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***SilverScript Employer PDP sponsored by State of Maryland
(SilverScript)***

2022 Formulary (List of Covered Drugs)

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

This formulary was updated on 08/17/2021. For more recent information or other questions, please contact Customer Care at 1-844-460-8767, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID Number: 22259

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, 2022. 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, 2023, and from time to time during the year.

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08/17/2021

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

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 find information in the section below titled “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 45-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 find information in the section below titled “How do I request an exception to the SilverScript Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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.

This formulary is current as of January 1, 2022. To get updated information about the drugs covered by SilverScript, please contact 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 30 tablets per 30-day prescription for *atorvastatin*. This may be in addition to a standard one-month or three-month supply.

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

How do I request an exception to the SilverScript Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing 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.

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 90-day supply. If your prescription is written for fewer than 90 days, we'll allow refills to provide up to a maximum 90-day supply of medication. After your first 90-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has three Cost-Sharing Tiers

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

Cost-Sharing Tier 1: Generic

Cost-Sharing Tier 2: Preferred Brand

Cost-Sharing Tier 3: Non-Preferred Brand

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

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug before your individual or family maximum out-of-pocket is met:

| | Network Retail Pharmacy (Up to a 45-day supply) | Mail-Order Pharmacy (Up to a 45-day supply) | Long-Term Care (LTC) Pharmacy (Up to a 31-day supply) |
|----------------------------------------|------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------|
| Tier 1: Generic | \$10.00 | \$10.00 | \$10.00 |
| Tier 2: Preferred Brand | \$25.00 | \$25.00 | \$25.00 |
| Tier 3: Non-Preferred Brand | \$40.00 | \$40.00 | \$40.00 |

Costs shown in the table above reflect the additional coverage that may be provided by State of Maryland. Drugs that are part of your standard Medicare plan, but do not have additional coverage from State of Maryland would be covered under the 2022 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2022-Medicare-Part-D-Outlook.php> for more information about the 2022 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 Customer Care at 1-844-460-8767, 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 | Drug Name | Drug Requirements/ Tier | Limits |
|------------------------------------------------------------------------------------------------|----------------------------|-----------|-------------------------------------------------------------------------------|----------------------------|-----------|
| ANALGESICS | | | | | |
| GOUT | | | | | |
| <i>allopurinol</i> (generic of ZYLOPRIM) TABS 100mg, 300mg | 1 | | <i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg | 1 | |
| <i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg | 3 | NDS | <i>etodolac</i> (generic of LODINE) TABS 400mg | 1 | |
| ALOPRIM SOLR 500mg | 3 | NDS | FELDENE CAPS 10mg, 20mg | 3 | |
| <i>colchicine</i> (generic of COLCRYS) TABS .6mg | 1 | | <i>flurbiprofen</i> TABS 100mg | 1 | |
| <i>colchicine w/ probenecid tab</i> 0.5-500 mg | 1 | | <i>ibu</i> TABS 600mg, 800mg | 1 | |
| COLCRYS TABS .6mg | 3 | | <i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg | 1 | |
| <i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg | 1 | | <i>ketoprofen</i> CAPS 50mg, 75mg | 1 | |
| GLOPERBA SOLN .6mg/5ml | 3 | | <i>meclofenamate sodium</i> CAPS 50mg, 100mg | 1 | |
| KRYSTEXXA SOLN 8mg/ml | 3 | NDS NM LA | <i>meloxicam</i> (generic of MOBIC) TABS 7.5mg, 15mg | 1 | |
| MITIGARE CAPS .6mg | 2 | | MOBIC TABS 7.5mg, 15mg | 3 | |
| <i>probenecid</i> TABS 500mg | 1 | | <i>nabumetone</i> TABS 500mg, 750mg | 1 | |
| ULORIC TABS 40mg, 80mg | 3 | | <i>naproxen</i> TABS 250mg, 375mg | 1 | |
| ZYLOPRIM TABS 100mg, 300mg | 3 | | <i>naproxen</i> (generic of NAPROSYN) TABS 500mg | 1 | |
| NSAIDS | | | | | |
| ARTHROTEC 50 TAB | 3 | | <i>naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg, 500mg | 1 | |
| ARTHROTEC 75 TAB | 3 | | <i>naproxen sodium</i> TABS 275mg | 1 | |
| CELEBREX CAPS 50mg, 100mg, 200mg, 400mg | 3 | | <i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg | 1 | |
| <i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg, 400mg | 1 | | <i>oxaprozin</i> (generic of DAYPRO) TABS 600mg | 1 | |
| DAYPRO TABS 600mg | 3 | | <i>piroxicam</i> (generic of FELDENE) CAPS 10mg, 20mg | 1 | |
| <i>diclofenac potassium</i> TABS 50mg | 1 | | <i>sulindac</i> TABS 150mg, 200mg | 1 | |
| <i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg | 1 | | OPIOID ANALGESICS, LONG-ACTING | | |
| <i>diclofenac w/ misoprostol tab</i> delayed release 50-0.2 mg (generic of ARTHROTEC 50) | 1 | | BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg | 3 | QL PA |
| <i>diclofenac w/ misoprostol tab</i> delayed release 75-0.2 mg (generic of ARTHROTEC 75) | 1 | | QL (60 buccal films / 30 days) | | |
| <i>diflunisal</i> TABS 500mg | 1 | | BELBUCA FILM 750mcg, 900mcg | 3 | NDS QL PA |
| <i>ec-naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg, 500mg | 1 | | QL (60 buccal films / 30 days) | | |

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

| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|----------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|
| buprenorphine (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days) | 1 | QL PA | methadone hydrochloride i (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days) | 1 | QL PA |
| BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr QL (4 patches / 28 days) | 3 | QL PA | morphine sulfate CP24 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days) | 1 | QL PA |
| BUTRANS PTWK 20mcg/hr QL (4 patches / 28 days) | 3 | NDS QL PA | morphine sulfate (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days) | 1 | QL PA |
| fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days) | 1 | QL PA | morphine sulfate beads CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days) | 1 | QL PA |
| fentanyl PT72 87.5mcg/hr QL (10 patches / 30 days) | 3 | NDS QL PA | MS CONTIN TBCR 15mg, 30mg QL (90 tabs / 30 days) | 3 | QL PA |
| hydrocodone bitartrate CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days) | 1 | QL PA | MS CONTIN TBCR 60mg, 100mg, 200mg QL (90 tabs / 30 days) | 3 | NDS QL PA |
| hydrocodone bitartrate (generic of HYSINGLA ER) T24A 20mg, 30mg, 40mg, 60mg QL (30 tabs / 30 days) | 1 | QL PA | NUCYNTA ER TB12 50mg QL (60 tabs / 30 days) | 3 | QL PA |
| hydrocodone bitartrate (generic of HYSINGLA ER) T24A 80mg, 100mg, 120mg QL (30 tabs / 30 days) | 2 | QL PA | NUCYNTA ER TB12 100mg, 150mg, 200mg, 250mg QL (60 tabs / 30 days) | 3 | NDS QL PA |
| hydromorphone hcl TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days) | 1 | QL PA | OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg QL (60 tabs / 30 days) | 2 | QL PA |
| HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days) | 2 | QL PA | tramadol hcl TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days) | 1 | QL PA |
| methadone hcl SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days) | 1 | QL PA | XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg QL (60 caps / 30 days) | 3 | QL PA |
| methadone hcl (generic of METHADONE HCL) SOLN 10mg/ml methadone hcl TABS 5mg, 10mg QL (90 tabs / 30 days) | 3 | | XTAMPZA ER C12A 36mg QL (240 caps / 30 days) | 3 | NDS QL PA |
| | | | OPIOID ANALGESICS, SHORT-ACTING | | |
| | | | acetaminophen w/ codeine soln 120-12 mg/5ml QL (2700 mL / 30 days) | 1 | QL |
| | | | acetaminophen w/ codeine tab 300-15 mg QL (400 tabs / 30 days) | 1 | QL |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|--------------------------------------------------------------------------------------------|----------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|
| acetaminophen w/ codeine tab 300-30 mg QL (360 tabs / 30 days) | 1 | QL | endocet tab 10-325mg (generic of PERCOSET) QL (180 tabs / 30 days) | 1 | QL |
| acetaminophen w/ codeine tab 300-60 mg QL (180 tabs / 30 days) | 1 | QL | fentanyl citrate (generic of ACTIQ) LPOP 200mcg QL (120 lozenges / 30 days) | 1 | QL PA |
| acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg QL (300 caps / 30 days) | 1 | QL | fentanyl citrate (generic of ACTIQ) LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days) | 3 | NDS QL PA |
| acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg QL (300 tabs / 30 days) | 1 | QL | fentanyl citrate TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days) | 3 | NDS QL PA |
| ACTIQ LPOP 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days) | 3 | NDS QL PA | FENTORA TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days) | 3 | NDS QL PA |
| butorphanol tartrate SOLN 1mg/ml, 2mg/ml | 3 | | hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days) | 1 | QL |
| butorphanol tartrate SOLN 10mg/ml QL (10 mL / 30 days) | 1 | QL | hydrocodone-acetaminophen tab 5-300 mg (generic of XODOL) QL (240 tabs / 30 days) | 1 | QL |
| CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days) | 3 | QL | hydrocodone-acetaminophen tab 5-325 mg QL (240 tabs / 30 days) | 1 | QL |
| codeine sulfate TABS 30mg QL (180 tabs / 30 days) | 1 | QL | hydrocodone-acetaminophen tab 7.5-300 mg QL (180 tabs / 30 days) | 1 | QL |
| DILAUDID LIQD 1mg/ml QL (600 mL / 30 days) | 3 | QL | hydrocodone-acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days) | 1 | QL |
| DILAUDID SOLN 1mg/ml, 2mg/ml | 3 | B/D | hydrocodone-acetaminophen tab 10-300 mg QL (180 tabs / 30 days) | 1 | QL |
| DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days) | 3 | QL | hydrocodone-acetaminophen tab 10-325 mg QL (180 tabs / 30 days) | 1 | QL |
| DILAUDID TABS 8mg QL (180 tabs / 30 days) | 3 | NDS QL | hydrocodone-acetaminophen tab 10-300 mg QL (180 tabs / 30 days) | 1 | QL |
| endocet tab 2.5-325mg (generic of PERCOSET) QL (360 tabs / 30 days) | 1 | QL | hydrocodone-acetaminophen tab 10-325 mg QL (180 tabs / 30 days) | 1 | QL |
| endocet tab 5-325mg (generic of PERCOSET) QL (360 tabs / 30 days) | 1 | QL | hydrocodone-ibuprofen tab 5-200 mg QL (150 tabs / 30 days) | 1 | QL |
| endocet tab 7.5-325mg (generic of PERCOSET) QL (240 tabs / 30 days) | 1 | QL | hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days) | 1 | QL |

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

| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|---------------------------------------------------------------------------------------|----------------------------|------------------------------|--------------------------------------------------------------------------------------------|----------------------------|------------------------------|
| hydrocodone-ibuprofen tab 10-200 mg QL (150 tabs / 30 days) | 1 | QL | oxycodone hcl CAPS 5mg QL (180 caps / 30 days) | 1 | QL |
| hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days) | 1 | QL | oxycodone hcl CONC 100mg/5ml QL (180 mL / 30 days) | 1 | QL |
| hydromorphone hcl (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml | 3 | B/D | oxycodone hcl SOLN 5mg/5ml QL (900 mL / 30 days) | 1 | QL |
| hydromorphone hcl SOLN 4mg/ml, 10mg/ml, 50mg/5ml, 500mg/50ml | 3 | B/D | oxycodone hcl (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days) | 1 | QL |
| hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days) | 1 | QL | oxycodone hcl TABS 10mg, 20mg QL (180 tabs / 30 days) | 1 | QL |
| HYDROMORPHONE 3 B/D | 3 | B/D | oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days) | 1 | QL |
| HYDROCHLORI SOLN 1mg/ml, 2mg/ml, 4mg/ml | | | oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days) | 1 | QL |
| morphine sulfate SOLN 1mg/ml | 3 | B/D | oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days) | 1 | QL |
| MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml | 3 | B/D | oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days) | 1 | QL |
| morphine sulfate (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml, 10mg/ml | 3 | B/D | oxymorphone hcl TABS 5mg, 10mg QL (180 tabs / 30 days) | 1 | QL |
| morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days) | 1 | QL | PERCOCET TAB 2.5-325 QL (360 tabs / 30 days) | 3 | NDS QL |
| morphine sulfate SOLN 100mg/5ml QL (180 mL / 30 days) | 1 | QL | PERCOCET TAB 5-325MG QL (360 tabs / 30 days) | 3 | NDS QL |
| morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days) | 1 | QL | PERCOCET TAB 7.5-325 QL (240 tabs / 30 days) | 3 | NDS QL |
| nalbuphine hcl SOLN 10mg/ml, 20mg/ml | 3 | | PERCOCET TAB 10-325MG QL (180 tabs / 30 days) | 3 | NDS QL |
| NUCYNTA TABS 50mg, 75mg QL (180 tabs / 30 days) | 3 | QL | ROXICODONE TABS 5mg, 15mg QL (180 tabs / 30 days) | 3 | QL |
| NUCYNTA TABS 100mg QL (180 tabs / 30 days) | 3 | NDS QL | ROXICODONE TABS 30mg QL (180 tabs / 30 days) | 3 | NDS QL |
| OXAYDO TABS 5mg QL (180 tabs / 30 days) | 3 | QL | | | |
| OXAYDO TABS 7.5mg QL (360 tabs / 30 days) | 3 | NDS QL | | | |

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

| Drug Name | Drug Requirements/ Tier | Limits |
|------------------------------------------------------------------------------------------------------|------------------------------------|---------------|
| SUBSYS LIQD 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 sprays / 30 days) | 3 | NDS QL PA |
| SUBSYS LIQD 1200mcg, 1600mcg QL (240 sprays / 30 days) | 3 | NDS QL PA |
| <i>tramadol hcl</i> (generic of ULTRAM) TABS 50mg QL (240 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>trezix</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%, 3 2% | 3 | B/D |
| XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2% | 3 | B/D |
| ANTI-INFECTIVES | | |
| ANTI-INFECTIVES - MISCELLANEOUS | | |
| AEMCOLO TBEC 194mg | 3 | |
| <i>albendazole</i> (generic of ALBENZA) TABS 200mg | 3 | NDS |
| ALBENZA TABS 200mg | 3 | NDS |
| <i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml | 1 | |
| ARIKAYCE SUSP 590mg/8.4ml | 3 | NDS NM LA |
| <i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------|
| AZACTAM SOLR 1gm, 2gm | 3 | |
| <i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm | 1 | |
| BACTRIM DS TAB 800-160 | 3 | |
| BACTRIM TAB 400-80MG | 3 | |
| BETHKIS NEBU 300mg/4ml | 3 | NDS B/D NM |
| BILTRICIDE TABS 600mg | 3 | |
| CAYSTON SOLR 75mg | 3 | NDS NM LA |
| CLEOCIN CAPS 75mg, 150mg, 300mg | 3 | |
| CLEOCIN PEDIATRIC | 3 | |
| GRANULE SOLR 75mg/5ml | | |
| CLEOCIN PHOSPHATE | 3 | |
| SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml | | |
| <i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg | 1 | |
| <i>clindamycin palmitate</i> hydrochloride (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml | 1 | |
| <i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml | 1 | |
| <i>clindamycin phosphate</i> in d5w iv soln 300 mg/50ml | 1 | |
| <i>clindamycin phosphate</i> in d5w iv soln 600 mg/50ml | 1 | |
| <i>clindamycin phosphate</i> in d5w iv soln 900 mg/50ml | 1 | |
| CLINDMYC/NAC INJ 300/50ML | 3 | |
| CLINDMYC/NAC INJ 600/50ML | 3 | |
| CLINDMYC/NAC INJ 900/50ML | 3 | |
| <i>colistimethate sodium</i> (generic 1 of COLY-MYCIN M) SOLR 150mg | | |
| COLY-MYCIN M SOLR 150mg | 3 | |
| CUBICIN SOLR 500mg | 3 | NDS |
| DALVANCE SOLR 500mg | 3 | NDS |
| <i>dapsone</i> TABS 25mg, 100mg | 1 | |
| DAPTOMYCIN SOLR 350mg | 3 | NDS |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|--------------------------------------------------------------------------|----------------------------|------------------------------|-----------------------------------------------------------------------------|----------------------------|------------------------------|
| daptomycin (generic of DAPTOMYCIN) SOLR 350mg | 3 | NDS | MEROP/NACL INJ 500/50ML | 3 | |
| daptomycin (generic of CUBICIN) SOLR 500mg | 3 | NDS | meropenem SOLR 1gm, 500mg | 1 | |
| EMVERM CHEW 100mg | 3 | NDS | methenamine hippurate (generic of HIPREX) TABS 1gm | 1 | |
| ertapenem sodium (generic of INVANZ) SOLR 1gm | 1 | | METRONIDAZOL INJ 5MG/ML | 3 | |
| FIRVANQ SOLR 25mg/ml, 50mg/ml | 3 | | metronidazole (generic of FLAGYL) CAPS 375mg; TABS 500mg | 1 | |
| FLAGYL CAPS 375mg; TABS 500mg | 3 | | metronidazole TABS 250mg | 1 | |
| gentamicin in saline inj 0.8 mg/ml | 1 | | metronidazole in nacl 0.74% iv soln 500 mg/100ml (generic of METRONIDAZOLE) | 1 | |
| gentamicin in saline inj 1 mg/ml | 1 | | metronidazole in nacl 0.79% iv soln 500 mg/100ml | 1 | |
| gentamicin in saline inj 1.2 mg/ml | 1 | | NEBUPENT SOLR 300mg | 3 | B/D |
| gentamicin in saline inj 1.6 mg/ml | 1 | | neomycin sulfate TABS 500mg | 1 | |
| gentamicin in saline inj 2 mg/ml | 1 | | nitazoxanide (generic of ALINIA) TABS 500mg | 3 | NDS |
| gentamicin sulfate SOLN 10mg/ml, 40mg/ml | 1 | | nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg | 2 | |
| HIPREX TABS 1gm | 3 | | nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg | 2 | |
| HUMATIN CAPS 250mg | 3 | | ORBACTIV SOLR 400mg | 3 | NDS |
| imipenem-cilastatin intravenous for soln 250 mg | 1 | | paromomycin sulfate (generic of HUMATIN) CAPS 250mg | 1 | |
| imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV) | 1 | | PENTAM 300 SOLR 300mg | 3 | |
| INVANZ SOLR 1gm | 3 | | pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg | 1 | B/D |
| ivermectin (generic of STROMECTOL) TABS 3mg | 1 | | pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg | 1 | |
| KIMYRSA SOLR 1200mg | 3 | NDS | polymyxin b sulfate SOLR 500000unit | 1 | |
| KITABIS PAK NEBU 300mg/5ml | 3 | NDS B/D NM | praziquantel (generic of BILTRICIDE) TABS 600mg | 1 | |
| linezolid (generic of ZYVOX) SOLN 600mg/300ml; TABS 600mg | 1 | | PRIMAXIN IV INJ 500MG | 3 | |
| linezolid (generic of ZYVOX) SUSR 100mg/5ml | 3 | NDS | pyrimethamine (generic of DARAPRIM) TABS 25mg | 3 | NDS |
| linezolid in sodium chloride iv soln 600 mg/300ml-0.9% | 1 | | RECARBRIQ INJ 1.25GM | 3 | NDS |
| MACROBID CAPS 100mg | 3 | | SIVEXTRO SOLR 200mg; TABS 200mg | 3 | NDS |
| MEPRON SUSP 750mg/5ml | 3 | NDS | | | |
| MEROP/NACL INJ 1GM/50ML | 3 | | | | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|-----------------------------------------------------------------------------|------------------------------------|---------------|
| SOLOSEC PACK 2gm | 3 | |
| <i>streptomycin sulfate</i> SOLR 1gm | 1 | |
| STROMECTOL TABS 3mg | 3 | |
| SULFADIAZINE TABS 500mg | 3 | |
| <i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i> | 1 | |
| SYNERCID INJ 500MG | 3 | NDS |
| <i>tinidazole</i> TABS 250mg, 500mg | 1 | |
| TOBI NEBU 300mg/5ml | 3 | NDS B/D NM |
| TOBI PODHALER CAPS 28mg | 3 | NDS NM LA |
| <i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml | 3 | NDS B/D NM |
| <i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml | 3 | NDS B/D NM |
| <i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml | 1 | |
| <i>trimethoprim</i> TABS 100mg | 1 | |
| VABOMERE INJ 2GM(1-1) | 3 | NDS |
| VANCOCIN CAPS 250mg | 3 | NDS |
| VANCOCIN HCL CAPS 125mg | 3 | NDS |
| VANCOMYCIN SOLN 2000mg/400ml | 3 | |
| <i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS 125mg | 1 | |
| <i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg | 1 | |
| <i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------|
| VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1.25gm, 1.5gm, 250mg, 250mg/5ml, 750mg | 3 | |
| VANCOMYCIN INJ 1 GM | 3 | |
| VANCOMYCIN INJ 500MG | 3 | |
| VANCOMYCIN INJ 750MG | 3 | |
| VIBATIV SOLR 750mg | 3 | NDS |
| XENLETA SOLN 150mg/15ml; TABS 600mg | 3 | NDS NM |
| XIFAXAN TABS 200mg | 3 | NDS |
| ZEMDRI SOLN 500mg/10ml | 3 | NDS |
| ZYVOX SOLN 200mg/100ml; SUSR 100mg/5ml; TABS 600mg | 3 | NDS |
| ZYVOX SOLN 600mg/300ml | 3 | |
| ANTIFUNGALS | | |
| ABELCET SUSP 5mg/ml | 3 | B/D |
| AMBISOME SUSR 50mg | 3 | NDS B/D |
| <i>amphotericin b</i> SOLR 50mg | 1 | B/D |
| ANCOBON CAPS 250mg, 500mg | 3 | NDS |
| CANCIDAS SOLR 50mg, 70mg | 3 | NDS |
| CASPOFUNGIN ACETATE SOLR 50mg, 70mg | 3 | NDS |
| <i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg | 1 | |
| CRESEMBA CAPS 186mg; SOLR 372mg | 3 | NDS PA |
| DIFLUCAN SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg | 3 | |
| DIFLUCAN TABS 200mg | 3 | NDS |
| ERAXIS SOLR 50mg | 3 | |
| ERAXIS SOLR 100mg | 3 | NDS |
| <i>fluconazole</i> (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg | 1 | |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|------------------------------------------------------------------------------|----------------------------|------------------------------|-----------------------------------------------------------------------------------|----------------------------|------------------------------|
| <i>fluconazole in nacl 0.9% inj 200 mg/100ml</i> | 1 | | <i>atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)</i> | 1 | |
| <i>fluconazole in nacl 0.9% inj 400 mg/200ml</i> | 1 | | <i>chloroquine phosphate TABS 250mg, 500mg</i> | 1 | |
| <i>flucytosine (generic of ANCOBON) CAPS 250mg, 500mg</i> | 3 | NDS | <i>COARTEM TAB 20-120MG</i> | 3 | |
| <i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i> | 1 | | <i>KRINTAFEL TABS 150mg</i> | 3 | |
| <i>griseofulvin ultramicrosize TABS 125mg, 250mg</i> | 1 | | <i>MALARONE TAB 62.5-25</i> | 3 | |
| <i>itraconazole (generic of SPORANOX) CAPS 100mg</i> | 1 | | <i>MALARONE TAB 250-100</i> | 3 | |
| <i>itraconazole (generic of SPORANOX) SOLN 10mg/ml</i> | 3 | NDS | <i>mefloquine hcl TABS 250mg</i> | 1 | |
| <i>ketoconazole TABS 200mg</i> | 1 | | <i>PRIMAQUINE PHOSPHATE TABS 26.3mg</i> | 2 | |
| <i>micafungin sodium (generic of MYCAMINE) SOLR 50mg, 100mg</i> | 3 | NDS | <i>primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg</i> | 1 | |
| <i>MYCAMINE SOLR 50mg, 100mg</i> | 3 | NDS | <i>QUALAQUIN CAPS 324mg</i> | 3 | |
| <i>NOXAFL SOLN 300mg/16.7ml</i> | 3 | NDS | <i>quinine sulfate (generic of QUALAQUIN) CAPS 324mg</i> | 1 | |
| <i>NOXAFL SUSP 40mg/ml; TBEC 100mg</i> | 3 | NDS PA | ANTIRETROVIRAL AGENTS | | |
| <i>nystatin TABS 500000unit</i> | 1 | | <i>abacavir sulfate (generic of ZIAGEN) SOLN 20mg/ml; TABS 300mg</i> | 1 | NM |
| <i>posaconazole (generic of NOXAFL) TBEC 100mg</i> | 3 | NDS PA | <i>APTIVUS CAPS 250mg</i> | 3 | NDS NM |
| <i>SPORANOX CAPS 100mg</i> | 3 | | <i>atazanavir sulfate (generic of REYATAZ) CAPS 150mg, 200mg, 300mg</i> | 1 | NM |
| <i>SPORANOX SOLN 10mg/ml</i> | 3 | NDS | <i>EDURANT TABS 25mg</i> | 3 | NDS NM |
| <i>SPORANOX PULSEPAK CAPS 100mg</i> | 3 | | <i>efavirenz (generic of SUSTIVA) CAPS 50mg, 200mg; TABS 600mg</i> | 1 | NM |
| <i>terbinafine hcl (generic of LAMISIL) TABS 250mg</i> | 1 | | <i>emtricitabine (generic of EMTRIVA) CAPS 200mg</i> | 1 | NM |
| <i>TOLSURA CAPS 65mg</i> | 3 | NDS | <i>EMTRIVA CAPS 200mg; SOLN 10mg/ml</i> | 3 | NM |
| <i>VFEND SUSR 40mg/ml</i> | 3 | NDS PA | <i>EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg</i> | 3 | NM |
| <i>VFEND TABS 50mg, 200mg</i> | 3 | PA | <i>etravirine (generic of INTELENCE) TABS 100mg, 200mg</i> | 3 | NDS NM |
| <i>VFEND IV SOLR 200mg</i> | 3 | NDS PA | <i>fosamprenavir calcium (generic of LEXIVA) TABS 700mg</i> | 3 | NDS NM |
| <i>voriconazole (generic of VFEND IV) SOLR 200mg</i> | 3 | NDS PA | <i>FUZEON SOLR 90mg</i> | 3 | NDS NM |
| <i>voriconazole (generic of VFEND) SUSR 40mg/ml</i> | 3 | NDS PA | <i>INTELENCE TABS 25mg</i> | 3 | NM |
| <i>voriconazole (generic of VFEND) TABS 50mg, 200mg</i> | 1 | PA | <i>INTELENCE TABS 100mg, 200mg</i> | 3 | NDS NM |
| ANTIMALARIALS | | | <i>INVIRASE TABS 500mg</i> | 3 | NDS NM |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)</i> | 1 | | | | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|-----------------------------------------------------------------------------|----------------------------|-----------|
| ISENTRESS CHEW 25mg; PACK 100mg | 2 | NM |
| ISENTRESS CHEW 100mg; TABS 400mg | 3 | NDS NM |
| ISENTRESS HD TABS 600mg | 3 | NDS NM |
| <i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg | 1 | NM |
| LEXIVA SUSP 50mg/ml | 3 | NM |
| LEXIVA TABS 700mg | 3 | NDS NM |
| <i>nevirapine</i> (generic of VIRAMUNE) SUSP 50mg/5ml | 1 | NM |
| <i>nevirapine</i> TABS 200mg; 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 | 3 | NDS NM |
| PREZISTA SUSP 100mg/ml; TABS 150mg, 600mg, 800mg | 3 | NDS NM |
| PREZISTA TABS 75mg | 3 | NM |
| RETROVIR CAPS 100mg; SYRP 50mg/5ml | 3 | NM |
| REYATAZ CAPS 150mg, 200mg, 300mg; PACK 50mg | 3 | NDS NM |
| <i>ritonavir</i> (generic of NORVIR) | 1 | NM |
| TABS 100mg | | |
| RUKOBIA TB12 600mg | 3 | NDS NM |
| SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg | 3 | NDS NM |
| SELZENTRY TABS 25mg | 2 | NM |
| SUSTIVA CAPS 50mg | 3 | NM |
| SUSTIVA CAPS 200mg; TABS 600mg | 3 | NDS NM |
| <i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg | 1 | NM |
| TIVICAY TABS 10mg | 2 | NM |
| TIVICAY TABS 25mg, 50mg | 3 | NDS NM |
| TIVICAY PD TBSO 5mg | 2 | NM |
| TROGARZO SOLN 200mg/1.33ml | 3 | NDS NM LA |
| TYBOST TABS 150mg | 2 | NM |

| Drug Name | Drug Requirements/ Tier | Limits |
|---------------------------------------------------------------------------------------------------------|----------------------------|--------|
| VIRACEPT TABS 250mg, 625mg | 3 | NDS NM |
| VIRAMUNE SUSP 50mg/5ml | 3 | NM |
| VIRAMUNE XR TB24 400mg | 3 | NDS NM |
| VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg | 3 | 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 |
| <i>abacavir sulfate-lamivudine-</i> <i>zidovudine</i> tab 300-150-300 mg (generic of TRIZIVIR) | 3 | NDS NM |
| ATRIPLA TAB | 3 | NDS NM |
| BIKTARVY TAB | 3 | NDS NM |
| CIMDUO TAB 300-300 | 3 | NDS NM |
| COMBIVIR TAB 150-300 | 3 | NDS NM |
| COMPLERA TAB | 3 | NDS NM |
| DELSTRIGO TAB | 3 | NDS NM |
| DESCOVY TAB 200/25MG | 3 | NDS NM |
| DOVATO TAB 50-300MG | 3 | NDS NM |
| <i>efavirenz-emtricitabine-</i> <i>tenofovir</i> df tab 600-200-300 mg (generic of ATRIPLA) | 3 | NDS NM |
| <i>efavirenz-lamivudine-tenofovir</i> df tab 400-300-300 mg (generic of SYMFI LO) | 3 | NDS NM |
| <i>efavirenz-lamivudine-tenofovir</i> df tab 600-300-300 mg (generic of SYMFI) | 3 | NDS NM |
| <i>emtricitabine-tenofovir</i> <i>disoproxil fumarate</i> tab 100- 150 mg (generic of TRUVADA) | 3 | NDS NM |
| <i>emtricitabine-tenofovir</i> <i>disoproxil fumarate</i> tab 133- 200 mg (generic of TRUVADA) | 3 | NDS NM |

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

| Drug Name | Drug Requirements/ Tier | Limits |
|-----------------------------------------------------------------|------------------------------------|---------------|
| PASER PACK 4gm | 3 | |
| PRETOMANID TABS 200mg | 3 | |
| PRIFTIN TABS 150mg | 3 | |
| <i>pyrazinamide TABS 500mg</i> | 1 | |
| <i>rifabutin (generic of MYCOBUTIN) CAPS 150mg</i> | 1 | |
| RIFADIN SOLR 600mg | 3 | NDS |
| <i>rifampin CAPS 150mg, 300mg</i> | 1 | |
| <i>rifampin (generic of RIFADIN) SOLR 600mg</i> | 1 | |
| SIRTURO TABS 20mg, 100mg | 3 | NDS LA |
| TRECATOR TABS 250mg | 3 | |
| ANTIVIRALS | | |
| <i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i> | 1 | |
| <i>acyclovir (generic of ZOVIRAX) SUSP 200mg/5ml</i> | 1 | |
| <i>acyclovir sodium SOLN 50mg/ml</i> | 1 | B/D |
| <i>adefovir dipivoxil (generic of HEP SERA) TABS 10mg</i> | 3 | NDS NM |
| BARACLUDE SOLN .05mg/ml; TABS .5mg, 1mg | 3 | NDS NM |
| <i>cidofovir SOLN 75mg/ml</i> | 1 | |
| <i>entecavir (generic of BARACLUDE) TABS .5mg, 1mg</i> | 1 | NM |
| EPCLUSA TAB 200-50MG | 3 | NDS NM |
| EPCLUSA TAB 400-100 | 3 | NDS NM |
| EPIVIR HBV SOLN 5mg/ml; TABS 100mg | 3 | NM |
| <i>famciclovir TABS 125mg, 250mg, 500mg</i> | 1 | |
| <i>fosfarnet sodium (generic of FOSCAVIR) SOLN 6000mg/250ml</i> | 3 | NDS B/D |
| GANCICLOVIR SOLN 500mg/10ml | 3 | B/D |
| <i>ganciclovir sodium SOLR 500mg</i> | 1 | B/D |
| HARVONI PAK 33.75-150MG | 3 | NDS NM |
| HARVONI PAK 45-200MG | 3 | NDS NM |
| HARVONI TAB 45-200MG | 3 | NDS NM |
| HARVONI TAB 90-400MG | 3 | NDS NM |
| HEPSERA TABS 10mg | 3 | NDS NM |

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

| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
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| <i>lamivudine (hbv) (generic of EPIVIR HBV)</i> TABS 100mg | 1 | NM | CEFAZOLIN INJ 1GM/50ML | 3 | |
| MAVYRET TAB 100-40MG | 3 | NDS NM | <i>cefazin sodium</i> SOLR 1gm, 10gm, 500mg | 1 | |
| <i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg, 45mg, 75mg; SUSR 6mg/ml | 1 | | CEFAZOLIN SOLN 2GM/100ML-4% | 3 | |
| PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml | 3 | NDS NM | <i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml | 1 | |
| PREVYMIS SOLN 240mg/12ml, 480mg/24ml | 3 | NDS | CEFEPIME SOLN 1gm/50ml, 2gm/100ml | 3 | |
| PREVYMIS TABS 240mg, 480mg | 3 | NDS PA | <i>cefepime hcl</i> SOLR 1gm, 2gm | 1 | |
| RAPIVAB SOLN 200mg/20ml | 3 | NDS | CEFEPIME/DEX INJ 1GM | 3 | |
| RELENZA DISKHALER AEPB 5mg/blister | 2 | | CEFEPIME/DEX INJ 2GM | 3 | |
| <i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg | 1 | NM | <i>cefixime</i> CAPS 400mg | 1 | |
| <i>rimantadine hydrochloride</i> TABS 100mg | 1 | | <i>cefixime</i> (generic of SUPRAX) SUSR 100mg/5ml, 200mg/5ml | 1 | |
| SITAVIG TABS 50mg | 3 | NDS | CEFOTAN SOLR 1gm, 2gm | 3 | |
| TAMIFLU CAPS 30mg, 45mg, 75mg; SUSR 6mg/ml | 3 | | <i>cefotetan disodium</i> (generic of CEFOTAN) SOLR 1gm, 2gm | 1 | |
| <i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg | 1 | | CEFOXITIN INJ 1GM | 3 | |
| VALCYTE SOLR 50mg/ml; TABS 450mg | 3 | NDS | CEFOXITIN INJ 2GM | 3 | |
| <i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml | 3 | NDS | <i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm | 1 | |
| <i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg | 1 | | <i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg | 1 | |
| VALTREX TABS 1gm, 500mg | 3 | | <i>ceprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | |
| VEMLIDY TABS 25mg | 3 | NDS NM | <i>ceftazidime</i> (generic of FORTAZ) SOLR 1gm | 1 | |
| VOSEVI TAB | 3 | NDS NM | <i>ceftazidime</i> SOLR 2gm, 6gm | 1 | |
| XOFLUZA TBPK 20mg, 40mg | 3 | | CEFTAZIDIME/ SOL D5W 1GM | 3 | |
| ZOVIRAX SUSP 200mg/5ml | 3 | | CEFTAZIDIME/ SOL D5W 2GM | 3 | |
| CEPHALOSPORINS | | | | | |
| AVYCAZ INJ 2-0.5GM | 3 | NDS | <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg | 1 | |
| <i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml | 1 | | <i>cefuroxime axetil</i> TABS 250mg, 500mg | 1 | |
| CEFACLOR ER TB12 500mg | 3 | | <i>cefuroxime sodium</i> SOLR 1.5gm, 7.5gm, 750mg | 1 | |
| <i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm | 1 | | <i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
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| cephalexin (generic of KEFLEX) CAPS 750mg | 1 | | erythromycin ethylsuccinate | 1 | |
| FETROJA SOLR 1gm | 3 | NDS | TABS 400mg | | |
| FORTAZ SOLR 1gm, 2gm, 500mg | 3 | | ZITHROMAX PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg | 3 | |
| SUPRAX CAPS 400mg; CHEW 100mg, 200mg; SUSR 100mg/5ml, 200mg/5ml, 500mg/5ml | 3 | | ZITHROMAX TRI-PAK TABS | 3 | 500mg |
| tazicef (generic of FORTAZ) SOLR 1gm | 1 | | ZITHROMAX Z-PAK TABS | 3 | 250mg |
| tazicef SOLR 1gm, 2gm, 6gm | 1 | | FLUOROQUINOLONES | | |
| TEFLARO SOLR 400mg, 600mg | 3 | NDS | BAXDELA SOLR 300mg; TABS 450mg | 3 | NDS |
| ZERBAXA INJ 1.5GM | 3 | NDS | CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg | 3 | |
| ERYTHROMYCINS/MACROLIDES | | | ciprofloxacin 200 mg/100ml in d5w | 1 | |
| azithromycin PACK 1gm; TABS 600mg | 1 | | ciprofloxacin 400 mg/200ml in d5w | 1 | |
| azithromycin (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg | 1 | | ciprofloxacin hcl TABS | 1 | |
| clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | | 100mg, 750mg | | |
| clarithromycin (generic of BIAXIN XL) TB24 500mg | 1 | | ciprofloxacin hcl (generic of CIPRO) TABS 250mg, 500mg | 1 | |
| DIFICID SUSR 40mg/ml; TABS 200mg | 3 | NDS | levofloxacin SOLN 25mg/ml | 1 | |
| ery-tab TBEC 250mg, 333mg, 500mg | 1 | | levofloxacin (generic of LEVAQUIN) TABS 250mg, 500mg, 750mg | 1 | |
| ERYTHROCIN LACTOBIONATE SOLR 500mg | 3 | NDS | levofloxacin in d5w iv soln 250 mg/50ml | 1 | |
| erythrocin stearate TABS 250mg | 1 | | levofloxacin in d5w iv soln 500 mg/100ml | 1 | |
| erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg | 1 | | levofloxacin in d5w iv soln 750 mg/150ml | 1 | |
| erythromycin ethylsuccinate (generic of E.E.S. GRANULES) SUSR 200mg/5ml | 1 | | moxifloxacin hcl TABS | 1 | |
| erythromycin ethylsuccinate (generic of ERYPED 400) SUSR 400mg/5ml | 3 | NDS | 400mg | | |
| | | | moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj | 1 | |
| | | | MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml | 3 | |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|---------------------------------------------------------------------------|----------------------------|--------|
| PENICILLINS | | | | | |
| <i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg | 1 | | <i>ampicillin sodium</i> SOLR 1gm, 1 2gm, 10gm, 125mg, 250mg, 500mg | | |
| <i>amoxicillin & k clavulanate</i> <i>chew tab 200-28.5 mg</i> | 1 | | <i>AUGMENTIN SUS</i> ES-600 | 3 | |
| <i>amoxicillin & k clavulanate</i> <i>chew tab 400-57 mg</i> | 1 | | <i>AUGMENTIN TAB</i> 500MG | 3 | |
| <i>amoxicillin & k clavulanate for</i> <i>susp 200-28.5 mg/5ml</i> | 1 | | <i>BICILLIN C-R INJ</i> 900/300 | 3 | |
| <i>amoxicillin & k clavulanate for</i> <i>susp 250-62.5 mg/5ml</i> (generic of AUGMENTIN) | 1 | | <i>BICILLIN C-R INJ</i> 1200000 | 3 | |
| <i>amoxicillin & k clavulanate for</i> <i>susp 400-57 mg/5ml</i> | 1 | | <i>BICILLIN L-A SUSP</i> | 3 | |
| <i>amoxicillin & k clavulanate for</i> <i>susp 600-42.9 mg/5ml</i> (generic of AUGMENTIN ES- 600) | 1 | | 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml | | |
| <i>amoxicillin & k clavulanate tab</i> <i>250-125 mg</i> | 1 | | <i>dicloxacillin sodium</i> CAPS | 1 | |
| <i>amoxicillin & k clavulanate tab</i> <i>500-125 mg</i> (generic of AUGMENTIN) | 1 | | 250mg, 500mg | | |
| <i>amoxicillin & k clavulanate tab</i> <i>875-125 mg</i> | 1 | | <i>NAFCILLIN INJ</i> 1GM/50ML | 3 | NDS |
| <i>amoxicillin & k clavulanate tab</i> <i>er 12hr 1000-62.5 mg</i> | 1 | | <i>NAFCILLIN INJ</i> 2GM/100 | 3 | NDS |
| <i>ampicillin</i> CAPS 500mg | 1 | | <i>nafcillin sodium</i> SOLR 1gm, 2gm | 1 | |
| <i>ampicillin & sulbactam sodium</i> <i>for inj 1.5 (1-0.5) gm</i> (generic of UNASYN) | 1 | | <i>nafcillin sodium</i> SOLR 10gm | 3 | NDS |
| <i>ampicillin & sulbactam sodium</i> <i>for inj 3 (2-1) gm</i> (generic of UNASYN) | 1 | | <i>OXACILLIN INJ</i> 1GM | 3 | |
| <i>ampicillin & sulbactam sodium</i> <i>for iv soln 1.5 (1-0.5) gm</i> | 1 | | <i>OXACILLIN INJ</i> 2GM | 3 | |
| <i>ampicillin & sulbactam sodium</i> <i>for iv soln 3 (2-1) gm</i> | 1 | | <i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm | 1 | |
| <i>ampicillin & sulbactam sodium</i> <i>for iv soln 15 (10-5) gm</i> (generic of UNASYN BULK PACK) | 1 | | <i>PEN GK/DEXTR INJ</i> | 3 | |
| | | | 20000/ML | | |
| | | | <i>PEN GK/DEXTR INJ</i> | 3 | |
| | | | 40000/ML | | |
| | | | <i>PEN GK/DEXTR INJ</i> | 3 | |
| | | | 60000/ML | | |
| | | | <i>penicillin g potassium</i> SOLR | 1 | |
| | | | 5000000unit, 2000000unit | | |
| | | | <i>PENICILLIN G PROCAINE</i> | 3 | |
| | | | SUSP 600000unit/ml | | |
| | | | <i>penicillin g sodium</i> SOLR | 1 | |
| | | | 5000000unit | | |
| | | | <i>penicillin v potassium</i> SOLR | 1 | |
| | | | 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | | |
| | | | <i>pfizerpen</i> SOLR 5000000unit, 1 20000000unit | | |
| | | | <i>piperacillin sod-tazobactam na</i> 1 for inj 3.375 gm (3-0.375 gm) | | |
| | | | <i>piperacillin sod-tazobactam</i> | 1 | |
| | | | sod for inj 2.25 gm (2-0.25 gm) | | |
| | | | <i>piperacillin sod-tazobactam</i> | 1 | |
| | | | sod for inj 4.5 gm (4-0.5 gm) | | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|---------------------------------------------------------------------------------|----------------------------|--------|
| piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm) | 1 | |
| piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm) | 1 | |
| 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 | | |
| demeccyclycline hcl TABS 150mg, 300mg | 1 | |
| doxy 100 SOLR 100mg | 1 | |
| doxycycline (monohydrate) CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg, 150mg | 1 | |
| doxycycline (monohydrate) (generic of VIBRAMYCIN) SUSR 25mg/5ml | 1 | |
| doxycycline hydiate CAPS 50mg; SOLR 100mg; TABS 20mg, 100mg | 1 | |
| doxycycline hydiate (generic of VIBRAMYCIN) CAPS 100mg | 1 | |
| minocycline hcl CAPS 50mg, 75mg; TABS 50mg, 75mg, 100mg | 1 | |
| minocycline hcl (generic of MINOCIN) CAPS 100mg | 1 | |
| MINOLIRA TB24 105mg, 135mg | 3 | |
| monodoxine nl CAPS 100mg | 1 | |
| tetracycline hcl CAPS 250mg, 500mg | 1 | |
| TIGECYCLINE SOLR 50mg | 3 | NDS |
| tigecycline (generic of TYGACIL) SOLR 50mg | 1 | |
| TYGACIL SOLR 50mg | 3 | NDS |
| VIBRAMYCIN CAPS 100mg; SUSR 25mg/5ml; SYRP 50mg/5ml | 3 | |
| XERAVA SOLR 50mg, 100mg | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---------------------------------------------------------------------|----------------------------|------------------|
| ANTINEOPLASTIC AGENTS | | |
| ALKYLATING AGENTS | | |
| BENDEKA SOLN 100mg/4ml | 3 | NDS B/D NM |
| carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml | 1 | B/D |
| cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml | 1 | B/D |
| cyclophosphamide CAPS 25mg, 50mg | 1 | B/D |
| CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml | 3 | NDS B/D |
| cyclophosphamide SOLR 1gm, 2gm, 500mg | 3 | NDS B/D |
| CYCLOPHOSPHAMIDE TABS 25mg, 50mg | 3 | B/D |
| IFEX SOLR 3gm | 3 | B/D |
| ifosfamide SOLN 1gm/20ml, 3gm/60ml | 1 | B/D |
| IFOSFAMIDE SOLR 3gm | 3 | B/D |
| LEUKERAN TABS 2mg | 3 | |
| oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml | 1 | B/D |
| oxaliplatin SOLR 50mg, 100mg | 3 | NDS B/D |
| paraplatin SOLN 1000mg/100ml | 1 | B/D |
| PEPAXTO SOLR 20mg | 3 | NDS B/D NM LA |
| TREANDA SOLR 25mg, 100mg | 3 | NDS B/D NM |
| ZEPZELCA SOLR 4mg | 3 | NDS NM LA |
| ANTIBIOTICS | | |
| adriamycin SOLN 2mg/ml | 1 | B/D |
| bleomycin sulfate SOLR 15unit, 30unit | 1 | B/D |
| DOXIL INJ 2mg/ml | 3 | NDS B/D |
| doxorubicin hcl SOLN 2mg/ml | 1 | B/D |
| doxorubicin hcl liposomal (generic of DOXIL) INJ 2mg/ml | 3 | NDS B/D |
| ELLENCE SOLN 50mg/25ml, 200mg/100ml | 3 | NDS B/D |
| epirubicin hcl SOLN 50mg/25ml | 1 | B/D |
| epirubicin hcl (generic of ELLENCE) SOLN 200mg/100ml | 1 | B/D |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <i>mitomycin</i> SOLR 5mg | 1 | B/D | LONSURF TAB 20-8.19 | 3 | NDS NM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>mitomycin</i> SOLR 20mg, 40mg | 3 | NDS B/D | <i>mercaptopurine</i> TABS 50mg | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml | 3 | NDS NM | <i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm | 1 | B/D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VALSTAR SOLN 40mg/ml | 3 | NDS NM | ONUREG TABS 200mg, 300mg | 3 | NDS NM LA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANTIMETABOLITES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALIMTA SOLR 100mg, 500mg | 3 | NDS B/D | PURIXAN SUSP 2000mg/100ml | 3 | NDS NM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>azacitidine</i> (generic of VIDAZA) SUSR 100mg | 3 | NDS B/D NM | TABLOID TABS 40mg | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>cytarabine</i> SOLN 20mg/ml, 100mg/ml | 1 | B/D | VIDAZA SUSR 100mg | 3 | NDS B/D NM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DACOGEN SOLR 50mg | 3 | NDS B/D NM | HORMONAL ANTINEOPLASTIC AGENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>decitabine</i> (generic of DACOGEN) SOLR 50mg | 3 | NDS B/D NM | <i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg | 1 | B/D | <i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg, 500mg | 3 | NDS NM | <i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml | 1 | B/D | FOLOTYN SOLN 20mg/ml, 40mg/2ml | 3 | NDS NM | <i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg | 1 | | <i>gemcitabine hcl</i> SOLN 1gm/10ml, 2gm/20ml, 200mg/2ml; SOLR 1gm, 2gm, 200mg | 1 | B/D | GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml | 1 | B/D | ARIMIDEX TABS 1mg | 3 | NDS | GEMCITABINE HYDROCHLORIDE SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml | 3 | B/D | INFUGEM SOL 1200MG | 3 | NDS B/D | AROMASIN TABS 25mg | 3 | NDS | INFUGEM SOL 1300MG | 3 | NDS B/D | INFUGEM SOL 1400MG | 3 | NDS B/D | <i>bicalutamide</i> (generic of CASODEX) TABS 50mg | 1 | | INFUGEM SOL 1500MG | 3 | NDS B/D | INFUGEM SOL 1600MG | 3 | NDS B/D | CASODEX TABS 50mg | 3 | NDS | INFUGEM SOL 1700MG | 3 | NDS B/D | INFUGEM SOL 1800MG | 3 | NDS B/D | ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg | 3 | B/D NM | INFUGEM SOL 1900MG | 3 | NDS B/D | INFUGEM SOL 2000MG | 3 | NDS B/D | EMCYT CAPS 140mg | 3 | NDS | INFUGEM SOL 2200MG | 3 | NDS B/D | INQOVI TAB 35-100MG | 3 | NDS NM LA | ERLEADA TABS 60mg | 3 | NDS NM LA | LONSURF TAB 15-6.14 | 3 | NDS NM | <i>exemestane</i> (generic of AROMASIN) TABS 25mg | | | | | | FARESTON TABS 60mg | | | | | | FASLODEX SOLN 250mg/5ml | | | | | | FEMARA TABS 2.5mg | | | | | | FIRMAGON SOLR 80mg | | | | | | FIRMAGON SOLR 120mg/vial | | | | | | <i>flutamide</i> CAPS 125mg | | | | | | <i>fulvestrant</i> (generic of FASLODEX) SOLN 250mg/5ml | | | | | | <i>hydroxyprogesterone</i> <i>caproate</i> (antineoplastic) SOLN 1.25gm/5ml | | | | | | <i>letrozole</i> (generic of FEMARA) TABS 2.5mg | | | | | | <i>leuprolide acetate</i> KIT 1mg/0.2ml | | | | | |
| <i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg | 1 | B/D | <i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg, 500mg | 3 | NDS NM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml | 1 | B/D | FOLOTYN SOLN 20mg/ml, 40mg/2ml | 3 | NDS NM | <i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg | 1 | | <i>gemcitabine hcl</i> SOLN 1gm/10ml, 2gm/20ml, 200mg/2ml; SOLR 1gm, 2gm, 200mg | 1 | B/D | GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml | 1 | B/D | ARIMIDEX TABS 1mg | 3 | NDS | GEMCITABINE HYDROCHLORIDE SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml | 3 | B/D | INFUGEM SOL 1200MG | 3 | NDS B/D | AROMASIN TABS 25mg | 3 | NDS | INFUGEM SOL 1300MG | 3 | NDS B/D | INFUGEM SOL 1400MG | 3 | NDS B/D | <i>bicalutamide</i> (generic of CASODEX) TABS 50mg | 1 | | INFUGEM SOL 1500MG | 3 | NDS B/D | INFUGEM SOL 1600MG | 3 | NDS B/D | CASODEX TABS 50mg | 3 | NDS | INFUGEM SOL 1700MG | 3 | NDS B/D | INFUGEM SOL 1800MG | 3 | NDS B/D | ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg | 3 | B/D NM | INFUGEM SOL 1900MG | 3 | NDS B/D | INFUGEM SOL 2000MG | 3 | NDS B/D | EMCYT CAPS 140mg | 3 | NDS | INFUGEM SOL 2200MG | 3 | NDS B/D | INQOVI TAB 35-100MG | 3 | NDS NM LA | ERLEADA TABS 60mg | 3 | NDS NM LA | LONSURF TAB 15-6.14 | 3 | NDS NM | <i>exemestane</i> (generic of AROMASIN) TABS 25mg | | | | | | FARESTON TABS 60mg | | | | | | FASLODEX SOLN 250mg/5ml | | | | | | FEMARA TABS 2.5mg | | | | | | FIRMAGON SOLR 80mg | | | | | | FIRMAGON SOLR 120mg/vial | | | | | | <i>flutamide</i> CAPS 125mg | | | | | | <i>fulvestrant</i> (generic of FASLODEX) SOLN 250mg/5ml | | | | | | <i>hydroxyprogesterone</i> <i>caproate</i> (antineoplastic) SOLN 1.25gm/5ml | | | | | | <i>letrozole</i> (generic of FEMARA) TABS 2.5mg | | | | | | <i>leuprolide acetate</i> KIT 1mg/0.2ml | | | | | | | | | | | | | | |
| FOLOTYN SOLN 20mg/ml, 40mg/2ml | 3 | NDS NM | <i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>gemcitabine hcl</i> SOLN 1gm/10ml, 2gm/20ml, 200mg/2ml; SOLR 1gm, 2gm, 200mg | 1 | B/D | GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml | 1 | B/D | ARIMIDEX TABS 1mg | 3 | NDS | GEMCITABINE HYDROCHLORIDE SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml | 3 | B/D | INFUGEM SOL 1200MG | 3 | NDS B/D | AROMASIN TABS 25mg | 3 | NDS | INFUGEM SOL 1300MG | 3 | NDS B/D | INFUGEM SOL 1400MG | 3 | NDS B/D | <i>bicalutamide</i> (generic of CASODEX) TABS 50mg | 1 | | INFUGEM SOL 1500MG | 3 | NDS B/D | INFUGEM SOL 1600MG | 3 | NDS B/D | CASODEX TABS 50mg | 3 | NDS | INFUGEM SOL 1700MG | 3 | NDS B/D | INFUGEM SOL 1800MG | 3 | NDS B/D | ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg | 3 | B/D NM | INFUGEM SOL 1900MG | 3 | NDS B/D | INFUGEM SOL 2000MG | 3 | NDS B/D | EMCYT CAPS 140mg | 3 | NDS | INFUGEM SOL 2200MG | 3 | NDS B/D | INQOVI TAB 35-100MG | 3 | NDS NM LA | ERLEADA TABS 60mg | 3 | NDS NM LA | LONSURF TAB 15-6.14 | 3 | NDS NM | <i>exemestane</i> (generic of AROMASIN) TABS 25mg | | | | | | FARESTON TABS 60mg | | | | | | FASLODEX SOLN 250mg/5ml | | | | | | FEMARA TABS 2.5mg | | | | | | FIRMAGON SOLR 80mg | | | | | | FIRMAGON SOLR 120mg/vial | | | | | | <i>flutamide</i> CAPS 125mg | | | | | | <i>fulvestrant</i> (generic of FASLODEX) SOLN 250mg/5ml | | | | | | <i>hydroxyprogesterone</i> <i>caproate</i> (antineoplastic) SOLN 1.25gm/5ml | | | | | | <i>letrozole</i> (generic of FEMARA) TABS 2.5mg | | | | | | <i>leuprolide acetate</i> KIT 1mg/0.2ml | | | | | | | | | | | | | | | | | | | | | | | |
| GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml | 1 | B/D | ARIMIDEX TABS 1mg | 3 | NDS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GEMCITABINE HYDROCHLORIDE SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml | 3 | B/D | INFUGEM SOL 1200MG | 3 | NDS B/D | AROMASIN TABS 25mg | 3 | NDS | INFUGEM SOL 1300MG | 3 | NDS B/D | INFUGEM SOL 1400MG | 3 | NDS B/D | <i>bicalutamide</i> (generic of CASODEX) TABS 50mg | 1 | | INFUGEM SOL 1500MG | 3 | NDS B/D | INFUGEM SOL 1600MG | 3 | NDS B/D | CASODEX TABS 50mg | 3 | NDS | INFUGEM SOL 1700MG | 3 | NDS B/D | INFUGEM SOL 1800MG | 3 | NDS B/D | ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg | 3 | B/D NM | INFUGEM SOL 1900MG | 3 | NDS B/D | INFUGEM SOL 2000MG | 3 | NDS B/D | EMCYT CAPS 140mg | 3 | NDS | INFUGEM SOL 2200MG | 3 | NDS B/D | INQOVI TAB 35-100MG | 3 | NDS NM LA | ERLEADA TABS 60mg | 3 | NDS NM LA | LONSURF TAB 15-6.14 | 3 | NDS NM | <i>exemestane</i> (generic of AROMASIN) TABS 25mg | | | | | | FARESTON TABS 60mg | | | | | | FASLODEX SOLN 250mg/5ml | | | | | | FEMARA TABS 2.5mg | | | | | | FIRMAGON SOLR 80mg | | | | | | FIRMAGON SOLR 120mg/vial | | | | | | <i>flutamide</i> CAPS 125mg | | | | | | <i>fulvestrant</i> (generic of FASLODEX) SOLN 250mg/5ml | | | | | | <i>hydroxyprogesterone</i> <i>caproate</i> (antineoplastic) SOLN 1.25gm/5ml | | | | | | <i>letrozole</i> (generic of FEMARA) TABS 2.5mg | | | | | | <i>leuprolide acetate</i> KIT 1mg/0.2ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INFUGEM SOL 1200MG | 3 | NDS B/D | AROMASIN TABS 25mg | 3 | NDS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INFUGEM SOL 1300MG | 3 | NDS B/D | INFUGEM SOL 1400MG | 3 | NDS B/D | <i>bicalutamide</i> (generic of CASODEX) TABS 50mg | 1 | | INFUGEM SOL 1500MG | 3 | NDS B/D | INFUGEM SOL 1600MG | 3 | NDS B/D | CASODEX TABS 50mg | 3 | NDS | INFUGEM SOL 1700MG | 3 | NDS B/D | INFUGEM SOL 1800MG | 3 | NDS B/D | ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg | 3 | B/D NM | INFUGEM SOL 1900MG | 3 | NDS B/D | INFUGEM SOL 2000MG | 3 | NDS B/D | EMCYT CAPS 140mg | 3 | NDS | INFUGEM SOL 2200MG | 3 | NDS B/D | INQOVI TAB 35-100MG | 3 | NDS NM LA | ERLEADA TABS 60mg | 3 | NDS NM LA | LONSURF TAB 15-6.14 | 3 | NDS NM | <i>exemestane</i> (generic of AROMASIN) TABS 25mg | | | | | | FARESTON TABS 60mg | | | | | | FASLODEX SOLN 250mg/5ml | | | | | | FEMARA TABS 2.5mg | | | | | | FIRMAGON SOLR 80mg | | | | | | FIRMAGON SOLR 120mg/vial | | | | | | <i>flutamide</i> CAPS 125mg | | | | | | <i>fulvestrant</i> (generic of FASLODEX) SOLN 250mg/5ml | | | | | | <i>hydroxyprogesterone</i> <i>caproate</i> (antineoplastic) SOLN 1.25gm/5ml | | | | | | <i>letrozole</i> (generic of FEMARA) TABS 2.5mg | | | | | | <i>leuprolide acetate</i> KIT 1mg/0.2ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INFUGEM SOL 1400MG | 3 | NDS B/D | <i>bicalutamide</i> (generic of CASODEX) TABS 50mg | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INFUGEM SOL 1500MG | 3 | NDS B/D | INFUGEM SOL 1600MG | 3 | NDS B/D | CASODEX TABS 50mg | 3 | NDS | INFUGEM SOL 1700MG | 3 | NDS B/D | INFUGEM SOL 1800MG | 3 | NDS B/D | ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg | 3 | B/D NM | INFUGEM SOL 1900MG | 3 | NDS B/D | INFUGEM SOL 2000MG | 3 | NDS B/D | EMCYT CAPS 140mg | 3 | NDS | INFUGEM SOL 2200MG | 3 | NDS B/D | INQOVI TAB 35-100MG | 3 | NDS NM LA | ERLEADA TABS 60mg | 3 | NDS NM LA | LONSURF TAB 15-6.14 | 3 | NDS NM | <i>exemestane</i> (generic of AROMASIN) TABS 25mg | | | | | | FARESTON TABS 60mg | | | | | | FASLODEX SOLN 250mg/5ml | | | | | | FEMARA TABS 2.5mg | | | | | | FIRMAGON SOLR 80mg | | | | | | FIRMAGON SOLR 120mg/vial | | | | | | <i>flutamide</i> CAPS 125mg | | | | | | <i>fulvestrant</i> (generic of FASLODEX) SOLN 250mg/5ml | | | | | | <i>hydroxyprogesterone</i> <i>caproate</i> (antineoplastic) SOLN 1.25gm/5ml | | | | | | <i>letrozole</i> (generic of FEMARA) TABS 2.5mg | | | | | | <i>leuprolide acetate</i> KIT 1mg/0.2ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INFUGEM SOL 1600MG | 3 | NDS B/D | CASODEX TABS 50mg | 3 | NDS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INFUGEM SOL 1700MG | 3 | NDS B/D | INFUGEM SOL 1800MG | 3 | NDS B/D | ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg | 3 | B/D NM | INFUGEM SOL 1900MG | 3 | NDS B/D | INFUGEM SOL 2000MG | 3 | NDS B/D | EMCYT CAPS 140mg | 3 | NDS | INFUGEM SOL 2200MG | 3 | NDS B/D | INQOVI TAB 35-100MG | 3 | NDS NM LA | ERLEADA TABS 60mg | 3 | NDS NM LA | LONSURF TAB 15-6.14 | 3 | NDS NM | <i>exemestane</i> (generic of AROMASIN) TABS 25mg | | | | | | FARESTON TABS 60mg | | | | | | FASLODEX SOLN 250mg/5ml | | | | | | FEMARA TABS 2.5mg | | | | | | FIRMAGON SOLR 80mg | | | | | | FIRMAGON SOLR 120mg/vial | | | | | | <i>flutamide</i> CAPS 125mg | | | | | | <i>fulvestrant</i> (generic of FASLODEX) SOLN 250mg/5ml | | | | | | <i>hydroxyprogesterone</i> <i>caproate</i> (antineoplastic) SOLN 1.25gm/5ml | | | | | | <i>letrozole</i> (generic of FEMARA) TABS 2.5mg | | | | | | <i>leuprolide acetate</i> KIT 1mg/0.2ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INFUGEM SOL 1800MG | 3 | NDS B/D | ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg | 3 | B/D NM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INFUGEM SOL 1900MG | 3 | NDS B/D | INFUGEM SOL 2000MG | 3 | NDS B/D | EMCYT CAPS 140mg | 3 | NDS | INFUGEM SOL 2200MG | 3 | NDS B/D | INQOVI TAB 35-100MG | 3 | NDS NM LA | ERLEADA TABS 60mg | 3 | NDS NM LA | LONSURF TAB 15-6.14 | 3 | NDS NM | <i>exemestane</i> (generic of AROMASIN) TABS 25mg | | | | | | FARESTON TABS 60mg | | | | | | FASLODEX SOLN 250mg/5ml | | | | | | FEMARA TABS 2.5mg | | | | | | FIRMAGON SOLR 80mg | | | | | | FIRMAGON SOLR 120mg/vial | | | | | | <i>flutamide</i> CAPS 125mg | | | | | | <i>fulvestrant</i> (generic of FASLODEX) SOLN 250mg/5ml | | | | | | <i>hydroxyprogesterone</i> <i>caproate</i> (antineoplastic) SOLN 1.25gm/5ml | | | | | | <i>letrozole</i> (generic of FEMARA) TABS 2.5mg | | | | | | <i>leuprolide acetate</i> KIT 1mg/0.2ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INFUGEM SOL 2000MG | 3 | NDS B/D | EMCYT CAPS 140mg | 3 | NDS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INFUGEM SOL 2200MG | 3 | NDS B/D | INQOVI TAB 35-100MG | 3 | NDS NM LA | ERLEADA TABS 60mg | 3 | NDS NM LA | LONSURF TAB 15-6.14 | 3 | NDS NM | <i>exemestane</i> (generic of AROMASIN) TABS 25mg | | | | | | FARESTON TABS 60mg | | | | | | FASLODEX SOLN 250mg/5ml | | | | | | FEMARA TABS 2.5mg | | | | | | FIRMAGON SOLR 80mg | | | | | | FIRMAGON SOLR 120mg/vial | | | | | | <i>flutamide</i> CAPS 125mg | | | | | | <i>fulvestrant</i> (generic of FASLODEX) SOLN 250mg/5ml | | | | | | <i>hydroxyprogesterone</i> <i>caproate</i> (antineoplastic) SOLN 1.25gm/5ml | | | | | | <i>letrozole</i> (generic of FEMARA) TABS 2.5mg | | | | | | <i>leuprolide acetate</i> KIT 1mg/0.2ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INQOVI TAB 35-100MG | 3 | NDS NM LA | ERLEADA TABS 60mg | 3 | NDS NM LA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LONSURF TAB 15-6.14 | 3 | NDS NM | <i>exemestane</i> (generic of AROMASIN) TABS 25mg | | | | | | FARESTON TABS 60mg | | | | | | FASLODEX SOLN 250mg/5ml | | | | | | FEMARA TABS 2.5mg | | | | | | FIRMAGON SOLR 80mg | | | | | | FIRMAGON SOLR 120mg/vial | | | | | | <i>flutamide</i> CAPS 125mg | | | | | | <i>fulvestrant</i> (generic of FASLODEX) SOLN 250mg/5ml | | | | | | <i>hydroxyprogesterone</i> <i>caproate</i> (antineoplastic) SOLN 1.25gm/5ml | | | | | | <i>letrozole</i> (generic of FEMARA) TABS 2.5mg | | | | | | <i>leuprolide acetate</i> KIT 1mg/0.2ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>exemestane</i> (generic of AROMASIN) TABS 25mg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FARESTON TABS 60mg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FASLODEX SOLN 250mg/5ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEMARA TABS 2.5mg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIRMAGON SOLR 80mg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIRMAGON SOLR 120mg/vial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>flutamide</i> CAPS 125mg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>fulvestrant</i> (generic of FASLODEX) SOLN 250mg/5ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>hydroxyprogesterone</i> <i>caproate</i> (antineoplastic) SOLN 1.25gm/5ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>letrozole</i> (generic of FEMARA) TABS 2.5mg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>leuprolide acetate</i> KIT 1mg/0.2ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | | | |
|-----------------------------------------------------------------|----------------------------|------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|--|--|--|
| LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg | 3 | NDS NM | <i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml | 1 | B/D | | | |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg | 3 | NDS NM | <i>irinotecan hcl</i> SOLN 500mg/25ml | 1 | B/D | | | |
| LUPRON DEPOT (4-MONTH) KIT 30mg | 3 | NDS NM | KISQALI 200 PAK FEMARA | 3 | NDS NM | | | |
| LUPRON DEPOT (6-MONTH) KIT 45mg | 3 | NDS NM | KISQALI 400 PAK FEMARA | 3 | NDS NM | | | |
| LYSODREN TABS 500mg <i>megestrol acetate</i> TABS 20mg, 40mg | 3 2 | NDS | KISQALI 600 PAK FEMARA | 3 | NDS NM | | | |
| <i>nilutamide</i> (generic of NILANDRON) TABS 150mg | 3 | NDS | MATULANE CAPS 50mg | 3 | NDS NM LA | | | |
| NUBEQA TABS 300mg | 3 | NDS NM LA | <i>mitoxantrone hcl</i> CONC 2mg/ml | 1 | B/D NM | | | |
| ORGOVYX TABS 120mg | 3 | NDS NM LA | NIPENT SOLR 10mg | 3 | NDS B/D | | | |
| SOLTAMOX SOLN 10mg/5ml | 3 | NDS | ONCASPAR SOLN 750unit/ml | 3 | NDS NM | | | |
| <i>tamoxifen citrate</i> TABS 10mg, 20mg | 1 | | ONIVYDE INJ 43mg/10ml | 3 | NDS B/D NM | | | |
| <i>toremifene citrate</i> (generic of FARESTON) TABS 60mg | 3 | NDS | SYNRIBO SOLR 3.5mg | 3 | NDS NM | | | |
| TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg | 3 | NDS NM | TARGRETIN CAPS 75mg | 3 | NDS NM | | | |
| VANTAS KIT 50mg | 3 | NM | TOPOTECAN HCL SOLN 4mg/4ml | 3 | B/D | | | |
| XTANDI CAPS 40mg; TABS 40mg, 80mg | 3 | NDS NM LA | <i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml | 3 | NDS B/D | | | |
| ZOLADEX IMPL 3.6mg, 10.8mg | 3 | NM | <i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg | 3 | NDS B/D | | | |
| ZYTIGA TABS 250mg, 500mg | 3 | NDS NM LA | <i>tretinoin</i> (chemotherapy) CAPS 10mg | 3 | NDS | | | |
| IMMUNOMODULATORS | | | | | | | | |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg | 3 | NDS NM LA | MITOTIC INHIBITORS | | | | | |
| REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg | 3 | NDS NM LA | ABRAXANE INJ 100MG 20mg/ml | 3 | NDS B/D | | | |
| THALomid CAPS 50mg, 100mg, 150mg, 200mg | 3 | NDS NM | <i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml | 1 | B/D | | | |
| MISCELLANEOUS | | | | | | | | |
| ASPARLAS SOLN 3750unit/5ml | 3 | NDS NM | DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 3 | NDS B/D | | | |
| <i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg | 3 | NDS NM | <i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 3 | NDS B/D | | | |
| <i>dacarbazine</i> SOLR 100mg | 1 | B/D | ETOPOPHOS SOLR 100mg | 3 | B/D | | | |
| HYDREA CAPS 500mg | 3 | | <i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml | 1 | B/D | | | |
| <i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg | 1 | | HALAVEN SOLN 1mg/2ml | 3 | NDS B/D NM | | | |

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

| Drug Name | Drug Requirements/ Tier Limits | | |
|-----------------------------------------------------------------------------|------------------------------------------------|------------------|--|
| IXEMPRA KIT SOLR 15mg, 45mg | 3 | NDS B/D NM | |
| JEVTANA SOLN 60mg/1.5ml | 3 | NDS NM | |
| MARQIBO SUSP 5mg/31ml | 3 | 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 | |
| <i>vincristine sulfate</i> SOLN 1mg/ml | 1 | B/D | |
| <i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml | 1 | B/D | |
| MOLECULAR TARGET AGENTS | | | |
| AFINITOR TABS 2.5mg, 5mg, 7.5mg, 10mg | 3 | NDS NM | |
| AFINITOR DISPERZ TBSO 2mg, 3mg, 5mg | 3 | NDS NM | |
| ALECensa CAPS 150mg | 3 | NDS NM LA | |
| ALIQOPA SOLR 60mg | 3 | NDS NM LA | |
| ALUNBRIG TABS 30mg, 90mg, 180mg | 3 | NDS NM LA | |
| ALUNBRIG PAK | 3 | NDS NM LA | |
| ARZERRA CONC 100mg/5ml, 1000mg/50ml | 3 | NDS B/D NM | |
| AVASTIN SOLN 100mg/4ml, 400mg/16ml | 3 | NDS B/D NM LA | |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg | 3 | NDS NM LA | |
| BALVERSA TABS 3mg, 4mg, 5mg | 3 | NDS NM LA | |
| BAVENCIO SOLN 200mg/10ml | 3 | NDS NM LA | |
| BELEODAQ SOLR 500mg | 3 | NDS NM | |
| BESPONSA SOLR .9mg | 3 | NDS NM LA | |
| BLENREP SOLR 100mg | 3 | NDS NM LA | |
| BORTEZOMIB SOLR 3.5mg | 3 | NDS B/D NM | |
| BOSULIF TABS 100mg, 400mg, 500mg | 3 | NDS NM | |
| BRAFTOVI CAPS 75mg | 3 | NDS NM LA | |
| BRUKINSA CAPS 80mg | 3 | NDS NM LA | |
| CABOMETYX TABS 20mg, 40mg, 60mg | 3 | NDS NM LA | |
| CALQUENCE CAPS 100mg | 3 | NDS NM LA | |
| CAPRELSA TABS 100mg, 300mg | 3 | NDS NM LA | |

| Drug Name | Drug Requirements/ Tier Limits | | |
|------------------------------------------------------------------------------------------------|------------------------------------------------|------------------|--|
| COMETRIQ (60MG DOSE) KIT 20mg | 3 | NDS NM LA | |
| COMETRIQ KIT 100MG | 3 | NDS NM LA | |
| COMETRIQ KIT 140MG | 3 | NDS NM LA | |
| COPIKTRA CAPS 15mg, 25mg | 3 | NDS NM LA | |
| COTELLIC TABS 20mg | 3 | NDS NM LA | |
| CYRAMZA SOLN 100mg/10ml, 500mg/50ml | 3 | NDS NM LA | |
| DARZALEX SOLN 100mg/5ml, 400mg/20ml | 3 | NDS NM LA | |
| DARZALEX SOL FASPRO | 3 | NDS NM | |
| DAURISMO TABS 25mg, 100mg | 3 | NDS NM LA | |
| EMPLICITI SOLR 300mg, 400mg | 3 | NDS NM LA | |
| ENHERTU SOLR 100mg | 3 | NDS B/D NM LA | |
| ERBITUX SOLN 100mg/50ml, 200mg/100ml | 3 | NDS B/D NM | |
| ERIVEDGE CAPS 150mg <i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg, 100mg, 150mg | 3 | NDS NM | |
| <i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg | 3 | NDS NM | |
| FARYDAK CAPS 10mg, 15mg, 20mg | 3 | NDS NM LA | |
| FOTIVDA CAPS .89mg, 1.34mg | 3 | NDS NM LA | |
| GAVRETO CAPS 100mg | 3 | NDS NM LA | |
| GAZYVA SOLN 1000mg/40ml | 3 | NDS NM LA | |
| GILOTrif TABS 20mg, 30mg, 40mg | 3 | NDS NM LA | |
| GLEEVEC TABS 100mg, 400mg | 3 | NDS NM | |
| HERCEP HYLEC SOL 60- 10000 | 3 | NDS B/D NM | |
| HERCEPTIN SOLR 150mg | 3 | NDS B/D NM | |
| HERZUMA SOLR 150mg, 420mg | 3 | NDS B/D NM | |
| IBRANCE CAPS 75mg, 100mg, 125mg; TABS 75mg, 100mg, 125mg | 3 | NDS NM LA | |
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg | 3 | NDS NM LA | |

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

| Drug Name | Drug Requirements/ Tier Limits | Drug Name | Drug Requirements/ Tier Limits |
|----------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------|------------------------------------------------|
| IDHIFA TABS 50mg, 100mg <i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg, 400mg | 3 NDS NM LA | LORBRENA TABS 25mg, 100mg | 3 NDS NM LA |
| IMBRUVICA CAPS 70mg, 140mg; TABS 140mg, 280mg, 420mg, 560mg | 3 NDS NM LA | LUMAKRAS TABS 120mg | 3 NDS NM LA |
| IMFINZI SOLN 120mg/2.4ml, 500mg/10ml | 3 NDS NM LA | LUMOXITI SOLR 1mg | 3 NDS NM LA |
| INLYTA TABS 1mg, 5mg | 3 NDS NM LA | LYNPARZA TABS 100mg, 150mg | 3 NDS NM LA |
| INREBIC CAPS 100mg | 3 NDS NM LA | MEKINIST TABS .5mg, 2mg | 3 NDS NM LA |
| IRESSA TABS 250mg | 3 NDS NM LA | MEKTOVI TABS 15mg | 3 NDS NM LA |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg | 3 NDS NM LA | MONJUVI SOLR 200mg | 3 NDS NM LA |
| JEMPERLI SOLN 500mg/10ml | 3 NDS NM LA | MVASI SOLN 100mg/4ml, 400mg/16ml | 3 NDS B/D NM LA |
| KADCYLA SOLR 100mg, 160mg | 3 NDS B/D NM | MYLOTARG SOLR 4.5mg | 3 NDS NM LA |
| KANJINTI SOLR 150mg, 420mg | 3 NDS B/D NM | NERLYNX TABS 40mg | 3 NDS NM LA |
| KEYTRUDA SOLN 100mg/4ml | 3 NDS NM | NEXAVAR TABS 200mg | 3 NDS NM LA |
| KISQALI 200 DOSE TBPK 200mg | 3 NDS NM | NINLARO CAPS 2.3mg, 3mg, 4mg | 3 NDS NM |
| KISQALI 400 DOSE TBPK 200mg | 3 NDS NM | ODOMZO CAPS 200mg | 3 NDS NM LA |
| KISQALI 600 DOSE TBPK 200mg | 3 NDS NM | OGIVRI SOLR 150mg | 3 NDS B/D NM |
| KOSELUGO CAPS 10mg, 25mg | 3 NDS NM LA | OGIVRI INJ 420MG | 3 NDS B/D NM |
| KYPROLIS SOLR 10mg, 30mg, 60mg <i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg | 3 NDS NM | ONTRUZANT SOLR 150mg, 420mg | 3 NDS B/D NM |
| LENVIMA 4 MG DAILY DOSE CPPK 4mg | 3 NDS NM LA | OPDIVO SOLN 40mg/4ml, 100mg/10ml, 240mg/24ml | 3 NDS NM LA |
| LENVIMA 8 MG DAILY DOSE CPPK 4mg | 3 NDS NM LA | PADCEV SOLR 20mg, 30mg | 3 NDS NM LA |
| LENVIMA 10 MG DAILY DOSE CPPK 10mg | 3 NDS NM LA | PEMAZYRE TABS 4.5mg, 9mg, 13.5mg | 3 NDS NM LA |
| LENVIMA 12MG DAILY DOSE CPPK 4mg | 3 NDS NM LA | PERJETA SOLN 420mg/14ml | 3 NDS NM |
| LENVIMA 20 MG DAILY DOSE CPPK 10mg | 3 NDS NM LA | PHESGO SOL | 3 NDS NM LA |
| LENVIMA CAP 14 MG | 3 NDS NM LA | PIQRAY 200MG DAILY DOSE TBPK 200mg | 3 NDS NM |
| LENVIMA CAP 18 MG | 3 NDS NM LA | PIQRAY 250MG TAB DOSE | 3 NDS NM |
| LENVIMA CAP 24 MG | 3 NDS NM LA | PIQRAY 300MG DAILY DOSE TBPK 150mg | 3 NDS NM |
| LIBTAYO SOLN 350mg/7ml | 3 NDS NM LA | POLIVY SOLR 30mg, 140mg | 3 NDS NM |
| | | PORTRAZZA SOLN 800mg/50ml | 3 NDS NM LA |
| | | POTELIGEO SOLN 20mg/5ml | 3 NDS NM LA |
| | | QINLOCK TABS 50mg | 3 NDS NM LA |
| | | RETEVMO CAPS 40mg, 80mg | 3 NDS NM LA |
| | | RIABNI SOLN 100mg/10ml, 500mg/50ml | 3 NDS NM LA |
| | | RITUXAN SOLN 100mg/10ml, 500mg/50ml | 3 NDS NM LA |
| | | RITUXAN INJ HYCELA | 3 NDS NM LA |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|-------------------------------------------------------|------------------------------------|--------------------------------------|-----------------------------------------|------------------------------------|--------------------------------------|
| ROZLYTREK CAPS 100mg, 200mg | 3 | NDS NM LA | TUKYSA TABS 50mg, 150mg | 3 | NDS NM LA |
| RUBRACA TABS 200mg, 250mg, 300mg | 3 | NDS NM LA | TURALIO CAPS 200mg | 3 | NDS NM LA |
| RUXIENCE SOLN 100mg/10ml, 500mg/50ml | 3 | NDS NM | TYKERB TABS 250mg | 3 | NDS NM LA |
| RYDAPT CAPS 25mg | 3 | NDS NM | UKONIQ TABS 200mg | 3 | NDS NM LA |
| SARCLISA SOLN 100mg/5ml, 500mg/25ml | 3 | NDS NM LA | VECTIBIX SOLN 100mg/5ml, 400mg/20ml | 3 | NDS B/D NM |
| SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg | 3 | NDS NM | VELCADE SOLR 3.5mg | 3 | NDS B/D NM |
| STIVARGA TABS 40mg | 3 | NDS NM LA | VENCLEXTA TABS 10mg | 3 | NM LA |
| SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg | 3 | NDS NM | VENCLEXTA TABS 50mg, 100mg | 3 | NDS NM LA |
| TABRECTA TABS 150mg, 200mg | 3 | NDS NM | VENCLEXTA TAB START PK | 3 | NDS NM LA |
| TAFINLAR CAPS 50mg, 75mg | 3 | NDS NM LA | VERZENIO TABS 50mg, 100mg, 150mg, 200mg | 3 | NDS NM LA |
| TAGRISSO TABS 40mg, 80mg | 3 | NDS NM LA | VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml | 3 | NDS NM LA |
| TALZENNA CAPS .25mg, 1mg | 3 | NDS NM LA | VIZIMPRO TABS 15mg, 30mg, 45mg | 3 | NDS NM LA |
| TARCEVA TABS 25mg, 100mg, 150mg | 3 | NDS NM LA | VOTRIENT TABS 200mg | 3 | NDS NM LA |
| TASIGNA CAPS 50mg, 150mg, 200mg | 3 | NDS NM | XALKORI CAPS 200mg, 250mg | 3 | NDS NM LA |
| TAZVERIK TABS 200mg | 3 | NDS NM LA | XOSPATA TABS 40mg | 3 | NDS NM LA |
| TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml | 3 | NDS NM LA | XPOVIO 40 MG ONCE | 3 | NDS NM LA |
| <i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml | 3 | NDS B/D NM | WEEKLY TBPK 20mg, 40mg | | |
| TEPMETKO TABS 225mg | 3 | NDS NM LA | XPOVIO 40 MG TWICE | 3 | NDS NM LA |
| TIBSOVO TABS 250mg | 3 | NDS NM LA | WEEKLY TBPK 20mg, 40mg | | |
| TORISEL SOLN 25mg/ml | 3 | NDS B/D NM | XPOVIO 60 MG ONCE | 3 | NDS NM LA |
| TRAZIMERA SOLR 150mg, 420mg | 3 | NDS B/D NM | WEEKLY TBPK 20mg, 60mg | | |
| TRODELVY SOLR 180mg | 3 | NDS NM LA | XPOVIO 60 MG TWICE | 3 | NDS NM LA |
| TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg | 3 | NDS NM LA | WEEKLY TBPK 20mg | | |
| TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg | 3 | NDS NM LA | XPOVIO 80 MG ONCE | 3 | NDS NM LA |
| TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg | 3 | NDS NM LA | WEEKLY TBPK 20mg, 40mg | | |
| TRUSELTIQ 125 MG DAILY DOSE | 3 | NDS NM LA | XPOVIO 80 MG TWICE | 3 | NDS NM LA |
| TRUXIMA SOLN 100mg/10ml, 500mg/50ml | 3 | NDS NM | WEEKLY TBPK 20mg | | |
| | | | XPOVIO 100 MG ONCE | 3 | NDS NM LA |
| | | | WEEKLY TBPK 20mg, 50mg | | |
| | | | YEROVY SOLN 50mg/10ml, 200mg/40ml | 3 | NDS NM |
| | | | ZALTRAP SOLN 100mg/4ml, 200mg/8ml | 3 | NDS NM LA |
| | | | ZEJULA CAPS 100mg | 3 | NDS NM LA |
| | | | ZELBORAF TABS 240mg | 3 | NDS NM LA |
| | | | ZIRABEV SOLN 100mg/4ml, 400mg/16ml | 3 | NDS B/D NM |
| | | | ZOLINZA CAPS 100mg | 3 | NDS NM |
| | | | ZYDELIG TABS 100mg, 150mg | 3 | NDS NM LA |
| | | | ZYKADIA TABS 150mg | 3 | NDS NM LA |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|---------------------------------------------------------------------------|----------------------------|------------------------------|
| ZYNLONTA SOLR 10mg | 3 | NDS NM LA |
| PROTECTIVE AGENTS | | |
| dexrazoxane hcl SOLR 250mg, 500mg | 3 | NDS B/D |
| ELITEK SOLR 1.5mg, 7.5mg | 3 | NDS B/D |
| KHAPZORY SOLR 175mg, 300mg | 3 | NDS B/D NM |
| leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg | 1 | B/D |
| leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg | 1 | |
| levoleucovorin calcium SOLN 175mg/17.5ml, 250mg/25ml | 1 | B/D NM |
| levoleucovorin calcium SOLR 50mg | 3 | NDS B/D NM |
| MESNEX TABS 400mg | 3 | NDS |
| CARDIOVASCULAR | | |
| ACE INHIBITOR COMBINATIONS | | |
| ACCURETIC TAB 10-12.5 | 3 | |
| ACCURETIC TAB 20-12.5 | 3 | |
| ACCURETIC TAB 20-25MG | 3 | |
| amlodipine besylate- benazepril hcl cap 2.5-10 mg | 1 | |
| amlodipine besylate- benazepril hcl cap 5-10 mg (generic of LOTREL) | 1 | |
| amlodipine besylate- benazepril hcl cap 5-20 mg (generic of LOTREL) | 1 | |
| amlodipine besylate- benazepril hcl cap 5-40 mg | 1 | |
| 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 | |

| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|-----------------------------------------------------------------------------|----------------------------|------------------------------|
| benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT) | 1 | |
| benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT) | 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 | |
| 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 | 1 | |

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

| Drug Name | Drug Requirements/ Tier | Limits |
|---------------------------------------------------------------------------|----------------------------|--------|
| <i>trandolapril-verapamil hcl tab er 2-240 mg (generic of TARKA)</i> | 1 | |
| <i>trandolapril-verapamil hcl tab er 4-240 mg</i> | 1 | |
| VASERETIC TAB 10-25MG | 3 | |
| ZESTORETIC TAB 10-12.5 | 3 | |
| ZESTORETIC TAB 20-12.5 | 3 | |
| ZESTORETIC TAB 20-25MG | 3 | |
| ACE INHIBITORS | | |
| ACCUPRIL TABS 5mg, 10mg, 20mg, 40mg | 3 | |
| ALTACE CAPS 1.25mg, 2.5mg, 5mg, 10mg | 3 | |
| <i>benazepril hcl TABS 5mg</i> | 1 | |
| <i>benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg</i> | 1 | |
| <i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i> | 1 | |
| <i>enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg</i> | 1 | |
| EPANED SOLN 1mg/ml | 3 | NDS |
| <i>fosinopril sodium TABS 10mg, 20mg, 40mg</i> | 1 | |
| <i>lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 30mg, 40mg</i> | 1 | |
| <i>lisinopril (generic of PRINIVIL) TABS 20mg</i> | 1 | |
| LOTENSIN TABS 10mg, 20mg, 40mg | 3 | |
| <i>moexipril hcl TABS 7.5mg, 15mg</i> | 1 | |
| <i>perindopril erbumine TABS 2mg, 4mg, 8mg</i> | 1 | |
| PRINIVIL TABS 20mg | 3 | |
| QBRELIS SOLN 1mg/ml | 3 | NDS |
| <i>quinapril hcl (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg</i> | 1 | |
| <i>ramipril (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg</i> | 1 | |
| <i>trandolapril TABS 1mg, 2mg</i> | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|----------------------------------------------------------------------------------|----------------------------|--------|
| <i>trandolapril (generic of MAVIK) TABS 4mg</i> | 1 | |
| VASOTEC TABS 2.5mg, 5mg | 3 | |
| VASOTEC TABS 10mg, 20mg | 3 | NDS |
| ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg | 3 | |
| ALDOSTERONE RECEPTOR ANTAGONISTS | | |
| ALDACTONE TABS 25mg, 50mg, 100mg | 3 | |
| CAROSPIR SUSP 25mg/5ml | 3 | |
| <i>eplerenone (generic of INSPIRA) TABS 25mg, 50mg</i> | 1 | |
| INSPIRA TABS 25mg, 50mg | 3 | |
| <i>spironolactone (generic of ALDACTONE) TABS 25mg, 50mg, 100mg</i> | 1 | |
| ALPHA BLOCKERS | | |
| CARDURA TABS 1mg, 2mg, 4mg, 8mg | 3 | |
| <i>doxazosin mesylate (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg</i> | 1 | |
| MINIPRESS CAPS 1mg, 2mg, 5mg | 3 | |
| <i>prazosin hcl (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg</i> | 1 | |
| <i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i> | 1 | |
| ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS | | |
| <i>amlodipine besylate- olmesartan medoxomil tab 5- 20 mg (generic of AZOR)</i> | 1 | |
| <i>amlodipine besylate- olmesartan medoxomil tab 5- 40 mg (generic of AZOR)</i> | 1 | |
| <i>amlodipine besylate- olmesartan medoxomil tab 10- 20 mg (generic of AZOR)</i> | 1 | |
| <i>amlodipine besylate- olmesartan medoxomil tab 10- 40 mg (generic of AZOR)</i> | 1 | |

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

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

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

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

| Drug Name | Drug Requirements Tier | Limits |
|-------------------------------------------------------------------------------------|---------------------------|--------|
| telmisartan-amlodipine tab 80- 1 10 mg (generic of TWYNSTA) | | |
| telmisartan- hydrochlorothiazide tab 40- 12.5 mg (generic of MICARDIS HCT) | 1 | |
| telmisartan- hydrochlorothiazide tab 80- 12.5 mg (generic of MICARDIS HCT) | 1 | |
| telmisartan- hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT) | 1 | |
| TRIBENZOR20- TAB 5- 12.5MG | 3 | |
| TRIBENZOR40- TAB 5- 12.5MG | 3 | |
| TRIBENZOR40- TAB 5-25MG | 3 | |
| TRIBENZOR40- TAB 10-12.5 | 3 | |
| TRIBENZOR40- TAB 10- 25MG | 3 | |
| TWYNSTA TAB 40-5MG | 3 | |
| TWYNSTA TAB 40-10MG | 3 | |
| TWYNSTA TAB 80-5MG | 3 | |
| TWYNSTA TAB 80-10MG | 3 | |
| valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT) | 1 | |
| valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT) | 1 | |
| valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT) | 1 | |
| valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT) | 1 | |
| valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT) | 1 | |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| ATACAND TABS 4mg, 8mg, 16mg, 32mg | 3 | |
| AVAPRO TABS 75mg, 150mg, 300mg | 3 | |

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

| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|-------------------------------------------------------------------------------------|----------------------------|------------------------------|--|----------------------------------------------------------------------------------------|----------------------------|------------------------------|
| BENICAR TABS 5mg, 20mg, 3 40mg | | | | <i>propafenone hcl</i> (generic of RYTHMOL SR) CP12 225mg, 325mg, 425mg | 1 | |
| <i>candesartan cilexetil</i> (generic 1 of ATACAND) TABS 4mg, 8mg, 16mg, 32mg | | | | <i>propafenone hcl</i> TABS 150mg, 225mg, 300mg | 1 | |
| COZAAR TABS 25mg, 50mg, 3 100mg | | | | <i>quinidine sulfate</i> TABS 200mg, 300mg | 1 | |
| DIOVAN TABS 40mg, 80mg, 3 160mg, 320mg | | | | RYTHMOL SR CP12 225mg | 3 | |
| EDARBI TABS 40mg, 80mg 3 | | | | RYTHMOL SR CP12 325mg, 3 425mg | NDS | |
| <i>irbesartan</i> (generic of 1 AVAPRO) TABS 75mg, 150mg, 300mg | | | | <i>sorine</i> (generic of 1 BETAPACE) TABS 80mg, 120mg, 160mg | | |
| <i>losartan potassium</i> (generic of 1 COZAAR) TABS 25mg, 50mg, 100mg | | | | <i>sorine</i> TABS 240mg | 1 | |
| MICARDIS TABS 20mg, 3 40mg, 80mg | | | | <i>sotalol hcl</i> (generic of 1 BETAPACE) TABS 80mg, 120mg, 160mg | | |
| <i>olmesartan medoxomil</i> 1 (generic of BENICAR) TABS 5mg, 20mg, 40mg | | | | <i>sotalol hcl</i> TABS 240mg | 1 | |
| <i>telmisartan</i> (generic of 1 MICARDIS) TABS 20mg, 40mg, 80mg | | | | <i>sotalol hcl (afib/afl)</i> (generic of 1 BETAPACE AF) TABS 80mg, 120mg, 160mg | | |
| <i>valsartan</i> (generic of DIOVAN) 1 TABS 40mg, 80mg, 160mg, 320mg | | | | SOTYLIZE SOLN 5mg/ml | 3 | |
| ANTIARRHYTHMICS | | | | | | |
| <i>amiodarone hcl</i> SOLN 1 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg | | | | TIKOSYN CAPS 125mcg, 250mcg, 500mcg | 3 | NM |
| <i>disopyramide phosphate</i> 3 (generic of NORPACE) CAPS 100mg, 150mg | | | | ANTILIPIDEMICS, FIBRATES | | |
| <i>dofetilide</i> (generic of 1 NM TIKOSYN) CAPS 125mcg, 250mcg, 500mcg | | | | <i>choline fenofibrate</i> (generic of 1 TRILIPIX) CPDR 45mg, 135mg | | |
| <i>flecainide acetate</i> TABS 1 50mg, 100mg, 150mg | | | | <i>fenofibrate</i> (generic of 1 TRICOR) TABS 48mg, 145mg | | |
| MULTAQ TABS 400mg 3 | | | | <i>fenofibrate</i> TABS 54mg, 160mg | 1 | |
| NORPACE CAPS 100mg, 3 150mg | | | | <i>fenofibrate micronized</i> CAPS 1 43mg, 67mg, 134mg, 200mg | | |
| NORPACE CR CP12 100mg, 3 150mg | | | | <i>gemfibrozil</i> (generic of LOPID) 1 TABS 600mg | | |
| <i>pacerone</i> TABS 100mg, 1 200mg, 400mg | | | | LOPID TABS 600mg | 3 | |
| ANTILIPIDEMICS, HMG-CoA REDUCTASE INHIBITORS | | | | TRICOR TABS 48mg, 145mg | 3 | |
| ALTOPREV TB24 20mg, 3 NDS 40mg, 60mg | | | | TRILIPIX CPDR 45mg, 135mg | | |

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

| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|------------------------------------------------------------------------------|----------------------------|------------------------------|-----------------------------------------------------------------------------------|----------------------------|------------------------------|
| <i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg | 1 | | <i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose | 1 | |
| CRESTOR TABS 5mg, 10mg, 20mg, 40mg | 3 | | <i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg | 1 | |
| EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg | 3 | | COLESTID GRAN 5gm; PACK 5gm; TABS 1gm | 3 | |
| FLOLIPID SUSP 20mg/5ml, 40mg/5ml | 3 | | <i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; PACK 5gm; TABS 1gm | 1 | |
| <i>fluvastatin sodium</i> CAPS 20mg, 40mg | 1 | | EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml | 3 | NDS NM LA |
| <i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg | 1 | | <i>ezetimibe</i> (generic of ZETIA) TABS 10mg | 1 | |
| LESCOL XL TB24 80mg | 3 | | <i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN) | 1 | |
| LIPITOR TABS 10mg, 20mg, 40mg, 80mg | 3 | | <i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN) | 1 | |
| LIVALO TABS 1mg, 2mg, 4mg | 3 | | <i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN) | 1 | |
| <i>lovastatin</i> TABS 10mg, 20mg, 40mg | 1 | | <i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN) | 1 | |
| <i>pravastatin sodium</i> TABS 10mg, 20mg, 80mg | 1 | | JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg | 3 | NDS NM LA PA |
| <i>pravastatin sodium</i> (generic of PRAVACHOL) TABS 40mg | 1 | | LOVAZA CAP 1GM | 3 | |
| <i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg | 1 | | NEXLETOL TABS 180mg | 3 | |
| <i>simvastatin</i> TABS 5mg | 1 | | NEXLIZET TAB 180/10MG | 3 | |
| <i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg | 1 | | <i>niacin (antihyperlipidemic)</i> (generic of NIASPAN) TBCR 500mg, 750mg, 1000mg | 1 | |
| <i>simvastatin</i> (generic of ZOCOR) TABS 80mg | 1 | QL | NIASPAN TBCR 500mg, 750mg, 1000mg | 3 | |
| QL (30 tabs / 30 days) | | | <i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA) | 1 | |
| ZOCOR TABS 10mg, 20mg, 40mg | 3 | | PRALUENT SOAJ 75mg/ml, 150mg/ml | 2 | NM |
| ZOCOR TABS 80mg | 3 | QL | <i>prevalite</i> PACK 4gm | 1 | |
| QL (30 tabs / 30 days) | | | <i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose | 1 | |
| ZYPITAMAG TABS 2mg, 4mg | 3 | | QUESTRAN PACK 4gm; POWD 4gm/dose | 3 | |
| ANTI-LIPEMICS, MISCELLANEOUS | | | QUESTRAN LIGHT POWD 4gm/dose | 3 | |
| <i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose | 1 | | ROSZET TAB 5-10MG | 3 | |
| <i>cholestyramine light</i> PACK 4gm | 1 | | ROSZET TAB 10-10MG | 3 | |

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

| Drug Name | Drug Requirements/ Tier | Limits |
|-------------------------------------------------------------|----------------------------|--------|
| ROSZET TAB 20-10MG | 3 | |
| ROSZET TAB 40-10MG | 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 | | |
| atenolol & chlorthalidone tab | 1 | |
| 50-25 mg (generic of TENORETIC 50) | | |
| atenolol & chlorthalidone tab | 1 | |
| 100-25 mg (generic of TENORETIC 100) | | |
| bisoprolol & | 1 | |
| hydrochlorothiazide tab 2.5- 6.25 mg (generic of ZIAC) | | |
| bisoprolol & | 1 | |
| hydrochlorothiazide tab 5-6.25 mg (generic of ZIAC) | | |
| bisoprolol & | 1 | |
| hydrochlorothiazide tab 10- 6.25 mg (generic of ZIAC) | | |
| metoprolol & | 1 | |
| hydrochlorothiazide tab 50-25 mg | | |
| metoprolol & | 1 | |
| hydrochlorothiazide tab 100- 25 mg | | |
| metoprolol & | 1 | |
| hydrochlorothiazide tab 100- 50 mg | | |
| ZIAC TAB 2.5/6.25 | 3 | |
| ZIAC TAB 5-6.25MG | 3 | |
| ZIAC TAB 10/6.25 | 3 | |
| BETA-BLOCKERS | | |
| acebutolol hcl CAPS 200mg, 400mg | 1 | |
| atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg | 1 | |
| betaxolol hcl TABS 10mg, 20mg | 1 | |

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

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|----------------------------------------------------------------------------------------------------|----------------------------|------------------------------|
| TOPROL XL TB24 25mg, 50mg, 100mg, 200mg | 3 | | <i>matzim la</i> (generic of CARDIZEM LA) TB24 | 1 | |
| CALCIUM CHANNEL BLOCKERS | | | | | |
| <i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg | 1 | | 180mg, 240mg, 300mg, 360mg, 420mg | | |
| CALAN SR TBCR 120mg, 180mg, 240mg | 3 | | <i>nicardipine hcl</i> CAPS 20mg, 30mg | 1 | |
| CARDIZEM TABS 30mg, 60mg, 120mg | 3 | | NICARDIPINE SOL 20/200ML | 3 | |
| CARDIZEM CD CP24 120mg | 3 | | NICARDIPINE SOL 40/200ML | 3 | |
| CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg | 3 | NDS | <i>nifedipine</i> TB24 30mg, 60mg, 90mg | 1 | |
| CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 3 | | <i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg | 1 | |
| <i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg | 1 | | <i>nimodipine</i> CAPS 30mg | 1 | |
| <i>dilt-xr</i> CP24 120mg, 180mg, 240mg | 1 | | <i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg | 1 | |
| <i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg | 1 | | <i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg | 1 | |
| <i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg | 1 | | NORVASC TABS 2.5mg, 5mg, 10mg | 3 | |
| <i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg | 1 | | NYMALIZE SOLN 6mg/ml | 3 | NDS |
| <i>diltiazem hcl coated beads</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg | 1 | | PROCARDIA XL TB24 30mg, | 3 | |
| <i>diltiazem hcl extended release</i> beads (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 1 | | 60mg, 90mg | | |
| <i>felodipine</i> TB24 2.5mg, 5mg, 10mg | 1 | | SULAR TB24 8.5mg, 17mg, 34mg | 3 | NDS |
| <i>isradipine</i> CAPS 2.5mg, 5mg | 1 | | <i>taztia xt</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg | 1 | |
| KATERZIA SUSP 1mg/ml | 3 | | <i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 1 | |
| | | | TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 3 | |
| | | | <i>verapamil hcl</i> (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 | |

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

| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | | | |
|-------------------------------------------------------------------------------------|----------------------------|------------------------------|-------------------------------------------------------------------------------------|----------------------------|------------------------------|--|--|--|
| VERELAN CP24 120mg, 180mg, 240mg, 360mg | 3 | | torsemide TABS 5mg, 10mg, 20mg, 100mg | 1 | | | | |
| VERELAN PM CP24 100mg, 200mg, 300mg | 3 | | triamterene & hydrochlorothiazide cap 37.5- 25 mg | 1 | | | | |
| DIURETICS | | | | | | | | |
| acetazolamide CP12 500mg; TABS 125mg, 250mg | 1 | | triamterene & hydrochlorothiazide tab 37.5- 25 mg (generic of MAXZIDE- 25) | 1 | | | | |
| ALDACTAZIDE TAB 25/25 | 3 | | triamterene & hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE) | 1 | | | | |
| ALDACTAZIDE TAB 50/50 | 3 | | MISCELLANEOUS | | | | | |
| amiloride & hydrochlorothiazide tab 5-50 mg | 1 | | ADRENALIN SOLN 1mg/ml | 3 | | | | |
| amiloride hcl TABS 5mg | 1 | | aliskiren fumarate (generic of TEKTURN) TABS 150mg, 300mg | 1 | | | | |
| bumetanide SOLN .25mg/ml; TABS 1mg, 2mg | 1 | | amlodipine besylate- atorvastatin calcium tab 2.5- 10 mg | 1 | | | | |
| bumetanide (generic of BUMEX) TABS .5mg | 1 | | amlodipine besylate- atorvastatin calcium tab 2.5- 20 mg | 1 | | | | |
| chlorthalidone TABS 25mg, 50mg | 1 | | amlodipine besylate- atorvastatin calcium tab 2.5- 40 mg | 1 | | | | |
| DIURIL SUSP 250mg/5ml | 3 | | amlodipine besylate- atorvastatin calcium tab 5-10 mg (generic of CADUET) | 1 | | | | |
| EDECRIN TABS 25mg | 3 | NDS | amlodipine besylate- atorvastatin calcium tab 5-20 mg (generic of CADUET) | 1 | | | | |
| ethacrynic acid (generic of EDECRIN) TABS 25mg | 1 | | amlodipine besylate- atorvastatin calcium tab 5-40 mg (generic of CADUET) | 1 | | | | |
| furosemide SOLN 8mg/ml, 10mg/ml | 1 | | amlodipine besylate- atorvastatin calcium tab 5-80 mg (generic of CADUET) | 1 | | | | |
| furosemide (generic of LASIX) TABS 20mg, 40mg, 80mg | 1 | | amlodipine besylate- atorvastatin calcium tab 10-10 mg (generic of CADUET) | 1 | | | | |
| furosemide inj SOLN 10mg/ml | 1 | | amlodipine besylate- atorvastatin calcium tab 10-20 mg (generic of CADUET) | 1 | | | | |
| hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg | 1 | | amlodipine besylate- atorvastatin calcium tab 10-40 mg (generic of CADUET) | 1 | | | | |
| indapamide TABS 1.25mg, 2.5mg | 1 | | | | | | | |
| KEVEYIS TABS 50mg | 3 | NDS NM | | | | | | |
| LASIX TABS 20mg, 40mg, 80mg | 3 | | | | | | | |
| MAXZIDE TAB 75-50 | 3 | | | | | | | |
| MAXZIDE-25 TAB | 3 | | | | | | | |
| methazolamide TABS 25mg, 50mg | 1 | | | | | | | |
| metolazone TABS 2.5mg, 5mg, 10mg | 1 | | | | | | | |
| spironolactone & hydrochlorothiazide tab 25-25 mg (generic of ALDACTAZIDE) | 1 | | | | | | | |

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

| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|-------------------------------------------------------------------------------------------|----------------------------|------------------------------|---------------------------------------------------------------------------|----------------------------|------------------------------|
| <i>amlodipine besylate- atorvastatin calcium tab 10-80 mg (generic of CADUET)</i> | 1 | | <i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg | 1 | |
| BIDIL TAB | 3 | | LANOXIN SOLN .25mg/ml; TABS 62.5mcg | 3 | |
| CADUET TAB 5-10MG | 3 | | LANOXIN PEDIATRIC SOLN .1mg/ml | 3 | |
| CADUET TAB 5-20MG | 3 | | <i>methyldopa</i> TABS 250mg, 500mg | 1 | |
| CADUET TAB 5-40MG | 3 | | <i>metyrosine</i> (generic of DEMSER) CAPS 250mg | 3 | NDS |
| CADUET TAB 5-80MG | 3 | | <i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg | 1 | |
| CADUET TAB 10-10MG | 3 | | <i>minoxidil</i> TABS 2.5mg, 10mg | 1 | |
| CADUET TAB 10-20MG | 3 | | NORTHERA CAPS 100mg, 200mg, 300mg | 3 | NDS NM LA |
| CADUET TAB 10-40MG | 3 | | <i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg | 3 | NDS |
| CADUET TAB 10-80MG | 3 | | RANEXA TB12 500mg, 1000mg | 3 | |
| CATAPRES-TTS-1 PTWK .1mg/24hr | 3 | | <i>ranolazine</i> (generic of RANEXA) TB12 500mg, 1000mg | 1 | |
| CATAPRES-TTS-2 PTWK .2mg/24hr | 3 | | TEKTURNA TABS 150mg, 300mg | 3 | |
| CATAPRES-TTS-3 PTWK .3mg/24hr | 3 | | TEKTURNA HCT TAB 150- 12.5 | 3 | |
| <i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr | 1 | | TEKTURNA HCT TAB 150- 25MG | 3 | |
| <i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr | 1 | | TEKTURNA HCT TAB 300- 12.5 | 3 | |
| <i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr | 1 | | TEKTURNA HCT TAB 300- 25MG | 3 | |
| <i>clonidine hcl</i> TABS .1mg, .2mg, .3mg | 1 | | VERQUVO TABS 2.5mg, 5mg, 10mg | 2 | |
| CORLANOR SOLN 5mg/5ml; 3 TABS 5mg, 7.5mg | | | VYNDAMAX CAPS 61mg | 3 | NDS NM LA |
| DEMSER CAPS 250mg | 3 | NDS | VYNDAQEL CAPS 20mg | 3 | NDS NM LA |
| DIBENZYLINE CAPS 10mg | 3 | NDS | NITRATES | | |
| <i>digitek</i> (generic of LANOXIN) 1 TABS .125mg, .25mg | | | GONITRO PACK 400mcg | 3 | |
| <i>digox</i> (generic of LANOXIN) 1 TABS 125mcg, 250mcg | | | ISORDIL TITRADOSE TABS 5mg | 3 | |
| <i>digoxin</i> SOLN .05mg/ml | 1 | | <i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg | 1 | |
| <i>digoxin</i> (generic of LANOXIN) 1 SOLN .25mg/ml; TABS 125mcg, 250mcg | | | <i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg | 1 | |
| <i>droxidopa</i> (generic of NORTHERA) CAPS 100mg, 200mg, 300mg | 3 | NDS NM | | | |
| <i>guanfacine hcl</i> TABS 1mg, 2mg | 2 | | | | |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | |
|--------------------------------------------------------------------------------|----------------------------|------------------------------|--|---------------------------------------------------------------------------------------------|----------------------------|------------------------------|--|
| <i>isosorbide mononitrate</i> TABS 1 10mg, 20mg; TB24 30mg, 60mg, 120mg | | | | REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml | 3 | NDS B/D NM LA | |
| <i>minitran</i> (generic of NITRO-DUR) PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr | 1 | | | REVATIO SOLN 10mg/12.5ml | 3 | NDS NM | |
| NITRO-BID OINT 2% | 2 | | | REVATIO SUSR 10mg/ml; TABS 20mg | 3 | NDS NM PA | |
| NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr | 3 | | | <i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SOLN 10mg/12.5ml | 3 | NDS NM | |
| NITRO-DUR PT24 .3mg/hr, .8mg/hr | 3 | NDS | | <i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SUSR 10mg/ml | 3 | NDS NM PA | |
| <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr | 1 | | | <i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg | 1 | NM PA | |
| <i>nitroglycerin</i> (generic of NITROLINGUAL PUMPSPRAY) SOLN .4mg/spray | 1 | | | <i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg | 3 | NDS NM PA | |
| <i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg | 1 | | | TRACLEER TBSO 32mg | 3 | NDS NM LA | |
| NITROLINGUAL PUMPSPRAY SOLN .4mg/spray | 3 | | | <i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml | 3 | NDS B/D NM LA | |
| NITROSTAT SUBL .3mg, .4mg, .6mg | 3 | | | TYVASO SOLN .6mg/ml | 3 | NDS B/D NM | |
| PULMONARY ARTERIAL HYPERTENSION | | | | | | | |
| ADCIRCA TABS 20mg | 3 | NDS NM PA | | UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg | 3 | NDS NM LA | |
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg | 3 | NDS NM LA | | UPTRAVI TAB 200/800 | 3 | NDS NM LA | |
| <i>alyq</i> (generic of ADCIRCA) TABS 20mg | 3 | NDS NM PA | | VELETRI SOLR .5mg, 1.5mg | 3 | NDS B/D NM LA | |
| <i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg | 3 | NDS NM LA | | VENTAVIS SOLN 10mcg/ml, 20mcg/ml | 3 | NDS B/D NM | |
| <i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg | 3 | NDS NM LA | | CENTRAL NERVOUS SYSTEM | | | |
| <i>epoprostenol sodium</i> (generic of FLOLAN) SOLR .5mg, 1.5mg | 3 | NDS B/D NM LA | | ANTIANXIETY | | | |
| FLOLAN SOLR .5mg, 1.5mg | 3 | NDS B/D NM LA | | <i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg | 1 | | |
| LETAIRIS TABS 5mg, 10mg | 3 | NDS NM LA | | ALPRAZOLAM INTENSOL CONC 1mg/ml | 3 | | |
| OPSUMIT TABS 10mg | 3 | NDS NM LA | | ATIVAN SOLN 2mg/ml, 4mg/ml | 3 | | |
| ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg | 3 | NDS NM LA | | ATIVAN TABS .5mg, 1mg, 2mg | 3 | NDS | |
| ORENITRAM TBCR .125mg | 3 | NM LA | | <i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg | 1 | | |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|----------------------------------------------------------------------------------------|----------------------------|------------------------------|--|-------------------------------------------------------------------------------|----------------------------|------------------------------|
| <i>fluvoxamine maleate</i> CP24 | 1 | | | DEPAKOTE ER | TB24 | 3 |
| 100mg, 150mg; TABS 25mg, 50mg, 100mg | | | | 250mg, 500mg | | |
| <i>lorazepam</i> CONC 2mg/ml | 1 | | | DEPAKOTE SPRINKLES | | 3 |
| <i>lorazepam</i> (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml; TABS .5mg, 1mg, 2mg | 1 | | | CSDR 125mg | | |
| <i>lorazepam intensol</i> CONC 2mg/ml | 1 | | | DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg | 3 | NDS NM LA |
| XANAX TABS .25mg, .5mg, 1mg, 2mg | 3 | | | DASTAT ACUDIAL GEL | | 3 |
| ANTICONVULSANTS | | | | | | |
| APTIOM TABS 200mg, 400mg, 600mg, 800mg | 3 | NDS | | 10mg, 20mg | | |
| BANZEL SUSP 40mg/ml; TABS 200mg, 400mg | 3 | NDS | | DASTAT PEDIATRIC GEL | | 3 |
| BRIVIACT SOLN 10mg/ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg | 3 | NDS | | 2.5mg | | |
| BRIVIACT SOLN 50mg/5ml | 3 | | | <i>diazepam</i> CONC 5mg/ml; SOLN 5mg/5ml | 1 | |
| <i>carbamazepine</i> CHEW 100mg | 1 | | | <i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg | 1 | |
| <i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg | 1 | | | <i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg | 1 | |
| <i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg | 1 | | | <i>diazepam inj</i> SOLN 5mg/ml | 1 | |
| <i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg | 1 | | | DILANTIN CAPS 30mg, 100mg | 3 | |
| CARBATROL CP12 100mg, 200mg, 300mg | 3 | | | DILANTIN INFATABS CHEW 50mg | 3 | |
| CELONTIN CAPS 300mg | 3 | | | DILANTIN-125 SUSP 125mg/5ml | 3 | |
| <i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml; TABS 10mg, 20mg | 1 | | | <i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg | 1 | |
| <i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg, 2mg | 1 | | | <i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg | 1 | |
| <i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg, 2mg | 1 | | | <i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg | 1 | |
| <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg | 1 | | | EPIDIOLEX SOLN 100mg/ml | 3 | NDS NM LA PA |
| DEPAKOTE TBEC 125mg, 250mg, 500mg | 3 | | | <i>epitol</i> (generic of TEGRETOL) TABS 200mg | 1 | |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
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| FELBATOL SUSP 600mg/5ml; TABS 400mg, 600mg | 3 | NDS | <i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg | 1 | |
| FINTEPLA SOLN 2.2mg/ml | 3 | NDS NM LA PA | <i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg | 1 | |
| FYCOMPA SUSP .5mg/ml; TABS 4mg, 6mg, 8mg, 10mg, 12mg | 3 | NDS | <i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg | 1 | |
| FYCOMPA TABS 2mg | 3 | | <i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg | 1 | |
| <i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml; TABS 600mg, 800mg | 1 | | <i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg | 1 | |
| GABITRIL TABS 2mg, 4mg, 12mg, 16mg | 3 | NDS | <i>lamotrigine</i> tab 25 mg (42) & 100 mg (7) starter kit (generic of LAMICTAL STARTER/NOT TAKI) | 1 | |
| KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg | 3 | NDS | <i>lamotrigine</i> tab 84 x 25 mg & 14 x 100 mg starter kit (generic of LAMICTAL STARTER/TAKING C) | 1 | |
| KEPPRA TABS 250mg | 3 | | <i>lamotrigine</i> tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (generic of LAMICTAL ODT) | 1 | |
| KEPPRA XR TB24 500mg, 750mg | 3 | NDS | LEVETIRACETA INJ 5MG/ML | 3 | |
| KLONOPIN TABS .5mg, 1mg, 2mg | 3 | | LEVETIRACETA INJ 10MG/ML | 3 | |
| LAMICTAL TABS 25mg, 100mg, 150mg, 200mg | 3 | NDS | LEVETIRACETA INJ 15MG/ML | 3 | |
| LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg | 3 | NDS | <i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg | 1 | |
| LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg | 3 | NDS | <i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg | 1 | |
| LAMICTAL ODT KIT BLUE | 3 | | <i>levetiracetam</i> in sodium chloride iv soln 500 mg/100ml (generic of LEVETIRACETAM) | 1 | |
| LAMICTAL ODT KIT GREEN | 3 | | <i>levetiracetam</i> in sodium chloride iv soln 1000 mg/100ml (generic of LEVETIRACETAM) | 1 | |
| LAMICTAL ODT KIT ORANGE | 3 | | | | |
| LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg | 3 | | | | |
| LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB) | 3 | | | | |
| LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS) | 3 | | | | |
| LAMICTAL XR TB24 25mg | 3 | | | | |
| LAMICTAL XR TB24 50mg, 100mg, 200mg, 250mg, 300mg | 3 | NDS | | | |
| LAMICTAL XR KIT | 3 | | | | |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|------------------------------------------------------------------------------------------|------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------|------------------------------------|---------------|
| <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml (generic of LEVETIRACETAM)</i> | 1 | | <i>pregabalin (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml</i> | 1 | |
| LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml | 3 | | <i>primidone (generic of MYSOLINE) TABS 50mg, 250mg</i> | 1 | |
| MYSOLINE TABS 50mg, 250mg | 3 | NDS | <i>roweepra (generic of KEPPTRA) TABS 500mg</i> | 1 | |
| NAYZILAM SOLN 5mg/0.1ml | 3 | | <i>rufinamide (generic of BANZEL) SUSP 40mg/ml; TABS 200mg, 400mg</i> | 3 | NDS |
| NEURONTIN CAPS 100mg, 300mg, 400mg | 3 | | SABRIL PACK 500mg; TABS 500mg | 3 | NDS NM LA |
| NEURONTIN SOLN 250mg/5ml; TABS 600mg, 800mg | 3 | NDS | SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg | 3 | |
| ONFI SUSP 2.5mg/ml; TABS 10mg, 20mg | 3 | NDS | <i>subvenite (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg</i> | 1 | |
| <i>oxcarbazepine (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg</i> | 1 | | <i>subvenite starter kit/blu (generic of LAMICTAL STARTER/TAKING V) KIT 25mg</i> | 1 | |
| OXTELLAR XR TB24 150mg, 300mg | 3 | | <i>subvenite starter kit/gre (generic of LAMICTAL STARTER/TAKING C)</i> | 1 | |
| OXTELLAR XR TB24 600mg | 3 | NDS | <i>subvenite starter kit/ora (generic of LAMICTAL STARTER/NOT TAKI)</i> | 1 | |
| <i>phenobarbital ELIX 20mg/5ml</i> | 3 | | SYMPAZAN FILM 5mg | 3 | |
| <i>phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i> | 2 | | SYMPAZAN FILM 10mg, 20mg | 3 | NDS |
| <i>phenobarbital sodium SOLN 65mg/ml, 130mg/ml</i> | 3 | | TEGRETOL SUSP 100mg/5ml; TABS 200mg | 3 | |
| PHENYTEK CAPS 200mg, 300mg | 3 | | TEGRETOL-XR TB12 100mg, 200mg, 400mg | 3 | |
| <i>phenytoin (generic of DILANTIN INFATABS) CHEW 50mg</i> | 1 | | <i>tiagabine hcl (generic of GABITRIL) TABS 2mg, 4mg, 12mg, 16mg</i> | 1 | |
| <i>phenytoin (generic of DILANTIN-125) SUSP 125mg/5ml</i> | 1 | | TOPAMAX TABS 25mg | 3 | |
| <i>phenytoin sodium SOLN 50mg/ml</i> | 1 | | TOPAMAX TABS 50mg, 100mg, 200mg | 3 | NDS |
| <i>phenytoin sodium extended (generic of DILANTIN) CAPS 100mg</i> | 1 | | TOPAMAX SPRINKLE CPSP 15mg | 3 | |
| <i>phenytoin sodium extended (generic of PHENYTEK) CAPS 200mg, 300mg</i> | 1 | | TOPAMAX SPRINKLE CPSP 25mg | 3 | NDS |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|----------------------------------------------------------------------------|----------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|
| <i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg | 1 | | <i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg, 10mg, 23mg | 1 | |
| <i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg | 1 | | <i>donepezil hydrochloride</i> TBDP 5mg, 10mg | 1 | |
| TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg | 3 | NDS | EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr | 3 | |
| TRILEPTAL TABS 150mg | 3 | | <i>galantamine hydrobromide</i> (generic of RAZADYNE ER) CP24 8mg, 16mg, 24mg | 1 | |
| VALIUM TABS 2mg, 5mg, 10mg | 3 | | <i>galantamine hydrobromide</i> SOLN 4mg/ml; TABS 4mg, 8mg, 12mg | 1 | |
| <i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml | 1 | | <i>memantine hcl</i> (generic of NAMENDA XR) CP24 7mg, 14mg, 21mg, 28mg PA if < 30 yrs | 1 | PA |
| <i>valproic acid</i> CAPS 250mg | 1 | | <i>memantine hcl</i> SOLN 2mg/ml; TABS 5mg, 10mg PA if < 30 yrs | 1 | PA |
| VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml | 3 | | <i>memantine hcl tab 28 x 5 mg</i> & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK) PA if < 30 yrs | 1 | PA |
| vigabatrin (generic of SABRIL) PACK 500mg; TABS 500mg | 3 | NDS NM LA | NAMENDA TABS 5mg, 10mg PA if < 30 yrs | 3 | PA |
| vigadronе (generic of SABRIL) PACK 500mg | 3 | NDS NM LA | NAMENDA TAB 5-10MG PA if < 30 yrs | 3 | PA |
| VIMPAT SOLN 10mg/ml, 200mg/20ml; TABS 100mg, 150mg, 200mg | 3 | NDS | NAMENDA XR CP24 7mg, 14mg, 21mg, 28mg PA if < 30 yrs | 3 | PA |
| VIMPAT TABS 50mg | 3 | | NAMZARIC CAP 7-10MG | 3 | |
| XCOPRI TABS 50mg, 100mg, 150mg, 200mg | 3 | NDS | NAMZARIC CAP 14-10MG | 3 | |
| XCOPRI PAK 12.5-25 | 3 | | NAMZARIC CAP 21-10MG | 3 | |
| XCOPRI PAK 50-100MG | 3 | NDS | NAMZARIC CAP 28-10MG | 3 | |
| XCOPRI PAK 50-200MG | 3 | NDS | NAMZARIC CAP PACK | 3 | |
| XCOPRI PAK 100-150 | 3 | NDS | RAZADYNE ER CP24 8mg, 16mg, 24mg | 3 | |
| XCOPRI PAK 150-200MG (MAINTENANCE) | 3 | NDS | <i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr | 1 | |
| XCOPRI PAK 150-200MG (TITRATION) | 3 | NDS | <i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg | 1 | |
| ZARONTIN CAPS 250mg; SOLN 250mg/5ml | 3 | | ANTIDEMENTIA | | |
| <i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg | 1 | | ANTIDEPRESSANTS | | |
| <i>zonisamide</i> CAPS 50mg | 1 | | amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | 2 | |
| ANTIDEMENTIA | | | | | |
| ARICEPT TABS 5mg, 10mg, 23mg | 3 | | | | |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|----------------------------------------------------------------------------|----------------------------|------------------------------|--------------------------------------------------------------------------|----------------------------|------------------------------|
| amoxapine TABS 25mg, 50mg, 100mg, 150mg | 2 | | EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr | 3 | NDS |
| ANAFRANIL CAPS 25mg, 50mg, 75mg | 3 | NDS | escitalopram oxalate SOLN 5mg/5ml | 1 | |
| bupropion hcl TABS 75mg, 100mg | 1 | | escitalopram oxalate (generic of LEXAPRO) TABS 5mg, 10mg, 20mg | 1 | |
| bupropion hcl (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg | 1 | | FETZIMA CP24 20mg, 40mg, 3 80mg, 120mg | 3 | |
| bupropion hcl (generic of WELLBUTRIN XL) TB24 150mg, 300mg | 1 | | FETZIMA CAP TITRATIO | 3 | |
| CELEXA TABS 10mg, 20mg, 3 40mg | 3 | | fluoxetine hcl (generic of PROZAC) CAPS 10mg, 20mg, 40mg | 1 | |
| citalopram hydrobromide SOLN 10mg/5ml | 1 | | fluoxetine hcl CPDR 90mg; SOLN 20mg/5ml | 1 | |
| citalopram hydrobromide (generic of CELEXA) TABS 10mg, 20mg, 40mg | 1 | | imipramine hcl TABS 10mg, 25mg, 50mg | 1 | |
| clomipramine hcl (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg | 3 | | imipramine pamoate CAPS 75mg, 100mg, 125mg, 150mg | 3 | |
| CYMBALTA CPEP 20mg, 30mg, 60mg | 3 | | LEXAPRO TABS 5mg, 10mg, 3 20mg | 3 | |
| desipramine hcl (generic of NORPRAMIN) TABS 10mg, 25mg | 3 | | MARPLAN TABS 10mg | 3 | |
| desipramine hcl TABS 50mg, 75mg, 100mg, 150mg | 3 | | mirtazapine TABS 7.5mg, 45mg | 1 | |
| DESVENLAFAKINE ER TB24 50mg, 100mg | 3 | PA | mirtazapine (generic of REMERON) TABS 15mg, 30mg | 1 | |
| desvenlafaxine succinate (generic of PRISTIQ) TB24 25mg, 50mg, 100mg | 1 | | mirtazapine (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg | 1 | |
| doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml | 2 | | NARDIL TABS 15mg | 3 | |
| doxepin hcl CAPS 150mg | 3 | | nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg | 1 | |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg | 3 | | NORPRAMIN TABS 10mg, 25mg | 3 | |
| duloxetine hcl (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg | 1 | | nortriptyline hcl (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg | 1 | |
| duloxetine hcl CPEP 40mg | 1 | | nortriptyline hcl SOLN 10mg/5ml | 3 | |
| EFFEXOR XR CP24 37.5mg, 3 75mg, 150mg | 3 | | PAMELOR CAPS 10mg, 25mg, 50mg, 75mg | 3 | NDS |
| | | | PARNATE TABS 10mg | 3 | NDS |
| | | | paroxetine hcl (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg | 1 | |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|----------------------------------------------------------------------------------------|----------------------------|------------------------------|--|------------------------------------------------------------------------------------------------|----------------------------|------------------------------|
| <i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg | 3 | | | <i>venlafaxine hcl</i> TABS 25mg, 1 37.5mg, 50mg, 75mg, 100mg; TB24 225mg | 1 | |
| PAXIL SUSP 10mg/5ml | 3 | | | VIIBRYD TABS 10mg, 20mg, 3 40mg | 3 | |
| <i>perphenazine-amitriptyline tab</i> 2 2-10 mg | 2 | | | VIIBRYD KIT STARTER | 3 | |
| <i>perphenazine-amitriptyline tab</i> 2 2-25 mg | 2 | | | ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg | 3 | |
| <i>perphenazine-amitriptyline tab</i> 2 4-10 mg | 2 | | | ANTIPARKINSONIAN AGENTS | | |
| <i>perphenazine-amitriptyline tab</i> 2 4-25 mg | 2 | | | <i>amantadine hcl</i> CAPS 1 100mg; SYRP 50mg/5ml; TABS 100mg | 1 | |
| <i>perphenazine-amitriptyline tab</i> 2 4-50 mg | 2 | | | AZILECT TABS .5mg, 1mg 3 NDS | 3 | NDS |
| PEXEVA TABS 10mg, 20mg, 3 30mg, 40mg | | | | <i>benztropine mesylate</i> (generic 1 of COGENTIN) SOLN 1mg/ml | | |
| <i>phenelzine sulfate</i> (generic of 1 NARDIL) TABS 15mg | | | | <i>benztropine mesylate</i> TABS 2 .5mg, 1mg, 2mg | 2 | |
| PRISTIQ TB24 25mg, 50mg, 3 100mg | | | | <i>bromocriptine mesylate</i> 1 (generic of PARLODEL) CAPS 5mg; TABS 2.5mg | | |
| <i>protriptyline hcl</i> TABS 5mg, 3 10mg | | | | <i>carbidopa</i> (generic of 1 LODOSYN) TABS 25mg | | |
| PROZAC CAPS 10mg, 20mg 3 | | | | <i>carbidopa & levodopa orally</i> 1 disintegrating tab 10-100 mg | | |
| PROZAC CAPS 40mg 3 NDS | | | | <i>carbidopa & levodopa orally</i> 1 disintegrating tab 25-100 mg | | |
| REMERON TABS 15mg, 3 30mg | | | | <i>carbidopa & levodopa orally</i> 1 disintegrating tab 25-250 mg | | |
| REMERON SOLTAB TBDP 3 15mg, 30mg, 45mg | | | | <i>carbidopa & levodopa tab 10-</i> 1 100 mg (generic of SINEMET) | | |
| <i>sertraline hcl</i> (generic of 1 ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg | | | | <i>carbidopa & levodopa tab 25-</i> 1 100 mg (generic of SINEMET) | | |
| SPRAVATO SOL 56MG DOS 3 NDS B/D NM LA | | | | <i>carbidopa & levodopa tab 25-</i> 1 250 mg | | |
| SPRAVATO SOL 84MG DOS 3 NDS B/D NM LA | | | | <i>carbidopa & levodopa tab er</i> 1 25-100 mg | | |
| <i>tranylcypromine sulfate</i> 1 (generic of PARNATE) TABS 10mg | | | | <i>carbidopa & levodopa tab er</i> 1 50-200 mg | | |
| <i>trazodone hcl</i> TABS 50mg, 1 100mg, 150mg, 300mg | | | | <i>carbidopa-levodopa-</i> 1 entacapone tabs 12.5-50-200 mg (generic of STALEVO 50) | | |
| <i>trimipramine maleate</i> CAPS 3 25mg, 50mg, 100mg | | | | <i>carbidopa-levodopa-</i> 1 entacapone tabs 18.75-75- 200 mg (generic of STALEVO 75) | | |
| TRINTELLIX TABS 5mg, 3 10mg, 20mg | | | | | | |
| <i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg | | | | | | |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|------------------------------------|----------------------------|------------------------------|-------------------------------------|----------------------------|------------------------------|
| <i>carbidopa-levodopa-</i> | 1 | | <i>pramipexole dihydrochloride</i> | 1 | |
| <i>entacapone tabs 25-100-200</i> | | | (generic of MIRAPEX ER) | | |
| <i>mg (generic of STALEVO</i> | | | TB24 .375mg, .75mg, 1.5mg, | | |
| <i>100)</i> | | | 2.25mg, 3mg, 3.75mg, 4.5mg | | |
| <i>carbidopa-levodopa-</i> | 1 | | <i>rasagiline mesylate</i> (generic | 1 | |
| <i>entacapone tabs 31.25-125-</i> | | | of AZILECT) TABS .5mg, | | |
| <i>200 mg (generic of STALEVO</i> | | | 1mg | | |
| <i>125)</i> | | | | | |
| <i>carbidopa-levodopa-</i> | 1 | | <i>ropinirole hydrochloride</i> | 1 | |
| <i>entacapone tabs 37.5-150-</i> | | | TABS .25mg, .5mg, 1mg, | | |
| <i>200 mg (generic of STALEVO</i> | | | 2mg, 3mg, 4mg, 5mg; TB24 | | |
| <i>150)</i> | | | 2mg, 4mg, 6mg, 8mg, 12mg | | |
| <i>carbidopa-levodopa-</i> | 1 | | RYTARY CAP 95MG | 3 | |
| <i>entacapone tabs 50-200-200</i> | | | RYTARY CAP 145MG | 3 | |
| <i>mg</i> | | | RYTARY CAP 195MG | 3 | |
| COGENTIN SOLN 1mg/ml | 3 | | RYTARY CAP 245MG | 3 | |
| DUOPA SUS 4.63-20 | 3 | NDS B/D NM | <i>selegiline hcl</i> CAPS 5mg; | 1 | |
| <i>entacapone (generic of</i> | 1 | | TABS 5mg | | |
| <i>COMTAN) TABS 200mg</i> | | | SINEMET TAB 10-100MG | 3 | |
| GOCOVRI CP24 68.5mg, | 3 | NDS NM LA | SINEMET TAB 25-100MG | 3 | |
| 137mg | | | STALEVO 50 TAB | 3 | |
| INBRIJA CAPS 42mg | 3 | NDS NM LA | STALEVO 75 TAB | 3 | NDS |
| KYNMOBI FILM 10mg, | 3 | NDS NM | STALEVO 100 TAB | 3 | NDS |
| 15mg, 20mg, 25mg, 30mg | | | STALEVO 125 TAB | 3 | NDS |
| LODOSYN TABS 25mg | 3 | NDS | STALEVO 150 TAB | 3 | NDS |
| MIRAPEX ER TB24 .375mg, | 3 | | STALEVO 200 TAB | 3 | NDS |
| .75mg, 1.5mg, 2.25mg, 3mg, | | | <i>trihexyphenidyl hcl</i> SOLN | 2 | |
| 3.75mg, 4.5mg | | | .4mg/ml; TABS 2mg, 5mg | | |
| NEUPRO PT24 1mg/24hr, | 3 | | XADAGO TABS 50mg, | 3 | NDS |
| 2mg/24hr, 3mg/24hr, | | | 100mg | | |
| 4mg/24hr, 6mg/24hr, | | | ZELAPAR TBDP 1.25mg | 3 | NDS |
| 8mg/24hr | | | ANTIPSYCHOTICS | | |
| NOURIANZ TABS 20mg, | 3 | NDS NM LA | ABILIFY TABS 2mg, 5mg, | 3 | NDS |
| 40mg | | | 10mg, 15mg, 20mg, 30mg | | |
| ONGENTYS CAPS 25mg, | 3 | | ABILIFY MAINTENA PRSY | 3 | NDS |
| 50mg | | | 300mg, 400mg; SRER | | |
| OSMOLEX ER TB24 129mg, | 3 | NM | 300mg, 400mg | | |
| 193mg, 258mg | | | ABILIFY MYCITE TABS 2mg, | 3 | NDS |
| OSMOLEX ER PAK | 3 | NM | 5mg, 10mg, 15mg, 20mg, | | |
| PARLODEL CAPS 5mg; | 3 | | 30mg | | |
| TABS 2.5mg | | | ABILIFY MYCITE | 3 | NDS |
| <i>pramipexole dihydrochloride</i> | 1 | | MAINTENANC TABS 2mg, | | |
| <i>TABS .25mg, 1.5mg</i> | | | 5mg, 10mg, 15mg, 20mg, | | |
| <i>pramipexole dihydrochloride</i> | 1 | | 30mg | | |
| (generic of MIRAPEX) TABS | | | ABILIFY MYCITE STARTER | 3 | NDS |
| .125mg, .5mg, .75mg, 1mg | | | KI TABS 2mg, 5mg, 10mg, | | |
| | | | 15mg, 20mg, 30mg | | |

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| Drug Name | Drug Requirements/ Tier Limits | | Drug Name | Drug Requirements/ Tier Limits | |
|------------------------------------------------------------------------------------------------|------------------------------------------------|-----|--------------------------------------------------------------------------------------------|------------------------------------------------|-----------|
| <i>aripiprazole</i> SOLN 1mg/ml; TBDP 10mg, 15mg | 1 | | <i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml | 1 | |
| <i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg | 1 | | <i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml | 1 | |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml | 3 | NDS | <i>haloperidol lactate</i> CONC 2mg/ml | 1 | |
| ARISTADA INITIO PRSY 675mg/2.4ml | 3 | NDS | <i>haloperidol lactate</i> (generic of HALDOL) SOLN 5mg/ml | 1 | |
| <i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg | 1 | | INVEGA TB24 1.5mg, 3mg, 6mg, 9mg | 3 | NDS |
| CAPLYTA CAPS 42mg | 3 | | INVEGA SUSTENNA SUSY 39mg/0.25ml | 3 | |
| <i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | 1 | | INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml | 3 | NDS |
| <i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg, 100mg, 200mg | 1 | | INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml | 3 | NDS |
| <i>clozapine</i> TBDP 12.5mg, 25mg, 100mg, 150mg | 1 | | LATUDA TABS 20mg, 40mg, 60mg, 80mg, 120mg | 3 | |
| <i>clozapine</i> TBDP 200mg | 3 | NDS | <i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg | 1 | |
| CLOZARIL TABS 25mg, 50mg | 3 | | <i>molindone hcl</i> TABS 5mg, 10mg, 25mg | 1 | |
| CLOZARIL TABS 100mg, 200mg | 3 | NDS | NUPLAZID CAPS 34mg; TABS 10mg | 3 | NDS NM LA |
| FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg | 3 | NDS | <i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg; TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg | 1 | |
| FANAPT PAK | 3 | | <i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 10mg, 15mg, 20mg | 1 | |
| <i>fluphenazine decanoate</i> SOLN 25mg/ml | 1 | | <i>paliperidone</i> (generic of INVEGA) TB24 1.5mg, 3mg, 6mg, 9mg | 1 | |
| <i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg | 1 | | <i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg | 1 | |
| GEODON CAPS 20mg, 40mg, 60mg, 80mg | 3 | NDS | PERSERIS PRSY 90mg, 120mg | 3 | NDS |
| GEODON SOLR 20mg | 3 | | <i>pimozide</i> TABS 1mg, 2mg | 1 | |
| 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 | | | | |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|----------------------------------------------------------------------------------------------|----------------------------|------------------------------|-------------------------------------------------------------------------------------------|----------------------------|------------------------------|
| <i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg | 1 | | <i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg | 1 | |
| <i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 150mg, 200mg, 300mg, 400mg | 1 | | <i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg | 1 | |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg | 3 | | ZYPREXA SOLR 10mg; TABS 2.5mg, 5mg, 7.5mg, 10mg | 3 | |
| RISPERDAL SOLN 1mg/ml; TABS 2mg, 3mg, 4mg | 3 | NDS | ZYPREXA TABS 15mg, 20mg | 3 | NDS |
| RISPERDAL TABS .5mg, 1mg | 3 | | ZYPREXA RELPREVV SUSR 210mg | 3 | |
| RISPERDAL CONSTA SRER 12.5mg, 25mg | 3 | | ZYPREXA RELPREVV SUSR 300mg, 405mg | 3 | NDS |
| RISPERDAL CONSTA SRER 37.5mg, 50mg | 3 | NDS | ZYPREXA ZYDIS TBDP 5mg, 10mg | 3 | |
| <i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml; TABS .5mg, 1mg, 2mg, 3mg, 4mg | 1 | | ZYPREXA ZYDIS TBDP 15mg, 20mg | 3 | NDS |
| <i>risperidone</i> TABS .25mg; TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg | 1 | | ATTENTION DEFICIT HYPERACTIVITY DISORDER | | |
| SAPHRIS SUBL 2.5mg, 5mg, 10mg | 3 | NDS | ADDERALL TAB 5MG | 3 | |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr | 3 | | ADDERALL TAB 7.5MG | 3 | |
| SEROQUEL TABS 25mg, 50mg, 100mg, 200mg | 3 | | ADDERALL TAB 10MG | 3 | |
| SEROQUEL TABS 300mg, 400mg | 3 | NDS | ADDERALL TAB 12.5MG | 3 | |
| SEROQUEL XR TB24 50mg, 150mg, 200mg, 300mg, 400mg | 3 | | ADDERALL TAB 15MG | 3 | |
| <i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg | 1 | | ADDERALL TAB 20MG | 3 | |
| <i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg | 1 | | ADDERALL TAB 30MG | 3 | |
| <i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg | 1 | | ADDERALL XR CAP 5MG | 3 | |
| VERSACLOZ SUSP 50mg/ml | 3 | NDS | ADDERALL XR CAP 10MG | 3 | |
| VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg | 3 | NDS | ADDERALL XR CAP 15MG | 3 | |
| VRAYLAR CAP 1.5-3MG | 3 | | ADDERALL XR CAP 20MG | 3 | |
| | | | ADDERALL XR CAP 25MG | 3 | |
| | | | ADDERALL XR CAP 30MG | 3 | |
| | | | ADZENYS XR-ODT TBD 3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg | 3 | |
| | | | amphetamine SUER 1.25mg/ml | 1 | |
| | | | amphetamine- <i>dextroamphetamine cap er</i> 24hr 5 mg (generic of ADDERALL XR) | 1 | |
| | | | amphetamine- <i>dextroamphetamine cap er</i> 24hr 10 mg (generic of ADDERALL XR) | 1 | |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|----------------------------------------------------------------------------------------------------|----------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|
| amphetamine- <i>dextroamphetamine cap er</i> 24hr 15 mg (generic of ADDERALL XR) | 1 | | DEXEDRINE CP24 5mg, 10mg, 15mg | 3 | NDS |
| amphetamine- <i>dextroamphetamine cap er</i> 24hr 20 mg (generic of ADDERALL XR) | 1 | | <i>dexamethylphenidate hcl</i> (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg | 1 | |
| amphetamine- <i>dextroamphetamine cap er</i> 24hr 25 mg (generic of ADDERALL XR) | 1 | | <i>dexamethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg, 10mg | 1 | |
| amphetamine- <i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 5mg, 10mg, 15mg | | | <i>dextroamphetamine sulfate</i> (generic of ADDERALL XR) TABS 5mg, 10mg | 1 | |
| amphetamine- <i>dextroamphetamine cap er</i> 24hr 30 mg (generic of ADDERALL XR) | 1 | | DYANAVEL XR SUER 2.5mg/ml | 3 | |
| amphetamine- <i>dextroamphetamine tab 5 mg</i> (generic of ADDERALL) | 1 | | FOCALIN TABS 2.5mg, 5mg, 3 10mg | | |
| amphetamine- <i>dextroamphetamine tab 7.5</i> mg (generic of ADDERALL) | 1 | | FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg | 3 | |
| amphetamine- <i>dextroamphetamine tab 10</i> mg (generic of ADDERALL) | 1 | | <i>guanfacine hcl (adhd)</i> (generic 2 of INTUNIV) TB24 1mg, 2mg, 3mg, 4mg | | |
| amphetamine- <i>dextroamphetamine tab 12.5</i> mg (generic of ADDERALL) | 1 | | INTUNIV TB24 1mg, 2mg, 3mg, 4mg | 3 | |
| amphetamine- <i>dextroamphetamine tab 15</i> mg (generic of ADDERALL) | 1 | | JORNAY PM CP24 20mg, 40mg, 60mg, 80mg, 100mg | 3 | |
| amphetamine- <i>dextroamphetamine tab 20</i> mg (generic of ADDERALL) | 1 | | <i>metadate er</i> TBCR 20mg | 1 | |
| amphetamine- <i>dextroamphetamine tab 30</i> mg (generic of ADDERALL) | 1 | | METHYLIN SOLN 5mg/5ml, 10mg/5ml | 3 | |
| atomoxetine hcl (generic of STRATTERA) CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg | 1 | | <i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; CP24 60mg; CPCR 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; TB24 18mg, 27mg, 36mg, 54mg; TBCR 10mg, 20mg | 1 | |
| CONCERTA TBCR 18mg, 27mg, 36mg, 54mg | 3 | | <i>methylphenidate hcl</i> (generic 1 of RITALIN LA) CP24 10mg, 20mg, 30mg, 40mg | | |
| COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg | 3 | | <i>methylphenidate hcl</i> (generic 1 of METHYLIN) SOLN 5mg/5ml, 10mg/5ml | | |
| DAYTRANA PTCH 10mg/9hr, 3 15mg/9hr, 20mg/9hr, 30mg/9hr | 3 | | <i>methylphenidate hcl</i> (generic 1 of RITALIN) TABS 5mg, 10mg, 20mg | | |

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

| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | | |
|------------------------------------------------------------------------------------------------|----------------------------|------------------------------|--|--|
| <i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg, 54mg | 1 | | | |
| METHYLPHENIDATE 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 | | | |
| <i>zenzedi</i> 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 | | | |
| <i>doxepin hcl</i> (sleep) (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 | 3 | NDS NM LA | | |
| HETLIOZ LQ SUSP 4mg/ml | 3 | NDS NM LA | | |
| LUNESTA TABS 1mg, 2mg, 3mg | 3 | | | |
| Drug Name | | | | |
| <i>ramelteon</i> (generic of ROZEREM) TABS 8mg | 1 | | | |
| RESTORIL CAPS 7.5mg, 15mg, 22.5mg, 30mg | 3 | NDS | | |
| 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> (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 | | |
| <i>almotriptan malate</i> TABS 6.25mg, 12.5mg | 1 | | | |
| AMERGE TABS 1mg | 3 | | | |
| AMERGE TABS 2.5mg | 3 | NDS | | |
| D.H.E. 45 SOLN 1mg/ml | 3 | NDS | | |
| <i>dihydroergotamine mesylate</i> (generic of D.H.E. 45) SOLN 1mg/ml | 3 | NDS | | |
| <i>dihydroergotamine mesylate</i> (generic of MIGRALAN) SOLN 4mg/ml | 3 | NDS | | |
| <i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg | 1 | | | |
| <i>ergotamine w/ caffeine tab 1- 100 mg</i> (generic of CAFERGOT) | 1 | | | |
| FROVA TABS 2.5mg | 3 | NDS | | |
| <i>frovatriptan 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 | 3 | NDS | | |
| IMITREX STATDOSE REFILL SOCT 4mg/0.5ml, 6mg/0.5ml | 3 | NDS | | |

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

| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|---------------------------------------------------------------------------------------------|----------------------------|------------------------------|---------------------------------------------------------------------------------|----------------------------|------------------------------|
| IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml, 6mg/0.5ml | 3 | NDS | ENSPRYNG SOSY 120mg/ml | 3 | NDS NM LA |
| MAXALT TABS 10mg | 3 | | EQUETRO CP12 100mg, 200mg, 300mg | 3 | |
| MAXALT-MLT TBDP 10mg | 3 | | EVRYSDI SOLR .75mg/ml | 3 | NDS NM LA |
| <i>naratriptan hcl</i> (generic of AMERGE) TABS 1mg, 2.5mg | 1 | | EXSERVAN FILM 50mg | 3 | NDS NM |
| RELPAX TABS 20mg, 40mg | 3 | NDS | FIRDAPSE TABS 10mg | 3 | NDS NM LA |
| <i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg | 1 | | GRALISE TABS 300mg, 600mg | 3 | PA |
| <i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg | 1 | | HORIZANT TBCR 300mg, 600mg | 3 | PA |
| <i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg | 1 | | INGREZZA CAPS 40mg, 60mg, 80mg | 3 | NDS NM LA |
| <i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act, 20mg/act | 1 | | INGREZZA CAP 40-80MG | 3 | NDS NM LA |
| <i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml, 6mg/0.5ml | 1 | | LITHIUM SOLN 8meq/5ml | 3 | |
| <i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 4mg/0.5ml, 6mg/0.5ml | 1 | | <i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg | 1 | |
| <i>sumatriptan succinate</i> (generic of IMITREX) SOLN 6mg/0.5ml; TABS 25mg, 50mg, 100mg | 1 | | <i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg | 1 | |
| UBRELVY TABS 50mg, 100mg | 3 | NDS | LITHOBID TBCR 300mg | 3 | NDS |
| ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml | 3 | NDS | LYRICA CR TB24 82.5mg, 165mg, 330mg | 3 | PA |
| <i>zolmitriptan</i> SOLN 2.5mg, 5mg | 1 | | MESTINON SOLN 60mg/5ml; TABS 60mg | 3 | NDS |
| <i>zolmitriptan</i> (generic of ZOMIG) TABS 2.5mg, 5mg | 1 | | MESTINON TIMESSPAN TBCR 180mg | 3 | NDS |
| <i>zolmitriptan</i> (generic of ZOMIG ZMT) TBDP 2.5mg, 5mg | 1 | | NUEDEXTA CAP 20-10MG | 3 | PA |
| ZOMIG SOLN 2.5mg, 5mg | 3 | | <i>pregabalin</i> (once-daily) (generic of LYRICA CR) TB24 82.5mg, 165mg, 330mg | 1 | PA |
| ZOMIG TABS 2.5mg, 5mg | 3 | NDS | <i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml | 3 | NDS |
| ZOMIG ZMT TBDP 2.5mg, 5mg | 3 | NDS | <i>pyridostigmine bromide</i> TABS 130mg | 1 | |
| MISCELLANEOUS | | | <i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg | 1 | |
| AUSTEDO TABS 6mg, 9mg, 12mg | 3 | NDS NM | <i>pyridostigmine bromide</i> (generic of MESTINON TIMESSPAN) TBCR 180mg | 1 | |
| | | | RADICAVA SOLN 30mg/100ml | 3 | NDS NM LA |
| | | | RILUTEK TABS 50mg | 3 | NDS |
| | | | <i>riluzole</i> (generic of RILUTEK) TABS 50mg | 1 | |
| | | | RUZURGI TABS 10mg | 3 | NDS NM LA |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | | | | |
|--------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|--|---------------------------------------------------------------|----------------------------|------------------------------|--|--|--|--|
| SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg | 3 | | | MAVENCLAD (9 TABS) TBPK 10mg | 3 | NDS NM LA | | | | |
| SAVELLA MIS TITR PAK | 3 | | | MAVENCLAD (10 TABS) TBPK 10mg | 3 | NDS NM LA | | | | |
| TEGSEDI SOSY 284mg/1.5ml | 3 | NDS NM LA | | MAYZENT TABS .25mg, 2mg TBPK .25mg | 3 | NDS NM LA | | | | |
| tetrabenazine (generic of XENAZINE) TABS 12.5mg, 25mg | 3 | NDS NM | | MAYZENT STARTER PACK TBPK .25mg | 3 | NDS NM LA | | | | |
| TIGLUTIK SUSP 50mg/10ml | 3 | NDS NM | | OCREVUS SOLN 300mg/10ml | 3 | NDS NM LA | | | | |
| XENAZINE TABS 12.5mg, 25mg | 3 | NDS NM LA | | PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml | 3 | NDS NM | | | | |
| MULTIPLE SCLEROSIS AGENTS | | | | | | | | | | |
| AMPYRA TB12 10mg | 3 | NDS NM LA | | PLEGRIDY INJ STARTER | 3 | NDS NM | | | | |
| AUBAGIO TABS 7mg, 14mg | 3 | NDS NM LA | | PLEGRIDY PEN INJ STARTER | 3 | NDS NM | | | | |
| AVONEX PSKT 30mcg/0.5ml | 3 | NDS NM | | PONVORY TABS 20mg | 3 | NDS NM LA | | | | |
| AVONEX PEN AJKT 30mcg/0.5ml | 3 | NDS NM | | PONVORY TAB STARTER | 3 | NDS NM LA | | | | |
| BAFIERTAM CPDR 95mg | 3 | NDS NM | | VUMERITY CPDR 231mg | 3 | NDS NM LA | | | | |
| BETASERON KIT .3mg | 3 | NDS NM | | ZEPOSIA CAPS .92mg | 3 | NDS NM LA | | | | |
| COPAXONE SOSY 20mg/ml, 40mg/ml | 3 | NDS NM | | ZEPOSIA 7DAY CAP STR PACK | 3 | NDS NM LA | | | | |
| dalfampridine (generic of AMPYRA) TB12 10mg | 1 | NM | | ZEPOSIA CAP STR KIT | 3 | NDS NM LA | | | | |
| dimethyl fumarate (generic of TECFIDERA) CPDR 120mg, 240mg | 3 | NDS NM | | MUSCULOSKELETAL THERAPY AGENTS | | | | | | |
| dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (generic of TECFIDERA STARTER PACK) | 3 | NDS NM | | baclofen TABS 5mg, 10mg, 20mg | 1 | | | | | |
| GILENYA CAPS .5mg | 3 | NDS NM | | BOTOX SOLR 100unit, 200unit | 3 | NDS PA | | | | |
| glatiramer acetate (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml | 3 | NDS NM | | carisoprodol (generic of SOMA) TABS 350mg | 2 | | | | | |
| glatopa (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml | 3 | NDS NM | | cyclobenzaprine hcl TABS 5mg, 10mg | 2 | | | | | |
| MAVENCLAD (4 TABS) TBPK 10mg | 3 | NDS NM LA | | DANTRIUM CAPS 25mg | 3 | | | | | |
| MAVENCLAD (5 TABS) TBPK 10mg | 3 | NDS NM LA | | dantrolene sodium (generic of DANTRIUM) CAPS 25mg, 50mg | 1 | | | | | |
| MAVENCLAD (6 TABS) TBPK 10mg | 3 | NDS NM LA | | dantrolene sodium CAPS 100mg | 1 | | | | | |
| MAVENCLAD (7 TABS) TBPK 10mg | 3 | NDS NM LA | | DYSPORT SOLR 300unit | 3 | NM PA | | | | |
| MAVENCLAD (8 TABS) TBPK 10mg | 3 | NDS NM LA | | DYSPORT SOLR 500unit | 3 | NDS NM PA | | | | |
| | | | | metaxalone (generic of SKELAXIN) TABS 800mg | 3 | | | | | |
| | | | | methocarbamol TABS 500mg | 2 | | | | | |
| | | | | MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml | 3 | NM PA | | | | |
| | | | | MYOBLOC SOLN 10000unit/2ml | 3 | NDS NM PA | | | | |
| | | | | SKELAXIN TABS 800mg | 3 | NDS | | | | |

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

| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|--------------------------------------------------------------------------------------------------|----------------------------|------------------------------|------------------------------------------------------------------------|----------------------------|------------------------------|
| SOMA TABS 350mg | 3 | NDS | <i>buprenorphine hcl-naloxone</i> | 1 | QL |
| <i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg | 1 | | <i>hcl sl film 8-2 mg (base equiv)</i> | | |
| <i>tizanidine hcl</i> TABS 2mg | 1 | | (generic of SUBOXONE) | | |
| <i>vanadom</i> (generic of SOMA) TABS 350mg | 2 | | QL (90 films / 30 days) | | |
| XEOMIN SOLR 50unit | 3 | NM PA | <i>buprenorphine hcl-naloxone</i> | 1 | QL |
| XEOMIN SOLR 100unit, 200unit | 3 | NDS NM PA | <i>hcl sl film 12-3 mg (base equiv)</i> | | |
| ZANAFLEX CAPS 2mg, 4mg, 6mg; TABS 4mg | 3 | | (generic of SUBOXONE) | | |
| NARCOLEPSY/CATAPLEXY | | | QL (60 films / 30 days) | | |
| <i>armodafinil</i> (generic of NUVIGIL) TABS 50mg, 150mg, 200mg, 250mg | 1 | PA | <i>buprenorphine hcl-naloxone</i> | 1 | QL |
| <i>modafinil</i> (generic of PROVIGIL) TABS 100mg, 200mg | 1 | PA | <i>hcl sl tab 8-2 mg (base equiv)</i> | | |
| NUVIGIL TABS 50mg | 3 | PA | QL (90 tabs / 30 days) | | |
| NUVIGIL TABS 150mg, 200mg, 250mg | 3 | NDS PA | <i>bupropion hcl (smoking deterrent)</i> | 1 | |
| PROVIGIL TABS 100mg, 200mg | 3 | NDS PA | TB12 150mg | | |
| SUNOSI TABS 75mg, 150mg | 3 | PA | CHANTIX TABS .5mg, 1mg | 3 | |
| WAKIX TABS 4.45mg, 17.8mg | 3 | NDS NM LA PA | CHANTIX CONTINUING MONTH TABS 1mg | 3 | |
| XYREM SOLN 500mg/ml | 3 | NDS NM LA PA | CHANTIX PAK 0.5& 1MG | 3 | |
| XYWAV SOL 0.5GM/ML | 3 | NDS NM LA PA | <i>disulfiram</i> TABS 250mg, 500mg | 1 | |
| PSYCHOTHERAPEUTIC-MISC | | | LUCEMYRA TABS .18mg | 3 | NDS |
| <i>acamprosate calcium</i> TBEC 333mg | 1 | | <i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml | 1 | |
| <i>buprenorphine hcl</i> SUBL 2mg, 8mg | 1 | QL PA | <i>naltrexone hcl</i> TABS 50mg | 1 | |
| QL (90 tabs / 30 days) | | | NARCAN LIQD 4mg/0.1ml | 2 | |
| <i>buprenorphine hcl-naloxone</i> <i>hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) | 1 | QL | NICOTROL INHALER INHA 10mg | 3 | |
| QL (90 films / 30 days) | | | NICOTROL NS SOLN 10mg/ml | 3 | |
| <i>buprenorphine hcl-naloxone</i> <i>hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) | 1 | QL | SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml | 3 | NDS NM |
| QL (90 films / 30 days) | | | SUBOXONE MIS 2-0.5MG | 3 | QL |
| <i>buprenorphine hcl-naloxone</i> <i>hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) | 1 | QL | QL (90 films / 30 days) | | |
| QL (90 films / 30 days) | | | SUBOXONE MIS 4-1MG | 3 | QL |
| | | | QL (90 films / 30 days) | | |
| | | | SUBOXONE MIS 8-2MG | 3 | QL |
| | | | QL (90 films / 30 days) | | |
| | | | SUBOXONE MIS 12-3MG | 3 | QL |
| | | | QL (60 films / 30 days) | | |
| | | | VIVITROL SUSR 380mg | 3 | NDS NM |
| | | | ZUBSOLV SUB 0.7-0.18 | 3 | QL |
| | | | QL (90 tabs / 30 days) | | |

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

| Drug Name | Drug Requirements/ Tier | Limits |
|-------------------------------------------------------------------------------------------------------|----------------------------|----------|
| 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 | | |
| 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 |
| NATESTO GEL 5.5mg/act | 3 | PA |
| oxandrolone TABS 2.5mg, 10mg | 1 | PA |
| TESTIM GEL 1% | 3 | PA |
| 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 |

| Drug Name | Drug Requirements/ Tier | Limits |
|--------------------------------------------------------------------|----------------------------|--------|
| 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 | |
| AMARYL TABS 1mg, 2mg, 4mg | 3 | |
| BYDUREON BCISE AUIJ 2mg/0.85ml | 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 | |
| glimepiride (generic of AMARYL) TABS 1mg, 2mg, 4mg | 1 | |
| glipizide 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 XL TB24 2.5mg, 5mg, 10mg | 3 | |
| GLYXAMBI TAB 10-5 MG | 2 | |
| GLYXAMBI TAB 25-5 MG | 2 | |
| JANUMET TAB 50-500MG | 2 | |
| JANUMET TAB 50-1000 | 2 | |
| JANUMET XR TAB 50- 500MG | 2 | |
| JANUMET XR TAB 50-1000 | 2 | |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | | |
|-------------------------------------------------------------------------------------|----------------------------|------------------------------|--|--|
| JANUMET XR TAB 100-1000 | 2 | | | |
| JANUVIA TABS 25mg, 50mg, 2 100mg | | | | |
| 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 | | | |
| <i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml | 1 | | | |
| <i>metformin hcl</i> TABS 500mg, 850mg, 1000mg | 1 | | | |
| <i>metformin hcl</i> TB24 500mg, 750mg (generic of GLUCOPHAGE XR) | 1 | | | |
| <i>miglitol</i> TABS 25mg, 50mg, 100mg | 1 | | | |
| <i>nateglinide</i> TABS 60mg, 120mg | 1 | | | |
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml | 2 | | | |
| OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml, 4mg/3ml | 2 | | | |
| <i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg | 1 | | | |
| <i>pioglitazone hcl-glimepiride</i> tab 30-2 mg (generic of DUETACT) | 1 | | | |
| <i>pioglitazone hcl-glimepiride</i> tab 30-4 mg (generic of DUETACT) | 1 | | | |
| <i>pioglitazone hcl-metformin hcl</i> tab 15-500 mg (generic of ACTOPLUS MET) | 1 | | | |
| <i>pioglitazone hcl-metformin hcl</i> tab 15-850 mg (generic of ACTOPLUS MET) | 1 | | | |
| <i>repaglinide</i> TABS .5mg, 1mg, 2mg | 1 | | | |
| RIOMET SOLN 500mg/5ml | 3 | | | |
| ANTIDIABETICS, INSULINS | | | | |
| BASAGLAR KWIKPEN | | 2 | | |
| SOPN 100unit/ml | | | | |
| BD ALCOHOL SWABS | | 2 | | |
| FIASP FLEX INJ TOUCH | | 2 | | |
| FIASP INJ 100/ML | | 2 | | |
| FIASP PENFIL INJ U-100 | | 2 | | |
| GAUZE PADS 2X2 | | 2 | | |
| HUMULIN R U-500 (CONCENTR SOLN 500unit/ml | 3 | NDS B/D | | |

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

| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|-------------------------------------------------------------|------------------------------------|--------------------------------------|
| HUMULIN R U-500 KWIKPEN | 3 | NDS |
| SOPN 500unit/ml | | |
| INSULIN SAFETY NEEDLES | 2 | |
| INSULIN SYRINGES: | 2 | |
| BD/ULTIMED/ALLISON/TRIVI DIA/MHC | | |
| LEVEMIR SOLN 100unit/ml | 2 | |
| LEVEMIR FLEXTOUCH | 2 | |
| SOPN 100unit/ml | | |
| NOVOLIN INJ 70/30 | 2 | |
| (brand RELION not covered) | | |
| NOVOLIN INJ 70/30 FP | 2 | |
| (brand RELION not covered) | | |
| NOVOLIN N SUSP | 2 | |
| 100unit/ml | | |
| (brand RELION not covered) | | |
| NOVOLIN N FLEXPEN | 2 | |
| SUPN 100unit/ml | | |
| (brand RELION not covered) | | |
| NOVOLIN R SOLN | 2 | |
| 100unit/ml | | |
| (brand RELION not covered) | | |
| NOVOLIN R FLEXPEN | 2 | |
| SOPN 100unit/ml | | |
| (brand RELION not covered) | | |
| NOVOLOG SOLN 100unit/ml | 2 | |
| (brand RELION not covered) | | |
| NOVOLOG FLEXPEN SOPN | 2 | |
| 100unit/ml | | |
| (brand RELION not covered) | | |
| NOVOLOG MIX INJ 70/30 | 2 | |
| (brand RELION not covered) | | |
| NOVOLOG MIX INJ | 2 | |
| FLEXPEN | | |
| (brand RELION not covered) | | |
| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
| NOVOLOG PENFILL | SOCT | 2 |
| 100unit/ml | | |
| (brand RELION not covered) | | |
| OMNIPOD KIT STARTER | | 3 |
| OMNIPOD MIS 5 PACK | | 3 |
| PEN NEEDLES: | 2 | |
| NOVO/BD/ULTIMED/OWEN/ TRIVIDIA | | |
| SOLIQUA INJ 100/33 | | 2 |
| TRESIBA SOLN 100unit/ml | | 2 |
| TRESIBA FLEXTOUCH | | 2 |
| SOPN 100unit/ml, 200unit/ml | | |
| V-GO 20 KIT | | 3 |
| V-GO 30 KIT | | 3 |
| V-GO 40 KIT | | 3 |
| XULTOPHY INJ 100/3.6 | | 2 |
| CALCIUM REGULATORS | | |
| ACTONEL TABS 35mg, 150mg | | 3 |
| <i>alendronate sodium</i> SOLN | | 1 |
| 70mg/75ml; TABS 10mg, 35mg | | |
| <i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg | | 1 |
| ATELVIA TBEC 35mg | | 3 |
| BINOSTO TBEF 70mg | | 3 |
| BONIVA TABS 150mg | | 3 |
| <i>calcitonin (salmon) spray</i> | | B/D |
| (generic of MIACALCIN) SOLN 200unit/act | | |
| EVENITY SOSY | 3 | NDS NM |
| 105mg/1.17ml | | |
| FORTEO SOPN | 3 | NDS NM |
| 620mcg/2.48ml | | |
| FOSAMAX TABS 70mg | | 3 |
| FOSAMAX + D TAB 70-2800 | | 3 |
| FOSAMAX + D TAB 70-5600 | | 3 |
| <i>ibandronate sodium</i> SOLN | 1 | B/D |
| 3mg/3ml | | |
| <i>ibandronate sodium</i> (generic of BONIVA) TABS 150mg | 1 | B/D |
| NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg | 3 | NDS NM |
| PAMIDRONATE DISODIUM | 2 | B/D |
| SOLN 6mg/ml | | |

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

| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | | | |
|-------------------------------------------------------------------------|----------------------------|------------------------------|-------------------------------------------------------------|----------------------------|------------------------------|--|--|--|
| pamidronate disodium SOLN 1 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg | | B/D | FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg | 3 | NDS NM LA | | | |
| PROLIA SOSY 60mg/ml | 3 | NM | FERRIPROX TWICE-A-DAY TABS 1000mg | 3 | NDS NM LA | | | |
| RECLAST SOLN 5mg/100ml | 3 | B/D NM | JADENU TABS 90mg, 180mg, 360mg | 3 | NDS NM LA | | | |
| risedronate sodium TABS 5mg, 30mg | 1 | | JADENU SPRINKLE PACK 90mg, 180mg, 360mg | 3 | NDS NM LA | | | |
| risedronate sodium (generic of 1 ACTONEL) TABS 35mg, 150mg | | | LOKELMA PACK 5gm, 10gm | 2 | | | | |
| risedronate sodium (generic of 1 ATELVIA) TBEC 35mg | | | penicillamine (generic of DEPEN TITRATABS) TABS 250mg | 3 | NDS NM | | | |
| TYMLOS SOPN 3120mcg/1.56ml | 3 | NDS NM | sodium polystyrene sulfonate powder | 1 | | | | |
| XGEVA SOLN 120mg/1.7ml | 3 | NDS B/D NM | sps SUSP 15gm/60ml | 1 | | | | |
| zoledronic acid CONC 4mg/5ml; SOLN 4mg/100ml | 1 | B/D NM | SYPRINE CAPS 250mg | 3 | NDS NM | | | |
| ZOLEDRONIC ACID SOLN 4mg/100ml | 3 | B/D NM | trientine hcl (generic of SYPRINE) CAPS 250mg | 3 | NDS NM | | | |
| zoledronic acid (generic of RECLAST) SOLN 5mg/100ml | 1 | B/D NM | VELTASSA PACK 8.4gm, 16.8gm, 25.2gm | 3 | | | | |
| CHELATING AGENTS | | | | | | | | |
| CHEMET CAPS 100mg | 3 | | CONTRACEPTIVES | | | | | |
| deferasirox (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg | 3 | NDS NM | afirmelle | 1 | | | | |
| deferasirox (generic of JADENU) TABS 90mg, 180mg, 360mg | 3 | NDS NM | altavera | 1 | | | | |
| deferasirox (generic of EXJADE) TBSO 125mg | 1 | NM | alyacen 1/35 | 1 | | | | |
| deferasirox (generic of EXJADE) TBSO 250mg, 500mg | 3 | NDS NM | alyacen 7/77 | 1 | | | | |
| deferiprone (generic of FERRIPROX) TABS 500mg | 3 | NDS NM LA | amethia (generic of SEASONIQUE) | 1 | | | | |
| deferoxamine mesylate SOLR 2gm | 1 | B/D NM | amethyst | 1 | | | | |
| deferoxamine mesylate (generic of DESFERAL) SOLR 500mg | 1 | B/D NM | ANNOVERA MIS | 3 | | | | |
| DEPEN TITRATABS TABS 250mg | 3 | NDS NM | apri | 1 | | | | |
| DESFERAL SOLR 500mg | 3 | B/D NM | aranelle | 1 | | | | |
| EXJADE TBSO 125mg, 250mg, 500mg | 3 | NDS NM LA | ashlyna (generic of SEASONIQUE) | 1 | | | | |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|------------------------------------------------------------------------------------|----------------------------|--------|---------------------------------------------------------------------------------|----------------------------|--------|
| bekyree (generic of MIRCETTE) | 1 | | emoquette | 1 | |
| blisovi 24 fe | 1 | | enpresse-28 | 1 | |
| blisovi fe 1.5/30 | 1 | | enskyce | 1 | |
| briellyn | 1 | | errin TABS .35mg | 1 | |
| camila TABS .35mg | 1 | | estarylla | 1 | |
| camrese (generic of SEASONIQUE) | 1 | | ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg | 1 | |
| camrese lo (generic of LOSEASONIQUE) | 1 | | ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg | 1 | |
| caziant | 1 | | etongestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (generic of NUVARING) | 1 | |
| chateal | 1 | | falmina | 1 | |
| cryselle-28 | 1 | | fayosim (generic of QUARTETTE) | 1 | |
| cyclafem 1/35 | 1 | | femynor | 1 | |
| cyclafem 7/7/7 | 1 | | gemmily (generic of TAYTULLA) | 1 | |
| cyred eq | 1 | | GENERESS FE CHW | 3 | |
| dasetta 1/35 | 1 | | hailey 1.5/30 | 1 | |
| dasetta 7/7/7 | 1 | | hailey 24 fe | 1 | |
| daysee (generic of SEASONIQUE) | 1 | | heather TABS .35mg | 1 | |
| deblitane TABS .35mg | 1 | | iclevia | 1 | |
| DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml | 3 | | incassia TABS .35mg | 1 | |
| DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml | 3 | | introvale | 1 | |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (generic of MIRCETTE) | 1 | | isibloom | 1 | |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg | 1 | | jasmiel (generic of YAZ) | 1 | |
| dolishale | 1 | | jolessa | 1 | |
| drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL) | 1 | | juleber | 1 | |
| drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ) | 1 | | junel 1.5/30 | 1 | |
| drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28) | 1 | | junel 1/20 | 1 | |
| elinest | 1 | | junel fe 1.5/30 | 1 | |
| ELLA TABS 30mg | 2 | | junel fe 1/20 | 1 | |
| eluryng (generic of NUVARING) | 1 | | junel fe 24 | 1 | |
| | | | kaitlib fe (generic of GENERESS FE) | 1 | |
| | | | kariva (generic of MIRCETTE) | 1 | |
| | | | kelnor 1/35 | 1 | |
| | | | kelnor 1/50 | 1 | |
| | | | kurvelo | 1 | |
| | | | larin 1.5/30 | 1 | |
| | | | larin 1/20 | 1 | |
| | | | larin 24 fe | 1 | |
| | | | larin fe 1.5/30 | 1 | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|-------------------------------------------------------------------------------------------------|----------------------------|--------|
| larin fe 1/20 | 1 | |
| larissia | 1 | |
| layolis fe (generic of GENERESS FE) | 1 | |
| leena | 1 | |
| lessina | 1 | |
| levonest | 1 | |
| levonor-eth est tab 0.15- 0.02/0.025/0.03 mg ð est 0.01 mg (generic of QUARTETTE) | 1 | |
| levonorg-eth est tab 0.1- 0.02mg(84) & eth est tab 0.01mg(7) (generic of LOSEASONIQUE) | 1 | |
| levonorg-eth est tab 0.15- 0.03mg(84) & eth est tab 0.01mg(7) (generic of SEASONIQUE) | 1 | |
| levonorgestrel & ethinyl estradiol (91-day) tab 0.15- 0.03 mg | 1 | |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg | 1 | |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg | 1 | |
| levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg | 1 | |
| levonorgestrel-ethinyl estradiol (continuous) tab 90- 20 mcg | 1 | |
| levora 0.15/30-28 | 1 | |
| lillow | 1 | |
| LO LOESTRIN TAB 1-10-10 | 3 | |
| loestrin 1.5/30-21 | 1 | |
| loestrin 1/20-21 | 1 | |
| loestrin fe 1.5/30 | 1 | |
| loestrin fe 1/20 | 1 | |
| loryna (generic of YAZ) | 1 | |
| LOSEASONIQUE TAB | 3 | |
| low-ogestrel | 1 | |
| lutera | 1 | |
| lyeq TABS .35mg | 1 | |
| lyza TABS .35mg | 1 | |
| marlissa | 1 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml | 1 | |
| merzee (generic of TAYTULLA) | 1 | |
| mibelas 24 fe (generic of MINASTRIN 24 FE) | 1 | |
| microgestin 1.5/30 | 1 | |
| microgestin 1/20 | 1 | |
| microgestin fe 1.5/30 | 1 | |
| microgestin fe 1/20 | 1 | |
| milli | 1 | |
| MINASTRIN 24 CHW FE | 3 | |
| MIRCETTE TAB 28 DAY | 3 | |
| mono-linyah | 1 | |
| NATAZIA TAB | 3 | |
| necon 0.5/35-28 | 1 | |
| NEXTSTELLIS TAB 3- 14.2MG | 3 | |
| nikki (generic of YAZ) | 1 | |
| nora-be TABS .35mg | 1 | |
| norethindrone & ethinyl estradiol-fe chew tab 0.4 mg- 35 mcg | 1 | |
| norethindrone & ethinyl estradiol-fe chew tab 0.8 mg- 25 mcg (generic of GENERESS FE) | 1 | |
| norethindrone (contraceptive) TABS .35mg | 1 | |
| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg | 1 | |
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg | 1 | |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg | 1 | |
| norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (generic of MINASTRIN 24 FE) | 1 | |
| norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA) | 1 | |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg | 1 | |

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

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

| Drug Name | Drug Requirements/ Tier | Limits |
|----------------------------------------------------|----------------------------|--------|
| tri-estarrylla | 1 | |
| tri-legest fe (generic of ESTROSTEP FE) | 1 | |
| tri-linyah | 1 | |
| tri-lo-estarrylla (generic of ORTHO TRI-CYCLEN LO) | 1 | |
| tri-lo-marzia (generic of ORTHO TRI-CYCLEN LO) | 1 | |
| tri-lo-mili (generic of ORTHO TRI-CYCLEN LO) | 1 | |
| tri-lo-sprintec (generic of ORTHO TRI-CYCLEN LO) | 1 | |
| tri-mili | 1 | |
| tri-nymyo | 1 | |
| tri-previfem | 1 | |
| tri-sprintec | 1 | |
| tri-vylibra | 1 | |
| tri-vylibra lo (generic of ORTHO TRI-CYCLEN LO) | 1 | |
| trivora-28 | 1 | |
| TYBLUME CHW 0.1-0.02 | 3 | |
| tydemy (generic of SAFYRAL) | 1 | |
| velivet | 1 | |
| vestura (generic of YAZ) | 1 | |
| vienna | 1 | |
| vioorele (generic of MIRCETTE) | 1 | |
| vyfemla | 1 | |
| vylibra | 1 | |
| wera | 1 | |
| wymzya fe | 1 | |
| xulane | 1 | |
| YASMIN 28 TAB 3-0.03MG | 3 | |
| YAZ TAB 3-0.02MG | 3 | |
| zafemy | 1 | |
| zarah (generic of YASMIN 28) | 1 | |
| zovia 1/35 | 1 | |
| zumandimine (generic of YASMIN 28) | 1 | |
| ENDOMETRIOSIS | | |
| danazol CAPS 50mg, 100mg, 200mg | 1 | |
| LUPANETA KIT 3.75-5 | 3 | NDS NM |
| LUPANETA KIT 11.25-5 | 3 | NDS NM |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|
| ORILISSA TABS 150mg, 200mg | 3 | NDS |
| SYNAREL SOLN 2mg/ml | 3 | NDS |
| ESTROGENS | | |
| ACTIVELLA TAB 1-0.5MG | 3 | |
| ALORA PTTW .025mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 3 | |
| amabelz | 2 | |
| amabelz (generic of ACTIVELLA) | 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, 3 .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm | 3 | |
| dotti (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 2 | |
| ELESTRIN GEL .06% | 3 | |
| ESTRACE CREA .1mg/gm; TABS .5mg, 1mg, 2mg | 3 | |
| estradiol (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 2 | |
| estradiol (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr | 2 | |
| estradiol (generic of ESTRACE) TABS .5mg, 1mg, 2mg | 1 | |
| estradiol & norethindrone acetate tab 0.5-0.1 mg | 2 | |
| estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA) | 2 | |
| estradiol vaginal (generic of ESTRACE) CREA .1mg/gm | 1 | |

| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|--------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|
| estradiol vaginal (generic of VAGIFEM) TABS 10mcg | 1 | |
| estradiol valerate (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 | |
| fyavolv tab 0.5mg-2.5mcg (generic of FEMHRT) | 2 | |
| fyavolv tab 1mg-5mcg | 2 | |
| IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg | 3 | PA |
| IMVEXXY STARTER PACK INST 4mcg, 10mcg | 3 | PA |
| jinteli | 2 | |
| lyllana (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 2 | |
| MENEST TABS .3mg, .625mg, 1.25mg | 3 | |
| MENOSTAR PTWK 14mcg/24hr | 3 | |
| mimvey (generic of ACTIVELLA) | 2 | |
| MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 3 | |
| norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (generic of FEMHRT) | 2 | |
| norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg | 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 | |
| PREMPRO TAB 0.45-1.5 | 2 | |
| PREMPRO TAB 0.625-5 | 2 | |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|------------------------------------------------------------------------------------------------|----------------------------|------------------------------|
| VAGIFEM TABS 10mcg | 3 | |
| VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 3 | |
| <i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg | 1 | |
| GLUCOCORTICOIDS | | |
| ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg | 3 | NDS NM LA |
| ALKINDI SPRINKLE CPSP .5mg | 3 | NM LA |
| CORTEF TABS 5mg, 10mg, 20mg | 3 | |
| DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml | 3 | B/D |
| <i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg | 1 | |
| DEXAMETHASONE | 3 | |
| INTENSOL CONC 1mg/ml | | |
| <i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml | 1 | |
| <i>fludrocortisone acetate</i> TABS .1mg | 1 | |
| HEMADY TABS 20mg | 3 | |
| <i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg | 1 | |
| KENALOG-10 SUSP 10mg/ml | 3 | B/D |
| KENALOG-40 SUSP 40mg/ml | 3 | B/D |
| KENALOG-80 SUSP 80mg/ml | 3 | B/D |
| MEDROL TABS 2mg, 4mg, 8mg, 16mg, 32mg | 3 | B/D |
| 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 | |
| methylprednisolone acetate (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml | | |
| methylprednisolone sod succ (generic of SOLU-MEDROL) SOLR 40mg, 125mg, 500mg, 1000mg | | |
| 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>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg | 1 | B/D |
| <i>prednisone</i> TBPK 5mg, 10mg | 1 | |
| PREDNISONE INTENSOL CONC 5mg/ml | 3 | B/D |
| SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg | 3 | |
| SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg | 3 | B/D |
| <i>triamcinolone acetonide</i> (generic of KENALOG-40) SUSP 40mg/ml | 1 | B/D |
| GLUCOSE ELEVATING AGENTS | | |
| <i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml | 3 | NDS |
| GVOKE HYPOOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml | 2 | |
| GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml | 2 | |
| PROGLYCEM SUSP 50mg/ml | 3 | NDS |
| MISCELLANEOUS | | |
| ALDURAZYME SOLN 2.9mg/5ml | 3 | NDS NM LA |
| BUPHENYL POWD 3gm/tsp | 3 | NDS NM |
| BUPHENYL TABS 500mg | 3 | NDS NM LA |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|----------------------------------------------------------------------------------------|----------------------------|------------------------------|-------------------------------------------------------------------------------------|----------------------------|------------------------------|
| cabergoline TABS .5mg | 1 | | ISTURISA TABS 1mg, 5mg, 10mg | 3 | NDS NM LA |
| CARBAGLU TABS 200mg | 3 | NDS NM LA | JYNARQUE TABS 15mg, 30mg; TBPK 15mg | 3 | NDS NM LA |
| CARNITOR SOLN 200mg/ml | 3 | B/D | JYNARQUE PAK 30-15MG | 3 | NDS NM LA |
| CERDELGA CAPS 84mg | 3 | NDS NM | JYNARQUE PAK 45-15MG | 3 | NDS NM LA |
| CEREZYME SOLR 400unit | 3 | NDS NM LA | JYNARQUE PAK 60-30MG | 3 | NDS NM LA |
| CHORIONIC | 3 | NM PA | JYNARQUE PAK 90-30MG | 3 | NDS NM LA |
| GONADOTROPIN SOLR 10000unit | | | KANUMA SOLN 20mg/10ml | 3 | NDS NM LA |
| cinacalcet hcl (generic of SENSIPAR) TABS 30mg | 1 | B/D NM | KORLYM TABS 300mg | 3 | NDS NM LA |
| cinacalcet hcl (generic of SENSIPAR) TABS 60mg, 90mg | 3 | NDS B/D NM | KUVAN PACK 100mg, 500mg; TABS 100mg | 3 | NDS NM LA |
| CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml | 3 | NDS NM LA | levocarnitine (metabolic modifiers) (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg | 1 | B/D |
| CYSTADANE POW | 3 | NDS NM LA | LUMIZYME SOLR 50mg | 3 | NDS NM LA |
| CYSTAGON CAPS 50mg, 150mg | 3 | NM LA | LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg | 3 | NDS NM |
| DDAVP SOLN 4mcg/ml; TABS .1mg, .2mg | 3 | NDS | LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg | 3 | NDS NM |
| desmopressin acetate (generic of DDAVP) SOLN 4mcg/ml | 3 | NDS | miglustat (generic of ZAVESCA) CAPS 100mg | 3 | NDS NM |
| desmopressin acetate (generic of DDAVP) TABS .1mg, .2mg | 1 | | MYALEPT SOLR 11.3mg | 3 | NDS NM LA |
| desmopressin acetate spray SOLN .01% | 1 | | MYCAPSSA CPDR 20mg | 3 | NDS NM LA |
| desmopressin acetate spray refrigerated SOLN .01% | 1 | | NAGLAZYME SOLN 1mg/ml | 3 | NDS NM LA |
| DOJOLVI LIQD 100% | 3 | NDS NM LA | nitisinone (generic of ORFADIN) CAPS 2mg, 5mg, 10mg | 3 | NDS NM |
| EGRIFTA SV SOLR 2mg | 3 | NDS NM LA | NITYR TABS 2mg, 5mg, 10mg | 3 | NDS NM LA |
| ELAPRASE SOLN 6mg/3ml | 3 | NDS NM LA | NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml | 3 | NDS NM PA |
| ELELYSO SOLR 200unit | 3 | NDS NM | NOVAREL SOLR 5000unit, 10000unit | 3 | NM PA |
| EVISTA TABS 60mg | 3 | | NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml | 3 | NDS NM LA PA |
| FABRAZYME SOLR 5mg, 35mg | 3 | NDS NM LA | NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml | 3 | NDS NM LA PA |
| FENSOLVI KIT 45mg | 3 | NDS NM LA | NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml | 3 | NDS NM LA PA |
| GALAFOLD CAPS 123mg | 3 | NDS NM LA | octreotide acetate (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml | 1 | NM |
| GENOTROPIN SOLR 5mg, 12mg | 3 | NDS NM PA | | | |
| GENOTROPIN MINIQUICK SOLR .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg | 3 | NDS NM PA | | | |
| HUMATROPE SOLR 6mg, 12mg, 24mg | 3 | NDS NM PA | | | |
| INCRELEX SOLN 40mg/4ml | 3 | NDS NM LA | | | |

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|------------------------------------------------------------------------------------|----------------------------|------------------------------|----------------------------------------------------------------------------|----------------------------|------------------------------|
| octreotide acetate SOLN 200mcg/ml | 1 | NM | sodium phenylbutyrate (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg | 3 | NDS NM |
| octreotide acetate (generic of SANDOSTATIN) SOLN 500mcg/ml | 3 | NDS NM | SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml | 3 | NDS NM |
| octreotide acetate SOLN 1000mcg/ml | 3 | NDS NM | SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg | 3 | NDS NM LA |
| OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg | 3 | NDS NM LA PA | STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml | 3 | NDS NM LA |
| ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml | 3 | NDS NM LA | TEPEZZA SOLR 500mg | 3 | NDS NM LA |
| ORIAHNN CAP | 3 | NDS | tolvaptan TABS 15mg | 3 | NDS NM |
| PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml | 3 | NDS NM LA | tolvaptan (generic of SAMSCA) TABS 30mg | 3 | NDS NM |
| PREGNYL W/DILUENT | 3 | NM PA | VIMIZIM SOLN 5mg/5ml | 3 | NDS NM |
| BENZYL SOLR 10000unit | | | VPRIV SOLR 400unit | 3 | NDS NM |
| PROCYSB1 CPDR 25mg, 75mg; PACK 75mg, 300mg | 3 | NDS NM LA | ZAVESCA CAPS 100mg | 3 | NDS NM LA |
| raloxifene hcl (generic of EVISTA) TABS 60mg | 1 | | ZOMACTON SOLR 5mg | 3 | NM PA |
| RAVICTI LIQD 1.1gm/ml | 3 | NDS NM LA | ZOMACTON SOLR 10mg | 3 | NDS NM PA |
| REVCOWI SOLN 2.4mg/1.5ml | 3 | NDS NM LA | ZORBTIVE SOLR 8.8mg | 3 | NDS NM |
| SAIZEN SOLR 5mg, 8.8mg | 3 | NDS NM LA PA | PHOSPHATE BINDER AGENTS | | |
| SAIZENPREP RECONSTITUTION SOLR 8.8mg | 3 | NDS NM LA PA | calcium acetate (phosphate binder) (generic of PHOSLO) CAPS 667mg | 1 | |
| SAMSCA TABS 15mg, 30mg | 3 | NDS NM LA | calcium acetate (phosphate binder) TABS 667mg | 1 | |
| SANDOSTATIN SOLN 50mcg/ml | 3 | NM | PHOSLYRA SOLN 667mg/5ml | 3 | |
| SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml | 3 | NDS NM | RENAGEL TABS 800mg | 3 | NDS |
| SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg | 3 | NDS NM | RENELA PACK .8gm, 2.4gm; TABS 800mg | 3 | NDS |
| sapropterin dihydrochloride (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg | 3 | NDS NM | sevelamer carbonate (generic of RENELA) PACK 2.4gm; TABS 800mg | 1 | |
| SENSIPAR TABS 30mg, 60mg, 90mg | 3 | NDS B/D NM | sevelamer carbonate (generic of RENELA) PACK .8gm | 3 | NDS |
| SEROSTIM SOLR 4mg, 5mg, 6mg | 3 | NDS NM LA | sevelamer hcl TABS 400mg | 1 | |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml | 3 | NDS NM LA | sevelamer hcl (generic of RENAGEL) TABS 800mg | 1 | |
| SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg | 3 | NDS NM LA | VELPHORO CHEW 500mg | 3 | NDS |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|
| <i>megestrol acetate</i> SUSP 40mg/ml | 2 | | <i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg | 1 | |
| <i>megestrol acetate (appetite)</i> SUSP 625mg/5ml | 3 | | <i>methimazole</i> (generic of TAPAZOLE) TABS 5mg, 10mg | 1 | |
| <i>norethindrone acetate</i> (generic of AYGESTIN) TABS 5mg | 1 | | <i>propylthiouracil</i> TABS 50mg | 1 | |
| <i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg | 1 | | <i>SYNTHROID</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 3 | |
| PROMETRIUM CAPS 100mg, 200mg | 3 | | <i>TAPAZOLE</i> TABS 5mg, 10mg | 3 | |
| PROVERA TABS 2.5mg, 5mg, 10mg | 3 | | <i>THYQUIDITY</i> SOLN 100mcg/5ml | 3 | |
| THYROID AGENTS | | | <i>TIROSINT</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 3 | |
| CYTOMEL TABS 5mcg, 25mcg, 50mcg | 3 | | <i>TIROSINT-SOL</i> 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>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | | <i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| <i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | | VITAMIN D ANALOGS | | |
| <i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 175mcg, 200mcg | 1 | | <i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg; SOLN 1mcg/ml | 1 | B/D |
| <i>levothyroxine sodium</i> (generic of TIROSINT) CAPS 75mcg, 150mcg | 1 | | <i>calcitriol</i> SOLN 1mcg/ml | 1 | B/D |
| <i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | | <i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg | 1 | B/D |
| <i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | | <i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg | 1 | B/D |
| | | | <i>paricalcitol</i> CAPS 4mcg | 1 | B/D |
| | | | <i>RAYALDEE</i> CPCR 30mcg | 3 | NDS |

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| Drug Name | Drug Requirements/ Tier | Limits |
|---------------------------------------------------------|----------------------------|---------|
| 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 | |
| aprepitant CAPS 40mg, 125mg | 1 | B/D |
| aprepitant (generic of EMEND) CAPS 80mg | 1 | B/D |
| aprepitant capsule therapy pack 80 & 125 mg | 1 | B/D |
| BONJESTA TAB 20-20MG | 3 | |
| CINVANTI EMUL 130mg/18ml | 3 | |
| compro SUPP 25mg | 1 | |
| dronabinol (generic of MARINOL) CAPS 2.5mg, 5mg, 10mg | 1 | B/D |
| EMEND CAPS 80mg; SUSR 125mg/5ml | 3 | B/D |
| EMEND SOLR 150mg | 3 | |
| EMEND TRIPAC PAK 80 & 125 | 3 | B/D |
| fosaprepitant dimeglumine (generic of EMEND) SOLR 150mg | 1 | |
| GIMOTI SOLN 15mg/act | 3 | NDS |
| granisetron hcl SOLN 1mg/ml, 4mg/4ml | 1 | |
| granisetron hcl TABS 1mg | 1 | B/D |
| MARINOL CAPS 2.5mg | 3 | B/D |
| MARINOL CAPS 5mg, 10mg | 3 | NDS B/D |
| meclizine hcl TABS 12.5mg, 25mg | 1 | |
| metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TBDP 5mg | 1 | |
| metoclopramide hcl (generic of REGLAN) TABS 5mg, 10mg | 1 | |
| METOCLOPRAMIDE ODT TBDP 10mg | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---------------------------------------------------------------|----------------------------|---------|
| ondansetron TBDP 4mg, 8mg | 1 | B/D |
| ondansetron hcl SOLN 4mg/2ml, 40mg/20ml | 1 | |
| ondansetron hcl SOLN 4mg/5ml; TABS 8mg, 24mg | 1 | B/D |
| ondansetron hcl (generic of ZOFRAN) TABS 4mg | 1 | B/D |
| palonosetron hcl (generic of ALOXI) SOLN .25mg/5ml | 1 | |
| palonosetron hcl SOSY .25mg/5ml | 1 | |
| PALONOSETRON HYDROCHLORID SOLN .25mg/2ml | 3 | |
| PHENERGAN SOLN 25mg/ml, 50mg/ml | 3 | |
| prochlorperazine SUPP 25mg | 1 | |
| prochlorperazine edisylate SOLN 10mg/2ml | 1 | |
| prochlorperazine maleate TABS 5mg, 10mg | 1 | |
| promethazine hcl (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml | 2 | |
| promethazine hcl SUPP 12.5mg, 25mg | 3 | |
| promethazine hcl SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg | 1 | |
| promethegan SUPP 12.5mg, 25mg, 50mg | 3 | |
| REGLAN TABS 5mg, 10mg | 3 | |
| SANCUSO PTCH 3.1mg/24hr | 3 | NDS |
| scopolamine (generic of TRANSDERM SCOP) PT72 1mg/3days | 3 | |
| SUSTOL PRSY 10mg/0.4ml | 3 | |
| SYNDROS SOLN 5mg/ml | 3 | NDS B/D |
| VARUBI TBPK 90mg | 3 | B/D |
| ZOFRAN TABS 4mg | 3 | NDS B/D |
| ZUPLENZ FILM 4mg, 8mg | 3 | NDS B/D |
| ANTISPASMODICS | | |
| atropine sulfate SOSY .25mg/5ml, 1mg/10ml | 3 | |
| BENTYL SOLN 10mg/ml | 3 | |
| CUVPOSA SOLN 1mg/5ml | 3 | |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | | |
|--------------------------------------------------------------------------------|----------------------------|------------------------------|-----------------------------------------------------------------|---|
| <i>dicyclomine hcl</i> CAPS 10mg; 2 TABS 20mg | | | <i>hydrocortisone (intrarectal)</i> | 1 |
| <i>dicyclomine hcl</i> SOLN 10mg/5ml | 3 | | (generic of CORTENEMA) ENEM 100mg/60ml | |
| <i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml | 3 | | LIALDA TBEC 1.2gm | 3 |
| <i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; TABS 1mg, 2mg | 1 | | <i>mesalamine</i> (generic of APRISO) CP24 .375gm | 1 |
| GLYCOPYRROLATE SOSY .2mg/ml, .4mg/2ml | 3 | | <i>mesalamine</i> (generic of DELZICOL) CPDR 400mg | 1 |
| <i>methscopolamine bromide</i> TABS 2.5mg, 5mg | 1 | | <i>mesalamine</i> ENEM 4gm | 1 |
| H2-RECEPTOR ANTAGONISTS | | | | |
| <i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg | 1 | | <i>mesalamine</i> (generic of CANASA) SUPP 1000mg | 1 |
| <i>cimetidine hcl</i> SOLN 300mg/5ml | 1 | | <i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm | 1 |
| <i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml | 1 | | <i>mesalamine</i> (generic of ASACOL HD) TBEC 800mg | 1 |
| <i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg | 1 | | <i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm | 1 |
| <i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml | 1 | | ORTIKOS CP24 6mg, 9mg | 3 |
| <i>nizatidine</i> CAPS 150mg, 300mg; SOLN 15mg/ml | 1 | | PENTASA CPCR 250mg | 3 |
| PEPCID TABS 20mg, 40mg | 3 | | PENTASA CPCR 500mg | 3 |
| INFLAMMATORY BOWEL DISEASE | | | | |
| APRISO CP24 .375gm | 3 | | ROWASA KIT 4gm | 3 |
| ASACOL HD TBEC 800mg | 3 | NDS | SFROWASA ENEM 4gm/60ml | 3 |
| AZULFIDINE TABS 500mg | 3 | | <i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg | 1 |
| AZULFIDINE EN-TABS TBEC 500mg | 3 | | <i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg | 1 |
| <i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg | 1 | | UCERIS FOAM 2mg/act | 3 |
| <i>budesonide</i> (generic of ENTOCORT EC) CPEP 3mg | 1 | | UCERIS TB24 9mg | 3 |
| <i>budesonide</i> (generic of UCERIS) TB24 9mg | 3 | NDS | LAXATIVES | |
| CANASA SUPP 1000mg | 3 | NDS | CLENPIQ SOL | 3 |
| CORTENEMA ENEM 100mg/60ml | 3 | | <i>constulose</i> SOLN 10gm/15ml | 1 |
| DELZICOL CPDR 400mg | 3 | | <i>enulose</i> SOLN 10gm/15ml | 1 |
| DIPENTUM CAPS 250mg | 3 | NDS | <i>gavilyte-c</i> | 1 |
| ENTOCORT EC CPEP 3mg | 3 | NDS | <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 |
| | | | <i>lactulose</i> SOLN 10gm/15ml | 1 |
| | | | <i>lactulose (encephalopathy)</i> SOLN 10gm/15ml | 1 |
| | | | NULYTELY SOL LMN/LIME | 2 |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|------------------------------------------------------------------------------|----------------------------|------------------------------|------------------------------------------------------|----------------------------|------------------------------|
| peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY) | 1 | | misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg | 1 | |
| peg 3350-kcl-sod bicarb-nacl for soln 420 gm (generic of NULYTELY) | 1 | | MOVANTIK TABS 12.5mg, 25mg | 2 | |
| peg-3350/electrolytes/asc (generic of MOVIPREP) | 1 | | OCALIVA TABS 5mg, 10mg | 3 | NDS NM LA |
| PLENVU SOL | 3 | | OMECLAMOX- MIS PAK | 3 | |
| SUPREP BOWEL SOL PREP KIT | 3 | | RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml; TABS 150mg | 3 | NDS |
| SUTAB TAB | 3 | | SUCRAID SOLN 8500unit/ml | 3 | NDS NM LA |
| trilyte (generic of NULYTELY) | 1 | | sucralfate (generic of CARAFATE) TABS 1gm | 1 | |
| MISCELLANEOUS | | | SYMPROIC TABS .2mg | 3 | |
| alosetron hcl (generic of LOTRONEX) TABS 1mg | 3 | NDS | TALICIA CAP | 3 | |
| alosetron hcl (generic of LOTRONEX) TABS .5mg | 1 | | URSO 250 TABS 250mg | 3 | |
| amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack | 1 | | URSO FORTE TABS 500mg | 3 | |
| CHOLBAM CAPS 50mg, 250mg | 3 | NDS NM LA | ursodiol CAPS 300mg | 1 | |
| cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml | 1 | | ursodiol (generic of URSO 250) TABS 250mg | 1 | |
| CYTOTEC TABS 100mcg, 200mcg | 3 | | ursodiol (generic of URSO FORTE) TABS 500mg | 1 | |
| diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml | 3 | | VIBERZI TABS 75mg, 100mg | 3 | NDS |
| diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL) | 2 | | XERMELO TABS 250mg | 3 | NDS NM LA |
| GASTROCROM CONC 100mg/5ml | 3 | NDS | XIFAXAN TABS 550mg | 3 | NDS |
| GATTEX KIT 5mg | 3 | NDS NM LA | PANCREATIC ENZYMES | | |
| HELIDAC MIS THERAPY | 3 | NDS | CREON CAP 3000UNIT | 2 | |
| LINZESS CAPS 72mcg, 145mcg, 290mcg | 3 | | CREON CAP 6000UNIT | 2 | |
| LOMOTIL TAB 2.5MG | 3 | | CREON CAP 12000UNT | 2 | |
| loperamide hcl CAPS 2mg | 1 | | CREON CAP 24000UNT | 2 | |
| LOTRONEX TABS .5mg, 1mg | 3 | NDS | CREON CAP 36000UNT | 2 | |
| lubiprostone CAPS 8mcg, 24mcg | 1 | | 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 | 3 | NDS |
| | | | ZENPEP CAP 3000UNIT | 3 | |

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

| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | |
|---------------------------------------------------------------------------------------------------|----------------------------|------------------------------|-----------------------------------------------------------------------------------|----------------------------|------------------------------|--|
| ZENPEP CAP 5000UNIT | 3 | | <i>dutasteride-tamsulosin hcl cap</i> 1 0.5-0.4 mg (generic of JALYN) | | | |
| ZENPEP CAP 10000UNT | 3 | | <i>finasteride</i> (generic of PROSCAR) TABS 5mg | 1 | | |
| ZENPEP CAP 15000UNT | 3 | | FLOMAX CAPS .4mg | 3 | | |
| ZENPEP CAP 20000UNT | 3 | | JALYN CAP | 3 | | |
| ZENPEP CAP 25000 | 3 | | PROSCAR TABS 5mg | 3 | | |
| ZENPEP CAP 40000 | 3 | | RAPAFLO CAPS 4mg, 8mg | 3 | | |
| PROTON PUMP INHIBITORS | | | | | | |
| ACIPHEX TBEC 20mg | 3 | | <i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg | 1 | | |
| DEXILANT CPDR 30mg, 60mg | 3 | | <i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg | 1 | | |
| <i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg; PACK 10mg, 20mg, 40mg | 1 | | MISCELLANEOUS | | | |
| <i>esomeprazole sodium</i> (generic of NEXIUM I.V.) SOLR 40mg | 1 | | <i>acetic acid</i> SOLN .25% | 1 | | |
| <i>lansoprazole</i> (generic of PREVACID) CPDR 15mg, 30mg | 1 | | <i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg | 1 | | |
| NEXIUM CPDR 20mg, 40mg; 3 PACK 2.5mg, 5mg, 10mg, 20mg, 40mg | | | ELMIRON CAPS 100mg | 3 | NDS | |
| NEXIUM I.V. SOLR 40mg | 3 | | INTRAROSA INST 6.5mg | 3 | PA | |
| <i>omeprazole</i> CPDR 10mg, 20mg, 40mg | 1 | | <i>neomycin-polymyxin b gu</i> <i>irrigation soln</i> | 1 | | |
| <i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg | 1 | | OXLUMO SOLN 94.5mg/0.5ml | 3 | NDS NM LA | |
| PREVACID CPDR 15mg, 30mg | 3 | | <i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq | 1 | | |
| PRILOSEC PACK 2.5mg, 10mg | 3 | | <i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 5) TBCR 540mg | 1 | | |
| PROTONIX SOLR 40mg; TBEC 20mg, 40mg | 3 | | <i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg | 1 | | |
| <i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg | 1 | | THIOLA EC TBEC 100mg, 300mg | 3 | NDS NM | |
| GENITOURINARY | | | | | | |
| BENIGN PROSTATIC HYPERPLASIA | | | | | | |
| <i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg | 1 | | <i>tiopronin</i> (generic of THIOLA) TABS 100mg | 3 | NDS NM | |
| AVODART CAPS .5mg | 3 | | UROCIT-K 5 TBCR 540mg | 3 | | |
| CARDURA XL TB24 4mg, 8mg | 3 | | UROCIT-K 10 TBCR 1080mg | 3 | | |
| <i>dutasteride</i> (generic of AVODART) CAPS .5mg | 1 | | UROCIT-K 15 TBCR 15meq | 3 | | |
| URINARY ANTISPASMODICS | | | | | | |
| <i>darifenacin hydrobromide</i> | | | | | | |
| TB24 7.5mg | 1 | | <i>darifenacin hydrobromide</i> (generic of ENABLEX) TB24 15mg | 1 | | |
| DETROL TABS 1mg, 2mg | 3 | | DETROL LA CP24 2mg, 4mg | 3 | | |

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

| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|--------------------------------------------------------------------------|----------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|
| DITROPAN XL TB24 5mg, 10mg | 3 | | ELIQUIS STARTER PACK | 2 | |
| GELNIQUE GEL 10% | 3 | | TBPK 5mg | | |
| GEMTESA TABS 75mg | 3 | | <i>enoxaparin sodium</i> (generic of LOVENOX) SOLN | 1 | |
| MYRBETRIQ TB24 25mg, 50mg | 3 | | 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml | | |
| <i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg; TB24 15mg | 1 | | <i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN | 1 | |
| <i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 5mg, 10mg | 1 | | 2.5mg/0.5ml | | |
| OXYTROL PTTW 3.9mg/24hr | 3 | | <i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN | 3 | NDS |
| <i>solifenacain succinate</i> (generic of VESICARE) TABS 5mg, 10mg | 1 | | 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | | |
| <i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg | 1 | | FRAGMIN SOLN 2500unit/0.2ml | 3 | |
| <i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg | 1 | | FRAGMIN SOLN 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml | 3 | NDS |
| TOVIAZ TB24 4mg, 8mg | 2 | | HEP SOD/NACL INJ 25000UNT | 2 | |
| <i>trospium chloride</i> CP24 60mg; TABS 20mg | 1 | | HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml | 3 | B/D |
| VESICARE TABS 5mg, 10mg | 3 | | <i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml | 1 | B/D |
| VESICARE LS SUSP 5mg/5ml | 3 | | <i>heparin sodium (porcine)</i> 100 unit/ml in d5w | 1 | |
| VAGINAL ANTI-INFECTIVES | | | | | |
| CLEOCIN CREA 2%; SUPP 100mg | 3 | | <i>heparin sodium (porcine)-</i> <i>dextrose iv sol 20000</i> <i>unit/500ml-5%</i> | 1 | |
| <i>clindamycin phosphate</i> vaginal (generic of CLEOCIN) CREA 2% | 1 | | <i>heparin sodium (porcine)-</i> <i>dextrose iv sol 25000</i> <i>unit/500ml-5%</i> | 1 | |
| CLINDESSE CREA 2% | 3 | | HEPARIN/NACL INJ 25000UNT | 2 | |
| GYNAZOLE-1 CREA 2% | 3 | | jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | |
| <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 | 3 | | | | |
| ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | 3 | NDS | | | |
| ELIQUIS TABS 2.5mg, 5mg | 2 | | | | |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|------------------------------------------------------------------------|----------------------------|------------------------------|
| LOVENOX SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | 3 | NDS | <i>cilostazol</i> TABS 50mg, 100mg | 1 | |
| LOVENOX SOLN 300mg/3ml | 3 | | CINRYZE SOLR 500unit | 3 | NDS NM LA |
| PRADAXA CAPS 75mg, 110mg, 150mg | 3 | | DOPTELET TABS 20mg | 3 | NDS NM LA |
| <i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | | DROXIA CAPS 200mg, 300mg, 400mg | 2 | |
| XARELTO TABS 2.5mg, 10mg, 15mg, 20mg | 2 | | ENDARI PACK 5gm | 3 | NDS NM LA |
| XARELTO STAR TAB 15/20MG | 2 | | FIRAZYR SOLN 30mg/3ml | 3 | NDS NM |
| HEMATOPOIETIC GROWTH FACTORS | | | GIVLAARI SOLN 189mg/ml | 3 | NDS NM LA |
| ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml | 2 | B/D NM | HAEGARDA SOLR 2000unit, 3000unit | 3 | NDS NM LA |
| 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 | 3 | NDS B/D NM | <i>icatibant acetate</i> (generic of FIRAZYR) SOLN 30mg/3ml | 3 | NDS NM |
| LEUKINE SOLR 250mcg | 3 | NDS NM | KALBITOR SOLN 10mg/ml | 3 | NDS NM LA |
| MOZOBIL SOLN 24mg/1.2ml | 3 | NDS NM | LYSTEDA TABS 650mg | 3 | |
| NPLATE SOLR 125mcg, 250mcg, 500mcg | 3 | NDS NM | MULPLETA TABS 3mg | 3 | NDS NM |
| PROCIT SOLN 2000unit/ml, 2 3000unit/ml, 4000unit/ml, 10000unit/ml | 2 | B/D NM | ORLADEYO CAPS 110mg, 150mg | 3 | NDS NM LA |
| PROCIT SOLN 20000unit/ml, 40000unit/ml | 3 | NDS B/D NM | OXBRYTA TABS 500mg | 3 | NDS NM LA |
| ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml | 3 | NDS NM | <i>pentoxifylline</i> TBCR 400mg | 1 | |
| MISCELLANEOUS | | | PROMACTA PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg | 3 | NDS NM LA |
| ADAKVEO SOLN 100mg/10ml | 3 | NDS B/D NM | REBLOZYL SOLR 25mg, 75mg | 3 | NDS NM LA |
| AGRYLIN CAPS .5mg | 3 | | RUCONEST SOLR 2100unit | 3 | NDS NM |
| <i>anagrelide hcl</i> CAPS 1mg | 1 | | SIKLOS TABS 100mg | 3 | |
| <i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg | 1 | | SIKLOS TABS 1000mg | 3 | NDS |
| BERINERT KIT 500unit | 3 | NDS NM LA | SOLIRIS SOLN 300mg/30ml | 3 | NDS NM LA |
| CABLIVI KIT 11mg | 3 | NDS NM LA | TAKHYRO SOLN 300mg/2ml | 3 | NDS NM LA |
| PLATELET AGGREGATION INHIBITORS | | | TAVALISSE TABS 100mg, 150mg | 3 | NDS NM LA |
| <i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg | | | <i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml | 1 | |
| BRILINTA TABS 60mg, 90mg | | | <i>tranexamic acid</i> (generic of LYSTEDA) TABS 650mg | 1 | |
| CLOPIDOGREL bisulfate (generic of PLAVIX) TABS 75mg | | | ULTOMIRIS SOLN 300mg/30ml, 300mg/3ml, 1100mg/11ml | 3 | NDS NM LA |

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| Drug Name | | Drug Requirements/ Tier | Limits |
|--------------------------------------------------------------------------|---|----------------------------|--------|
| <i>clopidogrel bisulfate</i> TABS 300mg | | 1 | |
| <i>dipyridamole</i> TABS 25mg, 50mg, 75mg | | 2 | |
| <i>EFFIENT</i> TABS 5mg, 10mg | | 3 | |
| <i>PLAVIX</i> TABS 75mg | | 3 | |
| <i>prasugrel hcl</i> (generic of <i>EFFIENT</i>) TABS 5mg, 10mg | | 1 | |
| <i>ZONTIVITY</i> TABS 2.08mg | | 3 | |
| IMMUNOLOGIC AGENTS | | | |
| AUTOIMMUNE AGENTS | | | |
| <i>AVSOLA</i> SOLR 100mg | 3 | NDS | NM |
| <i>ENBREL</i> SOLN 25mg/0.5ml; SOLR 25mg; SOSY 25mg/0.5ml, 50mg/ml | 3 | NDS | NM |
| <i>ENBREL</i> MINI SOCT 50mg/ml | 3 | NDS | NM |
| <i>ENBREL</i> SURECLICK SOAJ 50mg/ml | 3 | NDS | NM |
| <i>ENTYVIO</i> SOLR 300mg | 3 | NDS | NM |
| <i>HUMIRA</i> PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml | 3 | NDS | NM |
| <i>HUMIRA</i> PEDIA INJ CROHNS | 3 | NDS | NM |
| <i>HUMIRA</i> PEDIATRIC CROHNS D PSKT 80mg/0.8ml | 3 | NDS | NM |
| <i>HUMIRA</i> PEN PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml | 3 | NDS | NM |
| <i>HUMIRA</i> PEN KIT PS/UV | 3 | NDS | NM |
| <i>HUMIRA</i> PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml | 3 | NDS | NM |
| <i>HUMIRA</i> PEN-PEDIATRIC UC S PNKT 80mg/0.8ml | 3 | NDS | NM |
| <i>HUMIRA</i> PEN-PS/UV STARTER PNKT 40mg/0.8ml | 3 | NDS | NM |
| <i>RENFLEXIS</i> SOLR 100mg | 3 | NDS | NM LA |
| <i>RINVOQ</i> TB24 15mg | 3 | NDS | NM |
| <i>SKYRIZI</i> PSKT 75mg/0.83ml; SOSY 150mg/ml | 3 | NDS | NM |
| <i>SKYRIZI</i> PEN SOAJ 150mg/ml | 3 | NDS | NM |
| <i>STELARA</i> SOLN 45mg/0.5ml | 3 | NDS | NM LA |
| <i>STELARA</i> SOSY 45mg/0.5ml, 90mg/ml | 3 | NDS | NM |

| Drug Name | Tier | Drug Requirements/ Limits |
|-----------------------------------------------------------------------------------------------------------------|------|------------------------------|
| TALTZ SOAJ 80mg/ml; SOSY 80mg/ml | 3 | NDS NM LA |
| XELJANZ SOLN 1mg/ml; TABS 5mg, 10mg | 3 | NDS NM |
| XELJANZ XR TB24 11mg, 22mg | 3 | NDS NM |
| DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs) | | |
| ARAVA TABS 10mg, 20mg <i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg | 3 | NDS |
| <i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg | 1 | |
| <i>methotrexate sodium</i> TABS 2.5mg | 1 | |
| PLAQUENIL TABS 200mg | 3 | |
| TREXALL TABS 5mg, 7.5mg, 10mg, 15mg | 3 | B/D |
| XATMEP SOLN 2.5mg/ml | 3 | B/D |
| IMMUNOGLOBULINS | | |
| BIVIGAM SOLN 5gm/50ml | 3 | NDS B/D NM |
| CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml | 3 | NDS B/D NM LA |
| CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml | 3 | NDS B/D NM LA |
| CYTOGAM INJ 50mg/ml | 3 | NDS NM |
| FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml | 3 | NDS B/D NM |
| GAMASTAN INJ | 3 | B/D NM |
| GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 3 | NDS B/D NM |
| GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm | 3 | NDS B/D NM |
| GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml | 3 | NDS B/D NM |

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| Drug Name | Drug Requirements/ Tier Limits | Drug Name | Drug Requirements/ Tier Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml | 3 NDS B/D NM | IMMUNOSUPPRESSANTS | |
| GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | 3 NDS B/D NM | ASTAGRAF XL CP24 5mg ASTAGRAF XL CP24 .5mg, 1mg | 3 NDS B/D NM 3 B/D NM |
| HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml | 3 NDS B/D NM LA | ATGAM INJ 50mg/ml AZASAN TABS 75mg, 100mg | 3 NDS B/D 3 B/D |
| HYQVIA INJ 2.5-200 HYQVIA INJ 5-400 HYQVIA INJ 10-800 HYQVIA INJ 20-1600 HYQVIA INJ 30-2400 | 3 NDS B/D NM 3 NDS B/D NM 3 NDS B/D NM 3 NDS B/D NM 3 NDS B/D NM | <i>azathioprine</i> (generic of IMURAN) TABS 50mg BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml | 1 B/D |
| OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml | 3 NDS B/D NM | CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg | 3 NDS B/D NM |
| PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 3 NDS B/D NM | <i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg; SOLN 50mg/ml | 1 B/D NM |
| PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | 3 NDS B/D NM | <i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml | 1 B/D NM |
| XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml | 3 NDS B/D NM LA | <i>cyclosporine modified (for microemulsion)</i> CAPS 50mg ENVARSUS XR TB24 4mg ENVARSUS XR TB24 .75mg, 1mg | 3 NDS B/D NM 3 NDS B/D NM 3 B/D NM |
| IMMUNOMODULATORS | | <i>everolimus</i> (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg | 3 NDS B/D NM |
| ACTIMMUNE SOLN 2000000unit/0.5ml | 3 NDS NM LA | <i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml | 1 B/D NM |
| ARCALYST SOLR 220mg | 3 NDS NM | IMURAN TABS 50mg | 3 B/D |
| GRASTEK SUBL 2800bau | 3 | LUPKYNIS CAPS 7.9mg | 3 NDS NM LA |
| ILARIS SOLN 150mg/ml | 3 NDS NM LA | <i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg | 1 B/D NM |
| INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 50mu | 3 NDS B/D NM | <i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml | 3 NDS B/D NM |
| INTRON A SOLR 10mu | 2 B/D NM | <i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg | 1 B/D NM |
| INTRON A SOLR 18mu | 3 B/D NM | MYFORTIC TBEC 180mg | 3 B/D NM |
| ODACTRA SUB | 3 | MYFORTIC TBEC 360mg | 3 NDS B/D NM |
| ORALAIR SUB 300 IR | 3 NM | | |
| RAGWITEK SUBL 12amba1- u | 3 | | |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | | | |
|------------------------------------------------------------------|----------------------------|------------------------------|-----------------------------------------------------------------------------------------------|----------------------------|------------------------------|--|--|--|
| NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml | 3 | B/D NM | MENQUADFI INJ | 2 | | | | |
| NULOJIX SOLR 250mg | 3 | NDS B/D NM | MENVEO INJ | 2 | | | | |
| PROGRAF CAPS 5mg | 3 | NDS B/D NM | PEDIARIX INJ 0.5ML | 2 | | | | |
| PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg | 3 | B/D NM | PEDVAX HIB SUSP 7.5mcg/0.5ml | 2 | | | | |
| RAPAMUNE SOLN 1mg/ml; TABS 1mg, 2mg | 3 | NDS B/D NM | PENTACEL INJ | 2 | | | | |
| RAPAMUNE TABS .5mg | 3 | B/D NM | PROQUAD INJ | 2 | | | | |
| SANDIMMUNE CAPS 25mg; SOLN 50mg/ml | 3 | B/D NM | QUADRACEL INJ | 2 | | | | |
| SANDIMMUNE CAPS 100mg | 3 | NDS B/D NM | RABAVERT INJ | 2 | B/D | | | |
| SANDIMMUNE SOLN 100mg/ml | 2 | B/D NM | RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml | 2 | B/D | | | |
| <i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml | 3 | NDS B/D NM | ROTARIX SUS | 2 | | | | |
| <i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg | 1 | B/D NM | ROTATEQ SOL | 2 | | | | |
| <i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg | 1 | B/D NM | SHINGRIX SUSR 50mcg/0.5ml | 2 | | | | |
| ZORTRESS TABS .25mg, .5mg, .75mg, 1mg | 3 | NDS B/D NM | TDVAX INJ 2-2 LF | 2 | B/D | | | |
| VACCINES | | | | | | | | |
| ACTHIB INJ | 2 | | TENIVAC INJ 5-2LF | 2 | B/D | | | |
| ADACEL INJ | 2 | | TRUMENBA INJ | 2 | | | | |
| BCG VACCINE INJ | 2 | | TWINRIX INJ | 2 | | | | |
| BEXSERO INJ | 2 | | TYPHIM VI SOLN 25mcg/0.5ml | 2 | | | | |
| BOOSTRIX INJ | 2 | | VAQTA SUSP 25unit/0.5ml, 50unit/ml | 2 | | | | |
| DAPTACEL INJ | 2 | | VARIVAX INJ 1350pfu/0.5ml | 2 | | | | |
| DIP/TET PED INJ 25-5LFU | 2 | B/D | YF-VAX INJ | 2 | | | | |
| ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml | 2 | B/D | NUTRITIONAL/SUPPLEMENTS | | | | | |
| GARDASIL 9 INJ | 2 | | ELECTROLYTES/MINERALS, INJECTABLE | | | | | |
| HAVRIX SUSP 720elu/0.5ml, 1440elu/ml | 2 | | D2.5W/NACL INJ 0.45% | 1 | | | | |
| HIBERIX SOLR 10mcg | 2 | | D5W/LYTES INJ #48 | 3 | | | | |
| IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml | 2 | B/D | D10W/NACL INJ 0.2% | 2 | | | | |
| INFANRIX INJ | 2 | | <i>dextrose 2.5% w/ sodium chloride 0.45%</i> (generic of DEXTROSE 2.5%/NACL 0.45%) | 1 | | | | |
| IPOV INJ INACTIVE | 2 | | <i>dextrose 5% in lactated ringers</i> | 1 | | | | |
| IXIARO INJ | 2 | | <i>dextrose 5% w/ sodium chloride 0.2%</i> | 1 | | | | |
| KINRIX INJ | 2 | | <i>dextrose 5% w/ sodium chloride 0.9%</i> | 1 | | | | |
| M-M-R II INJ | 2 | | <i>dextrose 5% w/ sodium chloride 0.45%</i> | 1 | | | | |
| MENACTRA INJ | 2 | | <i>dextrose 10% w/ sodium chloride 0.45%</i> | 1 | | | | |

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

| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|--|-------------------------------------------------------------------------------------------|----------------------------|------------------------------|--|
| ISOLYTE-P INJ /D5W | 3 | | | PLASMA-LYTE INJ -A | 3 | | |
| ISOLYTE-S INJ | 3 | | | <i>potassium chloride</i> SOLN | 1 | | |
| ISOLYTE-S INJ PH 7.4 | 3 | | | 2meq/ml, 10meq/100ml, 20meq/100ml, 40meq/100ml | | | |
| <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i> | 1 | | | POTASSIUM CHLORIDE | 3 | | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i> | 1 | | | SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml | | | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i> | 1 | | | <i>potassium chloride</i> 20 meq/l (0.15%) in dextrose 5% inj | 1 | | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i> | 1 | | | <i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5% | | | |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> | 1 | | | TPN ELECTROL INJ | 3 | B/D | |
| KCL 20 MEQ/L (0.15%) IN NAACL 0.45% INJ | 3 | | | ELECTROLYTES/MINERALS/VITAMINS, ORAL | | | |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i> | 1 | | | K-TAB TBCR 8meq, 10meq, 20meq | 3 | | |
| <i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i> | 1 | | | <i>klor-con</i> PACK 20meq | 1 | | |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i> | 1 | | | <i>klor-con</i> 8 TBCR 8meq | 1 | | |
| KCL 40 MEQ/L (0.3%) IN NAACL 0.9% INJ | 3 | | | <i>klor-con</i> 10 TBCR 10meq | 1 | | |
| KCL/D5W/LACT INJ 20MEQ/L | 3 | | | <i>klor-con</i> m10 TBCR 10meq | 1 | | |
| KCL/D5W/NAACL INJ 0.3/0.9% <i>lactated ringer's solution</i> | 3 | | | <i>klor-con</i> m15 TBCR 15meq | 1 | | |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml | 2 | | | <i>klor-con</i> m20 TBCR 20meq | 1 | | |
| <i>magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml</i> | 2 | | | M-NATAL PLUS TAB | 2 | | |
| <i>magnesium sulfate</i> SOLN 50% | 2 | | | <i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq | 1 | | |
| <i>magnesium sulfate</i> in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W) | 2 | | | <i>potassium chloride</i> (generic of K-TAB) TBCR 10meq, 20meq | 1 | | |
| MG SO4/D5W INJ 10MG/ML | 2 | | | <i>potassium chloride</i> <i>microencapsulated crystals er</i> TBCR 10meq, 20meq | 1 | | |
| PLASMA-LYTE INJ -148 | 3 | | | 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 | | |
| | | | | IV NUTRITION | | | |
| | | | | 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 | |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|-------------------------------------------------------------------------------|----------------------------|------------------------------|---------------------------------------------------------------------------|----------------------------|------------------------------|
| CLINIMIX E INJ 5%/D15W | 3 | B/D | PRED-G SUS OP | 3 | |
| CLINIMIX E INJ 5%/D20W | 3 | B/D | <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> | 1 | |
| CLINIMIX E INJ 8/10 | 3 | B/D | TOBRADEX OIN 0.3-0.1% | 2 | |
| CLINIMIX E INJ 8/14 | 3 | B/D | TOBRADEX SUS 0.3-0.1% | 3 | |
| CLINIMIX INJ 4.25/D5W | 3 | B/D | <i>tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)</i> | 1 | |
| CLINIMIX INJ 4.25/D10 | 3 | B/D | ZYLET SUS 0.5-0.3% | 2 | |
| CLINIMIX INJ 5%/D15W | 3 | B/D | ANTI-INFECTIVES | | |
| CLINIMIX INJ 5%/D20W | 3 | B/D | AZASITE SOLN 1% | 3 | |
| CLINIMIX INJ 6/5 | 3 | B/D | <i>bacitracin (ophthalmic) OINT 500unit/gm</i> | 1 | |
| CLINIMIX INJ 8/10 | 3 | B/D | <i>bacitracin-polymyxin b ophth oint</i> | 1 | |
| CLINIMIX INJ 8/14 | 3 | B/D | BESIVANCE SUSP .6% | 2 | |
| <i>clinisol sf 15%</i> | 1 | B/D | BLEPH-10 SOLN 10% | 3 | |
| CLINOLIPID EMU 20% | 3 | B/D | CILOXAN OINT .3% | 2 | |
| <i>dextrose</i> SOLN 5%, 10% | 1 | | CILOXAN SOLN .3% | 3 | |
| <i>dextrose</i> SOLN 50%, 70% | 1 | B/D | <i>ciprofloxacin hcl (ophth) (generic of CILOXAN) SOLN .3%</i> | 1 | |
| FREAMINE HBC INJ 6.9% | 3 | B/D | <i>erythromycin (ophth) OINT 5mg/gm</i> | 1 | |
| FREAMINE III INJ 10% | 3 | B/D | <i>gatifloxacin (ophth) (generic of ZYMAXID) SOLN .5%</i> | 1 | |
| <i>hepatamine</i> | 3 | B/D | <i>gentak OINT .3%</i> | 1 | |
| INTRALIPID EMUL 20gm/100ml, 30gm/100ml | 3 | B/D | <i>gentamicin sulfate (ophth) SOLN .3%</i> | 1 | |
| NUTRILIPID EMUL 20gm/100ml | 3 | B/D | <i>levofloxacin (ophth) SOLN .5%</i> | 1 | |
| <i>plenamine</i> | 1 | B/D | MOXEZA SOLN .5% | 3 | |
| PREMASOL SOL 10% | 3 | B/D | <i>moxifloxacin hcl (ophth) (generic of MOXEZA) SOLN .5%</i> | 1 | |
| PROCALAMINE INJ 3% | 3 | B/D | <i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i> | 1 | |
| PROSOL INJ 20% | 3 | B/D | NATACYN SUSP 5% | 3 | |
| SMOFLIPID EMU | 3 | B/D | <i>neomycin-bacitrac zn-polymyx 1 5(3.5)mg-400unt-10000unt op oin</i> | 1 | |
| TRAVASOL INJ 10% | 3 | B/D | <i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | 1 | |
| TROPHAMINE INJ 10% | 3 | B/D | OCUFLOX SOLN .3% | 3 | |
| 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 | | | | |
| <i>neomycin-polymyxin-hc ophth susp</i> | 1 | | | | |
| PRED-G S.O.P OIN OP | 3 | | | | |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits |
|-------------------------------------------------------------------------------------|------------------------------------|---------------|---------------------------------------------------------------------|------------------------------------|---------------|
| <i>ofloxacin (ophth) (generic of OCUFLOX)</i> SOLN .3% | 1 | | <i>ketorolac tromethamine (ophth) (generic of ACULAR)</i> SOLN .5% | 1 | |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)</i> | 1 | | <i>LOTEMAX GEL .5%; SUSP .5%</i> | 3 | |
| POLYTRIM SOL OP | 3 | | <i>LOTEMAX OINT .5%</i> | 2 | |
| <i>sulfacetamide sodium (ophth) OINT 10%</i> | 1 | | <i>LOTEMAX SM GEL .38%</i> | 3 | |
| <i>sulfacetamide sodium (ophth) (generic of BLEPH-10) SOLN 10%</i> | 1 | | <i>loteprednol etabonate (generic of LOTELEX) GEL .5%; SUSP .5%</i> | 1 | |
| <i>tobramycin (ophth) (generic of TOBREX) SOLN .3%</i> | 1 | | <i>MAXIDEX SUSP .1%</i> | 3 | |
| TOBREX OINT .3%; SOLN .3% | 3 | | <i>NEVANAC SUSP .1%</i> | 3 | |
| <i>trifluridine</i> SOLN 1% | 1 | | <i>PRED MILD SUSP .12%</i> | 3 | |
| VIGAMOX SOLN .5% | 3 | | <i>prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%</i> | 1 | |
| ZIRGAN GEL .15% | 3 | | <i>PREDNISOLONE SODIUM PHOSP SOLN 1%</i> | 2 | |
| ZYMAXID SOLN .5% | 3 | | <i>PROLENSA SOLN .07%</i> | 2 | |
| ANTI-INFLAMMATORIES | | | | | |
| ACULAR SOLN .5% | 3 | | <i>YUTIQ IMPL .18mg</i> | 3 | NDS NM LA |
| ACULAR LS SOLN .4% | 3 | | ANTIALLERGICS | | |
| ACUVAIL SOLN .45% | 3 | | <i>azelastine hcl (ophth) SOLN .05%</i> | 1 | |
| ALREX SUSP .2% | 2 | | <i>bepotastine besilate (generic of BEPREVE) SOLN 1.5%</i> | 1 | |
| <i>bromfenac sodium (ophth) SOLN .09%</i> | 1 | | <i>BEPREVE SOLN 1.5%</i> | 2 | |
| BROMSITE SOLN .075% | 3 | | <i>cromolyn sodium (ophth) SOLN 4%</i> | 1 | |
| <i>dexamethasone sodium phosphate (ophth) SOLN .1%</i> | 1 | | <i>epinastine hcl (ophth) SOLN .05%</i> | 1 | |
| <i>diclofenac sodium (ophth) SOLN .1%</i> | 1 | | <i>LASTACAFT SOLN .25%</i> | 3 | |
| DUREZOL EMUL .05% | 2 | | <i>olopatadine hcl SOLN .1%, .2%</i> | 1 | |
| FLAREX SUSP .1% | 3 | | <i>ZERVIA SOLN .24%</i> | 3 | |
| <i>fluorometholone (ophth) SUSP .1%</i> | 1 | | ANTIGLAUCOMA | | |
| <i>flurbiprofen sodium SOLN .03%</i> | 1 | | <i>ALPHAGAN P SOLN .1%</i> | 2 | |
| FML OINT .1% | 3 | | <i>ALPHAGAN P SOLN .15%</i> | 3 | |
| FML FORTE SUSP .25% | 3 | | <i>AZOPT SUSP 1%</i> | 3 | |
| ILEVRO SUSP .3% | 2 | | <i>betaxolol hcl (ophth) SOLN .5%</i> | 1 | |
| INVELTYS SUSP 1% | 3 | | <i>BETIMOL SOLN .25%, .5%</i> | 3 | |
| <i>ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%</i> | 1 | | <i>BETOPTIC-S SUSP .25%</i> | 2 | |
| | | | <i>brimonidine tartrate SOLN .2%</i> | 1 | |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | | |
|--------------------------------------------------------------------------------------------|----------------------------|------------------------------|--|--|
| <i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .15% | 1 | | | |
| <i>brinzolamide</i> (generic of AZOPT) SUSP 1% | 1 | | | |
| <i>carteolol hcl</i> (ophth) SOLN 1% | 1 | | | |
| COMBIGAN SOLN 0.2/0.5% | 2 | | | |
| COSOPT PF SOLN 2%-0.5% | 3 | | | |
| COSOPT SOLN 22.3-6.8 | 3 | | | |
| <i>dorzolamide hcl</i> (generic of TRUSOPT) SOLN 2% | 1 | | | |
| <i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml pf (generic of COSOPT PF) | 1 | | | |
| <i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml (generic of COSOPT) | 1 | | | |
| ISOPTO CARPINE SOLN 1%, 2%, 4% | 3 | | | |
| ISTALOL SOLN .5% | 3 | | | |
| <i>latanoprost</i> (generic of XALATAN) SOLN .005% | 1 | | | |
| <i>levobunolol hcl</i> SOLN .5% | 1 | | | |
| LUMIGAN SOLN .01% | 2 | | | |
| <i>pilocarpine hcl</i> (generic of ISOPTO CARPINE) SOLN 1%, 2%, 4% | 1 | | | |
| RHOPRESSA SOLN .02% | 2 | | | |
| ROCKLATAN DRO | 3 | | | |
| SIMBRINZA SUS 1-0.2% | 2 | | | |
| <i>timolol maleate</i> (ophth) (generic of TIMOPTIC-XE) SOLG .25%, .5% | 1 | | | |
| <i>timolol maleate</i> (ophth) (generic of TIMOPTIC OCUDOSE) SOLN .5% | 1 | | | |
| <i>timolol maleate</i> (ophth) (generic of TIMOPTIC) SOLN .25%, .5% | 1 | | | |
| <i>timolol maleate</i> (ophth) once-daily (generic of ISTALOL) SOLN .5% | 1 | | | |
| TIMOPTIC SOLN .25%, .5% | 3 | | | |
| TIMOPTIC OCUDOSE SOLN .25%, .5% | 3 | | | |
| MISCELLANEOUS | | | | |
| ATROPINE SULFATE SOLN 1% | 2 | | | |
| BEOVU SOLN 6mg/0.05ml | 3 | NDS NM LA | | |
| CYSTADROPS SOLN .37% | 3 | NDS NM LA | | |
| CYSTARAN SOLN .44% | 3 | NDS NM LA | | |
| EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml | 3 | NDS NM LA | | |
| ISOPTO ATROPINE SOLN 1% | 2 | | | |
| LACRISERT INST 5mg | 3 | | | |
| LUCENTIS SOLN .3mg/0.05ml, .5mg/0.05ml; SOSY .3mg/0.05ml | 3 | NDS NM LA | | |
| OXERVATE SOLN .002% | 3 | NDS NM LA | | |
| <i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5% | 1 | | | |
| RESTASIS EMUL .05% | 2 | | | |
| RESTASIS MULTIDOSE EMUL .05% | 2 | | | |
| OTIC | | | | |
| OTIC AGENTS | | | | |
| <i>acetic acid</i> (otic) SOLN 2% | 1 | | | |
| CETRAXAL SOLN .2% | 3 | | | |
| CIPRO HC SUS OTIC | 3 | | | |
| <i>ciprofloxacin hcl</i> (otic) SOLN .2% | 1 | | | |
| <i>ciprofloxacin-dexamethasone</i> otic susp 0.3-0.1% (generic of CIPRODEX) | 1 | | | |
| <i>ciprofloxacin-fluocinolone aceton</i> (pf) otic soln 0.3-0.025% | 1 | | | |
| CORTISPORIN SUS -TC OTIC | 3 | | | |
| DERMOTIC OIL .01% | 3 | | | |
| <i>flac</i> (generic of DERMOTIC) OIL .01% | 1 | | | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|-------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>fluocinolone acetonide (otic)</i> 1 (generic of DERMOTIC) OIL .01% | | |
| <i>hydrocortisone w/ acetic acid</i> 1 <i>otic soln 1-2%</i> | | |
| <i>neomycin-polymyxin-hc otic</i> 1 <i>soln 1%</i> | | |
| <i>neomycin-polymyxin-hc otic</i> 1 <i>susp 3.5 mg/ml-10000 unit/ml-1%</i> | | |
| <i>ofloxacin (otic)</i> SOLN .3% 1 OTOVEL DRO 3 | | |
| RESPIRATORY | | |
| ANTICHOLINERGIC/BETA AGONIST COMBINATIONS | | |
| ANORO ELLIPT AER 62.5-25 2 | | |
| BEVESPI AER 9-4.8MCG 2 | | |
| BREZTRI AERO AER 2 SPHERE | | |
| BREZTRI AERO AER 2 SPHERE (INSTITUTIONAL PACK) | | |
| COMBIVENT AER 20-100 3 | | |
| <i>ipratropium-albuterol nebu</i> 1 B/D <i>soln 0.5-2.5(3) mg/3ml</i> | | |
| TRELEGY AER ELLIPTA 2 100-62.5-25 MCG | | |
| TRELEGY AER ELLIPTA 2 200-62.5-25 MCG | | |
| 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> 1 SOLN .03%, .06% | | |
| SPIRIVA HANDIHALER 3 CAPS 18mcg | | |
| SPIRIVA RESPIMAT AERS 3 1.25mcg/act, 2.5mcg/act | | |
| ANTIHISTAMINE COMBINATIONS | | |
| <i>azelastine hcl-fluticasone prop</i> 1 <i>nasal spray 137-50 mcg/act</i> (generic of DYMISTA) | | |
| CLARINEX-D TAB 2.5-120 3 | | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--------------------------------------------------------------------------------------------------------|----------------------------|--------|
| DYMISTA SPR 137-50 3 | | |
| ANTIHISTAMINES | | |
| <i>azelastine hcl</i> SOLN .1%, .15% | 1 | |
| <i>cetirizine hcl</i> SOLN 1mg/ml 1 | | |
| CLARINEX TABS 5mg 3 | | |
| <i>ciproheptadine hcl</i> SYRP 2 2mg/5ml; TABS 4mg | | |
| <i>desloratadine</i> (generic of CLARINEX) TABS 5mg 1 | | |
| <i>desloratadine</i> TBDP 2.5mg, 5mg 1 | | |
| <i>diphenhydramine hcl</i> SOLN 1 50mg/ml | | |
| <i>hydroxyzine hcl</i> SOLN 3 25mg/ml, 50mg/ml | | |
| <i>hydroxyzine hcl</i> SYRP 2 10mg/5ml | | |
| <i>hydroxyzine hcl</i> TABS 10mg, 1 25mg, 50mg | | |
| <i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg 1 | | |
| <i>hydroxyzine pamoate</i> CAPS 1 100mg | | |
| <i>levocetirizine dihydrochloride</i> 1 SOLN 2.5mg/5ml; TABS 5mg | | |
| <i>olopatadine hcl (nasal)</i> 1 (generic of PATANASE) SOLN .6% | | |
| PATANASE SOLN .6% 3 | | |
| QUZYTTIR SOLN 10mg/ml 3 | | |
| VISTARIL CAPS 25mg, 50mg 3 | | |
| BETA AGONISTS | | |
| <i>albuterol sulfate</i> AERS 1 108mcg/act (generic of Ventolin HFA) | | |
| <i>albuterol sulfate</i> (generic of PROAIR HFA) AERS 1 108mcg/act (generic of Proair HFA) | | |
| <i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 1 108mcg/act (generic of Proventil HFA) | | |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|-------------------------------------------------------------------------------------|----------------------------|------------------------------|----------------------------------------------------------------------------------------------------|----------------------------|------------------------------|
| <i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml | 1 | B/D | <i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg | 1 | |
| <i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg | 1 | | MISCELLANEOUS | | |
| <i>arformoterol tartrate</i> (generic of BROVANA) NEBU 15mcg/2ml | 3 | NDS B/D | <i>acetylcysteine</i> SOLN 10%, 20% | 1 | B/D |
| BROVANA NEBU 15mcg/2ml | 3 | NDS B/D | ARALAST NP SOLR 500mg, 1000mg | 3 | NDS NM LA |
| <i>formoterol fumarate</i> (generic of PERFOROMIST) NEBU 20mcg/2ml | 3 | NDS B/D | BRONCHITOL CAPS 40mg | 3 | NDS NM LA |
| <i>levalbuterol hcl</i> (generic of XOPENEX CONCENTRATE) NEBU 1.25mg/0.5ml | 1 | B/D | <i>cromolyn sodium</i> NEBU 20mg/2ml | 1 | B/D |
| <i>levalbuterol hcl</i> (generic of XOPENEX) NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml | 1 | B/D | DALIRESP TABS 250mcg, 500mcg | 3 | |
| <i>levalbuterol tartrate</i> AERO 45mcg/act | 1 | | ELIXOPHYLLIN ELIX 80mg/15ml | 3 | NDS |
| PERFOROMIST NEBU 20mcg/2ml | 3 | NDS B/D | <i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen) | 1 | |
| SEREVENT DISKUS AEPB 50mcg/dose | 2 | | <i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen) | 1 | |
| STRIVERDI RESPIMAT AERS 2.5mcg/act | 3 | | <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick) | 1 | |
| <i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg | 1 | | EPIPEN 2-PAK SOAJ .3mg/0.3ml | 3 | |
| VENTOLIN HFA AERS 108mcg/act | 2 | | EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml | 3 | |
| VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act | 2 | | ESBRIET CAPS 267mg; TABS 267mg, 801mg | 3 | NDS NM |
| XOPENEX NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml | 3 | B/D | FASENRA SOSY 30mg/ml | 3 | NDS NM LA |
| XOPENEX CONCENTRATE NEBU 1.25mg/0.5ml | 3 | B/D | FASENRA PEN SOAJ 30mg/ml | 3 | NDS NM LA |
| XOPENEX HFA AERO 45mcg/act | 3 | | GLASSIA SOLN 1000mg/50ml | 3 | NDS NM LA |
| LEUKOTRIENE MODULATORS | | | KALYDECO PACK 25mg, 50mg, 75mg; TABS 150mg | 3 | NDS NM |
| ACCOLATE TABS 10mg, 20mg | 3 | | NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 100mg/ml | 3 | NDS NM LA |
| <i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg | 1 | | OFEV CAPS 100mg, 150mg | 3 | NDS NM |
| SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg | 3 | | ORKAMBI GRA 100-125 | 3 | NDS NM |
| | | | ORKAMBI GRA 150-188 | 3 | NDS NM |
| | | | ORKAMBI TAB 100-125 | 3 | NDS NM |
| | | | ORKAMBI TAB 200-125 | 3 | NDS NM |

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| Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits | Drug Name | Drug Requirements/ Tier | Drug Requirements/ Limits |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|--------------------------------------------------------------------------|----------------------------|------------------------------|
| PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg | 3 | NDS NM LA | FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act | 2 | |
| PULMOZYME SOLN 1mg/ml | 3 | NDS B/D NM | PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml | 3 | B/D |
| SYMDEKO TAB 50-75MG | 3 | NDS NM LA | PULMICORT FLEXHALER AEPB 90mcg/act, 180mcg/act | 3 | |
| SYMDEKO TAB 100-150 | 3 | NDS NM LA | STEROID/BETA-AGONIST COMBINATIONS | | |
| SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml | 3 | | ADVAIR DISKU AER 100/50 | 2 | |
| THEO-24 CP24 100mg, 200mg, 300mg, 400mg <i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg | 3 | | ADVAIR DISKU AER 250/50 | 2 | |
| TRIKAFFTA TAB 50-25- 37.5MG & 75MG | 3 | NDS NM LA | ADVAIR DISKU AER 500/50 | 2 | |
| TRIKAFFTA TAB 100-50-75MG | 3 | NDS NM LA & 150MG | ADVAIR HFA AER 45/21 | 2 | |
| XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml | 3 | NDS NM LA | ADVAIR HFA AER 115/21 | 2 | |
| ZEMAIRA SOLR 1000mg | 3 | NDS NM LA | ADVAIR HFA AER 230/21 | 2 | |
| NASAL STEROIDS | | | BREO ELLIPTA INH 100-25 | 2 | |
| BECONASE AQ SUSP 42mcg/spray | 3 | | BREO ELLIPTA INH 200-25 | 2 | |
| <i>flunisolide (nasal)</i> SOLN .025% | 1 | | SYMBICORT AER 80-4.5 | 2 | |
| <i>fluticasone propionate (nasal)</i> SUSP 50mcg/act | 1 | | SYMBICORT AER 160-4.5 | 2 | |
| <i>mometasone furoate (nasal)</i> (generic of NASONEX) SUSP 50mcg/act | 1 | | TOPICAL DERMATOLOGY, ACNE | | |
| NASONEX SUSP 50mcg/act | 3 | | ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg | 3 | NDS |
| OMNARIS SUSP 50mcg/act | 3 | | ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg | 3 | NDS |
| QNASL AERS 80mcg/act | 3 | | ACANYA GEL 1.2-2.5% | 3 | |
| QNASL CHILDRENS AERS 40mcg/act | 3 | | accutane CAPS 20mg, 30mg, 40mg | 1 | |
| XHANCE EXHU 93mcg/act | 3 | | ACZONE GEL 5%, 7.5% | 3 | |
| ZETONNA AERS 37mcg/act | 3 | | <i>adapalene</i> GEL .1% | 1 | |
| STEROID INHALANTS | | | <i>adapalene</i> (generic of DIFFERIN) GEL .3% | 1 | |
| ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act | 2 | | ADAPALENE SOLN .1% | 3 | NDS |
| <i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml | 1 | B/D | <i>adapalene-benzoyl peroxide</i> gel 0.1-2.5% (generic of EPIDUO) | 1 | |
| FLOVENT DISKUS AEPB 50mcg/blist, 100mcg/blist, 250mcg/blist | 2 | | AKLIEF CREA .005% | 3 | |
| | | | ALTRENO LOTN .05% | 3 | |
| | | | amnesteem CAPS 10mg, 20mg, 40mg | 1 | |
| | | | AMZEEQ FOAM 4% | 3 | |
| | | | ARAZLO LOTN .045% | 3 | |
| | | | ATRALIN GEL .05% | 3 | |

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|--------------------------------------------------------------------------------|----------------------------|------------------------------|-----------------------------------------------------------------------------|----------------------------|------------------------------|
| avita (generic of RETIN-A) | 1 | | FABIOR FOAM .1% | 3 | |
| CREA .025% | | | isotretinoin CAPS 10mg, 20mg, 30mg, 40mg | 1 | |
| avita GEL .025% | 1 | | isotretinoin (generic of ABSORICA) CAPS 25mg, 35mg | 3 | NDS |
| AZELEX CREA 20% | 3 | | KLARON LOTN 10% | 3 | |
| BENZACLIN GEL 1-5%PUMP | 3 | | myorisan CAPS 10mg, 20mg, 30mg, 40mg | 1 | |
| BENZAMYCIN GEL 5-3% | 3 | | neuac gel 1.2-5% | 1 | |
| benzoyl peroxide- erythromycin gel 5-3% (generic of BENZAMYCIN) | 1 | | ONEXTON GEL 1.2-3.75 | 3 | |
| claravis CAPS 10mg, 20mg, 30mg, 40mg | 1 | | RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025% | 3 | |
| CLEOCIN-T LOTN 1% | 3 | | RETIN-A MICRO GEL .04%, .1% | 3 | |
| clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)- 5% | 1 | | RETIN-A MICRO GEL .06% | 3 | NDS |
| clindamycin phosphate (topical) (generic of EVOCLIN) FOAM 1% | 1 | | RETIN-A MICRO PUMP GEL .08% | 3 | NDS |
| clindamycin phosphate (topical) GEL 1%; SOLN 1% | 1 | | sulfacetamide sodium (acne) (generic of KLARON) LOTN 10% | 1 | |
| clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN 1% | 1 | | TAZAROTENE FOAM .1% | 3 | |
| clindamycin phosphate- benzoyl peroxide gel 1-5% (generic of BENZACLIN) | 1 | | tretinoin (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% | 1 | |
| clindamycin phosphate- benzoyl peroxide gel 1.2-2.5% (generic of ACANYA) | 1 | | tretinoin (generic of ATRALIN) GEL .05% | 1 | |
| clindamycin phosphate- tretinoin gel 1.2-0.025% (generic of ZIANA) | 1 | | tretinoin microsphere (generic of RETIN-A MICRO) GEL .04%, .1% | 1 | |
| dapsone (topical) (generic of ACZONE) GEL 5%, 7.5% | 1 | | VELTIN GEL | 3 | |
| DIFFERIN GEL .3%; LOTN .1% | 3 | | zenatane CAPS 10mg, 20mg, 30mg, 40mg | 1 | |
| EPIDUO FORTE GEL 0.3- 2.5% | 3 | | ZIANA GEL | 3 | |
| EPIDUO GEL 0.1-2.5% | 3 | | DERMATOLOGY, ANTIBIOTICS | | |
| ery PADS 2% | 1 | | ALTABAX OINT 1% | 3 | |
| ERYGEL GEL 2% | 3 | | CENTANY OINT 2% | 3 | |
| erythromycin (acne aid) (generic of ERYGEL) GEL 2% | 1 | | gentamicin sulfate (topical) CREA .1%; OINT .1% | 1 | |
| erythromycin (acne aid) SOLN 2% | 1 | | mafenide acetate (generic of SULFAMYLYON) PACK 5% | 1 | |
| EVOCLIN FOAM 1% | 3 | NDS | mupirocin OINT 2% | 1 | |
| | | | SILVADENE CREA 1% | 3 | |
| | | | silver sulfadiazine (generic of SILVADENE) CREA 1% | 1 | |
| | | | ssd (generic of SILVADENE) CREA 1% | 1 | |

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| Drug Name | Drug Requirements/ Tier | Limits |
|----------------------------------------------------------------------------------------|----------------------------|--------|
| SULFAMYLYON CREA 85mg/gm | 3 | |
| SULFAMYLYON PACK 5% | 3 | NDS |
| XEPI CREA 1% | 3 | |
| DERMATOLOGY, ANTIFUNGALS | | |
| ciclopirox olamine (generic of LOPROX) CREA .77%; SUSP .77% | 1 | |
| clotrimazole (topical) CREA 1%; SOLN 1% | 1 | |
| clotrimazole w/ betamethasone cream 1- 0.05% | 1 | |
| clotrimazole w/ betamethasone lotion 1- 0.05% | 1 | |
| econazole nitrate CREA 1% | 1 | |
| JUBLIA SOLN 10% | 3 | NDS |
| ketoconazole (topical) CREA 2% | 1 | |
| LOPROX CREA .77%; SUSP .77% | 3 | |
| MENTAX CREA 1% | 3 | |
| miconazole-zinc oxide-white petrolatum oint 0.25-15- 81.35% | 1 | |
| naftifine hcl CREA 1%, 2% | 1 | |
| naftifine hcl (generic of NAFTIN) GEL 1% | 1 | |
| NAFTIN GEL 1%, 2% | 3 | |
| nyamyc POWD 100000unit/gm | 1 | |
| nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm; POWD 100000unit/gm | 1 | |
| nystop POWD 100000unit/gm | 1 | |
| OXISTAT LOTN 1% | 3 | PA |
| VUSION OIN | 3 | |
| DERMATOLOGY, ANTIPSORIATICS | | |
| acitretin (generic of SORIATANE) CAPS 10mg, 25mg | 1 | |
| acitretin CAPS 17.5mg | 1 | |
| calcipotriene FOAM .005%; OINT .005%; SOLN .005% | 1 | PA |
| calcitrene OINT .005% | 1 | PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|-----------------------------------------------------------------------------------|----------------------------|--------|
| methoxsalen rapid CAPS 10mg | 3 | NDS |
| SORIATANE CAPS 10mg, 25mg | 3 | NDS |
| SORILUX FOAM .005% tazarotene (generic of TAZORAC) CREA .1% | 3 | NDS PA |
| TAZORAC CREA .05%; GEL .05%, .1% | 3 | |
| DERMATOLOGY, ANTISEBORRHEICS | | |
| ketoconazole (topical) SHAM 2% | 1 | |
| selenium sulfide LOTN 2.5% | 1 | |
| DERMATOLOGY, CORTICOSTEROIDS | | |
| ala-cort CREA 1%, 2.5% | 1 | |
| ALA-SCALP LOTN 2% | 3 | NDS |
| alclometasone dipropionate CREA .05%; OINT .05% | 1 | |
| amcinonide LOTN .1% | 1 | |
| APEXICON E CREA .05% | 3 | NDS |
| beser (generic of CUTIVATE) LOTN .05% | 1 | |
| betamethasone dipropionate (topical) CREA .05%; LOTN .05%; OINT .05% | 1 | |
| betamethasone dipropionate augmented (generic of DIPROLENE AF) CREA .05% | 1 | |
| betamethasone dipropionate augmented GEL .05%; LOTN .05% | 1 | |
| betamethasone dipropionate augmented (generic of DIPROLENE) OINT .05% | 1 | |
| betamethasone valerate CREA .1%; LOTN .1%; OINT .1% | 1 | |
| betamethasone valerate (generic of LUXIQ) FOAM .12% | 1 | |
| CAPEX SHAM .01% | 3 | |
| clobetasol propionate (generic of TEMOVATE) CREA .05%; OINT .05% | 1 | |
| clobetasol propionate (generic of OLUX) FOAM .05% | 1 | |

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|--------------------------------------------------------------------------------------|----------------------------|------------------------------|------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|
| <i>clobetasol propionate</i> GEL .05%; SOLN .05% | 1 | | <i>fluocinonide emulsified base</i> CREA .05% | 1 | |
| <i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05%; LOTN .05%; SHAM .05% | 1 | | <i>fluticasone propionate</i> CREA .05%; OINT .005% | 1 | |
| <i>clobetasol propionate e</i> CREA .05% | 1 | | <i>fluticasone propionate</i> (generic of CUTIVATE) LOTN .05% | 1 | |
| <i>clobetasol propionate emulsion</i> (generic of OLUX-E) FOAM .05% | 1 | | <i>halobetasol propionate</i> CREA .05%; OINT .05% | 1 | |
| CLOBEX LIQD .05% CLOBEX LOTN .05%; SHAM .05% | 3 | NDS | <i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5% | 1 | |
| <i>clodan</i> (generic of CLOBEX) SHAM .05% | 1 | | <i>hydrocortisone butyrate</i> SOLN .1% | 1 | |
| CUTIVATE LOTN .05% | 3 | NDS | IMPEKLO LOTN .15mg/act | 3 | NDS |
| DERMA-SMOOTH/E/FS BODY OIL .01% | 3 | | <i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1% | 1 | |
| DERMA-SMOOTH/E/FS SCALP OIL .01% | 3 | | OLUX FOAM .05% | 3 | NDS |
| <i>desonide</i> (generic of DESOWEN) CREA .05% | 1 | | OLUX-E FOAM .05% | 3 | NDS |
| <i>desonide</i> LOTN .05%; OINT .05% | 1 | | PANDEL CREA .1% | 3 | NDS |
| <i>desoximetasone</i> (generic of TOPICORT) LIQD .25% | 1 | | <i>prednicarbate</i> OINT .1% | 1 | |
| DIPROLENE OINT .05% | 3 | | SYNALAR CREA .025%; OINT .025%; SOLN .01% | 3 | |
| DIPROLENE AF CREA .05% | 3 | | TEMOVATE CREA .05%; OINT .05% | 3 | |
| DUOBRII LOT | 3 | NDS | <i>tovet</i> (generic of OLUX-E) FOAM .05% | 1 | |
| ENSTILAR AER | 3 | PA | <i>triamcinolone acetonide</i> (topical) CREA .025%, .1%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5% | 1 | |
| <i>fluocinolone acetonide</i> CREA .01% | 1 | | <i>triderm</i> CREA .1%, .5% | 1 | |
| <i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025%; SOLN .01% | 1 | | DERMATOLOGY, LOCAL ANESTHETICS | | |
| <i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/E/FS BODY) OIL .01% | 1 | | <i>glydo</i> PRSY 2% | 1 | PA |
| <i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/E/FS SCALP) OIL .01% | 1 | | <i>lidocaine</i> OINT 5% | 1 | PA |
| <i>fluocinonide</i> CREA .05%; GEL .05%; OINT .05%; SOLN .05% | 1 | | <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 |
| | | | LIDODERM PTCH 5% | 3 | PA |
| | | | QUTENZA KIT 8% 1-PCH | 3 | NDS NM LA |
| | | | QUTENZA KIT 8% 2-PCH | 3 | NDS NM LA |
| | | | ZTLIDO PTCH 1.8% | 3 | PA |

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| Drug Name | Drug Requirements/ Tier | Limits | Drug Name | Drug Requirements/ Tier | Limits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------|----------------------------|--------|-----------------------------------------------------------|----------------------------|-----------|-----------------|---|--|-----------------------|---|--|------------------------------------|---|--|-----------------------------------------------------------|---|--|--------------------|---|--|----------------------------------|---|--|------------------|---|--|------------------------------------------------------------|---|--|----------------|---|--|---------------------------------------|--|--|--|--|--|-------------------|---|-----|--------------------|---|--|------------------------|---|--|-------------------|---|--|----------------------------------------|--|--|-----------------------------------|--|--|--|--|--|-----------------------------------------------|--|--|----------------------------------------------|---|--|
| DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| acyclovir topical (generic of ZOVIRAX) OINT 5% | 1 | | MIRVASO GEL .33% | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALDARA CREA 5% | 3 | | NORITATE CREA 1% | 3 | NDS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANUSOL-HC CREA 2.5% | 3 | | ORACEA CPDR 40mg | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| azelaic acid (generic of FINACEA) GEL 15% | 1 | | pimecrolimus (generic of ELIDEL) CREA 1% | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONDYLOX GEL .5% | 3 | | podofilox SOLN .5% | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CORTIFOAM FOAM 10% | 3 | | procto-med hc (generic of ANUSOL-HC) CREA 2.5% | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DENAVIR CREA 1% | 3 | NDS | procto-pak (generic of PROCTOCORT) CREA 1% | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| diclofenac sodium (actinic keratoses) GEL 3% | 1 | PA | proctozone-hc (generic of ANUSOL-HC) CREA 2.5% | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| diclofenac sodium (topical) (generic of VOLTAREN) GEL 1% | 1 | | PROTOPIC OINT .03%, .1% | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| diclofenac sodium (topical) SOLN 1.5% | 1 | PA | QBREXZA PADS 2.4% | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| doxycycline (rosacea) CPDR 1 40mg | | | RECTIV OINT .4% | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EFUDEX CREA 5% | 3 | | RHOFADE CREA 1% | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ELIDEL CREA 1% | 3 | | rosadan (generic of METROCREAM) CREA .75% | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FINACEA FOAM 15%; GEL 15% | 3 | | tacrolimus (topical) (generic of PROTOPIC) OINT .03%, .1% | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FLUOROPLEX CREA 1% | 3 | NDS | TARGRETIN GEL 1% | 3 | NDS NM PA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| fluorouracil (topical) (generic of EFUDEX) CREA 5% | 1 | | VALCHLOR GEL .016% | 3 | NDS NM LA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| fluorouracil (topical) SOLN 2%, 5% | 1 | | XERESE CRE 5-1% | 3 | NDS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| hydrocortisone (rectal) (generic of ANUSOL-HC) CREA 2.5% | 1 | | ZILXI FOAM 1.5% | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| imiquimod (generic of ALDARA) CREA 5% | 1 | | ZOVIRAX OINT 5% | 3 | NDS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KLISYRI OINT 1% | 3 | NDS | DERMATOLOGY, SCABICIDES AND PEDICULIDES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| lactic acid (ammonium lactate) 1 CREA 12%; LOTN 12% | | | METROCREAM CREA .75% | 3 | | crotan LOTN 10% | 1 | | METROLOTION LOTN .75% | 3 | | ivermectin (pediculicide) LOTN .5% | 1 | | metronidazole (topical) (generic of METROCREAM) CREA .75% | 1 | | malathion LOTN .5% | 1 | | metronidazole (topical) GEL .75% | 1 | | NATROBA SUSP .9% | 3 | | metronidazole (topical) (generic of METROLOTION) LOTN .75% | 1 | | OVIDE LOTN .5% | 3 | | DERMATOLOGY, WOUND CARE AGENTS | | | | | | REGRANEX GEL .01% | 3 | NDS | permethrin CREA 5% | 1 | | SANTYL OINT 250unit/gm | 3 | | spinosad SUSP .9% | 1 | | sodium chloride (gu irrigant) SOLN .9% | | | MOUTH/THROAT/DENTAL AGENTS | | | | | | water for irrigation, sterile irrigation soln | | | cevimeline hcl (generic of EVOXAC) CAPS 30mg | 1 | |
| METROCREAM CREA .75% | 3 | | crotan LOTN 10% | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METROLOTION LOTN .75% | 3 | | ivermectin (pediculicide) LOTN .5% | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| metronidazole (topical) (generic of METROCREAM) CREA .75% | 1 | | malathion LOTN .5% | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| metronidazole (topical) GEL .75% | 1 | | NATROBA SUSP .9% | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| metronidazole (topical) (generic of METROLOTION) LOTN .75% | 1 | | OVIDE LOTN .5% | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DERMATOLOGY, WOUND CARE AGENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REGRANEX GEL .01% | 3 | NDS | permethrin CREA 5% | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SANTYL OINT 250unit/gm | 3 | | spinosad SUSP .9% | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| sodium chloride (gu irrigant) SOLN .9% | | | MOUTH/THROAT/DENTAL AGENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| water for irrigation, sterile irrigation soln | | | cevimeline hcl (generic of EVOXAC) CAPS 30mg | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| cevimeline hcl (generic of EVOXAC) CAPS 30mg | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

| Drug Name | Drug Requirements/ Tier Limits | |
|--------------------------------------------------------------------------------------|------------------------------------------------|-----|
| <i>chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) SOLN .12%</i> | 1 | |
| <i>clotrimazole TROC 10mg</i> | 1 | |
| <i>EVOXAC CAPS 30mg</i> | 3 | |
| <i>lidocaine hcl (mouth-throat) SOLN 2%</i> | 1 | |
| <i>nystatin (mouth-throat) SUSP 100000unit/ml</i> | 1 | |
| <i>ORAVIG TABS 50mg</i> | 3 | NDS |
| <i>periogard (generic of PERIDEX) SOLN .12%</i> | 1 | |
| <i>pilocarpine hcl (oral) (generic of SALAGEN) TABS 5mg, 7.5mg</i> | 1 | |
| <i>SALAGEN TABS 5mg, 7.5mg</i> | 3 | |
| <i>triamcinolone acetonide (mouth) PSTE .1%</i> | 1 | |

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

Index

| | |
|-----------------------------------|----|
| A | |
| abacavir sulfate | 8 |
| abacavir sulfate-lamivudine | |
| tab 600-300 mg | 9 |
| abacavir sulfate- | |
| lamivudine-zidovudine | |
| tab 300-150-300 mg | 9 |
| ABELCET | 7 |
| ABILITY | 37 |
| see <i>aripiprazole</i> | 38 |
| ABILITY MAINTENA | 37 |
| ABILITY MYCITE | 37 |
| ABILITY MYCITE | |
| MAINTENANC | 37 |
| ABILITY MYCITE | |
| STARTER KI | 37 |
| abiraterone acetate | 15 |
| ABRAXANE INJ 100MG .. | 16 |
| ABSORICA | 72 |
| see <i>isotretinoin</i> | 73 |
| ABSORICA LD | 72 |
| acamprosate calcium | 44 |
| ACANYA | |
| see <i>clindamycin</i> | |
| <i>phosphate-benzoyl</i> | |
| <i>peroxide gel 1.2-2.5%</i> | |
| ..... | 73 |
| ACANYA GEL 1.2-2.5% .. | 72 |
| acarbose | 45 |
| ACCOLATE | 71 |
| see <i>zafirlukast</i> | 71 |
| ACCUPRIL | 21 |
| see <i>quinapril hcl</i> | 21 |
| ACCURETIC | |
| see <i>quinapril</i> - | |
| <i>hydrochlorothiazide tab</i> | |
| <i>10-12.5 mg</i> | 20 |
| see <i>quinapril</i> - | |
| <i>hydrochlorothiazide tab</i> | |
| <i>20-12.5 mg</i> | 20 |
| see <i>quinapril</i> - | |
| <i>hydrochlorothiazide tab</i> | |
| <i>20-25 mg</i> | 20 |
| ACCURETIC TAB 10-12.5 | |
| ..... | 20 |
| ACCURETIC TAB 20-12.5 | |
| ..... | 20 |
| ACCURETIC TAB 20- | |
| 25MG | 20 |
| accutane | 72 |
| acebutolol hcl | 26 |
| acetaminophen-caffeine- | |
| <i>dihydrocodeine cap</i> | |
| <i>320.5-30-16 mg</i> | 3 |
| acetaminophen-caffeine- | |
| <i>dihydrocodeine tab 325-</i> | |
| <i>30-16 mg</i> | 3 |
| acetaminophen w/ codeine | |
| <i>soln 120-12 mg/5ml</i> | 2 |
| acetaminophen w/ codeine | |
| <i>tab 300-15 mg</i> | 2 |
| acetaminophen w/ codeine | |
| <i>tab 300-30 mg</i> | 3 |
| acetaminophen w/ codeine | |
| <i>tab 300-60 mg</i> | 3 |
| acetazolamide | 28 |
| acetic acid | 60 |
| acetic acid (otic) | 69 |
| acetylcysteine | 71 |
| ACIPHEX | 60 |
| see <i>rabeprazole sodium</i> | |
| ..... | 60 |
| acitretin | 74 |
| ACTHIB INJ | 65 |
| ACTIMMUNE | 64 |
| ACTIQ | 3 |
| see <i>fentanyl citrate</i> | 3 |
| ACTIVELLA | |
| see <i>amabelz</i> | 52 |
| see <i>estradiol &</i> | |
| <i>norethindrone acetate</i> | |
| <i>tab 1-0.5 mg</i> | 52 |
| see <i>mimvey</i> | 52 |
| ACTIVELLA TAB 1-0.5MG | |
| ..... | 52 |
| ACTONEL | 47 |
| see <i>risedronate sodium</i> | |
| ..... | 48 |
| ACTOPLUS MET | |
| see <i>pioglitazone hcl</i> - | |
| <i>metformin hcl tab 15-</i> | |
| <i>500 mg</i> | 46 |
| see <i>pioglitazone hcl</i> - | |
| <i>metformin hcl tab 15-</i> | |
| <i>850 mg</i> | 46 |
| ACTOPLUS MET TAB 15- | |
| <i>500MG</i> | 45 |
| ACTOPLUS MET TAB 15- | |
| <i>850MG</i> | 45 |
| ACTOS | 45 |
| see <i>pioglitazone hcl</i> | 46 |
| ACULAR | 68 |
| see <i>ketorolac</i> | |
| <i>tromethamine (ophth)</i> | |
| ..... | 68 |
| ACULAR LS | 68 |
| see <i>ketorolac</i> | |
| <i>tromethamine (ophth)</i> | |
| ..... | 68 |
| ACUVAIL | 68 |
| acyclovir | 10 |
| acyclovir sodium | 10 |
| acyclovir topical | 76 |
| ACZONE | 72 |
| see <i>dapsone (topical)</i> .. | 73 |
| ADACEL INJ | 65 |
| ADAKVEO | 62 |
| adapalene | 72 |
| ADAPALENE | 72 |
| adapalene-benzoyl | |
| <i>peroxide gel 0.1-2.5%</i> .. | 72 |
| ADCIRCA | 30 |
| see <i>alyq</i> | 30 |
| see <i>tadalafil (pulmonary</i> | |
| <i>hypertension)</i> | 30 |
| ADDERALL | |
| see <i>amphetamine-</i> | |
| <i>dextroamphetamine</i> | |
| <i>tab 10 mg</i> | 40 |
| see <i>amphetamine-</i> | |
| <i>dextroamphetamine</i> | |
| <i>tab 12.5 mg</i> | 40 |
| see <i>amphetamine-</i> | |
| <i>dextroamphetamine</i> | |
| <i>tab 15 mg</i> | 40 |
| see <i>amphetamine-</i> | |
| <i>dextroamphetamine</i> | |
| <i>tab 20 mg</i> | 40 |

| | | |
|-------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------|
| see <i>amphetamine-dextroamphetamine tab 30 mg</i>.....40 | <i>adefovir dipivoxil</i> .....10 | see <i>spironolactone</i> .....21 |
| see <i>amphetamine-dextroamphetamine tab 5 mg</i>.....40 | ADEMPAS .....30 | ALDARA.....76 |
| see <i>amphetamine-dextroamphetamine tab 7.5 mg</i>.....40 | ADRENALIN .....28 | see <i>imiquimod</i> .....76 |
| ADDERALL TAB 10MG ..39 | <i>adriamycin</i>.....14 | ALDURAZYME .....53 |
| ADDERALL TAB 12.5MG ..39 | ADVAIR DISKU AER 100/50 .....72 | ALECENSA.....17 |
| ADDERALL TAB 15MG ..39 | ADVAIR DISKU AER 250/50 .....72 | alendronate sodium .....47 |
| ADDERALL TAB 20MG ..39 | ADVAIR DISKU AER 500/50 .....72 | alfuzosin hcl .....60 |
| ADDERALL TAB 30MG ..39 | ADVAIR HFA AER 115/21.....72 | ALIMTA.....15 |
| ADDERALL TAB 5MG ....39 | ADVAIR HFA AER 230/21.....72 | ALINIA |
| ADDERALL TAB 7.5MG .39 | ADVAIR HFA AER 45/21 72 | see <i>nitazoxanide</i> .....6 |
| ADDERALL XR | ADZENYS XR-ODT .....39 | ALIQOPA .....17 |
| see <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>....39 | AEMCOLO .....5 | <i>aliskiren fumarate</i> .....28 |
| see <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>....40 | AFINITOR .....17 | ALKINDI SPRINKLE .....53 |
| see <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>....40 | see <i>everolimus</i> .....17 | <i>allopurinol</i>.....1 |
| see <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> ...40 | AFINITOR DISPERZ.....17 | <i>allopurinol sodium</i> .....1 |
| see <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>....40 | <i>afirmelle</i> .....48 | <i>almotriptan malate</i> .....41 |
| see <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>....39 | AGRYLIN .....62 | ALOPRIM.....1 |
| ADDERALL XR CAP 10MG ..39 | see <i>anagrelide hcl</i> .....62 | see <i>allopurinol sodium</i> ...1 |
| ADDERALL XR CAP 15MG ..39 | AIMOVIG.....41 | ALORA.....52 |
| ADDERALL XR CAP 20MG ..39 | AKLIEF.....72 | <i>alosetron hcl</i>.....59 |
| ADDERALL XR CAP 25MG ..39 | AKYNZEO CAP 300-0.5 57 | ALOXI .....57 |
| ADDERALL XR CAP 30MG ..39 | AKYNZEO INJ 235-0.25 57 | see <i>palonosetron hcl</i> ...57 |
| ADDERALL XR CAP 5MG ..39 | AKYNZEO INJ 235- 0.25MG/20ML.....57 | ALPHAGAN P .....68 |
| | <i>ala-cort</i> .....74 | see <i>brimonidine tartrate</i>.....69 |
| | ALA-SCALP .....74 | alprazolam .....30 |
| | <i>albendazole</i>.....5 | ALPRAZOLAM INTENSOL.....30 |
| | ALBENZA.....5 | ALREX .....68 |
| | see <i>albendazole</i> .....5 | ALTABAX .....73 |
| | <i>albuterol sulfate</i>.....70, 71 | ALTACE .....21 |
| | ALCAINE | see <i>ramipril</i>.....21 |
| | see <i>proparacaine hcl</i> ...69 | <i>altavera</i> .....48 |
| | <i>alclometasone dipropionate</i>.....74 | ALTOPREV .....24 |
| | ALDACTAZIDE | ALTRENO .....72 |
| | see <i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>.....28 | ALUNBRIG .....17 |
| | ALDACTAZIDE TAB 25/25.....28 | ALUNBRIG PAK .....17 |
| | ALDACTAZIDE TAB 50/50.....28 | <i>alyacen 1/35</i>.....48 |
| | ALDACTONE .....21 | <i>alyacen 7/7/7</i>.....48 |
| | | <i>alyq</i> .....30 |
| | | <i>amabelz</i> .....52 |
| | | <i>amantadine hcl</i>.....36 |
| | | AMARYL .....45 |
| | | see <i>glimepiride</i> .....45 |
| | | AMBIEN .....41 |
| | | see <i>zolpidem tartrate</i> ..41 |
| | | AMBIEN CR .....41 |
| | | see <i>zolpidem tartrate</i> ..41 |

| | |
|----------------------------------------|----|
| AMBISOME..... | 7 |
| ambrisentan | 30 |
| amcinonide..... | 74 |
| AMERGE | 41 |
| see <i>naratriptan hcl</i> | 42 |
| amethia | 48 |
| amethyst | 48 |
| amikacin sulfate | 5 |
| amiloride & | |
| <i>hydrochlorothiazide tab</i> | |
| 5-50 mg | 28 |
| amiloride <i>hcl</i> | 28 |
| AMINOSYN II INJ 15% | 66 |
| AMINOSYN-PF INJ 7% | 66 |
| amiodarone <i>hcl</i> | 24 |
| amitriptyline <i>hcl</i> | 34 |
| amlodipine besylate | 27 |
| <i>amlodipine besylate-</i> | |
| <i>atorvastatin calcium tab</i> | |
| 10-10 mg | 28 |
| <i>amlodipine besylate-</i> | |
| <i>atorvastatin calcium tab</i> | |
| 10-20 mg | 28 |
| <i>amlodipine besylate-</i> | |
| <i>atorvastatin calcium tab</i> | |
| 10-40 mg | 28 |
| <i>amlodipine besylate-</i> | |
| <i>atorvastatin calcium tab</i> | |
| 10-80 mg | 29 |
| <i>amlodipine besylate-</i> | |
| <i>atorvastatin calcium tab</i> | |
| 2.5-10 mg | 28 |
| <i>amlodipine besylate-</i> | |
| <i>atorvastatin calcium tab</i> | |
| 2.5-20 mg | 28 |
| <i>amlodipine besylate-</i> | |
| <i>atorvastatin calcium tab</i> | |
| 2.5-40 mg | 28 |
| <i>amlodipine besylate-</i> | |
| <i>atorvastatin calcium tab</i> | |
| 5-10 mg | 28 |
| <i>amlodipine besylate-</i> | |
| <i>atorvastatin calcium tab</i> | |
| 5-20 mg | 28 |
| <i>amlodipine besylate-</i> | |
| <i>atorvastatin calcium tab</i> | |
| 5-40 mg | 28 |
| <i>amlodipine besylate-</i> | |
| <i>atorvastatin calcium tab</i> | |
| 5-10 mg | 28 |
| <i>amlodipine besylate-</i> | |
| <i>atorvastatin calcium tab</i> | |
| 5-20 mg | 28 |
| <i>amlodipine besylate-</i> | |
| <i>atorvastatin calcium tab</i> | |
| 10-160 mg | 22 |
| <i>amlodipine besylate-</i> | |
| <i>valsartan tab</i> | |
| 10-160 mg | 22 |
| <i>amlodipine besylate-</i> | |
| <i>valsartan tab</i> | |
| 10-320 mg | 22 |
| <i>amlodipine besylate-</i> | |
| <i>valsartan tab</i> | |
| 5-160 mg | 22 |
| <i>amlodipine-valsartan-</i> | |
| <i>hydrochlorothiazide tab</i> | |
| 10-160-25 mg | 22 |
| <i>amlodipine-valsartan-</i> | |
| <i>hydrochlorothiazide tab</i> | |
| 10-320-25 mg | 22 |
| <i>amlodipine-valsartan-</i> | |
| <i>hydrochlorothiazide tab</i> | |
| 5-160-12.5 mg | 22 |
| <i>amlodipine-valsartan-</i> | |
| <i>hydrochlorothiazide tab</i> | |
| 5-160-25 mg | 22 |
| <i>amnesteem</i> | 72 |
| <i>amoxapine</i> | 35 |
| <i>amoxicillin</i> | 13 |
| <i>amoxicillin & k clavulanate</i> | |
| <i>chew tab 200-28.5 mg</i> | 13 |
| <i>amoxicillin & k clavulanate</i> | |
| <i>chew tab 400-57 mg</i> | 13 |
| <i>amoxicillin & k clavulanate</i> | |
| <i>for susp 200-28.5 mg/5ml</i> | |
| ..... | 13 |
| <i>amoxicillin & k clavulanate</i> | |
| <i>for susp 250-62.5 mg/5ml</i> | |
| ..... | 13 |
| <i>amoxicillin & k clavulanate</i> | |
| <i>for susp 400-57 mg/5ml</i> | |
| ..... | 13 |
| <i>amoxicillin & k clavulanate</i> | |
| <i>for susp 600-42.9 mg/5ml</i> | |
| ..... | 13 |
| <i>amoxicillin & k clavulanate</i> | |
| <i>tab 250-125 mg</i> | 13 |
| <i>amoxicillin & k clavulanate</i> | |
| <i>tab 500-125 mg</i> | 13 |
| <i>amoxicillin & k clavulanate</i> | |
| <i>tab 875-125 mg</i> | 13 |
| <i>amoxicillin & k clavulanate</i> | |
| <i>tab er 12hr 1000-62.5 mg</i> | |
| ..... | 13 |
| <i>amoxicillin cap-clarithro</i> | |
| <i>tab-lansopraz cap dr</i> | |
| <i>therapy pack.....</i> | 59 |
| <i>amphetamine</i> | 39 |
| <i>amphetamine-</i> | |
| <i>dextroamphetamine cap</i> | |
| <i>er 24hr 10 mg</i> | 39 |

| | |
|-------------------------------------------|-------|
| amphetamine- | |
| dextroamphetamine cap er 24hr 15 mg | 40 |
| amphetamine- | |
| dextroamphetamine cap er 24hr 20 mg | 40 |
| amphetamine- | |
| dextroamphetamine cap er 24hr 25 mg | 40 |
| amphetamine- | |
| dextroamphetamine cap er 24hr 30 mg | 40 |
| amphetamine- | |
| dextroamphetamine cap er 24hr 5 mg | 39 |
| amphetamine- | |
| dextroamphetamine tab 10 mg | 40 |
| amphetamine- | |
| dextroamphetamine tab 12.5 mg | 40 |
| amphetamine- | |
| dextroamphetamine tab 15 mg | 40 |
| amphetamine- | |
| dextroamphetamine tab 20 mg | 40 |
| amphetamine- | |
| dextroamphetamine tab 30 mg | 40 |
| amphetamine- | |
| dextroamphetamine tab 5 mg | 40 |
| amphetamine- | |
| dextroamphetamine tab 7.5 mg | 40 |
| amphotericin b | 7 |
| ampicillin | 13 |
| ampicillin & sulbactam | |
| sodium for inj 1.5 (1-0.5) gm | 13 |
| ampicillin & sulbactam | |
| sodium for inj 3 (2-1) gm | 13 |
| ampicillin & sulbactam | |
| sodium for iv soln 1.5 (1-0.5) gm | 13 |
| ampicillin & sulbactam | |
| sodium for iv soln 3 (2-1) gm | 13 |
| ampicillin & sulbactam | |
| sodium for iv soln 15 (10-5) gm | 13 |
| AMPYRA..... | 43 |
| see dalfampridine | 43 |
| AMZEEQ..... | 72 |
| ANAFRANIL..... | 35 |
| see clomipramine hcl | 35 |
| anagrelide hcl..... | 62 |
| ANAPROX DS | |
| see naproxen sodium | 1 |
| anastrozole | 15 |
| ANCOBON..... | 7 |
| see flucytosine | 8 |
| ANDRODERM | 45 |
| ANDROGEL..... | 45 |
| see testosterone | 45 |
| ANDROGEL PUMP | 45 |
| see testosterone | 45 |
| ANNOVERA MIS | 48 |
| ANORO ELLIPT AER | 62.5- |
| 25 | 70 |
| ANUSOL-HC | 76 |
| see hydrocortisone | |
| (rectal) | 76 |
| see procto-med hc | 76 |
| see proctozone-hc | 76 |
| APEXICON E | 74 |
| aprepitant | 57 |
| aprepitant capsule therapy | |
| pack 80 & 125 mg | 57 |
| apri | 48 |
| APRISO | 58 |
| see mesalamine | 58 |
| APTIOM | 31 |
| APTIVUS..... | 8 |
| ARALAST NP | 71 |
| aranelle | 48 |
| ARANESP ALBUMIN | |
| FREE | 62 |
| ARAVA..... | 63 |
| see leflunomide | 63 |
| ARAZLO..... | 72 |
| ARCALYST | 64 |
| arformoterol tartrate | 71 |
| ARICEPT | 34 |
| see donepezil | |
| hydrochloride | 34 |
| ARIKAYCE | 5 |
| ARIMIDEX | 15 |
| see anastrozole | 15 |
| aripiprazole | 38 |
| ARISTADA | 38 |
| ARISTADA INITIO | 38 |
| ARIXTA | 61 |
| see fondaparinux sodium | 61 |
| armodafinil | 44 |
| ARNUITY ELLIPTA | 72 |
| AROMASIN | 15 |
| see exemestane | 15 |
| ARTHROTEC 50 | |
| see diclofenac w/ | |
| misoprostol tab | |
| delayed release 50-0.2 | |
| mg | 1 |
| ARTHROTEC 50 TAB | 1 |
| ARTHROTEC 75 | |
| see diclofenac w/ | |
| misoprostol tab | |
| delayed release 75-0.2 | |
| mg | 1 |
| ARTHROTEC 75 TAB | 1 |
| ARZERRA | 17 |
| ASACOL HD | 58 |
| see mesalamine | 58 |
| asenapine maleate | 38 |
| ashlyna | 48 |
| ASPARLAS | 16 |
| aspirin-dipyridamole cap er | |
| 12hr 25-200 mg | 62 |
| ASTAGRAF XL | 64 |
| ATACAND | 23 |
| see candesartan cilexetil | 24 |
| ATACAND HCT | |
| see candesartan cilexetil | |
| hydrochlorothiazide tab | |
| 16-12.5 mg | 22 |
| see candesartan cilexetil | |
| hydrochlorothiazide tab | |
| 32-12.5 mg | 22 |

| | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| see <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>.....22 | AUGMENTIN ES-600 see <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>.....13 | azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act.....70 |
| ATACAND HCT TAB 16-12.5 | AUGMENTIN SUS ES-600 | AZELEX |
| ATACAND HCT TAB 32-12.5 | AUGMENTIN TAB 500MG | AZILECT |
| ATACAND HCT TAB 32-25MG.....22 | aurovela 1/20 | see <i>rasagiline mesylate</i> |
| atazanavir sulfate | aurovela 24 fe | azithromycin |
| ATELVIA | aurovela fe 1/20 | AZOPT |
| see <i>risedronate sodium</i> | aurovela fe 1.5/30 | see <i>brinzolamide</i> |
|48 | AUSTEDO.....42 | AZOR |
| atenolol | AVALIDE | see <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>.....21 |
| atenolol & chlorthalidone | see <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>.....22 | see <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>.....21 |
| tab 100-25 mg | see <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>.....22 | see <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>.....21 |
| atenolol & chlorthalidone | AVALIDE TAB 150-12.5.....22 | see <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>.....21 |
| tab 50-25 mg | AVALIDE TAB 300-12.5.....22 | AZOR TAB 10-20MG |
| ATGAM | AVAPRO | AZOR TAB 10-40MG |
| ATIVAN | see <i>irbesartan</i>.....24 | AZOR TAB 5-20MG |
| see <i>lorazepam</i>.....31 | AVASTIN.....17 | AZOR TAB 5-40MG |
| atomoxetine hcl.....40 | AVEED.....45 | aztreonam |
| atorvastatin calcium | aviane | AZULFIDINE |
| atovaquone | avita | see <i>sulfasalazine</i> |
| atovaquone-proguanil hcl | AVODART | AZULFIDINE EN-TABS |
| tab 250-100 mg | see <i>dutasteride</i> | see <i>sulfasalazine</i> |
| atovaquone-proguanil hcl | AVONEX | azurette |
| tab 62.5-25 mg | AVONEX PEN.....43 | B |
| ATRALIN | AVSOLA.....63 | <i>bacitracin (ophthalmic)</i>....67 |
| see <i>tretinoi</i>.....73 | AVYCAZ INJ 2-0.5GM | <i>bacitracin-polymyxin b ophth oint</i>.....67 |
| ATRIPLA | AYGESTIN | <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>.....67 |
| see <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> | see <i>norethindrone acetate</i> | <i>baclofen</i> |
|9 | ayuna | BACTRIM |
| ATRIPLA TAB | AYVAKIT | see <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>.....7 |
| atropine sulfate | azacitidine | BACTRIM DS |
| ATROPINE SULFATE | AZACTAM | |
| ATROVENT HFA | see <i>aztreonam</i> | |
| AUBAGIO.....43 | AZASAN.....64 | |
| aura eq.....48 | AZASITE | |
| AUGMENTIN | azathioprine | |
| see <i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>.....13 | azelaic acid | |
| see <i>amoxicillin & k clavulanate tab 500-125 mg</i>.....13 | azelastine hcl | |
| | azelastine hcl (ophth) | |

| | |
|-----------------------------------------------------------------------------|----|
| see sulfamethoxazole-trimethoprim tab 800-160 mg..... | 7 |
| BACTRIM DS TAB 800-160 | 5 |
| BACTRIM TAB 400-80MG5 | 5 |
| BAFIERTAM | 43 |
| BALCOLTRA TAB 0.1-20 | 48 |
| balsalazide disodium..... | 58 |
| BALVERSA | 17 |
| balziva..... | 48 |
| BANZEL | 31 |
| see rufinamide | 33 |
| BARACLUDE | 10 |
| see entecavir..... | 10 |
| BASAGLAR KWIKPEN | 46 |
| BAVENCIO | 17 |
| BAXDELA | 12 |
| BCG VACCINE INJ..... | 65 |
| BD ALCOHOL SWABS | 46 |
| BECONASE AQ..... | 72 |
| bekyree | 49 |
| BELBUCA | 1 |
| BELEODAQ | 17 |
| BELSOMRA | 41 |
| benazepril & | |
| hydrochlorothiazide tab 10-12.5 mg | 20 |
| benazepril & | |
| hydrochlorothiazide tab 20-12.5 mg | 20 |
| benazepril & | |
| hydrochlorothiazide tab 20-25 mg | 20 |
| benazepril & | |
| hydrochlorothiazide tab 5-6.25 mg | 20 |
| benazepril hcl..... | 21 |
| BENDEKA | 14 |
| BENICAR | 24 |
| see olmesartan medoxomil | 24 |
| BENICAR HCT | |
| see olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg | 23 |
| see olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg..... | 23 |
| see olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg..... | 23 |
| BENICAR HCT TAB 20-12.5 | 22 |
| BENICAR HCT TAB 40-12.5 | 22 |
| BENICAR HCT TAB 40-25MG | 22 |
| BENLYSTA | 64 |
| BENTYL | 57 |
| see dicyclomine hcl | 58 |
| BENZACLIN | |
| see clindamycin phosphate-benzoyl peroxide gel 1-5%.... | 73 |
| BENZACLIN GEL 1-5%PUMP | 73 |
| BENZAMYCIN | |
| see benzoyl peroxide- erythromycin gel 5-3% | 73 |
| BENZAMYCIN GEL 5-3% | 73 |
| benzoyl peroxide- erythromycin gel 5-3%.73 | |
| benztropine mesylate..... | 36 |
| BEOVU | 69 |
| bepotastine besilate | 68 |
| BEPREVE | 68 |
| see bepotastine besilate | 68 |
| BERINERT | 62 |
| beser | 74 |
| BESIVANCE | 67 |
| BESPONSA | 17 |
| betamethasone dipropionate (topical) | 74 |
| betamethasone dipropionate augmented | 74 |
| betamethasone valerate | 74 |
| BETAPACE | |
| see sorine | 24 |
| see sotalol hcl..... | 24 |
| BETAPACE AF | |
| see sotalol hcl (afib/afl)..... | 24 |
| BETASERON | 43 |
| betaxolol hcl | 26 |
| betaxolol hcl (ophth)..... | 68 |
| bethanechol chloride | 60 |
| BETHKIS | 5 |
| see tobramycin | 7 |
| BETIMOL | 68 |
| BETOPTIC-S | 68 |
| BEVESPI AER 9-4.8MCG | 70 |
| bexarotene | 16 |
| BEXSERO INJ | 65 |
| BIAXIN XL | |
| see clarithromycin | 12 |
| bicalutamide | 15 |
| BICILLIN C-R INJ 1200000 | 13 |
| BICILLIN C-R INJ 900/300 | 13 |
| BICILLIN L-A | 13 |
| BIDIL TAB | 29 |
| BIKTARVY TAB | 9 |
| BILTRICIDE | 5 |
| see praziquantel | 6 |
| BINOSTO | 47 |
| bisoprolol & | |
| hydrochlorothiazide tab 10-6.25 mg | 26 |
| bisoprolol & | |
| hydrochlorothiazide tab 2.5-6.25 mg | 26 |
| bisoprolol & | |
| hydrochlorothiazide tab 5-6.25 mg | 26 |
| bisoprolol fumarate | 26 |
| BIVIGAM | 63 |
| BLENREP | 17 |
| bleomycin sulfate | 14 |
| BLEPH-10 | 67 |
| see sulfacetamide sodium (ophth) | 68 |
| BLEPHAMIDE OIN S.O.P. | 67 |
| BLEPHAMIDE SUS OP .. | 67 |

| | |
|---------------------------------------------------------------------------|--------|
| <i>blisovi</i> 24 fe | 49 |
| <i>blisovi</i> fe 1.5/30 | 49 |
| BONIVA | 47 |
| see <i>ibandronate sodium</i> | |
| ..... | 47 |
| BONJESTA TAB 20-20MG | 57 |
| BOOSTRIX INJ | 65 |
| BORTEZOMIB | 17 |
| <i>bosentan</i> | 30 |
| BOSULIF | 17 |
| BOTOX | 43 |
| BRAFTOVI | 17 |
| BREO ELLIPTA INH 100-25 | 72 |
| BREO ELLIPTA INH 200-25 | 72 |
| BREZTRI AERO AER SPHERE | 70 |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) | 70 |
| <i>briellyn</i> | 49 |
| BRILINTA | 62 |
| <i>brimonidine tartrate</i> | 68, 69 |
| <i>brinzolamide</i> | 69 |
| BRIVIACT | 31 |
| <i>bromfenac sodium (ophth)</i> | 68 |
| <i>bromocriptine mesylate</i> | 36 |
| BROMSITE | 68 |
| BRONCHITOL | 71 |
| BROVANA | 71 |
| see <i>arformoterol tartrate</i> | |
| ..... | 71 |
| BRUKINSA | 17 |
| <i>budesonide</i> | 58 |
| <i>budesonide (inhalation)</i> | 72 |
| <i>bumetanide</i> | 28 |
| BUMEX see <i>bumetanide</i> | 28 |
| BUPHENYL | 53 |
| see <i>sodium phenylbutyrate</i> | 55 |
| <i>buprenorphine</i> | 2 |
| <i>buprenorphine hcl</i> | 44 |
| <i>buprenorphine hcl-naloxone hcl sl film</i> 12-3 mg (base equiv) | 44 |
| <i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv) | 44 |
| <i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg (base equiv) | 44 |
| <i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg (base equiv) | 44 |
| <i>buprenorphine hcl-naloxone hcl sl tab</i> 2-0.5 mg (base equiv) | 44 |
| <i>buprenorphine hcl-naloxone hcl sl tab</i> 8-2 mg (base equiv) | 44 |
| <i>bupropion hcl</i> | 35 |
| <i>bupropion hcl (smoking deterrent)</i> | 44 |
| <i>buspirone hcl</i> | 30 |
| <i>butorphanol tartrate</i> | 3 |
| BUTRANS | 2 |
| see <i>buprenorphine</i> | 2 |
| BYDUREON BCISE | 45 |
| BYETTA | 45 |
| BYSTOLIC | 26 |
| C | |
| <i>cabergoline</i> | 54 |
| CABLIVI | 62 |
| CABOMETYX | 17 |
| CADUET | |
| see <i>amlodipine besylate-atorvastatin calcium</i> | |
| tab 10-10 mg | 28 |
| see <i>amlodipine besylate-atorvastatin calcium</i> | |
| tab 10-20 mg | 28 |
| see <i>amlodipine besylate-atorvastatin calcium</i> | |
| tab 10-40 mg | 28 |
| see <i>amlodipine besylate-atorvastatin calcium</i> | |
| tab 10-80 mg | 29 |
| see <i>amlodipine besylate-atorvastatin calcium</i> | |
| tab 5-10 mg | 28 |
| see <i>amlodipine besylate-atorvastatin calcium</i> | |
| tab 5-20 mg | 28 |
| see <i>amlodipine besylate-atorvastatin calcium</i> | |
| tab 5-40 mg | 28 |
| see <i>amlodipine besylate-atorvastatin calcium</i> | |
| tab 5-80 mg | 28 |
| CADUET TAB 10-10MG | 29 |
| CADUET TAB 10-20MG | 29 |
| CADUET TAB 10-40MG | 29 |
| CADUET TAB 10-80MG | 29 |
| CADUET TAB 5-10MG | 29 |
| CADUET TAB 5-20MG | 29 |
| CADUET TAB 5-40MG | 29 |
| CADUET TAB 5-80MG | 29 |
| CAFERGOT | |
| see <i>ergotamine w/ caffeine tab</i> 1-100 mg | 41 |
| CALAN SR | 27 |
| see <i>verapamil hcl</i> | 27 |
| calcipotriene | 74 |
| calcitonin (salmon) spray | 47 |
| calcitrene | 74 |
| calcitriol | 56 |
| calcium acetate (phosphate binder) | 55 |
| CALQUENCE | 17 |
| <i>camila</i> | 49 |
| CAMPTOSAR | |
| see <i>irinotecan hcl</i> | 16 |
| camrese | 49 |
| camrese lo | 49 |
| CANASA | 58 |
| see <i>mesalamine</i> | 58 |
| CANCIDAS | 7 |
| see <i>caspofungin acetate</i> | |
| ..... | 7 |
| candesartan cilexetil | 24 |
| candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg | 22 |
| candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg | 22 |

| | | | | | |
|---------------------------------------------------------------------|----|---------------------------------------------------------|----|------------------------------------|--------|
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> | 22 | <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> | 37 | CEFAZOLIN SOLN 2GM/100ML-4% | 11 |
| CAPEX | 74 | <i>carboplatin</i> | 14 | cefdinir | 11 |
| CAPLYTA | 38 | CARDIZEM | 27 | CEFEPIME | 11 |
| CAPRELSA | 17 | <i>see diltiazem hcl</i> | 27 | CEFEPIME/DEX INJ 1GM | 11 |
| <i>captopril</i> | 21 | CARDIZEM CD | 27 | CEFEPIME/DEX INJ 2GM | 11 |
| CARAFATE | | <i>see cartia xt</i> | 27 | <i>cefepime hcl</i> | 11 |
| <i>see sucralfate</i> | 59 | <i>see diltiazem hcl coated beads</i> | 27 | <i>cefixime</i> | 11 |
| CARBAGLU | 54 | CARDIZEM LA | 27 | CEFOTAN | 11 |
| <i>carbamazepine</i> | 31 | <i>see diltiazem hcl coated beads</i> | 27 | <i>see cefotetan disodium</i> | 11 |
| CARBATROL | 31 | <i>see matzim la</i> | 27 | <i>cefotetan disodium</i> | 11 |
| <i>see carbamazepine</i> | 31 | CARDURA | 21 | CEFOXITIN INJ 1GM | 11 |
| <i>carbidopa</i> | 36 | <i>see doxazosin mesylate</i> | 21 | CEFOXITIN INJ 2GM | 11 |
| <i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i> | 36 | CARDURA XL | 60 | <i>cefoxitin sodium</i> | 11 |
| <i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i> | 36 | <i>carisoprodol</i> | 43 | <i>cefpodoxime proxetil</i> | 11 |
| <i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i> | 36 | CARNITOR | 54 | <i>cefprozil</i> | 11 |
| <i>carbidopa & levodopa tab 10-100 mg</i> | 36 | <i>see levocarnitine (metabolic modifiers)</i> | 54 | <i>ceftazidime</i> | 11 |
| <i>carbidopa & levodopa tab 25-100 mg</i> | 36 | CAROSPIR | 21 | CEFTAZIDIME/ SOL D5W 1GM | 11 |
| <i>carbidopa & levodopa tab 25-250 mg</i> | 36 | <i>carteolol hcl (ophth)</i> | 69 | CEFTAZIDIME/ SOL D5W 2GM | 11 |
| <i>carbidopa & levodopa tab er 25-100 mg</i> | 36 | <i>cartia xt</i> | 27 | <i>ceftriaxone sodium</i> | 11 |
| <i>carbidopa & levodopa tab er 50-200 mg</i> | 36 | <i>carvedilol</i> | 26 | <i>cefuroxime axetil</i> | 11 |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> | 36 | <i>carvedilol phosphate</i> | 26 | <i>cefuroxime sodium</i> | 11 |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> | 36 | CASODEX | 15 | CELEBREX | 1 |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> | 37 | <i>see bicalutamide</i> | 15 | <i>see celecoxib</i> | 1 |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> | 37 | caspofungin acetate | 7 | <i>celecoxib</i> | 1 |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> | 37 | CASPOFUNGIN ACETATE | 7 | CELEXA | 35 |
| | | CATAPRES-TTS-1 | 29 | <i>see citalopram hydrobromide</i> | 35 |
| | | <i>see clonidine</i> | 29 | CELLCEPT | 64 |
| | | CATAPRES-TTS-2 | 29 | <i>see mycophenolate mofetil</i> | 64 |
| | | <i>see clonidine</i> | 29 | CELONTIN | 31 |
| | | CATAPRES-TTS-3 | 29 | CENTANY | 73 |
| | | <i>see clonidine</i> | 29 | <i>cephalexin</i> | 11, 12 |
| | | CAYSTON | 5 | CERDELGA | 54 |
| | | <i>caziant</i> | 49 | CEREZYME | 54 |
| | | <i>cefaclor</i> | 11 | <i>cetirizine hcl</i> | 70 |
| | | CEFACLOR ER | 11 | CETRAXAL | 69 |
| | | <i>cefadroxil</i> | 11 | <i>cevimeline hcl</i> | 76 |
| | | CEFAZOLIN INJ 1GM/50ML | 11 | CHANTIX | 44 |
| | | <i>cefazolin sodium</i> | 11 | CHANTIX CONTINUING MONTH | 44 |

| | |
|----------------------------------------------------------------------------------------|--------|
| CHANTIX PAK 0.5& 1MG | 44 |
| chateal | 49 |
| CHEMET | 48 |
| chlorhexidine gluconate (mouth-throat)..... | 77 |
| chloroquine phosphate..... | 8 |
| chlorpromazine hcl..... | 38 |
| chlorthalidone..... | 28 |
| CHOLBAM | 59 |
| cholestyramine | 25 |
| cholestyramine light | 25 |
| choline fenofibrate..... | 24 |
| CHORIONIC GONADOTROPIN | 54 |
| ciclopirox olamine | 74 |
| cidofovir..... | 10 |
| cilostazol | 62 |
| CILOXAN | 67 |
| see ciprofloxacin hcl (ophth) | 67 |
| CIMDUO TAB 300-300 | 9 |
| cimetidine | 58 |
| cimetidine hcl | 58 |
| cinacalcet hcl | 54 |
| CINRYZE | 62 |
| CINVANTI | 57 |
| CIPRO..... | 12 |
| see ciprofloxacin hcl | 12 |
| CIPRODEX see ciprofloxacin- dexamethasone otic susp 0.3-0.1%..... | 69 |
| ciprofloxacin 200 mg/100ml in d5w | 12 |
| ciprofloxacin 400 mg/200ml in d5w | 12 |
| ciprofloxacin- dexamethasone otic susp 0.3-0.1% | 69 |
| ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3- 0.025% | 69 |
| ciprofloxacin hcl | 12 |
| ciprofloxacin hcl (ophth) | 67 |
| ciprofloxacin hcl (otic) | 69 |
| CIPRO HC SUS OTIC | 69 |
| cisplatin | 14 |
| <i>citalopram hydrobromide</i> | 35 |
| <i>claravis</i> | 73 |
| CLARINEX | 70 |
| see <i>desloratadine</i> | 70 |
| CLARINEX-D TAB 2.5-120 | 70 |
| <i>clarithromycin</i> | 12 |
| CLENPIQ SOL | 58 |
| CLEOCIN | 5, 61 |
| see <i>clindamycin hcl</i> | 5 |
| see <i>clindamycin</i> <i>phosphate vaginal</i> | 61 |
| CLEOCIN PEDIATRIC GRANULE | 5 |
| see <i>clindamycin</i> <i>palmitate hydrochloride</i> | 5 |
| CLEOCIN PHOSPHATE | 5 |
| see <i>clindamycin</i> <i>phosphate</i> | 5 |
| CLEOCIN-T | 73 |
| see <i>clindamycin</i> <i>phosphate (topical)</i> | 73 |
| CLIMARA | 52 |
| see <i>estradiol</i> | 52 |
| clindamycin hcl | 5 |
| clindamycin palmitate <i>hydrochloride</i> | 5 |
| clindamycin phosphate | 5 |
| clindamycin phosphate <i>(topical)</i> | 73 |
| clindamycin phosphate- <i>benzoyl peroxide gel 1.2- 2.5%</i> | 73 |
| clindamycin phosphate- <i>benzoyl peroxide gel 1- 5%</i> | 73 |
| clindamycin phosphate in <i>d5w iv soln 300 mg/50ml</i> | 5 |
| clindamycin phosphate in <i>d5w iv soln 600 mg/50ml</i> | 5 |
| clindamycin phosphate in <i>d5w iv soln 900 mg/50ml</i> | 5 |
| <i>clindamycin phosphate-</i> <i>tretinoin gel 1.2-0.025%</i> | 73 |
| <i>clindamycin phosphate</i> <i>vaginal</i> | 61 |
| clindamycin phosph- <i>benzoyl peroxide (refrig)</i> <i>gel 1.2 (1)-5%</i> | 73 |
| CLINDESSE | 61 |
| CLINDMYC/NAC INJ 300/50ML | 5 |
| CLINDMYC/NAC INJ 600/50ML | 5 |
| CLINDMYC/NAC INJ 900/50ML | 5 |
| CLINIMIX E INJ 2.75/D5W | 66 |
| CLINIMIX E INJ 4.25/D10 | 66 |
| CLINIMIX E INJ 4.25/D5W | 66 |
| CLINIMIX E INJ 5%/D15W | 67 |
| CLINIMIX E INJ 5%/D20W | 67 |
| CLINIMIX E INJ 8/10 | 67 |
| CLINIMIX E INJ 8/14 | 67 |
| CLINIMIX INJ 4.25/D10 | 67 |
| CLINIMIX INJ 4.25/D5W | 67 |
| CLINIMIX INJ 5%/D15W | 67 |
| CLINIMIX INJ 5%/D20W | 67 |
| CLINIMIX INJ 6/5 | 67 |
| CLINIMIX INJ 8/10 | 67 |
| CLINIMIX INJ 8/14 | 67 |
| clinisol sf 15% | 67 |
| CLINOLIPID EMU 20% | 67 |
| clobazam | 31 |
| clobetasol propionate | 74, 75 |
| clobetasol propionate e | 75 |
| clobetasol propionate <i>emulsion</i> | 75 |
| CLOBEX | 75 |
| see <i>clobetasol</i> <i>propionate</i> | 75 |
| see <i>clodan</i> | 75 |
| clodan | 75 |
| clomipramine hcl | 35 |
| clonazepam | 31 |

| | | |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>clonidine</i>.....29 | COMETRIQ (60MG DOSE).....17 | <i>see losartan potassium</i>.....24 |
| <i>clonidine hcl</i>.....29 | COMETRIQ KIT 100MG.....17 | CREON CAP 12000UNT.....59 |
| <i>clopidogrel bisulfate</i> ..62, 63 | COMETRIQ KIT 140MG.....17 | CREON CAP 24000UNT.....59 |
| <i>clorazepate dipotassium</i> .31 | COMPLERA TAB.....9 | CREON CAP 3000UNIT.....59 |
| <i>clotrimazole</i>.....77 | <i>compro</i>.....57 | CREON CAP 36000UNT.....59 |
| <i>clotrimazole (topical)</i> .....74 | COMTAN <i>see entacapone</i>.....37 | CREON CAP 6000UNIT.....59 |
| <i>clotrimazole w/</i> <i>betamethasone cream 1-0.05%</i> .....74 | CONCERTA.....40 <i>see methylphenidate hcl</i> .....41 | CRESEMBAL.....7 |
| <i>clotrimazole w/</i> <i>betamethasone lotion 1-0.05%</i> .....74 | CONDYLOX.....76 | CRESTOR .....25 <i>see rosuvastatin calcium</i> .....25 |
| <i>clozapine</i>.....38 | <i>constulose</i>.....58 | CRINONE .....55 |
| CLOZARIL .....38 <i>see clozapine</i> .....38 | COPAXONE.....43 <i>see glatiramer acetate</i>.....43 | <i>cromolyn sodium</i>.....71 <i>cromolyn sodium</i> <i>(mastocytosis)</i> .....59 |
| COARTEM TAB 20-120MG | <i>see glatopa</i>.....43 | <i>cromolyn sodium (ophth)</i> .....68 |
|8 | COPIKTRA.....17 | <i>crotan</i>.....76 |
| <i>codeine sulfate</i>.....3 | COREG.....26 <i>see carvedilol</i> .....26 | <i>cryselle-28</i>.....49 |
| CODEINE SULFATE .....3 | COREG CR.....26 <i>see carvedilol phosphate</i> .....26 | CRYSVITA .....54 |
| COGENTIN .....37 <i>see benz tropine mesylate</i> .....36 | CORGARD.....26 <i>see nadolol</i> .....26 | CUBICIN .....5 <i>see daptomycin</i> .....6 |
| COLAZAL | CORLANOR.....29 | CUTAQUIL .....63 |
| <i>see balsalazide disodium</i>.....58 | CORTEF .....53 <i>see hydrocortisone</i> .....53 | CUTIVATE .....75 <i>see beser</i> .....74 <i>see fluticasone propionate</i> .....75 |
| <i>colchicine</i> .....1 | CORTENEMA .....58 <i>see hydrocortisone</i> <i>(intrarectal)</i> .....58 | CUVITRU .....63 |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> .....1 | CORTIFOAM .....76 | CUVPOSA .....57 |
| COLCRYS.....1 <i>see colchicine</i> .....1 | CORTISPORIN SUS -TC OTIC.....69 | <i>cyclafem 1/35</i> .....49 <i>cyclafem 7/7/7</i> .....49 |
| colesevelam hcl .....25 | COSOPT <i>see dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i> ..69 | <i>cyclobenzaprine hcl</i> .....43 <i>cyclophosphamide</i> .....14 |
| COLESTID .....25 <i>see colestipol hcl</i> .....25 | COSOPT PF <i>see dorzolamide hcl-timolol maleate ophth sol</i> 22.3-6.8 mg/ml pf.....69 | CYCLOPHOSPHAMIDE .....14 <i>cycloserine</i> .....10 <i>cyclosporine</i> .....64 <i>cyclosporine modified (for microemulsion)</i> .....64 |
| colestipol hcl .....25 | COSOPT PF SOL 2%-0.5% .....69 | CYKLOKAPRON <i>see tranexamic acid</i> ....62 |
| <i>colistimethate sodium</i> .....5 | COSOPT SOL 22.3-6.8 ..69 | CYMBALTA .....35 <i>see duloxetine hcl</i>.....35 |
| COLY-MYCIN M .....5 <i>see colistimethate sodium</i> .....5 | COTELLIC .....17 | <i>cyproheptadine hcl</i>.....70 |
| COMBIGAN SOL 0.2/0.5% | COTEMPLA XR-ODT .....40 | CYRAMZA .....17 |
|69 | COZAAR.....24 | <i>cyred eq</i> .....49 |
| COMBIVENT AER 20-100 | | CYSTADANE POW .....54 |
|70 | | CYSTADROPS .....69 |
| COMBIVIR | | CYSTAGON .....54 |
| <i>see lamivudine-zidovudine tab 150-300 mg</i>.....10 | | CYSTARAN .....69 |
| COMBIVIR TAB 150-300 ..9 | | |

| | | | | | |
|----------------------------------|----|---------------------------------|----|-------------------------------------|----|
| <i>cytarabine</i> | 15 | <i>deblitane</i> | 49 | <i>see flac</i> | 69 |
| CYTOGAM | 63 | <i>decitabine</i> | 15 | <i>see fluocinolone</i> | |
| CYTOMEL | 56 | <i>deferasirox</i> | 48 | <i>acetonide (otic)</i> | 70 |
| <i> see liothyronine sodium</i> | | <i>deferiprone</i> | 48 | DESCOVY TAB 200/25MG | |
| ..... | 56 | <i>deferoxamine mesylate</i> | 48 | ..... | 9 |
| CYTOTEC | 59 | <i>DELESTROGEN</i> | 52 | DESFERAL | 48 |
| <i> see misoprostol</i> | 59 | <i> see estradiol valerate</i> | 52 | <i> see deferoxamine</i> | |
| D | | DELSTRIGO TAB | 9 | <i>mesylate</i> | 48 |
| D.H.E. | 45 | DELZICOL | 58 | <i>desipramine hcl</i> | 35 |
| <i> see dihydroergotamine</i> | | <i> see mesalamine</i> | 58 | <i>desloratadine</i> | 70 |
| <i>mesylate</i> | 41 | DEM SER | 29 | <i>desmopressin acetate</i> | 54 |
| D10W/NACL INJ 0.2% | 65 | <i> see metyrosine</i> | 29 | <i>desmopressin acetate</i> | |
| D2.5W/NACL INJ 0.45% | 65 | DENAVIR | 76 | <i>spray</i> | 54 |
| D5W/LYTES INJ #48 | 65 | DEPAKOTE | 31 | <i>desmopressin acetate</i> | |
| dacarbazine | 16 | <i> see divalproex sodium</i> | 31 | <i>spray refrigerated</i> | 54 |
| DACOGEN | 15 | DEPAKOTE ER | 31 | desogest-eth estrad & eth | |
| <i> see decitabine</i> | 15 | <i> see divalproex sodium</i> | 31 | <i>estradiol tab 0.15-0.02/0.01</i> | |
| dalfampridine | 43 | DEPAKOTE SPRINKLES | 31 | <i>mg(21/5)</i> | 49 |
| DALIRESP | 71 | <i> see divalproex sodium</i> | 31 | <i>desogestrel & ethinyl</i> | |
| DALVANCE | 5 | DEPEN TITRATABS | 48 | <i>estradiol tab 0.15 mg-30</i> | |
| danazol | 51 | <i> see penicillamine</i> | 48 | <i>mcg</i> | 49 |
| DANTRIUM | 43 | DEPO-ESTRADOL | 52 | <i>desonide</i> | 75 |
| <i> see dantrolene sodium</i> | 43 | DEPO-MEDROL | 53 | DESOWEN | |
| dantrolene sodium | 43 | <i> see methylprednisolone</i> | | <i> see desonide</i> | 75 |
| dapsone | 5 | <i> acetate</i> | 53 | <i>desoximetasone</i> | 75 |
| dapsone (topical) | 73 | DEPO-PROVERA | | DESVENLAFAKINE ER | 35 |
| DAPTACEL INJ | 65 | <i>CONTRACEPTIV</i> | 49 | <i>desvenlafaxine succinate</i> | 35 |
| daptomycin | 6 | <i>see</i> | | DETROL | 60 |
| DAPTOMYCIN | 5 | <i>medroxyprogesterone</i> | | <i> see tolterodine tartrate</i> | 61 |
| <i> see daptomycin</i> | 6 | <i>acetate (contraceptive)</i> | | DETROL LA | 60 |
| DARAPRIM | | <i>.....</i> | 50 | <i> see tolterodine tartrate</i> | 61 |
| <i> see pyrimethamine</i> | 6 | DEPO-SUBQ PROVERA | | <i>dexamethasone</i> | 53 |
| darifenacin hydrobromide | | <i>104</i> | 49 | DEXAMETHASONE | |
| ..... | 60 | DEPO-TESTOSTERONE | | INTENSOL | 53 |
| DARZALEX | 17 | <i>.....</i> | 45 | <i>dexamethasone sodium</i> | |
| DARZALEX SOL FASPRO | | <i>see testosterone</i> | | <i>phosphate</i> | 53 |
| ..... | 17 | <i>cypionate</i> | 45 | <i>dexamethasone sodium</i> | |
| dasetta 1/35 | 49 | DERMA-SMOOTH/FS | | <i>phosphate (ophth)</i> | 68 |
| dasetta 7/7/7 | 49 | <i>BODY</i> | 75 | DEXEDRINE | 40 |
| DAURISMO | 17 | <i>see fluocinolone</i> | | <i> see dextroamphetamine</i> | |
| DAYPRO | 1 | <i> acetonide</i> | 75 | <i>sulfate</i> | 40 |
| <i> see oxaprozin</i> | 1 | DERMA-SMOOTH/FS | | DEXILANT | 60 |
| daysee | 49 | <i>SCALP</i> | 75 | <i>dexamethylphenidate hcl</i> | 40 |
| DAYTRANA | 40 | <i>see fluocinolone</i> | | <i>dexrazoxane hcl</i> | 20 |
| DAYVIGO | 41 | <i> acetonide</i> | 75 | <i>dextroamphetamine sulfate</i> | |
| DDAVP | 54 | DERMOTIC | 69 | ..... | 40 |
| <i> see desmopressin</i> | | | | <i>dextrose</i> | 67 |
| <i>acetate</i> | 54 | | | | |

| | | |
|-------------------------------------------------------------------------------------|----|----------------------------------------------------------------------------------------|
| dextrose 10% w/ sodium chloride 0.45%..... | 65 | see <i>fluconazole</i> 7 |
| DEXTROSE 2.5%/NACL 0.45% see <i>dextrose 2.5% w/ sodium chloride 0.45%</i> | 65 | <i>diflunisal</i> 1 |
| dextrose 2.5% w/ sodium chloride 0.45%..... | 65 | <i>digitek</i> 29 |
| dextrose 5% in lactated ringers | 65 | <i>digox</i> 29 |
| dextrose 5% w/ sodium chloride 0.2%..... | 65 | <i>digoxin</i> 29 |
| dextrose 5% w/ sodium chloride 0.45%..... | 65 | <i>dihydroergotamine mesylate</i> 41 |
| dextrose 5% w/ sodium chloride 0.9%..... | 65 | <i>DILANTIN</i> 31 |
| DIACOMIT | 31 | see <i>phenytoin sodium extended</i> 33 |
| DIASTAT ACUDIAL | 31 | <i>DILANTIN-125</i> 31 |
| DIASTAT PEDIATRIC.... | 31 | see <i>phenytoin</i> 33 |
| diazepam | 31 | <i>DILANTIN INFATABS</i> 31 |
| diazepam (anticonvulsant) | 31 | see <i>phenytoin</i> 33 |
| diazepam inj..... | 31 | <i>DILAUDID</i> 3 |
| diazoxide | 53 | see <i>hydromorphone hcl</i> .4 |
| DIBENZYLINE | 29 | <i>diltiazem hcl</i> 27 |
| see <i>phenoxybenzamine hcl</i> | 29 | <i>diltiazem hcl coated beads</i> 27 |
| diclofenac potassium | 1 | <i>diltiazem hcl extended release beads</i> 27 |
| diclofenac sodium | 1 | <i>dilt-xr</i> 27 |
| diclofenac sodium (actinic keratoses)..... | 76 | <i>dimethyl fumarate</i> 43 |
| diclofenac sodium (ophth) | 68 | <i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> 43 |
| diclofenac sodium (topical) | 76 | <i>DIOVAN</i> 24 |
| diclofenac w/ misoprostol tab delayed release 50-0.2 mg | 1 | see <i>valsartan</i> 24 |
| diclofenac w/ misoprostol tab delayed release 75-0.2 mg | 1 | <i>DIOVAN HCT</i> see <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> 23 |
| dicloxacillin sodium | 13 | see <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> 23 |
| dicyclomine hcl..... | 58 | see <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> 23 |
| DIFFERIN | 73 | see <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> 23 |
| see <i>adapalene</i> | 72 | see <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> 22 |
| DIFCID | 12 | <i>DIOVAN HCT TAB 160-25MG</i> 22 |
| DIFLUCAN | 7 | <i>DIOVAN HCT TAB 320-12.5</i> 22 |
| | | <i>DIOVAN HCT TAB 320-25MG</i> 22 |
| | | <i>DIP/TET PED INJ 25-5LFU</i> 65 |
| | | <i>DIPENTUM</i> 58 |
| | | <i>diphenhydramine hcl</i> 70 |
| | | <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> 59 |
| | | <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> 59 |
| | | <i>DIPROLENE</i> 75 |
| | | see <i>betamethasone dipropionate augmented</i> 74 |
| | | <i>DIPROLENE AF</i> 75 |
| | | see <i>betamethasone dipropionate augmented</i> 74 |
| | | <i>dipyridamole</i> 63 |
| | | <i>disopyramide phosphate</i> 24 |
| | | <i>disulfiram</i> 44 |
| | | <i>DITROPAN XL</i> 61 |
| | | see <i>oxybutynin chloride</i> 61 |
| | | <i>DIURIL</i> 28 |
| | | <i>divalproex sodium</i> 31 |
| | | <i>DIVIGEL</i> 52 |
| | | <i>docetaxel</i> 16 |
| | | <i>DOCETAXEL</i> 16 |
| | | see <i>docetaxel</i> 16 |
| | | <i>dofetilide</i> 24 |
| | | <i>DOJOLVI</i> 54 |
| | | <i>dolishale</i> 49 |
| | | <i>donepezil hydrochloride</i> 34 |
| | | <i>DOPTELET</i> 62 |
| | | <i>dorzolamide hcl</i> 69 |
| | | <i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i> 69 |
| | | <i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i> 69 |
| | | <i>dotti</i> 52 |
| | | <i>DOVATO TAB 50-300MG</i> 9 |

| | | | | | |
|-----------------------------------------------------------------------------|----|---------------------------------------------------------------|----|------------------------------------------------------------------|----|
| <i>doxazosin mesylate</i> | 21 | DYSPORT | 43 | ELITEK | 20 |
| <i>doxepin hcl</i> | 35 | E | | ELIXOPHYLLIN | 71 |
| <i>doxepin hcl (sleep)</i> | 41 | E.E.S. GRANULES | | ELLA | 49 |
| <i>doxercalciferol</i> | 56 | see <i>erythromycin ethylsuccinate</i> | 12 | ELLENCE | 14 |
| DOXIL | 14 | EC-NAPROSYN | | see <i>epirubicin hcl</i> | 14 |
| <i>see doxorubicin hcl liposomal</i> | 14 | see <i>ec-naproxen</i> | 1 | ELMIRON | 60 |
| <i>doxorubicin hcl</i> | 14 | see <i>naproxen</i> | 1 | eluryng | 49 |
| <i>doxorubicin hcl liposomal</i> | 14 | <i>ec-naproxen</i> | 1 | EMCYT | 15 |
| <i>doxy 100</i> | 14 | <i>econazole nitrate</i> | 74 | EMEND | 57 |
| <i>doxycycline (monohydrate)</i> | 14 | EDARBI | 24 | <i>see aprepitant</i> | 57 |
| <i>doxycycline (rosacea)</i> | 76 | EDARBYCLOR TAB 40-12.5 | 22 | <i>see fosaprepitant dimeglumine</i> | 57 |
| <i>doxycycline hydrate</i> | 14 | EDARBYCLOR TAB 40-25MG | 22 | EMEND TRIPAC PAK 80 & 125 | 57 |
| DRIZALMA SPRINKLE | 35 | EDECRIN | 28 | emoquette | 49 |
| <i>dronabinol</i> | 57 | see <i>ethacrynic acid</i> | 28 | EMPLICITI | 17 |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> | 49 | EDLUAR | 41 | EMSAM | 35 |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> | 49 | EDURANT | 8 | emtricitabine | 8 |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> | 49 | efavirenz | 8 | emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg | 9 |
| DROXIA | 62 | efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg | 9 | emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg | 9 |
| <i>droxidopa</i> | 29 | efavirenz-lamivudine-tenofovir df tab 400-300-300 mg | 9 | emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg | 10 |
| DUETACT | | efavirenz-lamivudine-tenofovir df tab 600-300-300 mg | 9 | emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg | 10 |
| <i>see pioglitazone hcl-glimepiride tab 30-2 mg</i> | 46 | EFFEXOR XR | 35 | EMTRIVA | 8 |
| <i>see pioglitazone hcl-glimepiride tab 30-4 mg</i> | 46 | see <i>venlafaxine hcl</i> | 36 | <i>see emtricitabine</i> | 8 |
| DUETACT TAB 30-2MG | 45 | EFFIENT | 63 | EMVERM | 6 |
| DUETACT TAB 30-4MG | 45 | EFUDEX | 76 | ENABLEX | |
| <i>duloxetine hcl</i> | 35 | <i>see fluorouracil (topical)</i> | | <i>see darifenacin hydrobromide</i> | 60 |
| DUOBRII LOT | 75 | ..... ..... | 76 | enalapril maleate | 21 |
| DUOPA SUS 4.63-20..... | 37 | EGRIFTA SV | 54 | enalapril maleate & hydrochlorothiazide tab 10-25 mg | 20 |
| DUREZOL | 68 | ELAPRASE | 54 | enalapril maleate & hydrochlorothiazide tab 5-12.5 mg | 20 |
| <i>dutasteride</i> | 60 | ELELYSO | 54 | ENBREL | 63 |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> | 60 | ELESTRIN | 52 | ENBREL MINI | 63 |
| DYANAVEL XR..... | 40 | <i>eletriptan hydrobromide</i> | 41 | ENBREL SURECLICK | 63 |
| DYMISTA | | ELIDEL | 76 | ENDARI | 62 |
| <i>see azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> | 70 | <i>see pimecrolimus</i> | 76 | <i>endocet</i> tab 10-325mg | 3 |
| DYMISTA SPR 137-50 | 70 | ELIGARD | 15 | | |
| | | elinest | 49 | | |
| | | ELIQUIS | 61 | | |
| | | ELIQUIS STARTER PACK | 61 | | |

| | | | | | |
|----------------------------------------------------------|----|-------------------------------------------------------------|----|---------------------------------------------------------------------------|----|
| <i>endocet tab 2.5-325mg</i> | 3 | EPIVIR HBV | 10 | <i>estradiol & norethindrone acetate tab 1-0.5 mg</i> | 52 |
| <i>endocet tab 5-325mg</i> | 3 | see <i>lamivudine (hbv)</i> | 11 | <i>estradiol vaginal</i> | 52 |
| <i>endocet tab 7.5-325mg</i> | 3 | eplerenone | 21 | <i>estradiol valerate</i> | 52 |
| ENGERIX-B | 65 | epoprostenol sodium | 30 | ESTRING | 52 |
| ENHERTU | 17 | EPZICOM | | ESTROGEL | 52 |
| <i>enoxaparin sodium</i> | 61 | see <i>abacavir sulfate-lamivudine tab 600-300 mg</i> | 9 | ESTROSTEP FE | |
| <i>enpresse-28</i> | 49 | EPZICOM TAB 600-300 .. | 10 | see <i>tilia fe</i> | 51 |
| <i>enskyce</i> | 49 | EQUETRO | 42 | see <i>tri-legest fe</i> | 51 |
| ENSPRYNG | 42 | ERAXIS | 7 | eszopiclone | 41 |
| ENSTILAR AER | 75 | ERBITUX | 17 | <i>ethacrynic acid</i> | 28 |
| <i>entacapone</i> | 37 | ergotamine w/ caffeine tab 1-100 mg | 41 | <i>ethambutol hcl</i> | 10 |
| <i>entecavir</i> | 10 | ERIVEDGE | 17 | <i>ethosuximide</i> | 31 |
| ENTOCORT EC | 58 | ERLEADA | 15 | <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> | 49 |
| <i>see budesonide</i> | 58 | erlotinib hcl | 17 | <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> | 49 |
| ENTRESTO TAB 24-26MG | 22 | errin | 49 | etodolac | 1 |
| ENTRESTO TAB 49-51MG | 22 | ertapenem sodium | 6 | etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr | 49 |
| ENTRESTO TAB 97-103MG | 22 | ery | 73 | ETOPOPHOS | 16 |
| ENTYVIO | 63 | ERYGEL | 73 | etoposide | 16 |
| <i>enulose</i> | 58 | see <i>erythromycin (acne aid)</i> | 73 | etravirine | 8 |
| ENVARSUS XR | 64 | ERYPED 400 | | euthyrox | 56 |
| EPANED | 21 | see <i>erythromycin ethylsuccinate</i> | 12 | EVENITY | 47 |
| EPCLUSA TAB 200-50MG | 10 | ery-tab | 12 | everolimus | 17 |
| EPCLUSA TAB 400-100 .. | 10 | ERYTHROCIN LACTOBIONATE | 12 | <i>(immunosuppressant)</i> | 64 |
| EPIDIOLEX | 31 | erythrocin stearate | 12 | EVISTA | 54 |
| EPIDUO | | erythromycin (acne aid) | 73 | see <i>raloxifene hcl</i> | 55 |
| <i>see adapalene-benzoyl peroxide gel 0.1-2.5%</i> | 72 | erythromycin (ophth) | 67 | EVKEEZA | 25 |
| EPIDUO FORTE GEL 0.3-2.5% | 73 | erythromycin base | 12 | EVOCLIN | 73 |
| EPIDUO GEL 0.1-2.5% | 73 | erythromycin ethylsuccinate | 12 | <i>see clindamycin phosphate (topical)</i> | 73 |
| <i>epinastine hcl (ophth)</i> | 68 | ESBRIET | 71 | EVOTAZ TAB 300-150 .. | 10 |
| <i>epinephrine (anaphylaxis)</i> | 71 | escitalopram oxalate | 35 | EVOXAC | 77 |
| EPIPEN 2-PAK | 71 | esomeprazole magnesium | 60 | <i>see cevimeline hcl</i> | 76 |
| <i>see epinephrine (anaphylaxis)</i> | 71 | esomeprazole sodium | 60 | EVRYSDI | 42 |
| EPIPEN-JR 2-PAK | 71 | estarrylla | 49 | EXELON | 34 |
| <i>see epinephrine (anaphylaxis)</i> | 71 | ESTRACE | 52 | <i>see rivastigmine</i> | 34 |
| <i>epirubicin hcl</i> | 14 | <i>see estradiol</i> | 52 | exemestane | 15 |
| <i>epitol</i> | 31 | <i>see estradiol vaginal</i> | 52 | EXFORGE | |
| EPIVIR | 8 | estradiol | 52 | <i>see amlodipine besylate-valsartan tab 10-160 mg</i> | 22 |
| <i>see lamivudine</i> | 9 | estradiol & norethindrone acetate tab 0.5-0.1 mg | 52 | | |

| | |
|-----------------------------------------------------------------------|----|
| see <i>amlodipine besylate</i> | |
| <i>valsartan tab 10-320 mg</i> | 22 |
| see <i>amlodipine besylate</i> | |
| <i>valsartan tab 5-160 mg</i> | 22 |
| see <i>amlodipine besylate</i> | |
| <i>valsartan tab 5-320 mg</i> | 22 |
| EXFORGE HCT TAB 10-160-12.5MG | 22 |
| EXFORGE HCT TAB 10-160-25MG | 22 |
| EXFORGE HCT TAB 10-320-25MG | 22 |
| EXFORGE HCT TAB 5-160-12.5MG | 22 |
| EXFORGE HCT TAB 5-160-25MG | 22 |
| EXFORGE TAB 10-160MG | 22 |
| EXFORGE TAB 10-320MG | 22 |
| EXFORGE TAB 5-160MG | 22 |
| EXFORGE TAB 5-320MG | 22 |
| EXJADE | 48 |
| <i>see deferasirox</i> | 48 |
| EXSERVAN | 42 |
| EYLEA | 69 |
| EZALLOR SPRINKLE | 25 |
| ezetimibe | 25 |
| ezetimibe-simvastatin tab 10-10 mg | 25 |
| ezetimibe-simvastatin tab 10-20 mg | 25 |
| ezetimibe-simvastatin tab 10-40 mg | 25 |
| ezetimibe-simvastatin tab 10-80 mg | 25 |
| F | |
| FABIOR | 73 |
| FABRAZYME | 54 |
| falmina | 49 |
| famciclovir | 10 |
| famotidine | 58 |
| <i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> | 58 |
| FANAPT | 38 |
| FANAPT PAK | 38 |
| FARESTON | 15 |
| <i>see toremifene citrate</i> | 16 |
| FARXIGA | 45 |
| FARYDAK | 17 |
| FASENRA | 71 |
| FASENRA PEN | 71 |
| FASLODEX | 15 |
| <i>see fulvestrant</i> | 15 |
| fayosim | 49 |
| febuxostat | 1 |
| felbamate | 31 |
| FELBATOL | 32 |
| <i>see felbamate</i> | 31 |
| FELDENE | 1 |
| <i>see piroxicam</i> | 1 |
| felodipine | 27 |
| FEMARA | 15 |
| <i>see letrozole</i> | 15 |
| FEMHRT | |
| <i>see fyavolv tab 0.5mg-2.5mcg</i> | 52 |
| <i>see norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> | 52 |
| FEMHRT TAB 0.5-2.5 | 52 |
| FEMRING | 52 |
| femynor | 49 |
| fenofibrate | 24 |
| fenofibrate micronized | 24 |
| FENSOLVI | 54 |
| fentanyl | 2 |
| fentanyl citrate | 3 |
| FENTORA | 3 |
| FERRIPROX | 48 |
| <i>see deferiprone</i> | 48 |
| FERRIPROX TWICE-A-DAY | 48 |
| FETROJA | 12 |
| FETZIMA | 35 |
| FETZIMA CAP TITRATION | 35 |
| FIASP FLEX INJ TOUCH46 | |
| FIASP INJ 100/ML | 46 |
| FIASP PENFIL INJ U-100 | |
| ..... | 46 |
| FINACEA | 76 |
| <i>see azelaic acid</i> | 76 |
| finasteride | 60 |
| FINTEPLA | 32 |
| FIRAZYR | 62 |
| <i>see icatibant acetate</i> | 62 |
| FIRDAPSE | 42 |
| FIRMAGON | 15 |
| FIRVANQ | 6 |
| flac | 69 |
| FLAGYL | 6 |
| <i>see metronidazole</i> | 6 |
| FLAREX | 68 |
| FLEBOGAMMA DIF | 63 |
| flecainide acetate | 24 |
| FLOLAN | 30 |
| <i>see epoprostenol sodium</i> | 30 |
| FLOLIPID | 25 |
| FLOMAX | 60 |
| <i>see tamsulosin hcl</i> | 60 |
| FLOVENT DISKUS | 72 |
| FLOVENT HFA | 72 |
| fluconazole | 7 |
| fluconazole in nacl 0.9% inj 200 mg/100ml | 8 |
| fluconazole in nacl 0.9% inj 400 mg/200ml | 8 |
| flucytosine | 8 |
| fludarabine phosphate | 15 |
| fludrocortisone acetate | 53 |
| flunisolide (nasal) | 72 |
| fluocinolone acetonide | 75 |
| fluocinolone acetonide (otic) | 70 |
| fluocinonide | 75 |
| fluocinonide emulsified base | 75 |
| fluorometholone (ophth) | 68 |
| FLUOROPLEX | 76 |
| fluorouracil | 15 |
| fluorouracil (topical) | 76 |
| fluoxetine hcl | 35 |
| fluphenazine decanoate | 38 |
| fluphenazine hcl | 38 |
| flurbiprofen | 1 |

| | | | |
|-------------------------------------------------------------------------|----|----------------------------------------------------------------------------------|----|
| <i>flurbiprofen sodium</i> | 68 | FREAMINE III INJ 10% | 67 |
| <i>flutamide</i> | 15 | FROVA | 41 |
| <i>fluticasone propionate</i> | 75 | <i>see frovatriptan</i> | |
| <i>fluticasone propionate (nasal)</i> | 72 | <i>succinate</i> | 41 |
| <i>fluvastatin sodium</i> | 25 | <i>frovatriptan succinate</i> | 41 |
| <i>fluvoxamine maleate</i> | 31 | <i>fulvestrant</i> | 15 |
| FML | 68 | <i>furosemide</i> | 28 |
| FML FORTE | 68 | <i>furosemide inj</i> | 28 |
| FOCALIN | 40 | FUZEON | 8 |
| <i>see dexmethylphenidate hcl</i> | 40 | <i>fyavolv tab 0.5mg-2.5mcg</i> | 52 |
| FOCALIN XR | 40 | <i>fyavolv tab 1mg-5mcg</i> | 52 |
| <i>see dexmethylphenidate hcl</i> | 40 | FYCOMPA | 32 |
| FOLOTYN | 15 | G | |
| <i>fondaparinux sodium</i> | 61 | <i>gabapentin</i> | 32 |
| <i>formoterol fumarate</i> | 71 | GABITRIL | 32 |
| FORTAZ | 12 | <i>see tiagabine hcl</i> | 33 |
| <i>see ceftazidime</i> | 11 | GALAFOLD | 54 |
| <i>see tazicef</i> | 12 | <i>galantamine hydrobromide</i> | 34 |
| FORTEO | 47 | GAMASTAN INJ | 63 |
| FORTESTA | 45 | GAMMAGARD LIQUID | 63 |
| <i>see testosterone</i> | 45 | GAMMAGARD S/D IGA | |
| FOSAMAX | 47 | <i>LESS TH</i> | 63 |
| <i>see alendronate sodium</i> | 47 | GAMMAKED | 63 |
| FOSAMAX + D TAB 70-2800 | 47 | GAMMAPLEX | 64 |
| FOSAMAX + D TAB 70-5600 | 47 | GAMUNEX-C | 64 |
| <i>fosamprenavir calcium</i> | 8 | GANCICLOVIR | 10 |
| <i>fosaprepitant dimeglumine</i> | 57 | <i>ganciclovir sodium</i> | 10 |
| <i>foscarnet sodium</i> | 10 | GARDASIL 9 INJ | 65 |
| FOSCAVIR | | GASTROCROM | 59 |
| <i>see foscarnet sodium</i> | 10 | <i>see cromolyn sodium (mastocytosis)</i> | 59 |
| <i>fosinopril sodium</i> | 21 | <i>gatifloxacin (ophth)</i> | 67 |
| <i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i> | 20 | GATTEX | 59 |
| <i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i> | 20 | GAUZE PADS 2X2 | 46 |
| FOTIVDA | 17 | <i>gavilyte-c</i> | 58 |
| FRAGMIN | 61 | <i>gavilyte-g</i> | 58 |
| FREAMINE HBC INJ 6.9% | 67 | <i>gavilyte-n/flavor pack</i> | 58 |
| | | GAVRETO | 17 |
| | | GAZYVA | 17 |
| | | GELNIQUE | 61 |
| | | <i>gemcitabine hcl</i> | 15 |
| | | GEMCITABINE | |
| | | <i>HYDROCHLORIDE</i> | 15 |
| | | <i>see gemcitabine hcl</i> | 15 |
| | | <i>gemfibrozil</i> | 24 |
| | | <i>gemmily</i> | 49 |
| | | | |
| | | GEMTESA | 61 |
| | | GENERESS FE | |
| | | <i>see kaitlib fe</i> | 49 |
| | | <i>see layolis fe</i> | 50 |
| | | <i>see norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> | 50 |
| | | GENERESS FE CHW | 49 |
| | | generlac | 58 |
| | | gengraf | 64 |
| | | GENOTROPIN | 54 |
| | | GENOTROPIN MINIQUICK | 54 |
| | | gentak | 67 |
| | | <i>gentamicin in saline inj 0.8 mg/ml</i> | 6 |
| | | <i>gentamicin in saline inj 1.2 mg/ml</i> | 6 |
| | | <i>gentamicin in saline inj 1.6 mg/ml</i> | 6 |
| | | <i>gentamicin in saline inj 1 mg/ml</i> | 6 |
| | | <i>gentamicin in saline inj 2 mg/ml</i> | 6 |
| | | <i>gentamicin sulfate</i> | 6 |
| | | <i>gentamicin sulfate (ophth)</i> | 67 |
| | | <i>gentamicin sulfate (topical)</i> | 73 |
| | | GENVOYA TAB | 10 |
| | | GEODON | 38 |
| | | <i>see ziprasidone hcl</i> | 39 |
| | | <i>see ziprasidone mesylate</i> | 39 |
| | | GILENYA | 43 |
| | | GILOTrif | 17 |
| | | GIMOTI | 57 |
| | | GIVLAARI | 62 |
| | | GLASSIA | 71 |
| | | <i>glatiramer acetate</i> | 43 |
| | | <i>glatopa</i> | 43 |
| | | GLEEVEC | 17 |
| | | <i>see imatinib mesylate</i> | 18 |
| | | glimepiride | 45 |
| | | glipizide | 45 |
| | | <i>glipizide-metformin hcl tab 2.5-250 mg</i> | 45 |

| | | |
|--------------------------------------|---------------------------------------|--------------------------------|
| <i>glipizide-metformin hcl tab</i> | HALDOL DECANOATE 50 | HIZENTRA |
| 2.5-500 mg |38 |64 |
| <i>glipizide-metformin hcl tab</i> | see <i>haloperidol</i> | HORIZANT |
| 5-500 mg | decanoate |42 |
| <i>glipizide xl</i> | 75 | HUMATIN |
| GLOPERBA | <i>haloperidol</i> |6 |
| GLUCOTROL XL | <i>haloperidol decanoate</i> | see <i>paromomycin sulfate</i> |
| see <i>glipizide</i> | <i>haloperidol lactate</i> |6 |
| see <i>glipizide xl</i> | 38 | HUMATROPE |
| <i>glycopyrrolate</i> | HARVONI PAK 33.75- | HUMIRA |
| GLYCOPYRROLATE | 150MG |63 |
| <i>glydo</i> | HARVONI PAK 45-200MG | HUMIRA PEDIA INJ |
| GLYXAMBI TAB 10-5 MG |10 | CROHNS |
|45 | HARVONI TAB 45-200MG | HUMIRA PEDIATRIC |
| GLYXAMBI TAB 25-5 MG |10 | CROHNS D |
|45 | HARVONI TAB 90-400MG | HUMIRA PEN |
| GOCOVRI |10 | HUMIRA PEN-CD/UC/HS |
| GOLYTELY | HAVRIX | START |
| see <i>gavilyte-g</i> | 65 |63 |
| see <i>peg 3350-kcl-na</i> | <i>heather</i> | HUMIRA PEN KIT PS/UV |
| bicarb-nacl-na sulfate | 49 |63 |
| for soln 236 gm | HELIDAC MIS THERAPY | HUMIRA PEN-PEDIATRIC |
| GOLYTELY SOL |59 | UC S |
| GONITRO | HEMADY |63 |
| GRALISE | 53 | HUMIRA PEN-PS/UV |
| <i>granisetron hcl</i> | HEPARIN/NACL INJ | STARTER |
| GRASTEK | 25000UNT |63 |
| griseofulvin microsize | 61 | HUMULIN R U-500 |
| griseofulvin ultramicrosize | HEPARIN SODIUM | (CONCENTR.....46 |
| guanfacine hcl | 61 | HUMULIN R U-500 |
| guanfacine hcl (adhd) | <i>heparin sodium (porcine)</i> | KWIKPEN |
| GVOKE HYPOOPEN 2- | 100 unit/ml in d5w | 47 |
| PACK | 61 | HYCAMTIN |
| GVOKE PFS | <i>heparin sodium (porcine)-</i> | see <i>topotecan hcl</i> |
| GYNAZOLE-1 | dextrose iv sol 20000 | 16 |
| H | unit/500ml-5% | hydralazine hcl |
| HAEGARDA | 61 |29 |
| <i>hailey 1.5/30</i> | <i>heparin sodium (porcine)-</i> | HYDREA |
| <i>hailey 24 fe</i> | dextrose iv sol 25000 | see <i>hydroxyurea</i> |
| HALAVEN | unit/500ml-5% | 16 |
| HALCION | 61 | hydrochlorothiazide |
| see <i>triazolam</i> | <i>hepatamine</i> | 28 |
| HALDOL | 67 | hydrocodone- |
| see <i>haloperidol lactate</i> | HEPSERA | acetaminophen soln 7.5- |
| HALDOL DECANOATE | 10 | 325 mg/15ml |
| 100 | see <i>adefovir dipivoxil</i> | 3 |
| see <i>haloperidol</i> | 10 | hydrocodone- |
| decanoate | HEP SOD/NACL INJ | acetaminophen tab 10- |
| | 25000UNT | 300 mg |
| | 61 | hydrocodone- |
| HERCEP HYLEC SOL 60- | 10000 | acetaminophen tab 10- |
| | 17 | 325 mg |
| HERCEPTIN | 17 | hydrocodone- |
| HERZUMA | 17 | acetaminophen tab 5-300 |
| HETLIOZ | 41 | mg |
| HETLIOZ LQ | 41 | 3 |
| HIBERIX | 65 | hydrocodone- |
| HIPREX | 6 | acetaminophen tab 5-325 |
| | see <i>methenamine</i> | mg |
| | hippurate | 3 |
| | | hydrocodone- |
| | | acetaminophen tab 7.5- |
| | | 300 mg |
| | | 3 |

| | | | | | |
|-------------------------------------------------------------------------------|------|------------------------------------------|----|----------------------------------------|----|
| <i>hydrocodone-</i> | | HYZAAR TAB 100-25 | 22 | IMVEXXY STARTER PACK | 52 |
| <i>acetaminophen tab 7.5-</i> | | HYZAAR TAB 50-12.5 | 22 | INBRIJA | 37 |
| <i>325 mg</i> | 3 | I | | <i>incassia</i> | 49 |
| <i>hydrocodone bitartrate</i> | 2 | <i>ibandronate sodium</i> | 47 | INCRELEX | 54 |
| <i>hydrocodone-ibuprofen tab</i> | | IBRANCE | 17 | INCRUSE ELLIPTA | 70 |
| <i>10-200 mg</i> | 4 | <i>ibu</i> | 1 | <i>indapamide</i> | 28 |
| <i>hydrocodone-ibuprofen tab</i> | | <i>ibuprofen</i> | 1 | INDERAL LA | 26 |
| <i>5-200 mg</i> | 3 | <i>icatibant acetate</i> | 62 | see <i>propranolol hcl</i> | 26 |
| <i>hydrocodone-ibuprofen tab</i> | | <i>iclevia</i> | 49 | INFANRIX INJ | 65 |
| <i>7.5-200 mg</i> | 3 | ICLUSIG | 17 | INFUGEM SOL 1200MG | 15 |
| <i>hydrocortisone</i> | 53 | IDHIFA | 18 | INFUGEM SOL 1300MG | 15 |
| <i>hydrocortisone (intrarectal)</i> | | IFEX | 14 | INFUGEM SOL 1400MG | 15 |
| ..... | 58 | <i>ifosfamide</i> | 14 | INFUGEM SOL 1500MG | 15 |
| <i>hydrocortisone (rectal)</i> | 76 | IFOSFAMIDE | 14 | INFUGEM SOL 1600MG | 15 |
| <i>hydrocortisone (topical)</i> | 75 | ILARIS | 64 | INFUGEM SOL 1700MG | 15 |
| <i>hydrocortisone butyrate</i> | 75 | ILEVRO | 68 | INFUGEM SOL 1800MG | 15 |
| <i>hydrocortisone w/ acetic acid otic soln 1-2%</i> | 70 | <i>imatinib mesylate</i> | 18 | INFUGEM SOL 1900MG | 15 |
| <i>hydromorphone hcl</i> | 2, 4 | IMBRUVICA | 18 | INFUGEM SOL 2000MG | 15 |
| HYDROMORPHONE | | IMFINZI | 18 | INFUGEM SOL 2200MG | 15 |
| HYDROCHLORI | 4 | <i>imipenem-cilastatin</i> | | INGREZZA | 42 |
| <i>hydroxychloroquine sulfate</i> | | <i>intravenous for soln 250 mg</i> | 6 | INGREZZA CAP 40-80MG | 42 |
| ..... | 63 | <i>imipenem-cilastatin</i> | | INLYTA | 18 |
| <i>hydroxyprogesterone caproate (antineoplastic)</i> | | <i>intravenous for soln 500 mg</i> | 6 | INQOVI TAB 35-100MG | 15 |
| ..... | 15 | <i>imipramine hcl</i> | 35 | INREBIC | 18 |
| <i>hydroxyurea</i> | 16 | <i>imipramine pamoate</i> | 35 | INSPRA | 21 |
| <i>hydroxyzine hcl</i> | 70 | <i>imiquimod</i> | 76 | see <i>eplerenone</i> | 21 |
| <i>hydroxyzine pamoate</i> | 70 | IMITREX | 41 | INSULIN SAFETY | |
| HYQVIA INJ 10-800 | 64 | see <i>sumatriptan</i> | 42 | NEEDLES | 47 |
| HYQVIA INJ 2.5-200 | 64 | see <i>sumatriptan</i> | | INSULIN SYRINGES: | |
| HYQVIA INJ 20-1600 | 64 | <i>succinate</i> | 42 | BD/ULTIMED/ALLISON/ | |
| HYQVIA INJ 30-2400 | 64 | IMITREX STATDOSE | | TRIVIDIA/MHC | 47 |
| HYQVIA INJ 5-400 | 64 | REFILL | 41 | INTELENCE | 8 |
| HYSINGLA ER | 2 | see <i>sumatriptan</i> | | see <i>etravirine</i> | 8 |
| see <i>hydrocodone bitartrate</i> | 2 | <i>succinate</i> | 42 | INTRALIPID | 67 |
| HYZAAR | | IMITREX STATDOSE | | INTRAROSA | 60 |
| see <i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> | 23 | SYSTEM | 42 | INTRON A | 64 |
| see <i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> | 23 | see <i>sumatriptan</i> | | introvale | 49 |
| see <i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> | 22 | <i>succinate</i> | 42 | INTUNIV | 40 |
| HYZAAR TAB 100-12.5 | 22 | IMOVAX RABIES | | see <i>guanfacine hcl (adhd)</i> | 40 |
| | | (H.D.C.V.) | 65 | INVANZ | 6 |
| | | IMPEKLO | 75 | see <i>ertapenem sodium</i> | 6 |
| | | IMURAN | 64 | INVEGA | |
| | | see <i>azathioprine</i> | 64 | see <i>paliperidone</i> | 38 |
| | | IMVEXXY MAINTENANCE | | INVEGA SUSTENNA | 38 |
| | | PACK | 52 | INVEGA TRINZA | 38 |

| | | | | | |
|------------------------------------|----|--------------------------------|----|-------------------------------------|----|
| INVELTYS..... | 68 | JAKAFI..... | 18 | JYNARQUE PAK 60-30MG | |
| INVIRASE | 8 | JALYN |  | ..... | 54 |
| IPOP INJ INACTIVE..... | 65 | see <i>dutasteride-</i> | | JYNARQUE PAK 90-30MG | |
| <i>ipratropium-albuterol nebu</i> | | <i>tamsulosin hcl cap 0.5-</i> |  | ..... | 54 |
| <i>soln 0.5-2.5(3) mg/3ml</i> | 70 | <i>0.4 mg.....</i> | 60 | K | |
| <i>ipratropium bromide</i> | 70 | JALYN CAP | 60 | KADCYLA | 18 |
| <i>ipratropium bromide (nasal)</i> | | <i>jantoven</i> | 61 | <i>kaitlib fe.....</i> | 49 |
| ..... | 70 | JANUMET TAB 50-1000 | 45 | KALBITOR | 62 |
| <i>irbesartan</i> | 24 | JANUMET TAB 50-500MG | | KALETRA | |
| <i>irbesartan-</i> |  | ..... | 45 | see <i>lopinavir-ritonavir</i> | |
| <i>hydrochlorothiazide tab</i> | | JANUMET XR TAB 100- | | <i>soln 400-100 mg/5ml</i> | |
| <i>150-12.5 mg</i> | 22 | 1000 | 46 | <i>(80-20 mg/ml)</i> | 10 |
| <i>irbesartan-</i> | | JANUMET XR TAB 50- | | see <i>lopinavir-ritonavir tab</i> | |
| <i>hydrochlorothiazide tab</i> | | 1000 | 45 | <i>100-25 mg.....</i> | 10 |
| <i>300-12.5 mg</i> | 22 | JANUMET XR TAB 50- | | see <i>lopinavir-ritonavir tab</i> | |
| IRESSA..... | 18 | 500MG..... | 45 | <i>200-50 mg.....</i> | 10 |
| <i>irinotecan hcl.....</i> | 16 | JANUVIA..... | 46 | KALETRA SOL | 10 |
| ISENTRESS..... | 9 | JARDIANC..... | 46 | KALETRA TAB 100-25MG | |
| ISENTRESS HD | 9 | <i>jasmiel.....</i> | 49 | ..... | 10 |
| <i>isibloom.....</i> | 49 | JEMPERLI | 18 | KALETRA TAB 200-50MG | |
| ISOLYTE-P INJ /D5W..... | 66 | JENTADUETO TAB 2.5- |  | ..... | 10 |
| ISOLYTE-S INJ..... | 66 | 1000 | 46 | KALYDECO | 71 |
| ISOLYTE-S INJ PH 7.4.. | 66 | JENTADUETO TAB 2.5- | | KANJINTI | 18 |
| <i>isoniazid</i> | 10 | 500 | 46 | KANUMA..... | 54 |
| ISOPTO ATROPINE | 69 | JENTADUETO TAB 2.5- | | KAPSPARGO SPRINKLE | |
| ISOPTO CARPINE | 69 | 850 | 46 | ..... | 26 |
| <i>see pilocarpine hcl.....</i> | 69 | JENTADUETO TAB XR | | <i>kariva</i> | 49 |
| ISORDIL TITRADOSE | 29 | 2.5-1000MG | 46 | KATERZIA | 27 |
| <i>see isosorbide dinitrate</i> | | JENTADUETO TAB XR 5- | | KCL/D5W/LACT INJ | |
| ..... | 29 | 1000MG..... | 46 | 20MEQ/L | 66 |
| <i>isosorbide dinitrate</i> | 29 | JEVTANA..... | 17 | KCL/D5W/NACL INJ | |
| <i>isosorbide mononitrate....</i> | 30 | <i>jintel.....</i> | 52 | 0.3/0.9% | 66 |
| <i>isotretinoin.....</i> | 73 | <i>jolessa.....</i> | 49 | <i>kcl 10 meq/l (0.075%) in</i> | |
| <i>isradipine.....</i> | 27 | JORNAY PM | 40 | <i>dextrose 5% & nacl</i> | |
| ISTALOL | 69 | JUBLIA..... | 74 | 0.45% <i>inj.....</i> | 66 |
| <i>see timolol maleate</i> | | <i>juleber</i> | 49 | <i>kcl 20 meq/l (0.15%) in</i> | |
| <i>(ophth) once-daily....</i> | 69 | JULUCA TAB 50-25MG | 10 | <i>dextrose 5% & nacl 0.2%</i> | |
| ISTURISA | 54 | <i>junel 1/20</i> | 49 | <i>inj.....</i> | 66 |
| <i>itraconazole.....</i> | 8 | <i>junel 1.5/30</i> | 49 | <i>kcl 20 meq/l (0.15%) in</i> | |
| <i>ivermectin.....</i> | 6 | <i>junel fe 1/20</i> | 49 | <i>dextrose 5% & nacl</i> | |
| <i>ivermectin (pediculicide) .</i> | 76 | <i>junel fe 1.5/30</i> | 49 | <i>0.45% inj.....</i> | 66 |
| IXEMPRA KIT | 17 | <i>junel fe 24</i> | 49 | <i>kcl 20 meq/l (0.15%) in</i> | |
| IXIARO INJ | 65 | JUXTAPIID..... | 25 | <i>dextrose 5% & nacl 0.9%</i> | |
| J | | JYNARQUE | 54 | <i>inj.....</i> | 66 |
| JADENU..... | 48 | JYNARQUE PAK 30-15MG | | <i>kcl 20 meq/l (0.15%) in nacl</i> | |
| <i>see deferasirox.....</i> | 48 | ..... | 54 | <i>0.45% inj.....</i> | 66 |
| JADENU SPRINKLE..... | 48 | JYNARQUE PAK 45-15MG | | KCL 20 MEQ/L (0.15%) IN | |
| <i>see deferasirox.....</i> | 48 | ..... | 54 | NACL 0.45% INJ | 66 |

| | | |
|---------------------------------------|----|----------------------------------------|
| <i>kcl 20 meq/l (0.15%) in nacl</i> | 76 | LAMICTAL STARTER/NOT |
| <i>0.9% inj</i>.....66 | | TAKI |
| <i>kcl 30 meq/l (0.224%) in</i> | | see <i>lamotrigine tab</i> 25 |
| <i>dextrose 5% & nacl</i> | | <i>mg (42) & 100 mg (7)</i> |
| <i>0.45% inj</i>.....66 | | <i>starter kit</i>.....32 |
| <i>kcl 40 meq/l (0.3%) in</i> | | see <i>subvenite starter</i> |
| <i>dextrose 5% & nacl</i> | | <i>kit/ora</i>.....33 |
| <i>0.45% inj</i>.....66 | | LAMICTAL |
| KCL 40 MEQ/L (0.3%) IN | | STARTER/TAKING C |
| NAACL 0.9% INJ .....66 | | see <i>lamotrigine tab</i> 84 x |
| KEFLEX | | <i>25 mg & 14 x 100 mg</i> |
| see <i>cephalexin</i> .....12 | | <i>starter kit</i>.....32 |
| kelnor 1/35 | 49 | see <i>subvenite starter</i> |
| kelnor 1/50 | 49 | <i>kit/gre</i>.....33 |
| KENALOG-10 | 53 | LAMICTAL |
| KENALOG-40 | 53 | STARTER/TAKING V |
| see <i>triamcinolone</i> | | see <i>lamotrigine</i> .....32 |
| <i>acetonide</i> | 53 | see <i>subvenite starter</i> |
| KENALOG-80 | 53 | <i>kit/blu</i> .....33 |
| KEPPRA | 32 | LAMICTAL STARTER KIT |
| see <i>levetiracetam</i> | 32 | (35 X 25MG TABS) ....32 |
| see <i>roweepra</i>.....33 | | LAMICTAL STARTER KIT |
| KEPPRA XR | 32 | (42 X 25MG TABS & 7 X |
| see <i>levetiracetam</i> | 32 | 100MG TAB) .....32 |
| ketoconazole | 8 | LAMICTAL STARTER KIT |
| ketoconazole (<i>topical</i>) | 74 | (84 X 25MG TABS & 14 |
| ketoprofen | 1 | X 100MG TABS).....32 |
| ketorolac tromethamine | | LAMICTAL XR |
| (<i>ophth</i>) | 68 | see <i>lamotrigine</i> .....32 |
| KEVEYIS..... | 28 | LAMICTAL XR KIT |
| KEYTRUDA | 18 | LAMISIL |
| KHAPZORY | 20 | see <i>terbinafine hcl</i> .....8 |
| KIMYRSA..... | 6 | lamivudine |
| KINRIX INJ..... | 65 | <i>lamivudine (hbv)</i>.....11 |
| KISQALI 200 DOSE.....18 | | <i>lamivudine-zidovudine tab</i> |
| KISQALI 200 PAK | | <i>150-300 mg</i> .....10 |
| FEMARA | 16 | lamotrigine |
| KISQALI 400 DOSE.....18 | | lamotrigine tab 25 mg (42) |
| KISQALI 400 PAK | | & 100 mg (7) starter kit32 |
| FEMARA | 16 | lamotrigine tab 84 x 25 mg |
| KISQALI 600 DOSE.....18 | | & 14 x 100 mg starter kit |
| KISQALI 600 PAK | |32 |
| FEMARA | 16 | lamotrigine tab disint 25 |
| KITABIS PAK..... | 6 | <i>(14) & 50 mg (14) & 100</i> |
| see <i>tobramycin</i> | 7 | <i>mg (7) kit</i> .....32 |
| KLARON | 73 | LANOXIN |
| see <i>sulfacetamide</i> | | see <i>digitek</i> .....29 |
| <i>sodium (acne)</i> | 73 | see <i>digox</i> .....29 |

| | | | |
|-------------------------------|----|---------------------------------------------------------------------|----|
| see <i>digoxin</i> | 29 | levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg | 50 |
| LANOXIN PEDIATRIC | 29 | levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg | 50 |
| <i>lansoprazole</i> | 60 | levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg | 50 |
| <i>lapatinib ditosylate</i> | 18 | levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg | 50 |
| <i>larin 1/20</i> | 49 | levonorg-eth est tab 0.1- 0.02mg(84) & eth est tab 0.01mg(7) | 50 |
| <i>larin 1.5/30</i> | 49 | levonorg-eth est tab 0.15- 0.03mg(84) & eth est tab 0.01mg(7) | 50 |
| <i>larin 24 fe</i> | 49 | levora 0.15/30-28 | 50 |
| <i>larin fe 1/20</i> | 50 | levo-t | 56 |
| <i>larin fe 1.5/30</i> | 49 | levothyroxine sodium | 56 |
| <i>larissa</i> | 50 | levoxyl | 56 |
| LASIX | 28 | LEXAPRO | 35 |
| <i>see furosemide</i> | 28 | <i>see escitalopram oxalate</i> | 35 |
| LASTACRAFT | 68 | LEXIVA | 9 |
| <i>latanoprost</i> | 69 | <i>see fosamprenavir</i> | |
| LATUDA | 38 | <i>calcium</i> | 8 |
| <i>layolis fe</i> | 50 | LIALDA | 58 |
| <i>leena</i> | 50 | <i>see mesalamine</i> | 58 |
| <i>leflunomide</i> | 63 | LIBTAYO | 18 |
| LENVIMA 10 MG DAILY | | <i>lidocaine</i> | 75 |
| DOSE | 18 | <i>lidocaine hcl</i> | 75 |
| LENVIMA 12MG DAILY | | <i>lidocaine hcl (local anesth.)</i> | 5 |
| DOSE | 18 | <i>lidocaine hcl (mouth-throat)</i> | 77 |
| LENVIMA 20 MG DAILY | | <i>lidocaine-prilocaine cream</i> | 75 |
| DOSE | 18 | 2.5-2.5% | 75 |
| LENVIMA 4 MG DAILY | | LIDODERM | 75 |
| DOSE | 18 | <i>see lidocaine</i> | 75 |
| LENVIMA 8 MG DAILY | | <i>lilow</i> | 50 |
| DOSE | 18 | <i>linezolid</i> | 6 |
| LENVIMA CAP 14 MG | 18 | <i>linezolid in sodium chloride</i> | |
| LENVIMA CAP 18 MG | 18 | <i>iv soln 600 mg/300ml-</i> | |
| LENVIMA CAP 24 MG | 18 | <i>0.9%</i> | 6 |
| LESCOL XL | 25 | LINZESS | 59 |
| <i>see fluvastatin sodium</i> | 25 | <i>liothyronine sodium</i> | 56 |
| <i>lessina</i> | 50 | | |
| LETAIRIS | 30 | | |
| <i>see ambrisentan</i> | 30 | | |
| <i>letrozole</i> | 15 | | |
| <i>leucovorin calcium</i> | 20 | | |
| LEUKERAN | 14 | | |
| LEUKINE | 62 | | |
| <i>leuprolide acetate</i> | 15 | | |
| <i>levalbuterol hcl</i> | 71 | | |
| <i>levalbuterol tartrate</i> | 71 | | |
| LEVAQUIN | | | |
| <i>see levofloxacin</i> | 12 | | |
| LEVEMIR | 47 | | |
| LEVEMIR FLEXTOUCH | 47 | | |

| | |
|-----------------------------------|----|
| LIPITOR | 25 |
| see <i>atorvastatin calcium</i> | |
| ..... | 25 |
| lisinopril | 21 |
| lisinopril & | |
| <i>hydrochlorothiazide tab</i> | |
| 10-12.5 mg | 20 |
| lisinopril & | |
| <i>hydrochlorothiazide tab</i> | |
| 20-12.5 mg | 20 |
| lisinopril & | |
| <i>hydrochlorothiazide tab</i> | |
| 20-25 mg | 20 |
| LITHIUM..... | 42 |
| lithium carbonate..... | 42 |
| LITHOBID | 42 |
| see <i>lithium carbonate</i> ..42 | |
| LIVALO | 25 |
| LODINE | |
| see <i>etodolac</i> | 1 |
| LODOSYN | 37 |
| see <i>carbidopa</i> | 36 |
| loestrin 1/20-21 | 50 |
| loestrin 1.5/30-21 | 50 |
| loestrin fe 1/20 | 50 |
| loestrin fe 1.5/30 | 50 |
| LOKELMA..... | 48 |
| LO LOESTRIN TAB 1-10- | |
| 10 | 50 |
| LOMOTIL | |
| see <i>diphenoxylate w/</i> | |
| <i>atropine tab 2.5-0.025</i> | |
| <i>mg</i> | 59 |
| LOMOTIL TAB 2.5MG | 59 |
| LONSURF TAB 15-6.14..15 | |
| LONSURF TAB 20-8.19..15 | |
| loperamide hcl..... | 59 |
| LOPID | 24 |
| see <i>gemfibrozil</i> | 24 |
| lopinavir-ritonavir soln 400- | |
| 100 mg/5ml (80-20 | |
| <i>mg/ml</i> | 10 |
| lopinavir-ritonavir tab 100- | |
| 25 mg | 10 |
| lopinavir-ritonavir tab 200- | |
| 50 mg | 10 |
| LOPRESSOR..... | 26 |
| see <i>metoprolol tartrate</i> | 26 |
| LOPROX | 74 |
| see <i>ciclopirox olamine</i> .74 | |
| lorazepam | 31 |
| lorazepam intensol..... | 31 |
| LORBRENA | 18 |
| loryna | 50 |
| losartan potassium..... | 24 |
| losartan potassium & | |
| <i>hydrochlorothiazide tab</i> | |
| 100-12.5 mg | 23 |
| losartan potassium & | |
| <i>hydrochlorothiazide tab</i> | |
| 50-12.5 mg | 22 |
| LOSEASONIQUE | |
| see <i>camrese lo</i> | 49 |
| see <i>levonorg-eth est tab</i> | |
| 0.1-0.02mg(84) & eth | |
| est tab 0.01mg(7)....50 | |
| LOSEASONIQUE TAB .. | 50 |
| LOTEMAX | 68 |
| see <i>loteprednol</i> | |
| <it>etabonate</it> | 68 |
| LOTEMAX SM | 68 |
| LOTENSIN | 21 |
| see <i>benazepril hcl</i> | 21 |
| LOTENSIN HCT | |
| see <i>benazepril &</i> | |
| <i>hydrochlorothiazide tab</i> | |
| 10-12.5 mg..... | 20 |
| see <i>benazepril &</i> | |
| <i>hydrochlorothiazide tab</i> | |
| 20-12.5 mg..... | 20 |
| see <i>benazepril &</i> | |
| <i>hydrochlorothiazide tab</i> | |
| 20-25 mg..... | 20 |
| loteprednol etabonate | 68 |
| LOTREL | |
| see <i>amlodipine besylate-</i> | |
| <i>benazepril hcl cap 10-</i> | |
| <i>20 mg</i> | 20 |
| see <i>amlodipine besylate-</i> | |
| <i>benazepril hcl cap 10-</i> | |
| <i>40 mg</i> | 20 |
| see <i>amlodipine besylate-</i> | |
| <i>benazepril hcl cap 5-10</i> | |
| <i>mg</i> | 20 |
| see <i>amlodipine besylate-</i> | |
| <i>benazepril hcl cap 5-20</i> | |
| <i>mg</i> | 20 |
| LOTREL CAP 10-20MG..20 | |
| LOTREL CAP 10-40MG..20 | |
| LOTREL CAP 5-10MG...20 | |
| LOTREL CAP 5-20MG...20 | |
| LOTRONEX | 59 |
| see <i>alosetron hcl</i> | 59 |
| lovastatin..... | 25 |
| LOVAZA | |
| see <i>omega-3-acid ethyl</i> | |
| <i>esters cap 1 gm</i> | 25 |
| LOVAZA CAP 1GM.....25 | |
| LOVENOX.....62 | |
| see <i>enoxaparin sodium</i> | |
| ..... | 61 |
| low-ogestrel..... | 50 |
| loxapine succinate | 38 |
| lubiprostone | 59 |
| LUCEMYRA | 44 |
| LUCENTIS | 69 |
| LUMAKRAS | 18 |
| LUMIGAN..... | 69 |
| LUMIZYME | 54 |
| LUMOXITI | 18 |
| LUNESTA | 41 |
| see <i>eszopiclone</i>.....41 | |
| LUPANETA KIT 11.25-5.51 | |
| LUPANETA KIT 3.75-5 ..51 | |
| LUPKYNIS | 64 |
| LUPRON DEPOT (1- | |
| MONTH) | 16 |
| LUPRON DEPOT (3- | |
| MONTH) | 16 |
| LUPRON DEPOT (4- | |
| MONTH) | 16 |
| LUPRON DEPOT (6- | |
| MONTH) | 16 |
| LUPRON DEPOT-PED (1- | |
| MONTH | 54 |
| LUPRON DEPOT-PED (3- | |
| MONTH | 54 |
| lutera | 50 |
| LUXIQ | |

| | | | | | |
|----------------------------------------------------------------------|----|-----------------------------------------------------------------------|----|--------------------------------------------------------------------------|--------|
| see <i>betamethasone valerate</i> | 74 | MARQIBO | 17 | see <i>methylprednisolone</i> | 53 |
| lyleq..... | 50 | MATULANE | 16 | MEDROL DOSEPAK | 53 |
| lyllana..... | 52 | <i>matzim la</i> | 27 | see <i>methylprednisolone</i> | 53 |
| LYNPARZA..... | 18 | MAVENCLAD (10 TABS)..... | 43 | <i>medroxyprogesterone acetate</i> | 55 |
| LYRICA..... | 33 | MAVENCLAD (4 TABS)..... | 43 | <i>medroxyprogesterone acetate (contraceptive)</i> | 50 |
| <i>see pregabalin</i> | 33 | MAVENCLAD (5 TABS)..... | 43 | <i>mefloquine hcl</i> | 8 |
| LYRICA CR..... | 42 | MAVENCLAD (6 TABS)..... | 43 | <i>megestrol acetate</i> | 16, 56 |
| <i>see pregabalin (once-daily)</i> | 42 | MAVENCLAD (7 TABS)..... | 43 | <i>megestrol acetate (appetite)</i> | 56 |
| LYSODREN | 16 | MAVENCLAD (8 TABS)..... | 43 | MEKINIST | 18 |
| LYSTEDA..... | 62 | MAVENCLAD (9 TABS)..... | 43 | MEKTOVI | 18 |
| <i>see tranexamic acid</i> | 62 | MAVIK | | <i>meloxicam</i> | 1 |
| lyza..... | 50 | <i>see trandolapril</i> | 21 | <i>memantine hcl</i> | 34 |
| M | | MAVYRET TAB 100-40MG | 11 | <i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> | 34 |
| MACROBID..... | 6 | MAXALT | 42 | MENACTRA INJ | 65 |
| <i>see nitrofurantoin monohyd macro</i> | 6 | <i>see rizatriptan benzoate</i> | 42 | MENEST | 52 |
| MACRODANTIN | | MAXALT-MLT | 42 | MENOSTAR | 52 |
| <i>see nitrofurantoin macrocrystal</i> | 6 | <i>see rizatriptan benzoate</i> | 42 | MENQUADFI INJ | 65 |
| mafénide acetate | 73 | MAXIDEX | 68 | MENTAX | 74 |
| magnesium sulfate | 66 | MAXITROL | | MENVEO INJ | 65 |
| MAGNESIUM SULFATE..... | 66 | <i>see neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> | 67 | MEPRON | 6 |
| <i>see magnesium sulfate</i> | 66 | <i>see neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> | 67 | <i>see atovaquone</i> | 5 |
| MAGNESIUM SULFATE IN D5W | | MAXITROL OIN 0.1% OP | 67 | mercaptopurine | 15 |
| <i>see magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> | 66 | MAXITROL SUS 0.1% OP | 67 | MEROP/NACL INJ 1GM/50ML | 6 |
| magnesium sulfate in dextrose 5% iv soln 1 gm/100ml..... | 66 | MAXZIDE | | MEROP/NACL INJ 500/50ML | 6 |
| MALARONE | | <i>see triamterene & hydrochlorothiazide tab 75-50 mg</i> | 28 | meropenem | 6 |
| <i>see atovaquone-proguanil hcl tab 250-100 mg</i> | 8 | MAXZIDE-25 | | merzee | 50 |
| <i>see atovaquone-proguanil hcl tab 62.5-25 mg</i> | 8 | <i>see triamterene & hydrochlorothiazide tab 37.5-25 mg</i> | 28 | mesalamine | 58 |
| MALARONE TAB 250-1008 | | MAXZIDE-25 TAB | 28 | mesalamine w/ cleanser | 58 |
| MALARONE TAB 62.5-25.8 | | MAXZIDE TAB 75-50..... | 28 | MESNEX | 20 |
| malathion | 76 | MAYZENT | 43 | MESTINON | 42 |
| MARINOL..... | 57 | MAYZENT STARTER | | <i>see pyridostigmine bromide</i> | 42 |
| <i>see dronabinol</i> | 57 | PACK..... | 43 | MESTINON TIMESPAN | 42 |
| marlissa..... | 50 | meclizine hcl | 57 | <i>see pyridostigmine bromide</i> | 42 |
| MARPLAN..... | 35 | meclofenamate sodium | 1 | metadate er | 40 |
| | | MEDROL | 53 | metaxalone | 43 |
| | | | | metformin hcl | 46 |
| | | | | methadone hcl | 2 |

| | |
|---------------------------------------|--|
| METHADONE HCL | |
| see <i>methadone hcl</i>.....2 | |
| <i>methadone hydrochloride i2</i> | |
| METHADOSE | |
| <i>see methadone</i> | |
| <i>hydrochloride i</i> .....2 | |
| <i>methazolamide</i>.....28 | |
| <i>methenamine hippurate</i> ....6 | |
| <i>methimazole</i>.....56 | |
| <i>methocarbamol</i> .....43 | |
| <i>methotrexate sodium</i> 15, 63 | |
| <i>methoxsalen rapid</i>.....74 | |
| <i>methscopolamine bromide</i> | |
|58 | |
| <i>methyldopa</i> .....29 | |
| METHYLIN.....40 | |
| <i>see methylphenidate hcl</i> | |
|40 | |
| <i>methylphenidate hcl</i> ..40, 41 | |
| METHYLPHENIDATE | |
| <i>HYDROCHLO</i> .....41 | |
| <i>methylprednisolone</i>.....53 | |
| <i>methylprednisolone acetate</i> | |
|53 | |
| <i>methylprednisolone sod</i> | |
| <i>succ</i> .....53 | |
| <i>metoclopramide hcl</i>.....57 | |
| METOCLOPRAMIDE ODT | |
|57 | |
| <i>metolazone</i> .....28 | |
| <i>metoprolol &</i> | |
| <i>hydrochlorothiazide tab</i> | |
| <i>100-25 mg</i> .....26 | |
| <i>metoprolol &</i> | |
| <i>hydrochlorothiazide tab</i> | |
| <i>100-50 mg</i> .....26 | |
| <i>metoprolol &</i> | |
| <i>hydrochlorothiazide tab</i> | |
| <i>50-25 mg</i> .....26 | |
| <i>metoprolol succinate</i> .....26 | |
| <i>metoprolol tartrate</i>.....26 | |
| METROCREAM.....76 | |
| <i>see metronidazole</i> | |
| <i>(topical)</i> .....76 | |
| <i>see rosadan</i>.....76 | |
| METROLOTION.....76 | |
| <i>see metronidazole</i> | |
| <i>(topical)</i> .....76 | |
| <i>metronidazole</i> .....6 | |
| METRONIDAZOLE | |
| <i>see metronidazole in nacl</i> | |
| <i>0.74% iv soln 500</i> | |
| <i>mg/100ml</i> .....6 | |
| <i>metronidazole (topical)</i>....76 | |
| <i>metronidazole in nacl</i> | |
| <i>0.74% iv soln 500</i> | |
| <i>mg/100ml</i>.....6 | |
| <i>metronidazole vaginal</i>....61 | |
| METRONIDAZOL INJ | |
| <i>5MG/ML</i>.....6 | |
| <i>metyrosine</i> .....29 | |
| MG SO4/D5W INJ | |
| <i>10MG/ML</i>.....66 | |
| MIACALCIN | |
| <i>see calcitonin (salmon)</i> | |
| <i>spray</i> .....47 | |
| <i>mibelas 24 fe</i>.....50 | |
| <i>micafungin sodium</i> .....8 | |
| MICARDIS .....24 | |
| <i>see telmisartan</i> .....24 | |
| MICARDIS HCT | |
| <i>see telmisartan-</i> | |
| <i>hydrochlorothiazide tab</i> | |
| <i>40-12.5 mg</i> .....23 | |
| <i>see telmisartan-</i> | |
| <i>hydrochlorothiazide tab</i> | |
| <i>80-12.5 mg</i> .....23 | |
| <i>see telmisartan-</i> | |
| <i>hydrochlorothiazide tab</i> | |
| <i>80-25 mg</i> .....23 | |
| MICARDIS HCT TAB | |
| <i>40/12.5</i> .....23 | |
| MICARDIS HCT TAB | |
| <i>80/12.5</i> .....23 | |
| MICARDIS HCT TAB 80- | |
| <i>25MG</i> .....23 | |
| <i>miconazole 3</i>.....61 | |
| <i>miconazole-zinc oxide-</i> | |
| <i>white petrolatum oint</i> | |
| <i>0.25-15-81.35%</i>.....74 | |
| <i>microgestin 1/20</i>.....50 | |
| <i>microgestin 1.5/30</i>.....50 | |
| <i>microgestin fe 1/20</i>.....50 | |
| <i>microgestin fe 1.5/30</i>.....50 | |
| <i>midodrine hcl</i>.....29 | |
| <i> miglitol</i>.....46 | |
| <i> miglustat</i>.....54 | |
| MIGRALAN | |
| <i>see dihydroergotamine</i> | |
| <i>mesylate</i> .....41 | |
| <i> mili</i>.....50 | |
| <i> mimvey</i>.....52 | |
| MINASTRIN 24 CHW FE 50 | |
| MINASTRIN 24 FE | |
| <i>see mibelas 24 fe</i> .....50 | |
| <i>see norethindrone ace-</i> | |
| <i>eth estradiol-fe chew</i> | |
| <i>tab 1 mg-20 mcg (24)</i> | |
|50 | |
| MINIPRESS .....21 | |
| <i>see prazosin hcl</i> .....21 | |
| <i> minitran</i> .....30 | |
| MINIVELLE .....52 | |
| <i>see lyllana</i> .....52 | |
| MINOCIN | |
| <i>see minocycline hcl</i> ....14 | |
| <i>minocycline hcl</i>.....14 | |
| MINOLIRA.....14 | |
| <i> minoxidil</i> .....29 | |
| MIRAPEX | |
| <i>see pramipexole</i> | |
| <i>dihydrochloride</i> .....37 | |
| MIRAPEX ER.....37 | |
| <i>see pramipexole</i> | |
| <i>dihydrochloride</i> .....37 | |
| MIRCETTE | |
| <i>see azurette</i>.....48 | |
| <i>see bekyree</i>.....49 | |
| <i>see desogest-eth estrad</i> | |
| <i>& eth estrad tab 0.15-</i> | |
| <i>0.02/0.01 mg(21/5)</i> ..49 | |
| <i>see kariva</i> .....49 | |
| <i>see pimtrea</i>.....51 | |
| <i>see simliya</i>.....51 | |
| <i>see viorele</i> .....51 | |
| MIRCETTE TAB 28 DAY 50 | |
| <i>mirtazapine</i> .....35 | |
| MIRVASO .....76 | |
| <i>misoprostol</i>.....59 | |
| MITIGARE.....1 | |
| <i>mitomycin</i> .....15 | |

| | | |
|-------------------------------------------------------|-------------------------------------|-----------------------------------|
| <i>mitoxantrone hcl</i>.....16 | see <i>rifabutin</i>.....10 | NAMZARIC CAP PACK ..34 |
| M-M-R II INJ.....65 | <i>mycophenolate mofetil</i>....64 | NAPROSYN |
| M-NATAL PLUS TAB.....66 | <i>mycophenolate sodium</i> ...64 | see <i>naproxen</i>.....1 |
| MOBIC .....1 | MYDAYIS CAP 12.5MG..41 | <i>naproxen</i>.....1 |
| <i>see me洛xicam</i> .....1 | MYDAYIS CAP 25MG....41 | <i>naproxen sodium</i> .....1 |
| modafinil.....44 | MYDAYIS CAP 37.5MG..41 | <i>naratriptan hcl</i> .....42 |
| moexipril hcl.....21 | MYDAYIS CAP 50MG....41 | NARCAN .....44 |
| molindone hcl.....38 | MYFORTIC .....64 | NARDIL .....35 |
| mometasone furoate .....75 | <i>see mycophenolate</i> | <i>see phenelzine sulfate</i> .36 |
| <i>mometasone furoate</i> (<i>nasal</i>) .....72 | <i>sodium</i> .....64 | NASONEX .....72 |
| <i>monodoxyne nl</i>.....14 | MYLOTARG .....18 | <i>see mometasone furoate</i> |
| MONJUVI.....18 | MYOBLOC .....43 | (<i>nasal</i>) .....72 |
| <i>mono-linyah</i> .....50 | <i>myorisan</i> .....73 | NATACYN .....67 |
| montelukast sodium .....71 | MYRBETRIQ.....61 | NATAZIA TAB .....50 |
| morphine sulfate .....2, 4 | mysoline .....33 | <i>nateglinide</i> .....46 |
| MORPHINE SULFATE ....4 | <i>see primidone</i> .....33 | NATESTO .....45 |
| <i>see morphine sulfate</i> ....4 | N | NATPARA .....47 |
| morphine sulfate beads....2 | <i>nabumetone</i> .....1 | NATROBA .....76 |
| MOVANTIK .....59 | <i>nadolol</i> .....26 | NAYZILAM .....33 |
| MOVIPREP | NAFCILLIN INJ 1GM/50ML | NEBUPENT .....6 |
| <i>see peg-</i> |13 | <i>see pentamidine</i> |
| 3350/electrolytes/asc | NAFCILLIN INJ 2GM/100 | <i>isethionate inh</i>.....6 |
|59 |13 | necon 0.5/35-28 .....50 |
| MOXEZA .....67 | <i>nafcillin sodium</i> .....13 | <i>nefazodone hcl</i> .....35 |
| <i>see moxifloxacin hcl</i> | <i>naftifine hcl</i> .....74 | <i>neomycin-bacitrac zn-</i> |
| (<i>ophth</i>) .....67 | NAFTIN .....74 | <i>polymyx 5(3.5)mg-</i> |
| <i>moxifloxacin hcl</i>.....12 | <i>see naftifine hcl</i> .....74 | <i>400unt-1000unt op oin</i> |
| <i>moxifloxacin hcl (ophth)</i> ..67 | NAGLAZYME .....54 |67 |
| <i>moxifloxacin hcl 400</i> | <i>nalbuphine hcl</i>.....4 | <i>neomycin-polomy-gramicid</i> |
| <i>mg/250ml in sodium</i> | <i>naloxone hcl</i>.....44 | <i>op sol 1.75-10000-</i> |
| <i>chloride 0.8% inj</i> .....12 | <i>naltrexone hcl</i>.....44 | <i>0.025mg-unt-mg/ml</i> ....67 |
| MOXIFLOXACIN | NAMENDA .....34 | <i>neomycin-polomyxin b gu</i> |
| HYDROCHLORID .....12 | NAMENDA TAB 5-10MG 34 | <i>irrigation soln</i> .....60 |
| MOZOBIL.....62 | NAMENDA TITRATION | <i>neomycin-polomyxin-</i> |
| MS CONTIN .....2 | PAK | <i>dexamethasone ophth</i> |
| <i>see morphine sulfate</i> ....2 | <i>see memantine hcl tab</i> | <i>oint 0.1%</i> .....67 |
| MULPLETA.....62 | <i>28 x 5 mg & 21 x 10</i> | <i>neomycin-polomyxin-</i> |
| MULTAQ .....24 | <i>mg titration pack</i> .....34 | <i>dexamethasone ophth</i> |
| <i>mupirocin</i> .....73 | NAMENDA XR .....34 | <i>susp 0.1%</i> .....67 |
| MVASI .....18 | <i>see memantine hcl</i> .....34 | <i>neomycin-polomyxin-hc</i> |
| MYALEPT .....54 | NAMZARIC CAP 14-10MG | <i>ophth susp</i> .....67 |
| MYAMBUTOL .....10 |34 | <i>neomycin-polomyxin-hc otic</i> |
| <i>see ethambutol hcl</i> .....10 | NAMZARIC CAP 21-10MG | <i>soln 1%</i> .....70 |
| MYCAMINE.....8 |34 | <i>neomycin-polomyxin-hc otic</i> |
| <i>see micafungin sodium</i> ..8 | NAMZARIC CAP 28-10MG | <i>susp 3.5 mg/ml-10000</i> |
| MYCAPSSA.....54 |34 | <i>unit/ml-1%</i> .....70 |
| MYCOBUTIN .....10 | NAMZARIC CAP 7-10MG | <i>neomycin sulfate</i> .....6 |
| |34 | NEORAL .....65 |

| | |
|-----------------------------------|----|
| see cyclosporine | 30 |
| modified (for | |
| microemulsion) | 64 |
| see gengraf | 64 |
| NERLYNX | 18 |
| neuac gel 1.2-5% | 73 |
| NEUPRO..... | 37 |
| NEURONTIN..... | 33 |
| see gabapentin..... | 32 |
| NEVANAC..... | 68 |
| nevirapine | 9 |
| NEXAVAR..... | 18 |
| NEXIUM | 60 |
| see esomeprazole | |
| magnesium | 60 |
| NEXIUM I.V..... | 60 |
| see esomeprazole | |
| sodium | 60 |
| NEXLETOL | 25 |
| NEXLIZET TAB 180/10MG | 25 |
| NEXTSTELLIS TAB 3- 14.2MG..... | 50 |
| niacin (antihyperlipidemic) | |
| ..... | 25 |
| NIASPAN | 25 |
| see niacin | |
| (antihyperlipidemic).. | 25 |
| nicardipine hcl | 27 |
| NICARDIPINE SOL 20/200ML | 27 |
| NICARDIPINE SOL 40/200ML | 27 |
| NICOTROL INHALER..... | 44 |
| NICOTROL NS | 44 |
| nifedipine..... | 27 |
| nikki..... | 50 |
| NILANDRON | |
| see nilutamide | 16 |
| nilutamide..... | 16 |
| nimodipine..... | 27 |
| NINLARO | 18 |
| NIPENT | 16 |
| nisoldipine | 27 |
| nitazoxanide | 6 |
| nitisinone | 54 |
| NITRO-BID..... | 30 |
| NITRO-DUR..... | 30 |
| see minitran | 30 |
| nitrofurantoin macrocrystal/6 | |
| nitrofurantoin monohyd | |
| macro | 6 |
| nitroglycerin..... | 30 |
| NITROLINGUAL | |
| PUMPSPRAY | 30 |
| see nitroglycerin | 30 |
| NITROSTAT..... | 30 |
| see nitroglycerin | 30 |
| NITYR | 54 |
| nizatidine..... | 58 |
| nora-be..... | 50 |
| NORDITROPIN FLEXPRO | |
| ..... | 54 |
| norethindrone | |
| (contraceptive)..... | 50 |
| norethindrone & ethinyl | |
| estradiol-fe chew tab 0.4 | |
| mg-35 mcg | 50 |
| norethindrone & ethinyl | |
| estradiol-fe chew tab 0.8 | |
| mg-25 mcg | 50 |
| norethindrone ace & ethinyl | |
| estradiol-fe tab 1 mg-20 | |
| mcg..... | 50 |
| norethindrone ace & ethinyl | |
| estradiol tab 1.5 mg-30 | |
| mcg..... | 50 |
| norethindrone ace & ethinyl | |
| estradiol tab 1 mg-20 | |
| mcg..... | 50 |
| norethindrone ace-eth | |
| estradiol-fe chew tab 1 | |
| mg-20 mcg (24) | 50 |
| norethindrone ace-ethinyl | |
| estradiol-fe cap 1 mg-20 | |
| mcg (24) | 50 |
| norethindrone acetate | 56 |
| norethindrone acetate- | |
| ethinyl estradiol tab 0.5 | |
| mg-2.5 mcg | 52 |
| norethindrone acetate- | |
| ethinyl estradiol tab 1 | |
| mg-5 mcg | 52 |
| norgestimate & ethinyl | |
| estradiol tab 0.25 mg-35 | |
| mcg..... | 50 |
| norgestimate-eth estrad tab | |
| 0.18-25/0.215-25/0.25-25 | |
| mg-mcg | 51 |
| norgestimate-eth estrad tab | |
| 0.18-35/0.215-35/0.25-35 | |
| mg-mcg | 51 |
| NORITATE | 76 |
| norlyroc | 51 |
| NORPACE | 24 |
| see disopyramide | |
| phosphate | 24 |
| NORPACE CR | 24 |
| NORPRAMIN | 35 |
| see desipramine hcl | 35 |
| NORTHERA | 29 |
| see droxidopa | 29 |
| nortrel 0.5/35 (28) | 51 |
| nortrel 1/35 (21) | 51 |
| nortrel 1/35 (28) | 51 |
| nortrel 7/7/7 | 51 |
| nortriptyline hcl..... | 35 |
| NORVASC | 27 |
| see amlodipine besylate | |
| ..... | 27 |
| NORVIR | 9 |
| see ritonavir..... | 9 |
| NOURIANZ | 37 |
| NOVAREL | 54 |
| NOVOLIN INJ 70/30 | 47 |
| NOVOLIN INJ 70/30 FP .. | 47 |
| NOVOLIN N | 47 |
| NOVOLIN N FLEXPEN .. | 47 |
| NOVOLIN R | 47 |
| NOVOLIN R FLEXPEN .. | 47 |
| NOVOLOG | 47 |
| NOVOLOG FLEXPEN ... | 47 |
| NOVOLOG MIX INJ 70/30 | |
| ..... | 47 |
| NOVOLOG MIX INJ | |
| FLEXPEN | 47 |
| NOVOLOG PENFILL | 47 |
| NOXAFIL | 8 |
| see posaconazole | 8 |
| NPLATE | 62 |
| NUBEQA | 16 |
| NUCALA | 71 |
| NUCYNTA | 4 |
| NUCYNTA ER | 2 |

| | | | |
|-----------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------|----|
| NUEDEXTA CAP 20-10MG | 42 | <i>ofloxacin (otic)</i> | 70 |
| NULOJIX | 65 | OGIVRI | 18 |
| NULYTELY see <i>gavilyte-n/flavor pack</i> | 58 | OGIVRI INJ 420MG | 18 |
| <i>see peg 3350-kcl-sod bicarb-nacl for soln</i> <i>420 gm</i> | 59 | <i>olanzapine</i> | 38 |
| <i>see trilyte</i> | 59 | <i>olmesartanamlodipine-</i> <i>hydrochlorothiazide tab</i> <i>20-5-12.5 mg</i> | 23 |
| NULYTELY SOL LMN/LIME | 58 | <i>olmesartanamlodipine-</i> <i>hydrochlorothiazide tab</i> <i>40-10-12.5 mg</i> | 23 |
| NUPLAZID | 38 | <i>olmesartanamlodipine-</i> <i>hydrochlorothiazide tab</i> <i>40-10-25 mg</i> | 23 |
| NUTRILIPID | 67 | <i>olmesartanamlodipine-</i> <i>hydrochlorothiazide tab</i> <i>40-5-12.5 mg</i> | 23 |
| NUTROPIN AQ NUSPIN 10 | 54 | <i>olmesartanamlodipine-</i> <i>hydrochlorothiazide tab</i> <i>40-5-25 mg</i> | 23 |
| NUTROPIN AQ NUSPIN 20 | 54 | <i>olmesartan medoxomil</i> | 24 |
| NUTROPIN AQ NUSPIN 5 | 54 | <i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab</i> <i>20-12.5 mg</i> | 23 |
| NUVARING <i>see eluryng</i> | 49 | <i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab</i> <i>40-12.5 mg</i> | 23 |
| <i>see etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> | 49 | <i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab</i> <i>40-25 mg</i> | 23 |
| NUVIGIL | 44 | <i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab</i> <i>olopatadine hcl</i> | 68 |
| <i>see armodafinil</i> | 44 | <i>olopatadine hcl (nasal)</i> | 70 |
| nyamyc | 74 | OLUX | 75 |
| nylia 7/7/7 | 51 | <i>see clobetasol</i> <i>propionate</i> | 74 |
| NYMALIZE | 27 | OLUX-E | 75 |
| nymyo | 51 | <i>see clobetasol</i> <i>propionate emulsion</i> 75 | |
| nystatin | 8 | <i>see tovet</i> | 75 |
| nystatin (mouth-throat) | 77 | OMECLAMOX- MIS PAK59 <i>omega-3-acid ethyl esters</i> <i>cap 1 gm</i> | 25 |
| nystatin (topical) | 74 | <i>omeprazole</i> | 60 |
| nystop | 74 | OMNARIS | 72 |
| O | | OMNIPOD KIT STARTER | 47 |
| OCALIVA | 59 | OMNIPOD MIS 5 PACK | 47 |
| ocella | 51 | OMNITROPE | 55 |
| OCREVUS | 43 | ONCASPAR | 16 |
| OCTAGAM | 64 | <i>ondansetron</i> | 57 |
| octreotide acetate | 54, 55 | <i>ondansetron hcl</i> | 57 |
| OCUFLOX | 67 | ONEXTON GEL 1.2-3.7573 ONFI | 33 |
| <i>see ofloxacin (ophth)</i> | 68 | <i>see clobazam</i> | 31 |
| ODACTRA SUB | 64 | ONGENTYS | 37 |
| ODEFSEY TAB | 10 | ONIVYDE | 16 |
| ODOMZO | 18 | ONTRUZANT | 18 |
| OFEV | 71 | ONUREG | 15 |
| ofloxacin (ophth) | 68 | OPDIVO | 18 |
| | | OPSUMIT | 30 |
| | | ORACEA | 76 |
| | | ORALAIR SUB 300 IR | 64 |
| | | ORAVIG | 77 |
| | | ORBACTIV | 6 |
| | | ORENITRAM | 30 |
| | | ORFADIN | 55 |
| | | <i>see nitisinone</i> | 54 |
| | | ORGOVYX | 16 |
| | | ORIAHNN CAP | 55 |
| | | ORILISSA | 52 |
| | | ORKAMBI GRA 100-125 | 71 |
| | | ORKAMBI GRA 150-188 | 71 |
| | | ORKAMBI TAB 100-125 | 71 |
| | | ORKAMBI TAB 200-125 | 71 |
| | | ORLADEYO | 62 |
| | | orsythia | 51 |
| | | ORTHO MICRONOR | 51 |
| | | ORTHO TRI-CYCLEN LO <i>see norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> | 51 |
| | | <i>see tri-lo-estarrylla</i> | 51 |
| | | <i>see tri-lo-marzia</i> | 51 |
| | | <i>see tri-lo-mili</i> | 51 |
| | | <i>see tri-lo-sprintec</i> | 51 |
| | | <i>see tri-vylibra lo</i> | 51 |
| | | ORTIKOS | 58 |
| | | oseltamivir phosphate | 11 |
| | | OSMOLEX ER | 37 |
| | | OSMOLEX ER PAK | 37 |
| | | OTOVEL DRO | 70 |
| | | OVIDE | 76 |
| | | OXACILLIN INJ 1GM | 13 |
| | | OXACILLIN INJ 2GM | 13 |
| | | oxacillin sodium | 13 |
| | | oxaliplatin | 14 |

| | | | | |
|---------------------------------|----|--------------------------------|------------------------------------|----|
| <i>oxandrolone</i> | 45 | PANCREAZE CAP | <i>penicillin g potassium</i> | 13 |
| <i>oxaprozin</i> | 1 | 21000UNT | PENICILLIN G PROCAINE | |
| OXAYDO | 4 | PANCREAZE CAP | ..... | 13 |
| OXBRYTA | 62 | 2600UNIT | <i>penicillin g sodium</i> | 13 |
| <i>oxcarbazepine</i> | 33 | PANCREAZE CAP | <i>penicillin v potassium</i> | 13 |
| OXERVATE | 69 | 4200UNIT | PEN NEEDLES: | |
| OXISTAT | 74 | PANDEL | NOVO/BD/ULTIMED/OW | |
| OXLUMO | 60 | pantoprazole sodium | EN/TRIVIDIA | 47 |
| OXTELLAR XR | 33 | PANZYGA | PENTACEL INJ | 65 |
| <i>oxybutynin chloride</i> | 61 | paraplatin | PENTAM 300 | 6 |
| <i>oxycodone hcl</i> | 4 | paricalcitol | see <i>pentamidine</i> | |
| <i>oxycodone w/</i> | | PARLODEL | <i>isethionate inj</i> | 6 |
| <i>acetaminophen tab 10-</i> | | see <i>bromocriptine</i> | <i>pentamidine isethionate inh</i> | |
| 325 mg | 4 | mesylate | ..... | 6 |
| <i>oxycodone w/</i> | | PARNATE | <i>pentamidine isethionate inj</i> | |
| <i>acetaminophen tab 2.5-</i> | | see <i>tranylcypromine</i> | ..... | 6 |
| 325 mg | 4 | sulfate | PENTASA | 58 |
| <i>oxycodone w/</i> | | paromomycin sulfate | <i>pentoxifylline</i> | 62 |
| <i>acetaminophen tab 5-325</i> | | paroxetine hcl | PEPAXTO | 14 |
| mg | 4 | PASER | PEPCID | 58 |
| <i>oxycodone w/</i> | | PATANASE | see <i>famotidine</i> | 58 |
| <i>acetaminophen tab 7.5-</i> | | see <i>olopatadine hcl</i> | PERCOCET | |
| 325 mg | 4 | (nasal) | see <i>endocet tab 10-</i> | |
| OXYCONTIN | 2 | PAXIL | 325mg | 3 |
| <i>oxymorphone hcl</i> | 4 | see <i>paroxetine hcl</i> | see <i>endocet tab 2.5-</i> | |
| OXYTROL | 61 | PAXIL CR | 325mg | 3 |
| OZEMPIC (0.25 OR 0.5MG/DOSE) | 46 | see <i>paroxetine hcl</i> | see <i>endocet tab 5-325mg</i> | |
| OZEMPIC (1MG/DOSE) | 46 | PEDIAPRED | ..... | 3 |
| P | | see <i>prednisolone sodium</i> | see <i>endocet tab 7.5-</i> | |
| <i>pacerone</i> | 24 | phosphate | 325mg | 3 |
| <i>paclitaxel</i> | 17 | PEDIARIX INJ 0.5ML | see <i>oxycodone w/</i> | |
| PADCEV | 18 | PEDVAX HIB | <i>acetaminophen tab 10-</i> | |
| <i>paliperidone</i> | 38 | peg-3350/electrolytes/asc | 325 mg | 4 |
| <i>palonosetron hcl</i> | 57 | ..... | see <i>oxycodone w/</i> | |
| PALONOSETRON | | peg 3350-kcl-na bicarb- | <i>acetaminophen tab</i> | |
| HYDROCHLORID | 57 | nacl-na sulfate for soln | 2.5-325 mg | 4 |
| PALYNZIQ | 55 | 236 gm | see <i>oxycodone w/</i> | |
| PAMELOR | 35 | peg 3350-kcl-sod bicarb- | <i>acetaminophen tab 5-</i> | |
| <i>see nortriptyline hcl</i> | 35 | nacl for soln 420 gm | 325 mg | 4 |
| <i>pamidronate disodium</i> | 48 | PEGASYS | see <i>oxycodone w/</i> | |
| PAMIDRONATE | | PEMAZYRE | <i>acetaminophen tab</i> | |
| DISODIUM | 47 | PEN GK/DEXTR INJ | 7.5-325 mg | 4 |
| PANCREAZE CAP | | 20000/ML | PERCOCET TAB 10- | |
| 10500UNT | 59 | PEN GK/DEXTR INJ | 325MG | 4 |
| PANCREAZE CAP | | 40000/ML | PERCOCET TAB 2.5-325.4 | |
| 16800UNT | 59 | PEN GK/DEXTR INJ | PERCOCET TAB 5-325MG | |
| | | 60000/ML | ..... | 4 |
| | | penicillamine | PERCOCET TAB 7.5-325.4 | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------------------------|----|-----------------------------------------------------|----|-------------------------------------------------------------------------|----|-----------------|----|---------------|----|-----------------|----|---------------------------------------------|----|----------------|----|------------------------|----|-------------------------|--|-------------|--|---------------------------|--|--------------------------|----|------------------------------|----|-------|----|--------------|----|------------------|----|--|--|---------------|----|--|--|--------------|--|--|--|
| PERFOROMIST | 71 | see <i>calcium acetate (phosphate binder)</i> | 55 | see <i>clopidogrel bisulfate</i> | 62 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>see formoterol fumarate</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERIDEX | 71 | PHOSLYRA | 55 | PLEGRIDY | 43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>see chlorhexidine gluconate (mouth-throat)</i> | 77 | PIFELTRO | 9 | PLEGRIDY INJ STARTER | 43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>see periogard</i> | 77 | pilocarpine hcl | 69 | PLEGRIDY PEN INJ STARTER | 43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| perindopril erbumine | 21 | pilocarpine hcl (oral) | 77 | plenamine | 67 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| periogard | 77 | pimecrolimus | 76 | PLENVU SOL | 59 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERJETA | 18 | pimozide | 38 | podofilox | 76 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| permethrin | 76 | pimtrea | 51 | POLIVY | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| perphenazine | 38 | pindolol | 26 | polymyxin b sulfate | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| perphenazine-amitriptyline | | pioglitazone hcl | 46 | polymyxin b-trimethoprim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>tab 2-10 mg</i> | 36 | pioglitazone hcl-glimepiride | | <i>ophth soln 10000 unit/ml-0.1%</i> | 68 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| perphenazine-amitriptyline | | <i>tab 30-2 mg</i> | 46 | POLYTRIM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>tab 2-25 mg</i> | 36 | pioglitazone hcl-glimepiride | | <i>see polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> | 68 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| perphenazine-amitriptyline | | <i>tab 30-4 mg</i> | 46 | POLYTRIM SOL OP | 68 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>tab 4-10 mg</i> | 36 | pioglitazone hcl-metformin | | POMALYST | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| perphenazine-amitriptyline | | <i>hcl tab 15-500 mg</i> | 46 | PONVORY | 43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>tab 4-25 mg</i> | 36 | pioglitazone hcl-metformin | | PONVORY TAB STARTER | 43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| perphenazine-amitriptyline | | <i>hcl tab 15-850 mg</i> | 46 | portia-28 | 51 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>tab 4-50 mg</i> | 36 | piperacillin sod-tazobactam | | PORTRAZZA | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERSERIS | 38 | <i>na for inj 3.375 gm (3-0.375 gm)</i> | 13 | posaconazole | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERTZYE CAP 16000U | 59 | piperacillin sod-tazobactam | | potassium chloride | 66 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERTZYE CAP 24000U | 59 | <i>sod for inj 13.5 gm (12-1.5 gm)</i> | 14 | POTASSIUM CHLORIDE | 66 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERTZYE CAP 4000UNIT | 59 | piperacillin sod-tazobactam | | POTASSIUM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERTZYE CAP 8000UNIT | 59 | <i>sod for inj 2.25 gm (2-0.25 gm)</i> | 13 | CHLORIDE/SODIUM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PEXEVA | 36 | piperacillin sod-tazobactam | | <i>see kcl 20 meq/l (0.15%)</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| pfizerpen | 13 | <i>sod for inj 4.5 gm (4-0.5 gm)</i> | 13 | <i>in nacl 0.45% inj</i> | 66 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| phenelzine sulfate | 36 | piperacillin sod-tazobactam | | potassium chloride 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHENERGAN | 57 | <i>sod for inj 40.5 gm (36-4.5 gm)</i> | 14 | <i>meq/l (0.15%) in dextrose 5% inj</i> | 66 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>see promethazine hcl</i> | 57 | PIQRAY 200MG DAILY | | potassium chloride | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| phenobarbital | 33 | <i>DOSE</i> | 18 | <i>microencapsulated crystals er</i> | 66 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| phenobarbital sodium | 33 | PIQRAY 250MG TAB | | potassium citrate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| phenoxybenzamine hcl | 29 | <i>DOSE</i> | 18 | <i>(alkalinizer)</i> | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHENYTEK | 33 | PIQRAY 300MG DAILY | | POTELIGEO | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>see phenytoin sodium extended</i> | | <i>DOSE</i> | 18 | <i>extended</i> | 33 | PLAQUENIL | 63 | PRADAXA | 62 | phenytoin | 33 | <i>see hydroxychloroquine sulfate</i> | 63 | PRALUENT | 25 | phenytoin sodium | 33 | PLASMA-LYTE INJ -148.66 | | pramipexole | | phenytoin sodium extended | | PLASMA-LYTE INJ -A | 66 | <i>dihydrochloride</i> | 37 | | 33 | PLAVIX | 63 | PHESGO SOL | 18 | | | philith | 51 | | | PHOSLO | | | |
| <i>extended</i> | 33 | PLAQUENIL | 63 | PRADAXA | 62 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| phenytoin | 33 | <i>see hydroxychloroquine sulfate</i> | 63 | PRALUENT | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| phenytoin sodium | 33 | PLASMA-LYTE INJ -148.66 | | pramipexole | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| phenytoin sodium extended | | PLASMA-LYTE INJ -A | 66 | <i>dihydrochloride</i> | 37 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 33 | PLAVIX | 63 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHESGO SOL | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| philith | 51 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHOSLO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|-----------------------------------|----|------------------------------------|----|
| <i>prasugrel hcl</i> | 63 | PREZCOBIX TAB 800-150 | 10 |
| PRAVACHOL | | PREZISTA | 9 |
| <i>see pravastatin sodium</i> | | PRIFTIN | 10 |
| ..... | 25 | PRILOSEC | 60 |
| <i>pravastatin sodium</i> | 25 | <i>primaquine phosphate</i> | 8 |
| <i>praziquantel</i> | 6 | PRIMAQUINE | |
| <i>prazosin hcl</i> | 21 | PHOSPHATE | 8 |
| PRECOSE | | <i>see primaquine</i> | |
| <i>see acarbose</i> | 45 | <i>phosphate</i> | 8 |
| PRED FORTE | | PRIMAXIN IV | |
| <i>see prednisolone acetate</i> | | <i>see imipenem-cilastatin</i> | |
| (<i>ophth</i>) | 68 | <i>intravenous for soln</i> | |
| PRED-G S.O.P OIN OP .. | 67 | <i>500 mg</i> | 6 |
| PRED-G SUS OP | 67 | PRIMAXIN IV INJ 500MG .6 | |
| PRED MILD | 68 | <i>primidone</i> | 33 |
| <i>prednicarbate</i> | 75 | PRINIVIL | 21 |
| <i>prednisolone</i> | 53 | <i>see lisinopril</i> | 21 |
| <i>prednisolone acetate</i> | | PRISTIQ | 36 |
| (<i>ophth</i>) | 68 | <i>see desvenlafaxine</i> | |
| PREDNISOLONE SODIUM | | <i>succinate</i> | 35 |
| PHOSP | 68 | PRIVIGEN | 64 |
| <i>prednisolone sodium</i> | | PROAIR HFA | |
| <i>phosphate</i> | 53 | <i>see albuterol sulfate</i> | 70 |
| <i>prednisone</i> | 53 | probeneclid | 1 |
| PREDNISONE INTENSOL | | PROCALAMINE INJ 3% .. | 67 |
| ..... | 53 | PROCARDIA XL | 27 |
| <i>pregabalin</i> | 33 | <i>see nifedipine</i> | 27 |
| <i>pregabalin (once-daily)</i> .. | 42 | <i>prochlorperazine</i> | 57 |
| PREGNYL W/DILUENT | | <i>prochlorperazine edisylate</i> | |
| BENZYL | 55 | ..... | 57 |
| PREMARIN | 52 | <i>prochlorperazine maleate</i> | |
| PREMASOL SOL 10%.... | 67 | ..... | 57 |
| PREMPHASE TAB | 52 | PROCIT | 62 |
| PREMPRO TAB | 52 | PROCTOCORT | |
| PREMPRO TAB 0.3-1.5.. | 52 | <i>see procto-pak</i> | 76 |
| PREMPRO TAB 0.45-1.552 | | <i>procto-med hc</i> | 76 |
| PREMPRO TAB 0.625-5.52 | | <i>procto-pak</i> | 76 |
| PRENATAL TAB 27-1MG | | <i>proctozone-hc</i> | 76 |
| ..... | 66 | PROCYSB1 | 55 |
| PRENATAL TAB PLUS...66 | | <i>progesterone</i> | 56 |
| PRENATAL VIT TAB LOW | | PROGLYCEM | 53 |
| IRON | 66 | <i>see diazoxide</i> | 53 |
| PRETOMANID | 10 | PROGRAF | 65 |
| PREVACID | 60 | <i>see tacrolimus</i> | 65 |
| <i>see lansoprazole</i> | 60 | PROLASTIN-C | 72 |
| prevalite | 25 | PROLENSA | 68 |
| previfem | 51 | PROLIA | 48 |
| PREVYTMIS | 11 | | |
| | | PROMACTA | 62 |
| | | <i>promethazine hcl</i> | 57 |
| | | <i>promethegan</i> | 57 |
| | | PROMETRIUM | 56 |
| | | <i>see progesterone</i> | 56 |
| | | propafenone hcl | 24 |
| | | proparacaine hcl | 69 |
| | | propranolol hcl | 26 |
| | | propylthiouracil | 56 |
| | | PROQUAD INJ | 65 |
| | | PROSCAR | 60 |
| | | <i>see finasteride</i> | 60 |
| | | PROSOL INJ 20% | 67 |
| | | PROTONIX | 60 |
| | | <i>see pantoprazole sodium</i> | |
|  |  | ..... | 60 |
| | | PROTOPIC | 76 |
| | | <i>see tacrolimus (topical)</i> | |
|  |  | ..... | 76 |
| | | <i>protriptyline hcl</i> | 36 |
| | | PROVENTIL HFA | |
| | | <i>see albuterol sulfate</i> | 70 |
| | | PROVERA | 56 |
| | | <i>see</i> | |
| | | <i>medroxyprogesterone</i> | |
| | | <i>acetate</i> | 55 |
| | | PROVIGIL | 44 |
| | | <i>see modafinil</i> | 44 |
| | | PROZAC | 36 |
| | | <i>see fluoxetine hcl</i> | 35 |
| | | PULMICORT | 72 |
| | | <i>see budesonide</i> | |
| | | (<i>inhalation</i>) | 72 |
| | | PULMICORT FLEXHALER | |
|  |  | ..... | 72 |
| | | PULMOZYME | 72 |
| | | PURIXAN | 15 |
| | | <i>pyrazinamide</i> | 10 |
| | | <i>pyridostigmine bromide</i> .. | 42 |
| | | <i>pyrimethamine</i> | 6 |
| | | Q | |
| | | QBRELIS | 21 |
| | | QBREXZA | 76 |
| | | QINLOCK | 18 |
| | | QNDSL | 72 |
| | | QNDSL CHILDRENS | 72 |
| | | QUADRACEL INJ | 65 |
| | | QUALAQUIN | 8 |

| | | | | | |
|---------------------------------|----|---------------------------------|----|-----------------------------------|----|
| see <i>quinine sulfate</i> | 8 | see <i>sirolimus</i> | 65 | RETIN-A MICRO PUMP | 73 |
| QUARTETTE | | RAPIVAB | 11 | RETROVIR | 9 |
| <i>see fayosim</i> | 49 | <i>rasagiline mesylate</i> | 37 | <i>see zidovudine</i> | 9 |
| <i>see levonor-eth est tab</i> | | RAVICTI | 55 | REVATIO | 30 |
| 0.15-0.02/0.025/0.03 | | RAYALDEE | 56 | <i>see sildenafil citrate</i> | |
| <i>mg &eth est 0.01 mg</i> | 50 | RAZADYNE ER | 34 | (<i>pulmonary hypertension</i>) | 30 |
| <i>see rivelsa</i> | 51 | <i>hydrobromide</i> | 34 | REVCORI | 55 |
| QUARTETTE TAB | 51 | REBLOZYL | 62 | REVLIMID | 16 |
| QUESTRAN | 25 | RECARBRIQ INJ 1.25GM | 6 | REXULTI | 39 |
| <i>see cholestyramine</i> | 25 | RECLAST | 48 | REYATAZ | 9 |
| QUESTRAN LIGHT | 25 | <i>see zoledronic acid</i> | 48 | <i>see atazanavir sulfate</i> | 8 |
| <i>see cholestyramine light</i> | | reclipsen | 51 | RHOFADE | 76 |
| ..... | 25 | RECOMBIVAX HB | 65 | RHOPRESA | 69 |
| <i>see prevalite</i> | 25 | RECTIV | 76 | RIABNI | 18 |
| quetiapine fumarate | 39 | REGLAN | 57 | ribavirin (<i>hepatitis c</i>) | 11 |
| QUILLICHEW ER | 41 | <i>see metoclopramide hcl</i> | | rifabutin | 10 |
| QUILLIVANT XR | 41 | REGRANEX | 76 | RIFADIN | 10 |
| quinapril hcl | 21 | RELENZA DISKHALER | 11 | <i>see rifampin</i> | 10 |
| quinapril- | | RELEXXII | 41 | rifampin | 10 |
| <i>hydrochlorothiazide tab</i> | | RELISTOR | 59 | RILUTEK | 42 |
| 10-12.5 mg | 20 | RELPAX | 42 | <i>see riluzole</i> | 42 |
| quinapril- | | <i>see eletriptan</i> | | riluzole | 42 |
| <i>hydrochlorothiazide tab</i> | | <i>hydrobromide</i> | 41 | rimantadine hydrochloride | |
| 20-25 mg | 20 | REMERON | 36 | ..... | 11 |
| quinidine sulfate | 24 | <i>see mirtazapine</i> | 35 | RINVOQ | 63 |
| quinine sulfate | 8 | REMERON SOLTAB | 36 | RIOMET | 46 |
| QUTENZA KIT 8% 1-PCH | | <i>see mirtazapine</i> | 35 | <i>see metformin hcl</i> | 46 |
| ..... | 75 | REMODULIN | 30 | risedronate sodium | 48 |
| QUTENZA KIT 8% 2-PCH | | RENAGEL | 55 | RISPERDAL | 39 |
| ..... | 75 | <i>see sevelamer hcl</i> | 55 | <i>see risperidone</i> | 39 |
| QUZYTTR | 70 | RENFLEXIS | 63 | RISPERDAL CONSTA | 39 |
| R | | RENVELA | 55 | risperidone | 39 |
| RABAVERT INJ | 65 | <i>see sevelamer carbonate</i> | | RITALIN | 41 |
| rabeprazole sodium | 60 | ..... | 55 | <i>see methylphenidate hcl</i> | |
| RADICAVA | 42 | repaglinide | 46 | ..... | 40 |
| RAGWITEK | 64 | RESTASIS | 69 | RITALIN LA | 41 |
| raloxifene hcl | 55 | RESTASIS MULTIDOSE | 69 | <i>see methylphenidate hcl</i> | |
| ramelteon | 41 | RESTORIL | 41 | ..... | 40 |
| ramipril | 21 | <i>see temazepam</i> | 41 | ritonavir | 9 |
| RANEXA | 29 | RETEVMO | 18 | RITUXAN | 18 |
| <i>see ranolazine</i> | 29 | RETIN-A | 73 | RITUXAN INJ HYCELA | 18 |
| ranolazine | 29 | <i>see avita</i> | 73 | rivastigmine | 34 |
| RAPAFLO | 60 | <i>see tretinoi</i> | 73 | rivastigmine tartrate | 34 |
| <i>see silodosin</i> | 60 | RETIN-A MICRO | 73 | rivelsa | 51 |
| RAPAMUNE | 65 | <i>see tretinoi microsphere</i> | | rizatriptan benzoate | 42 |

| | |
|--------------------------------------------------------------------------------------------|----|
| ROCKLATAN DRO | 69 |
| ropinirole hydrochloride | 37 |
| rosadan | 76 |
| rosuvastatin calcium | 25 |
| ROSZET TAB 10-10MG | 25 |
| ROSZET TAB 20-10MG | 26 |
| ROSZET TAB 40-10MG | 26 |
| ROSZET TAB 5-10MG | 25 |
| ROTARIX SUS | 65 |
| ROTATEQ SOL | 65 |
| ROWASA | 58 |
| see mesalamine w/ cleanser | 58 |
| roweepra | 33 |
| ROXICODONE | 4 |
| see oxycodone hcl | 4 |
| ROZEREM see ramelteon | 41 |
| ROZLYTREK | 19 |
| RUBRACA | 19 |
| RUCONEST | 62 |
| rufinamide | 33 |
| RUKOBIA | 9 |
| RUXIENCE | 19 |
| RUZURGI | 42 |
| RYBELSUS | 46 |
| RYDAPT | 19 |
| RYTARY CAP 145MG | 37 |
| RYTARY CAP 195MG | 37 |
| RYTARY CAP 245MG | 37 |
| RYTARY CAP 95MG | 37 |
| RYTHMOL SR | 24 |
| see propafenone hcl | 24 |
| S | |
| SABRIL | 33 |
| see vigabatrin | 34 |
| see vigadronе | 34 |
| SAFYRAL see drospirenone-ethinyl estradiol-levomefolate tab 3-0.03-0.451 mg | 49 |
| see tydemry | 51 |
| SAFYRAL TAB | 51 |
| SAIZEN | 55 |
| SAIZENPREP RECONSTITUTION | 55 |
| SALAGEN | 77 |
| see pilocarpine hcl (oral) | 77 |
| SAMSCA | 55 |
| see tolvaptan | 55 |
| SANCUSO | 57 |
| SANDIMMUNE | 65 |
| see cyclosporine | 64 |
| SANDOSTATIN | 55 |
| see octreotide acetate | 54 |
| SANDOSTATIN LAR DEPOT | 55 |
| SANTYL | 76 |
| SAPHRIS | 39 |
| see asenapine maleate | 38 |
| sapropterin dihydrochloride | 55 |
| SARCLISA | 19 |
| SAVELLA | 43 |
| SAVELLA MIS TITR PAK | 43 |
| scopolamine | 57 |
| SEASONIQUE see amethia | 48 |
| see ashlyna | 48 |
| see camrese | 49 |
| see daysee | 49 |
| see levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) | 50 |
| see simpesse | 51 |
| SEASONIQUE TAB | 51 |
| SECUADO | 39 |
| selegiline hcl | 37 |
| selenium sulfide | 74 |
| SELZENTRY | 9 |
| SENSIPAR | 55 |
| see cinacalcet hcl | 54 |
| SEREVENT DISKUS | 71 |
| SEROQUEL | 39 |
| see quetiapine fumarate | 39 |
| SEROQUEL XR | 39 |
| see quetiapine fumarate | 39 |
| SEROSTIM | 55 |
| sertraline hcl | 36 |
| setlakin | 51 |
| sevelamer carbonate | 55 |
| sevelamer hcl | 55 |
| SFROWASA | 58 |
| sharobel | 51 |
| SHINGRIX | 65 |
| SIGNIFOR | 55 |
| SIGNIFOR LAR | 55 |
| SIKLOS | 62 |
| sildenafil citrate (pulmonary hypertension) | 30 |
| SILENOR | 41 |
| see doxepin hcl (sleep) | 41 |
| silodosin | 60 |
| SILVADENE | 73 |
| see silver sulfadiazine | 73 |
| see ssd | 73 |
| silver sulfadiazine | 73 |
| SIMBRINZA SUS 1-0.2% | 69 |
| simliya | 51 |
| simpesse | 51 |
| simvastatin | 25 |
| SINEMET see carbidopa & levodopa tab 10-100 mg | 36 |
| see carbidopa & levodopa tab 25-100 mg | 36 |
| SINEMET TAB 10-100MG | 37 |
| SINEMET TAB 25-100MG | 37 |
| SINGULAIR | 71 |
| see montelukast sodium | 71 |
| sirolimus | 65 |
| SIRTURO | 10 |
| SITAVIG | 11 |
| SIVEXTRO | 6 |
| SKELAXIN | 43 |
| see metaxalone | 43 |
| SKYRIZI | 63 |
| SKYRIZI PEN | 63 |
| SLYND | 51 |
| SMOFLIPID EMU | 67 |
| sodium chloride | 66 |

| | |
|------------------------------------------------------------------------------------------------------------|----|
| sodium chloride (<i>gu- irrigant</i>) | 76 |
| sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln...66 | |
| sodium phenylbutyrate ....55 | |
| sodium polystyrene sulfonate powder.....48 | |
| solifenacin succinate.....61 | |
| SOLIQUA INJ 100/33.....47 | |
| SOLIRIS.....62 | |
| SOLOSEC.....7 | |
| SOLTAMOX .....16 | |
| SOLU-CORTEF .....53 | |
| SOLU-MEDROL.....53 see <i>methylprednisolone sod succ.</i>.....53 | |
| SOMA .....44 see <i>carisoprodol</i>.....43 see <i>vanadom</i>.....44 | |
| SOMATULINE DEPOT ..55 | |
| SOMAVERT.....55 | |
| SORIATANE .....74 see <i>acitretin</i>.....74 | |
| SORILUX .....74 | |
| sorine .....24 | |
| sotalol hcl.....24 | |
| sotalol hcl (<i>afib/afl</i>) .....24 | |
| SOTYLIZE.....24 | |
| spinosad.....76 | |
| SPIRIVA HANDIHALER..70 | |
| SPIRIVA RESPIMAT ....70 | |
| spironolactone.....21 | |
| spironolactone & hydrochlorothiazide tab 25-25 mg .....28 | |
| SPORANOX.....8 see <i>itraconazole</i> .....8 | |
| SPORANOX PULSEPAK..8 | |
| SPRAVATO SOL 56MG DOS.....36 | |
| SPRAVATO SOL 84MG DOS.....36 | |
| sprintec 28 .....51 | |
| SPRITAM .....33 | |
| SPRYCEL .....19 | |
| sps .....48 | |
| sronyx .....51 | |
| ssd .....73 | |
| STALEVO 100 see <i>carbidopa-levodopa- entacapone tabs</i> 25- 100-200 mg.....37 | |
| STALEVO 100 TAB .....37 | |
| STALEVO 125 see <i>carbidopa-levodopa- entacapone tabs</i> 31.25-125-200 mg ...37 | |
| STALEVO 125 TAB .....37 | |
| STALEVO 150 see <i>carbidopa-levodopa- entacapone tabs</i> 37.5- 150-200 mg.....37 | |
| STALEVO 150 TAB .....37 | |
| STALEVO 200 TAB .....37 | |
| STALEVO 50 see <i>carbidopa-levodopa- entacapone tabs</i> 12.5- 50-200 mg.....36 | |
| STALEVO 50 TAB .....37 | |
| STALEVO 75 see <i>carbidopa-levodopa- entacapone tabs</i> 18.75-75-200 mg ....36 | |
| STALEVO 75 TAB .....37 | |
| STELARA.....63 | |
| STIVARGA.....19 | |
| STRATTERA.....41 see <i>atomoxetine hcl</i> ...40 | |
| STRENSIQ.....55 | |
| streptomycin sulfate .....7 | |
| STRIBILD TAB .....10 | |
| STRIVERDI RESPIMAT .71 | |
| STROMECTOL .....7 see <i>ivermectin</i> .....6 | |
| SUBLOCADE .....44 | |
| SUBOXONE see <i>buprenorphine hcl- naloxone hcl sl film</i> 12- 3 mg (<i>base equiv</i>) ...44 | |
| see <i>buprenorphine hcl- naloxone hcl sl film</i> 2- 0.5 mg (<i>base equiv</i>) .44 | |
| see <i>buprenorphine hcl- naloxone hcl sl film</i> 4-1 mg (<i>base equiv</i>) .....44 | |
| see <i>buprenorphine hcl- naloxone hcl sl film</i> 8-2 mg (<i>base equiv</i>) .....44 | |
| SUBOXONE MIS 12-3MG.....44 | |
| SUBOXONE MIS 2-0.5MG.....44 | |
| SUBOXONE MIS 4-1MG 44 | |
| SUBOXONE MIS 8-2MG 44 | |
| SUBSYS .....5 | |
| subvenite .....33 | |
| subvenite starter kit/blu ...33 | |
| subvenite starter kit/gre...33 | |
| subvenite starter kit/ora...33 | |
| SUCRAID .....59 | |
| sucralfate .....59 | |
| SULAR .....27 see <i>nisoldipine</i>.....27 | |
| sulfacetamide sodium (acne) .....73 | |
| sulfacetamide sodium (ophth) .....68 | |
| sulfacetamide sodium- <i>prednisolone ophth soln</i> 10-0.23(0.25)%.....67 | |
| SULFADIAZINE .....7 | |
| sulfamethoxazole- trimethoprim iv soln 400- 80 mg/5ml.....7 | |
| sulfamethoxazole- trimethoprim susp 200-40 mg/5ml.....7 | |
| sulfamethoxazole- trimethoprim tab 400-80 mg .....7 | |
| sulfamethoxazole- trimethoprim tab 800-160 mg .....7 | |
| SULFAMYLYON.....74 see <i>mafenide acetate</i> ..73 | |
| sulfasalazine .....58 | |
| sulindac .....1 | |
| sumatriptan .....42 | |
| sumatriptan succinate ....42 | |
| SUNOSI .....44 | |
| SUPRAX .....12 see <i>cefixime</i> .....11 | |

| | |
|-------------------------------------------------------------------------------|--------|
| SUPREP BOWEL SOL | |
| PREP KIT | 59 |
| SUSTIVA..... | 9 |
| see efavirenz | 8 |
| SUSTOL..... | 57 |
| SUTAB TAB | 59 |
| SUTENT..... | 19 |
| syeda | 51 |
| SYMBICORT AER 160-4.5 | 72 |
| SYMBICORT AER 80-4.5 | 72 |
| SYMDEKO TAB 100-15072 | |
| SYMDEKO TAB 50-75MG | 72 |
| SYMFI | |
| see efavirenz- | |
| <i>lamivudine-tenofovir df tab 600-300-300 mg</i> ..9 | |
| SYMFI LO | |
| see efavirenz- | |
| <i>lamivudine-tenofovir df tab 400-300-300 mg</i> ..9 | |
| SYMFI LO TAB | 10 |
| SYMFI TAB | 10 |
| SYMJEPI..... | 72 |
| SYMLINPEN 120 | 46 |
| SYMLINPEN 60 | 46 |
| SYMPAZAN | 33 |
| SYMPROIC | 59 |
| SYMTUZA TAB | 10 |
| SYNALAR | 75 |
| see <i>fluocinolone acetonide</i> ..75 | |
| SYNAREL | 52 |
| SYNDROS | 57 |
| SYNERCID INJ 500MG ..7 | |
| SYNJARDY TAB 12.5-1000MG | 46 |
| SYNJARDY TAB 12.5-500 | 46 |
| SYNJARDY TAB 5-1000MG | 46 |
| SYNJARDY TAB 5-500MG | 46 |
| SYNJARDY XR TAB 10-1000 | 46 |
| SYNJARDY XR TAB 12.5-1000MG..... | 46 |
| SYNJARDY XR TAB 25-1000 | 46 |
| SYNRIBO..... | 16 |
| SYNTROID..... | 56 |
| see <i>euthyrox</i> | 56 |
| see <i>levo-t</i> | 56 |
| see <i>levothyroxine sodium</i> | 56 |
| <i>.....</i> | 56 |
| see <i>levoxyl</i> | 56 |
| see <i>unithroid</i> | 56 |
| SYPRINE | 48 |
| see <i>trientine hcl</i> | 48 |
| T | |
| TABLOID..... | 15 |
| TABRECTA..... | 19 |
| tacrolimus..... | 65 |
| tacrolimus (topical) | 76 |
| tadalafil (pulmonary hypertension) | 30 |
| TAFINLAR..... | 19 |
| TAGRISSO | 19 |
| TAKHZYRO | 62 |
| TALICIA CAP | 59 |
| TALTZ | 63 |
| TALZENNA | 19 |
| TAMIFLU | 11 |
| see <i>oseltamivir phosphate</i> | 11 |
| tamoxifen citrate | 16 |
| tamsulosin hcl | 60 |
| TAPAZOLE | 56 |
| see <i>methimazole</i> | 56 |
| TARCEVA | 19 |
| see <i>erlotinib hcl</i> | 17 |
| TARGRETIN | 16, 76 |
| see <i>bexarotene</i> | 16 |
| tarina 24 fe | 51 |
| tarina fe 1/20 eq | 51 |
| TARKA | |
| see <i>trandolapril-verapamil hcl tab er 2-240 mg</i> | 21 |
| TASIGNA | 19 |
| TAVALISSE | 62 |
| TAYTULLA | |
| see <i>gemmafly</i> | 49 |
| see <i>merzee</i> | 50 |
| see <i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> ..50 | |
| TAYTULLA CAP | |
| 1MG/20MC | 51 |
| tazarotene | 74 |
| TAZAROTENE | 73 |
| tazicef | 12 |
| TAZORAC | 74 |
| see <i>tazarotene</i> | 74 |
| taztia xt | 27 |
| TAZVERIK | 19 |
| TDVAX INJ 2-2 LF | 65 |
| TECENTRIQ | 19 |
| TECFIDERA | |
| see <i>dimethyl fumarate</i> ..43 | |
| TECFIDERA STARTER PACK | |
| see <i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> ..43 | |
| TEFLARO | 12 |
| TEGRETOL | 33 |
| see <i>carbamazepine</i> ..31 | |
| see <i>epitol</i> | 31 |
| TEGRETOL-XR | 33 |
| see <i>carbamazepine</i> ..31 | |
| TEGSEDI | 43 |
| TEKTURNA | 29 |
| see <i>aliskiren fumarate</i> ..28 | |
| TEKTURNA HCT TAB 150-12.5 | 29 |
| TEKTURNA HCT TAB 150-25MG | 29 |
| TEKTURNA HCT TAB 300-12.5 | 29 |
| TEKTURNA HCT TAB 300-25MG | 29 |
| telmisartan | 24 |
| telmisartan-amlodipine tab 40-10 mg | 23 |
| telmisartan-amlodipine tab 40-5 mg | 23 |
| telmisartan-amlodipine tab 80-10 mg | 23 |

| | |
|-----------------------------------|------|
| <i>telmisartanamlodipine tab</i> | |
| <i>80-5 mg</i> | 23 |
| <i>telmisartan-</i> | |
| <i>hydrochlorothiazide tab</i> | |
| <i>40-12.5 mg</i> | 23 |
| <i>telmisartan-</i> | |
| <i>hydrochlorothiazide tab</i> | |
| <i>80-12.5 mg</i> | 23 |
| <i>telmisartan-</i> | |
| <i>hydrochlorothiazide tab</i> | |
| <i>80-25 mg</i> | 23 |
| <i>temazepam</i> | 41 |
| <i>TEMIXYS TAB 300-300</i> | 10 |
| <i>TEMOVATE</i> | 75 |
| <i>see clobetasol</i> | |
| <i>propionate</i> | 74 |
| <i>temsirolimus</i> | 19 |
| <i>TENIVAC INJ 5-2LF</i> | 65 |
| <i>tenofovir disoproxil</i> | |
| <i>fumarate</i> | 9 |
| <i>TENORETIC 100</i> | |
| <i>see atenolol &</i> | |
| <i>chlorthalidone tab 100-</i> | |
| <i>25 mg</i> | 26 |
| <i>TENORETIC 50</i> | |
| <i>see atenolol &</i> | |
| <i>chlorthalidone tab 50-</i> | |
| <i>25 mg</i> | 26 |
| <i>TENORMIN</i> | |
| <i>see atenolol</i> | 26 |
| <i>TEPEZZA</i> | 55 |
| <i>TEPMETKO</i> | 19 |
| <i>terazosin hcl</i> | 21 |
| <i>terbinafine hcl</i> | 8 |
| <i>terbutaline sulfate</i> | 71 |
| <i>terconazole vaginal</i> | 61 |
| <i>TESTIM</i> | 45 |
| <i>testosterone</i> | 45 |
| <i>testosterone cypionate</i> | 45 |
| <i>testosterone enanthate</i> | 45 |
| <i>tetrabenazine</i> | 43 |
| <i>tetracycline hcl</i> | 14 |
| <i>THALOMID</i> | 16 |
| <i>THEO-24</i> | 72 |
| <i>theophylline</i> | 72 |
| <i>THIOLA</i> | |
| <i>see tiopronin</i> | 60 |
| <i>THIOLA EC</i> | 60 |
| <i>thioridazine hcl</i> | 39 |
| <i>thiothixene</i> | 39 |
| <i>THYQUIDITY</i> | 56 |
| <i>tiadylt er</i> | 27 |
| <i>tiagabine hcl</i> | 33 |
| <i>TIAZAC</i> | 27 |
| <i>see diltiazem hcl</i> | |
| <i>extended release</i> | |
| <i>beads</i> | 27 |
| <i>see taztia xt</i> | 27 |
| <i>see tiadylt er</i> | 27 |
| <i>TIBSOVO</i> | 19 |
| <i>tigecycline</i> | 14 |
| <i>TIGECYCLINE</i> | 14 |
| <i>TIGLUTIK</i> | 43 |
| <i>TIKOSYN</i> | 24 |
| <i>see dofetilide</i> | 24 |
| <i>tilia fe</i> | 51 |
| <i>timolol maleate</i> | 26 |
| <i>timolol maleate (ophth)</i> | 69 |
| <i>timolol maleate (ophth)</i> | |
| <i>once-daily</i> | 69 |
| <i>TIMOPTIC</i> | 69 |
| <i>see timolol maleate</i> | |
| <i>(ophth)</i> | 69 |
| <i>TIMOPTIC OCUDOSE</i> | 69 |
| <i>see timolol maleate</i> | |
| <i>(ophth)</i> | 69 |
| <i>TIMOPTIC-XE</i> | 69 |
| <i>see timolol maleate</i> | |
| <i>(ophth)</i> | 69 |
| <i>tinidazole</i> | 7 |
| <i>tiopronin</i> | 60 |
| <i>TIROSINT</i> | 56 |
| <i>see levothyroxine sodium</i> | |
| <i>.....</i> | 56 |
| <i>TIROSINT-SOL</i> | 56 |
| <i>TIVICAY</i> | 9 |
| <i>TIVICAY PD</i> | 9 |
| <i>tizanidine hcl</i> | 44 |
| <i>TOBI</i> | 7 |
| <i>TOBI PODHALER</i> | 7 |
| <i>TOBRADEX</i> | |
| <i>see tobramycin-</i> | |
| <i>dexamethasone ophth</i> | |
| <i>susp 0.3-0.1%</i> | 67 |
| <i>TOBRADEX OIN 0.3-0.1%</i> | |
| <i>.....</i> | 67 |
| <i>TOBRADEX SUS 0.3-0.1%</i> | |
| <i>.....</i> | 67 |
| <i>tobramycin</i> | 7 |
| <i>tobramycin (ophth)</i> | 68 |
| <i>tobramycin-dexamethasone</i> | |
| <i>ophth susp 0.3-0.1%</i> | 67 |
| <i>tobramycin sulfate</i> | 7 |
| <i>TOBREX</i> | |
| <i>see tobramycin (ophth)</i> | 68 |
| <i>TOLSURA</i> | 8 |
| <i>tolterodine tartrate</i> | 61 |
| <i>tolvaptan</i> | 55 |
| <i>TOPAMAX</i> | 33 |
| <i>see topiramate</i> | 34 |
| <i>TOPAMAX SPRINKLE</i> | 33 |
| <i>see topiramate</i> | 34 |
| <i>TOPICORT</i> | |
| <i>see desoximetasone</i> | 75 |
| <i>topiramate</i> | 34 |
| <i>toposar</i> | 17 |
| <i>topotecan hcl</i> | 16 |
| <i>TOPOTECAN HCL</i> | 16 |
| <i>see topotecan hcl</i> | 16 |
| <i>TOPROL XL</i> | 27 |
| <i>see metoprolol succinate</i> | |
| <i>.....</i> | 26 |
| <i>toremifene citrate</i> | 16 |
| <i>TORISEL</i> | 19 |
| <i>see temsirolimus</i> | 19 |
| <i>torsemide</i> | 28 |
| <i>tovet</i> | 75 |
| <i>TOVIAZ</i> | 61 |
| <i>TPN ELECTROL INJ</i> | 66 |
| <i>TRACLEER</i> | 30 |
| <i>see bosentan</i> | 30 |
| <i>TRADJENTA</i> | 46 |
| <i>tramadolacetaminophen</i> | |
| <i>tab 37.5-325 mg</i> | 5 |
| <i>tramadol hcl</i> | 2, 5 |
| <i>trandolapril</i> | 21 |
| <i>trandolapril-verapamil hcl</i> | |
| <i>tab er 1-240 mg</i> | 20 |
| <i>trandolapril-verapamil hcl</i> | |
| <i>tab er 2-180 mg</i> | 20 |
| <i>trandolapril-verapamil hcl</i> | |
| <i>tab er 2-240 mg</i> | 21 |
| <i>trandolapril-verapamil hcl</i> | |
| <i>tab er 4-240 mg</i> | 21 |

| | | |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <i>tranexamic acid</i>.....62 | <i>hydrochlorothiazide tab</i> 40-10-12.5 mg .....23 | TRILEPTAL.....34 |
| TRANSDERM SCOP see <i>scopolamine</i> .....57 | <i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-10-25 mg .....23 | <i>see oxcarbazepine</i> .....33 |
| <i>tranylcypromine sulfate</i> ..36 | <i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-5-12.5 mg .....23 | <i>tri-linyah</i> .....51 |
| TRAVASOL INJ 10% .....67 | <i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-5-25 mg .....23 | TRILIPIX .....24 |
| TRAVATAN Z.....69 | <i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-5-25 mg .....23 | <i>see choline fenofibrate</i> 24 |
| <i>see travoprost</i>.....69 | <i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-5-25 mg .....23 | <i>tri-lo-estarrylla</i> .....51 |
| travoprost.....69 | <i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-5-25 mg .....23 | <i>tri-lo-marzia</i> .....51 |
| TRAZIMERA.....19 | <i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-5-25 mg .....23 | <i>tri-lo-mili</i> .....51 |
| <i>trazodone hcl</i> .....36 | <i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-5-25 mg .....23 | <i>tri-lo-sprintec</i> .....51 |
| TREANDA.....14 | <i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 40-5-25 mg .....23 | <i>trilyte</i> .....59 |
| TRECATOR .....10 | TRIBENZOR20- TAB 5- 12.5MG.....23 | <i>trimethoprim</i> .....7 |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG.....70 | TRIBENZOR40- TAB 10- 12.5 .....23 | <i>tri-mili</i> .....51 |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG.....70 | TRIBENZOR40- TAB 10- 25MG.....23 | <i>trimipramine maleate</i> .....36 |
| TRELSTAR MIXJECT.....16 | TRIBENZOR40- TAB 5- 12.5MG.....23 | TRINTELLIX.....36 |
| <i>treprostinil</i> .....30 | TRIBENZOR40- TAB 5- 25MG.....23 | <i>tri-nymyo</i> .....51 |
| TRESIBA.....47 | TRICARE TAB PRENATAL.....66 | <i>tri-previfem</i> .....51 |
| TRESIBA FLEXTOUCH..47 | TRICOR .....24 | <i>tri-sprintec</i> .....51 |
| <i>tretinooin</i> .....73 | <i>see fenofibrate</i>.....24 | TRIUMEQ TAB .....10 |
| <i>tretinooin (chemotherapy)</i> .16 | <i>triderm</i>.....75 | <i>trivora-28</i> .....51 |
| <i>tretinooin microsphere</i> .....73 | <i>trientine hcl</i>.....48 | <i>tri-vylibra</i> .....51 |
| TREXALL .....63 | <i>tri-estarrylla</i> .....51 | <i>tri-vylibra lo</i> .....51 |
| trezix .....5 | <i>trifluoperazine hcl</i>.....39 | TRIZIVIR <i>see abacavir sulfate-</i> <i>lamivudine-zidovudine</i> <i>tab 300-150-300 mg</i> ..9 |
| <i>triamcinolone acetonide</i> ..53 | <i>trifluridine</i> .....68 | TRIZIVIR TAB .....10 |
| <i>triamcinolone acetonide</i> (<i>mouth</i>) .....77 | <i>trihexyphenidyl hcl</i> .....37 | TRODELVY .....19 |
| <i>triamcinolone acetonide</i> (<i>topical</i>).....75 | TRIJARDY XR TAB ER 24HR 10-5-1000MG ....46 | TROGARZO .....9 |
| triamterene & <i>hydrochlorothiazide cap</i> 37.5-25 mg .....28 | TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG.....46 | TROPHAMINE INJ 10% .67 |
| triamterene & <i>hydrochlorothiazide tab</i> 37.5-25 mg .....28 | TRIJARDY XR TAB ER 24HR 25-5-1000MG ....46 | <i>trospium chloride</i>.....61 |
| triamterene & <i>hydrochlorothiazide tab</i> 75-50 mg .....28 | TRIJARDY XR TAB ER 24HR 5-2.5-1000MG ...46 | TRULICITY .....46 |
| triazolam .....41 | TRIKAFTA TAB 100-50- 75MG & 150MG .....72 | TRUMENBA INJ .....65 |
| TRIBENZOR <i>see olmesartan-</i> <i>amlodipine-</i> <i>hydrochlorothiazide tab</i> 20-5-12.5 mg .....23 | TRIKAFTA TAB 50-25- 37.5MG & 75MG .....72 | TRUSELTIQ 100 MG <i>DAILY DOSE</i> .....19 |
| <i>see olmesartan-</i> <i>amlodipine-</i> | <i>tri-legest fe</i> .....51 | TRUSELTIQ 125 MG <i>DAILY DOSE</i> .....19 |
| | | TRUSELTIQ 50 MG DAILY <i>DOSE</i> .....19 |
| | | TRUSELTIQ 75 MG DAILY <i>DOSE</i> .....19 |
| | | TRUSOPT .....69 |
| | | <i>see dorzolamide hcl</i> ....69 |
| | | TRUVADA <i>see emtricitabine-</i> <i>tenofovir disoproxil</i> <i>fumarate tab 100-150</i> <i>mg</i> .....9 |

| | |
|---------------------------------------------------------------------------|----|
| see <i>emtricitabine-tenofovir disoproxil fumarate tab</i> 133-200 | 9 |
| mg | 9 |
| see <i>emtricitabine-tenofovir disoproxil fumarate tab</i> 167-250 | 10 |
| mg | 10 |
| see <i>emtricitabine-tenofovir disoproxil fumarate tab</i> 200-300 | 10 |
| mg | 10 |
| TRUVADA TAB 100-150.10 | |
| TRUVADA TAB 133-200.10 | |
| TRUVADA TAB 167-250.10 | |
| TRUVADA TAB 200-300.10 | |
| TRUXIMA..... | 19 |
| TUKYSA..... | 19 |
| TURALIO | 19 |
| TWINRIX INJ | 65 |
| TWYNSTA | |
| <i>see telmisartan-amlodipine tab</i> 40-10 | |
| mg | 23 |
| <i>see telmisartan-amlodipine tab</i> 40-5 | |
| mg | 23 |
| <i>see telmisartan-amlodipine tab</i> 80-10 | |
| mg | 23 |
| <i>see telmisartan-amlodipine tab</i> 80-5 | |
| mg | 23 |
| TWYNSTA TAB 40-10MG | |
| ..... | 23 |
| TWYNSTA TAB 40-5MG | 23 |
| TWYNSTA TAB 80-10MG | |
| ..... | 23 |
| TWYNSTA TAB 80-5MG | 23 |
| TYBLUME CHW 0.1-0.02 | |
| ..... | 51 |
| TYBOST..... | 9 |
| tydemy | 51 |
| TYGACIL..... | 14 |
| <i>see tigecycline</i> | 14 |
| TYKERB..... | 19 |
| <i>see lapatinib ditosylate</i> | 18 |
| TYMLOS | 48 |
| TYPHIM VI | 65 |
| TYVASO | 30 |
| U | |
| UBRELVY | 42 |
| UCERIS | 58 |
| <i>see budesonide</i> | 58 |
| UKONIQ..... | 19 |
| ULORIC | 1 |
| <i>see febuxostat</i> | 1 |
| ULTOMIRIS | 62 |
| ULTRACET | |
| <i>see tramadol-acetaminophen tab</i> | |
| 37.5-325 mg..... | 5 |
| ULTRACET TAB 37.5-3255 | |
| ULTRAM | 5 |
| <i>see tramadol hcl</i> | 5 |
| UNASYN | |
| <i>see ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> | 13 |
| <i>see ampicillin & sulbactam sodium for inj 3 (2-1) gm</i> | 13 |
| UNASYN BULK PACK | |
| <i>see ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i> . | 13 |
| UNASYN INJ 1.5GM..... | 14 |
| UNASYN INJ 15GM..... | 14 |
| UNASYN INJ 3GM..... | 14 |
| unithroid | 56 |
| UPTRAVI | 30 |
| UPTRAVI TAB 200/800 .. | 30 |
| UROCIT-K 10..... | 60 |
| <i>see potassium citrate (alkalinizer)</i> | 60 |
| UROCIT-K 15..... | 60 |
| <i>see potassium citrate (alkalinizer)</i> | 60 |
| UROCIT-K 5..... | 60 |
| <i>see potassium citrate (alkalinizer)</i> | 60 |
| UROXATRAL | |
| <i>see alfuzosin hcl</i> | 60 |
| URSO 250..... | 59 |
| <i>see ursodiol</i> | 59 |
| ursodiol | 59 |
| URSO FORTE | 59 |
| <i>see ursodiol</i> | 59 |
| V | |
| VABOMERE INJ 2GM(1-1) | |
| ..... | 7 |
| VAGIFEM..... | 53 |
| <i>see estradiol vaginal</i> | 52 |
| <i>see yuafem</i> | 53 |
| valacyclovir hcl..... | 11 |
| VALCHLOR..... | 76 |
| VALCYTE..... | 11 |
| <i>see valganciclovir hcl</i> ..11 | |
| valganciclovir hcl..... | 11 |
| VALIUM..... | 34 |
| <i>see diazepam</i> | 31 |
| valproate sodium..... | 34 |
| valproic acid | 34 |
| valrubicin | 15 |
| valsartan | 24 |
| valsartan- | |
| <i>hydrochlorothiazide tab</i> | |
| 160-12.5 mg | 23 |
| valsartan- | |
| <i>hydrochlorothiazide tab</i> | |
| 160-25 mg | 23 |
| valsartan- | |
| <i>hydrochlorothiazide tab</i> | |
| 320-12.5 mg | 23 |
| valsartan- | |
| <i>hydrochlorothiazide tab</i> | |
| 320-25 mg | 23 |
| valsartan- | |
| <i>hydrochlorothiazide tab</i> | |
| 80-12.5 mg | 23 |
| VALSTAR..... | 15 |
| <i>see valrubicin</i> | 15 |
| VALTOCO..... | 34 |
| VALTREX..... | 11 |
| <i>see valacyclovir hcl</i> ..11 | |
| vanadom | 44 |
| VANCOCIN | 7 |
| <i>see vancomycin hcl</i> | 7 |
| VANCOCIN HCL..... | 7 |
| <i>see vancomycin hcl</i> | 7 |
| VANCOMYCIN..... | 7 |
| <i>vancomycin hcl</i> | 7 |
| VANCOMYCIN | |
| <i>HYDROCHLORIDE</i> | 7 |

| | |
|------------------------------------------------------------------------------|----|
| VANCOMYCIN INJ 1 GM .7 | |
| VANCOMYCIN INJ 500MG | |
|7 | |
| VANCOMYCIN INJ 750MG | |
|7 | |
| vandazole.....61 | |
| VANTAS.....16 | |
| VAQTA.....65 | |
| VARIVAX | 65 |
| VARUBI.....57 | |
| VASCEPA.....26 | |
| VASERETIC | |
| see <i>enalapril maleate & hydrochlorothiazide tab 10-25 mg.</i>.....20 | |
| VASERETIC TAB 10-25MG | |
|21 | |
| VASOTEC.....21 | |
| see <i>enalapril maleate</i> ..21 | |
| VECTIBIX.....19 | |
| VELCADE | 19 |
| VELETRI | 30 |
| velvet.....51 | |
| VELPHORO | 55 |
| VELTASSA | 48 |
| VELTIN GEL | 73 |
| VEMLIDY | 11 |
| VENCLEXTA.....19 | |
| VENCLEXTA TAB START | |
| PK.....19 | |
| venlafaxine hcl | 36 |
| VENTAVIS | 30 |
| VENTOLIN HFA.....71 | |
| VENTOLIN HFA | |
| (INSTITUTIONAL PACK) | |
|71 | |
| verapamil hcl.....27 | |
| VERELAN | 28 |
| see <i>verapamil hcl</i> | 27 |
| VERELAN PM.....28 | |
| see <i>verapamil hcl</i> | 27 |
| VERQUVO | 29 |
| VERSACLOZ | 39 |
| VERZENIO.....19 | |
| VESICARE.....61 | |
| see <i>solifenacin succinate</i> | |
|61 | |
| VESICARE LS | 61 |
| vestura | 51 |
| VFEND.....8 | |
| see <i>voriconazole</i> | 8 |
| VFEND IV | 8 |
| see <i>voriconazole</i> | 8 |
| V-GO 20 KIT | 47 |
| V-GO 30 KIT | 47 |
| V-GO 40 KIT | 47 |
| VIBATIV | 7 |
| VIBERZI | 59 |
| VIBRAMYCIN | 14 |
| see <i>doxycycline (monohydrate)</i> | 14 |
| see <i>doxycycline hydrate</i> | |
|14 | |
| VICTOZA | 46 |
| VIDAZA | 15 |
| see <i>azacitidine</i>.....15 | |
| vienna.....51 | |
| vigabatrin | 34 |
| vigadrone | 34 |
| VIGAMOX | 68 |
| see <i>moxifloxacin hcl (ophth)</i> | 67 |
| VIIBRYD.....36 | |
| VIIBRYD KIT STARTER.....36 | |
| VIMIZIM | 55 |
| VIMPAT.....34 | |
| vinblastine sulfate | 17 |
| vincristine sulfate | 17 |
| vinorelbine tartrate | 17 |
| VIOKACE TAB 10440 | 59 |
| VIOKACE TAB 20880 | 59 |
| viorele | 51 |
| VIRACEPT | 9 |
| VIRAMUNE | 9 |
| see <i>nevirapine</i> | 9 |
| VIRAMUNE XR | 9 |
| see <i>nevirapine</i> | 9 |
| VIREAD | 9 |
| see <i>tenofovir disoproxil fumarate</i>.....9 | |
| VISTARIL | 70 |
| see <i>hydroxyzine pamoate</i>.....70 | |
| VITRAKVI.....19 | |
| VIVELLE-DOT.....53 | |
| see <i>dotti</i>.....52 | |
| see <i>estradiol</i> | 52 |
| VIVITROL.....44 | |
| VIZIMPRO.....19 | |
| VOGELXO | 45 |
| VOGELXO PUMP | 45 |
| VOLTAREN | |
| see <i>diclofenac sodium (topical)</i> | 76 |
| voriconazole | 8 |
| VOSEVI TAB | 11 |
| VOTRIENT | 19 |
| VPRIV | 55 |
| VRAYLAR | 39 |
| VRAYLAR CAP 1.5-3MG39 | |
| VUMERITY | 43 |
| VUSION OIN.....74 | |
| vyfemla.....51 | |
| vylibra.....51 | |
| VYNDAMAX | 29 |
| VYNDAQEL | 29 |
| VYTORIN | |
| see <i>ezetimibe-simvastatin tab 10-10 mg</i> | 25 |
| see <i>ezetimibe-simvastatin tab 10-20 mg</i> | 25 |
| see <i>ezetimibe-simvastatin tab 10-40 mg</i> | 25 |
| see <i>ezetimibe-simvastatin tab 10-80 mg</i> | 25 |
| VYTORIN TAB 10-10MG.....26 | |
| VYTORIN TAB 10-20MG.....26 | |
| VYTORIN TAB 10-40MG.....26 | |
| VYTORIN TAB 10-80MG.....26 | |
| VYVANSE | 41 |
| VYZULTA | 69 |
| W | |
| WAKIX | 44 |
| warfarin sodium.....62 | |
| water for irrigation, sterile | |
| irrigation soln | 76 |
| WELCHOL | 26 |
| see <i>colesevelam hcl</i> ...25 | |
| WELLBUTRIN SR | |
| see <i>bupropion hcl</i>.....35 | |

| | |
|-------------------------------------------------------------|-------|
| WELLBUTRIN XL | |
| see <i>bupropion hcl</i> | 35 |
| wera | 51 |
| wymzya fe | 51 |
| X | |
| XADAGO | 37 |
| XALATAN | 69 |
| see <i>latanoprost</i> | 69 |
| XALKORI | 19 |
| XANAX | 31 |
| see <i>alprazolam</i> | 30 |
| XARELTO | 62 |
| XARELTO STAR TAB | |
| 15/20MG | 62 |
| XATMEP | 63 |
| XCOPRI | 34 |
| XCOPRI PAK 100-150 | 34 |
| XCOPRI PAK 12.5-25 | 34 |
| XCOPRI PAK 150-200MG (MAINTENANCE) | 34 |
| XCOPRI PAK 150-200MG (TITRATION) | 34 |
| XCOPRI PAK 50-100MG | 34 |
| XCOPRI PAK 50-200MG | 34 |
| XELJANZ | 63 |
| XELJANZ XR | 63 |
| XEMBIFY | 64 |
| XENAZINE | 43 |
| see <i>tetrabenazine</i> | 43 |
| XENLETA | 7 |
| XEOMIN | 44 |
| XEPI | 74 |
| XERAVA | 14 |
| XERESE CRE 5-1% | 76 |
| XERMELO | 59 |
| XGEVA | 48 |
| XHANCE | 72 |
| XIFAXAN | 7, 59 |
| XIGDUO XR TAB 10-1000 | |
| ..... | 46 |
| XIGDUO XR TAB 10- 500MG | 46 |
| XIGDUO XR TAB 2.5-1000 | |
| ..... | 46 |
| XIGDUO XR TAB 5- 1000MG | 46 |
| XIGDUO XR TAB 5-500MG | |
| ..... | 46 |
| XODOL | |
| see <i>hydrocodone-acetaminophen tab 5-300 mg</i> | 3 |
| XOFLUZA | 11 |
| XOLAIR | 72 |
| XOPENEX | 71 |
| see <i>levalbuterol hcl</i> | 71 |
| XOPENEX | |
| CONCENTRATE | 71 |
| see <i>levalbuterol hcl</i> | 71 |
| XOPENEX HFA | 71 |
| XOSPATA | 19 |
| XPOVIO 100 MG ONCE WEEKLY | 19 |
| XPOVIO 40 MG ONCE WEEKLY | 19 |
| XPOVIO 40 MG TWICE WEEKLY | 19 |
| XPOVIO 60 MG ONCE WEEKLY | 19 |
| XPOVIO 60 MG TWICE WEEKLY | 19 |
| XPOVIO 80 MG ONCE WEEKLY | 19 |
| XPOVIO 80 MG TWICE WEEKLY | 19 |
| XTAMPZA ER | 2 |
| XTANDI | 16 |
| xulane | 51 |
| XULTOPHY INJ 100/3.6 | 47 |
| XYLOCAINE | 5 |
| see <i>lidocaine hcl (local anest.)</i> | 5 |
| XYLOCAINE-MPF | 5 |
| see <i>lidocaine hcl (local anest.)</i> | 5 |
| XYOSTED | 45 |
| XYREM | 44 |
| XYWAV SOL 0.5GM/ML | 44 |
| Y | |
| YASMIN 28 | |
| see <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> | 49 |
| see <i>ocella</i> | 51 |
| see <i>syeda</i> | 51 |
| see <i>zarah</i> | 51 |
| see <i>zumandimine</i> | 51 |
| YASMIN 28 TAB 3-0.03MG | |
| ..... | 51 |
| YAZ | |
| see <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> | 49 |
| see <i>jasmiel</i> | 49 |
| see <i>loryna</i> | 50 |
| see <i>nikki</i> | 50 |
| see <i>vestura</i> | 51 |
| YAZ TAB 3-0.02MG | 51 |
| YEROVY | 19 |
| YF-VAX INJ | 65 |
| YUTIQ | 68 |
| yuvafem | 53 |
| Z | |
| zafemy | 51 |
| zafirlukast | 71 |
| zaleplon | 41 |
| ZALTRAP | 19 |
| ZANAFLEX | 44 |
| see <i>tizanidine hcl</i> | 44 |
| zarah | 51 |
| ZARONTIN | 34 |
| see <i>ethosuximide</i> | 31 |
| ZARXIO | 62 |
| ZAVESCA | 55 |
| see <i>miglustat</i> | 54 |
| ZEJULA | 19 |
| ZELAPAR | 37 |
| ZELBORAF | 19 |
| ZEMAIRA | 72 |
| ZEMBRACE SYMTOUCH | |
| ..... | 42 |
| ZEMDRI | 7 |
| ZEMPLAR | 57 |
| see <i>paricalcitol</i> | 56 |
| zenatane | 73 |
| ZENPEP CAP 10000UNT | |
| ..... | 60 |
| ZENPEP CAP 15000UNT | |
| ..... | 60 |
| ZENPEP CAP 20000UNT | |
| ..... | 60 |
| ZENPEP CAP 25000 | 60 |
| ZENPEP CAP 3000UNIT | 59 |
| ZENPEP CAP 40000 | 60 |

| | | | | | |
|---------------------------------------------|-----|----------------------------|----|-----------------------------|--------|
| ZENPEP CAP 5000UNIT | 60 | ZIAC TAB 2.5/6.25..... | 26 | ZORTRESS | 65 |
| zenzedi..... | 41 | ZIAC TAB 5-6.25MG | 26 | see everolimus | |
| ZEPOSIA | 43 | ZIAGEN..... | 9 | (immunosuppressant) | |
| ZEPOSIA 7DAY CAP STR PACK..... | 43 | see abacavir sulfate | 8 | ..... | 64 |
| ZEPOSIA CAP STR KIT | .43 | ZIANA | | ZOSYN SOL 2-0.25GM .. | 14 |
| ZEPZELCA | 14 | see clindamycin | | ZOSYN SOL 3-0.375G .. | 14 |
| ZERBAXA INJ 1.5GM | 12 | phosphate-tretinoin gel | | ZOSYN SOL 4-0.50GM .. | 14 |
| ZERVIATE | 68 | 1.2-0.025% | 73 | zovia 1/35..... | 51 |
| ZESTORETIC see lisinopril & | | ZIANA GEL | 73 | ZOVIRAX | 11, 76 |
| hydrochlorothiazide tab 10-12.5 mg..... | 20 | zidovudine | 9 | see acyclovir..... | 10 |
| see lisinopril & | | ZILXI | 76 | see acyclovir topical | 76 |
| hydrochlorothiazide tab 20-12.5 mg..... | 20 | ziprasidone hcl | 39 | ZTLIDO | 75 |
| see lisinopril & | | ziprasidone mesylate | 39 | ZUBSOLV SUB 0.7-0.18 | 44 |
| hydrochlorothiazide tab 20-25 mg..... | 20 | ZIRABEV..... | 19 | ZUBSOLV SUB 1.4-0.36 | 45 |
| ZESTORETIC TAB 10-12.5 | | ZIRGAN | 68 | ZUBSOLV SUB 11.4-2.9 | 45 |
| ..... | 21 | ZITHROMAX..... | 12 | ZUBSOLV SUB 2.9-0.71 | 45 |
| ZESTORETIC TAB 20-12.5 | | see azithromycin | 12 | ZUBSOLV SUB 5.7-1.4... | 45 |
| ..... | 21 | ZITHROMAX TRI-PAK.... | 12 | ZUBSOLV SUB 8.6-2.1... | 45 |
| ZESTORETIC TAB 20- | | ZITHROMAX Z-PAK | 12 | zumandimine..... | 51 |
| 25MG..... | 21 | ZOCOR | 25 | ZUPLENZ..... | 57 |
| ZESTRIL | 21 | see simvastatin..... | 25 | ZYDELIG..... | 19 |
| see lisinopril..... | 21 | ZOFRAN | 57 | ZYKADIA..... | 19 |
| ZETIA..... | 26 | see ondansetron hcl | 57 | ZYLET SUS 0.5-0.3% | 67 |
| see ezetimibe | 25 | ZOLADEX | 16 | ZYLOPRIM..... | 1 |
| ZETONNA..... | 72 | zoledronic acid | 48 | see allopurinol | 1 |
| ZIAC see bisoprolol & | | ZOLEDRONIC ACID | 48 | ZYMAXID | 68 |
| hydrochlorothiazide tab 10-6.25 mg..... | 26 | ZOLINZA..... | 19 | see gatifloxacin (ophth) | |
| see bisoprolol & | | zolmitriptan..... | 42 | ..... | 67 |
| hydrochlorothiazide tab 2.5-6.25 mg..... | 26 | ZOLOFT | 36 | ZYNLONTA..... | 20 |
| see bisoprolol & | | see sertraline hcl | 36 | ZYPITAMAG | 25 |
| hydrochlorothiazide tab 5-6.25 mg..... | 26 | zolpidem tartrate | 41 | ZYPREXA | 39 |
| ZIAC TAB 10/6.25..... | 26 | ZOMACTON | 55 | see olanzapine | 38 |
| | | ZOMIG | 42 | ZYPREXA RELPREVV | 39 |
| | | see zolmitriptan | 42 | ZYPREXA ZYDIS..... | 39 |
| | | ZOMIG ZMT | 42 | see olanzapine | 38 |
| | | see zolmitriptan | 42 | ZYTIGA..... | 16 |
| | | ZONEGRAN | | see abiraterone acetate | |
| | | see zonisamide | 34 | | 15 |
| | | zonisamide..... | 34 | ZYVOX..... | 7 |
| | | ZONTIVITY | 63 | see linezolid..... | 6 |
| | | ZORBTIVE | 55 | | |



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