAMIN .....52	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> 80	J
INSULIN LISPRO.....52	<i>ipratropium bromide</i> .....80	JADENU.....54
INSULIN LISPRO JUNIOR KWI.....52	<i>ipratropium bromide (nasal)</i> .....80	<i>see deferasirox</i>.....54
INSULIN LISPRO KWIKPEN.....52	<i>irbesartan</i> .....25	JADENU SPRINKLE.....54
INSULIN PEN NEEDLES: BD-EMBECTA.....52	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> .....24	<i>see deferasirox</i>.....54
INSULIN SAFETY NEEDLES: BD-EMBECTA .....52	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> .....24	JAKAFI.....19
INSULIN SYRINGES: BD-EMBECTA .....52	IRESSA.....19	<i>jantoven</i> .....69
INTELENCE.....10	<i>see gefitinib</i> .....18	JANUMET TAB 50-1000.50
<i>see etravirine</i>.....9	<i>irinotecan hcl</i>.....17	JANUMET TAB 50-500MG .....50
INTRALIPID .....77	ISENTRESS.....10	JANUMET XR TAB 100-1000 .....50
INTRAROSA .....68	ISENTRESS HD .....10	JANUMET XR TAB 50-1000 .....50
<i>introvale</i> .....55	<i>isibloom</i>.....55	JANUMET XR TAB 50-500MG.....50
INTUNIV.....43	ISOLYTE-P INJ /D5W ....75	JANUVIA.....50
<i>see guanfacine hcl (adhd)</i> .....43	ISOLYTE-S INJ .....75	JARDIANCE.....50
INVANZ.....7	ISOLYTE-S INJ PH 7.4...75	<i>jasmiel</i>.....55
INVEGA .....37	<i>isoniazid</i>.....11	JATENZO.....49
<i>see paliperidone</i> .....37	ISORDIL TITRADOSE ...31	<i>javygtor</i> .....60
INVEGA HAFYERA .....37	<i>see isosorbide dinitrate</i> .....31	JAYPIRCA .....19
INVEGA SUSTENNA.....37	<i>isosorbide dinitrate</i>.....31	JEMPERLI .....19
INVEGA TRINZA .....37	<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> .....31	JENTADUETO TAB 2.5-1000 .....50
INVELTYS.....78	<i>isosorbide mononitrate</i> ...31	JENTADUETO TAB 2.5-500 .....50
INVOKAMET TAB 150-1000 .....50	<i>isotretinoin</i>.....84	JENTADUETO TAB 2.5-850 .....50
INVOKAMET TAB 150-500 .....50	<i>isradipine</i>.....29	JENTADUETO TAB XR 2.5-1000MG .....50
INVOKAMET TAB 50-1000 .....50	ISTALOL .....79	JENTADUETO TAB XR 5-1000MG.....50
INVOKAMET TAB 50-500MG.....50	<i>see timolol maleate (ophth) once-daily</i> ...79	JEVTANA.....17
INVOKAMET XR TAB 150-1000 .....50	ISTURISA .....60	<i>jinteli</i>.....58
	<i>itraconazole</i>.....9	JOENJA .....73
	<i>ivermectin</i>.....7	<i>jolessa</i> .....55
	<i>ivermectin (rosacea)</i> .....88	JORNAY PM .....43
	IWILFIN.....17	<i>joyeaux</i>.....55
		JUBLIA.....85
		<i>juleber</i> .....55
		JULUCA TAB 50-25MG ..11
		<i>junel 1/20</i> .....55

<i>junel</i> 1.5/30	55	KCL/D5W/NAACL INJ	see roweepra.....	41
<i>junel fe</i> 1/20	55	0.3/0.9%	KEPPRA XR	39
<i>junel fe</i> 1.5/30	55	KCL 0.3%/D5W/NAACL	see <i>levetiracetam</i>	40
<i>junel fe</i> 24	55	0.9%	KERENDIA.....	23
JUXTAPID.....	27	see <i>kcl 40 meq/l (0.3%)</i>	KESIMPTA.....	47
JYLAMVO	72	in <i>dextrose 5% & nacl</i>	<i>ketoconazole</i>	9
JYNARQUE	60	0.9% <i>inj</i>	<i>ketoconazole (topical)</i>	85
JYNARQUE PAK 30-15MG		<i>kcl 10 meq/l (0.075%) in</i>	<i>ketodan</i>	85
.....	60	<i>dextrose 5% & nacl</i>	<i>ketoprofen</i>	1
JYNARQUE PAK 45-15MG		0.45% <i>inj</i>	<i>ketorolac tromethamine</i>	1
.....	60	<i>kcl 20 meq/l (0.149%) in</i>	<i>ketorolac tromethamine</i>	
JYNARQUE PAK 60-30MG		<i>nacl 0.45% inj</i>	(<i>ophth</i>).....	78
.....	60	<i>kcl 20 meq/l (0.15%) in</i>	KEVEYIS.....	30
JYNARQUE PAK 90-30MG		<i>dextrose 5% & nacl 0.2%</i>	see <i>dichlorphenamide</i> .	30
.....	60	<i>inj</i>	see <i>ormalvi</i>	30
JYNNEOS	75	<i>kcl 20 meq/l (0.15%) in</i>	KEVZARA	72
K		<i>dextrose 5% & nacl</i>	KEYTRUDA	19
KABIVEN EMU	77	0.45% <i>inj</i>	KHAPZORY	21
KADCYLA	19	<i>kcl 20 meq/l (0.15%) in</i>	KIMMTRAK.....	19
<i>kaitlib fe</i>	55	<i>dextrose 5% & nacl 0.9%</i>	KIMYRSA.....	7
KALBITOR.....	70	<i>inj</i>	KINERET	72
KALETRA		<i>kcl 20 meq/l (0.15%) in nacl</i>	KINRIX INJ.....	75
see <i>lopinavir-ritonavir</i>		0.45% <i>inj</i>	<i>kionex</i>	54
<i>soln 400-100 mg/5ml</i>		<i>kcl 20 meq/l (0.15%) in nacl</i>	<i>kiprofen</i>	1
(<i>80-20 mg/ml</i>)	11	0.9% <i>inj</i>	KISQALI 200 DOSE.....	19
see <i>lopinavir-ritonavir tab</i>		<i>kcl 30 meq/l (0.224%) in</i>	KISQALI 200 PAK	
<i>100-25 mg</i>	11	<i>dextrose 5% & nacl</i>	FEMARA	19
see <i>lopinavir-ritonavir tab</i>		0.45% <i>inj</i>	KISQALI 400 DOSE.....	19
<i>200-50 mg</i>	11	<i>kcl 40 meq/l (0.3%) in</i>	KISQALI 400 PAK	
KALETRA SOL	11	<i>dextrose 5% & nacl</i>	FEMARA	19
KALETRA TAB 100-25MG		0.45% <i>inj</i>	KISQALI 600 DOSE.....	19
.....	11	<i>kcl 40 meq/l (0.3%) in</i>	KISQALI 600 PAK	
KALETRA TAB 200-50MG		<i>dextrose 5% & nacl 0.9%</i>	FEMARA	19
.....	11	<i>inj</i>	KITABIS PAK.....	7
KALYDECO	82	<i>kcl 40 meq/l (0.3%) in nacl</i>	see <i>tobramycin</i>	8
KANJINTI.....	19	0.9% <i>inj</i>	KLARON	84
KANUMA.....	60	<i>kelnor 1/35</i>	see <i>sulfacetamide</i>	
KAPSPARGO SPRINKLE		<i>kelnor 1/50</i>	<i>sodium (acne)</i>	84
.....	28	KENALOG.....	<i>klayesta</i>	85
<i>kariva</i>	55	see <i>triamcinolone</i>	KLISYRI	88
KATERZIA	29	<i>acetonide (topical)</i> ...	KLONOPIN	39
KAZANO 12.5- TAB		.....	see <i>clonazepam</i>	38
1000MG.....	50	KENALOG-10	<i>klor-con</i>	76
KAZANO 12.5- TAB		KENALOG-40	<i>klor-con 10</i>	76
500MG.....	50	see <i>triamcinolone</i>	<i>klor-con 8</i>	76
KCL/D5W/LACT INJ		<i>acetonide</i>	<i>klor-con m10</i>	76
20MEQ/L	76	KENALOG-80	<i>klor-con m15</i>	76
		KEPPRA	<i>klor-con m20</i>	76
		see <i>levetiracetam</i>		

KLOXXADO	48	see <i>lamotrigine tab disint</i>	<i>lamivudine-zidovudine tab</i>
KOMBIGLYZ XR TAB 2.5-1000	50	21 x 25 mg & 7 x 50 mg titration kit	150-300 mg
KOMBIGLYZ XR TAB 5-1000MG.....	50	see <i>lamotrigine tab disint</i>	40
KOMBIGLYZ XR TAB 5-500MG.....	50	25 (14) & 50 mg (14) & 100 mg (7) kit.....	40
KONVOMEF SUS 2-84/ML	67	see <i>lamotrigine tab disint</i>	<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>
KORLYM.....	60	42 x 50mg & 14 x 100mg titration kit	40
see <i>mifepristone (hyperglycemia)</i>	61	LAMICTAL ODT KIT BLUE	40
KOSELUGO.....	19	LAMICTAL ODT KIT GREEN.....	39
<i>kourzeq</i>	88	LAMICTAL ODT KIT ORANGE.....	39
KRAZATI.....	19	LAMICTAL STARTER/NOT TAKI	
KRINTAFEL	9	see <i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	40
KRISTALOSE	65	see <i>subvenite starter kit/ora</i>	41
KRYSTEXXA	1	LAMICTAL STARTER/TAKING C	
K-TAB		see <i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	40
see <i>potassium chloride</i>	76	see <i>subvenite starter kit/gre</i>	41
<i>kurvelo</i>	55	LAMICTAL STARTER/TAKING V	
KUVAN.....	60	see <i>lamotrigine</i>	40
see <i>javygtor</i>	60	see <i>subvenite starter kit/blu</i>	41
see <i>sapropterin dihydrochloride</i>	61	LAMICTAL STARTER KIT (35 X 25MG TABS)	39
KYPROLIS.....	19	LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	39
L		LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS).....	39
<i>labetalol hcl</i>	28	LAMICTAL XR	39
LABETALOL HYDROCHLORIDE.....	28	see <i>lamotrigine</i>	40
<i>lacosamide</i>	39	see <i>subvenite</i>	41
<i>lacosamide oral</i>	39	LAMICTAL CHEWABLE DISPERS.....	39
LACRISERT.....	79	see <i>lamotrigine</i>	40
<i>lactated ringer's solution</i> .	76	LAMICTAL ODT	39
<i>lactic acid (ammonium lactate)</i>	88	see <i>lamotrigine</i>	40
<i>lactulose</i>	65	LAMICTAL ODT KIT BLUE	39
LACTULOSE.....	65	<i>lamivudine</i>	10
<i>lactulose (encephalopathy)</i>	65	<i>lamivudine (hbv)</i>	11
LAMICTAL	39		
see <i>lamotrigine</i>	40		
see <i>subvenite</i>	41		
LAMICTAL CHEWABLE DISPERS.....	39		
see <i>lamotrigine</i>	40		
LAMICTAL ODT	39		
see <i>lamotrigine</i>	40		

LENVIMA 4 MG DAILY	<i>levocarnitine (metabolic modifiers)</i>.....60	see <i>escitalopram oxalate</i> .....34
DOSE .....19	<i>levocetirizine</i>	LEXETTE .....86
LENVIMA 8 MG DAILY	<i>dihydrochloride</i> .....81	see <i>halobetasol propionate</i>.....86
DOSE .....19	<i>levofloxacin</i> .....13	LEXIVA
LENVIMA CAP 14 MG ....19	<i>levofloxacin (ophth)</i>.....77	see <i>fosamprenavir calcium</i>.....10
LENVIMA CAP 18 MG ....19	<i>levofloxacin in d5w iv soln</i>	<i>l-glutamine (sickle cell)</i> ...70
LENVIMA CAP 24 MG ....19	<i>250 mg/50ml</i>.....13	LIALDA.....65
LESCOL XL .....26	<i>levofloxacin in d5w iv soln</i>	see <i>mesalamine</i> .....65
see <i>fluvastatin sodium</i>.....26	<i>500 mg/100ml</i>.....13	LIBERVANT .....40
<i>lessina</i>.....55	<i>levofloxacin in d5w iv soln</i>	LIBTAYO.....19
LETAIRIS .....32	<i>750 mg/150ml</i>.....13	<i>lidocaine</i>.....87
see <i>ambrisentan</i>.....32	<i>levoleucovorin calcium</i> ...21	<i>lidocaine hcl</i> .....87
<i>letrozole</i> .....16	<i>levonest</i>.....55	<i>lidocaine hcl (local anesth.)</i> .....1
<i>leucovorin calcium</i> .....21	<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>.....55	<i>lidocaine hcl (mouth-throat)</i> .....88
LEUKERAN.....15	<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> .....56	<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....87
LEUKINE.....69	<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>.....56	<i>lidocan</i>.....87
<i>leuprolide acetate</i>.....16	<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>.....56	LIDODERM
LEUPROLIDE ACETATE16	<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> .....56	see <i>lidocaine</i> .....87
<i>levabuterol hcl</i>.....81	<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> .....56	see <i>lidocan</i> .....87
<i>levabuterol tartrate</i> .....81	<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i> .....56	LILETTA.....56
<i>levamlodipine maleate</i> ....29	<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> .....55	<i>linezolid</i> .....7
LEVETIRACETA INJ	<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> .....56	LINEZOLID INJ 2MG/ML ..7
10MG/ML.....40	<i>levora 0.15/30-28</i>.....56	LINZESS .....66
LEVETIRACETA INJ	<i>levorphanol tartrate</i> .....3	<i>liothyronine sodium</i> .....62
15MG/ML.....40	<i>levo-t</i> .....62	LIPITOR .....26
LEVETIRACETA INJ	<i>levothyroxine sodium</i> .....62	see <i>atorvastatin calcium</i> .....26
5MG/ML.....40	<i>levoxyl</i>.....62	LIPOFEN.....26
<i>levetiracetam</i>.....40	LEXAPRO .....34	<i>liraglutide</i>.....50
see <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>.....40		<i>lisdexamfetamine dimesylate</i> .....43
see <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>.....40		<i>lisinopril</i> .....22
see <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>.....40		<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> .....22
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>.....40		<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> .....22
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>.....40		<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> .....22
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>.....40		LITFULO .....72
<i>levobunolol hcl</i> .....79		

<i>lithium</i>.....46	<i>lorazepam intensol</i>.....32	LOTRONEX .....66
<i>lithium carbonate</i>.....46	LORBRENA .....19	see <i>alose tron hcl</i> .....65
LITHOBID .....46	LOREEV XR .....32	<i>lovastatin</i>.....27
see <i>lithium carbonate</i> .46	<i>loryna</i> .....56	LOVAZA
LITHOSTAT .....68	<i>losartan potassium</i>.....25	see <i>omega-3-acid ethyl</i>
LIVALO .....26	<i>losartan potassium &</i>	<i>esters cap 1 gm</i> .....27
see <i>pitavastatin calcium</i>	<i>hydrochlorothiazide tab</i>	LOVAZA CAP 1GM.....27
.....27	100-12.5 mg .....24	LOVENOX.....69
LIVMARLI.....66	<i>losartan potassium &</i>	see <i>enoxaparin sodium</i>
LIVTENCITY .....11	<i>hydrochlorothiazide tab</i>	.....69
LOCOID .....87	100-25 mg .....24	<i>low-ogestrel</i>.....56
see <i>hydrocortisone</i>	<i>losartan potassium &</i>	<i>loxapine succinate</i> .....37
<i>butyrate</i>.....86	<i>hydrochlorothiazide tab</i>	<i>lubiprostone</i> .....66
LOCOID LIPOCREAM...87	50-12.5 mg .....24	LUCEMYRA .....48
LODINE	LOTEMAX.....78	LUCENTIS .....79
see <i>etodolac</i> .....1	see <i>loteprednol</i>	<i>luliconazole</i> .....85
LODOCO .....31	<i>etabonate</i>.....78	LUMAKRAS .....19
LODOSYN .....36	LOTEMAX SM .....78	LUMIGAN.....79
see <i>carbidopa</i> .....35	LOTENSIN .....22	LUMIZYME .....60
<i>loestrin 1/20-21</i> .....56	see <i>benazepril hcl</i> .....22	LUMRYZ .....48
<i>loestrin 1.5/30-21</i> .....56	LOTENSIN HCT	LUNESTA .....44
<i>loestrin fe 1/20</i> .....56	see <i>benazepril &</i>	see <i>eszopiclone</i>.....44
<i>loestrin fe 1.5/30</i> .....56	<i>hydrochlorothiazide tab</i>	LUNSUMIO .....19
<i>lofena</i> .....1	10-12.5 mg.....22	LUPKYNIS .....74
LOKELMA .....54	see <i>benazepril &</i>	LUPRON DEPOT (1-
LO LOESTRIN TAB 1-10-	<i>hydrochlorothiazide tab</i>	MONTH).....16
10 .....56	20-12.5 mg.....22	LUPRON DEPOT (3-
LOMOTIL	see <i>benazepril &</i>	MONTH).....16
see <i>diphenoxylate w/</i>	<i>hydrochlorothiazide tab</i>	LUPRON DEPOT (4-
<i>atropine tab 2.5-0.025</i>	20-25 mg.....22	MONTH).....16
<i>mg</i>.....66	<i>loteprednol etabonate</i> .....78	LUPRON DEPOT (6-
LOMOTIL TAB 2.5MG ...66	LOTREL	MONTH).....16
LONSURF TAB 15-6.14..16	see <i>amlodipine besylate-</i>	LUPRON DEPOT-PED (1-
LONSURF TAB 20-8.19..16	<i>benazepril hcl cap 10-</i>	MONTH .....60
<i>loperamide hcl</i>.....66	20 mg.....21	LUPRON DEPOT-PED (3-
LOPID .....26	see <i>amlodipine besylate-</i>	MONTH .....60
see <i>gemfibrozil</i> .....26	<i>benazepril hcl cap 10-</i>	LUPRON DEPOT-PED (6-
<i>lopinavir-ritonavir soln 400-</i>	40 mg.....21	MONTH .....60
<i>100 mg/5ml (80-20</i>	see <i>amlodipine besylate-</i>	<i>lurasidone hcl</i>.....37
<i>mg/ml)</i> .....11	<i>benazepril hcl cap 5-10</i>	<i>lutra</i> .....56
<i>lopinavir-ritonavir tab 100-</i>	<i>mg</i>.....21	LUZU.....85
25 mg .....11	see <i>amlodipine besylate-</i>	LYBALVI TAB 10-10MG .37
<i>lopinavir-ritonavir tab 200-</i>	<i>benazepril hcl cap 5-20</i>	LYBALVI TAB 15-10MG .37
50 mg .....11	<i>mg</i>.....21	LYBALVI TAB 20-10MG .37
LOPRESSOR.....28	LOTREL CAP 10-20MG..22	LYBALVI TAB 5-10MG ...37
see <i>metoprolol tartrate</i> 28	LOTREL CAP 10-40MG..22	<i>lyleq</i>.....56
LOQTORZI.....19	LOTREL CAP 5-10MG...22	<i>lyllana</i>.....58
<i>lorazepam</i> .....32	LOTREL CAP 5-20MG...22	LYNPARZA.....19

LYRICA.....40	MARINOL.....63	<i>medroxyprogesterone</i>
see <i>pregabalin</i>.....41	see <i>dronabinol</i>.....63	<i>acetate</i>.....62
LYRICA CR.....46	<i>marlissa</i>.....56	<i>medroxyprogesterone</i>
see <i>pregabalin (once-</i>	MARPLAN.....34	<i>acetate (contraceptive)</i> 56
<i>daily)</i>.....46	MATULANE .....17	<i>mefenamic acid</i>.....1
LYSODREN .....16	<i>matzim la</i>.....29	<i>mefloquine hcl</i>.....9
LYTGOBI (12 MG DAILY	MAVENCLAD (10 TABS)47	<i>megestrol acetate</i> .....16, 62
DOSE).....19	MAVENCLAD (4 TABS)..47	<i>megestrol acetate</i>
LYTGOBI (16 MG DAILY	MAVENCLAD (5 TABS)..47	(<i>appetite</i>) .....62
DOSE).....19	MAVENCLAD (6 TABS)..47	MEKINIST .....19
LYTGOBI (20 MG DAILY	MAVENCLAD (7 TABS)..47	MEKTOVI.....19
DOSE).....19	MAVENCLAD (8 TABS)..47	<i>meloxicam</i>.....2
LYUMJEV .....52	MAVENCLAD (9 TABS)..47	<i>memantine hcl</i>.....33
LYUMJEV KWIKPEN.....52	MAVYRET PAK 50-20MG	<i>memantine hcl tab 28 x 5</i>
LYUMJEV TEMPO PEN.52	.....11	<i>mg & 21 x 10 mg titration</i>
LYVISPAH .....47	MAVYRET TAB 100-40MG	<i>pack</i>.....33
<i>lyza</i>.....56	.....11	MENACTRA INJ .....75
M	MAXALT.....45	MENEST .....58
MACROBID.....7	see <i>rizatriptan benzoate</i>	MENOSTAR.....58
see <i>nitrofurantoin</i>	.....45	MENQUADFI INJ .....75
<i>monohyd macro</i> .....7	MAXALT-MLT .....45	MENVEO INJ .....75
MACRODANTIN .....7	see <i>rizatriptan benzoate</i>	MENVEO SOL .....75
see <i>nitrofurantoin</i>	.....45	MEPRON .....7
<i>macrocrystal</i> .....7	MAXIDEX.....78	see <i>atovaquone</i>.....6
<i>magnesium sulfate</i>.....76	MAXITROL	<i>mercaptapurine</i> .....16
MAGNESIUM SULFATE.76	see <i>neomycin-polymyxin-</i>	MEROP/NACL INJ
see <i>magnesium sulfate</i>	<i>dexamethasone ophth</i>	1GM/50ML.....7
.....76	<i>oint 0.1%</i>.....77	MEROP/NACL INJ
MAGNESIUM SULFATE IN	see <i>neomycin-polymyxin-</i>	500/50ML .....7
D5W	<i>dexamethasone ophth</i>	<i>meropenem</i>.....7
see <i>magnesium sulfate in</i>	<i>susp 0.1%</i>.....77	<i>merzee</i> .....56
<i>dextrose 5% iv soln 1</i>	MAXITROL OIN 0.1% OP	<i>mesalamine</i>.....65
<i>gm/100ml</i>.....76	.....77	<i>mesalamine w/ cleanser</i> .65
<i>magnesium sulfate in</i>	MAXITROL SUS 0.1% OP	MESNEX.....21
<i>dextrose 5% iv soln 1</i>	.....77	MESTINON.....46
<i>gm/100ml</i>.....76	MAYZENT.....47	see <i>pyridostigmine</i>
MALARONE	MAYZENT STARTER	<i>bromide</i>.....46
see <i>atovaquone-</i>	PACK (12) .....47	MESTINON TIMESPAN..46
<i>proguanil hcl tab 250-</i>	MAYZENT STARTER	see <i>pyridostigmine</i>
<i>100 mg</i>.....9	PACK (7) .....47	<i>bromide</i>.....46
see <i>atovaquone-</i>	<i>meclizine hcl</i> .....63	METADATE CD .....43
<i>proguanil hcl tab 62.5-</i>	<i>meclofenamate sodium</i>....1	see <i>methylphenidate hcl</i>
<i>25 mg</i>.....9	MEDROL.....59	.....44
MALARONE TAB 250-1009	see <i>methylprednisolone</i>	<i>metaxalone</i> .....47
MALARONE TAB 62.5-25.9	.....59	<i>metformin hcl</i> .....50
<i>malathion</i> .....88	MEDROL DOSEPAK .....59	<i>methadone hcl</i> .....3
<i>maraviroc</i> .....10	see <i>methylprednisolone</i>	METHADONE HCL INJ ....3
MARGENZA.....19	.....59	<i>methadone hydrochloride i3</i>

METHADOSE		
see <i>methadone</i>		
<i>hydrochloride i</i>	3	
<i>methazolamide</i>	30	
<i>methenamine hippurate</i>	7	
<i>methergine</i>	61	
<i>methimazole</i>	62	
<i>methocarbamol</i>	47	
<i>methotrexate sodium</i> 16, 72		
<i>methoxsalen rapid</i>	85	
<i>methscopolamine bromide</i>		
.....	64	
<i>methsuximide</i>	40	
<i>methylergonovine maleate</i>		
.....	61	
METHYLIN.....	43	
see <i>methylphenidate hcl</i>		
.....	44	
<i>methylphenidate</i>	43	
<i>methylphenidate hcl</i> .43, 44		
<i>methylprednisolone</i>	59	
<i>methylprednisolone acetate</i>		
.....	59	
<i>methylprednisolone sod</i>		
<i>succ</i>	59	
<i>methyltestosterone</i>	49	
<i>metoclopramide hcl</i> ...63, 64		
<i>metolazone</i>	30	
<i>metoprolol &</i>		
<i>hydrochlorothiazide tab</i>		
100-25 mg	28	
<i>metoprolol &</i>		
<i>hydrochlorothiazide tab</i>		
100-50 mg	28	
<i>metoprolol &</i>		
<i>hydrochlorothiazide tab</i>		
50-25 mg	28	
<i>metoprolol succinate</i>	28	
<i>metoprolol tartrate</i>	28	
METROCREAM	88	
see <i>metronidazole</i>		
(<i>topical</i>)	88	
METROGEL.....	88	
see <i>metronidazole</i>		
(<i>topical</i>)	88	
METROLOTION.....	88	
see <i>metronidazole</i>		
(<i>topical</i>)	88	
<i>metronidazole</i>	7	
METRONIDAZOLE.....	7	
see <i>metronidazole</i>	7	
<i>metronidazole (topical)</i>	88	
<i>metronidazole vaginal</i>	68	
<i>metirosine</i>	31	
MG SO4/D5W INJ		
10MG/ML.....	76	
MIACALCIN	53	
see <i>calcitonin (salmon)</i>		
<i>inj</i>	53	
<i>mibelas 24 fe</i>	56	
MICAFUNGIN	9	
MICAFUNGIN/NACL INJ		
100MG/100ML.....	9	
MICAFUNGIN/NACL INJ		
50MG/50ML.....	9	
<i>micafungin sodium</i>	9	
MICARDIS	25	
see <i>telmisartan</i>	25	
MICARDIS HCT		
see <i>telmisartan-</i>		
<i>hydrochlorothiazide tab</i>		
40-12.5 mg.....	25	
see <i>telmisartan-</i>		
<i>hydrochlorothiazide tab</i>		
80-12.5 mg.....	25	
see <i>telmisartan-</i>		
<i>hydrochlorothiazide tab</i>		
80-25 mg.....	25	
MICARDIS HCT TAB		
40/12.5	24	
MICARDIS HCT TAB		
80/12.5	24	
MICARDIS HCT TAB 80-		
25MG.....	24	
<i>miconazole 3</i>	68	
<i>miconazole-zinc oxide-</i>		
<i>white petrolatum oint</i>		
0.25-15-81.35%.....	85	
<i>microgestin 1/20</i>	56	
<i>microgestin 1.5/30</i>	56	
<i>microgestin 24 fe</i>	56	
<i>microgestin fe 1/20</i>	56	
<i>microgestin fe 1.5/30</i>	56	
<i>midodrine hcl</i>	31	
MIEBO	79	
<i>mifepristone</i>		
(<i>hyperglycemia</i>).....	61	
<i>migergot</i>	45	
<i>miglitol</i>	50	
<i>miglustat</i>	61	
MIGRANAL	45	
see <i>dihydroergotamine</i>		
<i>mesylate</i>	45	
<i>mili</i>	56	
<i>mimvey</i>	58	
MINIVELLE	58	
see <i>lyllana</i>	58	
<i>minocycline hcl</i>	15	
<i>minoxidil</i>	31	
MIRAPEX ER		
see <i>pramipexole</i>		
<i>dihydrochloride</i>	36	
<i>mirtazapine</i>	34	
MIRVASO	88	
see <i>brimonidine tartrate</i>		
(<i>topical</i>)	87	
<i>misoprostol</i>	66	
MITIGARE.....	1	
<i>mitomycin</i>	17	
<i>mitoxantrone hcl</i>	17	
M-M-R II INJ.....	75	
M-NATAL PLUS TAB.....	76	
<i>modafinil</i>	48	
<i>moexipril hcl</i>	23	
<i>molindone hcl</i>	37	
<i>mometasone furoate</i>	87	
<i>mometasone furoate</i>		
(<i>nasal</i>)	82	
MONJUVI.....	19	
<i>mono-lynyah</i>	56	
<i>montelukast sodium</i>	81	
<i>morphine sulfate</i>	3, 4	
MORPHINE SULFATE	4	
MORPHINE		
SULFATE/SODIUM C ...	4	
<i>morphine sulfate beads</i>	3	
MOTEGRITY.....	66	
MOTPOLY XR	40	
MOUNJARO	50	
MOVANTIK.....	66	
MOVIPREP		

see <i>peg-3350/electrolytes/asc</i>.....65	see <i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>.....42	NAMZARIC CAP 28-10MG.....33
MOVIPREP SOL.....65	MYDAYIS CAP 12.5MG..44	NAMZARIC CAP 7-10MG.....33
<i>moxifloxacin hcl</i>.....13	MYDAYIS CAP 25MG....44	NAMZARIC CAP PACK..33
<i>moxifloxacin hcl (ophth)</i> ..77	MYDAYIS CAP 37.5MG..44	NAPRELAN.....2
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>.....13	MYDAYIS CAP 50MG....44	see <i>naproxen sodium</i>....2
MOXIFLOXACIN HYDROCHLORID .....13	MYFEMBREE TAB .....61	NAPROSYN.....2
MOZOBIL.....69	MYFORTIC .....74	see <i>naproxen</i>.....2
see <i>plerixafor</i>.....70	see <i>mycophenolate sodium</i> .....74	<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i> .....2
MS CONTIN.....3	MYHIBBIN.....74	<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i> .....2
see <i>morphine sulfate</i>....3	MYLOTARG.....19	<i>naproxen sodium</i> .....2
MULPLETA.....70	MYOBLOC.....47	<i>naratriptan hcl</i> .....45
MULTAQ.....26	MYRBETRIQ.....68	NARDIL.....34
<i>multiple electrolytes ph 5.5</i>.....76	MYSOLINE .....40	see <i>phenelzine sulfate</i> .34
<i>multiple electrolytes ph 7.4</i>.....76	see <i>primidone</i>.....41	NATAACYN.....77
<i>mupirocin</i> .....84	N	NATAZIA TAB.....56
<i>mupirocin calcium (topical)</i>.....85	<i>nabumetone</i> .....2	<i>nateglinide</i>.....50
MVASI.....19	<i>nadolol</i> .....28	NATESTO.....49
MYALEPT .....61	NAFCILLIN INJ 1GM/50ML.....14	NATROBA.....88
MYAMBUTOL .....11	NAFCILLIN INJ 2GM/100.....14	NAYZILAM.....40
MYCAMINE.....9	see <i>naftillin sodium</i> .....14	<i>nebivolol hcl</i> .....28
see <i>micafungin sodium</i> ..9	<i>naftifine hcl</i>.....85	NEBUPENT .....7
MYCAPSSA.....61	NAFTIN.....85	see <i>pentamidine isethionate inh</i>.....7
MYCOBUTIN .....11	see <i>naftifine hcl</i> .....85	<i>necon 0.5/35-28</i>.....56
see <i>rifabutin</i>.....11	NAGLAZYME.....61	<i>nefazodone hcl</i>.....34
<i>mycophenolate mofetil</i>....74	<i>nalbuphine hcl</i>.....5	<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>.....77
<i>mycophenolate sodium</i> ...74	NALFON .....2	<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> .....77
MYDAYIS	see <i>fenoprofen calcium</i> .1	<i>neomycin-polymyxin b gu irrigation soln</i> .....68
see <i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>.....42	NALOCET TAB 2.5-300....5	<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> .....77
see <i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>.....42	<i>naloxone hcl</i>.....48	<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>.....77
see <i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>.....42	<i>naltrexone hcl</i>.....48	
	NAMENDA TAB 5-10MG 33	
	NAMENDA TITRATION PAK	
	see <i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> .....33	
	NAMENDA XR.....33	
	see <i>memantine hcl</i> .....33	
	NAMZARIC CAP 14-10MG.....33	
	.....33	
	NAMZARIC CAP 21-10MG.....33	
	.....33	

<i>neomycin-polymyxin-hc</i>	<i>niacor</i>	<i>norethindrone & ethinyl</i>
<i>ophth susp</i>.....77	<i>nicardipine hcl</i>.....29	<i>estradiol-fe chew tab 0.8</i>
<i>neomycin-polymyxin-hc otic</i>	NICARDIPINE SOL	<i>mg-25 mcg</i> .....56
<i>soln 1%</i>.....80	20/200ML	<i>norethindrone ace & ethinyl</i>
<i>neomycin-polymyxin-hc otic</i>	NICARDIPINE SOL	<i>estradiol-fe tab 1 mg-20</i>
<i>susp 3.5 mg/ml-10000</i>	40/200ML	<i>mcg</i>.....56
<i>unit/ml-1%</i>	NICOTROL INHALER.....48	<i>norethindrone ace & ethinyl</i>
<i>neomycin sulfate</i>.....7	NICOTROL NS	<i>estradiol tab 1.5 mg-30</i>
<i>neo-polycin 5(3.5)mg-</i>	<i>nifedipine</i>.....29	<i>mcg</i>.....56
<i>400unt-10000unt op oin</i>	<i>nikki</i>.....56	<i>norethindrone ace & ethinyl</i>
.....77	NILANDRON.....16	<i>estradiol tab 1 mg-20</i>
<i>neo-polycin hc ophth oint</i>	<i>see nilutamide</i>	<i>mcg</i>.....56
<i>1%</i>.....77	<i>nilutamide</i>.....16	<i>norethindrone ace-eth</i>
NEORAL	<i>nimodipine</i>.....29	<i>estradiol-fe chew tab 1</i>
<i>see cyclosporine</i>	NINLARO	<i>mg-20 mcg (24)</i> .....56
<i>modified (for</i>	NIPENT	<i>norethindrone ace-ethinyl</i>
<i>microemulsion)</i>	<i>nisoldipine</i>	<i>estradiol-fe cap 1 mg-20</i>
<i>see gengraf</i>	<i>nitazoxanide</i>.....7	<i>mcg (24)</i> .....56
NERLYNX.....19	<i>nitisinone</i>.....61	<i>norethindrone acetate</i> ....62
NESINA.....50	NITRO-BID.....31	<i>norethindrone acetate-</i>
<i>neuac gel 1.2-5%</i>.....84	NITRO-DUR.....31	<i>ethinyl estradiol tab 0.5</i>
NEULASTA.....69	<i>nitrofurantoin</i>	<i>mg-2.5 mcg</i> .....58
NEULASTA ONPRO KIT 69	NITROFURANTOIN.....7	<i>norethindrone acetate-</i>
NEUPOGEN	<i>nitrofurantoin macrocrystal</i>	<i>ethinyl estradiol tab 1</i>
NEUPRO.....36	<i>nitrofurantoin monohyd</i>	<i>mg-5 mcg</i> .....58
NEURONTIN.....40	<i>macro</i>	<i>norethindrone ac-ethinyl</i>
<i>see gabapentin</i>.....39	<i>nitroglycerin</i>.....31	<i>estradiol-fe tab 1-20/1-30/1-</i>
NEVANAC.....78	<i>nitroglycerin (intra-anal)</i> ..88	<i>35 mg-mcg</i> .....56
<i>nevirapine</i>	NITROLINGUAL	<i>norgestimate & ethinyl</i>
NEXAVAR.....20	<i>see nitroglycerin</i>	<i>estradiol tab 0.25 mg-35</i>
<i>see sorafenib tosylate</i> .20	NITROSTAT.....31	<i>mcg</i>.....56
NEXICLON XR.....31	<i>see nitroglycerin</i>	<i>norgestimate-eth estrad tab</i>
NEXIUM	NITYR	<i>0.18-25/0.215-25/0.25-25</i>
<i>see esomeprazole</i>	NIVESTYM.....70	<i>mg-mcg</i> .....56
<i>magnesium</i>	<i>nizatidine</i>.....64	<i>norgestimate-eth estrad tab</i>
NEXIUM I.V.	<i>nora-be</i>.....56	<i>0.18-35/0.215-35/0.25-35</i>
<i>see esomeprazole</i>	NORDITROPIN FLEXPRO	<i>mg-mcg</i> .....56
<i>sodium</i> .....	.....61	NORITATE
NEXLETOL	<i>norelgestromin-ethinyl</i>	NORLIQVA
NEXLIZET TAB 180/10MG	<i>estradiol td ptwk 150-35</i>	<i>norlyroc</i>
.....27	<i>mcg/24hr</i>	NORPACE
NEXPLANON.....56	<i>norethindrone</i>	<i>see disopyramide</i>
NEXTSTELLIS TAB 3-	<i>(contraceptive)</i>.....56	<i>phosphate</i>
<i>14.2MG</i>.....56	<i>norethindrone & ethinyl</i>	NORPACE CR.....26
NEXVIAZYME.....61	<i>estradiol-fe chew tab 0.4</i>	NORPRAMIN.....34
NGENLA	<i>mg-35 mcg</i>	<i>see desipramine hcl</i> ....33
<i>niacin (antihyperlipidemic)</i>		NORTHERA.....31
.....27		<i>see droxidopa</i>.....31

<i>nortrel</i> 0.5/35 (28)	56	NUCYNTA ER.....	3	ODOMZO.....	20
<i>nortrel</i> 1/35 (21)	56	NUEDEXTA CAP 20-10MG		OFEV	82
<i>nortrel</i> 1/35 (28)	57	.....	46	<i>ofloxacin</i> (ophth)	77
<i>nortrel</i> 7/7/7.....	57	NULOJIX.....	74	<i>ofloxacin</i> (otic).....	80
<i>nortriptyline hcl</i>	34	NUPLAZID	37	OGIVRI	20
NORVASC	29	NURTEC	45	OGSIVEO	20
<i>see amlodipine besylate</i>		NUTRILIPID	77	OJEMDA.....	20
.....	28	NUTROPIN AQ NUSPIN 10		OJJAARA.....	20
NORVIR.....	10	.....	61	<i>olanzapine</i>	37
<i>see ritonavir</i>	10	NUTROPIN AQ NUSPIN 20		<i>olmesartan-amlodipine-</i>	
NOURIANZ	36	.....	61	<i>hydrochlorothiazide tab</i>	
NOVAREL.....	61	NUTROPIN AQ NUSPIN 5		20-5-12.5 mg.....	25
NOVOLIN70/30 INJ		.....	61	<i>olmesartan-amlodipine-</i>	
RELION	52	NUVARING		<i>hydrochlorothiazide tab</i>	
NOVOLIN INJ 70/30	52	<i>see eluryng</i>	55	40-10-12.5 mg.....	25
NOVOLIN INJ 70/30 FP	52	<i>see enilloring</i>	55	<i>olmesartan-amlodipine-</i>	
NOVOLIN INJ 70/30 FP		<i>see etonogestrel-ethinyl</i>		<i>hydrochlorothiazide tab</i>	
RELION	52	<i>estradiol va ring 0.12-</i>		40-10-25 mg.....	25
NOVOLIN N	52	0.015 mg/24hr.....	55	<i>olmesartan-amlodipine-</i>	
NOVOLIN N FLEXPEN	52	<i>see haloette</i>	55	<i>hydrochlorothiazide tab</i>	
NOVOLIN N FLEXPEN		NUVARING MIS.....	57	40-5-12.5 mg.....	25
RELION	52	NUVESSA.....	68	<i>olmesartan-amlodipine-</i>	
NOVOLIN N RELION.....	52	NUVIGIL.....	48	<i>hydrochlorothiazide tab</i>	
NOVOLIN R	52	<i>see armodafinil</i>	48	40-5-25 mg.....	25
NOVOLIN R FLEXPEN	52	NUZYRA	15	<i>olmesartan medoxomil</i>	25
NOVOLIN R FLEXPEN		<i>nyamyc</i>	85	<i>olmesartan medoxomil-</i>	
RELION	53	<i>nylia</i> 1/35.....	57	<i>hydrochlorothiazide tab</i>	
NOVOLIN R RELION.....	53	<i>nylia</i> 7/7/7.....	57	20-12.5 mg	24
NOVOLOG.....	53	NYMALIZE	29	<i>olmesartan medoxomil-</i>	
NOVOLOG FLEXPEN	53	<i>nymyo</i>	57	<i>hydrochlorothiazide tab</i>	
NOVOLOG FLEXPEN		<i>nystatin</i>	9	40-12.5 mg	24
RELION	53	NYSTATIN		<i>olmesartan medoxomil-</i>	
NOVOLOG MIX INJ 70/30		<i>see nystatin (mouth-</i>		<i>hydrochlorothiazide tab</i>	
.....	53	<i>throat)</i>	88	40-25 mg	24
NOVOLOG MIX INJ		<i>nystatin (mouth-throat)</i>	88	<i>olopatadine hcl</i> (nasal)....	81
FLEXPEN	53	<i>nystatin (topical)</i>	85	OLPRUVA.....	61
NOVOLOG MIX INJ FLEX		<i>nystop</i>	85	OLUMIANT	72
REL	53	NYVEPRIA.....	70	<i>omega-3-acid ethyl esters</i>	
NOVOLOG PENFILL	53	○		<i>cap 1 gm</i>	27
NOVOLOG RELI INJ 70/30		OCALIVA	66	<i>omeprazole</i>	67
.....	53	<i>ocella</i>	57	<i>omeprazole-sodium</i>	
NOVOLOG RELION	53	OCREVUS	47	<i>bicarbonate cap 20-1100</i>	
NOXAFIL.....	9	OCTAGAM.....	73	mg	67
<i>see posaconazole</i>	9	<i>octreotide acetate</i>	61	<i>omeprazole-sodium</i>	
NPLATE	70	OCUFLOX.....	77	<i>bicarbonate cap 40-1100</i>	
NUBEQA.....	16	<i>see ofloxacin</i> (ophth) ...	77	mg	67
NUCALA	82	ODACTRA SUB	73		
NUCYNTA.....	5	ODEFSEY TAB.....	11		

<i>omeprazole-sodium</i>	ONGENTYS.....36	25/0.215-25/0.25-25
<i>bicarbonate powd pack</i>	ONGLYZA.....50	<i>mg-mcg</i>.....56
<i>for susp 20-1680 mg</i> ...67	<i>see saxagliptin hcl</i>.....51	<i>see tri-lo-estarylla</i>.....57
<i>omeprazole-sodium</i>	ONIVYDE.....17	<i>see tri-lo-marzia</i>.....57
<i>bicarbonate powd pack</i>	ONTRUZANT.....20	<i>see tri-lo-mili</i>.....57
<i>for susp 40-1680 mg</i> ...67	ONUREG.....16	<i>see tri-lo-sprintec</i>.....57
OMNARIS.....82	ONZETRA XSAIL.....45	<i>see tri-vylibra lo</i>.....57
OMNIPOD 5 G6 KIT	OPDIVO.....20	<i>oseltamivir phosphate</i>.....11
INTRO.....53	OPDUALAG SOL.....20	OSENI TAB 12.5-30.....50
OMNIPOD 5 G6 MIS PODS	OPFOLDA.....61	OSENI TAB 25-15MG.....50
.....53	OPSUMIT.....32	OSENI TAB 25-30MG.....50
OMNIPOD 5 G7 KIT	OPSYNVI TAB 10-20MG.....32	OSENI TAB 25-45MG.....50
INTRO.....53	OPSYNVI TAB 10-40MG.....32	OSPHENA.....61
OMNIPOD 5 G7 MIS PODS	OPVEE.....48	OTEZLA.....72
.....53	OPZELURA.....88	OTEZLA TAB 10/20/30...72
OMNIPOD DASH KIT	ORACEA.....88	OTOVEL DRO.....80
INTRO.....53	<i>see doxycycline</i>	OTREXUP.....72
OMNIPOD DASH MIS	<i>(rosacea)</i>.....87	OVIDE.....88
PODS.....53	ORALAIR SUB 300 IR...73	OXACILLIN INJ 1GM.....14
OMNIPOD GO KIT	ORAPRED ODT.....59	OXACILLIN INJ 2GM.....14
10UNT/DY.....53	ORBACTIV.....7	<i>oxacillin sodium</i>.....14
OMNIPOD GO KIT	ORENCIA.....72	<i>oxaliplatin</i>.....15
15UNT/DY.....53	ORENCIA CLICKJECT...72	<i>oxaprozin</i>.....2
OMNIPOD GO KIT	ORENITRAM.....32	OXAYDO.....5
20UNT/DY.....53	ORENITRAM TAB MONTH	<i>oxazepam</i>.....33
OMNIPOD GO KIT	1.....32	OXBRYTA.....70
25UNT/DY.....53	ORENITRAM TAB MONTH	<i>oxcarbazepine</i>.....40
OMNIPOD GO KIT	2.....32	OXERVATE.....79
30UNT/DY.....53	ORENITRAM TAB MONTH	<i>oxiconazole nitrate</i>.....85
OMNIPOD GO KIT	3.....32	OXISTAT.....85
35UNT/DY.....53	ORFADIN.....61	OXLUMO.....68
OMNIPOD GO KIT	<i>see nitisinone</i>.....61	OXTELLAR XR.....40
40UNT/DY.....53	ORGOVYX.....16	OXY-ACETAMIN TAB 7.5-
OMNIPOD MIS CLASSIC	ORIAHNN CAP.....61	300.....5
.....53	ORLISSA.....61	<i>oxybutynin chloride</i>.....68
OMNITROPE.....61	ORKAMBI GRA 100-125.....82	OXYCOD/ACETA SOL
OMVOH.....72	ORKAMBI GRA 150-188.....82	10/300MG.....5
ONCASPAR.....17	ORKAMBI GRA 75-94MG	OXYCOD/APAP TAB 10-
<i>ondansetron</i>.....64	.....82	300MG.....5
<i>ondansetron hcl</i>.....64	ORKAMBI TAB 100-125.....82	OXYCOD/APAP TAB 5-
ONEXTON	ORKAMBI TAB 200-125.....82	300MG.....5
<i>see clindamycin</i>	ORLADEYO.....70	OXYCOD-APAP TAB 2.5-
<i>phosphate-benzoyl</i>	<i>ormalvi</i>.....30	300.....5
<i>peroxide gel 1.2-3.75%</i>	ORSERDU.....16	<i>oxycodone hcl</i>.....5
.....84	ORTHO TRI-CYCLEN LO	<i>oxycodone w/</i>
ONEXTON GEL 1.2-3.75.....84	<i>see norgestimate-eth</i>	<i>acetaminophen soln 5-</i>
ONFI.....40	<i>estradiol tab 0.18-</i>	<i>325 mg/5ml</i>.....5
<i>see clobazam</i>.....38		

<i>oxycodone w/ acetaminophen tab 10-325 mg</i>.....5	<i>paliperidone</i> .....37	<i>peg-3350/electrolytes/asc</i> .....65
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>.....5	<i>palonosetron hcl</i>.....64	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> .....65
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>.....5	PALONOSETRON HYDROCHLORID .....64	<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>....65
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>.....5	PALYNZIQ .....61	PEGASYS.....12
OXYCONTIN.....3	PAMELOR .....34	PEMAZYRE .....20
<i>oxymorphone hcl</i>.....3, 5	see <i>nortriptyline hcl</i> .....34	PEMETREXED .....16
OXYTROL.....68	<i>pamidronate disodium</i>.....53	<i>pemetrexed disodium</i>.....16
OZEMPIC (0.25 OR 0.5MG/DOSE) .....50	PAMIDRONATE DISODIUM .....53	PEMRYDI RTU .....16
OZEMPIC (0.25 OR 0.5 MG/DOSE) .....50	PANCREAZE CAP 10500UNT .....66	PENBRAYA INJ.....75
OZEMPIC (1MG/DOSE) .50	PANCREAZE CAP 16800UNT .....66	<i>peniclovir</i>.....88
OZEMPIC (2MG/DOSE) .50	PANCREAZE CAP 21000UNT .....66	PEN GK/DEXTR INJ 20000/ML .....14
OZOBAX DS.....47	PANCREAZE CAP 2600UNIT .....66	PEN GK/DEXTR INJ 40000/ML .....14
P	PANCREAZE CAP 37000 .....66	PEN GK/DEXTR INJ 60000/ML .....14
<i>pacerone</i> .....26	PANCREAZE CAP 4200UNIT .....66	<i>penicillamine</i> .....54
<i>paclitaxel</i> .....18	PANDEL.....87	<i>penicillin g potassium</i>.....14
PACLITAXEL INJ 100MG .....18	PANRETIN.....88	<i>penicillin g sodium</i>.....14
PADCEV .....20	<i>pantoprazole sodium</i>.....67	<i>penicillin v potassium</i> .....14
PALFORZIA CAP ESCALAT .....73	PANZYGA.....73	PENNSAID.....88
PALFORZIA CAP LEVEL 10 .....73	<i>paricalcitol</i> .....63	see <i>diclofenac sodium (topical)</i> .....87
PALFORZIA CAP LEVEL 3 .....73	PARLODEL.....36	PENTACEL INJ.....75
PALFORZIA CAP LEVEL 7 .....73	see <i>bromocriptine mesylate</i> .....35	PENTAM 300 .....7
PALFORZIA CAP LEVEL 8 .....73	PARNATE .....34	see <i>pentamidine isethionate inj</i>.....7
PALFORZIA LEVEL 1.....73	see <i>tranylcypromine sulfate</i> .....35	<i>pentamidine isethionate inh</i> .....7
PALFORZIA LEVEL 11 (MAINT) .....73	<i>paroxetine hcl</i>.....34	<i>pentamidine isethionate inj</i> .....7
PALFORZIA LEVEL 11 (TITRA).....73	<i>paroxetine mesylate (vasomotor)</i> .....46	PENTASA .....65
PALFORZIA LEVEL 2.....73	PAXIL.....34	see <i>mesalamine</i> .....65
PALFORZIA LEVEL 4.....73	see <i>paroxetine hcl</i> .....34	<i>pentoxifylline</i> .....70
PALFORZIA LEVEL 5.....73	PAXIL CR.....34	PEPCID.....64
PALFORZIA LEVEL 6.....73	see <i>paroxetine hcl</i> .....34	see <i>famotidine</i> .....64
PALFORZIA LEVEL 9.....73	PAXLOVID TAB 150-10011	PERCOCET
	PAXLOVID TAB 300-10011	see <i>endocet tab 10-325mg</i>.....4
	<i>pazopanib hcl</i>.....20	see <i>endocet tab 2.5-325mg</i>.....4
	PEDIAPRED .....59	see <i>endocet tab 5-325mg</i> .....4
	see <i>prednisolone sodium phosphate</i> .....59	
	PEDIARIX INJ 0.5ML.....75	
	PEDVAX HIB .....75	

see <i>endocet tab 7.5-325mg</i>.....4	PERTZYE CAP 8000UNIT.....66	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> .....14
see <i>oxycodone w/ acetaminophen tab 10-325 mg</i>.....5	<i>pfizerpen</i> .....14	PIQRAY 200MG DAILY DOSE .....20
see <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>.....5	PHEBURANE.....61	PIQRAY 250MG TAB DOSE .....20
see <i>oxycodone w/ acetaminophen tab 5-325 mg</i>.....5	<i>phenelzine sulfate</i> .....34	PIQRAY 300MG DAILY DOSE .....20
see <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>.....5	PHENERGAN .....64	<i>pirfenidone</i> .....82
PERCOCET TAB 10-325MG.....5	see <i>promethazine hcl</i> ..64	<i>piroxicam</i>.....2
PERCOCET TAB 2.5-325.5	<i>phenobarbital</i> .....40	<i>pitavastatin calcium</i>.....27
PERCOCET TAB 5-325MG.....5	<i>phenobarbital sodium</i>.....40	PLAQUENIL.....72
PERCOCET TAB 7.5-325.5	<i>phenoxybenzamine hcl</i> ...31	see <i>hydroxychloroquine sulfate</i> .....72
PERFOROMIST.....81	<i>phenytek</i> .....40	PLASMA-LYTE A see <i>multiple electrolytes ph 7.4</i>.....76
see <i>formoterol fumarate</i>.....81	<i>phenytoin</i> .....41	PLASMA-LYTE INJ -148.76
PERIDEX	<i>phenytoin sodium</i>.....41	PLASMA-LYTE INJ -A ...76
see <i>chlorhexidine gluconate (mouth-throat)</i> .....88	<i>phenytoin sodium extended</i>.....41	PLAVIX .....71
see <i>perio gard</i> .....88	PHESGO SOL .....20	see <i>clopidogrel bisulfate</i>.....71
<i>perindopril erbumine</i> .....23	PHEXXI GEL.....57	PLEGRIDY .....47
<i>perio gard</i>.....88	<i>philith</i>.....57	PLEGRIDY INJ STARTER.....47
PERJETA.....20	PHOSPHOLINE IODIDE.79	PLEGRIDY PEN INJ STARTER.....47
<i>permethrin</i>.....88	PIFELTRO .....10	<i>plenamine</i> .....77
<i>perphenazine</i> .....37	<i>pilocarpine hcl</i>.....79	PLENVU SOL .....65
<i>perphenazine-amitriptyline tab 2-10 mg</i> .....34	<i>pilocarpine hcl (oral)</i>.....89	<i>plerixafor</i> .....70
<i>perphenazine-amitriptyline tab 2-25 mg</i> .....34	<i>pimecrolimus</i>.....88	PLIAGLIS CRE 7-7% .....87
<i>perphenazine-amitriptyline tab 4-10 mg</i> .....34	<i>pimozide</i>.....37	<i>podofilox</i>.....88
<i>perphenazine-amitriptyline tab 4-25 mg</i> .....34	<i>pimtrea</i> .....57	POLIVY .....20
<i>perphenazine-amitriptyline tab 4-50 mg</i> .....34	<i>pindolol</i>.....28	<i>polycin ophth oint</i>.....77
PERSERIS.....37	<i>pioglitazone hcl</i> .....50	<i>polymyxin b sulfate</i> .....7
PERTZYE CAP 16000U .66	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> .....51	<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> .....77
PERTZYE CAP 24000U .66	<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> .....51	POMALYST .....17
PERTZYE CAP 4000UNIT.....66	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>.....51	POMBILITI .....61
	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>.....51	PONVORY .....47
	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> .....14	PONVORY TAB STARTER.....47
	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i> .....14	<i>portia-28</i>.....57
	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> .....14	<i>posaconazole</i>.....9
	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> .....14	<i>potassium chloride</i> .....76

POTASSIUM CHLORIDE	PREDNISONE INTENSOL	PROCARDIA XL
.....76	.....59	see <i>nifedipine</i>
see <i>potassium chloride</i> 76	<i>pregabalin</i>	<i>prochlorperazine</i>
POTASSIUM	<i>pregabalin (once-daily)</i> ...46	<i>prochlorperazine edisylate</i>
CHLORIDE/SODIUM	PREGNYL W/DILUENT	.....64
see <i>kcl 20 meq/l (0.15%)</i>	BENZYL	<i>prochlorperazine maleate</i>
in <i>nacl 0.45% inj</i>.....76	PREHEVBRIO .....	.....64
see <i>kcl 20 meq/l (0.15%)</i>	PREMARIN	PROCRIT
in <i>nacl 0.9% inj</i>.....75	PREMASOL SOL 10%....77	<i>proctocort</i>.....88
see <i>kcl 40 meq/l (0.3%)</i>	PREMPHASE TAB	PROCTOFOAM AER HC
in <i>nacl 0.9% inj</i>.....76	PREMPRO TAB.....58	1%
<i>potassium chloride 20</i>	PREMPRO TAB 0.3-1.5..58	<i>procto-med hc</i>.....88
<i>meq/l (0.15%) in</i>	PREMPRO TAB 0.45-1.558	<i>proctosol hc</i>.....88
<i>dextrose 5% inj</i>.....76	PREMPRO TAB 0.625-5.58	<i>proctozone-hc</i>
<i>potassium chloride</i>	PRENATAL TAB 27-1MG	PROCYSBI
<i>microencapsulated</i>	.....76	<i>progesterone</i>.....62
<i>crystals er</i>.....76	PRENATAL TAB PLUS...76	PROGLYCEM
<i>potassium citrate</i>	PRETOMANID	see <i>diazoxide</i>
(<i>alkalinizer</i>)	PREVACID.....67	PROGRAF
68	see <i>lansoprazole</i>	see <i>tacrolimus</i>
POT CHL 20MEQ/L IN	PREVACID SOLUTAB...67	74
NACL 0.45% INJ	see <i>lansoprazole</i>	PROLASTIN-C.....82
76	67	PROLATE SOL 10/300MG
POT CHL 20MEQ/L IN	<i>prevalite</i> .....	.....5
NACL 0.9% INJ	27	PROLATE TAB 10-300MG
76	PREVYMIS .....	.....5
POT CHL 40MEQ/L IN	12	PROLATE TAB 5-300MG .5
NACL 0.9% INJ	PREZCOBIX TAB 800-150	PROLATE TAB 7.5-300 ...5
76	.....11	PROLENSA
POTELIGEO	PREZISTA	78
20	see <i>darunavir</i>.....9	see <i>bromfenac sodium</i>
PRADAXA.....69	PRIFTIN.....11	(<i>ophth</i>)
see <i>dabigatran etexilate</i>	PRILOSEC.....67	78
<i>mesylate</i>	<i>primaquine phosphate</i>	PROLIA.....53
68	9	PROMACTA.....70
<i>pralatrexate</i>.....16	PHOSPHATE	<i>promethazine hcl</i>.....64
<i>pramipexole</i>	see <i>primaquine</i>	<i>promethazine vc</i>.....80
<i>dihydrochloride</i>	<i>phosphate</i>	<i>promethegan</i>.....64
36	9	PROMETRIUM
<i>prasugrel hcl</i>	PRIMAXIN IV	see <i>progesterone</i>
71	see <i>imipenem-cilastatin</i>	62
<i>pravastatin sodium</i>.....27	<i>intravenous for soln</i>	<i>propafenone hcl</i>.....26
<i>praziquantel</i>	500 mg.....7	<i>proparacaine hcl</i>
7	PRIMAXIN IV INJ 500MG .7	79
<i>prazosin hcl</i>.....23	<i>primidone</i>	<i>propranolol hcl</i>
23	41	28
PRED FORTE.....78	PRIORIX INJ.....75	<i>propylthiouracil</i>.....62
see <i>prednisolone acetate</i>	PRISTIQ.....35	PROQUAD INJ
(<i>ophth</i>)	see <i>desvenlafaxine</i>	75
78	<i>succinate</i>.....34	PROSCAR
PRED MILD	PRIVIGEN.....73	see <i>finasteride</i>
78	PROAIR RESPICLICK...81	67
<i>prednisolone</i>	<i>probenecid</i>	PROSOL INJ 20%
59	1	77
<i>prednisolone acetate</i>		PROTONIX
(<i>ophth</i>)		see <i>pantoprazole sodium</i>
78		.....67
PREDNISOLONE SODIUM		
PHOSP.....78		
<i>prednisolone sodium</i>		
<i>phosphate</i>.....59		
<i>prednisone</i>		
59		

<i>protriptyline hcl</i>.....35	QUADRACEL INJ 0.5ML 75	<i>ranolazine</i> .....31
PROVENTIL HFA	QUALAQUIN.....9	RAPAFLO .....67
see <i>albuterol sulfate</i> ....81	see <i>quinine sulfate</i> .....9	see <i>silodosin</i>.....67
PROVERA .....62	QUDEXY XR.....41	RAPAMUNE.....74
see	see <i>topiramate</i>.....41	see <i>sirolimus</i> .....74
<i>medroxyprogesterone</i>	QUESTRAN.....27	RAPIVAB .....12
<i>acetate</i>.....62	see <i>cholestyramine</i> ....27	<i>rasagiline mesylate</i> .....36
PROVIGIL.....48	QUESTRAN LIGHT .....27	RASUVO.....72
see <i>modafinil</i> .....48	see <i>cholestyramine light</i>	RAVICTI.....61
PROZAC .....35	.....27	RAYALDEE.....63
see <i>fluoxetine hcl</i>.....34	see <i>prevalite</i>.....27	RAYOS .....59
PRUDOXIN.....88	<i>quetiapine fumarate</i> .....37	REBIF .....47
see <i>doxepin hcl</i>	QUILLICHEW ER.....44	REBIF REBIDO INJ
<i>(antipruritic)</i>.....87	QUILLIVANT XR.....44	TITRATN .....47
PULMICORT.....83	<i>quinapril hcl</i>.....23	REBIF REBIDOSE.....47
see <i>budesonide</i>	<i>quinapril-</i>	REBIF TITRTN INJ PACK
<i>(inhalation)</i>.....83	<i>hydrochlorothiazide tab</i>	.....47
PULMICORT FLEXHALER	10-12.5 mg .....22	REBLOZYL .....70
.....83	<i>quinapril-</i>	REBYOTA.....66
PULMOZYME .....82	<i>hydrochlorothiazide tab</i>	RECARBRIO INJ 1.25GM 7
PURIXAN.....16	20-12.5 mg .....22	RECLAST .....53
PYLERA	<i>quinapril-</i>	see <i>zoledronic acid</i>.....54
see <i>bismuth subcit-</i>	<i>hydrochlorothiazide tab</i>	<i>reclipsen</i>.....57
<i>metronidazole-</i>	20-25 mg .....22	RECOMBIVAX HB .....75
<i>tetracycline cap 140-</i>	<i>quinidine sulfate</i> .....26	RECORLEV .....61
125-125 mg.....65	<i>quinine sulfate</i>.....9	RECTIV.....88
PYLERA CAP .....66	QULIPTA.....45	see <i>nitroglycerin (intra-</i>
<i>pyrazinamide</i>.....11	QUTENZA KIT 8% 1-PCH	<i>anal)</i>.....88
<i>pyridostigmine bromide</i> ...46	.....87	REGLAN .....64
<i>pyrimethamine</i> .....7	QUTENZA KIT 8% 2-PCH	see <i>metoclopramide hcl</i>
PYRUKYND.....70	.....87	.....64
PYRUKYND TAB	QUTENZA KIT 8% 4-PCH	REGRANEX.....88
20MGX5MG .....70	.....87	RELAFEN DS .....2
PYRUKYND TAB	QUVIVIQ.....44	RELENZA DISKHALER..12
50MGX20M .....70	QUZYTIR.....81	RELEUKO.....70
PYRUKYND TAPER PACK	QVAR REDIHALER .....83	RELEXII.....44
.....70	R	RELISTOR.....66
Q	RABAVERT INJ .....75	RELPAK.....45
QBRELIS .....23	<i>rabeprazole sodium</i> .....67	see <i>eletriptan</i>
QBREXZA.....88	RADICAVA.....46	<i>hydrobromide</i>.....45
QDOLO .....5	see <i>edaravone</i>.....46	RELSTONE .....66
QELBREE .....44	RADICAVA ORS.....46	REMERON.....35
QINLOCK.....20	RADICAVA ORS	see <i>mirtazapine</i> .....34
QNASL.....82	STARTER KIT .....46	REMERON SOLTAB .....35
QNASL CHILDRENS .....82	RAGWITEK.....73	see <i>mirtazapine</i> .....34
QTERN TAB 10-5MG .....51	<i>raloxifene hcl</i>.....61	REMICADE.....72
QTERN TAB 5-5MG .....51	<i>ramelteon</i>.....44	REMODULIN .....32
QUADRACEL INJ .....75	<i>ramipril</i> .....23	RENFLXIS .....72

<i>repaglinide</i>	51	<i>see metformin hcl</i>	50	RUCONEST	70
REPATHA	27	<i>risedronate sodium</i>	53	<i>rufinamide</i>	41
REPATHA PUSHTRONEX SYSTEM	27	RISPERDAL	38	RUKOBIA	10
REPATHA SURECLICK	27	<i>see risperidone</i>	38	RUXIENCE	20
RESTASIS	79	RISPERDAL CONSTA	38	RYALTRIS SPR 665-25	80
RESTASIS MULTIDOSE	79	<i>see risperidone</i> <i>microspheres</i>	38	RYBELSUS	51
RESTORIL	44	<i>risperidone</i>	38	RYBREVANT	20
<i>see temazepam</i>	44	<i>risperidone microspheres</i>	38	<i>ryclora</i>	81
RETACRIT	70	RITALIN	44	RYDAPT	20
RETEVMO	20	<i>see methylphenidate hcl</i>	44	RYLAZE	17
RETIN-A	84	RITALIN LA	44	RYSTIGGO	73
<i>see tretinoin</i>	84	<i>see methylphenidate hcl</i>	43	RYTARY CAP 145MG	36
RETIN-A MICRO	84	<i>ritonavir</i>	10	RYTARY CAP 195MG	36
RETIN-A MICRO PUMP	84	RITUXAN	20	RYTARY CAP 245MG	36
<i>see tretinoin microsphere</i>	84	RITUXAN INJ HYCELA	20	RYTARY CAP 95MG	36
RETROVIR	10	<i>rivastigmine</i>	33	RYVENT	81
<i>see zidovudine</i>	10	<i>rivastigmine tartrate</i>	33	S	
REVATIO	32	<i>rivelsa</i>	57	SABRIL	41
<i>see sildenafil citrate</i> <i>(pulmonary</i> <i>hypertension)</i>	32	RIVFLOZA	68	<i>see vigabatrin</i>	42
REVCIVI	61	<i>rizatriptan benzoate</i>	45	<i>see vigadron</i>	42
REVLIMID	17	ROBINUL	64	<i>see vigpoder</i>	42
REXULTI	37	<i>see glycopyrrolate</i>	64	SAFYRAL	
REYATAZ	10	ROBINUL FORTE	64	<i>see drospirenone-ethinyl</i> <i>estradiol-levomefolate</i> <i>tab 3-0.03-0.451 mg</i> 55	
<i>see atazanavir sulfate</i>	9	<i>see glycopyrrolate</i>	64	<i>see tydemy</i>	57
REYVOW	45	ROCALTROL	63	SAFYRAL TAB	57
REZDIFFRA	61	<i>see calcitriol</i>	63	<i>sajazir</i>	70
REZLIDHIA	20	<i>see calcitriol (oral)</i>	63	SALAGEN	89
REZUROCK	74	ROCKLATAN DRO	79	<i>see pilocarpine hcl (oral)</i>	89
REZVOGLAR KWIKPEN	53	<i>roflumilast</i>	82	SAMSCA	61
REZZAYO	9	ROLVEDON	70	<i>see tolvaptan</i>	62
RHOPRESSA	79	<i>ropinirole hydrochloride</i>	36	SANDIMMUNE	74
RIABNI	20	<i>rosuvastatin calcium</i>	27	<i>see cyclosporine</i>	74
<i>ribavirin (hepatitis c)</i>	12	ROTARIX SUS	75	SANDOSTATIN	61
<i>rifabutin</i>	11	ROTATEQ SOL	75	<i>see octreotide acetate</i>	61
RIFADIN	11	ROWASA	65	SANDOSTATIN LAR DEPOT	61
<i>see rifampin</i>	11	<i>see mesalamine w/</i> <i>cleanser</i>	65	SANTYL	88
<i>rifampin</i>	11	<i>roweepra</i>	41	SAPHNELO	74
<i>riluzole</i>	46	ROXICODONE	5	SAPHRIS	38
<i>rimantadine hydrochloride</i>	12	<i>see oxycodone hcl</i>	5	<i>see asenapine maleate</i>	36
RIMSO-50	68	ROXYBOND	5	<i>sapropterin dihydrochloride</i>	61
RINVOQ	72	ROZEREM	44	SARCLISA	20
RINVOQ LQ	72	<i>see ramelteon</i>	44	SAVELLA	46
RIOMET		ROZLYTREK	20		
		RUBRACA	20		

SAVELLA MIS TITR PAK.....46	SIKLOS.....70, 71	SODIUM OXYBATE.....48
saxagliptin hcl .....51	<i>sildenafil citrate (pulmonary hypertension)</i>.....32	<i>sodium phenylbutyrate</i> ...62
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg.....51	SILENOR .....44	<i>sodium polystyrene sulfonate powder</i>.....54
saxagliptin-metformin hcl tab er 24hr 5-1000 mg.51	.....44	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>.....65
saxagliptin-metformin hcl tab er 24hr 5-500 mg...51	SILIQ.....72	SOGROYA.....62
SCEMBLIX.....20	<i>silodosin</i>.....67	<i>solifenacin succinate</i>.....68
scopolamine.....64	SILVADENE.....85	SOLQUA INJ 100/33.....53
SECUADO .....38	see <i>silver sulfadiazine</i> .85	SOLIRIS.....71
SEGLENTIS TAB 56-44MG.....5	see <i>ssd</i>.....85	SOLOSEC.....7
SEGLUROMET TAB 2.5- 1000 .....51	<i>silver sulfadiazine</i>.....85	SOLTAMOX .....16
SEGLUROMET TAB 2.5- 500 .....51	SIMBRINZA SUS 1-0.2%79	SOLU-CORTEF .....59
SEGLUROMET TAB 7.5- 1000 .....51	<i>simliya</i>.....57	SOLU-MEDROL.....59
SEGLUROMET TAB 7.5- 500 .....51	<i>simpesse</i>.....57	see <i>methylprednisolone sod succ</i>.....59
<i>selegiline hcl</i> .....36	SIMPONI.....72	SOMA .....47
<i>selenium sulfide</i> .....85	SIMPONI ARIA .....72	see <i>carisoprodol</i>.....47
SELZENTRY.....10	<i>simvastatin</i>.....27	SOMATULINE DEPOT...62
see <i>maraviroc</i>.....10	SINEMET	SOMAVERT .....62
SEMGLEE.....53	see <i>carbidopa & levodopa tab 10-100 mg</i>.....35	SOOLANTRA.....88
SENSIPAR.....61	see <i>carbidopa & levodopa tab 25-100 mg</i>.....35	see <i>ivermectin (rosacea)</i> .....88
see <i>cinacalcet hcl</i>.....60	SINEMET TAB 10-100MG.....36	<i>sorafenib tosylate</i>.....20
SEREVENT DISKUS .....81	SINEMET TAB 25-100MG.....36	SORILUX .....85
SEROQUEL.....38	SINGULAIR.....81	<i>sotalol hcl</i>.....26
see <i>quetiapine fumarate</i>.....37	see <i>montelukast sodium</i>.....81	<i>sotalol hcl (afib/af)</i>.....26
SEROQUEL XR.....38	<i>sirolimus</i>.....74	SOTYKTU .....72
see <i>quetiapine fumarate</i>.....37	SIRTURO .....11	SOTYLIZE.....26
SEROSTIM .....61	SITAGLIPTIN.....51	SOVUNA.....72
<i>sertraline hcl</i>.....35	SIVEXTRO.....7	SPEVIGO.....72
SERTRALINE	SKYCLARYS .....46	<i>spinosad</i>.....88
HYDROCHLORIDE.....35	SKYRIZI.....72	SPIRIVA HANDIHALER..80
<i>setlakin</i>.....57	SKYRIZI PEN.....72	see <i>tiotropium bromide monohydrate</i>.....80
SEYSARA.....15	SKYTROFA.....61	SPIRIVA RESPIMAT .....80
SFROWASA .....65	SLYND .....57	<i>spironolactone</i>.....23
<i>sharobel</i>.....57	SMOFLIPID EMU.....77	<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>.....30
SHINGRIX.....75	SOAANZ .....30	SPORANOX.....9
SIGNIFOR.....61	<i>sodium chloride</i>.....76	see <i>itraconazole</i> .....9
SIGNIFOR LAR.....61	<i>sodium chloride (gu irrigant)</i>.....88	SPRAVATO SOL 56MG DOS.....35
	sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln...76	SPRAVATO SOL 84MG DOS.....35
		<i>sprintec 28</i> .....57

SPRITAM.....	41	SUBOXONE MIS 8-2MG	48	see <i>efavirenz</i>	9
SPRIX.....	2	<i>subvenite</i>	41	SUSTOL.....	64
SPRYCEL.....	20	<i>subvenite starter kit/blu</i> ...	41	SUSVIMO.....	79
<i>sps</i>	54	<i>subvenite starter kit/gre</i> ...	41	SUTAB TAB.....	65
<i>sronyx</i>	57	<i>subvenite starter kit/ora</i> ...	41	SUTENT.....	20
<i>ssd</i>	85	SUCRAID.....	66	see <i>sunitinib malate</i>	20
STALEVO 100 TAB.....	36	<i>sucralfate</i>	66	<i>syeda</i>	57
STALEVO 125 TAB.....	36	SUFLAVE SOL.....	65	SYFOVRE.....	79
STALEVO 150 TAB.....	36	SULAR.....	29	SYLVANT.....	17
STALEVO 200 TAB.....	36	see <i>nisoldipine</i>	29	SYMBICORT	
STALEVO 50 TAB.....	36	<i>sulfacetamide sodium</i>		see <i>breyana</i>	83
STALEVO 75 TAB.....	36	(<i>acne</i>).....	84	see <i>budesonide-</i>	
STEGLATRO.....	51	<i>sulfacetamide sodium</i>		<i>formoterol fumarate</i>	
STEGLUJAN TAB 15-		(<i>ophth</i>).....	77	<i>dihyd aerosol 160-4.5</i>	
100MG.....	51	<i>sulfacetamide sodium-</i>		<i>mcg/act</i>	83
STEGLUJAN TAB 5-		<i>prednisolone ophth soln</i>		see <i>budesonide-</i>	
100MG.....	51	<i>10-0.23(0.25)%</i>	77	<i>formoterol fumarate</i>	
STELARA.....	72	<i>sulfadiazine</i>	7	<i>dihyd aerosol 80-4.5</i>	
STIMUFEND.....	70	<i>sulfamethoxazole-</i>		<i>mcg/act</i>	83
STIOLTO AER 2.5-2.5....	80	<i>trimethoprim iv soln 400-</i>		SYMBICORT AER 160-4.5	
STIVARGA.....	20	<i>80 mg/5ml</i>	7	.....	83
STRATTERA.....	44	<i>sulfamethoxazole-</i>		SYMBICORT AER 80-4.5	
see <i>atomoxetine hcl</i>	43	<i>trimethoprim susp 200-40</i>		.....	83
STRENSIQ.....	62	<i>mg/5ml</i>	7	SYMDEKO TAB 100-15082	
<i>streptomycin sulfate</i>	7	<i>sulfamethoxazole-</i>		SYMDEKO TAB 50-75MG	
STRIBILD TAB.....	11	<i>trimethoprim tab 400-80</i>		.....	82
STRIVERDI RESPIMAT .81		<i>mg</i>	7	SYMFI	
STROMECTOL.....	7	<i>sulfamethoxazole-</i>		see <i>efavirenz-</i>	
see <i>ivermectin</i>	7	<i>trimethoprim tab 800-160</i>		<i>lamivudine-tenofovir df</i>	
SUBLOCADE.....	48	<i>mg</i>	7	<i>tab 600-300-300 mg 10</i>	
SUBOXONE		SULFAMYLON.....	85	SYMFI LO	
see <i>buprenorphine hcl-</i>		<i>sulfasalazine</i>	65	see <i>efavirenz-</i>	
<i>naloxone hcl sl film 12-</i>		<i>sulindac</i>	2	<i>lamivudine-tenofovir df</i>	
<i>3 mg (base equiv)</i>	48	<i>sumatriptan</i>	45	<i>tab 400-300-300 mg 10</i>	
see <i>buprenorphine hcl-</i>		<i>sumatriptan-naproxen</i>		SYMFI LO TAB.....	11
<i>naloxone hcl sl film 2-</i>		<i>sodium tab 85-500 mg</i> .45		SYMFI TAB.....	11
<i>0.5 mg (base equiv)</i> .48		<i>sumatriptan succinate</i>	45	SYMLINPEN 120.....	51
see <i>buprenorphine hcl-</i>		<i>sunitinib malate</i>	20	SYMLINPEN 60.....	51
<i>naloxone hcl sl film 4-1</i>		SUNLENCA.....	10	SYMPAZAN.....	41
<i>mg (base equiv)</i>	48	SUNOSI.....	48	SYMPROIC.....	66
see <i>buprenorphine hcl-</i>		SUPREP BOWEL PREP		SYMTUZA TAB.....	11
<i>naloxone hcl sl film 8-2</i>		KIT		SYNALAR.....	87
<i>mg (base equiv)</i>	48	see <i>sod sulfate-pot sulf-</i>		see <i>fluocinolone</i>	
SUBOXONE MIS 12-3MG		<i>mg sulf oral sol 17.5-</i>		<i>acetoneide</i>	86
.....	48	<i>3.13-1.6 gm/177ml</i> ...65		SYNAREL.....	62
SUBOXONE MIS 2-0.5MG		SUPREP BOWEL SOL		SYNDROS.....	64
.....	48	PREP KIT.....	65	SYNJARDY TAB 12.5-	
SUBOXONE MIS 4-1MG	48	SUSTIVA		1000MG.....	51

SYNJARDY TAB 12.5-500.....51	<i>tamoxifen citrate</i>.....16	TEGRETOL.....41 see <i>carbamazepine</i> ....38 see <i>epitol</i> .....39
SYNJARDY TAB 5- 1000MG.....51	<i>tamsulosin hcl</i> .....67	TEGRETOL-XR .....41 see <i>carbamazepine</i> ....38
SYNJARDY TAB 5-500MG.....51	<i>taperdex 12-day</i> .....59	TEGSEDI .....46
SYNJARDY XR TAB 10- 1000 .....51	<i>taperdex 6-day</i> .....59	TEKURNA.....31 see <i>aliskiren fumarate</i> .30
SYNJARDY XR TAB 12.5- 1000 .....51	<i>taperdex 7-day</i> .....59	<i>telmisartan</i> .....25
SYNJARDY XR TAB 25- 1000 .....51	TARCEVA see <i>erlotinib hcl</i> .....18	<i>telmisartan-amlodipine tab</i> 40-10 mg .....25
SYNJARDY XR TAB 5- 1000MG.....51	<i>targadox</i>.....15	<i>telmisartan-amlodipine tab</i> 40-5 mg .....25
SYNTHROID.....63	TARGETIN .....17, 88 see <i>bexarotene</i>.....17 see <i>bexarotene (topical)</i> .....87	<i>telmisartan-amlodipine tab</i> 80-10 mg .....25
see <i>euthyrox</i>.....62	<i>tarina 24 fe</i> .....57	<i>telmisartan-amlodipine tab</i> 80-5 mg .....25
see <i>levo-t</i>.....62	<i>tarina fe 1/20 eq</i> .....57	<i>telmisartan-</i> <i>hydrochlorothiazide tab</i> 40-12.5 mg .....25
see <i>levothyroxine sodium</i>.....62	TARPEYO .....68	<i>telmisartan-</i> <i>hydrochlorothiazide tab</i> 80-12.5 mg .....25
see <i>levoxyl</i>.....62	TASCENSO ODT .....47	<i>telmisartan-</i> <i>hydrochlorothiazide tab</i> 80-25 mg .....25
see <i>unithroid</i>.....63	TASIGNA .....20	<i>temazepam</i> .....44
SYPRINE .....54	<i>tasimelteon</i>.....44	<i>temsirolimus</i>.....20
see <i>trientine hcl</i> .....54	TAVALISSE .....71	TENIVAC INJ 5-2LF .....75
T	TAVNEOS.....71	<i>tenofovir disoproxil</i> <i>fumarate</i> .....10
TABLOID.....16	TAYTULLA see <i>gemmily</i> .....55 see <i>merzee</i>.....56 see <i>norethindrone ace-</i> <i>ethinyl estradiol-fe cap</i> 1 mg-20 mcg (24) ....56	TENORETIC 100 see <i>atenolol &</i> <i>chlorthalidone tab 100-</i> <i>25 mg</i>.....27
TABRECTA.....20	TAYTULLA CAP 1MG/20MC .....57	TENORETIC 50 see <i>atenolol &</i> <i>chlorthalidone tab 50-</i> <i>25 mg</i>.....27
TACLONEX see <i>calcipotriene-</i> <i>betamethasone</i> <i>dipropionate susp</i> 0.005-0.064% .....85	<i>tazarotene</i> .....85	TENORETIC TAB 100 ....28
TACLONEX SUS .....85	TAZAROTENE .....84	TENORETIC TAB 50 .....28
<i>tacrolimus</i>.....74	<i>tazicef</i>.....12	TENORMIN.....28 see <i>atenolol</i> .....28
<i>tacrolimus (topical)</i> .....88	TAZORAC.....85 see <i>tazarotene</i>.....85	TEPEZZA.....62
<i>tadalafil</i>.....67	TAZVERIK .....20	TEPMETKO .....20
<i>tadalafil (pulmonary</i> <i>hypertension)</i>.....32	TDVAX INJ 2-2 LF .....75	<i>terazosin hcl</i>.....23
TADLIQ.....32	TECENTRIQ .....20	<i>terbinafine hcl</i>.....9
TAFINLAR.....20	TECFIDERA.....47 see <i>dimethyl fumarate</i> .46	<i>terbutaline sulfate</i>.....81
<i>tafluprost</i> .....79	TECFIDERA CAP STARTER.....47	
TAGRISSE .....20	TECFIDERA STARTER PACK see <i>dimethyl fumarate</i> <i>capsule dr starter pack</i> 120 mg & 240 mg ....46	
TAKHZYRO .....71	TECVAYLI.....20	
TALICIA CAP .....66	TEFLARO .....12	
TALTZ.....72	TEGLUTIK .....46	
TALZENNA .....20		
TAMIFLU.....12 see <i>oseltamivir</i> <i>phosphate</i> .....11		

<i>terconazole vaginal</i>	68	<i>see timolol maleate</i>	<i>torseamide</i>	30
<i>teriflunomide</i>	47	<i>(ophth) pf</i>	TOSYMRA.....	45
TERIPARATIDE.....	54	<i>tinidazole</i>	TOUJEO MAX SOLOSTAR	
<i>teriparatide (recombinant)</i>		<i>tiopronin</i>.....	.....	53
.....	54	<i>tiotropium bromide</i>	TOUJEO SOLOSTAR.....	53
TESTIM.....	49	<i>monohydrate</i>	<i>tovet</i>	87
<i>testosterone</i>	49	TIROSINT.....	TOVIAZ.....	68
<i>testosterone cypionate</i>	49	<i>see levothyroxine sodium</i>	<i>see fesoterodine</i>	
<i>testosterone enanthate</i> ...	49	.....	<i>fumarate</i>	68
<i>tetrabenazine</i>	46	TIROSINT-SOL.....	TPN ELECTROL INJ.....	76
<i>tetracycline hcl</i>	15	TIVDAK.....	TRACLEER.....	32
TETRACYCLINE		TIVICAY.....	<i>see bosentan</i>	32
HYDROCHLORID.....	15	TIVICAY PD.....	TRADJENTA.....	51
TEXACORT.....	87	<i>tizanidine hcl</i>	<i>tramadol-acetaminophen</i>	
TEZSPIRE.....	82	TLANDO.....	<i>tab 37.5-325 mg</i>	6
THALITONE.....	30	TOBI.....	<i>tramadol hcl</i>	3, 5, 6
THALOMID.....	17	TOBI PODHALER.....	TRAMADOL	
THEO-24.....	82	TOBRADEX OIN 0.3-0.1%	HYDROCHLORIDE.....	6
<i>theophylline</i>	82	.....	<i>trandolapril</i>	23
THIOLA.....	68	TOBRADEX ST SUS 0.3-	<i>trandolapril-verapamil hcl</i>	
<i>see tiopronin</i>	68	0.05.....	<i>tab er 1-240 mg</i>	22
THIOLA EC.....	68	<i>tobramycin</i>	<i>trandolapril-verapamil hcl</i>	
<i>see tiopronin</i>	68	<i>tobramycin (ophth)</i>	<i>tab er 2-180 mg</i>	22
<i>thioridazine hcl</i>	38	<i>tobramycin-dexamethasone</i>	<i>trandolapril-verapamil hcl</i>	
<i>thiothixene</i>	38	<i>ophth susp 0.3-0.1%</i> ...77	<i>tab er 2-240 mg</i>	22
THYQUIDITY.....	63	<i>tobramycin sulfate</i>	<i>trandolapril-verapamil hcl</i>	
<i>tiadylt er</i>	29	TOBREX.....	<i>tab er 4-240 mg</i>	22
<i>tiagabine hcl</i>	41	TOLAK.....	<i>tranexamic acid</i>	71
TIAZAC.....	29	<i>tolmetin sodium</i>	TRANEXAMIC	
<i>see diltiazem hcl</i>		TOLSURA.....	ACID/SODIUM CH	
<i>extended release</i>		<i>tolterodine tartrate</i>	<i>see tranexamic acid-</i>	
<i>beads</i>	29	<i>tolvaptan</i>	<i>sodium chloride iv soln</i>	
<i>see tiadylt er</i>	29	TOPAMAX.....	<i>1000 mg/100ml-0.7%</i>	
TIBSOVO.....	20	<i>see topiramate</i>.....	.....	71
TICOVAC.....	75	TOPAMAX SPRINKLE...41	<i>tranexamic acid-sodium</i>	
<i>tigecycline</i>	15	<i>see topiramate</i>	<i>chloride iv soln 1000</i>	
TIGECYCLINE.....	15	TOPICORT.....	<i>mg/100ml-0.7%</i>	71
TIKOSYN.....	26	<i>see desoximetasone</i> ...86	TRANSDERM-SCOP	
<i>see dofetilide</i>	26	<i>topiramate</i>	<i>see scopolamine</i>	64
<i>tilia fe</i>	57	<i>topotecan hcl</i>	<i>tranylcypramine sulfate</i> ...35	
<i>timolol maleate</i>	28	TOPOTECAN HCL.....	TRAVASOL INJ 10%.....	77
<i>timolol maleate (ophth)</i> ...79		<i>see topotecan hcl</i>	TRAVATAN Z.....	79
<i>timolol maleate (ophth)</i>		TOPROL XL.....	<i>see travoprost</i>	79
<i>once-daily</i>	79	<i>see metoprolol succinate</i>	<i>travoprost</i>	79
<i>timolol maleate (ophth) pf</i>		.....	TRAZIMERA.....	20
.....	79	<i>toremifene citrate</i>	<i>trazodone hcl</i>	35
TIMOPTIC OCUDOSE...79		TORISEL.....	TREANDA.....	15
		<i>see temsirolimus</i>	<i>see bendamustine hcl</i> ...15	

TRECATOR.....11	<i>hydrochlorothiazide tab</i>	<i>see choline fenofibrate</i> 26
TRELEGY AER ELLIPTA	40-10-25 mg .....25	<i>tri-lo-estarylla</i> .....57
100-62.5-25 MCG.....80	<i>see olmesartan-</i>	<i>tri-lo-marzia</i> .....57
TRELEGY AER ELLIPTA	<i>amlodipine-</i>	<i>tri-lo-mili</i> .....57
200-62.5-25 MCG.....80	<i>hydrochlorothiazide tab</i>	<i>tri-lo-sprintec</i> .....57
TRELSTAR MIXJECT.....16	40-5-12.5 mg .....25	<i>trimethobenzamide hcl</i>....64
TREMFYA.....72	<i>see olmesartan-</i>	<i>trimethoprim</i> .....8
<i>treprostinil</i> .....32	<i>amlodipine-</i>	<i>tri-mili</i> .....57
TRESIBA.....53	<i>hydrochlorothiazide tab</i>	<i>trimipramine maleate</i> .....35
TRESIBA FLEXTOUCH..53	40-5-25 mg .....25	TRINTELLIX.....35
<i>tretinoin</i> .....84	TRIBENZOR20- TAB 5-	<i>tri-nymyo</i> .....57
<i>tretinoin (chemotherapy)</i> .17	12.5MG.....25	<i>tri-sprintec</i> .....57
<i>tretinoin microsphere</i> .....84	TRIBENZOR40- TAB 10-	TRIUMEQ PD TAB .....11
TREXALL.....72	12.5 .....25	TRIUMEQ TAB .....11
TREXIMET	TRIBENZOR40- TAB 10-	<i>trivora-28</i>.....57
<i>see sumatriptan-</i>	25MG.....25	<i>tri-vylibra</i> .....57
<i>naproxen sodium tab</i>	TRIBENZOR40- TAB 5-	<i>tri-vylibra lo</i>.....57
85-500 mg.....45	12.5MG.....25	TRODELVY.....20
TREXIMET TAB 85-500MG	TRIBENZOR40- TAB 5-	TROGARZO.....10
.....45	25MG.....25	TROKENDI XR .....41
<i>trezix</i> .....6	TRICOR.....26	<i>see topiramate</i>.....41
<i>triamcinolone acetonide</i> .59	<i>see fenofibrate</i>.....26	TROPHAMINE INJ 10% .77
<i>triamcinolone acetonide</i>	<i>triderm</i>.....87	<i>trospium chloride</i>.....68
(mouth).....89	<i>trientine hcl</i>.....54	TRUDHESA .....45
<i>triamcinolone acetonide</i>	<i>tri-estarylla</i> .....57	TRULANCE.....66
(topical).....87	<i>trifluoperazine hcl</i>.....38	TRULICITY .....51
<i>triamterene</i>.....30	<i>trifluridine</i> .....77	TRUMENBA INJ .....75
<i>triamterene &</i>	<i>trihexyphenidyl hcl</i> .....36	TRUQAP .....20
<i>hydrochlorothiazide cap</i>	TRIJARDY XR TAB ER	TRUVADA
37.5-25 mg .....30	24HR 10-5-1000MG ...51	<i>see emtricitabine-</i>
<i>triamterene &</i>	TRIJARDY XR TAB ER	<i>tenofovir disoproxil</i>
<i>hydrochlorothiazide tab</i>	24HR 12.5-2.5-1000MG	<i>fumarate tab 100-150</i>
37.5-25 mg .....30	.....51	<i>mg</i>.....10
<i>triamterene &</i>	TRIJARDY XR TAB ER	<i>see emtricitabine-</i>
<i>hydrochlorothiazide tab</i>	24HR 25-5-1000MG ...51	<i>tenofovir disoproxil</i>
75-50 mg .....30	TRIJARDY XR TAB ER	<i>fumarate tab 133-200</i>
<i>triazolam</i> .....44	24HR 5-2.5-1000MG ...51	<i>mg</i>.....10
TRIBENZOR	TRIKAFTA PAK 59.5MG.82	<i>see emtricitabine-</i>
<i>see olmesartan-</i>	TRIKAFTA PAK 75MG....82	<i>tenofovir disoproxil</i>
<i>amlodipine-</i>	TRIKAFTA TAB 100-50-	<i>fumarate tab 167-250</i>
<i>hydrochlorothiazide tab</i>	75MG & 150MG .....82	<i>mg</i>.....10
20-5-12.5 mg .....25	TRIKAFTA TAB 50-25-	<i>see emtricitabine-</i>
<i>see olmesartan-</i>	37.5MG & 75MG .....82	<i>tenofovir disoproxil</i>
<i>amlodipine-</i>	<i>tri-legest fe</i> .....57	<i>fumarate tab 200-300</i>
<i>hydrochlorothiazide tab</i>	TRILEPTAL.....41	<i>mg</i>.....11
40-10-12.5 mg .....25	<i>see oxcarbazepine</i> .....40	TRUVADA TAB 100-150.11
<i>see olmesartan-</i>	<i>tri-linyah</i> .....57	TRUVADA TAB 133-200.11
<i>amlodipine-</i>	TRILIPIX .....26	TRUVADA TAB 167-250.11

TRUVADA TAB 200-300.11	see <i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>.....14	<i>valrubicin</i>.....17
TRUXIMA.....21	UNASYN BULK PACK	<i>valsartan</i> .....25, 26
TUDORZA PRESSAIR ...80	see <i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i> .14	<i>valsartan-</i>
TUDORZA PRESSAIR (INSTITUTIONAL PACK).....80	UNASYN INJ 1.5GM.....14	<i>hydrochlorothiazide tab 160-12.5 mg</i> .....25
TUKYSA.....21	UNASYN INJ 15GM.....14	<i>valsartan-</i>
TURALIO .....21	UNASYN INJ 3GM.....14	<i>hydrochlorothiazide tab 160-25 mg</i> .....25
<i>turqoz</i>.....57	<i>unithroid</i>.....63	<i>valsartan-</i>
<i>twice-daily clindamycin phosphate (topical)</i>.....84	UPLIZNA.....46	<i>hydrochlorothiazide tab 320-12.5 mg</i> .....25
TWINRIX INJ .....75	UPTRAVI .....32	<i>valsartan-</i>
TWYNEO CRE 0.1-3% ...84	UPTRAVI PACK TAB	<i>hydrochlorothiazide tab 320-25 mg</i> .....25
TYBLUME CHW 0.1-0.02.....57	200/800 .....32	<i>valsartan-</i>
TYBOST.....10	UROCIT-K 10.....68	<i>hydrochlorothiazide tab 80-12.5 mg</i> .....25
<i>tydemy</i> .....57	see <i>potassium citrate (alkalinizer)</i> .....68	VALSTAR.....17
TYENNE .....72	UROCIT-K 15.....68	see <i>valrubicin</i> .....17
TYGACIL.....15	see <i>potassium citrate (alkalinizer)</i> .....68	VALTOCO 10 MG DOSE41
see <i>tigecycline</i>.....15	UROCIT-K 5.....68	VALTOCO 15 MG DOSE42
TYKERB.....21	see <i>potassium citrate (alkalinizer)</i> .....68	VALTOCO 20 MG DOSE42
see <i>lapatinib ditosylate</i> 19	UROXATRAL.....67	VALTOCO 5 MG DOSE..41
TYMLOS .....54	see <i>alfuzosin hcl</i>.....67	VALTRESX.....12
TYPHIM VI.....75	URSO 250.....66	see <i>valacyclovir hcl</i> .....12
TYRVAYA .....79	<i>ursodiol</i> .....66	VANCOGIN .....8
TYSABRI.....47	URSODIOL .....66	see <i>vancomycin hcl</i>.....8
TYVASO .....32	URSO FORTE .....66	VANCOMYC/D5W INJ
TYVASO DPI	see <i>ursodiol</i>.....66	1.25/250 .....8
MAINTENANCE KI.....32	UZEDY .....38	VANCOMYC/D5W INJ
TYVASO DPI POW 16-32-48 .....32	U	1.5/300 .....8
TZIELD.....51	UBRELVY .....45	VANCOMYCIN.....8
U	UCERIS .....65	<i>vancomycin hcl</i> .....8
see <i>budesonide</i> .....65	see <i>budesonide (intrarectal)</i>.....65	VANCOMYCIN
see <i>budesonide (intrarectal)</i>.....65	UDENYCA .....70	HYDROCHLORIDE.....8
UDENYCA .....70	UDENYCA ONBODY.....70	see <i>vancomycin hcl</i>.....8
ULORIC .....1	see <i>febuxostat</i>.....1	VANCOMYCIN INJ 1 GM .8
ULTOMIRIS .....71	ULTRAVATE.....87	VANCOMYCIN INJ 500MG .....8
UNASYN	see <i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>.....14	VANCOMYCIN INJ 750MG .....8
see <i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>.....14	see <i>diazepam</i> .....39	VANDAZOLE .....68
see <i>diazepam</i> .....39	<i>valproate sodium</i>.....41	VANFLYTA .....21
see <i>diazepam</i> .....39	<i>valproic acid</i>.....41	VANOS .....87
see <i>fluocinonide</i> .....86		see <i>fluocinonide</i> .....86
see <i>fluocinonide</i> .....86		VAQTA.....75
see <i>fluocinonide</i> .....86		<i>varenicline tartrate</i> .....48
see <i>fluocinonide</i> .....86		

<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>.....48	<i>see solifenacin succinate</i>.....68	<i>vincristine sulfate</i> .....18
VARIVAX .....75	VESICARE LS .....68	<i>vinorelbine tartrate</i> .....18
VARUBI.....64	<i>vestura</i> .....57	VIOKACE TAB 10440 .....66
VASCEPA.....27	VEVYE .....79	VIOKACE TAB 20880 .....66
VASERETIC <i>see enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>.....22	VFEND.....9	<i>viorele</i> .....57
VASERETIC TAB 10-25MG.....22	<i>see voriconazole</i> .....9	VIRACEPT .....10
VASOTEC.....23	VFEND IV .....9	VIREAD.....10
<i>see enalapril maleate</i> .22	<i>see voriconazole</i> .....9	<i>see tenofovir disoproxil fumarate</i>.....10
VECTIBIX.....21	V-GO 20 KIT .....53	VISTARIL .....81
VECTICAL .....85	V-GO 30 KIT .....53	<i>see hydroxyzine pamoate</i>.....81
VEGZELMA .....21	V-GO 40 KIT .....53	VITRAKVI.....21
VELCADE .....21	VIBATIV .....8	VIVELLE-DOT.....58
<i>see bortezomib</i>.....18	VIBERZI .....66	<i>see dotted</i>.....57
VELETRI .....32	VIBRAMYCIN <i>see doxycycline hyclate</i>.....15	<i>see estradiol</i>.....58
<i>see epoprostenol sodium</i>.....32	VICTOZA .....51	VIVITROL.....48
<i>velivet</i>.....57	VIDAZA .....16	VIVJOA .....9
VELSIPITY .....72	<i>see azacitidine</i>.....15	VIZIMPRO.....21
VELTASSA .....54	<i>vienva</i>.....57	VOGELXO .....49
VELTIN GEL .....84	<i>vigabatrin</i> .....42	VOGELXO PUMP .....49
VEMLIDY .....12	<i>vigadrone</i> .....42	VONJO.....21
VENCLEXTA.....21	VIGAMOX .....77	VOQUEZNA .....67
VENCLEXTA TAB START PK.....21	<i>see moxifloxacin hcl (ophth)</i> .....77	VOQUEZNA PAK DUAL PAK .....66
VENLAFAXINE BESYLATE ER .....35	<i>vigpoder</i> .....42	VOQUEZNA PAK TRIP PK.....66
<i>venlafaxine hcl</i> .....35	VIIBRYD.....35	<i>voriconazole</i>.....9
VENTOLIN HFA.....81	<i>see vilazodone hcl</i>.....35	VORICONAZOLE .....9
VENTOLIN HFA (INSTITUTIONAL PACK) .....81	VIJOICE .....62	VOSEVI TAB.....12
VEOZAH .....62	VIJOICE TAB 250MG .....62	VOTRIENT .....21
<i>verapamil hcl</i>.....29	<i>vilazodone hcl</i> .....35	<i>see pazopanib hcl</i> .....20
VERDESO .....87	VIMIZIM .....62	VOWST CAP .....66
VERELAN .....29	VIMOVO <i>see naproxen- esomeprazole magnesium tab dr 375- 20 mg</i>.....2	VOXZOGO .....62
<i>see verapamil hcl</i> .....29	<i>see naproxen- esomeprazole magnesium tab dr 500- 20 mg</i>.....2	VOYDEYA.....71
VERELAN PM.....29	VIMOVO TAB 375-20MG..2	VOYDEYA TAB 50-100MG.....71
VERKAZIA .....79	VIMOVO TAB 500-20MG..2	VPRIV .....62
VERQUVO.....31	VIMPAT.....42	VRAYLAR .....38
VERSACLOZ .....38	<i>see lacosamide</i> .....39	VTAMA.....85
VERZENIO.....21	<i>see lacosamide oral</i> ....39	VUMERITY .....47
VESICARE.....68	<i>vinblastine sulfate</i> .....18	VUSION OIN.....85

see ezetimibe- simvastatin tab 10-10 mg.....27	XALKORI .....21	see hydrocodone- acetaminophen tab 5- 300 mg.....4
see ezetimibe- simvastatin tab 10-20 mg.....27	XANAX.....33	XOFLUZA .....12
see ezetimibe- simvastatin tab 10-40 mg.....27	see alprazolam .....32	XOLAIR.....82
see ezetimibe- simvastatin tab 10-80 mg.....27	XANAX XR.....33	XOLREMDI .....70
VYTORIN TAB 10-10MG 27	see alprazolam .....32	XOPENEX HFA .....81
VYTORIN TAB 10-20MG 27	XARELTO .....69	XOSPATA.....21
VYTORIN TAB 10-40MG 27	XARELTO STAR TAB 15/20MG.....69	XPOVIO PAK (100 MG ONCE WEEKLY).....21
VYTORIN TAB 10-80MG 27	XATMEP .....72	XPOVIO PAK (40 MG ONCE WEEKLY).....21
VYVANSE .....44	XCOPRI .....42	XPOVIO PAK (40 MG TWICE WEEKLY).....21
VYVGART .....73	XCOPRI PAK 100-150....42	XPOVIO PAK (60 MG ONCE WEEKLY).....21
VYVGART INJ HYTRULO.....73	XCOPRI PAK 12.5-25....42	XPOVIO PAK (60 MG TWICE WEEKLY).....21
VYZULTA.....79	XCOPRI PAK 150-200MG (MAINTENANCE).....42	XPOVIO PAK (80 MG ONCE WEEKLY).....21
W	XCOPRI PAK 150-200MG (TITRATION).....42	XPOVIO PAK (80 MG TWICE WEEKLY).....21
WAINUA.....46	XCOPRI PAK 50-100MG 42	XTAMPZA ER.....3
WAKIX .....48	XDEMVY .....77	XTANDI.....16
warfarin sodium.....69	XELJANZ .....72	xulane .....57
water for irrigation, sterile irrigation soln.....88	XELJANZ XR .....72	XULTOPHY INJ 100/3.6 .53
WELCHOL .....27	XELPROS .....79	XYLOCAINE .....1
see colesevelam hcl....27	XELSTRYM.....44	see lidocaine hcl (local anesth.).....1
WELIREG .....17	XEMBIFY .....73	XYLOCAINE-MPF.....1
WELLBUTRIN SR.....35	XENAZINE .....46	see lidocaine hcl (local anesth.).....1
see bupropion hcl.....33	see tetrabenazine.....46	XYOSTED.....49
WELLBUTRIN XL .....35	XENPOZYME .....62	XYREM .....48
see bupropion hcl.....33	XEOMIN .....48	XYWAV SOL 0.5GM/ML .48
wera .....57	XERAVA .....15	Y
WESTAB PLUS TAB 27- 1MG.....76	XERESE CRE 5-1% .....88	yargesa .....62
WINLEVI .....84	XERMELO .....66	YASMIN 28
WINREVAIR.....32	XGEVA.....54	see drospirenone-ethinyl estradiol tab 3-0.03 mg.....55
WINREVAIR INJ 45MG ..32	XHANCE .....82	see ocella .....57
WINREVAIR INJ 60MG ..32	XIFAXAN.....8, 66	see syeda .....57
wixela inhub .....83	XIGDUO XR TAB 10-1000.....51	see zumandimine .....57
wymzya fe .....57	XIGDUO XR TAB 10- 500MG.....51	YASMIN 28 TAB 3-0.03MG.....57
X	XIGDUO XR TAB 2.5-1000.....51	YAZ
XACIATO .....68	XIGDUO XR TAB 5- 1000MG.....51	
XADAGO.....36	XIGDUO XR TAB 5-500MG.....51	
XALATAN.....79	XIIDRA .....79	
see latanoprost.....79	XIPERE.....78	
	XODOL	

ZONTIVITY	71	ZUBSOLV SUB 1.4-0.36.49	ZYNLONTA.....	21
ZORTRESS	74	ZUBSOLV SUB 11.4-2.9.49	ZYNYZ	21
<i>see everolimus</i>		ZUBSOLV SUB 2.9-0.71.49	ZYPITAMAG	27
<i>(immunosuppressant)</i>		ZUBSOLV SUB 5.7-1.4...49	ZYPREXA	38
.....	74	ZUBSOLV SUB 8.6-2.1...49	<i>see olanzapine</i>	37
ZORYVE	85	<i>zumandimine</i>	ZYPREXA RELPREVV ...	38
ZOSYN SOL 2-0.25GM ..	14	ZURZUVAE.....	ZYPREXA ZYDIS.....	38
ZOSYN SOL 3-0.375G ...	14	ZYCLARA	<i>see olanzapine</i>	37
ZOSYN SOL 4-0.50GM ..	14	<i>see imiquimod</i>	ZYTIGA	17
<i>zovia 1/35</i>	57	<i>see imiquimod pump</i> ...	<i>see abiraterone acetate</i>	16
ZOVIRAX	88	ZYCLARA PUMP .....	.....	16
<i>see acyclovir topical</i> ...	87	ZYDELIG.....	ZYVOX.....	8
ZTALMY	42	ZYFLO	<i>see linezolid</i>	7
ZTLIDO	87	ZYKADIA.....		
ZUBSOLV SUB 0.7-0.18.49		ZYLET SUS 0.5-0.3%		

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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 1-844-819-3075 (TTY: 711), 24 hours a day, 7 days a week, or consult the online pharmacy directory at [Caremark.com](https://www.caremark.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 1-844-819-3075 (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 08/19/2024. For more recent information or other questions, please contact Customer Care at 1-844-819-3075, 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.