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SilverScript Employer PDP sponsored by The University of Chicago (SilverScript)

2021 Formulary (List of Covered Drugs)

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

This formulary was updated on 08/26/2020. For more recent information or other questions, please contact SilverScript Customer Care at 1-833-958-2658, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID 21265

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, 2021. 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, 2022, and from time to time during the year.

What is the SilverScript Formulary?

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

Please note: The University of Chicago 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 SilverScript Customer Care.

Can the Formulary (drug list) change?

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

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

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

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

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

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add quantity limits and 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 31-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “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 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of January 1, 2021. To get updated information about the drugs covered by SilverScript, please contact SilverScript Customer Care. Our contact information appears on the front and back cover pages.

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

How do I use the Formulary?

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

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.

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. Look in the Index and find your drug. 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.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

Prior Authorization (PA): SilverScript requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from SilverScript before you fill your prescriptions. If you don't get approval, SilverScript may not cover the drug.

Quantity Limits (QL): For certain drugs, SilverScript limits the amount of the drug that SilverScript will cover. For example, SilverScript provides up to 240 tablets per 30-day prescription for *tramadol hcl tab 50mg*. 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 SilverScript Customer Care and ask if your drug is covered.

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

- You can ask SilverScript 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 him or her to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

The University of Chicago 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 SilverScript 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 cover a formulary drug at a lower cost-sharing level if this drug is not on the High Cost tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

You should contact us to ask for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.**

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer than 31 days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has four Cost-Sharing Tiers

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

Cost-Sharing Tier 1: Generics

Cost-Sharing Tier 2: Preferred Brands

Cost-Sharing Tier 3: Non-Preferred Brands

Cost-Sharing Tier 4: High Cost

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 31-day supply available at <u>any</u> network pharmacy)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
Tier 1 (Generics)	\$10.00	\$10.00
Tier 2 (Preferred Brands)	\$30.00	\$30.00
Tier 3 (Non-Preferred Brands)	\$50.00	\$50.00
Tier 4 (High Cost)	\$75.00	\$75.00

Costs shown in the table above reflect the additional coverage that may be provided by The University of Chicago. Drugs that are part of your standard Medicare plan, but do not have additional coverage from The University of Chicago would be covered under the 2021 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2021-Medicare-Part-D-Outlook.php> for more information about the 2021 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.
- LA Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call SilverScript Customer Care at 1-833-958-2658, 24 hours a day, 7 days a week. TTY users should call 711.
- B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- GC We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> (generic of ZYLOPRIM) TABS 100mg, 300mg	1	
<i>colchicine</i> (generic of COLCRYS) TABS .6mg	1	
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	1	
COLCRYS TABS .6mg	3	
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1	
KRYSTEXXA SOLN 8mg/ml	4	NDS NM LA PA
MITIGARE CAPS .6mg	2	
<i>probenecid</i> TABS 500mg	1	
ULORIC TABS 40mg, 80mg	3	
ZYLOPRIM TABS 100mg, 300mg	3	
NSAIDS		
ARTHROTEC 50 TAB	3	
ARTHROTEC 75 TAB	3	
CELEBREX CAPS 50mg, 100mg, 200mg, 400mg	3	
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg, 400mg	1	
DAYPRO TABS 600mg	3	
<i>diclofenac potassium</i> TABS 50mg	1	
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> (generic of ARTHROTEC 50)	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> (generic of ARTHROTEC 75)	1	
<i>diflunisal</i> TABS 500mg	1	
DUEXIS TAB 800-26.6	4	NDS
<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg	1	
<i>ec-naproxen</i> TBEC 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
FELDENE CAPS 10mg, 20mg	3	
<i>fenopropfen calcium</i> CAPS 400mg; TABS 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>ketoprofen</i> CAPS 25mg	4	NDS
<i>ketoprofen</i> CP24 200mg	1	
<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
<i>mefenamic acid</i> CAPS 250mg	1	
<i>meloxicam</i> (generic of MOBIC) TABS 7.5mg, 15mg	1	
MOBIC TABS 7.5mg, 15mg	3	
<i>nabumetone</i> TABS 500mg, 750mg	1	
NALFON CAPS 400mg; TABS 600mg	3	
NAPRELAN TB24 375mg, 500mg, 750mg	4	NDS
<i>naproxen</i> (generic of NAPROSYN) SUSP 125mg/5ml; TABS 250mg	1	
<i>naproxen</i> TABS 375mg, 500mg	1	
<i>naproxen dr</i> (generic of EC-NAPROSYN) TBEC 375mg	1	
<i>naproxen dr</i> TBEC 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	1	
<i>naproxen sodium</i> (generic of NAPRELAN) TB24 500mg	4	NDS

PA - Prior Authorization under Medicare B or D QL - Quantity Limits NM - Not available at mail-order B/D - Covered
 LA - Limited Access NDS - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Limits
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i> (generic of VIMOVO)	4	NDS
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i> (generic of VIMOVO)	4	NDS
<i>oxaprozin</i> (generic of DAYPRO) TABS 600mg	1	
<i>piroxicam</i> (generic of FELDENE) CAPS 10mg, 20mg	1	
RELAFEN DS TABS 1000mg	4	NDS
SPRIX SOLN 15.75mg/spray	4	NDS
<i>sulindac</i> TABS 150mg, 200mg	1	
<i>tolmetin sodium</i> CAPS 400mg; TABS 600mg	1	
VIMOVO TAB 375-20MG	4	NDS
VIMOVO TAB 500-20MG	4	NDS
VIVLODEX CAPS 5mg, 10mg	4	NDS
ZIPSOR CAPS 25mg	4	NDS
ZORVOLEX CAPS 18mg, 35mg	3	
OPIOID ANALGESICS, LONG-ACTING		
ARYMO ER TBEA 15mg, 30mg QL (90 tabs / 30 days)	3	QL PA
ARYMO ER TBEA 60mg QL (90 tabs / 30 days)	4	NDS QL PA
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	3	QL PA
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	4	NDS QL PA
<i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr QL (4 patches / 28 days)	3	QL PA
BUTRANS PTWK 20mcg/hr QL (4 patches / 28 days)	4	NDS QL PA
CONZIP CP24 100mg, 200mg, 300mg QL (30 caps / 30 days)	3	QL PA
DOLOPHINE TABS 5mg, 10mg QL (90 tabs / 30 days)	3	QL PA
<i>fentanyl</i> (generic of DURAGESIC) PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
<i>fentanyl</i> PT72 37.5mcg/hr, 62.5mcg/hr QL (10 patches / 30 days)	1	QL PA
<i>fentanyl</i> PT72 87.5mcg/hr QL (10 patches / 30 days)	4	NDS QL PA
<i>hydrocodone bitartrate</i> (generic of ZOHYDRO ER) C12A 10mg, 15mg, 20mg, 30mg, 50mg QL (60 caps / 30 days)	1	QL PA
<i>hydrocodone bitartrate cap er 12hr abuse-deterrent 40 mg</i> (generic of ZOHYDRO ER) QL (60 caps / 30 days)	1	QL PA
<i>hydromorphone hcl</i> T24A 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
KADIAN CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
KADIAN CP24 40mg, 50mg, 60mg, 80mg, 100mg, 200mg QL (60 caps / 30 days)	4	NDS QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
<i>methadone hcl</i> (generic of METHADONE HCL) SOLN 10mg/ml	1	
<i>methadone hcl</i> (generic of DOLOPHINE) TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
<i>methadone hcl intensol</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
<i>morphine sulfate</i> (generic of KADIAN) CP24 10mg, 20mg, 30mg, 40mg, 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)	4	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)	4	NDS QL PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg QL (60 tabs / 30 days)	2	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

Drug Name	Drug Requirements/ Tier	Limits
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg QL (60 caps / 30 days)	3	QL PA
XTAMPZA ER C12A 36mg QL (240 caps / 30 days)	4	NDS QL PA
ZOHYDRO ER C12A 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	3	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-15 mg QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-30 mg QL (360 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-60 mg QL (180 tabs / 30 days)	1	QL
<i>acetaminophen-cafeine-dihyd rocodeine cap</i> 320.5-30-16 mg QL (300 caps / 30 days)	1	QL
<i>acetaminophen-cafeine-dihyd rocodeine tab</i> 325-30-16 mg QL (300 tabs / 30 days)	1	QL
ACTIQ LPOP 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	4	NDS QL PA
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>butorphanol tartrate</i> SOLN 10mg/ml QL (10 mL / 30 days)	1	QL
<i>codeine sulfate</i> TABS 30mg QL (180 tabs / 30 days)	1	QL
CODEINE SULFATE TABS 60mg QL (180 tabs / 30 days)	3	QL
DILAUDID LIQD 1mg/ml QL (600 mL / 30 days)	3	QL

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LA - Limited Access NDS - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Limits
DILAUDID SOLN 1mg/ml, 2mg/ml	3	B/D
DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days)	3	QL
DILAUDID TABS 8mg QL (180 tabs / 30 days)	4	NDS QL
<i>dvorah</i> QL (300 tabs / 30 days)	1	QL
<i>endocet tab 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>endocet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP 200mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	4	NDS QL PA
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP 400mcg QL (120 lozenges / 30 days)	1	QL PA
<i>fentanyl citrate</i> TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	4	NDS QL PA
FENTORA TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	4	NDS QL PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 5-300 mg</i> (generic of XODOL) QL (240 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-acetaminophen tab 5-325 mg</i> (generic of NORCO) QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> (generic of NORCO) QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 10-300 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i> (generic of NORCO) QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 10-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml	1	B/D
<i>hydromorphone hcl</i> SOLN 4mg/ml, 10mg/ml, 50mg/5ml, 500mg/50ml	1	B/D
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL
HYDROMORPHONE HYDROCHLORI SOLN 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
<i>levorphanol tartrate</i> TABS 2mg, 3mg QL (120 tabs / 30 days)	4	NDS QL
<i>lorcet</i> (generic of NORCO) QL (240 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>lorcet hd</i> (generic of NORCO) QL (180 tabs / 30 days)	1	QL
<i>lorcet plus</i> (generic of NORCO) QL (180 tabs / 30 days)	1	QL
<i>morphine sulfate</i> SOLN 1mg/ml	1	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	3	B/D
<i>morphine sulfate</i> (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL
<i>morphine sulfate</i> SOLN 20mg/5ml QL (900 mL / 30 days)	1	QL
<i>morphine sulfate</i> SOLN 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	1	
<i>nalocet</i> QL (360 tabs / 30 days)	4	NDS QL
NORCO TAB 5-325MG QL (240 tabs / 30 days)	3	QL
NORCO TAB 7.5-325 QL (180 tabs / 30 days)	3	QL
NORCO TAB 10-325MG QL (180 tabs / 30 days)	3	QL
NUCYNTA TABS 50mg, 75mg QL (180 tabs / 30 days)	3	QL
NUCYNTA TABS 100mg QL (180 tabs / 30 days)	4	NDS QL
OXAYDO TABA 5mg QL (540 tabs / 30 days)	3	QL
OXAYDO TABA 7.5mg QL (360 tabs / 30 days)	4	NDS QL
<i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<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> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone hcl</i> TABS 10mg, 20mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> tab 2.5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> tab 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> tab 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> tab 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>oxycodone-aspirin tab</i> 4.8355-325 mg QL (360 tabs / 30 days)	1	QL
<i>oxymorphone hcl</i> TABS 5mg QL (180 tabs / 30 days)	1	QL
<i>oxymorphone hcl</i> (generic of OPANA) TABS 10mg QL (180 tabs / 30 days)	1	QL
PERCOCET TAB 2.5-325 QL (360 tabs / 30 days)	3	QL
PERCOCET TAB 5-325MG QL (360 tabs / 30 days)	4	NDS QL
PERCOCET TAB 7.5-325 QL (240 tabs / 30 days)	4	NDS QL
PERCOCET TAB 10-325MG QL (180 tabs / 30 days)	4	NDS QL
PROLATE TAB 5-300MG QL (360 tabs / 30 days)	4	NDS QL

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Drug Name	Drug Requirements/ Tier	Limits
PROLATE TAB 7.5-300 QL (240 tabs / 30 days)	4	NDS QL
PROLATE TAB 10-300MG QL (180 tabs / 30 days)	4	NDS QL
ROXICODONE TABS 5mg, 15mg QL (180 tabs / 30 days)	3	QL
ROXICODONE TABS 30mg QL (180 tabs / 30 days)	4	NDS QL
SUBSYS LIQD 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 sprays / 30 days)	4	NDS QL PA
SUBSYS LIQD 1200mcg, 1600mcg QL (240 sprays / 30 days)	4	NDS QL PA
<i>tramadol hcl</i> (generic of ULTRAM) TABS 50mg QL (240 tabs / 30 days)	1	QL
<i>tramadol hcl</i> TABS 100mg QL (120 tabs / 30 days)	1	QL
<i>tramadol-acetaminophen tab</i> 37.5-325 mg (generic of ULTRACET) QL (240 tabs / 30 days)	1	QL
<i>trexix</i> QL (300 caps / 30 days)	1	QL
ULTRACET TAB 37.5-325 QL (240 tabs / 30 days)	3	QL
ULTRAM TABS 50mg QL (240 tabs / 30 days)	3	QL
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl</i> (local anesth.) SOLN 4%	1	
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
AEMCOLO TBEC 194mg	3	
<i>albendazole</i> (generic of ALBENZA) TABS 200mg	4	NDS
ALINIA SUSR 100mg/5ml; TABS 500mg	4	NDS
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	4	NDS NM LA PA
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml	4	NDS
AZACTAM SOLR 1gm, 2gm	3	
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	1	
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
BETHKIS NEBU 300mg/4ml	4	NDS NM PA
BILTRICIDE TABS 600mg	3	
CAYSTON SOLR 75mg	4	NDS NM LA PA
CLEOCIN CAPS 75mg, 150mg, 300mg	3	
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	3	
CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	1	
<i>clindamycin phosphate in d5w</i> <i>iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w</i> <i>iv soln 600 mg/50ml</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	3	
CLINDMYC/NAC INJ 600/50ML	3	
CLINDMYC/NAC INJ 900/50ML	3	
<i>colistimethate sodium (generic of COLY-MYCIN M) SOLR 150mg</i>	1	
COLY-MYCIN M SOLR 150mg	3	
CUBICIN SOLR 500mg	4	NDS
DALVANCE SOLR 500mg	4	NDS
dapsone TABS 25mg, 100mg	1	
DAPTOMYCIN SOLR 350mg	4	NDS
<i>daptomycin (generic of DAPTOMYCIN) SOLR 350mg</i>	4	NDS
<i>daptomycin (generic of CUBICIN) SOLR 500mg</i>	4	NDS
DARAPRIM TABS 25mg	4	NDS
EMVERM CHEW 100mg	4	NDS
<i>ertapenem sodium (generic of INVANZ) SOLR 1gm</i>	1	
FIRVANQ SOLR 25mg/ml, 50mg/ml	3	
FLAGYL CAPS 375mg; TABS 250mg, 500mg	3	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	1	
HIPREX TABS 1gm	3	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)</i>	1	
INVANZ SOLR 1gm	3	
<i>ivermectin (generic of STROMECTOL) TABS 3mg</i>	1	
KITABIS PAK NEBU 300mg/5ml	4	NDS NM PA
<i>linezolid (generic of ZYVOX) SOLN 600mg/300ml; TABS 600mg</i>	1	
<i>linezolid (generic of ZYVOX) SUSR 100mg/5ml</i>	4	NDS
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	1	
MACROBID CAPS 100mg	3	
MACRODANTIN CAPS 25mg, 50mg, 100mg	3	
MEPRON SUSP 750mg/5ml	4	NDS
MEROP/NACL INJ 1GM/50ML	3	
MEROP/NACL INJ 500/50ML	3	
<i>meropenem (generic of MERREM) SOLR 1gm, 500mg</i>	1	
MERREM SOLR 1gm, 500mg	3	
<i>methenamine hippurate (generic of HIPREX) TABS 1gm</i>	1	
METRONIDAZOL INJ 5MG/ML	3	
<i>metronidazole (generic of FLAGYL) CAPS 375mg; TABS 250mg, 500mg</i>	1	
<i>metronidazole in nacl 0.74% iv soln 500 mg/100ml (generic of METRONIDAZOLE)</i>	1	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	1	
NEBUPENT SOLR 300mg	3	B/D
<i>neomycin sulfate TABS 500mg</i>	1	
<i>nitrofurantoin SUSP 25mg/5ml</i>	4	NDS

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Drug Name	Drug Requirements/ Tier	Limits
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg	2	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	2	
ORBACTIV SOLR 400mg	4	NDS
paromomycin sulfate CAPS 250mg	1	
PENTAM 300 SOLR 300mg	3	
pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg	1	B/D
pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg	1	
polymyxin b sulfate SOLR 500000unit	1	
praziquantel (generic of BILTRICIDE) TABS 600mg	1	
PRIMAXIN IV INJ 500MG	3	
pyrimethamine TABS 25mg	4	NDS
RECARBRIO INJ 1.25GM	4	NDS
SIVEXTRO SOLR 200mg; TABS 200mg	4	NDS
SOLOSEC PACK 2gm	3	
streptomycin sulfate SOLR 1gm	4	NDS
STROMECTOL TABS 3mg	3	
SULFADIAZINE TABS 500mg	3	
sulfamethoxazole-trimethopri m iv soln 400-80 mg/5ml	1	
sulfamethoxazole-trimethopri m susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethopri m tab 400-80 mg (generic of BACTRIM)	1	
sulfamethoxazole-trimethopri m tab 800-160 mg (generic of BACTRIM DS)	1	
SYNERCID INJ 500MG	4	NDS
tinidazole TABS 250mg, 500mg	1	
TOBI NEBU 300mg/5ml	4	NDS NM PA
TOBI PODHALER CAPS 28mg	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml	4	NDS NM PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
tobramycin sulfate SOLR 1.2gm	4	NDS
trimethoprim TABS 100mg	1	
VABOMERE INJ 2GM(1-1)	4	NDS
VANCOCIN CAPS 250mg	4	NDS
VANCOCIN HCL CAPS 125mg	4	NDS
VANCOMYCIN SOLN 2000mg/400ml	3	
vancomycin hcl (generic of VANCOCIN HCL) CAPS 125mg	1	
vancomycin hcl (generic of VANCOCIN) CAPS 250mg	1	
vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 1000mg/200ml, 1500mg/300ml; SOLR 1.25gm, 1.5gm, 250mg, 250mg/5ml	3	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
VIBATIV SOLR 750mg	4	NDS
XENLETA SOLN 150mg/15ml; TABS 600mg	4	NDS NM
XIFAXAN TABS 200mg	4	NDS
ZEMDRI SOLN 500mg/10ml	4	NDS
ZYVOX SOLN 200mg/100ml, 600mg/300ml; SUSR 100mg/5ml; TABS 600mg	4	NDS
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	3	B/D
AMBISOME SUSR 50mg	4	NDS B/D
amphotericin b SOLR 50mg	1	B/D
ANCOBON CAPS 250mg, 500mg	4	NDS

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Drug Name	Drug Requirements/ Tier	Limits
CANCIDAS SOLR 50mg, 70mg	4	NDS
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	4	NDS
<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	4	NDS
CRESEMBA CAPS 186mg; SOLR 372mg	4	NDS
DIFLUCAN SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg	3	
DIFLUCAN TABS 200mg	4	NDS
ERAXIS SOLR 50mg	3	
ERAXIS SOLR 100mg	4	NDS
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	4	NDS
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	
<i>itraconazole</i> (generic of SPORANOX) SOLN 10mg/ml	4	NDS
<i>ketoconazole</i> TABS 200mg	1	
<i>miconazole sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	4	NDS
MYCAMINE SOLR 50mg, 100mg	4	NDS
NOXAFIL SOLN 300mg/16.7ml; SUSP 40mg/ml; TBEC 100mg	4	NDS
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
SPORANOX CAPS 100mg; SOLN 10mg/ml	4	NDS
SPORANOX PULSEPAK CAPS 100mg	4	NDS
<i>terbinafine hcl</i> (generic of LAMISIL) TABS 250mg	1	
TOLSURA CAPS 65mg	4	NDS
VFEND SUSR 40mg/ml; TABS 50mg, 200mg	4	NDS PA
VFEND IV SOLR 200mg	4	NDS PA
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	4	NDS PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml	4	NDS PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg, 200mg	1	PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
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	
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg; SOLN 100mg/ml	4	NDS NM

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Drug Name	Drug Requirements/ Tier	Limits
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 150mg, 200mg, 300mg	1	NM
CRIXIVAN CAPS 200mg, 400mg	3	NM
<i>didanosine</i> CPDR 200mg, 250mg, 400mg	1	NM
EDURANT TABS 25mg	4	NDS NM
<i>efavirenz</i> (generic of SUSTIVA) CAPS 50mg, 200mg; TABS 600mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	2	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	4	NDS NM
FUZEON SOLR 90mg	4	NDS NM
INTELENCE TABS 25mg	3	NM
INTELENCE TABS 100mg, 200mg	4	NDS NM
INVIRASE TABS 500mg	4	NDS NM
ISENTRESS CHEW 25mg; PACK 100mg	2	NM
ISENTRESS CHEW 100mg; TABS 400mg	4	NDS NM
ISENTRESS HD TABS 600mg	4	NDS NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
LEXIVA SUSP 50mg/ml	3	NM
LEXIVA TABS 700mg	4	NDS NM
<i>nevirapine</i> (generic of VIRAMUNE) SUSP 50mg/5ml; TABS 200mg	1	NM
<i>nevirapine</i> TB24 100mg	1	NM
<i>nevirapine</i> (generic of VIRAMUNE XR) TB24 400mg	1	NM
NORVIR PACK 100mg; SOLN 80mg/ml; TABS 100mg	3	NM
PIFELTRO TABS 100mg	4	NDS NM
PREZISTA SUSP 100mg/ml; TABS 150mg, 600mg, 800mg	4	NDS NM
PREZISTA TABS 75mg	3	NM

Drug Name	Drug Requirements/ Tier	Limits
RETROVIR CAPS 100mg; SYRP 50mg/5ml	3	NM
REYATAZ CAPS 150mg, 200mg, 300mg; PACK 50mg	4	NDS NM
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	1	NM
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	4	NDS NM
SELZENTRY TABS 25mg	2	NM
<i>stavudine</i> CAPS 15mg, 20mg	1	NM
<i>stavudine</i> (generic of ZERIT) CAPS 30mg, 40mg	1	NM
SUSTIVA CAPS 50mg	3	NM
SUSTIVA CAPS 200mg; TABS 600mg	4	NDS NM
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	1	NM
TIVICAY TABS 10mg	2	NM
TIVICAY TABS 25mg, 50mg	4	NDS NM
TIVICAY PD TBSO 5mg	2	NM
TROGARZO SOLN 200mg/1.33ml	4	NDS NM LA
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	4	NDS NM
VIRAMUNE SUSP 50mg/5ml; TABS 200mg	4	NDS NM
VIRAMUNE XR TB24 400mg	4	NDS NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg	4	NDS NM
ZIAGEN SOLN 20mg/ml; TABS 300mg	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</i> tab 600-300 mg (generic of EPZICOM)	1	NM

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Drug Name	Drug Requirements/ Tier	Limits
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> (generic of TRIZIVIR)	4	NDS NM
ATRIPLA TAB	4	NDS NM
BIKTARVY TAB	4	NDS NM
CIMDUO TAB 300-300	4	NDS NM
COMBIVIR TAB 150-300	4	NDS NM
COMPLERA TAB	4	NDS NM
DELSTRIGO TAB	4	NDS NM
DESCOVY TAB 200/25	4	NDS NM
DOVATO TAB 50-300MG	4	NDS NM
EPZICOM TAB 600-300	4	NDS NM
EVOTAZ TAB 300-150	4	NDS NM
GENVOYA TAB	4	NDS NM
JULUCA TAB 50-25MG	4	NDS NM
KALETRA SOL	4	NDS NM
KALETRA TAB 100-25MG	3	NM
KALETRA TAB 200-50MG	4	NDS NM
<i>lamivudine-zidovudine tab 150-300 mg</i> (generic of COMBIVIR)	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	1	NM
ODEFSEY TAB	4	NDS NM
PREZCOBIX TAB 800-150	4	NDS NM
STRIBILD TAB	4	NDS NM
SYMFI LO TAB	4	NDS NM
SYMFI TAB	4	NDS NM
SYMTUZA TAB	4	NDS NM
TEMIXYS TAB 300-300	4	NDS NM
TRIUMEQ TAB	4	NDS NM
TRIZIVIR TAB	4	NDS NM
TRUVADA TAB 100-150	4	NDS NM
TRUVADA TAB 133-200	4	NDS NM
TRUVADA TAB 167-250	4	NDS NM
TRUVADA TAB 200-300	4	NDS NM
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	4	NDS
<i>ethambutol hcl</i> TABS 100mg	1	
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	

Drug Name	Drug Requirements/ Tier	Limits
MYAMBUTOL TABS 100mg, 3 400mg		
MYCOBUTIN CAPS 150mg	4	NDS
PASER PACK 4gm	3	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	1	
RIFADIN CAPS 150mg	3	
RIFADIN SOLR 600mg	4	NDS
<i>rifampin</i> (generic of RIFADIN) CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 100mg	4	NDS LA
TRECTOR TABS 250mg	3	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg	1	
<i>acyclovir</i> (generic of ZOVIRAX) SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> (generic of HEPSERA) TABS 10mg	4	NDS NM
BARACLUDE SOLN .05mg/ml; TABS .5mg, 1mg	4	NDS NM
<i>cidofovir</i> SOLN 75mg/ml	4	NDS
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
EPCLUSA TAB 400-100	4	NDS NM PA
EPIVIR HBV SOLN 5mg/ml; TABS 100mg	3	NM
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
GANCICLOVIR SOLN 500mg/10ml	3	B/D
<i>ganciclovir sodium</i> (generic of CYTOVENE) SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	4	NDS NM PA
HARVONI PAK 45-200MG	4	NDS NM PA
HARVONI TAB 45-200MG	4	NDS NM PA
HARVONI TAB 90-400MG	4	NDS NM PA
HEPSERA TABS 10mg	4	NDS NM

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Drug Name	Drug Requirements/ Tier	Limits
<i>lamivudine (hbv)</i> (generic of EPIVIR HBV) TABS 100mg	1	NM
MAVYRET TAB 100-40MG	4	NDS NM PA
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg, 45mg, 75mg; SUSR 6mg/ml	1	
PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml	4	NDS NM PA
PEGASYS PROCLICK SOLN 180mcg/0.5ml	4	NDS NM PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml; TABS 240mg, 480mg	4	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	
SITAVIG TABS 50mg	4	NDS
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	4	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml; TABS 450mg	1	
VALTREX TABS 1gm, 500mg	3	
VEMLIDY TABS 25mg	4	NDS NM
VOSEVI TAB	4	NDS NM PA
XOFLUZA TBPK 20mg, 40mg	3	
ZOVIRAX SUSP 200mg/5ml	3	
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	4	NDS
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	1	
CEFACLOR ER TB12 500mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
<i>cefixime</i> (generic of SUPRAX) CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
CEFOTAN SOLR 1gm, 2gm	3	
<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> (generic of FORTAZ) SOLR 1gm	1	
<i>ceftazidime</i> SOLR 2gm, 6gm	1	
CEFTAZIDIME/ SOL D5W 1GM	3	
CEFTAZIDIME/ SOL D5W 2GM	3	
<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, 7.5gm, 750mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>cephalexin</i> (generic of KEFLEX) CAPS 250mg, 500mg, 750mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
FETROJA SOLR 1gm	4	NDS
SUPRAX CAPS 400mg; CHEW 100mg, 200mg; SUSR 100mg/5ml, 200mg/5ml, 500mg/5ml	3	
<i>tazicef</i> (generic of FORTAZ) SOLR 1gm	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	4	NDS
ZERBAXA INJ 1.5GM	4	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; TABS 600mg	1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1	
DIFICID TABS 200mg	4	NDS
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	4	NDS
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>erythrocine stearate</i> TABS 250mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1	
<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	4	NDS
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
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	4	NDS
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> TABS 100mg, 750mg	1	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	1	
<i>levofloxacin</i> (generic of LEVAQUIN) 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	

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

Drug Name	Drug Requirements/ Tier Limits
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1
AUGMENTIN SUS ES-600	3
AUGMENTIN TAB 500MG	3
BICILLIN C-R INJ 900/300	3
BICILLIN C-R INJ 1200000	3
BICILLIN L-A SUSP 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1
NAFCILLIN INJ 1GM/50ML	3
NAFCILLIN INJ 2GM/100	3
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1
<i>nafcillin sodium SOLR 10gm</i>	4 NDS
NAFCILLIN SODIUM SOLR 10gm	4 NDS
OXACILLIN INJ 1GM	3
OXACILLIN INJ 2GM	4 NDS
<i>oxacillin sodium SOLR 1gm, 2gm</i>	1
<i>oxacillin sodium SOLR 10gm</i>	4 NDS
PEN GK/DEXTR INJ 20000/ML	3
PEN GK/DEXTR INJ 40000/ML	3
PEN GK/DEXTR INJ 60000/ML	3
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1
PENICILLIN G PROCAINE SUSP 600000unit/ml	3
<i>penicillin g sodium SOLR 5000000unit</i>	1
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	1
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1

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Drug Name	Drug Requirements/ Tier Limits
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1
UNASYN INJ 1.5GM	3
UNASYN INJ 3GM	3
UNASYN INJ 15GM	3
ZOSYN SOL 2-0.25GM	3
ZOSYN SOL 3-0.375G	3
ZOSYN SOL 4-0.50GM	3
TETRACYCLINES	
ACTICLATE TABS 75mg, 150mg	3
<i>demeclocycline hcl</i> TABS 150mg, 300mg	1
<i>doxy 100</i> SOLR 100mg	1
<i>doxycycline (monohydrate)</i> CAPS 50mg, 75mg, 100mg, 150mg; TABS 50mg, 75mg, 100mg, 150mg	1
<i>doxycycline (monohydrate)</i> (generic of VIBRAMYCIN) SUSR 25mg/5ml	1
<i>doxycycline hyclate</i> CAPS 50mg; SOLR 100mg; TABS 20mg, 50mg, 100mg; TBEC 75mg, 100mg, 150mg	1
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	1
<i>doxycycline hyclate</i> (generic of ACTICLATE) TABS 75mg, 150mg	1
<i>doxycycline hyclate</i> (generic of DORYX) TBEC 50mg, 200mg	1

Drug Name	Drug Requirements/ Tier Limits
<i>minocycline hcl</i> CAPS 50mg, 75mg; TABS 50mg, 75mg, 100mg; TB24 45mg, 90mg, 135mg	1
<i>minocycline hcl</i> (generic of MINOCIN) CAPS 100mg	1
<i>minocycline hcl</i> (generic of SOLODYN) TB24 55mg, 80mg, 105mg	1
<i>minocycline hcl</i> (generic of SOLODYN) TB24 65mg, 115mg	4 NDS
MINOLIRA TB24 105mg, 135mg	3
<i>mondoxylene nl</i> CAPS 75mg, 100mg	1
NUZYRA SOLR 100mg; TABS 150mg	4 NDS NM
SEYSARA TABS 60mg, 100mg, 150mg	4 NDS
SOLODYN TB24 55mg, 65mg, 80mg, 105mg, 115mg	4 NDS
TARGADOX TABS 50mg	3
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1
TIGECYCLINE SOLR 50mg	4 NDS
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	4 NDS
TYGACIL SOLR 50mg	4 NDS
VIBRAMYCIN CAPS 100mg; SUSR 25mg/5ml; SYRP 50mg/5ml	3
ANTINEOPLASTIC AGENTS	
ALKYLATING AGENTS	
BENDEKA SOLN 100mg/4ml	4 NDS B/D NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1 B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1 B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	1 B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	4 NDS B/D
GLEOSTINE CAPS 10mg	3

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Drug Name	Drug Requirements/ Tier	Limits
GLEOSTINE CAPS 40mg, 100mg	4	NDS
IFEX SOLR 3gm	3	B/D
ifosfamide SOLN 1gm/20ml, 3gm/60ml	1	B/D
IFOSFAMIDE SOLR 3gm	3	B/D
LEUKERAN TABS 2mg	4	NDS
oxaliplatin SOLN 50mg/10ml, 100mg/20ml	1	B/D
oxaliplatin SOLR 50mg, 100mg	4	NDS B/D
TREANDA SOLR 25mg, 100mg	4	NDS B/D NM
ANTIBIOTICS		
adriamycin SOLN 2mg/ml	1	B/D
bleomycin sulfate SOLR 15unit, 30unit	1	B/D
DOXIL INJ 2mg/ml	4	NDS B/D
doxorubicin hcl SOLN 2mg/ml	1	B/D
doxorubicin hcl liposomal (generic of DOXIL) INJ 2mg/ml	4	NDS B/D
ELLECE SOLN 50mg/25ml, 200mg/100ml	4	NDS B/D
epirubicin hcl SOLN 50mg/25ml	1	B/D
epirubicin hcl (generic of ELLECE) SOLN 200mg/100ml	1	B/D
mitomycin SOLR 5mg	1	B/D
mitomycin SOLR 20mg, 40mg	4	NDS B/D
valrubicin (generic of VALSTAR) SOLN 40mg/ml	4	NDS NM
VALSTAR SOLN 40mg/ml	4	NDS NM
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	4	NDS B/D
azacitidine (generic of VIDAZA) SUSR 100mg	4	NDS B/D NM
cytarabine SOLN 20mg/ml, 100mg/ml	1	B/D
DACOGEN SOLR 50mg	4	NDS B/D NM
decitabine (generic of DACOGEN) SOLR 50mg	4	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits
fludarabine phosphate SOLN 50mg/2ml	4	NDS B/D
fludarabine phosphate SOLR 50mg	1	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	4	NDS NM PA
GEMCITABINE SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	3	B/D
gemcitabine hcl SOLN 1gm/10ml, 2gm/20ml, 200mg/2ml; SOLR 1gm, 2gm, 200mg	1	B/D
gemcitabine hcl (generic of GEMCITABINE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D
INFUGEM SOL 1200MG	4	NDS B/D
INFUGEM SOL 1300MG	4	NDS B/D
INFUGEM SOL 1400MG	4	NDS B/D
INFUGEM SOL 1500MG	4	NDS B/D
INFUGEM SOL 1600MG	4	NDS B/D
INFUGEM SOL 1700MG	4	NDS B/D
INFUGEM SOL 1800MG	4	NDS B/D
INFUGEM SOL 1900MG	4	NDS B/D
INFUGEM SOL 2000MG	4	NDS B/D
INFUGEM SOL 2200MG	4	NDS B/D
mercaptopurine TABS 50mg	1	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
PURIXAN SUSP 2000mg/100ml	4	NDS NM
TABLOID TABS 40mg	3	
VIDAZA SUSR 100mg	4	NDS B/D NM
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate (generic of ZYTIGA) TABS 250mg	4	NDS NM PA
anastrozole (generic of ARIMIDEX) TABS 1mg	1	
ARIMIDEX TABS 1mg	4	NDS
AROMASIN TABS 25mg	4	NDS
bicalutamide (generic of CASODEX) TABS 50mg	1	

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CASODEX TABS 50mg	4	NDS
DEPO-PROVERA SUSP 400mg/ml	3	B/D
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	3	B/D NM
EMCYT CAPS 140mg	3	
ERLEADA TABS 60mg	4	NDS NM LA PA
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1	
FARESTON TABS 60mg	4	NDS
FASLODEX SOLN 250mg/5ml	4	NDS B/D
FEMARA TABS 2.5mg	3	
FIRMAGON SOLR 80mg	3	B/D NM
FIRMAGON SOLR 120mg/vial	4	NDS B/D NM
<i>flutamide</i> CAPS 125mg	1	
<i>fulvestrant</i> (generic of FASLODEX) SOLN 250mg/5ml	4	NDS B/D
<i>hydroxyprogesterone caproate</i> (antineoplastic) SOLN 1.25gm/5ml	4	NDS B/D
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	4	NDS NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	4	NDS NM PA
LUPRON DEPOT (4-MONTH) KIT 30mg	4	NDS NM PA
LUPRON DEPOT (6-MONTH) KIT 45mg	4	NDS NM PA
LYSODREN TABS 500mg	4	NDS
<i>megestrol acetate</i> TABS 20mg, 40mg	2	
NILANDRON TABS 150mg	4	NDS
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	4	NDS
NUBEQA TABS 300mg	4	NDS NM LA PA
SOLTAMOX SOLN 10mg/5ml	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	4	NDS
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	4	NDS NM PA
VANTAS KIT 50mg	3	NM PA
XTANDI CAPS 40mg	4	NDS NM LA PA
YONSA TABS 125mg	4	NDS NM PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA
ZYTIGA TABS 250mg, 500mg	4	NDS NM LA PA
IMMUNOMODULATORS		
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	4	NDS NM LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	4	NDS NM LA PA
THALOMID CAPS 50mg, 100mg, 150mg, 200mg	4	NDS NM PA
MISCELLANEOUS		
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg	4	NDS NM PA
<i>dacarbazine</i> SOLR 100mg	1	B/D
ERWINAZE SOLR 10000unit	4	NDS NM LA PA
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	1	B/D
<i>irinotecan hcl</i> SOLN 300mg/15ml, 500mg/25ml	1	B/D
KISQALI 200 PAK FEMARA	4	NDS NM PA
KISQALI 400 PAK FEMARA	4	NDS NM PA
KISQALI 600 PAK FEMARA	4	NDS NM PA
LONSURF TAB 15-6.14	4	NDS NM PA
LONSURF TAB 20-8.19	4	NDS NM PA
MATULANE CAPS 50mg	4	NDS LA
<i>mitoxantrone hcl</i> CONC 2mg/ml	1	B/D NM
NIPENT SOLR 10mg	4	NDS B/D
ONIVYDE INJ 43mg/10ml	4	NDS B/D NM

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Drug Name	Drug Requirements/ Tier	Limits
SYLATRON KIT 200mcg, 300mcg	4	NDS NM PA
SYNRIBO SOLR 3.5mg	4	NDS NM PA
TARGRETIN CAPS 75mg	4	NDS NM PA
TOPOTECAN HCL SOLN 4mg/4ml	4	NDS B/D
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml	4	NDS B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg	4	NDS B/D
<i>tretinoin (chemotherapy)</i> CAPS 10mg	4	NDS
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	4	NDS B/D
<i>docetaxel</i> CONC 20mg/ml	1	B/D
DOCETAXEL CONC 20mg/ml	3	B/D
<i>docetaxel</i> (generic of TAXOTERE) CONC 80mg/4ml	4	NDS B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NDS B/D
ETOPOPHOS SOLR 100mg	3	B/D
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	1	B/D
HALAVEN SOLN 1mg/2ml	4	NDS B/D NM
IXEMPRA KIT SOLR 15mg, 45mg	4	NDS B/D NM
JEVTANA SOLN 60mg/1.5ml	4	NDS NM PA
MARQIBO SUSP 5mg/31ml	4	NDS B/D NM
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	1	B/D
<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<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	4	NDS NM PA
AFINITOR DISPERZ TBSO 2mg, 3mg, 5mg	4	NDS NM PA
ALECENSA CAPS 150mg	4	NDS NM LA PA
ALIQOPA SOLR 60mg	4	NDS NM LA PA
ALUNBRIG TABS 30mg, 90mg, 180mg	4	NDS NM LA PA
ALUNBRIG PAK	4	NDS NM LA PA
ARZERRA CONC 100mg/5ml, 1000mg/50ml	4	NDS B/D NM
AVASTIN SOLN 100mg/4ml, 400mg/16ml	4	NDS NM LA PA
AYVAKIT TABS 100mg, 200mg, 300mg	4	NDS NM LA PA
BALVERSA TABS 3mg, 4mg, 5mg	4	NDS NM LA PA
BAVENCIO SOLN 200mg/10ml	4	NDS NM LA PA
BELEODAQ SOLR 500mg	4	NDS NM PA
BESPONSA SOLR .9mg	4	NDS NM LA PA
BORTEZOMIB SOLR 3.5mg	4	NDS NM PA
BOSULIF TABS 100mg, 400mg, 500mg	4	NDS NM PA
BRAFTOVI CAPS 75mg	4	NDS NM LA PA
BRUKINSA CAPS 80mg	4	NDS NM LA PA
CABOMETYX TABS 20mg, 40mg, 60mg	4	NDS NM LA PA
CALQUENCE CAPS 100mg	4	NDS NM LA PA
CAPRELSA TABS 100mg, 300mg	4	NDS NM LA PA
COMETRIQ (60MG DOSE) KIT 20mg	4	NDS NM LA PA
COMETRIQ KIT 100MG	4	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
COMETRIQ KIT 140MG	4	NDS NM LA PA
COPIKTRA CAPS 15mg, 25mg	4	NDS NM LA PA
COTELLIC TABS 20mg	4	NDS NM LA PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM LA PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	4	NDS NM LA PA
DARZALEX SOL FASPRO	4	NDS NM PA
DAURISMO TABS 25mg, 100mg	4	NDS NM LA PA
EMPLICITI SOLR 300mg, 400mg	4	NDS NM LA PA
ENHERTU SOLR 100mg	4	NDS NM LA PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	4	NDS B/D NM
ERIVEDGE CAPS 150mg	4	NDS NM LA PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg, 100mg, 150mg	4	NDS NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg	4	NDS NM PA
FARYDAK CAPS 10mg, 20mg	4	NDS NM LA PA
GAZYVA SOLN 1000mg/40ml	4	NDS NM LA PA
GILOTRIF TABS 20mg, 30mg, 40mg	4	NDS NM LA PA
GLEEVEC TABS 100mg, 400mg	4	NDS NM PA
HERCEP HYLEC SOL 60-10000	4	NDS NM PA
HERCEPTIN SOLR 150mg	4	NDS NM PA
HERZUMA SOLR 150mg, 420mg	4	NDS NM PA
IBRANCE CAPS 75mg, 100mg, 125mg; TABS 75mg, 100mg, 125mg	4	NDS NM LA PA
ICLUSIG TABS 15mg, 45mg	4	NDS NM LA PA
IDHIFA TABS 50mg, 100mg	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg, 400mg	4	NDS NM PA
IMBRUVICA CAPS 70mg, 140mg; TABS 140mg, 280mg, 420mg, 560mg	4	NDS NM LA PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	4	NDS NM LA PA
INLYTA TABS 1mg, 5mg	4	NDS NM LA PA
INREBIC CAPS 100mg	4	NDS NM LA PA
IRESSA TABS 250mg	4	NDS NM LA PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	4	NDS NM LA PA
KADCYLA SOLR 100mg, 160mg	4	NDS B/D NM
KANJINTI SOLR 150mg, 420mg	4	NDS NM PA
KEYTRUDA SOLN 100mg/4ml	4	NDS NM PA
KISQALI TBPK 200mg	4	NDS NM PA
KOSELUGO CAPS 10mg, 25mg	4	NDS NM LA PA
KYPROLIS SOLR 10mg, 30mg, 60mg	4	NDS NM LA PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	4	NDS NM LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	4	NDS NM LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	4	NDS NM LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	4	NDS NM LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	4	NDS NM LA PA
LENVIMA CAP 14 MG	4	NDS NM LA PA
LENVIMA CAP 18 MG	4	NDS NM LA PA
LENVIMA CAP 24 MG	4	NDS NM LA PA
LIBTAYO SOLN 350mg/7ml	4	NDS NM LA PA
LORBRENA TABS 25mg, 100mg	4	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
LUMOXITI SOLR 1mg	4	NDS NM LA PA
LYNPARZA TABS 100mg, 150mg	4	NDS NM LA PA
MEKINIST TABS .5mg, 2mg	4	NDS NM LA PA
MEKTOVI TABS 15mg	4	NDS NM LA PA
MVASI SOLN 100mg/4ml, 400mg/16ml	4	NDS NM LA PA
MYLOTARG SOLR 4.5mg	4	NDS NM LA PA
NERLYNX TABS 40mg	4	NDS NM LA PA
NEXAVAR TABS 200mg	4	NDS NM LA PA
NINLARO CAPS 2.3mg, 3mg, 4mg	4	NDS NM PA
ODOMZO CAPS 200mg	4	NDS NM LA PA
OGIVRI SOLR 150mg	4	NDS NM PA
OGIVRI INJ 420MG	4	NDS NM PA
ONTRUZANT SOLR 150mg, 420mg	4	NDS NM PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 240mg/24ml	4	NDS NM LA PA
PADCEV SOLR 20mg, 30mg	4	NDS NM LA PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	4	NDS NM LA PA
PERJETA SOLN 420mg/14ml	4	NDS NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	4	NDS NM PA
PIQRAY 250MG TAB DOSE	4	NDS NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	4	NDS NM PA
POLIVY SOLR 140mg	4	NDS NM PA
PORTRAZZA SOLN 800mg/50ml	4	NDS NM LA PA
POTELIGEO SOLN 20mg/5ml	4	NDS NM LA PA
QINLOCK TABS 50mg	4	NDS NM LA PA
RETEVMO CAPS 40mg, 80mg	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
RITUXAN SOLN 100mg/10ml, 500mg/50ml	4	NDS NM LA PA
RITUXAN INJ HYCELA	4	NDS NM LA PA
ROZLYTREK CAPS 100mg, 200mg	4	NDS NM LA PA
RUBRACA TABS 200mg, 250mg, 300mg	4	NDS NM LA PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA
RYDAPT CAPS 25mg	4	NDS NM PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	4	NDS NM LA PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	4	NDS NM PA
STIVARGA TABS 40mg	4	NDS NM LA PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	4	NDS NM PA
TABRECTA TABS 150mg, 200mg	4	NDS NM PA
TAFINLAR CAPS 50mg, 75mg	4	NDS NM LA PA
TAGRISSE TABS 40mg, 80mg	4	NDS NM LA PA
TALZENNA CAPS .25mg, 1mg	4	NDS NM LA PA
TARCEVA TABS 25mg, 100mg, 150mg	4	NDS NM LA PA
TASIGNA CAPS 50mg, 150mg, 200mg	4	NDS NM PA
TAZVERIK TABS 200mg	4	NDS NM LA PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NDS NM LA PA
<i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	4	NDS B/D NM
TIBSOVO TABS 250mg	4	NDS NM LA PA
TORISEL SOLN 25mg/ml	4	NDS B/D NM
TRAZIMERA SOLR 420mg	4	NDS NM PA
TRODELVY SOLR 180mg	4	NDS NM LA PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	4	NDS NM PA

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Drug Name	Drug Requirements/ Tier Limits
TUKYSA TABS 50mg, 150mg	4 NDS NM LA PA
TURALIO CAPS 200mg	4 NDS NM LA PA
TYKERB TABS 250mg	4 NDS NM LA PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	4 NDS B/D NM
VELCADE SOLR 3.5mg	4 NDS NM PA
VENCLEXTA TABS 10mg	3 NM LA PA
VENCLEXTA TABS 50mg, 100mg	4 NDS NM LA PA
VENCLEXTA TAB START PK	4 NDS NM LA PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	4 NDS NM LA PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	4 NDS NM LA PA
VIZIMPRO TABS 15mg, 30mg, 45mg	4 NDS NM LA PA
VOTRIENT TABS 200mg	4 NDS NM LA PA
XALKORI CAPS 200mg, 250mg	4 NDS NM LA PA
XOSPATA TABS 40mg	4 NDS NM LA PA
XPOVIO 40 MG ONCE WEEKLY TBPK 20mg	4 NDS NM LA PA
XPOVIO 40 MG TWICE WEEKLY TBPK 20mg	4 NDS NM LA PA
XPOVIO 60 MG ONCE WEEKLY TBPK 20mg	4 NDS NM LA PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	4 NDS NM LA PA
XPOVIO 80 MG ONCE WEEKLY TBPK 20mg	4 NDS NM LA PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	4 NDS NM LA PA
XPOVIO 100 MG ONCE WEEKLY TBPK 20mg	4 NDS NM LA PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	4 NDS NM PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	4 NDS NM LA PA
ZEJULA CAPS 100mg	4 NDS NM LA PA

Drug Name	Drug Requirements/ Tier Limits
ZELBORAF TABS 240mg	4 NDS NM LA PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	4 NDS NM PA
ZOLINZA CAPS 100mg	4 NDS NM PA
ZYDELIG TABS 100mg, 150mg	4 NDS NM LA PA
ZYKADIA TABS 150mg	4 NDS NM LA PA

PROTECTIVE AGENTS

<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	4 NDS B/D
ELITEK SOLR 1.5mg, 7.5mg	4 NDS B/D
KHAPZORY SOLR 175mg, 300mg	4 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; SOLR 50mg	4 NDS B/D NM
<i>levoleucovorin calcium</i> SOLN 250mg/25ml	1 B/D NM
MESNEX TABS 400mg	4 NDS

CARDIOVASCULAR**ACE INHIBITOR COMBINATIONS**

ACCURETIC TAB 10-12.5	3
ACCURETIC TAB 20-12.5	3
ACCURETIC TAB 20-25MG	3
<i>amlodipine</i>	1
<i>besylate-benazepril hcl cap</i> 2.5-10 mg	
<i>amlodipine</i>	1
<i>besylate-benazepril hcl cap</i> 5-10 mg (generic of LOTREL)	
<i>amlodipine</i>	1
<i>besylate-benazepril hcl cap</i> 5-20 mg (generic of LOTREL)	
<i>amlodipine</i>	1
<i>besylate-benazepril hcl cap</i> 5-40 mg	

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

Drug Name	Drug Requirements/ Tier Limits
lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)	1
lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)	1
lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)	1
LOTREL CAP 5-10MG	3
LOTREL CAP 5-20MG	3
LOTREL CAP 10-20MG	3
LOTREL CAP 10-40MG	3
quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)	1
quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)	1
quinapril-hydrochlorothiazide tab 20-25 mg (generic of ACCURETIC)	1
trandolapril-verapamil hcl tab er 1-240 mg	1
trandolapril-verapamil hcl tab er 2-180 mg (generic of TARKA)	1
trandolapril-verapamil hcl tab er 2-240 mg (generic of TARKA)	1
trandolapril-verapamil hcl tab er 4-240 mg (generic of TARKA)	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	
ACCUPRIL TABS 5mg, 10mg, 20mg, 40mg	3
ALTACE CAPS 1.25mg, 2.5mg, 5mg, 10mg	3
benazepril hcl TABS 5mg	1
benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1

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

Drug Name	Drug Requirements/ Tier	Limits
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
CARDURA TABS 1mg, 2mg, 3mg, 4mg, 8mg	3	
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1	
MINIPRESS CAPS 1mg, 2mg, 5mg	3	
<i>prazosin hcl</i> (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AZOR)	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AZOR)	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AZOR)	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AZOR)	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	

Drug Name	Drug Requirements/ Tier Limits
<i>amlodipine-valsartan-hydrochl orothiazide tab 5-160-12.5 mg (generic of EXFORGE HCT)</i>	1
<i>amlodipine-valsartan-hydrochl orothiazide tab 5-160-25 mg (generic of EXFORGE HCT)</i>	1
<i>amlodipine-valsartan-hydrochl orothiazide tab 10-160-12.5 mg (generic of EXFORGE HCT)</i>	1
<i>amlodipine-valsartan-hydrochl orothiazide tab 10-160-25 mg (generic of EXFORGE HCT)</i>	1
<i>amlodipine-valsartan-hydrochl orothiazide tab 10-320-25 mg (generic of EXFORGE HCT)</i>	1
ATACAND HCT TAB 16-12.5	3
ATACAND HCT TAB 32-12.5	3
ATACAND HCT TAB 32-25MG	3
AVALIDE TAB 150-12.5	3
AVALIDE TAB 300-12.5	3
AZOR TAB 5-20MG	3
AZOR TAB 5-40MG	3
AZOR TAB 10-20MG	3
AZOR TAB 10-40MG	3
BENICAR HCT TAB 20-12.5	3
BENICAR HCT TAB 40-12.5	3
BENICAR HCT TAB 40-25MG	3
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (generic of ATACAND HCT)</i>	1
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (generic of ATACAND HCT)</i>	1
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)</i>	1
DIOVAN HCT TAB 80/12.5	3
DIOVAN HCT TAB 160-12.5	3
DIOVAN HCT TAB 160-25MG	3
DIOVAN HCT TAB 320-12.5	3
DIOVAN HCT TAB 320-25MG	3

Drug Name	Drug Requirements/ Tier Limits
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
EXFORGE HCT TAB 5-160-25MG	3
EXFORGE HCT TAB 10-160-12.5MG	3
EXFORGE HCT TAB 10-160-25MG	3
EXFORGE HCT TAB 10-320-25MG	3
EXFORGE TAB 5-160MG	3
EXFORGE TAB 5-320MG	3
EXFORGE TAB 10-160MG	3
EXFORGE TAB 10-320MG	3
HYZAAR TAB 50-12.5	3
HYZAAR TAB 100-12.5	3
HYZAAR TAB 100-25	3
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	1
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	1
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	1
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	1
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	1
MICARDIS HCT TAB 40/12.5	3
MICARDIS HCT TAB 80-25MG	3
MICARDIS HCT TAB 80/12.5	3

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Drug Name	Drug Requirements/ Tier Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (generic of BENICAR HCT)	1
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (generic of BENICAR HCT)	1
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (generic of BENICAR HCT)	1
<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> (generic of TWYNSTA)	1
<i>telmisartan-amlodipine tab 40-10 mg</i> (generic of TWYNSTA)	1
<i>telmisartan-amlodipine tab 80-5 mg</i> (generic of TWYNSTA)	1
<i>telmisartan-amlodipine tab 80-10 mg</i> (generic of TWYNSTA)	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

Drug Name	Drug Requirements/ Tier Limits
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
TWYNSTA TAB 40-5MG	3
TWYNSTA TAB 40-10MG	3
TWYNSTA TAB 80-5MG	3
TWYNSTA TAB 80-10MG	3
<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

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Drug Name	Drug Requirements/ Tier	Limits
<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> (generic of DIOVAN) TABS 40mg, 80mg, 160mg, 320mg	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
BETAPACE TABS 80mg, 120mg, 160mg	4	NDS
BETAPACE AF TABS 80mg, 120mg, 160mg	4	NDS
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	3	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	3	
NORPACE CAPS 100mg, 150mg	3	
NORPACE CR CP12 100mg, 150mg	3	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12 225mg, 325mg, 425mg	1	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
RYTHMOL SR CP12 225mg	3	
RYTHMOL SR CP12 325mg, 425mg	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sorine</i> TABS 240mg	1	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sotalol hcl</i> TABS 240mg	1	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1	
SOTYLIZE SOLN 5mg/ml	3	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM
ANTILIPEMICS, FIBRATES		
ANTARA CAPS 30mg, 90mg	3	
<i>choline fenofibrate</i> (generic of TRILIPIX) CPDR 45mg, 135mg	1	
<i>fenofibrate</i> CAPS 50mg, 150mg; TABS 54mg, 160mg	1	
<i>fenofibrate</i> (generic of FENOGLIDE) TABS 40mg, 120mg	1	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1	
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 130mg, 134mg, 200mg	1	
FENOGLIDE TABS 40mg	3	
FENOGLIDE TABS 120mg	4	NDS
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1	
LIPOFEN CAPS 50mg, 150mg	3	
LOPID TABS 600mg	3	
TRICOR TABS 48mg, 145mg	3	
TRIGLIDE TABS 160mg	3	
TRILIPIX CPDR 45mg, 135mg	3	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg, 40mg, 60mg	4	NDS

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

Drug Name	Drug Requirements/ Tier	Limits
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1	
COLESTID GRAN 5gm; PACK 5gm; TABS 1gm	3	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN)	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN)	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN)	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN)	1	
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg, 40mg, 60mg	4	NDS NM LA PA
LOVAZA CAP 1GM	3	
NEXLIZET TAB 180/10MG	3	
<i>niacin (antihyperlipidemic)</i> TABS 500mg	1	
<i>niacin (antihyperlipidemic)</i> (generic of NIASPAN) TBCR 500mg, 750mg, 1000mg	1	
<i>niacor</i> TABS 500mg	1	
NIASPAN TBCR 500mg, 750mg, 1000mg	3	
<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	1	
PRALUENT SOAJ 75mg/ml, 150mg/ml	2	NM PA
<i>prevalite</i> PACK 4gm	1	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	

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B/D - Covered

Drug Name	Drug Requirements/ Tier Limits
QUESTRAN PACK 4gm; POWD 4gm/dose	3
QUESTRAN LIGHT POWD 4gm/dose	3
VASCEPA CAPS .5gm, 1gm	3
VYTORIN TAB 10-10MG	3
VYTORIN TAB 10-20MG	3
VYTORIN TAB 10-40MG	3
VYTORIN TAB 10-80MG	3
WELCHOL PACK 3.75gm; TABS 625mg	3
ZETIA TABS 10mg	3
BETA-BLOCKER/DIURETIC COMBINATIONS	
<i>atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)</i>	1
<i>atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)</i>	1
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (generic of ZIAC)</i>	1
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg (generic of ZIAC)</i>	1
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg (generic of ZIAC)</i>	1
DUTOPROL TAB 25-12.5	3
DUTOPROL TAB 50-12.5	3
DUTOPROL TAB 100-12.5	3
LOPRESS HCT TAB 50-25MG	3
<i>metoprolol & hydrochlorothiazide tab 50-25 mg (generic of LOPRESSOR HCT)</i>	1
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1
TENORETIC TAB 50	3
TENORETIC TAB 100	3
ZIAC TAB 2.5/6.25	3
ZIAC TAB 5-6.25MG	3
ZIAC TAB 10/6.25	3
BETA-BLOCKERS	
<i>acebutolol hcl CAPS 200mg, 1 400mg</i>	1
<i>atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg</i>	1
<i>betaxolol hcl TABS 10mg, 20mg</i>	1
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1
BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg	3
<i>carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1
<i>carvedilol phosphate (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg</i>	1
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	3
COREG CR CP24 10mg, 20mg, 40mg, 80mg	3
CORGARD TABS 20mg, 40mg, 80mg	3
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	4 NDS
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3
<i>labetalol hcl SOLN 5mg/ml; TABS 100mg, 200mg, 300mg</i>	1
LOPRESSOR TABS 50mg, 100mg	3
<i>metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg</i>	1

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Drug Name	Drug Requirements/ Tier Limits
<i>metoprolol tartrate</i> SOCT 5mg/5ml; SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg	1
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1
<i>nadolol</i> (generic of CORGARD) TABS 20mg, 40mg, 80mg	1
<i>pindolol</i> TABS 5mg, 10mg	1
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1
<i>propranolol hcl</i> SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1
TENORMIN TABS 25mg, 50mg, 100mg	3
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1
CALAN SR TBCR 120mg, 240mg	3
CARDIZEM TABS 30mg	3
CARDIZEM TABS 60mg, 120mg	4 NDS
CARDIZEM CD CP24 120mg, 180mg, 240mg, 300mg, 360mg	4 NDS
CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1

Drug Name	Drug Requirements/ Tier Limits
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1
<i>isradipine</i> CAPS 2.5mg, 5mg	1
KATERZIA SUSP 1mg/ml	3
<i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1
NICARDIPINE SOL 20/200ML	3
NICARDIPINE SOL 40/200ML	3
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1
<i>nimodipine</i> CAPS 30mg	1
<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1
<i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg	1
NORVASC TABS 2.5mg, 5mg, 10mg	3
NYMALIZE SOLN 6mg/ml	4 NDS
PROCARDIA XL TB24 30mg, 60mg, 90mg	3

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Drug Name	Drug Requirements/ Tier Limits	
SULAR TB24 8.5mg, 17mg, 34mg	3	
<i>taztia xt</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>verapamil hcl</i> (generic of VERELAN PM) CP24 100mg, 200mg	1	
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
<i>verapamil hcl</i> CP24 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 180mg	1	
<i>verapamil hcl</i> (generic of CALAN SR) TBCR 120mg, 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	
ALDACTAZIDE TAB 25/25	3	
ALDACTAZIDE TAB 50/50	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml	1	
<i>bumetanide</i> (generic of BUMEX) TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
DIURIL SUSP 250mg/5ml	3	
DYAZIDE CAP 37.5-25	3	
DYRENIUM CAPS 50mg, 100mg	3	

Drug Name	Drug Requirements/ Tier Limits	
EDECIN TABS 25mg	4	NDS
<i>ethacrynic acid</i> (generic of EDECIN) TABS 25mg	1	
<i>furosemide</i> SOLN 8mg/ml, 10mg/ml	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	4	NDS NM PA
LASIX TABS 20mg, 40mg, 80mg	3	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> (generic of ALDACTAZIDE)	1	
<i>torsemide</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> (generic of DYAZIDE)	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> (generic of MAXZIDE-25)	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> (generic of MAXZIDE)	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> (generic of TEKTURN) TABS 150mg, 300mg	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>amlodipine</i>	1
<i>besylate-atorvastatin calcium</i> <i>tab 2.5-10 mg</i>	
<i>amlodipine</i>	1
<i>besylate-atorvastatin calcium</i> <i>tab 2.5-20 mg</i>	
<i>amlodipine</i>	1
<i>besylate-atorvastatin calcium</i> <i>tab 2.5-40 mg</i>	
<i>amlodipine</i>	1
<i>besylate-atorvastatin calcium</i> <i>tab 5-10 mg (generic of</i> <i>CADUET)</i>	
<i>amlodipine</i>	1
<i>besylate-atorvastatin calcium</i> <i>tab 5-20 mg (generic of</i> <i>CADUET)</i>	
<i>amlodipine</i>	1
<i>besylate-atorvastatin calcium</i> <i>tab 5-40 mg (generic of</i> <i>CADUET)</i>	
<i>amlodipine</i>	1
<i>besylate-atorvastatin calcium</i> <i>tab 5-80 mg (generic of</i> <i>CADUET)</i>	
<i>amlodipine</i>	1
<i>besylate-atorvastatin calcium</i> <i>tab 10-10 mg (generic of</i> <i>CADUET)</i>	
<i>amlodipine</i>	1
<i>besylate-atorvastatin calcium</i> <i>tab 10-20 mg (generic of</i> <i>CADUET)</i>	
<i>amlodipine</i>	1
<i>besylate-atorvastatin calcium</i> <i>tab 10-40 mg (generic of</i> <i>CADUET)</i>	
<i>amlodipine</i>	1
<i>besylate-atorvastatin calcium</i> <i>tab 10-80 mg (generic of</i> <i>CADUET)</i>	
BIDIL TAB	3
CADUET TAB 5-10MG	3
CADUET TAB 5-20MG	3
CADUET TAB 5-40MG	3
CADUET TAB 5-80MG	3
CADUET TAB 10-10MG	3

Drug Name	Drug Requirements/ Tier Limits
CADUET TAB 10-20MG	3
CADUET TAB 10-40MG	3
CADUET TAB 10-80MG	3
CATAPRES TABS .1mg, .2mg, .3mg	3
CATAPRES-TTS-1 PTWK .1mg/24hr	3
CATAPRES-TTS-2 PTWK .2mg/24hr	3
CATAPRES-TTS-3 PTWK .3mg/24hr	3
<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> (generic of CATAPRES) TABS .1mg, .2mg, .3mg	1
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	3
DEMSEER CAPS 250mg	4 NDS
DIBENZYLINE CAPS 10mg	4 NDS
<i>digitek</i> (generic of LANOXIN) TABS .125mg, .25mg	1
<i>digox</i> (generic of LANOXIN) TABS 125mcg, 250mcg	1
<i>digoxin</i> SOLN .05mg/ml	1
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml; TABS 125mcg, 250mcg	1
<i>guanfacine hcl</i> TABS 1mg, 2mg	2
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1
LANOXIN SOLN .25mg/ml; TABS 62.5mcg, 125mcg, 250mcg	3
LANOXIN PEDIATRIC SOLN .1mg/ml	3
<i>methyl dopa</i> TABS 250mg, 500mg	1

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Drug Name	Drug Requirements/ Tier	Limits
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
NORTHERA CAPS 100mg, 200mg, 300mg	4	NDS NM LA PA
<i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg	4	NDS
RANEXA TB12 500mg, 1000mg	3	
<i>ranolazine</i> (generic of RANEXA) TB12 500mg, 1000mg	1	
TEKTURNA TABS 150mg, 300mg	3	
TEKTURNA HCT TAB 150-12.5	3	
TEKTURNA HCT TAB 150-25MG	3	
TEKTURNA HCT TAB 300-12.5	3	
TEKTURNA HCT TAB 300-25MG	3	
VYNDAMAX CAPS 61mg	4	NDS NM LA PA
VYNDAQEL CAPS 20mg	4	NDS NM LA PA
NITRATES		
DILATRATE SR CPCR 40mg	3	
ISORDIL TITRADOSE TABS 5mg	3	
ISORDIL TITRADOSE TABS 40mg	4	NDS
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	1	
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	1	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 40mg	4	NDS
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>minitran</i> (generic of NITRO-DUR) PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
NITRO-BID OINT 2%	2	
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .3mg/hr, .4mg/hr, .6mg/hr, .8mg/hr	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
<i>nitroglycerin</i> (generic of NITROLINGUAL PUMPSPRAY) SOLN .4mg/spray	1	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1	
NITROLINGUAL PUMPSPRAY SOLN .4mg/spray	3	
NITROSTAT SUBL .3mg, .4mg, .6mg	3	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA TABS 20mg	4	NDS NM PA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	4	NDS NM LA PA
<i>alyq</i> (generic of ADCIRCA) TABS 20mg	4	NDS NM PA
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg	4	NDS NM LA PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg	4	NDS NM LA PA
<i>epoprostenol sodium</i> (generic of FLOLAN) SOLR .5mg, 1.5mg	4	NDS B/D NM LA
FLOLAN SOLR .5mg, 1.5mg	4	NDS B/D NM LA
LETAIRIS TABS 5mg, 10mg	4	NDS NM LA PA
OPSUMIT TABS 10mg	4	NDS NM LA PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	4	NDS NM LA PA
ORENITRAM TBCR .125mg	3	NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM LA PA
REVATIO SUSR 10mg/ml; TABS 20mg	4	NDS NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SUSR 10mg/ml	4	NDS NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg	1	NM PA
<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg	4	NDS NM PA
TRACLEER TABS 62.5mg, 125mg; TBSO 32mg	4	NDS NM LA PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NDS NM LA PA
TYVASO SOLN .6mg/ml	4	NDS NM PA
UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	4	NDS NM LA PA
UPTRAVI TAB 200/800	4	NDS NM LA PA
VELETRI SOLR .5mg, 1.5mg	4	NDS B/D NM LA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	4	NDS NM PA
CENTRAL NERVOUS SYSTEM ANTIANXIETY		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg	1	
ALPRAZOLAM INTENSOL CONC 1mg/ml	3	
ATIVAN SOLN 2mg/ml, 4mg/ml	3	
ATIVAN TABS .5mg, 1mg, 2mg	4	NDS
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> CP24 100mg, 150mg; TABS 25mg, 50mg, 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>lorazepam</i> (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>lorazepam intensol</i> CONC 2mg/ml	1	
XANAX TABS .25mg, .5mg, 1mg, 2mg	3	
ANTICONVULSANTS		
APTOM TABS 200mg, 400mg, 600mg, 800mg	4	NDS
BANZEL SUSP 40mg/ml; TABS 200mg, 400mg	4	NDS
BRIVIACT SOLN 10mg/ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	4	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	
DEPAKOTE TBEC 125mg, 250mg, 500mg	3	
DEPAKOTE ER TB24 250mg, 500mg	3	
DEPAKOTE SPRINKLES CSDR 125mg	3	

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Drug Name	Drug Requirements/ Tier	Limits
DIASTAT ACUDIAL GEL 10mg, 20mg	3	
DIASTAT PEDIATRIC GEL 2.5mg	3	
<i>diazepam</i> CONC 5mg/ml; SOLN 5mg/5ml	1	
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg	1	
<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	4	NDS NM LA PA
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	1	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> (generic of FELBATOL) SUSP 600mg/5ml	4	NDS
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
FELBATOL TABS 400mg, 600mg	4	NDS
FYCOMPA SUSP .5mg/ml; TABS 4mg, 6mg, 8mg, 10mg, 12mg	4	NDS
FYCOMPA TABS 2mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml; TABS 600mg, 800mg	1	
GABITRIL TABS 2mg, 4mg, 12mg, 16mg	3	
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	4	NDS
KEPPRA TABS 250mg	3	
KEPPRA XR TB24 500mg, 750mg	4	NDS
KLONOPIN TABS .5mg, 1mg, 2mg	3	
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	4	NDS
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	4	NDS
LAMICTAL ODT TBDP 25mg	3	
LAMICTAL ODT TBDP 50mg, 100mg, 200mg	4	NDS
LAMICTAL ODT KIT	3	
LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg	3	
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	3	
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	3	
LAMICTAL XR TB24 25mg	3	
LAMICTAL XR TB24 50mg, 100mg, 200mg, 250mg, 300mg	4	NDS
LAMICTAL XR KIT	3	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1	
<i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	1
LEVETIRACETA INJ 5MG/ML	3
LEVETIRACETA INJ 10MG/ML	3
LEVETIRACETA INJ 15MG/ML	3
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	1
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	1
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	1
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml	3

Drug Name	Drug Requirements/ Tier Limits
MYSOLINE TABS 50mg, 250mg	4 NDS
NAYZILAM SOLN 5mg/0.1ml	3
NEURONTIN CAPS 100mg, 300mg, 400mg	3
NEURONTIN SOLN 250mg/5ml; TABS 600mg, 800mg	4 NDS
ONFI SUSP 2.5mg/ml; TABS 10mg, 20mg	4 NDS
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1
OXTELLAR XR TB24 150mg, 300mg	3
OXTELLAR XR TB24 600mg	4 NDS
PEGANONE TABS 250mg	3
<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
PHENYTEK CAPS 200mg, 300mg	3
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1
<i>phenytoin sodium</i> SOLN 50mg/ml	1
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1
<i>phenytoin sodium extended</i> (generic of PHENYTEK) CAPS 200mg, 300mg	1

Drug Name	Drug Requirements/ Tier	Limits
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml	1	
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1	
QUDEXY XR CS24 25mg, 50mg, 100mg	3	
QUDEXY XR CS24 150mg, 200mg	4	NDS
<i>roweepra</i> (generic of KEPPRA) TABS 500mg, 750mg, 1000mg	1	
<i>roweepra xr</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1	
SABRIL PACK 500mg; TABS 500mg	4	NDS NM LA PA
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	3	
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
<i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
<i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)	1	
<i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
SYMPAZAN FILM 5mg	3	
SYMPAZAN FILM 10mg, 20mg	4	NDS
TEGRETOL SUSP 100mg/5ml; TABS 200mg	3	
TEGRETOL-XR TB12 100mg, 200mg, 400mg	3	
<i>tiagabine hcl</i> (generic of GABITRIL) TABS 2mg, 4mg, 12mg, 16mg	1	
TOPAMAX TABS 25mg	3	

Drug Name	Drug Requirements/ Tier	Limits
TOPAMAX TABS 50mg, 100mg, 200mg	4	NDS
TOPAMAX SPRINKLE CPSP 15mg	3	
TOPAMAX SPRINKLE CPSP 25mg	4	NDS
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
<i>topiramate</i> CS24 25mg, 50mg, 100mg, 150mg	1	
<i>topiramate</i> CS24 200mg	4	NDS
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	
TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	4	NDS
TRILEPTAL TABS 150mg	3	
TROKENDI XR CP24 25mg, 50mg	3	
TROKENDI XR CP24 100mg, 200mg	4	NDS
VALIUM TABS 2mg, 5mg, 10mg	3	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	3	
<i>vigabatrin</i> (generic of SABRIL) PACK 500mg; TABS 500mg	4	NDS NM LA PA
<i>vigadrone</i> (generic of SABRIL) PACK 500mg	4	NDS NM LA PA
VIMPAT SOLN 10mg/ml, 200mg/20ml; TABS 100mg, 150mg, 200mg	4	NDS
VIMPAT TABS 50mg	3	
XCOPRI TABS 50mg, 100mg, 150mg, 200mg	4	NDS
XCOPRI PAK 12.5-25	3	
XCOPRI PAK 50-100MG	4	NDS
XCOPRI PAK 150-200MG (MAINTENANCE)	4	NDS
XCOPRI PAK 150-200MG (TITRATION)	4	NDS

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Drug Name	Drug Requirements/ Tier	Limits
XCOPRI TAB 50-200MG	4	NDS
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3	
ZONEGRAN CAPS 25mg, 100mg	4	NDS
zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
zonisamide CAPS 50mg	1	
ANTIDEMENTIA		
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 (generic of RAZADYNE ER) CP24 8mg, 16mg, 24mg	1	
galantamine hydrobromide SOLN 4mg/ml; TABS 8mg, 12mg	1	
galantamine hydrobromide (generic of RAZADYNE) TABS 4mg	1	
memantine hcl (generic of NAMENDA XR) CP24 7mg, 14mg, 21mg, 28mg PA if < 30 yrs	1	PA
memantine hcl SOLN 2mg/ml PA if < 30 yrs	1	PA
memantine hcl (generic of NAMENDA) TABS 5mg, 10mg PA if < 30 yrs	1	PA
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK) PA if < 30 yrs	1	PA
NAMENDA TABS 5mg, 10mg PA if < 30 yrs	3	PA

Drug Name	Drug Requirements/ Tier	Limits
NAMENDA TAB 5-10MG PA if < 30 yrs	3	PA
NAMENDA XR CP24 7mg, 14mg, 21mg, 28mg PA if < 30 yrs	3	PA
NAMENDA XR CAP TITRATION PA if < 30 yrs	3	PA
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
NAMZARIC CAP PACK	3	
RAZADYNE ER CP24 8mg, 16mg, 24mg	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	4	NDS
APLENZIN TB24 174mg, 348mg, 522mg	4	NDS
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 SOLN 10mg/5ml	1	
citalopram hydrobromide (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3
CYMBALTA CPEP 20mg, 30mg, 60mg	3
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	3
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3
DESVENLAFAXINE ER TB24 50mg, 100mg	3
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg	1
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	2
<i>doxepin hcl</i> CAPS 150mg	3
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	3
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg	1
<i>duloxetine hcl</i> CPEP 40mg	1
EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	4 NDS
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	3
FETZIMA CAP TITRATIO	3
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1
<i>fluoxetine hcl</i> CPDR 90mg; SOLN 20mg/5ml; TABS 10mg, 20mg	1

Drug Name	Drug Requirements/ Tier Limits
<i>fluoxetine hcl</i> (generic of FLUOXETINE HYDROCHLORIDE) TABS 60mg	1
<i>fluoxetine hcl (pmda)</i> (generic of SARAFEM) TABS 10mg, 20mg (generic of SARAFEM)	1
FLUOXETINE HYDROCHLORIDE TABS 60mg	3
FORFIVO XL TB24 450mg	3
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	3
LEXAPRO TABS 5mg, 10mg, 20mg	3
<i>maprotiline hcl</i> TABS 25mg, 50mg, 75mg	1
MARPLAN TABS 10mg	3
<i>mirtazapine</i> TABS 7.5mg, 45mg	1
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	1
NARDIL TABS 15mg	3
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1
NORPRAMIN TABS 10mg, 25mg	3
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3
PAMELOR CAPS 10mg, 25mg, 50mg, 75mg	4 NDS
PARNATE TABS 10mg	4 NDS
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1

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Drug Name	Drug Requirements/ Tier Limits
<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg	3
PAXIL SUSP 10mg/5ml; TABS 10mg, 20mg, 30mg, 40mg	3
PAXIL CR TB24 12.5mg, 25mg, 37.5mg	3
PEXEVA TABS 10mg, 20mg, 30mg, 40mg	3
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1
PRISTIQ TB24 25mg, 50mg, 100mg	3
<i>protriptyline hcl</i> TABS 5mg, 10mg	3
PROZAC CAPS 10mg, 20mg	3
PROZAC CAPS 40mg	4 NDS
REMERON TABS 15mg, 30mg	3
REMERON SOLTAB TBDP 15mg, 30mg, 45mg	3
SARAFEM TABS 10mg, 20mg	3
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1
SPRAVATO SOL 56MG DOS	4 NDS NM LA PA
SPRAVATO SOL 84MG DOS	4 NDS NM LA PA
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1
<i>trimipramine maleate</i> CAPS 25mg, 50mg, 100mg	3
TRINTELLIX TABS 5mg, 10mg, 20mg	3
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1

Drug Name	Drug Requirements/ Tier Limits
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 37.5mg, 75mg, 150mg, 225mg	1
VIIBRYD TABS 10mg, 20mg, 40mg	3
VIIBRYD KIT STARTER	3
WELLBUTRIN SR TB12 100mg, 150mg, 200mg	3
WELLBUTRIN XL TB24 150mg, 300mg	4 NDS
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	3
ANTIPARKINSONIAN AGENTS	
<i>amantadine hcl</i> CAPS 100mg; SYRP 50mg/5ml; TABS 100mg	1
APOKYN SOCT 30mg/3ml	4 NDS NM LA PA
AZILECT TABS .5mg, 1mg	4 NDS
<i>benztropine mesylate</i> (generic of COGENTIN) SOLN 1mg/ml	1
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1
<i>carbidopa</i> (generic of LODOSYN) TABS 25mg	1
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	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> (generic of SINEMET)	1
<i>carbidopa & levodopa tab er 25-100 mg</i>	1

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carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapo ne tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapo ne tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapo ne tabs 25-100-200 mg (generic of STALEVO 100)	1	
carbidopa-levodopa-entacapo ne tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapo ne tabs 37.5-150-200 mg (generic of STALEVO 150)	1	
carbidopa-levodopa-entacapo ne tabs 50-200-200 mg	1	
COGENTIN SOLN 1mg/ml	3	
COMTAN TABS 200mg	4	NDS
DUOPA SUS 4.63-20 entacapone (generic of COMTAN) TABS 200mg	4 1	NDS B/D NM
GOCOVRI CP24 68.5mg, 137mg	4	NDS NM LA
INBRIJA CAPS 42mg	4	NDS NM LA PA
LODOSYN TABS 25mg	4	NDS
MIRAPEX ER TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	3	
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3	
NOURIANZ TABS 20mg, 40mg	4	NDS NM
OSMOLEX ER TB24 129mg, 193mg, 258mg	3	NM
OSMOLEX ER PAK	3	NM
PARLODEL CAPS 5mg; TABS 2.5mg	3	
pramipexole dihydrochloride TABS .25mg, 1.5mg	1	
pramipexole dihydrochloride (generic of MIRAPEX) TABS .125mg, .5mg, .75mg, 1mg	1	

Drug Name	Drug Requirements/ Tier	Limits
pramipexole dihydrochloride (generic of MIRAPEX ER) TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
rasagiline mesylate (generic of AZILECT) TABS .5mg, 1mg	1	
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 8mg	1	
ropinirole hydrochloride (generic of REQUIP XL) TB24 6mg, 12mg	1	
RYTARY CAP 95MG	3	
RYTARY CAP 145MG	3	
RYTARY CAP 195MG	3	
RYTARY CAP 245MG	3	
selegiline hcl CAPS 5mg; TABS 5mg	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
SINEMET TAB 25-250MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	4	NDS
STALEVO 100 TAB	4	NDS
STALEVO 125 TAB	4	NDS
STALEVO 150 TAB	4	NDS
STALEVO 200 TAB	4	NDS
trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg	2	
XADAGO TABS 50mg, 100mg	4	NDS
ZELAPAR TBDP 1.25mg	4	NDS
ANTIPSYCHOTICS		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	NDS
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	4	NDS
ABILIFY MYCITE TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	NDS
aripiprazole SOLN 1mg/ml; TBDP 10mg, 15mg	4	NDS

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Drug Name	Drug Requirements/ Tier	Limits
<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	4	NDS
ARISTADA INITIO PRSY 675mg/2.4ml	4	NDS
CAPLYTA CAPS 42mg	3	
CHLORPROMAZINE HCL SOLN 25mg/ml, 50mg/2ml	3	
<i>chlorpromazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TBDP 12.5mg, 25mg, 100mg	1	
<i>clozapine</i> TBDP 150mg, 200mg	4	NDS
CLOZARIL TABS 25mg, 50mg	3	
CLOZARIL TABS 100mg, 200mg	4	NDS
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	4	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	4	NDS
GEODON SOLR 20mg	3	
HALDOL SOLN 5mg/ml	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	

Drug Name	Drug Requirements/ Tier	Limits
<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	1	
<i>haloperidol lactate</i> (generic of HALDOL) SOLN 5mg/ml	1	
INVEGA TB24 1.5mg, 3mg, 6mg, 9mg	4	NDS
INVEGA SUSTENNA SUSY 39mg/0.25ml	3	
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	4	NDS
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml	4	NDS
LATUDA TABS 20mg, 40mg, 60mg, 80mg, 120mg	3	
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg; TABS 10mg	4	NDS NM LA 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> (generic of INVEGA) TB24 1.5mg, 3mg, 6mg, 9mg	1	
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg	4	NDS
<i>pimozide</i> TABS 1mg, 2mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	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	
RISPERDAL SOLN 1mg/ml; TABS 2mg, 3mg, 4mg	4	NDS
RISPERDAL TABS .5mg, 1mg	3	
RISPERDAL CONSTA SRER 12.5mg, 25mg	3	
RISPERDAL CONSTA SRER 37.5mg, 50mg	4	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	
SAPHRIS SUBL 2.5mg, 5mg, 10mg	3	
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	3	
SEROQUEL TABS 25mg, 50mg, 100mg, 200mg	3	
SEROQUEL TABS 300mg, 400mg	4	NDS
SEROQUEL XR TB24 50mg, 150mg, 200mg, 300mg	3	
SEROQUEL XR TB24 400mg	4	NDS
<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	
VERSACLOZ SUSP 50mg/ml	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg	4	NDS
VRAYLAR CAP 1.5-3MG	3	
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg	1	
<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	4	NDS
ZYPREXA RELPREVV SUSR 210mg	3	
ZYPREXA RELPREVV SUSR 300mg, 405mg	4	NDS
ZYPREXA ZYDIS TBDP 5mg, 10mg	3	
ZYPREXA ZYDIS TBDP 15mg, 20mg	4	NDS
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	
ADDERALL XR CAP 15MG	3	
ADDERALL XR CAP 20MG	3	
ADDERALL XR CAP 25MG	3	
ADDERALL XR CAP 30MG	3	
ADZENYS ER SUER 1.25mg/ml	3	
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg	3	
<i>amphetamine</i> SUER 1.25mg/ml	1	

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Drug Name	Drug Requirements/ Tier Limits
<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
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL)	1
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL)	1
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL)	1
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL)	1
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL)	1
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL)	1
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL)	1
APTENSIO XR CP24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg	3
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	1
CONCERTA TBCR 18mg, 27mg, 36mg, 54mg	3

Drug Name	Drug Requirements/ Tier Limits
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg	3
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	3
DEXEDRINE CP24 5mg, 10mg, 15mg	4 NDS
<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	1
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg, 10mg	1
<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 5mg, 10mg, 15mg	1
<i>dextroamphetamine sulfate</i> TABS 5mg, 10mg	1
DYANAVEL XR SUER 2.5mg/ml	3
FOCALIN TABS 2.5mg, 5mg, 10mg	3
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	3
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 3mg, 4mg	2
INTUNIV TB24 1mg, 2mg, 3mg, 4mg	3
JORNAY PM CP24 20mg, 40mg, 60mg, 80mg, 100mg	3
<i>metadate er</i> TBCR 20mg	1
METHYLIN SOLN 5mg/5ml, 10mg/5ml	3
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; CP24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg; CPCR 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; TB24 18mg, 27mg, 36mg, 54mg; TBCR 10mg, 20mg	1

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Drug Name	Drug Requirements/ Tier Limits
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 20mg, 30mg, 40mg	1
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml, 10mg/5ml	1
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg, 20mg	1
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg, 54mg	1
METHYLPHENIDATE	3
HYDROCHLO TBCR 72mg	3
MYDAYIS CAP 12.5MG	3
MYDAYIS CAP 25MG	3
MYDAYIS CAP 37.5MG	3
MYDAYIS CAP 50MG	3
QUILLICHEW ER CHER 20mg, 30mg, 40mg	3
QUILLIVANT XR SRER 25mg/5ml	3
RELEXXII TBCR 72mg	3
RITALIN TABS 5mg, 10mg, 20mg	3
RITALIN LA CP24 10mg, 20mg, 30mg, 40mg	3
STRATTERA CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	3
VYVANSE CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	3
zenzedi TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg	1
HYPNOTICS	
AMBIEN TABS 5mg, 10mg	3
AMBIEN CR TBCR 6.25mg, 12.5mg	3
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	3
DAYVIGO TABS 5mg, 10mg	3

Drug Name	Drug Requirements/ Tier Limits
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg	1
EDLUAR SUBL 5mg, 10mg	3
<i>eszopiclone</i> (generic of LUNESTA) TABS 1mg, 2mg, 3mg	2
HALCION TABS .25mg	3
HETLIOZ CAPS 20mg	4 NDS NM LA PA
LUNESTA TABS 1mg, 2mg, 3mg	3
<i>ramelteon</i> (generic of ROZEREM) TABS 8mg	1
RESTORIL CAPS 7.5mg, 15mg, 22.5mg, 30mg	4 NDS
ROZEREM TABS 8mg	3
SILENOR TABS 3mg, 6mg	3
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 15mg, 30mg	1
<i>temazepam</i> (generic of RESTORIL) CAPS 22.5mg	3
<i>triazolam</i> (generic of HALCION) TABS .25mg	2
<i>triazolam</i> TABS .125mg	2
<i>zaleplon</i> CAPS 5mg, 10mg	2
<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
AMERGE TABS 1mg, 2.5mg	3
CAFERGOT TAB 1-100MG	3
CAMBIA PACK 50mg	4 NDS
D.H.E. 45 SOLN 1mg/ml	4 NDS

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Drug Name	Drug Requirements/ Tier	Limits
<i>dihydroergotamine mesylate</i> (generic of D.H.E. 45) SOLN 1mg/ml	4	NDS
<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml	4	NDS
<i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg	1	
EMGALITY SOAJ 120mg/ml; 3 SOSY 120mg/ml		NM
EMGALITY SOSY 100mg/ml	4	NDS NM
<i>ergotamine w/ caffeine tab</i> 1-100 mg (generic of CAFERGOT)	1	
FROVA TABS 2.5mg	4	NDS
<i>froatriptan succinate</i> (generic of FROVA) TABS 2.5mg	1	
IMITREX SOLN 5mg/act, 20mg/act; TABS 25mg, 50mg, 100mg	3	
IMITREX SOLN 6mg/0.5ml	4	NDS
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml, 6mg/0.5ml	4	NDS
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml, 6mg/0.5ml	4	NDS
MAXALT TABS 10mg	3	
MAXALT-MLT TBDP 10mg	3	
<i>migergot</i>	4	NDS
MIGRANAL SOLN 4mg/ml	4	NDS
<i>naratriptan hcl</i> (generic of AMERGE) TABS 1mg, 2.5mg	1	
NURTEC TBDP 75mg	4	NDS
ONZETRA XSAIL EXHP 11mg/nosepc	4	NDS
RELPAX TABS 20mg, 40mg	3	
REYVOW TABS 50mg, 100mg	3	
<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg	1	
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg	1	
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act, 20mg/act	1	
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml, 6mg/0.5ml	1	
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 4mg/0.5ml, 6mg/0.5ml	1	
<i>sumatriptan succinate</i> (generic of IMITREX) SOLN 6mg/0.5ml; TABS 25mg, 50mg, 100mg	1	
<i>sumatriptan succinate</i> SOSY 6mg/0.5ml	1	
<i>sumatriptan-naproxen sodium tab</i> 85-500 mg (generic of TREXIMET)	1	
TOSYMRA SOLN 10mg/act	3	
TREXIMET TAB 85-500MG	4	NDS
UBRELVY TABS 50mg, 100mg	4	NDS
VYEPTI SOLN 100mg/ml	3	NM LA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml	4	NDS
<i>zolmitriptan</i> (generic of ZOMIG) TABS 2.5mg, 5mg	1	
<i>zolmitriptan</i> (generic of ZOMIG ZMT) TBDP 2.5mg, 5mg	1	
ZOMIG SOLN 2.5mg, 5mg	3	
ZOMIG TABS 2.5mg, 5mg	4	NDS
ZOMIG ZMT TBDP 2.5mg, 5mg	4	NDS
MISCELLANEOUS		
AUSTEDO TABS 6mg, 9mg, 12mg	4	NDS NM PA
BRISDELLE CAPS 7.5mg	3	
EQUETRO CP12 100mg, 200mg, 300mg	3	
FIRDAPSE TABS 10mg	4	NDS NM LA PA
GRALISE TABS 300mg, 600mg	3	PA
GRALISE STAR MIS 300/600	3	PA

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Drug Name	Drug Requirements/ Tier	Limits
HORIZANT TBCR 300mg, 600mg	3	PA
INGREZZA CAPS 40mg, 80mg	4	NDS NM PA
INGREZZA CAP 40-80MG	4	NDS NM PA
LITHIUM SOLN 8meq/5ml	3	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
LITHOBID TBCR 300mg	4	NDS
LYRICA CR TB24 82.5mg, 165mg, 330mg	2	PA
MESTINON SOLN 60mg/5ml; TABS 60mg	4	NDS
MESTINON TIMESPAN TBCR 180mg	4	NDS
NUDEXTA CAP 20-10MG	3	PA
<i>paroxetine mesylate</i> (vasomotor) (generic of BRISDELLE) CAPS 7.5mg	3	
<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml	4	NDS
<i>pyridostigmine bromide</i> TABS 30mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR 180mg	1	
RADICAVA SOLN 30mg/100ml	4	NDS NM LA PA
RILUTEK TABS 50mg	4	NDS
<i>riluzole</i> (generic of RILUTEK) TABS 50mg	1	
RUZURGI TABS 10mg	4	NDS NM LA PA
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3	
SAVELLA MIS TITR PAK	3	
TEGSEDI SOSY 284mg/1.5ml	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg, 25mg	4	NDS NM PA
TIGLUTIK SUSP 50mg/10ml	4	NDS
XENAZINE TABS 12.5mg, 25mg	4	NDS NM LA PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10mg	4	NDS NM LA PA
AUBAGIO TABS 7mg, 14mg	4	NDS NM LA PA
AVONEX PSKT 30mcg/0.5ml	4	NDS NM PA
AVONEX PEN AJKT 30mcg/0.5ml	4	NDS NM PA
BETASERON KIT .3mg	4	NDS NM PA
COPAXONE SOSY 20mg/ml, 40mg/ml	4	NDS NM PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg	1	NM PA
EXTAVIA KIT .3mg	4	NDS NM PA
GILENYA CAPS .5mg	4	NDS NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml	4	NDS NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml	4	NDS NM PA
LEMTRADA SOLN 12mg/1.2ml	4	NDS NM LA PA
MAVENCLAD (4 TABS) TBPK 10mg	4	NDS NM LA PA
MAVENCLAD (5 TABS) TBPK 10mg	4	NDS NM LA PA
MAVENCLAD (6 TABS) TBPK 10mg	4	NDS NM LA PA
MAVENCLAD (7 TABS) TBPK 10mg	4	NDS NM LA PA
MAVENCLAD (8 TABS) TBPK 10mg	4	NDS NM LA PA
MAVENCLAD (9 TABS) TBPK 10mg	4	NDS NM LA PA
MAVENCLAD (10 TABS) TBPK 10mg	4	NDS NM LA PA
MAYZENT TABS .25mg, 2mg	4	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
OCREVUS SOLN 300mg/10ml	4	NDS NM LA PA
PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml	4	NDS NM PA
PLEGRIDY INJ STARTER	4	NDS NM PA
PLEGRIDY PEN INJ STARTER	4	NDS NM PA
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	4	NDS NM PA
REBIF REBIDO INJ TITRATN	4	NDS NM PA
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	4	NDS NM PA
REBIF TITRTN INJ PACK	4	NDS NM PA
TECFIDERA CPDR 120mg, 240mg	4	NDS NM LA PA
TECFIDERA MIS STARTER	4	NDS NM LA PA
TYSABRI CONC 300mg/15ml	4	NDS NM LA PA
VUMERITY CPDR 231mg	4	NDS NM LA PA
VUMERITY STARTER CPDR 231mg	4	NDS NM LA PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg, 10mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	4	NDS NM PA
carisoprodol (generic of SOMA) TABS 250mg	3	
carisoprodol (generic of SOMA) TABS 350mg	2	
cyclobenzaprine hcl TABS 5mg, 10mg	2	
DANTRIUM CAPS 25mg, 50mg	3	
dantrolene sodium (generic of DANTRIUM) CAPS 25mg, 50mg	1	
dantrolene sodium CAPS 100mg	1	
DYSPORT SOLR 300unit	3	NM PA
DYSPORT SOLR 500unit	4	NDS NM PA
metaxalone TABS 400mg	3	
metaxalone (generic of SKELAXIN) TABS 800mg	3	

Drug Name	Drug Requirements/ Tier	Limits
methocarbamol TABS 500mg	2	
methocarbamol (generic of ROBAXIN-750) TABS 750mg	2	
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA
MYOBLOC SOLN 10000unit/2ml	4	NDS NM PA
SKELAXIN TABS 800mg	3	
SOMA TABS 250mg	3	
SOMA TABS 350mg	4	NDS
tizanidine hcl (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg	1	
tizanidine hcl TABS 2mg	1	
vanadom (generic of SOMA) TABS 350mg	2	
XEOMIN SOLR 50unit	3	NM PA
XEOMIN SOLR 100unit, 200unit	4	NDS NM PA
ZANAFLEX CAPS 2mg, 4mg, 6mg; TABS 4mg	3	
NARCOLEPSY/CATAPLEXY		
armodafinil (generic of NUVIGIL) TABS 50mg, 150mg, 200mg, 250mg	1	PA
modafinil (generic of PROVIGIL) TABS 100mg, 200mg	1	PA
NUVIGIL TABS 50mg	3	PA
NUVIGIL TABS 150mg, 200mg, 250mg	4	NDS PA
PROVIGIL TABS 100mg, 200mg	4	NDS PA
SUNOSI TABS 75mg, 150mg	3	
WAKIX TABS 4.45mg, 17.8mg	4	NDS NM LA PA
XYREM SOLN 500mg/ml	4	NDS NM LA PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	1	
ANTABUSE TABS 250mg, 500mg	3	

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Drug Name	Drug Requirements/ Tier	Limits
BUNAVAIL MIS 2.1-0.3 QL (90 films / 30 days)	3	QL
BUNAVAIL MIS 4.2-0.7 QL (90 films / 30 days)	3	QL
BUNAVAIL MIS 6.3-1MG QL (60 films / 30 days)	3	QL
buprenorphine hcl SUBL 2mg, 8mg QL (90 tabs / 30 days)	1	QL PA
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE) QL (60 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) QL (90 tabs / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) QL (90 tabs / 30 days)	1	QL
bupropion hcl (smoking deterrent) TB12 150mg	1	
CHANTIX TABS .5mg, 1mg	3	
CHANTIX CONTINUING MONTH TABS 1mg	3	
CHANTIX PAK 0.5& 1MG	3	
disulfiram (generic of ANTABUSE) TABS 250mg, 500mg	1	
LUCEMYRA TABS .18mg	4	NDS
naloxone hcl SOCT .4mg/ml; 1 SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml		

Drug Name	Drug Requirements/ Tier	Limits
naltrexone hcl TABS 50mg	1	
NARCAN LIQD 4mg/0.1ml	2	
NICOTROL INHALER INHA 10mg	3	
NICOTROL NS SOLN 10mg/ml	3	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	4	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
VIVITROL SUSR 380mg	4	NDS NM
ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days)	3	QL
ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days)	3	QL
ENDOCRINE AND METABOLIC ANDROGENS		
ANADROL-50 TABS 50mg	4	NDS PA
ANDRODERM PT24 2mg/24hr, 4mg/24hr	3	PA
ANDROGEL GEL 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm	3	PA
ANDROGEL PUMP GEL 1.62%	3	PA
AVEED SOLN 750mg/3ml	3	NM LA PA
DEPO-TESTOSTERONE SOLN 100mg/ml, 200mg/ml	3	PA
FORTESTA GEL 10mg/act	3	PA
oxandrolone TABS 2.5mg, 10mg	1	PA
TESTIM GEL 1%	3	PA

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Drug Name	Drug Requirements/ Tier	Limits
testosterone GEL 1%; SOLN 30mg/act	1	PA
testosterone (generic of ANDROGEL PUMP) GEL 1.62%	1	PA
testosterone (generic of FORTESTA) GEL 10mg/act	1	PA
testosterone (generic of ANDROGEL) GEL 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm	1	PA
testosterone cypionate (generic of DEPO-TESTOSTERONE) SOLN 100mg/ml, 200mg/ml	1	PA
testosterone enanthate SOLN 200mg/ml	1	PA
VOGELXO GEL 50mg/5gm	3	PA
VOGELXO PUMP GEL 1%	3	PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA
ANTIDIABETICS		
acarbose (generic of PRECOSE) TABS 25mg, 50mg, 100mg	1	
ACTOPLUS MET TAB 15-500MG	3	
ACTOPLUS MET TAB 15-850MG	3	
ACTOS TABS 15mg, 30mg, 45mg	3	
ADLYXIN SOPN 20mcg/0.2ml	3	
ADLYXIN INJ 10/20MCG	3	
alogliptin benzoate TABS 6.25mg, 12.5mg, 25mg	1	
alogliptin-metformin hcl tab 12.5-500 mg	1	
alogliptin-metformin hcl tab 12.5-1000 mg	1	
alogliptin-pioglitazone tab 12.5-15 mg	1	
alogliptin-pioglitazone tab 12.5-30 mg	1	

Drug Name	Drug Requirements/ Tier	Limits
alogliptin-pioglitazone tab 12.5-45 mg	1	
alogliptin-pioglitazone tab 25-15 mg	1	
alogliptin-pioglitazone tab 25-30 mg	1	
alogliptin-pioglitazone tab 25-45 mg	1	
AMARYL TABS 1mg, 2mg, 4mg	3	
BYDUREON BCISE AUIJ 2mg/0.85ml	2	
BYDUREON PEN PEN 2mg	2	
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	3	
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
FARXIGA TABS 5mg, 10mg	2	
FORTAMET TB24 500mg, 1000mg	4	NDS
glimepiride (generic of AMARYL) TABS 1mg, 2mg, 4mg	1	
glipizide (generic of GLUCOTROL) TABS 5mg, 10mg	1	
glipizide (generic of GLUCOTROL XL) TB24 2.5mg, 5mg, 10mg	1	
glipizide xl (generic of GLUCOTROL XL) TB24 2.5mg, 5mg, 10mg	1	
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	
GLUCOTROL TABS 5mg, 10mg	3	
GLUCOTROL XL TB24 2.5mg, 5mg, 10mg	3	
GLUMETZA TB24 500mg, 1000mg	4	NDS
GLYSET TABS 25mg, 50mg, 100mg	3	
GLYXAMBI TAB 10-5 MG	2	

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Drug Name	Drug Requirements/ Tier Limits
GLYXAMBI TAB 25-5 MG	2
INVOKAMET TAB 50-500MG	3
INVOKAMET TAB 50-1000	3
INVOKAMET TAB 150-500	3
INVOKAMET TAB 150-1000	3
INVOKAMET XR TAB 50-500MG	3
INVOKAMET XR TAB 50-1000	3
INVOKAMET XR TAB 150-500	3
INVOKAMET XR TAB 150-1000	3
INVOKANA TABS 100mg, 300mg	3
JANUMET TAB 50-500MG	2
JANUMET TAB 50-1000	2
JANUMET XR TAB 50-500MG	2
JANUMET XR TAB 50-1000	2
JANUMET XR TAB 100-1000	2
JANUVIA TABS 25mg, 50mg, 100mg	2
JARDIANCE TABS 10mg, 25mg	2
JENTADUETO TAB 2.5-500	2
JENTADUETO TAB 2.5-850	2
JENTADUETO TAB 2.5-1000	2
JENTADUETO TAB XR 2.5-1000MG	2
JENTADUETO TAB XR 5-1000MG	2
KAZANO 12.5- TAB 500MG	3
KAZANO 12.5- TAB 1000MG	3
KOMBIGLYZ XR TAB 2.5-1000	3
KOMBIGLYZ XR TAB 5-500MG	3
KOMBIGLYZ XR TAB 5-1000MG	3
<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml	1
<i>metformin hcl</i> TABS 500mg, 850mg, 1000mg	1

Drug Name	Drug Requirements/ Tier Limits
<i>metformin hcl</i> TB24 500mg, 750mg (generic of GLUCOPHAGE XR)	1
<i>metformin hcl</i> (generic of FORTAMET) TB24 500mg, 1000mg (generic of FORTAMET)	1
<i>metformin hcl</i> (generic of GLUMETZA) TB24 500mg, 1000mg (generic of GLUMETZA)	4 NDS
<i>miglitol</i> (generic of GLYSET) TABS 25mg, 50mg, 100mg	1
<i>nateglinide</i> TABS 60mg, 120mg	1
NESINA TABS 6.25mg, 12.5mg, 25mg	3
ONGLYZA TABS 2.5mg, 5mg	3
OSENI TAB 12.5-15	3
OSENI TAB 12.5-30	3
OSENI TAB 12.5-45	3
OSENI TAB 25-15MG	3
OSENI TAB 25-30MG	3
OSENI TAB 25-45MG	3
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml	2
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml	2
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg	1
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> (generic of DUETACT)	1
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> (generic of DUETACT)	1
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> (generic of ACTOPLUS MET)	1
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> (generic of ACTOPLUS MET)	1

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Drug Name	Drug Requirements/ Tier	Limits
PRECOSE TABS 25mg, 50mg, 100mg	3	
QTERN TAB 5-5MG	3	
QTERN TAB 10MG/5MG	3	
repaglinide TABS .5mg, 1mg, 2mg	1	
RIOMET SOLN 500mg/5ml	3	
RIOMET ER SRER 500mg/5ml	3	
RYBELSUS TABS 3mg, 7mg, 14mg	2	
SEGLUROMET TAB 2.5-500	3	
SEGLUROMET TAB 2.5-1000	3	
SEGLUROMET TAB 7.5-500	3	
SEGLUROMET TAB 7.5-1000	3	
STARLIX TABS 120mg	3	
STEGLATRO TABS 5mg, 15mg	3	
STEGLUJAN TAB 5-100MG	3	
STEGLUJAN TAB 15-100MG	3	
SYMLINPEN 60 SOPN 1500mcg/1.5ml	4	NDS
SYMLINPEN 120 SOPN 2700mcg/2.7ml	4	NDS
SYNJARDY TAB 5-500MG	2	
SYNJARDY TAB 5-1000MG	2	
SYNJARDY TAB 12.5-500	2	
SYNJARDY TAB 12.5-1000MG	2	
SYNJARDY XR TAB 5-1000MG	2	
SYNJARDY XR TAB 10-1000	2	
SYNJARDY XR TAB 12.5-1000MG	2	
SYNJARDY XR TAB 25-1000	2	
TRADJENTA TABS 5mg	2	
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	2	
TRIJARDY XR TAB ER 24HR 10-5-1000MG	2	
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	2	
TRIJARDY XR TAB ER 24HR 25-5-1000MG	2	

Drug Name	Drug Requirements/ Tier	Limits
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml	2	
VICTOZA SOPN 18mg/3ml	2	
XIGDUO XR TAB 2.5-1000	2	
XIGDUO XR TAB 5-500MG	2	
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000	2	
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	3	
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
AFREZZA POWD 4unit, 8unit	3	
AFREZZA POWD 12unit	4	NDS
AFREZZA POW 4-8 UNIT	4	NDS
AFREZZA POW 4-8-12	4	NDS
AFREZZA POW 8-12UNIT	4	NDS
APIDRA SOLN 100unit/ml	3	
APIDRA SOLOSTAR SOPN 100unit/ml	3	
BASAGLAR KWIKPEN SOPN 100unit/ml	2	
BD ALCOHOL SWABS	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
GAUZE PADS 2X2	2	
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 50/50	3	
HUMALOG MIX INJ 50/50KWP	3	
HUMALOG MIX INJ 75/25KWP	3	
HUMALOG MIX SUS 75/25	3	
HUMULIN INJ 70/30	3	
HUMULIN INJ 70/30KWP	3	
HUMULIN N SUSP 100unit/ml	3	

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Drug Name	Drug Requirements/ Tier	Limits
HUMULIN N KWIKPEN SUPN 100unit/ml	3	
HUMULIN R SOLN 100unit/ml	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	4	NDS B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	4	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 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 SAFETY NEEDLES	2	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVI DIA/MHC	2	
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
LEVEMIR SOLN 100unit/ml	2	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	2	
LYUMJEV SOLN 100unit/ml	3	
LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml	3	
NOVOLIN70/30 INJ RELION	3	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	
NOVOLIN N SUSP 100unit/ml	2	
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	

Drug Name	Drug Requirements/ Tier	Limits
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	
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 MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
NOVOLOG PENFILL SOCT 100unit/ml	2	
OMNIPOD KIT STARTER	3	
OMNIPOD MIS 5 PACK	3	
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/ TRIVIDIA	2	
SOLIQUA INJ 100/33	2	
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
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 5mg, 35mg, 150mg	3	
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
ATELVIA TBEC 35mg	3	
BINOSTO TBEF 70mg	3	
BONIVA SOLN 3mg/3ml; TABS 150mg	3	B/D
<i>calcitonin (salmon)</i> (generic of MIACALCIN) SOLN 200unit/act	1	B/D
EVENITY SOSY 105mg/1.17ml	4	NDS NM PA
FORTEO SOPN 600mcg/2.4ml	4	NDS NM PA
FOSAMAX TABS 70mg	3	
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
<i>ibandronate sodium</i> (generic of BONIVA) SOLN 3mg/3ml; TABS 150mg	1	B/D
MIACALCIN SOLN 200unit/ml	4	NDS B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	4	NDS NM PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	1	B/D
PROLIA SOSY 60mg/ml	3	NM
RECLAST SOLN 5mg/100ml	3	B/D NM
<i>risedronate sodium</i> (generic of ACTONEL) TABS 5mg, 30mg, 35mg, 150mg	1	
<i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1	
TERIPARATIDE SOPN 620mcg/2.48ml	4	NDS NM PA
TYMLOS SOPN 3120mcg/1.56ml	4	NDS NM PA
XGEVA SOLN 120mg/1.7ml	4	NDS NM PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml	1	B/D NM
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
CHELATING AGENTS		

Drug Name	Drug Requirements/ Tier	Limits
CHEMET CAPS 100mg	3	
<i>clovique</i> (generic of SYPRINE) CAPS 250mg	4	NDS
<i>deferasirox</i> (generic of JADENU) TABS 90mg, 180mg, 360mg	4	NDS NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg, 250mg, 500mg	4	NDS NM PA
<i>deferoxamine mesylate</i> SOLR 2gm	1	NM PA
<i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg	1	NM PA
DEPEN TITRATABS TABS 250mg	4	NDS
DESFERAL SOLR 500mg	3	NM PA
EXJADE TBSO 125mg, 250mg, 500mg	4	NDS NM LA PA
FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg	4	NDS NM LA PA
JADENU TABS 90mg, 180mg, 360mg	4	NDS NM LA PA
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	4	NDS NM LA PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	2	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	4	NDS
<i>sodium polystyrene sulfonate</i> SUSP 15gm/60ml	1	
<i>sodium polystyrene sulfonate</i> powder	1	
<i>sps</i> SUSP 15gm/60ml	1	
SYPRINE CAPS 250mg	4	NDS
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	4	NDS
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	LA
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>alyacen 7/7/7</i>	1
<i>amethia</i> (generic of SEASONIQUE)	1
<i>amethyst</i>	1
ANNOVERA MIS	3
<i>apri</i>	1
<i>aranelle</i>	1
<i>ashlyna</i> (generic of SEASONIQUE)	1
<i>aubra eq</i>	1
<i>aurovela 1/20</i> (generic of LOESTRIN 1/20-21)	1
<i>aurovela 24 fe</i>	1
<i>aurovela fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	1
<i>aurovela fe 1/20</i> (generic of LOESTRIN FE 1/20)	1
<i>aviane</i>	1
<i>ayuna</i>	1
<i>azurette</i> (generic of MIRCETTE)	1
BALCOLTRA TAB 0.1-20	3
<i>balziva</i>	1
<i>bekyree</i> (generic of MIRCETTE)	1
BEYAZ TAB	3
<i>blisovi 24 fe</i>	1
<i>blisovi fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	1
<i>briellyn</i>	1
<i>camila</i> TABS .35mg	1
<i>camrese</i> (generic of SEASONIQUE)	1
<i>camrese lo</i> (generic of LOSEASONIQUE)	1
<i>caziant</i>	1
<i>chateal</i>	1
<i>cryselle-28</i>	1
<i>cyclafem 1/35</i>	1
<i>cyclafem 7/7/7</i>	1
<i>cyred eq</i>	1
<i>dasetta 1/35</i>	1
<i>dasetta 7/7/7</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>daysee</i> (generic of SEASONIQUE)	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	3
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (generic of MIRCETTE)	1
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> (generic of BEYAZ)	1
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (generic of SAFYRAL)	1
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	1
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	1
<i>elinest</i>	1
ELLA TABS 30mg	2
<i>eluryng</i> (generic of NUVARING)	1
<i>emoquette</i>	1
<i>enpresse-28</i>	1
<i>enskyce</i>	1
<i>errin</i> TABS .35mg	1
<i>estarylla</i>	1
ESTROSTEP FE TAB	3
<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 0.120-0.015 mg/24hr</i> (generic of NUVARING)	1
<i>falmina</i>	1
<i>fayosim</i> (generic of QUARTETTE)	1

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Drug Name	Drug Requirements/ Tier Limits
<i>femynor</i>	1
GENERESS FE CHW	3
<i>gianvi</i> (generic of YAZ)	1
<i>hailey 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	1
<i>hailey 24 fe</i>	1
<i>heather</i> TABS .35mg	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>juleber</i>	1
<i>junel 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	1
<i>junel 1/20</i> (generic of LOESTRIN 1/20-21)	1
<i>junel fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	1
<i>junel fe 1/20</i> (generic of LOESTRIN FE 1/20)	1
<i>junel fe 24</i>	1
<i>kaitlib fe</i> (generic of GENERESS FE)	1
<i>kariva</i> (generic of MIRCETTE)	1
<i>kelnor 1/35</i>	1
<i>kelnor 1/50</i>	1
<i>kurvelo</i>	1
<i>larin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	1
<i>larin 1/20</i> (generic of LOESTRIN 1/20-21)	1
<i>larin 24 fe</i>	1
<i>larin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	1
<i>larin fe 1/20</i> (generic of LOESTRIN FE 1/20)	1
<i>larissia</i>	1
<i>layolis fe</i> (generic of GENERESS FE)	1
<i>leena</i>	1
<i>lessina</i>	1
<i>levonest</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i> (generic of QUARTETTE)	1
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (generic of LOSEASONIQUE)	1
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (generic of SEASONIQUE)	1
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg -mcg</i>	1
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1
<i>levora 0.15/30-28</i>	1
<i>lillow</i>	1
LO LOESTRIN TAB 1-10-10	3
LOESTRIN 21 TAB 1.5/30	3
LOESTRIN FE TAB 1.5/30	3
LOESTRIN FE TAB 1/20	3
LOESTRIN TAB 1/20-21	3
<i>loryna</i> (generic of YAZ)	1
LOSEASONIQUE TAB	3
<i>low-ogestrel</i>	1
<i>luteru</i>	1
<i>lyza</i> TABS .35mg	1
<i>marlissa</i>	1
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1
<i>melodetta 24 fe</i> (generic of MINASTRIN 24 FE)	1

Drug Name	Drug Requirements/ Tier Limits
<i>mibelas 24 fe</i> (generic of MINASTRIN 24 FE)	1
<i>microgestin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	1
<i>microgestin 1/20</i> (generic of LOESTRIN 1/20-21)	1
<i>microgestin fe</i> (generic of LOESTRIN FE 1/20)	1
<i>microgestin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	1
<i>mili</i>	1
MINASTRIN 24 CHW FE	3
MIRCETTE TAB 28 DAY	3
<i>mono-lynyah</i>	1
NATAZIA TAB	3
<i>necon 0.5/35-28</i>	1
<i>nikki</i> (generic of YAZ)	1
<i>nora-be</i> TABS .35mg	1
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> (generic of GENERESS FE)	1
<i>norethindrone (contraceptive)</i> TABS .35mg	1
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (generic of LOESTRIN 1/20-21)	1
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (generic of LOESTRIN 1.5/30-21)	1
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (generic of LOESTRIN FE 1/20)	1
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg</i> (24) (generic of MINASTRIN 24 FE)	1
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1
<i>norlyroc</i> TABS .35mg	1
<i>nortrel 0.5/35</i> (28)	1
<i>nortrel 1/35</i> (21)	1
<i>nortrel 1/35</i> (28)	1
<i>nortrel 7/7/7</i>	1
NUVARING MIS	3
<i>ocella</i> (generic of YASMIN 28)	1
<i>orsythia</i>	1
ORTHO MICRONOR TABS .35mg	3
ORTHO TRI- TAB CYCLN LO	3
<i>philith</i>	1
<i>pimtrea</i> (generic of MIRCETTE)	1
<i>pirmella 1/35</i>	1
<i>portia-28</i>	1
<i>previfem</i>	1
QUARTETTE TAB	3
<i>reclipsen</i>	1
<i>rivelsa</i> (generic of QUARTETTE)	1
SAFYRAL TAB	3
SEASONIQUE TAB	3
<i>setlakin</i>	1
<i>sharobel</i> TABS .35mg	1
<i>simliya</i> (generic of MIRCETTE)	1
<i>simpesse</i> (generic of SEASONIQUE)	1
SLYND TABS 4mg	3
<i>sprintec 28</i>	1
<i>sronyx</i>	1
<i>syeda</i> (generic of YASMIN 28)	1
<i>tarina 24 fe</i>	1
<i>tarina fe 1/20 eq</i> (generic of LOESTRIN FE 1/20)	1
TAYTULLA CAP 1MG/20MC	3

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Drug Name	Drug Requirements/ Tier	Limits
<i>tilia fe</i> (generic of ESTROSTEP FE)	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i> (generic of ESTROSTEP FE)	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	1	
<i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)	1	
<i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)	1	
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	1	
<i>tri-mili</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	1	
<i>trivora-28</i>	1	
<i>tulana</i> TABS .35mg	1	
<i>tydemy</i> (generic of SAFYRAL)	1	
<i>velivet</i>	1	
<i>vienva</i>	1	
<i>viorele</i> (generic of MIRCETTE)	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>zarah</i> (generic of YASMIN 28)	1	
<i>zovia 1/35e</i>	1	
<i>zumandimine</i> (generic of YASMIN 28)	1	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
LUPANETA KIT 3.75-5	4	NDS NM PA
LUPANETA KIT 11.25-5	4	NDS NM PA
ORILISSA TABS 150mg, 200mg	4	NDS

Drug Name	Drug Requirements/ Tier	Limits
SYNAREL SOLN 2mg/ml	4	NDS
ESTROGENS		
ACTIVEVELLA TAB 1-0.5MG	3	
ALORA PTTW .025mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>amabelz</i>	2	
<i>amabelz</i> (generic of ACTIVEVELLA)	2	
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
DELESTROGEN OIL 10mg/ml, 20mg/ml, 40mg/ml	3	
DEPO-ESTRADIOL OIL 5mg/ml	3	
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	
<i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
ESTRACE CREA .1mg/gm; TABS .5mg, 1mg, 2mg	3	
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2	
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVEVELLA)	2	

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Drug Name	Drug Requirements/ Tier	Limits
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1	
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1	
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 20mg/ml, 40mg/ml	1	
ESTRING RING 2mg	3	
ESTROGEL GEL .06%	3	
FEMHRT TAB 0.5-2.5	3	
FEMRING RING .05mg/24hr, .1mg/24hr	3	
<i>fyavolv tab 0.5mg-2.5mcg</i> (generic of FEMHRT LOW DOSE)	2	
<i>fyavolv tab 1mg-5mcg</i>	2	
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3	PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3	PA
<i>jinteli</i>	2	
<i>lopreeza</i> (generic of ACTIVELLA)	2	
MENEST TABS .3mg, .625mg, 1.25mg	3	
MENOSTAR PTWK 14mcg/24hr	3	
<i>mimvey</i> (generic of ACTIVELLA)	2	
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> (generic of FEMHRT LOW DOSE)	2	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	
PREMARIN CREA .625mg/gm; SOLR 25mg	3	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	

Drug Name	Drug Requirements/ Tier	Limits
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
VAGIFEM TABS 10mcg	3	
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	1	
GLUCOCORTICOIDS		
CORTEF TABS 5mg, 10mg, 20mg	3	
<i>cortisone acetate</i> TABS 25mg	1	
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	3	B/D
DEXABLISS TBPK 1.5mg	3	
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; TBPK 1.5mg	1	
DEXAMETHASONE	3	
INTENSOL CONC 1mg/ml	1	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
<i>dexamethasone sodium phosphate</i> (generic of DEXAMETHASONE SODIUM PHOS) SOLN 10mg/ml	1	
DXEVO 11-DAY TBPK 1.5mg	3	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<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, 32mg	3	B/D

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Drug Name	Drug Requirements/ Tier	Limits
MEDROL DOSEPAK TBPK 4mg	3	
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg, 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> (generic of SOLU-MEDROL) SOLR 40mg, 125mg, 500mg, 1000mg	1	B/D
MILLIPRED TABS 5mg	3	B/D
ORAPRED ODT TBDP 10mg, 15mg, 30mg	3	B/D
PEDIAPRED SOLN 6.7mg/5ml	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> (generic of ORAPRED ODT) 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	
PREDNISONE INTENSOL CONC 5mg/ml	3	B/D
RAYOS TBEC 1mg, 2mg, 5mg	4	NDS B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	

Drug Name	Drug Requirements/ Tier	Limits
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
GLUCOSE ELEVATING AGENTS		
BAQSIMI TWO PACK POWD 3mg/dose	3	
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	4	NDS
GLUCAGEN HYPOKIT SOLR 1mg	3	
GLUCAGON EMERGENCY KIT KIT 1mg	3	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	2	
PROGLYCEM SUSP 50mg/ml	4	NDS
MISCELLANEOUS		
ACTHAR GEL 80unit/ml	4	NDS NM LA PA
ALDURAZYME SOLN 2.9mg/5ml	4	NDS NM LA PA
BUPHENYL POWD 3gm/tsp	4	NDS NM PA
BUPHENYL TABS 500mg	4	NDS NM LA PA
BYNFEZIA PEN SOPN 2500mcg/ml	4	NDS NM PA
<i>cabergoline</i> TABS .5mg	1	
CARBAGLU TABS 200mg	4	NDS NM LA PA
CARNITOR SOLN 1gm/10ml, 200mg/ml; TABS 330mg	3	B/D
CERDELGA CAPS 84mg	4	NDS NM PA
CEREZYME SOLR 400unit	4	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg	1	B/D NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 60mg, 90mg	4	NDS B/D NM
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	4	NDS NM LA PA
CYSTADANE POW	4	NDS NM LA
CYSTAGON CAPS 50mg, 150mg	3	NM LA PA
DDAVP SOLN .01%, 4mcg/ml; TABS .2mg	4	NDS
DDAVP TABS .1mg	3	
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	4	NDS
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> (generic of DDAVP) SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
EGRIFTA SOLR 1mg	4	NDS NM LA PA
EGRIFTA SV SOLR 2mg	4	NDS NM LA PA
ELAPRASE SOLN 6mg/3ml	4	NDS NM LA PA
ELELYSO SOLR 200unit	4	NDS NM PA
EVISTA TABS 60mg	3	
FABRAZYME SOLR 5mg, 35mg	4	NDS NM LA PA
GALAFOLD CAPS 123mg	4	NDS NM LA PA
GENOTROPIN SOLR 5mg, 12mg	4	NDS NM PA
GENOTROPIN MINIQUICK SOLR .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	NDS NM PA
HUMATROPE SOLR 6mg, 12mg, 24mg	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
HUMATROPE COMBO PACK SOLR 5mg	4	NDS NM PA
INCRELEX SOLN 40mg/4ml	4	NDS NM LA PA
ISTURISA TABS 1mg, 5mg, 10mg	4	NDS NM LA PA
JYNARQUE TABS 15mg, 30mg; TBP 15mg	4	NDS NM LA PA
JYNARQUE PAK 30-15MG	4	NDS NM LA PA
JYNARQUE PAK 45-15MG	4	NDS NM LA PA
JYNARQUE PAK 60-30MG	4	NDS NM LA PA
JYNARQUE PAK 90-30MG	4	NDS NM LA PA
KANUMA SOLN 20mg/10ml	4	NDS NM LA PA
KORLYM TABS 300mg	4	NDS NM LA PA
KUVAN PACK 100mg, 500mg; TBSO 100mg	4	NDS NM LA PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	4	NDS NM LA PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	4	NDS NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	4	NDS NM PA
<i>methergine</i> TABS .2mg	4	NDS PA
<i>methylergonovine maleate</i> TABS .2mg	4	NDS PA
<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg	4	NDS NM PA
MYALEPT SOLR 11.3mg	4	NDS NM LA PA
NAGLAZYME SOLN 1mg/ml	4	NDS NM LA PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	4	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
NITYR TABS 2mg, 5mg, 10mg	4	NDS NM LA PA
NORDITROPIN FLEXPOR SOLN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	4	NDS NM PA
NOVAREL SOLR 5000unit	3	NM PA
NUTROPIN AQ NUSPIN 5 SOLN 5mg/2ml	4	NDS NM LA PA
NUTROPIN AQ NUSPIN 10 SOLN 10mg/2ml	4	NDS NM LA PA
NUTROPIN AQ NUSPIN 20 SOLN 20mg/2ml	4	NDS NM LA PA
octreotide acetate (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA
octreotide acetate SOLN 200mcg/ml	1	NM PA
octreotide acetate (generic of SANDOSTATIN) SOLN 500mcg/ml	4	NDS NM PA
octreotide acetate SOLN 1000mcg/ml	4	NDS NM PA
OMNITROPE SOLN 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	4	NDS NM LA PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	4	NDS NM LA PA
OSPHEA TABS 60mg	2	PA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	4	NDS NM LA PA
PREGNYL W/DILUENT BENZYL SOLR 10000unit	3	NM PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	4	NDS NM LA PA
raloxifene hcl (generic of EVISTA) TABS 60mg	1	
RAVICTI LIQD 1.1gm/ml	4	NDS NM LA PA
REVCovi SOLN 2.4mg/1.5ml	4	NDS NM LA PA
SAIZEN SOLR 5mg, 8.8mg	4	NDS NM LA PA
SAIZENPREP RECONSTITUTION SOLR 8.8mg	4	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
SAMSCA TABS 15mg, 30mg	4	NDS NM LA PA
SANDOSTATIN SOLN 50mcg/ml, 100mcg/ml, 500mcg/ml	4	NDS NM PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	4	NDS NM PA
SENSIPAR TABS 30mg, 60mg, 90mg	4	NDS B/D NM
SEROSTIM SOLR 4mg, 5mg, 6mg	4	NDS NM LA PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	4	NDS NM LA PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	4	NDS NM LA PA
sodium phenylbutyrate (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	4	NDS NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	4	NDS NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	4	NDS NM LA PA
STIMATE SOLN 1.5mg/ml	4	NDS NM
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	4	NDS NM LA PA
TEPEZZA SOLR 500mg	4	NDS NM LA PA
tolvaptan (generic of SAMSCA) TABS 30mg	4	NDS NM PA
VIMIZIM SOLN 5mg/5ml	4	NDS NM PA
VPRIV SOLR 400unit	4	NDS NM PA
ZAVESCA CAPS 100mg	4	NDS NM LA PA
ZOMACTON SOLR 5mg	3	NM PA
ZOMACTON SOLR 10mg	4	NDS NM PA
ZORBTIVE SOLR 8.8mg	4	NDS NM PA
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210mg	4	NDS PA
calcium acetate (phosphate binder) (generic of PHOSLO) CAPS 667mg	1	
calcium acetate (phosphate binder) TABS 667mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
FOSRENOL CHEW 500mg, 750mg, 1000mg; PACK 750mg, 1000mg	4	NDS
<i>lanthanum carbonate</i> (generic of FOSRENOL) CHEW 500mg, 750mg, 1000mg	4	NDS
PHOSLYRA SOLN 667mg/5ml	3	
RENAGEL TABS 800mg	4	NDS
REVELA PACK .8gm, 2.4gm; TABS 800mg	4	NDS
<i>sevelamer carbonate</i> (generic of REVELA) PACK .8gm, 2.4gm	4	NDS
<i>sevelamer carbonate</i> (generic of REVELA) TABS 800mg	1	
<i>sevelamer hcl</i> TABS 400mg	1	
<i>sevelamer hcl</i> (generic of RENAGEL) TABS 800mg	1	
VELPHORO CHEW 500mg	4	NDS
PROGESTINS		
AYGESTIN TABS 5mg	3	
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> (generic of AYGESTIN) TABS 5mg	1	
<i>progesterone micronized</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1	
PROMETRIUM CAPS 100mg, 200mg	3	
PROVERA TABS 2.5mg, 5mg, 10mg	3	
THYROID AGENTS		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3	

Drug Name	Drug Requirements/ Tier	Limits
<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> (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> (generic of TAPAZOLE) TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	
TAPAZOLE TABS 5mg, 10mg	3	
TIROSINT CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	

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Drug Name	Drug Requirements/ Tier	Limits
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 50mcg/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; SOLN 1mcg/ml	1	B/D
<i>calcitriol</i> 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 CPR 30mcg	4	NDS
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D
ZEMPLAR CAPS 1mcg, 2mcg	3	B/D
GASTROINTESTINAL ANTIEMETICS		
AKYNZEO CAP 300-0.5	3	B/D
AKYNZEO INJ 235-0.25	3	
AKYNZEO INJ 235-0.25MG/20ML	3	
ALOXI SOLN .25mg/5ml	3	
<i>aprepitant</i> (generic of EMEND) CAPS 40mg, 80mg	1	B/D
<i>aprepitant</i> CAPS 125mg	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	

Drug Name	Drug Requirements/ Tier	Limits
DICLEGIS TAB 10-10MG	3	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg (generic of DICLEGIS)</i>	1	
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg, 5mg, 10mg	1	B/D
EMEND CAPS 80mg; SUSR 125mg	3	B/D
EMEND SOLR 150mg	3	
EMEND TRIPAC PAK 80 & 125	4	NDS B/D
<i>fosaprepitant dimeglumine (generic of EMEND) SOLR 150mg</i>	1	
<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
MARINOL CAPS 5mg, 10mg	4	NDS B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
METOCLOPRAMIDE ODT TBDP 10mg	3	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 24mg	1	B/D
<i>ondansetron hcl</i> (generic of ZOFTRAN) TABS 4mg, 8mg	1	B/D
<i>palonosetron hcl</i> (generic of ALOXI) SOLN .25mg/5ml	1	
<i>palonosetron hcl</i> SOSY .25mg/5ml	1	
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3	
<i>phenadoz</i> SUPP 25mg	3	
PHENERGAN SOLN 25mg/ml, 50mg/ml	3	

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Drug Name	Drug Requirements/ Tier Limits
<i>prochlorperazine</i> SUPP 25mg	1
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml	2
<i>promethazine hcl</i> SUPP 12.5mg, 25mg	3
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	1
<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg	3
REGLAN TABS 5mg, 10mg	3
SANCUSO PTCH 3.1mg/24hr	4 NDS
<i>scopolamine</i> (generic of TRANSDERM SCOP) PT72 1mg/3days	3
SUSTOL PRSY 10mg/0.4ml	3
SYNDROS SOLN 5mg/ml	4 NDS B/D
TRANSDERM-SCOP PT72 1mg/3days	3
VARUBI TBPK 90mg	3 B/D
ZOFRAN TABS 4mg, 8mg	4 NDS B/D
ZUPLENZ FILM 4mg, 8mg	4 NDS B/D
ANTISPASMODICS	
<i>atropine sulfate</i> SOSY .25mg/5ml, 1mg/10ml	3
BENTYL SOLN 10mg/ml	3
CUVPOSA SOLN 1mg/5ml	3
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2
<i>dicyclomine hcl</i> SOLN 10mg/5ml	3
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml	3
GLYCATE TABS 1.5mg	3
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; TABS 1mg, 2mg	1
GLYCOPYRROLATE SOSY .2mg/ml, .4mg/2ml	3

Drug Name	Drug Requirements/ Tier Limits
GLYCOPYRROLATE TABS 1.5mg	4 NDS
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg	1
<i>propantheline bromide</i> TABS 15mg	1
H2-RECEPTOR ANTAGONISTS	
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1
<i>cimetidine hcl</i> SOLN 300mg/5ml	1
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1
<i>nizatidine</i> CAPS 150mg, 300mg; SOLN 15mg/ml	1
PEPCID TABS 20mg, 40mg	3
INFLAMMATORY BOWEL DISEASE	
APRISO CP24 .375gm	3
ASACOL HD TBEC 800mg	4 NDS
AZULFIDINE TABS 500mg	3
AZULFIDINE EN-TABS TBEC 500mg	3
<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	1
<i>budesonide</i> (generic of ENTOCORT EC) CPEP 3mg	1
<i>budesonide</i> (generic of UCERIS) TB24 9mg	4 NDS
CANASA SUPP 1000mg	4 NDS
COLAZAL CAPS 750mg	4 NDS
<i>colocort</i> (generic of CORTENEMA) ENEM 100mg/60ml	1
CORTENEMA ENEM 100mg/60ml	3
DELZICOL CPDR 400mg	3
DIPENTUM CAPS 250mg	4 NDS
ENTOCORT EC CPEP 3mg	4 NDS
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	1

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Drug Name	Drug Requirements/ Tier Limits	
LIALDA TBEC 1.2gm	3	
<i>mesalamine</i> (generic of APRISO) CP24 .375gm	1	
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg	1	
<i>mesalamine</i> ENEM 4gm	1	
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg	1	
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm	1	
<i>mesalamine</i> (generic of ASACOL HD) TBEC 800mg	1	
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm	1	
PENTASA CPCR 250mg, 500mg	4	NDS
ROWASA KIT 4gm	4	NDS
SFROWASA ENEM 4gm/60ml	4	NDS
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	
UCERIS FOAM 2mg/act	3	
UCERIS TB24 9mg	4	NDS
LAXATIVES		
CLENPIQ SOL	3	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>gavilyte-n/flavor pack</i> (generic of NULYTELY)	1	
<i>generlac</i> SOLN 10gm/15ml	1	
GOLYTELY SOL	2	
KRISTALOSE PACK 10gm, 20gm	3	
LACTULOSE PACK 10gm	4	NDS
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
MOVIPREP SOL	3	

Drug Name	Drug Requirements/ Tier Limits	
NULYTELY SOL FLAV PKS	2	
OSMOPREP TAB 1.5GM	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm (generic of GOLYTELY)	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm (generic of NULYTELY)	1	
PLENVU SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
<i>trilyte</i> (generic of NULYTELY)	1	
MISCELLANEOUS		
ACTIGALL CAPS 300mg	3	
<i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg	4	NDS
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg	1	
AMITIZA CAPS 8mcg, 24mcg	3	
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	1	
CARAFATE SUSP 1gm/10ml; TABS 1gm	3	
CHOLBAM CAPS 50mg, 250mg	4	NDS NM LA PA
<i>cromolyn sodium (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	
GASTROCROM CONC 100mg/5ml	4	NDS
GATTEX KIT 5mg	4	NDS NM LA PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	
LOMOTIL TAB 2.5MG	3	

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Drug Name	Drug Requirements/ Tier Limits
<i>loperamide hcl</i> CAPS 2mg	1
LOPERAMIDE HYDROCHLORIDE SOLN 2mg/15ml	3
LOTRONEX TABS .5mg, 1mg	4 NDS
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	1
MOTEGRITY TABS 1mg, 2mg	3
MOVANTIK TABS 12.5mg, 25mg	2
OCALIVA TABS 5mg, 10mg	4 NDS NM LA PA
OMECLAMOX- MIS PAK	3
PYLERA CAP	4 NDS
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml; TABS 150mg	4 NDS
SUCRAID SOLN 8500unit/ml	4 NDS LA
<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
<i>ursodiol</i> (generic of ACTIGALL) CAPS 300mg	1
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	1
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1
VIBERZI TABS 75mg, 100mg	4 NDS
XERMELO TABS 250mg	4 NDS NM LA PA
XIFAXAN TABS 550mg	4 NDS
ZELNORM TABS 6mg	3
PANCREATIC ENZYMES	
CREON CAP 3000UNIT	2
CREON CAP 6000UNIT	2
CREON CAP 12000UNT	2

Drug Name	Drug Requirements/ Tier Limits
CREON CAP 24000UNT	2
CREON CAP 36000UNT	2
PANCREAZE CAP 2600UNIT	3
PANCREAZE CAP 4200UNIT	3
PANCREAZE CAP 10500UNT	3
PANCREAZE CAP 16800UNT	3
PANCREAZE CAP 21000UNT	3
PERTZYE CAP 4000UNIT	3
PERTZYE CAP 8000UNIT	3
PERTZYE CAP 16000U	3
PERTZYE CAP 24000U	3
VIOKACE TAB 10440	3
VIOKACE TAB 20880	4 NDS
ZENPEP CAP 3000UNIT	3
ZENPEP CAP 5000UNIT	3
ZENPEP CAP 10000UNT	3
ZENPEP CAP 15000UNT	3
ZENPEP CAP 20000UNT	3
ZENPEP CAP 25000	3
ZENPEP CAP 40000	3
PROTON PUMP INHIBITORS	
ACIPHEX TBEC 20mg	3
DEXILANT CPDR 30mg, 60mg	3
<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
<i>lansoprazole</i> (generic of PREVACID) CPDR 15mg, 30mg	1
<i>lansoprazole</i> (generic of PREVACID SOLUTAB) TBDD 15mg, 30mg	1
NEXIUM CPDR 20mg, 40mg; PACK 2.5mg, 5mg, 10mg, 20mg, 40mg	3
NEXIUM I.V. SOLR 40mg	3

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omeprazole CPDR 10mg, 20mg, 40mg	1	
omeprazole-sodium bicarbonate cap 20-1100 mg (generic of ZEGERID)	4	NDS
omeprazole-sodium bicarbonate cap 40-1100 mg (generic of ZEGERID)	4	NDS
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg (generic of ZEGERID)	4	NDS
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg (generic of ZEGERID)	4	NDS
pantoprazole sodium (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1	
PREVACID CPDR 15mg, 30mg	3	
PREVACID SOLUTAB TBDD 15mg, 30mg	3	
PRILOSEC PACK 2.5mg, 10mg	3	
PROTONIX PACK 40mg; SOLR 40mg; TBEC 20mg, 40mg	3	
rabeprazole sodium (generic of ACIPHEX) TBEC 20mg	1	
ZEGERID CAP 20-1100	4	NDS
ZEGERID CAP 40-1100	4	NDS
ZEGERID POW 20-1680	4	NDS
ZEGERID POW 40-1680	4	NDS
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl (generic of UROXATRAL) TB24 10mg	1	
AVODART CAPS .5mg	3	
CARDURA XL TB24 4mg, 8mg	3	
dutasteride (generic of AVODART) CAPS .5mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (generic of JALYN)	1	
finasteride (generic of PROSCAR) TABS 5mg	1	

Drug Name	Drug Requirements/ Tier	Limits
FLOMAX CAPS .4mg	3	
JALYN CAP	3	
PROSCAR TABS 5mg	3	
RAPAFLO CAPS 4mg, 8mg	3	
silodosin (generic of RAPAFLO) CAPS 4mg, 8mg	1	
tamsulosin hcl (generic of FLOMAX) CAPS .4mg	1	
UROXATRAL TB24 10mg	3	
MISCELLANEOUS		
acetic acid SOLN .25%	1	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg	4	NDS
INTRAROSA INST 6.5mg	3	PA
neomycin-polymyxin b gu irrigation soln	1	
potassium citrate (alkalinizer) (generic of UROCIT-K 15) TBCR 15meq	1	
potassium citrate (alkalinizer) (generic of UROCIT-K 5) TBCR 540mg	1	
potassium citrate (alkalinizer) (generic of UROCIT-K 10) TBCR 1080mg	1	
RIMSO-50 SOLN 50%	3	
THIOLA TABS 100mg	4	NDS
THIOLA EC TBEC 100mg, 300mg	4	NDS
UROKIT-K 5 TBCR 540mg	3	
UROKIT-K 10 TBCR 1080mg	3	
UROKIT-K 15 TBCR 15meq	3	
URINARY ANTISPASMODICS		
darifenacin hydrobromide (generic of ENABLEX) TB24 7.5mg, 15mg	1	
DETROL TABS 1mg, 2mg	3	
DETROL LA CP24 2mg, 4mg	3	
DITROPAN XL TB24 5mg, 10mg	3	
ENABLEX TB24 7.5mg	3	
GELNIQUE GEL 10%	3	

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Drug Name	Drug Requirements/ Tier Limits	
MYRBETRIQ TB24 25mg, 50mg	3	
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg; TB24 15mg	1	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 5mg, 10mg	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	2	
<i>tropium chloride</i> CP24 60mg; TABS 20mg	1	
VESICARE TABS 5mg, 10mg	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</i> 3 SUPP 200mg	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
<i>vandazole</i> GEL .75%	1	
HEMATOLOGIC ANTICOAGULANTS		
ARIXTRA SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
COUMADIN TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	2	
ELIQUIS TABS 2.5mg, 5mg	2	

Drug Name	Drug Requirements/ Tier Limits	
ELIQUIS STARTER PACK TABS 5mg	2	
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
FRAGMIN SOLN 2500unit/0.2ml	3	
FRAGMIN SOLN 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unit/0.72ml, 95000unit/3.8ml	4	NDS
HEP SOD/NACL INJ 25000UNT	2	
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>heparin sodium (porcine)</i> 100 unit/ml in d5w	1	
<i>heparin sodium (porcine)-dextrose iv sol</i> 20000 unit/500ml-5%	1	
<i>heparin sodium (porcine)-dextrose iv sol</i> 25000 unit/500ml-5%	1	
HEPARIN/NACL INJ 25000UNT	2	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
LOVENOX SOLN 30mg/0.3ml, 40mg/0.4ml, 300mg/3ml	3	
LOVENOX SOLN 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	NDS
PRADAXA CAPS 75mg, 110mg, 150mg	3	
SAVAYSA TABS 15mg, 30mg, 60mg	3	
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg, 10mg, 15mg, 20mg	2	
XARELTO STAR TAB 15/20MG	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA
ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml, 300mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	4	NDS NM PA
EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
EPOGEN SOLN 20000unit/ml	4	NDS NM PA
FULPHILA SOSY 6mg/0.6ml	4	NDS NM PA
GRANIX SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
LEUKINE SOLR 250mcg	4	NDS NM PA
MOZOBIL SOLN 24mg/1.2ml	4	NDS NM PA
NEULASTA SOSY 6mg/0.6ml	4	NDS NM PA
NEULASTA ONPRO KIT PSKT 6mg/0.6ml	4	NDS NM PA

Drug Name	Drug Requirements/ Tier	Limits
NEUPOGEN SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	4	NDS NM PA
PROCRT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCRT SOLN 20000unit/ml, 40000unit/ml	4	NDS NM PA
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
RETACRIT SOLN 40000unit/ml	4	NDS NM PA
UDENYCA SOSY 6mg/0.6ml	4	NDS NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NDS NM PA
ZIEXTENZO SOSY 6mg/0.6ml	4	NDS NM PA
MISCELLANEOUS		
ADAKVEO SOLN 100mg/10ml	4	NDS NM PA
AGRYLIN CAPS .5mg	3	
anagrelide hcl CAPS 1mg	1	
anagrelide hcl (generic of AGRYLIN) CAPS .5mg	1	
BERINERT KIT 500unit	4	NDS NM LA PA
CABLIVI KIT 11mg	4	NDS NM LA PA
cilostazol TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit	4	NDS NM LA PA
DOPTelet TABS 20mg	4	NDS NM LA PA
DROXIA CAPS 200mg, 300mg, 400mg	2	
ENDARI PACK 5gm	4	NDS NM LA PA
FIRAZYR SOLN 30mg/3ml	4	NDS NM PA

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Drug Name		Drug Requirements/ Tier Limits
GIVLAARI SOLN 189mg/ml	4	NDS NM LA PA
HAEGARDA SOLR 2000unit, 3000unit	4	NDS NM LA PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOLN 30mg/3ml	4	NDS NM PA
KALBITOR SOLN 10mg/ml	4	NDS NM LA PA
LYSTEDA TABS 650mg	3	
MULPLETA TABS 3mg	4	NDS NM PA
OXBRYTA TABS 500mg	4	NDS NM LA PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg	4	NDS NM LA PA
REBLOZYL SOLR 25mg, 75mg	4	NDS NM LA PA
RUCONEST SOLR 2100unit	4	NDS NM PA
SIKLOS TABS 100mg	3	
SIKLOS TABS 1000mg	4	NDS
SOLIRIS SOLN 300mg/30ml	4	NDS NM LA PA
TAKHZYRO SOLN 300mg/2ml	4	NDS NM LA PA
TAVALISSE TABS 100mg, 150mg	4	NDS NM LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1	
<i>tranexamic acid</i> (generic of LYSTEDA) TABS 650mg	1	
ULTOMIRIS SOLN 300mg/30ml	4	NDS NM LA PA
PLATELET AGGREGATION INHIBITORS		
AGGRENOX CAP 25-200MG	3	
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg (generic of AGGRENOX)	1	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1	
<i>clopidogrel bisulfate</i> TABS 300mg	1	

Drug Name		Drug Requirements/ Tier Limits
<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	4	NDS NM PA
ACTEMRA ACTPEN SOAJ 162mg/0.9ml	4	NDS NM PA
AVSOLA SOLR 100mg	4	NDS NM PA
CIMZIA KIT 200mg, 200mg/ml	4	NDS NM PA
CIMZIA STARTER KIT KIT 200mg/ml	4	NDS NM PA
COSENTYX SOSY 150mg/ml	4	NDS NM LA PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	4	NDS NM LA PA
DUPIXENT SOPN 300mg/2ml; SOSY 200mg/1.14ml, 300mg/2ml	4	NDS NM PA
ENBREL SOLR 25mg; SOSY 25mg/0.5ml, 50mg/ml	4	NDS NM PA
ENBREL MINI SOCT 50mg/ml	4	NDS NM PA
ENBREL SURECLICK SOAJ 50mg/ml	4	NDS NM PA
ENTYVIO SOLR 300mg	4	NDS NM PA
HUMIRA PSKT 10mg/0.1ml, 10mg/0.2ml, 20mg/0.2ml, 20mg/0.4ml, 40mg/0.4ml, 40mg/0.8ml	4	NDS NM PA
HUMIRA PEDIA INJ CROHNS	4	NDS NM PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	4	NDS NM PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	4	NDS NM PA
HUMIRA PEN KIT PS/UV	4	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	4	NDS NM PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	4	NDS NM PA
ILUMYA SOSY 100mg/ml	4	NDS NM PA
INFLECTRA SOLR 100mg	4	NDS NM LA PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml; SOSY 150mg/1.14ml, 200mg/1.14ml	4	NDS NM PA
KINERET SOSY 100mg/0.67ml	4	NDS NM PA
OLUMIANT TABS 1mg, 2mg	4	NDS NM LA PA
ORENCIA SOLR 250mg; SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml	4	NDS NM PA
ORENCIA CLICKJECT SOAJ 125mg/ml	4	NDS NM PA
OTEZLA TABS 30mg	4	NDS NM PA
OTEZLA TAB 10/20/30	4	NDS NM PA
REMICADE SOLR 100mg	4	NDS NM PA
RENFLEXIS SOLR 100mg	4	NDS NM LA PA
RINVOQ TB24 15mg	4	NDS NM PA
SIMPONI SOAJ 50mg/0.5ml, 100mg/ml; SOSY 50mg/0.5ml, 100mg/ml	4	NDS NM PA
SIMPONI ARIA SOLN	4	NDS NM PA
SKYRIZI PSKT 75mg/0.83ml	4	NDS NM PA
STELARA SOLN 45mg/0.5ml, 130mg/26ml	4	NDS NM LA PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	4	NDS NM PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	4	NDS NM LA PA
TREMFYA SOPN 100mg/ml; SOSY 100mg/ml	4	NDS NM PA
XELJANZ TABS 5mg, 10mg	4	NDS NM PA
XELJANZ XR TB24 11mg, 22mg	4	NDS NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		

Drug Name	Drug Requirements/ Tier	Limits
ARAVA TABS 10mg, 20mg	4	NDS
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	1	
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg	1	
<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
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D
XATMEP SOLN 2.5mg/ml	3	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml	4	NDS NM PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	4	NDS NM LA PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	4	NDS NM LA PA
CYTOGAM INJ 50mg/ml	4	NDS NM
GAMASTAN INJ	3	B/D NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	4	NDS NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NDS NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	4	NDS NM LA PA
HYQVIA INJ 2.5-200	4	NDS NM PA
HYQVIA INJ 5-400	4	NDS NM PA
HYQVIA INJ 10-800	4	NDS NM PA
HYQVIA INJ 20-1600	4	NDS NM PA
HYQVIA INJ 30-2400	4	NDS NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	4	NDS NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS NM PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NDS NM LA PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	4	NDS NM LA PA
ARCALYST SOLR 220mg	4	NDS NM PA
ILARIS SOLN 150mg/ml	4	NDS NM LA PA
INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 10mu, 18mu, 50mu	4	NDS B/D NM
ODACTRA SUB	3	
ORALAIR SUB 300 IR	3	NM
RAGWITEK SUBL 12amba1-u	3	
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	4	NDS B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
ATGAM INJ 50mg/ml	4	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
AZASAN TABS 75mg, 100mg	3	B/D
azathioprine (generic of IMURAN) TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	4	NDS NM PA
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	4	NDS B/D NM
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg; SOLN 50mg/ml	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
ENVARSUS XR TB24 .75mg, 1mg, 4mg	3	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .5mg, .75mg	4	NDS B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg	1	B/D NM
gengraf (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
IMURAN TABS 50mg	3	B/D
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	4	NDS B/D NM
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM
MYFORTIC TBEC 180mg	3	B/D NM
MYFORTIC TBEC 360mg	4	NDS B/D NM
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D NM
NULOJIX SOLR 250mg	4	NDS B/D NM

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Drug Name	Drug Requirements/ Tier Limits
PROGRAF CAPS 5mg	4 NDS B/D NM
PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg	3 B/D NM
RAPAMUNE SOLN 1mg/ml; TABS 1mg, 2mg	4 NDS B/D NM
RAPAMUNE TABS .5mg	3 B/D NM
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml	3 B/D NM
SANDIMMUNE CAPS 100mg	4 NDS B/D NM
SANDIMMUNE SOLN 100mg/ml	2 B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml; TABS 2mg	4 NDS B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg	1 B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1 B/D NM
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	4 NDS B/D NM
VACCINES	
ACTHIB INJ	2
ADACEL INJ	2
BCG VACCINE INJ	2
BEXSERO INJ	2
BOOSTRIX INJ	2
DAPTACEL INJ	2
DIP/TET PED INJ 25-5LFU	2 B/D
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	2 B/D
GARDASIL 9 INJ	2
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	2
HIBERIX SOLR 10mcg	2
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	2 B/D
INFANRIX INJ	2
IPOL INJ INACTIVE	2
IXIARO INJ	2
KINRIX INJ	2
M-M-R II INJ	2
MENACTRA INJ	2

Drug Name	Drug Requirements/ Tier Limits
MENVEO INJ	2
PEDIARIX INJ 0.5ML	2
PEDVAX HIB SUSP 7.5mcg/0.5ml	2
PENTACEL INJ	2
PROQUAD INJ	2
QUADRACEL INJ	2
RABAVERT INJ	2 B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	2 B/D
ROTARIX SUS	2
ROTATEQ SOL	2
SHINGRIX SUSR 50mcg/0.5ml	2
TDVAX INJ 2-2 LF	2 B/D
TENIVAC INJ 5-2LF	2 B/D
TRUMENBA INJ	2
TWINRIX INJ	2
TYPHIM VI SOLN 25mcg/0.5ml	2
VAQTA SUSP 25unit/0.5ml, 50unit/ml	2
VARIVAX INJ 1350pfu/0.5ml	2
YF-VAX INJ	2
ZOSTAVAX SUSR 19400unt/0.65ml	2
NUTRITIONAL/SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE	
D5W/LYTES INJ #48	3
D5W/NACL INJ 0.3%	2
D10W/NACL INJ 0.2%	2
dextrose 2.5% w/ sodium chloride 0.45%	1
dextrose 5% in lactated ringers	1
dextrose 5% w/ sodium chloride 0.2%	1
dextrose 5% w/ sodium chloride 0.9%	1
dextrose 5% w/ sodium chloride 0.45%	1
dextrose 5% w/ sodium chloride 0.225%	1

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Drug Name	Drug Requirements/ Tier Limits
dextrose 10% w/ sodium chloride 0.45%	1
ISOLYTE-P INJ /D5W	3
ISOLYTE-S INJ	3
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1
kcl 20 meq/l (0.15%) in nacl 0.9% inj	1
kcl 20 meq/l (0.15%) in nacl 0.45% inj	1
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1
kcl 40 meq/l (0.3%) in nacl 0.9% inj	1
KCL/D5W/LACT INJ 20MEQ/L	3
KCL/D5W/NACL INJ 0.3/0.9%	3
KCL/D5W/NACL INJ 0.15/0.2	3
<i>lactated ringer's solution</i>	1
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/500ml, 40gm/1000ml	2
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/500ml, 40gm/1000ml	1
<i>magnesium sulfate</i> SOLN 50%	1
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W)	1
MG SO4/D5W INJ 10MG/ML	2
NORMOSOL -M INJ /D5W	3
NORMOSOL -R INJ	3

Drug Name	Drug Requirements/ Tier Limits
PLASMA-LYTE INJ -148	3
PLASMA-LYTE INJ -A	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> 20 meq/l (0.15%) in dextrose 5% inj	1
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1
TPN ELECTROL INJ	3 B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>	
K-TAB TBCR 8meq, 10meq, 20meq	3
<i>klor-con</i> PACK 20meq	1
<i>klor-con</i> 8 TBCR 8meq	1
<i>klor-con</i> 10 TBCR 10meq	1
<i>klor-con m10</i> TBCR 10meq	1
<i>klor-con m15</i> TBCR 15meq	1
<i>klor-con m20</i> TBCR 20meq	1
<i>klor-con sprinkle</i> CPCR 8meq, 10meq	1
M-NATAL PLUS TAB	2
ONE VITE TAB 1MG PLUS	2
PNV FOLIC AC TAB + IRON	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, 20meq	1
PRENATAL TAB 27-1MG	2
PRENATAL TAB PLUS	2
PRENATAL VIT TAB LOW IRON	2
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1
TRICARE TAB PRENATAL	2
<i>IV NUTRITION</i>	

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Drug Name	Drug Requirements/ Tier Limits	
AMINOSYN II INJ 10%	3	B/D
AMINOSYN II INJ 15%	3	B/D
AMINOSYN-PF INJ 7%	3	B/D
CLINIMIX E INJ 2.75/D5W	3	B/D
CLINIMIX E INJ 4.25/D5W	3	B/D
CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX E INJ 5%/D15W	3	B/D
CLINIMIX E INJ 5%/D20W	3	B/D
CLINIMIX 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
<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
FREAMINE HBC INJ 6.9%	3	B/D
FREAMINE III INJ 10%	3	B/D
<i>hepatamine</i>	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
NEPHRAMINE INJ 5.4%	3	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	3	B/D
PROCALAMINE INJ 3%	3	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	
BLEPHAMIDE OIN S.O.P.	3	
BLEPHAMIDE SUS OP	3	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	1	

Drug Name	Drug Requirements/ Tier Limits	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED-G S.O.P OIN OP	3	
PRED-G SUS OP	3	
<i>sulfacetamide</i>	1	
<i>sodium-prednisolone ophth soln 10-0.23(0.25)%</i>		
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
TOBRADEX SUS 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)</i>	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
<i>bacitracin (ophthalmic) 500unit/gm</i>	OINT 1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
BLEPH-10 SOLN 10%	3	
CILOXAN OINT .3%	2	
CILOXAN SOLN .3%	3	
<i>ciprofloxacin hcl (ophth) (generic of CILOXAN) SOLN .3%</i>	1	
<i>erythromycin (ophth) 5mg/gm</i>	OINT 1	
<i>gatifloxacin (ophth) (generic of ZYMAXID) SOLN .5%</i>	1	
<i>gentak OINT .3%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>levofloxacin (ophth) SOLN .5%</i>	1	
MOXEZA SOLN .5%	3	
<i>moxifloxacin hcl (ophth) (generic of MOXEZA) SOLN .5%</i>	1	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>	1	
NATACYN SUSP 5%	3	

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Drug Name	Drug Requirements/ Tier Limits
neomycin-bacitrac zn-polymyx 1 5(3.5)mg-400unt-10000unt op oin	
neomycin-polymy-gramicid op 1 sol	
1.75-10000-0.025mg-unt-mg/ ml	
OCUFLOX SOLN .3%	3
ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%	1
polymyxin b-trimethoprim 1 ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)	
POLYTRIM SOL OP	3
sulfacetamide sodium (ophth) 1 OINT 10%	
sulfacetamide sodium (ophth) 1 (generic of BLEPH-10) SOLN 10%	
tobramycin (ophth) (generic of 1 TOBREX) SOLN .3%	
TOBREX OINT .3%; SOLN 3 .3%	
trifluridine SOLN 1%	1
VIGAMOX SOLN .5%	3
ZIRGAN GEL .15%	3
ZYMAXID SOLN .5%	3
ANTI-INFLAMMATORIES	
ACULAR SOLN .5%	3
ACULAR LS SOLN .4%	3
ALREX SUSP .2%	2
bromfenac sodium (ophth) 1 SOLN .09%	
BROMSITE SOLN .075%	3
dexamethasone sodium 1 phosphate (ophth) SOLN	
.1%	
diclofenac sodium (ophth) 1 SOLN .1%	
DUREZOL EMUL .05%	2
FLAREX SUSP .1%	3
fluorometholone (ophth) 1 SUSP .1%	
flurbiprofen sodium SOLN 1 .03%	
FML OINT .1%	3

Drug Name	Drug Requirements/ Tier Limits
FML FORTE SUSP .25%	3
FML LIQUIFILM SUSP .1%	3
ILEVRO SUSP .3%	2
INVELTYS SUSP 1%	3
ketorolac tromethamine 1 (ophth) (generic of ACULAR LS) SOLN .4%	
ketorolac tromethamine 1 (ophth) (generic of ACULAR) SOLN .5%	
LOTEMAX GEL .5%; SUSP 3 .5%	
LOTEMAX OINT .5%	2
LOTEMAX SM GEL .38%	3
loteprednol etabonate 1 (generic of LOTEMAX) SUSP .5%	
MAXIDEX SUSP .1%	3
NEVANAC SUSP .1%	3
PRED FORTE SUSP 1%	3
PRED MILD SUSP .12%	3
prednisolone acetate (ophth) 1 (generic of PRED FORTE) SUSP 1%	
PREDNISOLONE SODIUM 2 PHOSP SOLN 1%	
PROLENSA SOLN .07%	2
ANTIALLERGICS	
ALOCRIL SOLN 2%	3
ALOMIDE SOLN .1%	3
azelastine hcl (ophth) SOLN 1 .05%	
BEPREVE SOLN 1.5%	2
cromolyn sodium (ophth) 1 SOLN 4%	
epinastine hcl (ophth) SOLN 1 .05%	
LASTACFT SOLN .25%	3
olopatadine hcl SOLN .1%, 1 .2%	
PAZEO SOLN .7%	2
ZERVIAE SOLN .24%	3
ANTIGLAUCOMA	
ALPHAGAN P SOLN .1%	2
ALPHAGAN P SOLN .15%	3

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under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier Limits
AZOPT SUSP 1%	2
betaxolol hcl (ophth) SOLN .5%	1
BETIMOL SOLN .25%, .5%	3
BETOPTIC-S SUSP .25%	2
bimatoprost SOLN .03%	1
brimonidine tartrate SOLN .2%	1
brimonidine tartrate (generic of ALPHAGAN P) SOLN .15%	1
carteolol hcl (ophth) SOLN 1%	1
COMBIGAN SOL 0.2/0.5%	2
COSOPT PF SOL 2%-0.5%	3
COSOPT SOL 22.3-6.8	3
dorzolamide hcl (generic of TRUSOPT) SOLN 2%	1
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (generic of COSOPT PF)	1
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (generic of COSOPT)	1
ISOPTO CARPINE SOLN 1%, 2%, 4%	3
ISTALOL SOLN .5%	3
latanoprost (generic of XALATAN) SOLN .005%	1
levobunolol hcl SOLN .5%	1
LUMIGAN SOLN .01%	2
PHOSPHOLINE IODIDE SOLR .125%	3
pilocarpine hcl (generic of ISOPTO CARPINE) SOLN 1%, 2%, 4%	1
RHOPRESSA SOLN .02%	2
ROCKLATAN DRO	3
SIMBRINZA SUS 1-0.2%	2
timolol maleate (ophth) (generic of TIMOPTIC-XE) SOLG .25%, .5%	1
timolol maleate (ophth) (generic of TIMOPTIC) SOLN .25%, .5%	1

Drug Name	Drug Requirements/ Tier Limits
timolol maleate (ophth) once-daily (generic of ISTALOL) SOLN .5%	1
TIMOPTIC SOLN .25%, .5%	3
TIMOPTIC OCUDOSE SOLN .25%, .5%	3
TIMOPTIC-XE SOLG .25%, .5%	3
TRAVATAN Z SOLN .004%	3
travoprost (generic of TRAVATAN Z) SOLN .004%	1
TRUSOPT SOLN 2%	3
VYZULTA SOLN .024%	3
XALATAN SOLN .005%	3
XELPROS EMUL .005%	3
ZIOPTAN SOLN .015mg/ml	3
MISCELLANEOUS	
ATROPINE SULFATE SOLN 1%	2
BEOVU SOLN 6mg/0.05ml	4 NDS NM LA PA
CEQUA SOLN .09%	3
CYSTARAN SOLN .44%	4 NDS NM LA PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	4 NDS NM LA PA
LACRISERT INST 5mg	3
LUCENTIS SOLN .3mg/0.05ml, .5mg/0.05ml; SOSY .3mg/0.05ml	4 NDS NM LA PA
proparacaine hcl (generic of ALCAINE) SOLN .5%	1
RESTASIS EMUL .05%	3
RESTASIS MULTIDOSE EMUL .05%	3
XIIDRA SOLN 5%	2
RESPIRATORY ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPT AER 62.5-25	2
BEVESPI AER 9-4.8MCG	2
COMBIVENT AER 20-100	3
DUAKLIR AER 400/12	4 NDS
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1 B/D

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Drug Name	Drug Requirements/ Tier Limits	
STIOLTO AER 2.5-2.5	3	
STIOLTO RESPIMAT (INSTITUTIONAL PACK)	3	
TRELEGY AER ELLIPTA	2	
ANTICHOLINERGICS		
ATROVENT HFA AERS	3	
17mcg/act		
INCRUSE ELLIPTA AEPB	2	
62.5mcg/inh		
<i>ipratropium bromide</i> SOLN	1	B/D
.02%		
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	
LONHALA MAGNAIR REFILL KI SOLN 25mcg/ml	4	NDS
LONHALA MAGNAIR STARTER K SOLN 25mcg/ml	4	NDS
SPIRIVA HANDIHALER CAPS 18mcg	3	
SPIRIVA RESPIMAT AERS	3	
1.25mcg/act, 2.5mcg/act		
SPIRIVA RESPIMAT (INSTITUTIONAL PACK) AERS 2.5mcg/act	3	
TUDORZA PRESSAIR AEPB 400mcg/act	3	
TUDORZA PRESSAIR (INSTITUTIONAL PACK) AEPB 400mcg/act	3	
YUPELRI SOLN	4	NDS B/D
175mcg/3ml		
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop</i> <i>nasal spray 137-50 mcg/act</i> (generic of DYMISTA)	1	
CLARINEX-D TAB 2.5-120	3	
DYMISTA SPR 137-50	3	
SEMPREX-D CAP 8-60MG	3	
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%, .15%	1	
<i>cetirizine hcl</i> SOLN 1mg/ml	1	
CLARINEX TABS 5mg	3	
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	2	

Drug Name	Drug Requirements/ Tier Limits	
<i>desloratadine</i> (generic of CLARINEX) TABS 5mg	1	
<i>desloratadine</i> TBDP 2.5mg, 5mg	1	
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	3	
<i>hydroxyzine hcl</i> SYRP 10mg/5ml	2	
<i>hydroxyzine hcl</i> TABS 10mg, 25mg, 50mg	1	
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg	1	
<i>hydroxyzine pamoate</i> CAPS 100mg	1	
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	1	
<i>olopatadine hcl (nasal)</i> (generic of PATANASE) SOLN .6%	1	
PATANASE SOLN .6%	3	
QUZYTIR SOLN 10mg/ml	3	
VISTARIL CAPS 25mg, 50mg	3	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act (generic of Ventolin HFA)	1	
<i>albuterol sulfate</i> (generic of PROAIR HFA) AERS 108mcg/act (generic of Proair 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; TB12 4mg, 8mg	1	
BROVANA NEBU 15mcg/2ml	4	NDS B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>levalbuterol hcl</i> (generic of XOPENEX CONCENTRATE) NEBU 1.25mg/0.5ml	1	B/D
<i>levalbuterol hcl</i> (generic of XOPENEX) NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	
PERFOROMIST NEBU 20mcg/2ml	4	NDS B/D
PROAIR DIGIHALER AEPB 108mcg/act	3	
PROAIR HFA AERS 108mcg/act	3	
PROAIR RESPICLICK AEPB 108mcg/act	3	
PROVENTIL HFA AERS 108mcg/act	3	
SEREVENT DISKUS AEPB 50mcg/dose	2	
STRIVERDI RESPIMAT AERS 2.5mcg/act	3	
<i>terbutaline sulfate</i> SOLN 1mg/ml	4	NDS
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	2	
XOPENEX NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml	3	B/D
XOPENEX CONCENTRATE NEBU 1.25mg/0.5ml	3	B/D
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	

Drug Name	Drug Requirements/ Tier	Limits
<i>zileuton</i> TB12 600mg	4	NDS
ZYFLO TABS 600mg	4	NDS
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	4	NDS NM LA PA
CINQAIR SOLN 100mg/10ml	4	NDS NM LA PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg, 500mcg	3	
ELIXOPHYLLIN ELIX 80mg/15ml	3	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	
ESBRIET CAPS 267mg; TABS 267mg, 801mg	4	NDS NM PA
FASENRA SOSY 30mg/ml	4	NDS NM LA PA
FASENRA PEN SOAJ 30mg/ml	4	NDS NM LA PA
GLASSIA SOLN 1000mg/50ml	4	NDS NM LA PA
KALYDECO PACK 25mg, 50mg, 75mg; TABS 150mg	4	NDS NM PA
NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 100mg/ml	4	NDS NM LA PA
OFEV CAPS 100mg, 150mg	4	NDS NM PA
ORKAMBI GRA 100-125	4	NDS NM PA
ORKAMBI GRA 150-188	4	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Limits
ORKAMBI TAB 100-125	4	NDS NM PA
ORKAMBI TAB 200-125	4	NDS NM PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	4	NDS NM LA PA
PULMOZYME SOLN 1mg/ml	4	NDS NM PA
SYMDEKO TAB 50-75MG	4	NDS NM LA PA
SYMDEKO TAB 100-150	4	NDS NM LA PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	3	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
theophylline SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA TAB	4	NDS NM LA PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	4	NDS NM LA PA
ZEMAIRA SOLR 1000mg	4	NDS NM LA PA
NASAL STEROIDS		
BECONASE AQ SUSP 42mcg/spray	3	
flunisolide (nasal) SOLN .025%	1	
fluticasone propionate (nasal) SUSP 50mcg/act	1	
mometasone furoate (nasal) (generic of NASONEX) SUSP 50mcg/act	1	
NASONEX SUSP 50mcg/act	3	
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	
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	2	

Drug Name	Drug Requirements/ Tier	Limits
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	
budesonide (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
FLOVENT DISKUS AEPB 50mcg/blist, 100mcg/blist, 250mcg/blist	2	
FLOVENT HFA 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	2	
ADVAIR DISKU AER 250/50	2	
ADVAIR DISKU AER 500/50	2	
ADVAIR HFA AER 45/21	2	
ADVAIR HFA AER 115/21	2	
ADVAIR HFA AER 230/21	2	
BREO ELLIPTA INH 100-25	2	
BREO ELLIPTA INH 200-25	2	
DULERA AER 50-5MCG	3	
DULERA AER 100-5MCG	3	
DULERA AER 200-5MCG	3	
SYMBICORT AER 80-4.5	2	
SYMBICORT AER 160-4.5	2	
TOPICAL		

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Drug Name	Drug Requirements/ Tier	Limits
DERMATOLOGY, ACNE		
ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	4	NDS
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	4	NDS
ACANYA GEL 1.2-2.5%	3	
ACZONE GEL 5%, 7.5%	3	
<i>adapalene</i> (generic of DIFFERIN) CREA .1%; GEL .3%	1	
<i>adapalene</i> GEL .1%	1	
<i>adapalene</i> PADS .1%	4	NDS
ADAPALENE SOLN .1%	3	
<i>adapalene-benzoyl peroxide gel</i> 0.1-2.5% (generic of EPIDUO)	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	
ATRALIN GEL .05%	3	
<i>avita</i> (generic of RETIN-A) CREA .025%	1	
<i>avita</i> GEL .025%	1	
AZELEX CREA 20%	3	
BENZACLIN GEL 1-5%PUMP	3	
BENZAMYCIN GEL 5-3%	3	
<i>benzoyl peroxide-erythromycin gel</i> 5-3% (generic of BENZAMYCIN)	1	
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	
CLEOCIN-T GEL 1%	4	NDS
CLEOCIN-T LOTN 1%	3	
<i>clindacin-p</i> SWAB 1%	1	
CLINDAGEL GEL 1%	4	NDS
<i>clindamycin phosph-benzoyl peroxide (refrig) gel</i> 1.2 (1)-5%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin phosphate (topical)</i> (generic of EVOCLIN) FOAM 1%	1	
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) GEL 1%; LOTN 1%	1	
<i>clindamycin phosphate (topical)</i> SOLN 1%; SWAB 1%	1	
<i>clindamycin phosphate-benzoyl peroxide gel</i> 1-5% (generic of BENZACLIN)	1	
<i>clindamycin phosphate-benzoyl peroxide gel</i> 1.2-2.5% (generic of ACANYA)	1	
<i>clindamycin phosphate-tretinoin gel</i> 1.2-0.025% (generic of ZIANA)	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	
<i>ery</i> PADS 2%	1	
ERYGEL GEL 2%	3	
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2%	1	
<i>erythromycin (acne aid)</i> SOLN 2%	1	
EVOCLIN FOAM 1%	3	
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	
KLARON LOTN 10%	3	
<i>myorisan</i> CAPS 10mg, 20mg, 30mg, 40mg	1	
<i>neuac gel</i> 1.2-5%	1	
ONEXTON GEL 1.2-3.75	3	
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	3	

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Drug Name	Drug Requirements/ Tier	Limits
RETIN-A MICRO GEL .04%, .06%, .1%	4	NDS
RETIN-A MICRO PUMP GEL .08%	4	NDS
<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10%	1	
<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> (generic of RETIN-A MICRO) GEL .04%, .1%	1	
VELTIN GEL	3	
zenatane CAPS 10mg, 20mg, 30mg, 40mg	1	
ZIANA GEL	3	
DERMATOLOGY, ANTIBIOTICS		
ALTABAX OINT 1%	3	
CENTANY OINT 2%	3	
CORTISPORIN CRE 0.5%	3	
CORTISPORIN OIN 1%	3	
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	1	
<i>mafenide acetate</i> (generic of SULFAMYLON) PACK 5%	1	
<i>mupirocin</i> OINT 2%	1	
<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	
SULFAMYLON CREA 85mg/gm	3	
SULFAMYLON PACK 5%	4	NDS
XEPI CREA 1%	3	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> GEL .77%	1	
<i>ciclopirox</i> (generic of LOPROX SHAMPOO) SHAM 1%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ciclopirox olamine</i> (generic of LOPROX) CREA .77%; SUSP .77%	1	
<i>clotrimazole (topical)</i> CREA 1%; SOLN 1%	1	
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	1	
<i>clotrimazole w/ betamethasone lotion</i> 1-0.05%	1	
<i>econazole nitrate</i> CREA 1%	1	
ERTACZO CREA 2%	4	NDS
EXTINA FOAM 2%	4	NDS
JUBLIA SOLN 10%	4	NDS
<i>ketoconazole (topical)</i> CREA 2%	1	
<i>ketoconazole (topical)</i> (generic of EXTINA) FOAM 2%	1	
<i>ketodan</i> (generic of EXTINA) FOAM 2%	1	
LOPROX CREA .77%; SUSP .77%	3	
LOPROX SHAMPOO SHAM 1%	3	
<i>luliconazole</i> CREA 1%	1	
LUZU CREA 1%	3	
MENTAX CREA 1%	3	
<i>miconazole-zinc oxide-white petrolatum oint</i> 0.25-15-81.35%	1	
<i>naftifine hcl</i> CREA 1%	1	
<i>naftifine hcl</i> (generic of NAFTIN) CREA 2%; GEL 1%	1	
NAFTIN CREA 2%; 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	

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Drug Name	Drug Requirements/ Tier	Limits
<i>oxiconazole nitrate</i> (generic of OXISTAT) CREA 1%	4	NDS PA
OXISTAT CREA 1%	4	NDS PA
OXISTAT LOTN 1%	3	PA
VUSION OIN	3	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> (generic of SORIATANE) CAPS 10mg, 25mg	1	
<i>acitretin</i> CAPS 17.5mg	1	
<i>calcipotriene</i> (generic of DOVONEX) CREA .005%	1	PA
<i>calcipotriene</i> OINT .005%; SOLN .005%	1	PA
<i>calcitrene</i> OINT .005%	1	PA
<i>calcitriol (topical)</i> OINT 3mcg/gm	1	PA
DOVONEX CREA .005%	4	NDS PA
<i>methoxsalen rapid</i> (generic of OXSORALEN ULTRA) CAPS 10mg	4	NDS
OXSORALEN ULTRA CAPS 10mg	4	NDS
SORIATANE CAPS 10mg, 25mg	4	NDS
SORILUX FOAM .005%	4	NDS PA
<i>tazarotene</i> (generic of TAZORAC) CREA .1%	1	
TAZORAC CREA .05%, .1%; GEL .05%, .1%	3	
VECTICAL OINT 3mcg/gm	4	NDS PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2%	1	
<i>selenium sulfide</i> LOTN 2.5%	1	
XOLEGEL GEL 2%	4	NDS
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	
<i>amcinonide</i> CREA .1%; LOTN .1%	1	
AMCINONIDE OINT .1%	3	
APEXICON E CREA .05%	4	NDS
<i>beser</i> (generic of CUTIVATE) LOTN .05%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone dipropionate (topical)</i> CREA .05%; LOTN .05%; OINT .05%	1	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE AF) CREA .05%	1	
<i>betamethasone dipropionate augmented</i> GEL .05%; LOTN .05%	1	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05%	1	
<i>betamethasone valerate</i> CREA .1%; LOTN .1%; OINT .1%	1	
<i>betamethasone valerate</i> (generic of LUXIQ) FOAM .12%	1	
BRYHALI LOTN .01%	3	
<i>calcipotriene-betamethasone dipropionate oint</i> 0.005-0.064% (generic of TACLONEX)	1	PA
<i>calcipotriene-betamethasone dipropionate susp</i> 0.005-0.064% (generic of TACLONEX)	4	NDS PA
CAPEX SHAM .01%	3	
<i>clobetasol propionate</i> (generic of TEMOVATE) CREA .05%; OINT .05%	1	
<i>clobetasol propionate</i> (generic of OLUX) FOAM .05%	1	
<i>clobetasol propionate</i> GEL .05%; SOLN .05%	1	
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05%; LOTN .05%; SHAM .05%	1	
<i>clobetasol propionate e</i> CREA .05%	1	
<i>clobetasol propionate emulsion</i> (generic of OLUX-E) FOAM .05%	1	
CLOBEX LIQD .05%; LOTN .05%	3	
CLOBEX SHAM .05%	4	NDS

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Drug Name	Drug Requirements/ Tier Limits
<i>clocortolone pivalate</i> (generic of CLODERM) CREA .1%	1
<i>clodan</i> (generic of CLOBEX) SHAM .05%	1
CLODERM CREA .1%	3
CORDRAN CREA .05%; LOTN .05%	4 NDS
CORDRAN CREA .025%; OINT .05%; TAPE 4mcg/sqcm	3
CUTIVATE LOTN .05%	4 NDS
DERMA-SMOOTH/FS BODY OIL .01%	3
DERMA-SMOOTH/FS SCALP OIL .01%	3
DESONATE GEL .05%	3
<i>desonide</i> (generic of DESOWEN) CREA .05%	1
<i>desonide</i> (generic of DESONATE) GEL .05%	1
<i>desonide</i> LOTN .05%; OINT .05%	1
DESOWEN CREA .05%	3
<i>desoximetasone</i> (generic of TOPICORT) CREA .05%, .25%; GEL .05%; LIQD .25%; OINT .05%, .25%	1
<i>diflorasone diacetate</i> CREA .05%; OINT .05%	1
DIPROLENE OINT .05%	3
DIPROLENE AF CREA .05%	3
DUOBRII LOT	4 NDS
ENSTILAR AER	3 PA
<i>fluocinolone acetonide</i> CREA .01%	1
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025%; SOLN .01%	1
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL .01%	1
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS SCALP) OIL .01%	1

Drug Name	Drug Requirements/ Tier Limits
<i>fluocinonide</i> (generic of VANOS) CREA .1%	4 NDS
<i>fluocinonide</i> CREA .05%; GEL .05%; OINT .05%; SOLN .05%	1
<i>fluocinonide emulsified base</i> CREA .05%	1
<i>flurandrenolide</i> (generic of CORDRAN) CREA .05%; LOTN .05%; OINT .05%	1
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1
<i>fluticasone propionate</i> (generic of CUTIVATE) LOTN .05%	1
<i>halcinonide</i> (generic of HALOG) CREA .1%	4 NDS
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1
HALOBETASOL PROPIONATE FOAM .05%	4 NDS
HALOG CREA .1%; OINT .1%	4 NDS
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 1%, 2.5%	1
<i>hydrocortisone butyrate</i> CREA .1%; OINT .1%; SOLN .1%	1
<i>hydrocortisone butyrate</i> (generic of LOCOID) LOTN .1%	1
<i>hydrocortisone butyrate hydrophilic lipo base</i> (generic of LOCOID LIPOCREAM) CREA .1%	1
<i>hydrocortisone valerate</i> CREA .2%; OINT .2%	1
IMPOYZ CREA .025%	3
KENALOG AERS .147mg/gm	3
LEXETTE FOAM .05%	4 NDS
LOCOID LOTN .1%	3
LOCOID LIPOCREAM CREA .1%	4 NDS
LUXIQ FOAM .12%	3

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Drug Name	Drug Requirements/ Tier	Limits
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>nolix</i> (generic of CORDRAN) CREA .05%; LOTN .05%	1	
OLUX FOAM .05%	4	NDS
OLUX-E FOAM .05%	4	NDS
PANDEL CREA .1%	4	NDS
<i>prednicarbate</i> CREA .1%; OINT .1%	1	
PSORCON CREA .05%	4	NDS
SERNIVO EMUL .05%	4	NDS
SYNALAR CREA .025%; OINT .025%; SOLN .01%	3	
TACLONEX OIN	4	NDS PA
TACLONEX SUS	4	NDS PA
TEMOVATE CREA .05%; OINT .05%	3	
TEXACORT SOLN 2.5%	3	
TOPICORT CREA .05%, .25%; GEL .05%; LIQD .25%; OINT .05%, .25%	3	
<i>tovet</i> (generic of OLUX-E) 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>trianex</i> OINT .05%	1	
<i>triderm</i> CREA .1%	1	
TRIDESILON CREA .05%	3	
ULTRAVATE LOTN .05%	4	NDS
VANOS CREA .1%	4	NDS
VERDESO FOAM .05%	4	NDS
DERMATOLOGY, LOCAL ANESTHETICS		
<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> GEL 2%; SOLN 4%	1	PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	PA

Drug Name	Drug Requirements/ Tier	Limits
LIDODERM PTCH 5%	3	PA
PLIAGLIS CRE 7-7%	3	PA
SYNERA DIS 70-70MG	3	PA
ZTLIDO PTCH 1.8%	3	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> (generic of ZOVIRAX) CREA 5%	4	NDS
<i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5%	1	
ALDARA CREA 5%	3	
ANUSOL-HC CREA 2.5%	3	
<i>azelaic acid</i> (generic of FINACEA) GEL 15%	1	
CARAC CREA .5%	4	NDS
CONDYLOX GEL .5%	3	
CORTIFOAM FOAM 10%	3	
DENAVIR CREA 1%	4	NDS
<i>diclofenac sodium (actinic keratoses)</i> GEL 3%	1	PA
<i>diclofenac sodium (topical)</i> (generic of VOLTAREN) GEL 1%	1	
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	PA
<i>doxepin hcl (antipruritic)</i> CREA 5%	4	NDS PA
<i>doxycycline (rosacea)</i> CPDR 40mg	1	
EFUDEX CREA 5%	3	
ELIDEL CREA 1%	3	
EUCRISA OINT 2%	3	
FINACEA FOAM 15%; GEL 15%	3	
FLUOROPLEX CREA 1%	4	NDS
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5%	1	
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	
<i>imiquimod</i> CREA 3.75%	4	NDS
<i>imiquimod</i> (generic of ALDARA) CREA 5%	1	
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
METROCREAM CREA .75%	3	
METROGEL GEL 1%	3	

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B/D - Covered

Drug Name	Drug Requirements/ Tier	Limits
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> .75%	GEL 1	
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75%	1	
MIRVASO GEL .33%	3	
NORITATE CREA 1%	4	NDS
ORACEA CPDR 40mg	4	NDS
PENNSAID SOLN 2%	4	NDS PA
PICATO GEL .015%, .05%	3	
<i>pimecrolimus</i> (generic of ELIDEL) CREA 1%	1	
<i>podofilox</i> SOLN .5%	1	
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>procto-pak</i> (generic of PROCTOCORT) CREA 1%	1	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
PROTOPIC OINT .03%, .1%	3	
PRUDOXIN CREA 5%	3	PA
QBREXZA PADS 2.4%	3	
RECTIV OINT .4%	3	
RHOFADE CREA 1%	3	
<i>rosadan</i> (generic of METROCREAM) CREA .75%	1	
SOOLANTRA CREA 1%	3	
<i>tacrolimus (topical)</i> (generic of PROTOPIC) OINT .03%, .1%	1	
TARGRETIN GEL 1%	4	NDS NM PA
VALCHLOR GEL .016%	4	NDS NM LA PA
XERESE CRE 5-1%	4	NDS
ZONALON CREA 5%	3	PA

Drug Name	Drug Requirements/ Tier	Limits
ZOVIRAX CREA 5%; OINT 5%	4	NDS
ZYCLARA CREA 3.75%	4	NDS
ZYCLARA PUMP CREA 2.5%, 3.75%	4	NDS
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i> LOTN 10%	1	
ELIMITE CREA 5%	3	
<i>malathion</i> LOTN .5%	1	
NATROBA SUSP .9%	3	
OVIDE LOTN .5%	3	
<i>permethrin</i> (generic of ELIMITE) CREA 5%	1	
SKLICE LOTN .5%	3	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	4	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</i> (<i>mouth-throat</i>) (generic of PERIDEX) SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	
EVOXAC CAPS 30mg	3	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
ORAVIG TABS 50mg	4	NDS
<i>paroex</i> (generic of PERIDEX) SOLN .12%	1	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	1	
SALAGEN TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide</i> (<i>mouth</i>) PSTE .1%	1	

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Drug Name	Drug Requirements/ Tier	Limits
OTIC		
<i>acetic acid (otic)</i> SOLN 2%	1	
CETRAXAL SOLN .2%	3	
CIPRO HC SUS OTIC	3	
CIPRODEX SUS 0.3-0.1%	2	
<i>ciprofloxacin hcl (otic)</i> SOLN .2%	1	
<i>ciprofloxacin-fluocinolone acetate (pf) otic soln</i> 0.3-0.025%	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> otic soln 1-2%	1	
<i>neomycin-polymyxin-hc</i> otic soln 1%	1	
<i>neomycin-polymyxin-hc</i> otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	
OTOVEL DRO	3	

Index

A		
abacavir sulfate.....9	tab 300-30 mg.....3	15-850MG.....49
abacavir sulfate-lamivudine	acetaminophen w/ codeine	ACTOS .....49
tab 600-300 mg.....10	tab 300-60 mg.....3	see pioglitazone hcl.....50
abacavir	acetaminophen-caffeine-dihy	ACULAR .....76
sulfate-lamivudine-zidovudin	drocodeine cap 320.5-30-16	see ketorolac
e tab 300-150-300 mg.....11	mg.....3	tromethamine (ophth)....76
ABELCET.....8	acetaminophen-caffeine-dihy	ACULAR LS.....76
ABILIFY.....40	drocodeine tab 325-30-16	see ketorolac
see aripiprazole .....41	mg.....3	tromethamine (ophth)....76
ABILIFY MAINTENA .....40	acetazolamide.....30	acyclovir.....11
ABILIFY MYCITE .....40	acetic acid.....67	acyclovir sodium .....11
abiraterone acetate .....16	acetic acid (otic).....87	acyclovir topical .....85
ABRAXANE INJ 100MG ...18	acetylcysteine .....79	ACZONE.....81
ABSORICA .....81	ACIPHEX.....66	see dapsone (topical)....81
ABSORICA LD.....81	see rabeprazole sodium 67	ADACEL INJ .....73
acamprosate calcium .....47	acitretin .....83	ADAKVEO .....69
ACANYA	ACTEMRA .....70	adapalene.....81
see clindamycin	ACTEMRA ACTPEN.....70	ADAPALENE .....81
phosphate-benzoyl	ACTHAR .....59	adapalene-benzoyl peroxide
peroxide gel 1.2-2.5% ...81	ACTHIB INJ .....73	gel 0.1-2.5% .....81
ACANYA GEL 1.2-2.5%....81	ACTICLATE .....15	ADCIRCA .....32
acarbose .....49	see doxycycline hyclate.15	see alyq.....32
ACCOLATE.....79	ACTIGALL .....65	see tadalafil (pulmonary
see zafirlukast .....79	see ursodiol.....66	hypertension) .....33
ACCUPRIL.....22	ACTIMMUNE .....72	ADDERALL
see quinapril hcl .....23	ACTIQ.....3	see
ACCURETIC	see fentanyl citrate .....4	amphetamine-dextroamph
see	ACTIVEVILLA	etamine tab 10 mg .....43
quinapril-hydrochlorothiazide	see amabelz.....57	see
de tab 10-12.5 mg .....22	see estradiol &	amphetamine-dextroamph
see	norethindrone acetate tab	etamine tab 12.5 mg .....43
quinapril-hydrochlorothiazide	1-0.5 mg .....57	see
de tab 20-12.5 mg .....22	see lopreeza.....58	amphetamine-dextroamph
see	see mimvey .....58	etamine tab 15 mg .....43
quinapril-hydrochlorothiazide	ACTIVEVILLA TAB 1-0.5MG57	see
de tab 20-25 mg .....22	ACTONEL.....52	amphetamine-dextroamph
ACCURETIC TAB 10-12.521	see risedronate sodium .53	etamine tab 20 mg .....43
ACCURETIC TAB 20-12.521	ACTOPLUS MET	see
ACCURETIC TAB 20-25MG	see pioglitazone	amphetamine-dextroamph
.....21	hcl-metformin hcl tab	etamine tab 30 mg .....43
acebutolol hcl.....28	15-500 mg .....50	see
acetaminophen w/ codeine	see pioglitazone	amphetamine-dextroamph
soln 120-12 mg/5ml .....3	hcl-metformin hcl tab	etamine tab 5 mg .....43
acetaminophen w/ codeine	15-850 mg .....50	see
tab 300-15 mg.....3	ACTOPLUS MET TAB	amphetamine-dextroamph
acetaminophen w/ codeine	15-500MG.....49	etamine tab 7.5 mg .....43
	ACTOPLUS MET TAB	ADDERALL TAB 10MG ....42

ADDERALL TAB 12.5MG .42	<i>adriamycin</i> .....16	ALDACTAZIDE TAB 25/25
ADDERALL TAB 15MG ....42	ADVAIR DISKU AER 100/50	30
ADDERALL TAB 20MG ....42	80	ALDACTAZIDE TAB 50/50
ADDERALL TAB 30MG ....42	ADVAIR DISKU AER 250/50	30
ADDERALL TAB 5MG .....42	80	ALDACTONE.....23
ADDERALL TAB 7.5MG ..42	ADVAIR DISKU AER 500/50	see <i>spironolactone</i> .....23
ADDERALL XR	80	ALDARA .....85
see	ADVAIR HFA AER 115/21 80	see <i>imiquimod</i> .....85
<i>amphetamine-dextroamph</i>	ADVAIR HFA AER 230/21 80	ALDURAZYME .....59
<i>etamine cap er 24hr 10 mg</i>	ADVAIR HFA AER 45/21 ..80	ALECENSA .....18
.....43	ADZENYS ER.....42	<i>alendronate sodium</i> .....52
see	ADZENYS XR-ODT .....42	<i>alfuzosin hcl</i>.....67
<i>amphetamine-dextroamph</i>	AEMCOLO.....6	ALIMTA.....16
<i>etamine cap er 24hr 15 mg</i>	AFINITOR .....18	ALINIA .....6
.....43	see <i>everolimus</i> .....19	ALIQOPA.....18
see	AFINITOR DISPERZ.....18	<i>aliskiren fumarate</i> .....30
<i>amphetamine-dextroamph</i>	<i>afirmelle</i> .....53	<i>allopurinol</i> .....1
<i>etamine cap er 24hr 20 mg</i>	AFREZZA .....51	<i>almotriptan malate</i> .....44
.....43	AFREZZA POW 4-8 UNIT 51	ALOCRIIL .....76
see	AFREZZA POW 4-8-12....51	<i>alogliptin benzoate</i> .....49
<i>amphetamine-dextroamph</i>	AFREZZA POW 8-12UNIT51	<i>alogliptin-metformin hcl tab</i>
<i>etamine cap er 24hr 25 mg</i>	AGGRENOLX	<i>12.5-1000 mg</i> .....49
.....43	see <i>aspirin-dipyridamole</i>	<i>alogliptin-metformin hcl tab</i>
see	<i>cap er 12hr 25-200 mg</i> ..70	<i>12.5-500 mg</i> .....49
<i>amphetamine-dextroamph</i>	AGGRENOLX CAP	<i>alogliptin-pioglitazone tab</i>
<i>etamine cap er 24hr 30 mg</i>	25-200MG.....70	<i>12.5-15 mg</i> .....49
.....43	AGRYLIN .....69	<i>alogliptin-pioglitazone tab</i>
see	see <i>anagrelide hcl</i> .....69	<i>12.5-30 mg</i> .....49
<i>amphetamine-dextroamph</i>	AIMOVIG .....44	<i>alogliptin-pioglitazone tab</i>
<i>etamine cap er 24hr 5 mg</i>	AJOVY .....44	<i>12.5-45 mg</i> .....49
.....43	AKLIEF .....81	<i>alogliptin-pioglitazone tab</i>
ADDERALL XR CAP 10MG	AKYNZEO CAP 300-0.5 ...63	<i>25-15 mg</i> .....49
.....42	AKYNZEO INJ 235-0.25 ...63	<i>alogliptin-pioglitazone tab</i>
ADDERALL XR CAP 15MG	AKYNZEO INJ	<i>25-30 mg</i> .....49
.....42	235-0.25MG/20ML .....63	<i>alogliptin-pioglitazone tab</i>
ADDERALL XR CAP 20MG	<i>ala-cort</i>.....83	<i>25-45 mg</i> .....49
.....42	<i>albendazole</i> .....6	ALOMIDE .....76
ADDERALL XR CAP 25MG	ALBENZA	ALORA .....57
.....42	see <i>albendazole</i> .....6	<i>alosetron hcl</i> .....65
ADDERALL XR CAP 30MG	<i>albuterol sulfate</i> .....78	ALOXI .....63
.....42	ALCAINE	see <i>palonosetron hcl</i> .....63
ADDERALL XR CAP 5MG 42	see <i>proparacaine hcl</i> .....77	ALPHAGAN P.....76
<i>adefovir dipivoxil</i> .....11	<i>alclometasone dipropionate</i>	see <i>brimonidine tartrate</i> 77
ADEMPAS .....32	83	<i>alprazolam</i> .....33
ADLYXIN.....49	ALDACTAZIDE	ALPRAZOLAM INTENSOL
ADLYXIN INJ 10/20MCG ..49	see <i>spironolactone &</i>	33
ADMELOG .....51	<i>hydrochlorothiazide tab</i>	ALREX.....76
ADMELOG SOLOSTAR....51	<i>25-25 mg</i> .....30	ALTABAX .....82

ALTACE.....22	<i>amlodipine</i>	<i>amlodipine</i>
see <i>ramipril</i>.....23	<i>besylate-atorvastatin calcium</i>	<i>besylate-olmesartan</i>
<i>altavera</i>.....53	<i>tab 10-80 mg</i>.....31	<i>medoxomil tab 5-20 mg</i> ....23
ALTOPREV.....26	<i>amlodipine</i>	<i>amlodipine</i>
ALTRENO.....81	<i>besylate-atorvastatin calcium</i>	<i>besylate-olmesartan</i>
ALUNBRIG.....18	<i>tab 2.5-10 mg</i>.....31	<i>medoxomil tab 5-40 mg</i> ....23
ALUNBRIG PAK .....18	<i>amlodipine</i>	<i>amlodipine</i>
ALVESCO.....80	<i>besylate-atorvastatin calcium</i>	<i>besylate-valsartan tab</i>
<i>alyacen 1/35</i>.....53	<i>tab 2.5-20 mg</i>.....31	<i>10-160 mg</i> .....23
<i>alyacen 7/7/7</i>.....54	<i>amlodipine</i>	<i>amlodipine</i>
<i>alyq</i> .....32	<i>besylate-atorvastatin calcium</i>	<i>besylate-valsartan tab</i>
<i>amabelz</i> .....57	<i>tab 2.5-40 mg</i>.....31	<i>10-320 mg</i> .....23
<i>amantadine hcl</i>.....39	<i>amlodipine</i>	<i>amlodipine</i>
AMARYL .....49	<i>besylate-atorvastatin calcium</i>	<i>besylate-valsartan tab 5-160</i>
see <i>glimepiride</i> .....49	<i>tab 5-10 mg</i>.....31	<i>mg</i>.....23
AMBIEN .....44	<i>amlodipine</i>	<i>amlodipine</i>
see <i>zolpidem tartrate</i> ....44	<i>besylate-atorvastatin calcium</i>	<i>besylate-valsartan tab 5-320</i>
AMBIEN CR.....44	<i>tab 5-20 mg</i>.....31	<i>mg</i>.....23
see <i>zolpidem tartrate</i> ....44	<i>amlodipine</i>	<i>amlodipine-valsartan-hydroc</i>
AMBISOME.....8	<i>besylate-atorvastatin calcium</i>	<i>lorothiazide tab</i>
<i>ambrisentan</i> .....32	<i>tab 5-40 mg</i>.....31	<i>10-160-12.5 mg</i> .....24
<i>amcinonide</i>.....83	<i>amlodipine</i>	<i>amlodipine-valsartan-hydroc</i>
AMCINONIDE .....83	<i>besylate-atorvastatin calcium</i>	<i>lorothiazide tab 10-160-25</i>
AMERGE .....44	<i>tab 5-80 mg</i>.....31	<i>mg</i>.....24
see <i>naratriptan hcl</i>.....45	<i>amlodipine</i>	<i>amlodipine-valsartan-hydroc</i>
<i>amethia</i> .....54	<i>besylate-benazepril hcl cap</i>	<i>lorothiazide tab 10-320-25</i>
<i>amethyst</i> .....54	<i>10-20 mg</i>.....22	<i>mg</i>.....24
<i>amikacin sulfate</i> .....6	<i>amlodipine</i>	<i>amlodipine-valsartan-hydroc</i>
<i>amiloride &</i>	<i>besylate-benazepril hcl cap</i>	<i>lorothiazide tab 5-160-12.5</i>
<i>hydrochlorothiazide tab 5-50</i>	<i>10-40 mg</i>.....22	<i>mg</i>.....24
<i>mg</i>.....30	<i>amlodipine</i>	<i>amlodipine-valsartan-hydroc</i>
<i>amiloride hcl</i>.....30	<i>besylate-benazepril hcl cap</i>	<i>lorothiazide tab 5-160-25</i>
AMINOSYN II INJ 10% ....75	<i>2.5-10 mg</i>.....21	<i>mg</i>.....24
AMINOSYN II INJ 15% ....75	<i>amlodipine</i>	<i>amnesteem</i>.....81
AMINOSYN-PF INJ 7% ....75	<i>besylate-benazepril hcl cap</i>	<i>amoxapine</i> .....37
<i>amiodarone hcl</i> .....26	<i>5-10 mg</i>.....21	<i>amoxicillin</i> .....14
AMITIZA.....65	<i>amlodipine</i>	<i>amoxicillin & k clavulanate</i>
<i>amitriptyline hcl</i> .....37	<i>besylate-benazepril hcl cap</i>	<i>chew tab 200-28.5 mg</i> .....14
<i>amlodipine besylate</i> .....29	<i>5-20 mg</i>.....21	<i>amoxicillin & k clavulanate</i>
<i>amlodipine</i>	<i>amlodipine</i>	<i>chew tab 400-57 mg</i> .....14
<i>besylate-atorvastatin calcium</i>	<i>besylate-benazepril hcl cap</i>	<i>amoxicillin & k clavulanate</i>
<i>tab 10-10 mg</i>.....31	<i>5-40 mg</i>.....21	<i>for susp 200-28.5 mg/5ml</i> .14
<i>amlodipine</i>	<i>amlodipine</i>	<i>amoxicillin & k clavulanate</i>
<i>besylate-atorvastatin calcium</i>	<i>besylate-olmesartan</i>	<i>for susp 250-62.5 mg/5ml</i> .14
<i>tab 10-20 mg</i>.....31	<i>medoxomil tab 10-20 mg</i> ..23	<i>amoxicillin & k clavulanate</i>
<i>amlodipine</i>	<i>amlodipine</i>	<i>for susp 400-57 mg/5ml</i> ....14
<i>besylate-atorvastatin calcium</i>	<i>besylate-olmesartan</i>	<i>amoxicillin & k clavulanate</i>
<i>tab 10-40 mg</i>.....31	<i>medoxomil tab 10-40 mg</i> ..23	<i>for susp 600-42.9 mg/5ml</i> .14

<i>amoxicillin & k clavulanate</i>	<i>ampicillin sodium</i>	ARAZLO
<i>tab 250-125 mg</i>.....14	AMPYRA.....46	ARCALYST.....72
<i>amoxicillin & k clavulanate</i>	<i>see dalfampridine</i>	ARICEPT
<i>tab 500-125 mg</i>.....14	AMZEEQ.....81	<i>see donepezil</i>
<i>amoxicillin & k clavulanate</i>	ANADROL-50	<i>hydrochloride</i>.....37
<i>tab 875-125 mg</i>.....14	ANAFRANIL.....37	ARIKAYCE
<i>amoxicillin & k clavulanate</i>	<i>see clomipramine hcl</i>.....38	ARIMIDEX
<i>tab er 12hr 1000-62.5 mg</i> .14	<i>anagrelide hcl</i>	<i>see anastrozole</i>.....16
<i>amoxicillin cap-clarithro</i>	ANAPROX DS	<i>aripiprazole</i>
<i>tab-lansopraz cap dr therapy</i>	<i>see naproxen sodium</i>	ARISTADA.....41
<i>pack</i>	<i>anastrozole</i>	ARISTADA INITIO
<i>amphetamine</i>	ANCOBON.....8	ARIXTRA.....68
<i>amphetamine-dextroamphet</i>	<i>see flucytosine</i>	<i>see fondaparinux sodium</i>
<i>amine cap er 24hr 10 mg</i> ..43	ANDRODERM	68
<i>amphetamine-dextroamphet</i>	ANDROGEL.....48	<i>armodafinil</i>
<i>amine cap er 24hr 15 mg</i> ..43	<i>see testosterone</i>.....49	ARNUITY ELLIPTA.....80
<i>amphetamine-dextroamphet</i>	ANDROGEL PUMP	AROMASIN
<i>amine cap er 24hr 20 mg</i> ..43	<i>see testosterone</i>.....49	<i>see exemestane</i>.....17
<i>amphetamine-dextroamphet</i>	ANNOVERA MIS	ARTHROTEC 50
<i>amine cap er 24hr 25 mg</i> ..43	ANORO ELLIPT AER	<i>see diclofenac w/</i>
<i>amphetamine-dextroamphet</i>	62.5-25.....77	<i>misoprostol tab delayed</i>
<i>amine cap er 24hr 30 mg</i> ..43	ANTABUSE	<i>release 50-0.2 mg</i>
<i>amphetamine-dextroamphet</i>	<i>see disulfiram</i>	ARTHROTEC 50 TAB
<i>amine cap er 24hr 5 mg</i> ....43	ANTARA	ARTHROTEC 75
<i>amphetamine-dextroamphet</i>	ANUSOL-HC.....85	<i>see diclofenac w/</i>
<i>amine tab 10 mg</i>	<i>see procto-med hc</i>.....86	<i>misoprostol tab delayed</i>
<i>amphetamine-dextroamphet</i>	<i>see proctosol hc</i>	<i>release 75-0.2 mg</i>
<i>amine tab 12.5 mg</i>	<i>see proctozone-hc</i>.....86	ARTHROTEC 75 TAB
<i>amphetamine-dextroamphet</i>	APEXICON E.....83	ARYMO ER
<i>amine tab 15 mg</i>	APIDRA	ARZERRA
<i>amphetamine-dextroamphet</i>	APIDRA SOLOSTAR.....51	ASACOL HD
<i>amine tab 20 mg</i>	ALENZIN	<i>see mesalamine</i>
<i>amphetamine-dextroamphet</i>	APOKYN.....39	<i>ashlyna</i>
<i>amine tab 30 mg</i>	<i>aprepitant</i>.....63	ASMANEX HFA.....80
<i>amphetamine-dextroamphet</i>	<i>aprepitant capsule therapy</i>	ASMANEX TWISTHALER
<i>amine tab 5 mg</i>	<i>pack 80 & 125 mg</i>	120 ME
<i>amphetamine-dextroamphet</i>	<i>apri</i>.....54	ASMANEX TWISTHALER
<i>amine tab 7.5 mg</i>	APRISO	14 MET
<i>amphotericin b</i>	<i>see mesalamine</i>	ASMANEX TWISTHALER
<i>ampicillin</i>	APTENSIO XR.....43	30 MET
<i>ampicillin & sulbactam</i>	APTOM	ASMANEX TWISTHALER
<i>sodium for inj 1.5 (1-0.5) gm</i>	APTIVUS	60 MET
.....14	ARALAST NP	<i>aspirin-dipyridamole cap er</i>
<i>ampicillin & sulbactam</i>	<i>aranelle</i>	<i>12hr 25-200 mg</i>
<i>sodium for inj 3 (2-1) gm</i> ...14	ARANESP ALBUMIN FREE	ASTAGRAF XL.....72
<i>ampicillin & sulbactam</i>	69	ATACAND
<i>sodium for iv soln 15 (10-5)</i>	ARAVA.....71	<i>see candesartan cilexetil</i>
<i>gm</i>.....14	<i>see leflunomide</i>	25

ATACAND HCT	mg .....14	AZELEX.....81
see <i>candesartan</i>	AUGMENTIN SUS ES-600	AZILECT.....39
<i>cilexetil-hydrochlorothiazid</i>	14	see <i>rasagiline mesylate</i>.....40
e tab 16-12.5 mg .....24	AUGMENTIN TAB 500MG	<i>azithromycin</i> .....13
see <i>candesartan</i>	<i>aurovela 1/20</i> .....54	AZOPT.....77
<i>cilexetil-hydrochlorothiazid</i>	<i>aurovela 24 fe</i> .....54	AZOR
e tab 32-12.5 mg .....24	<i>aurovela fe 1.5/30</i> .....54	see <i>amlodipine</i>
see <i>candesartan</i>	<i>aurovela fe 1/20</i> .....54	<i>besylate-olmesartan</i>
<i>cilexetil-hydrochlorothiazid</i>	AURYXIA.....61	<i>medoxomil tab 10-20 mg</i>
e tab 32-25 mg .....24	AUSTEDO .....45	23
ATACAND HCT TAB	AVALIDE	see <i>amlodipine</i>
16-12.5.....24	see	<i>besylate-olmesartan</i>
ATACAND HCT TAB	<i>irbesartan-hydrochlorothia</i>	<i>medoxomil tab 10-40 mg</i>
32-12.5.....24	<i>zide tab 150-12.5 mg</i>.....24	23
ATACAND HCT TAB	see	see <i>amlodipine</i>
32-25MG.....24	<i>irbesartan-hydrochlorothia</i>	<i>besylate-olmesartan</i>
<i>atazanavir sulfate</i> .....10	<i>zide tab 300-12.5 mg</i>.....24	<i>medoxomil tab 5-20 mg</i>.....23
ATELVIA .....53	AVALIDE TAB 150-12.5....24	see <i>amlodipine</i>
see <i>risedronate sodium</i> .53	AVALIDE TAB 300-12.5....24	<i>besylate-olmesartan</i>
<i>atenolol</i> .....28	AVAPRO.....25	<i>medoxomil tab 5-40 mg</i>.....23
<i>atenolol & chlorthalidone tab</i>	see <i>irbesartan</i> .....25	AZOR TAB 10-20MG.....24
<i>100-25 mg</i>.....28	AVASTIN .....18	AZOR TAB 10-40MG.....24
<i>atenolol & chlorthalidone tab</i>	AVEED.....48	AZOR TAB 5-20MG.....24
<i>50-25 mg</i>.....28	<i>aviane</i> .....54	AZOR TAB 5-40MG.....24
ATGAM .....72	<i>avita</i> .....81	<i>aztreonam</i>.....6
ATIVAN.....33	AVODART .....67	AZULFIDINE.....64
see <i>lorazepam</i>.....33	see <i>dutasteride</i>.....67	see <i>sulfasalazine</i>.....65
<i>atomoxetine hcl</i>.....43	AVONEX.....46	AZULFIDINE EN-TABS ....64
<i>atorvastatin calcium</i> .....27	AVONEX PEN .....46	see <i>sulfasalazine</i>.....65
<i>atovaquone</i> .....6	AVSOLA .....70	<i>azurette</i>.....54
<i>atovaquone-proguanil hcl tab</i>	AVYCAZ INJ 2-0.5GM .....12	B
<i>250-100 mg</i>.....9	AYGESTIN.....62	<i>bacitracin (ophthalmic)</i>.....75
<i>atovaquone-proguanil hcl tab</i>	see <i>norethindrone acetate</i>	<i>bacitracin-polymyxin b ophth</i>
<i>62.5-25 mg</i>.....9	62	<i>oint</i>.....75
ATRALIN.....81	<i>ayuna</i> .....54	<i>bacitracin-polymyxin-neomyc</i>
see <i>tretinoin</i>.....82	AYVAKIT.....18	<i>in-hc ophth oint 1%</i>.....75
ATRIPLA TAB .....11	<i>azacitidine</i> .....16	<i>baclofen</i> .....47
<i>atropine sulfate</i> .....64	AZACTAM.....6	BACTRIM
ATROPINE SULFATE .....77	see <i>aztreonam</i> .....6	see
ATROVENT HFA .....78	AZASAN .....72	<i>sulfamethoxazole-trimetho</i>
AUBAGIO.....46	AZASITE.....75	<i>prim tab 400-80 mg</i>.....8
<i>aubra eq</i>.....54	<i>azathioprine</i> .....72	BACTRIM DS
AUGMENTIN	<i>azelaic acid</i> .....85	see
see <i>amoxicillin & k</i>	<i>azelastine hcl</i> .....78	<i>sulfamethoxazole-trimetho</i>
<i>clavulanate for susp</i>	<i>azelastine hcl (ophth)</i>.....76	<i>prim tab 800-160 mg</i>.....8
250-62.5 mg/5ml .....14	<i>azelastine hcl-fluticasone</i>	BACTRIM DS TAB 800-1606
see <i>amoxicillin & k</i>	<i>prop nasal spray 137-50</i>	BACTRIM TAB 400-80MG..6
<i>clavulanate tab 500-125</i>	<i>mcg/act</i> .....78	BALCOLTRA TAB 0.1-20 .54

<i>balsalazide disodium</i>.....64	BENICAR HCT TAB	<i>estradiol-levomefolate tab</i>
BALVERSA.....18	40-25MG.....24	3-0.02-0.451 mg.....54
<i>balziva</i>.....54	BENLYSTA.....72	BEYAZ TAB.....54
BANZEL.....33	BENTYL.....64	BIAXIN XL
BAQSIMI TWO PACK.....59	see <i>dicyclomine hcl</i>.....64	see <i>clarithromycin</i>.....13
BARACLUDE.....11	BENZACLIN	<i>bicalutamide</i>.....16
see <i>entecavir</i>.....11	see <i>clindamycin</i>	BICILLIN C-R INJ 1200000
BASAGLAR KWIKPEN.....51	<i>phosphate-benzoyl</i>	14
BAVENCIO.....18	<i>peroxide gel 1-5%</i>.....81	BICILLIN C-R INJ 900/30014
BAXDELA.....13	BENZACLIN GEL	BICILLIN L-A.....14
BCG VACCINE INJ.....73	1-5%PUMP.....81	BIDIL TAB.....31
BD ALCOHOL SWABS.....51	BENZAMYCIN	BIKTARVY TAB.....11
BECONASE AQ.....80	see <i>benzoyl</i>	BILTRICIDE.....6
<i>bekyree</i>.....54	<i>peroxide-erythromycin gel</i>	see <i>praziquantel</i>.....8
BELBUCA.....2	5-3%.....81	<i>bimatoprost</i>.....77
BELEODAQ.....18	BENZAMYCIN GEL 5-3%.....81	BINOSTO.....53
BELSOMRA.....44	<i>benzoyl</i>	<i>bisoprolol &</i>
<i>benazepril &</i>	<i>peroxide-erythromycin gel</i>	<i>hydrochlorothiazide tab</i>
<i>hydrochlorothiazide tab</i>	5-3%.....81	10-6.25 mg.....28
10-12.5 mg.....22	<i>benztropine mesylate</i>.....39	<i>bisoprolol &</i>
<i>benazepril &</i>	BEOVU.....77	<i>hydrochlorothiazide tab</i>
<i>hydrochlorothiazide tab</i>	BEPREVE.....76	2.5-6.25 mg.....28
20-12.5 mg.....22	BERINERT.....69	<i>bisoprolol &</i>
<i>benazepril &</i>	<i>beser</i>.....83	<i>hydrochlorothiazide tab</i>
<i>hydrochlorothiazide tab</i>	BESIVANCE.....75	5-6.25 mg.....28
20-25 mg.....22	BESPONSA.....18	<i>bisoprolol fumarate</i>.....28
<i>benazepril &</i>	<i>betamethasone dipropionate</i>	BIVIGAM.....71
<i>hydrochlorothiazide tab</i>	(topical).....83	<i>bleomycin sulfate</i>.....16
5-6.25 mg.....22	<i>betamethasone dipropionate</i>	BLEPH-10.....75
<i>benazepril hcl</i>.....22	<i>augmented</i>.....83	see <i>sulfacetamide sodium</i>
BENDEKA.....15	<i>betamethasone valerate</i> ...83	(ophth).....76
BENICAR.....25	BETAPACE.....26	BLEPHAMIDE OIN S.O.P. 75
see <i>olmesartan medoxomil</i>	see <i>sorine</i>.....26	BLEPHAMIDE SUS OP ....75
.....26	see <i>sotalol hcl</i>.....26	<i>blisovi 24 fe</i>.....54
BENICAR HCT	BETAPACE AF.....26	<i>blisovi fe 1.5/30</i>.....54
see <i>olmesartan</i>	see <i>sotalol hcl (afib/af)</i> ..26	BONIVA.....53
<i>medoxomil-hydrochlorothi</i>	BETASERON.....46	see <i>ibandronate sodium</i> 53
<i>azide tab 20-12.5 mg</i>.....25	<i>betaxolol hcl</i>.....28	BONJESTA TAB 20-20MG
see <i>olmesartan</i>	<i>betaxolol hcl (ophth)</i>.....77	63
<i>medoxomil-hydrochlorothi</i>	<i>bethanechol chloride</i>.....67	BOOSTRIX INJ.....73
<i>azide tab 40-12.5 mg</i>.....25	BETHKIS.....6	BORTEZOMIB.....18
see <i>olmesartan</i>	BETIMOL.....77	<i>bosentan</i>.....32
<i>medoxomil-hydrochlorothi</i>	BETOPTIC-S.....77	BOSULIF.....18
<i>azide tab 40-25 mg</i>.....25	BEVESPI AER 9-4.8MCG.77	BOTOX.....47
BENICAR HCT TAB 20-12.5	<i>bexarotene</i>.....17	BRAFTOVI.....18
.....24	BEXSERO INJ.....73	BREO ELLIPTA INH 100-25
BENICAR HCT TAB 40-12.5	BEYAZ	80
.....24	see <i>drospirenone-ethinyl</i>	BREO ELLIPTA INH 200-25

.....80	<i>buspirone hcl</i> .....33	<i>tab 1-100 mg</i> .....45
<i>briellyn</i> .....54	<i>butorphanol tartrate</i> .....3	CAFERGOT TAB 1-100MG
BRILINTA.....70	BUTRANS.....2	44
<i>brimonidine tartrate</i> .....77	<i>see buprenorphine</i> .....2	CALAN SR.....29
BRISDELLE .....45	BYDUREON BCISE.....49	<i>see verapamil hcl</i> .....30
<i>see paroxetine mesylate</i>	BYDUREON PEN .....49	<i>calcipotriene</i> .....83
(<i>vasomotor</i>) .....46	BYETTA.....49	<i>calcipotriene-betamethasone</i>
BRIVIACT .....33	BYNFEZIA PEN.....59	<i>dipropionate oint</i>
<i>bromfenac sodium (ophth)</i> 76	BYSTOLIC .....28	<i>0.005-0.064%</i> .....83
<i>bromocriptine mesylate</i> ....39	C	<i>calcipotriene-betamethasone</i>
BROMSITE .....76	<i>cabergoline</i> .....59	<i>dipropionate susp</i>
BROVANA .....78	CABLIVI.....69	<i>0.005-0.064%</i> .....83
BRUKINSA.....18	CABOMETYX .....18	<i>calcitonin (salmon)</i> .....53
BRYHALI.....83	CADUET	<i>calcitrene</i> .....83
<i>budesonide</i> .....64	<i>see amlodipine</i>	<i>calcitriol</i>.....63
<i>budesonide (inhalation)</i> ....80	<i>besylate-atorvastatin</i>	<i>calcitriol (topical)</i> .....83
<i>bumetanide</i> .....30	<i>calcium tab 10-10 mg</i> ....31	<i>calcium acetate (phosphate</i>
BUMEX	<i>see amlodipine</i>	<i>binder)</i> .....61
<i>see bumetanide</i> .....30	<i>besylate-atorvastatin</i>	CALQUENCE .....18
BUNAVAIL MIS 2.1-0.3 ....48	<i>calcium tab 10-20 mg</i> ....31	CAMBIA .....44
BUNAVAIL MIS 4.2-0.7 ....48	<i>see amlodipine</i>	<i>camila</i> .....54
BUNAVAIL MIS 6.3-1MG ..48	<i>besylate-atorvastatin</i>	CAMPTOSAR
BUPHENYL.....59	<i>calcium tab 10-40 mg</i> ....31	<i>see irinotecan hcl</i> .....17
<i>see sodium phenylbutyrate</i>	<i>see amlodipine</i>	<i>camrese</i> .....54
.....61	<i>besylate-atorvastatin</i>	<i>camrese lo</i> .....54
<i>buprenorphine</i> .....2	<i>calcium tab 10-80 mg</i> ....31	CANASA.....64
<i>buprenorphine hcl</i> .....48	<i>see amlodipine</i>	<i>see mesalamine</i> .....65
<i>buprenorphine hcl-naloxone</i>	<i>besylate-atorvastatin</i>	CANCIDAS .....9
<i>hcl sl film 12-3 mg (base</i>	<i>calcium tab 5-10 mg</i> .....31	<i>see caspofungin acetate</i> .9
<i>equiv)</i> .....48	<i>see amlodipine</i>	<i>candesartan cilexetil</i> .....25
<i>buprenorphine hcl-naloxone</i>	<i>besylate-atorvastatin</i>	<i>candesartan</i>
<i>hcl sl film 2-0.5 mg (base</i>	<i>calcium tab 5-20 mg</i> .....31	<i>cilexetil-hydrochlorothiazide</i>
<i>equiv)</i> .....48	<i>see amlodipine</i>	<i>tab 16-12.5 mg</i> .....24
<i>buprenorphine hcl-naloxone</i>	<i>besylate-atorvastatin</i>	<i>candesartan</i>
<i>hcl sl film 4-1 mg (base</i>	<i>calcium tab 5-40 mg</i> .....31	<i>cilexetil-hydrochlorothiazide</i>
<i>equiv)</i> .....48	<i>see amlodipine</i>	<i>tab 32-12.5 mg</i> .....24
<i>buprenorphine hcl-naloxone</i>	<i>besylate-atorvastatin</i>	<i>candesartan</i>
<i>hcl sl film 8-2 mg (base</i>	<i>calcium tab 5-80 mg</i> .....31	<i>cilexetil-hydrochlorothiazide</i>
<i>equiv)</i> .....48	CADUET TAB 10-10MG ...31	<i>tab 32-25 mg</i> .....24
<i>buprenorphine hcl-naloxone</i>	CADUET TAB 10-20MG ...31	CAPEX .....83
<i>hcl sl tab 2-0.5 mg (base</i>	CADUET TAB 10-40MG ...31	CAPLYTA .....41
<i>equiv)</i> .....48	CADUET TAB 10-80MG ...31	CAPRELSA .....18
<i>buprenorphine hcl-naloxone</i>	CADUET TAB 5-10MG ....31	<i>captopril</i> .....23
<i>hcl sl tab 8-2 mg (base</i>	CADUET TAB 5-20MG ....31	<i>captopril &</i>
<i>equiv)</i> .....48	CADUET TAB 5-40MG ....31	<i>hydrochlorothiazide tab</i>
<i>bupropion hcl</i> .....37	CADUET TAB 5-80MG ....31	<i>25-15 mg</i> .....22
<i>bupropion hcl (smoking</i>	CAFERGOT	<i>captopril &</i>
<i>deterrent)</i> .....48	<i>see ergotamine w/ caffeine</i>	<i>hydrochlorothiazide tab</i>

25-25 mg.....22	CARDIZEM.....29	CEFEPIME/DEX INJ 2GM 12
captopril &	see <i>diltiazem hcl</i>.....29	<i>cefexime</i> .....12
hydrochlorothiazide tab	CARDIZEM CD.....29	CEFOTAN .....12
50-15 mg.....22	see <i>cartia xt</i>.....29	see <i>cefotetan disodium</i> .12
captopril &	see <i>diltiazem hcl coated</i>	<i>cefotetan disodium</i>.....12
hydrochlorothiazide tab	beads .....29	CEFOXITIN INJ 1GM .....12
50-25 mg.....22	CARDIZEM LA.....29	CEFOXITIN INJ 2GM .....12
CARAC .....85	see <i>diltiazem hcl coated</i>	<i>cefoxitin sodium</i> .....12
CARAFATE.....65	beads .....29	<i>cefpodoxime proxetil</i>.....12
see <i>sucralfate</i> .....66	see <i>matzim la</i> .....29	<i>cefprozil</i> .....12
CARBAGLU .....59	CARDURA .....23	<i>ceftazidime</i> .....12
carbamazepine .....33	see <i>doxazosin mesylate</i> 23	CEFTAZIDIME/ SOL D5W
CARBATROL.....33	CARDURA XL.....67	1GM.....12
see <i>carbamazepine</i> .....33	<i>carisoprodol</i> .....47	CEFTAZIDIME/ SOL D5W
carbidopa .....39	CARNITOR.....59	2GM.....12
carbidopa & levodopa orally	see <i>levocarnitine</i>	<i>ceftriaxone sodium</i>.....12
disintegrating tab 10-100 mg	(metabolic modifiers) .....60	<i>cefuroxime axetil</i>.....12
.....39	CAROSPIR.....23	<i>cefuroxime sodium</i>.....12
carbidopa & levodopa orally	<i>carteolol hcl (ophth)</i> .....77	CELEBREX .....1
disintegrating tab 25-100 mg	<i>cartia xt</i> .....29	see <i>celecoxib</i> .....1
.....39	<i>carvedilol</i>.....28	<i>celecoxib</i>.....1
carbidopa & levodopa orally	<i>carvedilol phosphate</i> .....28	CELEXA .....37
disintegrating tab 25-250 mg	CASODEX .....17	see <i>citalopram</i>
.....39	see <i>bicalutamide</i> .....16	<i>hydrobromide</i> .....37
carbidopa & levodopa tab	<i>caspofungin acetate</i>.....9	CELLCEPT .....72
10-100 mg.....39	CASPOFUNGIN ACETATE 9	see <i>mycophenolate mofetil</i>
carbidopa & levodopa tab	CATAPRES .....31	72
25-100 mg.....39	see <i>clonidine hcl</i>.....31	CELONTIN .....33
carbidopa & levodopa tab	CATAPRES-TTS-1 .....31	CENTANY .....82
25-250 mg.....39	see <i>clonidine</i> .....31	<i>cephalexin</i> .....13
carbidopa & levodopa tab er	CATAPRES-TTS-2 .....31	CEQUA.....77
25-100 mg.....39	see <i>clonidine</i> .....31	CERDELGA.....59
carbidopa & levodopa tab er	CATAPRES-TTS-3 .....31	CEREZYME.....59
50-200 mg.....40	see <i>clonidine</i> .....31	<i>cetirizine hcl</i>.....78
carbidopa-levodopa-entacap	CAYSTON .....6	CETRAXAL.....87
one tabs 12.5-50-200 mg..40	<i>caziant</i> .....54	<i>cevimeline hcl</i> .....86
carbidopa-levodopa-entacap	<i>cefaclor</i> .....12	CHANTIX.....48
one tabs 18.75-75-200 mg 40	CEFACLOR ER .....12	CHANTIX CONTINUING
carbidopa-levodopa-entacap	<i>cefadroxil</i> .....12	MONTH .....48
one tabs 25-100-200 mg...40	CEFAZOLIN INJ 1GM/50ML	CHANTIX PAK 0.5& 1MG.48
carbidopa-levodopa-entacap	12	<i>chateal</i> .....54
one tabs 31.25-125-200 mg	<i>cefazolin sodium</i> .....12	CHEMET .....53
.....40	CEFAZOLIN SOLN	<i>chlorhexidine gluconate</i>
carbidopa-levodopa-entacap	2GM/100ML-4%.....12	(mouth-throat).....86
one tabs 37.5-150-200 mg 40	<i>cefdinir</i> .....12	<i>chloroquine phosphate</i> .....9
carbidopa-levodopa-entacap	CEFEPIME .....12	<i>chlorpromazine hcl</i>.....41
one tabs 50-200-200 mg...40	<i>cefepime hcl</i>.....12	CHLORPROMAZINE HCL 41
carboplatin .....15	CEFEPIME/DEX INJ 1GM 12	<i>chlorthalidone</i> .....30

CHOLBAM	65	<i>phosphate vaginal</i>	68	CLINIMIX E INJ 2.75/D5W 75	
cholestyramine	27	CLEOCIN PEDIATRIC		CLINIMIX E INJ 4.25/D10. 75	
cholestyramine light	27	GRANULE	6	CLINIMIX E INJ 4.25/D5W 75	
choline fenofibrate	26	see <i>clindamycin palmitate</i>		CLINIMIX E INJ 5%/D15W 75	
CHORIONIC		<i>hydrochloride</i>	6	CLINIMIX E INJ 5%/D20W 75	
GONADOTROPIN	60	CLEOCIN PHOSPHATE	6	CLINIMIX INJ 4.25/D10 75	
ciclopirox	82	see <i>clindamycin</i>		CLINIMIX INJ 4.25/D5W ... 75	
ciclopirox olamine	82	<i>phosphate</i>	6	CLINIMIX INJ 5%/D15W ... 75	
cidofovir	11	CLEOCIN-T	81	CLINIMIX INJ 5%/D20W ... 75	
cilostazol	69	see <i>clindamycin</i>		<i>clinisol sf 15%</i>	75
CILOXAN	75	<i>phosphate (topical)</i>	81	CLINOLIPID EMU 20%	75
see <i>ciprofloxacin hcl</i>		CLIMARA	57	<i>clobazam</i>	33
(ophth)	75	see <i>estradiol</i>	57	<i>clobetasol propionate</i>	83
CIMDUO TAB 300-300	11	<i>clindacin-p</i>	81	<i>clobetasol propionate e</i>	83
cimetidine	64	CLINDAGEL	81	<i>clobetasol propionate</i>	
cimetidine hcl	64	<i>clindamycin hcl</i>	6	<i>emulsion</i>	83
CIMZIA	70	<i>clindamycin palmitate</i>		CLOBEX	83
CIMZIA STARTER KIT	70	<i>hydrochloride</i>	6	see <i>clobetasol propionate</i>	
cinacalcet hcl	60	<i>clindamycin phosphate</i>	6	.....	83
CINQAIR	79	<i>clindamycin phosphate</i>		see <i>clodan</i>	84
CINRYZE	69	(topical)	81	<i>clocortolone pivalate</i>	84
CINVANTI	63	<i>clindamycin phosphate in</i>		<i>clodan</i>	84
CIPRO	13	<i>d5w iv soln 300 mg/50ml</i>	6	CLODERM	84
see <i>ciprofloxacin hcl</i>	13	<i>clindamycin phosphate in</i>		see <i>clocortolone pivalate</i>	
CIPRO HC SUS OTIC	87	<i>d5w iv soln 600 mg/50ml</i>	6	.....	84
CIPRODEX SUS 0.3-0.1% 87		<i>clindamycin phosphate in</i>		<i>clomipramine hcl</i>	38
<i>ciprofloxacin 200 mg/100ml</i>		<i>d5w iv soln 900 mg/50ml</i>	7	<i>clonazepam</i>	33
<i>in d5w</i>	13	<i>clindamycin phosphate</i>		<i>clonidine</i>	31
<i>ciprofloxacin 400 mg/200ml</i>		<i>vaginal</i>	68	<i>clonidine hcl</i>	31
<i>in d5w</i>	13	<i>clindamycin</i>		<i>clopidogrel bisulfate</i>	70
<i>ciprofloxacin hcl</i>	13	<i>phosphate-benzoyl peroxide</i>		<i>clorazepate dipotassium</i> ...	33
<i>ciprofloxacin hcl (ophth)</i>	75	<i>gel 1.2-2.5%</i>	81	<i>clotrimazole</i>	86
<i>ciprofloxacin hcl (otic)</i>	87	<i>clindamycin</i>		<i>clotrimazole (topical)</i>	82
<i>ciprofloxacin-fluocinolone</i>		<i>phosphate-benzoyl peroxide</i>		<i>clotrimazole w/</i>	
<i>aceton (pf) otic soln</i>		<i>gel 1-5%</i>	81	<i>betamethasone cream</i>	
<i>0.3-0.025%</i>	87	<i>clindamycin</i>		<i>1-0.05%</i>	82
<i>cisplatin</i>	15	<i>phosphate-tretinoin gel</i>		<i>clotrimazole w/</i>	
<i>citalopram hydrobromide</i> ...	37	<i>1.2-0.025%</i>	81	<i>betamethasone lotion</i>	
<i>claravis</i>	81	<i>clindamycin phosph-benzoyl</i>		<i>1-0.05%</i>	82
CLARINEX	78	<i>peroxide (refrig) gel 1.2</i>		<i>clovique</i>	53
see <i>desloratadine</i>	78	(1)-5%	81	<i>clozapine</i>	41
CLARINEX-D TAB 2.5-120		CLINDESSE	68	CLOZARIL	41
.....	78	CLINDMYC/NAC INJ		see <i>clozapine</i>	41
<i>clarithromycin</i>	13	300/50ML	7	COARTEM TAB 20-120MG 9	
CLENPIQ SOL	65	CLINDMYC/NAC INJ		<i>codeine sulfate</i>	3
CLEOCIN	6, 68	600/50ML	7	CODEINE SULFATE	3
see <i>clindamycin hcl</i>	6	CLINDMYC/NAC INJ		COGENTIN	40
see <i>clindamycin</i>		900/50ML	7	see <i>benztropine mesylate</i>	

.....39	see <i>carvedilol phosphate</i>	<i>cromolyn sodium</i>.....79
COLAZAL.....64	28	<i>cromolyn sodium</i>
see <i>balsalazide disodium</i>	CORGARD .....28	(<i>mastocytosis</i>) .....65
.....64	see <i>nadolol</i>.....29	<i>cromolyn sodium (ophth)</i> ..76
<i>colchicine</i> .....1	CORLANOR .....31	<i>crotan</i>.....86
<i>colchicine w/ probenecid tab</i>	CORTEF .....58	<i>cryselle-28</i> .....54
<i>0.5-500 mg</i>.....1	see <i>hydrocortisone</i> .....58	CRYSVITA.....60
COLCRYS.....1	CORTENEMA.....64	CUBICIN .....7
see <i>colchicine</i> .....1	see <i>colocort</i>.....64	see <i>daptomycin</i> .....7
<i>colesevelam hcl</i> .....27	see <i>hydrocortisone</i>	CUTAQUIG.....71
COLESTID .....27	(<i>intrarectal</i>) .....64	CUTIVATE.....84
see <i>colestipol hcl</i> .....27	CORTIFOAM .....85	see <i>baser</i> .....83
<i>colestipol hcl</i> .....27	<i>cortisone acetate</i> .....58	see <i>fluticasone propionate</i>
<i>colistimethate sodium</i> .....7	CORTISPORIN CRE 0.5%	84
<i>colocort</i> .....64	82	CUVITRU.....71
COLY-MYCIN M .....7	CORTISPORIN OIN 1% ...82	CUVPOSA .....64
see <i>colistimethate sodium</i>	CORTISPORIN SUS -TC	<i>cyclafem 1/35</i> .....54
.....7	OTIC .....87	<i>cyclafem 7/7/7</i> .....54
COMBIGAN SOL 0.2/0.5%	COSENTYX .....70	<i>cyclobenzaprine hcl</i> .....47
.....77	COSENTYX SENSOREADY	<i>cyclophosphamide</i> .....15
COMBIVENT AER 20-100 77	PEN .....70	<i>cycloserine</i>.....11
COMBIVIR	COSOPT	<i>cyclosporine</i>.....72
see <i>lamivudine-zidovudine</i>	see <i>dorzolamide</i>	<i>cyclosporine modified (for</i>
<i>tab 150-300 mg</i> .....11	<i>hcl-timolol maleate ophth</i>	<i>microemulsion)</i> .....72
COMBIVIR TAB 150-300 ..11	<i>soln 22.3-6.8 mg/ml</i>.....77	CYKLOKAPRON
COMETRIQ (60MG DOSE)	COSOPT PF	see <i>tranexamic acid</i> .....70
.....18	see <i>dorzolamide</i>	CYMBALTA .....38
COMETRIQ KIT 100MG ...18	<i>hcl-timolol maleate ophth</i>	see <i>duloxetine hcl</i> .....38
COMETRIQ KIT 140MG ...19	<i>sol 22.3-6.8 mg/ml pf</i>.....77	<i>cyproheptadine hcl</i>.....78
COMPLERA TAB .....11	COSOPT PF SOL 2%-0.5%	CYRAMZA .....19
<i>compro</i> .....63	77	<i>cyred eq</i>.....54
COMTAN .....40	COSOPT SOL 22.3-6.8 ....77	CYSTADANE POW .....60
see <i>entacapone</i>.....40	COTELLIC .....19	CYSTAGON .....60
CONCERTA.....43	COTEMPLA XR-ODT .....43	CYSTARAN .....77
see <i>methylphenidate hcl</i> 44	COUMADIN .....68	<i>cytarabine</i> .....16
CONDYLOX.....85	COZAAR.....25	CYTOGAM .....71
<i>constulose</i>.....65	see <i>losartan potassium</i> .26	CYTOMEL .....62
CONZIP .....2	CREON CAP 12000UNT ..66	see <i>liothyronine sodium</i> 62
COPAXONE.....46	CREON CAP 24000UNT ..66	CYTOTEC .....65
see <i>glatiramer acetate</i> ...46	CREON CAP 3000UNIT ...66	see <i>misoprostol</i> .....66
see <i>glatopa</i>.....46	CREON CAP 36000UNT ..66	CYTOVENE
COPIKTRA.....19	CREON CAP 6000UNIT ...66	see <i>ganciclovir sodium</i> ..11
CORDRAN.....84	CRESEMBA.....9	D
see <i>flurandrenolide</i> .....84	CRESTOR .....27	D.H.E. 45 .....44
see <i>nolix</i> .....85	see <i>rosuvastatin calcium</i>	see <i>dihydroergotamine</i>
COREG.....28	27	<i>mesylate</i>.....45
see <i>carvedilol</i> .....28	CRINONE .....62	D10W/NACL INJ 0.2%.....73
COREG CR.....28	CRIXIVAN.....10	D5W/LYTES INJ #48.....73

D5W/NACL INJ 0.3%.....73	see <i>divalproex sodium</i> ...34	see <i>desonide</i>.....84
<i>dacarbazine</i> .....17	DEPAKOTE ER .....33	<i>desonide</i> .....84
DACOGEN.....16	see <i>divalproex sodium</i> ...34	DESOWEN .....84
see <i>decitabine</i> .....16	DEPAKOTE SPRINKLES .33	see <i>desonide</i>.....84
<i>dalfampridine</i> .....46	see <i>divalproex sodium</i> ...34	<i>desoximetasone</i>.....84
DALIRESP .....79	DEPEN TITRATABS.....53	DESVENLAFAXINE ER...38
DALVANCE.....7	see <i>penicillamine</i>.....53	<i>desvenlafaxine succinate</i> ..38
<i>danazol</i> .....57	DEPO-ESTRADIOL .....57	DETROL .....67
DANTRIUM .....47	DEPO-MEDROL .....58	see <i>tolterodine tartrate</i> ..68
see <i>dantrolene sodium</i> ..47	see <i>methylprednisolone</i>	DETROL LA.....67
<i>dantrolene sodium</i> .....47	acetate .....59	see <i>tolterodine tartrate</i> ..68
<i>dapsone</i> .....7	DEPO-PROVERA.....17	DEXABLISS.....58
<i>dapsone (topical)</i> .....81	DEPO-PROVERA	<i>dexamethasone</i> .....58
DAPTACEL INJ.....73	CONTRACEPTIV.....54	DEXAMETHASONE
<i>daptomycin</i>.....7	see <i>medroxyprogesterone</i>	INTENSOL.....58
DAPTOMYCIN.....7	acetate (contraceptive) ..55	DEXAMETHASONE
see <i>daptomycin</i> .....7	DEPO-SUBQ PROVERA	SODIUM PHOS
DARAPRIM .....7	104.....54	see <i>dexamethasone</i>
<i>darifenacin hydrobromide</i> ..67	DEPO-TESTOSTERONE .48	<i>sodium phosphate</i>.....58
DARZALEX .....19	see <i>testosterone cypionate</i>	<i>dexamethasone sodium</i>
DARZALEX SOL FASPRO	49	<i>phosphate</i> .....58
.....19	DERMA-SMOOTH/FS	<i>dexamethasone sodium</i>
<i>dasetta 1/35</i> .....54	BODY.....84	<i>phosphate (ophth)</i>.....76
<i>dasetta 7/7/7</i> .....54	see <i>fluocinolone acetonide</i>	DEXEDRINE.....43
DAURISMO.....19	84	see <i>dextroamphetamine</i>
DAYPRO.....1	DERMA-SMOOTH/FS	<i>sulfate</i> .....43
see <i>oxaprozin</i> .....2	SCALP .....84	DEXILANT .....66
<i>daysee</i> .....54	see <i>fluocinolone acetonide</i>	<i>dexmethylphenidate hcl</i> ...43
DAYTRANA .....43	84	<i>dexrazoxane hcl</i>.....21
DAYVIGO.....44	DERMOTIC.....87	<i>dextroamphetamine sulfate</i>
DDAVP .....60	see <i>flac</i>.....87	43
see <i>desmopressin acetate</i>	see <i>fluocinolone acetonide</i>	<i>dextrose</i> .....75
.....60	(otic) .....87	<i>dextrose 10% w/ sodium</i>
see <i>desmopressin acetate</i>	DESCOVY TAB 200/25 ....11	<i>chloride 0.45%</i>.....74
<i>spray</i> .....60	DESFERAL.....53	<i>dextrose 2.5% w/ sodium</i>
<i>deblitane</i> .....54	see <i>deferoxamine</i>	<i>chloride 0.45%</i>.....73
<i>decitabine</i>.....16	<i>mesylate</i> .....53	<i>dextrose 5% in lactated</i>
<i>deferasirox</i> .....53	<i>desipramine hcl</i>.....38	<i>ringers</i>.....73
<i>deferoxamine mesylate</i> ....53	<i>desloratadine</i> .....78	<i>dextrose 5% w/ sodium</i>
DELESTROGEN.....57	<i>desmopressin acetate</i>.....60	<i>chloride 0.2%</i>.....73
see <i>estradiol valerate</i> ....58	<i>desmopressin acetate spray</i>	<i>dextrose 5% w/ sodium</i>
DELSTRIGO TAB .....11	60	<i>chloride 0.225%</i>.....73
DELZICOL .....64	<i>desmopressin acetate spray</i>	<i>dextrose 5% w/ sodium</i>
see <i>mesalamine</i> .....65	<i>refrigerated</i> .....60	<i>chloride 0.45%</i>.....73
<i>demeclocycline hcl</i>.....15	<i>desogest-eth estrad & eth</i>	<i>dextrose 5% w/ sodium</i>
DEMSEER.....31	<i>estradiol tab 0.15-0.02/0.01</i>	<i>chloride 0.9%</i>.....73
DENAVIR.....85	<i>mg(21/5)</i> .....54	DIASTAT ACUDIAL .....34
DEPAKOTE .....33	DESONATE .....84	DIASTAT PEDIATRIC .....34

<i>diazepam</i>	34	<i>diltiazem hcl coated beads</i>	29	<i>disulfiram</i>	48
<i>diazepam (anticonvulsant)</i>	34	<i>diltiazem hcl extended</i>		DITROPAN XL.....	67
<i>diazepam inj</i>	34	<i>release beads</i>	29	<i>see oxybutynin chloride</i>	68
<i>diazoxide</i>	59	<i>dilt-xr</i>	29	DIURIL	30
DIBENZYLINE	31	DIOVAN	25	<i>divalproex sodium</i>	34
<i>see phenoxybenzamine</i>		<i>see valsartan</i>	26	DIVIGEL	57
<i>hcl</i>	32	DIOVAN HCT		<i>docetaxel</i>	18
DICLEGIS		<i>see</i>		DOCETAXEL.....	18
<i>see doxylamine-pyridoxine</i>		<i>valsartan-hydrochlorothiazide</i>		<i>see docetaxel</i>	18
<i>tab delayed release 10-10</i>		<i>de tab 160-12.5 mg</i>	25	<i>dofetilide</i>	26
<i>mg</i>	63	<i>see</i>		DOLOPHINE	2
DICLEGIS TAB 10-10MG	63	<i>valsartan-hydrochlorothiazide</i>		<i>see methadone hcl</i>	3
<i>diclofenac potassium</i>	1	<i>de tab 160-25 mg</i>	25	<i>donepezil hydrochloride</i>	37
<i>diclofenac sodium</i>	1	<i>see</i>		DOPTelet	69
<i>diclofenac sodium (actinic</i>		<i>valsartan-hydrochlorothiazide</i>		DORYX	
<i>keratoses)</i>	85	<i>de tab 320-12.5 mg</i>	25	<i>see doxycycline hyclate</i>	15
<i>diclofenac sodium (ophth)</i>	76	<i>see</i>		<i>dorzolamide hcl</i>	77
<i>diclofenac sodium (topical)</i>	85	<i>valsartan-hydrochlorothiazide</i>		<i>dorzolamide hcl-timolol</i>	
<i>diclofenac w/ misoprostol tab</i>		<i>de tab 320-25 mg</i>	25	<i>maleate ophth sol 22.3-6.8</i>	
<i>delayed release 50-0.2 mg</i>	1	<i>see</i>		<i>mg/ml pf</i>	77
<i>diclofenac w/ misoprostol tab</i>		<i>valsartan-hydrochlorothiazide</i>		<i>dorzolamide hcl-timolol</i>	
<i>delayed release 75-0.2 mg</i>	1	<i>de tab 80-12.5 mg</i>	25	<i>maleate ophth soln 22.3-6.8</i>	
<i>dicloxacillin sodium</i>	14	DIOVAN HCT TAB 160-12.5		<i>mg/ml</i>	77
<i>dicyclomine hcl</i>	64	.....	24	<i>dotti</i>	57
<i>didanosine</i>	10	DIOVAN HCT TAB		DOVATO TAB 50-300MG.....	11
DIFFERIN	81	160-25MG.....	24	DOVONEX.....	83
<i>see adapalene</i>	81	DIOVAN HCT TAB 320-12.5		<i>see calcipotriene</i>	83
DIFICID	13	.....	24	<i>doxazosin mesylate</i>	23
<i>diflorasone diacetate</i>	84	DIOVAN HCT TAB		<i>doxepin hcl</i>	38
DIFLUCAN	9	320-25MG.....	24	<i>doxepin hcl (antipruritic)</i>	85
<i>see fluconazole</i>	9	DIOVAN HCT TAB 80/12.5		<i>doxepin hcl (sleep)</i>	44
<i>diflunisal</i>	1	.....	24	<i>doxercalciferol</i>	63
<i>digitek</i>	31	DIP/TET PED INJ 25-5LFU		DOXIL.....	16
<i>digox</i>	31	.....	73	<i>see doxorubicin hcl</i>	
<i>digoxin</i>	31	DIPENTUM	64	<i>liposomal</i>	16
<i>dihydroergotamine mesylate</i>		<i>diphenhydramine hcl</i>	78	<i>doxorubicin hcl</i>	16
.....	45	<i>diphenoxylate w/ atropine liq</i>		<i>doxorubicin hcl liposomal</i> ..	16
DILANTIN.....	34	<i>2.5-0.025 mg/5ml</i>	65	<i>doxy 100</i>	15
<i>see phenytoin sodium</i>		<i>diphenoxylate w/ atropine</i>		<i>doxycycline (monohydrate)</i>	
<i>extended</i>	35	<i>tab 2.5-0.025 mg</i>	65	.....	15
DILANTIN INFATABS	34	DIPROLENE	84	<i>doxycycline (rosacea)</i>	85
<i>see phenytoin</i>	35	<i>see betamethasone</i>		<i>doxycycline hyclate</i>	15
DILANTIN-125	34	<i>dipropionate augmented</i>	83	<i>doxylamine-pyridoxine tab</i>	
<i>see phenytoin</i>	35	DIPROLENE AF	84	<i>delayed release 10-10 mg</i>	63
DILATRATE SR	32	<i>see betamethasone</i>		DRIZALMA SPRINKLE	38
DILAUDID	3, 4	<i>dipropionate augmented</i>	83	<i>dronabinol</i>	63
<i>see hydromorphone hcl</i>	4	<i>dipyridamole</i>	70	<i>drospirenone-ethinyl</i>	
<i>diltiazem hcl</i>	29	<i>disopyramide phosphate</i>	26	<i>estradiol tab 3-0.02 mg</i>	54

<i>drospirenone-ethinyl</i>	<i>spray 137-50 mcg/act....</i> 78	<i>see epirubicin hcl</i> 16
<i>estradiol tab 3-0.03 mg</i> 54	DYMISTA SPR 137-50 .....78	ELMIRON .....67
<i>drospirenone-ethinyl</i>	DYRENIUM.....30	<i>eluryng.....</i> 54
<i>estrad-levomefolate tab</i>	<i>see triamterene</i> 30	EMCYT .....17
<i>3-0.02-0.451 mg.....</i> 54	DYSPORT .....47	EMEND.....63
<i>drospirenone-ethinyl</i>	E	<i>see aprepitant</i> 63
<i>estrad-levomefolate tab</i>	E.E.S. GRANULES.....13	<i>see fosaprepitant</i>
<i>3-0.03-0.451 mg.....</i> 54	<i>see erythromycin</i>	<i>dimeglumine.....</i> 63
DROXIA .....69	<i>ethylsuccinate</i> 13	EMEND TRIPAC PAK 80 &
DUAKLIR AER 400/12 .....77	EC-NAPROSYN	125.....63
DUETACT	<i>see ec-naproxen</i> 1	EMGALITY .....45
<i>see pioglitazone</i>	<i>see naproxen dr</i> 1	<i>emoquette.....</i> 54
<i>hcl-glimepiride tab 30-2</i>	<i>ec-naproxen.....</i> 1	EMPLICITI .....19
<i>mg</i> 50	<i>econazole nitrate</i> 82	EMSAM .....38
<i>see pioglitazone</i>	EDARBI .....25	EMTRIVA.....10
<i>hcl-glimepiride tab 30-4</i>	EDARBYCLOR TAB 40-12.5	EMVERM.....7
<i>mg</i> 50	24	ENABLEX .....67
DUETACT TAB 30-2MG ...49	EDARBYCLOR TAB	<i>see darifenacin</i>
DUETACT TAB 30-4MG ...49	40-25MG.....24	<i>hydrobromide</i> 67
DUEXIS TAB 800-26.6 .....1	EDECRIIN.....30	<i>enalapril maleate</i> 23
DULERA AER 100-5MCG.80	<i>see ethacrynic acid.....</i> 30	<i>enalapril maleate &</i>
DULERA AER 200-5MCG.80	EDLUAR .....44	<i>hydrochlorothiazide tab</i>
DULERA AER 50-5MCG ..80	EDURANT .....10	<i>10-25 mg</i> 22
<i>duloxetine hcl.....</i> 38	EFAVIRENZ .....10	<i>enalapril maleate &</i>
DUOBRII LOT .....84	EFFEXOR XR.....38	<i>hydrochlorothiazide tab</i>
DUOPA SUS 4.63-20.....40	<i>see venlafaxine hcl.....</i> 39	<i>5-12.5 mg</i> 22
DUPIXENT .....70	EFFIENT .....70	ENBREL .....70
DURAGESIC	<i>see prasugrel hcl.....</i> 70	ENBREL MINI.....70
<i>see fentanyl.....</i> 2	EFUDEX .....85	ENBREL SURECLICK.....70
DUREZOL .....76	<i>see fluorouracil (topical)</i> 85	ENDARI .....69
<i>dutasteride</i> 67	EGRIFTA .....60	<i>endocet tab 10-325mg.....</i> 4
<i>dutasteride-tamsulosin hcl</i>	EGRIFTA SV .....60	<i>endocet tab 2.5-325mg.....</i> 4
<i>cap 0.5-0.4 mg.....</i> 67	ELAPRASE.....60	<i>endocet tab 5-325mg.....</i> 4
DUTOPROL TAB 100-12.5	ELELYSO .....60	<i>endocet tab 7.5-325mg.....</i> 4
.....28	<i>eletriptan hydrobromide</i> 45	ENGERIX-B.....73
DUTOPROL TAB 25-12.5.28	ELIDEL .....85	ENHERTU .....19
DUTOPROL TAB 50-12.5.28	<i>see pimecrolimus</i> 86	<i>enoxaparin sodium</i> 68
<i>dvorah.....</i> 4	ELIGARD .....17	<i>enpresse-28.....</i> 54
DXEVO 11-DAY.....58	ELIMITE.....86	<i>enskyce</i> 54
DYANAVEL XR.....43	<i>see permethrin</i> 86	ENSTILAR AER.....84
DYAZIDE	<i>elinst</i> 54	<i>entacapone.....</i> 40
<i>see triamterene &</i>	ELIQUIS.....68	<i>entecavir</i> 11
<i>hydrochlorothiazide cap</i>	ELIQUIS STARTER PACK	ENTOCORT EC.....64
<i>37.5-25 mg</i> 30	68	<i>see budesonide.....</i> 64
DYAZIDE CAP 37.5-25.....30	ELITEK .....21	ENTRESTO TAB 24-26MG
DYMISTA	ELIXOPHYLLIN .....79	24
<i>see azelastine</i>	ELLA.....54	ENTRESTO TAB 49-51MG
<i>hcl-fluticasone prop nasal</i>	ELLENCE .....16	24

ENTRESTO TAB 97-103MG	ery.....81	etodolac.....1
.....24	ERYGEL.....81	etonogestrel-ethinyl estradiol
ENTYVIO.....70	see erythromycin (acne	va ring 0.120-0.015 mg/24hr
enulose.....65	aid).....81	54
ENVARUS XR.....72	ERYPED 200.....13	ETOPOPHOS.....18
EPANED.....23	ERYPED 400.....13	etoposide.....18
EPCLUSA TAB 400-100...11	see erythromycin	EUCRISA.....85
EPIDIOLEX.....34	ethylsuccinate.....13	euthyrox.....62
EPIDUO	ery-tab.....13	EVENITY.....53
see adapalene-benzoyl	ERYTHROCIN	everolimus.....19
peroxide gel 0.1-2.5%...81	LACTOBIONATE.....13	everolimus
EPIDUO FORTE GEL	erythrocine stearate.....13	(immunosuppressant).....72
0.3-2.5%.....81	erythromycin (acne aid) ....81	EVISTA.....60
EPIDUO GEL 0.1-2.5%.....81	erythromycin (ophth).....75	see raloxifene hcl.....61
epinastine hcl (ophth).....76	erythromycin base.....13	EVOCLIN.....81
epinephrine (anaphylaxis) .79	erythromycin ethylsuccinate	see clindamycin
EPIPEN 2-PAK.....79	13	phosphate (topical).....81
see epinephrine	ESBRIET.....79	EVOTAZ TAB 300-150 ....11
(anaphylaxis).....79	escitalopram oxalate.....38	EVOXAC.....86
EPIPEN-JR 2-PAK.....79	esomeprazole magnesium 66	see cevimeline hcl.....86
see epinephrine	esomeprazole sodium.....66	EXELON.....37
(anaphylaxis).....79	estarylla.....54	see rivastigmine.....37
epirubicin hcl.....16	ESTRACE.....57	exemestane.....17
epitol.....34	see estradiol.....57	EXFORGE
EPIVIR.....10	see estradiol vaginal.....58	see amlodipine
see lamivudine.....10	estradiol.....57	besylate-valsartan tab
EPIVIR HBV.....11	estradiol & norethindrone	10-160 mg.....23
see lamivudine (hbv) ....12	acetate tab 0.5-0.1 mg.....57	see amlodipine
eplerenone.....23	estradiol & norethindrone	besylate-valsartan tab
EPOGEN.....69	acetate tab 1-0.5 mg.....57	10-320 mg.....23
epoprostenol sodium.....32	estradiol vaginal.....58	see amlodipine
EPZICOM	estradiol valerate.....58	besylate-valsartan tab
see abacavir	ESTRING.....58	5-160 mg.....23
sulfate-lamivudine tab	ESTROGEL.....58	see amlodipine
600-300 mg.....10	ESTROSTEP FE	besylate-valsartan tab
EPZICOM TAB 600-300...11	see tilia fe.....57	5-320 mg.....23
EQUETRO.....45	see tri-legest fe.....57	EXFORGE HCT
ERAXIS.....9	ESTROSTEP FE TAB.....54	see
ERBITUX.....19	eszopiclone.....44	amlodipine-valsartan-hydr
ergotamine w/ caffeine tab	ethacrynic acid.....30	ochlorothiazide tab
1-100 mg.....45	ethambutol hcl.....11	10-160-12.5 mg.....24
ERIVEDGE.....19	ethosuximide.....34	see
ERLEADA.....17	ethynodiol diacetate &	amlodipine-valsartan-hydr
erlotinib hcl.....19	ethinyl estradiol tab 1 mg-35	ochlorothiazide tab
errin.....54	mcg.....54	10-160-25 mg.....24
ERTACZO.....82	ethynodiol diacetate &	see
ertapenem sodium.....7	ethinyl estradiol tab 1 mg-50	amlodipine-valsartan-hydr
ERWINAZE.....17	mcg.....54	ochlorothiazide tab

10-320-25 mg .....24	<i>famotidine in nacl 0.9% iv</i>	<i>finasteride</i> .....67
see	<i>soln 20 mg/50ml</i> .....64	FIRAZYR .....69
<i>amlodipine-valsartan-hydr</i>	FANAPT .....41	see <i>icatibant acetate</i> .....70
<i>ochlorothiazide tab</i>	FANAPT PAK .....41	FIRDAPSE .....45
5-160-12.5 mg .....24	FARESTON .....17	FIRMAGON .....17
see	see <i>toremifene citrate</i> ....17	FIRVANQ .....7
<i>amlodipine-valsartan-hydr</i>	FARXIGA .....49	<i>flac</i> .....87
<i>ochlorothiazide tab</i>	FARYDAK .....19	FLAGYL .....7
5-160-25 mg .....24	FASENRA .....79	see <i>metronidazole</i> .....7
EXFORGE HCT TAB	FASENRA PEN .....79	FLAREX .....76
10-160-12.5MG .....24	FASLODEX .....17	<i>flecainide acetate</i> .....26
EXFORGE HCT TAB	see <i>fulvestrant</i> .....17	FLOLAN .....32
10-160-25MG .....24	<i>fayosim</i> .....54	see <i>epoprostenol sodium</i>
EXFORGE HCT TAB	<i>febuxostat</i> .....1	32
10-320-25MG .....24	<i>felbamate</i> .....34	FLOLIPID .....27
EXFORGE HCT TAB	FELBATOL .....34	FLOMAX .....67
5-160-12.5MG .....24	see <i>felbamate</i> .....34	see <i>tamsulosin hcl</i> .....67
EXFORGE HCT TAB	FELDENE .....1	FLOVENT DISKUS .....80
5-160-25MG .....24	see <i>piroxicam</i> .....2	FLOVENT HFA .....80
EXFORGE TAB 10-160MG	<i>felodipine</i> .....29	<i>fluconazole</i> .....9
.....24	FEMARA .....17	<i>fluconazole in nacl 0.9% inj</i>
EXFORGE TAB 10-320MG	see <i>letrozole</i> .....17	<i>200 mg/100ml</i> .....9
.....24	FEMHRT LOW DOSE	<i>fluconazole in nacl 0.9% inj</i>
EXFORGE TAB 5-160MG.24	see <i>fyavolv tab</i>	<i>400 mg/200ml</i> .....9
EXFORGE TAB 5-320MG.24	0.5mg-2.5mcg .....58	<i>flucytosine</i> .....9
EXJADE .....53	see <i>norethindrone</i>	<i>fludarabine phosphate</i> .....16
see <i>deferasirox</i> .....53	<i>acetate-ethinyl estradiol</i>	<i>fludrocortisone acetate</i> .....58
EXTAVIA .....46	<i>tab 0.5 mg-2.5 mcg</i> .....58	<i>flunisolide (nasal)</i> .....80
EXTINA .....82	FEMHRT TAB 0.5-2.5 .....58	<i>fluocinolone acetonide</i> .....84
see <i>ketoconazole (topical)</i>	FEMRING .....58	<i>fluocinolone acetonide (otic)</i>
.....82	<i>femynor</i> .....55	87
see <i>ketodan</i> .....82	<i>fenofibrate</i> .....26	<i>fluocinonide</i> .....84
EYLEA .....77	<i>fenofibrate micronized</i> .....26	<i>fluocinonide emulsified base</i>
EZALLOR SPRINKLE .....27	FENOGLIDE .....26	84
<i>ezetimibe</i> .....27	see <i>fenofibrate</i> .....26	<i>fluorometholone (ophth)</i> ....76
<i>ezetimibe-simvastatin tab</i>	<i>fenoprofen calcium</i> .....1	FLUOROPLEX .....85
<i>10-10 mg</i> .....27	<i>fentanyl</i> .....2	<i>fluorouracil</i> .....16
<i>ezetimibe-simvastatin tab</i>	<i>fentanyl citrate</i> .....4	<i>fluorouracil (topical)</i> .....85
<i>10-20 mg</i> .....27	FENTORA .....4	<i>fluoxetine hcl</i> .....38
<i>ezetimibe-simvastatin tab</i>	FERRIPROX .....53	<i>fluoxetine hcl (pmdd)</i> .....38
<i>10-40 mg</i> .....27	FETROJA .....13	FLUOXETINE
<i>ezetimibe-simvastatin tab</i>	FETZIMA .....38	HYDROCHLORIDE .....38
<i>10-80 mg</i> .....27	FETZIMA CAP TITRATIO.38	see <i>fluoxetine hcl</i> .....38
F	FIASP FLEX INJ TOUCH.51	<i>fluphenazine decanoate</i> ....41
FABRAZYME .....60	FIASP INJ 100/ML .....51	<i>fluphenazine hcl</i> .....41
<i>falmina</i> .....54	FIASP PENFIL INJ U-100.51	<i>flurandrenolide</i> .....84
<i>famciclovir</i> .....11	FINACEA .....85	<i>flurbiprofen</i> .....1
<i>famotidine</i> .....64	see <i>azelaic acid</i> .....85	<i>flurbiprofen sodium</i> .....76

<i>flutamide</i>	17	FROVA	45	<i>tab 0.8 mg-25 mcg</i>	56
<i>fluticasone propionate</i>	84	<i>see frovatriptan succinate</i>		GENERESS FE CHW	55
<i>fluticasone propionate</i>		.....	45	<i>generlac</i>	65
(nasal)	80	<i>frovatriptan succinate</i>	45	<i>gengraf</i>	72
<i>fluvastatin sodium</i>	27	FULPHILA	69	GENOTROPIN	60
<i>fluvoxamine maleate</i>	33	<i>fulvestrant</i>	17	GENOTROPIN MINIQUICK	
FML	76	<i>furosemide</i>	30	.....	60
FML FORTE	76	<i>furosemide inj</i>	30	<i>gentak</i>	75
FML LIQUIFILM	76	FUZEON	10	<i>gentamicin in saline inj 0.8</i>	
FOCALIN	43	<i>fyavolv tab 0.5mg-2.5mcg</i>	58	<i>mg/ml</i>	7
<i>see dexmethylphenidate</i>		<i>fyavolv tab 1mg-5mcg</i>	58	<i>gentamicin in saline inj 1</i>	
<i>hcl</i>	43	FYCOMPA	34	<i>mg/ml</i>	7
FOCALIN XR	43	G		<i>gentamicin in saline inj 1.2</i>	
<i>see dexmethylphenidate</i>		<i>gabapentin</i>	34	<i>mg/ml</i>	7
<i>hcl</i>	43	GABITRIL	34	<i>gentamicin in saline inj 1.6</i>	
FOLOTYN	16	<i>see tiagabine hcl</i>	36	<i>mg/ml</i>	7
<i>fondaparinux sodium</i>	68	GALAFOLD	60	<i>gentamicin in saline inj 2</i>	
FORFIVO XL	38	<i>galantamine hydrobromide</i>	37	<i>mg/ml</i>	7
FORTAMET	49	GAMASTAN INJ	71	<i>gentamicin sulfate</i>	7
<i>see metformin hcl</i>	50	GAMMAGARD LIQUID	71	<i>gentamicin sulfate (ophth)</i>	75
FORTAZ		GAMMAGARD S/D IGA		<i>gentamicin sulfate (topical)</i>	
<i>see ceftazidime</i>	12	LESS TH	71	.....	82
<i>see tazicef</i>	13	GAMMAKED	71	GENVOYA TAB	11
FORTEO	53	GAMMAPLEX	71	GEODON	41
FORTESTA	48	GAMUNEX-C	72	<i>see ziprasidone hcl</i>	42
<i>see testosterone</i>	49	GANCICLOVIR	11	<i>see ziprasidone mesylate</i>	
FOSAMAX	53	<i>ganciclovir sodium</i>	11	.....	42
<i>see alendronate sodium</i>	52	GARDASIL 9 INJ	73	<i>gianvi</i>	55
FOSAMAX + D TAB 70-2800		GASTROCROM	65	GILENYA	46
.....	53	<i>see cromolyn sodium</i>		GILOTTRIF	19
FOSAMAX + D TAB 70-5600		(mastocytosis)	65	GIVLAARI	70
.....	53	<i>gatifloxacin (ophth)</i>	75	GLASSIA	79
<i>fosamprenavir calcium</i>	10	GATTEX	65	<i>glatiramer acetate</i>	46
<i>fosaprepitant dimeglumine</i>	63	GAUZE PADS 2X2	51	<i>glatopa</i>	46
<i>fosinopril sodium</i>	23	<i>gavilyte-c</i>	65	GLEEVEC	19
<i>fosinopril sodium &</i>		<i>gavilyte-g</i>	65	<i>see imatinib mesylate</i>	19
<i>hydrochlorothiazide tab</i>		<i>gavilyte-n/fluorid pack</i>	65	GLEOSTINE	15, 16
<i>10-12.5 mg</i>	22	GAZYVA	19	<i>glimepiride</i>	49
<i>fosinopril sodium &</i>		GELNIQUE	67	<i>glipizide</i>	49
<i>hydrochlorothiazide tab</i>		GEMCITABINE	16	<i>glipizide xl</i>	49
<i>20-12.5 mg</i>	22	<i>see gemcitabine hcl</i>	16	<i>glipizide-metformin hcl tab</i>	
FOSRENOL	62	<i>gemcitabine hcl</i>	16	<i>2.5-250 mg</i>	49
<i>see lanthanum carbonate</i>		<i>gemfibrozil</i>	26	<i>glipizide-metformin hcl tab</i>	
.....	62	GENERESS FE		<i>2.5-500 mg</i>	49
FRAGMIN	68	<i>see kaitlib fe</i>	55	<i>glipizide-metformin hcl tab</i>	
FREAMINE HBC INJ 6.9%		<i>see layolis fe</i>	55	<i>5-500 mg</i>	49
.....	75	<i>see norethindrone &</i>		GLUCAGEN HYPOKIT	59
FREAMINE III INJ 10%	75	<i>ethinyl estradiol-fe chew</i>		GLUCAGON EMERGENCY	

KIT	59	see <i>haloperidol decanoate</i>	HORIZANT	46
GLUCOTROL.....	49	41	HUMALOG	51
see <i>glipizide</i>	49	HALDOL DECANOATE 50	HUMALOG JUNIOR	
GLUCOTROL XL	49	41	KWIKPEN	51
see <i>glipizide</i>	49	see <i>haloperidol decanoate</i>	HUMALOG KWIKPEN.....	51
see <i>glipizide xl</i>	49	41	HUMALOG MIX INJ 50/50	51
GLUMETZA	49	<i>halobetasol propionate</i>	HUMALOG MIX INJ	
see <i>metformin hcl</i>	50	84	50/50KWP	51
GLYCATÉ	64	HALOBETASOL	HUMALOG MIX INJ	
<i>glycopyrrolate</i>	64	PROPIONATE	75/25KWP	51
GLYCOPYRROLATE.....	64	84	HUMALOG MIX SUS 75/25	
<i>glydo</i>	85	see <i>halcinonide</i>	51	
GLYSET	49	84	HUMATROPE.....	60
see <i>miglitol</i>	50	<i>haloperidol</i>	HUMATROPE COMBO	
GLYXAMBI TAB 10-5 MG.	49	<i>haloperidol decanoate</i>	PACK.....	60
GLYXAMBI TAB 25-5 MG.	50	<i>haloperidol lactate</i>	HUMIRA	70
GOCOVRI.....	40	41	HUMIRA PEDIA INJ	
GOLYTELY		HARVONI PAK	CROHNS	70
see <i>gavilyte-g</i>	65	33.75-150MG.....	HUMIRA PEDIATRIC	
see <i>peg 3350-kcl-na</i>		HARVONI PAK 45-200MG	CROHNS D	70
<i>bicarb-nacl-na sulfate for</i>		11	HUMIRA PEN	70
<i>soln 236 gm</i>	65	HARVONI TAB 45-200MG	HUMIRA PEN KIT PS/UV.	70
GOLYTELY SOL.....	65	11	HUMIRA PEN-CD/UC/HS	
GRALISE	45	HARVONI TAB 90-400MG	START	71
GRALISE STAR MIS		73	HUMIRA PEN-PS/UV	
300/600	45	HAVRIX	STARTER.....	71
<i>granisetron hcl</i>	63	<i>heather</i>	HUMULIN INJ 70/30	51
GRANIX	69	55	HUMULIN INJ 70/30KWP.	51
<i>griseofulvin microsize</i>	9	HEP SOD/NACL INJ	HUMULIN N.....	51
<i>griseofulvin ultramicrosize</i> ...	9	25000UNT	HUMULIN N KWIKPEN	52
<i>guanfacine hcl</i>	31	68	HUMULIN R.....	52
<i>guanfacine hcl (adhd)</i>	43	HEPARIN SODIUM.....	HUMULIN R U-500	
GVOKE HYPOPEN 2-PACK		<i>heparin sodium (porcine)</i> ..	(CONCENTR	52
.....	59	68	HUMULIN R U-500	
GVOKE PFS	59	<i>heparin sodium</i>	KWIKPEN	52
GYNAZOLE-1	68	<i>(porcine)-dextrose iv sol</i>	HYCANTIN	
H		20000 unit/500ml-5%	see <i>topotecan hcl</i>	18
HAEGARDA.....	70	68	<i>hydralazine hcl</i>	31
<i>hailey 1.5/30</i>	55	HEPARIN SODIUM	HYDREA.....	17
<i>hailey 24 fe</i>	55	<i>heparin sodium</i>	see <i>hydroxyurea</i>	17
HALAVEN	18	<i>(porcine)-dextrose iv sol</i>	<i>hydrochlorothiazide</i>	30
<i>halcinonide</i>	84	25000 unit/500ml-5%	<i>hydrocodone bitartrate</i>	2
HALCION	44	68	<i>hydrocodone bitartrate cap</i>	
see <i>triazolam</i>	44	HEPARIN/NACL INJ	er 12hr abuse-deterrent 40	
HALDOL.....	41	25000UNT	mg.....	2
see <i>haloperidol lactate</i> ..	41	68	<i>hydrocodone-acetaminophen</i>	
HALDOL DECANOATE 100		hepatamine	soln 7.5-325 mg/15ml	4
.....	41	75	<i>hydrocodone-acetaminophen</i>	
		HEPSERA.....		
		see <i>adefovir dipivoxil</i>		
		11		
		HERCEP HYLEC SOL		
		60-10000.....		
		19		
		HERCEPTIN		
		19		
		HERZUMA		
		19		
		HETLIOZ.....		
		44		
		HIBERIX		
		73		
		HIPREX		
		7		
		see <i>methenamine</i>		
		<i>hippurate</i>		
		7		
		HIZENTRA.....		
		72		

<i>tab 10-300 mg</i>.....4	<i>hydrochlorothiazide tab</i>	<i>see azathioprine</i>.....72
<i>hydrocodone-acetaminophen</i>	<i>100-25 mg</i>.....24	IMVEXXY MAINTENANCE
<i>tab 10-325 mg</i>.....4	<i>see losartan potassium &</i>	PACK.....58
<i>hydrocodone-acetaminophen</i>	<i>hydrochlorothiazide tab</i>	IMVEXXY STARTER PACK
<i>tab 5-300 mg</i>.....4	<i>50-12.5 mg</i>.....24	58
<i>hydrocodone-acetaminophen</i>	HYZAAR TAB 100-12.5 ....24	INBRIJA.....40
<i>tab 5-325 mg</i>.....4	HYZAAR TAB 100-25 .....24	<i>incassia</i>.....55
<i>hydrocodone-acetaminophen</i>	HYZAAR TAB 50-12.5 .....24	INCRELEX.....60
<i>tab 7.5-300 mg</i>.....4	I	INCRUSE ELLIPTA .....78
<i>hydrocodone-acetaminophen</i>	<i>ibandronate sodium</i> .....53	<i>indapamide</i> .....30
<i>tab 7.5-325 mg</i>.....4	IBRANCE.....19	INDERAL LA.....28
<i>hydrocodone-ibuprofen tab</i>	<i>ibu</i>.....1	<i>see propranolol hcl</i>.....29
<i>10-200 mg</i>.....4	<i>ibuprofen</i>.....1	INFANRIX INJ .....73
<i>hydrocodone-ibuprofen tab</i>	<i>icatibant acetate</i>.....70	INFLECTRA.....71
<i>5-200 mg</i>.....4	ICLUSIG .....19	INFUGEM SOL 1200MG ..16
<i>hydrocodone-ibuprofen tab</i>	IDHIFA.....19	INFUGEM SOL 1300MG ..16
<i>7.5-200 mg</i>.....4	IFEX.....16	INFUGEM SOL 1400MG ..16
<i>hydrocortisone</i> .....58	<i>ifosfamide</i> .....16	INFUGEM SOL 1500MG ..16
<i>hydrocortisone (intrarectal)</i>	IFOSFAMIDE.....16	INFUGEM SOL 1600MG ..16
.....64	ILARIS .....72	INFUGEM SOL 1700MG ..16
<i>hydrocortisone (topical)</i>.....84	ILEVRO.....76	INFUGEM SOL 1800MG ..16
<i>hydrocortisone butyrate</i> ....84	ILUMYA .....71	INFUGEM SOL 1900MG ..16
<i>hydrocortisone butyrate</i>	<i>imatinib mesylate</i> .....19	INFUGEM SOL 2000MG ..16
<i>hydrophilic lipo base</i> .....84	IMBRUVICA.....19	INFUGEM SOL 2200MG ..16
<i>hydrocortisone valerate</i>.....84	IMFINZI.....19	INGREZZA .....46
<i>hydrocortisone w/ acetic acid</i>	<i>imipenem-cilastatin</i>	INGREZZA CAP 40-80MG46
<i>otic soln 1-2%</i> .....87	<i>intravenous for soln 250 mg7</i>	INLYTA.....19
<i>hydromorphone hcl</i> .....2, 4	<i>imipenem-cilastatin</i>	INREBIC .....19
HYDROMORPHONE	<i>intravenous for soln 500 mg7</i>	INS ASP PROT INJ
HYDROCHLORI .....4	<i>imipramine hcl</i>.....38	FLEXPEN .....52
<i>hydroxychloroquine sulfate</i>	<i>imipramine pamoate</i> .....38	INSPIRA .....23
.....71	<i>imiquimod</i> .....85	<i>see eplerenone</i> .....23
<i>hydroxyprogesterone</i>	IMITREX .....45	INSULIN ASPA INJ 70/30.52
<i>caproate (antineoplastic)</i> ...17	<i>see sumatriptan</i>.....45	INSULIN ASPART .....52
<i>hydroxyurea</i> .....17	<i>see sumatriptan succinate</i>	INSULIN ASPART
<i>hydroxyzine hcl</i> .....78	45	FLEXPEN .....52
<i>hydroxyzine pamoate</i> .....78	IMITREX STATDOSE	INSULIN ASPART PENFILL
HYQVIA INJ 10-800.....72	REFILL.....45	52
HYQVIA INJ 2.5-200.....72	<i>see sumatriptan succinate</i>	INSULIN LISP INJ
HYQVIA INJ 20-1600.....72	45	PROTAMIN.....52
HYQVIA INJ 30-2400.....72	IMITREX STATDOSE	INSULIN LISPRO .....52
HYQVIA INJ 5-400.....72	SYSTEM.....45	INSULIN LISPRO JUNIOR
HYSINGLA ER.....2	<i>see sumatriptan succinate</i>	KWI.....52
HYZAAR	45	INSULIN LISPRO KWIKPEN
<i>see losartan potassium &</i>	IMOVAX RABIES (H.D.C.V.)	52
<i>hydrochlorothiazide tab</i>	73	INSULIN SAFETY
<i>100-12.5 mg</i> .....24	IMPOYZ .....84	NEEDLES.....52
<i>see losartan potassium &</i>	IMURAN.....72	INSULIN SYRINGES:

BD/ULTIMED/ALLISON/TRI	ISENTRESS	10	JENTADUETO TAB 2.5-850
VIDIA/MHC	ISENTRESS HD	10	50
INTELENCE.....	<i>isibloom</i>	55	JENTADUETO TAB XR
INTRALIPID	ISOLYTE-P INJ /D5W.....	74	2.5-1000MG.....
INTRAROSA.....	ISOLYTE-S INJ.....	74	JENTADUETO TAB XR
INTRON A.....	<i>isoniazid</i>	11	5-1000MG.....
<i>introvale</i>	ISOPTO CARPINE	77	JEVTANA
INTUNIV.....	see <i>pilocarpine hcl</i>	77	<i>jinteli</i>
see <i>guanfacine hcl (adhd)</i>	ISORDIL TITRADOSE	32	<i>jolessa</i>
.....43	see <i>isosorbide dinitrate</i>	32	JORNAY PM.....
INVANZ.....	<i>isosorbide dinitrate</i>	32	JUBLIA
see <i>ertapenem sodium</i>	<i>isosorbide mononitrate</i>	32	<i>juleber</i>
INVEGA	<i>isotretinoin</i>	81	JULUCA TAB 50-25MG
see <i>paliperidone</i>	<i>isradipine</i>	29	<i>junel 1.5/30</i>
INVEGA SUSTENNA.....	ISTALOL	77	<i>junel 1/20</i>
INVEGA TRINZA	see <i>timolol maleate</i>		<i>junel fe 1.5/30</i>
INVELTYS.....	(<i>ophth</i>) once-daily	77	<i>junel fe 1/20</i>
INVIRASE	ISTURISA	60	<i>junel fe 24</i>
INVOKAMET TAB 150-1000	<i>itraconazole</i>	9	JUXTAPID
.....50	<i>ivermectin</i>	7	JYNARQUE
INVOKAMET TAB 150-500	IXEMPRA KIT	18	JYNARQUE PAK 30-15MG
.....50	IXIARO INJ	73	60
INVOKAMET TAB 50-1000	J		JYNARQUE PAK 45-15MG
.....50	JADENU	53	60
INVOKAMET TAB	see <i>deferiasirox</i>	53	JYNARQUE PAK 60-30MG
50-500MG.....	JADENU SPRINKLE.....	53	60
INVOKAMET XR TAB	JAKAFI.....	19	JYNARQUE PAK 90-30MG
150-1000.....	JALYN		60
INVOKAMET XR TAB	see <i>dutasteride-tamsulosin</i>		K
150-500.....	<i>hcl cap 0.5-0.4 mg</i>	67	KADCYLA.....
INVOKAMET XR TAB	JALYN CAP	67	KADIAN
50-1000.....	<i>jantoven</i>	68	see <i>morphine sulfate</i>
INVOKAMET XR TAB	JANUMET TAB 50-1000...50		<i>kaitlib fe</i>
50-500MG.....	JANUMET TAB 50-500MG		55
INVOKANA	50		KALBITOR.....
50	JANUMET XR TAB		70
IPOL INJ INACTIVE.....	100-1000.....	50	KALETRA
<i>ipratropium bromide</i>	JANUMET XR TAB 50-1000		see <i>lopinavir-ritonavir soln</i>
<i>ipratropium bromide (nasal)</i>	50		<i>400-100 mg/5ml (80-20</i>
.....78	JANUMET XR TAB		<i>mg/ml)</i>
<i>ipratropium-albuterol nebu</i>	50-500MG.....	50	KALETRA SOL
<i>soln 0.5-2.5(3) mg/3ml</i>	JANUVIA.....	50	11
.....77	JARDIANCE	50	KALETRA TAB 100-25MG11
<i>irbesartan</i>	<i>jasmiel</i>	55	KALETRA TAB 200-50MG11
<i>irbesartan-hydrochlorothiazid</i>	JENTADUETO TAB		KALYDECO
<i>e tab 150-12.5 mg</i>	2.5-1000.....	50	79
<i>irbesartan-hydrochlorothiazid</i>	JENTADUETO TAB 2.5-500		KANJINTI.....
<i>e tab 300-12.5 mg</i>	50		19
IRESSA.....			KANUMA
19			60
<i>irinotecan hcl</i>			KAPSPARGO SPRINKLE 28
17			<i>kariva</i>
			55
			KATERZIA.....
			29
			KAZANO 12.5- TAB

1000MG .....50	KEPPRA XR .....34	K-TAB .....74
KAZANO 12.5- TAB 500MG	<i>see levetiracetam</i> .....35	<i>see potassium chloride</i> .74
.....50	<i>see roweepra xr</i> .....36	<i>kurvelo</i> .....55
<i>kcl 10 meq/l (0.075%) in</i>	<i>ketoconazole</i> .....9	KUVAN .....60
<i>dextrose 5% & nacl 0.45%</i>	<i>ketoconazole (topical)</i> .82, 83	KYPROLIS.....19
<i>inj</i> .....74	<i>ketodan</i> .....82	L
<i>kcl 20 meq/l (0.15%) in</i>	<i>ketoprofen</i> .....1	<i>labetalol hcl</i>.....28
<i>dextrose 5% & nacl 0.2% inj</i>	<i>ketorolac tromethamine</i>	LACRISERT .....77
.....74	(<i>ophth</i>) .....76	<i>lactated ringer's solution</i> ...74
<i>kcl 20 meq/l (0.15%) in</i>	KEVEYIS .....30	<i>lactic acid (ammonium</i>
<i>dextrose 5% & nacl 0.45%</i>	KEVZARA .....71	<i>lactate)</i>.....85
<i>inj</i> .....74	KEYTRUDA .....19	<i>lactulose</i> .....65
<i>kcl 20 meq/l (0.15%) in</i>	KHAPZORY .....21	LACTULOSE .....65
<i>dextrose 5% & nacl 0.9% inj</i>	KINERET .....71	<i>lactulose (encephalopathy)</i>
.....74	KINRIX INJ .....73	65
<i>kcl 20 meq/l (0.15%) in nacl</i>	<i>kionex</i> .....53	LAMICTAL .....34
<i>0.45% inj</i> .....74	KISQALI .....19	<i>see lamotrigine</i>.....35
<i>kcl 20 meq/l (0.15%) in nacl</i>	KISQALI 200 PAK FEMARA	<i>see subvenite</i> .....36
<i>0.9% inj</i> .....74	17	LAMICTAL CHEWABLE
<i>kcl 30 meq/l (0.224%) in</i>	KISQALI 400 PAK FEMARA	DISPERS .....34
<i>dextrose 5% & nacl 0.45%</i>	17	<i>see lamotrigine</i>.....34
<i>inj</i> .....74	KISQALI 600 PAK FEMARA	LAMICTAL ODT.....34
<i>kcl 40 meq/l (0.3%) in</i>	17	<i>see lamotrigine</i>.....35
<i>dextrose 5% & nacl 0.45%</i>	KITABIS PAK.....7	LAMICTAL ODT KIT .....34
<i>inj</i> .....74	<i>see tobramycin</i> .....8	LAMICTAL STARTER KIT
<i>kcl 40 meq/l (0.3%) in nacl</i>	KLARON .....81	(35 X 25MG TABS).....34
<i>0.9% inj</i> .....74	<i>see sulfacetamide sodium</i>	LAMICTAL STARTER KIT
KCL/D5W/LACT INJ	(<i>acne</i>) .....82	(42 X 25MG TABS & 7 X
20MEQ/L.....74	KLONOPIN .....34	100MG TAB).....34
KCL/D5W/NACL INJ	<i>see clonazepam</i> .....33	LAMICTAL STARTER KIT
0.15/0.2 .....74	<i>klor-con</i> .....74	(84 X 25MG TABS & 14 X
KCL/D5W/NACL INJ	<i>klor-con 10</i> .....74	100MG TABS) .....34
0.3/0.9%.....74	<i>klor-con 8</i> .....74	LAMICTAL STARTER/NOT
KEFLEX	<i>klor-con m10</i> .....74	TAKI
<i>see cephalixin</i> .....13	<i>klor-con m15</i> .....74	<i>see lamotrigine tab 25 mg</i>
<i>kelnor 1/35</i> .....55	<i>klor-con m20</i> .....74	(42) & 100 mg (7) starter
<i>kelnor 1/50</i> .....55	<i>klor-con sprinkle</i>.....74	<i>kit</i> .....35
KENALOG.....84	KOMBIGLYZ XR TAB	<i>see subvenite starter</i>
<i>see triamcinolone</i>	2.5-1000.....50	<i>kit/ora</i> .....36
<i>acetonide (topical)</i> .....85	KOMBIGLYZ XR TAB	LAMICTAL
KENALOG-10 .....58	5-1000MG .....50	STARTER/TAKING C
KENALOG-40 .....58	KOMBIGLYZ XR TAB	<i>see lamotrigine tab 84 x</i>
<i>see triamcinolone</i>	5-500MG .....50	25 mg & 14 x 100 mg
<i>acetonide</i> .....59	KORLYM.....60	<i>starter kit</i> .....35
KENALOG-80 .....58	KOSELUGO.....19	<i>see subvenite starter</i>
KEPPRA .....34	KRINTAFEL .....9	<i>kit/gre</i> .....36
<i>see levetiracetam</i> .....35	KRISTALOSE .....65	LAMICTAL
<i>see roweepra</i>.....36	KRYSTEXXA .....1	STARTER/TAKING V

see <i>lamotrigine</i>	34	DOSE.....	19	<i>levobunolol hcl</i>	77
see <i>subvenite starter kit/blu</i>	36	LENVIMA 8 MG DAILY DOSE.....	19	<i>levocarnitine (metabolic modifiers)</i>	60
LAMICTAL XR	34	LENVIMA CAP 14 MG	19	<i>levocetirizine dihydrochloride</i>	78
see <i>lamotrigine</i>	35	LENVIMA CAP 18 MG	19	<i>levofloxacin</i>	13
LAMICTAL XR KIT	34	LENVIMA CAP 24 MG	19	<i>levofloxacin (ophth)</i>	75
LAMISIL		LESCOL XL	27	<i>levofloxacin in d5w iv soln</i>	13
see <i>terbinafine hcl</i>	9	see <i>fluvastatin sodium</i> ...27		<i>250 mg/50ml</i>	13
<i>lamivudine</i>	10	<i>lessina</i>	55	<i>levofloxacin in d5w iv soln</i>	13
<i>lamivudine (hbv)</i>	12	LETAIRIS.....	32	<i>500 mg/100ml</i>	13
<i>lamivudine-zidovudine tab</i>		see <i>ambrisentan</i>	32	<i>levofloxacin in d5w iv soln</i>	13
<i>150-300 mg</i>	11	<i>letrozole</i>	17	<i>750 mg/150ml</i>	13
<i>lamotrigine</i>	34, 35	<i>leucovorin calcium</i>	21	<i>levoleucovorin calcium</i>	21
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	35	LEUKERAN	16	<i>levonest</i>	55
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	35	LEUKINE	69	<i>levonor-eth est tab</i>	
LANOXIN	31	<i>leuprolide acetate</i>	17	<i>0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	55
see <i>digitek</i>	31	<i>levalbuterol hcl</i>	79	<i>levonorgestrel & ethinyl estradiol (91-day) tab</i>	55
see <i>digox</i>	31	<i>levalbuterol tartrate</i>	79	<i>0.15-0.03 mg</i>	55
see <i>digoxin</i>	31	LEVAQUIN		<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	55
LANOXIN PEDIATRIC	31	see <i>levofloxacin</i>	13	<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	55
<i>lansoprazole</i>	66	LEVEMIR	52	<i>levonorgestrel & ethinyl estradiol (continuous) tab</i>	55
<i>lanthanum carbonate</i>	62	LEVEMIR FLEXTOUCH ...	52	<i>90-20 mcg</i>	55
LANTUS.....	52	LEVETIRACETA INJ 10MG/ML	35	<i>levonorg-eth est tab</i>	
LANTUS SOLOSTAR	52	LEVETIRACETA INJ 15MG/ML	35	<i>0.1-0.02mg(84) & eth est tab</i>	55
<i>larin 1.5/30</i>	55	LEVETIRACETA INJ 5MG/ML	35	<i>0.01mg(7)</i>	55
<i>larin 1/20</i>	55	<i>levetiracetam</i>	35	<i>levonorg-eth est tab</i>	
<i>larin 24 fe</i>	55	LEVETIRACETAM		<i>0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	55
<i>larin fe 1.5/30</i>	55	see <i>levetiracetam in sodium chloride iv soln</i>	35	<i>levora 0.15/30-28</i>	55
<i>larin fe 1/20</i>	55	<i>1000 mg/100ml</i>	35	<i>levorphanol tartrate</i>	4
<i>larissia</i>	55	see <i>levetiracetam in sodium chloride iv soln</i>	35	<i>levo-t</i>	62
LASIX.....	30	<i>1500 mg/100ml</i>	35	<i>levothyroxine sodium</i>	62
see <i>furosemide</i>	30	see <i>levetiracetam in sodium chloride iv soln</i>	35	<i>levoxyl</i>	62
LASTACFT	76	<i>500 mg/100ml</i>	35	LEXAPRO.....	38
<i>latanoprost</i>	77	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	35	see <i>escitalopram oxalate</i>	38
LATUDA.....	41	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	35	LEXETTE.....	84
<i>layolis fe</i>	55	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	35		
<i>leena</i>	55				
<i>leflunomide</i>	71				
LEMTRADA	46				
LENVIMA 10 MG DAILY DOSE.....	19				
LENVIMA 12MG DAILY DOSE.....	19				
LENVIMA 20 MG DAILY DOSE.....	19				
LENVIMA 4 MG DAILY					

LEXIVA .....10	LODINE	LONHALA MAGNAIR
see <i>fosamprenavir calcium</i>	see <i>etodolac</i> .....1	STARTER K .....78
.....10	LODOSYN .....40	LONSURF TAB 15-6.14 ...17
LIALDA .....65	see <i>carbidopa</i> .....39	LONSURF TAB 20-8.19 ...17
see <i>mesalamine</i> .....65	LOESTRIN 1.5/30-21	<i>loperamide hcl</i> .....66
LIBTAYO .....19	see <i>hailey 1.5/30</i> .....55	LOPERAMIDE
<i>lidocaine</i> .....85	see <i>junel 1.5/30</i> .....55	HYDROCHLORIDE .....66
<i>lidocaine hcl</i> .....85	see <i>larin 1.5/30</i> .....55	LOPID .....26
<i>lidocaine hcl (local anesth.)</i> .6	see <i>microgestin 1.5/30</i> ..56	see <i>gemfibrozil</i> .....26
<i>lidocaine hcl (mouth-throat)</i>	see <i>norethindrone ace &</i>	<i>lopinavir-ritonavir soln</i>
.....86	<i>ethinyl estradiol tab 1.5</i>	400-100 mg/5ml (80-20
<i>lidocaine-prilocaine cream</i>	mg-30 mcg .....56	mg/ml) .....11
2.5-2.5% .....85	LOESTRIN 1/20-21	<i>lopreeza</i> .....58
LIDODERM .....85	see <i>aurovela 1/20</i> .....54	LOPRESS HCT TAB
see <i>lidocaine</i> .....85	see <i>junel 1/20</i> .....55	50-25MG .....28
LILLOW .....55	see <i>larin 1/20</i> .....55	LOPRESSOR .....28
LINEZOLID .....7	see <i>microgestin 1/20</i> ....56	see <i>metoprolol tartrate</i> ..29
<i>linezolid in sodium chloride iv</i>	see <i>norethindrone ace &</i>	LOPRESSOR HCT
<i>soln 600 mg/300ml-0.9% ....7</i>	<i>ethinyl estradiol tab 1</i>	see <i>metoprolol &</i>
LINZESS .....65	mg-20 mcg .....56	<i>hydrochlorothiazide tab</i>
LIOTHYRONINE SODIUM .....62	LOESTRIN 21 TAB 1.5/30 55	50-25 mg .....28
LIPITOR .....27	LOESTRIN FE 1.5/30	LOPROX .....82
see <i>atorvastatin calcium</i> 27	see <i>aurovela fe 1.5/30</i> ...54	see <i>ciclopirox olamine</i> ...82
LIPOFEN .....26	see <i>blisovi fe 1.5/30</i> .....54	LOPROX SHAMPOO .....82
LISINAPRIL .....23	see <i>junel fe 1.5/30</i> .....55	see <i>ciclopirox</i> .....82
<i>lisinopril &</i>	see <i>larin fe 1.5/30</i> .....55	<i>lorazepam</i> .....33
<i>hydrochlorothiazide tab</i>	see <i>microgestin fe 1.5/30</i>	<i>lorazepam intensol</i> .....33
10-12.5 mg .....22	56	LORBRENA .....19
<i>lisinopril &</i>	LOESTRIN FE 1/20	<i>lorcet</i> .....4
<i>hydrochlorothiazide tab</i>	see <i>aurovela fe 1/20</i> .....54	<i>lorcet hd</i> .....5
20-12.5 mg .....22	see <i>junel fe 1/20</i> .....55	<i>lorcet plus</i> .....5
<i>lisinopril &</i>	see <i>larin fe 1/20</i> .....55	<i>loryna</i> .....55
<i>hydrochlorothiazide tab</i>	see <i>microgestin fe</i> .....56	<i>losartan potassium</i> .....26
20-25 mg .....22	see <i>norethindrone ace &</i>	<i>losartan potassium &</i>
LITHIUM .....46	<i>ethinyl estradiol-fe tab 1</i>	<i>hydrochlorothiazide tab</i>
<i>lithium carbonate</i> .....46	mg-20 mcg .....56	100-12.5 mg .....24
LITHOBID .....46	see <i>tarina fe 1/20 eq</i> .....56	<i>losartan potassium &</i>
see <i>lithium carbonate</i> ....46	LOESTRIN FE TAB 1.5/30 55	<i>hydrochlorothiazide tab</i>
LIVALO .....27	LOESTRIN FE TAB 1/20 ..55	100-25 mg .....24
LO LOESTRIN TAB 1-10-10	LOESTRIN TAB 1/20-21 ...55	<i>losartan potassium &</i>
.....55	LOKELMA .....53	<i>hydrochlorothiazide tab</i>
LOCOID .....84	LOMOTIL	50-12.5 mg .....24
see <i>hydrocortisone</i>	see <i>diphenoxylate w/</i>	LOSEASONIQUE
<i>butyrate</i> .....84	<i>atropine tab 2.5-0.025 mg</i>	see <i>camrese lo</i> .....54
LOCOID LIPOCREAM .....84	65	see <i>levonorg-eth est tab</i>
see <i>hydrocortisone</i>	LOMOTIL TAB 2.5MG .....65	0.1-0.02mg(84) & eth est
<i>butyrate hydrophilic lipo</i>	LONHALA MAGNAIR	tab 0.01mg(7) .....55
base .....84	REFILL KI .....78	LOSEASONIQUE TAB .....55

LOTEMAX.....76	LUMIGAN .....77	dextrose 5% iv soln 1
see <i>loteprednol etabonate</i>	LUMIZYME .....60	gm/100ml .....74
.....76	LUMOXITI.....20	magnesium sulfate in
LOTEMAX SM .....76	LUNESTA .....44	dextrose 5% iv soln 1
LOTENSIN.....23	see <i>eszopiclone</i> .....44	gm/100ml .....74
see <i>benazepril hcl</i> .....22	LUPANETA KIT 11.25-5...57	MALARONE
LOTENSIN HCT	LUPANETA KIT 3.75-5 .....57	see <i>atovaquone-proguanil</i>
see <i>benazepril &</i>	LUPRON DEPOT	<i>hcl tab 250-100 mg</i> .....9
<i>hydrochlorothiazide tab</i>	(1-MONTH).....17	see <i>atovaquone-proguanil</i>
10-12.5 mg .....22	LUPRON DEPOT	<i>hcl tab 62.5-25 mg</i> .....9
see <i>benazepril &</i>	(3-MONTH).....17	MALARONE TAB 250-100 .9
<i>hydrochlorothiazide tab</i>	LUPRON DEPOT	MALARONE TAB 62.5-25 ..9
20-12.5 mg .....22	(4-MONTH).....17	<i>malathion</i> .....86
see <i>benazepril &</i>	LUPRON DEPOT	<i>maprotiline hcl</i> .....38
<i>hydrochlorothiazide tab</i>	(6-MONTH).....17	MARINOL .....63
20-25 mg .....22	LUPRON DEPOT-PED	see <i>dronabinol</i>.....63
<i>loteprednol etabonate</i> .....76	(1-MONTH .....60	<i>marlissa</i> .....55
LOTREL	LUPRON DEPOT-PED	MARPLAN .....38
see <i>amlodipine</i>	(3-MONTH .....60	MARQIBO.....18
<i>besylate-benazepril hcl</i>	<i>lutra</i>.....55	MATULANE .....17
<i>cap 10-20 mg</i> .....22	LUXIQ .....84	<i>matzim la</i> .....29
see <i>amlodipine</i>	see <i>betamethasone</i>	MAVENCLAD (10 TABS)..46
<i>besylate-benazepril hcl</i>	<i>valerate</i> .....83	MAVENCLAD (4 TABS)....46
<i>cap 10-40 mg</i> .....22	LUZU .....82	MAVENCLAD (5 TABS)....46
see <i>amlodipine</i>	LYNPARZA.....20	MAVENCLAD (6 TABS)....46
<i>besylate-benazepril hcl</i>	LYRICA.....35	MAVENCLAD (7 TABS)....46
<i>cap 5-10 mg</i> .....21	see <i>pregabalin</i>.....36	MAVENCLAD (8 TABS)....46
see <i>amlodipine</i>	LYRICA CR.....46	MAVENCLAD (9 TABS)....46
<i>besylate-benazepril hcl</i>	LYSODREN .....17	MAVIK
<i>cap 5-20 mg</i> .....21	LYSTEDA .....70	see <i>trandolapril</i>.....23
LOTREL CAP 10-20MG....22	see <i>tranexamic acid</i> .....70	MAVYRET TAB 100-40MG
LOTREL CAP 10-40MG....22	LYUMJEV .....52	12
LOTREL CAP 5-10MG....22	LYUMJEV KWIKPEN.....52	MAXALT .....45
LOTREL CAP 5-20MG....22	<i>lyza</i> .....55	see <i>rizatriptan benzoate</i> 45
LOTRONEX .....66	M	MAXALT-MLT .....45
see <i>alosetron hcl</i> .....65	MACROBID .....7	see <i>rizatriptan benzoate</i> 45
<i>lovastatin</i>.....27	see <i>nitrofurantoin</i>	MAXIDEX .....76
LOVAZA	<i>monohyd macro</i> .....8	MAXITROL
see <i>omega-3-acid ethyl</i>	MACRODANTIN .....7	see
<i>esters cap 1 gm</i>.....27	see <i>nitrofurantoin</i>	<i>neomycin-polymyxin-dexa</i>
LOVAZA CAP 1GM.....27	<i>macrocrystal</i>.....8	<i>methasone ophth oint</i>
LOVENOX.....69	<i>mafenide acetate</i> .....82	0.1%.....75
see <i>enoxaparin sodium</i> .68	<i>magnesium sulfate</i> .....74	see
<i>low-ogestrel</i>.....55	MAGNESIUM SULFATE...74	<i>neomycin-polymyxin-dexa</i>
<i>loxapine succinate</i> .....41	see <i>magnesium sulfate</i> .74	<i>methasone ophth susp</i>
LUCEMYRA .....48	MAGNESIUM SULFATE IN	0.1%.....75
LUCENTIS .....77	D5W	MAXITROL OIN 0.1% OP.75
<i>luliconazole</i> .....82	see <i>magnesium sulfate in</i>	MAXITROL SUS 0.1% OP 75

MAXZIDE	<i>mesalamine</i>	65	100-50 mg	28
see <i>triamterene &</i>	<i>mesalamine w/ cleanser</i> ...	65	<i>metoprolol &</i>	
<i>hydrochlorothiazide tab</i>	MESNEX.....	21	<i>hydrochlorothiazide tab</i>	
75-50 mg	MESTINON.....	46	50-25 mg	28
MAXZIDE TAB 75-50.....	see <i>pyridostigmine</i>		<i>metoprolol succinate</i>	28
MAXZIDE-25	<i>bromide</i>	46	<i>metoprolol tartrate</i>	29
see <i>triamterene &</i>	MESTINON TIMESPAN....	46	METROCREAM.....	85
<i>hydrochlorothiazide tab</i>	see <i>pyridostigmine</i>		see <i>metronidazole</i>	
37.5-25 mg	<i>bromide</i>	46	(topical)	86
MAXZIDE-25 TAB.....	<i>metadate er</i>	43	see <i>rosadan</i>	86
MAYZENT.....	<i>metaxalone</i>	47	METROGEL	85
<i>meclizine hcl</i>	<i>metformin hcl</i>	50	see <i>metronidazole</i>	
<i>meclofenamate sodium</i>	<i>methadone hcl</i>	3	(topical)	86
MEDROL.....	METHADONE HCL		METROLOTION	86
see <i>methylprednisolone</i>	see <i>methadone hcl</i>	3	see <i>metronidazole</i>	
MEDROL DOSEPAK	<i>methadone hcl intensol</i>	3	(topical)	86
see <i>methylprednisolone</i>	METHADOSE		METRONIDAZOL INJ	
<i>medroxyprogesterone</i>	see <i>methadone hcl</i>		5MG/ML.....	7
<i>acetate</i>	<i>intensol</i>	3	<i>metronidazole</i>	7
<i>medroxyprogesterone</i>	<i>methazolamide</i>	30	METRONIDAZOLE	
<i>acetate (contraceptive)</i>	<i>methenamine hippurate</i>	7	see <i>metronidazole in nacl</i>	
<i>mefenamic acid</i>	<i>methergine</i>	60	0.74% iv soln 500	
<i>mefloquine hcl</i>	<i>methimazole</i>	62	mg/100ml	7
<i>megestrol acetate</i>	<i>methocarbamol</i>	47	<i>metronidazole (topical)</i>	86
<i>megestrol acetate (appetite)</i>	<i>methotrexate sodium</i> ..	16, 71	<i>metronidazole in nacl 0.74%</i>	
.....	<i>methoxsalen rapid</i>	83	iv soln 500 mg/100ml.....	7
MEKINIST	<i>methscopolamine bromide</i>	64	<i>metronidazole in nacl 0.79%</i>	
MEKTOVI.....	<i>methyldopa</i>	31	iv soln 500 mg/100ml.....	7
<i>melodetta 24 fe</i>	<i>methylergonovine maleate</i>	60	<i>metronidazole vaginal</i>	68
<i>meloxicam</i>	METHYLIN.....	43	MG SO4/D5W INJ 10MG/ML	
<i>memantine hcl</i>	see <i>methylphenidate hcl</i>	44	.....	74
<i>memantine hcl tab 28 x 5 mg</i>	<i>methylphenidate hcl</i>	43, 44	MIACALCIN	53
<i>& 21 x 10 mg titration pack</i>	METHYLPHENIDATE		see <i>calcitonin (salmon)</i>	53
MENACTRA INJ	HYDROCHLO	44	<i>mibelas 24 fe</i>	56
MENEST	<i>methylprednisolone</i>	59	<i>micafungin sodium</i>	9
MENOSTAR.....	<i>methylprednisolone acetate</i>		MICARDIS	26
MENTAX .....	.....	59	see <i>telmisartan</i>	26
MENVEO INJ	<i>methylprednisolone sod succ</i>		MICARDIS HCT	
MEPRON .....	.....	59	see	
see <i>atovaquone</i>	<i>metoclopramide hcl</i>	63	<i>telmisartan-hydrochlorothi</i>	
<i>mercaptopurine</i>	METOCLOPRAMIDE ODT		<i>azide tab 40-12.5 mg</i>	25
MEROP/NACL INJ	.....	63	see	
1GM/50ML	<i>metolazone</i>	30	<i>telmisartan-hydrochlorothi</i>	
MEROP/NACL INJ	<i>metoprolol &</i>		<i>azide tab 80-12.5 mg</i>	25
500/50ML	<i>hydrochlorothiazide tab</i>		see	
<i>meropenem</i>	100-25 mg.....	28	<i>telmisartan-hydrochlorothi</i>	
MERREM	<i>metoprolol &</i>		<i>azide tab 80-25 mg</i>	25
see <i>meropenem</i>	<i>hydrochlorothiazide tab</i>		MICARDIS HCT TAB	

40/12.5.....24	see <i>desogest-eth estrad & eth estrad tab</i>	MULTAQ.....26
MICARDIS HCT TAB	0.15-0.02/0.01 mg(21/5) 54	<i>mupirocin</i> .....82
80/12.5.....24	see <i>kariva</i>.....55	<i>mupirocin calcium (topical)</i> 82
MICARDIS HCT TAB	see <i>pimtrex</i> .....56	MVASI .....20
80-25MG.....24	see <i>simliya</i> .....56	MYALEPT .....60
<i>miconazole 3</i>.....68	see <i>viorele</i> .....57	MYAMBUTOL.....11
<i>miconazole-zinc oxide-white petrolatum oint</i>	MIRCETTE TAB 28 DAY ..56	see <i>ethambutol hcl</i> .....11
0.25-15-81.35% .....82	<i>mirtazapine</i> .....38	MYCAMINE .....9
<i>microgestin 1.5/30</i>.....56	MIRVASO .....86	see <i>micalofungin sodium</i> ...9
<i>microgestin 1/20</i>.....56	<i>misoprostol</i> .....66	MYCOBUTIN .....11
<i>microgestin fe</i>.....56	MITIGARE .....1	see <i>rifabutin</i> .....11
<i>microgestin fe 1.5/30</i>.....56	<i>mitomycin</i>.....16	<i>mycophenolate mofetil</i>.....72
<i>midodrine hcl</i>.....32	<i>mitoxantrone hcl</i> .....17	<i>mycophenolate sodium</i>.....72
<i>migergot</i>.....45	M-M-R II INJ .....73	MYDAYIS CAP 12.5MG ..44
<i>miglitol</i>.....50	M-NATAL PLUS TAB.....74	MYDAYIS CAP 25MG .....44
<i>miglustat</i>.....60	MOBIC .....1	MYDAYIS CAP 37.5MG ..44
MIGRANAL .....45	see <i>meloxicam</i> .....1	MYDAYIS CAP 50MG .....44
see <i>dihydroergotamine mesylate</i> .....45	<i>modafinil</i> .....47	MYFORTIC.....72
<i>mili</i> .....56	<i>moexipril hcl</i>.....23	see <i>mycophenolate sodium</i> .....72
MILLIPRED .....59	<i>molindone hcl</i>.....41	MYLOTARG .....20
<i>mimvey</i>.....58	<i>mometasone furoate</i>.....85	MYOBLOC.....47
MINASTRIN 24 CHW FE ..56	<i>mometasone furoate (nasal)</i> .....80	<i>myorisan</i> .....81
MINASTRIN 24 FE	<i>mondoxylene nl</i> .....15	MYRBETRIQ .....68
see <i>melodetta 24 fe</i> .....55	<i>mono-lynyah</i> .....56	MYSOLINE .....35
see <i>mibelas 24 fe</i> .....56	<i>montelukast sodium</i> .....79	see <i>primidone</i>.....36
see <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> .....56	<i>morphine sulfate</i> .....3, 5	N
MINIPRESS .....23	MORPHINE SULFATE .....5	<i>nabumetone</i>.....1
see <i>prazosin hcl</i> .....23	see <i>morphine sulfate</i> .....5	<i>nadolol</i> .....29
<i>minitran</i> .....32	<i>morphine sulfate beads</i>.....3	NAFCILLIN INJ 1GM/50ML .....14
MINIVELLE .....58	MOTEGRITY .....66	NAFCILLIN INJ 2GM/100 .14
MINOCIN	MOVANTIK .....66	<i>nafcillin sodium</i> .....14
see <i>minocycline hcl</i> .....15	MOVIPREP SOL.....65	NAFCILLIN SODIUM .....14
<i>minocycline hcl</i>.....15	MOXEZA.....75	<i>naftifine hcl</i> .....82
MINOLIRA.....15	see <i>moxifloxacin hcl (ophth)</i>.....75	NAFTIN.....82
<i>minoxidil</i>.....32	<i>moxifloxacin hcl</i> .....13	see <i>naftifine hcl</i> .....82
MIRAPEX	<i>moxifloxacin hcl (ophth)</i> ....75	NAGLAZYME .....60
see <i>pramipexole dihydrochloride</i> .....40	<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>.....14	<i>nalbuphine hcl</i> .....5
MIRAPEX ER.....40	MOXIFLOXACIN	NALFON .....1
see <i>pramipexole dihydrochloride</i> .....40	HYDROCHLORID.....14	<i>nalocet</i> .....5
MIRCETTE	MOZOBIL.....69	<i>naloxone hcl</i> .....48
see <i>azurette</i>.....54	MS CONTIN.....3	<i>naltrexone hcl</i> .....48
see <i>bekyree</i>.....54	see <i>morphine sulfate</i> .....3	NAMENDA.....37
	MULPLETA.....70	see <i>memantine hcl</i> .....37
		NAMENDA TAB 5-10MG ..37
		NAMENDA TITRATION PAK
		see <i>memantine hcl tab 28</i>

<i>x 5 mg & 21 x 10 mg</i>	<i>5(3.5)mg-400unt-10000unt</i>	<i>(antihyperlipidemic)</i>	27
<i>titration pack</i>	<i>op oin</i>	<i>nicardipine hcl</i>	29
NAMENDA XR	<i>neomycin-polymyx-gramicid</i>	NICARDIPINE SOL	
see <i>memantine hcl</i>	<i>op sol</i>	20/200ML	29
NAMENDA XR CAP	<i>1.75-10000-0.025mg-unt-mg</i>	NICARDIPINE SOL	
TITRATIO	<i>/ml</i>	40/200ML	29
NAMZARIC CAP 14-10MG	<i>neomycin-polymyxin b gu</i>	NICOTROL INHALER	48
.....	<i>irrigation soln</i>	NICOTROL NS	48
NAMZARIC CAP 21-10MG	<i>neomycin-polymyxin-dexame</i>	<i>nifedipine</i>	29
.....	<i>thasone ophth oint 0.1% ..</i>	<i>nikki</i>	56
NAMZARIC CAP 28-10MG	<i>neomycin-polymyxin-dexame</i>	NILANDRON	17
.....	<i>thasone ophth susp 0.1% .</i>	see <i>nilutamide</i>	17
NAMZARIC CAP 7-10MG	<i>neomycin-polymyxin-hc</i>	<i>nilutamide</i>	17
NAMZARIC CAP PACK	<i>ophth susp</i>	<i>nimodipine</i>	29
NAPRELAN	<i>neomycin-polymyxin-hc otic</i>	NINLARO	20
see <i>naproxen sodium</i>	<i>soln 1%</i>	NIPENT	17
NAPROSYN	<i>neomycin-polymyxin-hc otic</i>	<i>nisoldipine</i>	29
see <i>naproxen</i>	<i>susp 3.5 mg/ml-10000</i>	<i>nitisinone</i>	60
<i>naproxen</i>	<i>unit/ml-1%</i>	NITRO-BID	32
<i>naproxen dr</i>	NEORAL	NITRO-DUR	32
<i>naproxen sodium</i>	see <i>cyclosporine modified</i>	see <i>minitrans</i>	32
<i>naproxen-esomeprazole</i>	<i>(for microemulsion)</i>	<i>nitrofurantoin</i>	7
<i>magnesium tab dr 375-20</i>	see <i>gengraf</i>	<i>nitrofurantoin macrocrystal .</i>	8
<i>mg</i>	NEPHRAMINE INJ 5.4% ..	<i>nitrofurantoin monohyd</i>	
<i>naproxen-esomeprazole</i>	NERLYNX	<i>macro</i>	8
<i>magnesium tab dr 500-20</i>	NESINA	<i>nitroglycerin</i>	32
<i>mg</i>	<i>neuac gel 1.2-5%</i>	NITROLINGUAL	
<i>naratriptan hcl</i>	NEULASTA	PUMPSPRAY	32
NARCAN	NEULASTA ONPRO KIT ..	see <i>nitroglycerin</i>	32
NARDIL	NEUPOGEN	NITROSTAT	32
see <i>phenelzine sulfate ..</i>	NEUPRO	see <i>nitroglycerin</i>	32
NASONEX	NEURONTIN	NITYR	61
see <i>mometasone furoate</i>	see <i>gabapentin</i>	NIVESTYM	69
<i>(nasal)</i>	NEVANAC	<i>nizatidine</i>	64
NATACYN	<i>nevirapine</i>	<i>nolix</i>	85
NATAZIA TAB	NEXAVAR	<i>nora-be</i>	56
<i>nateglinide</i>	NEXIUM	NORCO	
NATPARA	see <i>esomeprazole</i>	see	
NATROBA	<i>magnesium</i>	<i>hydrocodone-acetaminoph</i>	
NAYZILAM	NEXIUM I.V.	<i>en tab 10-325 mg</i>	4
NEBUPENT	see <i>esomeprazole sodium</i>	see	
see <i>pentamidine</i>	.....	<i>hydrocodone-acetaminoph</i>	
<i>isethionate inh</i>	NEXLIZET TAB 180/10MG	<i>en tab 5-325 mg</i>	4
<i>necon 0.5/35-28 .....</i>	.....	see	
<i>nefazodone hcl</i>	<i>niacin (antihyperlipidemic)</i>	<i>hydrocodone-acetaminoph</i>	
<i>neomycin sulfate</i>	<i>niacor</i>	<i>en tab 7.5-325 mg</i>	4
<i>neomycin-bacitrac</i>	NIASPAN	see <i>lorcet</i>	4
<i>zn-polymyx</i>	see <i>niacin</i>	see <i>lorcet hd</i>	5

see <i>lorcet plus</i>	5	NORPRAMIN	38	<i>bicarb-nacl for soln 420</i>	
NORCO TAB 10-325MG	5	see <i>desipramine hcl</i>	38	<i>gm</i>	65
NORCO TAB 5-325MG	5	NORTHERA	32	see <i>trilyte</i>	65
NORCO TAB 7.5-325	5	<i>nortrel 0.5/35 (28)</i>	56	NULYTELY SOL FLAV PKS	
NORDITROPIN FLEXPEN	61	<i>nortrel 1/35 (21)</i>	56	.....	65
<i>norethindrone & ethinyl</i>		<i>nortrel 1/35 (28)</i>	56	NUPLAZID	41
<i>estradiol-fe chew tab 0.4</i>		<i>nortrel 7/7/7</i>	56	NURTEC	45
<i>mg-35 mcg</i>	56	<i>nortriptyline hcl</i>	38	NUTRILIPID	75
<i>norethindrone & ethinyl</i>		NORVASC	29	NUTROPIN AQ NUSPIN 10	
<i>estradiol-fe chew tab 0.8</i>		see <i>amlodipine besylate</i>	29	.....	61
<i>mg-25 mcg</i>	56	NORVIR	10	NUTROPIN AQ NUSPIN 20	
<i>norethindrone</i>		see <i>ritonavir</i>	10	.....	61
<i>(contraceptive)</i>	56	NOURIANZ	40	NUTROPIN AQ NUSPIN 561	
<i>norethindrone ace & ethinyl</i>		NOVAREL	61	NUVARING	
<i>estradiol tab 1 mg-20 mcg</i>	56	NOVOLIN INJ 70/30	52	see <i>eluryng</i>	54
<i>norethindrone ace & ethinyl</i>		NOVOLIN INJ 70/30 FP	52	see <i>etonogestrel-ethinyl</i>	
<i>estradiol tab 1.5 mg-30 mcg</i>		NOVOLIN N	52	<i>estradiol va ring</i>	
.....	56	NOVOLIN N FLEXPEN	52	<i>0.120-0.015 mg/24hr</i>	54
<i>norethindrone ace & ethinyl</i>		NOVOLIN N FLEXPEN		NUVARING MIS	56
<i>estradiol-fe tab 1 mg-20 mcg</i>		RELION	52	NUVIGIL	47
.....	56	NOVOLIN N RELION	52	see <i>armodafinil</i>	47
<i>norethindrone ace-eth</i>		NOVOLIN R	52	NUZYRA	15
<i>estradiol-fe chew tab 1</i>		NOVOLIN R FLEXPEN	52	<i>nyamyc</i>	82
<i>mg-20 mcg (24)</i>	56	NOVOLIN R FLEXPEN		NYMALIZE	29
<i>norethindrone acetate</i>	62	RELION	52	<i>nystatin</i>	9
<i>norethindrone acetate-ethinyl</i>		NOVOLIN R RELION	52	<i>nystatin (mouth-throat)</i>	86
<i>estradiol tab 0.5 mg-2.5 mcg</i>		NOVOLIN 70/30 INJ RELION		<i>nystatin (topical)</i>	82
.....	58	.....	52	<i>nystop</i>	82
<i>norethindrone acetate-ethinyl</i>		NOVOLOG	52	O	
<i>estradiol tab 1 mg-5 mcg</i>	58	NOVOLOG FLEXPEN	52	OCALIVA	66
<i>norgestimate & ethinyl</i>		NOVOLOG MIX INJ 70/30	52	<i>ocella</i>	56
<i>estradiol tab 0.25 mg-35 mcg</i>		NOVOLOG MIX INJ		OCREVUS	47
.....	56	FLEXPEN	52	OCTAGAM	72
<i>norgestimate-eth estrad tab</i>		NOVOLOG PENFILL	52	<i>octreotide acetate</i>	61
<i>0.18-25/0.215-25/0.25-25</i>		NOXAFIL	9	OCUFLOX	76
<i>mg-mcg</i>	56	see <i>posaconazole</i>	9	see <i>ofloxacin (ophth)</i>	76
<i>norgestimate-eth estrad tab</i>		NPLATE	69	ODACTRA SUB	72
<i>0.18-35/0.215-35/0.25-35</i>		NUBEQA	17	ODEFSEY TAB	11
<i>mg-mcg</i>	56	NUCALA	79	ODOMZO	20
NORITATE	86	NUCYNTA	5	OFEV	79
<i>norlyroc</i>	56	NUCYNTA ER	3	<i>ofloxacin (ophth)</i>	76
NORMOSOL -M INJ /D5W74		NUEDEXTA CAP 20-10MG		<i>ofloxacin (otic)</i>	87
NORMOSOL -R INJ	74	.....	46	OGIVRI	20
NORPACE	26	NULOJIX	72	OGIVRI INJ 420MG	20
see <i>disopyramide</i>		NULYTELY		<i>olanzapine</i>	41
<i>phosphate</i>	26	see <i>gavilyte-n/flavor pack</i>		<i>olmesartan medoxomil</i>	26
NORPACE CR	26	.....	65	<i>olmesartan</i>	
		see <i>peg 3350-kcl-sod</i>		<i>medoxomil-hydrochlorothiaz</i>	

<i>de tab 20-12.5 mg</i>.....25	OMNARIS .....80	<i>see tri-lo-sprintec</i>.....57
<i>olmesartan</i>	OMNIPOD KIT STARTER 52	<i>see tri-vylibra lo</i> .....57
<i>medoxomil-hydrochlorothiazide</i>	OMNIPOD MIS 5 PACK....52	<i>oseltamivir phosphate</i>.....12
<i>de tab 40-12.5 mg</i>.....25	OMNITROPE .....61	OSENI TAB 12.5-15 .....50
<i>olmesartan</i>	<i>ondansetron</i> .....63	OSENI TAB 12.5-30 .....50
<i>medoxomil-hydrochlorothiazide</i>	<i>ondansetron hcl</i> .....63	OSENI TAB 12.5-45 .....50
<i>de tab 40-25 mg</i>.....25	ONE VITE TAB 1MG PLUS	OSENI TAB 25-15MG.....50
<i>olmesartan-amlodipine-hydro</i>	74	OSENI TAB 25-30MG.....50
<i>chlorothiazide tab 20-5-12.5</i>	ONEXTON GEL 1.2-3.75..81	OSENI TAB 25-45MG.....50
<i>mg</i> .....25	ONFI .....35	OSMOLEX ER .....40
<i>olmesartan-amlodipine-hydro</i>	<i>see clobazam</i> .....33	OSMOLEX ER PAK.....40
<i>chlorothiazide tab 40-10-12.5</i>	ONGLYZA.....50	OSMOPREP TAB 1.5GM .65
<i>mg</i> .....25	ONIVYDE.....17	OSPHENA .....61
<i>olmesartan-amlodipine-hydro</i>	ONTRUZANT.....20	OTEZLA.....71
<i>chlorothiazide tab 40-10-25</i>	ONZETRA XSAIL .....45	OTEZLA TAB 10/20/30.....71
<i>mg</i> .....25	OPANA	OTOVEL DRO .....87
<i>olmesartan-amlodipine-hydro</i>	<i>see oxymorphone hcl</i> .....5	OTREXUP .....71
<i>chlorothiazide tab 40-5-12.5</i>	OPDIVO .....20	OVIDE .....86
<i>mg</i> .....25	OPSUMIT .....32	OXACILLIN INJ 1GM.....14
<i>olmesartan-amlodipine-hydro</i>	ORACEA.....86	OXACILLIN INJ 2GM.....14
<i>chlorothiazide tab 40-5-25</i>	ORALAIR SUB 300 IR .....72	<i>oxacillin sodium</i> .....14
<i>mg</i> .....25	ORAPRED ODT .....59	<i>oxaliplatin</i>.....16
<i>olopatadine hcl</i>.....76	<i>see prednisolone sodium</i>	<i>oxandrolone</i> .....48
<i>olopatadine hcl (nasal)</i>.....78	<i>phosphate</i> .....59	<i>oxaprozin</i> .....2
OLUMIANT .....71	ORAVIG .....86	OXAYDO .....5
OLUX .....85	ORBACTIV .....8	OXBRYTA .....70
<i>see clobetasol propionate</i>	ORENCIA .....71	<i>oxcarbazepine</i> .....35
.....83	ORENCIA CLICKJECT .....71	<i>oxiconazole nitrate</i> .....83
OLUX-E.....85	ORENITRAM .....32	OXISTAT .....83
<i>see clobetasol propionate</i>	ORFADIN.....61	<i>see oxiconazole nitrate</i> .83
<i>emulsion</i> .....83	<i>see nitisinone</i> .....60	OXSORALEN ULTRA.....83
<i>see tovet</i>.....85	ORILISSA .....57	<i>see methoxsalen rapid</i> ..83
OMECLAMOX- MIS PAK ..66	ORKAMBI GRA 100-125 ..79	OXTELLAR XR .....35
<i>omega-3-acid ethyl esters</i>	ORKAMBI GRA 150-188 ..79	<i>oxybutynin chloride</i> .....68
<i>cap 1 gm</i> .....27	ORKAMBI TAB 100-125 ...80	<i>oxycodone hcl</i>.....5
<i>omeprazole</i> .....67	ORKAMBI TAB 200-125 ...80	<i>oxycodone w/</i>
<i>omeprazole-sodium</i>	<i>orsythia</i> .....56	<i>acetaminophen tab 10-325</i>
<i>bicarbonate cap 20-1100 mg</i>	ORTHO MICRONOR.....56	<i>mg</i>.....5
.....67	ORTHO TRI- TAB CYCLN	<i>oxycodone w/</i>
<i>omeprazole-sodium</i>	LO .....56	<i>acetaminophen tab 2.5-325</i>
<i>bicarbonate cap 40-1100 mg</i>	ORTHO TRI-CYCLEN LO	<i>mg</i>.....5
.....67	<i>see norgestimate-eth</i>	<i>oxycodone w/</i>
<i>omeprazole-sodium</i>	<i>estradiol tab</i>	<i>acetaminophen tab 5-325</i>
<i>bicarbonate powd pack for</i>	<i>0.18-25/0.215-25/0.25-25</i>	<i>mg</i>.....5
<i>susp 20-1680 mg</i> .....67	<i>mg-mcg</i> .....56	<i>oxycodone w/</i>
<i>omeprazole-sodium</i>	<i>see tri-lo-estarylla</i> .....57	<i>acetaminophen tab 7.5-325</i>
<i>bicarbonate powd pack for</i>	<i>see tri-lo-marzia</i> .....57	<i>mg</i>.....5
<i>susp 40-1680 mg</i> .....67	<i>see tri-lo-mili</i> .....57	<i>oxycodone-aspirin tab</i>

4.8355-325 mg.....5	see olopatadine hcl (nasal)	see endocet tab 10-325mg
OXYCONTIN.....3	78	4
oxymorphone hcl.....5	PAXIL.....39	see endocet tab
OXYTROL.....68	see paroxetine hcl .....38	2.5-325mg .....4
OZEMPIC (0.25 OR	PAXIL CR .....39	see endocet tab 5-325mg4
0.5MG/DOSE).....50	see paroxetine hcl .....39	see endocet tab
OZEMPIC (1MG/DOSE) ...50	PAZEO.....76	7.5-325mg .....4
P	PEDIAPRED .....59	see oxycodone w/
<i>pacerone</i> .....26	see prednisolone sodium	acetaminophen tab 10-325
<i>paclitaxel</i> .....18	phosphate .....59	mg .....5
PADCEV .....20	PEDIARIX INJ 0.5ML.....73	see oxycodone w/
<i>paliperidone</i> .....41	PEDVAX HIB .....73	acetaminophen tab
<i>palonosetron hcl</i>.....63	<i>peg 3350-kcl-na</i>	2.5-325 mg .....5
PALONOSETRON	<i>bicarb-nacl-na sulfate for</i>	see oxycodone w/
HYDROCHLORID .....63	<i>soln 236 gm</i> .....65	acetaminophen tab 5-325
PALYNZIQ .....61	<i>peg 3350-kcl-sod bicarb-nacl</i>	mg .....5
PAMELOR .....38	<i>for soln 420 gm</i> .....65	see oxycodone w/
see nortriptyline hcl .....38	PEGANONE .....35	acetaminophen tab
<i>pamidronate disodium</i>.....53	PEGASYS.....12	7.5-325 mg .....5
PAMIDRONATE DISODIUM	PEGASYS PROCLICK .....12	PERCOCET TAB 10-325MG
.....53	PEMAZYRE .....20	5
PANCREAZE CAP	PEN GK/DEXTR INJ	PERCOCET TAB 2.5-325...5
10500UNT.....66	20000/ML.....14	PERCOCET TAB 5-325MG 5
PANCREAZE CAP	PEN GK/DEXTR INJ	PERCOCET TAB 7.5-325...5
16800UNT.....66	40000/ML.....14	PERFOROMIST .....79
PANCREAZE CAP	PEN GK/DEXTR INJ	PERIDEX
21000UNT.....66	60000/ML.....14	see chlorhexidine
PANCREAZE CAP	PEN NEEDLES:	gluconate (mouth-throat)
2600UNIT.....66	NOVO/BD/ULTIMED/OWEN/	86
PANCREAZE CAP	TRIVIDIA.....52	see paroex .....86
4200UNIT.....66	<i>penicillamine</i> .....53	see periogard .....86
PANDEL.....85	<i>penicillin g potassium</i>.....14	<i>perindopril erbumine</i> .....23
<i>pantoprazole sodium</i>.....67	PENICILLIN G PROCAINE	<i>periogard</i> .....86
PANZYGA.....72	14	PERJETA .....20
<i>paricalcitol</i> .....63	<i>penicillin g sodium</i> .....14	<i>permethrin</i> .....86
PARLODEL.....40	<i>penicillin v potassium</i> .....14	<i>perphenazine</i> .....41
see bromocriptine	PENNSAID .....86	PERSERIS .....41
<i>mesylate</i> .....39	PENTACEL INJ .....73	PERTZYE CAP 16000U ...66
PARNATE.....38	PENTAM 300.....8	PERTZYE CAP 24000U ...66
see tranylcypromine	see pentamidine	PERTZYE CAP 4000UNIT66
<i>sulfate</i>.....39	<i>isethionate inj</i> .....8	PERTZYE CAP 8000UNIT66
<i>paroex</i> .....86	<i>pentamidine isethionate inh</i> 8	PEXEVA .....39
<i>paromomycin sulfate</i> .....8	<i>pentamidine isethionate inj</i> .8	<i>pfizerpen</i> .....14
<i>paroxetine hcl</i>.....38, 39	PENTASA .....65	<i>phenadoz</i> .....63
<i>paroxetine mesylate</i>	<i>pentoxifylline</i> .....70	<i>phenelzine sulfate</i> .....39
(vasomotor).....46	PEPCID .....64	PHENERGAN .....63
PASER.....11	see famotidine .....64	see promethazine hcl ....64
PATANASE.....78	PERCOCET	<i>phenobarbital</i> .....35

<i>phenobarbital sodium</i>.....35	DOSE.....20	PRADAXA .....69
<i>phenoxybenzamine hcl</i> .....32	PIQRAY 250MG TAB DOSE	PRALUENT .....27
PHENYTEK.....35	20	<i>pramipexole dihydrochloride</i>
<i>see phenytoin sodium</i>	PIQRAY 300MG DAILY	40
<i>extended</i>.....35	DOSE.....20	<i>prasugrel hcl</i> .....70
<i>phenytoin</i> .....35	<i>pirmella 1/35</i> .....56	PRAVACHOL
<i>phenytoin sodium</i>.....35	<i>piroxicam</i> .....2	<i>see pravastatin sodium</i> .27
<i>phenytoin sodium extended</i>	PLAQUENIL.....71	<i>pravastatin sodium</i>.....27
.....35	<i>see hydroxychloroquine</i>	<i>praziquantel</i> .....8
<i>philith</i> .....56	<i>sulfate</i>.....71	<i>prazosin hcl</i> .....23
PHOSLO	PLASMA-LYTE INJ -148...74	PRECOSE .....51
<i>see calcium acetate</i>	PLASMA-LYTE INJ -A .....74	<i>see acarbose</i>.....49
<i>(phosphate binder)</i> .....61	PLAVIX .....70	PRED FORTE .....76
PHOSLYRA .....62	<i>see clopidogrel bisulfate</i> 70	<i>see prednisolone acetate</i>
PHOSPHOLINE IODIDE...77	PLEGRIDY.....47	<i>(ophth)</i>.....76
PICATO.....86	PLEGRIDY INJ STARTER47	PRED MILD .....76
PIFELTRO .....10	PLEGRIDY PEN INJ	PRED-G S.O.P OIN OP...75
<i>pilocarpine hcl</i> .....77	STARTER .....47	PRED-G SUS OP .....75
<i>pilocarpine hcl (oral)</i>.....86	<i>plenamine</i> .....75	<i>prednicarbate</i>.....85
<i>pimecrolimus</i> .....86	PLENVU SOL .....65	<i>prednisolone</i> .....59
<i>pimozide</i>.....41	PLIAGLIS CRE 7-7%.....85	<i>prednisolone acetate (ophth)</i>
<i>pimtrea</i> .....56	PNV FOLIC AC TAB + IRON	76
<i>pindolol</i> .....29	74	PREDNISOLONE SODIUM
<i>pioglitazone hcl</i> .....50	<i>podofilox</i> .....86	PHOSP .....76
<i>pioglitazone hcl-glimepiride</i>	POLIVY .....20	<i>prednisolone sodium</i>
<i>tab 30-2 mg</i> .....50	<i>polymyxin b sulfate</i> .....8	<i>phosphate</i>.....59
<i>pioglitazone hcl-glimepiride</i>	<i>polymyxin b-trimethoprim</i>	<i>prednisone</i> .....59
<i>tab 30-4 mg</i> .....50	<i>ophth soln 10000</i>	PREDNISONE INTENSOL
<i>pioglitazone hcl-metformin</i>	<i>unit/ml-0.1%</i> .....76	59
<i>hcl tab 15-500 mg</i> .....50	POLYTRIM	<i>pregabalin</i> .....36
<i>pioglitazone hcl-metformin</i>	<i>see polymyxin</i>	PREGNYL W/DILUENT
<i>hcl tab 15-850 mg</i> .....50	<i>b-trimethoprim ophth soln</i>	BENZYL.....61
<i>piperacillin sod-tazobactam</i>	<i>10000 unit/ml-0.1%</i> .....76	PREMARIN.....58
<i>na for inj 3.375 gm (3-0.375</i>	POLYTRIM SOL OP .....76	PREMASOL SOL 10% ....75
<i>gm)</i>.....14	POMALYST .....17	PREMPHASE TAB .....58
<i>piperacillin sod-tazobactam</i>	<i>portia-28</i>.....56	PREMPRO TAB.....58
<i>sod for inj 13.5 gm (12-1.5</i>	PORTRAZZA .....20	PREMPRO TAB 0.3-1.5 ...58
<i>gm)</i>.....15	<i>posaconazole</i>.....9	PREMPRO TAB 0.45-1.5 .58
<i>piperacillin sod-tazobactam</i>	<i>potassium chloride</i> .....74	PREMPRO TAB 0.625-5 ..58
<i>sod for inj 2.25 gm (2-0.25</i>	POTASSIUM CHLORIDE .74	PRENATAL TAB 27-1MG.74
<i>gm)</i>.....15	<i>potassium chloride 20 meq/l</i>	PRENATAL TAB PLUS ....74
<i>piperacillin sod-tazobactam</i>	<i>(0.15%) in dextrose 5% inj</i> 74	PRENATAL VIT TAB LOW
<i>sod for inj 4.5 gm (4-0.5 gm)</i>	<i>potassium chloride</i>	IRON.....74
.....15	<i>microencapsulated crystals</i>	PRETOMANID.....11
<i>piperacillin sod-tazobactam</i>	<i>er</i> .....74	PREVACID .....67
<i>sod for inj 40.5 gm (36-4.5</i>	<i>potassium citrate (alkalinizer)</i>	<i>see lansoprazole</i> .....66
<i>gm)</i>.....15	67	PREVACID SOLUTAB.....67
PIQRAY 200MG DAILY	POTELIGEO .....20	<i>see lansoprazole</i> .....66

<i>prevalite</i>	27	see <i>tacrolimus</i>	73	PULMICORT FLEXHALER	80
<i>previfem</i>	56	PROLASTIN-C	80	PULMOZYME	80
PREVYMIS	12	PROLATE TAB 10-300MG	6	PURIXAN	16
PREZCOBIX TAB 800-150	11	PROLATE TAB 5-300MG	5	PYLERA CAP	66
PREZISTA	10	PROLATE TAB 7.5-300	6	<i>pyrazinamide</i>	11
PRIFTIN	11	PROLENSA	76	<i>pyridostigmine bromide</i>	46
PRIOSEC	67	PROLIA	53	<i>pyrimethamine</i>	8
<i>primaquine phosphate</i>	9	PROMACTA	70	Q	
PRIMAQUINE PHOSPHATE	9	<i>promethazine hcl</i>	64	QBRELIS	23
see <i>primaquine phosphate</i>	9	<i>promethegan</i>	64	QBREXZA	86
PRIMAXIN IV		PROMETRIUM	62	QINLOCK	20
see <i>imipenem-cilastatin intravenous for soln 500 mg</i>	7	see <i>progesterone micronized</i>	62	QNASL	80
PRIMAXIN IV INJ 500MG	8	<i>propafenone hcl</i>	26	QNASL CHILDRENS	80
<i>primidone</i>	36	<i>propantheline bromide</i>	64	QTERN TAB 10MG/5MG	51
PRINIVIL	23	<i>proparacaine hcl</i>	77	QTERN TAB 5-5MG	51
see <i>lisinopril</i>	23	<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	28	QUADRACEL INJ	73
PRISTIQ	39	<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	28	QUALAQUIN	9
see <i>desvenlafaxine succinate</i>	38	<i>propranolol hcl</i>	29	see <i>quinine sulfate</i>	9
PRIVIGEN	72	<i>propylthiouracil</i>	62	QUARTETTE	
PROAIR DIGIHALER	79	PROQUAD INJ	73	see <i>fayosim</i>	54
PROAIR HFA	79	PROSCAR	67	see <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	55
see <i>albuterol sulfate</i>	78	see <i>finasteride</i>	67	see <i>rivelsa</i>	56
PROAIR RESPICLICK	79	PROSOL INJ 20%	75	QUARTETTE TAB	56
<i>probenecid</i>	1	PROTONIX	67	QUDEXY XR	36
PROCALAMINE INJ 3%	75	see <i>pantoprazole sodium</i>	67	QUESTRAN	28
PROCARDIA XL	29	.....	67	see <i>cholestyramine</i>	27
see <i>nifedipine</i>	29	PROTOPIC	86	QUESTRAN LIGHT	28
<i>prochlorperazine</i>	64	see <i>tacrolimus (topical)</i>	86	see <i>cholestyramine light</i>	27
<i>prochlorperazine edisylate</i>	64	<i>protriptyline hcl</i>	39	see <i>prevalite</i>	27
<i>prochlorperazine maleate</i>	64	PROVENTIL HFA	79	<i>quetiapine fumarate</i>	42
PROCRIT	69	see <i>albuterol sulfate</i>	78	QUILLICHEW ER	44
PROCTOCORT		PROVERA	62	QUILLIVANT XR	44
see <i>procto-pak</i>	86	see <i>medroxyprogesterone acetate</i>	62	<i>quinapril hcl</i>	23
<i>procto-med hc</i>	86	PROVIGIL	47	<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	22
<i>procto-pak</i>	86	see <i>modafinil</i>	47	<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	22
<i>proctosol hc</i>	86	PROZAC	39	<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	22
<i>proctozone-hc</i>	86	see <i>fluoxetine hcl</i>	38	<i>quinidine sulfate</i>	26
PROCYSBI	61	PRUDOXIN	86	<i>quinine sulfate</i>	9
<i>progesterone micronized</i>	62	PSORCON	85	QUZYTIR	78
PROGLYCEM	59	PULMICORT	80	QVAR REDIHALER	80
see <i>diazoxide</i>	59	see <i>budesonide (inhalation)</i>	80	R	
PROGRAF	73			RABAVERT INJ	73

<i>rabeprazole sodium</i>	67	REMERON SOLTAB	39	<i>riluzole</i>	46
RADICAVA.....	46	<i>see mirtazapine</i>	38	<i>rimantadine hydrochloride</i>	12
RAGWITEK.....	72	REMICADE.....	71	RIMSO-50.....	67
<i>raloxifene hcl</i>	61	REMODULIN	33	RINVOQ	71
<i>ramelteon</i>	44	RENAGEL.....	62	RIOMET.....	51
<i>ramipril</i>	23	<i>see sevelamer hcl</i>	62	<i>see metformin hcl</i>	50
RANEXA	32	RENFLEXIS.....	71	RIOMET ER.....	51
<i>see ranolazine</i>	32	REVELA.....	62	<i>risedronate sodium</i>	53
<i>ranolazine</i>	32	<i>see sevelamer carbonate</i>		RISPERDAL	42
RAPAFLO	67	.....	62	<i>see risperidone</i>	42
<i>see silodosin</i>	67	<i>repaglinide</i>	51	RISPERDAL CONSTA	42
RAPAMUNE.....	73	REQUIP XL		<i>risperidone</i>	42
<i>see sirolimus</i>	73	<i>see ropinirole</i>		RITALIN	44
<i>rasagiline mesylate</i>	40	<i>hydrochloride</i>	40	<i>see methylphenidate hcl</i>	44
RASUVO.....	71	RESTASIS	77	RITALIN LA	44
RAVICTI.....	61	RESTASIS MULTIDOSE ..	77	<i>see methylphenidate hcl</i>	44
RAYALDEE.....	63	RESTORIL.....	44	<i>ritonavir</i>	10
RAYOS	59	<i>see temazepam</i>	44	RITUXAN	20
RAZADYNE		RETACRIT	69	RITUXAN INJ HYCELA	20
<i>see galantamine</i>		RETEVMO	20	<i>rivastigmine</i>	37
<i>hydrobromide</i>	37	RETIN-A	81	<i>rivastigmine tartrate</i>	37
RAZADYNE ER	37	<i>see avita</i>	81	<i>rivelsa</i>	56
<i>see galantamine</i>		<i>see tretinoin</i>	82	<i>rizatriptan benzoate</i>	45
<i>hydrobromide</i>	37	RETIN-A MICRO	82	ROBAXIN-750	
REBIF	47	<i>see tretinoin microsphere</i>		<i>see methocarbamol</i>	47
REBIF REBIDO INJ		.....	82	ROCALTROL.....	63
TITRATN.....	47	RETIN-A MICRO PUMP ...	82	<i>see calcitriol</i>	63
REBIF REBIDOSE.....	47	RETROVIR	10	ROCKLATAN DRO.....	77
REBIF TITRTN INJ PACK.	47	<i>see zidovudine</i>	10	<i>ropinirole hydrochloride</i>	40
REBLOZYL.....	70	REVATIO.....	33	<i>rosadan</i>	86
RECARBRIO INJ 1.25GM...	8	<i>see sildenafil citrate</i>		<i>rosuvastatin calcium</i>	27
RECLAST	53	<i>(pulmonary hypertension)</i>		ROTARIX SUS	73
<i>see zoledronic acid</i>	53	.....	33	ROTATEQ SOL	73
<i>reclipsen</i>	56	REVCovi.....	61	ROWASA.....	65
RECOMBIVAX HB	73	REVLIMID.....	17	<i>see mesalamine w/</i>	
RECTIV.....	86	REXULTI.....	42	<i>cleanser</i>	65
REGLAN	64	REYATAZ	10	<i>roweepra</i>	36
<i>see metoclopramide hcl</i>	63	<i>see atazanavir sulfate</i> ...	10	<i>roweepra xr</i>	36
REGRANEX.....	86	REYVOW	45	ROXICODONE	6
RELAFEN DS	2	RHOFADE	86	<i>see oxycodone hcl</i>	5
RELENZA DISKHALER	12	RHOPRESSA	77	ROZEREM.....	44
RELEXXII.....	44	<i>ribavirin (hepatitis c)</i>	12	<i>see ramelteon</i>	44
RELISTOR.....	66	<i>rifabutin</i>	11	ROZLYTREK	20
RELPAx.....	45	RIFADIN	11	RUBRACA	20
<i>see eletriptan</i>		<i>see rifampin</i>	11	RUCONEST	70
<i>hydrobromide</i>	45	<i>rifampin</i>	11	RUXIENCE	20
REMERON.....	39	RILUTEK.....	46	RUZURGI	46
<i>see mirtazapine</i>	38	<i>see riluzole</i>	46	RYBELSUS	51

RYDAPT	20	0.15-0.03mg(84) & eth est	simliya.....	56
RYTARY CAP 145MG	40	tab 0.01mg(7)	simpesse	56
RYTARY CAP 195MG	40	see simpesse	SIMPONI	71
RYTARY CAP 245MG	40	SEASONIQUE TAB	SIMPONI ARIA	71
RYTARY CAP 95MG	40	SECUADO	simvastatin.....	27
RYTHMOL SR	26	SEGLUROMET TAB	SINEMET	
see propafenone hcl.....	26	2.5-1000.....	see carbidopa & levodopa	
S		SEGLUROMET TAB 2.5-500	tab 10-100 mg	39
SABRIL	36	.....	see carbidopa & levodopa	
see vigabatrin	36	SEGLUROMET TAB	tab 25-100 mg	39
see vigadrone	36	7.5-1000.....	see carbidopa & levodopa	
SAFYRAL		SEGLUROMET TAB 7.5-500	tab 25-250 mg	39
see drospirenone-ethinyl		.....	SINEMET TAB 10-100MG	40
estradiol-levomefolate tab		selegiline hcl	SINEMET TAB 25-100MG	40
3-0.03-0.451 mg	54	selenium sulfide	SINEMET TAB 25-250MG	40
see tydemy	57	SELZENTRY	SINGULAIR	79
SAFYRAL TAB.....	56	SEMPREX-D CAP 8-60MG	see montelukast sodium	79
SAIZEN	61	.....	sirolimus	73
SAIZENPREP		SENSIPAR.....	SIRTURO	11
RECONSTITUTION	61	see cinacalcet hcl	SITAVIG	12
SALAGEN	86	SEREVENT DISKUS	SIVEXTRO	8
see pilocarpine hcl (oral)		SERNIVO.....	SKELAXIN	47
.....	86	SEROQUEL.....	see metaxalone	47
SAMSCA.....	61	see quetiapine fumarate	SKLICE	86
see tolcapone	61	SEROQUEL XR.....	SKYRIZI.....	71
SANCUSO	64	see quetiapine fumarate	SLYND.....	56
SANDIMMUNE	73	SEROSTIM	SMOFLIPID EMU	75
see cyclosporine	72	sertraline hcl	sodium chloride.....	74
SANDOSTATIN	61	setlakin.....	sodium chloride (gu irrigant)	
see octreotide acetate ..	61	sevelamer carbonate .....	.....	86
SANDOSTATIN LAR		sevelamer hcl.....	sodium fluoride chew; tab;	
DEPOT	61	SEYSARA.....	1.1 (0.5 f) mg/ml soln	74
SANTYL	86	SFROWASA	sodium phenylbutyrate.....	61
SAPHRIS	42	sharobel	sodium polystyrene sulfonate	
SARAFEM.....	39	SHINGRIX .....	.....	53
see fluoxetine hcl (pmd)		SIGNIFOR	sodium polystyrene sulfonate	
.....	38	SIGNIFOR LAR	powder.....	53
SARCLISA	20	SIKLOS.....	solifenacin succinate.....	68
SAVAYSA	69	sildenafil citrate (pulmonary	SOLQUA INJ 100/33	52
SAVELLA	46	hypertension)	SOLIRIS	70
SAVELLA MIS TITR PAK..	46	SILENOR	SOLODYN	15
scopolamine	64	see doxepin hcl (sleep) .	see minocycline hcl	15
SEASONIQUE		silodosin	SOLOSEC	8
see amethia	54	SILVADENE.....	SOLTAMOX.....	17
see ashlyna	54	see silver sulfadiazine ..	SOLU-CORTEF	59
see camrese	54	see ssd	SOLU-MEDROL	59
see daysee	54	silver sulfadiazine	see methylprednisolone	
see levonorg-eth est tab		SIMBRINZA SUS 1-0.2%..	sod succ.....	59

SOMA	47	STALEVO 200 TAB	40	SUCRAID	66
see <i>carisoprodol</i>	47	STALEVO 50 TAB	40	<i>sucralfate</i>	66
see <i>vanadom</i>	47	STALEVO 75 TAB	40	SULAR	30
SOMATULINE DEPOT	61	STARLIX	51	see <i>nisoldipine</i>	29
SOMAVERT	61	<i>stavudine</i>	10	<i>sulfacetamide sodium (acne)</i>	
SOOLANTRA	86	STEGLATRO	51	.....	82
SORIATANE	83	STEGLUJAN TAB		<i>sulfacetamide sodium</i>	
see <i>acitretin</i>	83	15-100MG	51	(<i>ophth</i>)	76
SORILUX	83	STEGLUJAN TAB 5-100MG		<i>sulfacetamide</i>	
<i>sorine</i>	26	.....	51	<i>sodium-prednisolone ophth</i>	
<i>sotalol hcl</i>	26	STELARA	71	<i>soln 10-0.23(0.25)%</i>	75
<i>sotalol hcl (afib/af)</i>	26	STIMATE	61	SULFADIAZINE	8
SOTYLIZE	26	STIOLTO AER 2.5-2.5	78	<i>sulfamethoxazole-trimethopri</i>	
SPIRIVA HANDIHALER	78	STIOLTO RESPIMAT		<i>m iv soln 400-80 mg/5ml</i>	8
SPIRIVA RESPIMAT	78	(INSTITUTIONAL PACK) ..	78	<i>sulfamethoxazole-trimethopri</i>	
SPIRIVA RESPIMAT		STIVARGA	20	<i>m susp 200-40 mg/5ml</i>	8
(INSTITUTIONAL PACK) ..	78	STRATTERA	44	<i>sulfamethoxazole-trimethopri</i>	
<i>spironolactone</i>	23	see <i>atomoxetine hcl</i>	43	<i>m tab 400-80 mg</i>	8
<i>spironolactone &</i>		STRENSIQ	61	<i>sulfamethoxazole-trimethopri</i>	
<i>hydrochlorothiazide tab</i>		<i>streptomycin sulfate</i>	8	<i>m tab 800-160 mg</i>	8
<i>25-25 mg</i>	30	STRIBILD TAB	11	SULFAMYLON	82
SPORANOX	9	STRIVERDI RESPIMAT ...	79	see <i>mafenide acetate</i>	82
see <i>itraconazole</i>	9	STROMECTOL	8	<i>sulfasalazine</i>	65
SPORANOX PULSEPAK	9	see <i>ivermectin</i>	7	<i>sulindac</i>	2
SPRAVATO SOL 56MG		SUBLOCADE	48	<i>sumatriptan</i>	45
DOS	39	SUBOXONE		<i>sumatriptan succinate</i>	45
SPRAVATO SOL 84MG		see <i>buprenorphine</i>		<i>sumatriptan-naproxen</i>	
DOS	39	<i>hcl-naloxone hcl sl film</i>		<i>sodium tab 85-500 mg</i>	45
<i>sprintec 28</i>	56	<i>12-3 mg (base equiv)</i>	48	SUNOSI	47
SPRITAM	36	see <i>buprenorphine</i>		SUPRAX	13
SPRIX	2	<i>hcl-naloxone hcl sl film</i>		see <i>cefixime</i>	12
SPRYCEL	20	<i>2-0.5 mg (base equiv)</i> ...	48	SUPREP BOWEL SOL	
<i>sps</i>	53	see <i>buprenorphine</i>		PREP KIT	65
<i>sronyx</i>	56	<i>hcl-naloxone hcl sl film 4-1</i>		SUSTIVA	10
<i>ssd</i>	82	<i>mg (base equiv)</i>	48	see <i>efavirenz</i>	10
STALEVO 100		see <i>buprenorphine</i>		SUSTOL	64
see		<i>hcl-naloxone hcl sl film 8-2</i>		SUTENT	20
<i>carbidopa-levodopa-entac</i>		<i>mg (base equiv)</i>	48	<i>syeda</i>	56
<i>apone tabs 25-100-200</i>		SUBOXONE MIS 12-3MG	48	SYLATRON	18
<i>mg</i>	40	SUBOXONE MIS 2-0.5MG		.....	80
STALEVO 100 TAB	40	.....	48	SYMBICORT AER 80-4.5	80
STALEVO 125 TAB	40	SUBOXONE MIS 4-1MG ..	48	SYMBICORT AER 160-4.5	80
STALEVO 150		SUBOXONE MIS 8-2MG ..	48	.....	80
see		SUBSYS	6	SYMDEKO TAB 100-150 ..	80
<i>carbidopa-levodopa-entac</i>		<i>subvenite</i>	36	SYMDEKO TAB 50-75MG	80
<i>apone tabs 37.5-150-200</i>		<i>subvenite starter kit/blu</i>	36	SYMFI LO TAB	11
<i>mg</i>	40	<i>subvenite starter kit/gre</i>	36	SYMFI TAB	11
STALEVO 150 TAB	40	<i>subvenite starter kit/ora</i>	36	SYMJEPI	80
				SYMLINPEN 120	51

SYMLINPEN 60	51	0.005-0.064%	83	TAZVERIK	20
SYMPAZAN	36	TACLONEX OIN	85	TDVAX INJ 2-2 LF	73
SYMPROIC	66	TACLONEX SUS	85	TECENTRIQ	20
SYMTUZA TAB	11	<i>tacrolimus</i>	73	TECFIDERA	47
SYNALAR	85	<i>tacrolimus (topical)</i>	86	TECFIDERA MIS STARTER	47
<i>see fluocinolone acetonide</i>	84	<i>tadalafil (pulmonary hypertension)</i>	33	TEFLARO	13
SYNAREL	57	TAFINLAR	20	TEGRETOL	36
SYNDROS	64	TAGRISSO	20	<i>see carbamazepine</i>	33
SYNERA DIS 70-70MG	85	TAKHZYRO	70	<i>see epitol</i>	34
SYNERCID INJ 500MG	8	TALICIA CAP	66	TEGRETOL-XR	36
SYNJARDY TAB 12.5-1000MG	51	TALTZ	71	<i>see carbamazepine</i>	33
SYNJARDY TAB 12.5-50051	51	TALZENNA	20	TEGSEDI	46
SYNJARDY TAB 5-1000MG	51	TAMIFLU	12	TEKTURNA	32
SYNJARDY TAB 5-500MG	51	<i>see oseltamivir phosphate</i>	12	<i>see aliskiren fumarate</i> ...	30
SYNJARDY XR TAB 10-1000	51	<i>tamoxifen citrate</i>	17	TEKTURNA HCT TAB 150-12.5	32
SYNJARDY XR TAB 12.5-1000MG	51	<i>tamsulosin hcl</i>	67	TEKTURNA HCT TAB 150-25MG	32
SYNJARDY XR TAB 25-1000	51	TAPAZOLE	62	TEKTURNA HCT TAB 300-12.5	32
SYNJARDY XR TAB 5-1000MG	51	<i>see methimazole</i>	62	TEKTURNA HCT TAB 300-25MG	32
SYNRIBO	18	<i>taperdex 12-day</i>	59	<i>telmisartan</i>	26
SYNTHROID	62	<i>taperdex 6-day</i>	59	<i>telmisartan-amlodipine tab 40-10 mg</i>	25
<i>see euthyrox</i>	62	<i>taperdex 7-day</i>	59	<i>telmisartan-amlodipine tab 40-5 mg</i>	25
<i>see levo-t</i>	62	TARCEVA	20	<i>telmisartan-amlodipine tab 80-10 mg</i>	25
<i>see levothyroxine sodium</i>	62	<i>see erlotinib hcl</i>	19	<i>telmisartan-amlodipine tab 80-5 mg</i>	25
<i>see levoxyl</i>	62	TARGADOX	15	<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	25
<i>see unithroid</i>	63	TARGRETIN	18, 86	<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	25
SYPRINE	53	<i>see bexarotene</i>	17	<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	25
<i>see clovique</i>	53	<i>tarina 24 fe</i>	56	<i>temazepam</i>	44
<i>see trientine hcl</i>	53	<i>tarina fe 1/20 eq</i>	56	TEMIXYS TAB 300-300	11
T		TARKA		TEMOVATE	85
TABLOID	16	<i>see trandolapril-verapamil hcl tab er 2-180 mg</i>	22	<i>see clobetasol propionate</i>	83
TABRECTA	20	<i>see trandolapril-verapamil hcl tab er 2-240 mg</i>	22	<i>temsirolimus</i>	20
TACLONEX		<i>see trandolapril-verapamil hcl tab er 4-240 mg</i>	22	TENIVAC INJ 5-2LF	73
<i>see calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	83	TASIGNA	20	<i>tenofovir disoproxil fumarate</i>	10
<i>see calcipotriene-betamethasone dipropionate susp</i>		TAVALISSE	70	TENORETIC 100	
		TAXOTERE			
		<i>see docetaxel</i>	18		
		TAYTULLA CAP 1MG/20MC	56		
		<i>tazarotene</i>	83		
		<i>tazicef</i>	13		
		TAZORAC	83		
		<i>see tazarotene</i>	83		
		<i>taztia xt</i>	30		

see <i>atenolol & chlorthalidone tab 100-25 mg</i>	28	once-daily	77	see <i>metoprolol succinate</i>	28
TENORETIC 50		TIMOPTIC.....	77	<i>toremifene citrate</i>	17
see <i>atenolol & chlorthalidone tab 50-25 mg</i>	28	see <i>timolol maleate (ophth)</i>	77	TORISEL	20
TENORETIC TAB 100	28	TIMOPTIC OCUDOSE.....	77	see <i>temsirolimus</i>	20
TENORETIC TAB 50	28	TIMOPTIC-XE.....	77	<i>torseamide</i>	30
TENORMIN.....	29	see <i>timolol maleate (ophth)</i>	77	TOSYMRA.....	45
see <i>atenolol</i>	28	<i>tinidazole</i>	8	TOUJEO MAX SOLOSTAR	52
TEPEZZA.....	61	TIROSINT	62	TOUJEO SOLOSTAR.....	52
<i>terazosin hcl</i>	23	TIROSINT-SOL.....	63	<i>tovet</i>	85
<i>terbinafine hcl</i>	9	TIVICAY.....	10	TOVIAZ.....	68
<i>terbutaline sulfate</i>	79	TIVICAY PD.....	10	TPN ELECTROL INJ	74
<i>terconazole vaginal</i>	68	<i>tizanidine hcl</i>	47	TRACLEER	33
TERIPARATIDE.....	53	TOBI	8	see <i>bosentan</i>	32
TESTIM.....	48	TOBI PODHALER.....	8	TRADJENTA	51
<i>testosterone</i>	49	TOBRADEX		<i>tramadol hcl</i>	3, 6
<i>testosterone cypionate</i>	49	see		<i>tramadol-acetaminophen tab 37.5-325 mg</i>	6
<i>testosterone enanthate</i>	49	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> ..	75	<i>trandolapril</i>	23
<i>tetrabenazine</i>	46	TOBRADEX OIN 0.3-0.1%75		<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	22
<i>tetracycline hcl</i>	15	TOBRADEX ST SUS		<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	22
TEXACORT	85	0.3-0.05.....	75	<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	22
THALOMID	17	TOBRADEX SUS 0.3-0.1%	75	<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	22
THEO-24.....	80	<i>tobramycin</i>	8	<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	22
<i>theophylline</i>	80	<i>tobramycin (ophth)</i>	76	<i>tranexamic acid</i>	70
THIOLA.....	67	<i>tobramycin sulfate</i>	8	TRANSDERM SCOP	
THIOLA EC.....	67	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	75	see <i>scopolamine</i>	64
<i>thioridazine hcl</i>	42	TOBREX.....	76	TRANSDERM-SCOP.....	64
<i>thiothixene</i>	42	see <i>tobramycin (ophth)</i> ..	76	<i>tranylcypromine sulfate</i>	39
<i>tiadylt er</i>	30	<i>tolmetin sodium</i>	2	TRAVASOL INJ 10%	75
<i>tiagabine hcl</i>	36	TOLSURA.....	9	TRAVATAN Z	77
TIAZAC	30	<i>tolterodine tartrate</i>	68	see <i>travoprost</i>	77
see <i>diltiazem hcl extended release beads</i>	29	<i>tolvaptan</i>	61	<i>travoprost</i>	77
see <i>taztia xt</i>	30	TOPAMAX	36	TRAZIMERA	20
see <i>tiadylt er</i>	30	see <i>topiramate</i>	36	<i>trazodone hcl</i>	39
TIBSOVO	20	TOPAMAX SPRINKLE.....	36	TREANDA	16
<i>tigecycline</i>	15	see <i>topiramate</i>	36	TRECATOR.....	11
TIGECYCLINE	15	TOPICORT	85	TRELEGY AER ELLIPTA ..	78
TIGLUTIK.....	46	see <i>desoximetasone</i>	84	TRELSTAR MIXJECT.....	17
TIKOSYN	26	<i>topiramate</i>	36	TREMFYA	71
see <i>dofetilide</i>	26	<i>toposar</i>	18	<i>treprostinil</i>	33
<i>tilia fe</i>	57	<i>topotecan hcl</i>	18	TRESIBA	52
<i>timolol maleate</i>	29	TOPOTECAN HCL	18	TRESIBA FLEXTOUCH....	52
<i>timolol maleate (ophth)</i>	77	see <i>topotecan hcl</i>	18	<i>tretinoin</i>	82
<i>timolol maleate (ophth)</i>		TOPROL XL.....	29		

<i>tretinoin (chemotherapy)</i> ...18	5-12.5MG .....25	<i>trivora</i> -28 .....57
<i>tretinoin microsphere</i> .....82	TRIBENZOR40- TAB	<i>tri-vylibra</i> .....57
TREXALL .....71	10-12.5.....25	<i>tri-vylibra lo</i> .....57
TREXIMET	TRIBENZOR40- TAB	TRIZIVIR
see <i>sumatriptan-naproxen</i>	10-25MG .....25	see <i>abacavir</i>
<i>sodium tab 85-500 mg</i> ...45	TRIBENZOR40- TAB	<i>sulfate-lamivudine-zidovud</i>
TREXIMET TAB 85-500MG	5-12.5MG .....25	<i>ine tab 300-150-300 mg</i> 11
.....45	TRIBENZOR40- TAB	TRIZIVIR TAB.....11
<i>trexix</i> .....6	5-25MG .....25	TRODELVY .....20
<i>triamcinolone acetonide</i> ....59	TRICARE TAB PRENATAL	TROGARZO .....10
<i>triamcinolone acetonide</i>	74	TROKENDI XR .....36
<i>(mouth)</i> .....86	TRICOR .....26	TROPHAMINE INJ 10% ...75
<i>triamcinolone acetonide</i>	see <i>fenofibrate</i> .....26	<i>trospium chloride</i> .....68
<i>(topical)</i> .....85	<i>triderm</i>.....85	TRULANCE .....66
<i>triamterene</i>.....30	TRIDESILON .....85	TRULICITY .....51
<i>triamterene &</i>	<i>trientine hcl</i> .....53	TRUMENBA INJ .....73
<i>hydrochlorothiazide cap</i>	<i>tri-estarylla</i> .....57	TRUSOPT .....77
<i>37.5-25 mg</i>.....30	<i>trifluoperazine hcl</i>.....42	see <i>dorzolamide hcl</i> .....77
<i>triamterene &</i>	<i>trifluridine</i> .....76	TRUVADA TAB 100-150 ..11
<i>hydrochlorothiazide tab</i>	TRIGLIDE .....26	TRUVADA TAB 133-200 ..11
<i>37.5-25 mg</i>.....30	<i>trihexyphenidyl hcl</i> .....40	TRUVADA TAB 167-250 ..11
<i>triamterene &</i>	TRIJARDY XR TAB ER	TRUVADA TAB 200-300 ..11
<i>hydrochlorothiazide tab</i>	24HR 10-5-1000MG .....51	TRUXIMA .....20
<i>75-50 mg</i>.....30	TRIJARDY XR TAB ER	TUDORZA PRESSAIR .....78
<i>trianex</i> .....85	24HR 12.5-2.5-1000MG....51	TUDORZA PRESSAIR
<i>triazolam</i> .....44	TRIJARDY XR TAB ER	(INSTITUTIONAL PACK)..78
TRIBENZOR	24HR 25-5-1000MG .....51	TUKYSA .....21
see	TRIJARDY XR TAB ER	<i>tulana</i>.....57
<i>olmesartan-amlodipine-hy</i>	24HR 5-2.5-1000MG.....51	TURALIO .....21
<i>drochlorothiazide tab</i>	TRIKAFTA TAB .....80	TWINRIX INJ .....73
<i>20-5-12.5 mg</i> .....25	<i>tri-legest fe</i> .....57	TWYNSTA
see	TRILEPTAL.....36	see <i>telmisartan-amlodipine</i>
<i>olmesartan-amlodipine-hy</i>	see <i>oxcarbazepine</i> .....35	<i>tab 40-10 mg</i> .....25
<i>drochlorothiazide tab</i>	<i>tri-lynyah</i> .....57	see <i>telmisartan-amlodipine</i>
<i>40-10-12.5 mg</i> .....25	TRILIPIX .....26	<i>tab 40-5 mg</i> .....25
see	see <i>choline fenofibrate</i> ..26	see <i>telmisartan-amlodipine</i>
<i>olmesartan-amlodipine-hy</i>	<i>tri-lo-estarylla</i> .....57	<i>tab 80-10 mg</i> .....25
<i>drochlorothiazide tab</i>	<i>tri-lo-marzia</i> .....57	see <i>telmisartan-amlodipine</i>
<i>40-10-25 mg</i> .....25	<i>tri-lo-mili</i> .....57	<i>tab 80-5 mg</i> .....25
see	<i>tri-lo-sprintec</i> .....57	TWYNSTA TAB 40-10MG 25
<i>olmesartan-amlodipine-hy</i>	<i>trilyte</i> .....65	TWYNSTA TAB 40-5MG ..25
<i>drochlorothiazide tab</i>	<i>trimethoprim</i> .....8	TWYNSTA TAB 80-10MG 25
<i>40-5-12.5 mg</i> .....25	<i>tri-mili</i> .....57	TWYNSTA TAB 80-5MG ..25
see	<i>trimipramine maleate</i> .....39	TYBOST .....10
<i>olmesartan-amlodipine-hy</i>	TRINTELLIX .....39	<i>tydemy</i> .....57
<i>drochlorothiazide tab</i>	<i>tri-previfem</i> .....57	TYGACIL .....15
<i>40-5-25 mg</i> .....25	<i>tri-sprintec</i> .....57	see <i>tigecycline</i>.....15
TRIBENZOR20- TAB	TRIUMEQ TAB .....11	TYKERB .....21

TYMLOS	53	see <i>ursodiol</i>	66	VANOS	85
TYPHIM VI	73	URSO FORTE	66	see <i>fluocinonide</i>	84
TYSABRI	47	see <i>ursodiol</i>	66	VANTAS	17
TYVASO	33	<i>ursodiol</i>	66	VAQTA	73
U		V		VARIVAX	73
UBRELVY	45	VABOMERE INJ 2GM(1-1)	8	VARUBI	64
UCERIS	65	VAGIFEM	58	VASCEPA	28
see <i>budesonide</i>	64	see <i>estradiol vaginal</i>	58	VASERETIC	
UDENYCA	69	see <i>yuvaferm</i>	58	see <i>enalapril maleate &</i>	
ULORIC	1	<i>valacyclovir hcl</i>	12	<i>hydrochlorothiazide tab</i>	
see <i>febuxostat</i>	1	VALCHLOR	86	10-25 mg	22
ULTOMIRIS	70	VALCYTE	12	VASERETIC TAB 10-25MG	
ULTRACET		see <i>valganciclovir hcl</i>	12	.....	22
see		<i>valganciclovir hcl</i>	12	VASOTEC	23
<i>tramadol-acetaminophen</i>		VALIUM	36	see <i>enalapril maleate</i>	23
<i>tab 37.5-325 mg</i>	6	see <i>diazepam</i>	34	VECTIBIX	21
ULTRACET TAB 37.5-325	6	<i>valproate sodium</i>	36	VECTICAL	83
ULTRAM	6	<i>valproic acid</i>	36	VELCADE	21
see <i>tramadol hcl</i>	6	<i>valrubicin</i>	16	VELETRI	33
ULTRAVATE	85	<i>valsartan</i>	26	<i>velivet</i>	57
UNASYN		<i>valsartan-hydrochlorothiazid</i>		VELPHORO	62
see <i>ampicillin & sulbactam</i>		<i>e tab 160-12.5 mg</i>	25	VELTASSA	53
<i>sodium for inj 1.5 (1-0.5)</i>		<i>valsartan-hydrochlorothiazid</i>		VELTIN GEL	82
<i>gm</i>	14	<i>e tab 160-25 mg</i>	25	VEMLIDY	12
see <i>ampicillin & sulbactam</i>		<i>valsartan-hydrochlorothiazid</i>		VENCLEXTA	21
<i>sodium for inj 3 (2-1) gm</i> 14		<i>e tab 320-12.5 mg</i>	25	VENCLEXTA TAB START	
UNASYN BULK PACK		<i>valsartan-hydrochlorothiazid</i>		PK	21
see <i>ampicillin & sulbactam</i>		<i>e tab 320-25 mg</i>	25	<i>venlafaxine hcl</i>	39
<i>sodium for iv soln 15</i>		<i>valsartan-hydrochlorothiazid</i>		VENTAVIS	33
<i>(10-5) gm</i>	14	<i>e tab 80-12.5 mg</i>	25	VENTOLIN HFA	79
UNASYN INJ 1.5GM	15	VALSTAR	16	<i>verapamil hcl</i>	30
UNASYN INJ 15GM	15	see <i>valrubicin</i>	16	VERDESO	85
UNASYN INJ 3GM	15	VALTOCO	36	VERELAN	30
<i>unithroid</i>	63	VALTREX	12	see <i>verapamil hcl</i>	30
UPTRAVI	33	see <i>valacyclovir hcl</i>	12	VERELAN PM	30
UPTRAVI TAB 200/800	33	<i>vanadom</i>	47	see <i>verapamil hcl</i>	30
UROCIT-K 10	67	VANOCOCIN	8	VERSACLOZ	42
see <i>potassium citrate</i>		see <i>vancomycin hcl</i>	8	VERZENIO	21
<i>(alkalinizer)</i>	67	VANOCOCIN HCL	8	VESICARE	68
UROCIT-K 15	67	see <i>vancomycin hcl</i>	8	see <i>solifenacin succinate</i>	
see <i>potassium citrate</i>		VANCOMYCIN	8	.....	68
<i>(alkalinizer)</i>	67	<i>vancomycin hcl</i>	8	VFEND	9
UROCIT-K 5	67	VANCOMYCIN		see <i>voriconazole</i>	9
see <i>potassium citrate</i>		HYDROCHLORIDE	8	VFEND IV	9
<i>(alkalinizer)</i>	67	VANCOMYCIN INJ 1 GM ...	8	see <i>voriconazole</i>	9
UROXATRAL	67	VANCOMYCIN INJ 500MG	8	V-GO 20 KIT	52
see <i>alfuzosin hcl</i>	67	VANCOMYCIN INJ 750MG	8	V-GO 30 KIT	52
URSO 250	66	<i>vandazole</i>	68	V-GO 40 KIT	52

VIBATIV	8	VIVELLE-DOT	58	see <i>bupropion hcl</i>	37
VIBERZI	66	see <i>dotti</i>	57	WELLBUTRIN XL	39
VIBRAMYCIN	15	see <i>estradiol</i>	57	see <i>bupropion hcl</i>	37
see <i>doxycycline</i>		VIVITROL	48	<i>wera</i>	57
(<i>monohydrate</i>)	15	VIVLODEX	2	<i>wymzya fe</i>	57
see <i>doxycycline hyclate</i>	15	VIZIMPRO	21	X	
VICTOZA	51	VOGELXO	49	XADAGO	40
VIDAZA	16	VOGELXO PUMP	49	XALATAN	77
see <i>azacitidine</i>	16	VOLTAREN		see <i>latanoprost</i>	77
<i>vienva</i>	57	see <i>diclofenac sodium</i>		XALKORI	21
<i>vigabatrin</i>	36	(<i>topical</i>)	85	XANAX	33
<i>vigadrone</i>	36	<i>voriconazole</i>	9	see <i>alprazolam</i>	33
VIGAMOX	76	VOSEVI TAB	12	XARELTO	69
see <i>moxifloxacin hcl</i>		VOTRIENT	21	XARELTO STAR TAB	
(<i>ophth</i>)	75	VPRIV	61	15/20MG	69
VIIBRYD	39	VRAYLAR	42	XATMEP	71
VIIBRYD KIT STARTER	39	VRAYLAR CAP 1.5-3MG	42	XCOPRI	36
VIMIZIM	61	VUMERITY	47	XCOPRI PAK 12.5-25	36
VIMOVO		VUMERITY STARTER	47	XCOPRI PAK 150-200MG	
see		VUSION OIN	83	(MAINTENANCE)	36
<i>naproxen-esomeprazole</i>		VYEPTI	45	XCOPRI PAK 150-200MG	
<i>magnesium tab dr 375-20</i>		<i>vyfemla</i>	57	(TITRATION)	36
<i>mg</i>	2	<i>vylibra</i>	57	XCOPRI PAK 50-100MG	36
see		VYNDAMAX	32	XCOPRI TAB 50-200MG	37
<i>naproxen-esomeprazole</i>		VYNDAQEL	32	XELJANZ	71
<i>magnesium tab dr 500-20</i>		VYTORIN		XELJANZ XR	71
<i>mg</i>	2	see <i>ezetimibe-simvastatin</i>		XELPROS	77
VIMOVO TAB 375-20MG	2	<i>tab 10-10 mg</i>	27	XEMBIFY	72
VIMOVO TAB 500-20MG	2	see <i>ezetimibe-simvastatin</i>		XENAZINE	46
VIMPAT	36	<i>tab 10-20 mg</i>	27	see <i>tetrabenazine</i>	46
<i>vinblastine sulfate</i>	18	see <i>ezetimibe-simvastatin</i>		XENLETA	8
<i>vincristine sulfate</i>	18	<i>tab 10-40 mg</i>	27	XEOMIN	47
<i>vinorelbine tartrate</i>	18	see <i>ezetimibe-simvastatin</i>		XEPI	82
VIOKACE TAB 10440	66	<i>tab 10-80 mg</i>	27	XERESE CRE 5-1%	86
VIOKACE TAB 20880	66	VYTORIN TAB 10-10MG	28	XERMELO	66
<i>violele</i>	57	VYTORIN TAB 10-20MG	28	XGEVA	53
VIRACEPT	10	VYTORIN TAB 10-40MG	28	XHANCE	80
VIRAMUNE	10	VYTORIN TAB 10-80MG	28	XIFAXAN	8, 66
see <i>nevirapine</i>	10	VYVANSE	44	XIGDUO XR TAB 10-1000	51
VIRAMUNE XR	10	VYZULTA	77	XIGDUO XR TAB 10-500MG	
see <i>nevirapine</i>	10	W		.....	51
VIREAD	10	WAKIX	47	XIGDUO XR TAB 2.5-1000	
see <i>tenofovir disoproxil</i>		<i>warfarin sodium</i>	69	.....	51
<i>fumarate</i>	10	<i>water for irrigation, sterile</i>		XIGDUO XR TAB 5-1000MG	
VISTARIL	78	<i>irrigation soln</i>	86	.....	51
see <i>hydroxyzine pamoate</i>		WELCHOL	28	XIGDUO XR TAB 5-500MG	
.....	78	see <i>colesevelam hcl</i>	27	.....	51
VITRAKVI	21	WELLBUTRIN SR	39	XIIDRA	77

XODOL	YASMIN 28 TAB 3-0.03MG	ZEMAIRA.....80
see	57	ZEMBRACE SYMTOUCH 45
<i>hydrocodone-acetaminoph</i>	YAZ	ZEMDRI.....8
<i>en tab 5-300 mg</i> .....4	see <i>drospirenone-ethinyl</i>	ZEMPLAR.....63
XOFLUZA .....12	<i>estradiol tab 3-0.02 mg</i> ..54	see <i>paricalcitol</i> .....63
XOLAIR.....80	see <i>gianvi</i> .....55	<i>zenatane</i> .....82
XOLEGEL .....83	see <i>jasmiel</i> .....55	ZENPEP CAP 10000UNT.66
XOPENEX.....79	see <i>loryna</i>.....55	ZENPEP CAP 15000UNT.66
see <i>levalbuterol hcl</i>.....79	see <i>nikki</i> .....56	ZENPEP CAP 20000UNT.66
XOPENEX CONCENTRATE	YAZ TAB 3-0.02MG .....57	ZENPEP CAP 25000 .....66
.....79	YERVOY .....21	ZENPEP CAP 3000UNIT..66
see <i>levalbuterol hcl</i>.....79	YF-VAX INJ .....73	ZENPEP CAP 40000 .....66
XOPENEX HFA .....79	YONSA .....17	ZENPEP CAP 5000UNIT..66
XOSPATA.....21	YUPELRI .....78	<i>zenzedi</i> .....44
XPOVIO 100 MG ONCE	<i>yuvaferm</i> .....58	ZERBAXA INJ 1.5GM.....13
WEEKLY.....21	Z	ZERIT
XPOVIO 40 MG ONCE	<i>zafirlukast</i>.....79	see <i>stavudine</i> .....10
WEEKLY .....21	<i>zaleplon</i> .....44	ZERVIAE .....76
XPOVIO 40 MG TWICE	ZALTRAP.....21	ZESTORETIC
WEEKLY .....21	ZANAFLEX .....47	see <i>lisinopril &</i>
XPOVIO 60 MG ONCE	see <i>tizanidine hcl</i>.....47	<i>hydrochlorothiazide tab</i>
WEEKLY .....21	<i>zarah</i>.....57	10-12.5 mg .....22
XPOVIO 60 MG TWICE	ZARONTIN .....37	see <i>lisinopril &</i>
WEEKLY .....21	see <i>ethosuximide</i> .....34	<i>hydrochlorothiazide tab</i>
XPOVIO 80 MG ONCE	ZARXIO .....69	20-12.5 mg .....22
WEEKLY .....21	ZAVESCA.....61	see <i>lisinopril &</i>
XPOVIO 80 MG TWICE	see <i>miglustat</i> .....60	<i>hydrochlorothiazide tab</i>
WEEKLY .....21	ZEGERID	20-25 mg.....22
XTAMPZA ER.....3	see <i>omeprazole-sodium</i>	ZESTORETIC TAB 10-12.5
XTANDI.....17	<i>bicarbonate cap 20-1100</i>	22
<i>xulane</i> .....57	mg .....67	ZESTORETIC TAB 20-12.5
XULTOPHY INJ 100/3.6 ...52	see <i>omeprazole-sodium</i>	22
XYLOCAINE .....6	<i>bicarbonate cap 40-1100</i>	ZESTORETIC TAB
see <i>lidocaine hcl (local</i>	mg .....67	20-25MG.....22
<i>anesth.)</i> .....6	see <i>omeprazole-sodium</i>	ZESTRIL.....23
XYLOCAINE-MPF.....6	<i>bicarbonate powd pack for</i>	see <i>lisinopril</i> .....23
see <i>lidocaine hcl (local</i>	<i>susp 20-1680 mg</i> .....67	ZETIA .....28
<i>anesth.)</i> .....6	see <i>omeprazole-sodium</i>	see <i>ezetimibe</i> .....27
XYOSTED.....49	<i>bicarbonate powd pack for</i>	ZETONNA .....80
XYREM .....47	<i>susp 40-1680 mg</i> .....67	ZIAC
Y	ZEGERID CAP 20-1100 ...67	see <i>bisoprolol &</i>
YASMIN 28	ZEGERID CAP 40-1100 ...67	<i>hydrochlorothiazide tab</i>
see <i>drospirenone-ethinyl</i>	ZEGERID POW 20-1680 ..67	10-6.25 mg .....28
<i>estradiol tab 3-0.03 mg</i> ..54	ZEGERID POW 40-1680 ..67	see <i>bisoprolol &</i>
see <i>ocella</i> .....56	ZEJULA .....21	<i>hydrochlorothiazide tab</i>
see <i>syeda</i>.....56	ZELAPAR .....40	2.5-6.25 mg .....28
see <i>zarah</i>.....57	ZELBORAF.....21	see <i>bisoprolol &</i>
see <i>zumandimine</i> .....57	ZELNORM .....66	<i>hydrochlorothiazide tab</i>

5-6.25 mg .....28	cap er 12hr	see <i>acyclovir topical</i> .....85
ZIAC TAB 10/6.25.....28	abuse-deterrent 40 mg ....2	ZTLIDO .....85
ZIAC TAB 2.5/6.25 .....28	ZOLADEx .....17	ZUBSOLV SUB 0.7-0.18 ..48
ZIAC TAB 5-6.25MG .....28	zoledronic acid .....53	ZUBSOLV SUB 1.4-0.36 ..48
ZIAGEN.....10	ZOLEDRONIC ACID.....53	ZUBSOLV SUB 11.4-2.9 ..48
see <i>abacavir sulfate</i> .....9	ZOLINZA.....21	ZUBSOLV SUB 2.9-0.71 ..48
ZIANA	zolmitriptan .....45	ZUBSOLV SUB 5.7-1.4 ....48
see <i>clindamycin</i>	ZOLOFT .....39	ZUBSOLV SUB 8.6-2.1 ....48
phosphate-tretinoin gel	see <i>sertraline hcl</i> .....39	zumandimine .....57
1.2-0.025% .....81	zolpidem tartrate .....44	ZUPLENZ .....64
ZIANA GEL .....82	ZOMACTON .....61	ZYCLARA .....86
zidovudine .....10	ZOMIG .....45	ZYCLARA PUMP .....86
ZIEXTENZO .....69	see <i>zolmitriptan</i> .....45	ZYDELIG .....21
zileuton .....79	ZOMIG ZMT.....45	ZYFLO .....79
ZIOPTAN .....77	see <i>zolmitriptan</i> .....45	ZYKADIA .....21
ziprasidone hcl.....42	ZONALON .....86	ZYLET SUS 0.5-0.3%.....75
ziprasidone mesylate .....42	ZONEGRAN .....37	ZYLOPRIM .....1
ZIPSOR.....2	see <i>zonisamide</i> .....37	see <i>allopurinol</i> .....1
ZIRABEV.....21	zonisamide.....37	ZYMAXID.....76
ZIRGAN .....76	ZONTIVITY .....70	see <i>gatifloxacin (ophth)</i> .75
ZITHROMAX.....13	ZORBTIVE .....61	ZYPITAMAG .....27
see <i>azithromycin</i> .....13	ZORTRESS .....73	ZYPREXA.....42
ZITHROMAX TRI-PAK.....13	see <i>everolimus</i>	see <i>olanzapine</i> .....41
ZITHROMAX Z-PAK .....13	(<i>immunosuppressant</i>)....72	ZYPREXA RELPREVV .....42
ZOCOR .....27	ZORVOLEX .....2	ZYPREXA ZYDIS .....42
see <i>simvastatin</i> .....27	ZOSTAVAX.....73	see <i>olanzapine</i> .....41
ZOFRAN .....64	ZOSYN SOL 2-0.25GM ....15	ZYTIGA.....17
see <i>ondansetron hcl</i> .....63	ZOSYN SOL 3-0.375G ....15	see <i>abiraterone acetate</i> 16
ZOHYDRO ER.....3	ZOSYN SOL 4-0.50GM ....15	ZYVOX .....8
see <i>hydrocodone bitartrate</i>	zovia 1/35e57	see <i>linezolid</i>7
.....2	ZOVIRAX12, 86	
see <i>hydrocodone bitartrate</i>	see <i>acyclovir</i>11	



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This formulary was updated on 08/26/2020. For more recent information or other questions, please contact SilverScript Customer Care at 1-833-958-2658, 24 hours a day, 7 days a week. TTY users should call 711.

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